

# COMBAT THE EPIDEMIC.

**OBESITY • DIABETES • DYSLIPIDEMIA • HYPERTENSION** 



September 14-16, 2018
MARRIOTT SAN ANTONIO
RIVERCENTER

In Partnership with:



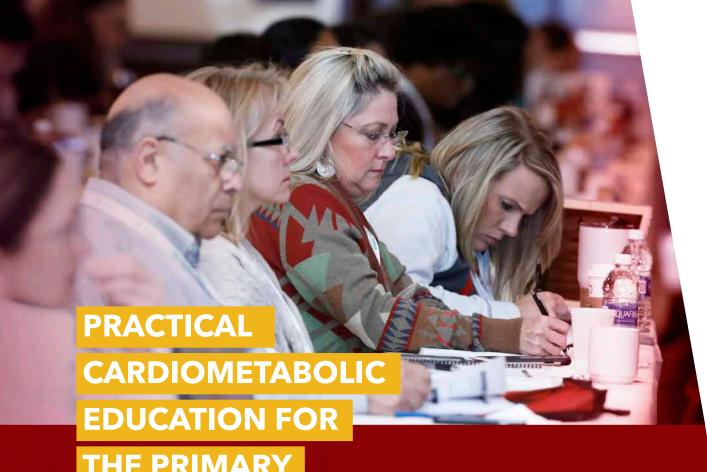


Central Texas Physician Assistant Society

TEXAS

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**CARE TEAM** 

# Welcome to the **Cardiometabolic Risk Summit,**

a scientific program devoted to the diagnosis, management, and prevention of cardiometabolic disease, including hypertension, diabetes, dyslipidemia, obesity, and more.

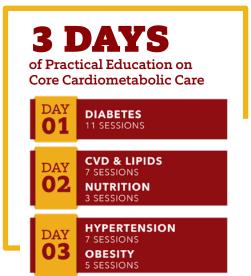
Join us in warm, sunny San Antonio, Texas this September and earn up to 20 CME/CNE/CPE credits!

# **Beat the** Crowds!

Thursday, September 13

Stop by the registration counter between 4 PM and 8 PM and pick up your materials early.

# **The Summit Schedule**



### Day 1 Friday, September 14

The 2018 Summit kicks off with Steering Committee member Jeffery Levine, MD, MPH, presenting "Doctor Heal Thyself: My Personal Battle with Obesity." Day 1 continues with 11 diabetes sessions, including interactive case presentations, technology advances, implications for primary care, and more. See pages 8-9 for the complete lineup.

### Saturday, September 15 Day 2

Focused on cardiovascular disease and lipids, Day 2 sessions provide the latest updates on statin therapy, the use of PCSK9 inhibitors, and a live cooking demonstration in collaboration with the Goldring Center for Culinary Medicine, showcasing nutrition in clinical practice. See pages 12-13 for all details.

### Sunday, September 16 Day 3

Sunday at the Summit offers a full day of hypertension and obesity sessions. Learn how to interpret and apply newly released guidelines in your practice. Also, focus on obesity management strategies to improve patient outcomes and learn about emerging therapies in both of these therapeutic areas. See pages 14-15 for all details.



# ADDRESSING YOUR PATIENT'S CARDIOMETABOLIC RISK: CLINICAL CASE, DISCUSSION, AND AUDIENCE Q&A

Take a clinical case journey via daily presentations of relevant data centered on a particular patient. Each session is followed by **YOUR** questions being answered through debate and discussion by the panelists. See each day's full schedule for more details.

Part 1

**September 14** 8:35 AM-9:45 AM

Part 2

**September 15** 8:00 AM-9:00 AM

Part 3

**September 16** 11:55 AM-12:25 PM









# THE PRESENT & FUTURE OF MEDICAL DEVICES FOR DIABETES

Learn the latest in diabetes device technology and what's on the horizon relating in particular to continuous glucose monitors, hybrid closed-loop systems, insulin pumps, and integration on insulin management with mobile apps.

# SNACK AND EXPLORE IN THE EXHIBIT HALL

Gather information on new products and services in the dynamic Exhibit Hall while enjoying our curated hearthealthy snack breaks.

# LIVE COOKING DEMONSTRATION

Presented in collaboration with the Goldring Center for Culinary Medicine, gain nutritional knowledge and skills to communicate guidance and improve patient outcomes.

