



Conversations in Primary Care: February 11, 2017

Activity Summary

CME Activity:	Conversations in Primary Care: February 11, 2017 Broadcast Live from Ft. Lauderdale, FL
Course Director:	Gregg Sherman, MD
Date of Evaluation Summary:	March 7, 2017



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In February 2017, the National Association for Continuing Education (NACE) sponsored a live virtual CME activity, **Conversations in Primary Care: February 11, 2017**, broadcast live from Ft. Lauderdale, FL.

This educational activity was designed to provide primary care physicians, nurse practitioners, physician assistants and other primary care providers the opportunity to learn about varied conditions such as ADHD in Adults, Idiopathic Pulmonary Fibrosis, Atrial Fibrillation, and Medical Marijuana. Clinicians will benefit from learning new research findings that could lead to improved patient care and safety.

In planning this CME activity, the NACE performed a needs assessment. A literature search was conducted, national guidelines were reviewed, survey data was analyzed, and experts in each therapeutic area were consulted to determine gaps in practitioner knowledge, competence or performance.

Eight hundred ninety one healthcare practitioners registered to attend the live virtual conference Conversations in Primary Care: February 11, 2017 broadcast from Ft. Lauderdale, FL. Four hundred eighty three healthcare practitioners actually participated in the conference. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. Three hundred eighty three completed forms were received. The data collected is displayed in this report.

CME ACCREDITATION



The National Association for Continuing Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The National Association for Continuing Education designates this live activity for a maximum of 4 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



National Association for Continuing Education is approved as a provider of nurse practitioner continuing education by the American Association of Nurse Practitioners. AANP Provider Number 121222. This program has been approved for 4 contact hours of continuing.

What is your professional degree?

Label	Frequency	Percent
MD	72	19%
DO	7	2%
NP	249	65%
PA	22	6%
RN	23	6%
Other	10	3%
Total	383	100%

Indicate the number of patients you see each week in a clinical setting regarding each therapeutic area listed: ADHD:

Label	Frequency	Percent
None	85	23%
1-5	181	49%
6-10	58	16%
11-15	23	6%
16-20	13	4%
21-25	3	1%
> 25	8	2%
Total	371	100%

Indicate the number of patients you see each week in a clinical setting regarding each therapeutic area listed: IPF:

Label	Frequency	Percent
None	213	58%
1-5	125	34%
6-10	18	5%
11-15	8	2%
16-20	2	1%
21-25	1	0%
> 25	1	0%
Total	368	100%

Indicate the number of patients you see each week in a clinical setting regarding each therapeutic area listed: AFIB:

Label	Frequency	Percent
None	66	18%
1-5	146	40%
6-10	61	17%
11-15	51	14%
16-20	18	5%
21-25	10	3%
> 25	16	4%
Total	368	100%

Indicate the number of patients you see each week in a clinical setting regarding each therapeutic area listed: Medical Marijuana:

Label	Frequency	Percent
None	274	74%
1-5	69	19%
6-10	12	3%
11-15	8	2%
16-20	1	0%
21-25	2	1%
> 25	3	1%
Total	369	100%

Upon completion of this activity can you, Discuss ADHD symptom profiles and common presentations in a primary care setting, identify risks for coexisting disorders in adult patients with ADHD with emphasis on anxiety disorders, mood disorders, and substance use/abuse disorders, implement appropriate pharmacologic treatment for adults diagnosed with ADHD designed to improve compliance, minimize side effects and maximize outcomes in a busy primary care setting, use adult ADHD assessment and treatment tools for assessment, treatment and follow-up monitoring?

Label	Frequency	Percent
Yes	300	82%
Somewhat	60	16%
Not at all	4	1%
Total	364	100%

Upon completion of this activity can you, Implement an appropriate strategy for diagnosing a patient with suspected idiopathic pulmonary fibrosis (IPF), discuss and contrast the available pharmacotherapeutic options for patients with IPF, describe the non-pharmacotherapeutic options for IPF patients, establish the clear role for the primary care clinician in diagnosing and managing disease in IPF patients?

Label	Frequency	Percent
Yes	217	60%
Somewhat	137	38%
Not at all	7	2%
Total	361	100%

Upon completion of this activity can you, Identify those patients at risk for cardioembolic stroke who are appropriate candidates for anticoagulation, recognize common misperceptions about anticoagulation risk to improve communication and patient adherence, discuss the management of bleeding in patients on anticoagulants, describe the role of continued anticoagulation in the setting of emerging non-pharmacologic therapy?

Label	Frequency	Percent
Yes	305	84%
Somewhat	57	16%
Not at all	1	0%
Total	363	100%

Upon completion of this activity can you, Assess trends in the use of marijuana, medical and recreational, analyze the potential benefits of medical marijuana, evaluate the potential negative consequences of medical marijuana, review research of physician attitudes towards medical marijuana?

