



Conversations in Primary Care: March 25, 2017

Activity Summary

CME Activity:	Conversations in Primary Care: March 25, 2017 Broadcast Live from Ft. Lauderdale, FL
Course Director:	Gregg Sherman, MD
Date of Evaluation Summary:	April 17, 2017



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In March 2017, the National Association for Continuing Education (NACE) sponsored a live virtual CME activity, **Conversations in Primary Care: March 25, 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 Hypertension, Idiopathic Pulmonary Fibrosis, ADHD in Adults, and Long Acting Reversible Contraception (LARCS). 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.

Seven hundred sixty five healthcare practitioners registered to attend the live virtual conference Conversations in Primary Care: March 25, 2017 broadcast from Ft. Lauderdale, FL. Four hundred twelve 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 twenty two 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	22%
DO	5	2%
NP	216	67%
PA	16	5%
RN	8	2%
Other	5	2%
Total	322	100%

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

Label	Frequency	Percent
None	22	7%
1-5	43	13%
6-10	47	15%
11-15	36	11%
16-20	37	12%
21-25	42	13%
> 25	93	29%
Total	320	100%

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

Label	Frequency	Percent
None	178	56%
1-5	89	28%
6-10	17	5%
11-15	14	4%
16-20	6	2%
21-25	1	0%
> 25	12	4%
Total	317	100%

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

Label	Frequency	Percent
None	72	23%
1-5	124	39%
6-10	57	18%
11-15	37	12%
16-20	13	4%
21-25	8	3%
> 25	6	2%
Total	317	100%

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

Label	Frequency	Percent
None	135	43%
1-5	94	30%
6-10	48	15%
11-15	19	6%
16-20	9	3%
21-25	4	1%
> 25	8	3%
Total	317	100%

Upon completion of this activity can you, Recognize the evolving epidemiology and control rates of hypertension, Review proper blood pressure (BP) measurement technique and the role of office, home, and 24-hour ambulatory blood pressure measurement in everyday clinical practice, Discuss the impact of recent trials and recommendations on evolving blood pressure treatment goals, Recognize current recommendations for first-line agents in the treatment of hypertension?

Label	Frequency	Percent
Yes	205	71%
Somewhat	81	28%
Not at all	4	1%
Total	290	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	199	64%
Somewhat	110	35%
Not at all	3	1%
Total	312	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	243	78%
Somewhat	65	21%
Not at all	5	2%
Total	313	100%

Upon completion of this activity can you, Describe currently available long acting reversible contraception (LARC) options and how they improve contraceptive efficacy, List the contraceptive and non-contraceptive benefits of the LARC options, Delineate the benefits, risks and side effects of the LARC options, Outline appropriate candidates for various LARC options?

Label	Frequency	Percent
Yes	224	71%
Somewhat	81	26%
Not at all	10	3%
Total	315	100%

Overall, this was an excellent CME activity:

Label	Frequency	Percent
Strongly Agree	239	74%
Agree	79	25%
Neutral	3	1%
Disagree	1	0%
Strongly Disagree	0	0%
Total	322	100%

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

Label	Frequency	Percent
Strongly Agree	230	71%
Agree	87	27%
Neutral	4	1%
Disagree	1	0%
Strongly Disagree	0	0%
Total	322	100%

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

Label	Frequency	Percent
Strongly Agree	209	65%
Agree	101	31%
Neutral	11	3%
Disagree	1	0%
Strongly Disagree	0	0%
Total	322	100%

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

Label	Frequency	Percent
Very Likely	227	70%
Somewhat likely	78	24%
Unlikely	2	1%
Not applicable	15	5%
Total	322	100%

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

Label	Frequency	Percent
Within 1 month	218	68%
1-3 months	69	21%
4-6 months	11	3%
Not applicable	24	7%
Total	322	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Jan Basile, MD – Hypertension

Label	Frequency	Percent
Excellent	248	79%
Very Good	60	19%
Good	5	2%
Fair	1	0%
Unsatisfactory	0	0%
Total	314	100%

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

Label	Frequency	Percent
Excellent	210	69%
Very Good	78	26%
Good	14	5%
Fair	2	1%
Unsatisfactory	0	0%
Total	304	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
 Michael Feld, MD – ADHD

Label	Frequency	Percent
Excellent	213	70%
Very Good	76	25%
Good	14	5%
Fair	1	0%
Unsatisfactory	0	0%
Total	304	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
 Barbara Dehn, NP, FAANP – LARCS

