

Modern Strategies in Psoriasis Management: Integrating Evidence, Technology, and Multidisciplinary Care

ABCL Grant ID: 00000

Outcomes Report Developed by:



Executive Summary

Modern Strategies in Psoriasis Management: Integrating Evidence, Technology, and Multidisciplinary Care (ABCL Grant ID: 0000)

December 2024 to April 2025

Credit Offered: CME: 0.5, MOC 0.5, CE 0.5, CPE 0.5, and AAPA 0.5

Location: Virtual (Live + On-demand access)

Learning Objectives:

- Employ a proactive approach to the management of patients with moderate-to-severe psoriasis not responding to current treatments
- Ensure management of comorbid conditions in patients with psoriasis through screening and appropriate referral when necessary
- Integrate digital coaching into the management of patients with psoriasis to improve patient outcomes and treatment satisfaction

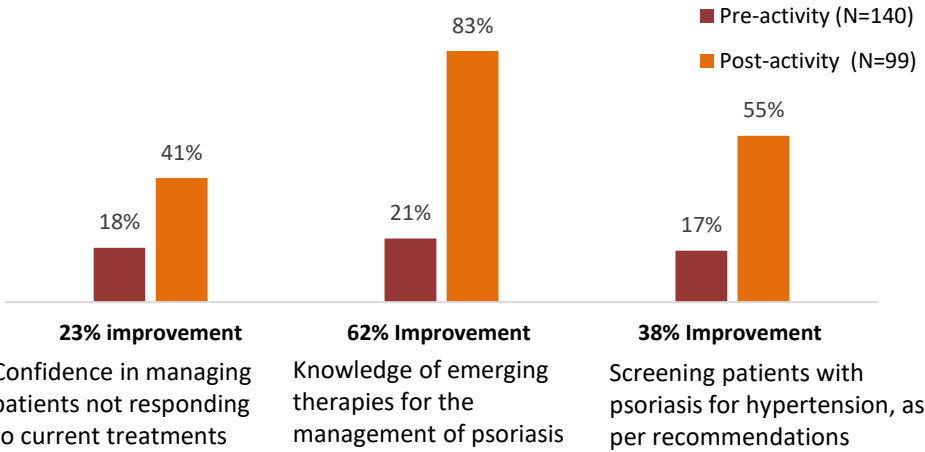
Moore’s outcomes assessment levels 1-5

Target Audience: Dermatologists, primary care physicians, nurse practitioners, physician assistants, and pharmacists.

A total of 140 clinicians participated in activities. A sample of 30 learners completed 30-day follow-up assessments, and the results were compared with those of a matched group of 35 nonlearners group who did not engage in the activities to assess the impact of lasting education.

Outcomes Summary

Confidence/Knowledge/Competence Improvements



Learners are more confident than nonlearners in managing difficult-to-treat patients with moderate-to-severe psoriasis



Compared with nonlearners, learners are more familiar with the emerging treatments for psoriasis



Learners are more likely than nonlearners to switch treatment for patients not responding to current treatments



Learners are more likely to screen and refer their patients for comorbidities



Learners are more likely to adopt technology in the management of psoriasis



Learners are less likely to consider lack of knowledge, adverse events, and patient adherence as barriers to using biologic treatments

Background/ Current Gaps*

Identified Gaps	Root Causes	Aligned Objectives	Expected Outcomes
Many clinicians delay switching therapies for patients with moderate-to-severe psoriasis who are not responding to current treatments. Clinicians need education on treatment algorithms, assessing treatment response, and emerging treatments	Lack of familiarity with treatment algorithms Unsure of when to switch treatment Inconsistent assessment of treatment response Lack of awareness of the efficacy of biologics and targeted therapy options	Employ a proactive approach to the management of patients with moderate-to-severe psoriasis not responding to current treatments	Clinicians will apply treat-to-target principles and use validated tools (e.g., PASI, DLQI) to regularly reassess disease activity and proactively switch therapy when treatment goals are not met. Clinicians will learn about emerging biologics and targeted treatments
Comorbidities associated with psoriasis (e.g., psoriatic arthritis, cardiovascular disease, metabolic syndrome, depression) are frequently underdiagnosed and inadequately managed in clinical practice. Clinicians require education on standard screening protocol and the link between the pathophysiology of psoriasis and comorbidities	Insufficient awareness of the systemic inflammatory nature of psoriasis and its link to comorbidities Absence of structured screening protocols Unclear referral pathways for multidisciplinary care	Ensure management of comorbid conditions in patients with psoriasis through screening and appropriate referral when necessary	Clinicians will implement routine comorbidity screening for patients with psoriasis and initiate timely referrals to appropriate specialists, improving overall patient health outcomes
Digital health tools and coaching platforms are rarely incorporated into psoriasis management plans, leaving a gap in between-visit support, patient self-monitoring, and adherence to therapy. Clinicians need education on validated digital tools for psoriasis and strategies to coach patients	Limited knowledge of available digital coaching tools and their clinical evidence base	Integrate digital coaching into the management of patients with psoriasis to improve patient outcomes and treatment satisfaction	Clinicians will identify appropriate digital health tools and coaching resources for patients with psoriasis and recommend their use as adjuncts to standard care

* Current gaps table was created with the help of Generative AI. Gen-AI was used to identify gaps from learning objectives, and AI output was verified through independent research.

