Emerging Challenges In Primary Care: 2016

Activity Evaluation Summary

CME Activity: Emerging Challenges in Primary Care: 2016
Saturday, June 25, 2016
Hilton Tampa Downtown
Tampa, FL

Course Director: Gregg Sherman, MD

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

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, Prostate Cancer Screening, 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.

Five hundred seventy four healthcare practitioners registered to attend ***Emerging Challenges in Primary Care: 2016*** in Tampa, FL. Three hundred and three 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. Three hundred and one completed forms were received. The data collected is displayed in this report.

<u>CME ACCREDITATION</u>
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 2.5 *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 contact hours of continuing education (which includes 2.5 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 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: 2.34
MD	119	39.53	
DO	6	1.99	
NP	132	43.85	
PA	8	2.66	
RN	20	6.64	
Other	2	0.66	
No Response	14	4.65	

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

Response	Frequency	Percent	Mean: 4.54
None	26	8.64	
1-5	32	10.63	
6-10	36	11.96	
11-15	44	14.62	
16-20	42	13.95	
21-25	46	15.28	
> 25	68	22.59	
No Response	7	2.33	

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

Response	Frequency	Percent	Mean: 3.52
None	32	10.63	
1-5	79	26.25	
6-10	55	18.27	
11-15	40	13.29	
16-20	40	13.29	
21-25	15	4.98	
> 25	33	10.96	
No Response	7	2.33	

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

Response	Frequency	Percent	Mean: 3.60
None	34	11.30	
1-5	72	23.92	
6-10	51	16.94	
11-15	50	16.61	
16-20	30	9.97	
21-25	22	7.31	
> 25	35	11.63	
No Response	7	2.33	

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

Response	Frequency	Percent	Mean: 4.89
None	26	8.64	
1-5	22	7.31	
6-10	24	7.97	
11-15	36	11.96	
16-20	51	16.94	
21-25	43	14.29	
> 25	89	29.57	
No Response	10	3.32	

Upon completion of this activity, I can now: Recognize the role of postprandial hyperglycemia in type 2 diabetes (T2DM) patients not at target and examine its role in the pathogenesis of diabetic complications; Utilize glucagon-like peptide (GLP)-1 receptor agonist (GLP-1 RA) therapy to address post-prandial hyperglycemia in ways current fixed dose strategies do not; Compare GLP-1 RAs for glycemic efficacy and differential impact on postprandial glycemic control; Discuss various GLP-1 RA combination strategies to effectively control fasting and post-prandial hyperglycemia.

Response	Frequency	Percent	Mean: 1.07
Yes	273	90.70	
Somewhat	22	7.31	
Not at all	0	0.00	
No Response	6	1.99	

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.

Response	Frequency	Percent	Mean: 1.06
Yes	277	92.03	
Somewhat	18	5.98	
Not at all	0	0.00	
No Response	6	1.99	

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: 1.11
Yes	265	88.04	
Somewhat	29	9.63	
Not at all	1	0.33	
No Response	6	1.99	

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: 1.05
Yes	270	89.70	
Somewhat	14	4.65	
Not at all	0	0.00	
No Response	17	5.65	

Overall, this was an excellent CME activity:

Response	Frequency	Percent	Mean: 1.27
Strongly Agree	212	70.43	
Agree	60	19.93	
Neutral	6	1.99	
Disagree	1	0.33	
Strongly Disagree	0	0.00	
No Response	22	7.31	

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

Response	Frequency	Percent	Mean: 1.25
Strongly Agree	213	70.76	
Agree	66	21.93	
Neutral	2	0.66	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	20	6.64	

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

Response	Frequency	Percent	Mean: 1.24
Strongly Agree	214	71.10	
Agree	63	20.93	
Neutral	2	0.66	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	22	7.31	

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

Response
Isosorbide Dinitrate and Hydralizma for CHF; PSA cut if 1.5, Gleam Score 7 or larger; Ivabradine for CHF, reduce HR
Biomarkers in prostate cancer usefulness/management

