



Emerging Challenges In Primary Care: *2017*

Activity Evaluation Summary

CME Activity: Emerging Challenges in Primary Care: 2017
Saturday, October 28, 2017
Marriot San Diego La Jolla
La Jolla, CA 92037

Course Director: Gregg Sherman, MD

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In October 2017, the National Association for Continuing Education (NACE) sponsored a live CME activity, Emerging Challenges in Primary Care Update 2017 in San Diego, 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 GLP-1 Receptor Agonists, Microvascular and Microvascular Outcomes into Diabetes, Evolving Landscape of COPD, Pseudobulbar Affect, Cervical Cancer Screening, Osteoporosis and Fracture Prevention Strategies.

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 fifty healthcare practitioners registered to attend Emerging Challenges in Primary Care: 2017 in San Diego, CA and seven hundred thirty-three registered to participate in the live simulcast. Four hundred ninety-one healthcare practitioners actually participated in the conference: One hundred twelve attended the conference in San Diego, CA and three hundred seventy-nine 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 3.50 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

October 28, 2017
San Diego, CA
Live & Simulcast

What is your professional degree?

Label	Frequency	Percent
MD	141	30%
DO	12	3%
NP	246	52%
PA	52	11%
RN	8	2%
Other	10	2%
Total	469	100%

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

Label	Frequency	Percent
None	48	10%
1-5	56	12%
6-10	73	16%
11-15	69	15%
16-20	60	13%
21-25	41	9%
> 25	114	25%
Total	461	100%

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

Label	Frequency	Percent
None	68	15%
1-5	122	27%
6-10	103	23%
11-15	63	14%
16-20	44	10%
21-25	20	4%
> 25	37	8%
Total	457	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	365	80%
Somewhat	88	19%
Not at all	5	1%
Total	458	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	353	77%
Somewhat	99	22%
Not at all	3	0%
Total	455	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	389	86%
Somewhat	65	14%
Not at all	2	0%
Total	456	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	355	80%
Somewhat	80	18%
Not at all	9	2%
Total	444	100%

Upon completion of this activity, I can now: Describe the role of persistent oncogenic HPV in the development of pre-cancer and cancer of the cervix; Describe the use of HPV testing as co-testing along with the Pap in cervical cancer screening for women 30 and older; Describe the use of HPV primary screening in women 25 and older; Describe 3 important messages that clinicians will teach women regarding HPV infection.

Label	Frequency	Percent
Yes	374	86%
Somewhat	59	14%
Not at all	2	0%
Total	435	100%

Upon completion of this activity, I can now: Discuss the diagnosis of osteoporosis and low bone mass; Discuss the role of non-pharmacologic agents in the prevention of bone fracture; Discuss the pharmacologic treatment of low bone mass and osteoporosis; Discuss the current controversies in management of osteoporosis.

Label	Frequency	Percent
Yes	343	83%
Somewhat	67	16%
Not at all	5	1%
Total	415	100%

Overall, this was an excellent CME activity:

Label	Frequency	Percent
Strongly Agree	345	73%
Agree	119	25%
Neutral	4	1%
Disagree	0	0%
Strongly Disagree	2	0%
Total	470	100%

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

Label	Frequency	Percent
Strongly Agree	346	73%
Agree	116	25%
Neutral	7	1%
Disagree	0	0%
Strongly Disagree	2	0%
Total	471	100%

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

Label	Frequency	Percent
Strongly Agree	323	68%
Agree	132	29%
Neutral	13	3%
Disagree	1	0%
Strongly Disagree	2	0%
Total	471	100%

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

Label	Frequency	Percent
Very Likely	325	70%
Somewhat likely	106	22%
Unlikely	4	1%
Not applicable	31	4%
Total	466	100%

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

Label	Frequency	Percent
Within 1 month	303	65%
1-3 months	100	22%
4-6 months	9	2%
Not applicable	53	11%
Total	465	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:

Richard S. Beaser, MD - Diabetes and Vascular Disease

Label	Frequency	Percent
Excellent	325	73%
Very Good	94	21%
Good	24	5%
Fair	3	1%
Unsatisfactory	1	0%
Total	447	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:

Richard S. Beaser, MD - Diabetes and GLP-1

Label	Frequency	Percent
Excellent	325	73%
Very Good	101	22%
Good	24	5%
Fair	1	0%
Unsatisfactory	0	0%
Total	451	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:

Arunabh Talwar, MD, FCCP - COPD

Label	Frequency	Percent
Excellent	336	75%
Very Good	93	21%
Good	17	4%
Fair	0	0%
Unsatisfactory	2	0%
Total	448	100%

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

Label	Frequency	Percent
Excellent	331	75%
Very Good	92	21%
Good	16	4%
Fair	0	0%
Unsatisfactory	1	0%
Total	440	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
 Nancy R. Berman, MSN, ANP-BC, NCMP, FAANP - Cervical Cancer

Label	Frequency	Percent
Excellent	303	70%
Very Good	97	22%
Good	27	6%
Fair	4	1%
Unsatisfactory	1	0%
Total	432	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
 Nancy R. Berman, MSN, ANP-BC, NCMP, FAANP - Osteoporosis

Label	Frequency	Percent
Excellent	289	71%
Very Good	93	23%
Good	22	5%
Fair	3	1%
Unsatisfactory	1	0%
Total	408	100%

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

Label	Frequency	Percent
Excellent	345	78%
Very Good	80	18%
Good	20	4%
Fair	2	0%
Unsatisfactory	1	0%
Total	448	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Richard S. Beaser, MD - Diabetes and GLP-1

Label	Frequency	Percent
Excellent	345	76%
Very Good	87	19%
Good	20	4%
Fair	1	0%
Unsatisfactory	1	0%
Total	454	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	361	81%
Very Good	74	16%
Good	15	3%
Fair	0	0%
Unsatisfactory	0	0%
Total	450	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	347	81%
Very Good	73	18%
Good	16	1%
Fair	0	0%
Unsatisfactory	1	0%
Total	437	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Nancy R. Berman, MSN, ANP-BC, NCMP, FAANP - Cervical Cancer

Label	Frequency	Percent
Excellent	337	77%
Very Good	78	18%
Good	20	5%
Fair	1	0%
Unsatisfactory	0	0%
Total	436	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Nancy R. Berman, MSN, ANP-BC, NCMP, FAANP - Osteoporosis

Label	Frequency	Percent
Excellent	325	78%
Very Good	73	18%
Good	18	4%
Fair	0	0%
Unsatisfactory	0	0%
Total	416	100%

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

Label	Frequency	Percent
Topics covered	352	31%
Location/ease of access	295	26%
Faculty	79	7%
Earn CME credits	395	35%
Total	1121	100%

Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent
Strongly agree	280	60%
Agree	153	33%
Neutral	30	6%
Disagree	2	0%
Strongly Disagree	1	0%
Total	466	100%

