



Emerging Challenges In Primary Care: 2016

Activity Evaluation Summary

CME Activity: Emerging Challenges in Primary Care: 2016
Saturday, May 14, 2016
Hyatt Regency St. Louis at the Arch
St. Louis, MO

Course Director: Gregg Sherman, MD

Date of Evaluation Summary: May 26, 2016



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

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, Cardiovascular Prevention Guidelines, Depression, and Bipolar Disorder.

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.

Two hundred fifty six healthcare practitioners registered to attend *Emerging Challenges in Primary Care: 2016* in St. Louis, MO. One hundred sixty seven healthcare practitioners actually attended this conference. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. One hundred sixty six completed forms were received. The data collected is displayed in this report.

CME ACCREDITATION

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

The Association of Black Cardiologists, Inc. designates this live activity for a maximum of 2.25 *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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

The National Association for Continuing Education designates this live activity for a maximum of 4.75 *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

National Association for Continuing Education is approved as a provider of nurse practitioner continuing education by the American Association of Nurse Practitioners. AANP Provider Number 121222. This program has been approved for 7 contact hours of continuing education (which includes 2.50 pharmacology hours).

Maintenance of Certification: Successful completion of this activity, which includes participation in the evaluation component, enables the participant to earn up to 7 MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. It is the CME activity providers' responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

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

Integrated Item Analysis Report

What is your professional degree?

| Response | Frequency | Percent | Mean: - |
|--------------------|-----------|-------------|---------|
| MD | 99 | 59.64 | |
| DO | 3 | 1.81 | |
| NP | 44 | 26.51 | |
| PA | 7 | 4.22 | |
| RN | 6 | 3.61 | |
| Other | 3 | 1.81 | |
| No Response | 5 | 3.01 | |

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

| Response | Frequency | Percent | Mean: 4.07 |
|--------------------|-----------|-------------|------------|
| None | 10 | 6.02 | |
| 1-5 | 20 | 12.05 | |
| 6-10 | 39 | 23.49 | |
| 11-15 | 31 | 18.67 | |
| 16-20 | 25 | 15.06 | |
| 21-25 | 16 | 9.64 | |
| > 25 | 21 | 12.65 | |
| No Response | 4 | 2.41 | |

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

| Response | Frequency | Percent | Mean: 2.55 |
|--------------------|-----------|-------------|------------|
| None | 32 | 19.28 | |
| 1-5 | 80 | 48.19 | |
| 6-10 | 19 | 11.45 | |
| 11-15 | 10 | 6.02 | |
| 16-20 | 4 | 2.41 | |
| 21-25 | 11 | 6.63 | |
| > 25 | 5 | 3.01 | |
| No Response | 5 | 3.01 | |

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

| Response | Frequency | Percent | Mean: 3.00 |
|--------------------|-----------|-------------|------------|
| None | 19 | 11.45 | |
| 1-5 | 60 | 36.14 | |
| 6-10 | 36 | 21.69 | |
| 11-15 | 21 | 12.65 | |
| 16-20 | 11 | 6.63 | |
| 21-25 | 5 | 3.01 | |
| > 25 | 10 | 6.02 | |
| No Response | 4 | 2.41 | |

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

| Response | Frequency | Percent | Mean: 3.53 |
|--------------------|-----------|-------------|------------|
| None | 12 | 7.23 | |
| 1-5 | 43 | 25.90 | |
| 6-10 | 41 | 24.70 | |
| 11-15 | 23 | 13.86 | |
| 16-20 | 16 | 9.64 | |
| 21-25 | 10 | 6.02 | |
| > 25 | 17 | 10.24 | |
| No Response | 4 | 2.41 | |

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

| Response | Frequency | Percent | Mean: 1.13 |
|--------------------|-----------|-------------|------------|
| Yes | 142 | 85.54 | |
| Somewhat | 22 | 13.25 | |
| Not at all | 0 | 0.00 | |
| No Response | 2 | 1.20 | |

