The Roadrunner

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PRESIDENT'S COLUMN

Keeping the Focus on Domestic Violence

By Greg Darrow, M.D.

In the last edition of the Roadrunner, I shared some information about domestic violence. As Family Physicians, we are in a unique position to screen our patients and advocate for those who may be in harm's way.

Though there are no typical victims of domestic violence, abusive relationships do exhibit similar characteristics. In all cases, the abuser aims to exert power and control over his partner.

Many people, including many Family Physicians, think that domestic violence is about anger, but it really isn't. Batterers may take their anger out on their intimate partner, but it's all about trying to instill fear and wanting to solidify power.

Some of the tactics to gain power and control:

- Using children as pawns – accusations of "bad parenting", threatening to take children away, making them relay messages;
- Coercion and threats – threatening to hurt other family members, pets, or children;
- Denial and blame – shifting responsibility for abuse to the abused;
- Economic abuse – this may be the most daunting and is usually cited by the abused as the single reason to remain with an abuser. A victim might be given an "allowance" or is not allowed to have any money under her control;
- Emotional abuse – put-downs, insults, excessive criticism, name-calling;
- Intimidation – looks, actions, gestures all designed to instill fear. Abuser may display weapons, destroy property;
- Isolation – limiting contact with family or friends requires "permission" to leave the house or attend social functions.

Family Physicians have numerous resources to help them respond to domestic violence. Among them: New Mexico Coalition Against Domestic Violence (505) 246-9240 or www.nmcadv.org. This website contains listings of all member organizations in New Mexico as well as telephone numbers and essential contact information.

Here are some helpful tips which may help in your individual practice:

- Watch for inconsistencies between injury pattern and the patient's story; notice behavioral clues such as reluctance to speak in front of partner;
- Be prepared with nonjudgmental responses for affirmative screening;
- Determine if your patient is in imminent danger. If so, implement urgent intervention – separation of victim and abuser is essential;
- Don't simply recommend "marriage counseling";
- Document your patient's story verbatim as much as possible; diagram the injuries on a body chart if necessary.

Please be aware that as of July 1, 2005, New Mexico law requires medical professionals to document any suspected domestic abuse in the medical record. Also, the law expects that information about domestic violence services will be available and provided upon request. ■

You're Invited
1976-2006

Please join us to celebrate 30 years of Family Medicine Residency graduates from the University of New Mexico.

Kickoff: Evening Reception
Friday, January 20th
7-10 PM

Embassy Suites, Albuquerque
(In association with NMAFP Winter Refresher course)

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Special recognition of graduates from 1976-1981

THE UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER
SCHOOL OF MEDICINE

In This Issue...

REPORT TO NEW MEXICO'S FAMILY PHYSICIANS

2005 AAFP Congress Determines Policies and Strategies

By Rick Madden, M.D.

Unusually sunny San Francisco hosted this year's Congress of Delegates on September 25-28. Academy representatives and leaders debated a broad array of policy issues. Read below about the Strike Forces on Reimbursement (Payment), Liability Reform, as well as the new AAFP political action committee FamMedPAC. The disastrous hurricane damage on the Gulf Coast aroused new emphasis and pointed out new directions for Family Physician participation in relief efforts. Student and resident participation on AAFP Commissions became a center of attention. Many received awards from the AAFP, including the Family Physician of the Year, and several teaching and research awards.

Town Hall Meeting Highlights Viewpoints

On Sunday evening before the Congress of Delegates began, interested members discussed several major topics at an informal town hall meeting. President Mary Frank, M.D. recounted a story that a $1000 contribution from the **newly formed AAFP political action committee** FamMedPAC was the ticket to her 15-minute meeting with U.S. Representative Pete Stark. That in turn led to very positive information-sharing about the role of FPs in U.S. healthcare and subsequently to his testimony in the U.S. Congress supportive of FPs. She assured the audience that the PAC would be proactive, not just reactive on legislative issues. The AAFP is designing presentations to business leaders about **payment to FPs**, since large employers are now designing what they want covered in the health insurance they pay for, a turnabout from the past when insurers put the package together. AAFP leaders presented the findings of the strike force on **medical liability reform**, as well as the outline of the **new AAFP commission structure**. A speaker from Louisiana thanked the AAFP for its relief efforts following **hurricane Katrina** and asked for further assistance to identify and support medical students placed elsewhere and the 6000 doctors whose practices were destroyed. He emphasized that it will take a long-term effort to rebuild, and continuing contributions are needed.

