



Conversations in Primary Care: March 4, 2017

Activity Summary

- CME Activity:** Conversations in Primary Care: March 4, 2017
Broadcast Live from Ft. Lauderdale, FL
- Course Director:** Gregg Sherman, MD
- Date of Evaluation Summary:** April 3, 2017



300 NW 70th Avenue • Plantation, Florida 33317
(954) 723-0057 Phone • (954) 723-0353 Fax
email: info@naceonline.com

In March 2017, the National Association for Continuing Education (NACE) sponsored a live virtual CME activity, **Conversations in Primary Care: March 4, 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 twenty one healthcare practitioners registered to attend the live virtual conference Conversations in Primary Care: March 4, 2017 broadcast from Ft. Lauderdale, FL. Four hundred twenty nine 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. Two hundred ninety seven 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	57	19%
DO	9	3%
NP	201	68%
PA	20	7%
RN	4	1%
Other	6	2%
Total	297	100%

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

Label	Frequency	Percent
None	33	11%
1-5	56	19%
6-10	57	19%
11-15	44	15%
16-20	33	11%
21-25	30	10%
> 25	43	15%
Total	296	100%

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

Label	Frequency	Percent
None	170	58%
1-5	91	31%
6-10	14	5%
11-15	9	3%
16-20	3	1%
21-25	3	1%
> 25	4	1%
Total	294	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	208	71%
1-5	54	18%
6-10	15	5%
11-15	6	2%
16-20	2	1%
21-25	3	1%
> 25	4	1%
Total	292	100%

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

Label	Frequency	Percent
None	75	26%
1-5	139	48%
6-10	41	14%
11-15	13	4%
16-20	10	3%
21-25	5	2%
> 25	8	3%
Total	291	100%

Upon completion of this activity you can, Describe the role of the kidney in glucose metabolism in health and disease, review the physiologic effects and clinical efficacy of SGLT-2 therapy in various patient populations, review emerging data on possible renal and macrovascular effects of evidence-based diabetes treatment options, integrate the impact of treatment decisions on postprandial hyperglycemia and risk of hypoglycemia?

Label	Frequency	Percent
Yes	205	71%
Somewhat	81	28%
Not at all	4	1%
Total	290	100%

Upon completion of this activity you can, 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	174	60%
Somewhat	105	36%
Not at all	11	4%
Total	290	100%

Upon completion of this activity you can, 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	205	71%
Somewhat	75	26%
Not at all	10	3%
Total	290	100%

Upon completion of this activity you can, 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	225	78%
Somewhat	56	19%
Not at all	8	3%
Total	289	100%

Overall, this was an excellent CME activity:

Label	Frequency	Percent
Strongly Agree	199	67%
Agree	93	31%
Neutral	2	1%
Disagree	0	0%
Strongly Disagree	3	1%
Total	297	100%

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

Label	Frequency	Percent
Strongly Agree	195	66%
Agree	98	33%
Neutral	1	0%
Disagree	0	0%
Strongly Disagree	3	1%
Total	297	100%

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

Label	Frequency	Percent
Strongly Agree	182	62%
Agree	99	33%
Neutral	12	4%
Disagree	0	0%
Strongly Disagree	4	1%
Total	297	100%

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

Label	Frequency	Percent
Very Likely	161	54%
Somewhat likely	101	34%
Unlikely	8	3%
Not applicable	27	9%
Total	297	100%

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

Label	Frequency	Percent
Within 1 month	173	58%
1-3 months	67	23%
4-6 months	13	4%
Not applicable	44	15%
Total	297	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:

Mark Stolar, MD – Diabetes:

Label	Frequency	Percent
Excellent	212	73%
Very Good	64	22%
Good	11	4%
Fair	2	1%
Unsatisfactory	0	0%
Total	289	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:

Kevin R. Flaherty, MD – IPF:

Label	Frequency	Percent
Excellent	213	75%
Very Good	63	22%
Good	8	3%
Fair	1	0%
Unsatisfactory	0	0%
Total	285	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	201	70%
Very Good	67	23%
Good	17	6%
Fair	1	0%
Unsatisfactory	1	0%
Total	287	100%

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

Label	Frequency	Percent
Excellent	217	76%
Very Good	58	20%
Good	12	4%
Fair	0	0%
Unsatisfactory	0	0%
Total	287	100%

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

Label	Frequency	Percent
Excellent	212	74%
Very Good	65	23%
Good	9	3%
Fair	1	0%
Unsatisfactory	0	0%
Total	287	100%

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

Label	Frequency	Percent
Excellent	216	76%
Very Good	61	21%
Good	6	2%
Fair	1	0%
Unsatisfactory	0	0%
Total	284	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	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? Greg Mattingly, MD – ADHD:

Label	Frequency	Percent
Excellent	219	77%
Very Good	57	20%
Good	8	3%
Fair	1	0%
Unsatisfactory	1	0%
Total	286	100%

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

Label	Frequency	Percent
Topics covered	226	30%
Location/ease of access	221	29%
Faculty	53	7%
Earn CME credits	254	34%
Total	754	100%

Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent
Strongly agree	157	53%
Agree	114	38%
Neutral	26	9%
Disagree	0	0%
Strongly Disagree	0	0%
Total	297	100%

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

List these strategies:

Comment
<p>ADHD is a genetic condition, often persisting into adulthood. Long acting-once daily medications should be used.</p> <p>To optimize symptom control</p> <p>SGLT2 inhibitors; Benefits: Glucose control, Weight reduction, BP reduction- Adverse effects: predominantly mild and transient.</p> <p>IPF-Typical symptoms: progressive dyspnea on exertion, dry cough, Increased risk with smoking history, male sex, age >50 years</p> <p>Physical examination: Bibasilar crackles evaluate lower lung fields</p> <p>PFTs: often restrictive pattern, no reversibility, reduced DLCO, Oximetry: desaturation with activity or at rest in advanced disease, Plain radiography: may be normal in early IPF, HRCT: gold-standard imaging study for UIP pattern, Blood tests: used for differential diagnosis of interstitial lung diseases</p> <p>Refer early!</p> <p>Med Marijuana-Think of it like acupuncture, massage therapy, or other integrative medicine. Fully assess the patient and practice informed decision-making. Evaluate potential mental health issues that the patient may be trying to self-medicate. 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.</p>
<p>Screening for adult ADHD</p> <p>Knowing when to refer for IPF</p>
<p>Use of ASRS as an assessment tool</p> <p>Increased surveillance as untreated ADHD has increased risk of mortality Order Chest x-ray for possible IPF patients</p> <p>SGLT-2 inhibitors to decrease A1c as add-on therapy</p>
<p>Utilize brief rating scale for adult ADHD</p> <p>Be aware that a PFT and CXR may be needed for patients with chronic cough/SOB where IPF may need to be identified.</p>
<p>With IPF, if hear crackles, no COPD or other causes with c/o sob increasing, start thinking IPF (refer to Pulm)</p> <p>With adult ADHD, don't just assume anxiety or depression...talk about bc as child, etc because may have underlying ADHD untreated</p>
<p>Utilization of the Adult ADHD assessment tools (ASRS Symptom checklist, and Screener)</p> <p>Auscultate the bare chest whenever possible.</p> <p>Use of the SGLT2 inhibitors in patients with intact renal function</p>
<p>How to utilize SGLT-2 strategies in management of pt's with DM.</p> <p>Appropriate ways to decide when utilizing medical marijuana in clinical management.</p> <p>Integrate appropriate assessment of pts who may have ADHD and what Rx choices are best to initiate.</p>
<p>Knowing when to implement SGLT-2 therapy.</p> <p>Ordering the appropriate tests for the diagnosis of IPF.</p> <p>Understanding the use of medical marijuana better.</p> <p>Better identifying risk factors/symptoms of adult ADHD and what tools to use for diagnosis.</p>
<p>More cognizant of the symptoms/ assessment of IPF leading to its diagnosis.2.Using the importance of familial history in aiding the diagnosis of adult ADHD. 3. Increase awareness of the potential benefits of medical marijuana and its potential negative benefits.4. Appreciate the importance of the role of the kidney in glucose metabolism and increase awareness of the physiologic effects and clinical efficacy of SGLT-2 therapy.</p>

