



The Roadrunner



Published quarterly by the New Mexico Chapter of the American Academy of Family Physicians, Inc.

Vol. 28, No. 3

Fall 2010



PRESIDENT'S COLUMN

Some good news in challenging times...really!!

By Sally Bachofer, MD

Don't just hear the sound bites, listen to what's happening.

Family Medicine is regaining attraction for medical students.

- Locally, at least eighteen fourth-year medical students have declared their intention to seek residency training in Family Medicine. This is nearly a quarter of the upcoming graduating class and makes UNM a top performer in producing Family Physicians. A huge part of the credit for this stellar achievement must go to all the Family Docs around the state who generously share their time and expertise as preceptors. Thank you all so very much!
- The 2010 residency match witnessed a solid upswing in students selecting FM. More FM positions were offered and even more students selected FM. Ten UNM grads matched to NM programs...the highest number in many years.

The NM Chapter of the AAFP is alive and well.

- Despite current economic difficulties, we have had excellent attendance at the 2010 Winter Refresher in Albuquerque and the Annual FM Seminar held in Taos this year. The opportunity to stay current, share our challenges and triumphs, and meet new colleagues is clearly important to a great many of us.
- Rick Madden's campaign for the AAFP Board of Directors has provided an opportunity for NM to engage at the national level. Rick's

breadth and depth of experience as well as his thoughtful analysis and articulate discussion represent the true spirit and tireless dedication of Family Physicians across the state.



Are you tired of the word "reform" yet? Wait...there is good news here as well:

- I prefer to think of "re-invention". Family Medicine came into being as a re-invention of General Practice and has maintained this strong tradition in many areas of professional achievement. We will have plenty of re-invention opportunities over the next few years!
- New Mexico is doing an excellent job of responding to the Patient Protection and Affordable Care Act. Concrete planning, real dollars and workforce initiatives are already under way within the first five months since the bill was signed.

- As Family Physicians we are well-situated and prepared to lead the way toward better health care systems for our patients, families and communities. I firmly believe that we have all the characteristics that predict success when challenged:

- we know that we are always learning
- we tolerate uncertainty and persevere
- we are willing to move forward creatively while defending and nurturing the values we have already established

What next for the NM Chapter of the AAFP?

Please send us your ideas; consider attending a Board of Directors' Meeting; suggest topics and speakers for future meetings; let us know what we can do for you.

Please share your enthusiasm for FM by precepting students and connecting with residents through rotations or job postings. How can we best nurture this next generation of Family Physicians?

Please feel free to contact me or the NM Chapter Office with ANY questions or suggestions. You can reach me at sbachofer@salud.unm.edu and Sara Bittner at familydoctor@newmexico.com. ■

In this issue...

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Report from the AAFP Residents' and Students' Conference

By Carlos Hernandez-Torres MD
PGY2 Southern New Mexico Family Medicine Residency Program

The national AAFP conference for residents and medical students in Kansas City at the end of July is a great opportunity to explore the various aspects that Family Medicine has to offer. Residency programs from all over the U.S. gather under one roof to offer their experience to future Family Medicine Physicians. It is also an excellent opportunity to listen to masterful medical lectures, socialize with people of similar interests, and be part of very fun and interesting activities. But most of all, this conference is a chance to participate in important AAFP legislation.

I had the honor of attending the Family Medicine resident congress as the New Mexico Delegate. Many interesting subjects were discussed in the various sessions held, including resident duty hours, resident well-being and burnout prevention, and even the controversial immigration issues going on in Arizona, all relevant to patient care.

It is not very often that one gets to have a voice in the legislation that governs our specialty. Various resolutions were proposed. Particularly interesting in the first session, after arduous discussion groups, was changing resident duty hours (16 hours shifts, eliminating post call clinic duties). After hearing various opinions for and against these new changes currently being under review by the ACGME, it is interesting to notice that most university-based programs are more in favor of these changes than the ones based in rural community settings. This could be secondary to the difference in number in attending faculty and residents between both settings, enabling university-based programs to be able to adapt better to these abrupt changes. Other interesting resolutions adopted related to the current obesity epidemic. These resolutions mainly recommended that major companies abstain from promoting non-healthy products through the media.