Program Overview

Title: Modern Strategies in Psoriasis Management: Integrating Evidence, Technology, and Multidisciplinary Care

Curriculum Overview

This four-part CME activity provided dermatologists, primary care physicians, nurse practitioners, physician assistants, and pharmacists with the latest clinical knowledge on managing moderate-to-severe psoriasis and comorbidities, and digital health tools to improve patient satisfaction and treatment adherence. The activity focused on the efficacy data for emerging biologics and targeted therapy, screening recommendation for comorbidities, and practical strategies for integrating digital tools in patient care.

Faculty Panel

John Smith, MD

Department of Dermatology
ABC Medical School

Mark Adams, PhD, MD

Immunology and Allergy
University of ABC

Jenniffer Lee, MD

Associate Physician
ABC Medical School

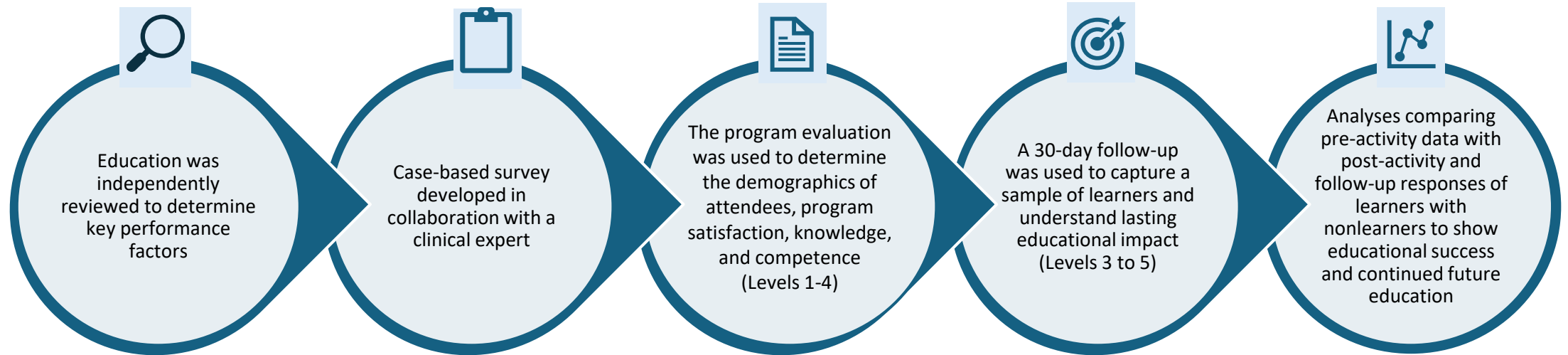
Education



Outcome Reporting Methodology

The Psoriasis Alliance Educational Program was developed by a collaboration between ABCL and NPS. Content was created by faculty and accredited for CME. The initiative included 4 online events from December 2024 to April 2025.

- **Level 1 and 2 (Participation and satisfaction):** Measured through course evaluations.
- **Level 3 to 5 (Knowledge, competence, and performance):** Assessed through pre- and post-education surveys. A sample of 30 learners completed a 30-day follow-up survey and were compared with a demographically-matched group of 35 nonlearners to assess changes in practice behaviors.



Participants Demographics

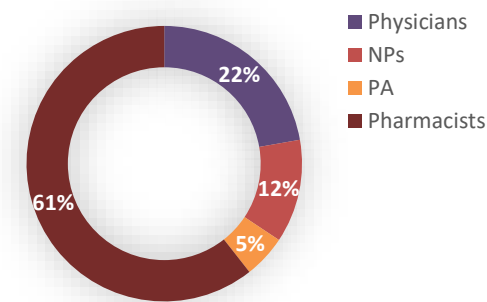
140 clinicians participated in the educational activity, and 99 clinicians completed the assessments. Among 99 HCPs, 44 see, on average, 8 patients with psoriasis each month. Therefore, **nearly 350 patients with psoriasis* per month may benefit from improved evidence-based care.**

Practice Settings (N = 134)

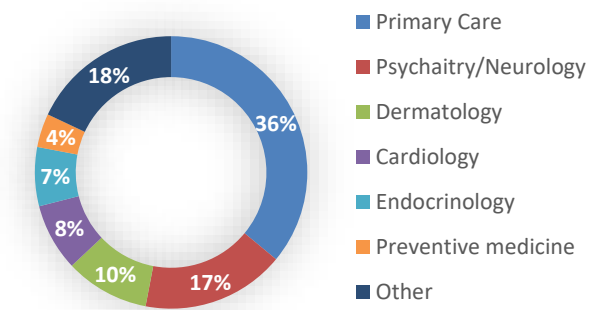
Academic Center	Community Practice	Private Practice	Other
24 (18%)	62 (46%)	13 (10%)	35 (26%)

Years in Practice	N
< 10 years	41
> 10 years	93

Profession (N = 99)



Specialty (N = 99)



Other specialties include Obstetrics/gynecology (3%), oncology (3%), rheumatology (3%), pain management (2%), geriatrics (2%), critical care (2%), emergency medicine (1%), gastroenterology (1%), and urology (1%)

