Clinical Updates for Nurse Practitioners and Physician Assistants: 2017

Activity Evaluation Summary

CME Activity: Clinical Updates for Nurse Practitioners and Physician Assistants
Saturday, November 11, 2017
1101 N 44th St
Phoenix, AZ 85008

Course Directors: Deborah Paschal, CRNP and Gregg Sherman, MD

Date of Evaluation Summary: January 4, 2017

NACE NATIONAL ASSOCIATION FOR CONTINUING EDUCATION

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

In November 2017, the National Association for Continuing Education (NACE) sponsored a live CME activity, Clinical Updates for Nurse Practitioners and Physician Assistants: 2017, in Phoenix, AZ.

This educational activity was designed to provide nurse practitioners and physician assistants the opportunity to learn about diagnosis and management of patients with varied conditions such as Hyperlipidemia, Heart Failure, Hepatitis B, Diabetes on Insulin therapy and ADHD.

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.

Two hundred ninety-two healthcare practitioners registered to attend Clinical Updates for Nurse Practitioners and Physician Assistants: 2017 in Phoenix AZ and six hundred seventy-five registered to participate in the live simulcast. Three hundred eighty-two healthcare practitioners actually participated in the conference: one hundred twenty-three attended the conference in Phoenix, AZ and two hundred fifty-nine participated via the live simulcast. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. Two hundred thirty completed forms were received. The data collected is displayed in this report

CME ACCREDITATION

The Association of Black Cardiologists, Inc. is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Association of Black Cardiologists, Inc. designates this educational activity for a maximum of 2.25 *AMA PRA Category 1 Credit™* . Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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 3.75 *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 6 contact hours of continuing education (which includes 2.75 pharmacology hours).

AAPA accepts certificates of participation for educational activities certified for *AMA PRA Category 1 Credit™* from organizations accredited by ACCME or a recognized state medical society. PAs may receive a maximum of 7 Category 1 credits for completing this activity.

What is your professional degree?

Label	Frequency	Percent
MD	10	10%
DO	0	0%
NP	73	74%
PA	13	13%
RN	3	3%
Other	1	0%
Total	100	100%

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

Label	Frequency	Percent
None	28	8%
1-5	43	13%
6-10	33	10%
11-15	46	14%
16-20	46	14%
21-25	45	13%
> 25	93	28%
Total	334	100%

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

Label	Frequency	Percent
None	53	16%
1-5	112	34%
6-10	59	18%
11-15	34	10%
16-20	33	10%
21-25	21	6%
> 25	22	6%
Total	334	100%

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

Label	Frequency	Percent
None	82	25%
1-5	150	45%
6-10	37	11%
11-15	26	8%
16-20	17	5%
21-25	7	2%
> 25	12	4%
Total	331	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	10%
1-5	64	19%
6-10	52	16%
11-15	41	12%
16-20	59	18%
21-25	26	8%
> 25	56	17%
Total	331	100%

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

Label	Frequency	Percent
None	112	34%
0-1	121	36%
2-3	53	16%
4-7	19	6%
8-10	13	4%
> 10	8	2%
> 15	7	2%
Total	333	100%

Upon completion of this activity, I can now: Review current recommendations for the use of non-statin therapies in the management of dyslipidemia; Explain the role of anti-PCSK9 monoclonal antibody therapy in LDL-C reduction to achieve cardiovascular risk reduction; Describe the findings from recent trials of dyslipidemia treatments on cardiovascular outcomes; Integrate new data into treatment strategies for further improving cardiovascular outcomes in the highest risk patients.

Label	Frequency	Percent
Yes	287	87%
Somewhat	42	13%
Not at all	0	0%
Total	329	100%

Upon completion of this activity, I can now: Recognize the different phenotypic presentations of HF; Identify predictors of poor outcomes in HF; Discuss the role of new therapies in the management of chronic HF according to the latest ACC/AHA/HFSA/ADA guidelines; Recognize strategies to reduce hospitalization for HF**.**

Label	Frequency	Percent
Yes	272	83%
Somewhat	57	17%
Not at all	0	0%
Total	329	100%

Upon completion of this activity, I can now: Identify USPSTF-defined HBV endemic areas to more effectively identify first- and second-generation immigrant populations that should be screened for HBV; Develop effective plans to overcome culture-specific barriers to screening your patient populations; Evaluate patient cases to identify when to screen patients and how to refer to specialist care for treatment; Describe current treatment guidelines and newly available HBV therapies; Discuss the importance of early screening and treatment in specific patient populations, including pregnant and postpartum women.

Label	Frequency	Percent
Yes	282	87%
Somewhat	42	13%
Not at all	1	0%
Total	325	100%

Upon completion of this activity, I can now: Recognize the pervasive nature of ADHD symptoms throughout the day; Describe the physical and psychologic morbidity and mortality associated with ADHD; Use adult ADHD assessment and treatment tools to measure residual symptoms and optimize outcomes; Implement pharmacologic treatment to optimize symptom control throughout the day.

