# Emerging Challenges In Primary Care: 2016

## Activity Evaluation Summary

**CME Activity:**            Emerging Challenges in Primary Care: 2016
Saturday June 11, 2016
Hyatt Regency Columbus
Columbus, OH

**Course Director:**            Gregg Sherman, MD

**Date of Evaluation Summary:**            June 27, 2016

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

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, Diabetes, Hypercholesterolemia, and Lung Cancer Screening.

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.

One hundred fifty six healthcare practitioners registered to attend ***Emerging Challenges in Primary Care: 2016*** in Columbus, OH.  Eighty five 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.  Eighty five 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 2.5 *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 2.50 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.

# Integrated Item Analysis Report

## What is your professional degree?

| Response | Frequency | Percent | Mean: - |
|---|---|---|---|
| MD | 54 | 65.06 | |
| DO | 5 | 6.02 | |
| NP | 17 | 20.48 | |
| PA | 3 | 3.61 | |
| RN | 0 | 0.00 | |
| Other | 1 | 1.20 | |
| **No Response** | 4 | 4.82 | |

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

| Response | Frequency | Percent | Mean: 2.40 |
|---|---|---|---|
| None | 23 | 27.71 | |
| 1-5 | 32 | 38.55 | |
| 6-10 | 11 | 13.25 | |
| 11-15 | 8 | 9.64 | |
| 16-20 | 2 | 2.41 | |
| 21-25 | 3 | 3.61 | |
| > 25 | 2 | 2.41 | |
| **No Response** | 2 | 2.41 | |

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

| Response | Frequency | Percent | Mean: 4.11 |
|---|---|---|---|
| None | 16 | 19.28 | |
| 1-5 | 7 | 8.43 | |
| 6-10 | 10 | 12.05 | |
| 11-15 | 12 | 14.46 | |
| 16-20 | 8 | 9.64 | |
| 21-25 | 8 | 9.64 | |
| > 25 | 19 | 22.89 | |
| **No Response** | 3 | 3.61 | |

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

| Response | Frequency | Percent | Mean: 4.04 |
|---|---|---|---|
| None | 16 | 19.28 | |
| 1-5 | 9 | 10.84 | |
| 6-10 | 9 | 10.84 | |
| 11-15 | 10 | 12.05 | |
| 16-20 | 10 | 12.05 | |
| 21-25 | 10 | 12.05 | |
| > 25 | 16 | 19.28 | |
| **No Response** | 3 | 3.61 | |

## 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: 1.12 |
|---|---|---|---|
| Yes | 72 | 86.75 | |
| Somewhat | 10 | 12.05 | |
| Not at all | 0 | 0.00 | |
| **No Response** | 1 | 1.20 | |

## 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: 1.15 |
|---|---|---|---|
| Yes | 69 | 83.13 | |
| Somewhat | 12 | 14.46 | |
| Not at all | 0 | 0.00 | |
| **No Response** | 2 | 2.41 | |

**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.**

| Response | Frequency | Percent | Mean: 1.12 |
|---|---|---|---|
| Yes | 69 | 83.13 | |
| Somewhat | 9 | 10.84 | |
| Not at all | 0 | 0.00 | |
| **No Response** | 5 | 6.02 | |

**Upon completion of this activity, I can now: Become familiar with the current USPSTF recommendations on lung cancer screening; Recognize the risks and benefits of screening for lung cancer; Engage appropriate patients in the lung cancer screening process.**

| Response | Frequency | Percent | Mean: 1.08 |
|---|---|---|---|
| Yes | 67 | 80.72 | |
| Somewhat | 6 | 7.23 | |
| Not at all | 0 | 0.00 | |
| **No Response** | 10 | 12.05 | |

**Overall, this was an excellent CME activity:**

| Response | Frequency | Percent | Mean: 1.27 |
|---|---|---|---|
| Strongly Agree | 59 | 71.08 | |
| Agree | 22 | 26.51 | |
| Neutral | 0 | 0.00 | |
| Disagree | 0 | 0.00 | |
| Strongly Disagree | 0 | 0.00 | |
| **No Response** | 2 | 2.41 | |

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

| Response | Frequency | Percent | Mean: 1.28 |
|---|---|---|---|
| Strongly Agree | 58 | 69.88 | |
| Agree | 23 | 27.71 | |
| Neutral | 0 | 0.00 | |
| Disagree | 0 | 0.00 | |
| Strongly Disagree | 0 | 0.00 | |
| **No Response** | 2 | 2.41 | |

