

WHAT DID YOU LIKE MOST ABOUT ANNUAL ASSEMBLY?

Good Speakers/Lectures
1. quality of the lectures
2. Excellent speakers
3. There was a variety of speakers and subjects spoken about.
4. Quality of lectures has definitely improved from when I attended years ago. Also liked that you could attend in person or virtually.
5. good variety of lectures
6. Variety of topics
7. The session topics. All very relevant to family medicine.
8. Speakers and colleagues
9. diversity of lectures
10. Good CME at one location
11. PREP HIV, DIFFICULT DIABETES OVERCOMING OBESITYTOPICS
12. CME
13. Good mix of topics
14. Good mix of clinical items
15. Ability to choose sessions pertinent to individuals
16. Well rounded format on various topics
17. Staying up to date in my knowledge and connecting with colleagues.
18. Presentations
19. good mix of lectures + opportunity for social or time with ones family in City.
20. information presented and seeing collegues
21. Session length perfect
22. Variety of topics with new topics like AI.
23. great speakers
24. Content
25. Wide variety of topics
26. I attended virtually so it was all about the speakers and topics. Both were met a high standard this year, I felt. Thank you.
27. The potential innovations of AI, and HIV in primary care.
28. Quality of speakers
29. Lectures were great
30. Having update or refresh on topics relevant to my clinical practice.
31. The lectures
32. Gaining knowledge and connecting with peers.
Location
1. Location
2. location
3. The Roosevelt
4. In New Orleans
5. all in one spot

6. in person / exhibits / speakers / people / people / people
7. Meeting was at same place of hotel, convenient
8. Location and time of year
9. Local and reinforce many aspects of my practice
10. location
11. Location
12. proximity to home, colleagues, educational topics
13. The venue
14. The hotel accommodations and conference were in the same location.
15. The location
16. roosevelt hotel site and facilities
Events/Social Events
1. The welcome party
2. social events, some speakers
Networking
1. I enjoyed seeing colleagues
2. Networking
3. Colleagues
4. networking/learning useful information
5. Informative and great networking
6. Networking
7. NOLA Networking Comraderies streaming
8. networking
9. the ability to see my fellow physicians and take time to share our triumphs and our hurdles in medical practice.
10. colleague
11. Networking
12. FPs getting together
13. Interaction with other members, president's party
14. excellent time to meet colleagues and collaborate, also the CME is great and helpful
Staff
1. well run, great staff
2. Well organized
3. Well organized
4. 1/2 days
5. Very well conducted
6. The organization and location of the conference
7. Staff that was organizing it and being able to meet up with colleagues
8. The app with availability of lectures and slides to review after the conference.
9. The organization was great as were the presenters
Virtual/Daily Option
1. VIRTUAL ALLOWED

2. Virtual Access
3. virtual option worked well for me
4. flexibility to attend in person and virtually
5. It was an option for live or virtual.
6. Virtual option

WHAT DID YOU LIKE LEAST ABOUT ANNUAL ASSEMBLY?

Meeting Facilities
1. Cold ballroom at times
2. no parking, uber for going to dinner/ \$57 a day to park
3. elevators
4. the temperature of the room
5. Temperature
Timing
1. Summer in NOLA is HOT
2. Timing of year
3. Dates. Needs to be Tuesday through Saturday
4. The days. Prefer Wednesday thru Saturday
Topics
1. Some topics and presenters
2. The number of non physician presenters and industry presenters
3. length of presentations. I believe that they should be less time in length and offer more speakers and or topics
4. Too much industry sponsorship, some biased speakers
5. Non physician presenters who were not experts in the field but were obviously hired by CME companies - having a pharmacist present on colon cancer screening was inappropriate
6. Canned CME slide presentations
7. Some of the sessions were redundant to my knowledge but not sure that is avoidable when I work hard to keep up to date.
8. Obesity talk by Dr Othman
9. some of the topics, especially ones sponsored by companies were a bit esoteric
10. The lectures. They were overly simplistic.
11. I feel like there could be some different lecture topics. Some updates on medications.
12. Some of the presentations were a little over load
13. I felt a lot of the speakers topics were related and lectures geared to pharmaceutical reps' current meds
14. Pharmaceutical driven talks
15. Some of the topics have been covered last year and the year before: OSA, peripheral vascular disease.
16. some of the material - not useful for FM

