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

*June 12, 2010
Columbus, OH
Hyatt Regency Columbus*

Course Director
Gregg Sherman, MD

Activity Director
Michelle Frisch, MPH, CCMEP

Program Evaluation
June 21, 2010

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

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, Osteoporosis and Rheumatoid Arthritis.

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

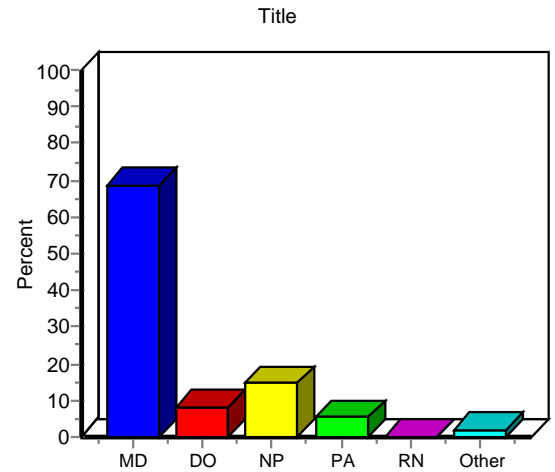
One hundred sixty two healthcare practitioners registered to attend ***Emerging Challenges in Primary Care: 2010*** in Columbus, OH. One hundred fourteen healthcare practitioners actually attended this conference. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. One hundred eleven 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 7.25 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

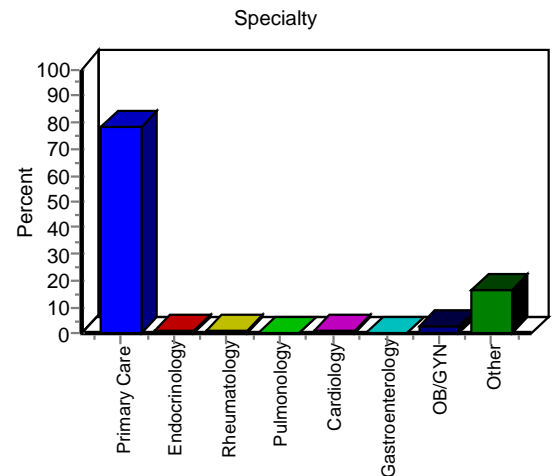
What is your professional degree?

Label	Frequency	Percent	Valid Percent
MD	76	68.5	69.7
DO	9	8.1	8.3
NP	16	14.4	14.7
PA	6	5.4	5.5
RN	0	0.0	0.0
Other	2	1.8	1.8
Total Valid	109	98.2	100.0
Total Missing	2	1.8	
Total	111	100.0	



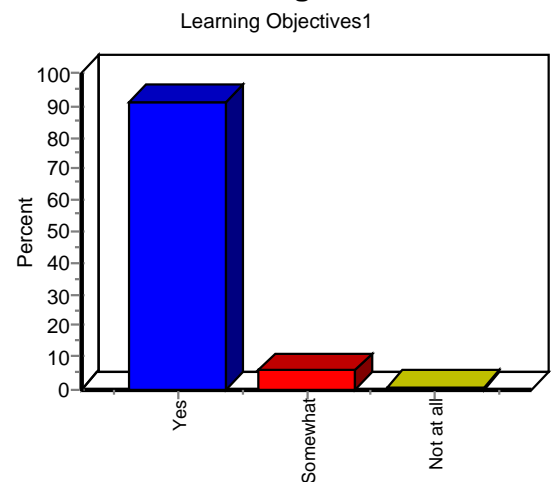
What is your specialty?

Label	Frequency	Percent	Valid Percent
Primary Care	87	78.4	78.4
Endocrinology	1	0.9	0.9
Rheumatology	1	0.9	0.9
Pulmonology	0	0.0	0.0
Cardiology	1	0.9	0.9
Gastroenterology	0	0.0	0.0
OB/GYN	3	2.7	2.7
Other	18	16.2	16.2
Total Valid	111	100.0	100.0



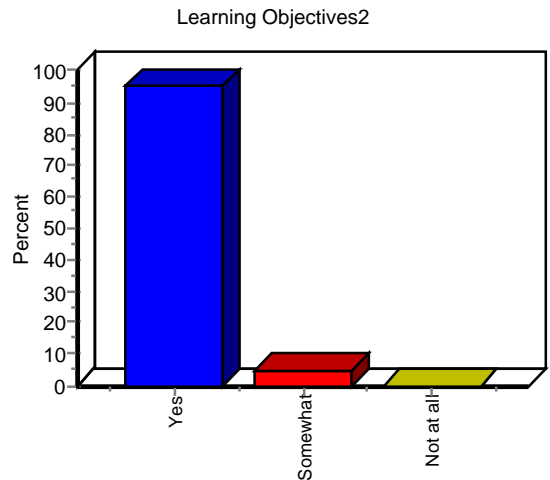
Upon completion of this activity, I can now - Discuss the pathogenesis of hyperglycemia; Make more effective decisions towards optimizing therapy; Explain the effectiveness of diet and exercise in treatment of diabetes at each stage of disease; Recognize the impact of treatment on cardiovascular disease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

Label	Frequency	Percent	Valid Percent
Yes	101	91.0	92.7
Somewhat	7	6.3	6.4
Not at all	1	0.9	0.9
Total Valid	109	98.2	100.0
Total Missing	2	1.8	
Total	111	100.0	



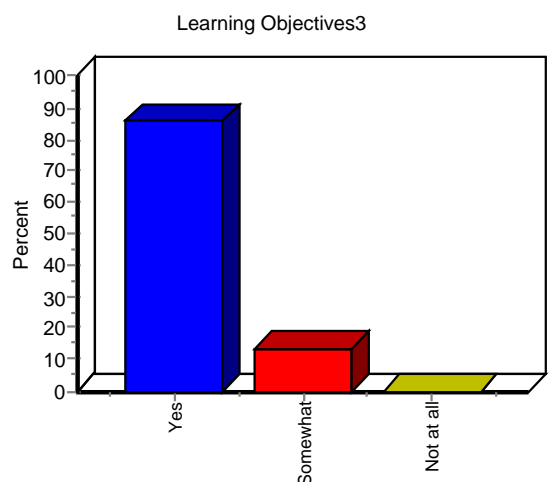
Upon completion of this activity, I can now - Discuss the prevalence of patients not achieving targeted blood pressure goals and the importance of Clinical or Therapeutic Inertia; Understand the role of combination therapy in management of Hypertension and current treatment guidelines; Recognize the 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	106	95.5	95.5
Somewhat	5	4.5	4.5
Not at all	0	0.0	0.0
Total Valid	111	100.0	100.0