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

| Response | Frequency | Percent | Mean: 1.35 |
|---|---|---|---|
| Strongly Agree | 56 | 67.47 | |
| Agree | 22 | 26.51 | |
| Neutral | 3 | 3.61 | |
| Disagree | 0 | 0.00 | |
| Strongly Disagree | 0 | 0.00 | |
| **No Response** | 2 | 2.41 | |

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

| Response | Frequency | Percent | Mean: 1.84 |
|---|---|---|---|
| Very likely | 44 | 53.01 | |
| Somewhat likely | 20 | 24.10 | |
| Unlikely | 1 | 1.20 | |
| Not applicable | 15 | 18.07 | |
| **No Response** | 3 | 3.61 | |

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

| Response |
|---|
| Newer medication - combination of meds |
| Manage Beta-blockers better |
| Increase use of Ezetimide, Valsartan/GLP-1's, lung cancer screening |
| Management of heart failure therapies. Use of non-statin therapies |
| Use of medications in CHF - Ezetimibe |
| Earlier use of GLP-1's, rate control in CHF to include Ivabrdine if needed, continue use of Zetia. Use sacubitrol/valsartan, aware of lung screening recommendations, but must discuss with patient |
| Earlier intervention with CHF, Dyslipidemia. Adding alternative medications in T2DM. Proper screening for lung cancer |
| Implementing GLP-1 for post prandial hyperglycemia to add to toolbox for treating Type 2 Diabetes |
| I am not in clinical practice |

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

| Response |
| --- |
| Adding newer agents for CHF which is not controlled. Starting GLP-1 as Step 2 |
| New ways to manage HF - different modality. Use of PCSK9 drugs to lower LDL. Treatment of familial hypercholesterolemia. Screening for lung cancer pros/cons |
| After understanding of the paradigm study, will apply the treatment to my patients |
| I'm retired |
| Various ways to control HR in CHF |
| Prevention; switching meds sooner |
| Use less fibrates. Consider use of PCSK-9 |
| Slides were complete. Could download which was helpful. I would have liked to know ahead so I could have brought my computer |
| Use of new agents for heart failure |
| Looking at post prandial blood sugars as the cause for high A1C |
| Review HF guidelines. Increase knowledge of PSK-9 |
| Using Ivabridine, Saubritral/Valdertan plus isosorbide/hydralazine for CHF as guidelines recommend. Understand PCSK9 inhibitors and not sure I will use it, but will discuss with patients and discuss with our cardiologists |
| Updated information on treatment of patients with HF, checking to see if AA patients are on isosorbide/hydralazine when diagnosed with HF |
| Treat with medications per 2016 recommendations |
| Learned fiber and niacin are not evidence based treatments far and wide |
| Use of isosorbide and hydralazine in African Americans with congestive heart failure |
| Be more aware of CHF risk factors and Rx more aggressively. Discuss lung cancer screening with more data |
| Implementing current recommendations of lipid management. Lung cancer screening discussion with shared decision making. Optimization for heart failure management |
| Use evidence based guidelines in managing patients |
| Helps me understand my rheumatology patient's drug lists. Keeps me informed of new meds and how they are used |
| I am not in primary care; nonetheless the conference sheds light on conditions I see in our patients |
| Use of newer agents for CHF to lipidemas to T2DM control |
| Learned about new lowering therapies |
| The controversial aspect of screening for lung cancer |
| Restricted by VA formulary |
| Medication titration |
| Apply GLP-1 agonist with Glarzine to cover post prandial hyperglycemia |
| Better management of patients with heart failure based on recommendations. More aggressive treatment of hypercholesterolemia on high risk patients |
| Add on therapy with non-statins when not at LDL goal |
| Recommend initiating GLP-1 sooner |
| New information on Ivabradine |
| Look at race - I worked hard to be color blind - now I must consciously consider it |
| Reduce class II or class III HF patients HR to less than 70 bpm. Patient at goal with FBS but HA1c <9 add GLP-1 RA and basal insulin |
| Use lower doses of statin for Rx with statin related symptoms |
| Utilizing BNP and choosing treatment in patients with CHF and utilizing statins and non-statins for therapy |
| Currently work in pediatrics. Would refer to specialist because use of medications discussed are not typically approved in pediatric use |
| More confident on CHF management. More confident on using GLP-1 |
| More options for elevated lipid treatment. More options for DM treatment |
| Continue with statin therapy and adjust dose accordingly to patient tolerance. Importance of treating hyperlipidemia in African American patients |

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

| Response |
|---|
| Use of Entresto as a category 1 recommendation and Bidol in African American patients |
| Evidence based findings for HF, DM, lung cancer |
| Consider options available for advanced heart failure to reduce mortality |
| More prepared to assess HF therapy and initiate |
| Better rate control in patients with HF. Better medication selection in HF. Reinforce PP BS control |

