NATIONAL ASSOCIATION FOR CONTINUING EDUCATION

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Join us... Emerging Challenges in Primary Care: 2010

November 6, 2010
Birmingham, Alabama
Sheraton Birmingham

Course Director
Gregg Sherman, MD

Activity Director
Michelle Frisch, MPH, CCMEP

Program Evaluation
November 22, 2010

In November 2010, the National Association for Continuing Education (NACE) sponsored a CME program, ***Emerging Challenges in Primary Care: 2010***, in Birmingham, AL.

This educational activity was designed to provide primary care physicians, nurse practitioners, physician assistants and other primary care providers the opportunity to learn about Diabetes, Hypertension, Female Sexual Dysfunction, Male Hypogonadism, Psoriasis, and Osteoporosis.

In planning this CME activity, the NACE performed a needs assessment. A literature search was conducted, national guidelines were reviewed, survey data was analyzed, and experts in each therapeutic area were consulted to determine gaps in practitioner knowledge, competence or performance.

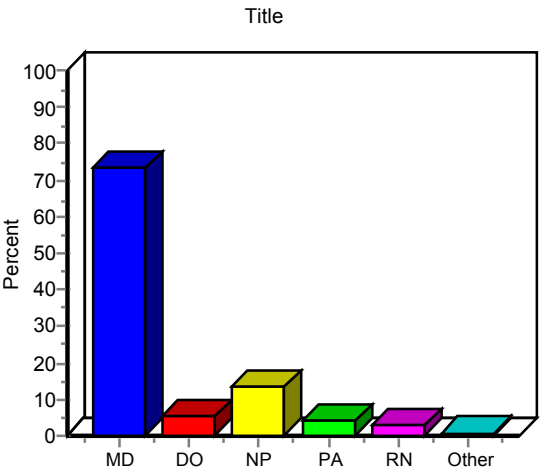
Two hundred thirty two healthcare practitioners registered to attend ***Emerging Challenges in Primary Care: 2010*** in Birmingham, AL. One hundred thirty four healthcare practitioners actually attended this conference. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. One hundred thirty two completed forms were received. The data collected is displayed in this report.

CME ACCREDITATION

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 educational activity for a maximum of 7 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

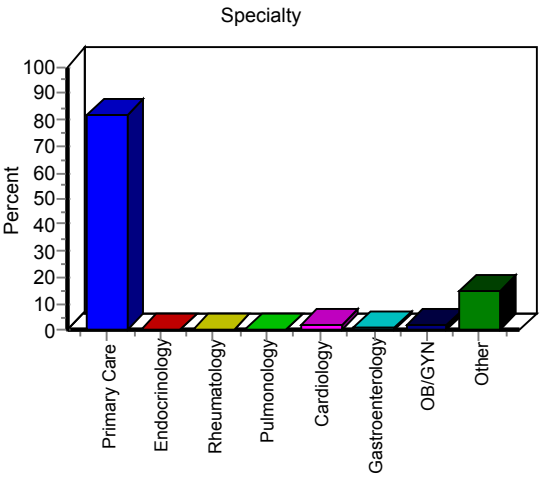
What is your professional degree?

Label	Frequency	Percent	Valid Percent
MD	97	73.5	73.5
DO	7	5.3	5.3
NP	18	13.6	13.6
PA	5	3.8	3.8
RN	4	3.0	3.0
Other	1	0.8	0.8
Total Valid	132	100.0	100.0



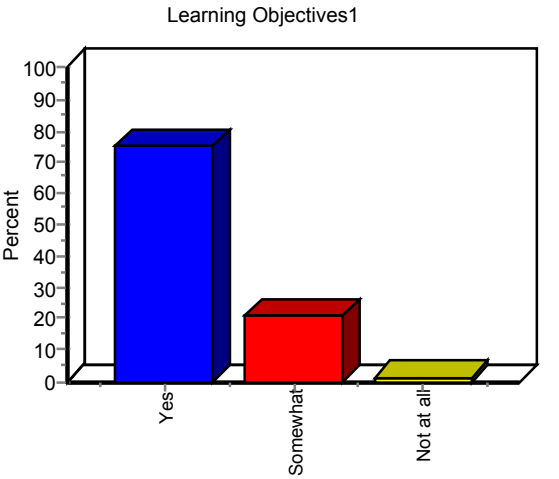
What is your specialty?

Label	Frequency	Percent	Valid Percent
Primary Care	108	81.8	81.8
Endocrinology	0	0.0	0.0
Rheumatology	0	0.0	0.0
Pulmonology	0	0.0	0.0
Cardiology	2	1.5	1.5
Gastroenterology	1	0.8	0.8
OB/GYN	2	1.5	1.5
Other	19	14.4	14.4
Total Valid	132	100.0	100.0



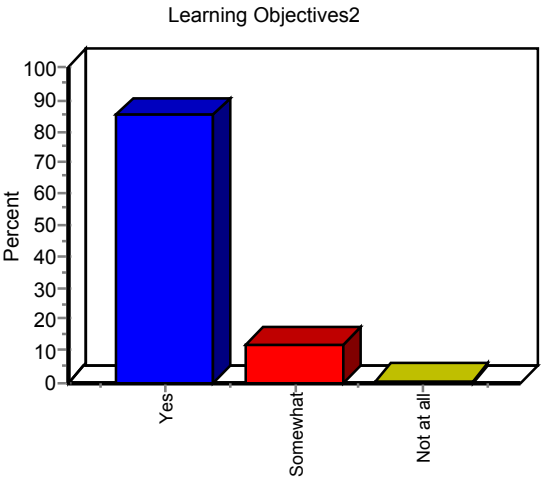
Upon completion of this activity, I can now - Discuss the pathogenesis of hyperglycemia; Make more effective decisions towards optimizing therapy; Explain the effectiveness of diet and exercise in treatment of diabetes at each stage of disease; Recognize the impact of treatment on cardiovascular disease risk; Explain the role of newer therapies in diabetes management:

Label	Frequency	Percent	Valid Percent
Yes	99	75.0	76.7
Somewhat	28	21.2	21.7
Not at all	2	1.5	1.6
Total Valid	129	97.7	100.0
Total Missing	3	2.3	
Total	132	100.0	



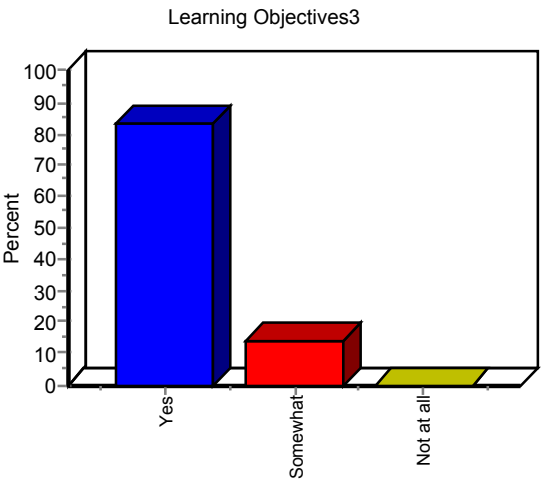
Upon completion of this activity, I can now - Discuss the prevalence of patients not achieving targeted blood pressure goals and the importance of Clinical or Therapeutic Inertia; Understand the role of combination therapy in management of Hypertension and current treatment guidelines; Recognize the impact of Renin-Angiotensin-Aldosterone system manipulation on global cardiovascular risk reduction; Discuss the role of newer agents in achieving blood pressure targets:

