The Roadrunner
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AAFP Congress of Delegates 2007, Chicago

By Rick Madden, MD, Delegate, and Member of the AAFP Commission on Practice Enhancement

The windy city of Chicago was named not for its frequent and cold wintry winds, but for its politicians who were so persistent (and successful) in landing the Columbian Exposition of 1893 for their fair city. They kept talking and visiting until the authorities couldn't say no. It took a lot of persuading, but paid off for the city.

New Mexicans in Chicago: Delegate, Rick Madden, MD, Sara Bittner, Alternate Delegates, Melissa Martinez, MD and Dion Gallant, MD, Delegate Linda Stogner, MD and Arlene Brown, MD.

This could be seen as a parable for the AAFP's 2007 Congress held in Chicago. The themes that emerged from the many speeches of our leaders, as well as from visiting business leaders at the beginning of the gathering, outlined persistent and growing efforts to change primary care's role in the health of our nation. For a long time, we have been promoting the importance of Family Medicine as the foundation of U.S. healthcare and are finally beginning to feel the wind blow in our favor. We are hopeful because private enterprise is on board with us, affordable healthcare is on the minds of the American electorate and presidential candidates, and we are developing the concepts of medical home and the New Model of Family Medicine. The transformation of our practices to become more efficient and effective will correspondingly lead to fairer payment, and higher quality and safety for our patients.

Over half of the work of this Congress dealt with issues along these lines. (Much of that work pertains to the Commission on Practice Enhancement, one of the several working committees of the AAFP that meets year around.) Delegates voted to:

- send a proposal from a Wisconsin member for multiple CPT code billing for complex patients (akin to billing for multiple procedures performed at the same office visit) to the Board for intensive study;
- direct the AAFP to work with all insurers to improve payment for mental health services;
- study improving payment for comprehensive women's health exams, with or without a pelvic exam;
- argue for reform of the AMA's Relative Value Scale Update Committee (RUC) composition to better balance the cognitive specialties with the procedural specialties;
- establish policy that FPs should be paid for paperwork including formulary exception work;
- direct the AAFP delegation to the AMA to advocate for improved payment to primary care relative to other specialties, especially in regard to impact on medical student career choices and access to healthcare.

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Doc of the Day at NM Legislature 2008

By Arlene Brown, MD, Chair, Legislative Affairs Committee

The Doctor of the Day program needs your help! Last year the NMAFP reactivated the Doctor of the Day program, assuming its organization and staffing from the New Mexico Medical Society. We were highly visible and much appreciated. Members who attended felt it was extremely worthwhile, and the Legislature conveyed its appreciation as well. This year we plan to repeat the program during the upcoming 30-day legislative session.

This session will be critical for Family Physicians and our patients. It will run from January 15th to February 14th. Governor Richardson has submitted a proposal for "universal health coverage" for New Mexico. This proposal will be debated extensively, modified, and hopefully a final proposal will be submitted to the governor and enacted. As you know, the AAFP and your delegates have worked for a long time toward the goal of increased healthcare coverage and access.

I would urge all of you to study the Governor's proposal and consider

– continued on page 4

In this issue...

President's Column

By Lana Wagner, MD

So…what are the chances that:

> you could get private health plans, public and private hospitals, the Department of Health (DOH), and legislators all to agree on anything;
>
> even if you could get them to agree on something, that they would all be willing to put in money towards an experimental group project;
>
> they would all be willing to do this because it might improve the health of the people of New Mexico?

It sounds far-fetched, doesn't it? Well, someplace hot must have frozen over because it actually happened! I found the whole story of Nurse Advise New Mexico (NANM) so inspiring that I thought I'd share it with you. Leave it to New Mexico and New Mexicans to create history! This is the first ever statewide nurse advise line that has been established by a public-private partnership.