<p>Screen for ADHD using rating scales Use long-acting once/day for ADHD symptom control; short-acting stimulants have no safety data for adult ADHD Listen to all lung fields. IPF has predominantly bibasilar inspiratory crackles that sound like Velcro being pulled apart.</p>
<p>Specific Imaging for IPF Understand role of targeting the Kidney in Glucose absorption--2nd line of TX Have screening tools for ADHD in adults Understand that patients may already be self medicating with Marijuana which deserves a conversation of benefits and risks and other options</p>
<p>The efficacy of SGLT-2 medications Referring patient to pulmonologist if symptoms does not resolve Refer to pain mgt for medical marijuana use</p>
<p>Use written questionnaires for adults w/ ADHD to aide in proper diagnosis and effectiveness of meds. 2. Instead of maxing out on a diabetic med in one class- keep lower doses and use add in meds instead. 3. Encourage different therapy modalities for anxiety and other mood disorders vs. marijuana use.</p>
<p>When to implement the medication. When to discontinue medication. Which medication it works best with.</p>
<p>Including IPF as a differential dx in those with worsening dyspnea. Use of HRCT to determine presence of UIP and refer those effected ASAP to pulmonology Implementation of SGLT2 inhibitors with those who will best benefit. Those with T1DM and use of these agents are at increased risk of DKA.</p>
<p>ADHD screening tools Increase use of SGLT-2</p>
<p>ADHD treatment and assessment tools, new medications for Pulmonary Fibrosis, the mechanism of SGLT2 medications.</p>
<p>Adjunctive pharmaceutical for DM II treatment. Using a screening tool for ADHD in Adults. Considering IPF as differential and getting appropriate CT imaging. Limitations in the usefulness of marijuana in treatment.</p>
<p>Administer ADHD screening for selected pts. Be on the lookout for bibasilar crackles and their significance. Aware of newer DM med</p>
<p>Assessing adults for ADHD and assessment tools to use to facilitate diagnosis and tx.</p>
<p>Assessing appropriate use of Medical marijuana Utilizing appropriate ADHD meds</p>
<p>Assessment tools for ADHD</p>
<p>Assessment tools for measuring ADHD testing needed to diagnosis IPF, need for referral uses for medical MJ most common comorbidity in ADHD</p>
<p>Assessment, Diagnosis</p>
<p>Assessment, identifying/diagnosing, referral</p>
<p>Be more aware in screening patients.</p>
<p>Be more open to use of medical marijuana</p>
<p>Behavior medicine principles</p>
<p>Better diagnostic track for IPF, use SGLT in practice with much more confidence, evaluate patients with appropriate scale and treat ADHD in adults with long acting stimulants, evaluate patients for potential medical marijuana appropriately</p>
<p>Better DM management, when to switch to SGLT2 without hesitation</p>

