



# The Roadrunner

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## President's Column

By Bert Garrett, MD

It looks like spring is coming. I'm ready. We thank those of you who braved the elements to get to the winter meeting in the snow. We'll try to arrange better weather for next year. I promise it won't snow in Ruidoso this July at the summer meeting.

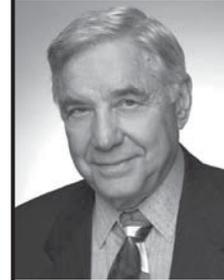
One of my tasks from the Board Retreat was to put out a questionnaire to the membership to categorize issues of concern to our organization. The initial effort was a brief form passed out at the winter meeting to which there were 29 replies. The results:

1. EMR: Only 8 respondents had an EMR (or were in the process of getting one). One physician said, "I guess I will be a dinosaur and be the last to adapt." Reading through the rest, it appears EMR has not hit many radar screens. EMR will be addressed at the summer meeting by Patricia Montoya and Mark Gottlieb of NMMRA and as many vendors as we can get. Please make an effort to find out what is happening as, if you stay in practice long enough, EMR appears to be unavoidable.
2. CME: As for meeting CME needs with the two state conferences, 18 said "yes," one said "fair," and one said he comes from Arizona because our meetings are better. There were requests for "quarterly meetings," "local high-quality meetings," on-line CME, and teleconferences. Several of these items are on the agenda for the Board meeting coming up April 21st in Farmington.

3. Telehealth/Telemedicine: Six respondents said they had telemedicine conferences available (but two don't attend them—how's that for honesty?) and six others said, "Sometimes." Only two said they didn't want it (and neither was the "dinosaur"). Teleconferencing will be addressed in Ruidoso by Dale Alverson, M.D., Medical Director of the Center for Telehealth and Cybermedicine Research at UNM.
4. Legislative Initiatives: Doctor retention and reimbursement were the most commonly mentioned items, but universal coverage got several votes. Loan repayment for those working part-time in rural areas, reduction of dues based on hours worked, a lobbyist, public health issues (tobacco, obesity, etc.), geriatric support/access to care, a Clean Air Act, more affordable medical malpractice, and gross receipt reduction (& elimination) all had one proponent. One respondent wanted to re-elect Johnson and fill Elephant Butte. We'll have to pass on that one, but we have hired a lobbyist, John Anderson, who is actively working on a number of these issues. Legislative initiative will also be addressed in Ruidoso by Diane Ewart, MPA, Senior Manager of State Government Relations of the AAFP. Also, don't forget Larry Fields, M.D., the AAFP Board Chair will be at the summer meeting.

— continued on page 4

## IN MEMORIAM



**Byron Beddo, MD**, who practiced Family Medicine in Albuquerque for 42 years, passed away January 3, 2007 at age 78. Dr. Beddo, who was

NMAFP President from 1974-1975, was loved by his patients and admired by his colleagues. His many awards include 2005 Doctor of the Year Award from the NMAFP and the 2006 Hugh Cooper Award from the Presbyterian Healthcare Foundation. He is survived by his wife, Joan, and his daughters, Debbie Gouldsmith, Bobbie Johnson, Jennie Beddo and Karen Dwyer. The Academy would like to recognize and celebrate the lifetime of achievement and service of Dr. Beddo. ■

## CALL FOR NOMINATIONS

The New Mexico Academy of Family Physicians seeks your nomination for New Mexico Family Physician of the Year. All active NMAFP members are urged to give this matter their serious consideration and submit nominations to Sara Bittner, familydoctor@newmexico.com, no later than May 1, 2007. You can also reach Sara by phone: (505) 292-3113. This is an excellent opportunity for members to recognize an esteemed peer. This award will be presented at the Awards Dinner on Friday, July 20th during the Annual Meeting in Ruidoso, New Mexico.



## In this issue...

- Winter Refresher Threatened by Weather
- Practice Enhancements from AAFP
- "Doc of the Day" Program at Legislature
- Ask the Expert
- Efforts to Reduce the Ranks of Uninsured

## Winter Refresher in Albuquerque Threatened by Weather

By Sara Bittner

The phone was ringing off the hook at the NMAFP Business Office two days before the 25th Annual Winter Refresher was to take place. The weather was threatening to say the least; however, approximately 125 registrants braved the weather on that Saturday morning to attend one of the best Conferences that NMAFP has ever presented. They stayed all day, too, as the prediction for heavy snow in the Albuquerque area was fortunately incorrect.

