

## Agenda

### Saturday, November 12, 2016

**07:30-08:00**

**Breakfast & CME Registration**

**08:00-08:05**

**Opening Remarks**

Kayur V. Patel, MD, MRO, FACP, FACPE, FACHE, FACEP

**08:05-09:05**

**Diagnosis and Treatment of Atrial Fibrillation**

Ryan E. Bentley, MD, PhD, DC, DAAMLCP

*Cardiovascular disease affects more than 385,000 persons annually and continues to be a leading cause of death in the United States. Recently, the number of available non-invasive cardiac diagnostic tests has increased substantially. Clinicians should be aware about available non-invasive cardiac diagnostic testing. The common non-invasive cardiac diagnostic testing procedures used to diagnose coronary heart disease are transthoracic echocardiography, stress testing (exercise, pharmacological, and nuclear), multidetector computed tomography, coronary artery calcium scoring (with electron beam computed tomography or computed tomographic angiography (electrocardiogram)), and cardiac magnetic resonance imaging.*

*At the end of the presentation, participants should be able to:*

- 1. Describe available methods for non-invasive assessment of coronary artery disease*
- 2. Identify which populations each test is the most appropriate*
- 3. Discuss advantages and limitations of each method of testing*
- 4. Identify nursing considerations when caring for patients undergoing various methods of testing*
- 5. Describe outcome findings of various methods.*

**09:05-10:05**

**Antibiotic Update - Use and Resistance**

Christopher Roman, MA, MMS, PA-C

*The antibiotics used for treating bacterial infections is considered one of the major advances in modern medicine. US today uses over 50% of all antibiotic produced by the entire world. Misuse, overuse, abuse of antibiotics today is leading a new world of resilient new strains of bacteria which we will have to fight tomorrow. The intense use and misuse of antibiotics are undoubtedly the major forces associated with a significant impact on morbidity, mortality and healthcare-associated costs. Overprescribing of antibiotics is associated with an increased risk of adverse effects, more frequent re-attendance and increased medicalization of self-limiting conditions. Antibiotic overprescribing is a particular problem in primary care, where viruses cause most*

infections. This presentation covers diagnosis and treatment of these common bacterial infections. The participants shall be able to learn when to utilize diagnostics, when to prescribe antibiotics, use of antibiotics and appropriate antimicrobial selection. Tricks for discussing antibiotics with patients are also discussed.

At the end of this presentation, participants shall be able to:

1. Appropriately utilize antimicrobial drugs for bacterial infections.
2. Understand what can be done to prescribe fewer antibiotics.
3. Apply different techniques in patient encounters to educate patients on appropriate use of antibiotics, and manage patient expectations regarding management of infections.

**10:05-10:20**

**Break**

**10:20-11:20**

## **COPD – Screening, Diagnosis, Treatment, Use of Spirometry, GOLD guidelines**

Kayur V. Patel, MD, MRO, FACP, FACPE, FACHE, FACEP

*COPD (Chronic obstructive pulmonary disease) is a major cause of mortality and morbidity in the United States. Alarmingly, COPD recently became the third leading cause of death behind heart disease and cancer. Current estimates suggest that COPD costs the nation almost \$50 billion annually in both direct and indirect health expenditures.*

*While there are an increasing number of treatment options for managing patients with COPD; determining which treatments are appropriate for patients has become more complex.*

*Recent evidence-based guidelines, from both the Global Initiative for Chronic Obstructive Lung Disease (GOLD) and the COPD Foundation, have been developed to assist clinicians in their diagnosis of COPD and treatment decision making. Although these two guidelines provide broadly similar criteria for COPD diagnosis, their approaches to disease characterization differ, which ultimately may affect treatment strategies.*

*With the right tools and critical decision making we can manage clinical risks and improve patient outcomes.*

At the end of the presentation, participants should be able to:

1. Discuss Critical Decision Making to allow most appropriate management plan for COPD
2. Elaborate on Key Indicators for Considering a Diagnosis of COPD
3. Describe the subtle differences between the GOLD and COPD Foundation guidelines

