


# Agenda (All times Eastern)

**Saturday, January 16, 2027**

12 – 12:35 p.m. **Welcome From the Course Directors**

12:35 – 1:50 p.m. **Hyperlipidemia Guidelines Update: Five patients you will see on Monday**

Viet T Le, DMSc MPAS PA-C

Hyperlipidemia Guidelines Update follows five patients a primary care PA might see on Monday: someone weighing a first treatment decision, a younger adult with possible familial hypercholesterolemia, a patient considering coronary calcium testing, a person with overlapping cardiovascular-kidney-metabolic risk, and someone with established ASCVD whose LDL cholesterol remains above goal. Through these cases, participants will apply the 2026 dyslipidemia guideline, use the appropriate PREVENT risk estimate, interpret Lp(a) and selected additional tests, and connect lifestyle and medication choices to each patient's priorities. The session emphasizes practical follow-up, shared decisions, and when primary care should partner with a specialist.

At the conclusion of this session, participants should be able to:

- Use PREVENT-ASCVD and Calculate / Personalize / Reclassify
- Set risk-matched LDL-C and non-HDL-C goals
- Interpret Lp(a), selective apoB, CAC, FH and CKM clues
- Start, monitor, intensify and refer with a focused question

2 – 3:15 p.m. **When First Line Fails: A Family Medicine Approach to Depression**

Michael Asbach, DMSc, PA-C

This session discusses depression first-line care: when to choose lifestyle changes, counseling, or medication, based on severity and patient preference, using PHQ-9 to track progress. It then covers patients who

remain symptomatic on one or two medications. Before changing anything, check adherence, dose and duration, and look for missed bipolar disorder, substance use, sleep apnea, and other medical causes, with targeted labs and an EKG when indicated. An evidence-based framework then guides the next step: optimize the current drug, switch, or augment. The session gives practical guidance on prescribing antipsychotic add-ons, including dosing, baseline and follow-up labs, movement exams, side-effect management, and when to make adjustments. Two case studies show how to apply this. The session closes with when to refer to psychiatry, red flags that need urgent care, an overview of interventional treatments (esketamine, TMS, ECT, and newer neuromodulation), and how to write an effective referral.

At the conclusion of this session, participants should be able to:

- Compare first-line options for MDD (lifestyle, psychotherapy, and medication) and select an initial plan based on severity, patient preference, and access, using measurement-based care
- Evaluate a patient who remains symptomatic on 1–2 antidepressants: rule out pseudo-resistance, bipolar disorder, and medical contributors, and order appropriate labs and ECG
- Choose between optimizing, switching, and augmenting, and safely prescribe and monitor adjunctive second-generation antipsychotics (dosing, follow-up timing, metabolic and movement monitoring)
- Identify when to refer to psychiatry, describe interventional options (esketamine, TMS, ECT, neuromodulation), and make an effective specialty referral

3:30 – 4:45 p.m.

**Spasms and Stones and Prostates, OH MY**

Joshua Anderson, PA-C, MPAS

This presentation is meant to empower you in your practices to manage some conditions with confidence as well as feel sure that your referrals to urology are appropriate and well-fleshed out.

At the conclusion of this session, participants should be able to:

- Identify various conditions that should prompt referral to urology
- Give brief but informative descriptions to patients regarding the nature of the problem and the reason for urology involvement
- Identify lab testing, imaging, or co-referrals that will set their patient's up for success
- Identify diagnoses that can be managed initially in your own practices or dismissed as non-concerning

4:45 – 5:30 p.m. **Cases Part 1**

5:30 – 6:30 p.m. **Chocolate Tasting (Optional)**

**Sunday, January 17, 2027**

12:30 – 1:45 p.m. **Pulmonary Hypertension for Family Medicine Providers: Recognizing the Zebra and Knowing when to Refer**

Robyn Kunkel, PA-C

In this presentation you should be able to define PH, understand the different types, and know the risk factors. Also, to know which red flags should prompt an early referral. We will provide case studies of patients you may see in clinic to help support the information.