Label	Frequency	Percent
Yes	256	81%
Somewhat	54	17%
Not at all	5	2%
Total	315	100%

Upon completion of this activity, I can now: Describe the role of insulin therapy in patients with T2DM not meeting glycemic goals; Discuss the need for concentrated insulins in T2DM management; Discuss the pharmacokinetic/pharmacodynamic profiles and other considerations for the use of concentrated insulin preparations; Recognize the need for counseling patients about concentrated insulins to minimize dosing errors**.**

Label	Frequency	Percent
Yes	258	85%
Somewhat	44	14%
Not at all	3	1%
Total	305	100%

Overall, this was an excellent CME activity:

Label	Frequency	Percent
Strongly Agree	252	76%
Agree	76	23%
Neutral	2	1%
Disagree	0	0%
Strongly Disagree	3	1%
Total	333	100%

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

Label	Frequency	Percent
Strongly Agree	253	76%
Agree	77	23%
Neutral	0	0%
Disagree	0	0%
Strongly Disagree	3	1%
Total	333	100%

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

Label	Frequency	Percent
Strongly Agree	238	72%
Agree	81	24%
Neutral	11	3%
Disagree	0	0%
Strongly Disagree	3	1%
Total	333	100%

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

Label	Frequency	Percent
Very Likely	262	79%
Somewhat likely	53	16%
Unlikely	1	0%
Not applicable	16	5%
Total	332	100%

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

Label	Frequency	Percent
Within 1 month	242	73%
1-3 months	55	17%
4-6 months	5	1%
Not applicable	30	9%
Total	332	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Alanna A. Morris, MD - Lipids

Label	Frequency	Percent
Excellent	259	79%
Very Good	62	19%
Good	8	2%
Fair	0	0%
Unsatisfactory	0	0%
Total	329	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Alanna A. Morris, MD - Heart Failure

Label	Frequency	Percent
Excellent	253	77%
Very Good	62	19%
Good	10	3%
Fair	2	1%
Unsatisfactory	0	0%
Total	327	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Ponni V. Perumalswami, MD - Hepatitis B

Label	Frequency	Percent
Excellent	232	73%
Very Good	75	23%
Good	10	3%
Fair	3	1%
Unsatisfactory	0	0%
Total	320	100%

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

Label	Frequency	Percent
Excellent	225	74%
Very Good	69	23%
Good	10	3%
Fair	10	0%
Unsatisfactory	0	0%
Total	305	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Lucia M. Novak, MSN, ANP-BC - Diabetes

Label	Frequency	Percent
Excellent	246	81%
Very Good	49	16%
Good	10	3%
Fair	0	0%
Unsatisfactory	0	0%
Total	305	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Alanna A. Morris, MD - Lipids

Label	Frequency	Percent
Excellent	264	81%
Very Good	53	16%
Good	9	3%
Fair	1	0%
Unsatisfactory	0	0%
Total	327	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Alanna A. Morris, MD - Heart Failure

Label	Frequency	Percent
Excellent	263	81%
Very Good	51	16%
Good	9	3%
Fair	1	0%
Unsatisfactory	0	0%
Total	324	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Ponni V. Perumalswami, MD - Hepatitis B

Label	Frequency	Percent
Excellent	260	82%
Very Good	53	16%
Good	8	2%
Fair	1	0%
Unsatisfactory	0	0%
Total	322	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	251	82%
Very Good	49	16%
Good	7	2%
Fair	0	0%
Unsatisfactory	0	0%
Total	307	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Lucia M. Novak, MSN, ANP-BC - Diabetes

Label	Frequency	Percent
Excellent	253	84%
Very Good	41	14%
Good	8	2%
Fair	0	0%
Unsatisfactory	0	0%
Total	302	100%

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

Label	Frequency	Percent
Topics covered	248	33%
Location/ease of access	215	28%
Faculty	28	4%
Earn CME credits	268	35%
Total	759	100%

Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent
Strongly agree	208	63%
Agree	107	32%
Neutral	16	5%
Disagree	1	0%
Strongly Disagree	0	0%
Total	332	100%

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

Comment
Role of anti-PCSK9 monoclonal antibody therapy in LDL-C pervasive nature of ADHD symptoms throughout the daypatients with T2DM not meeting glycemic goals;
*** I will utilize the new treatments/medications / approaches presented in these lectures that proved to be effective and life saving.*** I will utilize immediate approach of timely work up so these treatments are implemented immediately to avoid further target organs damage.***I will always seek other expert condultation for hard to treat cases.
- Better in screening- Better in prescribing
1) New ways to screen for ADHD symptoms.2) How to use anti-PCSK9 therapy to lower LDL levels to reduce risk of cardiovascular events.3) How to use concentrated insulin therapy earlier on in the treatment process for DMT2 patients.4) Unit to unit conversion when switching insulin therapy.
1) pay more attention to what patients are saying
1- TO BETTER TREAT UNCONTROLLED HYPERLIPIDEMIC PATIENTS AND ABLE TO BETTER EDUCATE THIS PATIENT TYPE2- TO BETTER EDUCATE PATIENT IN NEED FOR INSULIN THERAPY IN T2DM3- TO BETTER CREATE AN ARSENAL FOR TRETMENT OF ADHD PATIENTS4- TO IDENTIFY AND EDUCATE PATIENT OF HEPATITIS B
1. I will apply learned knowledge at the above conference and apply to my patient care.2. I will consider prescribing, PCSK9 monoclonal antibody for patients with statin therapy does not help management of lipid disorder, if financially feasible.3. Use ACC/AHA/HFSA/ADA HF guidelines.4. HBV screening and lab tests and treatment, I have better grasp for patient management.5. ADHD treatment, I became more familiar with medical treatments.
1. options for Lipid control2. Better understanding for Hep3. How to communicate effectively to pt with hep4. Recognizing ADHD and options for treatment
1. Use of non-statins in dysliplidemia2. Predicting poor outcomes in HF3. Culture specific barriers plan4. Adult ADHD assessments 5. Insulin in T2DM
Able to identify risk factors for HF and meds for treatment. Able to better choose non statin treatment for hyperlipidemia
Active participation in treatment Involving patients in self care behaviors
adding insulin earlier
Adding Zetia to statin to improve outcomes; Check TSH in Heart Failure; Screening Hepatitis B individuals: 1st and 2nd generation migrant populations; Use ADHD screening tools.
Adding Zetia to treat non statin responsive therapy; Adding Entresto to treat non ACE ARB BB responsive therapy; Culturally sensitive Hep B screening conversations; Use long acting stimulants once a day to treat ADHD.
Additional therapies for lowering LDLAppropriate testing for HBVMore aggressive management of IDDM- using long acting agents
ADHD diagnosing; HBV screening and treatment; knowing more diabetic medications to treat patients with; When to switch insulins.
ADHD screening, Hep B screening, Basal Insulin therapy
ADHD Tool; Ascrd Plus; Assessing cardiovascular risk
Again the assessment portion of the CME is what's beneficial; to me.
Alirocumab and Evolocumab -PCSK9 inhibitors, ACC Statin intolerance APP; Ivabradine to

