Emerging Challenges In Primary Care: *2017*

Activity Evaluation Summary

CME Activity: Emerging Challenges in Primary Care: 2017
Saturday, May 13, 2017
Hyatt Regency St. Louis at the Arch
St. Louis, MO

Course Director: Gregg Sherman, MD

Date of Evaluation Summary: June 1, 2017

In May 2017, the National Association for Continuing Education (NACE) sponsored a CME program, *Emerging Challenges in Primary Care: 2017*, in St. Louis, MO.

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 Hyperlipidemia, Atrial Fibrillation, 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.

Two hundred and four healthcare practitioners registered to attend *Emerging Challenges in Primary Care: 2017* in St. Louis, MO. One hundred and fourteen 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 twelve 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 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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

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

National Association for Continuing Education is approved as a provider of nurse practitioner continuing education by the American Association of Nurse Practitioners. AANP Provider Number 121222. This program has been approved for 6 contact hours of continuing education (which includes 3.75 pharmacology hours).

What is your professional degree?

Response	Frequency	Percent	Mean: 2.03
MD	58	51.79	
DO	2	1.79	
NP	43	38.39	
PA	6	5.36	
RN	2	1.79	
Other	0	0.00	
No Response	1	0.89	

What is your specialty?

Response	Frequency	Percent	Mean: 3.72
Primary Care	69	61.61	
Endocrinology	1	0.89	
Rheumatology	0	0.00	
Pulmonology	2	1.79	
Cardiology	3	2.68	
Hospitalist	5	4.46	
Psychiatry/Neurology	4	3.57	
ER	1	0.89	
Gastroenterology	1	0.89	
Other	24	21.43	
No Response	2	1.79	

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

Response	Frequency	Percent	Mean: 4.47
None	11	9.82	
1-5	17	15.18	
6-10	11	9.82	
11-15	13	11.61	
16-20	16	14.29	
21-25	10	8.93	
> 25	31	27.68	
No Response	3	2.68	

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

Response	Frequency	Percent	Mean: 4.30
None	10	8.93	
1-5	21	18.75	
6-10	10	8.93	
11-15	15	13.39	
16-20	14	12.50	
21-25	16	14.29	
> 25	23	20.54	
No Response	3	2.68	

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: 2.63
None	27	24.11	
0-1	34	30.36	
2-5	22	19.64	
6-10	5	4.46	
11-15	8	7.14	
16-20	3	2.68	
> 20	5	4.46	
No Response	8	7.14	

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

Response	Frequency	Percent	Mean: 3.77
None	14	12.50	
1-5	18	16.07	
6-10	19	16.96	
11-15	18	16.07	
16-20	19	16.96	
21-25	7	6.25	
> 25	13	11.61	
No Response	4	3.57	

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: 1.12
Yes	98	87.50	
Somewhat	11	9.82	
Not at all	1	0.89	
No Response	2	1.79	

Upon completion of this activity, I can now: Identify those patients at risk for cardioembolic stroke who are appropriate candidates for anticoagulation; Recognize common misperceptions about anticoagulation risk to improve communication and patient adherence; Discuss the management of bleeding in patients on anticoagulants; Describe the role of continued anticoagulation in the setting of emerging non-pharmacologic therapy.

Response	Frequency	Percent	Mean: 1.12
Yes	100	89.29	
Somewhat	11	9.82	
Not at all	1	0.89	
No Response	0	0.00	

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: 1.13
Yes	96	85.71	
Somewhat	12	10.71	
Not at all	1	0.89	
No Response	3	2.68	

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.