# **NEW!**GROUP JOGGING TOUR

Saturday, September 15, 2018

Pack your running shoes and enjoy a fun and educational 3-mile running, jogging, or walking tour through the heart of downtown San Antonio. To learn more and register, visit us at

CombatTheEpidemic.com.



# Daniel Einhorn, MD, FACP, FACE

Clinical Professor of Medicine University of California, San Diego Medical Director, Scripps Whittier Diabetes Institute Associate Editor, Journal of Diabetes President, Diabetes and Endocrine Associates La Jolla, California





# Timothy S. Harlan, MD

Associate Dean for Clinical Services **Executive Director, Goldring Center** for Culinary Medicine **Associate Professor of Medicine** Tulane University School of Medicine New Orleans, Louisiana





# Peter H. Jones, MD, FACP, FNLA

Director, Weight Management Center Houston Methodist Hospital Associate Professor of Medicine Center for Cardiovascular Disease Prevention Houston Methodist DeBakev Heart and Vascular Center **Baylor College of Medicine** Houston, Texas





Margo B. Minissian, PhD, ACNP, CLS, AACC, FAHA

Nurse Scientist, Cardiology Nurse Practitioner Clinical Lipid Specialist, Cedars-Sinai Heart Institute Women's Heart Center Los Angeles, California



CEDARS-SINAI.



# Edward Shahady, MD, FAAFP, ABCL

Clinical Professor of Family Medicine University of Florida Editorial Board Member, Consultant President and Medical Director Diabetes Master Clinician Program Inc. Fernandina Beach, Florida



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# ш ш COMMIT

# Michael J. Bloch, MD, FACP, FASH, FSVM, **FNLA**

Associate Professor, Department of Internal Medicine University of Nevada School of

Medicine Medical Director, Vascular Care Renown Institute for Heart and Vascular Health

Reno, Nevada

# Jeffrey P. Levine, MD, MPH

Professor and Director, Women's Health Programs

Department of Family Medicine and Community Health Professor, Department of Obstetrics,

Gynecology & Reproductive Sciences Master Educators Guild

Rutgers Robert Wood Johnson Medical School

New Brunswick, New Jersey

# Leah Sarris, RD

Director of Operations/Executive

Goldring Center for Culinary Medicine

Instructor of Medicine

Tulane University School of

New Orleans, Louisiana

# Timothy S. Bailey, MD, FACE, CPI

President and CEO, AMCR Institute Clinical Associate Professo University of California, San Diego School of Medicine Escondido, California

# Harold E. Bays, MD

Medical Director/President Louisville Metabolic and Atheroscle rosis Research Center, Inc. Louisville, Kentucky

# Jane K. Dickinson, RN, PhD, CDE

Program Director/Lecturer Diabetes Education and Management Teachers College Columbia University

New York, New York

# Keith C. Ferdinand, MD, FACC, FAHA, FASH, **FNLA**

Professor of Medicine Tulane University School of

Past Chair, National Forum for Heart Disease and Stroke Prevention New Orleans, Louisiana

## James R. Gavin, III, MD, PhD

Chief Medical Officer Healing Our Village, Inc. Clinical Professor of Medicine Emory University School of Medicine Atlanta, Georgia

# F. Wilford Germino. MD. FACP, FASH

Department of Internal Medicine DuPage Medical Group Assistant Professor, Department of Internal Medicine Rush Medical College Chicago, Illinois

# Deborah Horn, DO, MPH, FOMA

Medical Director UT Center for Obesity Medicine and Metabolic Performance President, Obesity Medicine Program Director, UT Fellowship in Clinical Obesity Medicine and Metabolism Clinical Assistant Professor University of Texas McGovern Medical School Houston, Texas

# Scott Kahan, MD, MPH

National Center for Weight and Wellness

John Hopkins Bloomberg School of Public Health

Baltimore, Maryland

# Samuel Klein, MD

William H. Danforth Professor of Medicine and Nutritional Science Director, Center for Human Nutrition Washington University School of Medicine

St. Louis, Missouri

# Mikhail Kosiborod, MD, FACC, FAHA

Director, Cardiometabolic Research Associate Director, Cardiovascular Research

St. Luke's Mid America Heart Professor of Medicine

University of Missouri-Kansas City Kansas Citv. Missouri

# James J. Matera, DO, **FACOI, FASN**

Medical Director, Population Health CentraState Medical Center Freehold, New Jersey

