



The Roadrunner



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The Future: Strengthening our Core Values

By Nancy Guinn, MD, President NMCAAFP

One of the jobs of the President of the New Mexico AAFP is to organize the summer state seminar every year. It's a daunting task, as we always start with a clean slate of four days to be filled with quality CME. This year, I've tried to focus on ideas for change in our current practices. It's clear that many are trying to redefine their lives in Family Medicine. The Future of Family Medicine goals dovetail nicely with that quest, as this national AAFP project seeks to clarify for the future what a Family Physician is and does (see accompanying articles: *The Past, Present and Future of Family Medicine*, and *Report from the National AAFP Board*). Change can come in any number of ways in the practice of medicine, and in the 47th Annual NMAFP Summer Family Medicine Seminar in Taos this August we're looking at a whole range of changes. They include new technology, new ideas for prevention, starting new practices, and even changes in our recertification, with the new computer "self-assessment" modules for the boards.

On the first day of the conference, in an exciting cooperative venture with the New Mexico Clinical Prevention Initiative, we present a day on preventive care, a major focus of Family Medicine. We've all been offered lists of preventive care we are supposed to offer each patient, and that's not what is planned for this day. Instead, it is designed to be interactive and case-based, with audience participation work-

shops looking at the complexities of prevention, led by the physicians who helped form the prevention goals and guidelines for New Mexico. We'll also look at how to implement prevention in your own clinic more effectively, led by speakers from the national Agency for Healthcare Research and Quality who are providing copies of their handbook, *A Step by Step Guide to Delivering Clinical Prevention Services:*

A Systems Approach.

We'll be visited by the Director of the AAFP Center for Health Information Technology, David Kibbe, MD, who will present the national project for an electronic health record (EHR) and moderate a panel of physicians using EHR in their practices.

Joe Tollison, MD is the Deputy Executive Director of the American Board of Family Practice, and he will offer a look at the new computer-based "self-assessment" modules for recertification. Extra time will be allowed for questions, as a "town hall" type meeting seems to develop whenever the new recertification is discussed. We'll make sure also to cover the material required in the first two modules, with speakers on the subjects of hypertension guidelines and prevention of diabetes complications. The second topic will be presented by James LaSalle, D. O., FAAFP, a renowned speaker on diabetes. In response to a number of calls I've received from other physicians about starting up a low-cost solo practice,

something I did last year, I'm organizing a panel of several New Mexico physicians who have taken that very leap in the last few years. All have approached this idea a little differently, and you can hear about the practicalities directly from them.

Incorporating change means envisioning that change first. A presentation and optional workshop by Tom Biem, PhD is designed to speak to that, as he looks at using "mindfulness techniques" in the practice of medicine, for both your patients and your own practice. He's given a number of popular workshops to psychologists in the area and is looking forward to working with physicians.

What will not change in this conference is a focus on the important knowledge base we need to practice medicine. Our conference in January specialized in gastroenterology and this summer, cardiology will be our systems focus. Neal Shadoff, MD will offer a two part lecture on congestive heart failure, pathophysiology and treatment. Jon Abrams, MD will look at which labs are actually of value to us in risk stratification for cardiac disease. Richard Lueker, MD looks at heart disease prevention from another perspective with his talk,

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Join Us!
47th Annual NMAFP
Summer Family Medicine
Seminar, August 5-8
Taos, NM



- LTC Guidelines Impact FPs
- Report from the AAFP Board
- The Past, Present & Future of Family Medicine
- "Done By One"
- Report from Roswell Meeting

Federal and State Guidelines in LTC Facilities Impact Family Physicians

By M. Rosina Finley, MD, UNM Dept. of Family Medicine

“I have always had a horror of words that are not translated into deeds, of speech that does not result in action. In other words, I believe in realizable goals and realizing them, in preaching what can be practiced and then practicing it.” Theodore Roosevelt.

One of the most common reasons for patient entry into Long Term Care (LTC) facilities is via Medicare “necessity defined” care and a Medicare “3 night hospital stay” requirement. These requirements must be met in order for skilled nursing facilities (SNFs) to provide care for up to 100 “necessity defined” Medicare days. Some patients may need permanent placement before or after their 100 days. These patients become either self-pay or Medicaid patients.

