NATIONAL ASSOCIATION FOR CONTINUING EDUCATION

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

November 13, 2010
Nashville, Tennessee
Loews Vanderbilt Hotel

Course Director
Gregg Sherman, MD

Activity Director
Michelle Frisch, MPH, CCMEP

Program Evaluation
December 1, 2010

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

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.

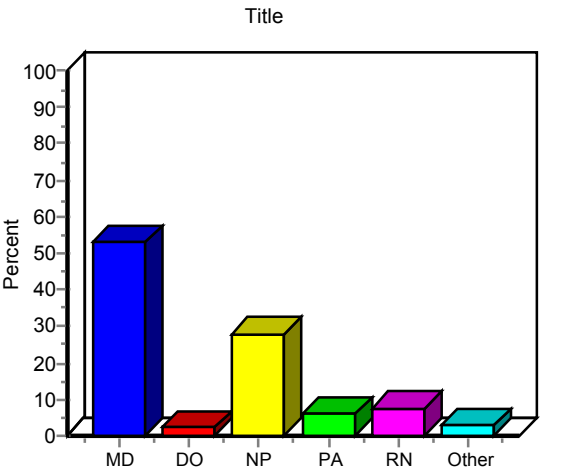
Two hundred seventy three healthcare practitioners registered to attend ***Emerging Challenges in Primary Care: 2010*** in Nashville, TN. One hundred sixty six healthcare practitioners actually attended this conference. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. One hundred sixty one 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.

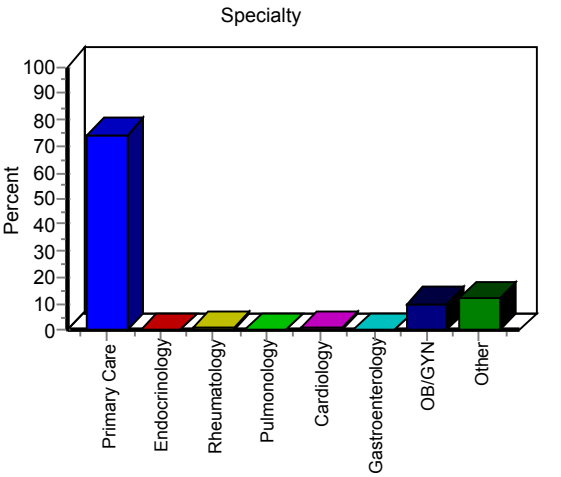
What is your professional degree?

Label	Frequency	Percent	Valid Percent
MD	85	52.8	53.1
DO	4	2.5	2.5
NP	45	28.0	28.1
PA	9	5.6	5.6
RN	12	7.5	7.5
Other	5	3.1	3.1
Total Valid	160	99.4	100.0
Total Missing	1	0.6	
Total	161	100.0	



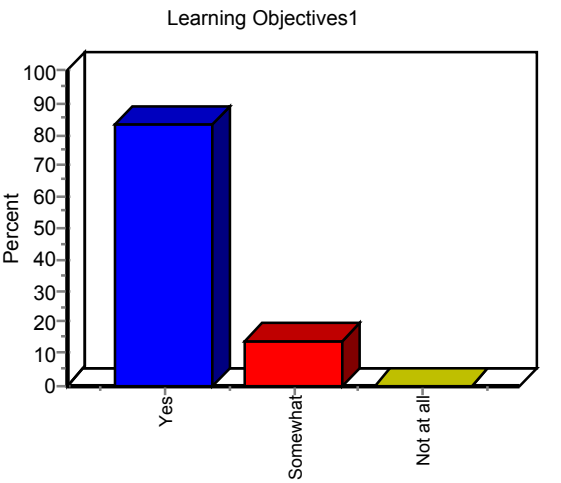
What is your specialty?

Label	Frequency	Percent	Valid Percent
Primary Care	120	74.5	75.9
Endocrinology	0	0.0	0.0
Rheumatology	1	0.6	0.6
Pulmonology	0	0.0	0.0
Cardiology	2	1.2	1.3
Gastroenterology	0	0.0	0.0
OB/GYN	15	9.3	9.5
Other	20	12.4	12.7
Total Valid	158	98.1	100.0
Total Missing	3	1.9	
Total	161	100.0	



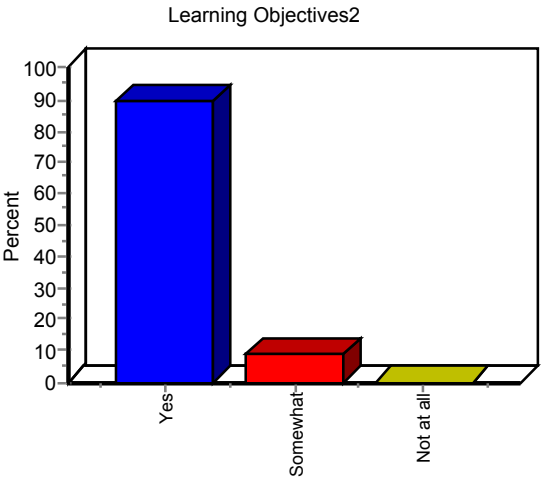
Upon completion of this activity, I can now - Discuss the pathogenesis of hyperglycemia; Make more effective decisions towards optimizing therapy; Explain the effectiveness of diet and exercise in treatment of diabetes at each stage of disease; Recognize the impact of treatment on cardiovascular disease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

Label	Frequency	Percent	Valid Percent
Yes	134	83.2	85.4
Somewhat	23	14.3	14.6
Not at all	0	0.0	0.0
Total Valid	157	97.5	100.0
Total Missing	4	2.5	
Total	161	100.0	



