

## 2017 FMX Advisory Board (FAB) Contacts for Faculty List (Questions? Email: [FMXCMEStaff@aafp.org](mailto:FMXCMEStaff@aafp.org))

First Name	Last Name	Title	Course Title	Presentation Title	Learning Objectives  <small>(The learning objectives have been determined by the AAFP and will be provided to learners in the presentation slide decks. By accepting an invitation to present at FMX, faculty members have agreed to cover these learning objectives in their content.)</small>	FMX Advisory Board (FAB) Contact	On Demand (recorded) Session
Suraj	Achar	MD	Peripheral Neuropathy	Not All That Tingles Is the Sugar Diabeetus!	<ol style="list-style-type: none"> <li>1. Perform evidence-based differential diagnosis to differentiate peripheral neuropathy from other conditions with similar symptoms.</li> <li>2. Counsel patients on how to make healthy behavior changes, including adopting a healthy diet, engaging in regular exercising, limiting heavy alcohol consumption and avoiding exposure to toxic substances.</li> <li>3. Develop an evidence-based treatment plan, including pharmacologic and non-pharmacologic options, for patients with neuropathic pain.</li> </ol>	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	
Suraj	Achar	MD	Valvular Heart Disease		<ol style="list-style-type: none"> <li>1. Identify the diagnostic criteria for the array of valvular disorders.</li> <li>2. Recognize the prevalence of subsets of valvular disease among different patient populations.</li> <li>3. Select appropriate and cost-effective diagnostic tests and imaging studies</li> <li>4. Determine when outpatient management of valvular heart disease is appropriate and when hospitalization and referral are necessary.</li> <li>5. Incorporate into practice recommendations from recent clinical trials and practice guidelines.</li> </ol>	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	
Jean	Antonucci	MD	Tools for Improving Access and Continuity		<ol style="list-style-type: none"> <li>1. Describe the value of care continuity between the patient and the care team.</li> <li>2. Identify appropriate and achievable methods to provide 24/7 access without compromising the quadruple aim.</li> <li>3. Analyze opportunities for alternative access such as telemedicine, e-visits, group visits, etc.</li> </ol>	Asim Jaffer, MD, FAAFP Asim.jaffer@unitypoint.org	
Leisa	Bailey	MD	Improving Medicare Quality While Maximizing Revenue		<ol style="list-style-type: none"> <li>1. Review basic elements of AWW, TCM, and CCM.</li> <li>2. Assess financial and quality implications in these services.</li> <li>3. Recognize the importance of each service in relation to value-based payment.</li> </ol>	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	
Robert	Baldor	MD	Parkinson's Disease	Diagnosis and Treatment	<ol style="list-style-type: none"> <li>1. Distinguish Parkinson's Disease from other conditions in patients who exhibit similar signs and symptoms, recognizing when referral is appropriate.</li> <li>2. Select appropriate treatment strategies for patients with Parkinson's Disease, including an assessment of medication and non-pharmacologic therapy use.</li> <li>3. When indicated, coordinate referral to a neurologist and follow-up care for patients with Parkinson disease.</li> <li>4. Establish collaborative care plans with patients and care givers, emphasizing adherence to prescribed medication and therapies.</li> </ol>	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	On Demand R
Robert	Baldor	MD	TIA and Stroke	Diagnosis and Treatment	<ol style="list-style-type: none"> <li>1. Assess patients presenting with possible signs of TIA or stroke; ordering appropriate imaging if necessary.</li> <li>2. Develop collaborative care plans to assist patients in making behavioral modifications to decrease their risk of having a stroke, and recognize the warning signs of a stroke.</li> <li>3. Propose appropriate treatment options to improve outcomes in patients who suffer a stroke.</li> <li>4. Counsel patients and their family members on how to cope with the effects of stroke.</li> </ol>	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	On Demand R
Lynn	Barr	MPH	Redesigning Your Practice to Manage Population Health	Using Real Data to Tell the Story	<ol style="list-style-type: none"> <li>1. Review key reasons rural and independent physicians need to develop strategies for value-based payment models.</li> <li>2. Understand opportunities under the fee-for-service environment that can support the practice transformation journey.</li> <li>3. Understand key components of value-based payment programs and the dynamic nature of the Journey away from fee- for-service.</li> <li>4. Recognize resources available to assist physicians in the transformation from fee- for-service to value based payment.</li> </ol>	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	
Craig	Barstow	MD	Arrhythmias and Dysrhythmias	PBL	<ol style="list-style-type: none"> <li>1. Practice applying new knowledge and skills gained from Arrhythmias and Dysrhythmias sessions, through collaborative learning with peers and expert faculty.</li> <li>2. Identify strategies that foster optimal management of arrhythmias/dysrhythmias within the context of professional practice.</li> <li>3. Formulate an action plan to implement practice changes, aimed at improving patient care.</li> </ol>	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	
Craig	Barstow	MD	Arrhythmias and Dysrhythmias		<ol style="list-style-type: none"> <li>1. Identify the causes of ventricular arrhythmias and differentiate the types of ventricular arrhythmias and identify the causes of atrial arrhythmias and differentiate the types of atrial arrhythmias.</li> <li>2. Manage life-threatening ventricular arrhythmias, and assess, diagnose and stratify for risk patients who have, or are at risk for, ventricular arrhythmias.</li> <li>3. Develop collaborative care plans with patients, emphasizing medication adherence and follow-up.</li> <li>4. Establish quality improvement plans to maximize care coordination and minimize hospital readmission.</li> </ol>	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	
Craig	Barstow	MD	ECG Workshop	The Fundamentals	<ol style="list-style-type: none"> <li>1. Compare and contrast the findings of ECG tests in different patient cases.</li> <li>2. Relate the implications of ECG readings to potential cardiac disease.</li> <li>3. Compare the findings of an ECG to a patient's clinical presentation.</li> <li>4. Compare the results of multiple ECG findings from the same patient.</li> </ol>	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	

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Craig	Barstow	MD	ECG Workshop	The Fundamentals with Online Module	Experience a unique educational format. First, watch an online CME video at your convenience. Once on site at FMX, attend the associated Clinical Procedures Workshop. Earn CME for both the online module and onsite workshop.  1. Compare and contrast the findings of ECG tests in different patient cases. 2. Relate the implications of ECG readings to potential cardiac disease. 3. Compare the findings of an ECG to a patient's clinical presentation. 4. Compare the results of multiple ECG findings from the same patient.	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	
Craig	Barstow	MD	ECG Workshop (Advanced)	Beyond the Fundamentals	1. Assess the variances in ECG readings for patients of different ages using case studies. 2. Demonstrate accurate ECG diagnosis of atrial tachyarrhythmia using visual criteria rather than quantitative analysis. 3. Demonstrate accurate ECG interpretation that distinguishes normal physiological adaptations in athletes from abnormal findings suggestive of pathology.	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	
Oralia	Bazaldua	PharmD	Drug Interaction and Prevention of Adverse Events		1. Use evidence-based criteria to evaluate for potentially adverse drug events, among patients receiving multiple medications. 2. Disseminate best practices in safety strategies to decrease ADEs from high priority medications in primary care. 3. Describe the different roles of different healthcare professions in managing patients' medications safely and effectively. 4. Discuss the potential for misunderstandings and knowledge gaps between different professions, and the importance of continuing dialogue across the healthcare team. 5. Identify system, team, and individual strategies for reducing the frequency of adverse drug events.	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	
John	Beasley	MD	Toward the Optimal Use of Health Information Technology		1. Describe the complexities of Primary Care practice. 2. Explain how HIT Implementation helps and hinders clinical work. 3. Work individually and within their organizations to move to more optimal use of HIT to improve outcomes for patients and clinicians alike.	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	
John	Bernot	MD	Quality Measurement: From Concept to Rule		1. Recognize the utility of quality measurement and predict the impact of future quality measurement programs on their practice 2. Explain the process of how a measure becomes part of an initiative or program and identify benefits and challenges to their practices as a result of these procedures. 3. Identify mechanisms for physician involvement in the development / endorsement process in order to have a larger voice in the performance measurement field.	Asim Jaffer, MD, FAAFP Asim.jaffer@unitypoint.org	On Demand R
Anthony	Beutler	MD	Lower Extremity Musculoskeletal Exam Techniques	Evidence-Based Treatment of Common Lower-Extremity Injuries	1. Distinguish musculoskeletal conditions that result from overuse/repetitive motion injuries in the lower extremities, with particular attention to those that occur in pediatric patients. 2. Assess an injured patient's range of motion, stability, bone alignment, soft tissue swelling, palpable warmth or mass(es), pain or tenderness and crepitation in the lower extremities. 3. Identify red flags from the physical examination of lower extremity injuries that warrant referral to a sub-specialist (e.g. surgery, physical therapy) or for diagnostic imaging. 4. Apply appropriate treatment strategies for patients with musculoskeletal injuries in the lower extremities.	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	On Demand R
Anthony	Beutler	MD	Upper & Lower Extremity Musculoskeletal Exam Techniques	PBL	1. Practice applying new knowledge and skills gained from Upper and Lower Extremity Musculoskeletal Exam Techniques sessions, through collaborative learning with peers and expert faculty. 2. Identify strategies that foster optimal management of upper extremity injuries, within the context of professional practice. 3. Formulate an action plan to implement practice changes, aimed at improving patient care.	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	
Anthony	Beutler	MD	Upper Extremity Musculoskeletal Exam Techniques	Evidence-Based Treatment of Common Upper-Extremity Injuries	1. Distinguish musculoskeletal conditions that result from overuse/repetitive motion injuries in the upper extremities, with particular attention to those that occur in pediatric patients. 2. Assess an injured patient's range of motion, stability, bone alignment, soft tissue swelling, palpable warmth or mass(es), pain or tenderness and crepitation in the upper extremities. 3. Identify red flags from the physical examination of upper extremity injuries that warrant referral to a sub-specialist (e.g. surgery, physical therapy) or for diagnostic imaging. 4. Apply evidence-based treatment strategies for patients with musculoskeletal injuries of the upper extremities.	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	On Demand R
Paul	Bornemann	MD	Returning Veterans with PTSD	When the War Comes Home	1. Screen all new patients for symptoms of PTSD initially and then on an annual basis, or more frequently, if clinically indicated due to clinical suspicion, recent trauma exposure (e.g., major disaster), or history of PTSD. 2. Assess for co-morbid physical and psychiatric conditions 3. Develop a multidisciplinary treatment plan and initiate trauma-focused psychotherapy and/or pharmacotherapy. 4. Assist patients in connecting with mental health resources, including medication and different types of therapy, to manage and understand symptoms and aid in recovery from PTSD.	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	On Demand U