Dr. Lana K. Wagner, NMAFP President-Elect and Scientific Program Chair, put together a top-notch CME program with 7 presentations being worth 19 continuing medical education credits. Some said that would be an impossible feat but not for Dr. Wagner. The price was right, too, with each hour of CME costing AAFP members approximately \$9.

NMAFP would like to thank the speakers for sharing their expertise with the registrants. In order of their presen-

tation: Dr. Gloria Cohen, Orthopaedic & Neurosurgery Specialist, Greenwich, CT; Dr. Gary Overturf, Medical Director, Infectious Diseases for TriCore Laboratories, Albuquerque; Dr. Larry Leeman, Associate Professor Family & Community Medicine & Associate Professor Obstetrics & Gynecology, UNM; Dr. Melissa Martinez, Family Medicine Physician, Presbyterian Medical Group, Belen; Dr. Dion Gallant, Family Medicine Physician, Presbyterian Medical Group, Albuquerque; Dr. Dara Lee, Staff Cardiologist, Presbyterian Heart Group, Albuquerque; Dr. Michele Lee, Co-Medical Director, Senior Health Clinic & Assistant Professor Family & Community Medicine, UNM; and Dr. Lance Chilton, Professor of Pediatrics, UNM & Pediatrician, Young Children's Health Center, Albuquerque.

AstraZeneca, Merck & Co., Inc., Montanas Del Norte Area Health Education Center in Las Vegas, New Mexico,

Pfizer, Inc. and Southern Area Health Education Center in Las Cruces, New Mexico helped sponsor this Conference through grants, and NMAFP is very grateful for their support.

NMAFP would also like to thank the Companies that exhibited at the Winter Refresher. They are, in alphabetical order: American Physicians Assurance Corporation; AstraZeneca; Dairy MAX; GlaxoSmithKline; Lovelace Rehabilitation Hospital; Merck, US Human Health; Merck, Vaccine Division; Merck & Co., Inc.; NeuroMetrix; New Mexico Health Resources; New Mexico Medical Society; Osteoporosis Diagnostic Center; Pfizer, Inc.; PDS Cortex; The Pinnacle Group; Quest Diagnostics; Sanofi-Aventis Pharmaceuticals; Schering-Plough; TriCore Reference Laboratories; UNM Locum Tenens Program; UNM Preceptorship Program; Wells Fargo and Wyeth Pharmaceuticals.

Our next Conference will be the 50th Annual Family Medicine Seminar, July 19-22, 2007, at the Lodge at Sierra Blanca in Ruidoso, New Mexico. See Ruidoso Program and Registration Form on page 7. ■

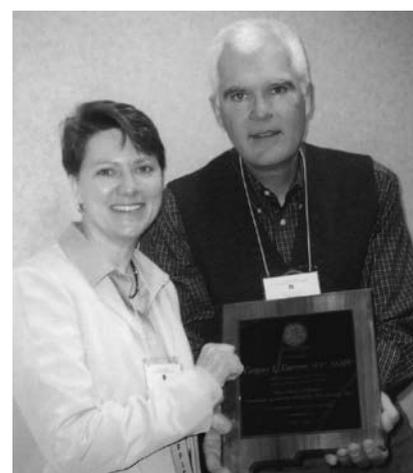


Registrants having lunch in the Exhibit Hall.



Michele Lee and her daughter receiving the raffle prize of a one-night stay at the Embassy Suites from Dr. Gloria Cohen and Sara Bittner.

Dr. Greg Darrow, 2005-2006 President, receiving the Past-President's Award from Dr. Lana K. Wagner, President-Elect.



NMAFP Past Presidents breakfast.

## NM Academy Organizes “Doc-of-the-Day” Program for 2007 Legislative Session

By Daniel Derksen, MD

**A**rlene Brown (FP – Ruidoso), led the chapter’s resurrection of the popular Doc of the Day Program at the 2007 Legislative Session in close collaboration with the New Mexico Medical Society. At the NMAFP October Strategic Planning Retreat, the Board voted to advocate more strongly for NM’s family doctors and the patients we serve. As a result, the DoD was implemented, the Legislative Advocacy Committee was formed, and John Anderson was hired to lobby for health issues on our behalf. Legislative priorities include passing the Dee Johnson Clean Indoor Air Act (HB 283) banning smoking in public places including bars and restaurants, opposing trial lawyer legislation to open NM’s Medical Malpractice Act to double the economic penalty cap for “pain and suffering”, supporting funding to train family doctors (restoring cuts in Title VII funding), supporting the BA/MD program at UNM which recruits students from NM’s rural areas, creating health extension offices to support rural health care, expanding Medicaid coverage and increasing Medicare and Medicaid payment for primary care and preventive services.

