Clinical Updates for Nurse Practitioners and Physician Assistants: 2017

Activity Evaluation Summary

CME Activity: Clinical Updates for Nurse Practitioners and Physician Assistants
Saturday, October 21, 2017
Dallas/Addison Marriott Quorum by the Galleria
Dallas, TX

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NACE NATIONAL ASSOCIATION FOR CONTINUING EDUCATION

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In September 2017, the National Association for Continuing Education (NACE) sponsored a live CME activity, **Clinical Updates for Nurse Practitioners and Physician Assistants: 2017**, in Dallas, TX.

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.

Three hundred and ninety eight healthcare practitioners registered to attend Clinical Updates for Nurse Practitioners and Physician Assistants: 2017 in Dallas, TX. Two hundred and two healthcare practitioners actually participated in the conference. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. Two hundred and two 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 6 Category 1 credits for completing this activity.

Integrated Item Analysis Report

What is your professional degree?

Response	Frequency	Percent
NP	151	74.75
PA	19	9.41
RN	13	6.44
MD	4	1.98
DO	2	0.99
Other	6	2.97
No Response	7	3.47

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

Response	Frequency	Percent
None	12	5.94
1-5	25	12.38
6-10	26	12.87
11-15	19	9.41
16-20	25	12.38
21-25	21	10.40
>25	71	35.15
No Response	3	1.49

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

Response	Frequency	Percent
None	23	11.39
1-5	52	25.74
6-10	42	20.79
11-15	27	13.37
16-20	25	12.38
21-25	11	5.45
>25	17	8.42
No Response	5	2.48

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

Response	Frequency	Percent
None	53	26.24
1-5	72	35.64
6-10	33	16.34
11-15	19	9.41
16-20	10	4.95
21-25	4	1.98
>25	6	2.97
No Response	5	2.48

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

Response	Frequency	Percent
None	50	24.75
0-1	79	39.11
2-3	45	22.28
4-7	12	5.94
8-10	6	2.97
>10	3	1.49
>15	2	0.99
No Response	5	2.48

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

Response	Frequency	Percent
None	17	8.42
1-5	23	11.39
6-10	29	14.36
11-15	20	9.90
16-20	30	14.85
21-25	22	10.89
>25	54	26.73
No Response	7	3.47

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.

Response	Frequency	Percent
Yes	189	93.56
Somewhat	12	5.94
Not at all	0	0.00
No Response	1	0.50

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.

Response	Frequency	Percent
Yes	180	89.11
Somewhat	22	10.89
Not at all	0	0.00
No Response	0	0.00

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.

Response	Frequency	Percent
Yes	188	93.07
Somewhat	13	6.44
Not at all	0	0.00
No Response	1	0.50

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 bariers 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:

Response	Frequency	Percent
Yes	178	88.12
Somewhat	20	9.90
Not at all	0	0.00
No Response	4	1.98

Upon completion of this activity, I can now: Describe the role of insulin therapy in patents 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:

Response	Frequency	Percent
Yes	183	90.59
Somewhat	10	4.95
Not at all	0	0.00
No Response	9	4.46

Overall, this was an excellent CME activity:

Response	Frequency	Percent
Strongly Agree	169	83.66
Agree	31	15.35
Neutral	1	0.50
Disagree	0	0.00
Strongly Disagree	1	0.50
No Response	0	0.00

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

Response	Frequency	Percent
Strongly Agree	165	81.68
Agree	36	17.82
Neutral	0	0.00
Disagree	0	0.00
Strongly Disagree	1	0.50

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

Response	Frequency	Percent
Strongly Agree	164	81.19
Agree	36	17.82
Neutral	1	0.50
Disagree	0	0.00
Strongly Disagree	1	0.50

