



CME			Thursday, April 4, 2024 – Pre-Conference Session		
 	<p><b>Registration for KSA &amp; Breakfast opens at 7:30am</b></p>	<p><b>ABFM KSA Study Group – Topic: “Pain Medicine”</b>  <b>Facilitators – Armand Auger MD, FAAFP &amp; Francis Bellino MD, FAAFP</b> – (**If you wish to participate in this NOT as a part of your ABFM MOC, contact MAFP office for CME credit information**) – This activity focuses on diagnosing chronic pain syndromes in family medicine, identify pharmacologic appropriate therapy for specific conditions, including painful diabetic neuropathy, osteoarthritis, trigeminal neuralgia, and fibromyalgia, describe the use of active modalities such as exercise and physical therapy in the treatment of chronic pain, recommend appropriate pharmacologic and non-pharmacologic options for the treatment of functional chronic pain conditions, explain the indications, risks, and monitoring recommendations for long-term opioid pain medications. <i>(*This program meets the Maine State Board of Licensure Renewal Requirements for Opioid CME*)</i> also – <b>Medication Access and Training Expansion (MATE) Act</b> – Individuals who need to self-report time spent training to fulfill the requirement should note that the ABFM Pain Medicine KSA has approximately two-thirds of the 60 total questions which address the topics of appropriate opioid prescribing, substance use disorders in those with concurrent pain, effective pain treatment planning, and substance misuse. The ABFM Pain Medicine KSA offers up to 8 credits of accredited CME. Hours reported should reflect the time spent in the activity)</p>	<p><b>KSA Session 8am –12:00pm</b></p>		

**KSA – Attendees have this automatically uploaded to their transcripts from ABFM**



## Thursday April 4, 2024 - 1:00pm – 5:15pm MAFP Annual Update General Sessions

	12:00pm	<b>Registration for MAFP Annual Update OPEN - Box Lunch Provided</b>
.75 cme	1:00 – 1:45	<b>Session 1: “Behavioral Disturbances in Dementia and Caregiver Burden” – Carlen Smith, MD</b> – Objectives: 1) Define & assess most burdensome behaviors in dementia; 2) Consider options for treating mood disorders, behavioral issues, & psychosis in DBD; 3) Consider ways to assess, engage, & support caregivers for patients with dementia.
.75 cme	1:50 – 2:35	<b>Session 2: “Primary Care for Transgender, Non-Binary, &amp; Gender Queer Patients” – Julia McDonald DO, MPH</b> – Objectives include: 1) Identify health disparities, risks, & resiliencies for TG/NB/GQ patients; 2) Provide overview of preventive health care for trans patients; 3) introduce prescribing hormones for gender-affirming care; 4) Share resources for information and referrals.
.75 cme	2:40 – 3:25	<b>Session 3: “Striped Horses – Encountering “Zebras” In Every Day Family Medicine Practice” – John Kroger MD, FAAFP</b> – Objectives include: 1) Review the importance of recognizing unusual or rare illnesses in Family Medicine; 2) Review some of the rare diagnoses that may be encountered in your practices.
	3:25 – 3:40	<b>Break</b>
.75 cme	3:40 – 4:25	<b>Session 4: “Anticipatory Guidance in the Well Child Visit – Addressing Parent Concerns for Infants &amp; Toddlers” – Jessica Faraci MD</b> – Objectives: Participants will: 1) Review common questions asked by patients in the well child visit for infants and toddlers; 2) Learn the guideline-based answer to these questions; 3) Learn the evidence-based answer to these questions, and how to counsel parents on overall guidance.
.75 cme	4:30 – 5:15	<b>Session 5: “Pediatric Obesity: Clinical Practice Guidelines” – Garrie Gordon MD</b> – Objectives: 1) Review of the key elements of the 2023 AAP CPG on Obesity; 2) Discuss how the guidelines can be implemented in the primary care setting.
	5:15 pm	<b>Regular program Adjourn – Dinner on your own</b>

**\*\*\*Added session (no CME)\*\* 5:15 – 6:00pm “Discussion On The Current State of Primary Care In Maine & How to Improve It” – Facilitated by Marco Cornelio MD, MAFP President Elect**



