Clinical Updates for Nurse Practitioners and Physician Assistants: 2017

Activity Evaluation Summary

CME Activity: Clinical Updates for Nurse Practitioners and Physician Assistants
Saturday, October 14, 2017
Sheraton Valley Forge
King of Prussia, PA

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

Date of Evaluation Summary: December 14, 2017

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 Philadelphia, PA.

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, PAH, 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.

One hundred ninety-seven healthcare practitioners registered to attend Clinical Updates for Nurse Practitioners and Physician Assistants: 2017 in Philadelphia, PA and four hundred fifty registered to participate in the live simulcast. Two hundred seventy-four healthcare practitioners actually participated in the conference: fifty-seven attended the conference in Philadelphia, PA and two hundred seventeen 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 4.75 *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 7 contact hours of continuing education (which includes 3 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.

Clinical Updates for Nurse Practitioners and Physician Assistants: Update 2017

October 14, 2017
Philadelphia, PA
Live & Simulcast

What is your professional degree?

Label	Frequency	Percent
MD	28	11%
DO	0	0%
NP	194	73%
PA	33	12%
RN	9	3%
Other	2	1%
Total	266	100%

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

Label	Frequency	Percent
None	25	10%
1-5	47	19%
6-10	44	18%
11-15	38	15%
16-20	33	13%
21-25	13	5%
> 25	49	20%
Total	249	100%

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

Label	Frequency	Percent
None	19	8%
1-5	30	12%
6-10	35	14%
11-15	30	12%
16-20	43	18%
21-25	25	10%
> 25	62	26%
Total	244	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	37	15%
1-5	86	34%
6-10	48	19%
11-15	27	11%
16-20	27	11%
21-25	14	6%
> 25	11	4%
Total	250	100%

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

Label	Frequency	Percent
None	67	27%
1-5	98	40%
6-10	40	16%
11-15	21	8%
16-20	12	5%
21-25	4	2%
> 25	6	2%
Total	248	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	82	32%
0-1	99	40%
2-3	32	13%
4-7	19	7%
8-10	9	4%
> 10	4	2%
> 15	5	2%
Total	250	100%

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

Label	Frequency	Percent
None	80	32%
0-1	87	36%
2-3	45	18%
4-7	22	9%
8-10	5	2%
> 10	6	2%
> 15	3	1%
Total	248	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	185	76%
Somewhat	60	24%
Not at all	1	0%
Total	246	100%

Upon completion of this activity, I can now: Identify those patients at risk for cardioembolic stroke who are appropriate candidates for anticoagulation; Recognize common misperceptions about anticoagulation risk to improve communication and patient adherence; Discuss the management of bleeding in patients on anticoagulants; Describe the role of continued anticoagulation in the setting of emerging non-pharmacologic therapy

Label	Frequency	Percent
Yes	295	86%
Somewhat	48	14%
Not at all	0	0%
Total	343	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	187	76%
Somewhat	56	22%
Not at all	4	2%
Total	247	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 based on physical exam and other clinical factors; Implement evidence based strategies to decrease symptoms and improve quality of life for patients with heart failure.

Label	Frequency	Percent
Yes	169	68%
Somewhat	79	31%
Not at all	2	1%
Total	250	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	179	73%
Somewhat	63	25%
Not at all	4	2%
Total	246	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	177	74%
Somewhat	57	24%
Not at all	4	2%
Total	238	100%

Upon completion of this activity, I can now: Discuss the pathophysiology of pulmonary arterial hypertension (PAH); Recognize signs and symptoms suggestive of PAH and the appropriate diagnostic strategy; Describe how to monitor patients with PAH for disease progression; Review current and emerging treatments for patients **with PAH.**

Label	Frequency	Percent
Yes	154	65%
Somewhat	76	32%
Not at all	7	3%
Total	237	100%

Overall, this was an excellent CME activity:

Label	Frequency	Percent
Strongly Agree	182	73%
Agree	60	24%
Neutral	5	2%
Disagree	0	0%
Strongly Disagree	3	1%
Total	250	100%

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

Label	Frequency	Percent
Strongly Agree	178	71%
Agree	67	27%
Neutral	3	1%
Disagree	0	0%
Strongly Disagree	3	1%
Total	251	100%

