The Roadrunner
NMAFP
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# President's Column: Not For A Soak In The Tub

By Stephanie Benson, MD

You are called to admit a 30 year old patient from your local ED. He was brought in by family for bizarre behavior. You find the patient agitated, tachycardic, delusional and, at times, violent. Lab work shows a metabolic acidosis, extremely high CK, and elevated liver transaminases. The patient admits to ingesting a white powder earlier that day. This young person ends up admitted in the ICU with rhabdomyolysis, psychosis, and acute hepatitis.

I wish that such cases were uncommon, but unfortunately I have seen too many like this hypothetical case in the last year due to ingestion of "bath salts." These substances, whose primary active ingredient is methylenedoxypyrovlerone (MDPV), are now listed as controlled substances in Sweden, Denmark, Ireland, United Kingdom, Germany, Australia, Finland, Israel, and Italy following reports of related injuries and deaths. In the U.S. this substance is currently controlled in eleven states. New Mexico is not one of them.

MDPV is in a class of drugs called synthetic cathinones, based on a substance found in the plant *Chata edulis*. This substance has amphetamine and cocaine like effects, and in some circles, is referred to as "legal cocaine." These cathinones have mixed effects and work by inhibiting the reuptake and stimulating the release of norepinephrine, serotonin, and dopamine. They can be snorted, ingested, or even injected and carry street names such as "Ivory Wave", "Snow", "Vanilla Sky", "Blow", "White Rush", "White Lightening," and "Hurricane Charlie". These are sold and labeled as "bath salts," "plant food," or "plant fertilizer." They are sold in "head shops," tobacco outlets, or online and stay away from scrutiny by the FDA by carrying labels which state "not for human consumption."

Specific findings of toxicity may include tachycardia, hypertension, hyperthermia, paranoia, delusions, hallucinations, panic attacks, severe agitation, rhabdomyolysis, abdominal pain, vomiting and even renal and hepatic failure. Treatment is supportive in nature, including the use of benzodiazepines for agitation, IV fluids, and sometimes temporary use of antipsychotics.

In the May 20, 2011 Morbidity and Mortality Weekly Report (MMWR) the CDC reported data on 35 patients who had ingested "bath salts" and presented to the Marquette County ED from November 13, 2010 through March 31, 2011. The most common signs and symptoms at presentation were agitation, tachycardia, and delusions/hallucinations. Of the 35, 17 were hospitalized, 15 were treated and released, 2 left AMA, and one was dead on arrival. Of the hospitalized, 9 went to the ICU, 5 to the medical floor, and 3 to the psychiatric unit. These cases included patients with rhabdomyolysis and one with liver failure.

"Through March 22, 2011, poison control centers representing 45 states and the District of Columbia had reported receiving telephone calls related to "bath salts" in 2011." They go on to say, "By April 6, centers had already received five times more "bath salts" calls in 2011 than in 2010."

We need to remain up to date on these substances that pose a threat to our patients and our communities. Be aware of the signs of toxicity and report to poison control any ingestions requiring hospital or ED evaluations so that we may better understand the toxicities of these substances and document their

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# What are other states doing? State Legislative Conference in SLC

By Rick Madden, MD

With so much happening in health care, getting together with other Family Physician leaders in Salt Lake City on November 4-5 provided a great chance to keep up with what states are doing.

Melissa Martinez, Dan Derksen and Rick Madden attended and learned about challenges to Medicaid funding. Threats of slashing much needed services are coming up in every state as a result of budget cutbacks at the state and federal levels. Innovation may help mitigate some of those cutbacks, with PCMH programs bringing higher value. Oregon's list of prioritized diagnoses for benefit design and management continues to demonstrate provision of needed care to many more residents of the state than previously possible. The question was asked: why aren't more states using this model?

A panel on end of life care in public policy emphasized the role Family Physicians can play in providing compassionate and appropriate care for patients, improving their lives and honoring their wishes. Keeping those principles foremost in mind actually saves

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## *In this issue...*

## Derksen Appointed Director of Health Care Reform

By Drs. Melissa Martinez and Dan Derksen

"It's like doing an executive branch internship - steep learning curve, long hours and extremely interesting," Dan Derksen reports on his new position. In August 2011, Governor Susana Martinez appointed Derksen Director, New Mexico Office of Health Care Reform. Affordable Care Act provisions [Sections 1311(b) and 1321 (b)] call for states to set up a health insurance exchange beginning in 2014, or let the Federal government do it. Exchanges are not new. Two states – Utah and Massachusetts – demonstrate very different approaches to creating an exchange to allow individuals and small businesses to purchase private health insurance.

Utah's model allows small businesses to contribute a defined benefit for their employees to purchase health insurance on an exchange. Massachusetts provides private insurance choices for individuals as well as businesses to choose plans on their exchange, allowing any willing insurer to participate. The scale is different – Massachusetts has over 200,000 enrollees, while Utah has less than 5,000. Neither conform with ACA statutes.

"One of my first activities was to apply for a Level 1 Health Insurance Exchange establishment grant at the end of September." New Mexico does not want the Federal government to set up an exchange for the state. New Mexico's exchange intends to initiate public-private sector partnerships and adopt market-based tools to help individuals and small employers purchase health insurance policies.