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Michael	Braun	DO	Evaluation of Syncope	The Diagnostic Puzzle	1. Evaluate patients who present with syncope to determine cardiac or non-cardiac causes. 2. Prepare diagnostic plans for patients who present with neurocardiogenic forms of syncope, which may include conducting a differential diagnosis of syncope. 3. Conduct appropriate tests, such as ECGs, exercise stress testing, tilt tests or blood screenings, to diagnose underlying conditions in patients whose ECGs and cardiac tests are normal.	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	
Michael	Braun	DO	Fluid and Electrolyte Abnormalities and Disorders		1. Identify the underlying etiology of hypercalcemia and select the appropriate treatment. 2. Identify and treat the underlying etiology of hyponatremia and prescribe appropriate treatment for hyponatremia based on symptoms, degree, and presence of any hypotension. 3. Differentiate the etiology of hypernatremia and prescribe appropriate treatment with caution due the dangers of rapid correction. 4. Identify the underlying etiology of hyper- and hypokalemia and select appropriate treatment.	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	
Tim	Brown	PharmD	Pharmacogenomics		1. Evaluate the availability, efficacy, and utility of pharmacogenomics testing. 2. Develop plans to incorporate appropriate pharmacogenomics testing, as indicated by FDA drug labels. 3. Counsel patients regarding legal or ethical issues associated with pharmacogenetic testing. 4. Evaluate barriers to routine use of pharmacogenetics in a clinical setting.	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	
Jennifer	Brull	MD	Cardiovascular Pharmacology		1. Establish protocols for the consistent application of current practice guidelines for the treatment of common cardiovascular conditions. 2. Determine when a patient's medication history or overall health may produce severe side effects or interfere with treatment for a cardiovascular condition. 3. Develop a collaborative treatment plan for common cardiovascular conditions, emphasizing medication adherence and monitoring. 4. Design a care coordination and communication plan with all members of the cardiovascular care team.	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	
Charles	Carter	MD	Hematuria	Organizing Your Approach	1. Assess underlying conditions (including infections, kidney diseases and prostate enlargement in men) in patients with hematuria by taking a complete history and physical examination. 2. Perform appropriate urinalysis, using urine dipstick test or urinalysis microscopic exam, to determine the degree of severity of hematuria. 3. Interpret urinalysis results and establish a coordinated care plan for referral and follow-up to a urologist. 4. Counsel patients on modifying preventable factors for hematuria.	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	On Demand U
Charles	Carter	MD	Prostate Cancer	Screening	1. Counsel patients, using shared decision-making resources, regarding the risks and benefits of prostate cancer screening. 2. Counsel patient with diagnosed localized prostate cancer about the risks and benefits of their treatments options, using a standardized clinical decision aid. 3. Collaborate with other health providers (e.g. urologists and oncologists) to construct a coordinated referral process for men requiring prostate cancer treatment. 4. Develop a care plan to provide follow-up surveillance of the patient after treatment for prostate cancer.	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	
Ernest	Carter	MD	Telemedicine and the Future of Primary Care Practice		1. Define the essential elements of telemedicine and how they translate to primary care practice. 2. Apply telemedicine to primary care practice, resulting in a virtual practice. 3. Understand how to integrate virtual practice into current practice model with an eye to the future.	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	
Jeffrey	Cigrang	PhD	Out & About	Integrating Brief Cognitive-Behavioral Treatments for PTSD into Family Medicine	1. List the evidence-based treatments for PTSD in primary and specialty care settings. 2. Describe the rationale for trauma-focused cognitive-behavioral treatment of PTSD. 3. Outline the use of an in-vivo exposure hierarchy for PTSD. 4. Describe the use of written exposure therapy for PTSD.	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	
Kurt	Cook	MD	On the Liver Disease Front Lines	Hepatitis A, B and C Prevention and Treatment	1. Follow current AAFP immunization schedules and preventive service recommendations for prevention of hepatitis infection. 2. Identify high-risk patients who should be screened for a hepatitis infection, and considered for hepatitis vaccination. 3. Counsel adult patients, and parents of children and adolescents, using available patient education resources and motivational interviewing about vaccine safety and efficacy. 4. Order appropriate laboratory and/or diagnostic tests to confirm diagnosis. 5. Construct an appropriate treatment plan for an adult patient with a confirmed diagnosis, taking into account tailoring of the treatment regimen for the individual, patient-specific barriers to treatment, follow-up monitoring, and making an appropriate referral.	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	On Demand R

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Robin	Creamer	DO	Osteoporosis and Osteopenia Prevention and Treatment	PBL	<ol style="list-style-type: none"> <li>1. Practice applying new knowledge and skills gained from Osteoporosis and Osteopenia Prevention and Treatment sessions, through collaborative learning with peers and expert faculty.</li> <li>2. Identify strategies that foster optimal management of osteoporosis/osteopenia, within the context of professional practice.</li> <li>3. Formulate an action plan to implement practice changes, aimed at improving patient care.</li> </ol>	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	
Robin	Creamer	DO	Osteoporosis and Osteopenia Prevention and Treatment	Providing Un-Fractured Care	<ol style="list-style-type: none"> <li>1. Establish screening protocols, using dual-energy x-ray absorptiometry, in accordance to current clinical practice guidelines.</li> <li>2. Evaluate elderly patients and patients at risk for low bone mass/osteoporosis using the FRAX® algorithm, and consider the impact of fracture risk scores on patient management.</li> <li>3. Determine appropriate osteoporosis treatment, based on clinical evaluation, diagnostic workup, fracture risk assessments, and BMD measurements.</li> <li>4. Develop collaborative prevention and treatment plan for patients at risk for falls, emphasizing exercise, physical therapy, home hazard assessment, and possible withdrawal of medications that increase fall risk.</li> </ol>	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	
Kathryn	Curtis		Working with Payers to Improve Payment and Lower Costs for Patients		<ol style="list-style-type: none"> <li>1. Review the benefits physicians can gain from engaging with insurance companies to manage patient panels by initiating care coordination strategies.</li> <li>2. Understand how attribution impacts insurance companies' decisions on contract negotiations.</li> <li>3. Describe how family physicians' and insurance companies' goals align and can result in better patient care.</li> <li>4. Gain practical knowledge on steps to take now.</li> </ol>	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	
Gautam	Desai	DO	Introduction to Acupuncture and Manipulation Techniques for Pain Management		<ol style="list-style-type: none"> <li>1. Consider how the concept of qi (chi) and acupuncture may impact overall effective treatment for patients with pain to improve their quality of life.</li> <li>2. Analyze the indications and contraindications for acupuncture.</li> <li>3. Identify anatomical locations for the bladder meridian to maximize efficacy of treatment.</li> <li>4. Observe proper placement of auricular needles and demonstrate placement of needles into a practice receptacle.</li> <li>5. Demonstrate the use of observation, postural evaluation and palpation skills in assessment of patients with chronic pain.</li> <li>6. Practice basic manipulation techniques, and understand their application and contraindications.</li> </ol>	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	
Mark	Deutchman	MD	Geriatric Oral Health	The Family Physicians Role	<ol style="list-style-type: none"> <li>1. Identify the elements of a complete and accurate oral assessment of elderly patients.</li> <li>2. Identify and manage common oral conditions in the elderly.</li> <li>3. Recognize oral-systemic relationships in the elderly.</li> <li>4. Implement effective oral preventive measures for the elderly and their caregivers.</li> </ol>	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	
Mark	Deutchman	MD	High Yield Applications of Point-of-Care Ultrasound in Primary Care		<p>Overview</p> <ol style="list-style-type: none"> <li>1. Recognize the value of point-of-care ultrasound in family medicine.</li> </ol> <p>Station 1: Extended - Focused Assessment Sonography in Trauma (eFAST)</p> <ol style="list-style-type: none"> <li>1. Understand how to perform the eFAST scan and how to incorporate into management of a trauma patient.</li> </ol> <p>Station 2: Determination of Left Ventricular Systolic Function</p> <ol style="list-style-type: none"> <li>1. Understand and practice the performance of a limited echocardiographic evaluation of the heart to assess left ventricular systolic function.</li> <li>2. Determine how to incorporate echocardiographic evaluation of the heart into patient management.</li> </ol> <p>Station 3: Evaluation of First Trimester Bleeding</p> <ol style="list-style-type: none"> <li>1. Understand and practice how to perform a transvaginal ultrasound examination in the evaluation of first trimester bleeding.</li> <li>2. Identify procedures to incorporate transvaginal ultrasound examination information into patient management.</li> </ol> <p>Station 4: Abdominal Aortic Aneurysm (AAA) Screening</p> <ol style="list-style-type: none"> <li>1. Review indications for AAA screening. Understand and practice the performance of ultrasound screening for AAA.</li> <li>2. Identify recommendations for treatment of AAA and/or follow-up based on findings.</li> </ol> <p>Closing</p> <ol style="list-style-type: none"> <li>1. Identify appropriate credentialing and billing for ultrasound applications in family medicine.</li> </ol>	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	

