2015/2016 Experts On Call: Lipid Management and Cardiovascular Risk Reduction: The Evolving Treatment Paradigm

Activity Evaluation Summary

CME Webinar Dates:

- December 10, 2015
- January 13, 2016
- January 19, 2016
- January 28, 2016

Course Director: Gregg Sherman, MD

Date of Evaluation Summary: March 4, 2016

NACE NATIONAL ASSOCIATION FOR CONTINUING EDUCATION

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In December 2015 and January 2016, the National Association for Continuing Education (NACE) sponsored a CME live webinar program, ***Experts On Call: Lipid Management and Cardiovascular Risk Reduction: The Evolving Treatment Paradigm 2015-2016***.

This educational activity was designed to provide primary care physicians, nurse practitioners, physician assistants and other primary care providers the opportunity to learn about Lipid Management and Cardiovascular Risk Reduction.

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 eighteen healthcare practitioners registered to attend ***Experts On Call: Lipid Management and Cardiovascular Risk Reduction: The Evolving Treatment Paradigm 2015-2016***. Two hundred twenty healthcare practitioners actually participated in this conference. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. One hundred thirty six completed forms were received. The data collected is displayed in this report.

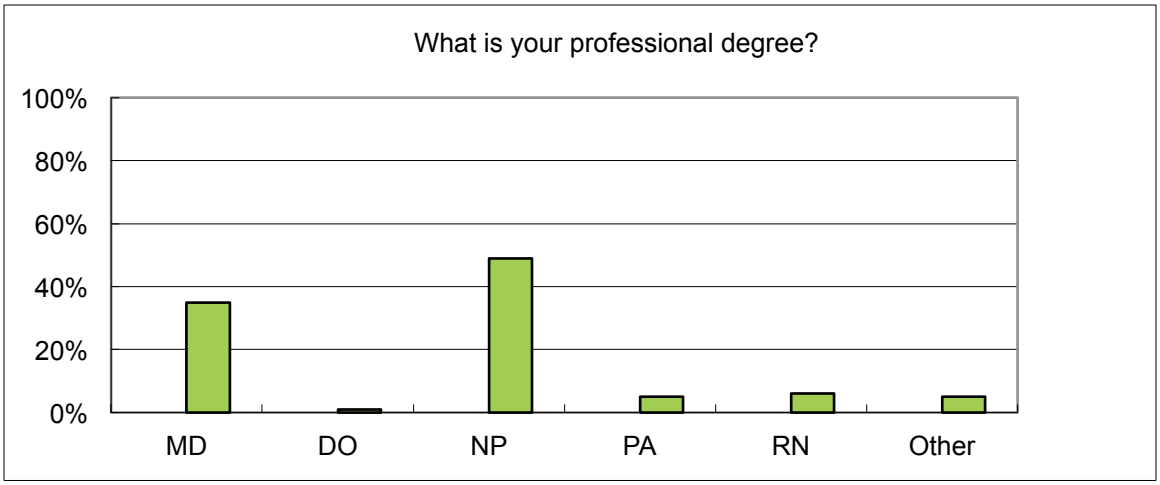
CME ACCREDITATION

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 educational activity for a maximum of 1.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

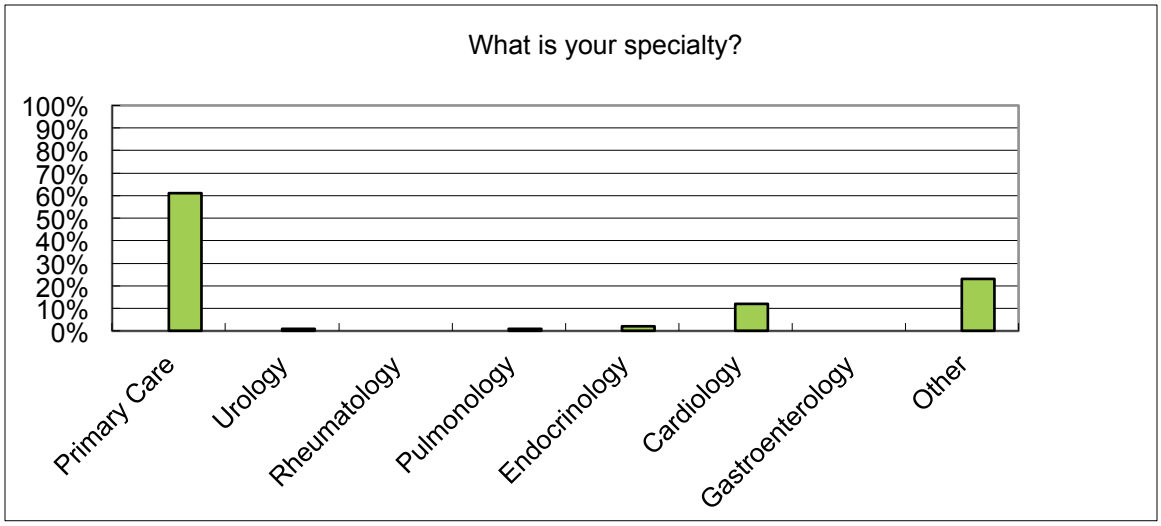
What is your professional degree?

Label	Frequency	Percent
MD	47	35%
DO	1	1%
NP	66	49%
PA	7	5%
RN	8	6%
Other	7	5%
Total	136	100%



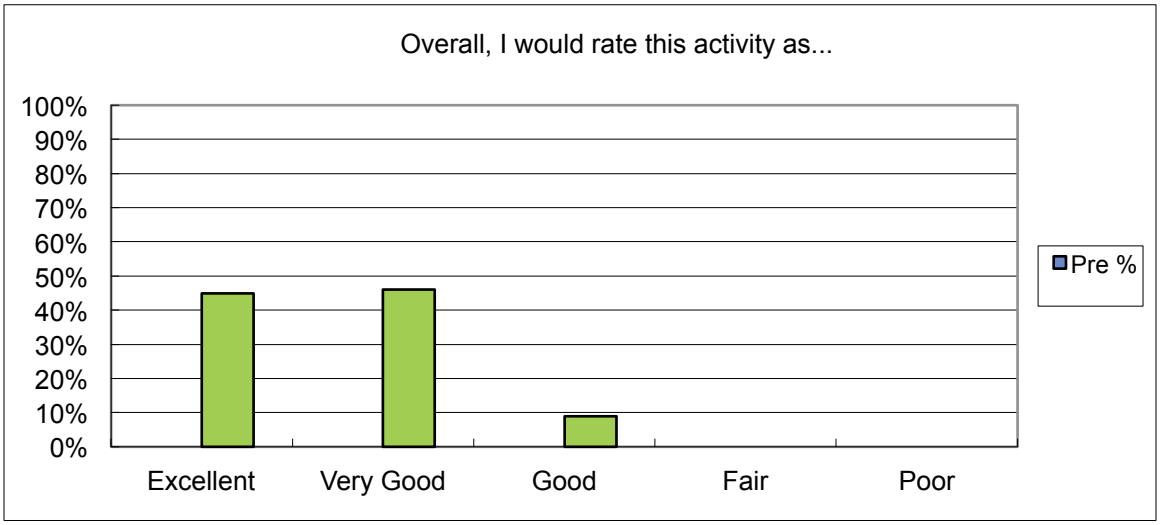
What is your specialty?

