



The Roadrunner

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PRESIDENT'S COLUMN

Landscape and Inspiration

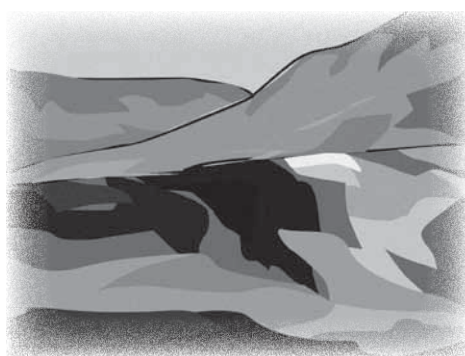
By Sally Bachofer, MD

Over the past two weeks I've been making the trek from Albuquerque to Santa Fe for the Doc of the Day program and to introduce the UNM Family Medicine interns to our legislature. I'd like to share some of my reflections on the health of our state stimulated by my time on the road and in the Roundhouse.

As I pass the Santo Domingo exit, I am struck by the view of La Bajada Hill. For a brief moment, I feel as though I am seeing that massive geologic barrier through the eyes of settlers and conquistadors....a momentary gasp and then gathering of resolve. In a way, this wall of basalt rising dramatically from the plains symbolizes our challenges with health and health care in New Mexico. As we all know too well, our patients face similarly significant barriers related to cost, access and continuity when seeking care. These obstacles involve not only physical health but also mental health and dental care. I was embarrassed but inspired, by the 1200 people who lined up at the Mission of Mercy dental outreach event in Albuquerque last fall and the dozens of dental professionals who tirelessly provided care for 2 days. On a larger stage, our patient's health is also compromised by our current challenges in the areas of education, employment, housing, transportation, physical activity and quality food. The diabetes related mortality rate of college graduates is one-third that of diabetics with a high school education. Food insecurity is a significant issue for many New Mexican families: 1 out of 4 children in New Mexico does not know

where they will get their next meal.

Reaching the top of La Bajada rewards me with a view of the incredible beauty of our state. Sweeping



landscapes and the dramatic play of light and color between land and sky trigger thoughts of the contrast between the opportunities for health and our current status on a number of measurements. Over the past few years we have seen worsening in childhood obesity rates and the adverse outcomes of substance abuse such as alcohol related injury and prescription drug overdose. Our rates of diabetes and heart disease mortality have fortunately remained stable despite increased rates of diagnosis. Our diligent efforts in the areas of teen birth, infant mortality and youth and adult smoking have paid off and will have major ongoing positive societal impact. Climbing the statistical ladder toward better health is a daunting task but one that we can accomplish with a combination of broadening our perspective and identifying partners within our communities.

I have had the luxury of spending time observing and engaging in our legislative process. I have listened to our

citizen legislators discuss and debate the difficult topics of finance and regulation and have shared benches with fellow New Mexicans who avidly devote their precious time in an effort to educate and persuade their elected officials. Time and again I have been impressed by the dedication, creativity and passion of our wonderfully diverse population. As citizens and professionals, Family Physicians can bring much to this venue: we reflect the diversity of our patients, we understand the difficulties of their lives as well as our own professional challenges, we have a willingness to engage in the complexity of the present and have time and again demonstrated a tolerance of uncertainty that allows us to move forward constructively. What will health care look like when our current medical students join the workforce? I think it is fair to say no one knows for sure but we will be an essential part of the process.

A lot of this does not clearly look like "health" or strictly like "Family Medicine". As Family Docs, I believe that we intuitively know that arenas that do clearly look like health are critical components of our patients' well-being and coping with chronic disease. These arenas have in reality been on our "agenda" all along. The time has come for this agenda to become a conscious and essential part of how we think and

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Patient Centered Medical Home: Four Groups in New Mexico

By Melissa Martinez, MD

As of mid February, four groups in New Mexico have been awarded Level 1 Recognition as a Medical Home by the NCQA. These groups include UNM Health Sciences Center Primary Care Clinics, Presbyterian Medical Group's Isleta Clinic, Santa Fe Medical Group and Taos Clinic for Children and Youth.

The Patient Centered Medical Home (PCMH) recognition is important because it is likely that in the near future practices with this designation will be paid for their efforts in "member-per-month" reimbursement. Molina is currently paying Medical Homes a PMPM fee – a great incentive and enormously helpful to medical practices. "It is also important because it is the right thing to do for our patients", writes Robert Fritch.

To be recognized as a PCMH a practice must submit data and supporting documentation in a web-based, data tool. The NCQA then reviews the data to determine if the practice meets the standards indicating care is organized around patients.

