



Emerging Challenges In Primary Care: 2016

Activity Evaluation Summary

CME Activity: Emerging Challenges in Primary Care: 2016
Saturday, October 8, 2016
Long Island Marriott Hotel & Conference Center
Uniondale, NY

Course Director: Gregg Sherman, MD

Date of Evaluation Summary: November 2, 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 Uniondale, NY.

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, 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.

Five hundred fifteen healthcare practitioners registered to attend *Emerging Challenges in Primary Care: 2016* in Uniondale, NY and three hundred registered to participate in the live simulcast. Four hundred eleven healthcare practitioners actually participated in the conference: two hundred ninety one attended the conference in Uniondale, NY and one hundred twenty participated via the live simulcast. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. Four hundred three 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 2.75 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 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	131	33%
DO	13	3%
NP	214	53%
PA	28	7%
RN	11	3%
Other	6	1%
Total	403	100%

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

Label	Frequency	Percent
None	35	9%
1-5	53	13%
6-10	63	16%
11-15	53	13%
16-20	47	12%
21-25	34	8%
> 25	116	29%
Total	401	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	108	27%
1-5	197	49%
6-10	53	13%
11-15	26	6%
16-20	8	2%
21-25	5	1%
> 25	6	1%
Total	403	100%

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

Label	Frequency	Percent
None	138	34%
1-5	160	40%
6-10	52	13%
11-15	25	6%
16-20	11	3%

21-25	2	0%
> 25	14	3%
Total	402	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	63	16%
1-5	122	30%
6-10	68	17%
11-15	48	12%
16-20	42	10%
21-25	26	6%
> 25	35	9%
Total	404	100%

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

Label	Frequency	Percent
None	28	7%
1-5	49	12%
6-10	45	11%
11-15	48	12%
16-20	56	14%
21-25	49	12%
> 25	126	31%
Total	401	100%

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.

Label	Frequency	Percent
Yes	338	85%
Somewhat	60	15%
Not at all	0	0%
Total	398	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	367	91%
Somewhat	34	8%
Not at all	1	0%
Total	402	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	328	82%
Somewhat	71	18%
Not at all	1	0%
Total	400	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	331	84%
Somewhat	64	16%
Not at all	0	0%
Total	395	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	307	85%
Somewhat	50	14%
Not at all	3	1%
Total	360	100%

Overall, this was an excellent CME activity:

Label	Frequency	Percent
Strongly Agree	318	79%
Agree	84	21%
Neutral	3	1%
Disagree	0	0%
Strongly Disagree	0	0%
Total	405	100%

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

Label	Frequency	Percent
Strongly Agree	311	77%
Agree	93	23%
Neutral	1	0%
Disagree	0	0%
Strongly Disagree	0	0%
Total	405	100%

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

Label	Frequency	Percent
Strongly Agree	303	75%
Agree	97	24%
Neutral	5	1%
Disagree	0	0%
Strongly Disagree	0	0%
Total	405	100%

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

Label	Frequency	Percent
Very Likely	107	27%
Somewhat likely	3	1%
Unlikely	33	8%
Not applicable	400	100%
Total	257	64%

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

Label	Frequency	Percent
Within 1 month	256	64%
1-3 months	69	17%
4-6 months	19	5%
Not applicable	53	13%
Total	397	100%

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

Mark Stolar, MD – Diabetes:

Label	Frequency	Percent
Excellent	324	81%
Very Good	69	17%
Good	5	1%
Fair	0	0%
Unsatisfactory	0	0%
Total	398	100%

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

Matt T. Rosenberg, MD – Prostate Cancer:

Label	Frequency	Percent
Excellent	342	86%
Very Good	54	14%
Good	4	1%
Fair	0	0%
Unsatisfactory	0	0%
Total	400	100%

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

Brendan Montano, MD – ADHD:

Label	Frequency	Percent
Excellent	302	76%
Very Good	83	21%
Good	9	2%
Fair	3	1%
Unsatisfactory	0	0%
Total	397	100%

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

Ola Akinboboye, MD, MPH, MBA – Heart Failure Part I:

Label	Frequency	Percent
Excellent	310	72%
Very Good	107	25%
Good	11	3%
Fair	1	0%
Unsatisfactory	0	0%
Total	429	100%

