

# AbbVie Outcomes Standardization Playbook for Independent Medical Education

April 12, 2024

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# Overview



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# The Independent Medical Education Team



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Grant Manager

*Immunology*



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Grant Manager

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**Priscilla Schwab**

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*Eye Care, Aesthetics*



**Da'Vanessa Atkins**

Manager, Business Operations and Analytics



Let's usher in a new era of compliant collaboration and shape the future of independent education.



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# Standards for Outcomes Reporting



AbbVie is committed to funding high-quality independent medical education to close critical healthcare gaps and improve patient care and outcomes.

We have established a network of providers by selecting organizations that align with our vision and current expectations.

The selection of our partners was based on 4 key areas:

Learning and behavioral change principles



Instructional design expertise



Impact and outcomes



Innovation and future-fit capabilities



To assess the effectiveness of the continuing education that we fund, we **require all grant recipients to submit outcomes reports**. These reports and the data they contain are reviewed in detail to evaluate the impact of the education, to determine how effectively it achieves the learning objectives, to inform internal stakeholders about the value of our IME investments, and to factor into the strategic decisions about future investments.

To improve the consistency and completeness of these outcomes reports, we are requiring that all grant recipients adhere to the established sequence, content, and length for all status reports and outcomes.



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# Explaining the Impact



- *The demonstration of **measurable meaningful impact** is of paramount importance*
- *These insights will deliver **guidance and strategic direction**, fulfilling AbbVie's vision of addressing critical educational gaps*
- *These efforts will ensure **ongoing support** for continued IME*
- *AbbVie's IME grants will **evolve and innovate** to be future-ready*

***We are excited to embark on this journey with the IME Provider Network!***



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To ensure higher quality submissions, increased efficiency and agility, and delivering meaningful outcomes that not only demonstrate impact but also inform potential future educational strategies and tactics, we have developed the **ABBVIE IME OUTCOMES STANDARDIZATION PLAYBOOK.**

## 4 Required Reports

**Monthly Pre-Launch  
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For the **Monthly Pre-Launch Status Report** (by the 5th of every month), **Rapid Summary Report** (within 5 business days of the live event), and **Tri-Monthly Interim Report** (every 90 days after the activity has launched), **submissions should be in PPT**, and **all reports should be submitted to: [abbviegrants@abbvie.com](mailto:abbviegrants@abbvie.com)**.

**Final Outcomes** and **Executive Summary Report** will continue to be uploaded into the AbbVie grant portal upon reconciliation.



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# An Outcomes Report Sequence that Facilitates Aggregation of Data

	Monthly Pre-Launch Status Report	Rapid Summary Report	Tri-Monthly Interim Outcomes Report	Final Outcomes and Executive Summary Report
Pre-Launch Overall Status	X			
Activity Overview		X	X	X
Outcomes Data		X	X	X
Meaningful Interim Insights			X	X
Satisfaction Data			X	X
Cover Title Slide				X
Executive Summary				X
Delineation of Learner Data				X
Final Insights and Lessons Learned				X
Appendices				X



# Monthly Pre-Launch Status Report Template

Complete this Pre-Launch Status Report monthly, submit it by the [5th of each month](#) to [abbviegrants@abbvie.com](mailto:abbviegrants@abbvie.com), and indicate if you are On Track, Delayed, or Completed as described in your approved proposal.

PROVIDER NAME, GRANT ID, PROGRAM TITLE, FUNDED \$ FROM ABBVIE

Element	● On Track	● Delayed	✓ Completed	✗ Not Applicable	✎ Explain anything not on track
Faculty Selection					
Faculty Confirmation					
Content Development					
Instructional Design Features					
Outcome Measures Developed					
Slide Development					
Learner Resources/Tools					
Confirmed Locations (Live Programs) - if series, please identify					
Slot Confirmation for Satellite Symposium					
Launch Date					
Web link (Enduring)					
Multi-Support Status					
Overall Activity Status					
Other					



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# Rapid Summary Report – Post Live

For single meetings (e.g., congress symposia, online activities, national/regional conferences)

Due within [5 business days of the post live event](#)

