Emerging Challenges In Primary Care: *2017*

Activity Evaluation Summary

CME Activity: Emerging Challenges in Primary Care: 2017
Saturday, October 7, 2017
Long Island Marriott Hotel & Conference Center
Uniondale, NY 11553

Course Director: Gregg Sherman, MD

Date of Evaluation Summary: October 7, 2017

NACE NATIONAL ASSOCIATION FOR CONTINUING EDUCATION

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

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.

Five hundred fifty five healthcare practitioners registered to attend ***Emerging Challenges in Primary Care: 2017*** in Uniondale, NY. Three hundred and nine healthcare practitioners actually attended this conference. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. Two hundred and ninety three 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	81	26.73
DO	8	2.64
NP	174	57.43
PA	18	5.94
RN	7	2.31
Other	5	1.65
No Response	10	3.30

What is your specialty?

Response	Frequency	Percent
Primary Care	199	65.68
Endocrinology	3	0.99
Rheumatology	1	0.33
Pulmonology	1	0.33
Cardiology	24	7.92
Gastroenterology	5	1.65
ER	9	2.97
Hospitalist	26	8.58
Psychiatry/Neurology	4	1.32
Other	98	32.34
No Response	2	0.66

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

Response	Frequency	Percent
None	21	6.93
1-5	29	9.57
6-10	52	17.16
11-15	55	18.15
16-20	43	14.19
21-25	22	7.26
> 25	74	24.42
No Response	7	2.31

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

Response	Frequency	Percent
None	34	11.22
1-5	86	28.38
6-10	51	16.83
11-15	41	13.53
16-20	33	10.89
21-25	20	6.60
> 25	23	7.59
No Response	15	4.95

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 diseas in high-risk patient populations:

Response	Frequency	Percent
Yes	282	93.07
Somewhat	20	6.60
Not at all	0	0.00
No Response	1	0.33

Upon completion of this activity, I can now: Recognize the evolving epidemiology and improvements in control rates of hypertension; Review proper blood pressure (BP) measurement technique and the role of office, home, and 24-hr Ambulatory BP measurement in the diagnosis and treatment of hypertension; Recognize current recommendations for first-line agents in the treatment of hypertension; Discuss the impact of recent trials and recommendations on evolving BP treatment goals for individualized therapy:

Response	Frequency	Percent
Yes	292	96.37
Somewhat	10	3.30
Not at all	0	0.00
No Response	1	0.33

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 evidense-based diabetes treatment options; Ingegrate the impact of treatment decisions on postprandial hyperglycemia and rsk of hypoglycemia:

Response	Frequency	Percent
Yes	272	89.77
Somewhat	30	9.90
Not at all	0	0.00
No Response	1	0.33

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 curent 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	263	86.80
Somewhat	18	5.94
Not at all	2	0.66
No Response	20	6.60

Upon completion of this activity, I can now: Describe the role of persistent oncogenic HPV in the development of pre-cancer and cancer of the cervix; Describe the use of HPV testing as co-testing along with the Pap in cervical cancer screening for women 30 and older; Describe the use of HPV primary screening in women 25 and older; Describe 3 important messages that clinicians will teach women regarding HPV infection:

Response	Frequency	Percent
Yes	239	78.88
Somewhat	22	7.26
Not at all	2	0.66
No Response	40	13.20

Upon completion of this activity, I can now: Discuss the diagnosis of osteoporosis and low bone mass; Discuss the role of non-pharmacologic agents in the prevention of bone fracture; Discuss the pharmacologic treatment of low bone mass and osteoporosis; Discuss the current controversies in management of osteoporosis:

Response	Frequency	Percent
Yes	220	72.61
Somewhat	20	6.60
Not at all	2	0.66
No Response	61	20.13

Overall, this was an excellent CME activity:

Response	Frequency	Percent
Strongly Agree	254	83.83
Agree	45	14.85
Neutral	0	0.00
Disagree	0	0.00
Strongly Disagree	0	0.00
No Response	4	1.32

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Jan Basile, MD - Lipid Management:

Response	Frequency	Percent
Excellent	274	90.43
Very Good	24	7.92
Good	0	0.00
Fair	0	0.00
Unsatisfactory	1	0.33
No Response	4	1.32

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Jan Basile, MD - Hypertension:

Response	Frequency	Percent
Excellent	270	89.11
Very Good	30	9.90
Good	0	0.00
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	3	0.99

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

Response	Frequency	Percent
Excellent	239	78.88
Very Good	33	10.89
Good	3	0.99
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	28	9.24

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

Response	Frequency	Percent
Excellent	249	82.18
Very Good	29	9.57
Good	2	0.66
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	23	7.59

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

Response	Frequency	Percent
Excellent	260	85.81
Very Good	34	11.22
Good	3	0.99
Fair	1	0.33
Unsatisfactory	0	0.00
No Response	5	1.65

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Jan Basile, MD - Hypertension:

Response	Frequency	Percent
Excellent	268	88.45
Very Good	28	9.24
Good	2	0.66
Fair	1	0.33
Unsatisfactory	0	0.00
No Response	4	1.32

