Emerging Challenges In Primary Care: *2016*

Activity Evaluation Summary

CME Activity: Emerging Challenges in Primary Care: 2016
Saturday, August 13, 2016
Marriott Denver Tech Center
Denver, CO

Course Director: Gregg Sherman, MD

Date of Evaluation Summary: August 31, 2016

NACE NATIONAL ASSOCIATION FOR CONTINUING EDUCATION

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

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 heart failure, hypercholesterolemia, pulmonary arterial hypertension, diabetes, ADHD in adults, and value based health care.

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 fifty three healthcare practitioners registered to attend ***Emerging Challenges in Primary Care: 2016*** in Denver, CO and seven hundred nine registered to participate in the live **s**imulcast. Four hundred eighteen healthcare practitioners actually participated in the conference: one hundred fifty three attended the conference in Denver, CO and two hundred sixty five participated via the live simulcast. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. Four hundred thirteen 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 3.25 *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 7 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 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	85	18%
DO	11	2%
NP	300	65%
PA	32	7%
RN	28	6%
Other	6	1%
Total	462	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	84	19%
1-5	176	39%
6-10	86	19%
11-15	35	8%
16-20	40	9%
21-25	5	1%
> 25	26	6%
Total	452	100%

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

Label	Frequency	Percent
None	43	9%
1-5	50	11%
6-10	75	16%
11-15	71	16%
16-20	68	15%
21-25	48	11%
> 25	100	22%
Total	455	100%

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

Label	Frequency	Percent
None	158	36%
1-5	195	44%
6-10	39	9%
11-15	27	6%
16-20	13	3%
21-25	8	2%
> 25	4	1%
Total	444	100%

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

Label	Frequency	Percent
None	39	9%
1-5	52	12%
6-10	68	15%
11-15	69	15%
16-20	69	15%
21-25	50	11%
> 25	105	23%
Total	452	100%

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

Label	Frequency	Percent
None	127	28%
1-5	214	47%
6-10	61	13%
11-15	25	6%
16-20	19	4%
21-25	2	0%
> 25	5	1%
Total	453	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?; Describe pathophysiologic factors contributing to increased risk of heart failure among African Americans and other ethnic minorities

Label	Frequency	Percent
Yes	367	81%
Somewhat	86	19%
Not at all	1	0%
Total	454	100%

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

Label	Frequency	Percent
Yes	384	86%
Somewhat	62	14%
Not at all	0	0%
Total	446	100%

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

Label	Frequency	Percent
Yes	303	68%
Somewhat	136	31%
Not at all	6	1%
Total	445	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	379	86%
Somewhat	58	13%
Not at all	4	1%
Total	441	100%

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

Label	Frequency	Percent
Yes	341	81%
Somewhat	74	17%
Not at all	8	2%
Total	423	100%

Upon completion of this activity, I can now: Gain a better comprehension of recent changes to reimbursement; Understand how reimbursement changes may impact your medical practice; Incorporate tools into your practice to better meet changing reimbursement models

Label	Frequency	Percent
Yes	244	62%
Somewhat	136	34%
Not at all	15	4%
Total	395	100%

Overall, this was an excellent CME activity:

Label	Frequency	Percent
Strongly Agree	321	71%
Agree	124	27%
Neutral	9	2%
Disagree	0	0%
Strongly Disagree	1	0%
Total	455	100%

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

Label	Frequency	Percent
Strongly Agree	329	72%
Agree	124	27%
Neutral	4	1%
Disagree	0	0%
Strongly Disagree	0	0%
Total	457	100%

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

Label	Frequency	Percent
Strongly Agree	294	65%
Agree	136	30%
Neutral	23	5%
Disagree	1	0%
Strongly Disagree	0	0%
Total	454	100%

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

Label	Frequency	Percent
Very Likely	306	68%
Somewhat likely	115	25%
Unlikely	4	1%
Not applicable	27	6%
Total	452	100%

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

Label	Frequency	Percent
Within 1 month	295	66%
1-3 months	82	18%
4-6 months	19	4%
Not applicable	52	12%
Total	448	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Phillip B. Duncan, MD, FACC – Heart Failure Part I**:**

Label	Frequency	Percent
Excellent	298	67%
Very Good	107	24%
Good	37	8%
Fair	6	1%
Unsatisfactory	0	0%
Total	448	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Phillip B. Duncan, MD, FACC – Heart Failure Part II**:**

Label	Frequency	Percent
Excellent	307	68%
Very Good	109	24%
Good	32	7%
Fair	5	1%
Unsatisfactory	0	0%
Total	453	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Barbara Hutchinson, MD, PhD, FACC – Heart Failure Part II**:**

Label	Frequency	Percent
Excellent	322	72%
Very Good	103	23%
Good	18	4%
Fair	3	1%
Unsatisfactory	0	0%
Total	446	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Barbara Hutchinson, MD, PhD, FACC –Hypercholesterolemia**:**