Does not apply to series programming

## CORE CONTENT AND SEQUENCE OF SLIDES

Required  
# of Slides

### 1. Activity Overview:

- Title, Grant ID, Gaps, Root Causes and Instructional Design, etc.
- Participation Data: Learners, Completers, Credits, and Resources (i.e., downloadable)

NOTE: Use the [Outcomes Standardization Project Glossary](#)

1-2

Use the [Activity Overview Template](#)

[See Example](#)

### 2. Outcomes Data:

- Organized outcome measures to align with each Learning Objective:
  - Group and summarize data for all measures gathered at the live meeting related to each Learning Objective (e.g., pre/post data, intent to change, confidence, etc.).
  - Data should be separately presented and compared for Target Audiences (i.e., Primary Target vs. Others). Provide descriptive statistics. Provide absolute changes, as opposed to relative changes.

Max 1 per Learning Objective

[See Example](#)



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Executive Summary				X
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# Tri-Monthly Interim Outcomes Report

[Due every 90 days after the activity has launched](#)

## CORE CONTENT AND SEQUENCE OF SLIDES

### Required # of Slides

#### 1. Activity Overview:

- Title, Grant ID, Gaps, Root Causes, and Instructional Design, etc.
- Participation Data: Learners, Completers, Credits, and Resources (i.e., downloadable)

NOTE: Use the [Outcomes Standardization Project Glossary](#)

Highlight specific relevant demographic data (separate data for primary and secondary targets, formats, regions, etc.).

1-2

Use the [Activity Overview Template](#)

[See Example](#)

#### 2. Outcomes Data:

- Organized outcome measures to align with each Learning Objective:
  - Group and summarize outcomes for all measures related to each Learning Objective on a single slide (i.e., MCQ data, intent to change, confidence, follow-up data, etc.).
  - Data should be separately presented and compared for Target Audiences (i.e., Primary Target vs. Others).
  - Provide descriptive and inferential statistical analyses (e.g., tests, design, p-value, effect sizes). Provide absolute changes, as opposed to **relative changes**.
- Provide the outcomes questions for each Learning Objective with the distribution of responses and evaluation tool(s) and results

Max 1 per Learning Objective

[See Example](#)

#### 3. Meaningful Interim Insights:

- Summary highlighting the relationships between Healthcare Gaps, Barriers, Learning Objectives, Instructional Design, and Outcomes to date.
- Is the activity proceeding as expected, if not, are any course corrections needed at this time to meet the goals of this activity? If so, please describe.
- Organized summary of qualitative learner comments classified by themes, frequency, commitment, and/or barriers to change

1

[See Example](#)

#### 4. Satisfaction Data

- Satisfaction and Fair-Balance Data: Summary of any qualitative and/or quantitative data on learners/completers' perceptions of the value and quality and fair-balance of the activity. (i.e., separate data for primary and secondary targets, formats, regions, etc.).

1

[See Example](#)



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Cover Title Slide				X
Executive Summary				X
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# Final Outcomes and Executive Summary Report

## CORE CONTENT AND SEQUENCE OF SLIDES

### Required # of Slides

#### 1. Cover Title Slide:

- Provider Name/Logo; Title of Activity; Grant #, Supporter Name(s)

1

#### 2. Executive Summary:

Provide a concise overview of the key results and achievements of the educational program. The idea is that this slide can be used as a “stand-alone” to highlight and tell the “program story” to key internal stakeholders.

- **Introduction** - purpose, and scope of educational initiative/activity; clearly states the clinical care gap(s) IME program is designed to address and aligned to learning objectives.
- **Instructional Design Methodology** - provide a brief description of the instructional design used to engage learners. Describe how Learning Objectives Link to the outcomes.
- **Primary Target Audience(s)** - identify the target audience, anticipated # of learners and what % of learners/completers were aligned; highlight specific relevant demographic information.
- **Outcomes Data** - present most significant outcomes; use data, statistics, pre-post test, and competency; highlight both positive and negative outcomes, if applicable.
- **Conclusion** - summarize key points and address the overall success, including execution delivery, impact in meeting the objectives, and how the healthcare gaps were affected. Discuss future implications. Include Number of Patients positively impacted = # unique patients with disease seen monthly X # completers in primary target audience who demonstrated improved competence/performance.