The concept of a Patient Centered Medical Home was promoted by a variety of primary care organizations including the AAFP in an effort to improve care to patients and to promote the high-quality, cost-effective care that is provided by primary care practices in the United States. According to the NCQA "The Patient Centered Medical Home is a health care setting that facilitates partnerships between individual patients and their personal physicians, and when appropriate, the patient's family. Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner."

To learn more about the recognition process I sent questions to three Family Physicians who were involved in this process for their groups: Philip D. Briggs, MD, MBA, FAFAP, Founder and Owner of Atrinea Health; Dion Gallant MD, Assistant Medical Director, Primary Care Service Line, Presbyterian Medical Group; and Robert Fritch DO, MMM Medical Director of Primary Care at UNM Health Sciences Center.

Why did you want your group to be a medical home?

Fritch: PCMH places the patient at the center of care. The focus on preventive care and chronic disease management are profoundly important. In addition, the PCMH operates in a Patient Centered Neighborhood and assists patients in self-care and connecting with community resources. It really does take a village.

Gallant: We wanted to work on one clinic as a pilot and then role what we developed out to other clinics. Just as when building a home the foundation is the critical first step--we are building a foundation for the PCMH throughout the system.

Briggs: We decided to embrace the concept cautiously a year and a half ago, when I became convinced that it would add value whether or not the payers' responded. Now there has been a sea change in enthusiasm, and the response has been tremendous, including some of the local payers.

How much did you spend in time, effort and dollars to get this recognition?

Fritch: The application for a system as large as UNM is not cheap. But the hours spent working to bring the cultural change and internal structure for the PCMH is significant. It can be very disruptive and folks who have done this call it "transformation" rather than incremental change. It is best regarded as a long term, 3 – 5 year project with significant milestones along the way – one of which is NCQA recognition.

Gallant: It is a major effort requiring work across the system, but the transformation is worth the effort. Isleta Clinic has shown us how best to improve the delivery of care to our patients.

Briggs: It took us about fourteen months to submit the application. The cost is hard to estimate because we were in a transformative process that went way beyond medical homes, and deep into Six Sigma, Lean, and extensive quantitative operational analysis and implementation.

Did you have to redesign systems and add services or was it just a matter of documenting the work that was already being done?

Fritch: Both. For example, we did not have a functional registry system. That required developing new processes in order to pull out our patients who had not been in the clinic or obtained a HGA1c in the past 6 months. Sometimes we were doing work that was not captured. For example, we developed a Foot Exam Form that became a searchable part of the electronic medical record.

Gallant: Some systems were already in place like a behavioral therapist embedded in the clinics. The Electronic Medical Record (EMR) would have happened even without the PCMH but we integrated into the PCMH. We have also started alternate venues of care including telephone appointments and group visits, and hope to progress to electronic visits in the future once the EMR is fully deployed.

Briggs: We have created our own EMR, so we have the flexibility to add components for patient tracking and patient registries. We have added three new staff positions – a Patient Care Coordinator, a Medical Records Specialist, and a Patient Educator. We have also developed a diagram to show the staffing and provider, patient, and payer relationships in a Medical Home.

What advice do you have for other groups who are working to get this recognition?

Fritch: 1. Choose a physician or midlevel champion. 2. Educate everyone in the practice. 3. Take a field trip to see a PCMH that works well. 4. See this as a marathon, not a sprint. 5. Borrow and steal liberally – many folks have done lots of work before you. 6. Engage patients early on in the process. Their voice is very important for the process. 7. Have fun and celebrate the successes on the journey. 8. Keep the patient at the center of the process.

Briggs: Get help. TransformMED (subsidiary of AAFP) and PCPCC are tremendous resources. PCPCC is publishing a directory of resources very soon. We are available for consultation via BriggsGroupMD.com.

Were there any resources that were helpful to you during this process?

Fritch: TransformMed (AAFP) is an exceptional resource www.transformed.com.

The NCQA site has lots of great information and guidance: <http://www.ncqa.org/tabid/631/default.aspx>.

The Patient Centered Primary Care Collaborative has outstanding resources: <http://www.pcpcc.net/>.

Briggs: In addition to the resources above, Merck pharmaceuticals has committed a large portion of their resources nationally and locally to aid practices in enhancing the quality of patient care. They publish lots of valuable patient education materials, and were supportive in facilitating our internal transformation team group meetings. I can't thank them enough.

What is next for your group?

Fritch: We continue to refine the Access issues which turns out to be UNM's biggest hurdle. We have begun to look at the next level of NCQA recognition and are moving intentionally in that direction.

Gallant: We are now working on Level 3 recognition and rolling some of the systems we developed at the PMG Isleta Clinic to other clinics.

