Emerging Challenges In Primary Care: 2016

Activity Evaluation Summary

CME Activity: Emerging Challenges in Primary Care: 2016
Saturday, September 17, 2016
Fort Lauderdale Marriott Coral Springs
Fort Lauderdale, FL

Course Director: Gregg Sherman, MD

Date of Evaluation Summary: October 3, 2016

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

This educational activity was designed to provide primary care physicians, nurse practitioners, physician assistants and other primary care providers the opportunity to learn about varied conditions such as diabetes, ADHD in adults, pulmonary arterial hypertension, hypercholesterolemia, overactive bladder, and heart failure.

In planning this CME activity, the NACE performed a needs assessment. A literature search was conducted, national guidelines were reviewed, survey data was analyzed, and experts in each therapeutic area were consulted to determine gaps in practitioner knowledge, competence or performance.

Five hundred fifty five healthcare practitioners registered to attend *Emerging Challenges in Primary Care: 2016* in Fort Lauderdale, FL. Three hundred 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. Two hundred and ninety six completed forms were received. The data collected is displayed in this report.

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

The Association of Black Cardiologists, Inc. designates this 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 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 7.25 contact hours of continuing education (which includes 3.25 pharmacology hours).

Maintenance of Certification: Successful completion of this activity, which includes participation in the evaluation component, enables the participant to earn up to 7.25 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	102	34.69	
DO	8	2.72	
NP	137	46.60	
PA	15	5.10	
RN	18	6.12	
Other	5	1.70	
No Response	11	3.74	

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

Response	Frequency	Percent	Mean: 4.37
None	22	7.48	
1-5	28	9.52	
6-10	61	20.75	
11-15	32	10.88	
16-20	56	19.05	
21-25	25	8.50	
> 25	61	20.75	
No Response	9	3.06	

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

Response	Frequency	Percent	Mean: 2.15
None	73	24.83	
1-5	154	52.38	
6-10	34	11.56	
11-15	13	4.42	
16-20	7	2.38	
21-25	6	2.04	
> 25	2	0.68	
No Response	5	1.70	

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

Response	Frequency	Percent	Mean: 2.30
None	86	29.25	
1-5	112	38.10	
6-10	37	12.59	
11-15	21	7.14	
16-20	9	3.06	
21-25	7	2.38	
> 25	7	2.38	
No Response	15	5.10	

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	21	7.14	
1-5	20	6.80	
6-10	32	10.88	
11-15	41	13.95	
16-20	44	14.97	
21-25	49	16.67	
> 25	75	25.51	
No Response	12	4.08	

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

Response	Frequency	Percent	Mean: 3.03
None	43	14.63	
1-5	87	29.59	
6-10	56	19.05	
11-15	29	9.86	
16-20	22	7.48	
21-25	17	5.78	
> 25	14	4.76	
No Response	26	8.84	

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

Response	Frequency	Percent	Mean: 3.33
None	39	13.27	
1-5	69	23.47	
6-10	53	18.03	
11-15	40	13.61	
16-20	21	7.14	
21-25	22	7.48	
> 25	22	7.48	
No Response	28	9.52	

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	243	82.65	
Somewhat	48	16.33	
Not at all	1	0.34	
No Response	2	0.68	

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: 1.09
Yes	265	90.14	
Somewhat	22	7.48	
Not at all	2	0.68	
No Response	5	1.70	

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: 1.13
Yes	249	84.69	
Somewhat	37	12.59	
Not at all	0	0.00	
No Response	8	2.72	

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: 1.21
Yes	231	78.57	
Somewhat	60	20.41	
Not at all	1	0.34	
No Response	2	0.68	

Upon completion of this activity, I can now: Identify the patient with overactive bladder (OAB) in the office of the primary care physician (PCP) with a simple history, physical and appropriate labs; Identify interventions that can optimize OAB treatment and improve patient satisfaction; Discuss the management of refractory OAB utilizing pharmacologic and non-pharmacological treatments; Optimize adherence by enhancing communication in order to engage and partner with patients in the treatment plan:

Response	Frequency	Percent	Mean: 1.13
Yes	233	79.25	
Somewhat	29	9.86	
Not at all	2	0.68	
No Response	30	10.20	

