Emerging Challenges In Primary Care: 2016

Activity Evaluation Summary

CME Activity: Emerging Challenges in Primary Care: 2016
Saturday, May 7, 2016
Hilton Baltimore
Baltimore, MD

Course Director: Gregg Sherman, MD

Date of Evaluation Summary: May 17, 2016

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

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, Prostate Cancer, Migraine Treatment, Heart Failure, and Hypercholesterolemia.

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 thirty six healthcare practitioners registered to attend *Emerging Challenges in Primary Care: 2016* in Baltimore, MD. Two hundred sixty 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. Two hundred fifty seven 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 2.25 *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 4.75 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

National Association for Continuing Education is approved as a provider of nurse practitioner continuing education by the American Association of Nurse Practitioners. AANP Provider Number 121222. This program has been approved for 7 contact hours of continuing education (which includes 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 7 MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. It is the CME activity providers' responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

Through the American Board of Medical Specialties ("ABMS") and Association of American Medical Colleges' ("AAMC") joint initiative (ABMS MOC Directory) to create a wide array of Maintenance of Certification ("MOC") Activities, Emerging Challenges in Primary Care has met

the MOC requirements as a MOC Part II CME Activity by the following ABMS Member Boards: American Board of Family Medicine and American Board of Preventive Medicine.

Integrated Item Analysis Report

What is your professional degree?

Response	Frequency	Percent	Mean: -
MD	112	43.75	
DO	4	1.56	
NP	124	48.44	
PA	5	1.95	
RN	4	1.56	
Other	1	0.39	
No Response	9	3.52	

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

Response	Frequency	Percent	Mean: 4.11
None	22	8.59	
1-5	45	17.58	
6-10	47	18.36	
11-15	29	11.33	
16-20	36	14.06	
21-25	16	6.25	
> 25	54	21.09	
No Response	7	2.73	

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: 3.21
None	36	14.06	
1-5	76	29.69	
6-10	52	20.31	
11-15	31	12.11	
16-20	18	7.03	
21-25	15	5.86	
> 25	22	8.59	
No Response	6	2.34	

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

Response	Frequency	Percent	Mean: 2.71
None	30	11.72	
1-5	120	46.88	
6-10	46	17.97	
11-15	26	10.16	
16-20	8	3.13	
21-25	11	4.30	
> 25	8	3.13	
No Response	7	2.73	

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

Response	Frequency	Percent	Mean: 3.02
None	40	15.63	
1-5	87	33.98	
6-10	43	16.80	
11-15	31	12.11	
16-20	16	6.25	
21-25	11	4.30	
> 25	19	7.42	
No Response	9	3.52	

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

Response	Frequency	Percent	Mean: 4.46
None	17	6.64	
1-5	36	14.06	
6-10	30	11.72	
11-15	39	15.23	
16-20	42	16.41	
21-25	27	10.55	
> 25	57	22.27	
No Response	8	3.13	

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: 1.20
Yes	203	79.30	
Somewhat	50	19.53	
Not at all	0	0.00	
No Response	3	1.17	

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: 1.06
Yes	239	93.36	
Somewhat	15	5.86	
Not at all	0	0.00	
No Response	2	0.78	

Upon completion of this activity, I can now: Review the epidemiology and pathogenesis of migraine headaches; describe ways by which migraine can be diagnosed by PCPs; discuss clues which may differentiate migraine from "secondary headache" disorders; and outline preventative, acute, abortive and rescue interventions for migraine.

Response	Frequency	Percent	Mean: 1.06
Yes	238	92.97	
Somewhat	16	6.25	
Not at all	0	0.00	
No Response	2	0.78	

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

Response	Frequency	Percent	Mean: 1.13
Yes	217	84.77	
Somewhat	29	11.33	
Not at all	1	0.39	
No Response	9	3.52	

Upon completion of this activity, I can now: Discuss the benefits of LDL-C lowering with pharmacologic therapies that improve cardiovascular outcomes; recognize and understand the role of alternative or additional therapies in conjunction with statins; recognize the strengths and limitations of the 2013 ACC/AHA cholesterol guidelines and how to optimally implement the recommendations; recognize the potential role of emerging pharmacologic therapies to further lower LDL-C in those at high risk for cardiovascular disease; 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	188	73.44	
Somewhat	19	7.42	
Not at all	0	0.00	
No Response	49	19.14	