Briggs: Getting to Level 3, adding two more facilities, replicating more facilities, including a franchising program we have rolled out in Arizona, AtrineaHealth.com. ■

Whooping Cough Outbreak in New Mexico

By Kristine Pleacher MD

Assistant Professor Pediatrics, UNM School of Medicine

There is a Pertussis or Whooping cough outbreak in New Mexico right now. As of December 1st there have been 135 confirmed or probable cases. Pertussis starts as an upper respiratory infection and after about 2 weeks people develop a severe, paroxysmal cough followed by a “whoop” on inhalation. This cough is most severe for about 6 weeks and may last more than 10 weeks. Pertussis is spread by respiratory secretions and people are most contagious in the early phase before the severe cough presents. Antibiotics will shorten the period of contagiousness but will not shorten the duration of the cough unless prescribed very early in the illness.



Adults with Pertussis may experience weight loss, rib fractures (from coughing), fainting, and pneumonia. Few adults with Pertussis will need to be hospitalized. Infants and young children are at greatest risk of being hospitalized or dying due to a Pertussis infection. More than half of infants with Pertussis are hospitalized and 75% of infants catch Pertussis from a family member. One percent of infants with Pertussis will die. Each case of Pertussis is estimated to cost \$48,000.

While infants and young children receive immunizations against Pertussis, many have incomplete immunity as they may not have completed the vaccine course. Immunity to Pertussis wanes over time making adolescents and adults at risk for Pertussis infection. There is now a vaccine approved for use in adolescents and adults up to age 64. Tdap is a combination vaccine of Tetanus, Diphtheria, and acellular Pertussis and may be given in place of Td. The CDC’s Advisory Committee on Immunization Practices (ACIP) has recently revised their guidelines relating to Tdap immunizations. Now there is no recommended wait time between receiving Td and Tdap and if a patient’s

immunization status is unknown it is acceptable to give a possible second dose of Tdap. Tdap is not contraindicated in pregnancy and given frequency of transmission from parents, women should be vaccinated prior to discharge after delivery.

Tdap has a similar safety profile to Td. Two Tdap vaccines are licensed for use in the United States. Adacel (Sanofi Pasteur) is licensed for use ages 11-64 years and Boostrix (GlaxoSmithKline) is licensed for use ages 10-64 years. Most insurance companies in New Mexico cover the cost of Tdap immunization. ■

What you can do to help.....

1. Offer Tdap to any patient in need of a Tetanus booster
2. Offer siblings, parents, and grandparents a Tdap booster
3. Offer all childcare workers a Tdap booster
4. Encourage your colleagues to have a Tdap booster
5. Get yourself immunized

Ed Note: In February 2011 the ACIP added the following recommendations:

“Persons over 65 years or older who have close contact with an infant less than 12 months of age **should** get vaccinated with Tdap. All persons age 65 or over **may** be vaccinated with Tdap”

Need Doc? Recruitment Bulletin Board

Practices with open positions are invited to recruit by posting information on “Recruiting” bulletin board at the NMAFP summer meeting in Ruidoso. Many Family Medicine residents are looking for positions. The New Mexico Chapter of the AAFP would like to encourage practices to keep these residents and other family doctors in New Mexico. A special bulletin board will be set aside for practices in New Mexico to post information about open positions. Please plan to attend and post in Ruidoso July 14-17, 2011. For more information contact Sara Bittner: familydoctor@newmexico.com or 505-292-3113.

WANTED

- Your stories about EMR and New Physicians -

Please send me stories about your experience with EMR. I want to know the good, the bad and the ugly about your experience with implementing EMR into your practice.

Also if you have family doctors that are new to New Mexico, lets honor them by a short write up in the Newsletter. I just want “the good” for these stories.

Melissa Martinez MD
Editor, Roadrunner Newsletter
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PRESIDENT’S COLUMN

(continued from page 1)

act both in the one-on-one venue of patient care and as we work together toward a healthier community of our peers, our patients and our families.

I hope you will be able to join us in Ruidoso in July for our 54th Annual NMAFP Family Medicine Seminar. We’ll have the opportunity to learn about new and exciting medical topics, expand our perspectives, network with colleagues and consider new venues for engagement in this exciting and critical task of guiding our profession and our partners in health in a direction that makes us all healthier New Mexicans. ■

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Dr. Robert Patterson.

Current Health Status of New Mexicans

By Alfredo Vigil, MD, FAAFP

Former Cabinet Secretary, New Mexico Dept. of Health

It is ironic that well into the 21st century, the citizens of New Mexico continue to struggle with very significant health status problems. Many of us with grey hair were very optimistic 20 and even 30 years ago that the gains in health status would be much brighter by this point in the state's history. There are many reasons for this of course. The "social determinants" of health, including economics, education, rurality, and cultural diversity are generally very challenging in comparison to the rest of the country. We also have to ask ourselves whether public policy makers and the health system have always made the best decisions.