# Javier Morales, MD, FACP, FACE

Associate Clinical Professor of Medicine Hofstra Northwell School of Medicine at Hofstra University Vice President, Principal Clinical

Trials Investigator Advanced Internal Medicine Group East Hills, New York

# Pamela B. Morris, MD. FACC

Director, Seinsheimer Cardiovascular Health Program Co-Director, Women's Heart Care Medical University of South Carolina Charleston, South Carolina

# Lucia M. Novak, MSN, ANP-BC, BC-ADM, **CDTC**

Director, Riverside Diabetes Center Riverside Medical Associates Riverdale, Maryland Adjunct Assistant Professor Uniformed Services University of the Health Sciences Bethesda, Maryland

# Aruna Pradhan, MD, MPH

Staff Cardiologist, VA Boston Healthcare System

Assistant Professor of Medicine Harvard Medical School

Associate Physician, Brigham and Women's Hospital

Division of Preventive Medicine Boston, Massachusetts

# Florian Rader, MD, MSc, FACC, FASE

Co-Director, Clinic for Hypertrophic Cardiomyopathy and Aortopathies Assistant Director, Non-Invasive Laboratory

Hypertension Center for Excellence Critical Cardiac Care, Smidt Heart

Cedars-Sinai Medical Center Los Angeles, California

# Dace Trence, MD

Professor of Medicine Director, Endocrine Fellowship

Director, Diabetes Care Cente University of Washington Seattle, Washington

# James A. Underberg, MD, MS, FACPM, FASPC, FASH, FNLA

Clinical Assistant Professor of Medicine

NYU School of Medicine NYU Center for Prevention of Cardiovascular Disease Director, Bellevue Hospital Lipid

President, National Lipid Association New York, New York

# David Wolinsky, MD. FACC, MASNC

Past President, American Society Nuclear Cardiology Section Head, Nuclear Cardiology Cleveland Clinic Florida Weston, Florida

# Friday, September 14

6:30 AM-7:50 AM

# Registration & Complimentary **Continental Breakfast**

Complimentary continental breakfast for all attendees.

7:50 AM-8:00 AM **Opening Remarks** 



# Conference **Kickoff** Session

Doctor Heal Thyself: My Personal Battle with Obesity

Dr. Jeff Levine, a board-certified family physician and one of the founding Steering Committee members of the Cardiometabolic Risk Summit, will share his personal struggle with obesity and journey to a healthier lifestyle, including a stint as a contestant on NBC's The Biggest Loser, multiple attempts at dieting, usage of weight loss medications, and ultimately, undergoing bariatric surgery. Dr. Levine will share realworld advice he has taken from his own experience and applied to his daily practice, focusing particularly on how to assess your patients for bariatric surgery and help to prepare them for long-term post-surgical success.

# 8:35 AM-9:45 AM

# Addressing Your Patient's Cardiometabolic Risk: Clinical Case, Discussion, and Audience O&A-Part 1

Moderator: Edward Shahady, MD,

Presenters & Discussants: Daniel Einhorn, MD, FACP, FACE; Jane K. Dickinson, RN, PhD, CDE; Peter H. Jones, MD, FACP, FNLA

Follow the translation of evidence to practice in action as our expert faculty walk through a patient case example that illustrates the challenges of managing cardiometabolic disease. In Part 1 of this series, meet the patient at her initial evaluation and hear perspectives on addressing hyperglycemia, dyslipidemia, and issues surrounding motivation and adherence. Presentations will be interwoven with ample time for audience Q&A and panel discussion.

### 9:45 AM-10:15 AM

# The Role of Newer GLP-1 Receptor Agonists in the **Treatment of T2DM**

Javier Morales, MD, FACP, FACE

This session will provide an update on the latest clinical data surrounding the efficacy and safety of GLP-1 RAs, including their impact on common cardiovascular comorbidities and the current recommendations for therapy, considering how to best address the individualized needs of each patient.

# 10:15 AM-10:30 AM Coffee Break

Complimentary coffee/tea for all attendees.

# 10:30 AM-11:15 AM **Practical Approach to Initiating** SGLT2 Inhibitors in Type 2 **Diabetes**

Head-to-head comparisons and ongoing clinical trials assessing cardiovascular outcomes are beginning to reveal key distinctions among available SGLT2 inhibitors that may impact therapeutic selection. This session will discuss the latest data surrounding the efficacy and safety of these agents, as well as provide strategies for selecting appropriate candidates for SGLT2 therapy and initiating treatment.