The story started in 2001 when the Coordinated Systems of Care Community Access Program of New Mexico (CSC CAP-NM) (which is a consortium of organizations that provide medical, behavioral, and social services to the underserved) partnered with representatives from the managed care organizations, the DOH, and state legislators to create a statewide nurse advice line. The three health plans that provide services to Medicaid Salud patients are required to offer access to a 24-hour call line to their members and all were outsourcing this to out-of-state call lines. It was felt that it would be advantageous to all New Mexicans if a nurse line were established within the state so that money spent on out-of-state lines could be kept within the state, resources could be pooled to help cover the uninsured, and nurses from the state would be more familiar with local resources. Two of the Medicaid Salud providers, Lovelace and Presbyterian, agreed to contract with the soon-to-be-formed NANM for their 24-hour call line. In 2006, a bill sponsored by Senator Dede Feldman was approved by the legislature, which provided some of the start-up funds. They also received some additional state, federal, and private grants and NANM was born.

Lieutenant Governor Diane Denish speaking at NurseAdvice New Mexico's 1st anniversary.

Here are some amazing statistics:

- NANM started operations and began taking calls in June 2006. By June 2007, it was receiving 11,000 calls per month!
- Currently, 48% of calls are originating from outside of Albuquerque.
- Approximately 17% of callers are uninsured.
- Of callers who said they planned to go to the emergency room before they called NANM, 64% said they planned to seek the more appropriate level of care recommended by NANM.
- 38 Registered Nurses from New Mexico who were in or entering retirement have been hired to staff the line.
- The average number of years of experience for a nurse at NANM is more than 20!

The goals of NANM are lofty:

- Provide 24/7 access to medical advice from a nurse for all New Mexicans, regardless of their insurance status.
- Reduce utilization of over-crowded emergency rooms by triaging patients to appropriate levels of care.
- Improve the retention and recruitment of rural physicians by providing after-hours triage services.
- Provide statewide syndromic surveillance as an early warning system for public health emergencies.
- Help to assign patients, insured or not, to a primary care home for follow up.

So, how can you be involved in something that is making such an impact on health here in New Mexico? Consider calling your legislator. The funding for NANM remains tenuous and needs ongoing legislative support. Also, there are now many hospitals, medical groups, and private practices that are contracting with NANM to do their after-hours triage. If you have a need, you may want to give them a call.

As I said before, I'm really inspired by this whole story. I'm inspired by the people who had the vision to create such a partnership and see the project through its fruition. I'm inspired by those who have taken the leap of faith to fund this project. I'm also inspired by the nurses who staff this line 24/7. Really, you should call them sometime. ■

Healthcare Tops Agenda for 2008 NM Legislature

By John Anderson, NMAFP Lobbyist

The 2008 Legislature will get underway on January 15 for 30 days ending on February 14. No doubt that one of the more controversial issues to be addressed by the 2008 Legislature will be Governor Richardson's Health Solutions New Mexico which will provide for universal health care to all New Mexicans by January 2010. The coverage will be universal, continuous, portable and mandatory.

Why consider healthcare reform? The 2006 census figures show New Mexico with 1.9 million population of which 21% or 405,000 New Mexicans are uninsured. Of the uninsured, over 94,000 are children 18 and under of which 50,000 are probably eligible for Medicaid but not enrolled. A majority of the uninsured live in households with incomes below 200% of federal poverty ($41,304 annually for a family of 4), and are between 19 and 64 years.

The governor's proposal would provide:

- New Mexicans would have to show proof of healthcare coverage beginning January 1, 2010.
- Employers with six or more employees must either provide health insurance or contribute to a state-administered fund that would provide coverage to the uninsured.
- Insurance companies would have to use at least 85% of the money generated from premiums on actual healthcare.
- Insurers would have to guarantee they will cover any individual who asks for coverage beginning January 1, 2009.
- Insurance rate increases to small groups would be limited to 10% a year.
- Medical providers would be required to accept patients covered by Medicaid, the State Children's Health Insurance Program and State Coverage Insurance, all publicly funded or subsidized programs.
- Insurance claims and insurance payments to providers must be made electronically. Medical records must be created and maintained electronically.
- A new Healthcare Authority would be created to control costs, ensure healthcare is affordable and work to improve health system efficiency. The authority would, in conjunction with the state Public Regulation Commission and licensing boards, monitor the performance of insurance carriers and providers. It would set ranges for payments that providers could receive and establish programs that reward providers for improved performance. The authority would take control of the Retiree Healthcare Authority, public school employees' insurance plans and state employees' coverage.

