Emerging Challenges In Primary Care: 2012

Activity Evaluation Summary

CME Activity:	Emerging Challenges in Primary Care: 2012 Saturday, September 8, 2012 Anaheim Marriott Suites Garden Grove, CA
Course Director:	Gregg Sherman, MD
Date of Evaluation Summary:	September 20, 2012

NACE NATIONAL ASSOCIATION FOR CONTINUING EDUCATION

300 NW 70th Avenue, Suite 102 • Plantation, Florida 33317
(954) 723-0057 Phone • (954) 723-0353 Fax
email: info@naceonline.com

In September 2012, the National Association for Continuing Education (NACE) sponsored a CME program, ***Emerging Challenges in Primary Care: 2012***, in Anaheim, CA.

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, Atrial Fibrillation, Inflammatory Bowel Disease, Osteoporosis, Pulmonary Arterial Hypertension, Alpha-1 Antitrypsin Disorder, and ADHD in Adults.

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 sixty seven healthcare practitioners registered to attend ***Emerging Challenges in Primary Care: 2012*** in Anaheim, CA. One hundred sixty eight healthcare practitioners actually attended this conference. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. One hundred sixty four completed forms were received. The data collected is displayed in this report.

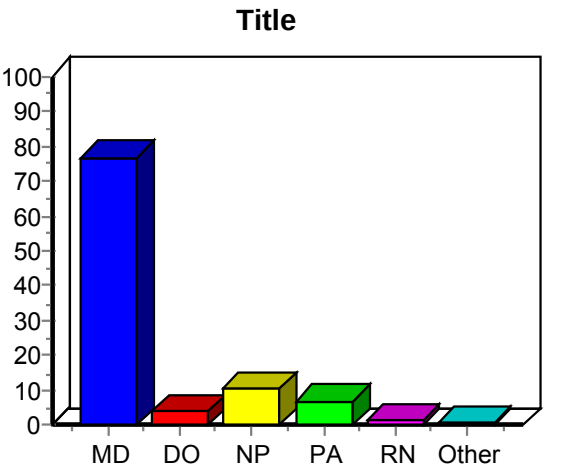
CME ACCREDITATION

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 live activity for a maximum of 7 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

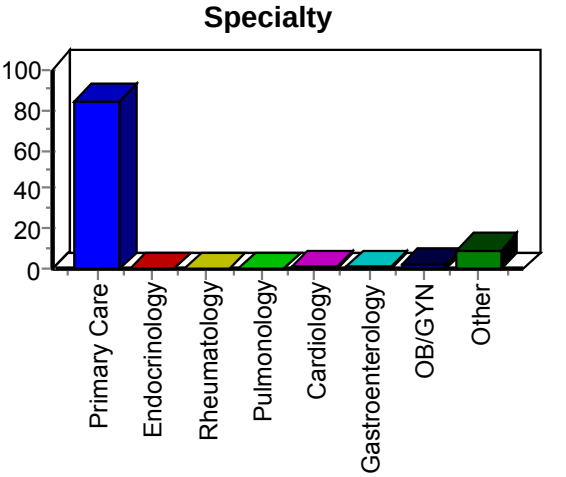
What is your professional degree?

Label	Frequency	Percent	Valid Percent
MD	126	76.83	77.30
DO	6	3.66	3.68
NP	17	10.37	10.43
PA	11	6.71	6.75
RN	2	1.22	1.23
Other	1	0.61	0.61
Total Valid	163	99.39	100.00
Total Missing	1	0.61	
Total	164	100.00	



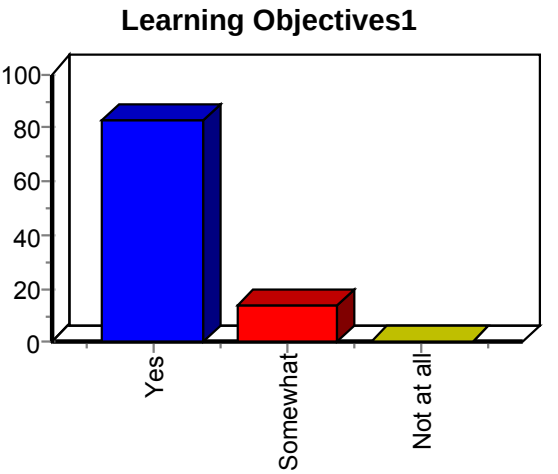
What is your specialty?

Label	Frequency	Percent	Valid Percent
Primary Care	138	84.15	86.25
Endocrinology	0	0.00	0.00
Rheumatology	0	0.00	0.00
Pulmonology	0	0.00	0.00
Cardiology	1	0.61	0.63
Gastroenterology	2	1.22	1.25
OB/GYN	4	2.44	2.50
Other	15	9.15	9.38
Total Valid	160	97.56	100.00
Total Missing	4	2.44	
Total	164	100.00	



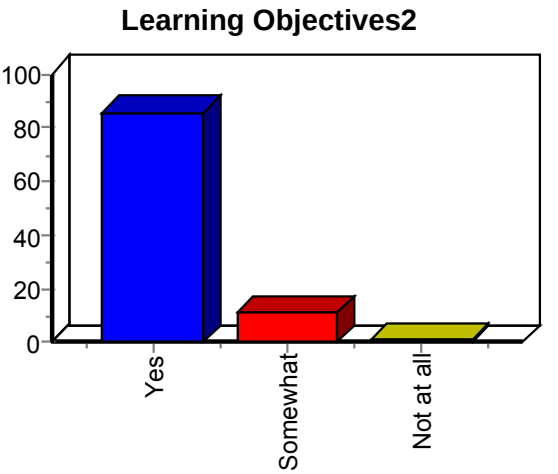
Upon completion of this activity, I can now - Address the importance of early diagnosis for enhancing outcomes in type 2 diabetes; identify evidence-based strategies for type 2 diabetes management; discuss the role of newer therapies in the pathophysiology and management of type 2 diabetes; and discuss the role of the chronic care model in optimizing diabetes care:

Label	Frequency	Percent	Valid Percent
Yes	136	82.93	86.08
Somewhat	22	13.41	13.92
Not at all	0	0.00	0.00
Total Valid	158	96.34	100.00
Total Missing	6	3.66	
Total	164	100.00	



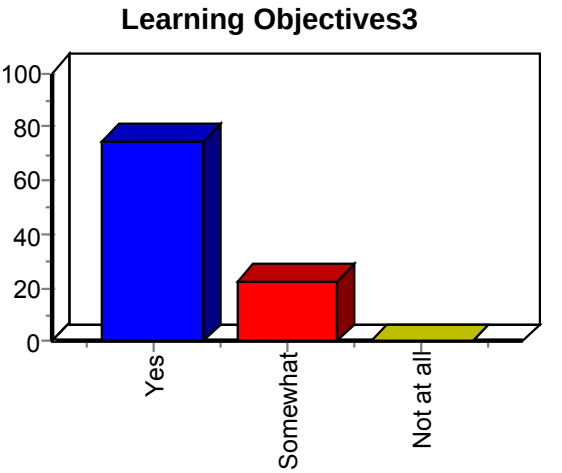
Upon completion of this activity, I can now - Use the CHADS2 score to assess stroke risk in patients with atrial fibrillation (AF); describe the benefits versus risks of antithrombotic therapy for stroke risk reduction in AF patients; identify appropriate therapeutic interventions for AF patients depending on the level of stroke risk; optimize the long-term management of AF patients receiving antithrombotic therapy:

Label	Frequency	Percent	Valid Percent
Yes	140	85.37	88.05
Somewhat	18	10.98	11.32
Not at all	1	0.61	0.63
Total Valid	159	96.95	100.00
Total Missing	5	3.05	
Total	164	100.00	



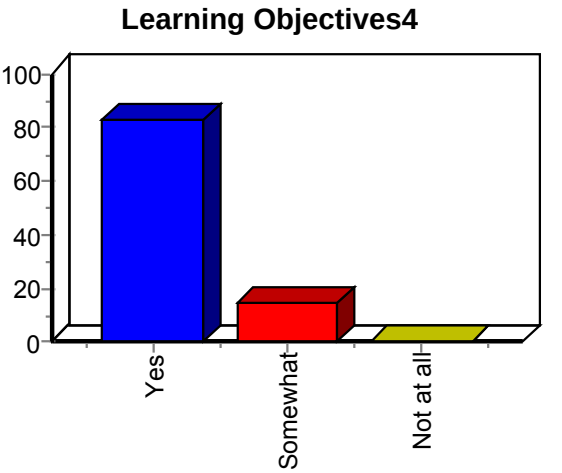
Upon completion of this activity, I can now - Address the pathophysiology of PAH; discuss when and how to screen patients for PAH; identify current therapies in the management of PAH; and discuss how to appropriately monitor patients receiving treatment for PAH:

Label	Frequency	Percent	Valid Percent
Yes	123	75.00	77.36
Somewhat	36	21.95	22.64
Not at all	0	0.00	0.00
Total Valid	159	96.95	100.00
Total Missing	5	3.05	
Total	164	100.00	



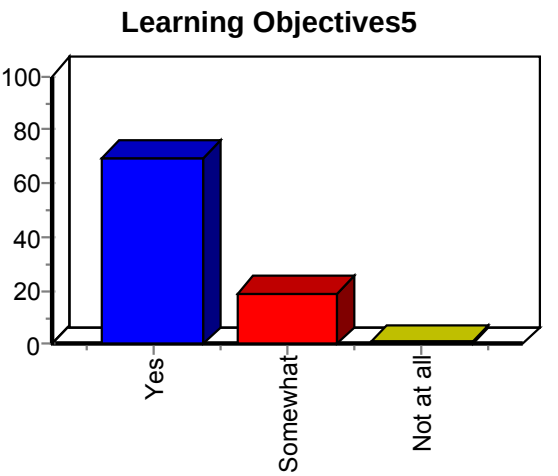
Upon completion of this activity, I can now - Describe the pathophysiology and impact of AAT deficiency; Define approaches for the early identification of patients with AAT deficiency; Discuss strategies to improve testing in primary care settings; Discuss management of patients with AAT:

Label	Frequency	Percent	Valid Percent
Yes	135	82.32	85.44
Somewhat	23	14.02	14.56
Not at all	0	0.00	0.00
Total Valid	158	96.34	100.00
Total Missing	6	3.66	
Total	164	100.00	



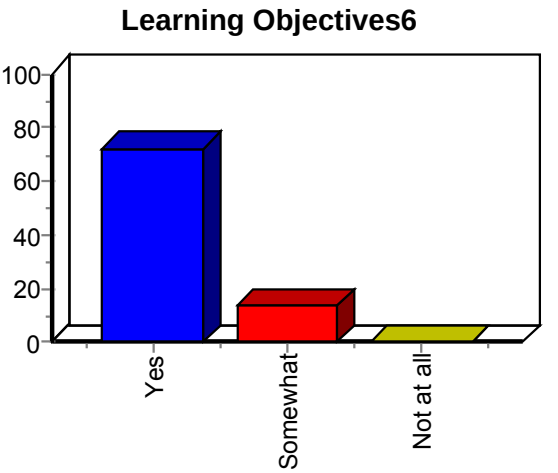
Upon completion of this activity, I can now - Describe existing guidelines and best practices in the diagnosis and treatment of ADHD in adults; identify risks for co-morbidities in adult patients with ADHD with emphasis on anxiety disorders, mood disorders, and substance use/abuse disoeders; plan a pharmacologic treatment program for adults diagnosed with simple ADHD and more complex ADHD that is complicated by co-morbidities; identify psychosocial treatments for adults diagnosed with ADHD:

Label	Frequency	Percent	Valid Percent
Yes	114	69.51	78.08
Somewhat	31	18.90	21.23
Not at all	1	0.61	0.68
Total Valid	146	89.02	100.00
Total Missing	18	10.98	
Total	164	100.00	



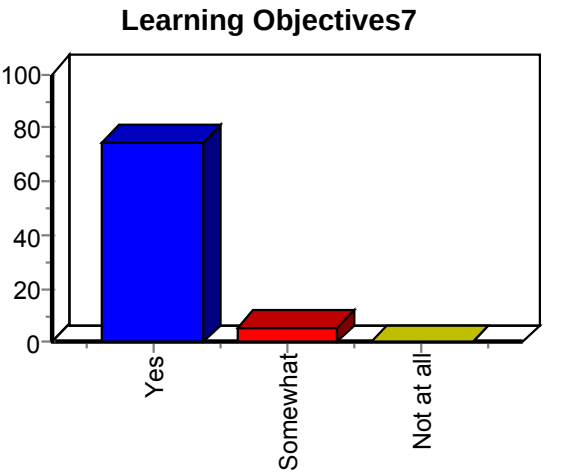
Upon completion of this activity, I can now - Identify the conditions referred to as inflammatory bowel disease (IBD), and discuss their clinical presentations; implement appropriate pharmacologic and non-pharmacologic therapeutic strategies for managing IBD in accordance with evidence-based guidelines; tailor the available medications to the various presentations of IBD with attention to the induction and the maintenance of remission; use currently available laboratory tests to maximize benefit while minimizing toxicity; employ approaches for effectively communicating the risks and benefits of IBD treatment options and facilitating adherence:

Label	Frequency	Percent	Valid Percent
Yes	119	72.56	84.40
Somewhat	22	13.41	15.60
Not at all	0	0.00	0.00
Total Valid	141	85.98	100.00
Total Missing	23	14.02	
Total	164	100.00	



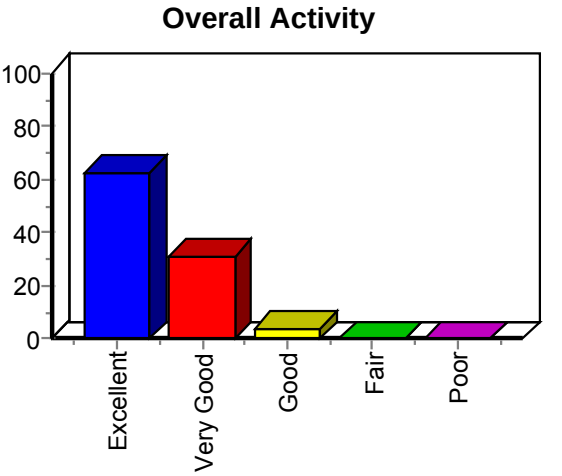
Upon completion of this activity, I can now - Discuss screening strategies for osteoporosis in postmenopausal women; identify candidates for pharmacologic treatment of postmenopausal osteoporosis; evaluate and compare available therapies for osteoporosis; and discuss barriers to adherence and effectiveness of osteoporosis therapy:

Label	Frequency	Percent	Valid Percent
Yes	122	74.39	93.13
Somewhat	9	5.49	6.87
Not at all	0	0.00	0.00
Total Valid	131	79.88	100.00
Total Missing	33	20.12	
Total	164	100.00	



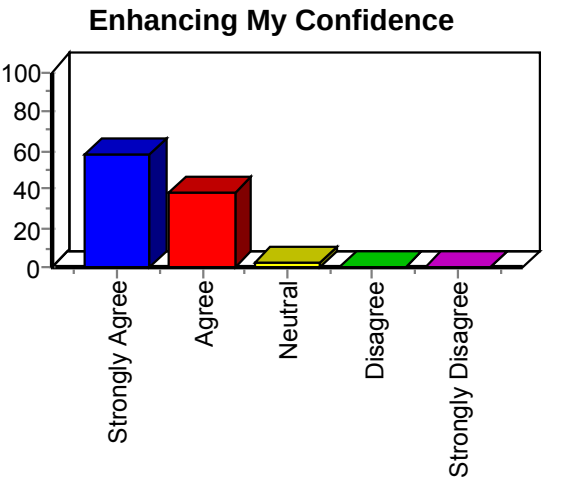
Overall, I would rate this activity as:

Label	Frequency	Percent	Valid Percent
Excellent	103	62.80	64.38
Very Good	51	31.10	31.88
Good	6	3.66	3.75
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	160	97.56	100.00
Total Missing	4	2.44	
Total	164	100.00	



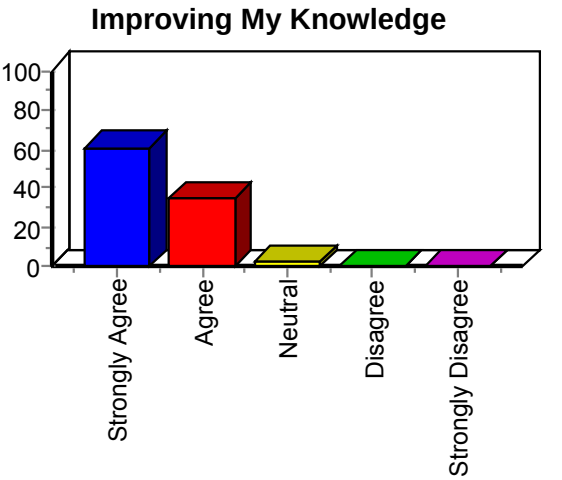
Overall, this activity was effective in enhancing my confidence in caring for patients with the condition(s) presented?

Label	Frequency	Percent	Valid Percent
Strongly Agree	94	57.32	58.75
Agree	63	38.41	39.38
Neutral	3	1.83	1.88
Disagree	0	0.00	0.00
Strongly Disagree	0	0.00	0.00
Total Valid	160	97.56	100.00
Total Missing	4	2.44	
Total	164	100.00	



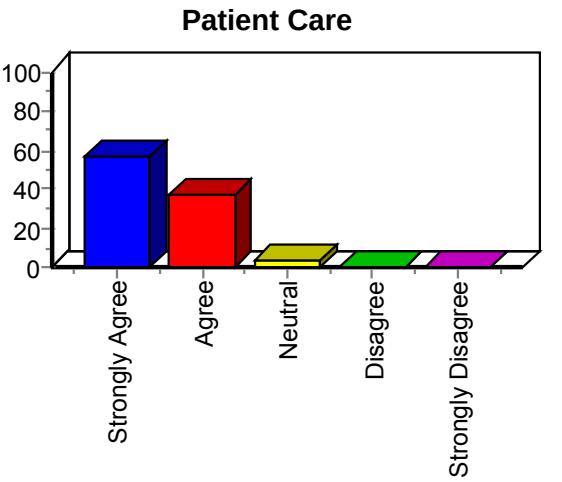
Overall, this activity was effective in improving my knowledge in the content areas presented:

Label	Frequency	Percent	Valid Percent
Strongly Agree	100	60.98	62.11
Agree	57	34.76	35.40
Neutral	4	2.44	2.48
Disagree	0	0.00	0.00
Strongly Disagree	0	0.00	0.00
Total Valid	161	98.17	100.00
Total Missing	3	1.83	
Total	164	100.00	



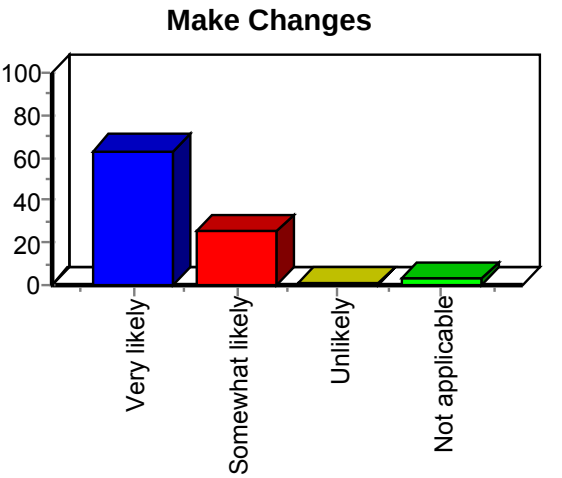
As a result of this activity, I have learned new strategies for patient care:

Label	Frequency	Percent	Valid Percent
Strongly Agree	93	56.71	58.49
Agree	60	36.59	37.74
Neutral	6	3.66	3.77
Disagree	0	0.00	0.00
Strongly Disagree	0	0.00	0.00
Total Valid	159	96.95	100.00
Total Missing	5	3.05	
Total	164	100.00	



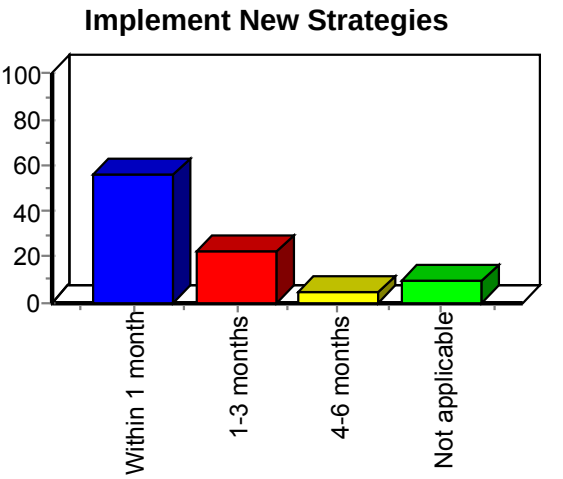
How likely are you to implement these new strategies in your practice?

