Emerging Challenges In Primary Care: 2012

Activity Evaluation Summary

CME Activity: Emerging Challenges in Primary Care: 2012
Saturday, May 5, 2012
Raleigh Marriott City Center, Raleigh, NC

Course Director: Gregg Sherman, MD

Date of Evaluation Summary: May 24, 2012

NACE NATIONAL ASSOCIATION FOR CONTINUING EDUCATION

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

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

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, Pulmonary Arterial Hypertension, and Osteoporosis.

In planning this CME activity, the NACE performed a needs assessment. A literature search was conducted, national guidelines were reviewed, survey data was analyzed, and experts in each therapeutic area were consulted to determine gaps in practitioner knowledge, competence or performance.

Two hundred seventy nine healthcare practitioners registered to attend ***Emerging Challenges in Primary Care: 2012*** in Raleigh, NC. 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 three completed forms were received. The data collected is displayed in this report.

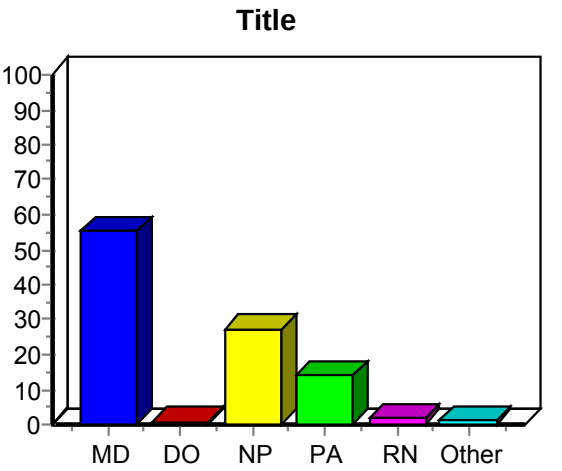
CME ACCREDITATION

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 6 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

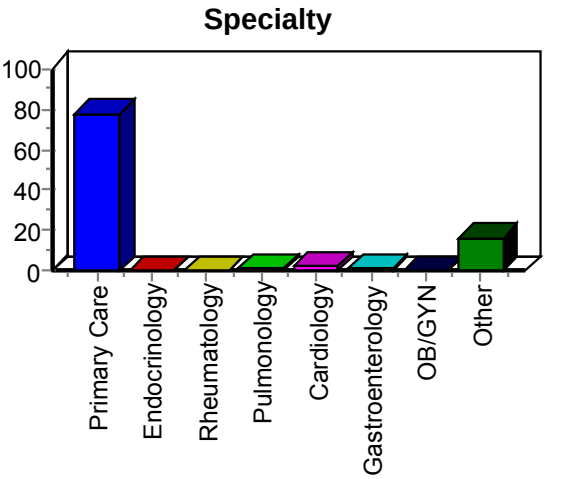
What is your professional degree?

Label	Frequency	Percent	Valid Percent
MD	107	55.44	55.44
DO	1	0.52	0.52
NP	53	27.46	27.46
PA	27	13.99	13.99
RN	3	1.55	1.55
Other	2	1.04	1.04
Total Valid	193	100.00	100.00



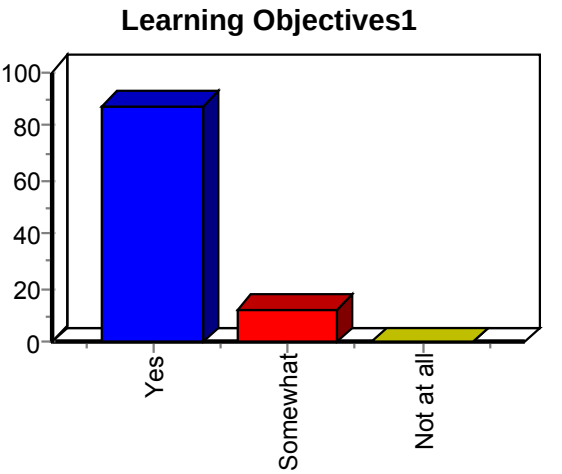
What is your specialty?

Label	Frequency	Percent	Valid Percent
Primary Care	150	77.72	78.95
Endocrinology	0	0.00	0.00
Rheumatology	0	0.00	0.00
Pulmonology	2	1.04	1.05
Cardiology	5	2.59	2.63
Gastroenterology	2	1.04	1.05
OB/GYN	1	0.52	0.53
Other	30	15.54	15.79
Total Valid	190	98.45	100.00
Total Missing	3	1.55	
Total	193	100.00	



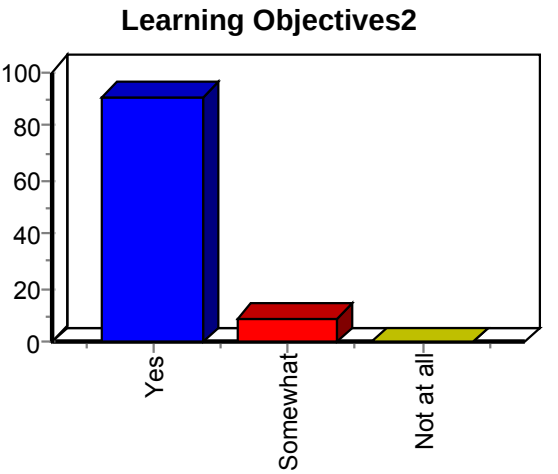
Upon completion of this activity, I can now - Address the importance of early diagnosis for enhancing outcomes in type 2 diabetes; identify evidence-based strategies for type 2 diabetes management; discuss the role of newer therapies in the pathophysiology and management of type 2 diabetes; and discuss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

Label	Frequency	Percent	Valid Percent
Yes	168	87.05	87.96
Somewhat	23	11.92	12.04
Not at all	0	0.00	0.00
Total Valid	191	98.96	100.00
Total Missing	2	1.04	
Total	193	100.00	



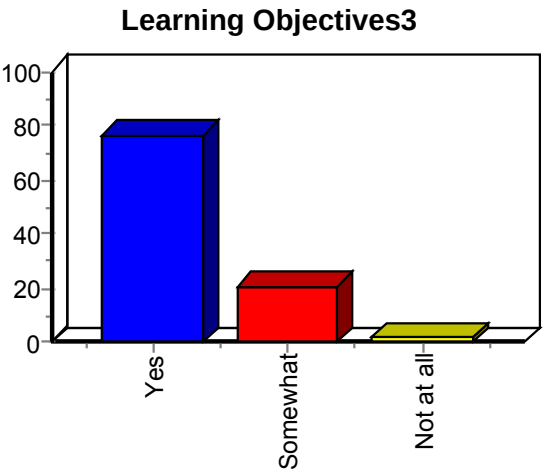
Upon completion of this activity, I can now - Use the CHADS2 score to assess stroke risk in patients with atrial fibrillation (AF); describe the benefits versus risks of antithrombotic therapy for stroke risk reduction in AF patients; identify appropriate therapeutic interventions for AF patients depending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