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

Label	Frequency	Percent
Strongly Agree	164	66%
Agree	68	27%
Neutral	17	7%
Disagree	0	0%
Strongly Disagree	2	0%
Total	251	100%

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

Label		
Very Likely	159	64%
Somewhat likely	71	29%
Unlikely	4	2%
Not applicable	14	5%
Total	248	100%

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

Label	Frequency	Percent
Within 1 month	166	67%
1-3 months	40	16%
4-6 months	15	6%
Not applicable	27	11%
Total	248	100%

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

Label	Frequency	Percent
Excellent	177	73%
Very Good	59	24%
Good	8	3%
Fair	1	0%
Unsatisfactory	1	0%
Total	246	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Anekwe Onwuanyl, MD, FACC – Lipids**:**

Label	Frequency	Percent
Excellent	148	60%
Very Good	76	31%
Good	16	7%
Fair	4	2%
Unsatisfactory	1	0%
Total	245	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Anekwe Onwuanyl, MD, FACC – Heart Failure

Label	Frequency	Percent
Excellent	153	62%
Very Good	81	33%
Good	9	4%
Fair	3	1%
Unsatisfactory	0	0%
Total	246	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Brendan Montano, MD – ADHD**:**

Label	Frequency	Percent
Excellent	171	73%
Very Good	53	22%
Good	10	4%
Fair	2	1%
Unsatisfactory	1	0%
Total	236	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	154	67%
Very Good	71	30%
Good	7	3%
Fair	1	0%
Unsatisfactory	0	0%
Total	233	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Melisa Wilson, ARNP - PAH**:**

Label	Frequency	Percent
Excellent	145	66%
Very Good	65	29%
Good	10	4%
Fair	3	1%
Unsatisfactory	0	0%
Total	223	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	188	78%
Very Good	40	16%
Good	9	4%
Fair	2	1%
Unsatisfactory	2	1%
Total	241	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Anekwe Onwuanyl, MD, FACC – Lipids**:**

Label	Frequency	Percent
Excellent	184	76%
Very Good	51	21%
Good	7	3%
Fair	1	0%
Unsatisfactory	1	0%
Total	244	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Anekwe Onwuanyl, MD, FACC – Heart Failure

Label	Frequency	Percent
Excellent	185	77%
Very Good	50	20%
Good	7	3%
Fair	1	0%
Unsatisfactory	1	0%
Total	244	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias Brendan Montano, MD – ADHD**:**

Label	Frequency	Percent
Excellent	181	78%
Very Good	45	19%
Good	8	3%
Fair	1	0%
Unsatisfactory	0	0%
Total	235	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	176	76%
Very Good	48	21%
Good	7	3%
Fair	1	0%
Unsatisfactory	1	0%
Total	232	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Melisa Wilson, ARNP - PAH**:**

Label	Frequency	Percent
Excellent	169	75%
Very Good	45	20%
Good	8	4%
Fair	2	1%
Unsatisfactory	0	0%
Total	224	100%

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

Label	Frequency	Percent
Topics covered	185	33%
Location/ease of access	165	28%
Faculty	25	4%
Earn CME credits	204	35%
Total	579	100%

Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent
Strongly agree	152	61%
Agree	84	33%
Neutral	14	6%
Disagree	1	0%
Strongly Disagree	0	0%
Total	251	100%

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

Comment
Implement concentrated insulins in T2DM management Apply current recommendations for the use of non-statin therapies in the management of dyslipidemia Identify USPSTF-defined HBV endemic areas to more effectively identify first- and second-generation immigrant populations that should be screened for HBV
Improved diagnostic skills. Utilize treatment. Improve patient education
Insulin use in uncontrolled DM CHF treatments Testing and treating hep b Using non-statin to treat hyperlipidemia More knowledgeable with PAH
Screen for ADD in adults Be more aggressive in treating hyperlipidemia
Optimizing care and treatment Achieving therapeutic levels
Better administration of medication Better able to treat my patients Update on new changes
I can Rx concentrated insulins better than before I can manage Hyperlipidemia better than before I can recognize strategies to reduce hospitalization for HF I am more informed about ADHD, HBV, and PAH now than before
Using u 500 earlier in treatment regimen for those high resistant/ high risks patients Implementing ADHD screening tool earlier for suspected patients Recognizing phenotype of HF and targeting appropriate treatment No using CCB with patients with PAH unless testing for vasodilation is documented
Different strategies to use in my practice Better able to identify a problem. Better able to prescribe proper medications
Screening of new patients for HBV from high risk areas like South America, Africa, Middle East, Eastern Europe, and Asia and explaining to patients the rational for doing so The importance of using the ADHD rating scale for suspected patients before starting treatment or referral to a specialist
Able to recognize patients that will benefit from changes in insulin therapies by adding better insulin coverage and decreasing number of medications taken Able to integrate new dyslipidemia medications to help with CV health How to assess ADHD patients with better surveys/questionnaires How to screen HBV patients (especially which groups of patients/immigrants) How to recognize the signs of PAH and determine which stage/group the patient belongs in

