Emerging Challenges In Primary Care: *2016*

Activity Evaluation Summary

CME Activity: Emerging Challenges in Primary Care: 2016
Saturday, May 21, 2016
Sheraton Atlanta Hotel
Atlanta, GA

Course Director: Gregg Sherman, MD

Date of Evaluation Summary: July 11, 2016

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In May 2016, the National Association for Continuing Education (NACE) sponsored a CME program, ***Emerging Challenges in Primary Care: 2016***, in Atlanta, GA.

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, Heart Failure and Cardiovascular Health.

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 forty one healthcare practitioners registered to attend ***Emerging Challenges in Primary Care: 2016*** in Atlanta, GA and five hundred twenty registered to participate in the live **s**imulcast. Four hundred fifty nine healthcare practitioners actually participated in the conference: two hundred nineteen attended the conference in Atlanta, GA and two hundred forty participated via the live simulcast. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. Three hundred seventy four completed forms were received. The data collected is displayed in this report.

CME ACCREDITATION

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

The Association of Black Cardiologists, Inc. designates this live activity for a maximum of 2.25 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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

The National Association for Continuing Education designates this live activity for a maximum of 3.75 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

National Association for Continuing Education is approved as a provider of nurse practitioner continuing education by the American Association of Nurse Practitioners. AANP Provider Number 121222. This program has been approved for 6 contact hours of continuing education (which includes 2.5 pharmacology hours).

Maintenance of Certification: Successful completion of this activity, which includes participation in the evaluation component, enables the participant to earn up to 6 MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. It is the CME activity providers' responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

Through the American Board of Medical Specialties ("ABMS") and Association of American Medical Colleges' ("AAMC") joint initiative (ABMS MOC Directory) to create a wide array of Maintenance of Certification ("MOC") Activities, Emerging Challenges in Primary Care has met the MOC requirements as a MOC Part II CME Activity by the following ABMS Member Boards: American Board of Family Medicine and American Board of Preventive Medicine.

What is your professional degree?

Label	Frequency	Percent
MD	101	27%
DO	7	2%
NP	233	63%
PA	16	4%
RN	7	2%
Other	5	1%
Total	370	100%

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

Label	Frequency	Percent
None	29	8%
1-5	57	16%
6-10	76	21%
11-15	53	14%
16-20	46	13%
21-25	32	9%
> 25	74	20%
Total	367	100%

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

Label	Frequency	Percent
None	27	14%
1-5	75	38%
6-10	43	22%
11-15	23	12%
16-20	10	5%
21-25	7	4%
> 25	11	6%
Total	196	100%

Upon completion of this activity, I can now: Recognize the role of postprandial hyperglycemia in type 2 diabetes (T2DM) patients not at target and examine its role in the pathogenesis of diabetic complications; Utilize glucagon-like peptide (GLP)-1 receptor agonist (GLP-1 RA) therapy to address post-prandial hyperglycemia in ways current fixed dose strategies do not; Compare GLP-1 RAs for glycemic efficacy and differential impact on postprandial glycemic control; Discuss various GLP-1 RA combination strategies to effectively control fasting and post-prandial hyperglycemia.

Label	Frequency	Percent
Yes	309	83%
Somewhat	62	17%
Not at all	1	0%
Total	372	100%

Upon completion of this activity, I can now: Summarize the natural progression of type 2 diabetes and how that is reflected in signs such as the glycemic monitoring patterns and other key clinical manifestations; Describe the current and newer insulins, and how they may be utilized in the design of an insulin replacement program; Provide educational support for individualized insulin regimens to achieve targeted levels of glycemic control for people diabetes; List common obstacles to insulin initiation, treatment, and adherence stemming from patient, provider, and office-systems based issues, and methods to address them.

Label	Frequency	Percent
Yes	319	86%
Somewhat	52	14%
Not at all	0	0%
Total	371	100%

Upon completion of this activity, I can now: Define the projected impact of demographic changes on cardiovascular health and costs; Describe the multiple chronic health conditions in patients with cardiovascular risk factors and related management implications; Outline a program to enhance the care experience and outcomes with value for patients at risk for cardiovascular disease.

Label	Frequency	Percent
Yes	311	86%
Somewhat	51	14%
Not at all	1	0%
Total	363	100%

Upon completion of this activity, I can now: Know the risk factors for heart failure and the role of biomarkers in diagnosis and treatment; Recognize the importance of heart rate in cardiovascular risk of heart failure; Utilize the most recent clinical evidence to inform their decisions for the management of heart failure; Identify approaches to facilitate early recognition and optimization of heart failure management.

