



The Roadrunner

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President's Column

By Stephanie Benson, MD

For those of you who joined us for this year's conference in Ruidoso, I would like to thank you for your support. The people who volunteer their time to prepare these conferences are grateful. I apologize in advance if you heard the following already, but I want to reiterate the information I gave during my swearing-in as this year's president. This is not a responsibility I take lightly, and I am grateful and humbled to serve our Chapter and its member physicians.

Let me introduce myself. I am originally from West Virginia, where I attended Medical School and started my Residency. Five years ago my husband transferred jobs and I transferred into the Southern New Mexico Family Medicine Residency Program in Las Cruces. As a Resident I was introduced to our Chapter leadership while holding the position of Resident Representative on the Board. I was simultaneously impressed by the amount being done by the Board and was inspired to become even more active. This is why, when the opportunity presented, I became an officer in our Chapter and have continued to serve on the Board.

I'd like to share some of these things I have seen our chapter accomplish. Just over a month ago we gathered for our annual summer CME conference. This is no small feat and is the product of many volunteers who work diligently to provide a CME opportunity within our state that is enriching and entertaining. In addition to this annual conference, we also put together an annual Winter Refresher.

Our Chapter also supports the Residents, Residency Programs, and Medical Students in our state. Every year our Chapter Executive assists with the organization of New Mexico's aisle of recruiting booths at the AAFP National Conference of Family Medicine Residents and Medical Students in Kansas City. We send a Resident and Student Representative to the both the Resident and Student Congress of Delegates. Residents are brought into the NMAFP Board of Directors as Resident Representatives, which allows for mentoring in leadership and advocacy. We also have a Student Representative on our Board, and we support the UNM SOM Chapter of the Family Medicine Interest Group. Lastly, we helped with the development of the NM Residency Consortium to allow for stronger collaboration between and support of our state's Residency Programs.

On a state advocacy level we have also been busy. Every year our Board manages the Doc of the Day Program that occurs during each State Legislative Session. This program places a volunteer Family Physician in the Roundhouse for almost every day of the session. This physician acts both to render healthcare to those working and visiting at the Roundhouse as well as testifying on healthcare issues, being discussed in committees or on the floor. We also have been able to retain our own Lobbyist, Steve Lucero, who during last session was very helpful in promoting the values of our members and, who I'm sure, will be equally effective in the upcoming session.

Our Chapter has been just as active on a national level. In 2010 your Chapter organized the 25th Annual Multi-State Forum in Dallas Texas, which by the way was started by a New Mexico Family Physician. This Forum allows for twelve Chapters to

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Medical Student's Perspective on the AAFP National Student Conference

By Savannah Bustos

Walking into the conference hall with exhibitors lined as far as I could see, I felt overwhelmed and excited at the same time. Residents and residency program coordinators beckoned at me to stop and talk with them about their programs. I had never seen such a large display of people enthusiastic about Family Medicine and residency opportunities. People from every corner of the United States were both welcoming and friendly, but it was at the New Mexico booth where bright, yellow flags and serapes hung that I felt at home.

The exhibition hall was one aspect of the conference that I enjoyed; however, it was the lectures and workshops where I felt I learned the most. As a third-year student, long hours and studying for shelf exams can make a student forget the true reason they got into medical school—to help others. At the lecture on motivating patients with chronic disease, I was reminded of a doctor's responsibility to empower their patients to make their own changes to improve their health. This outlook on medicine and the role of the physician was a refreshing reminder of the positive impact a physician can have. The seminar on interviewing for residencies offered me insight into what residency

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Saverio Sava, MD, Family Physician of the Year

By Melissa Martinez, MD

Dr. Saverio Sava was selected as the New Mexico Academy of Family Physicians 2011 “Physician of the Year”. According to Dr. Daniel Derksen, “Dr. Sava is an outstanding Family Physician. He has worked in New Mexico for many years — as an IHS physician in Mescalero NM, and these days as the Medical Director of First Choice, seeing patients in the East Mountain area. He demonstrates all the attributes of a Family Physician — outstanding clinical skills; beloved by his patients; popular with the staff and all that work with him; and unrelenting advocate for access to the highest quality primary care. He’s made creative contributions to New Mexico’s health system for all of the years he has practiced here.”

In his own words:

In high school, I thought about becoming a doctor, but my advisor suggested I major in mathematics because I was good at math. After a semester as a math major, I said to myself: “What am I doing?” I knew I wanted to be a doctor, and so I switched to Biochemistry. It was working with people that attracted me to medicine. My father and grandmother were like that — they loved people and wanted to help others. I worked in a supermarket during high school and college; the best part of that job was the chance to interact with people. I had a great time in college and took lots of interesting courses. In my senior year, the heads of both the English and Religious Studies Departments told me I only needed a few more credits to major in English and Religious Studies in addition to Biochemistry. Since I knew I was going on to medical school, I did not take the few additional hours needed for these majors.

