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

*October 23, 2010
Tampa, FL
Westin Harbour Island*

Course Director
Gregg Sherman, MD

Activity Director
Michelle Frisch, MPH, CCMEP

**Program Evaluation
November 9, 2010**

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

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.

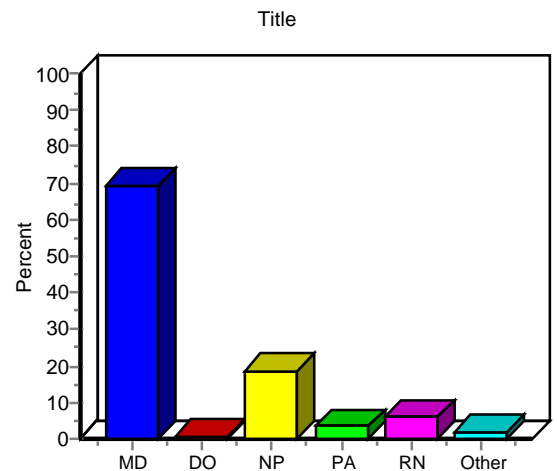
Three hundred thirty healthcare practitioners registered to attend ***Emerging Challenges in Primary Care: 2010*** in Tampa, FL. Two hundred two healthcare practitioners actually attended this conference. Each attendee was asked to complete and return an activity evaluation form prior to the end of the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

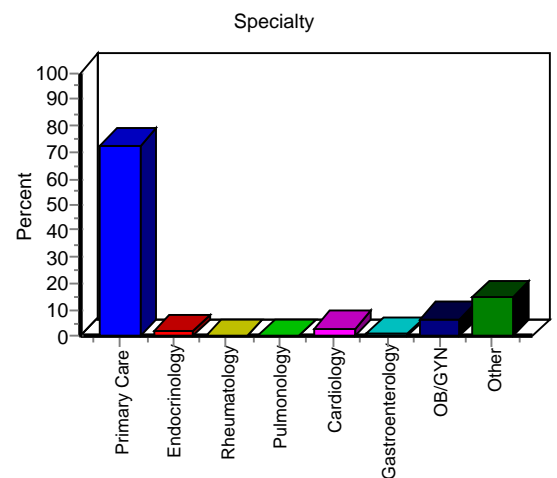
What is your professional degree?

| Label | Frequency | Percent | Valid Percent |
|---------------|-----------|---------|---------------|
| MD | 134 | 69.1 | 69.8 |
| DO | 1 | 0.5 | 0.5 |
| NP | 36 | 18.6 | 18.8 |
| PA | 7 | 3.6 | 3.6 |
| RN | 11 | 5.7 | 5.7 |
| Other | 3 | 1.5 | 1.6 |
| Total Valid | 192 | 99.0 | 100.0 |
| Total Missing | 2 | 1.0 | |
| Total | 194 | 100.0 | |



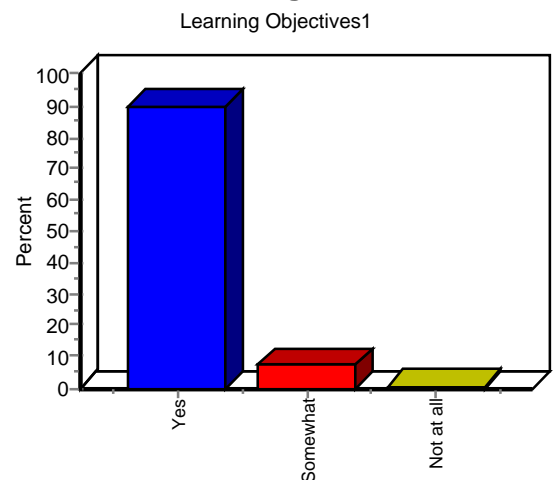
What is your specialty?

| Label | Frequency | Percent | Valid Percent |
|------------------|-----------|---------|---------------|
| Primary Care | 140 | 72.2 | 72.5 |
| Endocrinology | 3 | 1.5 | 1.6 |
| Rheumatology | 0 | 0.0 | 0.0 |
| Pulmonology | 0 | 0.0 | 0.0 |
| Cardiology | 7 | 3.6 | 3.6 |
| Gastroenterology | 2 | 1.0 | 1.0 |
| OB/GYN | 13 | 6.7 | 6.7 |
| Other | 28 | 14.4 | 14.5 |
| Total Valid | 193 | 99.5 | 100.0 |
| Total Missing | 1 | 0.5 | |
| Total | 194 | 100.0 | |



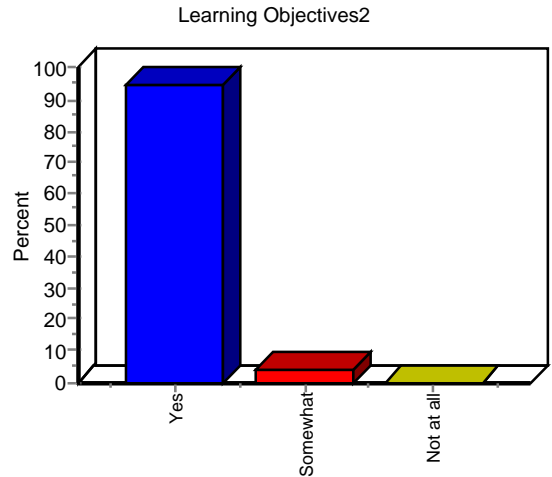
Upon completion of this activity, I can now - Discuss the pathogenesis of hyperglycemia; Make more effective decisions towards optimizing therapy; Explain the effectiveness of diet and exercise in treatment of diabetes at each stage of disease; Recognize the impact of treatment on cardiovascular disease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

| Label | Frequency | Percent | Valid Percent |
|---------------|-----------|---------|---------------|
| Yes | 175 | 90.2 | 91.6 |
| Somewhat | 15 | 7.7 | 7.9 |
| Not at all | 1 | 0.5 | 0.5 |
| Total Valid | 191 | 98.5 | 100.0 |
| Total Missing | 3 | 1.5 | |
| Total | 194 | 100.0 | |



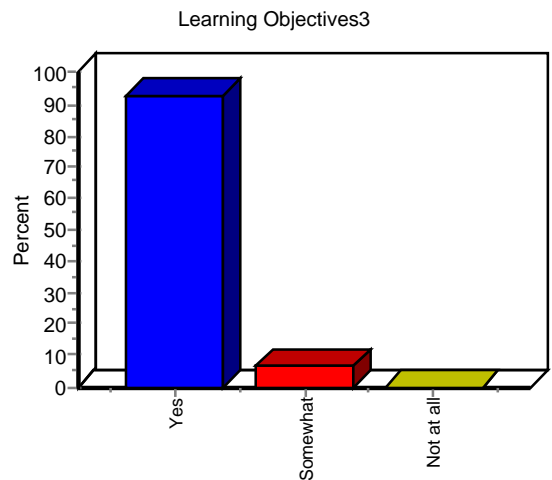
Upon completion of this activity, I can now - Discuss the prevalence of patients not achieving targeted blood pressure goals and the importance of Clinical or Therapeutic Inertia; Understand the role of combination therapy in management of Hypertension and current treatment guidelines; Recognize the 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 | 183 | 94.3 | 95.8 |
| Somewhat | 8 | 4.1 | 4.2 |
| Not at all | 0 | 0.0 | 0.0 |
| Total Valid | 191 | 98.5 | 100.0 |
| Total Missing | 3 | 1.5 | |
| Total | 194 | 100.0 | |



