Emerging Challenges In Primary Care: 2016

Activity Evaluation Summary

CME Activity: Emerging Challenges in Primary Care: 2016
Saturday, September 10, 2016
Sheraton Garden Grove
Anaheim, CA

Course Director: Gregg Sherman, MD

Date of Evaluation Summary: September 24, 2016

NACE NATIONAL ASSOCIATION FOR CONTINUING EDUCATION

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

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 heart failure, hypercholesterolemia, ADHD in adults, pulmonary arterial hypertension, diabetes, and medical marijuana.

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.

Two hundred eighty healthcare practitioners registered to attend ***Emerging Challenges in Primary Care: 2016*** in Anaheim, CA. One hundred seventy two 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 sixty two 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 3.5 *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 4.0 *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 7.50 contact hours of continuing education (which includes 3.0 pharmacology hours).

Maintenance of Certification: Successful completion of this activity, which includes participation in the evaluation component, enables the participant to earn up to 7.50 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.

Integrated Item Analysis Report

What is your professional degree?

Response	Frequency	Percent	Mean: 1.68
MD	114	71.25	
DO	2	1.25	
NP	20	12.50	
PA	19	11.88	
RN	2	1.25	
Other	0	0.00	
No Response	3	1.88	

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

Response	Frequency	Percent	Mean: 2.59
None	25	15.63	
1-5	74	46.25	
6-10	30	18.75	
11-15	12	7.50	
16-20	6	3.75	
21-25	5	3.13	
> 25	5	3.13	
No Response	3	1.88	

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

Response	Frequency	Percent	Mean: 4.82
None	10	6.25	
1-5	16	10.00	
6-10	24	15.00	
11-15	19	11.88	
16-20	15	9.38	
21-25	20	12.50	
> 25	53	33.13	
No Response	3	1.88	

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

Response	Frequency	Percent	Mean: 2.08
None	41	25.63	
1-5	86	53.75	
6-10	12	7.50	
11-15	7	4.38	
16-20	5	3.13	
21-25	2	1.25	
> 25	1	0.63	
No Response	6	3.75	

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

Response	Frequency	Percent	Mean: 1.89
None	67	41.88	
1-5	56	35.00	
6-10	14	8.75	
11-15	5	3.13	
16-20	6	3.75	
21-25	2	1.25	
> 25	0	0.00	
No Response	10	6.25	

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

Response	Frequency	Percent	Mean: 5.03
None	9	5.63	
1-5	16	10.00	
6-10	14	8.75	
11-15	20	12.50	
16-20	17	10.63	
21-25	18	11.25	
> 25	59	36.88	
No Response	7	4.38	

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?; Describe pathophysiologic factors contributing to increased risk of heart failure among African Americans and other ethnic minorities:

Response	Frequency	Percent	Mean: 1.11
Yes	142	88.75	
Somewhat	18	11.25	
Not at all	0	0.00	
No Response	0	0.00	

Upon completion of this activity, I can now: Discuss the benefits of LDL-C lowering with pharmacologic therapies that improve cardiovascular outcomes; Define the appropriate use of non-statin medications in addition to statin therapy; Discuss the role of anti-PCSK9 monoclonal antibody therapy in LDL-C reduction to achieve cardiovascular risk reduction; Recognize and develop appropriate treatment strategies for special populations (women, elderly, ethnic minorities) that would benefit from lipid lowering therapy:

Response	Frequency	Percent	Mean: 1.10
Yes	142	88.75	
Somewhat	14	8.75	
Not at all	1	0.63	
No Response	3	1.88	

Upon completion of this activity, I can now: Describe ADHD symptom profiles and common presentations in a primary care setting; Identify risks for coexisting disorders in adult patients with ADHD with emphasis on anxiety disorders, mood disorders, and substance use/abuse disorders; Implement appropriate pharmacologic treatment for adults diagnosed with ADHD designed to improve compliance, minimize side effects and maximize outcomes in a busy primary care setting; Use adult ADHD assessment and treatment tools for assessment, treatment and follow-up monitoring:

Response	Frequency	Percent	Mean: 1.17
Yes	126	78.75	
Somewhat	19	11.88	
Not at all	3	1.88	
No Response	12	7.50	

Upon completion of this activity, I can now: Explain the pathophysiology of pulmonary arterial hypertension (PAH); Determine when PAH should be suspected and how to determine the specific etiology including the importance of right heart catheterization and ventilation-perfusion (V/Q) scan; Define parameters that determine the severity of PAH; Review of treatments and how to appropriately refer and follow patients receiving treatment for PAH:

Response	Frequency	Percent	Mean: 1.17
Yes	119	74.38	
Somewhat	22	13.75	
Not at all	1	0.63	
No Response	18	11.25	

Upon completion of this activity, I can now: Describe the role of the kidney in glycemic control; Review emerging data surrounding the effects of SGLT2 inhibitor therapy; Recognize the incidence and risk of hypoglycemia in managing patients with diabetes; Discuss approaches to individualizing the treatment of T2DM:

Response	Frequency	Percent	Mean: 1.11
Yes	118	73.75	
Somewhat	15	9.38	
Not at all	0	0.00	
No Response	27	16.88	

Upon completion of this activity, I can now: Assess trends in the use of marijuana, medical and recreational; Analyze the potential benefits of medical marijuana; Evaluate the potential negative consequences of medical marijuana; Review research of physician attitudes towards medical marijuana:

Response	Frequency	Percent	Mean: 1.14
Yes	107	66.88	
Somewhat	11	6.88	
Not at all	3	1.88	
No Response	39	24.38	

Overall, this was an excellent CME activity:

Response	Frequency	Percent	Mean: 1.31
Strongly Agree	113	70.63	
Agree	44	27.50	
Neutral	1	0.63	
Disagree	1	0.63	
Strongly Disagree	0	0.00	
No Response	1	0.63	

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

Response	Frequency	Percent	Mean: 1.30
Strongly Agree	115	71.88	
Agree	41	25.63	
Neutral	2	1.25	
Disagree	1	0.63	
Strongly Disagree	0	0.00	
No Response	1	0.63	

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

Response	Frequency	Percent	Mean: 1.32
Strongly Agree	111	69.38	
Agree	45	28.13	
Neutral	1	0.63	
Disagree	1	0.63	
Strongly Disagree	0	0.00	
No Response	2	1.25	

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

Response	Frequency	Percent	Mean: 1.40
Very likely	114	71.25	
Somewhat likely	30	18.75	
Unlikely	3	1.88	
Not applicable	9	5.63	
No Response	4	2.50	

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

Response
Manage meds in CHF. Taking care of LDL
Use of NPI and Ivabradine more in appropriate patients
Better approach to patients with HF syndrome in terms of clinical and therapeutic management
New treatment recommendations for HF
Consider current new meds
Consider the newer meds in HF
New medication for use of heart failure, consider refer to Pulmonologist/Cardiologist if progressive dyspnea for echo/cardiac cath
ADHD rating scale
The use of Ivabradine and Sacubitril/Valsartan, PCSK9 inhibitors
To be more aware of potential patient with CHF, PIT, PAH
In black patient, Isosorbide/Hydralazine - white, Entresto
Use PCSK9 for hypercholesterolemia, use atomexetin for ADHD
Use the guidelines to identify and treat congestive heart failure using the biomarkers and meds
Up to date on the current guidelines and in practice of our daily life
Use of newer meds
Diagnosis criteria emphasis
New medications and their benefits
Use Ezetimibe before PCSK9 inhibitor
Improved CHF and lipid management. Consider Zetia, Sacubutril and Diovan. Use of echo - PAH
Evaluation of heart failure and treatment of heart failure
Consider Ivabradine for patient with LVEF lower than 35% and HR greater than 70 bpm
It is free
Apply current guidelines in diagnosis and treatment
Not be passive and let specialists call all the shots
Apply screening tools is something I will do