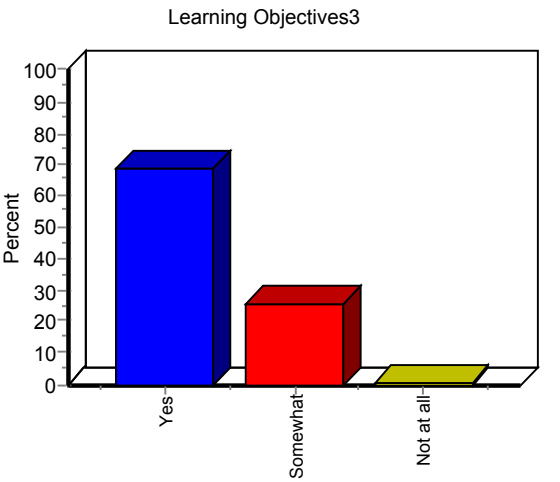
Upon completion of this activity, I can now - Discuss the prevalence of patients not achieving targeted blood pressure goals and the importance of Clinical or Therapeutic Inertia; Understand the role of combination therapy in management of Hypertension and current treatment guidelines; Recognize the 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	144	89.4	91.1
Somewhat	14	8.7	8.9
Not at all	0	0.0	0.0
Total Valid	158	98.1	100.0
Total Missing	3	1.9	
Total	161	100.0	



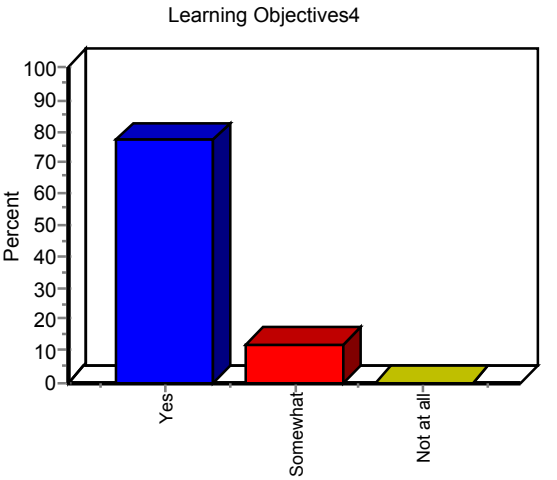
Upon completion of this activity, I can now - Discuss the various etiologies of female sexual dysfunction; Share current epidemiologic information describing the prevalence, incidence, societal burden and personal impact of female sexual dysfunction and its desire disorder of HSDD (hypoactive sexual 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	111	68.9	72.5
Somewhat	41	25.5	26.8
Not at all	1	0.6	0.7
Total Valid	153	95.0	100.0
Total Missing	8	5.0	
Total	161	100.0	



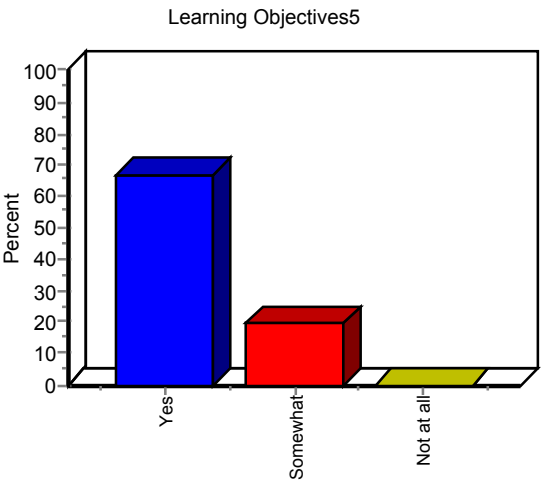
Upon completion of this activity, I can now - Discuss the prevalence of male hypogonadism; Order appropriate lab tests to make a diagnosis and understand the full scope of the problem; identify appropriate management strategies, utilizing traditional testosterone replacement therapies and newer modalities 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	124	77.0	86.1
Somewhat	20	12.4	13.9
Not at all	0	0.0	0.0
Total Valid	144	89.4	100.0
Total Missing	17	10.6	
Total	161	100.0	



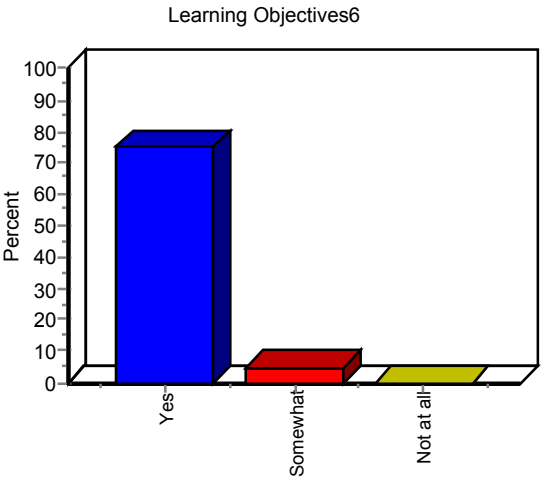
Upon completion of this activity, I can now - Recognize and diagnose Psoriasis and Psoriatic Arthritis (PsA) earlier, and institute appropriate initial treatment options; Discuss the burden and impact of Psoriasis and PsA; Recognize the systemic impact of Psoriasis and the relationship to the metabolic 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	108	67.1	77.1
Somewhat	32	19.9	22.9
Not at all	0	0.0	0.0
Total Valid	140	87.0	100.0
Total Missing	21	13.0	
Total	161	100.0	



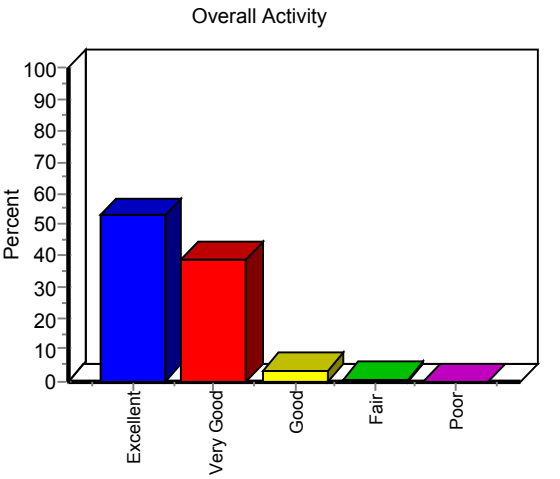
Upon completion of this activity, I can now - Explain the importance of the RANK/RANKL/OPG system in bone health and disease; Describe strategies to identify candidates for pharmacologic treatment; List available therapies for osteoporosis; Identify and overcome barriers to compliance and persistence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

Label	Frequency	Percent	Valid Percent
Yes	121	75.2	93.8
Somewhat	8	5.0	6.2
Not at all	0	0.0	0.0
Total Valid	129	80.1	100.0
Total Missing	32	19.9	
Total	161	100.0	



