



**AMERICAN ACADEMY of
DERMATOLOGY | ASSOCIATION**

**Improving Practice to Improve Quality of Life in Patients with
Psoriasis and Psoriatic Arthritis**

Key Aspects

Funded by Pfizer

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Overall Project

- **Partners**
 - The France Foundation
 - National Psoriasis Foundation
- **Goal**
 - To improve quality of life (QOL) in patients with psoriasis and psoriatic arthritis (PsA) through improving physician and non-physician clinicians' knowledge, competence, confidence, and performance in assessing psoriasis, PsA, and QOL.
- **Key Objectives**
 - increase knowledge, competence, and confidence in using assessment tools for psoriasis, PsA, and QOL
 - increase the clinical use of tools for assessing psoriasis, PsA, and QOL in patients with psoriasis
 - increase QOL and treatment satisfaction as reported by patients with psoriasis and PsA
- **Target Audience**
 - Dermatologists other interested physicians (e.g., primary care physicians and rheumatologists), and non-physician clinicians (e.g., nurse practitioners and physician assistants) from the US who provide dermatologic care to patients with psoriasis and PsA.





Educational Intervention

- **Blended Learning Experience**

- Live Workshop offered 3 times over 2 years
- Didactic presentations, interactive patient assessment demonstrations and implementation tools
- 2.00 AMA PRA Category 1 credits
- Two implementation periods requiring chart audit and patient survey
- Online Activity (repurpose of workshop; includes chart audit and patient survey)
- 700 allowable learners/250 anticipated to complete entire blended learning experience

- **Learning Objectives**

- Recognize the importance of assessing patients for psoriasis and psoriatic arthritis
- Select tools and scales for the clinical assessment of disease severity and quality of life in patients with psoriasis and psoriatic arthritis for routine clinical use
- Use clinical assessment results to select appropriate treatment regimen with the goal of treating to target for patients with psoriasis and/or psoriatic arthritis for better patient outcomes



Methodology and Measures

- **Live Workshop**
 - Pre/Post Questionnaires analyzed
 - Overall evaluation data analyzed
- **Post Workshop – 30 Day Baseline**
 - Documented practice data collected through chart audit
 - Patient surveys used to assess QOL satisfaction
- **Post Workshop – 6 Month Follow-up**
 - Continued measurement of implementation thru chart audit
 - Patients complete a 2nd QOL survey
 - Results compared to Baseline data
- **Online Learning Experience**
 - Offered to additional learners
 - Repurpose of workshop into online format
 - Chart audit and patient survey requirements

Measures

Participants – Live Workshop

- Clinical knowledge and competence
- Treatment confidence level
- Self-reported performance of psoriasis, PsA, QOL
- Perception of impact on knowledge
- Perception of impact on practice

Participants – Post Workshop

- Documented performance of psoriasis, PsA, QOL assessment
- Retention of knowledge and confidence

Patients

- Perception of QOL
- Treatment satisfaction



Results and Key Findings

- **366 attendees satisfied with their participation in live education intervention**
 - Participants reported improved confidence in accessing the severity of psoriasis, evaluating patients for PsA and in assessing QOL in patients with psoriasis and PsA
 - Average of 94% respondents reported workshop will have a very positive/positive impact on their practice
 - Participants reported they are better able to evaluate joints and more accurately assess psoriasis and PsA
- **Post Intervention Implementation and Online Activity**
 - Difficult chart audit design; no practice pattern data collected
 - Chart audit barrier impacted patient recruitment, no QOL data collected
 - Multiple financial incentives had undetermined role in project
 - No participants completed entire learning experience (workshop and implementation periods)
 - Inconsequential number of participants completed the online activity
- **Conclusions**
 - Live educational intervention successful meeting several measures. Chart audit and patient QOL data not sufficient to conclude impact of live educational intervention on improved care and patient QOL.