Label	Frequency	Percent
Excellent	311	70%
Very Good	114	26%
Good	18	4%
Fair	1	0%
Unsatisfactory	0	0%
Total	444	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Franck Rahaghi, MD – PAH**:**

Label	Frequency	Percent
Excellent	301	70%
Very Good	107	25%
Good	21	5%
Fair	2	0%
Unsatisfactory	0	0%
Total	431	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Mark Solar, MD– Use of GLP-1 RA's**:**

Label	Frequency	Percent
Excellent	289	68%
Very Good	114	27%
Good	19	4%
Fair	1	0%
Unsatisfactory	1	0%
Total	424	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Greg Mattingly, MD– ADHD**:**

Label	Frequency	Percent
Excellent	317	78%
Very Good	77	19%
Good	12	3%
Fair	1	0%
Unsatisfactory	0	0%
Total	407	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Ellie Bane, Value Based Healthcare**:**

Label	Frequency	Percent
Excellent	201	54%
Very Good	108	29%
Good	46	12%
Fair	13	4%
Unsatisfactory	2	1%
Total	370	100%

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

Label	Frequency	Percent
Excellent	325	73%
Very Good	94	21%
Good	25	6%
Fair	4	1%
Unsatisfactory	0	0%
Total	448	100%

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

Label	Frequency	Percent
Excellent	335	75%
Very Good	89	20%
Good	21	5%
Fair	3	1%
Unsatisfactory	0	0%
Total	448	100%

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

Label	Frequency	Percent
Excellent	337	76%
Very Good	88	20%
Good	17	4%
Fair	2	0%
Unsatisfactory	0	0%
Total	444	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Barbara Hutchinson, MD, PhD, FACC – Hypercholesterolemia**:**

Label	Frequency	Percent
Excellent	340	77%
Very Good	80	18%
Good	19	4%
Fair	3	1%
Unsatisfactory	0	0%
Total	442	100%

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

Label	Frequency	Percent
Excellent	334	78%
Very Good	75	18%
Good	17	4%
Fair	1	0%
Unsatisfactory	0	0%
Total	427	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Mark Stolar, MD– Use of GLP-1 RA's**:**

Label	Frequency	Percent
Excellent	311	73%
Very Good	94	22%
Good	16	4%
Fair	4	1%
Unsatisfactory	1	0%
Total	426	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Greg Mattingly, MD– ADHD**:**

Label	Frequency	Percent
Excellent	322	79%
Very Good	68	17%
Good	15	4%
Fair	2	0%
Unsatisfactory	0	0%
Total	407	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Ellie Bane – Value Based Healthcare**:**

Label	Frequency	Percent
Excellent	261	71%
Very Good	72	20%
Good	30	8%
Fair	5	1%
Unsatisfactory	1	0%
Total	369	100%

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

Label	Frequency	Percent
Topics covered	339	32%
Location/ease of access	307	29%
Faculty	45	4%
Earn CME credits	367	35%
Total	1058	100%

Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent
Strongly agree	267	58%
Agree	146	32%
Neutral	43	9%
Disagree	1	0%
Strongly Disagree	1	0%
Total	458	100%

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

Comment
Ability to identify ADHD symptoms in adults previously undiagnosed Able to understand how to combine glp-1 RA combinations in controlling fasting and post-prandial hyperglycemia Able to understand the pathophysiological factors risk factors for development of heart failure among African Americans and then identify approaches for treatment and management
Acknowledging HR as an important recognition factor in cardiovascular disease combining non statin therapies in addition to statin medications for treatment of HLD Efficacy of GLP1RAs in DM mgt.
Add I/H combo to my CHF patients who are intolerant of ACE-I/ARDS or not controlled with ARB/ACE-I and b-blocks
Add Ivabradine, screen for ADHD
ADD medication and what is appropiate for adults
Add post-prandial glucose readings to patient log instead of mainly focusing on fasting BS. Utilize one scale for self-assessment for ADHD Identify patients for tx w/ anti-PCSK9.
Adding GLP-1 RA in a timely manner and controlling better post prandial glucose (1)
Additional medication to treat resistant congestive heart failure Different approach to PAH in my practice No more short acting Ritalin or Adderell to adult
Adhd assessment, glp treatment
ADHD diagnosis and treatment, DMII treatment, Pulmonary high blood pressure diagnosis
ADHD using the ADHD assessment tool before diagnosis Learned about the new and up coming changes in reimbursement and the importance to partnering up with hospital system in order to obtain data needed for reimbursement purposes.
Apply new advances
Apply to daily practice to improve pt's health.
Apply what I learned to patient care
Applying up to date pharmacology in managing disease process
Approach patient-centered care goals with as much intent Development of common standards
Approach to the CAD and CHF patients, treat if pain and ADHD in adults
Approach updated management of Diabetes,PUlmonary hypertension andhyperlipidemia
Awareness of isosorbide/hydralazine usefulness in AA population with HF, usefulness of ivabradine in heart failure to reduce heart rate (with atrial fibrillation) (1)
Be alert to subtle hints of what all is goin on with the patient. since we aree mandated to see patients fast, it is a real challenge. use medications as described in the lectures to further enhance the patient's care.
Being able to take a detailed history to determine which of my patients may be an ADHD (undiagnosed pt)
Being more aggressive with newer medications, especially with diabetes.
Being more proactive when initiating dual diabetes therapy and utilizing GLP-1 to improve overall pp hyperglycemia. Identifying screening tools and signs and sx of adult ADHD as well as appropriate treatment options