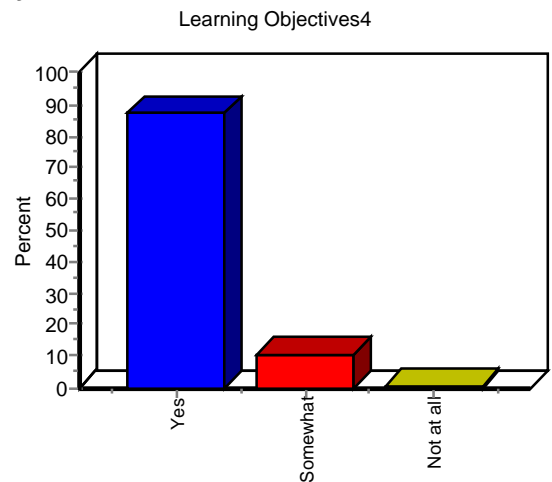
Upon completion of this activity, I can now - Discuss the various etiologies of female sexual dysfunction; Share current epidemiologic information describing the prevalence, incidence, societal burden and personal impact of female sexual dysfunction and its desire disorder of HSDD (hypoactive sexual 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	95	85.6	86.4
Somewhat	15	13.5	13.6
Not at all	0	0.0	0.0
Total Valid	110	99.1	100.0
Total Missing	1	0.9	
Total	111	100.0	



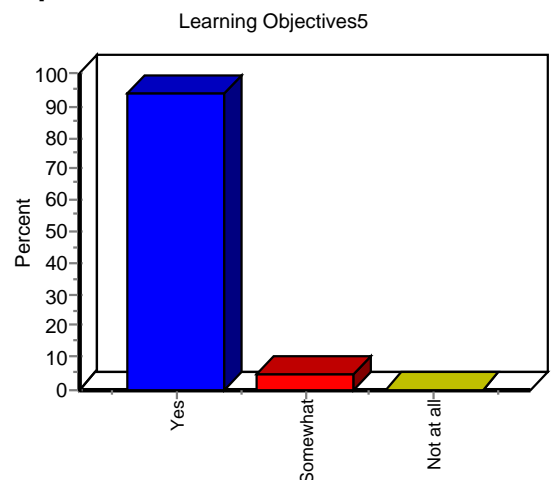
Upon completion of this activity, I can now - Discuss the prevalence of male hypogonadism; Order appropriate lab tests to make a diagnosis and understand the full scope of the problem; identify appropriate management strategies, utilizing traditional testosterone replacement therapies and newer modalities 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	97	87.4	88.2
Somewhat	12	10.8	10.9
Not at all	1	0.9	0.9
Total Valid	110	99.1	100.0
Total Missing	1	0.9	
Total	111	100.0	



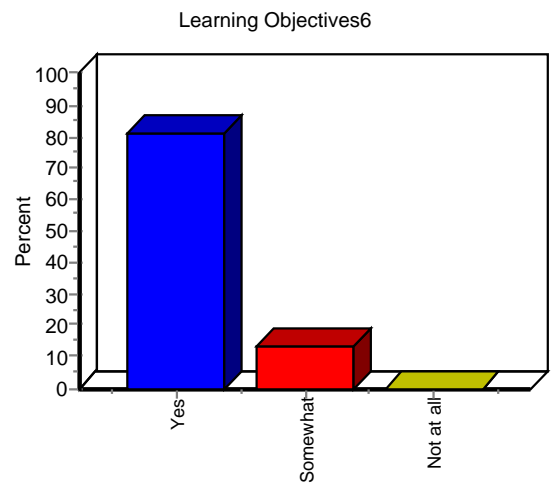
Upon completion of this activity, I can now - Define criteria for diagnosis of RA; Outline potential benefits of early RA diagnosis and aggressive management; Describe the clinical rationale for why the tumor necrosis factor inhibitors and the newer biologics have the potential to improve outcomes; Summarize the efficacy and safety of the available biologics; Utilize referrals to arthritis specialists when necessary, and initiate prompt treatment if a specialist appointment is not readily available; Examine appropriate RA patient management through a collaborative approach with arthritis specialists, physical therapists, and occupational therapists:

Label	Frequency	Percent	Valid Percent
Yes	104	93.7	95.4
Somewhat	5	4.5	4.6
Not at all	0	0.0	0.0
Total Valid	109	98.2	100.0
Total Missing	2	1.8	
Total	111	100.0	



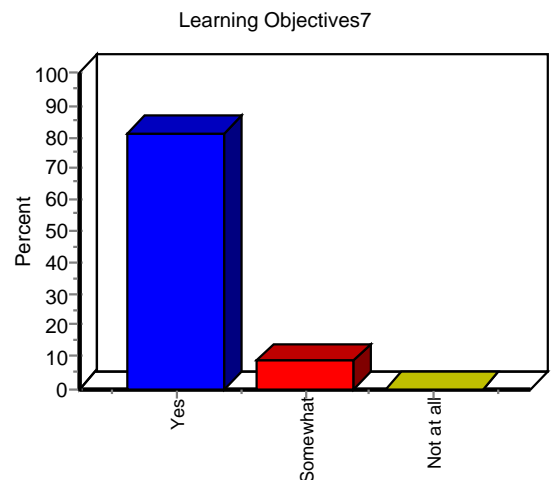
Upon completion of this activity, I can now - Recognize and diagnose Psoriasis and Psoriatic Arthritis (PsA) earlier, and institute appropriate initial treatment options; Discuss the burden and impact of Psoriasis and PsA; Recognize the systemic impact of Psoriasis and the relationship to the metabolic 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	81.1	85.7
Somewhat	15	13.5	14.3
Not at all	0	0.0	0.0
Total Valid	105	94.6	100.0
Total Missing	6	5.4	
Total	111	100.0	



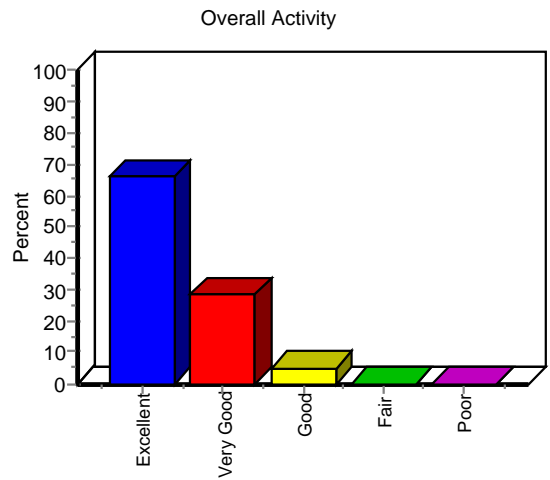
Upon completion of this activity, I can now - Explain the importance of the RANK/RANKL/OPG system in bone health and disease; Describe strategies to identify candidates for pharmacologic treatment; List available therapies for osteoporosis; Identify and overcome barriers to compliance and persistence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

Label	Frequency	Percent	Valid Percent
Yes	90	81.1	90.0
Somewhat	10	9.0	10.0
Not at all	0	0.0	0.0
Total Valid	100	90.1	100.0
Total Missing	11	9.9	
Total	111	100.0	