Of course, New Mexico is blessed with numerous success stories. Among the sterling examples: the commitment of the state's Family Physicians as well as all the clinicians in the other disciplines, our world-renowned medical education programs, the community health centers, the small army of exemplary public health experts and practitioners, the community-

based behavioral health programs, our wonderful community hospitals, the exploding community health worker movement, the numerous cutting-edge initiatives like the ECHO Program, and the list goes on and on.

The areas that continue to trend in a worrisome direction include: obesity, premature death primarily from preventable causes, elevated cholesterol, high blood pressure, diabetes, low birth weight and premature births. Our Native American neighbors suffer severe disparities relating to deaths relating to alcohol & diabetes, homicide, motor vehicle deaths, influenza deaths, youth obesity, inadequate prenatal care, and youth suicide. Our Hispanic citizens struggle with disparities including teen birth rates, Chlamydia infections, and drug induced deaths. African-Americans in the state have disparities with infant mortality, Chlamydia infections, HIV/AIDS rates, homicide, teen births, and diabetes.

On the other hand significant improvement has been seen in the areas

of smoking, binge drinking, infectious disease, violent crime, immunization rates, and cardiovascular deaths which prove that it is possible to implement effective strategies that improve even the most recalcitrant problems.

Is funding of health care programs an important part of the problem? Of course it is, but we need to recognize that New Mexico has always been and probably always will be one of the poorest states in the union. As the saying goes, "if we keep on doing what we've been doing, we'll keep getting what we've been getting". The key to turning around the negative trends and improving the areas of disparities is using evidence-based, creative thinking and attacking these areas in new ways with the wonderful resources we already have at our disposal. Thank you from the bottom of my heart for your tireless efforts on behalf of all New Mexicans! ■



An Interview with Alfredo Vigil, MD

By Melissa Martinez, MD

Family Physicians in New Mexico were delighted when Governor Bill Richardson appointed Alfredo Vigil MD, a Family Physician, as the New Mexico Secretary of Health. Alfredo Vigil served from June 2007 to January 2011. In this e-mail interview he looks back at his career and time as Cabinet Secretary:

Tell a little about yourself. Where did you get your training? What practice and professional experience have you had?

I am a native New Mexican born in Santa Fe and raised in Los Alamos. I did all of my post-high school education at UNM. My jobs have been at the Questa Health Center, private practice in Taos, VP of Clinical Affairs with Presbyterian Medical Services out of Santa Fe, CEO for El Centro Family Health out of Espanola, and Cabinet Secretary of the NM

Dept. of Health. In addition, I've spent many years working in areas such as emergency medical services, reproductive health advocacy, teaching & precepting, medical-legal expert witness, and volunteering with non-profit organizations. I am very proud of my long-time association with the medical school and the time I spent on the NM Medical Board.

How did your practice experience and previous administrative roles prepare you for the Secretary of Health role?

Each and every one of my previous activities was indispensable to me at DOH. Most of my time was spent managing the largest department in state government with over 4,000 employees and a budget of half a billion dollars. It was a huge honor working with the dedicated staff and professionals in the department

in areas such as state hospitals, facility licensing, emergency preparedness, public health clinics and programs, border health, and services for those with developmental disabilities. I spent a great deal of time interacting with communities and community agencies. I also had some very interesting interactions with our great legislators from all around the state.

What were the challenging issues you faced as SoH?

Besides the day-to-day activities some the major issues included improving quality of care at the Fort Bayard Medical Center, achieving compliance with the complex settlement agreement gener-



Alfredo Vigil, MD

Increased Interest in Family Medicine Residencies!

By Omar Naji, PGY-II Las Cruces, NMAFP Resident Representative

Greetings from Las Cruces! It's been an interesting few months in the world of Family Medicine. Healthcare reform has brought medicine to the forefront of our nation's attention. In newspapers across the country, editorials are being written voicing concerns about how healthcare reform will affect access to primary care. It's the topic of choice in lunch rooms, water coolers, and talk shows everywhere.

Most of us do not include a crystal ball in our personal inventory and can't predict exactly what will happen to our health care system. One fact remains a constant through the entire spectrum of discussions: we need more Family Medicine doctors! That's where the old adage "any publicity is good publicity" comes to mind.