Label	Frequency	Percent
Yes	253	69%
Somewhat	104	28%
Not at all	8	2%
Total	365	100%

Overall, this was an excellent CME activity:

Label	Frequency	Percent
Strongly Agree	256	69%
Agree	114	31%
Neutral	2	1%
Disagree	0	0%
Strongly Disagree	0	0%
Total	372	100%

Overall, this activity was effective in improving my knowledge in the content areas presented:

Label	Frequency	Percent
Strongly Agree	264	71%
Agree	107	29%
Neutral	1	0%
Disagree	0	0%
Strongly Disagree	0	0%
Total	372	100%

As a result of this activity, I have learned new and useful strategies for patient care:

Label	Frequency	Percent
Strongly Agree	216	58%
Agree	139	37%
Neutral	17	5%
Disagree	0	0%
Strongly Disagree	0	0%
Total	372	100%

How likely are you to implement these new strategies in your practice?

Label	Frequency	Percent
Very Likely	232	62%
Somewhat likely	101	27%
Unlikely	9	2%
Not applicable	33	9%
Total	375	100%

When do you intend to implement these new strategies into your practice?

Label	Frequency	Percent
Within 1 month	230	62%
1-3 months	65	17%
4-6 months	23	6%
Not applicable	54	15%
Total	372	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Greg Mattingly, MD – ADHD:

Label	Frequency	Percent
Excellent	266	74%
Very Good	78	22%
Good	14	4%
Fair	0	0%
Unsatisfactory	1	0%
Total	359	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Franck Rahaghi, MD – IPF:

Label	Frequency	Percent
Excellent	234	66%
Very Good	91	25%
Good	28	8%
Fair	3	1%
Unsatisfactory	1	0%
Total	357	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker: J. Marcus Wharton, MD – AFIB:

Label	Frequency	Percent
Excellent	243	68%
Very Good	99	28%
Good	15	4%
Fair	0	0%
Unsatisfactory	1	0%
Total	358	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Charles P. Vega, MD – Medical Marijuana:

Label	Frequency	Percent
Excellent	236	66%
Very Good	89	25%
Good	25	7%
Fair	5	1%
Unsatisfactory	1	0%
Total	356	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Greg Mattingly, MD – ADHD:

Label	Frequency	Percent
Excellent	264	73%
Very Good	74	20%
Good	21	6%
Fair	2	1%
Unsatisfactory	1	0%
Total	362	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Franck Rahaghi, MD – IPF:

Label	Frequency	Percent
Excellent	258	73%
Very Good	68	19%
Good	24	7%
Fair	2	1%
Unsatisfactory	1	0%
Total	353	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? J. Marcus Wharton, MD – AFIB:

Label	Frequency	Percent
Excellent	265	73%
Very Good	75	21%
Good	19	5%
Fair	1	0%
Unsatisfactory	1	0%
Total	361	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Charles P. Vega, MD – Medical Marijuana:

Label	Frequency	Percent
Excellent	256	72%
Very Good	73	20%
Good	23	6%
Fair	4	1%
Unsatisfactory	2	1%
Total	358	100%

Which statement(s) best reflects your reasons for participating in this activity:

Label	Frequency	Percent
Topics covered	293	32%
Location/ease of access	282	30%
Faculty	50	5%
Earn CME credits	300	32%
Total	925	100%

Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent
Strongly agree	189	51%
Agree	154	41%
Neutral	29	8%
Disagree	0	0%
Strongly Disagree	0	0%
Total	372	100%

As a result of this activity, I have learned new strategies for patient care.

List these strategies:

Comment
<p>Considering a diagnosis of ADHD when patients presents with anxiety/depression/mood disorder</p> <p>Using the appropriate algorithms to determine anticoagulation for patients at risk</p> <p>Being on the lookout for basilar crackles in patients who are older with smoking history</p> <p>Being able to have an educated conversation about what we know for sure about medical marijuana and what we don't</p>
<p>Diagnosis</p> <p>Treatment Options</p> <p>Referral options</p>
<p>Screening patient with anxiety/mood disorders for ADHD</p> <p>Consider screening IPF for chronic cough patient</p> <p>Use CHADs2-VSSC score for anticoagulation</p>
<p>To consider ADHD when evaluating clients in wellness exams</p> <p>Baton utilize Chas scores and other co - morbidities when evaluating coagulation needs</p> <p>Confirmed that more risks are associated with use wit adolescents especially 15 and under</p>
<p>Will consider treating adults with long acting stimulants</p> <p>Consider MMJ for neuropathic pain</p>
<p>How to identify patients at risk for cardio embolic stroke who are appropriate for anticoagulation</p> <p>How to recognize common misperceptions about anticoagulation risk to improve communication and patient adherence</p> <p>The management of bleeding inpatients on anticoagulants</p>
<p>How to better access for ADHD in adults and treatment.</p> <p>How to best assess if medical marijuana's is appropriate and if there is any miss you.</p> <p>Warfarin is being under utilized and only warfarin and dabigatran have approved reversal agents.</p>
<p>Identify risks for coexisting disorders in adult patients with ADHD with emphasis on anxiety disorders, mood disorders, and substance use/abuse disorders; implement appropriate pharmacologic treatment for adults diagnosed with ADHD designed to improve compliance, minimize side effects and maximize outcomes in a busy primary care setting; use adult ADHD assessment and treatment tools for assessment, treatment and follow-up monitoring</p> <p>Discuss and contrast the available pharmacotherapeutic options for patients with IPF; describe the non-pharmacotherapeutic options for IPF patients</p> <p>Identify those patients at risk for cardio embolic stroke who are appropriate candidates for anticoagulation; recognize common misperceptions about anticoagulation risk to improve</p>