decrease risk of hospitalization with HF; Serum fibrosis panel - non-invasive assessment for fibrosis; Degludec, U-300, U-500.
Always assess risk factor for CV death/events; Always assess risk factor for pat ability to adhere to Rx; Be more willing to treat adult ADHD; Be less quick to refer out a diabetic
Anti-PCSK9-using; HF-using sucubitril/valsartan combo in patient with HR greater than 70; HBV-initiate screening tool for 1st and 2nd generation immigrants from endemic regions; Insulin-high dose /concentrated basal insulin to level out blood sugar
Apply greater time insulin issues.
Approach to initiating insulin sooner.Recognizing ADHD more effectively. Testing for Hep BStrategies for better care for CHF patients
As a cardiac Nurse Practitioner I would refer Hepatitis B positive patients to Primary - would not prescribe - Too busy. Cardiac lectures - no new info, but good review - no new strategies. ADHD is prominent - lecture helped me to identify patients - to refer regularly since I only do cardiac.
ASRS screening - consider genetics and screen patients; Early more aggressive Diabetes control - age based; Concentrated insulin for improved control
Assess for ADHDAssess risk for CAD when treating for dyslipidemia
Assess for ADHDAssess risk in pts with dyslipidmeia
Assessment and intervention
Assessment techniques.
Basal calculators; Review of pertinent trials; non-invasive evals for HBV; Increased screening HBV
Be able to identify newer treatments for hyperlipidemia; Be able to effectively treat HF; Be able to identify newer treatments for HBV; Recognize symptoms of ADHD and refer; Be able to treat more difficult DM patients
Be more agressive in statin use; consider concentrated insulins
Begin to assess for JVD in my patients even when asymptomatic, for earlier detection of HF. Encourage HF patients to exercise at least 15 minutes daily. Test my new patients for Hep B Surface antigen. Begin to consider using the higher molecular insulins; to minimize frequency of administration and hypoglycemia. Finally, begin to assess my ADHD patients better, espacially getting a good history and identifying compensatory mechanisms that may shroud their need for therapy.
Better able to help my patients reach their targeted health care goals related to my being more informed
BETTER APPROACH & MANAGEMENT OF TYPE II DM
Better approaches to lipid and DM management
Better assessment skills. Better theoretical and pathophysiological knowledge.
Better evaluation of labs & treatment plan. Routine follow-up appts to make sure compliance of medications.Understanding & utilizing guidelines to gear my treatment plans.
Better Pt evaluation
Better screening for HBV
Better screening, better pt education
Better treatment for Heart Failure patients. Use of insulins to obtain glycemic control. Effective mediation therapy for treatment of dyslipidemia.
Better understanding and more confident to add and change drugs to decrease lipids for cardiovascular disease; Increased screening Hep B; More effective treatment for HTN
Better understanding of current guidelines that I can incorporate

