Clinical Updates for Nurse Practitioners and Physician Assistants: 2017

Activity Evaluation Summary

CME Activity: Clinical Updates for Nurse Practitioners and Physician Assistants
Saturday, November 18, 2017
Crowne Plaza White Plains Downtown
66 Hale Avenue
White Plains, NY 10601

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

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NACE NATIONAL ASSOCIATION FOR CONTINUING EDUCATION

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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 White Plains, NY.

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 eighty-three healthcare practitioners registered to attend Clinical Updates for Nurse Practitioners and Physician Assistants: 2017 in White Plains, NY and five hundred seventy-one registered to participate in the live simulcast. Three hundred seventeen healthcare practitioners actually participated in the conference: ninety attended the conference in White Plains, NY and two hundred twenty-seven 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	39	13%
DO	4	1%
NP	227	76%
PA	23	8%
RN	5	2%
Other	1	0%
Total	299	100%

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

Label	Frequency	Percent
None	22	7%
1-5	34	11%
6-10	36	12%
11-15	41	14%
16-20	39	13%
21-25	31	10%
> 25	96	33%
Total	299	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	34	11%
1-5	83	29%
6-10	63	21%
11-15	39	13%
16-20	31	10%
21-25	16	5%
> 25	32	11%
Total	298	100%

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

Label	Frequency	Percent
None	20	7%
1-5	26	9%
6-10	41	14%
11-15	47	16%
16-20	37	12%
21-25	36	12%
> 25	90	30%
Total	297	100%

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

Label	Frequency	Percent
None	81	28%
1-5	112	39%
6-10	49	17%
11-15	23	8%
16-20	13	4%
21-25	4	1%
> 25	9	3%
Total	291	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	85	29%
0-1	86	29%
2-3	70	24%
4-7	22	8%
8-10	7	2%
> 10	12	4%
> 15	11	4%
Total	293	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	255	86%
Somewhat	41	14%
Not at all	1	0%
Total	297	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	244	82%
Somewhat	52	18%
Not at all	1	0%
Total	297	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	253	85%
Somewhat	41	14%
Not at all	2	1%
Total	296	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	243	83%
Somewhat	48	16%
Not at all	3	1%
Total	294	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	220	79%
Somewhat	52	19%
Not at all	7	2%
Total	279	100%

Overall, this was an excellent CME activity:

Label	Frequency	Percent
Strongly Agree	231	78%
Agree	66	22%
Neutral	1	0%
Disagree	0	0%
Strongly Disagree	1	0%
Total	299	100%

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

Label	Frequency	Percent
Strongly Agree	219	74%
Agree	79	26%
Neutral	0	0%
Disagree	0	0%
Strongly Disagree	1	0%
Total	299	100%

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

Label	Frequency	Percent
Strongly Agree	218	73%
Agree	66	22%
Neutral	14	5%
Disagree	0	0%
Strongly Disagree	1	0%
Total	299	100%

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

Label	Frequency	Percent
Very Likely	205	69%
Somewhat likely	67	23%
Unlikely	1	0%
Not applicable	23	8%
Total	296	100%

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

Label	Frequency	Percent
Within 1 month	211	72%
1-3 months	44	15%
4-6 months	10	3%
Not applicable	31	10%
Total	296	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Joyce L. Ross, MSN, CRNP, CS - Lipids

Label	Frequency	Percent
Excellent	224	77%
Very Good	60	20%
Good	9	3%
Fair	0	0%
Unsatisfactory	0	0%
Total	293	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Marie Galvao, MSN, ANP-BC - Heart Failure

Label	Frequency	Percent
Excellent	219	76%
Very Good	59	20%
Good	13	4%
Fair	1	0%
Unsatisfactory	0	0%
Total	292	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Mark Stolar, MD - Diabetes

Label	Frequency	Percent
Excellent	218	74%
Very Good	63	22%
Good	8	3%
Fair	0	0%
Unsatisfactory	2	1%
Total	291	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	201	72%
Very Good	68	24%
Good	11	4%
Fair	1	0%
Unsatisfactory	0	0%
Total	282	100%

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

Label	Frequency	Percent
Excellent	204	75%
Very Good	57	21%
Good	10	4%
Fair	2	0%
Unsatisfactory	0	0%
Total	273	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Joyce L. Ross, MSN, CRNP, CS - Lipids

Label	Frequency	Percent
Excellent	224	77%
Very Good	57	20%
Good	10	3%
Fair	1	3%
Unsatisfactory	0	0%
Total	292	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Marie Galvao, MSN, ANP-BC - Heart Failure