1

[See Example](#)



#### 3. Activity Overview:

- Title, Grant ID, Gaps, Root Causes, and Instructional Design, etc.
- Participation Data: Learners, Completers, Credits, and Resources (i.e., downloadable)  
NOTE: Use the **Outcomes Standardization Project Glossary**
- Highlight specific relevant demographic data (separate data for primary and secondary targets, formats, regions, etc.).

Use the [Activity Overview Template](#)

[See Example](#)



#### 4. Delineation of Learner Data:

- Data on Learners, Completers, Credits, Resources (i.e., downloadable), (separate data for primary and secondary targets, formats, regions etc.)

1-2

[See Example](#)



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# Final Outcomes and Executive Summary Report (Cont.)

CORE CONTENT AND SEQUENCE OF SLIDES	Required # of Slides
<p><b>5. Satisfaction Data:</b></p> <ul style="list-style-type: none"><li>Satisfaction and Fair-Balance Data: Summary of any qualitative and/or quantitative data on learners/completers' perceptions of the value and quality and fair-balance of the activity. (i.e., separate data for primary and secondary targets, formats, regions, etc.).</li></ul>	1 <a href="#">See Example</a> 
<p><b>6. Outcomes Data:</b></p> <ul style="list-style-type: none"><li>Organized outcome measures to align with each Learning Objective (LO): Group and summarize outcomes for all measures related to each Learning Objective on a single slide (i.e., MCQ data, intent to change, confidence, follow-up data, etc.).</li><li>Data should be separately presented and compared for different Target Audiences (i.e., Primary Target vs. Others).</li><li>Provide descriptive and inferential statistical analyses (e.g., tests, design, p-value, effect sizes). Provide absolute changes, as opposed to relative changes.</li></ul>	Max 1 per Learning Objective <a href="#">See Example</a> 
<p><b>7. Final Insights and Lessons Learned:</b></p> <ul style="list-style-type: none"><li>Summary of major conclusions about the effectiveness of the activity to achieve each LO, lessons learned for future CE topics, continued educational needs, implications for future ID, education design, and/or outcomes measures. A candid discussion of what worked, what didn't, and what you will do differently in the future.</li></ul>	1 <a href="#">See Example</a> 
<p><b>8. Appendices:</b></p> <ul style="list-style-type: none"><li>Provide information on details of all the activity's questions (e.g., pre-/post-, AR, case studies, survey questions, etc.). Include complete wording, response distributions, reliability, validity, for all outcomes questions/items. Provide data on the representativeness of samples, etc.</li></ul>	Max 10



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Satisfaction Data			X	X
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# General Conference Support Outcomes Report



Due to the uniqueness of general conference support, the preceding outcomes reports (*Monthly Pre-Launch Status*, *Rapid Summary - Post Live*, and the *Tri-Monthly Interim Outcomes*) are not applicable.



## Definition:

Independent medical education grant funding for HCP National Conferences/Congresses and/or regional meetings in which a segment(s) or track(s) of the content is aligned with AbbVie's areas of therapeutic interest, e.g., AAD, ASCO, ACR, etc.



## Requirements:

For these types of activities, AbbVie will require only the **Final Outcomes and Executive Summary Report** upon reconciliation. The **Outcomes Data and Final Insights** components should focus on AbbVie's areas of therapeutic interest. All other components must also be addressed.