In 2014, it is estimated that 50,000 uninsured New Mexicans will receive advanced tax credit premium subsidies and purchase private health insurance on the exchange, roughly half by individuals and the others by small businesses (<100 employees). By 2020, if the Supreme Court doesn't throw out the tax mandate and unravel the funding for subsidized premiums for those between 133 and 400% of the Federal Poverty Limit, as many as 250,000 New Mexicans will purchase health insurance through its exchange.

At the same time, those below 133% of the Federal Poverty Limit (FPL) will qualify for coverage through an expansion of Medicaid. In 2014, it's estimated that expansion will add 85,000 Medicaid enrollees – and push total Medicaid enrollment from the current 550,000 to 700,000.

There are many unknown variables that could dramatically affect the New Mexico's health care system. "We are all waiting to know what the Supreme Court decides," said Derksen. "In the meantime, New Mexico will move forward to modernize its Medicaid program, establish a market-based exchange, address health workforce shortages, and encourage providers to adopt, meaningfully use, and exchange health information to improve health outcomes."

There is another parallel between Dr. Derksen's current job and internship that applies to all Family Physicians--a potential to improve people's lives. "New Mexico has an unprecedented opportunity to reform the health systems. It is an honor to be part of that change. I believe that Family Physicians will play critical roles in making these changes work".

## Medical Student Column

By Jesus Tafoya, MSII

The Family Medicine Interest Group is off to a great start for the 2011-2012 school year. A suturing workshop was held in November for 20 first and second year medical students. The current officers will be passing the torch to first year students by handing over the officer positions to the class of 2015. It has been a great year as president of FMIG and I hope to continue being involved with the interest group throughout my years. I plan to advise the group. I would like to especially thank Dr. James Wilterding, Sara Bitner, and Christina Hoff for their assistance this year with running the organization. I hope the organization continues to grow during the 2011-2012 school year and continues its contribution to the University of New Mexico and the city of Albuquerque.

## Dan Derksen, MD Brief Bio

Dan Derksen is Director, New Mexico Office of Health Care Reform, Professor Department of Family & Community Medicine, and Senior Fellow, RWJF Center for Health Policy, University of New Mexico. He served as President of the NM Academy of Family Physicians in 2000 and NM Medical Society 2008-09. He completed a Robert Wood Johnson (RWJ) Health Policy Fellowship in 2008 with Senator Jeff Bingaman (D-NM).

During his time with Senator Bingaman, Dr. Derksen researched and drafted provisions for a comprehensive health workforce bill. The cornerstones were creating a National Health Care Workforce Commission and Teaching Health Centers. These were included in the Affordable Care Act signed into law in March 2010 (HR 3590 PPACA "Patient Protection and Affordable Health Care Act").

After returning from D.C., Dr. Derksen was President of the New Mexico Medical Society and worked on medical homes legislation (HB 710) to create pilots for the state's Medicaid and Children's Health Insurance Programs (CHIP), which was signed into law in April 2010. Dr. Derksen serves on the American Academy of Family Physicians Commission on Governmental Advocacy, and the Lovelace Clinic Foundation Board of Directors. He sees patients and teaches medical students and residents at UNM and the Albuquerque First Choice South Valley Health Commons.

# The Future of Family Medicine

By Omar Naji, MD

It's no secret that one of the most heated topics in the U.S. political forum these days is health care. Financially, our current system is so flawed that it has become capable of nearly single handedly bankrupting the strongest economy on Earth (Collapse of the banking and mortgage system notwithstanding). And while this topic has become a household talking point, the epicenter of such issues is only recently getting the stage time it deserves. That epicenter is family medicine.

As Family Medicine Physicians, we lie at ground zero of the forces driving the future of health care. The momentum is moving in our favor. Our Surgeon General is a Family Physician. President Obama often speaks of the need for every American to have a Family Physician. So what can we do as individuals and as local and state organizations to capitalize on this momentum? What are the issues that warrant the time and energy of physicians already spread to beyond capacity, weighed down by daily duties ranging from patient care, to complying with ever increasing regulatory mandates, like converting to EMR and demonstrating meaningful use? Well, here are some thoughts on that...

As I've been involved with the New Mexico AAFP, and the national AAFP as a state delegate, I've concluded there are two main areas to focus our energy in order to keep Family Physicians in the leading role of health care in this country. In my humble and still evolving opinion, those two are: 1) Involvement with organizations promoting family medicine, and 2) Practicing full scope family medicine.

The first of these is a no brainer. If we want to help shape the legislation that affects us all, we have to be involved at the ground level. This means getting started with organizations such as the NMAFP. The NMAFP has taught me volumes about the legislative process and prepared me to be well versed enough to help lobby for our causes, to attend legislative sessions, and possibly even testify on behalf of the interests of family medicine. And for those who don't have the time or interest to undertake such endeavors, even following the legislative updates through email or reading newsletters such as this one can provide enough background information to keep well informed. There are also other organizations to follow, the obvious one being the national AAFP, which does a great job of updating it's members through newsletters and emails. But another less known movement that's worth keeping an eye on is "Family Medicine Revolution" (www.familymedicine.org). This is a grass roots type organization started out of the Santa Rosa residency program, and supported by the California AFP that has started a sort of awareness campaign to rejuvenate enthusiasm about family medicine. Their focus has been on educating aspiring medical students, as well as the public, on what it really means to be a Family Physician. While still in it's infancy, this is a group that could serve as a model for ways to increase both awareness and interest in our specialty. I encourage everyone to visit their website, watch their YouTube video and get inspired.