Label	Frequency	Percent	Valid Percent
Yes	174	90.16	91.10
Somewhat	17	8.81	8.90
Not at all	0	0.00	0.00
Total Valid	191	98.96	100.00
Total Missing	2	1.04	
Total	193	100.00	



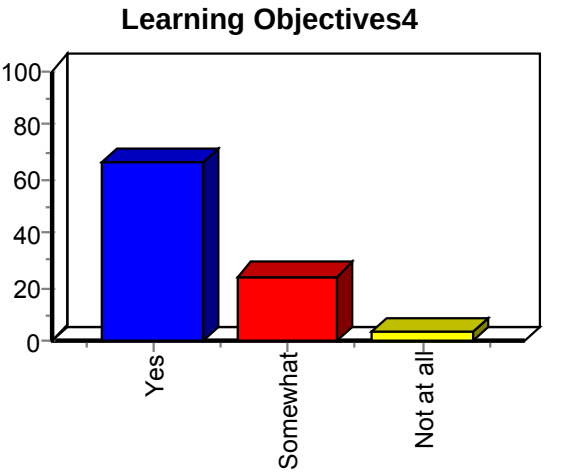
Upon completion of this activity, I can now - Identify the conditions referred to as inflammatory bowel disease (IBD), and discuss their clinical presentations; implement appropriate pharmacologic and non-pharmacologic therapeutic strategies for managing IBD in accordance with evidence-based guidelines; 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	147	76.17	77.78
Somewhat	39	20.21	20.63
Not at all	3	1.55	1.59
Total Valid	189	97.93	100.00
Total Missing	4	2.07	
Total	193	100.00	



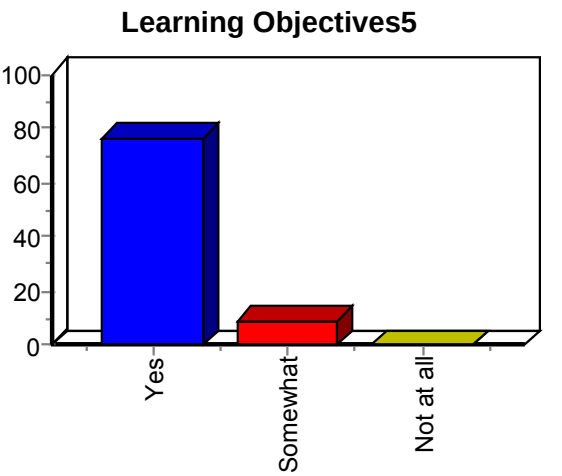
Upon completion of this activity, I can now - Address the pathophysiology of PAH; discuss when and how to screen patients for PAH; identify current therapies in the management of PAH; and discuss how to appropriately monitor patients receiving treatment for PAH:

Label	Frequency	Percent	Valid Percent
Yes	128	66.32	71.51
Somewhat	45	23.32	25.14
Not at all	6	3.11	3.35
Total Valid	179	92.75	100.00
Total Missing	14	7.25	
Total	193	100.00	



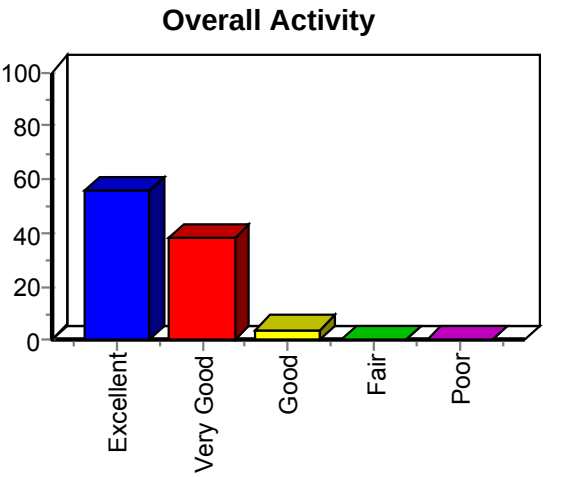
Upon completion of this activity, I can now - Discuss screening strategies for osteoporosis in postmenopausal women; identify candidates for pharmacologic treatment of postmenopausal osteoporosis; evaluate and compare available therapies for osteoporosis; and discuss barriers to adherence and effectiveness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

Label	Frequency	Percent	Valid Percent
Yes	147	76.17	89.63
Somewhat	17	8.81	10.37
Not at all	0	0.00	0.00
Total Valid	164	84.97	100.00
Total Missing	29	15.03	
Total	193	100.00	



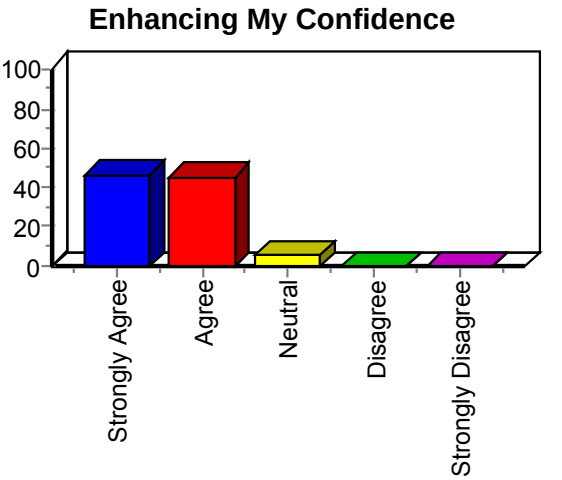
Overall, I would rate this activity as:

Label	Frequency	Percent	Valid Percent
Excellent	107	55.44	56.61
Very Good	74	38.34	39.15
Good	8	4.15	4.23
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	189	97.93	100.00
Total Missing	4	2.07	
Total	193	100.00	



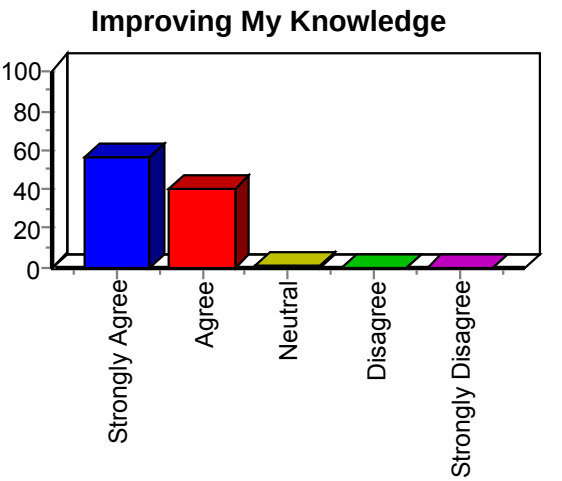
Overall, this activity was effective in enhancing my confidence in caring for patients with the condition(s) presented?

