



# *Emerging Challenges In Primary Care: 2016*

## Activity Evaluation Summary

- CME Activity:** Emerging Challenges in Primary Care: 2016  
Saturday, April 30, 2016  
Hilton Miami Airport  
Miami, FL
- Course Director:** Gregg Sherman, MD
- Date of Evaluation Summary:** May 23, 2016



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In April 2016, the National Association for Continuing Education (NACE) sponsored a CME program, ***Emerging Challenges in Primary Care: 2016***, in Miami, 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, Prostate Cancer, Heart Failure, Sleep Apnea, and NASH.

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 and thirty healthcare practitioners registered to attend ***Emerging Challenges in Primary Care: 2016*** in Miami, FL. Two hundred and seventy-six 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 seventy 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*<sup>™</sup>. 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*<sup>™</sup>. 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 2.25 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 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                 | 103       | 38.15   |         |
| DO                 | 3         | 1.11    |         |
| NP                 | 137       | 50.74   |         |
| PA                 | 15        | 5.56    |         |
| RN                 | 19        | 7.04    |         |
| Other              | 10        | 3.70    |         |
| <b>No Response</b> | 4         | 1.48    |         |
| <b>Invalid</b>     | 1         | 0.37    |         |

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

| Response           | Frequency | Percent | Mean: 4.16 |
|--------------------|-----------|---------|------------|
| None               | 21        | 7.78    |            |
| 1-5                | 29        | 10.74   |            |
| 6-10               | 64        | 23.70   |            |
| 11-15              | 41        | 15.19   |            |
| 16-20              | 36        | 13.33   |            |
| 21-25              | 19        | 7.04    |            |
| > 25               | 51        | 18.89   |            |
| <b>No Response</b> | 9         | 3.33    |            |

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

| Response           | Frequency | Percent | Mean: 3.13 |
|--------------------|-----------|---------|------------|
| None               | 38        | 14.07   |            |
| 1-5                | 84        | 31.11   |            |
| 6-10               | 51        | 18.89   |            |
| 11-15              | 27        | 10.00   |            |
| 16-20              | 31        | 11.48   |            |
| 21-25              | 12        | 4.44    |            |
| > 25               | 17        | 6.30    |            |
| <b>No Response</b> | 10        | 3.70    |            |

## What is your specialty?

| Response             | Frequency | Percent | Mean: 2.21 |
|----------------------|-----------|---------|------------|
| Primary Care         | 199       | 73.70   |            |
| Endocrinology        | 4         | 1.48    |            |
| Rheumatology         | 1         | 0.37    |            |
| Pulmonology          | 7         | 2.59    |            |
| Cardiology           | 9         | 3.33    |            |
| Gastroenterolog<br>y | 2         | 0.74    |            |
| Other                | 41        | 15.19   |            |
| <b>No Response</b>   | 7         | 2.59    |            |
| <b>Invalid</b>       | 0         | 0.00    |            |

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

| Response           | Frequency | Percent | Mean: 2.66 |
|--------------------|-----------|---------|------------|
| None               | 55        | 20.37   |            |
| 1-5                | 90        | 33.33   |            |
| 6-10               | 53        | 19.63   |            |
| 11-15              | 34        | 12.59   |            |
| 16-20              | 11        | 4.07    |            |
| 21-25              | 9         | 3.33    |            |
| > 25               | 7         | 2.59    |            |
| <b>No Response</b> | 11        | 4.07    |            |

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

| Response           | Frequency | Percent | Mean: 2.71 |
|--------------------|-----------|---------|------------|
| None               | 41        | 15.19   |            |
| 1-5                | 116       | 42.96   |            |
| 6-10               | 44        | 16.30   |            |
| 11-15              | 23        | 8.52    |            |
| 16-20              | 14        | 5.19    |            |
| 21-25              | 12        | 4.44    |            |
| > 25               | 9         | 3.33    |            |
| <b>No Response</b> | 11        | 4.07    |            |

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

| Response    | Frequency | Percent | Mean: 2.30 |
|-------------|-----------|---------|------------|
| None        | 61        | 22.59   |            |
| 1-5         | 119       | 44.07   |            |
| 6-10        | 37        | 13.70   |            |
| 11-15       | 15        | 5.56    |            |
| 16-20       | 9         | 3.33    |            |
| 21-25       | 4         | 1.48    |            |
| > 25        | 5         | 1.85    |            |
| No Response | 20        | 7.41    |            |

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: 1.05 |
|-------------|-----------|---------|------------|
| Yes         | 252       | 93.33   |            |
| Somewhat    | 12        | 4.44    |            |
| Not at all  | 1         | 0.37    |            |
| No Response | 5         | 1.85    |            |

Upon completion of this activity, I can now: Know the risk factors for heart failure and the role of biomarkers in diagnosis and treatment; Describe pathophysiologic factors contributing to increased risk of heart failure among African Americans and other ethnic minorities; Identify approaches to facilitate early recognition of heart failure; Manage heart failure using the most recent clinical evidence.

| Response    | Frequency | Percent | Mean: 1.13 |
|-------------|-----------|---------|------------|
| Yes         | 228       | 84.44   |            |
| Somewhat    | 31        | 11.48   |            |
| Not at all  | 1         | 0.37    |            |
| No Response | 10        | 3.70    |            |

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: 1.11 |
|-------------|-----------|---------|------------|
| Yes         | 238       | 88.15   |            |
| Somewhat    | 26        | 9.63    |            |
| Not at all  | 1         | 0.37    |            |
| No Response | 5         | 1.85    |            |

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.

| Response    | Frequency | Percent | Mean: 1.13 |
|-------------|-----------|---------|------------|
| Yes         | 231       | 85.56   |            |
| Somewhat    | 33        | 12.22   |            |
| Not at all  | 1         | 0.37    |            |
| No Response | 5         | 1.85    |            |

Upon completion of this activity, I can now: Discuss the pathophysiology of obstructive sleep apnea; Identify the clinical features and presentation of sleep apnea; List comorbidities associated with sleep apnea; Discuss appropriate evaluation to accurately diagnose sleep apnea; Explain recent advances in management of obstructive sleep apnea.

