Final Outcomes Report
This activity is supported by independent educational grants from AstraZeneca Pharmaceuticals LP, Boehringer Ingelheim Pharmaceuticals, Inc., and Sunovion Pharmaceuticals, Inc.

COPD NOW:
Practical Strategies in Medical Management of Stable Disease and Exacerbations

CME/CNE symposium
**COPD NOW: Medical Management of Stable Disease and Exacerbations**

**CME/CNE symposium**

**Final Report: Dashboard: Series of (8) Live Symposia**

- Participants who reported the activity met their educational needs: 98%
- Participants who intend to make changes in practice as a result of activity: 97%
- Participants who reported content was evidence-based and clinically relevant: 99%

- Overall relative knowledge gain from pre- to post-activities: 40%

- Estimated # of patients impacted per month: 7,000+

- 349 Learners (Live)
  - 65% Prescribers
    - 31% MD/DO
    - 34% NP/PA
COPD NOW: Medical Management of Stable Disease and Exacerbations

Dashboard: Activity Impact

Online Enduring Program Metrics for (3) Modules Launched 9/29/17

Initial Assessment and Management of Stable COPD (Module 1)
- Completers: 665
- Total Learners: 1308
- Total Participants: 3010

Learning to Assess and Manage Patients with Frequent COPD Exacerbations (Module 2)
- Completers: 415
- Total Learners: 527
- Total Participants: 1033

Roundtable: Management of Patients with COPD (Module 3)
- Completers: 620
- Total Learners: 954
- Total Participants: 2131

Overall relative knowledge gain from pre- to post-activities: 54%

TOTAL PARTICIPATION:
- Completers: 1,700
- Learners: 2,789
- Participants: 6,174

Participant Breakdown:
- 51% Prescribers
- MD/DO: 28%
- NP/PA: 23%
Background:
The live portion of this educational initiative encompasses eight meetings across the country featuring expert speakers, video patient cases, ARS polling and resources to help attendees convert information into practice. The goal of this program is to improve the knowledge and competence of pulmonologists, allergists and primary care physicians, as well as physician assistants and nurse practitioners in the diagnosis, management, and treatment of severe asthma.

Learning Objectives
1. Discuss the key updates from the 2017 GOLD Guidelines and their application to the diagnosis and management of COPD.
2. List the pharmacotherapies and non-pharmacologic therapies for management of COPD according to 2017 GOLD guidelines.
3. Review effective communication strategies to improve engagement and self-management for patients with COPD.
Accreditation Details: In support of improving patient care, NJH is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. NJH is also accredited by the Accreditation Council for Pharmacy Education (ACPE) and the California Board of Registered Nursing (CBRN) to provide continuing education for the healthcare team. **NJH will designate the live evening symposia for a maximum of 2.25 AMA PRA Category 1 Credits™.**

Target Audience: Family Physicians and Internal Medicine Physicians, along with Community Pulmonologists and Primary Care Physicians that diagnose and treat COPD are the primary target audience members for this educational program. In addition, nurse practitioners, physician assistants, and nurses who treat patients with COPD are the secondary target audience who will benefit from the program.

Educational Outcomes Strategy: Outcomes will be measured via participation totals, specialty, medical designation, pre-test, post-test, interactive polling questions, evaluations and 45-day follow up surveys. The metrics will demonstrate participation, satisfaction, learning, engagement, change in knowledge and competence, and self-reported performance to achieve Moore’s Level 4 outcomes.
COPD NOW: Medical Management of Stable Disease and Exacerbations

CME/CNE symposium

Final Report: Faculty: **Series of (8) Live Symposia**

**Amen Sergew, MD**
Assistant Professor, Department of Medicine, Division of Pulmonary, Critical Care and Sleep Medicine
Section of Critical Care Medicine
National Jewish Health, Denver, CO

**Steven Lommatzsch, MD**
Assistant Professor, Department of Medicine, Division of Pulmonary, Critical Care and Sleep Medicine
National Jewish Health, Denver, CO

**Anthony Gerber, MD, PhD**
Associate Professor, Department of Medicine, Division of Pulmonary, Critical Care and Sleep Medicine
Department of Biomedical Research
National Jewish Health, Denver, CO
Final Report: Faculty: Series of (8) Live Symposia

Barry Make, MD
Professor, Department of Medicine, Division of Pulmonary, Critical Care and Sleep Medicine
National Jewish Health, Denver, CO