Label	Frequency	Percent	Valid Percent
Yes	112	84.8	86.8
Somewhat	16	12.1	12.4
Not at all	1	0.8	0.8
Total Valid	129	97.7	100.0
Total Missing	3	2.3	
Total	132	100.0	



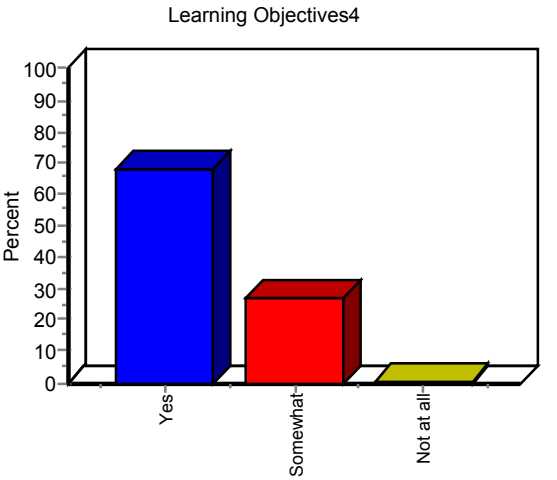
Upon completion of this activity, I can now - Explain the importance of the RANK/RANKL/OPG system in bone health and disease; Describe strategies to identify candidates for pharmacologic treatment; List available therapies for osteoporosis; Identify and overcome barriers to compliance and persistence with therapy:

Label	Frequency	Percent	Valid Percent
Yes	110	83.3	85.3
Somewhat	19	14.4	14.7
Not at all	0	0.0	0.0
Total Valid	129	97.7	100.0
Total Missing	3	2.3	
Total	132	100.0	



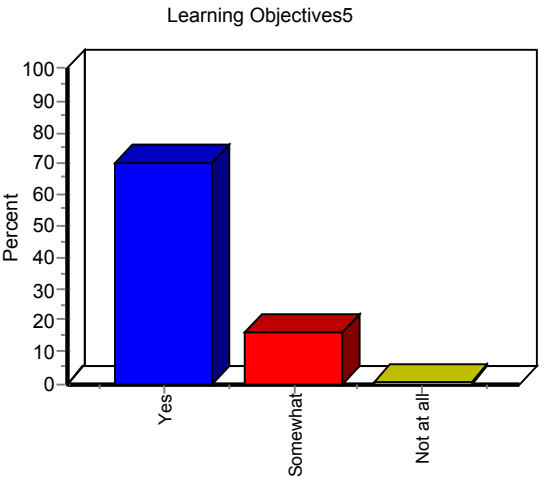
Upon completion of this activity, I can now - Recognize and diagnose Psoriasis and Psoriatic Arthritis (PsA) earlier, and institute appropriate initial treatment options; Discuss the burden and impact of Psoriasis and PsA; Recognize the systemic impact of Psoriasis and the relationship to the metabolic syndrome; Evaluate various management options for Psoriasis ad PsA and recognize which patients are candidates for systemic and biologic therapy; Understand novel therapeutic options in the management of Psoriasis:

Label	Frequency	Percent	Valid Percent
Yes	90	68.2	70.9
Somewhat	36	27.3	28.3
Not at all	1	0.8	0.8
Total Valid	127	96.2	100.0
Total Missing	5	3.8	
Total	132	100.0	



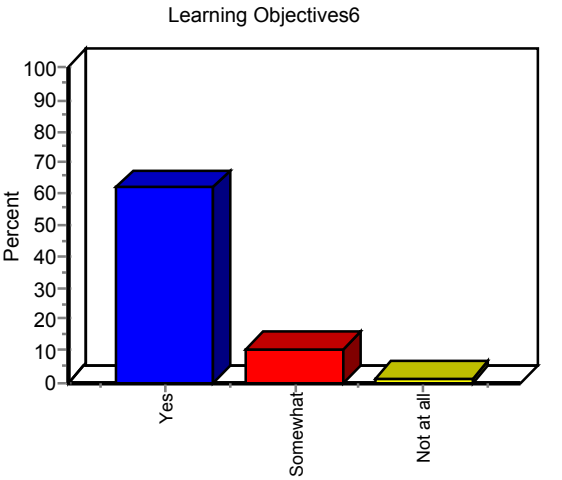
Upon completion of this activity, I can now - Discuss the various etiologies of female sexual dysfunction; Share current epidemiologic information describing the prevalence, incidence, societal burden and personal impact of female sexual dysfunction and its desire disorder of HSDD (hypoactive sexual desire disorder); Address conditions contributing to sexual dysfunction, e.g., depression, anxiety, diabetes, cardiovascular and neurological diseases, pelvic or abdominal surgery, and cancer; Engage in respectful, productive conversation with women regarding the role of sexual health in their overall well-being:

Label	Frequency	Percent	Valid Percent
Yes	93	70.5	80.9
Somewhat	21	15.9	18.3
Not at all	1	0.8	0.9
Total Valid	115	87.1	100.0
Total Missing	17	12.9	
Total	132	100.0	



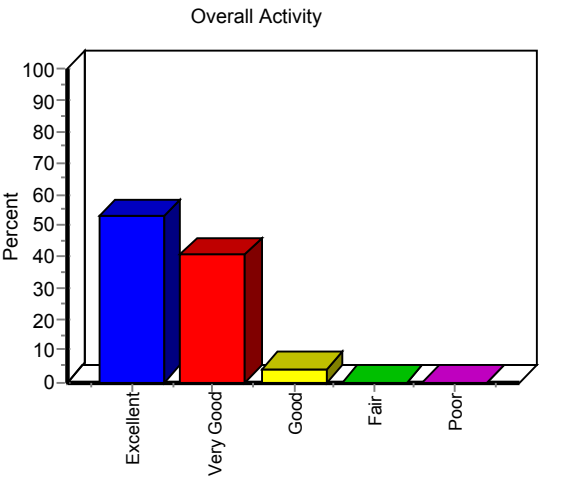
Upon completion of this activity, I can now - Discuss the prevalence of male hypogonadism; Order appropriate lab tests to make a diagnosis and understand the full scope of the problem; identify appropriate management strategies, utilizing traditional testosterone replacement therapies and newer modalities such as transdermal patches, gels and buccal tablets; monitor ongoing therapy more confidently to optimize outcomes and minimize morbidity:

Label	Frequency	Percent	Valid Percent
Yes	82	62.1	83.7
Somewhat	14	10.6	14.3
Not at all	2	1.5	2.0
Total Valid	98	74.2	100.0
Total Missing	34	25.8	
Total	132	100.0	