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

Response
Screening for prostate cancer with 4K; Bidil for Stage 3-4 CHF; GLP-1 for post-prandial hypoglycemia
GLP-1 use; PSA screening
Better understanding of new therapies in VGV
Biomarkers in assisting with decisions or high PSA; heart failure medication options
Use of GLP-1 meds; use new heart meds
I am not a PCP - work in derm but not know more about medications-current-in patients I see and would increase my referral rate to another specialist
Biomarkers; feel much more informed
4K score with PSA above 1.5; use of GLP-1
PSA testing; new cardiology medications
Recognizing markers to treatment criteria and guidelines to treatment
Better evaluation methods for screening and diagnosis. Better prescribing options for heart failure and diabetes
Ordering PSA in appropriate patients and using biomarkers to predict risk. Prescribe more GLP-1 instead of mealtime insulin or DPP4 inhibitors
Learned about Ipomabride
PSA screening with relation to biopsy; GLP-1 use in diabetes
DM treatment; CHF treatment
Very informative
New information
Change in prostate cancer screening with PSA, DRE and biomarkers for abnormal; start GLP1 earlier; using new HF meds in patients with symptoms or findings
New guidelines regarding HF; clearing up guidelines regarding prostate cancer testing
Use of biomarker in prostate cancer; use of drug combinations in heart failure; better management of NIDDM
Better understanding and utilization of combination strategies treating Type II diabetes; take a more conservative approach to prostate screening tests
Use of biomarkers and tests/screening in the diagnosis of prostate cancer and HF
Use of GLP-1 for improved postprandial diabetes control. Role of biomarkers in prostate cancer screening
Using GLP-1 RA combination strategies to effectively control diabetes
PSA testing and guidance; statin medication regimes
Improved prostate cancer screening; improved use of cardiac biomarkers to diagnose heart failure; improved use of GLP-1 medications
Guidelines
Byetta - VA is on antique formulary; can't make it different
GLP-1 for PPG; biomarkers 2nd to PSA to decrease biopsies and improve diagnosis. HR risk factor
THe role of anti-PCSK9 monoclonal antibody therapy in reducing LDL-C to reduce cardiac risk
Diet and exercise refer to dietitian and weight loss centre. Pharmacy therapy; refer to bariatric surgeon
I learned when to add GLP1 agonist. I learned the role of biomarkers for prostate cancer screening
Basal insulin nd GLP-1 use; prostate markers; heart failure treatment; biomarkers
PSA number - 1.5; use of 4K score
Screening for prostate cancer
To add GLP-1 to DM management; to start using 4K score in prostate diagnose; to optimize heart failure and high cholesterol treatment with new therapies
Screening for prostate cancer; DH
Keep post-prandial blood sugar under control; use bio-marker testing for increased abnormal PSA
Prostate screening changes
Use of GLP-1; use of biomarkers in prostate screening; use additional medications in CHF

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

Response
Start GLP-1 in primary care; consider biomarker for PSA > 1.5; consider different treatment for CHF
Feel more confident
Using DDD4 inhibitor; SLGT-1 inhibitors for improving post prandial care
Primary prevention age < 75; LDL>190 high intensity statin; encourage patients to continue taking statin-adherence; start statin med in the hospital-I do not do hospital admission
Diabetic management treatment options; strategy for PSA testing; CV treatment modalities-CHF, hyperlipidemia
Use biomarkers; use correct guidelines and what is best for the patient
Biomarkers for PSA, better understanding of GLP1s and more comfortable discussing cholesterol meds beyond statins
More points for screening and patient education
Aggressive use of GLP-1 agonists; use of biomarkers in managing prostate cancer screening
4K screening control
Current up to date treatment options
Add biomarkers to PSA
I learned new approaches; however, I am retired now
Use of different biomarkers and new meds
Use of biomarkers/follow guidelines more closely
Check PSA with 4 biomarkers for screening of selected patients; consider isoso/hydral more; use more GLP1s in therapy
Initiate change in current pharmacological management
Implement
Guidelines for heart failure medications and glycemic control
Initiating GLP-1 RA monitoring biomarkers as needed; managing HF effectively and managing hyperlipidemia
Diabetes management - especially GLP-1 RAs and combinations with other medications
Patient education
Use of prostate biomarkers in diagnosis of prostate cancer/risk stratification. Strategies for better postprandial control; strategies for heart failure treatments and CV risk reduction
Pay attention to our patients and their response to interventions and past medical history
Be more aggressive on controlling hypertension and HF; test with biomarkers for PSA > 1.5
Utilize current guidelines especially when dealing with special populations. Discuss various GLP-1 RA combination strategies to effectively control fasting and DP hyperglycemia; understand the use of PSA and biomarkers
Better management of HF and diabetes
How to further evaluate PSA, better management of DM, when to initiate ivabradine, isolhydral or sacubitril/valsartan; initiating and changing up therapy
I would use the biomarkers for high PSA>1.5. Ivabradine for HR control for elevated resting HR in HF patient utilizing other management treatment guidelines. Use isosorbide dinitrate/hydralazine
New treatment for CHF
Statins and myalgas, rhobids, importance of LDL not so much HDL; every other day statin use may be as beneficial as QD use
More accurate screening with PSA
Better monitoring of cholesterol/lipids, prostate screening
Higher efficacy treatments will be implemented; new considerations of drug classes
Use of PSA and biomarkers; more about PCSK9; better assessment of CHF patients
Importance of GLP-1 use in Type 2 DM. Screening for prostate cancer; following a logical strategy
Biomarkers screening for prostate cancer; use of GLP-1 and basal insulin; isosorbide and hydralazine for AA CHF patients
Using newer diabetes medications. Employing biomarkers for prostate disease. Using newer evidence based therapies for CHF

