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

*June 5, 2010
Denver, CO
JW Marriott Cherry Creek*

Course Director
Gregg Sherman, MD

Activity Director
Michelle Frisch, MPH, CCMEP

Program Evaluation
June 15, 2010

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

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.

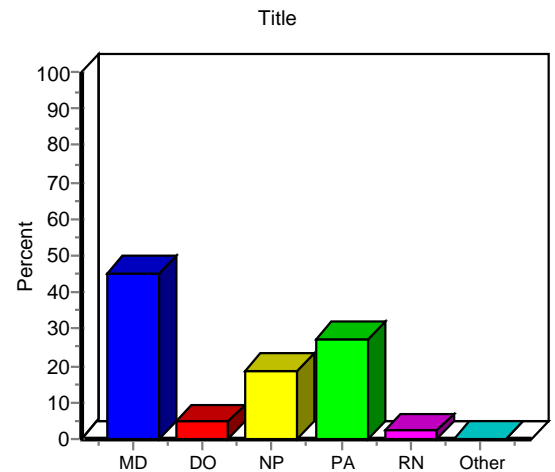
One hundred ninety two healthcare practitioners registered to attend ***Emerging Challenges in Primary Care: 2010*** in Denver, CO. One hundred twenty eight healthcare practitioners actually attended this conference. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. One hundred twenty four 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.

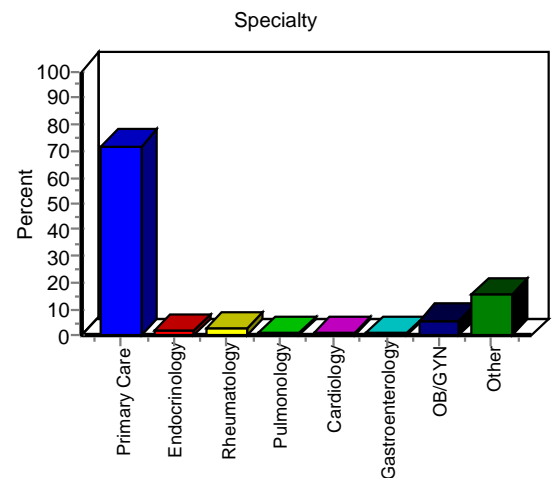
What is your professional degree?

Label	Frequency	Percent	Valid Percent
MD	56	45.2	45.9
DO	6	4.8	4.9
NP	23	18.5	18.9
PA	34	27.4	27.9
RN	3	2.4	2.5
Other	0	0.0	0.0
Total Valid	122	98.4	100.0
Total Missing	2	1.6	
Total	124	100.0	



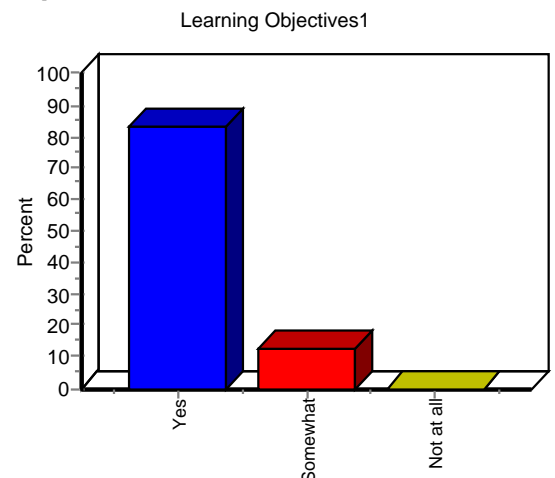
What is your specialty?

Label	Frequency	Percent	Valid Percent
Primary Care	89	71.8	72.4
Endocrinology	2	1.6	1.6
Rheumatology	3	2.4	2.4
Pulmonology	1	0.8	0.8
Cardiology	1	0.8	0.8
Gastroenterology	1	0.8	0.8
OB/GYN	7	5.6	5.7
Other	19	15.3	15.4
Total Valid	123	99.2	100.0
Total Missing	1	0.8	
Total	124	100.0	



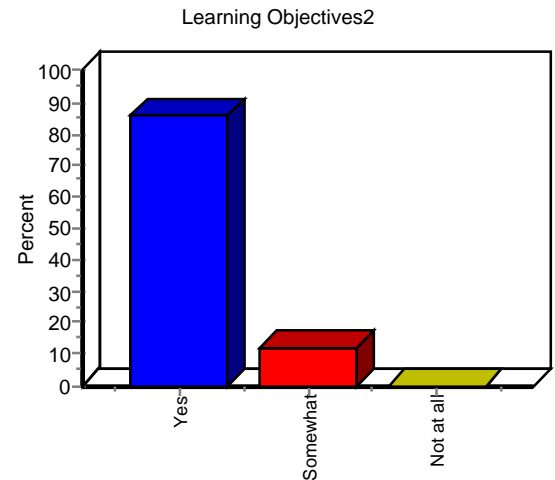
Upon completion of this activity, I can now - Define criteria for diagnosis of RA; Outline potential benefits of early RA diagnosis and aggressive management; Describe the clinical rationale for why the tumor necrosis factor inhibitors and the newer biologics have the potential to improve outcomes; Summarize 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	103	83.1	86.6
Somewhat	16	12.9	13.4
Not at all	0	0.0	0.0
Total Valid	119	96.0	100.0
Total Missing	5	4.0	
Total	124	100.0	



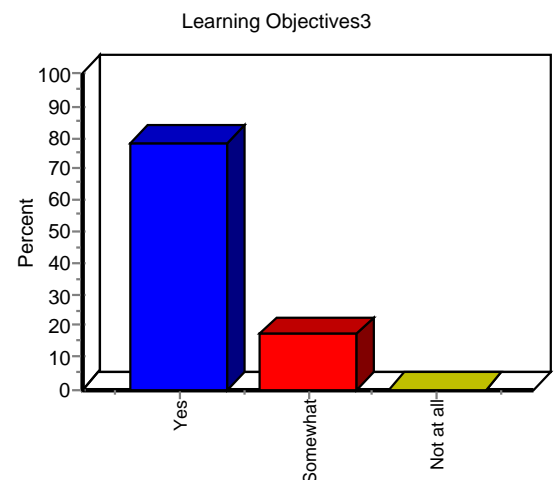
Upon completion of this activity, I can now - Discuss the prevalence of patients not achieving targeted blood pressure goals and the importance of Clinical or Therapeutic Inertia; Understand the role of combination therapy in management of Hypertension and current treatment guidelines; Recognize the 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	85.5	87.6
Somewhat	15	12.1	12.4
Not at all	0	0.0	0.0
Total Valid	121	97.6	100.0
Total Missing	3	2.4	
Total	124	100.0	