Better understanding of new diabetic treatment options. Better understanding of who should receive tx for hep BEvaluate and change chlorestrol meds
Better ways for discussionsTighter glycemi controlTherapeutic communicationTesting of pregnant women
Calculating the cardiovascular risk for more of my patients when evaluating their current medical therapies
Categorize. List all the findings for each patient. Log in chart. See progress and compare to research
Change lipid lowering meds based on efficacy; consider ADHD screening earlier regarding different mood disorders; Consider longer acting versus concentrated insulins earlier
Closely monitor patients more often
Communicating with patients about UPSTF guidelines.Applying new therapies to patient care.Optimizing patient care.Improving outcomes.
communication with patients
Confident to start conversations with Hepatitis and ADHD / insulin management at initial visit.
Consider adding concentrated insulins; Screen for ADHD in adults; Hep B screening for patients from endemic areas
consider anti PCSK9 antibody therapy when patient cannot tolerate Statin therapy
Consider PCSK9 more frequentlyScreen for ADHD
Contact nursing homes to identify needsContinue Quality care
Describe the role of insulin therapy in patients with T2DM not meeting glycemic goals; Discuss the need for concentrated insulins in T2DM management; Discuss the pharmacokinetic/pharmacodynamic profiles and other considerations for the use of concentrated insulin preparations; Recognize the need for counseling patients about concentrated insulins tominimize dosing errors.
Develop and 'new pt' follow-up template that includes risk factors assessment for cardiovascular disease
developing new testing strategies for CHF patients
Diabetes management new treatmentsHeart failure management
diabetic regimens
Diagnosing ADHD in an Adult by scale and outside inputTesting for HBV on immigrantsEducating on better glycemic controlImplementation of statin therapy
Diagnosis criteria for ADHD; Lipid guidelines and prescribing, HBV
Diagnosis, recognize and treatment plans
diagnostic testing and interpretation
Diagnostic tools
Different available Treatment and the necessary lab tests for HBV, CHF/HLD and DM
Different guidelines
Different questions to ask patient to better manage blood glucose
Discuss HBV screening with patients; Screen for ADHD; Better understanding of controlling lipids
discussing HBV screening.discussing insulin with patients
discussion of insulin use in diabetes
dosing concentrated insulins and appropriate patients.Better recognize ADHD patients and the tools to use.Understand HF much better.

Educate patient
Effective management of patientAttainment of patient's care goals
Entertain different treatment options depending on better evaluation strategies that may indicate therapies that improve outcomes/goals; Improved screening; Improved treatment choices
especially identifying regions of hep Bidentifying clinical signs of ADHD from a patients different areas of life
Establish tighter lipid controlScreen for adult ADHDIdentify endemic areas with HBV prevalenceIdentify DM2 patients who would benefit from an effective basal insulin but lower risk hypoglycemia.
evaluation and management of ADHD
Evaluation of patient status as it pertains to lipid disease and HF (through data from labs, echo, etc) Rx of new rtherapies
excellent
Focus on ASVCD risk calculator and adjust accordingly statin and PSCK9 use. Look up newer findings and guidelines. How to counsel regarding getting tested. Use the ADHD scale.
Follow lipid management guidelines; Consider high concentrated insulins; Consider ADHD risk screening tools before treating patent
Follow the guideline. Review current recommendations. Evidence based practice prevent rehospitalization.
Following guidelines to approach high risk patients; Discussing monoclonal for uncontrolled hyperlipidemia; Following algorithm for Hep B
Good
GOOD ASSESSESSMENT PROMPT MANAGEMENT
Good communication
Great presentation
Great presentations
greater awareness of best available meds for optimal DM managment
HBV information most pertinent to my area
Health
Heart Failure: Identifying the different classifications and treatments for each.Hyperlipidemia: recognizing the current treatments in lipid therapy based on research especially Niacin uses.Hepatitis: the importance of starting to screen at early age.
hep B screening and referral
Hep B screening; CHF treatment with spironalactone and new Sacubitril/losartan use if appropriate
Hep B testing; CHF treatment; ADHD treatment
Hepatitis testing; new medications for HF; Use of concentrated insulins (1)
How and when to treat DM II patients with insulin therapy. Best and most effective treatment for hyperlipidemia.
How to appropriately use Basal Insulin; How to determine when to use high intensity vs. mod intensity statins; How to determine who should be screened for Hep B; How to effectively screen patients for ADHD using ASRS
How to manage insulin therapy as was afraid of and buy for the patientHow to better prescribe for ADHD

How to manage pt with uncontrollled cholesterol & diabetes
How to use new drugs more effectivelyPatient's education and lifestyle modification
Hyperlipemia management to include co-morbidities; Recognizing ADHD and using appropriate screening tools; Recognizing HF and appropriate management; Accurate screening of Hep B Virus.
I am more confident in managing hyperlipidemia and now know updated recommendations based on the newest evidence. I have tools and stepwise tips for management of heart failure.
I am now familiar with the U-300 and how to convert from U-100. Medication useful for ADHD
I am retired
i have learned about the most recent tests and treatments for the problems presented. i am currently not seeing any patients due to illness in my family.
I just graduated and certified on Wednesday! This activity was so helpful for those starting out. I have previously worked in psych and now 10 years in Radiation Oncology - those patients bring all their PCP problems with them so this was helpful!
I learned great amount of information on CV disease managementsGreatly appreciate the strategies that were shared regarding management of DM and switching medication, which I will be using
I learned when to screen for hep b and additional treatment options
I plan to incorporate concentrated insulin in my practice.I plan to have tighter control of my pts LDLI plan to screen ADHD for those with employment, family, law enforcement problems.
I will screen all patients from high incidence countries or with parents from there for HBV. I can initiate insulin as soon as A1C is greater than 7.5%. Switching to TRESIBA is safer for a patient experiencing hypoglycemia. I can confidently screen adults for ADHD and treat but patients with comorbidities I'll refer.
I will utilize appropriate screening tools; I will assess my patients for use of PCSK9 inhibitors; I will appropriately prescribe medications for ADHD
I'll refer to the slides and my notes often until permanently committed to memory
I'm just trying to keep up to date despite being retired
Identify and screen for high risk patients with CVD; Optimize treatment for hyperlipidemia based on risk factors; Review medical management of HF patients
Identify risk factors and treat accordingly
Identify the overall traits of ADHD symptoms and optimize the patients' outcomes by using treatment tools and implement pharmacological methods as necessary.Implement the need of identifying those with T2DM in using the concentrated insulins for management and educating patients to minimize medication dosage errors.
Identify those at risk for Hep C, Identify those in need of additional lipid management, identify those in need of ADHD management, heart failure treatment
identify those who would benefit from pcsk9 therapysymptom identification for adult adhd patients and management strategiesstep up plan for dm not meeting goal and the role of concentrated insulins in meeting goal.
Identifying and screening patients for ADHD and Hepatitis B. New treatment and guidelines for diabetics.
Identifying patients who need insulin, including concentrated insulin.Identifying patients who need new treatments for lipid management.Identifying patients who need to be screened for