AAFP Leaders Address Congress of Delegates

President Mary Frank, M.D. of Mill Valley, CA addressed the Congress of Delegates about every person's right to health care, a social justice issue. She eloquently promoted the Academy's goal: promote healthcare coverage for all more vigorously, through the U.S. Congress and through coalitions of business, government agencies and professional organizations, as well as through encouraging our patients to contact their elected representatives. Dr. Frank ardently voiced the need to develop more leaders in the AAFP. Her final point was service to others, such as through a new partnership with Special Olympics; furthering the care of developmentally disabled people; and a domestic outreach care program (akin to our current international efforts, Physicians With Heart), including an adopt-a-practice initiative for FPs in need.

President-Elect Larry Fields, M.D. of Kentucky heightened the growing emphasis on the need for reform of payment to Family Physicians, as well as liability insurance reform. He plans a rally on Capitol Hill for these issues at next year's annual meeting in Washington, D.C.

Executive Vice President Doug Henley, M.D. predicted that the current national interest in healthcare quality, the need for everyone to have a personal medical home, chronic disease management, and the electronic health record will lead the nation to us Family Physicians as a critical focus of health care reform.

Other leaders reported on the Academy's many and varied programs, relationships and partnerships. **Frank Kane, M.D., President of the American Board of Family Medicine**, and a recent AAFP Delegate, urged the Congress to continue to support the ongoing retooling of the new maintenance of certification program, pointing out the Board members are all working FPs and COD alumni. **AMA President J. Edward Hill, M.D.**, a Family Physician and former Delegate to the AAFP, pointed out that the AMA works for healthcare for all, recognizing the national disgrace in this area. He argued that integral to our efforts must be fighting the erosion of primary care, the "osteoporosis of the backbone of healthcare." We should each carry in our hearts and minds a moral, spiritual compass to use daily to walk a tightrope on every issue. He felt persistence and determination would solve every problem. **The College of Family Physicians of Canada's President** expressed sorrow and support for the victims and the devastation from the hurricanes in the southern U.S. He felt a strong bond to the AAFP, "our sister organization in our sister country." Likewise, the current **WONCA President** acknowledged the suffering caused by the hurricanes, speculating this event may change the focus in the U.S. on how we care for people. The **AAFP Foundation President** gratefully reported on the outpouring of member donations to the Foundation for hurricane relief efforts.

AAFP Honors Outstanding Contributions to Family Medicine

Calvin Wilson, M.D. received the **Humanitarian Award** for furthering Family Medicine as he provided direct care to people in both Ecuador and Jordan. He said, "Human beings around the world have pretty much the same aspirations and goals as we do. They blossom with a little personal attention." The award for **full-time teaching** was given to Kathleen Macken, M.D., a community-oriented urban residency director in St. Paul, Minnesota. Larry Anderson, M.D. of rural Wellington,

Kansas received the **volunteer part-time teaching** award for his many years of dedicated service. The **2006 AAFP Family Physician of the Year** is Sister Adele O'Sullivan, medical director of the Health Care for the Homeless in Phoenix. Barbara Starfield, M.D. received the **John G. Walsh Award for Research in Family Medicine**. She emphasized our contribution to quality care of communities of people, advising us not to be defensive about our roles.

DELEGATES WRANGLE POLICY DECISIONS

Organization and Finance

The AAFP Board of Director's recommendation to study the feasibility and desirability of **proportional representation** in our Congress was turned down by the Congress, which is currently based on a senatorial system. Delegates heeded the pleas and attestation from residents and other delegates to **reconstitute the Commission on Resident and Student Issues**, which had just become a subcommittee of the new Commission on Education under the new governance structure. Before it can be promulgated by next year's Congress, it will go to the Board and then the Bylaws work group. Wording of the AAFP's **anti-discrimination policy** will be altered to include more groups, despite testimony that a long list might be unnecessary and require yearly re-editing. The **AAFP website membership directory** will be renovated to improve navigation, especially for referring patients to a Family Physician in another town. Because Family Physicians and other primary care specialties face some of the same challenges, Congress passed a resolution directing the Academy to continue to pursue **collaborative initiatives** with these colleagues. **Retail store health clinics** that are springing up caused Congress to direct the AAFP to investigate how they meet patient needs, so that FPs can respond appropriately to retain their primary role in their patients' healthcare. **Hurricane Katrina** shined a spotlight on the need for the AAFP to exert more active and formalized **leadership in future recovery efforts**. As requested by the Louisiana Chapter, Congress directed the Board to work on that role immediately.