Label	Frequency	Percent
Excellent	207	69%
Very Good	75	25%
Good	15	5%
Fair	4	1%
Unsatisfactory	0	0%
Total	301	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Jan Basile, MD – Hypertension

Label	Frequency	Percent
Excellent	244	77%
Very Good	62	20%
Good	7	2%
Fair	1	0%
Unsatisfactory	1	0%
Total	315	100%

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

Label	Frequency	Percent
Excellent	230	76%
Very Good	65	21%
Good	9	3%
Fair	0	0%
Unsatisfactory	0	0%
Total	304	100%

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

Label	Frequency	Percent
Excellent	213	75%
Very Good	59	21%
Good	10	4%
Fair	2	1%
Unsatisfactory	1	0%
Total	285	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Barbara Dehn, NP, FAANP – ADHD

Label	Frequency	Percent
Excellent	231	76%
Very Good	58	19%
Good	9	3%
Fair	4	1%
Unsatisfactory	0	0%
Total	302	100%

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

Label	Frequency	Percent
Topics covered	252	32%
Location/ease of access	225	28%
Faculty	42	5%
Earn CME credits	274	35%
Total	793	100%

Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent
Strongly agree	166	52%
Agree	120	37%
Neutral	32	10%
Disagree	4	1%
Strongly Disagree	0	0%
Total	322	100%

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

List these strategies:

Comment
I will evolve my care for the pt with HT by implementing different TZD like diuretics over HCTZ. I felt the information in regards to IPF was also very informative. I will use the algorithm given to treat patients with bilateral basilar crackles, SOB, and chronic cough. I found the information of LARCs will help me inform my patients on the non-contraceptive benefits, and I can refer as needed.
Use ADHD rating scales for screening and post treatment assessment. LARCS with a hormonal component are not known for necessarily exacerbating psychological issues and can be an effective contraceptive technique in that subgroup, Adult ADHD may be dx by the age of 12 as opposed to 8 yrs old
Able to understand proper BP measurement techniques and current recommendations for treatment of hypertension. Able to diagnose pt with IPF and understand options for treatment. Better able to identify and assess adult ADHD and implement appropriate pharmacological treatment. Better understanding of long acting reversible contraception.
Beta blockers no longer recommended for first line txmt in HTN Earlier recognition/suspicion of IPF Watch/look for adult ADHD--there's more out there than we realize; underdiagnosed LARC--I don't do much women's health, so not very familiar with the newer agents on the market--helpful info about all of the available options.
Recognize and treat hypertension following JNC 8 guidelines
Reminding staff about proper BP taking techniques. Selecting meds wisely. Screening patients for ADHD. I downloaded a screening form to share. Not dismissing "chronic changes" in lung fields
Consider ADHD in adults
Counsel regarding pharmacologic & non pharmacologic treatment strategies for IPF, & educate on realistic expectations thereof Improve diagnostic ability to recognize signs associated with IPF Educate patients more effectively on rationale & treatment strategy approach per JNC-8 for management of hypertension
Enhanced patient teaching better communication with other provider improved patient outcomes
Get patients to check home blood pressure measurements, Be more aware of IPF as a dx for patients with progressive dyspnea and no good explanation, Aware of the new LARC's as an option
Implement current recommendations for first-line agents in the treatment of hypertension. Counsel clients on the benefits and side-effects of the LARC options Implement an appropriate strategy for diagnosing a client with idiopathic pulmonary fibrosis, Determine my role for diagnosing and managing disease in IPF in collaboration my collaborating