Overall, this was an excellent CME activity:

Response	Frequency	Percent	Mean: 1.30
Strongly Agree	183	71.48	
Agree	66	25.78	
Neutral	3	1.17	
Disagree	1	0.39	
Strongly Disagree	0	0.00	
No Response	3	1.17	

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

Response	Frequency	Percent	Mean: 1.29
Strongly Agree	184	71.88	
Agree	68	26.56	
Neutral	1	0.39	
Disagree	1	0.39	
Strongly Disagree	0	0.00	
No Response	2	0.78	

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

Response	Frequency	Percent	Mean: 1.29
Strongly Agree	185	72.27	
Agree	62	24.22	
Neutral	2	0.78	
Disagree	2	0.78	
Strongly Disagree	0	0.00	
No Response	5	1.95	

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

Response
Prostate cancer use of biomarkers. Use of GLP-1 RAs in PP hyperglycemia. Use of biomarker in HF diagnosis
The use of biomarkers in prostate cancer risk assessment. The use of GLP-1 RA in getting HgA1C to goal
Appropriate use of PSA testing; understanding assessment of heart failure patients; better understanding of management of migraine headaches
Better prostate cancer screening with biomarkers. Use of Ivabiadine
GLP-1 use for DMTS, decrease opiates forr migraines
Screen for prostate cancer. Recognize migraines
Will change my approach to increasing PSA levels. Greater attention to preventive Rx for HF risk patients
When to use
Strategies in differentiating the different types of headaches and diagnosing migraines
Consider biomarker - if their PSA is elevated
Change in Rx of DM. Increase use of biomarkers in prostate screening patients
Treatment for migraines
Holistic methods for migraine management; over 1.5; to order BNP levels for HF patients
Treatment of HF in AA
Screening for PSA and ordering biomarker for PSA > 1.5

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

Response
Using ASA for migraine maintenance. Learned specific HF treatment guidelines
PSA - monitoring for drawbacks and pertinent applicant age and risk factors. Migraine - acute treatments and pertinent differentiation from new approach
Use of biomarkers - lower threshold for migraine diagnosis
Use 1.5 as my standard of care of PSA and insist patient have further testing by way of a biomarker
Recognize the importance of biomarkers for diagnosis and treatment of prostate disease
Early diagnosis and treatment of migraines, addition of the antidiabetic medication, prostate cancer screening
How to use GLP-1 RA. How to screen patients for prostate cancer. Better use of newer HF meds
Early intervention for stage 1 HF. Diagnosis of migraine headache. Screen for prostate cancer and refer if high risk
PSA guideline/evaluation. Migraine diagnosis and treatment
Using different combinations of GLP-1 and other diabetic agents. Recognizing signs and symptoms of migraines. Checking BNP and N terminal pro-BNP
Order biomarkers before referrals. Aggressive therapies and screening
Combination Rx for DM. Use of biomarkers for CNP. Biomarkers for the treatment of heart failure. Benefits of LDL-C lowering drugs
Improve post prandial hyperglycemia and use GLP RAs to control pre and post prandial hyperglycemia. Use of guidelines and biomarkers in prostate cancer. Rx and Mx of migraine, heart failure, implement cholesterol guidelines
New treatment, management diabetes
Waiting 24 hours after D/C Ace inhibitor to start new medication. Coordinate care for patient when referring to specialist. PSA guideline screening 1.5
Adding GLP-1 RA to therapies for diabetics. Screening and managing patients with migraine. Using Isosophate DN and Hydralarination patients with CHF
Modified risk factor of HF. Screening of high risk patient only for further test for prostate cancer
The migraine lecture has changed the way I treat migraine
Understand new treatment method for Type II DM. Prostate cancer very informative
Use of PSA and biomarkers
Each topic presented will make me evaluate more carefully presenting problems and consider applying more updated treatments and medications
Very good
When and how to initiate treatment and the most effective pharm therapies
Better at diagnosing and recommending preventive treatment for migraine headaches. Recommend screening PSA and biomarkers when indicated
Improve recognition and frequent migraine
Changing approach to DM and adding injectable treatment. Better approach to screening for prostate cancer, treat HA early
A/C level to start insulin instead of waiting for Endocrinology. Monitoring PSA and use of biomarker
1.5 is the sweet spot for PSA screening. HF is treated differently in AA
Greater employment of BRP in assessment for heart failure. Change treatment of heart failure for heart rate >70
Order biomarkers for prostate cancer surveillance. Increase use of GLP-1. Better explanations of failure
Prostate screening, evaluation, and treatment/management of migraines, heart failure, CVD risk reduction
Migraine management
Treat DT2 aggressively. Evaluate PSA on an individual basis. Consider migraine when patient's headache is disabling
What labs to order to follow up elevated PSA, how to recognize different headaches
Refer to endocrine, screen for prostate biomarkers, novel migraine treatments (Mg)
Better screening and diagnosing of these conditions
Biomarkers
Migraine information will be extremely helpful in my clinics
PSA - using 1.5 as benchmark. Better understanding of migraine - use of prophylaxy. Better understanding of CHF

