Emerging Challenges In Primary Care: *2017*

Activity Evaluation Summary

CME Activity: Emerging Challenges in Primary Care: 2017
Saturday, April 29, 2017
Hilton Miami Airport
Miami, FL

Course Director: Gregg Sherman, MD

Date of Evaluation Summary: June 1, 2017

NACE NATIONAL ASSOCIATION FOR CONTINUING EDUCATION

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In April 2017, the National Association for Continuing Education (NACE) sponsored a CME program, ***Emerging Challenges in Primary Care: 2017***, in Miami, FL.

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 Lipids, Diabetes, Idiopathic Pulmonary Fibrosis, and Alpha- 1 and COPD.

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

Three hundred eighty healthcare practitioners registered to attend ***Emerging Challenges in Primary Care: 2017*** in Miami, FL. One hundred and ninety healthcare practitioners actually attended this conference. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. One hundred and ninety 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 live activity for a maximum of 1.0 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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

The National Association for Continuing Education designates this live activity for a maximum of 5.0 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

National Association for Continuing Education is approved as a provider of nurse practitioner continuing education by the American Association of Nurse Practitioners. AANP Provider Number 121222. This program has been approved for 6 contact hours of continuing education (which includes 3.0 pharmacology hours).

Integrated Item Analysis Report

What is your professional degree?

Response	Frequency	Percent	Mean: 2.37
MD	72	38.92	
DO	4	2.16	
NP	84	45.41	
PA	15	8.11	
RN	6	3.24	
Other	2	1.08	
No Response	2	1.08	

What is your specialty?

Response	Frequency	Percent	Mean: 2.80
Primary Care	131	70.81	
Endocrinology	3	1.62	
Rheumatology	2	1.08	
Pulmonology	2	1.08	
Cardiology	8	4.32	
Gastroenterology	3	1.62	
ER	4	2.16	
Hospitalist	4	2.16	
Psychiatry/Neurology	2	1.08	
Other	22	11.89	
No Response	4	2.16	

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

Response	Frequency	Percent	Mean: 4.61
None	13	7.03	
1-5	24	12.97	
6-10	21	11.35	
11-15	27	14.59	
16-20	24	12.97	
21-25	17	9.19	
> 25	53	28.65	
No Response	6	3.24	

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

Response	Frequency	Percent	Mean: 4.55
None	13	7.03	
1-5	24	12.97	
6-10	24	12.97	
11-15	28	15.14	
16-20	20	10.81	
21-25	20	10.81	
> 25	50	27.03	
No Response	6	3.24	

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

Response	Frequency	Percent	Mean: 3.05
None	38	20.54	
1-5	37	20.00	
6-10	43	23.24	
11-15	20	10.81	
16-20	15	8.11	
21-25	8	4.32	
> 25	12	6.49	
No Response	12	6.49	

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

Response	Frequency	Percent	Mean: 3.47
None	19	10.27	
1-5	53	28.65	
6-10	29	15.68	
11-15	22	11.89	
16-20	24	12.97	
21-25	13	7.03	
> 25	16	8.65	
No Response	9	4.86	

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.

Response	Frequency	Percent	Mean: 1.11
Yes	162	87.57	
Somewhat	20	10.81	
Not at all	0	0.00	
No Response	3	1.62	

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.

Response	Frequency	Percent	Mean: 1.16
Yes	156	84.32	
Somewhat	25	13.51	
Not at all	2	1.08	
No Response	2	1.08	

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.

Response	Frequency	Percent	Mean: 1.18
Yes	153	82.70	
Somewhat	26	14.05	
Not at all	3	1.62	
No Response	3	1.62	

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

Response	Frequency	Percent	Mean: 1.15
Yes	125	67.57	
Somewhat	18	9.73	
Not at all	2	1.08	
No Response	40	21.62	

Upon completion of this activity, I can now: Discuss the pathophysiology of alpha1-antitrypsin deficiency (AATD); Utilize appropriate screening for AATD; Incorporate AATD testing into routine chronic obstructive pulmonary disease (COPD) management algorithms; Discuss treatment options for AATD and latest GOLD guideline recommendations.