Label	Frequency	Percent
Yes	185	95%
Somewhat	10	5%
Not at all	0	0%
Total	195	100%

Overall, this was an excellent CME activity:

Label	Frequency	Percent
Strongly Agree	237	63%
Agree	131	35%
Neutral	7	2%
Disagree	0	0%
Strongly Disagree	0	0%
Total	375	100%

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

Label	Frequency	Percent
Strongly Agree	244	65%
Agree	123	33%
Neutral	6	2%
Disagree	0	0%
Strongly Disagree	0	0%
Total	373	100%

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

Label	Frequency	Percent
Strongly Agree	223	60%
Agree	134	36%
Neutral	16	4%
Disagree	0	0%
Strongly Disagree	0	0%
Total	373	100%

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

Label	Frequency	Percent
Very Likely	246	66%
Somewhat likely	91	24%
Unlikely	4	1%
Not applicable	31	8%
Total	372	100%

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

Label	Frequency	Percent
Within 1 month	231	62%
1-3 months	84	23%
4-6 months	13	4%
Not applicable	43	12%
Total	371	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Richard R. Beaser, MD – GLP-1 Receptor Agonists**:**

Label	Frequency	Percent
Excellent	260	70%
Very Good	93	25%
Good	15	4%
Fair	1	0%
Unsatisfactory	0	0%
Total	369	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Richard R. Beaser, MD – Insulin Management**:**

Label	Frequency	Percent
Excellent	262	71%
Very Good	88	24%
Good	15	4%
Fair	2	1%
Unsatisfactory	0	0%
Total	367	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Brent Egan, MD – Cardiovascular Health**:**

Label	Frequency	Percent
Excellent	249	71%
Very Good	81	23%
Good	18	5%
Fair	1	0%
Unsatisfactory	1	0%
Total	350	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Elizabeth Ofili, MD, MPH, FACC – Heart Failure Part I**:**

Label	Frequency	Percent
Excellent	136	80%
Very Good	29	17%
Good	4	2%
Fair	0	0%
Unsatisfactory	0	0%
Total	169	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Elizabeth Ofili, MD, MPH, FACC – Heart Failure Part II**:**

Label	Frequency	Percent
Excellent	137	80%
Very Good	30	17%
Good	5	3%
Fair	0	0%
Unsatisfactory	0	0%
Total	172	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Brent Egan, MD– Heart Failure Part II**:**

Label	Frequency	Percent
Excellent	147	80%
Very Good	34	18%
Good	2	1%
Fair	0	0%
Unsatisfactory	1	1%
Total	184	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Richard S. Beaser, MD - Insulin Management**:**

Label	Frequency	Percent
Excellent	270	74%
Very Good	78	21%
Good	19	5%
Fair	0	0%
Unsatisfactory	0	0%
Total	367	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Richard S. Beaser, MD - GLP-1 Receptor Agonists**:**

Label	Frequency	Percent
Excellent	269	73%
Very Good	81	22%
Good	19	5%
Fair	0	0%
Unsatisfactory	0	0%
Total	369	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Elizabeth Ofili, MD, MPH, FACC – Heart Failure Part I**:**

Label	Frequency	Percent
Excellent	148	83%
Very Good	29	16%
Good	1	1%
Fair	0	0%
Unsatisfactory	0	0%
Total	178	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Elizabeth Ofili, MD, MPH, FACC – Heart Failure Part II**:**

Label	Frequency	Percent
Excellent	139	83%
Very Good	28	17%
Good	1	1%
Fair	0	0%
Unsatisfactory	0	0%
Total	168	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Brent Egan, MD– Heart Failure Part II**:**

Label	Frequency	Percent
Excellent	154	86%
Very Good	22	12%
Good	3	2%
Fair	0	0%
Unsatisfactory	1	1%
Total	180	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Brent Egan, MD– Cardiovascular Health**:**

Label	Frequency	Percent
Excellent	254	75%
Very Good	65	19%
Good	19	6%
Fair	1	0%
Unsatisfactory	1	0%
Total	340	100%

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

Label	Frequency	Percent
Topics covered	272	32%
Location/ease of access	243	28%
Faculty	54	6%
Earn CME credits	292	34%
Total	861	100%

Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent
Strongly agree	225	60%
Agree	133	36%
Neutral	15	4%
Disagree	0	0%
Strongly Disagree	0	0%
Total	373	100%

