

Gastroenterology and Hepatology Advanced Practice Providers (GHAPP) Lunch and Learn Series: IBS and IBD

Assessment independently conducted by CE Outcomes, LLC

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Educational overview and design

The Gi Health Foundation (GiHF) is a nonprofit educational organization dedicated to increasing awareness of the effect of gastrointestinal (GI) disorders in the United States. Recognizing the increasing importance of the role of nurse practitioners (NPs) and physician assistants in the management of patients with GI disorders, the GiHF launched the Gastroenterology and Hepatology Advanced Practice Provider (GHAPP) Community Educator Network. The GHAPP network is a NP/PA-led working group dedicated to educating allied health care professionals on emerging developments in patient management.

The GHAPP Lunch and Learn Series is led by the GHAPP Community Educator Network and takes place at gastroenterology or hepatology practices within the Community Educator's region. GiHF consulted with each Community Educator to determine the appropriate topics to be presented to meet the educational need of each community practice.

The following data reflect the up-to-date outcomes of the ongoing Lunch and Learn series, specifically focused on IBS and IBD topics.

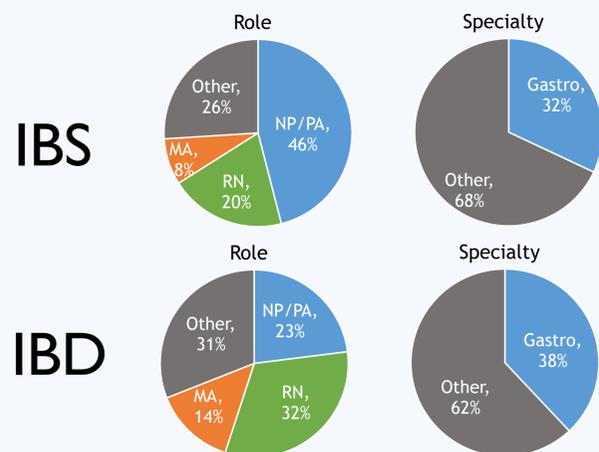
Learning objectives

The GHAPP Lunch and Learn series featured content geared specifically to advanced practice providers and will focus on emerging treatment updates and review current treatment guidelines with the following overall learning objectives:

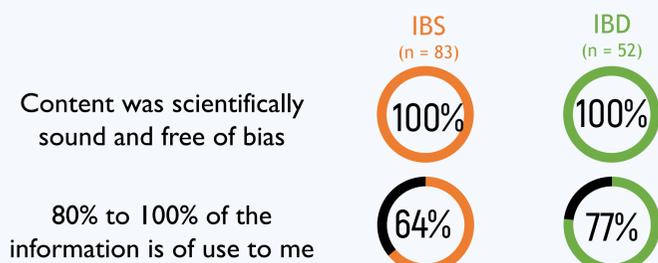
- Describe current screening, diagnosis and management options for patients with IBS/IBD
- Apply optimal treatment strategies for patients with IBS/IBD
- Compare and contrast currently available treatment modalities for IBS/IBD

Participant demographics

There were 23 local meetings covering IBS topics (199 participants) and 27 local meetings covering IBD topics (231 participants) for a total of 50 meetings with 430 total participants.



Learner satisfaction with education



The content was well aligned to practice and the logistics were viewed as appropriate.



The speakers were viewed as knowledgeable and effective.



"I will [now] be able to answer questions for patients that I was not able to before. I will also be able to make some recommendation when it comes to food and other things that can trigger IBS."

Knowledge change

Based on pre-post education survey data, the following improvements in knowledge were seen in:

IBS

- Choosing therapy to improve bloating in patients with IBS **+51%**
- Choosing appropriate diagnostic test to evaluate patient with suspected IBS-D **+41%**
- Distinguishing IBS-D from Crohns disease, ulcerative colitis (UC), and celiac disease **+26%**
- Selecting evidence-based treatment for a patient with IBS-D **+70%**
- Reducing abdominal pain in patients with IBS **+26%**

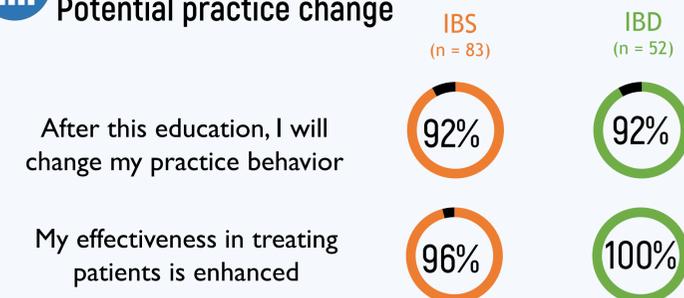
IBD

- Selecting induction therapy for a patient with mildly active UC at low colectomy risk **+29%**
- Choosing next step in patient with UC not responding to anti-TNF therapy **+42%**
- Recognizing low rates of immunogenicity with IL-12/23 antagonists **+32%**
- Treating iron deficiency anemia in patients with active IBD **+16%**
- Vaccinating patients with IBD on anti-TNF therapy **+15%**

Numbers indicate percentage point change of evidence-based response pre to post. N ≥ 125

"I learned about how the gut receptors and mechanisms of action with medications are used [and] different stressors that could be causing [a] patient to have flare ups."

Potential practice change



Barriers addressed by education

Learners within both topics were asked how they will now address barriers in order to implement change in outcomes.

"Working with [the] patient insurance company and drug company in helping patients get their medications covered."

"working with the interdisciplinary team."

"spend more time on education."

"Work with patients on compliance, may have to make changes in testing/therapy based on insurance."

"Discuss barriers with staff and patients."

"Continue working with the patients to help them understand why the indicated testing or medications are important."

"I will make more time to educate my patients on motility disorders and to discuss with their physicians about potential options."

Conclusions and Future Educational Opportunities

Using small local meetings enables speakers to be flexible and target content and answer questions specific to the needs of the learners.

The majority of learners were within the anticipated target of mid-level providers who are involved with all aspects of care, from patient communication, adherence assessment, and therapy recommendation. Care must be given to make sure the educational content matches this group's current scope of practice. Most learners indicated that the activity was relevant to them – future education should ensure this continues.

Pre-post educational outcomes results show that learners are extremely satisfied with the quality of the education and are making significant changes to their knowledge of IBS and IBD. Further, they are outlining specific changes they will make within their practice to address potential barriers that may arise. Currently, follow-up knowledge assessments are being conducted. Upon expansion of the program, further outcomes measures will be created to document specific changes learners are making to their practice.