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

Response
Patient race - best evidence-based practice. Overall patient medical conditions
Use new meds
Apply latest information
Management of diab with GLP1. Migraine prophylaxis with ASA and Mg. Look at HR in CHF patients
New treatment for heart failure. Better management of hyperlipidemia, improved glycemic control
Glucose management. PSA testing
Review guideline, pointed out each step
Better understanding of prostate screening and migraine treatment
Knowing screening to monitor for, levels that would indicate certain intervention and knowing when to make changes to interventions, pharmacology
Guideline application to lipid disorder/net disease management. Risk assessment for prostate cancer
How to effectively screen prostate cancer using PSA and biomarkers. How to initiate antidiabetic therapy
Manage acute migraine and cluster HA, order biomarkers for further evaluation of abnormal PSA
Monitor to stratify high risk prostate patients (biomarkers). New heart failure regiments (Isosorb/Hydralagene cg). Consider GLP-1 receptors more
Do PSA's. Think about PPG's. Consider migraine with sinus symptoms
PSA monitoring. Migraine Rx
Do not treat patients anymore
Migraine prophylaxis. Treatment approaches for heart failure. Use of biomarkers in prostate cancer screening
More confidence in treatment of diabetes and prostate cancer screening
Appropriate screening for prostate cancer. Application of new drugs to treat heart failure
Use GLP-1 RA
Migraine prevention treatment options. Using biomarker for PSA > 1.5 in my male patients
Biomarker screening
Identification of high risk prostate cancer patients. Interventions to improve diabetes management. Use recent clinical evidence to manage and ID HF and HLD
PSA screen > 1.5 mg/mL. Need to consider biomarkers before prostate biopsy
HK score in prostate management. Migraine intervention. New treatment for HF particularly for AA patients
Adopt new treatment and diagnostic approaches
Use biomarkers in PSA > 1.5. Better assessment/treatment of migraines
Use of G1P1 to DM regimens. Use of Isosorbid/Hydralazine in HF, recognizing potential new drugs used by cardio ivabradine sacubitril
Change in clinical practice
I feel that I am better prepared to help my patients with common health issues such as migraines
PSA screening followed by biomarker stud. How to evaluate and screen patients who need treatment for migraine. Congestive heart failure - new drug Ivabridine use - preventive
Reducing A1C with GLP-1. PSA screening and biomarkers. Treatment of migraines
Apply biomarkers
Using Aspiring to HA migraines
Increase use of GLP-1 RA. Increase prostate cancer screening. Use of new meds in CHF and cholesterol treatment
Specifically prostate screening strategies
To diagnose and treat HA (migraine). HF. Increased lipids
Think migraine if reoccurring sinus headaches. Check BNP if suspect HF. Biomarkers for PSA 1.5 and greater
Managing DM treatment. Prostate screen (biomarkers 'sweet spot')
GLP-1 use versus insulin. Ivabradine. Isosorbide with hydralazin
Order prostate biomarkers
PSA and biomarkers