The second way to continue to promote family medicine, in my opinion, is to remember what it means to be a Family Medicine physician. To me, this means practicing the full scope of family medicine - treating patients of all ages, in all health care settings (outpatient, hospital medicine, nursing homes, etc.), and continuing to provide care for our pregnant patients. We've all seen articles about how much health care spending can be cut when primary care is emphasized (ideally with a medical home model). We've also seen a resurgence in interest in family medicine by a public that is frustrated by an increasingly fragmented health care model which continues to isolate the patient from their physicians, and from their own treatment plans. The current model has excelled in little more than poor communication between consulting specialists, repeat tests, and delays in care. Many of these problems can be alleviated by Family Physicians who, when practicing our specialty in the full scope, can reduce errors, improve follow up, and practice better preventative medicine. Dr. Warren Newtown, Chair of the ABFM recently wrote on this matter providing some statistics on the scope of FP's currently. Unfortunately, the highlights of his writings conclude that we need to do better. The scope of FP's has been narrowing, with less and less of us continuing to provide hospital care, maternity care, and even pediatric care.

If we want to be leaders in this important national discussion on health care in this country, we must remind ourselves first what it means to be a Family Physician. How can we expect the public and politicians to take us seriously as we argue the virtues of family medicine if we don't practice it? Given the increasing bureaucratic demands placed on physicians, and the increasingly litigious culture of medicine, it's understandable that some Family Physician's scale back their practice. But if we wish to avoid being dismissed as an afterthought of health care, as physician's who can be increasingly replaced by "mid-levels", we absolutely must continue to demonstrate our value and assert our roles as Primary Care Physicians, as we were meant to be. I encourage all of us, especially my fellow young physicians, to keep this in mind as we establish our practices, and to try to get involved with organizations that support this. If we do, we will no doubt be met with a very grateful public who is hungry to receive the quality health care that Family Medicine was established to provide.

# New Mexico Awarded Health Exchange Grant

By Melissa Martinez, MD

New Mexico was awarded a 34.2 million dollar grant by the Health and Human Services Department in November. This Level I grant will be used to aid in the establishment of a Health Insurance Exchange. Dan Derksen, New Mexico's Director of Health Care Reform, will use the grant funding to establish infrastructure needed to establish the New Mexico Health Insurance Exchange (NMHIX) by 2014.

# 2011 Congress of Delegates

By Melissa Martinez, MD

"AAFP Get Out of the RUC!" That message was projected on a giant billboard visible to delegates traveling from the Orlando Airport to the hotel that housed the 2011 AAFP Congress of Delegates. This was just the start of a very spirited COD at a time when Family Medicine is facing many challenges.

New Mexico's delegation included Delegates Dion Gallant and Linda Stogner, Alternate Delegates Melissa Martinez and Stephanie Benson and Chapter Executive Sara Bittner. Rick Madden was also present as a member of the Board of Directors of the AAFP.

**Town Hall Meeting:** The first night, leadership of the AAFP presented information to the Delegates and received feedback from state chapter representatives.

1) Distressed Practice Environments: The New Jersey Chapter sent a letter to the AAFP Board of Directors listing challenges to primary care in this state:

- low numbers of primary care providers
- high numbers of specialist providers
- low retention of primary care providers including a high rate of residents leaving the state after training,
- an aging primary care base.

The Board of Directors found that New Jersey and other states with similar problems had a low rate of payment from private insures for Evaluation and Management codes. A delegate from Texas pointed out that in Texas the training budget for Family Physicians was cut from 55 million dollars to 5 million dollars. The AAFP is working to gather data on family physician locations, the ratio of primary care specialists to subspecialists, migration of FPs to other states and similar factors. With this data the AAFP can formulate an action plan. The AAFP will also address issues with some of the major health plans that are members of the Patient-Centered Primary Care Collaborative.

*L-R - Sara Bittner; Drs. Dion Gallant, Delegate; Melissa Martinez, Alternate Delegate; Linda Stogner, Delegate; Rick Madden, AAFP BOD; and Stephanie Benson, Alternate Delegate.*

2) The RUC (Relative Value Scale Update Committee): The concern is that RUC as set up by the American Medical Association, unfairly sets CPT code values that favor specialists over primary care. The AAFP sent a set of demands to the RUC for changes in the RUC structure. The AMA has a deadline of March, 2012 to respond to the AAFP's demands. In the meantime the AAFP has formed the Primary Care Valuation Task Force charged with finding ways to more appropriately appraise the worth of evaluation and management services. (see "My Explanation of SGR and RUC" )

There was much debate over what the AAFP should do if the RUC does not meet the demands outlined. Many thought the AAFP should resign from the RUC. Others thought that resigning from the RUC would make matters worse. The Congress of Delegates heard from Paul Fischer, M.D., who is part of a group that has filed a law suit against CMS alleging that the RUC's relationship with CMS is illegal.