### NMAFP members had the following observations about their experience:

“I would recommend this to all the members.” – **Judy Hardage, MD** (FP, Santa Fe).

“This was an excellent experience; I felt medically needed, and after reading a bill, felt compelled to testify and then wished I could stay even longer. I would strongly recommend this experience to other physicians, and I certainly plan on volunteering again next year.” – **Linda Romero, MD** (FP, Albuquerque).

“Our presence is essential at the capitol. I appreciate the NMAFP for putting this program back in operation.” – **George Molzen, MD FACEP**, (Albuquerque).

“Met with Senator/Doctor Komadina who was very appreciative of the return of the DoD program. Alternative medicine practitioners (chiropractors, acupuncturists, naprapaths) have a presence there daily, year after year. I feel strongly that we need to continue to have a place at the table. Working with John and Randy and reading the



continued exhortations on doc-net will lead me to make my first NEMPAC contribution. According to Don (EMS), a large number of the seasonal workers (basically all the support staff) are without health insurance, and the DoD is the only medical attention they get all year. I would encourage anyone who hasn’t yet participated to jump right in. If allopathic medicine isn’t present, others will be.” – **Jan Kovach, MD** (FP, Santa Fe).

“A thoroughly enjoyable day. Met many cordial people — many of whom want family medicine to succeed. We need to be able to articulate for ourselves, and this kind of exposure is crucial. Many members of both bodies expressed appreciation for our Academy helping to provide this service.” – **Greg Darrow, MD** (FP, Corrales).

“In the parking lot I ran into Jim Tryon, MD, who is a family physician and president of the NM Medical Society this year. He was on his way to a meeting facilitated by Pam Hyde, Secretary, NM Human Services Department. It was a meeting to discuss options of

insuring New Mexicans for health care – with the group doing the fiscal analysis of the options (Mathematica) on speaker phone. ...the group is to report to the legislature – so while there will likely be bills introduced this year - it’s unlikely any will pass until Mathematica and the working group make recommendations later this year. It’s critical that family physicians thoroughly understand the options, and have input into the final recommendations.” – **Daniel Derksen, MD** (FP, Albuquerque).

“There was another doc there from Taos who is very involved in the activism/legislative process, and I learned a lot. The plan was for the MDs to testify on the Clean Indoor Air act, but the committee went into caucus about the time the meeting was to start and 4 hours later was still in caucus when I left; this was disappointing and a bit irritating, as we were not the only ones there to testify who had to wait or leave. Made me feel not so bad about keeping patients waiting for 20 minutes. The biggest take-home for me was that the passage of our laws can be significantly altered based on who calls or shows up to testify on a particular bill.” – **Naomi Clancy, MD**, (FP, Socorro).

“I used to volunteer as the Doctor of the Day in Indiana and always enjoyed it, so I was happy to hear that the NMAFP was reintroducing the program here. John Anderson and Randy Marshall are great guys. They made sure to make me feel at home and involved.” – **Ron Sautter, MD, FAAFP**, (FP, Albuquerque).

“At our last NMAFP Board of Directors meeting we voted to reactivate the Doctor of the Day program and provide a strong presence at the legislative session. It’s an incredibly important time to advocate for family medicine and the patients we serve!” – **Arlene Brown, MD** (FP, Ruidoso)

“This is one heck of a good investment of our time. They need us, and we need them.” – **Rick Madden, MD** (FP, Belen). ■

# Practice Enhancements from AAFP

*Letter from a Member of the Commission, Meeting in Las Vegas, Jan. 2007*

By Rick Madden, MD

The Commission on Practice Enhancement is working on a wide range of issues to help physicians in practice across the country. Among them are examination of the International Classification for Primary Care as an alternative to the ICD-10; policy on specialty hospitals and their effect on community hospitals; development of CPT codes for e-visits; Family Medicine core privileging definitions and templates for hospitals; launch of a practice management course for physicians and their staff; point of care lab testing with fair payment; many facets of pay for performance from ethics to the nuts and bolts; electronic information handling and improvement for use in the office, both on a specific performance basis and



on national standards; universal credentialing initiatives; tiering and steering select insurer networks; response to imaging management programs; group visits; proposals for rural VA clinics; retail health clinics, worksite clinics; and payment issues ranging from nitty-gritty details to a total overhaul of the system.