# 11:15 AM-12:00 PM

# **Industry-Supported Symposium**

# **Incorporating Long-Acting** Insulin Therapy into the Physiologic Approach to **Diabetes Management**

Lucia M. Novak, MSN, ANP-BC, BC-ADM, CDTC; Dace Trence,

Despite the demonstrable positive impact of early insulin initiation and treatment escalation, clinical inertia. remains a significant barrier to meeting glycemic goals in T2DM. This session will highlight the innovations in newer long-acting insulins (LAIs) that more closely mimic endogenous release, and the efficacy and safety data surrounding LAIs that support their initiation early in the course of

Supported by an educational grant from Sanofi US.

# 12:00 PM-12:30 PM

# **Implications for Primary Care:** Discussion and Audience Q&A

An expert panel of speakers will discuss the implications of the featured topics on diabetes management in primary care practice, providing an extended opportunity for additional insights and audience questions.

# 12:35 PM-1:50 PM **Innovation Theater Lunch**

Complimentary lunch; seating is limited. Sponsored by Novo Nordisk, Inc.

# 2:05 PM-2:35 PM

# Intensifying Treatment: Is a Combination Therapy Ideal for Your Patient with T2DM?

James R. Gavin, III, MD, PhD

As T2DM progresses, most patients will require multi-drug regimens, typically combining oral antidiabetics with insulin, to achieve consistent glycemic control. In particular, fixed-dose GLP-1 RA/basal insulin has emerged as a safe and effective combinatory treatment option for therapeutic intensification in T2DM. This session will highlight the latest clinical data and offer strategies for the identification of patients who would most benefit from such an approach to care.

# 2:35 PM-3:05 PM

# Prevention and Treatment of **Diabetes Complications**

Edward Shahady, MD, FAAFP, ABCL

If left untreated, poorly-controlled T2DM can lead to significant complications, including neuropathy, nephropathy, retinopathy, and cardiovascular disease. In this session, learn about the measures you can take to prevent serious complications in your patients with T2DM and the treatments available to address the full spectrum of complications in the event they arise.

# 3:05 PM-3:35 PM

# **Updates on CV Outcomes Trial** Data: Optimizing Treatment of

Mikhail Kosiborod, MD, FACC, FAHA

Given the increased risk of cardiovascular disease among patients with T2DM, new antidiabetics must demonstrate that they do not negatively impact cardiovascular outcomes. Recently, data have begun to emerge surrounding antidiabetic agents, such as SGIT-2 inhibitors and GIP-1 RAs, that are not only safe, but actually decrease the risks of cardiovascular disease. This session will deliver an update on the latest cardiovascular outcomes trial results, highlighting agents that may be particularly beneficial for those patients with cardiovascular comorbidities or for whom lowering this risk is a goal of treatment.

# 3:35 PM-3:55 PM

# **Refreshment Break**

Complimentary refreshments for all attendees.

# 3:55 PM-4:25 PM

# The Language of Diabetes

Jane K. Dickinson, RN, PhD, CDE

Communication is an essential part of effective diabetes care, influencing patient perceptions and behavior when it comes to their disease. With the advent of more effective treatment, diabetes care is shifting toward an individualized approach, and thus, the language of diabetes must evolve as well to become more inclusive, nonjudgmental, and patient-centered in tone. This session will provide recommendations for effective communication strategies to improve patient interactions on a daily basis.

# 4:25 PM-5:00 PM

# **Implications for Primary Care:** Discussion and Audience Q&A

An expert panel of speakers will discuss the implications of the featured topics on diabetes management in primary care practice, providing an extended opportunity for additional insights and audience

