Emerging Challenges In Primary Care: *2017*

Activity Evaluation Summary

CME Activity: Emerging Challenges in Primary Care: 2017
Saturday, August 12, 2017
Sheraton Garden Grove
Garden Grove, CA 92840

Course Director: Gregg Sherman, MD

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NACE NATIONAL ASSOCIATION FOR CONTINUING EDUCATION

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In August 2017, the National Association for Continuing Education (NACE) sponsored a live CME activity, Emerging Challenges in Primary Care Update 2017, in Anaheim, CA.

This educational activity was designed to provide primary care physicians, nurse practitioners, physician assistants and other primary care providers the opportunity to learn about varied conditions such as Lipid Management, Microvascular and Microvascular Outcomes into Diabetes, Integrating Diet and Lifestyle Management into Diabetes, Idiopathic Pulmonary Fibrosis, Demystifying A1AT Deficiency and COPD

In planning this CME activity, the NACE performed a needs assessment. A literature search was conducted, national guidelines were reviewed, survey data was analyzed, and experts in each therapeutic area were consulted to determine gaps in practitioner knowledge, competence or performance.

Two hundred ninety-six healthcare practitioners registered to attend Emerging Challenges in Primary Care: 2017 in Anaheim, CA and three hundred forty-one registered to participate in the live simulcast. Three hundred thirty healthcare practitioners actually participated in the conference: One hundred seventy-five attended the conference in Anaheim, CA and one hundred fifty-five 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 1.0 *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 5.0 *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 6.0 contact hours of continuing education (which includes 2.0 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.

EMERGING CHALLENGES IN PRIMARY CARE: UPDATE 2017

August 12, 2017
Anaheim, CA
Live & Simulcast

What is your professional degree?

Label	Frequency	Percent
MD	138	45%
DO	3	1%
NP	135	44%
PA	20	6%
RN	13	4%
Other	1	0%
Total	310	100%

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

Label	Frequency	Percent
None	25	8%
1-5	35	12%
6-10	38	13%
11-15	44	15%
16-20	40	14%
21-25	27	9%
> 25	85	29%
Total	294	100%

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

Label	Frequency	Percent
None	28	9%
1-5	39	13%
6-10	41	14%
11-15	59	20%
16-20	41	14%
21-25	21	6%
> 25	72	24%
Total	302	100%

Indicate the number of patients you see each week in a clinical setting regarding each therapeutic area listed: Patients at risk for, or with, IPF

Label	Frequency	Percent
None	85	29%
0-1	105	36%
2-5	60	20%
6-10	22	7%
11-15	11	4%
16-20	7	2%
> 20	6	2%
Total	296	100%

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

Label	Frequency	Percent
None	123	43%
0-1	109	37%
2-5	32	11%
6-10	15	6%
11-15	7	2%
16-20	1	0%
> 20	4	1%
Total	291	100%

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

Label	Frequency	Percent
Yes	256	83%
Somewhat	52	17%
Not at all	0	0%
Total	308	100%

Upon completion of this activity, I can now: Understand ways to integrate lifestyle management into diabetes care; Discuss strategies to help patients improve dietary management of their diabetes; Recognize how to improve medication adherence for patients at various stages of diabetes.

Label	Frequency	Percent
Yes	283	92%
Somewhat	25	8%
Not at all	0	0%
Total	308	100%

Upon completion of this activity, I can now: Describe the typical clinical presentation of a patient with possible idiopathic pulmonary fibrosis (IPF); Discuss the diagnostic approach to a patient with suspected IPF; Discuss and contrast the available pharmacotherapeutic options for patients with IPF; Discuss and contrast the available non-pharmacotherapeutic options for patients with IPF.

Label	Frequency	Percent
Yes	239	79%
Somewhat	63	21%
Not at all	1	0%
Total	303	100%

Upon completion of this activity, I can now: Review the epidemiology and impact of pseudobulbar affect (PBA); Recognize the importance of early recognition of PBA in primary care; Describe diagnostic tools and criteria for objective diagnosis of PBA; Discuss therapeutic options for PBA.

Label	Frequency	Percent
Yes	224	80%
Somewhat	54	19%
Not at all	3	1%
Total	281	100%

Upon completion of this activity, I can now: List 2017 Quality Measures for the use of statin therapy for the prevention and treatment of cardiovascular disease; Explain the role of anti-PCSK9 monoclonal antibody therapy in LDL-C reduction to achieve cardiovascular risk reduction; Discuss ACC guidelines on the role of non-statin therapies in the management of atherosclerotic cardiovascular disease; Employ guideline-directed treatment strategies for primary and secondary prevention of cardiovascular disease in high-risk patient populations.

