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

*April 24, 2010
St. Louis, MO
Westin St. Louis*

Course Director
Gregg Sherman, MD

Activity Director
Michelle Frisch, MPH, CCMEP

Program Evaluation
May 21, 2010

In April 2010, the National Association for Continuing Education (NACE) sponsored a CME program, ***Emerging Challenges in Primary Care: 2010***, in St. Louis, MO.

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.

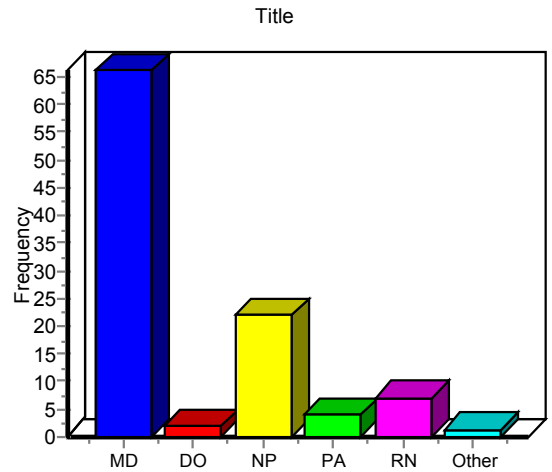
One hundred fifty five healthcare practitioners registered to attend ***Emerging Challenges in Primary Care: 2010*** in St. Louis, MO. One hundred five healthcare practitioners actually attended this conference. Each attendee was asked to complete and return an activity evaluation form prior to the end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

CME ACCREDITATION

The National Association for Continuing Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The National Association for Continuing Education designates this educational activity for a maximum of 7.25 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

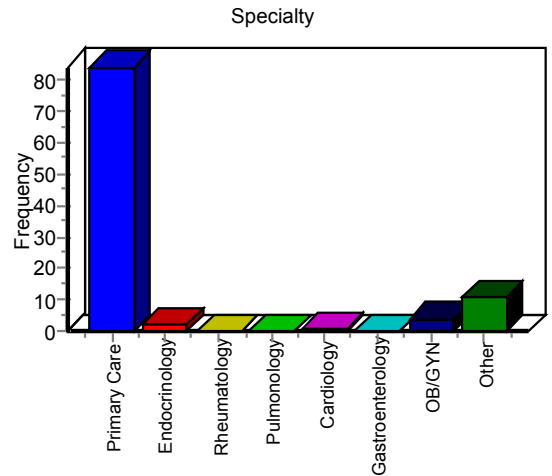
What is your professional degree?

Label	Frequency	Percent	Valid Percent
MD	66	64.7	64.7
DO	2	2.0	2.0
NP	22	21.6	21.6
PA	4	3.9	3.9
RN	7	6.9	6.9
Other	1	1.0	1.0
Total Valid	102	100.0	100.0



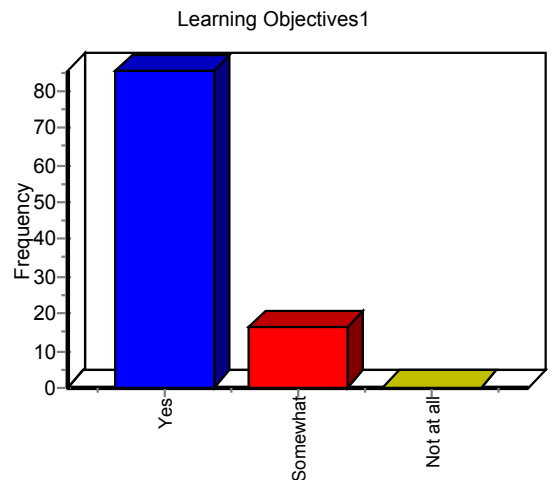
What is your specialty?

Label	Frequency	Percent	Valid Percent
Primary Care	84	82.4	82.4
Endocrinology	2	2.0	2.0
Rheumatology	0	0.0	0.0
Pulmonology	0	0.0	0.0
Cardiology	1	1.0	1.0
Gastroenterology	0	0.0	0.0
OB/GYN	4	3.9	3.9
Other	11	10.8	10.8
Total Valid	102	100.0	100.0



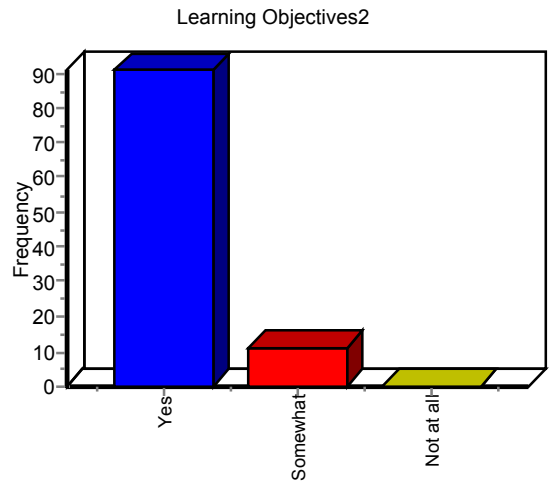
Upon completion of this activity, I can now - Discuss the pathogenesis of hyperglycemia; Make more effective decisions towards optimizing therapy; Explain the effectiveness of diet and exercise in treatment of diabetes at each stage of disease; Recognize the impact of treatment on cardiovascular disease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

Label	Frequency	Percent	Valid Percent
Yes	85	83.3	84.2
Somewhat	16	15.7	15.8
Not at all	0	0.0	0.0
Total Valid	101	99.0	100.0
Total Missing	1	1.0	
Total	102	100.0	



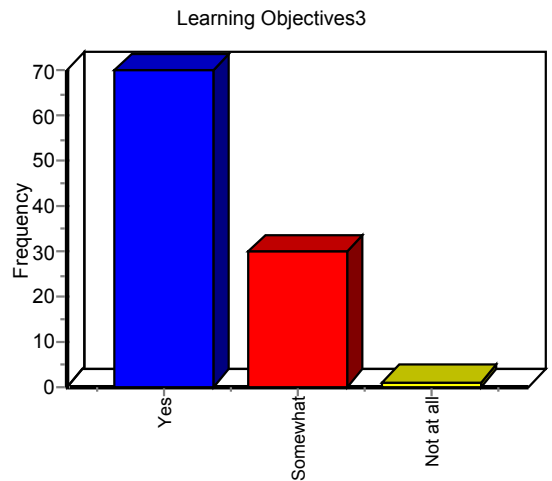
Upon completion of this activity, I can now - Discuss the prevalence of patients not achieving targeted blood pressure goals and the importance of Clinical or Therapeutic Inertia; Understand the role of combination therapy in management of Hypertension and current treatment guidelines; Recognize the 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	91	89.2	89.2
Somewhat	11	10.8	10.8
Not at all	0	0.0	0.0
Total Valid	102	100.0	100.0