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# Templates and Examples

# Monthly Pre-Launch Status Report Template

PROVIDER NAME, GRANT ID, PROGRAM TITLE, FUNDED \$ FROM ABBVIE

Element	● On Track	● Delayed	✓ Completed	× Not Applicable	✎ Explain anything not on track
Faculty Selection					
Faculty Confirmation					
Content Development					
Instructional Design Features					
Outcome Measures Developed					
Slide Development					
Learner Resources/Tools					
Confirmed Locations (Live Programs) - if series, please identify					
Slot Confirmation for Satellite Symposium					
Launch Date					
Web link (Enduring)					
Multi-Support Status					
Overall Activity Status					
Other					



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# Activity Overview Slide Template

<b>PROVIDER INFO</b>	Title: <insert Title and Grant #>	<b>LEARNING OBJECTIVES</b> <List LOs; delete or add rows as necessary>	<b>OUTCOMES MEASURES</b> <Insert description of measures used to assess achievement of <u>each</u> Learning Objective>
<b>PURPOSE (Gaps)</b>	<Insert statement of the <b>Gaps in Patient Care</b> and <b>HCP Competence/Performance</b> that the activity is designed to address>		
<b>ROOT CAUSES</b>	<Insert statement of the <b>Root Cause(s)</b> that underly practice gaps that activity is designed to address>		
<b>TARGET AUDIENCE (Primary)</b>	<Insert <b>Target Audience(s)</b> ; Clearly indicate the primary target audience and list other targets (i.e., in parentheses)>		

 **ACTIVITY OVERVIEW**

<Insert a brief overview of the activity format(s), length, instructional features, resources, faculty, etc. used to achieve the Learning

N.B.  
% Anticipated =  
# Actual /  
# Anticipated

ACTIVITY COMPONENT	<Insert Activity Component> (e.g., Live Symposia)		<Insert Activity Component> (e.g., Simulcast)		<Insert Activity Component> (e.g., Enduring Online)		RESOURCE(S)	
	Anticipated	Actual (% Anticipated)	Anticipated	Actual (% Anticipated)	Anticipated	Actual (% Anticipated)	Resource	# Downloads
<b>Primary Targets Only</b>								
<b># Learners</b>								
<b># Completers</b>								
<b># Credits Issued</b>								
<b># Other Learners</b>								
<b># Other Completers</b>								

<Insert a brief description of each resource>



# EXAMPLE: Activity Overview

<b>AAA CE Group</b>	<b>TITLE: A New And Proven Approach To Improving Adherence To Tx For Patients With Y; Grant #: 1234</b>
<b>PURPOSE (Gaps)</b>	Improve patient adherence to Tx for patients with Y. More than 50% of patients stop taking medication X after 6 months.
<b>ROOT CAUSES</b>	HCPs do not consistently use Shared Decision Making in selecting Tx and do not counsel patients on side effect management and adherence.
<b>TARGET AUDIENCE</b>	PRIMARY: PCPs in X who Tx Patients with Y SECONDARY: Specialists, NPs, PAs, PCPs with an interest in Y.

<b>LEARNING OBJECTIVES: Upon completion of this activity, learners will be able to:</b>	<b>OUTCOMES MEASURES</b>
<ol style="list-style-type: none"> <li>Elicit and consider patient needs and preferences in developing Tx recommendations.</li> <li>Effectively counsel patients to improve adherence to Tx using a patient handout to reinforce.</li> </ol>	<ul style="list-style-type: none"> <li>5 pre-/post case-based MCQs on best Tx options for patients with different needs</li> <li>Pre-post confidence in ability use Shared Decision Making</li> <li>Intent to change approach to involving patients in Tx selection</li> <li>Pre- /3 mths. Post- self-report on frequency of engaging in Shared-Decision-Making</li> <li>2 pre-post questions on the incidence of Tx discontinuation and the consequences</li> <li>Number of downloads of the patient handout</li> </ul>

**ACTIVITY OVERVIEW**

*This 1 ½ hour activity is a live and virtual symposium that includes 5 case studies of Shared-Decision-Making for diverse patients who suffer from Disease X. Each case requires careful consideration of patient’s lifestyle, disease burden on QOL, and preferences to select an optimal Tx. The faculty also demonstrate how to effectively counsel 3 different patients about the critical importance of long-term adherence and answer their questions. Learners are given a downloadable patient guide to use in their counseling.*