Label	Frequency	Percent
Yes	230	86%
Somewhat	39	14%
Not at all	1	0%
Total	270	100%

Overall, this was an excellent CME activity:

Label	Frequency	Percent
Strongly Agree	232	75%
Agree	74	24%
Neutral	4	1%
Disagree	0	0%
Strongly Disagree	0	0%
Total	310	100%

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

Label	Frequency	Percent
Strongly Agree	230	74%
Agree	78	25%
Neutral	3	1%
Disagree	0	0%
Strongly Disagree	0	0%
Total	311	100%

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

Label	Frequency	Percent
Strongly Agree	222	73%
Agree	78	25%
Neutral	7	2%
Disagree	0	0%
Strongly Disagree	0	0%
Total	307	100%

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

Label		
Very Likely	216	71%
Somewhat likely	63	20%
Unlikely	7	2%
Not applicable	23	7%
Total	309	100%

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

Label	Frequency	Percent
Within 1 month	201	67%
1-3 months	52	17%
4-6 months	8	2%
Not applicable	41	14%
Total	302	100%

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

Label	Frequency	Percent
Excellent	249	82%
Very Good	50	16%
Good	7	2%
Fair	0	0%
Unsatisfactory	0	0%
Total	306	100%

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

Label	Frequency	Percent
Excellent	249	81%
Very Good	48	16%
Good	8	3%
Fair	1	0%
Unsatisfactory	0	0%
Total	306	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Fernando J. Martinez, MD, MS - Idiopathic Pulmonary Fibrosis

Label	Frequency	Percent
Excellent	244	84%
Very Good	37	13%
Good	9	3%
Fair	0	0%
Unsatisfactory	0	0%
Total	290	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Gustavo Alva, MD, DFAPA - PBA

Label	Frequency	Percent
Excellent	225	82%
Very Good	41	15%
Good	9	3%
Fair	1	0%
Unsatisfactory	0	0%
Total	276	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Karol E. Watson, MD, PhD - Lipid Management

Label	Frequency	Percent
Excellent	203	80%
Very Good	44	17%
Good	8	3%
Fair	0	0%
Unsatisfactory	0	0%
Total	255	100%

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

Label	Frequency	Percent
Excellent	247	81%
Very Good	41	13%
Good	14	5%
Fair	2	1%
Unsatisfactory	0	0%
Total	304	100%

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

Label	Frequency	Percent
Excellent	253	83%
Very Good	45	15%
Good	7	2%
Fair	1	0%
Unsatisfactory	0	0%
Total	306	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Fernando J. Martinez, MD, MS - Idiopathic Pulmonary Fibrosis

Label	Frequency	Percent
Excellent	248	85%
Very Good	34	12%
Good	10	3%
Fair	1	0%
Unsatisfactory	0	0%
Total	293	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Gustavo Alva, MD, DFAPA - PBA

Label	Frequency	Percent
Excellent	224	81%
Very Good	40	14%
Good	11	4%
Fair	3	1%
Unsatisfactory	0	0%
Total	278	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Karol E. Watson, MD, PhD - Lipid Management

Label	Frequency	Percent
Excellent	219	83%
Very Good	34	13%
Good	9	3%
Fair	2	1%
Unsatisfactory	0	0%
Total	264	100%

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

Label	Frequency	Percent
Topics covered	241	31%
Location/ease of access	217	28%
Faculty	73	9%
Earn CME credits	249	32%
Total	780	100%

Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent
Strongly agree	185	60%
Agree	104	34%
Neutral	17	6%
Disagree	1	0%
Strongly Disagree	0	0%
Total	307	100%

