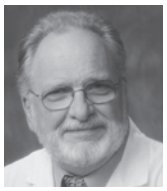
The Roadrunner

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

Vol. 24, No. 3 Autumn 2006



President's Column

By Bert Garrett, MD

Greetings from sunny, but somewhat soggy, southern New Mexico.

This is my initial correspondence with all of you as President of the New Mexico Chapter, so let me say up front I consider it a real privilege to represent the Family Physicians of this state. My wife and I moved to Las Cruces almost five years ago so I could take on the program directorship of the Southern New Mexico Family Medicine Residency. The job has been a challenge, but living in New Mexico has made it all worthwhile.

Let me share some of the projects I intend to pursue this year as President (and next as the Chairman of the Board):

1. Electronic Medical Records (EMR). It's coming whether we are ready or not. The President has made conversion to EMR a health care priority. CMS will be developing Pay for Performance criteria soon, and it will be exceptionally difficult to comply without records on an EMR system. I would like to see the Chapter, perhaps in collaboration with the NMMS, work with the major vendors to make EMR widely available and affordable.
2. Continuing Medical Education (CME). A number of our members have serious difficulties breaking free to attend our summer and winter meetings, or for that matter, any meetings. I would like to find innovative ways to bring CME to the rural areas, perhaps in the form of teleconferencing or affordable videotapes of the meetings.
3. Involvement of residents and medical students in the Chapter. This will, I hope, increase retention rates and make it easier for rural physicians to recruit.
4. The history of the NM Chapter. We will be celebrating our 50th anniversary at the summer meeting next year by, among other things, printing a semicentennial volume. If you have any pictures, stories, or memorabilia you would like to share, please contact me, Dan Derksen at dderksen@salud.unm.edu, or our Executive Director, Sara Bittner, at 505.292.3113.

I am in the process of organizing next year's summer meeting which will be held in Ruidoso at the Hawthorn Suites and Ruidoso Convention Center. Any of you interested in speaking or anyone with ideas or concerns about anything else, please write me at bert.garrett@lpnt.net or call me at 505.521.5379. ■

NM Students and Residents Attend Their AAFP National Conference

By Trey Dodson, MD

"We live in an extraordinary time — a time when family medicine is more relevant than ever before. Family physicians stand on health care's front line, and advocate for all Americans."

This quote, taken from the American Academy of Family Physician's website, reflects the topic of this year's National Conference of Family Medicine Residents and Students which was held August 2-5, 2006 at the Convention Center in Kansas City, MO: *Extraordinary Physicians in Extraordinary Times: Family Medicine Answers the Call.*

The New Mexico Chapter of the AAFP sponsored this year's exhibit booth which represented all four Family Medicine Programs in New Mexico: Albuquerque, Las Cruces, Roswell, and Santa Fe. This was the first year that each program was personally

continued on page 2

Trey and Marianne Dodson recruiting at the AAFP Resident and Student conference in Kansas City. (More pictures inside).

The New Mexico Chapter of the AAFP would like to have your input into a 50-year retrospective. We will be celebrating our golden anniversary as a part of the birth of Family Medicine in the U.S., dating back to 1966.

If you have a story about yourself or others you know that has contributed to the development of the Chapter, please contact Sara Bittner, Executive Director, at familydoctor@newmexico.com or by phone at 505-292-3113. Our writer will be happy to get back to you for a little interview.

We anticipate the final publication to be in print format, ready for our next annual meeting in Ruidoso in July, 2007. ■

In this issue...

AAFP Student & Resident Conference (continued)

represented by faculty or residents. The NM Chapter also generously sponsored nine medical students from UNM to attend the conference this year. They were an energetic addition to our group and shared their enthusiasm for the specialty of Family Medicine.

Approximately 650 medical students and 350 residents from around the nation (and world) attended this conference and 10-15 % of these participants stopped by our booth.

The state of New Mexico was well represented by faculty, residents and students and attracted considerable interest from prospective applicants to our wonderful training programs.

All in all, the conference was a great success. ■

Sara Martin and Zach Stengal, Northern New Mexico Family Medicine Residency Program, Santa Fe.

Madel Villegas, Resident; Karen Vaillant, Residency Director; and Tom Wulf, Faculty - Eastern New Mexico Family Medicine Residency Program, Roswell

New Mexico Family Medicine Residency Booths at the National Resident & Student Conference in Kansas City (left to right) Southern, UNM, Eastern.

Molly and Marianne Dodson in Lobo shirts.