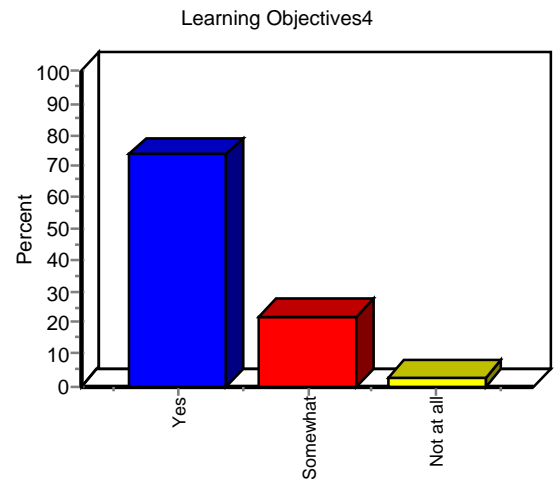
Upon completion of this activity, I can now - Explain the importance of the RANK/RANKL/OPG system in bone health and disease; Describe strategies to identify candidates for pharmacologic treatment; List available therapies for osteoporosis; Identify and overcome barriers to compliance and persistence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

| Label | Frequency | Percent | Valid Percent |
|---------------|-----------|---------|---------------|
| Yes | 179 | 92.3 | 93.2 |
| Somewhat | 13 | 6.7 | 6.8 |
| Not at all | 0 | 0.0 | 0.0 |
| Total Valid | 192 | 99.0 | 100.0 |
| Total Missing | 2 | 1.0 | |
| Total | 194 | 100.0 | |



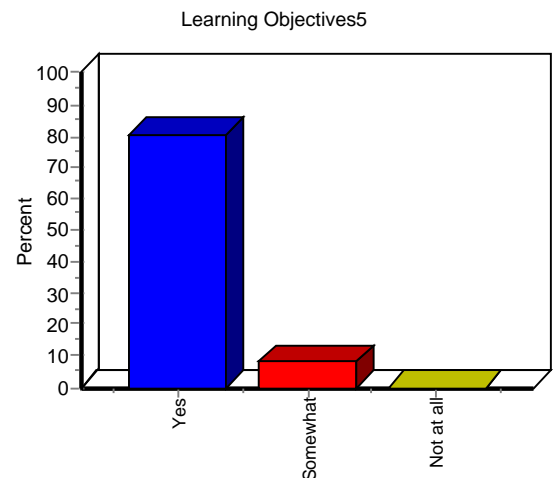
Upon completion of this activity, I can now - Recognize and diagnose Psoriasis and Psoriatic Arthritis (PsA) earlier, and institute appropriate initial treatment options; Discuss the burden and impact of Psoriasis and PsA; Recognize the systemic impact of Psoriasis and the relationship to the metabolic 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 | 143 | 73.7 | 74.9 |
| Somewhat | 43 | 22.2 | 22.5 |
| Not at all | 5 | 2.6 | 2.6 |
| Total Valid | 191 | 98.5 | 100.0 |
| Total Missing | 3 | 1.5 | |
| Total | 194 | 100.0 | |



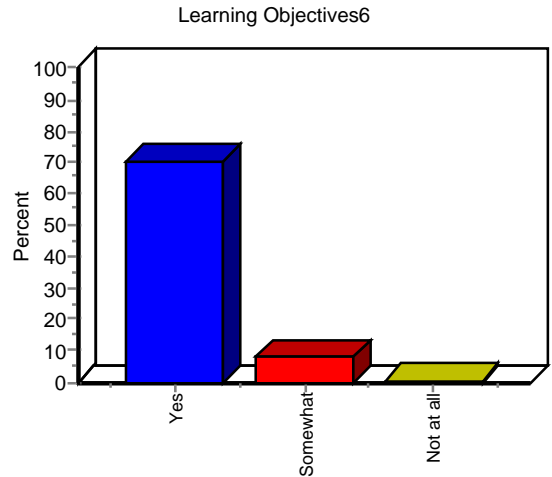
Upon completion of this activity, I can now - Discuss the various etiologies of female sexual dysfunction; Share current epidemiologic information describing the prevalence, incidence, societal burden and personal impact of female sexual dysfunction and its desire disorder of HSDD (hypoactive sexual 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 | 156 | 80.4 | 90.7 |
| Somewhat | 16 | 8.2 | 9.3 |
| Not at all | 0 | 0.0 | 0.0 |
| Total Valid | 172 | 88.7 | 100.0 |
| Total Missing | 22 | 11.3 | |
| Total | 194 | 100.0 | |



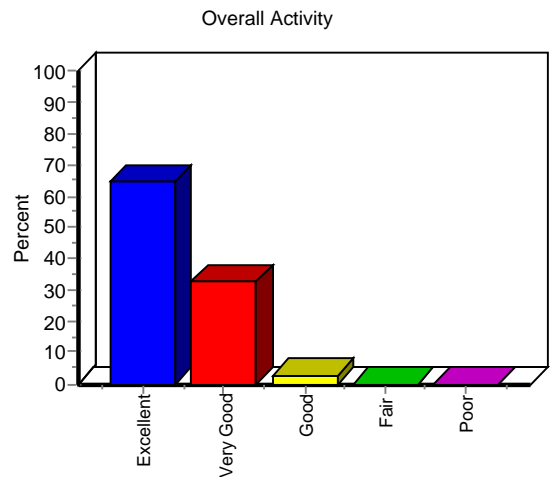
Upon completion of this activity, I can now - Discuss the prevalence of male hypogonadism; Order appropriate lab tests to make a diagnosis and understand the full scope of the problem; identify appropriate management strategies, utilizing traditional testosterone replacement therapies and newer modalities 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 | 136 | 70.1 | 88.3 |
| Somewhat | 16 | 8.2 | 10.4 |
| Not at all | 2 | 1.0 | 1.3 |
| Total Valid | 154 | 79.4 | 100.0 |
| Total Missing | 40 | 20.6 | |
| Total | 194 | 100.0 | |



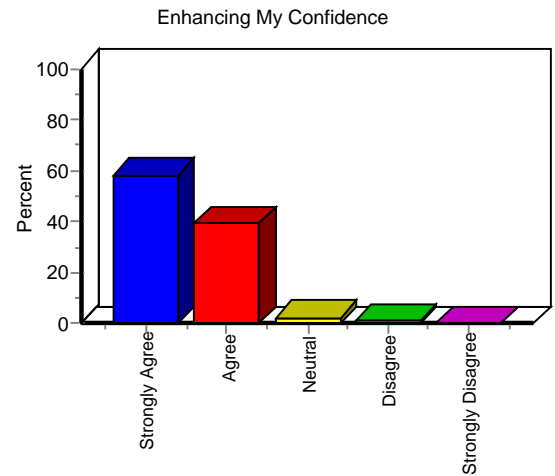
Overall, I would rate this activity as:

| Label | Frequency | Percent | Valid Percent |
|-------------|-----------|---------|---------------|
| Excellent | 126 | 64.9 | 64.9 |
| Very Good | 63 | 32.5 | 32.5 |
| Good | 5 | 2.6 | 2.6 |
| Fair | 0 | 0.0 | 0.0 |
| Poor | 0 | 0.0 | 0.0 |
| Total Valid | 194 | 100.0 | 100.0 |



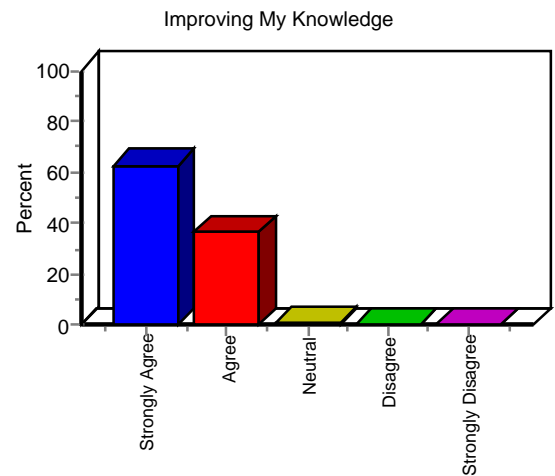
Overall, this activity was effective in enhancing my confidence in caring for patients with the condition(s) presented?

| Label | Frequency | Percent | Valid Percent |
|-------------------|-----------|---------|---------------|
| Strongly Agree | 113 | 58.2 | 58.2 |
| Agree | 76 | 39.2 | 39.2 |
| Neutral | 4 | 2.1 | 2.1 |
| Disagree | 1 | 0.5 | 0.5 |
| Strongly Disagree | 0 | 0.0 | 0.0 |
| Total Valid | 194 | 100.0 | 100.0 |