to better deliver management
Able to recognize signs and symptoms, labs to consider ordering, and guidelines to use for reference
Achieve goal LDL in DM patients Comfort with prescribing Insulin to my patient population Recognize signs of PAH more readily
Address many aspects of a patients' life (medical history and etc.) to address potential concern for ADHD diagnosis
ADHD diagnosis and therapy Long acting insulin usage Screening HBV PAH parameters for diagnosis HF etiology and screening
ADHD screening tools Considering different therapies for diabetics Adding PCSK9 inhibitors when patients are not at LDL goals HBV screenings
ADHD screening, HBV screening and recognizing PAH
Aggressive reduction of lipids
All key points in each lecture
All of this is so helpful as a review, clarification and presentation of new and current therapies. I am a new provider
All options for ADHD and identifiers
Apply in clinical practice
Applying current strategies
Applying education to screen for and treat patients with underlined diseases
Approach to ADHD Glycemic indexes and control relating to glycemic variability and complications The phenotypes in heart failure and lack of optimal therapy
Appropriate diagnostic strategies to recognize pah
As a gastroenterology specialty, Hepatitis B and interpreting labs, treatment and culture specifics areas are strengthened, closer LDL management, I often focus on tg with fatty liver
Assessment and treatment algorithms for hyperlipidemia, insulin strategies, ADHD
Assessment strategies Evaluation of medication efficacy Collaboration with the patient
Augmentation of basal insulin with GLP1
Augmenting of basal insulin with GLP1
Be able to discuss with patients all stated topics more thoroughly
Be more current in guidelines and procedures in treatment of these conditions.
Better management of CHF patients Better identify adult ADD patients - I never thought of money management skills before!
Better oriented toward indications for HBV screening, Sequellae untreated ADHD
Better patient education
Better recognize ADHD

Better understanding for the need of concentrated insulin in view of overweight population Better understanding for the use of non-statin therapies in the management of dyslipidemia
Better understanding of insulins. More ability to explain hepatitis testing Increased scrutiny regarding adult adhd Some understanding of PAH Better assessment of HF
Better understanding of related medications/treatments, sign/symptoms of poorly managed conditions and possible complications as it relates to the GI patients of these conditions that we manage
Better understanding of the illness and interventions
Checking ASCVD risk scores. Consideration of concentrated insulins in DM patients. Introduction of newer medications in patients with DM, HLD and ITF
Clinical
Concentrated insulins in T2DM management has less hypoglycemic reaction PCSK9 therapy helps to reduce LDL New therapies in the management of HF Early screening & treatment in HBV Current treatment for pacients with PAH
Concentrated insulins is more effective, has longer half life, less hypoglycemic episodes Treatment strategies for decreasing LDL cholestrol in high risk patients, with PCSK9 inhibitors New approaches in Rx CHF, recognising ADHD in primary care, verious causes of Pilmonary HTN
Concrete screening tools, appropriate diagnostic testing, when to referr
Considering ultra basal insulins. Starting insulin earlier in diagnosis. Revisiting use of NPH
Continue my in-depth baseline & history review with each patient. Allow more time for this even on busy days
Counseling for patients on therapies and concentrated insulins. How to initiate medication to control ADHD for daily symptom management
Counseling patients with HBV and treatments for ADHD
Current clinical guidelines Current pharmacological treatment
Cv risk more often
Diagnostic and therapeutic issues in ADHD
Dig, ask question to get appropriate diff diagnosis, be up front with the patient for ordering test, follow-up and referral as needed, follow national guidelines for testing and treatment
Discontinuing non-effective T2DM meds and earlier intervention with basal insulin. Differentiation of HF phenotypes
Discuss new meds with patients
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
Do more echo in SOB patients
Documenting properly to get PCSK9 approved
Dx and tx HBV patients early. ADHD treatment options