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

Response
Use of Bidile for AA patients with HF stepwise approach. Prostate cancer screening and using the vesu stepwise approach to reduce A1C > 8% with use of basal insulin
Use of biomarkers to PSA. Aim at range 1.5
In the management of diabetes with current medications in the market
Target post prandial glucose. Check biomarkers for prostate cancer
PSA screening. Change DM meds
Modified risk factor for HF
Prevention and treatment of migraine. Biomarker for prevention of prostate cancer. Development of diabetes. Big benefit from heart failure lecture and cholesterol lecture
Importance of reduction and control of PPG. Importance of recognizing migraine. How to introduce injectables to patients
Knowledge increase in regards to guidelines in management of conditions
Consider to initiate the use of GLP-IRA sooner. Consider to order biomarkers in evaluating PSA over 1.5. Do not miss the diagnosis of migraine headache
Better managed care of African American patients. Be more aggressive in CHF > A1C management. Utilize biomarkers in management of patients with moderately elevated PSA to avoid biopsy
Risk assessment for prostate cancer. Use of GLP1-RA
Pay close attention to published guidelines
How to assess PSA effectively. How to treat migraines appropriately
Decrease opioid treatment diagnosed with migraines
Biomarkers for prostate cancer evaluation. Evaluate/treat migraine headaches as a chronic disease
Medication management for chronic diseases
PSA screening recommendations; migraine management techniques
How to manage Diabetes medications. Who to refer for prostate biopsy. Managing heart failure
Timely addition of GLP-1 RA to appropriate patients. Test prostate biomarkers before aggressive procedure. Add proper medications to CHF regimen as needed
The management of migraines, onset of symptoms, when to further test for elevated PSA > 1.5, importance of ID and managing risk factors for heart failure
Order biomarkers when PSA > 1.5. Avoid opioids in migraine Rx. Decrease HR to < 70 in CHF Rx. Rx entrance in refractory CHF
Increase my FYI
Identifying and treating migraines - videos helpful. Management of muscle symptoms on statin therapy
Better control of diabetes/heart failure. New lipid management guideline
Able to manage with new medications for heart failure. Diabetes medications
Prophy strategies for chronic migraines
Migraine diagnosis. Prostate screening guidelines. Urology referral guidelines for prostate
Noting post prandial glucose levels, increased PSA screening, heart failure algorithms
AUA guideline for prostate screening for CA. Use of newer treatment/drugs in HF. Rescue drug of migraine use
Individualize target HbA1C and escalate therapy
Identifying risks unique to patient and determining management steps/options based on individual risks
Improve the diagnostic and Rx skills
Better understanding of patho and indications of screening tests and pharmacologic treatment
Understanding A1C. PSA biomarker understanding and will look at differently. Children under 5 may have migraine also
Increase understanding of available Rx options for HF. Improved knowledge with new GLP, with management of diabetes. Increased combat with PSA testing guidelines
Patient education and prevention
How to screen for prostate cancer and when to refer
Educate the patient with the most up-to-date evidence to back/support my choice of treatment for them

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

Response
Monitoring my HF patients for appropriate regimen, adding biomarker testing to prostate cancer screening, integrating use of more GLP
Greatly improved knowledge of prostate cancer. Be aggressive with diabetes
Identify different classes of heart failure and initiate appropriate medical regimen
Check biomarker for prostate cancer. Utilizing GLP-RA. Preventive actions for migraine
Maximize risk reduction early - symptomatic HF - try Ivapradine or Isosorbide/hydralagar. Anyone with migraine should be treated or prophylaxed
Best learned today is management of heart failure

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

Response	Frequency	Percent	Mean: 1.38
Very likely	193	75.39	
Somewhat likely	38	14.84	
Unlikely	3	1.17	
Not applicable	17	6.64	
No Response	5	1.95	

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

Response	Frequency	Percent	Mean: 1.58
Within 1 month	167	65.23	
1-3 months	45	17.58	
4-6 months	9	3.52	
Not applicable	27	10.55	
No Response	8	3.13	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Jeff Unger, MD - Insulin Management:

Response	Frequency	Percent	Mean: 4.63
Excellent	175	68.36	
Very Good	59	23.05	
Good	14	5.47	
Fair	2	0.78	
Unsatisfactory	0	0.00	
No Response	6	2.34	

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

Response	Frequency	Percent	Mean: 4.81
Excellent	210	82.03	
Very Good	37	14.45	
Good	4	1.56	
Fair	0	0.00	
Unsatisfactory	1	0.39	
No Response	4	1.56	

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

Response	Frequency	Percent	Mean: 4.82
Excellent	210	82.03	
Very Good	34	13.28	
Good	4	1.56	
Fair	0	0.00	
Unsatisfactory	1	0.39	
No Response	7	2.73	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Keith C. Ferdinand, MD - Heart Failure Part I