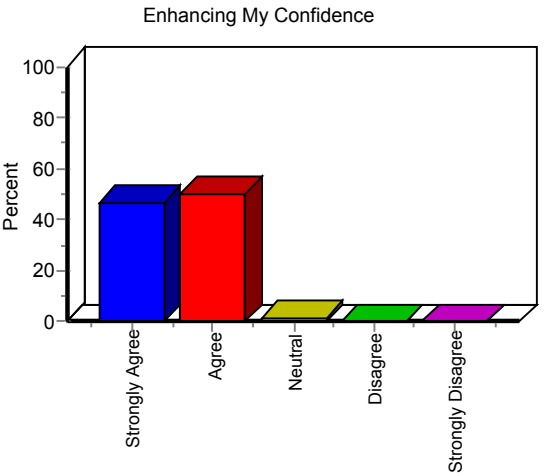
Overall, I would rate this activity as:

Label	Frequency	Percent	Valid Percent
Excellent	70	53.0	54.3
Very Good	54	40.9	41.9
Good	5	3.8	3.9
Fair	0	0.0	0.0
Poor	0	0.0	0.0
Total Valid	129	97.7	100.0
Total Missing	3	2.3	
Total	132	100.0	



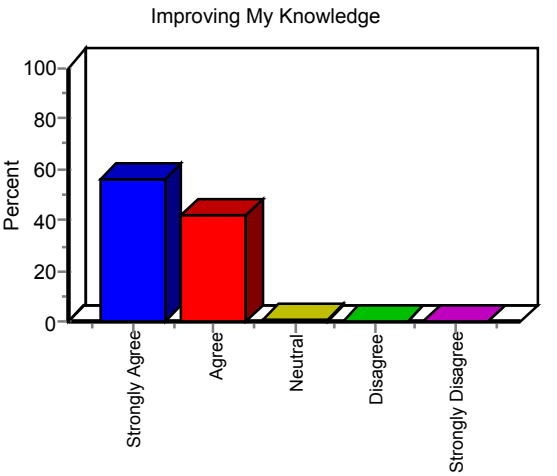
Overall, this activity was effective in enhancing my confidence in caring for patients with the condition(s) presented?

Label	Frequency	Percent	Valid Percent
Strongly Agree	62	47.0	47.7
Agree	66	50.0	50.8
Neutral	2	1.5	1.5
Disagree	0	0.0	0.0
Strongly Disagree	0	0.0	0.0
Total Valid	130	98.5	100.0
Total Missing	2	1.5	
Total	132	100.0	



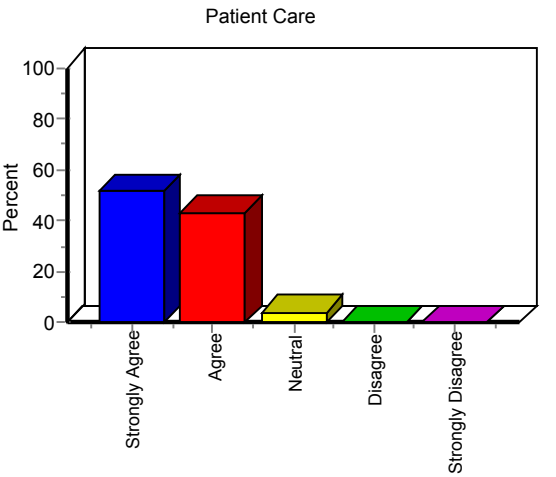
Overall, this activity was effective in improving my knowledge in the content areas presented:

Label	Frequency	Percent	Valid Percent
Strongly Agree	74	56.1	56.9
Agree	55	41.7	42.3
Neutral	1	0.8	0.8
Disagree	0	0.0	0.0
Strongly Disagree	0	0.0	0.0
Total Valid	130	98.5	100.0
Total Missing	2	1.5	
Total	132	100.0	



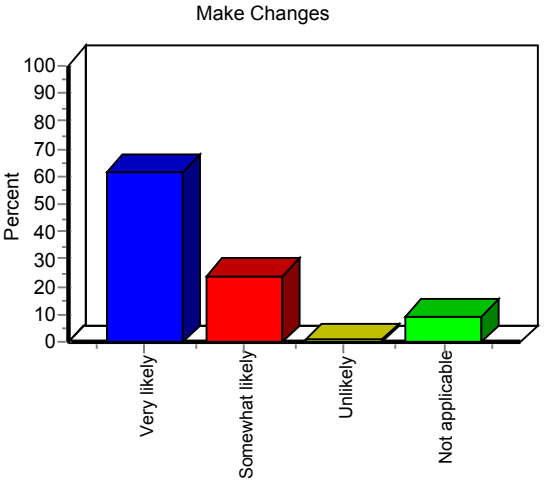
As a result of this activity, I have learned new strategies for patient care:

Label	Frequency	Percent	Valid Percent
Strongly Agree	68	51.5	52.3
Agree	57	43.2	43.8
Neutral	5	3.8	3.8
Disagree	0	0.0	0.0
Strongly Disagree	0	0.0	0.0
Total Valid	130	98.5	100.0
Total Missing	2	1.5	
Total	132	100.0	



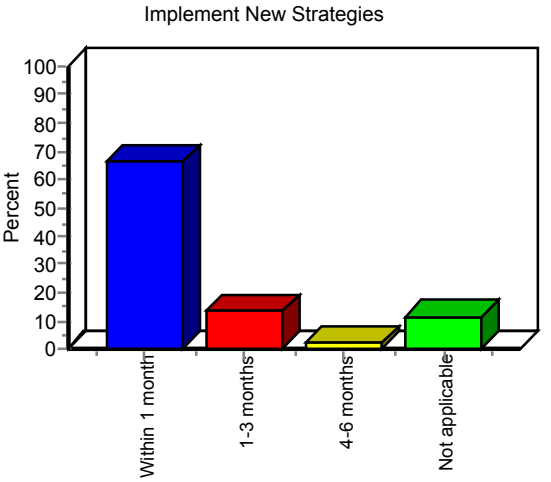
How likely are you to implement these new strategies in your practice?

Label	Frequency	Percent	Valid Percent
Very likely	81	61.4	64.8
Somewhat likely	31	23.5	24.8
Unlikely	1	0.8	0.8
Not applicable	12	9.1	9.6
Total Valid	125	94.7	100.0
Total Missing	7	5.3	
Total	132	100.0	



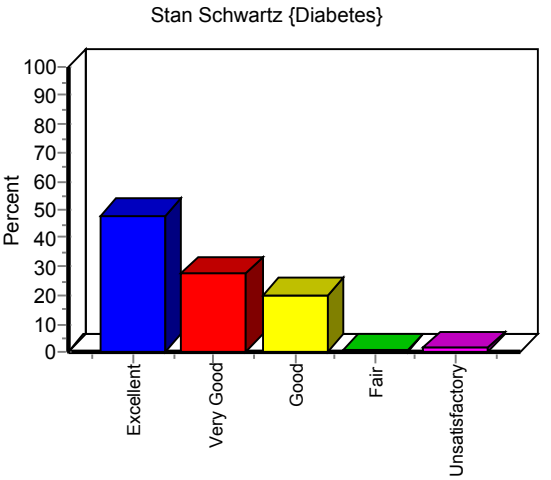
When do you intend to implement these new strategies into your practice?

