



Emerging Challenges In Primary Care: 2016

Activity Evaluation Summary

CME Activity: Emerging Challenges in Primary Care: 2016
Saturday, August 20, 2016
Hyatt Regency Sacramento
Sacramento, CA

Course Director: Gregg Sherman, MD

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

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 Heart Failure, Hypercholesterolemia, Pulmonary Arterial Hypertension, Diabetes, and Adults in ADHD.

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.

One hundred eighty five healthcare practitioners registered to attend *Emerging Challenges in Primary Care: 2016* in Sacramento, CA. One hundred and eleven 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 and nine 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 3.25 *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 6.75 contact hours of continuing education (which includes 3.0 pharmacology hours).

Maintenance of Certification: Successful completion of this activity, which includes participation in the evaluation component, enables the participant to earn up to 6.75 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: 1.95
MD	62	56.88	
DO	4	3.67	
NP	29	26.61	
PA	2	1.83	
RN	4	3.67	
Other	3	2.75	
No Response	5	4.59	

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

Response	Frequency	Percent	Mean: 4.41
None	12	11.01	
1-5	12	11.01	
6-10	16	14.68	
11-15	15	13.76	
16-20	12	11.01	
21-25	12	11.01	
> 25	28	25.69	
No Response	2	1.83	

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

Response	Frequency	Percent	Mean: 2.17
None	36	33.03	
1-5	43	39.45	
6-10	11	10.09	
11-15	7	6.42	
16-20	2	1.83	
21-25	2	1.83	
> 25	3	2.75	
No Response	5	4.59	

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

Response	Frequency	Percent	Mean: 2.92
None	16	14.68	
1-5	37	33.94	
6-10	24	22.02	
11-15	12	11.01	
16-20	10	9.17	
21-25	4	3.67	
> 25	4	3.67	
No Response	2	1.83	

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

Response	Frequency	Percent	Mean: 4.40
None	11	10.09	
1-5	15	13.76	
6-10	19	17.43	
11-15	10	9.17	
16-20	11	10.09	
21-25	12	11.01	
> 25	30	27.52	
No Response	1	0.92	

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

Response	Frequency	Percent	Mean: 2.31
None	29	26.61	
1-5	45	41.28	
6-10	16	14.68	
11-15	8	7.34	
16-20	2	1.83	
21-25	1	0.92	
> 25	4	3.67	
No Response	4	3.67	

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

Response	Frequency	Percent	Mean: 1.10
Yes	96	88.07	
Somewhat	11	10.09	
Not at all	0	0.00	
No Response	2	1.83	

Upon completion of this activity, I can now: Describe the role of the kidney in glycemic control; Review emerging data surrounding the effects of SGLT2 inhibitor therapy; Recognize the incidence and risk of hypoglycemia in managing patients with diabetes; Discuss approaches to individualizing the treatment of T2DM:

Response	Frequency	Percent	Mean: 1.13
Yes	92	84.40	
Somewhat	14	12.84	
Not at all	0	0.00	
No Response	3	2.75	

Upon completion of this activity, I can now: Describe ADHD symptom profiles and common presentations in a primary care setting; Identify risks for coexisting disorders in adult patients with ADHD with emphasis on anxiety disorders, mood disorders, and substance use/abuse disorders; Implement appropriate pharmacologic treatment for adults diagnosed with ADHD designed to improve compliance, minimize side effects and maximize outcomes in a busy primary care setting; Use adult ADHD assessment and treatment tools for assessment, treatment and follow-up monitoring:

Response	Frequency	Percent	Mean: 1.12
Yes	76	69.72	
Somewhat	10	9.17	
Not at all	0	0.00	
No Response	23	21.10	

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

Response	Frequency	Percent	Mean: 1.08
Yes	99	90.83	
Somewhat	9	8.26	
Not at all	0	0.00	
No Response	1	0.92	

Upon completion of this activity, I can now: Explain the pathophysiology of pulmonary arterial hypertension (PAH); Determine when PAH should be suspected and how to determine the specific etiology including the importance of right heart catheterization and ventilation-perfusion (V/Q) scan; Define parameters that determine the severity of PAH; Review of treatments and how to appropriately refer and follow patients receiving treatment for PAH:

Response	Frequency	Percent	Mean: 1.23
Yes	82	75.23	
Somewhat	24	22.02	
Not at all	0	0.00	
No Response	3	2.75	

Overall, this was an excellent CME activity:

Response	Frequency	Percent	Mean: 1.32
Strongly Agree	78	71.56	
Agree	27	24.77	
Neutral	4	3.67	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	0	0.00	

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

Response	Frequency	Percent	Mean: 1.31
Strongly Agree	79	72.48	
Agree	26	23.85	
Neutral	4	3.67	
Disagree	0	0.00	
Strongly Disagree	0	0.00	