James Finigan, MD
Director, The Respiratory Centers of Excellence
Medical Director, Lung Cancer Screening Program
Associate Professor, Division of Pulmonary, Critical Care and Sleep Medicine
Division of Oncology, Cancer Center
Department of Medicine, National Jewish Health, Denver, CO
## Final Report: Attendees Per City: **Series of (8) Live Symposia**

<table>
<thead>
<tr>
<th>City</th>
<th>Date</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kansas City, MO</td>
<td>6/21/2017</td>
<td>36</td>
</tr>
<tr>
<td>St. Louis, MO</td>
<td>6/28/2017</td>
<td>38</td>
</tr>
<tr>
<td>Indianapolis, IN</td>
<td>7/12/2017</td>
<td>25</td>
</tr>
<tr>
<td>Nashville, TN</td>
<td>7/27/2017</td>
<td>32</td>
</tr>
<tr>
<td>Houston, TX</td>
<td>8/9/2017</td>
<td>56</td>
</tr>
<tr>
<td>Atlanta, GA</td>
<td>8/10/2017</td>
<td>71</td>
</tr>
<tr>
<td>Philadelphia, PA</td>
<td>10/12/2017</td>
<td>46</td>
</tr>
<tr>
<td>Chicago, IL</td>
<td>10/19/2017</td>
<td>45</td>
</tr>
</tbody>
</table>

To address lower than projected attendance, NJH added temporary staff to our arsenal of marketing strategies. In addition to redoubling our traditional marketing efforts through mail and email, these staff made calls and sent invitations to physician practices in the areas where there were meetings to increase awareness of the opportunity. While attendance was lower than expected, we were encouraged by the strong feedback we received about the content and structure of the event.
COPD NOW: Medical Management of Stable Disease and Exacerbations

CME/CNE symposium


N=349
Participants reported that the activity was “Good” to “Excellent” at:

- Improving your ability to treat or manage your patients: 97.4%
- Enhancing your ability to apply the learning objectives to practice: 97.8%
- Reinforcing and/or improving your current skills: 97.9%
- Meeting their educational needs: 97.9%

N=225
## Final Report: Pre-test/Post-test Questions: (8) Live Symposia

### Question 1
The therapy with the greatest potential to influence the natural progression of COPD is:
- A. Combination long-acting beta agonist/inhaled steroid use twice a day
- B. Roflumilast tablet orally once a day
- C. Pulmonary rehabilitation program for 12 weeks
- D. Smoking Cessation

### Original Question 2
Immediate medical evaluation should occur for a COPD patient exhibiting which of the following symptoms:
- A. Cough with purulent sputum
- B. Fever
- C. Wheezing
- D. Shortness of breath at rest
- E. A and D

### Question 3
An important consideration for patients when cleaning an albuterol inhaler is to:
- A. Remove the canister and float it in water
- B. Wash the canister and holder with water
- C. Remove the canister and wash the holder with water
- D. Inspect the mouthpiece for obstructions and wipe with a dry cloth

---

*Question 1 showed a decrease in knowledge in St. Louis and Indianapolis; and Question 2 showed no change or a decrease in knowledge in Kansas City, Nashville and Atlanta. After careful analysis by faculty, it was determined that these questions may not be clear and that there may be a need for additional education and clarification around these topics in future education.*
### COPD NOW: Medical Management of Stable Disease and Exacerbations

CME/CNE symposium

**Final Report: Pre-test/Post-test Questions: (8) Live Symposia**

<table>
<thead>
<tr>
<th>Question 4</th>
<th>Question 5</th>
<th>Question 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>An increased risk for COPD exacerbation can be precipitated by:</td>
<td>All of the following represent increased risk for COPD exacerbation EXCEPT:</td>
<td>Medications demonstrated to reduce the risk of COPD exacerbations include:</td>
</tr>
<tr>
<td>A. Underlying severity of the COPD</td>
<td>A. History of previous exacerbations</td>
<td>A. Daily oral corticosteroid use</td>
</tr>
<tr>
<td>B. A history of sinusitis</td>
<td>B. Male Gender</td>
<td>B. Inhaled long acting muscarinic antagonists (LABA)</td>
</tr>
<tr>
<td>C. Chronic use of long acting beta agonist (LABA)</td>
<td>C. Poor/low lung function</td>
<td>C. Combinations of long acting beta agonists and inhaled corticosteroids</td>
</tr>
<tr>
<td>D. A recent influenza vaccination</td>
<td>D. Depression</td>
<td>D. B and C Only</td>
</tr>
<tr>
<td></td>
<td></td>
<td>E. A, B and C</td>
</tr>
</tbody>
</table>
Final Report: Level 3 and 4 Outcomes (Knowledge/Competence): (8) Live Symposia