Label	Frequency	Percent	Valid Percent
Within 1 month	87	65.9	70.7
1-3 months	18	13.6	14.6
4-6 months	3	2.3	2.4
Not applicable	15	11.4	12.2
Total Valid	123	93.2	100.0
Total Missing	9	6.8	
Total	132	100.0	



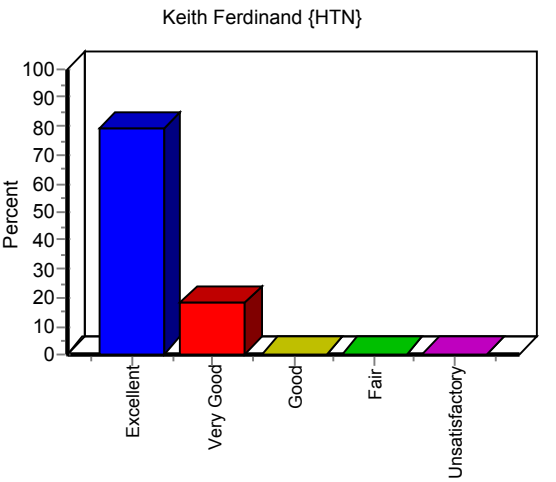
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Stan Schwartz, MD (Diabetes):

Label	Frequency	Percent	Valid Percent
Excellent	63	47.7	48.8
Very Good	36	27.3	27.9
Good	27	20.5	20.9
Fair	1	0.8	0.8
Unsatisfactory	2	1.5	1.6
Total Valid	129	97.7	100.0
Total Missing	3	2.3	
Total	132	100.0	



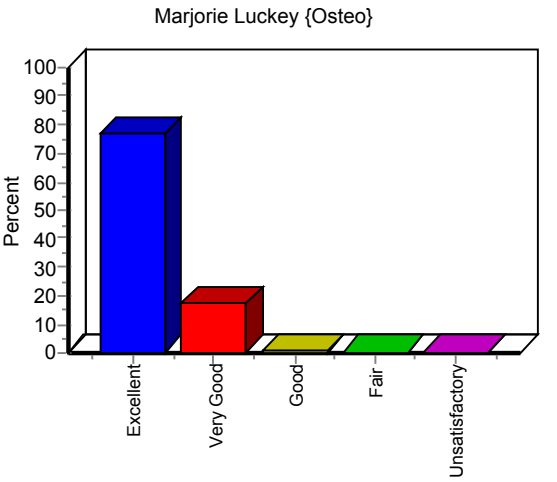
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Keith Ferdinand, MD (HTN):

Label	Frequency	Percent	Valid Percent
Excellent	104	78.8	81.3
Very Good	24	18.2	18.8
Good	0	0.0	0.0
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	128	97.0	100.0
Total Missing	4	3.0	
Total	132	100.0	



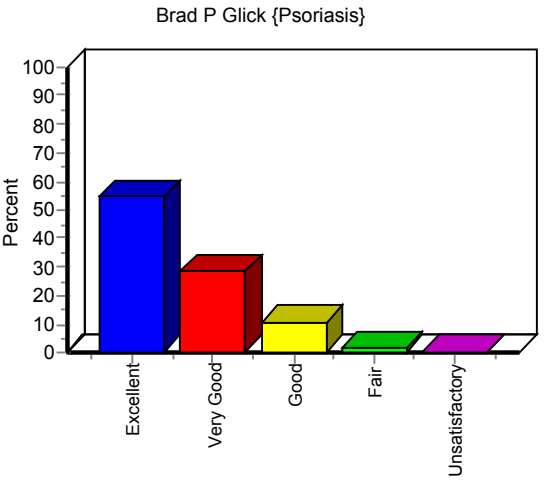
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Marjorie Luckey, MD (Osteo):

Label	Frequency	Percent	Valid Percent
Excellent	101	76.5	80.8
Very Good	23	17.4	18.4
Good	1	0.8	0.8
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	125	94.7	100.0
Total Missing	7	5.3	
Total	132	100.0	



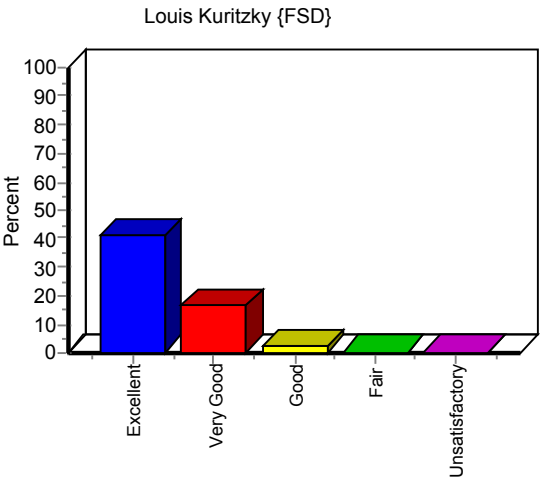
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Brad P. Glick, DO (Psoriasis):

Label	Frequency	Percent	Valid Percent
Excellent	72	54.5	57.6
Very Good	37	28.0	29.6
Good	14	10.6	11.2
Fair	2	1.5	1.6
Unsatisfactory	0	0.0	0.0
Total Valid	125	94.7	100.0
Total Missing	7	5.3	
Total	132	100.0	



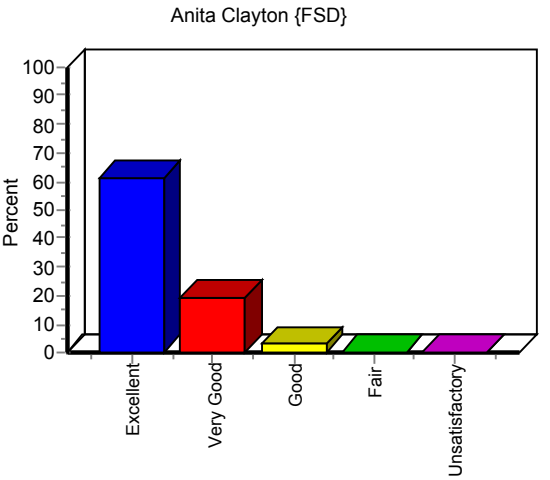
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Murray A. Freedman, MD (FSD):

Label	Frequency	Percent	Valid Percent
Excellent	54	40.9	68.4
Very Good	22	16.7	27.8
Good	3	2.3	3.8
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	79	59.8	100.0
Total Missing	53	40.2	
Total	132	100.0	



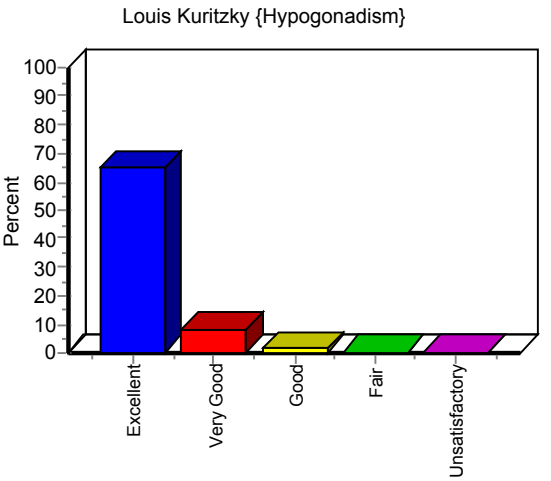
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Anita Clayton, MD (FSD):

