



Improving Care Disparities for Black Americans in Mississippi with Venous Thromboembolism

Interim Outcomes Report: Live Webinar Series

Educational Provider



Moore's Outcomes Level Planned

Level Planned	Level Reached
Level 5	Level 5*

*Level 5 pending distribution and return of the practice-change post-activity survey
Date Submitted: June 10, 2021
Data as of June 9, 2021

Live Webinar Dates

Wednesday, April 28, 2021
7:00pm ET / 6:00pm CT

Tuesday, May 11, 2021
7:00pm ET / 6:00pm CT

Saturday, May 15, 2021
11:00am ET / 10:00am CT

Tuesday, May 18, 2021
2:00pm ET / 1:00pm CT

Wednesday, May 19
2:00pm ET / 1:00pm CT

BMS Grant ID #62053247

Collaborative Partners






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Outcomes Summary: Improving Care Disparities for Black Americans in Mississippi with Venous Thromboembolism BMS Grant ID #62053247

- Provider:** MediCom Worldwide, Inc.
- Start/end dates, live webinar series only:** April 28 – May 19, 2021
- Enduring material posted on June 2, 2021**

- Total Cost of Activity:** \$149,030 (live portion of budget only)
BMS Support: \$149,030
BMS Cost per Learner: \$1,419.33
- Target Audience:** Multidisciplinary HCPs practicing in CAHs in Mississippi including Vascular Medicine Specialists, Pulmonologists, Vascular Surgeons, Hematologists, Hospitalists, PCPs, ED Physicians, Allied HCPs (ie, NPs, PAs, pharmacists) and other HCPs involved in the coordination of care between practice settings for patients with VTE

LEARNER PARTICIPATION (Refer to Notes Section for "Other", Specialties)

Total Actual Unique Learners

TOTAL Learners	MDs/DO	NP/PA	PharmD	Other
105	48%(50)	0%(0)	11%(12)	41%(43)

Breakdown of Physician Learners

TOTAL Physician Learners	Family Practice	Internal Medicine	OB/GYN	Other
50	20%(10)	12%(6)	12%(6)	56%(28)

US vs Ex-US Learners

US	Ex-US
88%(92)	12%(13)

Post Activity Gains
35.2% (37)
Overall increase in knowledge, competence, confidence & performance

112
of patients impacted weekly

Meeting Agenda

Introduction and Baseline Knowledge/Competence Assessment

Disparities in Care Among Black Patients with VTE, Nationally and in Mississippi

- Disparities in care among Black Americans with VTE, including disparities in receiving direct-acting oral anticoagulants
- Barriers to safe and effective anticoagulation during care transitions, and considerations for Black patients in CAHs in Mississippi
- Evolving, interactive case study with COVID-19 considerations

Optimal Approaches to VTE Diagnosis, Treatment and Care Transitions

- Indications and guidelines for VTE diagnosis and anticoagulation
- Non-pharmacologic measures
- Risks and benefits of oral anticoagulants
- Components of a high-quality discharge system
- Evolving, interactive case study with COVID-19 considerations

Strategies to Improve Transitions of Care for Black Patients with VTE

- Barriers to safe and effective anticoagulation during care transitions, and multidisciplinary considerations for Black patients in CAHs in Mississippi
- Review of the evidence on successful care transitions strategies
- Linking improved care transitions to quality improvement projects for CAHs that align with MBQIP quality measures
- Evolving, interactive case study with COVID-19 considerations

Putting It All Together: Points for practice; interactive question and answer session

Post Knowledge/Competence Assessment

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Improving Care Disparities for Black Americans in Mississippi with Venous Thromboembolism

MediCom Worldwide, Inc. **ManagingCVD**

Faculty Presenters

Program Chair



Charles V. Pollack, Jr., MD, FACEP, FAAEM, FAHA, FACC, FESC, FCPP
Program Chair
 Clinician-Scientist
 Department of Emergency Medicine
 University of Mississippi School of Medicine
 Jackson, Mississippi



DeGail J. Hadley, DO
 Founder and Chief Executive Officer
 Dynamic Wellness Medical Clinic
 Cleveland, Mississippi



Cynthia Harrington, DNP, APRN, FNP-BC, PMHNP-BC, NEd, MT(ASCP)
 Family Nurse Practitioner
 Choctaw Regional Medical Center
 Louisville Medical Clinic
 Louisville, Mississippi



Elizabeth Hood, PharmD
 Director, Anticoagulation Clinic
 Clinical Pharmacy Specialist
 University of Mississippi Medical Center
 Jackson, Mississippi