Label	Frequency	Percent	Valid Percent
Strongly Agree	90	46.63	47.87
Agree	88	45.60	46.81
Neutral	10	5.18	5.32
Disagree	0	0.00	0.00
Strongly Disagree	0	0.00	0.00
Total Valid	188	97.41	100.00
Total Missing	5	2.59	
Total	193	100.00	



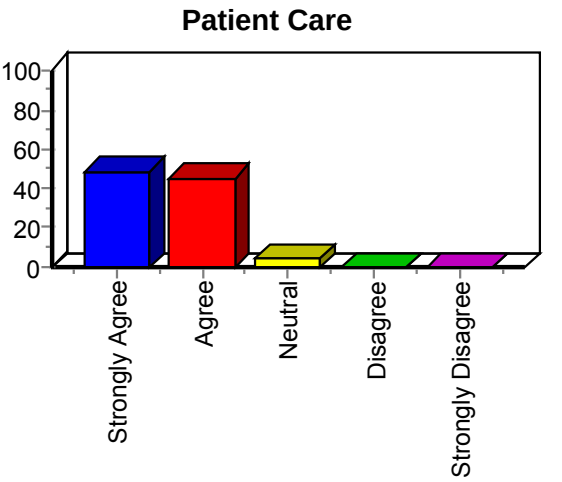
Overall, this activity was effective in improving my knowledge in the content areas presented:

Label	Frequency	Percent	Valid Percent
Strongly Agree	108	55.96	57.75
Agree	76	39.38	40.64
Neutral	3	1.55	1.60
Disagree	0	0.00	0.00
Strongly Disagree	0	0.00	0.00
Total Valid	187	96.89	100.00
Total Missing	6	3.11	
Total	193	100.00	



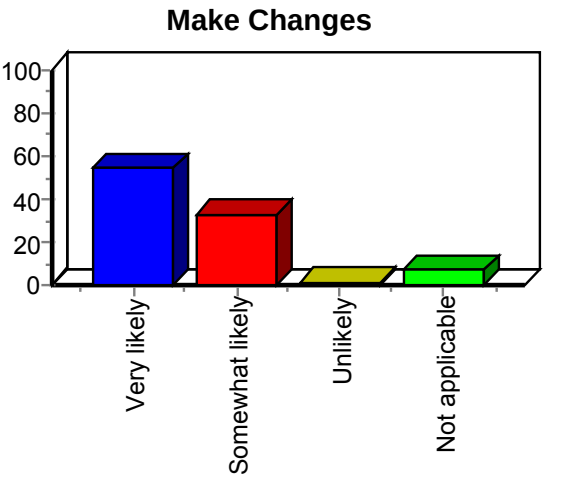
As a result of this activity, I have learned new strategies for patient care:

Label	Frequency	Percent	Valid Percent
Strongly Agree	94	48.70	49.47
Agree	87	45.08	45.79
Neutral	9	4.66	4.74
Disagree	0	0.00	0.00
Strongly Disagree	0	0.00	0.00
Total Valid	190	98.45	100.00
Total Missing	3	1.55	
Total	193	100.00	



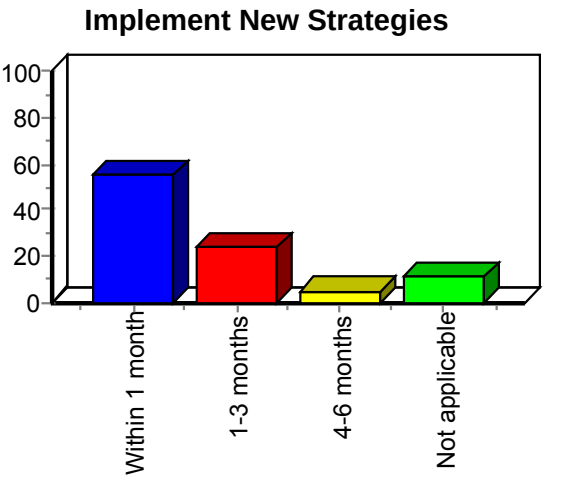
How likely are you to implement these new strategies in your practice?

Label	Frequency	Percent	Valid Percent
Very likely	106	54.92	57.30
Somewhat likely	63	32.64	34.05
Unlikely	2	1.04	1.08
Not applicable	14	7.25	7.57
Total Valid	185	95.85	100.00
Total Missing	8	4.15	
Total	193	100.00	



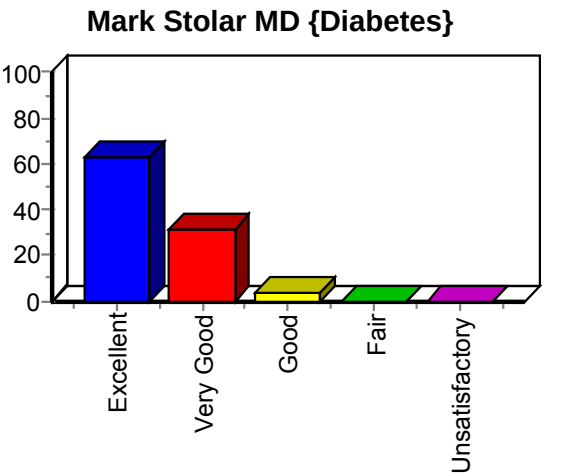
When do you intend to implement these new strategies into your practice?

Label	Frequency	Percent	Valid Percent
Within 1 month	106	54.92	58.56
1-3 months	46	23.83	25.41
4-6 months	8	4.15	4.42
Not applicable	21	10.88	11.60
Total Valid	181	93.78	100.00
Total Missing	12	6.22	
Total	193	100.00	



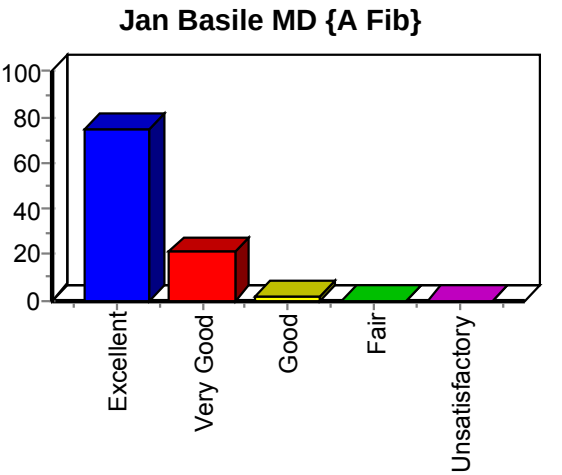
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Mark Stolar, MD (Diabetes):

Label	Frequency	Percent	Valid Percent
Excellent	122	63.21	64.55
Very Good	60	31.09	31.75
Good	7	3.63	3.70
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	189	97.93	100.00
Total Missing	4	2.07	
Total	193	100.00	