Hepatitis B.Counseling patients about Hepatitis B.Screening patients for ADHD.Choosing spropriate ADHD treatments in adults.
Identifying populations that should be screened for HBV.Using non statin therapies in the treatment of dyslipidemiaNew therapies in the treatment of heart failure.
Implement
Implement best strategies
Implement Hep B screening when applicable; Utilize ADD screening in adults; Review new guidelines for lipids and HF; Utilizing concentrated insulins in Type 2 DM.
Implement in patient care
Implement PCSK9-I early on to prevent ASCVD.
Implement pharmacologic treatment to optimize ADHD symptom control throughout the day. Counseling patients about concentrated insulins tominimize dosing errors
Implement statins and non statin therapies to lower LDL. Be more thorough with HBV screenings and test
Implement the ASRS screener to measure symptoms. Treat LDL-C to target therapy according to quality measures Concentrated insulin is more cost effective when patients need a higher dosing/fewer injections per day and may improve adherence to their therapy.
Implement questionnairesGuidelines implementation
implementing basal insulin sooner than later in
Implementing treatment earlier and more aggressivelyUnderstanding mechanisms of treatment
Implementing treatment for high risk patients with dyslipidemia and heart failure
Importance of anti- PCSK9 therapy in LDL reductionImportance of new therapies in the treatmentof HFImportance of concentrated insulins in management of DM2
importance of using keeping ldl goal less than 55. Importance of hepatitis screening esp to high risk population. management of ADHD in adults, that eventually will help with their other co-morbid factors. Importance of starting insulin to patients that cannot meet ha1c goal
Improve diabetes managementImprove heart failure treatment
Improve LDL with MABImprove my use of ADHD assessment toolsImprove T2DM managment
Improve the clinical outcome of my patients
Improved diagnostic skillsGuidline-directed treatment
IMPROVED DX AND rx
Improved testing review and treatment of lipids. More comprehensive screening for ADD and treatment strategies. Proper management of heart failure .
Improving care in diabetic patients
Improving my practice
In my current clinical setting - convenience care, I will not be managing or prescribing for the discussed topics; however many /most patients are impacted by these issues. It is extremely helpful to enhance my knowledge to help educate and guide patients.
Increase station if ldl still elevated Easiest way to control chf is to control BP
Increase use of fibrate; pay closer attention to optimizing med therapy in HF
Increase use of PCSK9s; More use of Entresto
initiating and adjusting insulin.
Inquiring about patients background in detail - regarding risks for HBV positive; Utilize

ASCR calculator and app for ACC statin intolerant; Monitor and treat for iron deficiency in HF and start Ivabradine; Utilize Katz scales for those with ADHD
insulin augmentation with glp1.
Insulin dosing with 200 and 300 unit concentrations
Insulin use and dosing; ADHD diagnosis and treatment
Integrate data, Identify predictors implement the treatment and early screening in patient populations involved in insulin therapy T2DM.Use adult ADHD assessment and treatment tools to measure residual symptoms and optimize outcomes; Implement pharmacologic treatment to optimize symptom control throughout the day.
integrate new data into treatment
Integrate new data into treatment strategies for furtherimproving cardiovascular outcomes in the highest risk patients. Identify predictors of poor outcomes inHF Develop effective plans toovercome culture-specific barriers Use adult ADHD assessment and treatment tools to measure residual symptoms and optimize outcomesthe role of insulin therapy in patients with T2DM not meeting glycemic goals
Integrate new data into treatment.Counseling patients about concentrated insulins to minimize dosing errors.
Investigate, apply , manage
involve pt with screening ADHD
It has changes the way i practice. I am more comfortable with newer medications and ADHD medications.
Know the strategy for better lipid control. More knowledgeable in insulin therapy.How to recognize ADHD and it's implications.
LDL goal based on history of MI, ASCVD, other comorbitities.
Lipid evaluation and treatment with statins and consider PCSK9; Using statin intolerance website - heart failure. Treatment - African American; Fibrosis Test; Screening Hepatitis B , ADHD screening, High dose insulin use.
Lipid guideline therapy, insulin titration, screening patient's for Hepatitis, screening adults for ADHD
Lipid therapy; HF-Ivabradine
Lipid treatment; Hep B treatment; and ADHD - screening
Lipids - incorporate into discussion with patients at Biometric screenings; HF - don't really manage HF in practice; Hep B-Good opportunity for screening for Hep B in practice with foreigners and those presenting for STD testing; DM-don't really manage insulin practice.
ListenEducationf/u
Make better use of concentrated insulins.
management of CHF , Hepatitis B screening
Management of DM with concentrated insulins.
Management of hyperlipidemia beyond statin useNew drugs/guidelines in HR treatmentHow to assess and treat adult ADHD in primary care using screening toolsUtilization of concentrated insulins in managing diabetes and controlling fluctuation of glucose
Management of medications
Management techniques, medication administration recommendations
managing lipid elevation without statins
Monitor more closely the population of people with theses diagnosisTreat accordingly according to the latest up datesAnd utilize strategies and resources for counseling these patients for better patient outcome