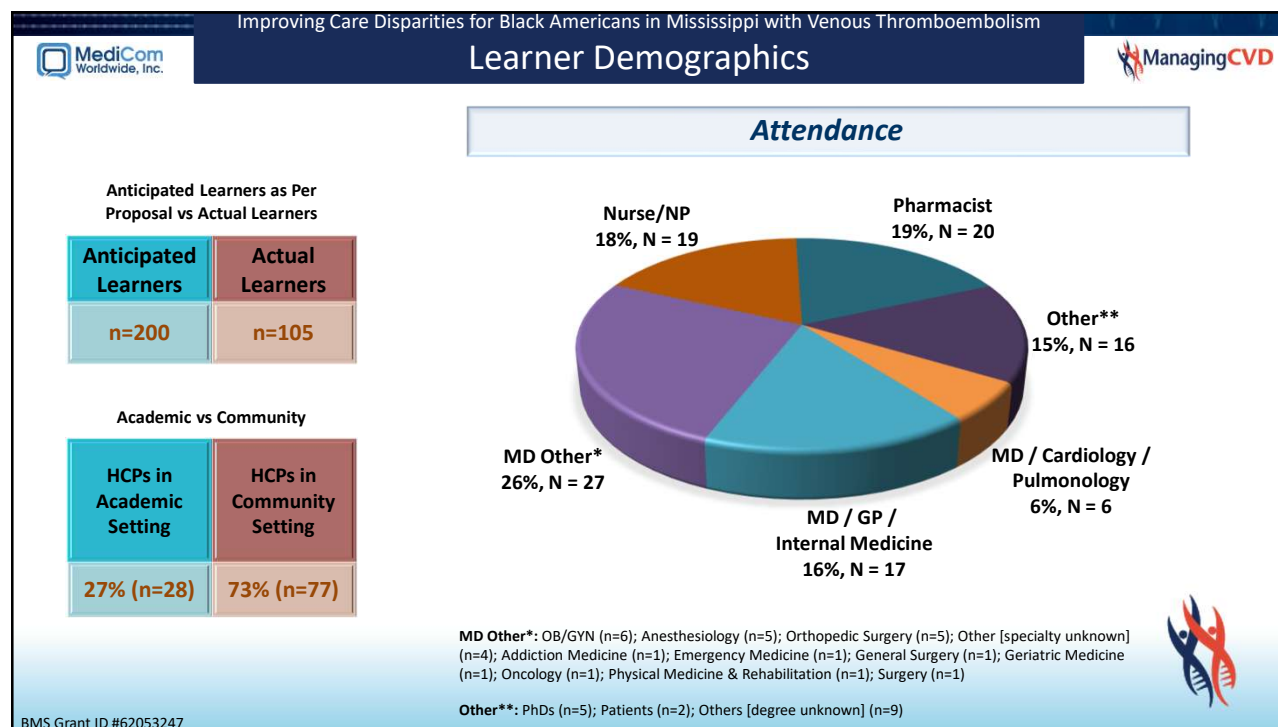


Leslie L. Lake
 Board President
 National Blood Clot Alliance
 Patient Advocate

98% of learners indicated the faculty conveyed the content effectively
 N = Post-Activity: 37

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Improving Care Disparities for Black Americans in Mississippi with Venous Thromboembolism

MediCom Worldwide, Inc. **Gains in Knowledge, Competence, Confidence** ManagingCVD

Gain #1
Confidence
Reference Slide # 7

- Learners significantly increased their **confidence** in their ability to **impact the care of Black Americans with VTE and/or PEs** in their clinical setting
- Pre-activity, **86.8% of learners reported they felt low confidence** in their ability to impact the care of Black Americans with VTE, while **post-activity, 43.2% of learners** were either very confident or completely confident in this ability (*increase, 43.6%*)

Gain #2
Competence
Reference Slide #8

- Learners increased their competency in providing, prior to discharge, **comprehensive patient & caregiver education** to their patients who have been **discharged on a DOAC**
- Pre-activity, **34.9% of learners reported they never or rarely provide patients with proper education prior to being discharged on a DOAC**, while **post-activity, 64.8% of learners often or always** plan to provide their patients with this education (*increase, 29.9%*)

Gain #3
Knowledge
Reference Slide #11

- Learners increased their knowledge of dosing and monitoring for **rivaroxaban for the initial treatment of DVT**
- Pre-activity, only **17.8% of learners** were able to identify that **an initial dose of rivaroxaban 15 mg PO BID correlates with a follow-up in 3-5 days**, while post-activity, **94.6% of learners** were able to identify this as the **correct follow-up time** (*increase, 76.8%*)

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MediCom Worldwide, Inc. **Remaining Practice Gaps** ManagingCVD

Practice Gap #1
Reference Slide #8

- Learners require additional education on the rationale for, and appropriate education of, patients who are discharged on a DOAC
- While post-activity, **64.8% of learners reported they will often or always provide patients with proper education** prior to being discharged on a DOAC, nevertheless, post-activity, **1 in 3 learners are still not committed** to patient education for patients discharged on a DOAC