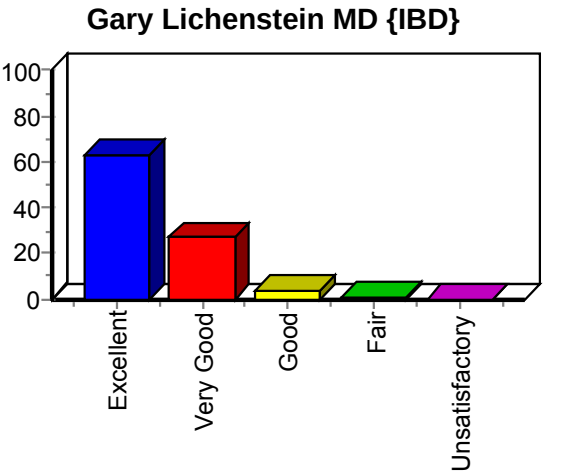
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Jan Basile, MD (A Fib):

Label	Frequency	Percent	Valid Percent
Excellent	145	75.13	76.72
Very Good	41	21.24	21.69
Good	3	1.55	1.59
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	189	97.93	100.00
Total Missing	4	2.07	
Total	193	100.00	



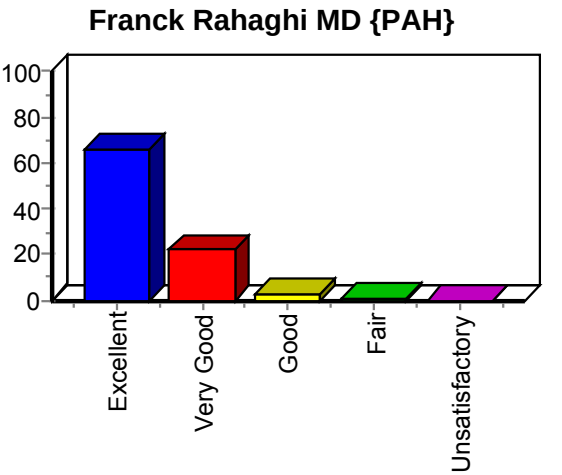
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Gary Lichenstein, MD (IBD):

Label	Frequency	Percent	Valid Percent
Excellent	122	63.21	66.67
Very Good	52	26.94	28.42
Good	7	3.63	3.83
Fair	2	1.04	1.09
Unsatisfactory	0	0.00	0.00
Total Valid	183	94.82	100.00
Total Missing	10	5.18	
Total	193	100.00	



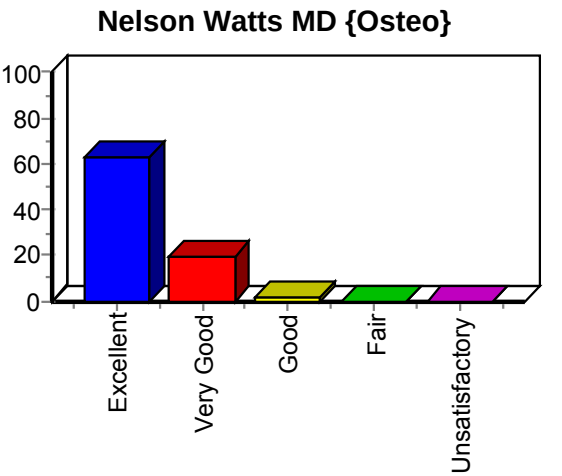
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Franck Rahaghi, MD (PAH):

Label	Frequency	Percent	Valid Percent
Excellent	126	65.28	71.59
Very Good	42	21.76	23.86
Good	6	3.11	3.41
Fair	2	1.04	1.14
Unsatisfactory	0	0.00	0.00
Total Valid	176	91.19	100.00
Total Missing	17	8.81	
Total	193	100.00	



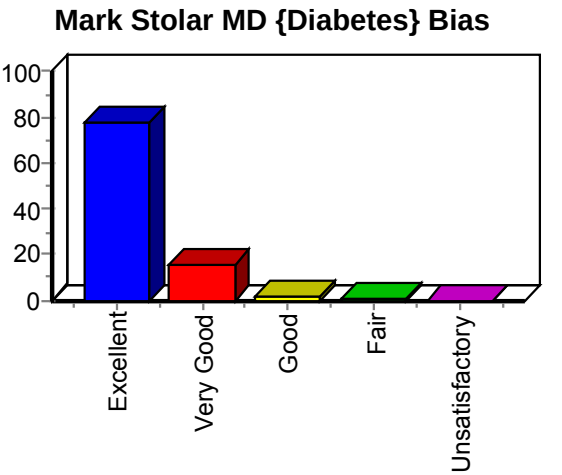
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Nelson Watts, MD (Osteo):

Label	Frequency	Percent	Valid Percent
Excellent	121	62.69	74.69
Very Good	37	19.17	22.84
Good	4	2.07	2.47
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	162	83.94	100.00
Total Missing	31	16.06	
Total	193	100.00	



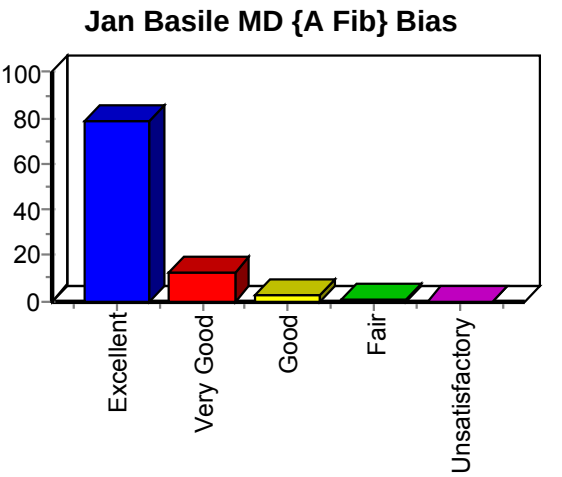
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Mark Stolar, MD (Diabetes):

Label	Frequency	Percent	Valid Percent
Excellent	150	77.72	81.52
Very Good	30	15.54	16.30
Good	3	1.55	1.63
Fair	1	0.52	0.54
Unsatisfactory	0	0.00	0.00
Total Valid	184	95.34	100.00
Total Missing	9	4.66	
Total	193	100.00	



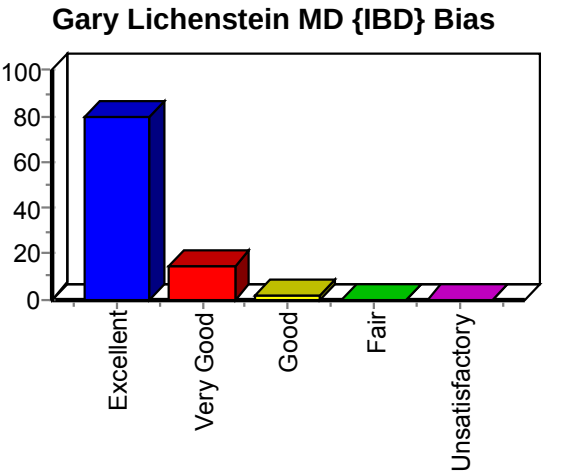
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Jan Basile, MD (A Fib):