Response	Frequency	Percent	Mean: 1.17
Yes	112	60.54	
Somewhat	21	11.35	
Not at all	1	0.54	
No Response	51	27.57	

Overall, this was an excellent CME activity:

Response	Frequency	Percent	Mean: 1.25
Strongly Agree	142	76.76	
Agree	37	20.00	
Neutral	1	0.54	
Disagree	1	0.54	
Strongly Disagree	1	0.54	
No Response	3	1.62	

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

Response	Frequency	Percent	Mean: 1.26
Strongly Agree	140	75.68	
Agree	40	21.62	
Neutral	0	0.00	
Disagree	1	0.54	
Strongly Disagree	1	0.54	
No Response	3	1.62	

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

Response	Frequency	Percent	Mean: 1.26
Strongly Agree	138	74.59	
Agree	41	22.16	
Neutral	1	0.54	
Disagree	0	0.00	
Strongly Disagree	1	0.54	
No Response	4	2.16	

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

Response
Add ezetimibe as first choice often with a statin and not at goal. "Chronic changes' and a CXR always require follow-up (for IPF late)
Use CVD risk calculator/notes basal insulin with GLP-1. Be able to diagnose IPF
How to titrate meds for hypoglycemia. How to order statin therapy to get better outcomes
PCSK9 use. IPF diagnosis and treatment
Add additional drugs to control diabetes. Use additional criteria for lipid control Test COPD for AAT
Use of GLP-1 receptor agonist. COPD Gold 2017. Diagnosis of IPF
Studies proven to aid in statin treatments. Use of spirometry to diagnose COPD
Exercise increases CPK. Red Yeast Rice is same as lovastatin but more expensive
Initiating SGLT-2 and GLB-1 RA and helping patients to overcome barriers to their use
How to screen for IPF and manage statins. When to refer to pulmonologist
Adding Ezetimibe and stepping up care with PCSK9
N/A in my ED practice
Considering or adding a SGLT2 inhibitor, a GLP-1 RAs to the standard treatment in T2DM, when needed to decrease CV death, reduce or improve HbA1C level and postprandial hyperglycemia in patients with T2DM
Adding PCSK9 inhibitors to patients not at goal LDL with max statin what patient is candidate for SGLT-2, high resolution CT to RYO IPH, better diagnose COPD
Learning topical presentation of patients with pulmonary fibrosis - using AATD testing for routine COPD management, etc.
Better control of HTN/ASCVD. Check all COPD patients for AIAT-D
Will utilize i-Pradui
Do not accept "chronic changes" without thinking "why" they are present (CXR)
Better communication with patients
Reduce LDL <70
Use of SGLT-2 in control of DM. Use of high resolution CT in diagnosis of IPF
Diagnose IPF with HRCT. Use SGLT1 with GFR <60-48. Use GLP1 with high post prandial BG's
Post MI patients need status, reduce dose if needed. Use combo of GLP-1 + long acting insulins for optimum results. Screen all COPD patients for AADT
Better lipid control. Alternatives to T2DM treatment
Increase patient education on reasons and patho of medication and/or any other therapies initiated
Implement new strategies on lipid management. Test patients with AATD
Integrate new information in Diabetes Management
Use ASCVD risk estimator. Use of SGLT2 based on GFR and hypoglycemia
I'd treat patient with T2D who has high A1C and obese combine metformin with GLP-1 receptor agonist
More confidence with use of antiPCSK9 agents
I have learned new methods about recognizing the need to further investigate ITP
Up to date knowledge in these topics. Increased confidence to use new therapies in daily practice