Practice Gap #2
Reference Slide #9

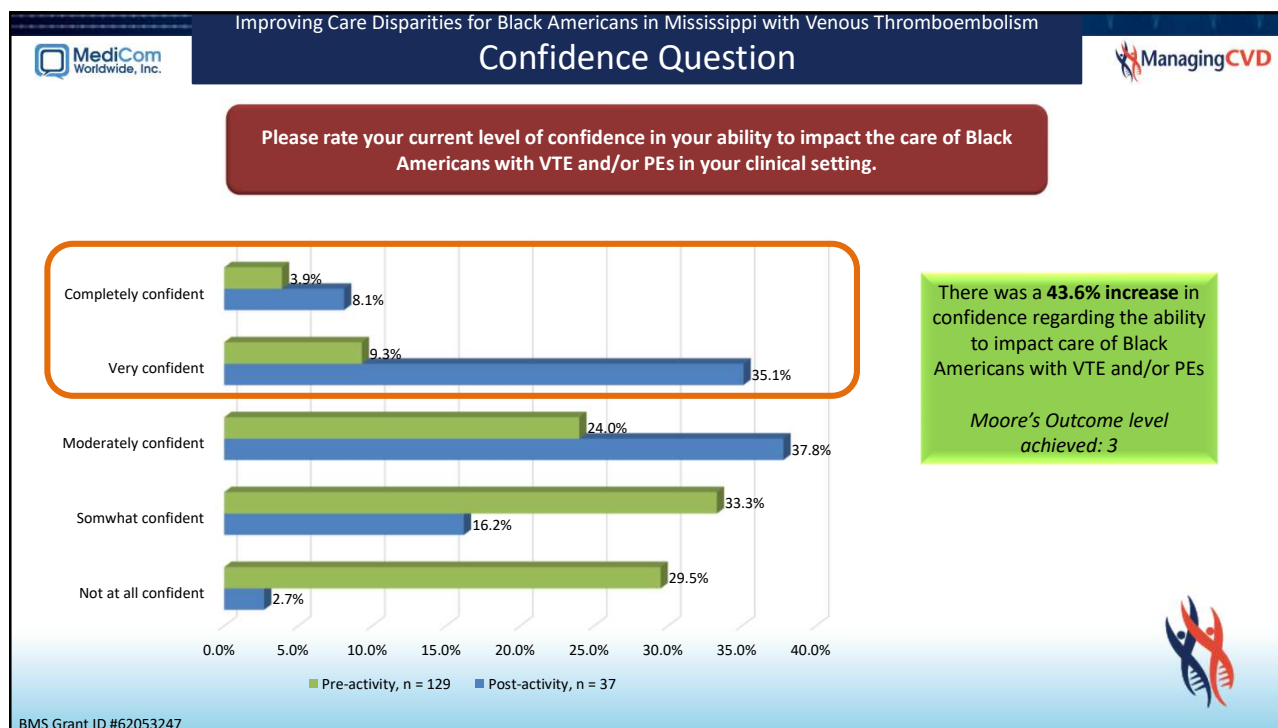
- Learners require additional education on **developing transition plans for discharging patients on a DOAC** based on the individual patient comorbidities, lifestyle, support systems and barriers related to access and adherence to medication and follow-up care
- While post-activity, **59.4% of learners reported they will often or always develop appropriate transition plans** for discharging patients on a DOAC, nevertheless, post-activity, **1 in 3 learners are still not committed** to developing these transition plans

Practice Gap #3
Reference Slide #12

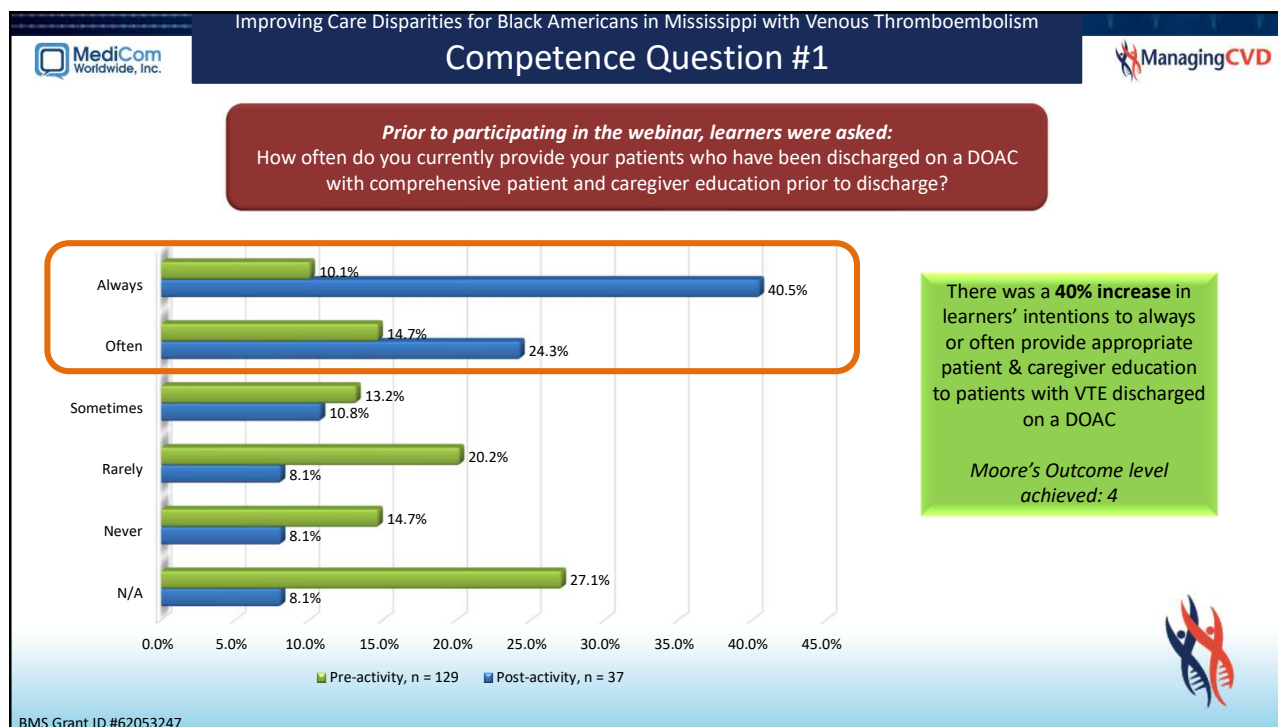
- Learners require additional education concerning **appropriate treatments in VTE patients who have poor venous access and would prefer a once daily medication**
- While post-activity, **86.5% of learners** were able to correctly identify edoxaban as the most appropriate treatment for this VTE patient, this was the knowledge question with the lowest post-activity correct responses, representing **1 in 7 learners who still need this important information**