Label	Frequency	Percent
Primary Care	84	61%
Endocrinology	1	1%
Rheumatology	0	0%
Pulmonology	2	1%
Cardiology	3	2%
Gastroenterology	16	12%
Other	32	23%
Total	139	100%



Overall, this was an excellent CME activity:

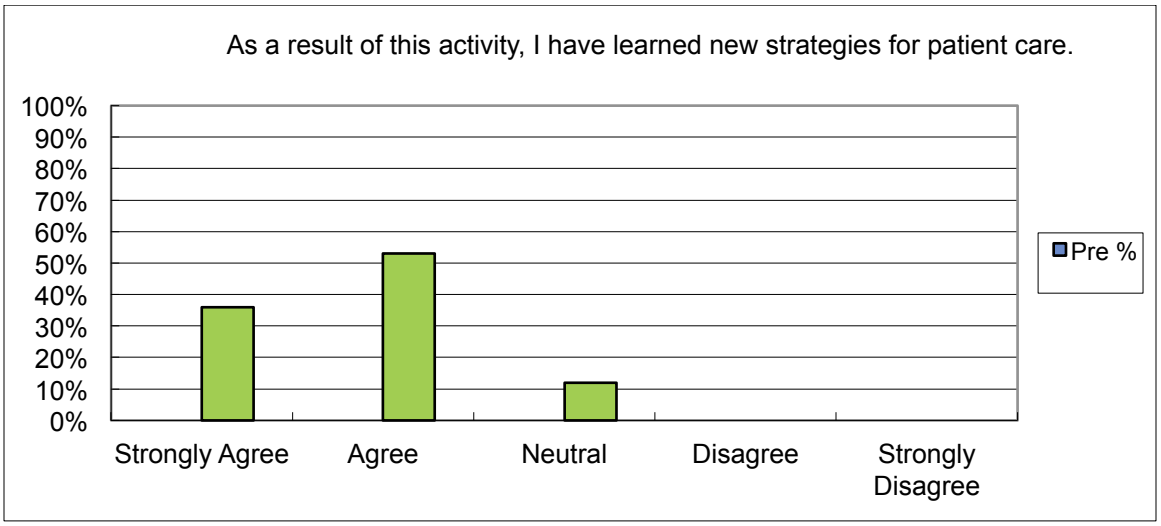
Label	Frequency	Percent
Strongly Agree	61	45%
Agree	62	46%
Neutral	12	9%
Disagree	0	0%
Strongly Disagree	0	0%
Total	135	100%



Experts On Call: Lipid Management and Cardiovascular Risk Reduction: The Evolving Treatment Paradigm

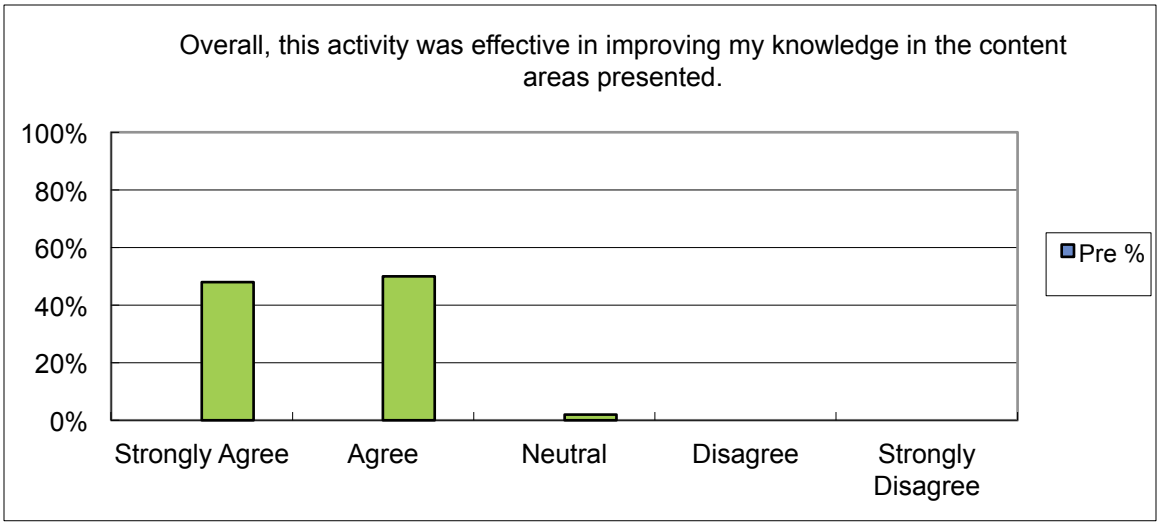
As a result of this activity, I have learned new and useful strategies for patient care:

Label	Frequency	Percent
Strongly Agree	48	36%
Agree	71	53%
Neutral	16	12%
Disagree	0	0%
Strongly Disagree	0	0%
Total	135	100%



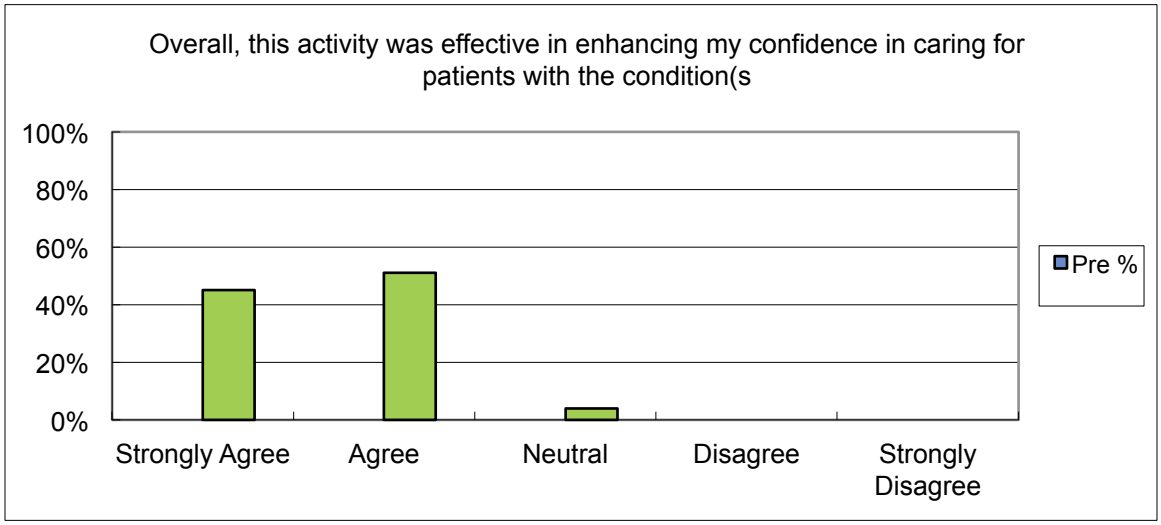
Overall, this activity was effective in improving my knowledge in the content areas presented:

Label	Frequency	Percent
Strongly Agree	65	48%
Agree	67	50%
Neutral	3	2%
Disagree	0	0%
Strongly Disagree	0	0%
Total	135	100%



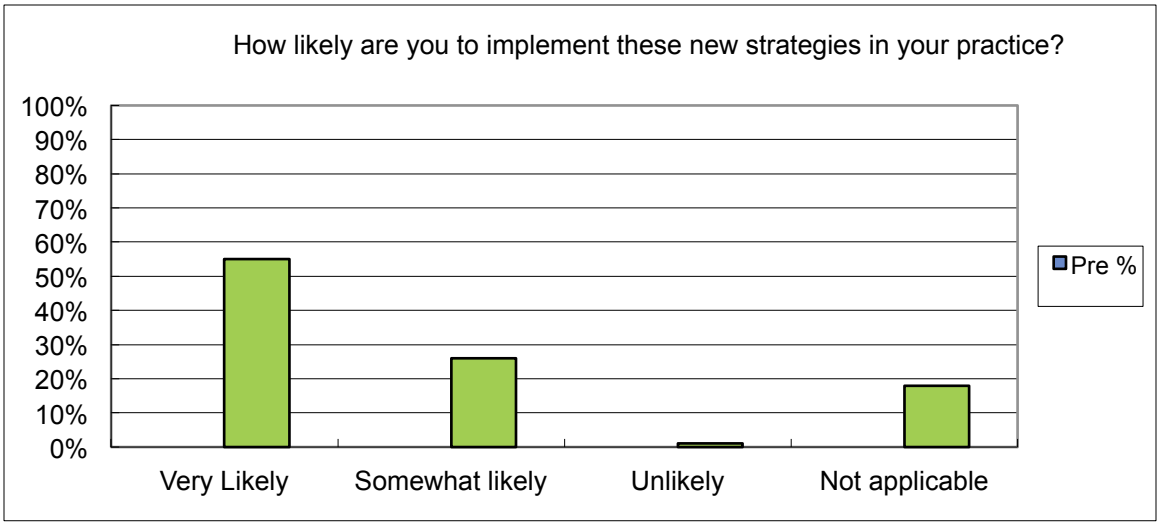
Overall, this activity was effective in enhancing my confidence in caring for patients with the condition presented:

Label	Frequency	Percent
Strongly Agree	61	45%
Agree	69	51%
Neutral	5	4%
Disagree	0	0%
Strongly Disagree	0	0%
Total	135	100%



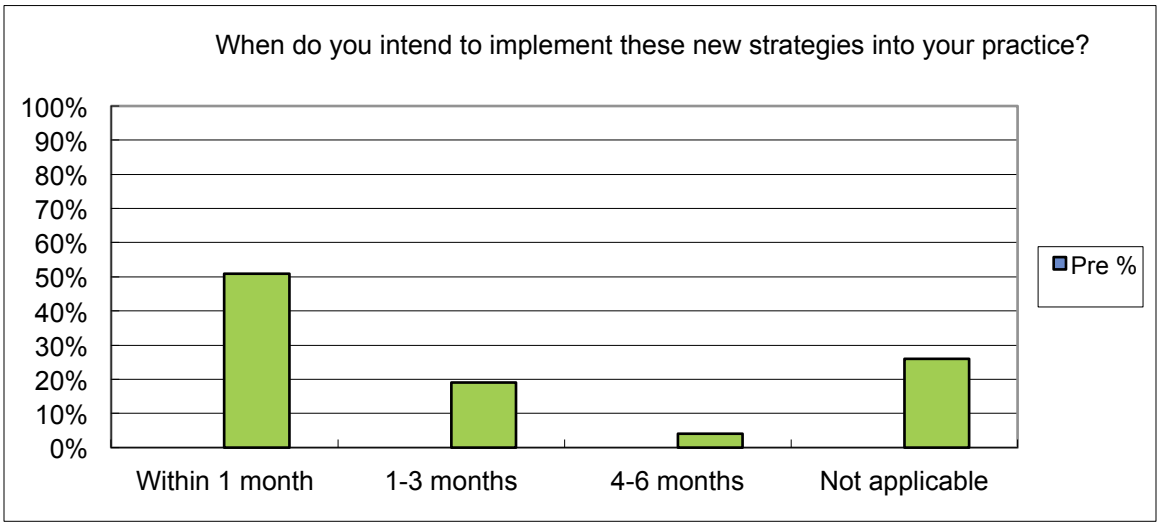
How likely are you to implement these new strategies in your practice?

Label	Frequency	Percent
Very Likely	74	55%
Somewhat likely	35	26%
Unlikely	2	1%
Not applicable	24	18%
Total	135	100%



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

Label	Frequency	Percent
Within 1 month	69	51%
1-3 months	26	19%
4-6 months	5	4%
Not applicable	35	26%
Total	135	100%



In terms of delivery of the presentation, please rate the effectiveness of the speaker:

Jan Basile, MD - Lipids:

Label	Frequency	Percent
Excellent	28	47%
Very Good	22	37%
Good	7	12%
Fair	2	3%
Unsatisfactory	0	0%

