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External Medical Education: Responding to the Challenges of COVID-19 and Planning for the Future

Introductions



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Disclaimer



The views expressed in this Webinar are those of the presenters, and are not an official position statement by MAPS, nor do they necessarily represent the views of the MAPS organization or its members.

Objectives

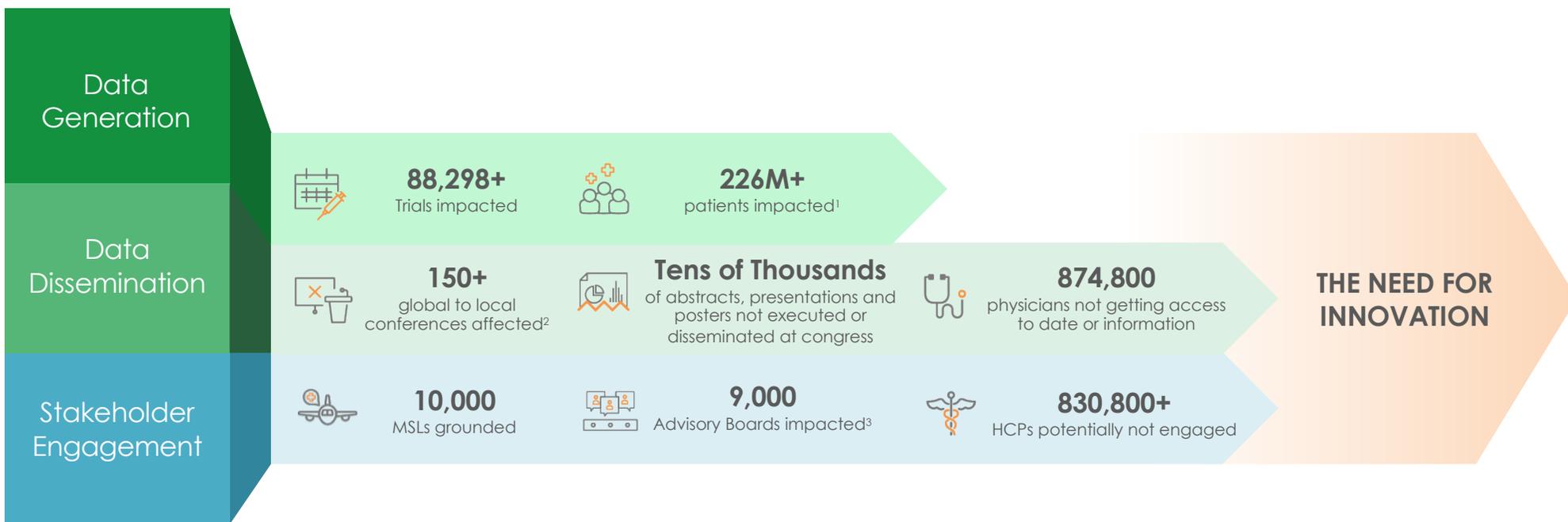


- Understand the impact of COVID-19 on the medical education landscape today and emerging macro level trends
- Gain insight on how efforts will need to adapt to address evolving disease burden and the needs of learner audiences including providers, patients, payers, and healthcare systems
- Obtain insights for transitioning programs to virtual formats understanding that there is not a “one size fits all solution”
- Explore how COVID-19 is impacting medical education support related to timelines, cost, new innovative virtual formats and on disease education

The Digital Journey of COVID-19: Impact and Voice

Marc Sirockman

The Impact of COVID-19



Infographic prepared on March 19, 2020.

1. 226,214,216 patients affected to date; clinicaltrials.gov. 2. Canceled or rescheduled; YTD.

3. Canceled, rescheduled, logistical changes; YTD.

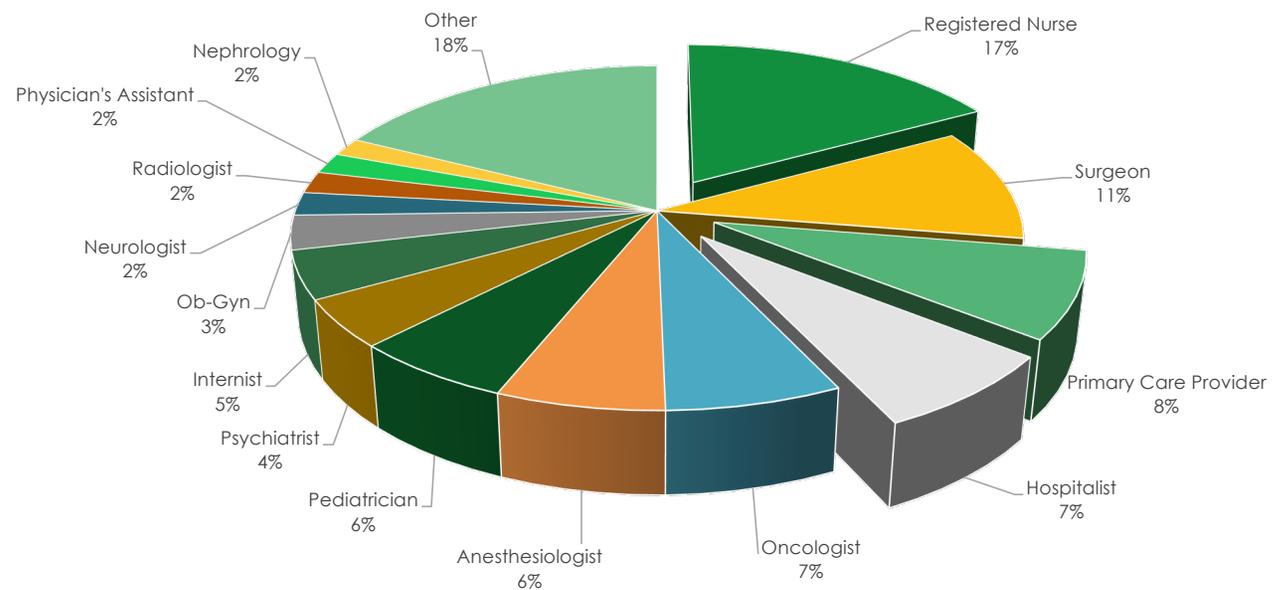
The Most Active HCPs Discussing Education Are Also Those on The Frontline for COVID-19