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Mark	Deutchman	MD	Recognizing Oral Lesions and Oral Cancers in Family Medicine		<ol style="list-style-type: none"> <li>1. Identify patients who are at risk for having inadequate dental care and may need to be examined for oral lesions; especially among pregnant or older patients.</li> <li>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</li> <li>3. Follow evidence-based recommendations for diagnosing oral cancer.</li> <li>4. Develop collaborative care plans for referral and management of patients with oral cancer.</li> </ol>	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	On Demand R
Frank	Domino	MD	Obesity Management	Motivational Interviewing for Weight Loss and Exercise	<ol style="list-style-type: none"> <li>1. Use effective physician-patient communication strategies to overcome barriers in the management of overweight/obese patients in your practice.</li> <li>2. Develop a customized weight loss plan for overweight and/or obese patients that balance the advantages and disadvantages of all dietary, exercise, pharmacologic, surgical, and behavioral modification options.</li> <li>3. Establish a multidisciplinary patient-centered strategy to manage bariatric treatment options for obese patients; including patient education, evaluation, coordination of care, and follow-up support.</li> <li>4. Establish coding practices for appropriate billing for diet and preventive care counseling.</li> </ol>	Asim Jaffer, MD, FAAFP Asim.jaffer@unitypoint.org	
Frank	Domino	MD	Top Ten Updates in Evidence-Based Medicine		<ol style="list-style-type: none"> <li>1. Recognize practice changing data that can be immediately applied to clinical practice.</li> <li>2. Gain perspective on the impact of these changes by interpreting medical statistics into easy to understand counseling statements.</li> <li>3. Critically evaluate medical literature and assess for potential impacts to clinical practice and patient care.</li> </ol>	Asim Jaffer, MD, FAAFP Asim.jaffer@unitypoint.org	
Ronald Amy Leonard	Epstein Mechley Finn	MD MD MD	Physician Well-being Workshop	Mindful Engagement with Our Work: Skills to Address Burnout, Resilience and Wellbeing	<ol style="list-style-type: none"> <li>1. Characterize ways that physicians most commonly experience burnout and which three apply most closely to your own work setting</li> <li>2. Demonstrate three mindfulness-enhancing practices to develop greater emotional awareness, compassion and resilience when facing difficulties in the workplace</li> <li>3. Describe three ways that help you to work more mindfully with patients and clinical teams and to grow and flourish in the workplace.</li> </ol>	Asim Jaffer, MD, FAAFP Asim.jaffer@unitypoint.org	
Troy	Fiesinger	MD	Patient Attribution	Why It Matters Now More Than Ever	<ol style="list-style-type: none"> <li>1. Identify patients for whom physicians will be held accountable in a value-based payment environment by the attribution models used by Centers for Medicare and Medicaid Services and other major payers.</li> <li>2. Recognize how patient attribution will affect physician future payments under MACRA, MIPS, and Advanced APMs.</li> <li>3. Develop a plan for how and when to address incorrect attribution of patients.</li> </ol>	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	
Leonard	Finn	MD	Leading Group Visits for Obese Patients, How to Plan, Implement and Use Billing Codes for Effective Interventions		<ol style="list-style-type: none"> <li>1. Develop a curriculum and lesson plans for group visits with obese and/or overweight patients.</li> <li>2. Lead a group visit with an understanding of effective methods for conducting a group visit to enhance learning of healthy behaviors by patients.</li> <li>3. Organize office staff, document group visits for individual patients, and code group visits for billing insurers; transforming current office structure and systems to enable group visits.</li> </ol>	Asim Jaffer, MD, FAAFP Asim.jaffer@unitypoint.org	
Daniel	Freed	MD	Diabetic Retinopathy		<ol style="list-style-type: none"> <li>1. Screen diabetic patients for ocular complications according to evidence-based clinical guidelines.</li> <li>2. Identify symptoms associated with common retinal disorders.</li> <li>3. Reduce the risk or slow the progression of diabetic retinopathy through optimized glycemic and blood pressure control.</li> <li>4. Manage referral of diabetic patients with suspected retinopathy to an ophthalmologist who is knowledgeable and experienced in the management and treatment of diabetic retinopathy.</li> </ol>	Asim Jaffer, MD, FAAFP Asim.jaffer@unitypoint.org	
Melissa	Gerdes	MD	What is Risk? Am I Ready for Advanced Alternative Payment Models		<ol style="list-style-type: none"> <li>1. Identify basic elements of risk and how to evaluate readiness for risk.</li> <li>2. Describe how improvement in performance enables entities to take on risk.</li> <li>3. Recognize how risk is related to physician payment.</li> <li>4. Apply concepts to determine readiness to participate in an Alternative Payment Model ACOs such as ACO Track 1 Plus, Medicare Shared Savings Programs Track 2 and 3, and Next Generation ACOs.</li> </ol>	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	
Mark	Greenawald	MD	Creating a Thriving Practice Culture	By Design	<ol style="list-style-type: none"> <li>1. Identify key characteristics of the practice environment that influence satisfaction.</li> <li>2. Describe their present practice culture and apply a framework to envision their ideal practice culture.</li> <li>3. Develop a plan to help lead their practice to a higher level of enjoyment in providing care.</li> </ol>	Asim Jaffer, MD, FAAFP Asim.jaffer@unitypoint.org	
Mark	Greenawald	MD	Rejuvenation	Bringing Energy and Passion to Your Work	<ol style="list-style-type: none"> <li>1. Conduct a brief systems audit of factors that consume energy and passion in the office practice.</li> <li>2. Define personal attributes that contribute to creating energy in the office practice.</li> <li>3. Examine a foundation strategy for enhancing the energy and satisfaction for both provider and office staff, and for increasing patient satisfaction.</li> </ol>	Asim Jaffer, MD, FAAFP Asim.jaffer@unitypoint.org	

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Ravi	Grivois-Shah	MD	Adolescent LGBTQ Issues	The Wonder(ing) Years	1. Identify strategies to create affirming and competent clinical spaces, history taking, physical exam, screening, and communication with LGBTQ youth and their families 2. Establish protocols for monitoring psychosocial well-being of LGBTQ adolescent patients. 3. Become familiar with consent and confidentiality issues related to sexual orientation and gender identify of minors. 4. Offer education, support, and referral to mental health providers as indicated for those with evidence of gender dysphoria; coexisting anxiety, depression, or suicidality; or significant interpersonal conflicts with peers (e.g., bullying) or parents.	Asim Jaffer, MD, FAAFP Asim.jaffer@unitypoint.org	
Ravi	Grivois-Shah	MD	Child and Pediatric ADHD Management	Managing ADHD in Clinic and In Schools	1. For preschool-aged children (4-5 years of age), diagnosed with ADHD, counsel parents to use behavior therapy as the first line of treatment. 2. Differentiate medication issues in your ADHD patients including managing medication side effects, and determining when to increase dose vs changing stimulant class. 3. Develop a management plan that included multimodal interventions of other concomitant conditions and comorbidities, as well as pharmacologic and non-pharmacologic interventions to manage ADHD.	Asim Jaffer, MD, FAAFP Asim.jaffer@unitypoint.org	On Demand R
Julie	Gunther		Rejuvenating a Passion for Doctoring Through Direct Primary Care (DPC)		1. Appraise healthcare labor force statistics and their contribution to burnout, the role of the physician and practice sustainability. 2. Articulate the differences and similarities of independent practice, private practice, concierge practice and the evolving practice model known as direct primary care. 3. Debate expansive options about practice choice and structure including employed models, independent insurance-based models, and cash-price health care delivery models. 4. Create a 'roadmap' to outline their own path towards autonomous practice, if they so desire.	Jessie Junker, MD jjunker@siumed.edu	
Anne	Halli-Tierney	MD	Geriatric Polypharmacy: Stop the Pill Mill!		1. Use evidence-based criteria (e.g. BEERS, STOPP, START) to evaluate for potentially adverse drug events, among elderly patients receiving multiple medications. 2. Develop a systematic approach, including applicable REMS, to managing elderly patients with multiple chronic conditions that focus on the quality-of-life outcomes most valued by the patient. 3. Develop collaborative care plans to address the needs of patients who have poor health literacy or reduced cognitive function, or those patients who have language barriers, in order to foster appropriate self-administration of medications. 4. Counsel elderly patients and caregivers about tools, resources, and strategies to aid in the self-administration of medications.	Asim Jaffer, MD, FAAFP Asim.jaffer@unitypoint.org	On Demand U
Irene	Hamrick	MD	Geriatric Assessment		1. Develop and implement a practice specific clinical screening needed for geriatric patients 2. Review tools such as the Lawton Instrumental ADL Scale to assess geriatric patients' activities of daily living. 3. Review current USPSTF recommendations for screening of geriatrics. 4. Discuss the importance of functional assessment, and describe it in terms of activities of daily living (ADL) and instrumental activities of daily living (IADL).	Asim Jaffer, MD, FAAFP Asim.jaffer@unitypoint.org	
Clare	Hawkins	MD	Atrial Fibrillation Anticoagulants and Antiplatelets		1. Utilize current clinical practice guidelines for the management of AF, and the CHADS2 index to prescribe appropriate medications. 2. Review the coagulation cascade and compare targets of medications that affect the coagulation pathway with specific applications to current recommendations of medications for patients with atrial fibrillation. 3. Prepare treatment plans for patients (especially the elderly) who present with atrial fibrillation. 4. Educate patients on lifestyle modifications they can make to ensure heart health and prevent complications from AF, including stroke or heart failure.	Asim Jaffer, MD, FAAFP Asim.jaffer@unitypoint.org	On Demand U
Clare	Hawkins	MD	Cirrhosis and Nonalcoholic Fatty Liver Disease	Treating Cirrhosis and NASH... The Other Liver Disease	1. Establish protocols to identify patients who are at risk for cirrhosis or NAFLD, with an emphasis on prevention. 2. Incorporate current guidelines for the diagnosis and evaluation of cirrhosis and NAFLD, emphasizing hepatocellular carcinoma screening. 3. Develop collaborative care plans for patients with cirrhosis or NAFLD, emphasizing adherence to prescribed therapies and lifestyle modifications. 4. Coordinate referral and follow-up care for patients with cirrhosis or NAFLD.	Asim Jaffer, MD, FAAFP Asim.jaffer@unitypoint.org	
Clare	Hawkins	MD	Urinary Incontinence and Overactive Bladder	Just Hold On!	1. Incorporate current guidelines for diagnosis in patients presenting with urinary problems. 2. Coordinate referral to a urologist or urogynecologist if initial diagnosis is unclear; or red flags such as hematuria, obstructive symptoms or recurrent urinary tract infections are present. 3. Counsel patients regarding first-line treatment options, including behavioral therapy and lifestyle modifications, emphasizing adherence and follow-up. 4. Prescribe second or third line treatment options if first-line therapies are unsuccessful, coordinating referral and follow-up care for surgical treatment as necessary.	Asim Jaffer, MD, FAAFP Asim.jaffer@unitypoint.org	On Demand U