More agressive insulin adjustment for a1c improvement with stronger concentrated insulin
More detailed history of patient to screen for HBV; Utilize guidelines for statin therapy; Ask about personal /social history when screening / treating for ADHD.
More frequent testing and re-testing / evaluation for ADHD
More frequent tests monitoring of labs for chol and CHF; Test high risk pts for HBV; more often screens ADHD
more informed re when to refer patients for HF symptoms
more screening for Hep B and ADHD
N
N/A
NA
New LDL TREATMENTS .Medication strategies and new therapies for heart failure to prevent readmissions.New therapy for ADHD in adults with improved time released capsule.Appropriate screening for hepatitis B.
New resources to utilize in my practice, pharmacology updates,
New strategy for managing lipids in my high risk patients with PCSK9. Treatment of heart failure-medications in conjunction with Diabetes medications.
New treatments for CHF - medications; improved screening for HBV, LABS
Not treating chronic health conditions at this time due to retail clinic setting and MO rules and regulations, but want to stay up to date on latest EBP guidelines.
Obtained great insight into using long-acting insulins and the rationale for doing so.
Overall on heart failure and Adhd
Patient counseling regarding insulin; Control patients BP below 130; Improve ADHD treatment/assessment; Reduce inpatient stay for HF
Patient history, patient education, pharmacology
PCSk9 optionsTighter LDL for DMRefer to guidelinesWhen to offer HBV testingWhen to refer for ADHD
pearls with each lecture to integrate into practice -- new knowledge gained to apply
Provide evidence based researched treatment, education and treatment
provide patients with latest education about diabetes, ADHD, heart failure, lipids, and Hepatitis B
PSCK9 is an effective treatment tolerance CVD events. Use ADHD-RS and ASRS screen tools I can use to better screen for ADHD patient; despite no cure for Hep B virus, there are many effective agents/treatment to decrease liver damage
putting lipids in the whole practice to reduce CVRbetter awareness of CHFusing insulin more effectively for better pt outcomes and decrease HGA1c
Quicker recognition of ADHD symptomsInitiate use of concentrated insulinsInclude more HBV testing based on country of origin
Recognize the need for counseling patients about concentrated insulins tominimize dosing errors.
Recognize when to use anti-psck9 angents; evaluate for ADHD to make proper referrals (1)
Refer Hepatitis cases GI Clinic
references to refer back to for further information and teaching opportunities for patients and I (1)
Regarding HF, More information to better counsel patients about the risks of heart failure.Regarding ADHD, better patient screening/interviewing/history taking because I have

more information on impairment and areas of life affected and screening.Regarding HBV, it's very important for me to know about screening in specific populations and treatment and referral.Regarding insulin therapy, more effective options for different patient needs.
Remain current with guidelines and EBP
Retired. learned a lot.
Review current statin guidelines and prescribe accordinglyIdentify pts at risk for HBV and test to tx accordinglyAdminister questionaire to rule out ADHDStart considering using concentrated insulins for non compliant an or difficult to tx type II DM pts
review insulin usage with patients.monitor lipids more closely.
Screen and monitor lipid profiles and act accordingly
screen more parients, follow guidelines
Screen patient with HLD and treat aggressively; Follow guidelines with treating HF
Screen took for ADHD.Understand medication options for heart failure.Adjust or convert insulin.
Screening for ADHD; Better management of LDL in practice
Screening for HBV; Screening and treating ADHD; Using concentrated insulin
screening for hepatitis
Screening Hepatitis B; Lipid strategies.
Screening more often for higher risk populations for HBV.The use of concentrated insulin therapy.
Screening tools
Screenings; Chane in treatment protocols
self-managementshared decision-makingengagement
specific adHD therapies and diagnosing tools, concerntrated insulin therapy, better glycemic control
Start as early as possible in the monitoring lipid levels
Start insulin sooner on new dx DM
Start insulin sooner; Use more longer acting basal i.e. degludec 200 , glargine 300.
Starting insulin earlier; screening for HBV per guidelines
statin therapylatest treatment HBVIdentify heart failure and common meds usedcommon AHD medicationsstarting insulin in t2dm its
Strategies for managing CHF and lipid management. Cardiac risk reduction with improving glycemic control
Strategy for treating HF with decreased EF; Statin and non-statin treatment; HBV screening; Screening for ADHD; Using different insulins
Taking detailed history of an immigrant from endemic areas with HBVManaging patients with appropriate HF medsManagement of adult patients with ADHDGlycemic control with long acting insulins
Talking to patients; Diagnosing
Thank you
The APRI and Fib-4 were both new to me today. A good update on medications. I practice in a pediatric population so I used today as a day to get updated.
Therapy
Therapy to treat statin intolerant patients, more aggressive LDL control
Thoroughly review the info given in the presentations Be better able to manage complicated clients. Improve on how to get history from clients without creating unfavorable responses

