Emerging Challenges In Primary Care: *2017*

Activity Evaluation Summary

CME Activity: Emerging Challenges in Primary Care: 2017
Saturday, September 16, 2017
Loews Vanderbilt Hotel Nashville
Nashville, TN 37203

Course Director: Gregg Sherman, MD

Date of Evaluation Summary: January 3, 2018

NACE NATIONAL ASSOCIATION FOR CONTINUING EDUCATION

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

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

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 GLP-1 Receptor Agonists, Microvascular and Microvascular Outcomes into Diabetes, Evolving Landscape of COPD, Advances in Management of Obstructive Sleep Apnea, Differential Diagnosis of Four Common Dementias.

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 six healthcare practitioners registered to attend Emerging Challenges in Primary Care: 2017 in Nashville, TN and four hundred ninety-two registered to participate in the live simulcast. Four hundred forty-six healthcare practitioners actually participated in the conference: One hundred sixteen attended the conference in Nashville, TN and three hundred thirty 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 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 7.0 *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 7.0 contact hours of continuing education (which includes 3.25 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

September 16, 2017
Nashville, TN
Live & Simulcast

What is your professional degree?

Label	Frequency	Percent
MD	161	39%
DO	6	1%
NP	209	51%
PA	25	6%
RN	5	1%
Other	9	2%
Total	415	100%

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

Label	Frequency	Percent
None	35	8%
1-5	61	15%
6-10	48	12%
11-15	69	17%
16-20	62	15%
21-25	34	8%
> 25	80	19%
Total	415	100%

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

Label	Frequency	Percent
None	52	13%
1-5	102	25%
6-10	87	21%
11-15	60	15%
16-20	37	9%
21-25	28	6%
> 25	43	11%
Total	409	100%

Upon completion of this activity, I can now: Become familiar with the current USPSTF recommendations on lung cancer screening; Recognize the risks and benefits of screening for lung cancer; Engage appropriate patients in the lung cancer screening process.

Label	Frequency	Percent
Yes	101	88%
Somewhat	14	12%
Not at all	0	0%
Total	115	100%

Upon completion of this activity, I can now: Understand the importance of obtaining history from both patient and collateral Informant, in differentiating dementia syndromes; Recognize the value of the physical exam, especially the neurological, in the differential diagnosis of dementia; Review existing pharmacological and non-pharmacological treatment options for the four common dementia syndromes**.**

Label	Frequency	Percent
Yes	94	80%
Somewhat	8	18%
Not at all	0	2%
Total	102	100%

Upon completion of this activity, I can now: Discuss the role of postprandial hyperglycemia in the pathogenesis of diabetic complications; Incorporate GLP-1 RA therapy into practice to reduce post-prandial hyperglycemia and decrease glycemic variability; Compare GLP-1 RAs for glycemic efficacy and differential impact on postprandial glycemic control; Discuss various GLP-1 RA combination strategies with or as a possible alternative to basal insulin in the diabetic patient not at glycemic target**.**

Label	Frequency	Percent
Yes	323	80%
Somewhat	75	18%
Not at all	9	2%
Total	407	100%

Upon completion of this activity, I can now: Describe strategies of care in COPD to improve diagnosis and ongoing symptom assessment; Tailor COPD pharmacotherapy according to current guidelines while incorporating unique patient needs and characteristics; Discuss the appropriate use of inhaled therapies for COPD, including the importance of proper inhaler technique; Collaborate with members of interprofessional health care team for effective chronic disease management**.**

Label	Frequency	Percent
Yes	239	81%
Somewhat	50	17%
Not at all	6	2%
Total	295	100%

Upon completion of this activity, I can now: Understand the pathophysiology of Obstructive Sleep Apnea; Recognize the clinical features and presentation of Sleep Apnea; Describe comorbidities associated with Sleep Apnea; Perform an appropriate evaluation to accurately diagnose Sleep Apnea; Discuss recent advances in management of Obstructive Sleep Apnea.

Label	Frequency	Percent
Yes	354	86%
Somewhat	43	11%
Not at all	3	1%
Total	400	100%

Upon completion of this activity, I can now: Understand the importance of obtaining history from both patient and collateral Informant, in differentiating dementia syndromes; Recognize the value of the physical exam, especially the neurological, in the differential diagnosis of dementia; Review existing pharmacological and non-pharmacological treatment options for the four common dementia syndromes

Label	Frequency	Percent
Yes	252	85%
Somewhat	38	13%
Not at all	5	2%
Total	295	100%

Upon completion of this activity, I can now: Understand the changes in sleep physiology as people age; Describe sleep assessment in an elderly population; Choose appropriate non-pharmacological and pharmacological treatments for sleep problems in the elderly.

Label	Frequency	Percent
Yes	337	87%
Somewhat	47	12%
Not at all	3	1%
Total	387	100%

Overall, this was an excellent CME activity:

Label	Frequency	Percent
Strongly Agree	319	76%
Agree	92	22%
Neutral	4	1%
Disagree	0	0%
Strongly Disagree	2	0%
Total	417	100%

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

Label	Frequency	Percent
Strongly Agree	295	71%
Agree	114	28%
Neutral	6	1%
Disagree	0	0%
Strongly Disagree	2	0%
Total	417	100%

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

Label	Frequency	Percent
Strongly Agree	281	68%
Agree	122	29%
Neutral	12	3%
Disagree	1	0%
Strongly Disagree	2	0%
Total	418	100%

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

Label	Frequency	Percent
Very Likely	292	70%
Somewhat likely	81	19%
Unlikely	3	1%
Not applicable	40	10%
Total	416	100%

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

Label	Frequency	Percent
Within 1 month	271	65%
1-3 months	79	19%
4-6 months	12	3%
Not applicable	54	13%
Total	416	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	295	74%
Very Good	89	22%
Good	11	3%
Fair	2	1%
Unsatisfactory	1	0%
Total	398	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Mark Stolar, MD - Diabetes and GLP-1

Label	Frequency	Percent
Excellent	285	75%
Very Good	81	18%
Good	11	1%
Fair	2	0%
Unsatisfactory	2	0%
Total	381	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Arunabh Talwar, MD, FCCP - COPD

Label	Frequency	Percent
Excellent	193	67%
Very Good	71	25%
Good	19	7%
Fair	5	2%
Unsatisfactory	0	0%
Total	288	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Arunabh Talwar, MD, FCCP - Sleep Apnea

Label	Frequency	Percent
Excellent	199	70%
Very Good	71	25%
Good	14	5%
Fair	1	0%
Unsatisfactory	1	0%
Total	286	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Thomas Weiss, MD - Four Common Dementias

Label	Frequency	Percent
Excellent	193	71%
Very Good	63	23%
Good	16	6%
Fair	1	0%
Unsatisfactory	0	0%
Total	273	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Thomas Weiss, MD - Sleep Problems

Label	Frequency	Percent
Excellent	175	68%
Very Good	69	27%
Good	13	5%
Fair	1	1%
Unsatisfactory	0	0%
Total	258	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	299	76%
Very Good	80	20%
Good	12	3%
Fair	2	0%
Unsatisfactory	0	0%
Total	393	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 GLP-1

