Emerging Challenges In Primary Care: 2016

Activity Evaluation Summary

CME Activity: Emerging Challenges in Primary Care: 2016
                              Saturday, September 24, 2016
                              Marriott Plaza San Antonio
                              San Antonio, TX

Course Director: Gregg Sherman, MD

Date of Evaluation Summary: October 4, 2016

In September 2016, the National Association for Continuing Education (NACE) sponsored a CME program, *Emerging Challenges in Primary Care: 2016*, in San Antonio, TX.

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, ADHD in adults, hypercholesterolemia, heart failure, and healthcare compliance and enforcement.

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 thirty seven healthcare practitioners registered to attend *Emerging Challenges in Primary Care: 2016* in San Antonio, TX. One hundred twenty six healthcare practitioners actually attended this conference. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. One hundred and twenty two 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 2.75 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: 2.17
MD	58	47.54	
DO	3	2.46	
NP	45	36.89	
PA	3	2.46	
RN	5	4.10	
Other	3	2.46	
No Response	5	4.10	

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

Response	Frequency	Percent	Mean: 4.78
None	11	9.02	
1-5	9	7.38	
6-10	16	13.11	
11-15	16	13.11	
16-20	17	13.93	
21-25	12	9.84	
> 25	40	32.79	
No Response	1	0.82	

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

Response	Frequency	Percent	Mean: 2.23
None	38	31.15	
1-5	47	38.52	
6-10	18	14.75	
11-15	7	5.74	
16-20	8	6.56	
21-25	0	0.00	
> 25	2	1.64	
No Response	2	1.64	

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

Response	Frequency	Percent	Mean: 4.85
None	10	8.20	
1-5	7	5.74	
6-10	12	9.84	
11-15	18	14.75	
16-20	21	17.21	
21-25	15	12.30	
> 25	35	28.69	
No Response	4	3.28	

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

Response	Frequency	Percent	Mean: 3.22
None	19	15.57	
1-5	30	24.59	
6-10	24	19.67	
11-15	19	15.57	
16-20	10	8.20	
21-25	9	7.38	
> 25	7	5.74	
No Response	4	3.28	

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: 1.08
Yes	110	90.16	
Somewhat	10	8.20	
Not at all	0	0.00	
No Response	2	1.64	

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: 1.11
Yes	108	88.52	
Somewhat	11	9.02	
Not at all	1	0.82	
No Response	2	1.64	

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: 1.12
Yes	104	85.25	
Somewhat	14	11.48	
Not at all	0	0.00	
No Response	4	3.28	

Overall, this was an excellent CME activity:

Response	Frequency	Percent	Mean: 1.29
Strongly Agree	91	74.59	
Agree	27	22.13	
Neutral	4	3.28	
Disagree	0	0.00	
Strongly Disagree	0	0.00	

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: 1.06
Yes	114	93.44	
Somewhat	7	5.74	
Not at all	0	0.00	
No Response	1	0.82	

Upon completion of this activity, I can now: Discuss the latest trends in government civil, administrative, and criminal enforcement efforts; Describe how effective compliance can reduce or even mitigate an enforcement action; Understand the role that the government and its contractors play in identifying potential fraud cases and ways to minimize risk:

Response	Frequency	Percent	Mean: 1.18
Yes	90	73.77	
Somewhat	18	14.75	
Not at all	1	0.82	
No Response	13	10.66	

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

Response	Frequency	Percent	Mean: 1.21
Strongly Agree	97	79.51	
Agree	24	19.67	
Neutral	1	0.82	
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: 1.28
Strongly Agree	89	72.95	
Agree	30	24.59	
Neutral	2	1.64	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	1	0.82	

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

Response	Frequency	Percent	Mean: 1.52
Very likely	80	65.57	
Somewhat likely	31	25.41	
Unlikely	1	0.82	
Not applicable	10	8.20	
No Response	0	0.00	