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

Response	Frequency	Percent
Excellent	244	80.53
Very Good	40	13.20
Good	7	2.31
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	12	3.96

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

Response	Frequency	Percent
Excellent	246	81.19
Very Good	25	8.25
Good	2	0.66
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	30	9.90

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

Response	Frequency	Percent
Topics covered	236	77.89
Location/ease of access	194	64.03
Faculty	71	23.43
Earn CME credits	232	76.57
No Response	8	2.64

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent
Strongly agree	199	65.68
Agree	71	23.43
Neutral	16	5.28
Disagree	4	1.32
Strongly Disagree	0	0.00
No Response	13	4.29

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Nancy R. Berman, MSN, ANP-BC, NCMP, FAANP - Cervical Cancer:

Response	Frequency	Percent
Excellent	237	78.22
Very Good	30	9.90
Good	3	0.99
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	33	10.89

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

Response
Emergency medicine topics

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

Response
NOACS
Sleep apnea
Cardiovascular disease
Thyroid disorders. Mental health
Rheumatic arthritis, OA, visco supplementation, steroid infections, (spinal, hip and knee)
Cardiac DM
Preventative strategies for common disease conditions
Palliative care, oncology topics
Interpretation of hematologic labs, EKG interpretation
Pain management and proper use of analgesics and opioids
Infectious diseases/interventions. Men's health
DM control, urological topics
Morbid obesity treatment, brain cancer, Alzheimers's disease
Anything in diabetes or anticoagulents is attractive
Asthma, diabetes, CHF
Dermatology, pulmonary asthma, more DM, neurology, headache, migraine
Asthma, allergies --> have increased in our population on LI
New treatmenpts in HIV/NASH treatment option --> hepatic complications of treatment. Breast cancer options - non-surgical vs surgical -->oncology treatment "pts-z" topic
Heart failure, stroke, CVD
Preventative interventions, techniques to increase pt adherence to medication
HF, DM
EP topics
Geriatrics
Sleep disorders. Prostate problem. Mental disorders
More diabetes topics
PTSD, handling common psych disorders. More DM
EKG monitoring & interpretation in primary care. Opioid dependence/addiction medicine
Cardiovascular pharmacology
Dementia & frailty syndrome
To keep up to date with latest research and recommendations. EKGs
Dermatology, heart failure, pulmonary hypertension
Valuable physical exams
Mental health
Neurology topics
Everything medicine, primary care
Office dermatology, IBS/brain-
Dementia/delirium in the elderly. Mobility and falls
Skin conditions. Rheumatoid and osteo arthritis
Elevated LFTIS & NASH/NAFLO. Treating pregnant patient in primary care (URZIS, UTI's), asthma/hyperlipidemia
Gastroenterology topics, IBD/GERD/IBS/Colon cancer/GI anemia
HIV for primary care provider
Occupational health/medicine
Primary care emergency approach, management. oncology
All
CHF, ACIB, morbid obesity

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

Response
CHF, CAD
HIV, Hep B&C
Mental health issues, women's health issues
In office procedures. In office emergency
Antibiotic therapy, vaccines
Asthma
Birth control. General diabetes management focused more on all classes of therapeutic drugs
CVA treatment and management
Current studies and strategies in identifying women or men with breast cancer risk and its testing and treatment
De-prescribing in the geriatric patient, common dermatitis.
Geriatric topics
Thyroid DZ, GI diseases, rheumatoid arthritis
Infectious diseases, cellulitis and vascular
PIVA, Fibromyalgia
Pain management; hepatitis C management
Heart failure
Adult vaccines. TIKA, herpes
Geriatric population/co-morbidities
STD, infectious diseases
Women's health, birth control, men's health, preventative care
PEDS, abdominal pain, headaches, pelvic pain, unexplained vaginal bleeding
Anemias, primary care management of musculoskeletal pain, low back pain
Heart failure, prostate cancer, sleep apnea
Neurology, renal disease, orthopedics
Pain management, difficult patient, asthma, women & CBD, screening exam, wellness exam
Oncology ypsychotropics
Pain management amid opioid addiction and opioidal regulations
Cardiac pt & treatment & peri op preparation. Liver disease, understanding lab results with elevated bili ruben, treatment in Hep C, treatments for GERD/dyspepsia
Anti-hypotensives, bipolar disorder
Sexually transmitted diseases --> HIV, HSV, chlamydia, gonorrhea
Autoimmune disorders
OBGYN/pediatrics
Palliative, hospice, non compliant patient
Allergy, immunology, pulmonary
Screening of breast cancer and colon cancer, gout, arthritis, new patient management
Obesity, thyroid disease, osteoarthritis management, pain management, dementia, depression, bipolar, substance abuse
Arrhythmia, hearth failure, catheterization --> current changes
Systemic lupus
CHF, palliative care in primary care settings
Asthma, immunization
Medical complications in pregnancy, depression and suicide risk
Cardiac
Cerebral vascular events & management. Neurological exams and imaging
Infectious disease