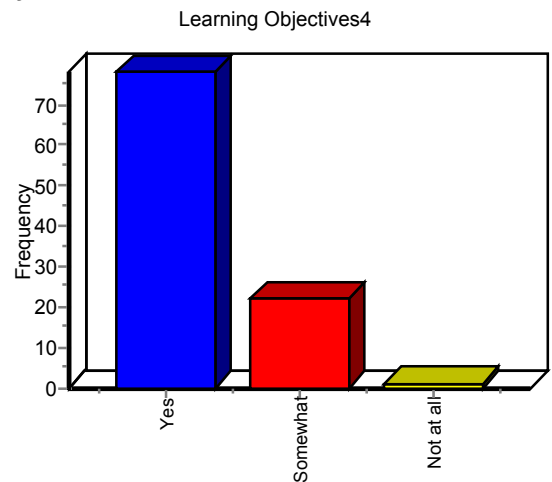
Upon completion of this activity, I can now - Discuss the various etiologies of female sexual dysfunction; Share current epidemiologic information describing the prevalence, incidence, societal burden and personal impact of female sexual dysfunction and its desire disorder of HSDD (hypoactive sexual 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	70	68.6	69.3
Somewhat	30	29.4	29.7
Not at all	1	1.0	1.0
Total Valid	101	99.0	100.0
Total Missing	1	1.0	
Total	102	100.0	



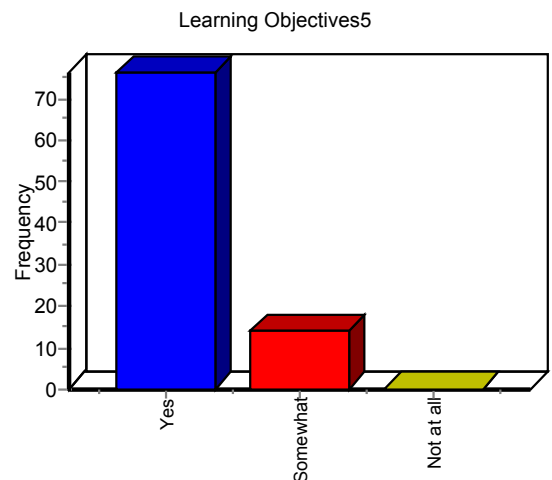
Upon completion of this activity, I can now - Discuss the prevalence of male hypogonadism; Order appropriate lab tests to make a diagnosis and understand the full scope of the problem; identify appropriate management strategies, utilizing traditional testosterone replacement therapies and newer modalities 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	78	76.5	77.2
Somewhat	22	21.6	21.8
Not at all	1	1.0	1.0
Total Valid	101	99.0	100.0
Total Missing	1	1.0	
Total	102	100.0	



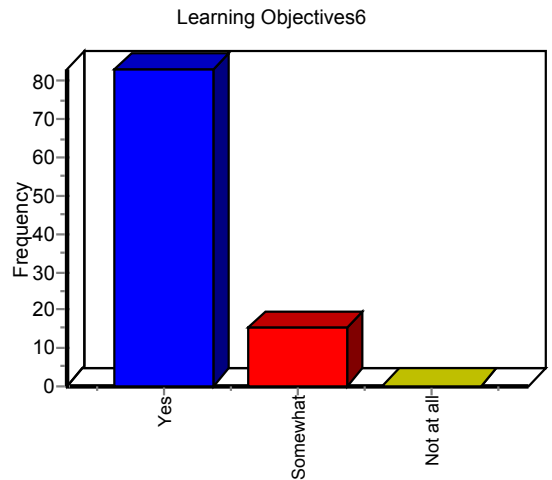
Upon completion of this activity, I can now - Recognize and diagnose Psoriasis and Psoriatic Arthritis (PsA) earlier, and institute appropriate initial treatment options; Discuss the burden and impact of Psoriasis and PsA; Recognize the systemic impact of Psoriasis and the relationship to the metabolic 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	76	74.5	84.4
Somewhat	14	13.7	15.6
Not at all	0	0.0	0.0
Total Valid	90	88.2	100.0
Total Missing	12	11.8	
Total	102	100.0	



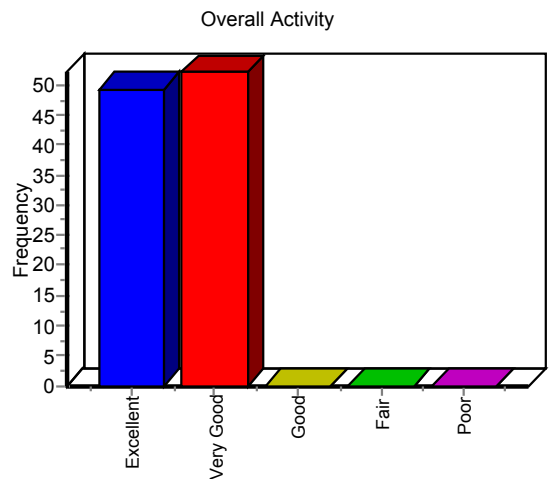
Upon completion of this activity, I can now - Explain the importance of the RANK/RANKL/OPG system in bone health and disease; Describe strategies to identify candidates for pharmacologic treatment; List available therapies for osteoporosis; Identify and overcome barriers to compliance and persistence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

Label	Frequency	Percent	Valid Percent
Yes	83	81.4	84.7
Somewhat	15	14.7	15.3
Not at all	0	0.0	0.0
Total Valid	98	96.1	100.0
Total Missing	4	3.9	
Total	102	100.0	



