

SESSION 3: CME Experience - Planning and Implementing a CME Programme

Clinical management of non-neutropenic ICU patients at risk of *Candida* infection



Desired Outcome for Supporting Company

- ◆ Change the treatment paradigm to encourage ICU and infectious disease specialists to better identify high-risk non-neutropenic patients suitable for early aggressive therapy as this will impact outcomes
 - ◆ Patients with normal levels of white blood cells (surgical, cardiovascular, infectious disease) not HIV, transplant, cancer
- ◆ Develop a position for the class of echinocandins as first-line therapy in seriously ill patients with *Candida* infection
 - ◆ Latest international and national guidelines outdated
- ◆ Introduce and define the place of the newest agent in the treatment of serious *Candida* infections versus other treatment options
- ◆ Reach top tier physicians and core prescribers
- ◆ Present information in a high-quality engaging educational format
- ◆ **MAKE A REAL-WORLD IMPACT**



Educational Purpose and Learning Objectives

- ◆ **Agree terminology**
- ◆ **Review evidence base for**
 - ◆ Treatment approaches
 - ◆ Treatment options
- ◆ **Reach common understanding regarding opportunities for better patient management**
 - ◆ Using predictive rules
- ◆ **Review how clinical practice could be changed to achieve improved outcomes**
 - ◆ Algorithm development
- ◆ **Explore how this approach could be implemented at a local level**

Management of invasive *Candida* infections in the critically ill patient – new developments, controversies and consensus

EXPERT EXCHANGE MEETINGS
2007-2009



Solution:

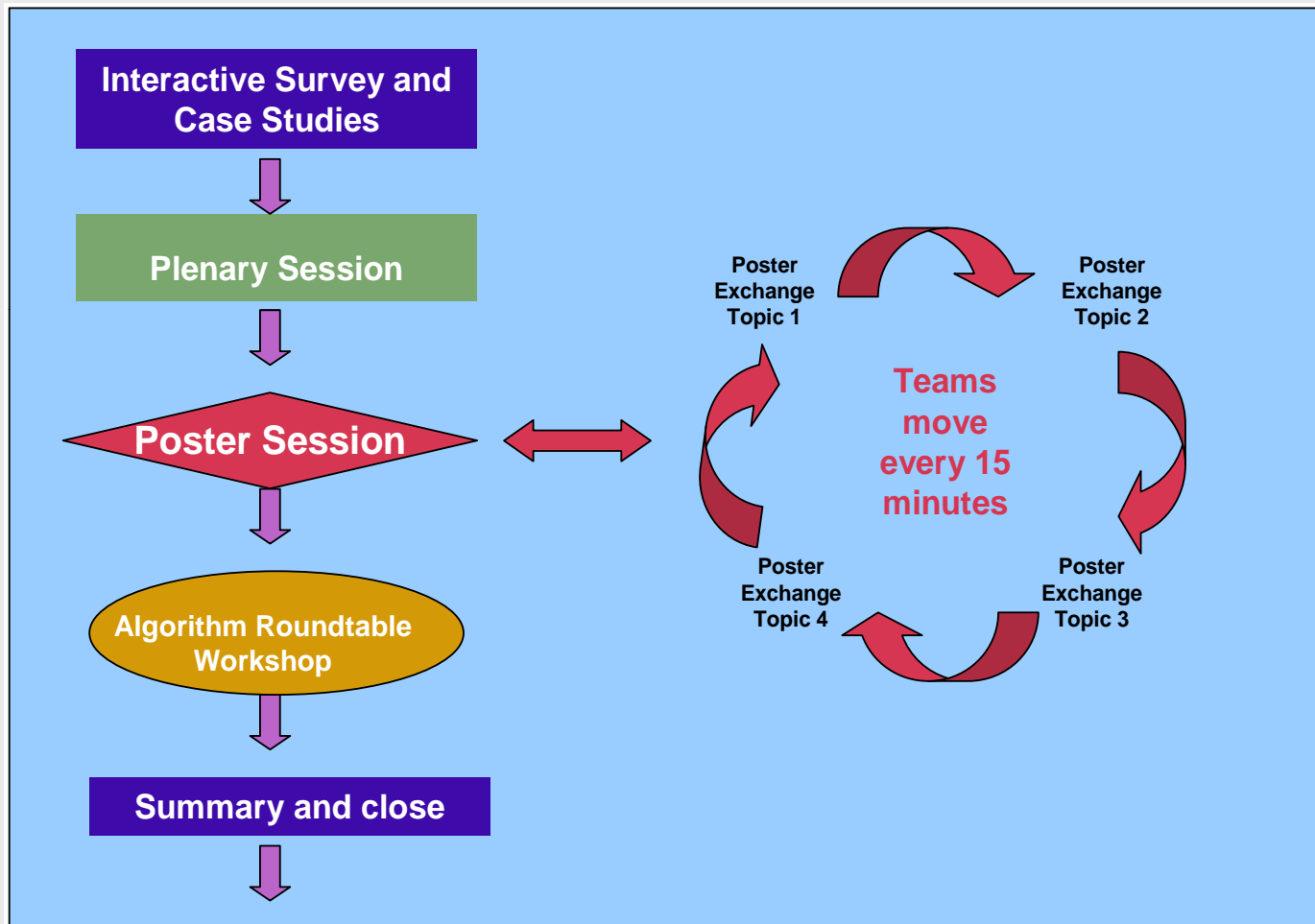
- Novel, practice-based, ‘hands-on’, consensus driven meetings
 - Highly prominent international and regional faculty
 - Seven events reached physicians in 30 countries