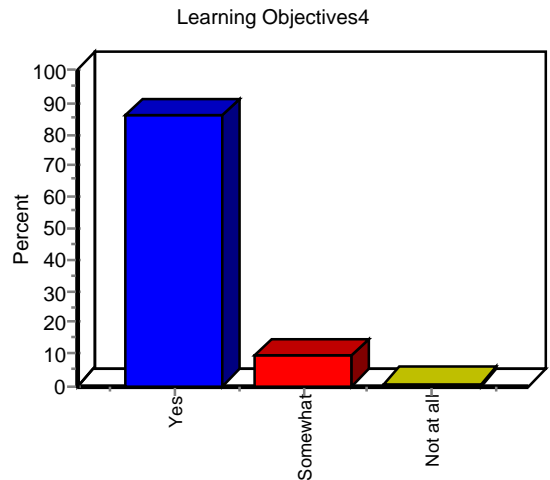
Upon completion of this activity, I can now - Discuss the various etiologies of female sexual dysfunction; Share current epidemiologic information describing the prevalence, incidence, societal burden and personal impact of female sexual dysfunction and its desire disorder of HSDD (hypoactive sexual 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	97	78.2	81.5
Somewhat	22	17.7	18.5
Not at all	0	0.0	0.0
Total Valid	119	96.0	100.0
Total Missing	5	4.0	
Total	124	100.0	



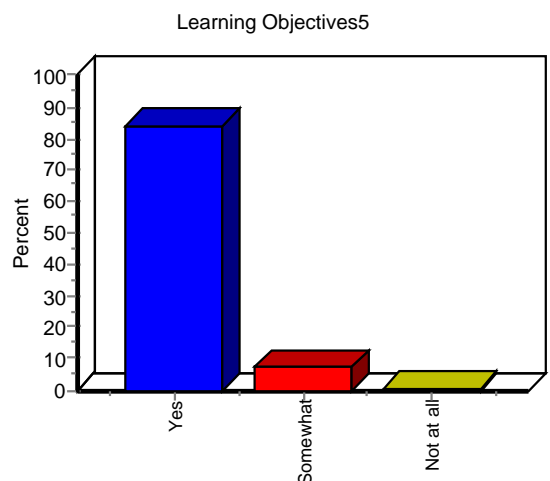
Upon completion of this activity, I can now - Discuss the prevalence of male hypogonadism; Order appropriate lab tests to make a diagnosis and understand the full scope of the problem; identify appropriate management strategies, utilizing traditional testosterone replacement therapies and newer modalities 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	106	85.5	89.1
Somewhat	12	9.7	10.1
Not at all	1	0.8	0.8
Total Valid	119	96.0	100.0
Total Missing	5	4.0	
Total	124	100.0	



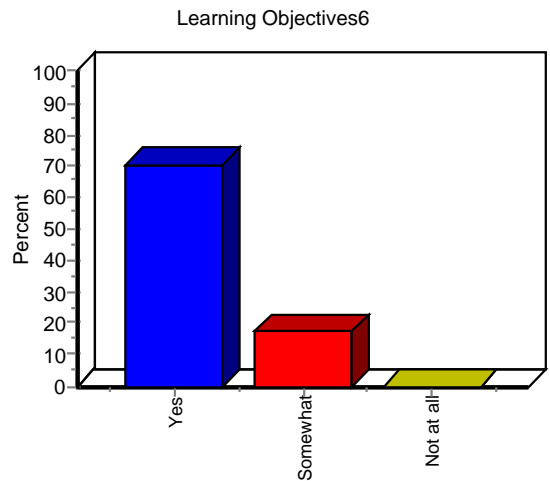
Upon completion of this activity, I can now - Explain the importance of the RANK/RANKL/OPG system in bone health and disease; Describe strategies to identify candidates for pharmacologic treatment; List available therapies for osteoporosis; Identify and overcome barriers to compliance and persistence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

Label	Frequency	Percent	Valid Percent
Yes	104	83.9	91.2
Somewhat	9	7.3	7.9
Not at all	1	0.8	0.9
Total Valid	114	91.9	100.0
Total Missing	10	8.1	
Total	124	100.0	



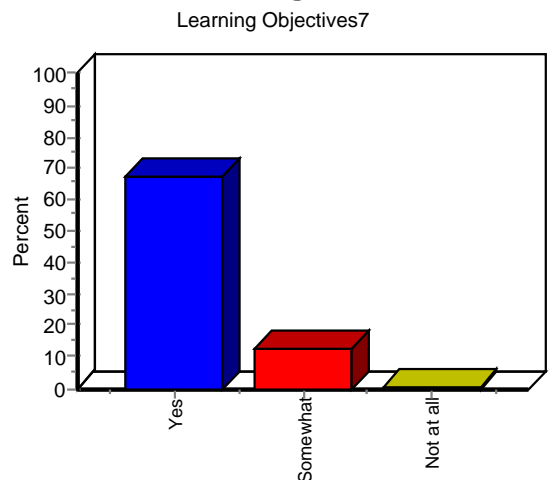
Upon completion of this activity, I can now - Recognize and diagnose Psoriasis and Psoriatic Arthritis (PsA) earlier, and institute appropriate initial treatment options; Discuss the burden and impact of Psoriasis and PsA; Recognize the systemic impact of Psoriasis and the relationship to the metabolic 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	87	70.2	79.8
Somewhat	22	17.7	20.2
Not at all	0	0.0	0.0
Total Valid	109	87.9	100.0
Total Missing	15	12.1	
Total	124	100.0	



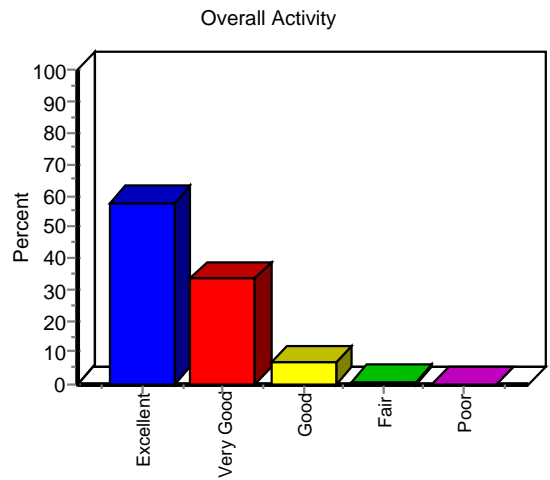
Upon completion of this activity, I can now - Discuss the pathogenesis of hyperglycemia; Make more effective decisions towards optimizing therapy; Explain the effectiveness of diet and exercise in treatment of diabetes at each stage of disease; Recognize the impact of treatment on cardiovascular disease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

Label	Frequency	Percent	Valid Percent
Yes	84	67.7	83.2
Somewhat	16	12.9	15.8
Not at all	1	0.8	1.0
Total Valid	101	81.5	100.0
Total Missing	23	18.5	
Total	124	100.0	



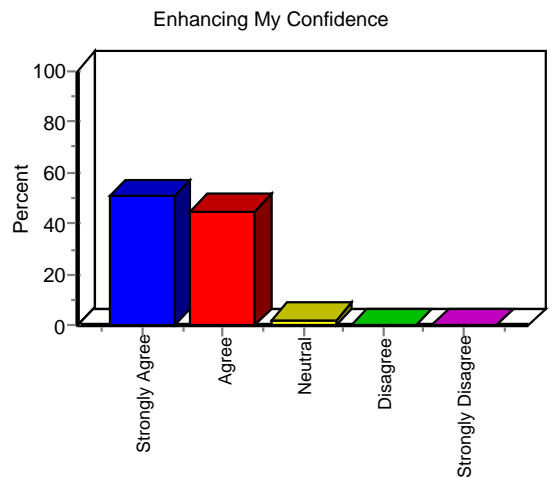
Overall, I would rate this activity as:

