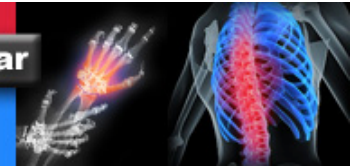




Experts on Call

Webinar

Current Issues in the Management of Osteoporosis



Activity Evaluation Summary

CME Activity:	Experts on Call: Current Issues in the Management of Osteoporosis, 2013-2014
Dates:	December 2, 2013 December 17, 2013 January 27, 2014
Format:	Online live webinar
Course Director:	Gregg Sherman, MD
Faculty:	Nelson Watts, MD
Date of Evaluation Summary:	March 13, 2014

In December 2013 – January 2014, the National Association for Continuing Education (NACE) sponsored the CME activity, *Experts on Call: Current Issues in the Management of Osteoporosis*. This CME activity was a live online webinar and was held three times between December 2013 and January 2014.

This educational activity was designed to provide primary care physicians, nurse practitioners, physician assistants and other primary care providers the opportunity to learn about 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 the therapeutic area were consulted to determine gaps in practitioner knowledge, competence or performance.

Two hundred thirteen healthcare practitioners registered to participate in the three online webinars entitled, *Experts on Call: Current Issues in the Management of Osteoporosis*. Sixty-seven healthcare practitioners actually participated in the three online webinars. Each participant was asked to complete and return an activity evaluation form prior upon completion of the webinar. Fifty-four completed forms were received. The data collected is displayed in this report.

CME ACCREDITATION

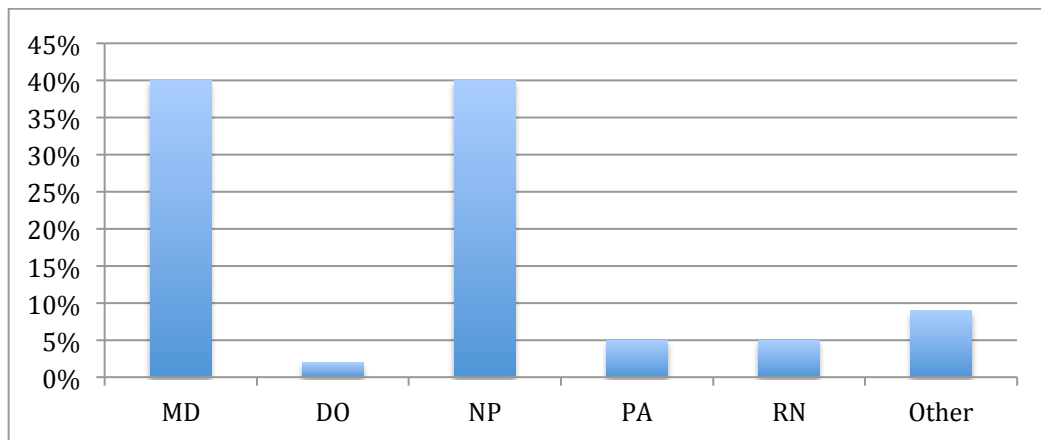
The National Association for Continuing Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The National Association for Continuing Education designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

National Association for Continuing Education is approved as a provider of nurse practitioner continuing education by the American Association of Nurse Practitioners. AANP Provider Number 121222. This program has been approved for 1.0 contact hour of continuing education (which includes 0.50 hours of pharmacology).