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

List these strategies:

Comment
Evaluate risk of Lower extremity ischemic ulcers in people taking SGLT2 inhibitors look to the balance of basal insulin and GLP-1 receptor agonist in improving short and long-term outcomes in my patients especially in view of hypoglycemic risk that may be present in pts taking other hypoglycemic medications with poor control & intermittent low sugars.-apply the rule of threes in evaluation & management of patients with pulmonary disease and be more focused on the difference between COPD and other entities of respiratory disease as well as re-balancing my interpretation of labs with pulmonary function testing vs clinical manifestations of COPD in choosing therapy for patients with COPD-PBA is added to any patient evaluation post acute or chronic brain injury brain injury with a modalities of evaluation and therapy I knew nothing about before today!-Oncogenic HPV evaluation and treatment has been confusing to me due to different simultaneous changes in practice guidelines. This lecture was informative with regard to this confusion and will help to advise patients in what appears to be a balanced manner. At the same time I know I have to keep on eye on changes that may occur in the future in this domain.-Osteoporosis was simplified

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<p>in a number of ways and the talk answered my question about the use of pro9lia and Raloxifene. Additionally the concern about over treatment with resroptive agents and the importance of drug holidays was useful in my adjustment of patients medication the the use of different agents at various points in the patients treatment pathway. I thought vitamin D adequacy deserved more attention. I applauded the speakers use of the NAMS guidelines for treating postmenopausal women and she reinforced my confidence in their value and reminded me on the importance of FRAX.Thank you!</p>
<p>-Improved diagnostic skills.-Recognized new treatment plans.</p>
<p>1 Use SGLT2 inhibitors in DMII. 2 Use GLP 4 to reduce post prandial glucose and for obesity. 3 Do HPV testing in place of pap smear.</p>
<p>1 face to face evaluation of post Prandial monitoring2 strategic nursing management of glucose excursions 3 consistent monitored glycemic education If patient as well as food preparations</p>
<p>1- BE MORE AWARE OF PSEUDOBULBAR DISORDER IN MY PRACTICE2-TO BE MORE AWARE ON HPV PREVENTION AND SCREENING 3-INCLUDE MORE TREATMENT OPTIONS IN COPD</p>
<p>1-Continue to carry out treatments of DM type 2 & COPD according to current guidelines. 2- To be familiar with PBA then start plans to Dx & Rx. 3-Continue to process Vaccination for HPV to Boys/Girls 11 & 12 yo.</p>
<p>1-improve DM management2-more aware about psychiatric illness3-advocate for screening for cervical cancer4-start plan to do a study about C.O.P.D5-preventive management for osteoporosis</p>
<p>1. Using the new COPD guidelines 2. Understand the indication of using primary HPV testing as the screening method for cervical cancer3. Gained more confidence in using GLP-1 analog combined with basal insulin</p>
<p>1. Aware of signs in monitoring for PBA and approved treatment options. 2. Utilizing drug holiday for stable patients on osteoporosis regimen 3. Safety profile and use of SGLT 2</p>
<p>1. Improving diabetic management to decrease macro- and micro-vascular complications.2. Better usage of GLP-1 Receptor Agonists in diabetic management3. Improving COPD management</p>
<p>1. Proper usage of SGL 2 medications2. Proper usage of GLP RA medications3. Will consider on my differential diagnosis the possibility of Pseudobalbular Affect.4. Will continue to performed HPV screening.5. Will use the FRAX tool more often.</p>
<p>1. Relevant questions targeted toward patient treatment and needs associated with the disease states presented today. 2. Be more cognizant of PBA existence in my patient population 3. Review appropriate use of MDI & DPI w/ each asthma, COPD patient at each visit.</p>
<p>1.Screen patient at every visit for effective inhaler use.2.Assess patient closely for s/s related to COPD3.Help patient understand the use of HPV testing and encourage patient age 26 and below to received HPV vaccine</p>
<p>A little too pharma driven</p>
<p>abide by latest regulations</p>
<p>Ability to tune diabetic medications</p>
<p>able to diagnose PBA, manage and diagnose osteoporosis, copd, abd use sglt-1 and glp-1 in dm management.</p>
<p>add GLP-1RA</p>
<p>adding several DM meds to get to goalco-morbidities need to be taken into account with all</p>

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medsinhaler choice is evidence based
Adherence to medical treatment. Symptom management
Advanced knowledge on COPD and practical step treatments
Aggressive treatment Implementing new treatment and regimen early Early referral
Algorithm for COPD, HPV testing, SGLT-2
All
All of the above
all the above
Alternative methods of nonpharmacologic applications to manage
Always assess proper understanding and use of medications.
Application in clinical setting Share knowledge with colleagues Provide inservices to other clinical staff
apply daily criteria
Apply knowledge learned in my clinical practice
appreciate the management tips for COPD especially
Approach patient with diabetes with multi proven approach
Approach to Mx
Appropriate med management and med side effects
Appropriate use of SGLT-2 and GLP-1 RAs. The importance of choosing appropriate medication and delivery system in COPD patients, and checking appropriate inhaler technique/usage at every visit. The importance and benefits of pulmonary rehabilitation. Assessing patients for PBA who have likely symptoms, and what to look for. New ways of testing for and managing HPV. Assessment, treatment, and management of osteoporosis.
Ask the right questions to diagnose appropriately. Prescribe according to the learned knowledge. Monitor for prescribed medicine side effects.
Assessing for postprandial hypoglycemia The use of empagliflozin
Assessment techniques.
avoiding "over-Papping", using HPV cotesting, discussing pros/cons of bisphosphonates in treatment of osteopenia and osteoporosis
avoiding hypoglycemia early hpv treatment early intervention to reduce bone fractures due to OP
Awareness for mess with diseases presented
Be better able to manage clients with type 2 DM utilizing the different regimes Be able to diagnose PBA vs eg depression Always use a spirometer to assess COPD
be more alert for pseudobulbar affect, better able to advocate for DM tx with SGLT2 and GLP1 inhibitors
Be more aware of PBA in patients with head trauma and stroke
be more proactive with encouraging the age group to get treated for osteoporosis and using alternative treatments
Being a new NP in primary care, these lectures are going to aid me in the dx and treatment of the diseases spoke on and the knowledge on the agents for DM spoke on will increase my confidence and hence likelihood of me utilizing those agents.
Being able to better treat COPD pts more effectively. Effectively treat DMII
being able to simulcast from my home was great being as I am recovering from an illness and was not able to attend the conference in my home town the week before. System

