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AB1267

ONLINE CASE-BASED EDUCATION SIGNIFICANTLY IMPROVED RHEUMATOLOGISTS' KNOWLEDGE AND CONFIDENCE IN MANAGING PATIENTS WITH RA

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Background: With the rapid evolution in treatment strategies and the increasing range of available therapeutics for rheumatoid arthritis (RA), keeping pace with advances can be a challenge for busy physicians.

Objectives: We assessed whether online CME can improve rheumatologists' knowledge of RA management focusing on the assessment and monitoring of RA, the selection of appropriate treatments and the clinical efficacy and safety data for JAK inhibitors.

Methods: Rheumatologists participated in a text-based activity featuring two patient cases with questions that "tested" knowledge and discussion of the main "teaching" points. Educational effect was assessed using a repeated-pair design, pre-/post-assessment. A Chi-square test of independence determined if a statistically significant improvement (5% significance level, $P < .05$) existed in the number of correct responses between the pretest and posttest scores. Cramer's V estimated the effect size of the education. The activity launched on 15 December 2018 with data collection through 27 February 2019.

Results: •Significant improvement in average percentage of correct responses, rising from 47% at baseline to 92% post-activity ($P < .001$) and extensive educational impact (Cramer's V=0.496)

•Significant increase in percentage of rheumatologists (n=111) answering all 3 questions correctly (9% at baseline rising to 78% post assessment)

•Significant improvements in knowledge of EULAR/ACR assessment criteria (86% improvement, $P < .001$), EULAR treatment recommendations for a patient failing on MTX and a TNF inhibitor (100% improvement, $P < .001$), and the VTE risk associated with having RA or receiving RA treatments (108% improvement, $P < .001$)

•46% of rheumatologists reported greater confidence in their ability to appropriately incorporate JAK inhibitors into the treatment of patients with RA (average confidence shift 20%)

Conclusion: Overall, this learning activity was highly successful in improving rheumatologists'

knowledge and confidence in managing patients with RA, particularly with regard to the appropriate use of JAK inhibitors in patients for whom such treatment is suitable. The extensive impact of this interactive 'test then teach' activity is likely to directly translate into patient benefit. Further education on this topic would be useful to enhance and reinforce this knowledge and to support physician confidence in the use of JAK inhibitors in clinical practice.

References:

[1] <https://www.medscape.org/viewarticle/906202>

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ONLINE EDUCATION YIELDS SIGNIFICANT GAINS IN RHEUMATOLOGISTS' KNOWLEDGE OF THE ROLE OF JAK INHIBITORS IN THE MANAGEMENT OF RA

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Background: The treatment armamentarium for rheumatoid arthritis (RA) has expanded rapidly in recent years, making it challenging for rheumatologists to stay up to date with key advances. The most recently available treatment options for RA are the JAK inhibitors.

Objectives: Our goal with this activity was to assess whether online CME can improve rheumatologists' knowledge of the role of JAK inhibitors in the management of RA.

Methods: Rheumatologists participated in an online CME activity entitled 'Advancing patient care in rheumatoid arthritis: role of JAK inhibitors'. This was a 30-minute video roundtable discussion between 3 experts, with accompanying slides. This CME activity launched on April 30 2019 with data collection through September 13 2019. The educational effect was assessed using a repeated-pair

design, pre-/post-assessment. A Chi-square test of independence determined if a statistically significant improvement (5% significance level, $P < .05$) existed in the number of correct responses between the pretest and posttest scores. Cramer's V estimated the effect size of the education.

Results: •Significant improvement in average percentage of correct responses, rising from a relatively high baseline of 67% to 81% post-activity ($P = .0006$)

•Increase in percentage of rheumatologists (n=68) answering all 3 questions correctly (37% at baseline rising to 66% post assessment)

•Significant improvement in knowledge of clinical trial safety data for JAK inhibitors (43% improvement, $P = .0079$)

•Numerical improvement from relatively high baseline for understanding of unmet needs in RA patients (74% at baseline, 87% post-activity) and the advantages of JAK inhibitors versus TNF inhibitors for a specific patient case (75% at baseline, 84% post-activity)

•Considerable educational impact (Cramer's V = 0.167) with 35% of rheumatologists reporting greater confidence in describing the mechanism of action of current and emerging JAK inhibitors (noteable average confidence shift of 15%)

Conclusion: A positive and significant effect on physician knowledge and confidence regarding JAK inhibitors for RA was achieved following this online CME activity. The extent of this educational impact is likely to lead to better patient outcomes since physicians are better equipped to consider JAK inhibitors for appropriate patients. The results also revealed that physicians would benefit from additional education to reinforce their knowledge of key clinical data for JAK inhibitors and on the use of JAK inhibitors in clinical practice.

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REGIONAL DIFFERENCES IN THE PATIENTS' UNDERSTANDING OF TREATMENT STRATEGY IN RHEUMATOID ARTHRITIS

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Background: The treat-to target (T2T) concept is the standard for treating rheumatoid arthritis (RA) patients worldwide¹. However, difficulties that patients encounter in achieving disease control may differ between regions, which may impact the type of support needed for successful T2T implementation.

Objectives: To compare differences in patient-reported challenges to controlling RA-related issues between Romanian and US patients.

Methods: A cross-sectional study that recruited 403 RA patients was conducted in six centers in Romania. Patients were invited to complete an RA-related questionnaire. We compared their responses to those from a previous published study that included patients with RA from the US². The survey included items on subjective beliefs about RA treatment (e.g. adherence, cost, adverse events) and knowledge about T2T strategy. Approval for US data use was given by the study coordinator².

Results: All patients in the Romanian cohort were Caucasian, with a mean age of 58.7 years (SD 11.6). 78% were females and the mean disease duration was 11.2 years (SD 8.3). Data was concordant with results from the previously published study. More patients from US had college education (60% vs 43.9%). Among the respondents, 93.3% Romanians were on a synthetic DMARD versus 97.7% Americans and 64.01% were currently on a biologic of choice compared to 74% patients in the US. More than half of the patients in both regions had a history of biologic DMARD use.

Asked to grade (0 very good, 10 very bad) their disease activity on the survey day, a large category of patients (37.4%, SD 14.1) marked an average state (4-6), while 19.08% (SD 11.2) were feeling poorly related to their disease. Patients were asked to define their adherence to RA treatment in the last 30 days. While the US study reported that 93% of patients were adherent², in our study only 62.5% of the Romanian patients reported adherence ($p < .01$). A significantly lower proportion of Romanian patients were aware of T2T strategy (35 %, $p 0.04$).

Regarding patient beliefs on their disease, statements were grouped into categories such as difficulty managing pain, medication safety, adherence, lifestyle.

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