Emerging Challenges In Primary Care: *2017*

Activity Evaluation Summary

CME Activity: Emerging Challenges in Primary Care: 2017
Saturday, October 21, 2017
Hilton Houston North
Houston, TX 77060

Course Director: Gregg Sherman, MD

Date of Evaluation Summary: October 21, 2017

NACE NATIONAL ASSOCIATION FOR CONTINUING EDUCATION

300 NW 70th Avenue • Plantation, Florida 33317
(954) 723-0057 Phone • (954) 723-0353 Fax
email: info@naceonline.com

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

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.

Three hundred twenty nine healthcare practitioners registered to attend ***Emerging Challenges in Primary Care: 2017*** in Houston, TX. One hundred and thirty two 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 seven 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 contact hours of continuing education (which includes 3.25 pharmacology hours).

Integrated Item Analysis Report

What is your professional degree?

Response	Frequency	Percent
MD	39	29.77
DO	0	0.00
NP	80	61.07
PA	4	3.05
RN	1	0.76
Other	3	2.29
No Response	4	3.05

What is your specialty?

Response	Frequency	Percent
Primary Care	103	78.63
Endocrinology	1	0.76
Rheumatology	0	0.00
Pulmonology	2	1.53
Cardiology	2	1.53
Gastroenterology	1	0.76
ER	4	3.05
Hospitalist	4	3.05
Psychiatry/Neurology	1	0.76
Other	40	30.53
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	7	5.34
1-5	17	12.98
6-10	23	17.56
11-15	17	12.98
16-20	27	20.61
21-25	10	7.63
> 25	27	20.61
No Response	3	2.29

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

Response	Frequency	Percent
None	13	9.92
1-5	37	28.24
6-10	35	26.72
11-15	20	15.27
16-20	11	8.40
21-25	6	4.58
> 25	5	3.82
No Response	4	3.05

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	113	86.26
Somewhat	15	11.45
Not at all	0	0.00
No Response	3	2.29

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	112	85.50
Somewhat	15	11.45
Not at all	0	0.00
No Response	4	3.05

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	118	90.08
Somewhat	10	7.63
Not at all	0	0.00
No Response	3	2.29

Upon completion of this activity, I can now: Understand the importance of obtaining history from both patient and collateral Informant, in differentiating dementia syndromes; Recognize the value of the physical exam, especially the neurological, in the differential diagnosis of dementia; Review existing pharmacological and non-pharmacological treatment options for the four commong dementia syndromes:

Response	Frequency	Percent
Yes	118	90.08
Somewhat	4	3.05
Not at all	1	0.76
No Response	8	6.11

Upon completion of this activity, I can now: Understand the changes in sleep physiology as people age; Describe sleep assessment in an elderly population; Choose appropriate non-parmacological and pharmacological treatments for sleep problems in the elderly:

Response	Frequency	Percent
Yes	111	84.73
Somewhat	2	1.53
Not at all	1	0.76
No Response	17	12.98

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

Response	Frequency	Percent
Yes	94	71.76
Somewhat	2	1.53
Not at all	1	0.76
No Response	34	25.95

Overall, this was an excellent CME activity:

Response	Frequency	Percent
Strongly Agree	111	84.73
Agree	18	13.74
Neutral	0	0.00
Disagree	0	0.00
Strongly Disagree	1	0.76
No Response	1	0.76

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

Response	Frequency	Percent
Strongly Agree	111	84.73
Agree	19	14.50
Neutral	0	0.00
Disagree	0	0.00
Strongly Disagree	1	0.76
No Response	0	0.00

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

Response	Frequency	Percent
Strongly Agree	110	83.97
Agree	19	14.50
Neutral	1	0.76
Disagree	0	0.00
Strongly Disagree	1	0.76
No Response	0	0.00

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

Response	Frequency	Percent
Very likely	109	83.21
Somewhat likely	15	11.45
Unlikely	0	0.00
Not applicable	6	4.58
No Response	1	0.76