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worked great. slides were very readable and i was able to participate from home (1)
Benefits of SGLT-1and 2, GLP-1RA .COPD management, management of PBA, newest strategies for HPV screening, and osteoporosis management
best management of diabetes patients, management of HPV, management of reduced bone density
Better able to diagnose and treat PBA
Better applications and practice standards
Better assessment and medication usage for Diabetes and COPD
better assessment skills
Better decision making abilities in choosing antidiabetic agents, better recognize PBA.
Better management of COPD. Tighter control of DM.
Better management of diabetes. Diagnosis of PBA
Better management of my diabetic patients to attenuate their cardiovascular risks.Recognize PBA.Better management of osteoporosis
better patient care
Better patient education
Better patient relation in diabetic careBetter screening for cervical cancer and osteoporosis
better screening for HPVrole of pharmacologic and non pharm meds for osteoporosishow to better dx and implement care for COPD
Better use of SGLT2 in DM2 patient with CVD and CKDBetter use of combination of Basal insulin with GLP1 agonistBetter use of LAMA/LABA in earlier stages of COPD; techniques to improve correct inhaler use and compliancePBA - better able to understand the impact of this condition on the patient and recognize and treat Better able to recommend pap testing including contesting Better able to manage Osteopenia using the FRAX score
better use of tool to establish bone mass/osteoporosis
Change management of diabetic patients to include more SGLT-2 and GLP-1 medications.HPV testing instead of routine PAPBe able to discuss treatment options for osteoporosis
change medication protocol
Check every visit inhaler techniques in COPD. Screening for HPV-new guidelines
Check patients technique on inhaler use every visit. Consider PBA in neurological patients
Choosing appropriate SGLT-2 medications.Choosing appropriate GLP-1 medications.Choosing appropriate treatment for PBA.
Close follow up of patients progress
combining glp1 with basal insulin
COMFORTABLY USE SGLT-2 AND GLP-1 IN CLINICAL SETTING WHEN NECESSARYOPTIMIZE COPD RXDX PBA IN CLINICAL SETTINGPAP AND HPV SCREEN APPROPRIATELYOPTIMIZE OSTEOPOROSIS SCREENING AND RX
Confidently use medications for the treatment of Diabetes and COPD by following guidelines.Using assessment tools such as FRAX and DEXA scan for the treatment of Osteoporosis. Following guidelines for the diagnosis and risk assessment of Cervical Cancer.
Consider PBA in patient with episodes of laughing or cryingNot relying only on PAP smear alone but ordering HPV test to ensure not missing problems relating to cervix
Consider PBAMore comfortable using alternatives to insulin
Consider SGLT-2 Rx in appropriate patient. Utilize the use of LAMA/LABA and ICS in

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COPD. Consider use of GLP-1 in diabetic management
Consider to encourage MD to use GLP-1 agonist
Consider use of newer Drugs as needed.forDMStart using preventive measures in Osteoporosis.Order Spirometry and use Inhalers more effectively in COPD.
Consider using SALT-2 and GLP-1 more frequent
copd and diabetes control management and strategic treatment
COPD diagnosis and treatmentDiabetes treatment
COPD guidelines
COPD management
COPD management education to my groupPSEUDOBULBAR AFFECT education to my groupHPV & Osteoporosis education to my group
Copd meds, osteoporosis management
COPD treatment
COPD treatment use SABA combinations.
COPD treatment with spirometry
COPD TX = SABA, LAMA/LABA, SABA/LABA/LAMA/ICS
Currently I work in mental health facility
defining strategy for using new agents for patients with DM-2,patients with COPD according to Gold Criteria,looking for potential cases with PBA
Definitely will do more thorough investigation of my patients with COPD to further help them control their exacerbations. I will also help patients with DM try to get closer to their goal A1c levels. HPV all patients will be screened and offered options for prevention starting at 10.
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.Describe the role of persistent oncogenic HPV in the development of pre-cancer and cancer of the cervix.Discuss the diagnosis of osteoporosis and low bone mass. Discuss the role of non-pharmacologic agents in the prevention of bone fracture.
Dexa scans .Diabetes treatments Pseudonbar treatments I knew nothing about
Diabetes
Diabetes management and use of medications, COPD severity rating, medications and treatment during exacerbations and maintenance, PBA diagnosis, screening, and treatment; importance of screening measures for cervical cancer and guidelines for, as well as osteoporosis screening tools and current guidelines.
diabetes management copd diagnosis
Diabetes management Copd treatment Osteoporosis management
Diabetes meds adjustmentsCopd management
diabetes mgmt, women's health mgt
Diabetes mgmtRecognize PDABetter understand osteoporosis
Diabetes treatments
diabetes, copd care and fracture preventionI do not provide gyn services to women
diabetic complications, glucose metabolism and which meds are most effective, HPV testing implications and pt education. clinical features of PBA and screening. current recommedations/screening/testing for osteoporosis
Diabetic Management and treatment options.HPV screening updates
Diagnose and prognosticate COPDPprevent or minimize effects of osteoporosis
Diagnosis and more effective treatment,

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Diagnostic Medications Lifestyle changes
Different medications approach
Different regimens to better manage diabetic patients
Different ways to discuss and explain diabetes
Discuss new options for T2DM Screen, counsel and treat patients with Pseudobulbar affect. Perform more HPV testing and follow new guidelines Be diligent about looking for pts at risk for osteoporosis and those undertreated. Also, be diligent about reviewing meds and drug holidays. Use FRAX more.
Discuss with patient risk factors and utilize questionnaires to better screen patients
DM management
DM management, meds for osteoporosis
DM2 diabetes medication
DO NECESSARY MEDICATION ADJUSTMENT IF THE BLOOD SUGAR IS UNCONTROLLED, COPD IS NOT CONTROLLED CONSIDER PBA AS D/D IN WHENEVER APPROPRIATE MORE AGGRESSIVE ON HPV VACCINATION PHARMACOTHERAPY FOR OSTEOPOROSIS MX
DX PBA
Earlier diagnosing, piggy-backing vaccination for adolescents when seeing parents.
earlier intervention and treatment
Early identification and dual txmt for patients with PBA Early education with females as it relates to HPV prevention and treatment. Utilize various healthcare departments to provide effective txmt for COPD Start assessing for early detection of osteoporosis and initiate non-pharmacological treatment to prevent bone fractures and/or osteoporosis in high risk patients
EARLY STARTING OF INSULIN.
Early use GLP-1 RA in DM. Use Of FRAX in calculation of fractures in elderly.
easy to understand and apply diagnostic strategies,
Educate importance of glucose control and kidney functions
Educating patients on how they can be proactive in their care Imparting knowledge to reduce HPV incidence Having a better understanding of Osteoporosis I can guide, direct and treat low bone mass pts.
Educating patients on importance of pulmonary rehab. Reviewing with patients and colleagues long-term use of bisphosphonates. Sharing importance when to screen for hpv during pap/pelvic exams
Effectively prescribe SGLT
Etiology of different conditions and effects on organ systems
Evaluate and diagnose patients, educate on treatment options and current guidelines in order to make informed treatment decisions.
evaluate med dx
Evaluate Type 2 diabetics for use of GLP1s to help attain A1c goals. Strategic assessment of COPD patients and optimizing medications in all appropriate classes to give better quality of life. Evaluate in greater detail patients post TBI, such as those with history of playing contact sports, And those post CVA for episodes of crying or uncontrollable laughter for PBA. Evaluate women appropriately for HPV within the different age groups and start offering the Vaccine in 11 year old, educating parents about its efficacy
extremely helpful lots of screening tips
feeling more comfortable with changing medication regimen with my diabetics. PBA picking up on it easier.