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

Ola Akinboboye, MD, MPH, MBA – Heart Failure Part I:

Label	Frequency	Percent
Excellent	281	74%
Very Good	84	22%
Good	11	3%
Fair	4	1%
Unsatisfactory	0	0%
Total	380	100%

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

Mark A. Thompson, MD – Heart Failure Part II:

Label	Frequency	Percent
Excellent	295	78%
Very Good	73	19%
Good	6	2%
Fair	2	1%
Unsatisfactory	0	0%
Total	376	100%

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

Mark A. Thompson, MD – Hypercholesterolemia:

Label	Frequency	Percent
Excellent	280	78%
Very Good	71	20%
Good	9	3%
Fair	0	0%
Unsatisfactory	0	0%
Total	360	100%

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

Label	Frequency	Percent
Excellent	304	77%
Very Good	73	19%
Good	15	4%
Fair	0	0%
Unsatisfactory	1	0%
Total	393	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:

Label	Frequency	Percent
Excellent	323	82%
Very Good	57	14%
Good	13	3%
Fair	1	0%
Unsatisfactory	0	0%
Total	394	100%

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

Label	Frequency	Percent
Excellent	307	78%
Very Good	72	18%
Good	13	3%
Fair	1	0%
Unsatisfactory	0	0%
Total	393	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Ola Akinboboye, MD, MPH, MBA – Heart Failure I:

Label	Frequency	Percent
Excellent	287	75%
Very Good	85	22%
Good	10	3%
Fair	2	1%
Unsatisfactory	1	0%
Total	385	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Ola Akinboboye, MD, MPH, MBA – Heart Failure II

Label	Frequency	Percent
Excellent	294	77%
Very Good	73	19%
Good	12	3%
Fair	1	0%
Unsatisfactory	1	0%
Total	381	100%

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

Label	Frequency	Percent
Excellent	305	80%
Very Good	64	17%
Good	11	3%
Fair	0	0%
Unsatisfactory	0	0%
Total	380	100%

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Mark A. Thompson, 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	341	33%
Location/ease of access	289	28%
Faculty	88	8%
Earn CME credits	324	31%
Total	1042	100%

Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent
Strongly agree	229	58%
Agree	135	34%
Neutral	27	7%
Disagree	3	1%
Strongly Disagree	1	0%
Total	395	100%

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

List these strategies: v

Comment
ADHD formal screening. Considering prescribing SGLT2 meds (1)
ADHD screening tool, PSA over 1.5 concerning value - options for workup; biomarkers versus BX
ADHD TREATMENT NEW OPTIONS FOR CHF TREATMENT
Adults should be treated with long medications and not immediate release medications There are screening tools for ADHD
Aggressive use of SGLT2 inhibitor. Initiating 4K score in PSA condition diagnosis. Understand CHF pathophysiology
Apply and implement guidelines.
Assesment, Diagnosing, prescribing for all of the above
Assessment and treatment
Be alerted to 1.4 PSA level
Be more aggressive with early treatment
Biomarkers for Prostate Cancer screening if indicated. New therapies for CAF efg HR, HF new treatment
Biomarkers in Prostate Cancer prior to invasive biopsy
Biomarkers in PSA assessment, use of Ivabradine Sacubitril/Valsartan in CHF
Biomarkers, ADHD screening
bmed for these dx's
Can now use SGLT2 inhibitors, 4K score biomarkers, meds for ADHD, new CHF meds, new cholesterol meds
Cardiac function and effect with obesity Current txt with high cholesterol