Label	Frequency	Percent	Valid Percent
Excellent	152	78.76	82.16
Very Good	25	12.95	13.51
Good	6	3.11	3.24
Fair	2	1.04	1.08
Unsatisfactory	0	0.00	0.00
Total Valid	185	95.85	100.00
Total Missing	8	4.15	
Total	193	100.00	



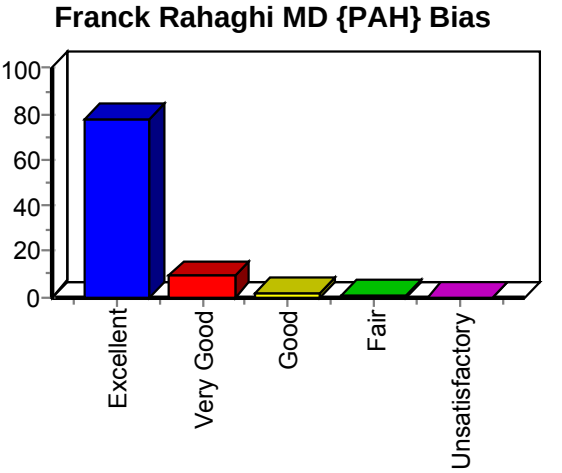
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Gary Lichenstein, MD (IBD):

Label	Frequency	Percent	Valid Percent
Excellent	153	79.27	83.15
Very Good	28	14.51	15.22
Good	3	1.55	1.63
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	184	95.34	100.00
Total Missing	9	4.66	
Total	193	100.00	



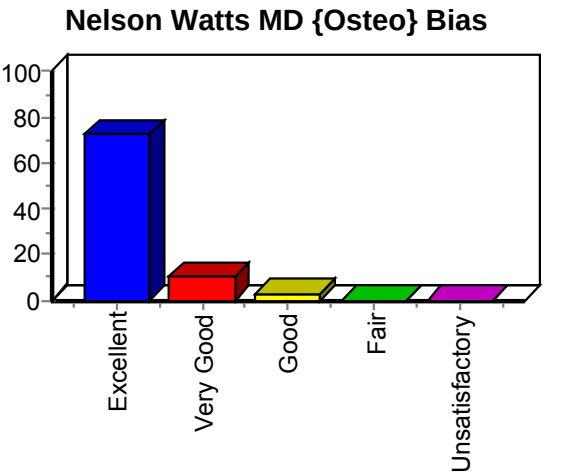
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Franck Rahaghi, MD (PAH):

Label	Frequency	Percent	Valid Percent
Excellent	151	78.24	87.28
Very Good	18	9.33	10.40
Good	3	1.55	1.73
Fair	1	0.52	0.58
Unsatisfactory	0	0.00	0.00
Total Valid	173	89.64	100.00
Total Missing	20	10.36	
Total	193	100.00	



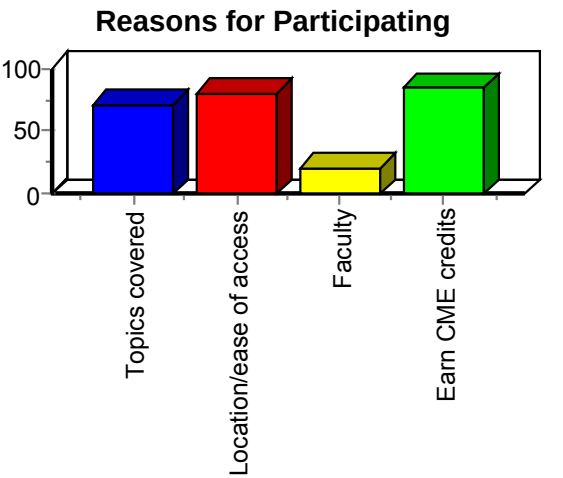
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Nelson Watts, MD (Osteo):

Label	Frequency	Percent	Valid Percent
Excellent	139	72.02	84.24
Very Good	20	10.36	12.12
Good	6	3.11	3.64
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	165	85.49	100.00
Total Missing	28	14.51	
Total	193	100.00	



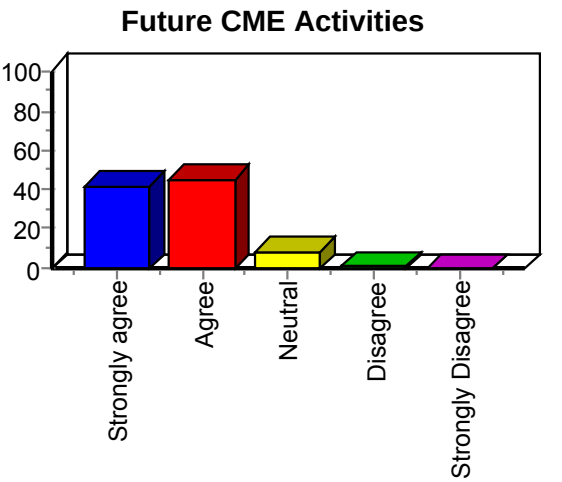
Which statement(s) best reflects your reasons for participating in this activity:

Label	Frequency	Percent	Valid Percent
Topics covered	137	70.98	71.35
Location/ease of access	155	80.31	80.73
Faculty	38	19.69	19.79
Earn CME credits	164	84.97	85.42
Total Valid	192	99.48	100.00
Total Missing	1	0.52	
Total	193	100.00	



Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent	Valid Percent
Strongly agree	80	41.45	43.01
Agree	87	45.08	46.77
Neutral	17	8.81	9.14
Disagree	2	1.04	1.08
Strongly Disagree	0	0.00	0.00
Total Valid	186	96.37	100.00
Total Missing	7	3.63	
Total	193	100.00	



What is your professional degree?

Comment
RPH
BS-Pharm
PhD
PhD
Pharmacist

What is your specialty?

