



# Emerging Challenges In Primary Care: 2012

## Activity Evaluation Summary

**CME Activity:** Emerging Challenges in Primary Care: 2012  
Saturday, October 6, 2012  
InterContinental Tampa  
Tampa, FL

**Course Director:** Gregg Sherman, MD

**Date of Evaluation  
Summary:** October 31, 2012



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

In October 2012, the National Association for Continuing Education (NACE) sponsored a CME program, *Emerging Challenges in Primary Care: 2012*, 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, Atrial Fibrillation, Inflammatory Bowel Disease, Osteoporosis, Pulmonary Arterial Hypertension, Alpha-1 Antitrypsin Disorder, ADHD in Adults, and Idiopathic Pulmonary Fibrosis.

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 ninety nine healthcare practitioners registered to attend *Emerging Challenges in Primary Care: 2012* in Tampa, FL. Two hundred seventy one 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. Two hundred sixty seven completed forms were received. The data collected is displayed in this report.

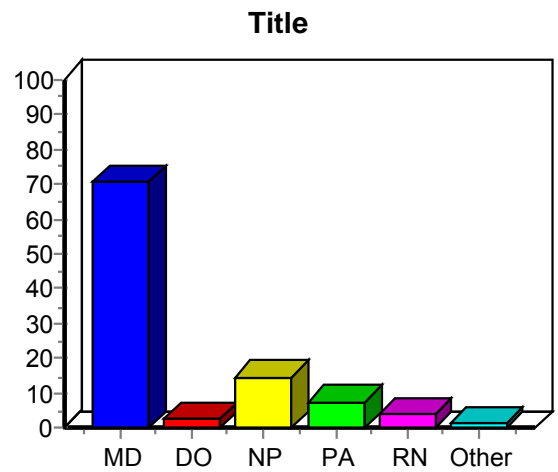
#### CME ACCREDITATION

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 8 *AMA PRA Category 1 Credits*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

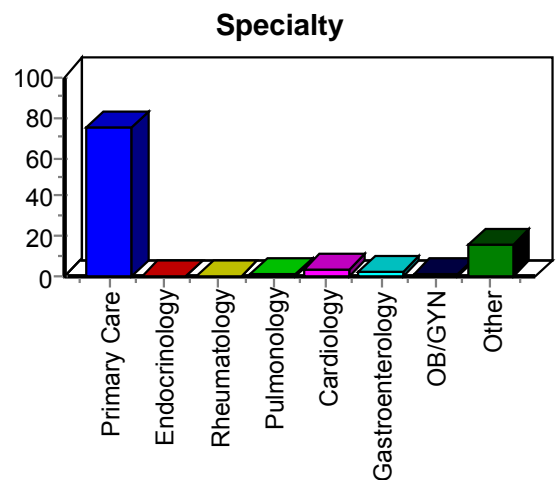
## What is your professional degree?

Label	Frequency	Percent	Valid Percent
MD	189	70.79	70.79
DO	7	2.62	2.62
NP	39	14.61	14.61
PA	19	7.12	7.12
RN	9	3.37	3.37
Other	4	1.50	1.50
Total Valid	267	100.00	100.00



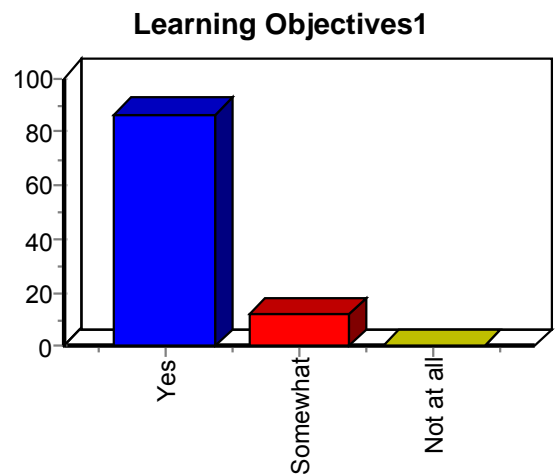
## What is your specialty?

Label	Frequency	Percent	Valid Percent
Primary Care	200	74.91	75.19
Endocrinology	0	0.00	0.00
Rheumatology	1	0.37	0.38
Pulmonology	3	1.12	1.13
Cardiology	9	3.37	3.38
Gastroenterology	5	1.87	1.88
OB/GYN	4	1.50	1.50
Other	44	16.48	16.54
Total Valid	266	99.63	100.00
Total Missing	1	0.37	
Total	267	100.00	



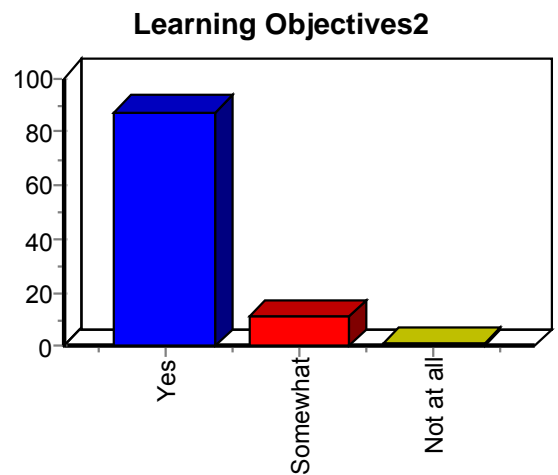
**Upon completion of this activity, I can now - Address the importance of early diagnosis for enhancing outcomes in type 2 diabetes; identify evidence-based strategies for type 2 diabetes management; discuss the role of newer therapies in the pathophysiology and management of type 2 diabetes; and discuss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

Label	Frequency	Percent	Valid Percent
Yes	232	86.89	87.88
Somewhat	32	11.99	12.12
Not at all	0	0.00	0.00
Total Valid	264	98.88	100.00
Total Missing	3	1.12	
Total	267	100.00	



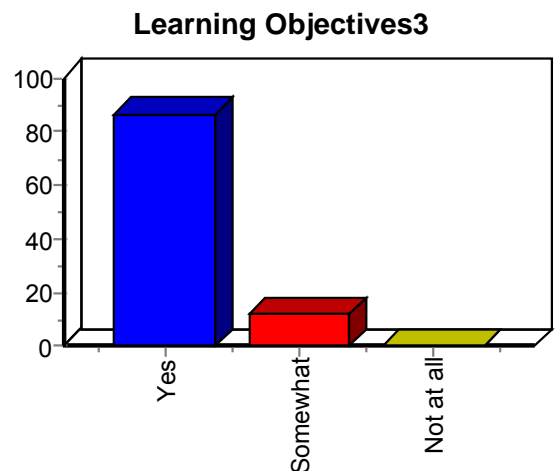
**Upon completion of this activity, I can now - Use the CHADS2 score to assess stroke risk in patients with atrial fibrillation (AF); describe the benefits versus risks of antithrombotic therapy for stroke risk reduction in AF patients; identify appropriate therapeutic interventions for AF patients depending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

Label	Frequency	Percent	Valid Percent
Yes	233	87.27	87.92
Somewhat	29	10.86	10.94
Not at all	3	1.12	1.13
Total Valid	265	99.25	100.00
Total Missing	2	0.75	
Total	267	100.00	



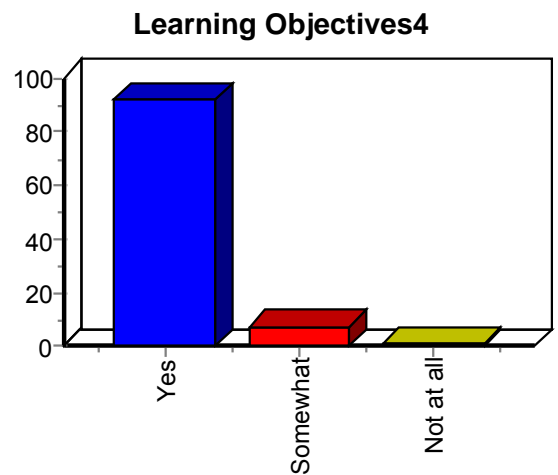
**Upon completion of this activity, I can now - Identify the conditions referred to as inflammatory bowel disease (IBD), and discuss their clinical presentations; implement appropriate pharmacologic and non-pharmacologic therapeutic strategies for managing IBD in accordance with evidence-based guidelines; 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	232	86.89	87.88
Somewhat	31	11.61	11.74
Not at all	1	0.37	0.38
Total Valid	264	98.88	100.00
Total Missing	3	1.12	
Total	267	100.00	