Earlier addition of basal insulin for T2DM. Identifying patients with family HChol
Earlier testing for earlier diagnosis, more pro-active involvement with diagnosing and treatment
Educate and educate on self medicating with insulins. Early screening in women for HBV Behaviors of ADHD and the risks for those dx with it
Educate diabetic patients and families the latest information about diabetes. recognize and gather more information about ADHD.
Effective insulin therapy in patients with DM2 with focus in the use of concentrated insulins (
Effective ways to diagnose ADHD HBV screening PAH emerging treatments
Evaluating closely the type of insulin used in my DM patients and if a concentrated insulin would be a good option
Evaluation of PAH
Focusing on risk factors when treating CAD. Choosing the right medication for HF to prevent hospital readmission
Further research before prescribing
Gather 24 hr. glucose readings before taking a new step in glycemic control, with consideration of long duration agents. Consideration of longer acting psychostimulants for avoidance of rebound sxs in patients with ADHD
Give pts that are on insulin a titration protocol by writing down instructions ie.. 303 increase insulin by 3 units q 3 days Adding basal insulin alone is able to achieve targeted A1C in 60% of all patients If needing insulin need post prandial insulin
Good as is
Good examples of types of patients and recommendation. Excellent presentations. Clear and just the right amount of time. PAH - I do not see many of these patients, but good knowledge
Good review of physiology of diabetes; use of insulin and new options of tx, such as concentrated insulin for pts not at goal. Lipids: good review of 2017 AACE Guidelines & new options: PCSK9 inhibitor for those not at goal. CHF: need for better coordination of care after hospital discharge & 2017 guidelines; ADHA: screen more adults since 1/23 have it! HBV: screen all immigrants & children of immigrants from high risk countries since Hep B virus is a carcinogen & refer those for HBsAG to specialist.PAH: It's not that rare, great review of physiology, & s/sx, studies to evaluate it & 2015 guidelines.
Got information regarding use of concentrated insulin, ADHD, Heart failure clinical presentations, and PAH
Greater awareness for urgency in DM2
Guidelines and EBP
Guidelines for Hepatitis B eval and work up of PAH
Holistic evaluation of patients incorporating both medical and psychosocial issues. Keeping new drugs in mind. Proper documentation to increase degree of justification
How and who to screen got Hep C
How to implement long acting insulin therapy
How to maximize statins

Insulin management Caring for patient with ADHD (1)
How to recognize and assess adult patients with ADHD. Important populations to test for HBV. Roles of different diagnostic testing for PAH. Management and goals of HLD. (1)
How to utilize insulin when A1c not at goal, how to get my pt to goal LDL How to identify and screen for Hep B How to assess and dx ADHD
I am more confident in using ultra long acting insulins to improve A1C
I do not manage patients with chronic disease, but it always good to stay up to date with current guidelines in managing these patients
I do not understand the question
I have identified how to engage a patient in his/her healthcare and guide a patient to accept screening for hepatitis
I was brought up to date on the most recent diagnostic tools and treatment for the illnesses that were discussed
I will be able to discuss the above diseases, current guidelines and if patients are not at goal and need other options, will be able to discuss new options
I will be more aggressive in treating hypertension and diabetes
I will incorporate the use of the ASCVD app when assessing HLD risk. I will utilize the comparison chart for classifications of heart failure as well as use screening tools for ADHD
I will share with other colleagues at clinic. I will educate all of my patients
I will start implementing PAH reduction from the treatment guidelines. I will increase patient education on PAH reduction
I work in orthopedics but it allowed me to learn about these other co-morbidities that many of my patients have.
I'm already using most of the strategies presented
Id assess treatment
Identify s/s of PAH and appropriately manage. ADHD tends to be a largely undiagnosed arena in our area. I now have tools to screen. Applying non-statin therapies to dys-lipidemia.
Identify patients at risk
Identifying best gycemic control agents based lifestyle changes Identifing goals for statins, utilizing statins and educating needs for medications to reduce risk factors Identify patients with diabetes and need of statin therapy Understand risk communities with low income, homeless, immigrant population to determine strategies for early screening for HBV
Implement the new skills learned from this course to optimize the health outcomes of my patient population
Implementing as soon as possible, promoting preventive measure to avoid crisis. medication regime is important
Improve DM care, better HEP B monitoring and management, lipid tx improvement

