The Roadrunner

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President's Column

By Mario Pacheco, MD

As the current President of the New Mexico Chapter of the American Academy of Family Physicians, I welcome this opportunity to again address you in this newsletter.

As I reflect on the state of our healthcare system, I can't help but think about how many things have changed over the course of my young career – some for the better and some for the worse. But mostly things have just changed without me really knowing if it is for the better or for the worse. If there is one thing that I can be assured of, it is that things will continue to change. I can choose to go about my life and simply accept what is to be, but I know myself well enough to know how I tend to deal with changes that are forced upon me. Resentful is not a great way to go through life.

We are approaching a time in our history when the healthcare system is potentially facing the most profound changes that many of us have seen in our lifetimes. Most of the details of healthcare reform go right over my head, so I would not be of much help in crafting the overall plan. I do, however, know a lot more than some of the hard-working and dedicated people trying to improve our healthcare system when it comes to providing direct patient care to patients and their families, and so do each and every one of you.

If we as Family Physicians remain silent on changes being proposed, we can rest assured that the void will be filled by others who know how to make their voices heard in Washington, D.C. AAFP has done a fantastic job of stepping up to this challenge. However, official policy statements can't compete with the power of a sole community physician taking the time and energy to communicate with his/her legislator about things that he/she cares about. Although it may not be the deciding factor in how my legislator ultimately votes on any given issue, I will probably at least feel better about engaging in the debate.

Then again, it might make all the difference in the world. ■

Rick Madden, MD Announces Run for AAFP Board

By Arlene Brown, MD

I am delighted to announce that the Board of Directors of the New Mexico Academy of Family Physicians has convinced Rick Madden to run for the Board of Directors of the AAFP!

Rick and I went to medical school together, graduating in 1980. I have had the pleasure of knowing Rick, his wife Molly, and their family since starting medical school. Rick is a dedicated Family Physician, an outstanding clinician, and parent. He has practiced in Belen for 25 years, has had the experience of seeing his community hospital closed due to its proximity to Albuquerque, and has weathered the changes in medicine over that transition and all of the chaos that represents American medicine these days. Through it all Rick has remained grounded, focused on the important things in life, like family, community and profession, and has been willing to be involved at all levels.

He has served as editor of our Roadrunner newsletter, has been active at the state level in advocacy (he helped shepherd the medical home pilot project

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25th Annual Multi-State Forum

Twenty-five years ago, a NM Doc by the name of John Casebolt came up with the idea of having a multi-state meeting once a year that would educate the Officers and Leaders of the Chapters. It was a complete success and is still flourishing today with a total of 12 participating chapters. NMAFP is pleased to be presenting the 25th Annual Multi-State Forum at the Grand Hyatt, DFW International Airport on Feb. 27-28, 2010. Dr. Mario Pacheco is the Scientific Program Chair with help from Dr. Sally Bachofer.

Panel discussions, audience participation, and chapter show and tell give the attendees more opportunity to interact with one another. This year, each chapter will have 10 minutes on Saturday to present a "best practices" idea for something that has worked well in their state. On Sunday, each chapter will have 10 minutes to present their status on the major legislative issues in their state.

This Conference has been approved by AAFP for 7.75 Prescribed credits. If anyone is interested in learning more about the Multi-State Forum, please email Sara, familydoctor@newmexico.com.

In this issue...

2009 AAFP Congress of Delegates Report

By Rick Madden, MD

For the first time in over a decade, the AAFP Congress of Delegates met in Boston, in early October. With the prospect of sweeping health care reform in the national spotlight, Boston brought to mind the historic and vigorous origins of our nation's independence.

An AAFP Town Hall on health care reform for all members kicked things off, on the night before Congress began. AAFP leadership, including Jim King (Board Chair), Ted Epperly (President), Lori Heim (President-Elect) and Doug Henley (Executive VP) gave brief presentations, sounding notes of cautious optimism and a few reservations about the pending legislation before Congress. They then fielded questions from the 300 or so AAFP members.

