



Geriatric Medicine
March 30-April 2, 2016
Las Vegas, NV

Wednesday – March 30, 2016		Schedule and Invited Faculty	Prescribed Credit
12:45 – 1:00 p.m.	Welcome and Overview - <i>Alvin B. Lin, MD, FAAFP</i>		
1:00 – 1:30 p.m.	Heart Failure – <i>Lisa K. Price, MD</i>		.50
	<ol style="list-style-type: none"> 1. Construct treatment plans for patients, using case studies, to apply ACC/AHA guidelines for those with varying stages of heart disease. 2. Prepare diagnostic tools for patients with suspected heart failure, including the NYHA scale of functional limitation, LVEF tests, an ECG, thyroid function test and blood tests. 3. Counsel patients on the cardiovascular health benefits of making heart-healthy lifestyle changes. 		
1:30 – 2:00 p.m.	Hypertension Update – <i>Ariel Cole, MD, FAAFP, CMD</i>		.50
	<ol style="list-style-type: none"> 1. Discuss current management of hypertension in geriatric patients, as compared to younger patients as recommended in current JNC 8 guidelines. 2. Discuss barriers to care among patients in your practice, especially elderly patients, and identify or develop tools to help address hypertension. 3. Discuss treatment regimens of antihypertensive medications and tools with an emphasis on patient adherence. 		
2:00 – 2:30 p.m.	Chronic Obstructive Pulmonary Disease (COPD) – <i>Alvin B. Lin, MD, FAAFP</i>		.50
	<ol style="list-style-type: none"> 1. Evaluate patients who are current or former smokers, and those who develop frequent viral infections, for symptoms that may indicate COPD or related conditions. 2. Prepare treatment plans, including newest pharmacologic options, that include a combination approach to therapy for patients who have COPD. 3. Discuss new biomarkers, such as fibrinogen, which may determine which patient is at risk for associated co-morbidities and also emerging bronchodilators that may aid in treatment. 4. Discuss management via use of GOLD guidelines. 		
2:30 – 3:00 p.m.	Oral Health and Oral Cancers – <i>Ariel Cole, MD, FAAFP, CMD</i>		.50
	<ol style="list-style-type: none"> 1. Identify patients who are at risk for having inadequate dental care and may need to be examined for oral lesions especially older patients. 2. Identify red flags, such as oral manifestations (e.g. oral mucosal lesion) that may be manifestations of immunologic diseases, endocrinopathies, hematologic conditions, systemic infections, and nutritional disorders 3. Follow evidence-based recommendations for diagnosing oral cancer. 4. Develop collaborative care plans for referral and management of patients with oral cancer. 		
3:00 – 3:15 p.m.	Question and Answer/Panel Discussion		.25
3:15 – 3:30 p.m.	Break		



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3:30 – 4:00 p.m.

Menopause/Hormone Replacement Therapy – Alvin B. Lin, MD, FAAFP

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1. Counsel post-menopausal women regarding the risks and benefits of pharmacologic and non-pharmacologic options for the relief of menopausal symptoms.
2. Assess patients' current use of nutritional, herbal or dietary supplements for the relief of menopausal symptoms and provide counseling to encourage safe and effective use.
3. Educate patients regarding their increased risk of coronary artery disease and osteoporosis following menopause and how to take preventive measures, including diet and exercise.
4. Review current literature & guidelines regarding menopausal hormone therapy.

4:00 – 4:30 p.m.

Geriatric Polypharmacology – Lisa K. Price, MD

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1. Review pharmacological principles and their alteration in aging.
2. Evaluate the common prescribing errors made in the elderly.
3. Identify common drug-drug & drug-disease interactions seen in the elderly.
4. Develop an approach for safe drug prescribing and monitoring in the elderly.
5. Review guidelines aimed at decreasing (impact of) polypharmacy.

4:30 – 5:15 p.m.

Billing, Coding and Payment Update – Ariel Cole, MD, FAAFP, CMD

.75

1. Integrate current coding and documentation requirements into practice.
2. Discuss evolving billing, regulatory and compliance issues as they pertain to practice.
3. Discuss how to bill for chronic care management and for home health certification & care plan oversight.

5:15 – 5:30 p.m.

Question and Answer/Panel Discussion

.25

5:30 p.m.

