Emerging Challenges In Primary Care: *2017*

Activity Evaluation Summary

CME Activity: Emerging Challenges in Primary Care: 2017
Saturday, August 26, 2017
Detroit Marriot Troy
Troy, MI 48084

Course Director: Gregg Sherman, MD

Date of Evaluation Summary: January 3, 2018

NACE NATIONAL ASSOCIATION FOR CONTINUING EDUCATION

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

This educational activity was designed to provide primary care physicians, nurse practitioners, physician assistants and other primary care providers the opportunity to learn about varied conditions such as Lipid Management, Microvascular and Microvascular Outcomes into Diabetes, Integrating Diet and Lifestyle Management into Diabetes, Solving PSA Dilemma, Hypertension.

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.

Four hundred fifty-eight healthcare practitioners registered to attend Emerging Challenges in Primary Care: 2017 in Troy, MI and four hundred eighty-three registered to participate in the live simulcast. Five hundred fifty-one healthcare practitioners actually participated in the conference: Two hundred forty-four attended the conference in Troy, MI and three hundred seven participated via the live simulcast. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. Two hundred thirty completed forms were received. The data collected is displayed in this report

CME ACCREDITATION

The Association of Black Cardiologists, Inc. is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Association of Black Cardiologists, Inc. designates this educational activity for a maximum of 1.0 *AMA PRA Category 1 Credit™* . Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The National Association for Continuing Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The National Association for Continuing Education designates this live activity for a maximum of 6.0 *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 1.75 pharmacology hours).

AAPA accepts certificates of participation for educational activities certified for *AMA PRA Category 1 Credit™* from organizations accredited by ACCME or a recognized state medical society. PAs may receive a maximum of 7 Category 1 credits for completing this activity.

EMERGING CHALLENGES IN PRIMARY CARE: UPDATE 2017

August 26, 2017
Troy, MI
Live & Simulcast

What is your professional degree?

Label	Frequency	Percent
MD	266	48%
DO	19	3%
NP	229	40%
PA	30	5%
RN	15	3%
Other	5	1%
Total	564	100%

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

Label	Frequency	Percent
None	72	13%
1-5	78	14%
6-10	80	15%
11-15	66	12%
16-20	58	11%
21-25	55	10%
> 25	135	25%
Total	544	100%

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

Label	Frequency	Percent
None	69	13%
1-5	74	14%
6-10	76	14%
11-15	76	14%
16-20	56	10%
21-25	68	13%
> 25	117	22%
Total	536	100%

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

Label	Frequency	Percent
Yes	440	81%
Somewhat	96	18%
Not at all	6	1%
Total	542	100%

Upon completion of this activity, I can now: Recognize the evolving epidemiology and improvements in control rates of hypertension; Review proper blood pressure (BP) measurement technique and the role of office, home, and 24-hr Ambulatory BP measurement in the diagnosis and treatment of hypertension; Recognize current recommendations for first-line agents in the treatment of hypertension; Discuss the impact of recent trials and recommendations on evolving BP treatment goals for individualized therapy.

Label	Frequency	Percent
Yes	490	89%
Somewhat	54	10%
Not at all	4	1%
Total	548	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	428	78%
Somewhat	119	22%
Not at all	2	0%
Total	549	100%

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

Label	Frequency	Percent
Yes	479	90%
Somewhat	53	10%
Not at all	2	0%
Total	534	100%

Upon completion of this activity, I can now: Recognize the different viewpoints surrounding the use of PSA for prostate cancer screening; Discuss the evolving guidelines for prostate cancer screening; Understand the repercussions of both screening and not screening; Develop a logical approach to screening for prostate cancer in a primary care setting.

Label	Frequency	Percent
Yes	422	82%
Somewhat	86	17%
Not at all	6	1%
Total	514	100%

Upon completion of this activity, I can now: Define Patient Experience & How to Measure it; Describe today's Healthcare World; Outline the importance of the Patient Experience; Understand & apply the H.E.L.P. communication method.

Label	Frequency	Percent
Yes	416	85%
Somewhat	70	14%
Not at all	5	1%
Total	491	100%

Overall, this was an excellent CME activity:

Label	Frequency	Percent
Strongly Agree	427	76%
Agree	130	23%
Neutral	3	1%
Disagree	0	0%
Strongly Disagree	1	0%
Total	561	100%

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

Label	Frequency	Percent
Strongly Agree	419	75%
Agree	139	25%
Neutral	3	1%
Disagree	0	0%
Strongly Disagree	0	0%
Total	561	100%

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

Label	Frequency	Percent
Strongly Agree	395	71%
Agree	151	27%
Neutral	12	2%
Disagree	0	0%
Strongly Disagree	1	0%
Total	559	100%

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

Label	Frequency	Percent
Very Likely	397	71%
Somewhat likely	99	18%
Unlikely	6	1%
Not applicable	53	10%
Total	555	100%

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

Label	Frequency	Percent
Within 1 month	335	61%
1-3 months	122	22%
4-6 months	11	2%
Not applicable	80	15%
Total	548	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Jan Basile, MD - Lipid Management

Label	Frequency	Percent
Excellent	431	81%
Very Good	90	17%
Good	9	2%
Fair	0	0%
Unsatisfactory	0	0%
Total	530	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Jan Basile, MD - Hypertension

Label	Frequency	Percent
Excellent	434	81%
Very Good	94	18%
Good	6	1%
Fair	0	0%
Unsatisfactory	0	0%
Total	534	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		75%
Very Good		21%
Good		4%
Fair		1%
Unsatisfactory		0%
Total		100%

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

Label	Frequency	Percent
Excellent	408	76%
Very Good	113	21%
Good	12	2%
Fair	1	0%
Unsatisfactory	0	0%
Total	534	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Matt Rosenberg, MD - Prostate Cancer

Label	Frequency	Percent
Excellent	403	81%
Very Good	85	17%
Good	8	2%
Fair	1	0%
Unsatisfactory	1	0%
Total	498	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Marlene R. Wolf, MD, FAAFP - Patient Experience

Label	Frequency	Percent
Excellent	358	76%
Very Good	95	20%
Good	14	3%
Fair	3	1%
Unsatisfactory	0	0%
Total	470	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Jan Basile, MD - Lipid Management

Label	Frequency	Percent
Excellent	433	82%
Very Good	82	16%
Good	10	2%
Fair	0	0%
Unsatisfactory	0	0%
Total	525	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Jan Basile, MD - Hypertension

Label	Frequency	Percent
Excellent	445	84%
Very Good	78	15%
Good	6	1%
Fair	0	0%
Unsatisfactory	0	0%
Total	529	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	432	80%
Very Good	98	18%
Good	8	1%
Fair	1	0%
Unsatisfactory	0	0%
Total	530	100%

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

Label	Frequency	Percent
Excellent	438	83%
Very Good	85	16%
Good	7	1%
Fair	0	0%
Unsatisfactory	0	0%
Total	530	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Matt Rosenberg, MD - Prostate Cancer

Label	Frequency	Percent
Excellent	416	82%
Very Good	86	17%
Good	6	1%
Fair	0	0%
Unsatisfactory	1	0%
Total	509	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Marlene R. Wolf, MD, FAAFP - Patient Experience

Label	Frequency	Percent
Excellent	391	81%
Very Good	85	18%
Good	7	1%
Fair	1	0%
Unsatisfactory	0	0%
Total	484	100%