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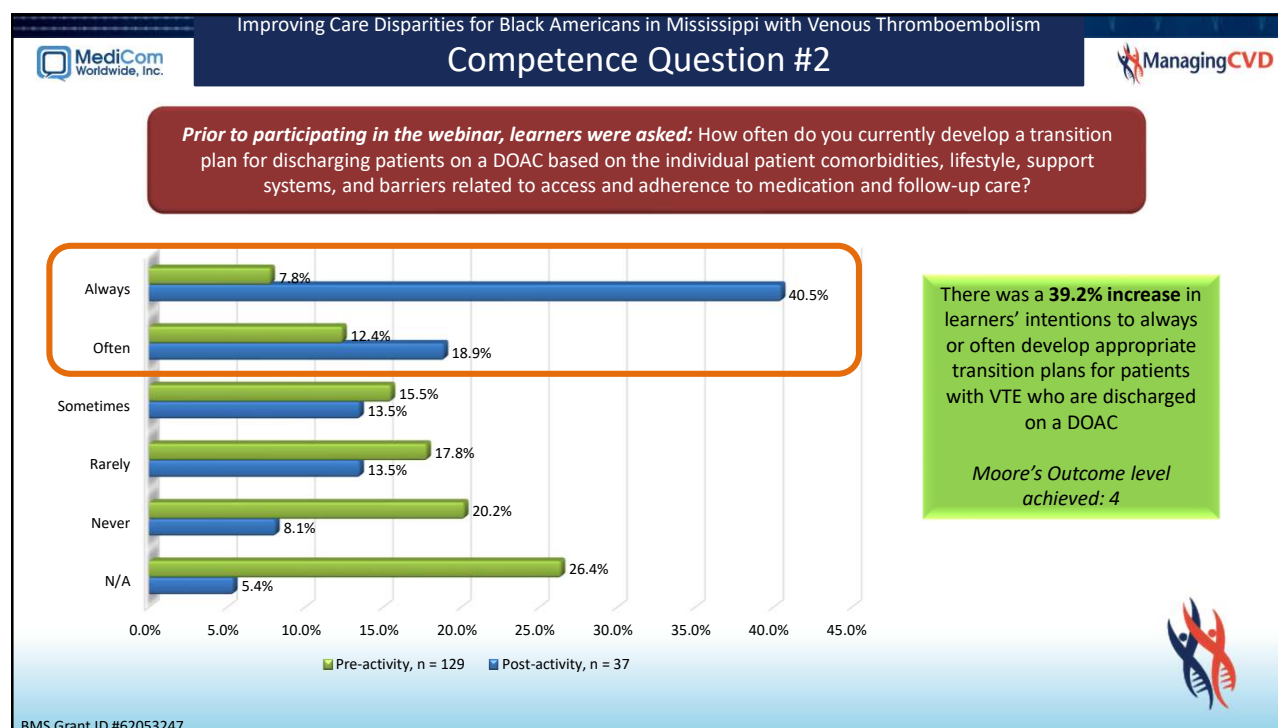
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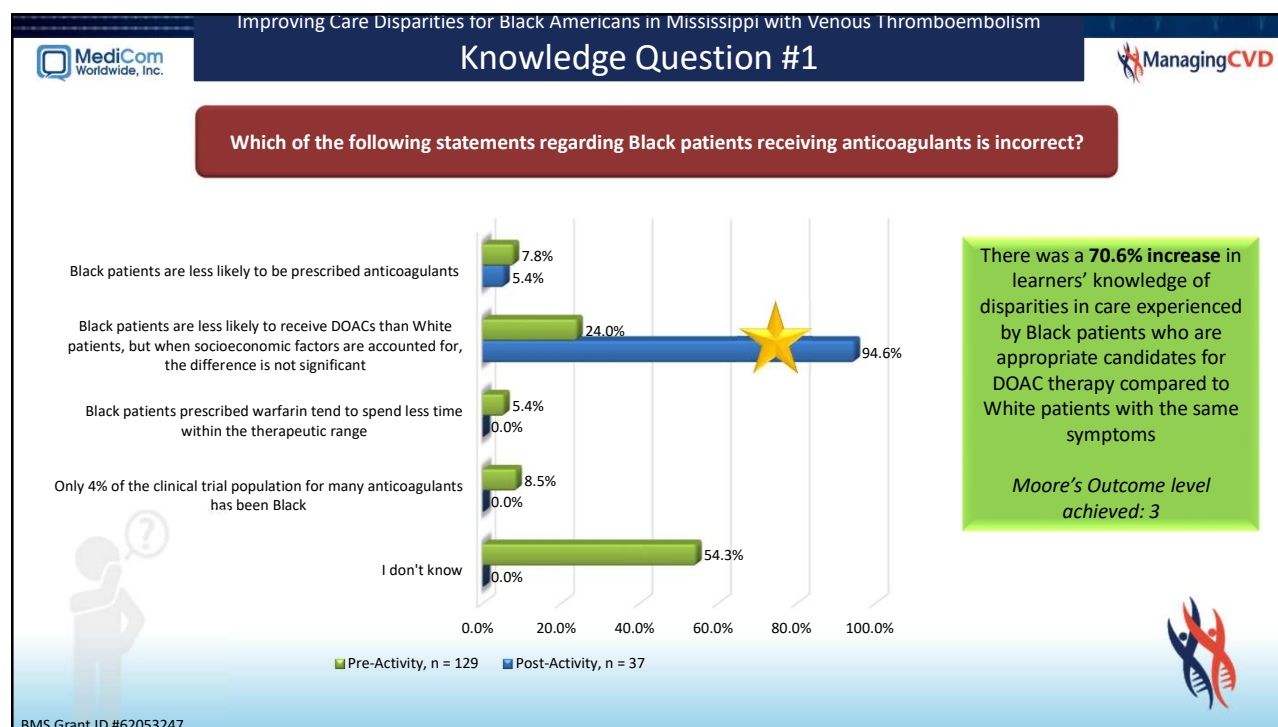
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