



Emerging Challenges In Primary Care: 2016

Activity Evaluation Summary

CME Activity: Emerging Challenges in Primary Care: 2016
Saturday, October 22, 2016
Marriott San Diego La Jolla
San Diego, CA

Course Director: Gregg Sherman, MD

Date of Evaluation Summary: November 4, 2016



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In October 2016, the National Association for Continuing Education (NACE) sponsored a CME program, *Emerging Challenges in Primary Care: 2016*, in San Diego, 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 prostate cancer screening, overactive bladder, ADHD in adults, 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.

One hundred ninety two one healthcare practitioners registered to attend *Emerging Challenges in Primary Care: 2016* in San Diego, CA and two hundred forty one registered to participate in the live simulcast. Two hundred three healthcare practitioners actually participated in the conference: one hundred twelve attended the conference in San Diego, CA and ninety one participated via the live simulcast. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. One hundred ninety seven 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.

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National Association for Continuing Education is approved as a provider of nurse practitioner continuing education by the American Association of Nurse Practitioners. AANP Provider Number 121222. This program has been approved for 7 contact hours of continuing education (which includes 2.25 pharmacology hours).

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

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

What is your professional degree?

Label	Frequency	Percent
MD	91	46%
DO	3	2%
NP	69	35%
PA	24	12%
RN	7	4%
Other	3	2%
Total	197	100%

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

Label	Frequency	Percent
None	34	18%
1-5	58	30%
6-10	41	21%
11-15	20	10%
16-20	12	6%
21-25	8	4%
> 25	21	11%
Total	194	100%

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

Label	Frequency	Percent
None	26	13%
1-5	75	38%
6-10	42	22%
11-15	14	7%
16-20	20	10%
21-25	8	4%
> 25	10	5%
Total	195	100%

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

Label	Frequency	Percent
None	41	21%
1-5	91	47%
6-10	32	16%
11-15	17	9%
16-20	5	3%
21-25	7	4%

> 25	1	1%
Total	194	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	25	13%
1-5	67	35%
6-10	36	19%
11-15	20	10%
16-20	19	10%
21-25	9	5%
> 25	18	9%
Total	194	100%

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

Label	Frequency	Percent
None	12	6%
1-5	26	14%
6-10	29	15%
11-15	28	15%
16-20	26	14%
21-25	26	14%
> 25	43	23%
Total	190	100%

Upon completion of this activity, I can now: Recognize the prevalence and risk factors of prostate cancer; Compare the USPSTF, AUA and NCCN guidelines on screening; Understand the use of PSA and biomarkers; Develop a logical approach to screening for prostate cancer in a primary care setting.

Label	Frequency	Percent
Yes	182	93%
Somewhat	14	7%
Not at all	0	0%
Total	196	100%

Upon completion of this activity, I can now: Identify the patient with overactive bladder (OAB) in the office of the primary care physician (PCP) with a simple history, physical and appropriate labs; Identify interventions that can optimize OAB treatment and improve patient satisfaction; Discuss the strategy of matching treatment of OAB based on specific patient needs; Optimize adherence by enhancing communication in order to engage and partner with patients in the treatment plan

Label	Frequency	Percent
Yes	173	90%
Somewhat	20	10%
Not at all	0	0%
Total	193	100%

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.

Label	Frequency	Percent
Yes	166	87%
Somewhat	24	13%
Not at all	0	0%
Total	190	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?; Describe pathophysiologic factors contributing to increased risk of heart failure among African Americans and minorities.