Improve history taking & testing of my patients More confident to start the appropriate treatment Refer patients when necessary
Improved diagnosis and treatment
Improving glicemic control in diabetics
In diabetic management, I learned the advantages and disadvantages of the strengths of insulin. I took the most knowledge from recongnizing the expensive of these drugs, the population of people who can not afford and the need to refer back to short and long acting insulin. However, I did learn the difference between the 200 and 300 when each is used according to there A1C and amount of insulin being used
Individualized care by age, symptoms and health risk
Infectious disease, hepatitis C and HIV
Initiate high dose insulin
Initiating insulin quicker especially the newer concentrated insulins Implementing ADHD questionnaires on a regular basis
Initiating insulin sooner and removing meds that are not working. When considering ADHD in adults-really look at all aspects of their PMH. When to test for Hepatitis B
Initiating insulin therapy and understanding the nuances of concentrated insulins. Identifying patients for which PCSK9 therapy would be beneficial and recommended
insist on better patient compliance, dietary counseling, physical exercise program - low impact
Insulin usage for refractory a1c How to assess ADD
Integrate the use of the app ASCVD into practice as well as looking for ADHD thru a new point of view
LDL risks. Who and how to screen for Hepatitis B. Starting insulin sooner
Learned screening for ADHD. PAH screening strategies
Learned the symptoms to identify the above disease states and how to approach an effective treatment plan
Listen and concentrate on patients' life style and disease perception Apply based on evidence, therapies and medication titration Education on holistic diet and energy toward lifestyle change Appropriate medication strategy with follow up and labs/ referral follow through
Listen more for a better history in order to accomplish a better H & P
Liver panel on pts A1c on surgical patients
Many
Many strategies related to each of the pesentations. As a current palliative care provider, the knowledge will help me to understand and explain better to my patients
Med management
Modification of treatment plan. Patient education. Screening and testing relevance
More thorough evaluations
More detailed patient education regarding concentrated insulins Integrating new data on reducing risk into treatment strategies to improve outcomes Recognizing, implementing strategies to reduce HF

Use of adult ADHD assessment and treatment tools Discussion of importance of early HBV screenings and treatment with specific patient populations
More knowledgeable on the current guidelines
More thorough evaluation of PAH and ADHD
New treatments considered for HBV, ADHD and insulin therapies
New trends in medication usage for patients and guidelines as for follow up care
Newer treatments in Heart Failure. Identifying ADHD in office (1)
Non-statin therapy PCSK9, New therapies in HF, HBV culture specific barriers, PAH signs and symptoms and new diagnostic modalities
Obtain better history Discuss goals with patient
Only prescribe evidence based treatments and therapies in HF patients. Encourage patients to allow insulin therapy earlier. Use ADHD screening
Open dialog regarding HBV conversations Open to starting concentrated insulins Use of Screening tool for Adult ADHD patients Ordering Echo's for Unexplained Dyspnea Maximizing Statin use
Patient centered care and treatment
Patients to screen for Hep B based on birth location, the effects of basal insulin, etc
Pay more stress on lower the Cholesterol and Triglyceride Use insulin earlier in T2DM
Paying attention to symptoms Better use of screening tools for conditions Additional strategies for insulin use
Perform a thorough assessment
Plan to assess Devise intervention with rxs and plans offered here Look more closely
Proper protocol for screening for Hepatitis B and ADHD The utilization of concentrated insulins
Recognize and treat T2D, Hyperlipidemia, ADHD, HBV, and PAH
Recognize signs and symptoms of PAH
Recognize symptoms of ADHD How to use insulin in patients with T2DM
Recognizing and using evidence based clinical guideline
Recognizing signs and dx of PAH Better understanding of pharmacologic control of DMII, Understand the genetic component in drug management of CHF
Recommendations for patient not at goal
Recommended strategies
Refer patients early on to GI and PA clinic
Regular monitoring of station levels, dietary consults as indicated. Setting Patient education