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physician, Utilize adult ADHD assessment and treatment tools for assessment, treatment and follow-up monitoring
Implementation of hypertension, ADHD & IPF screening Identify referral criteria for hypertension and IPF diagnoses Implementation of appropriate treatment for hypertension, ADHD, IPF and use of LARS
Manners to evaluate for adult ADHD Not prescribing short acting medications for ADHD, only long-term Discussion regarding treatment of HTN and medications appropriate for specific patients Implementing and discussing the option of LARC for patients and discussing their options
Taking blood pressure more accurately, Seriousness of bibasilar rales, screen for adult ADHD, advocate for more LARC use
Train nurses appropriate way to take BP and recommended guidelines to start with Thiazide (long acting Chlorothiazide & Calcium Channel blocker) Assess patients with ADHD and association with Bipolar Perform screening early i.e. PFT, car, etc with basilar rales and sx. to dx IPF
24 hour ambulatory BP, screening and awareness for ADHD, low threshold for screening for IPF
A more creative way to assess and evaluate each condition.
A thorough history and exam to identify patient who need more aggressive therapy. Labs to indicate physiological issues. Emphasize the importance of correct blood pressure measurement and documentation throughout the day to identify and define causes for patterns and determine therapy. Keeping abreast of new strategies and pharmacological treatment of blood pressure. Discuss the relationship between elevated BP and risk of cardiovascular events. Lifestyle changes to include weight, diet, exercise, drinking, etc. -Early and correct diagnosis and treatment of IPF. Other risks associated with IPF make diagnosis and treatment, to include lifestyle awareness changes, critical. -Focus on previous and recent history for ADHD and use diagnostic criteria and scales.
Able to recognize signs and symptoms and be able to address it appropriately.
Assessment and evaluation skills.
Assessment and treatment of HTN including the follow up; When to refer to pulmonologist for patient with suspected IPF; Evaluation of ADHD in adults using the recommended scales/questionnaires.
Be aware of critical history and refer as early as possible to prevent untoward events.
Be more proactive in assessing and treating IPF more aggressively as opposed to providing some bandaid treatment that may only mask the problem resulting in death. Feeling much more comfortable providing info on intrauterine forms of birth control. Was already pretty good at the ADHD stuff since I work in psych.
Behavior medicine
Being more aware of behaviors associated with ADHD and making referrals as my clinic does not allow time for the screenings. Increasing discussions with women about LARC and providing better education to them on the benefits. HTN & IPF very practical in my practice to veterans. Diagnosis (CT 's and home bp monitoring) and treating (algorithm provided and referral to pulmonology).
Best HTN meds for AA population Early intervention and Dx for IPF
Better able to identify HTN and understand treatment guidelines Makes suggestion to physician when patient presents to clinic with symptoms of IPF. More knowledgeable when discussing Long Term Reversible Contraception and menses control of menstruation dialysis. Better qualified to recognize patients in training with learning challenges who may need referral for ADHD diagnosis and treatment.

Better able to identify risks for coexisting disorders in adult patients with ADHD. Plan of care for ADHD in conjunction with anxiety disorders, mood disorders, and substance use/abuse disorders Able to use adult ADHD assessment and treatment tools for assessment, treatment and follow-up monitoring.
Better at figuring out drugs to use and diagnostic strategies
Better management of HTN Increased awareness of pulmonary fibrosis More effectively recognize ADHD Be able to knowledgably be able to discuss LARCs with patients
Better management of hypertension
Better Med Evaluation & Management for Hypertension Better explanation of LARC for patients
Better medication management
Better screening for IPF updated knowledge of drug tx for HTN
Better understanding of ADHD in adults, co-occurring conditions, ways to evaluate patients
Better understanding of medications for resistant htn and ADHD. Better understanding of differences between various LARCs. Improved awareness of IPF and identifying it.
Better use of guidelines
BETTER WAYS TO CHECK HYPERTENSION APPROPRIATE ADHD MEDS USEFULNESS OF LARCS
Blood pressure management Identifying patient's with IPF and making the necessary referrals.
BP measurement techniques Spirometry testing emergency contraception
BP monitoring
BP monitoring techniques and using ACE/Diuretics BID
BP treatment strategies and goals, dx and mgmt. of ADHD
Can better spot the key symptoms
Can we please include Audio on the conferences
Careful & more efficient H&P. Check genetic background Careful clinical evaluation Specific work up and proceed to indicated laboratory, x-rays and proper referral as needed
Checking more often the patient's compliance with oral meds. Using inventory more often for ADHD diagnosis
Chronic disease management is a great percentage of my work as an NP. Better understanding related to HTN assessment and management will improve my clinical skills and may also improve my clients health status and HR-QOL.
Co manage hypertension with PCP Screen for adult ADHD in existing population
Current study on HTN; excellent on contraception
Currently no practicing. Updating CME requirements for license.
Currently retired
Dealing with HTN patients
Diagnosis and treatment of presented topics