At our last NMAFP board meeting, we discussed the increased interest in Family Medicine we are seeing at the academic level. At my program, the Southern New Mexico Family Medicine Residency Program in Las Cruces, the increased interest is quite measurable. We had a great interview season this year with 695 total applications for 6 positions. That's more than



double the number of applicants compared to the 2010 match year! And it's not just the number of applicants that's increasing, we're also seeing more and more "strong" applicants and even expanded our total interviews to over 40 applicants this year, making it quite competitive. It's not just Las Cruces that's enjoying such renewed interest. My fellow NMAFP Resident Representative, Frida Pena of Roswell, informed us they have also had a tremendous interest this year with over 700 applications to their program! Students at UNM School of Medicine have done a great job with the Family Medicine Interest Group, which helps plant the seeds of primary care in the young eager minds of our future physicians.

It seems the word is getting out there about Family Medicine; and, while there is still quite a bit of uncertainty about what the future of healthcare holds, there does seem to be a lot of confidence that it will be favorable to primary care. As the Affordable Care Act helps increase the number of insured patients, it's clear we'll have an increased demand for PCP's nationwide. In addition, the reimbursement

models proposed favor quality measures rather than pay-for-fee service that will bode well to preventative care and the Family Medicine model of care in general. While this is all certainly good news for Family Doctors, it also presents a challenge as there simply aren't enough of us to serve all the potential new patients – especially in New Mexico. Fortunately, we may be welcoming new programs to the state as early as the 2012 match in Farmington and Silver City. This is great news as training more physicians in New Mexico means more will likely stay within the state and treat our underserved population.

As a Resident in Family Medicine, I'm excited to witness all the changes unfolding right now and look forward to a bright future for Family Medicine. I also encourage my fellow Residents to stay aware and become involved as much as possible. For my colleagues in residency, I invite all of you to join our group on Facebook called "New Mexico FM Residents" as well as the NMAFP group called "New Mexico AAFP". We still face many legislative challenges, and we are our own best advocates. By keeping in touch and staying informed, we can help drive the legislation to work as effectively as possible to benefit Family Physicians, and even more importantly, the patients we serve. ■

An Interview with Alfredo Vigil, MD

(continued)

ated by the Jackson Lawsuit involving the services for those with developmental disabilities, and of course, the worsening budget situation over the past couple of years. Along with Dr. Karen Armitage, the Chief Medical Officer at DOH, we also worked very hard to maximize the use of evidence-based medicine both in and out of the department.

What was your proudest moment?

Every single day included experiences where the work of people in the department achieved important improvements in the health of New Mexicans. It was very moving to me to be associated with those accomplishments. I must say, it was also a great honor to have the support of the NM Academy of Family Physicians and the NM Medical Society.

Any regrets?

I very much regret not being able to stay longer. From previous experience I know that it takes at least five years to

create significant, permanent change in organizations. I know that many initiatives will continue at DOH but I would have preferred to have continued my association with the great people there.

Did anything surprise you during your term?

You bet, never in my wildest dreams did I ever think that I would spend so much of my time and energy dealing with marijuana of all things! I know that many patients have benefited from the program and I am very pleased with that. But the legal and social policy aspects of the program were very distracting from the other important work in the department that needed attention.

What do you see as the challenges for New Mexico's Family Physicians and their patients?

BIG question. I could write a book. A brief list: lack of time, insufficient numbers of Family Physicians, uncompensated care, administrative burden, electronic transformation, inadequate compensation, increasing disease problems especially

from obesity, health reform, and the beat goes on! Thank goodness Family Physicians have the strength and commitment to lead the charge regardless!

Any advice to Family Physicians who might have an interest in health policy or a role in government?

Participation in policy at all levels by Family Physicians is badly needed. It is shocking how common it is for important health policy decisions to be made with NO physicians participating. This happens in government, in organizations, in communities. EVERY physician should do what they can to participate at whatever level.

What is next for Alfredo Vigil?

As of mid-February I am still exploring my options as they say. I hope to find a way to continue to make significant contributions to health system improvement, and I will continue to advocate, volunteer, and teach as I always have. Hasta Luego and Happy Trails! ■

BOARD NOTES

■ **Legislative Update:** Dr. Dan Derksen gave the Board a synopsis of the current legislation that NMAFP has endorsed and thanked the volunteers that are participating in the Doc of the Day Program this year.

■ **Legislative Luncheon:** On Jan. 18, 2011, a special all day health policy class, coordinated by Dr. Derksen, was held in Santa Fe for 12 3rd-year students doing their Family Medicine rotation. The morning consisted of discussion sessions led by various guests - Senator Dede Feldman, Dr. Alfredo Vigil, Senator Tim Keller. Several Residents were also in attendance. NMAFP was one of the co-sponsors of this event.

■ **Legislative Liaison Contract:** The Board voted to extend the contract of Steve Lucero, NMAFP Legislative Liaison through March 31st.