3) SGR (Sustained Growth Rate): If the U.S. Congress does not act soon, on January 1, 2012 there will be a 29.5% cut in Medicare payments to physicians. The most influential group on this issue in the US Congress is made up of the members of the Joint Select Committee on Deficit Reduction sometimes called the Super Committee. The AAFP is reaching out to members of the Super Committee with a message.

**Resolutions:**

The next day, the business of the Congress of Delegates began. Committees heard testimony on the resolutions and made recommendations to the Congress as a whole. Then the congress voted on the resolutions. Some of the most controversial resolutions included the following:

Four resolutions called for the AAFP to get out of the RUC. Not surprisingly, the resolutions were very controversial with testimony on both sides. In the end the COD referred these to the Board of Directors for further consideration.

The student delegation and other state chapters, presented resolutions asking that the AAFP not renew the AAFP's collaborative relationship with Coca Cola. They also called for the AAFP to disclose this and similar relationships on the familymedicine.org website as well as prohibit commercial advertising on the web site. These resolutions were not adopted after much testimony and debate.

The Washington Chapter called for the AAFP to condemn a Florida law that would not allow physicians to ask about firearms in the home. After debate, an amended resolution called for the AAFP to send a letter to the NRA. This letter would express the importance of patient/physician relationships and the importance of open communication in maintaining health.

Issues of Advanced Practice Providers were highlighted in a resolution calling for the AAFP to develop a standard collaborative agreement guiding the working relationship between FPs and nurse practitioners. This resolution was not adopted. On the other hand, a resolution calling on the Robert Wood Johnson Foundation study, Advanced Practice RNs (APRN), was adopted. The study will include the role of APRNs in the patient-centered medical home, the geographic distribution of APRNs and Primary Care Physicians, and best practices between physician and APRNs.

Members of the New York Chapter were concerned that women may not be given accurate information at Crisis Pregnancy Centers, whose mission is to prevent abortion. There was testimony for and against this resolution. The final substitute resolution called for the AAFP to urge state and federal governments to support programs that provide medically accurate information to women facing unintended pregnancies and to enforce consumer protection laws.

There were resolutions calling for equality for same-gender families, on the grounds that that exclusion from civil marriage contributes to health disparities. These resolutions called on AAFP to support full civil marriage equality for same gender families. Opponents felt that the resolutions were

not a health issue but a social/religious issue and had potential for divisiveness. A substitute resolution calling for full legal equality of same-gender families was adopted.

After much debate, a resolution calling for the adoption of a single payer health care plan was drastically amended. The final substitute resolution called for educational resources on various health care systems to be made available to chapters and members.

Several other resolutions were debated and listed. To view additional resolutions go to the AAFP website: www.aafp.org and search for 2011 COD Resolutions

**Elections:**

Jeff Cain of Colorado was elected President-Elect of the AAFP. In a moving speech, he promised Family Physicians he would "tell their story". Joining New Mexico's Rick Madden on the Board of Directors are newly-elected Wanda Filer of Pennsylvania, Julie Wood of Missouri and Daniel Spogen of Nevada. Also announced were newly elected members were Robyn Liu, MD (new physician), Brent Smith, MD (resident), and Jessica Johnson (student).

*Left to Right - Drs. Linda Stogner, Delegate; Melissa Martinez, Alternate Delegate; Dion Gallant, Delegate; and Stephanie Benson, Alternate Delegate*

## New Mexico Statewide Immunization Information "Cradle to Grave" System (NMSIIS)

By Lance Chilton, MD

All providers of all vaccines for all New Mexicans of all ages are urged to enter the vaccines in the NMSIIS for many reasons:

**Advantages**

- A permanent record is made of the vaccines given, that your office or clinic and other providers can consult.
- Having complete records available allows you to look up new patients and have confidence that their immunization records are complete.
- Over-immunization can be avoided – this is a particular problem with pneumococcal vaccine (Pneumovax©), that all over 65 should receive once.
- Under-immunization can also be avoided – this is a particular problem with Tdap, the tetanus, diphtheria, pertussis vaccine that all adolescents and adults should receive once.
- Your practice will be able to assess its own immunization rates; this may help with quality improvement projects
- HEDIS audits can be readily accommodated regarding immunization of all patients, including children, adolescents, adults, and the elderly
- Some insurers give a small payment for entry into NMSIIS.

**Investments Needed**

- Training is required in order for staff in your office to learn to use the system. This typically takes 2-4 hours.
- It takes a moment or two to enter patients and their immunizations into the system.

The NMSIIS staff at the NM Department of Health stands ready to help you get started and to train you or your staff. Please call or write Kevin Bersell, NMSIIS Manager, at 505-476-1451 or kevin.bersell@state.nm.us.

## What are other states doing? State Legislative Conference in SLC

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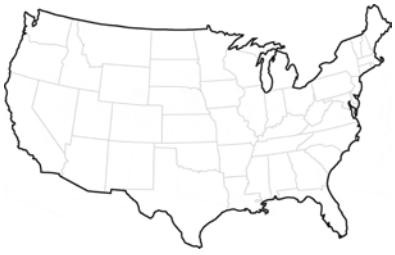
resources as well. The savings in a VA program that includes Home Based Primary Care, palliative care and hospice care have been dramatic. Aetna's Compassionate Care Program has brought similar dividends. Both have had extraordinarily high patient satisfaction.