Label	Frequency	Percent
Yes	164	88%
Somewhat	21	11%
Not at all	2	1%
Total	187	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	152	87%
Somewhat	22	13%
Not at all	0	0%
Total	174	100%

Overall, this was an excellent CME activity:

Label	Frequency	Percent
Strongly Agree	147	76%
Agree	45	23%
Neutral	1	1%
Disagree	0	0%
Strongly Disagree	0	0%
Total	193	100%

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

Label	Frequency	Percent
Strongly Agree	151	78%
Agree	42	22%
Neutral	1	1%
Disagree	0	0%
Strongly Disagree	0	0%
Total	194	100%

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

Label	Frequency	Percent
Strongly Agree	136	70%
Agree	53	27%
Neutral	4	2%
Disagree	0	0%
Strongly Disagree	0	0%
Total	193	100%

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

Label	Frequency	Percent
Very Likely	35	18%
Somewhat likely	2	1%
Unlikely	13	7%
Not applicable	193	100%
Total	143	74%

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

Label	Frequency	Percent
Within 1 month	132	69%
1-3 months	33	17%
4-6 months	4	2%
Not applicable	23	12%
Total	192	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:

Matt T. Rosenberg, MD – Prostate Cancer Screening:

Label	Frequency	Percent
Excellent	166	85%
Very Good	24	12%
Good	4	2%
Fair	1	1%
Unsatisfactory	0	0%
Total	195	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:

Matt T. Rosenberg, MD – OAB:

Label	Frequency	Percent
Excellent	160	83%
Very Good	29	15%
Good	3	2%
Fair	1	1%
Unsatisfactory	0	0%
Total	193	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker: C.

Greg Mattingly, MD – ADHD:

Label	Frequency	Percent
Excellent	157	84%
Very Good	24	13%
Good	7	4%
Fair	0	0%
Unsatisfactory	0	0%
Total	188	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:

Robert L. Gillespie, MD, FACC, FASE, FASNC – Heart Failure Part I:

Label	Frequency	Percent
Excellent	129	74%
Very Good	27	15%
Good	16	9%
Fair	3	2%
Unsatisfactory	0	0%
Total	175	100%

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:

Label	Frequency	Percent
Excellent	130	73%
Very Good	31	17%
Good	14	8%
Fair	2	1%
Unsatisfactory	1	1%
Total	178	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	135	77%
Very Good	30	17%
Good	7	4%
Fair	1	1%
Unsatisfactory	2	1%
Total	175	100%

In terms of delivery of the presentation, please rate the effectiveness of the speaker:

Karol E. Watson, MD, PhD – Hypercholesterolemia:

Label	Frequency	Percent
Excellent	128	76%
Very Good	29	17%
Good	9	5%
Fair	1	1%
Unsatisfactory	1	1%
Total	168	100%

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

Label	Frequency	Percent
Excellent	160	83%
Very Good	24	12%
Good	8	4%
Fair	1	1%
Unsatisfactory	0	0%
Total	193	100%

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

Label	Frequency	Percent
Excellent	155	81%
Very Good	28	15%
Good	7	4%
Fair	1	1%
Unsatisfactory	0	0%
Total	191	100%

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

Label	Frequency	Percent
Excellent	152	80%
Very Good	26	14%
Good	9	5%
Fair	2	1%
Unsatisfactory	0	0%
Total	189	100%

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 I:

Label	Frequency	Percent
Excellent	139	76%
Very Good	29	16%
Good	13	7%
Fair	1	1%
Unsatisfactory	0	0%
Total	182	100%

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:

Label	Frequency	Percent
Excellent	137	77%
Very Good	30	17%
Good	11	6%
Fair	1	1%
Unsatisfactory	0	0%
Total	179	100%

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

Label	Frequency	Percent
Excellent	140	78%
Very Good	30	17%
Good	10	6%
Fair	0	0%
Unsatisfactory	0	0%
Total	180	100%

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

Label	Frequency	Percent
Excellent	291	80%
Very Good	59	16%
Good	15	4%
Fair	1	0%
Unsatisfactory	0	0%
Total	366	100%

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

Label	Frequency	Percent
Topics covered	163	34%
Location/ease of access	126	26%
Faculty	36	7%
Earn CME credits	157	33%
Total	482	100%

Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent
Strongly agree	112	58%
Agree	66	34%
Neutral	15	8%
Disagree	0	0%
Strongly Disagree	1	1%
Total	194	100%

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

List these strategies:

Comment
1.5 PSA level/tibial nerve stimulation/biomarkers
1. Know how to use new agents for hypercholesterolemia down to goal 2. Select the right agents for all types of CHF 3. Detect and treat the adult ADHD properly 4. Select the right medicine for OAB
1 Evaluate PSA over 1.5, Use biomarkers for elevated PSA, Use the BNP more appropriately in evaluating heart failure patients.
2-3-1
ADHD, HF
all
Apply the guidelines
Appropriate classes of medications for treatment of CHF and how to apply
Appropriate interpretation of PSA level, BNP for heart failure pts vs non-heart failure cause, lifestyle changes with OAB, recognizing ADHD and use of different medications
Appropriate therapy for hyperlipidemia beyond Statin.
Ask appropriate questions to identify conditions such as OAB, and not simply asking "how is your bladder control," since many patients are embarrassed to talk about it. I will also talk to the patient about PSA screening and why it's important.
At this point i am not sure about the strategies I would use.
Better apply the learned knowledge
Better assessment options, medication and treatment options
Better awareness of issues, better treatment ideas, planning, decision making
Better evaluation and management of patients with Heart Failure & hyperlipidemia

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Better evaluation of risk factor
Adequate treatment guidelines
Better hx taking and confidence in first line medications and evidence based medications for AA populations
Better identifying problems and treating it
Better recognition of OAB; new drugs for heart failure and lipids; finally have a better grasp of why prostate cancer guidelines are the way they are
Better use of PSA testing, Rx for OAB
Better use PSA testing and use of bookmakers
Better management of OAB using 2 agent
Better HF management in the AA patient
Better management of hyperlipidemia using statins
Consider prostate cancer biomarkers if screening PSA >1.5
Continue this good strategy
Current Guidelines for screening and care of ADHD
Best med choices for Hypercholesteremia
Best choices for a variety of patients regarding CHF med combinations
Current screening recommendations and treatment measures for Prostate Cancer
Better methods to evaluate patients for OAB in primary care
Currently I am working in medical education. However, I like to keep up CMEs if I decide to see patients. I am glad that I participated to get the updated guidelines. That information will still be useful in my lectures.
Diagnosing ADHD using the tools, Isosorbide and Hydralazine for African Americans
Diagnosis and treatment of ADHD
Differentiate or rule out diagnosis, decision making, drug therapies
Discuss important questions regarding symptoms with the patient
Employ validated questionnaires for patients to complete prior to seeing them
Encourage colleagues
Evaluate ADHD - using screening tools
Evaluation and treatment
Facts
For abnormal PSA, use biomarkers as a next step in screening. Use long acting agents for treating ADHD in adults
History taking and symptom eval.
How to diagnose the different medical conditions and treat my patients better. More therapeutic treatments to choose from.
How to recognize and manage all the cases discussed
I now know what to look for and how to treat when needed.
I will be better able to screen for OAB, ADHD, and Prostate CA.
I will modify my practice of screening for prostate cancer under AUA guidelines.
Increase diagnostic approaches
consider alternative strategies
ensure a complete history
Increased awareness about appropriate testing
Initiate shared decision with patient
Insurance is a barrier in implementing using biomarkers and such. Will do the best I can
Interesting, but I am Ophthalmologist with strong interest in general medicine - glad I attended, useful in practice
Latest evidenced based care practices.