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

Response
New Rx Ivabradine, Entresto, Bidil use and SE
THey don't apply in my situations as I am an Anesthesiologist
Follow new guidelines for Rx of HF2EF
Recognizing incidence and risk of hypoglycemia, probably consider adding SGLT2 inhibitors in management of DMII at any stage
Use adult ADHD assessment tools
Patient teaching, prevention
Importance of heart rate in cardiovascular risk in CHF. Use of Ivabradine and Sacubutril/Valsartan
Consider Ivabradine and fixed dose Isosorbide/Hydralazine
Use screening questionnaires in patients suspected of adult ADHD
New drugs and diagnostic tools
Use of Ivabradine, ADHD diagnosis, diagnosis of PAH
Add ARNI in managing HF. Do not use high HDL med such as Niacin
Screening PAH, management CHF and diagnosis
Changing treatment
Use Naprolizine inhibitors, use Ivabradine, exercise and hypercholesterolemia meds, Farnige works better, medical marijuana increase sleep, helps with asthma, helps with pain
Incorporate newer meds into CHF treatment. Always do ADHD screening before medication, be more aggressive in using statins
Able to stage HF better, how to diagnose/screen ADHD method of prescribing statin therapy
Utilization of PCSK9 therapy in LDL reduction
Identifying patients with heart failure who would benefit from Ivabradine, Entresto, VA, Isosorbide Dietrate/Hydralazine, utilizing the newer PCSK9 inhibitors in high risk patients
Implement and start adding ezitimib to lower LDL, or the use of Ivabradine in HF
Echo for diagnosis of PAH as an initial test
To treat patients more efficiently with knowledge acquired
Will prescribe Zetia more. Prescribe Bidil for CHF
Apply Dx and new Rx for CHF and dyslipidemia, DM, PAH
More aggressive in lowering patient's risk factors. Increase use of statins
Improve my knowledge
New medications use
How/when to change to Ivabradine, Sacubutril, neane-LDL treatment; reclassifying PAH/Pulm HTN type and use echo first
Utilize recent clinical evidence in managing heart failure, benefit of LDL lowering, improve CV outcome
ADHD assessments, HF treatment in AA's, screening for PAH
Implement updated information on clinical practices using learned approach from this course
Optimized management of HF. Use anti PCSK9 Ab in treatment of HLP; ADHD recognition and treatment; diagnosis and management of PAH; T2DM treatment
Use of new medications in managing symptomatic CHF patients despite multiple drug therapy
Treatment of DM with new medications
Treatment of PAH/add SGLT-2/Zetia to lower LDL
Use SGLT2 in hibitors; screen for PAH with echo, push for lower LDL with PCSK9 inhibitor; ADD screen for adult diagnosis
Drugs in CHF, hyperlipidemia, work up for PAH
Diagnosis of ADHD, more frequent use of Zetia. New Rx: PCSK9
Use of avibradine and secubitril/valsartan in HF
Modifying medication

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

Response
Know when to use specific treatment for heart failure
Sacubitril/Valsartan Rx for black patients. Treatments for high LDL-C
Well explained more alternatives
Use of APS and NI. No CCB in PAA. Use of PCSK9
Would use tools to screen ADHD. Be aware of PAH in patients with Dyspnea. Improve DM treatment
Identification of risk factors for HFrpFDHA hypercholesterolemia. Treatment recommendation required
Start new meds learned
Use of Sacubitril and Valsartan. PCSK-9 usage
Advanced use of meds for uncontrolled CHF on max med regimen. Diagnosis/criteria for diagnosis ADHD/treatment
ADRP treatment, cholesterol control, CHF management, marijuana use
Appropriate use of Ivabradine

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

Response	Frequency	Percent	Mean: 1.48
Within 1 month	113	70.63	
1-3 months	20	12.50	
4-6 months	4	2.50	
Not applicable	15	9.38	
No Response	8	5.00	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: David N. Smith, MD - Heart Failure Part I:

Response	Frequency	Percent	Mean: 4.72
Excellent	122	76.25	
Very Good	30	18.75	
Good	4	2.50	
Fair	1	0.63	
Unsatisfactory	1	0.63	
No Response	2	1.25	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: David N. Smith, MD - Heart Failure Part II:

Response	Frequency	Percent	Mean: 4.72
Excellent	121	75.63	
Very Good	31	19.38	
Good	5	3.13	
Fair	1	0.63	
Unsatisfactory	0	0.00	
No Response	2	1.25	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Anekwe Onwuanyi, MD - Heart Failure Part II:

Response	Frequency	Percent	Mean: 4.57
Excellent	102	63.75	
Very Good	46	28.75	
Good	10	6.25	
Fair	1	0.63	
Unsatisfactory	0	0.00	
No Response	1	0.63	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Anekwe Onwuanyi, MD - Hypercholesterolemia:

Response	Frequency	Percent	Mean: 4.59
Excellent	99	61.88	
Very Good	47	29.38	
Good	8	5.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	6	3.75	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Gustavo Alva, MD, DFAPA - ADHD:

Response	Frequency	Percent	Mean: 4.82
Excellent	114	71.25	
Very Good	21	13.13	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	1	0.63	
No Response	24	15.00	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Victor F. Tapson, MD - PAH:

Response	Frequency	Percent	Mean: 4.82
Excellent	116	72.50	
Very Good	18	11.25	
Good	1	0.63	
Fair	0	0.00	
Unsatisfactory	1	0.63	
No Response	24	15.00	

