



The Roadrunner

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President's Column

By Dolores Gomez, MD

"Change will not come if we wait for some other person or some other time. We are the ones we've been waiting for. We are the change that we seek."

As I begin my journey as the President of the NMAFP, I look to this quote by the great Martin Luther King Jr. for inspiration. I want to take this opportunity to introduce myself and hope to make the quote above mean something to us all. I was born in Texas, but I consider Las Cruces, New Mexico my home. I was lucky to receive my education in New Mexico including high school, college, and residency in Las Cruces, and medical school at UNM. This education solidified my commitment to serve the community in which I trained. I was happy to continue my career in Las Cruces at the end of my residency training, close to my family and friends. I was comfortable and satisfied with where I was, not realizing that change was soon to come.

My husband, also a Family Physician, was accepted into a fellowship in Arizona, and so I left what I thought was a perfect situation to allow him his opportunity. Change meant leaving my family, my community, and my comfort zone. This change, however, also brought me opportunity. I was able to complete a fellowship after seeing my husband complete the same fellowship and expand my education. It also allowed me the opportunity to become faculty of the same fellowship and develop my career, now as an educator. I was in Arizona for about 7 ½ years, and this time of change helped me to grow. Arizona became a new home and a nice niche for myself and my growing family. I was comfortable and satisfied with

where I was, not realizing that change was soon to come.

The opportunity came to return to Las Cruces as faculty of the Southern New Mexico Residency in 2009. I was coming home to a place I knew and loved; but, once again, change was happening. My children were happy, and we were "settling" into our nice life. It would have been easy to stay in Phoenix. It was scary to pull up a family, especially into a residency that was struggling, but a need was there. So we left Phoenix and returned to a new adventure, and I couldn't be happier. Here again, my life and career grew because of change. The chance to work with residents and rebuild a residency program has been rewarding. I never saw myself in this role, but it gave me a chance to experience something exciting. I was comfortable and satisfied with where I was, not realizing that change was soon to come.

I then was asked to become a leader in the hospital as the chair of the Family Medicine Department, a member of the credentials committee, a member of the P and T committee, a member of the medical executive committee, as well as an officer of the NM Chapter of the AAFP. Change again! I didn't feel I had the experience or knowledge necessary to take on these leadership roles. I was comfortable as a faculty member and being an educator, but I pushed back my fear and moved ahead. Another opportunity and great experience lay in front of me.

I have learned that change is a normal and necessary part of life and provides great opportunity, especially in times of challenge. I don't see myself as having any special skills and talents above any of my colleagues. I used these changes as opportunities to grow, rather than be paralyzed by them. Change is scary, and it is convenient to remain

in a comfortable niche. This growth is important as an individual, but is also important for our Chapter.

I now look at change as an opportunity for growth, and hope that every member of our Chapter is willing to do the same. There is so much change happening in medicine right now with health care reform, the uncertainty with the state's insurance exchange, the legislative changes on how we prescribe controlled substances, etc. We as a Chapter need to seek the opportunity these changes offer to improve our situation in New Mexico and ultimately improve the care of our patients. Let us use the change to grow as a Chapter, as a community of New Mexico, and as a national organization. Let us be the change we want to see in the world. Our Chapter is committed to making a difference, and so I end with another quote by Mahatma Gandhi:

"The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy."

In this issue...

*Taos: Fun, Sage and Education
at the Sagebrush Inn*

Pharmacy Monitoring Program

*It Takes a Community
to Train a Resident*

Opiate Prescribing in New Mexico

Much more!

Taos: Fun, Sage and Education at the Sagebrush Inn

We had a fabulous time at the 55th Annual Family Medicine Seminar! Over 175 registrants and 25 vendors joined us at the Sagebrush Inn and Conference Center in Taos, August 2-5. Our topics included well child care, sports medicine, obstetrics, HIV and Hepatitis C, pain management, and many more. We were honored to have Dr. Roland Goertz, AAFP Board Chair, in attendance. He was kind enough to give us two talks directly from the AAFP; one on the Patient Center Medical Home and one as an update on AAFP activities.

