The Department of Medicine, Division of General Internal Medicine
University of California, San Francisco School of Medicine
presents

Essentials of Primary Care: A Core Curriculum for Adult Ambulatory Practice

August 2-7, 2015
Resort at Squaw Creek
North Lake Tahoe, California

Course Chair:
Robert B. Baron, MD, MS
Professor of Medicine; Associate Dean for Graduate and Continuing Medical Education
Vice Chief, Division of General Internal Medicine
University of California, San Francisco

University of California, San Francisco School of Medicine
Exhibitors

Bayer

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G Optimizing the Care of Vulnerable and Underserved Populations
Dean Schillinger, MD

G Management of Lipid Disorders: Where Do We Stand with the New Practice Guidelines
Robert B. Baron, MD, MS

MONDAY, August 3, 2015

G Common Dermatologic Problems in the Age of Wider Access: What the Primary Care Physician Needs to Know
Toby A. Maurer, MD

G Updates in Management of COPD and Asthma
Soraya Azari, MD

G Management of Diabetes: a Primary Care Perspective
Robert B. Baron, MD, MS

Updated Guidelines for Managing Menopausal Symptoms
Michael S. Policar, MD, MPH

TUESDAY, August 4, 2015

New Developments in Management of Sexually Transmitted Infections
Michael S. Policar, MD, MPH

G Dermatologic Infectious Disease: Viral, Fungal and Bacterial Skin Diseases
Toby A. Maurer, MD

Overuse Injuries: Solving a Challenging Puzzle
Anthony Luke, MD

Concurrent Workshops (select one):

A: Mastering Office Gynecological Procedures
Michael S. Policar, MD, MPH

B: Applying New Understandings About Health Communication Into Everyday Practice
Dean Schillinger, MD
WEDNESDAY, August 5, 2015

**G Skin Diseases in the Aging Patient**  
Toby A. Maurer, MD

**G Opioid Prescribing for Chronic Pain: An Evidence-based Approach**  
Soraya Azari, MD

**Office Orthopaedics: MSK or not MSK? That is the Question**  
Anthony Luke, MD, MPH

**Concurrent Workshops (select one):**

**G C: Dermatologic Procedures in Primary Care**  
Toby A. Maurer, MD

**D: Outpatient Management of Nicotine Addiction and Substance Use Disorders**  
Soraya Azari, MD

THURSDAY, August 6, 2015

Understanding Sports-related Head Injuries and Concussions  
Anthony Luke, MD, MPH

**G Modern Management of Hypertension**  
Robert B. Baron, MD, MS

**G Atrial Fibrillation: New Guidelines, New Recommendations**  
Dean Schillinger, MD

**Concurrent Workshops (select one):**

**E: Mastering the Musculoskeletal Exam and Office Procedures in Sports Medicine**  
Anthony Luke, MD, MPH

**F: Current Approaches for Obesity: Diet, Exercise, Medications, and Surgery**  
Robert B. Baron, MD, MS

FRIDAY, August 7, 2015

**G Congestive Heart Failure: Effective Diagnosis, Monitoring, and Treatment**  
Dean Schillinger, MD

**Contraception in Medically Complicated Women**  
Robert B. Baron MD MS

**Understanding Amenorrhea and PCOS**  
Michael S. Policar, MD, MPH

**HIV Medicine for the Generalist**  
Soraya Azari, MD

**G Geriatric Credit**
ESSENTIALS OF PRIMARY CARE:  
A CORE CURRICULUM FOR ADULT AMBULATORY  
PRACTICE  

Changing patterns of medical practice are placing greater responsibility on primary care clinicians. Increasingly difficult management decisions must now be made in the ambulatory setting. Primary care clinicians must be increasingly competent in office skills and procedures more commonly associated with specialist practice. At the same time, many specialty-trained physicians, particularly obstetrician/gynecologists, traditionally trained internists, and medical subspecialists are being asked to play an expanded role in primary care practice. Nurse practitioners and physician assistants are also playing an ever-increasing role. This course is designed to provide a comprehensive core curriculum in adult primary care. The course will serve as an excellent update and review for current primary care physicians and other primary care professionals and as an opportunity for specialists to expand their primary care knowledge and skills.  

Particular emphasis will be placed on principles of primary care, office-based preventive medicine, practical management of the most common problems seen in primary care practice, and expanded skills in clinical examination and common office procedures. Special emphasis will be placed on examination, procedural skills and clinical problem solving in dermatology, gynecology and women’s health, orthopaedics and sports medicine, substance abuse, clinical nutrition, and health communication skills. The course will utilize formal lectures, hands-on workshops, case discussions, an audience response system, and questions and answers. A detailed syllabus will be provided for all participants.  