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: 1.16
Yes	208	70.75	
Somewhat	37	12.59	
Not at all	1	0.34	
No Response	48	16.33	

Overall, this was an excellent CME activity:

Response	Frequency	Percent	Mean: 1.12
Strongly Agree	258	87.76	
Agree	31	10.54	
Neutral	2	0.68	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	3	1.02	

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

Response	Frequency	Percent	Mean: 1.15
Strongly Agree	251	85.37	
Agree	37	12.59	
Neutral	3	1.02	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	3	1.02	

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

Response	Frequency	Percent	Mean: 1.25
Strongly Agree	223	75.85	
Agree	58	19.73	
Neutral	7	2.38	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	6	2.04	

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

Response
Use of proper diagnostic tools
Listen to patient, identify ADHD-diagnose, identify compliance in patients
Teamwork
Treatment in patients with intolerant statin therapy, diagnosing modalities in office for pulmonary HTN
Diagnosis of ADHD in adults, new drug for HF and guidelines, management of hyperlipidemia and OAB
Assess every case with anxiety or depression for ADHD
Monitor patient/send to Echo early with Dyspnea
Screening for ADD
Use more screening scales, incorporate new treatment guidelines and strategies learned today in patient care
New modalities for treating OAB. Treatments (new) for heart failure. Screen for ADHD
New strategies in ADHD treatment
Utilize the screening tools appropriately
Increase use of SGLT2 inhibitor in appropriate patients
Reinforce/continue
Evaluation; clinical criteria and management, implementing new treatment strategies
Management of DMII using SGLT2 inhibitor to facilitate not only gluco management but also weight loss
How to deal with adult ADHD in clinical setting

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

Response
Assessment, screening, treatment, evaluation strategies
Integrating PCSK9 inhibitors, tibial nerve stimulation, Invokanna, assessing for Pulmonary hypertension, etc.
Management of hypercholesterolemia, Diabetes, and heart failure
Better understanding of evidence-based treatments, ability to provide improved, individualized care
Diagnosing and initiating treatment for ADHD. Treating OAB. Adjusting care in HF as needed
Use of different drugs
Better patient assessment skills/understanding of meds to treat common diagnoses
Better assessment through identified testing, effective use of medications, combination therapy
Screening tools, new treatments available that I can bring back to my practice
Use SGLT2 more frequently, ADHD RS
To practice what I have learned
Implement strategy to diagnose adults with ADHD. More aggressive in diagnosing PAH and referring to CTR S/- aggressive to treat ASHD
Initiate SGLT2 inhibitor therapy, use ADHD RS questionnaire in practice, consider Echo more with Dyspnea evaluation, continuation therapy for OAB
Better diagnosis/treatment of DM, ADHD, PAH, Hyperlipidemia, OAB, HF
Current evidence based treatment regimen
Improve my diagnostic and therapeutic skills in the disease states we exposed here
Evaluation of PAH
More comfortable in prescribing some medications, be more involved with ADHD
Speakers emphasized open communication with patients in order to engage with their treatment plan
Diagnosis of ADHD with ADHD-RS scale, treat OAB in office
Increase use of SGLT2
Education; follow up, correct drugs
If I still practiced
How to diagnose and treat OAB. How to evaluate heart failure
Implement cholesterol lowering drugs
Diagnose and treat patients with ADHD
PCSK9 consider research EMA study, ASKS screener use more, increase statin; ASK - if wear diapers, watch for Ivabradine study
ADHD screening tool
SGLT2 should not be used with patient with fracture. To implement new heart guidelines and drugs in my practice
Regarding pulmonary hypertension, will be more aggressive with initial workup before referral
Implementing the use of an ADHD screening tools
Use of SGLT2 inhibitors, prescribing drugs to treat ADHD, workup of diagnosis of PAH, injectable therapy for cholesterol
Use of screening tools, more confident in Rx
Screening and diagnostic tools
Use of questioning for ADHD and PAH. Lipid formulary. Decision on using SGLT2 inhibitors. Screening for ADHD. More detailed history in OAB
N/A
Up to date guidelines, easy ways to implement guidelines
ADHD - using self-report scale screening PAH or doing an echocardiogram
Management of heart failure patients who also have liver cirrhosis too
Using what's taught in conference, putting in my practice