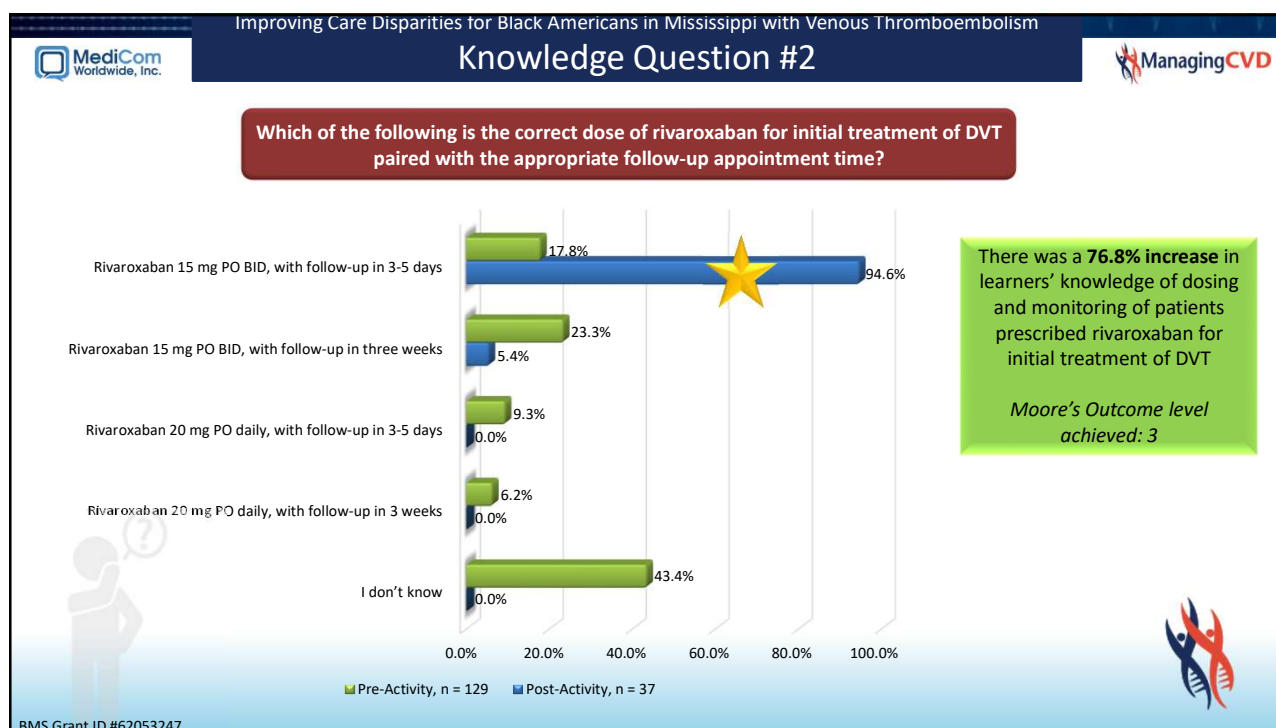
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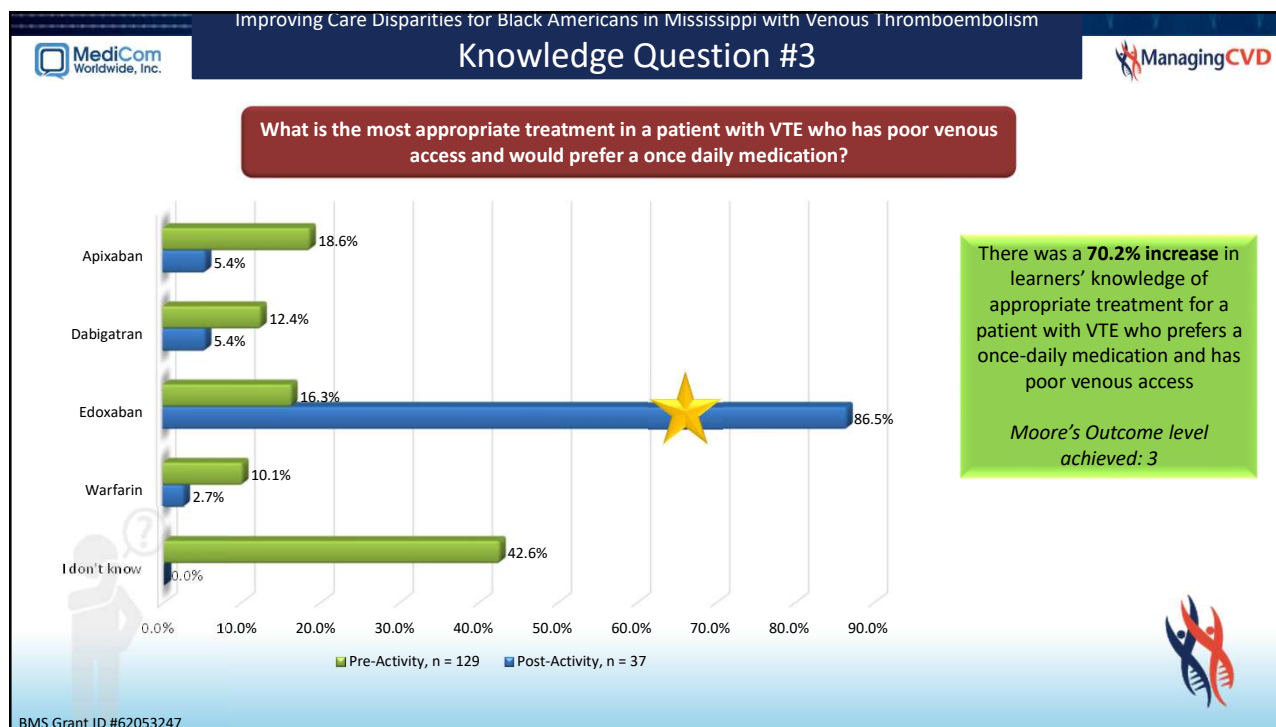
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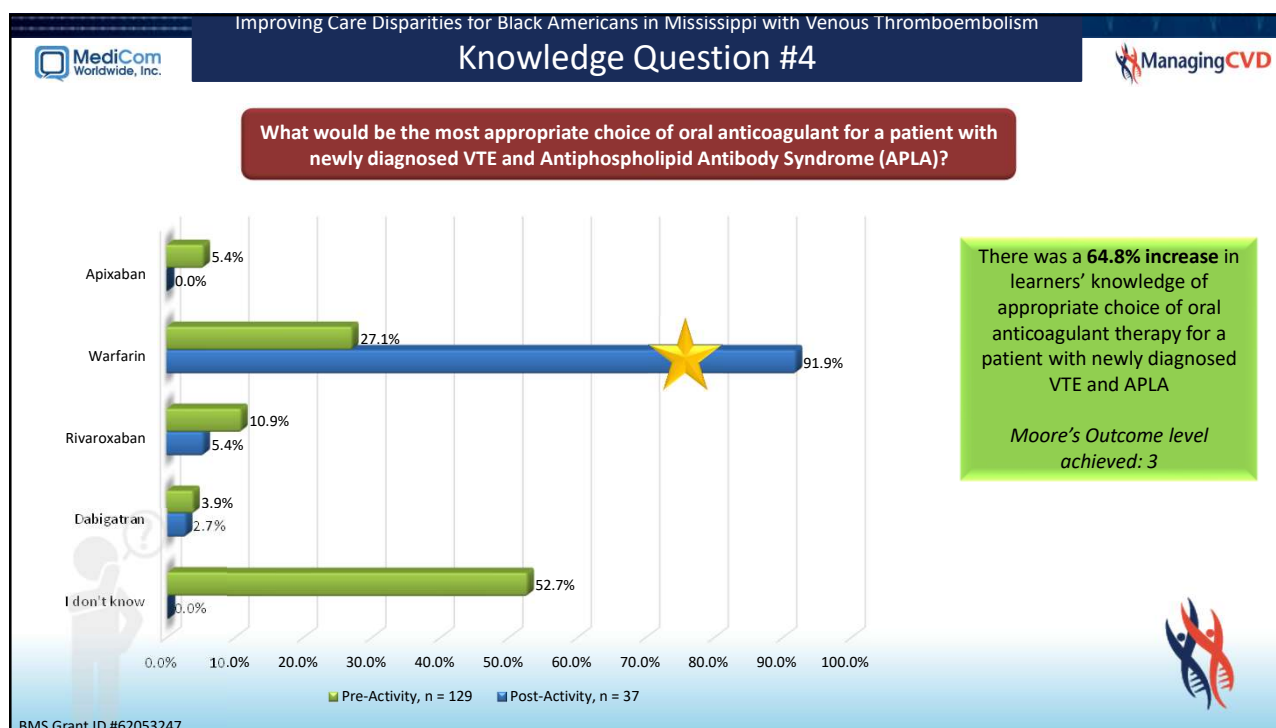
