



The Roadrunner

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Spring 2006



President's Column

By Greg Darrow, M.D.

Something exciting happens every March embodying happiness, hope, and regeneration. We often become so busy with the rigors of our own lives and practices that this event comes and goes without a passing thought. Yet it is an event that we once looked forward to with eager anticipation. And no, it's not spring.

Shortly after mid-March, fourth-year medical students learn where they'll be spending the next three years. Program directors, faculty, and volunteer physicians hold their breath as envelopes are opened, and they prepare to welcome their next residency class.

Fresh faces will be introduced. Overconfident second-year residents will soon embark on their third year with a new sobriety as in just a matter of months they'll be practicing "for real." Soon-to-be second-year residents prepare to show the incoming class the ropes, relishing their passage through the crucible of the first year. A new cycle begins.

Yes, you say — well and good, but what does it have to do with me? I'm busy and working hard each day to satisfy the demands of my practice and my own family. Best of luck to these new residents. Now let me get back to work.

But now more than ever, our specialty needs optimism and renewal. Recent surveys indicate that morale is flagging. Many are disenchanted with medicine, and well over half of the family physicians in a neighboring state say that they actively discourage their own children from pursuing a career in medicine.

We long for the "good old days" when medicine was different, and we felt that we had more input. We rue our current situation and wish for something better. As we reminisce, possibly decrying medicine as a

career, we relinquish our ability to foster positive change and to influence others to assist us. It's mighty difficult to discern opportunity when indulging in self-pity.

Medical students and residents feel these moods keenly. At a time when we must persuade our best and brightest to embrace the altruism of family medicine, we risk stifling them with our negativity. To quote Robert Burns, "To see ourselves as others see us, 'twould from many a blunder free us."

We can't pretend there aren't challenges facing family medicine. We can resolve to work cooperatively with each other, sharing our skills and our problem-solving gifts. We can identify areas of mutual concern and empower our leaders to act boldly to rekindle the flame of family medicine.

And this torch must be passed to our residents. They need our support and nurturing to face the demands of practicing in an increasingly complex environment. They need the strength of our experience and our wisdom. They need us to engage them as equals with respect and professionalism. We need their energy and their fresh ideas as well as to be able to listen with receptivity and an open mind.

A new cycle will soon begin. Too long have we been slogging through long days of frustration. It is time to adopt a new attitude and emphasize those qualities that family physicians possess in abundance: creativity, resilience, collaborating toward common goals.

We face a sobering choice: adapt and thrive again or stagnate and witness the continuing erosion of family medicine. Our residents and patients look to us for leadership. Let our purpose never waver and our example shine with principle and passion. ■

Solo Family Medicine Interests UNM Med Students

By Alana Benjamin,
UNM FMIG Coordinator

On January 10th, the UNM School of Medicine-Family Medicine Interest Group hosted a panel of Family Physicians in solo practice. Drs. Nancy Guinn, James Wilterding, and Andru Ziwasimon of Albuquerque shared their experiences with the 35 medical students in attendance.



Afterwards, many of the students commented about how inspired they were by these physicians who had developed their own niches within medicine to deliver high quality patient care while satisfying their own professional goals. The students also enjoyed hearing about their solutions to the challenges of solo practice and information exchange. ■

In this issue...

- January Conference Report
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January Conference Report

For those of you who did not attend the Annual Winter Refresher in Albuquerque on January 21st, you missed a great Conference. Dr. Bert Garrett, Scientific Program Chair, put together an excellent program that included a wide variety of subjects. NMAFP would like to thank the following Speakers for sharing their expertise with the 130 Family Medicine Physicians that attended this Conference: Stanislaus Ting, M.D., Craig Cannon, M.D., William Einig, M.D., Marco Duarte, M.D., Catherine Torres, M.D., Sidney Webb, M.D., Gerald Weinstein, M.D., John Turner, M.D., Rick Rubio, M.D., PGY2, and Tom Williams, M.D., PGY2.