A resolution was adopted that recommends taking advantage of powerful information tools like Facebook

and Twitter to create easy access for members and future members alike. This is extremely interesting because it also helps to promote Family Medicine through internet use. Live streaming media broadcasting of business meetings is also an interesting proposal that would make life easier for a considerable number of members.

Care for medically underserved areas was a separate discussion group. Things like loan repayment programs and J1 waiver physicians were discussed. Underserved areas for medical care are a particular "soft spot" subject for a state such as ours in which access to primary care is characterized by the low retention of primary care providers in our rural areas. While there is great concern for this among other delegates, I was saddened to see that there was still a lot of harsh premature judgment towards foreign physicians on the J1 waiver program. Actually, I was surprised by how little other delegates know about the J1 process for training and practicing in the U.S. and how nobody knew that J1 physicians form an important part of service to underserved areas. Most of us agreed that launching a mass media campaign promoting Family Medicine as specialty would be extremely beneficial for all areas in the United States.

Various other interesting subjects were discussed such as the necessity of primary care nurse practitioners to the controversial alliance with the Coca Cola company. I would strongly encourage all of our readers to take a look at these resolutions and statements that are openly available at the AAFP website.

Another important part of the delegate congress was the elections for AAFP leadership positions. The new candidates gave excellent proposals and plans of work. The elections were transparent without any complications or delays, showing the effectiveness of all of our officers and board members. I look forward to the newly elected residents representing us in the near future.

In between sessions, I had an opportunity to attend some of the lectures and activities of the national conference. Great activities were offered, from the opening social, to the expositions of all the residency programs in the U.S., job opportunities, group memberships, and other very interesting booths, not to mention great food!

It was interesting to see how many Family Medicine residents from different parts of the United States concurred with resolutions that sparked the same interests as physicians and patient advocates. I look forward to spending more time in this parliamentary process which enables our voices to be heard by our colleagues in the AAFP. ■

Med Student Finds Residency Choices at National Conference

By Jessica Bryant

The NMAFP provided a total of 6 travel scholarships to attend the annual AAFP National Conference for Residents and Medical Students in Kansas City, MO. In addition to 13 medical students and residents representing New Mexico, Dr. Chris Camarata attended the conference as the UNM faculty member.

Although it has been over a year since I have spent hours in a lecture hall, the transition for the day was not difficult. The highly animated speakers chose clinically relevant topics that varied from contraception options to chest x-ray interpretation to a comprehensive dermatology lecture.

The excitement in the Exhibit Hall reflected the reality of upcoming months: preparing applications, interviewing, and ranking residency programs. Programs from all around the country supplied faculty and residents to proudly represent and answer questions. Training programs offered everything from rural v. urban areas, opposed v. unopposed opportunities, and pharm-free settings. Each program seemed to lure students to the booth with toys, candy, and plenty of pens! These enthusiastic residents gave us an opportunity to ask specific questions about the program that may have enhanced our interest or completely eliminated the program from the list. In the end, the list of residencies to apply to has been justified not by the program's website appeal, but more so by the specific qualities of the program and the overall impression given by the residents.

Thank you for the opportunity to attend this conference! ■

Taos Conference Wrap Up

By Mario Pacheco, M.D.
Scientific Program Chair

The NMAFP has a proud history of sponsoring high quality CME programs over the past 50 years, and I am pleased to report that the tradition was continued at our recent annual conference in Taos. Past presidents of the NMAFP understand from experience the amount of work that goes into a successful conference like this. We are all indebted to Sara Bittner and her enthusiastic team that make it all look so easy. Although it is important to continue having relevant topics and skilled speakers like we had in Taos, as Family Physicians we also understand the value of maintaining a child-friendly environment that welcomes the entire family to our annual event. I am proud that our chapter does such an outstanding job at fulfilling this goal as well. As we evolve to continue providing the necessary CME activities for our maintenance of certification, we should not lose sight of this wonderful component of our conference.