At the conclusion of this session, participants should be able to:

- Define pulmonary hypertension
- Recognize symptoms and risk factors of PH
- Know how to start an initial workup for PH, and recognize red flags for early referral
- Describe the primary provider's role in diagnosis and management

2 – 3:15 p.m. **Chronic Pain & Buprenorphine (w/ Special Guest: Kratom)**

Gina Shults, PA-C, DMSc, MPAS

Chronic pain management in primary care can be complex, particularly when considering opioid therapy. This session will review buprenorphine's unique pharmacology, including its activity at opioid receptors. Participants will review evidence-based opioid prescribing recommendations, identify patients who may benefit from buprenorphine for chronic pain, and compare available buprenorphine formulations. Practical prescribing strategies will address induction, dose escalation, follow-up and monitoring, functional goals, risk mitigation, and navigating insurance coverage challenges. And joining as our special guest: kratom. We'll examine its principal active components, effects on opioid receptors, and clinical implications for evaluating and treating patients with chronic pain. Attendees will leave with practical tools to support informed, individualized, evidence-based treatment decisions in family medicine.

At the conclusion of this session, participants should be able to:

- Explain buprenorphine's mechanism of action and the clinical implications for analgesia and safety

- Apply evidence-based opioid prescribing recommendations to determine when buprenorphine may be an appropriate treatment option for adults with chronic pain
- Compare available buprenorphine formulations for pain management, including transdermal, buccal, and sublingual formulations
- Develop a buprenorphine treatment plan that includes induction, dose escalation, follow-up, functional goals, risk mitigation, and strategies to address insurance barriers
- Describe kratom's principal pharmacologically active components, their effects on opioid receptors, and the clinical implications of kratom use when evaluating and treating patients with chronic pain

3:30 – 4:45 p.m. **Shot of Truth, Navigating the Vaccine Hesitation**

Michelle Kerr, DMS, MPAS, PA-C, FCUCM, DFAAPA

This session is intended to review the current pediatric vaccine guidelines from the AAFP and concurrently reflect on advisement from the CDC, and medical, science-based guidelines versus law. Discussion will center around preventable disease states by current vaccines, and age-sensitive associated morbidities and mortality. Discussion is expanded to frequently noted reasons behind vaccine hesitancy and how to approach hesitation in a caring, compassionate, and medically scientific manner, along with potential compromise on alternate scheduling and dosing of vaccines.

At the conclusion of this session, participants should be able to:

- Discuss the evolution and reasons behind vaccine hesitancy
- Inform of current vaccine guidelines and projected updates
- Discuss the disease states that current vaccines protect against, the age sensitivity for protection of the most vulnerable from morbidity and mortality
- Discuss how to frame the conversation around vaccine hesitancy
- Inform regarding medical guidelines versus law

4:45 – 5:30 p.m. **Cases Part 2**

5:30 – 6:30 p.m. **Terrarium Workshop or Jeopardy (Optional)**

**Monday, January 18, 2027**

12:30 – 1:45 p.m. **Vestibular Testing: Who, What, When, and Where?**

Kelsey Hatton, Au.D., CCC-A

Imbalance and hearing loss are common issues, and often require multidisciplinary management. Dizziness management and falls prevention are particularly challenging to address with a single healthcare provider. This talk aims to outline Audiology's role in the care pathway for patients, provide tools for referral decision-making, explain vestibular assessment ordering options, and give insight into the burden vestibular impairments can have on patients.

At the conclusion of this session, participants should be able to:

- Perform three screenings that can support referral for vestibular testing
- List component tests from a comprehensive vestibular test battery
- Summarize the impact sensory impairments have on cognitive function

2 – 3:15 p.m.

**Vomit, Visit, Repeat: Understanding Cannabinoid Hyperemesis Syndrome and Breaking the Cycle**

Matt Weiseman, PA-C

Daily cannabis use is rising across the country, and with it Cannabinoid Hyperemesis Syndrome (CHS). This presentation will equip clinicians in almost all specialties to recognize and manage the full spectrum, from a prodromal phase of persistent morning nausea and abdominal pain to disabling cyclic vomiting that drives repeat ED visits, hospitalizations, and missed work. We will review population trends in cannabis use; examine leading mechanisms; differentiate from other cyclical vomiting syndromes; and discuss evidence-based acute and preventitive treatments for CHS and discuss alternatives for common drivers of daily cannabis use (chronic pain, anxiety/insomnia, nausea).

At the conclusion of this session, participants should be able to:

- Summarize current trends in cannabis use in the United States among adults and adolescents
- Explain proposed mechanisms, prevention and treatment of CHS
- Differentiate CHS from key mimics using history, exam, and targeted testing
- Review evidence-based alternatives for common conditions driving daily cannabis use (chronic pain, anxiety/insomnia, nausea) and incorporate nonpharmacologic and pharmacologic options into care plans

3:30 – 4:45 p.m.