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

Comment
Will consider use SGLT-2 more often Will discuss with patient about increase physical activities rather using the word "exercise" Will have IPF in mind for chronic cough with dyspnea
Integrating evidence-based treatment recommendations Improve medication and lifestyle adherence Implement diagnostic approach in identifying patients with pulmonary fibrosis Earlier recognition of PBA through the use of diagnostic tools
proper assessment and diagnosis of IPF, optimal treatment optimal time for integrating lifestyle modification in DMII patient and proper patient education use of ACC guidelines in hyperlipidemia management and optimal LDL treatment goal for patient with CVD risk proper use of sglt2 inhibitors and dpp4 inhibitors in management of DMII, special considerations for elderly patients
When to screen for PBA. What diagnostic radiography to order to diagnose IPF. How to really see if a patient is really intolerant with statin therapy.
Appropriate usage of SGLT-2 therapy in my patients. Recognize and diagnose IPF. Incorporate PCSK9 agents for effective lipid control.
safe use of SGLT-2 therapy in safe management DM II and proper pt. selection to avoid side effects (orthodoxy HTN, UTI, vaginitis) appropriate use of ACC guidelines and inclusion of anti-PCSK9 monoclonal antibody therapy in management for optimizing LDL and decrease CVD risk proper evaluation and management of IPF proper assessment and management of PBA proper integration of lifestyle changes for DM II pt. to encourage compliance
Able to identify patients at risk for IPF. Able to consider starting SGLP-2 inhibitors. Able to incorporate lifestyle management in every visit of a diabetic patient. Able to recognize risk as well as signs and symptoms of pseudobubar affect.
Able to know more about PBA. Use of SGLT-2 Rx. Not to use Azain-acetylcys/redusonal in IPF
Accurate and diligent assessment and follow up of cases Appropriate referrals
ADD NEWER DIABETIC AND LIPID LOWERING MEDICATIONS EARLIER AS NEEDED.
Additional treatment strategies
always check BG daily and record bring BG log book to each clinic visit check HbA1c every 3 months encourage exercise and healthy meals regularly
APPLY TO MY PRACTICE WITH MORE KNOWLEDGE

Applying these info will be easier Providing more patient education Updated pharmacotherapy treatment
Approach to IPF (workup cough and progressive DOE)
Appropriate use of newer DM meds for add-on therapy for DMII. EGFR considerations for med. choices. GLP/SGLT
as a retired physician ,i always strive to keep my knowledge current
as described (
Assess for various conditions. Implement recommended strategies. Evaluate, monitor, and adjust as indicated.
Assessing patients for PBA Changing statin dose intervals to detect intolerance
aware of newer treatments
Be proactive in checking
Better able to recognize and treat IPF and PBA.
Better assessment for PBA, integration of nutrition, management of hyperlipidemia
Better diabetes control
Better lipid and diabetic control, diagnosis of IPF
Better management of DMII and lifestyle changes. Better approach to patient with IPF and the new treatment. I will be better in diagnosing PBA
better understand glucose metabolism and how to better manage diabetes with lifestyle changes. how to plan for prevention of cardiovascular disease
Better understanding about DM - kidney. Implement it to daily practice. Help patient to achieve the goal
Better understanding of Diabetes and Statin Strategies for improving the numbers
Better use of SGLT-2 Medications, Diet and lifestyle attainable modifications, Better ways to lover A1c in patients
Better utilize certain med combos pending patient profile
Change SU's - GLIP/SGLT2's for hypoglycemia. Allow about 120 CHO's Id to give patient options on CHO intake choice; workup possible IPF early with HRCT. Continue PBA - ask for symptoms; statins oral per guidelines
Clinical efficacy of SGLT-2 and when it's appropriate to prescribe it. Diagnosis and treatment of IPF Diagnosing and treatment of pseudobular affect Reducing cardiovascular risk events by utilizing statins
Clinical efficacy of SGLT2 therapy in treating patients with T2DM. New treatments IPF
Consider differentials as educated today and apply what I learned today to help my DM
Consider idiopathic pulmonary fibrosis in differential diagnosis. Evaluate and treat
Consider IPF in dd
Consider ipf with cough complaints.
Consider PCSK9 therapy
consider these strategies
Considering SGLT2 with patient with DM and cardiac disease. IPF evaluations and treatment

Considering the use of SGLT-2, GLP-1 in appropriate patients. Diagnosis/evaluation/treatment of pseudobulbar affect. Emphasizing importance of lifestyle management in diabetes care. Considering PCSK-9 with consideration of appropriate indication for patients with uncontrolled hyperlipidemia and increased cardiovascular risk.
Correct assessment of the patient Identify high risk patients Proper diagnostics tests to determine diagnosis
Cough SOB elderly patient = think IPF. Better understanding, thus more likely to use PCSK9 for appropriate patients
Diagnose and treat first line medications
Diagnose IPF. New drugs and treatment for DM
Diagnosing quicker
Diagnosis of IPF
Diagnosis of IPF and PBA
Diagnosis of IPF with high resolution CT with contrast
Diagnostic testing for IPF, management of DM2 with SGLT2
Diet and exercise as a good start to DM management. It is ok to start metformin and another class at diagnosis
diet education and appropriate medications for diabetes pt education on diabetes and improved ways diagnosis of ipf
Discuss lifestyle more with patients
Discuss with patients about goal of decreasing weight loss (about 7%) by increasing physical activity, decreasing blood sugar, note DKA s/p SGLT-2; contraindication in T1DM; treat IPF with Pirfenidone/Nintedamib instead of NAC/Azathioprine/Prednisone; Ddx PBA vs Depression
Discussion with patient regarding specific drug therapies to decrease CV events
DM care. Cholesterol care
dm tx options and order of 2nd line addons dx of pulmonary fibrosis use of new lipid txment options
EARLY INSULIN TR.
early intervention in IPF
Early recognition of IPF Use of SGLT2 inhibitors in early stage of diabetes rx Now I can recognize pseudobulbar Affect and treat Now I know the indication to use PCSK9 inhibitors for very high serum cholesterol
Education New medications that are likely to supplement patients health outcomes Treatment strategies for high risk populations
Education as a tool in more difficult Dx Ordering more specific tesyting in IPF MEDICATION choices in lipidemia
Effective use of new medications
Effective use of SGLT-2 therapy. Understand ways to integrate lifestyle change into diabetes care. Pharmacotherapeutic options in care of IPF. Recognize early cognition of

