The Roadrunner

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

Vol. 26, No. 4 Winter 2008

President's Column

The Times They Are A'Changin'

By Alfredo Vigil, MD

I am writing this on the day before Thanksgiving. Today, President-elect Obama is having his third daily press conference in a row trying to get ahead of the financial tsunami that is engulfing the country. A lot of people are waiting for final word on a possible appointment of Bill Richardson to the new cabinet. Lt. Governor Diane Denish stated earlier this week that she is ready to take the reins of state government. The latest projections are that there will be nearly a billion dollar short fall in the state budget which will ultimately affect all New Mexicans including those involved in health care. The 60-day session of the legislature will start shortly after the holidays; it's expected to be one of the most difficult in recent history as the policy makers will be torn by the conflicting pressures of needs versus available funding. Oh, and by the way, al Qaeda may be planning new terrorist attacks on the New York subways over the holidays.

WOW! Can life get any more complicated?? This would be just interesting reading in *Time* magazine except that all of these events impact our patients, our practices, our families, and ourselves in major ways.

Over the years, Family Physicians have often found themselves in a position of being the calm, strong presence to those around them. We are already seeing our most fragile patients coming in with more than the usual somatic expressions of their daily stress. We expect to see even more serious complications as jobs are lost, family budgets are busted, and businesses fail. Let's pray that things turn around quickly.

The point is that being a Family Physician means more than just knowing what prescription to write. We are looked-to by all around us as the kind of people who will be there through thick and thin. Maybe we can help most by just listening, maybe with an appropriate therapeutic intervention, maybe by managing the true medical emergency that will inevitably occur. In any event, we didn't go to medical school just to practice medicine during the easy times. As they say, when the going gets tough…

Now is a good time to take care of ourselves physically AND mentally. We will have to be there when we are needed. I will also repeat my previous plea that we make sure that each and every one of us participates in whatever way we can as health policy decisions are being deliberated at the local, state, and national level.

In the words of our new President Obama:

"At this moment...we must pledge once more to march into the future. Let us keep that promise, the American promise, and in the words of scripture hold firmly, without wavering, to the hope that we confess." ■

Legislative Update

by Arlene Brown, MD

This year, more than any recent years, we have a chance to affect the way health care is delivered, both in our state, and nationally. In order to do so, we Family Physicians must be part of the process. All of us must be involved! There are many levels of involvement, ranging from sitting on the sidelines and complaining, to running for office. Our Academy offers access to the process through our key contact program, and announcements about upcoming national health related issues. On the state level, our state legislative committee continues to be active and focused on health care efforts for the state of New Mexico. We provide "key contact" exposure to our state and national legislators, and participate in the legislative visits to Washington. We continue to ask that our state Family Physicians engage our state legislators in the discussion of health care needs of our state. One of the easiest and most productive levels of involvement is to participate with our "Doctor of the Day" program at the state legislature. We provide medical services for the legislators and their staff at the Round House during the legislative session (60 days this year) and are available for testimony if needed during the session. We would like to see two Family Physicians present each day of the 60-day session, if possible, and encourage medical students and residents to participate as well.

This year health care (coverage and delivery) will likely be a major focus of discussion. We Family Physicians must be part of the discussion, and should lead the way. After all, we care for the majority of the citizens of New Mexico! We have participated with the New Mexico Medical Society in sponsoring their winter (interim) session on health care coverage. I urge all of us to volunteer for the Doctor of the Day. You can volunteer by calling or writing to Sara at the Academy Office: 505-292-3113, NMAFP, 4425 Juan Tabo NE, Suite 203, Alb., NM 87111, familydoctor@newmexico.com. ■

In this issue...

A Superb Time in San Diego

By Rick Madden, M.D.

Before the economy melted down, and while the US Presidential campaign built to a fascinating conclusion, the AAFP policy-making body met to further chart the future of our specialty. We had elections of our own, selecting our next wave of leaders. San Diego cooperated with the expected wonderful weather.

The structure of the 2008 Congress of Delegates' five Reference Committees invites opinion from members on policy proposals submitted by the Board, the Commissions, members, Delegates and the Officers. Here are some items of interest.