Confidence prescribing for my ADD pts Better understanding of pulm test results
Better history for anxiety and screening for ADHD Benefits of sgl2 inhibitors and how to pick the appropriate patient
Better screening tool assessments for adult ADHD; better ability to discuss medical marijuana concerns in discussion; more careful awareness for IPF and early referral.
Better understanding.
Better RX options in diabetics, careful screening for IPF more attention & early Diagnosis ADHD
Broaden my DM options. Screening for IPF, discuss the age appropriate guidelines for marijuana use and do ADHD screening and management.
Closer follow up for diabetes
CME's
Comfortably able to discuss the topics.
Complete detailed history taking. Previous medications. Previous and current labs for comparisons.
Completely evaluate patient
Consider ADHD in adults
Consider ADHD in adults who present with anxiety evaluate patients who may be currently using marijuana for medical reasons but are not forthcoming awareness of SGLT-2 in the treatment of T2DM and the use of an additional agent instead of upping doses of current anti-diabetic agents
Consider an SGLT-2 medication in addition to metformin for type 2 diabetics instead of glyburide. Get a CXR and PFT's for patients with persistent SOB, cough and normal SaO2. Use the Adult ADD Self report scale in my practice.
Diagnostic Tools for ADHD Evaluate for MJ use in current patients Evaluate with PFT's for IPF DM med review to goal
Discuss issue of family members who were diagnosed with ADHD; be vigilant when a pt presents with a chronic cough & dyspnea; monitor eGFR when prescribing SGLT-2 drugs to a pt.
Discuss with chronic marijuana users new risk factors identified with excessive us. Evidence base treatment options for diabetes.
Discussion of use of medical marijuana. Consider IPF as cause for deepening respiratory distress. Think about adult ADHD Dx and have discussions about childhood school and social history
Doing PFTs and DLCO Monitoring do and using new meds. ADHD screening tools for adults
Dx of ADHD Management of glucose
DX OF IPF
Earlier sgl2 use. Better dx of IPF. Better med marijuana understanding
Early recognition Patient counseling Treatment plan
Early use of newer anti-diabetic's. Referral of Pulmonary Fibrosis patient to specialist and discuss about lung transplantation. Use of Marijuana for neuropathic pain
Early use of SGLT2 inhibitors Early screening for IPF Consider adult ADHD when evaluating depression and anxiety
Early diagnosing/treatment of patient with suspected idiopathic pulmonary fibrosis (IPF); Rx for

Conversations in Primary Care 2017:
March 4, 2017 – Ft. Lauderdale, FL

available pharmacotherapeutic options for patients with IPF; and the non-pharmacotherapeutic options for IPF patient
For IPF, I am doing further workup on pts.
For the SGLT-2 - monitor medications taken especially HTN med to avoid hypotension, have bone scans regarding calcium loss For medical marijuana-knowing the marijuana dispensers are not associated with adolescent use but be aware of. MJ is useful for medicinal purposes such as intractable pain and cancer patients. Need to be aware of patients with CVD and their use of MJ due to higher mortality rate. For IPF-DX as early as possible is key-refer ASAP. Pay attention to the symptoms along with co-morbidities. For ADHD-thorough ROS, asking questions about immediate family, understand ADHD can extend into adulthood, ADHD should be managed, refer if need assistance.
FULLY DELINEATED IN THE LECTURES, WHICH WERE MAGNIFICENT
Getting a detailed history
Looking at the overall picture
Getting patients off sulfonylureas and on SGLT2.
Early detection of IPF
Using tools to assess ADHD in adults
Good CME review
Got more acquainted with SGLT-2 therapy in patients with type 2 diabetes as a mono therapy or as add-on to other agents.
Greater awareness of current treatments.
HELPFUL IN GIVING NEW METHODS TO APPROACH THIS ISSUES
Holistic care
How and when to use an SLGT - 2 drug
How to better explain and educate on Medical MJ. More comfortable with treatment of ADHD.
How to evaluate for ADHD
Benefits of Medical THC
Benefits of SGL2
How to properly assess a patient for these certain conditions and how to appropriately treat them.
I am better equipped to identify patient with ADHD,
How to manage patient with Diabetes
I am involved in clinical research and take these courses for my clinical education and license requirements
Increased comfort with assessing and treating adult ADHD as opposed to sending them to psychiatry, which has been typical practice of the family medicine office where I work.
Increased knowledge about SGLT-2 prescribing, choosing the right patient and how to monitor progress. How to evaluate patients for ADHD. Realize the benefits of medical marijuana and the negative effects
Informing patients of their condition and effective treatment options
Initiate more timely and appropriate consultation and diagnostic testing.
Use clinical pathway algorithms and screening tools.
Initiate sglt-2 inpatients with uncontrolled dm2
Diagnose pets with ADHD using number of tools
Treat pulmonary fibrosis symptoms
Initiating and incorporating SGLT2 in Rx
IPF-steps to undertake for DX and the importance of early detection
How much there is to learn yet on medicinal marijuana use and application
ADHD-how to screen effectively
Integrate the impact of treatment decisions on postprandial hyperglycemia and risk of hypoglycemia
IPF: how to properly auscultate the lung fields to recognize early and late stage development of the