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

Comment
Hypertensive management strategies and how to address the patients. New information on GLP'A and prescribing.
Treatment and control fasting and post-prandial hyperglycemia
Improving glycemic control with new techniques
Able to effectively use discussed class of medications
Access to excess concept. Modifiable lifestyle changes
Active listening and teaching. More PP glucose checks.
Add GLP, RA to insulin without hesitation. Educate on side effects and management of these on starting a GLP, RA
Aggressive early management Identify high risk individuals and screen them
Aggressive glycemic control for glycose toxicity
Algorithm to assess
All covered
Alternatives to previously used mess.
Assess post prandial BG monitoring more consistently; more aware of CMS metrics; monitor HR in HTN patients
Assessment and better implementation of postprandial hyperglycemia control
At home testing of blood sugar PP. Addition of medications to improve A1C.
Be more aggressive using GLP-1 products and insulin earlier.
Be more aware of glycemic control, fasting vs post prandial. Understand patient population with regards to compliance, access
Being mindful of postprandial hyperglycemia in type 2 diabetic and effectively manage.
Benefits of GLP1 tx for DM pts
Better and improved medication management in diabetic patients and CHF patients
Better approach to heart failure management
Better educate patients on glycemic control. Utilize glucagon-like peptide receptor agonist therapy to manage post-prandial hyperglycemia. Better evaluation of glycemic control
Better implementation of injectibles in DM
Better insulin management Health promotion geared toward specific cardiovascular patient populations.
Better knowledge on DM management
Better tech support
Better understand use of injectables with DM management More efficiently evaluate patients for cardiovascular risk factor
Better understanding of GLP 1 RA therapy
Better use of GLP 1 agonists, insulin. Use of diabetes educator service and other resources. Better CHF monitoring/ prevention
Better use of Glp medication.
Better utilization of GLP-1 receptor agonists. Better use/application of different kinds of insulin. Recognition and management of heart failure and appreciation of new guidelines
Biopsychosocial interventions

By implementing the importance of diabetes management and control
Case studies
Change how we prescribe
Changing my implementation of medications to augment the performance of the drug to make it more beneficial for the patient outcome.
Check BNP level with patient with SOB without obvious signs of CHF
Check glucose before and after a meal, better insulin conversations, echo for HF evaluation
Check more post prandial glucose. Prescribe more GLP-1 RA
Checking post-prandial glucose as well with the fasting glucose. May have a normal FBG level with high A1C Adding on GLP1 to help with beta cell function and additionally will help with weight loss Escalate treatment for diabetes every three months if not at target GLP1 RA and Insulin combo may help to control glucose levels and help ameliorate the weight effects of insulin
Checking Pp glucose Considering the effects of Meds on pp glucose Providing client with more info on why certain things are done to improve compliance
Choosing therapeutic treatments best suited for patient population
Collaborate and implement plan of care with diabetic patients utilizing current guidelines to manage diabetes and minimize hypoglycemic episodes.
Controlling hypertension in patients with heart failure. Recognizing when to increaseinsulin doses in uncontrolled type 2 diabetics
Controlling the modifying factors to prevent HF (HTN, DM, Obesity). The use of hydralazine and isosorbide in AA with HF class 3. Use BNPs for diagnosis. Early noc of GLP, SP insulin
Counsel patients more in detail about meds and progressions of disease. Tell them they haven't failed if they have to start insulin
Counseling patients on the questions to ask of their providers when they need a change in strategy dealing with DM
Diabetes and glycemia control
Diabetes management
Diabetes talk not applicable
Diabetic disease management (R/t medication and GOC) CHF - rist factors/disease management
Diagnosis and treatment
Diagnosis, prescription and evaluation
Discuss use of insulin earlier with patients Involve patients in choice of agents
Discussing with patients how to identify their access to excess to prevent comorbidities. Prevention is key
DM and CVD assessments and treatment goals
DM treatments. How to better implement insulin. More improved way of managing HF
Do more echocardiograms to determine LUH. Use more GLP-1 in treatment of type 2 DM
Earlier echo - 2D LV Doppler OEF. Strict weight management. Tighter management of lipids
Earlier initiation of GLP1 RA and insulin in treatment of certain cases.
Earlier use of insulin and use of GLP-1 agonisits
Early intervention for change
Educate patients about the importance of controlled DM
Education on condition

