

## **Overactive Bladder: Adopting a Patient-Centered Approach to Improve Outcomes and Quality of Life—The OAB Learning Center**

### ***A Global Web-Based Initiative on myCME.com***

**Provider: Global Education Group**

**Collaborative Partner(s):** European Association of Urology; European Association of Urology Nurses; Society of Urologic Nurses and Associates (US); Urological Association of Asia

**Technology and Distribution Partners:** RealCME, *Renal & Urology News*, GP Online, MIMS Learning Center

**Activity Dates:** March 2017 – June 2018

### **Proof of accreditation, unbiased, and/or evidence-based medical education**

Global Education Group provided CME for each activity on the *OAB Learning Center*; all activities were also designated for Continuing Professional Development (CPD) credit for general practitioners in the United Kingdom. The roundtable activity is certified for up to 1.00 *AMA PRA Category 1 Credit™* and 1 CPD learning credit; 2 case studies are certified for up to 0.50 *AMA PRA Category 1 Credit™* and .50 CPD learning credit each. European Union of Medical Specialists reciprocity with *AMA PRA Category 1 Credit™* applies.

### **Activity Summary**

It is estimated that 50 million people around the world have overactive bladder (OAB), which can greatly impact overall health and quality of life. Despite the existence of effective interventions, management of the condition is frequently suboptimal. In recognition of the global need for quality clinical education about the condition, 4 prestigious urology organizations from the United States (US), Europe, and Asia collaborated with Global Education Group and Haymarket Medical Education (HME) in 2017 to create the *OAB Learning Center*, a comprehensive continuing education curriculum designed to convey best practices in the diagnosis and treatment of this debilitating chronic condition across geographical boundaries.

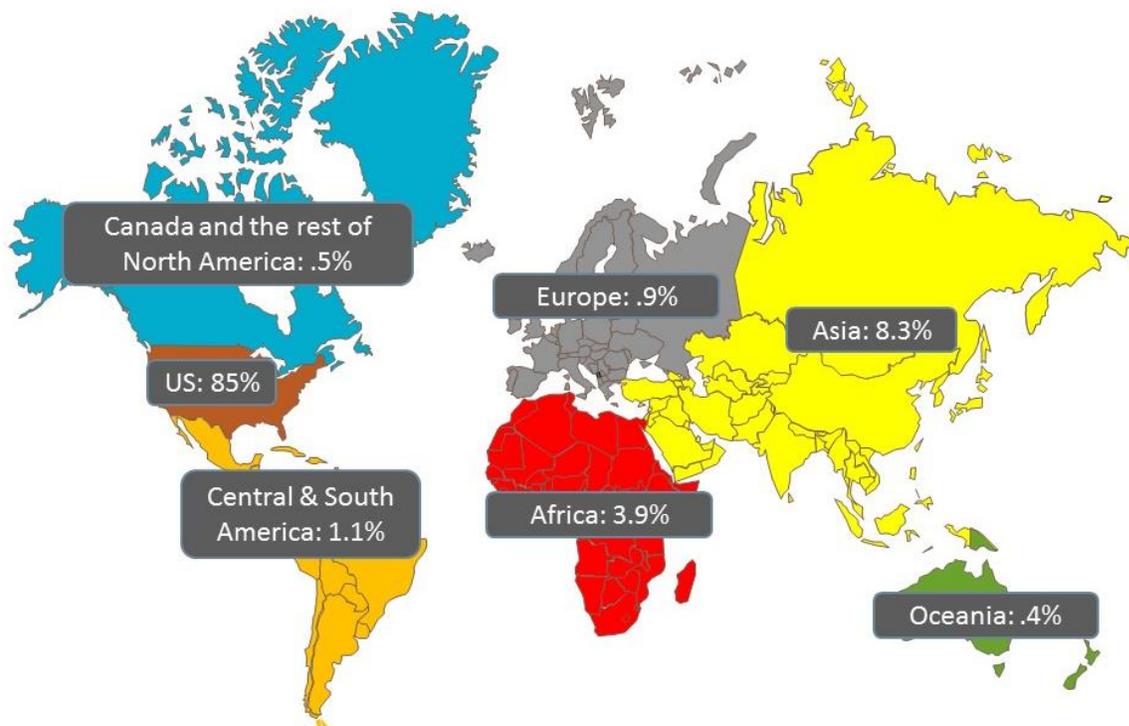
Supported by an educational grant from Astellas, the *OAB Learning Center* is designed for practitioners based in the US, European Union (EU), and Asia and features a comprehensive, online series of individual educational activities along with an extensive library of educational resources. The activities are housed on the *myCME* and *Monthly Index of Medical Specialties* (MIMS) Learning Center educational portals of HME. In addition, links to the activities are posted on the educational page sites of the collaborative partners: the Society of Urologic Nurses and Associates (SUNA), European Association of Urology (EAU), European Association of Urology Nurses (EAUN), and Urological Association of Asia (UAA). As part of this international collaboration, all partners assisted with creating awareness and expanding the program's reach via audience-generation efforts to their respective members. This was the first time these specific

partners were brought together to collaborate on an educational OAB initiative for clinicians who practice in different parts of the world.