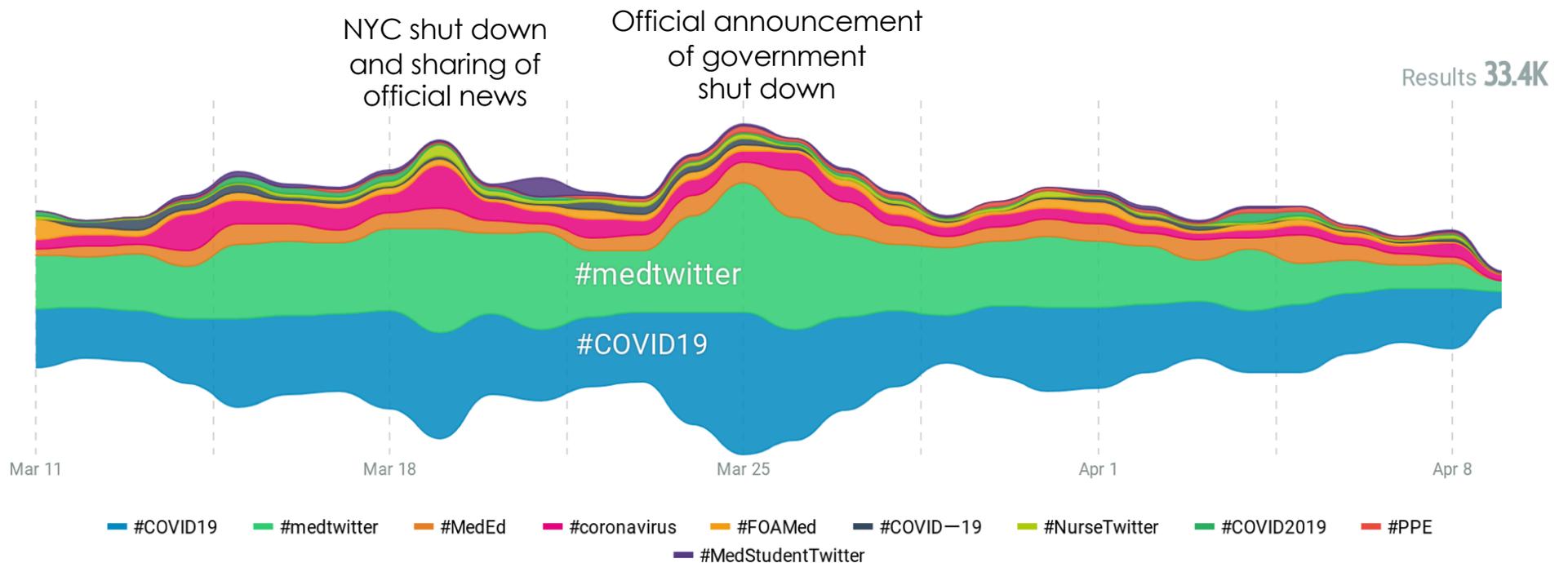
Majority of content and medical education is focused on COVID-19

- Top 4 most active online groups (50%):
 - Nurses
 - Surgeons
 - PCPS
 - Hospitalists/Emergency physicians
- HCPs are sharing their hands-on experience with their peers
- Interestingly, we do not see respiratory specialists or pulmonologists high on this list which may be indicative of their high demand

Digital Discussions By Specialty (Last 30 Days)