Being more aggressive in lower LDL-C to as low as possible Being more aggressive in identifying the stages of heart failure in order to adjust treatment
Better choices of medications for DM as well as for heart failure
Better diagnosis for dyspnea; both CHF lowering and hypertension. Will start using Bydureon. Better recognize ADHD
Better evaluation and management of hyperlipidemic patient, and to stat diabetic patient with insulin more appropriately
Better evaluation and treatment of these primary care issues
Better HR control in HF patients, use H/IN more, consider additional to statins
Better understanding of heart rate control need in CHF treatment
Better understanding of HF and the proper criteria for medications and treatments Better understanding of GLP-1RA and the importance of assessing pts ability to utilize their own beta cells
Better understanding of interventions, patient ed
Better understanding of the management of heart failure. Interpretation of echo results with PH and how to diagnose PAH When to consider additional therapy options for DM2 Appropriate recognition and management of adult ADHD Changes in reimbursement coming in the future.
Better understanding of the newest treatments available, testing methods and symptoms of above.
Better way of understanding, diagnosing and treating various diseases discussed.
Biopsychosocial strategies to be implemented
Boost patient knowledge
Build common quality measures into your electronic charting so they can be addressed during the patient visit.
Can be more alert for Adhd who try to use drug only for special occasions
Check more post prandial glucose. Prescribe more GLP-1 RA
Changing lipid management in my elderly and female patients
Check lipids early. Ask more specific questions. Have more sex. Exercise. Sex. Avoid heroine
CHF has many new therapies.
CHF management DM MAnagement
CHF meds/guideline goals, better lipid management, better confidence in ADHD diagnosis
Cholesterol Rx, racial differences in Rx, pulmonary hypertension workup, new pearls
Clinical guidelines Therapeutic management
Close monitoring of the patient
Diabetes ADHD lipid decrease risk RX
Diagnose early, implement appropriate lifestyle changes and early medical interventions
Diagnosing adult adhd Managing diabetes with glp1 inhibitors
Diagnosing or suspecting PAH and know when to refer. Heart failure management and prevent readmissions Role of PCS-K9 in lipid therapy
Diagnostic criteria for PAH including Echo and V/Q scan. When ADHD presents as anxiety, anger. Treating HF based on HR
Diagnostic markers for CHF in abulatory setting; recognizing and screening ADHD in adults, PAH pathophysiology and tests to diagnose.

Difference between ADHD and bipolar
Different history taking for ADHD pt.
EBP guidelines
Education for my student population
Education. Trying anti-PCSK-9 drugs to reduce LDL-C to goal. Using Isorboside and Hyrdalazine in AA patients that are not tolerating ACE-I/ARB's. Discuss the patho behind PAH for patients to understand better. Use only long-acting ADHD meds in adults. Post prandial glucose is important and using a GLP-A can help reduce this and reduce mortality from it being elevated.
Effective communication, explanation of pathophysiology. value based healthcare.
Effective serial treatment of HF Options for the statin intolerant patient Consideration of PAH in practice Consideration of post-prandial BS in treatment and use of GLP 1-RA Use of ADHD assessment tool
Effective treat CHF in African-Americans. Aggressive treatment of hypercholesterolemia. Use effective tools to diagnose and treat ADHD in adults.
Employ validated questionnaires prior to visit to objectively assess. Refer to appropriate specialists Use post-prandial measurements to better tailor medication regimens.
Evaluate each patient in terms of their specific needs and how well the appropriate treatment options will effect the optimal outcomes - in Heart Failure, PAH, Diabetes, ADHD, etc.
Evaluating ADHD, postprandial blood sugar treatment, CHF evaluate and treat
EVALUATION AND TREATMENT
Explanation of PAH treatments Understand evaluation needed for diagnosis of PAH. Diabetes goals for focus on post prandial glucose management
Fast evaluation of medical conditions above, Utilize specialists in the area for early referral
Focus on screening for hf. Change management of hyperlipemia in ot who are on max station dose therapy w/o appropriate response
Focus on the main chronic illnesses and take another in debt review of any other co mobidities.
Focus on value based purchasing
follow evidence based guidelines
Follow guidelines better
Follow new guideline/recommendations
Follow new guidelines on heart failure and better treatment of hyperlipidemia
For example, ways of diagnosing and treating patients suspected to have PAH.
Get sleep studies, limit NSAIDs, try QOD statins if intolerant, add PCSK-9 inhibitor, target postprandial glucose
Giving Ivabradine to reduce the HR in patients to reduce the chance of HF Dr. Mattingly stated how important it is to start an adult pt on medication with ADHD asap, and not to wait because it may be a while before the pt get to see a psych physician. early treatment helps to get the pt to a state of well being.
GLP and dual therapy use in diabetes. Use of Ezetombe in hypercholesterolemia, PAH - diagnosis
GLP-1 drugs & post-prandial control, LDL-C improving outcomes for cardiovascular disease
Goals for statins and more