17. Speakers were mixed in quality
18. I felt the abdominal pain topic was a bit simple.
19. Some topics have no relevance to my practice
20. Canned CME slide presentations
Audio Visual
1. first few lectures had sound problems but yall fixed that quick!
2. Problems with slides not projecting
3. audio issues in first lecture for online participants
4. VIDEO PLAYBACK ON THE FIRST TWO TALKS WAS NOT CLEAR
5. Initial sound quality, but it was corrected
6. Audio-at first
7. Glitches with sound or program for virtual participants. At one point I returned spot on at 1:00 (Saturday, I think) and the program had already started and seemed to have been going for a while.
Meeting Logistics
1. Full days
2. early start
3. I wish the president's party would be in the same hotel as the conference.
4. more coffee all day
5. Coming from Tower 1 of the hotel, upon arriving at the Mezzanine level, there was no obvious signage directing me down the hallway to where I needed to go. Perhaps one sign could have been put up at those elevators.
6. Expense
7. need more coffee
8. Number of courses.... Would like more
9. Board meeting dinner (food was not very good)
10. Needs coffee after lunch
11. The late night activities end late and the activities in the morning start early.
12. no consistency on credit/evals. Some had pre-post test as usual, some used slido (which was janky). However, they didn't even always use the same format, and sometimes the links included with the LAFP app for event didn't even work. Can we please make all the presenters use the same evaluation format next year, and make them submit working links at least 1 week before the conference so the links in LAFP app work?
13. food at Friday banquet was terrible
14. The parties being back to back after having the Wednesday night meeting.
15. Lack of coffee in the afternoons
16. they took the coffee away
17. Many of the slides had white or light text on a light background, rendering the text very difficult to read. Having to provide my email to participate in many of the sessions.
18. I did not enjoy the vendor booths

WHICH SESSION WAS THE MOST USEFUL TO YOU?

<i>Lumbar Spinal Stenosis: An Evidence Based Review</i> <i>Speaker: Charles Webb, DO, FAAFP, FAMSSM</i>	4
<i>Rethinking Uncomplicated UTIs: A Comprehensive Review of Diagnosis, Management, and Ovel and Emerging Treatment Options</i> <i>Speaker: Matthew Rosenberg, MD</i>	4
<i>Early Cancer Detection and Colorectal Cancer Screening</i> <i>Speaker: Mark Kirkikis, PharmD, CPGx</i>	0
<i>Artificial Intelligence: Are They Coming for Your Job?</i> <i>Speaker: Sterling Ransone, MD, FAAFP</i>	4
<i>The Wake-Up Workshop Initiative: Your Practical, Comprehensive Guide to Obstructive Sleep Apnea</i> <i>Speaker: Nicholas Pennings, DO, DABOM, MFOMA, FACOFP, FAAFP and Jeremy D. McConnell, MD, MFOMA, Dipl ABOM</i>	4
<i>A Primary Care Perspective on the Diagnosis and Treatment of Irritable Bowel Syndrome</i> <i>Speaker: Brooks D. Cash, MD</i>	2
<i>From Preparation to PrEP and HIV: Addressing Primary Care Needs for the LGBTQ+ Community</i> <i>Speaker: David Janese, MD and Ronald Slipman, MD, FAAFP</i>	3
<i>Changing the Future for Families With HoFH: Long-Term Benefits of Early Diagnosis and Treatment for Homozygous Familial Hypercholesterolemia</i> <i>Speaker: James A. Underberg, MD, MS, FACPM, FACP, FNYAM, FASPC, FNLA</i>	2
<i>Overcoming Obesity: A PCP's Guide to Comprehensive Obesity Care</i> <i>Speaker: Amal Othman, MD, DABOM, FOMA</i>	14
<i>MASLD and MASH: Early Identification to Decrease Associated Complications</i> <i>Speaker: Thomas Jensen, MD</i>	7
<i>BRIDGING COMMUNITY: Collaborative Efforts in Early Detection and Intervention for Alzheimer's Disease</i> <i>Speaker: Brianna Wynne, MD, FAAFP</i>	4
<i>Difficult-to-Control Diabetes: Consider Hypercortisolism</i> <i>Speaker: Stephen Brunton, MD, FAAFP, CDCES</i>	13
<i>From Trauma to Treatment: Managing PTSD in the Primary Care Setting</i> <i>Speaker: Charles Vega, MD, FAAFP and Lori Davis, MD</i>	5
<i>New and Emerging Approaches for Treating VMS Associated with Menopause</i> <i>Speaker: Stephen Brunton, MD, FAAFP, CDCES</i>	2
<i>A Focus on Family Physicians in the Care of Patients with HIV</i> <i>Speaker: Florence Momplaisir, MD, MSHP and Ronald Slipman, MD, FAAFP</i>	5
<i>Evaluation and Management of Acute Abdominal Pain</i> <i>Speaker: Kabiul Haque, MD, MPH, MBA</i>	9
<i>GSK US CGA: RSV Primary Care at the Center of RSV Prevention: Community- Focused Strategies to Foster Trust and Vaccine Acceptance</i> <i>Speaker: Charles Vega, MD, FAAFP</i>	2
<i>Shedding Light on Type 2 Diabetes: Weight Management, Co-morbidities & Future Breakthroughs</i>	14

<i>Speaker: Charles Vega, MD, FAAFP</i>	
<i>Non-CME Breakfast Symposium – Product Theater for Zepbound® (tirzepatide) Injection Speaker: Tiffany N. Lowe Clayton, DO, DABOM, MHPE</i>	1
<i>An Overview of Vascular Disease in Primary Care Speaker: Kabiul Haque, MD, MPH, MBA</i>	1
<i>Navigating Gastrointestinal Challenges: Insight into GERD and H. pylori Management Speaker: Joel John Heidelbaugh, MD, FAAFP, FACG</i>	4
<i>Management of Lymphocytosis in Adults Speaker: Nakhle Saba, MD</i>	2

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HOW WOULD YOU IMPROVE ANNUAL ASSEMBLY FOR NEXT YEAR?

