



# Emerging Challenges In Primary Care: 2017

## Activity Evaluation Summary

**CME Activity:** Emerging Challenges in Primary Care: 2017  
Saturday, June 24, 2017  
Tampa Marriott Waterside Hotel  
Tampa, FL

**Course Director:** Gregg Sherman, MD

**Date of Evaluation Summary:** June 24, 2017



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

This educational activity was designed to provide primary care physicians, nurse practitioners, physician assistants and other primary care providers the opportunity to learn about varied conditions such as Diabetes, Migraine, 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.

Five hundred and fifteen healthcare practitioners registered to attend *Emerging Challenges in Primary Care: 2017* in Tampa, FL. Two hundred sixty seven 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. Two hundred fifty three 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	84	32.18	
DO	2	0.77	
NP	133	50.96	
PA	12	4.60	
RN	19	7.28	
Other	3	1.15	
<b>No Response</b>	<b>8</b>	<b>3.07</b>	

## What is your specialty?

Response	Frequency	Percent	
Primary Care	197	75.48	
Endocrinology	4	1.53	
Rheumatology	2	0.77	
Pulmonology	4	1.53	
Cardiology	10	3.83	
Gastroenterolog y	7	2.68	
ER	5	1.92	
Hospitalist	22	8.43	
Psychiatry/Neur ology	8	3.07	
Other	70	26.82	
<b>No Response</b>	<b>1</b>	<b>0.38</b>	

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

Response	Frequency	Percent	
None	25	9.58	
1-5	40	15.33	
6-10	39	14.94	
11-15	47	18.01	
16-20	28	10.73	
21-25	26	9.96	
> 25	52	19.92	
<b>No Response</b>	<b>4</b>	<b>1.53</b>	

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

Response	Frequency	Percent	
None	34	13.03	
0-1	72	27.59	
2-3	69	26.44	
4-7	40	15.33	
8-10	19	7.28	
> 10	12	4.60	
> 15	10	3.83	
<b>No Response</b>	<b>5</b>	<b>1.92</b>	

## 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	65	24.90	
0-1	88	33.72	
2-5	53	20.31	
6-10	21	8.05	
11-15	15	5.75	
16-20	9	3.45	
> 20	2	0.77	
<b>No Response</b>	<b>8</b>	<b>3.07</b>	

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

Response	Frequency	Percent	
None	22	8.43	
1-5	8	3.07	
6-10	29	11.11	
11-15	42	16.09	
16-20	29	11.11	
21-25	43	16.48	
> 25	83	31.80	
<b>No Response</b>	<b>5</b>	<b>1.92</b>	

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	228	87.36	
Somewhat	30	11.49	
Not at all	0	0.00	
<b>No Response</b>	<b>3</b>	<b>1.15</b>	

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	219	83.91	
Somewhat	35	13.41	
Not at all	1	0.38	
<b>No Response</b>	<b>6</b>	<b>2.30</b>	

Upon completion of this activity, I can now: Discuss the discovery and components of the endocannabinoid system; Review potential therapeutic uses and potential adverse effects; Discuss qualifying conditions for medical cannabis use in various states; Review the concerns and considerations of clinicians.

Response	Frequency	Percent	
Yes	186	71.26	
Somewhat	20	7.66	
Not at all	1	0.38	
<b>No Response</b>	<b>54</b>	<b>20.69</b>	

Upon completion of this activity, I can now: Explain the epidemiology and pathogenesis of migraine headaches; Describe ways by which migraine can be diagnosed by PCPs; Discuss clues which may differentiate migraine from "secondary headache" disorders; and outline preventative, acute, abortive and rescue interventions for migraine.

Response	Frequency	Percent	
Yes	245	93.87	
Somewhat	14	5.36	
Not at all	0	0.00	
<b>No Response</b>	<b>2</b>	<b>0.77</b>	

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	238	91.19	
Somewhat	15	5.75	
Not at all	0	0.00	
<b>No Response</b>	<b>8</b>	<b>3.07</b>	

Overall, this was an excellent CME activity:

Response	Frequency	Percent	
Strongly Agree	213	81.61	
Agree	45	17.24	
Neutral	2	0.77	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
<b>No Response</b>	<b>1</b>	<b>0.38</b>	

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

Response	Frequency	Percent	
Strongly Agree	211	80.84	
Agree	46	17.62	
Neutral	2	0.77	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	2	0.77	

