

# 4 Years, 16 Live & Online Activities, 22,000+ Clinicians What We've Learned So Far

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## INTRO

RMEI Medical Education, LLC (RMEI) has released pairings of live and online programs approximately twice per year since 2016 grouped into "phases" which share clinical areas of focus and are based on findings from the previous phase of education. In total, 16 activities have launched to date with 4 activities currently live. The purpose of this analysis is to better understand the impact of multi-year iterative education on a clinical audience.

## METHODS

- N=22,213 learners accessed the educational content of at least one of the 12 activities included in this analysis.
- Matched Pre-Test and Post-Test design.
- Educational content was matched (where possible) between conditions (Live and Enduring).
- Changes in learner proficiency were evaluated from Pre-Test to Post-Test via change ratios and paired samples t-tests.
- Linear Regression Models between educational phases to determine content of next phase.
- Between Phases 5 and 6 the platform host/distribution partner was changed. While the Learning Objectives and target audience remain the same, the actual learners will differ. As such, those Phase 6 learners will not be included in the year-over-year progression.

## RESULTS

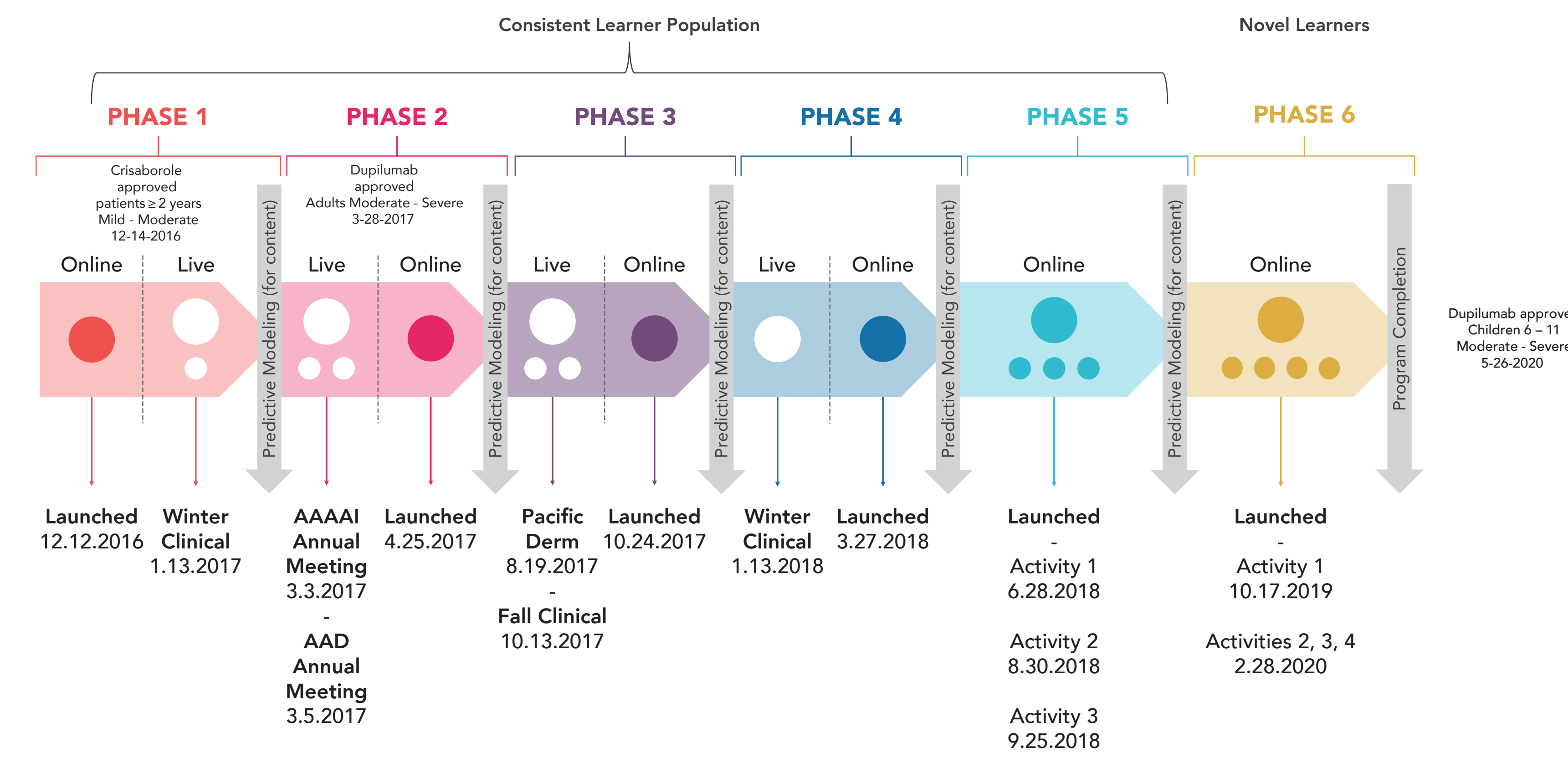
- Year-over-year findings demonstrate that serial participation has a positive cumulative effect on performance.
- Learners who participated in multiple years of education had higher baseline scores than learners who only participated in one year.
- When this educational strategy was applied to a novel learner group (Phase 6) improvements from low average Pre-Test scores were observed.