Average relative gain in knowledge and competence: **40% increase from baseline to post-test**
Final Report: Pre- to Post-Test Analysis: Kansas City: (8) Live Symposia

Average relative gain in knowledge and competence: 34% increase from baseline to post-test
Final Report: Pre- to Post-Test Analysis: St. Louis: **(8) Live Symposia**

<table>
<thead>
<tr>
<th>Question</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>Average Relative Gain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 1</td>
<td>80%</td>
<td>90%</td>
<td>40% increase from baseline to post-test</td>
</tr>
<tr>
<td>Question 2</td>
<td>14%</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Question 3</td>
<td>52%</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>Question 4</td>
<td>48%</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td>Question 5</td>
<td>38%</td>
<td>70%</td>
<td></td>
</tr>
<tr>
<td>Question 6</td>
<td>48%</td>
<td>75%</td>
<td></td>
</tr>
</tbody>
</table>

Average relative gain in knowledge and competence: 40% increase from baseline to post-test.
Final Report: Pre- to Post-Test Analysis: Indianapolis: (8) Live Symposia

Average relative gain in knowledge and competence: **49% increase from baseline to post-test**

- Question 1: 14% to 80%, 86%
- Question 2: 14% to 30%, 45%
- Question 3: 29% to 50%, 50%
- Question 4: 29% to 50%, 50%
- Question 5: 29% to 50%, 50%
- Question 6: 43% to 75%, 67%
Final Report: Pre- to Post-Test Analysis: Nashville: (8) Live Symposia

**Average relative gain in knowledge and competence:**
- From baseline to post-test, there is a 46% increase in knowledge and a 41% increase in competence.

**Pre-test (n=30) vs. Post-test (n=22):**
- **Question 1:** 40.0% (Pre-Test) vs. 77.0% (Post-Test)
- **Question 2:** 33.0% (Pre-Test) vs. 64.0% (Post-Test)
- **Question 3:** 57.0% (Pre-Test) vs. 67.0% (Post-Test)
- **Question 4:** 67.0% (Pre-Test) vs. 90.0% (Post-Test)
- **Question 5:** 64.0% (Pre-Test) vs. 100.0% (Post-Test)
- **Question 6:** 67.0% (Pre-Test) vs. 67.0% (Post-Test)

*National Jewish Health*
## Final Report: Pre- to Post-Test Analysis: Houston: (8) Live Symposia

<table>
<thead>
<tr>
<th>Question</th>
<th>Pre-test (%)</th>
<th>Post-test (%)</th>
<th>Average relative gain in knowledge and competence: 61% increase from baseline to post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 1</td>
<td>65.6%</td>
<td>97.4%</td>
<td></td>
</tr>
<tr>
<td>Question 2</td>
<td>6.3%</td>
<td>7.9%</td>
<td></td>
</tr>
<tr>
<td>Question 3</td>
<td>25.0%</td>
<td>78.9%</td>
<td></td>
</tr>
<tr>
<td>Question 4</td>
<td>53.1%</td>
<td>60.5%</td>
<td></td>
</tr>
<tr>
<td>Question 5</td>
<td>65.6%</td>
<td>73.7%</td>
<td></td>
</tr>
<tr>
<td>Question 6</td>
<td>28.1%</td>
<td>76.3%</td>
<td></td>
</tr>
</tbody>
</table>

Average relative gain in knowledge and competence: 61% increase from baseline to post-test.
Final Report: Pre- to Post-Test Analysis: Atlanta: **(8) Live Symposia**

Average relative gain in knowledge and competence: **27% increase from baseline to post-test**