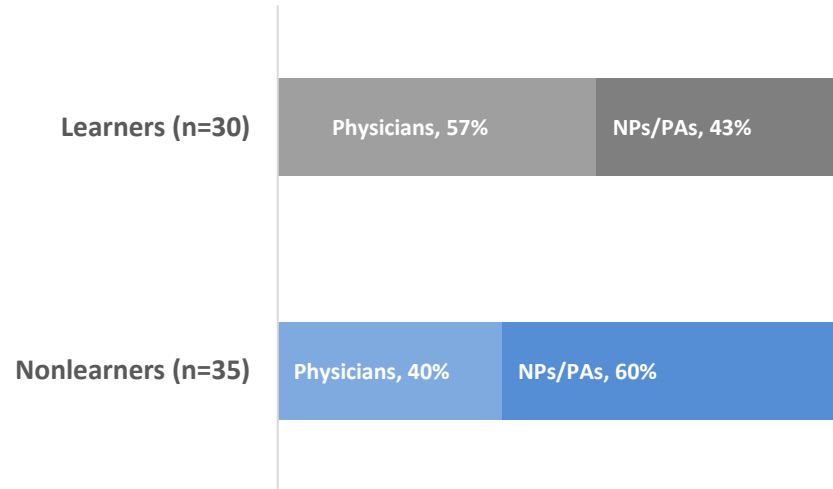
Patients with psoriasis seen/month **350**



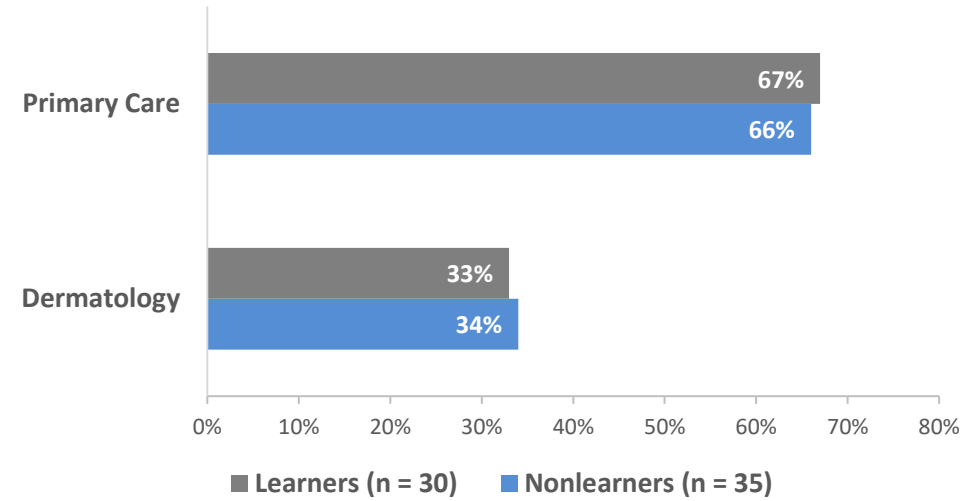
* An estimate reach calculated by multiplying the program participants by the average patients seen by them per month

Learners and Nonlearners Groups Breakdown

Profession



Specialty



Learning Objectives and Overall Evaluation

Please rate to what extent did the education achieve the following objectives:

Rating scale: 5=completely; 1=not at all

4.54 ★★★★★ Employ a proactive approach to the management of patients with moderate-to-severe psoriasis not responding to current treatments

4.51 ★★★★★ Ensure management of comorbid conditions in patients with psoriasis through screening and appropriate referral when necessary

4.51 ★★★★★ Integrate digital coaching into the management of patients with psoriasis to improve patient outcomes and treatment satisfaction

94% of learners responded that education completely achieved all learning objectives, with an average rating of 4.52

Please evaluate the following criteria:

Percent to Rate Positively

78%  Objectivity

95%  Satisfaction with formats used

77%  Novelty of education

The activity was free of commercial bias:

77%  Yes

23%  No

65% of learners agreed that education will lead to practice change

Participants Feedback

“Clearer understanding of biologics and targeted treatments”

“Case-based scenario provided clarity on the management of patients who do not respond to current treatments”

