



CHINESE AMERICAN MEDICAL ASSOCIATION OF SOUTHERN CALIFORNIA

Proudly presents

“Same Diseases, Different Continents”

CME Activity I

Monday, April 4, 2016

National University Singapore

21 Lower Kent Ridge Road

Singapore 11907

Program Overview

As Asia modernizes, its disease patterns begin to resemble those observed in the United States. Health burdens in Asian populations are shifting away from communicable diseases to non-communicable ones such as cardiovascular disease, cancers, respiratory illness, and diabetes. Yet, the threat of infectious diseases looms given the globalization of Asia and human encroachment on tropic ecosystems, increasing the likelihood for pathogenic outbreaks. These health concerns are exacerbated by the rapidly aging population in Asia and the U.S. Presently, the ethnic Chinese populations residing in Asia and the U.S. are more comparable than ever.

Traditionally, the United States has been the world leader in biomedical research. However, medical research institutions in Asia have generated knowledge specific to disease management for Asian patients. This information is not only relevant to physicians practicing in Southern California, but also serves as useful basis for comparing Asian and Western countries' perspective to global disease treatment and management. A wider understanding furthers the development and application of new disease-specific strategies for improved patient outcomes in the U.S. This educational symposium will review available data, identify health disparities, and address how knowledge, competence, and performance gaps of diseases common to similar Chinese populations are managed in different continents at the primary care level.

This session in Singapore will revolve around topics commonly encountered by primary care physicians, including cardiac valvular disease, cerebrovascular disease, sleep disorders, and aspects of healthcare that distinguish Singapore, including pharmacogenomics and viral illnesses, drawing upon Singapore's experience with the avian and swine flu outbreaks. Lastly, Singapore is comprised of three major ethnic groups, Chinese, Malay, and Indian. This multicultural milieu is strikingly similar to Southern California, and learning from Singapore will further the goal of integrating cultural competence with optimal medical care.

This live educational forum is planned to allow our community physicians from Southern California to learn and engage in open dialogue with conference lecturers from the U.S. and Singapore on different approaches to disease management and treatment options that are also culturally sensitive, the goal of which is to improve knowledge, competence, and performance for better patient care.

Target Audience

The target audience for this CME activity will consist of physician members of CAMASC and non-members who primarily serve the Chinese population in the Los Angeles Basin and surrounding areas in Southern California

which includes mainly family practice and internal medicine physicians, physicians of all other medical specialties.

CME Credit Requirement

As an IMQ/CMA accredited CME provider, we are required to measure “Changes in Competency/Performance” in all CME activities. All attendees will be asked to complete the Post-Activity Evaluations online by **Monday, April 18, 2016 at 11:59PM** in order to receive CME credit(s). **No Exceptions.**

Accreditation Statement



The Chinese American Medical Association of Southern California (CAMASC) is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians.

Credit Designation Statement

The Chinese American Medical Association of Southern California (CAMASC) designates this live activity for a maximum of **6.0 AMA PRA Category 1 Credit(s)™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Educational Method

The activity will consist of seven (7) live lectures, presented by our distinguished faculty members to facilitate the different educational needs of a diverse audience. To meet the educational needs of the attendees, this activity will provide educational interventions for the attendees’ professional development that are based on continuous improvement in the knowledge, competence and performance in clinical practice necessary to provide optimal patient care. Multiple learning methodologies were considered, and the seminar will employ a combination of educational methods, including live didactic lectures, group discussions, case studies, pre & post-test, and interactive techniques such as question/answer to enhance teaching/learning engagements.

California Assembly Bill (AB) 1195

This activity is in compliance with California Assembly Bill 1195 which requires continuing medical education activities with patient care components to include curricula in the subjects of cultural and linguistic competency.