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The speakers were fantastic; I particularly enjoyed the physician who presented on prostate cancer screening and OAB and ADHD. They were outstanding!
Latest treatment modalities
Latest treatments
Learned about biomarkers for next step, awareness of OAB and ADHD
Look for heart failure, ADHD, OAB
Management of ADHD, statin therapy and about PSA values.
More rational approach to using PSA and higher level screening for prostate cancer, will start using a screening tool for adult ADHD
More screening
Multifaceted
N/A
NA
New guidelines
New meds for HF and dyslipidemia - now I can use them with comfort. Use of biomarkers when PSA >1.5, combination therapy for OAB, stress treating ADHD instead of referring out
Nothing
OAB therapy. Implementing treatment for ADHD
OAB-PTNM, biomarkers, ADHD-meds, CHF-meds
Optimizing treatment for lipid lowering meds
Order biomarkers in case of prostate cancer before surgery To take detailed history to diagnose OAB To follow up children, diagnosed with ADHD in order to provide treatment for them even in adulthood to pay closer attention to African American patients with HF (screening, education) to extend usage of LDL lowering meds among patients with HF
Ordering biomarkers levels when PSA level is 1.5 or higher before ordering biopsies. Also ordering accurate Heart Failure medications when treating the African American population.
Perform biomarkers for abnormal PSA, ADHD questionnaire, more aware of heart failure treatments
Proper ID of OAB, heart failure
Prostate screening treatment of dyslipidemia - new drug therapy new drug for heart failure
PSA testing, ADHD screening
Questionnaire for ADHD
Recognizing patients at high risk, and involving the patient to develop a treatment/management plan
Reinforced my current clinical approach to diagnosis and treatment
Risk for prostate cancer, adhd, heart failure
Screen for ADHD
Screen for ADHD. Better Rx for heart disease. Order biomarkers for high PSA
Screen for adult ADD.
Screening adults for ADHD with screening tools, treating AA with HF
Screening for ADHD; screen for depression as first sign for ADHD PSA 1.5; Bio-markers for Prostate cancers Bio-marker for Heart failure
Surveys for ADHD, use of SSRI's in ADHD, prostate screening, CHF treatments
TD ADHD with atypical antidepressant Wellbutrin. This is 1st line tx for ADHD.

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I test PSA initially about incontinence and treat more often. I treat LDL to goals
The steps in the diagnosis, treatment, and follow-up of these common family practice diagnoses was clearly spelled out. Excellent PowerPoints.
The value of the psa for screening for prostate ca
This seminar helps me to rethink each disease covered.
Thorough questioning
Tools for ADHD, new medication for treating heart failure, new treatment for OAB
Understanding Biomarkers in Prostate Cancer. Ability to diagnosis & treat Adult ADHD, treat QAB, treat HF with current guidelines
Updated in diagnosis and treatment of prostate diseases, ADHD,CHF,OAB
Use guidelines for heart failure and other treatment modalities to coordinate care.
Use long acting ADHD med only, not short acting for adults. Screen ADHD, use screening PSA in appropriate population
Use necessary effective diagnostic method, decide, treat properly, effectively
Use of biomarkers for prostate cancer. More emphasis of behavioral therapy for OAB. Use rating scales to diagnose and monitor ADHD. Use of newer HF meds. More aggressive statin use
Use of long acting stimulants in ADHD, new meds for treating CHF
Use of long acting stimulants instead of shorter acting
Use PSA and biomarker to screen prostate cancer. Implementn pharmacologic treatment for adults diagnosed with ADHD. Use ADHD screening stools. Screen pt with OAB
Using biomarkers in patient with PSA >1.5
Using the updated information for early diagnosis and management
When and when not to order PSA on adult men,,to Screen for adult ADHD with handout. How to treat patients with heart failure to goal, new medications for treating heart failure and dyslipidemia
Will implement strategies discussed
Will implement what I learned to improve care of pts

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

Comment
* WOMEN'S HEALTH
* BIOTERRORISM / PREPAREDNESS
* OUTPATIENT COMMON INFECTIONS & THOSE INCLUDING SEPSIS & THEIR MANAGEMENT/ INFECTIOUS DISEASE
* SPINE/JOINT PAIN MANAGEMENT WITH CURRENT GUIDELINES
* OBESITY, OPHTHALMOLOGY, COMMON DERMATOLOGIC DISEASES
* AUTOIMMUNE (COMMON CASES) , ENDOCRINOLOGY, HYPOTHYROIDISM, ENT CASES, RHEUMATOID ARTHRITIS & OTHER METABOLIC DISEASES, ESRD,
Addiction, HepC, antibiotic resistance, MRSA
ADHD
ADHD/HF lectures were good
All Primary Care topics
Allergy and Asthma, Type II Diabetes
Alzheimer's, Dementia, Ortho, injection joint
Any
Any Orthopedic, Dermatology (issues in Primary Care)

