

Assessment of Dermatologists' and Dermatology APPs' Educational Needs and Current Management of Patients with Moderate-to-Severe Plaque Psoriasis: Results of a Case-based Survey



Scan the QR code to access the eposter

Gregory D. Salinas,¹ Brandon Coleman,¹ Morgan Leafe,¹ Anne Roc,² and Daniel Fox²

¹CE Outcomes, LLC, Birmingham, AL, USA; ²Takeda Pharmaceuticals USA, Inc., Cambridge, MA, USA

Synopsis

- Psoriasis is a chronic systemic immune-mediated disease with skin manifestations that can significantly diminish a patient's QoL. As treatments rapidly evolve, dermatology clinicians may struggle to keep pace with the latest best practices and therapeutic options.
- Participants (Table 1) to a case-based survey show that dermatology clinicians are unlikely to use objective means to assess patient QoL (Figure 1) and have little consensus on therapeutic approach past initial management (Figure 2).
- While International Psoriasis Council guidance recommends a threshold of 10% BSA for choosing systemic therapy over topical therapy, only 38% of clinicians agree (Figure 3).
- Top barriers to care include cost, safety concerns, lack of tolerability of current medications, as well as a patient's inability to use medications as prescribed (Figure 4).
- Dermatology clinicians use a wide range of educational sources when looking for psoriasis information (Figure 5).

Objective

To assess the clinical practices, barriers, and learning priorities of US-practicing dermatologists and dermatology APPs on assessment and management of patients with moderate-to-severe psoriasis.

Methods

- A survey on the management of patients with psoriasis was developed with the aid of an academic dermatologist specializing in psoriasis.
- The survey utilized a simulated case to gauge current clinician practices, as well as additional questions related to attitudes, barriers to care, and information-seeking preferences.
- Case vignette surveys have been shown to be an efficient and economical method to assess clinical practice, similar to chart audits or simulated patients.^{1,2}
- The instrument was reviewed with dermatologists, dermatology NPs, and dermatology PAs through cognitive interviews and pilot tested with a small number of clinicians to ensure accuracy prior to full launch.
- The survey was electronically distributed to clinicians currently practicing in the US. Descriptive statistics were used to summarize results.

Results

Table 1: Demographics of sample

	Dermatologists (n = 169)	Dermatology APPs (n = 56)
Clinician type		
Physician	100%	0%
NP	0%	23%
PA	0%	77%
Practice setting		
Community	81%	96%
Academic	19%	4%
Years in practice (mean)	20 years	18 years
Patients with psoriasis per week (mean)	20 patients	16 patients

Figure 1: Initial workup. When presented a case of a patient initially presenting with plaque psoriasis, most clinicians would document % BSA and informally assess QoL. Few would incorporate an objective QoL questionnaire into the patient's assessment.

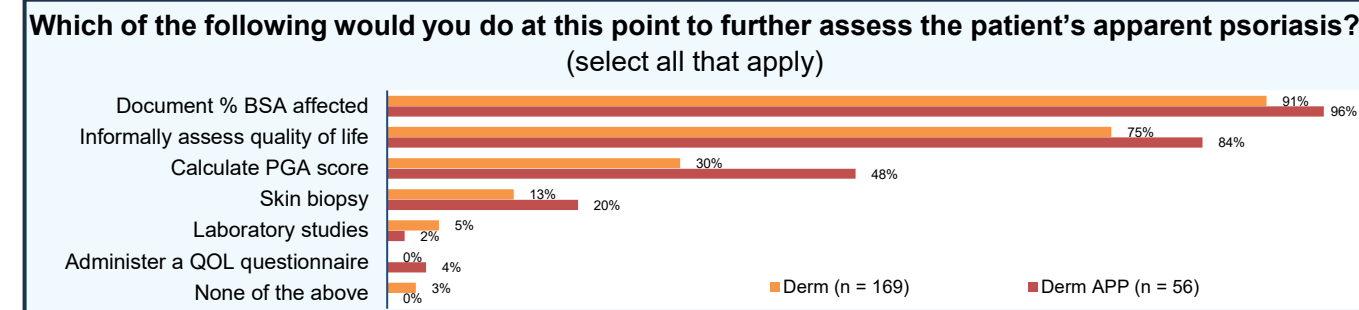


Figure 2: Management. Initially, most clinicians would use topical therapy for this patient but would switch to biologic treatment if % BSA increases, the psoriasis is in high-impact areas, or the patient progresses. Top "other" choices include phototherapy or intralesional steroids.

