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BACKGROUND

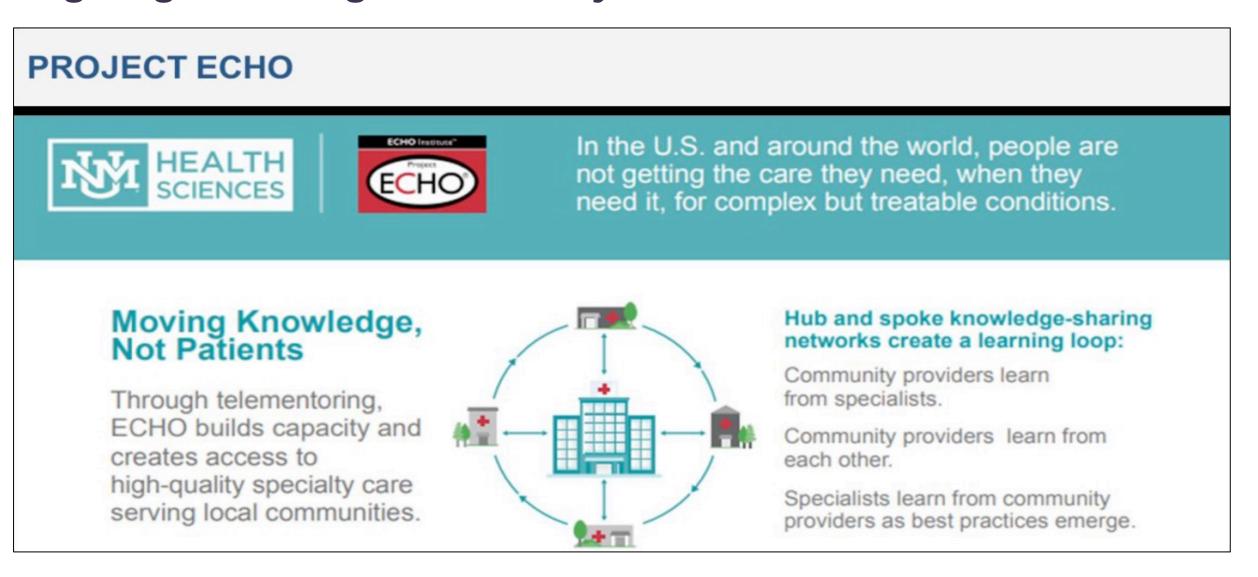
Hepatocellular carcinoma (HCC) is the most common type of primary liver cancer. HCC occurs most often in people with chronic liver diseases, such as cirrhosis caused by hepatitis B (HBV) or hepatitis C viral (HCV) infections. HCC is the third leading cause of cancer deaths worldwide and the threat of HCC is expected to continue to grow in the coming years.² Fortunately, effective and efficient care for patients with HCC is evolving; new drugs have been approved for HCC in recent years.

In response, the joint-providership of Rehoboth McKinley Christian Health Care Services (RMCHCS) and the Chronic Liver Disease Foundation (CLDF) implemented HCC Innovations, a live virtual meeting series in collaboration with The University of New Mexico's Project Extension for Community Healthcare Outcomes (ECHO). Project ECHO is a collaborative model of medical education and care management that empowers clinicians everywhere to provide better care to more people, right where they live.³ HCC Innovations featured case-based education on the diagnosis, management and treatment of HCC.

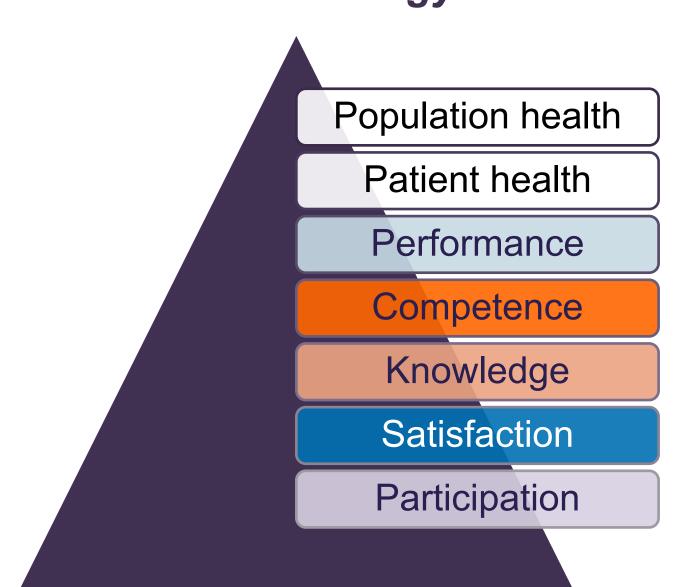
LEARNING OBJECTIVES

- Explain data on the prevalence and consequences of HCC
- Demonstrate strategies to incorporate classification, diagnostic and treatment updates into clinical practice to individualize treatment strategies
- Analyze recently approved and emerging treatment options and understand how new agents are improving the standard of care for all HCV patients

Ongoing Learning Community



Outcomes Methodology



METHOD

PRE-POST ASSESSMENT:

Understand learner demographics and satisfaction, as well as knowledge and competence change due to the activity.