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

Response
More CELL targeting dose calculation of diabetes medications
Women's health, men's health
Palliative care, hospice care. Tests and diagnosis for specific diseases
Emergency room challenges
Infectious diseases, neurological diseases, sports medicine
Hypothyroidism, depression, insomnia, neuropathy
Prescribing antibiotics in primary care setting
Any
Chronic kidney disease
Insomnia, OA, LBA, Migraine, irregular menses
Current guidelines for age specific screenings. Info on development of pancreatic cancer screen
More in depth HIV management. Different headache evaluation and management. Anxiety/depression evaluation and management. Viral infections
Dermatology, cardiology, women's health related to primary care
CHF, HIV, CAD, back pain management
Asthma, metabolic syndrome, obesity, heart failure, STDs
Congestive heart failure, Alzheimer's's dementia
CHF, menopause, ADHD
Heart failure
Sepsis, heart failure
Multi-affect dementia & its cause being uncontrolled blood pressure. How to diagnose early dementia as a PCP
Urgent care issues. Quick diagnostic differentials. Asthma, pneumonia, bronchitis. Fever, wheezing, sputum. Walking pneumonia vs bronchitis, etc
Gout
Cardiology, Arrhythmia, EKG
Dermatological disorders in primary care
12 lead EKG, antibiotic use
Diabetes management
Congestive heart failure
Management of infections - commonly seen, drug resistance
Allergies and immunology
Asthma, GERD, Rhinitis, sinusitis
EKG interpretation; TQ short & long DZ
Obesity
Sickle cell anemia
Treating resistant hypertension in patients with severe CKD, pulmonary hypertension, algorithms for treating resistant migraine
Immunization and cancer screening
Thyroid disease
Effectively managing mental health disorder in the very young and young adult with minimizing side effects. Medical care of the elderly in the patient's home.
Mental disorders, best practices in adults/older adults. managing geriatrics. Patients with neurological, managing sepsis
Any cancer topic, except DM meds
Pain management
CHF
More DM, CAD, CKD, ortho, PVD
Arrhythmia atrial & ventricular treatment. Clinical trials of EKG-advanced recognizing types of arrhythmia

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

Response
DM, thyroid
More on COPD, diabetes, thyroid, dermatology, breast, colon, dx, treatment
Psychiatric mental health issues and treatments. Thyroid health conditions and treatment. Gastrointestinal disorders and treatment.
Pain management, opioid misuse, depression and anxiety disorders
GI problems --> peptic ulcer
Over active bladder. Managing chronic recurrent UTI. Intestinal gastritis
Dementia. CAD
Fibromyalgia treatment, pain management & GYP disorders, management of peri/post menopausal symptoms, hyperhydrosis, CKD, IBS
Urology topics, pediatrics, dermatology
Thyroid disease management. Ca. 1 disorders
Low back pain, fibromyalgia
Hepatitis
Cardiology, PFT's, imentive spirometry
Thyroid disease, obesity
CHF, heart failure management
Polypharma in elderly. Addiction treatment
A. fib. EKG
DM, HTN, office GYN, dermatology
Heart failure, acute kidney injury, DVT, PE
Anemia, infections, CKD, anticoagulation therapy
Gastroenterology
Gynecology/women's health
Evolution of diabetes including overview of all antidiabetic meds
Management of congestive heart failure in primary care
Thyroid disease. Thyroid cancers
Metabolic syndrome, men's health, role of PMD in acute care setting
Depression, anxiety, digl disease with myelopathy. Insulin management in diabetic
MI, aneurysm, asthma treatments
Dizziness, hormone therapy
Insomnia, IBS, fibromyalgia, prostate cancer, gout, management of menopausal symptoms
CNA, TIA, ADD seizures, MI, H fib
Psychopharmacology, hospitalist management. Updates on topics in neurology. Screenings
Migraines, orthopedic conditions
Stroke, CKD, CHF
CVD
Imaging techniques; appropriate labs, prediabetics care, smoking cessation, refractory cases
Chronic renal failure, CHF, pneumonia
Updates in diabetes, hypertension
HIV, prevention, treatment, PEP, PreP, etc
EKG interpretation, PFT interpretation, anticoagulation therapies
Infectious disease
How to treat muscular pain without drug therapy!
Inflammatory bowel disease, pain management
Detailed discussion how to interpret pulmonary function test

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

Response
ENT, cardiac surgery, ID
Opioid prescriptions, HTN, DM, CHF
Rheumatoid arthritis, congestive heart failure, liver disease
Skin conditions, GI problems
The activities are constantly changing so frequent updates are necessary. Pain management, ABG interpretation; anemia interpretation. Orthopedic xray interpretations.
orthopedics
Heart disease, obesity
Colon cancer, prostate disease
Heart disease, auto immune diseases, oncology
Skin diseases
Innovations in spine surgery. Trigeminal neurolgia treatments. New advances in treatment of glioblastoma
Chronic prostatitis
Pneumonia
Hepatitis C. Basic radiological readings
Occupational health setting derm infectious disease considerations teterming out of work reg
Immunizations, thyroid disorders, smoking cessation & weight loss, Alzheimers & dementia
HIV, HSV, Staph, Kidney stones, prolapse bladder/cervix etc
Insomnia management, more in depth on management of diabetics
Mental health, ADD
Discussion on vertigo/dizziness. GI disorders, gastric ulcers. Sciatica. Dermatology
Opioid use and abuse
Chronic kidney disease. CHF. Hypertension. COPD. Diabetes. Hyperlipidemia
Pulmonary hypertension
Adult cancer screening ie. prostate cancer
A Fib management