| Response    | Frequency | Percent | Mean: 1.06 |
|-------------|-----------|---------|------------|
| Yes         | 221       | 81.85   |            |
| Somewhat    | 13        | 4.81    |            |
| Not at all  | 1         | 0.37    |            |
| No Response | 35        | 12.96   |            |

Upon completion of this activity, I can now: Identify patients at high risk for nonalcoholic fatty liver disease (NAFLD); Distinguish non-alcoholic fatty liver (NAFL) from nonalcoholic steatohepatitis (NASH) and understand how to stage the disease; Implement ongoing evidence based general management of patients with NASH; Describe the available and emerging treatment options for patients with NASH.

| Response           | Frequency | Percent | Mean: 1.08 |
|--------------------|-----------|---------|------------|
| Yes                | 196       | 72.59   |            |
| Somewhat           | 18        | 6.67    |            |
| Not at all         | 0         | 0.00    |            |
| <b>No Response</b> | 56        | 20.74   |            |

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

| Response           | Frequency | Percent | Mean: 1.20 |
|--------------------|-----------|---------|------------|
| Strongly Agree     | 215       | 79.63   |            |
| Agree              | 52        | 19.26   |            |
| Neutral            | 1         | 0.37    |            |
| Disagree           | 0         | 0.00    |            |
| Strongly Disagree  | 0         | 0.00    |            |
| <b>No Response</b> | 2         | 0.74    |            |

Overall, this was an excellent CME activity:

| Response           | Frequency | Percent | Mean: 1.18 |
|--------------------|-----------|---------|------------|
| Strongly Agree     | 223       | 82.59   |            |
| Agree              | 42        | 15.56   |            |
| Neutral            | 3         | 1.11    |            |
| Disagree           | 0         | 0.00    |            |
| Strongly Disagree  | 0         | 0.00    |            |
| <b>No Response</b> | 2         | 0.74    |            |

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

| Response           | Frequency | Percent | Mean: 1.19 |
|--------------------|-----------|---------|------------|
| Strongly Agree     | 219       | 81.11   |            |
| Agree              | 47        | 17.41   |            |
| Neutral            | 2         | 0.74    |            |
| Disagree           | 0         | 0.00    |            |
| Strongly Disagree  | 0         | 0.00    |            |
| <b>No Response</b> | 2         | 0.74    |            |

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

| Response   |
|--|
| Improve knowledges in the practice   |
| For diabetic when monotherapy is no longer the best treatment method, for increased PSA use of biomarker to drive further care. For heart failure more effort to recognizing stage A HF  |
| When to consider biomarker in screening for prostate cancer. Higher suspicion of OSA   |
| Approaches in treating heart failure. Treatment of PP hyperglycemia. Screening for prostate cancer over 1.5. Benefit of coffee and vitamin E in treatment of NASH  |
| Diet management of HF. Management of BS. Management of prostate cancer   |
| When to use biomarkers to determine risk of aggressive prostate cancer. Risk factors HF in various ethnicity and treatment difference and using CB for treatment. Recognizing client with sleep apnea and treatment. Difference between NASH and NAFLD for treatment/diagnosis |
| Check post prandial glucose on any patient with fasting glucose >100   |
| Encouraging patients to check post prandial glucose. Use of biomarkers in prostate cancer screening; managing heart failure. More evaluation for sleep apnea   |
| Biomarkers. More GLP1 agents   |
| Heart failure. Diabetes  |
| HF risk treatment guidelines. DM - use of Invokana   |
| Biomarker use for prostate cancer  |
| Med management. Appropriate referrals. Testing   |
| Using biomarkers to better stratify my patients with elevated PSA. Add Ivabradine and quetresto more   |
| Initiate multiple therapy for DM management; able to obtain biomarkers in heart event of PSA over 1.5; zone in on tight HTN management to decrease risk of HF; aware of the guidelines in HF management, differentiate between NASH and NAFLD, identify risk factor            |

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

| <b>Response</b>  |
|--|
| More aggressive treatment of diseases covered  |
| Use of biomarkers for risk stratification  |
| Better evaluate the patient that comes to the office with abnormal test - best follow up DM/add med. Best post increase PSA (biomarker before biopsy, etc.)  |
| I feel more comfortable with DM management, evaluation, cardiovascular (CHF) prevention  |
| Use biomarkers. Use AVA guidelines   |
| Follow up recommendation   |
| Insulin control and new medications, PSA and biomarker screening, postprandial blood sugar control, heart failure, prevention, and medications used to help prevent heart failure                            |
| Pairing insulin with GLP-1 RA can help with post-prandial glucose control; biomarker testing for PSA over 1.5 is helpful; new modalities for treating HF are available; sleep apnea is a silent killer       |
| PSA screening along biomarkers to further evaluate, initiation of hydrolorine  |
| Implement more the use of GLP info   |
| New diagnostics, pharmacology  |
| Applying biomarkers in prostate cancer. UTD meds DM. New and better drugs in heart failure   |
| Biomarker for screening prostate cancer. GLP-1 agonists for DMII patients to control post prandial glucose and weight  |
| Patient with PSA elevated do a biomarker for test before refer to biopsy. Severe apnea, start patient on CPAP x lever biopsy th most confirmed diagnosis test  |
| Awareness of the recommendations of the authors  |
| Improved diagnostic education for patient, use of prostate biomarkers. Differences in fatty liver and management. Management of sleep apnea  |
| HF management, prostate screening  |
| More use of GLP-1 analogs/better prostate cancer screening. Better management of heart failure/better diagnosis and treatment of OSA, better management of NASH and NAFLD                                    |
| Consider GLP-1 to lower post prandial. Look at biomarkers, open conversations with patient, and educate in small dose depending on overloading   |
| Use of post prandial to set course on treatment, effective use to stratify HF, be more aggressive of PSA leading to use of biomarkers to point to aggressive prostate cancer                                 |
| Use of GLP-1 RA  |
| Change type II management  |
| Consider checking A1C in 6 weeks, instead of 3 months, after medication adjustments. Order biomarker to be performed for patient with PSA>1.5. Control hypertension. Follow up every 6 months with cirrhosis |
| Can provide team and patient more appropriate information in patient care  |
| Utilizing GLP-IRA earlier and appropriately when treating patients with DM. Use of biomarkers with prostate cancer screening. Uses of Vitamin E and coffee in NAFLD and NASH patient                         |
| Appropriate management of HF in African American patients. Identifying characteristics/symptoms of patient with sleep apnea  |
| Use of GLP-1 - RA to treat post-prandial hyperglycemia. Sleep apnea - ask patients about sleep hygiene   |
| Better diabetes management; use of PSA and its interpretation in practice  |
| Apply updated data/knowledge to patient care   |
| All the topics were very useful, however given the results of new studies, enforcement of the screening, diagnosing, and treating heart failure strategies to improve patient outcomes                       |
| Effectively choose agent to lower A1C. Manage CHF with new agents  |
| Evaluate carefully participants in studies to determine effects of drugs on your patient. Evaluate what's in your toolbox for DM. Biomarkers utility in prostate cancer screening                            |
| Proper use of USPTF guidelines for prostate, application of meds for CHF   |
| Research. Trials. Treatment  |
| Biomarkers prior to biopsy   |