Label	Frequency	Percent	Valid Percent
Very likely	103	62.80	68.21
Somewhat likely	41	25.00	27.15
Unlikely	2	1.22	1.32
Not applicable	5	3.05	3.31
Total Valid	151	92.07	100.00
Total Missing	13	7.93	
Total	164	100.00	



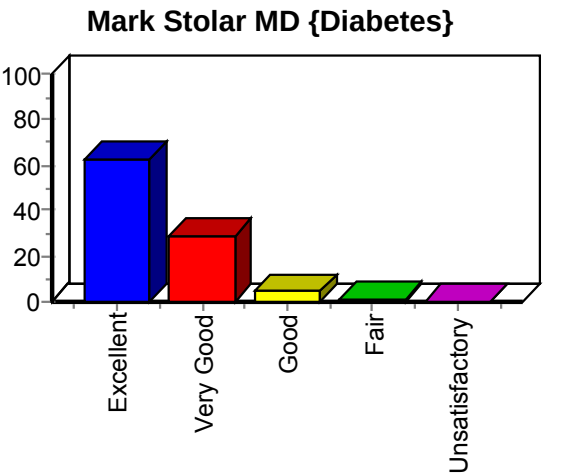
When do you intend to implement these new strategies into your practice?

Label	Frequency	Percent	Valid Percent
Within 1 month	91	55.49	60.67
1-3 months	37	22.56	24.67
4-6 months	7	4.27	4.67
Not applicable	15	9.15	10.00
Total Valid	150	91.46	100.00
Total Missing	14	8.54	
Total	164	100.00	



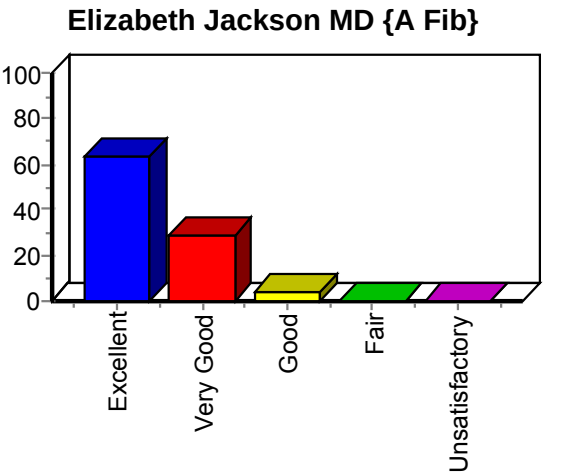
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Mark Stolar, MD (Diabetes):

Label	Frequency	Percent	Valid Percent
Excellent	102	62.20	64.56
Very Good	47	28.66	29.75
Good	8	4.88	5.06
Fair	1	0.61	0.63
Unsatisfactory	0	0.00	0.00
Total Valid	158	96.34	100.00
Total Missing	6	3.66	
Total	164	100.00	



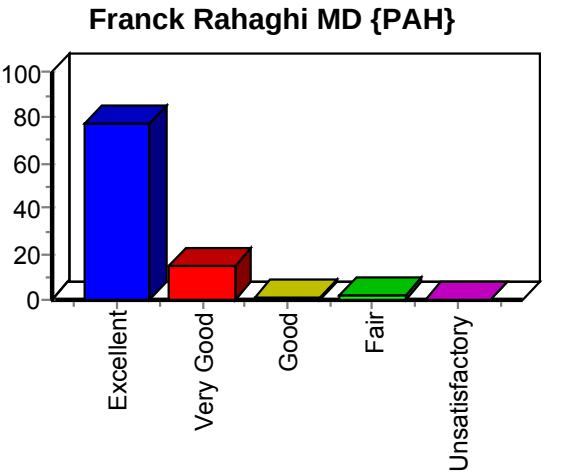
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Elizabeth Jackson, MD (A Fib):

Label	Frequency	Percent	Valid Percent
Excellent	104	63.41	65.82
Very Good	48	29.27	30.38
Good	6	3.66	3.80
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	158	96.34	100.00
Total Missing	6	3.66	
Total	164	100.00	



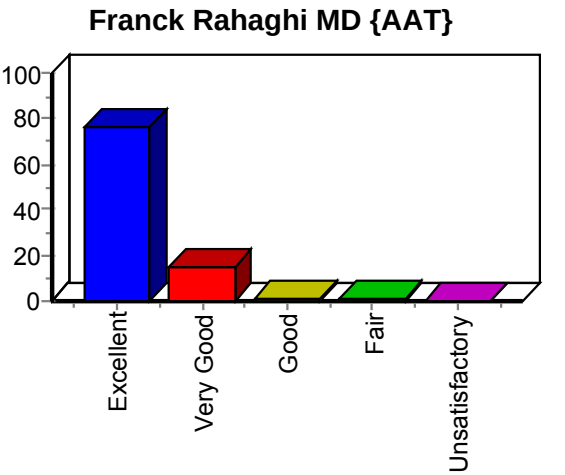
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Franck Rahaghi, MD (PAH):

Label	Frequency	Percent	Valid Percent
Excellent	127	77.44	81.41
Very Good	24	14.63	15.38
Good	2	1.22	1.28
Fair	3	1.83	1.92
Unsatisfactory	0	0.00	0.00
Total Valid	156	95.12	100.00
Total Missing	8	4.88	
Total	164	100.00	



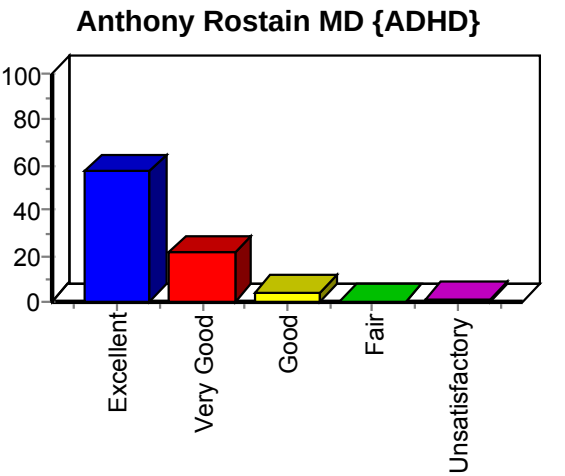
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Franck Rahaghi, MD (AAT):

Label	Frequency	Percent	Valid Percent
Excellent	125	76.22	82.24
Very Good	24	14.63	15.79
Good	1	0.61	0.66
Fair	2	1.22	1.32
Unsatisfactory	0	0.00	0.00
Total Valid	152	92.68	100.00
Total Missing	12	7.32	
Total	164	100.00	



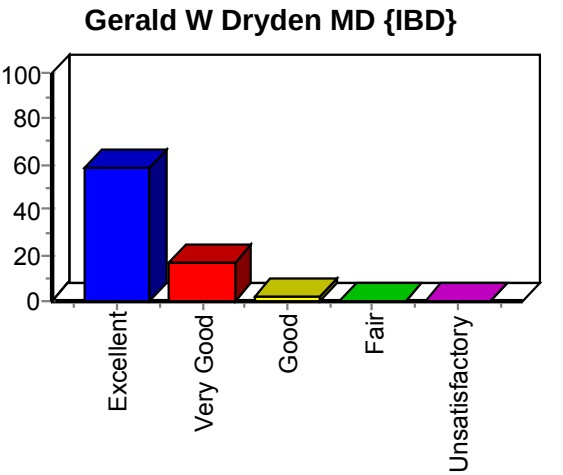
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Anthony Rostain, MD (ADHD):