Label	Frequency	Percent
Excellent	231	79%
Very Good	54	18%
Good	8	3%
Fair	1	0%
Unsatisfactory	0	0%
Total	294	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Arunabh Talwar, MD, FCCP - COPD

Label	Frequency	Percent
Excellent	227	78%
Very Good	58	20%
Good	5	2%
Fair	0	0%
Unsatisfactory	0	0%
Total	290	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Arunabh Talwar, MD, FCCP - Sleep Apnea

Label	Frequency	Percent
Excellent	229	81%
Very Good	51	18%
Good	4	1%
Fair	0	0%
Unsatisfactory	0	0%
Total	284	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Thomas Weiss, MD - Four Common Dementias

Label	Frequency	Percent
Excellent	224	82%
Very Good	43	16%
Good	6	2%
Fair	0	0%
Unsatisfactory	0	0%
Total	273	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Thomas Weiss, MD - Sleep Problems

Label	Frequency	Percent
Excellent	208	80%
Very Good	48	18%
Good	4	2%
Fair	1	0%
Unsatisfactory	0	0%
Total	261	100%

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

Label	Frequency	Percent
Topics covered	336	33%
Location/ease of access	270	26%
Faculty	67	7%
Earn CME credits	349	34%
Total	1022	100%

Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent
Strongly agree	254	61%
Agree	136	33%
Neutral	23	6%
Disagree	1	0%
Strongly Disagree	0	0%
Total	414	100%

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

Comment
1. Obtain spirometry in office. 2. Establish protocol for use and conduct testing in office for efficiency and complying with standards of care. 3. Utilizing GLP1 earlier in treatment regimen and reconsideration of TZD
Use of SGLT-2; Screening for OSA; improving COPD management with the guidelines
Effective diagnosis & treatment of copd while trying to incorporate individual pt. uniqueness & needs effective management of t2dm while incorportating knowledge on the role played out by our kidneys effective osa treatments while tailoring to specific pt. needs & individualism
Differentiating different types of dementia
1) Ask the patient's partner about sleeping habits for OSA. 2) Use a spirometer to diagnose COPD. 3) Consider pioglitazone as a DM2 tx
1) Use GOLD criteria for COPD 2) Use of GLP RA to improve DM control 3) Importance of hx in dx of dementia 4) Low threshold for considering OSA
1)Strategies for reducing and preventing insomnia. 2) Pharmacologic therapy for COPD patients depending on their symptoms and which class they are in 3) how to better manage patients on SLGT2 inhibitors in combination with other anti-diabetic medications.
1. How to implement GLP 1 and GLT 2 medications. 2. How to assess different types of dementia.

3. How to implement LABA/SABA/LAMA/ICS medications for COPD patients.
1. The use of GLP1 RAs with basal insulin and alone 2. The use of inhalers for COPD
1. Deeper knowledge for micro/macro vascular damage with DM patients and anticipating possible outcomes. 2. Understanding postprandial cbg with patients and initiating treatment options to get them to goal, also understanding limitations in treatment options.
1. Demonstrating how to use an inhaler while patient is in the clinic 2. Involving all family in the treatment of Alzheimer disease 3. Having the patients practice how to inject themselves with insulin
1. Greater understanding of GLP1 drugs & importance of starting use early in course of diabetes to improve betacell function so more likely to introduce this is patient management. 2. Reviewing diabetic meds patients are on & how this relates to the 'octet' with regard to the mechanism of action; will attempt to eliminate drugs that likely aren't effective & identify selected agents for completeness of diabetic coverage. Also, do a better job of assessing postprandial blood sugars in patients. 4. Assess patients for obstructive sleep apnea. 5. Screen patients for respiratory complications including checking for difficulty breathing, cough, and sputum production; if positive then pursue spirometry.
1. Greater understanding of GLP-1 drugs & importance of starting use early in course of diabetes to improve beta-cell function so more likely to introduce this is patient management. 2. Reviewing diabetic meds patients are on & how this relates to the 'octet' with regard to mechanism of action; will attempt to eliminate drugs that likely aren't effective & identify selected agents for completeness of diabetic coverage. Also do a better job of assessing post-prandial blood sugars in patients. 4. Assess patients for obstructive sleep apnea. 5. Screen patients for respiratory complications including checking for difficulty breathing, cough, and sputum production; if positive then pursue spirometry
1. How to assess appropriateness for SGLT-2 therapy, especially by timing of blood glucose values; how to determine which patients will benefit from GLP-1 RA and when to substitute it for an existing therapy; integrate spirometry into practice in order to identify patients who may benefit from treatment; educate patients on seriousness of OSA and how it may impact mortality and comorbidities; differentiate dementia type by comparing to Alzheimer's; incorporate questions about sleep hygiene into history taking
1. Proper use of SGLT-2 therapy for my Diabetic patient, especially those with cardiac problem 2. Proper evaluation and management of patients with Sleep Apnea, especially in the elderly
1. SGLT-2 off label use in type1 D.M. 2. GLP-1 RA for post-prandial hyperglcemia 3. The need for spirometry to establish therapy 4. OSA as it relate to Sudden death & clue to its existence 5. Better appreciation of Lewy Body Dementia & front-temporal dementia 6. Better understanding of sleep physiology in the elderly ergo the need or not for drug intervention
1. Use safer alternatives to Ambien use in the elderly 2. GOLD guidelines based on stages (A,B,C,D) and appropriate treatment for COPD 3. Consider the use of home sleep study and order CPAP in primary care

4. Understand the CV improvement of lowering the post prandial glucose and the effective use of SGLT-2 medication class 5. Understand and reconsider daily incretin therapy instead of weekly injections
Ability to recognize different types and treatment options for most common forms of dementia. obtain thorough sleep history on insomniac patients including ESC.
Act GLP1 to basal insulin. Screen OSA. COPD inhaler progression
Add LAMA, LABA for T2DM
Add SGLT-2 and GLP-1 therapies in appropriate patients. Test all COPD patients for Alpha-1 Antitrypsin Deficiency. Get a thorough sleep history. Assess all patients with personality changes for the various dementias
Adjusting medications in diabetics with confidence, knowing vascular benefit and risks. When to use supplemental oxygen with worsening dyspnea and desatiration
All
Already practice this way
Always adjust DM treatment to avoid/limit hypoglycemia episodes. Use GLP-1 agonist - postprandial hyperglycemia treatment. Use GLP-1 early
Always instruct on use of inhaler at each provider visit. Use spirometry if COPD risk factors. Always screen for OSA
Approach to adding mess to diabetics Testing earlier for OSA Gold standards for CoPD
Approach to DX and treatment strategies.
approach to medicines in Diabetes GOLD standards for COPD Management of meds in elderly
Appropriate treatment of DM2 . Proper history and physical exams in OSA. Management of sleep problems in elderly and improved treatment of COPD (
As lectured
As a result of this activity, I have learned new and useful strategies for patient care.
As lectured
ask about sleep as another vital sign take hx from partner about pt's sleep pattern
Ask about sleep in all appointments. Obtain good history
Ask about subjective c/o snoring and interview family members for episodes of apnea
Assess elevated blood glucose basal vs. post-prandial and tailor medication approach, know when SGLT-2 meds are ok in CKD, re-evaluate inhaler technique at every visit
assess sleep patterns more often
Assessing the different dementias. Assessing COPD and the Gold grouping & treatment plans Assessing more for OSA and importance of education for other comorbidities Performing sleep histories
Assessment of sleep disorder in elderly and apply appropriate non pharmacological treatments (1)
Assessment, interpretation and prescribing
Attempt to encourage use of GLP-1 RA combination when patient not at goal HgbA1c. Assess patients prior education with the use of inhalers and have them to demonstrate