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

Response	Frequency	Percent	
Strongly Agree	203	77.78	
Agree	49	18.77	
Neutral	8	3.07	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	1	0.38	

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

Response
Migraine evaluation & treatment with differentiation from sinus HA
Greater use of SGCT2 inhibitors where diagnosing IPF. Better understanding of pathogenesis of migraine H/A
Diagnosis and management of diabetes, migraine, IPF, dyslipidemia
Greater tx options for DM tx
Help patient understand some problems
I didn't see this type of patients but will be able to give some advice when these conditions are present
Monitoring kidney function closer in DM. Watch vitamin D levels. Be sure to look more closely at post prandial sugars
Use of PCSK9 for LDL management
UPDATE on the proper correct treatments (EVIDENCE based)
Treatment strategies that benefit pt. diagnosis with less risk of side effects.
1. educational 2. Training 3. monitor
I am an educator, not in clinical practice
Referring to guidelines. Using given material to incorporate into my practice
1. Updated differential Dx and Dx of conditions. 2. Treatment of conditions 3. Latest research skills in Tx of conditions covered. All very useful
Monitor for orthostatic BP, Hypoglycemia with SGLT2; Better use of prophylaxis migraines. Know high dose ct to eval PF; use guidelines to treat greater lipid tx in PCSK9.
DM - med adjustments and benefits of therapies. Migraine - how common they are, learn to identify them.
Improve usage of statin therapy. Migraine headaches - diagnosis
Treating migraine
Start using new approach of Rx
Closer monitoring for hypoglycemia
New diagnostic strategies, learned how to manage medication complexities and interactions as well as new treatments
Consider migraine with Dx of sinusitis, proper use of high resolution CT to dx idiopathic pulmonary fibrosis, consider use of anti PCSK9 to lower LDL
Strategies involving available and updated treatment options
Migraine HA care, diabetes with use of 9LPT. Info of cannabis, lipid lowering agents.
Use of SGLT2! Alternative treatments - migraine - beta blockers and olanzapine
Improve DM management incorporating new therapies, better dx and management of IP fibrosis, better management of hyperlipidemia
Not applicable in my practice (pathology)
consider more stringent for lipid management, Mg in migraines; look for ILD/IPF, find out who is able to certify for marijuana and dispensary
SGLT2 therapies
1. high resolution ct scans needed for IPF diagnostic approach 2. Awareness of the qualifying conditions for medical cannabis
Increasing knowledge about how do dx & manage migraines

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

Response
Recognizing measuring symptoms of migraines. Diagnosis of Interstitial lung disease and high resolution CT
Use of SGLT-2, asses tx headaches
Mx of Migraine & DM
1. consider migraine dx as sinus dx 2. consider future complications of hypoglycemia episodes
Low threshold to get HRCT. Statin therapy, Eliminate opiate for migraines
Mainly IPF with Dx and Tx
PCSK-9 uses and when appropriate, IPF - DX and Tx, Cannabinoids
IPF as a differential in puberty with progressive dyspnea, hypoxemia, FEV and consideration for HRCT chest
DM I leave to my PA; migraines triptans and Mg works very well. Give anti-injections to everybody over 65
New therapies and new recommendations for migraine and lipid management
Rx migraines very helpful. Understanding of SGLT-2.
To incorporate SGLT2 in tx of DM2. MENSAIDS, ASA in tx of migraines
Migraine treatment using magnesium SGLT2 use, HR CT scan for IPF, PCSK9 use, use of cannabis to treat pain
I only do pre-op exams for cataracts - I do not prescribe medicine, but I now have more knowledge. RE: these conditions and therapeutics.
PT education information; Help assessment to improve identification of decimal conditions
Use statin, then Zetia, then PCSK9 in Mx of lipids (greater).
How to properly manage migraines, when to prescribe SGLT-2 inhibitors, more about pulmonary fibrosis
new treatments for diabetes/migraines, order HRCT's
Always adjust diabetic regimen in light of hypoglycemia; more confident in treating migraines
Learned guidelines for cannabis Rx. Better understanding STAHN problems and alternative care for diff. groups and patients
Magnesium in to tx acute migraine. Zofran - tx for nausea and headache/migraines
Start trying olanzapine for migraine pts
Diagnoses' ILD/IPF, diabetes
Review OTCs with Dx for with visitor, Incorporate diet into care regimen, Incorporate exercise regimen into care regimen
Consider new knowledge in relation to patient presentation
New meds to consider, better understand as disease process ex: migraine
May use newer meds in type II D. Better evaluation of migraine and interstitial lung disease and pulmonary fibrosis (PF) , continue proper use of statins and antibody therapy (more emphasis) - consider cannabis Rx??
Better DD cluster headaches, can further treat (lower) LDL & be safe
Choice of meds re diabetes in high risk CV patients, consider migraine in those presenting "sinus headaches", giving handout on behavioral approach to migraine mgmt. Recognizing IPF in the differential dx dyspenc/cough
Signs of pt for IPF and Rx - not rendered on broncio dilations, use of risk calculators to determine CV risk and need for Rx not based on how pt feels.
May use more introkana in my practice
Learned what clinical presentation looks live, how to screen & how to treat.
Improve DM movement. Keep in mind possible cases of IBF. Apply new strategies for disciplinary management. Confirmed learning about cannabinoid
Definitive dx of IPF, ensure of DM & CV meds. Determine cannabis effective and toxicity
Better use of described therapies
How to test for IPF, when to order statins, how to treat migraines
Health conditions, genetics, diet, exercise
Great migraine lecture - I'm going to develop a written handout for my patients.
Use new meds in BH/migraines
1. Increase the use of SGLT in patients 2. Diagnosis of IPF 3. Diagnosis and treatment for migraines in my patients