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

| <b>Response</b>  |
|--|
| NAFL and NASH definition in the treatment of sleep apnea. Improve management of CHF and the changes of the beta blockers   |
| 1, 2, 3  |
| Update management/treatment  |
| Having that talk when meds are maxed out and patient is improving way to help patient to bring something to the table for self help  |
| Early use of biomarkers, postprandial hyperglycemia  |
| Check post prandial BS, control A1C, it is the new 4 so check biomarkers, check resting HR, control BP   |
| More teaching  |
| Implementing the use of GLP-1 RA in diabetic   |
| Will implement some strategies mentioned, and will discuss them with my colleagues   |
| Advances of GLP-1 receptor agonist. When to use new drugs. New advancement in the treatment of OSA   |
| Implement new T2DM innovative treatments - in practice to start Rx Dx tools biomarkers - new drugs in CHF to use with cardiologist   |
| Use of biomarkers - CAP, LHR in heart failure  |
| To apply new knowledge to my already strategies  |
| Using biomarkers to detect prostate cancer, importance of post prandial glucose, ask more frequently about sleep hygiene   |
| Applying biomarkers with the diagnosis of elevated PSA levels. Considering the use of Ivabradine in patients with heart failure  |
| Importance to check post-prandial check using scores in prostate cancer screening, current use of BNP correct use of treatment according to risk factors/OSA evaluation/identifying NASH treatments and risk |
| Use of biomarkers in prostate evaluations and heart failure - treatment of heart failure   |
| I will use Entresto in HF patients. More knowledgeable about fatty liver disease and NASH  |
| Use of GLP-1, PSA screening/biomarkers use   |
| Decision making strategies for prostate screening  |
| Better approach to diagnosed and treatment   |
| Better understanding of DMGLPIRA, better understanding 4K test, Entrosta, Ivabradine, better extent of OSA, NASH NAFLD   |
| Use GP and receptor analogs to be in control of A1C  |
| Combination treatment (GLP RA and Ins x optimal glucose control). Biomarkers for prostate cancer screening. Ivabradine as alternative x HF   |
| Understanding guidelines, understanding challenges in HF care of minority populations  |
| Biomarkers for PSA>1.5. Use different classes of meds in DM Rx, being aware of racial differences for heart failure treatment involving medication   |
| Consider bio treatment improve BP. Monitor PSA at 1.5 level and biomarker. Assess CHF better. OSA will continue with current practice. Better treat patient NASH/NAFLH                                       |
| GLP-1 RA combinations to control post prandial hyperglycemia   |
| Customized patient care, improve patient outcomes  |
| Screening prostate cancer - PSA if 1.5 or higher - biomarkers - make a share decision then   |
| Role of biomarkers in evaluation risk of prostate cancer   |
| Incorporate GLP-1 agonists to DM treatment, appropriate diagnosis and treatment of OSA   |
| Recognize signs and symptoms of sleep apnea. Guidelines for treatment of heart failure   |
| New approach in diabetes treatment (post-prandial). PSA screening in males >50yo   |
| A1C>7.5 start with combo Rx. PSA >105 requires follow up. A1C<8 is due to post prand   |
| Biomarkers for prostate, new HF Rx   |
| Understand the different medicine and how to treat different ethnicities   |
| Use guidelines to assess and evaluate patients   |

