Emerging Challenges In Primary Care: 2016

Activity Evaluation Summary

CME Activity: Emerging Challenges in Primary Care: 2016
Saturday, June 18, 2016
Marriott Raleigh Crabtree Valley
Raleigh, NC

Course Director: Gregg Sherman, MD

Date of Evaluation Summary: July 13, 2016

NACE NATIONAL ASSOCIATION FOR CONTINUING EDUCATION

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

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, 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.

Three hundred forty seven healthcare practitioners registered to attend ***Emerging Challenges in Primary Care: 2016*** in Raleigh, NC and five hundred ninety seven registered to participate in the live **s**imulcast. Four hundred seventy seven healthcare practitioners actually participated in the conference: One hundred sixty nine attended the conference in Raleigh, NC and three hundred eight participated via the live simulcast. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. Four hundred seventy one completed forms were received. The data collected is displayed in this report.

CME ACCREDITATION

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

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

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

The National Association for Continuing Education designates this live activity for a maximum of 2.5 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

National Association for Continuing Education is approved as a provider of nurse practitioner continuing education by the American Association of Nurse Practitioners. AANP Provider Number 121222. This program has been approved for 6 contact hours of continuing education (which includes 2.5 pharmacology hours).

Maintenance of Certification: Successful completion of this activity, which includes participation in the evaluation component, enables the participant to earn up to 6 MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. It is the CME activity providers' responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

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

What is your professional degree?

Label	Frequency	Percent
MD	133	26%
DO	9	2%
NP	284	56%
PA	40	8%
RN	26	5%
Other	15	3%
Total	507	100%

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

Label	Frequency	Percent
None	41	8%
1-5	75	15%
6-10	87	18%
11-15	63	13%
16-20	65	13%
21-25	57	12%
> 25	98	20%
Total	486	100%

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

Label	Frequency	Percent
None	84	17%
1-5	179	37%
6-10	102	21%
11-15	46	9%
16-20	27	6%
21-25	21	4%
> 25	26	5%
Total	485	100%

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

Label	Frequency	Percent
None	48	10%
1-5	66	14%
6-10	69	14%
11-15	64	13%
16-20	82	17%
21-25	61	13%
> 25	96	20%
Total	486	100%

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.

Label	Frequency	Percent
Yes	390	80%
Somewhat	96	20%
Not at all	2	0%
Total	488	100%

Upon completion of this activity, I can now: Summarize the natural progression of type 2 diabetes and how that is reflected in signs such as the glycemic monitoring patterns and other key clinical manifestations; Describe the current and newer insulins, and how they may be utilized in the design of an insulin replacement program; Provide educational support for individualized insulin regimens to achieve targeted levels of glycemic control for people diabetes; List common obstacles to insulin initiation, treatment, and adherence stemming from patient, provider, and office-systems based issues, and methods to address them.

Label	Frequency	Percent
Yes	398	82%
Somewhat	88	18%
Not at all	2	0%
Total	488	100%

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.

Label	Frequency	Percent
Yes	404	82%
Somewhat	84	17%
Not at all	2	0%
Total	490	100%

Upon completion of this activity, I can now: Discuss the benefits of LDL-C lowering with pharmacologic therapies that improve cardiovascular outcomes; Define the appropriate use of non-statin medications in addition to statin therapy; Discuss the role of anti-PCSK9 monoclonal antibody therapy in LDL-C reduction to achieve cardiovascular risk reduction; Recognize and develop appropriate treatment strategies for special populations (women, elderly, ethnic minorities) that would benefit from lipid lowering therapy.