I went to Albany Medical School in upstate New York. At the time there were very few Family Practice Physicians on the east coast. I was one of only two students who chose a Family Medicine Residency. In my senior year of medical school people would ask me: “You’re smart, why are you going into Family Practice?” Somehow I knew that Family Practice, which was a specialty that emphasized patient interactions, was right for me.



Dr. Daniel Derksen presenting Dr. Saverio Sava the 2011 NMAFP Physician of the Year Award.

My Family Practice Residency included work at an inner city clinic. I had a chance to do an elective in Ethiopia; but, at the last minute, I could not get a Visa. Instead, I spent my elective time at Mescalero Reservation near Ruidoso, New Mexico. I loved it.

After residency, I went back to Mescalero to work, accompanied by my wife, Connie.

Four years later, Connie’s parents became ill, so we moved back to Rhode Island to be closer to them. I started working in a community hospital, and then I was approached by the Brown Residency Director. He wanted to move the resident training into a community setting and asked me to set up a training site in the community health center. It was exciting to see that education in a community center was so valuable to the residents.

After 4 years, Connie and I moved back to the Southwest — first at Keams Canyon in Arizona and then to the University of New Mexico.

At UNM I had a new opportunity, creating teaching models in community settings. I worked on expanding the number of residents that were being trained at the inner-city South East Heights Clinic. I collaborated with Indian Health Service to develop a continuity clinic at their Albuquerque clinic. I reached out to First Choice Community Health Centers to develop resident training in some of their community clinics. When First Choice opened a clinic in the East Mountains, I knew I wanted to be in on the development of that clinic. I worked

BACKGROUND INFORMATION:

- Grew up in Yonkers, New York
- Married to Connie, 4 kids
- Undergraduate Biochemistry, Manhattan College
- Medical School Albany Medical School
- Residency University of Connecticut

half-time for First Choice and half-time at UNM. When First Choice developed the South Valley Commons, they asked me to become the Medical Director. As Medical Director, I had a chance to bring residents and students into the community to see and learn first-hand about the difference medical care can make to a community. It’s good to train residents in a community setting because they get experience with very sick patients and learn a lot quickly, but also because they become interested in practicing in community health centers and other places where they are needed.

One of the key questions for me has been how do you organize education and community service in a way that each enhance the other? For example, not only has First Choice Clinics been an educational site for students and residents but also for the clinicians who worked there. With assistance from UNM project ECHO, doctors at First Choice have additional training in topics like Rheumatology, Hepatitis C, and Addictions and Behavioral Health in primary care.

I have never had big ambitions or set big goals. I have always just done what feels right to me, and I have been very lucky and happy with how things have turned out. I had a bad accident and am doing better, but it made me reflect on what is important. I care deeply about my family. I love patient care and still see patients 3-4 days per week. I want to continue to practice. I am working on training the next generation for leadership. We need more dialog in our society, which has become polarized. I want to be part of the dialog about health care and the direction that the current changes are taking us. As I tell my students, “it’s a great time to be in health care because we can shape the future.” ■

President's Column (continued from page 1)

meet and collaborate on important issues. We also were privileged to support our very own Dr. Rick Madden in his election to the AAFP Board of Directors. NMAFP sends officers to the AAFP Annual Leadership Forum. Two Delegates, two Alternate Delegates and the Chapter Executive represent the Chapter at the AAFP Congress of Delegates where resolutions, that shape the direction of the national AAFP, are debated and voted on.

I would like to see us, as your leadership, continue to promote and advocate for Family Medicine at UNM SOM. We also need to continue to improve cooperation & coordination between our Residency Programs so that we can improve recruitment and retention of Family Medicine Residents within our state. We need to develop more specific ways that our Chapter can assist solo practice, group practice and employed physicians in NM turn their practices into Patient-Centered Medical Homes. We need to better use information technology and social media for outreach to and communication between our members. We will provide guidance and education to help our members navigate through the changes in healthcare as they happen. Lastly we will be your voice to our State Legislature, National Academy, and Congress so that we

can keep primary care in the spotlight nationally & statewide. We will not let lawmakers, patients, or our members forget that primary care is the solution to our healthcare crisis.

We cannot do all of this without asking something of you. First, stay involved in our Academy. We had an outstanding group of physicians running for office this year. I would love to see this continue. We need interested individuals who wish to serve on committees within both our state and national chapters. You can mentor residents and medical students by offering your time to their education through either precepting, joining us for our annual student reception, or just sponsoring them financially to join one of our conferences. Finally, make donations to FamMedPAC, your AAFP Political Action Committee so that we can maintain a loud voice on Capital Hill.