**Masters of Disguise: Common Pediatric MSK Complaints and Can't-Miss Mimics**

Sarah Bolander, DMSc, PA-C, DFAAPA

Growing pains, or something you can't afford to miss? Through five case-based pediatric musculoskeletal presentations, participants will explore common diagnoses and their potentially serious mimics. Emphasis will be placed on practical differential diagnosis, focused examination, appropriate imaging and laboratory testing, evidence-based management, and recognizing when timely referral is needed.

At the conclusion of this session, participants should be able to:

- Develop an age-appropriate differential diagnosis for common pediatric musculoskeletal presentations using key history and physical examination findings
- Differentiate benign, self-limited musculoskeletal conditions from potentially serious pathology by identifying clinical red flags
- Select appropriate initial imaging and laboratory studies based on clinical presentation and diagnostic suspicion
- Formulate initial management plans, including conservative treatment, follow-up, and indications for urgent or routine specialty referral

## Pre -Recorded Sessions

**Under Pressure: The Monday-Morning Playbook. Confirm it. Understand the risk. Treat it. Follow it.**

Viet T Le, DMSc MPAS PA-C

Under Pressure uses five familiar primary-care cases to make the 2025 hypertension guideline usable on Monday morning. Participants will confirm hypertension with accurate office and out-of-office measurements; apply PREVENT-CVD and cardiovascular-kidney-metabolic context to treatment thresholds; and choose lifestyle and medication plans that patients can obtain and sustain. Cases address stage 1 and stage 2 hypertension, apparent treatment resistance, secondary causes, and changing medication needs as health improves. For each patient, the session models clinical reasoning, shared decision-making, monitoring, and a focused referral when needed. The goal is a reliable pathway from a trustworthy blood pressure reading to a treatment decision and a named follow-up owner.

At the conclusion of this session, participants should be able to:

- Confirm hypertension with accurate office and out-of-office measurements
- Apply PREVENT-CVD and CKM context to treatment thresholds
- Choose and adapt lifestyle and medication plans using clinical reasoning
- Investigate difficult control, refer purposefully, and close the follow-up loop

**The Heat is On: Menopause Transition Management in 2026**

Breann Garbas, PA-C

Menopause symptoms can disrupt sleep, relationships, and work, yet many patients struggle to obtain effective treatment. This case-based session equips primary care PAs to evaluate and manage the menopause transition with confidence. Participants will examine vasomotor symptoms and genitourinary syndrome of menopause, assess symptom burden, and individualize treatment using patient preferences and clinical risk factors. Discussion will address menopausal hormone therapy, including timing of initiation, contraindications, route selection, endometrial protection, and considerations for patients with a cancer history. The session will also explore nonhormonal therapies, including newer neurokinin receptor antagonists, and distinguish systemic treatment needs from those requiring local vaginal therapy. Attention to social determinants of health, medication costs, and access barriers will support realistic treatment planning. Through evolving patient scenarios, attendees will strengthen shared decision-making skills and develop strategies for initiating therapy, monitoring response, and adjusting treatment to improve quality of life throughout the menopause transition in primary care.

At the conclusion of this session, participants should be able to:

- Discuss physiologic change that occurs in perimenopause, menopause, and post-menopause
- Discuss laboratory testing commonly associated with menopausal changes
- Apply current guidelines to appropriately prescribe hormone replacement therapy for a patient without contraindications
- Identify those patients requiring alternatives to hormone replacement therapy

**Hormones, Havoc, and Metabolism: Untangling PMOS**

Breann Garbas, PA-C

Polyendocrine metabolic syndrome presents a clinical picture that requires clinicians to connect hormonal changes with metabolic health. This session provides a framework for understanding the underlying physiology, recognizing clinical manifestations, and approaching diagnosis in primary care. Participants will explore how endocrine and metabolic processes interact, evaluate relevant patient histories and examination findings, and select appropriate diagnostic testing while considering alternative explanations. Discussion will address associated health risks and potential long-term complications, with emphasis on opportunities for screening, prevention, and patient counseling. Management will focus on individualized care that incorporates lifestyle interventions, appropriate pharmacologic treatment, and ongoing assessment of treatment response. Attention to patient priorities and barriers to care will support shared decision-making and realistic treatment goals. Attendees will leave with a structured approach to evaluating patients, communicating risk, and developing management plans that address both presenting concerns and the broader implications for health across the lifespan in everyday clinical practice.