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

| <b>Response</b>   |
|---|
| All of them   |
| Biomarkers. Using new HF med  |
| When to PSA screen and appropriate follow up  |
| Use of biomarkers for better assessment for prostate cancer. Early detection/management for better outcomes for DM/HF   |
| Use latest treatments such as GLP-IRA, biomarkers for prostate cancer. Further investigation, etc   |
| Screening and treatment of OSA and recommended treatment  |
| Interpret PSA. Importance of post prandial BS. Better management of DMII. Identify patients at risk for prostate cancer. Risk factors for HF  |
| Biomarkers for prostate cancer. Post prandial BS  |
| PSA biomarkers - implementing a post-prandial medication in treatment of DMII   |
| Role of GLP-1 in DMII treatment (spec ppt prandial). Prostate cancer screen role of biomarkers; early recognition and role of HR r/t heart failure  |
| Use of biomarkers in prostate cancer screening  |
| Importance of post-prandial target. Use of sacubital-uclestarn  |
| Asking about post-prandial glucose/logs. In women's health - but when switching to primary - definitely will use biomarkers in testing prostate cancer (awesome information)                                    |
| Check post-prandial glucose; use GLP-1, 1.5 PSA is the new 4 biomarker. Recognizing HF early, prevention of asymptomatic, adverse effects of sacubitin/valsarti   |
| Use updated guidelines in screening for prostate cancer. Use of RSA screens and guidelines for HF treatment   |
| Implementing these strategies into practice   |
| Check postprandial hyperglycemia. Remember PSA>1.5 (risk begins to increase). Recognizing risk factors for heart failure (HTN, etc.). Stage 'A' aware of common adverse effects of subacute valve               |
| Diabetic medication management. Prostate cancer screening. HF classification and treatment  |
| Will consider other agents to gain control DM, check biomarkers for prostate cancer, better management of heart failure   |
| Use of short acting BLP-IRA to post-prandial-glucose. Earlier intervention with SA insulin  |
| Use of biomarkers for prostate cancer   |
| 4K score (biomarkers) use   |
| Better diabetes and heart failure management utilizing new meds and guidelines  |
| Management of risk in African American patients as it differs from non-African Americans  |
| CHF. T2DM   |
| A seminary with my staff regarding NACE conference  |
| Use of biomarkers. Evaluate/screen for obstructive sleep apnea more frequently  |
| Follow up testing of elevated PSA. Screen for sleep apnea better. Address increased HR in HF  |
| Reviewed new drugs  |
| Investigate and use the new drugs. Use of biomarkers - better approach with HF - apply last glance about HF treatment   |
| Use of biomarkers. Use of new drugs   |
| How manage prostate cancer screening  |
| Management of heart failure. Recognizing some consequences of sleep apnea. Gained a better understanding of fatty liver   |
| Utilize GLP-1 RAS. Recommend Entrest  |
| I'll go prosections in treating patient with post prandial hypoglycemia, BPH, and cancer. HCs   |
| Biomarkers for prostate screening   |
| Use biomarkers to further assess equivocal PSA valves; use GLP-1 RA's sooner in DM treatments   |
| Prostate screening, prostate biomarkers, importance GLP-1 for post prandial treatment. Scan a patient with cirrhosis with imaging and blood work. Treat OSA initially with DPAR                                 |
| Post prandial hyperglycemia reduction. Probably increase use of exarotide - evaluation of biomarkers in high risk of PC patients. Recognize importance of heart rate in CHF. Recognition of hypertension in CHF |



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

| Response  |
|---|
| Various strategies learned that increased my confidence in managing patients with DM, CHF, OSA, NASH, etc   |
| Increase OSA risk screening. Consider np blood sugar and Rx appropriately. ID risk for fatty liver and distinguish NAFL/NASH  |
| Better use of GLP and GLP1 RHS. Better evaluation of PSAs and use of biomarkers. Better management of HF, considering useful drugs - better use of BNP  |
| Use of the GLP1 and its extreme benefits. Heart failure management/prevention - most important  |
| Identified patients at high risk - manage heart failure using the most recent clinical treatment  |
| Management of Diabetes, screening for prostate cancer, HF treatments  |
| Better assessment of PP hyperglycemia and effective treatments. Better understanding and appropriate screening for prostate cancer. Early treatment to prevent HF. Overall better assessments |
| Identify sleep apnea patients better  |
| Provide better health care  |
| Use of GLP LRA injectable. Prostate biomarkers for prostate cancer  |
| Use biomarker for screening evaluation of patients with a PSA greater than 1.5  |
| NASA vs NAFLD. BNP vs PN BNP in heart failure   |

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

| Response           | Frequency | Percent | Mean: 1.28 |
|--------------------|-----------|---------|------------|
| Very likely        | 208       | 77.04   |            |
| Somewhat likely    | 42        | 15.56   |            |
| Unlikely           | 0         | 0.00    |            |
| Not applicable     | 10        | 3.70    |            |
| <b>No Response</b> | 10        | 3.70    |            |

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

| Response           | Frequency | Percent | Mean: 1.52 |
|--------------------|-----------|---------|------------|
| Within 1 month     | 174       | 64.44   |            |
| 1-3 months         | 49        | 18.15   |            |
| 4-6 months         | 12        | 4.44    |            |
| Not applicable     | 20        | 7.41    |            |
| <b>No Response</b> | 15        | 5.56    |            |

**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Mark Stolar, MD - Insulin Management:**

| Response           | Frequency | Percent | Mean: 4.79 |
|--------------------|-----------|---------|------------|
| Excellent          | 220       | 81.48   |            |
| Very Good          | 34        | 12.59   |            |
| Good               | 7         | 2.59    |            |
| Fair               | 2         | 0.74    |            |
| Unsatisfactory     | 0         | 0.00    |            |
| <b>No Response</b> | 7         | 2.59    |            |

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

| Response           | Frequency | Percent | Mean: 4.95 |
|--------------------|-----------|---------|------------|
| Excellent          | 254       | 94.07   |            |
| Very Good          | 10        | 3.70    |            |
| Good               | 1         | 0.37    |            |
| Fair               | 0         | 0.00    |            |
| Unsatisfactory     | 0         | 0.00    |            |
| <b>No Response</b> | 5         | 1.85    |            |

**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Elizabeth Ofili, MD, MPH, FACC - Heart Failure Part I**

| Response           | Frequency | Percent | Mean: 4.68 |
|--------------------|-----------|---------|------------|
| Excellent          | 195       | 72.22   |            |
| Very Good          | 54        | 20.00   |            |
| Good               | 13        | 4.81    |            |
| Fair               | 0         | 0.00    |            |
| Unsatisfactory     | 1         | 0.37    |            |
| <b>No Response</b> | 7         | 2.59    |            |

**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Elizabeth Ofili, MD, MPH, FACC - Heart Failure Part II**

| Response           | Frequency | Percent | Mean: 4.71 |
|--------------------|-----------|---------|------------|
| Excellent          | 189       | 70.00   |            |
| Very Good          | 40        | 14.81   |            |
| Good               | 12        | 4.44    |            |
| Fair               | 1         | 0.37    |            |
| Unsatisfactory     | 1         | 0.37    |            |
| <b>No Response</b> | 27        | 10.00   |            |