UNM Residency program booth.

Vanessa Jacobsohn and Benjamin Buxton, both from the UNM Residency Program, visiting with a prospective student.

25th Annual Winter Refresher in Albuquerque

Saturday, January 20, 2007 • Embassy Suites Hotel, Albuquerque

Proudly Presented by

The New Mexico Chapter, American Academy of Family Physicians

Lana K. Wagner, M.D., Scientific Program Chair

This program has been reviewed by the AAFP and is acceptable for up to **9 prescribed credits**

7:00 a.m. – 8:00 a.m. . . . . Continental Breakfast
Exhibits Open - Registration

7:00 a.m. – 8:00 a.m. . . . . Past-Presidents' Breakfast
Agave Room

8:00 a.m. – 8:15 a.m. . . . . Opening Remarks
Lana K. Wagner, M.D.

8:15 a.m. – 9:15 a.m. . . . . "Treating the Recreational Athlete"
Gloria Cohen, M.D., F.C.F.P., F.A.C.S.M.
Diplomate Sports Medicine, (CASM)
Orthopaedic & Neurosurgery Specialist
Greenwich, CT

9:15 a.m. – 10:15 a.m. . . . . "Current Issues in Diagnosis & Management of Pediatric Infectious Diseases"
Gary Overturf, M.D.
Medical Director, Infectious Diseases,
TriCore Laboratories, Albuquerque, NM

10:15 a.m. – 10:30 a.m. . . . . Break – Exhibit Hall

10:30 a.m. – 11:30 a.m. . . . . "Preventing Unintended Pregnancy"
Larry Leeman, M.D., MPH
Assistant Professor Family &
Community Medicine, UNM;
Assistant Professor Obstetrics &
Gynecology, UNM, Albuquerque, NM

11:30 a.m. – 12:30 p.m. . . . . "Pain Management and Pain Contracts"
Melissa Martinez, M.D.
Family Medicine Physician
Presbyterian Medical Group, Belen, NM

12:30 p.m. – 1:45 p.m. . . . . Lunch – Exhibit Hall

1:45 p.m. – 2:45 p.m. . . . . "Metabolic Syndrome and Cardiovascular Risk: Intervention Strategies for Primary Care Providers"
Dion Gallant, M.D., FAAFP
Presbyterian Medical Group, Albuquerque, NM
Dara Lee, M.D., Staff Cardiologist
Presbyterian Medical Group, Albuquerque, NM

2:45 p.m. – 3:45 p.m. . . . . "COPD: Diagnosis & Treatment Options for the Family Physician"
Michele Lee, M.D., Medical Director,
Senior Health Clinic;
Assistant Professor of Family & Community Medicine, UNM, Albuquerque, NM

3:45 p.m. – 4:45 p.m. . . . . "New Mexico Statewide Immunization Information System (NMSIIS) and the Opportunity to be 'Done by One'"
Lance Chilton, M.D.
Professor of Pediatrics, UNM; Pediatrician,
Young Children's Medical Center,
Albuquerque, NM

4:45 p.m. . . . . Drawing for Door Prize
A raffle ticket will be included in your registrant packet. You must be present to win.

REGISTRATION FORM, 25th Annual NMAFP Winter Refresher in Albuquerque — You can also register online: www.familydoctornm.org

Please Print Clearly

NAME _____

ADDRESS _____

C/S/Z _____

PHONE _____ EMAIL _____

Payment

_____AAFP Member Practicing Physician $175

_____Non-Member Practicing Physician $300

_____NP/PA/Nurse (please indicate title) $150

_____Retired Physician $100

_____Family Medicine Resident (no charge)

_____Medical Student (no charge)

_____Yes, I want to sponsor a student attendee $25

_____**TOTAL ENCLOSED (Registration Includes all CME Sessions, Continental Breakfast, Lunch)**

Hotel Information: The Embassy Suites Hotel is located at:
1000 Woodward Place NE, near Lomas & I-25
Phone: (505) 245-7100
E-mail: embassysuitesalbuquerque.com
Website: www.embassysuites.com
A room block will be held until **December 18, 2006**, so please make your reservations before this date. After this date, rooms will be on a space-available basis.

Please mail by January 12th to:
NMCAAFP Educational Fund
4425 Juan Tabo NE, Suite 203
Albuquerque, NM 87111

The Northern New Mexico Family Medicine Residency Program: What's It All About??