Health Care Services

This Reference Committee considered resolutions from 12 state chapters and a Board report about **economic advocacy. Coding and payment** issues focused in part on health plans' scrutiny of Family Physicians' services, then threatening dismissal for perceived fraud. **Profiling** physicians' billing and coding practices fails to account for increased intensity of services in the current environment of an aging patient population and increasing outpatient care. Congress adopted a substitute resolution accommodating all of the resolutions submitted, which called for the AAFP 1) to establish a clearinghouse for data collection regarding undesirable business practices of health insurance companies, 2) to collaborate with other medical groups to represent Academy members and their patients in addressing unfair practices and supporting an environment of quality, efficient medicine with adequate payment, and 3) to work with the AMA to ensure adherence to proper CPT coding practice. In further action, the Congress directed the AAFP to work legislatively toward "developing the concept of **collective bargaining by physicians**." Congress asked the Board to study advocacy for the **International Classification of Primary Care** (developed by Family Physicians and maintained and updated by WONCA) as an additional basis for payment to primary care physicians. More than 20 countries already use this system successfully, and it is notable for more appropriate handling of undifferentiated conditions, **compared to the ICD-9.** The AAFP policy on **pay for performance** was accepted as revised, to specify seven principles as well as payment based on these principles. The Board reported, and Congress accepted the Strike Force on Reimbursement (Payment's) recommendations regarding **fair compensation** for Family Physician patient care.

(L to R) Warren Heffron, M.D.; Rick Madden, M.D.; Sara Bittner; Dion Gallant, M.D.; Dan Derksen, M.D.; Linda Stogner, M.D. Drs. Linda Stogner and Dan Derksen are New Mexico's Delegates to the AAFP Congress of Delegates, and Drs. Dion Gallant and Melissa Martinez are New Mexico's Alternate Delegates.

Public Policy

Following a great deal of supporting testimony in reference committee, Congress decided the Academy should dialogue with pharmacy organizations to ensure patient **access to all medications prescribed** by the patient's physician in a timely manner, while preserving the right of the individual pharmacist to conscientious objection. **EMTALA** has created unintended obstacles for appropriate care at rural critical access hospitals. The AAFP will enter into discussions with CMS about this, which was encouraged by their own representatives. Four chapters convinced the Congress to refer a resolution to the Board for the Academy to begin again to **develop a new comprehensive health care program for the U.S. as a whole** by the 2007 Congress of Delegates. This reflected sentiment that our current efforts are not adequate, though the AAFP President pointed out that efforts are earnest and ongoing. The AAFP will explore models of **compensation for administrative tasks related to care of patients**, congruent with the Future of Family Medicine recommendations. Finally, the six recommendations of the strike force on **medical liability reform** (Board Report I) were adopted, adding impetus to the AAFP's efforts. **New Mexico's experience with a medical-legal panel** was cited as one model for limiting frivolous lawsuits.

– continued on page 4

Public Health and Science

End-of-life issues surfaced in strong testimony, and Congress passed several resolutions. Please see the accompanying article, "Schiavo Case Inspires Resolution" on page 7. Additions to current AAFP policy on **comprehensive sexuality education** will emphasize medical accuracy. The **Academy website will be improved to allow quicker access to approved clinical guidelines**. In addition to the AAFP stance on **healthy foods** in schools, the AAFP will now stand for the same in healthcare facilities, as well as at its own functions. Congress also resolved to take an "appropriate leading role in **future planning of medical response to disasters**…including training for and provision of primary care."