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

Response
Prescribe more SGLT2, when appropriate. Consider diagnosing ADHD according to guidelines. Preserve LDL-receptors is the clue to lowering LDL over 190
SGLT-2s can cause hypotension (orthostatic), spirometry reimburses better than EKG, statins can cause regression of atherosclerosis
Treatment options
Feel more comfortable with ADHD Dx2 treatment, PAH diagnosis and treatment, Heart failure management
Teamwork
SGLT-2 inhibitor for DMII management, proper screening for ADHD and depression
Drug therapy, more in depth assessment approach, more critical thinking, multifaceted approach to the problem
Knowing the extent to which primary care can identify and manage ADHD; appropriate, step-wise approach to managing patients with CHD and elevated LDL
Using the ASRS tool, Echo for PAH
Tibial nerve stimulation for OAB
Use of ASRS-V1.1 screener for ADHD
Identifying and approach to ADHD, PAH
Using a new class of DM medications; suspecting PAH in certain clinical settings
Using SGLT-2 safety/indications/side effects, screening ADHD tools and indications, PCSK9, indication, OAB management
Diabetes management
ADHD screen, Diabetes medication initial therapy, lipid management with statins, evaluation for OAB
Encourage patient to try new DM meds, assist in insurance coverage, identify ADHD, CHF plan
Provide written questionnaire for ADHD. Be more vigilant to the possibility of PAH
Proper assessment tools, treatment options
More in depth pre counseling/frequent follow up
Asking more questions, quality questions
Multiple
Screen ADHD; use OAB meds; increase use of SGLT2
Better evaluation of ADHD, diagnosis of pulmonary hypertension, diagnosis of OAB
Screening for ADHD
ASRS screening, use of PCSK9 when indicated
Recommend PCSK9 in high risk statin intolerant patients. Implement use of ADHD screening tools
Use of screening tools, monitoring, and confidence
SGLT-2 inhibitor for DMII management. Proper screening for ADHD and depression
Implementing screening tools
Due to the strict protocol where I work (correctional), I cannot use the new medications. Mental health treatment is separate from clinical treatment
Using evaluation tools for diagnosis and screening ADHD
Effective treatment per guidelines for HF, Dyslipidemia and new statin medications
Managing diabetes, keeping ADHD patient, introducing PSA9
Adjust basal insulins and employ SGLT-2 meds. Continue LDL treatment beyond targets, increase suspicion for adult ADHD
Diagnose PAH. Screen for ADHD
Screen adults for ADHD. Basic workup to identify PAH
Confidence in use and management of diabetic patient with meds. Diagnosis, identification of patient with ADHD, incorporate in my practice knowledge gained at this conference
Counsel patients with comorbidities about risks and benefits of using appropriate screening tools during assessments of patients and pharmaceutical therapy