Meeting Content, Venue and Structure

- ◆ Meetings were EACCME accredited to maintain scientific independence and educational tone (5 credits)
 - ◆ To attract high level faculty and participants
 - ◆ To drive changes in clinical practice third-party endorsement required
- ◆ Selected non-traditional venues to create appropriate educational tone
- ◆ The meeting structure was designed to be as interactive as possible
 - ◆ Only three (scene setting) presentations followed by extended time for discussion
 - ◆ Interactive participant survey and cases
 - ◆ Meet the Expert poster exchanges
 - ◆ Algorithm workshop
- ◆ We wanted the meeting to be an informal two-way dialogue with exchange of opinions and best practice experience
 - ◆ Involve the faculty and participants actively working together



Meeting Flow



- Enduring materials

Meeting Programme

09:15 **Interactive survey and case studies**

10:00 **The evolving needs of the ICU:
a special place**

10:25 **Current fungal treatment in the
ICU – options and approaches**

10:50 *Refreshment break*

11:05 **Experience of new treatment options
for invasive *Candida* infections in non-
neutropenic patients**

11:50 **Panel discussion**

12:30 *Buffet lunch*



13:30 **Meet the Experts -- Poster Exchange
Session**

ICU patients – a special population
Initiating therapy in the ICU
Onset and outcomes
Guidelines and evidence

14:45 *Refreshment break*

15:00 **Poster exchange feedback**

15:30 **Algorithm workshop – the place of
echinocandins**

16:20 **Summary and close**

16:30 **Departure**



Evaluation Feedback

◆ What was the best aspect of this event

- ◆ Poster exchange session
- ◆ The information aspect
- ◆ The poster session and possibility to discuss the different problems with *Candida* infections
- ◆ Enough time for discussion of various important issues of *Candida* infections during the various sessions
- ◆ Learning effect by interactive
- ◆ The aspect and focus on a difficult task for ICUs and the obvious need for improvement in diagnostic and treatment approach
- ◆ Plenary vs. practical
- ◆ Very knowledgeable speakers
- ◆ I learned a lot, it's good to focus on this problem in a new way!
- ◆ Quick, intensive update on latest trials/lit. and consequences for own practice
- ◆ Whole day, one subject, expert speakers

◆ What was the least interesting aspect/useful aspect of this meeting

- ◆ The number of participants may be increased
- ◆ Location - better in a hotel
- ◆ Too short - only one day
- ◆ Cant say - it was a positive and useful event
- ◆ Same discussions in most poster exchange sessions
- ◆ Beamer failure, parking problems
- ◆ Long day = minor problem
- ◆ Couldn't name any
- ◆ Low room temperature

Evaluation Feedback

◆ Have you learnt something from this event?

- ◆ Candida score, correlation of fluconazole dosing and outcome
- ◆ Different approaches in different countries
- ◆ More about resistance problems and a lot about drugs (guidelines/drugs of choice, adverse effects, etc.); + guidelines are difficult to make
- ◆ Good review of recent and emerging data on echinocandins
- ◆ Yes, extremely useful information, to see everything in one row with expert speakers
- ◆ The necessity of systematic scoring. Stratifying risk patients.
- ◆ It convinced me that echinocandins have evolved as a first line therapy in invasive Candida infections

◆ Will this event change your practice?

- ◆ Probably install guidelines in my ICU
- ◆ I will use echinocandins much earlier than before
- ◆ Consider revising treatment algorithm
- ◆ I will write a new treatment protocol for the ICU, after the new IDSA/SWAB guidelines have been presented

Other Outcomes

- ◆ Faculty very supportive of novel interactive and practice-based approach
- ◆ Number of requests for meeting materials
- ◆ Toolkit has been developed for local use
- ◆ Meeting series extended into 2009



Contact

Cliff Wyatt and Brian Tiller
HealthCare 21 Communications Ltd
Oakfield House, Springwood Way
Macclesfield, Cheshire, SK10 2XA, UK
W: www.healthcare21.co.uk

T: +44 1625 503479
E: cliff.wyatt@healthcare21.co.uk
E: brian.tiller@healthcare21.co.uk