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

Label	Frequency	Percent
Topics covered	440	32%
Location/ease of access	368	27%
Faculty	128	8%
Earn CME credits	452	33%
Total	1388	100%

Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent
Strongly agree	330	60%
Agree	201	37%
Neutral	15	3%
Disagree	2	0%
Strongly Disagree	2	0%
Total	550	100%

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

Comment
Improve treatment by statin to reduce cardiovascular risk
Recognize current recommendations for first-line agents in the treatment of hypertension Discuss strategies to help patients improve dietary management of their diabetes
Managing pts who do not initially tolerate statin therapy ensuring that proper BP techniques are utilized by ancillary staff Better understanding of when/why to use PSA/DRE reinforcement of educating patients on the MOA/purpose of their medications (for BP, DM, HLD, etc)
Utilizing latest epidemiology results for tailoring my treatments for my pts. Use research/ evidences as my guideline for treatments as well
Appropriate assessment of dyslipidemia- practical guideline to use PSK9 agents - use of SGLT-2 inhibitors based on the eGFR Discontinue sulfonylurea agents for patients experiencing hypoglycemia and not at HbA1c target Order PSA biomarkers for male patients with 1.5 to assess prostate ca risk level such use of first-line antihypertensive agents - no Beta-blockers
Avoid using niacin with statins Not Rx clonidine prn Better BP collection technique
Improve bedside manners Use HELP as guideline on how I see patients form now on Improve overall practice with the information learned today
When to add a PSK9 for patients who are not at goal after the maximum tolerated cholesterol lowering agents Appropriate use of SGLT-2 inhibitor not using a Beta blocker as first line antihypertensive drug using PSA biomarkers with healthy male patients whose PSA screening is 1.5 -use of HELP communication method always
Proper blood pressure measurements Aanti-PCSK9 monoclonal antibody therapy in reducing LDL to achieve cardiovascular risk reduction SGLT-2 therapy to manage diabetes managment Prostate cancer screening How to increase patient outcome by use of H.E.L.P communication method.

For Clinical ASCVD, consider adding a PCSK9 inhibitor if the goals of therapy have not been achieved after using ezetemibe. Don't use a beta blocker (Atenolol) in uncomplicated HTN. Remember that when PSA is above 1.5 ng/ml further testing and evaluation needs to occur. Have patients bring in their medication bottles to make sure they are taking their doses correctly. Effective communication skills are crucial for patient satisfaction.and clinical outcomes.
Implementing Statin therapy BP control therapy and monitoring Kidney function in diabetes Understanding value of biomarkers in elevated PSA Understanding and apply HELP
Being cognizant of potential issues when treating diabetes such as medication costs, cultural perceptions, and managing hypoglycemia. Targeting a lower TSA value
Assessment and approach to blood glucose control Assessment and approach to the control of BP Importance of ever evolving patient-clinician relationship and strategies to communicate effectively
To calculate ascvd risk more often in practice To treat more risk patients for hyperlipidemia To accommodate htn guidelines in practice To use more frequent the biomarker in high psa level Use more frequent the sglt medication in practice
2x/week online review (new) data to keep current
Better meds option Better result Better health for the patients
Emphaize lifestyle changes and carb counting with diabetic management. Use new approaches to PSA screening. Use HELP as a means to effectively communicate with patients.
Employ guideline-directed treatment strategies for primary and secondary prevention of cardiovascular disease in high-risk patient populations. First-line agents in the treatment of hypertension SGLT-2 therapy Help patients improve dietary management of their diabetes and improve medication adherence for patients at various stages of diabetes. Logical approach to screening for prostate cancer in a primary care setting. Communication strategies
For DM make sure to minimize hypoglycemic episodes individualize A1C targets keep weight under control consider the sgl2 earlier For Dyslipidemia access ascvd risk don't use niacin or vibrates HTN mgmt dual therapy is best don't use beta blockers if retention chlorlidadone may be better choice than Hctz
How to take the BP Vital signs room should be in front of the office to avoid White coat problem
Hypertension management:

Never prescribe a beta blocker for initial therapy in uncomplicated hypertension. Utilization of antii-PCSK9 monoclonal antibody inhibitor in conjunction with statins Avoid SGLT-2 therapy if patient is dehydrated
Proper management of hyperlipidemia with statins and anti-PCSK9 monoclonal antibody therapy. Using SGLT-2 I in DM management
Reduction of ldl-c and role of pcsk9 Appropriate and effective use of 1st line tx of htn Using sglt-2 tx in various population with hx/o dm
Understanding implications of polypharmacy, DM with cardiovascular risk. Implications of treatment options in DM/CV potential risk and longterm effects. Further understanding of hypoglycemia along with postprandial effects and discussing options with patients.
Able to now use SGLT-2 in people with renal insufficiency; use non statins in the appropriate patients;explain better dietary approaches to diabetic patients
Able to stratify patients who needed further ffup and work up or referral to rule out prostrate cancer
ACC guidline. Use of 24 hour Ambulatory BP measurement. Dietary management of diabeties. PSA and guideline of prostate cancer screening. Communication with our patients
Adding medications in a manner as which a specialist would. Discussion of diabetes differently than before.
Adding new medication
Adding SGLT2 to medical regimen. Adding anti PCSK9 to medical management. Better BP control
Adding to statin therapy; help adherence to lifestyle changes for dm; htn assessment and taking bp measurements; use of medications for dm control; discuss psa values; improve patient experience
Addition of spironalactone to other thiazide diuretics. Change in vocabulary (eg. use the term physical activity in place of exercise)
Additional screening for PSA levels above 1.5, HELP technique to improve patient experience at each office visit, more open ended questions, when starting monotherapy for HTN will incorporate Chlorthalidone because of its longer half-life
Although I am in Orthopedics, as I review charts for pre-operative consideration, I do come across abnormal lab values and can comment or suspect the PCP to address the abnormalities or encourage the patient to ask his/her PCP about other treatment options
always individualize each pts treatment to help them to be more compliant
Always modify doing Rx based on presence of hypoglycemia. Use NPH and regular insurance if patients cannot afford basal insulin
Am retired from active practice
Apply 2017 measures for use of statin tx continue to use current recommendations for tx of HTN
Apply some guidelines stated above
Apply the help communication method

