



Emerging Challenges In Primary Care: 2017

Activity Evaluation Summary

CME Activity: Emerging Challenges in Primary Care
Rescheduled from September 9, 2017
Saturday, January 20, 2018
Fort Lauderdale Marriott Coral Springs
Coral Springs FL 33076

Course Director: Gregg Sherman, MD

Date of Evaluation Summary: February 6, 2018



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In January 2018, the National Association for Continuing Education (NACE) sponsored a CME program, *Emerging Challenges in Primary Care*, in Fort Lauderdale, 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 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.

Four hundred fifty one healthcare practitioners registered to attend *Emerging Challenges in Primary Care* in Fort Lauderdale, FL. Two hundred twenty nine healthcare practitioners actually attended this conference. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. One hundred and ninety four 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 2.75 pharmacology hours).

Integrated Item Analysis Report

What is your professional degree?

Response	Frequency	Percent	
MD	76	33.48	
DO	4	1.76	
NP	111	48.90	
PA	11	4.85	
RN	12	5.29	
Other	5	2.20	
No Response	8	3.52	

What is your specialty?

Response	Frequency	Percent	
Primary Care	159	70.04	
Endocrinology	1	0.44	
Rheumatology	4	1.76	
Pulmonology	3	1.32	
Cardiology	10	4.41	
Gastroenterolog y	2	0.88	
ER	1	0.44	
Hospitalist	13	5.73	
Psychiatry/Neur ology	6	2.64	
Other	28	12.33	
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	24	10.57	
1-5	34	14.98	
6-10	32	14.10	
11-15	46	20.26	
16-20	23	10.13	
21-25	15	6.61	
>25	45	19.82	
No Response	8	3.52	

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

Response	Frequency	Percent	
None	28	12.33	
1-5	56	24.67	
6-10	41	18.06	
11-15	39	17.18	
16-20	20	8.81	
21-25	7	3.08	
>25	24	10.57	
No Response	12	5.29	

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; Reviwe 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	179	78.85	
Somewhat	36	15.86	
Not at all	3	1.32	
No Response	9	3.96	

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	178	78.41	
Somewhat	42	18.50	
Not at all	1	0.44	
No Response	6	2.64	

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	211	92.95	
Somewhat	12	5.29	
Not at all	1	0.44	
No Response	3	1.32	

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

Response	Frequency	Percent	
Yes	179	78.85	
Somewhat	13	5.73	
Not at all	0	0.00	
No Response	35	15.42	

Overall, this was an excellent CME activity:

Response	Frequency	Percent	
Strongly Agree	185	81.50	
Agree	36	15.86	
Neutral	1	0.44	
Disagree	2	0.88	
Strongly Disagree	0	0.00	
No Response	3	1.32	

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

Response	Frequency	Percent	
Strongly Agree	179	78.85	
Agree	45	19.82	
Neutral	0	0.00	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	3	1.32	

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	194	85.46	
Somewhat	21	9.25	
Not at all	1	0.44	
No Response	11	4.85	

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

Response	Frequency	Percent	
Yes	140	61.67	
Somewhat	17	7.49	
Not at all	0	0.00	
No Response	70	30.84	

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

Response	Frequency	Percent	
Strongly Agree	189	83.26	
Agree	36	15.86	
Neutral	0	0.00	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	2	0.88	

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

Response	Frequency	Percent	
Very likely	173	76.21	
Somewhat likely	32	14.10	
Unlikely	2	0.88	
Not applicable	11	4.85	
No Response	9	3.96	