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

Response
Implement biomarker testing for GSA>1.6 when presented with condition. Use of GLP drugs as a 2nd line treatment for DM with AIC increased
GLP-1 agonist safest with hypoglycemia risk; diagnose the patient with high risk of prostate cancer with K score; always consider race in treatment of CHF
Use of GLP-1 to decrease PPBS. PSA with biomarkers for screening of prostate cancer. Therapies for treatment of CHF for RA
The first lecture - GLP-1 receptor agonsits - was extremely beneficial info that directly applies to a majority of my patient population. New drugs/pharmacologic therapy into given was very helpful
Better usage of meds
Focus on markers of heart failure, knowing the difference in controlling blood glucose not just before the meal, but postprandial glycemic control as well. Differentiate when to be assertive or not RIT prostate carcinoma
The heart failure and diabetes from this conference learn detail; help me diagnose and treatment
4K score; use of GLP-1 RA, SGLT-2 and DPP-4
Have conversations, review guidelines
Increase GLP1 use in my DM management; know the risk factor of HF and the role of biomarkers
For patients with Type II DM not controlled, give GLP-RA to control FPG and PPG. For patients with high PSA > 1.5mg do tests for biomarkers and refer for biopsy when needed
Be more aggressive in use of statins for both secondary and primary prevention of cardiovascular disease. Stop use of Niacin. Be ready to prescribe anti-PCSK9 monoclonal antibodies in patients resistant to statins
HDL raising is no longer recommended. We need to focus on lowering the LDL. Black patients are under treated for hyperlipidemia. We need to pay more attention to the intervene sooner
Role of biomarkers for untreated PSA levels. Optimizing HF treatment
Improve diabetes management; more active prostate referral
Order biomarkers, adjust diabetic meds to retreat new research
Though much of the information was familiar, there were clinical pearls that were helpful
Better able to screen for prostate cancer. Better strategy to treat HF
When/why to use 4K score; when/why use GLP-1 RAs; new HF guideline medications
Prostate biomarkers guidelines not used. GLP-1 use and CHF
Strategies for patients with CHF; I did not like Dr. Bushel talking about victoza, Byetta, and rest of GLP-1 treatment for high glucose after eating. Diet and exercise best to lower AC
Better management of CHF patients and prostate cancer diagnosis strategies
Using GLP-1 inhibitors; PSA screening; HF treatment in AAs
Order biomarkers for abnormal PSA - decompensate HF outpatient; re-eval novel treatment to optimize HF treatment in HFpEF/HFEF; re-eval beyond statin treatment
When to incorporate GLP-1 RAs into DM management. Better screening guidelines prostate cancer. HF management including newer therapies
Addition of biomarker in PSA>1.5 - understand risk; importance of PP sugars and not just fasting = benefit adding GLP-1, data related to AA and HF
Biomarker utilization; postprandial and its effects on managing DM
Increased confidence in prostate cancer screening; management of DM and heart failure
Correctly treat CHF, particularly in AA pop
Choice of diabetic medication according to disease manifestations. Choice of prosthetic tests
Look for prostate biomarkers
Use of GLP-1 RA
Starting GLP before basal - or with basal. Instead of sending a patient to urologist for biopsy - get 4K first. AA have increased risk of HF
Focus on treatment strategies for better disease management
Using GLP-1 earlier in DM treatment; knowing when to use prostate biomarkers; new meds in CHF - when to use