The big news for physicians at the end of the 109th U.S. Congress was reversal of the scheduled 5% cut for physician payment. But attached to that was a very significant allocation for a medical home pilot, sought by the AAFP and the American College of Physicians. This, along with the rising interest in the New Model of Medicine as signified by the likes of IBM (who convened ten other large employ-

ers at a conference to promote it), are signs that Family Physicians are seeing as an unprecedented willingness to re-examine primary care as the sensible foundation of medical care in the U.S. The AAFP-sponsored TransforMed trial will test the New Model of Family Medicine in actual practice and return valuable insight to industry and government of just how we can succeed in turning around the waste and lost opportunities for quality improvement in our care of patients.

These are exciting times for us, and the Academy is right in the middle of it.

Our next cluster of Academy commission meetings is in Kansas City in May, as we work toward the Congress of Delegates in Chicago in October. ■



## President's Column

*(continued from page 1)*

- Other: One respondent remarked he/she had moved to New Mexico recently but, despite "all the talk of NM needing docs," had not been made to feel welcome. The NMCAAFP, however, "has been friendly." Another said, "My colleagues working in community health centers, IHS, public health, etc. don't see any benefit to belonging to the national or state organizations." The last remark was that "We need to help underwrite the cost of medical education of students willing to pursue primary care as a profession and continue to work in the state."

I want to thank all respondents and assure all of you we are aware of the issues discussed above (and others not mentioned). Please try to make the Farmington meeting and/or the summer conference in Ruidoso or call any of us with your concerns. (Brochure for Ruidoso included in this issue). ■

## Board Notes

January 19, 2007

Flying Star Restaurant, Albuquerque

### ■ Strategic planning progress update:

We will renew our efforts to welcome new members to the Chapter. This January, FP resident members began holding a parallel meeting in conjunction with our winter meeting. The Board will consider representation from each of the four NM FP residencies. A member survey has been distributed to the registrants at this year's winter meeting, and results will be reviewed at the next Board meeting in April. Further plans will follow from that needs assessment. The Board voted to contract with John Anderson to represent our Chapter at the legislature this year. Our principal interests to date are funding for the BA-MD program at UNM, the state Indoor Clean Air Act, expansion of Medicaid coverage and increase in its funding, a rural health office concept, and Title VII funding.

■ **Dr. Byron Beddo**, long-time Family Physician in Albuquerque was fondly remembered. He died on January 3, 2007 after a long illness. The Chapter will introduce a Memorial Resolution at the national AAFP meeting in Chicago in October.

■ The **Doctor of the Day** program has been resurrected and will be serving in this year's state legislature, both to provide care to the legislators who need help with minor illnesses while they work and to raise the awareness of the value of Family Medicine. Those who staff the program may be called upon to testify at legislative committees about health matters.

■ The **Family Medicine Interest Group** at UNM School of Medicine continues to flourish under able and continuing expansion of leadership among the first and second year classes. Funding was awarded to help the FMIG's proposal to help recruit high school and college students for Family Medicine and other health careers. Students and FP residents will work on a mentoring program for medical students.

■ The **Chapter History Project** progresses toward completion by the Chapter's Ruidoso Family Medicine Conference that will be held July 19-22, 2007.

■ **Sally Bachofer, MD** reports an increase in applicants to the UNM Family Medicine Residency this year, part of a national trend.

■ **Next meeting:** 2:30 p.m., April 21, 2007 at San Juan College in Farmington, NM. Two hours of CME will be included as well as a catered dinner, and all members are invited to attend.



## Ask the Expert

By Eric Worthan, MD

**Question:** *How can my practice improve our self pay collections?*

This is a timely question. Original balance self pay accounts and self pay after third party payor balances are increasing for all practices. This is being driven by several factors, including larger co-pays, high deductible plans, fewer employers offering healthcare as a standard benefit to employees, and health savings accounts.

**Some proven suggestions for improving your self pay collections:**

- Turn your front desk into a collection point. This process should start when patients call to schedule an appointment; make sure that your scheduler can see their account and ask for payment of outstanding balances prior to the appointment or when they arrive at the office.
- Post clear policies at the office that existing patient balances must be paid prior to service.
- Verify/Update insurance and eligibility at each patient visit.
- Collect 100% of your co-pays prior to the patient seeing a provider.
- Take major credit cards.
- Review your statement cycle and messages. Typical statement cycles include a statement every 30 days

for 120-150 days. The messages on the statements should be concise and clear, and should escalate in urgency as the account ages. Make certain that patients can send in credit card payments from your statements, and that your statements contain a section that allows patients to add or update insurance information.