Recess



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Thursday – March, 31, 2016

**Prescribed
Credit**

7:00 – 7:55 a.m.	Breakfast	
7:55 – 8:00 a.m.	Announcements	
8:00 – 8:30 a.m.	Anticoagulation Update – Lisa K. Price, MD	.50
	<ol style="list-style-type: none">1. Describe indications and contraindications for patients taking warfarin or new oral anticoagulants.2. Develop collaborative care plans with patient education to counsel patients on safe and effective self-administration of anticoagulants, emphasizing self-monitoring to prevent complications.3. Establish or revise existing practice-level protocols for anticoagulation management, based on current evidence-based recommendations and guidelines.4. Discuss indications and contraindications for home monitoring by patients taking warfarin.	
8:30 – 9:00 a.m.	Alzheimer's and Dementia Medications – Ariel Cole, MD, FAAFP, CMD	.50
	<ol style="list-style-type: none">1. Use evidence-based guidelines to screen and evaluate patients who are symptomatic for cognitive decline for dementia.2. Discuss current pharmacologic and non-pharmacologic therapies to help lessen symptoms of Alzheimer's with consideration for when to start and stop.3. Counsel patients and their family members on how to cope with neurologic disorders that result in the loss of cognitive functioning, such as Alzheimer's disease.	
9:00 – 9:30 a.m.	GI Issues in the Geriatric Population – Lisa K. Price, MD	.50
	<ol style="list-style-type: none">1. Compare diagnostic and treatment options for geriatric patients with common GI conditions such as diverticular disease, upper and lower GI bleeding, visceral perforation and aortic aneurysm.2. Screen for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adult patients, beginning at age 50 years and continuing until age 75 years.3. Describe which diagnostic imaging modalities are the quickest and most effective for diagnosis of GI issues.4. Discuss concerns from chronic use of proton pump inhibitors.5. Discuss use of oral vitamin B12 rather than injectable in those patients w/documentated deficiency.	
9:30 – 10:00 a.m.	Diabetes Update – Alvin B. Lin, MD, FAAFP	.50
	<ol style="list-style-type: none">1. Discuss evidence-based systematic protocols for screening and diagnosis of patients for diabetes2. Discuss current evidence-based guidelines for the prevention and management of patients with diabetes, including new treatment options and their appropriate use.3. Discuss alternatives to traditional individual office visits (e.g. group visits) for optimizing diabetes care.	
10:00 – 10:15 a.m.	Question and Answer/Panel Discussion	.25
10:15 – 10:30 a.m.	Break	



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10:30 – 11:00 a.m.	Osteoporosis - Ariel Cole, MD, FAAFP, CMD <ol style="list-style-type: none">1. Evaluate elderly patients or patients at risk for low bone mass/osteoporosis using the FRAX® algorithm, and consider the impact of fracture risk scores on patient management.2. Utilize appropriate prophylactic strategies in patients with low bone mass/osteoporosis.3. Determine the risks and benefits of maintaining bisphosphonate treatment for greater than 5 years.4. Discuss treatment in terms of NNT.	.50
11:00 – 11:30 a.m.	Immunizations Update – Lisa K. Price, MD <ol style="list-style-type: none">1. Review current immunization guidelines focused on elderly.2. Identify available vaccine administration strategies and resources, available patient education resources, vaccine alert systems, and current immunization schedules.3. Use evidence-based recommendations and guidelines to establish standardized vaccine administration procedures, including standardized protocols to screen for immunizations during patient encounters.4. Counsel patients using available patient education resources and motivational interviewing about vaccine safety and efficacy to overcome patient barriers.	.50
11:30 a.m. – 12:15 p.m.	Colorectal Cancer Update – Alvin B. Lin, MD, FAAFP <ol style="list-style-type: none">1. Screen for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adult patients, beginning at age 50 years and continuing until age 75 years.2. Utilize documentation of clinical decision tools to foster patient engagement and facilitate shared decision making about CRC screening options.3. Establish an automated or staff-driven process, to send CRC screening invitations, containing personalized risk-estimates to patients.4. Coordinate communication with the oncologist, including formal survivorship care plans, to outline follow-up plans for surveillance after polypectomy and CRC resection.	.75
12:15 – 12:30 p.m.	Question and Answer/Panel Discussion	.25
12:30 p.m.	Recess	