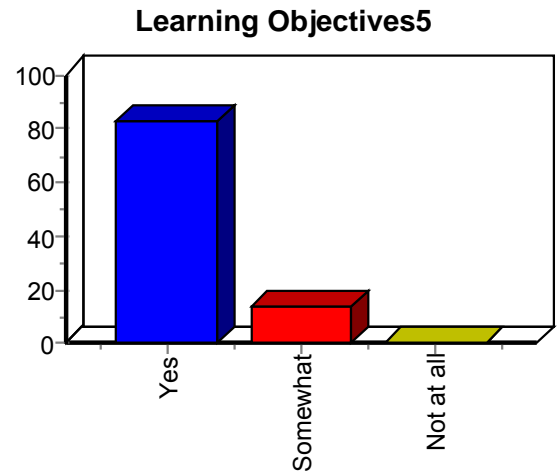
**Upon completion of this activity, I can now - Discuss screening strategies for osteoporosis in postmenopausal women; identify candidates for pharmacologic treatment of postmenopausal osteoporosis; evaluate and compare available therapies for osteoporosis; and discuss barriers to adherence and effectiveness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

Label	Frequency	Percent	Valid Percent
Yes	245	91.76	92.11
Somewhat	19	7.12	7.14
Not at all	2	0.75	0.75
Total Valid	266	99.63	100.00
Total Missing	1	0.37	
Total	267	100.00	



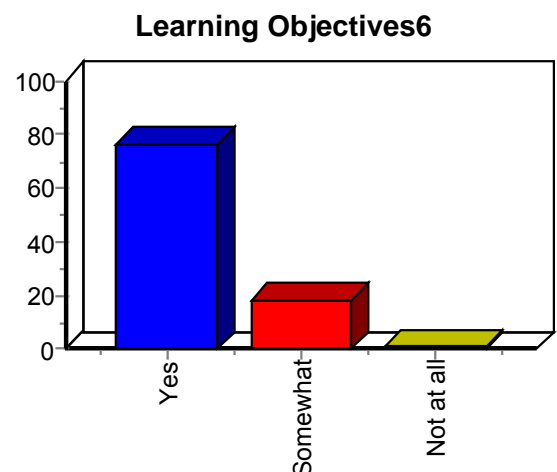
**Upon completion of this activity, I can now - Describe the pathophysiology and impact of AAT deficiency; Define approaches for the early identification of patients with AAT deficiency; Discuss strategies to improve testing in primary care settings; Discuss management of patients with AAT:**

Label	Frequency	Percent	Valid Percent
Yes	221	82.77	85.66
Somewhat	37	13.86	14.34
Not at all	0	0.00	0.00
Total Valid	258	96.63	100.00
Total Missing	9	3.37	
Total	267	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:**

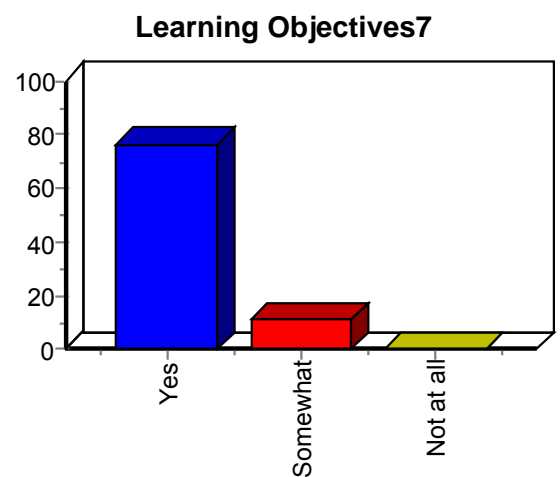
Label	Frequency	Percent	Valid Percent
Yes	203	76.03	79.92
Somewhat	49	18.35	19.29
Not at all	2	0.75	0.79
Total Valid	254	95.13	100.00
Total Missing	13	4.87	
Total	267	100.00	





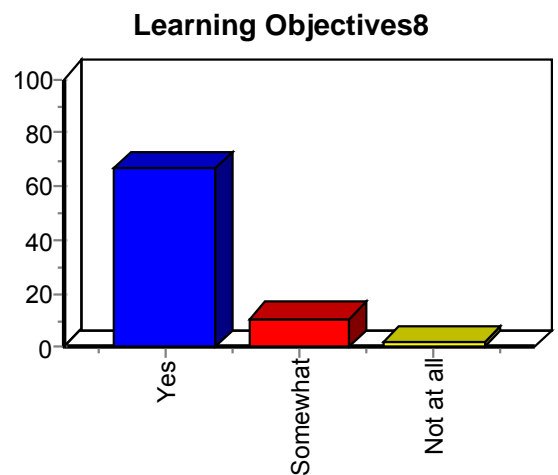
**Upon completion of this activity, I can now - Describe the state-of-the-art approach to diagnosing idiopathic pulmonary fibrosis (IPF) from among a range of diffuse parenchymal lung disorders; Define prognostic features for individual IPF patients; Apply appropriate pharmacotherapeutic options for individual IPF patients while having a general understanding of the options under intense investigation; Discuss the role of available non-pharmacological therapies including pulmonary rehabilitation, oxygen supplementation and lung transplantation in IPF management:**

Label	Frequency	Percent	Valid Percent
Yes	203	76.03	87.12
Somewhat	29	10.86	12.45
Not at all	1	0.37	0.43
Total Valid	233	87.27	100.00
Total Missing	34	12.73	
Total	267	100.00	



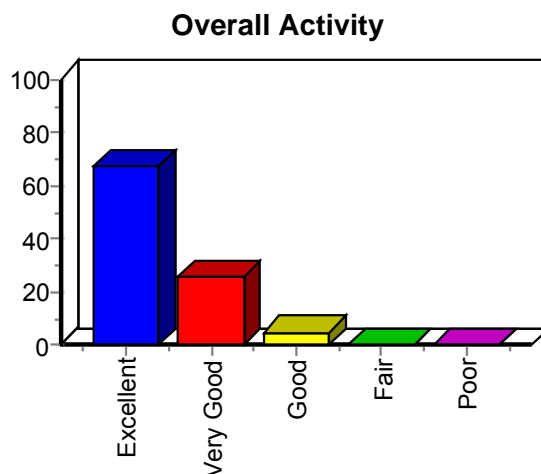
**Upon completion of this activity, I can now - Describe existing guidelines and best practices in the diagnosis and treatment of ADHD in adults; identify risks for co-morbidities in adult patients with ADHD with emphasis on anxiety disorders, mood disorders, and substance use/abuse disorders; plan a 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	177	66.29	85.10
Somewhat	27	10.11	12.98
Not at all	4	1.50	1.92
Total Valid	208	77.90	100.00
Total Missing	59	22.10	
Total	267	100.00	



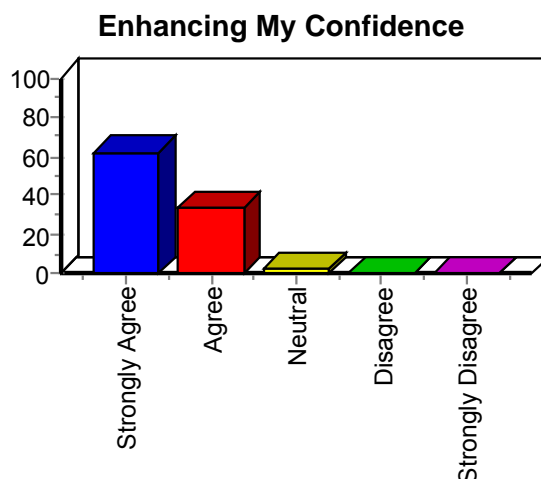
### Overall, I would rate this activity as:

Label	Frequency	Percent	Valid Percent
Excellent	179	67.04	68.85
Very Good	69	25.84	26.54
Good	12	4.49	4.62
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	260	97.38	100.00
Total Missing	7	2.62	
Total	267	100.00	



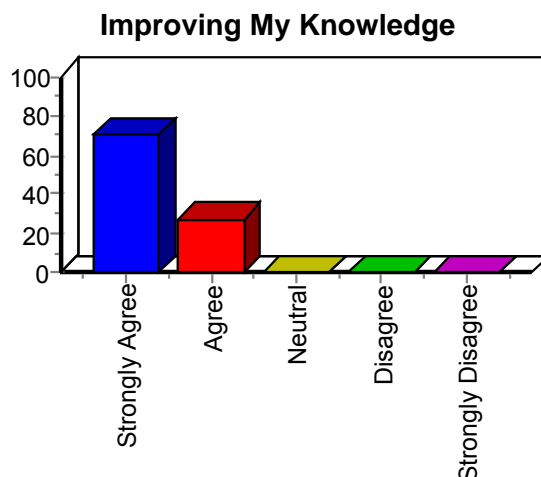
### Overall, this activity was effective in enhancing my confidence in caring for patients with the condition(s) presented?