There was considerable skepticism voiced by several participants at the Town Hall because the language in the legislation seemed to leave too much in the hands of the government. What will come out of the legislative debate, and how robust the reform of our health care patchwork will be, remains to be seen at press time.

Another area of controversy at the Town Hall involved the new commercial agreement the AAFP has made with Coca Cola to support AAFP educational efforts to reduce unhealthy eating habits and stem the obesity epidemic. This one-year contract specifies complete AAFP editorial control over the education and use of the AAFP name. Many present at the Town Hall voiced grave concern about the wisdom of the liaison, citing guilt-by-association as harmful to AAFP image and credibility.

The speeches by AAFP leadership at the start of the Congress emphasized the importance of reforming our health care system. Primary care is highly likely to be enhanced by any bill that passes. It is recognized as the foundation of high quality, cost-effective medical care for everyone, and it is also recognized as being vastly undervalued. Speaking for the AAFP, then President Ted Epperly said our approach to supporting reform legislation will be "not what we are against, but what we are for, and what we are for is an equitable health care system for all that values and respects the importance of family physicians in primary care." The AAFP will have to make some concessions for us to be heard in the debate as we seek better payment, improved graduate medical education for primary care, and many other enhancements. Dr. Lori Heim, then President-Elect (now President) acknowledged we are now pursuing relatively incremental reform; but she saw things moving in the right direction overall.

The AAFP Executive Vice President, Dr. Doug Henley argued for the need to rein in health care costs with the argument that "health care only accounts for about 10% of what determines health of individuals and populations." The more money spent on health care, the less there is to spend on the other determinants of health including behaviors, genetics, socio-economic factors and environmental exposures.

Members of New Mexico's delegation gather for dinner in Boston.

Among the many initiatives presented by the 128 Delegates representing the 50 states and territories and other constituencies, the AAFP Congress of Delegates:

Governmental Advocacy

- sent a resolution to the Board of Directors to support the "Medicare Transition Care Act" (HR 2773/ S1295) to help fund more appropriate follow-up care following hospitalization;
- adopted a substitute resolution to support legislative bills that include a primary care physician as director of medical homes, avoiding the original language that specifically excluded non-physician providers as directors of a medical home;
- sent a proposal to the Board for completely reforming patient safety and dispute resolution processes, including medical liability;
- voted down single payer health insurance resolutions in light of progress of current national health reform legislation;
- directed the Board to develop a supportive policy for the Primary Care Extension Program model that would provide advisory services for efficient practice management to medical clinics;

Practice Enhancement

- did not adopt a resolution to disengage the Academy from the AMA Relative Value Update Committee (RUC) that recommends physician payment to CMS;
- deferred to the Board for further study of a policy on GI endoscopy from the American Association for Primary Care Endoscopy, which calls for competence-based credentialing, not specific numbers of procedures;

Education

- directed the AAFP to continue to explore development of CME funding sources free from commercial influence, a modification of the original resolution calling for "totally free from commercial influence," based on the question of whether any external funding source could ever be such;

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- assured that students and residents will be adequately notified of the opportunity (already existing) to serve on AAFP commissions;

Organization and Finance

- adopted Bylaws amendments to expand international membership category eligibility requirements, to retain the delegate seats for the special constituencies until 2015, and to eliminate the one-time dues payment for student members;
- did not adopt a proposal to eliminate satellite symposia at the Annual Scientific Assembly and eliminate all pharmaceutical logos on any materials distributed at AAFP conferences;
- declined to adopt a public statement about the murder of Family Physician Dr. George Tiller this past year, though a letter of condolence was sent to his family;

Health of the Public and Science

- directed the AAFP to continue to ensure continuation of the Tar Wars tobacco avoidance educational program, including finding other funding partners;
- encouraged constituent chapters to address immigrant health care challenges and inclusion in the Patient-Centered Medical Home model. ■

Rick Madden, MD Announces Run for AAFP

(continued from page 1)

legislation through our state legislature last year), and has served on the AAFP Commission on Quality and Practice at a national level. Rick has served as a credible and respected delegate to our Congress of Delegates. He and his wife have initiated and worked in the state campaign to take our children outdoors (and improve their fitness levels).