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

Response
Monitor closely for hypoglycemia episodes, get good HTP and consider ILD in diagnosis, aggressively treat hyperlipidemia
Benefit of SGLP inhibitors and habAIC/ lower cardiovascular risk. Incidence of migraines and optional for treatment clinical findings c.w ILD/IPF & Rx. PCSK9 - Review of all lipid lowering therapies
Glucocerosis, HA causes and treatment, greater w/u for chronic lung disease; new lipid reduction med
Migraine Clinic
Avoid Prednisone, NAC, azathioprine in IPF, do high resolution CT, cautions pts re: postrdural hypertension with SGLT-2; At risk pts LDL > 70 1) Statin 2) Ezetimibe 3)PCSK9
Use of diagnostic criteria discussed to letter diagnose migraines. Treating of pulmonary fibrosis without steroids. Use newer criteria for ASCVD risk and its treatment.
Change treatment method when desired responses not achieved
Diagnostic tools and Rx
A) Approximate use of SGLT2 inhibitors B) appropriate strategy for migraine diagnosis and treatment
All zetia 2DK-C if still elevated
1. Will be more proactive in treating hypoglycemia. Incorporate Mg/Bx for preventing Tx for migraines when I suspect. IPD - go directly to ordering sx study - ct scan (high resolution). Consider PCSK9 for resisting hyper-cholesterol
1. 2015 AHA guidelines 2. PF management 3. DM management
Communicating medication side effects with patients, evidence based drug recommendations
Use of SGLT2 inhibitor patented. Treat migraines effectively, recognize symptoms of IPA, Tx LDL effects
Explain benefits of cannabinoids to patients
Migraine vs sinus headaches (sinusitis), signs and symptoms, proper diagnosis
HA management
SLGT-2 actually Immune and MACE. Magnesium and migraines; High resolution CT for IPF
As nursing faculty, will incorporate in classroom the updates and evidence based practice on these topics.
Guidelines for statin use
Using oral options to treat dm approximately. Remembering - always - the RED flags - in MD/Migraine
1. Wider recognition of migraine diagnosis and treating 2. Greatly improved understanding of idiopathic pulmonary fibrosis - increased diagnosis
Discuss guidelines, review uses and adverse effects, etc.
Management of diabetes and avoiding hypoglycemia. Identify and manage migraines
The use of ASCVD risk calculator. The use of SGLT2. The use of OTC magnesium 250 for migraine headaches.
I will soon be transitioning to primary care, this was a wonderful refresher. Diabetes Rx and headaches were especially helpful.
1. Consider more use of SGLT-2 in my practice 2. Increase surveillance of migraines HA in "Sinusitis". Order CT in IPD's 4. Hypogluucose tighter control of LDL
Insulin management, addition of SGLT therapy, statin use for reduction of LDL, cannabis management
Add migraine questions.
Second line lipid lowering agent, secondary headache differentiation, diagnosis criteria for IPF, use for medical cannabis
Will try to get Invokana and the most hypolipemic agents for my patients
Start SGLT2 as appropriate, Ask ID Migraine questions to better ID Migraines, avoid chronic use of opioids in epidural. Use more behavioral approaches dx HA txl add tx med hyperemia mgmt * PCSK9 inhib.
Appropriate management of T2DM - Noticing clue indicators of migraines - Proper treatment & new guidelines of IPF - Proper statin therapy
This conference was extremely helpful within the pre/post test questions! We now know IPF tx, T2DM management, migraine management, lipid guidelines.
The use of IV magnesium for migraine, The use of PCSK9 inhibitors
I learned info but don't treat these conditions