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Clare	Hawkins	MD	Urinary Retention		<ol style="list-style-type: none"> <li>1. Perform a thorough history, physical examination, and order appropriate diagnostic testing to help classify the initial cause of urinary retention.</li> <li>2. Counsel patients regarding safe and efficacious catheter management.</li> <li>3. Establish appropriate management of urinary retention, as indicated by etiology.</li> <li>4. Coordinate surgical referral as appropriate.</li> </ol>	Asim Jaffer, MD, FAAFP Asim.jaffer@unitypoint.org	
Ronni	Hayon	MD	Providing Appropriate and Compassionate Care to Transgender Adults		<ol style="list-style-type: none"> <li>1. Use proper terminology/language commonly used in discussions of gender and gender identity</li> <li>2. Implement practice changes that will improve your ability to provide culturally competent care to the transgender patient</li> <li>3. Evaluate patients for and provide appropriate hormone therapy to transgender patients per current guidelines.</li> </ol>	Asim Jaffer, MD, FAAFP Asim.jaffer@unitypoint.org	
Joel	Heidelbaugh	MD	Evidence-Based Approach to Inflammatory Bowel Disease		<ol style="list-style-type: none"> <li>1. Use evidence-based diagnostic criteria to diagnose patients suspected of Inflammatory Bowel Diseases (IBD).</li> <li>2. Develop a multidisciplinary approach and coordinate care with a gastroenterologist and a surgeon for patients IBD, as indicated by severity or response to other therapies.</li> <li>3. Develop patient-centered treatment strategies for patients with inflammatory bowel disease, emphasizing adherence to lifestyle modifications and prescribed pharmacologic therapies.</li> <li>4. Counsel patients with inflammatory bowel disease regarding their risk of cancer and cancer screening requirements.</li> </ol>	Asim Jaffer, MD, FAAFP Asim.jaffer@unitypoint.org	On Demand R
Joel	Heidelbaugh	MD	Evidence-Based Approach to Irritable Bowel Syndrome		<ol style="list-style-type: none"> <li>1. Apply evidence-based diagnostic criteria to evaluate patients presenting with recurrent or episodic abdominal pain for IBS.</li> <li>2. Establish referral and follow-up protocol with a gastroenterologist for patients exhibiting red flags for other which endoscopic evaluation should be considered.</li> <li>3. Develop treatment plans that involve positive patient-physician communication, shared decision making, and follow-up strategies that result in symptom relief and improved quality of life.</li> </ol>	Asim Jaffer, MD, FAAFP Asim.jaffer@unitypoint.org	On Demand R
Byron	Hepburn	MD	Medical Management of TBI for The Returning Veteran		<ol style="list-style-type: none"> <li>1. Identify the diagnostic elements of TBI.</li> <li>2. Assess the current treatment modalities for TBI, including military clinical practice guidelines.</li> <li>3. Recognize the importance of the Family Physician in ensuring coordinated, interdisciplinary care.</li> </ol>	Asim Jaffer, MD, FAAFP Asim.jaffer@unitypoint.org	
Byron	Hepburn	MD	The Veteran with TBI/PTSD Panel Discussion		<ol style="list-style-type: none"> <li>1. Validate the importance of understanding the military culture/patient perspective.</li> <li>2. Recognize the unique challenges facing the caregiver.</li> <li>3. Assess the physician's role to ensure coordinated, holistic patient care —longitudinally.</li> </ol>	Asim Jaffer, MD, FAAFP Asim.jaffer@unitypoint.org	
Edward	Jackson	MD	Soft Tissue Surgery Workshop (Advanced)		<ol style="list-style-type: none"> <li>1. Demonstrate proficiency in a variety of surgical skills, including advanced suturing, wound closure and redundant skin techniques.</li> <li>2. Utilize different wound closer materials, which may include surgical needles, sutures, skin staples, dermabond, tapes, bandages or adhesive.</li> <li>3. Use adequate volumes of anesthesia or the use of field blocks to obtain a good area of anesthesia to perform a flap and plasty procedure.</li> <li>4. Establish appropriate billing and coding protocols for performing advanced soft tissue procedures.</li> </ol>	Asim Jaffer, MD, FAAFP Asim.jaffer@unitypoint.org	
Edward	Jackson	MD	Soft Tissue Surgery Workshop (Advanced) with Online Module		<p>Experience a unique educational format. First, watch an online CME video at your convenience. Once on site at FMX, attend the associated Clinical Procedures Workshop. Earn CME for both the online module and onsite workshop.</p> <ol style="list-style-type: none"> <li>1. Demonstrate proficiency in a variety of surgical skills, including advanced suturing, wound closure and redundant skin techniques.</li> <li>2. Utilize different wound closer materials, which may include surgical needles, sutures, skin staples, dermabond, tapes, bandages or adhesive.</li> <li>3. Use adequate volumes of anesthesia or the use of field blocks to obtain a good area of anesthesia to perform a flap and plasty procedure.</li> <li>4. Establish appropriate billing and coding protocols for performing advanced soft tissue procedures.</li> </ol>	Asim Jaffer, MD, FAAFP Asim.jaffer@unitypoint.org	
Edward	Jackson	MD	Soft Tissue Surgery Workshop (Fundamentals)		<ol style="list-style-type: none"> <li>1. Choose preferred methods for wound evaluation, preparation, irrigation and repair.</li> <li>2. Practice different suturing techniques using a variety of suture types.</li> <li>3. Classify wounds to determine severity and whether muscle, tendons, nerves, blood vessels or bone are involved.</li> <li>4. Evaluate the necessary mechanism for wound repair and anesthetic needs, if appropriate.</li> </ol>	Asim Jaffer, MD, FAAFP Asim.jaffer@unitypoint.org	
Doug	Kamerow	MD	e-Cigarettes: Public Health Boon or Bane?		<ol style="list-style-type: none"> <li>1. Explain to patients the composition and effects of electronic nicotine delivery systems (e-cigarettes).</li> <li>2. Apply the research on use of such systems for smoking cessation.</li> <li>3. Formulate policies for their practices to recommend or not recommend e-cigarettes in differing circumstances.</li> </ol>	Asim Jaffer, MD, FAAFP Asim.jaffer@unitypoint.org	

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Thomas	Kintanar	MD	Abdominal Pain and Acute Abdomen Emergent and Urgent Care	A Case and Evidence-based Tour of the Scenery Around the Neighborhood	<ol style="list-style-type: none"> <li>1. Narrow the differential diagnosis of acute abdominal pain based on the location of the pain and the age and sex of the patient.</li> <li>2. Perform specialized maneuvers (e.g. Carnett's sign, Murphy's sign, psoas sign) to evaluate for signs associated with causes of abdominal pain.</li> <li>3. Order appropriate diagnostic and imaging studies based on the location of the pain and the presentation of the patient.</li> <li>4. Identify red flag symptoms in patients with acute abdominal pain that indicate emergent or urgent conditions that require surgical consult.</li> </ol>	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	
Paul	Krause	MD	Taking Value-Based Care from Discussion to Doing	Using Real Life Examples from an MD	<ol style="list-style-type: none"> <li>1. Describe how to leverage Medicare's Annual Wellness Visits (AWV) to enhance preventive care for Medicare beneficiaries.</li> <li>2. Recognize how AWV can improve quality scores, patient care, and attribution.</li> <li>3. Assess why and how HCC and Risk Adjustment Factor scores can positively affect your practice's quality and cost comparisons.</li> <li>4. Summarize the basic components of Care Coordination to support your community's patients and providers.</li> </ol>	Jessie Junker, MD jjunker@siumed.edu	
Robert	Langan	MD	Benign Prostatic Hyperplasia	LUTS--BPH and Beyond	<ol style="list-style-type: none"> <li>1. Perform a differential diagnosis to distinguish between prostatitis, BPH, and other urologic conditions in male patients.</li> <li>2. Use current evidence-based recommendations to determine appropriate pharmacologic, surgical, CAM, or watchful waiting treatment strategy.</li> <li>3. Develop collaborative care plans with patients, emphasizing adherence to prescribed pharmacotherapies.</li> <li>4. Coordinate referral and follow-up care with other specialists (e.g. urologist, surgical) when red flags identified during diagnosis and evaluation indicate necessity.</li> </ol>	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	On Demand R
Robert	Langan	MD	Evaluation of Scrotal Masses		<ol style="list-style-type: none"> <li>1. Examine scrotal masses to determine whether they are benign or malignant and suggest the next steps in treatment.</li> <li>2. Identify testicular torsion based on symptoms and risk factors and treat the condition in a timely manner.</li> <li>3. Counsel patients on the necessity of self-examination for testicular changes or abnormalities, as well as the importance of receiving timely and appropriate medical attention.</li> <li>4. Identify possible symptoms of penile and testicular cancer and recommend further testing, such as biopsies and ultrasounds, to ensure an early diagnosis and effective treatment.</li> </ol>	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	
Alvin	Lin	MD	Colorectal Cancer		<ol style="list-style-type: none"> <li>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.</li> <li>2. Utilize documentation of clinical decision tools to foster patient engagement and facilitate share decision making about CRC screening options.</li> <li>3. Establish an automated or staff-driven process, to send CRC screening invitations, containing personalized risk-estimates to patients.</li> <li>4. Coordinate communication with the oncologist, including formal survivorship care plans, to outline follow-up plans for surveillance after polypectomy and CRC resection.</li> </ol>	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	
Alvin	Lin	MD	Male Hypogonadism	Is It Low T Or Not Low T?	<ol style="list-style-type: none"> <li>1. Recognize the pathophysiology and the classification of primary and secondary hypogonadism, as well as the causes of HG associated with each classification.</li> <li>2. Diagnose HG by appropriate laboratory testing, understand when differential diagnosis is required, when to order an MRI as indicated in men with secondary HG, when to order pituitary imaging, when to order bone densitometry studies, and when to refer to an endocrinologist.</li> <li>3. Recognize and manage HG comorbidities.</li> <li>4. Develop treatment plans that take into account complications of treatments for other conditions, and that include monitoring and follow-up.</li> </ol>	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	On Demand U
Amy	Locke	MD	Diets and Weight Loss	Through Lifestyle Modification	<ol style="list-style-type: none"> <li>1. Identify available physician, care team, and patient resources for the identification, evaluation, and treatment of overweight and obese patients.</li> <li>2. Develop a customized weight loss plan, with the overweight or obese patient, that considers the advantages and disadvantages of all dietary, exercise, pharmacologic, surgical, and behavioral modification options.</li> <li>3. Provide overweight and obese patients with practice-based counseling and community-based resources that promotes adherence to the weight loss plan.</li> <li>4. Establish coding practices for appropriate billing for diet and preventive care counseling.</li> </ol>	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	
Amy	Locke	MD	Herbal Therapies	Natural Products: Helping Patients Navigate Use	<ol style="list-style-type: none"> <li>1. Evaluate trends in use of herbal therapies and dietary supplements used by patients.</li> <li>2. Identify common interactions that can occur between prescribed medications and herbal therapies.</li> <li>3. Initiate discussions with patients regarding their use of herbs and supplements, if applicable, counsel patients on appropriate use.</li> </ol>	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	On Demand U

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Amy	Locke	MD	Nutrition Principles and Assessment	Turning Nutrition Guidelines into Patient Advice	1. Evaluate current controversies and research regarding carbohydrates, proteins and fats. 2. Provide patient education and resource materials regarding nutrition principles during well exam visits. 3. Use motivational interviewing techniques to initiate fitness conversations with patients. 4. Counsel patients regarding the benefits from dietary intervention in the treatment of common illnesses, particularly metabolic diseases.	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	On Demand R
Phyllis	MacGilvray	MD	Female Sexual Dysfunction	Demystifying the Secret Garden	1. Use a standardized method (e.g. PLISSIT, or ALLOW) to identify the underlying physiological and psychological factors that can influence female sexual dysfunction. 2. Diagnose and evaluate sexual dysfunction in accordance to current DSM-5 and ACOG guidelines, or coordinate referral and follow-up with a trained specialist. 3. 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. 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.	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	On Demand U
Phyllis	MacGilvray	MD	Female Sexual Dysfunction	PBL	1. Practice applying new knowledge and skills gained from Female Sexual Dysfunction sessions, through collaborative learning with peers and expert faculty. 2. Identify strategies that foster optimal management of female sexual dysfunction, within the context of professional practice. 3. Formulate an action plan to implement practice changes, aimed at improving patient care.	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	
Phyllis	MacGilvray	MD	Fracture Management	It's "Digital"! A Radiology Tour of Common Injuries.	1. Assess injured bones or soft tissue to determine the stage and severity of the injury and the most effective mechanism of treatment. 2. Evaluate appropriate imaging modalities for patients with fractures that require diagnostic imaging evaluation. 3. Determine appropriate indications for fracture immobilization. 4. Provide adequate pain control, with monitoring and follow-up if necessary. 5. Coordinate patient education and follow-up care.	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	
Phyllis	MacGilvray	MD	Fracture Management	PBL	1. Practice applying new knowledge and skills gained from Fracture Management sessions, through collaborative learning with peers and expert faculty. 2. Identify strategies that foster optimal management of fractures, within the context of professional practice. 3. Formulate an action plan to implement practice changes, aimed at improving patient care.	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	
William	Manard	MD	Improving Patient Portal Use		1. Determine feasible opportunities to utilize and optimize existing technology to enhance access, patient self-management, quality and coordination of care, etc. 2. Identify new technologies on the horizon that may resolve current challenges in delivering quality, cost effective care. 3. Evaluate existing workflows to determine practice ability to optimize new and existing technologies.	Jessie Junker, MD jjunker@siumed.edu	
Douglas	Martin	MD	Disability and Impairment Evaluation	For The Family Physician	1. Determine ones role in the evaluation, whether as a treating physician, new consultant, second opinion, or independent medical examiner. 2. Classify the severity of the patient's condition based on a combination of complaints (subjective), physical findings (subjective and objective) and laboratory data (objective), where appropriate. 3. Use available guidelines (e.g. Department of Veterans Affairs, the American Medical Association, the Social Security Administration, and state workers' compensation boards) to assess the impact of impairment on affected organ systems, measured as loss of function. 4. Generate a comprehensive physician's report, including a summary of reviewed medical records, the detailed medical assessment performed, a summary of questions being addressed, and the degree of impairment from the identified condition that references the impairment scheme used.	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	On Demand R
Douglas	Maurer	DO	Asthma in Adults	A Breathless Update	1. Use evidence-based criteria to order and interpret appropriate tests for asthma. 2. Analyze environmental triggers for asthma with patients and select factors to reasonably avoid or control them. 3. Develop system-wide interventions that promote patient adherence to long-term management of chronic asthma. 4. Collaborate with asthma patients to develop an asthma action plan that encourages adherence.	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	On Demand R
Douglas	Maurer	DO	Asthma in Adults	PBL	1. Practice applying new knowledge and skills gained from Asthma in Adults sessions, through collaborative learning with peers and expert faculty. 2. Identify strategies that foster optimal management of asthma, within the context of professional practice. 3. Formulate an action plan to implement practice changes, aimed at improving patient care.	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	