Label	Frequency	Percent	Valid Percent
Excellent	72	58.1	59.0
Very Good	41	33.1	33.6
Good	8	6.5	6.6
Fair	1	0.8	0.8
Poor	0	0.0	0.0
Total Valid	122	98.4	100.0
Total Missing	2	1.6	
Total	124	100.0	



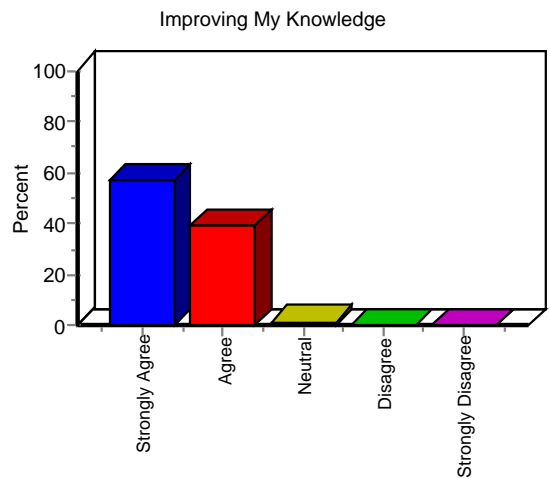
Overall, this activity was effective in enhancing my confidence in caring for patients with the condition(s) presented?

Label	Frequency	Percent	Valid Percent
Strongly Agree	63	50.8	51.6
Agree	56	45.2	45.9
Neutral	3	2.4	2.5
Disagree	0	0.0	0.0
Strongly Disagree	0	0.0	0.0
Total Valid	122	98.4	100.0
Total Missing	2	1.6	
Total	124	100.0	



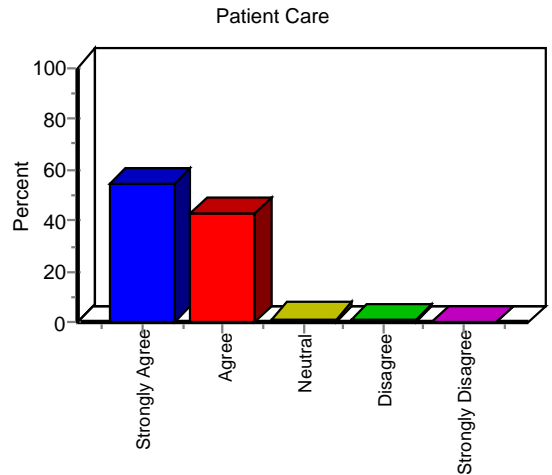
Overall, this activity was effective in improving my knowledge in the content areas presented:

Label	Frequency	Percent	Valid Percent
Strongly Agree	70	56.5	57.9
Agree	49	39.5	40.5
Neutral	2	1.6	1.7
Disagree	0	0.0	0.0
Strongly Disagree	0	0.0	0.0
Total Valid	121	97.6	100.0
Total Missing	3	2.4	
Total	124	100.0	



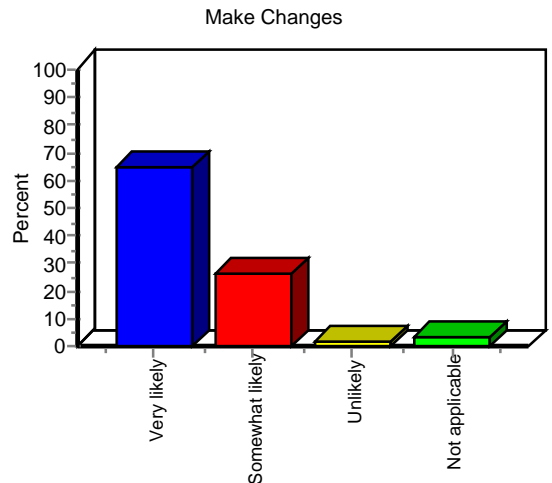
As a result of this activity, I have learned new strategies for patient care:

Label	Frequency	Percent	Valid Percent
Strongly Agree	67	54.0	54.5
Agree	53	42.7	43.1
Neutral	2	1.6	1.6
Disagree	1	0.8	0.8
Strongly Disagree	0	0.0	0.0
Total Valid	123	99.2	100.0
Total Missing	1	0.8	
Total	124	100.0	



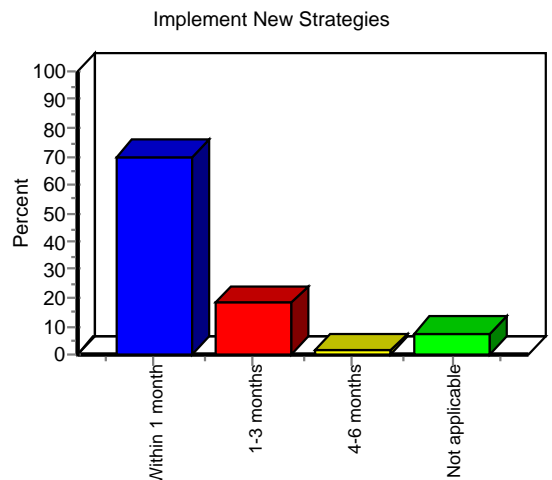
How likely are you to implement these new strategies in your practice?

Label	Frequency	Percent	Valid Percent
Very likely	80	64.5	67.8
Somewhat likely	32	25.8	27.1
Unlikely	2	1.6	1.7
Not applicable	4	3.2	3.4
Total Valid	118	95.2	100.0
Total Missing	6	4.8	
Total	124	100.0	



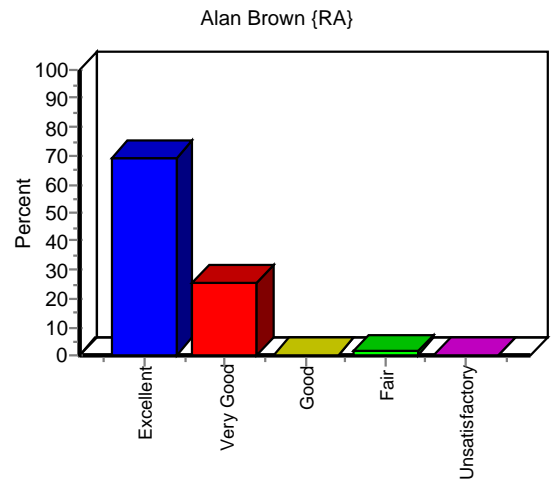
When do you intend to implement these new strategies into your practice?