Label	Frequency	Percent	Valid Percent
Excellent	81	61.4	73.0
Very Good	26	19.7	23.4
Good	4	3.0	3.6
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	111	84.1	100.0
Total Missing	21	15.9	
Total	132	100.0	



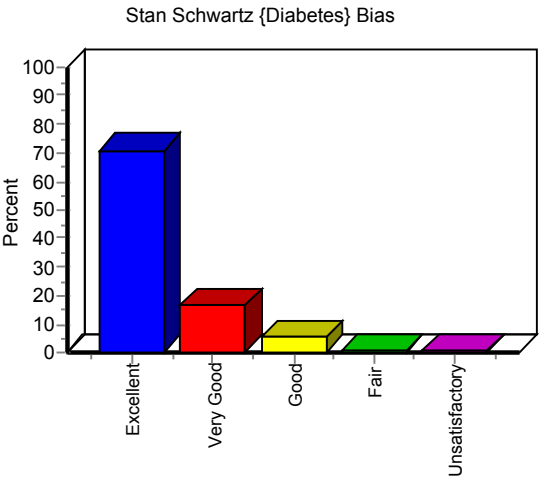
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Louis Kuritzky, MD (Hypogonadism):

Label	Frequency	Percent	Valid Percent
Excellent	86	65.2	86.9
Very Good	11	8.3	11.1
Good	2	1.5	2.0
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	99	75.0	100.0
Total Missing	33	25.0	
Total	132	100.0	



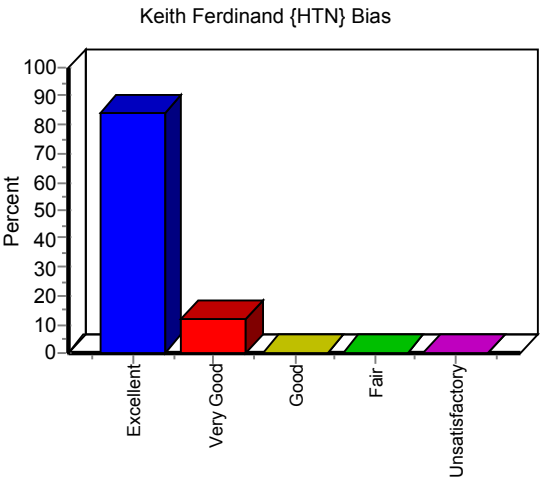
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Stan Schwartz, MD (Diabetes):

Label	Frequency	Percent	Valid Percent
Excellent	94	71.2	75.2
Very Good	22	16.7	17.6
Good	7	5.3	5.6
Fair	1	0.8	0.8
Unsatisfactory	1	0.8	0.8
Total Valid	125	94.7	100.0
Total Missing	7	5.3	
Total	132	100.0	



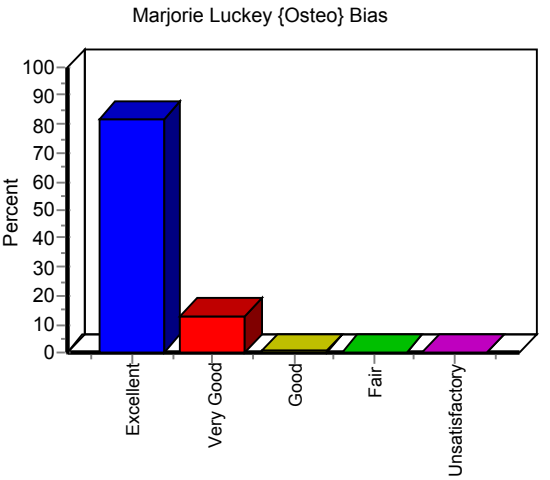
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Keith Ferdinand, MD (HTN):

Label	Frequency	Percent	Valid Percent
Excellent	111	84.1	87.4
Very Good	16	12.1	12.6
Good	0	0.0	0.0
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	127	96.2	100.0
Total Missing	5	3.8	
Total	132	100.0	



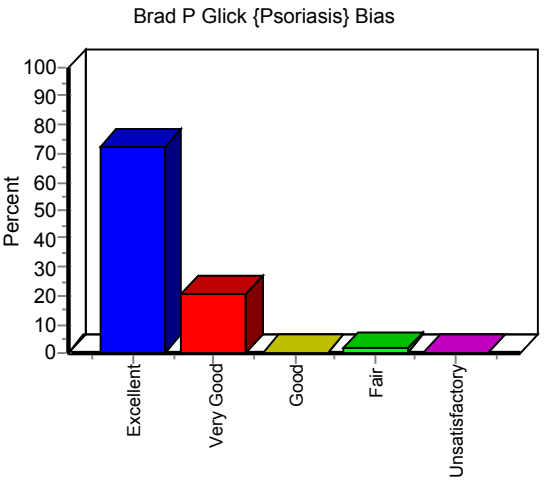
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Marjorie Luckey, MD (Osteo):

Label	Frequency	Percent	Valid Percent
Excellent	108	81.8	85.7
Very Good	17	12.9	13.5
Good	1	0.8	0.8
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	126	95.5	100.0
Total Missing	6	4.5	
Total	132	100.0	



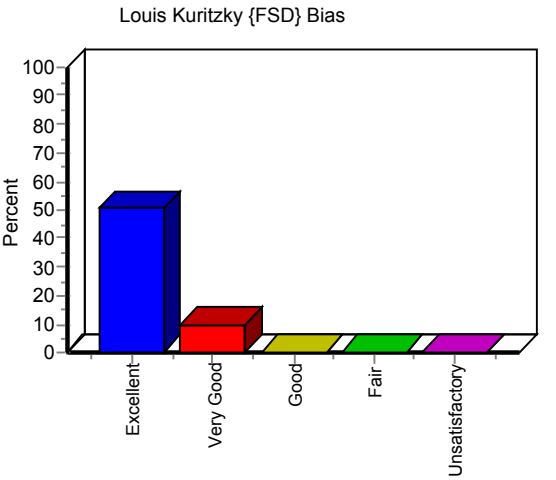
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Brad P. Glick, DO (Psoriasis):

Label	Frequency	Percent	Valid Percent
Excellent	96	72.7	76.2
Very Good	28	21.2	22.2
Good	0	0.0	0.0
Fair	2	1.5	1.6
Unsatisfactory	0	0.0	0.0
Total Valid	126	95.5	100.0
Total Missing	6	4.5	
Total	132	100.0	



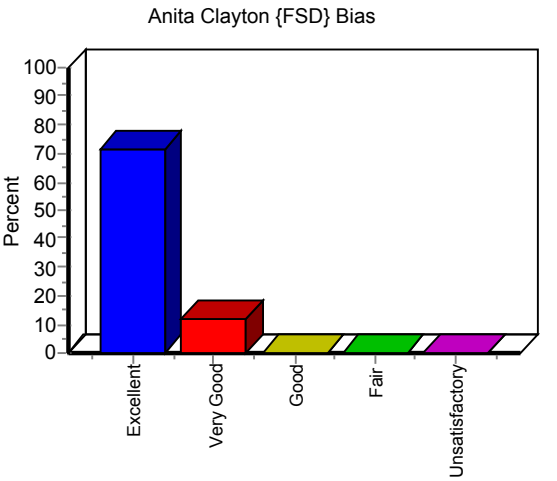
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Murray A. Freedman, MD (FSD):