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Douglas	Maurer	DO	Chronic Obstructive Pulmonary Disease	A Breathless Update	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. Interpret and validate results in symptomatic patients. 3. Prepare treatment plans that include a combination approach to therapy for patients who have COPD. 4. Counsel patients who have COPD on the importance of quitting smoking and receiving annual vaccinations for influenza and pneumonia.	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	On Demand U
Edward	Mayeaux	MD	Nail Procedures Workshop		1. Demonstrate common methods used for nailbed surgery and repair. 2. Illustrate the steps used to treat ingrown nails and nail abnormalities. 3. Prepare assessment and treatment plans for different patient populations who may require various nail procedures. 4. Assemble appropriate tools for nail procedures.	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	
Edward	Mayeaux	MD	Vulvar Cancer	Diagnosis and Prevention	1. Provide counseling and patient education resources for female patients to maximize HPV prevention, including HPV vaccination safety and efficacy. 2. Institute systems strategies that optimize the evaluation of suspicious lesions of the vulva for cancer. 3. Order appropriate laboratory and diagnostic tests to determine a diagnosis of vulvar cancer. 4. Develop collaborative care plans for treatment, as indicated by staging, coordinating care and follow-up as necessary.	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	
James	McNabb	MD	Musculoskeletal Injections	Joint and Soft Tissue Injections	1. Compare musculoskeletal injections by joint site, steroid agent and dose, and potential side effects that may occur. 2. Evaluate whether joint injections are for patients' pain relief, to reduce inflammation or mobility improvement. 3. Perform joint injections on models.	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	
Sarah	McNeil	MD	Contraception Management	PBL	1. Practice applying new knowledge and skills gained from Contraception Management sessions, through collaborative learning with peers and expert faculty. 2. Identify strategies that foster optimal management of contraception, within the context of professional practice. 3. Formulate an action plan to implement practice changes, aimed at improving patient care.	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	
Sarah	McNeil	MD	Contraception Management	Updates and Complexities in Contraceptive Care	1. Counsel patients regarding the safety and efficacy of new and current contraception methods that are most consistent with their lifestyle and beliefs. 2. Counsel patients with questions and concerns regarding emergency contraception, and determine if OTC or prescription or some other form of prescription emergency contraception if appropriate. 3. Apply evidence-based recommendations and guidelines to contraception management of women with chronic medical conditions. 4. Integrate evidence-based recommendations and guidelines to safely and effectively manage the transition of switching contraceptives.	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	
Terry "Lee"	Mills	MD	Harnessing the Power of Primary Care Access to Improve Cost of Care		1. Identify why reducing total cost of care matters. 2. Understand how improving primary care access can impact cost of care metrics. 3. Evaluate current barriers to access and opportunities for improvement.	Jessie Junker, MD jjunker@siumed.edu	
Ryan	Mullins	MD	Do You Think HCC Coding Really Stands for "Highly Confused Clinician"?		1. Understand the basics of HCC coding, risk, and how it impacts family physicians. 2. Identify how to make HCC coding relatively "easy." 3. Develop an HCC action plan for your practice.	Asim Jaffer, MD, FAAFP Asim.jaffer@unitypoint.org	On Demand R
Amy	Mullins	MD	MACRA/Quality Payment Program (QPP)	Medicare's Shift to Value-based Delivery & Payment Models	1. Define MACRA: Medicare Access and CHIP Reauthorization Act of 2015. 2. Compare the two tracks for payment that were created under the law: MIPS and AAPMs. 3. Explain the criteria for eligibility and qualification for AAPMs. 4. Evaluate the payment adjustments associated with MIPS.	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	
Ryan	Mullins	MD	Practice Transformation 101	The Mindset and Techniques	1. Evaluate current quality improvement initiatives/processes to ensure sustainability. 2. Identify areas of focus based on current measures and patient needs. 3. Utilize best practices to optimize clinical, financial, and operational performance.	Asim Jaffer, MD, FAAFP Asim.jaffer@unitypoint.org	
Amy	Mullins	MD	Your Prescription for MIPS		1. Identify the four components of the Merit-based Incentive Payment System (MIPS) final score. 2. Describe how to report each MIPS component. 3. Summarize how each component contributes to the MIPS final score. 4. Describe how the MIPS final score impacts physician payment.	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	

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Timothy	Munzing	MD	Chronic Pain	Practical and Efficient Management	<ol style="list-style-type: none"> <li>1. Formulate strategies to better train care team staff to perform specific tasks and responsibilities as outlined in their role to provide patient-centered care of patients with chronic pain.</li> <li>2. Assess patients with chronic pain to determine the mechanisms of pain through documentation of pain location, intensity, quality and onset/duration; functional ability and goals; and psychological/social factors such as depression or substance abuse.</li> <li>3. Develop collaborative treatment plans emphasizing physical and psychological modalities, prescription of non-opioid analgesics, treatment of comorbid mood disorders, and restoration of sleep.</li> <li>4. Establish plans to coordinate referral to a multidisciplinary team or pain specialist.</li> </ol>	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	
Celia	Neavel	MD	Adolescent Depression and Bullying Management	Interventions That Make A Difference	<ol style="list-style-type: none"> <li>1. Utilize appropriate diagnostic criteria to evaluate and screen adolescent patients for depression, bullying, mood disorders, and suicide risk.</li> <li>2. Counsel parents and adolescent patients regarding bullying prevention and intervention.</li> <li>3. Devise collaborative treatment plans, including appropriate psychotherapy and pharmacotherapy (or a combination), that take into account the risks and benefits of various interventions.</li> <li>4. Coordinate care for adolescent patients who require referral to sub-specialists or admission to hospitals for suicide prevention.</li> </ol>	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	On Demand U
Eddie	Needham	MD	Advanced Cardiac Imaging	PBL	<ol style="list-style-type: none"> <li>1. Practice applying new knowledge and skills gained from Advanced Cardiac Imaging sessions, through collaborative learning with peers and expert faculty.</li> <li>2. Identify strategies that foster optimal use of cardiac imaging, within the context of professional practice.</li> <li>3. Formulate an action plan to implement practice changes, aimed at improving patient care.</li> </ol>	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	
Eddie	Needham	MD	Advanced Cardiac Imaging	You Light Up My Life	<ol style="list-style-type: none"> <li>1. Asses the value and limitations of each cardiac modality.</li> <li>2. Select appropriate cardiac modality to stratify patients thought to be at risk for symptomatic CAD.</li> <li>3. Utilize an investigative strategy based on patient characteristics, while applying the principles of judicious imaging for selected cardiac presenting conditions.</li> <li>4. Use evidence-based guidelines to appropriately document diagnostic cardiac imaging findings.</li> </ol>	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	On Demand R
Eddie	Needham	MD	Caregiver Issues		<ol style="list-style-type: none"> <li>1. Counsel, educate, and refer patients at risk for caregiver strain.</li> <li>2. Adopt an assessment tool to identify patients at risk for caregiver strain.</li> <li>3. Assist in the development of contingency plans in the event of caregiver illness or other life event.</li> <li>4. Provide caregivers with evidence-based decision making tools to assist in advanced care planning.</li> </ol>	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	
Eddie	Needham	MD	Connective Tissue Disorders	An Update	<ol style="list-style-type: none"> <li>1. Recognize symptoms of connective tissue disorders through astute history and physical exam is vital when a CTD is suspected.</li> <li>2. Apply appropriate diagnostic strategies to confirm diagnosis, when CTD is suspected.</li> <li>3. Develop collaborative care plans emphasizing treatment monitoring and adherence to prescribed therapies.</li> <li>4. Establish standardized processes for possible referral and coordination of care with a rheumatologist.</li> </ol>	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	
Eddie	Needham	MD	Liver Function Tests	Abnormal Liver Enzymes - Shaken, Not Stirred	<ol style="list-style-type: none"> <li>1. Use a stepwise diagnostic approach to evaluate patients with elevated liver transaminase levels if the history and physical examination do not suggest a cause.</li> <li>2. Develop a collaborative care plan that involves observation with lifestyle modification is appropriate if the initial history, physical examination, and workup do not suggest a cause of elevated liver transaminase levels.</li> <li>3. Coordinate referral and follow-up in patients with unexplained elevation of liver transaminase levels for six months or more.</li> </ol>	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	On Demand U
Tam	Nguyen	MD	Acne Treatment and Procedures		<ol style="list-style-type: none"> <li>1. Classify the severity of acne.</li> <li>2. Discuss the safety and efficacy of the various classes of agents used for treating acne.</li> <li>3. Explain the mechanisms of action of systemic and topical agents used to various severity of acne.</li> <li>4. Describe the appropriate candidates for isotretinoin therapy, and incorporate improved protocols for the optimum use of this agent.</li> <li>5. Discuss the protocols for using chemical peel as effective acne and its scar treatment.</li> <li>6. Evaluate the use of microdermabrasion (with and without infusion) as an effective acne scar treatment procedure.</li> <li>7. Evaluate when to use intralesional corticosteroid injections for the treatment of acne cysts and its scar.</li> <li>8. Evaluate the use of acne extraction procedures.</li> <li>9. Recognize the urgency of prompt treatment of acne to prevent physical and psychological scarring.</li> </ol>	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	
Tam	Nguyen	MD	Aesthetic Dermal Filler Injections for Facial Rejuvenation		<ol style="list-style-type: none"> <li>1. Assemble plans to address requests for dermal fillers, particularly among patients who may want injections to reduce the signs of aging.</li> <li>2. Outline appropriate treatment modalities and duration of action required for dermal filler injections.</li> <li>3. Assess the costs involved in ordering and performing dermal filler injections.</li> <li>4. Assess the risks and benefits involved in performing dermal filler injections.</li> </ol>	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	