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

Response
HPV testing / guidelines. For future practice - Graduate NP school 2019.
Clear guidelines per PAP and HPV. Use of SGLT-2 with more confidence.
Pharmacologist approaches to treat patients with diabetes, osteoporosis and COPD; Preventative measures for osteoporosis; Screening for HPV.
Differentiate adrenal disorder and management in primary care
I got new knowledge so I am better prepared
FRAX tool; LAMA/LABA; Pulmonary rehabilitation
Better and early interventions on diagnosis and treatment of all topics.
Attention to post menopause. Women - bone density.
Use spirometry more frequently; More strongly recommend HPV vaccine; Will use SGLT-2 more frequently; Because of the wax museum Endo - I will be able to calm patient's concerns about fatigue and shortness of breath.
Decrease frequency of Pap smear; Utilize FBAX; Implement protocols on subject matter.
Using SGLT-2 drugs more confidently; Screening for adrenal gland disorders; Only doing PAPs on women 21-30 every 3 years; How to calculate practice risks using FRAX; Use Gold standards and have patients demonstrate inhaler use.
COPD stepwise treatment - very thorough / easy to follow. Guideline criteria and treatment. Secondary causes to HTN - more awareness in adrenal /pit ; Osteoporosis screening, results and treatment!
Taper steroids every other day slowly; HPV testing alone starting at age 25; PAP regardless at 21.
Focus on treatment
Cytology co-test 0 is greater than or equal to 30 year old; Pheochromocytoma / borderline serum / order urinary catheter every 24 hours; LABA and LAMA / COPD progression - look at the kind of HPV as well 16-18-31 are the more ontogenic.
Discourage PAP in females less than 21. Encourage HPV vaccine to age group 11,12 - both female and male. Discourage sending ASCUS for colonoscopy but rather repeat in 1 years.
Spirometry use for symptomatic patients; SGLT-2 medicine; Gonoiratlin Therapy; Modify the schedule for all the PAP smears done.
Start LAMA before LABA in COPD Gold. Do spirometry. Be more careful in watching for hypoglycemia - treating my diabetic patients. Using SGLT-2 more seriously. HPV co-test every 3 years starting at 30 years old until 65 years old. Improve patient experience is my #1 new strategy.
Stress the importance of spirometry to patient with dyspnea and cough.
Selecting antidiabetic agents; Tailor treatment individually; Steps to improve quality of life for COPD patients to decrease hospitalizations; Improve communications with patients to improve their experience.
Ordering appropriate labs for pheochromocytoma that are clinically indicated and screening follow-ups for suspect adrenal and thyroid dysfunction.
Improved diabetic management/adjustment of medications especially if patient is at risk for hypoglycemia. Follow new guidelines for cervical cancer screening.
More efficient treatment of diabetes; Better diagnosis of endocrine disorders; Better screening for HPV; Pulmonary Function Tests on everybody.
Better cervical screening; Differentiating adrenal insufficiency from other disease.
HPV; Endocrine work-up.
More aggressive diagnosis of diabetes; Screening for COPD.
Excellent presentations; Answered some questions; Well incorporated to practice.
Perform more spirometry; Be more aggressive treating and diagnosing COPD; Check if patient is really taking Biophosphonates correctly; Uses LRAX score more often to decide osteoporosis treatment.
Hyperglycemia episode needs to be addressed seriously; The importance of HPV when at age 21; To do preventative measures for hip fracture.
I've learned to have spirometry tools in office. I've learned about drug holidays with certain drugs.
Cervical cancer evaluations - new recommendations regarding PAP / HPV patients age.
Increase presentation of SGLT-2 in right patients; Screen for osteoporosis.
Oxygen for patients with O2 80% or less no improvement for greater than 80% with 6 minute exercise. Add LAMA/LABA for patients with gold criteria OCD. ICS for bold criteria D and for frequent pneumonia.