Label	Frequency	Percent	Valid Percent
Excellent	93	56.71	68.89
Very Good	35	21.34	25.93
Good	6	3.66	4.44
Fair	0	0.00	0.00
Unsatisfactory	1	0.61	0.74
Total Valid	135	82.32	100.00
Total Missing	29	17.68	
Total	164	100.00	



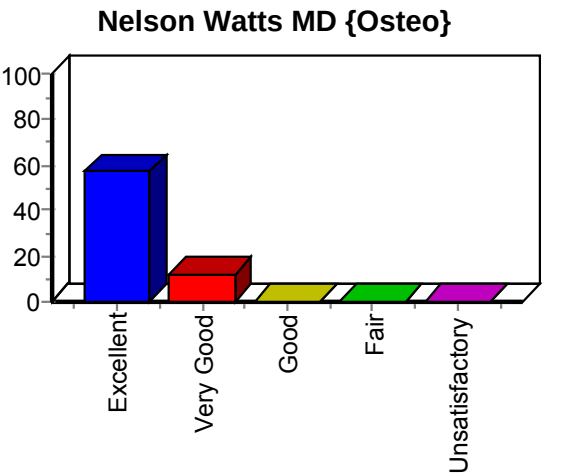
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Gerald W. Dryden, MD (IBD):

Label	Frequency	Percent	Valid Percent
Excellent	97	59.15	76.38
Very Good	27	16.46	21.26
Good	3	1.83	2.36
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	127	77.44	100.00
Total Missing	37	22.56	
Total	164	100.00	



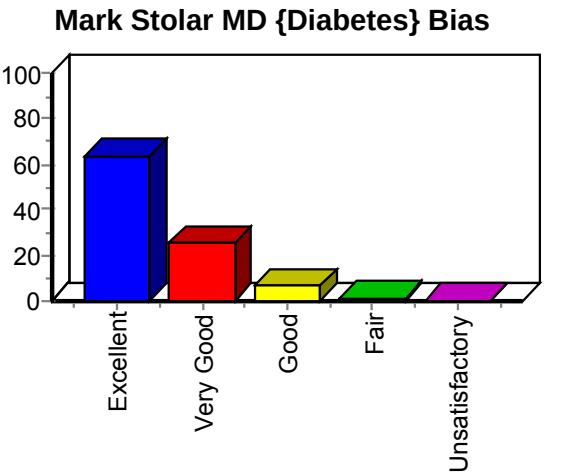
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Nelson Watts, MD (Osteo):

Label	Frequency	Percent	Valid Percent
Excellent	93	56.71	82.30
Very Good	20	12.20	17.70
Good	0	0.00	0.00
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	113	68.90	100.00
Total Missing	51	31.10	
Total	164	100.00	



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	104	63.41	66.67
Very Good	41	25.00	26.28
Good	10	6.10	6.41
Fair	1	0.61	0.64
Unsatisfactory	0	0.00	0.00
Total Valid	156	95.12	100.00
Total Missing	8	4.88	
Total	164	100.00	



To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Elizabeth Jackson, MD (A Fib):

Label	Frequency	Percent	Valid Percent
Excellent	110	67.07	70.97
Very Good	44	26.83	28.39
Good	1	0.61	0.65
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
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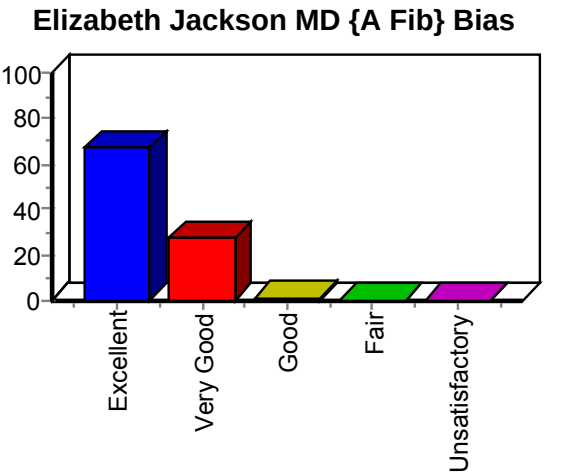
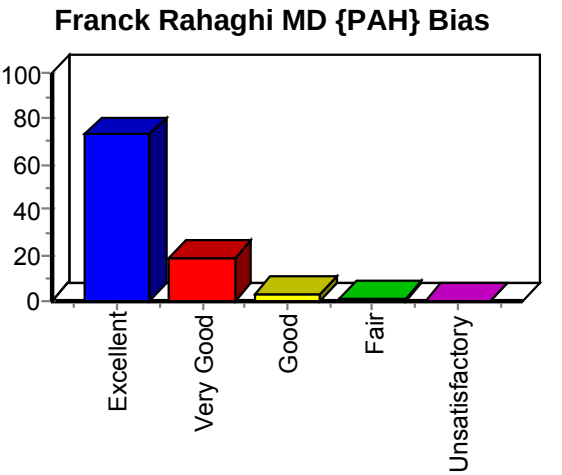
Total	164	100.00	



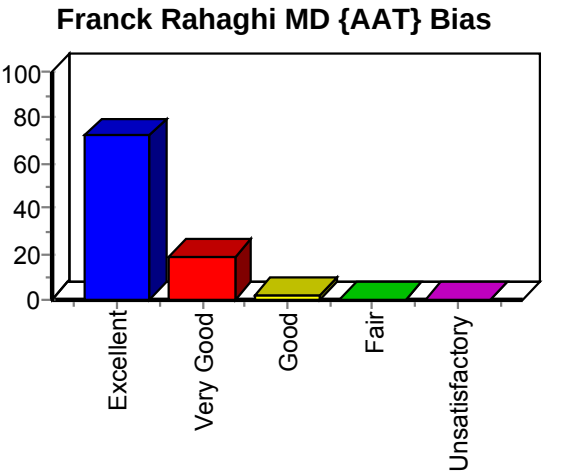
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Franck Rahaghi, MD (PAH):

Label	Frequency	Percent	Valid Percent
Excellent	119	72.56	77.27
Very Good	30	18.29	19.48
Good	4	2.44	2.60
Fair	1	0.61	0.65
Unsatisfactory	0	0.00	0.00
Total Valid	154	93.90	100.00
Total Missing	10	6.10	
Total	164	100.00	



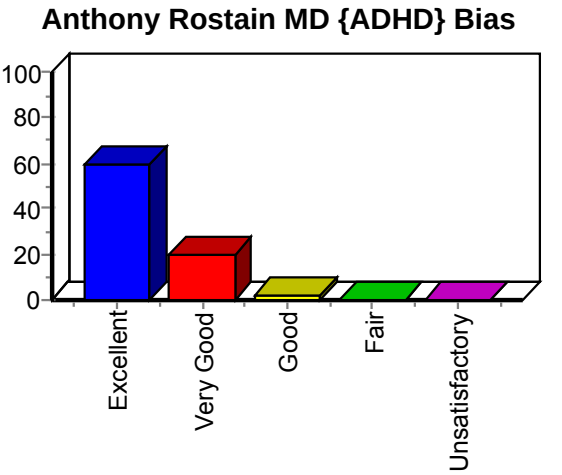
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Franck Rahaghi, MD (AAT):