PBA.Prevention and treatment CV disease with statin therapy.
Efficacy of SGLT-2 treatment, DM dietary management, diagnosis of IPF, lipid management (1)
Employ ACC guidelines for non-statin therapies Refer for Pseudobulbar Affect
evaluation for PBA
First, you have enlightened me in Pulmonary Fibrosis and Psuedobulbar Affect. Both conditions, I knew very little about. Thank you for presenting new material. I loved the diet lectures! That is key to helping my patients. Thank you for wonderful presenters.
Follow all recommendations of lecturers. Follow all llippatno information and include in private practice
Helped clarify the new treatments for cholesterol. Introduced the malady and treatment for PGA
High risk CVS disease can be controlled by statin moderate intensity for secondary prevention
Hospital based practice. Attending driven and policies per protocol. - will now order HR CT to evaluate interstitial lung dz vs infection -more likely to start sglt-2 to patients not well controlled on present regime
How and when to use SGLT2 inhibitors; ho to diagnose IPF and appropriate treatments
How to Dx PBA and treat. Best rx for managing diabetes. Clarification of lipid treatment and new medications. Update on diet. How to dx IPF.
How to recognize and diagnose PBA. Management of Statins and PCSK-9
How to treat diabetes How to diagnose IPF Teaching of dietary management and lifestyle changes with lipid management
How to use SGLT2, possible side effects
I can now identify IPF in Primary Care. I will use more diagnostic tools for PBA. I will be evaluating post prandial hyperglycemia in my diabetes management
I can now look for IPF of Pseudobulbar in CVA, TBI, MS
I gained knowledge about things I didn't know before.
I have learned the workup for possible IPF
I most appreciated the PSK-9 info, so I can optimize my hyperlipidemia patients therapy appropriately.
I plan to spend more time and research community options for Diabetic's and Nutrition. Have my patients keep a log on their blood sugars so that we can find the best medication regime to manage their diabetes.
I will discuss with medical director about SGLT2 treatment for diabetic patients and anti PCSK9 antibody therapy treatment
I wish I could implement these strategies of medications are covered by plans, unfortunately in the era of HMO and mostly in California fare will spend half of the time on a regular day trying to get an approval
Identification
Identification and workup of ILD, counseling lifestyle modification in DM patients, indications for SGLT2
Identify patients at risk for IPF, stratify patients into high, moderate, and low risk based on

risk factor and ASCVD scores
Identifying candidates for SGLT-2 tx. Identifying patients with IPF and PBA. Strategies to treat lipids with alternative therapies and in alternative ways.
Identifying patients with IPF
Implement activity and dietary consult to help diabetes management. Add SGLT more early in treatment
implement patient centered care
Implement to my daily practice. Keep what is current out there. Modify my approach to treating patients
Implementation of SGLT-2 therapy
Implementing and integrating the newly acquired knowledges to the practice.
Implementing GLP-1 for successful DM management
improve history and physical examination
Improved assessment and care of patients with DM; IPF; hyperlipidemia;
Improved communication about diabetes nutrition (discussing carbs, limit of 120g etc) Recognizing pba
Improved DM management Improve dyslipidemia management screen patients for IPF and PBA and manage (
Improved knowledge in T2DM treatment options and apply in clinical practice. ID and diagnosing IPF
Improved understanding of use of SGLT and SGLT in DM management. Appropriate assessment of IPF as possible diagnosis. Assessment and diagnosis in context of neuro/diagnosis, use of CNS readability scale
Improving adherence to care by working closely to patients and figuring it out their capabilities and providing realistic lifestyle goals and appropriate treatment catered to their needs.
Improving the diet of diabetic patients Improving the treatment of hyperlipidemia through statin use
In diet and metabolism in DM and the quuality measures for the us of statins
In educational settings: expand discussion of SGLT 1-2 Counsel DMs on exercise and diet based on AIC Recognize Sxs of IPF and PBA Look to lower targets for LDLs
Include Screening for PBA before treatment for depression!
Incorporate new information into clinical practice.
Incorporate use of SGLT 2 in my practice
Increase use of SGLT2, understand IPF/proper diagnosis/treatment, understand pseudobulbar affect, manage lipids
Increased comfort with SGLT2 use
individualized plan of care, rule out other likely causes, & comparable past diagnostic studies for possible changes
Inform patients that over the counter fish oil has alot of fillers so prefer Rx to see benefits. Inform patients that almond milk and other milk is not as beneficial as cowmilk because of additives.

