Emerging Challenges In Primary Care: *2017*

Activity Evaluation Summary

CME Activity: Emerging Challenges in Primary Care: 2017
Saturday, October 14, 2017
Doubletree by Hilton Denver
Denver, CO 80207

Course Director: Gregg Sherman, MD

Date of Evaluation Summary: October 14, 2017

NACE NATIONAL ASSOCIATION FOR CONTINUING EDUCATION

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

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 Diabetes 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 forty seven healthcare practitioners registered to attend ***Emerging Challenges in Primary Care: 2017*** in Denver, CO. One hundred and twenty nine 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 twenty five completed forms were received. The data collected is displayed in this report.

CME ACCREDITATION

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

The National Association for Continuing Education designates this live activity for a maximum of 7.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

National Association for Continuing Education is approved as a provider of nurse practitioner continuing education by the American Association of Nurse Practitioners. AANP Provider Number 121222. This program has been approved for 7.0 contact hours of continuing education (which includes 3.0 pharmacology hours).

Integrated Item Analysis Report

What is your professional degree?

Response	Frequency	Percent
MD	35	27.56
DO	6	4.72
NP	59	46.46
PA	21	16.54
RN	2	1.57
Other	2	1.57
No Response	2	1.57

What is your specialty?

Response	Frequency	Percent
Primary Care	112	88.19
Endocrinology	1	0.79
Rheumatology	0	0.00
Pulmonology	0	0.00
Cardiology	2	1.57
Gastroenterology	0	0.00
ER	2	1.57
Hospitalist	0	0.00
Psychiatry/Neurology	5	3.94
Other	22	17.32
No Response	0	0.00

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

Response	Frequency	Percent
None	10	7.87
1-5	24	18.90
6-10	31	24.41
11-15	21	16.54
16-20	15	11.81
21-25	10	7.87
> 25	14	11.02
No Response	2	1.57

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

Response	Frequency	Percent
None	11	8.66
1-5	38	29.92
6-10	36	28.35
11-15	16	12.60
16-20	11	8.66
21-25	5	3.94
> 25	5	3.94
No Response	5	3.94

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 emergin 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
Yes	101	79.53
Somewhat	22	17.32
Not at all	0	0.00
No Response	4	3.15

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 basal insulin in the diabetic patient not at glycemic target:

Response	Frequency	Percent
Yes	101	79.53
Somewhat	23	18.11
Not at all	0	0.00
No Response	3	2.36

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

Response	Frequency	Percent
Yes	112	88.19
Somewhat	8	6.30
Not at all	0	0.00
No Response	7	5.51

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 nonpharmacotherapeutic options for patients with IPF:

Response	Frequency	Percent
Yes	101	79.53
Somewhat	10	7.87
Not at all	0	0.00
No Response	16	12.60

Upon completion of this activity, I can now: Identify a therapeutic role for dopaminergic augmentation treatment in depression; Employ successful alternative treatments for rosacea; Recognize a highly successful intervention for Schamberg's disease:

Response	Frequency	Percent
Yes	94	74.02
Somewhat	8	6.30
Not at all	0	0.00
No Response	25	19.69

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

Response	Frequency	Percent
Yes	88	69.29
Somewhat	4	3.15
Not at all	0	0.00
No Response	35	27.56

Overall, this was an excellent CME activity:

Response	Frequency	Percent
Strongly Agree	79	62.20
Agree	44	34.65
Neutral	2	1.57
Disagree	1	0.79
Strongly Disagree	0	0.00
No Response	1	0.79

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

Response	Frequency	Percent
Strongly Agree	82	64.57
Agree	42	33.07
Neutral	1	0.79
Disagree	0	0.00
Strongly Disagree	0	0.00
No Response	2	1.57

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

Response	Frequency	Percent
Strongly Agree	85	66.93
Agree	37	29.13
Neutral	3	2.36
Disagree	0	0.00
Strongly Disagree	0	0.00
No Response	2	1.57