Label	Frequency	Percent	Valid Percent
Excellent	118	71.95	77.63
Very Good	31	18.90	20.39
Good	3	1.83	1.97
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	152	92.68	100.00
Total Missing	12	7.32	
Total	164	100.00	



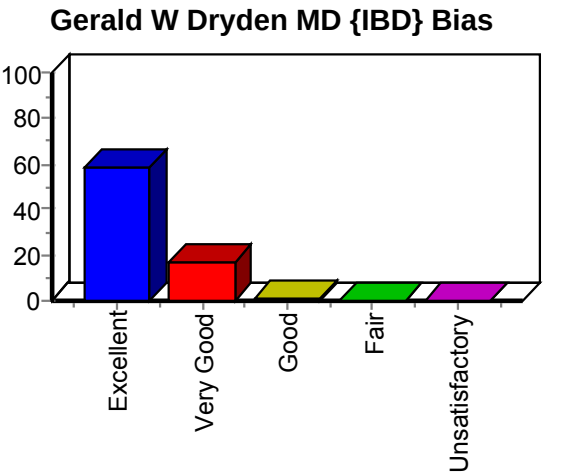
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Anthony Rostain, MD (ADHD):

Label	Frequency	Percent	Valid Percent
Excellent	98	59.76	73.68
Very Good	32	19.51	24.06
Good	3	1.83	2.26
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	133	81.10	100.00
Total Missing	31	18.90	
Total	164	100.00	



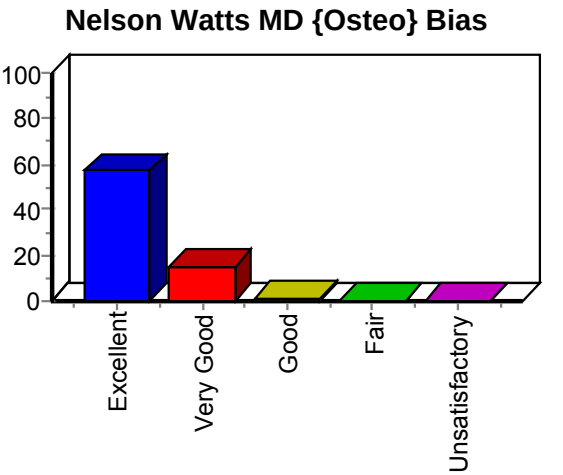
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Gerald W. Dryden, MD (IBD):

Label	Frequency	Percent	Valid Percent
Excellent	97	59.15	76.98
Very Good	27	16.46	21.43
Good	2	1.22	1.59
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	126	76.83	100.00
Total Missing	38	23.17	
Total	164	100.00	



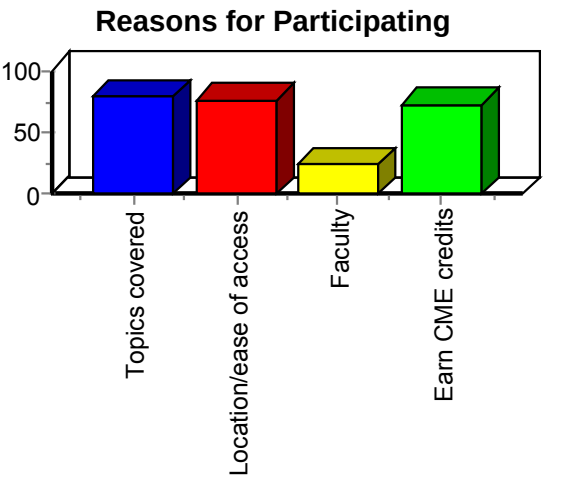
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Nelson Watts, MD (Osteo):

Label	Frequency	Percent	Valid Percent
Excellent	94	57.32	78.33
Very Good	25	15.24	20.83
Good	1	0.61	0.83
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	120	73.17	100.00
Total Missing	44	26.83	
Total	164	100.00	



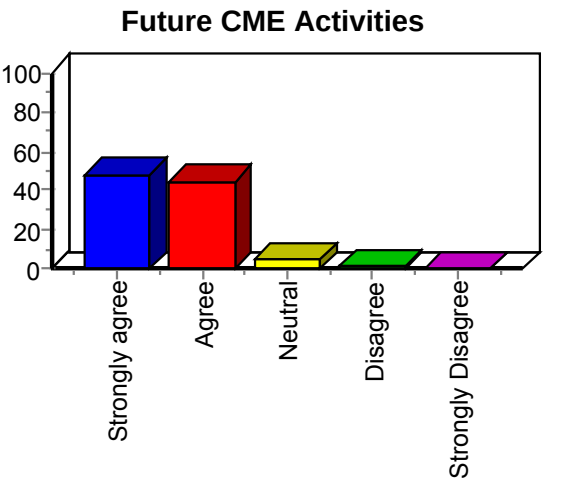
Which statement(s) best reflects your reasons for participating in this activity:

Label	Frequency	Percent	Valid Percent
Topics covered	129	78.66	79.63
Location/ease of access	125	76.22	77.16
Faculty	39	23.78	24.07
Earn CME credits	119	72.56	73.46
Total Valid	162	98.78	100.00
Total Missing	2	1.22	
Total	164	100.00	



Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent	Valid Percent
Strongly agree	79	48.17	49.07
Agree	73	44.51	45.34
Neutral	8	4.88	4.97
Disagree	1	0.61	0.62
Strongly Disagree	0	0.00	0.00
Total Valid	161	98.17	100.00
Total Missing	3	1.83	
Total	164	100.00	



What is your professional degree?

Comment
PharmD

What is your specialty?

Comment
Family Medicine
Family Practice
Urgent Care
Stroke
Anesthesiology
Psychiatry
Med/Surgical
Women's Health
Pharmacology
Urology
Anesthesiology
Internal Medicine
Pediatrics
Mental Health
Geriatrics
Internal Medicine

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

Comment
Testing for alpha-1 antitrypsin deficiency. When possible I will choose GLP-1 over DPP4 to treat DM now.
Smart combo treatment early in DM management, initiate AATD testing in high risk pts, utilize FRAX score in treating osteopenic pts
Screen for ALPHA-1 Anti Trypsin deficiency in COPD, individualize glycemic control esp. in elderly, use injectable therapies early in DM, use FRAX score in osteopenia
Better practice guideline
Early combination treatment for DM2, testing AAT in patients with COPD
Request cardiac cast firm to CCB usage in PAH. Use CHAD2 in using anti coagulant in ATL, No ASA for CHAD
Check AAT level in every COPD pt.
Able to familiarize patient with ADHD. To remember to order AAT with patients COPD
More aggressive with DM tx. Screening for PH and AATD using CHADS 2 and CHADSVAS2 to tx A fib.
Increased use of CHADS and AAT screening, start combination therapy early in DM2. For pts with possible PH check EKG; echo, csr, PFT, CT
Initial tx of IBD screening tools for adult APD, combination therapy of Type 2 DM early on