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Diagnosis IPF. & ADHD. Utilize appropriate therapy for HTN.. Identify Candidates for LACD.
Difference between IUD regarding expulsion, cramps, bleeding. Quicker referrals to Pulmonary with IPF suspicion
Different areas in ADHD, IPF, contraception, HTN
Different diagnostics
Discuss alternative medications Implement clinical trial data into patient discussions.
Education compliance
Education on LARC's, Utilization of questionnaire tools for evaluation of ADHD
Education to women about long term reversible contraception on a regular basis
Encourage the use of LARCs. Monitor patients to recognize IPF. Strategies to manage HTN
Enhanced overall knowledge, increased awareness of patient anomalies, medications, mechanisms of action.
Evaluate and manage Hypertension ADHD and LARC
Evaluate patients after treatment
Evaluate puts better
Family hx information strategy new ways to implement patient education
Follow Guidelines of Sprint & JNC8 in Management of HTN. Think of ILF in Pt with chronic dry cough, worsened SOB. Dx with repeated CXR's & eventually HR CT scan, PFT. In adult ADHD, do not miss this Dx in cases of Substances Abuse, Anxiety, poor job performance etc...At last, avoid the myths that LARC's are not effective.
For hypertension evaluating the best time to take patients BP and making sure it is done properly. For IPF, keeping this in the back of my head as a differential dx, which I had not before. For ADHD performing a more thorough assessment and determine if it is ADHD versus ADD. For LARC this was a great review, this has given me a more thorough knowledge base about the different choices and thus being able to educate the patient more on birth control. -thank you
Further understanding of LARCs, implementing initial testing for IPF and referring to specialist
Give. Bid dose of HCTZ & in some patient change HCTZ to Chlorthalidone Teach my nurse how to take BP the right way Order HRCT for patient suspecting IPF
Good CME course
Good learning experience
Good presentations, very informative
Guidelines
Have a more clear approach to adult ADHS, appreciate the dangers of IPF, need to study HTN issues more, amazed at the LARCS options
High dose CT to diagnose IPF. Refer to pulmonary sooner. Have BP checked with no staff in the room with the patient. Recommend more LARCS since they are more effective for contraception than the pill. Better able to diagnose ADHD when it presents with anxiety and other mood disorders.
Home monitoring of BP is most effective, so I have patients keep a log of BP and bring to office visit. Paraguard is effective for women who cannot take hormonal LARC. Corticosteroids should not be given for IPF as it diminishes immune system and makes them more susceptible to other diseases. Oxygen and medication are good treatment options. People with adult ADHD have a risk of negative outcomes without treatment. We can diagnose and treat in the office.
Home monitoring plus better technique in taking BP.

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How to best attend to and watch out for patient symptoms of hypertension.
How to take an accurate BP and how to treat HTN with antihypertensives
Hypertension -among groups of increase risks. Goals for JNCC
Hypertension diagnosis and management. LARC indication. ADHD diagnosis and management. IPF diagnosis and management.
Hypertension initial treatment recommendations, early IPF diagnosis, ADHD treatment options
Hypertension management algorithm ADHD screening tool IPH sequence of test and early referral updated on available LARCs
Hypertension- early intervention- does not mean medication today, begin with lifestyle modification attempts 1st/ use JNC 8 as a guideline. Because evidence does not exist to support a particular guidelines, that does not mean that it should be negatively assumed. Lastly, make sure you are monitoring the clinical picture of the patient. Because you have obtained a lower blood pressure does not always mean that it is a better blood pressure, for example: end stage renal disease. If these pt's blood pressures are lowered too low it can caused decreased perfusion and lead to many other complications.
I am retired so did not think in terms of future patients. I simply enjoy keeping up with new info.
I am using this conference to refresh my memory on how these diseases are treated in an office setting and the overall goals of the different interventions. I work inpatient for a large rehab facility with patient's that have suffered TBI and CVA. I deal with a lot of ADHD behaviors with both TBI and CVA patients and many of my CVA have a couple of co-morbidities such as HTN. While we use different criteria for management, it good to understand what current research is telling us in office/outpatient setting.
I attend these programs for information and learning. It is always to my benefit. How that relates to my practice is not determined I do clinical research
I did not know that idiopathic lung disease you had that velcro sound lower bases-- although do not work in primary care but an acute clinic. I see repeat people coming in so will be more on top of letting people know importance of following up with PCM. Fir Bp i discuss and educate and importance of f/u with PCM.
I was deficient in LARC knowledge an found it very confusing. I now grasp how to better identify my patients' contraceptive needs and what to suggest to them in the way of options
I will be using adult screens for ADHD. Be more likely to recommend LARCs as effective, reversible BC options.
I will employ better hypertensive strategies, especially regarding HCTZ and half life. I will encourage greater use of ADHD meds and LARCS.
I will use the updated JNC 8 guidelines. I will diagnose IPF earlier. I will diagnose adults with possible ADD more scientifically use adult ADD medications more appropriately. I have a better familiarity with LARCS and I can at least counsel patients better.
I'm unclear what you are requesting for this required box.
Identify risk factors for diagnosis of Adult ADHD and I feel more comfortable in implementing treatment and screening for this. Noted the correct way for taking B/P readings in office. Reviewed strategies for managing HTN. Ensure that I am paying close attention to honeycombing and other symptom presentation for IPF. Learned on contraceptives and how to teach patients
Identifying patients who may have ADHD and treatment methods
Identifying symptoms of ADHD and IPF and initiating work up. Referring appropriate patients for LARC if indicated Appropriately initiate drug therapy for those with HTN
Implement LARC in my patients, Discuss ADHD with patients, Follow Hypertensive guidelines appropriately Diagnose or refer IPF patients quickly
Implementing proper goals for patients regarding HTN. Useful information regarding proper