Additional comments:

Response
Excellent conference. Learned a lot
Excellent lectures
Please ensure the speakers slow down. Some are in need of a slower rate of speech to digest and emphasize the data/statistics/measures being presented. The NP was fluent - exceptional in her knowledge base and I could hear her and flow was good - A+
Need more CME lectures. At least 2 times/year.
Thanks so much!! Excellent conference
Excellent topics and speakers
Excellent presentation
Thank you. Well coordinated, streamlined
Breakfast was great!
Was impressed with quality of presentations. Was disappointed by "lunch on your own" this year.
A pleasure being part of this event!
Loved this program! :-)
Excellent CME activity!
Excellent topics! Very current and appropriate for primary care
Very good conference. Thank you!

Additional comments:

Response
Better ambient environment
Thank you for the great work & effort in putting these CMEs together. It is very much appreciated.
All the speakers were very informative. Nancy Berman is excellent!
Dr. Basile is a great & effective speaker!
I learned so much today, awesome faculty. Thank you!
Speakers were excellent. Well presented
Overall best conference ever!
Thank you for great opportunity to be part of this conference
Very informative
Always very learning, thanks!!
Excellent faculty
Excellent
Very informative
Thanks for a nice education day!!
Bring lunch back!
Very FM focused, great good review of subjects most common in practice
Excellent presentations
Thank you!
HPV info, too in depth
Lunch should be provided
NACE - very excellent organization which promote learning by allowing the retaking of test on computer
Dr. Martinez - stop speeding up when you do the funny voices. Great speaker but SLOW DOWN. I kept missing things! Irritating!!!! NP Berman - fantastic drill down into topic! Very useful!
The speakers were excellent, practical and very organized
Very informative conference with excellent speakers
Screens too far away. Additional monitors needed. Thank you
Excellent program and speakers
Disappointed that conference was short on response pads. However, thanks for a great conference. I learned a lot! Thanks!
Excellent conference
I like the variety of topics today. Fantastic presenters!
Excellent CME. Learned a lt to improve clinical practice
I am very happy w/NACE. Please continue to teach us new changes in medicine. Thanks!
Thank you!
Great conference
Future CMEs on those topics are necessary to help providers stay up to date on evidence based practices
Thank you so much for coming to this area
Excellent free continuing education event
Great conference. Looking forward to seeing more conferences in NYC option (metro area)
Provide slides at the time of the meeting for better note taking. Slides are not available for printing until the day of the meeting
Excellent program
All good speakers, up to date content
You can charge for lunch
Thank you for all faculties and forr those who coordinated the program. It was very useful and learning conference
Interaction & pre & post testing better than straight lecture. Dr. Basile & Dr. Martinez were the best speakers. Too much information in HPV lecture

Additional comments:

Response
Having no lunch is not good.
It would be much effective and beneficial if PEF presentation were accessed prior to conference at length. And would you consider to do the conference in NJ? Cervical cancer and osteoporosis topics could be continued or shortened
Very educational & up to date lectures. Most of the people came from NY. NYC is a better location for meetings.
Excellent presentations, 5 star speakers. Thank you so much for an amazing CME conference
Thank you for the presentations! Thank you for the breakfast!
Great program
Lectures were very educational, clear and detailed delivered by all presenters
Dr. Basile is an excellent speaker
Thank you!
Not enough key pads, I wasn't given one to complete questions
Great lectures, excellent speakers
Great event
Thank you. Please, continue to keep us up to date!
Thanks!
Great lecture, thank you!
Consider meeting all Sunday meetings
Thanks for providing this program. Sincerely appreciated
Good seating and lighting facilities
**Please indicate if lunch not complimentary next time many assumed it would be. I could have brought a sandwich. if I had known that it was not today. Thanks.
Excellent
Thanks
Screen difficult to see --> need to dim lights to improve visibility
There should have been lunch provided or at least snacks!
Roach noted on breakfast table; no wifi in ballroom?? :-(Dr. Basile broke down material very well, great speaker
Continue with yearly conferences very effective
Please provide conference/continuing education more in this Long Island, NY or NYC location
Thank you!!
Excellent selection of speakers! Really explain the use of diagnostics & newer treatments in detail
Very good summary lecture.
Excellent program
Dr. Martinez's talk was excellent. The best talk on the topic I have ever heard! Would have liked ARS for NP Berman's lectures
Overall good conference, lunch should be provided as it takes too much time & do not get proper food. If one person talk more than one lecture (one hour) he or she is less effective
Dr. Basile and Dr. Busch were very good; Nancy Berman NP and Dr. Martinez were excellent in their presentation
Shorter breaks/lunch
A/C too cool
Excellent conference
Thank you
Good cohesive topics, particularly for average comorbidities. Helpful to wide application/population & to better navigate through commercial claims. Excellent.
Thank you for this event :-)
Great lectures, great location
Arrange for LUNCH so people do't have to go out for lunch. Otherwise excellent CME/Lectures
Excellent conference