There are federal (OBRA guidelines) and state regulations that must be followed in LTC. The pearls of these guidelines are:

1) Facilities must conduct, within 14 days and periodically, an assessment of every resident’s functional capacity. An interdisciplinary team completes this “MDS” assessment. There are 18 clinical areas (RAPs) of focus in the MDS. Those triggered by the assessment must then be accompanied by a nursing care plan.

Basically, federal regulations require a comprehensive admission assessment by a physician within 30 days of admission*. New Mexico state law requires that transfer information be authenticated within 48 hours. After three required consecutive monthly visits the following required visits then become monthly or bimonthly depending on patient’s level of care (high or low nursing facility) status.

2 & 3) Residents have the right to be free from any physical restraints and free from any psychoactive drug imposed for the purposes of discipline, or convenience, and which are not required to treat the resident’s medical symptoms.

4) Residents must be free from unnecessary drugs.

5) Residents have the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. a) Residents have the right to choose a personal attending physician. b) Residents have the right to refuse treatment. c) Residents have the right to personal privacy, which includes privacy during medical treatment.

6) Residents must receive in the facility (and the facility must provide) the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and plan of care.

The care of patients in LTC facilities is complex. Those providing care must be aware of and follow federal and state guidelines. Following these guidelines will facilitate comprehensive, non-negligent and non-abusive care.

*Resources for the above information, its expansion, and additional information can be found in, “The impact of OBRA on medical practice within nursing facilities.” J Am Geriatr Soc, 1992; 40:958-63, Medical Care of the Nursing Home Resident, 1996 edited by Besdine, Rubenstein, and Snyder, (<http://www.amda.com>), and the New Mexico Regulations Governing Long Term Care Facilities. ■

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President’s Column

(continued from page 1)

How Emotions Affect the Heart: the Good, the Bad and the Ugly.

Practical information on geriatric pharmacology will be offered from two perspectives: a talk on geriatric pharmacology itself, and another on how the Medicare drug cards and benefits will actually play out in New Mexico on a practical level.

We’ll have another presentation from OMEW, the popular group that presented on otitis media last year, this time on pneumonia and bronchitis. *Maximizing Outcomes in CAP & AECB: An Evidence-Based Approach*, is an interactive workshop facilitated by Mark Rumbak, MD, an otolaryngologist from Tampa, Florida.

And we’ll offer snapshots of the health of New Mexico: by Carla Herman, MD, looking at the practice of geriatrics in the state; and by Mark Unverzagt, MD of RIOSnet, our New Mexico office-based research network, presenting results from the first studies conducted in over 100 clinics across our state.

The conference will be held on August 5-8th at the very pleasant Sagebrush Inn in Taos. I look forward to seeing you there. ■





AAFP Board of Directors Report

By Arlene Brown, M.D.

I am writing this update while still in Kansas City. The Board has met, followed by the Annual Leadership Forum (ALF) and the National Conference of Special Constituencies (NCSC) and the Committee on Special Constituencies.

All of these meetings, although representing a long absence from my office, are incredibly invigorating, exciting, and continually serve to remind me why I wanted to work for the AAFP in the first place.

We continue to work through the many recommendations in the Future of Family Medicine project. The project has identified 5 challenges to family medicine, including creating a better public understanding of the specialty, organizing individuality into a coherent, recognizable brand of medicine, winning respect for the specialty and making family medicine an attractive career choice. The project proposes a new model of practice, one that incorporates the concept of a personal medical home for everyone in America, a continuous healing relationship with a personal physician, and a consistent, "basket of services" that patients can come to expect from their personal family physician.

The entire project contains more than 40 separate recommendations and initiatives, of which the AAFP has vol-

unteered to lead in planning and implementing several. Among the projects that the AAFP will be leading are:

- the implementation of a new model of practice,
- setting standards and improving availability of electronic health records,
- implementing the concept of life long learning for family physicians,
- using these tools to improve quality and safety in medicine,
- and advocating both for our specialty and our patients.

At our board meeting we decided to begin to formulate several business models so as to begin the work of implementing the project. Among the possibilities are "franchising" family medicine, working as a coop or highlighting practices that are already doing some or all of what we envision as the new model of practice.

If you have not already read the Future of Family Medicine report (available in the *Annals of Family Medicine* or sent separately as a mailing from the AAFP), I urge you to do so. If you know of practices that are doing some or all of what is proposed in the report, please forward that information to me or to the academy. The future is here, and I urge us all to join in! ■

ARLENE BROWN FOR AAFP PRESIDENT-ELECT IN ORLANDO

As we prepare to elect a new President of the United States this fall, we have important business to conduct first: choosing our next President Elect of the AAFP. Arlene Brown of New Mexico, a third year AAFP Board member, will make an exemplary leader to represent all Family Physicians at the highest national level, no matter who is the next President of the U.S.