At the conclusion of this session, participants should be able to:

- Explain the endocrine and metabolic physiology underlying polyendocrine metabolic syndrome and its clinical manifestations
- Apply a diagnostic approach incorporating clinical findings, appropriate laboratory testing, and consideration of alternative diagnoses
- Assess associated health risks and long-term complications to guide screening and patient counseling
- Develop individualized management plans incorporating lifestyle interventions, pharmacologic treatment, and ongoing monitoring

**Hematology Across the Spectrum: A Case-Based Approach to CBC Interpretation and Cytopenias**

Christi A. Blake, DMS, MHS, PA-C, MLS(ASCP)CM

The complete blood count (CBC) is a commonly ordered test in family medicine, yet interpreting results and determining next steps can be challenging. This case-based session will provide a systematic approach to CBC interpretation, including red blood cell indices, white blood cell differential, and platelet counts. Through cases spanning across the life spectrum, participants will explore common patterns of anemia, thrombocytopenia, pancytopenia, and other hematologic abnormalities.

At the conclusion of this session, participants should be able to:

- Apply a systematic approach to interpreting CBC results, including hemoglobin, hematocrit, red blood cell indices, white blood cell/differential, and platelet count
- Differentiate common patterns of anemia using CBC findings
- Recognize cytopenias, including thrombocytopenia and pancytopenia that may warrant additional evaluation or hematology consultation

**No Filter Here! What Primary Care Providers Need to Know About ESRD/Dialysis Patients**

Brooke Olenowski, PA-C

The end stage renal disease (ESRD) patient population is growing. From a general medicine standpoint, it is important for providers to be aware of how these patients are managed. This lecture will answer questions that providers often have about ESRD patients. It will focus on the clinical picture of advanced CKD patients when patients need to start renal replacement therapy. It will review what the various renal replacement therapy options are including in-center hemodialysis, home hemodialysis, home peritoneal dialysis, deceased donor kidney transplant, living donor kidney transplant, and the option of no renal replacement therapy. The last section will focus on complications of ESRD that are managed by the nephrology team at the patient's dialysis unit. This includes blood pressure issues, volume status, electrolyte management, management of bone mineral disease, anemia, and nutrition support. Providers will have a better understanding of how to manage this growing population of patients.

At the conclusion of this session, participants should be able to:

- Identify signs and symptoms of advanced CKD patients and indications to start renal replacement therapy
- Differentiate between different renal replacement therapy options and which option is best for different patients
- Anticipate complications of ESRD and understand how to co-manage these complications with the primary nephrology team

**You spin my head right 'round: Identifying and initiating work up for central vs peripheral vertigo**

Bailey Young,PA-C

Vertigo is a particularly distressing symptom and has a broad differential. The goal of this discussion is to empower the primary care PA-C to initiate work up and support patients as they make their way to diagnosis and treatment.

At the conclusion of this session, participants should be able to:

- Describe vertigo and other vestibular symptoms
- Determine acuity of vertigo
- Discuss high level differential for central vertigo and peripheral vertigo
- Order initial testing and evaluations including referral to appropriate specialist if indicated
- Support patients with vertigo

**Trends, Targets, and Titration: A Practical Guide to CGM and Insulin Adjustment**

Justine Herndon, MS, PA-C

Insulin therapy remains a foundational approach in diabetes management, yet optimizing insulin dosing and adjusting regimens to meet patients' evolving needs can be challenging. Effective use of insulin in diabetes requires an understanding of pharmacokinetics, individualized titration strategies, and careful interpretation of glucose data. Advances in technology, particularly continuous glucose monitoring, now provide clinicians with real-time insights that can refine dosing decisions and improve safety. Through case-based sessions, we will review evidence-based approaches to insulin dosing and adjustment and discuss how to leverage technology to enhance outcomes.

At the conclusion of this session, participants should be able to:

- Discuss the use of insulin in patients with type 2 diabetes
- Interpret an ambulatory glucose profile from a continuous glucose monitor
- Adjust insulin doses based upon glycemic control data

**Introduction to Dermoscopy: The Stethoscope for the Skin**

Hayden Middleton, DMSc, PA-C

This lecture will outline foundational dermoscopy knowledge and skills for beginners, including how dermoscopy works, how to differentiate between benign and malignant skin lesions using a triage tool, and understanding key features of common benign and malignant lesions.