goals.
Relook at assessment strategies
Rx concentrated insulins. Appropriate screening for statin therapy and appropriate goals. Appropriate screening for Hepatitis B
Screen all international students for Hep B who are from high risk areas. Always use long acting basal insulin with appropriate patients Evaluate for PAH in students with history of drug abuse Screen all depression and anxiety patients for ADHD symptom and possible treatment Consider adding PCSK9 monoclonal antibody therapy for patients not at recommendation levels to statin therapy Evaluate all HTN and cardiac patients for s/s of Heart failure and make sure they are taking all recommended meds ie ACE, Beta Blocker etc
Screen for ADHD
Screen for HBV in appropriate populations. Better recognize PAH symptoms. Became more familiar with new treatments for hyperlipidemia and insulin therapy for DM.
Screen for Hep B Discuss concentrated insulin indications Appreciate the gravity of PAH and how it is properly screened Discuss how ADHD statistically affects safety
Screen for hep B more appropriately
Screen more aggressively Explain options and impetus for treatment more passionately
Screening
Screening ADHD and DM management
Screening for ADHD Importance for screening for HEP B Counseling patient about insulin therapy and emerging treatments for DM
Screening for not overt pulmonary, cardiac, diabetes for earlier intervention
Screening is essential for preventative care. ADHD screening can improve adults' ability to focus making them more functional at work, able to maintain relationships, decrease depression and increase their quality of life.
Screening more often, using guidelines and using easily available patient education tools/materials
Screening tools for ADHD. Recognizing who is in need for screening for HBV
Screening, treatment and labs
Scrfeen more patients
SGLT2 inhibitor in DMII Statins first line for hyperlipidemia PSCK9 inhibitor 3rd line to reduce LDL (1)
Sharing educational material Provide in-services application in clinical setting
Signs and symptoms to watch for
Start insulin sooner than
Start treatments earlier rather than wait
Starting basal insulin sooner
Starting patients on insulin as soon as possible when warranted

switch to the newer insulin when possible
Strategies for T2DM glucose control
Stronger assessment skills, increased knowledge to recognize areas in need of further evaluation
Svreening tool for adult ADHD patients
Taking detail history Not to scared of starting insulin when A1c is really high. Use the SCVD risk calculator Screening for hep B when they come from the risk area of the world
Target to lower LDL-c to goal of
The need to utilize concentrated insulin. Considering adding PCSK9 for LDL reduction
The new guidelines for heart failure treatment.
The use of concentrated insulin was not previously a consideration in my practice Appreciate the discussion
The use of concentrated insulins. The correct use of Ivabradine and Salcubitrol. The use of the different intensity statins and the addition of zetia or PCSK9 inihibitors
Tighter Lipid and Diabetic control. Start Insulin earlier Screen for ADHD
Tools to utilize for adult ADHD evaluation
Tools which demonstrated the most current diabetes monitoring PAH is my weakness and I plan to research more on this topic
Treatment options
Treatment pearls Signs and symptoms
Ultra-basal insulins cause less blood sugar swings than even the basal insulins. Maximal statin dosing is recommended for hyperlipidemia before trying PCSK9 inhibitors. (expensive.) ARNI can be used especially when HR is high enough for helping optimize HFrEF. ADHD RS is useful for diagnosis. For Hep B treatment, tenofovir alofenamide is better than tenofovir alone
Understanding the role of insulin therapy and the different options out there for patients Understanding further CHF and new therapies available for patients. Now able to explain in further detail PAH
Up-to-date guidelines and most current research-evidence of positive outcomes
Use ADHD assessment tools to measure outcomes Diabetes management with insulin therapy
Use adult ADHD assessment tool for screening
Use of ADHD screening and rating scales. Screening for Hepatitis B in at risk patients. Use of echocardiogram in diagnosis of dyspnea
Use of insulin and concentrated insulins, management of adult ADD
Use of insulin in patients with T2DM Use of statins in the management of dyslipidemia Addressing and overcoming cultural barriers in the management of HBV, etc...
Use T2DM management of insulin increase knowledge of dyslipidemia for better control and help with monitor pts with PAH

Use the assessment tools for ADHD in adults More aware of the treatment modality
Useful resources available
Using ASRS scale to diagnose ADHD. Importance of screening HBV (1)
Using high concentration insulins for more effective therapy, especially for those who take high doses Managing heart failure in primary care; Using the ASCVD risk calculator
Using insulin earlier in the course of therapy Screen adults more for ADHD Be more liberal in ordering echos for dyspnea
Utilize screening for ADHD, HEP B. increase monitoring of patients' lipid panels
Utilize the information in practice
Utilized evidence guidelines Apply medicine Apply knowledge to non-cardiac surgery
What part of the world are you from-more questions. ADHD questionnaire, Using concentrated insulins as needed
When to add second statin
When to order insulin for T2DM. To use screening tool for ADHD. To screen patients for HBV. Treating LDL just even if triglycerides are high
Will implement in practice
With 65% of ADHD patient's carrying their disorder throughout adulthood, I will concentrate talking through substance abuse problems and trying to find positive ways in dealing their problems.