NMAFP would also like to thank the organizations that provided financial support for this conference. They are: Memorial Medical Center in Las Cruces, Merck, AstraZeneca, and Lilly.

A big thanks to all the vendors that participated in our Winter Refresher is also in order. They are: A4 Health Systems; American Physicians Assurance Corp.; AstraZeneca; Dairy MAX, Inc.; Heritage Home Healthcare; Hospice of New Mexico; Hospital Shared Services; Merck; NM Medical Review Association; NM Workers' Compensation Administration; OA Systems, Inc.; Pfizer; Pinnacle Medicare Services; Quest Diagnostics; Sanofi-Aventis/Procter & Gamble; Schering-Plough; Spin Print Express; TriCore Reference Laboratories; UNM Locum Tenens Program; UNM, SOM, Preceptorship Program; Western Office Systems of NM, Inc.; Wells Fargo. ■



☞ Registrants listening to one of the excellent lectures presented at the Winter Refresher.



☞ Dr. Dion Gallant receiving his Past-President's Plaque from Dr. Greg Darrow, President.



☞ Dr. Bert Garrett announcing the winner of the Dell Axim PDA with help from his wife, Judy.



☞ Dr. Dennis Cohen receiving his gift bag from Dr. Warren Heffron at the UNM Family Medicine Residency Reception held the night before the Winter Refresher.



Linda Gregory (l) and Bev Darrow (r) giving Sara a helping hand with registration.



Lunchtime in the Exhibit Hall.

Want to Work Nationally for AAFP?

AAFP Works to Enhance Your Practice

By Rick Madden, M.D.

Members may further the vitality of the AAFP's future by involving themselves in its efforts. At the state level one may become active on a committee for legislative advocacy, communication with members, or many other things. Next that member might become a state officer, eventually moving on to alternate delegate and then delegate to the national Congress of Delegates, which meets each fall. The Congress makes policy for our specialty and elects the Board of Directors and national officers.

Another route after state involvement leads to the Commissions (our name for committees). These are the working groups that research issues and proposed initiatives for the Board and the Congress and then report back to them with recommendations.



Any member may apply for positions on Commissions, but the home state Chapter must sponsor the applicant through a defined process; and, therefore, experience at the state level is important.

Currently, I participate in the Commission on Practice Enhancement. We met in Phoenix in January for two and a half days, in parallel with the other Commissions, and with the Board and Officers visiting and participating. Our work included heavy emphasis on the complexities and politics of improving payment to Family Physicians by governments and other payers (including a major new push for private sector advocacy). We also discussed TransforMed, the initiative to pilot the New Model of Family Medicine at several sites around the country, heard about the AAFP Center

for Health Information Technology's activities to assist members, debated the benefits of the International Classification of Primary Care versus ICD-9 and -10, re-strategized our efforts to gain VA cooperation for prescriptions written outside their system, and planned a report to the 2006 Congress on the evidence base of the effects of direct to consumer advertising. It was a wheelbarrow full of work.

If this type of nurturing-work interests you, consider this analogy. The American Academy of Family Physicians is like a flower. Since its roots took hold almost 40 years ago, our representative professional organ has grown and blossomed into a premier advocacy organism. Its many programs and initiatives have produced remarkable results benefiting our nation's population and Family Physicians. Like a vigorous flowering plant, it has enhanced our world. Bridge your real world experience to the AAFP by becoming more active. Please call our Chapter office, or plan to attend our next Board meeting. ■

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The Southern New Mexico Family Medicine Residency

By Bert Garrett, M.D., Program Director

I'm going to write a book some day about the vicissitudes and exigencies of program directorship. It's not a great deal different than parenthood in some ways, but at least there are not any diapers to change. Then again....no, let's don't go there. Anyway, I have been in Las Cruces over four years now, and somewhere along the line (I think I was in the bathroom at the time) got onto the Chapter Board. In fact, barring unforeseen catastrophe, I am due to assume the mantle of President at the summer meeting. Now that could be a catastrophe. We'll see. On to other matters.