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

Response	Frequency	Percent	Mean: 1.35
Strongly Agree	74	67.89	
Agree	32	29.36	
Neutral	3	2.75	
Disagree	0	0.00	
Strongly Disagree	0	0.00	

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

Response
Use of SGLT drugs. Proper workup of Pulmonary HTN
New strategies in treatment of CHF, guideline management for lipid control
Lifestyle changes, medication options
Will put in nonformulary requests for SGLT-2 iph. Screen for PAH. Consider MC ab for max treated dyslipidemia. Consider adult ADHD screening in primary care patients
Heart failure medications, DM meds, cholesterol treatment
Diagnosis of PH, management of DM, CHF
Use SGLT-2's more
Entresto for HF
Indication for use of newer medications, institution of Isosorbide/dinitrate more in AA patients, consider cx HR
Managing LDL more effectively with Ezitrimibe
Considering new medications in resistant patients or referral
Using appropriate medication in lowering HR in CHF. Using appropriate medications in diabetes management
Consider use of Ivabradine for HF and more HR >70/min. Consider add coenzyme Q10 for statin intolerance, use of PCSK9 for merquist statins with EzetinaQ
Heart failure treatments. Cholesterol treatments
Use of PCSK9. Use of Ivabradine. Better understanding PAH. Better understand ADHD in adults
More intense PXE/HX versus using only computer checkboxes. New medication strategies
Treatment of HF
New to family practice, so most everything is new and useful, especially updates in DM treatment
Use Hydralazine, Isosorbide
Use of Isorbilil, hydralazine more frequently
Risk factors and number of approaches to treatment for number race/ethnicity population on H/F. New information in cholesterol treatment. New knowledge of DMII, PAH, new topic, new knowledge, ADHD, new topic, new management for care
better direction of RA, HTN, better team HF, better use of ColP1 meters
Using biomarkers correctly. Considering SGL and DPP4
Do more screening
Discussing modifiable risk factors of CHF. Consider Ivabradine with HR >70. Recognize African American heart failure risk
Better monitor my patients' comorbidities
Using screening tools
Treatment, awareness, evaluation strategies
I now know more about meds beyond statins for dyslipidemia, ADHD, depression, bipolar in mostly inheritable
Understand use of Ivabradine and ARNI. Understand use of PCSK-9 after statin-ezitimibe
Identify symptoms in each of my patients, each patient may exhibit unique symptoms - treat to each patient. Educate patients on risk factors for certain conditions, educate on treatment plans

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

Response
Use sacubitril/valsartan for class II and III HF and decreasing EF; use Ivabradine for HR >70; use PCSK-9 when adding Ezetimibe doesn't work
Statin first, ezetimibe 10 mg next, follow with PCSK-9. Niacin is not recommended
Work on risk factors. Less used medication that can improve outcomes
When to use Ivabradine. Knowing when to add PCSK-9. Knowing difference between PH and PAH
Initiating appropriate CHF, lipid, diabetes meds in clinical setting
How to maximize the treatment for CHF, hyperlipidemia, DM
Tight control HTN, DM, dyslipidemia
Use of PCSK-9
Use Entresto
Have lower threshold for starting statins
Treatment for CHF patient; consider EF, HR, SGLT-2 inhibitor cause orthostatic hypotension
Excellent lecture on hyperlipidemia management with effect on cardiovascular event prevention and improvement by using statin with addition of tetid 10 mg qol
Strategy for monitoring and choosing drugs for heart failure. Strategy for choosing diabetic drugs in T2DM
Utilize screening, diagnostic test, and start utilizing/consider utilizing meds described here during the conference
Not treating patients with these disorders
How to start statin therapy effectively. When to start PCSK9 in patient treatment
Identify risk factors and educate. Start PCSK9 if statin will intontamer the chol. Maintain low HR with HF patients
Change treatment for CHF - I have a better understanding on which medications to use and when. Very helpful to know AA patient = Isosorbide/hydralazine as that was new information to me
Will not use Ca++ Rx orders in PAH. Will use more SGLT-2 inhibitors; will use ADHD rating scale more
Use Ivabradine/Hydralazine in targeted population. Importance of HR management in Dys with CHF, targeting LDL-C on statin therapy if not at goal use Zetin don't use Niacin/fibrates; use ADHD scoring tools
Management of ADHD - evaluating/treatment and plan development. Diabetes - adding SGLT-2 to treatment plan
Change my practice/application new treatment
Screening for ADHD. Starting PCSk9 in addition to statin and ezetimibe
Diagnosing and treating heart failure, diagnosing PAH
Importance of HR in HF. Hydralazine/Israel effectiveness in AF with HF
Treating CHF - Ivabradine/sacubitril/valsartan. Treating DM with GLP-1 and SGLT-2 drugs
HF/HLD management with the discussed meds. DM/PAH/ADD management with the discussed meds
Incorporate newer medicines in chronic disease management
Optimal heart failure treatment in AA patients. Early diagnosis of formurtial hyperlipidemia; identify new strategies in diabetes treatment, appropriate workup for pulmonary arterial hypertension
Ideas of how to teach patients about their disease
Pending nonformulary drug approval
Change therapy for hypercholesterol/statin; aware of CHF risk factor, new DM therapy
Better use of Isosorbide/hydralazine in HF. Better use of SGLT-2, better screening for PAH
Managing multiple problems are very important