Upon completion of this activity, I can now: Review recent guidelines initiated by NHLBI on hypertension, lipids and obesity; Discuss controversies and complexities in the recent guidelines; Recognize areas of consensus in cardiovascular prevention.

| Response | Frequency | Percent | Mean: 1.08 |
|-------------|-----------|---------|------------|
| Yes | 151 | 90.96 | |
| Somewhat | 11 | 6.63 | |
| Not at all | 1 | 0.60 | |
| No Response | 3 | 1.81 | |

Upon completion of this activity, I can now: Recognize the overlap of emotional, physical and cognitive challenges in patients with major depressive disorder (MDD); Explore the impact of residual symptoms and cognitive dysfunction on optimal patient outcomes; Develop strategies in the primary care setting to minimize long term side effect burden in an effort to increase adherence to MDD treatment; Discuss newly approved treatment options for MDD while exploring their role in residual cognitive symptoms, selective side effect profile and remission of depressive symptoms.

| Response | Frequency | Percent | Mean: 1.14 |
|-------------|-----------|---------|------------|
| Yes | 130 | 78.31 | |
| Somewhat | 19 | 11.45 | |
| Not at all | 1 | 0.60 | |
| No Response | 16 | 9.64 | |

Overall, this was an excellent CME activity:

| Response | Frequency | Percent | Mean: 1.32 |
|-------------------|-----------|---------|------------|
| Strongly Agree | 115 | 69.28 | |
| Agree | 44 | 26.51 | |
| Neutral | 4 | 2.41 | |
| Disagree | 0 | 0.00 | |
| Strongly Disagree | 0 | 0.00 | |
| No Response | 3 | 1.81 | |

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: 1.14 |
|-------------|-----------|---------|------------|
| Yes | 138 | 83.13 | |
| Somewhat | 20 | 12.05 | |
| Not at all | 1 | 0.60 | |
| No Response | 7 | 4.22 | |

Upon completion of this activity, I can now: Recognize the high prevalence of bipolar disorder in patients who experience depression; Describe the high rate of misdiagnosis of patients with BD; Develop a knowledge of the key criteria that differentiate unipolar depression from BD; Provide information and tools for successful screening and recognition of patients with BD.

| Response | Frequency | Percent | Mean: 1.12 |
|-------------|-----------|---------|------------|
| Yes | 104 | 62.65 | |
| Somewhat | 10 | 6.02 | |
| Not at all | 2 | 1.20 | |
| No Response | 50 | 30.12 | |

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

| Response | Frequency | Percent | Mean: 1.31 |
|-------------------|-----------|---------|------------|
| Strongly Agree | 115 | 69.28 | |
| Agree | 45 | 27.11 | |
| Neutral | 3 | 1.81 | |
| Disagree | 0 | 0.00 | |
| Strongly Disagree | 0 | 0.00 | |
| No Response | 3 | 1.81 | |

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

| Response | Frequency | Percent | Mean: 1.33 |
|-------------------|-----------|---------|------------|
| Strongly Agree | 112 | 67.47 | |
| Agree | 46 | 27.71 | |
| Neutral | 4 | 2.41 | |
| Disagree | 0 | 0.00 | |
| Strongly Disagree | 0 | 0.00 | |
| No Response | 4 | 2.41 | |

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

| Response | Frequency | Percent | Mean: 1.38 |
|-----------------|-----------|---------|------------|
| Very likely | 123 | 74.10 | |
| Somewhat likely | 27 | 16.27 | |
| Unlikely | 1 | 0.60 | |
| Not applicable | 11 | 6.63 | |
| No Response | 4 | 2.41 | |

