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Family Doctor of the Year Hails From Taos

William R. Kilgore, Jr., M.D.

By Alfredo Vigil, M.D.

Dr. William R. Kilgore, Jr., recipient of the 2007 NMAFP Physician of the Year Award, and Dr. Alfredo Vigil, President-Elect & Secretary of Health. Dr. Vigil nominated Dr. Kilgore for this honor.

Dr. William Kilgore, "Bill" to his colleagues, is the quintessential Family Physician. He is truly the dedicated doctor that all of us not only refer to but yearn to have as our personal physician.

Bill grew up in Idabel, Oklahoma. This is important information because his upbringing in a small, rural community instilled in him the simple, but rare, commitment to families and community that a good Family Doctor should have. He graduated from the University of Oklahoma School of Medicine in 1962. Then he followed that with a rotating internship at Parkland Hospital in Dallas as well as residency in Preventive Medicine back at the U. of Oklahoma.

He joined the Indian Health Service in 1965. Keep in mind that, unlike current circumstances, there was no particular motivation other than the desire to serve that drove physicians to join the IHS. His assignment was the IHS Clinic at Taos Pueblo. At that time, Taos Pueblo was very, very traditional which meant strict cultural barriers as well as primitive health circumstances. To this day, the people of the Pueblo have loving memories of his devotion to their families in their community forty years ago.

Because of his love for Taos, he opened a private practice in 1967. As a tribute to his devoted service, many families from the Pueblo would leave their community to seek out his care in spite of having free services at the IHS Clinic. This continues to this day. Everyone in Taos knows him and sees him making the trip from home to office to hospital.

Bill has done it all: emergency room, delivery room, ICU, and office. He has held every administrative office of the Taos medical staff over the years. He has always been active at the county and state levels of the medical society. Medical students have often been at his side and many generations of physicians fondly remember their rotation with Dr. Kilgore in Taos.

One of his most outstanding attributes has been his commitment to life-long learning. Unless he is at the bedside, there are journals of various sorts tucked under his arm, not only medical journals but science journals, history publications, and articles on ethics and anthropology. For many years, Bill organized a medical journal club in the evenings and challenged all of us doctors to bring cutting-edge information to share. He was a founder and has been chair of one of the few Ethics Committees in the state for the past 15 years.

Most importantly, throughout his entire career, Dr. Kilgore has been the epitome of the distinguished, pensive, thoughtful, kindly Family Physician. Even after the death of his beloved wife Mary, he set the example for us in Taos that being a physician meant facing life's trials and tribulations with honor and dignity.

All of us encounter wonderful people throughout our lives but on rare occasion we are honored by being in the presence of a truly great individual. If and when that happens we are then able to honestly say that "a giant passed our way". Dr. William Kilgore is a giant of a family doctor. ■

Resident Garners AAFP Award

The AAFP awarded a prestigious accolade for graduate medical education to one of our third year University of New Mexico Family Medicine residents in July. Named the AAFP/Bristol-Myers Squibb Award for Excellence in Graduate Medical Education, it grants $2000 and a full ride to the 2007 AAFP Scientific Assembly in Chicago in October. Twenty residents nationwide were selected.

Felisha Rohan-Minjares, MD, on the recommendation of two of her Family Medicine faculty, earned the award through demonstration of leadership, community involvement, and exemplary patient care. She will join two of her third-year colleagues as co-chief residents, and has actively served as the Resident Representative to the NM AFP.

In her Wise Woman Project, an outgrowth of her continuity clinic in the SE Heights of Albuquerque, she has been developing a program of self care for women, including exercise, glucose and cholesterol monitoring, and lifestyle changes. Although she doesn't speak of her patient care as exemplary, she must have demonstrated that to win this award.

Dr. Rohan-Minjares plans to stay in New Mexico because of her commitment to our state. She is a first generation college graduate. Her father emigrated from Mexico, and her mother is native New Mexican. She would like to become a UNM Family Medicine faculty member and further her expertise in Latino health. Health policy will be one of her passions, with goals of improving access to care for all and patient rights for non-English speakers.

She and her husband will go to Chicago for the Scientific Assembly in October, where she will be honored at a banquet. As for the $2000, after feeling the continuing usefulness of electronic information in the hand, she would like to choose just the right Palm Pilot.

In this issue...

President's Column

By Lana Wagner, MD

Hello all. It's hard to believe that yet another year has passed. I'm proud to be serving as your Chapter President this year and look forward to meeting many of you at the NMAFP functions that will occur throughout our beautiful state.

One of the benefits of being President is that they give us this column where we get to talk about things that are important to us. In recent years, I've read poignant pieces by past Presidents on obesity, domestic violence, physician burnout, tobacco prevention and more. It's a tough act to follow. So, I thought I would start with a story about something that has shaped the way that I think about what I do as a Family Physician. Hopefully, you'll find something familiar and useful in what I have to say.