Label	Frequency	Percent	Valid Percent
Excellent	67	50.8	83.8
Very Good	13	9.8	16.3
Good	0	0.0	0.0
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	80	60.6	100.0
Total Missing	52	39.4	
Total	132	100.0	



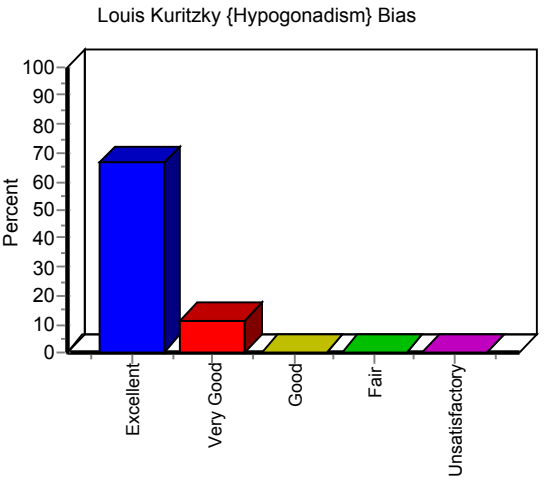
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Anita Clayton, MD (FSD):

Label	Frequency	Percent	Valid Percent
Excellent	95	72.0	85.6
Very Good	16	12.1	14.4
Good	0	0.0	0.0
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	111	84.1	100.0
Total Missing	21	15.9	
Total	132	100.0	



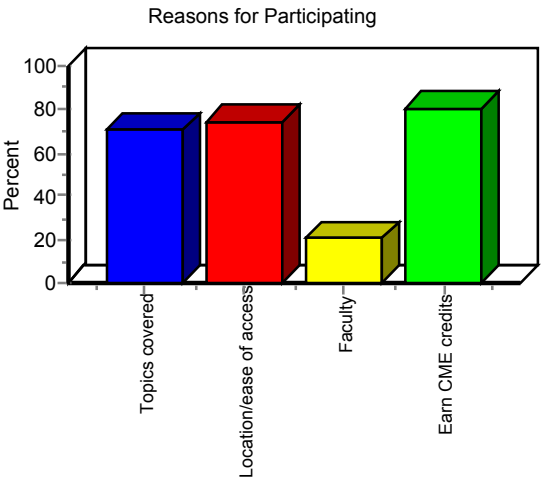
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Louis Kuritzky, MD (Hypogonadism):

Label	Frequency	Percent	Valid Percent
Excellent	88	66.7	85.4
Very Good	15	11.4	14.6
Good	0	0.0	0.0
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	103	78.0	100.0
Total Missing	29	22.0	
Total	132	100.0	



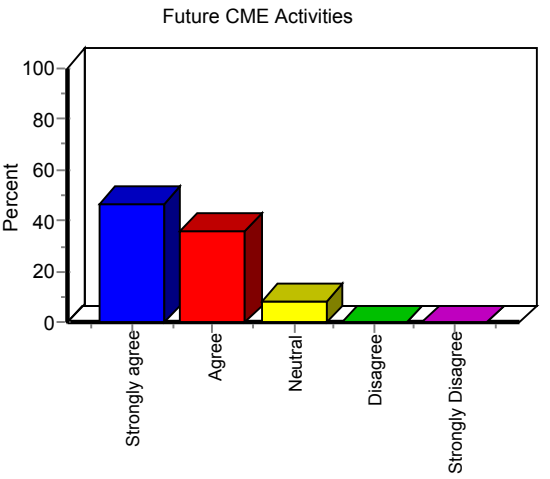
Which statement(s) best reflects your reasons for participating in this activity:

Label	Frequency	Percent	Valid Percent
Topics covered	93	70.5	72.1
Location/ease of access	99	75.0	76.7
Faculty	27	20.5	20.9
Earn CME credits	106	80.3	82.2
Total Valid	129	97.7	100.0
Total Missing	3	2.3	
Total	132	100.0	



Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent	Valid Percent
Strongly agree	62	47.0	51.7
Agree	47	35.6	39.2
Neutral	11	8.3	9.2
Disagree	0	0.0	0.0
Strongly Disagree	0	0.0	0.0
Total Valid	120	90.9	100.0
Total Missing	12	9.1	
Total	132	100.0	



What is your professional degree?

Comment
NPH
Medical student

What is your specialty?

Comment
Internal Medicine
Dermatology
Occupational Health
Neurology
Surgery
PM+R
Alternative Medicine
Psychiatry x4
Hematology
Urgent Care
Administrative Medicine
Pediatrics

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

Comment
Be more receptive to patient's obvious and not so obvious signs
Inquire about sexual life routines. Add spironolactone in treatment of uncontrolled hypertension. Limit use of sulfonylureas in treatment of DM
Ask questions more often about personal issues. Vit level and order DEXA on all above age 65. More aggressive diabetes control in length and drugs
How to talk to patients re: sex, stop using certain diabetic treatments, look for low testosterone symptoms, review my treatment of BL and increase screening as well for osteoporosis. Will decide, scientifically, when to treat osteoporosis
Combination therapy in diabetes and HTN patients. HTN patients - monitor home BP's with monitor that has print-out, so not reliant strictly on self reporting. Vitamin D and calcium treatment in osteoporosis
Learned more about new techniques for HW control
Confidence in taking sexual history. Treatment of hypogonadism
Taking sexual histories. Approach to osteoporosis diagnosis and assessment of need for medication - FRAX - fracture risk assessment tool
Use of spironolactone for resistant HTN. Hypogonadism - check AM total testosterone
Implement new diabetic and hypertensive strategies
FRAX, begin to move patients on ACEI/diuretic combination
Better at managing patients with HTN and getting them to goal. Being more aware about drugs that cause Hypoglycemia and avoiding their use in DM patients
Plan to drastically alter my attention to osteoporosis treatment. Refer my typical hypertension program regimes
Will try new strategies to bring up discussion of sexual dysfunction. Will practice use of ACEI/ACTZ or ACE/CCB in use of management of HTN
Change management and treatment, stop use of most sulfonylureas especially among elderly and more aggressive use of antihypertensive agents
Will use more chlorthalidone than hydrochlorothiazide. Will remind myself that the chief complaint given to the triage nurse may not always be the main issue, so will ask patient at the beginning of each visit if they have other concerns
Increase role for spironolactone