re their health historyBe vigilant in Screening for Hepatitis B in immigrant population and their descendants
Three strategies
Tighter control of Diabetes, HF.Better diagnosis of adult ADD
Titrate concentrated insulin every 4 days; USO is not stronger / just less volume; Titrated insulins have less fluxation in blood sugars
Titrating basal insulin dosagesLipid guideline therapy when initiating medicationHepatitis lab work and ability to refer
To document 10 year risk for CV event. To screen more frequently for Hep B.
Treat earlier in the disease state.
Treating patients according to their needs and not as a whole
Treatment and med management update
treatment of adult adhd patients.
Treatment of lipids and heart failure
Treatment strategies for HLP and DMDiagnosing / prevention of HBV and treatments
Treatment strategies, switching medications
Try to use concentrated insulins on those with issues of hypoglycemia and glycemia variability.GDMT for heart failureScreen for HBV
understand when to use non statin therapybetter understanding of HF phenotypesimprovement in insulin therapy for T2DM
Understanding why patients are not taking their medication. Educating the patient of the importance of screening.
Updated GMT for HFUpdated Lipid Therapy
updated GMT for HFUpdated recommended lipid treatment
Use ASCVD risk calculator - added it to my phone! Be aware LDL goals! Be more aware of importance of treating HTN! Endemic areas for HBV - screen!! Screen tool for adults with ADHD. Consider long-acting / concentrates
Use assessment tools to know patient's historyKnow the patients to screen for Hep B.
Use guidelines for risk assessments
Use guidelines to administer immediate treatment
Use knowledge gained today in my current practice.
Use of AVSC risk calculator and apply use of Triseba and Toujeo with uncontrolled A1c or PP
Use of concentrated insulin, treating hyperlipidemia with concentrated therapy, using scales to identify ADHD risks, serology HBV testing
Use of concentrated insulin; Resolution of ADHD
Use of guidelines for selecting /adjusting meds in CHF and lipid use; Use of screening for Hep B in appropriate populations; Use of screening for ADHD; appropriate use of high concentrated insulins
use of newer insulins
use of pcsk9 for LDL lowering therapy, who to screen for HBV, use of ASRS, and choice of different insulins
Use of Screening tools,Review current recommendationsPatient education about disease, risks, prevention, treatments
Use tools to evaluate
Using ADHD-KS tool to screen for adult ADHD symptoms; Treating those with familial hyper

cholesterolemia aggressively; Start using insulin in diabetic therapy earlier
Using and adding statins in high risk and low risk patients. Manage patients who are at risk for heart failure. Screen all high risk patients for Hepatitis B.
using combination therapy with HF , and concentrated insulin
Using concentrated insulin on patients that require higher doses of insulin.
Using lifetime risk reduction app/algorithm
using proper diagnostic tool for ADHD
Using screening tools for ADHD; Calculate ASCVD risk factors; Screen for high risk populations for HBV; Discriminate between HFcEF and EFpEF; Use long acting stimulants for ADHD; Use insulin sooner in treatment; use concentrated insulin sooner
Using screening tools for ADHD; Changing insulins in patients using multiple doses of short acting insulins to fewer doses of long acting; more awareness of Hep B screening needs
Using screening tools for ADHD; Increasing screening for Hep B - I have a huge immigrant patient population; Maximizing therapy for hyperlipidemia - especially non statins.
using self evaluation for ADHD
Using standardized testing to identify ADHD.Always screen for Hep B on patients coming form endemic areas in the world.More aggressive about lipid control.
Using the correct insulins for patients with hyperglycemia.Recognizing patients that need to be screened for HBV
Using the scale to screen ADHD
Using the screening information to diagnose ADHD
utilization of material covered
Utilize screening toolsadhd rs and acvsd risk estimator plus
utilize the guidelines more often
validated checklist for ADHDCalculate riskAware of up to date practices
Ways in conjunction to and other than statins to control lipids.Use of concnetrated/ultra-concentrated insulins
ways to improve LDLimproving blood glucose control by properly implementing insulin therapy with glargine U-300 among other long acting medications
When to add treatment to those pts with ASCD Initiate ADHD screening to those who are symptomatic.
When to refer for HBV; When to add anti-PCSK9 to patient regimen; Use of ADHD scale
Which patient population to screen for Hep BHow to manage hyperlipidemiaUsing concentrated insulin to manage uncontrolled T2DMRecognizing ADHD and different types of treatment
who to screen for HBV.The role of Insulin therapy in T2DMMedications for and their effects on ADHD symptoms
will implement
Work on Tighter control on diabetes. Management of ldl. Better management of ADHD. Hep b therapy and treatment