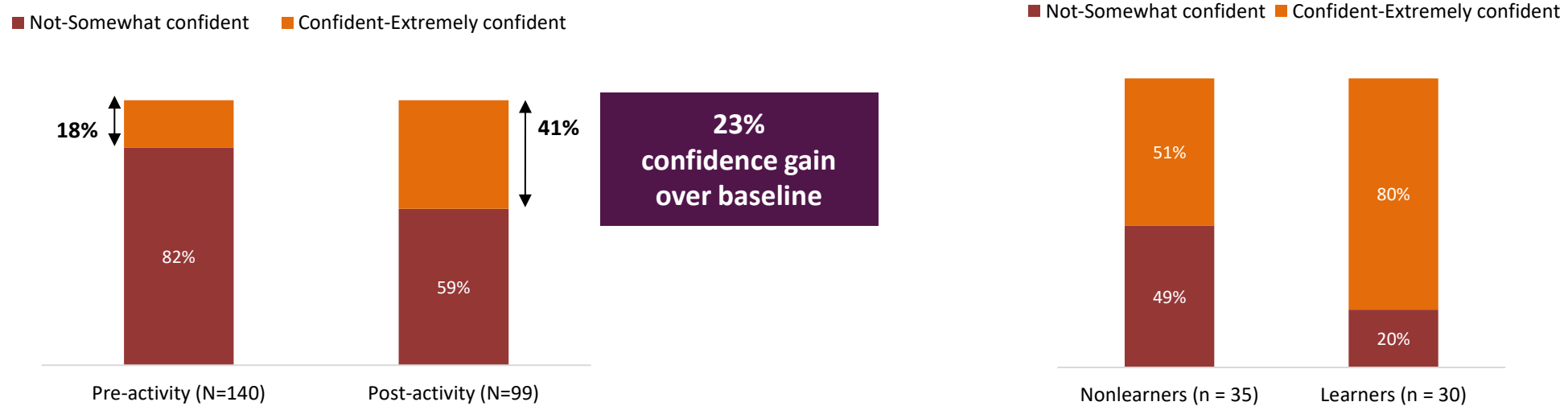
“Learning about screening recommendations and the relationship between psoriasis and comorbidities”

“Need to focus on incorporating digital health tools for better patient engagement and treatment adherence”

Confidence Assessment: Employing a Proactive Approach in Managing Psoriasis

LO: Employ a proactive approach to the management of patients with moderate-to-severe psoriasis not responding to current treatments

How confident are you in employing a proactive approach in managing patients with moderate-to-severe psoriasis not responding to current treatments?



- **Before the activity**, 82% of participants showed low baseline confidence in managing patients not responding to current treatments.
- **After the activity**, 41% of learners were “confident” or “extremely confident” in managing difficult-to-treat patients, demonstrating 23% of confidence gain.
- **A 30-day follow-up data** showed a sustained confidence among the sample of learners, with 80% of learners were “confident” or “extremely confident” in managing patients not responding to current treatments. (80% of learners vs. 52% of control).

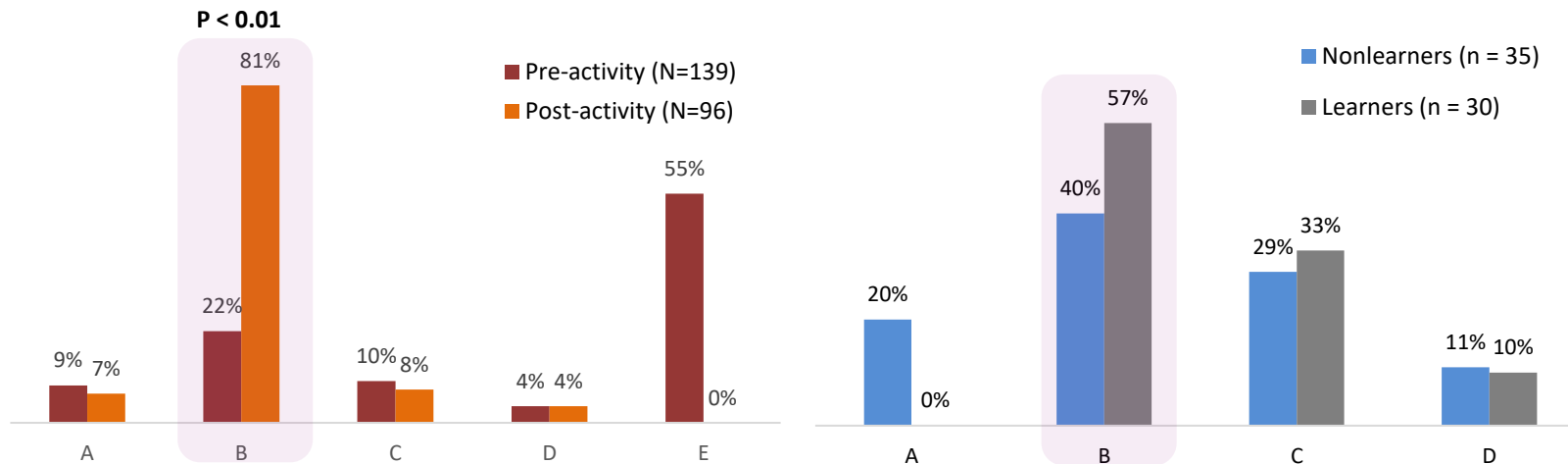
Insight: Learners are better equipped to evaluate emerging therapies for moderate-to-severe psoriasis and select appropriate treatments, which could lead to improved outcomes for patients who are not responding to current treatments.

Knowledge Acquisition: Emerging Biologics for Management of Moderate-to-Severe Psoriasis

LO: Employ a proactive approach to the management of patients with moderate-to-severe psoriasis not responding to current treatments

Which of the following statements is true according to results of the CLARITY study?