Response	Frequency	Percent	Mean: 4.75
Excellent	177	69.14	
Very Good	43	16.80	
Good	7	2.73	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	29	11.33	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Keith C. Ferdinand, MD - Heart Failure Part II

Response	Frequency	Percent	Mean: 4.74
Excellent	183	71.48	
Very Good	51	19.92	
Good	6	2.34	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	16	6.25	

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

Response	Frequency	Percent	Mean: 4.64
Excellent	164	64.06	
Very Good	61	23.83	
Good	10	3.91	
Fair	1	0.39	
Unsatisfactory	0	0.00	
No Response	20	7.81	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Ola Akinboboye, MD - Hypercholesterolemia

Response	Frequency	Percent	Mean: 4.68
Excellent	152	59.38	
Very Good	46	17.97	
Good	10	3.91	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	48	18.75	

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

Response	Frequency	Percent	Mean: 4.73
Excellent	197	76.95	
Very Good	40	15.63	
Good	10	3.91	
Fair	2	0.78	
Unsatisfactory	0	0.00	
No Response	7	2.73	

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

Response	Frequency	Percent	Mean: 4.79
Excellent	209	81.64	
Very Good	37	14.45	
Good	4	1.56	
Fair	1	0.39	
Unsatisfactory	1	0.39	
No Response	4	1.56	

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

Response	Frequency	Percent	Mean: 4.78
Excellent	203	79.30	
Very Good	43	16.80	
Good	4	1.56	
Fair	0	0.00	
Unsatisfactory	1	0.39	
No Response	5	1.95	

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

Response	Frequency	Percent	Mean: 4.76
Excellent	189	73.83	
Very Good	36	14.06	
Good	8	3.13	
Fair	1	0.39	
Unsatisfactory	0	0.00	
No Response	22	8.59	

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

Response	Frequency	Percent	Mean: 4.81
Excellent	202	78.91	
Very Good	30	11.72	
Good	6	2.34	
Fair	1	0.39	
Unsatisfactory	0	0.00	
No Response	17	6.64	

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

Response	Frequency	Percent	Mean: 4.77
Excellent	190	74.22	
Very Good	39	15.23	
Good	6	2.34	
Fair	1	0.39	
Unsatisfactory	0	0.00	
No Response	20	7.81	

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

Response	Frequency	Percent	Mean: 4.78
Excellent	176	68.75	
Very Good	41	16.02	
Good	4	1.56	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	35	13.67	

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

Response	Frequency	Percent	Mean: -
Topics covered	200	78.13	
Location/ease of access	180	70.31	
Faculty	66	25.78	
Earn CME credits	210	82.03	
No Response	3	1.17	

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent	Mean: 1.50
Strongly agree	143	55.86	
Agree	93	36.33	
Neutral	16	6.25	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	4	1.56	

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

Response
Women's health
Infectious disease
Psychiatry in Primary Care. Urological disorders
Topic related to pediatrics 0-23 years
COPD, HTN, ovarian cancers, skin problems
PFT's in pulmonary disease
Nutrition, obesity management, viruses (Zika), mosquito borne diseases, skin cancer
Substance abuse, alcoholism
Movement disorder, Parkinson's disease - newest therapy
Wound care
Topics related to pediatrics please
Metabolic disorder. Nephotic syndrome
Osteoporosis. Post menopausal syndrome
Hepatitis C. Weight management. Fatty liver
Insomnia. Opioids
Any
Orthopaedic sport related injuries in adolescents. Asthma care and guidelines. Head injury topics and concussions. Lab test interpretation and diagnostic test interpretations. Using lipid lowering agents in youths
Neurologic diseases. Alzheimer's disease, etc
Rx for ADHD
Reproductive/contraceptives/women's health
Asthma management. Hyperthyroidism management. Pulmonary hypertension management. Cultural competency/sensitivity in Primary Care. Legality and ethics in patient care and/or documentation
CAD, HTN, COPD, GI