I thank you for the trust placed in me as I begin my year as the President of your Chapter. I thank you for this opportunity to continue to be a service to primary care in our state. I encourage you to contact me with any concerns you have or opinions on health care matters so we can best represent you and proceed with your words and not our own. This is your academy. I hope to serve you well. ■

Introducing Palliative Care Project ECHO

By Devon Neale, MD

This summer UNM launched the Palliative Care Project ECHO telehealth clinic. Project ECHO (Extension for Community Healthcare Outcomes) is an innovative healthcare program designed to assist primary care providers in treating patients with chronic and complex diseases. During Project ECHO telehealth clinics, healthcare providers present patient cases either by telephone or video conferencing equipment. An interdisciplinary team of UNM specialists and other participants discuss cases and recommend a treatment plan. In addition to receiving assistance in the management of their own patients, healthcare providers greatly increase their knowledge and experience in the treatment of patients with complex illness by participating in case discussions, learning from brief didactic presentations, and accessing evidence-based educational resources.

Hospice and Palliative Medicine became a new medical subspecialty in 2006. The World Health Organization defines Palliative Care as "an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual." The project ECHO palliative care team includes physicians and nurses with specialty training in palliative medicine, social workers, chaplains, pharmacists, and complementary care providers. Cases presented in the palliative ECHO clinic might involve any of the following issues in caring for patients with advanced disease: pain and symptom management; goals of care (reasonable treatment options); communication; determining the patient's prognosis; spiritual, emotional or existential distress; advanced care planning; and ethical issues in patient care. The team at Project ECHO is thrilled to offer this new resource to improve the care of patients with advanced illness living in New Mexico. If you are interested in participating in the clinic or have further questions please contact Lauri Wilson at 505.272.4941 or lauri-wilson@salud.unm.edu ■

2011 Emergency and Urgent Care Course in NM

Emergencies can happen anywhere and they demand dedicated and immediate care. With little time to react, you need to know what works as you evaluate and treat patients.

Learn methods and more in didactic and case-based sessions at the AAFP's 2011 **Emergency and Urgent Care** course, October 19-22 in Albuquerque (Santa Ana Pueblo), NM.

- Learn to prepare effective treatment plans for patients who may require inpatient care or referral.
- Better assess patients in need of musculoskeletal, cardiovascular, respiratory, or neurological care.
- Incorporate emergency plans into your practice.
- Increase your ability to diagnose life-threatening conditions and understand the evidence-based interventions.
- Choose from breakout sessions on respiratory, urologic, and OB emergencies, dementia versus delirium, and pain and sedation.

Don't miss this important CME opportunity. As an AAFP member, you can save \$190 when you register by September 21. Register online now at www.aafp.org or call (800) 274-2237.



2011 National Resident & Student Conference

Resident Congress of Delegates

By Omar Naji, PGY3

This past July, I had the pleasure and honor of being asked to represent the New Mexico Chapter of the AAFP at the 2011 National Resident & Student Family Medicine Conference in Kansas City. The experience was one of the most informative and inspiring of my medical career. Besides the heat and humidity of July in Missouri, there was something else in the air that was truly palpable – a very real energy and excitement for all things Family Medicine. With over 3,000 attendees, 400 exhibitors, over 300 residency programs, and 3 days of lectures, workshops and congressional meetings, there was no shortage of activity and enthusiasm at the nation's largest meeting for residents and students of any medical specialty.

Highlights of the meeting include lectures on medical topics such as evaluating injuries of major joints, getting involved in international relief work, and an excellent presentation on what every student/resident needs to know when considering practicing obstetrics as a Family Physician. There were workshops on suturing skills, interpreting EKGs, negotiating job contract and other practice management pearls.

In addition to education there was business for the National Congresses of both students and residents. With all the changes in medicine being proposed on the national level, there was plenty to talk about in the business meetings. Issues varied from making a stand on the RUC, hosting an annual walk/run event at the national conferences to promote fitness, to simplifying the accreditation process for foreign medical graduates.

One of the most discussed and controversial resolutions, which did pass, was one to ask the Academy to work with state pharmacy boards to incorporate changes in vaccine policy such that better communication with patients' PCP's would take place when pharmacies provide vaccinations other than influenza (Laws in some states allow pharmacies to administer vaccines, which could improve compliance, but also creates gaps in the medical history documentation.)

One resolution that was also controversial and did not pass would have had the Congress recommend the AAFP withdraw from the RUC unless the recommendations put forth by the

AAFP were implemented. While the discussion proved that many residents had passionate feelings about the RUC, mostly dissatisfaction with regards to reimbursement for primary care, the consensus was to not withdraw at this time, noting that some representation, regardless to what extent it is considered, is still better than no representation at all.

I have only mentioned a handful of the many insightful things I had the fortune to learn during this conference. The biggest les-



Kristen Widmer, MD, 3rd year Resident, and Rose Gonzales, Santa Fe Residency Program, manning one of the NM Booths at the Resident & Student Conference this past July in Kansas City.

son I learned, though, is that Family Medicine is alive and well, and very well represented on the national level, and residents and students have a major voice in these most timely of issues. On a personal level, I only wish I had become more involved earlier (this was my first national conference). Learning about the Congressional processes, the resolution writing, leadership opportunities, and overall discussions taking place on a national level was an invaluable experience.