HDAD assessment tool Treatment of postprandial hyperglycemia
Heart failure, ADHD, diabetes
HL for HF, watch Pancreatitis risk for DM mid
How to actively diagnose and treat patients with ADHD.
How to better manage patients with PAH. Better control HgA1C. I am more comfortable with medications for adult ADHD. Can better utilize various options to manage hypercholesterolemia.
How to manage DM, ADHD, PAH, hyperlipidemia to goal and improve morbidity and mortality in my patients
How to treat CHF
I am a fairly new NP, this information was reinforcing of the facts I know.
I am a NP student so I learned a lot about a drug I have not seen used. Ivabradine
I am a pediatric nurse practitioner so I learned appropriate treatment of ADHD in older patients and assessment strategies.
I am a retired Women's Healthcare NP so am not seeing or treating patients at this time. But, I enjoyed learning about these medical conditions and treatments available.
I am currently a practicing RN, I am also a graduate school student working on my AGNP. These courses have taught me very valuable and timely information on some common problems I will be experiencing. My love is geriatrics, so I will be seeing and treating these conditions in the very near future.
I am involved in clinical research and not patient care activities
I am not presently working in patient care at this time.
I don't take care of these type of patients. But I did learned how to recognize these patients and properly treat them, if I change my area of study.
I have learned specific markers required for placing a pt on a certain medication regimen. I have gained knowledge regarding 2016 Hyoerlipemia measures and treatments. I have learned the effectiveness of starting GLP1's early in diabetes mgmt.
I have learned to better assess my patients with adult ADHD and understand treatment. I learned the heart failure update and also feel I can better treat HLD.
Increased knowledge of subject matter
Increased use of GLP-1, refer pulm out, new CHF meds, stop using short acting meds for adult ADHD
Increased use of screening tools for ADHD.
Individual assessment of each patient's glucose lowering needs Dosage to start Metformin
Information on newer HF agents
Ivabradine <.4mg for HR >70. ADD Ezetimede, Isosorbide diutrate/Hydralazine for HF
Know the risk factors for heart failure and the role of biomarkers in diagnosis and treatment.
Know when to check BNP and not to. Understand the importance of when to refer PAH patients to a specialist and realize the limitations of cardiac imaging on expertise of radiology dept. Correctly, interpreting lipid panel to make correct medication changes. Recognize the importance of consistently using the same screening tool for ADHD in adults. Know the basic components to diagnose ADHD
Know which ADHD scales to use for adults.
Lab values to add to protocols to diagnose CHF
Lipid classifications and treatment based upon risks including newer treatment options. Importance of post prandial glycemic control.
Listed on sheet turned in during live CME.