Comment
I came here mostly for the ADHD class since I care for only psychiatric patients. The use of ADHD scales - assessment tools.
Spending more time with the patient. ADHD, ATC, COPD, IBD.
All aspects of discussed cases - they were all very helpful.
Use of FRAX score, screen patients for Alpha-1 Anti Trypsin deficiency
AAT testing
Use CHADS2 score, AATS testing
Assess risk for stroke, PAH and AATD, early tx DM, Rx to IBD
Will order echo, will be more aggressive with diabetes
ADHD evaluation form previously not used, will incorporate in practice
Using CHADS2 score, recognition of potential PAH patients
Very good
Strategies about how to better control type II DM. New drugs for anticoagulants. Manage AATD.
More specific on Diabetes Type II Treatment. More detail on newer therapy.
Check CHADS2 in A fib, PAH Dx with right cath, not rely on echo alone. Check AATD level in all COPD. Use ADHD rating scale. Better Hx/PE to tell bet CD vs. UC vs. IBC. Use FRAX for T = -1 ~ 2.5
Using questionnaires, more aggressive with medication
Using anticoagulation
For OM based upon abnon not on HIMC. For AiFib Warfarin and stroke risk use CHADS2 score. For PAH current in the management of PAH. For IBD avoid steroids. For Osteoporosis fundamental requires for bone health.
Better diagnostic and therapeutic skills
AT9 guideline
More testing of A1AT
More clear screening - means of enforcing compliance in patient Rx protocol
A fib be more aggressive with Rx, do more and routine AAT screening
Insulin treatment for DM II, ASA vs. Warfarin treatment for AF, using guideline to treat AF. Approach COPD testing different.
Early and strong intervention for DM.
Earlier screening and tighter control of DM. Implement AAT screening.
Strategic interviewing for efficient patient sessions so much more time now on EMR v. patient interaction
Initiate combination therapy earlier for DM II consideration of alternative treatment options beyond Warfarin
Diabetes screening and dual therapy. ADHD screening be more vigilant of pts. Osteoporosis actual screening and increase proactive pt. educ.
AATD testing/screening
The necessity of early diagnosis on Diabetes. Assessment using CHADS2 is significant. The algorithm in diagnosing HT.
Check for L-antitrypsin deficiency in all pts with COPD. Be able to assess patients with pulmonary hypertension. Understand role of incretin-based therapies in DM
Reinforcing the updated and evidence based knowledge by reading this syllabus after this conference. Clarify uncertainty by email or call help from NACE for directions. Repeat in utilizing this new knowledge in practice in order to increase confidence.
Using CHADS2 in Af pts. Testing AAT level. Using of FRAX for dicition of osteoporosis
Risk stratification in AF

Comment
Use of CHADS. Info. about adult ADHD.
Use CHADS2 score. Combination therapy early in Type 2 Diabetes management
Consider echo in individuals with sob with normal stress test and PFTs. Consider multi approach to DM2. Test pts for AAT.
Early treatment. Screen for AAT.
More focus on 2011 - 2012's medical update methods to treat pt.
Test for alpha1 in COPD. Assessing and treatment for ADHD in adults. Anti-TNF therapy.
As Anesthesiologist the information presented will help me take better care of my patients with these conditions.
To implement the guideline approach and research protocol explained in the lectures provided.
Implement strategies outlined in case studies presented.
Change in ACP9. Recommend at fu CHAD2 score I start with combination tx for Type 2 DM, look for ATA deficiency - COPD
Med choices in osteoporosis, testing scales in ADHD
Spending more time with the patient for patient education. For history, prognosis and benefits versus risk of certain treatments.
Early diagnosis is very important in diabetes. Significance of the use of CHADS2.
Treatment of insulin resistant diabetes with injectable GLP 1 and insulin. Use combo therapy in Diabetes. New guidelines for CHADS2.
Deficiency testing, using ADHD questionnaires, osteoporosis treatment, more aggressive DM treatment, use of CHADS2 scoring, diagnosing PAH, IBD treatment.
Combination drugs, following frequencies
More emphasis on using diagnostic tool kit and scale for diagnosis. Be more confident treating patient I used to refer them out.
Implement diagnostic tests, prescribe medical therapy, refer to specialist when needed
Early sx and Rx multiple drugs in combination in care for DM II
Inflammation based diseases/immunization, PAH treatment, DM Type 2 and OTA
I am not afraid to initiate Rx of ADHD. I will start testing for alpha 1 anti trypsin deficiency.
Diagnosis early, treat early. Monitor and treat risk factors. Counsel and educate healthful lifestyle.
ADHD recognize it better than before, IBD will try new strategy, Osteoporosis I will be more confident in putting patient Rx pt.
Starting early on diligently tx DM for glucose toxicity, step up in OM individualized approach, ask about checking for AAT deficiency
Consider use of BY, PROXA, etc.
I will use CHADS2 score of CHADS2-VASC score to decide to prescribe oral anticoagulant drug for Atrial Fibrillation patient. I will order blood test for COPD patient.
New information
Use CHADS2VASC score to assess A fib risk of stroke. Early diagnosis with multi drug therapy for Diabetes Mellitus. Screen all COPD patients for Alpha 1 antitrypsin deficiency.
To make diagnoses and referrals
Evaluate COPD patient with new tests and evaluate and tx diabetic patients based on physiology.
Compartment syndrome
Change treatment strategies when hypoglycemia occurs and implementing lab test for AAT. I will make changes on BDTX, I will implement new treatment to Osteoporosis.

Comment
New medication
Treat patients with more aggressive medications, use all disciplines as needed.
Doing CHADS, CHADSVASC score, testing for AAT, not using ca in PAH.
This presentation has added some information to my previous knowledge of the topics
Using specific tools in screening and doing better taking and using specific diagnostic tools when necessary.
Need cath to diagnose PAH. Test all COPD for AAT deficiency.

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

Comment
Diabetes, Hypertension treatment in refractory cases.
Hepatitis B and C referral guideline and flu
Treatment of Dyslipidemia
Obesity, uncontrolled DM
Liver, Pancreas, Kidneys
CHF, Stroke
Case studies Type 2 DM, Atrial Fibrillation, IBD, Emerging trend osteop
Vertigo
To understand more about RP, Homocystemic levels in CVB, etc.
Office Orthopedics, Psychiatry, Drug abuse, Obesity Rx
Psychiatric topics, Dementia
CHF, Liver diseases
Skin diseases, CVA/TIA, preventive medicine
Auto-immune disorder, vitamins, zoster vaccine
Rheumatoid arthritis therapy, MS treatment, Acne Rx
Spinal cord injury
New pap smear guidelines
GI problem - constipation
Cardiovascular disease, Diabetes, Chronic Kidney Disease, Dementia
Allergies
Cardiopulmonary
Newer drugs in Type II DM
Hepatitis C, MRSA, CAP, HIV, COPD, CHF, Stroke/TIA, NPH, Home/oncology
ENT/women-GYN
Any topic in primary care
Urological topics
2nd hypertension, MI, pneumonia, stroke, schizophrenia, Alzheimer
Mood disorders, chronic low back pain, dementia
DERM, pediatric topics
HTN, hepatitis B and C treatment and monitoring, IBS treatment
HCV, Anemia
Orthopedic, Dermatology, Cardiology, Hypertension
Newer drugs for HTN, DM, government input - good, bad, uncertain.