This course is presented by the Division of General Internal Medicine, Department of Medicine and is sponsored by the Office of Continuing Medical Education, University of California, San Francisco School of Medicine.
Educational Objectives

The purpose of this course is to increase competence and improve clinician practice in primary care. We specifically anticipate improvements in skills and strategies to:

- Implement new guidelines in office-based preventive medicine including cancer screening and management of cardiac risk factors;
- Develop strategies to care for common office problems including hypertension, lipid disorders, CHF, COPD, diabetes, HIV, head injuries, overuse injuries, and atrial fibrillation;
- Manage common problems in women’s health including contraception, menopause, amenorrhea, PCOS, STI’s, and office gynecological procedures;
- Diagnose and treat common skin disorders and skin cancer;
- Counsel patients to lose weight, increase physical activity, and address issues of substance abuse;
- Perform an effective problem-focused history and physical examination for evaluation and treatment of dermatologic, gynecologic, and musculoskeletal complaints;
- Perform common office procedures in dermatology, gynecology and sports medicine;
- Counsel patients about diet, nutritional supplements, and smoking cessation;
- Communicate with patients and their families, particularly those with low English proficiency and/or health literacy;
- Advocate for high quality for all patients, especially the most vulnerable; Increase quality and decrease costs in medical practice.
Accreditation
The University of California, San Francisco School of Medicine (UCSF) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. This course is designated **20.25 AMA PRA Category Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity. This CME activity meets the requirements under California Assembly Bill 1195, continuing education and cultural and linguistic competency.

**Family Physicians**
This activity has been reviewed and is acceptable for up to **19.25** prescribed credits by the American Academy of Family Physicians.

**Geriatric Medicine**
The approved credits include **9.25** credits towards meeting the requirement under California Assembly Bill 1820 Geriatric Medicine.
General Information

Attendance Verification/Sign-In Sheet / CME Certificates
Please remember to sign-in on the sign-in sheet when you check in at the UCSF Registration Desk on your first day. You only need to sign-in once for the course, when you first check in.

After the meeting, please visit this website http://www.ucsfcmecom/evaluation to complete the online Course Evaluation Part 2/ Electronic CME Certificate Claiming

Upon completing the Electronic CME Certificate Claiming, your CME certificate will be automatically generated to print and/or email yourself a copy.

Evaluation
Your opinion is important to us – we do listen! We have a two part evaluation for this course.

The Course Evaluation Part 1/Speaker Evaluation is the bright yellow hand-out you received when you checked in. Please complete this during the meeting and turn it in to the registration staff at the end of the conference.

After the meeting, please visit this website http://www.ucsfcmecom/evaluation to complete the online Course Evaluation Part 2/ Electronic CME Certificate Claiming

We request you complete this evaluation within 30 days of the conference in order to receive your CME certificate through this format.

Otherwise you will need to certify your hours with the registration office at registration@ocme.ucsf.edu

Phone Messages
Any messages during the conference can be left by calling (415) 913-9146 and asking for the UCSF Essentials of Primary Care. Messages will be posted at the registration desk.

Security
We urge caution with regard to your personal belongings and syllabus books. We are unable to replace these in the event of loss. Please do not leave any personal belongings unattended in the meeting room during breaks or overnight.

Presentations
PowerPoint presentations will be available on our website, www.cme.ucsf.edu, approximately 2-4 weeks post event. We will only post presentations for those authorized by the presenters.

Going Green
We are pleased to announce our efforts to ‘go green’. Currently all marketing materials such as brochures and syllabi are printed only on recycled paper. We need your help – if you would like to see this course provide only an electronic syllabus or make other changes please let us know via your evaluation.
Federal and State Law
Regarding Linguistic Access and Services for Limited English Proficient Persons

I. Purpose.
This document is intended to satisfy the requirements set forth in California Business and Professions code 2190.1. California law requires physicians to obtain training in cultural and linguistic competency as part of their continuing medical education programs. This document and the attachments are intended to provide physicians with an overview of federal and state laws regarding linguistic access and services for limited English proficient (“LEP”) persons. Other federal and state laws not reviewed below also may govern the manner in which physicians and healthcare providers render services for disabled, hearing impaired or other protected categories.

The Federal Civil Rights Act of 1964, as amended, and HHS regulations require recipients of federal financial assistance (“Recipients”) to take reasonable steps to ensure that LEP persons have meaningful access to federally funded programs and services. Failure to provide LEP individuals with access to federally funded programs and services may constitute national origin discrimination, which may be remedied by federal agency enforcement action. Recipients may include physicians, hospitals, universities and academic medical centers who receive grants, training, equipment, surplus property and other assistance from the federal government.

HHS recently issued revised guidance documents for Recipients to ensure that they understand their obligations to provide language assistance services to LEP persons. A copy of HHS’s summary document entitled “Guidance for Federal Financial Assistance Recipients Regarding Title VI and the Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons – Summary” is available at HHS’s website at: http://www.hhs.gov/ocr/lep/.

As noted above, Recipients generally must provide meaningful access to their programs and services for LEP persons. The rule, however, is a flexible one and HHS recognizes that “reasonable steps” may differ depending on the Recipient’s size and scope of services. HHS advised that Recipients, in designing an LEP program, should conduct an individualized assessment balancing four factors, including: (i) the number or proportion of LEP persons eligible to be served or likely to be encountered by the Recipient; (ii) the frequency with which LEP individuals come into contact with the Recipient’s program; (iii) the nature and importance of the program, activity or service provided by the Recipient to its beneficiaries; and (iv) the resources available to the Recipient and the costs of interpreting and translation services.