Adults with ADHD who present for weight mgmt
Case studies to connect theory with practice
Changes in meds, screening tools
Changing DM2 treatment - PSA screening
Choose medications based on the individual. Given referral to patients with risk of prostate cancer
Comprehensive screening and testing of all patient Utilization of current evidence base in treatment decision making
Confidence in an A1c target of 6.5 and explaining the concept of microvascular disease to patients.
Consider alternative approaches to treatment.
Consider biomarkers on top of psa when psa >1.5 SGLT2I as adjunct therapy when appropriate. Treat and educate all races equivalently. Utilize drug of choice with AF:hydralazine and isosorbide. Utilize statins then ezetimide, then bile, then PSK9I Keep eye as more research is done on ivabradine and keep it as an option for pt with HF and HR >70
Consider new medication regimen
Consider recent IV therapy option for FH
Consider SGLT2 meds, start screening fro PSA and checking biomarkers, consider PCSK9 inhibitors, consider FH diagnosis
Consider SGLT2's for diabetes. New meds for heart failure
Continue doing PSA screening, and yearly DRE. If PSA at or greater than 1.5, consider biomarkers to assess risk (hopefully, insurance will pay). Bring Hgb A1C aggressively down to 6.5, then one can back up.
Currently working in Occupational Medicine. Will incorporate recommended screening program
Diabetes treatment with SGLT2, Prostate Cancer screening, ADHD treatment tools
Diagnosis and treatment
Diagnosis and treatment of ADHD in adult. I am a Pediatrician and has many pt with ADHD, it is important to let pt and family know about Dx and to have F/u thru out adulthood, to be treated if needed so pt will be able to function in society and has a successful career
DM management. HRT
Do screening. Keep option open for new medications that patient can benefit
Drug choices. Labs to order. Utilization of certain tools
Dx Tx Rx
Early detection Early planning treatment Develop proper guideline treatment
Early diagnosis and treatment of diabetes and heart failure
Choose medications based on the individual. Given referral to patients with risk of prostate cancer
Excellent CME topics. Location
Excellent location and conference material
Feel more comfortable with some of the guidelines which can be confusing
FOLLOW GUDELINES
Follow the guidelines as presentation
Following the advice given in the seminar

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Further knowledge on the topics presented
Getting biomarkers for elevated PSA. How to screen for ADHD. I ADHD patient anxious do not prescribe SSRD
Helped me understand anxiety and ADHD, more people have ADHD than I realized. Helped me understand prostate cancer and how to watch.
High statin intervention
How to proceed step by step how to control hypercholesterolemia
How to screen or not to screen for prostate cancer. How to manage diabetes and hypercholesterolemia better
How to use SGLT2 inhibitors in the treatment of DM2. Use of biomarkers in Prostate Cancer screening, pharmacotherapy in ADHD treatment, CHF management
HTN. ADHD. Latest recommendations
I am an ENT specialist so this CME does not directly apply to me.
I am more aware of the latest lab tests, imaging studies and newest medications for the problems discussed which I will use to evaluate and treat patients.
I am now able to better recognize signs & symptoms associated with many of the primary care clients that I see in a brief clinical encounter. My goal is through improved awareness that I will be able to better screen for more problematic chronic health conditions.
I have learned about the new drugs used to treat HF including Ivabradine and the use of this drug and its education in treating AA
I learned to recognize and treat the discussed illnesses that are not in my field of expertise
I'll be more aggressive in Diabetes Mellitus and heart failure patients
Identify best drugs to use in HF based on patient variables
identify ADHD in adults and knowing when to refer out
Identify various prostate screening tools and how to properly implement them
Identifying risk factors and disease through assessment then implementing appropriate treatment based on EBP and shared decision-making with patient to manage illness and improve quality of life.
Increased competency in managing patients with heart failure and prevent treatment inertia in patients with diabetes - include SGLT2 drugs as integral part of DM2 treatment
LDL treatment beyond statin.
Importance of postprandial hyperglycemia.
Learned more about how to use tools to effectively treat patients
Lifestyle modifications
Lifestyle modifications, new drug management
Look for history in childhood and adolescence that may help diagnosis of ADHD in adults
identify patients who may benefit from new meds for HF
implement cholesterol guidelines
Lowering the LDL in high risk cardiac puts
Looking at risk factors and test PSA trending for CA
Use Screening tools in suspected ADHD
Management DM, Heart failure, ADHD, Prostate cancer screening
Management of elevated PSA biomarkers
Many tools to use to assist in diagnosing and maintenance
Measure PSA Biomarkers
Medication use
Medication implementation
Treatment adjustments
Monitor patient compliance, maintain target levels, use evidence-based information for