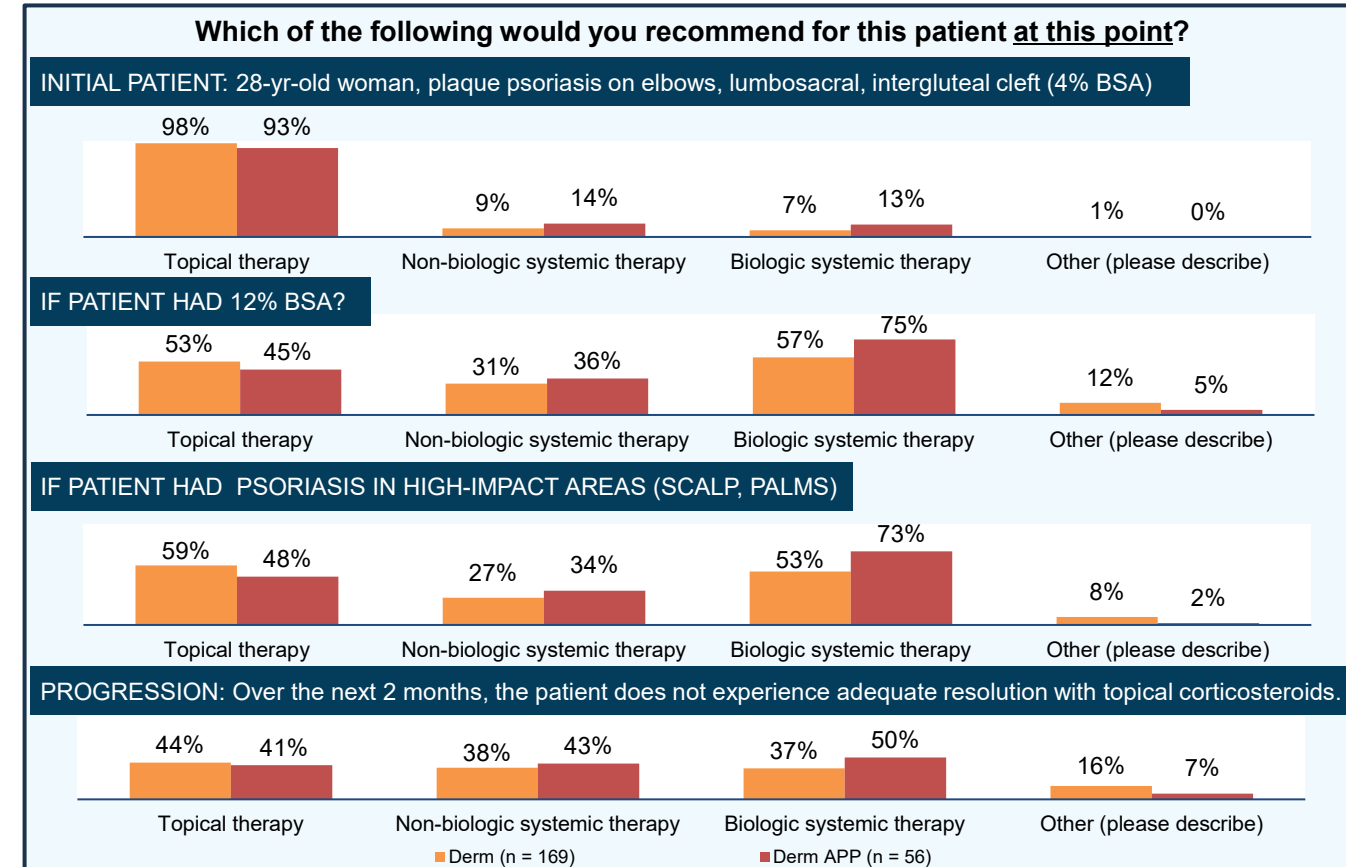


Figure 3: Threshold for systemic therapy. Following guidelines, 38% of clinicians set 10% BSA as the threshold for systemic therapy, though 26% of the sample would recommend 11% and above, and 14% (13 physicians and 2 NP/PAs) would wait until the psoriasis is over 20% BSA.