Comment
Internal Medicine
Dermatology
Pharmacy
Pediatrics
Public Health
Allergy
Vascular Surgery
Rehab Medicine
Oncology
Family Medicine
Geriatrics
Dermatology
Psychiatry
Pre-Op
Emergency Care
Psychiatry
FNP
Pediatrics
Internal Medicine
Nephrology
Internal Medicine
Pediatrics
Hematology
Dermatology
Geriatric Medicine
Dermatology
Pharmacy
Psychiatry
Pain Management

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

Comment
Early diagnosis and initiation of therapy, use the CHAD2 score, effective communication of risks and benefits of therapy
Change in Rx by using CHAD2 score, adjustment of RX for DM using therapies related to path physiologic issues (i.e., drugs related to various symptoms), will w/u IBD in greater depth before referral
Formalize documentation CHADS2 score, review medication regimen/adjustment IBD meds
Decrease amounts of basal insulin when using oral agents to manage postprandial hyperglycemia, screening for osteoporosis, Initiating injectable GLP-1 when oral GLP not effective
Agree DM, IBD, Afib management, PAH, osteoporosis
Great review on osteoporosis, need to apply questionnaire to each to ID risk of osteoporosis, Early diagnosis and treatment of type II DM, risk stratify for appropriate treatment of atrial fib with stroke risk, identify and refer patients with IBD to GI, How to screen patients with pulm HTN, tx, and management, how to better diagnosis pulm HTN and treat
Quicker change in DM meds - much more aggressive, updated screening for IBD patients, better awareness for osteoporosis - better screening for risk
Use CHADS score, immunizations prior to IBD rx
Earlier initiation of multi-drug therapy for DM, Use of CHADS2 score - have not used before, Use of FRAX to assess pt Fx risk - have not used before
Certainly has improved my knowledge
Update on A/C treatment, no calcium channel blocker, Testing for IBD, Immunization prior to starting therapy for IBD
i.e. vaccines OK with IBD tx's
Type II DM treatment choices, osteoporosis work up
Better able to diagnose and manage IBD vs IBS
Prevention of hypoglycemia
More aggressive treatment of DMII
Changes in medications, testing
Using CHADS2, early combination therapy for DM
ECHDs, RHC, colonoscopies, Early treatment
New anticoagulants indications and dosing
Dr. Watts had a great suggestion with a way to flag practitioner to target at risk population
Aware of when to refer to other specialty
Discuss with consultants
More aware of treatment options for Afib, stroke prevention
Re-evaluate for drug/drug interactions, consider lengthening visit intervals with pt well controlled
DM combination therapy to begin with, Ecco for my pulmonary HTN
Combination therapy for type II DM, Use of CHADS2 score
(1) More confident to use CHADS2 score for Afib patients (2) DM treatment, maximal treatment strategies (3) FRAX evaluation for osteoporosis
Combined drug Rx of DM, improved evaluation and Rx of Afib, Improved Dx, Rx of osteoporosis
CHADS evaluation, initiate of anticoagulant therapy
Especially for PAH, I feel I at least have a better grip on work-up and referral
More likely to use GLP1 medication and new anticoagulants
More targeted Rx for UC/Crohn's, Afib Rx, better screening for PH and monitoring when PH center, better screening strategy for osteoporosis

Comment
Treatment of DM type II, osteoporosis, understanding PH
(1) More aggressive therapy with the management of diabetes, (2) Discussing with IBD patients management options available and follow-up care (3) The treatment of Afib - providing patient with more information on the current agents and also the better agents as well as their adverse effects - get patient more involved in the management
Good overview of current strategies
Better assess patient for choosing drugs for long term management of above mentioned topics and identify difficult to manage patients and refer them appropriately
Decrease IMR monitoring to every 3 months for AF patients stable, Also to prescribe more GLP1 agonists for patients with type 2 DM
I have learned to implement treatment for DM II sooner rather than later. Dual treatment if not multi-drug therapy
Using different anticoagulation and duration of PT/INR checks, Diabetes management - will use exenitide more, UC/Crohns - helps to Rx, Pulmonary hypertension information is good though I will not be treating
Earlier dual agent treatment in younger adults with DMII, more confidence in newer anticoagulation treatment and parameters of treatment
Diabetes program on transition from oral to insulin
Management of DM - multiple modes, use of CHADS2 for nonvalvular AF
(1) Early diagnosis, aggressive management - chronic care model (2) use of CHADS2 in afib (3) Identify early IBD (3) Learning strategy how to identify and rx high risk osteoporosis
Reminder of things to check in our care of pts, new meds for pulm hypertension, how to use CHADS2 vasc
Encourage patients to work with their PCPs for better BS control
CHADS protocol, risk of stroke with anticoagulants, Pulm hypertension
Early identification of at risk patients
Early combination care for Type II DM, use CHADS2 score to determine stroke risk, Use of HBI to determine severity of Crohn's disease
Look for PHA, Osteoporosis
No CCB for PAH, Proper screening for osteoporosis, effectiveness of combination therapy for type II DM
Treat diabetes as a chronic disease, Use CHADS scores to determine treatment for Afib, Meds used for Crohn's disease
Do more bone density testing, use FRAX score, use more GLP1 inhibitor
Management of diabetes
CHADS2, DM management, IBD Dx and Tx
CHADS stratification, increase use GLP1 use, choosing antithrombotics, choosing drug therapy for osteoporosis
Prolia in particular
Use CHAD2 to stratify risk for a-fib patients, earlier use of combination therapy for type 2 DM patients, Using FRAX tool more often
Obtaining CHADS2 score, Starting insulin earlier, still will use Coumadin over pradaxa but at least treat AF earlier
Consideration for more than one treatment to start new onset diabetes
Earlier use of multiple medications in treating diabetes, better use of CHADS2, obtain a more extensive history with IBD

Comment
Use risk stratification when evaluating anticoag for AF, Patient on echo needs to be followed with heart cath, use FRAX online tool to assess fracture risk
(1) Treatment of DM aggressively early on with multiple drugs (2) Use of CHADS in determining treatment for AF (3) Know different IBS and IBD and what drugs to use for treatment (4) Do not use CCB in treating pulmonary HTN until you get rt cath study and reversibility tests (5) Use FRAX for patient <1 and <2.5 to determine if you need treatment
Use new guidelines
Simplify treatment, encourage adherence
Multiple drug therapy initially with diabetes, use of proper therapy after applying CHADS2 scores, more aggressively using echo to diagnose pulm HBP types
Benefit of chronic care model in management of disease, current guidelines in managing chronic a-fib, improved management of PVS with IBD
Incorporate CHADS with nonvavular AF, PAH, FRAX calculator
CHADS stratified for Afib,
Proper use of anticoagulants
Afib treatment, importance of early control for DM, best anticoags to use and when, osteoporosis rx
Anticoagulant therapy for patients with CHADS2 score 1
Use CHADS more accurately, more combination treatment approach to treatment DM
Proper use of CHADS2 and CHADS2-VASC in practice, early combination therapy for diabetes mellitus
Identifying diabetes management
Armed with updated knowledge, now I can convince patients to adhere to our plan of care, I will use CHAD2 to evaluate Afib patients - will place char in each patient exam room to remind me
Use the CHADS, check for osteoporosis
Good topic, good speaker, good presentation
(1) Use more combination therapy in DM (2) Assess symptoms and observe for Pulm HTN - order echo as necessary (3) Assess for bone density need - use FRAX (4) Look at who to treat for Afib by new guidelines (5) Assess sx to screen for UC or Crohns
Consider combo treatment earlier in DM, Check vitamin D in IBD pts
(1) Using CHADS criteria to determine AF tx (2) Type 2 diabetes - use a combined therapy (3) long term benefits of tight glycemic control
Diagnosis and management
Aggressively managing DM at initial diagnosis, starting anticoagulant meds correctly, monitoring osteopenia, osteoporosis, medications managing
Better understating of treating AF, better understanding of PH
Better approaches in evaluating and diagnosis pts with PH and approximately classifying them
Initiating combination therapy at onset dx HbA1C 7.6, addressing insulin resistance more aggressively especially with basal insulin >40, starting anticoagulants with lower CHADS2 score
Early, aggressive therapy for DM
Evidence based patient teaching
(1) Afib - CHADS, CHADS2 score, (2) Difference between colitis and Crohn's - testing
Starting DM combo therapy sooner, better use of CHADS2 score, use of CHADS2 VAS
Open mind, trust clinical judgment, combine with hard data
Treating DM with multiple meds, using CHADS2, staying with FDA approved Crohn's treatments
CHADS scoring