Pre-test (n=64) | Post-test (n=49)
--- | ---
**41%** | **52%**

<table>
<thead>
<tr>
<th>Question</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>Gain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 1</td>
<td>62.5%</td>
<td>3.5%</td>
<td>59.0%</td>
</tr>
<tr>
<td>Question 2</td>
<td>6.0%</td>
<td>2.0%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Question 3</td>
<td>29.7%</td>
<td>69.4%</td>
<td>39.7%</td>
</tr>
<tr>
<td>Question 4</td>
<td>54.7%</td>
<td>57.1%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Question 5</td>
<td>59.4%</td>
<td>61.2%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Question 6</td>
<td>34.4%</td>
<td>46.9%</td>
<td>12.5%</td>
</tr>
</tbody>
</table>
Final Report: Pre- to Post-Test Analysis: Philadelphia: (8) Live Symposia

Average relative gain in knowledge and competence: 47% increase from baseline to post-test.
Final Report: Pre- to Post-Test Analysis: Chicago: (8) Live Symposia

- Average relative gain in knowledge and competence: 32% increase from baseline to post-test
- Overall Average: 62%

Pre-test (n=29) vs Post-test (n=25)

<table>
<thead>
<tr>
<th>Question</th>
<th>Pre-Test (%)</th>
<th>Post-Test (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 1</td>
<td>65.5%</td>
<td>96.0%</td>
</tr>
<tr>
<td>Question 2</td>
<td>6.9%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Question 3</td>
<td>51.7%</td>
<td>64.0%</td>
</tr>
<tr>
<td>Question 4</td>
<td>48.3%</td>
<td>58.3%</td>
</tr>
<tr>
<td>Question 5</td>
<td>55.2%</td>
<td>80.0%</td>
</tr>
<tr>
<td>Question 6</td>
<td>55.2%</td>
<td>68.0%</td>
</tr>
</tbody>
</table>
87% of those in practice report that the activity provided new ideas or information they have used in practice.

90% report one or more of their patients have already benefitted from the information learned.

Changes participants report having made:

- Modify treatment plans: 46.7%
- Use alternative communication methodologies with patients and families: 41.1%
- Incorporate different diagnostic strategies into patient evaluation: 23.3%
- Change my screening/prevention practice: 34.4%
97% of participants reported that they intend to make changes in practice as a result of this activity.

100% of participants reported that the material was presented in an objective manner and free of commercial bias.

99% of participants reported that the content presented was evidence-based and clinically relevant.

99% of participants reported that the activity addresses strategies for overcoming barriers to optimal patient care.
### Final Report: ARS Questions

<table>
<thead>
<tr>
<th>ARS Question 1</th>
<th>ARS Question 2</th>
<th>ARS Question 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on the GOLD 2017 Guidelines, how can we best assess the patient to determine therapy?</td>
<td>Based on GOLD 2017 Guidelines, what would be our patient’s initial therapy?</td>
<td>She had a walk oximetry. At rest she is 91%, with ambulation drops to 87%. She needs:</td>
</tr>
<tr>
<td>A. GOLD Stage</td>
<td>A. SABA as needed</td>
<td>A. Oxygen at rest 2L and walking 3L</td>
</tr>
<tr>
<td>B. Symptoms</td>
<td>B. LABA or LAMA</td>
<td>B. Oxygen with 2L walking only</td>
</tr>
<tr>
<td>C. Number of exacerbations</td>
<td>C. LABA/ICS</td>
<td>C. Need an oxygen titrate to determine the amount of oxygen</td>
</tr>
<tr>
<td>D. A&amp;C</td>
<td>D. Nothing at this point</td>
<td>D. Doesn’t need any oxygen</td>
</tr>
<tr>
<td>E. B&amp;C</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Of note, the ARS data did not capture for the St. Louis meeting.*
ARS Question 4
Exacerbations can be reliably diagnosed by a single lab test.
A. True
B. False

ARS Question 5
Which of the following are implicated as causes of COPD exacerbations?
A. The “common” cold
B. Influenza infection
C. High levels of particulate matter pollution
D. All of the above
ARS Question 1: Based on the GOLD 2017 Guidelines, how can we best assess the patient to determine therapy?

A. GOLD Stage  
B. Symptoms  
C. Number of exacerbations  
D. A&C  
E. B&C  

*Due to faculty feedback, this question was removed from the ARS following the Indianapolis meeting.*
Based on GOLD 2017 Guidelines, what would be our patient’s initial therapy?
A. SABA as needed
B. LABA or LAMA
C. LABA/ICS
D. Nothing at this point

Options:

A. 13.4%
B. 45.5%
C. 38.7%
D. 2.8%
ARS Question 3

She had a walk oximetry. At rest she is 91%, with ambulation drops to 87%. She needs:

A. Oxygen at rest 2L and walking 3L
B. Oxygen with 2L walking only
C. Need an oxygen titrate to determine the amount of oxygen
D. Doesn’t need any oxygen

*Of note, this question was added after the Kansas City meeting so it does not include KC data.
Exacerbations can be reliably diagnosed by a single lab test.