Listen more to my patient to grasp overall picture
Listen to your patients-cater to each person on an individual basis.
Lower LDL in CAD
Make use of ADHD assessment and treatment tools. Better uderstanding of ADHD risk factors and appropriate treatment modalities Recognize role of postprandial hypoglycemia in T2DM patients. Recognize risk factors for heart failures. Using statins andnon -statins to lower LDL-C levels to improve cardiovascular outcomes
Meet the patient where he/she is; lifestyle changes small steps at a time.
Monitoring post prandial glucose closer. When to change medications in heart failure. Better coverage for elevated lipids.
More aggressive DM management; use of GLP-1s and TEDs, and being more aware of ADHD in adults, their diagnosis, and their treatment
More aggressive treatment in diabetes. Use regular screening test for ADD. Better understanding of heart failure and newer medications
More effective heart failure evaluation and treatment. Starting insulin correctly for diabetic patients.
More GLP 1 use.
New drugs for HF and dyslipidemia
new guidelines for managing CHF and Pulmonary hypertension
New heart failure meds, screening tool for ADHD, best meds and mechanisms for diabetes
New medication changes
New medications and treatment of DLE/heart failure
New medications for CHF and when to implement these medications Understand the role of PCSK9 in hyperlipidemia Using GLPs in treatment of hyperglycemia/post prandial hypergycemia
New medications for heart failure
New medications like Ivabradine, sacubitril/valsartan, monitoring pro-BNP
New payment plans,adhd, chf and dm
New strategy to treat patient with hf. Howto effectively diagnose adult with ADHD and effective treatment
Not applicable since nature of my work is to evaluate claimants for disabilities. .
Not currently practicing
Not using BNP but getting NT proBNP for pt's on Entresto as a biomarker for heart failure and the rationale for this. Good to know IR Adderall is not recommended for adult ADHD and glad to see this condition is being addressed. PAh a great discussion. Not seeing many pt's with true PAH. Not seeing anyone recommend anticoagulants for this condition. Would love to even have more information/education on PH vs PAH and treatments.
only using XR meds to treat Adult ADD
Overall advanced care practices for preventing cardiovascular disease, diabetes, and adult ADHD
Pathophysiology of DM assessment to identify best treatment, monitoring/counseling for ADHD
Patient centered approch
Patient evaluation, medication therapies
PCSK-9 Rx, HfREF management, use of GLP-1 in DM, use ADHD rating scales
Pharmacology - newer medications
Proper use of alternaitve therapy in adults and helpful screening questions in adults with

possible ADD
Race is a strong indicator in which medication therapy used in heart failure. Weight management is not a focus for most patients on insulin therapy who have depleted beta cells. Utilize combination drug therapies instead of increasing doses of monotherapies. Use questionnaires to determine ADD/ADHD in adults. Screen adult ADHD patients for co-existing mood disorders. Encounter based reimbursement is going to be more of a focus in upcoming years.
Rate control in HF with Ivabradine, ADHD screening
Recognize factors predisposing to various clinical conditions
Recognize risk factors, implement treatment strategies, when to refer and testing evaluations
Recognize the importance of heart rate as a risk factor in heart failure Better management of postprandial glucose Benefits of non statin therapy as an adjunct to statins Better recognition of Adult ADHD
Recognize the importance of heart rate in cardiovascular risk of heart failure Review of treatments and how to appropriately refer and follow patients receiving treatment for PAH Implement appropriate pharmacologic treatment for adults diagnosed with ADHD
Right side HF and pulmonary HTN - diagnosis. Use of GLPs over continuing Alipizide, Metformin, decreasing post prandial hyperglycemia
Role of medications in treating patients with HF using guidelines
Schedule my pulmonary htn patient's for right and left cardiac catheterization Use a greater variety of meds for treatment of pulmonary HTN and CHF Identify AHDH and recommend treatment per their PCP
Screen ADHD pt by using screening tools.
Screening at visit.
Screening for ADHD using tools
Screening for ADHD, more knowledge on when to use new drugs in heart failure and hyperlipidemia
Screening for adult ADHD is something I will add to my practice. Improve my use of guidelines for CHF and management with medications Manage LDL more optimally
Screening for HF, learning of new drugs
Screening for PAH, not to dismiss SOB, treat ADHD versus maturity
The information presented will assist me to provide more efficient care to my patients. I have learned a lot more about the conditions like HF, ADHD, and hyperlipidemia.
Treatment of COPD, adult ADHD, HLD
Treatments in heart failure Medication therapy New updates in heart failure
Understanding and applying new drugs and relationships for mental health care
Utilizing ADHD screening tools with every adult patient with ADD/ADHD Recognizing and understanding more about the role of GLP-1 receptor agonists for care of my patients with diabetes Feeling prepared/informed about the changes coming to healthcare reimburesment
Was unable to understand some of the ADHD content
What tests are important in Chalyemablius and testing with PAH

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

Comment
Allergies, Asthma, Dermatology
alpha-1 antitrypsin deficiency Bipolar disorder
Always new information - these are big topics in primary care. Dementia drugs for dementia with behavioral disturbance
Always new stuff in every field
Always updates of Diabetes and Hypercholesterolemis are welcome Medical management of obesity
Alzheimer's and dementia care and treatments
antibiotic/ infections
Anticoagulant Therapy-longterm and management
Anticoagulation
anticoagulation for DVT/PE ENT lupus
Anxiety, depression, bipolar. Pain management. Sinusitis. Dermatology topics. Dysfunctional uterine bleeding
Anxiety/depression Chronic pain Ortho/sports medicine Dermatology
Access to care
Any in Family Practice
Any neuro, ortho
Anything on diabetes management, depression, suicide
Anything to do with primary care
anything with treatment approaches for geriatric patients. diff in delirium and Alzheimer's,etc.
ARDS
arrhythmia management update in HTN
Arthritis
Arthritis, sports injury, statin therapy (FH)
As with ADHD, even though i do not see this for patients clinically as a rule, i definitely see this disorder as a confounder or co-morbidity, if you will. i'd like to see discussions of mental illness we see in our practice to get a better understanding about how to treat; when to refer. endocrine: primary hyperparathyroidism. affects 1% of population and is diagnosed about 20% of the time.
Asthma, COPD management, thyroid disorders, autoimmune disorders, depression
Atrial Fibrillation, Dementia/Delirium, depression in elderly, UTI management in elderly in LTC
back injuries and chronic back pain of this
Bariatric patient management
Based on the emails received from your company a wide variety of topics are already offered.

