

Stroke Prevention in Atrial Fibrillation and Venous Thromboembolism @Point of Care: New Challenges—New Directions for Underserved Populations

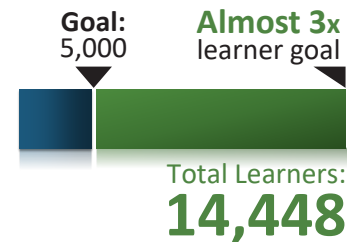
Poonam Kapadia, Executive Director, Educational Strategy Development; Aggie Crayton, Senior Grants Manager; Michele Fallon Ingram, Chief Operations Officer and Sr. Executive Vice President; Tarjani Agrawal, PhD, Data Scientist; Diana Tommasi, PharmD, Director, Scientific Content

Program Overview

Stroke Prevention in Atrial Fibrillation and Venous Thromboembolism @Point of Care: New Challenges – New Directions for Underserved Populations offers real-time clinical education through comprehensive, customized, and peer-reviewed CME content with expert guidance from thought leaders, while also supporting practice change by harnessing the power of AI to deliver curated clinical answers at the point of care.

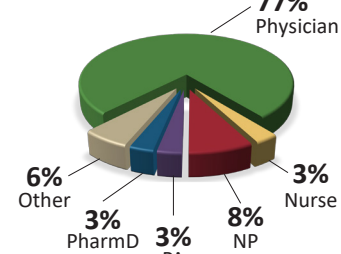
Key Metrics

Learners



Total Physicians: **11,125**
Cardiologists: **4,561**
Neurologists: **3,449**
Primary Care Physicians: **2,003**
Hematologists/Oncologists: **445**

Clinical Role

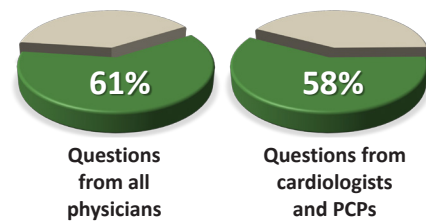


AI-Informed Insights



Clinician learners ask clinically relevant questions in our AI-guided clinical decision support tool, @sk Cognitive™, that provides succinct, clinician-instructed and peer-reviewed content as answers to their practice-based questions.

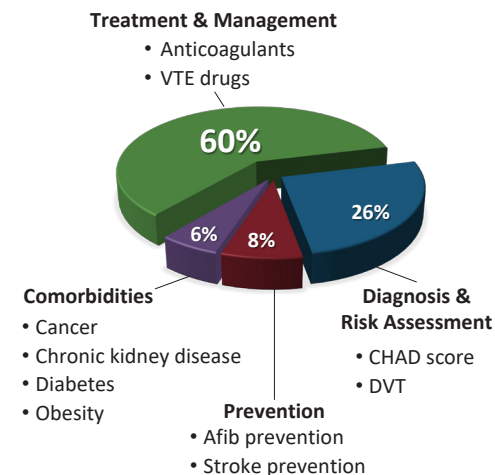
HCPs Ask a Clinical Question to @sk Cognitive



57% of questions asked during practice day

Distribution of HCP Question Intents

What HCPs want to learn about Afib and VTE at the point of care (N=331)

