



Emerging Challenges In Primary Care: 2016

Activity Evaluation Summary

CME Activity: Emerging Challenges in Primary Care: 2016
Saturday, October 29, 2016
Houston Marriott West Loop Hotel by the Galleria
Houston, TX

Course Director: Gregg Sherman, MD

Date of Evaluation Summary: November 11, 2016



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

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 overactive bladder, prostate cancer screening, ADHD in adults, heart failure, hypercholesterolemia, 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.

Four hundred and sixteen healthcare practitioners registered to attend *Emerging Challenges in Primary Care: 2016* in Houston, TX. Two hundred and seven 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 completed forms were received. The data collected is displayed in this report.

CME ACCREDITATION

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

The Association of Black Cardiologists, Inc. designates this live activity for a maximum of 3.5 *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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

The National Association for Continuing Education designates this live activity for a maximum of 4.0 *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

National Association for Continuing Education is approved as a provider of nurse practitioner continuing education by the American Association of Nurse Practitioners. AANP Provider Number 121222. This program has been approved for 7.50 contact hours of continuing education (which includes 2.25 pharmacology hours).

Maintenance of Certification: Successful completion of this activity, which includes participation in the evaluation component, enables the participant to earn up to 7.50 MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. It is the CME activity providers' responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

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

Integrated Item Analysis Report

What is your professional degree?

| Response | Frequency | Percent | Mean: 2.55 |
|--------------------|-----------|-------------|------------|
| MD | 76 | 38.00 | |
| DO | 7 | 3.50 | |
| NP | 72 | 36.00 | |
| PA | 9 | 4.50 | |
| RN | 30 | 15.00 | |
| Other | 1 | 0.50 | |
| No Response | 5 | 2.50 | |

Indicate the number of patients you see each week in a clinical setting regarding each therapeutic area listed: Men at risk for Prostate Cancer:

| Response | Frequency | Percent | Mean: 3.27 |
|--------------------|-----------|-------------|------------|
| None | 22 | 11.00 | |
| 1-5 | 57 | 28.50 | |
| 6-10 | 46 | 23.00 | |
| 11-15 | 22 | 11.00 | |
| 16-20 | 17 | 8.50 | |
| 21-25 | 15 | 7.50 | |
| > 25 | 13 | 6.50 | |
| No Response | 8 | 4.00 | |

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

| Response | Frequency | Percent | Mean: 3.50 |
|--------------------|-----------|-------------|------------|
| None | 19 | 9.50 | |
| 1-5 | 45 | 22.50 | |
| 6-10 | 40 | 20.00 | |
| 11-15 | 38 | 19.00 | |
| 16-20 | 15 | 7.50 | |
| 21-25 | 11 | 5.50 | |
| > 25 | 19 | 9.50 | |
| No Response | 13 | 6.50 | |

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

| Response | Frequency | Percent | Mean: 2.81 |
|--------------------|-----------|-------------|------------|
| None | 25 | 12.50 | |
| 1-5 | 72 | 36.00 | |
| 6-10 | 49 | 24.50 | |
| 11-15 | 21 | 10.50 | |
| 16-20 | 14 | 7.00 | |
| 21-25 | 3 | 1.50 | |
| > 25 | 7 | 3.50 | |
| No Response | 9 | 4.50 | |

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

| Response | Frequency | Percent | Mean: 2.37 |
|--------------------|-----------|-------------|------------|
| None | 39 | 19.50 | |
| 1-5 | 91 | 45.50 | |
| 6-10 | 33 | 16.50 | |
| 11-15 | 17 | 8.50 | |
| 16-20 | 7 | 3.50 | |
| 21-25 | 3 | 1.50 | |
| > 25 | 2 | 1.00 | |
| No Response | 8 | 4.00 | |

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

| Response | Frequency | Percent | Mean: 4.80 |
|--------------------|-----------|-------------|------------|
| None | 13 | 6.50 | |
| 1-5 | 18 | 9.00 | |
| 6-10 | 21 | 10.50 | |
| 11-15 | 28 | 14.00 | |
| 16-20 | 25 | 12.50 | |
| 21-25 | 25 | 12.50 | |
| > 25 | 57 | 28.50 | |
| No Response | 13 | 6.50 | |