## DISCUSSION

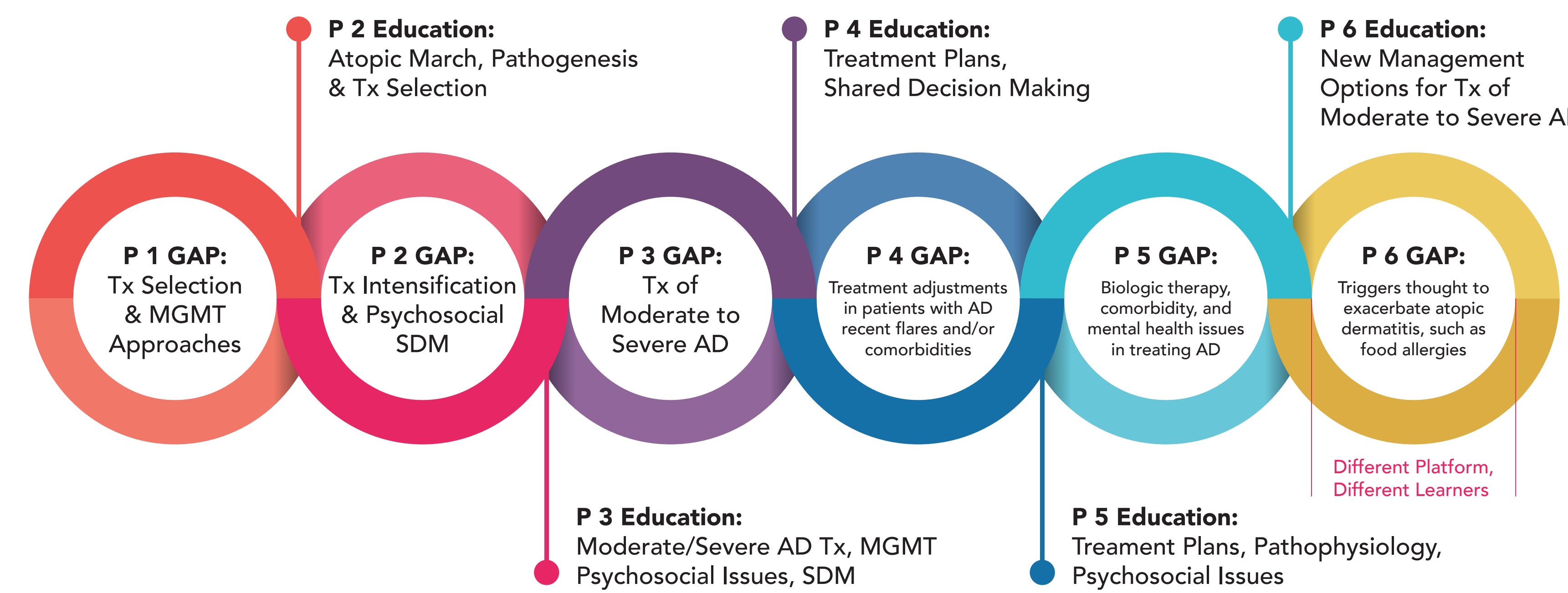
- Year-over-year data from 2016 through present demonstrate that an iterative approach facilitates both the reinforcement of challenging concepts and the continued adaptation to demonstrated need.
- Though data collection was disrupted in Phase 6, the relatively low average scores on Treatment Selection and Pathogenesis suggest that the findings of the Phase 5 analysis were applicable to the Phase 6 learners who were in the same professional and specialty demographic target as previous phases.
- These findings suggest that this strategy accurately identified ongoing areas of need reflective of the larger community of clinicians who treat Atopic Dermatitis, even as the composition of that community changed.
- RMEI was not the only group educating in this space, and as such cannot claim that the improvements observed were solely the result of this educational initiative. Further, the multi-year group is small and should not be regarded as a representation of the larger clinical population. Rather, these findings suggest a proof of concept that:
  - Learners will continue to engage in content that is relevant to their demonstrated need, and
  - Content development based on analysis of learner data is an effective means of meeting learners where they are even as the population of active treaters continues to evolve.