I am ecstatic that he has decided to run, and hope that our state and region will be equally enthusiastic in supporting Rick in his campaign. Let's all go to Denver next September 27-29, 2010 to cheer him on! ■

4th Annual FM Med Student Reception

2009 FMIG Officers attending the 4th Annual Med Student Reception, L to R Rasha Elmaoued, Kate McCalmont, Rena Singleton, and Haily Lee-Wallace

Once again, the Taj Mahal was filled with medical students eager to learn more about the specialty of Family Medicine. Dr Dion Gallant used a new format at this year's reception, and it was well received by all. A question & answer session brought out many of the myths that med students hear about Family Medicine, giving Dr. Gallant and other faculty members an opportunity to set the record straight. A total of 66 students, residents, and faculty 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 2009 FMIG Officers introduced themselves and shared upcoming events with the group.

Family Medicine Interest Group (left to right):
Ed Merta, UNM staff coordinator,
Rena Singleton (VP)
Rasha Elmaoued (Sec)
Haily Lee-Wallace (Pres)
Kate McCalmont (tres)
Isabel Lopez-Colberg, MD, Ph.D. – UNM FM Faculty, Assistant Director, Third-Year FM Clerkship, FMIG Co-Advisor
Dr. Tiffany Snyder, DO – UNM FM Faculty, Director, Third-Year FM Clerkship, FMIG Co-Advisor

Dear Family Medicine Physicians,

We need your help.

We are the Preceptorship Office at the Department of Family and Community Medicine in the University of New Mexico School of Medicine. We place UNM medical students in hospitals and clinics throughout the state of New Mexico, working with local physicians to develop their clinical skills in a community-based setting. This experience is crucial for the education of our students, who will go on to become the next generation of health care providers for our neighbors, friends, and families.

We need your help to educate the future physicians of that next generation. We know it isn't easy, but it is essential. Your wisdom and knowledge can make an enormous difference to students and their professional development and all the patients who will be in their care.

The Preceptorship Office will be there to support you as a teacher and mentor. We are seeking applications from physicians interested in becoming volunteer faculty with the UNM School of Medicine. Benefits for volunteer faculty include access to UNM's Health Sciences Library and Informatics Center and other libraries, discounts on university cultural and athletic events, and CME credits for precepting (up to a maximum of 40 hours of CME credit per three-year licensure reporting period).

If you would like to learn more about precepting for UNM medical students, please contact Dan Gonzales, Sr. program manager, at DGGonzales@salud.unm.edu, 505-272-6981, or Amy Clithero, Sr. program manager, at AClithero@salud.unm.edu, 505-272-6140.

UNM
SCHOOL of MEDICINE

AAFP Addresses Senate Legislation

AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

The Board Chair of the AAFP recently sent the following letter to Senator Harry Reid, voicing cautious support and several constructive suggestions for the bill currently being debated in Congress. We include it here because of the enormity of the task facing our government in reforming health care and its relevance to Family Medicine and care of our patients.

December 2, 2009

The Honorable Harry Reid
Office of the Majority Leader
U.S. Senate
S-221 Capitol Building
Washington, DC 20510

Dear Senator:

On behalf of the 94,600 members of the American Academy of Family Physicians, thank you for your long-term commitment to health reform in the United States, and for introducing the *Patient Protection and Affordable Care Act*. This is a major piece of legislation that is the result of a great deal of work by you and your excellent staff, and of the Finance and HELP Committees.

