

ANNUAL MEETING 2015 EVALUATIONS

**11. Please identify a specific change in your practice that you intend to make as a result of this program:**

I will order more 25 OH vit D with fractures  
diabetes management, immunizations  
better wellness exams  
None  
more work on immunizations  
Improved knowledge  
modify narcotic writing practices  
Decrease pain management in my practice- too much hassle  
more narcotics awareness  
Increase education about Vitamin D levels and encourage more bone density exams  
Change our policy when writing controlled substances.  
reinforced current practices  
Better chronic care and preventive medicine  
Immunization changes and some changes in diabetes care  
pay more attention to immunizations  
More Medicare Wellness visits, try to incorporate a weight loss program (sorely needed in my area)  
Manage DM better  
I plan to institute random drug screens on my controlled substance patients.  
ortho examx  
change in osteoporosis care  
More immunizations : specifically boost the menacer prior to college if pt re'd the first one at 11-12.  
Intensify use of PMP.  
Better use of new medications and updated information in chronic disease management  
Try to finish by noon esp. if the weather is good.  
Improve immunizations and osteoporosis management  
Changing certain things in dm care  
Using the pmp and other connections to aid in cessation of doctor shopping for narcotics  
Improve adolescent vaccinations. Encourage breastfeeding. Better understand athletic injuries in youth. Better documentation in records.  
Use of MC annual visits and better treatment of diabetes with newer medications  
cannot think of any  
More screening for osteoporosis  
More referrals for opioid dependency, better documentation  
Change pain management and weight management  
None noted. This was my first annual program to attend  
Retired  
I need to learn more about ACOs and will educate myself.  
Multiple  
improve wellness with creating screening process for who needs certain tests and immunizations.  
Not worry as much about lactic acidosis in diabetics with minimally elevated creatinine and on Metformin.  
I plan to start asking patients with fibromyalgia, chronic pain, etc. if they have any history of sexual abuse.  
Change orthodo exams a bit Cont to try and document better

**12. After attending this program, I realize I need more information on the following:**

more hospitalized patient care  
n/a

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annual updates to common diagnoses (CHF, HTN, DM).

chronic pain control

None

everything

Diabetes

Diabetes and ACO,s

current narcotic guidelines

staying abreast of federal rules and mandates

All the new diabetic meds

mHealth, ACO's

chronic disease management

Anything related to family practice.

CHF

ACOs

pediatrics

would like case studies, ie. diabetes care

Chronic care management fee

and more diabetic medication combos for difficult patients. I want to get the FP Audio- for ongoing education

Immunizations

new drugs, DM, CHF

Diabetes care.

Pain mgt is a challenge.

Coding is always and will be a hill to climb.

Coding certain things

Some of the new drugs

all types of adolescent medical needs. Lists of useful phone apps for the medical practice. Need Prescribing CME every year for the Board requirements. anything Brent Smith has to talk about. Does James Withers have anything he could present; he is pretty smart. More on dementia. There is a good speaker on the latest techniques in Fall prevention for the elderly....(ask Dr. Armstrong what her name is). Ginger Stover at Baptist Hospital in Jackson, Lymphedema clinic, gives a good presentation on the dx and management of swollen legs. Mark Stovall at the State Department of Mental Health does an EXCELLENT presentation on drug abuse and prevention in the adolescent. We always need more on diabetes management. There is a pediatric diabetic endocrinologist that the Diabetes Foundation of MS used last year that was outstanding (ask Dr. Armstrong to look up his name.) Dr. Weart is wonderful and should keep coming back!! Dr. Collier (Charlene?), OB-GYN at UMMC, is great on anything she talks about. Infant and Child death and accident prevention; there is a good pediatric pathologist at UMMC that can do this.

Immunizations

none

Medicare wellness requirements

Opioid dependency programs in my area

Adolescent immunizations

ACOs and mhealth; transitional care

Ortho exams

good prescribing techniques for prescribing what actual meds for long term pain control. More info on adult immunizations as opposed to adolescent

ICD-10.

Accountable Care Organizations

### 13. What clinical topics would you like to cover in future CME Meetings?

Allot more time for pharm. Continue ortho lectures

more topics for MD who practice hospital medicine

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HTN management in the renal disease patients

I would like to see covered the social determinants of health and issues pertaining to women's health.

HTN,

More diabetes and different ortho topics. Derm. The controlled substance lectures and update lectures were good hypertension

Rush

TB diagnosis and management

chronic care, latest topics/papers in medicine

More chronic care and more up to date pharmacy issues- not speciality drugs. More family practice and internal medicine drugs

thyroid management, new weight loss drugs and surgeries, common lab abnormalities, common sports injuries e.g concussions, etc.

I would like urgent care topics covered

hospital based care topics; practice management/ ACO info; malpractice avoidance; pain

more of daily practice issues

More of the same; overall, one of the best clinical conferences I have ever attended

Legal and clinical implications of collaboration with NP's and PA's.