contraceptives for each person.
IPF W/U with PFTs, Questionnaire for Adult ADHD, and adv. and contraindications for IUDs
It is appropriate to treat ADHD prior to treating comorbid mood disorders. Chlorthalidone (not HCTZ) is recommended thiazide-type diuretic due to DOA.
Know better when to refer to pulmonologist, IPF Know more about various LARC options
Know when to refer patients to appropriate specialist that I do not care for in my practice.
LARC was most beneficial as I see many women's health patients. Learning about the copper IUD's especially. Gaining a further understanding of HTN and the way it was presented was valuable I do not see PF pts. as I see mostly young adults but it was a great learning experience. I do see ADHD students and this information was helpful to my everyday practice
LARCS better management & ADHD
Learned about the ways to properly diagnose hypertension
Learned to look for s/s IPF, learned values of office bp readings and how to best take bp, reviewed LARC (not new)
Learning the correct method of taking BP. Learning how to recognize and early detection of IPF symptoms Using alternative option such as LARC for contraceptive and non-contraceptive benefits.
Learnt how to manage HTN and IPF and ADHD better
Medication strategies, assessment strategies, education strategies
Medications used to treat adult ADHD
Monitor blood pressure differently. Look for anxiety when seeing patients with ADHD. Can use copper IUD within 5 days for emergency pregnancy prevention
More aware of IPF
More awareness
More efficient control of hypertension in at risk patients. Better counseling of patients regarding LARC as to benefits and risks. Help adult patients with ADHD better understanding of testing for this disorder.
More History taking
More knowledge
More knowledge in patient care
More prompt and accurate diagnosis and treatment
Now know when to refer and not wait
Once I begin practice, I can utilize the information provided
Order HRCT: imaging study for UIP pattern Take 2-3 seated readings 1 minute apart then average
Out of office BP measurement, Adult ADHD scales, identifying IPF, discuss options for birth control with patients is a shared way.
Outcome related
Paragard as emergency contraception
Patient education and Better screening
Patient education & patient survey
Pay attention to the patient and what needs to happen.
Proper management of HTN Recognizing ADHD work up for IPF
Properly prescribe with knowledge long and short acting thiazides. Proper measurement of bp. Differentiate between masked and white coat HTN. Not ignore crackles on lung bases that do not go away with time. Offer LARC options for teenagers and nulliparous women. Provide Vitamin D

