

WAPI's 18th Annual Interdisciplinary CME Conference

1/1/2020

CME NEEDS ASSESSMENT

We conducted this assessment from many sources of information. We used the following methods

Method:		Example of required documentation:
x	Previous participant evaluation data	Copy of tool and summary data – <i>see at end of document</i>
	Research/literature review	Abstract(s) or articles
x	Expert Opinion	Summary
x	Target audience survey	Copy of tool and summary data
	Regulatory body requirements	Requirements summary
	Data from public health sources	Abstract, articles, references
	Other (describe)	

We first drafted a CME Needs Assessment Survey to help us obtain this info. The form is seen at the end of this document, we then got physicians to fill this form and tabulated the answers. We got this from 2 sources,

- At our previous CME meetings, we had conducted an outcome survey which included what topics they would like to hear more about that would help them in their practice. We then got this info.
- We also asked the governing body members of WAPI which represents various specialties to suggest topics
- The CME committee then made the final decision to pick the topics from this list for this year's CME.

PERSONALIZING HIV TREATMENT AND PREVENTION IN 2020 - Rena Patel MD ,MPH

Despite the availability of effective antiretroviral therapy, many cases of HIV infection continue to be diagnosed at advanced stages, as evidenced by low CD4 cell counts. Nationally, the proportion of patients who receive AIDS diagnoses at or within 12 months of their HIV diagnosis in 2010 was 32% (299). Since 2006, CDC has recommended efforts to increase HIV testing by streamlining the consent process and expanding opt-out testing to all health-care settings, including those serving persons at risk for STDs (122). HIV testing facilitates early diagnosis, which reduces the spread of disease, extends life expectancy, and reduces costs of care. However, rates of testing remain low: CDC estimates that in 2008, only 45% of adults aged 18–64 years had ever been tested (300), and that during 2006–2009 approximately 41% of persons with newly diagnosed HIV infection had never been previously tested (301).

Comprehensive HIV treatment services are usually not available in facilities focusing primarily on STD treatment (e.g., STD clinics). In such settings, patients with a new diagnosis of HIV infection or those with an existing diagnosis of HIV infection who are not engaged in regular on-going care should be linked promptly to a health-care provider or facility experienced in caring for HIV-infected patients (70). Providers working in STD clinics should be knowledgeable about the treatment options available in their communities, educate HIV-infected persons about their illness, and link these patients to HIV-related care and support services. Provision of care also should include behavioral and psychosocial services, especially for alcohol and drug addiction and for mental health problems.

THE CURRENT LANDSCAPE FOR VIRAL HEPATITIS AND NON-ALCOHOLIC FATTY LIVER DISEASE IN THE UNITED STATES - Channa Jayasekara MD

Chronic viral hepatitis

Chronic viral hepatitis B and C affect over 5 million people in the United States, with an estimated 40-80% of this population unaware of their infection. This epidemiologic profile is also dynamic owing to phenomena such as immigration and the opiate epidemic. Significant intra-population disparities additionally lead to disproportionately high morbidity and premature mortality from consequent cirrhosis and liver cancer in specific groups. Key among the reasons for these negative outcomes are sub-optimal disease screening, linkage to care, and referral for treatment despite significant advances in treatment of chronic hepatitis B and particularly hepatitis C. In addition, promising research on functional cure of chronic hepatitis B may portend a dramatic transformation of this disease's epidemiology as with the recent developments in hepatitis C therapeutics.

Non-alcoholic fatty liver disease

With the decline in hepatitis C prevalence, non-alcoholic fatty liver disease is expected to be the predominant liver disease worldwide. It is already the fastest rising (and by some estimates the leading) etiology of primary liver cancer and leading indication for liver transplantation in the United States. The vast majority of patients with NAFLD are unaware of their diagnosis and population-level screening for NAFLD and its risk stratification vis-à-vis fibrosis assessment is woefully inadequate. Protocols for systematic and cost-effective disease screening, risk stratification metrics and modalities, are active areas of research. There is finally an intensive clinical research effort to identify therapeutic targets, with the first agent in over a decade, obeticholic acid, slated to receive FDA approval in March 2020.