Education

Disgruntlement with the **ABFM Maintenance of Certification** continues among the membership of several state chapters, resulting in the passage of directives to the AAFP to advocate for meaningful change in this process of certification. One alternative was rejected, that the AAFP immediately seek "other venues" of certification. To help **lighten medical students' loan burden**, the Board will explore Congress's enthusiastic resolution to advocate for deductions of interest, and for refinancing options. The Board will look into devising a toolkit to help **medical school admissions committees** choose more students likely to commit to a Family Medicine career. Motivated by the recent hurricane disasters, the Board will work on a resolution to inform Family Physicians about training for and participation in relief operations, such as **Disaster Medical Assistance Teams (DMATs).** Congress rejected a Reference Committee (and Board Report O) recommendation to accept a joint statement of the AAFP and the American College of Emergency Physicians on training for emergency department care. The chief objection seemed to be to the clause stating "residency training or board certification in emergency medicine is the standard that should be used for other physicians beginning the practice of emergency medicine in this century." Several speakers reflected on the current situation in many remote rural areas that depend on Family Physicians to provide these services and, in fact, benefit from the high quality that has been a standard. The possibility, held out in the joint statement of a combined residency in emergency and Family Medicine, did not convince the Congress of the value of this agreement. The Academy will offer education to members about **screening for developmental delays**, and the Board will study how to work with CMS to reimburse for this service.

Other Issues

Insurers, regardless of the FP's qualifications, sometimes limit **Family Physicians' scope of practice for outpatient procedures**. The AAFP Congress voted to support chapters in their efforts to work with insurers and regulators on this problem, as well as to collect information on regional variation in liability insurance rates, limits and exclusions. **Direct to consumer advertising's** impact on patient care, cost, safety and behavior will be studied and reported to the 2006 Congress. The AAFP will **encourage long-term care facilities to cover liability insurance for medical directors** (often Family Physicians) of long-term care facilities. The Academy will continue its efforts to promote and develop **interoperability of electronic health records**.

Congress Elects Officers

Larry Fields of Kentucky moved up to President of the Academy. The Congress of Delegates, in its final act, elected Rick Kellerman of Kansas to the office of President-Elect, and Brad Fedderly of Wisconsin, Lori Heim of Uniformed Services, and Robert (Butch) Palley of New Jersey to the AAFP Board of Directors. New Physician Director will be Donald Klitgaard of Iowa, Resident Director will be Christina Kelly of Washington state, and Student Director will be Seth Flagg of Massachusetts. Tom Weida and Leah Raye Mabry retained the Speaker and Vice-Speaker offices, unopposed.

For more detail on these and other items considered by the Congress of Delegates, please see the **AAFP website category Members>Congress of Delegates**. ■

Congress to Tackle Medical Liability in 2006

Fields Quotes Frist Statement, Shares Strike Force Findings at Conference

By Leslie Champlin, AAFP News Now

Medical liability reform will be on the Senate's agenda in 2006, according to Senate Majority Leader Bill Frist, R-Tenn. Meeting with members of the AAFP Board of Directors Oct. 20, Frist told them he planned to begin moving pending legislation on medical liability through the Senate as soon as Congress had acted on tort reform legislation affecting the asbestos industry.

Medical liability will be on the congressional agenda in 2006, AAFP President Larry Fields, M.D., tells participants at this year's AAFP State Legislative Conference in San Diego.

"He will take liability up next year after he deals with asbestos," AAFP President Larry Fields, M.D., of Ashland, Ky., said Nov. 11 during AAFP's 2005 State Legislative Conference. "He wants to 'de-link' a lot of the issues that have been hanging onto medical liability legislation and that have been giving legislators cover for not voting" on reform proposals.

Fields' comments came during a discussion he led about recent findings and recommendations from the AAFP Strike Force on Medical Liability. The strike force found that hard caps on noneconomic damages and elimination of attorneys' fees have an impact on medical liability insurance premiums, he said.

To that end, the strike force recommended that the Academy back legislation that caps noneconomic damages at a specified amount, not to exceed $500,000, and that supports the Fair and Reliable Medical Justice Act, S. 1337, which would fund studies of alternative judicial and extra-judicial systems;

- advocate eliminating contingency fees in medical liability cases; and
- support (e.g., provide model legislation and research data) constituent chapters that are advocating liability reform.

Other factors in medical liability, including limiting expert witnesses to those belonging to the same medical specialty as the defendant, limiting the time allowed to bring a suit, and restructuring malpractice claims involving Medicare and Medicaid, had a less clear impact on premiums, said Fields.

"The Academy is going to continue to look at the effect of this middle group of factors," he added. ■

Rural Outreach – A Complete Success

By Sara Bittner

Last year 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. In response to these requests, your NMAFP Board of Directors took their October 8, 2005 quarterly Board Meeting on the road to beautiful Ruidoso. The Board Meeting, headed by Dr. Dion Gallant, Board Chair, was held at the Le Bistro Restaurant from 3:00 p.m. to 5:00 p.m. Twelve Board Members made the trek to Ruidoso to participate in this meeting.