Comment
Use newest agents for DM that do not cause hypoglycemia, weight gain and are effective. ARB and ACE combination. Use of FRAX for aging population. Treatment of psoriasis. Strategies to discuss sexual dysfunction problems in your clinic
Better hypertension management, better understanding of RAA system, treatment of hypertension
Strategies to optimize diabetes treatment. Strategies in combination therapy for HTN. Strategies to identify candidates for pharmacologic therapy for osteporosis. Treatment strategies in approaching psoriasis
Use of agents other than metformin, pioglitazone, secretagogues and insulin. Identify patients for treatment of osteoporosis. Know better which patients to refer for treatment of psoriasis. Who to evaluate for low testosterone, proper tests to get and monitoring
Recognize reason for female dysfunction. Treat hypogonadism
Carry the semi to other areas of the south
The PLISSIT model
Use GLP-1 agents (incretins) even as first line. Use newer CCB (nebivolol) with ACE as first line; Use FRAX to assess need to treat for osteporosis; Use newer agents in psoriasis; Communicate and inquire about sexuality and refer as appropriate; Treat hypogonadism as appropriate
Early use of several agents in diabetes - but not sulfonylureas. Combination therapy for initial hypertension treatment. Lower calcium and meals for treating osteoporosis, FRAX
Effectiveness of diet and exercise in diabetes treatment. CVD impact. Current treatment guidelines in combination therapy. Identifying candidates for pharmacological treatment of psoriasis
Use more GLP-1 and DPP-4 agents
I will more routinely discuss sexual dysfunction issues with my female (and male) patients
Better therapeutic techniques to discuss sexual dysfunction. More informal treatment of psoriasis
Be more aggressive with multiple diabetic medication treatment and less SU use if possible. ACEI/CCB combination over ACEI/diuretic use. Use more chlorthalidone. Implement FRAX
Combo for DM. Target BP - Combo medications
More rational approach to diabetic management. Will follow result of ENHANCE HTN study
Recommend more bone density tests - use FRAX to evaluate need for patients to get therapy. Use more resources for smoking cessation and dietary counseling. Refer to specialist for patients with increased chronic diabetes risks
Use FRAX to identify patients with osteoporosis and those at high risk. Use new guidelines for HTN management
Use of more combination drugs for hypertension. More direction with discussing sexual dysfunction
1. DM and use of SU, as able. 2. HTN: Aggressive treatment with ACEI and spironolactone/chlorthalidone (HCTZ), as tolerated. 3. Osteoporosis - treatment to prevent and treat. 4. Psoriasis - refer to immune modulator treatment early. 5. Check "lifestyle vital signs". Great lecture, great team teaching and vignettes. Illustrative. 6. HRT
All topics relevant
Inquire about sexual problems. Address low testosterone. Address lifestyle issues
Incorporating FRAX in treatment decisions for osteoporotic patients. Having a paradigm for use of biologic agent in psoriatic patients. Using the PLISSIT model in inquiring about sexual health. Concept of "lifestyle vital signs" in introducing opportunities for patients to discuss all issues of concern.
Don't use SU. Use chlorthalidone. Use FRAX for risk. Refer psoriasis. Ask everyone about lifestyle
Attain BP goals. Use FRAX for screening for osteoporosis risk. Sulfonylureas use in general for diabetes
Better controlled DM and BP
How to manage difficult patients with diabetes, hypertension, osteoporosis and psoriasis
Methotrexate and Cyclo Sporine for psoriasis. Welchol for diabetes management. Chlorthalidone better than HCTZ
Alteration in testing parameters with hypogonadism. Add morning total testosterone. Osteoporosis related listing to disease states.
Avoiding hypoglycemia in the treatment of diabetes. Appreciating the risk of osteoporosis in men
Volunteer and ask more questions from patients to make them more comfortable asking intimate questions
More aggressive treatment of HTN and DM - I will look for osteoporosis and osteopenia and evaluate and treat differently. Will look for psoriasis and initiate treatment earlier

Comment
Patient-centered interview goal of hypertension treatment. Risk assessment for osteoporosis
The importance of adding diuretic and 2nd anti-hypertensive to control raised BP. Therapeutic techniques to get women to discuss their sexual dysfunction / disorder. Use of the FRAX tool
I'll use FRAX more often in management of bone health
D/C or eliminate use of Sus. FSH/LH/Testosterone. Understand biologicals in psoriasis. Introduce FRAX. Add prolactin level for low testosterone. Use of sexual function screener / shepherding technique
Biologic agents for psoriasis. Use of FRAX for diagnosis of osteoporosis. Use of Nevibolol in HTN. Discussing female sex dysfunction with patients
Lifestyle vital signs. Morning testosterone. Free testosterone / SHBG
Evidence based evaluation of hypogonadal symptoms. Approach the issue of sexual "problems" more appropriately and more often
Use FRAX
Education provider. Education - patient to continue care. Lifestyle vital signs - bring up all elements
Try to avoid SU as much as possible. Better control of BP with combination treatment including CCB as good as diuretic. Adding spironolactone can help lower BP. Bring up discussing with patients sexual dysfunction. Esp. women and the strategies presented
I am not going to use a sulfonylurea automatically as my second agent (after metformin) for my diabetic patients. Look more carefully at combination use of ACE/CCB combination use
Stepwise treatment for HTN / Change HCTZ and chlorthalidone. Refer psoriasis. Check FRAX
Appropriate medication management for HTN, psoriasis. Better ways of obtaining goals / knowledge of therapy goals for DM. Knowing when to treat for osteoporosis
Evaluation of osteporosis and osteopenia
Psoriasis treatment. Approach to patient with sexual dysfunction. Diagnosis and treatment of hypogonadism
Ask patients about their lifestyle vital signs
Avoid sulfonylurea as second line to metformin in diabetes. Avoid combination ACE/ARBs except in very select cases. Aldosterone in treatment resistent hypertension. Properly screen and treat hypogonadism with appropriate labs.
Diabetic medications / control
Victoza can be better than Basal insulin, when to stop for long Bisphosphonate treatment. Psoriasis talk information Still would prefer to refer to derm for severe cases. Would've been beneficial to show what/how to treat in our primary care office. Enjoyed FSD lecture. However, I don't think I could afford the time that this would take.
FRAX tool. Aggressive means to treat DM. Aggressive means to treat HTN
Enjoyed the lecture
Treatment of osteoporosis (confused before), Approach to management of ISBP (as opposed to the "old way"), Placing all the glucose-lowering steps in appropriate perspective (when to use and when not to use)
Early diabetes diagnosis. Diet control importance. Start more HBP treatment with combination therapy. Check more bone density studies in post-menopausal ladies
Reduce use of sulfonylureas, increase use of thiazides
Better communication. Better investigation. Use of treatment proven strategies
Will use more medication that do not cause hypoglycemia in my diabetic patients. Will use more combination in treating hypertension. Will use chlorthalidone
DM: reevaluate the timing of meds, Osteo - use website download. Psoriasis - understand meds better, answer questions from patient better. Treatment is usually by specialist. Female sexual dysfunction: good refresher, refocus. Hypogonadism - how to monitor / how to work up
Strategies for optimizing diabetes treatment, combination therapies for HTN, strategies to identify candidates for pharmacologic therapy of osteoporosis, strategies for treatment of psoriasis
Feel more comfortable acknowledging female sexual dysfunction
FRAX. Approaching issue of sexual problems with patients