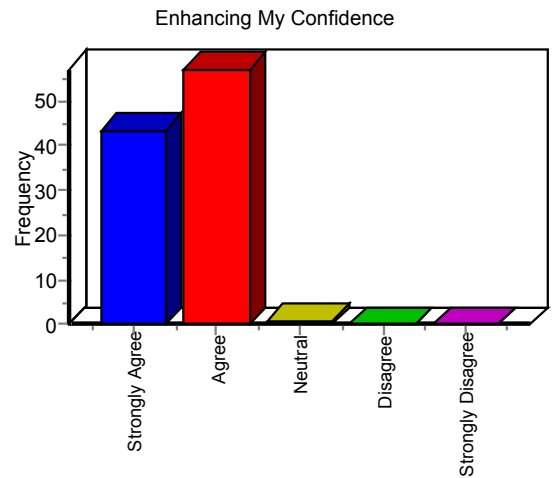
Overall, I would rate this activity as:

Label	Frequency	Percent	Valid Percent
Excellent	49	48.0	48.5
Very Good	52	51.0	51.5
Good	0	0.0	0.0
Fair	0	0.0	0.0
Poor	0	0.0	0.0
Total Valid	101	99.0	100.0
Total Missing	1	1.0	
Total	102	100.0	



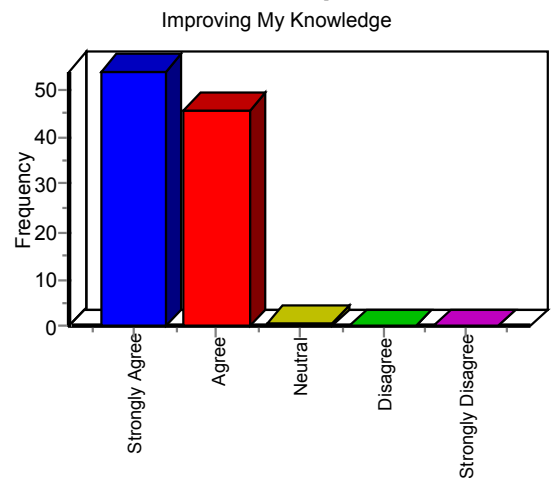
Overall, this activity was effective in enhancing my confidence in caring for patients with the condition(s) presented?

Label	Frequency	Percent	Valid Percent
Strongly Agree	43	42.2	42.6
Agree	57	55.9	56.4
Neutral	1	1.0	1.0
Disagree	0	0.0	0.0
Strongly Disagree	0	0.0	0.0
Total Valid	101	99.0	100.0
Total Missing	1	1.0	
Total	102	100.0	



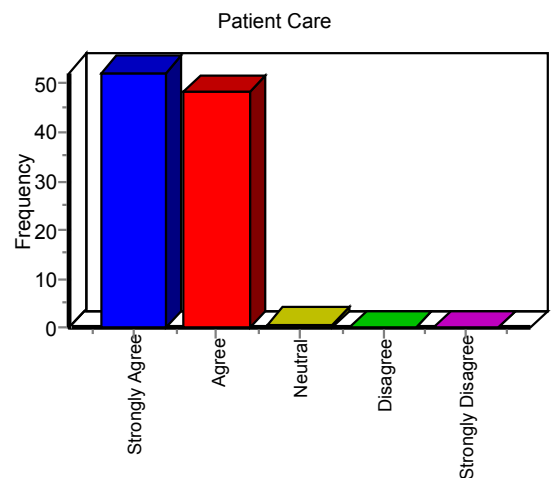
Overall, this activity was effective in improving my knowledge in the content areas presented:

Label	Frequency	Percent	Valid Percent
Strongly Agree	54	52.9	53.5
Agree	46	45.1	45.5
Neutral	1	1.0	1.0
Disagree	0	0.0	0.0
Strongly Disagree	0	0.0	0.0
Total Valid	101	99.0	100.0
Total Missing	1	1.0	
Total	102	100.0	



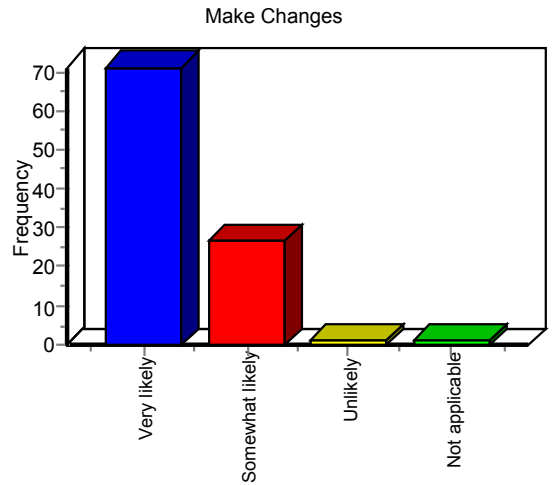
As a result of this activity, I have learned new strategies for patient care:

Label	Frequency	Percent	Valid Percent
Strongly Agree	52	51.0	51.5
Agree	48	47.1	47.5
Neutral	1	1.0	1.0
Disagree	0	0.0	0.0
Strongly Disagree	0	0.0	0.0
Total Valid	101	99.0	100.0
Total Missing	1	1.0	
Total	102	100.0	



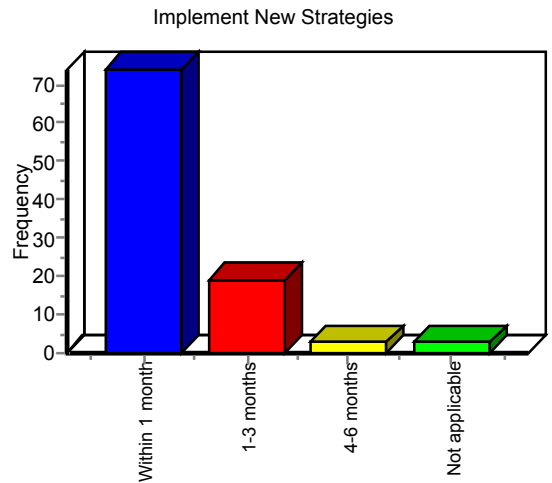
How likely are you to implement these new strategies in your practice?