■ **July 14-17 Ruidoso State Conference:** Dr. Sally Bachofer, Scientific Program Chair, gave an update for the State Conference this summer. Sally's Agenda is near completion.

■ **Leadership Development Process Luncheon in Ruidoso:** On Thursday, July 14th, attendees interested in learning more about the roles of the NMAFP Officers/AAFP Board activities will be invited to attend a private meeting with NMAFP Officers and Dr. Rick Madden, AAFP BOD.

■ **FM Residency Consortium:** The newly invigorated Residency Consortium held their first meeting. These meetings will provide the opportunity for Residency folks to share resources, help each other with faculty development, and be assertive as a collaborative in the recruitment of medical students.

■ **Legislative Liaison Update:** Steve Lucero discussed bills that may impact Family Medicine: SB14 The Healthcare Workforce Data Collections Act.- requires all health care licensing/regulatory boards collect data from applicants for licensure. Got a Do Pass from The Senate Public Affairs Committee.

SB 21 - Behavioral Health Purchasing Contracts -eliminate the statewide Single Entity as the manager of statewide behavioral health funding

and service delivery and requires the Interagency Behavioral Health Purchasing Collaborative to contract directly with behavioral health providers or operate behavioral health services. This may pave the way for primary care providers to contract with this agency directly for providing behavioral healthcare. Public Affairs Committee gave the bill a unanimous Do Pass.

SB 232 - Buprenorphine Treatment for Opioid Addiction - require that coverage of office-based buprenorphine treatment of opioid addiction include provider office visits and that the Human Services Department to ensure an adequate supply of primary care providers authorized and willing to administer office-based buprenorphine treatment of opioid addiction. The Public Affairs Committee unanimously voted a Do Pass.

■ **AHRQ IMPACT Grant Application:** Dr. Sally Bachofer, President of NMAFP, wrote a letter to Dr. Art Kaufman in support of this grant which will provide support for the state's smaller-sized primary care practices as they strive to fully engage in practice transformation toward the Patient-Centered Medical Home model.

■ **NMAFP on Facebook:** Dr. Melissa Martinez, newly-appointed Editor, has set up a Facebook page for NMAFP. We currently have 24 members.

■ **Proposal on Pipeline for Undergraduate Students:** Dr. Wilterding and Dr. Vizcarra met to begin discussion on the pipeline for undergraduate students. This will be addressed at the next NMAFP Board Meeting in April.

■ **Emeritus Committee Introduction:** Dr. Greg Darrow, Chair introduced new members Dr. Marvin Call and Dr. David Lanier. Some goals and objectives for this Committee include: 1. Meet with medical students and give a perspective of what Primary Care has to offer. 2. Be a sounding board for the Board. 3. Mentor young physicians perhaps isolated in rural areas on anything from practice management to patient care. 4. Think of ourselves as part of a greater network.

■ **Update on Resident Job Forum in Ruidoso:** A blast email will be sent to the members in advance of the Ruidoso Conference asking those who are looking to employ a FMP to send an ad to be posted on a bulletin board at the Confer-

ence. This will help Residents looking for a position after graduation and hopefully keep more of our graduating FM Residents in the State.

■ **Resident Program/Dinner in Ruidoso:** Dr. Karen Vaillant has offered to host a dinner at her house in Ruidoso during the State Conference for all Residents, Board Members and their families on Saturday evening, July 16th. The Residents will plan the activities for the evening.

■ **AAFP Update:** Dr. Rick Madden, MD, was elected to the AAFP BOD in October, 2010 in Denver. Dr. Madden reported on four major principles that the Academy is focusing on: Advocate for our Patients, Practice Enhancement, Public Health and Continuing Education.

■ **Resident Report:** Dr. Omar Naji, Southern NM FM Residency, reported a very successful applicant season - over 600 applications for 6 positions for PGY1s. Quality of applicants was excellent. Recently, Dr. Dolores Gomez took some of her Residents to Phoenix, AZ, and they provided sports medicine care to the Arizona Marathon participants. Dr. Frida Pena, Eastern NM FM Residency, also reported a very successful applicant season. There were 740 applications for 4 positions, and the quality of applicants was quite impressive. They are seeing more interest among the applicants to practice in rural areas.

■ **Student Report:** New Officers were elected in December. Laura Finley, Vice President of the FMIG, said they would like to have a lunch meeting for the entire class and have physicians/residents share information about Family Medicine. They want to offer workshops during future lunch meetings and plan to continue the Medical STARS Program and the Care Bag Project.

Next Board Meeting: April 16th, Noon, NMAFP Office, lunch served.