We greatly appreciate several features of this legislation, especially the provisions to extend health insurance coverage to as much as 94 percent of the American non-elderly population. Extending coverage to as many people as possible is a basic provision of AAFP's Health Care for All policy and it is an essential part of health reform. In addition, we applaud the legislation's much-needed reforms of the health insurance market, including the requirement for guaranteed issue and renewability; the prohibition on lifetime and annual limits; the extension of dependant coverage to age 26; and the prohibition of waiting periods longer than 90 days. We also note that the provision of the government health plan (the "public option") requires HHS to negotiate payment rates with physicians as any health plan does, and that physician and patient participation is voluntary (Sec. 1323).

Primary Care
We certainly appreciate the legislation's recognition of the value of primary care with the creation of a 10-percent bonus payment for five years for physicians whose health care services are more than 60 percent primary care (Sec. 5501). This is an important step toward signaling to medical students that the nation is committed to investing in primary care. As we have noted in previous communications with the Senate Finance Committee, this provision should be strengthened if it is going to accomplish the task of encouraging more talented medical student to choose the primary care specialties. We have recommended that the bonus payment be made permanent and that it be extended to all Medicare services provided by eligible physicians. In addition, the eligibility threshold should be a more realistic 50 percent of a physician's services in primary care. The Robert Graham Center has estimated that a 60-percent threshold will allow only 59 percent of family physicians to qualify for the bonus, while a 50-percent threshold will allow 69 percent to qualify ("Effects of Proposed Primary Care Incentive Payments on Average Physician Medicare Revenue and Total Medicare Allowed Charges," The Robert Graham Center, May 2009, table 3). The higher threshold disadvantages physicians in rural and underserved areas who are called on to perform a higher percentage of non-primary care services precisely because of the lack of other providers.

The AAFP also appreciates the creation of the Primary Care Extension Program (Sec. 5405), as originally proposed by Kevin Grumbach, MD, a family physician in California. And we believe that the increased authority for CMS to identify misvalued physician services and make appropriate adjustments to the relative value of those services is appropriate and needed (Sec. 3134).

Sustainable Growth Rate Formula
While there are many other provisions of the *Patient Protection and Affordable Care Act* that are commendable, there are a few of the major features of the bill that we would suggest need some improvements. For example, we appreciate the legislation's acknowledgment of the unacceptability of the pending 21-percent reduction in physician payments due to the past actions of Congress which have failed to address the flawed Sustainable Growth Rate (SGR) formula. However, this legislation misses an important opportunity to finally fix the formula. We strongly encourage the Senate to discard this decade-old formula that generates an ever-growing deficit. Continued delay only makes fixing the formula more costly.

Patient Centered Medical Home
We also appreciate the specific authority for Medicaid medical home demonstrations (Sec. 2703) and we believe the Center for Innovation at CMS will be a useful forum to test the medical home model in Medicare (Sec. 3021). However, both provisions are too limited and may jeopardize the validity of the demonstrations. The Medicaid demonstration is limited to "patients with chronic conditions" and the language of the Medicare Innovation Center gives preference to demonstrations of medical homes for "high-need applicable individuals." We have several concerns with these limitations.

In the first place, there are enormous practical and ethical problems with physicians providing different standards of care to portions of their patient population. Therefore, those practices that participate in a medical home demonstration will offer the same care to all of their patients. However, the legislation may specify too few individuals to justify the effort and expense that a physician practice must accept if it is to transform itself into a Patient Centered Medical Home. As a result, too few practices may participate.

In addition, the medical home is particularly effective in providing the prevention and wellness health care that much of the legislation attempts to promote. We believe that the medical home is especially helpful in preventing chronic diseases, as well as managing the chronic diseases that do emerge. But the demonstrations are designed to test only half of the model's real potential. We would strongly recommend the elimination of the limitations on the medical home demonstrations in both Medicare and Medicaid, so that physicians can provide the best possible care to all of their patients.