- Supplement your statements with a self pay letter 15 days prior to sending a final statement, or prior to the final bad debt write off. This process should be managed through your practice management system, and should only be considered if you can automate this process (if you cannot automate, you may be able to outsource it). The letter can be more specific than the text contained in your statements. Some practices send these out under the name of a collection agency (pre-collection letter) or a legal firm that provides collection letter services.
- Implement a dialer call program. Dialer programs are offered by most collection services at reasonable rates. Dialer calls are computerized messages left for patients asking them to call your office. This drives calls back to your office without

utilizing your manpower and time attempting contact.

- Evaluate the effectiveness of your billing staff calling on self pay balances. This may be a difficult choice because the cost benefit may not exist (limited return for high efforts). You may want to select a level of balance to call on (i.e. balances over \$100).
- Utilize a collection agency and report non-paying patients to the credit bureau.
- Have clear protocols for payment plans, cash payments for expensive procedures, cash based discounts, charity patients, etc. Make sure your legal representative approves all discount and charity policies.

Does this work? The simple answer is, yes it can. An effective, organized and well managed self pay collection program can improve your collections and help you collect the "marginal" dollars you might otherwise miss. We have seen office based practices collect over 95 percent of their original self pay balances by using variations of the ideas outlined above.

Good luck!

*About the author: Eric Worthan has managed physician practices and billing offices for the past ten years. He currently serves as the Executive Director of Pinnacle Medical Billing and can be reached at (303) 407-0523 or eworthan@medbiz.com. ■*

## BOD Offers Free CME & Dinner in Farmington

When asked what they would like to see from their New Mexico Academy of Family Physicians, members stated that they would like more NMAFP activities and more CME opportunities in their local areas. **Get Ready Farmington!** The quarterly meeting of the NMAFP Board of Directors will take place on April 21, 2007 in your city.

The Board Meeting will be held from 2:30 p.m. to 4:30 p.m. All interested parties are welcome. The CME will be presented from 5:00 p.m. to 7:00 p.m., and dinner will be served immediately thereafter. These activities will take place at San Juan College, 4601 College Blvd., Henderson Fine Arts Building. The Board Meeting and CME will be held in Room 9008, and dinner will be served in 9010/9012.

The first lecture will be presented by Dr. Denise Minton, Board Certified Family Physician, Assistant Professor in the Department of Internal Medicine, Division of Geriatrics, UNM and Co-Medical Director of the UNM Senior Health Clinic in Albuquerque. Her topic will be, "The Rapid Geriatric Assessment".

The second lecture will be presented by Dr. Michele Lee, Board Certified Family Medicine, Assistant Professor of Family Medicine, UNM Department of Family and Community Medicine and Co-Medical Director of the UNM Senior Health Clinic in Albuquerque. Her topic will be, "Can You Stop That Screaming...An Approach to Problem Behaviors in Dementia." This activity has been reviewed and is acceptable for up to 2 Prescribed credits by the American Academy of Family Physicians. A Certificate of Attendance will be available.

Dinner will be provided by Kay Cee's Catering. All interested members and their guests are invited to attend this CME activity and free dinner. The NMAFP Board Members look forward to meeting and visiting with their peers in the Farmington area. If you have any questions or would like to reserve space at this event, please call Sara at (505) 292-3113.



# AAFP, Others Announce Proposal To Help Reduce Ranks of Uninsured

By Paula Binder • Washington, D.C. • 1/23/2007

A groundbreaking alliance of health care stakeholders, including the AAFP, on Jan. 18 announced a proposal that would extend health care coverage to America's nearly 47 million residents without health insurance. The group, the Health Coverage Coalition for the Uninsured, or HCCU, advocates a mix of public programs and tax credits to achieve the coverage. HCCU estimates that the proposal, if fully implemented, would cover more than half of the uninsured population.

In addition to the Academy, which is the only medical specialty association in the group, HCCU members include the AMA, Families USA, America's Health Insurance Plans, American Hospital Association, U.S. Chamber of Commerce and United Health Foundation, as well as nine other organizations (see box below). Coalition members have been meeting for more than two years to hammer out the consensus plan.

Reed Tuckson, M.D., senior vice president of the United Health Foundation, moderated a news conference held at Union Station to announce the plan. The event drew a capacity crowd of reporters. "Today, 16 powerful, influential, politically diverse and highly principled organizations, many of whom often do not come together on issues here in Washington, are gathered on this stage to announce a set of consensus recommendations — and to pledge our full and continuing support for the implementation of those recommendations," Tuckson told reporters.

Why now? "Day after day after day, there is debate, there is discussion," Tuckson said. "And day after day, people die.