Label	Frequency	Percent	Valid Percent
Strongly Agree	164	61.42	63.08
Agree	91	34.08	35.00
Neutral	5	1.87	1.92
Disagree	0	0.00	0.00
Strongly Disagree	0	0.00	0.00
Total Valid	260	97.38	100.00
Total Missing	7	2.62	
Total	267	100.00	



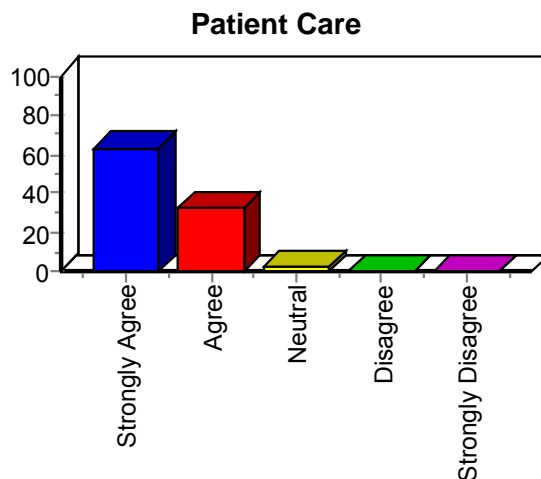
### Overall, this activity was effective in improving my knowledge in the content areas presented:

Label	Frequency	Percent	Valid Percent
Strongly Agree	188	70.41	72.03
Agree	72	26.97	27.59
Neutral	1	0.37	0.38
Disagree	0	0.00	0.00
Strongly Disagree	0	0.00	0.00
Total Valid	261	97.75	100.00
Total Missing	6	2.25	
Total	267	100.00	



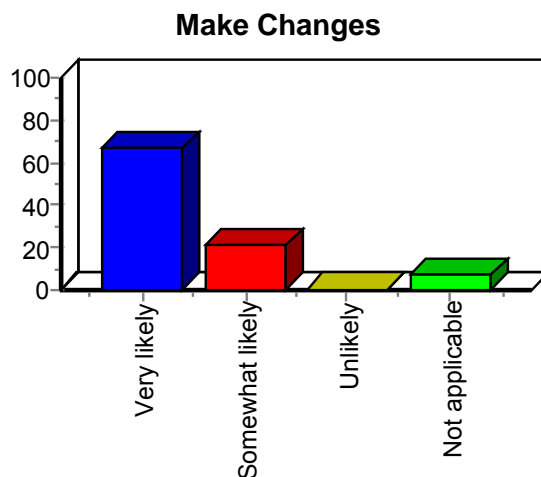
## As a result of this activity, I have learned new strategies for patient care:

Label	Frequency	Percent	Valid Percent
Strongly Agree	168	62.92	64.37
Agree	86	32.21	32.95
Neutral	7	2.62	2.68
Disagree	0	0.00	0.00
Strongly Disagree	0	0.00	0.00
Total Valid	261	97.75	100.00
Total Missing	6	2.25	
Total	267	100.00	



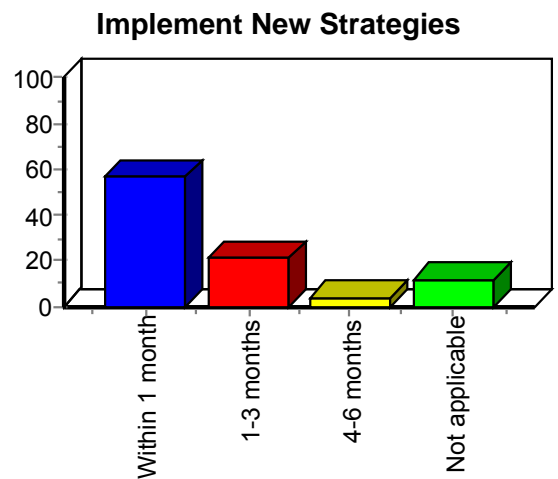
## How likely are you to implement these new strategies in your practice?

Label	Frequency	Percent	Valid Percent
Very likely	179	67.04	70.47
Somewhat likely	56	20.97	22.05
Unlikely	0	0.00	0.00
Not applicable	19	7.12	7.48
Total Valid	254	95.13	100.00
Total Missing	13	4.87	
Total	267	100.00	



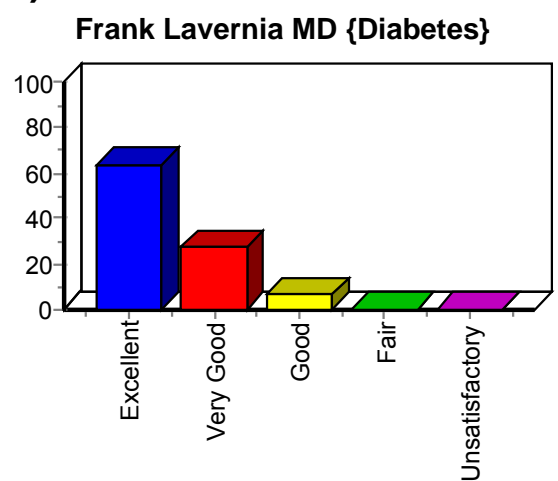
## When do you intend to implement these new strategies into your practice?

Label	Frequency	Percent	Valid Percent
Within 1 month	150	56.18	60.24
1-3 months	57	21.35	22.89
4-6 months	11	4.12	4.42
Not applicable	31	11.61	12.45
Total Valid	249	93.26	100.00
Total Missing	18	6.74	
Total	267	100.00	



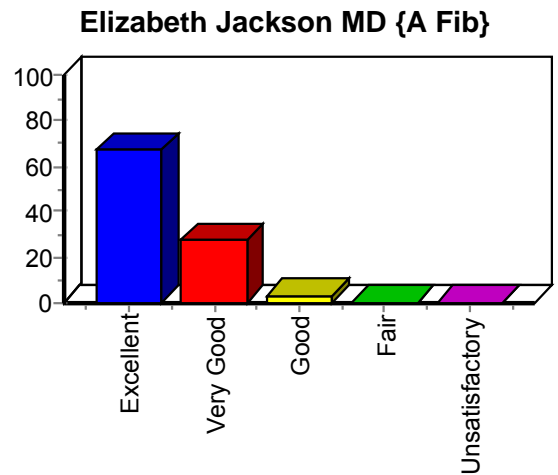
## In terms of delivery of the presentation, please rate the effectiveness of the speaker: Frank Lavernia, MD (Diabetes):

Label	Frequency	Percent	Valid Percent
Excellent	169	63.30	65.00
Very Good	73	27.34	28.08
Good	17	6.37	6.54
Fair	1	0.37	0.38
Unsatisfactory	0	0.00	0.00
Total Valid	260	97.38	100.00
Total Missing	7	2.62	
Total	267	100.00	