Comment
Early treatment of newly diagnosed diabetes, effective treatment of combination with newer agents. Overcome and discuss barriers to compliance. Able to recognize symptoms of male hypogonadism. Testosterone treatment
Concern about hypoglycemia. Relieve hypertension with centrally acting anti-hypertension; efficacy of combination therapy; length of treatment for osteoporosis (side comment as to the use of Raloxifene drug "holiday") Comfort in the use of biologics with psoriasis. Approaches in medical interviews
Incretin therapy in diabetes, chlorthalidone for HTN, RAA system in HTN, biologic therapy for psoriasis, PLISSIT model for sexual dysfunction, check LH prolactin level to rule out pituitary lesion in hypogonadism
Combination HTN therapy for the right and safest, best outcomes. AIC guidelines. Using guidelines for osteopenia patient actually needing medication therapy. Using different communication techniques to welcome patient concerns and not take too much more time to still see all patients
When to test for the various things
ei:"routinization"
Use of FRAX; treatment of psoriasis not singular, critical as recognition of co morbid conditions to look for. FSD a little too long
Improved communication

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

Comment
ACIP - Interventions
STD / CHF / Osteoarthritis / Sports medicine for primary care
Orthopedics, asthma, rheumatology, aging
Osteoporosis, DM
Management of fatigue in basically well aging population
Dermatology in primary care. Orthopedics in primary care
MS, CAD
CHF, depression, thyroid disorders, CKD, fibromyalgia, RA
X-ray interpretation. Thyroid. Labs
Update in dermatology.Ophthalmology update. What's new in pharmacology
Optimal lipid levels for reducing MI risk
Obesity
Brain tumors and their diagnosis and treatment. Cancers of different kinds
Hepatitis, CHF, Rheumatoid arthritis
More detailed diabetes management; Pneumonia/ID treatment trends, headache; Anxiety/depression management; Hypothyroidism; Anemia's
Nutrition - food choices, strategies and exercise and activity for all
Pain management
More female sex dysfunction
Thyroid
Inflammatory Brain Disease. COPD, Cardiovascular topics
Risk reduction in cardiovascular disease
Dermatology conditions
Chronic kidney diagnosis. Fatty liver
Alternative medicine - now. Spirituality in medicine. Pediatrics. Drug abuse, detection and treatment. Chronic pain management
Depression. Arthritis (osteoarthritis)
Anemia
Thyroid disorders Perimenopause and menopause
Cardiac care. Neurological conditions

Comment
Gastroenterology and rheumatology
Anxiety disorder. Major depression
Substance abuse - diagnosis and treatment
Atrial fibrillation. Movement disorders. TIA. Alzheimer's Dementia
Treatment of hypercholesterolemia and hyperlipidemia. Treatment and diagnosis of CHF. Evaluation and treatment of COPD
Medical Review Officers Activity
Menopause management
Management of thyroid disorders in primary care
More pathophysiology and pharmacology
Attention to microalbuminuria
Pediatric infections. Acute CVA management
Parkinsons Disease and aging
Thyroid
Thyroid disorders. Hormone replacement therapy
Trauma, arthritis
Eye exams and pathology
Headache treatment. Asthma / COPD. Depression / Anxiety treatment
Lipid treatment; Depression treatment; Bipolar diagnosis; ADHD
Pediatric ophthalmology. Pediatric orthopedics (i.e. a pediatric topic)
Urgent care and emergency care
HTN, DM, High lipid levels
Diabetics, Infectious Disease
How to wean patients off chronic pain medications/Benzos. Geriatric medicine topics
Health care disparities
Teen pregnancy prevention
Geriatric care
More diabetes, common infections, heart diagnosis/metabolic syndrome/lipids
Meningitis, seizures
Further discussion of diabetes, FSDR treatment to be covered with discussion of topic
Ophthalmology
Thyroid disease
Thyroid / Pulmonary
Urgent care topics
Musculo-skeletal common peds. Common eye issues
More topics relevant to primary care. Pain management in primary care
Sexually transmitted disease, RA and hyperlipidemia
GI Problems, Acute Kidney Disease with treatment option
Asthma with pediatric focus, common rashes and dermatology.

Additional comments:

Comment
Dr. Stan Schwartz was very good with useful info. Dr. Keith Ferdinand was also excellent. Dr. Luckey was excellent and very useful info. Very good but I still will refer to derm. Dr. K did excellent and Dr. Clayton did well with him
Excellent conference! Very applicable information

Comment
Thank you. Excellent seoction of topics and spekers. Please let me know when you will be back in Birmingham and and consider a 2 day conference
Dr. Luckey great
Closely monitoring current co morbid conditions and pharmacologic therapies in my patients that could affect or exacerbate the diagnosis
Thank you. Dr. Schwartz seems to be very knowledgeable on the subject.
Excellent CME
Techniques to use that might prevent early onset Alzheimer's disease, Practice tips for management of basically well geriatric population. Preparing your patients for expected problems. Herbal medicines for use by primary care. Procedural management of patients with chronic pain syndrome. Good Conference
The update on psoriasis was presented very well. Other dermatologic conditions, though, may be more relevant to primary care (i.e. review of common skin lesions / complaints encountered in primary care). Thank you
Excellent
Great conference! Came back to Birmingham
Keep up the good work for us
The cases were excellent
Dr. Kuritzky was great
Very enjoyable conference. Location exceptional
Dr. Schwartz presentation was excellent. Most primary MDs are not familiar enough with this information so it was quite useful. Many clinical "pearls" were provided. Discussion of sexual issues should include unique problems of the elderly couples
Very good conference. Enjoyed vignettes in helping to know how to approach patients. Would like to have shorter lunch so that conference could end by 4pm
Excellent conference! Appreciate all who made this possible, especially at no cost. Excellent topics and speakers. Quality of this program exceeded my expectations. Than you
Thank you so very much for providing this conference. You have organized very interesting speakers and great topics. Really do appreciate all the hard work that you put in to putting this together and the price is great. Thank you
Great conference and speakers
Presentation styles of Drs. Kuritzky and Luckey were extremely engaging and helpful. Meals were lovely Thank you
Excellent
Excellent conference, good location, good topics and good speakers. Good breakfast and lunch
Great CME activities and update
Whatever happened to presenting the material in regular lecture format. Although, this was much better than other recent CME conferences
Thank you
Come back to Birmingham
A very good conference
FSD - very goof
Thank you for the free CME. Variety of topics and speakers was interesting and held my attention throughout the day
I really enjoyed the HTN lecture. I wish there had been more time to discuss the topic in depth. The FLEX trial information in the osteoporosis lecture was very useful. I was unaware of this study
Great conference.
Thank you
Dr. Luckey - Osteoporosis best presentation. Dr. Glick - also very good but too many questions before content of lecture.

Comment
Job well done
Excellent course - will look for more of your productions in the future
Prefer mailing certificate to me if possible
Excellent. More CME
Thank you. Very good
FSD presentation - interesting and useful
Excellent. This practice is great
Based on confidence level of various talks, we all appear to need more confidence, to hear more of psoriasis
Like to have conference held at Huntsville, AL
Dr. Luckey and Dr. Kuritzky were excellent Subjects of the vignettes were great
Excellent conference
Learned a lot today - sometimes a refresher helps with new information
Excellent conference. Well organized. Speakers were very knowledgeable and well prepared. I really enjoyed it
Speakers were very knowledgable and engaging. Thank you for providing this CME conference.