- A. Ustekinumab was associated with a higher proportion of patients achieving PASI 90/100 compared with secukinumab
- B. Secukinumab was associated with a higher proportion of patients achieving PASI 90/100 compared with ustekinumab**
- C. Ustekinumab and secukinumab resulted in similar proportions of patients achieving PASI 90/100
- D. Neither ustekinumab nor secukinumab led to increased proportions of patients achieving PASI 90/100 by week 16
- E. I'm not sure



- **Pre-activity**, participants showed low baseline knowledge of the efficacy of biologics treatments, with only 22% of participants correctly identifying the difference in the efficacy of approved biologics.
- **Post-activity**, all learners showed a larger gain of knowledge, with the correct response rising dramatically (↑ 59%).
- The benefits of education were further observed in a **follow-up** survey. 57% of learners chose the correct option compared with 40% of nonlearners, showing the lasting impact of education.

Insight: Learners benefited from education on the efficacy data of biologics, suggesting that they are more prepared to evaluate new biologics treatments for psoriasis, which could impact their selection of appropriate treatments for patients who are not responding to current treatments.

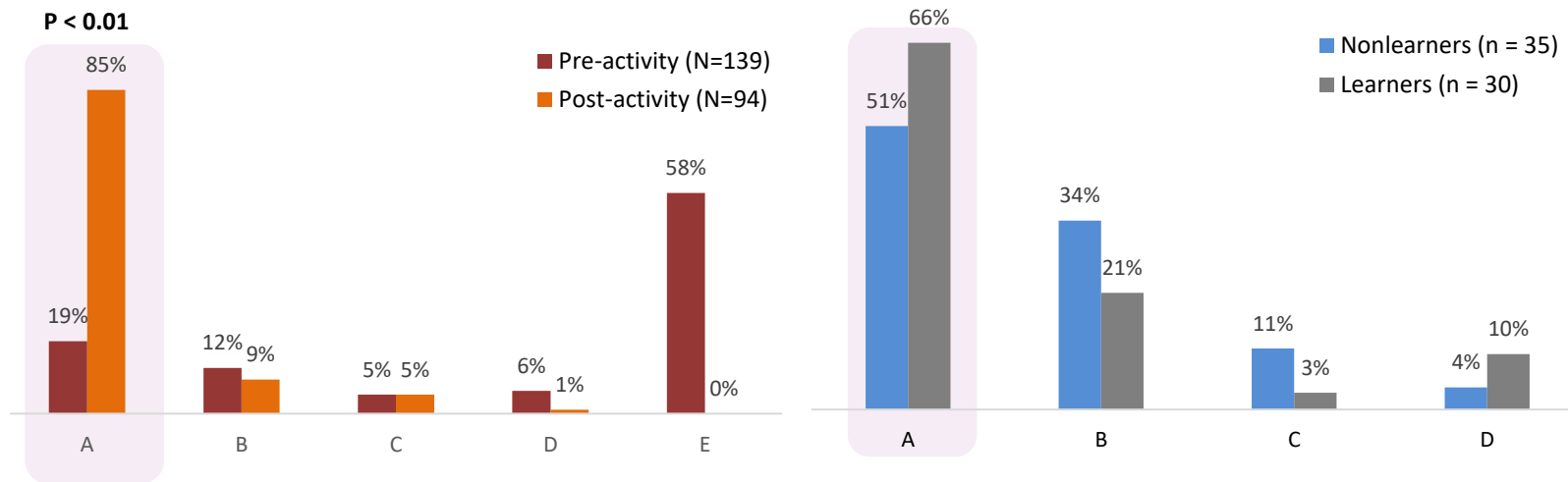
Need for further education: Although learners demonstrated significant knowledge gain after the education, post-activity and follow-up data suggested that 19% of learners and 60% of nonlearners need additional education on the efficacy of biologics.

Knowledge Acquisition: Efficacy of Targeted Therapy PDE4 Inhibitor or Apremilast

LO: Employ a proactive approach to the management of patients with moderate-to-severe psoriasis not responding to current treatments

Which of the following statements is true according to results of the ESTEEM 2 study?

- A. There were significant improvements vs. placebo in sPGA 0 or 1 response rate at week 16, and patients receiving placebo improved after being switched to apremilast
- B. There were significant improvements vs. placebo in sPGA 0 or 1 response rate at week 16, but patients receiving placebo did not improve after being switched to apremilast
- C. There were no improvements vs. placebo in sPGA 0 or 1 response rate at week 16, but patients receiving placebo improved after being switched to apremilast
- D. There were no improvements vs. placebo in sPGA 0 or 1 response rate at week 16, and patients receiving placebo did not improve after being switched to apremilast
- E. I'm not sure



- **Pre-activity**, participants were largely unaware of the efficacy of emerging targeted therapy, apremilast, with only 19% of participants choosing the correct option.
- **Post-activity**, learners showed larger gain of knowledge, with 85% of learners choosing the correct option.
- Learners retained efficacy data information, even after the month of education, with 66% of learners choosing the correct response compared with 51% of nonlearners who did not attend the activities