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treatment, patient education
More screening PSA biomarker, HF medication adding to med regimen
Most beneficial was further discussing and looking at SGLT2 inhibitors
N/a
N/A Retired now
New approaches to PSA testing with biomarkers. HF treatment with ARNIS
New evidence base practice
New guidelines/treatments for DM, PSA screening, ADHD, HF, and HLD
New med for CHF, side effects of HTN meds, drug of choice (race)
New therapies to treat heart failure and diabetes management
New Treatment Options for Heart Failure which include medication Ivabridine to reduce heart rate. Using Biomarkers to Identify the patient at risk and PSA 1.5 or greater to Test patient. Medications for ADHD and what tools to use to test for ADHD in Adults
Newly approach DM patient regarding the effects of SGLT2 inhibitor therapy
No strategies at present
Not applicable to my area of practice
Only in ADHD has changed my strategies, I already employ the rest in my practice
Optimal medical management with the understanding of pharmacology presented in this webinar.
Order biomarkers more often. Screen more. Treatment of AA HTN patients
Order biomarkers, introduction of Ivabradine for CHF patients with heart rate over 70
Ordering of biomarkers. Prescription of Ivabradine
Patient education
Biomarkers before biopsy if prostate cancer suspected
Add sglt2 inhibitors to treatment regimen more frequently than I used to
Patient with HRF do better on Ivabradine instead of a beta blocker
Pay more attention to family, etc.
proper screening of patient with ADHD with initiation of recommendation, proper use of lipid lowering agents and better diabetes management
Prostate biomarker use
ADHD in adult Dx and mgmt
Prostate cancer biomarkers and more logical approach to screening; Consideration of coexisting diagnoses in my patients with adult ADHD
prostate cancer biomarkers role in management of cancer
role and rationale of glucretic therapy
the role of PCSK9 role
PSA screening test and using the resyult as per presentation and appropriately.
PSA screening/biomarkers/newer CHF Rx
Recognize ADHD in my patients. Better management of DM patients
Respectful listening. Labwork evaluators
Role of kidneys in glucose control (blood sugar)
Safety
Patient compliance
Appropriate treatment
Screen PSA 45 years old and do biomarkers for PSA over 1.5. Screen for ADHD and refer to Psych. add Zetia to statin if further reduction needed in LDL
Screen, assess, use proper guidelines appropriately
screen/Assess Patients & Accompanying Family Members re ADHD
Utilize lower threshold for PSA & utilize tools such as PSA4K to Assess Patients

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More tools/medicines for cholesterol control, incl risk assessment Match Assessment Tools s&/or bring in Additional medications earlier for assess or treat HF Patients
Screening and diagnosing adult ADHD and Rx. Also, understanding PSA levels and significance in Prostate Cancer
Screening for ADHD. Utilizing SGLT2
Screening for prostate cancer ADHD Assessment DM and HF management
Screening for Prostate Cancer
Screening for PSA
SCREENING MORE AGGRESSIVELY FOR PROSTATE CA
Screening Prostate cancer using biomarker
Screening steps for PSA. ADHD
Screening tool for ADHD. Biomarker for elevated PSA
Screening tools, recognizing symptoms
SGLT2 inhibitors. PSA biomarker
The PSA testing was very important in learning about the other pertinent test to do after an elevation of 5 is noted prior to or in tandem with Urology consult.
there are other options for treating cholesterol and refractory heart failure
TO ACHIEVE MORE TIGHT CONTROL IN DIABETIC PATIENTS TO ADD THE USE OF 4KSCORE IN DIAGNOSIS OF PROSTATE CANCER TO INCORPORATE THE ADHD SCREENING IN MY PATIENTS TO BETTER OPTIMIZE HEART FAILURE TREATMENT OPTIONS
Treatment of Diabetes, diagnosis Prostate Cancer, Diagnosis ADHD, treatment of heart failure
Treatment of HF. Prostate Cancer. DM HLD ADHD
Treatment of patients with Prostate Cancer - use of biomarker - diagnosing adult ADHD
Treatment of T@DM. Test for ADHD and medicate. Special meds for African Americans. Decrease heart rate to 70. PCSK9 should be considered for patients that cannot tolerate other meds
Treatment options Mechanisms
treatment strategies for special populations (women, elderly, ethnic minorities) that would benefit from lipid lowering therapy Treatment for ADHD for adult
Understand more about ADHD
Understanding heart failure and the use of newer drugs in a timely manner
Understanding Prostate Cancer and DM and medication effect on kidney
Up to date review of recent evaluation and management of common medical problems.
Update in management of Prostate CA CHF
Use adult ADHD assessment and treatment tools for assessment, treatment and follow-up monitoring Develop a logical approach to screening for prostate cancer in a primary care setting Develop appropriate treatment strategies for special populations (women, elderly, ethnic minorities) that would benefit from lipid lowering therapy Use several approaches to individualizing the treatment of T2DM
Use biomarker in Prostate Cancer, ADHD diagnostic criteria. Using new meds in AF with