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

Response	Frequency	Percent	Mean: 4.83
Excellent	102	63.75	
Very Good	16	10.00	
Good	2	1.25	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	40	25.00	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Charles Vega, MD, FAAFP - Medical Marijuana:

Response	Frequency	Percent	Mean: 4.78
Excellent	83	51.88	
Very Good	24	15.00	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	53	33.13	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? David N. Smith, MD - Heart Failure Part I:

Response	Frequency	Percent	Mean: 4.74
Excellent	125	78.13	
Very Good	24	15.00	
Good	6	3.75	
Fair	0	0.00	
Unsatisfactory	1	0.63	
No Response	4	2.50	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? David N. Smith, MD - Heart Failure Part II:

Response	Frequency	Percent	Mean: 4.75
Excellent	125	78.13	
Very Good	23	14.38	
Good	6	3.75	
Fair	1	0.63	
Unsatisfactory	0	0.00	
No Response	5	3.13	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Anekwe Onwuanyi, MD - Heart Failure Part II:

Response	Frequency	Percent	Mean: 4.73
Excellent	120	75.00	
Very Good	32	20.00	
Good	4	2.50	
Fair	1	0.63	
Unsatisfactory	0	0.00	
No Response	3	1.88	

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

Response	Frequency	Percent	Mean: 4.74
Excellent	117	73.13	
Very Good	32	20.00	
Good	4	2.50	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	7	4.38	

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

Response	Frequency	Percent	Mean: 4.86
Excellent	118	73.75	
Very Good	19	11.88	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	23	14.38	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Victor F. Tapson, MD - PAH:

Response	Frequency	Percent	Mean: 4.89
Excellent	122	76.25	
Very Good	15	9.38	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	23	14.38	

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

Response	Frequency	Percent	Mean: 4.83
Excellent	104	65.00	
Very Good	17	10.63	
Good	2	1.25	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	37	23.13	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Charles Vega, MD, FAAFP - Medical Marijuana:

Response	Frequency	Percent	Mean: 4.82
Excellent	90	56.25	
Very Good	20	12.50	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	50	31.25	

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

Response	Frequency	Percent	Mean: -
Topics covered	116	72.50	
Location/ease of access	117	73.13	
Faculty	28	17.50	
Earn CME credits	123	76.88	
No Response	6	3.75	

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent	Mean: 1.53
Strongly agree	88	55.00	
Agree	51	31.88	
Neutral	13	8.13	
Disagree	0	0.00	
Strongly Disagree	1	0.63	
No Response	7	4.38	

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

Response
Cobain drug addition
Diabetes Type I and II. Comorbidities management. PCOS. Chest pain
Geriatric medicine, use of new anticoagulants on prevention and Rx of A-fib, DVT, etc.
Gyn, Peds
Derm, Pulmonary, EKG's
Management of patients with CAD/post-MI
Pain management
Diabetes insulin management
Chronic disease with symptoms in the mouth ie HIV, cancer, bulimia
Bipolar management, birth control management
Pharmacology for primary care providers
Neurological disorders/Rx endocrinology disorders, hematology disorders
Travel related illness/infections
DM

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

Response
Alzheimer's, Parkinsonism, obesity, geriatric care, Atrial Fibrillation, PC care of cancer patient, HIV
Mental health. Geriatrics
Marijuana versus public health issue, especially children. Also, the social acceptance/stigma. I would like to attend the discussion of. Insurance coverage of common medicine used for chronic illness and their availability/free distribution applicable of uninsured patient. This is a great opportunity for a NP to learn, more confidently to practice with physician in same level of care/primary care. Thank you
Pediatric covering
Treatment of HTN. Prostate and breast cancer
Obesity, diabetes, lipid
More PCP psychiatry
Fatigue, difficult patient, COPD, angina, gastritis, neuropathy, weakness, syncope
New HTN, DM guidelines
Diabetes/Asthma/Dermatology
MI, anticoagulation and atrial fibrillation
New recommendations and clinical practice about BPH, prostate cancer, causes and management of chronic hypothomia
Ophthalmology. Hepatitis C med update. Liver cancer
Update on Hepatitis, shingles therapy
Diabetes
HTN management
Dermatologic conditions. Neurologic issues
Hospice/palliative care, pain meds, T2DM, asthma
Dizziness. Insomnia. COPD. Asthma. Anxiety. Depression
Liver/kidney transplant
Ortho
Arthritis
Bone health. Sleep disorder
Updates in family practice
Probiotics. Supplements like Omega3 fish oil, etc.
Cardiac, HTN (insulin management)
Mental health. Derm. Immunization
HTN, Diabetes, cancer, COPD
Geriatric medicine. 10,000 people turn 65 years old every day
Pain management
Hospital medicine
Common dermatologic conditions
TBI, stroke, spine injuries, infectious disease, STI, thyroid dysfunction, CTD, movement disorders
COPD. DM Type II with insulin intensification treatment. Chronic pain syndrome
AFib. CVA. Subarachnoid hemorrhage and treatment
CKD
Use of Watson computer assist in diagnosis, treatment in clinical medicine; dementia; supplements; alternative meds/Rx
Urine incontinence. Dysphagia
Pathology
Primary Care topics
ENT, endocrine (besides DM)
Update on various infections - CAP, c.diff, HCV, HZV, drug resistance; less subjects driven by availability of new drugs

