Emerging Challenges In Primary Care: *2017*

Activity Evaluation Summary

CME Activity: Emerging Challenges in Primary Care: 2017
Saturday, August 19, 2017
San Mateo Marriott San Francisco Airport
San Mateo, CA

Course Director: Gregg Sherman, MD

Date of Evaluation Summary: August 19, 2017

NACE NATIONAL ASSOCIATION FOR CONTINUING EDUCATION

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In August 2017, the National Association for Continuing Education (NACE) sponsored a CME program, ***Emerging Challenges in Primary Care: 2017***, in San Francisco, CA.

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, Idiopathic Pulmonary Fibrosis and Hyperlipidemia.

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.

One hundred seventy two healthcare practitioners registered to attend ***Emerging Challenges in Primary Care: 2017*** in San Francisco, CA. Eighty four 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. Eighty one completed forms were received. The data collected is displayed in this report.

CME ACCREDITATION

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

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

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

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

National Association for Continuing Education is approved as a provider of nurse practitioner continuing education by the American Association of Nurse Practitioners. AANP Provider Number 121222. This program has been approved for 6 contact hours of continuing education (which includes 2.75 pharmacology hours).

Integrated Item Analysis Report

What is your professional degree?

Response	Frequency	Percent
MD	37	44.58
DO	1	1.20
NP	34	40.96
PA	5	6.02
RN	2	2.41
Other	2	2.41
No Response	2	2.41

What is your specialty?

Response	Frequency	Percent
Primary Care	57	68.67
Endocrinology	2	2.41
Rheumatology	0	0.00
Pulmonology	0	0.00
Cardiology	5	6.02
Gastroenterology	3	3.61
ER	2	2.41
Hospitalist	2	2.41
Psychiatry/Neurology	7	8.43
Other	23	27.71
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	8	9.64
1-5	14	16.87
6-10	11	13.25
11-15	12	14.46
16-20	10	12.05
21-25	5	6.02
> 25	20	24.10
No Response	3	3.61

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
None	23	27.71
0-1	27	32.53
2-5	11	13.25
6-10	7	8.43
11-15	3	3.61
16-20	1	1.20
>20	3	3.61
No Response	8	9.64

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

Response	Frequency	Percent
None	10	12.05
1-5	11	13.25
6-10	9	10.84
11-15	10	12.05
16-20	10	12.05
21-25	8	9.64
> 25	20	24.10
No Response	5	6.02

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
Yes	67	80.72
Somewhat	13	15.66
Not at all	1	1.20
No Response	2	2.41

Upon completion of this activity, I can now: Differentiate adrenal gland disorders and classify them as either hyperfunctioning or hypofunctioning based on the provided clinical and laboratory information; Recognize the preferred treatment option(s) for specific adrenal gland disorders; Prepare a patient-specific monitoring plan for medications used in the management of adrenal gland disorders and anticipate new medication-related problems.

Response	Frequency	Percent
Yes	69	83.13
Somewhat	13	15.66
Not at all	0	0.00
No Response	1	1.20

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
Yes	74	89.16
Somewhat	9	10.84
Not at all	0	0.00
No Response	0	0.00

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
Yes	64	77.11
Somewhat	12	14.46
Not at all	0	0.00
No Response	7	8.43

Upon completion of this activity, I can now: Recognize the epidemiology and pathophysiology of HF; Discuss the classification of HF; Understand the role of biomarkers in diagnosing and monitoring HF; Discuss current strategies in the management of chronic HF.

Response	Frequency	Percent
Yes	56	67.47
Somewhat	8	9.64
Not at all	0	0.00
No Response	19	22.89

Overall, this was an excellent CME activity:

Response	Frequency	Percent
Strongly Agree	61	73.49
Agree	20	24.10
Neutral	2	2.41
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
Strongly Agree	63	75.90
Agree	19	22.89
Neutral	1	1.20
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
Strongly Agree	59	71.08
Agree	21	25.30
Neutral	2	2.41
Disagree	0	0.00
Strongly Disagree	0	0.00
No Response	1	1.20

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

Response	Frequency	Percent
Very likely	56	67.47
Somewhat likely	16	19.28
Unlikely	1	1.20
Not applicable	9	10.84
No Response	1	1.20

