



Emerging Challenges In Primary Care: 2016

Activity Evaluation Summary

CME Activity: Emerging Challenges in Primary Care: 2016
Saturday, October 15, 2016
Loews Vanderbilt Hotel Nashville
Nashville, TN

Course Director: Gregg Sherman, MD

Date of Evaluation Summary: October 24, 2016



300 NW 70th Avenue • Plantation, Florida 33317
(954) 723-0057 Phone • (954) 723-0353 Fax
email: info@naceonline.com

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

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, hypercholesterolemia, ADHD in adults, 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.

Three hundred seventy eight healthcare practitioners registered to attend *Emerging Challenges in Primary Care: 2016* in Nashville, TN. One hundred sixty 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 sixty five 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 7.0 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 7.0 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: 2.35
MD	62	37.58	
DO	4	2.42	
NP	81	49.09	
PA	3	1.82	
RN	9	5.45	
Other	1	0.61	
No Response	5	3.03	

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

Response	Frequency	Percent	Mean: 3.24
None	19	11.52	
1-5	47	28.48	
6-10	38	23.03	
11-15	24	14.55	
16-20	18	10.91	
21-25	11	6.67	
> 25	8	4.85	
No Response	0	0.00	

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

Response	Frequency	Percent	Mean: 2.30
None	36	21.82	
1-5	78	47.27	
6-10	25	15.15	
11-15	12	7.27	
16-20	6	3.64	
21-25	2	1.21	
> 25	2	1.21	
No Response	4	2.42	

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

Response	Frequency	Percent	Mean: 4.60
None	15	9.09	
1-5	11	6.67	
6-10	23	13.94	
11-15	24	14.55	
16-20	32	19.39	
21-25	23	13.94	
> 25	37	22.42	
No Response	0	0.00	

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

Response	Frequency	Percent	Mean: 4.90
None	13	7.88	
1-5	9	5.45	
6-10	13	7.88	
11-15	19	11.52	
16-20	40	24.24	
21-25	31	18.79	
> 25	38	23.03	
No Response	2	1.21	

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

Response	Frequency	Percent	Mean: 2.66
None	27	16.36	
1-5	63	38.18	
6-10	38	23.03	
11-15	16	9.70	
16-20	8	4.85	
21-25	5	3.03	
> 25	4	2.42	
No Response	4	2.42	

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: 1.19
Yes	134	81.21	
Somewhat	31	18.79	
Not at all	0	0.00	
No Response	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: 1.17
Yes	134	81.21	
Somewhat	28	16.97	
Not at all	0	0.00	
No Response	3	1.82	

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: 1.25
Yes	94	56.97	
Somewhat	31	18.79	
Not at all	0	0.00	
No Response	40	24.24	

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: 1.20
Yes	132	80.00	
Somewhat	31	18.79	
Not at all	1	0.61	
No Response	1	0.61	

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: 1.23
Yes	119	72.12	
Somewhat	35	21.21	
Not at all	0	0.00	
No Response	11	6.67	

Overall, this was an excellent CME activity:

Response	Frequency	Percent	Mean: 1.31
Strongly Agree	115	69.70	
Agree	47	28.48	
Neutral	2	1.21	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	1	0.61	

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

Response	Frequency	Percent	Mean: 1.34
Strongly Agree	111	67.27	
Agree	51	30.91	
Neutral	2	1.21	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	1	0.61	

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

Response	Frequency	Percent	Mean: 1.35
Strongly Agree	110	66.67	
Agree	49	29.70	
Neutral	2	1.21	
Disagree	1	0.61	
Strongly Disagree	0	0.00	
No Response	3	1.82	