Apply them to my everyday practice? Educate patients on the importance staying,?healthy diet and exercise.
Appropriate use of CCB in HTN
As Illustrated on the presentation
As lectured
As mentioned before in evaluation. Can take information learned into patient care and hopefully improve the outcomes based on info learned
Assess for OSA, COPD management; Sleep Assessment; Improved abilities to assess dementia
Assessment techniques.
Avoid use of betablocker as first line treatment for hypertension.
Be a skin doctor! Be a good communicator Allot paperwork to the ancillary staff
Be more mindful in analyzing PSA reports and recommendations for treatment.
Behavior medicine
benefits of chorthalidone over HCTZ higher risk hypoglycemia in DM with CRF requires more intensive monitoring benefits of increased activity in DM doesn't need to be in chunks but can be in small segments
Better able to make decisions on management of prostate cancer screening Improve on communication skills and on Diabetes education
Better approach to management of hypertension and diabetes / Great lecture on prostatic cancer management
Better articulate consequences and risk factors for OSA, improved treatment options for migraines and it's commonality. New recommendations to treat HTN.
Better b/p management and better glycolic control
Better BP management using proper BP measurements
Better communication
Better communication methods with patients
Better deal with patients and other doctors. As in osteopath and its principles can better be integrated in my patients, other doctors
Better diabetes management, including nutrition and medication therapy Knowing when to order biomarkers with psa level Better communication with patients
Better evaluation and management of hypertension. Appropriate use of SGLT-2 in DM management,
Better implement guidelines with patients Continue education with or DM patients Use of additional dietary instructions including the use of dietitian
Better knowledge & comfort in areas covered
Better lipid management. Better BP management. Need few PSA screening. DM treatment options
Better management of HTN and correct Rx to use (updated guidelines). How to partner with patients to better manage diabetes. Improved knowledge for PSA screening/management
Better prostate cancer screening provided better DM education to patients

more confidence prescribing SGLT2 medications
Better screening Better tx Better f.u.
Better treatment for dyslipidemia, htn and dmt2. Better evaluation, diagnosis and treatment/referral of prostate ca including increased risk potential.
Better understanding how to treat with statin intolerance
Better understanding of all the topics
Better understanding of the changing knowledge base in these areas= better patient care and outcomes
Better understanding of the topics presented.
Better understanding of utilizing PSA levels and when they should be used I also have a better understanding of lifestyle modifications to teach patients regarding their diabetes
Better use of PSA screening & referrals Better communication with patients Better use of on-line media and ratings
Better ways of treatments and evaluation for each individual patients
BP monitoring. Use of biomarkers
BP monitoring/SGLT2 inhibitor benefits. Dyslipidemia management after failing statin
Build up treatment with Metformin. Try different statins in patients with statin sensitivity. Reduce tight bp, blood sugar and lipid control in patients under 75 years old
can utilize what I learned in my practice
Change BP treatment, great advice on not using Beta blockers first. Thanks
Change my scope of testing for PSA and biomarkers Improved Cholesterol management and avoid adding fenofibrates or niacin Occillometric BP's and multiple BP measurements
Changes to lipid management
Check blood pressure 2-3 times during an office visit. D/w DM regarding physical activity, food choices, weight loss goals. Check PSA for male patients over 45, further evaluate for PSA over 1.5
Choices of HTN meds. More comfort in prescribing SGLT-2 meds. Improving statin therapy in my practice. Communicating better with the patient and family.
cholesterol management and diabetes care
Choosing agents for HLD and HTN in a stepwise manner especially will be helpful.
CMS criteria for use of PCSK9 inhibitors. Non-statin medications. BP monitoring and newer guidelines
Combining PSA screen in appropriate patients with biomarker studies. Carefully watching voice tone and body language in interviewing patients while sitting.
communication and routine follow-up for effective chronic disease management
Communication methods noted in the H.E.L.P lecture
Communication,shared decisions, compliance
Complete patient experience. Revealing the art of medicine in addition to the science of medicine. The importance of good communication, manage online reputation

Consider renal contribution to diabetes, and consider proper combination of medications for individuals.
continue treatmant
Coordinated care among practitioners for lifestyle changes and patient education
Correct BP assessment
Correct bp measurement technique, use of Spironolactone, lifestyle teaching methods, statin intolerance methods
Corroborating the evidence for best practice and considering the outliers
Current environment algorithms unable to deviate to a certain degree
Current recommendations on 1st line hypertension treatment and guidelines, clinical efficacy of sglt2, application of HELP communication method, evolving screening guidelines of prostate cancer.
Currently not seeing any patients.
Decision making improve discussion
Decrease KO visit sessions. PCSK9 inhibitors - instead of lipid/Fibrofin to statin. SGLT-2 - monitor renal function
Define Patient Experience & How to Measure it; Describe today's Healthcare World; Outline the importance of the Patient Experience; Understand & apply the H.E.L.P. communication method.
Develop lifestyle changes plan with patient. Consider blood pressure monitoring at home and use home readings to determine treatment
Diabetes and Vascular Disease and Prostate Cancer this activity was effective in improving my knowledge in the content areas presented.
Diabetes management review
diagnostic measures according to s2017 guidelines; deep insight to DM tx (risks and benefits) and slides to use as reference (and to educate employee providers); updated EBP re: prostate
Dietary management strategies of DM type 2. Monitoring BP at home. Prostate cancer screening
Discontinue sulfanyureas in diabetics with hypoglycemia
Discuss with patient the risk factors and relevance of obtaining PSA in their condition. Apply the rationale for using an anti-PCSK9 monoclonal antibody in certain hyperlipidemia patients
DM management, Lipid Management Managing the patient experience Prostate Management Diet & Lifestyle DM patient management Hypertension management
DM screening and management PRostate ca screening HTN guidelines and treatments
Dm, HTN
DM, PSA, HLD managment
do more home BP monitoring
Do more shared decision -making in ordering PSA tests and emphasize more lifestyle

changes that patients can do in order to control their diabetes and not just relying on meds.
Do not use Clonidine PRN. Beta blockers as first line in BP management
Don't tell patients to exercise, encourage "physical activities", they say they enjoy/will do. Teach what carbs are, how to meal plan, stress that orange juice/juices are carbohydrates
Don't treat - just diagnose
Early diagnosis Primary prevention Secondary preventive methods Tertiary prevention
Early initiation of GLP-1 and Insulin use. Use of triple in patients with active COPD. Earlier screening for sleep OSA. Addressing differences in Dementia and treating secondary symptoms. Selecting appropriate sleep aids in the elderly.
early recognition of hypertension, importance of psa patient approach lifestyle changes in dm
Early starting of insulin
Educate
Educating my patients on disease process and updated clinical guidelines for treating diabetes, screening approaches for prostate cancer, lifestyle changes and other preventive measures.
Effective listening Effective BP monitoring
Effective management of hypertension. Proper use of blood pressure readings regarding the diagnosis of hypertension. The effectiveness of PSAcscreening
Electronic medical records
Emerging information, good discusdion
Emphasize LDL reduction and consider use of PCSK9 if appropriate. Implement immediately new guidelines on BP control; implement new strategies in microvascular and macrovascular complication sin DM - emphasize techniques for DM diet, exercise, weight reduction. Importance of patient experience
Employ evidence based treatment for primary and secondary prevention and recognize current recommendations.
Employ stepwise therapy for patients who may need PCSK9 therapy; statin to maximum tolerance and Zeta, continue to monitor lipids. For HTN, use these first: TZD (or TZD-like meds), ACEI or ARB, CCB. For DM: consider SGLT2 inhibitors if no PVD
Employ the knowledge learned from the program in the treatment of patients with HTN, DM, and with Dyslipidemia
Encourage all hypertensive patients to do home blood pressure monitoring; make sure HBA1C values done or are available at office visit; Consider biomarkers in men w/PSA >/= 1.5.
Encourage new clinicians to the practice to utilize our guidelines tabs on the EMR that list recommendations and criteria for application to clinical situations/presentation
Encourage patients to "create health" at every visit. Know that obesity is a predictor for diabetes and a marker of insulin resistance. Advise patients to exercise 30-45 minutes daily and strive for 5 % weight loss. Reduce intake of processed foods, sugary drinks and alcohol.