<p>communication and patient adherence; discuss the management of bleeding in patients on anticoagulants; describe the role of continued anticoagulation in the setting of emerging non-pharmacologic therapy</p> <p>Assess trends in the use of marijuana, medical and recreational; analyze the potential benefits of medical marijuana; evaluate the potential negative consequences of medical marijuana; review research of physician attitudes towards medical marijuana</p>
<p>Assessing trends in the use of marijuana, medical and recreational. Evaluate the potential negative consequences of medical marijuana. Review research of physician attitudes towards medical marijuana.</p>
<p>For ADHD-Use assessment and treatment tools (rating scales) to identify and offer treatment</p> <p>IPF- Importantly to identify those that possibly have the disease and refer to pulmonologist- need good physical assessment tools- spirometry in office</p> <p>AFIB- Use Chad2Vas score to identify those who would benefit from anticoagulation (weigh risks of bleeding with benefit of preventing stroke</p> <p>Medical marijuana- Still skeptical but knowing the most important use is for relief of pain- chronic- and neuropathic. First evaluate mental health issues before contemplating prescribing</p>
<p>how to address myths and have an open discussion</p>
<p>I am more likely to investigate the possibility of ADHD in an adult</p> <p>I have a much lower threshold for implementing and maintaining patients on anticoagulation with AFIB.</p>
<p>Able to discuss patient surrounding topics covered</p>
<p>ADHD- applying the screening tools ASRS and ADHDRS for patents and initiating treatment early.</p> <p>IPF- recognizing risk factors initiating HRCT, early referral, AFIB- screening with CHAD initiating Warfarin anticoagulants initiating oral activated charcoal as reversal agent for bleeding. Medical marijuana- beneficial for neuropathic pain and to increase appetite to stimulate appetite for those patients in need.</p>
<p>ADHD-Use assessment tools to indicate if patient is positive and needs further care</p> <p>IPF-A patient complaining of worsening dysnea/cough/crackles with changes in Xray will need CYT scan for further evaluation</p> <p>AFIB-Using the tools such as CHAD2VASC and HASBLED helps to detect patient for risk of stroke or bleeding</p> <p>Marijuana-This is not legal in my state, but can inform the patient of advantages and disadvantages of marijuana use.</p>
<p>Adult ADHD screening</p> <p>Considering IPF</p>
<p>Approach to marijuana conversation. IPF differential strategies, and ADHD MGMT confidence.</p>
<p>Approach to patients, different treatment options, identifying those patients</p>
<p>Appropriate assessment and intervention.</p> <p>Asking the right questions and completing an appropriate PE will assist in identifying the problem.</p> <p>Choosing appropriate medication management for the topics covered.</p>
<p>Appropriate diagnosis and treatment for ADHD. Appropriate treatment for anticoagulant for prevention stroke.</p>
<p>Appropriate setting for medical marijuana</p> <p>appropriate pharm treatment for adult ADHD and when to look for it</p> <p>risk factors and testing for IPF and the patient with bibasilar crackles</p> <p>identifying stroke risk and using CHADS 2 scoring</p>
<p>As a nurse practitioner student I will feel more comfortable prescribing and monitoring anticoagulants- like not holding anticoagulants before procedures (dental). I learned a lot about the indications for medical marijuana use, however my state has not legalized this.</p>
<p>as a retired physician, I like to be up to date in my clinical knowledge and how i interact with colleagues and patients</p>

Assessment techniques.
Assessment tools for ADHD
Awareness of IPF symptoms and presentations, workup for IPF and treatment considerations, Compare and contrast the various anticoagulants available and appropriate usage situations
Be more alert to ADHD diagnosis Be more likely to encourage anticoagulant Open mind to therapeutic marijuana
Be proactive to discern patients with symptoms that may indicate underlying ADHD. Seek for these patients to be referred for proper mental health care. Improve patient adherence on anticoagulant therapies. Propose alternative therapies if pt's not adhering to current therapy
Behavior medicine
Being more aware of prevalence of ADHD and considering in a differential for diagnosis. Having a better understanding of IPF and when to refer to pulmonologist. Assessing risk of bleeding in Afib patients and being better able to counsel patients concerning this. Being aware of prevalence of substance abuse and uses of legalized marijuana.
Being more open to new treatments
Better assessment and management of diseases based on evidence based clinical guideline and practice Ways to implement these clinical pearls and problems in better approach in choosing treatment plans
Better awareness and treatment options
Better way of diagnose patient with ADHD Managing patient on anticoagulant
Better ways to assess patients for these 3 different disease processes. I am in Colorado so the Medical Marijuana is a mute point PLUS, a lot of the slides were incorrect with what we see on a daily basis.
Bibasilar crackles in IPF. Use of Medical Marijuana
Bring more knowledge in assessing, diagnosing and treating my patients which can lead to improved outcomes
Careful assessment of patients with ADHD, IPF, AFIB and potential candidates for medical marijuana
Cautious use of Marijuana, particularly for adolescents Careful consideration of pros and cons in using Warfarin vs. newer anticoagulants Use screening tool to diagnose and follow up conditions of ADHD patients
Chads-vasc2 and has-bled scoring is very helpful
Chads2Vasc will use standardized forms for ADHD adult intakes
Change in medication RX
CME
Counseling technique; medication knowledge
CT for IPF, Meds for stroke prevention in A-fib, ID patients with ADHD
Currently, I am a nurse manager on a level 1 tertiary trauma center. We see all these diagnoses but I am soon ready to begin practicing as FNP provider. I will use the assessment skills I have learned in your lectures to identify, treat or refer for the conditions discussed.
Determining who is appropriate for ADHD Meds. Determining patients' risk of stroke.
Developed screening policies for adults with ADD, better able to discuss advantages of medical marijuana
Diagnosing ADHD using screening tools
Diagnosing and treating ADHD Referral options Interpreting respiratory conditions
Diagnosis & Treatment of ADHD Diagnosis of IPF Which Patients require anticoagulant therapy &