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 strategy of matching treatment of OAB based on specific patient needs; Optimize adherence by enhancing communication in order to engage and partner with patients in the treatment plan:

| Response | Frequency | Percent | Mean: 1.10 |
|-------------|-----------|---------|------------|
| Yes | 175 | 87.50 | |
| Somewhat | 19 | 9.50 | |
| Not at all | 0 | 0.00 | |
| No Response | 6 | 3.00 | |

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: 1.20 |
|-------------|-----------|---------|------------|
| Yes | 157 | 78.50 | |
| Somewhat | 40 | 20.00 | |
| Not at all | 0 | 0.00 | |
| No Response | 3 | 1.50 | |

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: 1.06 |
|-------------|-----------|---------|------------|
| Yes | 161 | 80.50 | |
| Somewhat | 11 | 5.50 | |
| Not at all | 0 | 0.00 | |
| No Response | 28 | 14.00 | |

Upon completion of this activity, I can now: Recognize the prevalence and risk factors of prostate cancer; Compare the USPSTF, AUA and NCCN guidelines on screening; Understand the use of PSA and biomarkers; Develop a logical approach to screening for prostate cancer in a primary care setting:

| Response | Frequency | Percent | Mean: 1.08 |
|-------------|-----------|---------|------------|
| Yes | 183 | 91.50 | |
| Somewhat | 13 | 6.50 | |
| Not at all | 1 | 0.50 | |
| No Response | 3 | 1.50 | |

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 | 158 | 79.00 | |
| Somewhat | 28 | 14.00 | |
| Not at all | 1 | 0.50 | |
| No Response | 13 | 6.50 | |

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:

| Response | Frequency | Percent | Mean: 1.13 |
|-------------|-----------|---------|------------|
| Yes | 129 | 64.50 | |
| Somewhat | 19 | 9.50 | |
| Not at all | 0 | 0.00 | |
| No Response | 52 | 26.00 | |

Overall, this was an excellent CME activity:

| Response | Frequency | Percent | Mean: 1.22 |
|-------------------|-----------|---------|------------|
| Strongly Agree | 157 | 78.50 | |
| Agree | 40 | 20.00 | |
| Neutral | 2 | 1.00 | |
| Disagree | 0 | 0.00 | |
| Strongly Disagree | 0 | 0.00 | |
| No Response | 1 | 0.50 | |

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

| Response | Frequency | Percent | Mean: 1.22 |
|-------------------|-----------|---------|------------|
| Strongly Agree | 156 | 78.00 | |
| Agree | 44 | 22.00 | |
| Neutral | 0 | 0.00 | |
| Disagree | 0 | 0.00 | |
| Strongly Disagree | 0 | 0.00 | |
| No Response | 0 | 0.00 | |

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

| Response | Frequency | Percent | Mean: 1.21 |
|-------------------|-----------|---------|------------|
| Strongly Agree | 157 | 78.50 | |
| Agree | 39 | 19.50 | |
| Neutral | 1 | 0.50 | |
| Disagree | 0 | 0.00 | |
| Strongly Disagree | 0 | 0.00 | |
| No Response | 3 | 1.50 | |

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

| Response | Frequency | Percent | Mean: 1.36 |
|-----------------|-----------|---------|------------|
| Very likely | 148 | 74.00 | |
| Somewhat likely | 38 | 19.00 | |
| Unlikely | 0 | 0.00 | |
| Not applicable | 11 | 5.50 | |
| No Response | 3 | 1.50 | |