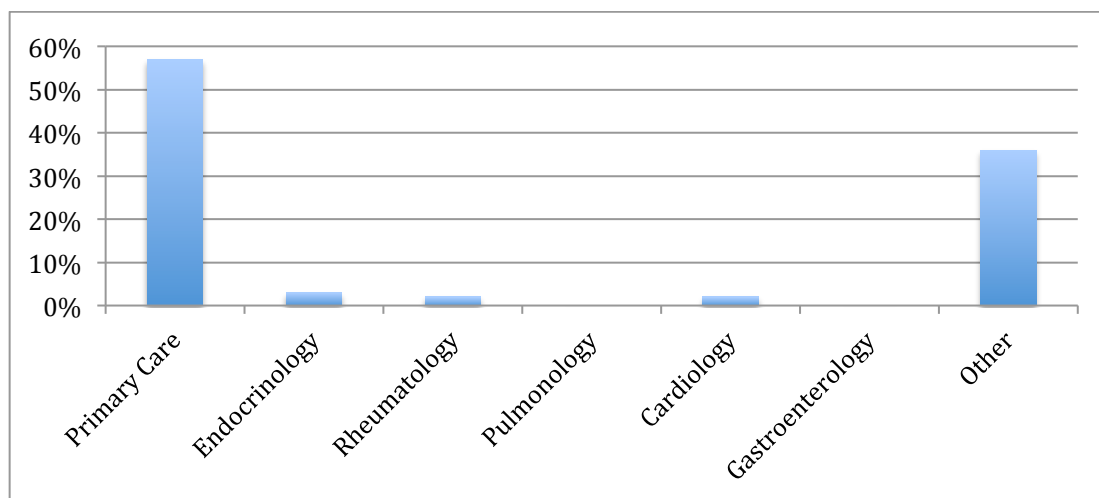
What is your professional degree?

Label	Frequency	Percent
MD	23	40%
DO	1	2%
NP	23	40%
PA	3	5%
RN	3	5%
Other	5	9%
Total	58	100%



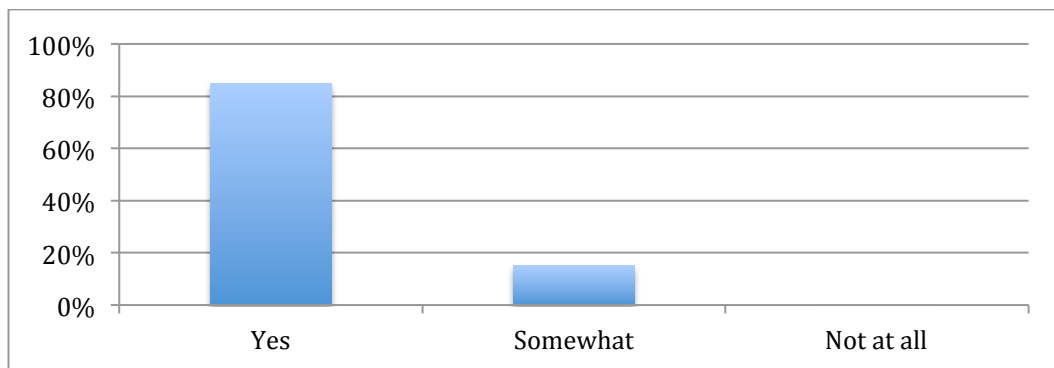
What is your specialty?

Label	Frequency	Percent
Primary Care	33	57%
Endocrinology	2	3%
Rheumatology	1	2%
Pulmonology	0	0%
Cardiology	1	2%
Gastroenterology	0	0%
Other	21	36%
Total	58	100%



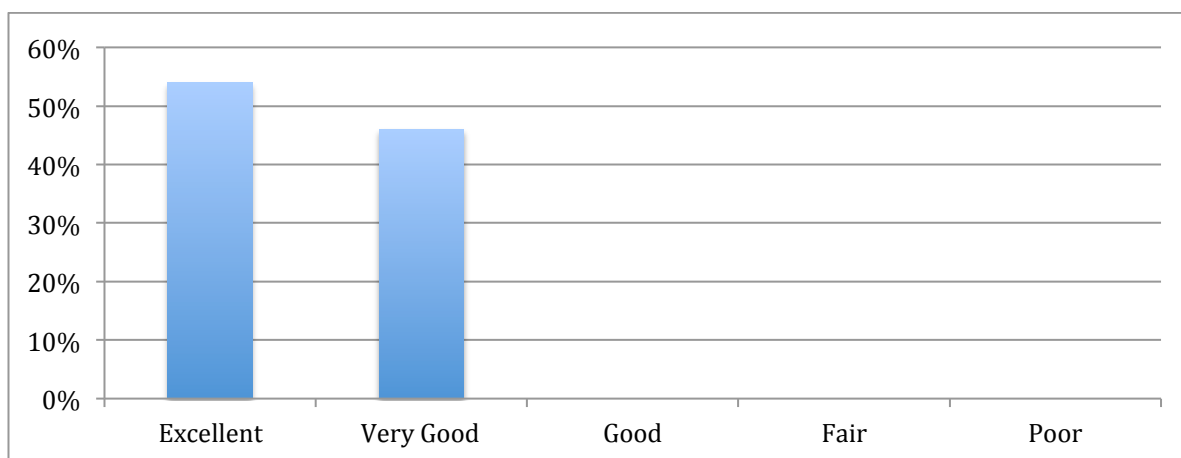
Upon completion of this activity, I can now - Recognize skeletal differences in men and women; Implement strategies for identifying men and women at high risk of fracture; Determine the place of available therapies in Osteoporosis management:

Answer	Pre	Pre %
Yes	46	85%
Somewhat	8	15%
Not at all	0	0%
Total	54	100%



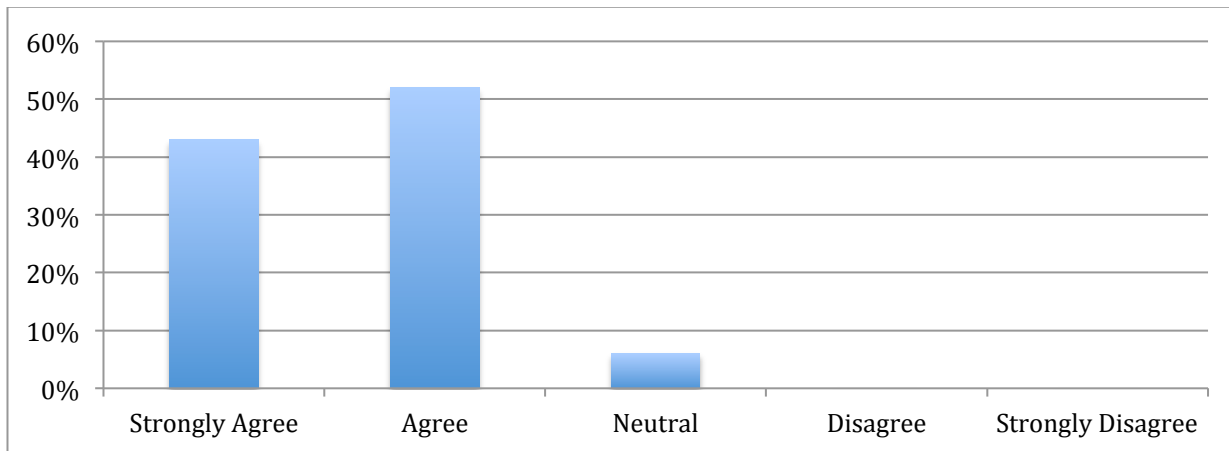
Overall, I would rate this activity as:

Answer	Pre	Pre %
Excellent	29	54%
Very Good	25	46%
Good	0	0%
Fair	0	0%
Poor	0	0%
Total	54	100%