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types of therapy available, Use of Medical Marijuana
Diagnosis and management of ADHD with the use of better assessment strategy
Diagnosis and treatment
Don't delay patient care and refer to specialist Always screen patient before providing with specific medications (ADHD), and remember that adults can also have similar problems
Early identification
Early initiation of thromboembolic therapy for AFIB
Education
Evaluate and assess each patient individually
Evaluate for ADHD in adults Evaluate patients at risk for cardio embolic stroke and educate Stay abreast of trends regarding medical marijuana
Evaluate for ADHD with patient who have underline anxiety and when psych meds for other mood disorders are not effective; do annual EKG for patient to dx undiagnosed a fib and evaluate for anticoagulant; patient who have respiratory crackles need to have a PFT if it doesn't resolve and an HRCT is needed to r/o IPF if X-ray and CT has no significant findings.
Evaluating and treating a fib pulmonary fibrosis and ADHD
Evaluation Implementation Follow up
Evaluation of ADHD and medication options Further evaluation of abnormal respiratory symptoms to rule out IPF Utilize anticoagulation options for atrial fibrillation Be able to discuss clinical trial results for uses of marijuana
Filter ADHA adults better, medical marijuana not legal in my state
Follow the guidelines per lecture recommendations
Further evaluation of comorbidities w ADHD. Best Imaging for IPF Better understanding of Anticoagulat for AFIB I live in CO, medical marijuana.
Gained more knowledge in all aspects. Can make more informed choices in providing care
Good history and physical Assessment Lab/Diagnostic testing
Great meeting learnt a lot of update and plan to implement
Guidelines diagnosis and treatment of ADHD. Algorithm great! Anticoagulant therapy for A fib Discussion of side effects of continuous marijuana use Good review of A-fib for me. Medications to use updated for me.
Hands on and evidence based topics
Have ADHD in the differential list for adults presenting with anxiety and depression s/S Put IPF in my differential for patients with persistent cough beyond 1 to two years.
Helpful with diagnosis, screening and referral needs
How to treat patients with IPF
I am a Respiratory Therapist working mainly in the Sleep Lab. We see a lot of patients with different problems and health histories. We do not diagnose these issues but treat patients that have some of these health problems. This gave me a better understanding of their health problems.
I am no longer seeing patients on a daily basis, as I retired a few years ago. I still participate in CME programs.

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This one was excellent. Thank you.
I am retired, however, the course has improved my ability to recognize and manage the conditions in daily encounters.
I am semi-retired now, but I do contract work for the government; I do not see patients in a clinical setting, but I feel my knowledge about the subjects listed has improved and I will most likely be able to answer patients' questions regarding these topics.
I better understand ADHD and IPF. I understand first line treatments and proper test for diagnosing. Medical marijuana is not legal yet in my area, but I understand the benefits of its use.
I can assess ADHD in my adult population better. I work in psychiatry so it helps me understand the medical/physical complaints my residents have so I can differentiate the medical from the psychiatric a little better.
I can recognize people that would be candidates to be better on a different anticoagulant than Coumadin with AFIB
I don't treat adults. I will be more aware of AF in family and friends.
I feel much more comfortable with the idea of dx'ing ADHD and treating now. Additionally I am excited to refer to the CHAD scoring in office.
I never see it in my practice but if I were to see it I would at least be aware of the symptoms and develop a plan of care.
I only participated in the AFIB and Marijuana topics. I feel that I can more accurately assess who needs anticoagulation with the use of the Chads score and the has bled score. I also have a better understanding of where medical marijuana can play a role in my patient's pain management plan.
I was amazed to hear about the prevalence of other mental health conditions presenting as ADHD, I will consider those, even for patients previously dx And tx by other providers. I also feel much more comfortable with AFIB and it's tx. I will never ignore rates or chronic changes on a CXR. I've referred many patients for medical marijuana and will continue to do so.
I will access the ADHD screening tools provided on the NACE website. I will be more confident in considering IPF as a diagnosis when assessing a patient with adventitious breath sounds and will order a CT and refer to pulmonology.
I will assess my depression/anxiety patient for ADHD as a cause
I will no longer refer all ADD patients, and will consider managing them myself. Will no longer disregard patient's commentaries about their marijuana use.
I will now screen for ADHD with all of my patients. I also will be more likely to prescribe anticoagulants for patients at risk for stroke. I will also now be more aware to screen patients regarding IPF. I am not ready to prescribe marijuana for medical purposes at this time because my company does not allow me to due to their policy.
I will screen depression/ anxiety patients for ADHD. Recommend treatment for ADHD in these populations. Perform high resolution CT and pulmonary consults on patients suspected of IPF Educate more aggressively patient with AFIB about anticoagulation
I will screen more patients for ADHD when presenting with another psychiatric comorbidity. I will use the CHADSVAS to better evaluate my patients with AFIB
I will start managing ADHD in the office vs. refer to psych
Identifying IPF preferable treatment standard best practices among others
Identifying IPF and understanding the different blood thinners with AFIB.
Identifying patients at risk for cardiobolic stroke and proper management