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

Response
If testing a woman for HPV speak to her about vaccinating her daughters and sons. H.E.L.P.
Better understanding and treatment of cervical cancer screening, osteoporosis, COPD, patient experience.
More cognizant of possible harm of human GH treatment after age 16. Severe strige occur in Cushings. Insulin resistant PCOS ; Pseudo Cushings happens; Adrenal fatigue not real; Muscle aching / weight loss in Addisons.
Weeding out endocrine vs non endocrine causes. Nexa scan, treatment of osteoporosis, guidelines utilizing FRAX score
Hypoglycemia and medication recommendations. Adrenal insufficiency and palms hyperpigmentation. Roche CO Bas HPV test. Diabetic ominous octet.
The importance of preventative measures of cervical cancer. The importance of osteoporosis cannot be over stated. It is vital to educate our patients to prevent it by doing weight bearing exercise. Teaching patients to avoid from smoking to prevent of developing COPD
PAP and HPV screening
Better history. Consider the social environment
Use more SGL2. Start using co-testing with HPV and PAP after 30 years
COPD Groups with meds really simplified how to treat patients properly. Enjoyed the discussion with T scores categories
Use of SGLT-1 inhibitor. Treatment of hyperprolactinemia
More aggressive diabetes care. Better evaluation of osteoporosis and better treatment
I am able to order effective 24 hour urine study for adrenal diagnosis. Use specific criteria in treatment of COPD.
Using of more specific testing for diagnoses.
HPV testing every 5 years w/PAP. Using spirometry and evaluating in haler status. Managing type 2 diabetes and being on look out for SGLT2 use in type 1 diabetes
Different test to do with Addison's disease
HPV testing with 5 year PAP. SGLT med. Do more spirometry. Stop beating my patients to raise my survey score
Use evidence based practice
Improve diagnosis and management
Using SGLT 2 meds. HPV testing. Osteoporosis treatment. COPD screening.
Prescribing of SGLT medication. Treating mild prolactin levels. Give HPV vaccine to girls/boys 11-15. Identify in patients with risk for fractures
Look into more turnover markers to assess treatment failure or when considering which treatment to start. Consider ordering HPV testing as a screening method for cervical cancer. Learn spirometry and implement in office as important diagnostic tool.
Prescribing SLGT2 Inhibitors, type 2 diabetes management. PAP/HPF guidelines. Using spirometry/case study COPD patients, gold grade
New guidelines for PAP and HPV screening. SGLT2 inhibitor in diabetes. Offer more care for COPD patients.
HPV diagnosing, screening, teaching/recommendations. Better teaching of monitoring of patients with chronic pulmonary diseases
Role of kidney in glucose metabolism with hyperglycemic agents. HPV screening at primary care. Adrenal gland disorders and testing. COPD diagnosis with appropriate therapy
Information shared with team
Which SGLT2's to use on whom/contraindications etc. HPV co-testing implementation/appropriate testing
Screening updates osteoporosis. Screening updates cervical cancer
Using spirometry. Ordering LABA/LAMA. Educate addiction
Share more EBR data for slideshow with my patients. Therapeutic communication
Recognize symptoms associated with diabetes, adrenal, and pituitary issues; provide appropriate screenings and refer appropriately for management; utilize new knowledge to better manage women with abnormal PAP smears; complete follow up; look into availability of HPV only screen test/implement osteoporosis management in practice
Encouraging patients to take HPV vaccine

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

Response
To better approach and manage glucose metabolism and treatment on postprandial hyperglycemia and management of adrenal gland disorder. Also excellent approach on patient screening and treatment options. Bone fracture prevention
Lab monitoring. Therapeutic adjustment. Compliance monitoring
Monitor DM patients for hypoglycemia in patients with previous MI close. Evaluate for Cushings vs Addisons based on symptoms. Evaluate for need for newer inhaled therapies
More comprehensive screening and treatment of osteoporosis
Increase use of SGLT2 drugs and GLP1 RA; increase thyroid hormone with TSH>3 in T3T4 levels indicate; low grade cervical herpes should be biopsied; Get HPV test with pap smear
Use of guidelines for preventative as well as treatment for multiple disease processes. Importance of patient experience and application of HELP
Introduction SGLT2; cervical screening; screening for Pheocmomoclona
Add SGLT2 inhibitors in my patients; use FRAX questionnaire along with T scores when checking for osteoporosis; using spirometry more in office
Refer to specialist when necessary
Educate patient about the need for Pap exams and importance of HPV vaccines. Educate patients on importance of revealing all medications they are on so that appropriate treatment can be recommended
When to start SGLT2 and avoid use; HPV testing
Working in corrections we are limited to what we can do and not do. I would love to test for HPV but cannot. This is more for my knowledge
Important diagnostic needed; broaden knowledge on glycemc control; updated on importance guidelines
Frequency of using a spirometer; follow up with HPV testing and use current guidelines; HELP acronym
Better diagnosis; learn guidelines better
GOLD grades for COPD; stepwise management of COPD; VS pap smear guidelines
Better decision making choosing oral DM meds; better screening endocrine diseases; more informative when educating patients regarding HPV, cervical cancer prevention
Help improving managing diabetic patients; knowledge in patient care
Coordination of care
As a new graduate looking forward to improve on prescribing within the guidelines
SGLT2 use
Check cortisol levels as suspected cushings patients, 24 hr urine; monitor drugs that increase QI interval if hypoglycemic patients; discuss ominous octet in DM patients; add SGLTs if indicated to improve A1C
Use benefits of SGLT2 inhibition; following guideline regarding cervical cancer screening
HPV - cancer of prostate
Prevention of HPV testing; risk of hypoglycencia in a CAD patient increases risk of QT parlongating
Much more familiar with meds, side effects, new treatments available
Monitor compliance A1C, DKA, and other side effects with different opposites
GOLD classification; patient experience; SGLT2 meds for DM
Apply new learned issues to patient care
Toxicity vs decrease efficacy of SGLP2 at CR1 lower than 60
Retired
Learn to initiate SGLT2 therapy; HPV screening and when to send patient for colonoscopy
Gasier screening - more practical - for endocrine disorder; better screening for cervical cancer and when to stop. Renal dose adjustment of SGLT2 inhibitors; use more muscanmic agents in COPD; increase pulmonary rehab
Reviewing provider; compliance in documentation of COPD, HPV, FRAC
Heart
Continue and ongoing monitoring of labs; progress; review meds before prescribing new meds; check GFR before prescribing SGLTs to assure efficacy; breast cancer protection vs osteoporosis management
Initiation and adjustment of SGLT2; HPV and co-testing; initiation of workup for adrenal disorders