I would like to thank all of you for your continued membership in NMAFP. If you agree that we are living up to our mission of supporting you in your practice of Family Medicine, I would challenge you to recruit a friend and/or colleague to join our organization or engage in the important work that our Board of Directors does. I hope to see you and your recruit in Albuquerque in February and Ruidoso in July. ■



Dr. Francis "Kiko" Chavez receiving the 2010 President's Award from Dr. Pacheco. Dr. James Delgado and Dr. Wendy Johnson were also honored with this award by Dr. Pacheco.



Dr. Rick Kellerman, Past Board Chair of the AAFP, swears in Dr. Sally Bachofer as the new 2010-2011 NMAFP President.



Dr. Alfredo Vigil receives the Chapter Service Award 2010 from Dr. Pacheco and Sara Bittner.



Dr. Mario Pacheco presented his President's Award to the first four Residents of the Santa Fe Residency Program. Shown here is Dr. Gerzain Chavez.



Families enjoying the Jimmy Stadler Band at the Awards Dinner & Dance

Thanks to Taos Co-Sponsors & Vendors

NMAFP is very appreciative to the following for their support at the 53rd Annual Family Medicine Seminar that took place July 22-25, 2010 at the Sagebrush Inn in Taos.

Co-Sponsors:

- Holy Cross Hospital, Taos
- DairyMAX
- Christus St. Vincent Regional Medical Center, Santa Fe
- Montañas Del Norte Area Health Education Center, Las Vegas

Vendors:

- American Massage Therapy Assn., New Mexico Chapter
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- New Mexico Dept. of Health "NMservices"
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- Sanofi Pasteur, Inc.
- UNM/SOM, Family & Community Medicine - Locum Tenens
- UNM/SOM, Family & Community Medicine - Preceptorship Dept.
- U.S. Army Medical Recruiting

Our Family Doctor of the Year: Sally Bachofer, MD

By Rick Madden, MD

Sally Bachofer, MD, has been chosen as the NM Chapter of the AAFP Family Doctor of the Year for 2010-2011.

She became active in the Chapter shortly after becoming the Program Director of the UNM Family Medicine Residency in Albuquerque eight years ago. She took that position after 15 years as a primary care physician with Lovelace in Albuquerque. She wanted to put the residency in contact with practicing physicians and the Chapter. "It made sense to figure out what was going on around the state and encourage residents to connect with doctors and stay in practice in NM," she commented.

"We still have a way to go. But we are beneficiaries of a larger interest now in Family Medicine at UNM. We have two UNM grads going to Santa Fe, and one to Las Cruces for Family Medicine residency, as well as several staying at UNM; they are likely to stay in the state." You can hear the pride in her voice.

She sees the importance of teaching residents to define one's job to include contributing to the profession.

She stepped into a Chapter officer role when the one who preceded her left for another job out of state, keeping the leadership ladder fully staffed with experienced Family Physicians. Sally is now our President, and has helped organize several Chapter educational conferences.

Sally didn't expect to be recognized; she was "sort of shocked" about this award. "I still don't see myself as the Family Physician I would like my residents to be" because she is currently in administration, she says. She is aware that the residents are appreciative of faculty who have practiced and come back to the residency. "I helped bring the kind of Family Physician who has experience outside the University to the residents. This inspires them to go out to improve the health of their patients and communities." And Sally herself is one of those physicians with private practice experience who came



Dr. Sally Bachofer receiving the 2010 Physician of the Year Award from Mario Pacheco, MD.

back to help teach and lead.

"I occasionally run into young adults I delivered who have kids going into grade school. In this day, as we are at risk of losing some of the full spectrum of care, it is unique to recall that type of experience." But she thinks "we will need to re-invent how we can meet the needs

of a rural state, and that will push us to be creative. We need to keep training residents to do the full spectrum; if we don't, they won't go there. They do squawk, but I just tell them to do it, 'because I am the mother'." Her wry sense of humor must contribute to her success, not to mention raising triplets at home.