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Nancy R. Berman, MSN, ANP-BC, NCMP, FAANP - Osteoporosis:

Response	Frequency	Percent
Excellent	221	72.94
Very Good	28	9.24
Good	3	0.99
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	51	16.83

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Nancy R. Berman, MSN, ANP-BC, NCMP, FAANP - Cervical Cancer:

Response	Frequency	Percent
Excellent	211	69.64
Very Good	44	14.52
Good	12	3.96
Fair	2	0.66
Unsatisfactory	0	0.00
No Response	34	11.22

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Nancy R. Berman, MSN, ANP-BC, NCMP, FAANP - Osteoporosis:

Response	Frequency	Percent
Excellent	196	64.69
Very Good	43	14.19
Good	6	1.98
Fair	0	0.00
Unsatisfactory	0	0.00
No Response	58	19.14

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

Response	Frequency	Percent
Strongly Agree	247	81.52
Agree	53	17.49
Neutral	0	0.00
Disagree	0	0.00
Strongly Disagree	0	0.00
No Response	3	0.99

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

Response	Frequency	Percent
Strongly Agree	241	79.54
Agree	54	17.82
Neutral	4	1.32
Disagree	0	0.00
Strongly Disagree	0	0.00
No Response	4	1.32

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

Response	Frequency	Percent
Very likely	234	77.23
Somewhat likely	44	14.52
Unlikely	1	0.33
Not applicable	15	4.95
No Response	9	2.97

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

Response
Will treat cholesterol & BP more appreciably
Will be more aggressive in lowering cholesterol and blood pressure
Use of statins and to manage hyperlipidemia. Antihypertensive management via evidence based. COPD management with LABA/ICS/
Additional & appropriate non-statin medication use. BP management & goals
When to use combination therapies
I will follow the new PAP/HPV testing guidelines
Consider the non-statin medications to improve optimal LDL levels
Changes of the use of statins and non-statins in lipid management specifically to reduce CV. Changes of strategies in treating hypertension
Use chlorthaledone instead of HCTZ. Using HPF cotesting to improve screening. Using more SGLTZ in DM mgt
Via labs & creative listening re: screening & all ensure optimal care to my pts
How and when to control hyperlipidemia. BP control up to date. Blood sugar control up to date
Better use of SGLT-2 & understand. Better blood pressure. Better COPD. Osteoporosis knowledge

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

Response
Recognize what meds to use for various levels of hypertension. Understand HPV better. Explain when its use various inhalers for COPD. Osteo -->
HDL/LDL evaluation/Treatments and risks. Appreciate & consider new treatments for guidelines in HTN
Preventive screenings. Education. Medication adherence. Follow up care.
Interactive. Frequent breaks. Energetic presenters.
Statin & non statin therapies, HTN guidelines
Frequency of re assessing patient techniques/meds/etc
Use of long-acting thiagides. Mechanism of action for MCSKS inhib
Diabetes & kidney. Use chlorthalacne. Anticipate new BP guidelines in November
Use chlorthalacne more instead of just HCTZ never have goal of BP lower 110 systolic
Avoiding meds that --> hypoglycemia. ID pt for SGLF 2 therapy. Avoiding white coat effect on BP
Use of 24 hour BP monitoring. Use of PCSK 9 inhibitor or Ezetimide to manage lipids. Increasing & SGLT2 use in DM management. Triple therapy for grade CVD COPD
Lipid management hypertension meds & management guidelines. New management based in research for diabetes/vascular disease. Using GOLD standards inhaler guidelines I have a better understanding of guidelines for COPD and inhaler therapy for pts, new guidelines for PAP and HPV
Not adding niacin as adjunct therapy for HLD. New HTN goals. Use SGLT2 and cease sulfonylweas
Meds SGPLT2
More strict control of hyperlipidemia, BP. Use of in DM w CV disease. in use of ICS in COPD
Reviewing treatment goals for hyperlipidemia. Change diuretic use in patients
Better diagnostics. Better patient management. Better outcome & stability of pt
Thorough questioning re symptoms, improvement of screenings & therapeutic modalities
Proper BP monitoring and HTN Dx and treatment. SLGTIGZ therapy and improved DM DX & treatment. Ongoing assessment & improved DX COPD. Educating patient on current HPV/PAP screening guidelines
Use step-wise approach in the med management of hyperlipidemia. Diagnosing hypertension with BP monitoring at home. Consider use of SGLT-2 inhibitor in DMZ Mgmt
I will stop treating pts with statins. I will treat more patients with SGLT2's. I will perform COPD screening and spirometry always or more often. I will encourage pts to get HPV vaccine. Always co-test pap & HPV in 30 yo females.
New steps to take BP in office. More pt education for compliance. Check prescribed med containers
Perform in office spirometry more frequently. Using SGTL2 for uncontrolled DM. More testing screening for HPV
Understanding use of spirometry. New HIV guidelines. Recommended guideline for cervical cancer screening, co-testing Pap with HPV. FRAX usage - Will recommend for occupational health screening.
Screening with evaluating CA, SACE. Patient outcome improve all control hypertension with new alternatives. Kidney role in metabolization of health Dx. COPD dx, improve diagnosis symptoms associated cancer screening for GYN. Bone health, screening/management.
COPD management. HTN guidelines with PCKST & SGLT2 DM.
Adding therapy to lowered CDC/cholesterol levels. New guidelines for blood pressure control
HDL + HTN meds
Case studies with most common scenario and common challenges which enhance decision making to improve treatment
Medications used to manage hypertension. Effects of statins on cardiovascular disease. Use of ambulatory device in blood pressure monitoring
Increase SGLT2 therapy. Increase chlorthalide use
New BP targets. Use of SGLT2 agents
Aggressive lipid control. Increased use of SGLT2 inhibitors
Use of additional meds to statin. Use of SGLT2's inhib. in diabetes. Use of spirometry in regular practice to dx COPD. Monitor for new upcoming guidelines on HPV testing. Consider other meds besides bisphosphates for osteoporosis tx.
Using guidelines ot provide education to the pts. Commiserate with pts. Ask and see & follow up.
I am a hospital NP so I can use what I learned to all bedside care and verify meds upon DC