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

Response
Comparison of guidelines versus evidence based
Infectious disease, Rheumatology, management of chronic pain
Breast cancer screening, diagnosis, prevention, gynecological cancers
Depression, mental illness, sepsis, antibiotic use in Primary Care
Practical Rx for arthritis. Hypertension. COPD. Stroke (CVA) - prognosis as to timing of appropriate Rx. Risks of subsequent recurrence
Breast cancer screening. Back pain management
Diabetes Type I, pain management, women's health, psychiatric health, pediatric medicine
Mental health treatment
Women's issues. Psychiatry. GI diseases
Mental health topics related to Primary Care. Topics in preventive medicine/care
Infectious disease updates: HIV, Hepatitis
HTN. Pneumonia. COPD
Asthma. IBS. Travel med/ID
Pain management
Topics on hyperlipidemia
IBS, respiratory problems
Impartial EBM ones
Vertigo. Asthma
Occupational claims
HIV management and future treatment regimen
Common dermatologic issues in primary care. Common gastroenterology issues. Screening and managing depression in primary care
Hyperthyroidism. Intractable hypertension
Sleep apnea
Never too much diabetes
Dermatology. Antibiotic use
OSA
Parkinson's, ALS, other neurological conditions
DM
Breast cancer screening and cervical cancer screening recommendations and practice
Very well done - from facilities, speakers, and program
Some presentations on pediatrics
Gout. Thyroid diseases. Hypo and hyperthyroidism
Primary immunocompromise, Parkinson's disease, NASH and other types of Hepatitis, arthritis diseases, lyme
AUB. PCOS, management of abnormal gynecological cytology. Chronic and acute back pain. OCPU
HTN management, complex cases
Evaluation of premature (20's, young adulthood) renal disease/high blood pressure
More geriatric specific topics, end of life, palliative care, pain management, opioid prescribing, cancer screening recommendations
Managing refractory HTN
COPD/asthma in primary care. Depression/anxiety in primary care. Sleep in primary care
Erectile dysfunction. Depression. Mood disorders. Substance abuse in primary care. Suboxone and methadone patients
COPD
Convulsive asthma, CKD, Hepatitis C disease and treatment
Breast cancer

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

Response
Anemia. Psychiatry in primary care. Dermatology. Osteoporosis. Thyroid disease, deeper lab tests
Herbal medicines. Alternative medicine. Addiction medicine
Diabetes treatment. Hypertension treatment
Continuously updating us with different diseases and management
Orthopedics. Obesity. HTN. Infectious diseases. Interpretation of x-rays. Diabetes
Mental health in primary care. Women's health problems in primary care
Dementia. Anemia
Treatment of chronic sinusitis
More on cholesterol management. T2DM. HTN. Dermatology. Pharmacology. Psychiatry
Obesity, eating disorders, wellness in Primary Care
Topics covering GI concerns and respiratory disorders
Opioid prescribing. Labs - evaluation of which tests versus another
Women's health. Pitfalls in childhood screenings
Coronary vascular disease. Osteoporosis. Women's health. Immunizations - adult
More information on cancer screening periods
Treatment of anxiety, depression, chronic pain, vertigo
Antibiotic use. Dermatology - when to recommend ENT, respiratory challenges in nursing home
Sickle cell disease - emerging treatments on the horizon
Erectile dysfunction. Sleep apnea
HTN treatment. Arthritis treatment and DDX
Vascular disease - venous insufficiency, PAD
Chronic kidney disease
Pediatric topics
More diabetes management
Breast cancer screening, treatment. Dementia management
Women's health. Rheumatology. Skin. Asthma management
Psychiatry
Management of elevated LFT. Steathopatitis. Polypharmacy management. PTSD management
Sleep apnea. COPD. Renal failure. Weight reduction
HTN management. Osteoarthritis. Herbal medications
Preventative care. Clinical nutrition. Functional medicine
Rx of HTN. Skin disorders - common
All
COPD. Asthma. Obesity
Mental health in primary care
Opioid. PTSD. Immunotherapy
Common musculoskeletal disorders - knee/shoulder pain, depression, ADHD, autism, care for menopause
HTN management
Preventive medicine. Nutritional medicine. Complimentary alternative medicine
Urinary tract infections
MS. Alzheimer's. Seizure disorder. Dementia. CHF. CAD. Pain management (narcotics)
COPD. HTN. Asthma
Thyroid. Autoimmune disorders
I would like more lectures on infectious disease
COPD. Kidney failure
HTN management. Antibiotics stewardship