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

| Response |
|---|
| Screen patients for prostate CA, screen patients for new CHF drugs |
| Managing patients with application of knowledge gained from this lecture. Treatment regimine- how to select- Decreasing morbidity/ mortality. |
| Diagnosing OAB and managing the same step by step approach in CHF and Hypercholesteremia |
| Care of OAB, PSA, maker, CHF, ADHD, cardiovascular risk reduction before |
| EBP: Algorhythm 4Kscore, -urology/ CV: Fvabriane use. ADHD: clinical assess, /CV: Sac/Val check/ FSO and Hydr |
| Importance of PSA & DRF and how to evaluate this, ADHD assessment tool. Order in which LDL can be reduced |
| Biomarkers, Evidence base cardiac care treatment based on pt profile |
| Kept key notes in my phone for quick reference. Print algorithms and keep in clinical areas |
| Use of biomarker with PSA greater than 1.7 to assign Risk Rx: Ira bradine in HF with HR 770+, increase HDL not recommended |
| Doing Biomarkers for patient with PSA at 71-5 instead of doing biopsy |
| Very beneficial to my practice |
| Improve patient care |
| Screening for OAB, Adult ADHD assessments |
| Meds for OAB, Meds to choose for HF, ADHD symptoms in adults |
| Will continue to measure PSA will see if insurance covers to start at age 45 |
| Screen and treat OAB, prostate cancer |
| Care of OAB, PSA importance, Cardiovascular risk reduction mgt |
| Using biomarkers for screening |
| Management modification |
| Medications to add to regimine for HF, how to diagnose ADHD in adults, sit down to use bashora for women to help OAB |
| TX of OAB and knowing when her Dx 01 treat BA. Latest HF interventions |
| Use of biomarkers for prostate cancer, new medications for CHF |

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

| Response |
|---|
| conby arba data to decrease patients. Woney OAB EBP treatments money PSA 1-5- mill= IF MA 1-7 fields BA annually, anata jublee use ibarrates |
| New guidelines for prostate cancer screening |
| Use of biomarkers for increase PSA |
| 4K, Tx ADHD |
| Screening PSA- guidelines, need for biomarkers for PSA OAB screening, adult ADHD assessments |
| P(SK9 addition to select group patient, Biomarkers for PSA, Evaluating adult ADHD, Combination therapy OAB, IV abradine for select pt with CHF |
| Enhanced communication with patients and families. Incorporate recent changes in reimbursement. Use of the ADHD assessment tool |
| Administor questionnaire ahead of office visit and use it as a tool for follow up |
| Simplify the way I think about the diagnose/ disease |
| Additional testing and tx options and recommendations |
| Medication recommendations and biomarkers |
| Check Prostate Biomarkers |
| Screening men better with biomarkers for prostate cancer screening |
| Think ADHD. Now I know new HF protocols |
| Use a algorithym when Dx OAB |
| Use of biomarkers in patients with increased PSA. Combination treatments in OAB. Use of ARNI's in Ibridine in HF |
| Biomarker AK in better PSA management. Better screening for Adult ADHD |
| N/A |
| Consider tibial nerve modulation for OAB |
| Monitoring of PSA. Management options for OAB and diagnosis |
| Pay closer attention to patient complaints, lab values and physical findings |
| Evaluating OAB more thoroughly. Interviewing family members when evaluating a patient for ADHD |
| Biomarker. Screening ADHD (Adult) |
| Biomarker for PSA. PSA cut off 1.5 mg/ ml ivarbadin for 71 70 bpm |
| Using AUA screening recommendation. Provide race in medical therapy for heart treatment |
| Drawing appropriate labs and behavioral therapy, when to refer. What not to do as a NP |
| Improved interrogations |
| Interventions for OAB management. When to use the PSA and narrowing down appropriate at risk populations |
| PSA screen importance. ADHD management H & P importance |
| Diagnostic thought process for OAB. PSA biomarkers use in increased PSA in dermatology biopsy. Decision making for HF patients |
| PSA Cancer screening |
| Screening and diagnosis |
| Use of PSA. Use of 4K score. Use of Tibial nerve modulation |
| OAB meds use. PSA and new biomarker use. CHF med use |
| Learned plan to check PSA Biomarkers |
| Use PSA biomarkers for shared decision making. ADHD Dx and Rx. Use newer CHF therapies |
| Using evidence based guidelines to OAB and reevaluate PSA's that are 71.5. Start using ADHS- RS lickard score to better diagnose ADHD. With heart failure know when to start ivabradine |
| Education, follow-up |
| Biomarkers for PSA instead at biopsy. Using ADHD assessment scales |
| Management of chronic HF. Hypercholesteremia. Prostate evaluation and management |
| Dx most this topic discusssed |
| PSA and Biomarkers |