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

Response
Ezetimbe prior to PCSK9, Bring patients back in 4 weeks after initial treatment of diabetes. Think IPD/IPF with patients presenting w/ cough
Use of SGLT2 meds, use of prednisone & nonreading, use of ezetimbe
Set aside time with my patients for further disease process understanding
I learned about approximately treating diabetes, hyperlipidemia & migraines
Better comprehension of diabetes disease process & medications, be able to identify IPL, treat migraines more effectively
Disseminate patients needing additional cholesterol meds in order to lower ASCVD
Do a better history & physical exam
Initiate tx plan in MD
1. Measure specifications to identify type of HIA/Migraine
Appreciation of risk of euglycemic DKA
Diabetic meds for cardiac considerations to get LDL < 70 in high risk 1. Statin 2. S+Eotia 3. S+z+PCSK9
Very good response to me
SGLT2 decreases CVMK & Hospitalizations/ Behavioral approach to migraine, think of ipf in cough (day) & dyspnea / statin benefit group
Start using more SGLT2, engage more tx of migraine HA, Higher averages of IPF diagnosis
CV benefits from SGRT2/IPF pinfenidone + nintedanib use
Will look closely for IPF
I have increased knowledge of diabetic pts but need more increased knowledge for caring for pts w/ migraines - improvements in Dx will change how I prescribe statins & combination therapy
Add esunda ILO and differential dx risk when appropriate
I see indigent pts only - I volunteer to take care of them. Very limited resources.
Kidney function consideration in treatment of type 2 DM use of magnesium IV for migraine and diagnostic use of Migraine
Indication for SGLT-2, IPF therapy, PCSK9, injection of non statins, rp, review cannabioids
2x for migraine headaches. Proper Rxing for statins
Use of SGLT-2, hyperlipidemia treatment and meds other than statins; to think about ILD
Labs to monitor more closely
The types of medications to use for certain pts. How to educate pts on side effects of medications
SGLT2 lower heart outcomes, Migraine 101, PCSK-9 cut back

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

Response	Frequency	Percent	
Very likely	180	68.97	
Somewhat likely	48	18.39	
Unlikely	5	1.92	
Not applicable	21	8.05	
<b>No Response</b>	<b>7</b>	<b>2.68</b>	

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

Response	Frequency	Percent	
Within 1 month	164	62.84	
1-3 months	36	13.79	
4-6 months	11	4.21	
Not applicable	38	14.56	
<b>No Response</b>	<b>12</b>	<b>4.60</b>	



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	
Excellent	220	84.29	
Very Good	27	10.34	
Good	7	2.68	
Fair	1	0.38	
Unsatisfactory	1	0.38	
No Response	5	1.92	

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

Response	Frequency	Percent	
Excellent	212	81.23	
Very Good	25	9.58	
Good	3	1.15	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	21	8.05	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Richard J. Schrot, MD - Cannabinoids:

Response	Frequency	Percent	
Excellent	180	68.97	
Very Good	25	9.58	
Good	3	1.15	
Fair	3	1.15	
Unsatisfactory	1	0.38	
No Response	49	18.77	

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

Response	Frequency	Percent	
Excellent	234	89.66	
Very Good	18	6.90	
Good	6	2.30	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	3	1.15	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Jeff Unger, MD, ABFM, FACE - Migraine Treatment:

Response	Frequency	Percent	
Excellent	229	87.74	
Very Good	25	9.58	
Good	3	1.15	
Fair	2	0.77	
Unsatisfactory	0	0.00	
No Response	2	0.77	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Keith C. Ferdinand, MD, FACC - Lipid Management:

Response	Frequency	Percent	
Excellent	226	86.59	
Very Good	13	4.98	
Good	1	0.38	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	21	8.05	

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	
Excellent	221	84.67	
Very Good	23	8.81	
Good	9	3.45	
Fair	3	1.15	
Unsatisfactory	1	0.38	
No Response	4	1.53	