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

Response
Non-statin therapy use (CVD risk calculation). ADHD questionnaire.
Statin rechallenge; Atorvastatin or rosuva. Increase ADHD screening in clinic setting to better diagnose and treat or refer. More aggressive treatment in diabetic patients
Monitoring patients' lipids level while they are on certain meds. Remembering that long acting stimulants IS best for adults. Education patients to get screened for Hep B
Great CME activities. Excellent speaker and very good refresher of guidelines
Alternative for statin intolerance. Looking into symptoms of ADHD also instead of looking into only MDD. Using concentrated insulin for insulin resistant
Ask patients to complete ADHD screening while waiting. Be more proactive in titrating up treatments for LDL management. Be more consistent in screening patients for heart failure issues
Check the guidelines for heart failure patients. ADHD screening tool
Appropriate hyperlipidemia treatment. Heart failure management and treatment. Hep B treatment
Using the ADHD assessment on patients with potential signs and symptoms instead of classifying as depression or anxiety. Better use of combination therapies on heart failure patients. Better screen patients from countries where HBV is high
Check lab (diagnostic test) for heart failure patients before starting new meds, CKT, BMP). Use ASRS questionnaire to assess patients. Screen patient with labs - Anti=HBS; HBSAb, HBS-Antigen to manage Hep B. Know how to prescribe concentrated insulin
Pharmacologic therapy related to
I can make recommendations to patient to discuss with their PCP or specialist
How to properly diagnose ADHD. All patients should be screened for HBV
N/A
How to get insurance coverage for PCSK9
Assess lipid levels and increase statins as appropriate. Assess heart failure symptoms, incorporate heart failure meds. Assess ADHD and implement ADHD meds according to symptoms. Assess patients at risk for hepatitis B and implement screening tests
I will make more adjustments with statin medication to reduce LDL and reduce ASHD risk
I used to work at a diabetes clinic and some of these topics would have been relevant. But now I work at ENT. At diabetes clinic I used concentrated insulin frequently and manages lipids
Optimal medication management of cholesterol. Identifying worsening heart failure and optimal medications
Use higher intensity statins as tolerated. Decrease use of immediate release ADHD medications
Better understanding of treatment guidelines and rotation of medications used to treat conditions
Use of PCSK9 inhibitor for lipid management in certain populations. Use of Entresto in heart failure patients. To prescribe ADHD meds for continuous not open use and never to prescribe immediate/short acting meds for adults. When to screen for HBV and endemic areas of high prevalence.
Early referral. Assessment strategy
Start to calculate ASCUD risk and go by guidelines strictly
Screening Hep B. ADHD assessment scale. Insulin initiation
Strategies to lower lipids, better able to recognize strategies to keep patients with heart failure out of hospital and strategies to reduce glycemic variability

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

Response
Using ASCVD tool. More comfortable with concentrated insulins. Check heart failure medications
Improved screening for HBV. Precautions for prescribing invokana
Treatment of hyperlipidemia. Screening for ADHD. Treatment of diabetes. Treatment of hep B and heart failure
How/when to add Invokana. Screen/treat adult ADHD. Use new heart failure drugs appropriately
Updated guidelines
Abdominal pain can be due to congestive heart failure. Recognize ADHD vs depression
Particularly learned much about ADHD - Evaluation/treatment strategies
I will begin to use ADHD screening tools more frequently. I will incorporate newer therapies for heart failure patients. I will know when to treat/refer HBV patients. I have more confidence in using concentrated insulins
Implementing the most update recommended treatment. Optimizing the treatment. Cost effective way of treating the patient
ADHA in adult screening scale. Aggressive hyperlipidemia treatment. Invokana use and blood pressure reduction
I will implement screening tools for ADHD in my practice. I feel mor confident in prescribing meds for hyperlipidemia. I downloaded the ASCID app and will use it and document risk. I will be more aggressive in Hep B screening
Use adult ADHD self report scale
Insulin pens are better. Who can benefit from concentrated insulin. U-500 can be effective in patients who are highly insulin resistant
New approach to lipid lowering management; Using statins sparingly for patients with side effects. Heart failure management latest guidelines. ADHD in adults "recognization" plus screening confidence improvement. Increased confidence with HBV screening; new confidence with concentrated insulin use
Educate patients of need to address with PCP
Help to improve knowledge and skill set to better care and management of patient illness
Screening hepatitis B
COnsider more stringent LDL-c control with my patients. Consider checking heart failure patients for appropriate maximum capacity
Identifying people with symptoms of various diseases. Discuss therapies and insulin available. Test more patients for Hep B
What drug therapy will achieve goals. Risk score to guide LDL push.
Strategies for addition of ultra long acting insulin. STrategies for when to add insulin (basal). Strategies for adjustments of lipid meds
Screening techniques and treatment options
Screening for ADHD
Heart failure guidelines
HBV screening. ADHD screening. Preventing congestive heart failure exacerbation
Way to educate and screen patients
Appropriate diagnosis and treatment of patients with heart failure. ADHD and management of patients with abnormal lipid profiles
Screening tools for ADHD
Pre-diabetic screens 80% beta cells lost. Initiate insulin. Starting use basal insulin
How to address dyslipidemia in patients from different demographics. Various medications available for treatment of different diseases
Lipid management. Heart failure management. ADHD diagnosis
Aggressive lipid lowering therapy, ASCVD risk assessment. Using ADHD screening method. Increase HBV screening
Evaluation of patient. Understand different therapies
Will screen hepatitis among high screened patients. Lipid management. Never wait to start insulin among type 2 diabetes
Improved knowledge to treat patient in primary care setting. Plan to try all the medications therapy which have learnt in this conference in my practice
Lipid targets and medication optimization