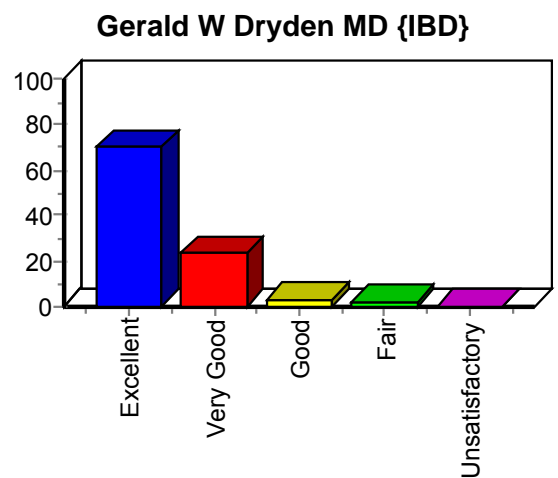
**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Elizabeth Jackson, MD (A Fib):**

Label	Frequency	Percent	Valid Percent
Excellent	179	67.04	68.85
Very Good	72	26.97	27.69
Good	7	2.62	2.69
Fair	1	0.37	0.38
Unsatisfactory	1	0.37	0.38
Total Valid	260	97.38	100.00
Total Missing	7	2.62	
Total	267	100.00	



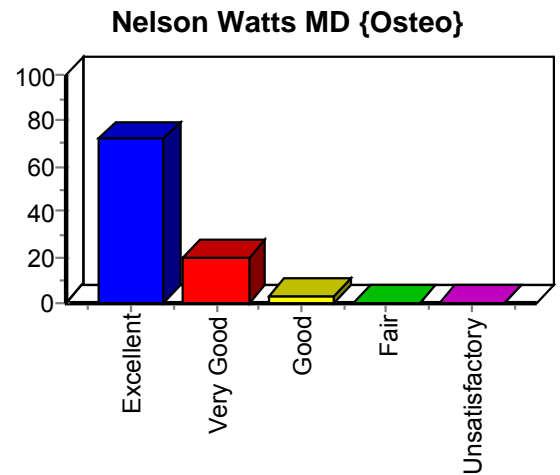
**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Gerald W. Dryden, MD (IBD):**

Label	Frequency	Percent	Valid Percent
Excellent	186	69.66	71.81
Very Good	62	23.22	23.94
Good	7	2.62	2.70
Fair	4	1.50	1.54
Unsatisfactory	0	0.00	0.00
Total Valid	259	97.00	100.00
Total Missing	8	3.00	
Total	267	100.00	



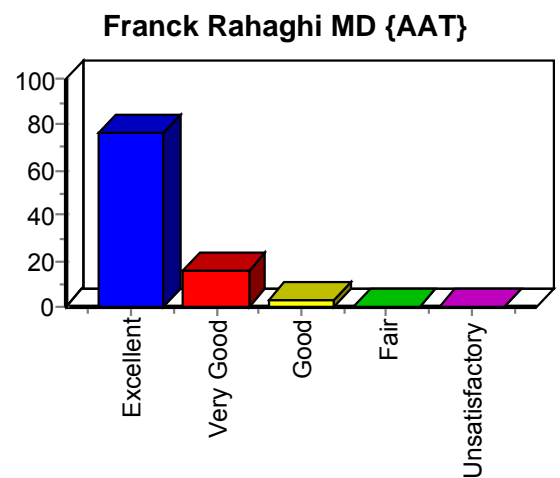
**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Nelson Watts, MD (Osteo):**

Label	Frequency	Percent	Valid Percent
Excellent	193	72.28	76.28
Very Good	52	19.48	20.55
Good	8	3.00	3.16
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	253	94.76	100.00
Total Missing	14	5.24	
Total	267	100.00	



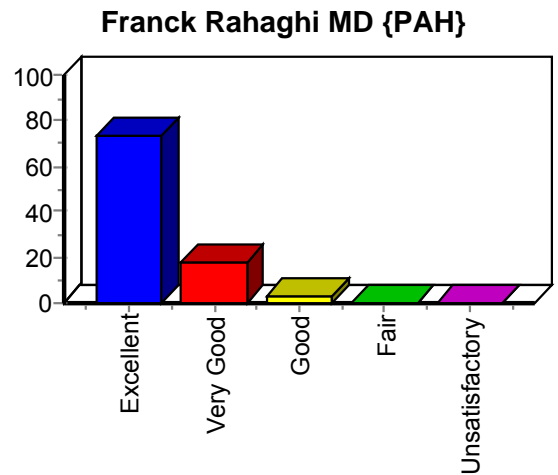
**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Franck Rahaghi, MD (AAT):**

Label	Frequency	Percent	Valid Percent
Excellent	205	76.78	80.71
Very Good	42	15.73	16.54
Good	7	2.62	2.76
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	254	95.13	100.00
Total Missing	13	4.87	
Total	267	100.00	



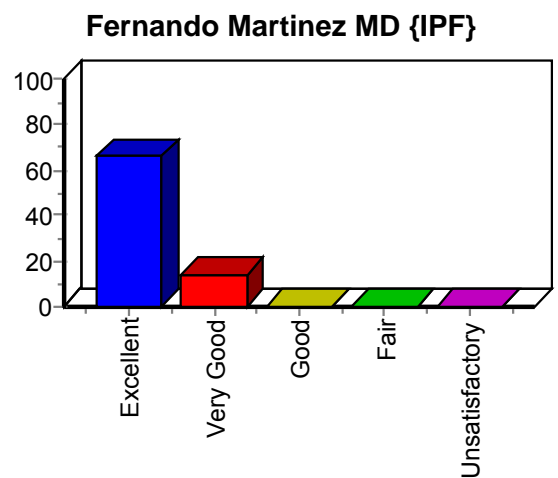
**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Franck Rahaghi, MD (PAH):**

Label	Frequency	Percent	Valid Percent
Excellent	196	73.41	78.09
Very Good	48	17.98	19.12
Good	7	2.62	2.79
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	251	94.01	100.00
Total Missing	16	5.99	
Total	267	100.00	



**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Fernando Martinez, MD (IPF):**

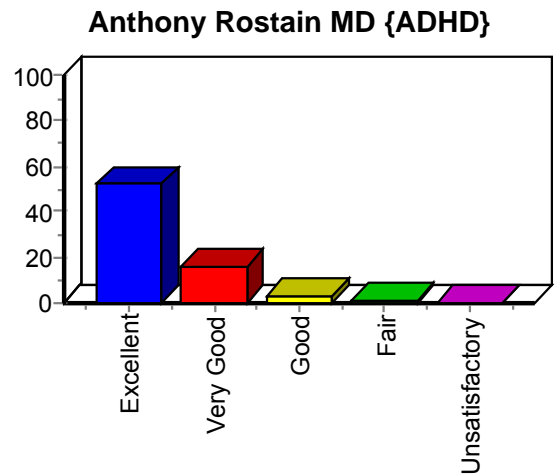
Label	Frequency	Percent	Valid Percent
Excellent	178	66.67	81.65
Very Good	38	14.23	17.43
Good	1	0.37	0.46
Fair	1	0.37	0.46
Unsatisfactory	0	0.00	0.00
Total Valid	218	81.65	100.00
Total Missing	49	18.35	
Total	267	100.00	





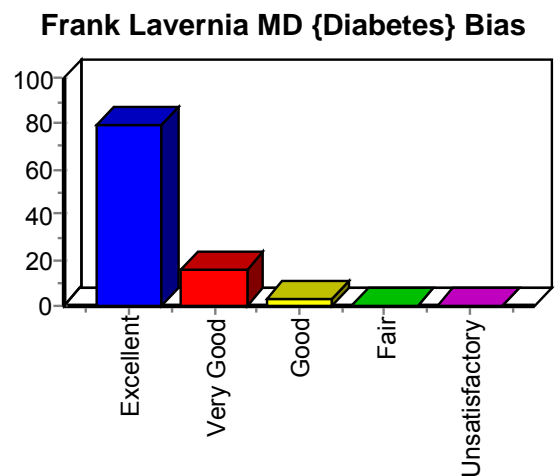
**In terms of delivery of the presentation, please rate the effectiveness of the speaker: Anthony Rostain, MD (ADHD):**

Label	Frequency	Percent	Valid Percent
Excellent	139	52.06	73.16
Very Good	42	15.73	22.11
Good	7	2.62	3.68
Fair	2	0.75	1.05
Unsatisfactory	0	0.00	0.00
Total Valid	190	71.16	100.00
Total Missing	77	28.84	
Total	267	100.00	