Implement appropriate pharmacological treatment and properly treats the patient and increasing compliance.
Implement strategies discussed in the four lectures.
Implementing ADHD questionnaires
Identifying IPF and working with other specialties
Prescribing for the patients with AFIB
Considering medical marijuana for wide variety of our patients
Improved assessment and diagnostic skills
Improved awareness, screening and referral practices.
Improved discussion with patients about risks and benefits of embolus prevention
Improved screening using validated tools
Long acting stimulants are safer from a CV standpoint than short acting. do not ignore basilar rales on exam or PULM fibrosis on cxr medical marijuana helps w/ neuropathic pain and Crohn's even a few seconds of AFIB allow for clot formation -- be diligent about using anti-coagulants
Look beyond the normal. Order tests Have patients fill out survey for ADHD/ADD
Look for underlying depression and anxiety issues in patients with ADHD.
Looking at marijuana as another alternative method of care Pay attention to those patients on various blood thinners Don't ignore Lowe lung crackles and rhonchi Add can start as late as 12 not 7 as before
Medical management including testing, risk factors and then subsequent treatment.
Medication management for ADHD recognition of symptom patterns IPF Continued understanding of the use of medical marijuana
More alert to these issues; use the tools provided to identify this population; obtaining the high res CT earlier for IPF; aggressive anticoagulation in AFIB; discuss current opinion of medical marijuana.
More assessment of conditions so that treatment is appropriate
More effective methods of care and understanding use of meds for patients who have ADHD.
More efficacy for CHADS-VASC use in primary care.
Most of the topics and strategies discussed confirmed my current practice and the methodology.
Mostly educational
Myths regarding anticoagulation for AFIB patents was especially helpful. I will be much more aware of screening adults for ADHD.
Not to exclude ADHD in adults Screening for IPD Screening appropriately for patient to start anticoagulants
Note I am an ophthalmologist so general knowledge most applicable in ADHD and AFIB
Now have more detailed info
Ok
Pharmacological vs. non pharmacological treatment options for these diagnoses ADHD assessment and treatment tool
Presently not seeing patients with above dx's from this lecture
Proper risk stratification of AFIB.
Provide statistical data in my discussion of stroke and bleeding risk for treatment of AFIB
Realize that medical marijuana is probably not a first-line agent for ANY condition.
Follow patients for efficacy, safety, tolerability as with any other drug.

Communicate with the dispensary as you would any other health provider. If communication is lacking, stop the prescription.
Recognize crackles as a symptom not to ignore and work up administer testing to patient's I suspect to have ADHD and treat as needed. Keep an open mind to using medical marijuana. Recognize that medical marijuana works best on neurogenic pain. Choose anticoagulation for patients with atrial fib using the CHADS VAS score.
Recognize interventions for ADHD, prescribe anticoagulants, and recognize IPF.
Recognize potential underlying ADHD in patients with anxiety. Identify patients who might benefit from medical marijuana & those for which there would be little benefit. Provide patient with a better understanding of the need for ongoing anticoagulation with dx of AFIB.
Screening for ADHD earlier and using screening tools more consistently, and more aware of s/s for identifying IPF patients and monitoring patients on anticoagulants.
SCREENING FOR ADHD. DX AND APPROPRIATE TREATMENT OF ATRIAL FIB BASED ON CHADVASC2 SCORE/BLED SCORE. EARLY DX OF IPF
Screening for co-morbid conditions with ADHD and what medications are best to prescribe. How not to miss IPF. When to initiate anticoagulation therapy.
Screening for IPF
Screening methods for patients
Strategies to manage anti coagulants
Take detailed medical history and PE as well as FHx to make decisions and referrals.
Talking to my patients about their full symptomology regarding ADHD and using scales. Utilizing other newer therapies for treatment of AFIB besides Warfarin. Obtaining a very thorough history with my potential IPF patients And remembering that MJ can help with neuropathic pain
Testing for ADHD Assessing thromboembolic risks in a-fib patients Assess for IPF and order appropriate imaging and referrals Discuss medical marijuana although it is not legal in my state
Testing further for any crackles heard either by chest X-ray or PFT Making sure patients with AFIB are on anticoagulants and documenting properly when patients refuse Using the ADHD rating scales to identify adults with ADHD
Treatment, when to refer, and what treatment plan to implement in office
Treatment of ADHD and IPF and there signs/Symptoms.
Type of meds
Understand when medical marijuana may be a helpful treatment.
Understanding tools to use to dx patients with ADHD and being more aware of them. Being more aware of when to cont. to look for IPF in my pts.
Use adult ADHD self reporting scale
Use assessment and treatment tools available
Use available tools for better dx and treatment
Use of assessment scales for ADHD Appropriate use of newer anticoagulants in AFIB therapy Evaluation and assessment of IPF
Use of high resolution CT for basilar crackles, which do not resolve. Change dosing of ADHD medication to every day rather than just week days. Assess for mood disorders along with ADHD.
Using tools
Utilization of the ADHD RS scale with ADHD patients for diagnosis.