"We are sick and tired of the debate. We are focusing on what is achievable and what is possible. People have to learn to get past their only one solution and their 18-point theology plan and move to something that can make a difference for people tonight."

## Phase One: Kids First in 2007

HCCU's proposal first focuses on expanding coverage to the nation's 9 million uninsured children — and that could happen this year, say coalition members.

Under the proposal, states would be given the flexibility to deem uninsured children from low-income families eligible for and enroll them in Medicaid or the State Children's Health Insurance Plan, or SCHIP, when they qualify for other means-tested programs such as food stamps.



"Surveys have shown over and over that Americans want children covered because they see the health and well-being of children as being the health and well-being of our future," AAFP President Rick Kellerman, M.D., of Wichita, Kan., told

reporters.

Speaking as a physician, Kellerman said getting kids insured "gives us an opportunity to discover developmental delays earlier, find medical problems when we can intervene and treat, take care of acute problems before they can become complications, and provide immunizations. So this proposal is not only cost-effective but also good medical care."

According to the HCCU plan, the federal government should provide additional SCHIP funds to cover costs associated with enrolling additional low-income children. It's a good time to advance this idea, because SCHIP is up for reauthorization in 2007, said Ron Pollack, executive director of Families USA.

The HCCU proposal also calls for a tax credit to help families with more income pay for private health insurance for their children. Families earning as much as three times the federal poverty level would be eligible. The credit would cover a significant percentage of the premium, with the percentage graduated on a sliding scale based on family income.

In addition, the proposal's first phase would establish a grant program to enable states to experiment with innovative approaches to expand coverage.

## Phase Two: Coverage for Adults

The HCCU proposal's second phase focuses on uninsured adults. It would give states the flexibility and funds to expand Medicaid eligibility to cover all adults with incomes below the federal poverty level. Those with incomes between one and three times the federal poverty level would get a tax credit to help them pay for

private insurance.

Too often, uninsured people don't get the primary and preventive care they need; instead, they "depend on the local emergency department as their family doctor," said Kevin Lofton, chair of the American Hospital Association Board of Trustees. "Delaying action on the uninsured will only increase the human suffering, the moral urgency, and the financial costs to our society and to our health system. According to the Institute of Medicine, an estimated 18,000 people die each year because they do not have health insurance."

## "Show Me the Money"

Not surprisingly, reporters at the news conference raised questions about cost.

"We've already started having meetings on Capitol Hill, and we're hearing a number of ideas about how this might be paid for," Pollack said, though he offered no specifics. "I'm very encouraged that there are some real ways to get this paid for (that are practical and could get bipartisan support.)"

## The Consensus Process

The reporters laughed when Pollack noted that two conflict management organizations had helped the coalition's ideologically and politically diverse members achieve consensus.

"Not surprisingly, when we initiated our deliberations, each organization entered the process with its own top-priority proposal," Pollack said. "Its 'principles,' if you will. What made this process unique is, we decided to rise above our individual principles to achieve a much higher collective principle. Namely, we decided to compromise, to find virtue in a second-favorite proposal, so we could do something politically practical to cover America's uninsured."

## HCCU Signatory Organizations

AARP

American Academy of Family Physicians

American Hospital Association

American Medical Association

American Public Health Association

America's Health Insurance Plans

Blue Cross and Blue Shield Association

Catholic Health Association

Families USA

Federation of American Hospitals

Healthcare Leadership Council

Johnson & Johnson

Kaiser Permanente

Pfizer Inc.

United Health Foundation

U.S. Chamber of Commerce ■

- THE 50TH ANNUAL -  
**New Mexico Academy of Family Physicians Family Medicine Seminar**  
 July 19-22, 2007 • Lodge at Sierra Blanca & Ruidoso Convention Center  
 Bert Garrett, M.D, Scientific Program Chair  
 26 Prescribed Credits

**Thursday, July 19**

- 8:00 a.m. ....Registration, Exhibits Open
- 9:30 a.m. ....Introduction & Welcome  
Bert Garrett, M.D.
- 10:00 a.m. ...."Breast & GYN Cancer, Diagnosis & Treatment"  
Katie Rasila, M.D.
- 11:00 a.m. ...."Restless Leg Syndrome: Diagnosis &  
Treatment Strategies for the Primary  
Care Physician"  
**EB CME** Tom Wulf, M.D.
- 12:00 p.m. ....Lunch (Exhibit Hall)
- 1:00 p.m. ...."Causes & Care of Urticaria"  
Stanislaus Ting, M.D.
- 2:00 p.m. ...."Care of the Newborn"  
Catherine Torres, M.D.
- 3:00 p.m. ....Break (Exhibit Hall)
- 3:30 p.m. ...."Care of Fractures in the Office"  
Valentin Antoci, M.D.
- 4:30 p.m. ...."What to Do Before Referring to a Cardiologist"  
Craig Cannon, M.D.
- 6-8:00 p.m. ....Welcome Reception  
Lodge at Sierra Blanca  
Introduction of Candidates for Office  
2007-2008