Not to confuse PBA with depression. Ask more questions during history exam regarding head injuries. During history exam suspect IPF if patient's age is 60-70 with history of cough at least 6months, with dyspnea and has birds or mole in their home.
initiate evaluation Diagnostics Treatment
Integrate lifestyle management in diabetic care and emphasize on physical activity and HBA1c at goal. HRCT in IPF
integrate lifestyle management into diabetes care; improve dietary management of their diabetes; improve medication adherence for patients at various stages of diabetes.
Integrate screening for PBS. Consider PCSK9 IMTIB use for high CV risk
IPF is a very helpful topic for me and I get new knowledge and information from the conference
latest treatment strategies
LDL treatment, ways of encouraging physical activity, use of SGLT-2 therapy
Learn about the treatment of DMII new way - medication confident, TBI and PBA (deficits). IPF - treatment and diagnosis. Nutrition - revision
Learned correct algorithm to rule out IPF. Learned about when I can start SGLT2 med; ezetamibe
Learned the best uses and limitations of the SGLT2 inhibitors
Learning IPF and lower reservations about any SGLT2
Lifestyle and diet discussions directly with diabetic patients. Use of high resolution Ct in diagnosing IPF. Be aware of the high incidence of paeudobulbar affect disorder in trauamtic brain injury given the number of concussions in sports, Addition of Ezetimibe In cholesterol management.
Lifestyle interventions
Lifestyle modification; getting a PCP as most of my patients are currently obese
Lipidyla change, early diagnosis
look at muscle cramps vs complaint of PN pain
Lower LDL goals Use rationale diabetic drug combo Recognize PBA Incorporate diet recommendations
med management
Medication and health management
Medications Life style changes Target levels for meds
more accurate diagnosis and treatment
More confidence in treating these diseases. Adjust my treating to be more effective. Learn more new things
More detailed history and time patient
More sensitive to symptoms of IPF More likely to start with the lower dosage of SGLT-2 agents to start therapy
More time to talk about physical activity and diet to control diabetes and other conditions
More understanding, use Cardoflogizin/risk with Dapoflogizin

More useful is lifestyle in T2DM. Will be more apt to recognize IPF and PBA
My practice has been consistent with the presentation
Neudexa for PBA disorder. Kidneys provide 25% of daily glucose which is increased with DM 2; SGLT reduces glucose by 90%
New guidelines for treatment of these diseases. i know how to recognize these diseases
Not a primary care MD. Good review for general medicine
Not at this time
Observe patient behavior, what he/she is telling you, a clinician, and come up with diagnosis, and formulate plan of patient management.
Patient care centered
Patient discussion. Medication management. Diagnostics. Lipid management and testing. Screening tools for PBA
patient history
Pay more attention to new DM drugs. Work up for chronic dry cough with high exertion dizziness. Think about PBA in patients with episodes of crying and laughing
PBA is common, with dx overlooked or mischaracterized. CVD Rates remain high although technology has advanced; Dietary and Target Medication use are mainstays. Management for IPF has evolved, but refer early & strategy incl HRCT. The slide on Adverse Social & Health consequences of Obesity was useful. The comparison slide on label comparisons on SGLT-2 Inhibitor meds was useful.
Personal def of IPF - very useful info to plan future conversation regarding lifestyle changes
Prevention of postprandial hyperglycemia; Integrating Life Style management into diabetic care; Discussing non-pharmacologic treatment options for patients with IPF; Implementing ACC guidelines in primary and secondary CVD prevention in high-risk patients
Proper communication
Properly evaluating patients who may represent IPF. Considering SGLT-2 treatment on patients with T2DM
re challenge statin pts. get CPK if concerned for rhabdo. >1000. LDL goal
Reaching LDL goals in high risk patients
Readily using SGLT2 class to treat diabetes for appropriate patients and emphasize physical activity and nutrition. Better recognizing IPF
Recognition of early signs and symptoms of IPF. Able to evaluate pseudobulbar affect in high risk patients. Able to incorporate non station treatment and PCSK9 inhibitors in the treatment of ASCVD Discuss lifestyle modification in DM management
Recognition to expand differentials
Recognize & properly Rx PBA. Improved understanding utilization of SGLT2 meds. Aggressively achieve LDL-C goals appropriately
Recognize PBA Refer for PBA Provide IPF update to peers
Recognizing signs symptoms earlier than previously Know what next step is in diagnosing