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follow up with patient's A1c .> than 6 monitor glycemic index and patient overall health
Following guidelines for diagnosing and treating patients with COPD, diagnosing and follow-up for HPV testing and patient education.
For pap and HPV testing , apply the algorithm for treatment of HPV positive or abnormal Pap for each age group
FRAX Proper inhaler technique PFT, Stand alone HPV testing Pulmonary rehab
gained more applicable knowledge for better prescribing
GLP-1 in diabetes patients. Follow the latest guidelines and how often to use pap smear with HPV testing
GLP-1 in long term use in DM and PP blood sugars TX of osteoporosis and low bone mass both pharm and help with prevention of FX
GLP-1 RA makes good control for postprandial hyperglycemia.
GLP-1 RA to control postprandial glycemia.
GLP-1 use. Better management and diagnosis of COPD
GOLD criteria for COPD use
GOLD treatment standards
Good to know GLP1 can be added into insulin therapy. And postprandial glucose seems more difficulty to manage. Benefit to learn the updated cervical cancer screening guideline.
Great information to help with most disease processes
Great to hear the changes in approach to COPD. Great to hear of the stand alone HPV test
Guidelines for COPD treatment based on ABC levels of severity
Have a better understanding and be able to manage diabetes with GLP-1 agonist or SGLP2 inhibitors based on patient history and response to current treatment regimen. Will be able to identify appropriate treatment regimens for COPD.
he did an excellent job of outlining the order and combinations of clod meds to use in a step wise process
help my diabetic patients with weight loss by prescribing SGLT-2 or GLP-1 options. be more aware of pseudobulbar affect symptoms and treat, realize pap smears are not the best option and HPV testing is better. Know that COPD can be treated with LAMA, LABA and ICS in that order
Helpful strategies for patient care
Honed my assessment skills
how to better recognize and treat patients with pseudobulbar effects, COPD, better glycemic control
How to choose best tx meds for diabetic pts. Evaluate pts use of spirometry. Correct guidelines for pap & HPV screening. Using FRAX calculation.
How to evaluate and make appropriate change to diabetic regimens based on ALC. How to utilize spirometry in the PCP setting.
How to manage diabetic patients who present with associated risks
how to properly add a second medication to a DM pt with postprandial hyperglycemia
how to start newly dx diabetics on medications, as well as how to choose which ones to start, how to determine best prescriptions based on lab values as well as comorbidities
How to treat DM better
How to treat PBA and spirometry use in patients
HPV guidelines COPD meds
Hpv screening, pseudobulbar affect or education, copd inhaled steroid use

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HPV testing
HPV testing and treatment of DM2
I am able to explain what the benefit is of the different DM meds I am able to treat COPD patients with the proper medication I did not know that HPV testing was only recommended every 5 years, I am now able to put this into practice
I am an ophthalmologist so this is for my general medical knowledge in a geriatric based practice
I am comfortable now with prescribing GLP-1 receptor agonists. As a FNP, I have been comfortable prescribing DM meds but would have the MD to for someone with uncontrolled DM. COPD was a review and was explained much simpler than when I was in school I had no idea what the hell was pseudobulbar affect. That was very interesting. I have not seen this in practice but have seen it in person but didn't know what it was. I will definitely be incorporating this in practice. Cervical CA screening and osteoporosis was an update for me. I really enjoyed the live conference and will be attending more. Thanks Chandra
I am prepared with greater depth of knowledge in each of the areas discussed. Thank you for a high quality CME experience. I was a little concerned about it being online, but was a great format for learning.
I better understand the benefits of the newer diabetic medications, MOA and appropriate use. My DIAGNOSIS AND management skills of COPD, HPV and osteoporosis are stronger. I did not watch the pseudobulbar affect lecture
I can diagnose the learned session content diseases, and I can utilize the learned knowledge in patient care in the clinic.
I don't treat these conditions but good to understand meds and disease states
I feel much more confident in my management of diabetes as well as completing paps and well woman exams. This information was very useful to me in my daily practice. I have confirmed that we use Cobas testing for our HPV testing at our lab and have a better understanding of the guidelines.
I had never even heard term pseudobulbar affect. Interesting and useful. Also learned much about cervical cancer immunity
I have better knowledge
I have learned many strategies that I will incorporate to my everyday care for patients. For example, review the use of their inhaler more often than not, perform spirometry tests, etc.
I have learned new diagnoses. How to diagnose. How to treat. How and when to screen.
i learned about the latest diagnostic tests and treatments for the problems that were discussed. this helps to keep me up to date as i have been unable to work due to illness in my family.
I like these simulcast options.
i will apply knowledge from this cme activity to my practice
i will be able to explain to diabetics patients the importance of taking care of themselves I can effectively explain how to avoid HPV especially to younger population
I work with NASH patients and most of them have diabetes. I learned more about diabetes management.
Identify diabetic complications and medications to treat hyperglycemia, consider PBA in certain patient types, treatment of osteoporosis, job testing and frequency of pap testing
Identify problem and appropriate selection of the treatment.
identifying PBA

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Im retired
Impact of treatment on post prandial hyperglycemia and hypoglycemia Use of pharmacotherapies for COPD prevention of bone fractures and management of osteoporosis
Implement current evidence based guidelines in treatment.
implement accurate screening for cervical cancer
implement in practice
Implement SGLT-2 therapy in certain patients to reduce postprandial hyperglycemia and risk of hypoglycemia. Use GLP-1 RA therapy in certain patients to reduce and compare post-prandial hyperglycemia and decrease glycemic variability. Review patient discussions on inhaled therapies for COPD. Incorporate proper inhaler technique Recognize the importance of early recognition of PBA in primary care
Implement the effects of evidence-based diabetes treatment options. Discuss and review the implications in using the HPV primary screening in female clients. Review and determine the importance in the role of non-pharmacologic and pharmacologic treatments.
Implementation of new findings from this educational experience
Importance of improved management of diabetes with new agents, and risk benefit considerations Explaining HPV-cervical cancer screening protocols. implementation of osteoporotic risk, and management use of rx in COPD recognition of PSP condition in pts and possible dx linkages to this d/o as well as indications for treatment
importance of spirometry and tx options tx options of DM
improve diagnosis of pseudobulbar
improve glycemic control, be better able to diagnose PBA, better equipped to manage osteoporosis
Improve my ability to diagnose COPD Teaching points about HPV Treatment of osteoporosis
Improve utilization of new medications available Improve thorough diagnostic evaluations and appropriate treatment
improved confidence in diabetic management with SGLT-2, GLP-1A, encouraging HPV vaccine and screening tests among my female patients, discussing bone mass, fracture prevention, results of BMD screen Have assisted in the management of Pseudobulbar Affect Cognitive changes associated with CVA, Hx MVA head trauma
Improved diabetic and copd management
Improved dx and rx
Improved Flowchart strategy for patient management.
Improved use GLP 1 insulin therapy Improve management of COPD Increase screening for HPV
In my approach to patients with Pulmonary, Neurologic and Women's issues as were focused on today.
In my current practice setting, I do not treat any patients with the above diseases. However, in the future, if I have the opportunity to work with the patients with the above diseases, I definitely will utilize the knowledge I learned from this conference into my practice.
incorporate COPD strategies to diagnose Offer HPV testing
incorporate into clinical practice
incorporate latest recommendations & standards in my practice
Incorporate more SGLT 2 inhibitors in treatment of diabetes. The use of the combination long acting betaagonist, long acting muscarinic agents with steroids & abx in severe cases of COPD. The correct Rx for PBA & osteoporosis & the role of HPV in cervical CA
Incorporate new knowledge.