Label	Frequency	Percent	Valid Percent
Within 1 month	87	70.2	72.5
1-3 months	22	17.7	18.3
4-6 months	2	1.6	1.7
Not applicable	9	7.3	7.5
Total Valid	120	96.8	100.0
Total Missing	4	3.2	
Total	124	100.0	



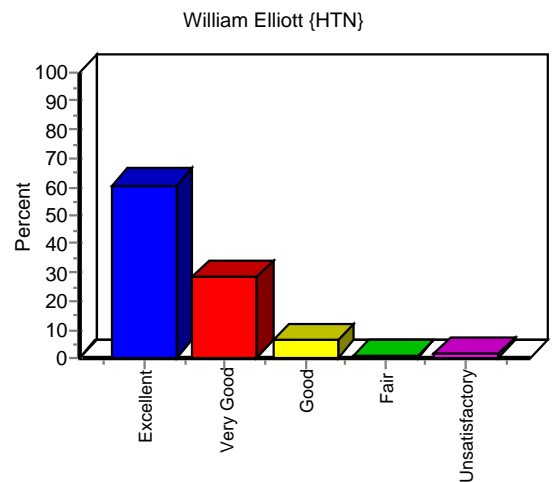
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Alan Brown, MD (RA):

Label	Frequency	Percent	Valid Percent
Excellent	86	69.4	72.3
Very Good	31	25.0	26.1
Good	0	0.0	0.0
Fair	2	1.6	1.7
Unsatisfactory	0	0.0	0.0
Total Valid	119	96.0	100.0
Total Missing	5	4.0	
Total	124	100.0	



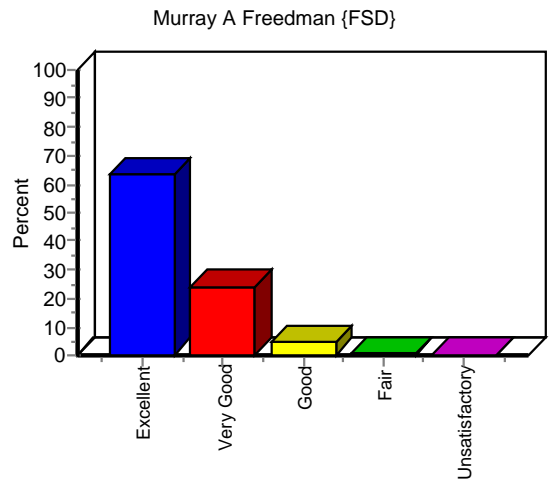
In terms of delivery of the presentation, please rate the effectiveness of the speaker: William Elliott, MD, PhD (HTN):

Label	Frequency	Percent	Valid Percent
Excellent	75	60.5	62.5
Very Good	35	28.2	29.2
Good	7	5.6	5.8
Fair	1	0.8	0.8
Unsatisfactory	2	1.6	1.7
Total Valid	120	96.8	100.0
Total Missing	4	3.2	
Total	124	100.0	



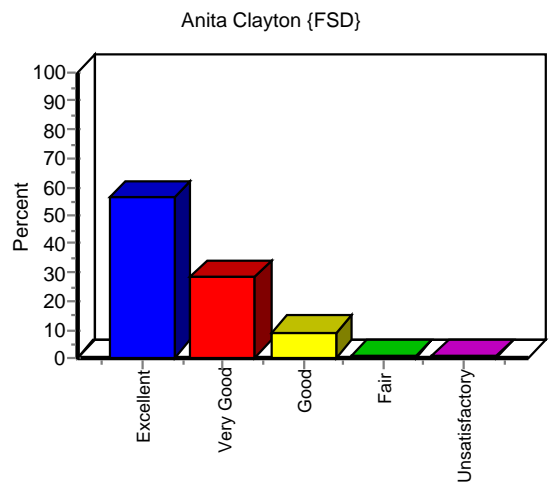
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Murray A. Freedman, MD (FSD):

Label	Frequency	Percent	Valid Percent
Excellent	79	63.7	68.1
Very Good	30	24.2	25.9
Good	6	4.8	5.2
Fair	1	0.8	0.9
Unsatisfactory	0	0.0	0.0
Total Valid	116	93.5	100.0
Total Missing	8	6.5	
Total	124	100.0	



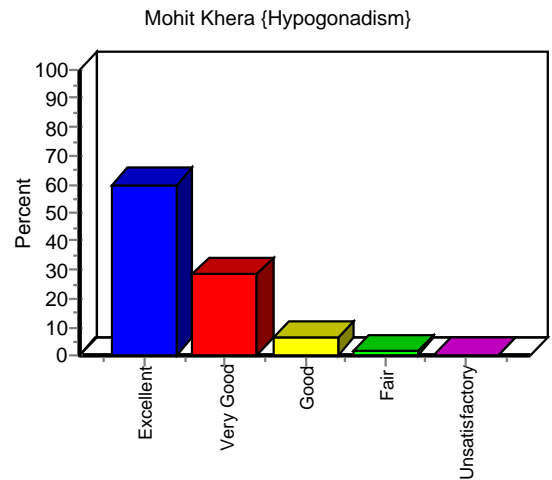
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Anita Clayton, MD (FSD):

Label	Frequency	Percent	Valid Percent
Excellent	69	55.6	59.0
Very Good	35	28.2	29.9
Good	11	8.9	9.4
Fair	1	0.8	0.9
Unsatisfactory	1	0.8	0.9
Total Valid	117	94.4	100.0
Total Missing	7	5.6	
Total	124	100.0	



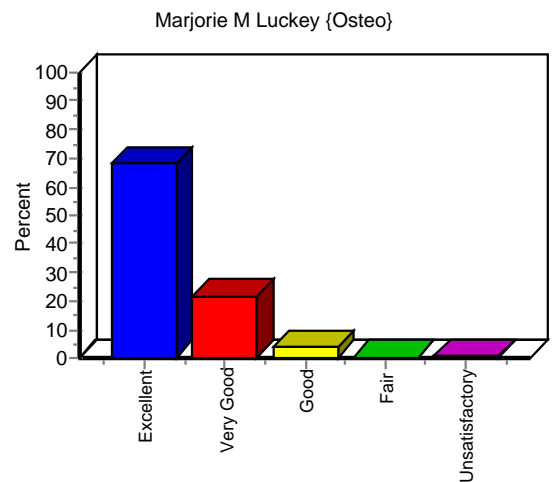
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Mohit Kherra, MD (Hypogonadism):

Label	Frequency	Percent	Valid Percent
Excellent	74	59.7	62.7
Very Good	35	28.2	29.7
Good	7	5.6	5.9
Fair	2	1.6	1.7
Unsatisfactory	0	0.0	0.0
Total Valid	118	95.2	100.0
Total Missing	6	4.8	
Total	124	100.0	



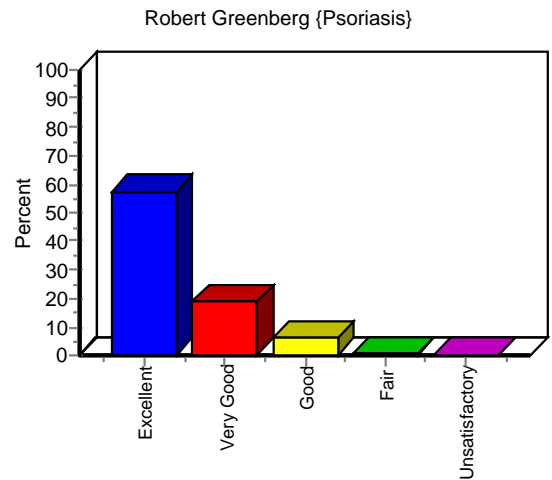
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Marjorie M. Luckey, MD (Osteo):

Label	Frequency	Percent	Valid Percent
Excellent	84	67.7	71.8
Very Good	27	21.8	23.1
Good	5	4.0	4.3
Fair	0	0.0	0.0
Unsatisfactory	1	0.8	0.9
Total Valid	117	94.4	100.0
Total Missing	7	5.6	
Total	124	100.0	