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

| Response       | Frequency | Percent | Mean: 4.71 |
|----------------|-----------|---------|------------|
| Excellent      | 186       | 68.89   |            |
| Very Good      | 45        | 16.67   |            |
| Good           | 11        | 4.07    |            |
| Fair           | 1         | 0.37    |            |
| Unsatisfactory | 0         | 0.00    |            |
| No Response    | 27        | 10.00   |            |

**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Kalyan R. Bhamidimarri, MD - NASH:**

| Response       | Frequency | Percent | Mean: 4.86 |
|----------------|-----------|---------|------------|
| Excellent      | 186       | 68.89   |            |
| Very Good      | 21        | 7.78    |            |
| Good           | 4         | 1.48    |            |
| Fair           | 0         | 0.00    |            |
| Unsatisfactory | 0         | 0.00    |            |
| No Response    | 59        | 21.85   |            |

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

| Response       | Frequency | Percent | Mean: 4.89 |
|----------------|-----------|---------|------------|
| Excellent      | 239       | 88.52   |            |
| Very Good      | 17        | 6.30    |            |
| Good           | 3         | 1.11    |            |
| Fair           | 2         | 0.74    |            |
| Unsatisfactory | 0         | 0.00    |            |
| No Response    | 9         | 3.33    |            |

**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Elizabeth Ofili, MD, MPH, FACC - Heart Failure Part II**

| Response       | Frequency | Percent | Mean: 4.73 |
|----------------|-----------|---------|------------|
| Excellent      | 197       | 72.96   |            |
| Very Good      | 37        | 13.70   |            |
| Good           | 9         | 3.33    |            |
| Fair           | 4         | 1.48    |            |
| Unsatisfactory | 0         | 0.00    |            |
| No Response    | 23        | 8.52    |            |

**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Franck Rahaghi, MD - Sleep Apnea**

| Response       | Frequency | Percent | Mean: 4.86 |
|----------------|-----------|---------|------------|
| Excellent      | 205       | 75.93   |            |
| Very Good      | 28        | 10.37   |            |
| Good           | 3         | 1.11    |            |
| Fair           | 0         | 0.00    |            |
| Unsatisfactory | 0         | 0.00    |            |
| No Response    | 34        | 12.59   |            |

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

| Response       | Frequency | Percent | Mean: 4.81 |
|----------------|-----------|---------|------------|
| Excellent      | 226       | 83.70   |            |
| Very Good      | 28        | 10.37   |            |
| Good           | 7         | 2.59    |            |
| Fair           | 1         | 0.37    |            |
| Unsatisfactory | 1         | 0.37    |            |
| No Response    | 7         | 2.59    |            |

**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Elizabeth Ofili, MD, MPH, FACC - Heart Failure Part I**

| Response       | Frequency | Percent | Mean: 4.72 |
|----------------|-----------|---------|------------|
| Excellent      | 207       | 76.67   |            |
| Very Good      | 42        | 15.56   |            |
| Good           | 10        | 3.70    |            |
| Fair           | 4         | 1.48    |            |
| Unsatisfactory | 0         | 0.00    |            |
| No Response    | 7         | 2.59    |            |

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

| Response       | Frequency | Percent | Mean: 4.77 |
|----------------|-----------|---------|------------|
| Excellent      | 198       | 73.33   |            |
| Very Good      | 34        | 12.59   |            |
| Good           | 8         | 2.96    |            |
| Fair           | 2         | 0.74    |            |
| Unsatisfactory | 0         | 0.00    |            |
| No Response    | 28        | 10.37   |            |

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

| Response           | Frequency | Percent      | Mean: 4.89 |
|--------------------|-----------|--------------|------------|
| Excellent          | 214       | 79.26        |            |
| Very Good          | 18        | 6.67         |            |
| Good               | 4         | 1.48         |            |
| Fair               | 0         | 0.00         |            |
| Unsatisfactory     | 0         | 0.00         |            |
| <b>No Response</b> | <b>34</b> | <b>12.59</b> |            |

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

| Response                | Frequency | Percent     | Mean: - |
|-------------------------|-----------|-------------|---------|
| Topics covered          | 219       | 81.11       |         |
| Location/ease of access | 174       | 64.44       |         |
| Faculty                 | 65        | 24.07       |         |
| Earn CME credits        | 197       | 72.96       |         |
| <b>No Response</b>      | <b>6</b>  | <b>2.22</b> |         |

**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Kalyan R. Bhamidimarri, MD - NASH**

| Response           | Frequency | Percent      | Mean: 4.88 |
|--------------------|-----------|--------------|------------|
| Excellent          | 196       | 72.59        |            |
| Very Good          | 17        | 6.30         |            |
| Good               | 4         | 1.48         |            |
| Fair               | 0         | 0.00         |            |
| Unsatisfactory     | 0         | 0.00         |            |
| <b>No Response</b> | <b>53</b> | <b>19.63</b> |            |

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

| Response           | Frequency | Percent     | Mean: 1.41 |
|--------------------|-----------|-------------|------------|
| Strongly agree     | 171       | 63.33       |            |
| Agree              | 79        | 29.26       |            |
| Neutral            | 14        | 5.19        |            |
| Disagree           | 0         | 0.00        |            |
| Strongly Disagree  | 0         | 0.00        |            |
| <b>No Response</b> | <b>6</b>  | <b>2.22</b> |            |

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

| Response  |
|---|
| Early detection of lung cancer by LDCT  |
| Celiac disease. GERD, ulcerative colitis, HRT, colon cancer - screenings, cirrhosis, pancreatitis, Hepatitis, documentation, dysphagia                              |
| Dermatology   |
| Kidney disease, depression, obesity, atrial fibrillation, thyroid disease   |
| What you're covering is excellent   |
| Heart failure management in hispanic population   |
| Transgender population treatment  |
| Nephrology  |
| EPS, nephrology, palliative care  |
| Dermatology, skin conditions, stroke  |
| Statins and risk of diabetes. What to do  |
| Liver cirrhosis, NASH, NAFLD  |
| Upper respiratory infections, hypertension/renal management   |
| Rheumatoid arthritis. COPD. Alzheimer's, dementia   |
| Urgent care   |
| Diabetes. Continuous glucose monitoring in Type II Diabetes prone to reanect hypoglycemic qualities, thrombocyclopinin, isolated hyperbilirrobremia, adrenal nodule |
| Cancer formative screening  |
| SANE  |
| Sleep apnea. Diabetes   |
| PAD. ED. ESRD   |
| Women and endocrine disorders   |
| Thyroid disease   |