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

| Response |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New options to treat CHF |
| Using screening |
| Much better understanding of heart failure. Between Rt/Lt Meds used to treat - I will now be better able to convey results and findings to provider |
| CHF treatment, use of new medications, PP BS care |
| New knowledge in heart failure diagnosis, medication management. New strategies in bipolar managements, depression management |
| Monitor patients for stage A heart failure - htn, dm, etoh, etc. |
| Use of IVABRADINE to control heart rate in CHF. Also Hydralazine/ISDN combination in African Americans |
| Incorporate newer HF therapies, order echos appropriately, imitation of GLP-1s |
| HFrfp |
| Using new meds for CHF, differences to consider with African Americans |
| Use GLP / pharmaceuticals |
| I am currently APN student, this CME activity will help me treat my patients by having to asses these critical areas |
| Use newer therapies for heart failure |
| Considering post prandial blood sugar in treatment of diabetes |
| Check BMI/overweight/weight/diet. Post prandial glucose control. Use Britenelex for cognition problems in Depression |
| Better treatment for HF. Better understanding of MDD and BAD |
| Early intervention and treatment of HFREF versus HFPEF, Entresto versus Ivabradine |
| Using more guidelines |
| Treatment modalities for post-prandial glucose |
| Will consider Entresto for CHF. More confident treating Depression |
| New medications/strategies for HF |
| GLP-1 to treat PP hyperglycemia. HFREF and HFPEF treatment guidelines |
| Initiate GLP-1 RA therapy for postprandial glycemic control. Emphasize to patients regarding hypertension as the single most identifiable risk for heart failure |
| Using MDQ and PHQ9 |
| Review meds for HF patients. DIC Glucophage sooner when not working |
| GLP1 RA are helpful to treat DM II patient |
| Monitoring post-prandial glucose |
| Treat sleep apnea in depression patients |
| Consider addition of GLP-1 RA and encourage lifestyle modification |
| Better understanding of HF and appropriate treatment based on HTN, pulse, and race |
| Targer pulse for CHF. Options outside of typical care |
| Use knowledge to help patients treat better. Help patients improve quality of life |
| Uses and advantage of new medications |

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

| Response |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Using prevalent guidelines. Post-prandial glucose levels |
| Understanding and better managing HF especially in AA population. Utilize current goals for BPN, lipids, and obesity. Strategies for controlling post-prandial glucose |
| Effectively treating patients with symptomatic CHF |
| Better management of heart failure, optimization of CHF, HTN and HLP management |
| Staging and managing HF; using GLP-1 receptor agonist for post-prandial blood sugar which may also assist with weight conjuror; options for managing major depression and bipolar disorder |
| Very effective up to date |
| Identify target patients for right treatment regimens. Preventive care is so essential in clinical management |
| Retired |
| Reevaluate medications patient is taking and determine the best therapy available, educate the patient at each visit of how he can help in his care |
| I have become more familiar with some meds used to treat these conditions. I have become more confident in diagnosis and treating CHF, DM, Mental Health |
| Apply many of the new ideas in treating my patients |
| Using combined regimen for after load/preload reduction |
| How to Rx heart failure, diabetic, depression, lipidemia |
| Side effects of new drugs |
| Treating HF - HFrEF versus HFpEF be more aware of post prandial BS |
| Pre and post test questions were effective showing increased understanding. Pathophysiology slides were helpful |
| New drugs in the treatment of heart failure, eg lbrondivil, Eplorinone, socubital, when to use and side effects |
| HTP is most important information |
| Optimizing Heart Failure treatment. Increase comfort while initiating injectable diabetic medications |
| Choices of anti-depressant. DM2 control with injectables |
| Apply the new treatment I learned for patient care |
| Help me in the choice of medications on different ethic populations |
| Pay close attention to HR in HF patients. GLP-IRA superiority to DPPs. Virtoxetine improves cognition. Start mood stabilizer first in bipolar patients |
| Use of Ivabradine and Isosorbide/Hydralazine |
| Follow the new guidelines strictly |
| Drop oral agents - if not working, try others |
| Recent advantages in treatment for CHF, HTN, diabetes, cholesterol, bipolar |
| Treatment therapy for HF, considering post prandial glucose levels |
| Daily weights, HR control |
| I do not prescribe medications in my practice, but I will now have a better understanding of the medications patients I see are taking |
| Health panel with TSH. Fill out (PHQ papers) depression rating scales. Start anti-depressants with SSKIS, TGAS, other drugs. Change to other group if SSRI limitation, could use NSRIS because they improve cognitive function |
| Guidelines/treatment of CHF, prevention of CHF |
| Pregnancy-induced hypertension |
| Assessment of patients at risk for heart failure DM management |
| New drugs to add for CHF, obesity recommendations, JNC8 |
| Apply knowledge learned |
| Strategies to optimize heart failure management; Using GLP-1 agonists for better control of DM new anti-depressant medications |
| Anti-depressant meds, Heart failure management, Diabetes meds management |
| Be more focused to identify HF on all patients with HTN during history and treat to prevent early |