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

Response
For type 2 Diabetes - will start with HbAIC on chart when re-evaluating DM medications. For suspected COPD patient will order spirometry for diagnosis & use the "brief" health assessment. For sleep - use the Epworth Sleepiness Scale for assessment
To monitor for PP hypoglycemia - change in therapy. Using spirometry at trial most of suspected COPD patients
When patient complains of insomnia, assess opioid used. Assess inhaler use each visit. Consider dual treatments of basal insulin and GLP-1 RA. Have patient check post prandial blood sugar and review each visit
I do not treat any of those disorders at moment but will use my knowledge to make recommendations if needed to primary care providers
Use of Dopogliflozin clarified. Use of GLP-1 elucidated - monitor correct use of inhalers COPD. Self management education & evaluating important in chronic care COPD. Do a better neurologic exam for dementia. Ask about sleep hygiene - implement HELP strategy
Avoid hypoglycemia. Reduce cardiovascular risk in diabetics. Use SGLT2 drugs according to renal function appropriately. Use pulmonary rehab. Non-pharmacologic sleep treatment
Consider the use of GLP1-RA in primary care. Incorporate use of LAMA/LABA in COPD patients
Will start checking on every visit inhaler usage. Will try to start spirometry
How to determine treatment/therapies for DM & COPD. Differentiating different types of dementia. Recommend tips for sleep hygiene
Have patient check postprandial. Increase use of GLT-1. RGFR restrictions
Strategies of care for COPD. Ways to improve the sleep of the elderly
Start effective treatment for DM type 2 & prevent kidney disease. Implement HELP for better patient experience and surveys
Counsel patient on devices usage as much as possible. Identify why patients blood sugar may not be controlled postprandial
More detailed history
Consider use of GLP-1A. Differentiate dementias better. Appropriate use of different inhalers in COPD
TZD is better insulin sensitizer than metformin. Refer patient to pulmonary rehab for GOLD
Educating staff about patient experience. Use spirometry more often in asthma/COPD patients
SGLT2 postprandial effects medications. GLP-1 vs basal insulin categories of dementia nice for history. COPD med use. Sleep history.
Current recommendation for treatment management of worsening symptoms of COPD
New insights related to GLP-1 & SGLT-2 diabetes type 2 medications --> better care for patients. Went from referring all patients to pulmonary medicine for COPD to "I think I can diagnose & treat this". Some of what I learned simply confirmed what I already know/do.
Use early initiation of GLP-1 receptor agonist for patients with type 2 diabetes. Assessment of patient's with cough and dyspnea with spirometry and reassess when use regimens each visit
Updated treatment guidelines to guide assessment/prescription
Have patients check blood sugar postprandial (after 2 hours) vs pre-meal (fasting). Discuss starting insulin earlier than later. GIF restrictions on various meds
Use of spirometry always. Caution use of ICS in patients with mild COPD. Recommend GLP-1 RA
Better approach to disease process and med administration. Better approach in patient education and follow up
Communication - patient verbal/nonverbal. Sleep assessment. Dementia - treatment
Improved diabetic disease management for my patients. How to talk with the elderly about sleep and treating them without fear of doing harm
Learned better how to incorporate GLP-1 & SGLP2 into practice. Better understand symptoms of different dementias
Obtain history. Diagnosis. Treatment.
How to use GLP1 more effectively
More efficient use of SGLT2's & GLP-1's and combination basal insulin - GLP-1's increase use of spirometry in symptomatic patients. Better differentiation of types of cognitive decline by more specific history taking. Use more nonpharmacologic sleep techniques with patients
Combining various diabetic prescriptions for maximum control (at increased expense)