Independent Medicare Advisory Board
The legislation creates an Independent Medicare Advisory Board (IMAB), which we believe has the potential to become a useful mechanism to address health system costs (Sec. 3403). But it cannot do so if major segments of the health care system, like the nation's hospitals, are exempt from the scope of the IMAB's recommendations. We strongly object to this exclusion of certain segments of the health care system in this manner and urge the Senate to change the legislation to ensure that the IMAB oversight is inclusive of all segments of the health care system.

In addition, we continue to believe that membership on the IMAB should specifically include a qualified primary care physician and a representative of the consumer community. We also believe it

is essential for the recommendations of IMAB to be subject to a public comment period before its decisions become final and before Congress is required to act on them.

Quality Improvement

We appreciate the legislation delaying the effective dates for payment reductions for physicians who do not report quality measures under CMS's Physician Quality Reporting Initiative (PQRI). While we support the use of evidence based performance measures to improve the quality and cost efficiency of care, we strongly recommend against the use of penalties to mandate participation. We should be supporting a culture of improvement in health care quality and not a system of penalties which burden individual physicians. This is particularly the case for the PQRI, since CMS has not yet in our view been able to demonstrate that it can manage this program successfully.

Workforce Development

There is another innovation created by the legislation that could be a valuable mechanism to test effective training methods for primary care residents. The Teaching Health Center is a program to train primary care residents in non-hospital settings, like Community Health Centers, where most primary care is delivered (Sec. 5508). However, it is imperative that the funding for Teaching Health Centers not be drawn from the funds that support Title VII Health Professions Grants, which is the only federal program that supports the education and training of primary care students and residents, and is a linchpin in developing primary care physicians. We strongly urge the Senate to adequately fund both programs rather than pit them against each other.

Your legislation includes several items that support the development of the primary care workforce, including the establishment of competitive grants to medical schools for the development of curricula that integrate quality improvement and patient safety in clinical education (Sec. 3508); creation of the national health care workforce commission (Sec. 5101); the improvement of the primary care student loan program (Sec. 5201); the increased funding for the National Health Service Corps' scholarship and loan repayment program (Sec. 5207); the reauthorization of Section 747 of Title VII training in family medicine program (Sec. 5301); and the distribution of unused residency positions to primary care (Sec. 5503). We appreciate these measures and would encourage increased funding for all of them.

Additional Improvements

We would note that the legislation could be improved by adding some provisions that have been dropped, or that have been suggested by the House, or that have been discussed separately. For example, we recommend that CMS be given authority to pilot test the use of Graduate Medical Education funds for direct support of primary care residencies to find out if there are better methods of teaching primary care physicians. The AAFP also believes the Senate should reinstate the student loan deferment program known as the 20/220 pathway.

We recommend elimination of cost-sharing for preventive health services and strongly believe that the Senate should equalize Medicaid payment rates nationally with those of Medicare as they relate to primary care services. We believe Congress should finally eliminate the anti-trust exemptions enjoyed by the health insurance plans. These exemptions give the insurance companies unfair advantages in negotiating rates with physicians and in coverage decisions for patients.

Finally, the health reform legislation should address the medical liability system in this country. At a minimum, Congress should provide sufficient funding for states to experiment with alternative dispute resolution systems.

Once again, family physicians commend you and your colleagues in the Senate for the many months of deliberations and hard bargaining that have gone into the development of this legislation. The nation cannot continue with the expensive and wasteful health care system that we currently endure. It harms patients and it misspends scarce health care dollars. We greatly appreciate your legislation steering the nation toward a more patient-friendly, primary care based health system; we are convinced such a change will make health care in the U.S. stronger, more effective and more efficient. And we will continue to offer you and your fellow Senators our assistance in passing legislation that will accomplish these important goals.