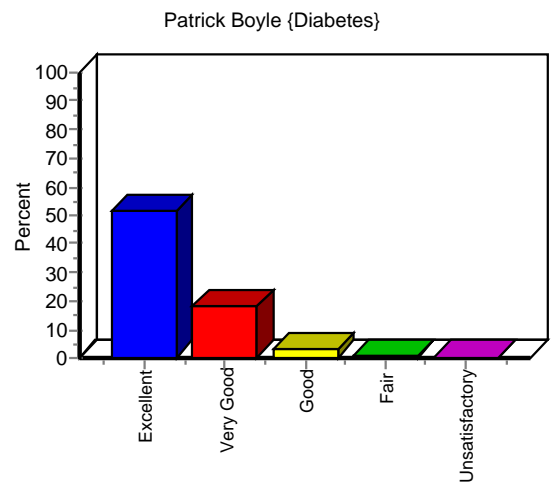
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Robert Greenberg, MD (Psoriasis):

Label	Frequency	Percent	Valid Percent
Excellent	71	57.3	69.6
Very Good	23	18.5	22.5
Good	7	5.6	6.9
Fair	1	0.8	1.0
Unsatisfactory	0	0.0	0.0
Total Valid	102	82.3	100.0
Total Missing	22	17.7	
Total	124	100.0	



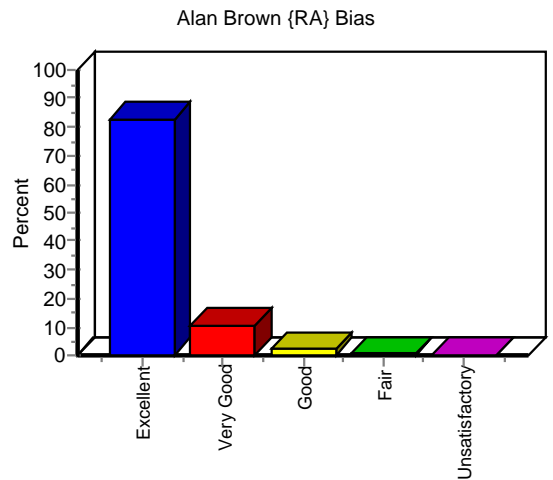
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Patrick Boyle, MD (Diabetes):

Label	Frequency	Percent	Valid Percent
Excellent	64	51.6	70.3
Very Good	22	17.7	24.2
Good	4	3.2	4.4
Fair	1	0.8	1.1
Unsatisfactory	0	0.0	0.0
Total Valid	91	73.4	100.0
Total Missing	33	26.6	
Total	124	100.0	



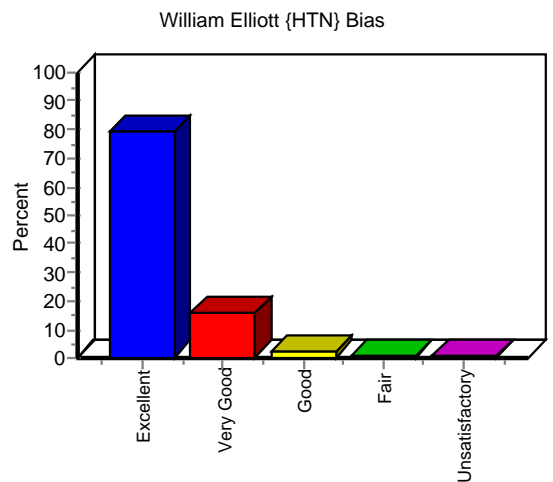
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Alan Brown, MD (RA):

Label	Frequency	Percent	Valid Percent
Excellent	103	83.1	85.8
Very Good	13	10.5	10.8
Good	3	2.4	2.5
Fair	1	0.8	0.8
Unsatisfactory	0	0.0	0.0
Total Valid	120	96.8	100.0
Total Missing	4	3.2	
Total	124	100.0	



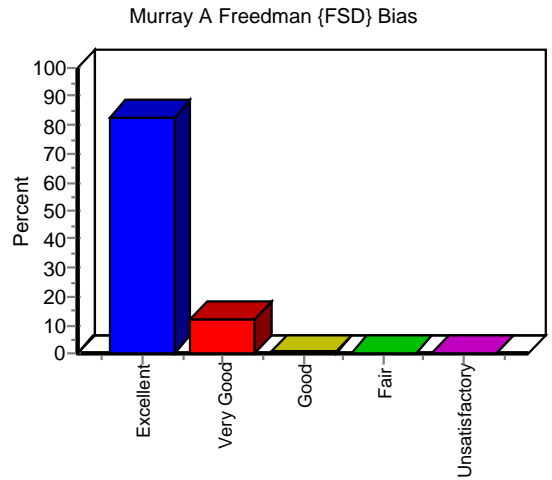
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? William Elliott, MD, PhD (HTN):

Label	Frequency	Percent	Valid Percent
Excellent	98	79.0	80.3
Very Good	19	15.3	15.6
Good	3	2.4	2.5
Fair	1	0.8	0.8
Unsatisfactory	1	0.8	0.8
Total Valid	122	98.4	100.0
Total Missing	2	1.6	
Total	124	100.0	



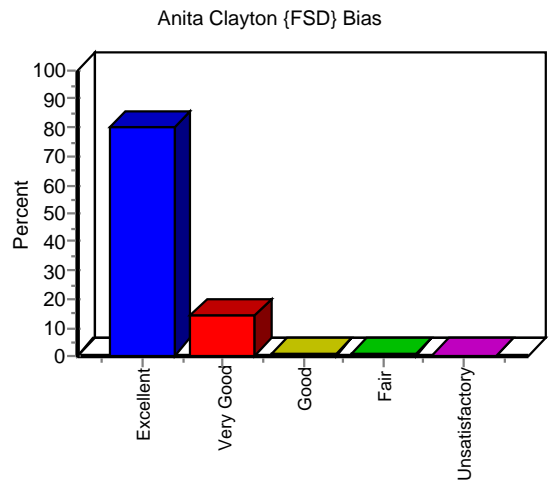
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Murray A. Freedman, MD (FSD):

Label	Frequency	Percent	Valid Percent
Excellent	103	83.1	86.6
Very Good	15	12.1	12.6
Good	1	0.8	0.8
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	119	96.0	100.0
Total Missing	5	4.0	
Total	124	100.0	



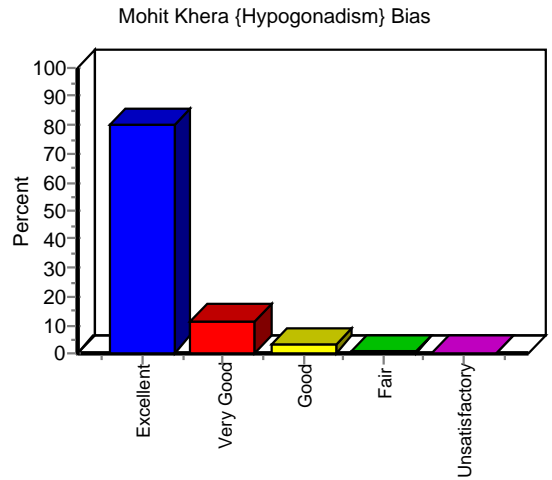
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Anita Clayton, MD (FSD):

Label	Frequency	Percent	Valid Percent
Excellent	99	79.8	83.2
Very Good	18	14.5	15.1
Good	1	0.8	0.8
Fair	1	0.8	0.8
Unsatisfactory	0	0.0	0.0
Total Valid	119	96.0	100.0
Total Missing	5	4.0	
Total	124	100.0	