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Incorporating current guidelines in treating chronic diseases with more effective medications. Accurate assessment of pseudobulbar affect and use of screening tool and medications for treatment based on FDA-approval.
Incorporation of GOLD recommendation to assess inhaler technique every visit.
Increase my history taking, screen for other items that may not be physically apparent & refer when necessary
Increase the use of GLP-1 and SGLT-2 medications
Increased knowledge of COPD therapies. Better understanding of HPV and screening recommendations. PBA and the proper use of Nuedexta. Also better management of OP. Diabetes is always a great review and great discussion on various treatment strategies.
Increased understanding and application of both SGLT2 and GLP1 medications. Will likely increase use of spirometry, ask for spirometer for my practice site.
Increased use of GLP and SGLT
Initial and chronic treatment of DM-2 and COPD
integrate clinical response with treatment plan
Integrate evidence based practice to optimize the health status of this patient population.
Integrate into current clinical pathways
Integrating Data on Macrovascular and Microvascular Outcomes into Diabetes Management etc.
Introduction of newer diabetic medication. Spirometry in COPD. Watch out for patients with PBA
Know how to adjust the diabetic medications. Know the recommendations for PAP and HPV testing.
laba lama for mild to moderate COPD reduced cardiovascular risk with slg2 reduced risk with glp1
LAMA & LABA, test the way patient's use their inhaler, use spirometry. Better understanding of GLP1 uses, understand what pseudobulbar affect is.
learn to read PFT and treat COPD. learned to treat diabete better. learned to treat osteoporosis
Learned how to assess for pseudobulbar affect.
limit dose of canagliflozin to 100 mg if gfr
look for depression vs PBA more aggressive education and encouragement for HPV vaccine
Look for PBA with patients with various neurological disorders. Supplement basal insulin with GLP-1 agonist. Employ FRAX score to help determine osteopenia treatment. (1)
Looking at Adjusting insulins based on pts renal function primarily
Make sure COPD pts are on LAMA/LABA then ICS Look at Frax even in pts who have -2.5 T score Consider just doing HPV testing alone starting at age 25
Management updates in Diabetes, COPD, have, osteoporosis. Pseudobulbar
Managing COPD and osteoporosis
managing diabetes
medical management of DM II
mgmt diabetes and women's health
Modification of therapy for patients with presenting conditions based on the knowledge acquired
Modification of treatment regimen Encouraging the patients to try out other regimen for diabetic patients

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More aggressive use of adding ICS's and referring to respiratory therapy in COPD pts. Viewing ambulation hypoxia as not a definite need for O2 therapy right away. The need to continue to pap women after 65 especially with a h/o of abnormal paps and positive HPV.
More aware of the importance of the newer drugs for DM2 especially in the setting of HF/CVD
More aware to start further aggressive evaluations in different diseases and treatments (1)
More careful consideration when assessing patients; avoiding knee-jerk diagnoses or conclusions
more informed discussions
More on spirometry and HPV testing
More screening, use guidelines
More seriously consider use of GLP-1 and SGLT-2 for diabetes; include pseudobulbar in differential for patients presenting with tearfulness; stay updated on changing guidelines for HPV/PAP screenings
More use of spirometry in office
most useful were management strategies for COPD and DM management
N/A
N/A. I am an occupational health
neutral
New approach in management of DM Updated knowledge in treatment of pt with papilloma virus
New standard of care treatments
New therapeutic approaches
New treatment therapies
nka
No opinion.
Non pharmacological interventions to prevent osteoporosis Caring for Pt with PBA
None
None at this time
Not applicable to my specialty
Not sure
Optimizing management of Type 2 diabetes. Recognizing stages of COPD and initiating appropriate therapy. Diagnostic strategies for pseudobulbar affect disorder in distinguishing from other clinical entities. Proper CIN screening considering hpv screening results. Diagnosis and management of osteoporosis.
Optimum therapies for DM Evaluation of the COPD patient How to evaluate pseudobulbar affect individuals How to screen women for cervical cancer How to address women with osteoporosis
Osteoporosis and HPV early screening more frequently
Overall I gain a better knowledge base on treatment and management of osteoporosis and HPV testing!!!
pap&hpv tretreing copd and test trypsin and tretment get bmd and treatment and osteoporosis and treatment pseudobulbar recognition and treatment proper treatment diabetes ,hypo and hyperglycemia
Patient Centered Care Evidence Based programs
Patient education