## Friday April 5, 2024 - 8:00pm – 5:00pm MAFP Annual Update General Sessions

	7:00 am	<b>Registration Open &amp; Breakfast available until 8:30am</b>
.75 cme	8:00 – 8:45	<b>Session 6: “Fibromyalgia for Primary Care” – Dana L. Villmore PhD, PA-C –</b> Objectives: 1) Discuss pathophysiology, identify triggers and comorbid conditions of fibromyalgia; 2) Diagnose fibromyalgia utilizing current ACR and/or AAPT criteria; 3) Formulate individualized treatment plans for patients with fibromyalgia using holistic approach and appropriate pharmacotherapy.
.75 cme	8:50 – 9:35	<b>Session 7: “What is a Practice-Based Research Network and Why Would I Join One?” – Neil Korsen MD, MS –</b> Objectives: At the end of this session attendees will be able to: 1) Describe practice-based research network (PRBN); 2) Explain the benefits that have been found in studies of participants in PBRN’s.
.75 cme	9:40 – 10:25	<b>Session 8: “State Behavioral Health Response to Lewiston Gun Violence Crisis – A Public Health Approach” – Puthiery Va DO, MS, Director of the, Maine CDC –</b> Objectives: 1) Share information about Maine CDC’s role in the state’s response in the aftermath of the Lewiston shooting event; 2) Discuss lessons learned and continuing actions that the state and Family Physicians can take to remain prepared for this and other crisis events.
	10:25 10:40	<b>Break</b>
.75 cme	10:40 – 11:35	<b>Session 9: “Living with A Grieving Heart: A Family Physician’s Insight” – Marianne Bette MD –</b> Objectives: 1) Understand what are the expected immediate changes in a patient’s mental, physical, and cognitive status upon the death of a loved one; 2) Review the challenges of a grief-stricken patient in the first year after their loved one’s death; 3) Outline method’s that healthcare providers can use to counsel grieving patients as they confront these challenges; 4) Discuss how healthcare providers can facilitate grieving patients in moving through these challenges, and ultimately, achieve healing and live a fulfilling and enjoyable life; 5) Review individualizes treatment options for those who are grieving.
.75 cme	11:40 – 12: 25	<b>Session 10: “Ward Rounds- Cases in Hospital Medicine” – Elizabeth Herrle MD, FACP FHM –</b> Objectives: 1) Review current trends & updates in the care of the hospitalized adult; 2) Discuss case presentations of diseases seen in the acute care environment.
	12:25 – 1:40	<b>LUNCH &amp; ANNUAL BUSINESS MEETING</b> (including AAFP Fellowship Convocation, remarks by guest AAFP President – <b>Steven Furr MD, FAAFP</b> , Installation of new members of Board of Directors)
	1:40 – 1:45	<b>Brief Break to change over General Session Room</b>
.75 cme	1:45 – 2:30	<b>Session 11: “Diabetes Update focusing on GLP-1s &amp; SGLT-2s” – Elisabeth Fowlie Mock MD, FAAFP, MPH –</b> Objectives: 1) Analyze strategies for diabetes prevention; 2) Investigate the pharmacology of the diabetes drug classes: GLPS-1s & SGLT-2s; 3) Formulate a framework for comprehensive diabetes care. <i>*This session has been developed by the Maine Independent Clinical Information Service (MICIS)*</i>
.75 cme	2:35 – 3:20	<b>Session 12: “Insulin Management and CGM for Primary Care” Michela Fiori PharmD, MPH –</b> Objectives: 1) Provide an overview of the latest insulin formulations, mechanisms & considerations for optimizing diabetes management; 2) Understand how to integrate CGM into primary care practice; 3) Demonstrate how the use of CGM in primary care can lead to improved patient outcomes.

## 32<sup>nd</sup> Annual MAFP Family Medicine Update – April 4 & 5, 2024

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	<b>3:20 – 3:35</b>	<b>Break</b>
<b>1.5 cme</b>	<b>3:35 – 5:05</b>	Session 13: <b>“Updates from the Maine Opioid Response Clinical Advisory Committee: Inpatient Management of OUD, and Ambulatory Alcohol Withdrawal Management” – Rachel Solotaroff, MD &amp; Alane O'Connor, DNP</b> – Objectives: 1) Describe the evidence for, and patient and physician perspectives, regarding the use of MOUD in the hospital setting; 2) Promote understanding of how these perspectives and evidence translate in the Opioid CAD's guidance for basic and advanced levels of care for patients with OUD in the inpatient hospital setting; 3) Review best evidence and expert opinion on ambulatory withdrawal management for alcohol use disorder.
	<b>5:05pm</b>	<b>Wrap-up &amp; Adjourn</b>
<b>Total CME 4/5: 6.75</b>		