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

Response
Identifying how to implement new methods, also better way of explaining things to the patient
Utilizing SGLT-2 inhibitors more, screening for ADHD, use of PCSK-9 inhibitors, addressing OAB, use of newer drugs in heart failure
Using screening methods effectively for better treatment plan
Improve assessment, diagnosis, and apply or implement treatments accordingly
Screen patients better for diagnoses of certain conditions and better use of medications
Use of T2DM in management of DM, scales used in diagnosis of ADHD
ADHD usually has second mood disorder and be aware of those and should talk with family members as well
Start screening for ADHD more often, consider Invokana to be started earlier for treatment of DM. Increase diagnosis of PAH and treatment
Patient-family involvement
Better understanding of OAB management. Use of SGLT-2 in Diabetes care
Proper use of medications for HF and DM. Treatment for OAB
More diet, exercise, take the appropriate medication
Improve assessment and apply proper treatment
Use of SGLT-2, ADHD forms, right heart cath importance, PCSK-9 effect, B3 - treat OAB
Treating familial hypercholesterolemia
Management of T2DM with SGLT-2 inhibitors; use of ASRS screening tool; screening for OAB
Visuals, examples
LDL monitoring
Better client screening, more provider knowledge of treatment options, more scientific knowledge of disease processes
To screen depressed/anxious adult patients for ADHD
How to properly diagnose and pay close attention to symptoms
Use screening tools/many need more than one med therapy
Use and educate patients on the new guidelines for new used medications
Evaluation of ADHD and treatment
More accurate use of SGLT-2 drugs. ADHD management in adults. Better understanding of PAH and cholesterol management
Evaluating and treating patient with ADHD
Diabetes. ADHD. Hypercholemia
Use of Invokana. Tools to help diagnose ADHD. Evaluate PAH - echocardiogram. LDL goals under 70 - treatment options, new guidelines
Work up - diagnosis - treatment options
Better diagnosis and treatment
Implement ADHD screening tools; ASRS; ADHD Rx, order Echocardiogram. Consider acting non-statin medication
Use SGLT-2 early, screen for ADHD, consider PCSK9
Better implementation of diagnostic strategies and treatment according to guidelines discussed
Perform walk test, GBM, MD monitor PAH, dual PI in anxiety, depression in THC, A&B screening test
Treatment of OAB
New meds for LDL. Questions for ADHD is great, but no time for questioning
New drugs and treatment of LDL and resistance to statins. Use of adult self report scale and ADHD
New screener for ADHD. More aggressive checks for PAH. PCSK-9!
ADHD new guidelines in treating newly diagnosed adolescents and adults - nonamphetamine drug use (subsets do better with this)
More awareness of ADHD and screening
Assessing for ADHD, OAB were very useful

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

Response
ADHD screen tests, different intensity of statins, diagnostic tests for PAH, drug treatment in OAB like Beta 3 Agonists
My ability to screen with appropriate tests and more properly treat

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

Response	Frequency	Percent	Mean: 1.37
Very likely	208	70.75	
Somewhat likely	69	23.47	
Unlikely	2	0.68	
Not applicable	12	4.08	
No Response	3	1.02	

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

Response	Frequency	Percent	Mean: 1.49
Within 1 month	205	69.73	
1-3 months	48	16.33	
4-6 months	10	3.40	
Not applicable	24	8.16	
No Response	7	2.38	

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

Response	Frequency	Percent	Mean: 4.89
Excellent	252	85.71	
Very Good	26	8.84	
Good	3	1.02	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	13	4.42	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: C. Brendan Montano, MD - ADHD:

Response	Frequency	Percent	Mean: 4.83
Excellent	245	83.33	
Very Good	33	11.22	
Good	5	1.70	
Fair	0	0.00	
Unsatisfactory	1	0.34	
No Response	10	3.40	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Franck Rahaghi, MD, MHS, FCCP - PAH:

Response	Frequency	Percent	Mean: 4.82
Excellent	237	80.61	
Very Good	42	14.29	
Good	5	1.70	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	10	3.40	

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

Response	Frequency	Percent	Mean: 4.85
Excellent	233	79.25	
Very Good	31	10.54	
Good	5	1.70	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	25	8.50	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Matt T. Rosenberg, MD - OAB:

Response	Frequency	Percent	Mean: 4.94
Excellent	246	83.67	
Very Good	15	5.10	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	33	11.22	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Icilma V. Fergus, MD, FACC - Heart Failure Part I:

Response	Frequency	Percent	Mean: 4.82
Excellent	197	67.01	
Very Good	34	11.56	
Good	3	1.02	
Fair	1	0.34	
Unsatisfactory	0	0.00	
No Response	59	20.07	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Icilma V. Fergus, MD, FACC - Heart Failure Part II:

Response	Frequency	Percent	Mean: 4.83
Excellent	184	62.59	
Very Good	32	10.88	
Good	3	1.02	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	75	25.51	

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: 4.84
Excellent	241	81.97	
Very Good	32	10.88	
Good	6	2.04	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	15	5.10	

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

Response	Frequency	Percent	Mean: 4.91
Excellent	262	89.12	
Very Good	19	6.46	
Good	4	1.36	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	9	3.06	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Matt T. Rosenberg, MD - OAB:

Response	Frequency	Percent	Mean: 4.89
Excellent	233	79.25	
Very Good	22	7.48	
Good	1	0.34	
Fair	0	0.00	
Unsatisfactory	1	0.34	
No Response	37	12.59	

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

Response	Frequency	Percent	Mean: 4.85
Excellent	185	62.93	
Very Good	26	8.84	
Good	2	0.68	
Fair	1	0.34	
Unsatisfactory	0	0.00	
No Response	80	27.21	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? C. Brendan Montano, MD - ADHD:

Response	Frequency	Percent	Mean: 4.88
Excellent	256	87.07	
Very Good	25	8.50	
Good	3	1.02	
Fair	0	0.00	
Unsatisfactory	1	0.34	
No Response	9	3.06	

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

Response	Frequency	Percent	Mean: 4.86
Excellent	247	84.01	
Very Good	30	10.20	
Good	2	0.68	
Fair	0	0.00	
Unsatisfactory	1	0.34	
No Response	14	4.76	

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

Response	Frequency	Percent	Mean: 4.85
Excellent	210	71.43	
Very Good	23	7.82	
Good	5	1.70	
Fair	0	0.00	
Unsatisfactory	1	0.34	
No Response	55	18.71	

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

Response	Frequency	Percent	Mean: 4.84
Excellent	200	68.03	
Very Good	26	8.84	
Good	3	1.02	
Fair	0	0.00	
Unsatisfactory	1	0.34	
No Response	64	21.77	

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

Response	Frequency	Percent	Mean: 4.84
Excellent	195	66.33	
Very Good	26	8.84	
Good	1	0.34	
Fair	0	0.00	
Unsatisfactory	2	0.68	
No Response	70	23.81	

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

Response	Frequency	Percent	Mean: -
Topics covered	236	80.27	
Location/ease of access	193	65.65	
Faculty	71	24.15	
Earn CME credits	218	74.15	
No Response	12	4.08	

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent	Mean: 1.41
Strongly agree	185	62.93	
Agree	84	28.57	
Neutral	17	5.78	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	8	2.72	

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

Response
Scale-coronary syndrome
Pharmacology, Dermatology, chronic pain management
Wound care, up to date insurance coverage plan
PVD
Hepatic stenosis, COPD, Rheumatoid Arthritis, managing heart failure in Primary Care, treating dyslipidemia in high LFT's
Effective HTN management in patient with refractory treatment
Allergy, asthma, Immunology, Dermatology
Any on latest strategies
Neurological Disorders
Hypertension uncontrolled
Dementia
Thyroid disease, PAD, ED, Venous Disease
PCOS, DM-2, CHF, Infectious Disease, Kidney Failure, Sleep Apnea
Depression, COPD, STDs
Anemia, COPD
Women's Health
AFib
Telephone medicine
EKG interpretation
COPD, Asthma
Renal pathology, DM, Pharmacotherapy, end stage renal diseases - maintenance

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

Response
Way for older adults to lose weight and easy exercises to teach patients controlling blood pressure without multiple medications
The state of healthcare today
Hypo/hyperthyroid. CAD. COPD
More diabetes, hypertension
High risk pregnancy
Urgent Care
Thyroid nodules and cancer. Renal failure
Neurological evaluation by Primary Care
Wound care, telemedicine (pressure ulcer, vascular ulcer, arterial ulcer)
Immunology, allergies, weight loss, Dermatology
HIV
Autoimmune diseases
Breast, prostate and colon cancer - chronic kidney disease
Atrial Fibrillation
Hormonal replacement, weight loss, Vitamin therapy, Botox, off-label treatments
Anticoagulants
HTN and any Primary/DDM care topic
IBS, Crohn's Disease and management
Basic CV discussion
Diagnosing psychiatric disorder
COPD, Asthma, blood disorders
MI, EKG, CXR, lab values
Rheumatology
Genetics - genetic testing of various diseases and treatment/prevention
Further Diabetes topics including insulin therapy
Hypogonadism, interpretation of lab values, prostate evaluation
Endo, musculoskeletal, Women's Health, Psychology, Bioterrorism
Depression/anxiety in the elderly, treatment update
Open
Diseases specific to the pediatric population
Weight loss meds, more DM, HTN, more psychological disorders
HTN, DM, Parkinson's, pain, etc.
HIV, domestic violence, risk management
Psychiatric disorders in Primary Care, musculoskeletal management/assessment
Seizures and hypo-hyperthyroidism
Treatment of HIV disease, autoimmune disease, SLE, RA, etc.
How to approach addiction
Pulmonary Disease, vascular disease
Any Internal Medicine topics
Endocrine, ENT
COPD, PVD, essential, essential. Hypertension, coronary artery disease
Oncology
Immunizations, skin disease, stroke
Thyroid disease