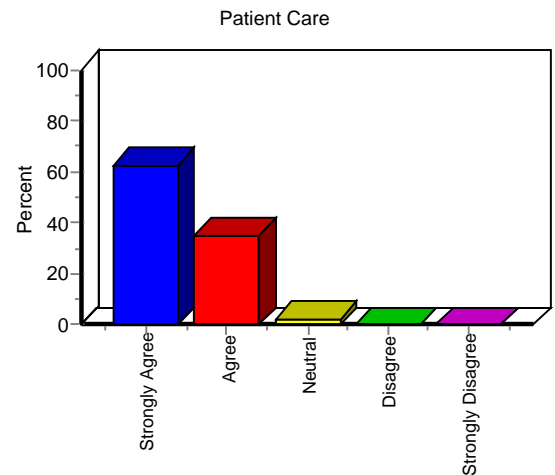
Overall, this activity was effective in improving my knowledge in the content areas presented:

| Label | Frequency | Percent | Valid Percent |
|-------------------|-----------|---------|---------------|
| Strongly Agree | 122 | 62.9 | 62.9 |
| Agree | 71 | 36.6 | 36.6 |
| Neutral | 1 | 0.5 | 0.5 |
| Disagree | 0 | 0.0 | 0.0 |
| Strongly Disagree | 0 | 0.0 | 0.0 |
| Total Valid | 194 | 100.0 | 100.0 |



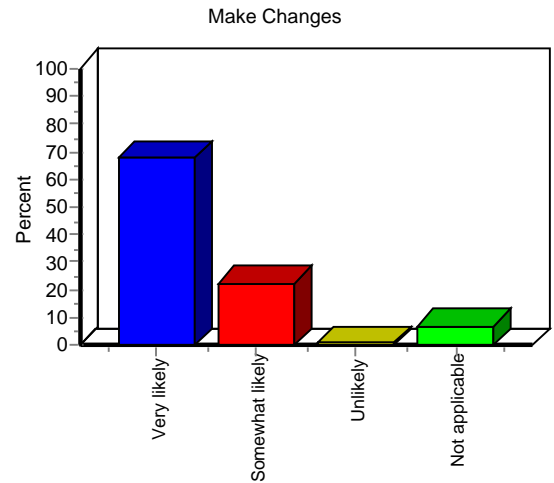
As a result of this activity, I have learned new strategies for patient care:

| Label | Frequency | Percent | Valid Percent |
|-------------------|-----------|---------|---------------|
| Strongly Agree | 121 | 62.4 | 62.4 |
| Agree | 68 | 35.1 | 35.1 |
| Neutral | 5 | 2.6 | 2.6 |
| Disagree | 0 | 0.0 | 0.0 |
| Strongly Disagree | 0 | 0.0 | 0.0 |
| Total Valid | 194 | 100.0 | 100.0 |



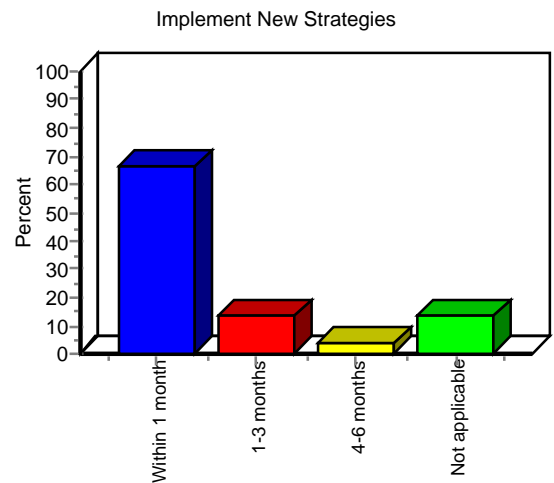
How likely are you to implement these new strategies in your practice?

| Label | Frequency | Percent | Valid Percent |
|-----------------|-----------|---------|---------------|
| Very likely | 132 | 68.0 | 69.1 |
| Somewhat likely | 43 | 22.2 | 22.5 |
| Unlikely | 2 | 1.0 | 1.0 |
| Not applicable | 14 | 7.2 | 7.3 |
| Total Valid | 191 | 98.5 | 100.0 |
| Total Missing | 3 | 1.5 | |
| Total | 194 | 100.0 | |



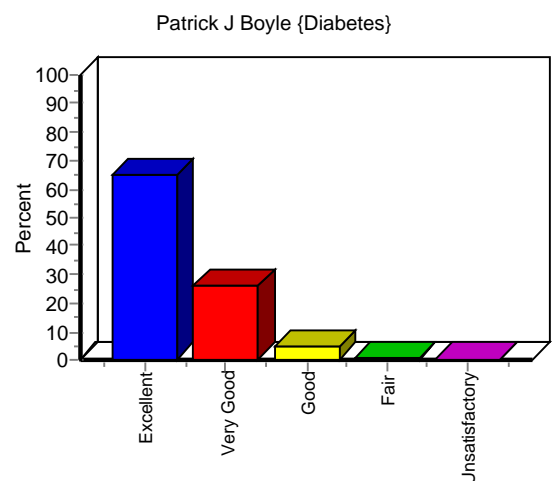
When do you intend to implement these new strategies into your practice?

| Label | Frequency | Percent | Valid Percent |
|----------------|-----------|---------|---------------|
| Within 1 month | 128 | 66.0 | 68.1 |
| 1-3 months | 27 | 13.9 | 14.4 |
| 4-6 months | 7 | 3.6 | 3.7 |
| Not applicable | 26 | 13.4 | 13.8 |
| Total Valid | 188 | 96.9 | 100.0 |
| Total Missing | 6 | 3.1 | |
| Total | 194 | 100.0 | |



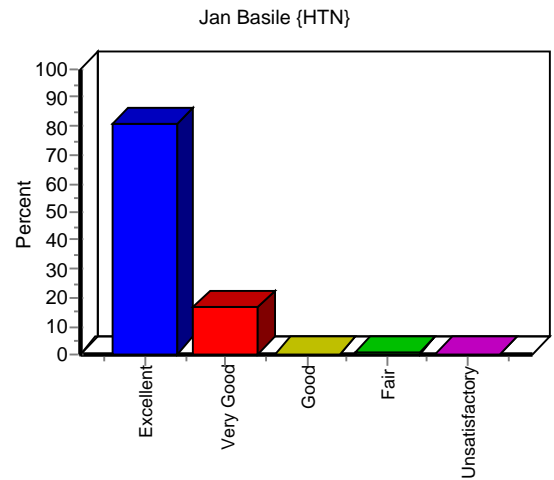
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Patrick J. Boyle, MD (Diabetes):

| Label | Frequency | Percent | Valid Percent |
|----------------|-----------|---------|---------------|
| Excellent | 126 | 64.9 | 67.4 |
| Very Good | 51 | 26.3 | 27.3 |
| Good | 9 | 4.6 | 4.8 |
| Fair | 1 | 0.5 | 0.5 |
| Unsatisfactory | 0 | 0.0 | 0.0 |
| Total Valid | 187 | 96.4 | 100.0 |
| Total Missing | 7 | 3.6 | |
| Total | 194 | 100.0 | |



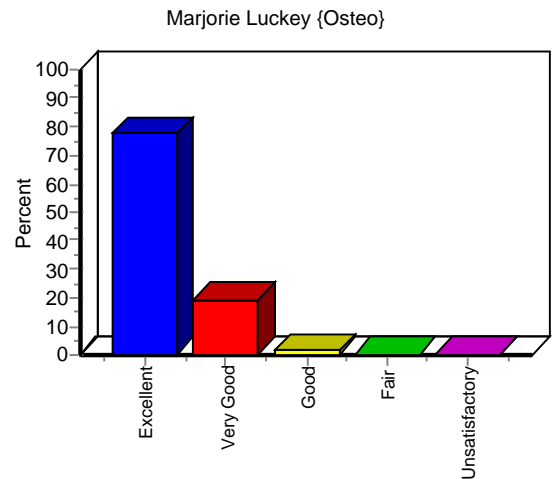
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Jan Basile, MD (HTN):

| Label | Frequency | Percent | Valid Percent |
|----------------|-----------|---------|---------------|
| Excellent | 157 | 80.9 | 82.6 |
| Very Good | 32 | 16.5 | 16.8 |
| Good | 0 | 0.0 | 0.0 |
| Fair | 1 | 0.5 | 0.5 |
| Unsatisfactory | 0 | 0.0 | 0.0 |
| Total Valid | 190 | 97.9 | 100.0 |
| Total Missing | 4 | 2.1 | |
| Total | 194 | 100.0 | |