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

Response
Statin guideline, ASCVD risk calculator use, trials (result). Heart failure - ivabardine use parameters. Hep B management - screening guidelines
Better understanding of how to adjust blood pressure meds for heart failure patients and how to adjust diabetic meds
Management of heart failure, hypertension, diabetes, ADHD, hyperlipidemia
Improved diagnostic and treatment strategies/evidence-based therapies. Improved patient education/better patient advocate
Invokana - amputation risk, screen and monitor for those in high risk of limb
Utilize statins according to treatment guidelines. Utilize appropriate meds for heart failure. Utilize appropriate tool for diagnosis of ADHD. Appropriate use of high concentration insulin
ASCVD risk calculator. Screening tool for adult ADHD
Adjunct therapy with statins. Identification/risk screens for ADHD in adults and FDA approved medication. HBV screening guidelines, treatment options
Need update
Review current guidelines. Update myself with new knowledge. Identify risk factors.
Assess ASCVD risk then once in lifetime to ensure evidence based lipid therapy. Ensure patient with HF & FF one or appropriate HR medical therapy to include new meds. Use ADHD screen prior to administering meds; once daily inspecting inhalers is preferred
ADHD assessment and diagnosis
How to test, provide education to patients and educate my providers on the various subjects discussed today
Hyperlipidemia treatment. ADHD screening, HF type and treatment, Hep B screening, diabetic insulin treatments
Will perform more CV risk assessments, apply guidelines better and it will be easier. More comfortable.
Review lipid guidelines, including cardiac risk factors. Screening immigrants in primary care for Hep B
Importance of calculating risk on "all" patients. Benefits of PCSK-9 drugs, importance of HF & EF & HFpEF. Increase ADHD screening. Start insulin early!! Check out freestyle libre
The use of screening tools for ADHD. The use of current guidelines for managing HF
More aggressive lipid treatment. Screening for ADHD. Better management of patients with CHF
Patient management of care. Effects of medications/treatment thresholds.
Use of diabetes meds - can combine or start with invokana - HF symptoms and treatments, prevalence areas and 60% immigrants has HBV
Consider use of PCSK-9 for lipid control if covered by medical insurance. HF treatment options - decrease 30 day readmission. Consider 3 bead med for optimal effect. Screen for HBV in geographical area and treatment
Better presentation and how to educate patients we need to screen for HBV. Screening for adults for ADHD and medication treatment options. Medications for HF and diagnostic criteria for HF
New treatments for hyperlipidemia. ADHD screening tool. When to refer patients high risk for HBV infection. New treatments for CHF, DM
Learn new strategies for the prescription of hyperlipidemia. Learn the prescription options of ADHD. HBV therapies
Staying abreast with clinical guidelines. Assessing ASCVD risk always
I'm going to try concentrated insulins on hard to control diabetic patients. Consider ADHD more often - screen more patients. Use only approved BB and do checklist with each CHF patient
Current recommendations for non-statin therapies and trials of dyslipidemia. Diagnose testing and evaluating for diagnosis HF. ID prediction for poor outcomes, screen. Use adult assessment tool and treatment strategies for adults. Early screening for HBV from endemic areas
Adding appropriate medications to manage dyslipidemia. Adequate assessment in monitoring BP in prevention of HF. Control diabetes through medication adjustment of timely follow-up to prevent or worsen CVD.
Use ASCVD risk calculator, CHF guidelines for CHF treatment, recognizing ADHD by using ADHD screening tool, screening appropriately for Hep B patients, various types of insulin use for diabetes control
Will use ASCVD tool on all patients. Will use ADHD screen tool
Use ASCVD risk estimator - increase dose of statins to max tolerated control HTN. Short acting stimulant next FDS approval for adults ADHD screen for HBV from endemic areas and pregnant women.
Check lipid panel in adults. HF risk strategies for treatment. Utilize ADHD screen on patients.