proper techniques prior to leaving the office
Awareness of looked over symptoms
Basal insulin versus GLP-1 RA in Diabetics needing additional control. Progression of inhaler for COPD (1)
Be more aggressive in introducting treatment.
Be proactive in tailoring DM regimen, requesting nonformulary Rx rather than waiting for a PharmD or endocrine consult. Better able to determine COPD regimen. Screen for OSA if on supplemental testosterone
Become more aggressive with OSA screenings. Implement SGLT2 usage earlier in the disease process (1)
Being vigilant about opportunities to screen and test for sleep apnea. Safer approaches to treating insomnia in the elderly.. LAMA/LABA as first line over LABA/ICS
Benefit of SGLT2 on Diabetes control, weight loss, cardio-vascular benefits.
Better able to differentiate types of dementia
Better approach the total patient for COPD treatment and sleep apnea. Will use spirometry more than I already do
Better assessment
Better decision making regarding COPD tx; better discrimination of drugs for treatment of DM; earlier use of GLP-1; better able to differentiate diagnoses of dementia
Better diabetes management
Better diagnosis and management of NIDDM, COPD, Sleep apnea
better diagnosis of sleep apnea. Treatment of COPD. Under standing of diabetes
Better education for my patients when offering them treatment options and changes.
Better management of adjunctive therapy Diabetes management (1)
Better management of patients with DM & COPD. Better evaluation and management of patients with sleep apnea, and elderly patients with insomnia
better screening
Better screening for Copd via spirometer
Better strategies for implementing diabetes management. More PFT's to aid in early COPD dx and tx. Reconsider never using certain sleep ex's.
Better treat diabetes and COPD
Better treat diabetes with deeper understanding and treat COPD with the best options out there.
Better understand sleep patterns and appropriate treatment options
Better understanding of proper use of SGLT-2 and GLP-1 RA meds. Better understanding of various dementias. Greater emphasis of inhaler technique
Better understanding of recommended diabetes therapy
Better understanding of using meds based on diagnosis
Better understanding of when to use spirometry, when to use postprandial testing of blood glucose and medications. Better understanding of how to evaluate DM treatment. Improved understanding of classifying dementias.
Better understanding/screening of sleep apnea and how to identify if it may be the cause of some of the other health concerns my patient may be experiencing.
Better use DM meds
Better use of GLP-1 Receptor Agonist in DM management. Able to evaluate or refer patient for sleep apnea.

Better use of screening tools Better knowledge of medication for types of dementia Better strategies for troubleshooting CPAP use problems
better ways to assess sleep and employ non pharmacological as well as pharmacological ways to help. Also improved way to manage COPD
Better words to use in describing to patients the disease processes Update NP students to latest strategies and guidance on treatment of DM Modify my prescribing habits to accomodate latest recommendations learned in programs
By participating in this lecture, I gained more knowledge in Diabetes, COPD, dementia and sleep management to better treat my patients
Careful monitoring of post prandial glucose. Need to add in or stop DM meds
challenges in managing non compliant IDDM patients.
Change DM meds when needed. Increase screening for COPD early. Increase screening for sleep apnea
Change DM regimen. Change COPD regimen. Screen for Dementia
Check inhaler technique each visit. Check HgA1c more frequently than every 3 months if medicine change. Check incentive spirometry at least once a year. Have GLP-1 medicine delivery device on hand for patient to see
Check spirometry more often. Consider using GLP1's. Physical assessment for dementia exams
Check. Spirometry. Check pp glucose
choices of diabetic drug therapies choices of drug therapy for the various stages of COPD various types of dementia, diagnosing, and treatments
Choosing appropriate SGLT2 drug for GFR. Obtain spirometry on chronic cough/dyspnea
Cinical efficacy of SGLT-2 therapy Incorporate GLP-1 RA therapy into practice Tailor COPD pharmacotherapy according to current guidelines
Clear definition of dementia types Prevelence of OSA Ideas for Sleep Hygiene
Clinical classification of dementia by history and exam
Clinical Guidelines and common practice as well as mistakes
CME clarified the mechanism of action of various types of Diabetes medications.
Communicating more effectively Better teaching strategies Treating
Communication and medication management
Consider adding GLP-1 RA - instead of basal insulin. Review inhalers - proper technique each visit. If high CVD risk, add GLP-1 RA or SGLT-2. Stronger push for OSA screening based on mortality risk left untreated
Consider other hypoglycemic other than insulin, perform spirometry on at risk patients, sleep strategies
Consideration of SG on ppg. Consider sleep apnea for seemingly underlying comorbid disease
Considering change of life style beside

meds. in DM-2 therapy.Considering sleeping HX.as fifth vital sign
Continued discussion regarding meds as well as lifestyle changes for my diabetic patients. Also more discussion about sleep disturbances in the elderly.
Copd exacerbation, hypoglycemic episodes.
Currently retired
Deeper understanding of covered topics in relation to clinical care. Role of glucose control mechanisms and various DMII medications. Current Gold guidelines. Consider OSA for patients with retrogratima
Describe the role of the kidney in glucose metabolism in health and disease Discuss the role of postprandial hyperglycemia in the pathogenesis of diabetic complications; Incorporate GLP-1 RA therapy into practice to reduce post-prandial hyperglycemia and decrease glycemic variability;
Detailed about DM management. When given testosterone, screen for sleep apnea
Diabetes- management will be evaluated and treated in some aspects and situations differently. COPD- Help my coworkers with implementing IS a little more in our practice. Sleep apnea- recognizing and referring to a specialist sooner rather than later Dementia- Refer to the correct specialist as needed. Sleep issues/insomnia- evaluation and treatment seems to be the same, minimal changes needed to be made in our practice
diagnose type of dementia
Diagnosis and Rx for Type II DM, Sleep apnea
Differentiate dementia, management of diabetes, COPD & OSA
Differentiating between the different causes for memory. Utilizing a sleep study more often. Use a different step approach to treating diabetes.
Discuss sleep patterns and recognize sleep apnea symptoms to get proper treatment. Use physical examination for differential diagnosis of dementiaUse postprandial blood sugarsmore effectivly
DM - the use of GLP -1 vs going to insulin
DM use new Agents Sleep apnea new approach
do spirometry for COPD patients at each visit Avoid treat sleep problems prior to assessing for sleep apnea Screening of sleep apnea in patients with BMI >40
Doing an assessment for sleep and mini mental exam with each visit.
Early diagnosis of disease. Minimizing complications with early intervention
early use sgl2 and glp1
Ease of comfort using SGLT2 and GLP-1 RA sooner. Frequent spirometry usage. Always think about OSA
Educate
Educate patients and reassess the treatment
Educating DM patients on hypoglycemia and how it affects the kidney into my daily practice. Treat patients based on best practice. Stay inform and attend CME to enhance my understanding.
education and refer more patients for sleep studies
Education,change in management