We had a chance to hear a federal update. Will the Supercommittee of 12 fix the awful Sustainable Growth Rate formula and deficit? As of this writing, the AAFP legislative staff predicts one, possibly three years of relief from the dreaded 27.4% cutback to physician pay. Will they cut Medicare and Medicaid budgets as drastically as some seem to want? What about the threat to Graduate Medical Education funding that has been floated as ways to meet the requirements for budget deficit reduction? The AAFP has been hammering at protecting primary care residencies, and arguing that money should flow directly to those residencies.

Utah's Lieutenant Governor, Greg Bell, gave an overview of health care issues in Utah including Utah's Insurance Exchange. Utah and Massachusetts are the only two states currently with an exchange. At another session, the effects of the Affordable Care Act on insurance purchasing were discussed. The overarching message was that this is a time of transition in health care and leadership from Family Physicians can have a positive impact on this transition.



# NMAFP BOD Minutes, November 5, 2011, NMAFP Office, Albuquerque, NM

**Present:**
Sally Bachofer, MD (chair); Stephanie Benson, MD; Sara Bittner; Arlene Brown, MD; Erin Corriveau, MD; Dianna Fury, MD; Dion Gallant, MD; Melissa Garcia, MD; Dolores Gomez, MD; Steve Lucero; Omar Naji, MD; Karen Phillips, MD; Linda Stogner, MD; and Lourdes Vizcarra, MD.

**Introductions:**
Dr. Bachofer introduced Dr. Dianna Fury, Associate Director for the UNM FM Residency Program and Steve Lucero, Legislative Liaison for NMAFP.

**Ruidoso Conference Results:**
Dr. Bachofer reported information on last summer's conference. The conference was well received. Dr. Bachofer noted member comments on how NMAFP can better serve including 1. identify small ways for members to get involved 2. focus groups for FM physicians in rural areas to obtain better understanding needs/issues 3. continue offering activities for children during the summer conference.

**Doc of the Day Revision:**
Dr. Arlene Brown announced that Raul Barciaga (Chair of Legislative Affairs) and Randy Marshall (Executive Director of NMMS) are revising the DOD program and have asked the NMAFP to submit a proposal for the DOD program. Dr Brown is working on this proposal with assistance from the committee: Drs. Stephanie Benson, Sally Bachofer, Dolores Gomez, Melissa Garcia and Erin Corriveau.

**Legislative Training Session:**
Saturday, January 14, 2012, 12:30 p.m. NMAFP office, lunch served. Steve Lucero will lead this session and present information regarding the upcoming Legislative Session that will begin on January 17th.

**Medical Student Reception Report:**
A total of 91 individuals attended the 6th Annual Medical Student Reception on September 23rd at the Embassy Suites Hotel. A new venue as well as a new program was well received by all. A goal of NMAFP is to keep the enthusiasm, that is felt for Family Medicine during the Reception, going all year long. Next year's Reception is tentatively scheduled for September 21st. The NMAFP will look for underwriters.

**Budget 2011-2012:**
Dr. Dion Gallant, Chairman of the Budget Committee presented next year's budgets with explanation to the BOD.

**Update on Winter Refresher:**
Dr. Dolores Gomez, Scientific Program Chair, informed the Board that everything is in order for the Conference. Brochures have been mailed and online registration is up and running. Dr. Gomez shared that Memorial Medical Center will once again be a co-sponsor for the Winter Refresher and also for the State Conference in Taos next summer.

**Funding Ideas for 2012 Conferences:**
NMAFP must be more creative when looking for financial support. Board Members suggested organizations that might be approached for financial support of NMAFP CME conferences. Dr. Benson suggested that NMAFP have a booth selling our own items such as t-shirts and mugs.

**Job Postings on Website and in Newsletter:**
Dr. Melissa Martinez suggested rules for job postings, including allowing advertising only for Family Physician positions in New Mexico. The Board approved the new guidelines and Dr. Benson will write a letter explaining the guidelines.

**Multi-State Forum, DFW, Feb. 18-19, 2012:**
Dr. Karen Phillips shared her experience at the 2011 Multi-State Forum with the Board and recommended it highly to the other officers. The interaction with other Chapter officers is invaluable. The NMAFP sponsors one officer and the Chapter Exec to attend each year. Dr. Benson will plan on attending in 2012.

**Annual Leadership Forum, KC, May 3-5, 2012:**
Dr. Benson shared her experience at ALF in 2011. She feels it is a very valuable conference for upcoming leaders in the Chapter. Dr. Bachofer also attended in 2011 during her year as President. Dr. Melissa Garcia, Vice President, and Dr. Dolores Gomez, President-Elect, will hopefully be able to go in May.

**Strategic Planning Session & BOD Meeting, April 21, 2012:**
A Strategic Planning Session would be valuable in 2012. The cost will come from the President's Discretionary Fund. It will be held at Los Poblanos in Albuquerque's North Valley in the morning and the Board Meeting will be held in the afternoon. Nancy Fisher, AAFP Chapter Relations, will be the facilitator. NMAFP has applied for a Leadership Road Show Scholarship. The SPS will be from 9:00 am - 1:00 pm; lunch 1:00 pm - 2:00 pm; Board Meeting 2:00 pm.