Label	Frequency	Percent
Yes	410	85%
Somewhat	69	14%
Not at all	2	0%
Total	481	100%

Overall, this was an excellent CME activity:

Label	Frequency	Percent
Strongly Agree	319	65%
Agree	157	32%
Neutral	13	3%
Disagree	1	0%
Strongly Disagree	1	0%
Total	491	100%

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

Label	Frequency	Percent
Strongly Agree	316	64%
Agree	168	34%
Neutral	7	1%
Disagree	0	0%
Strongly Disagree	1	0%
Total	492	100%

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

Label	Frequency	Percent
Strongly Agree	271	55%
Agree	186	38%
Neutral	33	7%
Disagree	1	0%
Strongly Disagree	0	0%
Total	491	100%

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

Label	Frequency	Percent
Very Likely	280	57%
Somewhat likely	151	31%
Unlikely	8	2%
Not applicable	49	10%
Total	488	100%

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

Label	Frequency	Percent
Within 1 month	282	58%
1-3 months	104	21%
4-6 months	27	6%
Not applicable	72	15%
Total	485	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Mark Stolar, MD – GLP-1 Receptor Agonists**:**

Label	Frequency	Percent
Excellent	330	70%
Very Good	123	26%
Good	20	4%
Fair	0	0%
Unsatisfactory	0	0%
Total	473	100%

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

Label	Frequency	Percent
Excellent	322	68%
Very Good	131	28%
Good	21	4%
Fair	0	0%
Unsatisfactory	0	0%
Total	474	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Kevin L. Thomas, MD – Heart Failure Part I**:**

Label	Frequency	Percent
Excellent	312	65%
Very Good	139	29%
Good	27	6%
Fair	0	0%
Unsatisfactory	1	0%
Total	479	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:
Kevin L. Thomas, MD – Heart Failure Part II**:**

Label	Frequency	Percent
Excellent	319	67%
Very Good	129	27%
Good	24	5%
Fair	0	0%
Unsatisfactory	1	0%
Total	473	100%

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

Label	Frequency	Percent
Excellent	324	70%
Very Good	123	26%
Good	18	4%
Fair	1	0%
Unsatisfactory	0	0%
Total	466	100%

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

Label	Frequency	Percent
Excellent	313	68%
Very Good	122	27%
Good	24	5%
Fair	1	0%
Unsatisfactory	0	0%
Total	460	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Mark Stolar, MD – GLP-1 Receptor Agonists**:**

Label	Frequency	Percent
Excellent	325	69%
Very Good	117	25%
Good	29	6%
Fair	0	0%
Unsatisfactory	0	0%
Total	471	100%

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

Label	Frequency	Percent
Excellent	332	70%
Very Good	110	23%
Good	31	7%
Fair	1	0%
Unsatisfactory	0	0%
Total	474	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Kevin L. Thomas – Heart Failure Part I**:**

Label	Frequency	Percent
Excellent	334	70%
Very Good	106	22%
Good	35	7%
Fair	3	1%
Unsatisfactory	0	0%
Total	478	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Kevin L. Thomas, MD– Beyond Statins**:**

Label	Frequency	Percent
Excellent	326	70%
Very Good	105	23%
Good	33	7%
Fair	1	0%
Unsatisfactory	0	0%
Total	465	100%

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

Label	Frequency	Percent
Excellent	333	71%
Very Good	106	23%
Good	28	6%
Fair	1	0%
Unsatisfactory	0	0%
Total	468	100%

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

Label	Frequency	Percent
Excellent	326	71%
Very Good	100	22%
Good	32	7%
Fair	1	0%
Unsatisfactory	0	0%
Total	459	100%

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

Label	Frequency	Percent
Topics covered	374	32%
Location/ease of access	327	28%
Faculty	61	5%
Earn CME credits	394	34%
Total	1156	100%

Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent
Strongly agree	293	59%
Agree	170	34%
Neutral	29	6%
Disagree	0	0%
Strongly Disagree	1	0%
Total	493	100%