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

Response
Consider SGLT2 when managing DM2
Dairy on drex 3x/day. HTN control. Lipid management. IPF
Prolactin sed rate. High resolution CT of chest. IGF1 in IPF
Review medication efficacy and adjustment and/or changes
Recognize IPF
Low LDL levels on statins (30-70) are okay
I will consider SGLT2 and SGLT1 therapy. Fear about using these meds have decreased after this program. I will provide a better care to my patients thanks to the endocrinology talk by Dr. Busch. Chronic cough, dyspnea - IPF
Learned a lot about diagnosing IPF, managing HF, strategies for optimizing treatment of dyslipidemias
Support re-evaluating DMII Rx, avoid insulin
Using GLP-1 for treating patients with diabetes. Consider IPF more frequently in the differential diagnosis of patients with chronic cough, smoker made patient
Use SGLT2 meds more. Think of other endocrine problems with people with diabetes. Aware of more of adjunct to statin treatment
Diagnosis of IPF. SGLT2- use
Management of complex care patients. New treatment modalities. New levels of care
IPF definitely was very informational. I will follow and evaluate and treat. Overall this topic was a refresher and exposure of new drugs
Evaluating patients SOB; cough for IPF
Assess for adrenal problems in DM population (for those meeting criteria). Feel more confident using DPP-4 and SGLTs. Consider IPF in diff for chronic cough
Learned new treatment strategies for DM2 - Metformin - SGLT2 and GLP-1. Recognition of IPF in clinical setting. Management and screening. Consideration of using new Rx in lipid and cardiac management; heart failure. Recommendation of milk in nutrition teaching/counseling
Review and screen baseline health changes twice a year. Discuss patient's total pharm combo and purpose coordination with other providers also seeing patient
Reconsidering different DM meds as well as statin adjunct meds
Consider starting SGLT2 inhibitors earlier
Work up tests
Diagnosis and treatment of IPF, CHF, hyperlipidemia and DM2/CHF treatment for AA
Use of SGLT-2 inhibitors in obese diabetics or with CVD
By using newer technique and meds
Screening patients with DM for other endocrine disorders. Screen patient for IPF. Optimize treatment of lipid and heart failure
Diagnose IPF. More aware of adrenal/pit issues
Consider adding SGLT2 agents to improve DM control. Check for Cushings in obese women with Osteoporosis. Using hydralazine/Isordil combo for AA patients with decompensated HF
Diagnosis. Work up the patient. Management, follow up patients
Early diagnosis and treatment of IPF
Performing workup for T2DM to identify and treat underlying conditions. Being able to prescribe SGLT2 inhibitors for T2DM patients
Using SGLT2 more for treatment with better knowledge of SE's. Adrenal disease and check other causes of diabetics lab tests. IPF identification - CXR spirometry - HDCT. Lipid - will case moderate statins, young patients
For Type2 DM on Metformin, basal insulin with high HbA1c add SGLT2 inhibitor. New onset DM consider Cushings, Pheo. acremegally. No longer treat IPF with N-acetyoysteine. Add Anti-PCSK9 if refractory to statins and ezetinide. CHF prevention control HTN, DM, and obesity
Dexamethasone suppression test, prolactin. Consider IPF in differential
Diagnosis and treatment of DM2, CHF, IPF
Identification of HF patients. Use of SGLT2