IPF assess for bird exposure. Use of medications with IPF as per clinical guidelines and when to refer to pulmonology. Use of the Has Bled Risk score and reversal agents for DOAC. Use of CHAD2VASC scale
Utilize appropriate screening tools to assess for learning disabilities and emotional distress
Utilizing algorithms
Variety of topics, assess for ADHD and IPF
Very informative
Very interesting and informative
Warnings signs for IPF
Ways to screen and work up for these problems
What needs follow up with chronic changes on chest x-ray
Paying more attention to possibility of ADHD
Will be implementing iPad assessment for not only ADHD/ADD, but also depression, pain, smoking...
Will always work-up abnormal lung sounds regardless of gender.
Will better assess my ADHD patients and screen for patients needing Medical marijuana
Will implement PFT's earlier in patients with respiratory issues.
Will speak to supervisor to implement some practice changes
Will use ADHD rating scales to help diagnose patients.

What topics would you like to see offered as CME activities in the future?

Comment
Adolescent mental health
All topics related to primary care diagnoses and associated differentials to rule out.
Alpa-1 Antitrypsin COPD Diabetes
Alternatives for pain management
Alzheimer's Dementia CVA Parkinson's
Any updates especially pharmacology updates or changes in care to new "gold standards".
Anything related to children
Anything you would like to pick.
As more information is gathered for medical marijuana, I would like to learn more, especially for autism and ADHD in children. Pharmacology of autism and ADHD in children.
Asthma headaches migraine, tension narcotic abuse and use of other medications diabetes always needs refreshing bipolar disorder hyperlipidemia
Asthma
Asthma management updates, diabetes care, new antidepressant medications compare and contrast
Autoimmune disease management in primary care, when to refer and to whom?
Autoimmune disorders like Lupus.

Dermatology topics including Bullous and neutrophil disorders. There are few high quality, free dermatology CNE programs online!
Bariatric
Behave medicine
Behavioral health such as depression and anxiety. Thyroid disease.
Bipolar and schizophrenia
Breast, lung cancer
Cardiac topics, COPD, end stage disease management
Cardiomyopathies
Cardiovascular Women Health
Child maltreatment topics related to human trafficking topic related to sexual assault
Childhood ADHD Migraine Major digestive Issues Pre and Post Menopausal Issues
Cholesterol treatment based on risk analysis, risk/benefit. Pharmacology.
Chronic Back Pain Headache: Types and Management
Chronic pain management.
Continuing medical education - it has come a long way? Are there any new alternatives? Features I most liked about ACA/least liked? Office gynecology for the GP - an update. Evolutionary medicine - does it have a place in the ghetto? Nutritional advances beyond weight reduction.
COPD
Definitely asthma, diabetes
Definitely psychiatric topics and case studies
Dementia Depression In Elderly
Depression
Depression and anxiety management Hypertension/CV meds
Depression Depression and anxiety management Hypertension/CV meds
Diabetes, Hypertension, Psychiatric Conditions
Diabetes, New Insulin
Diagnosis, and treatment of various Autoimmune diseases.
DM HTN CHF Abnormal liver test CKD management
DMII management Pap Smear guidelines

DVT, PE, PAD, Thrombophilia diseases and management
EKG interpretation
hematology - lab values, interpretation and treatment
EKG interpretation for primary care.
Electrolyte imbalance anemia heart failure chronic pain
Endocrine
Ethics / Legal challenges faced by providers pushed to do more in less time. Obesity - Dealing with not only the physical but emotional challenges faced by these patients, but what does the medical community have to offer that really works? Adolescents - Too old for Peds, too young for IM - going from 1 specialist to another with no good point of direction.
Fatty liver
Fibromyalgia acute kidney failure sheehan's syndrome
Follow up to ADHD depression after traumatic events
Functional medicine Hormonal replacement
Geriatric patients and cognitive dysfunction after anesthesia morbid obesity and comorbidities
Geriatrics
Gout, Mental illness, Vascular disease, Diabetes Type I
GYN management
HAP and C.diff treatment
Health assessment History and Physical Exams Billing and Coding
Heart Disease in Women
Heart failure
How to structure a diabetic clinic for monitoring.
HTN, Current DM updates, COPD
I am flexible. Have many interests.
I am seeing more adverse effects of long term use of "medical" marijuana since first implemented here in CO, increasing anxiety when used for PTSD. It is a for profit industry, so pt well being is not always the goal here. Here in Durango, the prescribing physicians are pain med/psych, but the MD's associated w/ dispensaries are usually from out of the area and keep their identity underwears. We were seeing hyperemesis syndrome 5 years ago, but didn't really know what it was. VERY common now. I would like to find pt's to track over a number of years and see how they do
I appreciate any topic, however until marijuana can be universally dosed I Will NOT advocate its use
Identification and treatment of other cardiac rhythm disorders; asthma in adult and children; ADHD in children;
Infectious diseases
Insomnia in elderly
Irritable bowel Disease
Oral anticoagulant therapy in CAD