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

Response
Patient education about the dosing and hypoglycemia signs and symptoms
Use of ASCVD calculator to assess risk. Evaluation and diagnosis of HBV. Diabetes management
Improve confidence in treating heart failure patients. Understand ADHD symptoms and management better. Hepatitis B is treatable but not curable. Hypoglycemic effects in the elderly.
Guidelines for heart failure for AA: add hydralozazin/nitrates to AA patients. Using heart failure guidelines to guide medication guidelines treatment. Hep B screening to patients from endemic areas.
Treatment of ADHD - medication options for adults. Congestive heart failure management - medication options. Alternatives to statins - management of statins, new lipid and drugs.
Use statins per guidelines. Use tools for diagnosis of ADHD. Consider and use concentrated insulin.
Use of PCSK9. Better understanding of ADHD - apply diagnostic criteria. HBV treatment options; Better understanding of concentrated insulin.
Screening for ADHD. Preventing heart failure.
Identify poor predictors of heart failure and use new therapies available. Implement recommendations for add on therapy with use of statins to further decrease cardiovascular risks
Patient centered care. Encourage lifestyle modifications. Listen to patient and work with them; attending to their need and help them overcome fears about medication side effects
Adding adjunct therapy to reduce uncontrolled LDL. Medication for EF < 40%
Screening heart failure patients and using guidelines
Managing high HAIC with insulin therapy. Pharmacological management of ADHD. Pharmacological management for patients with hyperlipidemia. Management of heart failure patients and pharmacological treatments
Screening for hepatitis B
Diagnosing ADHD appropriately. Management of hepatitis B. Better management of diabetes with insulin
Assessing patient for hospital readmission; age diabetes etc/Acc for guidelines. Fluid restriction for hyponatremia. Focused update - sleep apnea - CPAP
Calculating CV risk. Aggressive treatment of heart failure and lipid. Screening tools for ADHD. Interpret hepatitis labs and what to order. Screening HBV areas. Types and usage of concentrated insulin
2016/2017 new therapies and recommendations of dyslipidemia. Increased AIC ----> increased risk of cardio vascular death
Calculation risk factors for cardiovascular and starting meds. Aggressive lipid treatments. Do not ADHD meds. How to test for HBV and implement treatment
Use of concentrated insulin. Use of the AKRS questionnaire
By using recommended screening and guidelines as described in lectures
Concentrated insulin most effective for treating diabetes
Use of ASCVD risk calculation in patients we're screening for cardiovascular risk. Better able to educate patients regarding prescriptions for short vs long-acting stimulants. Better able to education patients regarding suboptimal insulin therapy and when to see primary care physicians.
Use ASCVD risk estimator. Make medication adjustment for 77.590. ADHD screening
Continue to research best practice guidelines for treatment
More efficient work up and evaluation. Most current guidelines
Initiation of care of ADHD. Management and diagnosis of congestive heart failure. Management of hyperlipidemia.
I don't see these types of patients - needed CME
Screen all patients for ADHD, not just for depression. Stepwise strategies to lower LDL for maximum decrease on cardiac events. Most effective way to add insulin - identifying insulin resistance to lower cardiac events and start insulin earlier rather than later
Identifying risk factors. EBP treatment. Supportive research
Being more confident in treating and lowering lipids for patients. Printing out the HBV serology chart to treat HBV patients more efficiently and know when to refer. Make copies of ASRS to screen patients for adult ADHD.
Treatment for HBV and specific populations to screen. Hyperlipidemia and HF therapies
The clinical updates and approach to treat patients with dyslipidemia and heart failure treatment guidelines. Insulin therapy with patients with type 2 diabetes, risks. Benefits, different types of insulin and how to utilize.