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Arrhythmias
CAD
Diabetes
Atrial fibrillation , dermatology , and orthopedic topic.
Chronic disease mgmt strategies to enhance outcomes.
Chronic Kidney Disease. Dermatologic emergencies
Common orthopedic problems, diabetes
Current recommendations for blood pressure in patients over 50
Dermatology for the PCP, autoimmune disease for the PCP
Dermatology Nutrition
Dermatology, Prevalence and treatment for strep pharyngitis
Diabetes
Diabetes mgt BP mgt Sports injuries Common dermatological conditions
EKG. Cardiovascular disease
Functional medicine, botanicals, dermatology for PCP, addiction medicine
Geriatric medicine
Geriatrics
GYN topics, Derm topics
Hematosi s, DUB, basic ortho assessment, review, insomnia, mood disorders
Hereditary angioedema
HIV
HIV and STIs
HIV concepts in Primary Care Pain modalities in Primary Care before referring to Pain management
HPN, asthma, Bipolar Disorder, colorectal cancer
Htn
Hypertension treatments and lifestyle modifications.
Hypertension. Age care concerns. Medical costs
I am a women's health practitioner and incorporate primary care - so these talks this weekend were wonderful and informative. More women's health would be great though the issues you have covered are for all people and populations, may women's issues in a general context
IBS. AFib. CHF. Obesity. HTN
ihss
Infectious Disease and Dermatology for Primary Care
Infectious diseases
Insomnia, PTSD
Kidney failure , woman's health, thyroid and endocrine disorders.breast cancer and other type of cancers
Management of hypertension Management of hyperthyroidism
Management of obesity Role of nutrition, exercise and life style in prevention of common diseases such as DM, HTN, CAD, cancer
Management of refractory HTN
Migraines, obesity, diet controlled

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More of latest developments in Cardiology
More on ADHD - how to determine how to titrate medication.
More on pediatric neurosurgery. Hector E. James, M.D., is an excellent speaker on any neuro or neurosurgical topics, pediatric brain development, intrauterine surgery, and especially (now) telemedicine. His email is: hector.james@jax.ufl.edu. I'm particularly interested in topics related to contraception and sexually transmitted diseases since I deal in college health mainly.
More primary care topics
n/a
Neurology in Primary Care
New treatment in DM. Rheumatology
OA,Thyroid disease
Obesity
Obesity. Diabetes. Osteoporosis
Obstructive sleep apnea
Occult Stroke and TIA
Ophthalmology
Orthopedic evaluation for PCP. Evaluation of emergent situations in PCP setting
Osteoporosis Diabetes Chronic Renal Failure
Osteoporosis, acne, thyroid, triglyceridemia
Pain management Pcos treatment
Pain management
Pain management in the elderly. Use of nutritional supplements proven by evidence based medicine
Procedure labs
procedures such as suturing, toenail removal etc
Psychiatric medications for Dementia
RAAS system; Hyperkalemia; hyperaldosteronism and resistant HTN
Recommend doing bladder education first so you don't have to urinate during the lecture! Clinical practices that can easily be implemented without needed prior authorization
Schizophrenia. HTN
Sexual dysfunction, abnormal vaginal bleeding,some GYN issues, CRF
Sexual health- male and female
Sleep apnea, hepatic encephalopathy, new Rx for Hepatitis C and HIV, update on HTN
Some Dermatology. Pain management
STEMI guidelines AFIB LVADs
Stroke, CVA, COPD
Stroke, prophylaxis and treatment
Stroke, thyroid disorders
Thyroid disorder. Depression
Thyroid disorders, Dermatology - rashes, molluderm, contagious