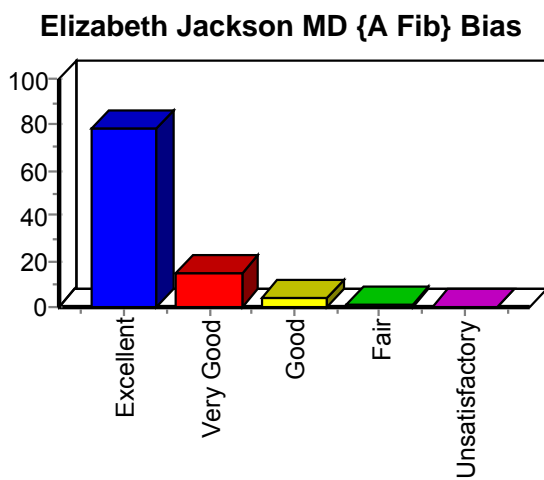
**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Frank Lavernia, MD (Diabetes):**

Label	Frequency	Percent	Valid Percent
Excellent	211	79.03	81.15
Very Good	42	15.73	16.15
Good	7	2.62	2.69
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	260	97.38	100.00
Total Missing	7	2.62	
Total	267	100.00	



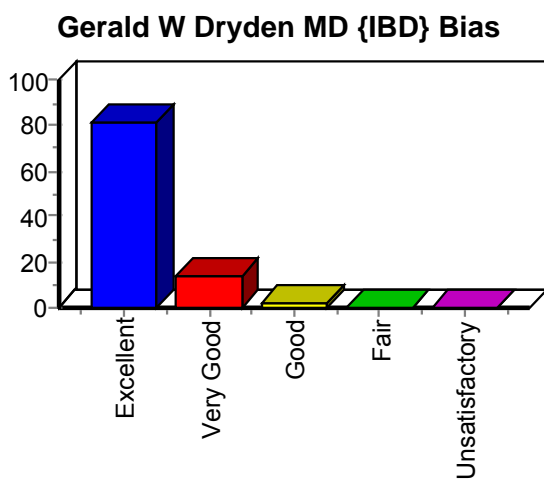
**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Elizabeth Jackson, MD (A Fib):**

Label	Frequency	Percent	Valid Percent
Excellent	210	78.65	80.15
Very Good	39	14.61	14.89
Good	11	4.12	4.20
Fair	2	0.75	0.76
Unsatisfactory	0	0.00	0.00
Total Valid	262	98.13	100.00
Total Missing	5	1.87	
Total	267	100.00	



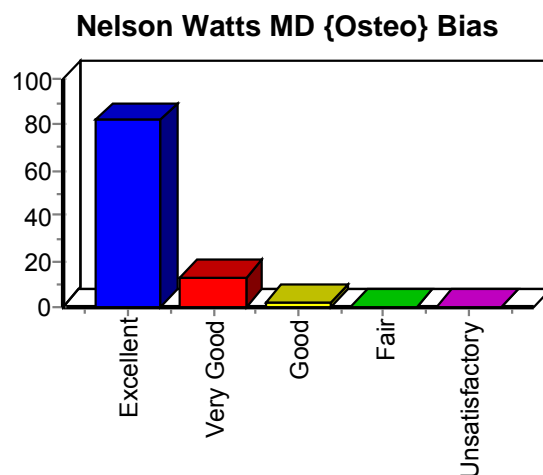
**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Gerald W. Dryden, MD (IBD):**

Label	Frequency	Percent	Valid Percent
Excellent	217	81.27	83.14
Very Good	38	14.23	14.56
Good	6	2.25	2.30
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	261	97.75	100.00
Total Missing	6	2.25	
Total	267	100.00	



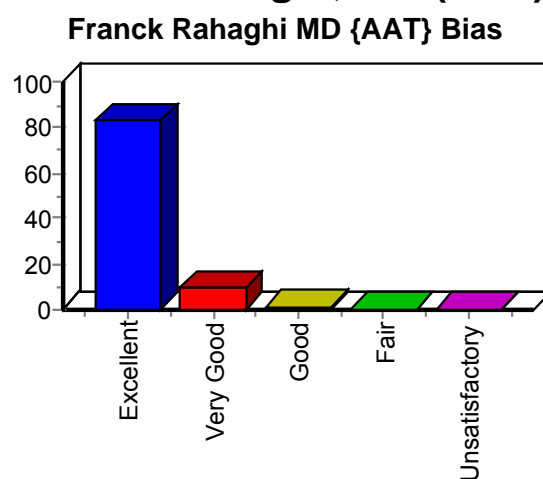
**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Nelson Watts, MD (Osteo):**

Label	Frequency	Percent	Valid Percent
Excellent	219	82.02	84.23
Very Good	35	13.11	13.46
Good	6	2.25	2.31
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	260	97.38	100.00
Total Missing	7	2.62	
Total	267	100.00	



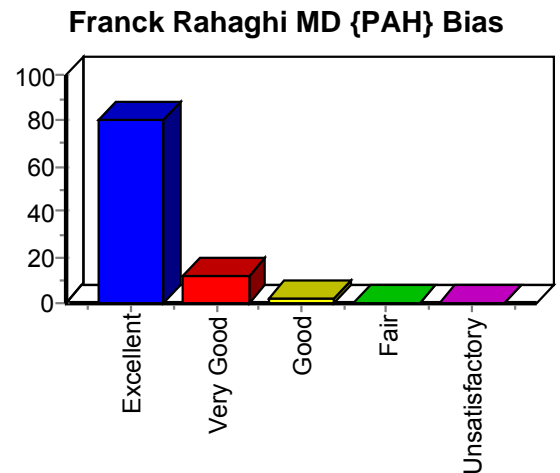
**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Franck Rahaghi, MD (AAT):**

Label	Frequency	Percent	Valid Percent
Excellent	223	83.52	88.49
Very Good	26	9.74	10.32
Good	3	1.12	1.19
Fair	0	0.00	0.00
Unsatisfactory	0	0.00	0.00
Total Valid	252	94.38	100.00
Total Missing	15	5.62	
Total	267	100.00	



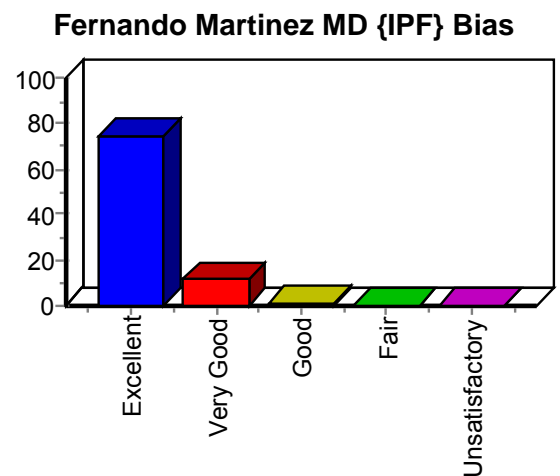
**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Franck Rahaghi, MD (PAH):**

Label	Frequency	Percent	Valid Percent
Excellent	214	80.15	84.92
Very Good	32	11.99	12.70
Good	4	1.50	1.59
Fair	1	0.37	0.40
Unsatisfactory	1	0.37	0.40
Total Valid	252	94.38	100.00
Total Missing	15	5.62	
Total	267	100.00	



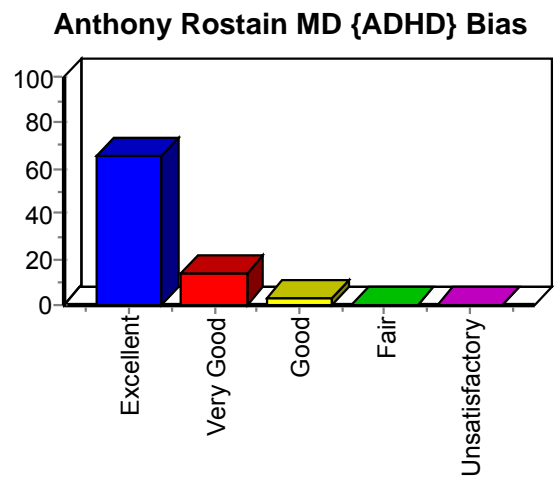
**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Fernando Martinez, MD (IPF):**