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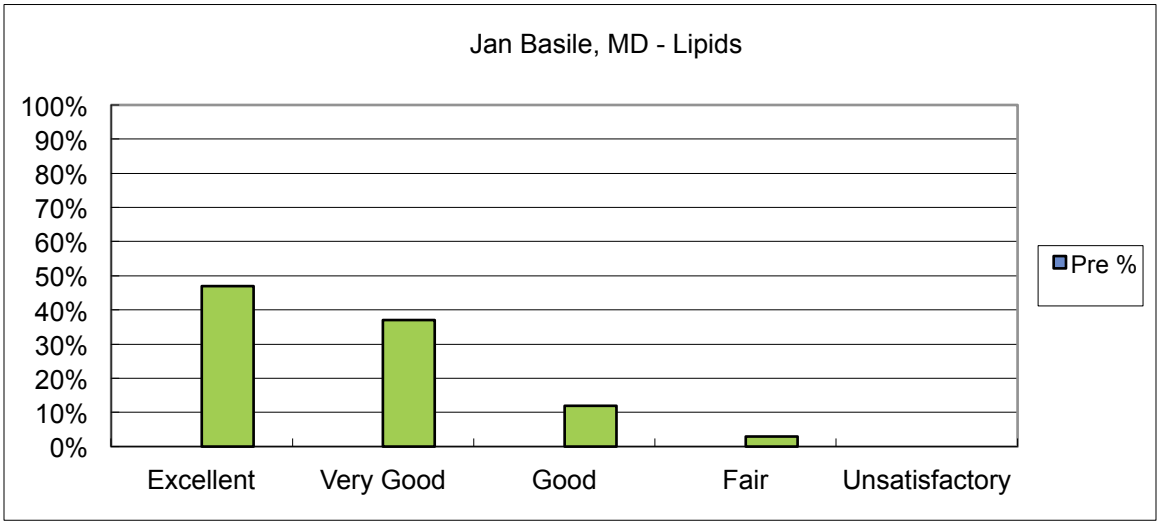
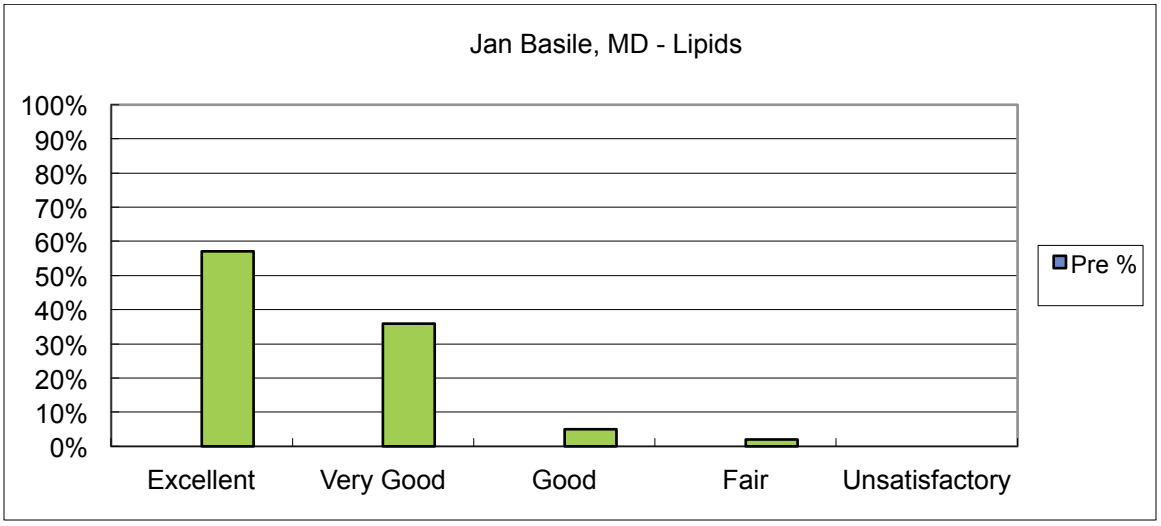
Total	59	100%



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

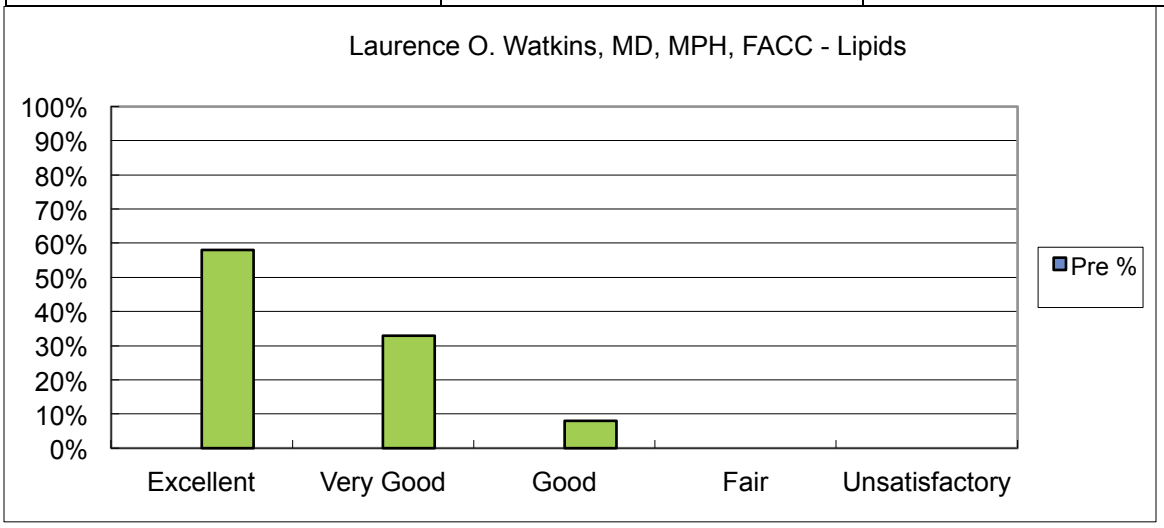
Label	Frequency	Percent
Excellent	35	57%
Very Good	22	36%
Good	3	5%
Fair	1	2%
Unsatisfactory	0	0%
Total	61	100%



In terms of delivery of the presentation, please rate the effectiveness of the speaker: Laurence O. Watkins, MD, MPH, FACC- Lipids:

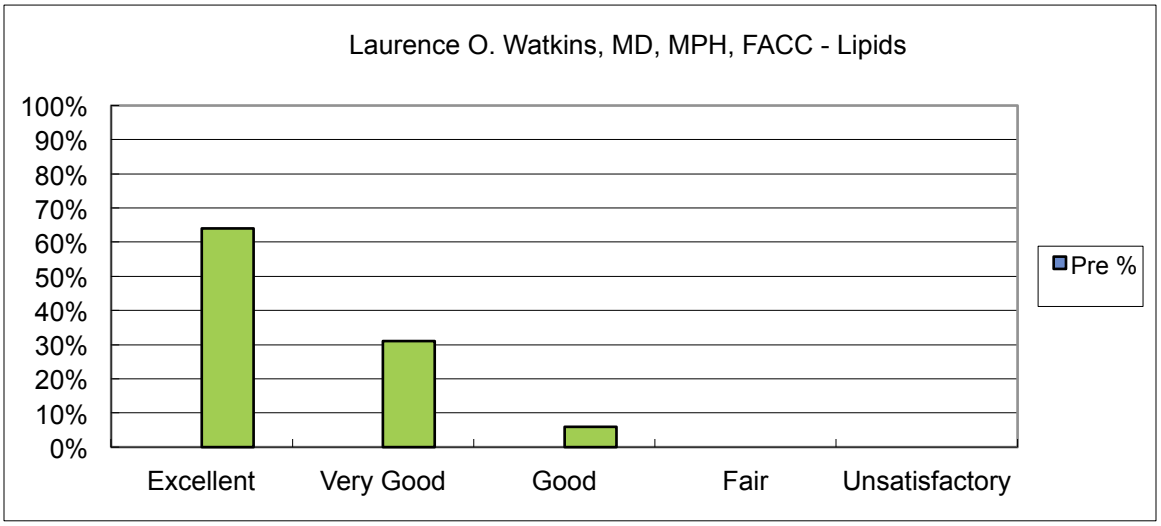
Label	Frequency	Percent

Excellent	21	58%
Very Good	12	33%
Good	3	8%
Fair	0	0%
Unsatisfactory	0	0%
Total	36	100%



To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Laurence O. Watkins, MD, MPH, FACC - Lipids:

Label	Frequency	Percent
Excellent	23	64%
Very Good	11	31%
Good	2	6%
Fair	0	0%
Unsatisfactory	0	0%
Total	36	100%

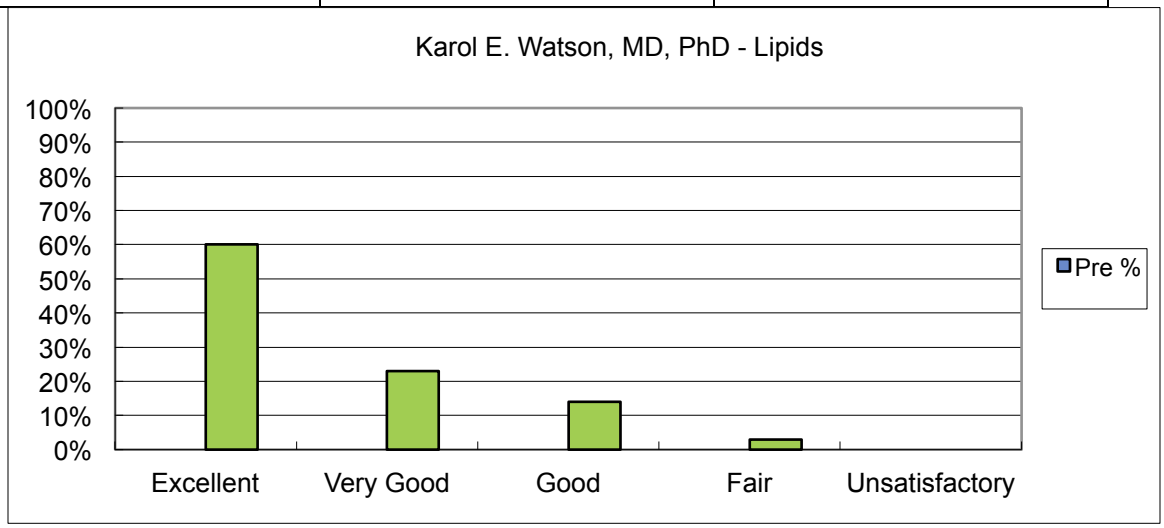


In terms of delivery of the presentation, please rate the effectiveness of the speaker:

Experts On Call: Lipid Management and Cardiovascular Risk Reduction: The Evolving Treatment Paradigm

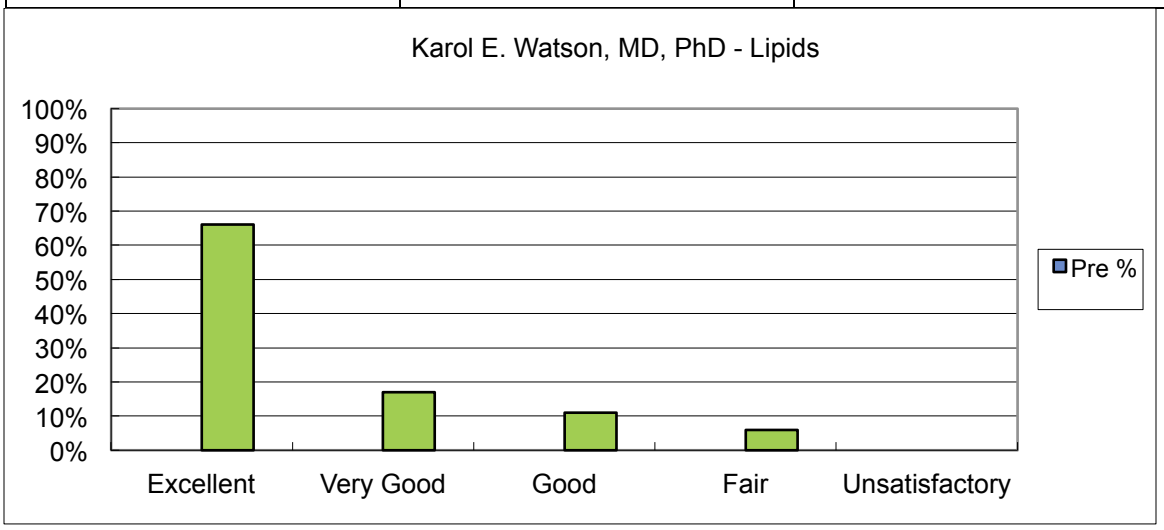
Karol E. Watson, MD, PhD- Lipids:

Label	Frequency	Percent
Excellent	21	60%
Very Good	8	23%
Good	5	14%
Fair	1	3%
Unsatisfactory	0	0%
Total	35	100%