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

Response
Utilize GLP-1 Receptor Agonist to treat postprandial hyperlicemia; adequate use of PSA and biomarkers in prostate cancer; use of recent protocols to treat heart failure; use of lowering LDL-C
Considering GLP-1 for treatment of DM in patients with low insulin
Using biomarkers to screen males with PSA>1.5; BNP for patient with Stage II-IV HF; the use of GLP-1 for low postprandial
Adequately screen male patients with prostate cancer; initiate and manage CHF patients
Using guideline for prostate diagnosis; CHF and new treatment
Use of GLP-1 in lowering fasting and postprandial glucose levels; use of ivabradine; use of biomarkers in prostate cancer screening at diagnosis
Prostate biomarkers; new HF drugs
Recognized treatment suitable to diabetes, HF, and prostate biomarkers
Better evaluation of PSA levels; treatment modalities for diabetes and postprandial levels; evaluation and new treatments for CHF; Prevention of CHF
When to use the new criteria and when not to use
Continue to test for PSA even if recommendations are otherwise
Importance of DRE and appropriate PSA screenings; increase consideration for Entresto
New modalities for treatment of CHF
Use of biomarkers to complement PSA results. Use of GLP-1 RA; more effective treatment of HF patients
Increase use of GLP-1 therapies
Guidelines to follow for HF
I have a much clearer understanding of ow to approach prostate screening
PSA and biomarkers for prostate cancer; new drugs for heart failure and more meds with their uses/indications with DM
Prostate screening; use GLP-1
Actively consider statin therapy in high risk patients
Patient ED and testing
Will try to use GLP-1RA in my practice. Better screening for prostate cancer and to use new prescriptions for CHF in black population
Being competent with the last guidelines and familiar
Consider post prandial glucose; screen for prostate cancer at 45 years old - biomarker if needed
How to properly screen for prostate cancer; proper treatment for HF patients especially AA
Add hydral/Isos
Use of biomarkers on prostate cancer and CHF
The use of statins depends on primary/secondary prevention; determine mod/high intensity statin. For patient FH use PCSK9 is new option
Prostate cancer screening; CHF therapy; goals of treatment for DM and CHF
Treating DM and HF
Guidelines, new medications, at risk population, testing
Treatment of Type II Diabetes GLP-1 RAs, use of biomarkers in diagnosis of prostate cancer
I am a student, hence I don't perform any of them
Use of 4K test
H-ISDN treatment in African Americans
Treat LDL more aggressively; added therapy if therapeutic effect; introducing new meds such as PCSK9, ezetimibe
Change prescribing and educate patients
The strategies that I may/would use in practice if covered by insurance would be those discussed in prostate lecture. I would also use strat from Beyond Statins
Order prostate cancer markers; use GLP-1; RA for diabetes to improve postprandial level sugars and HpA1C
Rx improves outcomes; treatment strategies

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

Response
PSA testing
Biomarkers for prostatic carcinoma
Use of biomarkers for high PSA
PCSK9 use
Strategies for postprandial hyperglycemia; prostate cancer screening as well as advanced and treatment of CHF and CVS risk reduction
Using and recognizing role of PPG in type II DM and management with GLP1; PSA and biomarkers when to order; disparity in HF with AA patients - use of ISD/HYD
My ability to screen and sunscreen high PSA patients using biomarkers. My ability to treat CHF patients has improved because I learned about new drugs
How to use biomarkers for PSA; importance of GLP-1 meds; new heart failure treatments
When to test biomarker for prostate cancer
Check biomarkers with PSA > 1.5
To pay more attention to postprandial glycemia; using biomarkers in patients at risk for prostatic cancer
Biomarkers - role and importance
Order biomarkers
LDL/CHF/lower LDL better; use of Eutresto in CHF
Better understanding of role of biomarker in screening for prostate cancer
Utilize biomarkers in screening for PS Ca; screen for HF early in patients and treat accordingly
PSA screening, DM mgmt, HF meds/research
Diabetes treating all defects. PSA biomarkers, heart failure treatment of special populations - FDCI/H
Not in patient care
Use of biomarkers; new cardiac meds
Prostate biomarkers use

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

Response	Frequency	Percent	Mean: 1.38
Very likely	209	69.44	
Somewhat likely	50	16.61	
Unlikely	4	1.33	
Not applicable	16	5.32	
No Response	22	7.31	