At the conclusion of this session, participants should be able to:

- Describe how dermoscopy works including the difference between polarized and nonpolarized dermoscopy
- Interpret dermoscopy images of common benign skin lesions
- Summarize key features of malignant skin lesions

**Rheum with a Clue: Solving the Mystery of Joint Pain**

Audrey B. Gibson MsPAS, PA-C

Joint pain is a common complaint in primary care, but when is it more than just wear and tear? Recognizing inflammatory rheumatic disease early can make all the difference in preventing irreversible joint damage and improving patient outcomes. Through engaging clinical cases, practical diagnostic strategies, and real-world pearls, this session will help primary care clinicians navigate the often-confusing world of rheumatology. We'll explore the clinical clues, essential laboratory testing, and interpretation pitfalls associated with rheumatoid arthritis, lupus, gout, and axial spondyloarthritis. Participants will gain confidence in distinguishing inflammatory from noninflammatory conditions, initiating appropriate treatment while awaiting rheumatology evaluation, identifying red flags that warrant urgent referral, and effectively co-managing patients with rheumatology specialists. Leave with practical tools and strategies you can put to work in your very next clinic session.

At the conclusion of this session, participants should be able to:

- Recognize and differentiate the key clinical features, early warning signs, and diagnostic clues of common rheumatic diseases encountered in primary care
- Select and interpret essential laboratory tests and diagnostic studies for suspected rheumatic disease
- Initiate and coordinate evidence-based management of common rheumatic conditions in the primary care setting

**Providing Quality Care Through Patient Trust: Improving Health Outcomes and Patient Satisfaction**

Jennifer Barnett, DMSc, PA-C, DFAAPA, CPHQ, CAQ-HM, SFHM

We all know a good plan only works if the patient trusts us enough to follow it, and we have to earn that trust in a 15-minute visit. In this session, we'll work through several real family medicine cases together. For each one, we'll build the differential and treatment plan side by side, factoring in the patient's values, health literacy, and social context, and look at how those pieces shape adherence and shared

decision-making. We'll dig into what happens when the patient relationship breaks down and how that leads to missed diagnoses, nonadherence, poor outcomes, and low satisfaction, along with the targeted interventions worth our time. We'll also talk about compassion on the clock, the small, intentional moves that help patients feel heard even on our busiest days. You'll leave with a patient-centered communication strategy you can use in clinic right away.

At the conclusion of this session, participants should be able to:

- Evaluate how breakdowns in the patient relationship contribute to poor health outcomes, missed diagnoses, nonadherence, and low patient satisfaction, and justify targeted interventions to address them
- Formulate a differential diagnosis and treatment plan for a case-based patient presentation that incorporates the patient's values, health literacy, and social context to strengthen adherence and shared decision-making
- Design a patient-centered communication strategy that builds trust during the clinical encounter and supports improved health outcomes and patient satisfaction in family medicine practice

**Red Light! Green Light! Screening and Primary Prevention for Older Adults**

Jessica Wright, MBA, PA-C, DFAAPA

In primary care we are often held to quality metrics that include screening and primary prevention, but we may be wondering if these interventions make sense for our older adults. Today's session will help participants get up to date guidance on screening and primary prevention in the older adult population and discuss some tools to help guide these discussions with our patients.

At the conclusion of this session, participants should be able to:

- Review the difference between chronologic and physiologic aging
- Describe common preventive care recommendations for older adults
- Review valuable tools for decision making and preventative-care
- Describe current specific vaccinations recommended for older adults
- Reframe the Medicare Annual Wellness Visit as a valuable Preventative Medicine Visit

**Complications in Aesthetic Medicine: Catch the Adverse Event Associated with the Often-Undetectable Injectable**

Justine Roberts, MPAS, PA-C, RVT, MBA, DFAAPA

Aesthetic medicine treatments are becoming more common as the field has exploded in recent years. This presentation was created to share complications from the aesthetic medicine specialty that may show up in your primary care exam room. Though complications are rare, there are a few you may see. Patients may or may not be forthcoming about their treatment history, so it is extremely important to know what questions to ask to elicit the information needed to provide exceptional care.

At the conclusion of this session, participants should be able to:

- Assess adverse events and the evaluation process associated with common aesthetic medicine procedures to include neurotoxin injections and dermal filler injections
- Discuss strategies for improving confidence and competence of Physician Associates and the care team, in identifying adverse events associated with common aesthetic medicine procedures
- Appraise the stigma associated with adverse events resultant of common aesthetic medicine procedures
- Identify quality resources to increase knowledge of common aesthetic medicine procedures and practices
- Demonstrate a facial assessment to recognize the source of adverse events associated with neurotoxin and dermal filler treatment