Response	Frequency	Percent	Mean: 1.08
Yes	98	87.50	
Somewhat	6	5.36	
Not at all	1	0.89	
No Response	7	6.25	

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: 1.11
Yes	86	76.79	
Somewhat	8	7.14	
Not at all	1	0.89	
No Response	17	15.18	

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: 1.14
Yes	81	72.32	
Somewhat	13	11.61	
Not at all	0	0.00	
No Response	18	16.07	

Overall, this was an excellent CME activity:

Response	Frequency	Percent	Mean: 1.23
Strongly Agree	86	76.79	
Agree	26	23.21	
Neutral	0	0.00	
Disagree	0	0.00	
Strongly Disagree	0	0.00	

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

Response	Frequency	Percent	Mean: 1.23
Strongly Agree	87	77.68	
Agree	24	21.43	
Neutral	1	0.89	
Disagree	0	0.00	
Strongly Disagree	0	0.00	

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

Response	Frequency	Percent	Mean: 1.28
Strongly Agree	84	75.00	
Agree	25	22.32	
Neutral	3	2.68	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	0	0.00	

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

Response	Frequency	Percent	Mean: 1.37
Very likely	85	75.89	
Somewhat likely	17	15.18	
Unlikely	0	0.00	
Not applicable	8	7.14	
No Response	2	1.79	

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

Response
Add SGLT2 treatment for DM more often. Will test for AIA more. Use CHADS-VAS score for AFib and anticoagulation. Use high reduction CT chest for suspected IPF
Use the risk scores, SGLT2
Improved diagnosis management in diabetes, hyperlipidemia, pulmonary disease
I retired in 2008
HRCT IPF
Diagnostic process for ILD through CXR to HRCT. Treatment guidelines in statin therapy. Distinguish low to strong statins
Incorporate PCSK9; use HAS-BLED
Approach to diagnosis and management
How to treat correctly hyperlipidemia with high LDL
Thresholds at which to consider adding a non-statin (Ezetimide). PCSK9 inhibitor indications for use
When to initiate PCSK9 inhibitor. CHA2DVASC and HASBLED scores
More CHADS2, PCSK9, GLP2
Checking Vitamin D levels with myalgies, using CHADS VASC
CHADS-VASC score calculations and use for AFib patient. Use of SGLT2 inhibitors
Ways to add medications based on labs and their medical issues and which is the best practice
How to optimize my patients' lipids if not reaching treatment goals. Use of different direct oral anticoagulants after joint replacement
Discuss lifestyle change in Diabetic patients. Incorporate newer information in patient care
Better examination. Increasing my readings on these subjects and applications. Increasing my differential diagnosis
Assess for IPF. Better manage dyslipidemia by effective medication management of meds other than statin therapy
Very good information in regards to lipid medications!
Use CHAD-Vasc, diet management of DM, consider IPF in diff dx
Better understand anticoagulation strategies for treatment of AFib. New strategies for educating patients on lifestyle management for diabetes
Guidelines for lipid management and medication choices. Anticoagulation with HAS-BLED and CHAD-VASC