The Majority of HCP Conversations Online are Overwhelmingly Related to COVID-19

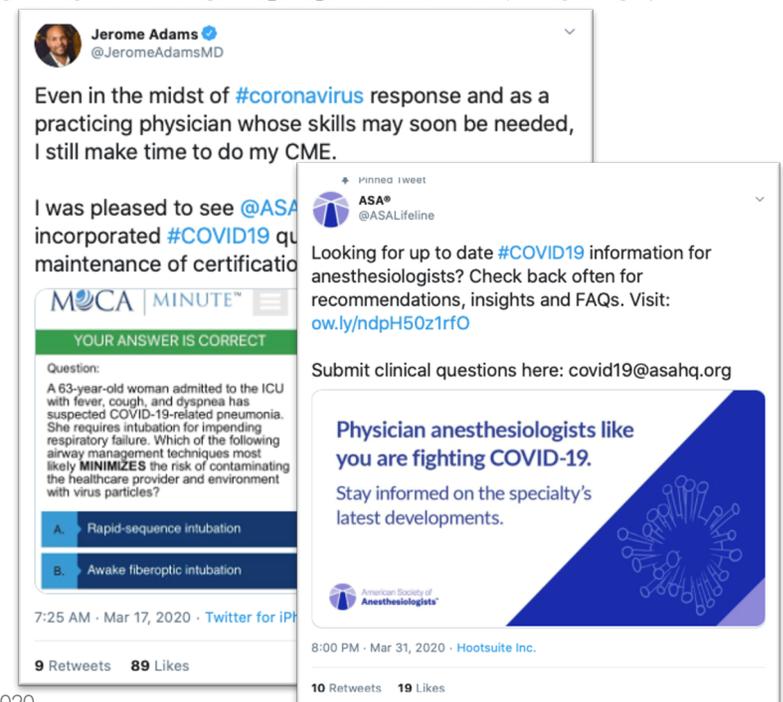


Organizations are Shifting to Virtual CME Offerings Focusing on COVID-19



- The organizations with the highest online resonance from HCPs around their CME offerings relevant to COVID-19 are:
 - American Society of Anesthesiologists*
 - American Association of Critical-Care Nurses
 - Physician's Education Resource
 - Contagion Live
 - Stanford Medicine
 - American College of Physicians

*American Society of Anesthesiologists pinned a tweet to finding information fast. Use of hashtags and links make retweeting and sharing information easy. This makes it one of the most retweeted/shared sources.

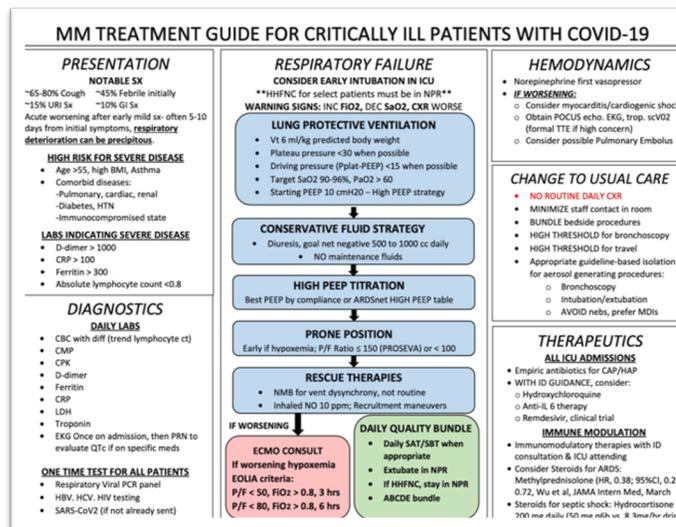


HCPs are Identifying and Focusing on Educational Gaps Around COVID-19



- HCPs are creating their own COVID-19 **“cheat sheets”** for their peers with information on
 - Epidemiology
 - Clinical management
 - Testing
 - Vaccines

Quick refresher sheets for house staff (Critical care and COVID-19) update April 2nd.pdf



Dr M. Daniyal Hashmi
 Current PGY-4 Chief Resident for Internal Medicine at Medstar Washington Hospital Center
 Future Pulmonary and Critical Care Medicine fellow at Henry Ford Hospital

HCPs Stress the Need to Double and Triple Check Sources Before Sharing Information



- The top sources referenced by HCPs are:
 - University of Michigan*
 - Journal of the American Medical Association (JAMA)
 - American Academy of Neurology (AAN)
 - United States and Canadian Academy of Pathology (USCAP)
 - N95decon.org
 - Society of Critical Care Medicine

*A University of Michigan resource center was shared by Dr. Andrew Ibrahim who is a Surgeon, works at U of Michigan, and is Editor of JAMA. His posts are influential, credible, and frequently retweeted by other HCPs .

Key Implications of COVID-19 Educational Gaps

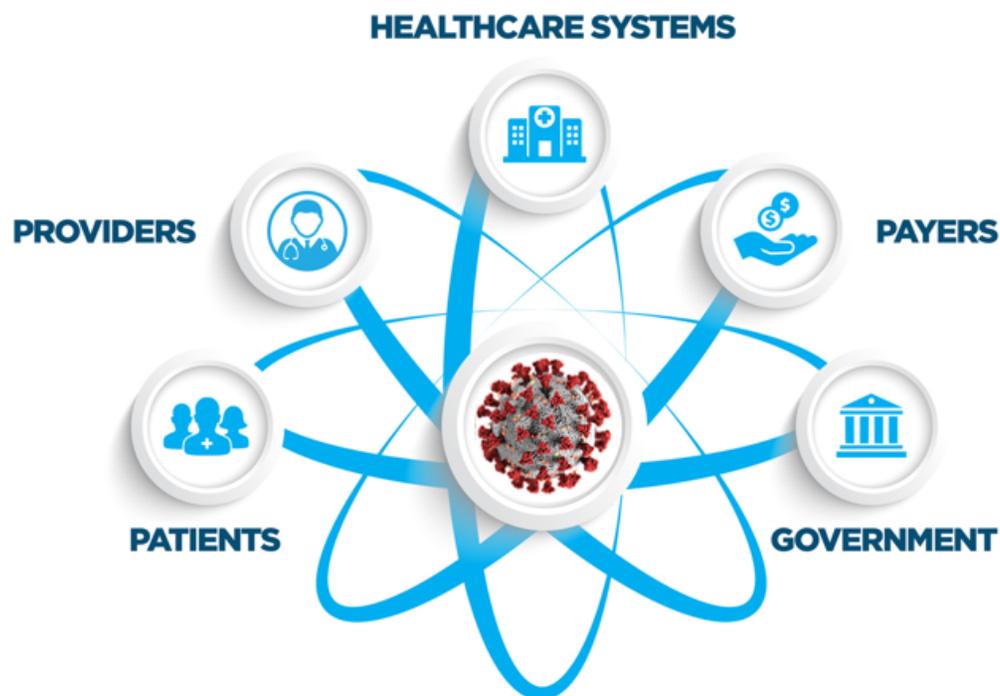
Chris Napolitan

A Pandemic That Has Created Distinct and Evolving Challenges Across Healthcare Stakeholders

A pandemic with...