Evaluate my practice according to guidelines, especially HbA1c, hyperlipidemia, HTN in a more in depth manner
Evaluates PPB5 step. Ivabradine approved for systolic HF fair level
Expand diabetic patients
Feel more comfortable with GLP-4 insulin and use them more efficiently. Also better control of HTN to prevent my patients from diverting to CHF
Focus more on postprandial hyperglycemia
Focus on pc glucose levels as part of treatment plan
Focus on posprandial blood sugars. Better utilize GLP1 agonists. Start insulin sooner.
Focus on preventative Health Giving the Patient power to assist in decision making process Goals to reduce hospitalization, reduce microvascular complications Focus on both fasting glucose and post prandial sugars. Work as a team with Endocrinologist, Diabetic Educator.
Follow-up education, inclusion of AA in experiments
GLP-1 RA for postprandial hyperglycemia.
GLP-1 RA medication makes easier for patient to control DM 2 safely.
Glycemic control Management of complications Insulin pump
Guidelines to help manage glycemic control by lowering A1c
Helping to strengthen the specialty of primary care to help patients get more for their dollar-I believe PCP can help diminish the need for specialty for low income/preferred treatment can't afford cost
HF treatment protocols. New insulin tyre
How the current and newer insulins are utilized in insulin replacement program
How to use GLP-1 in addition to Metformin in DM management
How to implement better cohesive plan for glucose control beyond MTF and insulin and older therapies. I work in settings with restrictive and limited fomularies, so it is good to get information on broader treatment options
I am able to educate my clients about common chronic diseases Recognize risk factors as an early intervention Discuss different insulin regimens
I am currently in Dermatology; however, I have now been updated on the newest medications used for diabetes and will be able to identify them when a patient comes in and will also allow me to get a better handle on their overall diabetes control which can have some influence on dermatologic manifestations as well as medications used in our setting.
I don't feel I'm quite ready to do this. I don't usually see very many diabetic patients. I will need to discuss these strategies with my overseeing physician.
I have learned about better screening, and better interventions in planning care.
I have learned new improved treatments for diabetes management.
I LEARNED DIFFERENT WAYS OF ASSESSING AND TREATING PATIENTS HTN.
I learned when to switch use GLP1 RA and benefit of insulin bolus/basal therapy. Mechanism-action of long acting new insulins
I use only oral therapy for DM 2. if a patient needs insulin he or she is referred to our diabetic clinic.

Integrating post prandial glucose levels into care with higher importance. Managing HTN and HLD earlier. Addressing health care on both individual and community level
Interview, Extensive History, Appropriate referral and Use of allied educators.
Looking more at post prandial sugars
Majority of HR are not just one factor. It is several risk factors. Insulin vs GLP-1 best is GLP-1 who has obesity. Insulin quick to lower BG
Manage diabetes GLP-1, new long acting insulin management. Heart failure
Management Selectivity Goals
Management of type 2 diabetes Risk factor management for cardiovascular patients
Monitor post prandial closely for treatment
Monitoring around mealtime and making appropriate adjustments
Monitoring CMP, blood work. Patient education
Monitoring post prandial glucose
Monitoring postprandial hyperglycemia
Neutral
New medications
New name of HF
NOW I CAN UTLIIZE AND IMPLEMENT DIFFERENT ORAL DIABETIC AGENTS ALONG WITH GLP-1 RECEPTORS DRUGS. ENCOURAGE PT'S TO TAKE INSULIN AND NOT TO BE FEARFUL OF INJECTIONS
Offer these therapies to appropriate patients.
Open ended questions Motivational interviewing Use all resouces to improve patient's health
Optimize patient co-operation stategies in management of both CV disease and Type 2 DM.
Order of initiation of DM therapy
Patient communication, titration of medication
Patient education, early intervention, patient centered care
Pharmacologic principles Adding additional treatments New-age philosophy of treating diabetes
Pharmacology decisions based on clinical evidence
Post prandial insulin administration
Prevention, Risk Management, Management of acute cardiovascular conditions.
Programme helped me in understanding practical management of type 2 diabetes complications, current and newer insulins, multiple chronic health conditions in patients with cardiovascular risk factors and related management
Promoting cardiovascular health in the population. Patient education
Proper medication management
Provide patient center by exercising patience when motivating change in patients. Provide public service announcements(thru the use of televisions in the waiting area.
Provide up date to knowledge to clients. Provide clients with the proper medication to make a difference in A1C
Providing better education about diabetes to patients. Implementing a better tool in which patients can be self- aware and independence on making better choices