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

Response	Frequency	Percent	
Excellent	233	89.27	
Very Good	17	6.51	
Good	2	0.77	
Fair	1	0.38	
Unsatisfactory	0	0.00	
No Response	8	3.07	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Keith C. Ferdinand, MD, FACC - Lipid Management:

Response	Frequency	Percent	
Excellent	226	86.59	
Very Good	16	6.13	
Good	1	0.38	
Fair	1	0.38	
Unsatisfactory	0	0.00	
No Response	17	6.51	

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

Response	Frequency	Percent	
Topics covered	192	73.56	
Location/ease of access	175	67.05	
Faculty	39	14.94	
Earn CME credits	203	77.78	
No Response	9	3.45	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Richard J. Schrot, MD - Cannabinoids:

Response	Frequency	Percent	
Excellent	202	77.39	
Very Good	20	7.66	
Good	3	1.15	
Fair	1	0.38	
Unsatisfactory	0	0.00	
No Response	35	13.41	

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent	
Strongly agree	143	54.79	
Agree	77	29.50	
Neutral	25	9.58	
Disagree	2	0.77	
Strongly Disagree	0	0.00	
No Response	14	5.36	

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

Response
Asthma/COPD, PTSD, concussion
Current Rx availability for Type 1 DM, updates for Tx or cme for type 1 DM
COPD/Asthma, URI/Infections, psoriasis, pain management
Indications and use of stem cell therapy
business of medicine - insurances, macro, maps, aca ahca
dermatology, cardiology, rheumatology
Pre op surgical & anesthesia concerns for PCP "clearance" for surgery
Chronic pain mgmt., vaccination in elderly, CLAF, common ID & mgmt., TB, latent TB
Obesity and weight loss, smoking cessation, depression/anxiety, thyroid disorders
BKP (pneumonia), skin disorders - MRSA etc, Vaccination for adults, Shingles, Sleep Apnea pot and sleep aid medication use
Seizure, ankylosing spondylitis, Asperger's syndrome
cardiovascular disease, rheumatologic disorders, gastrointestinal diseases, pulmonary diseases, infections diseases
Some basics Fe def - anemia, hepatitis
Fatty liner disease, option treatment
Women's health topics - bone health, men's health - prostate evaluation, mental health in primary care
Depression
Management of chronic pains
1. Effective strategies for education lay or non-compliant populations. 2. Risks and benefits of opioid use for acute & chronic pain problems.
N/A
Obesity - weight management/treatment, Gyn/pap/mammo/women health guidelines
Sleep apnea, allergy rhinitis, COPD

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

Response
Depression - psychotropic meds, insomnia, chronic pain syndrome
Pulm HTN.
Geriatric medicine, Lymphomas, neurological diagnosis, med. MJ updates
GI disorders and management, cognitive heart failure, asthma, pregnancy co-morbidities, ortho emergencies
Dermatology, End of care
Pulmonary hypertension
Pain (esp. lower back pain)
MDD, primary care with schizophrenia, cognitive issues
orthopedics, dermatology
Kidney stones, colon cancer, thyroid cancer/nodules, vitamins & supplements, vitamin D & fractures
Transgender, dementia
New drug therapy on the anticoagulants, as Eliquis, Robaxin, etc.
Rheumatoid Arthritis, Osteoporosis/osteopenia
Thyroid disorders
Anemias, cancers
More presentation on medical marijuana
You guys are doing a very good job!
Different type of dialectic disease treatment
Breast implant illness/toxicity, BPH, Hormone balances for males & females, complications of robotic surgery - morcellation
Birth control - OE, psych - different types of depression disorders
Tuberculosis, osteoporosis, IBS, Hepatitis, Restless leg syndrome
Pulmonary hypertension - pulmonary arterial hypertension; nutrition as medicine; impact on autoimmune diseases, polypharmacy
Cancer, Women's Diseases (Esp. PELVIC)
Rheumatoid Arthritis
Dermatology - skin disorder, thyroid disorder in relationship to hyperlipidemia
Urology, heroin addiction, aesthetics
Heart disease
HTN management in CKD, managing COPD
more women's health
Treatment of chronic kidney disease in the primary care setting, hypertension - refractory
PE/DVT, Dementia, Renal cancer, Pancreatic cancer, Immunizations (primary adult)
Insomnia, SITs, stem cell tx for multiple disease
neuromodulation devices for chronic pain
Hyperglycemia, osteo arthritis, osteo menopause in men and women, CHF, A full and new antiwipilalin
Bone health, HTN/Stroke management and treatment, hormone imbalance, anxiety/depression management and treatment, thyroid disease (hypo, hyper, autoimmune) & thyroid cancer, obesity/weight loss - safe and effective management and treatment, insulin therapy (initiation, adjusting)
Sarcopenia/obesity/rheumatoid arthritis
Dermatology, geriatrics
ED
COPD
Chronic kidney disease, tendinitis
Ren will rain my paper
Hepatitis C, Cirrhosis of the liver
Error 911 problems in primary care