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

Comment
Benefits of LDL-C lowering with pharmacologic therapies that improve cardiovascular outcomes
High heart rate is an independent risk factor in heart failure. anti-PCSK9 monoclonal antibody may represent a change in the tx paradigm for hyperlipidemia Use biomarkers like BNP to support the diagnosis of decompensated HF Monitor at risk patients with diagnostic studies where appropriate, in order to detect cardiac remodeling and progression from stage A to B and C.
Postprandial care of patients Heart failure patients Lipidemia
Recognize and develop appropriate treatment strategies for special populations
Recognize the role of postprandial hyperglycemia in type 2 diabetes Recognize the importance of heart rate in cardiovascular risk of heart failure Define the appropriate use of non-statin medications in addition to statin therapy
Utilizing the newer medications, ordering tests or diagnostics more appropriately.
Combination of agents to manage hyperglycemia Assessment of risk factors for heart failure
Apply update clinical strategies to practice medicine.
Appropriate testing guidelines , interpretation of blood sugar levels
Assess the need for glp 1 and insulin, adjunct for better DM MANAGMENT, better control. Research data supporting use was very interesting.
Assessments History Follow up
At home monitoring chart for blood glucose checking, using newer ultra insulin, use of BNP in HF, use of newer cholesterol meds used with statins
Be a more effective communicator about post prandial blood sugars
Best medical practices, new pharmaceutical Managment
Better assessment of lab values Options for the management of Diabetes, heart Failure and hyperlipidemia Knowledge of appropriate time to switch to a different treatment option.
Better control of diabetes,treatments of hyper cholestralemia,new treatments of diabetes
Better control of hypertension Better control of blood cholesterol
Better diagnosis of patients with HF
Better equipped to develop treatment strategies for my pt's of Hispanic/African descent.. Can determine when to use statin vs non statin meds when lowering LDL
Better glycemic control. Faster utilization of insulin. Better monitoring of CHF markers.
Better knowledge and use of glucagon-like peptide (GLP)-1 receptor agonist (GLP-1 RA) therapy to address post-prandial hyperglycemia. The benefits of LDL-C lowering with pharmacologic therapies that improve cardiovascular outcomes
Better screening techniques

Better compliance techniques Better follow up techniques
Better screening techniques, better med efficacy screening
Better treatment for chf patients Better treatment regimen for dm
Better treatment plans for diabetic patients confirmed knowledge base for CHF patients
Better understanding of newer modalities
Better understanding of the topic and new approaches that are available.
Biomarker use in prostate cancer identification, maximizing diabetic medication benefit, early treatment of heart failure
Black patients require a somewhat different approach
By assessing patient treatment options
Cardiac and insulin guidelines and insulin meds choices
Careful Eval of individual pt to select the best course of treatment
Change meds used for insulin resistance Reminder to use insulin earlier Encourage pt to check more 2 hour pp BS
Chose the best combo therapy, will not use digoxin, help pt switch to insulin
Cognizant of differwnt treatment strategies to patients of special populations.
Combination of isosorbide with ace inhibitor is an option for CHF
Combination of medications Use of glp_1 Options to treat chf
Consider newer class drugs affecting Sa node for HF treatment. Increase efforts to prevent DM.
Consider newer therapies.
Consider post prandial blood sugar when treating for diabetes Consider heart rate in pt with CHF Stress the importance of lipid control
Consider post-prandial BS as important as FBS Initiating Beta blockers in HF patients Importance of considering Ezitimibe addition to Statin for benefits of LDL-reduction
Considering use of meds
Detailed history of illness Detailed family history Manage insulin
Developing and maintaining a closer relationship with my patients in relation to sharing information on their medication management.
Diabetes management
Diabetic management
diabetis management with recent use of glp1,new changes with heart failure
Diet/Exercise. Patient education on taking medication as prescribed Patient education about the disease and it's long term effects
Different treatment modalities
DM and heart failure
DM management
Don't be.ive that a patient who says they have white coat hypertension do a 24 hour blood