Label	Frequency	Percent	Valid Percent
Very likely	71	69.6	71.0
Somewhat likely	27	26.5	27.0
Unlikely	1	1.0	1.0
Not applicable	1	1.0	1.0
Total Valid	100	98.0	100.0
Total Missing	2	2.0	
Total	102	100.0	



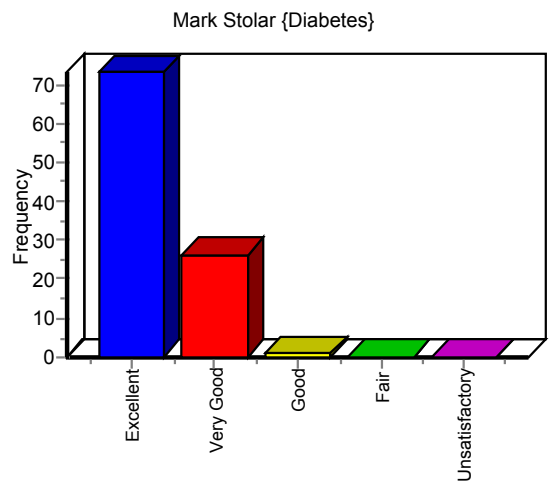
When do you intend to implement these new strategies into your practice?

Label	Frequency	Percent	Valid Percent
Within 1 month	74	72.5	74.7
1-3 months	19	18.6	19.2
4-6 months	3	2.9	3.0
Not applicable	3	2.9	3.0
Total Valid	99	97.1	100.0
Total Missing	3	2.9	
Total	102	100.0	



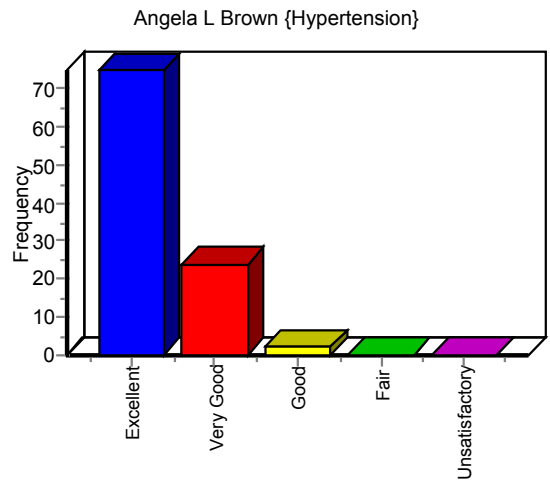
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Mark Stolar, MD (Diabetes):

Label	Frequency	Percent	Valid Percent
Excellent	73	71.6	73.0
Very Good	26	25.5	26.0
Good	1	1.0	1.0
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	100	98.0	100.0
Total Missing	2	2.0	
Total	102	100.0	



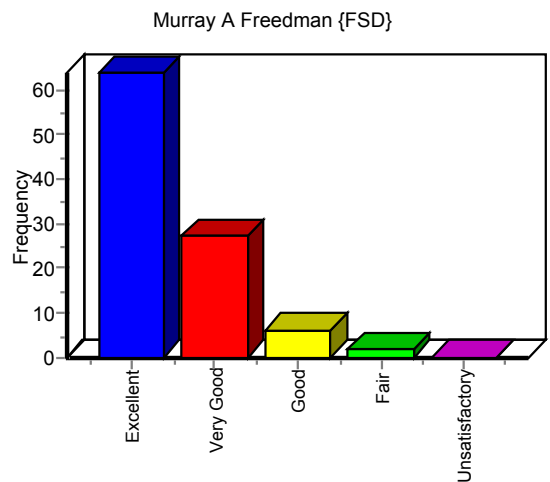
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Angela L. Brown, MD (Hypertension):

Label	Frequency	Percent	Valid Percent
Excellent	75	73.5	74.3
Very Good	24	23.5	23.8
Good	2	2.0	2.0
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	101	99.0	100.0
Total Missing	1	1.0	
Total	102	100.0	



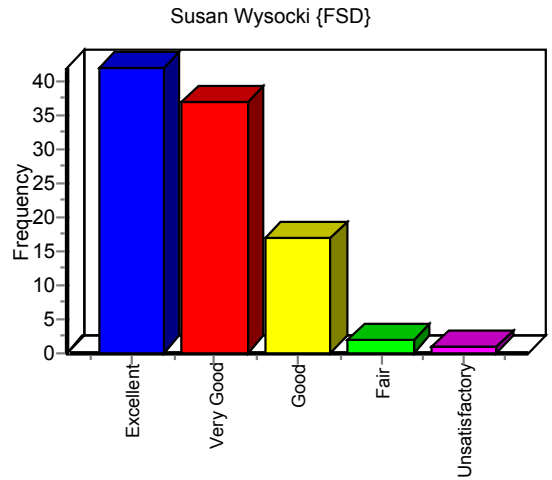
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Murray A. Freedman, MD (FSD):

Label	Frequency	Percent	Valid Percent
Excellent	64	62.7	64.6
Very Good	27	26.5	27.3
Good	6	5.9	6.1
Fair	2	2.0	2.0
Unsatisfactory	0	0.0	0.0
Total Valid	99	97.1	100.0
Total Missing	3	2.9	
Total	102	100.0	



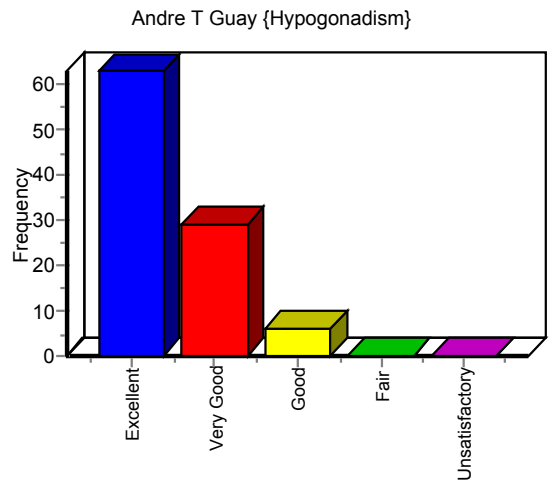
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Susan Wysocki, WHNP-BC (FSD):

Label	Frequency	Percent	Valid Percent
Excellent	42	41.2	42.4
Very Good	37	36.3	37.4
Good	17	16.7	17.2
Fair	2	2.0	2.0
Unsatisfactory	1	1.0	1.0
Total Valid	99	97.1	100.0
Total Missing	3	2.9	
Total	102	100.0	