- An uncertain epidemiology
- Limited and evolving testing criteria
- No currently approved treatment options
- An over-burdened healthcare system
- Unknown cost implications
- Conflicting policy
- Hard to enforce preventable measures

...has created unprecedented challenges that impact healthcare stakeholders in distinct and evolving ways



A Call to Action: Medical Education Providers Must Nimble and Proficiently Adapt to Address the Challenges Caused by COVID-19



Medical education providers must take the following considerations into account amidst the COVID-19 crisis:

- The approach to education must be adapted based on the impact of COVID-19 to each learner audience and structured dynamically to meet rapidly evolving health policy and disease burden trends
- As we transition to virtual formats amidst the pandemic, it's important to note that there is not a “one size fits all solution”
- There are numerous interdependencies that need to be carefully considered when delivering medical education programs in the current environment
- While this is a difficult time, it will ultimately make us better at delivering education that positively impacts patient lives

Adapting the Approach to Medical Education to Meet the Varying and Rapidly Evolving Needs of Providers



Impact on Providers	Medical Education Considerations
<p>Experiences run the gamut:</p> <ul style="list-style-type: none"> • Frontline of the pandemic • Support from clinicians-in-training • Co-management of the virus • Prevented from practicing 	<p><u>Frontline providers:</u></p> <ul style="list-style-type: none"> • Be cognizant of time constraints – micro-learning • Ensure accessibility – streaming, enduring • “The key right now is giving providers flexibility to check in when they have time” <p><u>Clinicians-in-training:</u> help residents and fellows provide effective support</p> <p><u>Other practicing providers:</u> integrate co-management strategies</p>
<p>Keeping pace with rapidly evolving information is a challenge</p> <ul style="list-style-type: none"> • “Information moves so fast and it is not all in one place, which makes it difficult for providers to keep pace” • Difficult to distinguish credible content 	<ul style="list-style-type: none"> • Focus on the needs – “providers are hungry for data on epidemiology, treatment options, patient outcomes” • Ensure education accommodates latest developments and can be updated throughout the program • It’s more important to get the right information to providers, than developing everything on your own
<p>Implications of an over-burdened system:</p> <ul style="list-style-type: none"> • PPE shortages create health risks • Ethical dilemmas caused by capacity constraints • Burnout with increased patient volumes, longer shifts 	<ul style="list-style-type: none"> • Securing funding in key areas of need could present a challenge

Adapting the Approach to Medical Education to Meet the Varying and Rapidly Evolving Needs of Providers



PRIME COVID-19 CME/CE Activities Credit Center Hi, bill! Log Out

COVID-19 Resource Center

Resources to support providers and patients in COVID-19 testing, treatment, and risk reduction.

As the novel coronavirus (COVID-19) continues to impact lives across the world, PRIME is committed to providing the most current information to help reverse the trajectory of this disease and ensure patients receive the proper care. As such, we have aggregated the following resources to support clinicians, care teams, patients and our medical education colleagues amidst this health care crisis. Since the situation caused by COVID-19 is rapidly evolving, these resources will be updated on a regular basis. Please continue to check back for the most current information.

Center for Disease Control and Prevention (CDC)

- Information for HCPs
- Cases and Latest Updates
- Testing in the US

Additional Resources

- Updates from the Centers for Medicare and Medicaid Services
- Summary of Key Regulatory Communications (PDF)
- Updates from the World Health Organization
- The Infectious Disease Society of America COVID-19 Resource Center
- The American Medical Association COVID-19 Resource Center
- Answers to Frequently Asked Questions About COVID-19 from Johns Hopkins Medicine

Questions for PRIME

For direct access to PRIME's COVID-19 Task Force, please email us at covid19@primeinc.org

COVID-19 news from MedPage Today

Inside COVID Treatment Efforts; Sharing Notes With Patients?
Must reads about the latest news and trends in healthcare careers
04/12/2020

Resources from Credible Sources
Categorized Content
Feedback Loop
Timely Updates

Accreditation Council for Continuing Medical Education
learn well

LOGIN SEARCH

FIND A CME PROVIDER FIND A CME ACTIVITY

ABOUT ACCREDITATION ACCREDITATION RULES RESOURCES CME COLLABORATIONS EVENTS

COVID-19 Clinician Resources

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COVID-19 Educator Resources

SHARE THIS PAGE

This page includes a list of accredited continuing education (CE) activities and additional resources that can help the CE provider and clinician community respond to the novel coronavirus (COVID-19) public health emergency. We encourage accredited providers to circulate this link to their CE learners and community. Please check the [Centers for Disease Control and Prevention](#) for the latest updates.