Education

- Advocate for reinstatement of the 20/220 pathway for Economic Hardship Deferment for physicians entering primary care specialty training. Passed.
- Investigate a new class of membership for pre-medical students. Passed.

Practice Enhancement

- Study the Medicare hospital "never events" policy for impact on physician payment. Passed.
- Advocate for Medicare coverage for immunizations without co-pay or deductible. Passed
- Register concerns about CMS post-payment audits with CMS, the Office of the Inspector General, and the AMA delegation. Sent to the Board. A mechanism for AAFP members to share similar experience is already functional.
- Advocate for fair compensation for HEDIS and other audits required by health plans. Passed.
- Develop a policy for fair methods for physicians re-obtaining hospital care after a period of outpatient only medical work. Passed.
- Work to abolish payment rules (for all payers) that reduce or deny payment for delivery of more than one service to a patient in a single day (N.M. co-sponsored). Passed.
- Reconfigure the AMA's Relative Value Scale Update Committee (RUC) voting composition to be proportional to the constituent member size, and in the event that is not achieved, disengage from the RUC and pursue other means to achieve appropriate compensation for Family Physicians. (N.M. co-sponsored.) Because this is already being pursued by the Commission on Practice Enhancement and the Board, it was sent to the Board.

Organization And Finance

- Increase the ceiling on AAFP member dues from $350 to $450. Passed
- Continue the current travel funding levels for the National Conference of Special Constituencies' Delegates. Sent to the Board for consideration.
- Change the sunset date of Special Constituencies' Delegate seats to 2015. Passed.
- Examine the challenges encountered by, and ensure the viability of small Chapters. Passed.

Legislative Advocacy

- Consider a proposal that the AAFP advocate for a single payer national health insurance plan. Sent to the Board.
- The Board will appoint a task force to update the AAFP Health Care for All proposal and work with the new U.S. presidential administration's transition team in November. Passed.
- Repeal the Hyde Amendment. Failed.
- The AAFP Board will plan how to fund the Robert Graham Center for Health Policy and report back to the 2009 Congress of Delegates. Passed.

Dr. Dion Gallant, Alternate Delegate, Dr. Dan Derksen, Alternate Delegate, Dr. Rick Madden, Delegate, Sara Bittner, and Dr. Linda

Public Health And Science

- Advocate for federal funding of only those education programs on sexuality and pregnancy prevention that are age-appropriate, comprehensive, and evidence-based. Passed.
- Disseminate to state chapters the successful Rhode Island legislation for state purchase of influenza vaccine as a potential model. Passed.
- Seek private funding for the AAFP Tar Wars tobacco prevention educational initiative in schools to create a one-time endowment. Passed. Current policy forbids funding by tobacco interests; this was upheld after vigorous debate.

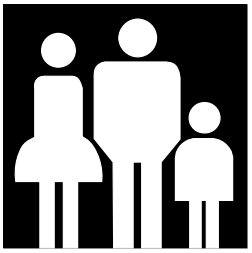
The Congress always hears from its officers in the form of state of the AAFP speeches. Notably, they often referenced the unique potential for transformation of our healthcare system at this particular time. And as usual, the AAFP gave recognition to excellence in teaching, strategic partners (such as Paul Grundy, IBM's Director of Healthcare IT and Strategic Initiatives, for his collaboration in promoting the patient-centered medical home concept to business and industry), humanitarian activities, public health leadership, and Family Doctor of the Year (William Ellert, MD of Phoenix).

Our new President-Elect is Lori Heim, MD of North Carolina, only our second woman in history to achieve that position. ■

Letter from St. Louis: Working at the State Legislative Level

By Rick Madden, M.D.

The AAFP brought representatives from most state chapters together in St. Louis on November 14 and 15. We met over 24 hours for discussion of the recent national and state elections, opportunities for work on state healthcare legislation, and deeper examination of two major areas of healthcare policy: the patient-centered medical home and the Family Physician workforce of the future.



The plunging U.S. economy has given everyone a new perspective on the possibilities for healthcare reform. President-elect Barack Obama's administration will have its hands extremely full with all the issues that were debated in the campaign. Although healthcare is the number two domestic policy item, the economic recession will make any substantive progress all the more difficult. Former Senator Tom Daschle, the probable Secretary of Health and Human Services, has committed himself to influencing a policy shift toward higher quality, affordable healthcare for all. And some think that the situation many American families face in the form of shrinking paychecks (or unemployment) which makes health insurance unaffordable may push the issue to the forefront. Solutions for the economy may need to include solutions for meaningful healthcare reform, at least down the road.