Behavior medicine
Behaviorial health
benzo use and abuse narcotic use and abuse stimulant SE
Best sources for buying generic medications
Bone Health; Dementia; Depression; Bipolar; Use of Herbals, Vitamins and Contradictions/Interactions with Common Meds; What to substitute when drugs conflict with Beers Criteria.
CAD, HTN management, GERD management, Asthma guidelines
Cardiac Arrhythmias, antiarrhythmic medications, when to refer to EP and criteria as to when to recommend PPMs, AICDs, BiV AICD, etc
Cardiac diagnostics
Cardiac stents use of Plavix and anticoagulant therapy diabetes type 1 &2 and new drug therapies
Cardiac, ortho, derm
Cardiovascular disease Radiology review Pharmacology updates
Cardiovascular focused on htn
changes in the use of hgA1c
Chelation therapy for metal detoxification and its impact on cardiovascular health. Brain and gut axis.
CHF
Chronic kidney disease
CKD
CKD, depression in elderly
Clinical research
Congenital heart disease Juvenile diabetes Seizure disorders
Connect tissue diseases
Continued CHF, DM, Psych-Bipolar, Dementia, CKD
COPD Hepatic diseases
COPD
COPD, asthma, obesity, CAD
COPD, asthma, restrictive lung diseases.
COPD, polypharmacy, skin, wound care
Critical care guidelines
Crohn's disease, ulcerative colitis, morbid obesity, nutrition
Deematology issues
Dementias, headache management
Depression Sleep apnea
Depression
Depression, Bipolar disorder
Depression, Bipolar, pediatric topics, ortho, derm issues
Depression, COPD, CKD
Depression, more diabetes, hospice, COPD

Depression, reimbursement
Dermatological issues
Dermatology
Dermatology, thyroid, anxiety, depression, Hepatitis B and C
Diabetes HTN Dementia Depression
Diabetes
Diabetes guidelines/pharmacology. Depression
diabetes management, management of pediatric respiratory problems
Diabetes obesity and weight loss, nutrition
Diabetes, psych especially in adolescents
Diabetes, respiratory issues
Diabetic treatment, kidney disease
Wellness promotion, obesity, psych, hands-on clinical skills
DM in the 21st century. New anticoagulants
Endocrine. Hypothyroidism
Enjoyed cardiac focus
Evaluating pulmonary function test
Evaluation and treatment for COPD Childhood obesity epidemic
Excellent talk!
Family practice topics such as asthma, URI, UTI, and dermatology.
Female topics. Autoimmune disease
Fibromayalgia, marijuana and med interactions, casting and splinting, joint injections
Focus on mood disorders
Gastric microbes; integrative medicine; strategic with EHR - generalized formations, charting hints, documentation pearls/pitfalls
Geriatric medicine - dealing with Barnes list of 'no-no' meds in today's med restrictions. Also suggest topic of Fibromayalgia - new approaches
Geriatrics. Rehab medicine. Dementia (vascular versus others)
Gout, RA, LUPUS, Nephrotic syndrome, Chronic kidney failure
GREAT, THANK YOU
Heart disease in women Atrial fibrillation
Hepatitis C
Hepatitis C treatment guidelines Rheumatologic conditions
Hepatitis, Depression,
HIV, managing depression, anxiety and obesity
HIV, risk management
Hormone replacement
HTN
HTN management
HTN management, additional diabetes, mental health management
HTN, anything in Diabetes is always appreciated, COPD as well, headache
HTN, gout, RA, anxiety, depression
HTN, pain management , common orthopedic issues