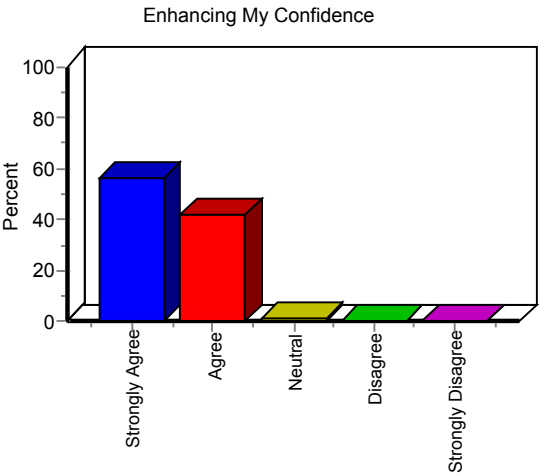
Overall, I would rate this activity as:

Label	Frequency	Percent	Valid Percent
Excellent	86	53.4	55.5
Very Good	62	38.5	40.0
Good	6	3.7	3.9
Fair	1	0.6	0.6
Poor	0	0.0	0.0
Total Valid	155	96.3	100.0
Total Missing	6	3.7	
Total	161	100.0	



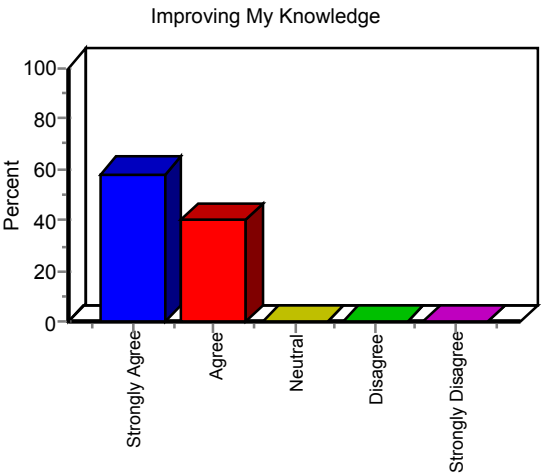
Overall, this activity was effective in enhancing my confidence in caring for patients with the condition(s) presented?

Label	Frequency	Percent	Valid Percent
Strongly Agree	90	55.9	57.0
Agree	67	41.6	42.4
Neutral	1	0.6	0.6
Disagree	0	0.0	0.0
Strongly Disagree	0	0.0	0.0
Total Valid	158	98.1	100.0
Total Missing	3	1.9	
Total	161	100.0	



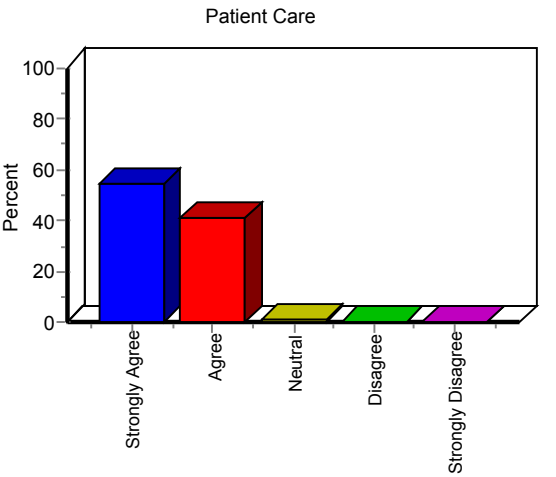
Overall, this activity was effective in improving my knowledge in the content areas presented:

Label	Frequency	Percent	Valid Percent
Strongly Agree	94	58.4	59.5
Agree	64	39.8	40.5
Neutral	0	0.0	0.0
Disagree	0	0.0	0.0
Strongly Disagree	0	0.0	0.0
Total Valid	158	98.1	100.0
Total Missing	3	1.9	
Total	161	100.0	



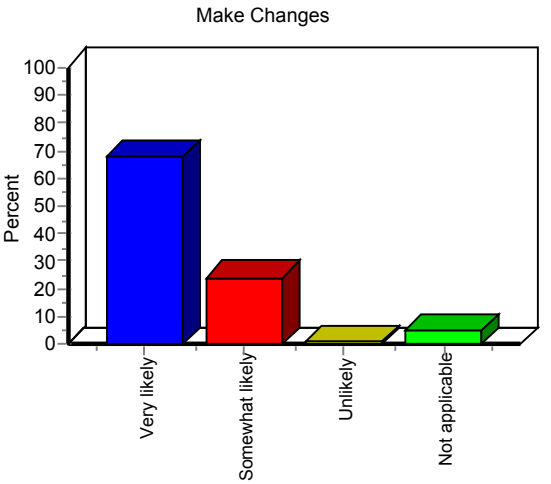
As a result of this activity, I have learned new strategies for patient care:

Label	Frequency	Percent	Valid Percent
Strongly Agree	87	54.0	56.1
Agree	66	41.0	42.6
Neutral	2	1.2	1.3
Disagree	0	0.0	0.0
Strongly Disagree	0	0.0	0.0
Total Valid	155	96.3	100.0
Total Missing	6	3.7	
Total	161	100.0	



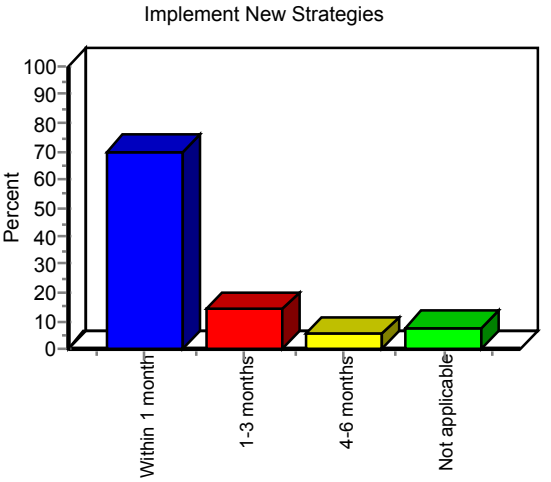
How likely are you to implement these new strategies in your practice?