TESTICULAR CANCER 101 - Rohan Sharma MD

The American Cancer Society's estimates for testicular cancer in the United States for 2020 are:

About 9,610 new cases of testicular cancer diagnosed

About 440 deaths from testicular cancer

The incidence rate of testicular cancer has been increasing in the US and many other countries for several decades. The increase is mostly in seminomas. Experts have not been able to find reasons for this. Lately, the rate of increase has slowed.

Testicular cancer is not common: about 1 of every 250 males will develop testicular cancer at some point during their lifetime.

The average age at the time of diagnosis of testicular cancer is about 33. This is largely a disease of young and middle-aged men, but about 6% of cases occur in children and teens, and about 8% occur in men over the age of 55.

Because testicular cancer usually can be treated successfully, a man's lifetime risk of dying from this cancer is very low: about 1 in 5,000. If you would like to know more about survival statistics, see Testicular cancer survival rates.

PERSONALIZED TREATMENT OF EARLY STAGE BREAST CANCER - Swathi Namburi MD

Most breast cancers are found in women who are 50 years old or older, but breast cancer also affects younger women. About 11% of all new cases of breast cancer in the United States are found in women younger than 45 years of age. While breast cancer diagnosis and treatment are difficult for women of any age, young survivors may find it overwhelming.

Breast cancer is the most common cancer in women, no matter which race or ethnicity.

It is the most common cause of death from cancer among Hispanic women.

It is the second most common cause of death from cancer among white, black, Asian/Pacific Islander, and American Indian/Alaska Native women.

WOMEN AND VEINS - Kathy Gibson MD

Women can experience a vascular problem called deep vein thrombosis (DVT), DVT can permanently damage the veins resulting in long-term leg pain, swelling, skin changes and possibly leg sores. This condition is known as the post-thrombotic syndrome.

DVT can also break off and travel to the lungs, resulting in a pulmonary embolus (PE), which can be fatal.

Certain women are at greater risk for developing DVT, especially those on contraceptives.

Pelvic-derived lower extremity varicosities are more common than most clinicians appreciate. In general, nonsaphenous venous reflux occurs in about 10% of patients. More than one third of this group has varicosities that arise from the pelvis¹. In a recent study, 1350 patients with lower extremity varicosities were evaluated with both duplex ultrasound and CT venography to ascertain the source of reflux. A pelvic reflux source was noted in 8.6% of patients². In another study, 741 female patients with varicose veins from two separate clinics were evaluated with duplex and transvaginal ultrasound. These studies found a pelvic reflux source in 19.5% of patients in one group and 21.5% in the other. Approximately 80% of the pelvic reflux patients were noted to have reflux in the gonadal vein³. Multiple additional studies show similar results leading to the conclusion that approximately one in every five female patients will have lower extremity varicosities as a result of pelvic venous disease.

MSK ULTRASOUND - Atul Gupta MD

Sports injuries are common in younger adults and children. More than 3.5 million children and teens are injured as part of an organized sports or physical activity each year, estimates Stanford Children's Health. One-third of all injuries in children are related to sports, too. The most common sports injuries in children are sprains and strains. Contact sports, like football and basketball, account for more injuries than noncontact sports, like swimming and running.

A 2016 study Trusted Source found that 8.6 million people, ages 5 to 24, have a sports injury every year in the United States. Researchers note males ages 5 to 24 make up more than half of all sports injury episodes.

The lower body is most likely to be injured (42 percent). The upper extremities make up 30.3 percent of injuries. Head and neck injuries combine for 16.4 percent of sports injuries.

Ultrasonography is a rapidly developing area of sports medicine that has many different applications, which can be used in the clinic, training room, and even on the sidelines. It can be used for diagnostic as well as treatment purposes..