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

Response
Risk scoring such as CHADS-VAS and HAS-BLED scoring systems to assess patient with high risks and treatment, management
Tape joints with AGE. Calculate CHAD and bleeding risk. Use of statin and non statin therapy
How to utilize HAS-BLED to determine bleeding risk. Not to ignore a finding of mild scarring in the base of the lungs
Management of dyslipidemia, treatment of valvular disease with Warfarin, treatment of COPD patient
Diabetes management. Hyperlipidemia management
Modifying medications for diabetes when current medications are ineffective. Statin use recommendations and its underuse presenting. Learned what IPF is and how to diagnose
Diagnose IPF. Guidelines for Rx anticoagulants in AFib patients. Tailor DM management around the patient. Opportunity and guideline to prescribing SGLT2
Improve workup
Use of Ezenemide if regular statin not working. Can diagnose IPF
Use of new agents/options in lipid management. Reducing risk of stroke in AFib by DOAC, new strategies and managing diabetic patients. Use of CHADDS2-VAS2 score, care of patients with IPF
Great discussions all around! COPD, IPF, AAT, treatment, DM
Guidelines for using non-statin medications to treat hyperlipidemia
Use of PSCK9 inhibitors, improved knowledge of beneficial effects and AES of SGLT-2 inhibitors, can more easily include IPF in my DDx/appropriately work up
More uses and therapeutic benefits of SGLT-2; more knowledge about anticoagulation. Better information for patient education with NIDOM
Use of anti PCSK9, increase use of SGLT2, consider IPF in restrictive disease, consider AIAT deficiency in COPD
Ezitimibe when statin does not meet goals
Consider new classes of drugs not previously used; new education to transfer to patients. Counseling considerations for lifestyle changes
Use Exetizemide before PCSK9. One therapy decreases mortality in AF oral anticoagulant. Don't bridge when DOAC are held for procedure
Especially in field of lipid management and diabetic management
Assess better when side effects of statin therapy makes compliance low. Discuss clinically relevant options and statin dose
AFib. Diabetes
Excellent
Knowledge of medications and how/when to use
I feel this conference was much more effective in improving my knowledge than previous conferences that I paid hundreds of dollars for
Keep an eye on patient in SGLT therapy for intra op pend. Anticoagulant therapy. Merge AFib properly
Actually utilize SGLT-2 meds when treating DM. Use the CHADsVAS in clinical practice with patients. Utilize reducing dose of statin versus stopping it completely - be able to recognize alpha-1 antitrypsin deficiency. Post prandial blood glucose check after exercise
Understanding the role of anti-PCSK9 and ID of and use of difficult patients with hyperlipidemia and cardiovascular disease. How to integrate useful lifestyle management in diabetes
Use newer antidiabetic medication. Use of PCSK9
Perform AIAT screening
Rx q At ph. Use of newer agents for DM
When to add PCSK9 inhibitors. The anticoagulant used in valvular disease
Better cholesterol management
Checking HgAC in TM moata for H efficacy
Use of DOAC. When to use SGLT2 inhibitors and medications to treat and lower LDL levels
Make sure muscle aches are not due to low Vitamin D. Consider adding a PCSK9 to lower LDL for patients not responding to regular medicine

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

Response
Sequential addition of meds post statin. Anticoagulation for AF pre, post ablation. Avoid hypoglycemia. Motivate na tienta. Diagnosis and treatment of IPF, AATD
Determine which of my patients qualify for PCSK-9 inhibitors
Practice limited now to addiction medicine

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

Response	Frequency	Percent	Mean: 1.65
Within 1 month	71	63.39	
1-3 months	22	19.64	
4-6 months	4	3.57	
Not applicable	14	12.50	
No Response	1	0.89	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Barbara Hutchinson, MD, PhD, FACC - Lipid Management:

Response	Frequency	Percent	Mean: 4.87
Excellent	96	85.71	
Very Good	14	12.50	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	1.79	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Barbara Hutchinson, MD, PhD, FACC - AFIB:

Response	Frequency	Percent	Mean: 4.84
Excellent	94	83.93	
Very Good	18	16.07	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	0	0.00	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Jeff Unger, MD, ABFM, FACE - Diabetes and Vascular Disease:

Response	Frequency	Percent	Mean: 4.63
Excellent	80	71.43	
Very Good	20	17.86	
Good	8	7.14	
Fair	0	0.00	
Unsatisfactory	1	0.89	
No Response	3	2.68	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Jeff Unger, MD, ABFM, FACE - Diabetes - Diet and Lifestyle:

Response	Frequency	Percent	Mean: 4.71
Excellent	78	69.64	
Very Good	22	19.64	
Good	4	3.57	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	8	7.14	

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

Response	Frequency	Percent	Mean: 4.90
Excellent	80	71.43	
Very Good	9	8.04	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	23	20.54	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Fernando J. Martinez, MD, MS - Alpha-1 and COPD:

Response	Frequency	Percent	Mean: 4.91
Excellent	79	70.54	
Very Good	8	7.14	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	25	22.32	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Barbara Hutchinson, MD, PhD, FACC - Lipid Management:

Response	Frequency	Percent	Mean: 4.81
Excellent	90	80.36	
Very Good	16	14.29	
Good	2	1.79	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	4	3.57	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Barbara Hutchinson, MD, PhD, FACC - AFIB:

Response	Frequency	Percent	Mean: 4.81
Excellent	92	82.14	
Very Good	15	13.39	
Good	3	2.68	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	1.79	