Encouraging patients to participate in the decision making process, and explaining things to them.
Establishing good rapport with patients and family members through effective communication and teaching.
Evaluate PSA - initial screening score. Monitoring of blood pressure at home - encourage. HCTZ has half life of 12 hours/better alternative chlorthiadone. SGLT can be used with renal impairment (most). Encourage "physical activity" and "sustainable diet changes"
Excellent presentations.. Hope, will get more presentations in the future.
Explain reason for meds. Explain how to approach exercise. Explain exercise options. Food choice = diet
Explain the patient about disease and application of test needs
First line agents for HTN
Follow guidelines Improving the use of PSA for prostate cancer screening
Follow practical advice on properly taking blood pressure. Follow new guidelines regarding clinically acceptable BP readings. Improve communication for better patient experience
Following the recommended guidelines presented in each of the areas listed above.
For HTN put patients on thiazides first line or begin with an ARB or ACE. For monitoring PSA if 1.5 or lower do nothing. If above order bio specific markers. Use SGL2 inhibitors if GFr greater than 60 for type 2 diabetes.
Generally
Getting A1C's prior to visits. Knowing who and when to initiate statins and when to go to Zetia or add PCK9 agents. Avoid the word exercise. No floor to how low the LDL can go. Screen for PSA if will work it up irrespective of age.
Getting pt compliance
Good management guidelines for DM & hyperlipidemia
Good patient experience with each office visit
Good webinar
greater comfort in using the GLP 1 and 2 medicines
greatly advanced my knowledge of current medications in treatment of hyperlipidemia and diabetes melitus
Have a better understanding
Have patients bring their medication bottles
Have to think about
HCV monitoring and treatment
He needs to become aware that his voice goes down in volume at the end of each sentence and gets inaudible!
Helping to my patient with diagnosis and treatment
HIV/AIDS
Hold statin while evaluating muscle pain. Thiazides have the shortest half lives so consider using BID. Lose 5-10% of body weight to improve insulin sensitivity. (1)
How to adjust diabetic medications for patient and how to remove and add medications. (1)
How to educate client life style modification Manage hyperlipidemia To safely manage blood pressure

How to improve glycemic control and monitor HgA1C more frequently to improve outcome. Blood pressure ensure to start with lifestyle modifications first and 1st choice of therapy should be diuretics
How to manage DM Management of COPD PS screening
How to manage PSA higher than 2.5. How to manage and not accept hypoglyemia. What meds to add to a station to decrease incidence of side effects.
how to take blood pressures in the office setting accurately
how to use statins correctly with other meds. Guideline for proper use of antihypertensive.managing and helping our patients with DM better. Know that PSA is not perfect and we need biomarkers to help for better decision making and referral. How important it is communication with patients not only from providers, also for all the staff.
HTN management goal Lower floor of LDL has not been established PSA - still cloudy but see the light! HELP pt experience
HTN management. Dyslipidemia treatment - statins. Lifestyle modification (1)
HTN Strategies and Med Management, Improved DM Management, PSA Strategies and prostate cancer
Hypertension, Diabetes, and hyperlipidemia treatment options in poorly controlled patients
Hypertention algorithm.use ofCHADs score. New pharmacology and use of lipids and diabetes drugs.
I am a pediatrician with a subspecialty in adolescent medicine, and I mostly treat children, teens, and adults for ADHD. While much of this information was not familiar to me, it will enhance my ability to communicate with my patients who have their primary care done elsewhere.
I don't use these stratagies as I am in occupational health
I got better understanding of mechanism of action of PCSK9 ,Better management of DM,better utilazation of BP medicines
I have learned additional measures to treat HLD and when it is prudent or not prudent to do so. Changing educational verbage in patient centered dialogue. I have a better understanding of SGLT2's and when to prescribe them
I have learned how to better diagnose and treat my patients. I have learned additional signs and symptoms to look for in specific diseases
I have learned ways to manage DM patients and their medication management Sleep and management Demetia and different types and these are the patients I see on a daily basis and it was very helpful to understand the different types of dementia
I intend to do update and keep abreast of the changing EVB guidelines so I can be more current and competent in treating my patients.
I learned of the current thinking about the use of the PSA test and how to use it, about the most recent diagnostic tests and the latest treatments for the problems discussed.
I now understand & know when to utilize the PCSK-9 inhibitors.

I also feel more comfortable on treatment plan with use of chlorthalidone & or aldactizide in tx of B/P The use & SGLT-2 inb is now much clearer. The ordering of PSA & it's interpretation is also much clearer.
I was especially enlightened about PSAs, I can better guide my patients. I was scared to recommend doing a PSA, if they said they didn't want a bx- then what was the point. But doing the test, then the bombarders if the fall into that 23%, further targets a biopsy. I think patients would be more amenable to a biopsy if they were further stratified into a high risk group.
I will be obtaining a biomarker for psa of 1.5 or greater weight and diabetes and treatment guideline and statin therapies
I will be referring patients
I will change how I manage hyperlipidemia and HTN. I will consider using SGLT 2 medications when treating DM I will integrate lifestyle changes when treating DM
I will consider biomarkers for all PSA levels over 1.5
I will stop using Beta blockers as first line treatment for uncomplicated hypertension. I will consider adding Zetia and PCSK9 inhibitors in appropriate patients with hyperlipidemia. I will try to stop using the term "exercise" and use "physical activity" instead with my diabetic patients
I work in Emergency Medicine so a lot of what I've learned today is not applicable. If I were to switch I would adopt medication strategies learned today such as statin and ezetimibe and PCSK9. Also, diabetic medication strategies learned today would be very useful
I work in surgery, but helps keep me updated on strategies that other physicians may use and uodated on medications.
I would use the updated info to give comprehensive and safe medical and personal care in general Improve quality of care with sensitive communication Revise the use of different parameters for prostate cancer screening Utilize more patient Diabetes education
Identify patients whether treatment is appropriate according to guidelines
Im retired Makes me a better physician
implement in strategy
Implement strategies I learned from this CME
implementing better management for T2DM, Hypertension and Hyperlipidemia
Implementing better treatment plan Communicating with patient differently regarding disease state Education
Implementing nonstatin therapy for cardiovascular management. Monitoring kidney function closer with diabetic management especially with GFR under 50.
Importance of statins. Importance of HTN, BP measure
Improve bedside manners use HELP to better communicate with my patient's use the information learned today to improve patient care (1)
Improve compliance with meds and lifestyle modifications for DM, Hyperlipidemia, and HTN. Use the HELP communication method.