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

Response	Frequency	Percent	Mean: 1.53
Within 1 month	197	65.45	
1-3 months	42	13.95	
4-6 months	8	2.66	
Not applicable	29	9.63	
No Response	25	8.31	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Robert S. Busch, MD, FACE - Using GLP-1 RA in Diabetes:

Response	Frequency	Percent	Mean: 4.82
Excellent	231	76.74	
Very Good	45	14.95	
Good	1	0.33	
Fair	1	0.33	
Unsatisfactory	0	0.00	
No Response	23	7.64	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Matt T. Rosenberg, MD - Prostate Cancer Screening:

Response	Frequency	Percent	Mean: 4.87
Excellent	245	81.40	
Very Good	28	9.30	
Good	2	0.66	
Fair	1	0.33	
Unsatisfactory	0	0.00	
No Response	25	8.31	

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: 4.62
Excellent	195	64.78	
Very Good	62	20.60	
Good	20	6.64	
Fair	1	0.33	
Unsatisfactory	0	0.00	
No Response	23	7.64	

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: 4.66
Excellent	189	62.79	
Very Good	53	17.61	
Good	18	5.98	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	41	13.62	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Laurence O. Watkins, MD, MPH, FACC - Heart Failure Part II:

Response	Frequency	Percent	Mean: 4.74
Excellent	193	64.12	
Very Good	50	16.61	
Good	8	2.66	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	50	16.61	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Laurence O. Watkins, MD, MPH, FACC - Beyond Statins:

Response	Frequency	Percent	Mean: 4.82
Excellent	198	65.78	
Very Good	36	11.96	
Good	4	1.33	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	63	20.93	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Robert S. Busch, MD, FACE - Using GLP-1 RA in Diabetes:

Response	Frequency	Percent	Mean: 4.76
Excellent	229	76.08	
Very Good	34	11.30	
Good	11	3.65	
Fair	2	0.66	
Unsatisfactory	1	0.33	
No Response	24	7.97	

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:

Response	Frequency	Percent	Mean: 4.79
Excellent	234	77.74	
Very Good	28	9.30	
Good	10	3.32	
Fair	2	0.66	
Unsatisfactory	1	0.33	
No Response	26	8.64	

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: 4.72
Excellent	222	73.75	
Very Good	38	12.62	
Good	13	4.32	
Fair	3	1.00	
Unsatisfactory	1	0.33	
No Response	24	7.97	

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: 4.73
Excellent	214	71.10	
Very Good	38	12.62	
Good	11	3.65	
Fair	4	1.33	
Unsatisfactory	0	0.00	
No Response	34	11.30	

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

Response	Frequency	Percent	Mean: 4.76
Excellent	217	72.09	
Very Good	36	11.96	
Good	8	2.66	
Fair	4	1.33	
Unsatisfactory	0	0.00	
No Response	36	11.96	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Laurence O. Watkins, MD, MPH, FACC - Beyond Statins:

Response	Frequency	Percent	Mean: 4.80
Excellent	215	71.43	
Very Good	33	10.96	
Good	9	2.99	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	44	14.62	

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

Response	Frequency	Percent	Mean: -
Topics covered	211	70.10	
Location/ease of access	181	60.13	
Faculty	55	18.27	
Earn CME credits	222	73.75	
No Response	25	8.31	

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent	Mean: 1.43
Strongly agree	171	56.81	
Agree	87	28.90	
Neutral	16	5.32	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	27	8.97	

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

Response
CHF; endocrine; hypertension
Inflammatory; arthritis - treatment
Pulmonary, cardiac, geriatrics
Topics in derm; topics in infectious disease; topics in autoimmune diseases
COPD, anemia, rheumatoid arthritis, inflammatory bowel disease
GI topics; not enough bathroom
Alternative medicine options; basic analysis and interpretation of statistics and significance when looking at studies; women's health topics
Geriatrics; COPD; Dementia
Overcoming pitfalls in the diagnosis of bipolar disorder. Overcoming cognitive and residual symptoms in major depression. Recent advances in management of OSA
Hepatology
GI conditions management
Psych, women's health
How to see 18-25 patients a day and go home by 5pm. Healthcare reform and what this means for providers, health professionals, and patient care
Psychiatric; urological
More MH issues
Overview of women's health/HRT and alternative options; bioidentical hormones
Cancer chemotherapy; infectious diseases
ID comorbidities
Nephrology, pulmonary, dermatology
Holistic therapy