The authority would consist of eleven members with four appointed by the Governor, two nominated by the Senate and two nominated by the House and appointed by the Governor, the Secretary of the Department of Health, the Secretary of Human Services Department and the chair of the Public Regulation Commission.

Each appointee must have significant experience in at least one of the following areas:

- Healthcare management or reimbursement; medical or behavioral health practice; healthcare policy development and implementation; health care delivery and finance; business or government finance; actuarial analysis; labor; economics; or healthcare consumer advocacy.
- Each member may serve up to two consecutive four-year terms. No member may be removed during his/her appointed term except for lack of attendance or participation or for cause, as determined by the board by-laws, until the term of the appointment is completed.

Specifically, the authority will have seven major functions as follows:

- Setting standards (such as affordability guidelines and benefits that count as coverage);
- Engaging in activities to control costs and increase access and quality;
- Managing and consolidating public sector programs and products;
- Conducting studies and analyses of health care and health coverage functions and trends;
- Making recommendations to the governor and legislature;
- Developing and publishing comprehensive plans with clear goals, and quantifiable targets; and
- Educating the public about health coverage issues and options, serving as a referral source and connector.

Other issues which we will be monitoring during the 2008 Legislature:

- The Medical Malpractice Act;
- The inclusion of patient co-pays and deductibles to all receipts that qualify for the gross receipts tax deduction; and
- Increase Medicaid reimbursement. Also, a provision to automatically increase Medicaid reimbursement by utilizing a medical market index.

The 2008 Legislature promises to be very busy and controversial. I hope that you will participate in our legislative "Doctor of the Day" program. ■

AAFP Congress *(continued)*

Other decisions the Congress made, supported by our New Mexico delegation, were to:

- establish a work group on rural health to bring cohesion to the many commissions that separately address issues of particular importance to rural healthcare;
- develop a more detailed, single source, logical and consistent accounting of AAFP income from the pharmaceutical industry;
- strengthen AAFP policy cautioning about effects of retail health clinics on the medical home;
- explore AAFP use of the pool of talent among our former state and national leaders on behalf of our members and our patients;
- direct the AAFP to support efforts to seek federal funding for required interpreters and translators.

A U.S. Congress bill that would give the FDA regulatory authority over tobacco appeared very weak to the AAFP Congress. After extensive deliberation on strategy, our Congress has directed the AAFP to seek amendment of that bill to remove restrictions on FDA's powers that currently favor the tobacco products already in existence. ■

Doc of the Day *(continued)*

it thoughtfully in the context of the stated and endorsed principals of the AAFP: any program should be workable, should include all citizens within the state, should provide adequate reimbursement for the physicians and providers, should not be excessively burdensome to either physicians or patients, and should include the provision of a "medical home" or personal family physician.

We met on December 8th in Albuquerque to discuss our strategy on the governor's proposal, while recognizing that any proposal will be highly modified before passage. We also scheduled a teaching session to work with volunteers on techniques of testifying, as well as finalizing our position.

We need volunteers to attend as Doctor of the Day. I will finalize a schedule after volunteers indicate preferred days. Again, the dates of the session are weekdays beginning January 15 at noon until February 14th at noon. The training session has been scheduled for all volunteers on Saturday, January 5th, at the Flying Star Restaurant, located at 723 Silver SW. It will begin at 8:00 a.m. and last until 11:00 a.m. Breakfast will be served. If you are interested in volunteering, call or email Sara at the NMAFP Business Office: 505-292-3113, familydoctor@newmexico.com. ■

Key Deadline Approaching for Some ABFM Diplomates

From AAFP News Now

Here's a reminder for family physicians who certified or recertified with the American Board of Family Medicine, or ABFM, in 2004: If you want to continue on the path to earning a three-year extension on your certificate, you only have until Dec. 31 of this year to complete the first stage of the ABFM's Maintenance of Certification Program for Family Physicians, or MC-FP, 10-year certification option.

If you need a refresher on expectations for the 10-year certification track, the ABFM Web site has developed a special MC-FP section that offers a detailed schematic on this option, which was announced in fall 2005 and became effective Jan. 1, 2006.

Briefly, the 10-year option allows ABFM diplomates to complete two MC-FP Part II modules and one Part IV module at their own pace in three distinct three-year windows, known as stages. Diplomates who certified or recertified in 2004 have the option of completing three Part II modules during their first stage only.