Many states are taking a serious look at a relatively new approach. The patient-centered medical home holds out the possibility of saving state dollars while increasing access and quality. North Carolina has a long-running successful Medicaid program that employs many of the elements of the patient-centered medical home, and has inspired others to follow. Twelve states (CA, CO, ID, IA, KS, LA, MA, MN, NY, OK, VT, WA) have passed legislation this year or last to define the medical home and/or begin to pilot the concept. The National Academy for State Health Policy (www.nashp.org) is a resource for states needing assistance in developing medical home legislation. They emphasize the need for collaboration among all stakeholders, including multiple healthcare organizations and payers. The federal government wants to get in on it too. Medicare will begin demonstration projects in January 2010, to run for two years, involving 400 practices and 400,000 patients in eight states yet to be determined.

Of particular concern is the inadequacy of the current primary care workforce to meet the increased demand. Without enough Family Physicians, access to primary care will be a severely limiting factor. Our community health centers will need 16,000 new primary care providers by 2015 to remain a viable safety net. Expansion of the underfunded and understaffed National Health Service Corps would help. Loan forgiveness for service, and expanded federal support for primary care graduate medical education (Title VII of the Public Health Service Act), as well as efforts at the state level to assist in placement and loan payback (such as New Mexico's programs through N.M. Health Resources) are important.

In the end, without a transformation of our current healthcare landscape (it hardly can be called a system), there will not be fundamental improvement in the health outcomes of our people. Medicare, which sets the standard for payment to physicians, must restructure how primary care is paid. Family Physicians, general internists, and general pediatricians cannot stay in business with ever-dwindling margins; they must have enhanced payment, as in the patient-centered medical home model. When that happens, medical students will flock to primary care practice. Rural and inner-city underserved will receive the full spectrum of care in a long-term, trusted relationship with a Family Physician or other primary care practitioner. And costs will go down as quality goes up. ■

Group from New Mexico at dinner in San Diego the night before the vote for national officers.

3rd Annual FM Medical Student Reception

Once again, the Taj Mahal was filled with medical students eager to learn more about the specialty of Family Medicine. Over 60 students enjoyed the Indian cuisine, visiting with peers and hearing testimonials by dedicated FM Physicians from clinical and academic settings in both urban and rural environments. The 2008 FMIG Officers introduced themselves and shared upcoming events with the group. ■

FMIG Officers (left to right): Kathleen Overholt, VP; Katie Hodock, Treasurer; Elena Griego, Secretary; Laura Burkhart, President

FMIG Update

By Laura Burkhart & Kathleen Oferholt

These past few months FMIG has been up to quite a bit at UNM. Our first meeting was quite a success where we spoke to a room of 1st year medical students on the broad and exciting field of Family Medicine. Our first community project was Health Care Bags for the Homeless which provided an amazing opportunity for a number of students to get involved in putting bags together and handing them out on campus. Coming up we have another meeting planned to talk about residency programs and start the process of selecting officers for next year's FMIG. ■

Family Medicine Resident Update

Stephanie Benson MD, Chief Resident and PGY-3
Southern New Mexico Family Medicine Residency Program

Match season for 2009 is upon us. Throughout the country, residency programs and academic offices are screening applications, shooting out countless e-mails and phone calls, and arranging and holding interviews. This is a stressful time in all specialties but particularly in primary care as we try to regain some footage we have lost in the past. According to the 2008 Match Summary and Analysis by the AAFP Division of Medical Education, the number of US medical seniors choosing family medicine increased last year for the first time in over ten years although overall US medical students still preferred non-primary care specialties. Clearly we still have some work to do and everyone is hoping that the number of matches in Family Medicine will show an increase again come March. My program, for example, has more American medical school graduates applying this year than we have seen in a long time. As Family Medicine Physicians and residents, we wish this for all programs throughout New Mexico and look forward to seeing the match results for 2009.