Label	Frequency	Percent
Excellent	223	77%
Very Good	56	19%
Good	12	4%
Fair	1	0%
Unsatisfactory	0	0%
Total	292	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	228	78%
Very Good	52	18%
Good	11	4%
Fair	1	0%
Unsatisfactory	0	0%
Total	292	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	223	79%
Very Good	52	18%
Good	8	3%
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? Michael Feld, MD - ADHD

Label	Frequency	Percent
Excellent	215	78%
Very Good	51	18%
Good	8	3%
Fair	3	1%
Unsatisfactory	0	0%
Total	277	100%

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

Label	Frequency	Percent
Topics covered	240	33%
Location/ease of access	185	26%
Faculty	52	7%
Earn CME credits	242	34%
Total	719	100%

Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent
Strongly agree	203	68%
Agree	86	29%
Neutral	7	2%
Disagree	1	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
The findings of previous trials concerning the dyslipidemia treatments work in improving cardiovascular outcomes in patient's wellbeing of improvement. Integration of new clinical information concerning treatment strategies bring forth the betterment of cardiovascular outcomes in the highest risk patients.
the role of insulin therapy in patients with T2DMRecognize the different phenotypic presentations of HF
*** utilize non statin therapy for hyperlipidemia.*** utilize new treatments available for HF inorder to reduce hospitalizations.*** utilize insulin therapy for management of T2DM.*** early screening & treatment of HBV infections in patients.*** utilize & optimize available treatments/ medications for ADHD.
*Implement insulin therapy sooner.*Screen as appropriate for HBV*Better explain rationale for use of different pharmacotherapies for HF
- appropriate screening and making diagnosis - proper referral
- How to implement antilipid drugs in patients who are not well controlled-How to deal with non compliant diabetiics
- learned about new medication that could help my patients.- increase confidence in assessing patient with ADHD and provide treatment.- increase knowledge about hepatitis B
- updated treat mentioned option for all these diseases
-Describe the role of insulin therapy in patients with T2DM not meeting glycemic goals.- Recognize the different phenotypic presentations of HF.- Identify predictors of poor outcomes in HF.
1) Counsel patients about concentrated insulins to minimize dosing errors. 2) Identify immigrant populations that should be screened for HPV. 3) Evaluate cases to see when to screen patients and send them to a specialist.
1-Explain the role of anti-PCSK9 monoclonal antibody therapy in LDL-C reduction to achieve cardiovascular risk reduction2-Discuss the role of new therapies in the management of chronic HF according to the latest ACC/AHA/HFSA/ADA guidelines3-Evaluate patient cases to identify when to screen patients and how to refer to specialist care for treatment4-Use adult ADHD assessment and treatment tools to measure residual symptoms and optimize outcomes
1. Improve cardiovascular outcomes in the highest risk patients.2. Recognize strategies to reduce hospitalization for heart failure.3. Recognize the need for counseling patients about concentrated insulin's to minimize dosing errors
1. Educate pts about new medications that may be appropriate to treat their diagnosis.2. Be more cognizant of assessing for HF, ADHD & HBV.3. Become more knowledgeable about use of concentrated insulin and proficient in use of pen delivery system & helping pts feel comfortable with this type of insulin administration
1. Recognize the pervasive nature of ADHD symptoms throughout the day.2. Describe the role of insulin therapy in patients with T2DM not meeting glycemic goals; Discuss the need for concentrated insulins in T2DM management.3. Recognize the different phenotypic presentations of HF; Identify predictors of poor outcomes in HF
1. use ASCVD risk calculator and discuss with patient CVR,2. Screen for Hep B in foreign-born adults or children of foreign-born parents.3. Use ASRS screening tool.4. Assess T2D patient for insulin resistence and consider a change to U-100/ U-200/ U-300/ U-500 insulins