Comment
CHADS2 - factors to determine increased risk
More awareness to screen for PAH, More comfortable in approaching IBD pts, treatment and long term screening, Increased awareness for ensuring that patients most as risk get screened regularly
I will definitely use CHADS score more in practice, also found discussion re: warfarin vs. new agents helpful - I will likely use pradaxa more now. Increase osteoporosis screening, treatments
Evaluate other tx options in accordance to revised guidelines
(1) More aggressive treatment of DM2, especially with initial dx (2) Consider the new anticoagulants instead of Coumadin (3) higher index of superior and more evaluation around ECHO for PH (4) Familiarity with FRAX
Combination treatment for diabetes, more aggressive treatment, increased understanding of CHADS too and use of, understand many complications of PH, improve understanding of IBD, more aggressive ID patients who need Dex scan
Combination therapy for DM, ways to ID patients to be screened for osteoporosis tx
Some review on all these topics will be needed. That review is facilitate by all the presentations
GLP-1 and insulin together, CHADS2 = no treatment
Using CHAxDDSx - VASC and CHADS2 for Afib management,
Differentiating patient a APH and VPH and treating appropriately, identifying more patients to be screened for osteo
Will review with my colleagues
Mostly being compliant with ACCTP AT9 guidelines
(1) Treatment of Afib utilizing CHAD (2) Increase ability to discuss/explain plan of care with IBS pt
Use of IV DM therapies, Change in Af Rx guidelines, how to diagnose, PAH more accurately, when to treat osteoporosis
Systematic evaluation of medical problems using evidence based data
More aggressive early treatment for T2 DM, Using CHADS2 to risk stratify AF patients for anticoagulation, Ability to differentiate between PAH and PH from other diseases, More aggressive identifying pts to be screen for osteoporosis
Use CHADS2 score influenced anticoagulant choices/management
(1) Early diagnosis (2) Aggressively early management (3) Frequent follow-up
Improved diabetes care, Better management of osteoporosis, Better management of A-fib
Use of CHADS2 to evaluate, combination therapy earlier with DM II, evaluate immunity with IBD, Use FRAX for evaluation with osteopenia
(1) Improved knowledge leads to improved or updated practice (2) Increase confidence - better patient care and management
Will more aggressively manage diabetes, will aggressively diagnose AF patients and pulmonary hypertension patients
CHADS risk score, starting combo diabetes management
Pulmonary hypertension, calcium channel blockers should not be tried without right heart catheterization, Diabetes Mellitus - HgA1C criteria for insulin dosing
Managing AF and osteoporosis

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

Comment
Management of hypertension
Thyroid disease
Interdisciplinary approaches to chronic disease care, case studies managing multi-system chronic disease
Treatment of MDD
Osteoarthritis, secondary HTN
Infectious disease, quiz - clinical, pathology, dermatology
PAD, sleep apnea, lymphedema, lipidema
Obesity, CHF
Med vs. interventional CAD Rx
Management of HTN, pharmacology review would be great, common infectious disease/treatment in primary care
Drug interactions
Medical emergencies, bladder incont, vaccinations, general dermatology
Cardiology
Tuberculosis, HIV, thyroid disease
Metabolic syndrome, COPD, asthma, coronary artery disease, HTN
HPV
DVT management, HF treatment
CKD
Chronic pain treatment, congestive heart failure
HTN, CAD, hyperlipidemia
GYN issues, obesity treatments
Dermatology
HIV/AIDS
Hepatitis, COPD, Anemia
HTN, obesity
Topics in infectious diseases
Asthma treatment update
Lipid disorders, drug induced onset of Alzheimer's
Mobility and RA
Breast cancer, Paget's disease
Would care, infectious diseases, dermatology and ortho for primary care
Similar primary care topics
Some pediatric topics - ADHD, obesity, asthma, common sports injuries
Heart failure treatment acute vs. chronic, breast cancer, oral lesions
CKD, ACS (acute coronary syndrome), women's health, neurological disease
Chronic pain management
Adulthood diseases that are effective children especially those with morbid obesity
Diabetes management, endocrine abnormalities
Dementia, hypertension
GYN updates would be smart to cut down on over testing and appropriate use of high risk HPV screening. Primary care over test in this area of medicine on average
CHF, skin cancer diagnosis and treatment, sleep apnea, HIV management by primary care
Diabetes clinic

Comment
Dyslipidemia, newer rx type II DM, obesity endemic
Chronic pain, depression
Glycemic variability, pharmacologic treatment strategies for Afib
Adult ADD/ADHD
Pediatric - asthma, allergies
Wound care, type I diabetes diagnosed in adult
Dermatology, Obesity, Substance Abuse, Mental Health (Schizophrenia/Bipolar Disorders/Depression)
Obstructive sleep apnea, migraines, fibromyalgia, osteoarthritis, drug abuse/treatment, Parkinson's
Sleep, obesity, nutrition
Behavior modification, R sided heart failure, morbid obesity, Hx, treatment prognosis
Asthma, COPD, Skin cancer/dermatology
Diagnosis and treatment of chronic herpes (Type II) and HPV infection, Adverse events associated with common antibiotics
Asthma guidelines
MD/A-fib
More diabetes to add on to today, obesity
DDX of dizziness
Bipolar, sports injuries
Same as offered
MRSA - therapy options, HIV - current therapy available
COPD - dx and rx, celiac disease, fibromyalgia
Radiology, dermatology, hospital medicine, CKD, Parkinson - other neurology
Updates cardiology and neurology
Hepatitis, New advances Rx
Infections D2
Dermatology, ADD, bipolar disorder
Adults vaccination, CHF treatment, obesity treatment
Travel medicine, tuberculosis, IBS
Leukemia - presentation of, office emergencies
MI, heart failure
New insulins, insulin pumps, Type I DM
Diabetes, dermatology, hyperthyroid
More primary care focused
Dermatology
(1) Asthma (2) ADDHD - pediatric - young adult - adult (3) pediatric topics - treatment of hypercholesterolemia/HTN/metabolic syndrome
Dermatology, ophthalmology, rheumatology
DM, abdominal pain, orthopedics, headaches, seizures, pediatrics
Stress management
CHF
Women's health, i.e. pelvic pain
PAD, PVD, statis ulcers, dermatology for primary care, CKD, COPD, allergy and asthma
Common dermatology, COPD, Management of hypertension, CKD
Ethics