Label	Frequency	Percent	Valid Percent
Very likely	109	67.7	70.3
Somewhat likely	38	23.6	24.5
Unlikely	1	0.6	0.6
Not applicable	7	4.3	4.5
Total Valid	155	96.3	100.0
Total Missing	6	3.7	
Total	161	100.0	



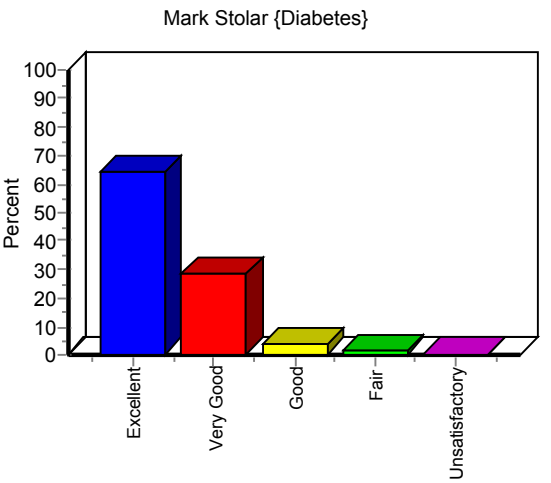
When do you intend to implement these new strategies into your practice?

Label	Frequency	Percent	Valid Percent
Within 1 month	113	70.2	72.4
1-3 months	23	14.3	14.7
4-6 months	8	5.0	5.1
Not applicable	12	7.5	7.7
Total Valid	156	96.9	100.0
Total Missing	5	3.1	
Total	161	100.0	



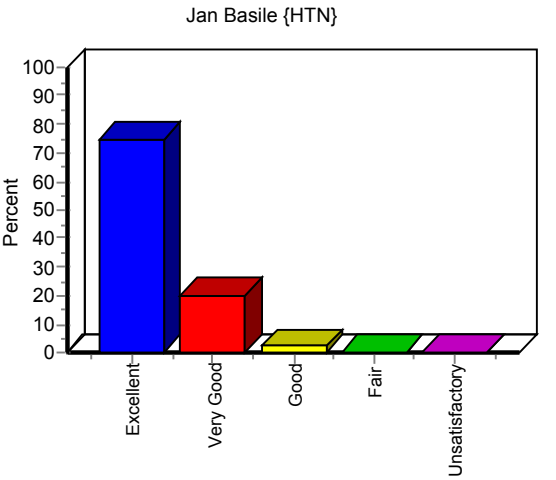
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Mark Stolar, MD (Diabetes):

Label	Frequency	Percent	Valid Percent
Excellent	103	64.0	66.0
Very Good	45	28.0	28.8
Good	6	3.7	3.8
Fair	2	1.2	1.3
Unsatisfactory	0	0.0	0.0
Total Valid	156	96.9	100.0
Total Missing	5	3.1	
Total	161	100.0	



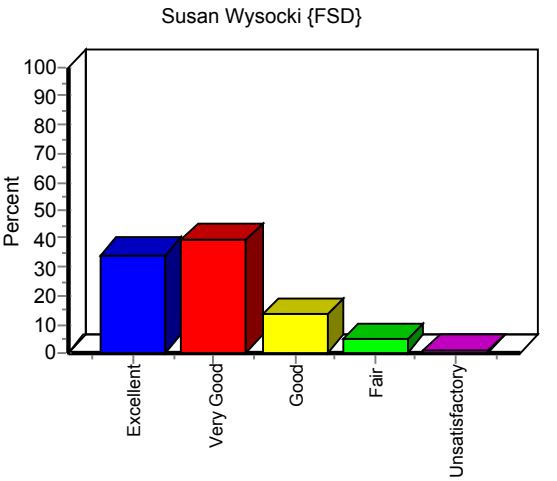
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Jan Basile, MD (HTN):

Label	Frequency	Percent	Valid Percent
Excellent	120	74.5	76.9
Very Good	33	20.5	21.2
Good	3	1.9	1.9
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	156	96.9	100.0
Total Missing	5	3.1	
Total	161	100.0	



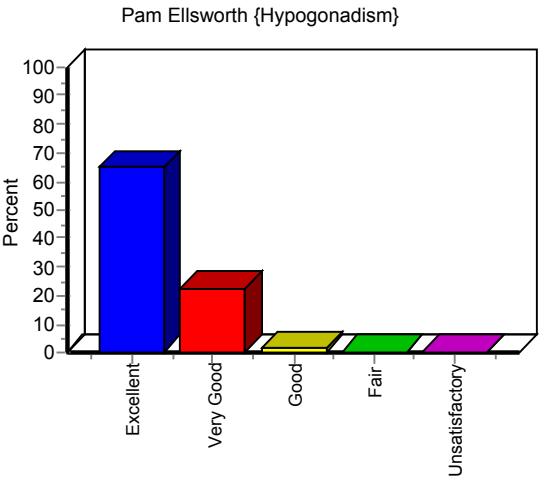
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Susan Wysocki (FSD):

Label	Frequency	Percent	Valid Percent
Excellent	55	34.2	36.9
Very Good	64	39.8	43.0
Good	22	13.7	14.8
Fair	7	4.3	4.7
Unsatisfactory	1	0.6	0.7
Total Valid	149	92.5	100.0
Total Missing	12	7.5	
Total	161	100.0	



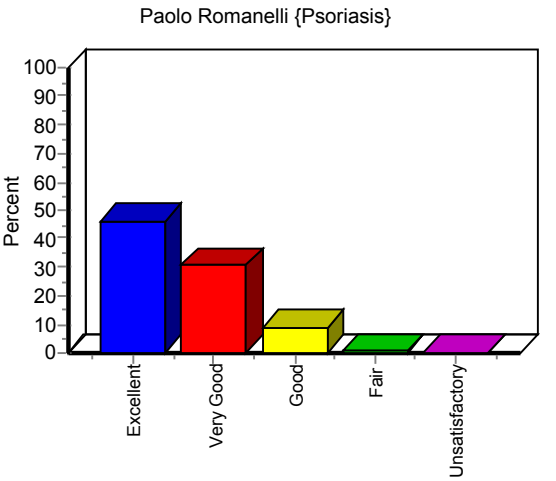
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Pam Ellsworth, MD (Hypogonadism):