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

Response
Frequent use of spirometry; refer patients to pulmonary rehab; monitor use of correct use of inhaler
New focus of treatment
Better understanding of renal function and metabolism of new diabetic medication
New approach to cervical cancer screening
Proper use of SGLT2; Pap and HPV testing; evaluation of inhalation technique; combination and when
Add HPV with Pap smear; do spirometry for patients with COPD; patient experience very good. Excellent
Being comfortable ordering adrenal testing; staging COPD accurately and implementing spirometry more often; reorder biphosphonates after 5 years; improve and be mindful of my nonverbal communication - don't show irritability; adding SGLT to the appropriate population of people
Screen for various types of HPV for cancer. Be suspicious of patients symptoms of NIV but no diarrhea and shortness of breath. Assessment for adenoma. Dapaglifloxin should not be used if GFR < GO. Assessment for cervical cancer. SGLT-2 & GLUT-2 causes a 90% reabsorption of kidney's glucose. Ominous octet diagrams to better understand how diabetes is affecting patient.
Learn pituitary function, look at power points, review the effective drug treatments, look at patient scenarios. Learn what meds not to use in certain diabetic patients. Test patients with FRAX for osteoporosis treatment.
Guidelines. Follow response of treatment closely with visits. Maximize therapy when needed, patient education. Testing when appropriate.
SGLT2 usage in my practice. Cervical cancer prevention. Treatment of osteoporosis
Effective use of GLP's. New guidelines of PAP. FRAX tool application
New HPV 6 responsible for genital warts. Teach women about screening yearly. Regardless of age of sexual debut screen at 21 years
Practice increase treatment modalities through assessment/option
Update & option osteoporosis. COPD excellent, update and review
The use of medications based on patient presentation and their optimal benefits. Spirometry usage and techniques use and med adherence. Reinforce the need for the meds and proper usage
Speaker's presentation helpful. Very informative and concise implementation of strategies
Offer HPV testing as best screening first for cervical cancer. Using FRAX for osteoporosis risk
Implement new treatment modalities in treatment of diabetes and endocrinology. Increase the patient experience in faculty. Implement help
Diabetes is not a single hammer drug. Just because a patient has renal issues this does not exclude them from taking an SGLT2 inhibitor. Adding spirometry to daily practice
Better information and screening for endocrine disorders. Better management of type 2 diabetes. Better treatment of osteoporosis. Better co-testing and treatment of COPD. Better communication with patients
Better endocrinology assessment. Better woman health care
New guidelines and cervical cancer screening. FRAX for osteoporosis treatment. COPD assessment test. COPD management.
Adding SGLT2 when indicated.
Use of invokana in management of type 2 diabetes. Use of spirometry for screening COPD. Use of LAMA/LABA to
Staff informed about new developments in medicine. Listen to patients' concerns. Collaborate with interprofessional team members for effective chronic disease management
Improve clinical practice. Improve patient care and communications with patients
Approaches to COPD. Bone density - knowledge increased
How to react on diabetes treatment on the use of SGLT2 accordingly. Importance of co-testing HPV and PAP to prevent cancer
Rare endocrine disorders try to. HPV
Usage of SGLT2. True adrenal fatigue symptoms. Importance of HPV vaccine