Comment
Sleep apnea, skin rash
Mental health
BC update, treatment for obesity, COPD
Weight loss strategies
I appreciate the organization
Topics geared more to NP
Updates in approaching HTN, obesity (including gastric bypass), GERD, mesothelioma
Neurological topics such as peripheral neuropathy, Gullian Barre syndrome, also new anticoagulation treatments to prevent DVT
Vascular diseases like PAD, AAA, etc
Hypertension, celiac disease, depression, obesity review
Diabetes update, hyperthyroid/hypothyroid, COPD, New medications to watch for, Dermatology, New infectious disease
TAVI
Renal failure early detection, screening, etc, lab tests, GFR
Hypertension, hyperlipidemia, menopause treatment
Chronic hepatitis C, Cirrhosis of the liver, Pulmonary tuberculosis Chronic HIV
Improving delivery of care in today's environment - i.e. PA's, EMR
HRT for menopause, HTN, birth control
(1) DM Management (always), (2) HTN, (3) Renal insufficient disease , (4) Cervical Dysplasia recommendations
Update CHF, obesity Rx, Breast CA, CA screening, vaccinations
Asthma, CHF, COPD, Stroke/TIA
Risk reduction in complex med pts with multiple disease states, menopause management
Topic on metabolic syndrome and early management
Antibiotics update, dermatology
Decrease libido - women, motivation lifestyle changes dietary weight reduction
Dermatologic conundrums, antibiotic agents
Dermatologic issues
Atrial fibrillation
Diabetes, CHF
More psychiatric/mental health topics

Additional comments:

Comment
Good conference arrangements
Outstanding speakers, great lectures, didn't like music being played while answering questions but otherwise very good experience
Thank you
Really liked pre and post test questions with each lecture
More time for Q&A
Great conference. Thank you
Thank you for this excellent conference

Comment
Great CME activities, well done
Everything was excellent except it was freezing in the conference room
I have had 3 patients with osteoporosis of the jaw and biphosphanates, none of them were cancer patients and one had to have hyperbaric oxygen therapy to resolve (one is now expired, one resolved with conservative Rx)
Really enjoyed, Jan Basile was excellent and engaging, Franck Rahaghi was very comical
Easy access to Marriott - not easy at all. I have been here multiple times - always with streets closed - difficulty getting to entrance. Any consideration of future events in Greensboro, NC area
Excellent
Good facility for meeting, good food and drink
Great
Every conference seems to run short of vegetarian choices. I had same experience at other conferences where box lunches had veg choices. Seems to me that meat eaters change their choice at the venue may be vegetarians should get a meal ticket and have veg meals in a separate area. Vegetarians go hungry when others change their choice
Excellent
Thank you
Excellent summary. Best CME in 10 years, I actually learned new things
I enjoy attending these seminars
Excellent lectures
More vegetarian food
Thank you
Great conference. Thank you for bringing it to Raleigh, NC
Excellent
Thank you so much for lunch! It was great
Thank you
Great
Thank you
Thanks! Healthy dining options
Thank you
Great course
Thanks very much
Thank you
Thanks
Always a joy to come and learn new guidelines
Very good
Good job
Very good
Excellent course and very worthwhile
Very good presentations. I learned a lot on topics that I thought I already knew well
Good
Thank you
Excellent meeting
This was outstanding, I am amazed this conference was free. It is well worth paying for

Comment
Parking is a problem if vending machine does not show the decreased amount when convention is ongoing. The last one in Charlotte was expensive, Room very cold even with coat/jacket, Box lunch give condiments one can add if needed
CHF, CKD, HTN
Thank you
(1) I am glad it is free, (2) Don't worry about the lunch! I thought it was delicious and it was free. If people don't like it, they can bring their own
Good topics. The IBD and PAH topics I do not see as much in my practice but good to have this info to be aware
This is the second time I have heard Dr. Rahaghi and really enjoyed his presentation
Should have CME twice in a year - one in spring and one in fall
Thank you
The "small group" activities are too short to be of use. If you persist in using this method, I'll never come to another NACE activity
Great session, great lunch and breakfast, thank you
Very good presentation

Item Statistics:

	Title	Specialty	Learning Objectives1	Learning Objectives2	Learning Objectives3	Learning Objectives4	Learning Objectives5
Mean	2.09	2.33	1.12	1.09	1.24	1.32	1.10
Variance	1.70	6.98	0.11	0.08	0.21	0.29	0.09
Standard Deviation	1.30	2.64	0.33	0.29	0.46	0.53	0.31
Standard Error	0.09	0.19	0.02	0.02	0.03	0.04	0.02
Minimum	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Maximum	6.00	8.00	2.00	2.00	3.00	3.00	2.00
Median	1.00	1.00	1.00	1.00	1.00	1.00	1.00

	Overall Activity	Enhancing My Confidence	Improving My Knowledge	Patient Care	Make Changes	Implement New Strategies	Mark Stolar MD {Diabetes}
Mean	1.48	1.57	1.44	1.55	1.59	1.69	4.61
Variance	0.34	0.35	0.28	0.34	0.72	1.00	0.31
Standard Deviation	0.58	0.59	0.53	0.59	0.85	1.00	0.56
Standard Error	0.04	0.04	0.04	0.04	0.06	0.07	0.04
Minimum	1.00	1.00	1.00	1.00	1.00	1.00	3.00
Maximum	3.00	3.00	3.00	3.00	4.00	4.00	5.00
Median	1.00	2.00	1.00	2.00	1.00	1.00	5.00

	Jan Basile MD {A Fib}	Gary Lichenstein MD {IBD}	Franck Rahaghi MD {PAH}	Nelson Watts MD {Osteo}	Mark Stolar MD {Diabetes} Bias	Jan Basile MD {A Fib} Bias	Gary Lichenstein MD {IBD} Bias
Mean	4.75	4.61	4.66	4.72	4.79	4.77	4.82
Variance	0.22	0.38	0.36	0.25	0.23	0.31	0.18
Standard Deviation	0.47	0.62	0.60	0.50	0.48	0.56	0.43
Standard Error	0.03	0.05	0.05	0.04	0.04	0.04	0.03
Minimum	3.00	2.00	2.00	3.00	2.00	2.00	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

	Franck Rahaghi MD {PAH} Bias	Nelson Watts MD {Osteo} Bias	Reasons for Participating	Future CME Activities
Mean	4.84	4.81	-	1.68
Variance	0.20	0.23	-	0.47
Standard Deviation	0.45	0.48	-	0.68
Standard Error	0.03	0.04	-	0.05
Minimum	2.00	3.00	-	1.00
Maximum	5.00	5.00	-	4.00
Median	5.00	5.00	-	2.00