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

Response
Incorporate the information from this conference and related studies to my practice. Give importance to patient history and clinical management in clinical decisions. Increase my awareness of correct strategies and management of patients
New blood pressure guidelines to use
New guidelines to follow depending on pt's risk factors and goal
Increase the use of SGLT2 inhibitors. Better management of DM + HLD
More closely monitoring LDL's & strategies to reduce 1st line agents or HTN & management of BP. Excellent diabetes lecture, complicated subject made much more simple. Improvement of dx of COPD - key - recognition of s/s for ddx. Interpretation of spirometry results.
Evaluation. Appropriate treatment. After care.
Evaluation of patients and applying new treatment modalities
Statins are definitely drugs of choose for increasing LDL cholesterol. Beta blockers are never the first line of choice for treating HTN
New statin add on pharmacological Rx of hyperlipidemia. COPD Rx. New therapies for T2DM
Better understanding of clinical guidelines and application
Better managed patients. Educate patients more
HCT2 T1/2 6-12 hours vs chlor. Oscillometric BP - for accurate readings. Statins -->
Proper BP v method. Fibiate are use less use vytorin.
Potency of statins. BP monitoring techniques
Pap test at 5 years
Communicate with patient regarding benefit of medication. Start at low dose and titrate up if necessary. Try to maintain blood pressure @ appropriate level as recommended
Easier to explain to women why no pap test for 5 years. Change HTN management. Change DM management. Improve COPD dx and understanding of COPD
Learned new medications available - work with restricted for
Medication selection. Categorization of conditions. Screening guidelines
Using recent evidence based guidelines in providing care. Using risk assessment tools to evaluate pt & risk. Evaluate patient in use of various device/teaching
BP control using a home monitor. Hyperlipidemia management goals.
Increase use of spirometry screening. Insure accurate use of inhaler. Increase treating elevated LDL. Use genotyping in HPV tx
Lipid management. HTN control. Osteoporosis in pts w/ COPD and diabetes management
Step wise approach to treatment of hyperlipidemia strongly considering PCSK Rx based on risk factors Dx, LDL
First line BP medications to prescribe. The importance of adding SGLT2 medication to DM patients. Know the best inhaler to improve COPD.
Hypertensive first line agents/new guidelines. COPD/O2 therapy/pulmonary rehab indications. Pap recommendations & when to rethink HPV. Co-testing HPV after age 30
Use spirometry in office. FRAX measurement
Manage HTN. Manage DM.
When using a SGLT2 monitor BP, may have to lower dose, also pt's must know they need do eat and drink with med. BP monitoring. Pt sitting in chair, check 2x beginning and end of visit. Statin - if
Spirometry every visit.
Learned mew meds important for risk reduction - keep using also statin for reduction of LDL (high intensity). HPF screening 3 year. Use of current recommendation of HTN meds. Use of spirometry for COPD pt. New DM type 2 meds tt by SGLT2
Try to follow guidelines that is evidence based
New approach in dx and tx of COPD. New approach in treating diabetic pts. New approach in treating HTN
Consider ACE & HTC2 Bid for 1st Rx HTN. Consider SGLT2 in poor controlled DM. Education using staff on BP monitoring