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

Response
Thyroid disease, CHF, updates on cancer screening
Heart failure
Screening for different cancers
Stroke, MI, Afib, Seizure
Weight loss - in older population, fibromyalgia, chronic pain
lipid control in generic population >75 yr
Severe hypertension, common/ortho arthritis in primary care. Eg: shoulder pain
DM2, CVD, dementia; vascular vs Alzheimer's
wound care, complications of wounds...
Anxiety/Depression, Thyroid disease - anything endocrine, Dermatology conditions in primary care, rheumatology topics for primary care.
DM/FERN/hyperglycemia/updates
Dermatological, muscularent, oncology.
Vit D3 effects on the different body part/organs. LVP, Caron DS. Parkinson, Alzheimer - Preneutions & treatments
Derm topics
Opioid addiction & sale prescribing
Obesity
Vaccinations, Hep C
Musculoskeletal disorders, GI conditions, Procedures for family practice, Alternative medicine for primary care
More on diabetes and lipids. STD'S - HPV and other STD's in older population - best preventive strategies to discuss with patients. Cancer survivorship (dealing w/ morbidity), Fall prevention update
Current recommendations for managing Hypertension, obesity, Asthma, Effective coding to improve reimbursement for care and treatment: ICD-10 and CPT codes.
-
Eval and treatment of dementia, eval and treatment of HTN
1) SLE, Rheumatoid Arthritis
Thyroid disease, medical errors class, Basic EKG, pharmacology, birth controls.
Alopecia, hypothyroid, suturing
Muscoskelatal, Neurological, Autoimmune
Bipolar Disorder, Rosacea, Low back pain
Analyzing Radiography & CT, Ethical concerns, government health care reform
Ethics, Gerontology, Mental health & drug treatments
Lupus, Thyroid disease, RA
Wound care management
More about cannabinoids
Mood/mental health, vaccines, CDC opioid guidelines, CBT
Primary care topics
More on puen management with case scenarios - update on infection control at date - local transplant - ozone therapy
Pulmonary disease, cardiovascular diseases, Gastrointestinal disease, medical errors and domestic violence : once a year
OB/GYN related topics
Neurological disorders eg. MS, GB - Ortho - New DEA guidelines - prescribing
Fibromyalgia, Exercise pancreatic insufficiency
1. How to treat marijuana caused psychotic disease? 2. Pain management 3. UTF 4. CKD
ortho - diagnostic imaging: x-ray, MRI, etc.
Advances in oncology - breast cancer & Rx
Thyroid Disorder

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

<b>Response</b>
Current trends in Primary Care
Pain management, MS strategies, Dermatology, weight loss management, sleep disorders, thyroid disorders/therapies
thyroid conditions/management/when to refer, Dizziness/vertigo management, Depression management in primary care/when to refer, common skin conditions in primary care
Disease states/treatments are gone in is data yet patients have multiple co-morbidities, older. Would like to se more multiple co-morbidities/patho/treatment - palintocia
Esophagitis
Depression and anxiety, Alzheimer's Disease, Temporal arthritis
Dermatological conditions, treatment of GERD (Long term)
IBS, Fibromyalgia, noctuna management in men, COPD vs Asthma management
Leadership conferences - Health/wellness/alternative treatments
1. office procedure to relief pain 2. management of chronic pain 3. dermatology problems 4. primary care tx for depression and anxiety.
Dermatology
Heart failure, EK9-12 lead and interpretation, COPD
Obesity adults, obesity children - managing time with govt requirements in primary care - FMR nightmares - have to streamline care. Florida law liability with full risk business model "ethics"
GI related -> Chron's, ulcerlitis, HCV, HBV
Cancer treatments overview.
Obesity screening strategies
hypothyroidism, HIV, heart disease, insomnia, CKD
Dementia
Dermatology, women's health/GYN
Cancers not seen on radiology or causing abnormal labs. Pituitary adenomas and cancers
Cardiovascular
More cardiac
IBD
Pain mgmt
Epilepsy
Obesity medications, type 2 DM, CHF
Neurology
CHF, COPD
PAD
Cardiovascular/HTN Dermatology
Menopause, Fibromyalgia, Depression
Zika management, osteoporosis
Diabetes
Obesity
CHF, Breast cancer, prostate cancer, RA
Monitoring CMF causes - FL
More on cannabis, more on primary care office pts
Dermatology lectures; Management of seizures
Pharmacology's decrease polypharmacy and wise prescribers
CHF & CKD; COPD - Pulm
Interpretation of EKG
Cardiovascular disease -The lecture today on lipids was great -pulmonary HTN
JNC8