Arlene sees Family Physicians as an important resource to communities and individuals. Through her actions at the city, county, and state levels, Arlene has built coalitions of diverse peoples to advocate for the uninsured and those in need of family planning and prenatal care. Arlene has served for years on the New Mexico Medical Society liaison committee to the state Health and Human Services Department. This has been important for representing patient and physician concerns, as the Medicaid program has evolved in New Mexico into a managed care system.

Arlene has also focused on privileging issues. Her U.S. Supreme Court victory for preserving FPs' scope of practice has stood as a beacon of inspiration for others. That battle has galvanized her determination to lead. She has served as Chair of the AAFP's Quality and Scope of Practice Committee, advocating for these critical issues for our members. She has defended the rights of Family Physicians to provide full spectrum care in their communities, including emergency room care, colonoscopy and obstetrics.

When you come to Orlando in October for the Congress of Delegates, help us elect Arlene Brown, as a singular figure of vision and vigor, to be the next President Elect of the AAFP. She will speak clearly for all of us, to our medical colleagues, the media, and government.



Squeaky toys optional.

Getting shots is never fun! Kids hate it and parents hate it. If you'd like to bring a smile to their unhappy faces, have we got a deal for you.

The Clinical Prevention Initiative (CPI) childhood immunization workgroup has been awarded a grant from the New Mexico Immunization Coalition to distribute 100 I-Zone cameras and a pack of film (12-exposures) to immunization providers in the state. The photos from these Polaroid cameras develop instantly onto small, sticky-back papers that are just the right size for the front of the "Done By One" health passport – the immunization card distributed at birth in New Mexico hospitals.

Please contact Annie Jung at ajung@nmms.org or [505] 828-0237 to request your FREE camera and film. FIRST COME, FIRST SERVE. (You may also contact Annie if you'd like to order Done by One passports or posters for your office).



EDITORIAL

The Past, Present and Future of Family Medicine

By Rick Madden, MD, Delegate

A pendulum oscillates side to side, a swing goes back and forth, a river flows. Which of these metaphors is apt for healthcare on a time continuum?

The river seems best.

We are continually moving, feeling the force of change, with some things lost and some things added along the way. The pendulum and swing imply things never really change, just sway forward and back,

to and fro. In our crazy nonsystem of healthcare, as new initiatives arise, some important things are overlooked or abandoned as they slide over the dam or into a whirlpool. Some things seem to disappear, and then return in a functionally different (or dysfunctional) form.

However we may picture it, now there is movement away from primary care values and practices in our nonsystem. To wit:

- Federal Title VII funding for Family Medicine training has been reduced this year, and is always at risk for complete removal;
- Specialists and procedures dominate in reimbursement, insurers pave the way to direct access to them, and medical students choose the specialties in increasing proportions;
- Chronic disease models and guideline-oriented thinking, while very important, squeeze the time available for listening in the primary care visit;
- For-profit health companies run rampant in the U.S.;
- "Counting things" for meeting "quality" measures pushes administrators to devalue other important aspects of primary healthcare;
- At least 44 million uninsured Americans, and tens of millions more underinsured, have scandalously poor access to appropriate care, as

costs continue to boil upward.

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cians flowing in the river, while at the same time taking us to a vantage point above the river. Look at some of the many paths toward a "New Model of Practice" this thoughtful collaborative effort envisions:

- Increase research on the care of the whole person, to enhance patient care and health system improvement;
- Attend to the six aims in the Institute of Medicine's 2001 report *Crossing the Quality Chasm* (safe, effective, patient-centered, timely, efficient, and equitable care), but at the level of the whole person, with respect for her values and priorities, rather than individual disease states;
- Incorporate new concepts from industrial engineering and customer service to integrate patients' needs into a coherent, comprehensive approach to care: information flow must be electronic, and the health record will be standardized; processes must be continually managed and improved for quality and safety; multidisciplinary teamwork among broad arrays of health professionals will be integrated, and result in a sum greater than its parts; access to a timely appointment and availability of a full array of primary care services within the practice or arranged by the practice must be assured;
- Revamp the curriculum for Family Medicine residents to meet the above needs (UNM appears to be ahead of the pack on much of this);
- Commit to lifelong learning, including a self-assessment system to provide timely feedback regarding

personal skills and practice outcomes in comparison to our peers;

- Address the current poor and unsustainable reimbursement levels for Family Medicine, as a new task force is currently doing.