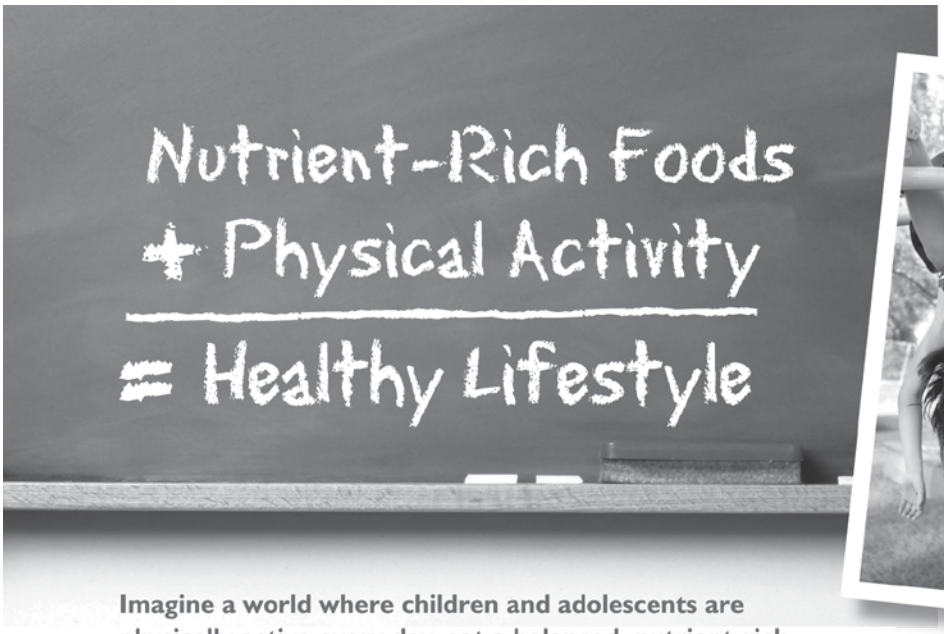
Sincerely,

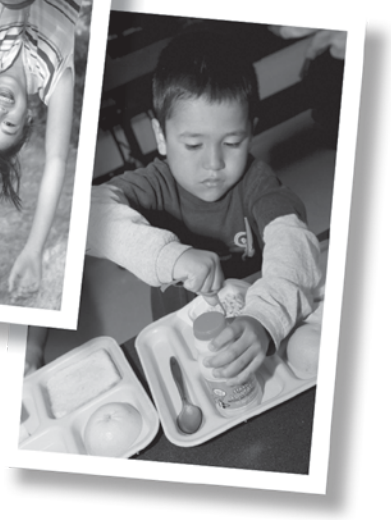
Ted Epperly, MD, FAAFP
Board Chair

BOARD NOTES

November 6, 2009, NMAFP Chapter office

- Our Chapter will be making plans to introduce resolutions at the AAFP Congress of Delegates next September in Denver. Early drafting will lead to opportunities for collaboration with other states.
- Jenny Southard, MD, third year UNM FM resident, served as Reference Committee Chair, and authored several bills at the National Conference of Family Medicine Students and Residents in August. Sally Bachofer, MD and Mario Pacheco reported on a recent visit to Cuba and its education of physicians who intend to practice in underserved areas.
- New Mexico will organize the Multi-State Meeting at the DFW airport in February, moderated by Mario Pacheco, MD and Sally Bachofer, MD. Dan Derksen, MD and Rick Madden, MD, will present our Chapter's best practices and NM legislative issues.
- The Doctor of the Day program that we sponsor and organize will occur again at this year's 30 day NM Legislature in January and February. We will not have a lobbyist this year.
- The NMAFP Chapter will run Rick Madden, MD for an AAFP Board of Directors post next September at the Congress of Delegates in Denver. Linda Stogner, MD will be retiring her Delegate seat; the NMAFP Board elected to give that seat to Dr. Madden. Dan Derksen, MD will continue as Delegate; Melissa Martinez, MD and Dion Gallant, MD will continue as Alternates.
- The Chapter will support the New Mexico Medical Society's Interim Meeting on December 4. State legislative leaders will be invited for dinner. There will also be CME about the Patient-Centered Medical Home and Accountable Care Organization models.
- Medical student applications to New Mexico's residencies are robust this year. Our graduating FM residents choose to remain in New Mexico nearly 100%.
- The next Board Meeting is set for Feb. 5, 2010 at 5:30 PM, in the NMAFP Chapter office, 2400 Louisiana NE.