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

Response
Orthopedics
More on medical marijuana
Cardiovascular
"Fatty liver / Tension headache / cleskv. Te Musculoskeletal DDX Disorder Different Dx on leg pain, arm pain"
Heart failure / COPD
Ortho issues such as chronic back pain ankle in primary care. Auto immune disorders in primary care
STEM therapy. Rheumatology updates
Adapting palliative care in primary care. Advance care planning by primary care
Almost any topic in oncology
Medical marijuana (i.e.. An expansion of today's talk) - dosing, prescribing, the formulations that exist, adverse effects (long term) etc.
Skin disorder; endocrine disorders; women's and men's health issues
Musculoskeletal disorders; common problems in PCP
CHF, MI, CVA, STD's, & COPD
Pediatric topics - updates on asthma, bronchiolitis, pain mgmt.
Women's health issues
Weight loss latest drugs, bipolar disease, drug addiction treatment

**Additional comments:**

Response
Dr. Unger biased DM2 lecture. The migraine lecture was fantastic. Dr. Lederer - great presentation. Very informative. Dr. Ferdinand - excellent presentation! Thanks you! Very informative. Dr. Schrot: very interesting, thank you!
Excellent venue and program. Migraines was very informative
very informative
Excellent topics & speakers today. Room was kind of cold. Thanks!!
Dr. Unger excellent! Dr. Ferdinand excellent as well!
The topics as well as the speakers were excellent. Very pleased with the hotel and services provided
Liver disorder patients and medication use, pain managements/ getting off opioids, alcoholic patients (health risk and treatments for them), medical role when an elderly patient reports abuse, what to do** when they have too have cognitive dysfunction and information is brushed off by family or nursing home personnel. **Medical role: what to do - when a patient is on anti-dyslepsian/anti-anxiety/or anti-psychotic medication/ controlled medication. Is this patient to be recommended to get a driver's license or should the patient be allowed to continue driving? Should the medic notify the DMV or just write a note on his medical record limiting the patient ability to drive?
Great conference!
very informative topics, looking forward to why term contamination of these causes
encourage covering a topic dedication to antimicrobial treatments and usage of antibiotics. IE: treatment for strep, SBE, CAP, Hospital,/Healthcare acquired pneumonia, TB, gonorrhea, chlamydia. Also touch on common side effects and contraindications. This may help raise awareness about use/overuse/overprescribing antibiotics.
Dr. Unger - Exceptional speaker/Explanations made so much sense. All speakers were informative - Excellent conference!
1. choose venue with free parking and wifi please. 2. allow access/download of the slides before conference. 3. question cards - answers addressed at the end of the lecture. Loved the cannabinoil talk. Excellent seminar. THANK YOU!
Great CME, thanks!
N/A
Very good location! Excellent speakers! Lunch was amazing! Thank you for offering this today!