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

Response
Utilize efficacy of SGLT2 therapy
I've learned additional medications to use to improve patients' outcomes if I happen to be in that predicament
Do not hesitate to treat all patients for Alpha-1. Red Yeast Rice is actually as effective as the palage statin but more expensive and not covered by insurance
Management of DM. Management of lipids. IPF diagnosis and management. COPD management
More aggressive lipid management. Differential diagnosis with pulmonary fibrosis and new DM management strategies
Check level of alpha antitrypsin in Abi COPD patients. All non-responsive asthmatics. In COPD focus on exacerbations and shortness of berath. Most statin intolerance patients (aches) can be successfully rechallenged
Screening all COPD patients for Alanfetib. IPF therapy
Use of nonstatin drug such as zetia, usage of GLP-1 in conjunction with basal insulin
Use of SLP-1; use of exotimmide and better management of statin intolerance
Advocate for spirometry in office. Use of HCRT - never ignore CXR "chronic AED". Advocate for use of GLP1 and SGLT2 in practice - not tier 1. Use of PCSK9 to achieve LDL goals and decrease ASCVD
In particular high HDL patients - this course was effective to help me understand treatment process so in my psychiatry practice I can help overall outcome by helping patients understand their treatment and benefits
Lipid management, SGLT2 inhibitors, Pulmonary Fibrosis
Management of patient reported statin intolerance. Increase use of SGLT-2 inhibitors. Consider GLP-1 RA more oten. Increase screening for AATD
Detailed H+P. Early testing. Early referral. Emphasis on the lung
I will be more focused on pre and post prandial and mne conditions in adding SGLT2 + GLLR-1's as indicated
Application of evidence-based treatment of lipid disease
Updated/new guidelines. Communication
Statins, statins, statins - even if myalgia - cut days taking to Q other; if still not at goal, add Egpetimide, then if still not at goal, add PCSK9
LDL requirement in DM patients
Provide better healthcare
I improved my knowledge in areas presented - I have learned useful strategies for my patient care
Update management and treatment
Use GLP-1 analog to treat postprandial glucoses excursions, identify IPF cases, use statins more frequently
New focus on insulin management and GLP-1 receptor agonists. Diagnosis of pulmonary fibrosis and treatments
PCSK9 - after there is more studies and HMO approval
Much better knowledge about treatment of hyperlipidemia, statin therapy group treatment
Manage better hyperlipidemia and COPD patients as well as DM patients. Better screening pulmonary fibrosis
Aware of the indicators and goals of treatment
Review medication doses more frequently
Teach and remind clients' adherence with medication
Use of newer therapies for T2DM, improved lipid reduction/control, identification of LPF, diagnosis and treatment of AIAT ad COPD
New agents, new options. Updated information: GDP1 receptor, Alpha-1
Will be more aggressively referring patients with cough. Will systematically investigate the incidence of hypoglycemia of my diabetic patients
Allow PCSK-9 to come into the situations for treatment. Referral to pulmonologist with chronic ongoing respiratory symptoms
Use basal insulin with GLP1 receptor agonist for better control of PPG and FPG
Improve education to increment the compliance of people to the therapy
Better understanding of disease processes are better utilization of therapies available for treatment of such disease processes

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

Response
Use of spirometry for COPD diagnosis and management work-up patient with persistent basilaridies for idiopathic pulmonary fibrosis/use the ASCVD risk estimator to guide statin therapy/uses of CT when appropriate
Identifying risk factors ASCVD when I initiate statin. How I use GLP-2 with basal insulin. COPD step therapy
Never ignore basilar crackles. Age is the highest rise for ASCVD
Smoking cessation. Screen for all AAT. Follow GOLD guidelines
Follow ACC guidelines. Implement use anti PCSK9 monoclonal antibody treatment - put in practice more SGLT-2 therapy. Consider GLP-1 RR therapy in the role of PP Hyperglycemia. Alerts in IPR Rx, none considering on IBX of AP-COOP
Insist with patient that needs statins
Yes I will, but in reality my patients have a hard time paying a 4.00 medication let along these expensive new moleculars
Adjusting pharmacotherapy according to EBM
Apply appropriate treatment to CVD high risk population - following guidelines recommended. Incorporate GLP-1RA treatment to reduce PPH and not ignore "chronic changes" in CXR
Treatment guidelines to prevent cardiovascular disease, treatment strategies for T2DM
Be more aggressive controlling risk factors in my patients i.e. blood pressure, cholesterol, serumgluoses with low morbidity, mortality. Was given good information to attempt to do that
Screen all COPD for AATD. Spirometry for all patients. Gold standard
Will add question "do you experience hypoglycemia" to ALL my DM patients. Will consider some SGK2. Will order alpha-1 tst
Early approach to diagnosis and treatment
Daily use
Prescribe fewer B-adrenergic bronchodilators for IPF/refer for blood transfusions for AATD. Consider anti-PCSK9 for my serious lipids patients
Use the latest ADA guideline. Request HRC +with Pulm Fibrosis patients
Confidence in Rx due to increased knowledge with T2DM drugs. Increased awareness of IPF and the critical need to identify patients with this end-stage disease
Use of GLP-1 meds, PCSK9 meds and treatment
Presentation stressed greater focus on aggressive management of hyperlipidemia and staying on statin drugs
Better understanding of patients helping them manage their disease and applying new options and treatment of this disease: hyperlipidemia, diabetes IPF, and COPD, and start new treatments and management
Better evaluation and management of my patients
Although I do not manage primary care, I am in infectious diseases. Knowledge is key. I will share my knowledge with my colleagues that do primary care
Intensify lipid control with PCSK9 inhibitor
Adequate screening and Pharmacotherapy applications. Adequate diagnosis
Follow up criteria until diagnosis for IPF if suspected
Check all patients with COPD for AATD (at least discuss this with patients)
I deal with hospice patients so will not use some therapies
Initiating statins and anti PCSK9 treatment
Referral criteria, diagnostic signs
Starting statins early
Data supported evidence of treatment efficacy in patients with diabetes. Use of GLP, GLP2 and SGLT2, also recommended treatment for patients with Hyperlipidemia
I will be more confident in the use of basal insulin, metformin, pre-post prandial glucose and the use of SGLT
I would have to avoid SGLT on patients with GFR <60
Better understanding of anti PCSK9 monoclonal Abi, SGLPT1+ RA treatment, IPF, AATD, COPD
DM management. Hyperlipidemia. Management of IPF and COPD