1. Using more anti-PCSK9 monoclonal antibody therapy in LDL-C reduction to achieve cardiovascular risk reduction2. Better management of heart failure3. Using concentrated insulin in DM
1. When appropriate use anti-PCSK9 monoclonal therapy in LDL-C reduction to achieve cardiovascular risk reduction.2. Recognize phenotype presentations of HF employ new therapies according to ACC/AHA guidelines to reduce hospitalization eg. Ivabradine.3. Initiate therapy with concentrated insulins in T2DM when patients present insulin resistant.4. Screen patients at high risk immigrants for HBV diagnose and treat aggressively. Vaccinate new borns.5. When implicated initiate screening tool to assess ADHD in Adults so pharmacologic treatment can be implemented due to increased mortality rate.
1.To use concentrated insulin when oral antidiabetic agents are not working anymore or if patient experience hypoglycemia or using a large dose of other kinds of insulin.2. To use ASRS symptoms checklist before making plan3. Has develop new strategy to convince people with diff culture or from other country to have check with hepatitis and emphasize the importance of the screening4. Classifications of heart failure and specific treatmnts5.Role of anti-PCSK9 monoclonal antibody
Adding spironolactone for heart failure, using HF results betablockers, adding testing for HBV based on where they are from, pay more attention to the possibility of adult ADHD
additional screening tools for Adult ADD.More treatment options with insulin
ADHD
ADHD SCREENING
Adjust statins
Although I work in pain management, it was certainly beneficial to attend this conference to learn updated guidelines. I will not be able to apply much of what I learned today, however, it is still important to stay up to date
Application for the new updates
apply the guidelines
augmentation of insulin withglp1
Be able to discuss more treatment options for patients with hyperlipidemia, Type 2 DM, Hepatitis B and ADHD
Being more agressive with my HLD patients; Screen my dyspneic patients with BND; Seek to prescribe ultra basal insulin with my resistant DMs; Screen more individuals for HBV
Being More Alert to Heart Disease changes. Monitor DM and Treatments closer
Better able to tailor treatments to individuals after this activity
Better communication
Better understanding the anti-PCSK9 monoclonal antibody therapy.Using the newer concentrated insulin therapies.Understanding ADHD.
By attending more NACE online seminars.
Change in treatment of heart failure; Check my pediatric patients with a history of Familial Hyperlipidemia earlier in life
Check hgbA1C every 3 months; Ensure use of beta blockers in CHF; Use adult ADHD self report scale to screen ADHD; Screen for HBV with high prevalent patients
CHF, cardiovascular diseases , Lipids
Cholesterol management
Cholesterol testing for children 2 years and older with family history of elevated LDL; Ordering BNP
Combating dyslipidemia with newer meds such as PCSK9 inhibitors. Inquire and assess

parents of children with ADHD with the ASRS tool.
Combination insulin therapies, applying newer agents Chf early screening and combination agents. HTN special considerations with African Americans, lower SBP recommendations
CommunicationEvidence basedCollaborationReferral
Comprehensive assessment of patients; initiate plan of care depending on patient's history & comorbidities. Individualize patient care & implement interventions according to latest care guidelines
Comprehensive evaluation and history taking
Consider BID dosing and cycle every 24 hrs; If cost is not an issue - off concentrated insulin
Consider utilizing PKSD9 agent; Diabetes treatment with Invokana; Will recommend Hep B screening more often
Copied Slides
Counsel patients regarding concentrated insulins.
Current recommendations for the use of non-statin therapies in the management of dyslipidemia.Early screening and treatment of HBVThe strategies to reduce hospitalization for HF
current recommendations for the use of non-statin therapies in the management of dyslipidemiaIdentify predictors of poor outcomes in HFthe role of insulin therapy in patients with T2DM not meeting glycemic goalsidentify when to screen patients and how to refer to specialist care for treatment importance of early screening and treatment in specific patient populations, including pregnant and postpartum women pharmacologic treatment to optimize symptom control throughout the day for ADHD
Current recommendations for the use of non-statin therapies in the management of dyslipidemiaRole of anti-PCSK9 monoclonal antibody therapy in LDL-C reduction to achieve cardiovascular risk reduction New treatment strategies for improving cardiovascular outcomes in high risk patients.Mortality associated with adhd and management of adhd patients. Management of DM using Insulin therapy
Develop effective plans to overcome culture-specific barriers to screening my patients
diabetic new treatmentsCHF Hepatitis B new available treatment
Diabetic management
Diabetis
Diagnosis Timely referrals Med management
Duration of insulin therapy; Consider more use Hep B Infection screening; Managing heart failure
early glp1 augmentation
Early use of insulin; Screening for Hepatitis in certain populations; Get rid of stigma of ADHD
Educate patients about options other than statins for the treatment of hyperlipidemia, guide patients to deal better with DM and prescribe medications that will effectively treat patients as well individualize the treatment,
educate patients and family members with pertinent information
Educating my patients
Education is one of the most important roles in my job. Having the new guidelines and up to date research provides the emphasis on providing the best plan for medication changes, lifestyle habits, and promoting overall health. I learned how the emphasis in cholesterol management is on LDL lowering. I have many diabetics who see cardiologists and their levels are > 100. Their statins were at moderate dosing. As a previous heart failure expert