Currently, the ABFM's self-assessment modules offer the only option for fulfilling Part II of the MC-FP. To fulfill the Part IV requirement, diplomates can choose either a performance-in practice module from the ABFM, an AAFP METRIC (Measuring, Evaluating and Translating Research Into Care) module, or any of the other approved alternatives (e.g., National Committee for Quality Assurance physician recognition programs).

What's the big incentive to opt for the 10-year, rather than the traditional seven-year, certificate? According to ABFM President and CEO James Puffer, M.D., it comes down to doing the math. "Most people are certainly going to appreciate right off the bat that they probably will have the opportunity to take one less examination, maybe two less examinations, over the course of their entire professional career," Puffer told AAFP News Now soon after the option was first announced.

For the 11,289 FPs who successfully completed their certification or recertification exam in 2004 and who want to take advantage of the 10-year option, doing the math means making sure they've got those first three modules -- in whichever combination — covered by year's end. Those who choose not to complete the three modules before Dec. 31 are automatically moved onto the seven-year certification path. The seven-year path requires completion of six Part II modules and one Part IV module before applying for recertification.

Diplomates who have questions regarding their current MC-FP status or who need help logging into the MC-FP system or completing the online modules are invited to contact the ABFM Support Center by phone at (877) 223-7437 or via e-mail for assistance. ■

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Board Notes

Flying Star Restaurant, Silver SW, Albuquerque, Nov. 3, 2007

- Chapter donations to the AAFP Political Action Committee FamMedPAC put our Chapter in third position nationwide for the current cycle. The funds are used on an issue basis, not political party basis.

- Alfredo Vigil, MD attended a discussion with the Surgeon General Kenneth Moritsugu about underage drinking. New Mexico's number one rank for injury-related deaths per capita reflects this problem in our state. Advertising targeted at young people contributes.

- AAFP has embarked on a national campaign to broadcast our "brand" to the American people. Included is a new logo and tag line "Strong Medicine for America."

- The Chapter donated to the Warren and Rosalie Heffron Faculty and Graduate Fellowship for International Health at the University of New Mexico.

- Felisha Rohan-Minjares, MD reported that the Family Medicine residents determined three areas to work on: improved communication among the four FM residencies through a link on the Chapter Website; collaboration on a research project; and job search networking.

- Leanne Kildare, MS2 reported on the FMIG activities including: Medical STARS outreach to high school students around the state during the students' PIE rotations to interest them in medical and dental careers; practical workshops for medical students at the university; and the Care Bags for the homeless project in Albuquerque. Two students also went to Uganda for a meeting and will report on it in the form of a poster at one of our Chapter CME events.

- John Anderson will be our lobbyist for the upcoming state legislative session in January. The primary focus will be healthcare. We will be meeting with him to plan our strategy.

- Next Meeting: February 8, 2008, at the Flying Star on Silver SW.

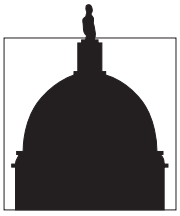
AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

LETTER FROM WASHINGTON, D.C.

My Fellowship in Health Policy

By Dan Derksen, MD

Having spent 45% of my 50 years at UNM, I had earned but never taken a sabbatical to reflect, to explore, and to learn new perspectives and skills. I applied for and was awarded an RWJ Health Policy Fellowship.



As one of eight RWJ fellows (four nurses, three doctors, and a family & behavioral therapist), we had an intense orientation during the fall. The fellowship is housed in the National Academies of Science in the Institute of Medicine. We began with experts teaching us about the federal budget, writing briefing memos and speeches for legislators, and learning about the various IOM initiatives and working groups. From there we learned about the "think tanks" armed with data and insight from many perspectives (Urban Institute, Brookings Institute, CATO, Heritage, American Enterprise Institute). We attended lectures and workshops given by prominent economists, and former and current heads of government health-related agencies, including the Health Affairs summit to honor John Iglehart's retirement after 25 years leading that prestigious journal.