**11:20-12:20**

## **Pelvic Inflammatory Disease (PID)**

Tony Brown, MD, PhD

*Clinical syndrome associated with ascending spread of microorganisms from the vagina or cervix to the endometrium, fallopian tubes, ovaries, and contiguous structures. This can comprise a spectrum of inflammatory disorders, including any combination of endometritis, salpingitis, tubo-ovarian abscess, and pelvic peritonitis. Untreated sexually transmitted diseases (STDs) can cause pelvic inflammatory disease (PID), a serious condition, in women. For PID, it is estimated to occur in 750,000 U.S. women annually; also annual cost exceeds \$4.2 billion. This presentation shall help the clinician to understand epidemiology and pathogenesis of PID and also provides knowledge on public health measures to prevent from the disease.*

*At the end of the presentation, participants should be able to:*

- 1. Describe the epidemiology of PID in the U.S.*
- 2. Describe the pathogenesis of PID*
- 3. Discuss the clinical manifestations of PID*
- 4. Identify the clinical criteria used in the diagnosis of PID*
- 5. List CDC-recommended treatment regimens for PID*
- 6. Summarize appropriate prevention counseling messages for a patient with PID*
- 7. Describe public health measures to prevent PID*

**12:20-01:20**

## **Lunch**

### **Dermatology in Primary Care**

Christopher Roman, MA, MMS, PA-C

*Patients with skin disorders are extremely common in primary care setting. Approximately 6% of visits to all physicians entail a problem of the skin, hair, or nails; however, only approximately 40% of these patients are seen by dermatologists. In primary care settings, the proportion of patient visits involving dermatologic complaints is even higher, where up to one fourth of visits involve skin disorders. This presentation shall cover etiology, pathophysiology, clinical characteristics of the more common dermatologic conditions, and offers tips for differentiating among them. The management approach for each cutaneous condition is discussed, including topical and systemic medical therapies and which cases warrant consideration of a systemic workup.*

*At the end of this presentation, participants shall be able to:*

- 1. Understand most common types of dermatologic diseases*
- 2. Understand multiple conditions*
- 3. Understand what can be done to prescribe fewer antibiotics*

**01:20-02:20**

### **Prevention - The Conversation Begins with Us**

Jamie Lindsay, DO

*The U.S. Centers for Disease Control and Prevention estimates that eliminating three risk factors (poor diet, inactivity and smoking) could prevent 80% of heart disease, stroke, type 2 diabetes and 40% of cancers.*

*Health care aims to maintain and improve patients' conditions with respect to disease, injury, functional status, and sense of well-being. Clinicians are the role models for patients and study also proves that patients report greater confidence in the counseling when it comes from a provider who are normal weight and practice healthy lifestyle behaviors. This presentation shall cover how the clinician can practice healthy lifestyle behaviors are more likely to counsel patients about lifestyle.*

*At the end of the presentation, participants should be able to:*

- 1. Discuss the role of the provider in modeling healthy behavior*
- 2. Identify lifestyle behaviors associated with improved health outcomes*
- 3. Discuss strategies for approaching conversations related to patient lifestyle behaviors*
- 4. Discuss patient engagement for long term maintenance of healthy behaviors*

**02:20-03:20**

## **Women's Health Update – Trichomoniasis**

Tony Brown, MD, PhD

*Trichomonas vaginalis is the causative agent of trichomoniasis, a common cause of vaginitis. Despite being a readily diagnosed and treatable sexually transmitted disease (STD), trichomoniasis is not a reportable infection, and control of the infection has received relatively little emphasis from public health STD control programs. More recently, however, appreciation of the high rates of disease and of associations of trichomoniasis in women with adverse outcomes of pregnancy suggest a need for increased control efforts. This presentation discusses the epidemiology, clinical manifestations, diagnosis, treatment, complications, and pathophysiology of this parasitic infection.*

*At the end of the presentation, participants should be able to:*

- 1. Describe the epidemiology of trichomoniasis in the United States*
- 2. Describe the pathogenesis of T. vaginalis*
- 3. Describe the clinical manifestations of trichomoniasis*
- 4. Identify common methods used in the diagnosis of trichomoniasis*
- 5. List CDC-recommended treatment regimens for trichomoniasis*
- 6. Describe patient follow up and partner management for trichomoniasis*
- 7. Describe appropriate prevention counseling messages for patients with trichomoniasis*