This program started in 1995 under the sponsorship of Memorial Medical Center (now a LifePoint hospital) and graduated its first class in 1998. At this point there are 31 graduates of which 30 are still practicing, all but four within 300 miles of Las Cruces (and 9 in the immediate vicinity). Pretty good retention numbers, eh? Eleven of the grads are Hispanic, and 23 are fluent in Spanish. Of our present twelve residents, six are Hispanic, one Philippine, one Asian Indian, and one Belizean. Ten speak Spanish. Two (and possibly all three) of the senior class will be staying in the community.

We have five Centers of Excellence including adolescent medicine, integrated behavioral/primary care, HIV, rural/community medicine, and a combination MPH/FM degree. The MPH is offered through New Mexico State University which is presently converting the curriculum to a web-based format.

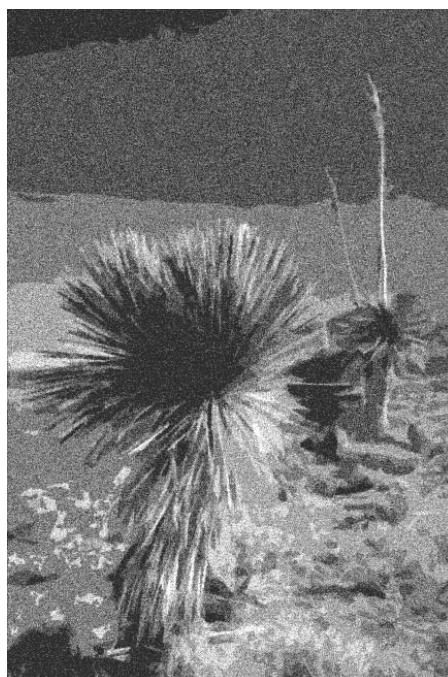
The residency takes a majority of the unassigned patients on both the FM and IM call schedules and all the walk-in OB's. CME is offered free to local providers several days each week. We run two School-Based Health Centers at local high schools and have an adolescent clinic Monday through Thursday after school.

Local affiliations are with three of the schools at NMSU, the Department

of Health, Las Cruces Public Schools, the local FQHC's (La Clinica de Familia and Ben Archer Health Clinics), the Access to Care Committee, Camino de Vida (the community HIV agency), and St Luke's Volunteer Clinic.

The Southern New Mexico Family Medicine Residency in its short existence has firmly established itself as a principal provider of quality medical care and leadership in both the local and state communities. We look forward to a long future of assisting the growth and tending to the medical needs of this area. ■

For more information about the Southern NM Family Medicine Residency, visit: <http://www.fpnewmexico.com/>



Opportunity for Primary Care Outpatient Physician or Nurse Practitioner

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. 344-7882, 242-8202 or fax CV to 242-1221.

Congratulations!



Drs. John Bray-Morris, Dion Gallant, Bert Garrett, Sue Katz, Magda Rodriguez, Stefan Schaefer and Alyson Thal have achieved

the Degree of Fellow of the American Academy of Family Physicians, the national medical association representing more than 94,000 family physicians, residents, and medical students. Established in 1971, this degree recognizes outstanding family physicians who have distinguished themselves through service to family medicine and ongoing professional development.

AAFP Fellowship entitles the physician to use the honorary designation "FAAFP." Criteria for receiving this degree consist of a minimum of six years of membership in the organization, extensive continuing medical education, and may also include participation in public service programs outside medical practice, conducting original research and serving as a teacher of family medicine. The AAFP was the first national medical specialty organization to require its members to complete a minimum of 150 postgraduate hours of medical education every three years. ■

Continuing Medical Opportunity



A continuing medical opportunity has become available to members of the New Mexico Academy of Family Physicians. The Texas Academy of Family Physicians in collaboration with Procter & Gamble Pharmaceuticals has launched an innovative osteoporosis educational and research project. A series of small group meetings and lectures are planned. Physicians will be required to complete data collection forms of selected patients in order to track assessment and management of osteoporosis. If members are interested, they may contact Sara Bittner: familydoctor@new-mexico.com or call (505) 292-3113.