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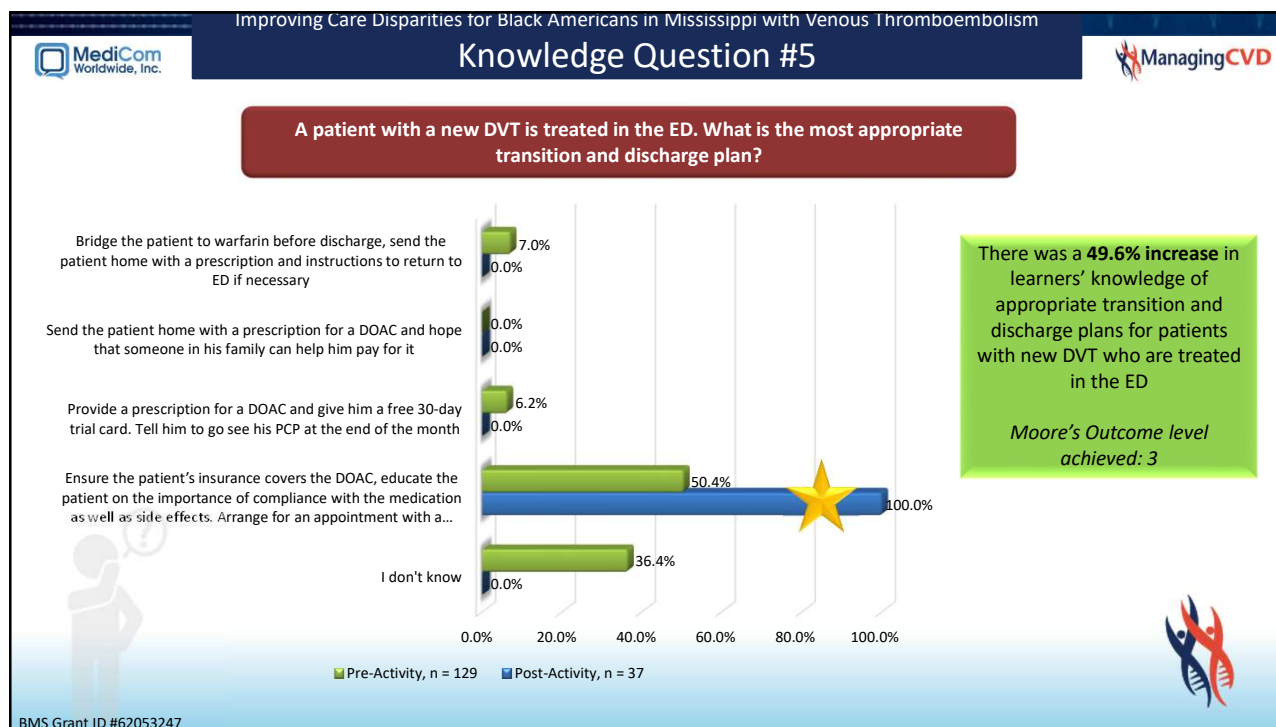
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Improving Care Disparities for Black Americans in Mississippi with Venous Thromboembolism