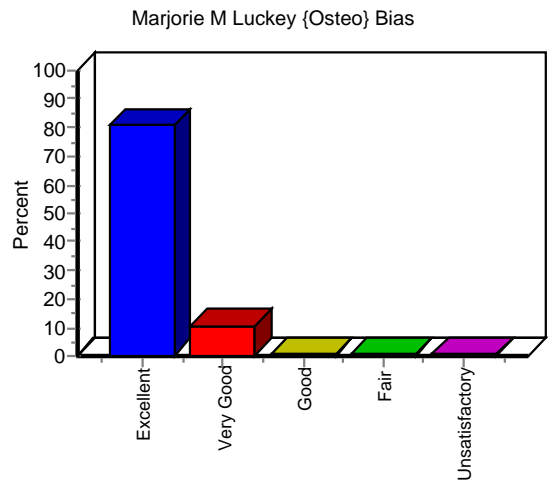
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Mohit Khera, MD (Hypogonadism):

Label	Frequency	Percent	Valid Percent
Excellent	99	79.8	83.9
Very Good	14	11.3	11.9
Good	4	3.2	3.4
Fair	1	0.8	0.8
Unsatisfactory	0	0.0	0.0
Total Valid	118	95.2	100.0
Total Missing	6	4.8	
Total	124	100.0	



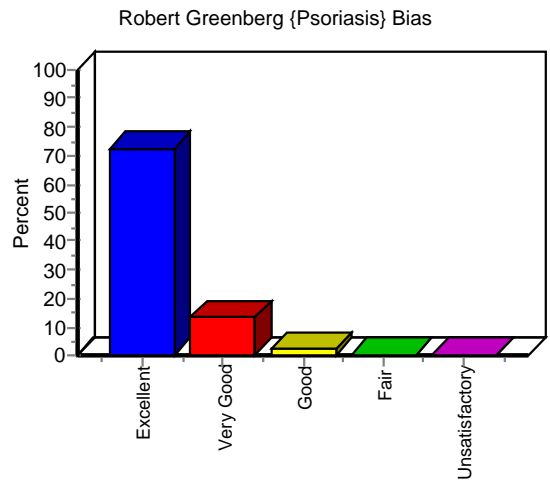
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Marjorie M. Luckey, MD (Osteo):

Label	Frequency	Percent	Valid Percent
Excellent	100	80.6	86.2
Very Good	13	10.5	11.2
Good	1	0.8	0.9
Fair	1	0.8	0.9
Unsatisfactory	1	0.8	0.9
Total Valid	116	93.5	100.0
Total Missing	8	6.5	
Total	124	100.0	



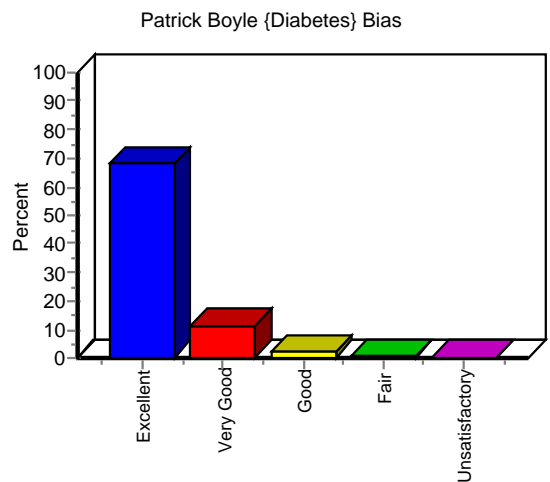
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Robert Greenberg, MD (Psoriasis):

Label	Frequency	Percent	Valid Percent
Excellent	90	72.6	81.8
Very Good	17	13.7	15.5
Good	3	2.4	2.7
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	110	88.7	100.0
Total Missing	14	11.3	
Total	124	100.0	



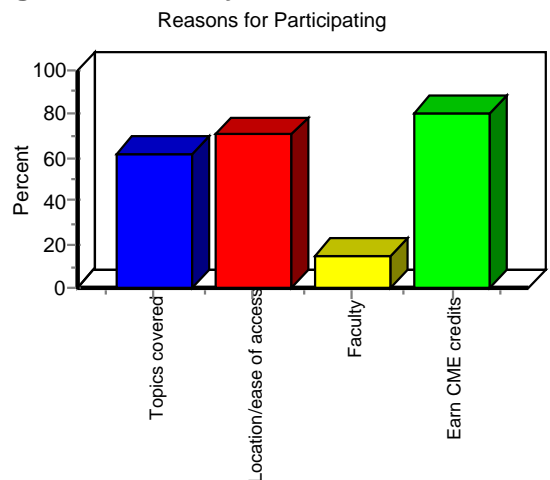
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Patrick Boyle, MD (Diabetes):

Label	Frequency	Percent	Valid Percent
Excellent	84	67.7	82.4
Very Good	14	11.3	13.7
Good	3	2.4	2.9
Fair	1	0.8	1.0
Unsatisfactory	0	0.0	0.0
Total Valid	102	82.3	100.0
Total Missing	22	17.7	
Total	124	100.0	



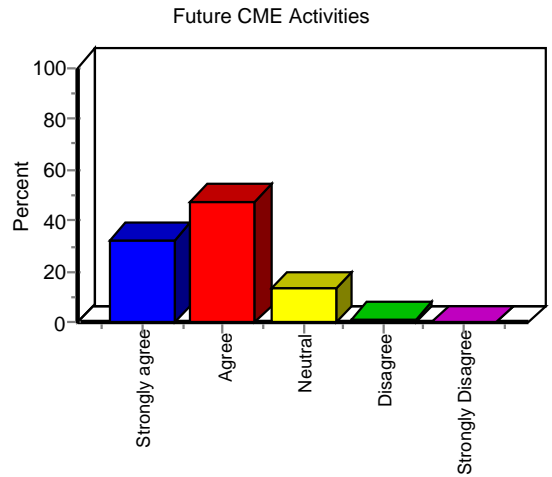
Which statement(s) best reflects your reasons for participating in this activity:

Label	Frequency	Percent	Valid Percent
Topics covered	76	61.3	61.8
Location/ease of access	88	71.0	71.5
Faculty	18	14.5	14.6
Earn CME credits	100	80.6	81.3
Total Valid	123	99.2	100.0
Total Missing	1	0.8	
Total	124	100.0	



Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent	Valid Percent
Strongly agree	40	32.3	33.9
Agree	59	47.6	50.0
Neutral	17	13.7	14.4
Disagree	2	1.6	1.7
Strongly Disagree	0	0.0	0.0
Total Valid	118	95.2	100.0
Total Missing	6	4.8	
Total	124	100.0	



What is your professional degree?

Comment
RD CDE

What is your specialty?

