



<b>Body System:</b> <b>Neurologic</b>		
<b>Session Topic:</b> <b>Parkinson's Disease</b>		
<b>Educational Format</b>		<b>Faculty Expertise Required</b>
<b>REQUIRED</b>	Interactive Lecture	Expertise in the field of study. Experience teaching in the field of study is desired. Preferred experience with audience response systems (ARS). Utilizing polling questions and engaging the learners in Q&A during the final 15 minutes of the session are required.
<b>OPTIONAL</b>	Problem-Based Learning (PBL)	Expertise teaching highly interactive, small group learning environments. Case-based, with experience developing and teaching case scenarios for simulation labs preferred. Other workshop-oriented designs may be accommodated. A typical PBL room is set for 50-100 participants, with 7-8 each per round table. <u>Please describe your interest and plan for teaching a PBL on your proposal form.</u>
<b>Professional Practice Gap</b>	<b>Learning Objective(s) that will close the gap and meet the need</b>	<b>Outcome Being Measured</b>
<ul style="list-style-type: none"> <li>Family physicians have a medical knowledge gap in diagnosing and managing Parkinson's Disease.</li> <li>Treatment of Parkinson's Disease is complex.</li> <li>Physicians are often challenged to provide optimal coordination of care with subspecialists for patients with Parkinson's Disease.</li> <li>Patients are frequently non-adherent to treatment therapies.</li> <li>Knowledge and systems are lacking offer adequate support to caregivers.</li> </ul>	<ol style="list-style-type: none"> <li>Distinguish Parkinson's Disease from other conditions in patients who exhibit similar signs and symptoms, recognizing when referral is appropriate.</li> <li>Select appropriate treatment strategies for patients with Parkinson's Disease, including an assessment of medication and non-pharmacologic therapy use.</li> <li>When indicated, coordinate referral to a neurologist and follow-up care for patients with Parkinson disease.</li> <li>Establish collaborative care plans with patients and care givers, emphasizing adherence to prescribed medication and therapies.</li> </ol>	Learners will submit written commitment to change statements on the session evaluation, indicating how they plan to implement presented practice recommendations.
<b>ACGME Core Competencies Addressed</b> (select all that apply)		
X	Medical Knowledge	Patient Care
X	Interpersonal and Communication Skills	Practice-Based Learning and Improvement
	Professionalism	Systems-Based Practice
<b>Faculty Instructional Goals</b>		
Faculty play a vital role in assisting the AAFP to achieve its mission by providing high-quality, innovative education for physicians, residents and medical students that will encompass the art, science, evidence and socio-economics of family medicine and to support the pursuit of lifelong learning. By achieving the instructional goals provided, faculty will facilitate the application of new knowledge and skills gained by learners to practice, so that they may optimize care provided		



to their patients.

- Provide up to 3 evidence-based recommended practice changes that can be immediately implemented, at the conclusion of the session; including SORT taxonomy & reference citations
- Facilitate learner engagement during the session
- Address related practice barriers to foster optimal patient management
- Provide recommended journal resources and tools, during the session, from the American Family Physician (AFP), Family Practice Management (FPM), and Familydoctor.org patient resources; those listed in the References section below are a good place to start
  - Visit <http://www.aafp.org/journals> for additional resources
  - Visit <http://familydoctor.org> for patient education and resources
- Provide recommendations for distinguishing Parkinson's Disease from other conditions in patients who exhibit similar signs and symptoms, recognizing when referral is appropriate.
- Provide recommendations for selecting appropriate treatment strategies for patients with Parkinson's Disease, including an assessment of medication and non-pharmacologic therapy use.
- Provide recommendations for coordinating referral (when indicated) to a neurologist and follow-up care for patients with Parkinson disease.
- Provide strategies and resources for establishing collaborative care plans with patients and care givers, emphasizing adherence to prescribed medication and therapies.
- Provide recommendations regarding new FDA approved medications for the treatment of Parkinson's disease; including safety, efficacy, tolerance, and cost considerations relative to currently available options. For example, the FDA recently (January 2015) approved two new medications, a carbidopa and levodopa enteral suspension for the treatment of motor fluctuations in patients with advanced Parkinson's disease, and an extended-release capsule for the treatment of Parkinson's disease.