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

Response
Treating resistant HTN; motivational interviewing; bipolar; orthopedic injuries
Hands on learning
Endocrine subject matters
Rheumatology/Neurology
Infectious disease; rheumatology, thanks
Infertility
Rheumatology; pain management in primary care; neurology topics
PCOS and management; oncology topics
Thyroid-hypo, hyper, CA
Same
Something in women's health
Psychiatry, osteoporosis, supplements, Parkinson's Disease
Belardo location would be good
Thyroid - hypo/hyper; geriatrics/obesity/weight management; hormone replacement therapy-males and females
Thyroid disorders
Rheumatology, pulmonary, hepatology-topics
COPD, osteoporosis, infectious disease
Women's health; back pain treatment
COPD, pulmonary issues, dermatology
Update guidelines in primary care settings
Mx of thyroid disorders
Heart failure
Diabetes and renal failure-management of
Liver disease, anemia, anticoagulants
Colon cancer screening; dyslipidemia treatment
ACS; thyroid; any autoimmune diagnosis
Parkinson, essential tremor, hypogonadism, pulmonary fibrosis
COPD
Very great medical meeting! Congratulations!
Alzheimer's Disease and treatment; inflammatory diseases
Depression as it is in primary care
COPD/emyphysema; obesity/metabolic syndrome
Pulmonary - fibrosis, HTN; environmental impact on health including food we eat. Rx med vs - and/or - supplements; including necessary supplements for certain clinical conditions
Atrial fib; COPD
Novel anticoagulants; hormone therapy after menopause
Pain management
Any family practice related - Zika virus
Gastroenterology and neurology topics
Exercise, weight reduction, sleep apnea/COPD, GI disorders
Hospice, pain management, women's health, organ transplant, diabetes
Hypogonadism
Techniques to get patient to comply and understand consequence of disease processes. If medical advice not followed for diabetes, smoking cessation/reducing opioid use for noncompliant patients
More diabetes, skin, oncology
Womens health

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

Response
SLE, hyper and hypothyroidism, emphysema, COPD
Transitional care from pediatrics to adult care
Anything endocrine
Interpretations of cardiac testing; interpretations of radiological tests; new antiplatelets/anticoagulant therapies
Respiratory topics-COPD, pneumonia; dermatological topics
Cervical screening/cervical cancer
Mental health, transgender care, suicide prevention
Abnormal case and when to refer to hematology; when to refer to rheumatology when uncertain if RA
Gyn issues, menopause
Hypernatremia management; base imbalance
Infectious disease; cancer
Gout, rheumatoid arthritis, IBS, Hep C
Primary care practice, URI
Anything geriatric
A fib, RA, AMI
Guidelines for CAP, stroke, intervention, HTN, MI
Updated clinical guidelines - a review of annually updated guidelines for practice - all/various clinical conditions
OSA, RA
Obstructive sleep apnea, hormone replacement therapy
Women's health would be a good topic to address with PCP who provides for women's health
Neurologic condition and Nephrologic disease
Treatment of Hepatitis B and C; COPD
Pulmonary HTN/fibrosis; Afib
Preventative holistic therapies
Update on same topic
More cardiac, thyroid content
Vascular disease - PAD, venous disease, AAA, carotid stenosis; neuro - strokes; nephro - kidney failure
COPD
COPD management; thyroid disease management
Infectious disease update; depression and anxiety disorder
More about diabetes, wound care
Weight management; depression
Thyroid management; women's health topics; pediatric topics - which are pertinent to family practice providers
More about diabetes
Treatment of hyponatremia - outpatient/hypernatremia - envolemia, hypovolemic, hypervolemic
Urgent care topics
ADHD - adult
HTN management changes; women's health-screening guidelines, changes, etc
Hypothyroidism, depression/anxiety, musculoskeletal
Dermatology and women's health
Narcotic dependence; stroke
Immunologic disease - eg: LSE, autinospholic syndrome
Renal function and treatment; Parkinson's disease vs senile tremors
Brain injury dementia - meds, care; more diabetes meds; more pharmacology CEUs
Breast cancer; Parkinson's disease; thyroid