POST-CONTROL ASSESSMENT:

Case-based follow-up assessment to determine learner performance following the activity compared to a matched non-learner control.

RESULTS

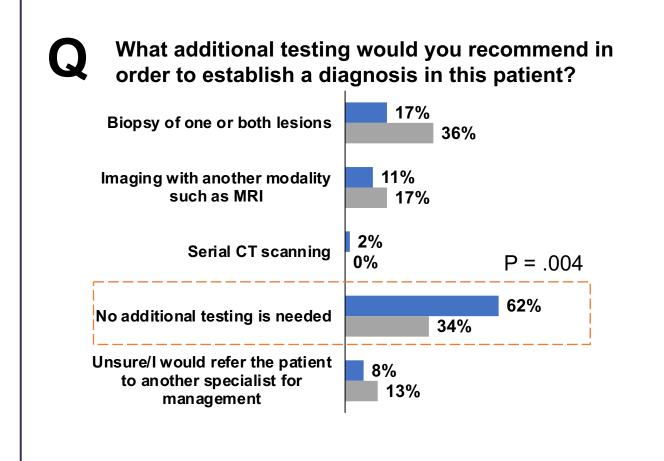


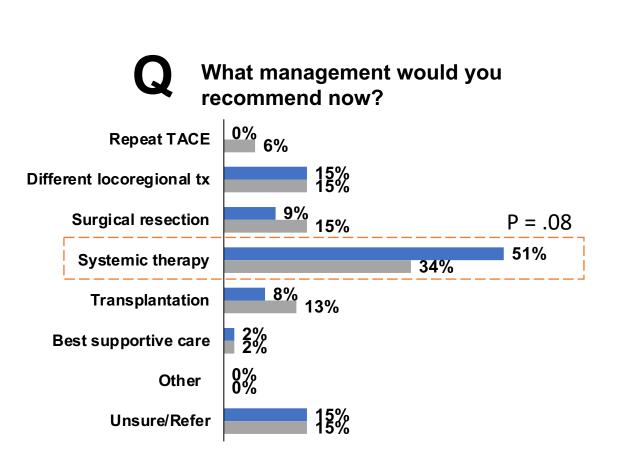
Audience: 279 total clinicians who manage patients with HCC from 20 local/regional meetings.

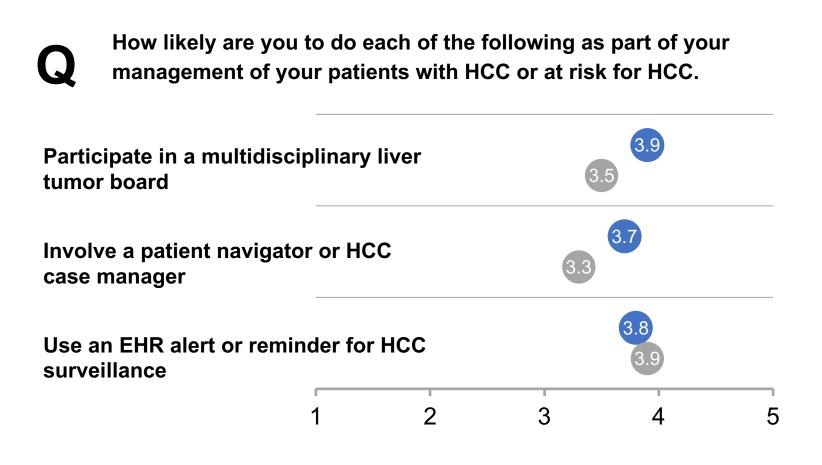
Learners see, on average, 4 patients per month with HCC. Based on 279 participating clinicians, over 1,100 monthly touchpoints with patients with HCC may benefit from improved evidence-based care as a result of this program.