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

| <b>Response</b>   |
|---|
| COPD management, depression management  |
| Chronic kidney disease management/ AFib   |
| Hyperparathyroidism   |
| Hypothyroidism  |
| Every topic around Primary Care   |
| COPD, psychiatric disorders, hyperlipidemia, hyperleisine   |
| Hypercoagulability  |
| Lung Disease. GI Disease  |
| Women's Health and Primary Care, Ped Health and Primary Care  |
| Breast cancer, vasculitis, hospice and palliative care  |
| Preventative medications/treatments. Holistic medications and treatments  |
| Use of anticoagulation therapy, hematology in Primary Care  |
| HTN, hyperlipidemia, Dermatology  |
| CKD   |
| Pediatrics, STDs, Women's Health, Infectious Diseases   |
| Kidney disease  |
| Any related to primary care   |
| Hypertension, COPD, CAD   |
| STI, HIV  |
| Acute renal injury, classification other endocrine subjects like thyroid adrenal calcium (not osteoporosis)   |
| Abdominal pain, GERD, musculoskeletal issues in primary care  |
| Epilepsy  |
| More primary care topics  |
| Testosterone replacement. HRT in post menopausal. Rheumatoid and DMARDS. Osteoporosis - bone density = advantages biphosphates versus conservative approach |
| More on Diabetes. Endocrine issue   |
| HIV, obesity  |
| BPH, cardiac risk assessment/surgical risk strat, documentation   |
| Psych issues and meds and approach to treatment   |
| Kidney disease. Hypertension, metabolic syndrome, insulin resistance  |
| Imaging diagnostics   |
| HIV/AIDS, Primary Care  |
| Infectious diseases   |
| More on elevated ACT/PST  |
| Screening, diagnosis, treatment of auto-immune disorders  |
| PCOS. Dermatology infections  |
| Alpha I Antitrypsin deficiency. Adult 'onset' Asthma. United Airway Disease   |
| OAB, Gyn problems   |
| HTN. ED   |
| Gynecological issues  |
| Dermatology, ortho  |
| Rh arthritis - infectious diseases update   |
| Hypertension. Hyperlipidemia. Acne diagnosis and treatment. Homemade medicines (alternative med). Thyroid issues (hyper and hypothyroidism)                 |
| Coronary artery disease   |

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

| Response   |
|--|
| I would like to see more focus on patient education and their responsibility in addition to medical therapy that can ensure their quality of life. Medical therapy is huge, moreover patient compliance is likely increased when continued and ongoing education is presented. Social/economic issues that affect patient sentiment/compliance as well as outcomes. CVA, DVD, arrhythmias such as Afib which is very prevalent today |
| Any, psychiatric topics, dermatology   |
| COPD. EKGs   |
| Best practices in case coordination; decreasing CHF exacerbations  |
| Urgent care subjects   |
| Arthritis  |
| Bleeding disorders   |
| Oncology. Infectious disease   |
| To consider diseases Medicare/Medicaid plan - which DM med is covered i.e. GLP etc. or not   |
| Pulmonary Fibrosis, causes and managements   |
| Bronchitis in the elderly. Rx of decubitus ulcers  |
| Complimentary. Guideline recommendations on women, men, and cancer screening   |
| Infectious Diseases  |
| Osteoarthritis and ANA(+), renal insufficiency   |
| Hormone replacement therapy, men and testosterone  |
| Dermatologic topics, surgical and ophthalmology  |
| HTN, NOACS   |
| How we can help geriatric population with complaints of pain   |
| Psychiatry, OB/Gyn and how to help elderly with fall and pain and constipation   |
| Respiratory and neurologic impairments, Immunology   |
| Topic pertinent to pediatric/adolescent population   |
| Pharmacology   |
| Atrial Fibrillation  |
| STDs, CKD  |
| Inflammatory bowel disease. Anemias  |
| Treatment of HTN   |
| Thyroid cancer, thyroid nodule, ischemic cardiomyopathy  |
| Alzheimer, Dementia  |
| Acute care e.g. walk-in center/urgent care focus   |
| Changes in emergency room care. Medicine - aging population  |
| HIV, skin diseases, Zyka Virus, Urology  |
| Women's Health, pediatrics/adolescents   |
| Increasing medication compliance in patients with HTN and DM   |
| Dementia. Onviolitic therapy, syncope evaluation, emerging infections (new). Epidemic risk   |
| Patients with resistive HTN. Patients with HF and COPD. Patients with HF and DM and Renal Failure  |
| Opiate therapy. Chronic pain strategies other than Opiates. Substance abuse  |
| Prevention, USPSTF guidelines  |
| Colorectal screens. Preventive measures  |
| Management of psychiatric disorders, Dermatology for PCPs  |
| DM   |
| Lungs, heart   |
| Dyslipidemia, cardiac arrhythmias, urgent care, asthma, infectious disease   |
| General internal medicines such as pulmonary, nephrologist, digestive, and rheumatologist too  |