emphasize sleep hygiene techniques with patients follow medication guidelines for COPD based on GOLD class use GLP-1 RA in appropriate patients
Employing use of spirometry. Screening for sleep apnea
Evaluating disease in terms of disease states and using physiological processes to design treatment strategies.
evaluation of dementia manage sleep problem in elderly manage postprandial hyperglycemia
evaluation of dementia in office setting
Evaluation of patients and use of inhalers. Spirometry use in diagnosis. More aggressive use of GLP-1. Continue use of 2HPP blood glucose
Expand arsenal to treat diabetes.
Following clinical guidelines
Functions of sleep Ognitive behavior treatment t Sleep aids and medication side effects. Use of melatonin Orexin it has no rebound effect Dementias and differential diagnoses Use of Hachinski score Indications for GLP 1 inhibitors
Furthure attention to life style factors
Gained insight in the use of SGLT-2 and GLP-1 therapy. The need to use spirometry in my practice to help diagnose COPD. Able to better recognize the differences in Dementia with physical and cognitive exam
gathering a more comprehensive health history
Get a better sleep history and treatment plan for patients. Have more knowledge to know who needs to have a sleep study and being proactive in knowing patients who have co-morbidities associated with sleep apnea. I will be able to get a better history to determine which type of dementia a patient has. I will educate patients more effectively regard non-pharmacological treatments for sleep. I will assess COPD patients at each visit to be sure they are using their inhalers properly. I understand which patients qualify for a home sleep study and those who must be evaluated in a sleep lab
GLP-1 is as effective as basal insulin, strategies to mitigate using GLP-1, MOA of SGLT-2 inhibitors
GLP-1 RA therapy to reduce post-prandial hyperglycemia. Check inhaler every visit for COPD patients. Non-phamacological and pharmacological treatments for sleep problems in elderly.
GLP-1, the useful information I can apply when I should order, short acting and when to order long acting.
GOOD CME TO HAVE BETTER UNDERSTANDING OF COPD SPIROMETRY SLEEP AND DEMENTIA
Good topic and very useful
Greater attention to evaluation of sleep pattern for more patients
Greater comfort level in prescribing the newer diabetes agents. Screen more people for sleep disorders. Hone in on patient and family info that could indicate dementias.

Guidelines for adding specific COPD meds and in what order and their rationale. SGLT2 and GLP-1 RA MOA, when they are best to use. Suggested timeline for prescribing. Just knowing what to look for
Have the patient demonstrate his inhaler technique every visit. Do not need to add new med every time a change is needed in diabetes; can often d/c and replace. i.e., do not need to keep sulfonylurea and add to it. Sleep is a medicine. Screen carefully for those have insomnia. Not everyone needs med.
Heightened awareness of sleep apnea (
Help in diagnosis in copd physiology as people age . The role PP in hyperglycemia
History taking with COPD. Assessment of apnea patient. Defining different dementias
How to evaluate airway/palate for OSA For whom it is safe to use SLGTP2 inhibitors
How to follow up on COPD patients. How to change the diabetic meds
How to incorporate SGL-2 and GLP-1 inhibitors in certain patients with diabetes, how to tailor treatment for COPD patients based on the guidelines, and how to better asses sleep apnea and sleep disorders in my patients
How to initiate appropriate treat regimens for diabetics. Providing a more thorough assessment for dementia.
How to manage and treat patients with COPD. Right medication for diabetes
How to use GLP-1 and SGLT-2 and COPD management
I am more comfortable about diagnosing different types of dementias. I will apply copd gold treatment.
I am more comfortable with how GLP-1 RA's and combo products with both GLP-1's and basal insulin work and what patient populations to use them in.
I am more confident in starting medication regimen for DM type 2
I can strategically decide what type of dementia a person has an appropriate care. More aware to screen for sleep apnea, especially in BMI over 40. Will be quicker to add SGLT2 or GLP1 to diabetics
I do not like being treated as a grade school student
I do not take direct care of COPD or T2D patients. I now specialize in Addiction Medicine
I especially appreciated how underused spirometry is, but it's something I want to incorporate more with my COPD patients
I feel I should include GLP-1 agonist sooner in my treatment for diabetes. Also, the step therapy for COPD has changed.
I feel more comfortable with DM meds
I have a better knowledge of how often I need to review diabetic meds, how often I need to do spirometry in the office, and how much sleep apnea affects other body systems. All of these will enable me to design better treatment plans for my patients.
I have learned how to manage diabetes and COPD better. Also learned advances in sleep apnea and understand ways to help my elderly patients with insomnia
I primarily see patients involved in research and manage patients who participate in clinical research so I am very limited and minimal per protocol
I so appreciated in-depth coverage of the newer diabetes meds. I feel more confident in using them now for my patients.
I will be more aggressive treating patients with T2DM .I am more confident using the SGL2 class and I will use of the GLP1

I will be more inclined to recommend evaluation for sleep apnea in my diabetic patients since obesity and hypertension are such common conditions with these patients. Will also consider in patients complaining of ED. I might consider use of ACTUS more often in patients without contraindications to help lower insulin resistance. I have been reluctant due to the side effect profile. I already discuss good sleep hygiene, but there were some additional recommendations that I will make based on today's presentation
I will be more likely to use GLP-1 earlier in care of diabetic patient. More likely to use spirometry with COPD patients
I will certainly giving more thought to prescribing SGLT-2 and GLP-1RA meds. Some of these medications are difficult to prescribe because they are not formulary.
I will definitely use spirometry sooner. I will screen more for sleep disorders.
I will implement in practice with education and treatments recommended.
I will try to recommend the medications to my patients if they can afford it , because most of the don't have insurance. try to use non pharmacologic approach in treatment of elderly sleep problems.
I will urge the clinic to invest in doing pulmonary function tests in office to manage our COPD patients. I will check for OSA in all my overweight, obese, and its taking testosterone. I will add Belsomra in my pharmacological toolkit for treating insomnia in my elderly patients.
I will use more indept history to understand sleep, dementia dx
I will use SGLT -2 and GLP1 i RA therapy more as first line treatment for DM. Use spirometry for COPD patients.
Identify candidates for sleep study. Interpret PFTs Screen for and identify dementia Initiate GLP-1 RA appropriate patients Treat insomnia
Identify those at risk. Tools for screening. Medication regimens available.
Implement new practice guidelines, treatment and expand knowledge base to evaluate for specific disease processes
Implemented new evidenced based strategies in my patients with ESRD and DM. I hope to optimize glycemic control with the new information that I learned
Implementing more use of SGLT2 and GLP-1 agents. Increasing use of spirometry and pulmonary rehab. Increased screening for dementia
Importance of good history taking Proper physical examination Ensure proper inhalation techniques
Importance of maintaining post prandial BG to address. Choice of medication adjustments/recommendations based on comorbidities
Improve copd treatment according to gold staging. Improve dm management with new medications and combinations. Differentiated types of dementia.
improve Dm and COPd managent
Improved glycemic control using newer agents and minimizing hypoglycemia.
Improved management of patients with DM and the importance of control of PP Blood Glucose-- not just the Fasting BG

