

Addressing Inequities in Lupus Nephritis Care Through Targeted Continuing Education

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abstract



1 Background

- Lupus nephritis (LN) is a severe manifestation of systemic lupus erythematosus (SLE) that disproportionately affects racial/ethnic minorities, women, and individuals with low socioeconomic status.
- Delayed diagnosis and treatment contribute to poor renal and long-term outcomes among vulnerable populations.
- Targeted continuing education (CE) focused on equitable, multidisciplinary management was designed to:



Recognize impact of disparities on patient care



Identify team-based approaches to facilitate equitable care



Review strategies to diversify clinical trials

2 Methods

Vindico provided a web-based CE video of multispecialty panelists focused on achieving equitable team-based care

For clinicians managing patients with or at risk for LN

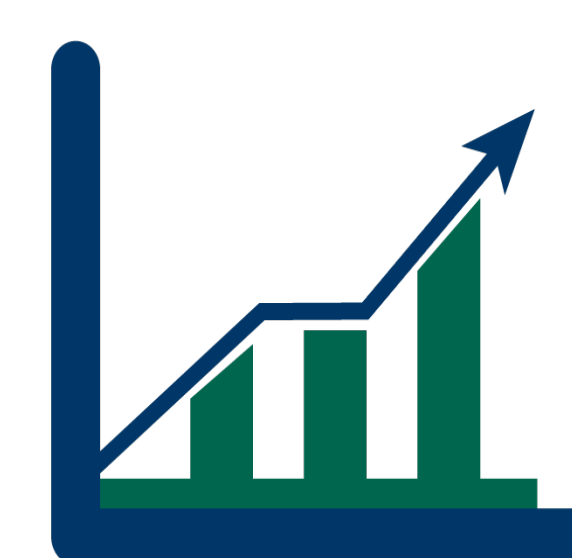