Children's Bone Health

A Dietitian's Perspective

By Jan Newquist, RD, LD

A report recently released by the American Academy of Pediatrics (AAP)¹ stresses the importance of parental role modeling, physical activity and calls for physicians to regularly check whether their patients are getting enough calcium. Eating calcium-rich dairy foods such as milk, cheese and yogurt during childhood and adolescence will help build strong bones and reduce the risk of fractures and osteoporosis later in life.

The report comes at a critical time, with USDA data indicating that 7 out of 10 teen boys and 9 out of 10 teen girls are not getting the calcium they need.^{2,3} Calcium is important for the development of peak bone mass.

The report indicates that most people can meet their calcium needs by consuming three servings of milk, flavored milk, cheese or yogurt each day, choosing low-fat varieties often. Seventy-two percent of dietary calcium in the U.S. food supply comes from milk and other dairy foods. In addition to calcium, milk is the number one source of several key nutrients in the American diet, including potassium, phosphorus and magnesium.⁴ In fact, the 2005 Dietary Guidelines Advisory Committee, appointed by the United States Departments of Health and Human Services



(HHS) and Agriculture (USDA), recognized that people who consume more dairy foods have better overall diets, consume more nutrients and see improved bone health.

Milk is also an excellent source of vitamin D, which aids in calcium's absorption and retention and also is recommended by the AAP for the development of strong bones.

Not surprisingly, research has shown that children who regularly avoid milk have lower bone mineral density and have more bone fractures.⁵

There is a new tool to help parents determine if they and their family are getting enough calcium available on www.3aday.org. The tool is a questionnaire, developed jointly by the AAP and National Dairy Council (NDC) as part of the 3-A-Day of Dairy for Stronger Bones program, provides questions, answers and guidance for parents that they can discuss with their Family Physician, pediatrician or a registered dietitian.

Dealing with Objections to Drinking Milk...

With all of the recent emphasis on three servings of dairy each day related to the role it plays in the DASH Diet in lowering blood pressure, as well as the benefits provided along with a calorie restricted weight loss plan, patients often admit they don't meet the recommended servings. In a recent informal survey, con-

ducted by the Dairy Council, results indicated the most common patient objection to dairy foods reported by health professionals was "lactose intolerance." The child may not have lactose mal-digestion, but if the parent does, it's likely that dairy foods will not be available at home or modeled by the parents as part of their eating habits.

Even children and adolescents who are sensitive to lactose (the natural sugar found in milk) can enjoy the health benefits of dairy foods. Almost all children can drink small amounts of milk at meals, drink lactose-reduced or lactose-free milk, eat yogurt, or consume hard cheeses like Cheddar or Swiss that are naturally low in lactose. ■

Sources:

1. American Academy of Pediatrics, Optimizing bone health and calcium intakes of infants, children, and adolescents. Pediatrics. 2006; 117 (2):578-585.
2. USDA's 1994-96 continuing survey of food intakes by individuals and 1994-96 diet and knowledge survey. Riverdale, MD: US Department of Agriculture; 1999. Available at: www.usda.gov Search under "Food Surveys."
3. Institute of Medicine, Food and Nutrition Board. Dietary Reference Intakes for Calcium, Phosphorus, Magnesium, Vitamin D, and Fluoride. Washington, DC: National Academy Press; 1997.
4. Murphy M, et al. Beverages as a source of energy and nutrients in diets of children and adolescents. Experimental Biology 2005.
5. Goulding A, et al. Children who avoid drinking cow's milk are at increased risk for prepubertal bone fractures. Journal of the American Dietetic Association. 2004; 104(2):250-253.