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

| Response |
|-------------------------------------------------------------------------------------------------------------------------------------------|
| Initiate Ivabradine for patients that need HR with a goal BP. After 3 months no change in DM management change drugs do not increase dose |
| Add Entresto when indicated. Risk stratification for HBP lipids and obesity. Awareness/treatment of MDD/BP2 |
| N/A |
| Use of sacubitril in HF; rate control in HF |
| Follow guidelines. Bring back patient for re-evaluation more often, monitor dose more closely |
| Medical management of heart failure patients particularly African Americans. Recognition of bipolar disorder and treat depression |
| Taught me to analyze meds from a specialist overview |
| Treat post prandial hyperglycemia with GLP1. Treat AA with HFC isosorbinate/hydralazone |
| To share with my colleagues the importance of H.R. one of the risk factors for heart failure. Change the management of A.A. patients |
| I do not prescribe meds to bipolar patients. We refer the patients to psych doctors |
| Early, aggressive intervention |
| Institute stricter review factors that may cause HFpEF patients to decompensate and reduce them |
| Recognizing and understanding risk and treatment of heart failure, medication strategies |
| Using newer depression meds, fewer side effects |
| Treat Hypertension more aggressively. Monitor PP sugars. Screen for bipolar more |
| Learned strategies that were new (Glycemic control)! Vone refresher |

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

| Response | Frequency | Percent | Mean: 1.52 |
|--------------------|-----------|---------|------------|
| Within 1 month | 108 | 65.06 | |
| 1-3 months | 34 | 20.48 | |
| 4-6 months | 5 | 3.01 | |
| Not applicable | 13 | 7.83 | |
| No Response | 6 | 3.61 | |

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

| Response | Frequency | Percent | Mean: 4.44 |
|--------------------|-----------|---------|------------|
| Excellent | 92 | 55.42 | |
| Very Good | 54 | 32.53 | |
| Good | 16 | 9.64 | |
| Fair | 2 | 1.20 | |
| Unsatisfactory | 0 | 0.00 | |
| No Response | 2 | 1.20 | |

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

| Response | Frequency | Percent | Mean: 4.40 |
|--------------------|-----------|---------|------------|
| Excellent | 86 | 51.81 | |
| Very Good | 59 | 35.54 | |
| Good | 16 | 9.64 | |
| Fair | 2 | 1.20 | |
| Unsatisfactory | 0 | 0.00 | |
| No Response | 3 | 1.81 | |

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

| Response | Frequency | Percent | Mean: 4.71 |
|--------------------|-----------|---------|------------|
| Excellent | 121 | 72.89 | |
| Very Good | 37 | 22.29 | |
| Good | 5 | 3.01 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| No Response | 3 | 1.81 | |

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Karol E. Watson, MD, PhD - Cardiovascular Prevention

| Response | Frequency | Percent | Mean: 4.73 |
|----------------|-----------|---------|------------|
| Excellent | 122 | 73.49 | |
| Very Good | 34 | 20.48 | |
| Good | 5 | 3.01 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| No Response | 5 | 3.01 | |