Here goes. When I was a second-year Family Medicine resident, I took an introductory class in public health. Looking back, I think I was too sleep-deprived from internship to realize that it's not a great idea to try to do even more during residency than there already is to do. But, it seemed like the right thing to do at the time, and the class was paid for by a grant; so what did I have to lose, right? Plenty. I actually started getting kind of depressed from the information they were presenting. It's not that I didn't see how wildly successful public health has been in this and other countries. The huge reductions in morbidity and mortality attributed to public-health efforts like clean drinking water, improved sanitation, immunizations, and motor-vehicle safety were and are applause-worthy. My problem came when they compared these statistics to those reductions in morbidity and mortality of medical advances (such as improved ICU care, better management of chronic diseases, etc.). These paled in comparison to public health advances. I started wondering if I had made the right choice going into medicine. Then, I had a BFO (Brilliant Flash of the Obvious)…I AM a public health worker! Everyday in my practice I check to see if the immunizations are updated for my patients. I ask about whether or not they use their seat belts or wear their bicycle helmets. I counsel about smoking cessation and work to help them stop smoking. I counsel about sexually transmitted disease prevention and provide birth control. As a Family Doctor, I am part of the front line of the public health system in this country, and you are too.

So, as public health workers, part of our responsibility is to stay current on some key public-health issues. Let's take vaccines for example (you knew the educational part of this piece was coming, right?). There are, seemingly, lots of new recommendations for them this year. You can find out more of the specifics by visiting the Centers for Disease Control and Prevention website (www.cdc.gov), but here are some highlights:

■ **Children**

Rotavirus vaccine – recommended in a 3-dose schedule at ages 2, 4, and 6 months.

Influenza vaccine – now recommended for all children aged 6-59 months.

Varicella vaccine – a newly recommended second dose should be administered at age 4-6 years (the first dose should be administered at age 12-15 months).

■ **Pre-teens/Young Adults**

Human papillomavirus vaccine (HPV) – recommended in a 3-dose schedule for females aged 11-12 years; the vaccination series can be started in females as young as age 9 years; and a catch-up vaccination is recommended for females aged 13-26 years who have not been vaccinated previously or who have not completed the full vaccine series.

■ **Adults**

Tetanus, diphtheria, and acellular pertussis (Tdap) vaccine – Tdap has a 1-time, 1-dose recommendation for non-pregnant persons 11-64 years. It is to be substituted for one of their regularly scheduled Td immunizations in order to cover for pertussis.

Herpes zoster – the vaccine is here and the recommendation is soon to follow for patients 60 and older for shingles prevention.

Imagine the potential impact that we as Family Physicians could have on the health of our patients, as well as the public health in New Mexico, if each of us makes it a personal goal to update every patient's immunizations. I know that it's a lofty goal, but I'll be working on it. I hope you will be too. ■

Winter Refresher in Albuquerque Will Be A Winner

Members, plan now to attend the NMAFP Winter Refresher in Albuquerque that will take place at the **Embassy Suites Hotel on February 9, 2008**. Dr. Alfredo Vigil has put together a great program that will include the following topics:

- "Ethical Issues in Selecting Therapies"
- "ECHO Update"
- "What's New in Vaccines"
- "Depression in Women"
- "Unexpected Asymptomatic Findings on Routine Health Exams in a Private Office"
- "Pediatric Asthma: Diagnosis and Treatment Options for the Family Physician"
- "Breast Cancer Prevention Issues for the Rural Healthcare Professional"

Including the credits for posttests, this conference will offer 22 hours of CME that will be accredited by the AAFP. The Conference will begin at 8:00 a.m. and conclude at 3:45 p.m. There will be two thirty-minute breaks and a one-hour lunch. You will receive detailed information in October. Hope to see you there!

National Conference Brings Residents, Students and Faculty to Kansas City

By Trey Dodson, MD

Nearly thirty New Mexicans attended the National Conference of Family Medicine Residents and Students this year in Kansas City – the most ever! This year's theme was entitled "Treating the Whole Person." More than 1,500 students, residents and exhibitors came together to learn about and celebrate Family Medicine. The NMAFP helped to support a booth for the four Family Medicine residency programs in New Mexico. Nearly 100 students and residents from across the country stopped by our booth to inquire about family medicine residency and fellowship training in the State. Overall it was the most successful year we have had at National Conference.

Tomorrow's Family Physicians in training want to see more progress toward health system reform, stronger language regarding retail health clinics, and an arm's length between the pharmaceutical industry and medicine. They voiced those opinions in resolutions adopted during the Aug. 2-4 resident and student congresses held during the Conference. Please see the accompanying articles by the UNM Family Medicine Interest Group and the residents.

Next year's National Conference will be held from July 30th to August 2nd, 2008 in Kansas City. The theme will be centered on learning about global health. Come and explore international humanitarian efforts and health opportunities! ■

Trey Dodson, MD is the UNM Family Medicine Assistant Residency Director

Karen Valliant with Roswell "alien friend."