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

Response	Frequency	Percent	Mean: 4.72
Excellent	86	76.79	
Very Good	19	16.96	
Good	4	3.57	
Fair	0	0.00	
Unsatisfactory	1	0.89	
No Response	2	1.79	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Jeff Unger, MD, ABFM, FACE - Diabetes - Diet and Lifestyle:

Response	Frequency	Percent	Mean: 4.82
Excellent	88	78.57	
Very Good	17	15.18	
Good	1	0.89	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	6	5.36	

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

Response	Frequency	Percent	Mean: 4.85
Excellent	85	75.89	
Very Good	13	11.61	
Good	1	0.89	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	13	11.61	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Fernando J. Martinez, MD, MS - Alpha-1 and COPD:

Response	Frequency	Percent	Mean: 4.87
Excellent	84	75.00	
Very Good	13	11.61	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	15	13.39	

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

Response	Frequency	Percent	Mean: -
Topics covered	80	71.43	
Location/ease of access	72	64.29	
Faculty	22	19.64	
Earn CME credits	87	77.68	
No Response	5	4.46	

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent	Mean: 1.63
Strongly agree	52	46.43	
Agree	44	39.29	
Neutral	12	10.71	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	4	3.57	

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

Response
Pulmonary hypertension. TB and atypical mycobacteria. CHF update

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

Response
Stroke. Neuropathy
Pulmonary embolism VTE (DVT) with non medications. Heart disease in cornea. Update DM with medication (new ones)
Gastroenterology and Endocrinology
Bit concerned regarding emphasis on a lot of drugs regarding management of micro/mascrovascular outcomes
Diagnosis and imaging (how to read). Treatment and management of community diseases
Obesity
Live heart failure, valvular heat disease, ACS, pulmonary, sleep medicine
Contraception management. Immunizations. HTN management. STI management. More Type II DM management. More hyperlipidemia management. Asthma management
X-ray interpretation
Lipids and DM. Renal function!
Stroke. Coronary heart disease
GI and liver related diseases
Thyroid disorder
Kidney diseases. Cardiac arrhythmia
Pediatric updates. Antibiotic updates
Thromboembolism management. More diabetic management
Arthritis joint issues, gout, back pain, podiatry, NSAIDs, neuropathy, concussions
Peripheral vascular disease. Obesity/weight loss surgery. Heart block. Treatment of chronic stomach pain (GERD, IBS, etc.)
Early diagnosis of cancer patients. Diagnosis and treatment of immune deficiency syndromes
Radiologic films and diagnosis. Endocrine disorders and treatment and how they relate to lab
Hypertension management. Chronic kidney disease management
Women's health. Head trauma and sequelae
Pain medications. Radiology and/or diagnostic testing and cardiac testing interpretation
Dermatologic topics
Review of screening recommendations eg immunizations, well woman, etc.
Family Practice office - derm issues - management and diagnosis idiopathy angioedema. CXR - other radiographic and EKG interpretation
Hospice, Allergy Immunology
GERD/IBS management
Cancer treatment. Renal disease management
MS, Hypertension
Dermatology and Methotrexate treatment. Imaging studies - are they over-ordered?
HTN management. Asthma management in Pediatrics and adults
ADHD/ADD in adults. Management of obesity with pharmacologics
Fatty liver
Allergies
Emerging trends in CAD
Emerging trends in Diabetes Mellitus
Arrhythmias specifically preling QT syndrome
Prolong QT syndrome
Subspecialty disease i.e. sarcoidosis
Heart Failure. Acute Coronary Syndrome
Obesity/bariatric medicine and surgery
COPD management. Coding. CMS guidelines