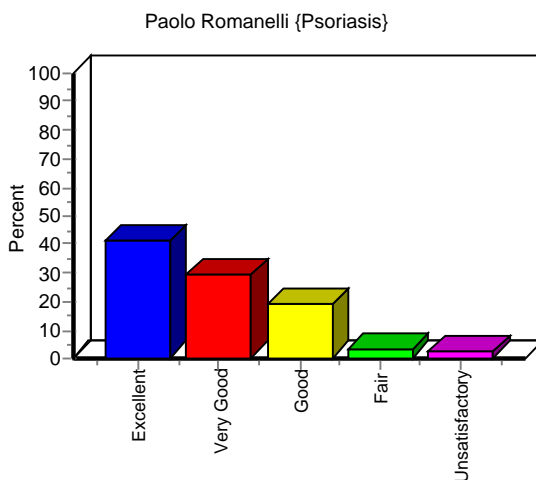
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Marjorie Luckey, MD (Osteo):

| Label | Frequency | Percent | Valid Percent |
|----------------|-----------|---------|---------------|
| Excellent | 151 | 77.8 | 79.1 |
| Very Good | 37 | 19.1 | 19.4 |
| Good | 3 | 1.5 | 1.6 |
| Fair | 0 | 0.0 | 0.0 |
| Unsatisfactory | 0 | 0.0 | 0.0 |
| Total Valid | 191 | 98.5 | 100.0 |
| Total Missing | 3 | 1.5 | |
| Total | 194 | 100.0 | |



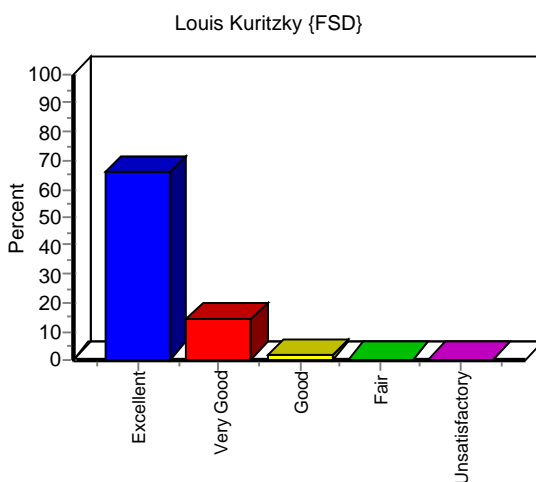
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Paolo Romanelli, MD (Psoriasis):

| Label | Frequency | Percent | Valid Percent |
|----------------|-----------|---------|---------------|
| Excellent | 79 | 40.7 | 43.4 |
| Very Good | 57 | 29.4 | 31.3 |
| Good | 36 | 18.6 | 19.8 |
| Fair | 6 | 3.1 | 3.3 |
| Unsatisfactory | 4 | 2.1 | 2.2 |
| Total Valid | 182 | 93.8 | 100.0 |
| Total Missing | 12 | 6.2 | |
| Total | 194 | 100.0 | |



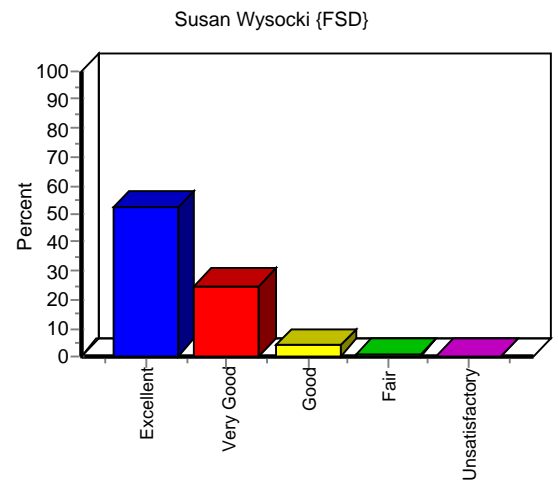
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Louis Kuritzky, MD (FSD):

| Label | Frequency | Percent | Valid Percent |
|----------------|-----------|---------|---------------|
| Excellent | 128 | 66.0 | 80.5 |
| Very Good | 28 | 14.4 | 17.6 |
| Good | 3 | 1.5 | 1.9 |
| Fair | 0 | 0.0 | 0.0 |
| Unsatisfactory | 0 | 0.0 | 0.0 |
| Total Valid | 159 | 82.0 | 100.0 |
| Total Missing | 35 | 18.0 | |
| Total | 194 | 100.0 | |



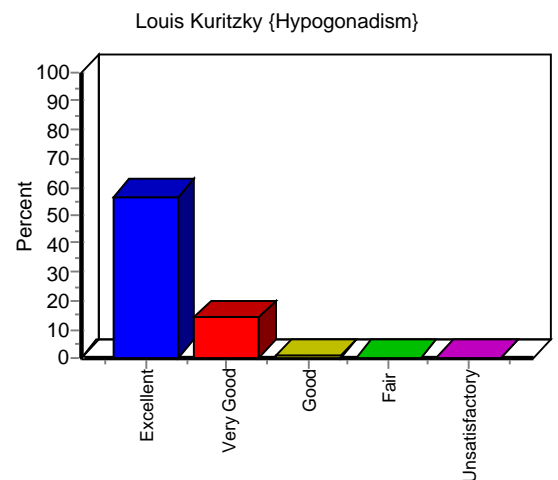
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Susan Wysocki, MD (FSD):

| Label | Frequency | Percent | Valid Percent |
|----------------|-----------|---------|---------------|
| Excellent | 102 | 52.6 | 63.8 |
| Very Good | 48 | 24.7 | 30.0 |
| Good | 8 | 4.1 | 5.0 |
| Fair | 2 | 1.0 | 1.3 |
| Unsatisfactory | 0 | 0.0 | 0.0 |
| Total Valid | 160 | 82.5 | 100.0 |
| Total Missing | 34 | 17.5 | |
| Total | 194 | 100.0 | |



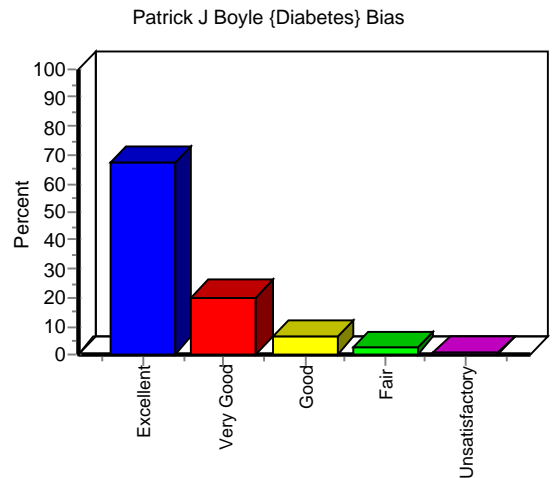
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Louis Kuritzky, MD (Hypogonadism):

| Label | Frequency | Percent | Valid Percent |
|----------------|-----------|---------|---------------|
| Excellent | 110 | 56.7 | 78.6 |
| Very Good | 28 | 14.4 | 20.0 |
| Good | 2 | 1.0 | 1.4 |
| Fair | 0 | 0.0 | 0.0 |
| Unsatisfactory | 0 | 0.0 | 0.0 |
| Total Valid | 140 | 72.2 | 100.0 |
| Total Missing | 54 | 27.8 | |
| Total | 194 | 100.0 | |



