

Treatment of Chronic HCV in End-Stage Renal Disease 1/17/2017 - 3/7/2017

This activity was created to address the professional practice gaps listed below:

- Identifying the strong and likely causal association between chronic hepatitis C virus and kidney disease and utilizing current diagnosis and treatment options to treat this co-morbidity.
- Diagnosing liver disease in their kidney disease patients allowing for a broader array of treatment regimes.
- Identifying current clinical trials that support new agents for late stage kidney disease patients with HCV.

1. Please respond regarding how much you agree or disagree that the gaps listed above were addressed.

	Disagree		Agree	
Participating in this educational activity changed your KNOWLEDGE in the professional practice gaps listed above. [18-3.56]	(0)	(1) 5.56%	(6) 33.33%	(11) 61.11%
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [18-3.50]	(0)	(1) 5.56%	(7) 38.89%	(10) 55.56%
Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [18-3.39]	(0)	(2) 11.11%	(7) 38.89%	(9) 50.00%

2. Please elaborate on your previous answers. (6)

Very informative

Applying the knowledge into clinical practice is contingent upon staying within the resource restraints.

excellent lecture

more aware about how to treat Hep c in esrd.

I had little knowledge of the treatment of HCV in ESRD patients and now feel I understand the treatment options.

This info is vital for quality patient care

3. Please evaluate the effectiveness of the speaker(s) that presented at your event in improving your knowledge, competence and/or performance. (Poor = 1, Excellent = 4)

	Poor	Fair	Good	Excellent
Robert Gish [8-3.75]	(0)	(0)	(2)	(6)

			25.00%	75.00%
Paul Pockros, MD [6-3.50]	(0)	(0)	(3) 50.00%	(3) 50.00%
Sami Saab, MD, MPH [7-3.43]	(0)	(1) 14.29%	(2) 28.57%	(4) 57.14%
K. Rejender Reddy, MD [3-3.67]	(0)	(0)	(1) 33.33%	(2) 66.67%
Robert Brown, MD [6-3.83]	(0)	(0)	(1) 16.67%	(5) 83.33%

4. Please elaborate on your previous answers. (6)

He is a great speaker.

Dr. Gish is very knowledgeable but teaches in a way that's very accessible

Very insightful of the liver testing our patients on dialysis

Dr. Gish is an excellent teacher. He's brilliant, but shares his knowledge readily. Always a pleasure to hear him speak.

Dr. Brown gave a clear and easy to follow presentation of a complicated subject.

Excellent speaker

5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (12)

None

Be more aggressive in treatment for my patients entering dialysis

Push colleagues to treat IHD pts with HCV.

Increased comfort with using anti-hep C therapy in CKD and renal transplant patients.

Using cancer tumor markers to risk stratify, check for Hep C annually in ESRD pts and other high risk pts

I may give Zapatier to genotype 2 based on clinical trials

TREATMENT OF HEP C IN RENAL TRANSPLANT CANDIDATES

new medication

I am not a front line clinician, so it won't impact my practice. It simply increased my knowledge.

Will consider starting Hep C + ESRD patients on treatment or refer to a hepatologist if necessary.

Better ability to screen

6. How certain are you that you will implement this change?

(15)

Very Certain (6-
40.00%)

Certain (3-
20.00%)

Maybe (3-
20.00%)

Not Certain (1-
6.67%)

N/A (2-
13.33%)

7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (9)

NASH, autoimmune liver disease

how to help connect patients to substance use rehab to prevent re-infection

Cost/finances and psychosocial aspect of treatment

COP INFECTION HEP B / C / HIV

hbv, hcv coinfection

All things Hep C. More specifically, mental health and HCV, nutrition for the person before and after cure.

Liver disease in dialysis patients

Tx. In underserved populations

8. Were the patient recommendations based on acceptable practices in medicine?

(15)

Yes (15-
100.00%)

10. Do you think the presentation was without commercial bias?

(17)

Yes (13-
76.47%)

No (4-
23.53%)

11. If you answered No on the above question, please list the topics that were biased? (1)

Most of the talk centered around Zepatier.

12. Please provide any additional comments you may have about this educational activity. (6)

None

would like more information about the treatment in relation to ESRD population (the title of the talk) in terms of renal transplant -- do it before or after transplant? Speaker did not have answer. Very relevant to ESRD population

need more information regarding referral for transplant in ESRD as it relates to HepC treatment

overall, excellent

Excellent presentation

As one of the participants of this educational activity, we want to encourage you to implement those ideas that were appropriate to your healthcare environment.

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.