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

| <b>Response</b>   |
|---|
| Ortho more focus on integrative food as medicine choices, continue interactive nature, improve slides                                       |
| ADHD in adults  |
| Multiple Myeloma/Schizophrenia  |
| Immunizations/mental health. GERD. Cancer - screening, prevention. Colorectal cancer. Breast Cancer. Lung Cancer                            |
| Hematology disorder. Endocrine disorders - thyroid, parathyroid, PCOS   |
| Heart disease, colon cancer/oncology  |
| Dermatology, CHF, pain management   |
| Dermatology, pain management, AI  |
| Your choice   |
| Gyn guidelines (women's topics), breast cancer guidelines, screening  |
| Hyperlipidemia, OA  |
| More Primary Care topics. Acute diseases, issues in Primary Care  |
| Hypertension, IBD, Rheumatologic arthritis  |
| Asthma treatment in Primary Care, pain management in Primary Care, common skin conditions (treatment/prevention in Primary Care settings)   |
| Women's Health, pain management, arthritis, autoimmune diseases, Parkinson's  |
| Gynecology problems prevention  |
| Autoimmune diseases/epidemic diseases especially Zika   |
| Epidemic diseases   |
| MI/Afib/CVA/EKG/CXR/ID  |
| Vitamin D. Childhood obesity  |
| EHR-MACRA update. Pain management   |
| Rheumatology/Autoimmune disorders (diagnosis/management). Arrhythmias   |
| Pain management   |
| Radiation/oncology, neurointerventional radiology, Rheumatology   |
| Contraception. Common skin diseases treated by PCP providers. Pain management for PCP   |
| Mechanical ventilation  |
| Autoimmune disease diagnosis, orthopedic evaluations in Primary Care  |
| Dementia, DMII  |
| Leadership of APN, healthcare reform  |
| Osteoarthritis/back pain  |
| Women's Health, Osteoporosis, pain management   |
| Functional medicine. Supplements. Hormones  |
| Immunization updates. Findings on biomarkers. Updates in preventive heart   |
| Orthopedics. Pediatrics   |
| Renal failure. Diabetes   |
| Diet, alternative/functional medicine, eating disorders/exercise, breast cancer, thyroid disorder   |
| Treating constipation s/p Opioid use in elderly population  |
| Hypertension  |
| Variety always great  |
| HTN urgency versus emergency (management). Pediatric urgencies/emergencies. Dermatology topics. Syncope. Radiograph and EKG interpretations |
| Renal failure. Stroke   |
| Pulmonary functions, asthma   |
| Obesity, depression, terrorism  |
| Endocrine system, ortho, thyroid disease  |

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

| <b>Response</b>   |
|---|
| Peripheral arterial disease. Mosquito-borne diseases (Zika, Virus, Dengue, Chikungunya)   |
| Migraines, GI, Sinusitis, COPD (respiratory)  |
| Multiple Sclerosis. Treatment of HTN. Chronic renal disease   |
| A.F. Paraviral sinus infections   |
| Alternative medicine in primary care. Medication education integration: nutrition as part of essential knowledge from medical providers |
| Pre-op assessment including +/- anticoagulant therapy   |
| Procedure in Primary Care   |
| Domestic violence. Prevention of medical errors   |
| Asthma, COPD, HepC  |
| Asthma and COPD. CKD management   |
| LBP, OA, hypothyroidism   |
| Some pediatric subjects   |
| Orthopedic issues in family practice  |
| Renal disease. Women's Health. Pulmonary Disease. Vaccinations  |
| infectious disease - HIV and Hep C management   |
| Prostate Cancer, BPH and confusing guidelines when using PSA and biomarkers   |
| Cancers, gastrointestinal, AAA  |
| Mitral valve stenosis, prolapse, regurgitation and atrial fibrillation  |
| Heart failure. Pain management  |
| Renal Disease - insufficiency - ESRD especially   |
| DMII, HTN   |
| Infectious diseases and appropriate treatments. Women's health topics   |
| Thyroid disease, hypogonadism, Osteoporosis, Parathyroid disorders  |
| Nephrology  |
| Expanding on new treatments on Diabetes, HIV, HepC, Hep B   |
| New treatment for increased K. Back pains and treatments. Health anxiety  |
| Mental disorders  |
| Anything related to the PCP/nursing home/PCP in hospital  |
| Depression, hypertension, lung cancer screening, COPD   |
| Renal function in Primary Care  |
| Hypertension/stroke preventing medicine, orthopedics  |

**Additional comments:**

| <b>Response</b>  |
|--|
| The room was very cold. Excellent speakers and good topics   |
| Heart failure presentation was too long and very disorganized  |
| Excellent  |
| Very good  |
| Overall it was very joyful. The presenters are knowledgeable, I am more comfortable  |
| I would like more studies in pulmonary   |
| Room temperature too cold  |
| Provide better seating (at tables) capacity. These conferences are well attended - sitting with tables is more comfortable, easier to take notes |
| Please offer CME activities in Orlando   |

