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### Educational Gap

Confidence and Competence	Quality of Care
<ul style="list-style-type: none"> <li>• PCPs have low competence and impaired confidence in their menopausal symptom management.</li> </ul>	<ul style="list-style-type: none"> <li>• Consequently, many menopausal patients receive sub-optimal care which is not based on the best, most current evidence due, in part, to confusion surrounding related studies and news articles.</li> </ul>

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### Learning Objectives

After participating, you should be able to:

- Integrate and apply the latest evidence-based information and clinical data about therapy options for menopause and its associated symptoms.
- Consistently apply evidence-based menopause symptom management guidelines and recommendations.
- Improve your patients and your ability to make informed choices based on published data and established guidelines about available options regarding menopause symptom management.
- Incorporate strategies for proactively engaging and communicating with patients about menopause, its associated symptoms and symptom management options.
- Ensure that patients' questions will be answered and desired therapeutic benefit realized, regardless of selected therapy.
- Access reputable information sources to remain updated on the latest developments and guideline changes to menopause management as they occur.

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### Results in a Nutshell

Participants in one or more component of this series of activities:

- Are significantly **more comfortable** treating menopausal symptoms
- Are **better prepared** to discuss HT and non-HT menopause symptom management options
- Have a **better working knowledge of guidelines** related to menopause & symptom management
- Intend to **more frequently and consistently** initiate discussions about menopause during routine exams

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### Objectivity

100% of participants report that the University of North Texas Health Science Center **successfully eliminated** the perception of commercial bias from all components of this activity.

Really...not one evaluation indicated perceived commercial bias

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### Methods

Half-day interactive CME activities	Video Patient Examples	CME-certified Self-Assessment
Reference Kit	On-Demand Online Activity	Clinical Education Aid
CME-certified Post-Activity Survey to help measure outcomes		

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### Levels of Outcomes

Level 3

- Pre/Post/Post Learning Evaluation
- Case Presentations

Level 4

- Self-reported Change in Practice
- Case Presentations

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### Self-Assessment Results

	Pre-Activity	Post-Activity	Change
	True	True	Level IV Change
High comfort level prescribing HT	56%	73%	+17%
Most of my menopausal patients are prescribed HT	31%	43%	+12%
I frequently and consistently initiate discussions about menopause and menopausal symptom management	73%	84%	+11%
I will typically try to accommodate a patient's request for specific therapy related to menopausal symptoms even if I am not familiar with that treatment.	52%	50%	-2%

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### Self-Assessment Results

	Pre-Activity	Post-Activity	Change
	True	True	Level IV Change
Comfortable assessing psychosocial factors of menopause	77%	79%	+2%
Comfortable assessing somatic factors of menopause	82%	91%	+9%
Familiar with the most recent data related to hormone therapy	41%	69%	+28%

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### Self-Assessment Results Take Away

After participating in one or more components of the activity, participants report **increased confidence** related to:

- Prescribing HT for menopause symptom relief
- Initiating discussions about menopause and symptom relief
- Locating & being familiar with the latest data regarding menopause symptom relief

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### Take Away

Participants reported that...

- They are more comfortable prescribing HT
- They more frequently initiate discussions about menopause and symptom management
- Are better prepared to discuss the evidence behind CAM for menopause symptom relief
- Have a greater understanding about how to apply the current guidelines for menopause symptom relief

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### Live Activity Evaluation Results (Aggregate)

Increased comfort level prescribing HT	93%
Increase comfort level prescribing non-HT	83%
Activity helped prepare me to discuss HT & non-HT	94%
Intent to more frequently and consistently initiate discussions about menopause and menopausal symptom management during routine exams	90%
Can use strategies taught in activity to enhance patient communication	88%
Plan to or already have use the clinical education poster in my practice	66%
Better working knowledge of guidelines related to menopause and symptom management	93%
Adequately prepared to locate and access accurate sources of information so I can stay apprised of the most recent data related to menopause symptom management	91%

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Note:

- ❑ The California Academy of Family Physicians used its evaluation for the April 27 meeting. The results do not correlate to other data sets.
- ❑ Data do show all objectives completely satisfied and participants realized the importance to their patients.
- ❑ CAFP has sent out an e-mail evaluation based on the standard menoPAUSE evaluation.
- ❑ Results are being tabulated by CAFP and will be forwarded when received by UNTHSC.