pressure monitoring. Pay closer attention to patient HR if in failure and review previous if over 70. However, I generally refer patients to specialists to address the issues that I feel is better suited for them.
Don't do in acute care
Earlier and more aggressive screening for HF Use of adjuvant non statin meds
Earlier recognition of diseases, early intervention, prevention
Early use of Glp2 in dm
Educate pts on LDL and risk factors Increase testing for diabetes Introduce new GLP-1 medications
Effective Medication management for hyperlipemia
Consider newer class drugs affecting Sa node for HF treatment. Increase efforts to prevent DM.
Consider newer therapies.
Consider post prandial blood sugar when treating for diabetes Consider heart rate in pt with CHF Stress the importance of lipid control
Consider post-prandial BS as important as FBS Initiating Beta blockers in HF patients Importance of considering Ezitimibe addition to Statin for benefits of LDL-reduction
Considering use of meds
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Diet/Exercise. Patient education on taking medication as prescribed Patient education about the disease and it's long term effects
Different treatment modalities
DM and heart failure
DM management
Don't be.ive that a patient who says they have white coat hypertension do a 24 hour blood pressure monitoring. Pay closer attention to patient HR if in failure and review previous if over 70. However, I generally refer patients to specialists to address the issues that I feel is better suited for them.
Don't do in acute care
Earlier and more aggressive screening for HF Use of adjuvant non statin meds
Earlier recognition of diseases, early intervention, prevention
Early use of Glp2 in dm
Educate pts on LDL and risk factors Increase testing for diabetes

Introduce new GLP-1 medications
Effective Medication management for hyperlipemia
Encourage patient involvement, stress education about prevention of disease progression
Encourage use of GLP-1 agonists more often and sooner.
Eval of not only fasting but post prandial BS
Evidence based practices
Explaining better
Focus on HR reduction in our heart failure patients Focus on postprandial glucose monitoring for therapeutic treatment modalities Alternatives to statin therapies
For diabetes I am going to be more aware of postprandial serum glucose in monitoring and adjusting insulin. I am also more aware of combination therapy. In HF I am more aware of the recommendations for African American males and how they respond better to different therapies.
Glycemic monitoring patterns and other key clinical manifestations; Provide educational support for individualized insulin regimens to achieve targeted levels of glycemic control; Recognize and develop appropriate treatment strategies for special populations (women, elderly, ethnic minorities) that would benefit from lipid lowering therapy; Know the risk factors for heart failure and the role of biomarkers in diagnosis and treatment; LDL-C lowering with pharmacologic therapies that improve cardiovascular outcomes
Greater confidence in monitoring labs like BNP, troponin and ow comorbidities affect these labs, and when and how to adjust meds for HF.
Have not really used GLP1 meds - will look into using them now
HF & DM control strategies
Home titration of basal insulin by patient.
How to better manage type 2 diabetics using GLP-1RA and how to start and increase insulin dosages. I also feel better equipped on how to manage hypercholestoremia.
How to manage patients more effectivelyrics with the help of other disciplines
How to manage these patients
How to recognize and treat CHF Strategies to control fasting and post- prandial hyperglycemia
How to recognize post prandial hyperglycemia patients who are not target T2DM and treat them appropriately How to treat cCHF patients appropriately The appropriate treatment for ethnic minority, women, and elderly with the use of lipid lowering agents
Hpercholestermia magt
I am not currently practicing in patient care.
I am not currently seeing patients
I can better educate my patients by taking them to the cellular level about issues and diseases. I can advance patients' education in regards to different race and diseases.
I do clinical research and independent strategies are difficult
I don't see patients with diabetes, hyperlipidemia, or heart failure. My primary practice is addiction medicine currently.
I have a better understanding of how to recognize heart failure and how to use insulin
I have learned more information to better educate my patients regarding their health conditions
I have learned that I need to have patient monitor Post-prandial glucose levels to better