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

Response	Frequency	Percent
Very likely	95	74.80
Somewhat likely	24	18.90
Unlikely	1	0.79
Not applicable	4	3.15
No Response	3	2.36

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

Response
Treatment for DM2, COPD, offering lung cancer screening
Med adjustment with diabetes. Follow up and med adjustment for COPD, Gold tx. Pharmacological tx options
Affordable insulin (spoke with Dr. Pratley). In office spirometry, verify inhaler technique. No OTC supplements. Going to print out the lung cancer slides to discuss LDCT - we order them
Proper selection of patients in prescribing SGLT2 GLP1. IPF could be treated w/perfrimidom & montelanib with improvement. COPD - Rx - inhalers are they used properly
HRCT all bunlar crackles
How to step up COPD therapy. QS OCP therapy
Have pt demonstrate inhaler use (very important in my setting)
Management of COPD. All COPD patients should at
COPD + IPF phenomenal - so good
Add on GLP-1 earlier in care or in conjunction with insulin
May advise use of autoinjectors in selected patients
Improved knowledge of various diabetes treatments and options for combination therapies to reduce HyB ALC; and the COPD presentation was especially helpful in treating my chronic lung patients more effectively
Consider adding GLP-1 RAs to insulin in DM patients. Consider adding SGLT2's to DM patient meds. Ramp up COPD treatments
Pulmonary rehab. Use of SGLT appropriately
Holistically gather complete lifestyle activities (air pollution levels, vaping, pot-smoking, diet specifics in order to accurately assess specific risk/factors
Order more HRCT for ILD
High resolution CT gold standard for diagnosis of pulmonary fibrosis. Low magnesium can not be regulated until stop PP7.
Lung lectures very useful - will be much more mindful off chronic cough/"chronic changes" on cxr. Will be more aggressive with inhalers for COPD
New treatments/research on SGLT2/GLP-1 + which meds are appropriate for my patients. COPD approach + treatment with new combos
Inhalers treatment COPD. Use of SGLT2 GLP-1. SPirometry. HRCT. Early start OCP. Check PPI mg++. Check if LDCT done at our clinic
How effective are use of combining Basal insulin & GLP-RA1 can be in lowering HB AIC levels & most likely improving patient compliance. More frequent screening of COPD with spirometry for asymptomatic at risk patients. Bibasilar crackles & for chronic changes on an xray report are never normal findings and for everyone require further work up
Take crackles seriously. Consider GLP-1 and SGLT2 for diabetes
Consider more use of SGLT & GLP-1. Evaluate COPD treatments in my patients. Reinforce without non-evidence based supplements
Initiate GLP-1 receptor agonists over insulin for improved compliance. How to initiate COPD therapy properly & per guidelines. How to work up IPF
Use knowledge in consultation for patients with m H issues in primary care
Use saline to kill head lice! Give exercise prescriptions for depression. Use more GLP-1 RA in diabetics
Add on therapies in diabetes/changing therapies for diabetes. Use spirometry in office for s/s COPD
Using more diabetes medications to improve blood sugar control. Use combination therapy for COPD
2 mprn screening
Prescribing SGLT2 inhibitors. Adherence to COPD therapy (techniques). Education & self-management
Spirometry for all patients with chronic cough & symptoms. Re-start using GLP-1 RAs especially with higher Hb AIC. Re-start using SGLT-2
Using carvedilol for treatment of rosacea. Life free OTC treatment for pediculosis capitis. Group B-D on COLD standard for COPD should be referred for pulmonary rehab. MORES screening for assessing osteoporosis in males. Dapagliflozin contraindicated in patients with GFR<60
Increase spirometry. Different med regimens. Sodium chloride treatment for lice