Refined my treatment strategies for better glycemic control
Regard more times of BS insulin in adjusting meds. More knowledge of the steps of CHF
Regular monitoring. Educate patients on prevention. Promote diet and exercise
Repeat importance of diet and exercise many times and starting with measurable things...walk for 20 minutes, increase by 5 minutes. Utilizing diabetic educators to reinforce teaching
Screen and be more aggressive in treating diabetes with the varieties of approaches and tools involved.
Screening stage A HF patients with echo for EF, add on Isosorbide/hydralazine in AA patients, increase use of GLP-1 in my DM2 patients
SGLTI use, insulin use
Since my focus is cardiology, this DM2 update was extremely helpful. It expanded my knowledge of the GLP-1 RA medications and I am now more comfortable with them. Also, I have a better understanding of post-prandial measurements and target of treatment.
Start slow and add at bedtime for Ivabradine. Add GLP-1RA for patients willing to use injectable if possibly effective prior to insulin use. Have patients check post prandial glucose at some point prior to return visit. BNP use to verify HF diagnosis when uncertain
Taking age, PMH and comorbidities into account when evaluating a medication regimen; in addition to level of patient compliance.
Targeting and monitoring appropriate diabetics. Timing and criteria for moving treatment. Choosing bolus insulins and integrating with oral agents GLPIRAs
The importance of post prandial glucose measurements considering alternative glucose lowering strategies Considering access to excess
The new CHF drug's effectiveness. The public health lecture
The use of GLP-1 for postprandial hyperglycemia
This is a good condition to learn all this subject for treatment and referral the patient.
To better care for patients.
To better explain the progression of T2DM and testament objectives. To discuss use of glp-1 agents in hyperglycemia. To monitor signs and symptoms of heart disease and better treat at risk patients.
Try GLP-1 or DPD4 instead of insulin, bolus
Type 2 DM GLP1/ basal bolus co-use
Use a checklist for goals and benchmarks to reach on each individual patient
Use a GLP1-1 receptor agonist as an important medication in control diabetes type 2
Use GLP-1 RA to target post prandial glucose
Use of GLP-1 for diabetes Rx. Use of insulin in glycemic control
Use of GLP-1 RA and insulin in mx of T2D. Benefits of use of statins to improve cardiovascular health. HTN is single most modifiable risk factor in heart failure
Use of GLP1 agonist receptor - when to appropriately use. For post-prandial hyperglycemia; when to use vabradine vs isosorbide dimitrat
Use of GLP1 RA and new insulins, population management approach when it comes to heart disease
Utilization of alternative treatments to better improve patient care.
Utilize (GLP-1 GLP1 RA) therapy to address post prandial hyperglycemia in ways current fixed dose strategies do not
Utilizing insulin to sensitize patietnts that have retained some beta cell function with severe hyperglycemia. More utilization of pre and post prandial glucose readings to determine use of glp-1-RA.

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Utilizing strategies presently..... This activity was an excellent motivator to keep striving.
When to add A GLP 2 agonist to the treatment of diabetes The role of excess in population health
Will incorporate basal insulin with GLP1 agonists. Will reduce use sulfonyl urear, will consider sacubitril/valsartan for CHF patients
Will initiate GLP-1 RA much more readily. Will approach the initiation of insulin in a different manner
Will pay more attention to heart rate and BP. Will push for post prandial glucose and intervene quickly
Will start using GLP-1 RA more in treatment of diabetes in my practice. Will use more clinical guidelines for HF with new treatment being utilized
Will start using GLP-1 with more confidence

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

Comment
1. A pharmacology course would be great. You could do a break down by group of medications to diseases such as HTN, Diabetes, cholesterol medications. Things to consider when prescribing class, SE/AE, follow-up, labs to follow, ect. 2. A pharmacology course for those who will be getting a DEA license. Teach about class substance prescribing and monitoring. 3. Pharmacology course on prescribing with non-opioids for pain management. Compound agents, ect. 4. Pharmacology: Absorption of topical vs PO medications and how to treat in the light of renal or liver disease. 5. What is seen in Urgent Care setting. How to treat and guidelines. Red flags to look for 6. Updated guidelines on lipid lowering therapy. What to do if a patient reports having statin intolerance in past, has myalgias during therapy, when to order labs. 7. Ordering labs and interpretation. When to refer. 8. Prescribing medications for a patient on a budget 9. Urinalysis interpretation. Abnormals found and what to do 10. Murmurs. Honing in on murmurs in adults. What to do and how to educate. Assessment techniques.
Acute care illnesses
Acute renal failure in hospitalized patients CAD, rheumatoid arthritis
Addressing orthopedic issues in primary care. Dermatology for primary care
ADHD in adults
Adrenal Insufficiency Acute Coronary Syndrome DVT Treatment Guidelines Interstitial Lung Disease Hyper IgE Syndrome Takotsubo Cardiomyopathy
Advances in immunology and cancer therapy
Aging and cognitive dysfunction
Alzheimer's in addition to other psychosocial issues
Ambulatory medicine practice, acute care medicine practice
Anemias, PCOS, birth control, Hepatitis, STDs
Antibiotic stewardship

Anything concerning diabetes management and COPD management
Anything diabetes, lipid management
Anything related to cardiovascular or cardiothoracic practice
Arthritis, back pain and back pathology. Age related chronicity. Gut issues and immune system, probiotics, prebiotics, public health issues
Asthma
Asthma management Chronic pain management
Asthma,cold,sleep apnea
Auto immune disease and DMARD agents. Asthma / COPD and new medication
behavior medicine
Bipolar, dementia
Brain health in diabetes
CAD, gout hyperlipidemia
Cancer/immunity issues/Vitamin D
Cancers - screening, diagnosis. Hypertension - obesity
Cardiovascular
cardiovascular health--optimum use of antihypertensives and statins
CHF
CHF common diseases, side effect of diabetic medicine, HTN and side effects of HTN medicine
CHF mgmt., nstemi
Cholesterol management
Chronic kidney failure, COPD, CAD
Chronic pain management
Comparison of oral diabetics in same class and how to choose what would be more effective
Continue new med for DM, HTN, cholesterol
COPD, depression, bipolar disorder, schizophrenia, ADHD, substance abuse
COPD, GI issue
COPD, hypertension, managing chronic pain
COPD, menopause
COPD/asthma, sleep problems, common dermatology issues, autoimmune problems
COPD; asthma; hyperlipidemia; DM
Coumadin therapy and calculation
Course on changes the Medicare
CV treatment including MI, CHF, hypertension, and hyperlipidemia. Derm treatment for common skin conditions Treatment for anxiety and depression
Depression and Bipolar Disease.
Depression, bipolar disorder
Depression, CKD, OA, RA bipolar disorder
Dermatology Pain management Opioid treatment
Dermatology
Dermatology and pediatrics
Dermatology for primary care. Asthma management. Mental health