when I was an RN it was enlightening to learn the genetic links in HF which we suspected long ago. It is a shame that hospital readmission rates continue to escalate. As a NP in primary care I am able to identify who my HF patients are and educate them on monitoring and managing their disease. I still come across some who were never told to check daily weights. These patients had an EF less than 40%! The information on diabetes management with basal insulin and double strength helped strengthen my knowledge on insulin treatment. Of course we are also seeing sometimes greater emphasis on GLP1 than insulin. The information on Hep B will help me reassess the need for optimal screening and encourage vaccination. Although we do see some bipolar pts it is an area that I am not comfortable diagnosing. I refer these pts out to psych. The presentation was helpful but unlikely to significant change my practice at this time. As for ADHD I was pleasantly surprised to see this condition on the agenda. When I graduated from my MSN I was not prepared to see the significant amount of these pts in primary care. I will utilize the info I learned.
education, listening, exploring history family, socio- cultural, financial, patient adherence
Education: patient discussion, more patient involvement, holding patient more accountable
Effective history and screenings and appropriate times to refer
Effectively communicate with patients about different options
Emphasize identification of at risk patients for CVD / heart failure
enhancing HBV screeningusing proper inventory forADHD
Especially regarding insulin, I will more readily adjust to higher concentration formulations.My discussions of HBV and the reason to screen will be culturally sensitive.
Evaluate patients LDL and do risk assessment Maintain good glycemic control and blood pressure for patients and specifically those at risk for or have been diagnosed with heart failure Utilize ivabradine for appropriate patients
Evaluate TreatmentFollow up
Evaluating and treating patients with dyslipidemia and DM and treating HF patients with must use drugs
Evaluating role and treatment of hyperliidemia, new thoughts in recognixzind add
evidenced based practiceup to date informationable to apply at current setting
Evidenced based treatment in management of heart failure; care of patient with Hep B optimized more into reducing cardiovascular risk; knowledge about screening patients for ADHD
Excellent screening tools for all areas! My job is more screening and referring so this was a great screening resource. I also am in the area for Dr. Feld and Dr. Stolar, found lectures impressive and may contact or refer in the future
exercisesdietmedication compliance
Explain the role of anti-PCSK9 to patientsRecognize ADHD symptoms to proper diagnose and referral Describe the role of insulin
explain to my patients about cholesterol and treatmentseffectively managing insulin to my patients
extensive counseling for patients on insulin
FBS and HgbA1C interpretation and behavior and drug treatment; Identification of at risk patients with Hep B; Difference between HF with decreased EF and normal EF
feel more comfortable in evaluating hbv titers, would be more likely to order/refer
Focus on lowering LDLC with newer type drug as appropriate - example PCSK9; Work with patient to help break insurance barriers in paying for medication; Use ACE and

Betablockers to aid risk reduction in CHF
Getting ldl to lower goal; better use of new DM drugs
Good
Good information
Greater ability to identify heart failure; better able to treat heart failure correctly; lower threshold for initiation of insulin tx
HBV screening in patient prior to biologic study; Close monitoring in cholesterol, DM
Heart failure management; Use of concentrated insulin; LDL goal and therapy; HBV screening in appropriate population
Help my paitents
Hepatitis screening location; Screening goals / levels for lipids profile and treatment; heart failure EF goal and recommended treatment
HF and cholesterol management strategies in my area of cardiology are very useful to me
How to evaluate and treat immediately
How to get a full history - HBV diagnosis; ADHD
How to reduce my patient's A1C; Better statin control; Better control of heart failure
Hyperlipidemia managementUnderstand heart failure and DM management in regards to patient care
I am able to manage patient with above conditions with confidence.
I am in a non clinical sedtting
I am now better to understand HF and different phenotypic presentation and know when to add additional therapies such as sacubitril and valsartan. I am also able to be more aware to be more proactive in screening for HBV in patientsI am able to understand more and be more comfortable to utilize concentrated insulin when insulin is already at high dose such as 80-100 units per dayI am more comfortable in seeing patient with ADHD, able to assess utilizing tools for screening and also implementing treatments
I have a greater understanding of appropriate pharmacologic agents & therapies in efforts to yield better therapeutic results for my patients
I have learned new screening techniques HBV and ADHD, as well as newest pharmacological therapies for hyperlipidemia, T2DM, and HF.
I learned how to appropriately screen for hepatitis b. There are many people who need screening that I was unaware of. The lecture talked about what ethnic groups are at high risk. This is especially important where I will be practicing due to the large immigrant population
I learned new strategies for statin use and prescribing. I also learned strategies with monitoring blood glucose levels in diabetic patients. The last lecture influenced me to use the ADHD question checklist during evaluations.
I loved the ADHD and the tools!
i was brought up to date on the most recent diagnostic and treatment modalities.
I will use ADHD scale in my daily practice.Also I will use all discuses strategies for all diabetic & hyperlipidemia patients.
I will evaluate each patient concerning HCV, will seek to initiate Insulin therapy sooner to get patient to goal.
I will implement the ADHD RS rating tool to help identify adult ADHD in patients; begin insulin sooner; calculate ASCVD risk; titrate and adjust insulins more comfortably; screen for hepb and have a better conversation about the need for screening and knowing what testing to perform before sending to specialty care.