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

Response
Increased usage of SGLT-2 & GLP-1 therapy in DM. Better understanding of COPD prescription management
Have to weave in SGLT-2 & GLP-1 into diabetes care. Adding spirometry into office to improve quality of care. Lung care in screening
Better identify symptoms of IPF carvedilol for rosacea. Discuss CT screening for lung cancer
Change DM medications to lower hypoglycemic risk & lower cardiovascular issues. Triple therapy LAMA/LABA/ICS for COPD gold standard (but LAMA/LABA first). Imaging for chronic changes on CXR needs to be completed
Lower AIC
Use SGLT-2 medications more appropriately based on patients renal function. Improve choice of inhaler based on patients' GOLD score
More familiar with SGLPT class - haven'et used because not on formulary
Clinical pearls were most practical to my patient population. Will verify several of the pearls and start these recommendations
Can better diagnose patients with IPF, know what diagnostics to run & medications to prescribe. More confident with prescribing medications for COPD maintenance & exacubation. Able to inform patients of USPSTF recommendation for cancer screening.
Using SGLT-2 & GLP-2 agonists safely & effectively. Use spirometry more frequently!
Using GLP-1 more often with basal insulin
More aggressive treatment in patients with COPD. Consider in Schamberg's disease. Discuss low dose CT scan for lung cancer screening
Use spirometry all the time and prescribing therapy adequately
I see cardiology patients. I have increased knowledge of newer DM meds - increased collaboration with with LCD of endo treatury patients. New knowledge for obesity with FAF patients
Consider GLP-1 receptor
New DM meds. More spirometry
SGLT-2 should not be used in patients with bladder cancer. Always work up bibasilar crackles
Watch GFR closely. Consider Victoza more often. Check PFTs & inhaler use more often. Ask radiology for HRCT specifically. Check more mag levels with PPI use
DM, COPD, Schamberg's, IPF screening, lung cancer screening
More inclined to perform in office spirometry (if I can trust MA to do it right). More easily identify IPF (birds are freaky!!!). Try BB for rosacea. More likely to check magnesium levels in fatigued patients.
Use GLP-1 RA sooner with DM type 2. COnsider IPF in cancer patients with increased DOE & dry cough. I like that
Check proper use of inhalers with each visit. Do spirometry on every new COPD patient. Use of pulmonary therapy. Use of SGLT and GLP-1 meds & importance of PP
Grading patients with COPD. Wider use of GLP-1. Wider use of SGLT-2. Consider IPF in selected patients. Start OCP right away.
Less far of GLP-1s & SGLTs. Better COPD treatment
Improvement in diagnosis and current treatments
Consider newer diabetes medications since I don't use them much due to lack of understanding or knowledge of meds. Use spirometry. Use less oral pred. Start workup if hear crackles on auscultation. Consider vyvanse with SSRI but worried about high risk med & addiction. Offer CT but inform risks
Chronic care of my CVT & pulmonary patients
Consider longer acting GLP-1. Perform PFT's
Screening for s/s of ILD. Treatment for rosacea. COPD treatment - categories
Treatment of DM2 with SGLT2 and GLP1 medications. Treatment of COPD with LABA/LAMA. The session with the clinical pearls was so helpful - brief updates on random topics. Also learned appropriate lung cancer screening tips
Use different therapies for treatment of type 2 DM. Careful screening of patients presenting with symptoms of IPF
Better choices of DM agents. Better awareness of antimuscariotic agents. Use of pulmonary rehab. ILD awareness.
More informed about patients' medical needs. Better understanding of these disease processes on vitals. More likely to consider Vyvanse as adjunct to an SSRI.