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Tam	Nguyen	MD	Cosmetic Botulinum Toxin Injections (Advanced)		1. Demonstrate proficiency in using saline injections for essential treatment areas typically treated with botulinum toxin. 2. Compare and contrast botulinum toxin treatment outcomes, safety, risks, complications, costs and benefits, among other factors that may be applicable to your practice. 3. Relate the mechanism of action of botulinum toxin injections to patients. 4. Analyze the cause and effect of muscle denervation and possible reinnervation related to short-term and long-term usage of botulinum toxin injections.	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	
Tam	Nguyen	MD	Cosmetic Botulinum Toxin Injections (Fundamentals)		1. Choose appropriate treatment areas for desired results by practicing with saline injections. 2. Compare the uses for botulinum toxin injections. 3. Assess the clinical effects of botulinum toxin on the skin. 4. Evaluate dosages for selected patients for safe and effective treatment.	Jason Domagalski, MD, FAAFP jdomagalski@mcw.edu	
Betsy	Nicoletti	MS	Moneyball: CPT Coding Analysis		1. Explain the latest updates to billing and coding procedures. 2. Identify techniques to improve coding and billing practices. 3. Determine areas of opportunity for maximizing revenue.	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	
Francis	O'Connor	MD	Introduction to Musculoskeletal Ultrasound and Injections		1. Discuss the basic principles of ultrasound imaging, equipment, functionality, aseptic technique and injectate selection for ultrasound-guided pain procedures. 2. Develop scanning techniques to optimize musculoskeletal windows for ultrasound guided injections. 3. Practice joint injection techniques using models. 4. Establish appropriate billing and coding protocols for performing billable injections.	Jessie Junker, MD jjunker@siumed.edu	
Deepak	Patel	MD	Bursitis and Tendonitis	More Than Fluid and Inflammation	1. Use evidence-based practices to diagnose patients presenting with joint pain for bursitis or tendinitis, and assess for red flags indicating infection or other serious condition. 2. Develop an evidence-based treatment strategy for patients with bursitis or tendinitis. 3. Counsel patients diagnosed with bursitis or tendinitis on prevention and immediate self-treatment strategies. 4. Coordinate referral to physical therapy for overuse injuries.	Jessie Junker, MD jjunker@siumed.edu	On Demand U
Deepak	Patel	MD	Bursitis and Tendonitis	PBL	1. Practice applying new knowledge and skills gained from Bursitis and Tendonitis sessions, through collaborative learning with peers and expert faculty. 2. Identify strategies that foster optimal management of bursitis/tendonitis, within the context of professional practice. 3. Formulate an action plan to implement practice changes, aimed at improving patient care.	Jessie Junker, MD jjunker@siumed.edu	
Deepak	Patel	MD	Concussion and Return to Play Guidelines	PBL	1. Practice applying new knowledge and skills gained from Concussion and Return to Play Guidelines sessions, through collaborative learning with peers and expert faculty. 2. Identify strategies that foster optimal management of concussion, within the context of professional practice. 3. Formulate an action plan to implement practice changes, aimed at improving patient care.	Jessie Junker, MD jjunker@siumed.edu	
Deepak	Patel	MD	Concussion and Return to Play Guidelines	The Headaches and Confusions of Concussions	1. Identify the immediate and delayed symptoms of concussion or mild traumatic brain injury and recommend appropriate testing or monitoring of the patient. 2. Recognize when a concussion might have caused an intracranial blood clot and recommend additional testing, monitoring, and treatment. 3. Advise athletes, parents and coaches on when an athlete is able to return to play following a concussion or mild traumatic brain injury. 4. Develop comprehensive communication plans for school officials with recommendations for academic adjustments and monitoring.	Jessie Junker, MD jjunker@siumed.edu	On Demand U
Pamela	Pentin	MD	Assisting Patients with Opioid Addiction Treatment	Slaying the Dragon with Buprenorphine	1. Consider the benefits and challenges to becoming a waived buprenorphine physician. 2. Describe the DEA registration process required to obtain prescribing privileges for buprenorphine. 3. Become familiar with buprenorphine medications, for treatment of opioid dependence. 4. Develop an action plan to decide when to provide office-based opioid addiction treatment vs. referral coordination with treatment specialist.	Jessie Junker, MD jjunker@siumed.edu	On Demand R
Michael	Petrizzi	MD	Sideline Management Assessment Response Techniques		1. Compare assessment techniques used to examine athletes with injuries that are common to specific sports. 2. Evaluate athletes for potential sprains, strains, dislocations, fractures, ligament tears or head and neck injuries and provide stabilization as appropriate. 3. Practice the use of a Rapid Diagnosis Guide to evaluate the nature and extent of an injury and perform sideline functional assessment drills to determine athletes' readiness to return to play.	Jessie Junker, MD jjunker@siumed.edu	

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Michael	Petrizzi	MD	Splinting, Casting, Wrapping and Taping		<ol style="list-style-type: none"> <li>1. Assess injured bones or soft tissue to determine the stage and severity of the injury and determine the most effective mechanism of treatment.</li> <li>2. Compare the indications for using casts, splints or wrapping and taping.</li> <li>3. Evaluate appropriate imaging modalities for patients with acute or chronic injuries that require diagnostic imaging evaluation.</li> </ol>	Jessie Junker, MD jjunker@siumed.edu	
Ramin	Poursani	MD	Crisis Counseling		<ol style="list-style-type: none"> <li>1. Develop a process to reassure and support a patient experiencing a crisis, with emphasis on evaluating the crisis severity, screening for depression and assessing the patient's status.</li> <li>2. Develop a collaborative action plan that ensures the safety of the patient and others.</li> <li>3. Establish follow-up protocols with patients who have experienced a crisis.</li> <li>4. Identify local community, regional, and national resources for patients experiencing a crisis situation.</li> </ol>	Jessie Junker, MD jjunker@siumed.edu	
Linda	Prine	MD	Insertions and Removals of IUDs and Contraceptive Implants		<ol style="list-style-type: none"> <li>1. Become comfortable handling the instruments and devices associated with IUD and implant insertions and removals.</li> <li>2. Develop strategies for implementation of practice changes needed in order to offer LARC in their office settings.</li> <li>3. Counsel women about LARC in a non-biased, non-judgmental format, providing evidence-based information in a way that builds trust through shared decision making regarding contraceptive choices.</li> </ol>	Jessie Junker, MD jjunker@siumed.edu	
Linda	Prine	MD	Insertions and Removals of IUDs and Contraceptive Implant with Online Module		<p>Experience a unique educational format. First, watch an online CME video at your convenience. Once on site at FMX, attend the associated Clinical Procedures Workshop. Earn CME for both the online module and onsite workshop.</p> <ol style="list-style-type: none"> <li>1. Become comfortable handling the instruments and devices associated with IUD and implant insertions and removals.</li> <li>2. Develop strategies for implementation of practice changes needed in order to offer LARC in their office settings.</li> <li>3. Counsel women about LARC in a non-biased, non-judgmental format, providing evidence-based information in a way that builds trust through shared decision making regarding contraceptive choices.</li> </ol>	Jessie Junker, MD jjunker@siumed.edu	
Michael	Rakotz	MD	Adult and Elderly Hypertension	A M.A.P. for Improving Blood Pressure Control	<ol style="list-style-type: none"> <li>1. Consider current management of hypertension in adult patients, as compared to current JNC 8 guidelines and AAFP/USPSTF screening recommendations.</li> <li>2. Counsel patients on how to make healthy behavior changes to reduce their risk for developing hypertension or prehypertension.</li> <li>3. Address barriers to care among patients in your practice, especially elderly and minority patients, and identify or develop tools to help address hypertension.</li> <li>4. Prepare treatment regimens of antihypertensive medications and tools with an emphasis on patient adherence.</li> </ol>	Jessie Junker, MD jjunker@siumed.edu	On Demand U
Brian	Rayala	MD	Benign Skin Tumors	Evaluation and Management	<ol style="list-style-type: none"> <li>1. Evaluate skin lesions, based on the history and gross examination, and assess the need for biopsy, referral, or treatment.</li> <li>2. Select treatment options (e.g. excision, cryotherapy, curettage with or without electrodesiccation, or pharmacotherapy), based on the type of tumor and its location.</li> <li>3. Utilize standardized terminology, coding, and documentation to accurately code for skin procedures.</li> </ol>	Jessie Junker, MD jjunker@siumed.edu	On Demand U
Brian	Rayala	MD	Wound Care Management	The Art and Science of Wound Healing	<ol style="list-style-type: none"> <li>1. Use evidence-based recommendations for systematic wound evaluation and documentation.</li> <li>2. Apply best practices for basic and advanced laceration repair techniques.</li> <li>3. Develop collaborative care plans with patients with chronic or complex wounds, ulcer prevention strategy adherence.</li> <li>4. Coordinate care with multidisciplinary teams, utilizing a patient-centered care approach, for the care and management of patients with chronic, complex wounds.</li> </ol>	Jessie Junker, MD jjunker@siumed.edu	On Demand U
Duren	Ready	MD	Migraine, Tension, and Cluster Headache	PBL	<ol style="list-style-type: none"> <li>1. Practice applying new knowledge and skills gained from Migraine, Tension, and Cluster Headache sessions, through collaborative learning with peers and expert faculty.</li> <li>2. Identify strategies that foster optimal management of headaches, within the context of professional practice.</li> <li>3. Formulate an action plan to implement practice changes, aimed at improving patient care.</li> </ol>	Jessie Junker, MD jjunker@siumed.edu	
Duren	Ready	MD	Migraine, Tension, and Cluster Headache	Primary Care for Primary Headaches	<ol style="list-style-type: none"> <li>1. Utilize evidence-based strategies to diagnose patients presenting with headache.</li> <li>2. Identify associated conditions (e.g. depression), and red flags for potentially life threatening causes of headache.</li> <li>3. Use evidence-based recommendations to prescribe treatment for patients presenting with acute or emergent headache pain.</li> <li>4. Develop collaborate management plans, emphasizing patient education on avoiding triggers that cause headache, and adherence to prescribed treatment strategies.</li> </ol>	Jessie Junker, MD jjunker@siumed.edu	
Mary	Reeves	MD	Setting up a Patient Family Advisory Council in Your Practice		<ol style="list-style-type: none"> <li>1. Identify opportunities to obtain patient feedback on practice processes, policies, and procedures.</li> <li>2. Organize and implement a patient and family advisory group to solicit recommendations/feedback for improving quality of care and patient experience.</li> <li>3. Define process and quality measures to monitor the success of processes, policies, and procedures implemented.</li> </ol>	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	