The New Mexico Chapter is proud to have such a hard-working Family Physician who contributes to the welfare of not only patients, but to educating young physicians and leading our Chapter. Without claiming so, she has humbly lived her professional life in the same way she hopes Family Medicine residents will live theirs. ■

A Plea to all "Emeritus" Family Physicians

By Greg Darrow, MD

Emeritus. A degree or status earned by having learned life's lessons and gained immeasurable experience. We have many Family Physicians in New Mexico who are either winding down their dynamic careers or are already in phases of semi or total retirement. These physicians are a treasure-trove of wise counsel for medical students, residents, and young Family Physicians just coping with the rigors of balancing Family Medicine against other well-known factors: demands of a growing family; issues pertinent to reimbursement; privileging; rural isolation; and many other individual challenges.

I have been appointed to the Board of Directors as the Emeritus Director because I am semi-retired, have been honored to serve as President of the New Mexico Academy of Family Physicians, and recognize that many of our members desperately need our help at this

crucial period in the history of our specialty. This is a uniquely tumultuous time as daily we deal with a myriad of daunting problems. Yet at this time, we also realize that Family Medicine is at a turning point. Through the efforts of Drs. Dan Derksen, Arlene Brown, Rick Madden, Alfredo Vigil, Mario Pacheco, and many others — our voice is being heard. Health reform, while convoluted, seems to be casting Family Medicine in a much more favorable light. The University of New Mexico is welcoming more students who are interested in Family Medicine and class expansion is on the horizon. Our Family Medicine residency programs educate bright young residents who overwhelmingly choose to remain in New Mexico to practice.

Is there "gloom and doom"? Certainly. But we must balance those feelings against the reality that a host of positive things are being done in our behalf. As mature physicians, we

have lived through many crisis points. Yet our dedication to patient care has never wavered. Our commitment to continuing education has never faltered. The recognition that others are coming along behind us to carry our torch proudly has never been more evident.

There are many ways you can become rejuvenated and involved in your Academy again. The opportunities are numerous. You may choose to precept a medical student or resident. You may enjoy serving as a mentor so that a resident can benefit from your insight and experience as important decisions are weighed. You may wish to serve on a committee to share your ideas about health care reform, medical education, or fiscal issues.

Contact me at gdarrow@q.com and we'll find you a slot that can be tailor-made to your requirements and interests. Our Academy needs you. Like never before. ■

Student Perspective on the AAFP Student and Resident Conference

By Raquel Tello

I was not really sure what to expect as the student delegate at the AAFP Student and Resident National conference. I had received my packet of information that detailed my duties weeks before I left. I read through the information, surfed the web and was still left a little in the dark about what to expect when I got there. I have been to conferences before but never as a representative; so needless to say, I was a little nervous about the role and responsibilities.

I arrived with my fellow classmates, and we got our room. After we looked around Kansas City, we settled in early for the big day that followed. That next day my classmate went off to see some of the classes that were being offered. These classes ranged from wilderness medicine to contraceptives, to radiographic interpretation, to running an effective Family Medicine Interest Group (FMIG). I was a little jealous that she got to go to some of the classes. I had to sit in student congresses and attend official meeting most of the time as part my delegate duties. While, initially I was a little envious I did not get to partake in the classes, I later found out that I was the lucky one.

The experience was amazing and eye opening. I discovered so many things in those few days and grew to be inspired to do more for our FMIG. I discovered our student voice. I was also excited to discover that the American Academy of Family Physicians (AAFP) really listens to us. I heard presentations from the many student representatives about the work they were doing for the AAFP. I also received an introduction to resolution writing and parliamentary procedure.

I wrote a resolution that is near and dear to my heart and also part of my community work as a student. I

requested the AAFP Foundation establish grants for free clinics. I presented my resolution to the reference committee. They deliberated and discussed all the resolutions and posted their recommendations the following day. While the resolution I authored was not accepted, I was proud to participate in the process. I realized that if there are issues for us students here on the local level, we can make changes at the national level. During the resolution hearings we heard passionate arguments from both sides of the aisle about the AAFP's partnership with the Coca-Cola Company. I heard students stand up for homeless people. Other students requested assistance in the fight against mountain top coal mining, as the effects are medically detrimental to the surrounding communities. The resolutions were as varied as the people that wrote them. The ideas were all amazing.