For more on this, please review the *Annals of Family Medicine* Vol. 2, Supplement 1 (March/April 2004), www.annfammed.org. There are many more thoughts and points made there. You may also want to visit the website www.futurefamilymed.org.

Family Physicians and medical students particularly must be reached in getting out the message of the FFM Project. It is imperative we all work on these in our settings, and at various levels, to help primary care navigate the river, and climb out and above the water. ■

NMCAAFP OFFICERS

President: Nancy Guinn, M.D.
P.O. Box 5730, 3222 Camilo NW
Albuquerque, NM 87104
phoxtrötter@cs.com

Board Chair: Melissa Martinez, M.D.
9907 Columbus Circle NW
Albuquerque, NM 87114-4301
mlmartinez@salud.unm.edu

**President-Elect, Alternate Delegate
Dion Gallant, M.D.**
7 Juniper Court, Cedar Crest, NM 87008
Dgalla@salud.unm.edu

Secretary-Treasurer: Greg L. Darrow, M.D.
292 Olguin Rd., Corrales, NM 87048
gdarrow@comcast.net

Vice-President: Denise Leonardi, MD
Las Cruces, NM

Executive Director: Ina T. Bawaya
4425 Juan Tabo NE, Suite 203
Albuquerque, NM 87111
292-3113 • FAX 292-3259
familydoctor@newmexico.com

AAFP REPRESENTATIVES:

AAFP Delegates
Linda Stogner, M.D.
Richard Madden, M.D.

Alternate Delegate
Dion Gallant

Alternate Delegate and Foundation President
Daniel Derksen, M.D.

NMCAAFP web site:
www.familydoctornm.org

“Done By One”

By Annie Jung

Rates of childhood immunization coverage in New Mexico have reached all time lows – only 61% of 2 year olds are fully protected (National Immunization Survey (CDC) Q3/2001-Q2/2002). These low rates put our children at risk of vaccine-preventable diseases!!

To address the challenge of improving childhood immunization rates, the Clinical Prevention Initiative (CPI) convened an expert panel of medical care providers, representatives of medical care organizations, and Department of Health and other state agency officials with knowledge and interest in immunization to work on this issue. The goal of the CPI Childhood Immunization Workgroup, co-chaired by Lance Chilton, MD (Pediatrician, Lovelace Health Systems) and Steve Nickell, PhD (Immunization Program Director, New Mexico Department of Health), is to raise childhood coverage rates by promoting ‘best preventive care practices’ among New Mexico’s medical care providers.

The CPI Childhood Immunization Workgroup is pleased to announce their

first initiative – The ‘Done By One’ Campaign. One of the challenges of getting infants vaccinated at the right age is the complexity of the current childhood immunization schedule recommended by the US Centers for Disease Control and Prevention Advisory Committee on Immunization Practices (CDC/ACIP).

While being fully compatible with the CDC/ACIP recommendations, as well as those of the American Academy of Pediatrics and the American Academy of Family Physicians, the New Mexico ‘Done By One’ ‘optimized’ childhood immunization schedule has several

advantages:

- It is much simpler – all the needed shots before age 4 are given at 2, 4, 6, and 12 months!
- Kids become protected at the earliest possible time!
- The condensed schedule discourages the practice of deferring shots until ‘next time’, a likely source of missed opportunities.

This new schedule, which greatly simplifies the current CDC/ACIP recommendations while being fully compatible with them, has been approved for use by the New Mexico Department of Health.

As part of this initiative, the CPI is offering providers a colorful 12" x 18" poster of the ‘Done By One’ schedule for use in the waiting room, 8-1/2" x 11" ‘Done By One’ schedules with footnotes for the exam

room, “State of New Mexico Health Passport” which is to replace the current New Mexico Childhood Immunization Card, and an educational brochure explaining the health passport and how to use it. We hope that this colorful, passport-like immunization card will be cherished by parents and brought to each child health care visit.