Stepwise diagnosis of COPD Severity and management The benefit of evaluating sleep disorders in all adult patients(not just the older patients) and available non-pharmacological and Safe Pharmacological Management.
improved medication choices for copd and diabetes obtin a more detailed hx for sleep apea pt as well as all pt.
Improved medication management in diabetes and copd.
Improved use of SGLT and DLP-1 in practice. Better understanding of COPD algorithm (1)
Improvement about choices for treatment of COPD.. Selection a diabetic medicine and understood. validated approach to dementia.
improving COPD assessment and treatment with new treatment modality. Increasing diabetes treatment with GLP-1 therapy
Incorporate GLP-1 RA therapy into practice to reduce post-prandial hyperglycemia and decrease glycemic variability;
Incorporate GLP-1 RA therapy into practice to reduce post-prandial hyperglycemia and decrease glycemic variability; Educate proper inhaler technique
incorporate patient teaching (
Incorporating appropriate use of SGLT-2 and GLP-1 in diabetic management. Use of spirometry for diagnosis and monitoring of COPD always. Recognize the different clinical presentations of the classes of dementia
Incorporating the recommendations in the treatments of patients and monitoring to see the results! (
Incorporating what i have learned in my daily practice.
Increase the use of incretin agents in my practice. Be more likely to screen for sleep apnea in patients with fatigue.
Increased use of SGLT2 agents. Earlier use of GLP1. Increased use of spirometry. Increased screening sleep apnea
Increasing the arsenal of diabetic management options in my clinical toolbox. (1)
information about copd always doing a spirometry, always checking how well using an inhaler. strategies for sleep. Diabetes management
Insulin dosing Value of a comprehensive h&p
Integrate the impact of treatment decisions on postprandial hyperglycemia and risk of hypoglycemia. Discuss various GLP-1 RA combination strategies with or as a possible alternative to basal insulin in the diabetic patient not at glycemic target. Discuss the appropriate use of inhaled therapies for COPD, including the importance of proper inhaler technique. Perform an appropriate evaluation to accurately diagnose Sleep Apnea. Recognize the value of the physical exam, especially the neurological, in the differential diagnosis of dementia. Describe sleep assessment in an elderly population.
Integrating therapies into patient care based on new guidelines and studies.
Interventions to manage COPD and DM (1)
Introducing GLP-1 Receptor Agonists early is treatment when appropriate (and payed for by insurance)
Invoke newer treatments with all the novel oral anti-hyperglycemic agents, as well as the non-insulin injectibles, e.g. incretin mimetics, for the management of type II diabetes.

Know when to use SGLT-2 I & GLP-1 RA for my diabetic patients. Managing Obstructive Sleep Apnea patients
Knowing basic mechanism of different agents and patients' comorbidities
Knowledge
Lama and Lapa. Differentiations of Dementia. Importance of SLG2 and CVD
Learned about ways to diagnose COPD patients and treatment modalities Learned about DM management
Learned new strategies and use of medications to help alleviate symptoms
Learned new ways to overcome financial barriers. New types of assistance available.
Learned when to add or STOP DM medications (
life style changes emphysis in DM.Sleeping Hx further emphysis (1)
life style modification adherence to the drugs
Listen Document Implement
Look in to how to interpret and order home study sleep apnea Ask questions regarding sleep hygiene
Make sure to use to recommend the medications for my patients. Sleep studies test. consider non pharmacologic treatment for sleep problem in elderly patients.
Making sure my patients start post prandial blood sugars. Get spirometry to improve management of COPD patient inhaler prescribing standards GOLD. CPAP as first line therapy. Check OSA before placing patient on muscle relaxers
Managed COPD Manage DM Manage OSA
Management in the treatment of COPD
management of chronic conditions
Management of Copd and sleep apnea. I primarily treat geriatric patients and the dementia and sleep lecture was really informative.
Management of TypeII DM with GLP-1 and SGLT-2 along with other meds for DM. Better assessment skills for Alzheimer's, VD, LBS, and FTD - treatment options to consider. Spirometry in my practice setting to better recognize COPD in Primary Care. Sleep aid options for elderly patient
Med management
Medication management of T2DM, COPD. Diagnostic criteria and therapy options for OSA. Better understanding of types and presentations of Dementia
Medication options and combinations for glycemic control. Value of spirometry. Sleep aids for elderly
Middle age with DM type tow can reserve their B cell by using medication like Glp1. Dx of dementia Adult sleeping physiology
Monitor for hypoglycemia (and CV risk) as criteria for beginning of drug treatment (use to tailor drug selection) instead of immediately using Metformin. Often flu and pneumonia increase for COPD patients
Monitor more closely

Monitor more for possibility of sleep apnea and realize patients more likely to have the diagnosis (
more aggressive to treat diabetic pts. with postprandial hyperglycermia. GLP-1 combination with or as possible alternative to basal insulin diabetic pts. not at goal of HGBA1C check with pt. appropriate use of inhaler for COPD pts. accurate diagnose sleep apnea.
More appropriate historical info
More aware of affects of muscle relaxers on OSA as well as hypogonadism. OSA affects and identification. Improved DM management, stopping instead of just adding
More communication and medication managemen
More investigstional stratigy in diagnosis pateint
More physical exam in dementia pts
more proactive screening for sleep apnea, use GLP1-agonist for the proper candidates
more thorough interview Information form family members
My knowledge has become more current in the pathophysiology, diagnosis [lab and imaging] and treatment of the problems discussed in this CME.
My practice setting is post acute ancillary TCRM care - COPD - flu with nurses regarding patient unwilling to cooperate and follow orders for inhalers
N/A
NA
Neutral
New approach to diabetes
New medication for Diabetes Type 2. Importance of evaluating patients and compliance, teaching case appropriate refractory tests and high need for sleep
New medication strategies - quicker GLP-1 meds. Quicker diagnosis sleep apnea - more questions about sleep. Be more aware of the dementias, identify more quickly. Non-pharm treatment for the elderly - importance!
New strategies for treament of COPD; Insomnia; and Dementia.
Non pharmacological approach has lesser side effects in elderly sleep issues
none
None at this point
None learned
Not sure what you mean
OK to add GLP-1 RA to insulin therapy
Ordering test more for screening
Overall Presentation was excellent
patient adherence follwup medicine compliance
patient education patient empowerment
Pharmacologic treatments. Improved diagnostic strategies
Pharmacy and non-Pharmacy management