Those who "can" do Family Medicine

Those who "can't" sub-specialize

— Greg Darrow, MD

FMIG Update

By Jesus Tafoya

2011 is off to a great start and with the New Year comes new leaders for the Family Medicine Interest Group (FMIG). My name is Jesus Tafoya, newly-elected president of FMIG. The other elected members include Laura Finley (Vice-president), Paul Dodge (Treasurer), and Alicia Hidalgo (Secretary). We have a great group this year, and we have many plans for the program. We plan to hold lunch talks from physicians in Family Medicine starting in March. We also plan to have a couple of sessions for the students to get some experience starting IVs and suturing. One of my visions for the group is to get

out to the high schools and promote the health sciences, focusing on the need for family practitioners in our state. As we know New Mexico has a shortage of family practitioners, especially in the rural areas. I believe we can increase the interest in medicine by speaking to high school students and answering questions they may have about the career and what it takes to get there. I always knew I wanted to be a physician, but I didn't have a clue where to get started. If we can provide information and share our experiences with the students, they may become motivated to follow in our path. I think many students have dreams of being physicians, but they may not believe it is possible



for them. It is my belief that we can show them it is very possible.

FMIG is also looking into joining another student organization, Tar Wars, in the fight against tobacco. Tobacco increases risks for many diseases and has complications in overall health, so it is important that people are fully informed about the consequences of using tobacco products. Along with the cessation of smoking, exercise and diet are very critical in health, so maybe we can take it a step further and promote the importance of these factors. After all, as family practitioners, we will deal with these issues on a daily basis, and it is up to us to make a difference. ■

54th Annual NMAFP Family Medicine Seminar

Ruidoso Convention Center & Lodge at Sierra Blanca
 July 14-17, 2011 • Sally Bachofer, MD – Scientific Program Chair

Thursday, July 14th

- | | | |
|---|---|---|
| <p>8:00 amRegistration, Exhibits Open (coffee & breakfast breads served in Exhibit Hall) Hot breakfast served at Lodge for attendees staying there (served 6:30-10:30 am)</p> <p>8:30 amIntroduction & Welcome
 Sally Bachofer, MD
 NMAFP President
 Scientific Program Chair</p> <p>8:45 am“Immunizing Adults: How to Save Ten Billion Dollars Without Breaking a Sweat”
 Melissa Martinez, MD</p> <p>9:45 am“Metabolic Syndrome Update”
 Kelly Humpherys, MD</p> <p>10:45 am“What Makes Us Sick?”
 Sally Bachofer, MD</p> <p>11:45 pmLunch - Exhibit Hall
 <i>Leadership Opportunities in NMAFP & Beyond</i> – NMAFP Officers & Dr. Rick Madden, AAFP BOD</p> <p>12:45 pm“Pediatric Obesity”
 Jane McGrath, MD & Kathleen Colleran, MD</p> <p>2:15 pm“ABFM 2011 - What’s New...and Helpful” – Joe Tollison, MD</p> <p>3:30 pmBreak – Exhibit Hall</p> <p>4:00 pm“Outpatient Care of the Post-Partum Woman” – Sarah Gopman, MD</p> <p>5:00 pmAt Leisure</p> <p>6-8 pmWelcome Reception – Lodge at Sierra Blanca
 Introduction of Candidates for Office – 2011-2012</p> | <p>8:00 am“Major Depression in New Mexico Adults” – Tierney Murphy, MD, MPH</p> <p>8:30 am“Improving Major Depressive Disorder (MDD) Treatment Outcomes: Tailoring Strategies for Remission”
 J. Sloan Manning, MD</p> <p>10:00 amBreak – Exhibit Hall</p> <p>10:30 am“Health Information Technology Initiative - Achieving Meaningful Use” – William Mitchell, MD</p> <p>11:30 am“Update on Cervical Cancer Screening: End of the Annual Pap?” – Larry Leeman, MD</p> <p>12:30 pmLunch – Exhibit Hall
 Resident Meeting</p> <p>1:30 pm“Traumatic Injuries to the Teeth”
 Melissa Ivers, DMD</p> <p>2:30 pm“Practice Pearls & Teaching Medical Students/Residents in Your Office” – Dan Stulberg, MD</p> <p>3:30 p.m.Break – Exhibit Hall</p> <p>4:00 p.m.“Sleep Disorders in Primary Care”
 Frank Ralls, MD</p> <p>5:00 p.m.At Leisure</p> <p>6:00-10:00. . .Awards Dinner & Dance – Ruidoso Convention Center
 Honored Guest – Dr. Jeff Cain, AAFP BOD; <i>Entertainment</i> - The Jimmy Stadler Band</p> | <p>10:00 a.m.Break – Exhibit Hall</p> <p>10:30 a.m.“The Shifting Sands of Health Reform”
 Dan Derksen, MD</p> <p>11:30 a.m.“Transitioning Patients to End of Life Care” – Nancy Guinn, MD & Marge Vining, MD</p> <p>12:30 p.m.Remainder of Afternoon at Leisure for Attendees not taking the Depression SAM Session at 1:00 p.m.</p> <p>12:30 p.m.NMAFP Board Meeting - Ruidoso Convention Center - Lunch Served</p> <p>1:00 - 5:00Depression SAM Session in Lecture Hall, Kern Low, MD (lunch served)
 <i>Limited to 15 attendees with lap-top. Additional Fee - \$125 for AAFP Members & \$250 for non-members. Prior to registering for this course with NMAFP, at 505-292-3113, you must obtain your ID and Password from the ABFM at 877-223-7437.</i></p> |
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Sunday, July 17th