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

Comment
All
All related to primary care
Allergies and immunology, more pediatrics and adolescence topics
Antibiotic therapy for common outpatient infectious diseases
Antibiotic verses bugs. What to use and when
Any topic
Anything
Arrhythmia
Asthma
Asthma treatment
Autoimmune disorders
Autoimmune disorders/diseases
Birth control options, pediatric assessment, resources for patient education
Blood clotting disorders and workup
Breast cancer, Adrenal Nodules, Vitamin D deficiency, cancer prevention
Can't think of any right now, but so far you have selected very relevant and informative topics that I thoroughly enjoyed and appreciated
Cancer Treatment

CHF, T2DM, COPD
Child/elder abuse
Chronic CAD and valvular heart disease new aspects of management
Vhronic kidney disease
CKD
Common conditions
Constipation, GI
Depression
Depression in Primary Care
Derm
Dermatological
Dermatology
Dermatology/Opthalmology
Diabetes/endocrine
DM II
DM and HLD
End stage liver disease
End stage renal disease
Endocrine topics
Ent
Everything
Gastro intestinal diseases and HIV
Geriatric focus Illness
Geriatrics
GI and GU issues
GI problems i.e IBS, Crohn, UC etc
Gout, Anxiety, Depression (1)
HA's, skin disorders, hematology review
HCV management
Headaches
Heart failure
Heart, lung, digestive & musculoskeletal conditions
Hepatitis C
HIV
Hormone replacement for male and females, with hypogonadism, hirsutism, menopause
Hormone replacement therapy for men and women
HPV, HTN, Pulmonary Embollism
HPV, preop recommendations for DM or HtN
HTN
HTN Hep C
HTN management
HTN, Depression
HTN, diabetes, thyroid, CFH, EKG
Hypertension
Hypertension effective management
Hyperthyoidism managements

IHSS
IHSS/Sudden Cardiac Death
Infectious disease
inflamatory bowel disease
interpreting lab values in difficult cases
Items relating to Pedi or Maternal Child
Lab interpretation and implications for patient care
Low Lipid management, thyroid diseases
MACRA, opioid addiction & treatment, antibiotic therapy for most common infections (hospital & community), ED, STD, Dementia, Depression, Anxiety disorders, GI disorders, Common cancers work up & therapy/Treatments, ASCAD
Management of hypertension, psoriasis
Medicinal marijuana issues
Melanoma
More ADHD
More chronic illness
More diabetes
More Heart failure
More in OB or NEO
More on diabetes, common dermatology issues, antibiotic usage
More on pulmonary diseases. I need more time on PAH and CHF and sarcoidosis and all CAD
More Psychiatry
Musculosleletal
Myocardial infartcti N
Na
Narcissistic
Necrotizing pancreatitis
Nephrolithias
Neurology, GI disorders
Neuropsych, psych
New drugs for management of osteoporosis
New meds for DM
None at this time.
Obesity reduction
Obsteytics
Oncology related topics
Oncology; women's health
Opioid use in Elderly, Hypertensive Heart Disease with CKD
Orthopedic topics
Orthopedic, endocrinology
Orthopedics with specific joint exams and treatment
Osteoporosis and bone health
Osteoporosis, Cancer immunotherapy
Pain Management
Pain Management, management of surgical wounds