Know some treatment options
Recommend 120 grams of carbs per day Ask about tbi in pba Consider ipf in elderly males with cough and dyspnea
Refer to diabetic educator. In IPF - use Nintedamib. Use ezetimibe and statin if LDL C weight loss
Refer to exercise as physical activity. Associate increased physical activity with better blood sugar content
Repeat/read answers to questions - post test questions
requesting HRCT for chronic cough evaluation of sglt2 therapy in renal patients
Role of SGLT-2 in T2DM management Clarify role of exercise in T2DM management Recognition DX of IPF & PBA Role of non-statins in lipid management
Screen earlier
Screen for IPF. Change Rx of diabetic patients
Screen for PBA. Ezetimibe as first line Rx with max dose statin
Screen for Pseudobulbar Affect when I come across cases of TBI
Screen more for IPF condider PBA
screen more patients for lecture conditions.
Screening for and identifying patients with IPF and pseudobulbar affect.
Screening for pseudobulbar affect in TBI. Earlier screening in IPF
SGLT-2 THERAPY, LIFE STYLE MANAGEMENT IN DIABETIC MGT NON-THERAPEUTIC OPTIONS IN IPF THERAPEUTIC OPTIONS PBA LDL-C REDUCTION STRATEGIES
SGLT2 use, renal function in DM, diet, lifestyle change
spend more time educating patients and caregivers about diabetes and lipid managements including diet and lifestyle and treatment, ordering appropriate imaging test for IPF
Start with statin if it does not reach target LDL then start ezetimbe,if target LDL not reached start anti-PCSK9.
Stop the use of Sulfonylureas Increased use of PFT and HRCT imaging when appropriate
Strategies to add SGLT2 agent to elderly diabetic patients
taking a bettter history, asking the "right" questions re PBA, and dietary concerns. starting earlier treatment with statins and referring earlier for potential resp. sequelae
Talk about exercises, tell patient to increase their physical activities level
Test questions, interactions with presenters, notes sections in booklet
the physiologic effects and clinical efficacy of SGLT-2 therapy in various patient populations
The role of the kidney in glucose control. Diagnosis of IPF. How to diagnose and treat pseudobulbar affect
the SGLT-2 therapy.diagnosis of the ipf.recognize the PBA
To be aggressive with treatment of DM and HLD
To incorporate life style modifications in the management of diabetes.

To educate patients on checking blood sugars pre and post prandial.
To not automatically use Niacin or Fenofibrate except for high triglycerides; to consider other respiratory conditions besides COPD with symptoms of cough and dyspnea with exertion; do O2 sat and PFT and chest x-ray first to rule out other potential causes
Treatment modifications in diabetes. Effect of physical activity to improved overall health
treatment of DM with SGLT-2 and selecting other appropriate agents
Understand the risks an uses of SGLT-2 agents for diabetes management the use of an initial chest x-ray for idf and if more suspicion is needed a high dose ct-scan (
Understanding disease process
Understanding drug regimes and changes for best management
Understanding the disease and symptoms to help direct patients to a center for IPF
Unrecognized hypoglycemia 45% Lipid Management for Familial Hyperlipidemia.
Up to date
Use CNSLS scale. Utilize PPI for my geriatric patients
Use new guidelines EBP for treatment
Use of ancillary services for education of patient and families. Consideration of other ways of communication with patients using tde communication modality
Use of CNS-LS Key components of history taking for PBA and IPF DM hypoglycemia prevention strategies/precautions DM medication combinations for better postprandial control
Use of diagnostic testing and treatment. When to refer in IPF (1)
use of most SLGT2 is appropriate for patients even with GFR < 60, but contraindicated if hx of leg ulcers/amputations. Think of IPF as a differential on patients (particularly men) with with a hx of chronic cough and SOB, and after initial workup send for a HRCT Don't immediately assume patients with crying outbursts are depressed, but rather ask what kind of emotions they are experiencing as it can be PBA. If the internal emotion doesn't match the external expression, ask about hx of TBI Use the CV risk estimator as a base for the utilization/start of Statin therapy
use of PSK 9 inhibitors treatment/recognition of pseudobulbar affect
Use of SGLT-2
Use of SGTP-1 for diabetes. Better monitoring of lifestyle changes. Use of HRCT to detect IPF. More aware of emotional ability as diagnosis of PBA. Recommend more use of ezetomeal
Use SGL2 inhibitors to reduce post prandial glucose. Psck9 third line to reduce Ldl's that do not respond to zetia and or statin.
Use SGLT2 at lower dose. Mechanism of action determines if response. To check RFT/CXR if persistent cough
Use SGLT2 inhibitors more. New steps to take to diagnose IPF
Use statin first line. use zetia 2nd line use PSCK9 3RD LINE TO REDUCE LDL
Using diff. strategies to mx diabetes. Effective discussion i.e. lifestyle mx