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

Response	Frequency	Percent	
Within 1 month	159	70.04	
1-3 months	29	12.78	
4-6 months	7	3.08	
Not applicable	20	8.81	
No Response	12	5.29	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Mark Stolar, MD - Endocrinology:

Response	Frequency	Percent	
Excellent	187	82.38	
Very Good	27	11.89	
Good	4	1.76	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	9	3.96	

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

Response	Frequency	Percent	
Excellent	165	72.69	
Very Good	28	12.33	
Good	1	0.44	
Fair	0	0.00	
Unsatisfactory	16	7.05	
No Response	17	7.49	

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

Response	Frequency	Percent	
Excellent	145	63.88	
Very Good	16	7.05	
Good	2	0.88	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	64	28.19	

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

Response	Frequency	Percent	
Excellent	185	81.50	
Very Good	27	11.89	
Good	2	0.88	
Fair	1	0.44	
Unsatisfactory	1	0.44	
No Response	11	4.85	

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

Response	Frequency	Percent	
Excellent	183	80.62	
Very Good	28	12.33	
Good	5	2.20	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	11	4.85	

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

Response	Frequency	Percent	
Excellent	167	73.57	
Very Good	22	9.69	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	38	16.74	

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

Response	Frequency	Percent	
Excellent	186	81.94	
Very Good	25	11.01	
Good	4	1.76	
Fair	0	0.00	
Unsatisfactory	1	0.44	
No Response	11	4.85	

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

Response	Frequency	Percent	
Excellent	191	84.14	
Very Good	21	9.25	
Good	6	2.64	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	9	3.96	

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 - Osteoporosis:

Response	Frequency	Percent	
Excellent	181	79.74	
Very Good	19	8.37	
Good	1	0.44	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	26	11.45	

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

Response	Frequency	Percent	
Excellent	152	66.96	
Very Good	17	7.49	
Good	3	1.32	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	55	24.23	

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent	
Strongly agree	142	62.56	
Agree	57	25.11	
Neutral	18	7.93	
Disagree	1	0.44	
Strongly Disagree	0	0.00	
No Response	9	3.96	

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

Response
Congestive heart failure. Pneumonia - antimicrobial agents

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 - Cervical Cancer:

Response	Frequency	Percent	
Excellent	197	86.78	
Very Good	20	8.81	
Good	4	1.76	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	6	2.64	

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

Response	Frequency	Percent	
Excellent	175	77.09	
Very Good	14	6.17	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	38	16.74	

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

Response	Frequency	Percent	
Topics covered	142	62.56	
Location/ease of access	146	64.32	
Faculty	49	21.59	
Earn CME credits	131	57.71	
No Response	17	7.49	