Palliative Medicine
Physical medicine
Pre-anesthesia
Psoriasis
PTSD and TX
Pulmonary Disease
R/A
Renal insufficiency
Resistant TB
Respiratory care, i.e. asthma, COPD
Skin disorders
STDs and dermatology
Step approach to Asthma control
T2DM and management of complications, Hypertensive heart disease
TAVR
Thyroid disorders, Autoimmune disease
Thyroid, Depression
Triglycerides
Type 1 Diabetes
Update on HIV/ pharmacology
Updates on those covered today
Urinary tract infections
Urology topics
Weight management
Addiction care, dementia and treatment of anxiety
Addressing chronic conditions effecting the elderly
ADHD
Afib, COPD, and asthma
Anxiety depression in primary care and dermatology in primary care
Any and all topics related to primary care
Asthma, COPD, renal failure, adults with CHD
BP management, opioid addiction, cost effective health care for low income patients
CAM, lupus
Cancer screening recommendations and childhood obesity
Chronic pain
CKD
COPD
COPD and GI bleed
COPD, pain management, psych disorders, depression and anxiety
Depression and anxiety management
Dermatology and mental health
Diabetes and hypertension management
GI related issues including biliary issues and bowel related diseases
Heart failure treatments
Hepatitis C
Hepatitis C screening and management of common GI issues in primary care

How to choose ADHD drugs. HIV screening
Hypertension
More general gastroenterology topics
More in depth on psychology
More on DM instruction on medications and dosing, HPV, neurological disease and treatments
More psychiatric diseases and depression
Multiple Sclerosis updates including diagnosis and management
New HIV prevention for high risk groups
Pain management guidelines
Pain management, depression and orthopedics
Preventive screening guidelines for all ages
Primary care, management of chronic diseases and reducing obesity
Psychiatric disorders in primary care
Rheumatologic disorders
Rheumatology and Dermatology
Substance abuse topics
Thyroid disease
Women's health, thyroid disease, dermatology and antibiotic use

Additional comments:

Comment
Always good conversations in these lectures
Anxiety Disorders and TX
Course excellent-audio problems
Excellent
Excellent conference
Excellent conference thanks you for including this live presentation and allowing at home participation with out charge for CEU's
Excellent program
Excellent. Thank you for this opportunity to participate from home. It is not always feasible or financially possible to attend onsite. This is just a great way to obtain credits and feel like you were actually attending the conference
Good presentation and easy access
Great great presentation via webcast
Great information
Great updates as usual
Had some difficulty after the first two sessions in answering the polling questions. Did not see the polling question slides nor was I able to record my answers to the polling questions. Also, I kept needing to refresh the browser. At the outset of the conference the moderator said that Safari and Chrome were the best way to view the conference, but it always says on the notice that Chrome is not supported. I tried Firefox, but it kept flashing that it was not a secure site, so used Explorer. Any suggestions? Otherwise great conference!!
I appreciate NACE having this conference available for me to attend at home
I did online simulcast and the most difficult part was that the speaker did not sync with the slides which were changing prior to the speaker. I had to try to listen and read next slide at

the same time. The question slide was then difficult to answer as changed too quickly, therefore sometimes I was clicking on my answer when the slide was changing so my answer was not saved. I also had trouble with reception so I was refreshing frequently which made me lose some of the lecture. Otherwise it was a fantastic day of presentation.
I enjoyed the lectures
I was not able to get the sound with this simulcast, but I did watch the slides. the sound on my computer has worked well otherwise
Kidney Disease
Kindly continue offering these topics via live simulcast feeds for those who are not able to attend the actual venue of the conference. This really helped us a bunch! Thank you!
Love your free conferences, and I get to listen in the comfort of my own home!
Loved the online version as well as being able to take notes and then receive the slides. Awesome!
Overall very well done
Requesting more simulcasts---This was my first simulcast, I was so glad I signed up. Great infor & quality speakers. There were some delays in the presentation, and at times the questions would flash and not give me an opportunity to answer in time. But overall positive experiecne
Thank you
Thank you for another, convenient and excellent presentation of the conference. However, there were frequent screen freezing during the presentation. It was necessary to refresh the screen constanty and I missed some important points said by the speaker because of this. It was very disrupting
Thank you for the ability to participate online. I appreciated being able to have the handout prior. Signal was excellent
Thank you for the ease of access and quality of the presentations
Thank you!
Thank you.
Thanks
Thanks for the opportunity
Thanks. It was very informative
The slides were moving too fast
The system required a lot of rebooting / refreshing today. Lost part of the information being presented today
Too long between sections of down time
Vaccine updates
Very satisfied, thank you NACE
Was Great!!!
Was unable to get my system up at change of computers midday to see and hear all sessions I wanted to view all sessions but had to get on another computer to view the last two