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

| Response |
|--|
| The trends and recommendations for management of most common presentations in primary care setting |
| Incorporate recent changes into my practice |
| Flu 2-4 weeks for OBA patients. Biomarkers for PSA 1.5. 40% had mood disorder in ADD. Know risk factors HF |
| Prostate Biomarkers |
| Individualizing OAB. Use PSA screening. HF appropriate drug usages. Use strategies |
| Care of OAB, Prostate cancer, ADHD, HF, Cardiovascular risk reduction beyond statin |
| OAB. Prostate. CHF. Hyperlipidemia |
| Check biomarkers for those with increased PSA prior to biopsy. Using appropriate screens for ADHD. Able to diagnose/manage CHF better |
| PSA levels and markers. Guidelines on CHF tx (Entresto). Screening test for ADHD |
| Screening patient education, follow up |
| I am now familiar with the new medicines for CHF. I will consider them now for use |
| Screen for OAB. Screen patients for ADD. Cut back on PSA tests |
| PSA biomarkers to evaluate increased PSA. Start doing routine PSA's again |
| Using PSA testing after certain age and follow up 2-5 years interval defer doing on values. CHF Re new drug Avondon use 70 ml |
| Dx and Tx of OAB, BPH and PSA, HF to alternatives |
| Behavioral and combination tx of OAB. Screen Adult ADHD- Mgt using 2013 ACC- AHA Cholesterol Guidelines |
| The use of Behavioral therapy and combination therapy with OAB. Use Biomarker for PSA's greater than or equal to 1.5. ADHD-RS screening, CHF mgt |
| Start looking at PSA greater than or equal to 1.5. Considering ordering biomarker. Consider 9 statin tone only if on max dose |
| PSA screenings, chol tx, CHF tx, OAB tx |
| Care for OAB, ID/Dx OAB, New HFTA screen for ADHD |
| Prostate cancer screening using biomarkers |
| Consider treatments of OAB. Treating AA with HF |
| Implement these new strategies and actual patient care in my practice |
| Identify patients with OAB. When to screen for PSA and identify those at risk for prostate cancer |
| OAB changing drugs in same class for effectiveness, multimedrug therapy. PSA- better screening. 1-5 red flag. Screening tools |
| Consider Diabetes with OAB by checking blood sugar not just urine. If PSA 1.5 or more get biomarker. Don't encourage frequent prostate biopsies |
| Quality vs Quantity questions |
| Irabradine. Sacubitril/ Valsarson. B.3 allergic |

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

| Response | Frequency | Percent | Mean: 1.49 |
|--------------------|-----------|---------|------------|
| Within 1 month | 148 | 74.00 | |
| 1-3 months | 20 | 10.00 | |
| 4-6 months | 7 | 3.50 | |
| Not applicable | 21 | 10.50 | |
| No Response | 4 | 2.00 | |

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 | 181 | 90.50 | |
| Very Good | 7 | 3.50 | |
| Good | 2 | 1.00 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| No Response | 10 | 5.00 | |

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

| Response | Frequency | Percent | Mean: 4.95 |
|----------------|-----------|---------|------------|
| Excellent | 184 | 92.00 | |
| Very Good | 7 | 3.50 | |
| Good | 1 | 0.50 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| No Response | 8 | 4.00 | |

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

| Response | Frequency | Percent | Mean: 4.43 |
|----------------|-----------|---------|------------|
| Excellent | 102 | 51.00 | |
| Very Good | 42 | 21.00 | |
| Good | 16 | 8.00 | |
| Fair | 6 | 3.00 | |
| Unsatisfactory | 1 | 0.50 | |
| No Response | 33 | 16.50 | |

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

| Response | Frequency | Percent | Mean: 4.88 |
|----------------|-----------|---------|------------|
| Excellent | 158 | 79.00 | |
| Very Good | 20 | 10.00 | |
| Good | 1 | 0.50 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| No Response | 21 | 10.50 | |