Clinical Pearls Dementia
Proper approach in evaluation 2)cost effective and evidence based treatment 3)beating the barriers in improving compliance and education
Proper monitoring/medication for COPD patients. When to assess for sleep apnea. Monitor compliance with CPAP
Proper testing and referrals needed.
provide patient with updated information about Diabetes, Vascular Disease, COPD, Dementia,Sleep Apnea and Sleep disorders of Elderly.
Pt strategies include adherence to EBPG, patient compliance.
pulmonary pathology, diagnosing PFTs, Dementias Issues with post prandial hyperglycemia Sleep apnea importance of diagnosing and importance of treatment to minimize other cardiovascular problems How critical it is to also obtain a sleep history, as it can be a potential issue confounding other chronic conditions
Recognize patients who are having post-prandial hyperglycemia and adjust treatment accordingly. Screen for OSA and select appropriate patients for testing.
Recogzing easily hyperglycemia and hypoglycemic symptoms in patients that are diabetic and knowing how to manage them with other comorbidites safely. Recognizing dementia and sleep deprivations/s in patients
refer people who snore and gasp for sleep study
retired
Review commodities.
Role of GLP-1A to reach post prandial glucose level. Pathophysiology and consequences of OSA. Treatment of psychotic features in dementia
role of kidney inglucose metabolism
Role of medications affecting kidneys to have better DM outcomes.
Screen all patients for OSA
Screen better for OSAS Use of medications in different types dementia Troubleshoot CPAP difficulties
Screen more for dementia
screen more patiebts.
Screen more patients.
Screening additional medical regimen
Screening and early intervention to decrease complications
Screening and early intervention to prevent complications
Screening and early intervention to reduce morbidity
Screening for COPD and sleep apnea Different treatment/managaement for dementia Treating diabetes with GLP/SGLT agonist
Screening more patients for SLEEP APNEA.
Screening more routinely for OSA and the four most common forms of dementia. Considering use of SGLT-2 & GLP-1 meds in DM management

SCREENING OF PATIENTS FOR osa
screenings Peak
screenings, and treatment options
SGLT2 therapy. GLP-1 RA therapy and basal insulin. Increase spirometry use. Diagnose Dementia correctly
SORT OUT DEMENTIA MORE AGGRESSIVELY
Sort out the types of dementia Pay more attention to postprandial BS
Specific use of different agents
Spirometry at every visit More expansive hx exploration for dementia and sleep issues Treatment of diabetes, consider replacement over adding meds
Spirometry drive Dx. Comparative asthma/COPD pathophysiology
Spirometry should be performed in patients with chronic cough or shortness of breath. Pts should know well how to use the inhalers and we should check about it regularly. Insomnia should be assess before given any pills. Questions 17-18 do NOT belong to this assessment, belong to a different conference. I will not answer it!!
Spirometry use in outpatient for diagnosis of COPD. Administration of SGLT-2 inhibitor and GLP-1 in T2DM. Screen for sleep apnea pre-surgery
Spirometry use more often. Asking about use of inhalers. Choice of SGLs versus GLP1, when to use which drugs
spirometry
Start GLP's sooner and more often in Diabetes. Use SGLT's in diabetic even with low GFR. Use LABA's and anticholiner's together more
Start GLP-1 and TED earlier in DM. Order sleep studies more often ie before testosterone treatment (1)
Start SGLT2 DPP4 sooner GLP-1. OSH - Dementia
Start spirometry in my office. Better utilize in office (home testing of sleep apnea). Need to have nurses trained to better educate patients on injections
Start using these meds more in practice
Stepwise approach to uncontrolled DM2. Appropriate order of class addition in COPD management. Diagnosis of degree of sleep apnea
strategies in care of diabetes, better understanding of sleep apnea, COPD, dementia
Stress importance of sleep apnea treatment with patients due to risks of end organ damage. Use history to attempt to differentiate Lewy Body Dementia from other forms. Differentiation of low flow dementia/vascular dementia from Alzheimers. Use of Ramelteon to Rx sleep onset insomnia. Environmental and EtOH/cigarette use interference with sleep - discuss these issues with patients to lessen use of drugs.
Stricter sleep hygiene. Pulmonary training.
Stronger assessment skills
Take useless medications out of patient's regimen when adding more. Follow up is important (labwork, education)
talk with the patient alone then bring in the family to discuss the history and meds.and care plan. (1)
Test spirometry. Use of SGLT2 and GLP-1 RA
The lectures helped me learn tools to better evaluate and treat people with COPD, diabetes,

dementia and insomnia.
Think about additional mechanisms when adding anti-diabetic meds
this was great
To always ask patients about their sleep and provide an intervention either pharmacologically or non-pharmacologically if necessary
To verify at office visit that patient understands how to use their inhalers and compliance with plan of care
Treating diabetes more independent of diet. Screening sleep apnea. Assessment of Dementia
treatment diabetes and insomnia
Treatment on postprandial hyperglycemia and risk of hypoglycemia, GLP 1 combination strategies, COPD pharmacotherapy, management of sleep apnea, treatment options for dementia, pharmocological treatments for sleep
unable to start outside of notated algorithms
understand disease process, appropriate treatment and follow-up
Understand the pathophysiology of Obstructive Sleep Apnea; Recognize the clinical features and presentation of Sleep Apnea; Describe comorbidities associated with Sleep Apnea; Perform an appropriate evaluation to accurately diagnose Sleep Apnea; Discuss recent advances in management of Obstructive Sleep Apnea.
Understand usage of newer diabetic medications that I don't have access to in practice.
Understands appropriate pharmacotherapy according to current guidelines of COPD, DM and OSA
update evidence based practice
Update patient information and treatment regimens
Updates on: New or Modern treatment modalities. Method of Diagnosing Ways of Assessing Treatment Progress
Use GLP1 more often. I was disappointed that the treatment of sleep apnea is still only C-pap. The Lewy Bodies dementia diagnostic means was still obscure. Your slide home delivery system "sucks" some non-interesting slides are shown for 5 min. Other slides we want to read are flashed in 5 sec.
Use GLP1s and SGLT2 sooner and more effectively. Be more vigilant about screening for sleep apnea. Use GOLD guidelines more effectively. Better plans to address sleep issues in the elderly going forward.
Use newer medications for Rx of Diabetes. Use totally different methods of treating COPD. Better able to diagnose OSA and treat. New understanding of the Different types of Dementia. Better understanding of how to get a good nights sleep.
Use of diabetes medications was enhanced, and will change my practice
Use of GLP-1 and SGLT2 therapy
Use of GLP-1 in my clinical arsenal.
Use of GLP-1, I wouldn't consider prescribing them before. Reinforced my commitment to use spirometry esp. in COPD pts. Use of home sleep study test. Tips in Dx of FTD Lewy Body Dementia.