I will now look at cardiovascular risks in patients with high LDL-C more closelyI will screen high risk patients for Hep B esp new patients I will not be afraid to prescribe insulin
Identification, treatment strategies and patient involvement
identify high risk for cad and use pcsk9 inhibitors,rx of hepb,role of cincentrated insulins,approach to chf
Identify the signs Development of treatment plans
IdentifyRectifyInplement
If earlier treatment with a statin is essential for resolution of LDL
Implementing an appropriate way to approach patients with Hepatitis B.Discuss insulin with patients at appropriate times.
Implementing High dose insulin therapy ;Requesting lipid lowering injectable medication if statin is not tolerated or in conjuction with statin if additional lowering is needed on max statin dose. Knowing when to refer to hepatology for consult.
Improve management of patients
Improved diagnostic skills
Improved Dx and Rx
Improved my knowledge of current medications/treatment modlities
Improved patient careGiving more options to patientsCost-effective therapy
Improved patient outcomes for prevention and treatment of hyperliipidemia, CHF, diabetes and screening of high risk populations for Hepatitis B
Improved screening and management of primary care clients presenting with these conditions.
improving cardiovascular outcomes, new options for heart failure treatment, better teaching strategies for patients who are on insulin
Improving diabetes and heart failure outcomes
Improving the management of patients with hyperlipidemia
Incorporate into practice
Incr Screen ASRS & consider Long Acting Meds ex Strattera for Adults w ADHD. Use Diary & note Inter& Intra- Patient Variability w U100 >> U300, 500 . Newer recom re Anemia, Dual NeuroHormonal approach;Harmful Rx
Increasing statin dose is not very effective in reaching target LOL goal
is this space large enough for dissertation?
Know how to screen my population of patients with ADHD, HBV very confident then before.
Learn how to screen for ADHD, when to start treatment, when to refer
Learned guidelines
Learned to screen more HBV, and ADHD
Lipid management and increased PCSK9 utilization; Heart Failure therapy optimization
Lipid management guidelines
Look into non-Statin use more
made me feel more comfortable in the areas discussed, no specific strategie
Manage blood glucose controlManage / use guidelines for hf
Manage difficult Diabetic better with concentration insulinsScreeen more for Hep B
Manage insulin control hyper/hypogkycemia
Management
Management of HF and EF - ensuring patients are on triple therapy; Initiation of insulin especially the use of concentrated insulin; screening for ADHD was informative - something

which I have not done.
Management of insulin therapy
Many
Med management
Med management; spending time with patients / consulting
Medical interventions; medical management; risk factors
Medication adjustment according to results; enagaging in a consistent physical activity. Dietary regimen to go along with plan
Medication regimens; Diet teaching
Methods of screening patients
Monitor guidelines; Treat early; Educate; Decrease risk for CVD; Screen for Hep B
monitorassessprescribe
More aware of diabetes and medications. Can discuss non medication therapy to CHF patients. Will be more aware of Hep B presentation.
More clinical knowledge on new pharmaceutical agents
More effective management techniques for ongoing elevated HgbA1c
More effective pharmacological management of dyslipidemia, earlier use of insulin, recommend appropriate testing for Hep B, better assessment skills and referral for ADHD treatment
More emphasis on current guidelines and increased compliance with those guidelines
More screenings with labs, the proper medications to prescribe and how to monitor
More systematic approach to HLD and HF, expanded knowledge of Hep B
More willing now to change up insulin therapy.
Most our pts are indigent and homeless with no resources once they are discharged from state hospital. So every Tx. is planned accordingly keeping in mind how they would continue with therapy post discharge.
N/A
NA
New heart failure treatmentsTreating ADHD in a better manner Identifying insulin use in T2 DM
new meds, better screening tools
New strategies in management of CHF, ADHD
New treatments for CHF
non-statin therapies, prevention and treatment of HF, reading HBV lab results, prescribing concentrated insulins, prescribing long-acting ADHD meds to adults
None at this time
Not applicable to my pediatric practice
Not applicable.
Not presently employed. Expected to resume within the next month.
Not quite sure as each patient typically presents very differently
Organization; Priorities; Researching new treatments
Particular areas were in diabetes medications and ADHD Medications. Being able to test/screen and receiving tools. GREAT!
Patient directed care
Patient education - health literacy; Do risk assessment - explain to the patient; Get patient engaged