ACTIVITY COMPONENT	Live Symposia		Simulcast		Totals	
	Anticipated	Actual (% Anticipated)	Anticipated	Actual (% Anticipated)	Anticipated	Actual (% Anticipated)
<b>Primary Targets Only</b>						
<b># Learners</b>	500	445 (89%)	300	350 (117%)	800	795 (99%)
<b># Completers</b>	375	370 (99%)	250	245 (98%)	625	651 (104%)
<b># Credits Issued</b>	200	220 (110%)	100	120 (120%)	300	340 (113%)
<b># Other Learners</b>	75	134 (179%)	100	150 (150%)	175	284 (162%)
<b># Other Completers</b>	70	100 (143%)	75	72 (96%)	145	172 (119%)

RESOURCE(S)	
Resource	# Downloads
<b>Patient Guide</b>	150

# EXAMPLE: Outcomes Data

## LO# 1:

Elicit and consider patient needs and preferences in developing Tx recommendations.

5 pre-/post case-based MCQs on best Tx options for patients with different needs (t-test) **01**

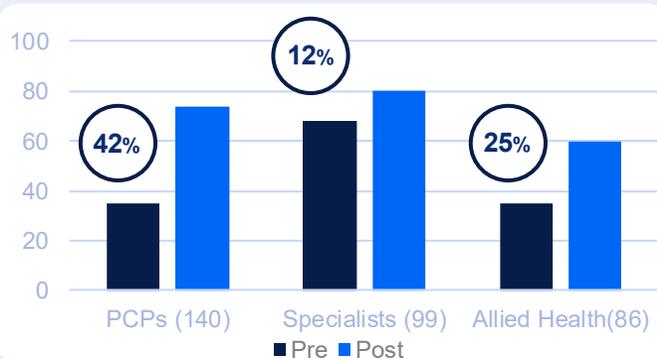
## OUTCOMES MEASURES

Pre-post confidence in ability to use Shared Decision Making (t-test) **02**

Intent to change approach to involving patients in Tx selection **03**

Pre-/3 months post self-report on frequency of engaging in Shared Decision Making (1=Rarely, 5=Almost Always) (t-test)

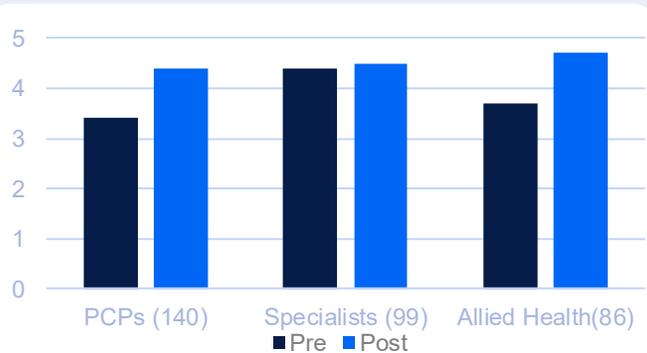
### Average Scores on 5 Pre & Post Test Questions **01**



#### Highlights:

- The primary target improved by 42%
- Specialists had a high baseline (NS)
- Allied Health Improved by 25%

### Mean Confidence in Use of SDM Pre and Post Activity (5=HIGH, 1=LOW) **02**



#### Highlights:

- Confidence improved significantly for PCPs and Allied Health ( $p < .05$ ), but not for Specialists who had a high level of confidence at the outset.

### PCPs (n= 42) **03**

#### Intent to Change

34/42 commented (free text) that they will be more likely to ask about patient preferences and use Shared Decision Making in developing Tx plans



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# EXAMPLE: Summary of Qualitative Learner Comments