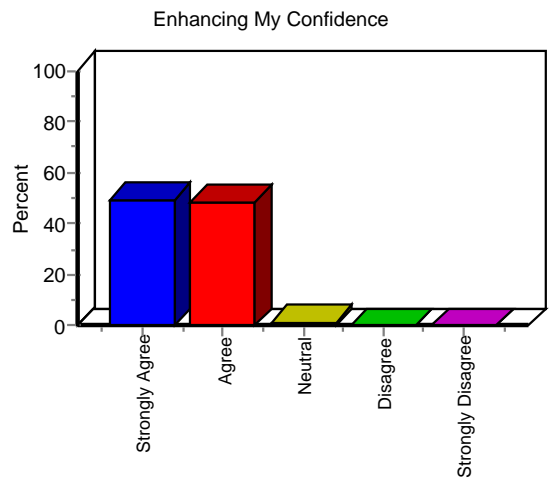
Overall, I would rate this activity as:

Label	Frequency	Percent	Valid Percent
Excellent	73	65.8	66.4
Very Good	32	28.8	29.1
Good	5	4.5	4.5
Fair	0	0.0	0.0
Poor	0	0.0	0.0
Total Valid	110	99.1	100.0
Total Missing	1	0.9	
Total	111	100.0	



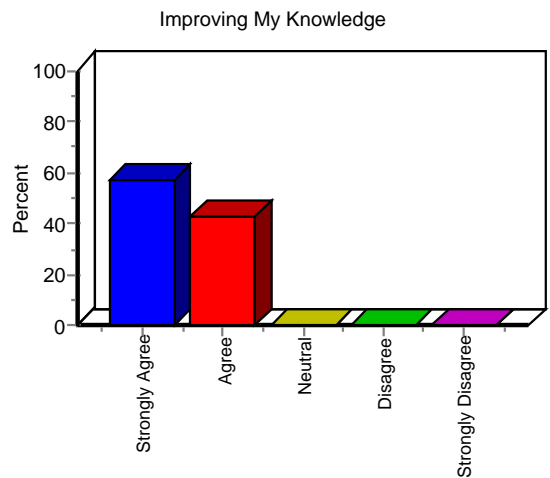
Overall, this activity was effective in enhancing my confidence in caring for patients with the condition(s) presented?

Label	Frequency	Percent	Valid Percent
Strongly Agree	55	49.5	49.5
Agree	54	48.6	48.6
Neutral	2	1.8	1.8
Disagree	0	0.0	0.0
Strongly Disagree	0	0.0	0.0
Total Valid	111	100.0	100.0



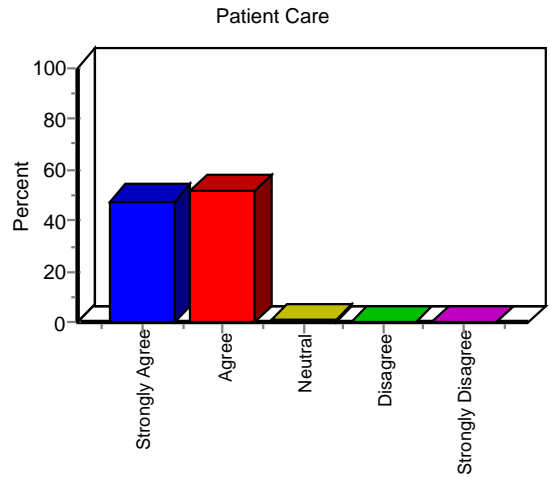
Overall, this activity was effective in improving my knowledge in the content areas presented:

Label	Frequency	Percent	Valid Percent
Strongly Agree	63	56.8	57.3
Agree	47	42.3	42.7
Neutral	0	0.0	0.0
Disagree	0	0.0	0.0
Strongly Disagree	0	0.0	0.0
Total Valid	110	99.1	100.0
Total Missing	1	0.9	
Total	111	100.0	



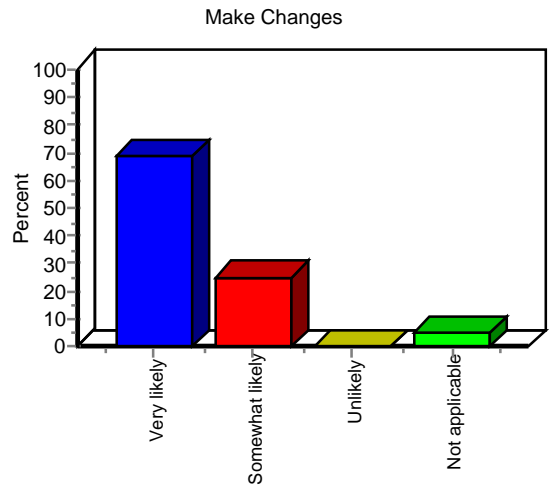
As a result of this activity, I have learned new strategies for patient care:

Label	Frequency	Percent	Valid Percent
Strongly Agree	53	47.7	47.7
Agree	57	51.4	51.4
Neutral	1	0.9	0.9
Disagree	0	0.0	0.0
Strongly Disagree	0	0.0	0.0
Total Valid	111	100.0	100.0



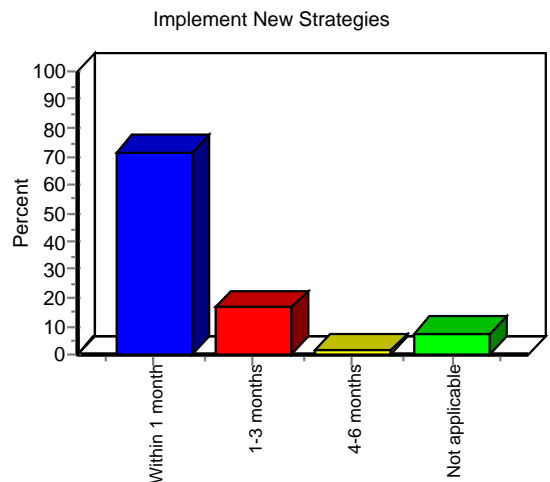
How likely are you to implement these new strategies in your practice?

Label	Frequency	Percent	Valid Percent
Very likely	76	68.5	70.4
Somewhat likely	27	24.3	25.0
Unlikely	0	0.0	0.0
Not applicable	5	4.5	4.6
Total Valid	108	97.3	100.0
Total Missing	3	2.7	
Total	111	100.0	



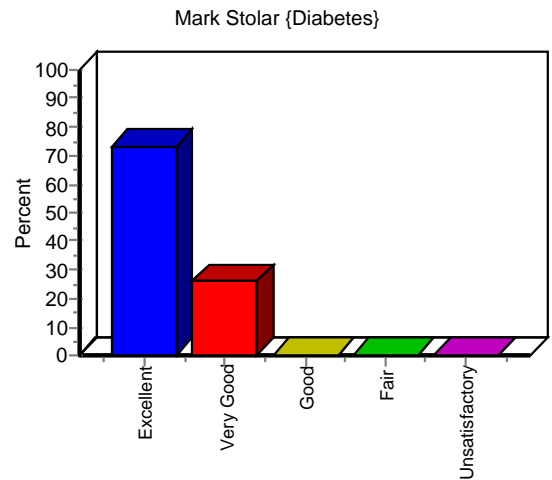
When do you intend to implement these new strategies into your practice?

