

THE COMPLEXITY OF MANAGING PSORIASIS: FINDINGS FROM A MULTI-LEVEL NEEDS ASSESSMENT

A. PURPOSE

Conduct an IRB-approved multi-level needs assessment to:

- Identify practice gaps of Canadian healthcare providers (HCPs) who care for patients with psoriasis, and the educational needs that derive from these gaps, more specifically as it relates to:
 - Early diagnosis and optimal management of patients
 - Understanding of disease course
 - Collaboration with other specialties and/or healthcare team
 - Collaboration and communication with patients

B. METHODS & SAMPLE

PHASE	METHOD
1 Background Information	<ul style="list-style-type: none"> Background information collected through faculty input, review of selected literature, and insights from liaisons in the field who work with HCPs
2 Quantitative Survey	<ul style="list-style-type: none"> Design / development of quantitative data collection instruments IRB approval – ethics review, received April 2012 Quantitative online survey conducted from April to May 2012
3 Analysis & Interpretation	<ul style="list-style-type: none"> Collaborative analysis and interpretation of findings: <ul style="list-style-type: none"> Statistical analysis (means, frequencies, and mean group differences using ANOVA) Source triangulation (combining the perspective of different professions, and patients/caregivers to increase trustworthiness of findings)

C. SAMPLE

Sub-sample.....n	
Dermatologists.....	45
Nurses.....	46
FP/GPs.....	47
Healthcare Provider (HCP) Total.....	138
Patients/Caregivers.....	35
Total sample.....	173

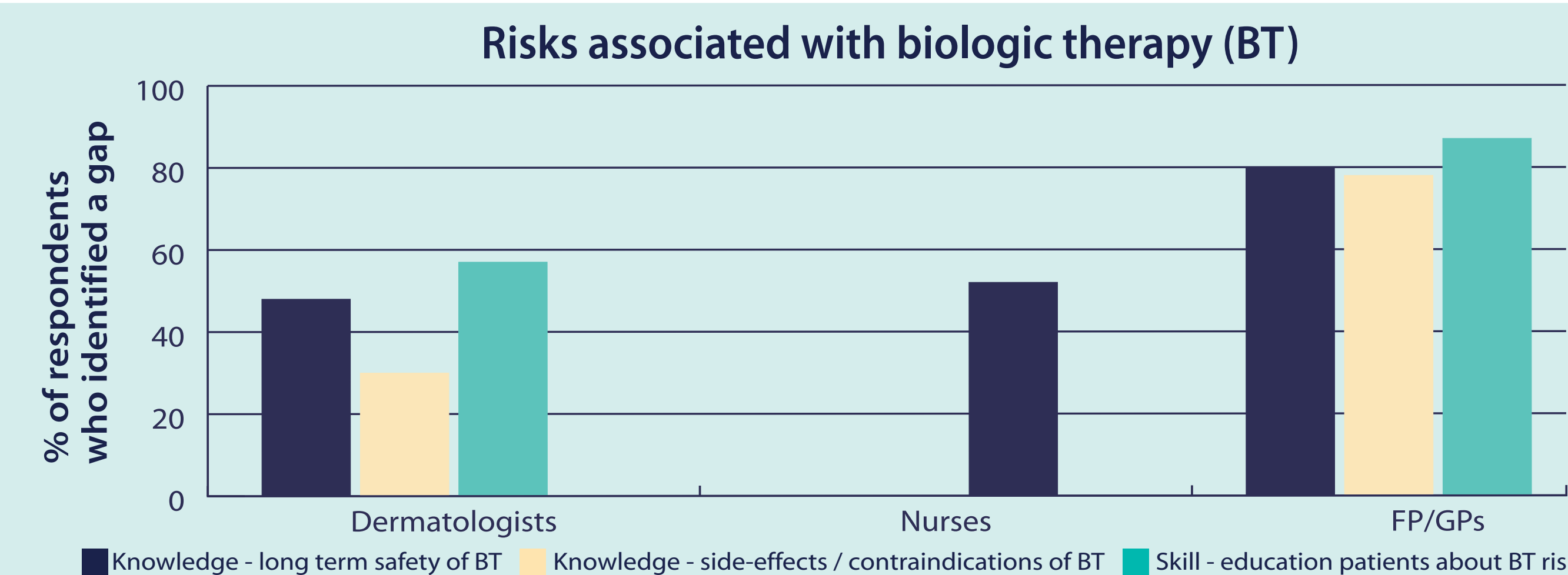
- All physicians reported prescribing treatment for psoriasis; all dermatologists reported prescribing biologics
- FP/GPs were divided into two sub-groups: those who reported prescribing biologics (49%) and those who reported that they were not (51%)
- Patients/Caregivers survey was completed by 32 patients and 3 caregivers

D. RESULTS

Gaps and barriers were identified across the continuum of care. Two of the eight gaps identified were directly related to the treatment and management of psoriasis.