BOARD NOTES

1/20/06, Flying Star Restaurant, Albuquerque

- Maternity care malpractice insurance premiums rates in New Mexico had been scheduled to catapult to unaffordable levels. Through the intervention of Dr. Larry Leeman, and the cooperation of the carrier, Family Physicians will be able to continue to afford to provide maternity care.
- The Chapter will join the state's family medicine residencies to staff booths promoting New Mexico to students and residents at the 2006 AAFP Resident and Student Conference in Kansas City.
- Our Chapter funds will be managed on a continuing basis for safety and maximum return.
- Awards applications should be made soon for NMAFP Family Physician of the Year, AAFP Physician of the Year, AAFP Robert Graham Physician Executive of the Year, and AAFP teaching awards and humanitarian awards. Any member may contact the Chapter office to make a nomination.
- There is an opportunity to participate in a research and education project on osteoporosis worth CME credit and compensation through Proctor and Gamble. Please contact the Chapter office.
- Next meeting: March 25, 2006 – Flying Star Restaurant, 723 Silver SW, Albuquerque, Noon

NM Newborn Screening Program Gears Up for Expanded Newborn Screening in 2006

Children's Medical Services (CMS), a Title V program of the New Mexico Department of Health, currently runs the Newborn Screening Program in collaboration with the State Laboratory Division.

New Mexico now tests for 6 diseases, and newborn hearing. In the summer of 2006, it will increase to 26 conditions as the new technology of Tandem Mass Spectrometry has become readily available. Expanded screening was written into law in 2005 through HB 479 which specified adding 18 more metabolic diseases and cystic fibrosis to the New Mexico Newborn Screening panel. Because of the low numbers of births in New Mexico (under 28,000 per year), the cost of purchasing the technology is prohibitive, so the State is in the process of contracting to outsource the expanded testing with another regional laboratory.

Five Parts of a Newborn Screening System

1. Screenings: testing of all newborns
2. Follow-up: rapid location, follow-up and referral of the screen-positive infant

3. Diagnosis: evaluation of the infant with a positive screening test to make a definitive diagnosis or to exclude the disorder
4. Management: rapid planning and implementation of long-term therapy; referral to PCP and pediatric sub-specialists; long-term care coordination through CMS.
5. Evaluation: validation of testing procedures, assessment of efficiency of follow-up and intervention, and assessment of the benefit to the patient, family and society.

In NM the infrastructure for this is already in place: the SLD Newborn Genetic Screening Program interfaces with almost 60 CMS medical social workers throughout the state, and the UNM Department of Pediatrics Metabolic Team, genetic, endocrinology and hematology specialists provide consultation. Once CF is included, the UNMH Pediatric Pulmonary team will also be included.

The number of new metabolic diseases found on newborn screening is expected

to be very low, perhaps only four per year. Medical providers in the community should rest assured that information about the disease and how to access the metabolic and other specialists easily and immediately will accompany their notification of a child with a positive screen. Community medical providers can receive assistance in how to confirm the diagnosis and treat the patient. For some of the more rare metabolic disorders, the child may need to be examined emergently and some may even be hospitalized.

The CMS program can provide care coordination to monitor compliance, follow-up, development, and to provide family support. ■

For more information contact:

Brenda Romero, Manager, NM Newborn Screening Program
505-476-8857
Elizabeth T. Matthews MD, Medical Director, Children's Medical Services
505-476-8854



New Books Explain the Doctor's Role in Workers' Compensation

By Merilee Danemann@state.nm.us

For the practicing physician, and for the physician's office staff, the requirements of the workers' compensation system are different from those of other medical payers. The New Mexico Workers' Compensation Administration has published two new publications to guide both the doctor and the staff.