Label	Frequency	Percent	Valid Percent
Excellent	200	74.91	85.84
Very Good	29	10.86	12.45
Good	3	1.12	1.29
Fair	0	0.00	0.00
Unsatisfactory	1	0.37	0.43
Total Valid	233	87.27	100.00
Total Missing	34	12.73	
Total	267	100.00	



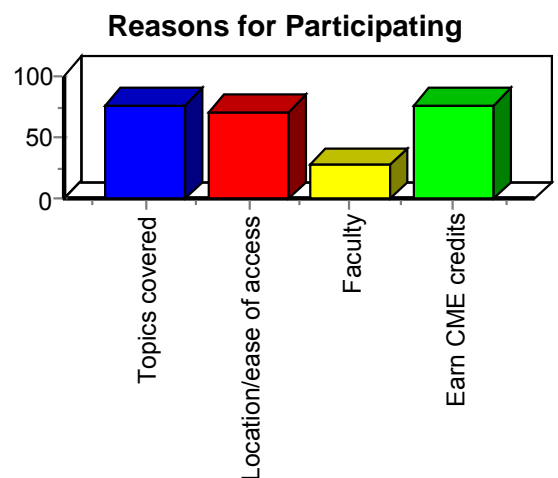
**To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Anthony Rostain, MD (ADHD):**

Label	Frequency	Percent	Valid Percent
Excellent	174	65.17	79.45
Very Good	37	13.86	16.89
Good	7	2.62	3.20
Fair	0	0.00	0.00
Unsatisfactory	1	0.37	0.46
Total Valid	219	82.02	100.00
Total Missing	48	17.98	
Total	267	100.00	



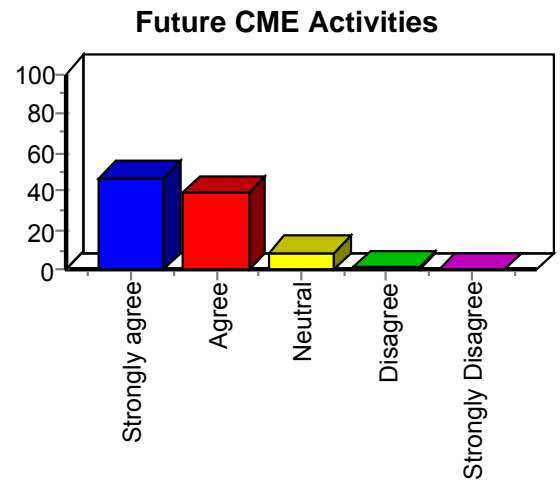
**Which statement(s) best reflects your reasons for participating in this activity:**

Label	Frequency	Percent	Valid Percent
Topics covered	202	75.66	77.10
Location/ease of access	188	70.41	71.76
Faculty	72	26.97	27.48
Earn CME credits	204	76.40	77.86
Total Valid	262	98.13	100.00
Total Missing	5	1.87	
Total	267	100.00	



## Future CME activities concerning this subject matter are necessary:

Label	Frequency	Percent	Valid Percent
Strongly agree	125	46.82	48.83
Agree	105	39.33	41.02
Neutral	22	8.24	8.59
Disagree	4	1.50	1.56
Strongly Disagree	0	0.00	0.00
Total Valid	256	95.88	100.00
Total Missing	11	4.12	
Total	267	100.00	



## What is your professional degree?

Comment
RDCS
PhD
NP
NP Student
MSN Student
ARNP Student
Student NP
Student NP
Student NP

## What is your specialty?

Comment
Urgent Care
Hospitalist
FM
Radiology
Critical Care
Urology
Travel Medicine
Pathology
Pediatrics
Critical Care
ER
Internal Medicine
Emergency Medicine
Thoracic Surgery
Internal Medicine
Geriatrics
General Surgery
Student
Internal Medicine
Thoracic Surgery
Internal Medicine
Nephrology
Occupational Medicine
Anesthesiology
Internal Medicine
Psychiatry
Palliative Care
Student
General Surgery
Psychiatry
General Surgery
Internal Medicine
Internal Medicine
Clinical Research

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

Comment
More aggressive in testing AAT. Using more FRAX
Use of CHADS
New guidelines in treating A Fib and use of CHADS/FRAX



Comment
More testing for AAT
CHADS/FRAX
Refer early
FRAX screening
The importance of early diagnosis
A fib and osteo updates
Better management of A Fib
Use of CAHDS
FRAX
Encourage compliance
Modes of treatment and diagnosis
Better patient care
All new strategies
Diagnose and treat early
Aggressive therapy with diabetes
Patient education and further research
Management of osteoporosis
Better diabetes treatment
Better diagnostic skills
Screening for AAT deficiency
Practical points in clinical settings
DM management and osteoporosis
Use combination therapy early in diabetes and use CHADS score
More aggressive approach to Rx
Use CHADS score to assess stroke
ADHD screening tests
New therapeutics and new diagnostic tools
Use CHADS2 score
Early aggressive therapy for diabetes
Refer patient to appropriate specialist
Increased understanding
Use of CHADS score
Diabetes treatment with multiple meds
Use current/updated guidelines for treatment
Risk stratification in A Fib
COPD diagnosis
More aggressive diabetes treatment
New agents in anticoagulation
Early treatment for diabetes
Use of CHADS2 in A Fib
Better understanding of new diabetes medications
Patient teaching
Screening for AAT
Testing COPD patients for AATD

Comment
Will order AAT testing
Better use of CHAD, better manage Osteoporosis
Will try new combination therapy, will try drugs I have not yet used, will use treatments suggested
More pertinent questions during H and P, more specific tests
Anticoagulation use in Afib
Topics covered in presentation by speakers, detail of topics
Early start of combination tx in DMII based on pathogenic abnormalities, maintenance of antithrombic tx
You gave a lot of info that will be useful in my practice. I will refer back to the lecture notes and syllabus as I see patients with these conditions
Mainly I learned that I need to conduct further studies on each subject
Now have tool to respond to pt. who want to stp bisphosphonates due to negative publicity, Pap smear for pt. on Azathypne yearly
Use of CHADS2 and CA2DS2-VASC to risk stratify Afib, use of Frax to better determine initiative, D/C and restart of Osteoporosis treatment, screening for AAT in my COPD patients, avoid just txing A1C levels in later stage diabetes, be more aggressive in earlier stage diabetes, look at HRCT scan for UTI, TPF cases
Test for AAT, use FRAX, use ADHD questionnaires
Use CHADS and FRAX
Was great in objective
Making quick Dx to avoid early risk complication, new approaches for early Dx and use of Rx
Excellent esp. Dr. Fernande Martinez
Diagnostic strategies, therapeutic strategies, patient screening
Tx Afib
New approaches to diagnostic testing and treatment
Test all patients with obstructive pulmonary disease for AATD, utilize CHADS2 score for risk stratification is Afib, differentiating IBS, Chron's disease and ulcerative colitis and recommended management
Using the CHAD, better manage the diabetic patient
Test all COPD pts. for AATD, PAH pts. and determine etiology
Use of tools for reference, tx
Increased my ability to assess for ACT with COPD pts., better treatment for Osteoporosis and alternative meds to use for Afib besides Coumadin
Test for alpha1, look at echos more carefully, recognize SSRIs can be a risk for Osteoporosis
Will not use ca channel blocker unless RHC shows reversibility, consider new guidelines for mgmt. Afib
Better tools for Dx
Keep on taking CME to enhance my confidence in caring for patients
How to approach better glycemic control, which anticoagulants to stratify unique management in patients, identify IBD quickly and implement initial tx
Pacemaker and follow up
Risk stratification, early aggressive diabetic management, timely screening for pulm HTN, involving other modalities for treating ADHD
PAH treatment, IPF treatment
More appropriate use of medications in treatment of DM/AF/IBD/ADHD/IPF/Osteo/AAT, current guidelines
Listen to my patients better, screen when necessary
Better use of Warfarin, improve Dx of IBD, increased familiarity with newer product for osteopor tx, better understanding of AATD, PH and IPF