assess their insulin resistance and provide appropriate treatment. I have learned that in HF patients the new drugs available and how to use them depending on severity of symptoms. I have learned how to manage my patients better with the current guidelines for dyslipidemia
I hold an FNP certification but work in the pediatric field. With my current position I will not implement these strategies.
Increased knowledge and application
Individualized tre4atment for diabetes Recognize symptoms of heart failure Type of treatment for elevated cholesterol
Initiate insulin and GLP1-RAs sooner. Use digoxin less often. Try different statins/lower doses for pts. who c/o muscle cramps.
Injectable therapy with either insulin or with GLP-1 RA for high A1C patients. EF evaluation for stage C CHF.
Insulin is a good beginning therapy instead of last resort.
Insulin therapy sooner
Involve our volunteer clinicians in applying current EBG Involved our clinical students in learning to apply current EBG Make patients aware of current EBG and importance of their own involvement in care
Involving the patient in decision-making Setting realistic goals for continuing care Developing a tool to measure compliance Implementing some of the pharmacological approaches discussed
It is imperative to continue to attend seminars to remain educated in the latest guidelines
Know when based on my assessment to implement the strategies identified in the webcast for diabetics and heart failure patients and to some extent most patients that I see.
Know your patient well Know their co morbilities Know their lifestyles
Lab interpretation, change in formulary.
Like the way they present the topics and the case studies help since they are cases
Listening to there choices
Mainly instituting appropriate insulin therapies more effectively.
Making sure diabetic patients test postprandial as well as fasting glucose. Discussion of insulin with diabetic patients who resist starting on insulin. Evaluation of patients with hypertension, hyperlipidemia, and other risk factors for heart Failure, to ensure their treatment strategies are where they should be.
Management of critical patients. Communication Assessment
Management of diabetes
Management with diabetes
Managing heart failure in blacks. New very long acting insulins. New strategy to manage heart failure when pulse over 70.
Meds to reduce cholesteremia Tests to I'd risk
Metaphor of heart failure with that of a horse going uphill.

When to use PCSK 9 as adjunct therapy to statins. Clarifying the algorithm for diabetes with little tips on adjustment of medications.
Modifications of management of diabetes based on progression of the disease
Monitor HgA1c and blood glucose for post prandial blood sugars. Add insulin if blood sugars not controlled
Monitor post prandial sugars not just fasting and using GLP-1 RA to treat Starting insulin therapy sooner than later Using newer medications to improve heart failure if HR above 70
Monitoring NMR lipids More aggressive tx in lipid control Agressive tx in A1C less than 7.5
Monitoring post prandial sugar
Monitoring postprandial glycemic control Incorporating GLP1-RAs in treatment protocols Maximizing statin therapy appropriate to patient risk
Monitoring prost prandial hyperglycemia SA nodal control of HR
More in depth assessment/history taking for patients; more med info
New Medication Therapy for Heart Failure New approaches for diabetes management New approaches for lipid management.
New medications for the treatment of congestive heart failure
New pharmacological interventions addressing hyperlipemia and heart failure
No new strategies learned for DM management. Unable to attend afternoon sessions
None
Not to start someone on Metformin alone without further information regarding postprandial levels
Notes
Now I know that guidelines say not to use Niacin or Fenofibrates Aware of new heart failure meds to use and when
Optimal heart failure treatment. Using anti-PCSK9 monoclonal antibody therapy in LDL-C reduction.
Organize visit to include new treatment options with patients with Diabetes. Know when to add Zetia Assessment and treatment of heart failure - when to order proBMP
Partner with patient for optimal strategy
Patient education. Better decision making as to choosing medication for my pt's condition.
Recognize when to start insulin Start statins when appropriate for DM and all clients with CAD Discuss benefits of new drugs available to patients
Recognizing and treating heart failure. Adjust diabetes medications better.
Recognizing high risk patients and educate patients on treatment options that may not be commonly discussed
recognizing importance of postprandial hyperglycemia and treating this. more aggressive initial treatment choices for DM 2 in younger individuals. More familiar with newer CHF medications and cholesterol medications.
Recognizing newer meds used to treat dm and hyperlipid

Record their pre post weight
Regarding heart failure, I practice by guidelines. Do not manage DM
Reinforcement of current knowledge base
Reinforcing statin therapy & good diabetic control
Will start using GLP-1 with more confidence