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

Response
Considering & calculating glucose/AIC & choosing appropriate therapy. Assess injection and inhaler technique in office each visit
Considering GLP1 RA & SGLT-2 in diabetes treatment. Considering LAMA as component to COPD treatment
Importance of using spirometry. Try insulins and other injectables not just medications
Combination therapies for dementia, diabetes. Assessing correct use of inhalers at every visit
Improve treatment in clinical practice. Evaluation skill with treatment options
Get a good health history from patient/caregiver. Keeping patients informed
Approach to deciding medications for diabetes type 2. Encourage use of spirometry. Differentiating between dementias being more treatment focus
Stepwise treatment and management of disease. Effective/appropriate medications for the disease stage. Close attention to drug side effects and interactions. Reviewing patients' meds and their use at each visit
I learned SGLT-2 and GLP-1 regimens in case of multi-drug regimens for treatment of diabetes. I'll use more frequent pulmonary rehab program when applicable. I will teach nonpharmacological regimens to promote quality sleep.
Screen insomnia. Quality of sleep. Screen risks of sleep disturbance. Screen habits
Utilize the spirometer on COPD patients on every visit. I don't have to combine SGLT2 receptors with and insulin. Develop strategies in identifying and differentiating cognitive problems and manage sleep disorders in patients. Finally, ensuring to implement the HELP system in my patients' managements. Hence improving patients' experience
Use of spirometry to diagnose COPD
Evaluate proper inhaler use at each visit. Think about adding injections for diabetes if 2 or more agents are not working. Sleep hygiene techniques used more often
When to initiate SGLT-2 therapy and contraindications. Common dementia syndromes and how to approach the patient. Best therapy and approach to insomnia. HELP how to implement.
Use of GLP-1 and add basal insulin; remove SU meds. Introduce the injectable insulin. Do spirometry to make diagnosis; review inhaler usage. Use sleep as a medicine
Will ask more questions to customize care
Consider increased GLP-1, SGLT meds, while also adequately considering side effects. COPD - utilize GOLD's guidelines and appropriate treatment for each stage. Alzheimers's - recognize the different types of dementia in my patient population
How and when to use SGLT-2 therapy. How to perform a complete sleep assessment. Better assessment and treatment of dementia
Diabetes management - how to modify diabetic patients and treatment. Dementia assessment and management. Recognizing COPD degrees of severity and when and how to treat
Effective use of patient visits by ensuring all necessary data to make treatment decisions is present at the time of visit. Improve my sleep hygiene to ensure better care and experience for my patients
Thorough history obtained from patients. Differentiating diagnosis. Choice of pharmacologic products
Identify patients with early stage of dementia for possible intervention. Statins does not prevent dementia. Encourage patients to try nonpharmacologic intervention for insomnia prior to using pharmacologic. Avoid prolonged use of benedryl for insomnia in elderly. Use combination for insomnia
Importance of AIC and PPG in office. Importance and clarification of the dementias
Explain well to patients. Explaining well to patients so they can agree when using the medications for treatment plan
Diabetes management using injectable GLP1. COPD management with LABA/LAMA. Dementia differentiation
Understanding and adequate usage of COPD assessment tools. Importance of following the global initiatives and guidelines in the treatment of my patients. Implementing the use of individualized plans in patient's care.
SLeep hygiene. Use low dose of sleep aide. Use spirometry for patients who smoke and have cough. Always treat patients with respect
With the relationship between hypoglycemia and prolonged QT. Extensive patient education for blood sugar logs and treatment. Evaluation to prevent hypoglycemia. Routine therapy assessment especially with increased risk factors. Evaluating patients' use of inhalers.
Learned to utilize GLP1 receptor agonist & SGLT receptor blockers for optimized management of diabetic patients. Optimize COPD prescriptions based on GOLD standards
Manage diabetes more aggressively and evaluate dementia better

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

Response
More frequent diabetes follow up visits. Use combo COPD inhalers
Changing sleep assessment. CHanging diabetic treatments
Modify diabetes treatments based on insulin glucose and postprandial sugar, risk CVT. Add GLP1 to reduce postprandial glucose and post glucose on patient who already on basal insulin and renal meds
Intensifying DM2 treatments with basal insulin and GLP1 RA to assist patient in achieving HbAIC goals. Spirometry usage for COPD diagnosis. Recommend physical activity for dementia prevention, 10 commandments of sleep. HELP to adequately communicate with others
None
Increase awareness on SGLT-2 and GLP-1 RA medication. Review sleep hygiene
Integrate patient and family in treatment and plan of care.
Use of GLP-1 receptor agonist with basal insulin management of long term type 2 diabetes. Diff diagnosis criteria in 4 major dementias
Learned when and why use GLP1 or SGLT2. COPD treatment strategy
Use GLP-1 agonists more often
Additional options (expensive) for AIC, more complicated algorithm for DM management. The side effect is nil if no change - lifestyle for DM. Interesting that oxygen doesn't help with COPD but pulmonary rehab does
Using combination of GLP-1 and basal insulin to improve HbAIC and decrease PPG. Focus on HbAIC control as basis for treatment, and PPG not focusing on the FBG. To know that spirometry testing #1 way to diagnose COPD. Screening tests COPD assessment test
Use injectables sooner insulin. Evaluate sleep more in depth. Different approach to dementia. Develop better communication with patients
Use of injectables as early treatment for diabetes. Assess proper inhaler use at each visit
Spirometry for ALL c/o cough; more careful consideration of all approaches to glycemic control based on patient co-morbidities
Sleep is medicine. LABA/LAMA combo is good choice for exacerbation of COPD if patient with decreased FEV. GLP1 can be used with long acting insulin. There are 4 main types of dementia
Evaluate patients' sleep patterns/always evaluate using spirometry in patients with progressive dyspnea/Review inhaler technique with each office visit
Improve history. Avoid sulphonil urea. Use more SGLT2 and GLP1
How to diff types of dementia. How to treat COPD
I have learned many and new strategies for patient care
Incorporating GLP drugs in practice. Pulmonary rehab
Use MMRC and CAT for COPD management/assessment. Use of GLP-1/insulin earlier in diabetic regimen
Using SGLLT2 and GLP1 agonists. Discussing inhaler techniques and adherence with COPD patients. Distinguishing dementia in patients. Discuss sleep hygiene for those with insomnia
I have learned the differences in dementia syndromes management/treatment. COPD portion was useful for management of my patients in clinic
Better understanding of spirometry interpretation and when to use it. Differentiation and treatment options 4 types of dementia
As a vascular surgery nurse practitioner, a vast majority of our patient population has type 2 diabetes with uncontrolled hyperglycemia and nonhealing wounds. It would be beneficial to review medications at office visit to assure the patient is being medically optimized
COPD - spirometry and assessing inhaler use/technique
COPD strategy
Consider SGLP2 and GLP1 sooner. Discuss modified behavior therapy with patients - sleep hygiene
Spirometry. Differentiating among dementias. GLP1 RA for postprandial glucose control; SGLT2 for DM2 with CVD2
Combination of SGLP1 RA with basal insulin. Manage solutions for algorithm in elderly. Employ meds for patients with dementia with more disturb