Please use the [Coronavirus Resources Submission Form](#) to submit your activities and resources for posting on this page.

This page was last updated on April 10, 2020.

Resources by Topic

– Comprehensive Resources on COVID-19

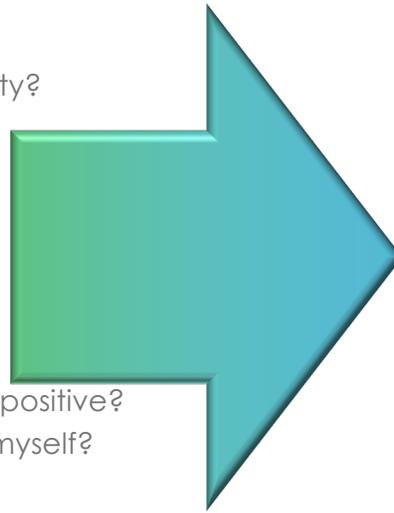
Organization	Title	Format	AMA PRA Category 1 Credit™	MOC	Cost
American Academy of Ophthalmology	Alert: Important coronavirus updates for ophthalmologists	Statement			

Be Tactful in Addressing Key Patient Questions to Positively Influence Health Behaviors That Could Help End the Pandemic



Patient Questions

- Risk
 - How susceptible am I?
 - How can I track prevalence in my community?
- Testing
 - How do I know if I should get tested?
 - Where do I get tested?
 - How accurate are the tests?
- Symptoms
 - What symptoms will I experience?
 - How long do I need to be in isolation if I test positive?
 - Should I go to the hospital or try to care for myself?
- Treatment
 - What are the treatment options?
 - How do I know what's best for me?
- Payment:
 - Who will cover my healthcare costs?



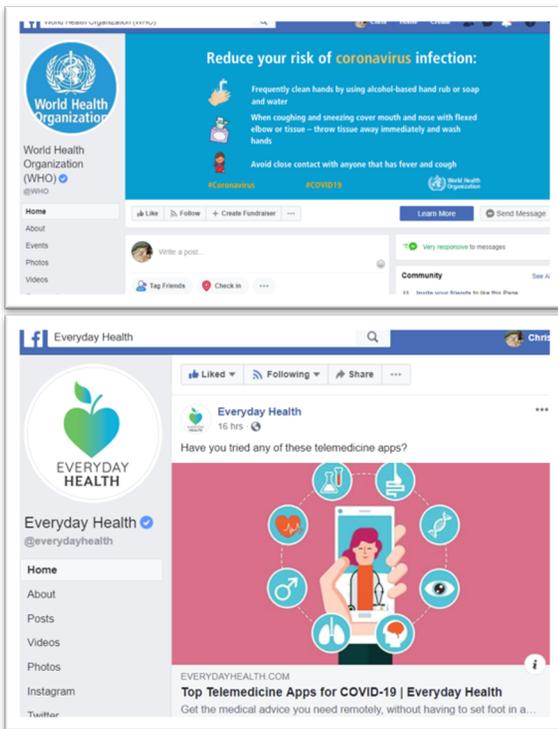
Patient Ed Considerations

- Understand your audience – broad or targeted
- Attempt to address these key questions
 - Tailor response/education based on audience
 - Be cognizant of tone
 - Leverage existing resources from credible sources
- For patient education in other conditions, co-management strategies must be considered
- Leverage mediums where patients go to share experiences and have discussions
 - Social Media - cut through the noise to facilitate meaningful discussions and share credible resources
- Programs that effectively align patients and providers can remove barriers to care during these uncertain times

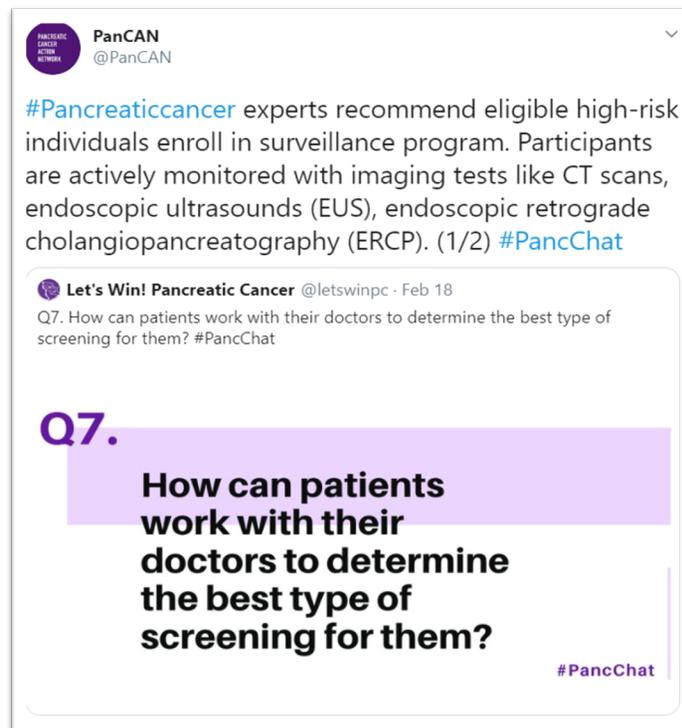
Cutting through the Noise to Facilitate Meaningful Discussions and Sharing Credible Resources