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

Response	Frequency	Percent	Mean: 1.45
Very likely	77	70.64	
Somewhat likely	21	19.27	
Unlikely	0	0.00	
Not applicable	9	8.26	
No Response	2	1.83	

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

Response	Frequency	Percent	Mean: 1.56
Within 1 month	72	66.06	
1-3 months	22	20.18	
4-6 months	1	0.92	
Not applicable	12	11.01	
No Response	2	1.83	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Robert L. Gillespie, MD, FACC, FASE - Heart Failure Part I:

Response	Frequency	Percent	Mean: 4.76
Excellent	89	81.65	
Very Good	12	11.01	
Good	5	4.59	
Fair	0	0.00	
Unsatisfactory	1	0.92	
No Response	2	1.83	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Robert L. Gillespie, MD, FACC, FASE - Heart Failure Part II:

Response	Frequency	Percent	Mean: 4.78
Excellent	89	81.65	
Very Good	13	11.93	
Good	4	3.67	
Fair	1	0.92	
Unsatisfactory	0	0.00	
No Response	2	1.83	

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

Response	Frequency	Percent	Mean: 4.80
Excellent	91	83.49	
Very Good	12	11.01	
Good	3	2.75	
Fair	1	0.92	
Unsatisfactory	0	0.00	
No Response	2	1.83	

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

Response	Frequency	Percent	Mean: 4.83
Excellent	92	84.40	
Very Good	12	11.01	
Good	3	2.75	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	1.83	

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

Response	Frequency	Percent	Mean: 4.62
Excellent	70	64.22	
Very Good	25	22.94	
Good	7	6.42	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	7	6.42	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Franck Rahaghi, MD, MHS, FCCP - PAH:

Response	Frequency	Percent	Mean: 4.56
Excellent	63	57.80	
Very Good	27	24.77	
Good	5	4.59	
Fair	2	1.83	
Unsatisfactory	0	0.00	
No Response	12	11.01	

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

Response	Frequency	Percent	Mean: 4.82
Excellent	72	66.06	
Very Good	16	14.68	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	21	19.27	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Robert L. Gillespie, MD, FACC, FASE - Heart Failure Part II:

Response	Frequency	Percent	Mean: 4.81
Excellent	90	82.57	
Very Good	14	12.84	
Good	3	2.75	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	1.83	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Barbara Hutchinson, MD, PhD, FACC - Hypercholesterolemia:

Response	Frequency	Percent	Mean: 4.83
Excellent	91	83.49	
Very Good	14	12.84	
Good	2	1.83	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	1.83	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Franck Rahaghi, MD, MHS, FCCP - PAH:

Response	Frequency	Percent	Mean: 4.72
Excellent	77	70.64	
Very Good	20	18.35	
Good	1	0.92	
Fair	2	1.83	
Unsatisfactory	0	0.00	
No Response	9	8.26	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Robert L. Gillespie, MD, FACC, FASE - Heart Failure Part I:

Response	Frequency	Percent	Mean: 4.80
Excellent	90	82.57	
Very Good	13	11.93	
Good	4	3.67	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	1.83	

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

Response	Frequency	Percent	Mean: 4.82
Excellent	91	83.49	
Very Good	14	12.84	
Good	1	0.92	
Fair	1	0.92	
Unsatisfactory	0	0.00	
No Response	2	1.83	

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

Response	Frequency	Percent	Mean: 4.69
Excellent	77	70.64	
Very Good	18	16.51	
Good	5	4.59	
Fair	1	0.92	
Unsatisfactory	0	0.00	
No Response	8	7.34	

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

Response	Frequency	Percent	Mean: 4.80
Excellent	78	71.56	
Very Good	17	15.60	
Good	1	0.92	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	13	11.93	

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

Response	Frequency	Percent	Mean: -
Topics covered	81	74.31	
Location/ease of access	70	64.22	
Faculty	28	25.69	
Earn CME credits	77	70.64	
No Response	3	2.75	

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent	Mean: 1.53
Strongly agree	60	55.05	
Agree	37	33.94	
Neutral	8	7.34	
Disagree	1	0.92	
Strongly Disagree	0	0.00	
No Response	3	2.75	