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

Response
Better use of SGLT2 inhibitors, ADHD screening assessments, protocols for use of statins
CHF management; med doses for ADHD, SGLT2, use early in T2DM
Adding PCSK9, ADHD meds increased comfort, HF treatment
Improving management of DM, ADHD, Hyperlipidemia and CHF
Better diagnose and treat ADHD and hypercholesterolemia
Use of ADHD medications and increased use of GLPs medications
New CU drugs
How to monitor kidney function better
Better assessments, certainty in diagnosing and prescribing
DI symptoms/behavior in patients with ADHD. Appropriate use of SGLT2 in DM patients. Recognize high risk patients for HF
Specific AE for AA group
Use ADHD screening tools, use long acting stimulants, follow guideline treatment for cholesterolemia
Learned more about newer drugs (SGLT2, ADHD med, new PCSK9, newer CHF drugs)
Consider other medication regiments in treatment plans
Better approach to managing and treating hypercholesterolemia. Better at recognizing patients with PPFH and more aggressive therapy in treating these patients
Diagnosis and management of ADHD
For treatment of adult ADHD use long-acting stimulant med. Use SGLT2 inhibitor for Type II Diabetes
Feel confident in using SGLT2 inhibitor in high risk patients with coronary artery disease
Reduction of LDH best statin flow zetin and PCSK-9 to achieve goal. Not patient niacin as cortisone Q10. Hyd + ISDN for HF treatment in black
Recall criteria for Rx
No flow for lowering LDL benefit; no niacin and statin
Using more SGLT2 and using evidence-based practice for CHF therapy
Use questionnaires before being seen
Use screening tests for ADHD before treating
The importance of personalized medical treatment is strongly reinforced
HF strategies
Try to assess HF in a more discriminating fashion, try to use the newer meds for DM Rx - try to diagnose comorbidities in adult ADD
Discussion with other providers how to best care for patients
Treat to LDL <70 more aggressively. Addition of SGLT2 inhibitor therapy; ADHD-RS when treating mood disorders
ADHD, Diabetes
Improving management, updated guidelines and pharmacotherapy, ADHD screening
I will use the ADHD questionnaire, and refer to the guidelines of CHF guidelines made

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

Response
More use of PCSK9, sulfureas restored to short term, increased awareness of ADHD in adults, use screening, more use of Ivabradine in AA with HR >740
Alter stepped care for DM; more precise ID of behavioral problems
Use of long acting stimulants to treat ADD in adults
Treating HF based on color, ADHD
Better use of medication
Using assessment scales in ADHD/ADD; confidence in using new CHF meds
Use screening test for ADHD, better choice in meds for Diabetics and heart failure
Better care for diabetics and hypercholesterolemia
Type 2 DM management based on multifactorial cases
Choose proper DM medication, ADHD meds
Better CHF, DM, and HTN management
Better understanding on medications and when to use them
Now I feel more confident using SGLT2 in my practice
Change the medications that I prescribe and how I prescribe them
ADHD validation scale
Use scales for adult ADHD, use Zetia in patients with incomplete uremic response on statins, be more proactive in diagnosis of HF
ADHD updated rating scales; ASCVD calculator WHO diagnosis criteria for FH; guideline proven therapy with hyperlipidemia
Discontinue Sulfonyra and replace with other Diabetic meds such as SGLT2
More confident in using SGLT2 meds
How to use research/new guidelines to manage meds and patient care
Use of scales for ADHD diagnosis and treatment options
Using BNP to diagnose HF, not monitor response - use PCSK9 after Zetia and high dose statin
Effective use of GLP-1 and SGLT2 inhibitors, treatment of ADHD in adults
Following specialty guidelines
The value of doing in-depth histories in psychiatry and internal medicine; value of evidence-based guidelines
Evaluate better choices for treating ADHD
All of the strategies were important to my practice
Management, patient teaching, prescribing
Manage HFrEF more effectively. Notice HR >70 may benefit from Ivabradine

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

Response	Frequency	Percent	Mean: 1.67
Within 1 month	77	63.11	
1-3 months	25	20.49	
4-6 months	3	2.46	
Not applicable	17	13.93	
No Response	0	0.00	

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

Response	Frequency	Percent	Mean: 4.82
Excellent	100	81.97	
Very Good	18	14.75	
Good	2	1.64	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	1.64	

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

Response	Frequency	Percent	Mean: 4.65
Excellent	85	69.67	
Very Good	29	23.77	
Good	5	4.10	
Fair	1	0.82	
Unsatisfactory	0	0.00	
No Response	2	1.64	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Robert L. Gillespie, MD, FACC, FASE, FASNC - Hypercholesterolemia:

Response	Frequency	Percent	Mean: 4.86
Excellent	101	82.79	
Very Good	14	11.48	
Good	1	0.82	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	6	4.92	

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

Response	Frequency	Percent	Mean: 4.73
Excellent	85	69.67	
Very Good	20	16.39	
Good	3	2.46	
Fair	1	0.82	
Unsatisfactory	0	0.00	
No Response	13	10.66	