supplementation to women on Depo Vera shots and check bone for density appropriately. Provide the ASRS and ADHD tool screen to my adult patients who complain of having a hard time concentrating and coping at work and at home.
Providing clear objectives for caring for patients with LARCs
Recognize current recommendations for first-line agents in the treatment of hypertension. Provide education for patient and caregivers
Recognition and application
Recognition and treatment of ADHD follow guidelines for HTN tx
Recognition of meds available for control of HTN; recognition that ADHD is more prevalent than I thought. I won't be able to use LARC's, but to have the information to offer is always beneficial.
Recognize current recommendation for 1-st line agents in treatment for HTN Appropriate strategy for diagnosing a patient with IPF ADHD symptom and common presentation in primary care setting
Recognize evolving epidemiology and control rates of HPN. Implement appropriate strategy for diagnosing suspected IPF. Discuss ADHD symptom profiles and common presentations and describe available long acting reversible contraception (LARC) options.
Recognizing disease process Implementation of treatment modules Understanding available treatment options
Screening for IPF and also ADHD for adults and treat their anxiety component. I also liked the idea of using a screening questionnaire for adult ADHD.
Screening tools for ADD. Evaluation for anxiety. Avoid short acting Amphetamines. Early dx of IPF. Consider utilizing LARC's. New guidelines and goals for bp in certain groups.
Speak with patients regarding options of LARC's, potential side effects and benefits.
Start work up for patient presented with respiratory symptoms. Initiate appropriate BP medications. Discuss with patient re: contraception options.
Stepwise treatment of HTN Suggest LARC for select women as appropriate Consider adult ADHD for anxious patients with functional problems
Strategies for improved BP control inpatient. Options for LARC and appropriate patient. ID and treatment of ADHD Recognize IPF and role of PCP in management
Switch pts from HCTZ to chlorthalidone d/t longer half life Ultimate goal of BP is < 139 systolic Be alert to likelihood of anxiety disorder patients having co-morbidity of ADHD
Take BP in office and review Home BP logs, Use Spirometry to evaluate lung status, have longer discussions before Long Term contraceptives
Taking BP averages in OPC; recognizing sx and doing earlier referral for pt's with IPF sx.
Use CCB as primary antihypertensive agent. Use longer acting thiazide diuretics, or start prescribing HCTZ on a BID frequency.
Use chlorthalidone for BP management
Use chlorthalidone more frequent than HCTZ, better evaluate patients with cough for IPF
Using Sprint guidelines more often for HTN management ADHD- i would still refer out a specialist
Using the proven hypertension treatment algorithm to maximize blood pressure control. Being able to use clinical assessment and Spirometry measurements in order to screen people for idiopathic pulmonary fibrosis. Integrating ADHD scoring tools with personal and family history in order to better

assess for ADHD and minimize abuse potential. Being better able to counsel patients on available LARC options in terms of risks and benefits.
Using the ADHD-RS scale to help with dx of adult ADHD
Very good presentation and practical
Vitamin do 2000-5000 unit for prolonged Depo Provera use
Ways to measure BP in the office to obtain accurate results. Importance of checking renal function and electrolytes in vulnerable patient population with hypertension. Understanding the importance of educating my adult patients to accepting treatment of their adult ADHD thereby preventing the morbidity and mortality associated with this disease. Knowing to include IPF in my differential diagnoses of my patients presenting with nonproductive cough and dyspnea. This knowledge has helped me to understand the importance of early referral so this patient population can obtain appropriate treatment. Understanding that I can recommend LARC for my teenage patients and also patients that have never had babies and assuring them that return to fertility will occur with a few weeks of removal.
When to refer to pulmonologist for IPF, when not to give Larc, being more aware of comorbidities of ADHD patients

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

Comment
Abuse and neglect
Addiction issues
ADHD and LARC
Ambulatory management of CAP, Ambulatory management of COPD exacerbation, recognition & clinical reasoning in bronchiectasis management
Ancillary methods such as nutrition and physical therapy to treat osteoporosis
Anemia management in primary care
Antibiotic use; dermatological issues in primary care; chronic constipation; irritable bowel disease; osteoarthritis; osteoporosis
Anticoagulation treatment, PE, DVT, other thrombosis treatments
Anxiety disorders
Asthma, Diabetes Management, Oral Contraceptives, IBS and GERD
Autoimmune disease
Autoimmune disorders
Autoimmune thyroid diseases
Back pain and opioid use
Behavior medicine
Bipolar Disorder, GAD, Social Anxiety Disorder, current status of borderline TSH
CAD
Can't think of anything particular
Cancer, pediatric PTSD
Cardiology & women's health
Cardiovascular
Cervical cancer
CHF
CHF management
Chronic pain
Chronic wound care
Colon Cancer, Diabetes.
Congestive Heart failure management, Chronic kidney disease