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

Response
Screen patient for ADHD if they report generally signs and symptoms for depression/anxiety
Utilize written ADHD assessment questionnaire for patients who present with symptoms like trouble focusing, feeling overwhelmed, etc. Ensure African-American hypertensive patients are adequately controlled. Utilize ASCVD risk calculator appropriately for patients to help guide statin therapy. Don't prescribe non-evidence based B-blockers! Better Hep B screening practices for at risk groups. Consider concentrated insulin for patients taking over 70 units basal/day.
Use ASCVD calculator for all patients. Make sure heart failure treatment is maximized at each visit.
Screening for ADHD, Hep B. New treatments for diabetes. Diagnosis and treatment for heart failure. Treatment for lipids.
Reviewing ASCVD risk, medication evaluation! Ensuring stable ADHD treatment throughout the day (ni need short(. Prescribing insulin and management.
Integrate new learned topics - ADHD screening, intensifying statin therapy in high-risk patients (LSS, LDL)
Increased screening of lifetime events
Screening immigrants for Hep B, ADHD is neurologic condition/highly genetic, age of onset <12
Stepwise approach to using statin risk events
Learn of new drugs for lipids, ADH. Diagnosis of ADHS. New info on hearth failure
Initiate entresto for congestive heart failure patients to decrease. Screen ADHD patients with ARSE screenings. Assess compliance with congestive heart failure management/meds. Screen more patients for HBV.
Screenings for HBV populations. Evidence-based therapies affecting ADHD management. New LDL goals for at-risk individuals
Screening for ADHD. Improved management of congestive heart failure
Early education in hepatitis screenings. Best treatments in ADHD
Consider adding non-statin (ezetiuride, PCSK9) for patients who are not at. Always utilize rating sesler for my patients suspected with ADHD. Increase screening for HBV in specific populations. Consider using concentrated insulin therapy
Role of PCSK9. Predictors of poor outcomes in heart failure. Use adult ADHD assessment scale. Define USPSTF - defined HBV endemic areas
Ask the compliance of medication. Ask how often the symptoms happen and how do you it. Proper screening of the patients
Thorough assessment. Develop treatment plan that is in line with evidence based practice
How to start and titrate insulin. How to interpret hepatitis serology. Different medication class treating diabetes
Now I'm familiar with current guidelines regarding HBV, CHF, lipidemia, disorder diagnosis, screening and treatment plan, I can teach and educate my patients about these guidelines and more confident to practice
Better tools to treat hyperlipidemia. Effective monitoring for CHF. Better treatment of adults with ADHD. Screening guidelines for Hep B. How to add insulin to type 2 diabetes.
Drug therapies
Screening tools for ADHD
Guidelines for HF treatment - addition of medications. Be more aware of ADHD in adults. Think about testing for Hep B.
Incorporate evaluations of ADHD as indicated. Evaluate need for Hep B screen
ADHD self-report scale, importance of clinical syndrome with heart failure patients. GFR and therapies in heart failure patients
Optimize congestive heart failure treatment, ADHD screening, evaluation CHS risk factor and optimize with statin treatment. Screening HBV properly.
Screening tool for ADHD and screening and treatment plan for Hep B. Dosing of insulin
Follow up new guidelines, but need to personalized as well. Every patient is different.

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

Response	Frequency	Percent
Very likely	165	81.68
Somewhat likely	25	12.38
Unlikely	1	0.50
Not applicable	10	4.95
No Response	1	0.50

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

Response	Frequency	Percent
Within 1 month	149	73.76
1-3 months	31	15.35
4-6 months	5	2.48
Not applicable	14	6.93
No Response	3	1.49

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

Response	Frequency	Percent
Excellent	167	82.67
Very Good	28	13.86
Good	3	1.49
Fair	1	0.50
Unsatisfactory	0	0.00
No Response	3	1.49

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

Response	Frequency	Percent
Excellent	165	81.68
Very Good	33	16.34
Good	2	0.99
Fair	1	0.50
Unsatisfactory	0	0.00
No Response	1	0.50