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

| Response | Frequency | Percent | Mean: 1.93 |
|---|---|---|---|
| Within 1 month | 42 | 50.60 | |
| 1-3 months | 19 | 22.89 | |
| 4-6 months | 2 | 2.41 | |
| Not applicable | 17 | 20.48 | |
| **No Response** | 3 | 3.61 | |

**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Priscilla Pemu, MD, MSCR, FACP - Heart Failure Part I:**

| Response | Frequency | Percent | Mean: 4.58 |
|---|---|---|---|
| Excellent | 52 | 62.65 | |
| Very Good | 22 | 26.51 | |
| Good | 6 | 7.23 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| **No Response** | 3 | 3.61 | |

**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Priscilla Pemu, MD, MSCR, FACP - Heart Failure Part II:**

| Response | Frequency | Percent | Mean: 4.60 |
|---|---|---|---|
| Excellent | 53 | 63.86 | |
| Very Good | 24 | 28.92 | |
| Good | 4 | 4.82 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| **No Response** | 2 | 2.41 | |

**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Karol E. Watson, MD, PhD - Heart Failure Part II:**

| Response | Frequency | Percent | Mean: 4.90 |
|---|---|---|---|
| Excellent | 73 | 87.95 | |
| Very Good | 8 | 9.64 | |
| Good | 0 | 0.00 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| **No Response** | 2 | 2.41 | |

**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Karol E. Watson, MD, PhD - Beyond Statins:**

| Response | Frequency | Percent | Mean: 4.81 |
|---|---|---|---|
| Excellent | 63 | 75.90 | |
| Very Good | 15 | 18.07 | |
| Good | 0 | 0.00 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| **No Response** | 5 | 6.02 | |

**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Louis Kuritzky, MD - Using GLP-1 RA in Diabetes:**

| Response | Frequency | Percent | Mean: 4.88 |
|---|---|---|---|
| Excellent | 63 | 75.90 | |
| Very Good | 9 | 10.84 | |
| Good | 0 | 0.00 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| **No Response** | 11 | 13.25 | |

**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Louis Kuritzky, MD - Lung Cancer:**

| Response | Frequency | Percent | Mean: 4.89 |
|---|---|---|---|
| Excellent | 58 | 69.88 | |
| Very Good | 7 | 8.43 | |
| Good | 0 | 0.00 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| **No Response** | 18 | 21.69 | |

**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Priscilla Pemu, MD, MSCR, FACP - Heart Failure Part I:**

| Response | Frequency | Percent | Mean: 4.70 |
|---|---|---|---|
| Excellent | 60 | 72.29 | |
| Very Good | 16 | 19.28 | |
| Good | 4 | 4.82 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| **No Response** | 3 | 3.61 | |

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

| Response | Frequency | Percent | Mean: 4.70 |
|---|---|---|---|
| Excellent | 62 | 74.70 | |
| Very Good | 14 | 16.87 | |
| Good | 5 | 6.02 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| **No Response** | 2 | 2.41 | |

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

| Response | Frequency | Percent | Mean: 4.75 |
|---|---|---|---|
| Excellent | 65 | 78.31 | |
| Very Good | 12 | 14.46 | |
| Good | 4 | 4.82 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| **No Response** | 2 | 2.41 | |

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

| Response | Frequency | Percent | Mean: 4.74 |
|---|---|---|---|
| Excellent | 61 | 73.49 | |
| Very Good | 14 | 16.87 | |
| Good | 3 | 3.61 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| **No Response** | 5 | 6.02 | |

**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Louis Kuritzky, MD - Using GLP-1 RA in Diabetes:**

| Response | Frequency | Percent | Mean: 4.75 |
|---|---|---|---|
| Excellent | 60 | 72.29 | |
| Very Good | 13 | 15.66 | |
| Good | 3 | 3.61 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| **No Response** | 7 | 8.43 | |

**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Louis Kuritzky, MD - Lung Cancer:**

| Response | Frequency | Percent | Mean: 4.83 |
|---|---|---|---|
| Excellent | 63 | 75.90 | |
| Very Good | 11 | 13.25 | |
| Good | 1 | 1.20 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| **No Response** | 8 | 9.64 | |

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

| Response | Frequency | Percent | Mean: - |
|---|---|---|---|
| Topics covered | 58 | 69.88 | |
| Location/ease of access | 63 | 75.90 | |
| Faculty | 14 | 16.87 | |
| Earn CME credits | 67 | 80.72 | |
| **No Response** | 4 | 4.82 | |

