EVALUATION FORM ENDURING – MD, RN, PHARMACY, CASE MANAGE CHALLENGES AND OPPORTUNITIES FOR MANAGING HEMOPHILIA TRACK 3

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

Pharmacists Only		Pharmacists Only					
NABP ePID#		Month and Date of Birth (MMDD)					
Name		□MD □DO □PA □RN □NP □RPh □PharmD Other					
Organization							
Mailing Address: □ Hospital/Academic/Office □ 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.	5 - F - F - F - F - F - F - F - F - F -										
	hemophilia, they have comorbidities such as cardiovascular disease, diabetes, hepatitis										
	C and HIV. True/false										
2.	Hemophilia drug spending is expected to increase% between 2013 and 2016 due to increase patient survival and increased use of prophylactic treatment.										
		•	•	phylactic trea	tment.						
3.		advent of long-acting products may lead to:									
		· · · · · · · · ·	due to longer half-life								
			rden and increased effe	ctiveness of p	rophylactic therapy						
	c. i	improved treatment	adherence								
	d. I	better individualizat	ion of treatment								
	e. a	all of the above									
4.	Commor	n utilization manage	ment strategies to assur	re appropriate	e use include:						
	a. i	formulary managem	ient								
	b. (clinical managemen	t including personalized	regimens							
	C.	prior authorization,	quantity level limits								
	d. ı	d. minimize waste, mitigate billing errors, minimize inappropriate care									
	e. a	all of the above									
5.	The 340	B program allows H	ΓC's to purchase clotting	factor at a di	scount for their						
	patients. True/false										
Please	e answei	r the following qu	estions by circling t	he appropri	ate rating:						
5 - Oı	utstanding	4 = Good	3 = Satisfactory	1 = Fair	1 = Poor						
5 - 00	ustanung	4 - G000	3 – Salisiaciory	ı – Fali	1 - 1001						
Exten	t to Whic	ch Program Activ	ities Met the Identifie	ed Objective	s						
After o	completin	a this activity, part	icipants should be abl	e to:							
•			nanges in the treatmer								
		ric and adult hemo zations.	philia within participan	its own	5 4 3 2 1						
•	manag		ry development and including specialty ph	armacy	5 4 3 2 1						
•			s to improve the qualit	ty and							

cost-effectiveness of care for both pediatric and adult hemophilia patients.	5	4	3	2	•
Please indicate if this activity was free from commercial bias	 □ No				

Fff	ect	iven	ess	of	the	CMF	Conten	t
	-		633	~	uic		COLLCIA	

Are future educational activities on this topic needed?

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

☐ Yes ☐ No

ETTECTIV	eness 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 educ needs	ational	5	4	3	2	1				
•	Provided appropriate learning assessment activities						1				
•	Provided effective teaching and learning methods including active learning						1				
Please indicate any changes you plan to make as a result of information you received from this activity.											
•	Please rate your commitment level to making these c	hanges.		5	4	3	2	1			
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:											