UNM Residents, Enrique Cifuentes and Ben Buxton, and Trey Dodson sell their program to two potential applicants.

Karen Valliant, Trey Dodson , and Kathleen Hales at the New Mexico booth.

UNM Resident Allsion Held talking to 2 prospective students.

UNM Students talk with Enrique Cifuentes at a dinner.

Kathleen Hales speaks with a medical student about the Las Cruces program.

National Conference a Golden Opportunity for New Mexico Students and Residents

By Leanne Kildare

New Mexico was well represented at the 2007 AAFP National Conference of Family Medicine Residents and Students. Four resident doctors from across the state and 12 medical students (based on exceptional essays demonstrating serious interest in Family Medicine) from various classes attended, thanks in part to generous scholarships provided by the New Mexico AFP. Held in Kansas City, August 1-4, the Conference offered educational workshops, residency information, and opportunities for involvement in the national leadership of the AAFP.

New Mexico will have an even bigger presence at the national level next year thanks to UNM medical student and Past President of UNM's Family Medicine Interest Group (FMIG) Erin Corriveau, who was elected to the position of student representative to the Society of Teachers of Family Medicine (STFM). Erin will act as a liaison to the STFM Board of Directors and represent the student perspective on Family Medicine education.

Corriveau also represented New Mexico in the Student National Congress. She and current UNM FMIG president Leslie Dabovich, in conjunction with several other representatives, authored a resolution to investigate the establishment of AAFP-sponsored intensive Spanish language emersion courses. The resolution had a rocky beginning in a reference committee hearing. But after several people (including UNM medical student Mariana Mejia) spoke in favor of the resolution, the Student Congress as a whole passed the resolution. It will now progress to the AAFP Congress of Delegates in Chicago in October for further consideration.

The four-day Conference boasted many learning opportunities as well. Students and residents attended workshops on subjects ranging from managing debt, to 12-lead EKG interpretation, to musculoskeletal exam demonstrations. Current FMIG officers even brainstormed some ideas for activities to sponsor in the upcoming academic year. The group plans to offer suturing, joint injection, and heart sounds workshops for fellow students in the 2007-2008 year and hopes to continue the amazing work started by the 2006-2007 officers.

Third-year students in particular enjoyed the hundreds of residency program booths on display from 10am to 4pm every day. Programs across the country from rural-based Montana and Alaska to inner-city Boston and Chicago touted their educational offerings while current residents and faculty were on hand to share their experiences, perspectives and advice. New Mexico's four Family Medicine residency programs were represented by residents Ben Buxton, MD, Enrique Cifuentes, MD, Patrick Moran, MD, and Allison Held, MD, along with some chile ristras, hot-air balloons, and even a Roswell alien.

Conference time was not solely about work, however. UNM Family Medicine Assistant Residency Director Trey Dodson, MD and wife Michele Lee, MD hosted a fun mixer in their hotel room where medical students, residents, and faculty socialized and noshed on some famous Kansas City barbeque. New Mexico Medical Resources hosted a group luncheon where Family Medicine residents and medical students got to bond and talk about their mutual interest in primary care. Other recreational events included an AAFP-hosted National Conference Celebration on Friday night and the closing social on Saturday night.

The Conference was a great opportunity for education and networking. Without the support of the NMAFP, so many students would not have had the chance to learn about the exciting opportunities available in the field of Family Medicine. Each year, UNM SOM students continue to show enthusiasm and passion for Family Medicine. We're already looking forward to the coming school year, which is sure to be filled with many Family Medicine Interest Group events. I have no doubt Kansas City 2008 will be just as successful for New Mexico! ■

Leanne Kildare is a medical student and Co-Vice President of the UNM Family Medicine Interest Group.

Students, residents and faculty mixing while noshing on KC barbeque.

Resident's Letter from the Kansas City Conference

By Ben Buxton, MD

Hello New Mexico Family Residents.

You may remember the four-day Family Medicine Residents and Students Conference in Kansas City as a bustling hall full of residency programs, each one fiercely competing for your attention. "Ever thought of moving to Delaware?" For most of you, the answer was, thankfully, no. This year Patrick Moran, Allison Held, Enrique Cifuentes and I met up with Trey, our Associate Director and his wife, Michelle, also our attending, to represent the Albuquerque program. Also in attendance were (a record?) 12 UNM students who had signed on for the adventure. We stood shoulder to shoulder with residents and attendings from Roswell, Santa Fe, and Las Cruces, in a unified group of booths decorated with red chiles, Zia sun symbols and plenty of yellow. The Santa Fe residents even brought a cache of Salsa which no doubt enticed many to take a second taste, er, look at the New Mexico programs. I think that the programs would agree that the Conference was a smashing success this year.