Mammogram guidelines
managing chronic pain in patients in recovery
More about cannabis they were
More in depth discussion regarding a fib, treatment
More info regarding lifestyle measures for weight loss and management of T2DM
More information on ADHD for adults and the medical marijuana.
More medical marijuana
Neuro interventional radiology and latest trends for stroke care.
Neurodegenerative disorders- assessment and treatment
EENT and differential
Neurological topics; neuropathy treatments, migraines, neuromuscular disorders.
Ophthalmology
Opioid and Benzodiazapine Abuse, Dependency and Addiction
Anxiety Disorders
Spinal Disorders
Opioid dependence in primary care.
Orthopedic
Orthopedic topics concerning common primary care presentations
dermatology
mental health
Orthopedics
Pain management, orthopedics, rheumatology, nephrology
Palliative care
Patient education for AF treatment.
Role of NP in the health care system.
Pacemakers
Pediatric subjects in family practice
pelvic pain
IBS
Pulmonary arterial HTN, fibromyalgia and treatment, vertigo, ear/eye exam/issues/treatment for the primary care provider, heart failure and treatment
RA,SLE,scleroderma, biologics, fibromyalgia
Renal issues, stages of failure
Sleep apnea
Sleep apnea treatment
Asthma treatment
Sports medicine topics
Suboxone treatment; deep space neck infection; COPD; VHK syndrome; Ehlers-Danlos Syndrome
Substance abuse
Substance Abuse Treatment
Substance use disorder
Autism
Suturing
Treatment of menopausal symptoms
proper use of antibiotics
CHF treatment
weight loss and nutrition
Type 2 diabetes, hypertension
Uncontrolled diabetes and HTN

Update on weight loss meds
Updates on the ADHD, IPF, A fib, and medical marijuana as well as treatment of work injuries (occupational ortho), causes of Tinnitus and treatment, treating special needs population(patients with intellectual disabilities).
Use of MI in medication adherence; more pediatric topics; awareness of human trafficking; mental health in the schools.
Use of prebiotics and probiotics
When to start inulin in diabetic patient when to screen and treat for Hypogonadism
Women health STD due to the increase in my area
Women's health Dermatology topics in primary care poly-pharmacy management for elderly patient in primary care
Women's health
Womens health, Birth control, Mammogram reading dense breast what to do next? Weight loss

Additional Comments:

Comment
Thank you for organizing this activity
All the speakers had good mastery of the subject matter and the moderators allowed questions, which was very helpful and interactive.
Always fantastic speakers and excellent information provided, and you never cease to amaze me that this is free and from the comfort of my own home. Thank you
Appreciate this venue
As always, great speakers and very convenient online, thank you for offering this!!
Did not like that the PP presentation was always ahead of what the speaker was talking about; hard to follow as well as the questions being done prior to them being asked. At some points, I never had the ability to answer.
Early on there were some problems with whispers from others while the speaker was talking and throughout the presentations the pre and post-test questions often didn't stay up long enough for me to answer.
Excellent Appreciate the access
Excellent
Excellent CME activity. This is the first activity like this I have completed and would definitely be interested in other similar programs. Very nice balance of lecture and conversation during each of the lectures. Little bit of technical issues early on, however each of the presenters adapted very nicely to these and kept the program going. Excellent, excellent CME activity!
Excellent conference. More online conferences opportunities are highly welcomed
Excellent lectures.
Excellent presentation. The case study style made it easy to follow and understand. The presenters were experts in the subject. Will highly recommend NACE to colleagues.
Excellent program and sound fabulous. I was unable to get an initial slide on the 18 symptoms of Adult ADHD. Can you please forward to me. Thank you,

