In May, 2012, the Office of Continuing Medical Education surveyed medical practitioners in our area. The survey collected information which may be helpful to you as you determine <u>gaps</u> for your event.

Please identify clinical/practice management problems or patient care challenges you experience.

<u>Chronic Disease</u>
- Chronic disease (3)
- Severe asthma
- Update on Chronic IM disease and treatment (cardiac, HTN, DM...)
- Lyme disease
- Managing endocrine issues
- Multiple chronic conditions
- Obesity/metabolic syndrome management/fatty liver
- Obesity/weight issues--creative, evidence-based solutions (3)
- Diabetes (3)

<u>Chronic Pain</u>
- Chronic Pain Evaluation and Management (9)

<u>Communication:</u>
- Communication with The University of Vermont Medical Center
- Communication with other providers
- Communications
- Depends if I am working alone or with other staff members; if we can discuss the issue.
- Enhancing patient engagement
- Motivating for change
- Motivating pts to lose weight, eat better, exercise, stop smoking etc
- Answering clinical questions at the point of care
- Communication between staff and providers
- Conflict resolution
- Encouraging speaking up
- Patient communication
- Severe language impairments
- Team building within all the staff working together in an office setting

<u>Cultural</u>
- Increase in non-English speaking patients and having to use an interpretor (feeling loss of medical clarity)
- Cultural diversity in Vermont - increasing international population requires an understanding of the groups we are working with

<u>Dermatology</u> Cases (7)

<u>Drug Dependence/Prescribing:</u>
- Drug abuse (8)

- Chronic use of benzodiazepines for anxiety; patients who are physically/psychologically dependent as a result
- Lack of community team approach to stemming inappropriate prescribing of narcotic drugs which has led to widespread misuse
- Lack of substance abuse knowledge in the Primary Care setting.
- Polysubstance dependency, dual diagnoses
- Management of patients on chronic opiates
- Pain Management & Opioid Dependence
- Opioid seeking
- Addiction / Recovery Medicine
- Tapering medications
- Mental health treatments for opioid addiction
- Opiate prescribing
- Narcotic Overuse
- Opiate Prescribing

End of Life: Assisting patients with end of life issues (2)

Ethics (3)
EHR
- Getting up-to-speed with electronic health record (6)
- Financial challenges in implementing an EHR
- EMR and CMS requirements alter the interaction with the patient.
- Lack of documentation in EMR structured fields to be able to capture data
- Use of the EMR in quality improvement efforts
- Transitioning to electronic health record

Evidence-Based / Knowledge
- Evidence-based treatment and protocols; keeping up to date with new information (10)
- Secondary literature sources
- Updates in research and clinical practice are always difficult to stay abreast of (4)
- Updates on general topics ie "management of thrombosis in 2012'
- Updating tumor classification
- Treatment advances (2)
- Changing diagnostic criteria
- New diagnostic techniques
- Using the internet effectively for QA, peer review
- Practice guidelines
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Financial:
- Financial pressures
- Finding appropriate mental health referrals here in NYC
- Inability to pay
- Balancing clinical medicine with pressures surrounding reimbursement
- Cost of medical care becoming more of a challenge
- Business management
- Pressure to maintain salaries so that we can recruit and retain physicians
Geriatrics:
- Elderly patients with multiple medical, social, psych problems- interdisciplinary care difficult
- Managing challenging behaviors in dementia care
- Real-world diabetic management with older patients

- Working with those w/ Alzheimer's/dementia
- Treating the elderly with medical and psychiatric problems

Health Care Reform / Patient Centered Medical Homes
- Accomplishing pt centered medical home certification
- All physicians need much more education about single payer health care and its potential advantages for pt care.
- Health care reform
- Health care reform and implications for hospital operations
- Changing models of health care

Infectious disease...resistant bacteria and surgery (4)
Insurance/Coding
- Insurance coverage of genetic testing
- Insurance reimbursement
- Many and multiple demands from various different insurance and gov't payors or oversight bodies - lack of coordination
- Pediatric coding /insurance issues
- Coding and billing (3)
- Dealing with insurance denials and precert. requirements
- Billing Issues for DME Products
- Burden of 3rd party payers
- The uninsured pt