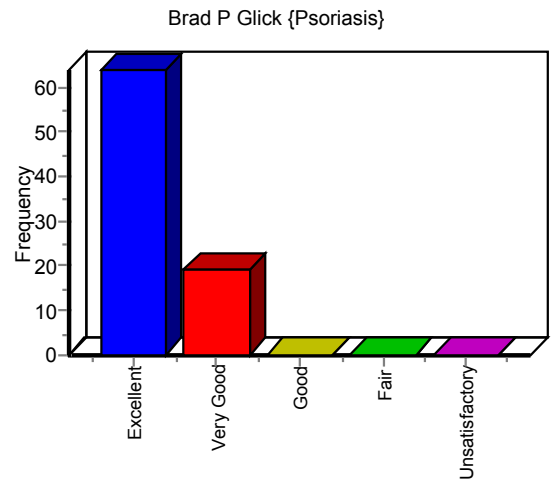
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Andre T. Guay, MD (Hypogonadism):

Label	Frequency	Percent	Valid Percent
Excellent	63	61.8	64.3
Very Good	29	28.4	29.6
Good	6	5.9	6.1
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	98	96.1	100.0
Total Missing	4	3.9	
Total	102	100.0	



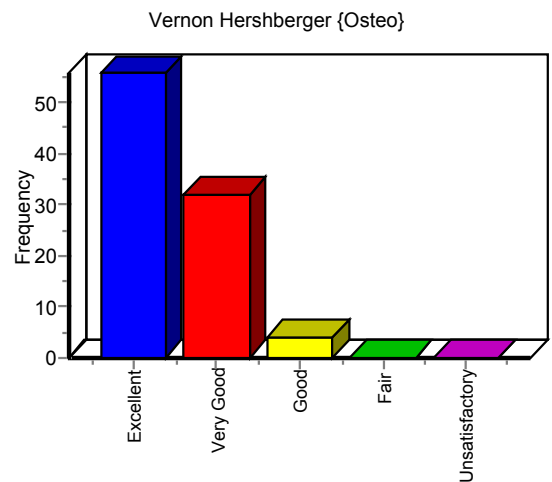
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Brad P. Glick, DO (Psoriasis):

Label	Frequency	Percent	Valid Percent
Excellent	64	62.7	77.1
Very Good	19	18.6	22.9
Good	0	0.0	0.0
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	83	81.4	100.0
Total Missing	19	18.6	
Total	102	100.0	



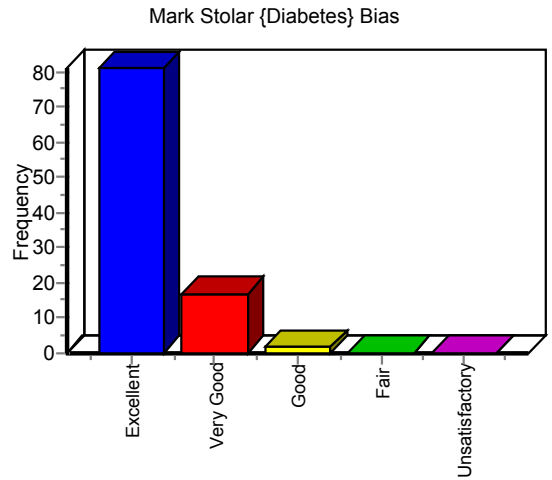
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Vernon Hershberger, MD (Osteo):

Label	Frequency	Percent	Valid Percent
Excellent	56	54.9	60.9
Very Good	32	31.4	34.8
Good	4	3.9	4.3
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	92	90.2	100.0
Total Missing	10	9.8	
Total	102	100.0	



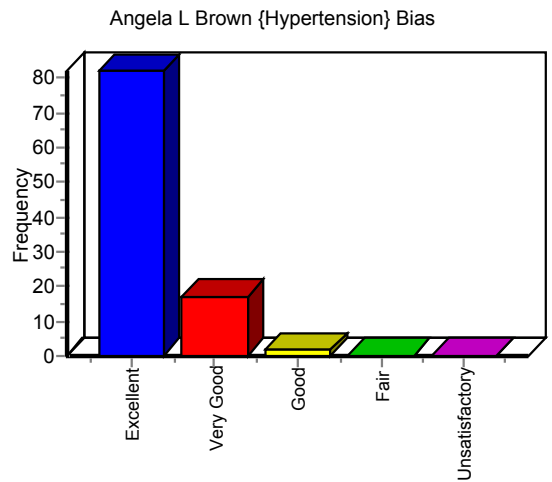
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Mark Stolar, MD (Diabetes):

Label	Frequency	Percent	Valid Percent
Excellent	81	79.4	81.0
Very Good	17	16.7	17.0
Good	2	2.0	2.0
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	100	98.0	100.0
Total Missing	2	2.0	
Total	102	100.0	



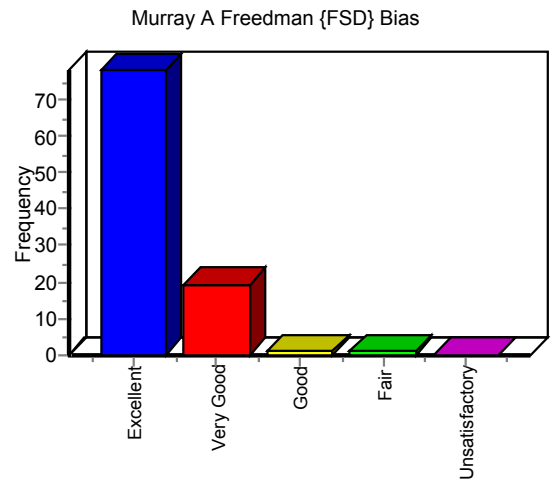
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Angela L. Brown, MD (Hypertension):

Label	Frequency	Percent	Valid Percent
Excellent	82	80.4	81.2
Very Good	17	16.7	16.8
Good	2	2.0	2.0
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	101	99.0	100.0
Total Missing	1	1.0	
Total	102	100.0	