(depression/anxiety) management for primary care
dermatology issues
Dermatology topics
Diabetes HTN COPD CHF Obesity
Diabetes and pregnancy, insulin pump for beginners, more advanced insulin pump by dr. Bruce Bode, thyroid and pregnancy
Diabetes management, thyroid, Afib, headache, public health
Diabetes, COPD/Asthma, Pulmonary Hypertension, Women/Men Health, Oncology
diabetes, CRF
Diabetes, HF in retail clinical setting
Diabetic Diet
Dizziness Vertigo Osteoporosis Arthritis
Dyslipidemia, mental health, hepatitis, hypertension management
ED, HIV
Emergency med, more cardiac issues
End of life care, weight loss medications approved for use and new repayment plans with healthcare for physicians
Endocrine disorder besides DM
Endocrine, hormone therapy
Endocrine, neuro-endocrine
Endocrine, women and men health, dermatology, chronic pain
Endocrine: thyroid disorder management
Expand the subjects to more than "Diabetis" and "Heart Failure".
Future management of patients regarding use of PCPs as a health home Antibiotic over use and resistance in the out patient setting
Geriatric care
GI GU NEURO
GI and thyroid
GI diseases autoimmune diseases hypertension, congestive heart failure musculo skeletal problems
GI medicine. Geriatrics
Headache, asthma, EKG
Healthcare and defiantly mental health, asthma
Heart Failure HTN
Heart Failure

Heart failure and CKD- (how to treat them together.)
HIV disease, HTN, Hep C, Schizophrenia, depression
Hormone management - women's health issues - my background is largely surgical
HTN, asthma
HTN/CAD obesity, anxiety/depression/sleep disorders
Hyperlipidemia
Hyperlipidemia and the most up to date management.
Hyperlipidemia management and treatment with consideration to hypertension and diabetes comorbidity
Hyperlipidemia, management of abnormal labs, add women's health
Hypertension COPD
IBD, GERD, allergy and asthma therapy and diagnosis, nephrology topics
Implementing alternative medicine treatments in traditional practice
Infections diseases topics, COPD management, GI focused conference - IBS, IBD, GE, Hep B and C
Infectious diseases
Infectious diseases, asthma management
Keep it up depending on prevailing diseases
Lipid lowering agents
Lipids, obesity, HTN, low back pain
Liver disease. PVD.
Male and Female menopause workup and treatments.
Male urology topics prostatitis, UTI, impotence
Management of chronic kidney disease especially as secondary to diabetes and hypertension; medication management, careful selection.
Management of comorbid condition. Obesity and OA and chronic back pain. Treatment in rural setting with lack of interdisciplinary resources
Management of COPD and high lipid
Management of patients with multiple chronic diseases; psychiatric disorders; frail elderly
Management of psychologic meds and their effect on patients with CHF
Management, mental health in out patient setting
Managing asthma, COPD, and related meds/treatment. Managing dermatological problems commonly seen in primary care
Managing birth control options
Male and Female menopause workup and treatments.
New approach to treat MI
New lipid therapies. Novel anticoagulants
New tests for colon cancer, screening. Update on new antibiotics
Obesity
Obesity - nutritional approaches to healthcare. Access to care - arthritis gait issues
Obesity exercise and wt loss treatment and outcomes Controlling high blood pressure
Obesity management and disease prevention - improve population health risk and management of healthcare cost
Obesity, substance abuse

