

# 2018 Emerging Therapies for PBC, NASH, ESLD and HCC Outcomes

#### 1. Please rate the following aspects of this activity.

(1=Strongly Disagree, 2=Disagree, 3=Agree, 4-Strongly Agree

	Strongly Disagree		Strongly Agree		
Attending this activity improved my competence. [13-3.46]	(1) 7.69%	(0)	(4) 30.77%	(8) 61.54%	
Attending this activity improved my performance. [13-3.15]	(1) 7.69%	(2) 15.38%	(4) 30.77%	(6) 46.15%	
What I learned from this activity has helped me improve my patient outcomes. [13-3.15]	(1) 7.69%	(2) 15.38%	(4) 30.77%	(6) 46.15%	

#### 2. If this activity improved your competence, please tell us how. (10)

Great review on the topics

N/A

Helped with verify my practice

Increased knowledge of new therapies and techniques for liver assessment better able to set expectations of patients referred to specialist for HCC

I work on a transplant surgery team, this training helped solidify my foundational understanding of the common etiologies of liver disease and management.

Management of NASH

Improved knowledge of therapies for ESLD

This course was a refresher for me. I already have been following the current recommendations.

Improved understanding of management of cirrhosis, improved understanding of Primary Sclerosing Cholangitis and Primary Biliary Cholangitis.

#### 3. If this activity improved your performance, please tell us how. (6)

being more aware on how to approach the issues

I am performing more non-invasive fibrosis assessments and use EBP in clinic better pt education on ESLD and HCC. Pt ed for NASH was on target.

Use of fibroscan

Increased knowledge of evidence based therapies for ESLD, management of these patients

Better management of cirrhosis, especially with regard to patient education.

### 4. Discuss how your Patient Outcomes (omit patient names) have improved as a result of attending this activity. (6)

more closely follow ups

I have ordered very few biopsies lately which reduces patient risk; I diagnosed a case of PBC in a woman who otherwise might have been overlooked because she "just has hepatitis C" according to her PCP

I work with a very experienced hepatologist; no expected improved outcomes as result of attending this activity. Better knowledge base for me (PA-C)

Diet and medication that is appropriate

increased use of evidence based practices

Early to tell but I expect patients will have better outcomes with regard to nutrition and preventing decompensation of cirrhosis.

### 5. Identify practice changes you have made as a result of attending this activity. (5)

more time explaining problem to patients

As above

use of more than one MELD calculation to determine need for transplant referral

Getting appropriate work up

More confident and thorough in educating patients about cirrhosis management, better medical management of cirrhosis, improved selection of patients who need referrals for transplant consult, EGD or other studies, etc.

## 6. What topics do you want to hear more about, and what issue(s) in your practice will this help address? (4)

anything related to liver diseases

Update on pediatric liver diseases: what is the standard of care for pediatric NASH? Hep B? Hep C?

PSC

Autoimmune hepatitis and autoimmune markers in chronic liver disease.

This evaluation is confidential and no individual will be identified by this office (Continuing Medical Education and Professional Development). It will only be used for quality improvement.

We look forward to seeing you at future University of Louisville events. Thank you very much.