This, combined with the first class medical lectures, the opportunity to meet wonderful people in Family Medicine from all across the country, meet with recruiters from nearly every corner of the nation, all reminded me of what a great feeling it is to be in Family Medicine right now. There is a very real need for us in this country. It is a true privilege to be able to provide the services that we do, and be a real voice for shaping healthcare in this country. I encourage any student and resident, who is able, to attend the conference and get involved as early as possible, and I thank the New Mexico Academy for allowing me the honor of representing our chapter! ■

strengths empowering my patients to peruse a healthier life.

The conference was a great experience and getting a scholarship is what made it possible for me to attend. I would like to thank the New Mexico Academy of Family Physicians for this wonderful opportunity. ■

Student Congress of Delegates

By Raquel Tello

I had the honor of serving as the NMAFP Student Delegate again this year at the National Conference of Family Medicine Residents and Medical Students in Kansas City, MO. It did not disappoint. Once again I was invigorated by the energy and enthusiasm that was abound. It was great to take the delegate seat and represent New Mexico again. I had the opportunity to catch up with delegates from other states, that were there last year, as well as meet new ones.

The topics presented at the Congress were as varied as the people that represented them. A few of the resolutions that were submitted were: establishing a single payer task force, supporting a four-year Family Medicine residency, declaration of support by the AAFP for Planned Parenthood, credentialing and equal payment of Family Physicians for colon cancer screening, and not renewing the AAFP's contract with the Coca-Cola company. In fitting with Congress tradition, there were particular resolutions which were presented that prompted heated debate. It was great to hear representatives from both sides present their cases and on the last day, I got the opportunity to vote for, or against them in the final session.

Aside from the excitement of resolution hearings and Congress sessions, there were also the events that were hosted by the AAFP. They hosted an evening social at one of the local venues, as well as a great concert at the historic Midland Theater, where we listened to a cover band play for hours. People were dancing and having a great time.

One of the things that I found overwhelming and difficult to handle were the different residency booths. Last year when I attended during my second year of medical school, I wandered through the aisles of booths and talked to people and programs with the idea that this was something I did not have to think about now. However, this time, I had the daunting realization that the time is indeed approaching, and before long I will have to choose where I want to go and the type of residency program I want. The booths were diverse and varied in many ways that had never occurred to me before. There is so much variety within an individual Family Medicine residency and the types of practices one can have when their training is complete. While it left me feeling incredibly overwhelmed, it also left me with a sense of purpose.

I am happy to have been afforded the opportunity to represent New Mexico again; and, as it did last year, it leaves me feeling excited about school and completing my studies. There is a small glimmer of light at the end of the tunnel, and I am happy to see it growing stronger. ■

Medical Student's Perspective

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programs are looking for and what to say when the illusive question, "What are your strengths and weaknesses?" is asked. I had the opportunity to reflect on my qualities as a physician and person, with the goal of making one of my

Ruidoso wrap-up

By Sally Bachofer, MD

Can you believe it....54 years? On July 17th we concluded the 54th Annual Family Medicine Seminar in Ruidoso. It was wonderful to share an educational and enjoyable interlude with such dedicated folks from throughout the Southwest. The number of registrants, despite economic hard times, is a tribute to our member's ongoing commitment to excellence in clinical care. The enthusiastic presence of families and the ongoing tradition of providing family-friendly activities speak to how well we balance professional obligation with personal fulfillment. The upbeat expertise of

the staff who supported every minute of every presentation and activity makes such a monumental undertaking actually fun! And last but not least, we are so very fortunate to have the incredible energy and expansive knowledge and skills of Sara Bittner who truly makes this fabulous conference happen. I guess it is just the "Family Medicine" way of getting the work done and done right....together doing what we know is best for our profession, our patients and our communities. Thanks to all of you who came to Ruidoso in 2011....we'll plan on seeing everyone in Taos in 2012!



Dr. Jeff Cain, AAFP BOD, presenting Dr. Stephanie Benson the President's Plaque shortly after induction.



Dr. Sally Bachofer presenting one of two President's Awards to The UNM Medical-Legal Alliance. Accepting this award, Mike Norwood.



Dr. Sally Bachofer presenting the second President's Award to the Native Health Initiative. Accepting this award, Alicia Hidalgo, Candice Lovato and Heather Greene.



Linda Gregory, artist and creator of the Arts & Crafts Program held each year at the NMAFP State Conference.

A Special thanks goes out to Montañas Del Norte Area Health Education Center in Las Vegas, NM for their continued support of NMAFP CME Activities. Thanks also to the vendors that participated in our Ruidoso, 2011 Conference: 377th Medical Group; AMTA-NM; Auxilium; Availity, LLC; Centers for Medicare & Medicaid Services; Envision New Mexico; Greater Albuquerque Medical Association (GAMA); Mesilla Valley Hospital; Mitchell's Silver & Turquoise; NM Health Information Regional Extension Center (NM HITREC); NM Health Resources; Pfizer, Inc; Presbyterian Healthcare Services in Albuquerque; Presbyterian Medical Services in Santa Fe; SED Medical Laboratories; SilverTree Health; The Doctors Company; UNM/SOM Family & Community Medicine Preceptorship Department; UNMMG Locum Tenens; and US Army Medical Recruiting.