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

Comment
ACLS
Anemia
Antidepressants

Anxiety
Any pediatric cases/ topics, any adolescent, women's health topics & men's health topics
Arrhythmias, respiratory conditions, anemia
Autism ,Stroke.Neuropathy
Autoimmune diseases
Billing for outpatient sitting
Billing in outpatient sitting
Cad
Cariac, diabetes and increased lipid management
Chf
chf, heart disease
child obesity
cirrhosis
CKD, CAD, Skin cancers
common primary care neurological disorders
Commonly used antibiotics, parkinson's disease
Continue education about Diabetes
copd
COPD newer guidelines, managing thyroid disease, antiphosolipid syndrome & understanding treatment
COPD, dizziness, anemia
COPD, IPF, PAH
Current dry trends
dementia
dementia, women's health
Depression
Depression, Asthma, Constipation, Obesity
DERM
dermatology
dermatology and addiction
Diabetes
Diabetes and HF
diabetes, asthma, COPD
Diabetic foot ulcers
DRUG RELATED TOPICS
EKG
EKG abnormalities
endocrine (1)
ESRD (1)
Explaining the 2 d echo
Gastroenterology , Hepatology
Gastroenterology Hepatology
Genomics
Geriatrics
GI- IBD, HCV
Gout, thyroid, dermatology, pulmonary

GUIDELINES IN PRIMARY CARE
HCV Treatment by PCP
Headache-migraine
Headache. Seizures. Multiple sclerosis
Hep C
Hepatitis C treatement
Hepatitis c, Prep for prevention HIV transmission, hypertension management options for special populations
HF, HTN
HIV
Hormone therapy/replacement, depression and anxiety management
HTN, COPD
HTN, STDs, anxiety & depression
Hypertension
Hypertension guide lines
Hypertension treatment guidelines
Hypertension, CoPD
Hypertension, COPD,
Hypertension, COPD, asthma
Hypertension. Gyne. Respiratory.
hyperthyroidism and hypothyroidism
IHSS
immune therapy for cancer
Implementation of SGL-2 INHIBITORS
In-depth endocrine
Incivility in workplace
Infectious disease
KIDNEY DISEASE
Lyme Disease and co-infections, PCOS, HRT
Management of dementia behaviors
Managing Kidney patients
Men and Women health
more diabetes and HLD, hypertension, STDs
More GI and Psych
more I topics
more on Asthma
more on Depression
NA
nephrology
Neuropathy, alterm\natives to opiod therapy
Neuropathy, transminitis, what to expect after liver transplant, Sepsis
New TB testing and treatment
Np private lect
Nutritional science
Obesity
obesity management

Oncology
Ortho
Orthopedics
Orthopedics and Dermatology
Orthopedics in primary care
Pain management
Pain. Palliative and hospice
Pallaitive medicine at end of life
Parkinson
Pediatric
Pediatrics
Pediatrics and mental health
Peripheral vascular disease
Poly pharmacy in the geriatric population
Prevention strategies of Substance abuse medications
PRIMARY CARE TOPICS
Primary Hypomagnesemia
PTSD, opioid addiction
Pulmonary HTN, heart failure
Renal disease: CKD and hyperparathyroidism, more on the new diabetic medications, metabolic pearls: i.e. most clinicians ignore low alk phone as normal, but in children this could be a hypophos disease.
Renal diseases, Diabetes medication management
renal insuffiency
Renal; lab interpretation; infectious disease
restant depression, hypotestosterone therapy
Reviews and updates
rheumatoid arthritis
Rheumatologic disorders
Rheumatology
Sexually Transmitted Disease (1)
skin disorders and treatment (1)
Skin issue
sleep apnea , dermatology
Thyroid disease
thyroid disorder
thyroid disorder...peripheral neuropathy due to chemo therepy
Thyroid disorders
thyroid function and testing
Topics concerning geriatric population
Treatment/maintenance of mutiple chronic diseases in primary care.
Updates on new guidelines.
Vasculitis
Women's health, Depression, Anxiety, joint pain
Womens wellness
wound care

Xrays and EKG interpretation
yes
your choice

Additional comments:

Comment
Alternative pain management topics
Audio was not available
Dementia
Dr Morris Alana, is the best.
Enjoyed the presentations
Excellent
Excellent and convenient cme session
excellent presentation
Excellent program
Excellent topics
excellently done thanks
Good presentation
Great presentation from all speakers.
I have attended a few of these lectures and the speakers today were by far the best that I have heard. I learned more today than I usually do just because of the excellent presentation from your speakers. Thank you.
I have been looking at the slides. the sound is still not coming through on my computer.
I learnt a lot from the CME/ conference and I look ok forward to another
I really appreciated being able to view these webinars. I'm not currently practicing but have an active license and national certification to maintain.
I thank NACE whole-heartedly for having this conference available, especially online simulcast conference that I can attend at home.
Keep up with the good work .
N/a (3)
NA
Nace always has such great presenters! I love the availability of the Simulcasts. Thank you!
None
Outstanding
Over all great presentation.
Overal excellent presentations
Syncope
Thank you
Thank you for making continuing ed easy, accessible and free- much appreciated!!
Thank you for making this conference available via the simulcast format!
thank you for your seminars
thank you very much
Thank you.
Thank you. This was so convenient and such high quality. Thank you very much.
The fact that you are supported financially by a huge percentage of pharmaceutical

companies greatly decreases my degree of trust that your information/CME is unbiased.
The topics presented were very well organized, filled with excellent info. That is based from new research evidences, especially pertaing yo treatments and medications. The panelists were excellent ,knowledgeable. The means of delivery and Access (live simulcast.) is greatly appreciated by those like us who could not , for some reasons,
The training was wonderful and instructive
Very good and informative
Very good presentors
Very knowledgeable speakers
very knowlegable speakers
Very well organized
We do not get enough of pharm in school