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

Response
Diabetes, please explicate the real name of diabetic medications
Arthopedic - primary care conditions of asthma
I&D's, abscess, laceration repairs, x-ray/splintomy
Infectious disease, skin disorders, musculoskeletal topics
CAD. HTN
Avoiding hospital readmissions. COPD exacerbation management
Palliative care for PCP's
Diagnostic approach for HF. Device management options for HF/arrhythmias, OSA/pulmonary HTN
Chronic pain. Analgesic/opioid pain medicine management
Osteoporosis. Vitamin D deficiency
Mental health, including major depressive disorder. Anxiety disorders
Pediatric topics
Cancer
Pharmacology
Non hormonal approaches to menopause. Depression in the elderly
ADHD management in adults
Stroke
Smoking cessation, weight loss management, diagnostic imaging and testing for screening
Diagnosing skin/rash in primary care. Update on COPD management in primary care
COPD. Colon cancer screening
COPD. Depression. Substance abuse
Diabetes
Hypertension, back pain
Sleep apnea. Healthy lifestyle changes for postmenopausal women
Cardiovascular disease in women
Geriatrics. Dementia
Transgender issues in healthcare. Psychiatric pharmacology. Opioid misuse/safe prescribing practices. Sleep apnea
Hypertension. Antibiotics. Asthma
Dizziness and vertigo. Psychiatric conditions in primary care. Musculoskeletal disorder in primary care. Neurological disorders
Prostate cancer updates. Diabetes and heart disease
Treatments for chronic Hepatitis C and Hepatitis B
As above
Breast cancer. Chronic fatigue. Fibromayalgia
Epilepsy. Cardiac arrhythmias
Antibiotic use
Prophylactic care of diseases i.e. colonoscopy, removal of 'moles', pap smears, yearly H&P
Dermatology conditions. Asthma/COPD. Chronic pain/opioid abuse/prescribing in primary care
Urgent care/walk in clinic common diagnosis and treatment. Hypertension management
Pain management
Decreased memory (dementia) - reasons and treatment
Hydradenitis; motivational interviewing
Women's health, endocrine conditions (PCOS, thyroid)
More HTN management
Neurologic disease (CVA, seizures), pulmonary disease (asthma, COPD, pneumonia), etc. management
Update in HIV both incidence and management. Addiction

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

Response
Colorectal cancer screening, occupational health
Step-wise management of MSK pain among young adults to mid-adults
Drug/narcotic abuse in USA
Geriatric prescribing, dermatology
How those same topics effect the geriatric population
Updates on addiction drugs of abuse/substance abuse. Pain management concepts for primary care
Health promotion and disease prevention
STD management
Psychiatry in primary care - meds and when to refer out. Dermatology/rashes in primary care setting
HTN management. Back pain. Breast cancer screening
Hepatitis C diagnosis and drugs. Lymes disease update. PCOS
Arrhythmias management
Novel anticoagulants - what is new since they were approved
Asthma. COPD

Additional comments:

Response
Excellent conference
Very excellent CME program
Great presentations overall! Presenters are well knowledgeable and were able to engage the audience
Room is extremely cold
Excellent CME opportunity
Excellent CME. Thanks for breakfast
Thank you - it's a good conference and very enlightening
Excellent conference
Excellent activity - practical, informative, useful information
Very good. Miss lunch! Would have paid for box lunch. How about a cruise from Baltimore
None
Enjoyed the conference. Room was too cold
This CME presentation was very informative and well presented. Very high quality and well-knowledgeable presenters. I truly enjoyed this! I didn't appreciate the numerous AIV technical difficulties in the afternoon session, given the AM sessions went fine
Each year the conference is better
Include mental health and disease management
Will consider CME - cruise activities in the future
The CHF portion seemed not right for primary care. It was very advanced. A more basic program on managing CHF would have been applicable. A 'train wreck' of a cardiac patient would definitely be refined to cardiology
Thank you for providing breakfast. I feel as a healthcare associated event there should be greater consideration for those that are gluten free, dairy-free, and vegan
Excellent speakers
Excellent presentations
Very good conference and speakers
Dr. Rosenberg needed to clarify that he is on the advisory board for the biomarker company he was promoting
Excellent presenters - liked the approach that is very helpful for those in primary care
Excellent - clinically applicable information
Very interesting and up to date information across all subjects