# **Featured** Session

The Present & Future of Medical Devices for Diabetes

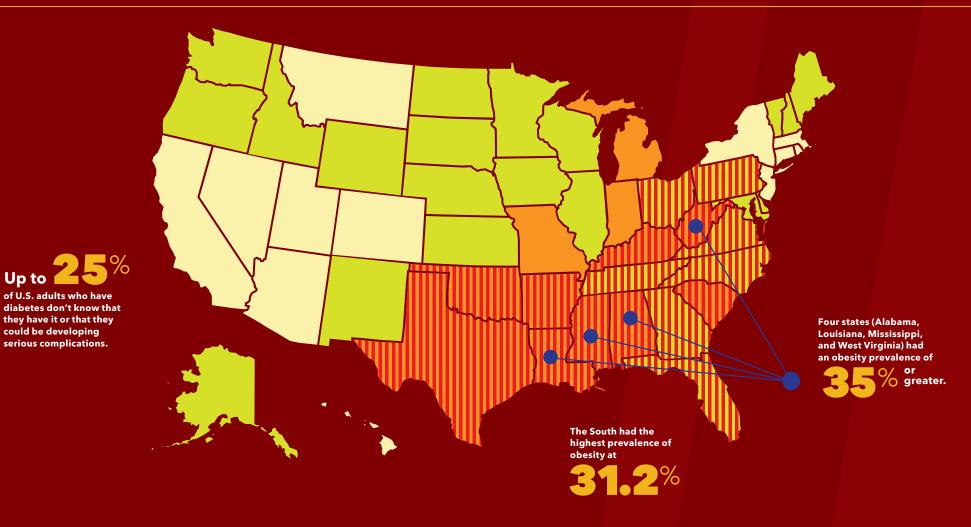


Dr. Timothy Bailey will discuss the latest in diabetes device technology and what's on the horizon relating in particular to continuous glucose monitors, hybrid closed-loop systems, insulin pumps, and integration on insulin management with mobile applications. He will discuss how clinicians can effectively integrate these new technologies into daily practice to improve patient outcomes in diabetes management.

# 5:45 PM-7:15 PM **Exhibit Hall Grand Opening** Reception

**Play Passport to Prizes** and enjoy complimentary refreshments!

# Combat the Epidemic with Practical Education from CRS.



# Obesity Statistics

No state had a prevalence of obesity <20%.

The South had the highest prevalence of obesity (31.2%), followed by the Midwest (30.7%), the Northeast (26.4%), and the West (25.2%).

# Prevalence of Self-Reported Obesity

15%-<20% 20%-<25% 25%-<30% 30%-<35% ≥35%

In 6 states (California, Colorado, Hawaii, Massachusetts, Montana, and Utah) and the District of Columbia, obesity ranged from 20% to <25%.

Nineteen states and Puerto Rico had a prevalence of obesity between 25% and <30%.

Obesity prevalence in **21** states and Guam was **30%** to **<35%**.

Obesity Map and Statistics:

1. Prevalence of Self-Reported Obesity Among U.S. Adults by State and Territory, Behavioral Risk Factor Surveillance System, 2015 . Retrieved from www.cdc.gov/obesity/ data/prevalence-maps. html.

# Diabetes Statistics

The states with counties in the diabetes belt include:

Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, and West Virginia.



Type 2 diabetes accounts for about **90%** to

**95%** of all diagnosed cases of diabetes.

Diabetes was the seventh leading cause of death in the United States in 2013 (and may be underreported).

More than **29** 

million Americans are living with diabetes.

More than **20%** of healthcare spending is for people with diagnosed diabetes.

Diabetes Map:

1. Wahowiak L. (2013, May). The Diabetes Belt. Retrieved from www.diabetesforecast. org/2013/may/the-diabetesbelt.html.

Diabetes Statistics:

1. Working to Reverse the US Epidemic At A Glance 2016, 2016). Retrieved from www. cdc.gov/chronicdisease/ resources/publications/aag/ diabetes.htm.

# Saturday, September 15



# 6:00 AM-7:00 AM San Antonio Group Jogging Tour

Pack your running shoes and enjoy a fun and educational 3-mile running, jogging, or walking tour through the heart of downtown San Antonio. Choose the group that best fits your pace and start the day off right!

# 7:00 AM-8:00 AM Breakfast in the Exhibit Hall

Complimentary breakfast for all attendees.

# 8:00 AM-9:00 AM

# Addressing Your Patient's Cardiometabolic Risk: Clinical Case, Discussion and Audience O&A-Part 2

Moderator: Peter H. Jones, MD, FACP, FNLA

Presenters & Discussants: Michael J. Bloch, MD, FACP, FASH, FSVM, FNLA; Margo B. Minissian, PhD, ACNP, CLS, AACC, FAHA; James A. Underberg MS, MD, FACPM, FASPC, FASH, FNLA

Catch up with the patient you met in Part 1 of this series at her initial follow-up visit. Expert faculty will provide their assessment of how her cardiometabolic needs have evolved, with insight on hypertension medication adjustment and tackling residual dyslipidemia. Join in the continued discussion of this patient case example as the experts chart the patient's progress and outline the next steps in her cardiometabolic management plan.