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

Response	Frequency	Percent	Mean: 4.68
Excellent	81	66.39	
Very Good	23	18.85	
Good	3	2.46	
Fair	2	1.64	
Unsatisfactory	0	0.00	
No Response	13	10.66	

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

Response	Frequency	Percent	Mean: 4.75
Excellent	88	72.13	
Very Good	18	14.75	
Good	3	2.46	
Fair	1	0.82	
Unsatisfactory	0	0.00	
No Response	12	9.84	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Sean McKenna - Healthcare Compliance:

Response	Frequency	Percent	Mean: 4.63
Excellent	68	55.74	
Very Good	21	17.21	
Good	5	4.10	
Fair	0	0.00	
Unsatisfactory	1	0.82	
No Response	27	22.13	

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

Response	Frequency	Percent	Mean: 4.84
Excellent	103	84.43	
Very Good	13	10.66	
Good	3	2.46	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	3	2.46	

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

Response	Frequency	Percent	Mean: 4.85
Excellent	103	84.43	
Very Good	16	13.11	
Good	1	0.82	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	1.64	

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, FASNC - Hypercholesterolemia:

Response	Frequency	Percent	Mean: 4.90
Excellent	109	89.34	
Very Good	10	8.20	
Good	1	0.82	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	1.64	

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

Response	Frequency	Percent	Mean: 4.83
Excellent	97	79.51	
Very Good	16	13.11	
Good	2	1.64	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	7	5.74	

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

Response	Frequency	Percent	Mean: 4.78
Excellent	91	74.59	
Very Good	16	13.11	
Good	4	3.28	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	11	9.02	

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, FASNC - Heart Failure Part II:

Response	Frequency	Percent	Mean: 4.82
Excellent	94	77.05	
Very Good	12	9.84	
Good	4	3.28	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	12	9.84	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Sean McKenna - Healthcare Compliance:

Response	Frequency	Percent	Mean: 4.80
Excellent	90	73.77	
Very Good	11	9.02	
Good	1	0.82	
Fair	0	0.00	
Unsatisfactory	2	1.64	
No Response	18	14.75	

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

Response	Frequency	Percent	Mean: -
Topics covered	92	75.41	
Location/ease of access	65	53.28	
Faculty	17	13.93	
Earn CME credits	98	80.33	
No Response	0	0.00	

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent	Mean: 1.46
Strongly agree	68	55.74	
Agree	47	38.52	
Neutral	4	3.28	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	3	2.46	

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

Response
Pulmonary - COPD
Mr. McKenna was terribly biased and should not have been given a forum for his comments!

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

Response
Office infectious disease issues
psych diagnostic meds/combo
Differentiating ADD from comorbid conditions
Up to date lectures on pain, cognition, brain imaging, depression
Pharmacology, nutrition, autoimmune diseases
Women's health topics. Liver disease and at risk populations, preventive guidelines (USPSDIF): an update (mammograms, vaccines in adults, men's health topics)
Sleep
Pain management (proper monitoring of opiates, etc.). OAB, BPH. Allergic rhinitis (testing, etc.). RA (new biological monitoring). Update of COPD drugs (inhibitors)
Wound care treatment options. Thyroid
Depression, Osteoporosis
HTN, DM Type II
Inflammation, psychiatric topics
General Rx for Type II Diabetes, obesity, anxiety-depression, drug addiction, pain management
Outpatient management of anxiety and depression disorder, geriatrics
Ethics, advance care planning, end of life care, palliative medicine
General surgery. Wound care/ostomy
Dermatology
Common Dermatology for Primary Care
More of CHF and current asthma guidelines
Asthma/COPD
Topics on sleep
More mental health topics like Bipolar disorder, etc.
Practical clinical management of Diabetes - coronary artery disease. Common psychiatric problems - Depression, anxiety, insomnia, etc.
Antibiotic therapies
Diabetes - more in depth. Metabolic Syndrome, depression/anxiety, pain, weight loss
Hypertension, testosterone replacement therapy
Pulmonary, GI, hormone therapy
Hypertension review, cancer screening
Geriatric medicine
Diabetes management
HTN. Antipsychotic drugs, Depression
HIV/AIDS
Asthma, COPD, CAD, cirrhosis, Hepatitis C
PCOS; Hyperthyroidism
Women's Health
Treating medical and psychiatric problems in the corrections setting
GI, Neuro - stroke, GM
Drug and alcohol abuse, pharmacology recent updates
HTN; CKD; DM
Endocrinology topics. Ethics
CHF, Hepatitis C, laboratory values, pulmonary fibrosis stress test, pulmonary function test
Hypothyroidism, HTN, Depression
Psych pharm
HTN; obesity; COPD