In addition to representing the Albuquerque program in the exhibit hall, I represented New Mexico in the Resident's Congress of Delegates. It turns out that the Conference is much more than just an opportunity to get to recruit and be recruited. It also provides important policy opportunities. Each year residents and students write resolutions to be submitted to the national AAFP Congress of Delegates, in addition to electing representatives to various parts of the national organization.

Having attended the Conference the previous year, I knew my way around the Conference, but not around the workings of the Resident Congress of Delegates. Here's a primer: Each year, residents and students write official sounding documents sprinkled with such important-sounding words as "whereas" and "be it therefore resolved" for submission to reference committees. Then, while the rest of the attendees spend the first few evenings at the Cheesecake Factory, the good committee members spend all night researching these propositions, including seeing what actions have been taken previously by the AAFP, in order to come up with a recommendation to the Resident Congress. Meanwhile, people who have decided to run for an office at the national level, announce their candidacy in the first few days of the Conference, and spend the rest of the time running around campaigning for votes. Reminiscent of high school in a way, but with much more potential, the people elected this year will spend the coming year helping write such things as residency work hour reform, while interacting with the RRC and ACGME, as well as shaping policy positions for the Academy on a national level.

Once the committees have digested everyone's proposals, they are voted on by everyone who cares to attend the Resident Congress. If you want to see the proposals from this year's conference, you can go to the AAFP website (www.aafp.org) and click "National Conference" in the resident section, follow the "congress" link and then click on "2007 resolutions." The New Mexico delegation, spearheaded by several of the students, co-sponsored a resolution to "investigate" developing an intensive Spanish curriculum a la the Advanced Life Support in Obstetrics course and the AAFP board review courses. This passed the Student Congress, but not the Resident Congress, and so we'll have to do some tweaking on it for next year. Other topics which came up included making the Conference "pharm free" as soon as feasible and looking at our national stance on the Hyde amendment, which prohibits federal funding of abortions.

I tried to represent the general interests of residents in New Mexico, including our need for cross-cultural and cross-language training, as well as our need to protect the rights of our low-income patients wherever possible. However, in the future there is the opportunity for the designated delegate to solicit resolutions from other residents (now that you know how the process works!), as well as to send a quick update to the state's residents to see how people feel about the particular issues raised on a national level. As always, individual residents who attend the Conference can represent their own interests in voting on resolutions, since anyone present can vote.

This year we also elected representatives within the AAFP administrative structure. The positions included representative to the AAFP Board, to the National Association of Family Medicine Residency Directors, to the Society of Teachers of Family Medicine steering committee, among other important posts. There seems to be neither a list of exactly which positions are open each year, nor of those who were elected this time around on the AAFP web-site, in case you were interested. I tried to elect people who seemed like they would be easy to work with this year if any of us have issues which they might help with. Let me know if anything arises that I should contact these people about.

The opportunities are limitless for next year! I'll be out of the picture, but Allison Held has volunteered to take on the position of New Mexico's delegate to the Resident Congress of Delegates. If we are able to hold an election this year, which would of course be open to residents from the WHOLE state, Allison could help show that person the ropes, if she doesn't win. Lets have some resolutions already written for day one of next year's Conference! One idea would be incorporating involvement in community organizing efforts into the RRC requirements for Family residents. If we go on mandatory nursing home and home visits, why not expose everyone to local community organizing? Remember, not everyone out there is part of a "Department of Family and Community Medicine." We might need to broaden some horizons... ■

Ben Buxton, MD is one of the Chief Residents in Family Medicne at UNM in Albuquerque.

Ruidoso Conference Letter

Bert Garrett, M.D., NMAFP Board Chair

Dear Colleagues,

I would like to start off by thanking all of you who attended the summer meeting of the Chapter in Ruidoso this last July. The evaluations were very enthusiastic about the site of the conference and the hotel. Larry Fields, M.D., Board Chair of the AAFP, attended the award ceremony and, for that matter, much of the meeting, making himself available for many of us to consult with. At the awards dinner, William Kilgore, Jr., M.D. was named the Physician of the Year, Greg Darrow, M.D., the outgoing Board Chairman, received the Chapter Service Award, and I was privileged to present the President's Award to Karen Vaillant, M.D. Overall there were 161 attendees, including a number of medical students and residents.

As I segue into the Board Chair position, I need to offer special thanks to Sara Bittner and Greg Darrow who made the last year a great deal easier than it could have been. We have a number of challenges ahead of us, and I look forward to continuing to work with the Board and all of you out there on the front lines. And good luck, Lana. ■

Thank You Vendors

New Mexico Academy of Family Physicians would like to thank the following organizations for exhibiting in Ruidoso at our 50th Annual Family Medicine Seminar:

AstraZeneca (1), AstraZeneca (2), Boehringer Ingelheim, CareNow, Eli Lilly, e-MDs, Forest Pharmaceuticals, GlaxoSmithKline, Memorial Medical Center, Merck & Co. (1), Merck & Co. (2), Merck & Co. (3), Mitchell's Silver & Turquoise, Novartis Pharmaceuticals, Pfizer, Inc., Project ECHO – UNM, Quest Diagnostics, REDW The Rogoff Firm, Rehabilitation Hospital of Southern NM, Sanofi-Aventis, TriCore Reference Laboratories, UNM Locum Tenens, UNM/SOM Preceptorship – BA/MD, Wyeth Pharmaceuticals, and Wyeth Vaccines.