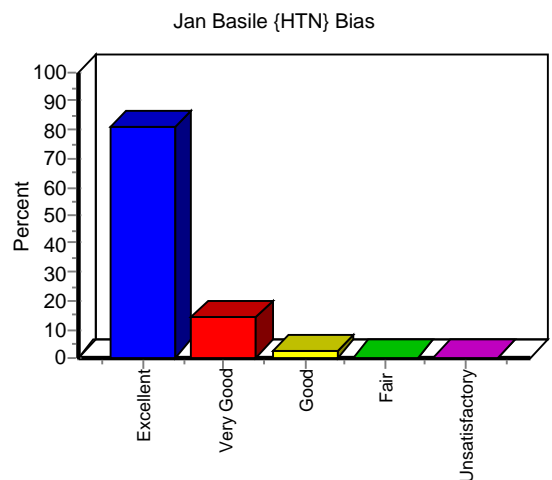
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Patrick J. Boyle, MD (Diabetes):

| Label | Frequency | Percent | Valid Percent |
|----------------|-----------|---------|---------------|
| Excellent | 130 | 67.0 | 69.9 |
| Very Good | 39 | 20.1 | 21.0 |
| Good | 12 | 6.2 | 6.5 |
| Fair | 4 | 2.1 | 2.2 |
| Unsatisfactory | 1 | 0.5 | 0.5 |
| Total Valid | 186 | 95.9 | 100.0 |
| Total Missing | 8 | 4.1 | |
| Total | 194 | 100.0 | |



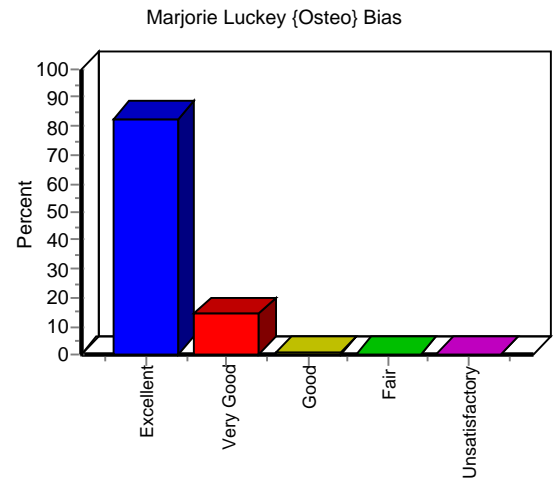
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Jan Basile, MD (HTN):

| Label | Frequency | Percent | Valid Percent |
|----------------|-----------|---------|---------------|
| Excellent | 157 | 80.9 | 83.1 |
| Very Good | 28 | 14.4 | 14.8 |
| Good | 4 | 2.1 | 2.1 |
| Fair | 0 | 0.0 | 0.0 |
| Unsatisfactory | 0 | 0.0 | 0.0 |
| Total Valid | 189 | 97.4 | 100.0 |
| Total Missing | 5 | 2.6 | |
| Total | 194 | 100.0 | |



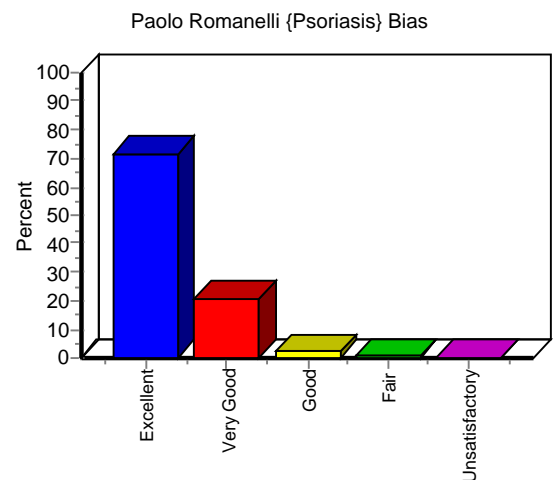
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Marjorie Luckey, MD (Osteo):

| Label | Frequency | Percent | Valid Percent |
|----------------|-----------|---------|---------------|
| Excellent | 160 | 82.5 | 84.7 |
| Very Good | 27 | 13.9 | 14.3 |
| Good | 2 | 1.0 | 1.1 |
| Fair | 0 | 0.0 | 0.0 |
| Unsatisfactory | 0 | 0.0 | 0.0 |
| Total Valid | 189 | 97.4 | 100.0 |
| Total Missing | 5 | 2.6 | |
| Total | 194 | 100.0 | |



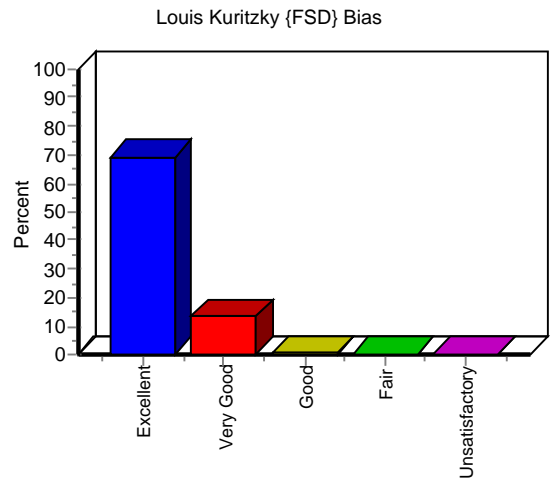
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Paolo Romanelli, MD (Psoriasis):

| Label | Frequency | Percent | Valid Percent |
|----------------|-----------|---------|---------------|
| Excellent | 139 | 71.6 | 74.7 |
| Very Good | 41 | 21.1 | 22.0 |
| Good | 5 | 2.6 | 2.7 |
| Fair | 1 | 0.5 | 0.5 |
| Unsatisfactory | 0 | 0.0 | 0.0 |
| Total Valid | 186 | 95.9 | 100.0 |
| Total Missing | 8 | 4.1 | |
| Total | 194 | 100.0 | |



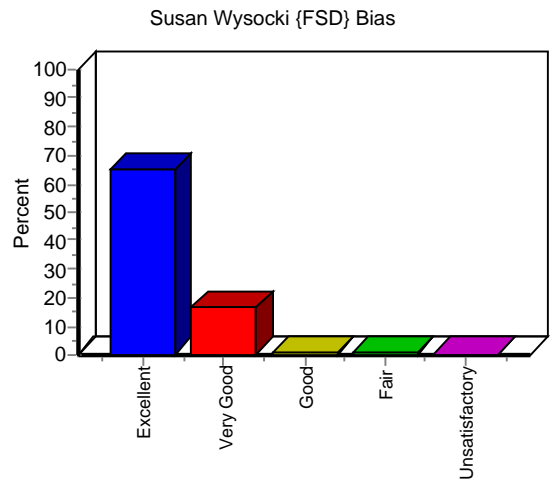
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Louis Kuritzky, MD (FSD):

| Label | Frequency | Percent | Valid Percent |
|----------------|-----------|---------|---------------|
| Excellent | 134 | 69.1 | 82.7 |
| Very Good | 26 | 13.4 | 16.0 |
| Good | 2 | 1.0 | 1.2 |
| Fair | 0 | 0.0 | 0.0 |
| Unsatisfactory | 0 | 0.0 | 0.0 |
| Total Valid | 162 | 83.5 | 100.0 |
| Total Missing | 32 | 16.5 | |
| Total | 194 | 100.0 | |



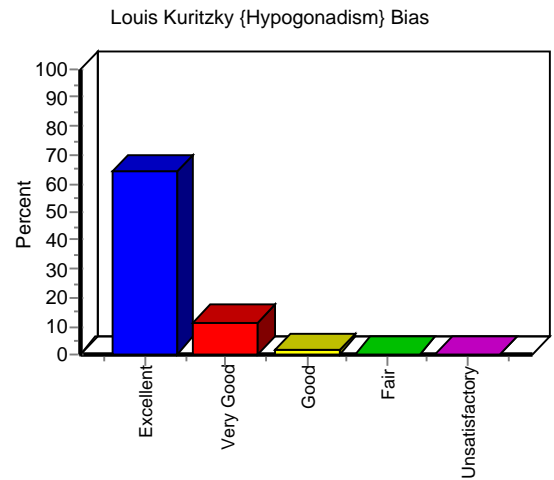
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Susan Wysocki, MD (FSD):

| Label | Frequency | Percent | Valid Percent |
|----------------|-----------|---------|---------------|
| Excellent | 126 | 64.9 | 78.3 |
| Very Good | 32 | 16.5 | 19.9 |
| Good | 2 | 1.0 | 1.2 |
| Fair | 1 | 0.5 | 0.6 |
| Unsatisfactory | 0 | 0.0 | 0.0 |
| Total Valid | 161 | 83.0 | 100.0 |
| Total Missing | 33 | 17.0 | |
| Total | 194 | 100.0 | |