Opioid

dermatology with pictures

Better treatment for those that do not have access/refuse access to the mental health care system, always updates on diabetes, hypertension, CAD, lipids, etc

Alzheimers, Dyslipidemia,

pediatrics

would like to see more case studies with specific patients and how to manage, so that I might be able to relate information presented to my patients

More ortho, physical rehab info

more adolescent psych

alternative med combo with conventional medical care

Thyroid disease

managing chronic renal failure

Dermatology

Postural Orthostatic Tachycardia Syndrome

More coding tips. ICD 10? Malpractice. Antibiotics and Pharmacology.

Unsure

More new drug news. Drug interactions, drugs not to use in certain diseases, OCD-10 tips

Treatment of uncontrolled htn

see the previous comments

rheumatology

Joint injection workshop

None

continuing coverage on chronic disease management. continuing lectures like Dr Wert's drug updates

Derm

Tips for Board Exam preparation

Statin use vs other cholesterol meds

Heart failure, COPD, Lung disease

thyroid disorder, options for treating obesity

Dermatology , Geriatrics and Infectious disease.

dermatology

Diagnosis and treatment of red eye(s).

Concussion management

**14. What non-clinical educational topics or activities would you like to see at future CME Meetings?**

I think you met these objectives

I would like to see topics on health and patient advocacy and policy change.

icd10 information

updates on telemedicine

Knowledge

more practice management speakers

DOT updates

physician burnout

ways to improve revenue, new tests available for the office, etc.

tips for writing the appropriate medications in an insurance controlled environment

ACOWould like to start user groups on more common office EMR. I talked with Sam Crosby about this.

Maybe a lecture on leadership...kind of like the ALF sessions...to use in the course of clinic management and hospital hierarcl

different practice modalities such as concierge, cash for service, and employer on-site clinics

Tropical medicine. Mission trips can lead to exposure.

Phone apps and ACOs will deserve continued monitoring

Unsue

Undecided

Value based pay modifier and getting paid

cannot think of any

None

alternative reimbursement models.

would like continued updates on evolvment of ACOs in our state

Periodic updates on Obamacare phase-in and how it will affect Fam Med.

continue talks on what medicare is covering as far as physicals, transition of care, chronic disease management

How to start and operate a third party free clinic.

ICD-10

**15. Please make any other suggestions that would help us improve the quality of the Annual Meeting in the future:**

I think the meeting was well.

none- very nice.

Wednesday morning check out is particularly hard to balance lectures with leaving the room. Not sure the best way to handle that because the balance of lecture and free time during the other days is quite nice.

practice management information

none

More handouts

Are we burnt out on Baytowne yet ?

I like the opportunity to get 3 hours of the required controlled medication prescriber hours.

start Wednesday at 7AM so we can get out earlier

The meeting is always great.

not enough electronic support at tables for our laptops/tablets etc

difficult to hear speakers sometimes

GET ALL 5 OPIOID RX HOURS REQ BY THE BOARD AT THIS MTG

always a great meeting

## ANNUAL MEETING 2015 EVALUATIONS

The fun run has dwindled in numbers. What about a bike rodeo? or something else that would get more kids and families involved. the family fun night is such a great draw for the families to feel involved. I would volunteer to help at a booth to save money and not hire extras.

Changing the format to a luncheon for all rather than the banquet is a good idea. It could be Sunday noon prior to using the exhibit hall for booths. Having the election early would give the new president more time to get a feel of the membership wishes by the end of annual mtg, Still have the new board mtg on the last morning of the meeting.

Past president breakfast is a super forum for activating the wisdom of MAFP.

The variety of the courses offered was good. the quality of the speakers was also excellent.

a little shorter lecture time with more time for questions with the speakers.

perhaps do the group picture on the first day at break before exhibitors set up.. to capture more members than after the long business meeting.

Shorten business meeting with written reports rather than verbal on everything.

the program was excellent. Staff always does a wonderful job.

perhaps consider adding 3-4 more hours to allow us to get more contact hours as the trip is rather expensive for just 17 hours for 5 days.

Give Beth a raise.

Many of the slides in the hardcopy syllabus are too small to read and need to be larger to be useful ie Optimizing DM in a Sea page #12 and again pg #17. Also New Drug Update pg #27.

Unsure

None

Is it possible to have the meeting start on Friday and end Tuesday (to avoid the horrible travel traffic). Could the first Board meeting be held at a time other than Saturday night? I appreciate the longer time options to meet with exhibitors. Thank you!!!! for the full breakfast everyday!!!! Could we maybe have some vegetables (healthy ones) with the lunch meals? Just thinking of some suggestions....

more clinical material

The sound system at times seemed to deliver a muffled sound and Particularly with Dr. Savoy made it impossible for me to understand almost anything she said.

I am not sure I have other suggestions. The staff continues to do a wonderful job.

end meetings earlier on Monday so not such a rush to get to golf tournament.

Great meeting overall.Would like to see if can find a way to shorten business meeting.

Beth and crew do an outstanding job

Since we are so loyal to Sandestin for so many years I wonder if they would consider a 1 pm chk out for us in the future as our mtgs are not over till bout 1230 or 1