By Deborah Weiss, Northern NM Program Coordinator

Well, Santa Fe has always been a calling card for the adventurous, discerning and, some might add, slightly quirky and individual looking, to make a mark in their community. The Northern New Mexico Family Medicine Residency Program is not an exception to this trend.

Representing a unique collaboration among the University of New Mexico's Department of Family Medicine, La Familia Medical Center, a community health center, and St. Vincent Regional Medical Center, a private, not-for-profit hospital, the Northern New Mexico Family Medicine Residency Program benefits from the strength and experience of each of its partners. Established in 1995, the NNMFPRP is dedicated to improving access to primary care physician services in Northern New Mexico by training Family Medicine Physicians in a community-based setting. Directed by the collective wisdom of the community, local healthcare providers, seasoned University faculty and national standards for the delivery of quality care, the NNMFPRP has flourished over the past decade.

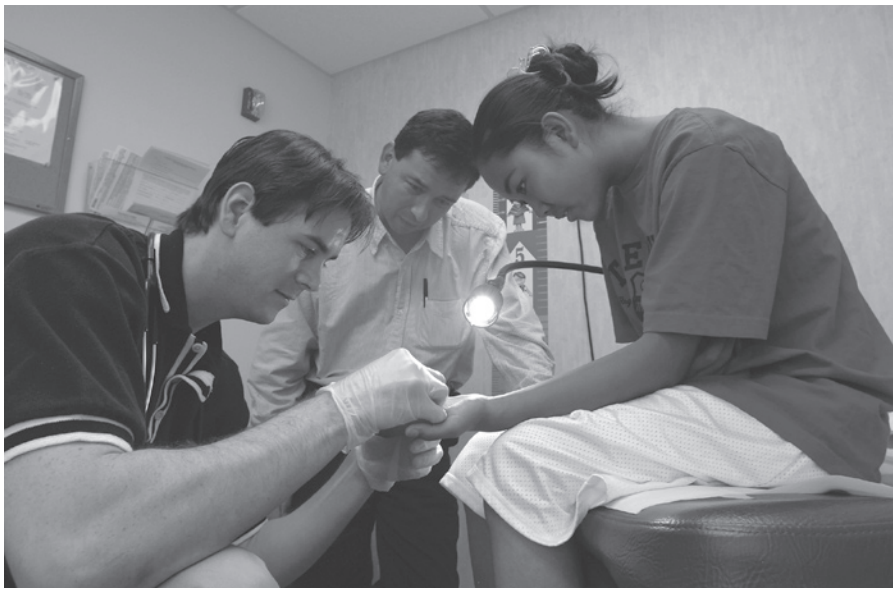
Dr. Mario Pacheco, Program Director of the NNMFPRP, is a native of northern New Mexico, alumnus of the UNM program and previously a provider at La Familia Medical Center. He is clearly in the unique position to be familiar with the community, understand the University system and know how the CHC works. In addition to this list of assets, the program also benefits from the continuity provided by the residency coordinator who has been on board since its inception. Along with the program's excellent support staff, there is indeed a firm foundation that keeps this innovative program moving forward. As a 1+2 residency program, the NNMFPRP also profits from a particularly close relationship with the UNM Family Medicine Department. From the interview process through the errant rotation or two down in Albuquerque over the second or third year of training, the faculty and staff at UNM provide abundant and gracious assistance to the Santa Fe staff and residents.

Over the years, the program has trained from 2-4 residents per year. At this point in its development, it looks like 3 residents per year are turning out to be the lucky number (all superstition aside). And just who fills those 3 positions is the job of staff and faculty who put significant effort and time into the applicant interview process. Special attention is paid to the national literature on who tends to stay in rural settings; that is to say, local grown and educated students attract our attention. The residency program encourages medical students from UNM to do a clerkship in Santa Fe during their 3rd or 4th year to see if we might win them over or at least send the message back to UNM about their positive experience. We also emphasize our unique position in the state capital with our robust legislative action and advocacy curriculum as well as our strong relationship with the Department of Health and community health emphasis. Additional innovative components to our program include special training with consultants in the areas of bioethics, spirituality and health and gender medicine.

La Familia Clinic in Santa Fe.

So, all this being said, how are we doing? With a retention rate of over 80% of our residents staying in New Mexico, the vast majority in the SF and Northern New Mexico communities, we would have to say that we are doing pretty well! Not only is the NNMFPRP successful in filling the need for primary care physicians in NNM, most importantly, we are training physicians who already have experience and relationships within our medical community in addition to essential social ties. They have friends and neighbors; they are woven into the fabric of their communities, and we are proud to help make this happen! ■

For more information about the UNM Residency Program, visit: http://hsc.unm.edu/som/fcm/res/sf.shtml



Zach Stengal and patient with Mario Pacheco, MD, Program Director for the NNMFPRP.