The 2008 Scientific Assembly was held in San Diego on September 17-21. The Assembly is the Academy's largest offering of CME, with typically between ten- and twenty-thousand physicians and guests in attendance. This year was no different. This year's Assembly offered a huge variety of CME and hands on work shops as well as the AAFP's faces of disease series, which included celebrities, such as Sally Field and Patty Duke, discussing how their specific medical conditions have affected their lives. The subject matter available was diverse and appealed to multiple tastes and interests within Family Medicine. One of the highlights of this year's Assembly was the opening ceremony. Ted Epperly, MD, the AAFP's new president, gave an inspirational and convincing installation speech on the role of Family Medicine in the future and the work we all need to do in order to accomplish our common goals as Family Physicians. I would encourage all of you to visit the AAFP website and watch the video of his speech as well as other highlights from the Assembly. I would also suggest you begin thinking about plans to attend the 2009 Scientific Assembly in Boston, Massachusetts on October 14-18, 2009. You don't want to miss it.

Just prior to attending the Scientific Assembly, I was privileged enough to attend the 2008 Congress of Delegates. This is the governing body of our Academy. It is made up of two delegates from each of the 55 constituent chapters, as well as from resident and student groups, new physicians, and the special constituencies. There was a whirlwind of activity from speeches and campaigns for those running for office to reference committees and on-the-floor debates. This may sound tiresome to some, but I assure you it was exciting. Making contacts with and hearing the struggles and opinions of those practicing all over our country was amazing. I witnessed exciting discussions, such as the debate over funding for Tar Wars, and was inspired by the speeches of those wishing to seek office in order to work for the advancement of our specialty. It was an experience I will not soon forget.

In conclusion of this resident update, I want to encourage residents to become more involved on a state and national level. Your academy and FamMedPAC are working for you. For example, in this November's election, FamMedPAC raised and contributed over $800,000 and supported 115 congressional candidates in the support of primary care. Our Academy is becoming more vocal and more visible on national and state levels. Primary care and the patient-centered medical home are the hope for our nation's health care system. Become educated. Ask questions of your leaders. Voice your concerns and opinions. Donate to FamMedPAC. This is your academy and your future as young physicians, and it needs your voice. ■

Patient-Centered Medical Home Would Ease Burden on Primary Care Practices, Say AAFP, ACP

By Barbara Bein (*AAFP News Now*)

A recently released survey by the Boston-based Physicians' Foundation paints a distressing picture. It describes widespread unhappiness with the current practice environment among primary care physicians. So much so that nearly half of those surveyed said they planned to cut back on their patient panels or leave practice entirely within the next three years — a prospect that would exacerbate existing access problems for health care consumers.

But, say the presidents of the AAFP and the American College of Physicians, or ACP, implementation of the patient-centered medical home, or PCMH, could ease both physicians' and patients' frustrations and bring back the pleasures in generalist medicine.

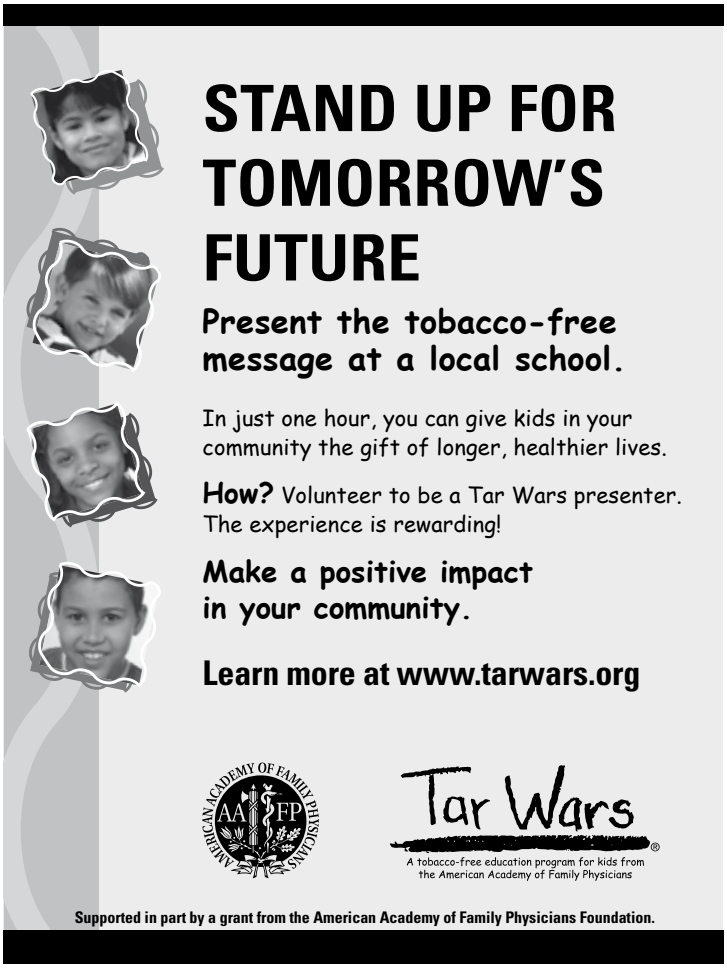
"The PCMH is what we're building for tomorrow," AAFP President Ted Epperly, M.D., of Boise, Idaho, recently told AAFP News Now. "The care-management fee (called for under the PCMH model) will help physicians obtain better payment. It would help make sure they get paid for non-face-to-face service time. The PCMH also would provide patients with more access to us and our expanded team."