Occupational health
Of course I would like some Dermatology offered - skin cancer manifestations and current treatments, identification and use of sunscreens and what is new and in the pipeline (oral)for sunscreens. Difference between sunscreens and physical blocks. How to identify skin cancer for the primary care physician. Certain key signs/symptoms associated with some of the more common rashes seen in primary care/pediatrics.
Osteoporosis, obesity, Hepatitis in Primary Care. Adult vaccination updates. Papsmear controversy, Depression
Outcome based evidence for using Health Coaches as part of the medical team to provide F/U and guidance to pts in order to meet treatment goals.
Pain control
Pain management
Pain management in HF and DM
Pain management, end of life care treatment and palliative care
Pain management. Orthopedics
Palliative Care
PAP guidelined lipid control in challenging patients
Physician burnout
Postmenopausal management; sexual health
Primary care
Primary care dermatology
Please bring Brent back for another CV lecture!
Preventative startegiws for DM and CVD
Prostate cancer, mental health treatment in primary care
Psoriasis
Psychiatric and behavioral issues
Psychiatrist and mental illness benchmarks for goals on healthcare and reimbursement
Public health and prevention incorporated into primary care. Presented by public health professional ie Public Health Society/CDC person
Renal
Renal disease Dermatology issues Neurology issues
Same topics (no change)
Skin disorders (1)
Sleep apnea, mental health issues and comorlotrites, nutrition, and exercise strategies
Sports medicines or injury
Strategies for addressing obesity in youth. Challenges of contraception choices in women with chronic diseases
Strategies to help people become ready to change (health behaviors) Obesity Functional medicine
Stroke management, end of life issues, such as code status issues
The topics chosen are great
Thyroid abnormalities. Dermatologic disorders. Obesity. Anxiety/depression.

Hypercholesterolemia treatment of HTN in primary care setting
Thyroid cancer diagnosis
Thyroid disease, TD (eg Zika, flu, MCV), women's health, obesity, asthma and COPD, hyperlipidemia, immunizations (recommendations and updates)
Thyroid disorders Osteoporosis HTN CKD
Updates on Rheum and infectious disease
when to treat positive quantiferon if history of meds many yrs ago dermatological conditions
Women's Health
Women's health topics - abn, uterine bleeding, PCOS, UTIS, amenorrhea, allergic rhinitis, migraines in ATL cond. or can't/don't misdiagnoses
Women's health, depression/bipolar disorder/anxiety; adolescent medicine, CKD
Women's health, other endo: thyroid; COPD
Women's health/pediatrics
Women's/Cardiovascular Health
Women's health; hormone replacement on both females and males

Additional comments:

Comment
80% poor slides overall, 95% in afternoon
Access to self parking and getting to conference (via Sheraton self parking) is hazardous and frightening. I will not come back to this venue
Afternoon session was not available on Simulcast on 05/21/16 due to technical difficulties as I was told on calling at 954 235 0003
All 3 speakers were knowledgeable and dynamic speakers
Also use brand name when making presentation
Answered a lot of my clinical dilemmas with my patients with complex medical problems
Autoimmune diaseases
BE - mostly conjecture; very little peer-reviewed information, too much opinion "his take". I prefer sound, well researched information
Beaser's 2nd lecture was just blah. Not enough practical information for us in the trenches. Egan's CV health talk started slow, but got better as he went further along into the lecture.! At the end: excellent! Ofili is a little bit too goofy! Lecturers should use a laser pointer. Thank you, Dr. Egan, for giving lots of time in the Q and A section for the great questions's we had
Blinking light in conference room is very annoying, cold temperatures, conference ran late
DISAPPOINTED WITH SIMULCAST
Disappointed with technological challenges during the session
Dr. Egan gave the best lecture that I have heard in years. He talks about practice and how to apply
Dr. Elizabeth and Dr. Egan are excellent presenters
E. Ofili MD is very effective educator and knows her audience well! Last segment helpful bringing together the 2 previous lectures on HCF and meds. This would have been a helpful approach and the medication management for DM. Last 2

speakers were passionate and effective in their teaching. Questions 4 and 5 I do not treatment DM/HTN/HF; but see many patients that regularity. I attended so that I can encourage patients to proceed with treatment or to help them formulate the questions they need to ask their physicians. For gaining knowledge at treatment options allows me to better counsel patients on the importance of followup compliancy and consistency with medications
Excellent! Thank you for keeping one door open to allow us to see some greenery from outside
Excellent, keep doing frequently like this
Felt a bit biased - pushing GLP and RA; novel CHF therapies that are unaffordable to most. Public health topic was welcomed and presented very interesting information
Good conference
Good conference, nice foods, great presenters, too cold venue
Good lectures, very helpful
Good program
Great CME
Great CME activity
Great conference
Great energy from the presenters. Can you all add women's health topics for the next presentation? Maybe also add an overview of newest clinical guidelines
Great information, thank you
Great to have this streamed. Could sit in my temperature controlled house without having to worry about how many jackets to bring and no travel
Greatly appreciate the organization and presentation of this conference as well as information; much needed
Greatly enjoyed this simulcast, sorry that the afternoon conference dropped due to server issues
Have attended ton for more than 5 years. Love it
I believe it was unnecessary to repeat slides in part 2 of H.F. lecture. Very time consuming
I did not attend cardiovascular pm session I attended 2 am sessions
I did not like the venue Atlanta Sheraton: Limited parking, high parking fee, downtown location. I also missed the free lunch that used to be provided in the past. Overall the lectures and speakers were excellent and Dr. Ofili was very animated and engaging
I found Dr. Ofili more difficult to hear and understand to start, but easier after 15-20 minutes
I like the On-line Simulcast I like the question / answer during the presentation
I really enjoyed being able to access from my computer; however, was disappointed that the system crashed and I was unable to listen/attend the cardiovascular portion of the presentation.
I really enjoyed the ease of attending a conference from the comforts of home. Disappointed that the system crashed, hopefully that will be rectified for the future. The inconvenience is when you plan your day planning to attend a webnair, and it crashes on you.
I really enjoyed the live CME. I prefer the live classes over regular online CME