MediCom Worldwide, Inc. **Educational Impact Summary** Managing CVD

Key Educational Insights Based on Analysis of Outcomes

Mississippi ranks last or close to last on almost all healthcare measures, and black Americans within the Mississippi population, are disproportionately impacted by these poor health outcomes.

We can identify multiple components of a high-quality discharge system. Transitioning patients from hospital to home is never easy, but there are clearly some issues that are important; the transition must be consistent, protocol-driven and patient-centered. And because most patients don't remember anything you tell them, you need to involve the family members and caretakers. You need to reinforce key points over and over again, because, when patients are discharged, they're only just happy to be getting out; they're not really listening to what they need to do afterward. This means they require medication education and follow-up education on things to watch for. With anticoagulation, you must inform patients and their caregivers to not only be mindful of worsening of the thrombosis, but also to be vigilant for signs of bleeding. It's important that they recognize the importance of continuing their anticoagulation therapy, even though it may not make them feel any better, because it is treating what is potentially a very serious condition.

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Improving Care Disparities for Black Americans in Mississippi with Venous Thromboembolism

MediCom Worldwide, Inc. **Educational Impact Summary** Managing CVD


Key Educational Insights Based on Analysis of Outcomes

The goal is to avoid preventable, poor outcomes in all patients, especially those with multiple chronic conditions. In my practice, we have patients with diabetes or with heart disease; also, in Mississippi, we all many obese patients. We must take all of these comorbidities into consideration. The patient, their family, or their caretaker must be involved in every aspect of the care from hospitalization, transitioning to home, and with follow-up care; this is very important for these patients.

From discharge, from the hospitalization to discharge, to follow-up care, we have to follow those patients throughout, ensuring that they have the appropriate medication or are able to get the medication. We have to encourage their caretaker, husband, wife, child, or whoever is providing the care for the patient, to take part in their care because these family members and caretakers need to understand what's going on with the patient as well, and are able to recognize adverse reactions for medications, or whether the condition has gotten worse or getting worse.

Even though we're in different settings (hospital, clinic, tertiary, whatever the case may be), it's very important that we, as healthcare professionals, communicate about patients that we jointly take care of, in order to ensure they'll have a good outcome. This requires multiple disciplinary communication, collaboration, and coordination that enables the electronic exchange of information between healthcare providers, because that's very crucial at discharge.