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

Response
Holistic medical approach to diabetes type 2 not just target treatment to one organ. Importance of monitoring and treating postprandial glucose, screening and starting nonpharmacologic measures in insomnia. Identifying and understanding treatment for different types of dementia, implementing use of spirometry when symptoms may indicate COPD, renew patient use of inhalers, using HELP
Though I work in a specialty clinic, I will focus more on a holistic approach to treat the patient ie sleep hygiene
Careful screening for dementia/sleep needs. Importance of postprandial management of glucose. Medication adjustment

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

Response	Frequency	Percent
Within 1 month	95	72.52
1-3 months	24	18.32
4-6 months	0	0.00
Not applicable	10	7.63
No Response	2	1.53

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

Response	Frequency	Percent
Excellent	108	82.44
Very Good	18	13.74
Good	1	0.76
Fair	1	0.76
Unsatisfactory	0	0.00
No Response	3	2.29

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

Response	Frequency	Percent
Excellent	109	83.21
Very Good	15	11.45
Good	1	0.76
Fair	1	0.76
Unsatisfactory	0	0.00
No Response	5	3.82

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Diego J. Maselli, MD, FCCP - COPD:

Response	Frequency	Percent
Excellent	99	75.57
Very Good	21	16.03
Good	4	3.05
Fair	0	0.00
Unsatisfactory	1	0.76
No Response	6	4.58

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Thomas Weiss, MD - Four Common Dementias:

Response	Frequency	Percent
Excellent	109	83.21
Very Good	11	8.40
Good	1	0.76
Fair	0	0.00
Unsatisfactory	1	0.76
No Response	9	6.87

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Thomas Weiss, MD - Sleep Problems:

Response	Frequency	Percent
Excellent	107	81.68
Very Good	11	8.40
Good	0	0.00
Fair	1	0.76
Unsatisfactory	0	0.00
No Response	12	9.16

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

Response	Frequency	Percent
Excellent	80	61.07
Very Good	15	11.45
Good	0	0.00
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	36	27.48

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

Response	Frequency	Percent
Excellent	120	91.60
Very Good	6	4.58
Good	0	0.00
Fair	1	0.76
Unsatisfactory	0	0.00
No Response	4	3.05

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

Response	Frequency	Percent
Excellent	117	89.31
Very Good	8	6.11
Good	0	0.00
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	6	4.58

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Diego J. Maselli, MD, FCCP - COPD:

Response	Frequency	Percent
Excellent	114	87.02
Very Good	8	6.11
Good	0	0.00
Fair	0	0.00
Unsatisfactory	1	0.76
No Response	8	6.11

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Thomas Weiss, MD - Four Common Dementias:

Response	Frequency	Percent
Excellent	116	88.55
Very Good	4	3.05
Good	0	0.00
Fair	0	0.00
Unsatisfactory	1	0.76
No Response	10	7.63

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Thomas Weiss, MD - Sleep Problems:

Response	Frequency	Percent
Excellent	115	87.79
Very Good	4	3.05
Good	0	0.00
Fair	1	0.76
Unsatisfactory	0	0.00
No Response	11	8.40