Comment
Evaluate and screening for AAT, new guideline on treatment for AF
CHADS score for Afib, Coumadin for PAH, screening more frequently for osteoporosis
Identifying idiopathic pulmonary fibrosis, identifying and evaluating AAT, diabetes management
All
Incorporate CHADS, CHADS2-VASC, now recommending 2012 Afib management
The lecture on alpha-1 antitrypsin deficiency was very enlightening and need to test for deficiency, appropriate caution about CCBS with pulm HTN, potential need for combination therapy for Chrons bit earlier in decision tree
The program has no bias helps my direct pt. care
Disease prevention of beta cell destruction with pt. more, earlier, try to impress less, plan to test COPD for alpha 1 antitrypsin
Importance of early detection of lung disease, treatment with anticoag early
Screen for osteoporosis, using CHAD score, screen for AAT, pulm HTN, dx and sxs, pulm fibrosis dx, dx and tx ADD
Testing more for AATD, using more CHADS2-VASC score to evaluate risk of Afib, using FRAX to assess and confirm fracture risk
Take more time to evaluate my pts.
Early diagnosis by doing tests, aggressive treatment of lifestyle changes
Know to use CHADS2 to define stroke risk in AF pts. and AT9 to determine prophylaxis, differentiate between IBS vs. IBD and UC vs. Chron's and treatment, know how to screen for, dx and treat alpha 1 antitrypsin deficiency in my practice
Extensive work up of chronic diarrhea r/d IBD, dexta scan in 65 yrs., high resolution CT to R/O interstitial ds, use of CHAD score and FRAX
More aware advances PAH
Implement the newer meds
Earlier tx, CHADS score, new guidelines, new treatments for IBD, use FRAX, test more often for AATD, more detailed echo report review, HRCT for dx of IPF
Use of CHAD score, testing AAT in COPD
Diagnostic/screening and implement new treatment, use correct treatment more often
Anticoagulation in Atrial Fibrillation, screening for AATD
As an adult psychiatrist I often confer and consult with my patients primary care providers, I chose to attend this CME conference to keep in touch with advancing trends in general medical care and know what primary care MDs talk about, it all results in better patient care
The use of ECO for monitoring PAH, newer to use CCB in PH pt. except otherwise, be aggressive in pt. with increased Hgb A1c, to test all pt. with COPD for AAT and smoking cessation as a very important tx
Newer anticoagulant use for AF, less in IBD to avoid steroids, aware of adult ADHD
Screening better, implement current new strategies
Latest evidence based recommendations when compared to some outdated
Test with appropriate and recent recommendations
Do more DEXA scans, treat IBD aggressively
In treating DM, in appropriately treating and monitoring AF
CHADs score and needs VKA testing 3 months acceptable, PAH treatments, AAT testing, osteoporosis testing and optimal treatments, IBD treatment, IPF summary treatments

Comment
Work closely with cardiology and pulmonary in assessing PAH, alpha 1 deficiency, I am more aware of what to look for in a pt. with symptoms that are difficult to dx
Using CHADS and new guidelines, better understanding of PH
I definitely plan on testing my pts. for AAT, treat pt. with Afib after calculating CHADS2 and/or CHADS2-VASC with guidelines and utilize Pulm HTN clinics and classify PH better for adequate management of Pulm HTN
Usage of CHADS scoring, treatment of IBD, more aggressive tx of DM
Use of GLP
Will screen earlier, treat DM more aggressively, screen for IBS, IBD more often, treat with less Coumadin, order more DEXA scans, screen for AAT, PAH, PF, ADHD
Use combination therapy in DM to effectively control DM, use augmentation therapy for AATD patient, test all COPD and at risk pt., assess pt. with CHADS for anticoagulation therapy
Be mindful of new guidelines as they are published, the most common practice method may not necessarily be the correct method
AATD, Afib guidelines 2012
Understand the need for multiple meds in diabetes and why to treat with combination drugs earlier, use CHAD score for Afib, understand bowel disease better, decide which meds to use in osteoporosis, how to screen for antitrypsin deficiency
Diagnosis IPF
A better approach and strategy with regard to pulmonary hypertension and UIP
Diabetes, stroke prevention and tx, meds for IBS
Screening patients appropriately in osteoporosis, GI problems, IBD
For type II DM start treatment with combination of OAD, for AF start anticoagulant to prevent CVA, check all pt. with COPD for AATD
Will check alpha 1 antitrypsin levels, will screen more for osteoporosis, will be more aggressive with early diabetic intervention and treatment
Early control of DM, use of CHADS, 1st line tx of IBS, screen all COPD for AAT, get RHC on all PH pt., HRCT on chronic SOB pts.
Evidence based strategies for Type II Diabetes, anticoagulation strategies to prevent stroke, use CHADS2 score to assess stroke risk, strategies for assessing osteoporosis and strategies to reduce risk of fractures
Utilizing the CHADS2 and VASC2 scoring to assess pts. with Afib for anticoagulation, continue bisphosphonates in pts. at high risk for fracture
Clear guidelines will definitely help my proactive
Will plan to use newer anticoag therapy for more pulm Afib
Improved diagnosis and appropriate time for referral
Ask specific questions
antitrypsin levels, high CT use
Better assessments, consultation with PAH specialist
Alpha 1 antitrypsin testing, GLP1 for DM
Risk stratification treatment modalities DM, AF, ABD, FRAX
Learned more about alpha 1 antitrypsin, PHTN
Atrial Fib management, screen patients of alpha 1 antitrypsin, identify IPF and ADHD
Application of CHADS2-VASC, AAT screening, Dx IPF

Comment
No CCB for PAH, use of CHADS for Afib, no aggressive therapy for DM OOC greater than 10 years will move horm, screen all pt. with non reversible airway obstruction for AATD

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

Comment
CKD
More on Women's Health
Dermatology and Rheumatology
Choosing oral contraceptives
CHF and cardiomyopathy
Diabetes and nutrition
MS and breast cancer
Dermatology
More on heart disease
Diabetes and asthma
Application of genetic testing
Genetics
Women's health
CHF management
CAD
Pediatrics
Psychiatry
Infectious disease
Vertebrae/disc disease
Pain management
Psychiatric disorders
Pediatrics and OB/GYN topics
Celiac disease
Hypertension
Infectious diseases
RA
Public health issues
Obesity and drug abuse
Dermatology
HIV
Gout
Thyroid disease
Dermatology
Hypertension
Chronic pain in Primary Care
Men's Health
Autoimmune disorders

Comment
Prostate cancer
Prostate cancer
Hepatitis C
Women's health
Thyroid diseases
HIV/AIDS
Pediatric obesity
HTN and CAD
Dermatology and oncology
Developmental delay
Health screening guidelines
Hyperthyroidism
Preventive medicine
Pain management
Anything endocrine
Medical/legal topics
Lung cancer treatments
Preventable health topics
Cystic Fibrosis, calcification of arteries, latest imaging technique for breast imaging
Diabetes, COPD, Arthritis, Allergies
Immunizations
HER and meaningful use, are we treating patients or medical needs
Depression, anxiety
Chronic pain management, how to do stress exercise test, how to read PFTs
Hematology, Oncology
Cardiology, GIT, Pulmonary topics, Mechanical Ventilation
Acute abdomen, infectious disease
Endocrinology, Thyroid problems, Obesity, IBS, Diabetes, Depression
Endocrinology, Thyroid, HRT, Obesity
Men's health, testosterone
Knees and spine
Chronic pain and drug addiction
Thyroid Disease and treatment
Mood disorder
Acid reflux disease, peptic ulcer disease
ED, Urology topics, adult vaccines
More Diabetic, Obesity
Celiac disease, MTHFR and detox pathways of liver, functional GI disturbances
Hematology disorders, urology disorders, prostate cancer
Chronic fatigue syndrome and fibromyalgia
HTN
Sleep apnea
Treatment work up of chronic constipation, HBV, HCV, Liver failure
Your choices have always been great