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

Response
Knowing when to add SGLT-2 and GLP-IRA to a diabetic regimen. Knowing appropriate test to order for IPF and when to refer to pulmonary
Statin use
Use anti alpha PCSK 9 inhibitors

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

Response	Frequency	Percent	Mean: 1.39
Very likely	139	75.14	
Somewhat likely	24	12.97	
Unlikely	4	2.16	
Not applicable	13	7.03	
No Response	5	2.70	

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

Response	Frequency	Percent	Mean: 1.60
Within 1 month	121	65.41	
1-3 months	31	16.76	
4-6 months	2	1.08	
Not applicable	24	12.97	
No Response	7	3.78	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Peter P. Toth, MD, PhD, FCCP - Lipid Management:

Response	Frequency	Percent	Mean: 4.83
Excellent	154	83.24	
Very Good	21	11.35	
Good	5	2.70	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	5	2.70	

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

Response	Frequency	Percent	Mean: 4.71
Excellent	142	76.76	
Very Good	29	15.68	
Good	8	4.32	
Fair	1	0.54	
Unsatisfactory	1	0.54	
No Response	4	2.16	

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

Response	Frequency	Percent	Mean: 4.70
Excellent	140	75.68	
Very Good	27	14.59	
Good	8	4.32	
Fair	2	1.08	
Unsatisfactory	1	0.54	
No Response	7	3.78	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Franck Rahaghi, MD, MHS, FCCP - Idiopathic Pulmonary Fibrosis:

Response	Frequency	Percent	Mean: 4.90
Excellent	151	81.62	
Very Good	11	5.95	
Good	1	0.54	
Fair	0	0.00	
Unsatisfactory	1	0.54	
No Response	21	11.35	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Franck Rahaghi, MD, MHS, FCCP - Alpha-1 and COPD:

Response	Frequency	Percent	Mean: 4.88
Excellent	139	75.14	
Very Good	10	5.41	
Good	2	1.08	
Fair	0	0.00	
Unsatisfactory	1	0.54	
No Response	33	17.84	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Peter P. Toth, MD, PhD, FCCP - Lipid Management:

Response	Frequency	Percent	Mean: 4.88
Excellent	158	85.41	
Very Good	20	10.81	
Good	1	0.54	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	6	3.24	

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

Response	Frequency	Percent	Mean: 4.83
Excellent	152	82.16	
Very Good	26	14.05	
Good	1	0.54	
Fair	1	0.54	
Unsatisfactory	0	0.00	
No Response	5	2.70	