Label	Frequency	Percent	Valid Percent
Excellent	105	65.2	73.4
Very Good	36	22.4	25.2
Good	2	1.2	1.4
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	143	88.8	100.0
Total Missing	18	11.2	
Total	161	100.0	



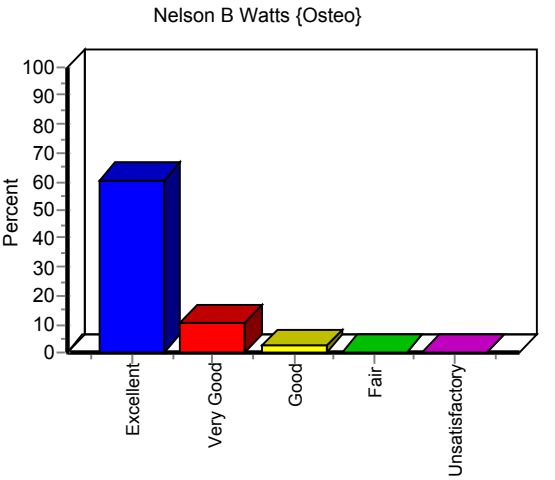
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Paolo Romanelli, MD (Psoriasis):

Label	Frequency	Percent	Valid Percent
Excellent	74	46.0	53.2
Very Good	49	30.4	35.3
Good	15	9.3	10.8
Fair	1	0.6	0.7
Unsatisfactory	0	0.0	0.0
Total Valid	139	86.3	100.0
Total Missing	22	13.7	
Total	161	100.0	



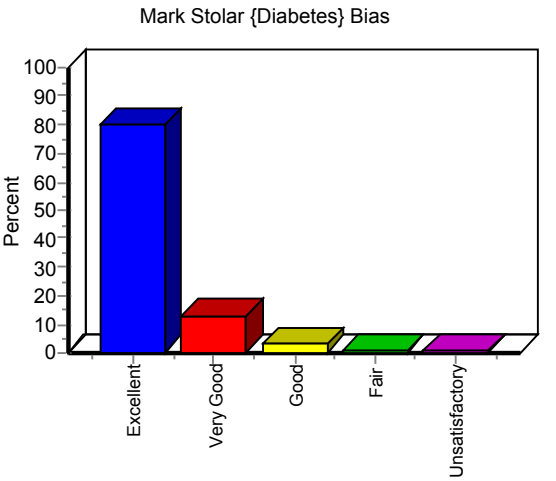
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Nelson B. Watts, MD (Osteo):

Label	Frequency	Percent	Valid Percent
Excellent	97	60.2	82.9
Very Good	17	10.6	14.5
Good	3	1.9	2.6
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	117	72.7	100.0
Total Missing	44	27.3	
Total	161	100.0	



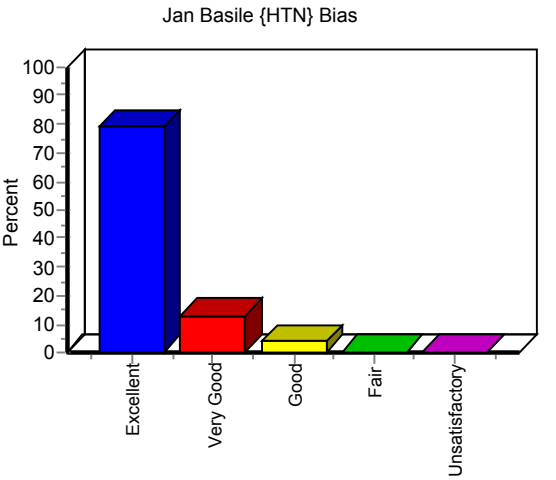
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Mark Stolar, MD (Diabetes):

Label	Frequency	Percent	Valid Percent
Excellent	128	79.5	82.1
Very Good	21	13.0	13.5
Good	5	3.1	3.2
Fair	1	0.6	0.6
Unsatisfactory	1	0.6	0.6
Total Valid	156	96.9	100.0
Total Missing	5	3.1	
Total	161	100.0	



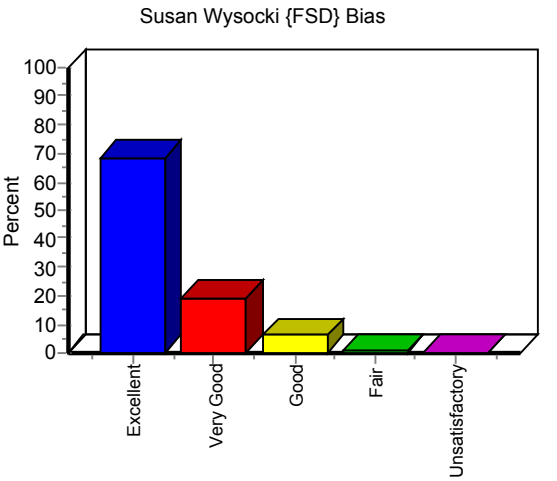
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Jan Basile, MD (HTN):

Label	Frequency	Percent	Valid Percent
Excellent	127	78.9	82.5
Very Good	21	13.0	13.6
Good	6	3.7	3.9
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	154	95.7	100.0
Total Missing	7	4.3	
Total	161	100.0	



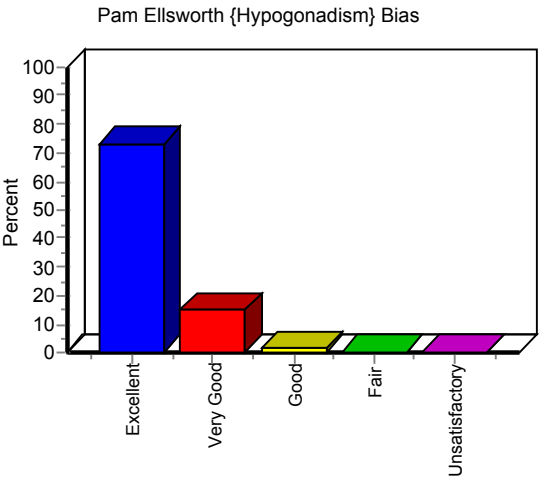
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Susan Wysocki (FSD):