# 9:00 AM-9:30 AM Integrating Non-Statin Therapies into Optimal Treatment Plans

Margo B. Minissian, PhD, ACNP, CLS, AACC, FAHA

While statin therapy remains the first-line treatment for hyperlipidemia, non-statin therapies continue to have a valuable place in therapy. This session will explore the latest clinical data surrounding available statin alternatives, including ezetimibe, bile acid sequestrants, and beyond, as well as current recommendations regarding their therapeutic placement for appropriate integration into cholesterol management plans.

# 9:30 AM-10:00 AM PCSK9 Inhibitors: Update on CV

**Events and Access Challenges**Pamela B. Morris, MD, FACC

PCSK9 inhibitors offer new hope for patients with dyslipidemia, and these agents are now receiving increased attention for their emerging cardiovascular benefits as well. However, formulary restrictions and access challenges continue to hinder the optimal implementation of PCSK9 inhibitors in practice. This session will discuss the evolving data pool surrounding PCSK9 inhibitors and cardiovascular outcomes and provide tips on how to identify and get access for those patients who would most benefit from these effective alternatives to

### 10:00 AM-10:30 AM

statin therapy.

# The Role of Inflammation in CV Disease: Focus on the CANTOS

Aruna Pradhan, MD, MPH

There is an emerging appreciation for the role of chronic inflammation, independent of lipid levels, as a major driver of atherosclerosis and other cardiovascular events. Thus, targeted biologics developed for the treatment of immune-mediated inflammatory diseases may have a therapeutic role in cardiovascular disease as well, as supported by the results of the CANTOS trial of canakinumab. In this session, the intersection between chronic inflammation and cardiovascular disease, as well as recent clinical trial results that support the therapeutic impact of this relationship, will be discussed.

# 10:35 AM-11:05 AM Refreshment Break in the Exhibit Hall

Complimentary refreshments for all attendees.



# 11:10 AM-11:55 AM

# Industry-Supported Symposium

Advances in Cardiac Imaging Technologies: Primary Care Essentials for Screening, Diagnosis, and CV Risk Reduction

David Wolinsky, MD, FACC, MASNC

The substantial morbidity and mortality of coronary heart disease (CHD) can be mitigated by early detection and subsequent initiation of treatment. However, this condition remains underrecognized in primary practice. This session will highlight existing cardiac imaging modalities for the diagnosis of CHD, the indications of available pharmacologic tools for stress testing, and the appropriate use criteria that should guide the use of particular cardiac imaging techniques in specific patient populations.

Supported by an educational grant from Astellas Pharma US.

# 11:55 AM-12:25 PM

# Lipid-Lowering Therapies: What's New in 2018?

James A. Underberg, MD, MS, FACPM, FASPC, FASH, FNLA

It's an exciting time in the field of lipidlowering therapies, with data beginning to emerge from several clinical trials that offer new perspectives on hyperlipidemia management. Cardiovascular outcomes data are now available for PCSK9 inhibitors, providing new insight into how we use these agents. Moreover, the REDUCE-IT, VITAL, and STRENGTH trials of omega-3 fatty acids are of particular interest for what they may reveal about the efficacy of targeting triglycerides for cardiovascular risk reduction. This session will provide an update on the data that have emerged in this field over the past year, as well as ongoing clinical trials with potential therapeutic implications.

# 12:25 PM-12:55 PM Implications for Primary Ca

# Implications for Primary Care: Discussion and Audience Q&A

An expert panel of speakers will discuss the implications of the featured topics on the management of dyslipidemia in primary care practice, providing an extended opportunity for additional insights and audience questions.

# 1:00 PM-2:15 PM Innovation Theater Lunch

NON-ACCREDITED

Complimentary lunch; seating is limited.

# – OR

# Lunch in the Exhibit Hall

Complimentary lunch for all attendees.

# 2:15 PM-2:30 PM Exhibit Hall Break

# 2:35 PM-3:05 PM

# Biological Challenges of Preventing Obesity and Sustaining Weight Loss

Samuel Klein, MD

Our increased understanding of obesity as a disease offers new insights into the difficulties many patients face in achieving and sustaining a healthy weight. A complex combination of homeostatic and pathophysiologic mechanisms contributes to multiple aspects of obesity and associated cardiometabolic disease, each of which must factor into successful management plans. This session will outline the biologic challenges inherent in obesity, and the role you as a clinician play in addressing those challenges for long-term weight management.