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Ellie Bane - Value and Quality Based Payments:

| Response | Frequency | Percent | Mean: 4.73 |
|----------------|-----------|---------|------------|
| Excellent | 102 | 51.00 | |
| Very Good | 23 | 11.50 | |
| Good | 5 | 2.50 | |
| Fair | 1 | 0.50 | |
| Unsatisfactory | 0 | 0.00 | |
| No Response | 69 | 34.50 | |

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Birgit Amann, MD - ADHD:

| Response | Frequency | Percent | Mean: 4.73 |
|----------------|-----------|---------|------------|
| Excellent | 140 | 70.00 | |
| Very Good | 43 | 21.50 | |
| Good | 4 | 2.00 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| No Response | 13 | 6.50 | |

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

| Response | Frequency | Percent | Mean: 4.54 |
|----------------|-----------|---------|------------|
| Excellent | 115 | 57.50 | |
| Very Good | 49 | 24.50 | |
| Good | 13 | 6.50 | |
| Fair | 1 | 0.50 | |
| Unsatisfactory | 1 | 0.50 | |
| No Response | 21 | 10.50 | |

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

| Response | Frequency | Percent | Mean: 4.91 |
|----------------|-----------|---------|------------|
| Excellent | 155 | 77.50 | |
| Very Good | 13 | 6.50 | |
| Good | 1 | 0.50 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| No Response | 31 | 15.50 | |

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: 4.92 |
|----------------|-----------|---------|------------|
| Excellent | 177 | 88.50 | |
| Very Good | 11 | 5.50 | |
| Good | 1 | 0.50 | |
| Fair | 1 | 0.50 | |
| Unsatisfactory | 0 | 0.00 | |
| No Response | 10 | 5.00 | |

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

| Response | Frequency | Percent | Mean: 4.90 |
|----------------|-----------|---------|------------|
| Excellent | 176 | 88.00 | |
| Very Good | 14 | 7.00 | |
| Good | 3 | 1.50 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| No Response | 7 | 3.50 | |

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

| Response | Frequency | Percent | Mean: 4.70 |
|----------------|-----------|---------|------------|
| Excellent | 142 | 71.00 | |
| Very Good | 23 | 11.50 | |
| Good | 12 | 6.00 | |
| Fair | 2 | 1.00 | |
| Unsatisfactory | 0 | 0.00 | |
| No Response | 21 | 10.50 | |

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:

| Response | Frequency | Percent | Mean: 4.84 |
|----------------|-----------|---------|------------|
| Excellent | 155 | 77.50 | |
| Very Good | 19 | 9.50 | |
| Good | 2 | 1.00 | |
| Fair | 2 | 1.00 | |
| Unsatisfactory | 0 | 0.00 | |
| No Response | 22 | 11.00 | |

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

| Response | Frequency | Percent | Mean: 4.83 |
|----------------|-----------|---------|------------|
| Excellent | 126 | 63.00 | |
| Very Good | 20 | 10.00 | |
| Good | 3 | 1.50 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| No Response | 51 | 25.50 | |

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

| Response | Frequency | Percent | Mean: 4.86 |
|----------------|-----------|---------|------------|
| Excellent | 164 | 82.00 | |
| Very Good | 24 | 12.00 | |
| Good | 1 | 0.50 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| No Response | 11 | 5.50 | |

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

| Response | Frequency | Percent | Mean: 4.78 |
|----------------|-----------|---------|------------|
| Excellent | 147 | 73.50 | |
| Very Good | 25 | 12.50 | |
| Good | 4 | 2.00 | |
| Fair | 2 | 1.00 | |
| Unsatisfactory | 0 | 0.00 | |
| No Response | 22 | 11.00 | |

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:

| Response | Frequency | Percent | Mean: 4.92 |
|----------------|-----------|---------|------------|
| Excellent | 157 | 78.50 | |
| Very Good | 12 | 6.00 | |
| Good | 1 | 0.50 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| No Response | 30 | 15.00 | |

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

| Response | Frequency | Percent | Mean: - |
|-------------------------|-----------|---------|---------|
| Topics covered | 145 | 72.50 | |
| Location/ease of access | 128 | 64.00 | |
| Faculty | 31 | 15.50 | |
| Earn CME credits | 144 | 72.00 | |
| No Response | 11 | 5.50 | |