- 7:00 a.m.Exhibits Open (coffee & breakfast breads served in Exhibit Hall) Hot breakfast served for attendees staying at Lodge (served 6:30-10:30 am)
- 8:00 a.m.“Living in the PCMH - The Colorado Multi-Payer Experience”
 Jeff Cain, MD - AAFP BOD

Saturday, July 16th

Friday, July 15th

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| <p>6:30-7:45 am. “Provider Wellness - Yoga & Heart Health” –Satkirin Khalsa, MD</p> <p>7:00 am Registration, Exhibits Open (Coffee & Breakfast Breads Served in Exhibit Hall) Hot breakfast served at Lodge for attendees staying there (served 6:30-10:30 am)</p> | <p>6:30-7:45 am. “Provider Wellness - Rhythm & Cardiac Synchronicity”
 Satkirin Khalsa, MD</p> <p>7:00 amRegistration, Exhibits Open (coffee & breakfast breads served in Exhibit Hall) Hot breakfast served at Lodge for attendees staying there (served 6:30-10:30 am)</p> <p>8:00 a.m.“Physician as Patient”
 Jeff Cain, MD - AAFP BOD</p> <p>9:00 a.m.“Cardiovascular Health Through Yoga” – Satkirin Khalsa, MD</p> | <p>9:00 a.m.“HIV: We Can Treat It, but Only if We Diagnose It”
 Elaine Thomas, MD</p> <p>10:00 a.m.Break – Exhibit Hall</p> <p>10:30 a.m.“Diagnosis & Treatment of PTSD & When to Make a Referral to the VA” – Rachel E. Darrow, Ph.D</p> <p>11:30 a.m.“Update in Asthma Management & Treatment in Family Medicine”
 Tim Vega, MD</p> <p>12:30 p.m.Drawing for Door Prizes (Must be present to win)</p> |
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New Mexico Chapter
American Academy of Family Physicians
2400 Louisiana Blvd. NE, Bldg. 2, Suite 101
Albuquerque, NM 87110



The Past-President's Breakfast was hosted by Dr. Dolores Gomez, NMAFP Vice President (not shown in photo) (l-r) Sally Bachofer, MD; Dave Holten, MD; Nancy Guinn, MD; Warren Heffron, MD; Linda Stogner, MD; Phil Briggs, MD; Alfredo Vigil, MD; Bert Umland, MD; Lana Wagner, MD; Melissa Martinez, MD; Sara Bittner; Greg Darrow, MD; Karen Vaillant, MD; Dion Gallant, MD; Rick Madden, MD; Jim Koch, MD; and Dan Derksen, MD.

Winter Refresher Thank You

Dr. Dolores Gomez, Scientific Program Chair for the 29th Annual Winter Refresher in Albuquerque, presented an excellent CME program for those in attendance on Feb. 5th at the Embassy Suites Hotel. Participants were given information on a variety of topics including travel medicine, treating fibromyalgia and the impact of Health Care Reform on Family Medicine. The final evaluations are in, and the speakers received extremely high scores.

NMAFP would like to thank the Co-Sponsors of the Conference for their support: Memorial Medical Hospital, Las Cruces, NM; DairyMax; Montanas Del Norte Area Health

Education Center, Las Vegas, NM; and The Briggs Group, Santa Fe Medical Group, LLC. NMAFP would also like to thank the Winter Refresher Vendors: AAA Express Printing; Availity, LLC; Envision NM - UNM HSC Dept of Pediatrics; Geriatrics Associates, PC; Kaiser Permanente; Merck; Native Design Black Pottery; New Mexico Health Information Reg. Ext. Center (NM HITREC); New Mexico Health Resources; Pfizer; Radiology Associates of Albuquerque; Sage; Sanofi Pasteur; The Briggs Group, Santa Fe Medical Group, LLC; Unicor, LLC; UNM Health Sciences Library & Informatics Center; UNMMG Locum Tenens; and US Army Medical Recruiting.

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