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

Response
When I take my patient's blood pressure, I'll make sure that he is sitting down, in the right position, arm above level of heart. Take more than once if possible. Stop statin if muscle pain and do blood test, include CPK. It's important to take vitamin D
Know quality measures for statins. Recommendations for first line tx for hypertension. Effect of SGLT-2 on populations. COPD pharmacotherapy with current guidelines
Initiate lipid management with appropriate drugs. Improve outcome by using first 3 drug therapy for HTN. Use of spirometry
What to and not prescribe with statin. What the new BP goals
Will apply these recommendations in practice
Management of hypertension and high cholesterol. I know the new guidelines recommended to manage diabetes. HPV & PPD testing and how and when to use it. COPD management diagnosis
Proper position at the clinic when necessary BP no.
Use of spirometry in COPD. Unable to use new branded medications due to non-coverage by medicaid.
BP measurement = recommended way. Diabetic management = guidelines form AHAITADA/JNC. Education on risk/benefit of osteoporosis tx
Better ability to evaluate and treat my patients
Improving HTN goal. Improve & reduce high AIC. Improving overall lipid profile
Avoiding B-Blockers first line
Spirometry with symptomatic COPD. Add Exetimide. Thiazide (like) with ACE/ARB with CCB. More use of SGGLT-2
Use of FRAZ to determine frontline risk
Current JNC-7 & Pending JNC-8 guidelines info. Medications to manage HTN. Medications to manage & decrease LDL cholesterol
Home BP monitoring
Use of anti-PCKS-9 monoclinal antibody therapy
Addition of non-statin agents. Ezetimibe/PCSK, inhibitor in pt trials. LDL-C goal when on statins in a confidential manner. Careful use of B-blocker in control of HTN as primary agent. Beneficial use of SGLT-2 in diabetics
Diabetic therapy. beta blocker inhibitor
Effective usage of SGLT-2 therapy in my T2DM. Learn to recognize current recommendation for 1st line agents in HTN treatment. HPV primary prevention update
Use of incentive spirometry. Will implement BP strategy of making sure feet are secured on the floor
Use of diabetic meds & ability to ensure pts tx of COPD pts and current guidelines to ask Cx Ca prevention & data available
Follow guidelines. Screen better. Follow up closely
Treating pt with uncontrolled LDL already on statin. PQSAK med. Oppy inhibitor increase insulin release. Adding in her starting SGLT2 inh --> decrease or stop diuretic
Take multiple BP during visit. Consider. Use CAT score for COPD pt
Use more spironolactone & maxed HCTZ. Use less sulfonylured & more SGLT2 & inc. Use questions learned to screen people for COPD
Work in a holistic pain reducing facility. injecting lidocaine to trigger points
Consider more non statins such as zetia/PCSKS instead of filonates. Start SGLT2 and instead of DL in T2DM
Better assess pts. Effective plan of care. Educate and encourage proper inhaler use. Medication education
Improving lipid management
Understanding new treatment strategies for HTN, dyslipidemia, DM, osteo, CA
Change method of measuring in office BP. Increase consideration of SGLT-2 inhibitors. Increase use of spirometry for patients with chronic . Increase use of FRAX calculator
Patient evaluation & assessment. Medication admin
HVP testing
Blood pressure (white coat & masked HTN) out of office, home measure
Consideration of PCSK9 inhibitors in patients not responsive to standard lipid lowering agents

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

Response
Using PCSK9 inhibitors for lipids. Using more SGLT-2 for DM. using more for BP control
Ensure use of appropriate guidelines. How to diagnose more accurately
Increased knowledge in current evidence based practice for each condition. Recognizing the importance of home based BP monitoring in HTN diagnosis. Approach taken when obtaining patients' medical history to obtain accurate information for diagnosis and treatment and appropriate referral
How to order statin & non statin meds. New guidelines or BP - AOBP. HPV - genotyping (16/18) screening start 21. SGLT2 - check yeast infection/UTI. DM/cardiac PT - add victorient cardiac. Change in defenetics - presentable/treatable - Dx spirometry - rx - symptoms
SGLT-2 more aware of role
Be able to better assist patient sin the management of HTN, hyperlipidemia, type 2 DM
Spirometry for dyspnea & chronic cough always. Asses inhaler use at every visit. Switch to GLP-1 SGLT-2 inhibitor, met as appropriate for pts. Use chlorathalidone vs HCTZ as appropriate
Use spirometry. Use gold ABCD
Based on new guidelines current 1st line anti HTN spirometry in high risk. Agent statin PCSKA. Diabetes management. COPD vs asthma
Interactive. Frequent breaks. Energetic presenters
Consideration for first line medications forr BP & Lipid abnormalities. Consideration of comorbid combinations. Benefits vs risks
How to screen for HPV. Using SLPI-1 inhibitors. Proper measurement of HTN
Consistent use of spirometry & COPD screening tests; educating ancillary staff on proper more effective BP assessment; more and knowledgeable of euroglycemic DKA
Monitor blood lipids and adhere to guidelines. Blood pressure method in office proactive be done with chart . Use of antihypertensive agents, evaluated with new guidelines in future
How to effectively treat patients with elevated LDL-C and effectively decrease LDL-C levels and monitor muscle. How to properly manage blood pressure and individualized care for the best of pt. Allow patients to demonstrate how to properly use inhalers. Screen patients and educate.
Do pulmonary rehab for COPD instead of giving O2. Avoid sulfonyurea in DM pts due to hypoglycemia. Give SGLT. Do Pap smear every 3 years. Beta blocker should not be used as first line to manage HTN
Not paying too much attention to glycemia. Check meds. Hold on define Rx . Reassess beta blockers in COPD.
Improve treatment of the illness. Covered in the (diabetes, hypertension, lipid management, osteoporosis)
Evidence based guidelines
Treatment of COPD defined by GOLD. Prevention & testing of cervical cancer
Appropriate management of blood pressure. Appropriate management of type 2 DM.
24hr BP monitoring for BP control. SGLT-2 therapy kidney/DM
More use of 24 hour BP monitoring. More frequent use of SGLT-2 therapy. Use of drugs in Rx of osteoporosis
All topics are excellent. Presentation and helpful in clinical practice
New guidelines for HTN monitoring/management. Lipid drug efficiency - managing hyperlipidemia. Appreciated the evidence given for all management & target goals
Lipid management. HTN
Avoiding WCH. Evaluating BP goals & recommendations. Cardiology guidelines
Ask the appropriate questions to get valid answers from pts. Diagnose earlier. Educate the pt and treat appropriately
DM regime. Indications for Ezetimibe. HTN management & goals
Screening. Pt. counseling
BP guidelines. HPV stand alone testing. Cholesterol med algorithm. Treatment of osteoporosis using FRAX assessment. Side effects/risks with SGLT2. Spirometry for COPD
Clinical indications for using SGLT2 meds. Importance of out of office BP monitoring. Considering use of add on therapies to statins
Indications for spirometry. Treatment strategies. Review inhalers at each visit