Report Details

The foundation based its report, which was released Nov. 18, on survey responses from about 12,000 physicians -- the vast majority of them primary care physicians -- throughout the United States. Those responses illustrate physicians' growing dissatisfaction with the status quo and reflect their concerns about the future of the nation's health care workforce.

- An overwhelming majority of the physicians surveyed -- 78 percent -- said they think there is a shortage of primary care doctors in the United States today.
- Almost half of those surveyed -- 49 percent -- said that in the next three years, they plan to reduce the number of patients they see or stop practicing entirely.

– continued on page 6



To All New Mexico Family Doctors Interested in Decreasing Tobacco Use:

I invite you to take an hour from your busy schedule to teach local 4th and 5th graders about the dangers of tobacco. Join the Tar Wars program to make a difference in the health of upcoming generations.

For more information, visit the website www.tarwars.org

– Antoinette Hayek, M.D., NM Tar Wars Coordinator

Patient-Centered Medical Home Would Ease Burden

(continued from page 5)

- Ninety-four percent said the time they devote to nonclinical paperwork has increased in the past three years, and 63 percent said that the same paperwork has caused them to spend less time with each patient they see.
- Eighty-two percent said their practices would be "unsustainable" if proposed cuts to Medicare payment were made.
- Sixty percent said they would not recommend medicine as a career to young people.

Epperly said the survey findings add credibility to what the Academy and other primary care specialty organizations have been portraying to the federal government, insurance companies and the public about the difficulties that abound in physicians' business and practice environments. The report's findings, he added, could buttress the Academy's advocacy efforts.

ACP President Jeffrey Harris, M.D., agreed that it's important to improve the working conditions of primary care physicians if the overall health system is to remain viable. He pointed to a recent ACP white paper, "How Is a Shortage of Primary Care Physicians Affecting the Quality and Cost of Medical Care?" which warned that if national policies don't change to make primary care more attractive, the supply of primary care physicians will fall even further behind increasing patient demand, resulting in poorer health outcomes, more premature and preventable deaths, and higher costs for care.

"There is compelling data that by increasing the primary care base in the United States, we can lower the cost of health care and improve the quality," Harris said.

The medical home, he added, offers a prime vehicle for providing that kind of enhanced care, especially to the nation's burgeoning population of older patients. "The PCMH would give well-trained internists and Family Physicians the time to spend with patients with chronic health care needs."

Four primary care physicians' groups — the AAFP, the ACP, the American Academy of Pediatrics and the American Osteopathic Association — developed the Joint Principles of the Patient-Centered Medical Home in 2007. The principles recently gained more leverage when they were adopted by the AMA House of Delegates at its interim meeting in Orlando, Fla.

Implementing those principles, Epperly and Harris agreed, would greatly improve physicians' practice environments. ■

Board Notes

November 15, 2008, Flying Star Downtown, Albuquerque, NM

■ Our campaign for electing Rick Madden, MD to AAFP Vice Speaker in San Diego brought our state recognition, but not the office. Rick felt very grateful for the Chapter's support. The process of running for national AAFP office expands the scope of our chapter and brings information and experience back to the state.