Label	Frequency	Percent	Valid Percent
Excellent	111	68.9	73.0
Very Good	31	19.3	20.4
Good	9	5.6	5.9
Fair	1	0.6	0.7
Unsatisfactory	0	0.0	0.0
Total Valid	152	94.4	100.0
Total Missing	9	5.6	
Total	161	100.0	



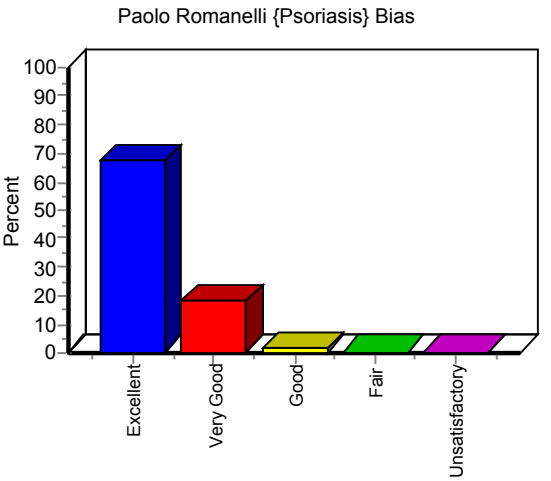
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Pam Ellsworth, MD (Hypogonadism):

Label	Frequency	Percent	Valid Percent
Excellent	118	73.3	81.9
Very Good	24	14.9	16.7
Good	2	1.2	1.4
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	144	89.4	100.0
Total Missing	17	10.6	
Total	161	100.0	



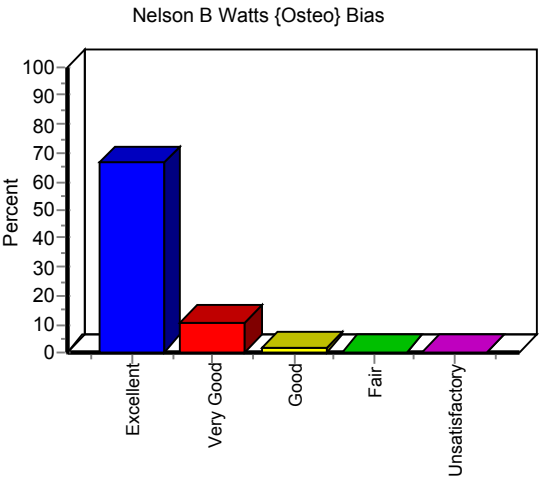
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Paolo Romanelli, MD (Psoriasis):

Label	Frequency	Percent	Valid Percent
Excellent	108	67.1	77.7
Very Good	29	18.0	20.9
Good	2	1.2	1.4
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	139	86.3	100.0
Total Missing	22	13.7	
Total	161	100.0	



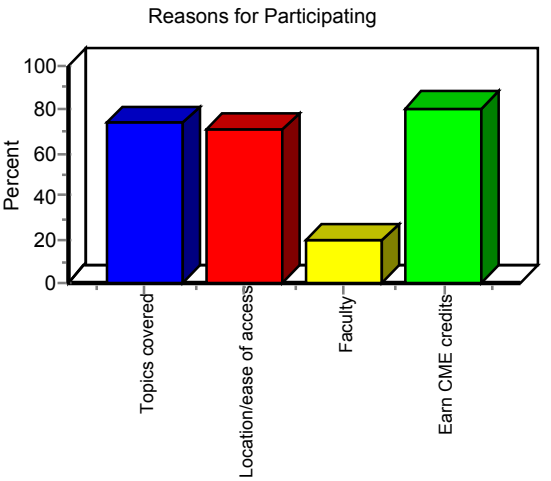
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Nelson B. Watts, MD (Osteo):

Label	Frequency	Percent	Valid Percent
Excellent	107	66.5	84.9
Very Good	17	10.6	13.5
Good	2	1.2	1.6
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	126	78.3	100.0
Total Missing	35	21.7	
Total	161	100.0	



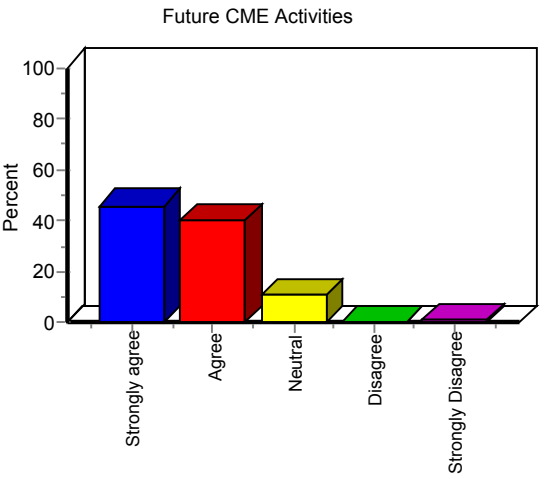
Which statement(s) best reflects your reasons for participating in this activity:

Label	Frequency	Percent	Valid Percent
Topics covered	119	73.9	73.9
Location/ease of access	114	70.8	70.8
Faculty	32	19.9	19.9
Earn CME credits	129	80.1	80.1
Total Valid	161	100.0	100.0



Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent	Valid Percent
Strongly agree	74	46.0	47.1
Agree	65	40.4	41.4
Neutral	17	10.6	10.8
Disagree	0	0.0	0.0
Strongly Disagree	1	0.6	0.6
Total Valid	157	97.5	100.0
Total Missing	4	2.5	
Total	161	100.0	



What is your professional degree?

Comment
MSN
MA
CMA
MOA
FNP Student
NP Student
X-ray Technician
PhD

What is your specialty?