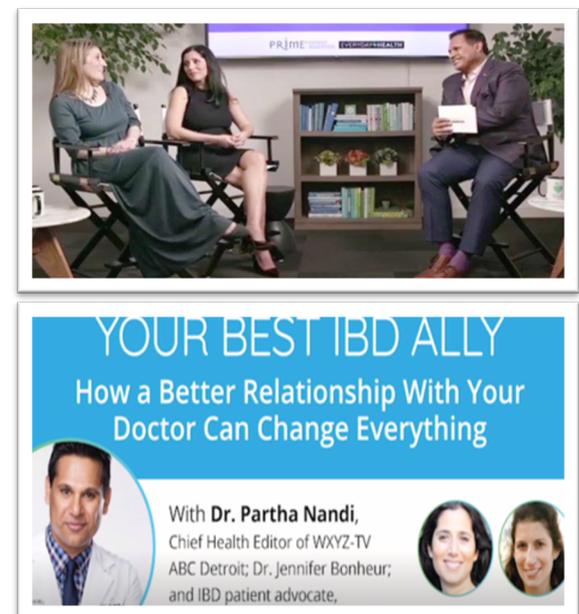
Helpful Resources for A Broad Audience



Important Information for Specific Patients



Aligning Patients and Providers



Listening to the Needs of Health System and Clinic Partners to Adapt Accordingly



New Protocols: patient in-take policies, re-purpose equipment, provider training

Over-Burdened: resource constraints (e.g. PPE, ICU beds, staff)

Financial Implications: certain depts. shut-down, increased demand for equipment, amount/timing of relief funds

Medical education providers must listen to needs of their system and clinic partners to adapt accordingly

Virtual Oncology Grand Rounds Recorded and Endured



Virtual Pathology Grand Rounds with Crowdsourced Content

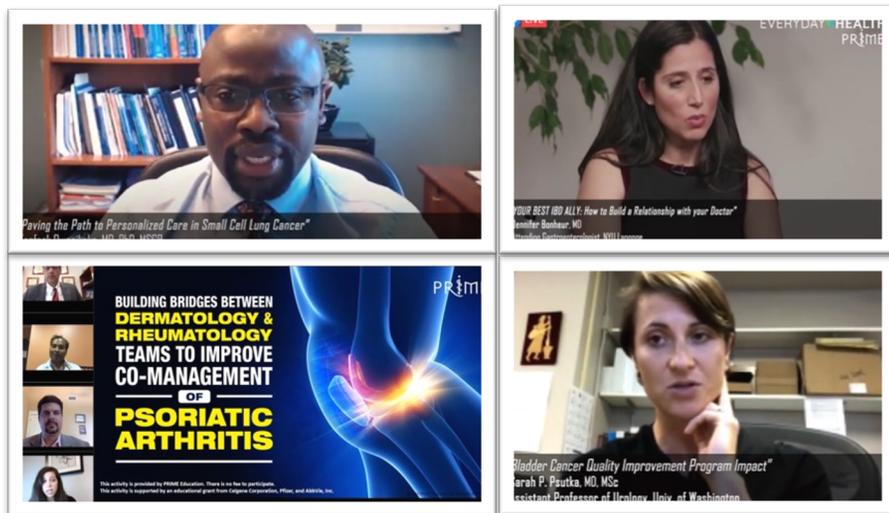


As We Transition to Virtual Formats Amidst the Pandemic, Keep in Mind That There is Not a One Size Fits All Solution

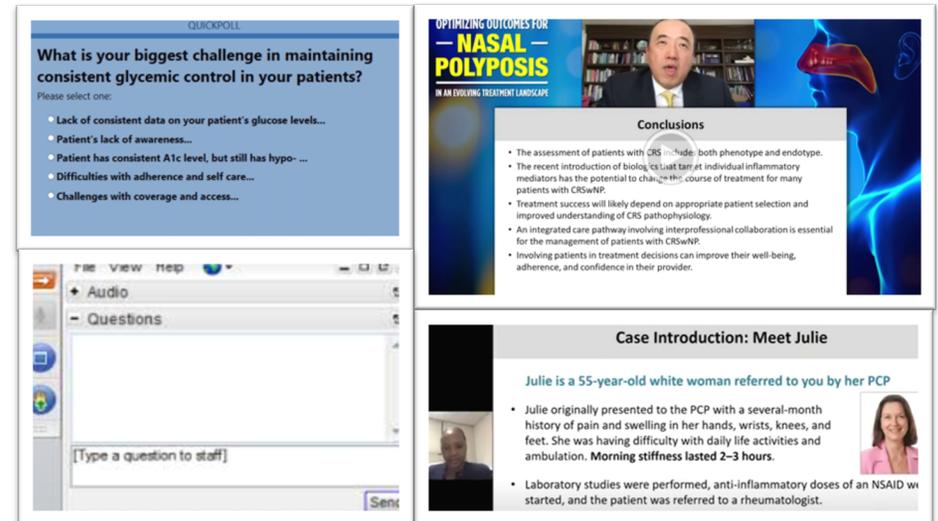


Evaluate virtual platforms that align best with the structure and objectives of the program

- Small intimate communities of learning vs. large-scale, national programs



- Examples: Grand Rounds, Regional Meetings, Patient-Provider Collaborative Learning
- Discussion/collaboration is a key piece to the program
- Ensure screen-to-screen interaction



- Examples: national webinars, virtual symposia
- Faculty drive the presentation
- Rely more on platform features to drive learner engagement

Tips to Maximize Engagement with Virtual Solutions to Replicate an In-Person Experience