Comment
Pediatric issues
Obesity including kids, Hypercholesterolemia, decreased testosterone
Infections diseases, dermatologic diseases
COPD, weight management, nutrition, women's health
Hypothyroid
Rheumatology in primary care, skin rashes
Orthopedics
Parathyroidism
Treatment of deep venous thrombosis hypercholesterolemia, vaccine review, outpatient dermatological diseases
CAD
Hypertension, SLE, Rh. Arthritis
Diabetic teaching
New STD tx, obesity, tx of chronic interstitial cystic
Musculoskeletal pain, COPD, obesity, hypogonadism, ED
Connective tissue diseases
Acute emergencies
Genital herpes, autism, vaccinations
Skin diseases
HTN
COPD, HTN, breast cancer, CHF
SCI, TBI
Celiac disease, vitamin use, OCD
Multiple myeloma, Lymphoma, acute leukemia
Preventive care, Obesity, Cardiovascular disease, Lipids, Pre-op evaluation
Preventive medicine
Hyperlipidemia, thyroid disease, DM, COPD, obesity
Hemorrhoids, hernias, obesity, gastric bypass
Newer treatments and drugs in DMII, hyperlipidemia
Hepatitis with end stage renal and liver disease
Lung cancer, MI, infectious dz
Allergy and immunology
COPD, hypertension
HF, HTN, Lipid management, COPD
Rheumatology, endocrine
Lipids, HTN, CAD
HIV, back pain, medico legal aspects, new laws, substance abuse, addiction
HTN, lung cancer, leukemia's, thyroid disease
Asthma, HTN, von-wilkebrands, anemia
Paget syndrome
Fungal , weight disorders, Alzheimer's disease
Alcoholism
No particular preference
Depression

Comment
Myocardial infarction, renal injury, HTN, HIV, Hep C treatment
HIV latest recommendations of treatment
Geriatric care, dermatology in primary care
Alzheimer's, bipolar, chronic back pain
Continued primary care topics
Depression, postmenopausal disorder, DM
Thyroid, DVT, pneumonia, psychosis
New pap smear recommendations
DVTs, L spine stenosis, dysphagia, celiac
Wilderness medicine
Testosterone deficiency, hypogonadism

### **Additional comments:**

Comment
IBD-good
Very good course-thanks
Excellent speakers
Good variety of topics
Excellent
Thank you
Thanks
Great speakers especially Dr. Rahaghi
Congrats
All presenters were excellent
Great conference! So glad it was in Tampa
Dr. Rahaghi was particularly effective
PAH great
All topics well presented
Dr. Martinez was good
Excellent topics and presenters
Pre and Post tests are very helpful
Thank you! Had a great time!
Excellent
Show answers on slides/cases
Awesome speakers! Thank you
Excellent speakers
Excellent speakers
Excellent organization and topics
Thanks for everything-it was superb
Excellent
Excellent and informative
Excellent speakers and very knowledgeable
Excellent program



Comment
PCP topics are very helpful-thank you
Thank you
Great variety
Great program
Very good
Great program
Great speakers
Bring back Dr. Martinez
Excellent conference
Excellent speakers
Thank you
Martinez was an excellent speaker
Always enjoy this program
Great job
Need more psychiatric CMEs
Enjoyed specialties for primary care
Excellent program thank you
Would like all slides and presenters to mention name brand of all agents along with generic/chemical names, easier to follow cases
Move other places in FL
Need CMEs on Mech Ventilation, DMII Management
We need more frequent conferences
Great idea thank you so much
Excellent
Is it possible to include brand names of meds
Good CME, well conducted, organized
Great job, best course I have attended in the past 3 years
Good presentation
Great speakers
Awesome CME
Great venue, good flow from one topic to the next
Excellent course
I attended because I maintain an interest in these topics although I now work in ortho, also the national boards cover all topics in medicine and I must try to stay abreast of all the internal medicine
Good CME program
NACE lectures are informative and evidence based
Very good, informative
Extremely good program with very good speakers, event well organized
Congratulations
None
Important topics overall covered very well by great speakers, Dr. Anthony Rostain was the especially uniquely gifted speaker who got his point across very well
Excellent program
Overall good conference

Comment
Excellent in all areas, quality of speakers, location of activity, venue, additional amenities, thank you for the excellent CME
Well organized, very educative
Alpha 1 antitrypsin and pulmonary hypertension lecture good Thank you
Excellent
Great conference
Excellent thank you
Thank you for all the hard work you put in to make this meeting very educative and useful in my daily practice
Discussion of weekly diabetic injectable, repeat pulm HTN but do in AM please
Excellent lectures I attended and handouts excellent
Thank you
Very informative, well organized, best value, convenient
Excellent speakers, selected topics are what we see daily in our practice and are very important to me
Excellent conference, thank you for making it available, thank you for the syllabus, will plan to read it again
Thanks
Rahaghi is superb so is Martinez

## Item Statistics:

	Title	Specialty	Learning Objectives1	Learning Objectives2	Learning Objectives3	Learning Objectives4	Learning Objectives5
Mean	1.74	2.52	1.12	1.13	1.13	1.09	1.14
Variance	1.62	7.50	0.11	0.14	0.12	0.09	0.12
Standard Deviation	1.27	2.74	0.33	0.37	0.34	0.31	0.35
Standard Error	0.08	0.17	0.02	0.02	0.02	0.02	0.02
Minimum	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Maximum	6.00	8.00	2.00	3.00	3.00	3.00	2.00
Median	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Range	5.00	7.00	1.00	2.00	2.00	2.00	1.00

	Learning Objectives6	Learning Objectives7	Learning Objectives8	Overall Activity	Enhancing My Confidence	Improving My Knowledge	Patient Care
Mean	1.21	1.13	1.17	1.36	1.39	1.28	1.38
Variance	0.18	0.12	0.18	0.32	0.28	0.21	0.29
Standard Deviation	0.43	0.35	0.42	0.57	0.53	0.46	0.54
Standard Error	0.03	0.02	0.03	0.04	0.03	0.03	0.03
Minimum	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Maximum	3.00	3.00	3.00	3.00	3.00	3.00	3.00
Median	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Range	2.00	2.00	2.00	2.00	2.00	2.00	2.00

	Make Changes	Implement New Strategies	Frank Lavernia MD {Diabetes}	Elizabeth Jackson MD {A Fib}	Gerald W Dryden MD {IBD}	Nelson Watts MD {Osteo}	Franck Rahaghi MD {AAT}
Mean	1.44	1.69	4.58	4.64	4.66	4.73	4.78
Variance	0.70	1.05	0.40	0.35	0.37	0.26	0.23
Standard Deviation	0.84	1.03	0.63	0.60	0.61	0.51	0.48
Standard Error	0.05	0.07	0.04	0.04	0.04	0.03	0.03
Minimum	1.00	1.00	2.00	1.00	2.00	3.00	3.00
Maximum	4.00	4.00	5.00	5.00	5.00	5.00	5.00
Median	1.00	1.00	5.00	5.00	5.00	5.00	5.00
Range	3.00	3.00	3.00	4.00	3.00	2.00	2.00

	Franck Rahaghi MD {PAH}	Fernando Martinez MD {IPF}	Anthony Rostain MD {ADHD}	Frank Lavernia MD {Diabetes} Bias	Elizabeth Jackson MD {A Fib} Bias	Gerald W Dryden MD {IBD} Bias	Nelson Watts MD {Osteo} Bias
Mean	4.75	4.80	4.67	4.78	4.74	4.81	4.82
Variance	0.24	0.20	0.36	0.22	0.32	0.20	0.19
Standard Deviation	0.49	0.44	0.60	0.47	0.57	0.45	0.44
Standard Error	0.03	0.03	0.04	0.03	0.04	0.03	0.03
Minimum	3.00	2.00	2.00	3.00	2.00	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	2.00	3.00	3.00	2.00	3.00	2.00	2.00

	Franck Rahaghi MD {AAT} Bias	Franck Rahaghi MD {PAH} Bias	Fernando Martinez MD {IPF} Bias	Anthony Rostain MD {ADHD} Bias	Reasons for Participating	Future CME Activities
Mean	4.87	4.81	4.83	4.75	-	1.63
Variance	0.14	0.26	0.22	0.31	-	0.50
Standard Deviation	0.37	0.51	0.47	0.56	-	0.71
Standard Error	0.02	0.03	0.03	0.04	-	0.04
Minimum	3.00	1.00	1.00	1.00	-	1.00
Maximum	5.00	5.00	5.00	5.00	-	4.00
Median	5.00	5.00	5.00	5.00	-	2.00
Range	2.00	4.00	4.00	4.00	-	3.00