■ The Taos Family Medicine Seminar in August was a complete success, one we hope to match in the future. That will require getting out the word to Family Physicians and to supporters even more than before.

■ Several Board members met with our state legislative lobbyist to discuss strategies for the upcoming NM State Legislature in January. We will support expansion of the troubled State Coverage Initiative, help hold Medicaid payment at current levels, and resist efforts to raise the malpractice cap. We are planning to introduce, with the New Mexico Medical Society, a bill to study the feasibility of a pilot of the patient-centered medical home concept for Medicaid in NM. State budgetary constraints will challenge any initiatives in healthcare policy. Dan Derksen, MD, our Board member and President of the NMMS, encourages Family Physicians to attend its interim meeting on healthcare reform, on December 5-6 at Hotel Albuquerque. Registration is online at www.nmms.org.

■ President-Elect Trey Dodson, MD will be moving to Colorado to assume a Residency Director position. The Board will miss him, but wishes him well. The other officers will assume his duties.

■ The Board will send Melissa Martinez, MD as a representative to the Clinical Prevention Initiative Workgroup for Immunizations to assist in improving coverage for New Mexicans.

■ The NMAFP will have its May 2nd Board Meeting in Santa Fe in conjunction with a diabetes conference worth six hours of CME.

■ The NMAFP will support the New Mexico Tar Wars program, headed by Antoinette Hayek, MD.

■ The NMAFP Winter Refresher will be held on February 7th. Our Board meeting will precede it at 5 PM, on February 6th at the Embassy Suites on Lomas in Albuquerque. That will be followed by a celebration of 33 years of excellence in the UNM Family Medicine Residency at the Embassy Suites from 7-11 PM, featuring special recognition of the residency graduates of 1981-1984.

NMAFP 27TH ANNUAL WINTER REFRESHER IN ALBUQUERQUE

February 7, 2009
Embassy Suites Hotel

Trey Dodson, M.D.
Scientific Program Chair

7:00AM – 8:00AM
Past President's Breakfast
Agave Room

7:00AM – 8:00AM
Registration/Exhibits Open
Continental Breakfast
Exhibit Hall

8:00AM – 8:05AM
Introduction & Welcome
Trey Dodson, M.D.
NMAFP President-Elect
Scientific Program Chair

8:05AM – 9:00AM
Prevention of Dementia
Janice Knoefel, M.D., MPH

9:00AM – 10:00AM
EB CME **Diabetes Metabolic and Cardiovascular Health: Diagnosis and Treatment Options for the Family Physician**
Dion Gallant, M.D., FAAFP

10:00AM – 10:30AM
Break – Exhibit Hall

10:30AM – 11:30AM
EB CME **Pathways to Smoking Cessation: Genetics, New and Current Therapeutic Options and Practice Guidelines**
Carol Havens, M.D.

11:30AM – 12:30PM
Colorectal Cancer Screening and Treatment
Rich Hoffman, M.D., MPH

12:30PM – 1:30PM
Lunch – Exhibit Hall

1:30PM – 2:30PM
Preconception Counseling
Erin Lunde, M.D., MCH

2:30PM – 3:30PM
"The Art of Medicine"
Saverio Sava, M.D.

3:30PM – 4:30PM
What You Still Don't Know About Car Seats
Ben Hoffman, M.D.

4:30PM
Drawing for Door Prizes
A raffle ticket included in packet.
You must be present to win.

Friday Night
UNM Family Medicine invites alumni & friends to a celebration of 33 years of excellence!
Special Recognition for Residency Graduates 1981-1984

February 6th 7:00-11:00pm Embassy Suites Ballroom
Live Band, Light Snacks, Cash Bar

27TH ANNUAL WINTER REFRESHER

REGISTRATION FORM, 27th 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 6, 2009**, so please make your reservations before this date. After this date, rooms will be on a space-available basis.

Please mail form and check to:
NMCAAFP 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

Happy Holidays from NMAFP!

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

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

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Albuquerque, NM 87111
505-292-3113 • FAX 292-3259.

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

New Mexico Chapter website address: www.familydoctornm.org

Design/layout: Paul Akmajian

Printer: Susan Valdes, Print Express, LLC