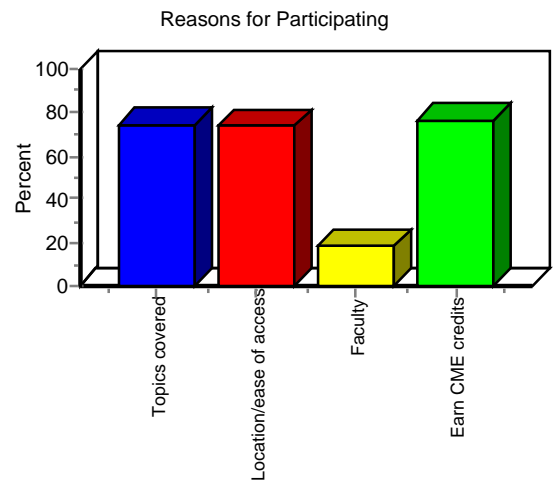
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Louis Kuritzky, MD (Hypogonadism):

| Label | Frequency | Percent | Valid Percent |
|----------------|-----------|---------|---------------|
| Excellent | 125 | 64.4 | 83.3 |
| Very Good | 22 | 11.3 | 14.7 |
| Good | 3 | 1.5 | 2.0 |
| Fair | 0 | 0.0 | 0.0 |
| Unsatisfactory | 0 | 0.0 | 0.0 |
| Total Valid | 150 | 77.3 | 100.0 |
| Total Missing | 44 | 22.7 | |
| Total | 194 | 100.0 | |



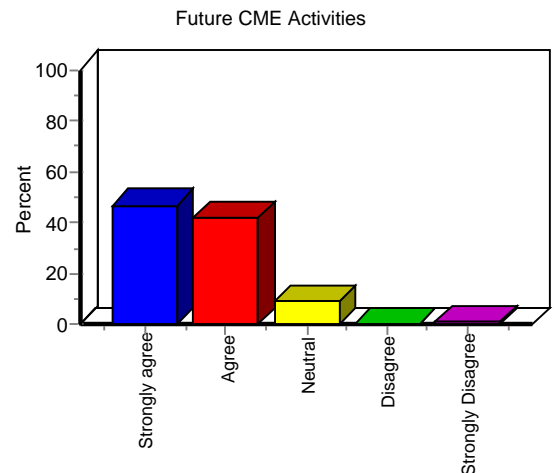
Which statement(s) best reflects your reasons for participating in this activity:

| Label | Frequency | Percent | Valid Percent |
|-------------------------|-----------|---------|---------------|
| Topics covered | 145 | 74.7 | 75.5 |
| Location/ease of access | 143 | 73.7 | 74.5 |
| Faculty | 36 | 18.6 | 18.8 |
| Earn CME credits | 148 | 76.3 | 77.1 |
| Total Valid | 192 | 99.0 | 100.0 |
| Total Missing | 2 | 1.0 | |
| Total | 194 | 100.0 | |



Future CME activities concerning this subject matter are necessary:

| Label | Frequency | Percent | Valid Percent |
|-------------------|-----------|---------|---------------|
| Strongly agree | 90 | 46.4 | 47.6 |
| Agree | 81 | 41.8 | 42.9 |
| Neutral | 17 | 8.8 | 9.0 |
| Disagree | 0 | 0.0 | 0.0 |
| Strongly Disagree | 1 | 0.5 | 0.5 |
| Total Valid | 189 | 97.4 | 100.0 |
| Total Missing | 5 | 2.6 | |
| Total | 194 | 100.0 | |



What is your professional degree?

| |
|--------------|
| Comment |
| ARNP Student |
| NP Student |
| Student |

What is your specialty?

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| Comment |
| Family Medicine |
| Pediatrics |
| Oncology |
| Adult |
| Pain Management |
| Urology |
| Internal Medicine |
| Dermatology |
| Orthopedic Surgery |
| Retail Health |
| Radiology |
| Infectious Disease |
| Radiation Oncology |

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

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| Comment |
| Specific approach to the discussed disease processes; strategies to improve communication and the barriers between myself and my patients |
| DM- be aggressive; increase use GLP1 agonist; increase DPP for outpatient; HTN- use combination treatment first diagnosis; no ACE and AXB combination; osteoporosis- all of FÜAX tool; check vitamin D routinely; psoriasis- better treatment options; FSD- techniques to introduce the topic; hypogonadism- diagnosis and treatment |
| To be proactive in asking patients questions about their sexual welfare |
| Will use FRAX tool and will not use ACE with ARB |
| Will use x-ray with àone defect |
| Equivalency of byetta with basal insulin for AIC control with less weight gain. Use of FRAX to help make decisions on treatment in those with osteopenia |
| FSD is spoken here in our office yesterday, today, and tomorrow |
| Less hesitant in starting combo therapy for BP; reconsidering diabetic regimens and how to implement them with patients; implementing FRAX to check osteoporosis; evaluating hypogonadism |
| Qfo to address Rx psoriasis clinically |
| Antihypertensive therapy most effective when there are two medications. Psoriasis treatment topical OTC regimens are not effective. Female sexual dysfunction Èimportant to open discussion to make it okay for the patient to discuss |
| Safely start 2 agents for HTN; use FRAX to determine right patient for pharm treatment; discuss and inform- refer for |
| •] ^ & # c |
| Approach to patient with sexual dysfunction |
| Continue similar topics, COPD, asthma, hospital medicine |
| Strategies for hypertensive treatment; diabetes treatment; psoriasis treatment; when to treat for patients at risk for osteoporosis |
| Use combination therapy for HTN and discuss FSD with female clients |

| Comment |
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| Use of GLP1 strategies; 2 drug HTN initial use; use of FRAX algorithm for diagnosis and treatment; biologic therapies are first line treatment |
| HTN- treating with dual therapy |
| Multiple |
| As a student. However, I plan to use the life vital signs once credential |
| More apt to address these areas in my practice |
| Early diagnosis and early treatment in DM, HPN, and hypogonadism |
| Implement sexual health questioning and evaluate for male hypogonadism |
| Tighter blood pressure control with combination meds from the start. Be more well prepared and receptive to female sexual dysfunction |
| Better treatment of diabetes and hypertension |
| HTN in FRAX and ask about questions about sexuality |
| New guidelines on treatments are the new strategies I learned |
| Updated information will make me a better physician. I will apply information obtained |
| Help me to evaluate and understand many daily concerns about patients behavior and further treatments |
| About DM; hypertension use more Exeuatide; female sexual dysfunction- discuss with patients openly; male hypogonadism- discuss with patients |
| Combination Rx for diabetes and hypertension; drug holiday duration treatment osteoporosis; use of FRAX in Rx of osteopenia; discussion of sexual problems |
| Further eval of patient with osteopenia and consideration of testosterone Rx for hypogonadism |
| Improve BP management using double med therapy; incorporate evidence based treatment for diabetes management and emphasize use of incretins; psoriasis as part of metabolic and CV risk- better approach to care; techniques to approach sex topics in practice |
| Combination drugs in treatment of hypertension; increase use of DPPA inhibitors; use of FRAX |
| Use GLP1 analogues; increase use of combination therapy in HTN- increase BP; use FRAX to evaluate osteopenic patients and use vit D 30ng/mL; consider biologic Rx and psoriasis; obtain sexual history on all new patients and with return patients as needed; discuss and test for hypogonadism with more confidence instead of referring to urologist |
| Patient education- more and more follow up |
| Increase use of dures; increase use of ACE/CCB combo; use of FRAX; need for vacation from Rx; psoriasis- adherence of biologics; aware of different interview techniques for sexual dysfunction |
| More use of 2 agents at initial treatment of HTN. I work for VA and we can't get Exenatide so I can't use it unless patient has private insurance and they're willing to pay for it |
| FRAX; 12 rule; algorithm for treatment of HTN; being more open to patient about sexual dysfunction |
| Dual treatment with initial hypertensive patients; treatment guidelines for osteoporosis; better identification of female sexual dysfunction |
| Better control of DM, HTN, osteoporosis, and hypogonadism |
| Diabetes treatment, HTN treatment, and osteoporosis treatment |
| Strategy for starting BP Rx; will be able to discuss some of the complexities of treating diabetes in light of the many new Rxs; will be able to direct patients to psoriasis therap^ with more confidence and knowledge related |
| Use FRAX; how to talk to people objectively and appropriately about sexual problems |
| Use of 2 agents at initial treatment; use of biological agents; use of FRAX as tool of osteoporosis treatment; routinization and life style vital signs and identification of sexual orientation for FSD |
| Better management and treatment of DM; HTN; psoriasis; sexual dysfunction; hypogonadism; osteoporosis; start introducing new discussion with patients about different topics |
| Screen patients with psoriasis for other co-morbidities and ensure they get appropriate treatment; use FRAX tool to assess patients with osteopenia; consider asking my patients about their sex life |
| Start combination therapy for HTN CS initial measure; consider low cost combination treatment; will start using FRAX for patients who have not started treatment; will monitor closely for those patients on long term use of SSRI's and risk for fractures |