- Ensure faculty have webcams (regardless of virtual format)
- Questions captured during the registration process can be surfaced during the program for a more robust educational experience
- Include a clinical moderator to facilitate discussions and surface questions
- Interactive polling and multiple-choice questions to (i) assess learners' knowledge, attitudes, and educational interests and (ii) engage learners in applying presented evidence
 - Point-and-click interface – learners select answers, which are immediately aggregated and displayed graphically
 - Faculty discussions triggered off of these results

Common Misconceptions about Antibiotics for Children*
Julia E. Szymczak, PhD
Assistant Professor of Epidemiology, PCPP

Donna's Rheumatology Follow-up

Lab/Sign	Normal	Lab/Sign/Findings
Physical	<ul style="list-style-type: none"> BSA = 35% Crumbly nails 3 tender joints (2 DIPs, 2 MTPs, right ankle) Erythematous sausage digits in 1 finger (dactylitis) Limited range of back motion (limited movement) Joint tenderness (arthralgia) 	<ul style="list-style-type: none"> ANA and RF negative CRP and ESR elevated Noninflammatory synovial effusion Creatinine normal
X-rays	<ul style="list-style-type: none"> Hand and foot films show evidence of several erosions Pelvic X-ray shows sacroiliac sclerosis consistent with osteoarthritis 	<p>How would you define Donna's disease severity?</p> <p>Do you think she is controlled with her current treatment?</p> <p>How do you define optimal disease control in PSA?</p>
PHOs	<ul style="list-style-type: none"> HAQ Score = 0.5 Pain VAS = 1/10 Patient Global VAS = 4/10 Physician's Global = 3/10 	

"Lately it's been unbearable. I have pain in my heels and back when I get up in the morning, my fingers and wrists ache, my fingers swell up sometimes."

QUICKPOLL

What is your biggest challenge in maintaining consistent glycemic control in your patients?

Poll Results (single answer required):

Lack of consistent data on your patient's glucose levels...	14%
Patient's lack of awareness...	23%
Patient has consistent A1c level, but still has hypo...	4%
Difficulties with adherence and self care...	47%
Challenges with coverage and access...	11%

Other Important Considerations When Transitioning From In-Person to Virtual Programs



- Timing Considerations
 - If an international symposia transitions to a virtual program, consider offering different sessions so there are appropriate times for each international region
 - If a dinner program and transitions to a virtual program, re-evaluate the time of the event
- Location Considerations
 - How can in-person regional meetings be converted to virtual events?
 - Maintain the integrity of your marketing to be able to provide regional insights from the original proposal
 - Re-evaluate regions based on prevalence of COVID-19

Numerous Interdependencies Need to be Carefully Considered When Offering Medical Education in the Current Environment



Medical Societies

- Outline virtual transition/contingency plan in close collaboration with the society. Offer additional support to pull off a win-win:
 - Society – members get education they need; reduce financial burden of lost revenues from conference
 - Supporter – meeting the educational need that was originally proposed
- Assist with education that incorporate the implications of COVID-19, if society does not have the resources to produce internally

Clinics/Systems

- Listen to the needs of the clinic/system and adapt accordingly. This may include transitioning to virtual sessions, adding enduring components, delaying the sessions, or procuring new partners

Learners/Faculty

- When the COVID-19 crisis subsides, be responsible and disciplined about resuming in-person programs. Maintaining the health and safety of our learners and faculty must be the top priority

Impact on Industry for External Medical Education

Patricia Jassak

Astellas Conflict of Interest



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Medical Education and Industry Support – Turning Uncertainty into Opportunity

- COVID-19 - Unprecedented challenges that impacted Industry support
 - Rapidly developing timeline from 1st case China to first US COVID-19 case (November 19th China to January 21st Washington State)
- Societies needed to turn on a dime with decisions to cancel, postpone, or go virtual with their Annual Conferences, regional and local programs
- Providers needed to look at their live programs and develop contingency plans
- Pharma supporters needed to take COVID-19 into account (late February-present)
 - Review and Approval of Change of Scope submissions for approved grants for live programs
 - Review and approval of medical education grants for conferences pending final decisions on format



Industry Supporters Must Rapidly Adapt to Address the Challenges

- Overarching considerations for Industry supporters amidst the COVID-19 crisis:
 - Critical to support grants that share knowledge as to how clinicians are adapting in the wake of COVID-19 — keeping patients with chronic diseases out of the hospital/clinic setting as much as possible utilizing telehealth – “one virtual format is one virtual format”
 - Medical care is being redefined daily for chronic and emergent disease states (e.g., Cancer, Diabetes, CV, Pregnancy, etc.) What can Industry do to ensure medical education support?
 - Medical Education is now more critical than ever — as a key stakeholder in CME we must seek to ensure that education funded positively changes HCP behavior and impacts patient lives



Industry Supporters Must Rapidly Adapt to Address the Challenges

- Specific considerations for Industry supporters amidst the COVID-19 crisis:
 - Process Changes
 - Rapid transition to virtual formats
 - Delayed timelines for grants with prior approvals
 - Budget impact
 - Scenario planning
 - New content areas for therapeutic areas
 - Role of telehealth in managing patients
 - How to incorporate new clinical data – is this the right time?
- Future planning – approve live programs?
 - In what timeframe?
 - Should all grant requests include contingency plans