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

Response	Frequency	Percent
Excellent	180	89.11
Very Good	18	8.91
Good	1	0.50
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	3	1.49

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Kalyan Ram Bhamidimarri, MD - Hepatitis B:

Response	Frequency	Percent
Excellent	157	77.72
Very Good	33	16.34
Good	3	1.49
Fair	1	0.50
Unsatisfactory	0	0.00
No Response	8	3.96

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Jeff Unger, MD, ABFM, FACE - Diabetes:

Response	Frequency	Percent
Excellent	158	78.22
Very Good	20	9.90
Good	2	0.99
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	22	10.89

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

Response	Frequency	Percent
Excellent	179	88.61
Very Good	18	8.91
Good	1	0.50
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	4	1.98

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:

Response	Frequency	Percent
Excellent	179	88.61
Very Good	15	7.43
Good	3	1.49
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	5	2.48

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

Response	Frequency	Percent
Excellent	181	89.60
Very Good	15	7.43
Good	1	0.50
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	5	2.48

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Kalyan Ram Bhamidimarri, MD - Hepatitis B:

Response	Frequency	Percent
Excellent	170	84.16
Very Good	20	9.90
Good	1	0.50
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	11	5.45

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Jeff Unger, MD, ABFM, FACE - Diabetes:

Response	Frequency	Percent
Excellent	165	81.68
Very Good	18	8.91
Good	0	0.00
Fair	1	0.50
Unsatisfactory	1	0.50
No Response	17	8.42

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

Response	Frequency	Percent
Topics covered	137	67.82
Location/ease of access	114	56.44
Faculty	28	13.86
Earn CME credits	140	69.31
No Response	3	1.49

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent
Strongly agree	112	55.45
Agree	72	35.64
Neutral	9	4.46
Disagree	1	0.50
Strongly Disagree	0	0.00
No Response	8	3.96

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

Response
Anxiety, depression, IBS
Heart disease
Behavioral and mood disorder in dementia patients
Musculoskeletal, diabetes, endocrinosy, thyroid
Medications interactions with transplant (lung) patients
Emergency medicine topics
Newer anticoagulents therapies, new diabetic management options
Angina and cardiac testing
Diabetes management, autism management, hypertension management, GI problems management
More information on hypertension medications
Rheumatology/allergies
Newest management for type 2 diabetes
Pain management with narcotic epidemic

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

Response
Gynecology topics
Lung cancer therapy, pulmonary hypertension
ENT related (sinus, allergy, cough)
EKG interpretation, classes for diagnostics; pharmacology classes
Dementia, hypertension, hepatitis C
Any dermatology related topics, pharmacology update on new guidelines.
How to recognize time critical conditions on an EKG
Thyroid. Antidepressants
Fibroids/endometriosis. DVT/PE, STD, cancer screening, newer technology, treatments
Acute care issues
Diabetes foot care. Neurological diseases in primary care, STDs diagnosis and treatment,
Osteoporosis. Renal disease
Diabetes
COPD treatment, delirium
CVA
Anything that would help with patients we see at the clinic, any updates and information to improve
Obesity, weight loss
Pediatric management of common ailments/immunizations, ortho
Hepatitis C
Chronic lung disease management, autoimmune disorders
Management of asthma and COPD
The scope of hospice
Chronic pain treatment. Psoriatic arthritis treatments
Dementia
Nephrology related
HRT/Osteoporosis screen/treatment. GI disorders
General ortho
Same topics are helpful. Also stent placement, hypertension, renal failure, neuromuscular topics
DIabetes type 2 pharm management
Non surgical weight management. New pharmacotherapy. Renal disorders. Thyroid disorders - treatment suppression. Obesity
Chronic pain, inflammation, spine disorders
More neuro, sleep
Resistant hypertension, acute renal failure
Hormones
Opioid monitoring (chronic)
Asthma
Antibiotics (new/emerging). Any GI
More on ADHD, hepatitis, when to treat or refer
Acute care issues
Ortho
EKG
Diabetes, hypertension, COPD, congestive heart failure, elevated lipids, myocardial infarctions, asthma, anemia, depression, obesity, CAD, PVD, headaches
Pain management, women's health
Hypertension, obesity, diabetes management