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HF and DM
Use biomarkers in screening for Prostate Cancer
Use of PSA screening with f/u bio markers to improve diagnosis of clinically significant cancer
Use of combination therapy targeting different mechanisms for treatment of diabetes - type 2
Use of Bio-markers CHF/and the african american community -medications must be individualized
Use of biomarkers Better treatments for CHF
Use of biomarkers in HF and PCA patients
Use of NT pro-BNP
Use of prostate biomarkers; use of Valsartan/sacubitril and ivabradine: Isosorbide/hydralazine for blacks
Use of SGLT and screening for ADHD
Use of SGLT-2 inhibitors
Use of SGLT2, ADHD screening, 4K biomarker
Use screening ADHD forms
Use SGLT2 better. Screen for Prostate Cancer. Identify and refer ADHD. Aware of latest HF treatment. Use more nonstatin for nontolerant patient
use SGLT2 inhibitors, use biomarkers in prostate cancer risk assessment before considering biopsy, use
useful algorithms for assessing and treating patients
Using appropriate scale to diagnose certain diseases. Collaborate with other providers
Using Ezetimib with PCSK-9 inhibitors
Utilization of biomarkers Utilization of AUA guidelines when referencing prostate Using patient specific Heart failure treatment
Utilize SGLT2-I as second line option for T2DM control
Weight reduction, glucose control, and side effect as UTI
When and how often: prostate screening and evaluation; use of biomarkers; followup ADHD use screening tool and interview technique greatly improved HF: change in terminology when describing HF and patient education; understanding new Rx and when to use
When we take case of diabetic patients, pay attention to risk of hypoglycemia, we must use the correct medication. We should monitor patients' PSA level, if 1.5 use biomarkers
Will use new CMF medicines
Up to date review of recent evaluation and management of common medical problems.
Update in management of Prostate CA CHF
Use adult ADHD assessment and treatment tools for assessment, treatment and follow-up monitoring Develop a logical approach to screening for prostate cancer in a primary care setting Develop appropriate treatment strategies for special populations (women, elderly, ethnic minorities) that would benefit from lipid lowering therapy Use several approaches to individualizing the treatment of T2DM
Use biomarker in Prostate Cancer, ADHD diagnostic criteria. Using new meds in AF with HF and DM
Use biomarkers in screening for Prostate Cancer

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Use of PSA screening with t/u bio markers to improve diagnosis of clinically significant cancer
Use of combination therapy targeting different mechanisms for treatment of diabetes - type 2
Use of Bio-markers CHF/and the african american community -medications must be individualized
Use of biomarkers Better treatments for CHF
Use screening tools to assist the diagnosis of ADHD
Using ADHD adult diagnosis. Strep in pulmonary hypertension evaluation
Using appropriate screening tools for ADD, proper screening and more effective treatment for PAH and HF, and tighter, more effective glycerin control with my diabetic patients.
Will consider the new HF meds presented at the meeting. Will screen for adult ADHD more readily. Ready to try SGLT2 inhibitor
Will use SGLT2 inhibitors on diabetic patients Will be more likely to recognize and screen patients for ADHD Will be able to be more active in monitoring patients with CHF/CMO
Zetia and PCSK inhibitor use and guidelines

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

Comment
ACS, GI problems, AFib, COPD, headache
Activities time frame should be shortened, conference day too long
Acute Coronary Syndrome Optimization of anti-hypertensives Managing patient with reduced heart function
AICD's, HTN-JNC8, ablation for arrhythmias
Alux stewardship. Electrolyte imbalance
Alzheimer's. Dementia. Parkinson's. Multiple Sclerosis
Anemia
Ant thing
Antibiotic use
Antibiotic use for different dx. Infections and skin conditions in primary setting
Anticoagulation therapy
Any relevant topics in Primary Care
Any topic is good
Arrhythmia CAD mgt
Asthma COPD HYpertension
Atrial fibrillation, cardiomyopathy
Autoimmune diseases. Diabetes/COPD
Back pain, spinal stenosis, Atopic Dermatitis, allergic rhinitis, asthma, glaucoma, cataract, abdominal pain, gout, kidney stone, osteoarthritis, COPD
bmed for pbiopsychosocial issues.
Breast Cancer, Cervical Cancer screen
Breast cancer, Dementia, memory loss in adult less than 50 years old