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patient education strategiesdiagnosis and treatment of pba
Patient education, medication use.
Patient equipment techniquesUse of appropriate tests for treatment guidelines
PBA and COPD treatment
PBA diagnosis
PBA screening
Plan for COPD and diagnosis tips for PBA
Prescribe SGLT-2 and GLP-1 RA. Spirometry for patients with COPD and useful evaluations
Prescribe SGLT2 and GLP1 with more confidenceUse the correct sequence of medications in COPDConsider doing more HPV only testing more often and PAP less often
Proper cervical CA screeningDiabetes management
Proper pap technique and use
proper questioning and interpretation
provide me more knowledge and treatment option when I manage the patient
Recognize PBA and therapeutic optionsCOPD GOLD guidelines and pharmacotherapy at different levels.GLP-I therapy in Diabetes management
recognize pts presenting with sx of PBA. Orfer the NEW gardasil vaccinemore use of spirometryuse frax in osteoporosis
Recognizing need for additional glucose therapies and referral to endocrinologist. Use of HPV testing alone and co testing to screen women. Discuss need for annual exam outside pap. Lifestyle and nutrient status for bone health.
recognizing pba
Recognizing PBAGuidelines for women previously HPV dz and screening recommendationsCOPD dx initial with IS (but... although it makes sense, it was surprising to learn that cooking with wood/dung is contributory)Thanks excellent presentations!
Recognizing the disease process and using EBP guidelines in treatment
recommending when appropriate for pap smears. The role of HPV testing. How to recognize PBA and how to treat it.
Refer pts to GYN for HPV screening and Bone density tas this is not available at my work place. This is after obtaining pre approval from clinical director.
Renal considerations when prescribing SGLT2 medsIndications to consider these meds Other considerations in osteoporosis management
ResearchCollaborate with colleagues and specialistsApplyMonitorImprove strategies and apply Continue monitoring
Review
review DM rx
review emerging dataensure pt can use inhaler properlyensure pts are using osteoporosis medications as they are under utilized
Role of insulin therapy, glp1 ra, in diabetic management Role of lama,laba, ics in copd managementCervical cancer screening and ascus grading (1)
role of sglit inhibitorsin reducing a1c,weight reduction,bp reduction,and cardiovascular benefits,and decreasing microalbuminuria,advances in managing copd,diagnosing and rx of psedobulbar condition,pap smear and detection of hpv ,and prventing cervical cancer
Round table on diabetes
SABA/SAMA/ICS therapies are good to know. PBA topic was an excellent review
screen for osteoporosismanage hypoglycemiaemphasize pseudo balbar screening in mood

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distrubances
Screen for pseudobulbar active in my patients with predisposing conditions.Review in more depth HPV only recommendations.Give more importance than I have to post prandial glucose levels.
screen more patients
Screen more women for HPV and be vigilant in diagnosing PBA (
Screening and identification psuedobulbar affect. Understand mechanisms of action for glp1 drugs and use in advancing a1c reduction. HPV screening and high risk strains 16 and 18
Screening for AIA deficiency. Look out for PBA
Screening guidelines for HPV and OsteoporosisDiabetes and COPD managementDiagnosing PBA
see previous
Selection of TDM2 meds, selection of COPD meds and advocate HPL testing
SGLT2 and GLP2 has the cardiovascular effect and consider it second in line after metformin with those patients with hx of CAD. GLP2 for more post prandial control. LABA, LAMA for COPD when one is having more symptoms without exacerbation.
SGLT2 may be beneficial in cardiovascular preservation of patients with diabetes; test post prandial blood sugar; GLP1 may help in controlling post prandial blood sugar particularly when used with long acting insulin; importance of short acting, LAMA, LAMA/LABA, ICS in the treatment of COPD and when to use each drug class in the management of COPD; test for spirometry and patient technique with using inhalers; when to refer for pulmonary therapy; test for HPV can be done as cotesting but is also available as a single test to be done every 5 yrs.; importance of vaccinating for HPV up to 26 yrs old; osteoporosis management with Alendronate has a caveat of the medication being in the system for 10-15 yrs. thus needs careful consideration on when to start therapy.
SLP-1 and insulin is a good combo
Speaking about job more freelyEducating copd patients about their diseaseRefer patients to endo sooner
Spirometry testing and use of inhalers
Start using more SGLT-2 in my practice instead of sending so many uncontrolled DM2 patients out. Differentiating between copd and asthma and using spririometry more in our office. Was never aware of PBA, embarrassed because we are a primary stroke center and often see post stroke patients.
Starting SGLT-2 and GLP-1
Steps to take for diabetes managementSteps to take for COPD managementHow to recognize pseudobal effect
Strategies for treating/managing diabetic patients.Strategies for identifying PBA's
strategies for using sglT in various patients population; glp-1 to reduce post-prandial hyperglycemia; overall mgt. of patients with copd; able to separate PBA from other mental illness like bipolar; hpv screening alone or as a co-testing with pap; osteoporosis and low bone mass mgt.
Strategies of care in COPD to improve diagnosis
switch folks to glp-1 when weight loss is needed
Talking to patients about copd and diabetes
Testing for alpha trypsin. Using more sglT2 and ddp4 and using glp1 RA
thank you
The appropriate evaluation of copd and PBA as well as osteoporotic patients

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The benefits of Sglp and GLP-1 treatments in DM. What PBA is and how to recognize and treat
Better strategies for tx of COPD
the best way to use sglt-2 and glp-1-ra
This CME activity increased my knowledge base of the topics.
This was an excellent program and I am glad I attended. I will be using what I learned today in my clinical practice.
Thorough assessment
Individualize got the patient
Collaborative practice
to identify the symptoms of PBA and treatment
know the frequency of pap
to implement treat and diagnosis
To improve patient education and counseling for the best of medical care.
To recognize, implement and treat more effectively
too numerous to list!!!!
Treating patients in an effective manner
Treatment guidelines
Treatment options
Treatments for DM and COPD
Unable to list
understanding new diabetes medications and better understand how to use them in individual patients. better understand differences in copd and asthma and the benefits of spirometry just to mention a few
understanding testing HPV and holiday tx with osteoporosis
Understanding the pathophysiology and pharmacology in relations to these diseases.
up to date information
Use emerging data to make treatment decisions.
Use FRAX
Use GLP-1. Spirometry use more frequently
Use glp1RA & SGLT2 inhibitors to better control DM as appropriately.
Use GOLD classification
Screen patients for PBA
Follow HPV screening guidelines
Use HPV primary screening in women 25 and older. Appropriate use of inhaled therapies for COPD. Apply evidence-based diabetes treatment options (GLP-1 RA, SGLT-2) into practice.
Use in patient/family education
use knowledge for day to day practice
Use LABA more effectively in COPD
Improved GLP agonist use in DM. Implement pap smear and HPV screening per guidelines
Differentiate between agents for osteoporosis.
use latest protocols & procedures.
Use more GLP-1 in RA. Use FRAX more
use of diagnosis on diabetes & treatment copd pba hpv diagnosis & treatment op treatment & cervical ca
Use of DM regimes same with COPD in PCP settings.
Use of GLP-1 in diabetes. Spirometry use in COPD
Use of GLP-1-RA
Management of type 2 diabetes when metformin is not controlling the diabetes and to add sglt-2 or glp-1-ra use
Use of gulp analogs on diabetes
Use of inhalers in COPD patients
use of multiple medications for treatment of diabetes, patient selection of copd medications, identifying possible pba patients and presentation/treatment, use of pap/hpv screening and