The educational programs posted on the *OAB Learning Center* include: a roundtable discussion of optimal approaches to OAB management among 4 international experts, considering practice variations in the US, Europe, and Asia; 2 case studies demonstrating optimal treatment approaches to patients with OAB; a *Patient-to-Patient* video, featuring an individual with OAB sharing her experiences with diagnosis and treatment; an “Ask the Expert” online message board, allowing learners to communicate directly with program faculty; and a collection of non-accredited tools and resources, including clinical practice guidelines, validated screening tools, and patient-education materials.

The initiative launched with the posting of the tools and resources in March 2017, followed by the recording of the faculty roundtable in London. For sustainability, the *OAB Learning Center* was designed to allow for an “expansion” functionality so that additional activities can be added as additional educational needs are uncovered. Three new *OAB Learning Center* activities were funded and posted in January 2018. Current activities can be viewed here: <http://www.mycme.com/overactive-bladder-learning-center/section/7437/>

To date, there have been 2394 unique visitors to the *OAB Learning Center* and 1812 clinicians have claimed credit for the CME and CPD activities.



The instructional design of this initiative made use of several educational modalities targeted to different skills and multiple learner preferences, and were selected to incorporate adult learning strategies. For example, pre-assessment surveys helped to motivate learners by allowing them to identify potential baseline deficiencies in knowledge and competence. The education was reinforced by the deployment of follow-up surveys, clinical “practice pearls” sent by email after participation, and the ability to “Ask the Expert” about any educational point on which clarification was needed. Learners were given the opportunity to apply what they learned in initial segments of the program via 2 detailed patient case studies that incorporated “What would you do next?” polling questions. As patient-centered care is so critical to successful health outcomes in a chronic condition such as OAB, practical patient-education resources were also incorporated.

### **Outcomes Measurement**

The educational impact of the *OAB Learning Center* activities was assessed via the modified Moore scale, using a variety of methods to determine changes in learners’ knowledge, competency, and performance (subjective, self-reported) relative to the program objectives.

All participants completed pre- and post-activity surveys designed to assess up to Level 4 outcomes. Clinicians who participated in the case studies were assessed via RealCME’s *RealMeasure* advanced-outcomes methodology. All US-based learners also received a follow-up survey 8 weeks after earning credit in order to measure the practice changes that were implemented after participation.

### **Impact Rationale**

Analysis of outcomes data for each of the 3 certified activities posted on the *OAB Learning Center* reveal significant changes in knowledge, practice, and competence.

### **Outcomes by Activity:**

#### **Overactive Bladder: Adopting a Patient-Centered Approach to Improve Outcomes and Quality of Life: Expert Roundtable**

*Posted on myCME: May 22, 2017*

*Total exams to date: 1030*

In analyzing pre-/post-activity survey results, the majority of learners (75%) agreed that the program improved their clinical efficacy. Significant knowledge gains were documented; specifically, the percentage of participants who were aware that urinary urgency is the key symptom of OAB increased from 69% pre-activity to 96% post-activity; the proportion of learners who knew that 1 in 3 adults over 40 years of age have at least occasional symptoms of OAB increased from 46% to 80%; and the proportion who knew that hypertension is a common side effect of a newer OAB agent increased from 26% to 73%.

Improvements in competence were also documented: the percentage of learners who knew that behavioral modification should be offered to every patient with OAB, regardless of treatment course, rose from 57% to 94%; the proportion who knew how to facilitate patient adherence

increased from 50% to 88%; and the percentage who knew how to correctly administer combination therapy for OAB rose from 49% to 88%.

Prior to the activity, the majority of participants—52%—said they would “never” or “not often” consider combination therapy for patients with OAB who are refractory to current therapy, despite strong evidence supporting this approach. After the activity, the percentage who said they wouldn’t consider combination treatment decreased to 31%.

### **Case Study 1: A Behavioral Modification Strategy for Newly Diagnosed OAB**

*Posted on myCME: June 2, 2017*

*Total exams to date: 424*

The case study led to significant improvements in knowledge and competence relative to the educational objectives.

For example, participants demonstrated a 58% improvement in their understanding that obesity is associated with urinary incontinence (55.1% pre-activity vs 87.3% post-activity). There was also a dramatic (241%) improvement in the proportion of learners who knew that bladder training is recommended first as a behavioral modification for OAB (23.4% pre-activity vs 79.9% post-activity); a 58% improvement in competence relative to engaging patients with OAB in more effective provider-patient dialogue to improve OAB outcomes; and a 59% improvement in learners’ ability to evaluate the impact of OAB on quality of life, particularly in patients who present with comorbidities.