Comment
Pro/Con of gastric bypass, radial
Hypertension and weight management.
Health screenings and weight management.
Effective herbal meds, how does milk thistle work
More issues on women's health.
Infectious diseases
I liked the lecture on IBS
STI
Anemia, RA
CVD, oncology
Depression, schizophrenia
Herbal supplements, female sexual dysfunction, osteoporosis
PCOS, Fibromyalgia, Rheumatoid Arthritis
More topics in women's health.
Bone health
GYN probs, Thyroid dz, HIV-HAART, psych seen in primary care, dermatology.
Dermatology, Gynecology, fibroids
End of life care, TB, Arthritis, Cancer screening
Women's health, breast ca
Update on hypertension
Trends in orthopedic medicine
Ophthalmology pathological conditions. Dermatological.
Whatever
Orthopedics, adult, pediatric
HTN
Women's health
Topics related to Primary Care
Ani 4TN Rx
Pain management in pt.
Management of uncontrolled HTN, management of Diabetic Neuropathy
Metabolic syndrome
Neuropathic pain, use of opioids in Primary Care, raised LFTs
Evidence based methods to control pain without narcotics or medications.
CHF, HIV infection, Parkinson's
Cardiovascular symptoms
Female health, GYN, pap smear, STDs
Celiac spine, perm for PCP
Treatment of HTN, DM, Dyslipidemia, primary care
Dermatology problem, depression
Obesity, Diabetes, Asthma, HRT, 9H
Sleep disorder
Thyroid disease, insulin dependent DM, oral and meal time
Opioid use
Dermatology and peds

Additional comments:

Comment
Please continue the diabetes update. Osteoporosis lecture was excellent and very clinically applicable to my practice as a family physician.
Thank you
None
Excellent speakers and presentation topics
Vertigo
Asthma, COPD, DM
Thank you good program.
Excellent meeting
Great Resources thank you!
Excellent presentations
Endocrine also
Great
It surely is nice to re-invest my time in refreshing and new knowledge. I surely appreciate this from NACE and thanks for keeping it available and at no financial cost to us.
Topics like AATD, ADHD, PAH should be condensed and 30-45 min each to provide main points for primary care.
Locale is perfect - speakers well chosen and practical topics.
Excellent speakers/subject matter.
Thank you
Slides and handouts were very helpful. I will refer back to these later on Thank you
How to use and interpret tumor markers
Very informative. 1st time attendee.
Thank you for your excellent programs.
Great day
Excellent tools for Dr. A Rostain
Topics, good clinical application.
Thank you
Great lecture topics.
Organized conference, great speakers.
Enjoyed it and was helpful thank you.
Excellent. Keep up the wonderful work.
Kudos to you for wonderful CME
Useful day of CME
Overall, excellent topics in an excellent location with easy access. The syllabus makes the NACE group stand out way above Primed! Please continue this.
Thank you.
Great faculty, great syllabus, great staff
Have more of these activities
Very good and knowledgeable speaker, learned a lot, thanks
Thank you

Comment
Thank you
You have the best conferences, awesome conference thank you.
None
Excellent programs
It is a great conference
If you can please do it in downtown Los Angeles accessibility to public transportation or Long Beach, CA. Overhead very expensive hotels in Anaheim, CA.
I'm pleased with having an audience of mostly MDs and that you folks did not use the term "Providers". I'm looking forward to having only MDs and DO's CME activities

Item Statistics:

	Title	Specialty	Learning Objectives1	Learning Objectives2	Learning Objectives3	Learning Objectives4	Learning Objectives5
Mean	1.53	1.89	1.14	1.13	1.23	1.15	1.23
Variance	1.14	5.14	0.12	0.12	0.18	0.13	0.19
Standard Deviation	1.07	2.27	0.35	0.35	0.42	0.35	0.44
Standard Error	0.08	0.18	0.03	0.03	0.03	0.03	0.04
Minimum	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Maximum	6.00	8.00	2.00	3.00	2.00	2.00	3.00
Median	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Range	5.00	7.00	1.00	2.00	1.00	1.00	2.00

	Learning Objectives6	Learning Objectives7	Overall Activity	Enhancing My Confidence	Improving My Knowledge	Patient Care	Make Changes
Mean	1.16	1.07	1.39	1.43	1.40	1.45	1.40
Variance	0.13	0.06	0.32	0.28	0.29	0.33	0.47
Standard Deviation	0.36	0.25	0.56	0.53	0.54	0.57	0.68
Standard Error	0.03	0.02	0.04	0.04	0.04	0.05	0.06
Minimum	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Maximum	2.00	2.00	3.00	3.00	3.00	3.00	4.00
Median	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Range	1.00	1.00	2.00	2.00	2.00	2.00	3.00

	Implement New Strategies	Mark Stolar MD {Diabetes}	Elizabeth Jackson MD {A Fib}	Franck Rahaghi MD {PAH}	Franck Rahaghi MD {AAT}	Anthony Rostain MD {ADHD}	Gerald W Dryden MD {IBD}
Mean	1.64	4.58	4.62	4.76	4.79	4.62	4.74
Variance	0.93	0.38	0.31	0.32	0.26	0.42	0.24
Standard Deviation	0.96	0.62	0.56	0.57	0.51	0.64	0.49
Standard Error	0.08	0.05	0.04	0.05	0.04	0.06	0.04
Minimum	1.00	2.00	3.00	2.00	2.00	1.00	3.00
Maximum	4.00	5.00	5.00	5.00	5.00	5.00	5.00
Median	1.00	5.00	5.00	5.00	5.00	5.00	5.00
Range	3.00	3.00	2.00	3.00	3.00	4.00	2.00

	Nelson Watts MD {Osteo}	Mark Stolar MD {Diabetes} Bias	Elizabeth Jackson MD {A Fib} Bias	Franck Rahaghi MD {PAH} Bias	Franck Rahaghi MD {AAT} Bias	Anthony Rostain MD {ADHD} Bias	Gerald W Dryden MD {IBD} Bias
Mean	4.82	4.59	4.70	4.73	4.76	4.71	4.75
Variance	0.15	0.41	0.22	0.29	0.23	0.25	0.22
Standard Deviation	0.38	0.64	0.47	0.54	0.47	0.50	0.47
Standard Error	0.04	0.05	0.04	0.04	0.04	0.04	0.04
Minimum	4.00	2.00	3.00	2.00	3.00	3.00	3.00
Maximum	5.00	5.00	5.00	5.00	5.00	5.00	5.00
Median	5.00	5.00	5.00	5.00	5.00	5.00	5.00
Range	1.00	3.00	2.00	3.00	2.00	2.00	2.00

	Nelson Watts MD {Osteo} Bias	Reasons for Participating	Future CME Activities
Mean	4.78	-	1.57
Variance	0.19	-	0.38
Standard Deviation	0.44	-	0.62
Standard Error	0.04	-	0.05
Minimum	3.00	-	1.00
Maximum	5.00	-	4.00
Median	5.00	-	2.00
Range	2.00	-	3.00