2011 Chapter Service Award Given to Dr. Mario Pacheco

By Melissa Martinez, MD

Mario F. Pacheco, M.D was awarded the Chapter Service Award for 2011. This award is given to someone who has provided exemplary service to the Chapter. Mario was elected as Vice President of the Chapter in 2009. Usually the Vice President gets to serve as a Chapter officer for a few years before becoming the Chapter President. Due to some unexpected vacancies, Mario was asked to assume the role of President two years before most officers do. According to Sara Bittner, Executive Director of the New Mexico Chapter of the AAFP, "Mario jumped into the role; and, even though he did not have the benefit of experience on the Board, he did an outstanding job! He was the Scientific Program Chair for the 2010 Annual NMAFP Conference in Taos and took on the extra task of Scientific Program Co-chair for the 2010 Multi-State Conference in Dallas, TX. He bailed the Chapter out of a big void." Dr. Pacheco served as the Board Chair of the New Mexico Academy of Family

Physicians from July, 2010 to July, 2011.

Dr. Pacheco is a Board Certified Family Physician. He is the founding Director of the Northern New Mexico Family Practice Residency Program, a rural residency training track in Santa Fe that is made possible through a partnership between Christus St Vincent Regional Medical Center, La Familia Medical Center and the University of New Mexico School of Medicine. He is also the Executive Director of the Center of Excellence for Hispanic Health at the University of New Mexico Health Sciences Center. A 1986 graduate of the University of New Mexico School of Medicine, Dr. Pacheco completed his residency in Family Medicine at the University of New Mexico Department of Family and Community Medicine. He completed a one-year Fellowship in Health of the Public at UNM and subsequently worked as a staff physician at La Familia Medical Center for 10 years. He is a diplomat and a fellow of the American Academy of Family Physicians.



Dr. Mario Pacheco accepting the 2011 NMAFP Chapter Service Award from Sara Bittner.

In 2000-2001 he was a Robert Wood Johnson Health Policy Fellow and served in the office of United States Senator Jeff Bingaman. He subsequently worked for the New Mexico Department of Health until July, 2002 when he resumed the residency directorship at Christus St. Vincent Hospital in Santa Fe. He is a past president of the New Mexico Hispanic Medical Association. His main professional interest is improving health services access for rural and uninsured families in New Mexico. ■

For the Love of a Dog: Lessons on Dying

By Stephanie Benson, MD

My daughter has been wearing a collar around her neck for weeks now. Its sounds strange, but she is doing it in her grief. It is a testimony to her love of a friend who is no longer present to lick her face and sleep at her feet.

When she was three years old we brought home two dogs. They were siblings. We had two children at the time; our daughter, as I mentioned, was three, and our son was eight. We naturally chose two puppies, one male and one female, to the enjoyment of our kids. Our son named the male “Sparky” because that was a “good dog name” and our daughter named the female “Olivia” after a popular children’s book character. They drove us crazy through the puppy years chewing up countless shoes and learning to be house broken, but they very quickly became members of our family.

Sparky was, as I tell people, a great “kid’s dog”. He loved being outside and going camping. He caught Frisbees, and he would play fetch, literally, until he dropped. When he began to get sick, we knew something was wrong because he moved slower, breathed heavier, and quit running with the same excitement he once had. When we took him to the vet we were shocked that our dog, only seven years old, had masses of various sizes throughout his lungs.

Over the next six weeks we tried, with the help of our “primary” vet, to figure out the cause as we hoped what we found would be easily treatable. Being a physician it was difficult not to dive in, educating myself on dog illnesses in order to determine the cause. Our first thought was malignancy; but, he was young, and there was no primary so we kept hoping for some other cause, knowing that malignancy like that was going to be fatal. We tried treating various infectious etiologies including bacterial and fungal, but we were shooting in the dark. We then looked to a vet in El Paso who could do a biopsy procedure which would give us the answer we needed so we could make decisions we knew would be difficult.

After two failed attempts at biopsy, one resulting in a pneumothorax, we decided he had had enough. During this time we watched him lose weight and

temporarily lose the ability to walk, so much so my husband had to carry him outside. We watched as this once very active dog took all his remaining energy to still wag his tail when we came in the room. We would lift him each night to the foot of our daughter’s bed where he had been sleeping for years, and I would go to bed wondering how we might find him in the morning. In the end, we chose to keep him home with us till the end, quit torturing him with procedures, and keep him comfortable and functional as long as possible.