Comment
Family Practice
Family Medicine
ICU
Wound Care
Dermatology
Diabetes Educator
Internal Medicine
Hematology
Occupational Medicine
Nephrology
Pediatrics
Hospitalist
Drug Addiction

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

Comment
AM testing for testosterone level. Apply treatment options in managing mild psoriasis
Using PLISSIT model to improve communication with my patients
Starting with 2 drugs and treatment of HTN
Double HTN therapy and telling women about FSD and other diabetic meds I do not normally use
I will implement the new knowledge about all topics discussed today
Treat DM earlier, ask more sexual dysfunction questions and change mix of HTN drugs
Use combination drugs for HTN
Management of hypogonadism and FRAX for osteoporosis
Starting patients on two blood pressure meds and the use of FRAX
Starting treatment of HTN with a dual combination of meds. Tailoring treatment of DM to my individual patient needs. Being more comfortable and open about talking about female or male sexual dysfunction
More aggressive HTN and DM treatment
Will start using two meds for diabetes and HTN treatment. Will ask more of my male patients about symptoms of hypogonadism
More emphasis on beta cell presentation early in DM management. More emphasis on CCB use in HTN
Screen for FSD in office. Use FRAX for new patients
I have learned new ways to approach subjects with patients
Techniques to elicit responses from my patients about FSD
Increase FRAX use on DEA scans and ask about FSD

Comment
New knowledge on diabetes and hypertension
Make patients more at ease to discuss sexual problems by leaving the room while they dress and then come back. Offer low risk patients a drug holiday after 5 years of treatment
Though not directly involved in management of DM or HTN the discussions improved my base knowledge
Approach hypertension with more confidence and consider combo therapy. Address hypogonadism-screening
More likely to screen for hypogonadism
Evidence based updates in medication choices in diabetes and HTN
Getting better control of HTN
Osteoporosis treatment
Treatment for hypogonadism and more on FRAX
Open communication with patients and new HTN/DM medication strategies
Therapeutic options for psoriasis and osteoporosis
Better treatment and management options as well as better understanding of patient care in all ethnic groups
Discussing sexual dysfunction with patients. Consider using double therapy in HTN
More aggressive treatment for psoriasis
Better diabetes control
Be more aggressive in diabetes
Better assessment and monitoring of diabetes and HTN. FRAX assessment in osteoporosis
Improved knowledge and patient care
Increase patient education
Use of Nebivolol
What does it take to bring the sex drive from 3 to 8; diabetes
Make some changes toward optimizing treatment of diabetes; consider combination therapy more in treatment of hypertension; better identify patients for pharmacological treatment of osteoporosis
Early start of dual therapy in HTN; talking to women about FSD; increase use of TD2 and incretin to prevent B cell loss; treatment and monitoring of hypogonadism
Multi-drug treatment of diabetes mellitus and hypertension; treat FSD
Earlier use of combination drugs-diabetes and HTN
Test replacement and monitoring; diabetes treatment and more aggressive monitoring
Preserve B cell function in diabetics. In most 2 drugs required to control BP. How to discreetly ask about female sexual dysfunction. How to diagnose and treat male hypogonadism. Psoriasis is a gen. dis and early use of biologics to help outcome
Treatment options in HTN-more aggressive in treatment; testing and follow-up with hypogonadism
More appropriate response to managing diabetes and hypertension. Include sexual dysfunction discussions with my patients
Communication, identification of problems, timely
Combined therapy
More confident use of multiple drugs to treat hypertension and more aggressive management of diabetes
Involve patient in treatment choices; bring up subjects of sex life with communication strategies; start 2 BP meds vs 1 at a time
Tailored care for type 2 diabetics; combination therapy for hypertension; improved communication with female patients about lifestyle health; treatment of hypogonadism and psoriasis; FRAX scan for osteopenia and osteoporosis
Aggressive goal oriented blood glucose control; implement a more open atmosphere for patients with FSD and MSD
Thinking twice about the safe of HC72 in DD patients and diagnose male hypogonadism
Medications for HTN; Rx strategy change re: HCT2
More firmly planted medical management strategies and tiering of pharmaceutical choices for the diseases discussed
Modification of treatment goals
Additions to JNC7 HTN control med in formation and updates on ADA guidelines helpful
Approach to sexual dysfunction with patients in appropriate manner. Approach to diabetic management

Comment
EBP studies that support new HTN treatment strategies for treating psoriasis based on BSA percentages; published studies showing DM treatments should be based on reducing B cell destruction to improve glucose control; use FRAX in identifying candidates for osteoporotic treatments
Closer monitor of diabetes; home BP testing; multiple antihypertensive agents; improved counseling for sexual dysfunction-open ended questions; total testosterone repeat lab testing; BMD testing and bisphosphonatic treatment 10 year then drug holiday
Make more effective decisions towards optimization therapy ; role of combination therapy in management of hypertensions; therapeutic options in management of psoriasis
Treat psoriasis early
No thiazides for African-Americans; check fasting blood glucose; vary treatment with increase FBS vs increase post prandial
Reduce glucose level as soon as possible; less use of sulfonylurea; use of RAS and CCB combo earlier; use RAS and RI earlier to prevent loss of kidney function; diagnose and treat hypogonadism better; treat psoriasis better; update osteoporosis treatment and use FRAX
Better goal approach to management of uncontrolled DM and updated therapies for HTN
Opening up the conversation for FSD; using combination therapy for Rx of HTN as initial therapy; checking for hypogonadism; using combination of effective therapies for Rx of DM
Use a DPP-4 inhibitor sooner in diabetes treatment; use combination and multidrug therapy sooner in HTN treatment; I will use a bisphosphone now longer than 5 years
Hypogonadism
Ask sex life questions more often; check for low testosterone more often; consider systemic Rx for psoriasis; change some Rx for HTN
Multiple medications for HTN; diabetes Rx with use of incretin; ability to apply the PLISSIT
Treatment of HTN and DM are important in my practice and the FSD is low as I have only a very few women in my panel
BP goals
Combo therapy benefits with HTN and DM; app eval and treatment of decreased testosterone
Better communication regarding patient anxiety and resistant topics; further verification of importance of utilizing more specific therapies for DM for better long term outcome
Target of what is being treated and improved outcomes in DM. Treatment of hypertension and encouragement to start with 2 agents. Increased comfort with inquiring about sexual dysfunction
I am more aware now or at least reminded of the updates for approach and treatment of the different topics. I will try to incorporate these now in my practice
Using alternative thialide diuretic other than HCT2 especially in ethnic patients. Becoming familiar with sex therapist to offer referral for women suffering from sexual dysfunction. Checking SHGB in symptomatic males with low normal total testosterone x2
Changing approach to DM2; adding injectables earlier in therapy; rechecking testosterone levels sooner after starting therapy
Greater use of T2D for DMII; more aggressive with BS control for DMII; more aggressive with combo treatment of HT
More aggressive with treatment; less reliance on patient to do part yet stressing the importance or gravity of new diagnosis
Avoid QD Atenolol; if have to use bio; use of chlorthalidone; role play; FRAX
I will treat low testosterone sooner. I will also pay more attention to the sexual dysfunction in women
Better use of antihypertensive and diabetes drugs
DMII combination treatment and pressure for referral for sexual dysfunction
Combo therapy for both DMII and HTN; PLISSIT model for addressing sexual health; proper workup of decreased T
Understanding the mechanism of disease can help me direct patients to appropriate specialist
Check SBH6 levels and use bio available levels of testosterone; calculate BSA on psoriasis patients; FRAX tool for fracture risk