As usual, we had a wonderful time at our awards dinner and dance on Friday evening. The Jimmy Stadler Band was there to entertain us, and many danced the night away. During our awards dinner, Dr. Dan Derksen was presented with the President's Award for all the hard work he has done for the specialty of Family Medicine and our patients over the years. We were all saddened to hear that he would be leaving New Mexico to return home to Arizona, but we appreciate his efforts and wish him all the best.

Our NMAFP Physician of the Year Award went to Dr. Linda Stogner. Unfortunately she was unable to join us, but we were happy to acknowledge her in this way. Linda Gregory received this year's Chapter Service Award. Anyone with children, who has attended one of our Summer seminars in the past several years, knows Linda as the one who arranges the children's crafts and activities during our conferences. I know this has been extremely well received over the years, and this is something she does for free, out of her own time, and we thank her tremendously.

Dr. Roland Goertz swore in our new NMAFP President, Dr. Dolores Gomez, as well as our other upward-moving officers. Our members present at the conference elected Dr. Gregory Koury, from Silver City, as our new Vice President. I, and the remainder of the Board, look forward to working with him and welcome him to our Chapter leadership. In addition to our chapter activities, our fundraising activities were successful as well. We were able to raise over \$4,000 through our Silent Auction to support our residents and students! The Sagebrush Inn was the perfect setting for a relaxed southwestern atmosphere. A painting by artist, Pat Woodall, depicted Sara Bittner and others on the Sagebrush patio. The painting as well as posters were sold at the Silent Auction.

The weather was very accommodating with sunny days and cooling rain storms at night that release the scent of sage into the air. All in all, it was a fun and productive time in Taos. I would like to thank those in attendance for supporting our Chapter and also thank all those whose hard work made this a success. I look forward to seeing you all next Summer in Ruidoso!



Sara greeting Dr. Stephanie Benson and family at the Welcome Reception



A beautiful evening for a party on the Sagebrush Patio



Dr. Dan Derksen receiving the President's Award from Dr. Stephanie Benson & Sara



Linda Gregory receiving the Chapter Service Award from Dr. Stephanie Benson & Sara



Dr. Roland Goertz, AAFP BOD Chair, congratulating the newly-elected NMAFP Officers (l-r) Drs. Roland Goertz, Greg Koury, Melissa Garcia, and Karen Phillips



Dr. Roland Goertz, AAFP BOD Chair, presenting Dr. Dolores Gomez the President's Plaque along with Dr. John Andazola (Dr. Gomez' husband)



Alec, Gurprasad & Arjun Mitchell having fun in the arts and crafts room



Theo Gallant sharing his creation in Linda Gregory's arts and crafts class along with parents, Dr. Dion Gallant and Kara



A fun evening of dancing after a busy day

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NMAFP BOD Minutes • August 4, 2012 • Sagebrush Inn & Conference Center, Taos, NM

Present: Stephanie Benson, MD; Sara Bittner; Arlene Brown, MD; Danielle Fitzsimmons-Pattison, MD; Dion Gallant, MD; Roland Goertz, MD; Dolores Gomez, MD; Tatyana Guerrero-Pezzano, MD; Janelle Heimberger, MD; Greg Koury, MD; Rick Madden, MD; Melissa Martinez, MD; Lilia Pedrego, MD; Karen Phillips, MD; Babak Rashidi, MD; Luis Regales, MD; & Karen Vaillant, MD. The Meeting was chaired by Dr. Benson.

Introductions: Dr. Luis Regales, new Liaison to the Northern New Mexico Family Medicine Residency Program in Santa Fe, Dr. Greg Koury, the newly elected Vice President from Silver City, & Dr. Danielle Fitzsimmons-Pattison, Resident from the Southern Family Medicine Residency Program in Las Cruces.

Dr. Goertz encouraged the Board Members to contact their Legislators as many important issues pertaining to FM will be decided in the coming months. Dr. Madden thanked Dr. Goertz for attending the Taos Conference and sharing his expertise with the attendees. He shared with Dr. Goertz some insight on the NM Chapter such as advancements in our sophistication and involvement in legislative affairs with more and broader representation throughout the State, making our Chapter more vital than ever. Dr. Goertz commended on the large attendance and the enthusiasm at the Taos Conference. He reminded the Board how fortunate we are to have Dr. Madden as our direct source for information from the AAFP.