THEMES	Representative Comments/Questions	# of Comments (n=55)	Key Insights for Future Activities
Comorbidities, Tx and Dosing	<ul style="list-style-type: none"> <li>• How would you dose in patients with &lt; X, Y, Z&gt; ?</li> <li>• Would you down dose for a patient with &lt;X&gt;?</li> <li>• What if the patient was on &lt;X&gt; treatment?</li> <li>• Can resistance develop?</li> </ul>	20	<ul style="list-style-type: none"> <li>• More cases addressing complex patients</li> </ul>
Screening Tools	<ul style="list-style-type: none"> <li>• Which of the screening tools is easiest to use in practice?</li> <li>• I prefer to use the X screening tool as its fastest.</li> <li>• How can a 3 questions screening tool be reliable?</li> </ul>	12	<ul style="list-style-type: none"> <li>• Provide a recommendation and demonstration of high efficiency, high sensitivity screening tool</li> <li>• Email it to participants</li> </ul>
Cost and Access	<ul style="list-style-type: none"> <li>• Is it cost effective to use imaging techniques for this purpose?</li> <li>• I don't believe imaging will be reimbursed?</li> </ul>	7	<ul style="list-style-type: none"> <li>• Include information on cost effectiveness and reimbursement</li> </ul>
Use of Cases	<ul style="list-style-type: none"> <li>• Cases were a great idea – Loved it</li> <li>• Cases were too easy – my patients are typically much more complex</li> <li>• More diverse case would have been useful</li> </ul>	7	<ul style="list-style-type: none"> <li>• More cases addressing complex patients</li> </ul>
Faculty/ Presentation	<ul style="list-style-type: none"> <li>• Faculty were excellent presenters – explained well/ were dynamic</li> </ul>	5	<ul style="list-style-type: none"> <li>• Use these faculty again</li> </ul>
Technical Challenges	<ul style="list-style-type: none"> <li>• Couldn't access the resources</li> <li>• Technical problems prevented seeing first 10 minutes.</li> </ul>	4	<ul style="list-style-type: none"> <li>• Improve user-access testing prior to the event</li> </ul>
Other	<ul style="list-style-type: none"> <li>• No time to &lt;Insert examples&gt;</li> </ul>	4	



# EXAMPLE: Satisfaction Data

**CME Quality Indicator – based on a validated measure**  
*(J Contin Educ Health Prof. 2007; 27:173 – this is one of three validated tools)*

**Rating\* (n) \* 7=completely, 1= Minimally**

Learning Objectives met

6.5 (425); SD = 1.5

Addressed my most pressing questions

5.0 (390); SD = 2.0

Provided competencies identified by my specialty

4.75 (380); SD = 1.2

Provided clear evidence to support content

6.4 (425); SD = 1.9

Included opportunities to learn interactively from faculty and participants

6.8 (410); SD = 0.9

Provided me with supporting materials or tools for my office

6.6 (425); SD = 0.9

Included opportunities to solve patient cases

5.8 (390); SD = 1.3

Allowed me to assess what I had learned

5.75 (420); SD = 1.5

Translated trial data to patients I see in my practice

N/A

Addressed barriers to my optimal patient management

6.8 (425); SD = 1.4

**99% of post-activity respondents (n=325) indicated that the activity provided fair and balanced content free from commercial bias**



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# EXAMPLE: Executive Summary Report

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ROOT CAUSES	HCPs do not consistently use Shared-Decision-Making in selecting Tx and do not counsel patients on side effect management and adherence.
TARGET AUDIENCE	PRIMARY: Specialists in X who Tx patients with Y SECONDARY: NPs, PAs, PCPs with an interest in Y Anticipated # of Learners

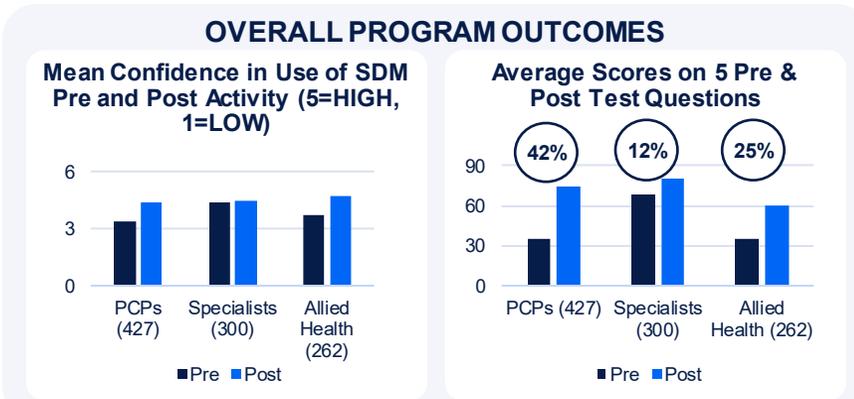
LEARNING OBJECTIVES: Upon completion of this activity, learners will be able to:	OUTCOMES MEASURES
<ol style="list-style-type: none"> <li>Elicit and consider patient needs and preferences in developing Tx recommendations.</li> <li>Effectively counsel patients to improve adherence to Tx using a patient handout to reinforce.</li> </ol>	<ul style="list-style-type: none"> <li>5 pre-/post case-based MCQs on best Tx options for patients with different needs</li> <li>Pre-post Confidence in ability use shared decision making</li> <li>Intent to change approach to involving patients in Tx selection</li> <li>Pre- /3 mths. Post- self-report on frequency of engaging in Shared-Decision-Making</li> <li>2 pre-post questions on the incidence of Tx discontinuation and the consequences</li> <li>Number of downloads of the patient handout</li> </ul>