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recommended guidelines, and identifying patients at risk for fracture and current treatment recommendations.
Use of spirometry every visit
Use PFT's to diagnose COPD. Screen HPV past age 30
Use SGLT-2 for DM2
Use SGLT2 inhibitor with DM and GFR > 60
Use spirometry for appropriate patients. Add SGLT-2 and GLP for diabetes
Use spirometry in office more effectively. PBA awareness
Use spirometry more-diagnosis and monitor treatment
use the new medication as per guidelines as well as educate the patient regarding the outcome of the treatment and patient safety during the changes.
use up to date treatment plans and medication regimens
Using GLP-1 with basal insulin
Using journals to keep track of fasting and pp blood sugars, use this info to customize their treatment. Implement more therapies with the elevated A1C and diversifying the treatments more.
Using new diabetic treating strategies, cervical cancer screening guidelines, COPD treatment options
using SGLT 2 in diabetes d/t clinical trials better COPD care
Using spirometry with copd. Increased knowledge on osteoporosis med. Screening tool for hpv and cervical cancer
Using spirometry, pulmonary rehab and frax
using the HPV cobras testing as a first line testing
utilization of SGLT2I and GLP1 in the better control of DM and its combination use with insulin and patient type COPD importance of always doing Spirometry Diagnosing of PBAPAP and HPV screenng and algorithms for best diagnosing and benefits in osteo treatment
Utilize GLP-1 RA in practice. Change the way I prescribe meds for COPD better in line with guidelines. Screen better for COPD and PBA
Utilize some learning objectives from the presentations.
UTILIZE VARIOUS TREATMENT STRATEGIES FOR DIABETES UTILIZE HPV TESTING TREATMENT STRATEGIES FOR OSTEOPOROSIS
utilizing Frax better and treating COPD more in line of the guidelines
watch for hypotension- relative to diabetic medication and dehydration
ways to work in medications in DM better tune my assessments of COPD
what strategies
when to add lama/laba and ics in managing copd role of insulin therapy in treatment of uncontrolled diabetes clinical efficacy of sgl2 in diabetes management importance of including glp1 ra in managing post prandial hyperglycemia
When to switch agents
When to test for HPV. New approaches to COPD. Spirometry testing
Will increase some screening and decrease Pap frequency.
Will always and consistently order PAPs with HPV co-testing. Will order PFTs to formally evaluate lung function in COPD patients. Feeling more comfortable prescribing GLP-1 RA therapy in diabetic patients.
Will consider GLP-1 meds more frequently. Use of spirometry more often
Will educate via guidelines

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Will encourage appropriate PAP screening and not recommend PAP screening too frequently Will encourage screening for COPD for appropriate patients and ensure appropriate treatment for existing COPD and symptoms Will be attentive to mood/affect/behavior that is inconsistent with situation and possible previous neurological injury in order to consider diagnosis and treatment of pseudobulbar affect Will consider suggesting GLP-1 medicines for better diabetes management Will ensure osteoporosis screening is recommended and educate on osteoporosis
Will implement more screenings for HPV. Will follow clinical approach to treating COPD patients. Will start using spirometry in the office for patients that qualify. Will prescribe GLP-1 for patients that can afford it or have insurance.
Will modify office protocols for DM II Tx Consider HPV screening female patients and not just refer to OBGYN
will more closely follow guidelines for management and treatment will expand my use of previously underutilized medications
Will take information to my team and educate more. Will do more often screening
will try LAMA/LABA
Will use FRAX to better calculate fracture risk
Will use questionnaires to help better screen patients for the topics discussed today.
yes recognize copd screening for hpv treatment of diabetes recognize pbs

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

Comment
Ortho, peds
ACLS/ SUDDEN CARDIAC DEATH
addressing oncology in primary care
ADHD
ADHD in adults
Afib and anticoagulation
Age considerations when treating DM, COPD, CVD, HIV treatments and its impact on treatment of DM
Anemias
Antibiotic use in acute illnesses
anticoagulants/polycopharmacy and GERD
anticoagulation treatment, cardiac diseases and ENT
Any
Arrhythmias,
arthritis, connective tissue disorders
Asthma
asthma
Asthma, hypothyroidism
Asthma, STDs
autoimmune, new new related drugs
Breast Cancer Screening
CAD, management Menopausal sx with BHRT, TRT
Cad, chf
cancer and thyroid, depression

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Cancer treatment
Carcinomas, Pcsk9 inhibitors, CKD, Arthritis
Cardiac conditions
Cardiac issues htn sleep apnea
cardiology
Cardiology issues
Cardiovascular, and Women's health
cardlvascular interventions
Chef, Diabetes
CHF
CHF and Back Pain
CHF, MI CVA
CHF, Skin disorders, Dementia
CHF,MI
Chronic Lyme disease with neuropathy
Chronic pain
Chronic pain management
chronic pain/opiod use
CKD
Co-Morbid HIV
common cases in ED
common pharyngitis or ear infection
Complementary medicine
Congestive heart failure; other endocrine conditions; vascular conditions
Continue keeping the newest and latest diabetes and CoPD management at the forefront
Delirium; Parkinson's disease management
Dementia
Dementia behavior management
derm procedure
Dermatology
dermatology for primary care
Dermatology, infectious diseases
dermatology, meds
Dermatology, musculoskeletal and neurological exam and topics
Diabetes
Diabetes and dialysis patients and management of their pharmacotherapy.
diabetes treatments with concentrated insulins.
diabetes, htn, hyperlipidemia, rheu arthritis, gout, asthma
Diabetes, Hypertension, High Cholesterol
diastolic heart failure HfpEF
DM
DM management
DM, HTN, hyperlipidemia especially medications
DM,Thyroid,HTN, HIV, Ebola
Eating disorders
EKG, XRAY interpretation (2)

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Endocrine Hyperaldosteronism
ESRD, CKD
ESRD/Nephrology
Excellent selection, may want to hear about common primary care treatment of common acute infections
gastroenterology
GERD
Geriatric
Geriatric care
geriatric focus
GI
GI concerns
GU, Antibiotic use in bronchitis/sinusitis/COPD exacerbation
gyn and womens issues - menopause and hormones
headache, epilepsy
Headaches seizures multiple sclerosis
Hepatitis and Chronic Kidney Disease
Hepatitis, Drug Resistant HTN
HIV
HIV, Diabetes, Hyperlipidemia, End of Life
hormone replacement therapy
Hormones, genetics
HRT, sinusitis, Derm. conditions
HTN
HTN treatment and management taking other Co morbidities into consideration
HTN, CAD, Asthma, Psych issues
HTN, obesity
HTN, thyroid issues, neurological conditions
hyperlipidemia, HTN
Hyperlipidemia
hyperparathyroidism
Hypertension
IBS management
IBS, IBD, Opioids and GI tract
IHSS
Imaging to help with diagnosis
immune therapy for cancer
Immunizations, Pain tx options, Thyroid disorders
Indepth discussion on PBA, cervical cancer and osteoporosis
Infectious disease
inflammatory bowel disease
Inflammatory mechanisms and treatment in various diseases
Insomnia
Iron deficiency anemia or general anemia
Lack of insurance and getting care, meds, or therapy.
Liver and thyroid disorders