During this experience several things became very clear to me. First, Sparky wanted to be home. Sparky knew that he was most comforted, not from the IV’s and pain medicines at the Vet office, but by the people who loved him and the surroundings that made him feel safe. Second, there came a point where our pursuit for healing and answers compromised his remaining quality of life. When I picked him up after the last attempted biopsy, he was scared and breathing heavy and looked at me with “are we done now?” eyes that broke my heart. I decided then that we would not put him through another procedure; so, when the pathology came back inadequate for interpretation, I had no difficulty in saying no to another. Lastly, it is best to draw your last breath, if you know that it’s coming, in the place you feel safest. Those last few days he was happy and curious and more full of energy than he had been in weeks. It was just after July 4th. He had barked and bitten at fireworks and eaten hamburgers with the best of them. Two days later, my husband went to give him his morning medicine and found him in his kennel, his safe place, calm and quiet and passed from this world.

Of course this was hard on our family; and, of course, I cannot liken this grief to the grief someone may feel over the loss of a father or mother or sibling or child; but, I can look back on this and see things that Sparky taught me about caring for my dying patients. First, if they wish to be home, we should try to

make that happen. Second, help them say enough is enough and know that they have the right to do so. Third, make their last breath as peaceful as possible. Hospice helps me do all three.

I cannot say enough good things about hospice. I am grateful for the support they provide me as a physician and the care they now provide to my terminally ill stepfather. I would implore you as physicians to make hospice as much a part

of your health care team as any physical therapist, pathologist, or subspecialist. In the end, it is our duty to care for our patients in dying as we do in living. They and their families look to us for guidance and support; and, if we shy from that because it is uncomfortable, we do them a disservice. Hospice is our assistant. Get to know your local hospice agencies. Ask them to come educate you and your staff on end of life issues and get hospice involved in your patient’s care earlier rather than later. They can not only offer in-home or in-facility care and support, but they can also guide you in choosing medications for comfort and pain control and assist families in dealing with grief. They can even help patients clearly document their wishes so they are known when they can no longer easily state them.

So tonight my daughter finally took off Sparky’s collar and, with tears, hung it on the corkboard on the wall in her room. Our more stoic son has cried his tears too, and our family has said goodbye to our friend. I am so thankful to Sparky for loving my kids and running after every stick and ball with such excitement that I can still see the smiles on their faces; and, at the end, I am surprised but grateful for the lessons he taught us in dying and letting dying happen. ■

For more information on hospice contact:

- American Academy for Hospice and Palliative Medicine
- National Hospice and Palliative Care Organization
- New Mexico Association For Home and Hospice Care



NMAFP 30TH ANNUAL WINTER REFRESHER IN ALBUQUERQUE

Saturday, February 11, 2012, Embassy Suites Hotel

Dolores Gomez, MD - Scientific Program Chair

(Watch for more information in your mail box and on our website: www.familydoctornm.org)

7:00 a.m. – 8:00 a.m.	Past President's Breakfast Agave Room	10:30 a.m. – 11:30 a.m.	"Prevention of Falls" Carla Herman, MD, MPH
7:00 a.m. – 8:00 a.m.	Registration/Exhibits Open Breakfast - Exhibit Hall	11:30 a.m. – 12:30 p.m.	"Mental Health Screening in the Primary Care Office" - John Genrich, MD
7:55 a.m. – 8:00 a.m.	Introduction & Welcome Dolores Gomez, MD Scientific Program Chair	12:30 p.m. – 1:30 p.m.	Lunch – Exhibit Hall
8:00 a.m. – 9:00 a.m.	"Elder Investment Fraud & Financial Exploitation" - Melvina McCabe, MD	1:30 p.m. – 2:30 p.m.	"Physical Abuse" - Arne Graff, MD
9:00 a.m. – 10:00 a.m.	"Cardiac Testing" (AAFP Chapter Lecture Series) - Brian Crownover, Col, USAF. MC, MD, FAAFP (supported by an educational grant to the AAFP from Astellas)	2:30 p.m. – 3:30 p.m.	"Update in Gout Management" Louis Kuritzky, MD
		3:30 p.m. – 4:30 p.m.	"Border Health 101" - Paul Dulin, MA
		4:30 p.m.	Drawing for Door Prizes A raffle ticket will be included in your packet. You must be present to win.
10:00 a.m. – 10:30 a.m.	Break – Exhibit Hall		

New Mexico Chapter American Academy of Family Physicians • 2011-2012 Board Members

Past Board Chair

Northern NM Residency Program Liaison

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Want to see what advice Arlene Brown and her IT-guru son gave about smart phones? ...Go to the NMAFP Facebook page.

BOARD NOTES

July 16, 2011

■ Information from National BOD

Dr. Jeff Cain, AAFP, BOD, gave the Board an update on AAFP affairs. Membership just topped 100,000, and the AAFP is a growing national organization. The highest percentage of US Grads matched in FM in the last decade at the 2011 Match. Dr. Cain reviewed the 4 priorities of the Academy - advocacy, practice enhancement, education, and health of the public.