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

Response
Better use of DM meds. Increased use of pulmonary rehab
No crackles in lungs. Check all abnormal x-rays in elderly
Screening & testing (diagnostic) for COPD
Diagnosis and treatment of IPF. How to use new diabetes meds. Better COPD strategies
We have a diabetic team monitoring patients - discuss with them and continue plan-algorithm. When come in for UIR; acute illness, etc
Questions to complete with lung cancer screening. Add LAMA/LABA before ILS. SGLT response in kidneys - how to prescribe. Carvidilol for resistant rosacea. Most form - evaluate osteoporosis
Prescribing appropriate diabetic meds to respond to abnormal fasting and post-prandial blood sugars. Choosing appropriate inhalers for GOLD standard categories
Use GLP1 angonist & improvement in post prandial meds, increase use of LABA/LAMA vs ICS in COPD. What to consider in LDCT radiation risk
How to diagnose IPF. Better use of diabetic meds. Strategy for treating COPD. Incorporate PEARLS. Better choice for lung screening
SGLT-2 heart protective - stop sulfontlurea & start SGLT-2. Definitely consider GLP-1 with insulin. Use spirometry!!!!!! Use lung cancer screening cautiously
Assess DM2 and utilize different medications. Use more trials symptoms for treating COPD
I am more familiar with the recommended COPD guidelines & how to implement them. Am also more aware of presenting S&S of IPF. And finally, I am more aware of recommended lung cancer screenings
Modify T2DM med management with SGLT2i. Use GLP1 RA. Perform spirometry. Get HRCT on my "IPF" patients. Will NOT offer lung cancer screen
Learned more about GLP, Unclear if I will prescribe due to cost
Think about SGLT-2 more frequently; concerned about price
Adding SGLT2 7 GLP-1 RA for improved glycemic control. New treatment modalities for COPD to help more accurately treat patients. Diagnostic criteria for IFP to help better diagnose. Will add lung cancer screening for patients based on USPSTF recommendations
Doing personal injury, so mostly patient education and at a free clinic
Increase use of spirometry/manage COPD more
Learned about steps to identify pulmonary fibrosis. Learned how to make combination choices for diabetic meds. Learned better management of COPD
Implement more SGLT2 in appropriate patients. Increase spirometry!
Better education of patients. Better screening of patients. Closer monitoring
Although the office has and uses a spirometry machine, we don't utilize it as much as we should. It was really helpful to see the studies regarding the DM meds; will use them earlier i treatment and not alter exhausting all other options
I will consider using victorza. Info about Hb AIC was useful
Learned about meds for diabetes, COPD. Inhalers COPD; Bibasilar crackles
COPD inhaler usage and compliance/technique. Spirometry
More spirometry. Use insulin less, other meds more
Working in correctional setting DM meds discussed not available to use yet on formulary
Work up bibasilar crackles & cough --> for IPF. Use LAMA/LABA. Increase use Gold for COPD - use guidelines. Consider GLLP1 basal earlier.
Use spirometry more frequently. Use MORES for op in males. Use LDCT for lung cancer screening
ID'ing initial signs of IPF. Use of GLP1 RAs. The inefficacy of supplements (I already know this :-). Carvedilol for rosacea
Using charts/assessments in COPD diagnosis/treatment. Free for lice treatment

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

Response	Frequency	Percent
Within 1 month	98	77.17
1-3 months	17	13.39
4-6 months	2	1.57
Not applicable	6	4.72
No Response	4	3.15

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

Response	Frequency	Percent
Excellent	78	61.42
Very Good	33	25.98
Good	8	6.30
Fair	2	1.57
Unsatisfactory	0	0.00
No Response	6	4.72

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

Response	Frequency	Percent
Excellent	83	65.35
Very Good	30	23.62
Good	9	7.09
Fair	2	1.57
Unsatisfactory	0	0.00
No Response	3	2.36

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

Response	Frequency	Percent
Excellent	105	82.68
Very Good	14	11.02
Good	0	0.00
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	8	6.30

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

Response	Frequency	Percent
Excellent	98	77.17
Very Good	11	8.66
Good	2	1.57
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	16	12.60

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Louis Kuritzky, MD - Clinical Pearls:

Response	Frequency	Percent
Excellent	97	76.38
Very Good	9	7.09
Good	0	0.00
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	21	16.54

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Louis Kuritzky, MD - Lung Cancer:

Response	Frequency	Percent
Excellent	83	65.35
Very Good	7	5.51
Good	0	0.00
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	37	29.13

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
Excellent	96	75.59
Very Good	14	11.02
Good	8	6.30
Fair	0	0.00
Unsatisfactory	1	0.79
No Response	8	6.30

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
Excellent	99	77.95
Very Good	15	11.81
Good	7	5.51
Fair	0	0.00
Unsatisfactory	1	0.79
No Response	5	3.94