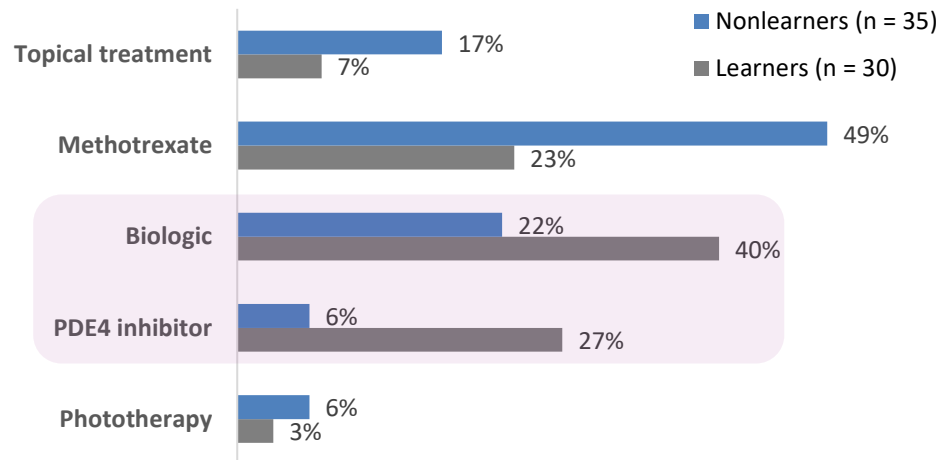
Learning insight: Distractor choices reflect confusion on the outcomes after switching to apremilast, which was addressed during the educational session.

Need for further education: Although learners demonstrated dramatic knowledge gain after the education, post-activity and follow-up data suggested that 15% of learners and 49% of nonlearners need additional education on the efficacy and benefits of switching to apremilast.

Clinical Competence: Managing Patients with Moderate-to-Severe Psoriasis

LO: Employ a proactive approach to the management of patients with moderate-to-severe psoriasis not responding to current treatments

Patient Case: JB is a 30-year-old female with obesity. She is presenting with plaque psoriasis on her scalp, trunk, elbows, knees, and genitals, with fingernail pitting and onycholysis. She has a BSA of 12% and a PGA of 3, suggesting a severe level of disease activity. She has had symptoms for 5 years and has been self-medicating with OTC treatments. JB suffers from pruritus, which results in sleep loss. When asked about joint symptoms, she notes that her knees ache. **How would you treat JB?**



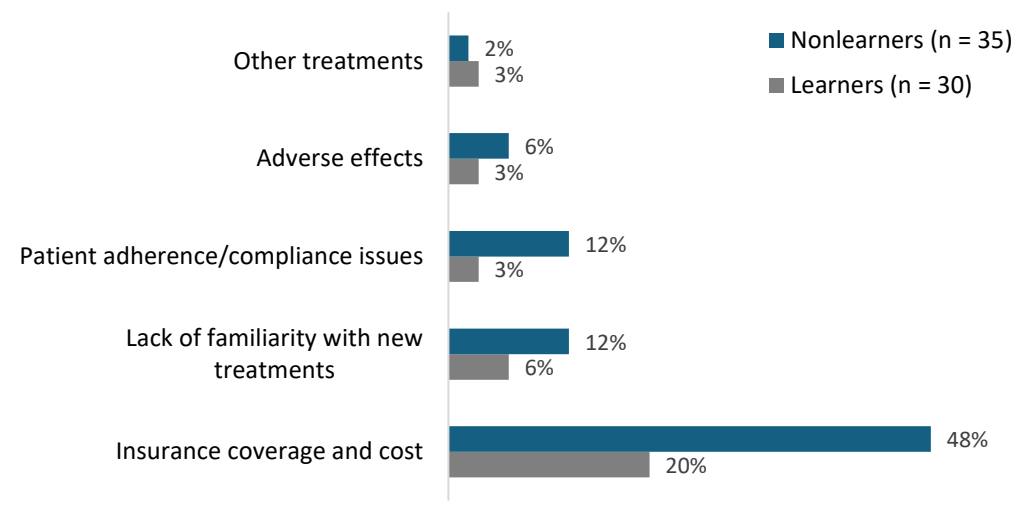
Broad educational benefits were evident in a **follow-up data**, with a sample of learners showing larger gains in competence in selecting appropriate treatment for JB.

- Compared with 22% of nonlearners, 40% of learners chose biologics, a recommended treatment for patients with moderate-to-severe plaque psoriasis, especially when other treatments have been ineffective. Biologics are also effective for joint symptoms.
- Compared with 6% of nonlearners, 27% of learners opted for PDE4 inhibitors, another option for patients who have not responded well to topical treatments or who have contraindications to other systemic therapies.

Learning insight: Distractor choices included current treatments, such as topical treatments and phototherapy for mild-to-moderate psoriasis and systemic medication methotrexate for moderate-to-severe psoriasis. Educational session highlighted the importance of assessing treatment response and switching therapies when treatment goals are not met.

Need for further education: Although learners demonstrated larger competence gains, follow-up data suggested that 33% of learners and 72% of nonlearners need additional education on using validated tools to assess treatment response and applying treatment algorithms and efficacy data to select optimal treatment when current treatments are ineffective.

