

# Provider Education and Clinical Decision Support Tool Improve Proficiency in Advanced Therapies for Inflammatory Bowel Disease

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ACG Poster P2546

## INTRODUCTION

Despite the growing availability of advanced medical therapies for inflammatory bowel disease (IBD), significant gaps remain in treatment initiation. Targeted education and point-of-care clinical decision support may address this gap and lead to improved patient outcomes.

## METHODS

A multi-phase IBD focused provider education and decision support program spanning 10 years was developed consisting of: 1) symposia-based education (n=5339 participants; 2014 to 2019), 2) point-of-care education (n=8547 participants) with clinical decision support tool (CDST) deployment (n=11,940 users, n=12,300 participants; 2019 to 2024), and 3) data driven platform optimization (2024). Modifications were made through qualitative learner data and user surveys, crowdsourced cases to guide implementation, and quantitative data metrics. A matched pre-post methodology for testing was used for learners, and a key outcome measure was impactful on mastery defined as correctness and confidence for scenario-based questions.

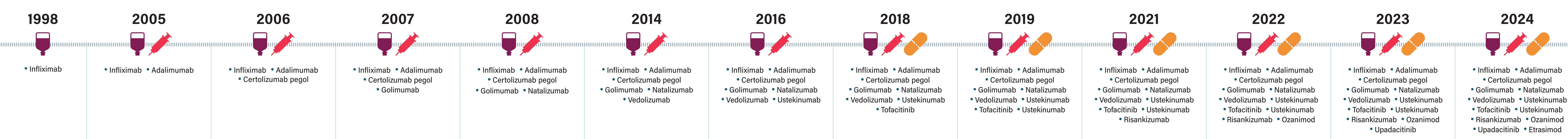
## CONCLUSION

Symposia-based education significantly improved provider knowledge, competence, and confidence for all learning domains except shared decision making and treatment selection. Based on learner data and qualitative provider feedback, a freely accessible web-based platform was launched (IBD CDST; www.CDSTforIBD.com). The platform had significant positive impacts on all learning domains, including shared decision making. A greater than 200% increase in mastery was observed because of the educational platform model. The impact was consistent for physicians and advanced practice providers (APP). However, representation of APPs in education was relatively low, which may contribute to ongoing deficits.

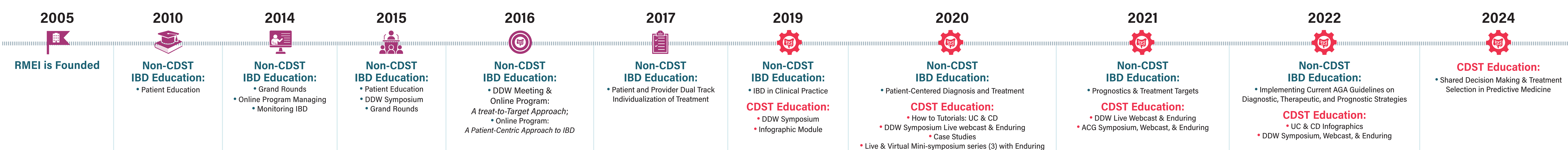
## DISCUSSION:

The number of highly effective IBD treatment options have increased over time as has tandem education been available. However, physicians have been the majority cohort for these programs and the primary users of the CDST. Though all education has included advance practice providers (APPs) as members of the target audience they remain underrepresented across time in both education and likely in the utilization of the CDST. As the number of GI practices continues to decline, and consolidate to primarily urban coastal areas, a notable gap in access to treatment has emerged. Professional and specialty organizations have published numerous calls to action for APPs to fill that gap in specialized care, yet there are still few specialized APPs relative to the total number of APPs currently licensed in the United States<sup>20,21</sup>. The educational platform model which has so successfully integrated the CDST into the practice behaviors of GI specialized physicians should expand to focus on the role of APPs in the treatment and management of IBD and more specifically how APPs would benefit from integrating the CDST into their practices as their physician counterparts have already done.

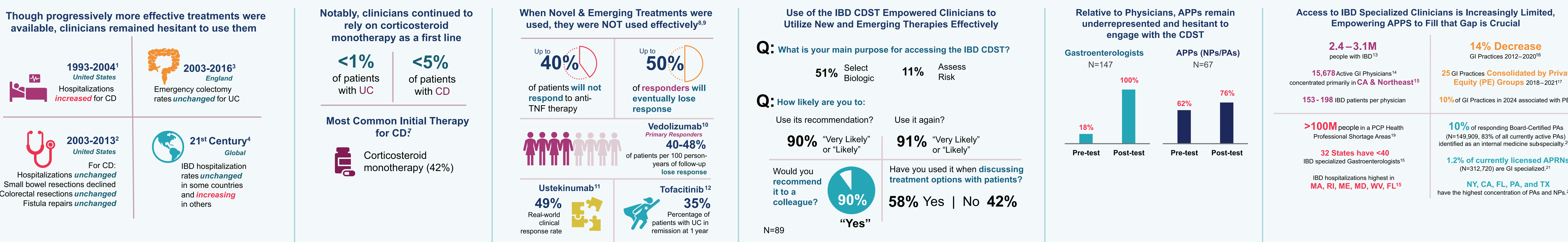
## TREATMENT OPTIONS CONTINUE TO ADVANCE



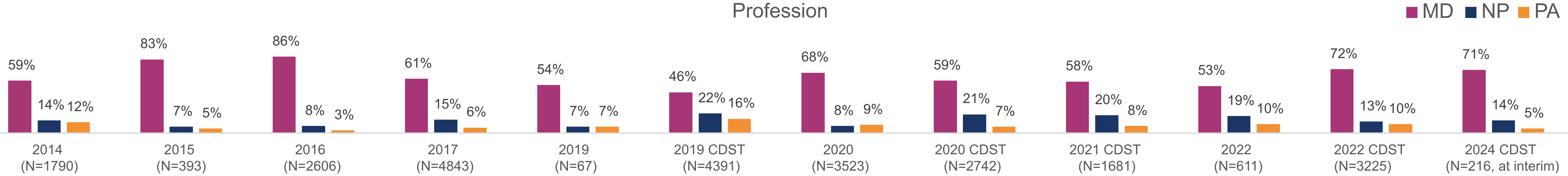
## RMEI EDUCATION HAS KEPT PACE WITH EMERGING TREATMENTS



## DESPITE THE AVAILABILITY OF MORE EFFECTIVE TREATMENT OPTIONS, UPTAKE REMAINS SLOW AND INCONSISTENT



## THOUGH ALL RMEI EDUCATION TARGETS PHYSICIANS, NPs AND PAs, APPS REMAIN UNDERREPRESENTED ACROSS TIME



## EXPERIENCE THE CDST

www.CDSTforIBD.com

## REFERENCES

References available upon request. Please email [contact@rmei.com](mailto:contact@rmei.com) for a full list.