Hyper/hypothyroid treatments. Initiating to adjusting. GI and IBS
Hypertension CHF
Hypertension
Hypertension, Atrial fibrillation, Sarcoidosis
Hypertension, diabetics, abdominal pain and dizziness
Hypertension. Depression. Seizure disorder. Newer anticoagulants and medications
I think diabetes is always needed. Especially insulin resistance in diabetes; HTN and COPd
I would like to see more acute care topics for acute care NPs
I would like to see some courses offered that are "back to basics," I feel like I would benefit reviewing current treatment guidelines for HTN, CHF, DM, COPD, depression. I would like to see strategies to help me more quickly recognize need for treatment and formulation of treatment plans in the setting of a 15 minute appt.
IBS and Gout. PTSD - marijuana use syndrome
immunizations, asthma, pulmonary fibrosis, pharmacology
Include lifestyle modifications - focus on obesity, HTN, diabetes and how lifestyle can improve
infection disease women's health issues dermatology
Infectious disease
Infectious disease protocols and treatment regarding common ailments. 1st line treatment recommendations. Understanding how to interpret diagnostic studies. How to interpret Hepatitis markers and available treatment options
Insomnia, narcolepsy, resistant hypertension, latest medications used in treating chronic pain, hypothyroidism, gastroesophageal reflux
Insulin pump therapy for uncontrolled diabetes
issues surrounding Palliative Care
Kidney disease Adolescent substance abuse
kidney disease asthma dermatology
Kidney stones Emergency surgical conditions
Management dvt, PE, recurrent and acute
Management of chronic kidney disease Appropriate and inappropriate use of PPI
Management of geriatric issues/guidelines.
Management of psychiatric disorders Diabetes-new medications Rheumatoid arthritis
Management of thyroid problems.
Managing Asthma
Medical Reimbursement How Obamacare continue to impact Medical care Practice changes needed to adapt to Obamacare

Medication new guidelines what to give as first line in Diabetes, HTN, Cholesterol, Antibiotic, and Pain management. A lot of times providers forget the basics.
menopause viagra post prostatectomy w/mets to nodes
Mental Health
Mental health in PC
Metabolic syndrome
More about Diabetes, ADHD and HTN.
More diabetes Asthma Dermatology
More diabetes
More diabetes case studies on how to dose insulin
More diabetes management
More diabetes, hypertension
More mental health - Primary Care deals a lot with this
More mental health topics
More on ADHD, also marijuana use and research results
More on diabetes
More on pharmacology for these chronic conditions.
More pediatric topics
more primary care
More psychiatric; hematology disorders
More psychiatry - depression, anxiety, bipolar, geriatrics, obesity
MS, pain management
N/A
Narcotic use/prescribing Weight loss imitative planning Anticoagulant management
Need different subjects. Depression/Bipolar; the somaticizing patient; COPD; Alzheimer's, Parkinson's
Nephrology Neurology Orthopedics
Neurologic
Neurologic concerns in Primary Care i.e. migraine - seizure disorders
Women's health/pediatrics
Women's/Cardiovascular Health
Women's health; hormone replacement on both females and males

Additional comments:

Comment
$5 parking while not cost prohibitive with Marriott set up seemed silly
All the lectures spent too much time on the pre and post test.
All the NACE programs I have attended have been very well organized with excellent topics and guest speakers. Thanks for the invitation
All the speakers did a fantastic job. However, Dr. Mattingly was an exceptional

speaker and presenter. He appeared to be very passionate about his specialty regarding ADHD patients. I was able to connect to him more than an of the other speakers, not that I have ADHD. Dr. Mattingly provided a new perspective for diagnosing and treating patients with behavioral problems, especially children.
All the speakers were very good and case studies were very helpful
Also "attended" lecture on adult ADHD but not listed as option above. Enjoyed excellent caliber of speakers; needed the update more than I realized. Not seeing patients currently but still need to keep current with medical practice standards and can/will apply info learned in these lectures in my administrative role/decisions.
As always, a great seminar - thanks! The PAH presentation was very technical for Primary Care
Audio was not too good. Quality was poor
Best group of lectures I have ever heard at a conference. Great time segments and use of before/after questions. Great lunch! So impressed with day
Definitely all slides should be in the booklet. It helps to be able to look at the slide on a page and write notes at the same time. Also, the questions before and after the lectures - best to have them in the book - it takes too much time from the lecturer - time best spent explaining the topic or answering questions
Difficulty with audio- first webinar for me so would like an option for testing of access/audio prior to start of session 1.
Dr. Duncan was exceptionally informative on heart failure. It was very informative. He deserves recognition for his exceptional presentation
Dr. Mattingly on any psych subject. Need brand names in lectures!
Dr. Mattingly was by far the best
Dr. Mattingly was exceptional - keep interested all afternoon
Enjoyed every lecture, had a little trouble with reception due to weather conditions but I didn't miss but minutes of a lecture.
Enjoyed the case studies and interactive teaching methods. Appreciated the attention given to various high-risk, under-represented groups of patients.
excellent
Excellent ADHD lecture - even for those of us with ADHD!
excellent CME
Excellent conference
Excellent education quality, love the delivery method.
Excellent lectures.
Excellent presentations
Great course!
Great job! Thank you!
Great Live webinar option!
Great pathophysiology of disease and how meds work. Fantastic faculty. Thank you for presenting this free CME
Greg Mattingly is fantastic
Hearing aids need adjustment - miss speech if too fast or changes in inflection. Slides very important and helpful
I actually had a hard time following much of the lecture as I was watching on line aND the video feed cUT out frequently.
I already did this evaluation. Why do I need to do it again. The last lecture on reimbursement is not relevant to my employment.