Barriers to Using Recommended Biologics Treatment for Moderate-to-Severe Psoriasis



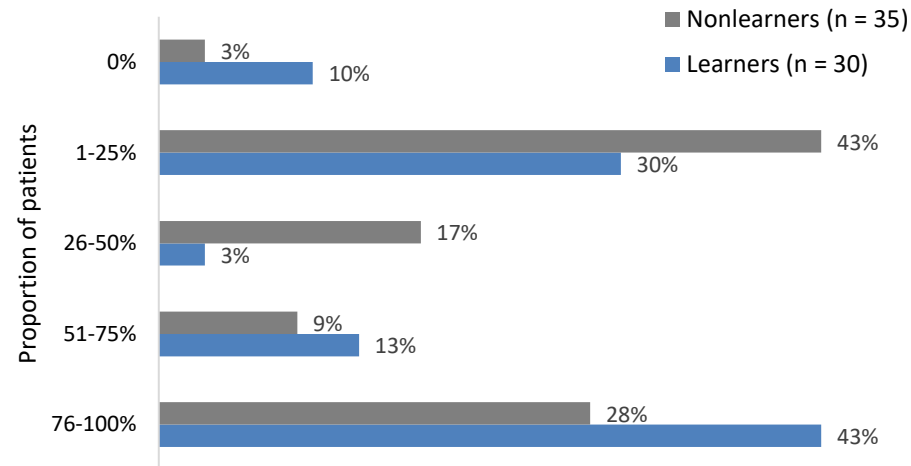
A **Follow-up data** showed that education was effective in reducing barriers to the use biologics in the management of psoriasis.

- Compared with 30% of nonlearners, only 12% of learners considered adverse effects, lack of education, and patient adherence as barriers for using biologics for their patients

Clinical Performance: Managing Comorbidities with Psoriasis

LO: Ensure management of comorbid conditions in patients with psoriasis through screening and appropriate referral when necessary

For what percentage of your patients with psoriasis do you screen for comorbid conditions and refer when necessary?



- **Pre-activity**, only 17% of participants (N=140) were screening over half of their patients for comorbidities and referring when necessary.
- A **follow-up data** showed that compared with 37% of nonlearners, 56% of learners were screening and appropriately referring over half of their patients. These data indicate broad benefits of education with improvements in clinical practice that could lead to improved outcomes for patients with comorbidities through regular screening and timely referral.

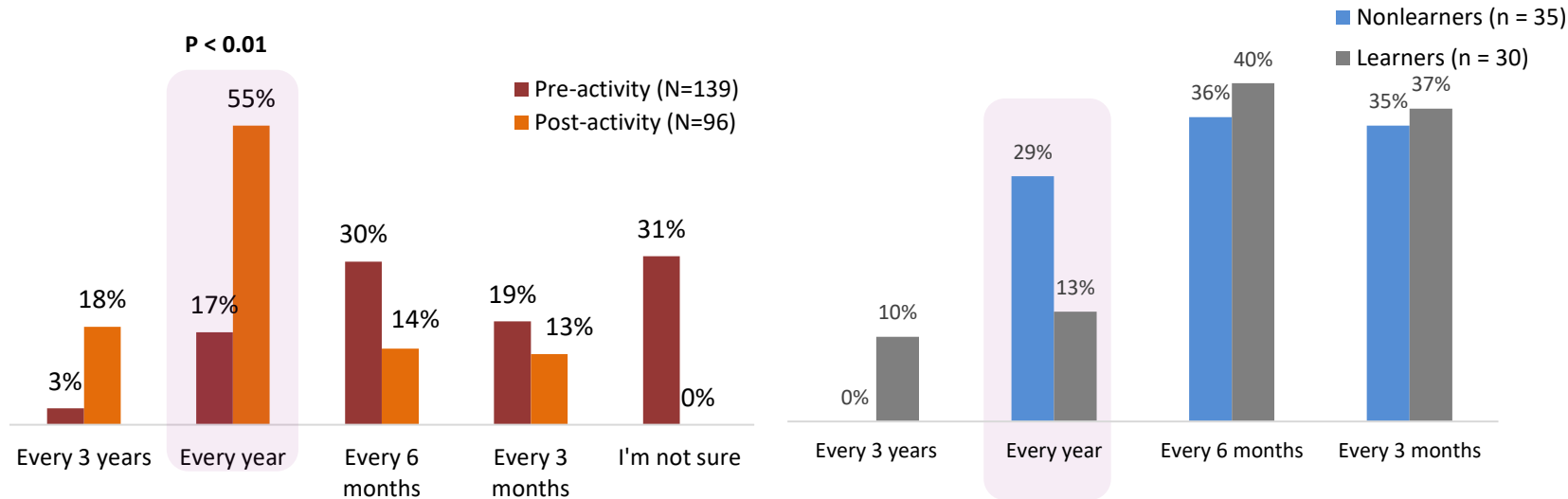
Insight: Many clinicians before education were screening fewer than half of their patients with psoriasis for comorbidities and referring to specialists when necessary, highlighting the importance of understanding the link between comorbidities and the inflammation associated with psoriasis.

Need for further education: Although follow-up data suggested improvements in clinical practice through regular screening for comorbidities and timely referral, over 43% of learners and 72% of nonlearners need additional education on screening protocol and shared pathophysiology of psoriasis and comorbidities.

Clinical Competence: Managing Comorbid Conditions

LO: Ensure management of comorbid conditions in patients with psoriasis through screening and appropriate referral when necessary

One of your patients with psoriasis is 45 years old and has obesity (BMI = 33 kg/m²). How often would you screen him for hypertension, according to standard screening recommendations?