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Case Study Evaluation Results  
(Highlights)

	Immediately Post-Activity	Follow-up Post Activity
Correctly identified differential diagnosis for MDD in menopause	76%	87%
Correctly excluded inappropriate therapies for management of new-onset depression during menopause transition	91%	92%
Correctly identified the risk for new onset or recurrent depression during menopause transition	86%	92%
Correctly excluded inappropriate treatment strategies for the management of insomnia during menopause transition	80%	95%
Correctly identified the most consistently effective therapy for vasomotor symptoms	90%	93%
Correctly responded to "Adjunctive use of antidepressants and HT exerts mutual augmentative effects."	72%	90%

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Case Study Evaluation Results  
(Online and Other Printed Distribution)

Correctly identified differential Dx for MDD in menopause	93%
Correctly excluded inappropriate therapies for management of new-onset depression during menopause transition	88%
Correctly identified the risk for new onset or recurrent depression during menopause transition	71%
Correctly excluded inappropriate treatment strategies for the management of insomnia during menopause transition	76%
Correctly identified the most consistently effective therapy for vasomotor symptoms	79%
Correctly responded to "Adjunctive use of antidepressants and HT exerts mutual augmentative effects."	79%

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### Case Study Take Away

Case Studies provided additional information on specific issues related to menopause symptom diagnosis and treatment

A net increase in correct responses was realized on every post-test question (from immediately after the activity to 1-3 months post-activity)

Case Studies and follow-up information provided improved clinician application of current menopause guidelines

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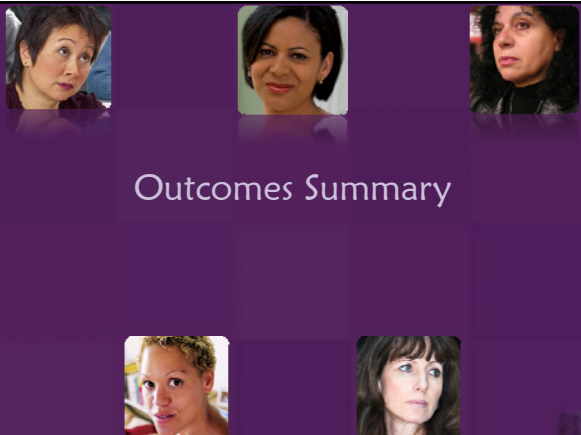
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### Outcomes Summary

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### Outcomes Summary

Proposed # Educated (including clinical education aid)	# educated to date (including clinical education aid)	Ongoing Activities and estimated number of additional contacts	Total # Est. Educated by End of All Activities
• 85,350	• 79,311	<ul style="list-style-type: none"> <li>Clinical Education Aid = 7150</li> <li>Case Studies in Menopause Supplement = 219</li> <li>Online Activity = 270</li> </ul>	• 86,960

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### Accomplishment of Objectives

- Integrate and apply the latest evidence-based information and clinical data about therapy options for menopause and its associated symptoms.
- Consistently apply evidence-based menopause symptom management guidelines and recommendations.
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- Incorporate strategies for proactively engaging and communicating with patients about menopause, its associated symptoms and symptom management options.
- Ensure that patients' questions will be answered and desired therapeutic benefit realized, regardless of selected therapy.
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### Educational Gap

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<ul style="list-style-type: none"> <li>PCPs have low competence and impaired confidence in their menopausal symptom management.</li> </ul>	<ul style="list-style-type: none"> <li>Consequently, many menopausal patients receive sub-optimal care which is not based on the best, most current evidence due, in part, to confusion surrounding related studies and news articles.</li> </ul>

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### Educational Gap Was Narrowed

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### Lesson Learned

Consider individual brochure for each activity – looks less like a “canned” activity

Always elect to be included as part of a conference vs. a satellite activity

Consider “average” attendance not maximum attendance when placing activity into another organization’s conference

Changing presentation formats is difficult for faculty, but improves overall education

Trust your instincts

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### Opportunities for Future Education

(based on participant comments)

Dosing for specific patients, i.e. cancer survivors, osteoporosis, etc.	More info/debate on CAM and non-HT	Additional behavioral therapy information
Bio-identical pros and cons	Contraception	PCOS

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### Contact

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