At 5:00 p.m. the Board Members, along with thirty family medicine physicians and guests from Ruidoso, Roswell, Alamogordo, and the surrounding area, gathered at the Le Bistro to hear quality Category 1 CME presented by John Kiker, M.D., Urologist in Roswell, and by Karen Vaillant, M.D., Director, ENMU Family Medicine Residency Program in Roswell. Dr. Kiker spoke on "New Techniques for Older Urologic Problems," and Dr. Vaillant spoke on "Myth Busters."

During the CME session, Le Bistro served a fantastic meal for all present, courtesy of NMAFP. Dr. Arlene Brown, Family Medicine Physician in Ruidoso, helped circulate the invitation to the docs in her area thus helping to make this rural outreach program a complete success. As the accompanying pictures show, a good time was had by all.

NMAFP plans to continue their support of rural outreach in the upcoming year. On March 25, 2006, the quarterly Board Meeting will take place in Santa Fe. All members are welcome to attend the Board Meeting as well as the activities that will follow. Call Sara at the NMAFP Business Office, (505) 292-3113, for details. ■

Special Olympics Provider Directory

At the 2005 Scientific Assembly in San Francisco, the AAFP and Special Olympics unveiled a timely partnership that will seek to improve access to health care and healthy physical activity for Special Olympics athletes and other people with intellectual disabilities.

As part of the partnership, Special Olympics has created the Special Olympics Healthy Athletes Provider Directory, an online database enabling patients to find healthcare professionals in their area willing to treat patients with intellectual disabilities. This piece allows family physicians to identify themselves as willing to treat people with intellectual disabilities and provide them with medical care and the examination requirements for participation in Special Olympics.

Some Quick Facts About the Directory:

- The Directory will allow healthcare professionals to identify themselves as willing to treat people with intellectual disabilities.
- Healthcare professionals sign up for the Directory on a voluntary basis and the Directory is meant solely to facilitate the connection between a person with intellectual disabilities and a healthcare professional.
- People looking for a healthcare professional willing to treat people with intellectual disabilities can access the easy-to-use Healthcare Provider Directory after January 1, 2006, at www.specialolympics.org/providerdirectory.
- Physicians can sign up on the Directory now. The web address where physicians can sign up is: www.specialolympics.org/providerdirectory.

For more information, there is a press kit available in the press room at www.aafp.org ■

SPOTLIGHT

Eastern New Mexico University Family Medicine Residency Program

Affiliated with UNM Family & Community Medicine

EASTERN NEW MEXICO MEDICAL CENTER

Welcome to our new Residents

Second-Year Resident
Carrie Ash-Mott, MD

Medical School
Texas Tech University School of Medicine
Internship
University of New Mexico Family Practice

Second-Year Resident
Kamran Bhatti, MD

Medical School
Saint George's University, Grenada
Internship
University of New Mexico Family Practice

Second-Year Resident
Meenakshi Dhingra, MD

Medical School
Government Medical College Patiala, India
Internship
University of New Mexico Family Practice

Faculty SpotLight

Ana Arnett, MD
Board Certified ABFM

Dr. Arnett is currently a family physician at the Valley Health Clinic in Dexter. She has been graciously precepting the residents 1 day a week at the residency center. She is a valuable part of the family practice call group that takes call with the residents. Dr. Arnett is also one the graduates of the Eastern New Mexico Family Practice Residency Program.

A Note from the Program Director
Karen Vaillant, M.D.

We've begun a new academic year here at the residency program. We started the year with 8 residents. We have 3 new 2nd year residents, 3 3rd year residents, and 2 residents that will be finishing up in the next couple of months. I would like to take this time to thank everyone who participated in the orientation of our new residents. We are so excited about our new Family Medicine Residency Center. It is going to be twice the size of our existing center with more exam rooms, larger lobby, and more office space. We can't wait to move in.

Welcome Our New OB/GYN Faculty

OB/GYN Faculty
Peter Beale, MD

Board Certified OB/GYN
Medical School
University of Pittsburg
OB/GYN Residency
Keiser Foundation, Las Angeles

Dr. Peter Beale (Sage OB/GYN) is the newest addition to the Faculty at the Family Medicine Program. He will be precepting the residents during their Prenatal Clinics and Women's Health Clinics at the Residency Center and Public Health Office. Dr. Peter Beale, Dr. Ann Hale, and Dr. Randall Reid (Sage OB/GYN) are responsible for OB call and training at the Residency Program.