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

Response	Frequency	Percent
Excellent	97	74.05
Very Good	7	5.34
Good	0	0.00
Fair	1	0.76
Unsatisfactory	0	0.00
No Response	26	19.85

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

Response	Frequency	Percent
Topics covered	102	77.86
Location/ease of access	62	47.33
Faculty	11	8.40
Earn CME credits	94	71.76
No Response	6	4.58

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent
Strongly agree	76	58.02
Agree	42	32.06
Neutral	8	6.11
Disagree	1	0.76
Strongly Disagree	0	0.00
No Response	4	3.05

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

Response
Spinal tumors, chronic back pain. Cardiovascular topics
management of Rheumatoid arthritis. Chronic pain management with growing opioid crisis - use of CDO guidelines. management of DMII "on a dime"
CHF with new updated treatment
Stroke, aneurysms, brain tumor
More about vascular disease and diabetes in regards to wounds development and healing
Infectious diseases; management chronic diarrhea/constipation
Hypertension. Hyperthyroidism
Primary care dermatology
Wound care. Pain management
Hypertension. Depression. Thyroid disorders. Orthopedic. Breast cancer. Menopause. Rheumatoid arthritis. CHF
ADHD management in adults
Womens' health, labs interpretation and ultrasound
Cultural competency. Hormones. Bladder issues. Allergic reactions - immunology
Hypertension, hypothyroidism
Chronic pain (treatment modalities): how to avoid opiate for chronic pain. How to wean opiate for chronic pain. Headaches. Asthma
Diabetes medications. Osteoporosis medications. Geriatric medicine
Opioid abuse
Weight loss surgeries - update. Bone density - DEXA scans. Onchyomycosis and tissue treatments
Treatment approach for psychiatric conditions in primary care
More diabetes. More psychiatric disorders/treatment
Hypertension. Hyperlipidemia, CHF, chronic kidney failure
ABG; Cancer work ups; Abnormal kidney function; EKG
Cardiovascular - HTN, Afib, CHF, etc. Pulmonary - asthma
Hypertension
Cultural aspects of healthcare. Home remedies vs prescriptions
Evidence based practice treatments for pediatric asthma, colds, and flu
ENT, pediatrics
Asthma maintenance (adults and children). Common dermatology problems in primary care.
Depression management. New updates on HTN management. Hep B, C and elevated LFT's
Dealing with the elderly on other subjects
Office neurology for primary care. Rheumatology/connective tissue disorders. Office orthopedics/back procedures and joint aspiration and injectables
More review of diagnostic criteria and standard treatment guideline review
Secondary hyperaldosteronism

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

Response
RA and other autoimmune disorders
HTN, low back pain, abdominal pain
Cholesterol (lipid) medication, management. Advice for people with elevated cholesterol that can't tolerate statin medications due to its adverse effect (ie myalgia) etc
WOmen's health, pediatric topics
Obesity. Recommended guidelines for cancer screening (all cancers)
PCSK-9
CHF
Transitional care in patients with heart failure. Improving palliative care. Increased chronic diseases and how they will affect healthcare and represent of in aging population
ENT, dermatology, pain management.
CHF. EKD reading for/in primary care - refresher. Arthritis - common musculoskeletal problems/conditions in primary care
Heart failure management. Managing anticoagulants
Birth control/women's health
Preventative health, geriatric care, use of care management/coordination in primary care
Gyn oncology patient issues and management
Asthma, HTN, obesity, insulin management with new insulins
Hyper/dislipidemia and appropriate therapy
Nephrology. Cardiology. Infectious disease
Infectious disease. Drug drug interactions
PCP treatment of bipolar disorder, OCD and panic disorders
Hypertension
Dermatology. Thyroid diagnosis
Additional teachings of updates on neurological related illnesses eg Alzheimers diseases, dementias, etc
Hypertension. Asthma. Anxiety and depression
Diagnosis and management of arthritides
Heart disease
Dermatology; Prostate
Infectious disease. More on diabetes
Asthma. Pain management. Arthritis
CKD, hepatitis, thyroid problems
Sickle cell disease. Obesity. Pain management. Depression/anxiety. CHF
More on diabetes, COPD
Vascular diseases like PAD; limb ischemia, AAA
Pain management
Degenerative joint diseases: spine, knee (OA, anti-aging medicine for PCPs. Osteoporosis. OSA
Major depression - role of family and friends
COPD. CHF. DML. HTN
Adult ADD diagnosis. New diagnostic tests for HIV
Hypertension. Chronic pain syndrome or pain patients for back
Lupus. Dermatology. Zika virus. Repeat - Dr. Thomas Weiss
Question criteria used for permitting driving severe hypertension treatment
Asthma. Abdominal pain. Contraception. Pediatric issues. Mental health
Primary care issues in teenagers and college age adults; STD education; stress reduction/life skills management in teens/young adults. Any primary care topic for teens and young adults. Evaluation of musculoskeletal injuries or complaints