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Friday, April 1, 2016		Prescribed Credit
7:00 – 7:55 a.m.	Breakfast	
7:55 – 8:00 a.m.	Announcements	
8:00 – 8:30 a.m.	Parkinson's Update – <i>Janice E. Knoefel, MD, MPH</i> <ol style="list-style-type: none">1. Distinguish Parkinson's Disease from other disease in patients who exhibit similar signs and symptoms.2. Select appropriate treatment strategies for patients with Parkinson's Disease, including an assessment of medication and nonpharmacologic therapy use.3. Monitor aging patients and those with potential inheritability risk for signs of cognitive decline.	.50
8:30 – 9:00 a.m.	Prostate Cancer Update – <i>William M. Simpson, Jr., MD</i> <ol style="list-style-type: none">1. Perform a differential diagnosis to distinguish between prostatitis, BPH, and other urologic conditions in male patients.2. Counsel patients, using shared decision making resources, regarding the risks and benefits of prostate cancer screening.3. Use current evidence-based recommendations to determine appropriate pharmacologic, surgical, CAM, or watchful waiting treatment strategy.4. Develop a care plan to provide follow-up surveillance of the patient after treatment for prostate cancer.	.50
9:00 – 9:30 a.m.	Depression, Anxiety and Phobias – <i>Janice E. Knoefel, MD, MPH</i> <ol style="list-style-type: none">1. Utilize appropriate diagnostic criteria to evaluate and screen patients for depression, anxiety, and phobias.2. Devise collaborative treatment plans for depression that take into account severity, suicidality, developmental stage, and environmental and social factors.3. Recognize the risks associated with certain drugs used to treat depression and mood disorders, and know which carry REMS and black box warnings about suicide.4. Review various screening tools, especially those aimed at the depressed elderly.	.50
9:30 – 10:00 a.m.	Chronic Pain – <i>William M. Simpson, Jr., MD</i> <ol style="list-style-type: none">1. Evaluate patients for chronic pain by documentation of a thorough pain assessment.2. Establish a patient-centered treatment plan with an emphasis on improving function through the development of long-term self-management skills.3. Establish protocols for careful patient selection and close monitoring of patients prescribed opioids for signs of misuse or abuse, emphasizing the use of formal patient contracts and shared decision making strategies.	.50
10:00 – 10:15 a.m.	Question and Answer/Panel Discussion	.25
10:15 – 10:30 a.m.	Break	



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10:30 – 11:00 a.m.	Bladder Problems – William M. Simpson, Jr., MD <ol style="list-style-type: none">1. Refine evaluation skills to differentially diagnose pathological from idiopathic bladder issues via gender, patient history, physical examination and appropriate diagnostic testing.2. Construct an appropriate treatment plan for bladder issues, taking into account tailoring of the treatment regimen for the gender, individual and suitable timeline for follow-up monitoring.3. Discuss pharmacologic options and potential side effects & complications from said options; also discuss non-pharmacologic options.4. Address the importance of patient-based factors such as social stigmatization, lack of appreciation of symptoms, and medication noncompliance as barriers to appropriate patient care and devise an action plan to correct these issues.	.50
11:00 – 11:30 a.m.	Geriatric Sexuality – Alvin B. Lin, MD, FAAFP <ol style="list-style-type: none">1. Identify the underlying physiological and psychological factors that can influence sexual dysfunction in the geriatric patient.2. Analyze symptoms and conduct a thorough medical and sexual history to determine when sexual dysfunction may be a symptom of an underlying illness and recommend additional testing as necessary.3. Discuss new data regarding erectile dysfunction as predating cardiovascular disease by some years, and thus need for lifestyle changes & improvements.4. Develop collaborative care plans with patients for the treatment of sexual dysfunction; emphasizing patient education, treatment options, and coordination of care with a mental health or sexual dysfunction specialist as necessary.	.50
11:30 a.m. – 12:15 p.m.	End-of-Life Care – Janice E. Knoefel, MD, MPH <ol style="list-style-type: none">1. Formulate plans to orchestrate care for patients who require referral to or treatment from hospitals, hospice and community-based support services.2. Counsel patients on advance directive documentation including POLST, and making medical decisions when there is no family.3. Develop an approach to the common scenarios encountered in discussing life-sustaining therapies.4. Differentiate hospice versus palliative care; review federal guidelines	.75
12:15 – 12:30 p.m.	Question and Answer/Panel Discussion	.25
12:30 p.m.	Recess	