A. True
B. False

Bar chart showing 96.4% of responses selecting B (False) and 3.6% selecting A (True).
ARS Question 5

Which of the following are implicated as causes of COPD exacerbations?

A. The “common” cold
B. Influenza infection
C. High levels of particulate matter pollution
D. All of the above

A | 0.6%
B | 0.9%
C | 0.8%
D | 97.7%
Online Activity
Final Status Report
Launched September 29, 2017:
https://copdnow.njhealtheducation.org
Background
The online portion of this educational initiative encompasses three interactive and multimedia modules led by expert speakers addressing key points of practice. The online activity features interactive polling questions, feedback, downloadable slide decks and a clinical reference aid to help improve the knowledge and competence of pulmonologists and primary care physicians in the diagnosis, management, and treatment of COPD.

Learning Objectives
1. Discuss the key updates from the 2017 GOLD Guidelines and their application to the diagnosis and management of COPD.
2. List the pharmacotherapies and non-pharmacologic therapies for management of COPD according to 2017 GOLD guidelines.
3. Review effective communication strategies to improve engagement and self-management for patients with COPD.
Accreditation Details: In support of improving patient care, NJH is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. NJH is also accredited by the Accreditation Council for Pharmacy Education (ACPE) and the California Board of Registered Nursing (CBRN) to provide continuing education for the healthcare team. **NJH will designate the online activity for a maximum of 1.5 AMA PRA Category 1 Credits™.**

Target Audience: Family Physicians and Internal Medicine Physicians, along with Community Pulmonologists and Primary Care Physicians that diagnose and treat COPD are the primary target audience members for this educational program. In addition, nurse practitioners, physician assistants, and nurses who treat patients with COPD are the secondary target audience who will benefit from the program.

Educational Outcomes Strategy: Outcomes will be measured via participation totals, specialty, medical designation, pre-test, post-test, interactive polling questions, and evaluations. The metrics will demonstrate participation, satisfaction, learning, engagement and change in knowledge and competence to achieve Moore’s Level 4 outcomes.
Online Metrics:
✓ Completed: 1,700
✓ Total Learners: 2,789
  ➢ MD/DO: 28%
  ➢ NP/PA: 23%
✓ Total Participants: 6,174
COPD NOW: Medical Management of Stable Disease and Exacerbations
CME/CNE symposium

Online Enduring Program – (3) Modules

Initial Assessment and Management of Stable COPD (Module 1)
✓ Certificates: 656
✓ Completed: 665
Learners: 1308
Participants: 3010

Learning to Assess and Manage Patients with Frequent COPD Exacerbations (Module 2)
✓ Certificates: 409
✓ Completed: 415
✓ Learners: 527
Participants: 1033

Roundtable: Management of Patients with COPD (Module 3)
✓ Certificates: 611
✓ Completed: 620
Learners: 954
Participants: 2131

National Jewish Health®
Online Enduring Program – (3) Modules

COPD NOW: Medical Management of Stable Disease and Exacerbations
CME/CNE symposium

Total Participants
Learners
Certificates
Completers

Module 1
3010
1308
656
665

Module 2
1033
527
409
415

Module 3
2131
954
611
620

Legend:
- Total Participants
- Learners
- Certificates
- Completers
Gain in Knowledge
Participants demonstrated a 54% relative gain in knowledge and competence as a result of this activity.
Online Enduring Program – (3) Modules

Module 1: Initial Assessment and Management of Stable COPD

CME Credit: .50

In this module, Dr. Serban, discussed the initial assessment and management of stable patients with COPD, as well as the importance of return demonstration for patients who use inhaler devices.
Online Enduring Program – (3) Modules

Module 1: *Initial Assessment and Management of Stable COPD Participation and Aggregate Change in Knowledge*

- Participants: 3010
- Learners: 1308
- Completers: 665
- Certificates: 656

Pre: 62%
Post: 84%
## COPD NOW: Medical Management of Stable Disease and Exacerbations

