Integration of Patient Engagement Intervention into Psoriasis Medical Education Programming to Increase Awareness and Improve Patient Outcomes

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ABSTRACT

Introduction

Psoriasis is significantly undertreated or not treated at all despite treatment guidelines. In addition, a large number of patients with psoriasis are dissatisfied with their current treatment. Thus, there remain significant unmet patient and healthcare provider (HCP) educational needs. A continuing medical education (CME) activity was developed to educate HCPs on the latest treatments, recommended guidelines, and the importance of engaging their patients to optimize outcomes. To supplement this HCP education, we partnered directly with patients diagnosed with psoriasis to improve their care and well-being.

Methods

There were two main components to the educational model: **1)** CME activity, which included two 15-to 20-minute online interviews with faculty experts in psoriasis on treatment and patient engagement, and **2)** Direct patient engagement for 12 weeks through Pack Health, which assigned a dedicated Health Advisor to each patient who established weekly and on-demand contacts with the patient via phone, text, email, and events. PROMIS (patient-reported outcomes measurement information system) assessments on health outcomes, health-related behaviors, and quality of life were administered before and after the program. Statistical comparisons from baseline to post-intervention were made using McNemar's tests and paired t-tests.

Results

Thirty patients with psoriasis (81% female, 19% male, average age 56 and 54, respectively) were engaged for 12 weeks. The following were observed from baseline- to 12 week assessment: Mental health improvement using PROMIS (43.9 vs. 48.1, $p = .003$), physical health improvement using PROMIS (44.1 vs. 47.8, $p = .012$), and reduction percentage of patients with severe psoriasis symptoms (44% vs. 30%). The following behavior changes were also observed: increase in average hours of sleep per night (6.4 vs. 6.9, $p = .078$) and increase in confidence to manage psoriasis symptoms (11% vs. 53%, $p = .008$). Medication adherence also improved (61% to 75%), but this was not statistically significant. A quality adjusted life years (QALYs) calculation was performed and showed an increase of 1.42 QALYs on average among this population.

Conclusions

These findings demonstrate that engaging patients with psoriasis in their health results in both clinical and behavioral improvements. Such tools provide HCPs an efficient approach to better inform, engage and partner with patients who need help overcoming barriers to recommended care.

INTRODUCTION

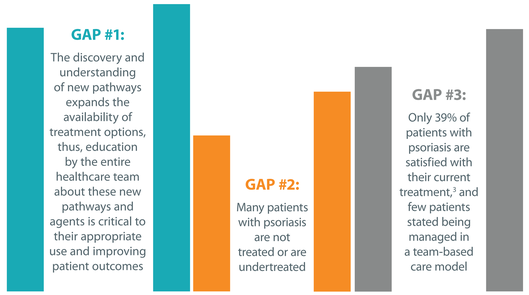
Background

Psoriasis affects 2% to 3% of the general population, and has been linked to other serious health conditions such as cardiovascular disease, psoriatic arthritis, and depression.[1,2] Although there are multiple agents approved for the treatment of psoriasis, many patients are undertreated or are not satisfied with their current treatment, and thus do not achieve optimal outcomes. Therefore, a continuing medical education (CME) activity was developed to meet the educational needs of patients and healthcare providers (HCPs). This activity gathered experts in dermatology to discuss the new pathways and treatment agents, develop a strategy to follow treatment guidelines, and engage patients to improve their satisfaction with care. To complement this HCP education, we partnered directly with patients diagnosed with psoriasis to improve their education, engagement, and satisfaction with their treatment through a Pack Health educational toolkit and personalized digital health coaching sessions. This poster presents findings demonstrating improvements in patient outcomes based on this clinician and patient intervention.

Psoriasis affects ***2-3%*** *of the general population*

Gaps in Clinician Knowledge and Performance

Dermatologists are in a key position to effectively manage the skin, joint, and quality of life components of psoriasis, as well as ensure patients take an active role in their health. However, gaps in performing according to best practices exist.



Study Aims

Education is key to narrowing or eliminating those gaps. This continuing education initiative incorporated education for both HCPs and patients to improve engagement and overcome barriers to care that both HCPs and patients confront in managing a chronic condition like psoriasis. Specific learning objectives were as follows:

- **Describe the role in practice for new and emerging agents for the treatment of moderate-to-severe psoriasis**
- **Develop a strategy to follow recommended treatment guidelines to treat patients with moderate-to-severe psoriasis.**
- **Engage patients in discussions about their psoriasis treatment to improve patient satisfaction with their care.**

METHODS

There were two main components to the educational model:

1) **CME activity, which included two 15-to 20-minute online interviews with faculty experts in psoriasis on treatment and patient engagement.**

2) **Direct patient engagement for 12 weeks through Pack Health, which assigned a dedicated Health Advisor to each patient who established weekly and on-demand contacts with the patient via phone, text, email, and events. The Health Advisor answered questions the patient had and helped ensure the patient adhered to treatment and maintained a healthy lifestyle. PROMIS (patient-reported outcomes measurement information system) assessments on health outcomes, health-related behaviors, and quality of life were administered before and after the program. Patients were able to self-enroll into the program or were enrolled by their HCP.**

Statistical comparisons of patient data from baseline to post-intervention were made using McNemar's tests and paired t-tests.

RESULTS

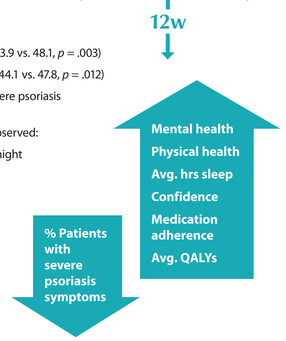
Demographics

Thirty patients with psoriasis (81% female, 19% male, average age 56 and 54, respectively) were engaged for 12 weeks.

Outcomes

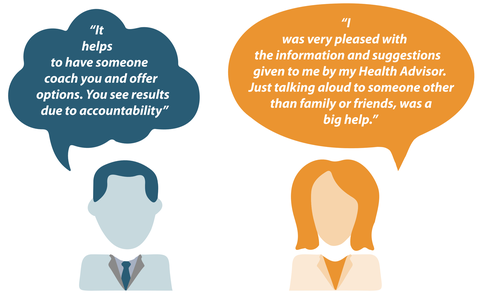
The following were observed from baseline- to 12 week assessment:

- Mental health improvement using PROMIS (43.9 vs. 48.1, $p = .003$)
- Physical health improvement using PROMIS (44.1 vs. 47.8, $p = .012$)
- Reduction in percentage of patients with severe psoriasis symptoms (44% vs. 30%).
- The following behavior changes were also observed:
  - Increase in average hours of sleep per night (6.4 vs. 6.9, $p = .078$)
  - Increase in confidence to manage psoriasis symptoms (11% vs. 53%, $p = .008$)
  - Medication adherence also improved (61% to 75%), but this was not statistically significant
- A quality adjusted life years (QALYs) calculation was performed and showed an increase of 1.42 QALYs on average among this population.



RESULTS (cont.)

Patient Feedback



CONCLUSIONS

- Engaging patients with psoriasis in their health results in both clinical and behavioral improvements.
- Patient engagement resources provide HCPs an efficient approach to better inform, engage and partner with patients who need help overcoming barriers to recommended care.

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