- **Pre-activity**, confusion centered around the standard screening recommendations for hypertension, with only 17% choosing the recommended annual screening
- **Post-activity**, learners showed substantial improvement, with 55% choosing annual screening recommendations
- A **follow-up data** indicated diminishing impact of education after a month, with only 13% of learners chose the recommended annual screening. Most learners chose frequent screening every 3 and 6 months

Deviation from recommended annual screening was seen in the post- activity and follow-up data, suggesting a need to describe risk factors that could influence the screening frequency

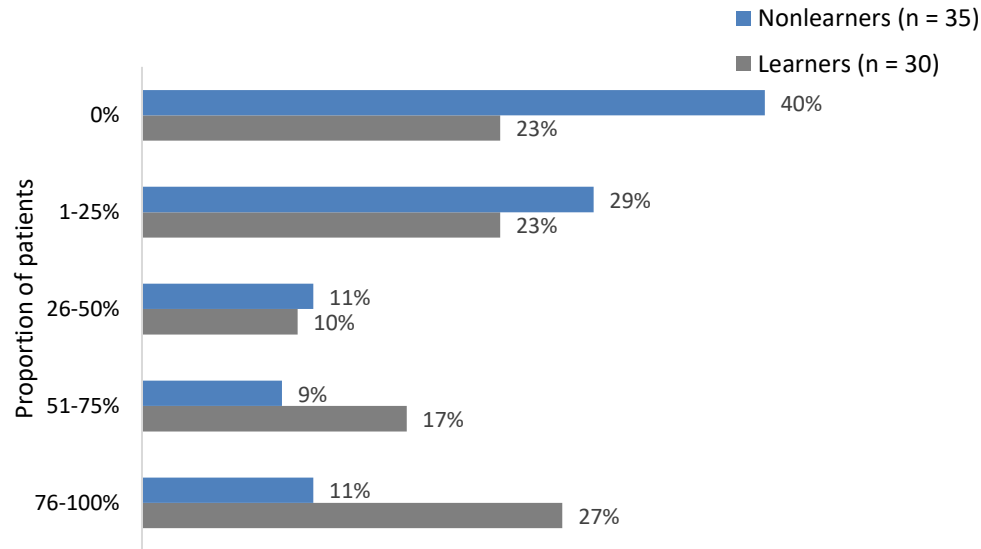
Insight: Learners benefited from clarity on proper screening protocol for hypertension, especially the recommended annual screening for patients with psoriasis and obesity.

Need for further education: Although learners demonstrated increased competence after the education, post-activity and follow-up data indicated the lack of clarity on screening frequency persists, with additional education needed on standard screening protocol for hypertension and the risk factors that could influence the frequency of screening.

Clinical Performance: Integrating Technology in Clinical Practice

LO: Integrate digital coaching into the management of patients with psoriasis to improve patient outcomes and treatment satisfaction

For what percentage of your patients with psoriasis do you integrate digital coaching into management to improve patient outcomes and treatment satisfaction?



- **Pre-activity**, only 6% of participants (N=140) were integrating digital health tools and coaching resources for over half of their patients.
- A **follow-up data** demonstrated improvement in clinical practice with integration of digital tools and coaching in the management of psoriasis for over half of their patients, with 44% of learners versus 20% of nonlearners coaching their patients on digital tools.

Insight: Learners benefited from understanding the importance of engaging patients in their care and coaching them on clinically-validated digital tools to improve treatment adherence and patient satisfaction.

Need for further education: Although learners demonstrated increased competence in integrating of digital coaching into their practice, a follow-up data suggested over 70% of learners and 80% of nonlearners need additional education on clinically-validated digital tools, coaching platforms and training to integrate them in their workflow.

Suggested Educational Topics

- Continued updates on psoriasis treatments, including long-term efficacy data of biologics and apremilast
- Managing side effects of new treatments
- Differentiate treatment options and optimize therapy selection
- Shared decision-making framework for psoriasis
- Discussion on the pathophysiology that leads to various comorbidities
- Training on how to recommend and monitor digital health interventions

Overall Summary and Ongoing Gaps and Educational Needs

Managing patients with moderate-to-severe psoriasis

Although learners demonstrated large gains in knowledge of emerging treatments and competence in managing difficult-to-treat patients, pre-activity and follow-up data indicate ongoing educational needs on:

- Importance of assessing treatment response
- Treatment algorithms
- Evaluating efficacy of approved biologics and apremilast
- Management of side effects
- Shared decision-making framework

Managing comorbidities with psoriasis

Learners demonstrated practice change, evidenced by increased screening for comorbidities. However, baseline and follow-up data showed persistent gaps in:

- Knowledge of shared pathophysiology of psoriasis and comorbidities
- Familiarity with standard screening protocol and recommendations
- Awareness of risk factors that can influence the frequency of screening

Digital coaching in the management of psoriasis

Although learners demonstrated practice change, supported by increased integration of digital coaching into the management of psoriasis, baseline and follow-up data highlight the need for further education and training on:

- Validated digital tools
- Integrate them into their workflow
- Coaching patients on these tools
- Recommending and monitoring digital health interventions