SELECTING DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS FOR RHEUMATOID ARTHRITIS - Amish J Dave MD

Currently nearly 2% of Americans have rheumatoid arthritis and appropriate diagnosis and initiation of disease-modifying anti-rheumatic drug within the first three months of symptom onset is now standard-of-care as per the American College of Rheumatology. Washington State is one of the worst states in the nation per the 2015 American College of Rheumatology Workforce Survey in terms of number of practicing rheumatologists to patient need. As such, in many parts of Washington State, patients can face delays of up to one year to be seen by a rheumatologist. Surrounding states, including Idaho, Wyoming, Montana, Oregon, and Alaska have similar deficits in number of rheumatologists. As such, primary care providers are managing patients with inflammatory polyarthritis, including rheumatoid arthritis, for lengthy periods of time in our region. In this talk, we aim to focus on common rheumatologic conditions (such as rheumatoid arthritis and psoriatic arthritis) seen by primary care providers and provide them with medical knowledge about diagnosis and treatment of these medical conditions.

MANAGING INFLAMMATORY BOWEL DISEASE IN THE ERA OF PERSONALIZED MEDICINE - Tim Zisman MD

Inflammatory bowel disease (IBD) is growing on a worldwide scale and is a chronic, frequently progressive condition that affects approximately 1.6 million people in the United States. Substantial room for improvement in the care of patients with IBD is needed. The outcomes of patients with IBD are diminished by multiple factors, including uncertainty about approaches to diagnosis, assessment, and treatment, as well as, a lack of knowledge about available therapies. To meet the persistent challenges associated with IBD management, health care professionals must be knowledgeable about the evidence-based and expert-recommended strategies for the treatment of patients with IBD to avoid disease flares, prevent structural damage and disability, and restore quality of life

Current therapies for IBD have not, yet, been able to prevent the need for surgical intervention in more than 50% of patients with IBD. Education for clinicians who manage patients with moderate-to-severe IBD about the immunopathophysiology of IBD and the

latest available options to individualize IBD treatment can reduce the use of corticosteroids and need for hospitalizations or surgery, resulting in improved quality of life for these patients.

ROLE OF IR IN TREATMENT OF PROGRESSIVE PARKINSON'S DISEASE - Dr. Sanjiv Parikh MD

Patients at late stage Parkinson's disease (PD) develop several motor and nonmotor complications, which dramatically impair their quality of life. These complications include motor fluctuations, dyskinesia, unpredictable or absent response to medications, falls, dysautonomia, dementia, hallucinations, sleep disorders, depression, and psychosis.

Dopamine replacement with levodopa was first shown to reduce clinical signs and symptoms of Parkinson's disease (PD) in the 1960s [1], and since then has been the mainstay of PD treatment [2,3]. However, the majority of patients who respond to levodopa eventually experience a narrowing of the therapeutic window, resulting in motor complications, including "Off" time (when medication has worn off and parkinsonian symptoms re-emerge) and levodopa-induced dyskinesias [2]. These complications can be a major source of distress and disability for patients and are difficult to treat [4,5]. "Off" time is of particular interest, as this is arguably the biggest contributor to functional impairment in patients with advancing PD [6–9]. Hence, the ability to reduce "Off" time without an associated increase in dyskinesia is an important goal of therapy development.

TARGETED THERAPIES IN NEUROLOGY - Leo Wang MD

Understanding genetic or molecular mechanism behind a specific disease and how the targeted therapy can achieve the goal previously not obtainable.

Recent advances in the field of precision medicine has helped to improve outcome in the diseases such as hereditary amyloid neuropathy, spinal muscular atrophy, refractory autoimmune neurological conditions such as NMO, myasthenia gravis.

MAKING A DIFFERENCE IN DIABETES: EVALUATING ETIOLOGY AND FACING FEARS AND FALSEHOODS - Janet Leung MD

The prevalence of diabetes worldwide is predicted to increase by 69% in adults in developing countries between 2010 and 2030. 1 Between 2010 and 2030, diabetes prevalence is expected to increase by 72% in India, from 7.6% to 9.1%, with an estimated 87 million diabetic adults by year 2030

1. Data from the U.S. National Health Interview Survey from 1997–2008 showed that age- and sex-adjusted prevalence of type 2 diabetes in the U.S. was higher in Asian Americans (4.3–8.2%) than in whites (3.8–6.0%) and most notably, Asian Indians had the highest odds of diabetes

2. A population-based study of U.S. Asian Indians found diabetes prevalence in adults was 17% compared to 8% in non-Hispanic whites, 13% in non-Hispanic blacks, 10% in Hispanic Latinos and 15% in Native Americans/Alaskan natives

3. Dampening the spread of diabetes across the South Asian population has significant health and economic implications.

This increasing prevalence of diabetes in South Asians is multifactorial – due to both biologic and lifestyle factors, with urbanization and immigration playing a large role. South Asians have increased visceral adiposity and insulin resistance, impaired β -cell function, and a genetic predisposition to diabetes which culminates in a markedly increased risk of diabetes.