Comment
Faculty
Urgent Care
Pulmonary
Orthopedics
Infectious Disease
Diabetes
Emergency Medicine
Pediatrics
Diabetes
Family Medicine
Neurotology
Orthopedics
Occupational Medicine
Geriatrics x4
Nephrology
Dermatology x2

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

Comment
Dialogue regarding sexual dysfunction. Increase use of TNF in RA. CCB in increase HTN with insufficient response
Using FRAX in addition to T score to decide whether to treat. Labs and immunization needed for RA diagnosis
Refer patients with RA early to rheumatology for aggressive treatment. I have more confidence in diagnosing and treating male patients with hypogonadism. I will utilize FRAX to determine who to treat for osteoporosis
New information and stats to share with patients
Hypertensive medications and using the FRAX tool. Use of biologics for both RA and psoriasis
Using better evidence for stepping up HTN control. Earlier referrals for inflammatory arthritis when referrals are actually available. Use algorithm to screen and treat for male hypogonadism
Be more aggressive in screening for RA earlier. Start to use FRAX in borderline osteo cases
Better understanding of workup for various diagnosis especially RA and hypogonadism
Lifestyle vital sign use with new patients. Use of FRAX tool
Better treatment options for HTN and osteo. Better understanding for discussing hypogonadism
By increasing knowledge base of good science
Ordering of labs and diagnostic testing
Testing for TB, hepatitis, HIV in a patient where I suspect RA. Initial therapy with a ARB for HTN. Discussion strategies such as PLISST for female sexual dysfunction. Using FRAX to evaluate osteoporosis
Use PLISS for my patient encounters and access FRAX
Tools for calculating fracture risk and free testosterone.
Increase use of testosterone, fast referral of RH for aggressive treatment, referral to dermatologist for aggressive psoriasis
Lab testing for RA and when to refer to rheumatologist. Use of FRAX in osteo patients
Ways to address sexual activity in females. New ways to manage HTN and how to properly diagnose RA
Monitoring post menopausal women on SSRI

Comment
Check PPD, vaccinations, hepatitis panel, hand and foot. Use FRAX for osteopenia and know proper screen/eval for hypogonadism
Referral patterns and force people to exercise
Ask about lifestyle for sex history. Look for male hypogonadism more
FRAX use, vitamin D use, SSRI to monitor bone density, diagnosis of hypogonadism
Commit to screening diabetes patients on sexual history and start to use FRAX
Referral to rheumatology and try multi drug therapy for hypertension
Improved diagnosis and treatment
Open communication
Work up and treat medical conditions presented
Better talk at sexuality and better work up for hypogonadism
More likely to add second BP agent before maximizing dose of first agent and will try to utilize FRAX in treatment decisions
More intensive combo therapy for BP control; lifestyle vital signs; FRAX fracture risk assessment tool
HTN meds-second meds sooner; RA-more comfortable in 10 care support; talk to patients about sex life with each; use FRAX
Evaluation of hormonal endocrinopathias and talking to patients with sexual problems
Combination therapy in HTN with Nat/H2O v Remin BB and male sexual dysfunction outside of hypogonadism
Better knowledge diagnosis of RA and strategies discussing female sexual dysfunction
Using PLISSIT during well women exams; using open-ended questions about sexual health; vaccinating RA patients remembering Hep A and B
Changing HTN management and fine tuning RA patients for referral
Identify sexual dysfunction; osteoporosis screening; practical way to purare antihypertensive therapy; psoriasis management; better understanding of new therapy in diabetes
More proactive use of testosterone; earlier treatment of diabetes; earlier multidrug treatment of HTN
Diagnosing RA and referral to rheumatologist; treatment of HTN (ace and amlodipine and diuretic) less so for female sexual dysfunction; diagnosing and treatment of hypogonadism; diagnosing and treatment of osteoporosis; review of psoriasis (more detail of DMARDs for RA and psoriasis) comparing treatments would be helpful; diabetes talk should have been earlier
Xray hands and feet in suspected RA. Check PPD and update symptoms right away. Ask about rating sexual satisfaction more often and exploring subject as needed. Checking total testosterone in high risk patients and checking SHBG to calculate serum free testosterone
Techniques for asking Lifestyle Vital Signs-exercise, diet, smoking, and sexual problems. Use of testosterone and risk of from 24 hours after in contact with females/kids
I am an old RN and do not prescribe, but my husband is a primary care MD who does. I try to renew and update my knowledge to keep as abreast of current knowledge as possible in case I would be needed in an emergency (we live in a small community in the mountains)
Use of algorithm for RA, appropriate lab screening for RA, and use of PLISSIT model
As for HTN I understand better BP control
HTN treatment and no benefit ARB and ACC
Appropriate tests to order
Begin DMARD's and biologics in treatment of RA and implementing PLISSIT and shepherding techniques
Implement new guideline for treating the patient in my practice
For RA general diagnosis and management and used meds
Excellent. I learned much more than I expected to learn
Order anti CCP to evaluate for RA; start combo anti HTN drugs at onset of diagnosis; ask women about sexual dysfunction; measuring testosterone and LH; use the FRAX tool; be more aware of CVD in PA; will be more aware of PA treatment; and use Exeuatide if formulary committee approves

Comment
Early diagnosis and treatment of RA-early referral algorithm; FSD-PLISSIT model; add criteria for treatment of systemic psoriasis; and new ADA guidelines and AACE 2009 guidelines and insulin
Will implement the things that I learned today in helping manage my patients. Will also consider the treatment strategy presents for psoriasis and rheumatoid arthritis
Start treating HTN with 2 meds; use FRAX for osteoporosis screening; early and aggressive treatment for RA; do not use prednisone in psoriasis treatment
Hot to order and interpret testing for male hypogonadism; to start RA treatment more aggressively; and not to give ACE (HCT3) preferably
Talking to female and male patients about sexual dysfunction
More comfortable with discussion of female sexual dysfunction and diagnosis of RA
Communication strategies and appropriate labs
Top down therapy should be considered
Lifestyle vital signs; doing immunizations and PPD when RA diagnosis; using FRAX scoring
Early referral to rheumatologist as I'm not confident managing patients on TNF meds and use of aedactone and chlorthalidone vs. HCTZ
Recognizing OA vs RA, med control for HTN, hot to bring up FSD in clinic, lab testing for hypogonadism, and SSRI effect on bone health
RA risks and goals; blood pressure control ideas; diabetic controls
Early referral for RA; screen for comorbidities before strategy TNF; use of aldo blockers for resistant HTN
Including hypogonadism screening in male patients with metabolic syndrome including quality of life questions in initial screening/meeting of patient
Diabetes-strategy method of dealing with new diseases in patients and prevention-new strategy for prevention
Clearer understanding of treatment guidelines
Discussing female sexual dysfunction and options for care and osteoporosis treatment guidelines using FRAX
Asking patients about their "lifestyle vital signs" to obtain sexual history; screening RA and psoriasis patients prior to beginning medications; and proper lab testing algorithm for hypogonadism
Acquiring sexual history better and drawing am testosterone levels only
Prevention, early detection and effective management of chronic medical conditions that carries high morbidity and modalities ie DM, RA, psoriasis, and osteoporosis
Doing Aldoskrone/Renin ratios in potential hyperkalemia; repeat blood tests of testosterone and PSA in those on testosterone treatment; continue to use large vitamin D doses and try to get levels to 40 to 50 but larger doses; reduce glipiside use and stop geyburide sooner
Ways to discuss sensitive issue with patient (sexual health issue); work up RA and male hypogonadism
Early and aggressive treatment for RA; importance of achieving BP goal in HTN and use of combination therapy; open up discussion about FSD; order appropriate tests to make diagnosis of hypogonadism; identify and overcome barriers to compliance in treatment for osteoporosis; make diagnosis of psoriasis earlier and start treatment; optimize treatment in diabetes
Aggressive treatment RA; intensive treatments hypertension; include sexual history on part of health maintenance and/or routine office visit; treatment osteoporosis based on BMS and risk factors; different approach treat psoriasis
Be more open to discussion about sex
More comfort level for communication of issues to treatment options
Differentiate OA from RA; start treatment early for RA; PPD/Hep B,C/Immunity HIV prior to diagnosing; use combination and hypertensives for initial treatment; better to add another drug than to maximize first drug for HTN; calculate your own free test; advise patients about washing test off before skin contact; use FRAX
Use of NTF in RA; use of testosterone in hypogonadism; use of FRAX to determine osteoporosis treatment
FLAX; the combinations I will use with HTN; the tests I will order for hypogonadism
I plan to ask more questions regarding sexual dysfunction and refer quickly for aggressive treatment in RA
Look for CV disease in RA and psoriasis and calculate SHBG and FRAX by formulas