**Additional comments:**

| Response   |
|--|
| Thank you! As a new grad NP, these CME's are very essential to my practice. I am more confident in most topic areas addressed today! Walking into my practice on Monday more confident, to consult with my patients. Thank you, especially for providing these resources for free and with 2 great meals   |
| Great conference   |
| Parking very bad   |
| Excellent course - concise, but with good overall information  |
| This was an awesome conference for Primary Care! Can't wait for the next one   |
| Excellent  |
| Very informative - amazing free CME, very well organized   |
| Thank you for a great time   |
| CHF presenters - nonprofessional, immature, unclear presentation. Overall excellent presentations  |
| Great speakers, thank you. The heart failure portion was long and difficult to follow  |
| Great thank you  |
| Thank you for this wonderful learning experience   |
| Thank you for this special day   |
| With topics of Diabetes Type II, heart failure, sleep apnea, and NASH, a lunch that has less sugar, carbs, and fat would be great  |
| Overall excellent conference   |
| All the speakers were excellent. Very informing activity with useful information   |
| Great CME conference   |
| Dr. Rosenberg's energy was great! Dr. Stolar great lecture! Dr. Ofili - very energetic, kept audience. All of these topics were great! A great amount of information that can be utilized in Primary Care  |
| Nephrology issues, AFib/Aflut anticoagulation management. Respiratory issues, new cardiovascular guidelines  |
| I have left once again with awesome practical knowledge and feel exhilarated having attended the course. Thank you very much   |
| Thank you, the presentations were as information packed as they were entertaining. Dr. Bhamidimarri is impressively knowledgeable in his specialty, I appreciated all the information and the presenters sharing their knowledge with me   |
| I am very glad prostate was included on topics and NASH  |
| Conference room was too small for size of audience. Management unable to get hotel to properly maintain A/C in room, was very cold and distracting. Overall most lectures provided constructive on quality information. Will consider attending future events if invited   |
| Excellent  |
| Very good program  |
| Would prefer to have access to the slides more than 24 hours before the conference   |
| Thanks for breakfast, lunch, awesome accommodations and facility   |
| Heart failure lecture was just a disorganized mess   |
| Was an excellent presentation. Lot of take-home points today   |
| The stems of the vignettes were much too long. Excellent CME. This is my second-time NACE CME. I have learned a lot, and will implement changes in my practice   |
| Great conference - I really enjoyed it   |
| Patients with diabetes rather than 'diabetics' should be considered because a disease should not define the patient. Dr. Ofili - there is no need to read the ARS questions - let audience read. Avoid dark orange background on slides as it is hard to see. Avoid using 'except' questions - they are very confusing. Food was awful - consider yogurt, hard-boiled eggs at breakfast, salad bar for lunch - fruit, cheese for break, MORE water. Room temperature set for overweight men in suits |
| Lectures were somewhat narrowly focused on the aspects related to drugs manufactured by the sponsors. Also, need to mention in GIPI - a talk the requirement before starting therapy to ask about history of medillary thyroid cancer  |
| Great lecture and venue, location was excellent  |
| The room was too cold  |



**Additional comments:**

| <b>Response</b>  |
|--|
| Excellent speakers, slides, and presentations. Will attend again   |
| Room too cold. Speakers are knowledgeable and experts in their fields  |
| Very good  |
| Good lectures. Good topics - relevant  |
| Dr. Matt Rosenberg is an excellent speaker   |
| Good to know what insurance covers DM, HTN, CHF, statin drugs, helps to ensure affordability in patient with decreased SES. TX. Cost of 4K score and resources, etc. Topic about ED, Psy/ADHD, health eating decreasing stress, well-being table would be nice |
| Thank you  |
| None   |
| Excellent program  |
| Dr. Ofili was so real and connected very well to cause lasting learning changes  |
| None   |
| I like the interactive test questions  |
| I learn sometimes, I did not know before the conference  |
| Thank you, thank you   |
| Informative seminar, provided information on current and new treatment regimen   |
| The CME conference was very informative  |
| Next venue should have more comfortable seating  |
| Excellent presentation. Enjoyed this very much   |
| NACE conferences are very educational, refreshing, providing new strategies to treat patients  |
| Good conference  |
| Too cold   |
| It's difficult to understand when the speaker just talks with very minimal 'teaching' - tend to lose the audience as well  |
| Do not exceed 45-60 minutes each topic - more than 45 minutes decreases attention span   |
| Very impressed with the preparation of the conference i.e. slides sent in advance, pre-conference information, directions, parking, and the easy flow of the conferences   |
| Presenters were very informative   |
| Thank you  |
| Break up CME presentations in 2 days (would really help). Four hours one day, four hours the next. Controlled room temperature would really help me focus better in the future   |
| OK   |
| Common daily diseases  |
| The slide covering the stages, Phenotypes prevention and treatment of HF was very informative  |
| Improve slides, nutritional/intelligent exercise integration, integrative health (CAM) integration - evidence-based of course. Include costs of meal if not covered  |
| Room too cold  |
| Thank you for teaching us  |
| Thank you  |
| Great lecture (PSA). Improve my understanding of CHF. Enjoyed to tag team CHF. OSA - currently practice - assess ordering sleep studies. Learn differences - NASH/NAFLD  |
| Great conference   |
| Excellent  |
| N/A  |
| Very well organized/will attend next year  |
| Very nice activity. Thank you  |
| The pre and post tests should be stopped. They are a waste of time and annoying  |

**Additional comments:**

| Response  |
|---|
| N/A   |
| Thank you   |
| Great speakers, topics  |
| Consider returning program to Fort Lauderdale. Long drive from West Palm Beach (half way). Different locations  |
| Great to have free conferences  |
| Excellent, thank you for free lecture. I have learned   |
| Excellent faculty; excellent conference - overall   |
| This activity was very beneficial to myself and my practice   |
| More table seating needed! Uncomfortable seating  |
| Provide tables for all in the room, not just some. West Palm Beach conference or Jupiter  |
| Excellent faculty   |
| Thank you very much   |
| Provide diagrams and tables - make smore interesting and memorable. Keep HF table (large table)   |
| Dr. Rosenberg was very engaging. Room temperature was not comfortable - way too cold  |
| Too many of the attendees were having ongoing audible conversation during the presentations. However, on the occasion I brought this to the attention of the gentlemen at the control desk, he immediately requested those involved in my area to 'please be quiet'. Thanks |
| The faculty, although nice in general, room temperature too low and not enough tables were available. Thank you   |
| Excellent speakers. Temperature of room too cold  |
| No, but 6 conferences x 70 minutes each = 420 - it means 7 hours CME credits. SEVEN hours   |
| Very good room, otherwise presentation good, very informative   |
| Great   |
| Excellent program   |
| Excellent program. Congratulations. Thanks  |
| Excellent presentations. Thank you NACE ladies and gentlemen  |
| Excellent topics  |
| Great conference  |
| Excellent conferences   |
| Room temperature horrible   |
| Excellent conference  |
| Thanks for inviting me to this activity   |
| Very good program. Price is right. Comfortable environment, well organized. Thanks for CE's   |
| This has been one of the best CME activities that I have attended. I will do my best to not even miss another one offered by this company in the future   |
| None, thanks  |
| The interactive presentation resulted interesting   |
| None  |
| Please offer some pharmacology grading/CMEs/CPhS. Any future locations will be close to Palm Beach County? Many of the PowerPoint slides have very dark backgrounds - hard to see   |
| Great lectures  |