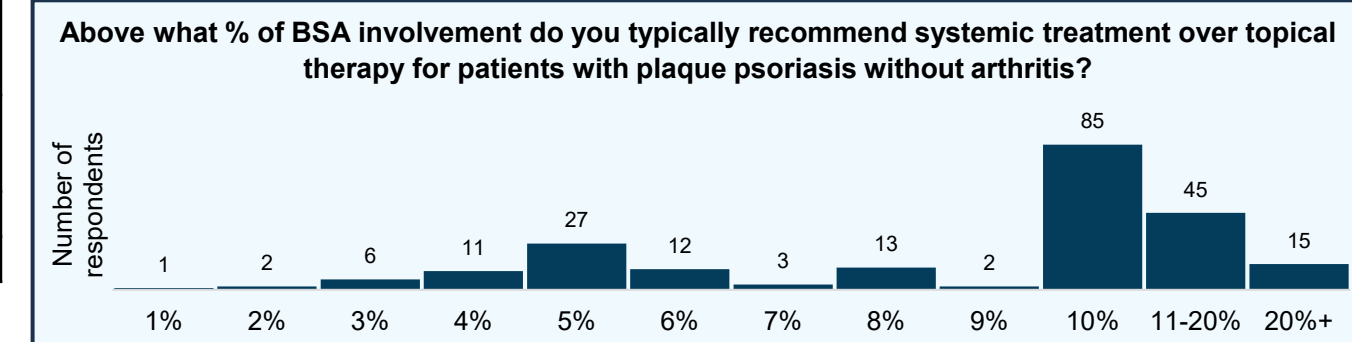


Figure 4: Barriers to care. Clinicians rated the significance of various system/clinician and patient-related barriers to optimal management of patients with psoriasis.