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Thyroid problems
Ulcerative colitis. Atrial fibrillation
Update on cancer treatments
Women's Health. Dermatology. Pediatric patients
Women's Health. Migraine. Depression. DM. Obesity
Women's Health Medical Diagnoses

Additional comments:

Comment
Absolutely superb! Great job, Sherman! Saw your NACE conference brochure - flew here from Modesto. And U of M beat Illinois 41-8! Class of 1971
Appreciate the sponsorship who fund registration fees and snack/lunch
Cardiovascular topics seem very specialized - looking for more general/Primary Care-oriented presentations
Did have difficulty with the video, had to read most of the content
Dr. Gillespie's first lecture VERY technically challenging. Went through a lot of trials and difficult to follow. Think it is very important to discuss heart failure in African American population
Dr. Watson's speech was slurred and affect was interesting.
Enjoyable! Thank You!
Enjoyed and learned from all speakers, but really enjoyed and kept my attention was dual presentations of Dr. Watson and Dr. Gillespie
Excellent
Excellent for this practical medical activity
Excellent, relevant topics to Primary Care
Excellent, please send me invite for simulant participation
Great conference!
Great program
Great show
Great speakers - not so great food (breakfast and lunch)
Great speakers full of energy and very passionate about their respective subjects, worth every minute of my Saturday's to listen and learn.
Heart failure talks were informative, but in a limited amount of time would have rather seen topics more applicable to Primary Care - heart failure treatment is usually optimized by cardiologists, not PCPs
HF lecture needs break/stretch break in between
HF management may be beyond my scope - not as relevant to me as other lectures. Overall, excellent conference though. Thank you very much!
I always enjoy the lecture and update EBM to enhance my knowledge in Primary Care since I practice/specialize in Neurology
I am sure Dr. Gillespie's talks were great, but they were way over my head and there were no results for me to refer to, otherwise I could have absorbed what he said since it was out of my field with drugs I don't use. Second talk better, maybe it was sinking in!
I really appreciate have these presentations. I have learned a lot from participating.
I really liked being given the option to do the Cme from live webcast and really liked being able to participate in questions voting. However it will be more helpful if the percentages w live audience were combined.

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n/a
Need to offer WiFi code so slides can be viewed online while at conference. Rosenberg kept mentioning urologists not calling him but the AUA does have resources for PCP's
Nice presentation
None
One of the best presentations I have been in attendance for
Prostate cancer presentation could be far more concise. Leading toward 4K testing is very commercial. Dr. Gillespie - too many studies, more concise please, don't need all the proof presented. Too much focus on AA. Cardiac presentation too in depth for Primary Care. Dr. Watson concise and engaging
Sound system not very good. Specifically Dr. Gillespie was especially hard to hear/understand. Some slides were difficult to read
Thank you
Thank you for a well done conference. The faculty was excellent.
THANK YOU FOR THIS COMPLIMENTARY CME EVENT!
Thank you.
Thank you. Excellent presentation
Thank you. Excellent, thank you so much!
Thank you. Very educational. Lunch time nutrition talk was excellent
The best lecture I have ever heard on adult ADHD! Excellent, practical, evidence-based, but user friendly presentation on heart failure. Merci beaucoup!
THE PRESENTERS WERE VERY KNOWLEDGEABLE & ENGAGING. THE TOPICS ARE WELL COVERED & PRESENTED. THE WHOLE EVENT WAS WELL PLANNED & EXECUTED. THE TIMING ESPECIALLY BEING ON A WEEKEND HELPED TREMENDOUSLY.
Too many acronyms on slides - please simplify. Liked back and forth with cardiologists
Truly fabulous speakers. Have Gillespie and Watson start together at HF1 - he is too dry by himself but quite good with her. The quizzes are very good learning tools
Very good presentations, good practical information
Very informational
Very irritating when the programs run over the allotted time and start and end late. The presenters do not need to answer ever single question people ask. This was a problem for me when the conference ended almost and hour late.
Wish speakers to talk more clearly. Thank you!

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