using different assessment and diagnostic tools to assist in management of disease use new and updated evidence based guidelines, medications and treatment approach
Using SGLT inhibitors in diabetes. Using Psk9 inhibitors 3rd line if LDLNot 70 in high risk patients.
Using SGLT-2 inhibitors - we must watch for safety issues. Pathological crying and laughing with history of TB will direct me to consider PBA
Utilize more SGLT2. Encourage activity
Ways to present and integrate lifestyle changes to diabetic patients Adding diabetic meds to patient regimen Reinforcement on imaging studies for IPF and typical sx and patients
Weill use the term activity instead of exercise. Learned that the SGLT2 inhibitors actually reduce nephropathy
Will implement newer strategies in practice. Teach the patients the use of physical activity and nutrition
Will use the term physical activity instead of exercise. Glad to know that the SGLT-2 meds do not increase risk of nephrophathy

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

Comment
Acquired combat related lung disease
Addiction medicine Infection
ADHD, Dermatology
Advanced wound healing
Allergies; Other pulmonary topics
Alternative medicine
Antibiotic Stewardship
any primary care topics
Arthritis
Asthma
Asthma and COPD step therapies.
autoimmune disease.
back pain
bp meds
Cad
Cardiac, Diabetis , Graves Diseases.
CHF, Depression, Gout
Chf, htn, geriatrics focused
CHF, Pain management
Chronic cough, asthma
Chronic kidney disease, secondary hypertension
Collaborative Care Pregnant Patient between Primary Care & OB-GYN, Adolescent Health Issues including Hyperlipidemia, Familial
Common disease in pediatrics primary care. Adolescent medicine
Common Skin Ailments in a Primary Care Setting.
Commonly missed Dermatologic conditions
Congestive Heart Failure

Copd. Chi. Palliative care
Cost effective medication utilization
Dermatology
diabetes
Diabetes prevention for patients taking psychotropic drugs
Differentials and management for patients with hyponatremia
DM
endocrine disorders
Epidemiology for Primary Care providers
excellent choices
Female sexual disfunctrion
Gastroenterology topics
GI
GU issues in women
Heart Failure
heart failure, chronic kidney disease
HF, MI
HIV
HIV/AIDS
HTN
HTN management
HTN, morbis obesity:weight loss
Hypertension control strategies
Hypertension, antibiotic use, evidence-based guidelines
Hypertension, Depression
Hypertension, more diabetes, behavioral health issues
Hypertension, Pediatric and Mental Disorders
hypertension/medications
IHSS
Insulin pump
Kidney diseaae
Kidney disease management II and III
Management of chronic UTI and appropriate use of antibiotic therapy
Managing OA/safe pain control and alternatives
managing pts in LTC
Med updates, new National Comprehensive Cancer Network (NCCN)guidelines
Mental illness, dementia, pallitiave medicine
Migraine
More psychiatry
No Specific Choice.
Obesity
Obesity management that really work
Orthopaedic trauma cases
Orthopedics, Pain management, End of life care
Osteoporosis, stroke
Pain management

Pain management.
PBA
Pediatric development, autism
Pediatric Primary Care
pediatrics, women's health
Peds/immunization
Polycystic ovarian synd
Prostate cancer, Renal
PULM
RA, Osteoarthritis TX
repeat past lecture on obesity
restless leg syndrome; bipolar d/o; anxiety d/o; sexually transmitted disease; menopausal symptoms; gout; migraine headache; asthma/COPD management
stable angina managementinternet
thyroid concerns; osteoporosis, fatty liver
treatment of cardiac failure
VASCULAR DISEASE
Women Health
Women's health issues, erectile dysfunction
Womens health issues