Improve practice
Improve the way blood pressure is measured in the office based on guidelines. Better recommendation of first line blood pressure meds. Helping patients design and follow a healthier diet. Recommend PSA when adequate (1)
Improve use of nonstatin treatments of cholesterol. Update knowledge of newer diabetic medication. Change approach to PSA testing
Improved assessment and treatment skills
Improved dm with the use of appropriate drugs. Use of appropriate medications to treat insomnia in elderly. Recognize different dementias. Suspect sleep apnea. Improve copd treatment according to gold classification.
Improved dx and rx
improved knowledge of pharmaceutical treatments based on current, evidenced based data improved knowledge of diabetes care and management bedside communication with patients and family
Improved lipid management knowledge
In my advanced age patient base, I will certainly look to discuss more lifestyle changes for both diabetes/HLD/HTN management, as many of my patients are reluctant to start new medications for cost/personal reasons.
Include a sleep survey in patients office visits. Review patients history including family history for possible causes of patients problems. ie diabetes, breathing problems, and memory loss. I will increase screenings for sleep apnea. Also investigate cost of spirometry
Include spirometry with chronic respiratory assessment
Incorporate current guidelines and medications into practice to better control chronic diseases.
Increase activity ie. walking, swimming, stationary bike
Increase awareness of the 4 groups of drugs effective in treating HTN. Use of PSA level with biomarkers as a better way of screening prostate cancer
Increase my knowledge about research trends in hyperlipidemia and hypertension
indications of PSK9 in management of resistent lipidemias. use of omega3 in hypertriglyceridemia use of chlorthalidoneas firstline or with Ace as firstline in HTN use of PPBS in SGLT2 for T2DM management
inform/review patient medications
Information provided can be shared with pt through verbal and visual information exchange (handouts)
Informative in positive manner. Learned better need for communication skills to help the patient
integrate lifestyle management into diabetes care; Discuss strategies to help patients improve dietary management of their diabetes; Recognize how to improve medication adherence for patients at various stages of diabetes.
Integrating lifestyle management into diabetes care. Use of proper blood pressure device
Integrating new therapies based on current recommendations.
Integrating the new options, new agents and expanding lipid managements. Integrating new

treatments and managements in hypertension and diabetes. Recognizing the use of PSA for cancer screening and importance of patient's experience
Interactive session. Break provided
intergrating lifestyle management and especially diet and exircese in managing diabetes and hypertension
Involve the patient more in decision making. Increase self-management
It is very important lifestyle changes than medication, spend time to explain how effective lifestyle changes, also take wise patients language, not medical terms
Know better when to order tests to r/o prostate CA. Know when to add or not add meds to statins Direct pt on lifestyle changes to decrease carbs Understand value added to pt satisfaction, communication Understand SGLT mechanism and when to try them
Learned new methods of using SGLT-2 to lower cardiovascular risk in patients
Learned that PSCK9 meds lower LDL by 59%. Learned about SGLT2 meds
Learned the most UTD way to treat patients with hyperlipidemia resistant to statins alone.
Learning how to work around barriers such as education and cost to treat the patient with the best medications possible.
Lifestyle and lipid management
lifestyle magment
Lipid control depending on the associated risk factors. Treatment for resistant HTN. Stress on diet/lifestyle management in DM
Lipid management PSA testing
Lipid management
Lipid management with multiple agents Antihypertensive agent utilization with respect to comorbid conditions.
Lipid management,hypertension care,diabetes care,spa follow up.
Lipid, hypertension and diabetes management.
Listen to patients more. Implement new knowledge. Educate patients.
Listening Open ended questions Non judgemental
Look for new guidelines coming in Nov 11, 2017
Look into prescribing more of my patients SGLT 2 therapy.
Lower statin dose, alternate days to reduce side effects. PSA biomarkers. When to refer
Make necessary changes in practice
Manage DM2 more effectively. Manage hypertension better
Measure blood pressure in office without clinician physically in the room
Med management
Medication management and patient care
Medication, bp management
Meds for diabetes Open ended questions

Meds recs for impletmenting to control BP's Taking Pts BP's in office setting and comparing pts home readings to determine adherence to meds; making sure when BP's at taken that legs not crossed and arm is heart level Usiing the term Physical Activity vs using the term exercise when discussing wt loss with pts
Modify and correct the manner in which blood pressure is measured in the office. Pursue having patients measure blood pressure at home. Use these insurance BP. Do medication reconciliation with patients. Using terms "physical activity" instead of "exercise" and "diet" when educating diabetic patients
Monitor more aggressively lipid levels
Monitoring for hypoglycemia and medication changes
More acurrate aglorithm
More aggressive and earlier treatment of problem
More aggressive Rx of HTN,referering patients early to urologist with PSA 2-3 range
More educating patient
More focused selection of available agents for treatment of T2DM
More knowledge regarding diabetic management and lipid management
more knowledgeable
More known options now available to me. Better screening use. Improve clinical care
More PSA screening Improving compliance Better DM control
more targeted use of PSA testing and broader range of possible interventions to include non-intervention increase use of life style counseling
More useful PSA criteria.
N/A .... I am in occupational Medicine
Neutral
New agents in diabetes management
New Agents, New Options, and Expanded Potential In Lipid Management
New approach to PSA and much better understanding of SGLT2's
New diabetic med SGLT2 inhibitor. Studies done on various new meds and side effects
New Guidelines
New guidelines for managing HTN, diabetes, and lipids
New HTN guidelines
New HTN guidelines in diabetes PSA surveillance using 1.5 standard
New lipid guidelines. Improved diabetes care. Excellent lecture about PSK
New lipid management with diabetes. Use biomarkers for prostate cancer
New look in guideline of treatment and evaluation
New medication. New recommendations
New medications in treating hypertension, hyperlipidemia, etc. New affects in evaluating patients with low or high risk of developing prostate carcinoma
New medications use in hypertension/diabetes
New options for HLD treatments, life style modifications
New topics that we treat
New treatment approaches

Niacin not used in combo therapy. PSA
No beta blockers for primary hypertension. Use long term Thiazde. Correct CT > 4.0
Non statin treatment for high cholesterol. Dietary advice for T2DM and what will happen otherwise. Be more aware of patient experiences. Give value and quality (1)
None
Not applicable
Not doing direct patient care
Not to use beta blocker as first medication for HTN. Do not use clovaalizine PRN B2 hygatursive. Not add niacin or femofibrate to statin as it will not improve hyperlipidemia
Obtain applicable study results
Oo
Optimized thorough discussion of PSA and options with patients. Better more comprehensive options for lifestyle modification for diabetic patients.
Outreach Engagement Self-management Self-efficacy
Patient experience
Patient satisfaction
Patient-centric coordinated care.
PCSK9 inhibitors use Ezetamide and spironolactone use, current therapies in lipid, HTN, proper monitor of PSA in men
PCSK9 treatment strategies, Consideration of new therapies in diabetes,relevance of different bp measurements and their implications.
Pertinent educational goals for explaining how to manage and prevent diabetes
Pharmacotherapy, lifestyle integrative strategies
plan on using more additional newer meds now that i understand their action better
Practical information for primary care practice
Prescribing lipid lowering agents and anti-hypertensive medications and considerations for both
Proper BP management and measurement, statin and adjustment of proper therapy. Communication, keep teaching. 1.5 to start testing and add therapy. Work a specialty so some things I can't implement
Proper history, labs
Proper management for HLD - med therapy
Proper management of hyperlipidemia based in risk factors and ASCVD calculator. BP monitoring
Proper measurement of BP
proper treatment and management of hypertension/DM
Provide patient education on disease progress and treatment plans
PSA The importance of postprandial BS
PSA
PSA screening in men. Understand guidelines for referrals. Diabetes treatment & lifestyle importance, side effects.