Label	Frequency	Percent	Valid Percent
Within 1 month	79	71.2	73.8
1-3 months	18	16.2	16.8
4-6 months	2	1.8	1.9
Not applicable	8	7.2	7.5
Total Valid	107	96.4	100.0
Total Missing	4	3.6	
Total	111	100.0	



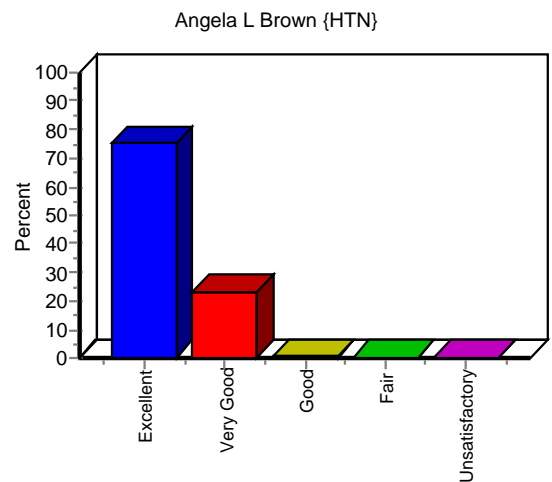
In terms of delivery of the presentation, please rate the effectiveness of the speaker: **Mark Stolar, MD (Diabetes):**

Label	Frequency	Percent	Valid Percent
Excellent	81	73.0	73.6
Very Good	29	26.1	26.4
Good	0	0.0	0.0
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	110	99.1	100.0
Total Missing	1	0.9	
Total	111	100.0	



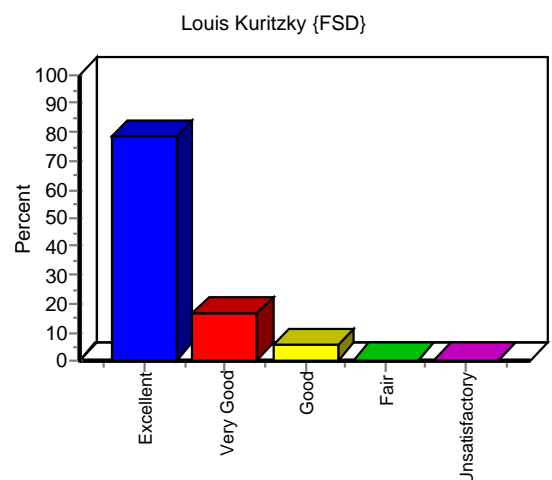
In terms of delivery of the presentation, please rate the effectiveness of the speaker: **Angela L. Brown, MD (HTN):**

Label	Frequency	Percent	Valid Percent
Excellent	84	75.7	75.7
Very Good	26	23.4	23.4
Good	1	0.9	0.9
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	111	100.0	100.0



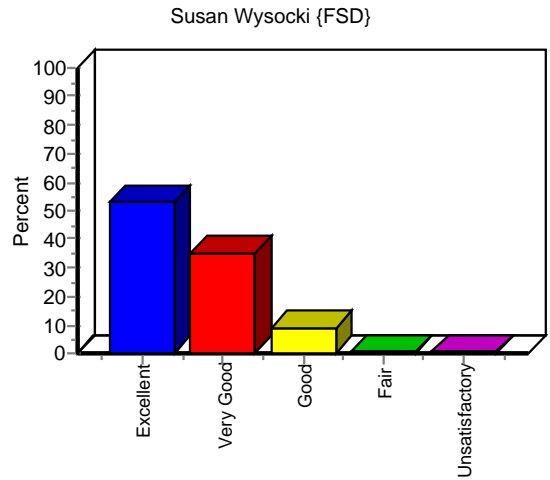
In terms of delivery of the presentation, please rate the effectiveness of the speaker: **Louis Kuritzky, MD (FSD):**

Label	Frequency	Percent	Valid Percent
Excellent	87	78.4	78.4
Very Good	18	16.2	16.2
Good	6	5.4	5.4
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	111	100.0	100.0



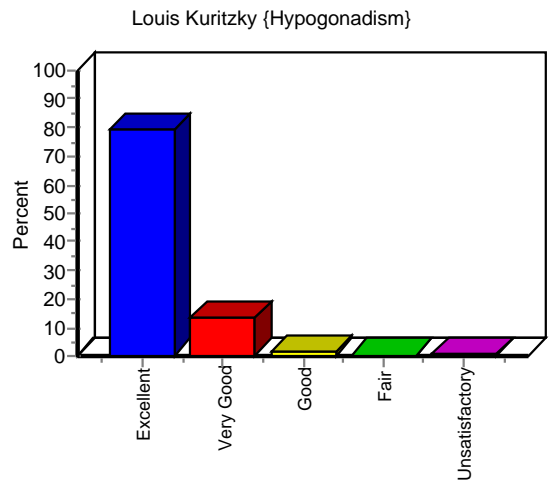
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Susan Wysocki, WHNP-BC (FSD):

Label	Frequency	Percent	Valid Percent
Excellent	59	53.2	53.6
Very Good	39	35.1	35.5
Good	10	9.0	9.1
Fair	1	0.9	0.9
Unsatisfactory	1	0.9	0.9
Total Valid	110	99.1	100.0
Total Missing	1	0.9	
Total	111	100.0	



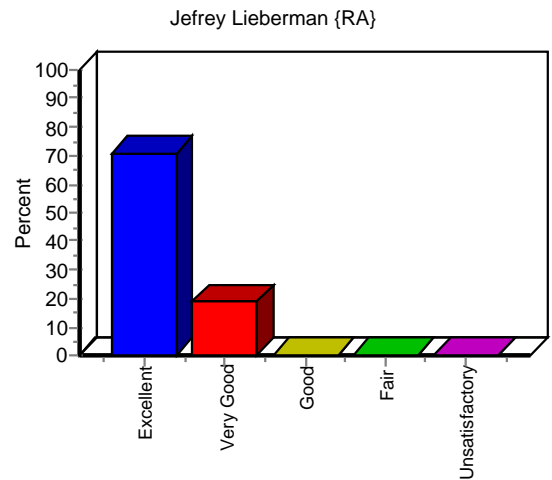
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Louis Kuritzky, MD (Hypogonadism):