Special thanks to the organizations that helped co-sponsor the Conference: AstraZeneca, Lilly, Memorial Medical Center, Merck & Co., Montañas Del Norte Area Health Education Center, Las Vegas, and Southern Area Health Education Center, Las Cruces.

Dr. Alfredo Vigil, NMAFP President-Elect & Secretary of Health, checking in at front desk.

Dr. Rick Madden, Delegate to the AAFP Congress of Delegates & NMAFP Editor, visiting with Dr. Larry Fields, AAFP Board Chair, and Diana Ewert, Senior Manager of State Government Relations, AAFP, at the Welcome Reception.

Attending the Welcome Reception at the Lodge at Sierra Blanca, left to right: Sara Bittner, Bert Garrett, Judy Fields, Larry Fields, AAFP Board Chair, Lana Wagner & son, Trey Dodson and Alfredo Vigil.

Dr. Bert Garrett, NMAFP Board Chair and Dr. Larry Fields, AAFP Board Chair

Dr. Greg Darrow receiving the 2007 Chapter Service Award

Dr. Karen Vaillant receiving the 2007 President's Award

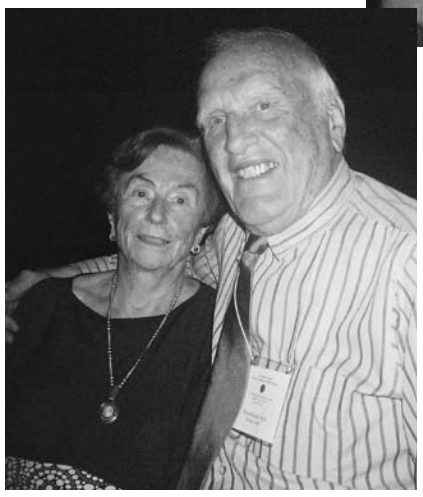
"High Society" entertaining the troops at the Awards Dinner & Dance

HONORING NMAFP PAST PRESIDENTS

NMAFP Past Presents (L to R): Edward Stalzer (1975 president), Paul Feil (1967), Malcolm Morrow (1978), David Holten (1977), and Neilson Smith (1976)

Paul and Alma Feil from Deming.

Malcolm and Nona Morrow from Springer (now Santa Fe).



Edward and Gisela Stalzer from Ruidoso.

David and Bonnie Holten from Albuquerque.

Chapter Honors 50 Years of Summer Seminars With History Book

A half-century of our Chapter's singular history has been preserved and documented in a commemorative manuscript that was unveileld and presented at the 50th annual Family Medicine Seminar in Ruidoso on July 20th.

The volume – *Fifty Years of Family Medicine in New Mexico: Remarkable Innovators and Recalcitrant Mules at the Ruidoso Rendezvous* – was prepared to recognize and celebrate the Golden Anniversary of our Chapter's summer seminar.

The hundred-page book captures the evolution of our Chapter and our specialty from the post-War heroics of New Mexico's general practitioners, through our middle-period expansion to ski seminars and regional chapters, and our modern era of nationally-elected leaders and record membership.

The Chapter contracted last August with Albuquerque medical-writer Michael Joe Dupont to research and author the book. Dupont compiled the volume by conducting more than 50 interviews with past Presidents and executive directors of our Chapter, reviewing organizational documents and newsletters, and examining resources from the archives of the national Academy and UNM's Health Sciences Library.

The year-long project was underwritten through the combined participation of our Chapter, the New Mexico Medical Society, the Center for Community Partnerships in UNM's Department of Family and Community Medicine, and the Kellogg Foundation's Community Voices Program (New Mexico).

Rich with photographs and anecdotal detail, the historical work was initially distributed during a 30-minute slide presentation in Ruidoso, at which a number of our Chapter's past Presidents were introduced and honored.

Every Chapter member will receive a copy of the commemorative book, and the mail-out of those copies began in early August. Anyone not receiving their copy should contact our Chapter office. Additional copies may be available upon request. ■

AAFP Political Action Committee Gives Family Physicians More Powerful Voice

America's health care system is on the cusp of dramatic change, and Family Medicine is in a prime position to have significant influence on that change. That reality should spur Family Physicians to invest in advocacy efforts now underway on the state and national levels, say Family Medicine advocates.