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

Response
More mental health and women's health topics
Dementia, Parkinson's disease
HTN/Depression/Headache
Geriatric medicine, antimicrobial use, hormone replacement therapy
Bipolar mood disorder, HIV
More of the same
More on DM and resistant HTN
Insulin regimens in Type 2 DM
Any
N/A
Rheumatoid arthritis. Hepatitis/liver cirrhosis
Liver diseases
Menopause treatment. Weight management. Ortho
COPD, complex disease management, depression, orthopedics
More general practice topics. When to refer, when to treat
Hypertension Enargemen, pediatric ATN, pregnancy ATN, COPD treatment
IDDM
CVA
Continue with Diabetes, Bipolar, renal failure, why testing
COPD, chronic kidney disease, Zika virus
Sleep disorders, oncology, hematology
Diabetes, Atrial Fib, anticoagulation, RA
Appreciate all. NACE is awesome
Cancer screening in primary care
End of life care
Pediatric obesity, lipid and DM
Weight loss, psychiatric conditions
Ocean and wilderness medicine
More occupational med
Non-narcotic treatment of pain management and how to convince patients of this
Neuro - strokes, overview of pharmacology - new drugs for all body systems/conditions
Endocrinology, Rheumatology
Asthma updates, obesity treatment
ACS, OSA, obesity

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

Response
Newly emerging viral infections - Zika, Chikungunya, etc. Anti-vaccination
Geriatric topics
COPD/asthma, chronic pain management
Evaluation of Rayhaudephenonea
Osteoporosis, genetic testing, RNA cancer marker
The introduction was WAY too long. Useful, novel information is much appreciated! Dr. Rahaghi was great!
Seizure diagnosis, Hepatitis C, Psoriasis
Pulmonary;weight control, diabetes, heart disease
COPD, Pulmonary hypertension, sleep apnea management
Male hypogonadism, Osteoporosis
Evidence based studies/research for COPD/CKD
Diagnosis and treatment of depressive disorders, skin disorders, IBS/IBD, CKD, autoimmune disorders
Gyn. Endocrine - hormonal issue
DM, COPD, HF, HTN, thyroid disease
Immunization review; Hepatitis B and C management; thyroid abnormalities; COPD management
Interpretation of CXR. In-hospital management of diabetes
Infectious Disease; psychology; pediatric topics; Dermatology
Depression, Schizophrenia, psychotic disorders
Women's Health. Osteoporosis, Geriatric Medicine. Dermatology
Hyperthyroidism, menopause
Address risks of current therapies on conditions such as Alzheimer's (i.e. too low LDL, use of statins), move away from drug sponsored programs and include nutritional/dieting therapies in illness
COPD management. Dermatology basics. Dealing with Dementia. Parkinson's Disease. Psychiatric issues
HTN/DM/HF/HDL/pain management/HCV/HIV
CKD, COPD, asthma, depression and other psych issues
Live disease - screening and management; Hepatitis C treatment and hepatocellular carcinoma
Pediatrics
Pediatric emergency
Any
Physical activities - evidence; nutrition/evidence, obesity treatment, OSA

Additional comments:

Response
Great presentation. More AAFP CME offerings
Slides for Dr. Unger's lecture are not online, which I would like access to since I felt he sped through lecture
Slide 24 typo 1st HF lecture. Thanks for vegetarian lunch! Please provide afternoon snack
Very informative, thank you!
Thank you for excellent panels of speakers
Lovely, interactive lectures
Great topic choices. Relevant, useful, well-presented. Would love to have speakers mention brand names for easier recognition
Please keep having
Overall, very good conference
Unger good, but needs to slow down presentation
Very well managed! Better than many paid conferences I have attended
Awesome! Come to Philadelphia

Additional comments:

Response
Excellent conference. Thank you
Thank you
Great location. Easy to access, very nice. Please continue to have it at this location
Thanks
Keep doing these meetings. I loved the format with frequent questions and answers - keeps us on our toes!
Excellent speakers this year - very engaging and relevant - good overview; the case studies were excellent and very helpful in understanding the topic
Excellent program
The level of the presenters' clarity was excellent
Thank you!
Very good conference
Thanks - learned a lot!
Thanks for inviting me
Excellent symposium and very useful topic in my practice
More AAFP/ABFM CME/board equivalent offerings
I can answer the question why are so many black patients with HTN acquire early heart failure if you are interested let me know
Great program
Very good CME
Excellent program
Excellent speakers and topics! Dr. Rahaghi was excellent! Dr. Amann also excellent speaker
One of the best conferences I've been to. Great for practical use
I learned a lot even though my work is in pediatrics - I have adult friends who always ask me questions
Good job for all staff
A little too commercial in a few of the lectures