Label	Frequency	Percent	Valid Percent
Excellent	88	79.3	83.0
Very Good	15	13.5	14.2
Good	2	1.8	1.9
Fair	0	0.0	0.0
Unsatisfactory	1	0.9	0.9
Total Valid	106	95.5	100.0
Total Missing	5	4.5	
Total	111	100.0	



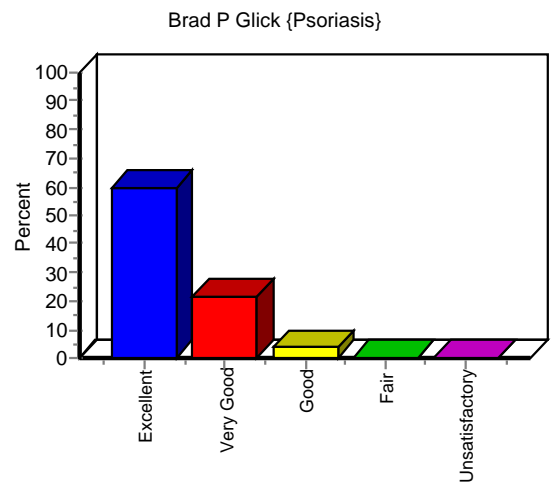
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Jeffrey Lieberman, MD (RA):

Label	Frequency	Percent	Valid Percent
Excellent	79	71.2	79.0
Very Good	21	18.9	21.0
Good	0	0.0	0.0
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	100	90.1	100.0
Total Missing	11	9.9	
Total	111	100.0	



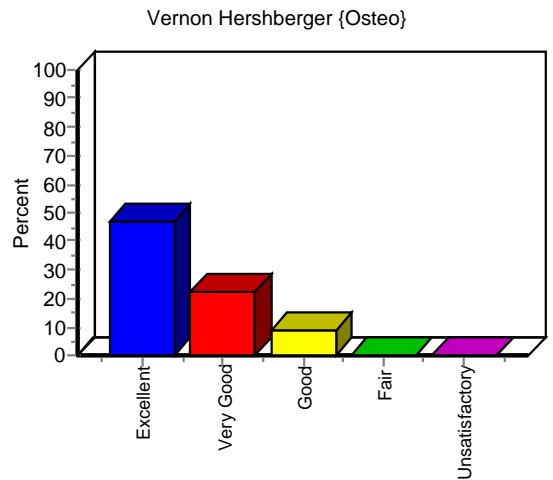
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Brad P. Glick, DO (Psoriasis):

Label	Frequency	Percent	Valid Percent
Excellent	66	59.5	70.2
Very Good	24	21.6	25.5
Good	4	3.6	4.3
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	94	84.7	100.0
Total Missing	17	15.3	
Total	111	100.0	



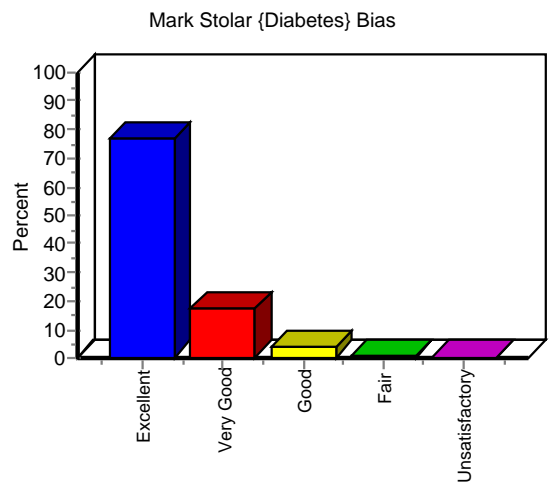
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Vernon Hershberger, MD (Osteo):

Label	Frequency	Percent	Valid Percent
Excellent	52	46.8	59.8
Very Good	25	22.5	28.7
Good	10	9.0	11.5
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	87	78.4	100.0
Total Missing	24	21.6	
Total	111	100.0	



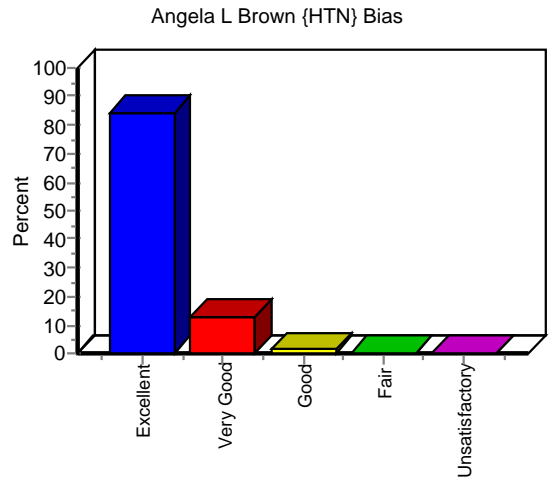
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Mark Stolar, MD (Diabetes):

Label	Frequency	Percent	Valid Percent
Excellent	85	76.6	78.0
Very Good	19	17.1	17.4
Good	4	3.6	3.7
Fair	1	0.9	0.9
Unsatisfactory	0	0.0	0.0
Total Valid	109	98.2	100.0
Total Missing	2	1.8	
Total	111	100.0	



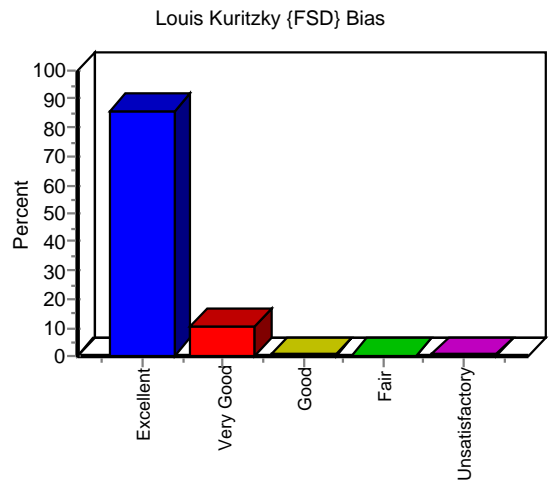
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Angela L. Brown, MD (HTN):

Label	Frequency	Percent	Valid Percent
Excellent	94	84.7	85.5
Very Good	14	12.6	12.7
Good	2	1.8	1.8
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	110	99.1	100.0
Total Missing	1	0.9	
Total	111	100.0	



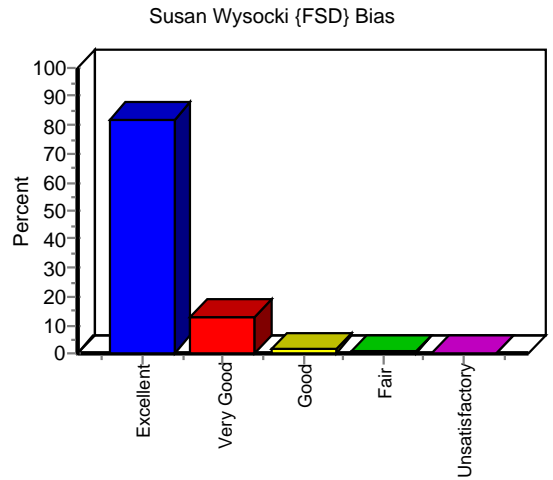
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Louis Kuritzky, MD (FSD):