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Major depressive disorder
Management of Depression, Reistent Hypertension, Obesity
management of hyperlipidemia
Management of obesity and heart disease
Management of weight loss in the morbidly obese and the epidemiology of the disease
Managing hypertension in pts with multiple comorbidities
Medical Marijuana
Melanoma/ Fungal infections/ Biologic therapy
Menopause, HRT
Mental Health
Mental health focus
Migraines prevention
MORE EVIDENCE BASED CME IN PRIMARY CARE
More neurology topics
More on DM, headaches, xray interpretation, heart sounds, thyroid disorders.
More on obesity and how to treat obesity and how to treat diseases in the obese
More zebras
musculosketal
N.A
NA
NASH, cirrhosis
NASH, Hepatitis C, orthopedic evaluation for primary care
NASH, NAFLD, Hepatitis, IBD
nephrology, transplant
Neurological
Neuropathy
New Anti-infectives med
New anticoagulation treatments
New medications
Nutritional counselling, headaches, pvd
Obesity
Obesity, Stress, and STDs
Opiod management/tapering:alternatives
opioids
OPIOID MANAGEMENT FOR CHRONIC PAIN, OBESITY, COMMON ENT PROBLEMS IN PRIMARY CARE, COMMON OPHTHALMOLOGY CASE IN PRIMARY CASE, OB/GYN CASES, HTN, CHF & NEW TREATMENTS
Opioids
Ortho-back pain, Hypertension management
Orthopaedic
Orthopedic
PAH, GLP-1s, CHF.
pain low backache osteoarthritis
Pain management
pain management, musculo skeletal issues
pain management, orthopedic, ED, Low testosterone treatment

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palliative/hospice care, pain management
Parathyroid Disease
pediatric topics
Pediatrics
pediatrics and more woman's health
Pediatrics. Interpreting PFTs. EKG 102. The Plague
perioperative management of chronic diseases
pharmacology
Pneumonia
Polypharmacy and Opioid treatments
Pre-diabetes and hyperlipidemia
preoperative management of chronic diseases
Progressive Bariatric practices
Prostate Cancer, Breast Cancer, RA, any Autoimmune disease
psoriasis, rheumatoid arthritis
Psych
Psych conditions w
psychiatry
Psychiatry for non psychiatrists; neurology
PTSD
Pulmonary fibrosis and hypertension
Pulmonary hypertension
PVD/CAD
Rare endocrine disorders
reading most common issues with EKG and pain control
Renal
Renal and Cardiac
Renal disease
Renal insufficiency
renal and lupus
Rheumatoid arthritis, Anticoagulation, asthma, dermatology
Rheumatoid Arthritis, Celiac Disease and IBS, HIV as well. More Cardiac Disease topics as well.
Rheumatology; ophthalmology; endocrinology; gastrology; proctology; menopause treatment; best screening protocols for primary care
Schizophrenia/bipolar
sibo/ibs
sickle cell disease, CVD, BLOOD CANCERS
Spirometer Readings
Strategies to remain active with aging, physical and mentally-wise (1)
Stroke
Studies on supplements
Substance abuse; use of nutritional supplements for disease; new Alzheimer treatments
Thank you
The emerging treatments of Hepatitis
there are so many, hard to say which I would like to see that aren't already offered

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thyroid
thyroid cancer
Thyroid disorders
Thyroid, GI and othopedics for the PCP
Transgender care
transplant
Treatment for HTN, Depression
Type 1 diabetes, Treatment of diabetes in patients receiving steroids
Update on cystitis
Update on. common musculoskeletal disorders
Urology
UTI
Uti, gerd
Women's healthn
Womens's health, Zika vaccine etc
Wound Care
Wound care and treatments
zika virus disease

Additional Comments

Absolutely Interesting
All speakers excellent. Particularly enjoyed Dr Talwar's presenttion, simple & too the point. Thank you.
All the speakers were excellent and knowlegeble
Always a worth while program
AWESOME
CMEs are great, having some difficulty obtaining my certificate
Computer connection was piss poor. Very bad connection. Lost contact multiple times. Gave up early! Please fix!!!!
Consider mentioning trade names in addition to generic names; older physicians remember these as trade names and not that familiar with generic names
Evidence is important, but listing so many studies gets boring. A synopsis would save time and people that are interested could always so more research if they wanted.
Ex:MS
Excellent
Excellent CME activity
Excellent CME's by excellent Experts in very practical topics.
Excellent on PBA and Pap Smears. Thanks!! (
Excellent presentation overall.
Excellent presentation; impressed with audience participation even from those online
excellent presentations
Excellent presentations, web connection was very good
Excellent program
excellent program as always
Excellent program!
Excellent program, very happy that the program was available as a simulcast.

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Excellent programme
Excellent slides
Excellent speakers
excellent, very enjoyable and great way to get updated !!
First Online CME, Very Impressed
Good
Great conference
Great job
great meeting
Great presentations
Great presentations and ease of watching them. Would love it if could make the player available to listen and view on an iphone
Great web cast
Had trouble viewing the streamline but the slides were very good.
I could not get the lectures to stream, only got the slides, no audio
I had no audio so that was a problem
i have not been able to hear the speakers so i just viewed the slides.
i really enjoyed it; at times it is difficulty to attend the live cme r/t distance
I really liked this CME activity and looking forward to attend them in the future
I surely appreciate NACE for having this valuable conference available online.
I'm retired, but may return to practice
KEEP IT UP
Kept my attention
Love that I had no additional travel time or hotel expenses
Love your program
Loved COPD lecture. Would like to hear it again
Loved it
Mrs. Bergman was an excellent speaker.
N/A
NA
Nancy Berman --a lot of important information
Nice to do remotely
no coments
None
None
Ortho
Outstanding event, speakers and topics
Pain management
Primary care needs to learn more about every system in the human body, since we see the patient first, then decide to treat or refer out. Many times we have on specialist available and we must treat everything ourselves.
Prp for ortho
Simulcast audio feed freezes too often
Slides are excellent and understandable.
super program
Thank you

Emerging Challenges in Primare Care 2017

October 28, 2017- San Diego, CA

Thank you for all you do.
Thank you for doing these courses available.
Thank you for this valuable conference!
thank you!
Thank you! Best conference ever
Thank you! Well Done
Thank you.
Thanks
Thanks for a good session!
Thanks for very informative and provacative CME program
This has been another wonderful, & effective CME Conference that is presented very well & accessed via live simulcast to all of us who are not able to be physically present in the actual venue! THANK YOU VERY MUCH!
This was a great series of lectures and it was very convenient to be able to view them at home.
This was an excellent topic and method. It was not info oberkiad. Pots were very well thought out.
Time for east coast a challenge
Unfortunately, I was unable to attend the first two lectures. From the slides I can see I missed good lectures
upset that I asked two questions and neither was answered
Very good
very good CME ,Enjoyed at home)
Very good conference
very informative (1)
Web access much better than past!!!
When will you have a meeting in Atlanta?
Your web conferences are always top notch. Best spakers and use of technology!