**Future CME activities concerning this subject matter are necessary:**

| Response | Frequency | Percent | Mean: 1.69 |
|---|---|---|---|
| Strongly agree | 35 | 42.17 | |
| Agree | 35 | 42.17 | |
| Neutral | 10 | 12.05 | |
| Disagree | 0 | 0.00 | |
| Strongly Disagree | 0 | 0.00 | |
| **No Response** | 3 | 3.61 | |

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

| Response |
|---|
| Neurological disorders - Alzheimer's, Dementia, CUA, TIA, brain cancers |
| Thyroid cancer, colon cancer, MS, Parkinson's, tremors |
| Dementia, what works for cancer risk reduction |
| I was expecting a lecture on gout. Very good speakers - knowledgeable |
| Chronic kidney disease, COPD |
| Immunology update. Management of female alopecia. Trends in treatment of infertility |
| Opioid use |
| Update in management of COPD/Asthma. Update in management of Osteoarthritis |
| Any topics in primary care |
| Topics other than cardiovascular disease and diabetes |
| New combinations of COPD drugs. SGLP drugs |
| Psychotropics - guidelines, evidence based treatment. COPD. Evidence-based guidelines. Insulin therapy - new guidelines/VGO |
| Lipids |
| Geriatrics. Wound care. Nephrology. Medical application of genetic testing |
| Dermatology |
| Dermatology. Alternative healthcare |
| Management of Bipolar Disorder. Hyperlipidemia |
| Evidence based/practice guidelines for HTN, IIDM |
| Pain management for patients with chronic diseases (CDPD, RA, DA) |
| PTSD. Eating disorders |
| Alzheimer's, Dementia with psychosis in geriatric population |
| E-cigarettes. Management of chronic kidney disease |
| Managing/pharmacology of Bipolar. Prostate cancer screening. Pediatric well visits. Autism |
| Pain management guidelines. Pediatric topics |
| New guidelines - some ambiguity, clinical trials results pending 2017-8. Evaluation and management of headaches, chronic pain syndrome, Dementia |
| Keep up the good job |
| Gout. Prostate Cancer |
| Infectious diseases. Pediatric diseases. GI diseases |
| Abdominal pain |
| Insulin management DM II |
| Bipolar disorder. GI topics. Dermatology topics |
| Myocardial infarction. CAD |
| Hypertension management. Renal insufficiency |
| Need to explore your website |

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

| Response |
| --- |
| Expanding into pediatric issues that may be faced in primary care. Dermatology for the primary care provider |
| Reconciling indication and safety/guideline quoted recommendations/agonists poly pharmacy (typically b9 pill count) |
| Diagnosis and treatment of ADHD in adults |
| For learning experience, any topic is helpful/important. Excellent presentation. As a Psychiatrist, only monitor patients, but never treat |
| Sports medicine for Primary Care. Dermatology for Primary Care |
| Hepatitis C |
| GI, Diabetes, Migraine, Urology, Psychiatry, birth control, pain control, CVA, Zetia, cancer, prostate cancer |
| Antibiotic resistance. Heroin epidemic - what can we do - addiction. Pain management - opioid use - how, when, where |

**Additional comments:**

| Response |
| --- |
| Excellent conference - thank you |
| Speakers and topics are excellent. I enjoyed this conference a lot |
| If I had known the caliber of the faculty, that would be an additional best reason to attend this activity |
| The Turning Point pre/post questions should be re-evaluated for statin talk |
| Enjoyed the conference overall |
| Excellent program |
| I don't actually see patients, but I assess claimants for social security disability by looking at all evidence received from all their treating sources |
| Excellent program as always. You do a great job. Especially appreciated R. Watson |
| I'm retired, but love these conferences. Thank you sincerely |
| There were no signs at entry indicating where lecture room was |
| Excellent |
| More credit for American Board Family Medicine for the particular categories to get board certification and take test every 10 years. Slides were so up to date, which was great. Karol would mention changes that occurred the day before and they were on the slide. Dr. Kuritsky seemed to be more clear with the correct answers on the test |
| Thanks for having us today |
| None |
| Very good |
| Excellent speakers. Good insight into Primary Care issues |
| Don't change the month of CME |
| Thank you |
| I was unfamiliar with speakers prior to this conference, but all were excellent and I would enjoy hearing any of them again |
| Was an excellent program |
| The topics were very relevant to daily practice and I was able to pick up many clinical pearls |
| Excellent meeting |
| Please let us know the room (and general location) before the conference. I went to a 'Comicom' and 2 other medication conferences before I found NACE |
| An excellent CME activity |
| All presentations were excellent |
| I appreciate this thrifty course. Well organized and informative |
| Some slides too busy and hard to see. Thank you for the conference |
| Thank you for the conference |
| Great conference! Thanks |