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

Response
Diabetes, Prostatitis, Scrotal pain, asthma, COPD, medically-managed weight loss
Thyroid conditions, Alzheimer's, anticoagulation with newer drugs
Medical tests, updates
Pain management
Dermatology updates
More in Diabetes treatment besides SGLT
Dermatology; Lymphedema
Resistant hypertension
Stroke
Bioidentical hormones, hypothyroid treatment
Update hypertension evaluation and treatment
Women's Health, prostate screening/cancer
Lupus. Multiple Sclerosis. Breast Cancer
Hypertension treatment, management. Back pain management
Breast cancer/prostate cancer screening. Asthma/COPD management
Pediatrics, Orthopedic
STDs, ORI throat infections. Allergic rhinitis/sinusitis
Dermatology. Orthopedic evaluation
Management of hypertension, CKD, CVA
GI related, Infectious
Peripheral Artery Disease, Endocrine Disorders
Respiratory - Immunology infections
Patients becoming resistant to antibiotics, how to solve, prevent it, when it occurs what do we do?
Musculoskeletal/pain management
Screening and management of depression and anxiety in Primary Care. Antibiotic stewardship in Primary Care (from an Infectious Disease specialist's perspective)
Alternative medicine
Tumors that don't present on imaging. Treatment and outcomes on rare cancers, Neurovastomas
Psychiatric conditions
Thyroid disease. Sleep apnea
Management of CHF and cardiac arrhythmias
Vaccines - past and present trends, concepts, expectations
End of life care and new directive
Pictures in Dermatology
HBO therapy
Dementia screening. CAD treatment guidelines. Pressure treatment in elderly guidelines
Endocrinology; Neurological conditions in Primary Care
Obstetric care
Vascular surgery. Endovascular surgery
Gastroenterology/ID
I recommend insurance/CPI/ICD10; tele-medicine in Primary Care which is important to explore - TQ
Zika!
Women's Health. Related topics. STDs. Osteoporosis. Pelvic pain
Rheumatologic diseases
CVA, Hepatic Stenosis

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

Response
DM prevention
Common dermatology in Primary Care
Basic psych (depression, anxiety), thyroid
Thyroid dysfunction, infectious diseases
Infectious disease, myeloproliferative disease
Update on genomic analysis and correlation with common disease
Infectious Disease
PCOS. Menopause. More cardiac (always). Neurological - headache
Immunizations
Related to Primary Care practice/GI/Hepatology
Cancer screening in Primary Care, smoking cessation
GI management
Obstructive sleep apnea, autoimmune Encephalopathy
Hypertension, heart failure, kidney disease
Obesity, Dermatology, vaccine update for adults
Cancer treatment, PCOS treatment
Severe hypothyroidism
Bipolar disorder. Insomnia
Stroke and ischemic and hemorrhagic seizures, SAH, stroke, TPA
Stroke/SAH/Infectious Disease
Depression, G.I.
Dermatology, Ophthalmology, Diabetes
Information on HIV, Psoriasis, cancer in Primary Care, psychology in Primary Care, COPD, PCOS, RA, Hepatitis, acne, mental health
Insect borne infection/parasitic infection and MRSA
HIV, HCV
MI, Alzheimer's, CKD
Score cards, pain management
Treating behaviors of Dementia; managing treatment-resistant Depression
Geriatric care, HTN
Connective tissue diseases, Hypertension, topic of endocrinology
Arrhythmia symposium. HIV update. Multiple Sclerosis update. Pharmacotherapy - opioid safety
More diabetes
ESRD, thyroid disorder, adrenal insufficiency, Pheochromocytoma
Use of CGM in Diabetes (eg Dexom). Back pain management in Primary Care settings, lung nodules, when to be more concerned, ILD
Arrhythmias, autoimmune disorders
Non-Diabetic vascular disease
Hypertension, CAD, COPD, Asthma
Open
Nephrology, Respiratory, Psychiatry, Dermatology, Rheumatology
Diabetes, Neurology
HTN (new meds). Screening test required per Medicare
Hypertension, cancer screening, obesity
Women's Health issues, mental health (Bipolar/Depression)
Menopause, hormonal/nonhormonal, diagnosis and risks, HTN, asthma. More Women's Health