Among the most direct opportunities: supporting the AAFP political action committee, FamMedPAC.

Since its formation in 2005, FamMedPAC has worked to give Family Medicine a more powerful voice in our nation's capitol. This year, FamMedPAC has helped AAFP promote Family Medicine as the 110th Congress takes up important healthcare issues such as physician payment reform, Title VII funding for primary care residency programs, and increasing funding for the State Children's Health Insurance Program (SCHIP).

"FamMedPAC helped make this happen," says Michael Fleming, MD, chair of the FamMedPAC Board of Directors. "In the last election, the PAC contributed to 87 incumbents or candidate. The PAC also supported several victorious open seat candidates, running for Congress for the first time. That puts the AAFP in a strong advocacy position."

In the last election cycle, the first for FamMedPAC, more than 1,000 AAFP members contributed almost $400,000 to the PAC. "This is a great success," said Dr. Fleming, "But we can, and need, to do better." So far in 2007, more than 940 AAFP members have contributed over $230,000 to the PAC.

"Every member of AAFP needs to consider supporting the PAC," said Dr. Lana K. Wagner, Chapter President. "As one of the largest medical societies, AAFP and FamMedPAC have the potential to become one of the most powerful voices in the healthcare debate. As the only political action committee whose sole purpose is promoting the viewpoints of Family Physicians and Family Medicine, the PAC will help us elect legislators who support our agenda and help improve healthcare for all Americans."

"I support FamMedPAC," said Dr. Dion Gallant "because I am convinced it will help my practice and my patients." Dr. Trey Dodson is a member of Club George, named after George Washington and made up of AAFP members who agree to contribute $365 a year – one dollar a day – to the PAC. "It's easy to think of giving just a dollar a day to the PAC. The PAC can even take the contribution directly from my credit card each month, so I hardly think about it."

The PAC is working with the chapters to promote its activities and to raise awareness about the importance of political involvement. The PAC Chapter Champion program hopes to recruit AAFP members in each chapter to promote the PAC at chapter meetings and to act as liaisons between chapter members and the PAC. The PAC Web site (www.fammedpac.org) tracks each chapter's contributions by total and percentage, and tries to foster competition among them to see which chapter can achieve the highest level of support for the PAC.

"Once we get the word out about the importance of the PAC, I am convinced our Chapter will be one of the leaders in this effort," said Dr. Linda Stogner. "We may not be the largest Chapter in AAFP, but our members will step up and do the right thing if asked."

The potential strength of FamMedPAC is emphasized by Mark Cribben, FamMedPAC's Director, when he speaks to AAFP members. "If every member of AAFP contributed just $100 per year to the PAC, we would have over $8 million to spend on political activities each year. That would make us the largest medical PAC in the country, and allow us to elect more Family Medicine-friendly candidates to Congress." Cribben adds: "If we reach that level, that's not just a headline in *AAFP News Now*, that's a headline in the *New York Times*!"

You can learn more about FamMedPAC at www.fammedpac.org, or call Mark Cribben at 1-888-271-5853. ■

Patient-Centered Medical Home Gains Support in Congress

The patient-centered medical home has picked up key support on Capitol Hill during the past several months, increasing the chances that Congress will approve a nationwide patient-centered medical home demonstration project this year.

"The medical home model offers Congress a way to promote better health care quality while still controlling costs," said Kevin Burke, director of government relations for the AAFP. "This is a very attractive combination for Congress."

A House bill to reauthorize the State Children's Health Insurance Program, or SCHIP, which passed in early August, includes a provision to fund a nationwide medical home demonstration project that would allow as many as 500 medical practices to participate. It is still not clear at press time whether Congress will approve the medical home provision as part of a final SCHIP bill worked out between House and Senate conferees.

According to Burke, Congress will approve the SCHIP demonstration project if there is money in the SCHIP bill to pay for it. "If the funding is there, it will survive because it is very popular," he said.

Under the House bill, the medical home project would operate for a three-year period, beginning on Oct. 1, 2009. It would include a nationally representative sample of physicians serving urban, rural and underserved areas of the country, encompassing practices with fewer than four physicians as well as larger practices, particularly in rural and under-served areas.

If enacted, the demonstration project has enormous implications for primary care in general and the patient-centered medical home in particular. "The value is that the model can be tested in different practice settings in different regions of the country," said Burke. "We'll have a much better knowledge of how it will work."

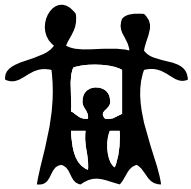
But even if the medical home demonstration project does not become law, it still serves as a prime example of the medical home concept's popularity on Capitol Hill. Medical home provisions are part of at least four bills now pending in Congress. In addition, the AAFP and other members of the Patient-Centered Primary Care Collaborative are meeting with Senate Minority Whip Richard Durbin, D-Ill., about introducing a stand-alone patient-centered medical home bill.