Use of GLP-1A early on Use of Spirometry and progressive use of inhalers in COPD (1)
Use of Glp1 in diabetics along with basal insulin for meal time coverage Treatment strategy for Cold Sleep apnea diagnosis and treatment Sleep debt
use of lab results, education
Use of SGLT and DM treatments. COPD - sleep apnea diagnosis, treatments, rep. Androgen therapy and contraindication
Use of SGLT-2 and GLP-1. Treatment algorithm for COPD. Causes and treatment for Alzheimer's
use of SGLT-2 based on GFR effectively short acting vs long acting use of GLP 1 RA therappy correct technique of using injection COPD- inhalation vs genetic correct use of inhalers LAMA/LABA PFT use screening pts of OSA different types of dementia, obtaining through history obtaining thorough history of sleep
Use of SGLT2. Use of EGFR labs. Reminder to check T marker technique every visit! Histories' importance with Dementia patients and legal directives
Use of T2D's, SGLT2. COPD treatment standards - when to refer
Use PFT's or spirometry for all COPD patients. Be more cognitive of symptoms/risks of 4 kinds of Dementia
Use SGLT-2 in more patients and more promptly. Will implement teaching of inhaler technique and review every visit. Appropriate evaluation of sleep apnea and dementia to obtain more accurate diagnosis
USE SPIROMETRY EACH VISIT COLLECT HX FROM PATIENT AND OTHER INFORMANT WHEN TO SENT PT TO PULMONOLOGIST AFTER LAMA/LABA ICS
Use spirometry in all patients with SOB and smoking history. Also SABA, LABA, LAMA and IBS scientifically. Screen for OSA. Screen for Dementia
Using complementary diabetic medications such as actos with an insulin to get maximal benefit in attaining goals for fasting and hgba1c.
using GLP-1 spirometry 4 dementia types assessing sleep
using GLP-1 when person needs to lose weight
Using of GLP-1 as standard for DM type 2
Using PFT's more, proper use of inhaler, etc
Using spirometry on a regular basis. Screening for sleep apnea before testosterone treatment. Initiating GLP-1 and SGLT-2 medication sooner rather than last resort
utilize GLP-1 RA for post prandial hyperglycemia.

Utilize GLP1 therapy/combination to lower A1cs Utilize appropriate pharmacological treatments for insomnia in the elderly Be more diligent in screening for OSA
Utilize spirometry in clinical setting. Assessing for high risk of sleep apnea in Primary Care setting
Utilize tools to enhance assessments. Gained new knowledge regarding evidence based treatment options. Pharmacological and non pharmacology treatment modalities.
Utilize various diabetic medications
Validated current clinical practices (1)
VARIOUS ETIOLOGYS FOR DEMENTIA.TYPES OF DEMENTIAAND DIFFERENT TREATMENT STRATEGIES
Very good
VERY NICE
We should regularly ask patients with COPD to demonstrate how to they use the inhalers, especially if they are not getting better. Evaluate main source of insomnia before given any type of medications to sleep. Sleep higiene is essential to know for the pts with insomnia. There are different type of dementia and we should become familiar with the most common types. Post-prandial hyperglycemia is as important as the fasting hyperglycemia ,and there are medications specific for each of them.
What the ideal patient is to use Sglt2 and glp1 Screening for sleep apnea Signs/ symptoms to differentiate dementia
When to add O2 therapy, which drugs to start with COPD. Insulin Resistance vs beta cell function. Best sleep medications. appropriate questions to ask for sleep apnea (
When to add SGLT2 Therapy for effective management of DMII. Gold 2017 strategy recommendations
when to use SGLT2
When to use SGLT2's and GLP-RA's.
will attempt more usage SGLT 1 agents though insurance often precludes. Nice discussion on elderly patients !!
Will consider SGLT and GLP meds more frequently. Will remember LABA, LAMA for COPD issues - better understand the dementias discussed today
Will consider use of SGLT therapy earlier. Need to be more aware of sleep apnea
will implement in my practice (1)
will implement in practice (
Will increase my use of GLP-1 RA and SGLT2 agents
Will know COPD and need for inhaler better. Will use spirometry more frequently
will recommend patient GLP-1 RAs or glycemic efficacy and differential impact on postprandial glycemic control. Will recommend for appropriate evaluation to accurately diagnose Sleep Apnea. Will obtain detail history from patient and collateral Informant, in differentiating dementia syndromes.
Will screen patients for sleep apnea.
Will try the newer medications for diabetes without fear. Also discuss with patients about screening with Spirometry.

Will use in my practice
Will utilize SGLT-2 and DPP-4 inhibitors more often, also utilize COPD inhaled therapies more often; assess for dementia more thoroughly and safely prescribe sleep Medscape for the elderly
Will utilize the strategies by uploading them to use with each encounter
Wonderful informative presentation by all speakers
Work closely with diabetic pt's when prepping for procedures that require them special diets such as clear liquids.

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

Comment
a fib, depression, pain management
AAA
Acute renal failure
Addiction
Addiction, management of Hep C
ADULT ADD, ORTHOPEDIC KNEE PAIN OR BACK PAIN
Adult ADHD, Mental Health and Nutrition (
Adult onset ADHD
alcoholic dementia
alternatives to opiods for pain control
Always more on Diabetes
ALZEIHMIER
Anxiety, depression
any
Any Behavioral Health, any Primary care
Any medical topic on line with CME credit is good.
Any topics relating to primary care in Geriatric patients
Anything Psychiatric
appropriate lab testing for endocrine disorders
as long as related geriatrics
assessment and treatment of musculoskeletal conditions
asthma
Asthma update;
Asthma, depression, Diabetes
asthma, pediatric anything
back pain
CAD
CAD, CkD
Cancer therapy
CARDIAC ITERVENTIONS FOR CAD
Cardiology
Cardiovascular
CHF

CHF , CVA , pain management, psychiatric topics
CHF, Pain Management
CHF. PAH, Lipids, T2DM
Chronic Headaches
CKD
CKD Dx and Mngmt
Collage vascular diseaeses
commom skin problem
Continue diabetes education
COPD, CHF, T2DM
Cops hiv update std emerging drug resistance
current topics on HTN and gyn issues in women
Deep venous thrmbosis, epilepsy update, pharmocological management of pain
Depression and anxiety
depression, atrial fibrillation, skin disorders in the elderly
Depression/Anxiety
depression/anxiety management, outcomes, fibromyalgia treatment/outcomes
Dermatogical diagnoses
dermatology
Dermatology, Rheumatology
Diabetes
Diabetes /insulin
diabetes, obesity
Diabetic complications (1)
Dm
DM and Stroke
DM/CVD
Dx of early renal disease, management of Ha's in Primary Care.
EKG reviews
ENDOCRINOLOGY
Epilepsy, Multiple Sclerosis, Migraine
Fertility and H.R.T.
Geriatrics
GI
HBV treatment guidelines
HBV treatment updates
Health Assement
Hep c management
hepatorenal failure
HIV
hiv management
HIV treatment, Hard to treat Hypertriglyceridemia
HIV/AIDS, TB, Skin Infections
Hormone replacement therapy for men and women. Up to date nutritional science for the prevention and treatment of disease.
hormones therapies

Hospital care, Critical care, EOL care discussions, palliative care
HTN, a-fib,stroke, heart failure
Htnn
Hyperlipidemia new agents (1)
Hypertension
hypertension update, when to refer
hypertension,crf
Hypertension. Asthma. Lipidemia. Headaches.
hypoglycemic awareness
I like HTN, and DM because guidelines seems to be is always changing
IBS
IBS therapy
ihss
Inflammatory bowel disease
Insulin pump for management of diabetes
Knee pathology, diverticulitis, rectal diseases
Latest systemic hypertension and hyperlipedemia guidelines.
Lipids disorder. POTS.
LIPIDS HTN
Lymes disease
Male osteoporosis
May not be feasible but maybe a "tips & tricks" to help get some of the branded medications covered by medicare
Medical error prevention
Men's & Women's health issues
Men's and women's health
metaoblic syndrome approaches
Mitochondrial Diseases
more diabetes
More hospital based topics. ICU care, EOL care, lab interpretation
More in CHF
More on CHF.
More on dementia, CHF
more on diabetes
more on sleep apnea and pulmonary fibrosis
Muscloskeletal assessment, Radiograph interpretation
Musculoskeletal
n/a
NARCOTICS EPIDEMICS, COMMON FEMALE GYNECOLOGIC PROBLEMS, CHF, ASCAD, COMMON OFFICE DERMATOLOGY PROBLEMS, MALE UROLOGIC PROBLEMS
Nepheology
neurological disorders
New evidenced based practices and policies in nephrology
new information on most common diagnoses dealt with in primary care
none