# 3:05 PM-3:35 PM

# Mediterranean Diet in Clinical Practice

Timothy S. Harlan, MD

This session will review the current evidence on the efficacy of low-fat, low-carbohydrate, and Mediterranean dietary patterns for weight loss, their potential mechanisms of action, and important clinical considerations.

# 3:35 PM-3:50 PM Refreshment Break

Complimentary refreshments for all attendees.



# 3:50 PM-5:00 PM

# Live Cooking Demonstration:

# Addressing Your Patient's Cardiometabolic Risk

Timothy S. Harlan, MD; Leah Sarris, RD

Experience this live cooking demonstration presented in conjunction with the Goldring Center for Culinary Medicine at Tulane University. Learn practical tips for overcoming your patients' barriers to healthy eating from Dr. Timothy Harlan and Chef Leah Sarris as they share their food-first approach to culinary medicine and heart-healthy recipes.

# 5:00 PM-6:15 PM Innovation Theater Dinner

NON-ACCREDITED

NON-ACCREDITED

Complimentary dinner; seating is limited.

# Sunday, September 16

## 7:30 AM-8:00 AM

# **Complimentary Continental Breakfast**

Complimentary continental breakfast for

# 8:00 AM-8:30 AM

# Overview & Exceptions to the **New Hypertension Guidelines**

Michael J. Bloch, MD, FACP, FASH, FSVM, FNLA

Aligning your practice with the latest clinical guidelines is a great way to improve the management of hypertension, informing patient assessment, stratification, and individualized treatment. However, certain patient characteristics create exceptions to standardized guidelines and require a more nuanced approach to care. This session will provide an overview of the latest hypertension guidelines, and the patient populations to watch out for that may require thinking outside-the-box.

# 8:30 AM-9:00 AM

# How Do the New Hypertension **Guidelines Change Your Practice?**

F. Wilford Germino, MD, FACP, FASH

With the latest clinical guidelines lowering the threshold for high blood pressure, the number of patients who meet the criteria for hypertension has increased significantly. This session will highlight the new clinical considerations generated by this and other changes to the latest hypertension guidelines and offer tips for how to best adapt your practice.

# 9:00 AM-9:30 AM

# Strategies to Address Resistant Hypertension

Florian Rader, MD, MSc, FACC,

The high prevalence of resistant hypertension, up to 30% of patients, can be attributed to multiple factors, including diagnostic limitations, inappropriate medication combinations, and nonadherence. In this session, strategies to overcome these barriers to optimal hypertension care will be discussed, providing tools to increase patient adherence and an overview of underlying disease pathophysiology.

# 9:30 AM-10:00 AM

# Management of Pulmonary Arterial Hypertension in **Primary Care**

Pulmonary arterial hypertension (PAH) presents unique challenges in diagnosis, management, and care coordination. While the PAH therapeutic armamentarium has grown, diagnostic delays and a lack of appropriate, individualized therapeutic decisions continue to limit positive patient outcomes. This session will outline the risk factors and differential diagnosis for PAH, as well as the disease- and patientspecific characteristics that should influence therapeutic selection, equipping attendees with the knowledge they need to better address this condition in practice.

# 10:05 AM-11:20 AM

# **Innovation Theater Brunch**

NON-ACCREDITED

Complimentary brunch; seating is limited.

Sponsored by Quest Diagnostics.

# 11:25 AM-11:55 AM

# **Optimizing Treatment of Patients** with Heart Failure

Keith C. Ferdinand, MD, FACC, FAHA, FASH, FNLA

Improved identification and management of heart failure in primary care would help reduce the high rate of hospital admissions and suboptimal patient outcomes currently associated with this disorder. This session will provide an update on the latest clinical data surrounding heart failure treatments based on ejection fraction status, as well as current guidelines to promote the adoption of optimal diagnostic and therapeutic practices.

# 11:55 AM-12:25 PM

# Addressing Your Patient's Cardiometabolic Risk: Management of Complex **Hypertension Cases-Part 3**

James J. Matera, DO, FACOI, FASN

In our final case discussion, find out how our patient's cardiometabolic needs have progressed since her last follow-up. This time, expert faculty will outline strategies to address this complex hypertension patient and will broaden the discussion with additional complex hypertension case presentations to consider

# 12:25 PM-1:00 PM

# **Implications for Primary Care:** Discussion & Audience Q&A

An expert panel of speakers will discuss the implications of the featured topics on the management of hypertension in primary care practice, providing an extended opportunity for additional insights and audience questions.