**Speaker Bank Update:**
Dr. Bachofer set up a speaker/presentation database that will include information about all speakers that have presented for NMAFP since January, 2005. This will be a valuable tool for future Scientific Program Chairs to use when planning their CME programs. A progress report will be given at the Feb. 10th Board Meeting.

**NMAFP Residency Visits in 2012:**
Sara will visit each Residency Program in the spring of 2012. A presentation will be given by the Resident Representative on the Board about the benefits of AAFP/NMAFP membership. An officer/member from each Residency will also be in attendance. Visits will be planned at the February 10, 2012 Board Meeting. The visit will include AAFP slideshow on Resident Membership, the NMAFP and the ABFM.

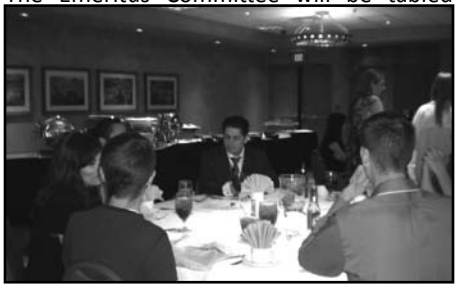
**Clarifying Roles of Student & Resident Board Members:**
Dr. Bachofer offered to write a set of guidelines with help from the residents and will present them to the Board at the Feb. 10, 2012 Meeting.

**Taos, 2012 Agenda:**
Dr. Benson, Scientific Program Chair, presented her agenda for next summer's conference, August 2-5, 2012. Thanks to Dr. Bachofer for her help in planning this program. We are nine months out and have a final program for the first time in many years.

**Future of Emeritus Committee:**
The Emeritus Committee will be tabled

*Dr. Warren Heffron visitinig with medical students at this year's Med Student Reception*

*Dr. James Wilterding addressing the med students at this year's reception*



*Jesus Tafoya, President FMIG, visiting with his peers at the Med Student Reception*

until we can ascertain the level of interest and availability of individuals to direct the efforts.

**Resident Report:**
Dr. Omar Naji, Southern NM Residency Program in Las Cruces, gave a report to the Board. Dr. Naji was the Resident Delegate to the R&S Conference in KC last July and feels this conference is very important to the future of Family Medicine. Dr. Naji suggests that the student and resident delegate from NM serve a 2-year term, so they learn the process and then return the next year. Dr. Naji feels it is important to talk to residents in the beginning of their residency about the importance of this annual meeting. He offered to come back after he graduates to give a presentation to the incoming class of next year. Southern NM FM Residency Program at Memorial Medical Center had over 800 applications. The abundance of rural opportunities in NM was one of the most repeated reasons of interest in NM FM Residency Programs.

**Student Report:**
A suturing workshop is scheduled for November. The current student offices are recruiting 1st year students to be officers of the FMIG. Jesus Tafoya, the current president has been visiting schools and educating students on anatomy and health topics. Mr. Tofoya is working on a charter for the FMIG.

**Committee Reports**

**Legislative Affairs:**
The new Committe Chair, Dr. Arlene Brown, and committee members were announced: Drs. Sally Bachofer, Melissa Garcia, Rick Madden and Lourdes Vizcarra. Report given above in DOD Revision and Legislative Training Session.

**Resident & Student Affairs:**
Drs. Lourdes Vizcarra, James Wilterding, and Linda Stogner make up this committee. Dr. Dianna Fury agreed to join the committee. It was determined that at each conference a Message Board will be available to the attendees at the conference, where all messages can be posted.

**CME Committee:**
This is a rolling membership committee. The Scientific Program Chairs from the past 3 conferences will be the individuals sitting on this committee. A date for the 2013 Conference in Ruidoso will be announced at the February Board Meeting.

**Family Medicine Revolution:**
Dr. Benson suggested that the Board members go to www.familymedicinerevolution.org. It may help us to come up with ideas on how to keep our residents and students involved and interested in Family Medicine throughout the year. Dr. Benson will post some of these videos from CA AFP as well as AAFP on the NMAFP Facebook page. This will also be an Agenda item for our Board Meeting on Feb. 10, 2012.

**State Level Activities:**
Dr. Bachofer reported to the Board regarding a meeting between Drs. Dan Derksen, Rick Madden and Sally Bachofer along with Sara Bittner to discuss opportunities for the NMAFP to be a significant liaison between FM practices and the state-level activities related to the Health Exchanges and the Medicaid Modernization activities within NM. An update will be given at the next NMAFP Board Meeting.

**Next Board Meeting:**
Friday, February 10, 2012, 5:30 pm, NMAFP Office on Louisiana, dinner served.

# "Fuel Up to Play 60": Eat Healthy. Get Active. Make a Difference.

By Sara Robbins, RD, Dairy Max Program Coordinator

Across the nation America's youth are fighting the battle of the bulge. And here in New Mexico 16% of 10-17 year old kids are obese. It's a growing trend that we can all do something about. The CDC has 24 recommended strategies to prevent obesity within communities and highlights schools as a place for us all to rally and make changes. The guidance outlines some simple initiatives, including providing greater access to healthy foods as well as more opportunities to get kids and adults moving.