Label	Frequency	Percent	Valid Percent
Excellent	95	85.6	87.2
Very Good	12	10.8	11.0
Good	1	0.9	0.9
Fair	0	0.0	0.0
Unsatisfactory	1	0.9	0.9
Total Valid	109	98.2	100.0
Total Missing	2	1.8	
Total	111	100.0	



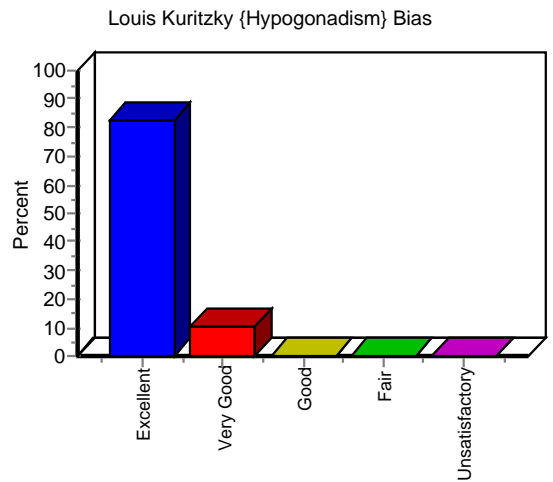
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Susan Wysocki, WHNP-BC (FSD):

Label	Frequency	Percent	Valid Percent
Excellent	91	82.0	84.3
Very Good	14	12.6	13.0
Good	2	1.8	1.9
Fair	1	0.9	0.9
Unsatisfactory	0	0.0	0.0
Total Valid	108	97.3	100.0
Total Missing	3	2.7	
Total	111	100.0	



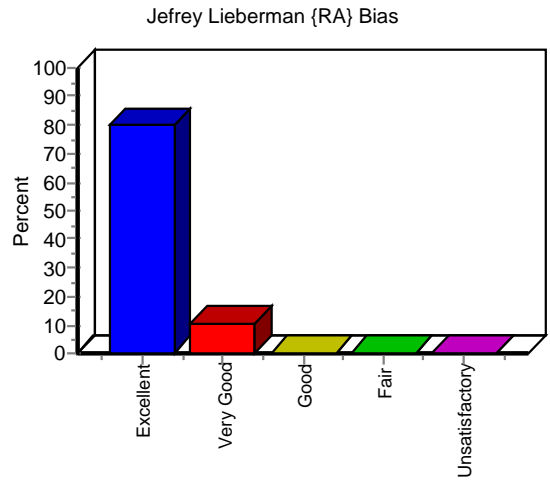
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Louis Kuritzky, MD (Hypogonadism):

Label	Frequency	Percent	Valid Percent
Excellent	92	82.9	88.5
Very Good	12	10.8	11.5
Good	0	0.0	0.0
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	104	93.7	100.0
Total Missing	7	6.3	
Total	111	100.0	



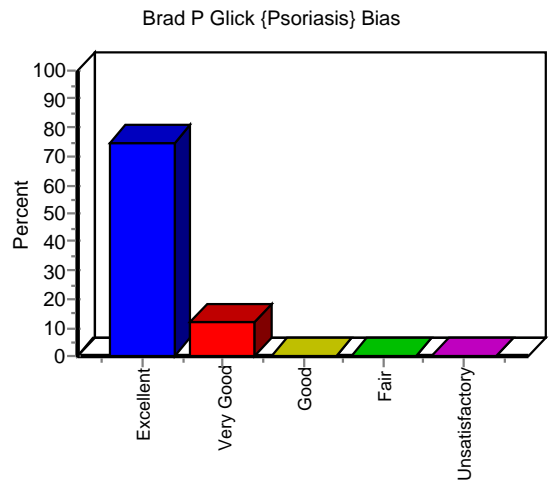
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Jeffrey Lieberman, MD (RA):

Label	Frequency	Percent	Valid Percent
Excellent	89	80.2	88.1
Very Good	12	10.8	11.9
Good	0	0.0	0.0
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	101	91.0	100.0
Total Missing	10	9.0	
Total	111	100.0	



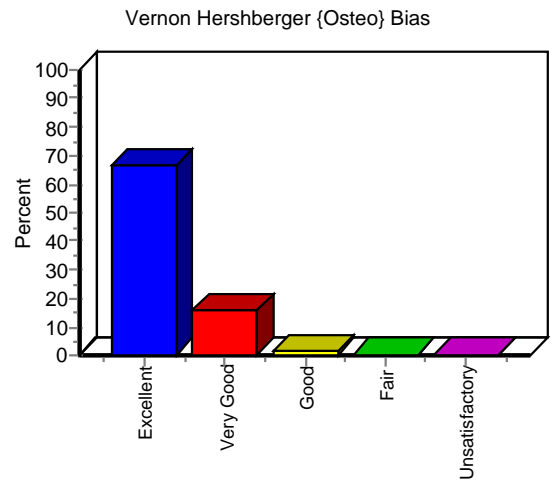
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Brad P. Glick, DO (Psoriasis):

Label	Frequency	Percent	Valid Percent
Excellent	83	74.8	86.5
Very Good	13	11.7	13.5
Good	0	0.0	0.0
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	96	86.5	100.0
Total Missing	15	13.5	
Total	111	100.0	



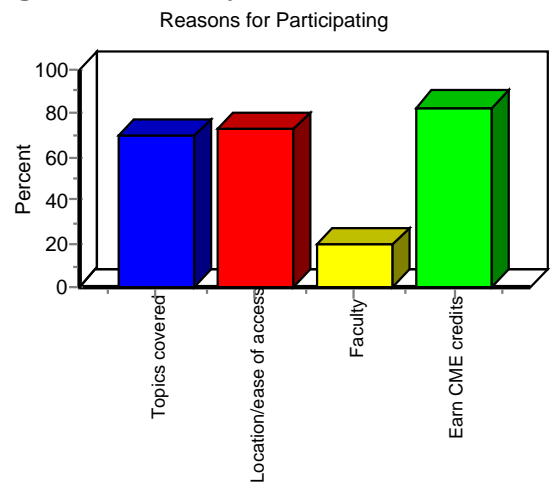
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Vernon Hershberger, MD (Osteo):

Label	Frequency	Percent	Valid Percent
Excellent	74	66.7	79.6
Very Good	17	15.3	18.3
Good	2	1.8	2.2
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	93	83.8	100.0
Total Missing	18	16.2	
Total	111	100.0	