Conversations in Primary Care 2017:
March 4, 2017 – Ft. Lauderdale, FL

disease. SGLT-2 Therapy: Newfound options that may replace insulin therapy as case may present.
IPF: restricted FEV: FVC elevated Side Effect diarrhea nausea
SGLT lowers HBA1c by blocking reuptake of glucose
ADHD highly genetic, Marijuana effect brains of young adolescents
It enabled me to be more comfortable with SGLT 2 in my treatment plan with my diabetic patients. I also deal with patients with COPD/asthma who constantly complain of coughing and it was enlighten to consider IPF or interstitial work up after evaluating for common causes.
Knowledge about Diabetic management, Attention deficit disorder in adult, identification of cases of IPF
Knowledge to recognize and implement treatment
Learned more about management of diabetes, IPF and ADHD
Learning when to change the Rx for DM2
Listen
Look at newer, as well as comparable, generic medications that I might be able to prescribe, when treating patients with the above-mentioned conditions.
Managing diabetic patients with consideration on kidney's part in sugar secretion.
Mediation management
Medication management, assessment
Meds in diabetes
Evaluation of ADHD in adults
Attention to sx pointing to
Monitor follow guidelines
More accurate diagnosis
Combined medical therapy
Closer monitoring
More ADHD screening
More detailed knowledge to incorporate in primary care with patients regarding these topics
More detailed questions. You have to ask the appropriate question!
New assessment skills that I can implement
Use of EB screening tools for adult ADHD
Tools for conversation regarding medical marijuana
New medications for IPF
New Pulm D.C. To add to diff do.
Ready to consider ADHD more often in adults
No marijuana for patients under 21
Better understanding of potential adverse effects of SGLT-1 drugs
Only using long acting stimulants for treatment of adults with ADHD.
Options in treatment and testing.
Order CT for persistent dyspnea/crackles
Consider ADHD in patients with anxiety, depression, and screen.
Utilize SGLT-2 meds for those with hypoglycemia and HbA1c that is not improving.
Patient centered communication
Following the guidelines
Keeping updates with new data and articles
Patients with dry cough and tales need a lung CT and referred to a pulmonologist. Medical Marijuana is a good medication for chronic pain and anxiety. SGLP1 medications may be used as first line treatment.
Pharmacotherapeutic and non-pharmacotherapeutic options for patients with IPF; analyze the potential benefits of medical marijuana; implement appropriate pharmacologic treatment for adults diagnosed with ADHD; use adult ADHD assessment and treatment tools for assessment