**Friday, July 20**

- 7:30 a.m. ....Registration, Exhibits Open
- 8:00 a.m. ...."Lipid Therapy to Reduce the Risk"  
Kathleen Hales, M.D.
- 9:00 a.m. ...."Update on Atopic Dermatitis"  
James Kerner, M.D., Ph.D.
- 10:00 a.m. ....Break - Exhibit Hall
- 10:30 a.m. ...."Infectious, Pre-malignant & Cancerous Skin  
Conditions"  
**EB CME** Louis Kuritzky, M.D.
- 11:30 a.m. ....NMAFP Member Meeting - Lecture Hall  
Voting for 2007-2008 Officers

**Friday, July 20th (cont.)**

- 12:00 p.m. ....Lunch - Exhibit Hall
- 1:00 p.m. ...."HPV and Adolescent Immunizations"  
**EB CME** Louis Kuritzky, M.D.
- 2:00 p.m. ...."Vulvar Conditions, Pelvic Organ Prolapse,  
and Pessaries"  
Marco Duarte, M.D., OBGYN
- 3:00 p.m. ....Break - Exhibit Hall
- 3:30 p.m. ...."Neuropsychological Testing"  
Tom Thompson, Ph.D. and Robert Mayfield, Ph.D.  
Conditional Prescribing Psychologist
- 4:30 p.m. ...."Communication with Legislators -  
Talking Your Walk"  
Diana Ewert, MPA, CAE
- 6:30 - 9:30 .....Awards Dinner & Dance, Convention Center  
Special Guest, Dr. Larry Fields, AAFP Board Chair

**Saturday, July 21**

- 7:30 a.m. ....Registration, Exhibits Open
- 8:00 a.m. ...."What Do You Mean ICD-10?  
I Can't Code ICD-9..."  
Julie Appleton, CCS-P, CPC, CPC-H
- 9:00 a.m. ...."Dodging the Malpractice Bullet"  
Alfredo Vigil, M.D., FFAFP
- 10:00 a.m. ....Break - Exhibit Hall
- 10:30 a.m. ...."Strategies & Practical Aspects of EHR  
Selection, Implementation & Use"  
Patricia Montoya, MPA, BSN and  
Mark Gottlieb, Ph.D.
- 11:30 a.m. ...."Telehealth: Closing the Gaps in Health  
Care Access, Education, Knowledge and  
Research"  
Dale Alverson, M.D.
- 12:30 p.m. ....NMAFP Board Meeting  
Board Members Only  
Remainder of Afternoon at  
Leisure for Registrants

**Sunday, July 22**

- 7:30 a.m. ....Exhibits Open
- 8:00 a.m. ...."The Impact on Language Development & Family  
Bonding with Early Literacy Promotion in the  
Pediatric Population of the FM Residency Clinic"  
Madel Villegas, M.D.
- 9:00 a.m. ...."Tackling Triple Threat of Obesity, Diabetes  
and Cardiovascular Disease: Using Technology  
to Educate Students, Train Residents and  
Improve Outcomes in Medically Underserved  
Areas of New Mexico"  
Elizabeth Nelson, M.D. and Nicole Scally, M.D.
- 10:00 a.m. ....Break - Exhibit Hall
- 10:30 a.m. ...."Atypical Antipsychotics & Weight Gain: A  
Case Study"  
Cesar Lirio, M.D.
- 11:30 a.m. ...."Improving the Cardiovascular Health of  
Latinas: An Evidence-Based and  
Community-Focused Approach"  
Felisha Rohan-Minjares, M.D. and Caline Cone, M.D.
- 12:30 p.m. ....Drawing for Door Prizes  
(Must be present to win)



**REGISTRATION FORM, 50th Annual NMAFP Family Medicine Seminar — Please mail to: NMCAAFP Educational Fund, 4425 Juan Tabo NE, Suite 203, Albuquerque, NM 87111. You may also register online: [www.familydoctormn.org](http://www.familydoctormn.org)**