**03:20-03:35**

**Break**

**03:35-04:35**

## **Chest Pain Evaluation**

Kayur V. Patel, MD, MRO, FACP, FACPE, FACHE, FACEP

*Chest pain is one of the most common reasons for patients to present to the emergency department (ED). An acute coronary syndrome (ACS) needs to be distinguished from a variety of other cardiac and non-cardiac diseases that may cause chest pain. The term "acute coronary syndrome" (ACS) refers to the spectrum of disorders that include the very closely related disorders of*

*unstable angina (UA) and non-ST segment elevation acute myocardial infarction (NSTEMI) and ST segment elevation acute MI.*

*Current guidelines for patients with moderate - or high-risk acute coronary syndromes recommend an early invasive approach with concomitant antithrombotic therapy, including aspirin, clopidogrel, unfractionated or low-molecular-weight heparin, and glycoprotein IIb/IIIa inhibitors. Morbidity and mortality rates among patients with acute coronary syndrome (ACS) remain high, and it is difficult to determine which patients will progress satisfactorily and which patients will have poor outcomes. Research has indicated that the inflammatory process is involved in coronary disease. There is great interest within the research community in determining if inflammatory markers could be used to determine the severity of the disease process and therefore serve as a prognostic tool for clinicians.*

*At the end of the presentation, participants should be able to:*

- 1. Know that ACS accounts for approximately 1.8 million hospitalizations annually, most of which (approximately 80%) are accounted for by UA and NSTEMI. Understand that in patients with moderate – or high-risk acute coronary syndromes who were undergoing invasive treatment with glycoprotein IIb/IIIa inhibitors, bivalirudin was associated with rates of ischemia and bleeding that were similar to those with heparin*
- 2. Also understand that antiplatelet (aspirin and clopidogrel) and antithrombotic (unfractionated heparin or low-molecular-weight heparin) therapies are critical initial therapies to prevent further propagation of the partially occlusive thrombus*
- 3. Other agents of benefit include ACE inhibitors, beta-blockers, and statins. When used in combination, they produce an impressive reduction in the risk of a recurrent event*

**04:35-05:35**

## **Rheumatoid Arthritis – Making Diagnosis in Primary Care Setting**

Ryan E. Bentley, MD, PhD, DC, DAAMLCP

*Rheumatoid Arthritis (RA) is the most common inflammatory arthritis and is a chronic and painful clinical condition that leads to progressive joint damage, disability, deterioration in quality of life, and shortened life expectancy. The clinical course according to symptoms may be either intermittent or progressive in patients with RA. For clinicians; It is an important component; of successful management of the disease is educating patients and informing them about the planned treatment modalities. In this presentation, the clinicians will be able to understand the application of physiotherapy modalities, including the use of cold/heat applications, electrical stimulation, and hydrotherapy. Objectives of physiotherapy and rehabilitation applications in patients with RA are to prevent disability, to increase functional capacity, to provide pain relief, and to provide patient education.*

*At the end of the presentation, participants should be able to:*

- 1. Understand functional assessment (transfer status, analysis of gait, activities of daily living)*
- 2. Identify range of joint motion (ROM) (for all joints)*
- 3. Discuss muscle strength test (manual or by isokinetic equipment)*
- 4. Identify postural assessment and evaluation of respiratory function*

**05:35-06:35**

## **Who are we sending home?**

Kayur V. Patel, MD, MRO, FACP, FACPE, FACHE, FACEP

*The threat of litigation following a misdiagnosis or improper treatment presents a challenge to healthcare providers. Subtle mistakes can lead to poor patient outcomes. According to a 2009 study in the Journal of the American Medical Association; Diagnostic errors were the No. 1 reason for adverse events that resulted in malpractice payouts in outpatient settings.*

*Avoid costly and time-consuming litigation by anticipating such situations and appropriately managing the medical needs of the patient.*

### *Topics Include:*

- 1. Patient presenting with a headache – misdiagnosis of an acute bleed.*
- 2. Abdominal pain in an office setting – missed appendicitis.*
- 3. Patient comes with back pain – missed abscess.*

**06:35 PM**

**Adjourned**