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

Response
Knowing when to start meds based on classes
How to treat different stages of HF
Use of SGLT2 inhibitors for Type II DM
Use of medications on heart failure, diagnosing and treating ADHD
Specifically heart failure management check BNP more
Utilization of screening tool/adult ADD; assessment of heart rate in treatment of heart failure; augmenting statin in appropriate group
Screening in office/follow ups
Additional ADHD screening, alternative LDL agents
SGLT2 possible mono or dual therapy
New meds for DM, HF and considerations, possible use of PCSK9 inhibitors for resistant LDL
Using HF class and race to determine treatment plan with presenting symptoms/meds/labs/race; HOPE-3 trial lipid/10 year RF GL for lipid lowering choices
SGLT's medicine use
More appropriately using diagnostic tools
Check BNP in all patients with SOB
More confidence in prescribing meds/following current recommendations
NYHA, classification use of Ivabradine, statin use
Use depression screening tool
ADHD screening/treatment options. DM management with eYFR concerns
Learned better how to investigate HF and medications
Screen for bipolar
Use of SGLT2 inhibitors, side effects of Ivabradine and sacubitril/valsartan; ADHD scales, difference BD and depression alone
Using MDQ, taking H/O past manic episode
Improved management of heart failure/diabetes
Refer to guidelines
Use current guidelines for HF patients. Start monitoring post-prandial glucose in addition to fasting, management of patients needing statin therapy
Measuring BNP, proper use of SGLT2 inhibitors, angioedema markers, screen all Depression for Bipolar
I have better treatment options for my practice
Early diagnosis, monitoring response to medicine/side effects
Consider more aggressive statin therapy for high risk patients. Use rating scales for ADHD
New/unknown CHF therapies and lipid (LDL) therapies and indications
New medications in the treatment of heart failure. Guidelines to tailoring statin therapy for patients
Improve my screening techniques to determine therapy
Retired; not in active practice, but trying to keep up with current knowledge

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

Response
More comfortable in treating heart failure, DM, ADHD
Incorporate use of PCSK9. Start using Isosorbide/Hydralazine, Ivabradine. Avoid using Niacin, fibrate
HF, Bipolar, HCL management
Consider SGLT2 inhibitor as additional therapy for DM2's. Consider ISDN/HYD, Ivabradine, Sacubitril/Valsartan for HF (at least recognize when cardiologist uses them)
More aggressive Rx for lipid disorder patients (especially in African Americans)
Be more proactive in HTN treatment in younger patients to assist in decreasing heart failure
Better treatment of ADD, using Zetia as first add on to statin, more aggressive HTN management, use Isosorbide/hyd for CHF
New treatments for heart failure. PCSK9 inhibitor use, screen for ADHD
Management of heart failure with newest research. How to best assess for bipolar
Diabetes treatment choices, screening tools
PCSK9 inhibitor is used after known meds not effective (statin + ezetimibe first); SGLT2 inhibitor blocks glucose reabsorption so expect glucosuria
Use of medications
Different medications to utilize
Use of glucretic agents in Diabetes
Use BNP for baseline track treatment effectiveness. Use screening tools to evaluate for adult ADHD. Monitor HR closer >70 increased CV risk and hospital admission. Use current guidelines 2016 ACC/AHA
Use of stains and ADHD screening and pharma
Will implement pharmacology treatment. Get more thorough and in depth with histories and physicals
Identifying best practice and application to clinic setting
Managing hypoglycemic episodes, avoiding SGLT2 in fractures, ACE-itchy throat, Isobid-may not decrease BP, check BNP on HF, adding Ezetimibe
The use of stain and rechallenging intolerant patient. Always consider re-evaluation of meds for CHF if HR is >70. When determining T2DM treatment, think about where is the hyperglycemia coming from (ie post meals, ex normal fasting glucose but increased HgbA1C)
Diagnostics - ADHD - adults, improved med Rx for HF, hyperlipidemia, diabetes - greater awareness of bipolar disorder and need to screen
Better managing several medical issues
Importance of HR as risk factor for CHF
Importance of HR as a risk factor for CHF and use of Ivabradine. Identify need to use SGLT2 inhibitors
Use biomarkers eg BNP to support diagnosis of HF. New meds to use for AA patients
Knowing when to use SGLT2 inhibitors and Isosorbide with Hydralazine, will start ADHD screening
Diagnose ADHD
Decrease LCL as low as possible
Increased awareness of new and alternative strategies
New therapies for Diabetes and HF control. Strategies for recognizing Bipolar Disorder
Increased knowledge of treatment regimens for DM, CHF, cholesterol management
Using PSCK9 in hypercholesterolemia
Heart failure medications
Effective use of SGLT2 drugs; use of Ivabradine
I will be trying the newer drugs more confidently
Patient guidelines prior to initiating SGLT2 inhibitor
As a new grad nurse practitioner I will definitely look more closely into these diagnoses and treat; will change my treatment plan using these guidelines
Use new CHF meds more comfortably
Don't treat anymore