Patient performance
Patient screening and education
PCSK9 therapy in LDL reductionNew therapies in the management of HFUse of concentrated insulin preparation How to screen HBV and referrelImplement pharmacologic treatment for ADHD
Perform CVD risk calculationsOptimatize therapeutic management for patients with dyslipidemia, Heart failure and T2DMContinue to screen select population groups for HBVScreen more adult patients for ADHD who I suspect meets criteria based of subjective data and my physical assessmet data
Personalized pt care using guidelines.
PlanningSetting goalsMedicine compliance
postpranial glucose, recognition of hypoglycemia. aggressive management of HF
Present labs during office visit, not old labs. Address the plan at current visit, not the possible options to consider in three months.
Provide education to decrease lipids, decrease cholesterol with diet, exercise and statins with effective monitoring of the level of care needed; primary, secondary and tertiary screening for DM as per the CDC recommendations
Provision of improved confidence in management of ADHD, Cholesterol
Recognize non-statin therapies for management of dyslipidemiaRecognize different phenotypic presentations of HFRecognize the pervasive nature of ADHD symptoms and the use of adult ADHD tools to measure residual symptoms to assist with providing optimized outcomes.
Recognizing the different types of heart failure in primary care.
Recognizing the underlying issue that drives the actions of the patients; Allowing for growing panic with resistance to treatment
Regulating medications
Research Collaborate with colleagues and specialistsApplyMonitor Adjustment if neededContinue monitoring Apply the best resulted strategies
Reviewing and monitoring lipid profiles and respond appropriately; Heart Failure monitoring and recognition of need to intervene earlier
reviewing hbv knowledge and speaking with pts from other areas. How to communicate with pt regarding screenings for adhd and hbv.
Rx for PCSK9; Hep B screening; ADHD screening in adults; Insulin therapy earlier
Screen much more often for Hep B; Encourage walmart to develop PEN NPH; Use ADHD screening tools more often;
Screen pt at increased risk of certain diseases based on country of origin and lifestyle
Screening and testing.
Screening baby boomers for HCVLong acting insulin ready,Heart failure & lipid new pharmacy, treatments on market
Screening for ADHD, management of DM, screening of pts for advance lipid management
Screening for ADHD; Insulin usage - Hbg A1C screening; heart failure treatments
Screening for Hep B for all its at riskProper management and use of insulin for its with T2DMRecognizing symptoms and need for treatment for ADHDUse of new and current management options for HF and Hyperlipidemia
Screening for hepB and ADHD
Screening Hep B