EP Webcast Activity

12/1/25 – 11/30/26



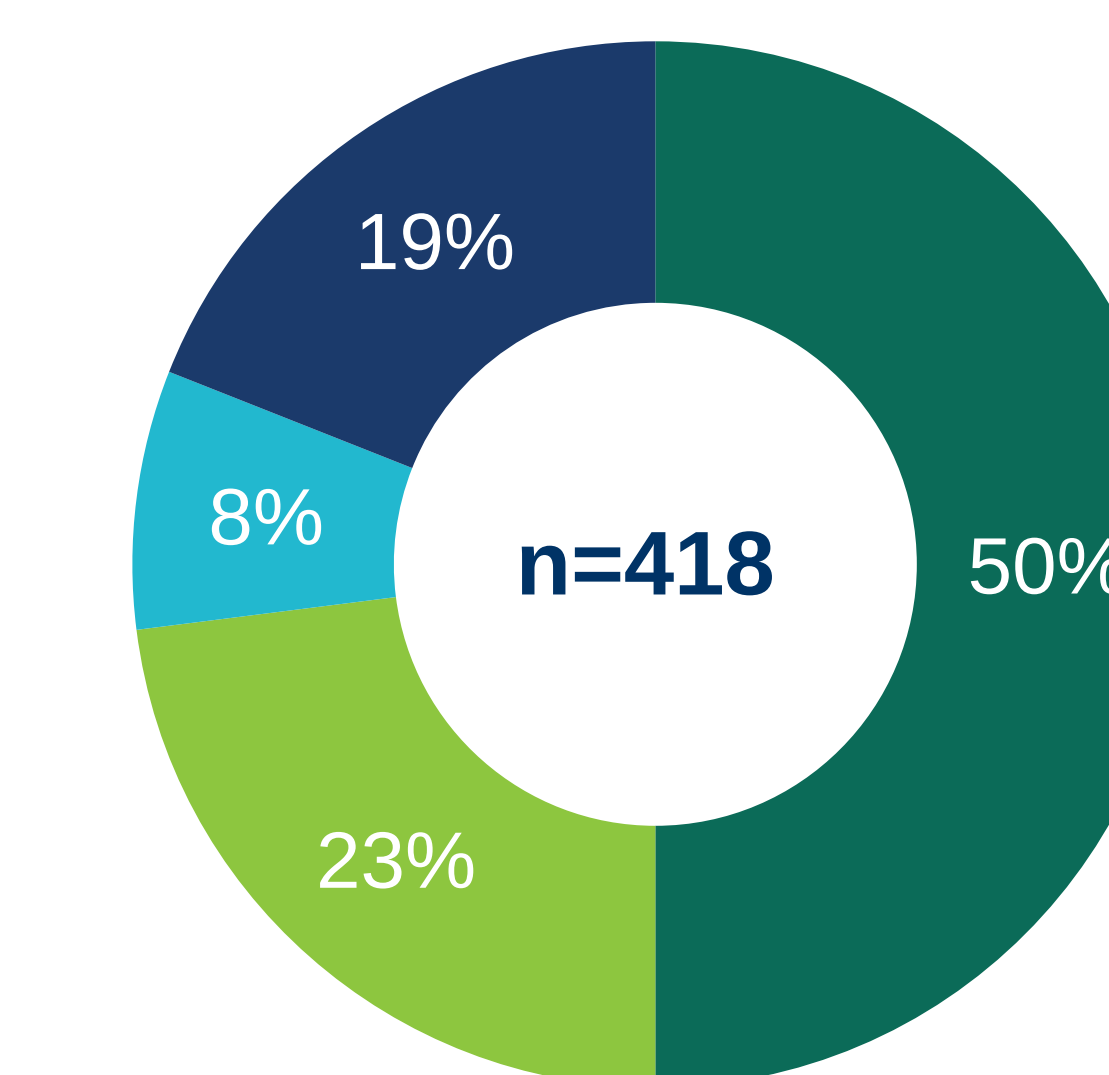
Outcomes Methodology



- Pre- and post-education multiple choice questions with confidence ratings assessed knowledge; mastery = confident and correct.
- Baseline behaviors were assessed by polling prior to learning and planned changes to practice were assessed via Likert rating questions.

3 Demographics

Profession

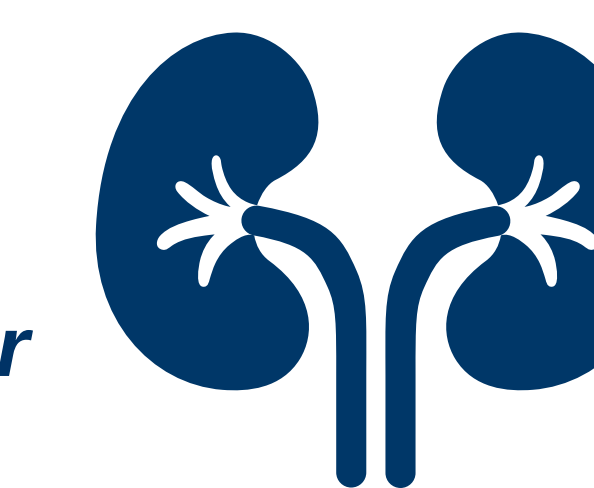


Physician
Advanced practice provider
Nurse
Other



180

Specialize in rheumatology or nephrology



230

Involved in patient treatment



121

Assess patients, but refer for treatment



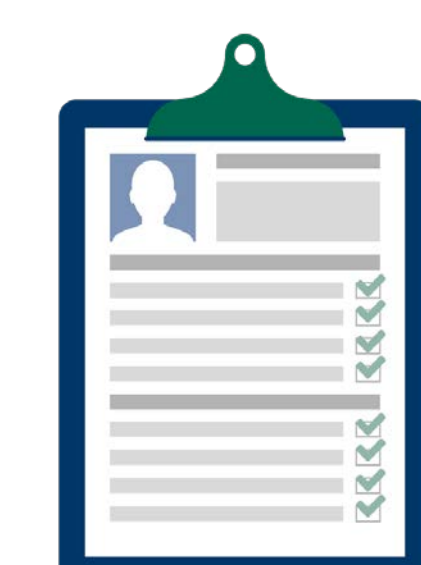
Clinicians see an average of **4 patients per month with LN**

4 Results

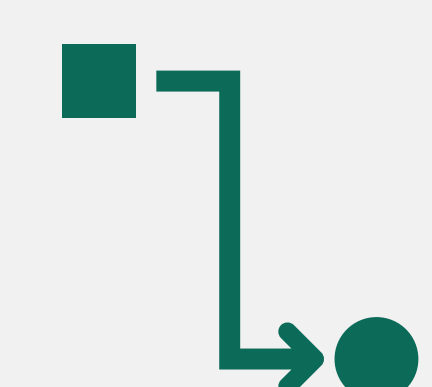
Baseline Gaps



At baseline, **81%** of treaters and **47%** of referrers noted using team-based care. Yet, only **18%** treaters and **22%** referrers were knowledgeable on the topic.