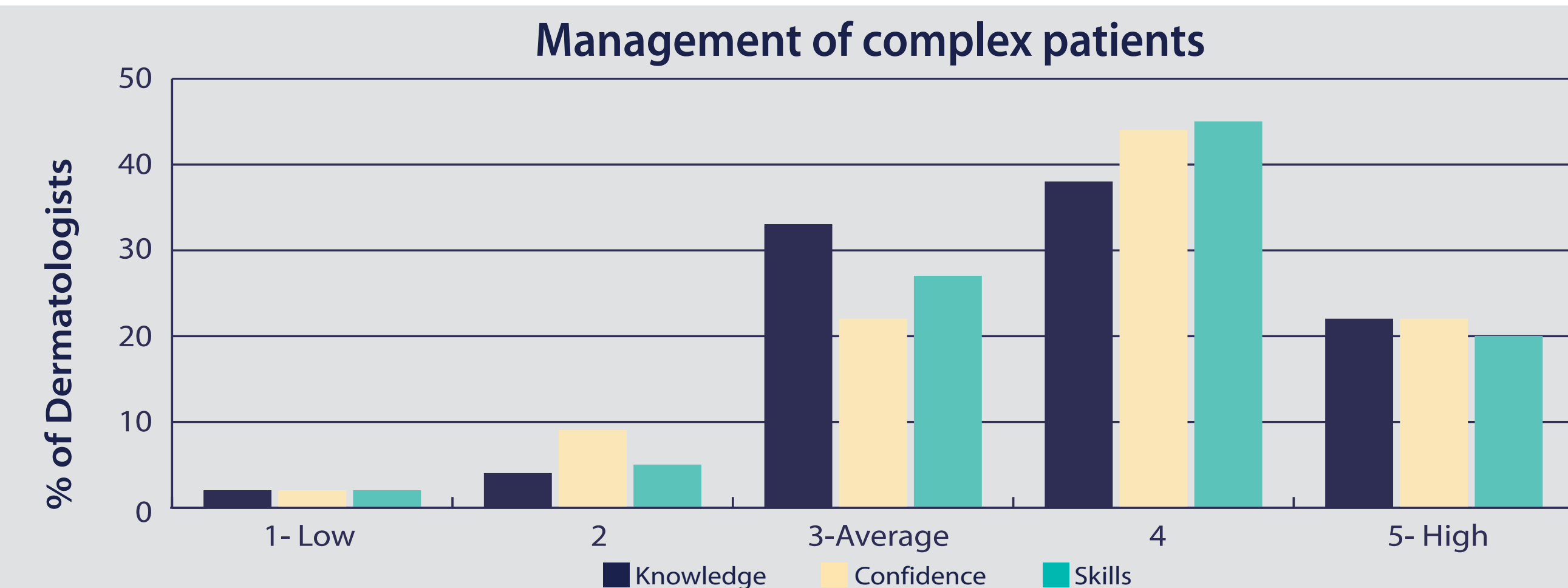
1. HCPs struggle to inform patients on risks associated with biologics

- FP/GPs and Dermatologists identified gaps in knowledge of:
 - the long-term safety of biologic therapy
 - the side effects and contraindications of biologics in the treatment of psoriasis
- HCPs identified a gap in their skill to educate patients on the risks related to biologics