I met many wonderful people and made a few connections. I spoke to AAFP board members about my work in Albuquerque and received advice and incredible support. I met with other leaders from FMIGs across the nation and was inspired by their work and what they had accomplished. This conference gave me so many ideas for our FMIG and how to expand Family Medicine to others, and what it takes in terms of work, dedication, and ideas.

The conference was truly an inspiring experience. While I am not about to jump out and become a politician, I now know what does and can occur during these conferences and how we, as students, can be involved more in the future of Family Medicine. It is something that I will continue to do and will do my best to pass on to the incoming members of FMIG. ■



Medical Stars

By Megan Brown, MS2

Every summer, first-year UNM medical students spend two months in various rural areas across the state where we work in a primary care clinic and increase our awareness of what it means to provide primary care in rural New Mexico. The Medical STARS Program (Medical Scholars Teaching Area-Rural Students) capitalizes on the influence of medical students in these settings. Medical students spend three hours with school-age children in classrooms in the local community. They engage children in guided discussion and encourage them to take harder classes, graduate from high school, and consider a career in the health sciences.

The Med STARS program was founded in 2007 by a group of UNM medical students who were determined to steer school-age children to greater academic achievement. Since then, Med STARS has been expanded and now reaches elementary and middle school-age children and older students in inner city Albuquerque. The program operates under the auspices of the Family Medicine Interest Group. Thanks to the continued generous support of the New Mexico Academy of Family Physicians, UNM's medical students have reached out to over 1,000 New Mexican youth to inspire and guide them to academic achievement and success in life.

In 2010, in addition to going forward with the program, we will evaluate our past outreach efforts and develop additional tools for reaching elementary students. We believe there is a need for new strategies to provide long-term support for the youth.

The Med STARS Program is the first program of its kind in the nation. We believe that our future will be as unique as our past! ■



Proposed Medicare Amendment Would End Month-to-Month Uncertainty for Elderly, Disabled Patients

(Editorial from the AAFP)

America's 46 million elderly and disabled patients, as well as military families, are at the center of what once was a yearly battle to preserve their access to health care. This year, that struggle became a quarterly — and at times a monthly — skirmish that has damaged Medicare's credibility among patients and their doctors.

At the core of this struggle is a flawed formula that controls what Medicare pays physicians for the care of elderly and disabled patients. And since the TRICARE health insurance program for military members and their families also uses Medicare for its payment rates, this issue affects military families' health care as well.

By law, the formula required Medicare to slash physician payment by more than 21 percent this year. Congress knew such a cut would devastate elderly and disabled patients' access to health care. So legislators have stumbled through this year — at first delaying the pay cut for a few weeks, then allowing the cut to take effect for a few weeks, then stepping in to pass a temporary, retroactive pay fix, then allowing the cut to take effect again before passing a second, temporary, retroactive fix. This latest

fix — without another Congressional intervention — will end on Nov. 30.

Worse, physicians will face a 30 percent pay cut next year.

This unrelenting threat is destabilizing the Medicare system for patients whose doctors — particularly primary care doctors — work in small- and medium-sized practices, often in underserved areas and with small or no operating margins. This year's month-to-month uncertainty has disrupted their practices and interfered with their ability to provide reliable and ongoing health care to the most vulnerable Americans.

Congress could end patients' health insecurity with a permanent change to the Medicare payment formula. But this is an election year. And in this political climate, the \$210 billion price tag for such a solution will probably prevent a permanent solution this year.

In place of a permanent solution this year, however, we can accept legislation that would at least extend the current stop-gap measure and reinforce the foundation of our health



care system by providing a positive differential payment rate for primary care medical services, which means paying those doctors who coordinate and care for the whole person at every age, not just a certain body part or particular age group. Congress must pass legislation that prevents drastic Medicare pay cuts for a predictable period and builds up the primary care workforce that anchors our entire health care system. This would, at least, help stabilize Medicare.