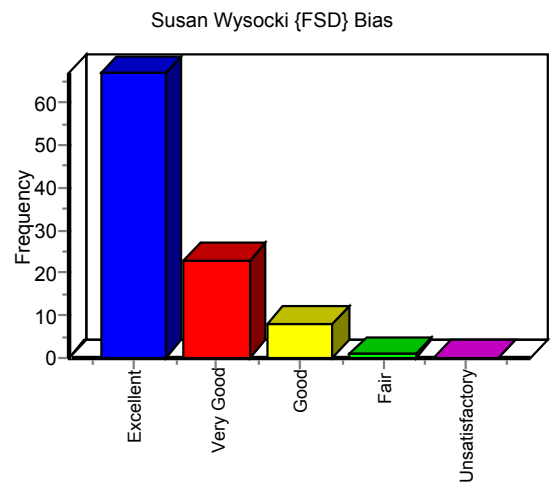
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Murray A. Freedman, MD (FSD):

Label	Frequency	Percent	Valid Percent
Excellent	78	76.5	78.8
Very Good	19	18.6	19.2
Good	1	1.0	1.0
Fair	1	1.0	1.0
Unsatisfactory	0	0.0	0.0
Total Valid	99	97.1	100.0
Total Missing	3	2.9	
Total	102	100.0	



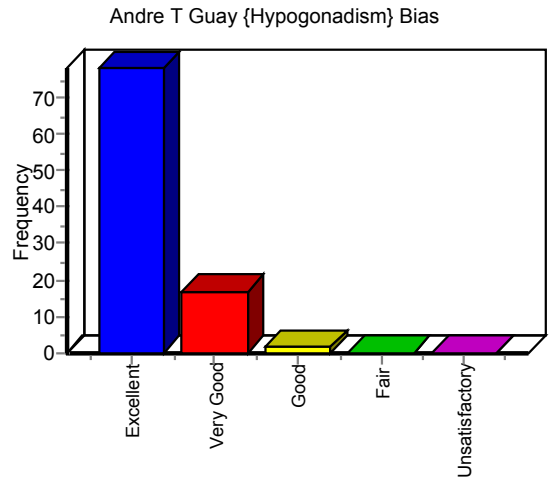
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Susan Wysocki, WHNP-BC (FSD):

Label	Frequency	Percent	Valid Percent
Excellent	67	65.7	67.7
Very Good	23	22.5	23.2
Good	8	7.8	8.1
Fair	1	1.0	1.0
Unsatisfactory	0	0.0	0.0
Total Valid	99	97.1	100.0
Total Missing	3	2.9	
Total	102	100.0	



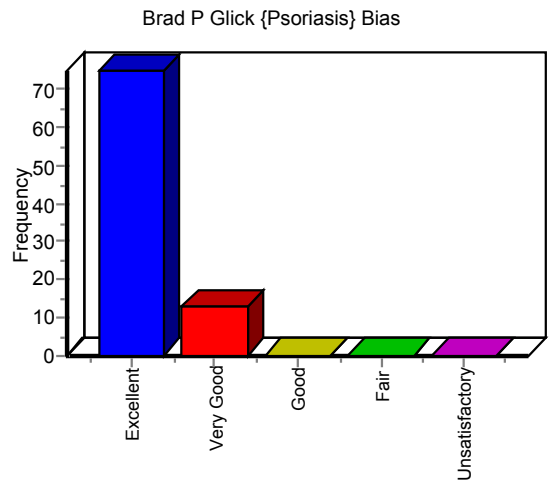
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Andre T. Guay, MD (Hypogonadism):

Label	Frequency	Percent	Valid Percent
Excellent	78	76.5	80.4
Very Good	17	16.7	17.5
Good	2	2.0	2.1
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	97	95.1	100.0
Total Missing	5	4.9	
Total	102	100.0	



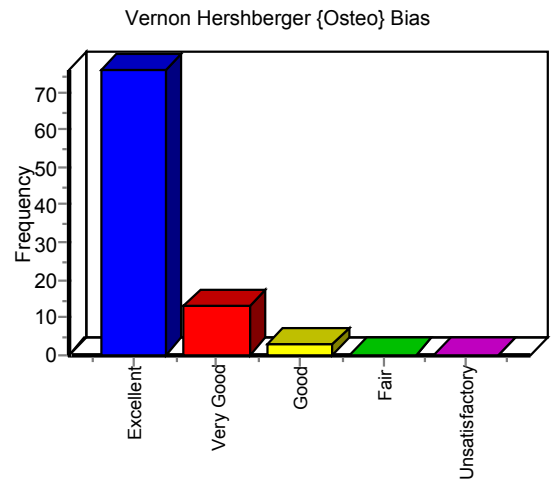
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Brad P. Glick, DO (Psoriasis):

Label	Frequency	Percent	Valid Percent
Excellent	75	73.5	85.2
Very Good	13	12.7	14.8
Good	0	0.0	0.0
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	88	86.3	100.0
Total Missing	14	13.7	
Total	102	100.0	



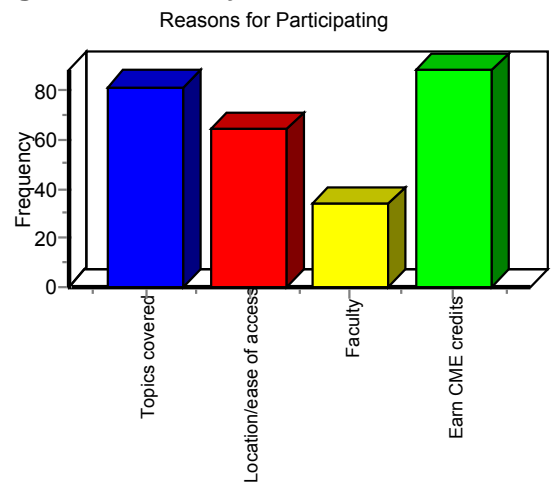
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Vernon Hershberger, MD (Osteo):

Label	Frequency	Percent	Valid Percent
Excellent	76	74.5	82.6
Very Good	13	12.7	14.1
Good	3	2.9	3.3
Fair	0	0.0	0.0
Unsatisfactory	0	0.0	0.0
Total Valid	92	90.2	100.0
Total Missing	10	9.8	
Total	102	100.0	