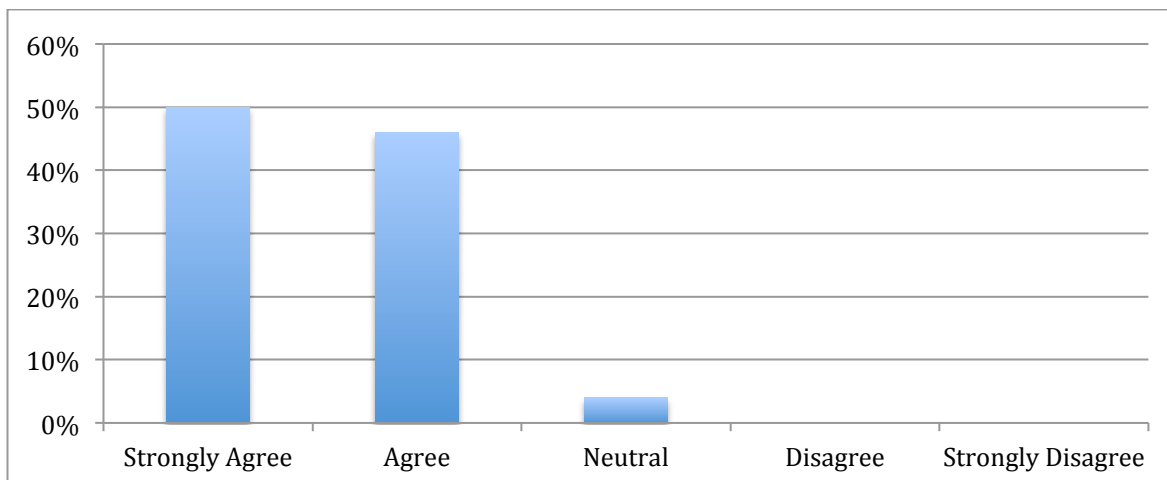
Overall, this activity was effective in enhancing my confidence in caring for patients with the condition(s) presented?

Answer	Pre	Pre %
Strongly Agree	23	43%
Agree	28	52%
Neutral	3	6%
Disagree	0	0%
Strongly Disagree	0	0%
Total	54	100%



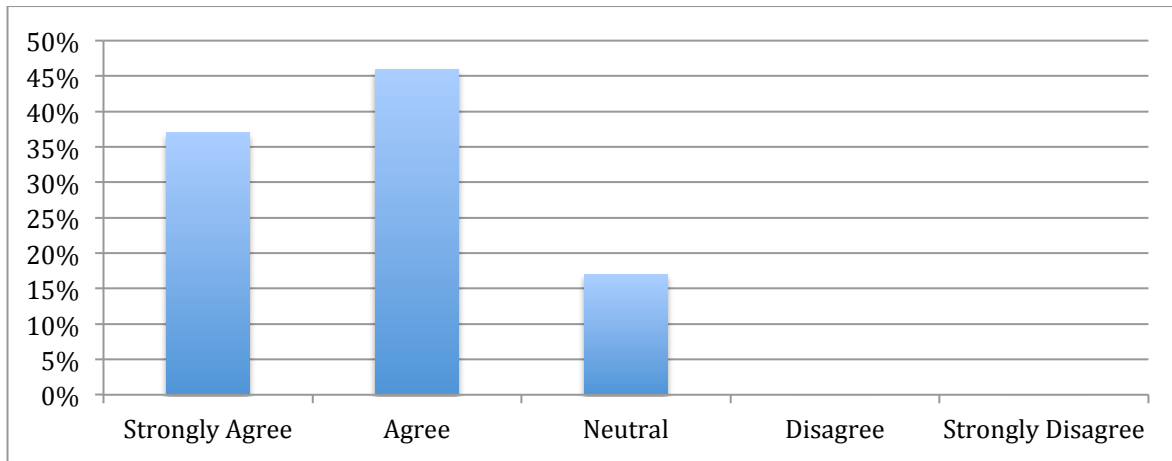
Overall, this activity was effective in improving my knowledge in the content areas presented:

Answer	Pre	Pre %
Strongly Agree	27	50%
Agree	25	46%
Neutral	2	4%
Disagree	0	0%
Strongly Disagree	0	0%
Total	54	100%