Additional Comments

Appreciate locality of meeting! Getting into LA is almost impossible. Lunch was soggy and expensive - get in and out to bring their truck next time. Parking lot was open field with weeds!
Dirt parking lot - you've got to be kidding. Freezing cold in meeting room. CME certificate should be available the day of the event, NOT 4 weeks after the event. You can still do the follow-up test, but people want immediate rewards. Good bumper music
Do your research please: the "opinion" commentary on "dairy" milk, sponsored by the milk industry, and allowed by NACE (?!) completely biased and "supported" by studides - were "twisting" studides and research. Non-enamel based calcium and protein plant-based calcium and protein is better assimilated by us and associated with lower Osteoporosis. Speaker did not speak about importance of nuts and seeds. Long-term studides show that vegetarians live shorter than vegans
Excellent activity
Excellent and very informative
Excellent conference
Excellent meeting
Excellent presenters!
Good faculty. Good presentation. Good audio system
Good topics!
Great conference, all topics are excellent
Great conference. Thanks
Great presentations
Great program
Holders for name tags, networking opportunities

Hotel parking fee was $5, not $3 as printed on information sheet. Slides for review and printing should be emailed 1 to 2 weeks prior to course, not the day before
Hotel parking not very appealing. Parking was off the dirt. Too cold inside the conference room
I always enjoy NACE conference. Great topics, great speakers, well-organized. Thank you very much
I appreciate this free CME. Very useful. Thank you! I'm sorry, but the nutrition session was a waste of time. IT was pushed by the California Dairy Association and was very biased. I can't believe it was presented here
I have been to your program 6 or 7 times - even in Pomona. Great programs. Great faculty. Great staff. However, do us a favor and provide Wi-Fi. If not, you should mention "no WiFi available" somewhere in your registration materials
I love NACE lectures and slides! Thank you for holding your lectures here in Anaheim
I thought Fernando Martinez was excellent in presenting IPF. I've heard lectures in the past, but never really "got it". Well, until today
I would like the theater topic to be at the end of the program. Awesome lectures thank you
Informative course
Informative lectures
IPF presentation was very informative and needed for us as primary care providers. Thank you
Keep up the good work
Location excellent. Room too cold
None
Nutrition lecture felt like a simple milk commercial, very biased. Did not discuss lactose intolerance and effective coverage of better calcium sources
Nutritionist very biased and used broad brush without caveats of dairy products i.e. flavored yogurt with low level probiotics. Avoided discussion of goat or sheep milk
Outstanding seminar: It was well-organized and the speakers were fantastic. Knowledgeable, and experts in their specialty areas. Only negative - the temperature of the conference room was too cold. The bumper music was excellent
Parking facilities: too much to desire, unacceptable, poorly planned. Future events make recommendations to Sheraton to improve parking facilities otherwise will get a different facility to hold your events. Keep the pressure on. Avoid the word 'provider' as much as you can. It's so derogatory, physicians, pharmaceutical company providers, midlevels better than described as providers. Providers is a politically correct way to name mid-levels but physicians. In the video the NP seems to outsmart you and me. Avoid that presentation for future events. Metformin is a good drug with far less complications than the drug you are promoting. Providers at large will mute the purpose of this presentation which is to get providers (generic term) to prescribe your drugs
Parking in this hotel is too bad! Not enough parking space, it's on the dirt
Previous meetings of NACE and today, the lecture hall was miserably COLD. Each time I speak with no response. I have returned to my car to get another jacket, NEEDED a blanket by 1:45pm. Others around me express the same. Always outstanding speakers
Speakers were excellent
Thank you
Thank you for this course to bring the updates in clinical research and new development from various primary care topics. Good memory refresher for me

Thank you!
Thank you. Dr. Martinez is a lively, vibrant speaker
Thank you. I look forward to additional CME opportunities
The faculty and course were great. The room became extremely cold - very uncomfortable
This is a great opportunity to refresh your experience. To learn new subject (PBA) and treatment regimen. Thank you
Very helpful CME
Very informative update
Very pleasant, calm voice of Dr. Stolar was effective to retain the content of his presentations. Childish presentation of "setting families up for nutritional success" (wasted time). Great support from electronic personnel aiding great visibility to lecture materials on both panels
Very well organized CME event. PBA and nutrition presentation were new and very good
Well done!