CME/CNE symposium

### Online Enduring Program – (3) Modules

#### Module 1: Initial Assessment and Management of Stable COPD (Participation)

<table>
<thead>
<tr>
<th>Participant Breakdown (Learners)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MD/DO</td>
<td>33.5%</td>
</tr>
<tr>
<td>PA</td>
<td>16.0%</td>
</tr>
<tr>
<td>NP</td>
<td>4.5%</td>
</tr>
<tr>
<td>RT</td>
<td>5.0%</td>
</tr>
<tr>
<td>PharmD</td>
<td>0.9%</td>
</tr>
<tr>
<td>Nurse</td>
<td>15.1%</td>
</tr>
<tr>
<td>Other</td>
<td>24.9%</td>
</tr>
<tr>
<td><strong>N=1308</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participant Breakdown (Completers)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MD/DO</td>
<td>32.5%</td>
</tr>
<tr>
<td>PA</td>
<td>18.0%</td>
</tr>
<tr>
<td>NP</td>
<td>3.9%</td>
</tr>
<tr>
<td>RT</td>
<td>6.2%</td>
</tr>
<tr>
<td>PharmD</td>
<td>0.5%</td>
</tr>
<tr>
<td>Nurse</td>
<td>15.0%</td>
</tr>
<tr>
<td>Other</td>
<td>23.9%</td>
</tr>
<tr>
<td><strong>N=665</strong></td>
<td></td>
</tr>
</tbody>
</table>
Online Enduring Program – (3) Modules

Module 1: *Initial Assessment and Management of Stable COPD* (Specialties)

**Specialty Breakdown (Learners)**
- Primary Care/Internal Medicine: 39%
- Allergy: 34%
- Pulmonary: 13%
- Cardiology: 9%
- Surgery: 4%
- Other: 1%

**Specialty Breakdown (Completers)**
- Primary Care/Internal Medicine: 46%
- Allergy: 33%
- Pulmonary: 10%
- Cardiology: 5%
- Surgery: 4%
- Other: 2%
Let’s consider Mark’s case one more time. His oximetry at rest is 91%. With ambulation he drops to 87%. What is the next step in your approach?

1. Doesn’t need oxygen
   - Pre: 21.02%
   - Post: 50.99%

2. Need an oxygen titration study to determine the amount of oxygen
   - Pre: 19.74%
   - Post: 46.02%

3. Oxygen with 2L walking only
   - Pre: 19.03%
   - Post: 22.53%

4. Oxygen at rest 2L and walking 3L
   - Pre: 10.09%
   - Post: 10.44%
Based on the clinical data collected during the activity, what would be the best therapy for our patient?

- Low dose (10 mg) prednisone
  - LABA/ICS: 6.55%
  - LABA or LAMA: 53.27%
  - SABA as needed: 8.56%

- Post N= 704
- Pre N= 728
As a result of what I learned, I intend to make changes in my practice:

<table>
<thead>
<tr>
<th>Extremely Likely</th>
<th>Somewhat Likely</th>
<th>Not At All Likely</th>
</tr>
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</table>

Module 1 Evaluation: Initial Assessment and Management of Stable COPD

Module 1: 92% of Participants reported that they were somewhat or extremely likely to make a change in their practice.

As a result of what I learned, I intend to make the following changes in my practice:

- Modify treatment plans: 36%
- Use alternative communication: 27%
- Incorporate different diagnostic: 32%
- Change my: 37%
Evaluation

✓ 100% reported the material was presented without commercial bias
✓ 99% reported the activity addressed strategies for overcoming barriers to optimal patient care
Module 2: Learning to Assess and Manage Patients with Frequent COPD Exacerbations: Changing the Future by Planning Today

CME Credit: .50

In this module, Dr Finigan, outlined the goals and treatment options for those patients experiencing frequent COPD exacerbations.
Module 2: Learning to Assess and Manage Patients with Frequent COPD Exacerbations

Participation and Aggregate Change in Knowledge

<table>
<thead>
<tr>
<th>Category</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants</td>
<td>1033</td>
<td>89%</td>
</tr>
<tr>
<td>Learners</td>
<td>527</td>
<td></td>
</tr>
<tr>
<td>Completers</td>
<td>415</td>
<td></td>
</tr>
<tr>
<td>Certificates</td>
<td>409</td>
<td></td>
</tr>
<tr>
<td></td>
<td>60%</td>
<td>89%</td>
</tr>
</tbody>
</table>
Module 2: Learning to Assess and Manage Patients with Frequent COPD Exacerbations