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| Comment |
| Use of FRAX to assist with treatment of osteoporosis; initial treatment of HTN with dual therapy vs monotherapy; initiating GLP therapy rather than insulin for improving A1C outcomes |
| Review standards of care |
| New interview techniques; good meds-combo for HTN; how to determine when to treat low bone density |
| Sequence CT-treating psoriasis; avoid ACEI-ARB combo in hypertension treatment; use FRAX for uncertainty for osteoporosis therapy |
| Treatment of DM, HTN, and psoriasis; better understanding of evaluation of osteoporosis and sexual dysfunction |
| Use of FRAX and baseline therapy HTN |
| HTN management with 2 meds to <140/90, <130/80; discuss FSD; check for hypogonadism |
| Use 2 HTN drugs as initial therapy in most patients. Using incretin mimetics instead of insulin decreases SGLT and hypoglycemia |
| Exenatide vs baseline insulin; HTN- ACEI/ARB and HCTZ vs ACEI/ARB and Amlodine; biological treatment of psoriasis with moderate severe psoriasis and arthritis; by the step approach in sexual dysfunction; questionnaire for hypogonadism |
| Less use of Atenolol; more use of amlodipine |
| More aggressive in treatment; more likely to use 2 drugs in starting treatment HTN; start bisphosphonates earlier |
| Application updated biology and how it has induced change in therapies; recent statistical evidence enhances concepts and their applications |
| HTN- begin with 2 drugs; diabetes- new class injectable meds |
| Usage of Vytorin more comfortable; use of FRAX in osteoporosis treatment; role of biologic treatment for psoriasis; more comfortable to ask patients on sexual issues |
| Consider Byetta and tanuara prior to insulin use; start BP Rx with dual agents; FRAX |
| Importance of avoiding hypoglycemia; not to be afraid to start patients on 2 antihypertensive meds; importance of analyzing 10-year risk of osteoporosis prior to prescribing meds; importance of asking patients if they have any other concerns |
| This topic is very common for any practice to see the patient and very important |
| Supported STITCH guidelines |
| Diabetes screening; hypertension management; osteoporosis decision making |
| Avoid treating with glyburide, instead use glipizide or glimepiride; do not give Atenolol once daily; Use of FRAX to decide whether to treat osteopenia or not |
| Great CME course |
| Close follow up on patients with uncontrolled DM or HTN; no hesitation on adding meds if necessary for better control of diseases; reassurance and educational speech or materials to patients |
| Using fracture risk assessment for osteoporosis treatment |
| DM care and HTN care |
| Diabetes, HTN, psoriasis |
| Start GLP1 agonist earlier in DMT2. Start patients on combination antihypertensive therapy a lot earlier and as initial therapy. Estimate fracture risk to make therapeutic decisions in treatment of osteoporosis |
| Screen gestational diabetic patients and be more cognizant of need for monitoring |
| Discontinue sulfonylureas and use exenatide more often |
| Dual therapy for management of HTN and using FRAX tool for detection of risk fracture |
| More aggressive treatment of HTN to goal- use of FRAX; better interviewing skills; be cognizant of low testosterone causes and symptoms |
| Combination therapy in HTN; strategies to evaluate; diagnose and treat osteoporosis; treating psoriasis with biological agents; FSD |
| New ways to treat diabetes and HTN; testing for osteoporosis; talking with open mind to patient about their sexual life |
| Use ACE/ARB, HCTZ, CCB first for patients of HTN; use FRAX to assess osteoporosis to create treatment plan; how to diagnose and treat hypogonadism |
| Better screening of osteoporosis and sexual dysfunction recognition and Rx |

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| Comment |
| Might treat HTN patient with Zaguire before increasing dose on first; more comfortable with treatment of hypogonadism- diagnosis, treatment, and monitoring |
| Use effective regimens- combination Rx in HTN |
| Adding Exenatide to achieve diabetic control; Amlodipine and ACE superiority; add up FRAX to bone density in assessing fracture risk; biologic treatments for psoriasis- better understanding |
| Insulin alone doesn't work 50% of the time |
| Use of FRAX; better use of meds for the diseases reviewed; better communication and evaluation of HSDD and hypogonadism |
| To deeper evaluate the patient |
| Using FRAX |
| Noted the algorithm of the conference and will try to apply |
| HTN- learned target BP for success which excludes mono therapy; initially should start with combo therapy to treat HTN; learned which anti hypertensives which were more efficacious; learn how elicit while taking history of talking to female and how to get them to volunteer info about their FSD |
| Combination HTN med use and more confident in adding GLP1 |
| Consider Byetta in appropriate patients instead of SU. Will begin to use FRAX when appropriate to determine candidates with osteopenia who would benefit from treatment |
| Use GLP1; combination therapy for HPN; use FRAX |
| Discussing treatment of osteoporosis |
| I will apply all the { the } |
| Encounter female patient with sexual relation problems - develop strategies in helping improve their situations |
| Recognize diagnosis and treatment of psoriasis and sexual dysfunction |
| Use FRAX |
| Use combination drug; treatment of psoriasis and discussion of sexual dysfunction |
| Shepherding technique and how to use the PLISSIT model |
| Already use HTN meds as recommended; increase use of chlorthalidone over HCT2; will start with 2 drugs; alter sulfonyl~ rea choice; educate patient on psoriasis treatment options as I do not treat |
| Insulin should be used less frequently; use 2 drugs to start HTN treatment; FRAX assessment tool useful to determine whether to treat or not |
| Decrease threshold to start GPL-1; start HIV with 2 drugs no Pherdd, 10mm/Hg decrease drug; FRAX score, vitamin D deficiency is common; palm of hand=10/0, approximately half of psoriasis have arthritis, treat psoriasis with biologic; PLISST; algorithm for checking testosterone |
| Approach to patients; new treatments and medications |
| More amlodipine and FRAX |
| Use of FDC- fixed dose combo- as initial drug to treat HTN with SBP>160- start with 2 agents instead of 1 in these cases; consider GLP-1 drug over insulin in patients needing additional DM treatment meds as GLPs have glycemic control equivalent to insulin but without weight gain; use FRAX score, along with BMD score and other individual patient risk factors to determine need for med to treat osteopenia |
| Following JNC7, not using ACE-I and ARB together, considering Byetta |
| Decrease use Glybulide and Olasenve caution with Sus; monitoring T-levels more adequately |
| Learned hot to initiate and change HTN therapy |
| HTN- start on 2 therapies |
| Consider starting combination drugs for HTN |
| New treatment and benefits for osteoporosis and female sexual dysfunction and hypogonadism |
| Using GLP-1; not using Alendol; use CCB and ACE earlier; testosterone use |
| I use GLP-1 widely for years. Nothing new I have learned in management of HTN; to use more biologic therapies for psoriasis |
| Emphasis on the advantages of using the newer agents to treat diabetes- decreasing the use of SU |
| Better use of anti HTN meds |