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

Response
How to Rx SGLT2-inhibitor, new information how to treat CHF
Using more glucretic agents
Screening tools, med options, latest update
Consider this drug (SGPT inhibitor) early. Avoid in Type I
Use SGLT2's more, outpatient BNP, when to use PCSK9, consider bipolar more in depression
Learning new medications over Diabetes and Heart Failure
Attention to patient comorbidities that help with diagnosis when treating comorbidity
New management for statin therapy and DM
Utilize new drugs and strategies
Consider use of meds discussed today. Use screening tools/rating scales, order appropriate labs
Consider adding or changing to newer medicines which are appropriate for the medical conditions
Evidence based guidelines adherence
Improve treatment plan for heart failure patients
New approaches for treatments
Use of statins; sacubitril/valsartan, Isosorbide
Adding Ezetimibe to statin; newer medications for heart failure
Consider SGLT2 inhibitors in Type II Diabetes treatment. Add Ezetimibe
Initiate therapy for DM2 with SGLT2 as appropriate. Use Isosorbide denitrate as indicated in AA patients. >20mg Zocor with Amlodipine
Learned of new drugs for HF and learned more about drugs currently using, learned what to recognize with ADD and Bipolar to diagnose
Use of Ivabradine in CHF and increased pulse rate (>70), Hydralazine, IDN use CHF
Early screening

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

Response	Frequency	Percent	Mean: 1.47
Very likely	111	67.27	
Somewhat likely	41	24.85	
Unlikely	0	0.00	
Not applicable	12	7.27	
No Response	1	0.61	

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

Response	Frequency	Percent	Mean: 1.52
Within 1 month	109	66.06	
1-3 months	35	21.21	
4-6 months	5	3.03	
Not applicable	13	7.88	
No Response	3	1.82	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Richard Beaser, MD - Diabetes:

Response	Frequency	Percent	Mean: 4.67
Excellent	115	69.70	
Very Good	43	26.06	
Good	5	3.03	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	1.21	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Icilma V. Fergus, MD, FACC - Heart Failure Part I:

Response	Frequency	Percent	Mean: 4.76
Excellent	132	80.00	
Very Good	27	16.36	
Good	3	1.82	
Fair	2	1.21	
Unsatisfactory	0	0.00	
No Response	1	0.61	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: **Icilma V. Fergus, MD, FACC - Heart Failure Part II:**

Response	Frequency	Percent	Mean: 4.75
Excellent	131	79.39	
Very Good	27	16.36	
Good	4	2.42	
Fair	2	1.21	
Unsatisfactory	0	0.00	
No Response	1	0.61	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: **Phillip B. Duncan, MD, FACC - Hypercholesterolemia:**

Response	Frequency	Percent	Mean: 4.69
Excellent	111	67.27	
Very Good	42	25.45	
Good	3	1.82	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	9	5.45	

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: 4.65
Excellent	92	55.76	
Very Good	42	25.45	
Good	3	1.82	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	28	16.97	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? **Icilma V. Fergus, MD, FACC - Heart Failure Part I:**

Response	Frequency	Percent	Mean: 4.78
Excellent	135	81.82	
Very Good	25	15.15	
Good	3	1.82	
Fair	2	1.21	
Unsatisfactory	0	0.00	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: **Phillip B. Duncan, MD, FACC - Heart Failure Part II:**

Response	Frequency	Percent	Mean: 4.69
Excellent	120	72.73	
Very Good	35	21.21	
Good	6	3.64	
Fair	1	0.61	
Unsatisfactory	0	0.00	
No Response	3	1.82	

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

Response	Frequency	Percent	Mean: 4.68
Excellent	101	61.21	
Very Good	41	24.85	
Good	3	1.82	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	20	12.12	

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

Response	Frequency	Percent	Mean: 4.74
Excellent	127	76.97	
Very Good	31	18.79	
Good	6	3.64	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	1	0.61	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? **Icilma V. Fergus, MD, FACC - Heart Failure Part II:**

Response	Frequency	Percent	Mean: 4.78
Excellent	135	81.82	
Very Good	25	15.15	
Good	4	2.42	
Fair	1	0.61	
Unsatisfactory	0	0.00	

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

Response	Frequency	Percent	Mean: 4.75
Excellent	125	75.76	
Very Good	31	18.79	
Good	5	3.03	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	4	2.42	

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: 4.77
Excellent	118	71.52	
Very Good	32	19.39	
Good	1	0.61	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	14	8.48	