Fuel Up to Play 60 can be part of the solution to this unhealthy trend for kids at school. Fuel Up to Play 60 is a customizable, in-school nutrition and physical activity program launched by the National Dairy Council (NDC) and the National Football League (NFL) in collaboration with the USDA. The program empowers youth in more than 70,000 schools to improve nutrition and physical activity at their school and for their own health.

Here in New Mexico, over 600 schools have signed up at www.fueluptoplay60.com to help make their school a healthier place. Schools implement nutrition and physical activity plays that help their school get more nutrient rich foods like low-fat dairy, whole grains, fruits and vegetables and achieve their 60 minutes of physical activity every day. Funding is available to schools with over $43,000 provided to New Mexico schools impacting the health of 11,250 students in just the past year.

When kids are empowered to make healthy changes at school it can impact not only their health and over all well-being but also their academic achievement. Research shows that children who are well-nourished and more physically active tend to have improved cognitive function, stronger academic achievement, increased concentration and better test scores.

Governor Bent Elementary School in Albuquerque is seeing the difference that Fuel Up to Play 60 can make at their school. The school's 600 students run for 15 minutes every day to earn medals through the Mighty Milers program, have an after school cooking club, provide recess before lunch, and host fun runs to track the kids running progress. With support from the Principal, Teachers, Nutrition Manager and community (including the local high school), running clubs and Kids Cook organization, Governor Bent is impacting the overall health of their students.

You can make a difference in your community encouraging kids to eat healthy and get active. Sign up to be a supporter for a school in your community, find out how to engage a school by providing your health expertise, and obtain continuing education credits (click Educators tab, then Tools and Resources, then Training Camp and CEU Center on the right). Encourage your patients and their families to log on at www.fueluptoplay60.com, where students can take a pledge, get involved in challenges, track their healthy eating and physical activity and learn more about how they can eat healthy, get active and make a difference.

# An Explanation of SGR and RUC

By Melissa Martinez, MD

This represents my best effort at understanding SGR and RUC. I do not pretend to be an authority on the subject and would welcome other opinions.

**Sustainable Growth Rate**

SGR (Sustainable Growth Rate) is part of the Balanced Budget Act of 1997, intended to stop the growth in the cost of Medicare. The idea was to keep Medicare expenditures for physician services on a trajectory in line with growth in the nation's gross domestic product (GDP).

The plan was that CMS (Centers for Medicare and Medicaid Services) use a complex formula to set SGR's yearly target rates. This formula takes into account GDP, number enrolled and inflation. Once they have the SGR target, CMS compares the amount actually spent to the yearly SGR target and sets a payment update for the subsequent year. If the actual amount spent is greater than the target amount, then payment for the subsequent year is reduced.

It seems that Congress thought that doctors and the medical systems would find efficiencies and others ways to save money if the amount of funds allocated went down. Boy, were they wrong! The fee-for-service environment that SGR operated in provides an incentive for physicians to increase volume and spending. Advances in science brought more expensive and sometimes better testing and treatment into the picture. SGR does not reward physicians who cut costs or restrain unnecessary volume growth or penalize physicians who contribute to cost or volume increases. In addition to that, the aging population has resulted in more people being enrolled in Medicare. Since 2002, volume growth increased and per-capita GDP slowed. This resulted in actual expenditures exceeding the corresponding SGR target. Payments to physicians would have been decreased if the US Congress had not intervened by passing temporary measures to postpone the reductions. In January of 2012 the SRG will cut payments by nearly 30% unless Congress passes another fix.

The series of temporary measures have been disruptive to many medical practices. The AAFP and other physician organizations have lobbied Congress for a permanent fix to the problem. Ideally it should be a formula that would pay for legitimate medical services and recognize and reward the value of primary care, which tends to save money and improve the quality of health care. The problem is that this would be expensive. The Congressional Budget Office estimates that a 10-year Medicare payment freeze would cost $276 billion, and a 10-year update would cost $330 billion. Given the current "deficit-reduction environment" in Congress, it is unlikely that such measures would pass. It is even unclear if a temporary halt to the 2012 SGR cut will be successful. While the AAFP would like a permanent solution, the organization is now lobbying for at least a multi-year patch and a payment differential for Primary Care Physicians. If Congress approves a multi-year patch, there would be some payment stability for Family Physicians and an opportunity for payment reform ideas to be developed.

**The RUC (Relative Value Scale Update Committee)**

In 1989, the U.S. Congress was concerned that the cost of Medicare was out of control, so they passed a measure that stopped physicians from setting the price of services with billing. Instead, CMS would tell physicians what price would be paid for each service based on the relative value of the service. The question Congress faced was: "How do we determine the value of each physician service?" The final solution was an expert committee set up by the AMA. This expert committee would advise CMS. After all who better than doctors to determine the relative value of a certain procedure as compared to another? CMS asked the committee to recommend the Relative Value Unit for each CPT code based on 3 factors: Physician work, practice expense and professional liability. CMS would use this RVU to generate a payment formula that determined how much to pay for each service. Private Insurance Companies have used the CMS payment schedules as well.