I am a NP student
I really appreciate being able to view these CME activities remotely! And thank you so much for offering them at no cost!
I really enjoyed the presentation and I loved that I was able to participate from home. I really liked the pre and post assessments.
I really enjoyed this---especially the interactive part. I thought it was really great that I could participate even at home. I would definitely do this again!
I think 1-2 hour sessions would be easier to attend
I totally enjoyed this course and I am sharing this wealth with all my colleagues because it was truly 5 Star EXCELLENCE
I use/know BRAND names - not generics
I very much enjoyed the format that Dr.s Duncan and Hutchinson used; it worked very well.
I was disappointed that little time was left for ADHD questions.
I was happy to see the participation of the black cardiologists.
I work in a specialty practice. Hence, I am not in a position to implement changes in management for patients in the areas covered.
I really appreciate being able to view these CME activities remotely! And thank you so much for offering them at no cost!
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
It's ironic that you only serve sweets at a diabetes conference. CHF section went over my head
Noon lunch is a drug talk
North Denver would be a nice option for future conferences
Number of patients response due to being on sabbatical
Outstanding meeting - CHF, new lipid guidelines, ADHD talk especially helpful - GLP I-RA. New formulary at VA now but may be in future (now limited to endo)
Perhaps content was a bit advanced for the entry-level practitioner. Material may have offered us a jump-off point for when to involve a specialist
Phillip B. Duncan, MD, FACC - Heart Failure Part I - He needs to watch his energy level. It was too low in that first talk. He should watch the videos and note the diff. between his affect and that of Barbara Hutchinson, MD, PhD, FACC - Heart Failure Part II. Mark Stolar, MD - Use of GLP-1 RA's - he means VERY well, but he uses too many words and in doing so sometimes obscures his points. Better to speak more directly and drive home the conclusions better. I found that sometimes his speech style was distracting to the learning process. Quality over quantity. I have learned from him, but he could make it easier! Greg Mattingly, MD - ADHD Great spirit and knowledgeable. Ellie Bane - Value Based Healthcare - she means well, but should have focused on what WE CAN ACTUALLY do rather than just list all the problems. That seemed to be the focus or to be afraid of what we don't know yet. ;) Franck Rahaghi, MD - PAH very good speaker, but drop the politics. I know it's tempting, but the audience is likely very diverse and it's just not worth the distraction.

MORE INTERACTIVE talks please as with the CHF MD's! It's much more informative. Barbara Hutchinson, MD, PhD, FACC - Hypercholesterolemia was much less interesting to listen to during her solo talk because it was clear she was parroting stuff from the script.
Please continue to provide more opportunities for remote access to CME's. I have a 4 month old and have difficulty traveling to a specific location for CMEs. I really enjoy the online live interaction versus taking online CME courses.
Program helped me to understand practical management of heart failure, hyper cholesterolemia, use of GLP 1 RAs, and ADHD
Really enjoyed the co-teaching of Dr. Duncan and Dr. Hutchinson! And Dr. Mattingly who is very passionate about subject matter and very effective
Really impressed with Drs. Stolar and Mattingly
So glad I learned of this offering; I would like to have access to future offering.
Still confused about fibrates
Superb program and enjoyed the comfortable learning sessions from HOME PC!! THANK YOU!
Thank you
Thank you for an excellent seminar. I thoroughly enjoyed the presentation. Thank you also for having a remote access option. This was ideal and allowed me the opportunity to participate in an activity that I would not have been able to attend otherwise.
Thank you for making it available to other people who are not able to leave out of state!! Appreciate it!
Thank you for providing CMEs - they are very helpful and benefit my patients greatly. I especially appreciate that this is free!
Thank you for putting this together. Ask Mattingly back
This was an excellent program and I enjoyed the format/participation from home.
This was excellent!
this was the first i attended on line and i really was pleased with the sessions.
To be honest, I'm an FNP student and a lot of this is over my head at this time. I'm also on cold meds so that doesn't help my attention span or comprehension!
Very good
Very good conference. Keep it up
Very good!
Very good. Dr. Stolar brought a great view to how to approach treatment in Diabetes. Dr. Mattingly engaging and lowered my reluctance to take on adult ADHD
Very well done program. Thanks
Why was there nothing on lifestyle modifications? Seems biased towards pharmaceutical industry
Wonderful lectures. Thank you for pathology of disease
Wonderful service you provide to providers. Thank you
Would be helpful to show the meat of the case study (meds, lab results, etc.) in a split screen with the questions. Dr. Rahaghi - very engaging