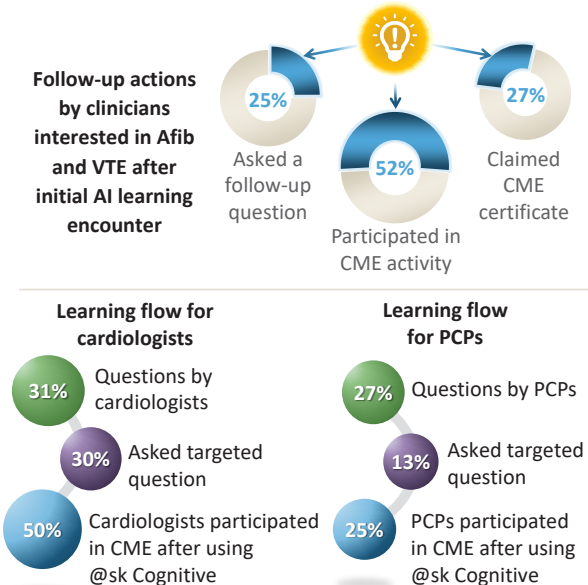


Sampling of Learner Questions

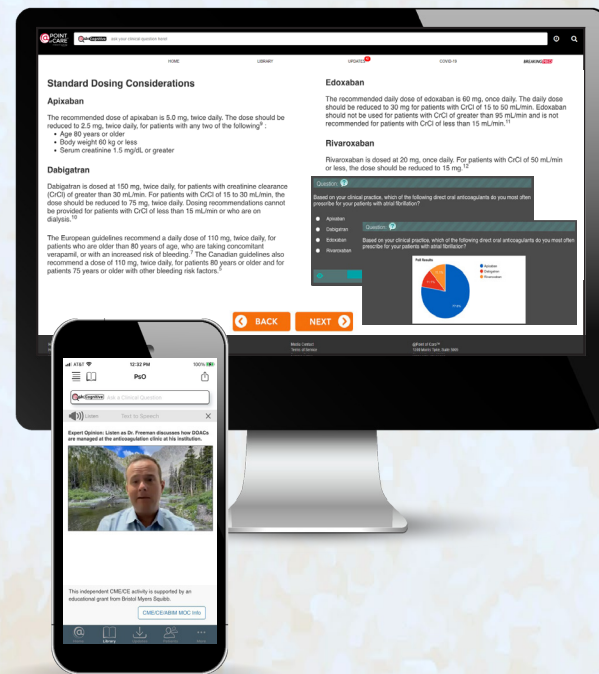
Demonstrates HCP priorities, knowledge gaps, and educational needs

- Anticoagulation decision pathways for VTE treatment and prevention
- Improving direct oral anticoagulant (DOAC) adherence in NVAf and VTE
- What clinical treatment is recommended for patients with atrial fibrillation who are at a high risk of stroke?
- Switching a patient from warfarin therapy to DOAC
- Apixaban in end stage renal disease
- Novel oral anticoagulants in cancer
- How to choose a DOAC

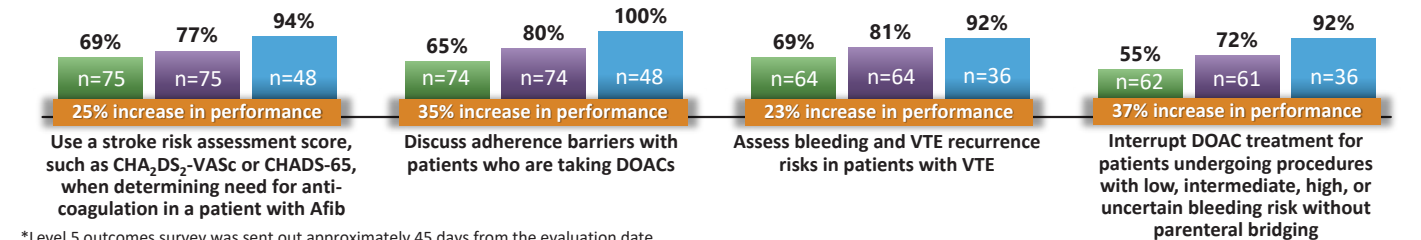
Deeper Learning Insights and Actions After Initial Learning Encounter



Interactive Content Engagement



Impact and Success of Education: Levels 4 & 5



Key Insights

Knowledge Impact (Level 3)

60% of learners now know how to treat and prevent recurrence of VTE by initiating apixaban 10 mg BID for 7 days followed by dose reduction to 5 mg BID ≥6 months followed by dose reduction to 2.5 mg BID.
Pre: 36% (n=42), Post: 60% (n=91); **25% increase**

48% of learners now know that apixaban & rivaroxaban can be used in patients with VTE & renal impairment with no dose adjustments down to a CrCl of 15 mL/min.
Pre: 22% (n=41), Post: 48% (n=90); **26% increase**

Performance Impact (Level 5) (45-day follow-up survey)

100% of learners now monitor and facilitate adherence to anticoagulant therapy in patients with AF.
Pre: 76% (n=66), Post: 100% (n=39); **24% increase**

92% of learners now adjust DOAC dosing based on a patient's concomitant medications and comorbidities.
Pre: 68% (n=62), Post: 92% (n=36); **24% increase**

89% of learners report practice and performance improvement.

Pre: 65% (n=1,092), Post: 89% (n=498)

14% of learners achieved an improvement in overall knowledge.

47% of learners, however, maintained a persistent gap in knowledge across learning objectives.

Pre: 39% (n=499), Post: 53% (n=830)

The independent CME/CE activities evaluated in this analysis were supported by an educational grant from the **Bristol Myers Squibb and Pfizer Alliance**.