We met Bob Dole and Donna Shalala after they presented their recommendations to the Veteran's Affairs Committee on returning wounded warriors. We heard Mark McClellan (former director of CMS) talk about changing payment to improve quality, from Elliot Fisher (Dartmouth Atlas), the director of the Congressional Budget Office, and from the director and deputy director of Medicare Payment Advisory Committee (MedPAC). We visited many of the government health-related agency acronyms – AHRQ, NIH, VA, IHS, CMS, and even the CDC in Atlanta. We visited with the various advocacy group leaders with a keen interest in health legislation including the AMA, AAMC, AARP, American Hospital Association and others.

For the last two weeks we have been interviewing with staff working with Congressional Members and Senate and House Committees with strong ties to health legislation. We met Wendall Primus who works with Nancy Pelosi in the Speaker's conference room in the Capitol building, and with staff in Member offices for Obama, Clinton, Hatch, Harkin, Stark, Waxman, Bingaman, Enzi, Rockefeller, Kennedy, Snowe, and others. We met with staff from the House Ways and Means and House Oversight, as well as Senate Finance, and Senate Health, Education, Labor and Pensions (HELP).

I was offered and accepted my Capitol Hill assignment with Senator Bingaman. New Mexico is fortunate to have a Senator on both Senate Finance and HELP, and an individual so dedicated to enhancing health access and quality, as well as improving the recruitment, retention, distribution and practice environment for health professionals in areas of need. I will start working in Senator Bingaman's office after the New Year. I look forward to working with you back in New Mexico on health issues at the federal level. ■

Advocate Effectively: Family Medicine Congressional Conference Shows You How

From AAFP News Now

Learn the finer points of effective lobbying — then practice your new skills on Capitol Hill — during the 2008 Family Medicine Congressional Conference May 19-20 in Washington, D.C. For the first time, the conference is open to all AAFP members and others in the academic family medicine community.

The conference program will cover family medicine's legislative priority issues and provide comprehensive training on how to be successful in your advocacy efforts. You'll return home with skills that will make you a better advocate in your state capitol as well.

If you've attended before, consider bringing a colleague who doesn't have lobbying experience to the conference this year.

The conference is sponsored by the AAFP and the Academic Family Medicine Advocacy Alliance.

Register online by March 21, 2008, to secure the early-bird registration fee. Early registration is encouraged. ■

26th Annual Winter Refresher in Albuquerque

Saturday, February 9, 2008 • Embassy Suites Hotel, Albuquerque

Proudly Presented by

The New Mexico Chapter, American Academy of Family Physicians

Alfredo Vigil, M.D., Scientific Program Chair

This program has been reviewed by the AAFP and is acceptable for up to **10.00 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. – 8:05 a.m.
Opening Remarks
Alfredo Vigil, M.D.

8:05 a.m. – 9:00 a.m.
"Ethical Issues in Selecting Therapies"
Alfredo Vigil, M.D.

9:00 a.m. – 9:15 a.m.
"Echo Update"
Sanjeev Arora, M.D.

9:15 a.m. – 10:15 a.m. EB CME
"What's New in Vaccines"
Candace Johnson, M.D.
(Supported by an unrestricted educational grant from Sanofi-Pasteur)

10:15 a.m. – 10:45 a.m.
Break – Exhibit Hall

10:45 a.m. – 11:45 a.m. EB CME
"Depression in Women"
Arlene Brown, M.D.

11:45 a.m. – 12:45 p.m.
"Unexpected Asymptomatic Findings on Routine Health Exams in a Private Office"
Royal B. Anspach, M.D.

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

1:45 p.m. – 2:45 p.m. EB CME
"Pediatric Asthma: Diagnosis and Treatment Options for the Family Physician"
Bert Umland, M.D.

2:45 p.m. – 3:45 p.m. EB CME
"Breast Cancer Prevention Issues for the Rural Healthcare Professional"
Junedale Nishiyama, M.D.

3:45 p.m.
Drawing for Door Prizes
A raffle ticket will be included in your packet.
You must be present to win.

REGISTRATION FORM, 26th 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 **January 8, 2008**, so please make your reservations before this date. After this date, rooms will be on a space-available basis.

Please mail by February 1 to:
NMCAAFP Educational Fund
4425 Juan Tabo NE, Suite 203
Albuquerque, NM 87111

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