To order CPI immunization materials, please contact Annie Jung at ajung@nmms.org or 828-0237. ■



BOARD NOTES

April 24, 2004 – Roswell, NM

- In conjunction with a continuing education presentation by UNM geriatrics and the Practical Immersion Experience faculty, the Board meeting was hosted at the Eastern New Mexico Medical Center by Karen Vaillant, MD, Past-President of the Chapter.
- The Taos Family Medicine CME meeting is in its final stages of preparation, under the guidance of President Nancy Guinn. The next meeting after that will be in January, in Albuquerque. Future meetings will be planned for Taos in the summer, and perhaps a southern venue in the winter.
- Our Executive Director announced her plans to depart for a doctoral program in August.
- The Board outlined a timetable for replacing her in a timely fashion to allow adequate overlap for training.
- An Outreach and Enfranchisement Committee was established to facilitate Board member succession.
- The next meeting is scheduled for Friday, August 8, in Taos.

The image displays three key components of the initiative: a large poster titled 'DONE BY ONE' with a list of immunizations, a 'State of New Mexico HEALTH PASSPORT' card with a child's photo, and a smaller 'NEW MEXICO HEALTH PASSPORT' card with a child's photo and a list of immunizations.



P.O. Box 3548
 Albuquerque, NM 87190
 (866) 796-9121
 (505) 796-9121
 www.nmtod.com

New Mexico Diabetes Practice Guideline



This guideline has been developed by New Mexico Health Care Takes On Diabetes, a broad coalition of New Mexico's diabetes care professionals, New Mexico Health Plans, the New Mexico Department of Health and the New Mexico Medical Review Association with technical advice and support from the American Diabetes Association.

This guideline is not meant to be comprehensive. It is designed to quickly summarize elements that, at a minimum, should be considered in the care plan of most persons with diabetes.

The organizations listed to the left support this guideline for use by the New Mexico health care community.

- Albuquerque Indian Health Service
- American Academy of Family Physicians—New Mexico Chapter
- American College of Physicians—American Society of Internal Medicine—New Mexico Chapter Council
- American Diabetes Association
- American Heart Association—New Mexico Chapter
- Blue Cross and Blue Shield of New Mexico and HMO New Mexico
- Cinarron Health Plan
- Hispanic Medical Association
- Lovelace Clinic Foundation
- Lovelace Health Plan
- Lovelace Sandia Health Systems
- Medical Assistance Division, New Mexico Human Services Department
- New Mexico Department of Health
- New Mexico Diabetes Advisory Council
- New Mexico Hospitals and Health Systems Association
- New Mexico Medical Review Association
- New Mexico Medical Society
- New Mexico Optometric Association
- New Mexico Primary Care Association
- Presbyterian Health Plan
- University of New Mexico Health Sciences Center
- Zia New Mexico Association of Diabetes Educators

Frequency	Procedure/Test	Action or Goal
Every Visit	Interval history	Review glucose testing log and hypoglycemic episodes
	Blood pressure	< 130/80 mmHg
	Weight	Obtain weight or BMI
	Foot exam	Inspect skin for signs of pressure areas and breakdown
	Medication review and adjustment	<ul style="list-style-type: none"> • Glucose lowering medications • Antihypertensives • ACEI/ARB for renal indications • Lipid controlling medications • Aspirin prophylaxis
Quarterly to Semi-Quarterly	A1C	Test 2-4 times per year, goal < 7%
At Least Once Each Year	Assessment of patient knowledge of diabetes, nutrition, and self-management skills	Provide or refer for training in self-management and nutrition
Annually	Foot risk assessment	Check pulses, conduct monofilament exam
	Nephropathy screening	<ul style="list-style-type: none"> • If not already diagnosed with nephropathy, screen for microalbuminuria • Normal < 30 mcg of albumin per mg creatinine
	Lipid profile	LDL < 100 mg/dl HDL > 40 mg/dl ¹ Triglycerides < 150 mg/dl
	Retinal eye exam	Dilated retinal exam by ophthalmologist or qualified optometrist ¹

¹For women, the American Diabetes Association recommends HDL > 50mg/dl

²Retinal photography is not endorsed by the American Diabetes Association. However, due to New Mexico's geography and economy, there may be times when access to an eye care professional is not feasible. Retinal photography that is read by an experienced ophthalmologist is potentially an alternative, although the role it plays in preventing eye disease has not been established.

Additional resources are available on the Takes On Diabetes website, www.nmtod.com.