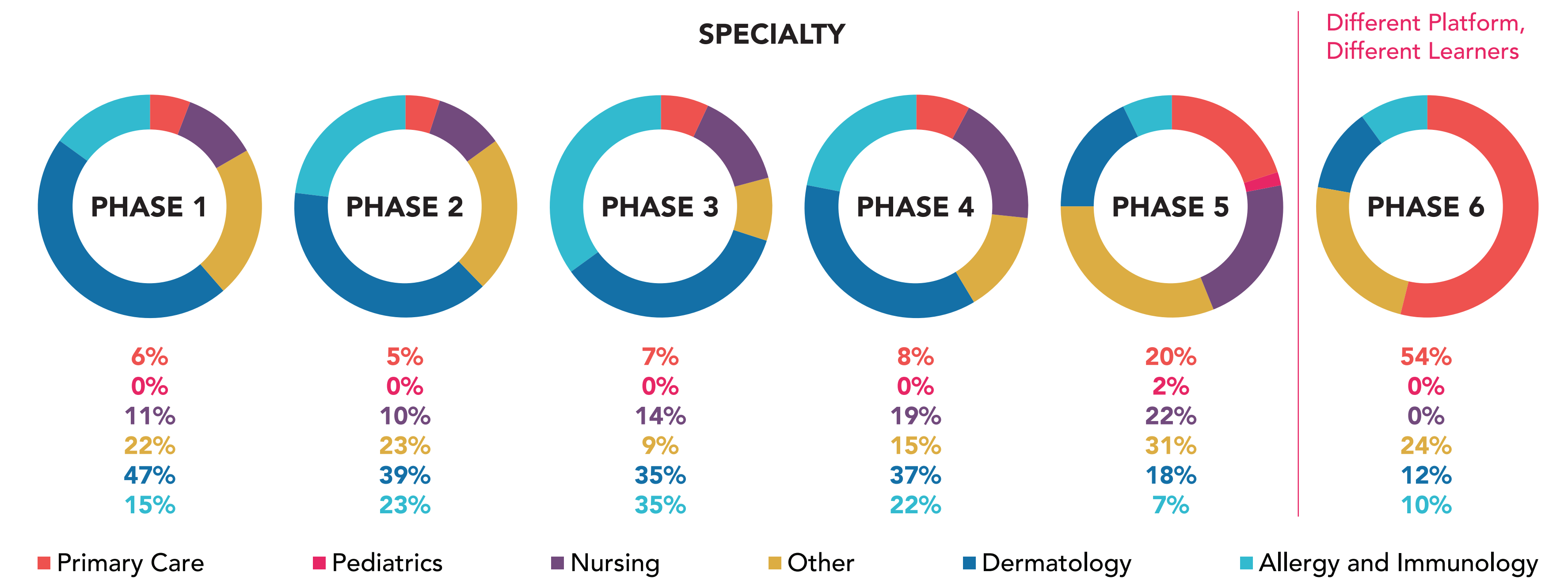
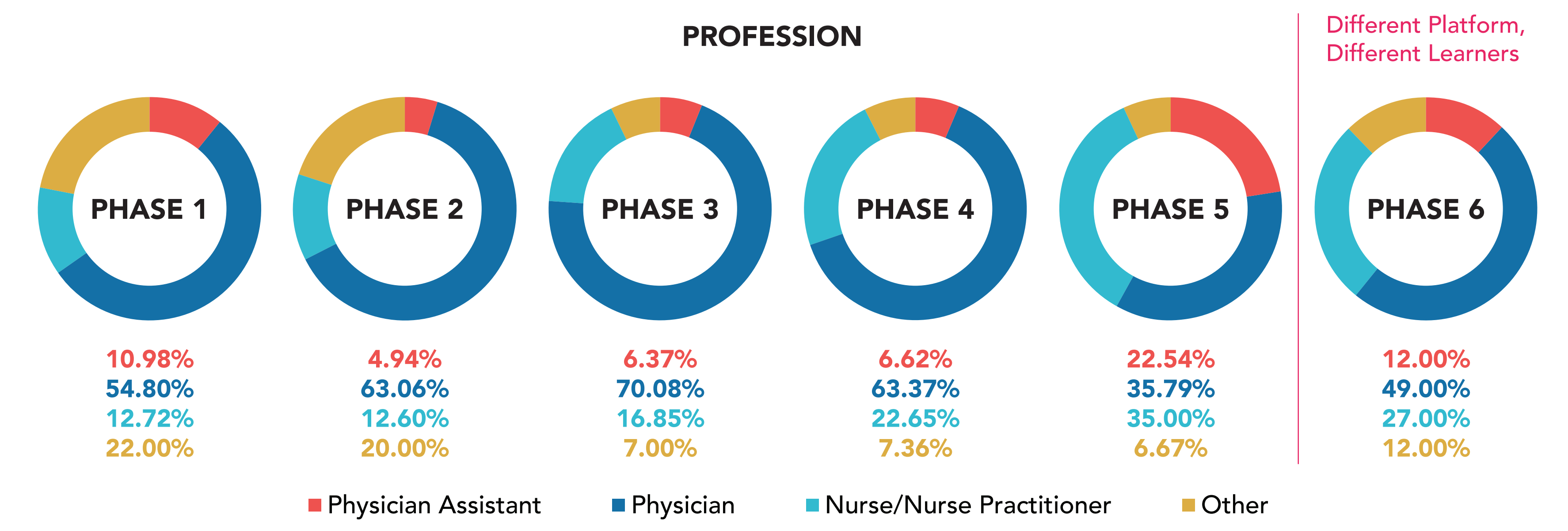
All phases of this continuum were supported by independent educational grants from Sanofi Genzyme and Regeneron Pharmaceuticals.