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

Response
Pulmonary medicine treatment. Sleep medication
Asthma, chronic pain
Thyroid management. CVD management
ASHD. Lipid abnormalities
Vascular abnormalities. PAD/PVD. Anemia.
Work up of elevated globulin. Hematology topics - CBC interpretation. seizure treatment. Depression new treatment/new drugs.
Evidence-based nutrition education, hypertension, psoriasis
Hospitalist medicine
Weight loss/obesity. Geriatrics. Sleep/behavioral disorders
Antibiotic therapy. CKD/AKD. Liver/cirrhosis
Hypertension, wound care, ortho
Opioid management, suturing, pediatric treatment/meds
Pain management, Preventative care of female patients, menopause, low testosterone, psychiatry, more diabetes med review, when to refer to hospice, end of life care
Congestive heart failure, dysrhythmia, adverse affects of statins and alternate treatments
Hypertension, care of transplant patients
Wound care, suturing, work-life balance, cancer, supportive measures for newly diagnosed vs. hospice, end of life care.

Additional comments:

Response
Great job and well organized
Dementia presenter was excellent
Dr. T Weiss very knowledgeable on topic discussed, wealth of information, common sense wisdom provided
Very excellent conference
Great speakers and topics!
Excellent conference
Good presentations!
Very organized, great presentations
Thank you
Excellent conference. Very informative
Very good conference
Excellent lectures, especially sleeping and dementia
Dr. Mark Solar is excellent - Lots of clinical pearls
Thank you so much for this wonderful CME and pharmacology component was excellent
An 8 hour Saturday well spent
Please reintroduce name tags! The speakers today were uniformly exceptional - thank you very much!
Thank you! Very quality presentations!
Thank you. This has been very helpful and certainly has improved my knowledge
Thank you very much!!!
None
Dr. Weiss is a wonderful presenter!
At some conferences the power points are provided and included in cost of event. At others they are provided for a small fee. Either way, I prefer to have the PP slides printed to follow the speaker and refer back to them at later dates. It helps teach staff and patients and provides reference when implementing new ideas. I did find the links during the conference session

Additional comments:

Response
Great conference. Registration staff is not very welcoming
SO COLD!
Great conference
The room/environment was very cold, was somehow difficult to stay focused
Nice seminar
Thanks. Thanks NACE! This was a very informative session and I will utilize the strategies learned in my practice setting
Thank you for offering this CME. It is helpful and also allows entrance for new grads who have limited financial resources while seeking employment. This CME topic will assist my treatment of diabetic patients
My practice is limited to women with gyn cancer so even though some may have DM, COPD, dementias, I do not personally treat. I may recognize conditions, but have to refer to specific health care providers trained in the specific area to treat the patient. Slides difficult to see from back of room, turning down lights in front of room would help; also less "busy" slides or "give take hemo message" as Dr. M. Stolar did; Dr. Weiss's presentation excellent presentation, easily understood and "entertaining."
Appreciate the free CME, the breadth of subjects covered. I particularly enjoyed the dementia and sleep talks!
Well done
Very cold room
This is my first attendance and enjoyed every session. Hoping to attend more in the future. Program is more co-ordinated and well presented. Great topics!!!
Excellent speakers
Thank you. Enjoyed conference
Thank you
Excellent presentations. I like best Dr. Marlene A. WOlf presentations with excellent communication
None
Excellent speakers and topics
Excellent!!! Thanks
Overall good conference
Very good CME
Have Dr. Thomas Weiss return, he was super!
Great conference
Dr. Weiss is a great engaging speaker - he applied great current examples. Dr. Maselli correlated COPD with daily practice well and explaining importance of diagnosis with spirometry
Kudos to NACE organizer. Topics and speakers are excellent. They are concise but well presented
Excellent CME, thank you!
Excellent. I really enjoy NACE presentations!!!
:-)
Free conference is great. If no free lunch will be provided, please indicate, in the registration for participants' preparation
Thank you. WE need one each quarter!
Excellent conference and wonderful speakers!