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

Response
Colon cancer/colorectal surgery; Neurology - migraine/Alzheimer's Disease
Asthma/COPD
Obesity, Erectile Dysfunction, Chronic Pain
Rehab medicine - SCI, CVA
Any in medicine
DM Type 2, HTN, CAD, COPD
Psych-Depression, Schizoaffective disorder, anxiety, eating disorder
Dermatology, Osteopenia/Osteoporosis
Brain tumors and treatment strategies; inflammatory skin diseases, back pain, BPH, prostate cancer, seizure disorders, PCOS, headaches
HTN, sports medicine, LBP
Psych, more ADHD, sleep apnea, insomnia, substance abuse, testosterone replacement
Mx of hypertension, mx of Osteoporosis
Arrhythmias, ACS, CHF, Congenital Heart Disease, CAD
Legal issues in clinical practice
Dermatology - diagnosis - visual (slides)
Bipolar Disorder in adults
COPD/CKD/Dermatology
Endocrinology, Rheumatology, Neurology
Treatment of hypertension; Asthma, COPD, Pneumonia, TB
Schizophrenia, mood disorders
Geriatric disorders, obesity management
Narcotic prescriptive authority, recognizing impairment in the workplace
Renal
HIV/AIDS
Obesity
COPD/HTN/Kidney Disease/Dermatology - wound care/Arthritis RA
Drug to drug interaction and major side effects and contraindications
HIV, Prep, PeP
Heart Failure, chronic pain, Alzheimer's, sickle cells
Hematological disorders
Infectious Disease. Renal disease
Anxiety disorder. Renal disease
Heart Failure, medical marijuana, mood disorders, headaches, Women's Health, Men's Health, controlled substance prescription and addiction
Anticoagulant study, Coumadin therapy, the difference between different types
Primary Care topics
Dermatology, obesity
Depression, COPD, hypothyroidism, HTH treatment for the office, urgency
ICD impact in real medicine and patient care. HEIDIS and daily medicine. Lack of time to do good medicine, poor reimbursement and government ownership
Antibiotic treatment. CVA. Osteoporosis
GI/Pediatrics
Hormone replacement
Business in medicine
Liver failure, M. Gravis, ALS, Orthopedics, ulcers - GI, renal failure

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

Response
HF, Diabetes, Neurological Disorders
Psych. Substance abuse. Pulmonary. Hormones
Bipolar, CPT code, RA, CKD, Obesity, HRT, NASH, PAH again, lecture for medication combination strategies
Musculoskeletal/ortho
Addiction medicine (heroine, THC, cocaine)

Additional comments:

Response
Wonderful CME
Very informative conference
Good program
Great presenters
Great review and introduction of information
Very informative lectures, great faculties
I don't think pulmonary hypertension would help me in my practice
Thank you very much for providing a great learning environment
Excellent - excellent sessions
Consider hot lunches
This conference is very educational. I will invite my friends to participate in future ones
Excellent
The length of the program was adequate, the breaks were timely, the food provided was variously good, the room was comfortable, the speakers were able to provide education professionally and effectively
Great presentations
Wonderful presentation
The CV discussions were interesting, but over my head. I am a new graduate FNP. There were too many abbreviations and new meds. Also, this is a lecture that should take place near the beginning of the CMEs - not the end. That is my perspective
Really enjoyed the interactive component of the presentations
Comfortable venue. Excellent, knowledgeable speakers
I loved the speakers Drs. Watkin, Rosenberg, Rahaghi
Great CME activity
Enjoyed OAB speaker Dr. Rosenberg after lunch! All speakers were excellent. Pre and post test very helpful
Excellent course. I will attend again next year
Thank you! Very well organized
Great conference
Excellent symposium
Good review and updates
Excellent presentation, informative, improved my clinical skills
Thank you
Very good! Many strategies to review and begin using. Thank you
Great speakers and excellent, informative, which is applicable to clinical practice
Well done conference - thank you!
Great conference! Every single presentation was wonderful, very engaging and informative
This is my frist time attending your conference and it's wonderful!
Excellent conference