One book is an in-depth, detailed guide, complete with procedural information, forms, and checklists. The other is a brief, simple booklet, intended to answer only the most basic questions. Both are free of charge and available in print and downloadable. Copies of these publications were made available to NMAFP members at the recent January, 2006 NMAFP conference.

The detailed publication, Health Care Provider Guide to New Mexico Workers' Compensation, provides in-depth information about subjects of importance to health care providers, such as the physician's role in return to work, health care provider selection, billing and payment, and so on. The publication is designed to be a working

reference book for providers who sometimes treat patients under workers' compensation but have not developed expertise in the special requirements of the workers' compensation system.

The book is intended both for the physician and the administrative staff. It was written after numerous interviews with physicians and medical office administrators to address questions and concerns they identified. The book was reviewed by several health-care providers who specialize in workers' compensation, as well as both worker and employer attorneys, and many of their comments and suggestions were incorporated.

Any health care-provider may obtain a printed copy of the book by mail by contacting the WCA Business and Public Outreach office at 841-6805. From outside Albuquerque, call 1-800-255-7965. The book is available at all offices of the WCA (Albuquerque, Santa Fe, Las Vegas, Las Cruces, Farmington, Roswell, and Lovington). Arrangements can be made to provide mul-

tiple copies of the book to groups.

The book is also downloadable from the WCA web site at: www.state.nm.us/wca/.

The basic publication is called "Quick Facts for Health Care Providers." It is published by the WCA as Booklet B8 in the WCA's booklet series, The Workers' Compensation Handbook for New Mexico. The booklet is available from any WCA office. It can also be downloaded from the WCA web site.

This very brief booklet provides highlights of the workers' compensation system. It is recommended as a reference for every health-care provider, including those who do not treat patients under workers' compensation or who may take a workers' compensation case rarely. This includes providers of all kinds, from dentists to opticians, who might from time to time be asked by their patients to provide services under workers' compensation.

It will help those providers with basic information, such as billing and payment for simple claims-related treatment, what to tell their patients if the patient needs to go elsewhere for treatment of the work-related injury, and where to get detailed information if they need it.

49th Annual NM Academy of Family Physicians Family Medicine Seminar

June 29-July 2, 2006

Thursday, June 29

- 8:00 a.m. Registration, Exhibits Open
Continental Breakfast (Exhibit Hall)
- 9:30 a.m. Introduction & Welcome
Gregory L. Darrow, M.D., FFAFP
President, NMAFP
Scientific Program Chair
- 10:00 a.m. "Recognition and Management of Dehydration in Children"
James Bruce, M.D.
Diplomate, American Board of Pediatrics
Staff Physician, Pres. Med. Group, Rio Rancho
- 11:00 a.m. "The Pediatric Reactive Airway"
Jose Martinez, M.D.
Diplomate, American Board of Pediatrics
Pediatric Intensive Care Physician, Pres. Med. Group, Alb.
- 12:00 p.m. Lunch (Los Vaqueros Dining Room)
"Raising Awareness About Domestic Violence"
Cameron Crandall, M.D.
ER Specialist Physician, Dir. of Research, Dept. of Emergency Medicine, UNM, Alb.
Gabriel Campos, J.D.
Dir. Domestic Violence Program, NM Legal Aid, Alb.
- 1:00 p.m. Breakout Session (choose one)
- Lecture Hall
"Retirement and Wealth Preservation"
Amanda Wedl, C.F.P.
Wealth Management Specialist
Wells Fargo, Las Vegas, NV
- Pinon Room
"Compassion Fatigue: Finding Balance"
Rachel Darrow, M.A., Ph.D. Candidate
Dept. of Counseling Psychology, Univ. of North Dakota, Grand Forks, ND
- 2:00 p.m. "Travel Medicine"
Dayton Voorhees, M.D.
Diplomate, American Board of Family Medicine
Staff Physician, Dept. of Family Medicine, Pres. Med. Group, Rio Rancho
- 3:00 p.m. Break (Exhibit Hall)
- 3:20 p.m. "Obstructive Sleep Apnea"
Bruce Miller, M.D.
Diplomate, American Board of Internal Medicine
Pulmonary Medicine Subspecialist, Pres. Med. Group, Alb.
- 4:20 p.m. "Preparing for the Next Influenza Pandemic"
Mack Sewell, Ph.D.
Epidemiologist, NM Dept. of Health, Santa Fe
- 6-8:00 p.m. Welcome Reception, Patio
Entertainment - Nick Branchal, Acoustical Guitarist
Introduction of Candidates for NMAFP Office