Not applicable
novel diabetes meds, monoclonals for immunotherapy, cardiac medications
nutrition, supplements
Obesity treatment plan
obesity, thyroid
obesity; opiate addiction
Occupational health, ekg interpretation, reading PFT
Office Procedures
oncology (1)
Opioid abuse Problems in gynecology
orthopedic update
Orthopedics/Sports medicine
osteoporosis
pain
Pain management
Pain Management, CHF
Pain management, End of life care
Pain management, women's health, pediatrics
Pain medicine
palliative care
pediatric care
PEDIATRICS, WOMEN,
Periop management of diseases
Perioperative management of diabetes, HTN, CHF, CAD, COPD, PULMONARY HTN, OSA
Personality Disorders
Psoriasis
Psychiatry
Psychiatry/Neurology
PTSD
Pulmonary and Liver disease
Pulmonary hypertension
ra,uveitis
rare diseases
relationship of patient education and compliance; psychological screenings in primary care
Renal and liver diseases and medications
Resistant hypertension
Rheumatoid Arhritis
Rx. of pneumonia both community based and iatrogenic (in hospital/facitlity). Breast cancer and prostate cancers chemoRx standard of care, 1st and 2nd line drugs.
Safer Opioid Prescribing Strategies especially since NC Med Board and probably has a required minimum of at least 3 hours per 3 year renewal cycle
Seizure disorder
sepsis
Sepsis classification and treatment
SLE; RA, Arthritis,
Sleep/Pulmonary

splinting, xr interpretation
stress management in health care today
Stroke
Subclinical Thyroid disease
Testosterone replacemet
The ones chosen were well balanced with what we see in everyday practice
thyroid and obesity
Thyroid cancer
Thyroid disease
Thyroid disorders; Gout
Treatment of ADHD and AUTISM in children and adults. THE USE OF OPIODS FOR PAIN. iCD-10 codes used for billing.
Treatment of Crohns
tuberculosis
Urological, GI issues, neurological disorders
Weight loss
What to do with HTn and DM patients when CKD level 3 or even during dialysis and mos meds are contraindicated. Also Parathyroid disorders.
What's new in MS and related illness
Woman's health topics
Wound care
Your choice.

Additional Comments

#17 & #18 lists the wrong faculty list. Stolar is correct. +A3034:O3124(1)#17 & #18 lists the wrong faculty list. Stolar is correct.
Always good content
always love the music during participation questions!
anti-aging medicien
As far as topics go, by far one of the most applicable set of presentations
Attending from home is great concept
Awesome
Dr's. Talwar & Weiss were not listed above.
Dr. Weiss was wonderful and so many great practice pearls .....more of him please!
Enjoyed all the speakers, learned a lot about COPD today
Excellent
excellent CME
excellent conference, speakers were very practical and gave insight by sharing personal experiences with their patients.
Excellent conference.
Excellent presentation
Excellent program
Excellent program on par with PriMed
Excellent program!
Excellent programme
Excellent speakers. Presentations are easilySsimable

Excellent topics and speakers as always
Excellent; just hard to find the buttons to download this and the handouts
GI issues
GOOD CME
good and current
Great conference
Great information
Great presentation
Great presentation. Thank you
great topics, I learned a lot. I will definitely apply what I have learned
I actually attended online the Nashville presentation (09/16/2017) with Dr. Stollar (excellent ~ diabetes), Dr. Tallwar (excellent ~ COPD & obstructive sleep apnea), & Dr. Weiss (excellent ~ dementia & sleep problems in the elderly).
I could not connect with the Visual and only heard part of the first session, audio only. Can you give me specific instructions how to connect for the next presentation on Cardiology this Saturday?
I did not know the Faculty but I came to trust NACE Thank you
I forgot to send this evaluation in prior to now. I apologize about that.
I had completed this before but the stated lecturers were not correct.
I liked the live webinar which I could watch at home.
I missed the first lecture because I had to open the correct software. Thanks to Cheryl I was able to do that. would like to have access to the slides for the first lecture if possible.
I thought it inappropriate for Dr. Stolar to share his political view point. I was there to listen to a medical lecture not to have him make remarks about President Trump.
i work in correctional medicine where only basic formulary medications are used. Many of the lectures talk about the newest or best medications on market. It is difficult practicing medicine in correctional health were any the basics are available to prescribe
Incorrect faculty in #17,18
Love these CMES. Thank you for offering them.
Loved being anle to be at home
Make presentation viewable on cell phone and ipad
Many thanks for having this online simultaneous course
MISSED SOME INFORMATION PRESENTED IN THE WEBINAR, KEPT HAVING TO REFRESH THE SCREEN..
My screen froze after the first 2 programs and despite refreshing the site I could not continue
n/a
Na
nil
NO
none
None.
Nutrition
Other that Dr. Stolar, the slate of speakers (Talwar & Weiss) are not correctly listed in #17 & 18
Other topics include antipsychotics in the elderly. Antibiotic therapy strategies
Outstanding and valuable!! Thank you!!!!

Outstanding program
please note that the above lecturers and topics covered are incorrect.
speakers listed in this evaluation survey weren't the actual speakers, also the topics were not covered, such as dyslipidemia, CHF, please correct the evaluation form
Speakers refrain from expressing political views presumed shared by audiences-diminished effectiveness of session results
Speakers were outstanding
Thank you
Thank you for providing free web conferences to NPs
Thank you.
thanks
Thanks for A great CME Program
Thanks for great CME
Thanks for making the CME possible for us.
Thanks for the Seminar, it was great opportunity
Thanks for this great CME program
The 2 speakers I listened to were not on the list above, but I would rate both of them as excellent.
The early start time makes it difficult for West coasters like myself (
The faculties were knowledgeable
The listed doctors were not totally correct
The program was great but viewing on the web I had some audion problems and some visual problems
There are two speakers missing above Weiss (dementia) and Talwar (COPD/OSA) Also, there are some I don't believe they spoke that day like Baum
this event is a cconvinient way of getting CME
this form doesn't match --I was online with Ft Laudrdale
THIS IS THE RIGHT ONE. THANKS
This is was the best CME, mostly because the first 2 speakers were clear and explained the topics very well
THIS WAS A VERY VERY WELL PREPARED , PRESENTED, & ACCESSIBLE PROGRAM!
VERY INTERESTING SEMINAR WITH EXCELLENT PRESENTERS!!
Very up today and relevant lectures, I encourage NACE to continue with these educational programs.
Well organized. Easy to use. Would recommend online CME. ARS worked well also.
Work in Orthopedics and this was a good review of topics