**INSTRUCTIONAL DESIGN METHODOLOGY - include pre-disposing tactics, describe engagement strategies used, enabling activities used to achieve each LO, and use of any reinforcing activities:**

*This 1 ½ hour activity is a live and virtual symposium that includes 5 case studies of Shared-Decision-Making for diverse patients who suffer from Disease X. Each case requires careful consideration of patient's lifestyle, disease burden on QOL, and preferences to select an optimal Tx. The faculty also demonstrate how to effectively counsel 3 different patients about the critical importance of long-term adherence and answer their questions. Learners are given a downloadable patient guide to use in their counselling*

## ACTUAL OVERALL TARGET AUDIENCE PARTICIPATION

Community Practice – LIVE and ENDURING US			
PRIMARY TARGETS	Learners (545)	Completers (475)	Completion Rate
MDs	250	230	92%
PAs/NPs	150	120	80%
Academic Practice LIVE AND ENDURING - US			
	Learners	Completers	Completion Rate
MDs	100	90	90%
PAs/NPs	45	35	78%



### MEANINGFUL INSIGHTS

This activity led to improved patient adherence, increased use of Shared Decision Making, and the use of a resource to counsel patients. PCPs in community settings benefited the most. This activity impacted approximately 1200 patients per year in x disease state.\*

\* # unique patients with disease seen monthly X # completers in the primary target audience who demonstrated improved competence/performance



# EXAMPLE: Delineation of Learner Data

Breakout by Audiences, Formats, Regions, Practice Setting, Years in Practice

Oct. 1 – Dec. 30th, 2023				
LIVE - US				
PRIMARY TARGETS	Learners	Completers	Completion Rate	Resource Downloads
PCPs	350	320	91%	25
PAs/NPs	195	155	79%	36
<b>TOTAL</b>	<b>545</b>	<b>475</b>	<b>87%</b>	
SECONDARY TARGETS				
Specialists	200	80	40%	0
Nurses	20	18	90%	2
Pharm	10	9	90%	0
Other	30	25	83%	0
<b>TOTAL</b>	<b>260</b>	<b>132</b>	<b>51%</b>	

ONLINE - US				
PRIMARY TARGETS	Learners	Completers	Completion Rate	Resource Downloads
PCPs	3500	2500	71%	300
PAs/NPs	3500	2460	70%	580
<b>TOTAL</b>	<b>545</b>	<b>4960</b>	<b>71%</b>	
SECONDARY TARGETS				
Specialists	750	300	40%	50
Nurses	680	330	49%	100
Pharm	200	50	25%	5
Other	50	40	80%	6
<b>TOTAL</b>	<b>1680</b>	<b>720</b>	<b>43%</b>	

Community Practice – LIVE US			
PRIMARY TARGETS	Learners (545)	Completers (475)	Completion Rate
PCPs	250	230	92%
PAs/NPs	150	120	80%

Academic Practice LIVE - US			
PRIMARY TARGETS	Learners	Completers	Completion Rate
PCPs	100	90	90%
PAs/NPs	45	35	78%

Completers - Years in Practice (Live & Online)				
PRIMARY TARGETS	0-5 Yrs	6-10 Yrs	>10 Years	TOTAL
PCPs	1100	1000	720	2820
PAs/NPs	1390	675	485	2550
<b>TOTAL</b>	<b>2490</b>	<b>1675</b>	<b>1205</b>	<b>5370</b>



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Additional Information

Templates and Examples

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# EXAMPLE: Outcomes Data

## LO# 1:

Elicit and consider patient needs and preferences in developing Tx recommendations.