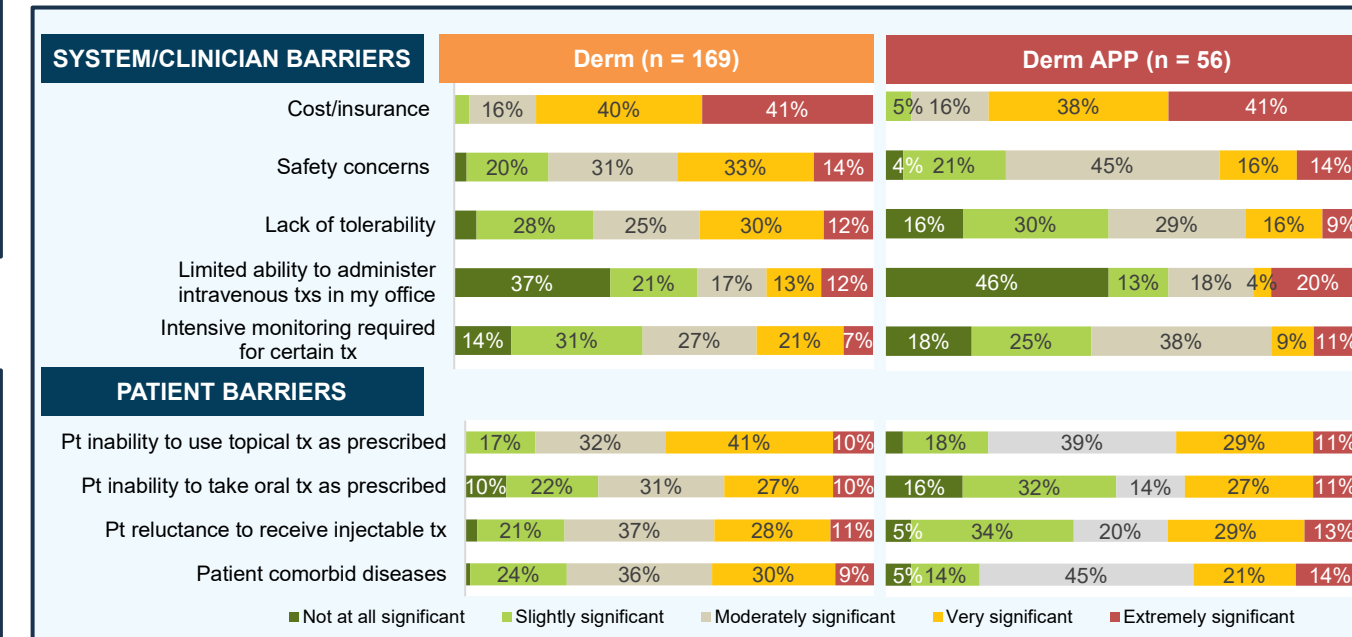
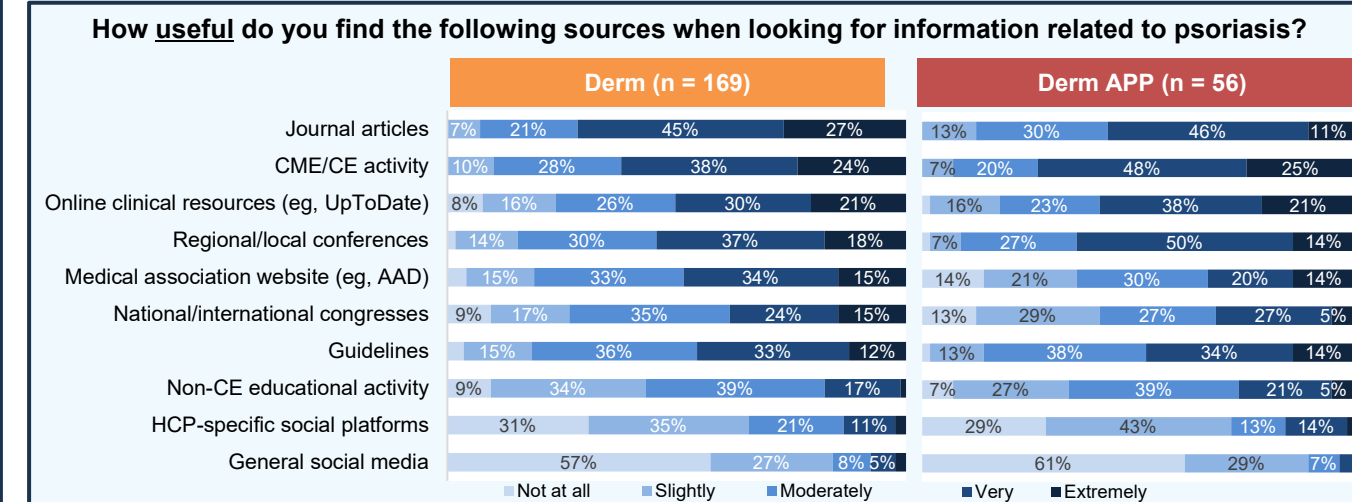


Figure 5: Information-seeking preferences. Journal articles, CE activities, and regional/local conferences are viewed as the most useful sources of information related to psoriasis.



Conclusions

The survey identified significant educational and clinical practice gaps, which could be addressed by the following:

Best practices in utilizing objective psoriasis QoL assessments;

Improving clinician awareness and confidence in using psoriasis treatment guidelines for disease management with topicals, conventional, and emerging advanced therapies;

Tools and techniques that would better equip clinicians to manage patient access barriers, tolerability and safety concerns of psoriasis treatments, and patient use of/adherence to these therapies.

Leveraging clinician-preferred educational resources will enable a targeted approach to facilitating knowledge acquisition and improving clinical practice and patient care.

References

- Peabody JW *et al.* JAMA. 2000; 283: 1715-1722.
- Peabody JW *et al.* Ann Intern Med. 2004; 141: 771-780.

Abbreviations

APP: advanced practice provider; NP: nurse practitioner; PA: physician associate; BSA: body surface area; QoL: quality of life; pt: patient; tx: treatment; CME: continuing medical education; CE: continuing education

Disclosures

This study was funded by Takeda Pharmaceuticals USA, Inc.

GDS, BC are employees and ML is a contractor of CE Outcomes, LLC, which was funded by Takeda Pharmaceuticals USA, Inc., to conduct this study and present these data. AR and DF are employees of Takeda Pharmaceuticals USA, Inc., and stockholders of Takeda Pharmaceutical Company Limited.

This poster is intended for healthcare professionals.