Commercial Support

In compliance with the Accreditation Council for Continuing Medical Education (ACCME) and the Institute for Medical Quality/California Medical Association (IMQ/CMA) standards and guidelines, CAMASC has received commercial support for this educational activity through Independent Medical Education grants from the following company: **Gilead Sciences.**

Disclosure Statement

As a CME provider accredited by IMQ/CMA, CAMASC must ensure balance, independence, objectivity and scientific rigor in its educational activities. CME Program Committee Members, Course Director(s), Content

Reviewer(s), Faculty members, and all others who are in a position to control or deliver the content of this educational activity are required to disclose all relevant financial relationships with any commercial interest related to the subject matter of the educational activity. Safeguards against commercial bias have been put in place. Faculty will also disclose any off-label and/or investigative use of pharmaceuticals or instruments discussed in their presentation. Detailed disclosures will be made prior to the beginning of CME activity.

Americans with Disabilities Act

CAMASC complies with the Americans with Disabilities Act. Please contact our CME Administrator at (213) 572-0631 or camasc@foundationpamc.org no later than Wednesday, March 9, 2016. Every reasonable effort will be made to accommodate your special needs.

Conference Agenda – For CME Activity I

Date: Monday, April 4, 2016

Location: National University Singapore
21 Lower Kent Ridge Road
Singapore 11907



8:00 AM Registration

8:30AM Opening Remarks / Disclosure

8:45AM Pharmacogenomics for Asian Patients

Purpose

Pharmacogenomics represents an important application of precision medicine, the use of genetic polymorphisms to select medication for a patient. Pharmacogenomic applications include the dosage of warfarin, risk prediction for carbamazepine induced Stevens Johnson syndrome in Chinese patients, phenytoin adverse cutaneous events, aldehyde dehydrogenase variants and cancer chemotherapy. However, a survey conducted by the American Medical Association found that most physicians are not familiar with the field, and primary care physicians had educational needs about genetic testing, recommendations for prescribing these tests, and interpretation of test results. Singapore has developed a Pharmacogenomics Web portal to make information on this area available to clinicians.

Objectives

1. Summarize the genetic polymorphisms identified to date that are relevant to Asian patients with breakdown by ethnicity
2. Prescribe pharmacogenomics testing in patients when indicated
3. Educate patients about pharmacogenomics testing and their test results

9:45AM Zika, Ebola, MERS – Why Now and What's Next?

Purpose

Viral and other communicable diseases remain an important health concern, especially in Asia and in cities with international travel, such as Singapore and Los Angeles. MERS, SARS, and Ebola are recently described viral illnesses that have affected populations in the Middle East, Asia, Africa and the United States, and that can be spread by air travel. Chikungunya virus, dengue virus and other rare viral illnesses are also seen in Singapore. At the time of the SARS outbreak, very few physicians had any knowledge about what to do. The reactions of general practitioners to these types of illness are receiving attention as an important component of the health care system response and access to information is limited. This points to important knowledge and practice gaps on emerging infectious disease. Physicians in international travel hubs should be familiar with how to screen assess and manage patients during outbreaks of viral illnesses. Primary care physicians should be knowledgeable about presentations and management of these patients, and how to acquire an appropriate travel history.

Objectives

1. Summarize the diagnosis and management of MERS, SARS, dengue virus and Chikungunya viral infections in Singapore
2. Perform appropriate screening for patients with potential viral illnesses which include a travel history
3. Examine appropriate treatment options and referral for patients at risk for viral illnesses

10:45AM

AM BREAK

11:00AM

Stroke Management

Purpose

Recent studies have revealed that Asian patients with hemorrhagic strokes exhibit better outcomes in comparison to white or black patients. Yet research published in Asia has also reported a higher risk of hemorrhagic complications among Asian patients utilizing thrombolytic therapy. These findings suggest that a lower dose may be more appropriate. Thus, the purpose of this lecture is to review and compare effective applications of thrombolytic and anticoagulant therapies for stroke survivors in the U.S. and Asia in an ethnically-sensitive manner.

Objectives

1. Review the risks and benefits of thrombolytic therapy and oral anticoagulant therapy in Asian and Caucasian patients with ischemic stroke
2. Examine different stroke clinical management scenarios – patients with atrial fibrillation, patients with intracerebral hemorrhage, and patients with ischemic stroke
3. Coordinate appropriate care with oral anticoagulants for patients with acute stroke

12:00PM

LUNCH

12:45PM

Sleep Disorders

Purpose

Much of the research on sleep disorders and deprivation has been done in Western populations. This seminar will provide the audience an opportunity to see data from Asian studies on sleep evaluation and deprivation. Difficulty sleeping is a common complaint. Among patients with difficulty sleeping, recognition of obstructive sleep apnea is an important and treatable diagnosis as are restless leg syndrome and psychiatric disorders, and circadian rhythm disorders. Sleep deprivation is an increasingly important area, and has been linked to development of sleep related disorders. Recent research shows the effects of sleep deprivation can damage memory and cognition and a relationship of sleep duration and risk of stroke.