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

Response
Questions to be asked when obtaining history to pin point specific complaint/disease. Various strategies for various diseases
COPD treatment plans **. SLG2 inhibitors treatment diabetes ***. JNC guidelines in treating hypertension **
Understand how to tx high cholesterol using a step-wise manner. Will utilize spirometry more frequently. Not necessary to screen HPV/pap annually
Spirometry testing
I have better knowledge on diabetes and COPD
CV reduction with diabetic drugs/ VICTORIA, TARDIANCE/COPD screening Rx
More aggressive tx of hyperlipidemia. Better management of statin myopathy. INcrease use of chlorthalonone/as preferred diuretic use to increase duration of . Increase use of SGLT2 inhibitors in DM type 2
How to use statin therapy in reducing CVD risks. Use proper BP monitoring techniques. Appropriately use COPD pharmacotherapy.
Lipid role statins
Early intervention. Will not utilize beta blockers as 2st line tx in HTN. Provide primary screening for HPV
Statin and non-statin strategies for HLD management. HTN medication. Use of SGLT2 consideration
BP technique. Statin use
Get with the guidelines & current changes. My area of expertise is procedural medical oncology - this conference surely brings me up to date on the latest care my patients should be receiving.
Use of statins with anti PCKS9 medicines to manage HLD. Use of appropriate BP measurement in HTN mgt. Assess patients for the appropriateness of use of SGLT-2 inhibitors in DM. Use spirometry in office to assess patients with cough/dyspnea
Use of case histories. Use of quizzing to improve retention
New drug treatment use incorporated in my practice
Better use of GLP12 inhibitor
How to tx pts on statins with muscle pain. When to prescribe PCSK9
Consideration of use of PCSK9 in cholesterol LCL reduction. Not considering beta blockers as a 1st line therapy for BP control. Noticing SGLT2 can result in excess gl eluroter in urine and reverse risk for amputation on poor PVD pts with
Lot of information were reinforced. So effective in knowledge and improve pt. care
Treatment of hypertension
DM meds & cholesterol meds adjustment
Evaluate current treatment & improve pt. outcomes
Statin therapy, initiation, adding correct method for BP monitoring
Taking the gut into consideration when prescribing diabetes medications
Optimizing care to improve outcomes
Apply latest guidelines on patient care
HTN guidelines changes - in a few weeks. Diabetes - SGLT2
Adding PCSK9 inhibitor. CHange how BP is measured. Evaluate pt. for hypoglycemia and change treatment
Strict adherence to ACC guidelines zetia & PCSK9 as opposed to fibrates, niacin, etc
Reinforce patient BP monitoring including suggested 1 week am/pm per month strategy. Teach importance of breakdown of cholesterol readings, use of statins and adjust. Better advise diabetic patients of their medical options . Discuss amputation risk/prevention. Variety of tx available including weight loss
Use of chlorthaidone due to 1/2 life - 24 hours. GLT2 use. Hypoglycemia. Indication for LABA/LAMA . Pap testing in 30 yo and greater every 3 years. Stop pap testing >65 years
Managing COPD adequately. management of diabetes
Consider chlorthadine diuretic. Combination treatment for COPD. Pap/HPV guidelines
PB control algorithm, use of zetia and not niacin
Initiating and titrating statins. Spirometry testing. Guidelines for first line HTN treatments.
Use current recommendations for cholesterol and hypertension management. Incorporate spirometry testing and treatment in COPD management

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

Response
Use newer meds.
Statin intolerance may be result of perception or expectation
For pts with LDL not controlled with statin therapy, will add zetia to look for improvement of LDL. If no response then will try to add PCSK9 inhibitor
I a able to implement these strategies for patient care with more confidence
Consideration to improvement resistant LDL goal by using PCSK9/ . SGLT2 inhibitor for DM GLP-1 RA/DPP4

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

Response	Frequency	Percent
Within 1 month	212	69.97
1-3 months	51	16.83
4-6 months	7	2.31
Not applicable	21	6.93
No Response	12	3.96