Mental Health:
- Integration of mental/behavioral health into physical health
- Mental health (7)
- Mental health issues and lack of psychiatric specialty care available
- Lack of mental health clinicians/psychiatrists and having to manage these meds
- Non bipolar mood dysregulation, irritability and anxiety
- Mood and conduct disorders
- Personality disorders
- Psychiatric
- Psychiatric issues in peds
- Psychiatrists and many other docs desperately need education about dissociative disorders and complex PTSD/trauma
- Depression / anxiety (5)
- Mental health/addiction
- Overuse of atypical antipsychotics
- Psychiatric care
- Psychiatry (2)

Orthopedics / Sports Injuries (5)
Pain:
- Pain Management (4)
Patient:
- Compliance with diet
- Managing overweight and obese patients for successful weight loss
- Poor compliance with plan of care (2)
- Rural patients don't have transportation
- Strategies for Motivating Non-Compliant Patients

- Angry patients
- Assisting families in change behavior
- Assisting those individuals who fall through the cracks in entitlement programs, i.e. QMB, SLMB, QI-1 and VPharm or LIS. If a party is over the guideline, even by $1.00 or $2.00 they are denied coverage. This, of course, would be a legislative issue and not one that can easily be re-vamped. This is another indication of the 99% losing and the 1% gaining. People have to chose between health care and eating. This, of course, is an issue for many people. This "issue" falls flat when we are talking about prevention and body'mind connections because of the affordability of both.
- Patient support ie case workers to help patients navigate the system
- Poor nutrition
- Assisting patients discussing their care issues with their family members
- Helping patients change behavior
- Motivating patients for behavior change with chronic medical problems: Metabolic Syndrome
- Patients as unreliable historians; wasteful of medicaid services c; sense of entitlement
- Patient malingering

Pediatric/Adolescent Issues:
- Child psychiatry issues
- Childhood anxieties/depression related to learning
- Approaching the well child exam for adolescent females
- Getting mental health for children
- Inability to find therapists for children
- Management of infant with feeding problem
- Pediatric psychiatric diagnoses in difficult kids
- Pediatric Psychiatric issues, depression/anxiety/eating disorders/ADHD
- Pediatrics for family practice (specifically newborn care)
- Evaluation of patient with Developmental Delays
- The overlap btw educational and medical responsibilities in children's health, mental health, learning disabilities
- Transitioning of chronic disease care from pediatric to adult-medical homes
- Transitioning pediatric patients to adult providers
- Treating children and adolescents with mental health problems
- Therapy of adolescent depression (not recognition)
- Adolescent confidentiality with EMR patient/family portal access on-line
- Adolescent drug and alcohol issues
- Autism Assessment and Management (3)
- Breastfeeding: over or under feeding, dehydration and jaundice
- Uniform guidelines for asthma, bronchiolitis in children
- Childhood Obesity
- Childhood orthopedic problems
- Having at hand, the right, most appropriate outside services to assist a child/family in need. Experience and time have allowed me to accrue the connections that I have, and I wonder if a few case studies were presented which might condense the steps, contacts, etc., a new school practitioner might gain a better understanding of his/her role in obtaining the best care for a student/family. I'm thinking more along the lines of socio/emotional/economic difficulties which impinge on a child's ability to learn and thrive.
- Lack of appropriate medical response to a failed response to the needs of children by the VT judiciary system and Human Services
- Supports for Families with special needs children

Palliative care (5)
Pharmacology
- Current medication updates (2)

- Enormous number of drug interactions hard to keep track of.
- New meds for DM2

Quality improvement
- Quality improvement (2)
- Reducing error

Staffing:
- Lack of providers: PCPs, Mental Health, Rehab, IOP
- Lack of specialty resources
- Lack of staffing
- Availability of mental health/psychology practitioners
- Personnel issues and how to manage

Surgery:
- Increasing surgery on ASA IV
- Inefficient OR
- Learning new surgical skills
- Noise levels in the operating rooms need to be better-controlled, especially during induction and emergence from anesthesia.
- OR Management
- Surgical infections
- Pre op clearance
- OR throughput

Technology: How to implement technology efficiently and effectively in the office setting
Tests
- The emphasis on "covering your butt" really dictates the overuse of useless testing
- How to avoid ordering too many tests
- Reviewing labs/diagnostic imaging and what to order next