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

Response	Frequency	Percent	Mean: 4.82
Excellent	150	81.08	
Very Good	27	14.59	
Good	1	0.54	
Fair	1	0.54	
Unsatisfactory	0	0.00	
No Response	6	3.24	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Franck Rahaghi, MD, MHS, FCCP - Idiopathic Pulmonary Fibrosis:

Response	Frequency	Percent	Mean: 4.89
Excellent	151	81.62	
Very Good	13	7.03	
Good	1	0.54	
Fair	0	0.00	
Unsatisfactory	1	0.54	
No Response	19	10.27	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Franck Rahaghi, MD, MHS, FCCP - Alpha-1 and COPD:

Response	Frequency	Percent	Mean: 4.88
Excellent	146	78.92	
Very Good	13	7.03	
Good	1	0.54	
Fair	0	0.00	
Unsatisfactory	1	0.54	
No Response	24	12.97	

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

Response	Frequency	Percent	Mean: -
Topics covered	162	87.57	
Location/ease of access	106	57.30	
Faculty	48	25.95	
Earn CME credits	140	75.68	
No Response	3	1.62	

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent	Mean: 1.44
Strongly agree	109	58.92	
Agree	62	33.51	
Neutral	8	4.32	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	6	3.24	

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

Response
Depression, Hypertension
Outpatient management of urinary incontinence
Hypertension, one change in guidelines for asthma. Substance addiction in pulmonary care
Psychotropic medication. Cognitive therapy
Lung cancer screening, diagnosis, workout diagnostic test. CAD, CHF. Pneumonia, CKD, PVD
O/B treatments performed in the OR, ethical issues within the hospital. Patient care related to genetic predisposition. Psychological treatment to post-traumatic episodes. Adolescent health and pregnancy and STDs prevention. Health and exercise prevention techniques. Way sot natural healing and changes to lifestyle techniques and improvements. New development on new techniques and treatments related to acute/chronic care of diseases. Prevention measures and implementation in the community
Male and female disorders. Common GI tract disorders and imaging guidelines. EKG interpretation
TCV and pet therapy and its effects on longevity with the elderly
GERD. Hypothyroidism

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

Response
Dermatology. STDs. Abnormal Gyn imaging Abnormal pulmonary/abdominal imaging
HTN treatment, management. Orthopedics
STEMI versus nonSTEMI diagnosis and management. Clues on EKG readings for diagnosis
CHF
Psoriasis. Rheumatoid arthritis. Dementia. Educate properly on DM to prevent micro and macro circulation problems
CKD
Cardiac studies
Juvenile diabetes
Abnormal gastric biopsies in children. How to diagnose lymph nodes. Appendicial cancers. HTN urgency versus HTN emergency; when to treat or send to ER
Palliative Care
Hyperbolic oxygen treatment
CKD. Thyroid disease. Anemia
Dermatology topic. EMR - efficiency of documentation. ICD 10 - what is new/preferred ICD code use
CKD. More pulmonary
Minor emergencies at the office. Psychiatric in primary care. Zika
ACD, basic ortho
CHF. Most common acute visits: HA, dizziness, cough
Pediatric diabetes evaluation and management. Pediatric asthma evaluation and management. Pediatric use of antilipidemic medications
Some pediatric subjects
Alzheimer's. Prostate Cancer. CKD. Old age and preventive tests
Diabetes - management, long-term insulin; CKD. Coumadin therapy; A fib; DVT. PVD-PAD - anticoagulation therapy options, CVA, skin disorders, endocrinology
IBD: ulcerative colitis, Crohn's Disease, IBS
Hematuria. Male hormone therapy; due to daily request from patients, more willing to discuss testosterone instead of DM medication!
Orthopedic issues. Hypothyroidism. HTN. Asthma. Contraceptive management. Anemia. Anticoagulation management
ADHD. Dermatology (skin rashes), various treatments. Asthma - diagnosis and treatment of COPD, sleep obstructive apnea. Neurologic and psychiatric disorders
Expand treatment
Effect of vapor cigarettes on lungs
Nephrology topics. Autism. Sleep apnea. More of diabetes mellitus symptoms. MS. Atrial Fibrillation
Diabetes I and II and therapeutics and guidelines, new strategies
Pulmonary Hypertension, CHIARI malformation. Radiology interpretation: CXR, CT, U/S
ENT and treatment. Skin disorders and treatment
Chronic kidney disease. Acute kidney failure
Hypertension. HIV/AIDS. SLPT, Schizo, Depression (mental health subjects)
Common neurological conditions i.e. migraines, chronic pain, HIV, HepC
Depression treatment in Primary Care setting. In-office spirometry. Adult immunizations
Infectious Diseases. Neurology: migraines. Urology, urinary incontinence
Lab interpretation (ABT, CMP). Xra interpretation. EKG analysis
New heart failure treatment (12 Entresto)
Primary Care and Dermatology. Back pain/orthopedic for Primary Care. Sleep Apnea diagnosis and treatments (Home versus sleep lab). Obesity treatment demystify all the options available. Cologuard versus colonoscopy for cancer screening
Women's Health. Asthma