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Breast cancer, HCC, H1N
Bronchial asthma/Rheumatic diseases. Breast Cancer
CAD, HepB, HepC, Arthritis
CAD, HTN, HF, arrhythmias management
Cervical cancer. GERD. Depression
Cervical cancer/HPV
Chronic kidney disease
Chronic kidney disease. ESRD - on HD
Chronic Pain and Rx management Marajuana medical TX for pain management, migraines, insomnia and cachexia in cancer patients TX for social anxiety disorder and OCD
CKD, Asthma, Dialysis
Colorectal screening and management management of metabolic syndrome
Communication strategies in managing chronic health conditions in primary care. Also, while we tend to focus on more medically-complex conditions, I am finding that the higher degrees of anxiety and depression are having negative impacts on many of the Primary Care Disorders I am seeing. I believe PCPs will need to be better aware, and better equipped to manage these situations if optimal outcomes are to be achieved.
Controlling electrolytes and PTH in ESRD Managing anemia in ESRD
COPD PRESCRIPTION DRUG ABUSE HYPERTENSION CKD OBESITY
current updates in primary care, women's health & Peds
CVA. MS. Pneumonia
Dementia
Dementia, HTN
Dementia/Alzheimer's, Women's Health, CAD, and depression. It would also be great to see a basic NP refresher primary program. Thanks!
Depression Weight loss
Depression
Depression MDD
Depression. Hypertension control
Depression; impact of substance abuse/K2 in particular in Primary Care or Psychiatry
Derm in Primary Care
Dermatology
Dermatology and orthopedics primary care setting
Dermatology in Primary Care. Obesity management. Erectile disorders. Metabolic syndrome and management
Dermatology, GI topics
current updates in primary care, women's health & Peds
CVA. MS. Pneumonia

Emerging Challenges in Primary Care: Update 2016

November 2, 2016- Uniondale, NY

Dementia
Dementia, HTN
Dementia/Alzheimer's, Women's Health, CAD, and depression. It would also be great to see a basic NP refresher primary program. Thanks!
Drugs to treat HTN fractures/osteoporosis. Use of steroids/complications
EKG interpretation. Narcotic prescribing and updated guidelines. Pulmonary lecture ABC's etc. New asthma guidelines
Emerging Challenges in Urgent Care
End of life care for the elderly. COPD. Rheumatologic conditions
End of life care planning. Pain management in the elderly
Endocrine disorders. Breast Cancer. Pulmonary Hypertension
Endocrinology, Chronic Fatigue Syndrome.
Endometrial, ovarian cancer
ENT, Infectious Disease, immunizations
Evaluation and management of resistant hypertension
Gyn/Women's Health. Psychiatry diagnosis
Gynecology topics in primary care
Gynecology/Women's Health
Hep B, Hep C
Hep C
Hep C, HIV Pep and Prep treatment
Hepatitis B and C, BPH, Dementia, Alzheimer's, Parkinson's
Hepatitis C
Vaginitis
Common dermatological conditions
Hepatitis C
Hepatitis C - new guideline. Medical marijuana - guidelines for use, workplace implications
Hypothyroidism, Anemia, AFib, COPD, Gout
I'd like to have a program segment devoted to A-fib. Perhaps I'm alone in thinking an update on pharmacology in general might be helpful in light of the genomic testing now being done. Do you have some experts on intracranial neoplasms who can link pathology, symptoms and treatment?
IBS, management of autoimmune diseases, Dementia, C Difficile, Colitis, Colon Cancer, chronic pain management
Identifying Parathyroid disease
Immunizations; Rheumatology/Orthopedics
Infections, Hypertension, Gout, Renal failure, common neurological issues
Infectious Disease - Lyme, Zika, skin infections
Infectious Diseases, Respiratory Diseases
Inflammatory bowel diseases of the intestines.
Internal Medicine/in hospital
Low back pain, GERD
Management of Depression, HTN, Breast Cancer, common eye L/S, and ENT
Management of obesity. Dermatological conditions. Hyperlipidemia
Medical management of the pregnant patient. Treatment of resistant hypertension
Men's Health, Women's Health, HIV, HepC