5 pre-/post case-based MCQs on best Tx options for patients with different needs (t-test) **01**

## OUTCOMES MEASURES

Pre-post confidence in ability to use Shared Decision Making (t-test) **02**

Intent to change approach to involving patients in Tx selection **03**

Pre-/3 months post self-report on frequency of engaging in Shared Decision Making (1=Rarely, 5=Almost Always) (t-test) **04**

### Average Scores on 5 Pre & Post Test Questions **01**



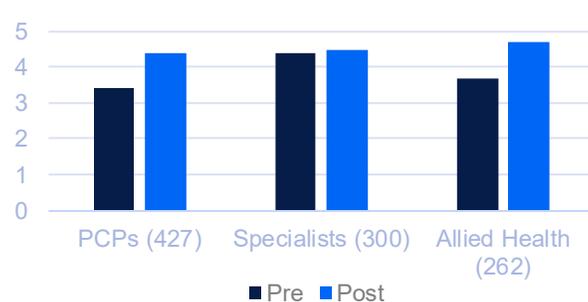
#### Highlights:

- The primary target improved by 42%
- Specialists had a high baseline (NS)
- Allied Health Improved by 25%

#### Statistics

- P<.05 for PCPs and Allied Health (See Appendix for Question Details)

### Mean Confidence in Use of SDM Pre and Post Activity (5=HIGH, 1=LOW) **02**



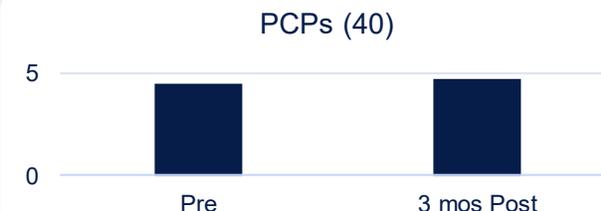
#### Highlights:

- Confidence improved significantly for PCPs and Allied Health (p<.05), but not for Specialists who had a high level of confidence at the outset.

### PCPs (n= 67) Intent to Change **03**

53/67 commented (free text) that they will be more likely to ask patient preferences and use Shared Decision Making in developing Tx plans

### Pre-/3 Months Post Self-Report (SDM Use) **04**



#### Highlights:

- No significant change: PCPs believed they were using Shared Decision Making before the activity



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# EXAMPLE: Final Insights and Lessons Learned



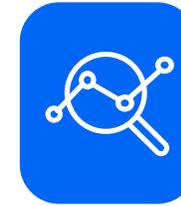
## MAJOR OUTCOMES

- The activity significantly improved PCP and Allied Health:
  1. Ability to elicit and consider patient needs and preferences in developing Tx recommendations (as measured by average scores on 5 case-based questions)
  2. Confidence in doing so



## INSTRUCTIONAL DESIGN AND TARGET AUDIENCE

- The case-based method and tools are good instructional approach for this topic for PCPs. Replicate this for PCPs.
- Consider a different activity specifically targeting Allied Health as they did not reach the same level of achievement on post-test as PCPs.
- Specialists did not benefit significantly from this activity as evidenced by their high average scores on pre-tests and confidence. Develop more difficult cases and selectively target specialists in different activities.



## OUTCOMES MEASURES

- Self-reported use of Shared Decision Making did not increase after the activity, as the large majority reported they were using SDM effectively on pre-assessment. Explore different more sensitive ways to assess actual use of SDM before and after the activity.
- Analysis of the individual pre-post questions revealed that 2 of the 5 were very easy – 95% correct on pre-test. Pre-test questions to eliminate those that are too easy.
- The activity could have benefitted from more cases with a wider variety of comorbidities and complex patients.