PSA 1.5 for prostate cancer screening
PSA and when to send to urology. How to approach patient with DMII physical activity versus exercise. Diet versus food choices. Communication skill will change. Very confident in treating hyperlipidemia and HTN
PSA screen and Biomarkers as next step. Stop sulfonylureas then add. H.E.L.P. is another way of saying "be a good Doctor". Check 24 hour BP to determine actual number to treat indicative of disease process. Insurance does not always want to pay for what is correct.
Pt encounter for lifestyle modification in diabetes. Discussion of PSA testing. Selection and discussion of HTN treatment and checking pt compliance
Re-think about HCT2/Atanold. SGLT2 care
Recheck LDL-C after starting a statin response is important, spirondlactone great for African Americans
Recognize current recommendations for first-line agents in the treatment of hypertension Discuss strategies to help patients improve dietary management of their diabetes
Recognizing and diagnosing HTN, utilizing clinical guidelines appropriate monitoring of BP, having patient bring medications to the office. DM utilizing SGLT 2's more on patient who are good candidates for meds, integrating diet and exercise in practice
Recognizing and diagnosing patients.Using evidence based practice guidelines to treat those patients
Recommend Ezetimibe after statin if LDL-C not low enough and then PCSK9 inhibitors
Refer Pt. with borderline PSA elevation to Urologist
Refresh and good to know regarding how to manage chronic dz patient.
Retired
Review lipid goals
review my BP strategies for the office. Outline ways to improve medication adherence in management of DM. Improve communication with patients
review pt records/ s/s
RIght treatment. Patient education
Role of Anti-PCSK9 in lipid management Importance of patient inclusion in the decision making process as well as the importance of pt education with DM and HTN management Utilizing the H.E.L.P communication method
Role of statin and non-statins. Use of Aldactone in therapy of HTN. Role of SGLT2. Lifestyle and diet treatments
ROMC CARD diet for diabetes
routine a1c and follow up for better management
Rx for DM - although I will not use in my practice, it is good information
Screen for Alpha 1. Use new guidelines for hypertension and hyperlipidemia treatment
Screen for prostate cancer, prescribe PCSK9 inhibitors
Screen more patients.
Screening for PSA, healthy lifestyle modifications for the diabetic patient, correct way to take blood pressure so that I can address that with our nursing staff, better understanding on how to combine therapy in hyperlipidemia management.

Screening for PSA. Treatment of HTN, DM
Screening for risk of metastatic prostate cancer in lifetime. Choosing antihypertensive agents, pros and cons within the second class. Correlating patients behavior with what their body is doing in regards to insulin to enhance patient buy-in
Screening is essential. Managing hypertension early prevents cardiac complications. Good glucose control decreases cardiac risks, micro and microvascular complications, such as loss of vision, renal comprise, myocardial infarction,and limb loss. Management of hyperlipidemia is essential to decrease vascular complications such as MI and CVA. Attention to family history and PSA screening is critical to finding cancer in the early stages and preserving quality and length of life.
screening strategy, and changing treatment approach
Screening, following up
Screening. Appropriate medications. Ancillary interventions
Send patient to urologist if the PSA is above 2.5 Aggressive lipid management Management of diabetes complications Better control of Hypertension
Shared decision making Explain the mysteries of medical world Effective communication Active listening
Shared decisions
Some statin is better than no statin. There isn't a "too low" LDL. Say "physical activity" instead of "exercise". To reverse insulin resistance - need to lose 7% of TBW. I work in Palliative and hospice
Specifically appreciate the lecture regarding blood pressure goal setting and the information about dietary compliance for diabetic patients.
Statin benefit groups; age provides integrated estimate of lifetime exposure to risk factors; theory re PCSK9 inhibtors; preferred thiazide diuretics for HTN; benefits SGLT2 inhibitors; PSA levels; effective communication
statins and cardiovascular disease prevention Importance of patient involvement the importance of psa screeninb
Stepwise adjustment for lipid control
Still thinking or planning my strategies!
Strategies related to primary care involving cardiovascular risk factors
Stronger use of PCSK9. Better algorithm for BP control. Increase use of SGLT2 inhibitors
Switch to lower statin dose. SGLT2 monitor GFR. Healthy with high PSA check biomarkers
Taking the extra time to listen fully
Targeting the patient's experience is important
Thank you
Thanks
The role of effective communication. Useful information on how to effectively deal with barriers to diabetes care for the individual patients. CMS use of penalties to practices, and hospitals for negative patient reviews via survey.
The usage of chlorthozicine as a first line treatment in hypertension. Utilizing more SGLT-2

agents in the treatment of some of my harder to control diabetes (1)
The use of prostate biomarkers was new information to me. I will be sharing this information with colleagues. I appreciated the review of HTN treatment, particularly the current guidelines regarding 1st-line agents. If we have difficulty communicating with and connecting to patients, there is greater risk that they will not be adherent to therapy. Appreciate the reminder regarding that today. (1)
This is the wrong survey for the conference I attended. I attended the one presented in Nashville.
THIS IS WRONG EVALUATION FOR NASHVILLE WEBINAR. PLEASE SEND CORRECT EVALUATION!
Tighter BP monitoring - away from office
To help patient to improve dietary management To help patient to be more proactive in regular exercising.
Treatment Medication Follow Up
Treatment and management of both hypercholesterolemia and HTN. Key steps to follow on decision making. Discuss nutrition and physical activity with all patients. Consider PSA testing at age 45. On men with levels over 1.5. Consider more testing
Treatment of CAD, hypertension, diabetes Understanding of PSA
Treatment regimens
Try not to interrupt patients when they are talking.
Try to introduce new modalities of treatment
Uncontrolled hypertension is serious and can reduce life expectancy of about 5 years. Close follow up is necessary to emphasize taking their medicine regularly. Beta blockers should not be the first line drug to choose in hypertension
Understanding DM type 2 treatment combination and close follow up for possible side effects
understanding medication indications and usage
undertand the need of lifestyle changes in the management of diabetis , hyperlipidemia ot control their condition
Update in lipid management
update on guidelines and new strategies
Us ACC guide lines, Use Better blood pressure monitoring for diagnoses and treatment, better postprandial blood sugar control
Use 3 medications in first line BP control. BP measurement should be standardized at home rather than office
Use aggressive lipid and sugar controls. PSA considerations.
use all strategies
Use effectively new agents. follow guidelines. follow macro vascular & microvascular recommendation. diet & Exercise
Use more chlorthatidone. Have patients do more carb journaling instead of food journaling. Order more biomarkers for PSA >1.5. Read all surveys
use new DM medications to get better control of DM in my pts and reduce cvd
Use of anti-PCSK9 in lipid management. Strategize to change diet and lifestyle with diabetic patient. Use of biomarkers in managing risk in patients with PSA over 1.5 mg/ml