Corporate Partnership Blossoms

AAFP, IBM Team Up to Pitch Family Medicine

By Sheri Porter, From *AAFP NewsNow,* 8/15/2006

For the past several years, the AAFP has spoken out loud and clear about a broken U.S. health care system that dispenses high-cost, low-quality care in an inefficient system driven by subspecialists rather than by family physicians and other primary care physicians.

Finally, someone is listening. IBM, the world's largest information technology company — with some 329,000 employees in 75 countries — is working with the Academy to design a health care system that will keep IBM employees healthier and save money.

"This is a watershed, historic moment," said AAFP President Larry Fields, M.D., of Ashland, Ky. "It's the first time a large employer and a medical specialty society have collaborated to design a cost-efficient, quality, affordable health care system for employees."

Fixing the System

IBM's Martin Sepulveda, M.D., M.P.H., said part of his job as vice president of global well-being services and global health benefits is to develop policies and strategies to keep IBM employees as fit, productive and innovative as they can be.

"We have a stake in addressing those root causes of the dysfunction in our health care system, and one of the most neglected and glaring root causes of that dysfunction is the crisis in the decline of primary care," he said.

"We're interested in enhancing the frequency and the quality of the interaction between patients and primary care providers," said Sepulveda. "And to do that, you don't go to the insurers, you go to the physician provider."

Fields said since IBM first approached the Academy in March, AAFP leaders have been pumped up. "It's almost indescribable to find someone with all of the experience and expertise that IBM has, who can independently look at what we've been doing and say, 'you're right.'"

This is private sector advocacy at its best, he added.

Family physicians have all the components and all the expertise to deliver the model of care that IBM wants for its employees, said Fields. "We have the expertise in electronic health records, and we have the lifelong learning it takes to keep people up-to-date and on the cutting edge of medicine. We don't have to invent anything, and we don't have to train anybody differently."

Fields said the Academy needs to put all the pieces together and work with IBM to create a model of care that other employers in the marketplace will see and want. "Then the employers will dictate to their insurance companies that this is what they want to buy," said Fields.

Selling to Business Leaders

To that end, Fields went to Washington, D.C., on Aug. 8 to take the case for the value of family medicine and primary care before a group of physicians and corporate wellness managers at the ORC WorldwideTM Occupational Safety and Health Physicians Group Meeting. At his side was Paul Grundy, M.D., M.P.H., IBM's director of health care, technology and strategic initiatives.

Grundy said the two physicians went to the meeting "to surface this idea among our colleagues," adding that the meeting attendees were some of the top physicians for some of the major companies in the United States, including Bayer, Abbott Laboratories, Dow Corning Corp., General Motors Corp., Honeywell International, Johnson & Johnson, and Walt Disney World Co.

Fields said the presentation was a success. "Those are the big players, and they were extremely interested. They had lots of questions, all of which we had answers to. They realize they've been spending a lot of money and not really getting what they consider value and quality (in health care), and they want to do something different," he said.

Pitching to Patients

As the joint initiative moves forward, Grundy said IBM would reassure employees that the company has no intention of going back to the "gatekeeper" model that primary care providers became mired in a decade ago.

Instead, employees will hear this message: "This isn't about keeping you from seeing anybody you want; this is about providing you with meaningful support in a relationship where you have a medical home that supports you. And, by the way, in that medical home exist your medical records in an electronic format that interfaces with our pharmacy program. And, by the way, your doc is paid to have interactions with you by e-mail."

Joel B. Finkelstein/AAFP

AAFP President Larry Fields, M.D., right, and IBM's Paul Grundy, M.D., M.P.H., sit down before their joint presentation at the Occupational Safety & Health Physicians Group Meeting in Washington, D.C., to discuss the new AAFP-IBM partnership.

Grundy said that even before treading this new territory, IBM was ahead of other corporate giants in implementing groundbreaking employee health and wellness programs, including disease management and incentive programs for smoking cessation, exercise and weight loss.

While the company was making progress, "we had to move beyond the low-hanging fruit that we'd already picked," said Grundy.