■ **Announcements:** The Board thanked Dr. Rick Madden for his generous donation to the Chapter. The Board thanked Dr. Vaillant and her husband, David, for their hospitality in hosting a get-together for Board Members, residents and families.

■ Annual Leadership Forum, KC, May 5-7:

Drs. Bachofer and Benson attended and brought home a list of ideas for the Chapter and feel that officers would derive benefit if they attend ALF.

■ Follow-up letters from the last Board Meeting:

Letter of Congratulations to Dr. Roland Sanchez

Letter of Appreciation to Memorial Medical Center for their support of the Winter Refresher

Letter of Appreciation to Ed Merta for his help with the UNM Med Students

■ **Ruidoso Conference:** Dr. Bachofer reported an attendance of 145 for the Ruidoso Conference with 22 vendors.

■ Med Student Reception, September 23rd:

The reception will be held at the Embassy Suites with practicing physicians at each table to facilitate informal discussion. At the beginning of the evening, Stephanie Benson (Las Cruces) and Chris Camarata (UNM Faculty), will speak about why they chose and continue to be passionate about Family Medicine.

■ Winter Refresher Update, Feb. 11, 2012:

Dr. Dolores Gomez, Scientific Program Chair for the WR, has completed her program! Dr. Gomez informed the Board that Memorial Medical Center will again be a supporter for the WR Conference. The CME Committee will brainstorm about a discount for attendees paying for the next conference at the current conference.

■ **AAFP Conference in Albuquerque:** The AAFP will present a conference on "Emergency and Urgent Care" at the Tamaya Resort & Spa, October 19-22, 2011.

■ **Resident Report:** Dr. Kristen Widmer, Northern NM FM Residency, gave a report on the Resident meeting at the Ruidoso Conference. The logistics of each of the 4 programs and how they were different were discussed. The Social Media Group was reviewed. A report of how many graduating Residents that will remain in NM was also given. Dr. Omar Naji, Southern NM FM Residency, suggested that someone from NMAFP visit each Residency Program and give a presentation about the benefits of AAFP/NMAFP membership. A motion to plan the Residency visits during the Feb. 10, 2012 Board Meeting passed. The Resident & Student Committee will bring draft dates for the visits to the November 5, 2011 meeting. It was determined that the job postings from the Ruidoso Conference should be posted on the NMAFP website.

■ **Student Report:** Jesus Tafoya, FMIG President, gave a report to the Board about the current activities of the group. Two informative lunch presentations were held. Candice Lovato has been active in helping get the food organized for the lunch meetings. Jesus informed the Board that Alisha Hidalgo is the FMIG contact for the Tar Wars Program. Med Students have been giving talks to fourth and fifth grade students throughout Albuquerque. Alisha is also in charge of the Medical STARS Program and has been talking to students here in Albuquerque. Jesus is from Las Vegas, NM and plans to visit with students in his home town and share with them the benefits of going into Family Medicine.

■ **Legislative Liaison:** The Board voted to retain Steve Lucero as Legislative Liaison for the 30-day legislative session in 2012. The Board would like Mr. Lucero to use time before the session to lead a Legislative Training Session for interested members and residents. Mr. Lucero will be invited to the next Board Meeting.

The Board requested that Arlene Brown and Sally Bachofer bring suggestions on how to improve the Doc of the Day program to the next Board Meeting.

■ **Chapter History Booklet Update:** Dr. Dan Derksen gave background information on the Chapter History Booklet, written by Mike DuPont in 2007. UNM Press is very interested in doing an electronic version of the book. We would have an opportunity to add on folks as they go through the different officer positions. It would be a "living history" of our Chapter. At some point Dr. Derksen thinks NMAFP should budget to keep the history current.

■ Committee Reports:

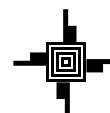
Legislative Affairs - Dr. Rick Madden encouraged individuals to contribute to FamMed Pac, Family Medicine's Champion in Washington, D.C. Dr. Derksen stated how beneficial it is to the political initiatives involving Family Medicine.

Resident & Student Affairs - Dr. Lourdes Vizcarra reviewed the Med Student reception with the Board. The Medical Students will receive an invitation by email as well as a hard copy. Having a Bulletin Board with job postings at both of our conferences each year was discussed and approved by the Board. The daily Arts & Crafts activity for children and parents has been very well received, and some have asked how they can make a donation for the supplies. It was determined that a donation jar will be placed in the Arts & Crafts room in the future.

CME Committee: Dr. Sally Bachofer, Chair of the CME Committee, will work with Melissa Green (NMCAAFP work-study student) to enter speaker information on a user friendly spread sheet that can be accessed by planning committees via Google Docs.

Emeritus Committee: It was determined that restructuring of the Emeritus Committee will be discussed at the November 5th Meeting.