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Kathleen	Rowland	MD	Seizure Update	What's New in the Neurons?	1. Evaluate children presenting with febrile seizure in accordance to current AAP guidelines. 2. Develop individualized treatment plans for adult patients with an unprovoked first seizure, in accordance with current AAN/AES guidelines. 3. Establish protocols to routinely screen cognition, mood, and behavior in patients with new-onset epilepsy. 4. Establish protocols to coordinate care of referred patients.	Jessie Junker, MD jjunker@siumed.edu	
David	Schneider	MD	Acute Coronary Syndromes	Broken Hearts and Spare Parts	1. Implement evidence-based secondary prevention recommendations in post-ACS patients. 2. Use evidence-based criteria in determining safe and effective medications to prescribe at discharge post-ACS. 3. Counsel patient to address concerns in the period immediately following discharge for ACS, with an emphasis on assessing and monitoring for psychosocial issues that may impact post-ACS outcomes. 4. Prescribe cardiac rehabilitation for post-ACS patients, emphasizing coordination of care and follow-up.	Jessie Junker, MD jjunker@siumed.edu	On Demand U
David	Schneider	MD	Acute Coronary Syndromes	PBL	1. Practice applying new knowledge and skills gained from Acute Coronary Syndromes (ACS) sessions, through collaborative learning with peers and expert faculty. 2. Identify strategies that foster optimal management of ACS, within the context of professional practice. 3. Formulate an action plan to implement practice changes, aimed at improving patient care.	Jessie Junker, MD jjunker@siumed.edu	
David	Schneider	MD	Adult Heart Murmurs	I Heard It Through the Grapevine	1. Distinguish innocent and abnormal heart murmurs in patients and classify them as systolic, diastolic or continuous. 2. Formulate a differential diagnosis of specific cardiac sounds and explain the pathology of heart murmurs to patients. 3. Evaluate diagnostic factors in patients with suspected heart murmurs using cost-effective cardiac testing. 4. Coordinate referral and follow-up to a cardiologist for patients with a pathologic cardiac examination, or who has cardiac symptoms and questionable findings on the cardiac examination.	Jessie Junker, MD jjunker@siumed.edu	On Demand R
David	Schneider	MD	Heart Failure	For the Faint of Heart	1. Use current ACC/AHA guidelines to evaluate and classify patients with suspected heart failure. 2. Use evidence-based criteria to identify appropriate diagnostic imaging and laboratory tests to identify causes or precipitating factors. 3. Establish guideline-directed medical therapy (GDMT), as indicated by the initial evaluation. 4. Develop collaborative care plans with patients that emphasize making healthy lifestyle changes and adherence to prescribed therapies.	Jessie Junker, MD jjunker@siumed.edu	
Pooja	Shah	MD	Low Back Pain	Myths and Science	1. Perform history and physical examination utilizing multidimensional pain, functional, psychological and opioid assessment tools to evaluate patients presenting with back pain. 2. Select appropriate diagnostic imaging tests, as necessary, for patients with back pain. 3. Identify red flags that indicate a need for immediate aggressive treatment or referral to a spine specialist, and coordinate referral and follow-up as necessary. 4. Develop collaborative care plans with appropriate pharmacologic, non-pharmacologic, or combination treatment plan for a patient with low back pain.	Jessie Junker, MD jjunker@siumed.edu	On Demand R
Edward	Shahady	MD	Chronic Kidney Disease and End-Stage Renal Disease	PBL	1. Practice applying new knowledge and skills gained from Chronic Kidney Disease and End-Stage Renal Disease (CKD/ERD) sessions, through collaborative learning with peers and expert faculty. 2. Identify strategies that foster optimal management of patients with CKD/ERD, within the context of professional practice. 3. Formulate an action plan to implement practice changes, aimed at improving patient outcomes.	Jessie Junker, MD jjunker@siumed.edu	
Edward	Shahady	MD	Chronic Kidney Disease and End-Stage Renal Disease	Screening, Monitoring and Appropriate Treatment By the Family Physician	1. Refine evaluation skills to more effectively screen for the presence of chronic kidney disease. 2. Construct an appropriate treatment plan for a patient with chronic kidney disease that also considers the potential for comorbidities, including tailoring the treatment regimen for the individual, follow-up monitoring, and making an appropriate referral. 3. Address the impact of patient misconceptions of their risk for cardiovascular disease, medication non-compliance, and negative lifestyle factors as barriers to appropriate care of chronic kidney disease patients and devise an action plan to correct these issues.	Jessie Junker, MD jjunker@siumed.edu	On Demand U
Edward	Shahady	MD	Diabetes Complications	PBL	1. Practice applying new knowledge and skills gained from Diabetes Complications sessions, through collaborative learning with peers and expert faculty. 2. Identify strategies that foster optimal management of diabetic complications, within the context of professional practice. 3. Formulate an action plan to implement practice changes, aimed at improving patient care.	Jessie Junker, MD jjunker@siumed.edu	

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Edward	Shahady	MD	Diabetes Complications Assessment, Recognition, Prevention and Treatment		1. Conduct appropriate screenings for comorbidities and complications in patients who have diabetes; including provisions of clinical practice guidelines and performance measures (when appropriate). 2. Update management and prevention strategies with current evidence-based guidelines for the prevention and management of complications in patients with diabetes. 3. Devise appropriate treatment strategies to address microvascular and macrovascular complications. 4. Use office registries and empowered office teams—to become a “participatory office”.	Jessie Junker, MD jjunker@siumed.edu	On Demand U
Travis	Singleton		The Evolving Landscape in Family Physician Compensation and Employment Contracts		1. Identify trends in employment contracts and compensation models for family physicians as payment moves from volume to value. 2. Determine if overall employment packages are current and competitive. 3. Have meaningful conversations with current or potential employers around value-based payment and changes to compensation packages.	Keith Davis, MD, FAAFP Docdavis4L@hotmail.com	
William	Sonnenberg	MD	Bronchiolitis and Respiratory Syncytial Virus	Working with the Wee Wheezer	1. Identify the risk factors for bronchiolitis and the indications for aggressive treatment including hospitalization. 2. Utilize comprehensive, evidence-based, and cost effective strategies for the evaluation of bronchiolitis. 3. Prescribe appropriate prevention strategies for children who are at risk for bronchiolitis. 4. Counsel patients regarding appropriate supportive care for patients who have bronchiolitis.	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	On Demand R
William	Sonnenberg	MD	Pneumonia	The Forgotten Killer	1. Monitor the health of patients who have weakened immune systems to mitigate risk factors that increase their risks of developing pneumonia. 2. Prescribe appropriate empiric therapy for CAP based on suspected pathogen and local susceptibility patterns. 3. Identify risk factors for multidrug-pathogens in patients who have HAP, HCAP or VAP. 4. Prescribe appropriate antibiotic therapy for HAP, HCAP or VAP based on risk factors for multidrug-resistant pathogens, predominant pathogens in the clinical setting and local susceptibility patterns.	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	
Adam	Sorscher	MD	Therapeutic Choices in Sleep Apnea	Tailoring Treatment to the Patient	1. Identify patients, based on risk factors, who need to be evaluated for obstructive sleep apnea. 2. Consider OSA in the differential diagnosis of a variety of clinical presentations including new onset hypertension and daytime fatigue. 3. Counsel patients to make lifestyle modifications that may relieve mild obstructive sleep apnea. 4. Counsel patients on strategies to encourage compliance with CPAP therapy for obstructive sleep apnea, and mandibular advancement devices as an alternative.	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	On Demand U
Daniel	Tambunan	MD	Anticoagulation Management Update	PBL	1. Practice applying new knowledge and skills gained from Anticoagulation Management Update sessions, through collaborative learning with peers and expert faculty. 2. Identify strategies that foster optimal anticoagulation management, within the context of professional practice. 3. Formulate an action plan to implement practice changes, aimed at improving patient care.	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	
Daniel	Tambunan	MD	Anticoagulation Management Update	The Old and New Frontier	1. Utilize a systematic process of care, including initiation and assessment of therapy and dosing adjustments, to optimize effectiveness and minimize adverse effects of patients taking warfarin. 2. Consider new agents in patients, with atrial fibrillation and at least one other risk factor for stroke, that do not require frequent laboratory monitoring are as effective as warfarin for prevention of stroke or systemic embolism and have comparable risks of major bleeding. 3. Develop collaborative care plans with patient education to counsel patients on safe and effective self-administration of anticoagulants, emphasizing self-monitoring to prevent complications. 4. Establish or revise existing practice-level protocols for anticoagulation management, based on current evidence-based recommendations and guidelines, including having clearly defined staff roles and responsibilities.	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	On Demand U
Daniel	Tambunan	MD	Pulmonary Embolus & Deep Vein Thrombosis: The New Frontier		1. Establish protocols to identify patients at risk for a thromboembolic event, and provide counseling to reduce risks and recognize signs and symptoms. 2. Use an evidence-based algorithm to diagnose DVT/PE, taking into account the stability of the patient. 3. Prescribe appropriate anticoagulant agents, according to the most recent clinical guidelines, to treat and help prevent recurrence of thrombotic events in patients. 4. Develop collaborative care plans with patients; emphasizing adherence to prescribed therapies, and monitoring with follow-up.	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	On Demand U
Daniel	Tambunan	MD	Thromboembolic Disease	PBL	1. Practice applying new knowledge and skills gained from Thromboembolic Disease sessions, through collaborative learning with peers and expert faculty. 2. Identify strategies that foster optimal management of thromboembolic diseases, within the context of professional practice. 3. Formulate an action plan to implement practice changes, aimed at improving patient care.	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	