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

| Comment |
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| More OB/GYN/primary care related topics |
| Pain management- use of opioids; use of GMR and incentive to implement; Obamacare and implications to my practice- insurance reimbursements |
| Practical dermatologic CME |
| CHF and HD |
| Nutritional supplements; herbal meds; treatment of insomnia; obesity- help with weight loss; tremors- evaluation and management |
| Updates of today's topics |
| Pharmacotherapy- TB, infectious disease, heart disease |
| CKD and STDs |
| Sex and the older adult patient; end of life alternatives for families and patients- hospice |
| CAD |
| Osteoarthritis, chronic back pain management, pediatric well exams |
| Hormonal and contraceptive management; management of post menopausal symptoms in breast cancer- ie history- and high risk patients; hematological problems; leukemia; anemia; etc |
| Holistic approaches and prevention not just pharmaceutical |
| Chronic pain management |
| HRT guidelines and legal pitfalls and pearls |
| Neurological conditions |
| Thyroid disease and arthritis- including joint injection training |
| Domestic abuse or violence, CAD, STD |
| Any |
| More in coronary artery disease and cardiomyopathy |
| Hyperlipidemia, evaluation of the dizzy patient, Parkinson's, chronic back pain, chronic cough, dementia |
| Thyroid diseases, CAD, and dizziness |
| Hypercholesterolemia and COPD |
| Allergies, asthma, and high cholesterol |
| Thyroid disorder |
| STD and birth control pills |
| HTN combinations Rx- review recent studies |
| MRI |
| CAD- medical and interventional management; chronic pain; headaches; dementia |
| Hyperlipidemia and infectious diseases |
| Cardiology, liver disease, chronic renal disease and transplants |
| Cardiology update; urine control and flow problems- male and female; chronic kidney disease; prostate cancer; arthritis |
| RA; CKD management; anemia in elderly; COPD |
| Coronary artery disease and asthma |
| Women's health update |
| Diagnosis and treatment of endocrine disorders |
| Future of pain management in Florida |
| More pediatric topics |
| DM- more frequent skin lesions and rash |
| Renal failure, dyslipidemia, and thyroid disorders |
| Heart disease |
| Genetic conditions |
| Pros and cons of back surgery in elderly patients and CT angiography of coronaries |
| BHRT |

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| Comment |
| Irregular periods and dizziness |
| Peripheral vascular disease-PVD- and hyperthyroidism |
| Legal aspects in primary care |
| Initiating and monitoring meal time insulin |
| Vitamin D |
| Dermatology for primary care; back pain management for primary care; management of shoulder dislocation for primary care |
| Office dermatology |
| Pediatric lecture |
| Alcohol and nonalcoholic liver disease; abnormal LFTs |
| Biodental hormones; CAD; weight management |
| Also antidepressants- used a lot in oncology; the day was a good update on woman problems- always helpful- things change |
| Sleep apnea |
| Alzheimer's; sex and the elderly |
| BradyCardia; HA; dizziness |
| Updates including relevant immunology in infectious disease eg HIV and TB |
| Women's health |
| Obesity, incontinence, dementia |
| Hyperlipidemia |
| Antiplatelet drugs |
| Elevated liver enzymes and evaluation of depression and anxiety |
| Importance of Vitamin D and adult immunizations |
| Skin disease and skin cancer |
| Thyroid diseases and depression |
| COPD, dementia, CAD, BPH, prostate cancer, thyroid and lung nodules, sleep disorder |
| Thyroid nodules and cancer |
| Hyperlipidemia, prostate cancer, and breast cancer |
| HIV- treatment; management of Hepatitis C |
| HTN, RA, COPD, cancer prevention |
| Treating HR OB patients; dermatology update; cosmetic surgery; measures to decrease obesity 2 current Rx |
| Pharmacology, drug interactions, and updated cancer screening |
| Women's health |
| COPD, hyperlipidemia, and thyroid disease |
| Dermatology topics for primary care |
| Depression, urinary incontinence, and IBS |
| CAD, depression, hyperlipidemia, arthritis IBD, IBS, and stroke |
| Infertility |
| Effective weight loss management; Alopecia- treatments and restoration of hair loss; irritable bowel syndrome |
| Migraine and HHT |
| Thyroid problems and Alzheimer's disease |
| Obesity |
| Recent advances in Alzheimer's, lifestyle changes, data about exercise, etc |
| Vaccines, autism, epilepsy, congestive heart failure, sarcoidosis |
| Hyperthyroidism and allergic rhinitis |
| Evaluation, diagnosis and treatment of headaches, SLE, RA |
| Depression and Alzheimer's |
| Asthma-COPD; migraine; depression |
| Anemia and antibiotics and resistance |

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| Comment |
| More topics on women's health over 62 years of age |
| Hypothyroidism and repeat diabetes care |
| Insomnia, drug addiction, obesity |
| Cardiology and dermatology |
| Management of degenerative disease for elderly; chronic arthritis pain; sexual dysfunction; chronic pain; depression |
| Inflammatory bowel disease and IBS |
| Narcotics; new Florida rules on dealing with Rx for pain; EMR-stimulus |
| CVD |
| Anticoagulation, CHF, pulm HTN, dyslipidemia |
| Cardiology, pulmonary, renal diseases, arthritis |
| Management of obesity in children and adolescents |
| Pulmonary hypertension |
| Surgical |
| Pain medications; addiction and abuse of Rx drugs; infectious diseases |
| Fibromyalgia, chronic pain, and drug abuse |
| As new developments occur, CMEs with new updates on common diagnosis such as HTN and DM are very useful |
| More endocrine topics |
| Vitamin D deficiency- CKDs- management through stages |
| Any GYN topics |
| Obesity and connection with leptin resistancy |
| Same great updates |
| Men's I, II, hypochondria, news in management of bipolar disorder, non-opioid pain management in the office of primary care physicians |
| Infectious diseases and gastrointestinal problems |
| Arthritis and hyperlipidemia |
| RSD |
| STDs, diarrhea illnesses, PAD, prostate issues, skin lesions in primary care |
| Depression, COPD, latest cardiac procedures |
| General practice and family practice |

Additional comments:

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| Comment |
| Great job |
| Can we have practical dermatologic CME like suturing? Overall, the experience I had was good. The speakers were all very knowledgeable |
| Faculty were excellent |
| Excellent topics and presenters |
| Thank you for an excellent quality CME |
| Very informative and well organized presentations. I especially liked the FSD lecture because of its holistic approach to addressing a sensitive topic |
| Very good conference |
| I'd like to see more ARNP presenters. For example, from the University of Tampa- Dr. Cathryn Kessenich, ARNP, Dr. Cindy Parsons, ARNP- psych, Dr. Kim Curry, ARNP, Dr. Suzanne Collins JD |
| Excellent as usual |

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| Comment |
| Good sessions |
| Excellent sessions |
| Excellent presentations; excellent lunch; overall good learning activity |
| Too long lunch break- try to end before 5pm |
| Good job- excellent speakers and topics |
| Thank you! This was a great, informative lecture. Great speakers |
| Very informative topics |
| Thanks, it was very nice for your hard work- putting everything together- thanks |
| Marjorie Luckey MD was excellent |
| Dr. Basile was fun, fabulous, and very effective and educational |
| Good conference |
| Congratulations! Very good presentations |
| Thanks |
| Thanks so much |
| Thank you |
| Excellent CME |
| Current status of transgender surgery; post op complications of transgender surgery; breast augmentation therapeutic options- what's new and how young a patient to operate |
| Great talk- loved it |
| The handout book is really useful! CDr. Paolo Romanelli was excellent |
| This is the first lecture that I've attended where I can actually use this info in practice |
| Thank you for offering a high quality CME conference at no cost |
| Excellent and knowledgeable speakers |
| Dr. Basile excellent lecture |
| Thank you very much for these lectures. Very important subjects! Great speakers! Please come to Tampa more often |
| It would be helpful if a list of drugs was provided- generic and trade names |
| Would like to have a list of trade name and generics in syllabus |
| Outstanding presentations |
| Wonderful speakers |
| No |
| Remind people to put cell phones on vibrate |
| Loved how the FSD presenters encouraged us to approach embarrassing sensitive topics |
| Consider to have conferences 2x a year or 2 days a year; online CME? Or CME with mailed or ordered book |
| Speakers well chosen. Thank you |
| Different location- different hotel or convention center |
| Ms. Wysocki was a good speaker. Dr. Kuritzky was excellent in his presentation and his approach to a sensitive patient concern handled tactfully |
| Very informative and convenient |
| Thanks |
| Eat lunch during lecture to shorten the day |
| Thank you for the Tampa locations |