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

Response
Picking medication that controls DM with low or no hypoglycemia. Increase screening for Cushing, Addison, Acromegaly, low thyroid in DM. Screening for IPF in chronic cough and dyspnea. Fibrates and Niacin are no longer recommended for high cholesterol. Better medication management for HF
Adjust T2DM meds as noted. Know the method of adding cholesterol and drugs. Understanding endocrinology labs. Learning about IPF
Better insight to manage patients. Appreciated very good review of baseline in review of topics, specifically endocrinology, Pulmonary Fibrosis, and Cardiology
IPF workup. Cushings workup. Treatment of diabetes. Niacin has no value
SGLT2 use. HTN management. CHF management
Addition of SGLT-2 in the management of type 2 diabetes. Diagnosis of cushing syndrome, cushing disease, Addison's disease and hyperlipidemia, and treatment. Supplement to statin therapy by ezetimibe and PCSK-9
Make new personalized lab order forms! DC old regimens met/SVIF and my GLP 2's earlier. Consider adrenal workup more often before referral, order correct labs. HRCT with IPF! More use of Zetia/less fear of high dose statin. CHF lower diagnosis
Recognize IPF; start evaluations. Differentiate diagnosis of COPD, CHF, IPF, think of other diagnoses causing DM
Obtain more accurate histories. Adjust meds per patient individualized needs
Benefits, effective use warnings requiring patient education - SGLT2. When thinking of what labs to do in endocrine - work it up by what company it keeps. High suspicion of IPF - HRCT. High intensity statin - expect 50% reduction, but also consider actually risk reduction and individual variability, currently treating medicine patients
Diagnosis of IPF - initial workup and differential diagnosis. Management of DMII. HF/Hyperlipidemia management. More aggressive treatment of lipids
Retired
Initial workup for HTN and hyperlipidemia and diabetes and IPF as a PCP and recommended preliminary tests
Idiopathic Pulmonary Fibrosis: diagnosis and treatment was really educational. I was completely ignorant
Treatment of DM. Treatment of hyperlipidemia
How to decrease CV risk in patients with hyperlipidemia who are not controlled with statin. Add IPF in DD while encountering older patients with chronic cough and SOB. Appropriate DM management
Per guidelines and evidence-based practice
Will treat hypertension and hyperlipidemia more aggressively. Will be more diligent in observing the patient clinically and diagnose different endocrine disorders. Will implement everything I learned today in my practice

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

Response	Frequency	Percent
Within 1 month	47	56.63
1-3 months	17	20.48
4-6 months	3	3.61
Not applicable	14	16.87
No Response	2	2.41

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Robert Busch, MD, FACE - Diabetes and Vascular Disease:

Response	Frequency	Percent
Excellent	68	81.93
Very Good	11	13.25
Good	0	0.00
Fair	1	1.20
Unsatisfactory	0	0.00
No Response	3	3.61

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Robert Busch, MD, FACE - Endocrinology:

Response	Frequency	Percent
Excellent	72	86.75
Very Good	7	8.43
Good	2	2.41
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	2	2.41

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
Excellent	75	90.36
Very Good	3	3.61
Good	1	1.20
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	4	4.82

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Karol E. Watson, MD, PhD - Lipid Management:

Response	Frequency	Percent
Excellent	59	71.08
Very Good	12	14.46
Good	4	4.82
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	8	9.64

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Karol E. Watson, MD, PhD - Heart Failure:

Response	Frequency	Percent
Excellent	59	71.08
Very Good	9	10.84
Good	0	0.00
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	15	18.07

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

Response	Frequency	Percent
Excellent	69	83.13
Very Good	9	10.84
Good	2	2.41
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	3	3.61

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Robert Busch, MD, FACE - Endocrinolgy:

Response	Frequency	Percent
Excellent	73	87.95
Very Good	8	9.64
Good	0	0.00
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	2	2.41

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
Excellent	75	90.36
Very Good	4	4.82
Good	1	1.20
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	3	3.61

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

Response	Frequency	Percent
Excellent	62	74.70
Very Good	11	13.25
Good	2	2.41
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	8	9.64

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Karol E. Watson, MD, PhD - Heart Failure:

Response	Frequency	Percent
Excellent	62	74.70
Very Good	6	7.23
Good	0	0.00
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	15	18.07

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

Response	Frequency	Percent
Topics covered	62	74.70
Location/ease of access	56	67.47
Faculty	21	25.30
Earn CME credits	67	80.72
No Response	4	4.82

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent
Strongly agree	50	60.24
Agree	26	31.33
Neutral	4	4.82
Disagree	0	0.00
Strongly Disagree	0	0.00
No Response	3	3.61