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Improving Care Disparities for Black Americans in Mississippi with Venous Thromboembolism

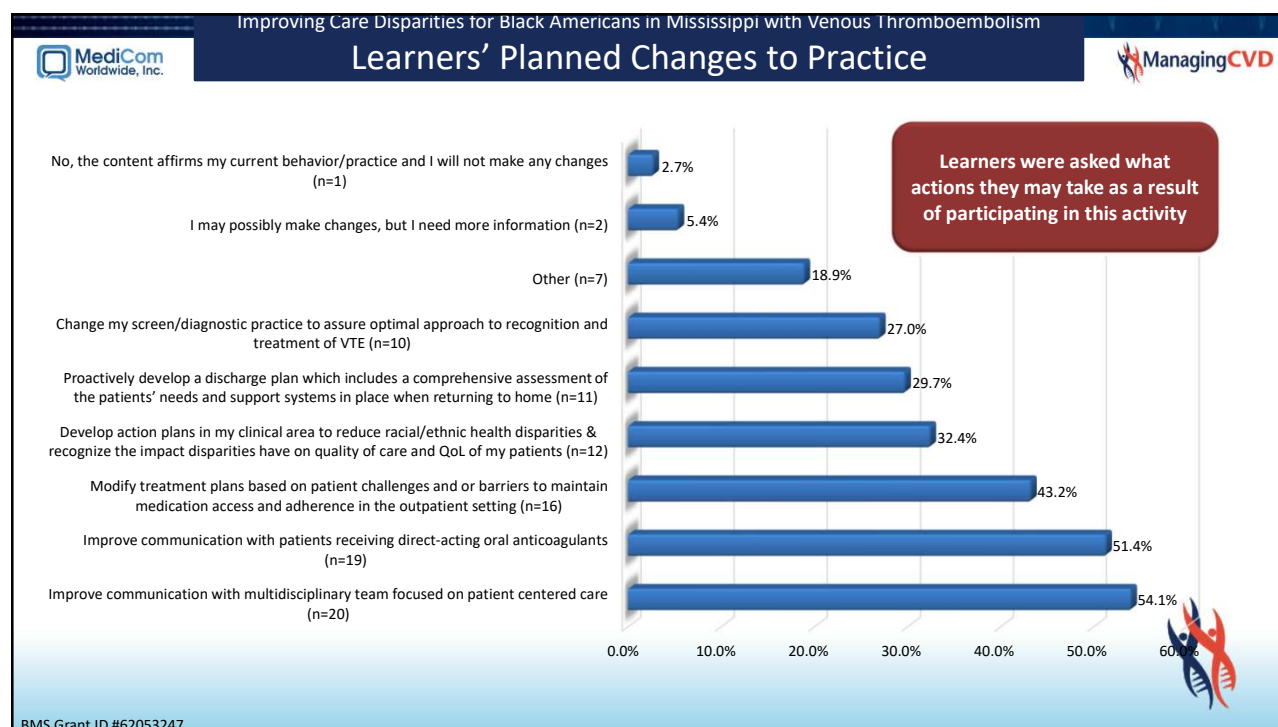
MediCom Worldwide, Inc. **Learner Comments & Questions** Managing CVD

Questions Asked by Learners During the Live Webinar Series

1. How should DOACs be initiated for VTE treatment? Heparin lead-in?
2. For patients who are obese or have undergone gastric bypass, optimal DOAC dosing is still somewhat unclear. It is not clear whether these patients need higher doses; do you have any anecdotal experience you can share?
3. Which DOAC is the most effective and which is the safest in patients with AF?
4. How should Apixaban be used in patients with impaired renal function?
5. How to manage patients who have stroke while on DOAC?
6. Can you provide any insights to tips in stressing to patients the importance of adherence especially when it comes to preventing a secondary occurrence?

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Post-activity Follow-up Survey



This message contains graphics. If you don't see them, view our email in your browser



MediCom ONCOLOGY

Excellence in medical education

Digest

Provided by
MediCom Worldwide, Inc.

MediCom Oncology is conducting a short 5-minute survey designed to assist us in the development and implementation of future CME activities on multiple myeloma.

In consideration of your time in completing this survey, you will be entered in chance to win a \$50 Amazon gift card, which will be sent via email approximately upon survey close. The results of this survey will be used only to assist in the future CME activities.

Your response is completely confidential. The link to this survey is uniquely address, so please do not forward this message.

We reserve the right to close the survey at any time once our quota of participants is met, so please respond now.

Respondents to this survey must be practicing healthcare professionals. One per person; multiple responses by one person will not result in multiple inclusions.

[Click Here to Complete the Survey!](#)

Thank you for your time, participation, and feedback!
MediCom Oncology
www.medicomoncology.com

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Survey images provided as examples only



MediCom ONCOLOGY

Excellence in medical education

The oncology medical landscape is evolving with the availability of immunotherapies as novel treatment options for patients with cancer. This survey is intended to assess the general understanding of immuno-oncology (I-O) among community oncologists across the nation.

*** How many years have you been practicing as a community oncologist?**

☐ 1 - 5
☐ 6 - 10
☐ 11 - 15
☐ 16 - 20
☐ 21 - 25
☐ More than 25

10%

[Next](#)

The follow-up survey is scheduled to be sent to all participants on June 28, 2021



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