Friday, June 30

- 7:00 a.m. Registration, Exhibits Open
Continental Breakfast (Exhibit Hall)
- 8:00 a.m. "Management of Atrial Fibrillation"
Richard Converse, M.D.
Staff Cardiologist, Pres. Med. Group, Alb.
- 9:00 a.m. "Congestive Heart Failure"
Daniel Friedman, M.D.
Staff Cardiologist, Pres. Med. Group, Alb.
- 10:00 a.m. Break (Exhibit Hall)
- 10:20 a.m. "Chest Pain for the Family Physician - When to Worry"
Dara Lee, M.D.
Staff Cardiologist, Pres. Heart Group, Alb.
- 11:20 a.m. NMAFP Member Meeting (Lecture Hall)
Voting for 2006-2007 Officers
- 12:00 p.m. Lunch (Exhibit Hall)
- 1:00 p.m. "Oxidative Stress in Cardiac Syndromes"
Neil Kaminsky, M.D.
Diplomate, American Board of Internal Medicine
Endocrinology Subspecialist, Pres. Med. Group, Alb.
- 2:00 p.m. "Pitfalls in the Diagnosis of Breast Cancer"
Greg Medis, M.D.
Diplomate, American Board of Internal Medicine
Oncology Subspecialist, University of Wisconsin
Director of Oncology Services, Monroe Clinic
Monroe, WI
- 3:00 p.m. Break (Exhibit Hall)
- 3:20 p.m. "When It Isn't Just Reflux"
Richard Ming, M.D.
Diplomate, American Board of Internal Medicine
Gastroenterologist, Pres. Med. Group, Alb.
- 4:20 p.m. "The Problem Cough"
J. Timothy Deppe, M.D., FCCP
Diplomate, Internal Medicine, Pulmonary Medicine, Critical Care Medicine
Medical Director ICU, Johnson Memorial Hospital
Franklin, IN
- 7:00 p.m. Dinner (Lecture Hall)
- 7:30 p.m. Awards & Induction of Officers
Special Guest - AAFP Past President
Warren Jones, M.D., FFAFP
- 8-11 p.m. Dance (Lecture Hall)
Music and Entertainment Provided by:
Vanilla Pop

Saturday, July 1

- 7:00 a.m. Registration, Exhibits Open
Continental Breakfast (Exhibit Hall)
- 8:00 a.m. "General Surgery Disease and Management - the 'Lower End'"
Sean Coston, M.D.
Diplomate, American Board of Surgery
Surgeon, Pres. Med. Group, Alb.
- 9:00 a.m. "General Surgery Disease and Management - the 'Upper End'"
Sean Coston, M.D.
Diplomate, American Board of Surgery
Surgeon, Pres. Med. Group, Alb.
- 10:00 a.m. Break (Exhibit Hall)
- 10:20 a.m. "Acupuncture and the Family Physician"
Melissa Stockton, D.O.M.
Alternative Medicine Specialist, Alb.
- 11:20 a.m. "Informatics: Disease or Cure?"
Paul Veregge, M.D., M.S., CPE
Diplomate, American Board of Family Medicine
Medical Director-Informatics, Affinity Health
Appleton, WI
- 12:30 p.m. Lunch (Los Vaqueros Dining Room)
"The New Model of Family Medicine"
Stephen J. Spann, M.D., M.B.A.
Diplomate, American Board of Family Medicine
Baylor College of Medicine, Chair, Dept. of Family and Community Medicine, Houston, TX
- 1:30 p.m. "HPV Vaccines: Primary Prevention of Cervical Cancer"
Alan Waxman, M.D.
Diplomate, American Board of Obstetrics & Gynecology, Dept. of Obstetrics & Gynecology
UNM, Alb.
- 2:30 p.m. "Integrative Therapies for Menopause"
Amy Darrow, M.D.
OB/GYN Hospitalist Physician, Pres. Med. Group, Alb.
- 3:30 p.m. Remainder of Afternoon at Leisure