Buying the Best Health Care

Sepulveda said the primary care IBM is interested in buying for its beneficiaries "is not the primary care of the past, not the primary care of the present, but the primary care of the future." It's the primary care that family physicians are trained to deliver "but are unable to deliver because of all of the dysfunction in the system," he said.

"Primary care is an abandoned, neglected, incredibly important component of what we're fighting (for) in the health care marketplace," said Sepulveda. IBM has decided to try to create "a momentum for reform and transformation" at least as powerful as the momentum that has been occurring with other health care issues, such as medical errors, transparency, quality measurement, performance and waste, he said.

IBM can't walk away from this "because at the end of the day it's about the people in our enterprise and their ability to be able to perform. This is a big deal for us … it's something that we're passionate about," said Sepulveda. ■

A Glimpse into Underserved Healthcare

By Sayone Thihalolipavan
sayonemed@gmail.com or st974@med.nyu.edu

How dare you?
Claim to be Earth's superpower and set precedents when you fail to provide proper healthcare to all 298 million of your residents

How dare you?
Tease me with world renowned technological breakthroughs that I can never reap the rewards of

How dare you?
Grant me the right to life without the complementary right to health;
An entitlement even the United Nations deems a universal right
I'm trying to make a dollar outta 15 cents,
while you only fuel the flame and worsen the plight.
They say in America the streets are paved with gold,
yet I must be colorblind because the American dream my vision cannot behold;
I sever pills just to suffer still and buffer bills.
Although I do appreciate the minimal aid I receive,
your substandard care etches psychological and qualitative damage forcing me to believe
I am unworthy of your attention
I ponder, when will your morals have undergone re-invention?

How dare you?
Bring national attention when one chicken falls diseased,
stir up the media, have the president speak
when 30 die in a plane;
while one out of SIX of us Americans are uninsured and just as many UNDER insured
For SARS may be an epidemic, but healthcare reality is archaic
How can I reach the peak of Mazlow's hierarchy when the bottom rung is unstable ready to collapse

How dare you?
Deny your professional and moral obligation to save lives and instead accept bribes from pharmaceutical lies.
How could you not see?
How dare you?

They say ignorance is bliss yet in Tuskegee it concluded with syphilis.
Would you drive 10,000 miles averting an oil change?
Why then do you make me wait years to heal the pain?
How can you not see that universal healthcare is not only a civil but social and economic solution to the current rotten, overgrown, yeast infected, molded, despicable healthcare predicament we have in America
Unprecedented, you discriminate beyond race, sex, and religion;
blaming me for staying on welfare when legal jobs fail to provide proper healthcare …
for my family!!
I am rural American, I feed this nation yet do not have access
I am a veteran, I served this country yet my promised healthcare is in jeopardy
I am a struggling actor and can not afford health insurance
I am a senior citizen and my psychological drugs are no longer covered by Medicare
I am an illegal immigrant and I'm scared to access the system
I am middle class America and my employer just dropped coverage

I am a medical student with significant debt and cannot afford to help the underserved

How dare you?
The constitution was written unequally as "all MEN were created equal" yet subsequently amended
will it take another revolution to get healthcare amended?

How dare you?
Allow my health and quality of life to be just pending ...a resolution is recommended

Editor's Note: This poem was witnessed by one of our local medical students at a national American Medical Student Association meeting recently. The NYU medical student author granted permission to reprint this here. We are grateful for his work, and for our medical student, Bridget Lynch, for bringing it to us.

Medicare Pay Cut in 2007 Still Could Be Avoided

By Joel B. Finkelstein , *AAFP NewsNow*, 8/16/2006

Congress still has time to avert a 5.1 percent reduction in what Medicare plans to pay physicians as of Jan. 1, 2007. But legislators need to get on the ball to make that happen, says one AAFP leader.

The proposed pay cut could have some dire consequences, according to AAFP President Larry Fields, M.D., of Ashland, Ky. "We can't live with this cut or even the threat of a cut," Fields said. It's difficult for family physicians to plan for the future when they are unsure of their income. It also is hard on patients, who live with uncertainty about whether their physicians will leave the program, he added.

"Congress needs to wake up and fix this," said Fields.

At this point, only lawmakers can avert the cut, which is based on the sustainable growth rate formula that was mandated by the Balanced Budget Act of 1997 and that, in effect, reduces physician payment as use of their services grow from year to year.

"We need to get out of the vicious circle of rapid growth in utilization and spending, and falling real payment rates," Mark McClellan, M.D., Ph.D., administrator of CMS, said in a statement. "Physician groups have been working hard to identify better ways to pay -- ways that help them provide higher-quality care without increasing overall health care costs."