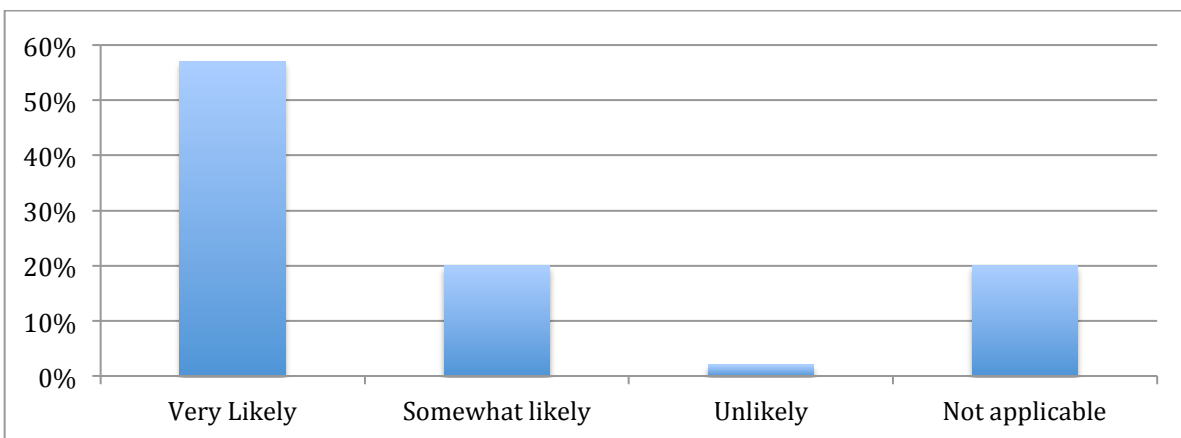
As a result of this activity, I have learned new strategies for patient care:

Answer	Pre	Pre %
Strongly Agree	20	37%
Agree	25	46%
Neutral	9	17%
Disagree	0	0%
Strongly Disagree	0	0%
Total	54	100%



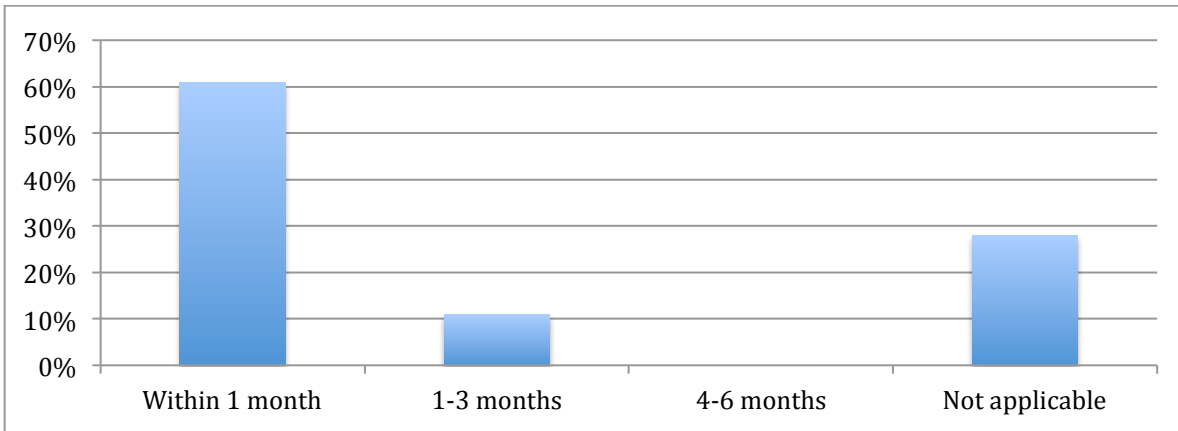
How likely are you to implement these new strategies in your practice?

Answer	Pre	Pre %
Very Likely	31	57%
Somewhat likely	11	20%
Unlikely	1	2%
Not applicable	11	20%
Total	54	100%



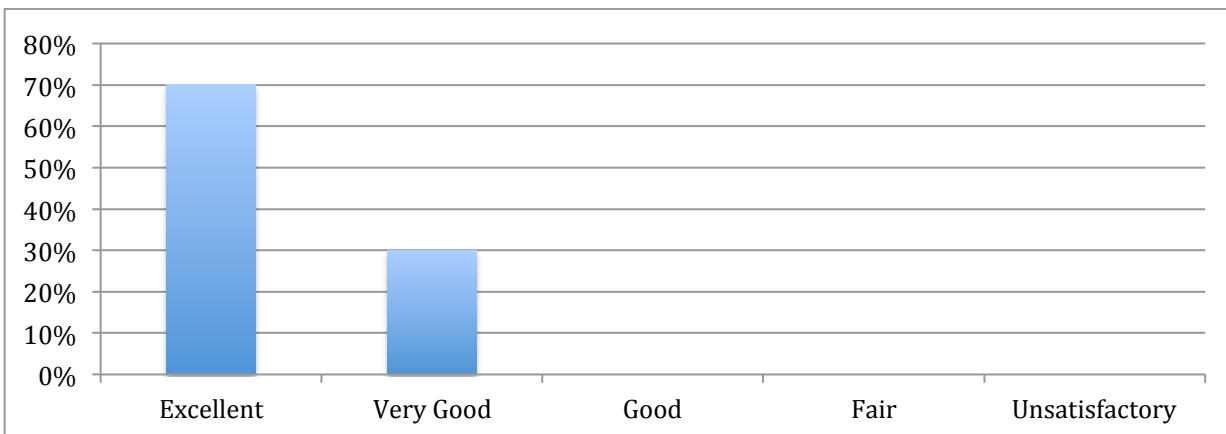
When do you intend to implement these new strategies into your practice?