Screening; treatment; community concerns; med options
Some of the strategies have already been actively utilized.
Starting insulin for pt with type two DM when oral is not meeting their glycemic goal. Prescribing beta blockers for heart failure PTs
Strict control with HLD management; Consider insulin evaluation with management of Type 2DM; Now comfortable discussing Hep B with my clients; Use screening tool for ADHD and refer
Three chain ADHD medication was very informative, Going to use Vyvanse more frequently,Use Victoza or Jadience more frequently for DM Type II
To educate the current treatment guidelines
too small a space
Treat hyperlipidemia more aggressively with PCSK9 inhibitors.
Treat LDL - C if greater than 55 mg/dl; Using insulin sooner rather than later; Increase patient screening with specific foreign born patients and first generation patients
treatment methods for HF and Diabetes
TREATMENT OF ADULT ADHD
Treatment of HF and use of Ivabradine; Adjusting basal insulin and use of degludec; initiation of insulin earlier after use of 2 oral hypoglycemics
Ultra basal, knowing 3 day steady state, splitting doses
Update Treatments
Use adult ADHD tools for assessment and treatment
Use concentrated insulins to replace current tx for DM2Reval current HF txs with knowledge gained during the HF talk
use Entresto in CHF patientsAdd insulin to DM2 regimen earlier!How to diagnose ADHD in adults
use forms and testing for adhs
use guidelines when it comes to medical management..consider at risk patients (1)
Use knowledge in everyday practuce
Use of concentrated basal insulin; Use of Ivabrandine for CHF; Use of PCSK9 in dyslipidemia
Use of concentrated insulin treatment; new guidelines for hyperlipidemia and treatment; classification of HF; drugs contraindicated in HF; screening and treatment for HBV; ADHD-genetic and medication management
use of long acting insulins
use of long term stimulants for ADHDkeeping LDL lower in patients with certain risk factors
Use of Measurements Instrument Tool; Recognize the signs and symptoms
Use of new guidelines monitoring and changing treatments
Use of Ultra Basal Insulin; Glucose variability; Able to choose the right treatment for Hep B patient; Use adult ADHD scale for patient
Use PCSK9 inhibitor to reduce LDL; Use basal Insulin to treat glycemic goal
Use risk assessment tools for lipid and CHF; Use newer meds more
Use screening tests to aid in diagnosis of adult ADHD, considering concentrated insulins in patients with a high insulin burden, screening for HBV when indicated, utilize non-statin therapies for hyperlipidemia, be more aggressive with heart failure therapy
USE STATINS EARLY ONIDENTIFY POPULATIONS AT RISK FOR HEP B ASSESS FOR ADHD COUNSEL PTS ON CONCENTRATED INSULIN USE (

Use the ADD scale as a screening tool, that coupled with clinical findings gives the diagnosis.Ok to start with long term stimulants, no need to do short term first Not to be afraid of the longer acting insulins and their safety profileConversion of basal insulin and U-300
use the current guidelines and tx plans as presented
Use the screening tool provided to help diagnose Adults with ADHD. When interviewing patients as new/current patients evaluate to test for Hep B. realizing that there is no current cure but medications to keep the viral load undetectable
use tools for adhd assess (1)
Using Anti PCSK9 to lower LDL-C; Recognize and utilize strategies to prevent re-hospitalizations in patients HR in elderly; How to identify patients at risk for HBV; Implementing pharmacologic treatment to effectively control symptoms
Using ASCVD calculator with every patient to calculate risk and need for statins
Using current treatment guidelines newly available for Type 2DM, ITF, Hep B and ADHD. Using ASRS-V1-1
Using long acting ADHD medication for patients with ADHDEducating patients about insulin useUsing other medications to control cholesterol
Using the ADHD screening toolTreatment plan for adult ADHD using long acting medsInitiating Insulin for uncontrolled BM
utilize combination insulinscreen regularly for adhd
utilize in practice
Utilized new Assessment skills
Utilizing Concentrated Insulins: A New Strategy for the Insulin Resistant Patient
Utilizing strengths and knowledge of the patient to help them learn about their disease processes
Who to screen, earlier diagnosis and treatment
Will use the new long acting insulins
With my assistants.
Wonderful presentation.. Thank you

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

Comment
acls
ACLS and ATLS
adult vaccine update and
all topics
Aneurysm
Antibiotics
ANY/ALL
Anything related to geriatrics
Asthma and COPD
Asthma COPD diabetic neuropathy
Atrial fibrillation and guidelines in the use of NOACs
Billing
Bipolar
cardiology

CHF, CVA, GERIATRICS
Chronic diseases
chronic pain, opioid use for chronic pain, marijuana for chronic pain, multiple sclerosis treatment options, neurology, cva
Cirrhosis of liver
CKD management
Concussion, contraception, Melanoma
Continuation of this topic
COPD
COPD and Asthma
COPD, AF, CVA-after the acute event
Dementia, MDD, CVA
Depression
Dermatolgy and Musculoskeletal
Dermatology
Dermatology and treatment options, thyroid, PTH abnormalities
dermatology issues. GI issues
Dermatology, Psychiatry, Infectious Diseases
Diabetes Renal diseases
Diabetes, HTN, headache, abdominal pain, IBS
Diabetes, hypertension, mental health for primary care provider
dm
EKG, Istat, Xray readings
Emergency Department Issues
ESRD, CKD
Ethical Issues in Acute/Prmiary Care
gastroenterology
Gastroenterology.
gastrointestinal diseases
GI
GU , GYN
Gyn
Gynecology
Headache, back pain, hypertension, CKD, UTI, Interstitial cystitis, EKG interpretation, cancer, skin
Heart disease, Type 1 DM
heart failure
Hep C, constipation, breast cancer risk
Hepatitis C
HepatitisC
HIV
HIV/AIDS and Cancer
Htn
HTN management, anti-coagulant therapies
HTN, women's health
Hypertennsion