Performance Outcomes Highlights

Using a follow-up study to assess performance, specific improvements were shown when comparing learners (n = 53) to non-learners (n = 53), including:







Cohen's d: 0.44 CONTROL LEARNERS

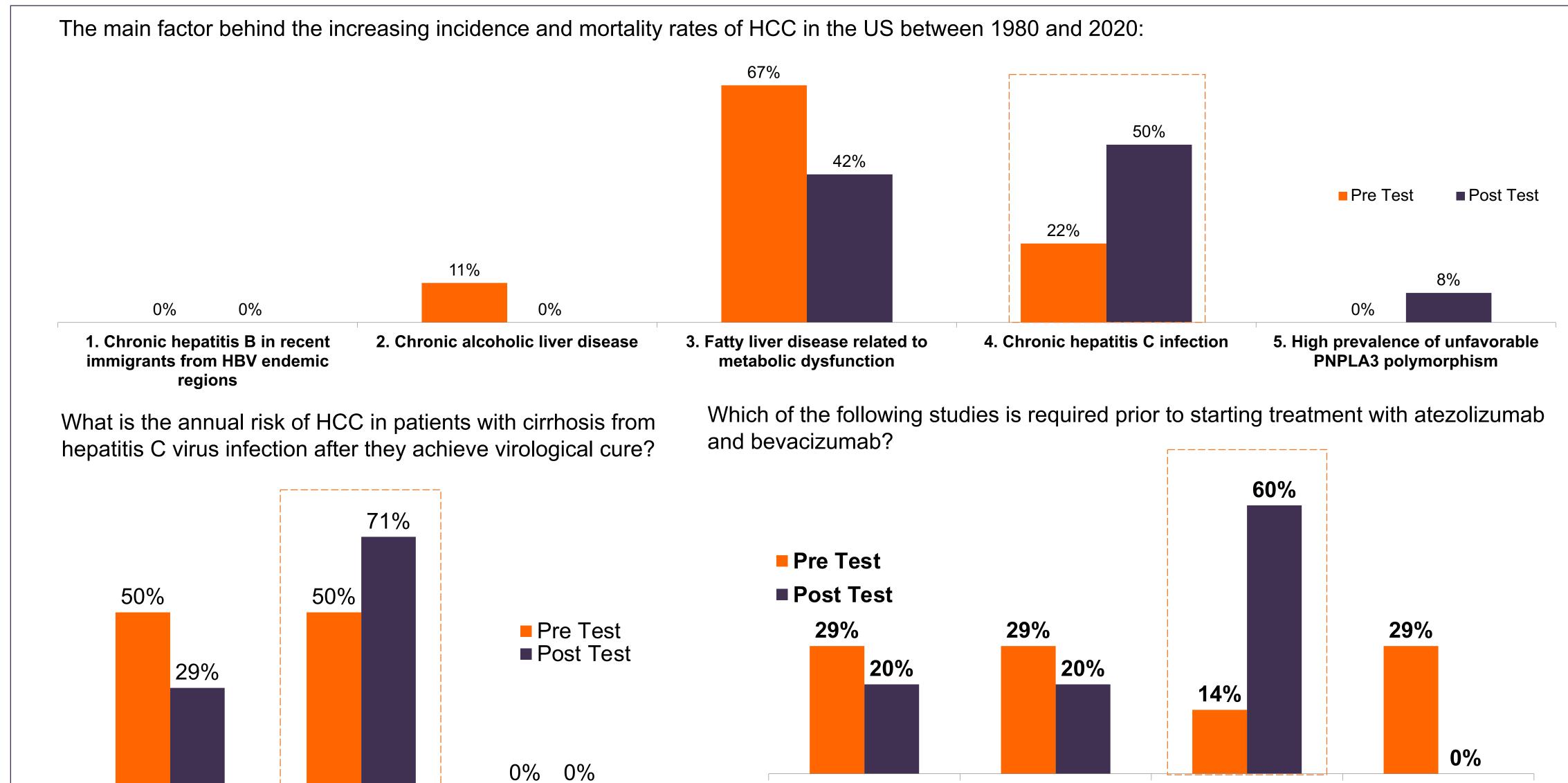
a. 1.0% to 1.5% b. 2.0% to 7.0% c. 7.0% to 9.0%

Overall, this activity led to a performance effect size of 0.44, indicating a performance shift of 30% compared to their peers.

Satisfaction



Knowledge and Competence Outcomes Highlights



Future educational opportunities

A. Urine spot

protein

☐ Appropriate testing to establish a HCC diagnosis and initial workup

B. PET scan for

metastatic

workup

endoscopy

Echocardiogram

to assess cardiac

function

- ☐ Selecting between initial treatment options and transplant
- ☐ Familiarity with new and emerging HCC therapies, and confidence in selecting and managing systemic therapy
- ☐ Coordinating a multidisciplinary team

REFERENCES

- 1. Hepatocellular Carcinoma. Available at: https://emedicine.medscape.com/article/197319-overview. Accessed February 11, 2019.
- 2. Llovet JM, Fuster J, Bruix J, Barcelona-Clínic Liver Cancer Group. The Barcelona approach: diagnosis, staging, and treatment of hepatocellular carcinoma. Liver Transpl. 2004 Feb. 10 (2 Suppl 1):S115-20.
- 3. https://echo.unm.edu/about-echo/