Please Print Clearly

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

C/S/Z \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**Payment**

- \_\_\_\_\_ AAFP Member Practicing Physician \$375
- \_\_\_\_\_ Non-Member Practicing Physician \$500
- \_\_\_\_\_ NP/PA/Nurse (please indicate title) \$300
- \_\_\_\_\_ Retired Physician \$100
- \_\_\_\_\_ Family Medicine Resident (no charge)
- \_\_\_\_\_ Medical Student (no charge)
- \_\_\_\_\_ Yes, I want to sponsor a student attendee \$40
- \_\_\_\_\_ Extra tickets for Friday Dinner & Dance
  - \_\_\_\_\_ children (5-12) x \$15 = \_\_\_\_\_ (children under 4 are free)
  - \_\_\_\_\_ adults x \$30 = \_\_\_\_\_
- \_\_\_\_\_ **TOTAL ENCLOSED** (Meals and Entertainment are FREE to all Registrants)

**Hotel Information:** The Lodge at Sierra Blanca & Ruidoso Convention Center  
 The Lodge at Sierra Blanca, located in beautiful Ruidoso, New Mexico, is surrounded by towering pines, invigorated by mountain breezes and neighbor to the Links at Sierra Blanca Golf Course and Ruidoso Convention Center. Amenities offered by the Lodge at Sierra Blanca are: Full hot complimentary breakfast daily, fitness center, Ruidoso's largest indoor heated pool and Jacuzzi and a brand new business center, where guests can check emails, make copies and send a fax.

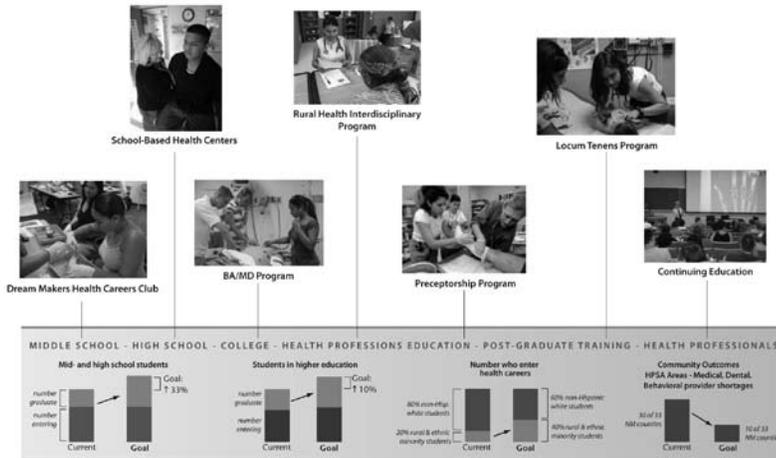
Address: 107 Sierra Blanca, Ruidoso, NM 88345  
 E-mail address: [info@lodgeatsierrablanca.com](mailto:info@lodgeatsierrablanca.com)  
 Website: [www.lodgeatsierrablanca.com](http://www.lodgeatsierrablanca.com)

We recommend that you reserve early to get the type of room you want. A room block will be held until **June 19th**, so please make your reservations before this date. After this date, rooms will be on a space-available basis.  
**Reservations: 505-258-5500 or 1-866-211-7727.**



### Health Career Pathways

Examples of Programs & Services to Improve Recruitment & Retention of New Mexico Healthcare Providers



EXAMPLES OF OUTCOMES FROM INVESTMENT IN HEALTH CAREER PATHWAYS FOR NEW MEXICO HEALTH PROVIDERS

# The Roadrunner

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### Expanded New Mexico Newborn Screening Program

In 2005, HB 479 required NM to test newborns for 18 more metabolic diseases and to add cystic fibrosis to the existing panel of 6 diseases (and hearing screening) done as part of the State's mandatory newborn screening program. Because of the low numbers of births in New Mexico (under 28,000 per year) the costs of purchasing the technology was prohibitive so the testing program was outsourced to the Oregon State Public Health Laboratory, a lab experienced in running these programs in other Western States (<http://oregon.gov/DHS/ph/nbs/index.shtml>). With this change the New Mexico Newborn Screening Program (NBS) has taken other steps to improve its overall program. The Oregon lab and their pediatric subspecialty consultants will contact by phone and fax the Primary Care Practitioner (PCP) listed on the newborn screening form in the event of a positive screen. The sub specialist will advise the PCP on the next steps for confirmatory testing, treatment, and give him or her a list of pediatric specialists in New Mexico that the PCP can contact to assist with short and long term management. No PCP need worry that they will not know what to do or who to call if their patient tests positive for an obscure metabolic disease.