



Barbara Rinehart

NEEDS ASSESSMENT

My responsibilities were:

- ☞ Researched burden of disease, accepted guidelines, outcomes data, advances in literature
- ☞ Prepared gap analysis
- ☞ Identified specific barriers and needs
- ☞ Wrote objectives for target audience

Parkinson's Disease - 2009 Needs Assessment

Educational Gap

Parkinson's disease (PD), 1817, is the second most prevalent neurodegenerative disorder in the United States, which is about 1 per 100 people. 60,000 new cases will be diagnosed in the next 15 to 20 years. Parkinson's disease is progressive and incurable. The cost of care per year for direct costs was \$1.5 billion in 2005 due to lost productivity. The disease is age-related having symptoms may be present in young adults. PD is equally prevalent in men and women. The symptoms include postural instability and severely compromise quality of life, driving, and in advanced stages. Symptoms often result in disability. There is no cure for PD. Treatment is aimed at reducing the severity and number of symptoms. The role of caregivers, and society is to provide support. PD has no determined etiology. Disruption of dopamine neurotransmission progressively worsening symptoms but administration of levodopa minimizes the symptoms. Use due to the "wearing off" symptoms over time. Several medications have emerged all having Carbidopa extends the therapeutic effect of levodopa. MAO-B inhibitors like rasagiline, selegiline, and pramipexole. Combinations of levodopa and MAO-B inhibitors are used to manage symptoms of Parkinson's disease.

Multiple Sclerosis - 2009 Needs Assessment

Educational Gap

Multiple Sclerosis is the most common inflammatory disease of the central nervous system affecting approximately 2.5 million individuals worldwide. It is estimated that between 250,000 to 350,000 people in the US have MS. It is second only to trauma as the cause of acquired disability in young adults and the most common cause of disability in young adults. The incidence of MS is increasing with age. There is some minor (13%) genetic component. 70% environmental factors. MS is more frequent in industrialized countries. MS is a chronic disabling disease with significant physical and cognitive disabilities. MS results in significant physical and cognitive disabilities. MS patients often suffer early loss of work capacity. MS patients are often hospitalized due to falls. MS patients require assistance in activities of daily living. There is no cure for MS. Treatment is aimed at reducing the severity and number of relapses. The role of caregivers, and society is to provide support. MS patients who are most suitable for the role of caregivers, and society is to provide support. MS patients who are most suitable for the role of caregivers, and society is to provide support.

Barriers

MS presents many challenges to patients. MS patients often suffer early loss of work capacity. MS patients are often hospitalized due to falls. MS patients require assistance in activities of daily living. There is no cure for MS. Treatment is aimed at reducing the severity and number of relapses. The role of caregivers, and society is to provide support. MS patients who are most suitable for the role of caregivers, and society is to provide support.

There are 6 approved pharmacologic immunomodulatory drugs approved in the last 15 years. While widely used by clinicians to develop experience with these drugs, there are several barriers to their use:

- Treatment recommendations
- Clinical trials do not always reflect real-world practice

Early Detection of Cancer - 2009 Needs Assessment

General data
Early detection is the single most important factor in surviving cancer. Primary Care Physicians (PCPs) have a significant role in the early detection of cancer. PCPs are involved in primary prevention, diagnosis, and management of cancer. PCPs are involved in primary prevention, diagnosis, and management of cancer. PCPs are involved in primary prevention, diagnosis, and management of cancer.

Cancer Statistics
In the United States, 15.8 million people are living with cancer. About 1,444,920 new cancer cases were diagnosed in 2007. There are 21 million cancer-related patient visits per year. In 2007, 559,657 people died from cancer. Making cancer the second leading cause of death. The three most common cancer sites are lung, breast, and prostate. (See Table 1).

Despite this high prevalence, most PCPs do not perform cancer screening. Most PCPs do not perform cancer screening. Most PCPs do not perform cancer screening.

Gaps in knowledge of physician role
The PCP may be the first health care professional to detect cancer. The PCP may be the first health care professional to detect cancer. The PCP may be the first health care professional to detect cancer.

- Identifying patients at risk
- Detecting cancers before they metastasize
- Ordering screening or sophisticated diagnostic tests
- Identifying and actively participating in the care of cancer patients from their environment
- Providing comprehensive and coordinated care
- Delivering supportive patient care

Gaps in the use of early screening
Use of early screening tests for cancer is not universal. Knowledge of every screening test is not universal. Knowledge of every screening test is not universal.

Coronary Artery Disease - 2009 NEEDS ASSESSMENT

General Data
Coronary artery disease (CAD), also called coronary heart disease (CHD), is a condition in which the coronary arteries are narrowed by the formation of atherosclerotic plaques, making them vulnerable to blockage causing chest pain or heart attack. Primary care physician (PCPs) treat patients with CHD with consultations from cardiologists and cardiovascular surgeons. PCPs serve as coordinators and are responsible for the day-to-day medical management of CHD. PCPs evaluate risk factors, perform diagnostic tests, and evaluate concomitant and related diseases. PCPs develop treatment plans and monitor disease progression as well as help patients with lifestyle modifications. Patients with severe disease or complications require referral.

CHD Statistics
CHD (incidence of 16,800,000; 2005) falls under the umbrella of cardiovascular disease (80,000,000) along with the related conditions of hypertension (73,600,000), myocardial infarction (7,900,000), angina (9,800,000) stroke (6,500,000), and heart failure (5,700,000). In 2005, CHD resulted in 445,687 deaths making it the single leading cause of death in America. An estimated 1.26 million Americans will have a new or recurrent coronary attack in 2009. The economic burden is estimated to be over \$314 billion. Death rates are declining due to better screening, diagnostic, treatment, and prevention efforts. However, the morbidity and mortality is still high and related to the increasing age of the population and other factors such as the obesity and diabetes epidemics.

Gaps in knowledge regarding epidemiologic trends
The 21st century ushered in an epidemic in CHD. Advanced diagnostic technology, therapeutic intervention, and changes in disease presentation have changed the landscape of CHD. PCPs are often the last group of physicians to be on the forefront of these epidemiologic trends. One major trend, due to modern treatment methods, is the increased prevalence of individuals with established disease who are susceptible to recurrence. Most CHD deaths occur outside of the hospital, rendering the PCP the major point of contact for event recurrence. Preparation for dealing with CHD recurrence and other emerging trends is paramount.

Gaps in early detection of cardiovascular problems
Advanced heart disease is often asymptomatic with first presentation being myocardial infarction or cardiac death. The ability to intervene at the subclinical level may allow PCPs to improve the prognosis for patients at high risk for cardiac events. This goal necessitates the use of screening methods to help identify which patients will most benefit from primary prevention efforts. Typical screening methods include number and severity of risk factors, exercise,

NEEDS ASSESSMENT

GAP ANALYSIS