### Needs Assessment:

Parkinson disease (PD) is the second most common neurodegenerative disease, the 14<sup>th</sup> leading cause of death in the U.S., with an increase in prevalence from about 1% at age 60 to 4% by age 80.<sup>1-3</sup>

Data from a recent American Academy of Family Physicians (AAFP) CME Needs Assessment survey indicates that family physicians have gaps in their medical knowledge about PD such that they are unable to provide optimal patient care.<sup>4</sup> More specifically, CME outcomes data from 2011 and 2015 AAFP FMX (formerly Assembly): *Parkinson's Disease: Diagnosis and Management* sessions and 2015 Selected Topics in Internal Medicine: *Parkinson's Disease* sessions suggest that physicians have knowledge and practice gaps with regard to screening; evaluation; diagnosis; differentiation in treatment choice based on age, disease-severity; adherence to evidence-based treatment options, including making medication adjustments; support needs of caregivers; and when referral is necessary.<sup>5-7</sup>

Diagnostic errors are common among physicians who rarely diagnoses PD, and should therefore consider referral.<sup>8</sup> Treatment for PD is challenging and requires a high degree of proficiency with regard to evidence-based treatment options and coordination of care.<sup>8-13</sup> Several barriers to



optimal management of PD exist, including medication non-adherence, complex treatment regimens (e.g. exercise); and the non-recognition of non-motor symptoms such as sleep dysfunction, sensory symptoms, autonomic dysfunction, mood disorders, and cognitive abnormalities.<sup>14-16</sup>

Physicians may improve their care of patients with PD by engaging in continuing medical education that provides practical integration of current evidence-based guidelines and recommendations into their standards of care, including, but not limited to the following:<sup>8,17</sup>

- Physicians who have limited experience caring for patients with Parkinson disease should consider referring a patient with suspected disease to a physician who has expertise in movement disorders to confirm the diagnosis.
- Carbidopa/levodopa (Sinemet), nonergot dopamine agonists, or monoamine oxidase-B inhibitors should be used for initial treatment of Parkinson disease.
- Nonergot dopamine agonists, catechol O-methyltransferase inhibitors, or monoamine oxidase-B inhibitors should be added to levodopa to treat motor complications in advanced Parkinson disease.
- Amantadine should be considered for treatment of dyskinesias in patients with advanced Parkinson disease.
- Deep brain stimulation should be offered to patients with functional impairment despite optimal medical treatment, but it should be performed in experienced centers, and it carries a risk of serious adverse effects.
- Physical therapy should be offered to patients with Parkinson disease to improve gait, and speech therapy should be offered to improve speech volume.
- Occupational therapy may help patients with Parkinson disease to maintain family, social, and work roles; continue activities of daily living; and improve safety and motor function.

Physicians should be made aware of new FDA approved medications for the treatment of Parkinson's disease; including safety, efficacy, tolerance, and cost considerations relative to currently available options. For example, the FDA recently (January 2015) approved two new medications, a carbidopa and levodopa (both in enteral suspension, and extended-release capsules) for the treatment of motor fluctuations in patients with advanced Parkinson's disease, and an extended-release capsule for the treatment of Parkinson's disease.<sup>18</sup>

Physicians may improve their care of PD by integrating current evidence-based guidelines into their standards of care. Physicians may want to consider the *Parkinson's disease in the long-term care setting* from the American Medical Directors Association (AMDA); the *Diagnosis and pharmacological management of Parkinson's disease* from the Scottish Intercollegiate Guidelines Network (SIGN); and the *Practice parameter: treatment of nonmotor symptoms of Parkinson disease* from the American Academy of Neurology (ANN).<sup>16,19,20</sup>

These recommendations are provided only as assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may



result in new knowledge and recommendations. These recommendations are only one element in the complex process of improving the health of America. To be effective, the recommendations must be implemented. As such, physicians require continuing medical education to assist them with making decisions about specific clinical considerations.

Family physicians providing care for a broad spectrum of patients, from birth to geriatric care, can be challenged to remain up to date on evidence-based guidelines and recommendations, especially when those guidelines are vague or contradictory. Physicians need continuing medical education that will help them to apply the most current and clinically relevant evidence-based recommendations to practice.

Resources: Evidence-Based Practice Recommendations/Guidelines/Performance Measures

- Parkinson disease: an update<sup>8</sup>
- Parkinson's disease: diagnosis and treatment<sup>17</sup>
- Diagnosis and pharmacological management of Parkinson's disease. A national clinical guideline<sup>20</sup>
- ANN: Practice Parameter: treatment of nonmotor symptoms of Parkinson disease<sup>16</sup>
- Parkinson's disease in the long-term care setting<sup>19</sup>
- Health coaching for patients with chronic illness<sup>9</sup>
- Patient-physician partnering to improve chronic disease care<sup>10</sup>
- An organized approach to chronic disease care<sup>21</sup>
- Integrating a behavioral health specialist into your practice<sup>12</sup>
- Simple tools to increase patient satisfaction with the referral process<sup>13</sup>
- Parkinson's Disease | Overview (patient education)<sup>22</sup>

References

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