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

Response
Pain control
Pain management without use of opioid
HTN management
Chronic kidney disease. Congestive heart failure
Pacemakers/AICD's/basic review
Hepatitis
Women's Health issues. Osteoporosis treatment
Same
Psych/MH. Sexual health STD. HTN management
GB subjects for primary practice
Rheumatology, Thyroid Disease
Hepatitis, IBS, Diverticulitis, skin disease, CVA/TIA, severe movement disorder (Psychiatric)
Learning about IPF and AATD were interesting, however more common diseases such as Asthma and COPD not secondary to AATD may be more beneficial for Primary Care providers
Pain management, DM
Obesity
Cardiovascular and GI
Opioid epidemic - treatment. High risk for readmission patients. Virtual skills shop! EKG interpretation. Anemia. Abdominal pain issues. Reading xrays and ultrasound CT and MRI. Lab values
ICD. Magnet use with types. CRT-D. Pacemakers, models, DDD. Reading echo's and valve disorder
Same
CHF, COPD, DM
Managing HTN. Screening guidelines in Primary Care
Fatty Liver Disease
More Diabetes. Please more on Dementia and use of Namenda, etc. CPT codes. ICD-10 codes, what CMS is wanting in charts
Mental health. Thyroid
Depression. Alcoholism treatment. Smoking cessation
Asthma management. Arthritis management. Orthopedic lectures
Hypertension!
Dermatology disorders seen in Primary Care. Stem cell research. Gluten sensitivity in patient case. Use of alternative therapies in daily practice that are nonpharmalogical
GI, Dermatologic associated with systemic diseases
More endocrine topics

Additional comments:

Response
Excellent conferences. Thank you
Integrates care Primary Care/Behavioral Health
This was my first NACE event and enjoyed it very much
Great lectures. Loved every one of them
The podium was too high for Dr. Unger, or maybe it was his laptop on the podium. I could only see his eyes, and he talked too fast. Too much info from him. Generally this was a great program
Lecture notes available online and audience encouraged to "like" Facebook page of NACE, but WiFi password unavailable and hotel staff would not provide password because "we don't know whether NACE paid for access". Extremely useful information and practical application points
Dr. Unger talks very fast and I have a slow mind

Additional comments:

Response
Good conference!
Conference was very good! Thank you
Great opportunity for free CME - very helpful
Currently work in ortho, but like to keep up on my Primary Care and this did help seeing new changes and helps out that many patients have these diseases. Very informative and pleased at the content and good presenters!
Outstanding! Thank you for this opportunity
Really enjoyed the CME and the city is beautiful. Hotel is beautiful, but expensive. The speakers were very informative and well-versed in their respective fields and all enjoyable to listen to. It was nice to have lunch and breakfast for us
Great information! I am currently in administrative position, not practicing clinical medicine, but I really enjoyed the lectures and learned/update on my memory
Jeff Unger - spoke too fast, it was hard to keep up. Very pleased with this free CME! I will be attending more NACE programs if all are this quality
This exceeded my expectations in all aspects!
Thank you for this outstanding CME
I have enjoyed ACE conferences for several years and learned very much each year. I appreciated your organization equally using brand name as well as genetic names of drugs. May help use to understand topics better
Excellent presentations and venue. Thanks very much!
Parking is a problem. Whenever we come here the lot is always full for self-parking and we have to give valet only
All the speakers were excellent!
Thank you
Super impressed with this conference. This was my first NACE conference. I will definitely come again
Very nice conference. Thank you!
In the DM lifestyle lecture he skipped over the evidence-based intervention slides too quickly and that may lead people to believe false information
Wonderful information
I appreciated the noon meal made available this year
Great!
Overall - excellent program and all speakers excellent
Please try to change the location in West County - Ritz Carlton, Hilton-Frontanec, Jopheas
Thanks
Copy of slides would be helpful
Excellent program
Great presentation. Energetic presentations that maintained audience attention, especially after lunch
Jeff Unger: great information. Spoke too fast. Sometimes difficult to stay on track while writing notes or absorbing information. Difficult to understand at times
As usual, great program. Thank you
Dr. Unger excellent
Very good! It was great! I will come again and tell my friends! Great speakers and great opportunities! So glad I came and will definitely come back!
Excellent program
WiFi access, parking lot was full
Great conference! Very engaging
I always enjoy NACE conferences and I'm so pleased you come to St. Louis, MO each year! May the CME's always be "free" because some of us do not get reimbursed for meeting our yearly CME requirements!
Very useful in clinical practices
Nice conference