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Richard H. Anderson, MD, PhD - Depression

| Response | Frequency | Percent | Mean: 4.72 |
|----------------|-----------|---------|------------|
| Excellent | 95 | 57.23 | |
| Very Good | 30 | 18.07 | |
| Good | 3 | 1.81 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| No Response | 38 | 22.89 | |

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

| Response | Frequency | Percent | Mean: 4.68 |
|----------------|-----------|---------|------------|
| Excellent | 125 | 75.30 | |
| Very Good | 28 | 16.87 | |
| Good | 9 | 5.42 | |
| Fair | 2 | 1.20 | |
| Unsatisfactory | 0 | 0.00 | |
| No Response | 2 | 1.20 | |

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

| Response | Frequency | Percent | Mean: 4.76 |
|----------------|-----------|---------|------------|
| Excellent | 132 | 79.52 | |
| Very Good | 25 | 15.06 | |
| Good | 7 | 4.22 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| No Response | 2 | 1.20 | |

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

| Response | Frequency | Percent | Mean: 4.67 |
|----------------|-----------|---------|------------|
| Excellent | 100 | 60.24 | |
| Very Good | 35 | 21.08 | |
| Good | 6 | 3.61 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| No Response | 25 | 15.06 | |

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Richard H. Anderson, MD, PhD - Bipolar Disorder

| Response | Frequency | Percent | Mean: 4.75 |
|----------------|-----------|---------|------------|
| Excellent | 97 | 58.43 | |
| Very Good | 25 | 15.06 | |
| Good | 3 | 1.81 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| No Response | 41 | 24.70 | |

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

| Response | Frequency | Percent | Mean: 4.70 |
|----------------|-----------|---------|------------|
| Excellent | 125 | 75.30 | |
| Very Good | 29 | 17.47 | |
| Good | 9 | 5.42 | |
| Fair | 1 | 0.60 | |
| Unsatisfactory | 0 | 0.00 | |
| No Response | 2 | 1.20 | |

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Karol E. Watson, MD, PhD - Cardiovascular Prevention

| Response | Frequency | Percent | Mean: 4.78 |
|----------------|-----------|---------|------------|
| Excellent | 133 | 80.12 | |
| Very Good | 26 | 15.66 | |
| Good | 5 | 3.01 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| No Response | 2 | 1.20 | |

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: 4.72 |
|--------------------|-----------|---------|------------|
| Excellent | 110 | 66.27 | |
| Very Good | 29 | 17.47 | |
| Good | 6 | 3.61 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| No Response | 21 | 12.65 | |

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Richard H. Anderson, MD, PhD - Bipolar Disorder

| Response | Frequency | Percent | Mean: 4.78 |
|--------------------|-----------|---------|------------|
| Excellent | 109 | 65.66 | |
| Very Good | 22 | 13.25 | |
| Good | 4 | 2.41 | |
| Fair | 0 | 0.00 | |
| Unsatisfactory | 0 | 0.00 | |
| No Response | 31 | 18.67 | |

Future CME activities concerning this subject matter are necessary:

| Response | Frequency | Percent | Mean: 1.58 |
|--------------------|-----------|---------|------------|
| Strongly agree | 80 | 48.19 | |
| Agree | 67 | 40.36 | |
| Neutral | 13 | 7.83 | |
| Disagree | 0 | 0.00 | |
| Strongly Disagree | 0 | 0.00 | |
| No Response | 6 | 3.61 | |

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

| Response |
|----------------------------------------------------------------------------------------------------|
| CAD, preventive medicine, vaccines in adults |
| Pain management and narcotics |
| Glervieh HEART/CUD in women. PCKS9 Inhibitor drugs for cholesterol management |
| Work up anemia |
| Adult immunizations. Pneumonia |
| More diabetes, gynecology issues/pelvic floor disorder |
| Management of HF in populations with insurance coverage |
| Anything on DM or Chronic Kidney Disease, arthritis - RA. Anything mental health is always welcome |
| Osteoporosis |
| Opiates - Pain - Management |
| Pain Management |
| Obesity management and prevention |
| Sleep; headaches; psychiatry; neurology; chronic pain |