Only **22%** treaters and **23%** referrers were aware that laboratory screening for LN every 6 months is a quality metric included in the *Healthy People With Lupus 2030* campaign.

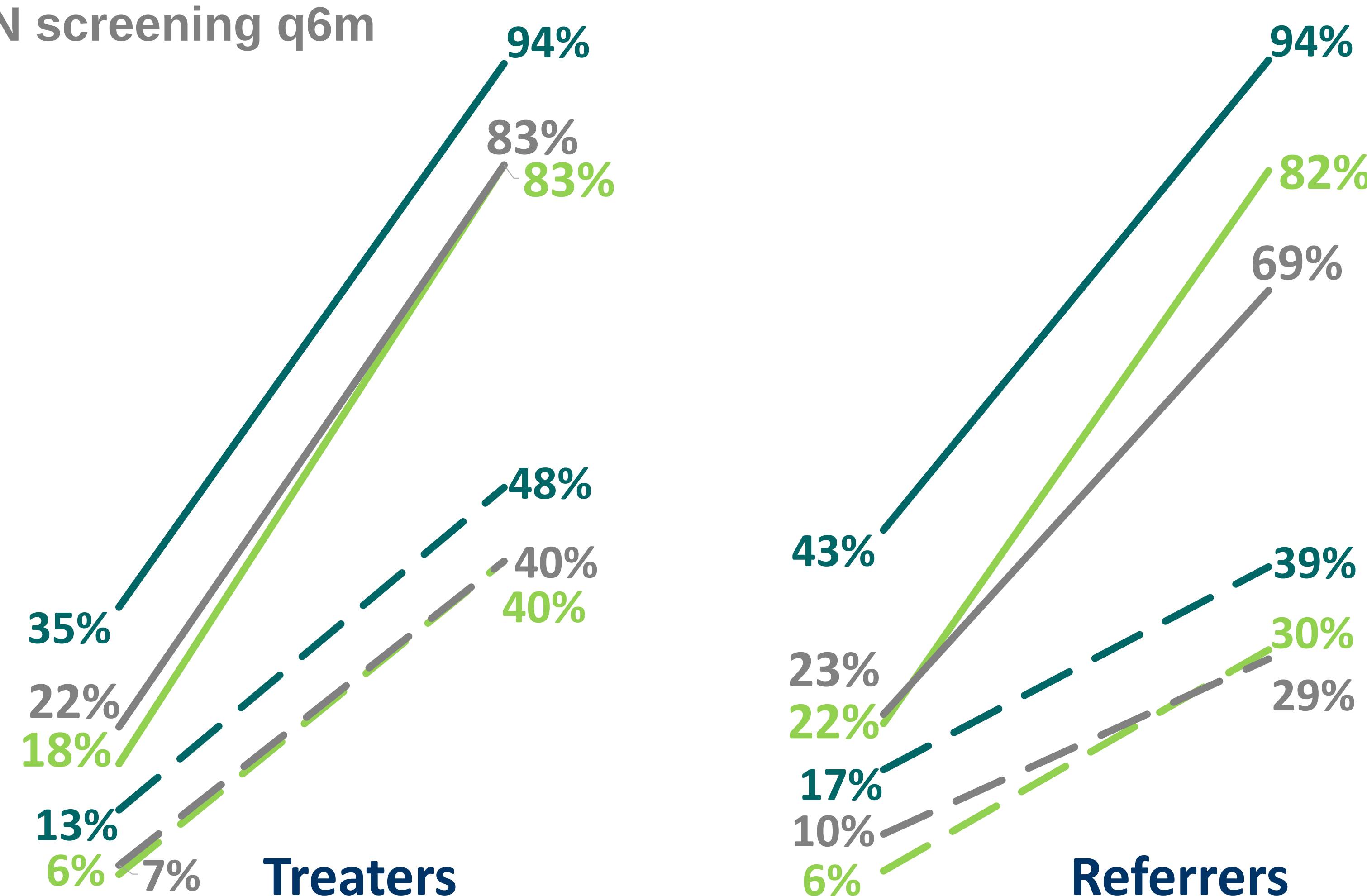


Only **35%** treaters and **43%** referrers were aware of the impact of disparities in patients with LN.