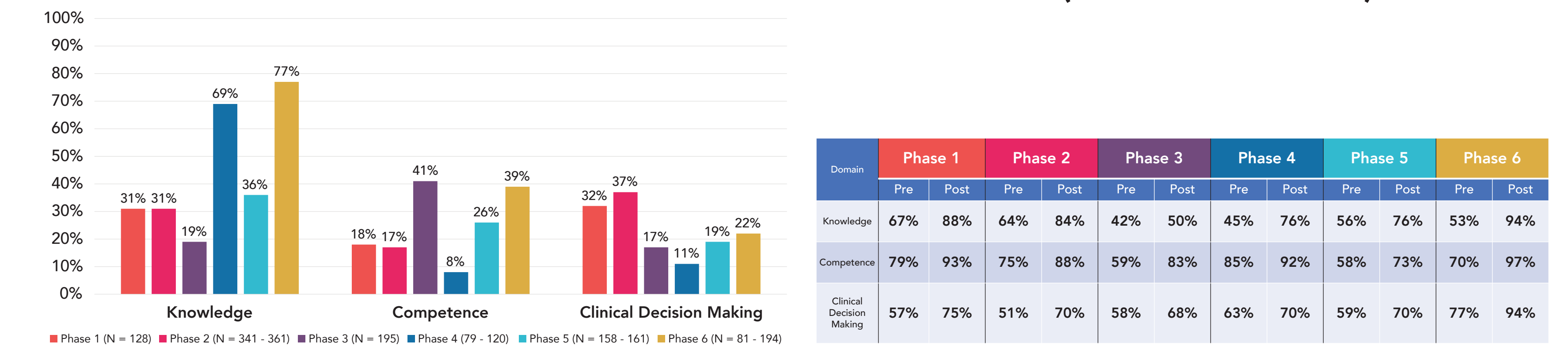
### Ongoing Moore's Level 1 to 5 Outcomes Analysis