4. Additionally, urbanization across Asia is leading to decreased physical activity, increased intake of dietary fats and processed foods and increased mental stress which amplify the effects of insulin resistance and abdominal obesity.

PLANNING FOR THE WORST: CODE STATUS, POLST, AND ADVANCE CARE PLANNING - Hope Wechkin, MD

While 70% of Americans say that they would prefer to die at home, in fact 70% of Americans die outside the home. While 83% say that it's important to put their wishes regarding end-of-life care in writing, in fact only 23% of Americans have put their wishes in writing.

And finally, 92% of American adults say that it's important to discuss their wishes regarding end-of-life care, but only 32% have actually had such a conversation with either their family members or their health care providers.

In discussing the POLST form and other advance care planning documents, I will discuss practical approaches that physicians can employ when assisting patients in completing these documents, as well as some nuances that arise in these complex discussions. We will examine different combinations of choices on the POLST form, when they might be clinically appropriate, and will discuss advance directives for dementia care.

CME Needs Assessment Survey	
CME COMMITTEE SUGGESTIONS	2019 SURVEY FROM PREVIOUS CONFERENCE
HIV ART therapy vs TB management	Aging
Hepatitis B or C, liver transplant	Basic science subject
Testicular Cancer or Prostate Cancer	Cancer: Car-t cell therapy, Breast cancer management,
Breast Cancer	Dermatology
Multiple sclerosis	EMR interoperability
Thyroid cancer or Type I diabetes	Financial mgmt. For docs, lawsuit prevention, contract negotiations for docs
Sepsis	Joint replacements
MSK Ultrasound	Neurology: immunologic treatment advances in neurology
Lung cancer or other cancer	Neurosurgery: head trauma
Workup of inflammatory arthropathy and management with Biologics Amish Dave, MD	New local anesthetic agents.
Inflammatory Bowel Disease - management with biologics	New modalities of treatment in diabetes mellitus
Precision Surgery in Colorectal Surgery	Palliative care
Personalized Medicine in Nephrology	Prevalence of medical and psychological problems in healthcare workers
Cart cell immune therapy	Preventive medicine
Neoantigens in cancer therapy	Primary care in the us
	Psychiatric illnesses , depression,
	Rheumatology: biological in rheumatologist diseases
	The role of biologics on healing
	Travel medicine/new emerging bugs and drugs

	Basic science subject

2019 survey of our Audience who attended our Seminar

Please identify 1 topic you would like in the future.
Aging
Basic science subject
Cancer: Car-t cell therapy, Breast cancer management,
Dermatology
EMR interoperability
Financial mgmt. For docs, lawsuit prevention, contract negotiations for docs
Joint replacements
Neurology: immunologic treatment advances in neurology
Neurosurgery: head trauma
New local anesthetic agents.
New modalities of treatment in diabetes mellitus
Palliative care
Prevalence of medical and psychological problems in healthcare workers
Preventive medicine
Primary care in the us
Psychiatric illnesses , depression,
Rheumatology: biological in rheumatologist diseases
The role of biologics on healing
Travel medicine/new emerging bugs and drugs

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WAPI, an organization that is driven by the consensus of its members that has the following mission:



To provide an umbrella organization to bring together American Physicians, Dentists and Allied Healthcare Professionals of Indian Origin, defining Indian in the broad sense of Indian Ancestry; to provide a conduit to strive to be an exemplary strong ethnic group of professionals with a mission to serve the community by their expertise, cultural heritage and charitable work; to provide high educational and social services to its members. We envision this to be a collegial organization with actively participating members, who believe in its mission and are willing to further its cause.