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Metabolic syndrome. Male hypogonadism. Transgender management
Metabolic syndrome. Obesity
MI, liver cirrhosis
Migraines obesity
Mitral valve prolapse Women's Health-(Breast Ca., Uterine Ca., Ovarian Ca., Leiomyomas, etc.) Bipolar D/O, Schizoaffective D/O, Depression, Anxiety, Panic D/O Chronic Pain
Musculoskeletal presentation, back pain/injuries, chronic back pain treatment/recommendation
Neuro CVA. AFib
Neurological disorder. Autoimmune disease
New audiences in cardiac surgery
New research in sickle cell disease treatment. Pulmonary HTN
Obesity weight loss
Obesity
Obesity epidemic Dermatology pitfalls
Obesity management
Obesity. Smoking cessation. Preventive medicine. Infectious diseases
Opioid/substance abuse treatment
Ortho topics. Back pain. Shoulder pain
Orthopedic diseases, exams, procedures Abdominal pain Dizziness/Vertigo COPD Asthma
OSA
Osteoarthritis and MS. Stroke prevention
Osteoporosis
Osteoporosis, Rheumatoid Arthritis, SLE
Ovarian cancer. Type I Diabetes
Pain management
Pain management. Radiography - MRI, ortho review
Pain management. Skin conditions
Pancreatic cancer, chemotherapy/radiation
Pulmonary issues and current management, Autism Spectrum and management, infectious diseases and management
Pulmonary. Allergy/immunology
PVD, PAD, CAD, geriatrics
Radiology and labs screening
Refractory hypertension
Related topic on adolescent . renal and thyroid diseases
renal failure, respiratory distress management
Renal Failure/Pulmonary Fibrosis
Rx hyperlipidemia

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Surgery. Anesthesia
Surgery. Vascular
Sutures removal/minor procedures
T2DM, CHF, NASH, Migraine, OAB, Depression
Teach up to date choices in radiology for heart studies (SPECT, CTA etc) in DETAIL including which to use when, generally how they are conducted - and for other radiology studies, e.g. MRI with or without contrast (gadolinium), when to use and when is not necessary. There are so many abbreviations it has gotten very confusing.
Thyroid disorder, especially hypothyroid primary and secondary
Treatment of COPD, PVD
Understanding mechanism of action of Diabetes medications in relation to practice guidelines
UPDATE GUIDELINES FOR PRIMARY CARE MEDICINE EVIDENCE GUIDELINES IN PRIMARY CARE MEDICINE
Vascular Dementia, VS, Leuy bodies, Treatment and studies/research of Dementia
Vertigo. Any cancer. Parkinson's. Dementia
Weight loss. Dementia. Anorexia
Women's health
Women's health in primary care
Women's Health issues, anxiety-depression
Women's Health issues. Addiction management
Women's Health Medical Diagnoses

Additional comments:

Comment
Air conditioning too high - cold in both rooms (in October)
AN ADVANTAGE OF THE LIVE STREAMING FORMAT, WAS THE CAPACITY TO MARK/ANNOTATE OR "SAVE SELECTIVE SLIDES AS THE PRESENTATIONS PROGRESSED. THIS WAS APPRECIATED. AS IT WAS IN ADDITON TO BEING ABLE TO DOWNLOAD SLIDES AGENDA PRIOR TO THE ACTUAL COURSE. THE Q&A EWAS ALSO INFORMATIV
Another excellent CE seminar
Both Dr. Akinboboye and Thompson case presentation was well done, learned a lot
Break too long - restart earlier, end earlier
Change lunch option, possible salad with chicken
Dr. Rosenberg - excellent presentation. Understandable and very important content to decrease confusion
Enjoy this conference! Thank you! Get so much new knowledge
Enjoyed lectures tremendously, but hard to make out some of the words/drugs/numbers, but content excellent
Enjoyed the venue
Enjoyed the topics, thank you!
Environment too cold
Excellant speakers, learnig new treatments
Excellent
Excellent meeting, convenient CME on line, expect more CMEs