OPPORTUNITY FOR PRIMARY CARE OUTPATIENT PHYSICIAN

Work/family balanced, established, independent private family practice. Bilingual (Spanish) desirable. Positive work environment, flexible hours/days M-F, paid paperwork time, benefits, light call. Contact Quito Osuna Carr, M.D. 345-7713, 242-8202, or fax CV to 242-1221.

BOARD NOTES

October 8, 2005 • Ruidoso, NM

■ The Board launched new supports for resident and student interest in Family Medicine: housing for a limited number of residents and students attending the AAFP National Resident and Student Conference in Kansas City in the summer; AAFP membership for all Family Medicine residents in New Mexico, as well as interested medical students; and an annual reception for medical students to meet with NMAFP Board members. The Family Medicine Interest Group (FMIG) will continue to receive luncheons at UNM.

■ The NMAFP will partner with UNM's Department of Family and Community Medicine to host a 30-year anniversary party to honor the Family Medicine Residency Program at UNM on January 20, 2006 (see accompanying notice on page 1.)

■ The Board will begin to focus on rural outreach, initially with a survey of members. Many other ideas were entertained for further consideration. New efforts to support Family Medicine residents were also discussed.

■ The next BOD Meeting will take place on January 20, 2006 at the Flying Star, 723 Silver SW, Albuquerque at 6:00 p.m. Interested members are welcome to attend.

Schiavo Case Inspires Resolution

By Melissa Martinez, M.D.

Concerns over the Terri Schiavo case inspired several resolutions at the AAFP Congress of Delegates. Terri Schiavo came to national attention when state and federal legislative bodies deliberated about end-of-life decisions made on her behalf. The medical and legal authorities followed approved ethical and legal steps in making decisions about this patient, yet legislators proposed to circumvent the process in her case. The prevailing sentiment at the Congress of Delegates was that this set a dangerous precedent.

Many resolutions promoting the end-of-life, decision-making process between patients, their families and their physicians and opposing interference were proposed. Some resolutions promoted patients and physicians setting up advanced directives. Other resolutions called for the AAFP to oppose legislative interventions into medical decision-making. These resolutions were reviewed at the Reference Committee on Public Health and Science. Testimony was overwhelming in favor of the resolutions. One delegate reported that a proposed state law in Iowa would require physicians to presume that a patient wanted life-sustaining treatment unless the patient had signed an advance directive. This would supercede the values of the family members, even if the patient had verbally expressed a desire not to sustain life in certain circumstances. Another member expressed concern that cultural values and literacy levels need to be addressed when advance directives are discussed with patients.

The reference committee reviewed the resolutions and testimony and proposed a resolution which is summarized as follows:

- The AAFP supports the accepted practice of eliciting and honoring patients' values, preferences and goals of end-of-life care on the basis of discussions between physicians, their patient and their families.
- The AAFP will work with other organizations to promote culturally sensitive continuing medical education programs and resources including a template for physicians to use when discussing end-of-life issues with patients and their families.
- The AAFP considers the discussion of advance directives to be part of a patient continuity of care record.
- The AAFP opposes unwarranted legislative interference in the medical and ethical decision-making process for end-of-life care issues for patient with or without an advance directive.

This resolution passed by an overwhelming margin in the Congress of Delegates. The full text of the resolutions and the committee's report can be viewed at www.aafp.com/congressxml, or go to the AAFP website and hit the Congress of Delegates link. ■

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American Academy of Family Physicians
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Mark Your Calendars!

Members, don't forget to sign up for the Winter Refresher in Albuquerque that will be held on January 21, 2006 at the Embassy Suites Hotel, 1000 Woodward Place NE (near Lomas & I-25). You can register online or mail the enclosed registration form along with your check to NMAFP. Although pre-registration is preferred, you can also register onsite.

Please don't forget to also mark your calendars for the 49th Annual NMAFP Family Medicine Seminar that will take place in Taos on June 29-July 2, 2006 at the Sagebrush Inn & Conference Center. Dr. Greg Darrow, Scientific Program Chair, has put together a program that you will definitely want to experience. Start your July 4th celebration by attending quality CME, visiting with your peers, and enjoying the beautiful surroundings that only Taos can provide.

Watch for more information in your mail box this spring and on our website: www.familydoctornm.org

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