Additional comments:

Response
Great topics
Need further breakdown in diabetes teaching. Though we're providers, it was too complicated, difficult to grasp, unless further researched. I need to understand treatment at a conference, rather than going home to research further
Wonderful conference! Great speakers
Very good program
Repeat HF as more data comes out. Very, very good seminar. Thank you
Thanks for bringing this free event to Baltimore
Dr. Unger spoke too quickly and due to echos in the room he was difficult to understand. SLOW down and enunciate. Otherwise he was great
Room was too cold
Snacks at break; too cold in the lecture hall, consider Thursday and Friday. Excellent faculty and materials great
Good location. Very cold in conference room, however
Dr. Unger is a great speaker. Very knowledgeable, but would be helpful if he would slow down a bit. He spoke too fast
It was very nice and educational. Thanks
Some presenters not easily understood
Excellent CME opportunity, excellent quality speakers. Material was easily understood and relevant, also easy to apply to practice
First time attending. Great conference! Highly recommend. Thank you
I did not appreciate the dry humor of mentioning Prince multiple times regarding opioid drug migraine treatment. I don't think it is appropriate in light of those who are stillanef and such a multitalented person in his field
Great presentations
Nice setting for CME
Room was too cold. Schedule time for questions. Unable to see bottom of slides
Excellent speakers
Lots of practical information presented
Thank you
Very practical CME! Good practical recommendations
The speakers really gave thought-provoking information that will impact my current practice
Great program
Packaged lunch will be welcomed
Thanks for an excellent CME
Ola Akinboboye was excellent with his simplification of lipid and hypercholesterolemia
Please use both generic and brand names. It is hard to follow lectures as we are more familiar with the brand name of new medications
Most topics/discussions were focused on high specialty subjects, not focused on topics useful for a general physician. Many slides were too busy, hard to read
Sound/voice was not as clear as should be, appeared too focused towards room center, leaving out bilat sides/peripheral
Insensitive speaker about 'Prince'. Opioid addiction is across the board. Let us grieve
The speakers were engaging and answered questions on point
Great topics. Great presenters. Love it. Disappointment at late cancellation of lunch
Diabetes therapy to be simplified. Thanks
Highly informative. I enjoyed this CME
I utilize Ernesto and Ivabradine with my patients with great outcome, especially with improvement with LVEF and symptomology. Enjoyed CE course
Excellent CME presentation
Great conference
Need of lunch on site

Additional comments:

Response
Great job
Topics well presented
Thanks
Overall great CME activity. Thanks
Excellent conference
Seated in 7th row from the front, the bottom 1/4-1/3 of screen (slide) non-visible (heads blocking view)
Great conference
Request MOC credit
Great conference/speakers. Thanks
Too much information in single slide. Letters are too small in many slides
None
Thank you for this conference. The speakers were great and very knowledgeable. They were engaging and kept the interest with each subject. I learned a lot and look forward to attending other conferences by this organization
One hour lunch break a waste of time. Snacks should be provided during breaks
Very good CME's. Need N/A option for specialists who are not primary care doctors
Thank you; very informative
Really enjoyed conference - highly recommend
The topics and speakers are excellent
Great finding a free CME activity. Very helpful, though heart failure sessions could have been less time since primarily PCP's attending. Also, female presenters in future. Thanks
Dr. Unger spoke inappropriately about opioid addition by referencing Prince, the musician. It is not okay to label someone in that way regarding drug addiction! Very inappropriate, insensitive, and offensive
So glad I attended. Great help and recommendations
We always like expert speakers like those of today! Excellent! By the way, can we have free afternoon coffee next time
The location (Hilton Baltimore) was horrible with temperature control of live meeting hall. Freezing, no action taken after negative complaints. Please do not choose this hotel next time
Enjoyed case studies and interactive review. I'm not sure your audience response thing was working (mine kept kicking me out) - maybe reason for some low response numbers
A huge thanks to NACE - always professional and always great emails/offerings. Hilton was a beautiful/clean hotel choice in Baltimore
Great conference! I really enjoyed the speakers. Great practical information I can use
Very grateful for well put together conference on useful information
Great program with great speakers
Not enough time for complex HF and diabetes - will have to do more independent study to fully understand, but information and presenters very good