COPD
COPD and Asthma
COPD, HF, CKD, Hypertensive heart disease
COPD, Asthma
Depression
Depression and anxiety treatment in primary care setting
Dermatology for Primary Care Providers
Dermatology, nephrology
Diabetes, Seizure Disorder, Asthma, COPD
Diabetes, wound care, asthma
Diabetes, anemia, hypothyroidism
Diabetes, thyroid, vertigo,
Diabetic injectable treatment options, weight loss treatment options, depression/bipolar treatment
Diagnosing blood cancers
Diet outcomes for lipids
Differential diagnosis and management of dementia
Dysfunctional uterine bleed
Dizziness
Domestic violence
EENT, GI, ASTHMA PEDIATRIC & ADULT, PAIN MANAGEMENT, ORTHOPEDIC CASES, DERMATOLOGY, ETHICS, UROLOGY
EKG, radiology procedures, chest x-ray
Electrophysiology
Endocrine
Endocrinology topics
Evaluation and management of low back pain
Evaluation of pelvic pain
Eye and ear conditions
General medicine
Genetic testing
Geriatric Assessment
Geriatric specific topics
Geriatrics
GI
Gynecological, Endocrinology
Heart failure
Hepatitis C, DMT2 management
Hepatology. Endocrinology. Neurology.
HIV
Hormone replacement therapy options/ pros and cons; EKG interpretation
Hormone therapy for menopause
HRT, testosterone, cholesterol values in different populations
HTN
Hypercholesterolemia, Diabetes
Hyperlipidemia
IBS, HEP C, HIV
Immunizations
Immunizations, diabetes management, sarcoidosis
Infectious disease

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Infectious Diseases
Kidney disease
Lipid disorders, Hepatitis C testing and treatment
Lung, breast cancers
Management of pulmonary HTN
Management of refractory CHF
Metabolic syndrome. CAD
Migraine mgmt, asthma, copd
More on anxiety and depression
More on diabetes; more on dealing with CKD
More on HTN, Osteo and RA
More psychiatric conditions
More pulmonary and CV topics.
Multiple sclerosis & IBD
Myofascial pain syndrome, risk management, medical errors
Narcolepsy
Neurological
Neurology
New graduate NP residencies, how will this need be addressed
New oral anticoagulants, oral diabetes medications, lupus
New research about the roles of lifestyle and gut biome on overall health, including mental health, less pharma pushing
Non-pharmacological adjunct dietary and exercise interventions for osteoporosis (patients keep asking me)
Nonpharmacologic chronic pain management tools and interventions
Nutrition, probiotics, gluten sensitivity
Obesity
Obesity and diabetes
Obesity, dementia, diabetes
Occupational lung disease
Open
Opioid addiction, HIV and Hepatitis C
Opioid detox
Oral contraceptives management; new medications update
Orthopedics, pain management
Pacemaker/ICD/CRT device types and modes and magnet use
Pain management
Pain management in a tightly regulated world
Pharmacological issues for seniors
Pharmacotherapy in regards to DM II, COPD/ lung disease
Pneumonia, Lupus
Post operative urinary retention, EKG interpretation
Pre-op screening, risks. ICDs and pacemakers
Psychiatric treatment for depression and substance use. Antibiotic treatment for UTI
Pharmacological issues for seniors
Pulmonary htn, COPD
Regenerative medicine and arthritis
Renal cyst, bladder cancer, thyroid disease
Renal failure

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Screening for Rx Med abuse
Seizures, adolescent health care
Sexually Transmitted Infections
Skin condition
STEMI, A Fib/Flutter
Stroke
SUDDEN CARDIAC DEATH
Sutures, procedures, dermatology
TBI
The impact of the Affordable Health Act in patients' access to care, including rising costs of premiums and insurers' pulling out of the marketplace.
Thyroid disorders, musculoskeletal
Topics helpful for urgent care settings
Topics related to pediatric and adolescent medicine also.
Treatment of hyperlipidemia
Uncommon STD Presentations
Update on new diabetes meds and new lipid lowering injectable strategies
Urgent care and EM updates
Use of psychotropic medication in the geriatric population
UTI
UTI; Diabetes
Ways to maintain Hedis requirements and practice management
Womens Health, STD, LARC, Cervical Cancer, Breast Cancer
Wound care

Additional Comments:

Comment
Additional topics: fatty liver Nafld, thromboembolism evolving outpatient treatment
Appreciated the power point slides made available online - made it much easier to follow the lecturers presentations.
ASTHMA
Cardiac dysrhythmias
Dementia management
ECELLENT EFFORTS TO KEEP US UPDATED
Enjoyed the format
Excellent program and Faculty
Excellent
Excellent as always
Excellent opportunity to learn more
Excellent presentation, enjoyed the topics and speakers
Excellent presentations
Excellent professional development course
Excellent program
Excellent program- did have some difficulty in volume during program and having to refresh the screen frequently to get sounds back but I love the ease of access from home and the CMEs availability!!!
Excellent program once again
Excellent!
Good Job!