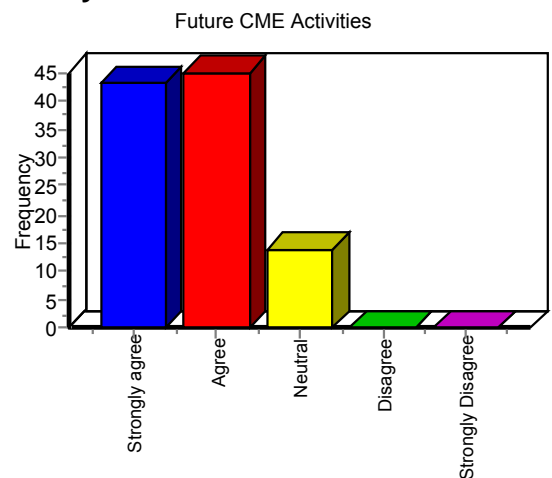
Which statement(s) best reflects your reasons for participating in this activity:

Label	Frequency	Percent	Valid Percent
Topics covered	82	80.4	80.4
Location/ease of access	65	63.7	63.7
Faculty	34	33.3	33.3
Earn CME credits	89	87.3	87.3
Total Valid	102	100.0	100.0



Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent	Valid Percent
Strongly agree	43	42.2	42.2
Agree	45	44.1	44.1
Neutral	14	13.7	13.7
Disagree	0	0.0	0.0
Strongly Disagree	0	0.0	0.0
Total Valid	102	100.0	100.0



What is your professional degree?

Comment
Geriatrics
WHNP-BC
APRN
NP Student

What is your specialty?

Comment
Internal Medicine
General Surgery
PMR
Nursing Home
Urology
Psychiatry x3
Oncology
Bariatric

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

Comment
NP in urology, plan to obtain tools for answers, female sexual dysfunction
The topic coverage is excellent. I find this really refreshing and the current guidelines (given today especially for osteoporosis) are truly helpful
Identifying appropriate patients and treating appropriately based on new studies and guidelines
Murder risk greater than ONJ, appropriate hypogonadism lab testing, FRAX tool use
On managing diabetes consider issues other than sugar levels. Hypertension levels are midrities in care of CO levels
Use of second drug early in poor diabetes control. Environmental control of prescription of HTN and HCUD, Early diagnosis of hypogonadism, Exposure of sexual dysfunction and early referral
The more I know the more gets done
How to utilize FRAX score, which medications to utilize for DM-new or non responding, when to make referral
Engaging patients in discussion of sexual problems, strategies for treating diabetes, screen men over 70 for osteoporosis
More use of GLPI analogues and T2D, more use of fixed dose combination of antihypertensives, and include sexual dysfunction in review of system-screen for low testosterone
Good reviews of complex subjects such as presented today in this CME will help me tackle different problems
Diabetes-treating individual patient, not step approach. Psoriasis-screen for joint pain, does not have to use step therapy for anti TNF therapy
Must take detailed history to evaluate female sexual dysfunction and male hypogonadism. Better understanding of combination prescription for HTN. Learned relationship of medical co-factors to male and female sexual dysfunction could lower testosterone
How to broach the topic FSD with client, things to consider in the treatment of hypertension-combination therapies, and treatments and considerations to address with diabetes-newer therapies, early treatment
I will change treatment methods and flu
Treat testosterone less than 300, recheck 3 months and 2 weeks, use T2Ds sooner, also Jamuvia like meds sooner, administer Aldactone for BP, will calculate FRAX for osteoporosis
Strategies for adding diabetes management and HTN-adding medications
Not just do step wise treatment of HTN and DM
Interpreting a T-score, any drugs used to treat sexual dysfunction in females, and would be receptive to presentation on rheumatoid arthritis

Comment
Insulin identification rule #10, AHCE guidelines, FRAX, Tenter levels
Quicker to use T2D, GIP-1, DPP-4, be more aggressive on goal BP 130/80, if they have co-morbid disease will look for opportunities (that I may have previously missed to d/w patient the possibility of female sexual dysfunction). We actively treat hypogonadism, could do better with flu checks and PSA level checks. I will use the FRAX tool. I will still refer for psoriasis
Individualize medications for diabetes, have higher BP goals for diabetics, and initiate inquiries related to sexual problems
Use FRAX tool, measures testosterone levels in symptomatic patients, and ask about sexual dysfunction when appropriate
Instituting combination therapy initially for HTN and using combination/multidrug for diabetes
Focus on decrease progression with diabetes, initial combination treatment for HTN, and FRAX
Better strategy for treating hypertension and diabetes. Better potential source of therapy in men with hypogonadism and FRAX for osteoporosis patients
Use of FRAX calculation in the office
Role of Spinodaltine in HTN and initiate dual therapy at diagnosis for type 2 diabetes-appropriate labs and flu. For hypogonadism, role of Dexisum RANK in monitoring/dedicating treatment for osteoporosis. Better able to initiate topics utilizing PCISST model for female sexual dysfunction
Institution of combination therapies (diabetes and hypertension) as initial therapy
I enjoyed the different techniques presented for interviewing
ACEI and HCT is better than ACE and HCB fix combination for HTN to start with, rather than mono therapy. Etiology of DM is multi factorial so prescription will be combination of meds
Have learned much regarding meds, labs, and treatment. I feel more comfortable approaching new areas due to attendance of this conference
Evaluate "full picture" of diabetic and address each aspect with the appropriate drug-increased, up-to-date information will allow better, more thorough interaction with each patient and individualize plan of care. Draw more information from each patient to encourage disclosure of all facets of patients' health psych to address
Pay more attention to underlying with physiology and individualizing prescription based on evidence based medicine
How to initiate talk of sexual dysfunction with patients without embarrassment. How to screen for hypogonadism, screen more patients for osteoporosis, properly treat hypertension, newer treatment of psoriasis (biologic therapy)
Treatment with combination of meds for HTN, explore sexuality concerns with patient and importance of satisfaction, emphasize life style with our psych patients since they are higher risk as well as review meds and treatment for diagnosis diabetic and coordinate with PCP
Consider bystolic as beta blocker and also speronolaitone in hypertension management and FRAX scoring in osteoperic patients for treatment considerations
Controlling HTN more effectively, using new drugs for diabetic HTN, and effectively treating diabetes with diet and meds
Multiple (2 or more) initial prescriptions DM and HTN, instigate discussions sexual dysfunction and prescribe osteoporosis as long as toleration
Combination therapy for hypertension and FARX
Ease of use for using GLP-1 in diabetic patients and two-dry therapy for managing diabetics
I work with women with cancer and will be using guidelines for HTN, diabetes for evidence based interventions. Sexual health vital in survivors from cancer-information today was invaluable
How to initiate question for a therapeutic conversation dealing with sexual dysfunctions
Look at pathophysiology in treating diabetes, strongly encourage physical activity, and look at new meds for diabetes
Clinically oriented, useful in practice
More aggressive management of diabetes using the proper medication according to their indications
Using FRAX for patients with osteopenia, talking with patients with sexual dysfunction, and more aware of joint issues and psoriasis
Learned to prescribe Lowtertordenx, etc.