hypertension
hypertesion mgt
i love learning and when my schedule permits, i like to learn just about anything medical
IBS ,Urinary incontinency
IBS management
IHSS
Immunizations, Occupational Health
immunizations,GI disorders
immunotherapy for cancer
Infectious diseases
Insulin adjustment
Integrative medical topics
joint injections
MD and MDS
Medical marijuana, environmental medicine
Mental health diabetic
Mental health n
Migraine, IBS, dermatology
Mood disorders
More about hypertension strategies
More basic information about HepB treatment please
More cardiac and neuro topics
More CME's
more diabetes
More indepth diabetes education
More mental health
More on diabetes management and testing
More p
more pharmacology
More pharmacology, immunizations, women's health
More with relation to hypertension
N/A
NA
NAFLD
Narcotics
New guidelines for gynecology exams.
new treatment immunotherapy
Nutrition in today's world with weight management
Obesity
Ocular disease
Oncology
Oncology related
Osteoporosis
PAH, Alpha1, Depression
Palliative Care
Palliative Care and GI

Pediatric ent
pediatrics topics, women's health & common problems, geriatrics, opioid therapy/ chronic pain management
Pharmacology
Poly pharmacy in the geriatric population
Preventative health, updated guidelines for common treatments- i.e. strep throat, otitis, cough, asthma, etc.
Primary Care Upates
Psych & dementia in the geriatric population
Psychiatric issues in geriatric patients
psychiatric, psychiatric pharmacology
Psychotropic medications
Pulmonary diseases
pulmonary topics
Renal Failure
Respiratory conditions
Sarcoidosis; lupus; (1)
STDs with treatments guidelines
Sycope
TeamWork-Pregnant Patient
thyroid disease
thyroid disfunction
thyroid disorder
Thyroid disorders
Thyroid disorders, Autoimmune disorder, Hepatitis C, T1DM,, OA, GI conditions in Outpatient, BPH, Depression, Anxiety, Overactive bladder
Treating HTN, Arrythmias
Treatment and assessment of depression in primary care.
Treatment of Latent Tuberculosis, Drug Resistent TB treatment/ HIV Update
Updates in cardiology. Echocardiography
Vitamin D deficiency; calcium supplementation; osteoporosis/osteopenia
Weight loss
Weight management, exercise, neurology
womens health issues
Wound
WOUND CARE, VENOUS LEG DZ

Additional comments:

Comment
Content covered so important, however, some speakers delivered content too quickly. Love Dr. Ponni audience involvement and videos.
Currently work trauma. Will be entering a primary care setting in Jan '18. Will employ learned facts at that time
Excellent
Excellent CME conference. Thanks so much!!! Highly organized and great topics.
Excellent conference. Very educational, pleasant environment.

Great conference Thanks!
Great conference! Enormous amts of useful information
Great educational experience!
Great presentation and topics
Great presentations (
Great program! Great review. Thank you
Great topics. Thanks for offering annually for free. It is so worth it!
Having presenters slides
Interpretation of ultrasounds
One of the best conferences I have attended. Great topics, wonderful speakers. Love the free breakfast and lunch included in the program. I would certainly invite future colleagues. I want to look into next conference with NACE
Overall great experience
Presenters are knowledgeable. Kept the audience engaged. Appreciate this.
Speakers very knowledgeable of subject content. They all presented in a manner that was easily understood and they answered questions appropriately
Thank you
Thank you all. A wonderful program!
Thank you for a great conference!
Thank you for enriching us with a wealth of information. Thank you for breakfast and lunch.
Thank you for such a great program. As a new NP I feel more confident in the areas discussed today. Looking forward to participating in more great topics.
Thank you for this opportunity. The conference was very informative. I would like to participate in more future conferences
Thanks
This was a very very informative session.
Very good seminars
Very informative CME; Presentation was great
Was very helpful, every comfortable, simple, straightforward. facilitator / organizers pleasant and helpful.
Well done (1)
Well Run/delivered program. Great selection of presenters/interesting topics/location!! Great.