Conversations in Primary Care 2017:
March 4, 2017 – Ft. Lauderdale, FL

Place SGLT2 properly in my armamentarium
Potential benefits to medical marijuana and negative consequences to its use.
Proper assessment and diagnoses of these condition
Treatment strategies for these diagnoses
Proper medication management
Quick screening tool for adult ADHD and preference for long acting stimulants to treat ADHD
Quicker use of SGLT2 meds for diabetic control.
Considering patients with IPF as a diagnosis quicker & referring to pulmonology.
Treating ADHD adult patients more effectively or referring for evaluation.
Recognition of conditions
RECOGNITION OF IPF AND NOT JUST STARTING CORTISONES AS A TREATMENT
Recognize ADHD better in adults particularly with other psych co-morbidities Listen for crackles in the lungs with suspected IPF. Ask patients if they use marijuana. Consider multiple agents in type 2 DM
Recognizing ADHD
Recognizing and Understanding patients
Recognizing, diagnosing and planning treatment therapies
Recognizing, proper assessment, working diagnosis, referral as needed or initiate treatment if no specialist available.
Recommendation for workup and appropriate symptoms to suspect IPF.
Assessment and Medical management for ADHD
Appropriate time to initiate SGLT2inhibitor in uncontrolled DM
Understand medical marijuana use and make appropriate referral to pain expert
Spending more time with pt that enables to utilize my knowledge
Steps to take in further diagnosing IPF
Use of screening tools for ADHD
Symptoms diagnosis treatment
Testing to evaluate these patients including laboratory and evaluation. Treatment for these various conditions.
Thank you
The consideration of kidney function in diabetes.
High resolution CT scan in IPF is needed for diagnosis
Medical marijuana used for pain control
The way I approach the diagnosis criteria of ADHD and behavior of those who have been dx with ADHD young and old.
This knowledge I will definitely utilize in my practice
This virtual CME activity is very helpful. It is very easy to access to everyone and time saving to attend long distance conference. Thank you so much.
To assess and anticipate IPF using x-ray, history, PE, and referral. The newer DM2 medications and applications with SE is helpful. MJ dialogue and follow up is needed. ADHD protocols and compliance is excellent.
Understand the physiological effects of SGLT2 meds, who these medications are effective for as a treatment option
Understand about the use of medical marijuana
Diagnosing a patient with IPF, understanding the treatments
Understanding the assessment, dx and treatment for ADHD
Unsure at this time
Unsure of this question
Use add screening tool
Increasing use of SGLT-2 and GLP-1

Awareness of pulmonary fibrosis patients who may present with COPD sx
Use assessment tools to diagnosis of ADHD in adults. Prescribe long- acting medications for ADHD, avoid short term amphetamines-type of medications. More research needs to be done about benefits of medical marijuana. More attention needed while auscultation of patients with pulmonary fibrosis.
Use available screening tools
Use of ADHD assessment tools; medical marijuana may have benefits but has its complications
Use of assessment tools for diagnosing ADD. Factoring the gluconeogenesis role of the kidney into therapeutic choices for diabetes.
Use of GLT2 for DM management. How to achieve early detection of IPF Diagnostic tools for ADHD in adults
Use of long acting stimulants and screening in ADHD
Very good
Well and good
What to look for with long-standing cough and how it is related to IPF; My new knowledge of the SGLT-2 therapy and not to be hesitant in not using metformin or glyburide
When to refer patients with SOB and normal PFTs. How to better prescribe newer diabetic medications.
Will look at my Respiratory patients differently. Refer sooner
Will now perform screening for ADHD in patients with depression and anxiety or hx or difficult focus is childhood. Can treat pt with DM II better. Can screen and refer appropriate for pulmonary disorders.
Will use all guidelines
With DM management change drugs rather than increase dose to avoid side effects
Work in specialty clinic that does not directly manage these conditions, but I will be more alert with recognizing patient who might benefit from referral with these possible conditions.
Yes. Assess kidney and diabetes function, improve symptoms in patients with IPF, recognizing and assessing recreational marijuana from true medical marijuana use, utilizing ADHD assessment tools in patients with anxiety and other mood disorders

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

Comment
ADHD, URI
Adrenal
Allergy, Asthma and Eczema
Alternative Medicine
Alzheimer's/dementia
Anticoagulant contents
Antihypertensive management simplified
Anxiety and depression
Any
Any issues in psychiatry, my field of practice
Any primary care issues
Any topics seen in primary care
Asthma, arthritis
Asthma, Childhood ADHD, Dyslipidemia, Non-AFIB dysrhythmia, When to order MRI v CT v Xr for orthopedics, Role of interventional radiology and when to refer.