Imagine a world where children and adolescents are physically active every day, eat a balanced, nutrient-rich diet, and learn lifelong healthy habits. Unfortunately, that is not the world in which today's children live. Far too many grow up in environments where sedentary lifestyles and an excess of nutrient-poor, calorie-dense foods are the norm. Most children and adolescents are falling short on nutrient intake and rates of overweight and obesity continue to rise.

As health and nutrition professionals, how can you help?

Health and nutrition professionals play an invaluable role in developing the kind of environments that make it easier to make healthy choices. Recommending nutrient-rich foods and beverages – like low-fat and fat-free milk and milk products, fruits, vegetables and whole grains that provide many nutrients for relatively few calories – can help children meet their nutrient requirements while reducing consumption of empty calories.

Even more needs to be done.

Beyond your practice, we need your help to educate your colleagues and increase attention and time in assisting schools in a manner that helps them to foster the development of lifelong habits in sound nutrition and good physical activity in each and every student. Schools offer tremendous opportunities to model and teach healthful eating and physical activity, both in theory and in practice.

Nutrient-rich dairy is critical to child health and wellness and to child nutrition programs. Three daily servings of low-fat or fat-free milk, cheese or yogurt provide a nutritionally unique source of nutrients children need for healthy growth and development. As a good or excellent source of nine essential nutrients, milk also supplies the number one source of calcium, vitamin D, phosphorus and potassium in the diets of children ages 2 to 18 and the number one source of protein in the diets of children ages 2 to 11.

In the fight against childhood obesity, we can do more than just teach families how to count calories – we can teach them how to make those calories count by making nutrient-rich decisions at home, at school and on the go.

For more information and tools on how you can impact change within your practice and community, go to www.nationaldairycouncil.org/childnutrition.

NATIONAL DAIRY COUNCIL®

These health and nutrition organizations support the nutrient-rich foods approach, which considers the total nutrient package of a food or beverage, as a way for Americans to build and enjoy a healthier diet by getting the most nutrition from their calories.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

eat right. American Dietetic Association

AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

Action for Healthy Kids™

NHMA National Hispanic Medical Association

NMA Since 1895

SCHOOL NUTRITION ASSOCIATION

NMAFP 28th Annual Winter Refresher in Albuquerque

February 6, 2010
Embassy Suites Hotel

Sally Bachofer, M.D.
Scientific Program Chair

Schedule of Events and Lectures

7:00 a.m. – 8:00 a.m.
Past President's Breakfast
Agave Room

7:00 a.m. – 8:00 a.m.
Registration/Exhibits Open
Continental Breakfast
Exhibit Hall

7:55 a.m. – 8:00 a.m.
Introduction & Welcome
Mario Pacheco, M.D.
NMAFP President
Sally Bachofer, M.D.
NMAFP President-Elect

8:00 a.m. – 9:00 a.m.
"A View from Inside the Health Care Reform Sausage Factory"
Tina Trott, M.D.

9:00 a.m. – 10:00 a.m.
EB CME **"Screening & Treating OAB"**
Geoffrey Leung, M.D.

10:00 a.m. – 10:30 a.m.
Break – Exhibit Hall

10:30 a.m. – 11:30 a.m.
EB CME **"Practical Approaches toward Improving Immunization across the Spectrum of Age-Appropriate Patients"**
Doug Campos-Outcalt, M.D., MPA

11:30 a.m. – 12:30 p.m.
"Starting Insulin: Why? Who? When? Where? What to Teach and What to Avoid"
Kathleen Colleran, M.D.