Comment
Know appropriate work up for hypogonadism; have new information for picking second agent for HTN; have basics for choosing agents for RA and psoriasis
Better HTN control; more access to sexual question using; earlier RA referral; proper lab queries prior to starting testosterone
Better approach to patients with FSD, using the different strategies; more basic knowledge about hypogonadism
New approach to osteoporosis, psoriasis, and rheumatoid arthritis
Lab evaluation and proper ordering; initiating sexual satisfaction/functioning with patients; FRAX tool
Consider various etiologies of female sexual dysfunction
FRAX score and androgens algorithm

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

Comment
Treatment of menopausal symptoms and depression
Abdominal pain in primary care and IBS/IBD
COPD/Asthma and BPH
More OB/GYN issues
Eye pain/injuries, anemia and CBC review
Infertility management
Wound care management, ortho trauma management, MI management and asthma
Gerontology
Chronic pain management
Just tell me what I do not know that I can use
Management of obesity and renal failure
Depression management
ADHD
Musculoskeletal and sports medicine
Treatment of abnormal pap smears
Rashes and skin findings
Diabetes recognition in primary care
Dealing with non compliant patients and pediatrics
Bipolar disorder
Nutritional effects on chronic illnesses and functional medicine
Any
Treatment of non compliant patient
Topics on bioidentical hormones and female issues
Renal disease and chronic pain management
Thyroid disease and HIV
Pediatric topics such as autism spectrum
Diabetes, breast cancer, depression, and vitamin D
CVD, dyslipidemia, superbugs
Review of noninvasive cardiology (update only)
Thyroid issues and ongoing osteoporosis
CHF, COPD, renal disease, depression, anxiety, bipolar-treatment and medications
Lipid measurement (understanding current measures) and update in oncology
Orthopedic topics and cardiac topics
Eye injuries and gynecological issues in teens
How to counsel couples
More gynecology topics

Comment
Genetic testing (ie types, effectiveness, covered by insurance)
OM
Need every topic for family practice
Update on GERD and chronic kidney disease
Treatment of hyperlipidemia and more on female sexual dysfunction
CKD management in primary care
Pulmonary HTN, hepatitis B-C, and CKD-FSRD in primary care
Orthopedic topics
Popular cases like HTN-DM-OP; OA-RA; but not sexual dysfunction because we don't have that much sexual dysfunction in primary care
Dyslipidemia, Vit D, preventative medicine, and GI disorders
Dermatology and preventive medicine
Genetics, multiple myeloma, and dermatology
HRT, GI motility disorders, new biologicals and immuno therapies disease, oncology for general practitioners, and dermatology for IP
Dyslipidemias and urologic disorders
BPH, OAB, and GERD
SLE, PCOS, and interstitial cystitis
Genetics and cancer; new dermatology drugs
Bio-identical hormone replacement and supplements/vitamins
Allergy, gastroenterology, pediatrics, dermatology, and vascular disorder
ADHD, bipolar depression, and pain management
Mood disorder and adult ADD/ADHD
Diabetes, more on male physiology, and more on male hypogonadism
Headaches and back pain
Other primary care topics: sinusitis, asthma, hypothyroid, and depression
COPD, asthma, allergy, and pediatric updates
Discussion of Vit D
PCOS, pelvic pain syndrome, and intestinal cystitis
All of the above, dementia, obesity, depression, and fibromyalgia
Increasing patient adherence, optimal frequency per year of office visits based upon how well goals are achieved
Psychiatry topics (bipolar disorder, depression, ADHD, and psychotic disorder)
COPD and new therapies and hypertrophic prostate (BPH)
Dyslipidemia, PD, and depression
Geriatrics
Geriatrics-dementia, sleep problems, balance, etc.
Fibromyalgia-care and pain control
More derm live conference material
Adult ADHD, tobacco as an addiction, and pain management
Treatment resistant depression; depression vs bipolar; COPD; chronic pain
Treatment (and eval) of STDs (patient and partners), joint injections, drainage, and aspirations
CAD, CVA, and ID
Procedural topics (ie suture, splint, cast), EKG review, and ACLS

Additional comments:

Comment
2nd year attending and after last year I was anticipating this year and was not disappointed. Great conference for primary care

Comment
Thank you for this opportunity. Great speakers and very knowledgeable
Also attended last year and thought it was great. Would like more emphasis on Dx/Rx overall, especially for primary care perspective and in consideration of recently uninsured patients who cannot see a specialist
It was a great conference. The speakers were excellent. The venue was also very nice.
The sexual dysfunction video was very helpful.
I really enjoyed this conference and would attend a similar conference in a heartbeat!-Thanks
Please invite Dr. Boyle back to speak and have him available for more questions
Tremendously practical and the speakers were great! I will be back
Post lecture Q&A at the end of the lectures. Overall an excellent lecture
Good conference
Very nice
Great CME-thank you
Loved the venue
FSD was good
Great topics-not too run of the mill
Great conference location and service-thank you very much
Please have color photos
Dr. Elliott is great
Would have liked more info on other osteoporosis pharmacologic agents; mainly just discussed bisphosphonates
FSD was great
Great syllabus. Thank you. Dr. Khera and Dr. Boyle were the best speakers. Very informative and practical.
Thank you
Room very cold
Thank you
I would like to see DM earlier in the day with more time spent discussing it
Location-Colorado Springs would be great. Fridays are also a great day
Great CME
Great CME. Thank you. I think a female should discuss female sexual dysfunction and a male should discuss male sexuality (I know a little stereotypical)
Very nice
Thank you
Nice conference, as always
Enjoyed program
The sound system/acoustics could be improved, otherwise the conference was very nice
Today's presentation was beneficial
Thank you-please come back next year
Very nice with effective speakers
Very worthwhile, clear, useful presentations
Would have been more meaningful in female sexual dysfunction to have concrete management strategies
Worth my time

Comment
Recommend for Dr. Sherman to refer to PA's as Physician Assistants not Physicians' Assistants
Excellent!
Room was kept very comfortable, which was very good, breaks were well timed
Discussion on obesity would be helpful
Luckey-very good speaker and content, so applicable
Good job! I will be here next year
Thanks for a great program, but how about using some local speakers
Dr. Elliott-wow, excellent speaker
Excellent activity, hope to see more of these activities per year in this region of the country
Everything was very good
The last presenter
W. Elliott MD
Very well run, hope to come again
Thank you