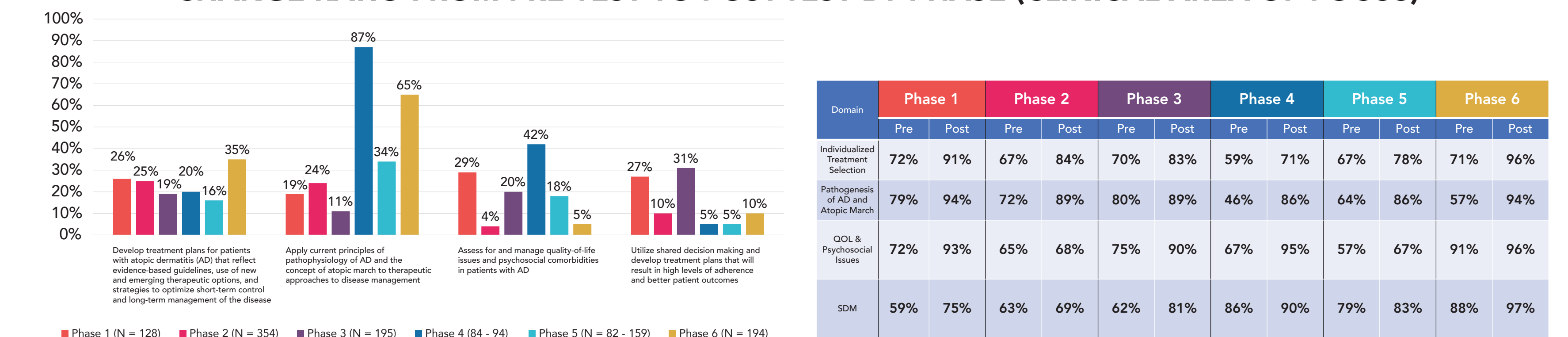
PHASE 1 GAPS	PHASE 2 GAP	PHASE 3 GAP
<b>Treatment Selection</b> Traditional vs New Management Approaches <b>PHASE 1 DRIVERS:</b> Learners' <b>knowledge</b> of trial data, the pathology of AD, barriers to patient adherence and quality of life/psychosocial issues, their <b>confidence</b> to engage patients, their employment of patient-centered <b>practices</b> , and their <b>experience</b> with patients with AD drives capabilities related to <b>treatment selection and patient management</b> .	<b>Treatment Selection and Intensification</b> <b>PHASE 2 DRIVERS:</b> Learners' <b>knowledge and competency</b> in the pathology of AD, barriers to patient adherence and quality of life/psychosocial issues, their <b>practice</b> of creating action plans and prescribing biologics drives capabilities related to <b>treatment selection and intensification</b> .	<b>Treatment of Moderate to Severe AD</b> <b>PHASE 3 DRIVERS:</b> Learners' <b>knowledge and competency</b> in the mechanisms of action of AD therapies and quality of life/psychosocial issues, their <b>confidence</b> to manage psychosocial issues, their <b>practice</b> of creating action plans, and their <b>experience</b> with patients with AD drives capabilities related to <b>the treatment of moderate-to-severe AD</b> .
PHASE 4 GAP	PHASE 5 GAP	PHASE 6 GAP
<b>Optimizing Management Approaches</b> <b>PHASE 4 DRIVERS:</b> Learners' <b>knowledge</b> on the CHRONOS trial, <b>intent</b> to create action plans and address quality-of-life issues, <b>confidence</b> in prescribing biologic and immunosuppressive therapies and gain authorization, and their <b>ability</b> to recognize when a sedative/hypnotic should be prescribed drives capabilities related to <b>optimizing AD management approaches</b> .	<b>Maximizing Positive Outcomes for Patients</b> <b>PHASE 5 DRIVERS:</b> Learners' <b>knowledge</b> on side effects of corticosteroids, <b>competence</b> in bridging patients from acute to maintenance therapy, <b>ability</b> to implement AD therapies which benefit QoL, <b>confidence</b> in psychosocial impact drives capabilities related to <b>maximizing positive outcomes for patients with AD</b> .	<b>Triggers Thought to Exacerbate Atopic Dermatitis, Such as Food Allergies</b> <b>PHASE 6 DRIVERS:</b> No model was done for Phase 6 due to limitations of the host platform.



### CHANGE RATIO FROM PRE-TEST TO POST-TEST BY PHASE (LEARNING DOMAIN)



### CHANGE RATIO FROM PRE-TEST TO POST-TEST BY PHASE (CLINICAL AREA OF FOCUS)



### PROGRESSIVE PERFORMANCE ACROSS PHASES CLINICAL DECISION-MAKING

