

Painfully important gaps in rural primary care: the contribution of an educational program in the diagnosis and treatment of fibromyalgia

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CONCLUSION

This initiative was successful at narrowing the identified gaps. Reviewing the data available from each activity and assessment method as a whole provides some interesting points to consider when developing future educational activities to improve fibromyalgia care:

- Diagnosing fibromyalgia is challenging, even for clinicians who have had diagnostic training
- Targeted education can improve the way clinicians discuss joint pain and fibromyalgia with patients
- There is great interest among patients for reliable information related to fibromyalgia
- Evidence-based and guideline-concordant management of fibromyalgia can be facilitated with appropriately designed continuing education
- Interprofessional care of fibromyalgia patient is still elusive
- Clinicians valued the community resources provided and many had not looked beyond their own practice prior to participating in the activity.

BACKGROUND

- In primary care, diagnosis, management and proactive treatment of fibromyalgia, can be improved. This is especially relevant in rural areas where access to specialists can be difficult.
- To help close these important gaps, an evidence-based educational program entitled "Fibromyalgia Diagnosis & Treatment: Persistent Barriers to Better Patient Care" was developed and launched.
- The program was deployed through live and online activities, between June 2011 and November 2012.

RESULTS

- This activity was designed to change:

Competence	Performance
<ul style="list-style-type: none"> ● Post-assessment responses increases over pre-assessment responses across all activities ● ↑ Confidence in managing and diagnosing FM ● ↑ importance placed on where to refer patients ● Current practices confirmed 	<ul style="list-style-type: none"> ● ↑ recognition of the multiple aspects of FM ● ↑ assessment of depression ● ↑ use of monitoring tools ● Implementation of different treatment approaches ● Improved performance relative to diagnosis of FM based on patient presentation

- Sample size per activity and assessment method:

ASSESSMENT PARTICIPATION (N)					
Activity	Total	Pre-Test (Quant)	Post (Quant)	Delayed Post (Quant)	Delayed Post KII (Qual)
Live (10)	256	15	192	36	9
Live Web	51	n/d	10	n/a	1
Arch. Web	112	78	n/d	n/a	12

METHODS

The assessment focused on findings from 3 activities

- Rural-focused roundtable activities
 - 1.5-2 hour live, face to face meeting
 - Didactic information presented
 - Cases used to discuss diagnosis and management
 - Local resources and solutions to local barriers discussed
 - Resource material provided to all participants
- Live webcast as part of an ongoing Grand Rounds Series
- Archived, On-Demand Webcast

METHODOLOGICAL APPROACH

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I	Development of evaluation framework and instruments and IRB Approval
II	Pre-activity questionnaire
III	Immediate post-program evaluation
IV	2 months post-program evaluation including quantitative surveys and qualitative interviews. Interviews were 45 minute semi-structured discussions with opt-in participants (n=23)
V	Analysis and interpretation of data, development of conclusions and recommendations

- Quantitative Assessment – Participants who planned to improve...



Live and Archived Webcast:

- Post-activity responses improved an average of 29%
- 40% improvement on questions related to appropriateness of low-dose opioids in fibromyalgia management.

- Qualitative Assessment

Objective	Met?	Finding
↑ awareness of physiological evidence for FM	Partially	Good review, but very little new evidence
Recognize Dx features and comorbidities	Completely	↑ recognition of multiple FM aspects; ↑ assessment of depression; ↑ use of monitoring tools
Implement use of multi-modal Tx approaches	Completely	Implementation of different treatment approaches
↑ confidence managing FM in primary care	Completely	↑ confidence in managing FM identified
↑ collaborative relationships with pts and team members	Partially	↑ (+/-) collaborative relationship with pts; however, no <i>new</i> collaborative relationships with team determined

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