Knowledge Transfer

Inequities
Team-based care
LN screening q6m

— Knowledge
- - Mastery

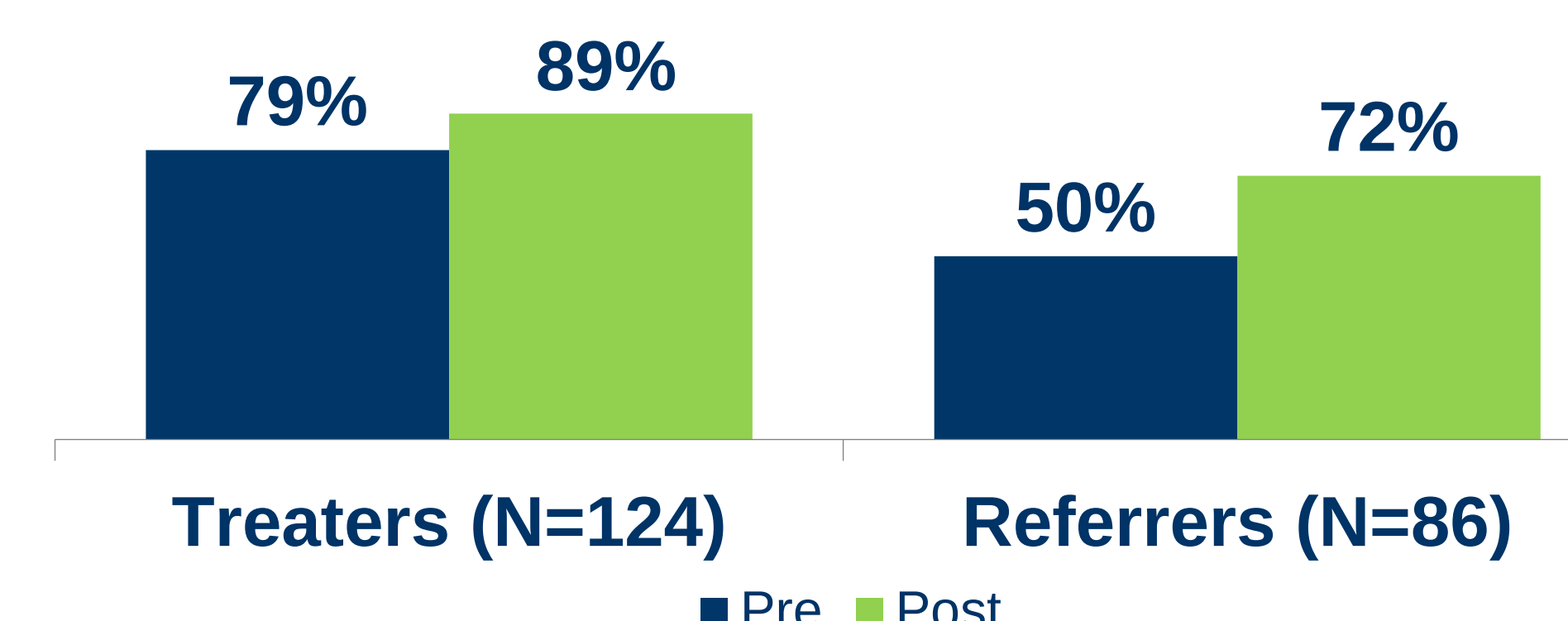


Baseline knowledge was low across topics but increased robustly post-education. There was a substantial rise in mastery (*confidence and correctness*) among treaters but only modest gains were noted among referrers.

GC=glucocorticoid; q6m=every 6 months. Treaters N=113–116 pre, 89 post; Referrers N=105 pre, 91 post.

Impact on Confidence

How **confident** are you in your ability to leverage multidisciplinary/interprofessional strategies that support equitable LN care? (%*extremely or very confident*)



Post-learning, completers were more confident in their ability to leverage team-based approaches to support equitable care.



Post-learning, **84%** of learners noted increased confidence in managing patients with or at risk for LN

Impact on Practice

- 90%** of treaters and **79%** of referrers were more likely to consider disparities that impact patients.
- 92%** of treaters and **81%** of referrers were more likely to use team-based care.

5 Conclusions



Educational Insights

- At baseline, 81% of treaters and 47% of referrers reported using team-based care. However, knowledge scores were the lowest on the topic despite increase in confidence post-learning
- Substantial gains in knowledge were observed across all assessed domains, with mastery rising most among treaters but more modestly among referrers suggesting persistent challenges in implementing tactics to improve health equity.



Future Directions

- Targeted CE was associated with meaningful improvements in clinician knowledge, confidence, and intended practice behaviors related to equitable and multidisciplinary management of patients with LN.
- Future education should be tailored to address the practice-based gaps, offering tangible strategies to improve care coordination across diverse populations of patients with LN.

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