Answer	Pre	Pre %
Within 1 month	33	61%
1-3 months	6	11%
4-6 months	0	0%
Not applicable	15	28%
Total	54	100%



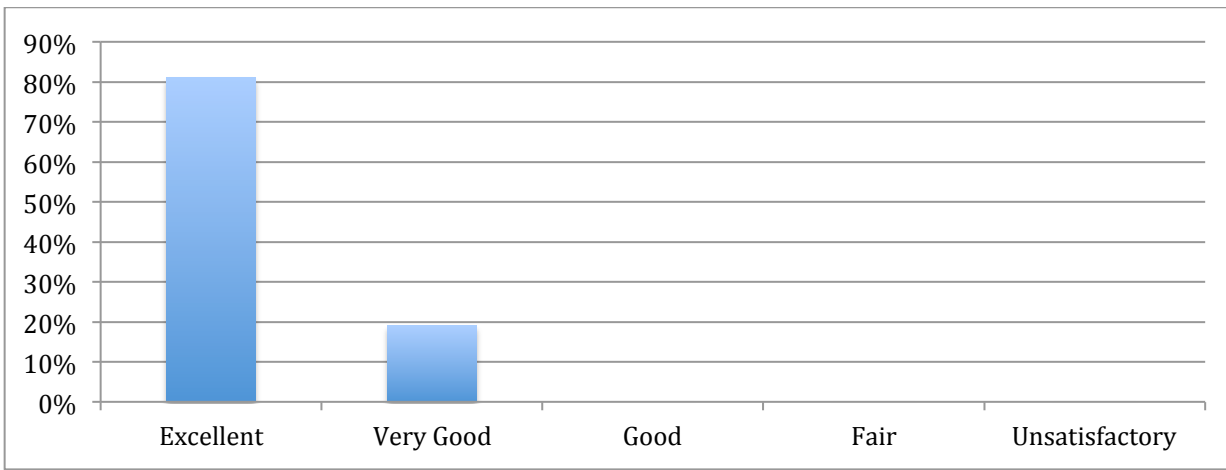
In terms of delivery of the presentation, please rate the effectiveness of the speaker: Nelson Watts, MD (Osteo)

Answer	Pre	Pre %
Excellent	38	70%
Very Good	16	30%
Good	0	0%
Fair	0	0%
Unsatisfactory	0	0%
Total	54	100%



