Standardizing Outcomes Assessments: Demonstrating the Power of Comparative Outcomes Data

Gilead Sciences and CE Outcomes, LLC

Introduction

One challenge in medical education is comparing outcomes across educational activities and aggregating data demonstrating impact across educational efforts.

To address this challenge, CE Outcomes collaborated with Gilead Sciences to develop a standard evaluation tool to be used across educational activities directed by Gilead Sciences occurring outside of the US. The tool was implemented in 2019.

The data captured has allowed for 1) comparison between individual educational activities to make decisions regarding future education and 2) aggregation of results to demonstrate the overall value and collective impact of educational efforts.

Standardized Evaluation Tool

The standard evaluation tool included items to assess key learnings, intended practice changes, achievement of learning objectives and barriers to implementing objectives into practice as well as capture key demographic information of the educational participants.

During the second half of 2019, the standard tool was implemented across a total of 30 educational activities. Individual outcomes reports were prepared, and data were compiled in a master database to allow for aggregation across activities to demonstrate the cumulative impact.

Challenges

A key challenge was achieving wide adoption and implementation of a standardized assessment tool across stakeholders with varying perspectives while also ensuring all parties recognize the value of collecting consistent outcomes data.

Example of Aggregated Outcomes Results

Beyond comparing differences among individual activities, the data allows for overall aggregation of results. Aggregated data can provide demonstration of overall educational reach and impact within a specific therapeutic area or geographic region or across multiple therapeutic areas and regions. The example below demonstrates deidentified aggregated results that can be reported from activities occurring across therapeutic areas and multiple countries.

2019 Collaborative Medical Education Evaluation

July – Dec 2019

Educational Reach

22 educational programs were evaluated from July - Dec 2019 across 9 countries in Europe, Middle East, Asia and Australia. There were ~2,500 participants and evaluations were gathered from 1308 respondents.

Participants by therapeutic area

Therapeutic area 1	1255
Therapeutic area 2	840
Therapeutic area 3	322
Therapeutic area 4	88

Participants by provider type

- 65% physicians
- 15% nurses
- 11% pharmacists
- 9% other providers

Educational Objectives

Satisfaction that educational objectives were met: 4.3 (1 Not at all satisfied – 5 Extremely satisfied)

27% report barriers to applying objectives to practice

Top barriers to applying objectives to practice

1. Lack of resources/time
2. Lack of funding/reimbursement issues
3. Lack of access to labs, specialists, certain therapies

Educational reach | Educational objectives | Impact of content | Key learnings

>35,000 weekly patient encounters are potentially impacted[A]

Relevance of Content to Clinical Practice

Perceived relevance of content: 4.3 (1 Not at all relevant – 5 Extremely relevant)

Impact of content on practice

I plan to make changes in my practice based on education	29%
My current practice has been reinforced by this education	40%

Anticipated changes in clinical practice:

Therapeutic area 1 - Address QoL and stigma, mental health screening

Therapeutic area 2 - Improve coordination of care, patient advocacy, and monitoring/follow-up

Therapeutic area 3 - Identify appropriate patients for treatment, set up systems for follow-up

Therapeutic area 4 - Isolation of patients, use of guidelines

Knowledge Gains

Likelihood to share learnings with a colleague: 4.2 (1 Not at all likely – 5 Extremely likely)

Key learnings captured across programs:

Therapeutic area 1 - Better manage patients who are aging, frail or have comorbidities, importance of QoL measures, impact of stigma

Therapeutic area 2 - Simplified screening and diagnosis, linkage to care/care coordination

Therapeutic area 3 - Identifying patients who may appropriate for treatment, management of treatment side-effects and toxicity

Therapeutic area 4 - Outbreak prevention/control, emerging infections and treatment

[A]Potential patient impact (total learners x average number of reported patients with disease addressed by education personally managed each week).

Success Factors

1. Internal network of champions

A network of 20 country-level and regional champions were identified to promote adoption of the evaluation tool. Training sessions, resources and templates were provided to this group.

2. Leadership support

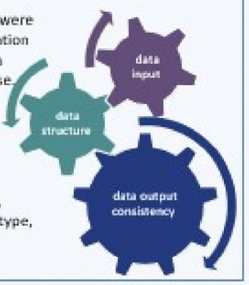
Leadership understood the value of gathering consistent data to help ensure educational efforts were focused efficiently and yielded effective and meaningful healthcare provider education.

Areas for Improvement

While the outcomes tool was standardized and because different approaches to data collection were used, the data structure of the collected information varied. This created challenges in extracting data from individual activities into a common database.

Providing instructions and a data file template allowed for more consistent data collection.

By achieving standardization of key elements, analysis of the outcomes data by various factors, such as therapeutic area or healthcare provider type, will be much easier and provide more powerful reporting capabilities.



Implications

- This standardized approach to gathering data allows for demonstrating the collective impact of education and comparative data across individual educational activities, ultimately continuing to refine and improve educational efforts.
- One of the challenges with wide implementation was adoption. Company leadership and a network of champions who value outcomes data helped to quickly move through the adoption curve.
- The results demonstrate the multiple ways that outcomes data can be leveraged.