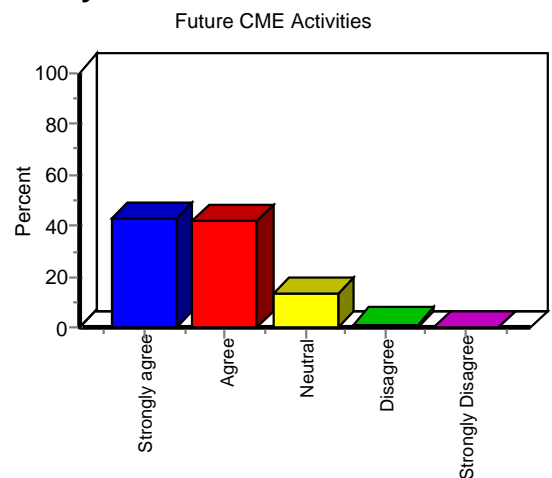
Which statement(s) best reflects your reasons for participating in this activity:

Label	Frequency	Percent	Valid Percent
Topics covered	77	69.4	69.4
Location/ease of access	80	72.1	72.1
Faculty	22	19.8	19.8
Earn CME credits	91	82.0	82.0
Total Valid	111	100.0	100.0



Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent	Valid Percent
Strongly agree	47	42.3	42.7
Agree	46	41.4	41.8
Neutral	15	13.5	13.6
Disagree	2	1.8	1.8
Strongly Disagree	0	0.0	0.0
Total Valid	110	99.1	100.0
Total Missing	1	0.9	
Total	111	100.0	



What is your professional degree?

Comment
DPM
DAC

What is your specialty?

Comment
Psychiatry x4
Corrections
Anesthesiology x3
Neurology x3
Dermatology
Podiatry
Family Medicine x3
Cardiothoracic Surgery
Internal Medicine
Acupuncture

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

Comment
Treat diabetes as chronic long term disease. Knowing the incidence of FSD is very high and role of tests to bring good sex concerns. Need to check testosterone with symptoms of hypogonadism. RA as systemic disease. Individualize psoriasis treatment.
Better patient interviewing to illicit FSD. Stepwise evaluation of hypogonadism. Stepwise increase in HTN management. More accurate diagnostic evaluation for RA
Male hypogonadism management; RA drug combos; BP drug combinations; female sexual dysfunction; and DM management
Be more aggressive with diabetic patients. Give patients a chance to discuss sexual dysfunction
More individual treatment plan for diabetes patients. More screening of testosterone levels in men. More use of combo meds for HTN
Remember chlorthalidone; use ACE-I+ Amlodipine; remember spironolactone; ask about sexual concerns; check T. levels; RA-check anti CCP very specific; use Byetta if patient can afford it; aware of CV risk with plaque psoriasis regardless of number of plaques; be aware of osteoporosis risk in everyone; measure height yearly
Including sexuality in medical evaluation with discussion
Longer treatment bisphosphonates; use of Byetta early; aggressive treatment vs referral for RA; psoriasis; interview techniques for sexual dysfunction
"Rule of 10" for BP management. Use of GLP analogs early in DM. Asking about sex life, the real reason for the visit
I am not in clinical practice but this conference will help me in assessing patients alleging these conditions when applying for social security disability
Better knowledge of testing one diagnosis of RA, PA, management of HTN, diabetes management, osteoporosis-FRAX tool-how to score
A more thorough discussion of diabetes management regarding meds and rationale for them; to institute insulin earlier; to think of HCT2 despite side effects; to know when to consider testosterone treatment
Treating DM early with incretion therapy or T2D
Communication strategies to discuss sexual dysfunction
Role of TNF in RA and psoriasis

Comment
Using incretion therapy more often; broadening my use of anti-hypertensive agents; notifying patients initially of likely need for multiple BP meds; asking more patients about sexual concerns; testing more patients for hypogonadism; testing for anti-CC; looking out for cardiac risk in patients with psoriasis; use FRAX
Patient centered care; routinization; what to use for HTN combo drug may be more effective; will start earlier with incretins to treat DMII
How to be more compassionate with patient and opening discussion with difficult topics
DM-decreasing use of sulfonylurean; HTN-initiating with fixed dose combo meds
Use Metformin for basal FBS threat; use Exenande for PP BS improvement; use Spironolactone for resistant HTN; invite patient to introduce sexual symptoms; screen hypogonadism patients with morning testing testosterone; early referral-new RA patient
3-0-3 for diabetic basal initiation
Using T2D; Byetta earlier in DM control; earlier use multidrug therapy in HTN; increase level of concern for early diagnosis and treatment of RA and psoriasis; use FRAX
Be more aggressive early treatments DM/HTN especially in using combination agents for both. Becoming more comfortable treating rheumatoid/initiating treatment. There currently is some controversy regarding how long to treat osteoporosis and this discussion helped
Think about T2Ds to sustain control longer and use more spironolactone and chlorthalidone
DM management new insights and more aggressive treatment of arthropathies
Durable response for diabetic treatment; combination treatment for HTN; lifestyle vital signs; hypogonadism; CCP antibody but in RA; psoriasis
Diabetic and HTN management and hypogonadism
Use more TZD and GLP-1; early rheumatoid diagnosis and treatment; increase hypogonadism treatment
Use of combination antihypertensive agents
Patient centered questioning and screening and earlier implementation of biologics for RA and PsA
Follow new recommended treatment guidelines
Communication skills, medication interventions, and diagnostic testing
Effective therapy in diabetes must address each pathologic effect as part of long term approach for glycemic control and to reach recommended BP goals, most patients require 2 or more anti-HTN agents
Combination therapies for HTN; communication skills/tools to manage FSD; treatment strategies for RA and psoriasis
See patients back more frequently for follow up DM; be more aggressive in treating HTN-can start with 2 drugs if BP increases; allow patient to prioritize chief complaint
More aggressive diabetic approach
Validation and prioritize patient's complaints
Reconsider ALE and ARB; more use incretin; discuss sex
Initiation/changes in treatments based on guidelines/algorithms and appropriate drug combinations to improve efficacy
Combination treatment and treatment of hyperglycemia at very early stage; effectively treat blood pressure with combinations of ACE and CCB to target BP can below 130/80; systemic approach and treatment with biologic of immuno medication in RA and psoriasis; treat osteoporosis; use FRAX
Screen for sexual dysfunction more; increase TZD use; RA and psoriasis use biological therapy
Decrease Sulfonmeas after 2 years-use Amaryl exclusively; use more combination treatment for HBP; ask regarding symptoms of hypogonadism; check for systemic symptoms of psoriasis
Too many to list
Learned to break ice regarding asking about sexual dysfunction
Will use the 3-0-3 algorithm for basal insulin use in diabetics. Try to be more aware of discussing sexual function problems with patients. Use AM total testosterone to screen for male hypogonadism in men with associated symptoms
Combined antihypertensive therapies; 3-0-3 insulin adjustments; diagnose RA and hypogonadism and start treatment
Staging diabetes-early, mid, and late; HTN-use of oldest one in refractory HTN; techniques to obtain sexual history; check testosterone level to achieve adequate level; combination methotrexate of AT treatment in RA; biologic agents in treatment of psoriasis; use of FRAX in deciding treatment-when to begin