Participant Breakdown (Learners)

- MD/DO: 36.6%
- PA: 19.0%
- NP: 5.5%
- RT: 5.7%
- PharmD: 0.9%
- Nurse: 14.8%
- Other: 17.5%

Participant Breakdown (Completers)

- MD/DO: 36.9%
- PA: 20.2%
- NP: 4.3%
- RT: 5.8%
- PharmD: 0.5%
- Nurse: 14.2%
- Other: 18.1%

N=415
N=527
Module 2: Learning to Assess and Manage Patients with Frequent COPD Exacerbations

(N=527)

Primary Care/Internal Medicine: 38%
Allergy: 33%
Pulmonary: 4%
Emergency Medicine: 9%
Surgery: 2%
Hospitalist: 3%
Other: 11%

(N=415)

Primary Care/Internal Medicine: 37%
Allergy: 34%
Cardiology: 9%
Emergency Medicine: 4%
Surgery: 2%
Hospitalist: 11%
Other: 2%
Based on GOLD 2017 Guidelines, what would be our patient’s Category/Group of COPD?

- D: 38.22% (71.13%)
- C: 38.89%
- B: 15.24% (18.00%)
- A: 4.16% (4.89%)

Post N= 433
Pre N= 450
Which of the following are implicated as causes of COPD exacerbations?

- a. Overuse of Albuterol
- b. Influenza infection
- c. Male gender
- d. All of the above

**Results:**

- a. Overuse of Albuterol: 2.50% (Pre) vs. 1.62% (Post)
- b. Influenza infection: 46.14% (Pre) vs. 50.91% (Post)
- c. Male gender: 0.45% (Pre) vs. 0.93% (Post)
- d. All of the above: 0.45% (Pre) vs. 95.37% (Post)
Module 2 Evaluation: 

**Learning to Assess and Manage Patients with Frequent COPD Exacerbations**

As a result of what I learned, I intend to make changes in my practice:

- **Extremely Likely**
  - 54%

- **Somewhat Likely**
  - 40%

- **Not At All Likely**
  - 6%

As a result of what I learned, I intend to make the following changes in my practice:

- Modify treatment plans
  - 46%

- Use alternative communication methodologies with patients...
  - 25%

- Incorporate different diagnostic strategies into patient evaluation
  - 30%

- Change my screening/prevention practice
  - 33%

---

Module 2: 94% of Participants reported that they were somewhat or extremely likely to make a change in their practice.
Module 2 Evaluation: **Learning to Assess and Manage Patients with Frequent COPD Exacerbations**

**Participants report the activity was “Excellent” to “Good” at:**

- Improving your ability to treat or manage patients: 98.0%
- Enhancing your ability to apply the LOs to practice: 97.4%
- Reinforcing/Improving Your Current Skills: 98.6%
- Meeting your educational needs: 98.0%
- Meeting the LOs: 98.2%

**Evaluation**

- 100% reported the material was presented without commercial bias
- 99% reported the activity addressed strategies for overcoming barriers to optimal patient care
COPD NOW: Medical Management of Stable Disease and Exacerbations

CME/CNE symposium

Online Enduring Program – (3) Modules

Module 3: Roundtable: Management of Patients With COPD

CME Credit: 1.0

In this module, expert faculty participate in a roundtable discussion about the newly updated GOLD Guidelines, as well as asking you, the viewer, questions related to the management of COPD.

National Jewish Health®
Module 2: Learning to Assess and Manage Patients with Frequent COPD Exacerbations

Participation and Aggregate Change in Knowledge

| Participants | 2131 |
| Learners     | 954  |
| Completers   | 620  |
| Certificates  | 611  |

Pre: 49%  
Post: 92%
Online Enduring Program – (3) Modules

Module 3: *Roundtable: Management of Patients with COPD* (Participation)

**Participant Breakdown (Learners)**

<table>
<thead>
<tr>
<th>Profession</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD/DO</td>
<td>29.1%</td>
</tr>
<tr>
<td>PA</td>
<td>23.1%</td>
</tr>
<tr>
<td>NP</td>
<td>2.9%</td>
</tr>
<tr>
<td>RT</td>
<td>4.7%</td>
</tr>
<tr>
<td>PharmD</td>
<td>1.5%</td>
</tr>
<tr>
<td>Nurse</td>
<td>16.2%</td>
</tr>
<tr>
<td>Other</td>
<td>22.4%</td>
</tr>
</tbody>
</table>