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

Response
Office neurology
Less endocrinology (besides diabetes)
Psychiatric treatments for bipolar, depression, anxiety. Urology - conditions and treatment. Nephrology
Dizziness. Bipolar disorders
General internal medicine
Dermatology - coding. Psychiatric. ENT. GI. Updates on medicare and medicaid laws
Infectious diseases
Obesity. Addiction. Smoking cessation.
Abdominal
MI and congestive heart failure
Bleeding. Liver disease
Men's health. Erectile dysfunction - treatment options. Obesity. Dyslipidemia
Medical marijuana - CBD vs THC
Pediatric disorders in primary care, congestive heart failure management and headache management
GI topics i.e. IBS - C/D/M. Gastritis/reflux/H. Pylori/PPI therapy/H2RA therapy. Alternative medicine. Obesity - pharmacologic and non-pharm therapies
Dementia. Polycystic ovaries. Immunization updates
Wounds, dermatological conditions
Diabetes management
HIV infection management
Dermatology, infectious diseases
Renal failure. Liver failure. Thyroid nodule
Heart failure, hyperlipidemia, CKD
Hypertension, pulmonary fibrosis, renal disease
Different types of anemias. Rheumatoid arthritis. Autoimmune diseases
Opioid
Coding
Opioid epidemic, HIV, HCV, psych, anxiety, holistic, female hormones, cosmetic
PPI use - long term. Ovarian cancer - tell tale signs. Long term congestive heart failure - new medications/modalities
Psych/mental health
Cardiology
GI diseases. Hep C. Fatty liver diagnosis. Crohn's disease. Renal diseases. Behavioral health: PTSD, GAD, depression
Pain management. Opioid abuse
Wound care, suturing
Cardiac disease and state of art treatments. Genetics and new therapies based on genetics. Pain management
HIV, end of life, domestic violence, hepatitis
Psychiatry/addiction in primary care
Upper respiratory infections
Dementia in elderly. Falls in elderly
Substance abuse disorders and co-morbidities. Detox substance abuse. Neurological basis for addiction. Pharmacology therapy in substance abuse disorders. Pharmacology in treating anxiety and depression
Hormone replacement therapy - post menopausal. Anxiety and primary care
Dermatology for primary care. Wound classes, complications. Any truth in alternative healing i.e. biofeedback, meditation, acupuncture, etc.
Diabetes treatment. Collagen vascular diseases. New approach. Fibromyalgia. Lupus
Inflammatory arthritis (rheumatoid arthritis, SLE mixed connective tissue diseases). Heart failure. Asthma. Urinary incontinence. Falls.

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

Response
Pharmacology update. Heart failure.
Psychiatry. Substance abuse. Eating disorders. Influenza
Endocrinology - matters to weight gain rather than weight loss; HTN - Treatment DNC8; Diabetes 2 - Treatment more so than SGLT2.
Topics regarding mental health/psych
Anemia work up and optimization for patients with hematological disease and prior surgery
Psychological problems specifically depression and anxiety
Common cold, chronic kidney disease, geriatric medicine
Stem cell, PRP and regenerative medicine
Respiratory biologic therapies
Stem cell; geriatrics interpretation; interpretation of 23 and me, etc different types of genetic testing; how to care for hospice patient from initial visit to end of life
Diabetes treatment; low back pain; HPV treatment
Detection of arrhythmias; primary prevention CVD
New treatment of CHF especially with patients with EF over 30%
I can use a detailed update education gyne evaluation of herpes - genital - for male and female
Respiratory medication management overall; polypharmacy; cholesterol mgmt
CHF, congenital heart diseases, PVD, CAD, hyperlipidemia
Dermatology; treatment/management of lymphedema in diabetic patients; musculoskeletal management of low back pain
Hypertensive cardiovascular disease; diabetic
Hypertension update
Popular subjects; what's trending
Physicians reimbursement; podiatry review of primary care; nutrition counseling
Excellent symposium
Cardiology subjects; more pulmonary
Chronic pain management; opioid prescription practices/use and abuse
Influenza in relation to vaccine
When to have hip replacement for congenital hip dysplasia; rare cancers
Nephrology focused topics; CKD v AKD; ESRD; dialysis include hemodialysis and peritoneal dialysis
Pain management
Testo/estrogen replacement
CHF; HTN; arrhythmias
Neurology
Topic on women's health; topic on prostate cancer; topic on gastroenterology
Hyperlipidemia management
Enjoying new topic with women health and patient centered topics
Dermatology more women's health/menopause management; infectious disease treatment; emergency care
Opioid prescribing and alternative treatments
Hospice and palliative care related topic
CAD, PVD
Colorectal cancer screening; management of depression
Cardiovascular disease
Hematology; laboratory interpretation
Pain management, dementia, hepatology
Autoimmune diseases; oncology
Any women and men health subjects; dermatology

