

Improving Lennox-Gastaut Syndrome from Diagnosis to Management through Online Continuing Education: Changes in Patient Experience, Clinical Practice, and Provider Knowledge and Competence

Wendy Turell¹, Anne Roc¹, Juliann Paolicchi², Georgia Montouris³

¹Platformq Health, ²Rutgers University Medical Center, ³Boston Univ School of Med/Dept of Neuro

Objective: To evaluate the influence of 2 hours of online continuing medical education (CME) activities in addressing clinician gaps on the diagnosis and management of Lennox-Gastaut syndrome (LGS).

Background: As a debilitating severe epilepsy phenotype, LGS warrants individualized care from clinicians in pediatric and adult settings and requires thorough transition of care to adult health care and services. Clinicians remain challenged in recognizing and applying nuances in diagnosis and management of LGS, particularly as they differ in pediatric and adult patients.

Design/Methods: Two 1-hour video CME activities with slides, polling/live questions launched live-online November 4, 2015 through October 7, 2016 at www.NeuroSeriesLive.com. For each activity, CME test questions were administered at 3 time points (pre-, immediate post-, 8-weeks post). Responses from CME test, polling/live, and 8 weeks post activity survey were analyzed to determine engagement, lessons learned, and continuing gaps. McNemar test compared matched pair responses (pre/post & pre/8wk, respectively). Effect size was computed using Cohen's d.

Results: A total of 96 out of 1,026 learners completed questions from all 3 time points. On average, 73% of learners reported a positive impact on patient experience after CME, and 87% reported a positive impact on clinical practice. Over 100 qualitative write in examples were shared by learners of post-education change in patient experience and clinical practice. Data from 2 competence and 6 knowledge questions all reflected statistically significant improvements. Areas of improvement included LGS diagnostic criteria, LGS medications, features of LGS throughout a patient's lifespan including transition from adolescent to adult care, and non-pharmacologic strategies to treat LGS.

Conclusions: Ongoing education on LGS can yield immediate and sustained gains in knowledge, competence, and performance, which may translate to more timely and accurate diagnosis and improved care for patients with LGS.