Family Physicians — indeed all physicians — are disappointed that Congress has not seen fit to assure elderly and disabled patients' access to health care by passing a permanent solution to this problem. But a longer term, interim fix and a primary care payment differential are steps in the right direction. It would relieve patients' uncertainty about their ability to see their doctor.

No other sector of the health care system is routinely subjected to this variability and uncertainty. It's time to end the month-to-month uncertainty that undermines patients' confidence in Medicare and disrupts physicians' ability to provide ongoing care. It's time to infuse some stability into a system on which more than 46 million Americans depend. ■



BOARD NOTES

July 24, 2010, Sagebrush Inn Conference Center, Taos, NM

■ The scheduled yearly NMAFP dues increase of \$10 that began in 2009 will occur this year and next. There will not be a \$10 increase in 2012.

■ The Chapter will make an offer to the legislative lobbyist candidate that has been interviewed. He is to start well before the NM legislative session begins in January, with goals of formulating a legislative priority list, make contacts and develop strategy, both short- and long-term.

■ A new initiative to develop both mentors and preceptors for 4th year medical students who plan to enter Family Medicine will begin soon. Please see the article in this issue: A Plea to all "Emeritus" Family Physicians by Greg Darrow, MD

■ The Resident representatives will begin a Facebook Group for all FM residents throughout NM. There was interest in a job fair.

■ The Student representatives reported on the continuing contacts the Medical Stars Program is making with high school and elementary school students. The Board approved monetary support for the program to help

students consider a health career. Please see the related article in this issue by Megan Brown, MS2.

■ Rick Madden's bid for AAFP Board will occur at the Congress of Delegates in Denver on September 27-29. Anyone who can help support the effort is welcome. Dr Rick Kellerman, our honored guest and Past President of the AAFP, shared insights about the campaign process. A stipend to support resident attendance at the Congress was approved.

■ The next Board meeting will be held on Saturday, November 6, 2010, at noon, in the NMAFP Office.

Lactose Intolerant? Help Your Patients Enjoy Dairy Again

By Sara Robbins, RD Program Coordinator, Dairy Max, Inc.

Lactose intolerance is often described by patients as that uncomfortable rumble in the tummy, bloating, and gassy discomfort that makes them avoid dairy foods. A recent Expert Panel was formed from the National Institutes of Health (NIH) and convened a conference for a consensus on lactose intolerance and health to look at the current available data on the issue.

Lactose Intolerance is defined as:

- **Lactose Malabsorption:** decrease in the ability to digest lactose, due to a deficiency in the levels of the enzyme lactase, with or without symptoms.
- **Lactose Intolerance:** the onset of gastrointestinal symptoms following a blinded, single dose challenge of ingested lactose by an individual with lactose malabsorption, which are not observed when the person ingests an indistinguishable placebo.

While lactose intolerance may seem like a minor annoyance or disturbance that can easily be solved by recommending dairy avoidance, this approach may not only deprive your patient of a food group they'd like to consume, but may also lead to nutrient shortfalls and contribute to bigger health problems in the long-run. According to the NIH Consensus Development Conference Statement, "Many individuals with real or perceived lactose intolerance avoid dairy and ingest inadequate amounts of calcium and vitamin D, which may predispose them to decreased bone accrual, osteoporosis, and other adverse health outcomes."¹

The expert panel concluded that lactose intolerance is a real and important clinical syndrome, but its true prevalence is not known. In most

cases, individuals do not need to eliminate dairy consumption completely. They concluded that to manage most cases of lactose intolerance consuming small amounts of milk, yogurt, natural cheeses, and lactose-reduced foods may be an effective management approach. It is found that the amount of daily lactose that is tolerable in patients diagnosed with lactose intolerance is at least 12 grams

(1 cup of milk) of lactose with no or minor symptoms. Tolerance also increased by consuming less than 20 grams of lactose throughout the day with other foods.¹

Moving from the science to practical solutions, the physician's role in helping his or her patients navigate through lactose intolerance starts with an accurate diagnosis. You may advise your patients there is no need to ditch dairy; it can lead to nutrient shortfalls and possible adverse health outcomes. Most people with lactose intolerance say they are open to consuming more dairy foods – as long as they can avoid the discomfort associated with consuming them – and that they like the taste of lactose-free milk more than several non-dairy alternatives. According to a survey of lactose intolerant adults, more than 80 percent say they would eat more milk, cheese and dairy products if they could avoid symptoms of lactose intolerance.² A wide variety of lactose-free milk and milk products are available in today's marketplace, including reduced-fat, low-fat, fat-free, chocolate and whole milk, ice cream and cottage cheese.