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

Response	Frequency	Percent
Excellent	112	88.19
Very Good	8	6.30
Good	0	0.00
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	7	5.51

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

Response	Frequency	Percent
Excellent	105	82.68
Very Good	6	4.72
Good	0	0.00
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	16	12.60

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Louis Kuritzky, MD - Clinical Pearls:

Response	Frequency	Percent
Excellent	105	82.68
Very Good	3	2.36
Good	0	0.00
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	19	14.96

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Louis Kuritzky, MD - Lung Cancer:

Response	Frequency	Percent
Excellent	96	75.59
Very Good	3	2.36
Good	0	0.00
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	28	22.05

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

Response	Frequency	Percent
Topics covered	80	62.99
Location/ease of access	65	51.18
Faculty	15	11.81
Earn CME credits	106	83.46
No Response	5	3.94

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent
Strongly agree	46	36.22
Agree	58	45.67
Neutral	18	14.17
Disagree	1	0.79
Strongly Disagree	0	0.00
No Response	4	3.15

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

Response
Abdominal pain. Irregular bleeding
Skin diseases
Advanced directives, hospice, palliative care

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

Response
Asthma. Topics in cardiology. Hyperlipidemia
OB/GYN - birth control options in all ages. Hormone therapy for women who are pre-menopausal & menopausal
Pain management - opioid epidemic --> greatest cause of death of persons under 50 in the US
CHF, more DM, neuro & ortho. Depression/anxiety/insomnia
Sleep issues, birth control, menopause symptom management and HRT in menopausal women. CHF
Heart failure
Rheumatology topics. Medical statistics (How to interpret stats)
Geriatrics
Musculoskeletal injury management
Dermatology in pediatric patients! Differentiate eczema vs allergies
DM, HTN, chronic illness, COPD, etc
Most effective type of asthma. Hypertension. Heart disease. Lab analysis
Geriatric care: dementia, falls, infections in LTCF. Dizziness, balance. End of life/hospice/euthanasia
PSA screening. Testosterone replacement
Use of immunotherapy in cancer treatment. Current treatment of options for rheumatoid/lupus/autoimmune diseases. Computer/cell phone technology and its heavy use - health implications for children/adults
Hypertension. Polypharmacy pain management
HIV for primary care. HCV for primary care. HB for primary care. Asthma
Wound care. Derm-common rashes & treatments
Drug interactions with newer meds
Where did the prohibition against using side rails on beds in nursing homes come from? Is it really statistically valid? My experience tells me the "restraint free" facility is a travesty. How can you manage chronic pain without narcotics?
Women's health. Procedures
Back pain
Urgent care/skin topics
Arrhythmias, HTN, CAD, opioid withdrawal, substance abuse, depression, anxiety, bipolar, MD BURNOUT!!
GERD & chronic treatment. STDs. Neurological disorders. Derm. Hypertension & hyperlipidemia. Diabetes. Concerns for hormone replacement therapy in women
Mental health for primary care. Adolescent medicine
Hypertension with CKD
Asthma management. IBD (Irritable Bowel Disease)
Resistant HTN
GYN/women's health. Peds. Wounds
HTN. Dyslipidemia
PSA, prostate, prostatitis, diagnosis/treatment of male GU conditions
HF, pain management
I care for patients with medicaid and medicare and most of the drugs discussed are not an option for those patients
More endocrine education/thyroidisms. Dermatology
Osteoporosis treatment. Testosterone replacement strategies
Skin. Autoimmune. Thyroid.
Great topics
Any in family practice
Sinusitis
Evaluating anemia and treating
Anything DM related
More psych, more on herbals/supplements if any evidence based. Thyroid dysfunction including using armour thyroid
Hypertension, hyperlipidemia, dementia