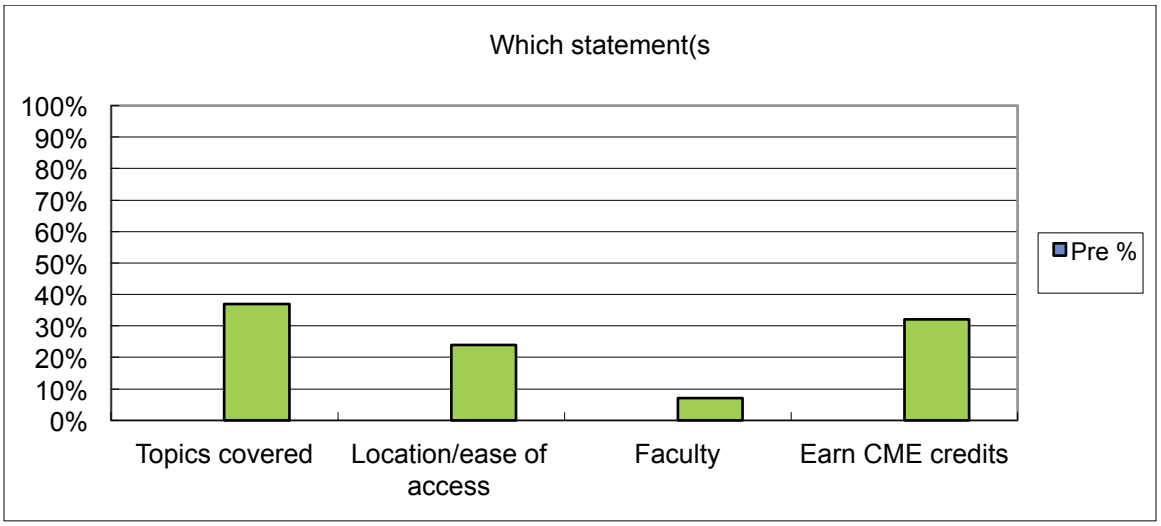
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Karol E. Watson, MD, PhD - Lipids:

Label	Frequency	Percent
Excellent	23	66%
Very Good	6	17%
Good	4	11%
Fair	2	6%
Unsatisfactory	0	0%
Total	35	100%



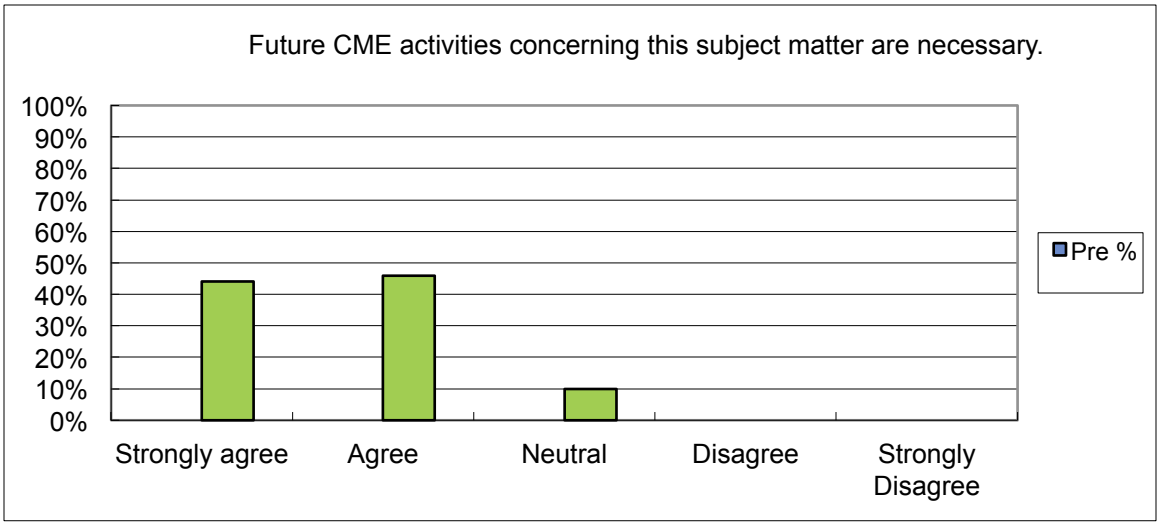
Which statement(s) best reflects your reasons for participating in this activity:

Label	Frequency	Percent
Topics covered	114	37%
Location/ease of access	75	24%
Faculty	22	7%
Earn CME credits	98	32%
Total	309	100%



Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent
Strongly agree	60	44%
Agree	62	46%
Neutral	13	10%
Disagree	0	0%
Strongly Disagree	0	0%
Total	135	100%



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

Comment
- Adding non-statin drugs along with statin to improve the reduction of LDLR. - Give patients with intolerant to statin a period free of drugs and started again with moderate dose. - recommending the new PCSK9 antibodies on the top of statin
-Guidelines for Lipid mgnt: ASCD <= 75yo High intensity statin LDL >= 190 " " " DM 40-75 yo Moderate " " >7.5% CVD risk 10yr ASCVD Moderate to high intensity statin and if less than 7.5% calculate the risk every 4-6 yr - Alternative and additional therapies in conjunction with the statins, such as PCSK9 inhibitors -Strategies to decrease muscular side effects of statins
1. Depending on the age group and LDL levels when to give high moderate or low dose statins. 2. Patient compliance is always key to treating the disease and always reinforcing them to take their medications. (1)
1. Pt c/o muscle weakness, can stop and then restart and check the creatine kinase levels to prove if not bc of the statin

2. Very no hypothyroidism or vit D deficiency - if exist - fix these first. 3. Alternatives to help reduce the muscular side effects: add coenzyme Q10, reduce dose of statin, timing change - change to HS or vice versa, use of red yeast rice. 4. when to use high potency statins (1)
1.Likely to recognize and treat familial hyper lipidemia 2.Confirm with Lab tests 3. Use new and combined therapies. (1)
A THOROUGH HISTORY AND ASSESSING RISK FACTORS MORE OFTEN ESPECIALLY DEPENDANT UPON AGE (1)
aa (1)
About statin administration (1)
Adapting statin therapies to diabetics with or without comorbidities, and different groups (1)
Add Zetia to Lipitor or Crestor if LDL-C does not remains high. PCSK9 antibiotic also can be beneficial with some patients. (1)
Add zetia to statin To lower the dose of statin with complaints of muscle aches That FHC patients require dual meds to optimize control (1)
Adding approved PCSK9 drugs on the top of Statin to enhance LDL-C lowering and reduce ASCVD. (1)
Adding PCSK 9 inhibitors (1)
Adding Zetia Higher Cardio risk more aggressive to treat Treating muscle pain from stastin (1)
Addition of non-statin cholesterol-lowering drug(s)if the ASCVD risk reduction benefits outweigh the potential for adverse effects. Will Consider Familial Hypercholesterolemia whenever the LDL-C is > 190 mg/dL. Will discontinue statin if unexplained severe muscle symptoms or fatigue develop during statin therapy. (1)
Adjusting Dosage based on cholesterol value and risk for events. (1)
Alternative treatment strategies based on labs and history. (1)
Any LDL over 200 is considered familial - start Statin and consider PCSK9 therapy (1)
apply what I learnt (1)
Appropriate understanding of treatment of hyperlipidemia. Apply ACC-AHA risk criteria (1)
be able to finally use the acc/aha guidelines.wait to use the pcsk9 inhibitors (1)
benefits of LDL lowering agents, special population meds., other meds to lower LDL (1)
Better clarification of the new Cv risk and medication categories (1)