# 1:00 PM-1:20 PM

# Refreshment Break

Complimentary refreshments for all

### 1:20 PM-1:50 PM

# Advances in Lifestyle Intervention: Things to Do and Say to Improve **Outcomes for Your Patients**

Scott Kahan, MD, MPH

Patient engagement is critical for successful outcomes in cardiometabolic risk management, particularly when it comes to encouraging lifestyle changes as part of the therapeutic strategy. Patient counseling can help to manage expectations and ensure that everyone is on the same page with the design and goals of dietary and exercise regimens. This session will provide attendees with practical tools to facilitate patient engagement and education in support of a healthy lifestyle.

# 1:50 PM-2:20 PM

# Real-Life on the Move: The Role of **Technology and Wearable Devices** in Obesity Treatment

Deborah Horn, DO, MPH, FOMA

Explore the current research on physical activity monitoring and obesity treatment via leverage of mobile health options for your patients. Learn about apps and devices that can be valuable resources to efficiently and effectively individualize a physical activity plan for each patient.

# 2:20 PM-2:50 PM

# Current and Future of Obesity Drug Therapies: Echoes of Today's **Metabolic Treatments**

Harold E. Bays, MD

The anti-obesity agents currently available differ in their mechanisms of action but are united in their ability to enhance weight loss and mitigate associated cardiometabolic comorbidities. The successes of these pharmacotherapies, coupled with an increased understanding of the biologic underpinnings of obesity, provide the basis for the next wave of anti-obesity drugs in development. In this session, get an overview of the past, present, and future of obesity drug therapies as we consider how the field of weight loss management will continue to evolve moving forward.

### 2:50 PM-3:20 PM

# Bariatric Surgery: What You Need to Know to Counsel and Care for **Your Patients**

Clinicians should be prepared to support patients both pre- and post-surgery, throughout the decision-making and recovery processes. In this session, learn about the indications and outcomes of the most commonly-performed procedures, as well as your vital role in the long-term management of post-surgical complications and nutritional adjustment, leaving you equipped to manage your bariatric surgery patients for years to come.

# 3:20 PM-3:55 PM **Implications for Primary Care:** Discussion & Audience Q&A

An expert panel of speakers will discuss the implications of the featured topics on obesity management in primary care practice, providing an extended opportunity for additional insights and audience questions.

# 3:55 PM **Closing Remarks**

# ACCREDITATION INFORMATION

# INTENDED LEARNERS

This conference is designed for primary care physicians, family medicine specialists, internists, pedia-tricians, nurse practitioners, nurses, physician assistants, pharmacists, registered dietitians, certified dia-betes educators, and other related healthcare professionals involved in the treatment of patients at risk for cardiometabolic syndrome.

# LEARNING OBJECTIVES

After attending the Cardiometabo Risk Summit, participants should be able to:

- •Examine the role of primary care in identifying and managing cardiometabolic risk factors, including diabetes, dyslipid obesity, and hypertension.
- •Incorporate evidence-based strategies in clinical practice to ssist in counseling patients on optimal nutrition for cardiometabolic health. •Analyze optimal diagnostic and
- treatment strategies to decrease cardiometabolic risk factors, delay progression of existing disease and effectively manage clinically challenging cases.
- •Implement recent auidelines for managing diabetes, dyslipidemia, obesity, and hypertension in clinical practice.

# ACTIVITY OVERVIEW

The interactive educational conference will occur from September 14-16, 2018 at the Marriot Rivercenter in San Antonio, Texas. A question-and-answer session with the faculty will follow the presentations

To be eligible for documentation of credit, participants must attend the fill activity and submit a completed evaluation form. Participants who complete the evaluation on time within in four weeks of the live meeting will provider approved by the Californic board of Registered Nursing. Provider #13255 for 20.0 contact immediately receive documentation of credit.

# ACCREDITATION

is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses ntialing Center (ANCC) to provide continuing education for the healthcare team.

NACCME designates this live activity for a maximum of 20.0 AMA PRA Category 1 Credits™.

Physicians should claim only the extent of their participation in the activity.

The National Commission or Certification of Physician Assistants AAFP accepts AMA PRA Category 1 Cred-AAFP App its™ from organ by the ACCME.

This activity is approved for 20.0 contact hours (2.0 CEUs) of JA0006201-0000-18-024-I 01-P

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