In the meantime, states, such as Colorado, Washington, Missouri and Louisiana, are moving ahead with the patient-centered medical home and passing legislation to organize Medicaid programs around the medical home concept. North Carolina has used existing legislative authority to extend the medical home concept to its Medicaid and SCHIP populations. ■

By James Arvantes, from AAFP News Now

AAFP Board Chair: Value of Family Medicine Debate Over

If Family Physicians had any question about whether they were absolutely essential to high quality health care for America, Larry Fields, MD, AAFP Board Chair put that misconception to rest. He spoke convincingly to a rapt audience at the 50th Anniversary Ruidoso Family Medicine Seminar in July.



Dr. Fields gave a stirring exposition of why we count for much more than we are given credit in the U.S. Primary care physicians (especially Family Doctors) increase measures of health when they are present in adequate numbers in communities around the world. This includes all-cause adult and infant mortality (regardless of the adverse effects of income disparity), acute MI, asthma, COPD, and pneumonia, cancer and stroke. Cancer screenings (cervical, breast, colorectal, and melanoma) improve with an appropriate supply of Family Physicians, compared with an overabundance of specialists. One additional primary care physician per 10,000 population could prevent 127,617 U.S. deaths per year.

All of this comes with a lower cost and higher quality than when care is dominated by specialists trying to work outside their area of specialty. In addition, the average cost for a visit to a Family Physician is $51.14, versus $116.41 for a visit to a specialist. The average per month cost of care for patients using a primary care physician is $340, for a specialist $506. We provide preventive services and prevent diseases before they happen or become serious, and emergency room use declines.

He then called us to train "warriors." Our patients need us to go to battle for them, advocating for Family Medicine in the halls of legislatures and at the business table. Americans are asking for it and business is beginning to demand it. IBM, Exxon, Dow, Cisco, FedEx, Walgreen's and others have all come to our table for applying the New Model of Care and the Medical Home concept as a means to hold down costs, improve quality, and bolster patient satisfaction.

His passion was invigorating, and his message clear and forthright. Being reticent or resigned to accept things as they are will leave not only money on the table, but allows the health of our nation to continue to drift toward ever more high-priced specialty care, with poorer outcomes. He envisioned what the health care system could become, which is what the Academy is vigorously pursuing, and for which American businesses are beginning to ask the AAFP. ■

Legislation Seeks Changes in Tamper-Proof Prescription Pad Law

By James Arvantes, *AAFP News Now*

Congress is considering legislation that would lessen the impact of a newly passed law requiring physicians to start using electronic prescribing or tamper-resistant prescription pads for their Medicaid patients as of Oct. 1.

Rep. Charlie Wilson, D-Ohio, introduced H. R. 3090, (at the THOMAS web site, type HR 3090 in the search box after selecting "Bill Number") which would change the law so that it applies only to Schedule II narcotic drugs. Meanwhile, Sen. Sherrod Brown, D-Ohio, has introduced a similar bill, S.B. 2013, (at the THOMAS web site, type S. 2013 in the search box after selecting "Bill Number") which would delay full implementation of the law until April 2009. Under Brown's legislation, the new law would apply only to Schedule II drugs on Oct. 1; it would not pertain to all Medicaid prescriptions until April 2009.

H.R. 3090, now pending in the House Energy and Commerce Committee, has 42 co-sponsors; S.B. 2013, which is in the Finance Committee, has one co-sponsor.

The law that requires use of electronic prescribing or tamper-resistant prescription pads was passed in late July as part of the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act of 2007. It will deny federal reimbursement to states for Medicaid patients' prescriptions that are not written on tamper-resistant prescription pads as of Oct. 1. The requirement will save $510 million in Medicaid prescription fraud during a 10-year period, according to HHS.

But physicians and pharmacists have criticized the new measure, saying it provides too little time to prepare for implementation and will result in additional administrative burdens and costs for physicians and pharmacists. That, in turn, could discourage physicians from treating Medicaid patients.

"The idea that you can force physicians or states to implement this significant of a change in two months is ludicrous," said Tom Banning, director of government relations at the Texas AFP, about the Oct. 1 deadline. "Secondly, the fact that the feds are dumping the financial responsibility on the states to implement this is ridiculous."

Banning said the federal government should delay implementation of the new law until after it convenes a meeting of stakeholders to address the policy objectives and goals of the measure.

"The first step is to bring a stakeholder group of pharmacists and physicians together to talk about a process that would make sense to ensure that physicians write scripts for Medicaid patients without additional hassles and costs," said Banning.

Vince Keenan, executive vice president of the Illinois AFP, said the new law "is a great idea that is heading in the right direction." But he criticized the Oct. 1 deadline as too soon, saying it "just sends tsunami waves through the practice system."

"I think postponing would be a good thing at the present because people want more of an opportunity to get ready for it," agreed Karen Brenke, executive vice president of the Massachusetts AFP.