Asthma, Hypertension and overview of evolving guidelines in these categories.
At this time, your database has most topics that would interest me.
Atrial arrhythmias
Auto Immune Disorders i.e. arthritis
beh medicine
Better medical
Bipolar disorder, depression, anxiety
Cancer
Cardiology/epilepsy
Cardiovascular
Cardiovascular and arrhythmia topics
Celiac; substance abuse
CHF
CHF, Hypertension
Chronic pain patients with substance abuse issues
Common ER visits diagnosis
Common orthopedics in primary care, depression and anxiety
Compassion fatigue
Complementary/alternative/homeopathy/nutrition
Congestive Heart Failure
Congestive Heart failure, Hyponatremia and Hyponatremia in the elderly
COPD and asthma
COPD diagnosis and mgt
Dementia, infectious disease
DERMATOLOGY
Dermatology; ENT; Auto immune disorders
Diabetes -insulin
Diabetes medications
Diabetes neuropathy
Diabetes, ADHD, cholesterol, dermatology, EKG
Diabetes, Trauma Acute Care
Diabetic meds
Energy medicine, herbal medicine
Evaluation and treatment of patients with HIV
Evaluation of orthopedic issues, CHF, EKGs
Fibromyalgia, autoimmune disorders, disease prevention through health promotion
Flexible
Focus on the role of psychological tx in addition to medication and among ADHD adults and substance use
Gastrointestinal disorders
Geriatrics
Geriatrics, cardiovascular
Gout, Diabetes Type I, ESRD
Heart failure
Hepatitis
Hepatitis, more DM
Herbal and OTC medicines
HIV
Hives hence updates and new regimens

Conversations in Primary Care 2017:
March 4, 2017 – Ft. Lauderdale, FL

Hormone balancing, new diet medications
How to prevented cold for pediatrics patients?
HTN
HTN guidelines and early sepsis identification
Hypertensive heart disease, CAD and diagnostic tests, recently updated pharmacotherapy
Hypertension, osteoarthritis, acute infections
Hypogonadism menopause sports injuries
Hypothyroidism
I have enjoyed all the topics you have chosen.
I like topics with the pathophysiology and then relate to any pharmacology and impact on that organ.
I would like more statistics and follow-up information re: adults with ADHD that is uncontrolled, and the adverse health outcomes--especially those within the prison population.
Internal Med/Psych
Interpreting EKG
Lipid management, hypertension management, wound care
Lung, breast & prostate cancer
Management fatigue in the elderly patients
Management Pain
MARIJUANA & PSYCHOSIS
Marijuana related illnesses
Men's health
Men's Health issues
Migraine management - weight loss - in office procedures
More about ADHD
More about Diabetes treatment, please.
More psychiatric topics
More psychiatry updates. Bipolar d/o; psychotic d/o (including schizophrenia)
More pulmonary related topics
Myasthenia Gravis
Neurology/neurosurgery/immunology
New and emerging Rx. for Rx. of CAD
Not sure
OAB
OB/GYN related items
Obesity and stimulate use for weight loss.
Obesity epidemic
Obesity, hypercholesterolemia, Thyroid disorders
Obesity/ smoking/ alcohol abuse
Obesity; mental health, HTN
Orthopedics in Primary Care
Other diabetic medications, COPD treatment when refractory to treatment
Pacemakers/ defibrillator and magnet use
Pain and palliative care, symptom management
Pain manage option epidemic alternatives for pain
Pain management
Pain management, PTSD
Palliative care, dementia, GERD gastritis and other disorders of excess stomach acid
PCOS
Pediatric and oath