Use of anti-PCSK9 monoclonal antibody therapy combination of statin and ezetimibe not effective in achieving LDL goal in high cardiovascular risk group. Goal HTN < 140/ 90 for Age
Use of ezetimibe, PCSK9 in patients taking statin. Not adding niacin to a statin Use of chlorthalidone due to its long half life vs HCTZ short half life Not using BB as 1st line agent PSA and utilizing biomarkers diet and lifestyle in DM effective communication
Use of lipid lowering agents more aggressively , better understanding of SGLT 2 drugs, better understanding of gyn and drug clssses
use of newer medication for diabetes and cholesterol control
USe of newer therapies
Use of PCSK9 inhibitor. Restriction of Beta blockers as first line in HTN
Use of proper BP monitoring
Use of SGLT 2 . Discussion of PSA screening Improving patient experience
Use of SGLT2 for PP hyperglycemia
Use of statin therapy in prevention and treatment of cardiovascular disease. Improvement in the control of HTN
Use of statin, treatment of hypertension, treatment of PAC. Very educational
Use PCSK9
Use Psk9 for Ldl not responding to statin and zetia third line. Use sglt2 inhibitors to reduce posprandial glucose. Only further screen for PSA above 1.5
Use recomended medications in better way
Use SGLT2 for diabetes management Use biomarkers for PSA level above 1.5 Use less than BP 140/90 as goal for all ages regardless of diabetes status
Use strategies and sequence of medications in treating hyperlipidemia, diabetes, and HNT
use the resources and the lecture content
Using biogenetic market in PSA of 1.5 or greater.
Using high dose statin. Using SGLT2
Using medication and function strategy to adjust medications
Using monoclonal antibodies in controlling LDL Strategies in controlling blood pressure
using more GLPs
Using new approaches to manage hyperlipidemia and risk assessments for patients candidate for PSA measurement and diabetic therapies
Using new DM meds
Utilize GLP-1's more often in my practice to increase B-cell activity in my diabetic patients (1)
utilize the knowledge that I learned from this conference to apply in my practice, spend more time with the patient
Utilizing the PSK9 drugs in order to reach LDL goals; using different approaches and bargaining with diabetics; understanding PSA and learning about the patient experience to

serve my patients.
Utilizing the things that I have learned from this educational activity , I will be more aggressive in the treatment of the conditions discussed to have desired treatment goals
Utilizing updated guidelines and recommendations for patient management.
Variation of Medicines.
Various options for diabetic control
When to add which lipid med
When to screen and refer for elevated PSA.
Which statin and nonstatin and primary or secondary
Who would best benefit in using SGLT2 therapy, When to refer a PSA out and when biomarkers are helpful, Teaching carbs in a way pts understand
Will attempt better control of DM and Dyslipidemia with newer drugs. Will attempt better Hypertension assessment and control based on new information that was provided in the Lecture.
Will be utilizing the newer recommendations for B/P, DM management, and PSA.
Will implement in my practice with education and prescribing.
Will implement in patient care
Will try to follow ACC guideline to control hyperlipidemia and HTN better. Will attempt to be aggressive in controlling lipids by using statins and PCSK9. Will try to sit down and talk more with patients and educate them about diet and physical activities
With review medications my patients are taking and make change to align the regimen with evidence/best practice guidelines. Discontinue medications that are not effective. When using HCT2 prescribe it at twice a day instead of once
Assessment and treatment of Diabetes Mellitus Improved assessment of Blood Pressure measurement techniques and subsequest treatment if indicated Assessment of PSA results How to speak more effectively to patients about needed life changes to help them improve their health.

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

Comment
About Dementia and Alzheimer's Disease
Adolescent medicine, Asthma
Advances in congestive heart failure and stroke and coronary artery disease medical Rx
Aging and medicine challenges. Arthritis. Cancer surveillance
Alzheimer's Disease
Any
Arthritis/obesity/chronic pain and alternative therapies
Arthropathy - RA, OS - new Rx. Multiple Sclerosis - new Rx
Asthma versus COPD. CHF. Thyroid; GI approach
Asthma, COPD. Eczema. Irritable Bowel Syndrome. Arthritis

Atrial Fibrillation. COPD. Heart failure
Autism spectrum. ADHD
Autoimmune diseases
CA-125. Ovarian cysts
Cardiovascular disease. Renail failure. Hepatic failure
Cardiovascular, Neurology
Cerebrovascular disease
CHF management (outpatient)
Choosing antibiotic therapy (
Chronic low back pain. Stroke. COPD. EHR - tips, notes too overwhelmed
Community acquired pneumonia. GERD
COPD management. Chronic pain management without chronic opioids. Achieving remission in chronic depression - with patients "too busy" for psychotherapy
COPD. Asthma. Thyroid disorder. Lipids, AAI
COPD. BRCA. Infectious Disease
Cost of health care and affordability given the current state of affairs
Cough. Pneumonia. HTN. DM management
CVA, Asthma, Anemia
CVA. Parkinson's Disease
Defractory hypertension. Cases on how to implement various diabetic meds
Dementia management
Dementia. P.D.
Depression management in elderly. Wound care. Peri-menopause women's health. Dementia/Alzheimer's early diagnosis and management
Depression/anxiety, psych management in Primary Care
Dermatology topics. Other careers for physicians other than clinical medicine due to the changes in medicine, more PA's and NP's doing our jobs!
Diabetes and neuropathy treatments and options. Dialysis; pain, chronic - management
Diabetes, diet, lifestyle, vascular diseases, prostate, HTN, lipid management, patient experience
Dialysis versus transplant. Lab values. Diet and importance in renal patients
Diastolic dysfunctions with and without heart failure and treatment modalities. Cardiomyopathies and treatment
DM. HTN. CKD
DM. Hypertension
DM2 meds
Drug addiction treatment protocol
Endocrine organ dysfunction. Arthropathies with newer modalities of treatment. Improved patient communication
Erectile dysfunction. Impotence. Lung cancer. Dementia. Diastolic CHF. Osteoporosis men/women. Opium indications abuse
Fall risk assessment and prevention. Dementia. Obesity
Genetic factors in diseases. Finding a solution by genetic modification
GERD. GOUT. Urinary tract infections. Cellulitis
HCV, Oncology
Headache/migraine management. Women's Health

Heart failure in Primary Care. Osteopenia/Osteoporosis. PCOS. Depression/anxiety in Primary Care. Uncomplicated Dermatology conditions in Primary Care
Heart failure, CVD
Hematology/Oncology
Hepatitis
Hepatitis B/C
Hepatitis. AFib. Vascular defects
HIV
Hormonal replacement, menopausal evidence-based treatments
Human trafficking, to know what to look for
Hypogonadism. RA management. Locum Jenens, do's and don'ts. Childhood obesity. Opioid management addiction in PC setting
ID topics - any
Identify Atrial Fib and use of anticoagulants. Use of anticoagulants concerning duration with improved clinical tests
Inclusion of some gyn subjects
Infectious Disease issues: treatment and selection of proper antibiotics for CAP, Bronchitis, etc. Asthma update. Inflammatory bowel disease update. Regulatory review. Sarcoid overview including trends, treatments, etc.
Issues facing the senior population
Latent TB. What it's all about and treatment
Limbo sacral disc disease treatment
Low back pain
Medical management of post MI patient. Medical management of diabetics (type II) on insulins. Follow up on prostate screening (especially with Dr. Rosenberg)
Menopause symptoms treated with HRT and safety
Mental health in primary care
Metabolic bone disease. Orthopedics, especially being able to distinguish between hip vs low back pain and shoulder versus cervical pain
Metabolic syndrome. Obesity, diabetes, hyperlipidemia updates. Osteoporosis. Menopause. Falls. Degenerative arthritis. Rheumatoid arthritis
Musculoskeletal pain and management
Nephrology related topic. Thyroid related topic. Vitamin D related topic
Neuro topics or Epilepsy, Parkinson's disease, Dementia, etc.
Neuro/Psy
Neurological problems/diseases. Hematological problems/diseases. Renal diseases
Neurology, headaches, Dementia. ID-Sepsis
Neurology/psychiatry topics, also infectious diseases
New insulins, Tujeo, Tresiba, basal bolus insulin strategy, insulin pumps and CGMS
New Nov. 11, 2017 HTN guidelines. Geriatric specific!
Obesity, Osteoarthritis, Depression
Obesity. PCOS. CHF
Opioid addiction. Depression
Opioid addiction. Human trafficking (sex and slavery). Obesity
Opioid and chronic pain management - DEA. Fibromyalgia
Opioid crisis