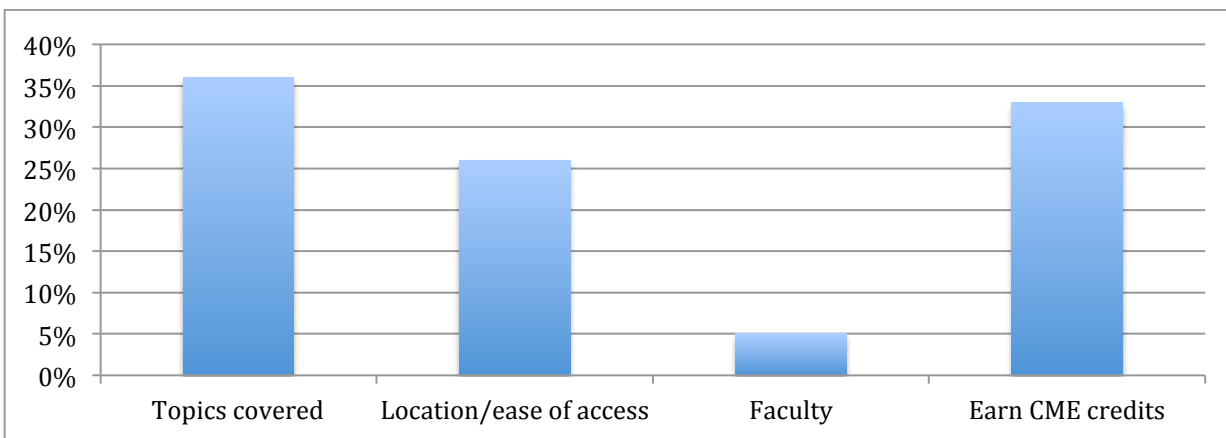
To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Nelson Watts, MD (Osteo)

Answer	Pre	Pre %
Excellent	42	81%
Very Good	10	19%
Good	0	0%
Fair	0	0%
Unsatisfactory	0	0%
Total	52	100%



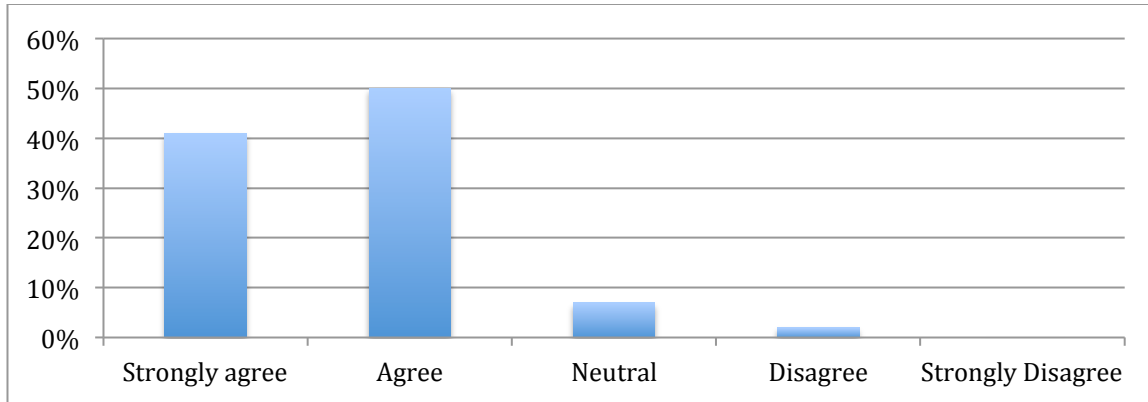
Which statement(s) best reflects your reasons for participating in this activity?

Answer	Pre	Pre %
Topics covered	45	36%
Location/ease of access	33	26%
Faculty	6	5%
Earn CME credits	42	33%
Total	126	100%



Future CME activities concerning this subject matter are necessary:

Answer	Pre	Pre %
Strongly agree	22	41%
Agree	27	50%
Neutral	4	7%
Disagree	1	2%
Strongly Disagree	0	0%
Total	54	100%



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

List these strategies:

Use of FRAX Tool in determining treatment I can discuss osteoporosis and osteopenia with patients with a much better knowledge base whether I actually follow these patients or refer them on
Assess every postmenopausal woman for osteoporosis consider TRT as a therapy for osteoporosis in men.
Diagnostic methodology
Using the FRAX to calculate fracture risk. Better educating patients on the treatment options. Using T score results to educate patients better.
Approach potential of osteoporosis in all patients who have had fractures occur after 50 years old. Treat elderly patients with osteoporosis medications unless contraindicated.
Appropriate use of therapy
Assessment of risk; meds management for men and women Better equipped to monitor/screen men for osteoporosis now know how often to monitor once Tx started have ideas how to proceed w/ a 'non-responder' to initial therapy
Better understand screening guidelines, use FRAX score, know when use medications
Can identify therapies not approved for men
Can use the FRAX score to determine which patients with osteopenia require treatment with bisphosphonates