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Richard H. Anderson, MD, PhD - Depression

| Response | Frequency | Percent | Mean: 4.74 |
|--------------------|-----------|---------|------------|
| Excellent | 108 | 65.06 | |
| Very Good | 24 | 14.46 | |
| Good | 4 | 2.41 | |
| Fair | 1 | 0.60 | |
| Unsatisfactory | 0 | 0.00 | |
| No Response | 29 | 17.47 | |

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

| Response | Frequency | Percent | Mean: - |
|-------------------------|-----------|---------|---------|
| Topics covered | 130 | 78.31 | |
| Location/ease of access | 104 | 62.65 | |
| Faculty | 34 | 20.48 | |
| Earn CME credits | 120 | 72.29 | |
| No Response | 6 | 3.61 | |

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

| Response |
|---------------------------------------------------------------------------------------------------------------------|
| ADD |
| New trends in behavioral therapy: ADHD/schiziphrema ILD - pulmonary diseases |
| G.I. topics |
| Hematology. Auto Immune Disorders |
| COPD |
| Endo Emergencies. Renal nurses |
| Zika |
| Lung cancer treatment. New immune therapists. Inhibitors of EGFR, etc. |
| Topics on respiratory problems |
| More of heart disease and diabetes. Pulmonary dysfunction |
| Crohn's / Anemia / Back Pain |
| Pulmonary - GI - Neurology |
| CKD; meaningful use |
| SLgt 1 for diabetes |
| Women's Health, Mental Health |
| Asthma, COPD |
| More psychiatric topics |
| Dermatological signs of systemic disease. Alternative treatments for back pain other than medications and pain meds |
| Management of GERD long-term. Management of OA long-term |
| GI relapsed |
| Migraines, NASH, OSH |
| Cardiac diagnostic testing |
| COPD/Pneumonia, Sepsis. Common skin diseases/Dermatology |
| COPD management in primary care |
| TBI, headaches sensitivity to LBGT, sleep disorders |
| Coronary heart disease |
| Orthopedics, dermatological topics |
| Sleep Apnea, how to recognize |
| Dermatology, office procedures |
| Hypothyroidism |
| Pancreatitis, gluten/food allergies |
| Hep C |
| IBS Management. Breast management in female |
| Dementia |
| Prostate Rx |
| HDAC, CBI |
| Kidney disease |
| Antibiotics |
| Surgery, pulmonary, renal diseases |
| Thromboembolism |
| "Meaning to use" "PORS" that Medicare requirement |
| Well women care for primary care. Primary care role in management of chronic kidney disease |
| Similar |
| Subacute chest pain foot pain |
| Allergic Disease |
| Type 2 Diabetes Mellitus, CAD, Rheumatoid Arthritis |