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

Response
Anything with pharmacology credits, ECG interpretations and what to do with the results in the primary care setting
Autoimmune diseases, adrenal insufficiency
Dysmenorrhea in adolescents
Hypertension
Asthma, COPD, Hepatitis C
Skin issues, common ortho issues in primary care
Hypertension management, antidepressants, pre diabetes
Billing and coding, EKG readings, radiology readings
Hypertension management, depression, bipolar, back pain, osteoporosis, rheumatoid arthritis, anemia
Hypertension, hormone replacement therapy
Hypertension
Dermatology and neurology topics, ortho
Movement disorders, pain management, palliative and hospice care
Pulmonary hypertension, idiopathic lung diseases, anticoagulation therapies
ADHD, pediatrics, contraceptives, mental health
Menstrual disorders. Chronic pain syndromes
Pediatric topics
Hypertension, anxiety and depression care
Ortho for primary care
HIV in primary care. New depression treatment
Suturing and site injections
Asthma management/COPD management
Women's health topics
Pain management - use of opioids and non-opioids; REMS; pain management geriatric vs trauma, "E" pain, vs chronic vs cancer pain
Depression/anxiety treatment. Birth control guidelines - education and monitoring. Hyperthyroidism/hypothyroidism new guidelines.
Billing and coding, weight loss
New treatment approach for diabetes
Hypertension, depression, diabetes, thyroid problems (hyper and hypo)
Dementia, COPD,antibiotics stewardship
Opiate prescription issues. Pain management
Diabetes management, hypertension management, dyslipidemia management, depression management
Depression, thyroid, rheumatoid arthritis, IBS
Women's health
Women's health topics
Pediatric and skin problem (dermatology
EKG interpretation
HIV treatment
Menopause symptom recognition. Pelvic pain in female - hormone
Thyroid, anemias, SPEP, multiple sclerosis, blood discry in primary care
Birth control/women's health
Treatment and care: Dementias - various types and topics, Consider; Rheumatology (Osteo arthritis, Rheu, Osteoporosis); Influenza and pneumonia; Chronic and acute pain; cancers; falls - assess and evaluate; substance abuse and older adults; mental health diseases
Dementia/Alzheimers's disease
COPD

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

Response
Management of chronic disease patients in community based clinics. Care of patients with conditions in retail clinics; lots of these patients came in for cold and cough; providers incidentally find out all their other co-morbitidies among patients who do not have primary care providers
Management in diabetes with kidney failure
Bipolar disorders, sleep apnea, convulsions, thyroid disorders, erectile dysfunctions (men/women)
GERD, hypothyroidism in women. Mood disorders in women fine to hormonal
Headaches and dizziness
STDs
Women's health
Mental health, pediatrics, neurological conditions
Sepsis, ID
Neuro and psych topics
Depression, hypertension
Common primary care problems, skin problems, DVT and use of coumadin
Depression, STDs
Blood pressure medications and JNC-8
Back pain, thyroid treatments, headaches
Men's low testosterone. Thyroid disorders, hypertriglyceridemia
Eye disorders
Primary immune deficiency, types, treatments, overview
Skin disorders with treatments, autoimmune disorders and innovations
Hypertension management, renal failure
Pediatric topics would be nice to have since that is the foundation for them to become healthy adults if they learn appropriate lifestyle choices. In regards to future CME activities, I would like to see more topics related to treating pediatric patients, hypertension, metabolic X or autoimmune conditions
Women's health, OB Gynecology
Hypertension management. Type 2 diabetes management, dermatological
Pain management
Rheumatology, ortho
Neurology
Rheumatology
Otolaryngology
Hypertension management
Neurology/musculoskeletal
ENT subjects, eye disorders, HPV
Hypertension, diabetes, renal failure, dialysis, transplant
Chronic neurovascular ischemia disease treatment medicines
More diabetes, EKG, ortho
Gynecology, pediatrics
Movement disorders with out Parkinson's
Depression, role of corticosteroids and special considerations/risk-groups, dermatology
Menopausal symptoms, STDs, infertility, weight management
Obesity care in primary care
Syncope/near syncope, vertigo, PVD, COPD, asthma
EKG interpretation
EKG interpretation
Immunity diseases