Time
- Enough time to meet patients' needs and document interactions effectively
- Adequate time for diagnosis and follow-up
- Constant interruptions, which are really the nature of "the Beast"
- Clinical documentation time is an issue (PRISM)
- Management of time when a pt crashes
- Time it takes a pt to move throughout the continuum of care from diagnosis to treatment is slow
- Time management (2)
- Adequate time for literature search
- Processing patients in a timely manner to be seen by the practitioner who is already on a timer
- Productivity vs time we're allowed to actually spend face-to-face with patients

Workload
- Increasing workload reduces quality of work
- On call hours/emergency cases
- Patient load
- Overload with online and paper documentation compliance is worse than ever
- Practice innovations to cope with current stresses of practice, health care reform initiatives, etc.
- Practice management

- Documentation
- Workplace stress

Other

- Ability to obtain referrals in a timely manner
- Access to care, open access scheduling
- Acquired and traumatic brain injury problems
- ADHD (2)
- Alternative meds
- Anemia work up - when to stop
- Antibiotics resistance
- APN/MD Collaborative practice
- Application to clinical practice
- Asthma and allergy and atopic disorders
- Asthma management/follow up (2)
- Balancing Education with Service
- Basic Doppler principles and cases (NOT specifically vascular imaging but rather how Doppler can be applied to general ultrasound imaging of the abdomen and pelvis and in obstetrics, i.e. optimizing Doppler technique, Doppler artifacts, TIPS evaluation, liver Doppler!, etc)
- Becoming more adept at RSI
- Best practice regarding expensive oncology driven testing eg when are molecular based tests REALLY appropriate
- Cardiology
- Cardiology-med updates
- Cardiovascular disease.
- Care coordination
- Cervical Spine: When do you refer to SPINE vs neurosurgery
- Collaborative perioperative management
- Complex oncology patients
- Congestive heart failure
- Coordination with other specialties
- Diagnostic conceptualization
- Difficult airways
- Dizziness
- Efficacy of treatment
- Endocrine-diabetes and thyroid
- Environmental health hazards, assessment, treatment
- Follow up
- Frustration of health care - one provider gives antibiotics for a 3 day cold and then I have to convince people they don't need one
- Gender and sexuality confusion
- Getting patient in to see certain specialists in a timely fashion
- Getting SCU staff on board with levels of care, ie more education for increased acuity
- Hand-offs
- High risk cardiology
- High risk neurology
- How my field pertains to others (Oncology)
- How to get and receive patient care information for the continuum care
- How to implement Group Visits
- IBS

- In-hospital management of patients and clinical practice in this setting; especially diabetes; and acute care
- Lack of coordination between primary care & community mental health
- Lack of meaningful clinical data with request
- Lack of responsiveness by State Agencies who one, provides inaccurate information, or simply do not commit to doing their job. A current example of this is the poor management that has occurred at Adult Protective Services for well over the last 7 or so years.
- Limited income
- Long length of service without apparent benefit
- Management of incidentilomas
- Managing and weaning ards patients
- Medicolegal issues
- Meeting discharge education needs with minimal time at bedside because of patient/nurse ratios
- More info on DBT, CBT
- Mortality/Morbidity Issues
- Multiple co-morbidities (2)
- Need to hear about handling thyroid nodules on US
- Neonatal controversies
- Neurology
- Oncology early diagnosis
- Orthopedics/Sports Injuries (2)
- Osteoporosis screening and treatment
- Out of touch managers; unfair practices; emphasis on the bottom line
- Pancreatitis
- Patients with compromised renal function
- Poor community
- Poor insight, tenuous alliance, high long-term risk
- Process improvement
- Providing more Faculty Development
- Psychopharmacology in primary care
- Radiology: what test to order for what problem
- Rational psychotropic drug use - are we getting our money's worth?
- Scheduling by receptionists
- Sepsis
- Stroke
- Transition from acute care to nursing home /skilled facilities...why the information does not come along
- Transitions of Care
- Trauma management (2)
- Treatment of warts
- Treatment resistant acne
- Tumor therapy guideline
- Underutilization of the care coordinator in the office
- Who is, can/cannot be a primary care provider - per state, insurance, clinician employer
- Wilderness medicine
- Working Meaningful Use Criteria into your already busy day
- Working with an interdisciplinary team
- Wound Care