Additional comments:

Response
Very good
Thank you for a day full of knowledge and good company
It was hard to see the video screen from mi-auditorium
Excellent course, thank you
Excellent
Could we get handouts containing the slides shown by the speakers?
It seems this CME course is almost the same as the last one, could it be different contents in the future?
This was a great, educational conference. Great presentations! Thank you
Thank you
Great conference. Thank you for the opportunity
Excellent topics reviewed
Dr. Unger lecture was very beneficial. Please bring him back. Made it simple with his research. Great conference. Enjoyed the lecture. Learned a lot. Since there were a lot of NPs in the group, consider having at least 1 Nurse Practitioner to lecture. Location is too west. Can you consider moving this conference somewhere in the middle, like Plantation?
Excellent conference
Vascular heart disease
I wish all the speakers spoke the way Dr. Watkins does! I am white, by the way
Thank you for a wonderful conference!
Very nice organized and conducted conference as always. TQ for all staff of NACE. Would be nice if the downloaded slide could stream/display the topic of conference on that day only; there are too many slides to download online and it is not aligned to the sequence of the conference presentation. Could improve better - TQ
Excellent presentations
Dr. Rosenberg was excellent. Simplified approach
Cardiologist Dr. Ferens could do well lecturing other cardiologists. As a PCP I found her lecture not applicable to my practice (Internal Medicine)
Very good information
Great sessions
Excellent location
Great conference! Very helpful topics
Very good service for PAS, NPS
Thank you!
Great conference
I always enjoy these conferences
This is an excellent program
Great conference, very informative and interesting
Overall impressive conference
Great with location, organization, faculty, and audio
Very good presentations
Continued conferences on the current topics in evolution: new strategies in common diseases: Diabetes, CHF, Hypertension, COPD, more conference on geriatric treatment
Providing electrical strip to each table to connect iPad or laptop would be helpful
Excellent program
Excellent CME program. Thank you NACE and Dr. Sherman
Excellent
Well spent day
Amazing conference, please keep me informed of future events

Additional comments:

Response
Very knowledgeable discussion, Thanks!
Excellent program
Excellent educational program
Excellent conference. Dr. Rosenberg is an awesome speaker
Very good
Excellent conference
Excellent presentations
Great presenters! Thank you!
Thank you
Less starch options, more protein, fresh produce
Did not appreciate hotel staffing locking people out of conference room at lunch. NACE staff rude in afternoon - making noise in hall and when asked to tone down they didn't care
Excellent speakers!
HF was a heavy topic. I think I would have paid better attention if it was presented earlier in the day
Great planning and thank you for no cost program. Great topics and faculty. We need slides available to us to look over talks
Very informative and organized
Please, please, please add a protein source to breakfast and snacks! Especially at a Diabetes discussion! One suggestion is boiled eggs!
Excellent conference, great location
Dr. Fergus needs to simplify - very confusing - esoteric information. Very well organized, great speakers - thank you!
Great speakers, great topics. I enjoy interactive questions
Very informative lectures
Thank you for the invitation
Great CME conference
Good location, good speakers, good topics, thanks
The presenters were engaging and funny and to the point! Dr. Rosenberg is amazing! So funny!
More interactive activities. The pre and post tests are good. Excellent conference! Last presentation very profitable!
Very appreciative that these CME are offered 'free' and in 'class' locations! Lunch provided and quality educational content! Thanks!
Thank you. Staff at Marriott was attentive
Get female speakers!