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

1:30 p.m. – 2:30 p.m.
"STD Update"
Bruce Trigg, M.D.

2:30 p.m. – 3:30 p.m.
"H1N1 Update"
Karen Armitage, M.D.
& Michael Landen, M.D.

3:30 p.m. – 4:30 p.m.
EB CME **"A Family Physician's Guide to Treating Depression in the Minority Patient"**
Felisha Rohan-Minjares, M.D.

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

REGISTRATION FORM, 28th 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/RN (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: (800) 362-2779
E-mail: embassysuitesalbuquerque.com
Website: www.embassysuites.com
A room block will be held until **January 5, 2010**, 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
2400 Louisiana Blvd. NE, Bldg. 2, Suite 101
Albuquerque, NM 87110

New Mexico Chapter
American Academy of Family Physicians
2400 Louisiana Blvd. NE, Bldg. 2, Suite 101
Albuquerque, NM 87110

HAPPY NEW YEAR!

Legislative Update/Call for Doc of the Day Volunteers for 2010 Session

By Arlene Brown, M.D.

Just when you thought it was safe to simply practice medicine, a new attack has presented itself. This year the NM Malpractice Act is under attack (again), and not just by the trial lawyers. As many of you remember, last year the NMAFP partnered with the NMMS and was successful in holding back the proposal to increase the liability cap in this state. New Mexico currently has a malpractice act that pays a separate patient compensation fund, covering past and future medical expenses for any patient who is injured by care in this state (assuming that the practitioner is covered under the act). This allows the state act to maintain a cap on damages, and this, in turn, keeps our malpractice costs to some of the lowest in the country. However, this year the NM Superintendent of Insurance, Mr. Morris Chavez, has proposed that only individual physicians and hospitals or agencies licensed by the state will be covered through the NM Malpractice Act. This means that any of us who have a PC or corporation also (previously) covered by the act are in jeopardy for our personal assets in the event of a suit. We expect that the NMAFP, the NMMS and other specialty societies will need all the help they can muster to overcome this latest challenge to out malpractice coverage.

To help with this and other advocacy challenges, we ask that all willing and interested members sign up to provide coverage in the Doctor of the Day program. This program provides urgent medical care to legislators and their staff during the session. More importantly, the program provides us with credibility and access as we advocate for our members and our patients, whether for health care reform nationally, for continuation of the State Coverage Initiative here in NM, or for continuation of our Malpractice Act, or for other issues yet to be discovered.

A social event will be held for all DOD Volunteers on Saturday, January 9th, at the NMAFP Business Office located at 2400 Louisiana Blvd. NE. Past DOD volunteers will share some of their experiences with the new volunteers, and a list of key legislative issues related to NMAFP will be discussed by all. The 2010 legislative session begins at noon on Tuesday, January 19th and ends at noon on Tuesday, February 16th. Volunteers are not needed on the first and last day of the session.

We ask you to get involved, learn, and get to know your colleagues all at once! To sign up, please contact Sara Bittner at the NMAFP office: (505) 292-3113 or familydoctor@newmexico.com

Free Resource Offered

The Contraceptive Pearls series is a free, monthly email describing best practices to improve contraceptive access and compliance and is an excellent source of contraception information for both seasoned and newly trained physicians. Those interested in receiving this monthly email message can subscribe through our website, www.reproductiveaccess.org. The Reproductive Health Access Project is a nonprofit organization dedicated to ensuring that women and teens at every socioeconomic level can readily obtain birth control and abortion from their own primary care clinicians. Founded in 1999, RHAP helps primary care physicians and other clinicians to make birth control and abortion a part of routine medical care through training, advocacy, and mentoring.

The Roadrunner

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

Editor: Rick Madden, MD
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