Better selection of lipid lowering medications (1)
better understand new strategies for lipid management and assessment (1)
changes (1)
Changing dose for pts with risk factors and muscle pain. (1)
Changing medications if pt has reactions with high intensity lipid agents (1)
Combination therapy for further Ldl reduction Option of PCSK9 inhibitor (1)
Consider anyone with LDL-C above 190 as FH unless demonstrated otherwise. Consider adjusting statin dosage in patients with "intolerance" due to muscle symptoms. (1)
Considerer the role of alternative or additional therapies in conjunction with statins, and what patients may benefit from them. Implementing the 2013 ACC/AHA cholesterol guidelines while acknowledging the limitations of the recommendations. Consider new and emerging pharmacologic therapies to further lower LDL-C in those at high risk for cardiovascular disease. Developing appropriate treatment strategies for my women's health practice. (1)
continue to follow guidelines (1)
determine appropriate patients at high risk and in need of additional LDl lowering. new option it to prescribe PCSK9 (1)
Determining individuals at risk for ASCVD Implementing appropriate statins and dosage for patients (1)
Different approaches based on ethnicity, age, and gender. (1)
Differentiating the types of hyperlipidemia and MOA of the different statins and non-statins (1)
Doctor Lawrence Watkins is a very effective, clear and thorough presenter. However, I am retired, in limbo, and have no new strategies to implement. Just need to keep up with changing "guidelines". (1)
evaluate relative risk of medication regimens vs cardiovascular risk evaluate patient report of side effects from specific medications improved counseling regarding cholesterol lowering medication (1)
Familial hypercholesteremia Can consider PCSK9 inhibitors although clinical trials are still out about this medication (1)
familial hypercholesteremia patients will be refered to IU university clinic for work up and treatment with investigational drugs (1)
first line of treatment how to diagnose FH use of combination drugs to avoid adverse effect with high dose statin (1)
focus on identifying patients with familial hyperlipidemia problem (1)

Greater attention to specific therapeutic approaches based on cardiovascular risk tiering. (1)
Helping others (1)
How properly evaluate and assess patient who are at high risk for lipid disorder, and appropriate treatment plan. (1)
How to effectively manage patient with complex cases (1)
how to follow and treat. (1)
how to manage statin (1)
how to use PCSK9 (1)
I am already using the strategies (1)
I am not a direct care provider (1)
I currently not seeing patients. (1)
I learned the ASCVD station benefit groups How to manage myalgias How to manage station nonresponders (1)
I will use the risk factors to determine the intensity of statin therapy needed and not use numbers of LDL. (1)
I'm better prepared to treat lipidemia (1)
if ldl >190 10yr ASCVD riskabove 7.5 treat ntem with statins agreeively unless person age >75, treat moderate agressiveness. Familial and very resistent cases use PCSK9 inhibitors. (1)
Implement use of ASCVD statin benefit guidelines (1)
implementing the new quidelines and therapies (1)
Importance of really following up and educating oatient (1)
Improved understanding and utilization of evidence-based practice in the management of lipid disorders (1)
increased knowledge on new treatments for lowering lipids
Interpret labs differently and treat high cholesterol ; Ldl differently (1)
introduction of supplemental therapies, degree of noncompliance and effect of long term therapy and disease progression along with how to handle statin intolerance (1)
It was noisy, & the presentation was unclear (1)
LDL target rate for certain populations Type of Statins based on age, CVD risks, LDL and comorbidities Adjust therapy Side effects of statins (1)
Lipid treatment (1)
manage dosing for various levels of need for statins; use of ezetimibe (1)
Manage lipid caring medication more effectively. (1)
Measure risk factors every 4-6 years and recalculate 10-year ASCVD risk in those without ASCVD, diabetes, and with LDL-C <190 mg/dl

If unexplained severe muscle symptoms or fatigue develop during statin therapy: • promptly discontinue the statin If mild-to-moderate muscle symptoms develop during statin therapy: • Discontinue the statin until the Sx are evaluated (1)
medication management (1)
Meds (1)
Monitor lipid profile Discuss available medication and new guidelines How to manage intolerance to statins (1)
more stringent care based on AHS guidelines (1)
much more aware of Familial Hyperlipidemia & its treatment (1)
N/A (2)
na (1)
NEW APPROACH TO PATIENT WITH HIGH LIPIDS (1)
New guidelines for lipid management, thoughts to consider when patients don't respond to first line lipid lower agents (1)
New guidelines for treatment (1)
new guidelines to follow (1)
new medication to treat hyperlipidemia (1)
none (1)
nonstain treatment (1)
Now I know about familial hypcercholesterolemia, how common it is, what to do about it, and how. I know complaints of leg pains, weakness, doesn't preclude statin use. I understand the mode of action of the new PCSK9 inhibitors and when to use them. (1)
observation/evaluation/assessment/interventions (1)
Patients who will benefit from statin use. Avoiding repeat labs. (1)
PCKS9 (1)
pcsk9 use (1)
Prescribed appropriate strength and doses of the statins and/or combined medications with the level of the LDL C and existing clinical conditions and risk. Awareness and recognition of patients at risk for cardiovascular disease with consideration of factors ie sex, age, race and ethnicity.
Prescribing (1)
put myself in their shoes, listen, dont be judgemental (1)

Recognizing subgroups for statin dosing and when additional therapy noted Understanding better Familial Hypercholestolremia and need for aggressive treatment (1)
recommended medications (1)
Recommended use for High Density Lipids. Recommended use for Low Density Lipids. (1)
retired from patient care for a few years so would not be implementing these (1)
Review or obtain appropriate labs (1)
stain therapy (1)
Stating adjunct therapies (1)
statins to prescribe, adding ezetimibe, stages of statins (1)
stratify by benefit groups manage muscle pain consider PCSK9 drugs if indicated (1)
strengths and limitations of the 2013 ACC/AHA cholesterol guidelines and how to optimally implement the recommendations (1)
Talk with pt. on lipid reduction, use of statins, special population treatment (1)
That there are 2 new drugs available ie Mipomersen and Lomitapide Learned about PCSK9 Inhibitors (1)
The benefits of low dose every other day in certain patient populations The recommendations for treating familial hyperc holesterolemia (1)
the new cholesterol group of drugs what the different level of statins are (good review) (1)
The use of statinsWhe to add ezteimide and watch for pcsk9 information (1)
To add Zetia to statins to increase LDL lowering. (1)
To determine the status of patients over the age of 75 on whether to have them in a statin or not. To monitor patients who have myalgia a when taking a statin. To stop the medication until issue is resolved and retry on low dose statin. (1)
Treat moderate to high risk CVD patients with statins Treat fam hypercholesterolia pts with PCSK9 inhibitors Use adjunctive agents to minimize side effects of statins (1)
treat with statins to the limits (1)
Treating familial hypercholesterolemia with pcsk 9 (1)
Treatment guidelines (1)
understanding and implementing risk stratification guidelines for statin use (1)
Understanding basic guidelines and add on's as well as new medications to "add on" or substitute (1)
Understanding of PCSK9 genetics contributing to familial hyperlipidemia (1)
update current management. (1)