courses. I thought it was interactive, I enjoyed the questions asked before and after to help apply what we learned. The speakers were very knowledgeable. If I answered "somewhat" to the questions it was not because the speakers lack of ability to teach to subject matters, more so it is a complex topic for me and will take more studying to fully comprehend and learn. I really enjoyed the CME!
I think managing psychosocial disorders in primary care will achieve better outcomes if treated during visits at the primary visit
I was having a difficult time with the website throughout the morning session and then was unable to even get it to come up for the afternoon session. After 30 minutes of trying I gave up. I'm not sure what the issue was but it kept telling me the program was unavailable.
I was not able to log into the afternoon session. There was no one to access immediately for assistance. I have not received a call from anyone to problem solve the issue. Very poor customer service and support with online programs. I thoroughly enjoyed the quality of the speakers and was looking forward to the afternoon session. Very disappointed with the online support services. Please do better moving forward.
I would like the 6 hours of CME. What is the process for accessing the afternoon session?
Informative course.
Intolerable cold temperature in ballroom
It was unfortunate the simulcast web site crashed, because this is a great way to attend lectures and I would love to attend more of these in the future if the issues are fixed. Thank you.
It was very informative (1)
It's ironic that you only serve sweets at a diabetes conference. CHF section went over my head
Keep up the great work
Less statistics, more patient care
Make sure presenters are on time. Adhere to time frame
make sure that all the servers are prepared to cast this to a larger audience
Meeting venue not at all convenient - bad parking, too cold meeting room, not responsive
More than 30% of population is obese, more than 60% are overweight, which leads to more than 30 disease states. "Materialistic pleasure seeking attitude of the society" needs to change. 10% diabetes/30% insulin monitored
Please bring more events! Also, I reviewed so many emails, is there a way to reduce repeatedly sending the same email multiple times? Dr. Eagen's presentation was an eye-opening wake up call! Very well presented information with concrete evidence on the cost plus quality of current treatments and access outcomes and failures
Provide good parking and some lunch boxes
Really appreciated ability to attend remotely but server issues were unwelcomed.
Satisfactory
Server crashed again this last time. Very disappointed.
Technological difficulties experienced
Thank you
Thank you for addressing the flashing/dim lights and temperature problems. The food selection was awful, so many items which shoot the blood glucose up

immediately. How about some protein foods - more Greek yogurt or boiled eggs maybe. All the presenters gave valuable information, but Dr Egan's presentation was the most valuable to me as a FM physician. I will retire in a little over 5 years and had been rejoicing about that because of my disillusions with medicine in general. Thank you for this presentation that underscored the importance and value of what I have been doing for the past 25 years. I will still retire, but with a renewed hope for the healthcare system and management, physicians and patients in the future. Lunch - on your own! Was this advertised? I would have brought my own had I known! Dr. Ofili was a good speaker to have after lunch to help keep the audience out of post prandial slumber
Thank you for the opportunity
Thanks again. It was very helpful.
Thanks for offering - would like to have option to participate via webcast
The audio for part 2 was unavailable
The CME Activity was time well spent.
The Live simulcast via online had issues. Therefore, Cardiovascular health was not observed. I believe that portion will be simulcasted on June 18th.
Please bring more events! Also, I reviewed so many emails, is there a way to reduce repeatedly sending the same email multiple times? Dr. Eagen's presentation was an eye-opening wake up call! Very well presented information with concrete evidence on the cost plus quality of current treatments and access outcomes and failures
Provide good parking and some lunch boxes
Really appreciated ability to attend remotely but server issues were unwelcomed.
Satisfactory
Very informative. More comfortable with prescribing GLP-A and insulin therapy to help with post prandial hyperglycemic control
Very poor location and facility, did not even have parking space
Well done presentation
wish afternoon session had not crashed and burned
Wonderful CME activity as usual
Would have loved to have access to a phone charging station at my seating area as well as internet access for the slides. Could not read some of the slides due to small print
You do an excellent job