Decisions, Decisions, Decisions



- Approximately 45-55% of all grant funding decisions are allocated to live activities
- Review and Approval of Change of Scope (COS) submissions for approved grants for live and multi-format programs
 - Supporters first had to ID approved grants that included a live format.
 - Many scenarios:
 - Some Providers contacted Supporters immediately to inform Supporters of their intent to submit a COS
 - Other Providers needed to be contacted and requested to provide a response with their plan: cancelled, postponed or format changed to virtual

Decisions, Decisions, Decisions (Continued)



Questions for Sponsors to consider when evaluating change of scope requests:

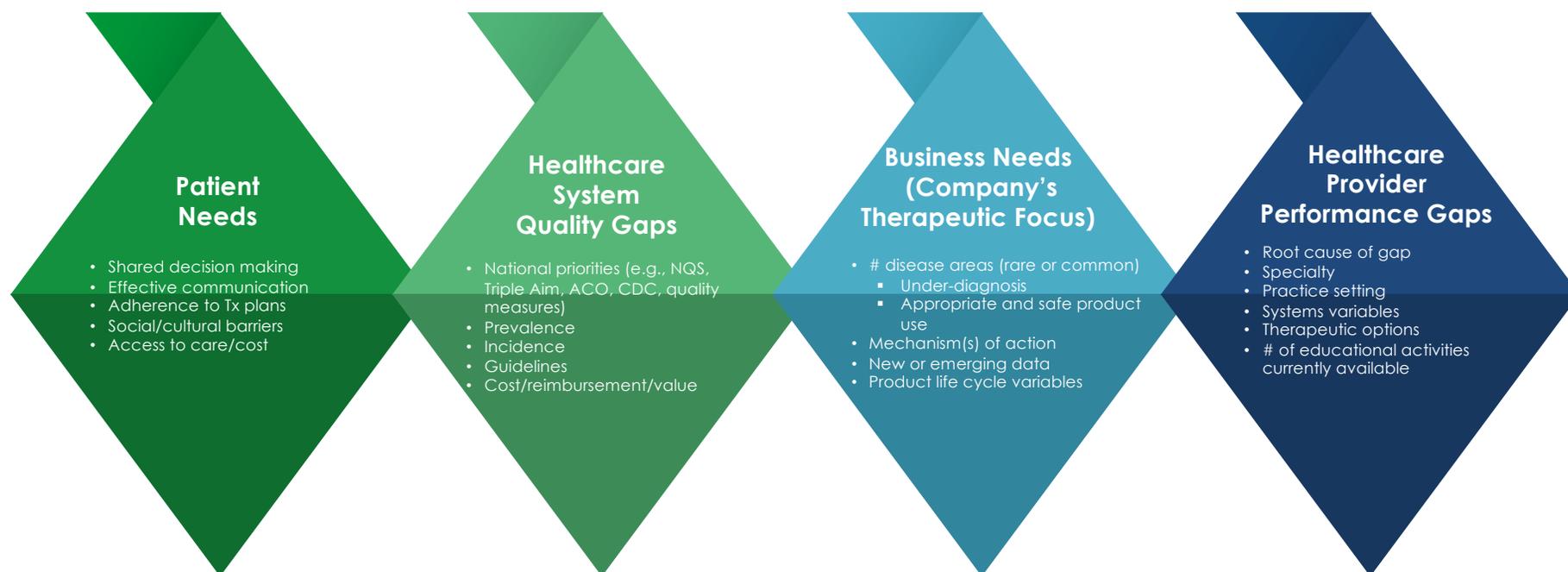
- Could the original live program (e.g., a multi-format satellite symposium; a grand rounds series at community hospitals, etc.) be converted to virtual without changing expected impact?
- Just because the program can be switched to a virtual format- should it?
- Does it still add value and impact to HCPs and change behavior?
- What is the educational need?
- Does it still exist if Conference is now only virtual?
- How will Society virtual attendees be informed of these new virtual independent satellite symposia?
- What will the budget impact be for grants that had already been funded/checks paid?

Decisions, Decisions, Decisions (Continued)



- Reviewing and approving Medical Education grants for conferences that had not yet made final decisions on format
 - Should all grants that were submitted as live-only activities be declined? If so, within what timeframe?
 - Difficulty in capturing proposed changes in a grant application and in appropriate reconciliation when a budget changed due to conversion to a virtual format
 - E.g., no Society slot-fee for a satellite symposium. Should that grant be canceled or declined and the requestor contacted for further discussion?"

Medical education Needs in COVID-19 Environment - Supporter Considerations



IOM (Institute of Medicine). 2010. *Redesigning Continuing Education In the Health Professions*. Washington, DC: National Academy Press.

Medical Education is Needed Now More Than Ever

- Position Medical Education's key strategic capability – Commercial and Field Teams grounded
- Listen to the needs of HCPs - respond and anticipate
- Drive strong transformation of medical education to digital
- Anticipate the future environment
- Performance improvement in “new state” of healthcare environment
- Enhance the Value of medical education to HCPs
- Local and Regional activities may become more important



Summary



The COVID-19 experience will positively impact the future of external medical education:

1. Increased transformation to digital medical education is here to stay
2. Medical societies will likely evolve to hybrid live/virtual meetings in the future
3. The experience will have a positive impact on our healthcare system, improving the delivery of patient care
4. Industry will need to adapt and continue to create content and disseminate it rapidly to support HCP needs