**Participant Breakdown (Completers)**

<table>
<thead>
<tr>
<th>Profession</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD/DO</td>
<td>30.2%</td>
</tr>
<tr>
<td>PA</td>
<td>23.5%</td>
</tr>
<tr>
<td>NP</td>
<td>2.7%</td>
</tr>
<tr>
<td>RT</td>
<td>5.5%</td>
</tr>
<tr>
<td>PharmD</td>
<td>1.0%</td>
</tr>
<tr>
<td>Nurse</td>
<td>18.1%</td>
</tr>
<tr>
<td>Other</td>
<td>19.0%</td>
</tr>
</tbody>
</table>

N=954

N=620
Module 3: Roundtable: Management of Patients with COPD (Specialties)

**Specialty Breakdown (Learners)**
- Primary Care/Internal Medicine: 40%
- Allergy: 29%
- Pulmonary: 1%
- Emergency Medicine: 7%
- Surgery: 6%
- Other: 3%

N=954

**Specialty Breakdown (Completers)**
- Primary Care/Internal Medicine: 47%
- Allergy: 22%
- Pulmonary: 8%
- Emergency Medicine: 5%
- Surgery: 5%
- Cardiology: 9%
- Anesthesiology: 5%
- Other: 3%

N=620
What is the standard GOLD 2017 recommendation for systemic steroid treatment for a patient admitted with an acute COPD exacerbation?

A. Prednisone taper starting at 60mg daily for 3 days, and decrease by 10mg every three days.

B. Prednisone burst 40-60mg daily for 5 days.

C. Methylprednisolone 60mg IV Q8hrs.

D. Combination of high dose inhaled steroid therapy with Methylprednisolone 60mg IV Q12.

- Post N = 642
- Pre N = 687
Online Enduring Program – Module 3

Pre- to Post-Test Question

Who should supplemental oxygen be prescribed for?

- A. A patient who is discharged from the hospital after experiencing a COPD exacerbation.
  - Pre N = 742
  - Post N = 643
  - 8.76% A

- B. A patient who has saturations at rest that are less than 88% on room air.
  - Pre N = 742
  - Post N = 643
  - 90.51% B

- C. A patient who has saturations at rest of 90%, but desaturates to 82% with ambulation.
  - Pre N = 742
  - Post N = 643
  - 25.61% C

- D. A patient who has normal daytime saturations, but desaturates below 88% while sleeping for a total of 4 minutes during the night.
  - Pre N = 742
  - Post N = 643
  - 4.04% D

- E. A patient who has normal daytime saturations, but desaturates below 88% while sleeping for a total of 4 minutes during the night.
  - Pre N = 742
  - Post N = 643
  - 10.78% E

- F. A patient who has normal daytime saturations, but desaturates below 88% while sleeping for a total of 4 minutes during the night.
  - Pre N = 742
  - Post N = 643
  - 2.02% F

- G. A patient who has normal daytime saturations, but desaturates below 88% while sleeping for a total of 4 minutes during the night.
  - Pre N = 742
  - Post N = 643
  - 3.42% G
As a result of what I learned, I intend to make changes in my practice:

- Extremely Likely: 50%
- Somewhat Likely: 41%
- Not At All Likely: 9%

Module 3: 91% of Participants reported that they were somewhat or extremely likely to make a change in their practice.

As a result of what I learned, I intend to make the following changes in my practice:

- Modify treatment plans: 45%
- Use alternative communication methodologies with patients and...: 30%
- Incorporate different diagnostic strategies into patient evaluation: 27%
- Change my screening/prevention practice: 34%
Module 3 Evaluation: *Roundtable: Management of Patients with COPD*

Participants report the activity was “Excellent” to “Good” at:

- Improving your ability to treat or manage patients: 98.4%
- Enhancing your ability to apply the LOs to practice: 98.3%
- Reinforcing/Improving Your Current Skills: 98.3%
- Meeting your educational needs: 98.9%
- Meeting the LOs: 98.9%

**Evaluation**

- 99% reported the material was presented without commercial bias
- 99% reported the activity addressed strategies for overcoming barriers to optimal patient care
Thank you for your support of this educational initiative!