Sunday, July 2

- 7:00 a.m. Exhibits Open, Continental Breakfast (Exhibit Hall)
- 8:00 a.m. "The Life-Threatening Headache"
Mark Berger, M.D.
Diplomate, American Board of Psychiatry & Neurology, NM Neurology Associates, PC, Alb.
- 9:00 a.m. "Staging Epilepsy & Planning Treatment"
Lou Trost, M.D.
Diplomate, American Board of Family Medicine
Staff Physician, Dept. of Family Medicine, Pres. Med. Group, Rio Rancho
- 10:00 a.m. Break (Exhibit Hall)
- 10:20 a.m. "Diagnosis and Management of Dysphagia"
Alex Moreano, M.D.
Diplomate, American Board of Otolaryngology
Staff Physician, Pres. Med. Group, Alb.
- 11:20 a.m. "New Considerations for Type 2 Diabetes"
Richard Hays, M.D., FFAFP
Family Medicine Practitioner, Area of Expertise - Diabetes, Lake Worth, FL
- 12:30 p.m. Drawing for Door Prizes
(must be present to win)

Registration Form (You may also register online at: www.familydoctormn.org) Please Print Clearly

Name _____

Address _____

C/S/Z _____

Phone _____

Email _____

Payment

_____ AAFP Member Practicing Physician \$375

_____ Non-Member Practicing Physician \$500

_____ NP/PA/Nurse (please indicate title) \$300

_____ Retired Physician \$100

_____ Family Medicine Resident (no charge)

_____ Medical Student (no charge)

☐ Yes, I want to sponsor a student attendee \$40

_____ Extra tickets for Thur. Welcome Reception

_____ children (5-12) X \$5 = _____

_____ adults X \$10 = _____

_____ Extra tickets for Friday Dinner & Dance

_____ children (5-12) X \$10 = _____

_____ adults X \$20 = _____

(Children under 4 are free)

_____ Total Enclosed

Meals & Entertainment are FREE to All Registrants

Please mail form & check to:

NMAFP, Educational Fund
4425 Juan Tabo NE, Suite 203
Albuquerque, NM 87111



New Mexico Chapter
American Academy of Family Physicians
4425 Juan Tabo NE, Suite 203
Albuquerque, NM 87111

WANTED - FUTURE LEADERS

Your Academy is looking for individuals that would like to take an active role in representing the membership. Those interested in more information about working on a committee, becoming a Board Member, or possibly running for an office can contact any of the current Board Members or call Sara, (505) 292-3113 in the NMAFP Business Office. A list of our current Board Members is included on page 3 in this issue of the "Roadrunner."



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address: www.familydoctornm.org

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Family Physician of the Year Solicitation

The New Mexico Academy of Family Physicians seeks your nomination for New Mexico Family Physician of the Year. All active NMAFP members are urged to give this matter their serious consideration and submit nominations to Sara Bittner, familydoctor@newmexico.com, no later than May 1, 2006. You can also reach Sara by phone: (505) 292-3113. This is an excellent opportunity for members to recognize an esteemed peer. This award will be presented at the annual meeting in Taos in June.