In 1991, the AMA formed the RUC (Relative Value Scale Update Committee). After much conflict and negotiation with specialist societies, it was determined that there would be one representative from each specialty society (23), three other experts and 3 AMA representatives, including the head of the Committee. Primary Care was under represented with only five of 29 seats.

In 2007, the RUC conducted a study that determined it had undervalued certain CPT codes in a manner that was not fair to primary care. To compensate for this, the committee raised the value of some Evaluation and Management codes that will benefit primary care. The specialists were not happy with this as it meant a cut in some payments to specialists. The specialists campaigned against this action.

In the summer of 2011 the AAFP sent a letter to the RUC asking for the following reforms:

1) Add four true primary care seats -- one each for the AAFP, the American Academy of Pediatrics, the American College of Physicians and the American Osteopathic Association.
2) Create three new seats to represent outside entities, such as consumers, employers, health systems and health plans.
3) Add an additional seat to represent the specialty of geriatrics.
4) Eliminate the three current rotating subspecialty seats when the current representatives' terms expire.
5) Implement voting transparency.

As of October 20, 2011 the Sub-committee of the RUC that would act on these demands has heard testimony for the AAFP and is debating the reforms. The RUC has until March, 2012 to respond. The debate within the AAFP is centered on what to do if the RUC fails to act on the reforms the AAFP recommended.

# President's Column: Not For A Soak In The Tub

*- Continued from page 1*

prevalence. Ask adolescents and young adults not only about illicit drugs, but also these new designer drugs which include these MDPV substances as well as synthetic marijuana (K2 or spice), all of which are sold legally over the counter in New Mexico. Educate our patients about the very real dangers of these drugs. As Family Physicians we have an active role in our communities' well-being and our swift action and education on this, as in most issues, has the potential to change lives and affect legislative policy.

# Save the Date • February 11, 2012
# 30th Annual Winter Refresher
# Albuquerque, New Mexico • Embassy Suites Hotel
# Dolores Gomez, MD, Scientific Program Chair

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
Breakfast - Exhibit Hall

7:55 a.m. – 8:00 a.m.
Introduction & Welcome
Dolores Gomez, MD
Scientific Program Chair

8:00 a.m. – 9:00 a.m.
"Elder Investment Fraud & Financial Exploitation"
Melvina McCabe, 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)*

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

10:30 a.m. – 11:30 a.m.
"Prevention of Falls"
Carla Herman, MD, MPH

11:30 a.m. – 12:30 p.m.
"Mental Health Screening in the Primary Care Office"
John Genrich, MD

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

1:30 p.m. – 2:30 p.m.
"Physical Abuse"
Arne Graff, MD

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.*

## Hotel Information

The Embassy Suites Hotel is located at: 1000 Woodward Place NE, near Lomas & I-25

A room block will be held until January 10, 2012, so please make your reservations before this date. After this date, rooms will be on a space-available basis.

Call 1-800-362-2779 or go online at www.albuquerque.embassysuites.com and enter the group/convention code, AAF, to receive the group rate by January 10th.

## Registration Form - 30th Annual NMAFP Winter Refresher in Albuquerque, NM

**You can also register online: www.familydoctornm.org**

### Please Print Clearly

Name_____ AAFP ID #_____

Address_____ C/S/Z_____

Phone_____ Email_____

_____AAFP Member Practicing Physician $175

_____NP/PA/RN (please indicate title) $100

_____Family Medicine Resident (no charge)

_____Yes, I want to sponsor a student attendee $25

_____Total Enclosed

_____Non-Member Practicing Physician $300

_____Retired Physician $75

_____Medical Student (no charge)

Please mail form & check to:
NMAFP, Educational Fund
2400 Louisiana Blvd. NE, Bldg. 2, Suite 101
Albuquerque, New Mexico 87110

Questions? Call or email Sara: (505) 292-3113 • familydoctor@newmexico.com

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

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## Volunteers Needed for Doc of the Day

By Arlene Brown, MD

Are you interested in the legislative process? Do you want to understand how our legislature works? Want to do some real community service? Then volunteer as a Doctor of the Day. The Doctor of the Day Program is our New Mexico Academy of Family Physicians (NMAFP) community service to the New Mexico State Legislature, and we need your help. Each volunteer serves a day (or more) to provide medical services to the legislators and their staff members during the legislative session. NMAFP volunteers work in cooperation with the New Mexico Medical Society. NMAFP volunteers provide medical evaluation and care, and the NMMS provides pharmaceutical support when indicated. This year the DOD Program will work differently than in previous years. Volunteers will provide a cell phone number to the Round House operator and be "on call" during the day. Medical services will be provided in the privacy of the legislator's office. During the day volunteers can observe in the legislative sessions, provide testimony on behalf of the New Mexico Academy (only on issues of direct relevance to the Academy) and generally learn about the legislative process.

A training session is planned for Saturday, January 14, 12:30 pm at the Academy office. The session will review anticipated legislation and the Academy policy regarding the issues. There will be time for practice role playing and testimony. We hope you can join us and help provide a community service at the same time. The 30-day session begins January 17th and ends February 16th.

If you are interested in participating, email or call Sara: familydoctor@newmexico.com or 505-292-3113.

*The Roadrunner*
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