Opioid use and abuse diversion. Alternative medications, care
Pain management
Palliative/pain management. Hospice care
Pediatric HTN management
Pediatric topics. Orthopedics. Dermatology
Peds and OB/Gyn
Post-op infections
Preventive medicine
Primary Care procedures (laceration repair). EKG, xray interpretation
Proper management of asthma. Depression treatment in Internal Medicine. Recent development in HIV management
Prostate cancer and PSA problems. HTN. Lipid. DM. Women's Health issues in Primary Care
Prostate cancer screening - totally uninformed. Dizziness. Fatigue - unexplained. Depression. Incontinence
Psychology. Women's Health. Men's Health. Wholistic/supplement health (1)
Psychotherapies. Medication/application. Medication management for pain. Target opioids. Obesity, the new epidemic
Pulmonary
PVD. Lymphedema
Rashes. Pneumonia. Dermatology. Chronic UTI's
Rheumatoid Arthritis. IBD. AAA. PVI
Rural
Shift work syndrome and sleep apnea
Skin rashes (Dermatology). Hormonal replacement therapy
Sleep apnea. Obesity. Evaluation of elevated LFTs/fatty liver/Rx. Evaluation of Proteinuria/workup/Rx
Sports medicine
STD and bacterial infections. Pulmonary hypertension. PAD
Stroke
Stroke, COPD, Asthma
Surgical topics like breast, colon cancer
The new cure for Hep C - which patients are likely to be recommended for treatment
These topics covered were great
Thyroid diseases
Thyroid disorder. Chest pain
Thyroid disorders and management. Pancreatitis, management and alcoholism. Liver disorders
Topics addressing conflicts in Emergency Medicine
Topics on discussions of offering Palliative Care to patients and the diseases that would quality patients into Palliative Care programs. Managing CHF, COPD, CKD, Dementia
Treatment of AFib. Management of obesity. Management of back pain/pain management. Colon cancer screening
Treatment of gestational diabetes. Controlling hypertension in pregnant patient
Updated management in metabolic disease. HTN, Dyslipidemia, Diabetes. Also add thyroid problems

Vaginal prolapse. Immunizations - review. ECG
Workup for recurrent PE/DVT. Indications of MRI/CT scans in PCP office
Wound management, CPT using update, update on coding
Wound management; opioid deprescribing; preventative medicine/guidelines

Additional Comments

Always great presentations
awesome job everyone!
cannot view the video play on simucalst
COPD
cover ihss
Excellent
enjoyed the music played during audience polling!
excellant topics and speakers made them easily assimable
excellent
excellent
EXCELLENT ACTIVITY WILL LIKE TO SEE MORE SIMULCAST ACTIVITIES
Excellent Conference
Excellent conference, especially and including new to me Jan Basile, MD
Excellent home CME activities
excellent presentation
Excellent presentation and knowledgeable presenters
Excellent program
excellent program!!!
Excellent speakers, informative topics, and ability to participate on line
Excellent topics discussed today! Thank you
Excellent!! Loved this cost effective webinar and free CEUs!!
Excellent!!!
Excellent,knowledge, practical application to everyday tx. Interesting.
Exceptional discussion
For Dr. Rosenberg:
For Dr. Rosenberg: I was on Androgel for 11 years, s/p orchiectomy for Semenoma. My PSA was stable at 2.2 for those 11 years. My insurance company removed Androgel from their formulary. I was maintained on the dosage of 1/2 packet 6 days of the week and 1 full packet, 1 day of the week. My prescriptions have changed 3 times, based upon response, meaning testosterone level and maintenance. With each change, my PSA rose and continued to rise from initial 2.2 to 2.7, 3.2, 2.7, 4.6, 5.6. Further testing indicated a 12% risk. A biopsy was performed and all came back normal. I asked my Urologist to write a letter several times, to try to get approval for Androgel and relate the reason/justification for authorizing Androgel, based on 11 year history of stability on Androgel, vs the escalating PSA and higher dosage, to maintain testosterone level. My Urologist refused to submit a letter. His response was, "you will be considered 1 of 1". I could not believe his response. As a Clinician with prescriptive authority, who advocates for my patient and fight with insurance companies, for my patient, and could not believe my Urologist would not advocate based on sound data and a patient who is sound in mind and very rational and logical in approach. Your thoughts and comments please. Respectfully, Michael O. Mahler, CRNP, ANP-BC,

LCDR, USN, RET
good CME
Good info
good presentation
Good presentation
Great
Great Conference
Great conference. Thank you
great speakers and lecture were excellent
Great Staff
Great way to earn CME without the cost of travel
I appreciate NACE for having this conference available
I greatly appreciate opportunity to view conference from home and appreciate the opportunity to do so at no cost.
I was not happy with Dr Rosnberg he approached the issue of PSA testing with a persistently negative attitude, everybody was wrong but him and I am not sure if anybody got any helpful info after all.except that if a 50y/o has a PSA over 1,5 be followed closely VS one who has less than 1,5 be checked every 5 years but I do not think this is the national reccomendation.
I was planning on traveling from Indiana to this conference, had conflicting issues, and was so glad to see it was offered via live conference!
Incorporate use of translator machines/staff with patient communications
It was an excellent conference
keep up the good work
Long day but very worth it
Love the live conference I could watch on the computer. Thanks!!
loved the conference. Learned a lot
Loved the convinience
N
n/a
NA
none
None. Good course.
nothing
office i.v and billing
online access was terrific!
Please correct the date of my conference to 9/16/2017
prostate lecture extremely important
really enjoyed the lectures
Remote access to learning was a key point
Stolar was an excellant speaker, very easy to understand, made a complicated topic very simple, thank you
Thank you
Thank you for a great series
Thank you for all you do
Thank you for continued learning opportunities online such as this
Thank you for making this Conference available for those at a distance! However, the

speakers need to be aware of their time alottment when they are lecturing
Thank you for making this easily accessible
thank you for this service
Thank you very much . Appreciate your continuous efforts to keep us updated in medicine.
Thank you!
thank-you for bring great free CMEs to our homes- you are raising the bar of primary care
thanks
Thanks for an Excellent CE program
thanks for providing this lecture for us.
Thanks for quite informative presentations
Thanks for the Presentations
Thanks for this CME opportunity.
Thanks so much.
Thanks.
The speaker shows up by simply clicking the link but seeing the slides requires the email address. Seems odd to disconnect the two. Thanks for your efforts! Very much appreciated!
this CME was on September 16, 2017. Not on the date on the top of the page
This does not appear to be the correct form for the webinar offered on 9/16/2017 (1)
this eval is different from today's lectures
THIS HAS BEEN A VERY WELL PRESENTED CONFERENCE!
THIS IS WRONG EVALUATION FOR NASHVILLE WEBINAR!
this web based experience was positive
Thought it was an excellent conference.
Truly wonderful conference--speakers were each excellent with their coverage of very pertinent topics and I so appreciated the opportunity to participate as remote audience member
Very educational.
Very good CME experience today!
Very good CMS course. thank you
Very good presentation
Very good! Thank you!
well done
Well done!
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