Comment
Speakers well knowledgeable on each field; osteoporosis
HTN management-double therapy at onset and use of Thiazid-type diuretics; DM management and using incretins; psoriasis treatment and indications; osteoporosis-treatment options using FRAX
More aware of testosterone guidelines
Fine tune medication choice in diabetes and osteoporosis care
HTN algorythms; interview techniques; use of quantiferon for select TB testing
DM and hypertension
Communication skills and treating psoriasis as a systemic disease

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

Comment
Dyslipidemia and metabolic syndrome
Update on new medications
STD's and usage of antibiotics
Pain management
Blood disorders
DVT prophylaxis and how to prevent malpractice cases
Vascular disease and hormone therapy
Ortho information
Treatment of ADHD in children
Emergencies in primary care
Wound care management and vascular topics
Sports injuries and IBS
Hyper/hypothyroidism and cardiovascular disease
Women's health, breast cancer, HRT and practical ways to improve patient modification in lifestyle modification for CV risk
Cholesterol management
Adult ADHD in <20hr format
Thyroid disease
Diagnostic imaging
Pain management modalities
HTN and CAD
More on osteoporosis
Contraceptives and employment based physical exam
OB/GYN and urology
Depression and GYN cancers
More on women's health care issues
Pediatric topics
Lupus and RA
Autoimmune disorders and FSD
Neurology and dermatology topics
STD's, hyperlipidemia and anxiety and depression in young adults
Pain management, fibromyalgia, depression and ovarian cancer
Smoking cessation
Asthma, COPD and CHF
Weight loss, depression and more dermatology
More on HTN and DM
Pediatric obesity and type 1 diabetes

Comment
Sleep disorders
Heart disease
Hepatitis B and C, strokes and rheumatoid arthritis
More dermatology topics
Bipolar depression, anxiety, IBS and thyroid disease
Neurology and back pain
Bioidentical hormones
Treatment for decreased libido
Joint pain evaluation and treatments
Pacemakers for primary care and electrophysiology
Oncology; COPD; resp diseases
Update on antibiotic-mag of chronic pain
Long term pain decrease chronic and opioid management
Geriatrics
Resistant HTN, brittle DM management, HTN management in elderly, dermatology in office
Sleep disorders, rheumatoid arthritis, and depression
Respiratory issues and MS issues
Infectious disease, otolaryngology, allergies
ACS, LAD, and metabolic disorders
Primary care in women's health setting
Vitamin supplementation
Orthopedics
Treatment of sexual dysfunction
Geriatric med, dementia, and OSA
Managing non-compliant patients and difficult patients
Treatment of CKD2
Sleep disorders, basic dermatology, fibromyalgia, stress disorders- PTSD and physiologic response, pain management
Tremors
Juvenile obesity, COPD, arthritis, pain in primary care setting, chronic allergic rhinitis and sinusitis
Female bladder problem-options for treatment
Diabetes and HTN
Asthma and urology
COPD and pneumonias
Dyslipidemia treatment
Obesity management
Dermatology
Breast cancer update
Strokes, CHF, arthritis, and pain management
Cancer prevention and genetic risks counseling
Pharmacotherapies for FSD; overview for preventive health maintenance screenings in primary care
Medical marijuana and chronic pain
In depth exercise regimens for heart and body parts
Hospitalists program-hypertensive crisis
Hyperlipidemia, COPD, arthritis
STDs, infectious diseases, and ADHD
STD treatment and use of antibiotics
GERD, PUD, lipids, constipation, migraines, seizures
Dermatology and how to increase patient compliance
Thyroid topics and GI topics

Comment
Pediatric infectious disease; pediatric HTN; sport medicine
No comment
Dermatology cancer
Geriatrics and dementia
Use of diabetic medication in polycystic ovarian syndrome
MS, Parkinson's, and nutrition
Rectocell and cysthacele in older patients
Female HRT
NRT controversy
Women's health and primary care of psychiatric disorders
Nuero, psych, ortho, occ med, opthol, rehab for primary care

Additional comments:

Comment
Great-thanks
Excellent
Excellent
Excellent CME activity-thank you
Good food and good room setting
Very nice conference
Pleasantly surprised at the quality of the lecture-1st time participant
Excellent conference and the speakers were very informative
Very good program and excellent facility
Nice conference
Thank you
Thank you very much for the course
FSD lecture very good
Very informative-thank you
Thank you for this presentation and the free meals
Thanks
Good meeting!
Very informative
Very good learning experience
Thank you
Very nice meeting space and good lectures
The FSD presentation was useful but I also would have liked info on how to treat it rather that just talk about it
Wonderful program
Excellent and knowledgeable speakers
Excellent CME-thank you
I was very pleased with this CME. Thank you
Thanks. Very good CME topics. Would also like topics such as management of cancer survivor and pain management strategies. Thank you for lunch.
Well planned and organized CME conference
Great lectures and speakers. Would have liked more topics and possibly a second day of CME to cover even more of the issues I see daily in my patients.
Enjoyed the discussion and Q and A
Thanks for the opportunity
Great

Comment
Excellent
Great CME-Thanks
The lecture on psoriasis was great
Interesting lectures
Excellent
Plan to continue follow up presentation
Excellent CME activity
Thank you
Thanks for the opportunity to attend
Great meeting
Good location
Thanks for providing cutting edge info
Enjoyed CME
Great conference
Grateful for the free CME, thank you
Good conference. Greatly appreciate that your syllabus is easily stored, non-bulky and biodegradable
Great topics. Thank you
Very good
Thank you
None
Thanks for lunch
Facilities and accommodations comfortable and adequate
Very well organized
Excellent, well done, thank you