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Excellent - was also wonderful that it was free - nice room, video, comfortable seats - also kept to times, allowed questions - thank you!
Excellent CME
Excellent conference
Excellent conference!
Excellent conference. Very organized speakers presented good reviews of relevant topics
Faculty were excellent!
good conference
GOOD COURSE!
Good lectures
Good facility
Great CME, please send me more information if you have any more events locally
Great conference - just always feel room is way too cold and seating not comfortable, especially without tables - difficult to take notes
Great conference. Very useful for Primary Care
Great course
Great opportunity for information - care
Great session! Extremely informative! Thank you
Great speakers, Excellent CME
I am retired now
I checked that one of the reasons I chose this CME was d/t "Location/ease of access." I want clarify since there was not an option to reflect my actual reason which was bec it was a simulcast. Simulcast allows me "ease of access" of earning CME without having to travel d/t my busy schedule. Thank you very much for continuing to offer simulcast options.
I favor CMEs in Birmingham, Alabama. Closer to home.
I learned a lot from all of the presentations. I currently work in HIV research,so I like to attend CME activities the are outside of my current work. The presenters for this activity were very easy to follow.
I really enjoyed the presentations from each of the physicians, the only issue encountered was some stalling during the Prostate & ADHD presentations, but I did download the slides and was still able to keep up. Thank you NACE for making it easily accessible & convenient for those of us who are not able to always be physically in attendance
I very much appreciated being able to "attend" this activity remotely.
If possible to have each lecture no more than 45 to 50 minutes. Same speaker should not give continuous 2 lectures
Inadequate seating. Room very cold. Lack of adequate restrooms
Internet access makes your very excellent courses available to those unable to leave their practice location.
Job well done!
Keep it up
Lab test results.
Less commercial bias should be tried
Many conferences cover similar topics and don't pay. Seating - why not get more tables to increase comfort?
More space is needed for the people to be comfortable

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N/A
NACE should be held at least twice a year. Questions-answers with explanation! Must be provided so we can study and review at home
Next time better at Melville Marriott
None
Of course the room was too cold
Offer more liver CME's in Long Island area
Overall excellent
Overall very informative session
Please delete response to speaker Mark Stolar under subject bias; it was checked by mistake, I did not attend this session but unable to uncheck this response
Please offer the NPPA review in Long Island also. And if possible, next year have a more temperature-regulated room. This is a great learning activity, but at times it was difficult to pay attention because I was freezing
Please regulate the ambient temperature - unbearably cold!
Less commercial bias should be tried
Please spend less time in pre-post test questions and more time answering audience questions
Room was very cramped. Offer more tables. Keep lectures at one hour maximum. Many presenters' slides have too much data and cannot read
Seating here was too cramped. Slides were hard to see sometimes - colors were muddled. ADHD feels irrelevant to me clinically. The questions/ARS are a good addition, but also tedious and time-consuming - consider shortening this portion
Sessions are too long
Space was too cramped
Speakers very knowledgeable. Well versed in subject matter. Thank you
Suggestion - do the HF/cardiovascular in the AM and others in the PM
Tape recording and sharing of videos of presentations
Thank you
Thank you for providing a helpful class today
Thanks!
The ADHD had way too many factors and someone who abuses amphetamines can answer all questions and appear to have ADHD and treatment by him. Many other diagnoses that would be treated differently
The educational activity was eye-opening and very informative. Faculty are well prepared and gave palatable lectures
The lectures should be 45 minutes only. Many people were nodding off mid-lecture
The lectures were very informative
There should be table seating for all like last year. Was very hard to take notes
There was a problem with slides that went ahead of speakers on my iPad and made it more difficult to follow thru the lecture and slide at the same time.
There was too much time on heart failure
Too long on heart failure!
Very educational
Very engaging and informative. This is my second year and I'm very appreciative of this learning activity. Thanks
Very good and informative

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Very good conference
Very good conference. I learned so much and refresher. Presenters were very knowledgeable
Very good lectures
Very good lectures and very informative . Thank you!
Very good subject matter, excellent and knowledgeable BLE SPEAKERS. LOT OF NEW INFORMATION
Very good/well done course. Would take this again
Ways of ensuring continuity in hospital clinic settings
Well done program. Very informative