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

Response
Insulin titration in patient with DM
Infection control/diseases. Nephrology
Prostate cancer. Breast cancer. Colon cancer. Osteoporosis. Lung Cancer
HBV. HCV. HIV
Diabetes, Fatty Liver, Osteoporosis, Hypertension
Any in Internal Pediatric, Internal Medicine
Dermatology, Obesity
Endocrinology causes of hypertension. Headaches
Lung Cancer screening
Description of treatments and their costs and alternatives
Drug addiction
Weight management. Cardiovascular disease - small cardiac blood vessel myocardium damage - women
Neuro topics (headache, seizures, Tie; stroke management, Parkinson's, MS). Radiology diagnostics. Palliative Care. Cancer survivorship. Anticoagulation (Warfarin versus NOAC)
Pain management - nonsx treatment of spinal stenosis. Neuropathy treatment
Emergency medicine will be a good topic. Sutures
Ovarian cancer diagnosis and treatment update. Overview of skin rashes
Complementary medicine
Autoimmune disease: SCE RA
Diabetes, Hypertension, Hyperlipidemia
Prostate - PSA
Pain treatment
Rheumatology and orthopedic topics. Also neurology topics would be good as well
Dermatology. Obesity
Pneumonias, IBD, Integrative Medicine
More in depth on hyperlipidemia as attendees are also NPs who would benefit from this
More Diabetes
Improving ICD 10 diagnosis coding. Geriatric medicine and polypharmacy. Mental health multi-drug treatment. HMP compliance with Medicare/documenting
Lifestyle modification. Short bowel syndrome. Nutrition. Functional medicine
More on offered screenings for general population
Peripheral neuropathies. Parkinson. STDs
Hepatitis
Half-day sessions - Cardiovascular, Pulmonary, Nephrology, Gastro, Rheumatology, Hematology
Non-pharmacological treatments in primary care diseases. Sports injuries
Heart Failure
Contraception, Women's Health
Updates
Hypertension, HPV, and pap smears, and popular general medical topics!
Other lung diseases
Endocrine disorder (Pituitary tumor, thyroid disease). Hematology disorder (anemias, thromboemera, heterochurests). New procedure-current obesity
Any
Pediatric topics
Bleeding diathesis
Treating DM with affordable "cost effective" medications
Depression, anxiety disorder

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

Response
Psychiatry
Asthma. Diabetes. Obesity. Hyperlipidemia. Anemia. Arthritis. COPD/Emphysema. Pneumonia. Bronchitis
Always hypertension or Women's Health
Same. The need to know if outcomes reflect today need to change protocols secondary disorder new findings
Opiates abuse
OCD - anxiety disorder
T2DM. HTN management approaches. CHF
HIV medicine
Infectious Diseases. Dermatology
Thyroid nodules. Update on CHF treatment
Neurology x P care physellas. GI (topics IBS colon cancer). Dermatology x P
Dermatology and Immunology
Atrial Fibrillation
Incidental pulmonary nodules management. Dyspnea and cough management
CHF, principles of antibiotic therapy
Neuropathy
Substance abuse. Bipolar disorder. Hypertension
Topic related to Dermatology - both in pediatrics and adults
Lab interpretation (CMP, ABT). X-ray interpretation, EKG 12 lead analysis. Parathyroid disease treatment. Lab tests. ABG
Modern care of patients with elevated PSA and treatment modalities
Neuro/trauma
Anticoagulation
Neurological topics. Diseases with poor prognosis. Cancer treatment. Palliative Care (Pediatrics)
Rheumatological disorders