As part of that effort, CMS recently passed rules that will boost pay for providing evaluation and management services. However, CMS' action will not offset the loss of income from the impending cut, said Fields.

According to government projections, Medicare will pay out approximately $61.5 billion to 875,000 physicians and other health care professionals in 2007. That amount is based on what is expected to be the continued growth in use of physicians' services, but it reflects a lower-than-expected rise in medical inflation as calculated by the Medicare economic index.

The MEI is a measure of inflation in physicians' practice costs and wages. It includes the cost of the physician's time as well as nonphysician employees' compensation, rent or lease amounts, medical equipment prices, and other office costs. The MEI takes into account year-to-year changes in these various expenses.

"The 2007 MEI is now estimated to be 0.5 percentage points lower than the estimate contained in the president's budget. The lower MEI estimate translates into a lower update, and, as a result, the latest estimate for the physician update for 2007 is negative 5.1 percent," according to a CMS fact sheet.

The proposed rule that includes the pay cut will be published in the August 22 Federal Register. ■

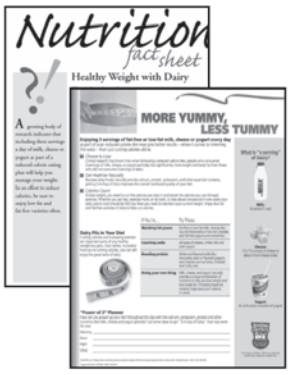
NATIONAL DAIRY COUNCIL®

Health Education Kits

The National Dairy Council's online Health Education Kits provide valuable tools and reproducible materials to assist with patient education. Encourage your patients to use these materials to establish healthy eating habits to last a lifetime.

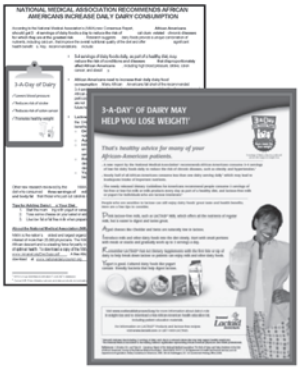
Finding useful tools on www.nationaldairycouncil.org is as **easy as 1-2-3:**
1. Click on *"Health Professional Resources"*
2. Click on "*Nutrition Education Materials*"
3. Click on "*Health Education Kits*" and select from a variety of useful tools

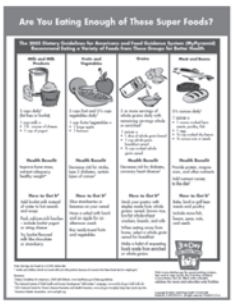
The **3-A-Day of Dairy Health Education Kit** provides tips and information on the health benefits of three daily servings of lowfat milk, cheese or yogurt. Tools include the 3-A-Day of Dairy *JADA* fact sheet, Wanted: Stronger Bones patient education piece, 3-A-Day of Dairy intake tracker, and links to scientific literature, 3-A-Day of Dairy recipes and more.



The **Healthy Weight Health Education Kit** is a valuable resource for educating patients on dairy's role in healthy weight management. Target audiences include adults and parents needing to lose weight. Tools include press materials on the latest scientific research, patient education materials designed to help individuals achieve a slimmer waistline, advertorials targeted at health professionals, a *JADA* Healthy Weight fact sheet, a scientific backgrounder on dairy's role in weight management and consumer weight loss tips.

The **African-American Health Education Kit** addresses African-American health issues with 3-A-Day of Dairy solutions that may reduce the risk of hypertension, osteoporosis and obesity. Downloadable materials include key findings from the National Medical Association's Consensus Report, a new advertorial and patient education tool addressing dairy's health and weight loss benefits for African Americans, an African-American Health *JADA* fact sheet, the Lowdown on Lactose Intolerance, Lactose Intolerance and Your Child, Calcium Content of Foods chart, 5 Days of DASH recipes and topical news releases.





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New Educational Materials on the 2005 Dietary Guidelines for Americans and USDA's MyPyramid Now Available on www.nationaldairycouncil.org

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Mark Your Calendar!

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See program and registration form on page 3!

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

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Deadlines for submission of articles for publication are November 22, February 22, and May 22.

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4425 Juan Tabo NE, Suite 203
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505-292-3113 • FAX 292-3259.

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

New Mexico Chapter web site address: www.familydoctornm.org

Design/layout: Paul Akmajian

Printer: Spin Print Express