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Joseph	Tollison	MD	ABFM's Family Medicine Certification	Recent (2016-17) Enhancements Which Favorably Impact You Now	<ol style="list-style-type: none"> <li>1. Understand ABFM's new Performance Improvement program available in 2017.</li> <li>2. Understand the most recent changes/modifications/ enhancements to ABFM's Family Medicine Certification.</li> <li>3. Develop an individualized strategy to successfully complete the Family Medicine Certification process.</li> </ol>	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	
Vu Kiet	Tran	MD	Evaluation and Management of Sepsis and Septic Shock in Adults	How to Easily Recognize Sepsis?	<ol style="list-style-type: none"> <li>1. Recognize the early presentation of sepsis and the tools that aid in early detection and diagnosis.</li> <li>2. Implement evidence-based protocols for initial resuscitation and infection management.</li> <li>3. Establish protocols for hemodynamic support and adjunctive therapy.</li> <li>4. Apply supportive therapy for severe sepsis.</li> <li>5. Recognize indications for admitting a septic patient to ICU.</li> </ol>	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	
Vu Kiet	Tran	MD	Leadership Skills for Non-leader Can Improve Job Satisfaction and Patient Care		<ol style="list-style-type: none"> <li>1. Identify key skills of everyday leadership (for the non-leader clinician).</li> <li>2. Describe how these characteristics can improve clinician job satisfaction within their practice.</li> <li>3. Describe how these characteristics can improve patient care.</li> <li>4. Describe benefits to the practice and organization.</li> </ol>	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	
Jeffrey	Unger	MD	Diabetes Update	Diabetes Management In Primary Care	<ol style="list-style-type: none"> <li>1. Critically evaluate the evidence emerging within diabetes research as it applies to recommendations for physician change.</li> <li>2. Evaluate current standards of care (screening, prevention, diagnosis, treatment, management) for patients with diabetes, or who are at risk for developing diabetes, for opportunities to update standards in accordance to current research and evidence-based guidelines.</li> <li>3. Assess new and novel treatments for diabetes in terms of efficacy, safety, contraindications and cost/benefit relative to existing treatments.</li> <li>4. Apply a patient-centered approach to incorporate guideline recommendations for intensifying therapy to achieve glycemic control.</li> </ol>	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	
Jeffrey	Unger	MD	Diabetes Update	PBL	<ol style="list-style-type: none"> <li>1. Practice applying new knowledge and skills gained from Diabetes Update sessions, through collaborative learning with peers and expert faculty.</li> <li>2. Identify strategies that foster optimal management of diabetes, within the context of professional practice.</li> <li>3. Formulate an action plan to implement practice changes, aimed at improving patient care.</li> </ol>	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	
Brian	Unwin	MD	Dementia and Alzheimer's Disease	PBL	<ol style="list-style-type: none"> <li>1. Practice applying new knowledge and skills gained from Dementia and Alzheimer's Disease sessions, through collaborative learning with peers and expert faculty.</li> <li>2. Identify strategies that foster optimal management of dementia/alzheimer's, within the context of professional practice.</li> <li>3. Formulate an action plan to implement practice changes, aimed at improving patient care.</li> </ol>	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	
Brian	Unwin	MD	Dementia and Alzheimer's Disease	Providing Quality Care to Patients with Dementia	<ol style="list-style-type: none"> <li>1. Use evidence-based guidelines to screen and evaluate patients who are symptomatic for cognitive decline for dementia.</li> <li>2. Identify tools and resources available to the care team, caregivers, and patients about strategies to maintain or improve cognitive health.</li> <li>3. Use evidence-based guidelines to formulate pharmacologic and non-pharmacologic therapies to help slow the progression of Alzheimer's.</li> <li>4. 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.</li> </ol>	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	On Demand U
Richard	Usatine	MD	Dermoscopy Workshop for Skin Cancer Diagnosis		<ol style="list-style-type: none"> <li>1. Examine different skin lesions using dermatoscopes to determine typical pathologic patterns of types of skin cancer.</li> <li>2. Utilize dermoscopy to differentiate seborrheic keratosis from melanocytic lesions.</li> <li>3. Integrate checklists and evaluation tools into a dermoscopic examination of suspected skin lesions and melanoma to compile an accurate diagnosis and treatment plan.</li> <li>4. Conduct a cost/benefit analysis of dermatoscopes in your practice.</li> </ol>	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	
Richard	Usatine	MD	Dermoscopy Workshop for Skin Cancer Diagnosis with Online Module		<p>Experience a unique educational format. First, watch an online CME video at your convenience. Once on site at FMX, attend the associated Clinical Procedures Workshop. Earn CME for both the online module and onsite workshop.</p> <ol style="list-style-type: none"> <li>1. Examine different skin lesions using dermatoscopes to determine typical pathologic patterns of types of skin cancer.</li> <li>2. Utilize dermoscopy to differentiate seborrheic keratosis from melanocytic lesions.</li> <li>3. Integrate checklists and evaluation tools into a dermoscopic examination of suspected skin lesions and melanoma to compile an accurate diagnosis and treatment plan.</li> <li>4. Conduct a cost/benefit analysis of dermatoscopes in your practice.</li> </ol>	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	

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Richard	Usatine	MD	Electrosurgery and Cryosurgery Workshop		<ol style="list-style-type: none"> <li>1. Practice electrosurgery and cryosurgery techniques.</li> <li>2. Explore electrosurgery and cryosurgery as methods for destroying benign and malignant lesions, controlling bleeding, or cutting/excising tissue.</li> <li>3. Evaluate the uses, risks, benefits and complications of both electrosurgery and cryosurgery.</li> <li>4. Assess education and training you may need to competently perform electrosurgery and/or cryosurgery procedures.</li> </ol>	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	
Richard	Usatine	MD	Skin Cancer Update	For the Family Physician	<ol style="list-style-type: none"> <li>1. Use appearance-oriented and motivational interviewing (MI) strategies to educate patients on the importance of skin cancer prevention, appropriate sun protection and methods of early detection and diagnosis.</li> <li>2. Use evidence-based recommendations to screen and diagnose patients at risk for skin cancer.</li> <li>3. Apply recommended evidence-based skin biopsy techniques to verify skin cancer diagnosis and determine most appropriate surgical or pharmacologic treatment.</li> <li>4. Determine appropriate treatment therapy, or coordinate surgical referral as necessary.</li> </ol>	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	On Demand R
David	Walsworth	MD	Glaucoma		<ol style="list-style-type: none"> <li>1. Determine how to implement current screening recommendations for glaucoma in their practice.</li> <li>2. Determine when diagnostic findings indicate that patients should be referred to an ophthalmologist or optometrist for evaluation for glaucoma.</li> <li>3. Monitor patients receiving medical treatment for open angle glaucoma for side effects and conditions that may affect treatment.</li> <li>4. Initiate therapy to lower intraocular pressure in patients with acute angle-closure glaucoma until they can be seen by an ophthalmologist.</li> </ol>	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	
David	Weismiller	MD	Endometrial Cancer	Optimal Patient Evaluation	<ol style="list-style-type: none"> <li>1. Screen for endometrial cancer in accordance with current clinical guidelines.</li> <li>2. Diagnose endometrial cancer through physical examination and appropriate laboratory and diagnostic studies, as indicated.</li> <li>3. Develop collaborative treatment plans based on the patient's desire for future fertility and results of the diagnosis.</li> <li>4. Develop communication strategies to improve communication with sub-specialists treating cancer patients to improve coordination of care.</li> </ol>	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	
David	Weismiller	MD	Immunization Update	What's New?	<ol style="list-style-type: none"> <li>1. Identify available vaccine administration strategies and resources, available patient education resources, vaccine alert systems, and current immunization schedules.</li> <li>2. Use evidence-based recommendations and guidelines to establish standardized vaccine administration procedures, including standardized protocols to screen for immunizations during patient encounters.</li> <li>3. Counsel patients, and parents of children, using available patient education resources and motivational interviewing about vaccine safety and efficacy.</li> <li>4. Participate in available childhood immunization programs, and administer using a standardized process.</li> </ol>	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	
David	Weismiller	MD	Obstetric Care Today		<ol style="list-style-type: none"> <li>1. Develop collaborative care plans with patients regarding healthy diet and lifestyle modifications to improve pregnancy outcomes.</li> <li>2. Perform routine prenatal visits to determine when pregnancy complications may arise due to family history and risk factors.</li> <li>3. Evaluate high-risk women for complications as necessary throughout pregnancy into the third trimester and whether to perform antenatal screening using serum markers and ultrasound.</li> <li>4. Evaluate current scientific literature on obstetric care, for relevant practice application.</li> </ol>	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	On Demand R
David	Weismiller	MD	U.S. Preventive Services Task Force Update	For Today's Practice	<ol style="list-style-type: none"> <li>1. Become familiar with recent U.S. Preventive Services Task Force updates to key clinical preventive services.</li> <li>2. Know where and how to obtain further details about the recommendations and underlying scientific evidence.</li> <li>3. Develop strategies for systematically integrating current USPSTF recommendations into practice.</li> </ol>	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	On Demand U
Thad	Wilkins	MD	Gastroesophageal Reflux Disease		<ol style="list-style-type: none"> <li>1. Distinguish gastroesophageal reflux from GERD in patients who present with typical and atypical symptoms.</li> <li>2. Educate parents of infants and children with GERD on effective feeding strategies and safe medication use.</li> <li>3. Formulate treatment plans for patients with GERD to include lifestyle modifications and effective medication use, and ensure patient compliance with treatment.</li> </ol>	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	
Jay	Winner	MD	Becoming a More Relaxed, Healthy Physician	Reducing Frustration and Increasing Fulfillment	<ol style="list-style-type: none"> <li>1. Utilize simple mindfulness skills to reduce stress, increase satisfaction and improve connection with patients.</li> <li>2. Use reframing to reduce frustration and increase empathy with even the most difficult patients.</li> <li>3. Apply techniques to deal effectively with difficult emotions and regain a healthy perspective.</li> </ol>	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	
Jennifer	Wipperman	MD	Dizziness and Vertigo	A Step-Wise Approach to Evaluation and Management	<ol style="list-style-type: none"> <li>1. Narrow the differential diagnosis of dizziness with physical examination tests and appropriate history taking, including a medication review and anxiety disorder evaluation.</li> <li>2. Treat vertigo using the Epley maneuver and vestibular rehabilitation for identified vestibular disorders.</li> <li>3. Use evidence-based guidelines to select appropriate treatment of dizziness as appropriate per the etiology.</li> <li>4. Develop collaborative care plans, including patient education, to help patients minimize reoccurrences of dizziness.</li> </ol>	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	On Demand R

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Steven	Wright	MD	Safe Opiate Prescribing		<ol style="list-style-type: none"> <li>1. Determine when to initiate or continue opioids for chronic pain.</li> <li>2. Determine appropriate opioid selection, dosage, duration, follow-up and discontinuation.</li> <li>3. Establish protocols to assess risk, and address potential harms of opioid use.</li> </ol>	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	On Demand U
Marian	Wymore	MD	Capture that Dx! For More Appropriate Reimbursement	ICD-10 Documentation Made Simple	<ol style="list-style-type: none"> <li>1. Expand one's scope of thinking during patient evaluation to include specific documentation verbiage.</li> <li>2. Use a clinical perspective to simplify the documentation specificity required to generate valid 3-7 character codes under ICD-10</li> <li>3. Appraise effective use of combination codes.</li> <li>4. Recognize the importance of properly documenting associated diagnosis or conditions; which impact care of current condition, decision making, treatment or management.</li> </ol>	Asim Jaffer, MD, FAAFP Asim.jaffer@unitypoint.org	On Demand R
Peter	Ziemkowski	MD	Choosing Wisely Updates	Better Care IS a Matter of Choice	<ol style="list-style-type: none"> <li>1. Implement one or more Choosing Wisely campaign recommendations in your practice by educating staff and creating protocols to question potentially unnecessary care.</li> <li>2. Engage in shared decision-making conversations with patients about potentially non-beneficial or harmful tests or treatments.</li> <li>3. Help subspecialists choose wisely by communicating with them about the lack of good evidence supporting routine preoperative or pre-procedural testing.</li> </ol>	Roxanne Fahrenwald, FM, FAAFP Roxanne.fah@riverstonehealth.org	On Demand R