Additional comments:

Response
Thank you for keeping me in your database
Great lectures
Great lectures!
After 53 years of caring for the elderly, I definitely know how to gracefully grow old - did I mention I have Dementia? No, not really, I am just practicing so when I get Dementia I will know what to do with it. Have a great life I did, not it is your turn
The board view too far away. Need one closer to the public
N/A
Thank you so much overall. It was fantastic
Internet access
Please send me registration form in ABG, PRT and Spirometry for June 10. Thank you
What day-to-day clinical relevance have lectures #2, 3 had for me? Regarding the family testimonials (in lecture #4), we as physicians are used to a higher level of presentation, how much emotional involvement is desirable?
Alternate between Miami and Fort Lauderdale
OK
Thank you all the staff and assistants for making this conference successful. Thank you Dr. Greg Sherman especially! Dr. Frank Rahaghi for special video and organized I Pul Fibrosis
Great conference!
Great

Additional comments:

Response
Always enjoy NACE conferences
Conference in Broward would be preferred. Many slides (with Dr. Pratley) were too small and busy. Consider colors on slides for color-blind attendees
Great conference!
None
I have learned new information regarding ITP, COPD, lipid management, and diabetes management. I really enjoyed today's session. Thank you
Excellent conference
Thank you for this program!
No protein included in the continental breakfast. Only gluten rich alternatives
Excellent speakers, and great amount of information provided. Thanks
Very well organized
Thank you!
Activities were very effective and content was knowledgeable. Great faculty
Excellent program
Excellent discussions
This conference was well planned and the concepts were excellent
Excellent conference. Great topics and speakers
Fort Lauderdale would be easier to get to for anyone north of Miami. But love your conferences! Always learn at them, thank you! Dr. Toth has to be one of the best speakers ever - I learned so much! Thank you!! Dr. Pratley went too fast
Excellent conferences
Very good conference
Great presentation
Excellent program
Suggest look into volume of speakers and microphones. Some speakers speak in quiet voice and is difficult to understand at times
Thank you!
Interesting topics. Completely new for me - IPF
The booklets are not necessary
NACE excellent every year! Thank you!
Dr. Rahaghi is great! More clinical, not just pigeon-hole numbers and responses - for the lectures before lunch
Please make it clear that lunch will not be provided - thanks
Please do away with the music! Dr. Rahaghi - fantastic speaker!
It was a great learning experience
Change or add location - Fort Lauderdale
Excellent presentation
Topics were very helpful
Overall, this is a great CME conference. I attend every year
It was difficult to know if I got the correct answer because it was never stated if the answer was (A, B, C, D, etc.)
Dr. Rahaghi was the best speaker. Easy to understand and interesting topic. Keep bringing him back
Excellent presentation
Excellent lecture with Dr. Rahaghi
Very informative, great location and topics. Excellent conference
The booklets are not necessary - go green!
Thank you! Looking forward to more CME in Miami area!
Good program

Additional comments:

Response
Dr. Toth talked too fast and too low, but very good information. I would have liked to absorb more. Dr. Pratley excellent - he spoke to the audience genuinely and not a "slide reader". Information is better absorbed in this manner
All speakers were excellent. Very articulate, very engaging, very informative
Dr. Pratley had a very needed topic, however his voice is monotone/rapid speech/speaking made difficult to comprehend his topic - DM
Excellent presentation - "as usual"
OK
Too many slides on statistics and outcomes. Please next time do a more practical lecture
Very good
Thank you
Availability of hot lunch - good idea - could have been better managed
The conference was excellent
Thanks!
All the speakers were informative, but Dr. Rahaghi was able to deliver the information in a very exciting and interactive way. Bring him back
Excellent conferences
Bring venue away from Miami
Topics presented were a great review for me
Please take into consideration the room temperature. Too cold
Speakers were great. Showed expertise. The place was very convenient; however, not much choices where to eat
Very informative lectures as always!
Great topics, amazing speakers!
Thanks for your dedication