Comment
I can discuss diabetes progression and treatment with my obese patients. I can discuss sexuality with patients and I can utilize FRAX tool
Reconsider T2D's, increase use of incretin prescriptions, screen more for hypogonadism, and use FLEX with bone density
Combination of drugs and strategies to use to manage HTN and diabetes
Diabetes-vary diagnosis, flu and treatment is really important. Hypertension-gone if BP is 130/80-use of ARB and ACE is possible, therapies as well. Sure to be more talks with patients regarding discussion of FSD. Hypogonadism-need to lab testosterone
Appreciated references from Dr. Brown to JNC8. Appreciated Dr. Brown's discussion during the Q&A session regarding secondary hypertension. I welcomed Dr. Kuritsky's participation with the case vignettes. I have seen him lecture many times and consider him a leading expert. Learned about testing for UA and self hormone binding globulin for men with hypogonadism. Appreciated data comparing osteoporosis of jaw to murder and MVA. Helpful to learn about new biologic treatments for psoriasis
Treatment plan for DM2, HTN, osteoporosis, and psoriasis
FRAX estimate for prescription of osteoporosis, multiple prescriptions of HPN, emphasize to patient lifestyle modification as prescription part of diabetes and HPN, and more aware of vitamin D deficiency
For diabetes early combined therapy and 2 HTN same
Asking more direct questions regarding lifestyle choices as they pertain to HTN, diabetes, and sexual dysfunction since they relate so much to urology for me. Validation issues, schedule enough time for discussion (PLISSIT). This can be used for many issues. Color slides need to be "tweaked" so they copy better
Better approach for diabetes treatment with different medications, HTN initial treatment, better understanding of osteoporosis and better understanding of male hypogonadism
Optimal therapy of drug mellin in hypertension
Strategies in above topics discussed today (New Strategies) such as newer tools for assessing and diagnosing and newer therapies/drugs for treatment
Plan to ask about sexual satisfaction

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

Comment
Treatment-no modalities for female sexual dysfunction
Chronic pain management dealing in primary care
All info and Bolts primary care- OA, DTD, ortho in general. Musculoskeletal engines/problems constitute a large number of patients seen in primary care and usually chronic problems created
Hyperlipidemias
Surgical cases in primary care setting
Hospice
Obesity, anxiety and headaches
Thyroid and adrenal disease
Coronary artery disease, COPD, and renal failure
Role of proteins in area of male and female sexual dysfunction
Hypothyroids, menopause, and hyperlipidemia
Problems of aging and plastic surgery in US-problems it creates
Abdominal pain and dermatology cancer
Safety of obesity meds (merida, alli) and non-surgical treatment of back pain
Asthma and COPD
Diagnosing and referral for hepatitis C treatment, drug addiction and see past addiction-they get sick too
More dermatology and women's health
Treatment for sexual dysfunction in post menopausal women or dermatological disorder

Comment
ADHD
Asthma, ADHD, dermatology, chronic constipation and abdominal pain
HIV/AIDS, anemia, and syndromes in general (but not metabolic)
Management of complex patient with diagnosis of HTN, increased lipids, obesity, COPD, metabolic syndrome i.e. multiple diagnosis
CVA-Cardiac rehab
Stroke and CHF
Lipids, new advances in cardiology intervention, bariatric surgery complications, and long term statistics
Thyroid especially hypothyroidism and migraine treatment
Adult ADD, JNC8, and Vitamin D deficiency
Stress test-different protocols and pharmacological modalities
More lab evaluation for everyday primary care conditions and more rheumatology
Hyperlipidemia, COPD, CHF, and CAD (as it relates to PCPS)
ADHD, contraception management, asthma, and COPD
Any
COPD, screening tests, and adult immunization
Biologic warfare (terrorist attack) how to recognize and treat casualties
Alcoholism, smoking cessation, ADHD, chronic pain, and fibromyalgia
More on psoriasis and other dermatoses
Bipolar disorder
More of the same
CVA and CAD
ADHD
Dermatology, ophthalmology, and pulmonary disease
Renal failure patient and treatments
Sinusitis, viral illness, strep throat, and fractures
Infectious diseases
This was a nice mix of topics
Obesity management, pain management, and opioid addiction
Psychopharmacology and traumatic brain injury
Renal and chronic kidney disease
Insulin pumps (inhibition, management, etc.)
HPV infections, HPV vaccine, herpes, multiple sclerosis, and Alzheimer's
MI, CCR, and arrhythmia
Sexuality and sexual response in menopausal years and urinary incontinence and treatment
CHF, SZ, and HA

Additional comments:

Comment
Day with sexual dysfunction male and female
Thanks for inviting me
FSD in women in informative not very important in our practice
First time attendee-good program
Your CME was outstanding, well organized, good location, and excellent presentations
Matter was presented in a very practical way
Topics well covered
All speakers were superb
Overall excellent. I would like to attend CME next year
Excellent CME program
Excellent speakers
I so appreciate the female dysfunction lecture
Very good
Excellent format. Please keep it up
Excellent program
Excellent program
Excellent program. Good selection of topics. FSD segment was too long but good information. Good speakers. Dr. Guay was good.
I liked this meeting. One of the best CMEs I have been to. Topics were great and very relevant to the primary care audience
Excellent
Excellent topics and presentations
Very good meeting, excellent acoustic quality, and the speakers and conference
Best program ever
Well done
Very good
Very good conference. Good mix of topics and speakers. Especially liked HPT The female sexual dysfunction needed 1 speaker for 1 1/2 then switch to next speaker
Excellent program
This is the first time I attended this meeting. Very useful
Well done! Very interesting topics
NPs/Pas need pharmacology hours to keep prescriptive authority, including the time spent discussing pharmacologic treatment is desirable
The meeting was excellent and speakers were good
Excellent conference as always! I came to this last year
I think having a sexuality component at each meeting is a good idea, both male and female aspects should be discussed
Very good in general
Great conference! Great hotel and service