Lecture Logistics
1. I would rather have an extra day of conference and have the lectures more spread out, with more breaks in between, so its not so sedentary.
2. Like to try one year where do not have paid speakers. Maybe a panel of two or three docs discussing a topic for 30 minutes then the rest Q and A or interaction.
3. Hands on interaction
4. improved more legible texts on slides. On the app on iphone, attachments could not be opened during the sessions.
5. I would offer more breakout session like was offered this year with the AI UTI cases. Hands-on procedural session offerings would also be welcomed.
6. Do more working lunch sessions where we get CME credits while we eat
7. perhaps some seminar-type small-group sessions in addition to the normal CME lectures would be nice
8. Perhaps consider offering multiple concurrent lectures so attendees can pick and choose what they want to hear.
9. shorter presentations and offer more topics/speakers
10. Attempt to optimize delivery format, presenters and content
11. Keep CME around 20 hours
Timing/Location
1. Run from Tuesday thru Saturday
2. Wednesday through Saturday

3. Please end by noon. It's hard to sit all day and then attend an event in the evening. There needs to be time to recompress
4. different weekend
5. Can everything be on the beach side?
6. change of venue
Topics
1. More useful information in the topics
2. Consider more new and emerging topics rather than review topics
3. More relevant topics. The topics that were presented, I either knew everything I needed to and it was reaffirmed, or the topics had no relevance to my practice.
4. continue with the broad spectrums of topics very useful
5. Needs to make the conference topics less scientific
6. hands on ultrasound opportunities
7. More lectures on diabetes
8. The quality of the information shared needs to be better and more advanced. Most of the information given is applicable to second and third year med students only.
9. more down to earth topics
10. Try to get more dynamic speakers
11. More pediatric lectures, vaccine lectures, mental health
12. More presenters from local residencies and medical schools
13. Advanced, realistic AI
14. Stronger topics and speakers
Audio Visual
1. Projector on the left's bulb was failing (or color correction wrong) and sometimes slides were illegible with certain background colors.
Meeting Facilities/Food
1. in hotel social events to prevent travel
2. different venue
Other
1. This was the best o e.keep the same committee
2. Great job, I will leave it to you guys! Great Conferences
3. It was great being back for live conference. I also appreciated being able to do some sessions virtually.
4. consistency on evaluation method for credit, as above in least liked aspect of conference.
5. encourage medical students to attend for free. Residents also.
6. Logging in to the online evaluations in real time was difficult. I was often unsuccessful at it.
7. Better quality T-shirts

WHAT SESSIONS WOULD YOU LIKE TO SEE AT FUTURE CONFERENCES OR TRAININGS PROVIDED BY LAFP?

Practice Management/Wellness
1. Financial/coding sessions. Tips on how to survive as an independent solo physician.
2. Some practice management, management of MOUD, 2 hours of required nutrition education (from MAHA law)
3. Independent practice topics
4. physician well-being, racism impact on patients or doctors
5. practice management topics like maximizing inbox efficiency
6. Business of medicine lectures
7. Coding/billing
8. Business model of medicine lectures.
9. Need more education on financial management of offices
10. Business and finance - how to negotiate with employers for pay raise , team based models and more quality time with patients
Cardiology/Diabetes
1. Structural heart procedures—TAVR, watchman’s and when to refer for these.
2. Diabetes
3. Management of the hypertensive patient with other co-morbid conditions ie HF, CKD
4. Obesity
5. GLP1s beyond glycemic control
Immunizations
1. Immunization updates
2. Quick reviews on vaccine recommendations and screening recommendations could be useful but would want it to be a rapid review. Perhaps some focus on the information like the choosing wisely campaign to start conversations on what we do that adds value to our patients' lives.
3. Vaccine hesitancy and how to overcome
4. Side effects of immunizations
5. updates on vaccines and protocols
Workshops
1. Hands on sessions for procedures if that's possible
2. MSK workshop, POCUS workshop, or at least an introduction to POCUS
3. musculoskeletal
Psychiatry
1. Chronic insomnia, chronic pain, anxiety/panic
2. More psychiatry
3. psych
4. Diagnosis and Treating resistant depression and anxiety in Primary Care
5. addiction, ER, chronic pain
Women’s Health

1. Women's health updates for cancer screenings and such
2. osteoporosis management
3. menopause
Other
1. Medical Marijuana data
2. Up to date government health care policy
3. Dermatology and infectious disease
4. hepatitis B management in primary care
5. Pharmacogenetic testing and how to interpret panels
6. having difficult conversations with patients
7. some hospital medicine topics
8. Lifestyle medicine as this is the foundation of many of our chronic condition treatment plans
9. Updates on latest treatment of HIV and Hepatitis
10. asthma treatment
11. Diagnosis and treatment of POEMS/LT amyloidosis
12. difficult to treat HTN
13. Better fatty liver disease lecture
14. CKD