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

Response
Occupational medicine. Gerontology
Pain-related and Dermatology
Hepatitis, ADHD
Pain management
Management of mental health issues in Primary Care (like anxiety disorder, MDD, etc.), HTN
More on nutrition and cardiovascular risk
HCV and DM comorbidity management. Use of non-pharm modalities in complex care patients. Utilizing other resources (non-medical) to manage chronic conditions
CHF. COPD
Neurology - HF management. DM management. Getting modalities authorized by insurance
Developments with treatments in neurological disorders
CKD in Primary Care and the need to refer
Immuno-compromise/autoimmune new cancer treatments (immune therapy)
Migraine, Depression, more HTN, MS, obesity, nutrition, nutrition
Chronic pain management. Dementia. Headache management
Diabetes updates
Osteoporosis, COPD/Asthma, immunizations, Afib, stroke, CAD, obesity treatments, NAFL, Hep C (B and A)
More diabetes management
Orthopedics - red flag injuries for Primary Care to get them to ortho providers
GIST. Wound care/new products
Rheumatology, Dermatology
Home visit geriatrics. COPD management and acute exacerbation management for geriatrics
GI probiotics
Skin, ortho

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

Response
Asthma and COPD, AFib, Stroke, treatments for obesity, Hep (B+A), Hep C, Osteoporosis
More acute care. But great conference
Skills labs
Dementia evaluation and Rx. Insomnia Rx. Pulmonary HTN. Venous insufficiency
Pediatric Primary Care topics
Urgent Care challenges
Infectious Diseases, Hematology and Oncology
Women's Health. Geriatrics. Chronic pain management
Male menopause. New STD treatment options with resistance. Travel vaccinations. Shingles. Food allergies in pediatrics. The new useful DNA tests in Primary Care. Best apps for Primary Care. drug supplement interactions
Looking forward to Women's Health meetings
HTN management not sponsored by a pharm rep
Mental health
Gastroesophageal reflux disease and proton pump inhibitor medications
Nutrition, lifestyle modification, functional medicine, more prevention focused topics
Osteoporosis. Musculo-skeletal issues. Causes of chronic anemia and workup. Dementia
Tips on how to help clinics operate in third world countries. Practical tips. I like to volunteer, but not confident about doing history PE and follow ups when no such organized practice exists. No laboratory support on specialists, etc. Use of outdated drugs in these clinics - e.g. what group of drugs not to use at all - antibiotics, cardiac...
Asthma management. Anti-platelet agents
Orthopedics. Dermatology
More GI related topics. We have new therapies for HCV, HBV, cell screening data, decreased morbidity
Any

Additional comments:

Response
Thanks for all your great topics and speakers
Assists with refreshing my clinical skills; some skills remain latent
Thanks for letting me attend the conference. Expect to join your move in the future
Very convenient to earn CME in area. Thanks
Rooms were very cold!
Even though I do not know Dr. Bush, he has motivated me to be a better physician. His simplicity, his style, his clarity in giving his talk, demonstrate to me that he loves medicine and that he is an outstanding physician
Great medical/primary care conference. Thanks!
Dr. Busch - excellent. Prefer more CME qualified sessions for time spent
Thank you!
Some of the ppt sent to download were not complete or would not print in their entirety
Thank you so much. Non-CME courses too long and most content is already presented by faculty. The conference day can be shortened a little and give us 5-10 minute breaks once in each half of the day
Great conference! I will be back! Thanks for a great learning experience
All topics welcome. Presentations always well done. Thanks
Thanks for great opportunity. I drove 100 miles overnight, worth it!
Great program - well organized. Need more stand up and walk breaks. Thanks
First speaker was good, but talked so fast, difficult to follow. No presentation for funding should be mandatory
Excellent program, exceeded my expectations! Thank you
Really nice to see the human element as observed in the IPF patients on You Tube
Thank you for great lectures

Additional comments:

Response
Conference room was too COLD
Thank you. Dr. Busch' Endo talk is very, very good. Hope that I recall all his practical recommendations, uncommon, but diagnosis exists
The programs, speakers, and presentation was excellent! Thank you very much for the opportunity to participate
Prefer more CME hours and less non-CME lectures
I really like the weekend's meeting due to work schedule
Great speakers
Amazing well-informed speakers with great visual slides. Will use much info learned today in practice. HTN needed more time allotted
Excellent faculty!
Please do not have a presentation during lunch in the future
Great
Awesome speakers! Even the non CME
Excellent program and speakers - come back to this area again!
Great and thanks for providing us the updates