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

Comment
All topics r/t family practice including possibly some in office procedures
Almost any topic in primary care
anticoag. palliative care..pain management as a real need
Anxiety and depression, Smoking cessation
Asthma and COPD, Abdominal Pain
Asthma management Immunizations for children & adults
Asthma,pneumonia
At your discretion.
Atrial fib Diabetes PCOS Orthopdic Abdominal pain
Atrial Fib with appropriate selection of Anticoagulation Rx CKD and DM in CHF Valvular Heart Disease,Cardiomyopathy
Auto- immune diseases
Back pain, narcotic pain management
Basic derm for the new PCP provider
Basuc primary care topics, hypertension, diabetes, hyperlipidemia
CAD, diabetes, hypertension
Cancer , hepatitis, skin conditions
Cardiomegaly ischemic/non ischemic
Cardiovascular testing 12 lead I interpretation Uncontrolled HTN
Chronic disease management in primary care setting (urban and rural).
Chronic kidney disease Managing anemia on Chronic conditions Hemodialysis Peritoneal dialysis
Chronic Kidney Disease, Alzheimers meds, atypical and antidepressant therapy in elderly
Chronic pain management in primary care Effective/efficient documentation of medical records, making EHR work for you
Chronic pain management, opiates use for pain management, medical marijuana and chronic pain
Clinical research
COPD, Asthma, PNA, Bipap benefits
COPD, cardiac stending,Trans aortic/mitral valve replacement(TAVR/TMVR)

COPD/Emphysema Management
Coronary artery disease.
Critical care guidelines/new management ideas
Dementia
Dementia and Alzheimers psychosis/agitation therapies
Depression
Depression Post/Per-menopausal health
Depression and anxiety PTSD Resistant HTN
Dermatology
Diabetes and CKD
Diabetes and women's healthcare
Diabetes, end of life, dementia
Diabetes; hypertension; hyperlipidemia; thyroid disorders; orthopedics
Disaster and chronic disease - access to meds and services
Disease management in our younger population and is there a health disparity?
DOT Exams.. Managing pt's with psych issues.. How to manage chronic painting
Drug abuse Parkinson disease. Dementia
ECMO Advanced heart failure therapies
Emergency medicine More primary care
Emerging infectious diseases
Epilepsy Asthma Autism Obesity
General dermatology
GERIATRIC TOPICS RHEUMATOLOGY PAIN MANAGEMENT AND ORTHO
GI problems
Health disparities in diabetes care
Heart failure Hypertension Hypercholesteremia
Heart failure, hypertension, CKD
HF
Hypertension management, Depression/Anxiety management
Immune modulators Anemia treatment
Include pediatric topics i.e. pre-diabetes in obese children and medication to consider (when and how to start)
Infectious diseases, esp. nosocomial types, vector-borne, 'emerging'.
Kidney problems

Knee disorders Bipolar disorder Chronic renal failure
Management of ADD/ADHD in the adult population Management of rheumatoid arthritis
Management of atrial fibrillation with and without valvular involvement
Management of COPD Obstructive sleep apnea
Managing peripheral edema and skin conditions
Migraine depression
Migraine headaches Cops management Venous stasis wound management Neuropathy treatment
More on vascular disease management
More topics on Hypertension
NA
Nanotechnology
Neuropathic pain Anemias
Neuropsych meds
New approaches for pediatric population
No particular subject. Variety of choices are available thrue NACE
Nutrition in wellness, prevention, and treatment of disease; efeects of drug therapy on nutritional deficiencies. Common drug interaction in pts. on polypharmacy
Obesity and preventive medicine.
Obesity management; ICD 10. Business aspects of medical employment. Depression
OBGYN
Ortho
Orthropedics
Pain management RA Osteoporosis Orthopedics
Palliative Care topics Hospice topics
Pediatric HTN management Obesity Dementia
Perioperative care
Personality disorders with frequent somatic complaints
PFT, PULMONARY FIBROSIS, SARCOIDOSIS
Pneumonia and vaccine hesitancy
Pneumonia, copd
Preventative Medicine
Preventative medicine strategies.
Psoriasis