**Additional comments:**

Response
At some moments the lectures felt rushed. A little difficult to keep up.
Excellent conference
Excellent conference as usual. Appreciate the updates presented
Thanks for the opportunity to attend, I am grateful for the learning cause option in Tampa that aids my prep knowledge
Overall very good and satisfying, lunch was a wonderful treat, so was breakfast!
Would like to attend next year's conference
Excellent course, speakers were very well prepared, very well organized
The cannabinoid speaker droned on for entirely too long - NOT a good way to end the day, which was mostly excellent! Good subject, just TOO MUCH!
excellent program. Will be returning
Excellent conference - very professional and informative
Excellent conference
Excellent presentation, very informative
Dermatology - identify / tx common lesions, Asthma mgmt
This is free!! This is definitely a faction in choosing the conference.
Great speakers
Great presentation
Great presents. Very enjoyable
Appreciate conference!
Always an excellent conference with well speakers, knowledgeable speakers
Good seminar!!
Excellent program
It would be great if AAPA was covered along with AMA, AANP. Conference and speakers were great!!
Great program. IPF talk - talk got me very confused, participant discussing talk
So glad I cam
I learned a lot of new information with Dr. Ferdinandis lecture.
I have attended this conference annually and thoroughly enjoy the conference and topics provided.
N/A
thank you! ** All physician faculty - ?? Intersiscrepancy ** Refrain from sexist comments - "women shopping for shoes" Not necessary, not professional!!!! (Dr. Unger) * Dr. Unger, what an arrogant comment about endocrinologist, which you are not!!! (biabetologist??) - Another statement/prejudicial comment to varied audience.
Great conference thanks
Excellent job, keep it up. Thanks
No
Thank you.
Excellent program
Great program - thank you.
Meeting was ok
Great conference! Thank you :)
Love it: great job. Will attend next one
I enjoy an learned. Thanks
Cost appropriate with RPs!! Especially in this Republican Controlled Health Care arena, who express less for health care among vulnerable
Thank you!!
None
I could not download the slide because the meeting was sent to us 24 hr of the . It should be at least 3 days before the meeting

**Additional comments:**

Response
The room temperature was extremely cold
Good topics, excellent speakers!!
Slides should be available for download will help to follow the presentation - before conference
Thank you for an excellent program! Great speakers and wonderful venue - Excellent information regarding important topics!!
No complaints with topics or speakers. Room was uncomfortable cold.
Awesome
Very organized and well done
The speakers were incredible
Parking was very confusing. The speaker at lunch was very loud and even offensive with his tone and pounding. The conference was excellent
Excellent program and speakers, Marriott great place to hold NPACE, Like migraine video of patheo at beginning of topic. Last speaker on marijuana excellent - cont. updates
Great speakers!
Nice conference and venue
excellent conference, thank you!
Excellent conference
Thanks!
Love the videos - Nice touch
This was my first NACE conference and I really enjoyed the presentations. I learned very valuable information that I plan to implement in my practice on Monday! Thank you very much!!
1. On talk heavily biased towards Jardiance! Good info however
Good speeches today - time flew by
Wonderful! Thank you :)
great CME conference
Thank you, excellent conference! :)
Make the power points available to download and reinforcement of learning, thanks.
Tampa merrier is always freezing! DM, IPF were the most interesting
Mental health screening strategies, hyper tensional and CVD protentional strategies
PLEASE! IT IS FREEZING IN HERE. Maybe keep thermostat at 73-75 degrees. Thanks! I am never cold.
Very good
Excellent CME. Very animated & informative
Thank you
Great program, look forward to more
Jeff Unger talks too fast. Does not present in clear/understandable manor
Enjoy the raffle
Thanks, beautiful venue, great production
This course I learned a lot of new treatment and knowledge
Great presentations and speakers
Great presentation. Like all the updates but we need to address polypharmacy and drug interactions. Interesting to have a pharmacist viewpoints on how providers are using the medications.
Dr. Ferdinand was a great speaker. I was glad that Dr. Ferdinand requested that people be quiet during questions, since this AM one couldn't hear the questions or answers because people were being so rude w/ talking and leaving.
Maybe have the talk during lunch on a different subject than one already covered during one of the lectures. It was a little repetitive. Otherwise this was a very enjoyable event!

**Additional comments:**

<b>Response</b>
"Parking was confusing this time. The 10.00 lot was marked 20.00 or 10.00 just a machine. No person to assist. Once in the hotel, signage was not very good. Dr. Unger was wonderful. Easy to follow. I am excited for the post conference clinical summary. Food was great. I always look forward to the association of black cardiologist lectures. They are always so good."
Excellent presentations - speakers
I utilize information as part of my general knowledge base, but I only see pts in clinical trials so I follow protocol only. I send pts out when they need other Rx
Great information today!
"NO WI-FI!! Good reviews of best practice recommendations. Dr. Ferdinand was my favorite. Disappointing that original information states program would provide 2.75 pharmacology hours, but today was announced 1.75"
Rooms as usual too cold - vents blasting out cold air
Excellent program! Thanks!
Even though I am a pediatric hospitalist, I found the lectures quite interesting and enjoyed the lectures. They were quite dynamic and engaging. I really enjoy the interactive questions.
I really enjoy the interactive aspect, using the clickers. It keeps the audience engaged and also demonstrates learning. Last presentation (cannabinoid) was entirely too long and the presenter was very dry! Not a good way to end the day.
Excellent site!!!