Conversations in Primary Care 2017:
March 4, 2017 – Ft. Lauderdale, FL

Pulmonary HTN
RAD
Raynaud's disease
Refractory hypertension
Renal failure
Resistant hypertension
Rheumatoid arthritis
Rheumatologic conditions, persistent HTN
Seizure disorders
Several
Smoking cessation
Statin management
Statin use. More on dm
STEMI
TAVR
TBI
Thyroid
Thyroid disease management
Thyroid diseases, male disorders
Thyroid disorders
Treatment of pain, dignity in death, palliative care
Uncontrolled HTN, insulin management, thyroid management, primary care on mental health, pain management
Updates in primary care guidelines, lifestyle medicine
Urgent care setting
Urological conditions
Weight management/nutrition for T2DM
Women's Health
Women's health topics-menopause, hormone replacement therapy
Women's health
Women's Health Topics

Additional Comments:

Comment
Appreciate for the convenience of obtaining CME
CME on wound care/treatment as well
Course was great!
Enjoy these live webcasts
Enjoyed immensely
Excellent
Excellent presentation.
Excellent and very instructive presentations
Excellent CME with many practical treatment options given
Excellent experience
Excellent Hrs for online CME. Need cmes required for state Licencing. setup was lot easier format of being able to down load slides & ask questions best I have ever come across. In total style format etc is excellent. Thank you very much
Excellent presentation and specialists.

Conversations in Primary Care 2017:
 March 4, 2017 – Ft. Lauderdale, FL

Excellent program
Excellent program! I had some problems accessing the slides initially, but after I e-mailed the support person, I was able to log out and log on again under a different internet connection so that I could access them.
Excellent programs, Thank you
Excellent resource
Excellent speakers
Excellent topic and speaker
Good
Good conference - very well moderated
Good course
Good presentations.
Great CME
Great CME activities, thank you!
Great courses
Great presentation!
Great presentations
Great program. Thank you
Great Webinar
Good conference - very well moderated
Having the ability to participate in educational activities without travel hassles a huge asset! Thank you!
I appreciate earning CME at the convenience of my home. Thank you!
I appreciate the opportunity to earn free, live CME credits from home. I wish that you would not repeat the same subjects over and over. Better to have 4 new topics each time.
I do not support use of "medical" marijuana in anyu way, until there is a way of correctly dosing and research to it's benefit, it will remain a scourge on both society and medicine in my opinion
I had already sat in on the other topics at an earlier conference in February.
I like these 4 hrs CME. Easy to take & effective to build CME.
I thoroughly enjoyed your presentation. I wasn't sure about this means of education, but it was great.
I tried to do the webinar today but couldn't get sound or picture -- only the presentation slides. Very sad I missed out! these webinars are excellent
I was able to follow the conversation with the outline that I had printed out. However the audio was off >50 %. The presentors were very good for what I could hear
I was very impressed with the presentations and I plan to participate in the March 25, 2017 session. Was well worth my time and attention.
My thanks to the faculty and to the NACE members who made this possible!
Opioid detox, alcohol detox
Overall excellent and very informative. Looking forward to more CME's
Post Stroke/MI
Presently surprised at the quality of CEU
Really enjoyed the conference- excellent speakers and convenient format
Recurrent vaginal infections post menopausal.
Retired doing free clinic
Rx. of angina
Stress management
subject matter was quite interesting
Thank u.
Thank you

Conversations in Primary Care 2017:
March 4, 2017 – Ft. Lauderdale, FL

Thank you so much
Thanks CME for these important and high quality lectures
THANKS for great series.
Thanks for making this available
Thanks for offering online CEU's- FREE!!!
Thanks for the opportunity
The best on line CME I have attended I was absorbed and the time went by very quickly. Appreciated the breaks were not too long.
This was great! More requested
This was great! Thanks
Very good overall
Very good seminars
Very good Topics presented by excellent Speakers. Do not forget offer very commendation to the two Moderators.
Very impressed with the speakers and content of the CME event
Was delightful surprised with the content and ease of the NACE presentation