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Great
Great conference. Weekends work for me
Great learning experience. Cannot wait for the next one!
Great opportunities!
Great presentation!
Great presentations and information
Great program!! Thank you.
Great topics but noo all questions by viewers got responded
Great topics.
H-Pylori management
Had no video or sound so could not rate speakers.
Hepatitis c monitering, referrals
I am currently living in a new area and am unemployed, otherwise I would be able to put alot of what I learned into daily practice
I am enjoyed the program.
I did this from review of all slides the visual feed did not work. It has been fine in the past but all attempts to remedy this were unsuccessful. Thank you Ms Kay for your help.
I enjoy these CME activities; it is nice being able to sit at home and hear knowledgable speakers.
I enjoyed this conference very much
I had computer difficulties that I think were on my end off an on during the presentations.
I have attended many conferences in person and on line. This was an excellent presentation and format. Very happy that I attended this. I saved slides during the presentation, just don't know how to retrieve. I didn't check my downloads yet. Thanks
I loved it! I did not have to leave my home for learning.
I loved this program! Thank you!
I really enjoy these presentations
I think nurse practitioners overall have a place in ob/gyn, the one that gave the talk fits into that role
I thought that the earlier presentation on ADHD and IPF were somewhat better and clearer.
I thought that the female moderator was terrible--she interrupted way too much and therefore disrupted the flow of the speaker's thoughts. Also, Barbara Dehn obviously wasn't coached re: the format to follow. It was so awkward when she offered to let the moderator read the questions or when she tried to include the moderator in the discussion. The moderator should just be the moderator--not a presenter. Also, the hold music was TERRIBLE! Straight out of the 70's--whoever chose it probably still wears plaid pants and leisure suits!!! Ha! Surely there is more modern instrumental music to play.
I was not able to access the audio so had to just watch the screen
I was unable to hear audio after trying several different devices including iPad. iPhone, laptop, and Droid as well as goggle google chrome and firefox and still had no audio which was very disappointing and caused me to only partially participate in HTN topic
I've heard Dr. Basile speak and hate that I missed him @ this opportunity. I've always enjoyed the CME you offer, sorry it didn't work out this time. I don't expect any CME for this -- I couldn't hear anything!
Informative conference
It would be very helpful to receive an email reminder the day before the scheduled activity. Also, fix the intermittent skipping in the audio portion of the presentation.
Keep good work up
Love this virtual conferences. Continue the good work.
More topics on pain management, hypertensive urgency, abnormal vaginal bleeding
More virtual symposium less than 7 hours long
Need for geriatric topics

Oncology
Outstanding experts presented and great learning format with pre and post questions (1)
Please continue with your good work
Seniors are our fastest growing population but there is almost nothing taught about how to care for this population. Medication dosing must be adjusted according to excretion/kidney function. I wonder what lab values for acceptable ranges needs to be adjusted as the patient ages. It is not the same for a 90 year old as for a 30 year old.
Thank you
Thank you! Well done
Thank you for an excellent CME activity
Thank you for an excellent conference which was easy to access. Please remember me when offering future opportunities for education. thanks again!
Thank you for these excellent topics!
Thank you!
Thank you. Sign in access could be improved.
Thanks for the free CEUs!!!
Thanks. (My mother's IPF diagnosis was missed; death within 4 months of correct diagnosis. Difficult diagnosis to find and not a very good prognosis.
The conversational style was very good and contributed to maintaining alertness.
The sound was a problem for me, but I thought the handouts were good and allowed me to follow the slides. If there was a way to test the sound before the program begins it would allow on to not miss the program by rebooting the computer.
This is such a great service!
This is very informative
THIS TYPE OF CONFERENCE ACCESS IS VERY EASY & CONVENIENT!
This was an excellent presentation.
This was great; thanks
Though currently not working I so enjoyed learning in this manner
Topics very well presented
Very educational and a good reinforcement.
Very excellent presentation. I will definitely sign up for more!
Very good
Very good presentation by all faculty
Very good topics presented by excellent Speakers in a captivated format.
Very informative
Very informative class
Very timely & informative CME
Very useful
Well done.
We had some preventative medicine lectures
Wonderful and informative way to learn current material related to practice.