Gout Kidney failure
Pulmonary, sleep
RA, Lupus
Renal disease
Renal failure Blood dyscrasias
Repeat updates about new insulins and new heart failure medications.
Rheumatoid arthritis
Rheumatology such as rheumatoid arthritis, lupus
Rheumatology, infectious disease, antibiotic therapy (1)
Rheumatology, sle, and the use of lab data to diagnosis common problems. Factors affecting the accuracy of rheumatology labs. Best lab choices for making accurate diagnosis of a common rheumatologic disorder found in primary care.
Sarcoidosis
Sepsis
Sleep Apnea, Restless Leg Syndrome, Seizure
Specific diabetic meds AiC details
STD's HIV MentalHealth
STDS IN ELDERLY POPULATION, DEMENTIA
Stroke Neuromuscular diseases
Stroke/CVA, COPD.
Sudden cardiac death
Supplemental oxygen therapy in pulmonary diseases
The care of the sexually active adolescent
The latest drug therapy and treatment for MS.
Thyroid
Thyroid disease, PAD
Thyroid diseases, GI problems.
Thyroid, bph, alzheimers and dementia, pain management
To discuss the views on assisted death in patients who are terminally ill and who ask for this assistance. Training in palliative care.
Topics in pulmonary medicine, Gastroenterology, Hypertension, hyperlipidemia and Diabetes
Treat and diagnose Low back pain
Treatment of chronic allergies, peripheral edema evaluation
Treatment of chronic pain. Anxiety and depression. Asthma management
Urgent care problems
Various
Wellness, obesity
Women health
Women's Health Hypogonadism/Treatment

AutoImmune Disorders
Women's Health Professional Risk Reduction in current changing practice emphasis on quantity over quality. Professional ethics.
Would like to see more oncology lectures. Advanced prostate cancer treatment for ex. Osteoporosis management in detail. MI management: Stents, drug Rx etc. Chronic GI issue management: chronic constipation, irritable bowel... GERD management.
Wound care
Wound management Chronic pain control

Additional comments:

Comment
TO ME THIS SEESION WAS EXCELLENT AND I WANT TO ATTENT MORE SESSIONS IN THE FUTURE ALL PRESENTERS WERE REMARKABLE. PLEASE THANK THESE PRESENTERS ON MY BEHALF
Better technology
Completed the diabetes CME at previous on-line session.
Excellent
Excellent but some web connection issues
Excellent CME class.Thanks
Excellent presentation
Excellent presentation :)
Excellent presentations despite technical difficulties. Much appreciated.
Excellent speakers who presented in a clear concise and easy to follow format
Excellent topics and presenters. Thank you!!
Excellent topics and speakers
Excellent way to learn and earn CME.PLEASE LET ME KNOW ABOUT FUTURE PROGRAMS
First participation in this on line course (although transmission was difficult at times) Course was rewarding
Giving up my Saturday was hard, but this CE was worth it.I actually retired last year after 43 years in my job as a nurse practitioner at the University Health Center, U of GA: www.uhs.uga.edu but I am still certified as a NP in Adult Health through 2020 and I maintain my RN licensure in GA, in case I want to volunteer in our local Athens Nurses Clinic http://athensnursesclinic.org/wp/ or othe activity. To do this, I need to maintain my CE requirements, so I appreciate presentations like this which are either low-cost or free. I am also a Past-Presodent of GA Nurses Association (2009-2011) and I currently maintain the communications list for the Athens Area Advanced Nurses, so I post offerings like this on both our chapter and state websites.
Great presentations! Very informative, and what I didn't know about insulin therapy was SCARY! Thanks for presenting such a comprehensive program.
Had a difficult time at first with webinar.unsure if it was the connection or my computer
I appreciate your good work