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

Response
Not sure
Women's health
Infectious disease in primary care
Spirometry interpretation - I see this in an online offering
More geriatric care & problems with getting proper pharmaceuticals due to insurance not covering needed meds. Treatment of high cholesterol on patients intolerant of statins but who cannot afford the new non-statin shots
Lipid guidelines with new meds. More pearls. More diabetes
Thyroid disorders
Dizziness, lupus, adult ADD, multiple sclerosis, vaccination guidelines, vasculitis
Pediatric content
I most enjoyed the last speaker. The clinical pearls/updates session was my favorite. It was all very helpful!
Substance use disorders and co-occuring disorders . Update on treatment of insomnia. Update on CHF
Psychiatric content
CHF, ortho
IBS. Gerd
Neurological disorders seen in primary care, autoimmune disorders seen in primary care: MS, lupus, RA, sarcoid, etc
NASH, liver disease/cirrhosis, geriatrics, Parkinson's disease, Alzheimer's disease. Understanding care options for geriatric patients (nursing homes, assisted living, home care). Alzheimer's disease. Nutrition and diet
Advancement in treating dementia. Pharmacology advancements
Resistant hypertension
Pain control - reducing opioid dependence. Auto-immune disorders - rheumatoid disease, lupus
Women's health. Psychiatry in family practice
More PEARLS
Any chronic primary care setting disease
Depression
Ethics. Public health.
Resistant depression treatment
Asthma
ALF/SNF & geriatric issues. Psych issues PTSD/COPD. Legal issues. Ethical issues in geriatrics. Physician assisted suicide in Colorado
"Tricks" for ortho/neuro exams in primary are. Heart failure. Pain management. Treatment of pre-DM
Neurology. Pain management
HLD, Hep C, urological consultation for males with hematuria
CHF management. Bugs & drugs. CKD management. Derm
Anemia/hematology
Dermatology. Pain management
How to survive EHR. Recurrent depression
I would be interested in learning more about FPIES and EOE
Derm & common skin diseases. Common hyperlipidemia diseases and treatment
Imaging interpretation. Asthma management
Assess cardiac risk. Management chronic pain
Gastroenterology & dermatology
Type 1 diabetes management. Adjustments for changes in DM poor control with insulin therapy that do not respond. Ortho. Endocrine, thyroid/adrenal abnormalities. Weight loss strategies - motivation tools. Low income patients.
Headache, HTN, depression
Women's health, hypertension, depression/anxiety, heart failure, asthma, bronchitis/pneumonia, pulmonary HTN

Additional comments:

Response
Thank you!
Great presentations
Room was too cold! Lunch (pre-ordered) process was not smooth. Room was too cold! Did I mention the room was too cold!
Great music, need more slides & more food please :-). Handouts on charts good for when I can bring to work & laminate it
I am retired but continuing to maintain my certifications in the event I need to return to work..
Thank you! Please provide list of generic/trade med names to refer to as lectures occur...all the "flozins" and "tides" just mesh in my mind!! & LABA/LAMA/SABA/ICS/"yikes!"
Very good!
Thank you. Great event
Speakers #2 & 3 were excellent!
Thanks! Denver Tech Center would be great
Parking at this hotel has always been a problem. It took me an hour to find spot (before start & after lunch)
Thank you soooo much for the invitation to an always exceptional conference and keep us all up to date on diagnoses and treatment of disorders and diseases. Your efforts are very much appreciated. Dr. Franck Rahaghi is always exceptional & hope he continues to educate us on pulmonary disorders - he is indeed a great teacher
Dr. Pratley was hard to understand - swallowed many words
Great pace, great speakers, great topics. Thank you very much
This was a very nice opportunity and I enjoyed it
Liked complimentary parking. WOuld be nice to see some vendor booths. Provide lunch sponsored CME, people more likely to stay for conference
Thank you for free excellent CME! Excellent presenters!
Great seminars - thank you
Thank you for the program
Parking was problematic/limited dining options. Tech center location closer/more convenient to captive attendees from Colorado Springs & Pueblo
Dr. Kuritzky was fantastic!
Change hotel
The hotel needs improvement in delivering pre-ordered lunches in a timely fashion
No acknowledgement of COSTS of DM meds or efficacy compared to insulin (& cost)
Parking problems - parked about 4 streets away. Morning - no creamer, no tea bags available, also ran out of hot water. Lunch - was a disaster, I would rather pay ahead of time for lunch to be available in the conference area, pre ordered but they lost food order, got the food @12:50, very cold and soggy
Cold! No hot water most of the time
More fun facts useful
Good conference
Very good!!
Better parking & better projectors. Dr. Kuritzky was fantastic!!
I like DTC site better. More conveniently located as well as more comfortable room/set up. This hotel less convenient, less comfortable & the bathrooms are problematic - many non-working toilets. Numbers are more heavily female at this conference
Now confused bout LDCT screening
Not enough parking. Bring a sheet of paper with the generic & brand name & give for every attendee
Facility accommodations were the worst I've experienced for a NACE event. Parking unacceptable. Restrooms filthy. I'd rather drive 30 more minutes. Content, presenters, administrative staff exceptional as always!
Terrible parking; please consider different location, but it was free so I'm ok with that. Suggest better organization with lunch. I prefer this location to DTC. Not enough hot water for tea
Enjoyed the format - Consider Colorado Springs for a location sometime.