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

| Response |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Radiology |
| Hematology, new in cancer treatment |
| EMR tricks and techniques / Anemia. Politics of Medicine |
| Neurology, Dermatology |
| Rheumatology. Neurology |
| GI, Neurological and Rheumatologic Disorders |
| Pacemakers - A comprehensive discussion, indication, types, etc. |
| Cardiovascular, STEMI, CVA/TIA, Stroke Mimics |
| GI |
| Coumanden therapy or management of anticoagulants, therapy for dermatologic conditions |
| Preventions, HTN, Women's health |
| Hepatic issues and treatments, various anticoagulant therapy |
| Stay the course |
| Renal Urology and Gastroenterology disorders with emphasis on hepatitis issues |
| Infects Diseases, COPD, dermatology |
| Rheumatology, thyroid disease, liver disease |
| In the same line 566 Tzenhibitors and when to consider them. Kepnercalcemia, Uitn, Heperparaicethgroidism |
| CAD, OSA, A-fib causes |
| Depression and cytochrome P450 deficiency - Any feedback to what is more effective able to prescribe in cytochrome p450 deficiency 2 D6 path way |
| Rheumatology / 6I Issues |
| Similar topics |
| Diabetic Hyponatremia (electrolytes imbalance hyperprolacteremia, diagnosis treatment. Urinary incontinence. Antipsychotics side effects |
| Women's Health |
| Dementia. End of life issues. Pain management in elderly/geriatrics. Updates in immunizations |
| Strategies to increase patient compliance. How to work with patients to make expensive meds more affordable. Dealing with patient requests and interference of Rx provider in patient/HCP relationship/plan of care |
| Neurological |
| DVTs (recurrent), atrial fibrillation |
| Same |
| HTN, CKD, DM |
| Dermatology; orthopedics; gastro; pulmonary; neuro |
| Woman's health and Men's health in primary care |
| Dermatology, pulmonary, HTN, PAD |
| CAD |
| GI issues |
| Obesity treatments - surgical effects on HF, DM, etc. long term - it was mentioned - are there new stats? Oncology topics |
| Gyn/menopause |
| Dermatology in family practice setting. Gluten intolerance or sensitivity (celiac disease) |
| Any topic is fine |
| COPD |
| Infectious disease. Evaluation of dizziness. Edema. Hyperlipidemia |
| Geriatric related topics |
| Antibiotics review. Dermatology review. EKG review. Heart murmur review. Vascular disease |
| Asthma, COPD, sleep apnea |

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

| Response |
|----------------------------------------------------------------------|
| Substance abuse/opiate addiction, obesity and weight loss strategies |
| Activities (mental health) for children |

Additional comments:

| Response |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Excellent, please do this again and more often |
| More on psychiatric medications on bipolar remedies |
| Past speakers better |
| Suggest slides in the handouts. Busy slides are difficult to follow. |
| Love, love these workshops |
| Thanks for having me |
| Enzynz psych presentation and clinical application and clinical pearls |
| Excellent conference. Thank you |
| Addictions |
| Overall excellent program |
| Renal dosing with certain chronic/acute diseases |
| Speakers could engage with audience a little more |
| Thanks for having the conference |
| More on treatment of bipolar disease |
| Dr. Anderson was awesome |
| Very good |
| Excellent CME content regarding cardiovascular disease. Speakers were very good and engaging |
| Thanks for such a great conference |
| Excellent |
| Excellent |
| Thanks for this outstanding CME program |
| I appreciate NACE to provide the quality CEM activities at home/close to home |
| Need lunch provided |
| Good CME, nice facility |
| Great conference - will definitely be back |
| Very well organized |
| None |
| Excellent meeting of minds |
| Very good program |
| Very informative, thanks a lot |
| Thank you |
| Well done! Keep up the good work |
| Good conference/ thanks |
| This was an excellent conference |
| Little more diversity in topics |
| Excellent program |
| Antipsychotics and major depression, when and how to implement. What to monitor |
| Thanks |
| The content went together well |
| Sorry to see no boxed lunches. However, walked to Sugarfire had a brisket (sausage sandwich). Enjoyed the sandwich and walk on the cool side. 51 degrees Fahrenheit |

Additional comments:

| Response |
|-----------------------------------------------------------------------------------------------------------------------------------|
| None |
| Excellent conference (topics and speakers) |
| Excellent topics Excellent lectures(speakers); My first time to attend-and I plan to attend more conferences |
| Too cold, need Wi-Fi access, lunch would be appreciated, you need to get new topic, Depression talk is the same talk as last year |
| Good |
| Thanks so much for providing this event/CME |
| Great day |
| I always enjoy these NACE conferences. Thank you for making them available each year |
| Great course, Thanks |
| I was very impressed with the quality of this event |
| Loved this CME activity |