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

Response	Frequency	Percent	Mean: -
Topics covered	115	69.70	
Location/ease of access	117	70.91	
Faculty	20	12.12	
Earn CME credits	126	76.36	
No Response	0	0.00	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Phillip B. Duncan, MD, FACC - Hypercholesterolemia:

Response	Frequency	Percent	Mean: 4.80
Excellent	129	78.18	
Very Good	28	16.97	
Good	2	1.21	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	6	3.64	

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: 4.77
Excellent	113	68.48	
Very Good	30	18.18	
Good	2	1.21	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	20	12.12	

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent	Mean: 1.53
Strongly agree	85	51.52	
Agree	69	41.82	
Neutral	9	5.45	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	2	1.21	

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

Response
Review in addition to new data
More topics on GI screening, RA, Gout, SLE
NP skills labs, EKG lab interpretation with effective treatment of HTN, DM, CHF, Hyperlipidemia, Peds acute care - diagnosing and treating recommendations and well child development, when screenings are read to be abnormal
Thyroid disorders
Autoimmune disorders. Dermatology. Men's Health. Sleep disorders. Migraine and other headache
Dementia with behavior, COPD
Weight loss, COPD
No suggestions
Musculoskeletal injuries
Frontotemporal Degeneration
Pediatric topics, post-menopausal women, continued topics on Diabetes

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

Response
COPD, asthma
Menopause symptom treatment, recommendations, Hep C treatments
Common acute illnesses, COPD and asthma, seasonal allergies
Suturing hands on
Continue Diabetes topics about Medicare/Medicaid policies
Hematology-Oncology. Infectious Disease
Hypogonadism, adrenal insufficiency, pituitary tumors
Geripsych LTC
Management of Diabetes Mellitus; management of anxiety/Depression
Depression/anxiety and somatic complaints
Preventive medicine topics and policy
HIV. Hepatitis C. Osteoporosis. Health disparities
Menopause. Hyposexual desire. CKD
Depression/anxiety, Dermatology, DM
Critical Care issues
Effective radical activism by HCP against CMS and third party intrusion into patient care. How to overthrow ABMS tyranny
Treatment options for patients desiring weight loss; how to open an NP-led clinic. Role of aesthetics in Primary Care
Hypothyroidism, Pulmonary Embolism, Arrhythmias
Acute care, radiology
Neurology
More about Bipolar. More about Depression
Diabetes, GI, HTN, Depression
Women's Health
Managing chronic back pain in Primary Care. STDs, emerging trends in Primary Care with management included, Autism Spectrum disorder
Anxiety/depression. Opioid use/prescribing
More topics focusing on heart issues
Sepsis, Pharmacology update, diagnosing abdominal pain
Dermatology in elderly, typical versus atypical problems; managing my patients with PVD; opioid management of elderly and managing of opioid abuse
More cardio, geriatric-centered, Pharmacology, Endocrine
Pediatric anomalies; Dermatology
Women's only seminar - how to prevent all aging aspects/live long. Dissociative identity disorder for a psych focused program
Endocrine/Autoimmune, Opioid abuse
Renal failure, overall care, intr. of diabetic patients
Lifestyle changes for treatment. DM education self-management classes
Renal disease
Treatment of hyperlipidemia in children and adolescents
Staph in CHF
Treatment of menopause, OSA, Dermatology (dermatitis/lesions)
Thyroid
Lab interpretations
Venous thromboembolism, new treatment and guidelines
Pediatrics care
Musculoskeleton

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

Response
Geriatric Depression Management
Coding
Chronic kidney disease
Renal failure, COPD
Musculoskeletal
CKD, ESRD
Preventative screening
IBS, HTN
Any and old topics. I'm always in need of refreshing
Obesity, weight loss resistance related to thyroid issue, adrenal fatigue
Stroke prevention/meds. Opioid abuse
Obesity management. Hypertension management
Diabetes, Dyslipidemia, Hypertriglyceridemia, Psychiatric treatment for the PCP
Pulmonary Disorders
Hospice, DNR, eyes, suturing
More of these plus inclusion of neurology topics
Pharmacology reviews for Primary Care
Advanced ECG interpretation, ventricular assist devices
Alzheimer's Disease, Depression, HTN
Dermatology, antibiotic therapy, COPD/asthma diagnosis and treatment, latest guidelines in cancer screening
Dermatology
Women's Health
Hep C diagnosis and treatment
About practice management/managing a practice with new payer models from the government such as VAA CRA
Managing thyroid disease
Thyroid - autoimmune diseases, labs/diagnosis in Primary Care setting
Tachycardias, DKA, HHB, Depression
Pulmonary Fibrosis. CRR. CHF. Dementia
Primary Care Gyn Health topics
Neurological issues, Dementia, controlled substances, pediatrics
Osteoarthritis
Pediatric topics
Enjoyed the presenters. Thanks
Nutrition recommendations for chronic conditions
Diabetes, Nephropathy
Infectious disease. Endocrine
Thyroid disease, stroke
Yes
Update on HTN and GI diseases
COPD/Asthma. Kidney disease and chronic prevention and treatment
Hypertension
HIV/pain/legal
Anxiety and Depression
New drug therapies for ADHD
Cancers, musculoskeletal issues in older patients, immunizations
New treatments and monitoring in Rheumatology treatments