Future CME activities concerning this subject matter are necessary:

| Response | Frequency | Percent | Mean: 1.55 |
|-------------------|-----------|---------|------------|
| Strongly agree | 106 | 53.00 | |
| Agree | 67 | 33.50 | |
| Neutral | 18 | 9.00 | |
| Disagree | 1 | 0.50 | |
| Strongly Disagree | 0 | 0.00 | |
| No Response | 8 | 4.00 | |

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

| Response |
|--|
| Pre-op Risk stratification for surgical intervention |
| Any |
| Arthritis. Diabetes. Anxiety and Depression |
| Diabetes. Seizure. Neurologicals |
| Muscle/ Ortho. Soft tissue injury |
| Asperin use in different patients |
| Oncology |
| Treatment of Diabetes in Primary care |
| Resistant Hypertension. Renal failure. Rheumatological interventions. Pain agent |
| Pain management. Insomnia. Depression/ Anxiety |
| Renal disease. Hypertension. Diabetes- management and current new therapies |
| HTN |
| Electrolyte imbalance |
| Diabetes Mellins |
| Obesity |
| Public Health |
| CKD. Diabetes management |
| MS & DM |
| Endocrine. Derm |
| More payment issues |
| DM |
| More general medicine- most patients with CHF we refer to cardiologist |
| Mgmt of psoriasis. Mgmt RA |
| Women's health. MACRA |
| Hypertension. Antibiotics. Insomnia |
| Children common dxs, Common screening tests and when not to screen |
| Thyroid management. PCOS |
| DM. CAD. HTN. Dementia with behavioral issues |
| Cancer |
| Obesity- treatments and management |
| Type 2 DM. CVA |
| Dementia. Parkinsonism |
| Contraception |
| Endocrine db |
| COPD updates |
| Zika virus. Dizziness |

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

| Response |
|--|
| OSA, Wt loss surgery- what's new, IBS/ IBD/ Diverticulosis, PVD |
| DM. Osteoporosis. Arthritis |
| Dermatology. Sports injuries. Nutrition/ Obesity. Aging adults and caring for them (Gerontology care). Pain management. Muskuloskeletal Disorders. Crohn's disease |
| T2 DM. HTN |
| Pain management |
| Diabetes. Kidney diseases |
| Dementia. Chronic pain |
| Concussion management. Diabetes management |
| DM 1 and 2, HTN |
| Diabetes |
| Diabetes Melliters. Hypertension. Hyperlipidemia |
| Diabetes. HTN. Depression |
| Diabetes. Peripheral vascular disease |
| Depression. anxiety |
| Obesity. Treatment of DM Type 2. Gastroenterology- leaky gut |
| Pneumonia management/ types. Autism. Chronic Kidney Disease |
| HTN updates and medications. Psychiatric disease management in the primary care setting |
| Addiction. Obesity. Vitiligo |
| Alzheimer's Disease. Endo life diseases |
| Obesity |
| Cardiovascular topics |
| Liver Disease. Arterial Hypertension |
| Diabetes. HTN. Womens health |
| Depression. HTN. DM. Dermatology |
| Women GV topics. DM. CVA. Thyroid Disease. Vaccinations. Current cancer screening tools in primary care. ENT disorders. Headaches |
| Diabetes. HTN. Common infections seen in primary care. Osteoarthritis |
| Dermatology. Thyroid |
| Psych (Depression, Anxiety) |
| Cervical cancer. Uterine cancer. Ovarian cancer. Stroke assessment |
| Compliance and legal issues. How to protect your license and the patient |
| Infectious diseases for Primary care doctors |
| HTN. New medications. DM |
| Diabetes management. Asthma management |
| Dermatology. Pain Management |
| Managing common acute EK emergencies. COPD management. CKD manager |
| Aging population and increase in chronic disease management. Sepsis |
| Psych. Pharmacology. Infectious Disease updates |
| Diabetes |
| Gyn- recommendations on cervical screening especially in females with n/o abnormal PAPS and high risk populations |
| Diabetes. Hyperlipidemia. EPRD. Pain |
| Bipolar Disorder. Adjunctive therapy in Depression. New medications in DM |
| DM-2 |
| Treatment of electrolyte molecules. DVT/ PE tx. Polypharmacy- how to simplify if possible dealing with difficult patients; too many herbal supplements |
| Management of IPF, COPD. Pulmonary HTN |