Ms. Dillon
Excellent program and speakers. Problem with how quick the question slides for pre and post test change not allowing for answer of questions. Also speaking with pre and post questions did not match up with the slides. There was a delay. Noticed this is the first time this has occurred.
Excellent program...really enjoyed it.
Excellent pregame
Fantastic; each segment was the perfect length to give an overview and important details.
Great format. Makes it possible to attend without having to travel, especially to an area out of state
GREAT JOB!!!
I appreciated the later start as I am in Pacific time zone. There were multiple problems with slide advancement especially during bot pretext and post test Q's. There were several episodes of someone whispering in a mic. Speakers and topics were superb.
I did not have audio for the presentation so it greatly limited my appreciation for the speakers lectures. I called during the break, and after signing off and back on X2 with no results I followed along with the written content, which was very interesting and beneficial for practice. I am sure the speakers were excellent but I was unable to evaluate this.
I have had a leave of absence from working as an ANP/GNP. I felt this was an excellent activity for preparing me back to the clinical world. The 4-5 hours spent was exciting and not too long. I was able to retain much of the information. The speakers were very good and held my attention. I would attend more webinars
I liked being able to ask questions interactively, and how the speakers incorporated the questions asked into their presentation, especially for the Pulmonologist's lecture.
I love the ease of these seminars at home.
I really appreciated this CME activity. It was great information and I would attend again. The only suggestion I have is to check the sound/microphones-I could hear the people in the background whispering and this clouded my ability to fully hear the presentation.
I really enjoyed the conference on ADHD!
I really enjoyed this and learned so much! Thank you!
I really enjoyed this conference and was very impressed with the quality and knowledge of the presenters. Thank you!
I thoroughly enjoyed the lectures.
IT WAS A VERY WELL PREPARED, DELIVERED, INFORMATIVE LECTURES
It was a wonderful, educational and outstanding webinar. Thank you Dr. Sherman.
It was good!
Like being able to download slides to study but I pushed notes button and missed it.
Like the technology and ease of attending CME
Look forward to more opportunities
Loved the ease of access to be able to complete these CEU's on my own time, in my household, for FREE, presented by experienced physicians!! This 4.5 hours was the high light of my day. I will use all info toward my soon to practice knowledge set. I love learning and I want to be a safe and effective provider.
More time and effort to address panel questions throughout lecture.
IT WAS A VERY WELL PREPARED, DELIVERED, INFORMATIVE LECTURES
Overall, it was good and I would definitely choose to do it again. Cons: A lot of difficulty answering the questions. Sometimes the question did not even appear before the results of the question did. Sometimes, it was not up long enough to answer it before it went to the results. Not staying on time targets.
Please consider the listing of PA before NP our training is directed to a differential than a NP, although

I do feel NPs are fine in a close relationship with their supervising physicians in 30 years I have yet to work with an NP that was skilled in a diagnostics position
Please continue to provide CME activities
Please continue to provide these programs.
Please keep me on your list beckynovick@icloud.com
Second speaker was not focused enough. Hard to follow. Otherwise good activity with relevant topics. Thank you!
Slides moved way too fast, otw, good!
Speakers offered practical approaches for the primary care clinician to use.
Thank you
Thank you for giving me the opportunity to take these classes. I will graduate soon with my FNP degree and appreciate the opportunity you have given me to increase my knowledge base
Thank you for making medical education accessible from the comfort of my living room.
Please keep me updated regarding this type of online CME as well as live CME lectures in Texas state and Florida state.
Last but not least thank you to NACE for the level of professionalism and high quality presentations. God bless you all.
Thank you for making these online virtual seminars possible as they have been very helpful without having to travel to venues all the time due to time constraints. I am gaining more and more knowledge regarding different topics. Please ensure that slides correspond with points being discussed and that slides do not cover the entire space when someone would like to send questions.
The audio and video transmission was a problem. Had to reboot several times
The cardiologist talked over my head and had too much pathology. More pearls would have been helpful. The music was very good and appropriate for the topics and during the breaks, especially the medical marijuana talk.;
The lectures were very informative and knowledgeable
This CME activity was very easy to access and to follow. Wish I was able to make selections during presentations using iPhone.
This format (4 topics in 4 hours) is excellent. I sometimes felt burned out with the 6 in 7, or worse 8 in 9. Noon time &- is just right for a slow Saturday in winter time. I hope this program becomes established before spring, even in Florida. More please!
This is the 2nd NACE conference I have attended virtually & while the topics have been great & the speakers excellent, there have been technical glitches both times. I sent a note to Cheryl when it became frustrating that the slides were lagging way behind the speaker & she responded right away that there were technical difficulties, it wasn't just me. If someone could work on ironing out those little issues that would be a big help! Thanks for providing these educational programs FREE!!!! SO very much appreciated!
This presentation was excellent and addressed real situations encountered in the medical field. Keep up the good work.
This program makes learning fun. I much prefer the four-hour format to the seven-hour one.
This was a great CME I really learned a lot , I am very grateful for the education I have to say all of the learning was very important although AFIB lecture was most adventitious to me.
This was a great way to earn free and live CME credits without having to travel. I hope there will be other similar free, live CME webcasts like this one offered. My schedule makes it difficult to travel for CME, and there are not many local live CME events available, especially free ones, and where I don't have to take time off work.

Conversations in Primary Care 2017:
February 11, 2017 – Ft. Lauderdale, FL

This was an excellent conference. Material was covered well and in a manner understandable to non-specialists in the areas of topics.
This was one of the best presentations I have attended on line. I hope you invite me to future offerings. Thank you.
This was one of the best yet, even for us non-practicing physicians.
This was one of your best programs! THANK YOU for offering online live streaming!! PLEASE CONTINUE THESE ONLINE CME MEETINGS!
Topics were all well presented.
Thank you
Very enjoyable, I was able to stay home and watch the webinar
Very frustrating experience with pre and posttest. Questions could not be viewed at the time they were read aloud and sometimes not until the next question popped up
Was nice to get credits in the privacy of my home
Well done
Would love to do more CME through your programs. Have been participating for many years.