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Saturday, April 2, 2016		Prescribed Credit
7:00 – 8:00 a.m.	Breakfast	
8:00 – 8:30 a.m.	Nutrition, Supplements and Diets – William M. Simpson, Jr., MD <ol style="list-style-type: none">1. Assess patients' use of nutritional or dietary supplements and provide counseling to encourage safe and effective use.2. Recognize the limitations and risks of dietary supplements and identify situations that they might be beneficial.3. Discuss commonly encountered nutritional supplements and counsel patients on their use.4. Discuss evidence behind common diets, such as DASH, Mediterranean & vegetarian.5. Discuss current literature regarding high fructose corn syrup, saturated fat, sodium & trans fat consumption.	.50
8:30 – 9:00 a.m.	Stroke and TIA – Ati Hakimi, MD, MBA <ol style="list-style-type: none">1. Assess patients with underlying risk factors for stroke (ischemic stroke, hemorrhagic stroke, transient ischemic attack).2. Differentiate, diagnose and evaluate patients presenting with possible signs of TIA or stroke.3. Use current evidence-based guidelines in selecting appropriate imaging study for diagnosis.4. Develop evidence-based treatment plans that focus on risk factor modification and medical therapy to improve outcomes in patients who suffer a stroke.5. Discuss pharmacologic options to lower risk for stroke.	.50
9:00 – 9:30 a.m.	Statins: Yes or No– William M. Simpson, Jr., MD <ol style="list-style-type: none">1. Discuss contraindications of statins for older adults with elevated cholesterol but no evidence of heart disease.2. Discuss treatment plans according the National Cholesterol Education Program Adult Treatment (ACC/AHA) guidelines for patients who require more in-depth management of hyperlipidemia.3. Counsel patients on different types of cholesterol, the impact of dietary and lifestyle choices on overall blood cholesterol and appropriate behavioral modifications that can be made to prevent hyperlipidemia.4. Discuss literature regarding dietary saturated vs trans fat.5. Discuss available calculators to assess risk of future event and to guide recommendations.	.50
9:30 – 10:00 a.m.	The Elder Athlete & Exercise – William A. Rosenberg, MD <ol style="list-style-type: none">1. Describe health benefits that can be attained from regular physical activity for geriatric patients.2. Develop collaborative exercise prescription plans appropriate to physical activity guidelines for older patients.3. Address barriers to implementation that may exist for older patients.4. Discuss recent literature regarding how little exercise is necessary to achieve health-related outcomes.5. Discuss the need for pre-participation (cardiac) screening.	.50
10:00 – 10:15 a.m.	Question and Answer/Panel Discussion	.25
10:15 – 10:30 a.m.	Break	
10:30 – 11:00 a.m.	Sleep Disorders – Janice E. Knoefel, MD, MPH <ol style="list-style-type: none">1. Identify patients, based on risk factors, who need to be evaluated for obstructive sleep apnea.2. Provide patients with a sleep diary to aid in the diagnosis of obstructive sleep apnea.3. Counsel patients to make lifestyle modifications that may relieve mild obstructive sleep apnea.4. Discuss recent guidelines on sleep apnea from the ACP.5. Discuss use of cognitive behavioral therapy – insomnia (CBT-I).	.50



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11:00 – 11:30 a.m.

Out of Office Care – Ati Hakimi, MD, MBA

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1. Describe common problems that occur in the out of office patient, (nursing home, assisted living facilities setting)
2. Discuss care of patients following admission to long-term, subacute or extended care facilities and coordinating care with other practitioners.
3. Discuss transition of patients between health care organizations and provision for the continuation of safe, quality care for patients in all settings.
4. Discuss appropriate use of care team, eg home health.

11:30 a.m. – 12:15 p.m.

Functional Disabilities – Janice E. Knoefel, MPH

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1. Identify normal age-related changes in the sight and hearing of older patients.
2. Conduct a multifactorial evaluation of older patients with gait and balance disorders.
3. Design individualized targeted interventions for patients with gait and balance disorders; coordinating referral as necessary.
4. Establish a patient-centered approach to provide training for geriatric assistive devices, including routine evaluation for proper fit and use.

12:15 – 12:30 p.m.

Question and Answer/Panel Discussion

.25

12:30 p.m.

Adjourn

As of January 26, 2016