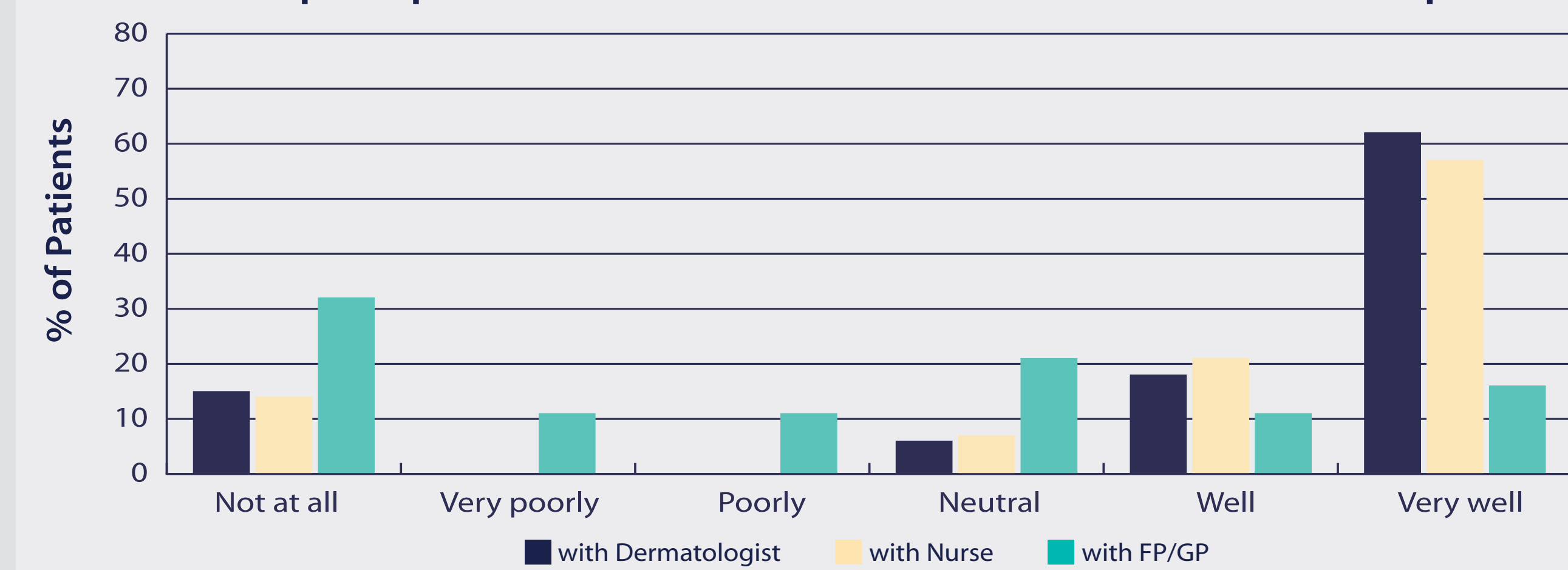


2. HCPs struggle to manage complex psoriatic patients

- One third of Dermatologists reported low to average levels of knowledge, confidence and skills in the management of complex patients (i.e., pregnant, immune-compromised, at high cardiovascular risk)
- Dermatologists and Nurses reported a need for additional knowledge on co-morbidities
- Dermatologists and Nurses perceived a need for FP/GPs to obtain more education on co-morbidities but FP/GPs did not report it as an important need for themselves
- 2 hypotheses: 1) co-morbidities are an unperceived need for FP/GPs; 2) erroneous perception of Dermatologists and Nurses
- 26% of FP/GPs expressed a desire to be more implicated in monitoring co-morbidities
- 45% of patients reported that non-skin related effects of psoriasis were not at all, or poorly discussed with their FP/GP



Patients' perceptions of discussions on non-skin related effects of psoriasis



The remaining 6 substantive gaps identified were:

- Challenges in referrals - FP/GPs to Dermatologists; Dermatologists to other specialists
- Lack of clarity on roles in monitoring and documenting patient adherence
- Lack of collaboration amongst HCPs (Dermatologists, FP/GPs, Nurses, and other specialists)
- FP/GPs, and less experienced providers, struggle to effectively communicate with patients about psoriasis
- HCPs struggle to provide appropriate patient education
- HCPs do not always rely on trusted sources of information and tools

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CONCLUSIONS

This needs assessment, through identification of key needs, highlighted the complexity of care in psoriasis.

Development of evidence-based educational interventions is needed to:

- Enhance providers' knowledge on biologic safety and co-morbidities
- Improve communication skills to effectively collaborate with patients on treatment decisions

Closing these identified gaps would improve delivery of care, leading to better patient outcomes.

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