This guideline is based on the recommendations of the American Diabetes Association (ADA). For more information, including full documentation for the above clinical recommendations, consult the ADA website at www.diabetes.org/cpr or contact the ADA at 1-800-DIABETES.

This guideline should not be construed as representing standards of care nor a substitute for individualized evaluation and treatment based on clinical circumstances.

March 2004

Roswell Site For Town Hall Meeting

By Greg Darrow, MD

Realizing the importance of serving all members of the New Mexico Academy of Family Physicians, the Board members traveled to Roswell, New Mexico on Saturday, April 24, 2004 to hold a Town Hall Meeting and to support Dr. Karen Vaillant and the Eastern New Mexico Family Practice Residency Program's First Annual Spring Refresher. At a recent Board meeting, it was decided that future meetings would be conducted in selected sites around the state. This represented the first of such meetings.

After Board Chair Melissa Martinez called for the discussion of pressing issues, a spirited discussion ensued regarding the increasing regulation of the use of medications in nursing homes. Family Physicians caring for nursing home residents may be held to varying standards as written by federal or state agencies. This may represent a serious liability situation unless physicians are aware of current law. It was also learned that family physicians may be considering cessation of care for long-term care patients as they may be subject to criminal or civil law penalties pursuant to billing for services not technically rendered during time categories determined by certain agencies.

The Board realizes that Family Physicians must be thoroughly educated about these important laws and documentation mandates. The Board may seek to foster a joint resolution with the State Medical Association expressing concern about this issue and the desire to work toward consistent language, interpretation, and application of laws.

The Board was also updated about the continuing concerns that pertain to

the Las Cruces Family Medicine Residency Program. Because of the development of a for-profit hospital in that community, certain clinical experiences and rotations have been jeopardized. Because of many factors, the residency program is considering partnering with other community resource agencies to provide important clinical experiences for family medicine residents.

The importance of rural healthcare access was then discussed, with general agreement that the Board is supportive of efforts to assist in improving rural physician reimbursement and other rural outreach activities.

Dr. Arlene Brown, a candidate for President-Elect of the American Academy of Family Physicians, stressed the importance of potentially partnering with the State Medical Association on issues of rural physician recruitment and retention. She and NMAFP Board members also realize that continuing interface with the University of New Mexico remains a major priority.

Dr. Brown will be meeting with Senator Bingaman shortly to discuss similar issues. It is agreed that relying solely on Title VII funding will not be adequate for future development. Additional sources of funding for postgraduate medical education needs to be sought and developed as quickly as possible.

The Board then discussed the impending Future of Family Medicine initiative. It is expected that this initiative will gradually restructure the way family medicine is regarded and practiced. Dr. Brown indicated that prioritization of issues will be undertaken in the near future and that major changes are expected. She emphasized that she expects that these changes will be posi-



tive for family physicians and their patients.

The Board expressed concern about the language and intent of the current Medicare bill and will work with the American Academy of Family Physicians to modify the bill, especially in areas pertaining to geographic indicators, costs of drugs, and reimbursement.

Dr. Madden expressed concern about the apparent linkage between the AAFP and major pharmaceutical corporations. Pointed concerns were raised regarding whether the AAFP had examined its own position on this issue and whether there might be certain conflicts of interest. Dr. Brown replied that the AAFP continuously monitors and sanctions those state organizations found to be in violation of established guidelines.

The Board re-stated the desire to hear and to address member concerns. It is anticipated that additional Town Hall Meeting formats will be utilized in the future. ■



Bawaya Resigning to Pursue Doctorate

Ina Bawaya, Executive Director of NMAFP since 2001, is resigning her position in early August to pursue doctoral studies

in Medical Humanities at the University of Texas Medical Branch in Galveston, Texas. Bawaya, who has a Master of Fine Arts in Poetry Writing, has been awarded a fellowship in minority aging through the National Institute on Aging. Bawaya says it has been an honor to have represented New Mexico's Family Physicians.



New Mexico Chapter
American Academy of Family Physicians
4425 Juan Tabo NE, Suite 203
Albuquerque, NM 87111

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Editor: Rick Madden, MD
familydoctor@newmexico.com
609 S. Christopher Rd.,
Belen, NM 87002
(505) 864-5454

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Office address:
4425 Juan Tabo NE, Suite 203
Albuquerque, NM 87111
505-292-3113 • FAX 292-3259

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www.aafp.org

New Mexico Chapter web site address (NEW!): familydoctornm.org

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