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

Response
GI and hormone female health
Neurology issues - seizure update; stroke update, care and rehabilitation
Same when new guidelines arise - almost always as these are classic patient complaints everyday
More DM
COPD/asthma - spirometry, new respiratory meds; topics in cancer and chemo/radiation, follow up of patient in remission
More about heart failure, also atrial fib, new anticoagulation therapies, oncology
CAD, CKD, infectious disease, chronic pain, HIV/AIDS, pneumonia
Other urology - testosterone therapy - replacement
Women's health
Osteoporosis; pain management; ERT
Treatment of pneumonia, chronic pain management, best treatment for managing pressure ulcer and osteo, treatment of UTI - recurrent
Respiratory conditions: COPD, asthma; rheumatology MSK conditions: fibromyalgia, MS, lupus, osteoarthritis, osteoporosis, back pain
Hypertension, thyroid problems, basic dermatology
Guidelines, new medication, changes, best practice
Treatment of Hepatitis C; fatty liver-new therapies? NASH, evaluation
Alzheimer's treatments/advancements; lyme disease - all aspects especially treatments
Advanced DM treatment; treatment of depression anxiety
Rheumatoid Disorders
Pain management in primary care; stroke prevention strategies
Prescribing safety opioid analgesics; acute coronary syndrome NSTEMI/STEMI drug antiplatelets; lupus disease compilation
OB GYN topics; infertility; menopause
Pain management
HTN therapies, COPD, infectious disease, skin issues
HTN; CHF; depression
Liver disease; anemia; colon cancer
Diabetes, hypertension, depression, hypothyroidism
Gynecological topics
Pain management; stroke
Geriatrics, biomarkers, cancer tests
Common renal diseases; lupus and rheumatoid arthritis; Hepatitis C
Women's health; pediatrics
Menopausal treatment; treatment libido in women
Treatment of asthma and COPD; treatment of common infections in primary care
ADHD adult
Chronic kidney disease; women's health; pain management
COPD, asthma, Oshe
COPD guidelines; immunization review; depression; screening and treatment in geriatrics
HTN
Autoimmune diseases; neurocognitive disorders
Obesity
Infectious disease topics
Pulmonary-Gastroenterology

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

Response
PTSD
Lung cancer; HIV
Injuries and the effect on the immune system; immune system and new technology that attacks encapsulates malignant cancers
Asthma, erectile dysfunction
Management of allergies in general-including food sensitivity; food allergy and discuss reliability of blood and skin in this condition; Gluten sensitivity vs celiac disease; why the increase in allergies in general in the population?
Pain management/orthoped
Women's health; pediatrics
HTN, STDs
Pain management, dementia and depression in the older adult
Hypertension, anemia, gastroenterology topics
Depression management; obesity; weight loss
Immunizations, various diets, obesity
Boot camp for new practitioners
Psychiatry, ADHD, bipolar disorder, PTSD and MDD
Chronic kidney disease; chronic liver disease
Primary care evaluation/treatment chronic diarrhea, low testosterone
Role of Vit D; stroke and treatment including neuroradiology; more Pharm offerings; pain management for NP reflecting FL law and more
Pulmonary or GI topics
PA; oncology
Hematological problems, pulmonary diseases
Metabolic syndrome; obesity
Diabetes; COPD
Gout, COPD, OSA
Management of GERD in view of recent negative findings of PPIs. Merits of plant based diet in prevention of chronic diseases
Asthma, COPD
Bariatric surgery; degenerative joint disease; SLE
New oral anticoagulants
Dental healthcare; MACRA
Dermatology - new or advanced diagnosis and treatment
Thyroid diseases and kidney problems
Multiple sclerosis
Preventive medicine; geriatric medicine
Management in hypertension, women's health

Additional comments:

Response
Excellent overall meeting at PC level
Cost is major issue for meds so that is why I am just unable to implement strategies learned
Dr. Rosenberg was definitely the most engaging lecturer and presented his information in a clear manner
I attended this conference for CME and to keep up on current treatments in primary care. Although I see Derm - it is important for me to remain current on medications used by the patients I see
Thank you for having more tables and chairs, coffee, beverages-complimentary beverage

Additional comments:

Response
It was an extremely informative day
Excellent presenters
Audiovisual problems - microphone not working well. Not enough chairs/tables setup
Good
Well done job. Thank you
First NACE live course attended, very pleased
Good presentation. Very informative
Dr. Rosenberg was exceptional speaker/educator by interacting with the audience making the topics conducive to learning and remembering and motivated
This activity was much better than other free activities I have attended. The information and knowledge gained was useful and interesting
Thank you!!
Excellent speakers covering topics used in day-to-day practice
Not happy with facility of conference-Hilton- and conference room
None
Enjoyed this; first NACE program for me
Excellent conference - Thank you!
Excellent CME
Excellent activity. Outstanding!
Thank you for the nice conference
To maintain a library of features presentation slides in the website
Excellent presentation
Done very well
Room too cold; variety of topics; need to have wifi - would have liked to pull up slides during lectures; loved hotel
Men's restroom very far from conference location
Really - a terrific program. This is my second time attending. I will be back if you offer again
Standard American diet not helping us. Killing us!
Thank you!
Great program
Space is limited needs more accommodation for more people
Boxed lunch would be nice to have
Thanks!
How about a 3 day CME cruise out of Tampa? Or Thurs PM to Sun PM out of Charrolside? Maybe twice/year?
Great
Informative and excellent presentation
Dr. Rosenberg is an excellent speaker, allowing burning questions during his lecture! And what a good sense of humor!!! Please have him come back again!!
Please provide WiFi access in meeting rooms to be able to follow along with slides during lecture
I enjoyed it because it was free. Everything nowadays has a fee and it can become so expensive to further our education
None
Thank you. This was an excellent conference!!
Food/lunch should have been provided. First conference that this was not provided
Information provided is very educative and useful for clinical practice. Thanks
None
Nice presentations, excellent faculty

Additional comments:

Response
Enjoyed lectures thoroughly well. Practical topics
Thank you!
All well - good program - useful information - applicable topics
Overall a good program
Great live CME. Very beneficial information, excellent presenters/speakers, and extremely convenient location! Please bring more CME conferences to downtown Tampa. Thank you!
Dr. Watkins is an excellent speaker
Well presented. Enjoyed and learned a great deal
This conference is very informative
Very good medical conference
Thank you
Excellent educational meeting
Great speakers and topics
N/A
Thank you!!
Overall excellent presentations
Poor restroom availability for so many attendees. Waiting line was impressive
Too cold!
Enjoyed the conference, thank you!
Antibiotic usage
Felt that the HF/statin presentations were too producer focused. No brand name was used but still obvious. Regardless, I can not use in my patient population due to cost in a high Medicare population that can not use cost savings cards
Excellent selection of topics; learned a lot
Excellent faculty presentations - CHF presentation a bit too long - 2 seasons
Excellent program!
I didn't think I would like this venue. It was very good.
Thank you
Please continue to offer excellent programs such as this one
Some questions have multiple answers - maybe rewording questions
Not in clinical practice
Excellent topics
It was an honor to attend a lecture by Dr. Ofili
Excellent presentation. Need to inform people what i being provided before registering. Recommend next NACE in Orlando
N/A
None
Thank you
Excellent presentation
None at this time
Excellent topic and presentations
Very good speakers. Thanks
I learned so much today. Thank you
Great workshop!
None
Room should have wifi. Room too cold. More variety in topics presented. Love the venue and location
None

Additional comments:

Response
Good meeting and enjoyed
Excellent activity!
NACE should have notified the participants that lunch was on their own. Thank you
Enjoyed speakers - very informative
Very enjoyable and beneficial - excellent presentation. Speakers all very good. Thank you. I also would like to thank you for tools on site I can use in practice - often have students with me and like to stay current
This facility is not capable to handle a group this large
N/A
Need men's bathroom closer
Thank you!
Great seminar, thank you!
This conference would have been much more useful to me if the conference was free of commercial bias
Have heart failure lecture at the beginning; first topic of event
Interesting for Dr. Rosenberg - his test of choice was one of the sponsors
Great conference!
Thank you - very educational activities
Thanks for the informative discussions!!
Overall sessions are very helpful and very educational
Excellent program, location, and faculty. Continue to offer CEUs. Would like more pharm offerings. While not inn PCP at present and refer patients back to PCP - information provided was useful for patients, family, NP students being precepted and teaching. Provided information applicable to stay current. Do treat post procedure patient in HF and consult with hospitalist or cardiology
CHF presentation confusing data ppt. Had numerous double negative questions and information that did not help to clarify algorithm for treatment simplification based on guidelines
I enjoyed the conference and I learned a great amount of information
It was good
Great speakers - Dr. Watkins/Dr. Ofili
Thank you. Well done
Thanks
Thank you
Good CME program