

were the most feasible strategies to implement to improve telehealth quality of care.

Conclusions. T2 clinicians are more comfortable managing DIMDs via telehealth but require ~1 more visit to confirm a diagnosis vs in-person. Significant barriers to telehealth remain including digital literacy, inconsistent caregiver presence, and lack of clear diagnosis guidelines. Clinicians see value in telehealth but it is still not as effective as in-person. Significantly more clinicians are in-office post-COVID and >50% recommend patients come in-person to confirm a DIMD diagnosis.

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Curriculum Based CME Improves Healthcare Provider Knowledge and Competence in the Assessment and Management of Major Depressive Disorder

Natalie Guevara, DVM, MPH, Jovana Lubarda, PhD and Pakinam Aboulsoud, PharmD

Medscape Education, New York, NY

Objective. This study examined whether curriculum based continuing medical education (CME) interventions can improve provider knowledge, competence, and confidence related to the assessment and treatment of patients with major depressive disorder (MDD).

Methods. The online CME curriculum consisted of 2 online activities, which used repeated pairs pre-/post-assessment study design and McNemar's test ($P < .05$ is considered significant) to assess educational effect. Clinicians who completed questions both pre- and post-assessment were aggregated across activities, stratified by 2 learning themes.

Results. Significant improvements ($n=31-756$, $P < 0.05-0.001$) were seen for knowledge/competence across all providers (psychiatrists, psychiatry NPs, psychiatry PAs, PCPs, primary care NPs, and primary care PAs) for both learning themes – "Appropriate depression medication selection and modification" and "Evaluating residual symptoms in patients with MDD". Notable improvements:

- There was a 48% relative improvement among PCPs, 26% relative improvement among primary care NPs, 42% relative improvement among primary care PAs, 19% relative improvement among psychiatrists, 23% relative improvement among psychiatry NPs, and 24% relative improvement among psychiatry PAs ($P < 0.001$) related to appropriate depression medication selection and modification.
- There was a 47% relative improvement among PCPs ($P < 0.01$), 41% relative improvement among NPs ($P < 0.01$), 18% relative improvement among psychiatrists, 33% relative improvement among psychiatry NPs, and 52% among psychiatry PAs ($P < 0.001$) related to evaluating residual symptoms in patients with MDD.

Conclusion. Participation in CME interventions significantly improved knowledge/competence and confidence among

psychiatric and primary care providers. This study identified persistent gaps in clinician knowledge and competence related to MDD care that may guide future education.

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Recognizing Practice Gaps Schizophrenia Diagnosis and Treatment: Results of a CME Accredited Survey

Natalie Guevara, DVM, MPH, Jovana Lubarda, PhD and Lisette Arnaud-Hevi, PhD

Medscape Education, New York, NY

Background. Schizophrenia is a severe chronic illness that affects approximately 1% of the population worldwide and is estimated to affect at least 3.5 million people in the United States. Although a range of antipsychotic medications exists for treating schizophrenia, outcomes have historically been poor, and evidence confirms that clinicians remain challenged to individualize treatment for patients living with schizophrenia.

This study was designed to understand the clinical practice gaps and perspectives of clinicians related to managing schizophrenia and help inform the development of education and tools to improve clinician knowledge, competence and confidence.

Methods. A survey instrument containing 24 multiple choice, knowledge and case-based questions was used to assess participants' knowledge, attitudes, and confidence in the management of Schizophrenia. The survey was available online to US and global physicians without monetary compensation or charge. Respondent confidentiality was maintained, and the responses were de-identified and aggregated prior to analyses. Questions were grouped into clinical themes and analyzed. Data were collected from 8/11/2022 to 12/14/2022.

Results. In total, 560 psychiatrists, and 94 Primary Care Physicians answered all questions in the assessment. Physicians demonstrated gaps in the following areas:

| Clinical Theme | Correct Answer | |
|-------------------------------------|-----------------------|--------------------------------|
| | Psychiatrists (n=560) | Primary Care Physicians (n=94) |
| Diagnosis and Assessment | 54% | 38% |
| MOA of novel and emerging therapies | 39% | 32% |
| Treatment nonresponse | 67% | 55% |
| Individualizing treatment | 50% | 38% |

Conclusion. This educational research on assessment of clinical practices revealed important knowledge and competence gaps amongst psychiatrists and PCPs who manage patients with