

**EVALUATION FORM ENDURING – MD, RN, PHARMACY, CASE MANAGE  
CHALLENGES AND OPPORTUNITIES FOR MANAGING HEMOPHILIA  
TRACK 2  
Annotated slides**

Medical Education Resources and Specialty Healthcare Benefits Council (SHBC) respect and appreciate your opinions. To assist us in evaluating the effectiveness of this activity and to make recommendations for future educational offerings, please take a few minutes to complete the posttest and evaluation form.

There are no pre-requisites or fees for participating in and receiving credit for this activity. During the eligibility period of August 1, 2014 and July 31, 2015 participants must 1) study the educational activity, 2) complete the posttest by recording the best answer to each question in the answer key on this form, 3) complete the evaluation form, 4) mail or fax the completed form to Medical Education Resources at **720-449-0217** (Unless completed online).

A statement of credit will be issued only upon receipt of a completed activity evaluation form and a completed posttest with a score of 70% or better. Statements of credit will be mailed within 6 weeks (Unless issued online).

**Request for Credit      PLEASE PRINT CLEARLY**

<b>Pharmacists Only</b> NABP ePID#	<b>Pharmacists Only</b> Month and Date of Birth (MMDD)
Name	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> RPh <input type="checkbox"/> PharmD Other _____
Organization	
Mailing Address:	<input type="checkbox"/> Hospital/Academic/Office <input type="checkbox"/> Home
Address:	
City:	State:
Zip:	
Telephone:	Fax:
Email:	

**For Physicians Only**

I certify my actual time spent to complete this educational activity to be:

- I participated in the entire activity and claim one credit.
- I participated in only part of the activity and claim \_\_\_\_\_ credit.

**Activity Post Test**

*Please circle the appropriate answer:*

1. The comprehensive HTC care team includes
  - a. nurse
  - b. orthopedist
  - c. hepatologist
  - d. dental services
  - e. all of the above
2. Nurses that HTC’s spend an estimated \_\_\_\_\_% of their time in phone evaluation and assessment
3. Specialty pharmacies are concerned with the timely and accurate filling of prescriptions to meet the clinical needs of the patient: (true/false)
4. Points of contact/interaction between HTC’s and SPP include
  - a. initial prescription
  - b. changes in treatment plan
  - c. coordinating any required prior authorization for each shipment
  - d. all of the above
5. Specialty pharmacy knowledge of dosing regimens includes
  - a. prophylaxis versus on-demand
  - b. MASAC recommendations
  - c. inhibitor protocols
  - d. new long-acting products as appropriate
  - e. all of the above

**Please answer the following questions by circling the appropriate rating:**

5 = Outstanding      4 = Good      3 = Satisfactory      1 = Fair      1 = Poor

**Extent to Which Program Activities Met the Identified Objectives**

*After completing this activity, participants should be able to:*

<ul style="list-style-type: none"> <li>• Improve integration of available resources such as Hemophilia Treatment Centers (HTCs) in clinical treatment and overall patient management.</li> </ul>	5   4   3   2   1
<ul style="list-style-type: none"> <li>• Identify opportunities to engage key clinical and financial stakeholders in the medical care and management of pediatric and adult hemophilia patients to increase the effectiveness of all participants in the care process.</li> </ul>	5   4   3   2   1

Please indicate if this activity was free from commercial bias       Yes       No

If No, please indicate the topic(s) that were not free from commercial bias.

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**Effectiveness of the CME Content**

• Content addressed the learning goal (purpose)	5 4 3 2 1
• Enhanced my current knowledge base	5 4 3 2 1
• Will help me improve patient care	5 4 3 2 1
• Provided new ideas or information I expect to use	5 4 3 2 1
• Information was relevant to my practice and my educational needs	5 4 3 2 1
• Provided appropriate learning assessment activities	5 4 3 2 1
• Provided effective teaching and learning methods including active learning	5 4 3 2 1

Please indicate any changes you plan to make as a result of information you received from this activity.

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• Please rate your commitment level to making these changes.	5 4 3 2 1
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In what time frame do you anticipate making these changes?

- Immediately     
  1 -2 months     
  3 -6 months     
  At some point in the future

Please provide general comments regarding this activity and suggest how it might be improved:

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Are future educational activities on this topic needed?

- Yes  
 No

Please provide any other medical topics that would be of interest to you:

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