Objectives

1. Differentiate sleep deprivation, obstructive sleep apnea, and other causes of insomnia
2. Implement a sleep history as part of the general health and physical examination
3. Incorporate pharmacologic and non-pharmacologic interventions for patients with a sleep disorder

1:30PM

Management of Inoperable Aortic Stenosis

Purpose

Aortic valvular diseases are the most prevalent valvular diseases in the U.S. and Singapore and their incidence increases with age. In the U.S., most patients with aortic stenosis (AS) are elderly and many have challenging presentations such as low output AS. Medical management is often necessary because more than half of American patients do not elect to have surgery. And in Asia, a large percentage of patients refuse surgery. New developments include the following: 1) within the United States, the 2006 guidelines from the American Heart Association were updated in 2014. 2) A new non-surgical technique, “transcatheter aortic valve replacement” has attracted much attention and results from long term follow-up have recently been published. Singapore has been the regional leader for this technique in Southeast Asia and workers have described smaller iliofemoral vessels in Asian patients. 3) One practice gap has been identified – compliance by primary care providers with recommendations for surveillance echocardiography of patients with aortic stenosis. These new findings suggest that an educational program can address emerging knowledge and practice gaps.

Objectives

1. Summarize the AHA 2014 recommendations on the management of aortic stenosis
2. Examine appropriate medical management options for patients with inoperable aortic stenosis
3. Incorporate echocardiographic surveillance recommendations for patients with aortic stenosis

2:15 PM

PM BREAK

2:30 PM

Stroke Prevention by Primary Care Physicians

Purpose

Significant advances in stroke prevention center on management of atrial fibrillation with new oral anticoagulants, and increasing ability to tailor cardiovascular prevention recommendations to different populations. The prevalence of cardiovascular and cerebrovascular risk factors has been increasing in overseas Chinese and Asians in Northern California. The interaction of lifestyle factors with cardiovascular risk factors in Singapore has been described and provide new opportunities for preventive interventions

Objectives

1. Review lifestyle factors in Chinese populations that increase the risk for stroke
2. Incorporate American Heart Association stroke prevention guidelines in a culturally-sensitive manner for patient care
3. Use newer anticoagulants in accordance with guidelines for improved secondary prevention

3:15 PM

Clinical Psychiatry and Mental Health: East Meets West

Purpose

Mental health issues in Chinese Americans are receiving increasing attention in the United States. Gaps in utilization of mental health services are well documented for Asian Americans and epidemiology of psychiatric conditions relies on administrative databases.

Internists are more likely to diagnose psychiatric conditions as somatic symptoms are the driver for medical care. The Singapore Mental Health Study is a population based survey of mental health and comorbid conditions in an Asian population. These include the findings that mood and alcohol use disorders are associated with multiple medical conditions, the effect of depression on diabetes management and data on depression, obsessive compulsive disorder and generalized anxiety disorder. Reviewing these data will help the audience place a perspective on optimizing diagnosis and management in Chinese American patients,

Within the United States, the integrated care model hopes to increase patient access to mental health by training primary care doctors to recognize and destigmatize mental illnesses, and eventually integrating primary and behavioral health care delivery. While formal studies have not been done, recognition and management of mental disorders is a clear practice gap for primary care physicians and the subject of current lectures for doctors in training.

Objectives

1. Describe commonly occurring mental illnesses and their diagnosis by primary care providers in Asia
2. Examine management of commonly occurring mental illnesses among Asian patients
3. Select screening strategies for common psychiatric conditions that are culturally sensitive to patient's heritage

4:15 PM

Closing Remarks

CAMASC reserves the right to make changes wherever deemed necessary.