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

Response
Diabetes, hypertension, congestive heart failure, TB, skin issues, autoimmune disease
Pain management
HTN, dementia, Alzheimers's, Hep C
Geriatric tools, end of life
Updates in HIV, updates in treatment of respiratory disease (asthma, COPD), lung disease) current antibiotics and when/when not to use. Hepatitis C update, Updates in adult vaccines
CKD. Thyroid disease management
Endo - eg. thyroid/hormonal
Radiology, pulmonary disease
Hypertension updates, neuroplasticity, antibiotic selection, current MRSA guidelines, novel use of neuroleptins, current guidelines in antidepressant medications in variety of diseases
COPD, Type 2 diabetes. ADHD for adolescents

Additional comments:

Response
Thanks for this free opportunity
Very nice CE program! I really like to attend other one of NACE's program in the future too!!! Enjoyed studying!
Great CME!
Can you increase the CME hours?
This was my first time attending. I have really enjoyed the conference and obtained new knowledge to use in my practice
Great conference! I really enjoyed the variety of topics at a one day conference.
Location could be more central in DFW: Grand Prairie, Arlington, Mansfield, Collyville
Excellent CE. Room too hot!
Good CME! :-)
Thanks
Thanks!
Dr. Morris - excellent speaker. Knows her stuff! Wish brand names were used along with the generic names. Lunch was unorganized. Maybe tell us what types of sandwiches/food and where to find that specific type. Also water bottles/drinks
Better location like Irving Convention Center. Easy parking (underground)
Appreciate sponsors responsible for conference funding
Last speaker was rushed - had great content but distracting too many people leaving
Practice pain management
Parking too expensive. Room too small
Great!
Can you educate on "starting own business"
Great educational experience!
Organized well
Awesome speakers! Interesting topics.
Overall great presentation. Heart failure could be separate topic.
Very grateful
Excellent speakers!!! Thank you
Went to product theater
Please consider more pediatric topics on website and actual conferences
Great class!!
Break time built into schedule would be nice. Hotel did not have enough restrooms, luckily I was staying at hotel. Could use my room. I was very impressed with caliber of speakers and their credentials.

Additional comments:

Response
Dr. Unger was very enlightening at end of conference, engaging, just the uplift needed at closing. Thanks!
Great conference! Presenters were very knowledgeable
Love coming to these conferences - thank you
The hepatitis lecture was done at a previous NACE. Still good information but very repetitive. I was hoping for more new information.
Thank you!
Liked insulin presentation. Would like more info
Being a student, I enjoyed every presentation. Very informative and entertaining.
Need more bathroom breaks :-)
Very good
Love the programs!
Thank you - great material and presentations
Dr. Mattingly is an excellent speaker, engaging. The variety of topics covered were a good choice.
Very informative symposium
Liked that we were in a bigger room with desks this year. Thank you.
Great conference. Thank you all!
Attended lunch
I'm a new nurse practitioner so I appreciate additional education in almost anything :-)
Enjoyed today's conference!
ADHD, Dr. Mattingly was awesome! Dr. Morris was very good and informative. Dr. Ram was excellent! Dr. Unger was excellent as well! Product theater lunch (yes)
Marvelous panel of speakers!
Loved Dr. Morris's presentation and very knowledgeable and simple to understand. Please invite her back for next presentations.
Please make the post-lecture slides more obvious (the quiz answers) Had difficulty telling which answer was the correct one (The lecture slides, NOT the downloadable PDFs)
Thank you. These were excellent topics.
I thoroughly enjoyed this. Thank you
All topics are good
Dr. Morris very informative. Made information easy to understand and logic for care. Pain management especially in chronic abuse and misuse of medication
Did not sit for product theater today. Attended it last month during Pri-Med same product. Need clearer picture of medication therapy of HBV. However presentation was excellent.
Give bathroom breaks (5 min) between topics - also wakes people up. Give bathroom break just after lunch because our lunch time is used up by Invokana lecture or the like (this should be 10 minutes). You can choose to end the program at 4:30pm to accommodate above - people will not mind
The whole day topics were very interesting.
Thanks for providing this valuable presentation. I would like to get informed again if we will have these type of presentations. Very good educational presentation
THank you for bringing this to us
Good program. More bathrooms
Great conference with awesome speakers!
Location was great, speakers were excellent