Update med regiments (1)
Use current guidelines to treat patients with both older and newer mess. (1)
Use of 7.5% as the 10 year ASCVD risk for therapy decisions in diabetics (1)
Use of other statins and ways of dosing (1)
USE THE AHA GUIDLINES MORE EFFECTIVELY FOR PATIENT STRATIFICATION (1)
Use the new AHA recommendations for assessing lipid status. Use the ASCVD risk evaluation map to determine appropriate intervention. Use high-dose statins to prevent cardiovascular events. (1)
Using Ezetimibi more in addition to statins (1)
Using guidelines based upon EBP, medication adjustments can be made to obtain maximum effectiveness for the individual patient (1)
Utilize the guidelines. (1)
Very interesting information about PCSK9. Looking forward to more. (1)
what agents to choose, different patient populations (1)
What to do with patients whose LDL is > 190 What new agents are in the pipeline to combine with statins on resistant patients (1)
when to start statins based on newer guidelines. when to adjust doses. (1)
Will follow the treatment alogarithim, based on individual patient needs (1)
Will look into testing for familial LDL-C Refer to guidelines for treatment (1)

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

Comment
1. Diabetes and new medications that are coming out. 2. pain management and its protocols 3. HTN and the new drugs out there (1)
A (1)
Anemia, Parkinsons, bipolar (1)
any adult medicine topic (1)
any day to day useful topic of general internal medicine (1)
any topic. (1)
Anything to do with psychiatry/mental health (1)
ASCVD Lipid

Genetics CHD (1)
asthma, gout, biliary cirrhosis... (1)
better understand when to treat mild cases of hypercholesterolemia with statins within the new guidelines (1)
cancer immuneotherapy .medications like Keytruda (1)
CHF (1)
Chronic low back pain. Who can the neurosurgeon/orthopedist help? (1)
CKD screening in asymptomatic patients. (1)
clinical research (1)
Complimentary medicine topics (1)
CVDs Lipid Genetic bases Familial Hypercholesterolemia PCSK9 (1)
Dermatology Primary Care for HIV + patients (1)
Diabetes Cardiovascular topics (1)
Diabetes, Hypertension, Gout, Asthma, COPD, RA, OA, Contraceptives
Diabetes control and new meds (1)
Diabetes ie the new meds Diabetes how the new meds work
Diabetes management Treatment evalaution and guidelines on frequent illnesses (1)
Diabetes Melllitus, COPD (1)
Diabetes updates (1)
Diabetes, (uncontrolled) and the long term effects on your health; cva,amputations, eye problems (1)
Diabetes, congestive heart failure treatment. (1)
Different classes of lipid lowering medications and their indication (1)
dimentia differential diagnoses and management (1)
DM treatment Migraine treatment (1)
DM type 2 management (1)

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Dry eye, htn, diabetes (1)
Elevated creatinine in primary care (1)
Emergency and Urgent care. Infectious diseases (1)
Evaluation and Diagnosis of LdL risk profiles- lipid particle size, number. role of lpa. measuring apoB as risk stratifier (1)
evidence based strategies for high risk complex patients and improving quality metrics scores and subsequent increase in reimbursement (1)
exercise (1)
How to navigate questions for possible abuse (sexaul and or physical) (1)
HTN Contraception Osteoporosis Menopause Headache (1)
Inflammatory bowel disease treatments (1)
interactions of statins and newer medications with other drugs and non formulary medications and therapy (1)
Management of other common disorders (1)
menopause (1)
Mental health (1)
Mental Retardtion problems (1)
more coverage regarding non-statins for those who are unable or unwilling to tolerate statins health disparities in cardiovascular care (1)
more on other ways to treat atherscleros is and lipids (1)
More on the aha/acc guidelines of statin use and pcsk9s (1)
more results from the study (1)
most common primary care problems (1)
n/a (1)
New DM therapies and mgmt. (1)
New meds Emerging diseases Immunization updates (1)
New strategies for treating CHF. (1)
osteoprosis (1)
Pain management (1)
Pain management, drug alternatives. (1)
Physician medical record documentation skills for improved accuracy - what

payors and CMS require, plus the importance to all stakeholders: clinical, legal, financial, coding, etc. (1)
postmenopause treatments (1)
ptca and tavr (1)
Repeat of familial hyper Cholesterolemia (1)
spinal stenosis. (1)
steroids (1)
things on dysrhythmias,ICD's ,pacemakers (1)
Thyroid disease and calcium (1)
Treatment and strategy to prevent elderly decline of cognative functions. (1)
updates as guidelines change (1)
updates in ADHD, Alzheimers (1)
Urology topics (1)
Women's Health topics (1)
Women's health topics such as Recent Changes in Brest Cancer Screening Guidelines and Best Practice. (1)
Work life balance (1)

Additional comments:

Comment
Audio problems were an irritant and hope can be checked in advance in the future. (1)
convenient & enjoyable (1)
excellant webnar. topic was very appropriate (1)
Excellent set of slides and references. (1)
Excellent webinar (1)
good time. (1)
I thought it was very good ,but I had a hard time understanding at times ,it may have the accent or poor sound tansmission. (1)
I was disappointed that the program lasted less than one hour. I was looking for more. (1)
it would be too costly for me to use pcsk9s in practice as they are not part of our formulary (1)
longer hour. (1)
My only concern is that patient's are seeing the negative aspect to statins on commercials for malpractice attorneys and I always think if people know that information and we don't mention something about it being real or misrepresentation we lose credibility in our patient's eyes. (1)
N/a (2)
na (1)
Not sure if my question was not seen during the session since it was unable to get answered. (1)
Thank you (3)
Thank you for the I service (1)
Thank you. (1)
this was much better for me than the 1st pesentation. (1)
Usually when I participate in online CMEs, I receive the CME certificate

immediately upon completion of the course. It is tedious to wait for several days or a couple of weeks to receive it an provide an evaluation. I appreciate the education but like to move on to other learning ativities when I complete the CME. (1)
very good (1)
vey good (1)
wasn't able to get audio during the presentation so read along with slides. Would like to be able to view entire presentations with the audio again. (1)
Well done...clear presentation with great factual information that can be put into practice. (1)
Audio problems were an irritant and hope can be checked in advance in the future. (1)
convenient & enjoyable (1)
excellant webnar. topic was very appropriate (1)
Excellent set of slides and references. (1)
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