Here are a few individualized strategies to help your patients with lactose intolerance still consume dairy foods in varying amounts and forms.

- **Try It.** Opt for lactose-free milk and milk products.



- **Sip It.** Start with a small amount of milk daily and increase slowly over several days or weeks to build tolerance.
- **Stir It.** Mix milk with other foods to ease digestion, such as soups and cereal; blend with fruit or drink milk with meals.
- **Slice It.** Top sandwiches or crackers with natural cheeses such as Cheddar, Colby, Monterey Jack, Mozzarella and Swiss.
- **Shred It.** Shred your favorite natural cheese onto veggies, pastas and salads.
- **Spoon It.** Enjoy easy-to-digest yogurt. The live and active cultures in yogurt help to digest lactose.

For more information about lactose intolerance or to ask the dietitian go to www.dairymax.org. ■

¹National Institutes of Health Consensus Development Conference Statement, NIH Consensus Development Conference: Lactose Intolerance and Health. February 22-24, 2010.

²NPD Group. Fluid Milk Concept Test for Dairy Management Inc. November, 2007.

³Moskowitz HR, et al. Consumer Acceptance of Cow's Milk Versus Soy Beverages: Impact of Ethnicity, Lactose Tolerance And Sensory Preference Segmentation. *Journal of Sensory Studies*, 2009; 24:5.



2010-2011 NMAFP Officers

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Save the Date

NMAFP 29th Annual Winter Refresher in Albuquerque

Saturday, February 5, 2011, Embassy Suites Hotel

7:00 a.m. – 8:00 a.m.

Past President's Breakfast
Agave Room

7:00 a.m. – 8:00 a.m.

Registration/Exhibits Open / Breakfast
Exhibit Hall

7:55 a.m. – 8:00 a.m.

Introduction & Welcome
Dolores Gomez, MD & Stephanie Benson, MD
Scientific Program Co-Chairs

8:00 a.m. – 9:00 a.m.

VTE Prophylaxis - Patrick Leung, PharmD

9:00 a.m. – 10:00 a.m.

Physicians & the Affordable Care Act: Avid
Advocate, Rescind & Repeal, Revise & Reform,
All or None of the Above? - Dan Derksen, MD

10:00 a.m. – 10:30 a.m.

Break – Exhibit Hall

10:30 a.m. – 11:30 a.m.

ADHD - Dion Gallant, MD

11:30 a.m. – 12:30 p.m.

Travel Medicine - Francine Olmstead, MD

12:30 p.m. – 1:30 p.m.

Lunch – Exhibit Hall

1:30 p.m. – 2:30 p.m.

Preconceptual Counseling - John Andazola, MD

2:30 p.m. – 3:30 p.m.

Fibromyalgia: Diagnostic & Treatment Options
for the Family Physician (EB CME)
Kathleen Hales, MD

3:30 p.m. – 4:30 p.m.

Tumor Lysis Syndrome - William Adler, MD

4:30 pm

Drawing for Door Prizes
A raffle ticket will be included in your packet.

You must be present to win.

For more information, contact Sara at 505-292-3113 or familydoctor@newmexico.com

The Roadrunner

is published quarterly by the New Mexico Chapter for the purpose of informing members and those interested in Chapter activities.

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Deadline for submission of articles for upcoming issues is Nov. 22.

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The American Academy of Family Physicians
website address: www.aafp.org

New Mexico Chapter website address:
www.familydoctormn.org

Design/layout: Paul Akmajian

Printer: Susan Valdes, Print Express, LLC