Emerging Challenges in Primary Care: Update 2016
June 18, 2016 – Raleigh, NC

I definitely think there was some commercial bias with the speakers since they concentrated on 1 or 2 new drugs, but they presented them well and taught me about the new medications available.
I enjoy very much all the lectures, it was everything Excellent.
I enjoyed the presenters
I learned a lot. Thanks for offering this CME activity!
I like the presentations they are pertinent to the real life at the clinics and enable me to think better with medication management and other alternatives to better assist the patients.
I loved the option to save slides. These speakers were the best I've heard in a long time and I would definitely listen to other talks that they give.
I was able to view/read slides for the lectures but was unable to hear the speakers. I know there were technical difficulties. I communicated via email with Cheryl Kay that I was having difficulties. I was not able to get out of this program what I had hoped.
I was glad I could always see and hear the speaker but I was not able to the slides nor answer the questions till the last 10 min of the presentation. I would suggest working on the web cast. Overall it was great!
Only complaint was at the beginning when I could only listen to the lectures and not follow with the slides. Also, the slides and questions seemed to be out of sync with the speakers
Only watch last two sessions (after lunch) due to tech difficulties
Outstanding from start to finish. The speakers kept my interest thruout the whole presentation. They were great knowledgeable presenters
Please have more learning opportunities like this one..
Poor technical experience for a long time after simulcast started. Very prompt response from Cheryl Kay to my emails regarding my technical difficulties, which was appreciated.
Programmer helped me in understanding practical management of my patients
Really enjoyed Dr. Watson. Great way of explaining heart failure with using the horse and carriage analogy.
Slight audio difficulties. At one point the slides were ahead of the speaker.
Some trouble initially getting into the webcast
Speakers were excellent and I enjoyed hearing them speak on their expertise. Only had technical glitch in beginning, but extremely worthwhile sticking it out
Technical problems with answering pre/post test questions. Not sure how to improve this.
Thank you
Thank you again.
Thank you for allowing me to earn CMEs in the comfort of my home. The speakers were excellent and aside from some technical glitches early in the day, the program was exceptional
Thank you for offering this program as a simulcast so that others were able to participate with those who attended live. I know there were some issues with the web-based connection, but in the end it was very good!
Thank you for the ability to do this via Web
Thank you so much. Excellent presentation
Thank you!
Thank you. As a nurse and a FNP Student this was one of the best educational

events
The back and forth discussions between Drs. Watson and Thomas were great. Much better than the straight lecture format where they read the slides. Not enough time for questions. Need a bit more time on web to answer the questions. Your system falls behind. I had to enter the ENTIRE eval. twice..rejects punctuation or something like that but does not preserve the entries.
The technical difficulties did impact the quality of the presentation. However the speakers were knowledgeable about their subject matter. Thank you
The webinar was not accessible during the first few hours
There was a great deal of frustration related to getting online and linked into the conference. Links initially provided did not work. There was a lot of buffering during the lectures. Lots of "freezes". Advance notice about computer requirements would have been helpful, including the fact that google chrome is not supported. In all it was a very interesting and helpful session.
This CEU activity was excellent! It was so convenient to be able to participate via live simulcast. I will definitely attend further offerings.
This CME was every interesting and educational. I really enjoyed it.
This is a great way to obtain up to date knowledge and is easily accessible.
This is always a good conference, with good speakers and very little bias. Thank you.
This live Webnar was very informative regarding newer medications to treat complex patients in a primary care setting.
This very informative
This was a surprisingly pleasant way to attend a talk without having to do it in person.
This was a very good CME program. I would be interested in others and will pass on to collegues.
This was an excellent meeting and I thought all the speakers were excellent. Despite a few hitches at the beginning of the webcast I was able to see the whole of the meeting. Thank you very much to the organisers and speakers
Very convenient to be able to listen and participate from an off site location.
Very informative and excellent presentations
Very informative.
Very nice program amd very accessible. Cost was great.
When online, the projection should be towards the material not the speakers face.
Wonderful CME minus the few glitches online.