### **Case Study 2: A Comprehensive Approach to OAB in the Elderly With Comorbidities**

*Posted on myCME: February 6, 2017*

*Total exams to date: 358*

In this activity, participants demonstrated a 105% improvement in their knowledge that selective serotonin reuptake inhibitors are associated with detrusor instability (35.1% pre-activity vs 71.8% post-activity). Learners also showed an increase from 3.44 to 3.89\* in their confidence in recognizing that other medications a patient is taking may contribute to bladder symptoms.

Participants also demonstrated improvements in competence relative to the program objectives. For example, the number of learners who were able to select an appropriate treatment for a 70-year-old woman with OAB, hepatic impairment, and suspected narrow-angle glaucoma increased from 47.8% pre-activity to 86.1% post-activity. A 104% improvement in the ability to evaluate the impact of OAB on quality of life, particularly those patients who present with comorbidities, was noted, as was a 76% improvement in participants’ ability to inform patients about the full spectrum of currently available and emerging therapeutic options for OAB based on patient preferences and needs, and on safety and efficacy.

\*Via a 4-point Likert scale in which 1=not confident and 4=very confident

## **Aggregate Outcomes Data per Overall Program Learning Objectives**

### **Learning Objective 1: Evaluate and diagnose OAB**

During the 3 certified activities, several evidence-based strategies for diagnosing OAB and monitoring response to treatment were presented, including use of voiding diaries and patient questionnaires to review symptoms. In response to the roundtable, 83% said the activity improved their ability to diagnose OAB. The majority of learners—71%—said they incorporate voiding therapies “more often” or “much more often” than they did prior to the activity. Similar increases were observed in the use of patient questionnaires, with 65% of learners replying that they would use this strategy more often when managing the care of patients with OAB.

### **Learning Objective 2: Utilize current therapeutic options for managing OAB, focusing on individualized therapy**

A majority (57%) of roundtable participants said they would more frequently counsel patients with OAB symptoms on behavioral interventions, such as bladder training and pelvic floor exercises. More than half (53%) said they would more frequently turn to newer agents in the beta-3 agonist class, on which clinical trial data were presented during the activity. As many patients with OAB do not respond to older treatment options, the finding that 64% of participants will now consider combination therapy for patients who are refractory to traditional therapies underscored the efficacy of the program.

### **Learning Objective 3: Review emerging pharmacologic strategies for OAB management**

Roundtable participants who responded to the follow-up survey said they would more frequently consider the emerging pharmacologic strategy of combination therapy for OAB patients who are refractory to monotherapy (pre-activity use = 2.27/4; post-activity planned use = 2.87/4).

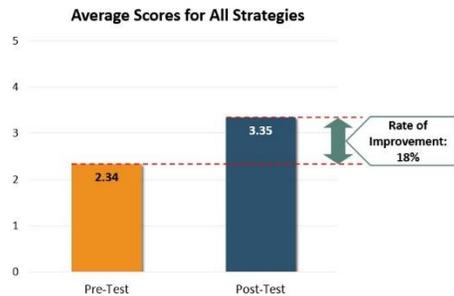
### **Learning Objective 4: Provide proper counseling and support to patients with OAB to increase their motivation for treatment-plan adherence**

The follow-up survey revealed an increase in the frequency of counseling patients with OAB symptoms on behavioral interventions (pre-activity: 3.09/4; post-activity: 3.46/4).

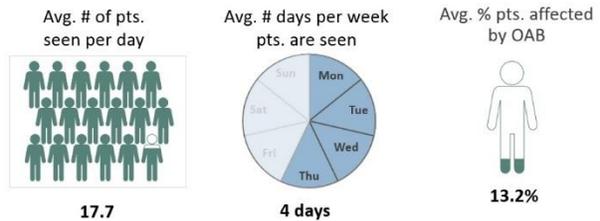
## Changes Made in Practice

Self-reported *Performance Change* for the 9 different clinical practice strategies recommended in the 3 activities:

- Rate of increase of 18% from pre-test to post-test



## Estimated Patient Impact



Potential Positive Patient Impact, Per Participant, Per Week:

9.39

## Summary

OAB is a condition that affects millions of individuals throughout the world, significantly impairing their quality of life. As the condition continues to increase in prevalence and new therapeutic options are developed, clinicians worldwide require ongoing education on how to optimize patient outcomes.

To meet that goal, we designed and implemented a targeted educational program to improve the ability of learners to identify and treat OAB—regardless of where they practice. The program provided participants with the rare opportunity to gain insight into how experts in other parts of the world treat patients with OAB, and to examine how their current practice measures up to the latest evidence.

Overall, significant improvements in practice were documented relative to the designated educational objectives, and the projected impact of the initiative on affected patients and the quality of their care is substantial. We believe the effect of the initiative was maximized by the novel approach of engaging learners globally as well as the unique collaboration among the international partners. The program design allows for a sustained educational impact: as additional educational gaps are identified and new data on optimal approaches to OAB emerge, new activities will be added to the *OAB Learning Center*.