It is unlikely that Congress will pass either H.R. 3090 or S.B. 2013 as a stand-alone provision -- there are less than 15 legislative days left before the end of the current fiscal year on Sept. 30. Congressional members could, however, pass the House and Senate bills as part of a larger bill or a regulatory fix.

"Congressman Wilson remains hopeful that a fix can happen because it is a top priority for him," said Hillary Viers, communications director for Wilson.

Wilson represents Ohio's sixth district, a predominantly rural area with several independent pharmacies, giving him a vested interest in overturning the law.

"This definitely puts patients at risk if pharmacies have to turn them away," Viers explained. "If they don't turn them away, then the pharmacists risk not being reimbursed for dispensing prescriptions not on tamper-proof pads. Many of our rural, independently-owned pharmacies just can't afford that. It'll force them out of business." ■

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Board Notes

Ruidoso Convention Center, July 21, 2007

- The Chapter Board will travel to a community outside of Albuquerque for its spring or fall meeting once a year, and will include CME. This continues its rural outreach efforts to include more of our members in active participation in the Chapter. This fall's Board meeting will be held in Albuquerque and will focus on legislative issues in advance of our state legislative session in January.
- The Family Medicine Interest Group at UNM is very active with projects and recruiting incoming students. The second annual reception for medical students hosted by the Chapter will be held at Taj Mahal restaurant in Albuquerque on September 7.
- The New Mexico Family Physician of the Year will be awarded in the future to a member in good standing. The recipient will have AAFP dues covered by the Chapter for the following year.
- Rick Madden, M.D. will announce his candidacy for election to national AAFP office for next year at this year's meeting in Chicago. The Board voted to support his candidacy and fund that campaign.
- Byron Beddo M.D.'s recent death will be officially memorialized with a Resolution of Condolence at the national AAFP Congress of Delegates in Chicago in October.
- The Family Medicine Residents Council amassed 20 residents for its second meeting this year in Ruidoso. They chose Chris Renshaw, M.D. from the Roswell program as the second resident representative on the Chapter Board, joining Felisha Rohan-Minjares, M.D. from Albuquerque. (Chapter members had earlier approved a Bylaws change to increase the number of resident representatives from one to two.)
- The Chapter's successful state legislative Doctor of the Day program will continue next January. The New Mexico Medical Society will include our participants in their lobbying training session in the fall. New key contacts for our state legislators are needed from around the state to advocate for Family Medicine interests.
- Next meeting: Noon on Saturday, November 3 at the Flying Star Restaurant, 723 Silver SW, Albuquerque.

Most people with lactose intolerance *can* enjoy dairy foods. They can reduce symptoms by drinking small portions of milk as part of a meal, and gradually increase their intake over time. A meta-analysis of clinical studies showed that those diagnosed with lactose maldigestion could consume up to 1 cup of milk with a meal and stay symptom-free.[1] The 2005 Dietary Guidelines recommends three servings of low-fat or fat-free dairy foods every day as part of a healthy diet. It also recommends lactose-free milk or yogurt containing live, active cultures as alternatives to milk for those with lactose intolerance.[2] Hard cheese, which is naturally low in lactose, is another calcium-rich choice.

For children, the 2006 American Academy of Pediatrics report, *Lactose Intolerance in Infants, Children, and Adolescents*, recommends consumption of dairy foods in order to get enough calcium, vitamin D, protein and other nutrients essential for bone health and overall growth. The AAP report recommends several dairy options for children that are often well-tolerated, including lactose-free or lactose-reduced milk, yogurt or hard cheese such as Cheddar or Swiss.[3]

Encourage your patients to meet recommendations for 3 servings of dairy foods every day.

For more information on lactose intolerance visit www.nationaldairycouncil.org

[1] Savaiano, D. A., Boushey, C. J., and McCabe, G. P, Lactose Intolerance Symptoms Assessed by Meta-Analysis: A Grain of Truth That Leads to Exaggeration, *J. Nutr.*, 2006 136, 1107
[2] U.S. Department of Agriculture and U.S. Department of Health and Human Services.
Dietary Guidelines for Americans 2005. 6th Edition. Washington, D.C.: U.S. Government Printing Office, January 2005. www.healthierus.gov/dietaryguidelines.com
[3] Melvin B. Heyman, MD, MPH for the Committee on Nutrition. Lactose Intolerance in Infants, Children, and Adolescents. Pediatrics Vol. 118 No. 3 September 2006, pp. 1279-1286.
http://pediatrics.aappublications.org/cgi/content/full/118/3/1279

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Mark your calendar:

February 9, 2008

26th Annual Winter Refresher in Albuquerque

Embassy Suites Hotel

Dr. Alfredo Vigil
Scientific Program Chair

Watch for more information in your mail box this fall and on our website:

www.familydoctornm.org

Questions, call Sara:

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The Roadrunner

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