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

| Response |
|--|
| Weight loss management |
| Cardiology in depth. Infectious Disease. Pulmonary in depth. Add COQ10 studies |
| Diabetic foot disease/ treatment |
| Hpr mediated cancer and prevention. COPD. Hepatitis C |
| More pediatric focus would be beneficial for my practice |
| HTN. DM |
| Seizure disorder. Hepatology. Gastroenterology |
| Hypertension. DM. AIDS (HIV). Hepatitis A-D |
| Abdominal pain diagnosis. Hypertension management |
| HTN. Asthma. DM |
| Pulmonary- OSA eval and tx. Headaches- eval and tx. Renal stages |
| Upper respiratory diseases |
| Hypertension. Diabetes. Asthma. Nutrition |
| Endocrine. Thyroid disease. PTSD |
| DM Type 1 & 2. More on ADHD. Adults with UTI |
| Ethics |
| Anesthesia subjects |
| H Thyroid. Dermatology |
| Management of Diabetes, Asthma, Depression |
| HTN, DM, Obesity, GI Disorders, Pain management |
| Continence- bowel, bladder. Pessaries. Dermatology in Ostomy devices, products, leakage issues |
| Endocrinology |
| Depression |
| Women's health. Preventative medicine. Nutrition. Common orthopedic problems in outpatient setting |
| Steroid injections herndt. DM. Pharmatology |
| Pediatric topics. Ethics |
| Diabetes management |
| Cardiology. Gastroenterology. Diabetes. Orthopedics |
| Thyroid dx and management. Rheumatological disorders |
| Health literacy- I speak on this topic. The problem is widespread and prudess read the tools to overcome the problem |
| Prevention in Primary Care |
| Insulin pump indications and guidelines |
| HTN. T2DM. Dyslipidemia. Anxiety. Depression. Orthopedic for FP |
| Urgent care Dx of Tx |
| HTN. Diabetes. Hyperlipedemia. Anxiety and Depression. Possible Gene therapy etc. for liver disease and cancer |
| Diabetes. Neuro topics. Immunizations |
| DM management. Seizure + H/A management. Billcane and Coeling HTN management. Women health issues. Psych in Primary care |
| Approach to thyroid nodules. Approach to lymphnodemopathy. Adrenal tumors. Fatty liver management and work up |
| Women's health, PAP screenings, Billing, EIM colling |
| Valvular disease |
| Updates in Cervical cancer screening |
| Pain management. Weight management. Diabetes- using newer agents and long acting insulin |
| Dermatology. Gyn- topics |
| Diabetes Mellitus new medications. Prevention in Primary care setting |
| HTN. DM |

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

| Response |
|--|
| Depression in Adolescents. Psychiatric topics- more in depth |
| Transitions of care- difference SNF/ IRF care |
| Gynecology |
| Osteoporosis. Alzheimers |
| More topics on Psychiatry (Anxiety, Depression, ADHD) |
| Acute surgical problem for Family practice |
| Sized hours for different subjects rather than rany our subjects for 3 hours |
| Oncology topics |
| Diabetes Mellitus. COPD |
| Psychopharmacology. Chest x-ray interpretation |

Additional comments:

| Response |
|--|
| #5- Once practice in primary care level. Currently working in neurosurgery |
| Great presentations. Thanks a lot |
| None |
| Dr. Rosenberg- Fabulous! Dr. Amann- please place other drug name on slides. Dr. Hutchinson- very challenging- loved her |
| Great information |
| Need certification of proof |
| Faculty are always excellent- it's a given! Thank you |
| None |
| Excellent site location, not located in heavily traffic area of Galleria- recommend this site be used again |
| This is a very informative conference. I enjoyed it |
| This was a very useful CME |
| Good location |
| Very informative |
| Great CME program |
| Great location |
| Excellent speakers who are experts in their field |
| Really enjoyed Dr. Hutchinson's talk |
| Offer CME programs in Katy, TX, I like how the room was not too cold and brightly lit |
| I'm impressed with the faculty speakers, especially Dr. Rosenberg and Dr. Hutchinson. I'm sure Ms. Bane knows what she's talking about but I didn't get the message at all |
| Excellent presentation, thank you |
| Find a way to leave the scenario or case study on a screen for reference when you present the questions |
| Thank you so much. This was a great program |
| Excellent conference |
| Excellent CME. Thank you |
| Thoroughly enjoyed presentations and presentors. Presentors kept audience engaged. Informative without information overload |
| Slide print outs at conference |
| Very much enjoyed the interactive Q & A portion. Legal lecture: Legal jargon and acronyms used: list should have been included in booklet in order to follow lecture |
| At least 2 errors in Dr. Rosenberg's OAB slides "addictive" should be "additive" |
| Dr. Onwuanyi was too monotoned. Had a difficult to understand accent. You need peppy music in afternoons |

Additional comments:

| Response |
|--|
| Treating mental health in primary care. Discussing the importance of diet and exercise as relates to chronic illness i.e. Diabetes, HTN, HLD |
| Have frequent presentations |
| N/A |
| Excellent moving speakers. More time spent on treatment of why rather than present trials and say studies show = x93 |
| This was my first time attending. Awesome way to spend my Saturday. Great speakers. Great food. Very organized and timely |
| N/A |
| Topics were well covered today. |
| Would like to see NACE offer live courses in New Orleans, LA |
| Great presenters. Dr. Anekwe Onwuanyi your expertise shows through in presentation and I am motivated to do better in practice based on the humble and informative style of presentation. Very intelligent. Also Dr. Rosenberg I will follow your recommendations to teach patients how to use the bathroom. Great visual drove the point home |
| Well understood, nice facilities, audio-visual on point |
| The MACRA/ MIPS talk was confusing |
| Thank you for this great conference at no cost |
| This was very informative. Thanks for this activity. Venue was great and I am truly grateful and learned a lot |
| Well organized |
| N/A |
| Thank you |
| Snacks. Definitely will attend next year. Great speakers |
| Great speakers! Great presentation |
| Many topics do not relate to pediatrics. |
| Great activity |
| Well organized. Lunch break too long |
| Great work |
| Thanks |
| Good job! Very valuable/ quality training- All free of charge |
| Thanks awesome program |
| Too much on heart failure. I cannot rx these new drugs to my patients. 2/2 cost so not as helpful for me. The same drugs were discussed in detail at last NACE conference. I would appreciate some variety given there is so much to discuss in medicine besides how to maximize heart failure tx in AA's |
| Why have lecture of heart failure drugs that PCP do not write (Ivabradine) (Entresto) |
| Cardiologist should gone first. Very monotone. Very unfamiliar with many of terminology |
| Great lectures |
| Dr. Hutchinson is awesome |
| Great conference |
| Great topics thank you |
| Good lectures |
| Speakers were very good |
| Dr. Rosenberg was a great lecturer and entertaining. Dr. Onwuanyi was too dry in his speaking technique. Thank you for providing such a great CME at no cost |
| Overall very interesting |
| Excellent |
| Really enjoyed the music! Thanks |
| Good CME today, free and acceptable. Should include lunch in future. Please when is next CME? Inform |
| Enjoyed the workshop |

Additional comments:

| Response |
|--|
| Excellent presentations. Great learning opportunities |
| Conference room was too wide. I thought the conference rooms at the Westin or closer to the Galleria were nicer |
| I wish we had been told beforehand that we were responsible for lunch on our own. I was disappointed in the HF presentation- the speaker was not very good and not engaging. He just read from the slides and did not add anything new |
| Excellent program |
| N/A |
| None |
| This was my first NACE conference and I found it extremely helpful and informative. I look forward to attending more live and online conferences. Thank you very much |
| Explain MACRA |
| Avoid subspecialty topics, mostly managed by specialists. Not PCP |
| Extend to alternative care surgical or medical |
| This is my second participation NACE meeting. It is very educational and excellent speakers |
| Thank you for this learning opportunity |