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

Response
Prescription drug abuse epidemic in the U.S./pain med addiction/over-prescription of narcotics
Arthritis
Office dermatology, neurology
Management of stroke, COPD, HIV, HCV patients and updated RX's. Vaccination in adults and children
Hepatorenal syndrome; novel anticoagulants
Updates
Medical and surgical emergenics
Pneumonia, respiratory infection
Look at previous years' topics
neural problems; pulmonology
Newest recommendations for prostate cancer screening; newest DM questions for initiating insulin/nasal insulin
Relevant primary care
Female sexual/libido dysfunction
Critical care, nephrology
Pain management, diabetes - continued learning. Tobacco and smoking
Sleep disorders
ASHD. Hypertension. DM. Hematology. Renal
Kidney failure. Psychiatric disorders
Addiction, sexual medicine, menopause, depression
Update on current treatment of heart failure. Diabetes and hypertension
CKD; Dermatology, urgent care of critically ill patients
Related to primary care
Skin condition
Dermatology

Additional comments:

Response
Thank you
Excellent venue and topics
Would have been nice to offer a low carbs, cholesterol, and salt lunch in order to live up to a good diet as part of your predicaments in any of these lectures. As time goes by, the treatment to the medical practitioner, mostly MD's (so called providers by the medical insurance and pharmaceutical industry) in order to make us more generic in conjunction with so called mid level providers across the board. The purpose no distinction based on our degree, so the message on these lectures directed to all "providers" to influence in the prescription of the meds y'all are promoting, lately our salaries will be same no distinction to benefit the payors in the medical insurance industry
I liked the case study format in HF
I learned a lot from the second part of the heart failure case studies
Awesome lecture. Thank you. Is it possible to have DM lecture after lunch
Thank you!
Good CME, but location too far
None
Thanks for the marijuana lecture - very timely and interesting
Very good!
Need to provide BRAND names (in parenthesis) when discussing meds and on slides (doctors and patients don't remember generic names)
Thank you
Thank you for giving us opportunity to participate in this CME program

Additional comments:

Response
Excellent - Dr. Alva
Excellent presentation
Please bring Jeff Unger back. He's just the best!
Some speakers need to use more examples or cases
Excellent course
N/A
Great course
Dr. Tapson is a wonderful speaker, very effective for a not-so-well known topic. Would like to hear again or similar topic
Need more knowledge on Hep B, C/Rx
Provide lunch please
Commercial bias? Give me a break. New drugs need to be marketed, why not? What's the other way to present a new drug to the medical community? We live in a capitalist system. What would be a world without pharmaceuticals? By the way, you guys are getting cheaper and cheaper: a meager breakfast and no lunch. Shame on you
Excellent speakers and use of evidence-based medicine approach is really critical of those topics covered
Dr. Unger is an excellent speaker
Very good
Better audio system needed - volume was often too low/unclear, especially for morning talks. Please have wifi available. Some very good speakers - especially for PAH and CHF. Thank you! I always learn something
I had a great time and learned a great deal, thank you
Excellent program
Excellent activity
Keep up the good work!
Thank you for a good CME
Excellent seminar!
Very good seminar; even better as it was free! Thank you so much!
Disappointed at this year's conference. Previous years were much better
Like the lectures very much
Top quality talks
Excellent programs from NACE - thanks!
Some slides too hard to read, letters very small. Could use binoculars
Very pleased that anatomy and physiology is covered in the presentations
Good CME
Good set up. Good location
Breakfast, lunch to be provided by Pharmaceuticals
Good faculty and moderator
This was good and informative CME. All speakers were excellent
Room was too cold. Despite wearing heavy sweater
I like Dr. Tapson's talk the most
Excellent lectures