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

Response
Cardiology; asthma; infectious disease; hypertension; abdominal pain
Psychiatric conditions in children and adults-mental illness, autism, ADHD and treatments for those conditions. Like to see topics on vitamins, minerals, omega vitamins, and organic foods in connection with various illnesses and health
Any topic
Neurological conditions; lab interpretations
Yes, critical care
Primary care updates and management such as the diabetes, endocrinology, women's health
Cardiac; infectious disease
Prostate cancer screening in men especially African American men; vaginitis; asthma
Hematology-leukemia; neurology; orthopedics - knee replacement; hip disorders
HIV, HTN, CHF, chronic pain management
Substance abuse; personality disorder
Bleeding disorders; hypertension
thyroid; HTN
Dermatology
Need to advocate for alternative therapy including chiro, acupuncture, etc
Domestic violence, the non-compliant patient
Dermatology auto immune disease
Pulmonary fibrosis
Pain mgt; wound care
Open
Dermatology; nephrology; addiction
Diarrheal illness - differential diagnosis and treatment; treatment of community acquired pneumonia
Neurology; nephrology; cardiology
Neurology, cardiology, genetics
MI - MI and stroke in DM; treatment of neuropathy in patients with DM
Antibiotic therapy; evaluation of lab work such as CBC, LFT, lipid panel; CHF
Endocrinology - thyroid management
Alzheimers's; GERD; Hep B/C
Stemi and Nstemi
Assessing treating osteoporosis in CKD - Stage III and IV; stent replacement and withdrawing patients from steroids; insulin pumps and continuous glucose monitoring
Radiation therapy - SBRT; wound care; telemedicine
Heart diseases; HTN; alzheimers's/Dementia; Parkinson's; Arthritis; pneumonia; GI disorders; anxiety/depression
STDs; hematology
Women's health
EKG interpretation; interpretation of labs and CBC, ABG, CMP
Any in medicine
Wound care in primary care. Dermatological signs of systemic diseases
Anticoagulation. Thyroid disease.
Florida requirements to renew licenses
Dementia and behaviors
Testosterone levels/replacement. Colon polyps. Menopausal treatment
Management of seizures, migraine. Effective billing and coding. Interpretation of CT, MRI, and XRay film
Autoimmune disease. Attention Deficit Disorder. Anxiety/depression. Hormonal prescriptions for men and women
All topics are beneficial to me. I'm interested in any topics.

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

Response
Hypertension, how to manage bipolar disorder
Erectile dysfunction, hormone replacement, anemia with new guidelines for replacement
CRI, Rheumatology
Renal
Genetics/Genome topics ie: discussing diseases as they relate to genetics with family members.
Nutritional/Exams/Weight management. Alternative/complimentary treatment for cancer patients. Recurrent treatment for breast cancer eg. gene modified treatment
Would like information on repeat endocrinology/cervical cancer and post-menopausal , genital/vaginal. Depression, schizophrenia, bipolar disorder
Intestinal disease. Immunizations
Topics on the octet of diabetes mellitus. Primary care neurology
Safe prescription of opioids
Skin diseases. Squamous cell carcinoma. Allergy as it relates to asthma. Asthma and allergy pathophysiology treatment options, etc. Chronic idiopathic . Pulmonary fibrosis, pulmonary hypertension
Critical care patient management.
Advanced skills review (ie. suturing, point injections, etc). Heart Failure. Treating pediatric patients. Rheumatology. Lupus
I would like to see topics on neurology (ie. proper evaluation of headaches which is really common in primary care)
Dermatology. Cardiology
CAD, hypothyroidism, obesity, wound care
Different surgery complications. Different syndromes eg: thoracic outlet syndrome. Neurology
Management of dyslipidemia. Management of benign . Management of recurrent inguinal hernia
Comorbidities
Childhood diabetes. Childhood obesity
Continue with diabetes and endocrinology. Cardiology. Vascetomies. Strokes
Wound care, ER medicine
Cardiovascular topics. Obesity. Back pain. Headache
Prescribing insulin
Alternative therapies for pain management. Nutrition

Additional comments:

Response
Excellent meeting
Excellent faculty
Well balanced CME activity
Wifi connection
OK
Well organized
Thanks!
Room too cold; very informative topics with great speaker and knowledgeable
I didn't appreciate comment on Fox News by Dr. Stolar. Nancy Berman was obviously very passionate; kept my attention. Please keep politics out of lectures. I came here to learn medicine
Thank you for a very informative and enjoyable conference!
Nancy Berman -very good!
Dr. Stolar did a great job. ARNP Berman did very good
Thanks!
Thank you for the great teaching

Additional comments:

Response
Very good speakers with clear information - very didactic
This was an excellent and very informative update
COPD by Dr. Narhau - excellent
Thank you for putting this together!
More use of spirometry in office setting
More CME in Ft Lauderdale area
Last portion of program was simple common sense
Thank you
Warm lunch although sandwich appreciated
There are some of us who are new and looking for a job especially nurse practitioners. You should have some networking activity
Excellent meeting
Excellent/useful
Great conference
Thanks for the free classes
I believe diabetes and vascular disease lecture was too theoretic and had a lot of information in a short time period. Should be 2 hours lectures - it's an important topic to approach new treatment with DM patients
Excellent speakers and topics
I prefer hotels that provide wifi for conferences to download slides. I loved the speakers and good quality of presentations
I have been to many NACE conferences and all have been excellent. Today's conference was also excellent. Thank you very much
COPD lecture was very informative and speaker was great!
Enjoyed the topics presenter. A stronger coffee would have been awesome!
Overall it was a great conference. I learned a lot and I can't wait to attend for another one in the future
Thank you!!
Thank you
Thank you. Enjoyed the day. Excellent instructors, very good and valuable information
Thank you
Dr. Wolf's talk was enlightening - regarding the patient experience and the perception of care
May need a concrete medical topic for the last hour of the conference
Organized conference. Appreciate keeping on schedule
Excellent speakers
Excellent program and faculty
Great location; very convenient; great ambiance
This conference was very informative. The speakers were great
The lectures with clinical questions intertwined were well prepared and much appreciated
Thank you for offering this conference! All speakers were excellent especially Dr Rahaghi and Dr. Wolf
Need larger room; encourage participants to not use chairs for their stuff.
Room was too cold
Excellent conference with very knowledgeable, confident and experienced speakers
Always enjoyable and educational
None; wonderful presentations
Endocrine was too in depth for family practice
Thank you!
The topics covered during the CME have been well presented and presenters are well informed
Excellent program

Additional comments:

Response
Thank you for Dr. Gregg Sherman and all the crew for putting up all this great CME conference once again
Excellent and informative program
Enjoy the learning experience at this conference. Updated info was given
Excellent program!
Provide print out of the material. Overall excellent conference. Thank you
Excellent conference
Great location; have more vegetarian food available
Very informative
Provide slides and internet access to review slides. Awesome conference
Always look forward to NACE conference
Excellent program
Lobster for lunch next time. Thanks for lunch. Very good program, excellent speakers
I am a primary care physician in Australia and am in the process of relocating to the US so it was extremely useful to hear about the current US clinical guidelines for women conditions seen in primary care. Thank you for a clinically relevant, evidence-based, thoroughly enjoyable educational experience
Psychiatric - bipolar; cancer screening
Excellent!
Thanks
Great conference!
Excellent topics; excellent speakers; excellent location
Day was great
Excellent program
Thank you
Great conference thanks!
Dr. Mark Stolar made an inappropriate political comment during his second presentation. Why are there no DOs on your faculty?
Excellent venue; great speakers; thank you
Some slides were presented very shortly!
A day well organized. Your organizer team is wonderful and welcoming
Excellent lectures
Excellent conference!
Great presentation
Gastroenterology
Great conference. Presenters are very knowledgeable and informative. I will be able to use the information in practice. Thank you!
Thank you
Thanks!
If a boxed lunch is available, 30 min break is enough time, so that we can complete lectures.
First conference, newly minted NP really helpful and informative. Will like NACE on Facebook.
Thank you for offering Saturday conferences. Dr. Wolf's lecture was a pleasant way to end the day :-)
Very great conference and speakers. I learned a great deal to apply to my practice.
Great conference, very organized. Very informational!
Thank you!
Thank you for this excellent opportunity!
Excellent esp COPD with Dr. Rahaghi
Enjoyed the conference
Slides need to be projected higher on the screen (bottom of slides cut off from view)

Additional comments:

Response
Are some of these conferences ever offered closer to the Orlando area?
Overall this is an excellent conference. I go to NACE conferences every year.
Hope breakfast fod is available untill 10 am as driving makes us late if traffic is not great and when traveling from other areas and not familiar with hotel locations. Thank you.
Dr. Rahaghi was fantastic
Very good presenters
Very informative
Overall good program!