Dates for Future Board Meetings 2011-2012: November 5, 2011, February 10, 2012, April 21, 2012, and August 4, 2012



2011 New Mexico Tar Wars Poster Winner. Tychelle and her mother stand by Tychelle's poster in the "Parade of Posters" at the national Tar Wars Conference in Washington D.C. Tychelle represented New Mexico at the Tar Wars Conference, where one youth winner from each state was picked to attend. Her poster was titled, *Breathe Tradition, Not Addiction* and was the only one at the conference that incorporated traditional tobacco.

2011 New Mexico Tar Wars Poster Winner

Tar Wars, a national program to teach 4th and 5th grade students about the harms of smoking, holds a poster contest where youth create anti-smoking advertisements. In NM, a partnership called the Native Health Initiative (NHI) helps the NMAFP run the Tar Wars program and poster contest. NHI has added a twist to the program, incorporating the traditional/ceremonial/medicinal ways that tobaccos are used into an anti-smoking curriculum.

"When we hear educators talk about being tobacco-free, as Dine' and as Indigenous people, we may be confused, since traditional tobaccos are so important to us as people," comments Shannon Fleg (Dine') who is a health educator with NHI who came up with the *Breathe Tradition, Not Addiction* campaign.

"We decided to take a big step this year and work on getting our poster winners to receive bigger recognition for their work," says Andrew Goumas, an NHI Coordinator who helps coordinate the Tar Wars NM program.

Tychelle and her mother, Melinda Herron worked for months to fundraise to make the trip to D.C. possible, receiving donations from many in the Ramah community. "We received bundles of wood, leatherwork and lots of other donations that we used to fundraise for the trip," says Melinda. "It was a chance for Tychelle to get on a plane for the first time, and to see our nation's capitol, and we were going to do whatever it took to make it happen for her." ■

Adding Chocolate to Milk Doesn't Take Away Its Nine Essential Nutrients

All milk contains a unique combination of nutrients important for growth and development. Milk is the #1 food source of three of the four nutrients of concern identified by the 2010 Dietary Guidelines for Americans: calcium, vitamin D and potassium. And flavored milk contributes only 3% of added sugars in the diets of children 2-18 years.

5 Reasons Why Flavored Milk Matters

1 KIDS LOVE THE TASTE!

Milk provides nutrients essential for good health and kids drink more when it's flavored.

2 NINE ESSENTIAL NUTRIENTS!

Flavored milk contains the same nine essential nutrients as white milk - calcium, potassium, phosphorus, protein, vitamins A, D and B₁₂, riboflavin and niacin (niacin equivalents) - and is a healthful alternative to soft drinks.

3 HELPS KIDS ACHIEVE 3 SERVINGS!

Drinking low-fat or fat-free white or flavored milk helps kids get the 3 daily servings* of milk and milk products recommended by the *Dietary Guidelines for Americans*.

4 BETTER DIET QUALITY!

Children who drink flavored milk meet more of their nutrient needs; do not consume more added sugar or total fat; and are not heavier than non-milk drinkers.

5 TOP CHOICE IN SCHOOLS!

Low-fat chocolate milk is the most popular milk choice in schools and kids drink less milk (and get fewer nutrients) if it's taken away.

Dairy MAX



www.nationaldairyCouncil.org/childnutrition

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*DAILY RECOMMENDATIONS - The 2010 Dietary Guidelines for Americans recommends 3 daily servings of low-fat or fat-free milk and milk products for those 9 years and older, 2.5 for those 4-8 years, and 2 for those 2-3 years.

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AAFP Board Update: The RUC and Our Plans

By Rick Madden, MD, AAFP Board Member

Primary care has been receiving steadily increasing attention over the past two years as a key to improving value in health care. Because the AAFP has been developing relationships with government and business that influence decisions about how to finance and influence health care, many are very interested in our services to patients and communities. With that in mind, the Board of Directors of the AAFP took a definitive step this summer to improve Family Physicians' foundational role in health care.

You may have read about it. We sent a letter to the only group that advises the Centers for Medicaid and Medicare Services, the AMA's Relative Value Update Committee, outlining changes in the group's composition and transparency that would lead to a much more balanced payment system for primary care. We also set a firm deadline for the changes, March 1, 2012. At that point, we will examine whether to stay in the RUC as a member, or move on.

The AAFP Board went further. We have put together a Task Force to explore the development of alternative methods for valuing pri-

mary care services in the current fee-for-service environment. In addition to representatives from the AAFP, the Task Force will include representatives of other primary care groups, health policymakers, researchers, consumers and employers. We are confident the work of the Task Force will be used to more fairly pay FPs for our cognitive work for our patients, in our offices and hospitals.

This pair of assertive steps hold great hope for the future well-being of our practices, large and small, rural and urban. It has been uplifting to contribute to this Board initiative on behalf of you and all our patients. The clock is ticking on the RUC decision. More to come.

In fact, please see the article just published in the AAFP News Now, August 23 for a report of the first meeting of the Task Force (<http://www.aafp.org/online/en/home/publications/news/news-now/government-medicine/20110823taskforcemeet>). It has begun. ■



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