Comment
Aggressively treating AODM with newer agents; increase use of Amlodipine/Benazepril; better screening with rheumatoid arthritis patients for preventive med
Using combination treatment for HTN rather than changing meds to get control and look more closely at which med my DM patient needs rather than just following same advancement with all patients
Explain the role of newer therapies in diabetes management; BP meds; also better strategies with introducing sexual health topics; determining male symptoms of hypogonadism; osteoporosis treatments
Using 303 algorithm for DM; learned ways to discuss/approach the subject of sexual dysfunction and checking for hypogonadism-how to check treatment and follow and when to treat; using FRAX tool for assessing 10 year risk
Algorithmic approach to DM and HTN; create opportunity for female patients to seek help for sexual dysfunction; recognize male hypogonadism and psoriasis
Diagnosing and ordering labs testing for testosterone deficiency and speaking to patients comfortably about sexual dysfunction
Testosterone
Use of Byetta and TZDs more often as critical treatment DM; with HTN-add CCB before ARB on patients already on ACE and HCTZ-consider spirondactone more often; using tools given to open doors for patient to express sexual dysfunction-use SHBG never heard of it before with diagnosis-hypogonadism; use metacarpal squeeze test
Diabetes-initiate dual therapy when appropriate, be more aggressive about recommending GLP-1 agonists; HTN-reserve Ace-I/Arb combos for heart failure and proteinuria patients but do not use for simple BP control; sexual disorders-create a welcoming environment in which patients can discuss sexual concerns
Close monitoring of BS/HfA1C, blood pressure, weight; discussed about diet/exercise; sexual difficulties; personal issues-both male and female-refer to specialist if needed; suspect RA-refer to rheumatologist; psoriasis as a systemic illness
Starting combination therapy earlier in DM and HTN management and new skills to explore sexual dysfunction
Useful info in DM, RA, and psoriasis. Female sex dysfunction-not helpful
303 titration of basal insulin; initiate dual anti-hypertensive therapy earlier and implement the rest of them; try a more patient self-centered model; measure total AM testosterone; consider utilizing FRAX
How to approach patients on sexual matters and improving strategies in managing diabetes and hypertension
New techniques for diagnosis of female sexual dysfunction; better understanding of osteoporosis and treatment; better understanding and plan to increase multiple antihypertensive medications in order to get patients to become normotensive
Add CCB's earlier and more often in combination therapy for BP control. Focus more on physiology and tailoring diabetes treatment to specific patient situations
Combination meds for refractory HTN; pec for titrating basal insulin; considering hypogonadism in men in D diagnosis; initial management of patients with RA; considering systemic aspects of psoriasis
Avoid Zostavax in immuno compromised and check testosterone in AM
Aggressive therapy for Diabetes Mellitus and HTN; screening for sexual dysfunction in women and men; early referral of RA and psoriasitic patient

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

Comment
Cardiovascular disease prevention, depression, and dermatology
Metabolic syndrome
Cardiovascular, liver diseases, and neurological diseases
Asthma and COPD
Chronic kidney disease, obesity, and diabetes
Bipolar for 10 care
Dermatology review, musculoskeletal review, HRT, lupus, and rheumatology review
Basics fine
Interventions in dealing with female and male sexual dysfunction

Comment
Fibromyalgia, bipolar depression, and CHF
New medications in depression and ADD in adults
Diabetes Mellitus
Heart failure and chronic kidney disease
Celiac disease
Nephropathy-kidney disease
DM management, lipid management, and office management of chronic pain
Dementia-treatment and prevention
Treatment of female sexual dysfunction, PCOS, pediatric viral illness, use of vaginal estrogen-risks and benefits, biovascular hormones or progesterone CRM
Infectious disease topics and oncology topics
Diabetic neuropathy diagnosis and treatment and kidney disease
Mental health problems
Lower back pain-spinal steroids, dementia, adult immunization, obesity-weight control, and chronic fatigue syndrome
Vitamin D deficiency, hyperthyroidism, and BPH
Joint injections
Women's health issues
Cardiology and pulmonary related topics
Primary care management of depression
Autism-biomedical treatments
Thyroid disease
CV topics-CAD, valvular heart disease, PAD/PVD, HTN, Pulmonary-COPD, asthma, pulmonary fibrosis, pulmonary HTN
Musculo-skeletal pain, abnormalities, trauma, and HA
Ortho-physical examination of knee and shoulder
Cardiology
Pediatric topics
Peripheral vascular disease, headaches, and kidney disease
Dementia management, anemia, and chronic renal disease
Sleep apnea
Bipolar, borderline personality, psych, irritable bowel, fibromyalgia, and sleep medicine
All autoimmune diseases-testing, diagnosis, when to refer
CKD/ARF, anemia, and liver disease
Asthma, COPD, and pediatric disease
Skin manifestations of systemic disease
Nutrition! Wellness coaching, functional medicine, gluten enteropathy, and dermatology
Thyroid disorder
Pediatric topics, sports medicine, gyn, and orthopedics
Dermatology for non dermatologist
Orthopedics for primary care-sports medicine and various rheumatology topics
Value of exercise, vitamins, and supplements values
Pediatric failure to thrive
Fibromyalgia, COPD update, CKD, abnormal uterine bleeding, HPV and cervical and breast cancer, screening guidelines update, tobacco cessation, insulin titration and sliding scale insulin education
Neurological disorders
CHF, CKD, anemia, and skin rash

Additional comments:

Comment
Excellent program
Excellent program
Thank you so very much for continuing to provide this conference! Excellent handouts
Most speakers knowledgeable
Excellent. I plan to attend future meetings. This is my first time
Appropriate NP speakers-thanks
Too cold
No
Excellent program
Thank you! Great conference
Female sexual dysfunction
Please continue to get Nurse Practitioner speakers
Gait disorders and equilibrium disorders
Great conference
"Free" conference was motivator for attendance-long day
Thanks
CHF treatment; appreciate location; CME and must topics
National guidelines/recommendations
Keep up the good work
Overall good
I think the topic on FSD could have been condensed into less time
Excellent. Staff at registration do an excellent job
A lot of discussed meds with brand name for reference
Enjoyed the day and topics
Would like to see more practical primary care advice for psoriasis-many of the therapies discussed would not be initiated by the PCP
Overall, great speakers. We're tired of DM, HT, and Kuritzky was great-important topics, well presented. Thanks
Excellent conference. Thank you
Good speakers make or break any conference
Very good overview of a wide range of practical topics seen in everyday practice
Very relevant topics and good speakers
Drug brand names should at least be mentioned at beginning of talk-this is not commercial bias
Great, keep it up!