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

Response
Endocrine
COPD management. Depression
Management of Fibromyalgia. Treatment of PMP-estrogen?
PTSD, headache, asthma, chronic pain
More in Diabetic meds, Injectable Insulin, Thyroid Disorders, Headache Treatment, Arthritis
Weight management; healthy lifestyles (diet and exercise)
HRT, Women's Health, Rheumatology, Thyroid
Hep C treatment, Women's Health matters, HIV current treatment
HTN, CVD, Hyperlipidemia, pain control
Government, medical weight loss, chronic kidney disease
CHF, asthma, COPD
Mental health

Additional comments:

Response
I really liked the style of presentation with Q&A
Great program - a first for me with NACE. Appreciate the opportunity to attend. Will highly recommend. Thank you!
Conference room with excessive reverberation makes it difficult to understand speakers
Room is freezing!
Great conference!
Thanks
Great course. Would love to have more in Nashville. Convenient location
Please offer protein with breakfast, salads with lunch. Otherwise, no complaints! Thanks for organizing a wonderful conference!
Excellent conference
Excellent CME. Thank you to all involved
Cardiac lecture not well organized or presented for Family Practice/initial recognition prior to referral. Best speaker/presentations were the ADHD and Bipolar
Speakers very knowledgeable; I really appreciated practicing MD faculty
I understand Dr. Duncan's frustration with the current guidelines that do not set LDL goals. This transition is difficult enough without adding LDL goals back in through subordinate organization
Great conference!
Excellent program
No bathroom toiletries, not enough breaks. Great material covered
Great presentations
Thank you. Great seminar!
Great job by all
Room was a bit cool
Great conference. Thank you!
I am retired and not in practice, but choose to maintain my license. Great selection of subjects
Facility issues - no toilet paper, too cold in classroom, not enough breaks
Wonderful conference/presenters
Enjoyed meeting
Felt a lot of material was more focus on ethnicity instead of outlining treatment and diagnosis
Very good, informative meeting
Well done, thank you

Additional comments:

Response
It becomes very disturbing and unable to hear speaker with cell phones ringing and beeping
Excellent conference. This was my first and will not be my last
Would like to have name brand of meds along with genetic names
Extremely well organized, Rapid feedback enhanced learning experience
I learned a lot about CHF. I do not medically treat many because I work mainly in Fasttrack ed. But I'll have better understanding when I have to
THank you for the opportunity
Thank you for this opportunity
Thanks! Also the room was a little too chilly
This was a wonderful CME and the material was presented in a very easy to learn manner
Thank you for this fabulous free conference!
Thank you for offering these sessions free
Can you change location, maybe closer to Nashville AP (airport)
The echo in the room was difficult, especially early on
None at this time
Thank you. Good subjects today! Fewer breaks (shorter) and additional talk
Good food. Nice venue. Informed speakers. Run smoothly
Excellent program
Thanks
Thank you
Would have liked handouts
Was very good conference
Sound system problem - echoing
Great lectures! Learned from all of them
Excellent speakers
I enjoyed lectures, were helpful in my treatment plan
Thank you for such a wonderful conference
Room is too cold
Very good sessions
I felt that the CME today was significantly biased towards treatment of one ethnic group, instead of covering various groups and known treatment guidelines. I see they are a sponsor of this CME series, thus presentation is biased towards an agenda instead of being a presentation of across the board guidelines and scientific data. I do not approve of this approach any more than I would approve all lectures being given by paid Pharmaceutical reps! I am disappointed in this entire approach and will not consider NACE CME in the future
HR goal in HF <70