Capacity to evaluate patients with risks for complications, length of treatments, as well as most appropriate medications in each presenting patient
Current meds
DEXA screening recommendations
Different medications to use in different situations
Discuss age related risk and screening with male patients
Ensure that calcium/vitamin D is not dosed at more than the patient would benefit from. Consider the use of the four broader medications for treating osteoporosis. Was also not aware of cultural/ethnic differences in African Americans bone density results. Also look at other factors that can cause low BMC
FRAX score
Get a bone density in women by age 65 Get a bone density in men by age 70 Evaluate with history, bone density, labs, Xray Monitor Rx with repeat bone densities Metabolic syndrome correlates with osteoporosis and vice versa
Highly varied
History of all the risk factors and any GI symptoms must be entertained
I see mostly women and will do more evaluation for risk of osteoporosis and order dexa scans and FRAX evaluations
Importance of frax scoring for osteopenia
Incidence of osteoporosis in female and male age 50 or older, when to order BMD, FRAX, candidate for testosterone treatment
Lab test to monitor Improved decision making for right drug / right patient Starting and monitoring treatment effectively
Monitoring medications
More about osteoporosis medication
More screening
Nof.org FRAX assessment.
None
Not all Pts. are treated equally, age, hx of Fx or family Hx makes the difference
Over view treatment of osteoporosis
Patient education, monitoring, and treatment selection
Routine testing and testing based on history and risk factors teaching calcium, d and weight bearing exercise to all ages choosing the proper treatment based on history
Screening in men
Screening more men
Screening, workup
Start with DeXA testing. For high risk, other testing is necessary and available Different meds offer different focus
Test men at average risk at 75. Check labs before treatment. Counsel patients about bone health
Use of FRAX when T-scores are between -2.5 and -1.0.
Use of FRAX.
Use of the FRAX score for patients with osteopenia Optimizing non-prescription therapies i.e. calcium, Vitamin D, weight-bearing exercise;

minimize use of meds adversely effecting bones i.e. PPIs Selection of pharmaceutical to best treat individual patient
Use T-score Use FRAX Do not give or be cautious about fosamax or other oral biphosphonates to those with GI s/s.
Use the Frax calculator Review calcium and vitamin D intake with all PTSD being treated for Osteoporosis Encourage weight bearing exercises in all pts
Utilize the Frax score
Vitamin D and ca supplement
Which medications are not approved to help prevent hip fractures
Which medications to use to treat osteoporosis
Test men at average risk at 75. Check labs before treatment. Counsel patients about bone health
Use of FRAX when T-scores are between -2.5 and -1.0.
Use of FRAX.

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

Any topic that covers health and mental health issues as they pertain to older adults
Calcium dosage, does it cause vascular calcification? Dr Watt mentions that there are physicians that think it does. We have all looked at coronary CA as holy grail, but I don't believe it.
Colonoscopy
COPD Asthma diagnosis
COPD
COPD treatments, Asthma, CHF management, IBS management, Pancreatitis, Dementia
Dementia
Diabetes, Peripheral Vascular Disease
Erectile dysfunction
Gastroentology
Hypercalcemia and osteoporotic treatment in cancer Pt.
Hypertension
Hypertension treatment and JNC VIII Prostate cancer screening and treatment
Hypertension, diabetes web seminars
Hypogonadism, hypo and hyperthyroidism, Diabetes Mellitus
Insulin strategies in primary care
Lab evaluation
More sleep related issues
Orthopaedic related
Sports medicine topics
Strategies for treating dementia
Treatment and monitoring of Hepatitis C in primary care practice
Treatment of dyslipidemia

Additional comments:

A very good program
Excellent
I'm not sure which of the med shouldn't be used in men .I would think all of those on the test could be but I would stick with biphosphenates generally.
It was really nice that Dr. Watts was pleasant and smiling considering that it was 8:30 PM. He kept the presentation moving and allowed adequate time for questions.
Lecture very clear and professionally presented
Online programs are preferred
Thank You!