Additional comments:

Response
Excellent talk on SGLTs & GLP-1s. More encouragement to press on with inhalers for COPD. Question my specialists!
Nice to have free parking but hard to find a parking spot. Would like wifi code & website or USB to view slides. I know its free CME (which is awesome) but a snack in afternoon would be great
One of the best CME reviews I have ever seen. Having a limited number of presentations could have gone into details made it worthwhile
It would be nice to have wi-fi access. Could have notified us ahead of time about there not being lunch so we could have brought our own
I like this new location, like free parking even if I have to walk a block
Parking was a disaster at this venue. Email said parking was available which was not true. Lot was full and garage was full. Very inconvenient. Lunch was also quite unorganized and wasted much time. I do not think you should use this venue again in the future
Very difficult to follow some of these topics when brand is not provided along with generic. Not ok that 2nd speaker did not provide slides. 1st speaker did - and when asked, stated he could not because this was a CME event. How are we supposed to learn without complete info?
Different location :-)
This was at a level beyond my scope of practice as a psychiatric PA. I learned more about the topics, but am unlikely to use this info in making prescribing decisions with psychotropics. But, it adds to my general medical knowledge!
Great & informative date! Thank you!
Excellent presentations
Could not find parking - had to park off street 2 hr parking thus did not stay. Glad was able to attend 1st couple of lectures - great speakers, thank you
Move back to DTC location
There was NO parking at facility. Please in future assure your attendants will have ample parking. Also should have water available on tables
Horrible parking, horrible food. Good location.
This is totally unrelated to the content of this conference: The light behind the speaker's head was very distracting. PS. The light got turned off - thanks!!!
All lecturers excellent. Dr. Kuritzky amazing as always!
Dr. Franck Rahangai - Excellent
Slides for COPD/IPF had issues; flickering, double checking. The gentleman talking in back (both involved with NACE) was very distracting. With the drug co. reps there should be fluids/snacks at breaks, not telling me "they charge us $50 a container of water"
Dr. Pratley was difficult to hear - please ask him to be aware to articulate more clearly. Dr. Kuritzky - post test questions before general questions - he is brilliant, but loves to hear himself
Thank you !! Dr. Lou is an excellent presenter & very enjoyable!
I really enjoyed all the lectures today and I feel I gained a lot of insight into treating DM and COPD
When I come to a primary care conference, I don't want to hear a prolonged speech to finally get to very little usable information
Dr. Rahanghi was great - engaging and informative! Dr. Kuritzky was wonderful at holding our attention, especially at the end of the day!
Bad accommodations - no parking. Inconvenient lunch arrangements. Room cold. Central location ok, tech center better. The Highlands was ok several years ago
I have greatly enjoyed this program. My 1st NACE program but wont' be my last - Very clinical based! Speakers were wonderful! Thank you!
Good speakers!