Based on the Recipient’s analysis, the Recipient should then design an LEP plan based on five recommended steps, including: (i) identifying LEP individuals who may need assistance; (ii) identifying language assistance measures; (iii) training staff; (iv) providing notice to LEP persons; and (v) monitoring and updating the LEP plan.

A Recipient’s LEP plan likely will include translating vital documents and providing either on-site interpreters or telephone interpreter services, or using shared interpreting services with other Recipients. Recipients may take other reasonable steps depending on the emergent or non-emergent needs of the LEP individual, such as hiring bilingual staff who are competent in the skills required for medical translation, hiring staff interpreters, or contracting with outside public or private agencies that provide interpreter services. HHS’s guidance provides detailed examples of the mix of services that a Recipient should consider and implement. HHS’s guidance also establishes a “safe harbor” that Recipients may elect to follow when determining whether vital documents must be translated into other languages. Compliance with the safe harbor will be strong evidence that the Recipient has satisfied its written translation obligations.
In addition to reviewing HHS guidance documents, Recipients may contact HHS’s Office for Civil Rights for technical assistance in establishing a reasonable LEP plan.

The California legislature enacted the California’s Dymally-Alatorre Bilingual Services Act (Govt. Code 7290 et seq.) in order to ensure that California residents would appropriately receive services from public agencies regardless of the person’s English language skills. California Government Code section 7291 recites this legislative intent as follows:

“The Legislature hereby finds and declares that the effective maintenance and development of a free and democratic society depends on the right and ability of its citizens and residents to communicate with their government and the right and ability of the government to communicate with them.

The Legislature further finds and declares that substantial numbers of persons who live, work and pay taxes in this state are unable, either because they do not speak or write English at all, or because their primary language is other than English, effectively to communicate with their government. The Legislature further finds and declares that state and local agency employees frequently are unable to communicate with persons requiring their services because of this language barrier. As a consequence, substantial numbers of persons presently are being denied rights and benefits to which they would otherwise be entitled.

It is the intention of the Legislature in enacting this chapter to provide for effective communication between all levels of government in this state and the people of this state who are precluded from utilizing public services because of language barriers.”

The Act generally requires state and local public agencies to provide interpreter and written document translation services in a manner that will ensure that LEP individuals have access to important government services. Agencies may employ bilingual staff, and translate documents into additional languages representing the clientele served by the agency. Public agencies also must conduct a needs assessment survey every two years documenting the items listed in Government Code section 7299.4, and develop an implementation plan every year that documents compliance with the Act. You may access a copy of this law at the following url:
http://www.spb.ca.gov/bilingual/dymallyact.htm
# Faculty List

## Course Chair

**Robert B. Baron, MD, MS**  
Professor of Medicine; Associate Dean for Graduate and Continuing Medical Education; Vice Chief, Division of General Internal Medicine

## Course Faculty  
(University of California, San Francisco unless indicated)

**Soraya Azari, MD**  
Assistant Professor of Medicine; Associate Director, UCSF Primary Care Residency Program, San Francisco General Hospital

**Anthony Luke, MD, MPH**  
Professor of Orthopaedics and of Family and Community Medicine; Director, UCSF Primary Care Sports Medicine

**Toby A. Maurer, MD**  
Professor and Chief of Dermatology  
San Francisco General Hospital

**Michael S. Policar, MD, MPH**  
Professor of Obstetrics, Gynecology & Reproductive Sciences

**Dean Schillinger, MD**  
Professor of Medicine and Chief  
Division of General Internal Medicine  
San Francisco General Hospital
Disclosures

The following faculty speakers, moderators, and planning committee members have disclosed they have no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation(s) or commercial support for this continuing medical education activity:

Soraya Azari, MD
Robert B. Baron, MD, MS
Toby A. Maurer, MD
Michael S. Policar, MD, MPH
Dean Schillinger, MD

The following faculty speakers have disclosed a financial interest/arrangement or affiliation with a commercial company who has provided products or services relating to their presentation(s) or commercial support for this continuing medical education activity. All conflicts of interest have been resolved in accordance with the ACCME Standards for Commercial Support:

SPORTZPEAK Inc  Board Member
Stock Shareholder (excluding mutual funds)
Holder of Intellectual Property Rights

This UCSF CME educational activity was planned and developed to: uphold academic standards to ensure balance, independence, objectivity, and scientific rigor; adhere to requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and, include a mechanism to inform learners when unapproved or unlabeled uses of therapeutic products or agents are discussed or referenced.

This activity has been reviewed and approved by members of the UCSF CME Governing Board in accordance with UCSF CME accreditation policies. Office of CME staff, planners, reviewers, and all others in control of content have disclosed no relevant financial relationships.