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

Response
Wound care
Addiction med
Postpartum osteoporosis
Stroke therapy, COPD treatment, asthma treatment
Men and Women's Health; Pediatrics; Pharmacology
Growth and partnership with retail health clinics on patient management
Insulin management in Diabetes; Women's Health; VTE
No lunch provided - should have been announced prominently on course announcement. Need written syllabus at conference. Sean McKenna's academic credentials should be provided, as well as professional
Continue with ethics and new Medicare qual guideline. Reporting - can we avoid it and survive? Optimal treatment of anxiety, pain, opiate use, etc.
Autism evaluation, more on Diabetes management, OB topics
Continue DM, infectious diseases, PN, UTI in patient with cultures for resistant Ibuet. Pneumonia. Asthma
Endocrinology - thyroid disease
COPD/allergy/GERD
Bronchial asthma
Palliative Care/Hospice pain management
Insulin start of care
PTSD. Substance abuse disorders. COPD. Kidney disease
More on medications/pharmacology
HPV vaccines topic
Obesity management, clinical options
Dermatology, Billing, ICD-10, primary care versus internal medicine
More in Diabetes; drugs to manage obesity
All
Yes
Hep C. Crohn's Disease. Updates in biological therapy in Primary Care
Ethics topics
Hypertension. Cardiac disease. Other endocrine disorders
Medical Texas ethics, thyroid/Diabetes, AFib, Cardiology topics
Texas ethics, medical billing, Hepatitis C management, HIV initial treatment or management
Renal failure and dialysis treatments (i.e. hemo, peritoneal and treatments of acute renal failure)
POTS, Pulmonary artery hypertension, Bipolar/anxiety

Additional comments:

Response
Thanks!
Excellent speakers
I appreciate your efforts on making these conferences very useful and practical
Great speakers. Relevant topics
I like your "pooled" reply answer system to key questions to ensure learning objectives
Thank you for this information. Well-paced, excellent faculty, quality CEUs
Thank you for the invitation, it was a great conference
Great speakers
Great speakers!

Additional comments:

Response
The HF case studies presentation with Drs. Ofili and Gillespie was outstanding. More of this type of presentation would be ideal
Dr. Gillespie's lecture was very informative and the flow of the presentation kept my attention. Great job!
Dr. Gillespie my favorite
Need snack bar
Thank you for coming to San Antonio. Enjoyed the conference. Excellent speakers. Learned a lot!
Update Diabetes and HTN management
It seemed too long for heart failure to last 140 minutes! More diversity please. Love the "clickers" to answer questions!
Very informative. Feel better prepared to treat my patients
Thank you
Excellent conference. I recommend 5 minute break between each lecture if have to sit still for 2-3 hours
Thanks for this presentation
The gender joke in the post AM break survey is understandable, but in the current milice probably should be abandoned. Stolar - excellent talk, but could have benefited from a slower pace for me. Anderson - also excellent talk providing information that I was not aware of. I think a number of the questions were superfluous. Gillespie on LDL - another exceptional talk. Might have reduced number of pre and post test slides. Would have spent more time on a very quick update on statins. Would have emphasized more on racial differences for treatment. Ofili - I would have preferred a more diverse population and then punctuate with race differences rather than emphasizing African Americans.
Note - high qual medi records means low qual time (hardly any) with patients. I am age 63 and personally refuse mammograms and hate it that my doctor will get paid less
Excellent conference. Please return to San Antonio with more topics. I plan to spread the word
I find these presentations helpful in my practice
Thank you for a no-fee CME course!
Would like to receive 1 hour ethics credit for the healthcare compliance lecture
Please come back to see us. Very worthwhile program. Great instructors
Well done. Better than expected!
This program seemed very well put together. I enjoyed the questions and answers during the program - helped to retain information given in program. I liked the case presentations - they really helped to understand what you are being taught
This was great CME conference and I like to attend more at San Antonio areas
Consider Austin, TX as another location
Speakers all knowledgeable
Loved having dual presenters for HF part II - they were able to keep my attention despite a heavy carb lunch
Thank you
Great meeting and great speakers. Thank you
Thank you so much for making this event possible
The conference subject matters were presented by physicians of specialty care. The information shared was eye opening and increased my knowledge and was a review of some of the topics, but overall I learned new information today. Thank you! Please invite me again in the future
Infectious Disease. Pharmacology
Great presenters! Thank you