Strategic Planning Session, April 21st, Los Poblados Inn & Cultural Center, Albuquerque: Dr. Benson shared with the Board that the SPS was very productive for the Chapter. Many things have come out of it for the positive. This material was passed out at the NMAFP Booth in Taos.

AAFP Annual Leadership Forum (ALF), May 3-5, 2012: Dr. Dolores Gomez shared some observations she made during ALF with the Board. Networking possibilities are one of the key components to this conference. It was determined that NMAFP will try to send more officers to this conference in the future.

NMAFP Residency Visit to the Las Cruces FM Residency: On May 25, Sara visited the Las Cruces Residency Program. Dr. Omar Naji presented a slide presentation to the Residents on the benefits of membership to the AAFP/NMAFP after graduation. The residents were reminded that their email and mailing address will change upon graduation and it is their responsibility to contact AAFP & the ABFM. The fact that residents need to now track their CME during their Residency years was shared during this visit. NMAFP plans to incorporate a visit to each NM Residency Program every year shortly before graduation to form a stronger bond between the Residents and the Chapter.

Medicaid Expansion Letter & Resolution: Dr. Sally Bachofer sent the Board information on a letter encouraging Medicaid expansion to the Governor in July. This letter was signed by many organizations that are involved in children's care, including the NMAFP. Dr. Arlene Brown will give

the board an update after the Sept. 21st NMMS meeting. At that time NMAFP will decide whether another letter is in order.

Resident Delegate to R&S Conference: Tatyana Guerrero-Pezzano, MD, was the NM Resident Delegate to the R&S Conference in KC in July. She was impressed with the leadership and inspiration amongst the Medical Students & Residents from the 55 Chapters of the AAFP. Tanya Reyes, FMIG President, was the Student Delegate from NM. Tatyana participated in writing a resolution about sharing listings of community resources for Residents & new Physicians to help them with their patient care, and her resolution passed. She will report on her project (Resolution) at our next Board Meeting. A motion was made by Dr. Arlene Brown to support this project charged to the Resident Representatives by providing web space and linkages, and she also suggested that the Medical Students be involved. Arlene feels NMAFP could partner with NMMS on this project and will present it to the NMMS Council Meeting in August also.

Update on Taos Conference: Dr. Stephanie Benson shared with the Board that the conference has been very well received by the attendees... quality CME, activities for the families, social events, silent auction...much enthusiasm for all.

Ad Hoc Committee to Rewrite Bylaws & Policy Statement: Dr. Dion Gallant shared with the Board that an AD Hoc Committee, comprised of Drs. Stephanie Benson, Dolores Gomez, Greg Koury and himself, will rewrite the Bylaws and the Policy Statement. The final update will be presented at the Ruidoso Conference next summer.

Opiate Prescribing Focus Group Lunch: Dr. Melissa Martinez addressed the Board about the Thursday lunch-time work group on Opiate prescribing legislation. The Board made some additional recommendations to the Medical Board.

Roswell Residency Program Plan: Dr. Karen Vaillant announced that the Roswell Residency will be reconfigured. A motion was made to write a letter to Dr. Roth encouraging support of the Roswell Program, and it passed. Dr. Karen Phillips suggested that the Residency Program Liaison position be added to the Board of Directors and included in the Bylaws revision. Dr. Benson thanked Dr. Vaillant for the wonderful job she has done as the Residency Director for the Roswell Residency Program.

Winter Refresher Update, Feb. 9, 2013: Dr. Karen Phillips shared with the Board that the program has changed a bit since it was announced in April. Dr. Martha McGrew has agreed to speak at the Feb. 9th Conference on "Leading the Way to Better Health in New Mexico: A Job for All of Us". Better health for our patients in New Mexico was a main point of discussion at our Strategic Planning Session in April, and this presentation will be a good follow-up.

Med Student Reception Funding, Program Agenda, and Facilitator: A motion was made and it passed that stated the Vice President & Secre-

tary-Treasurer as well as the Student Representative will be in charge of the planning of this event each year. Due to short notice, Dr. Dolores Gomez, President, will be the facilitator this year.

New UNM FM Liaison: Dianna Fury, MD will be the Interim Liaison for the UNM FM Residency Program to replace Dr. James Wilterding.

Direction for NMAFP in the 2013 Legislative Session: A discussion ensued as to whether or not NMAFP would join forces with another organization, such as NMMS, when hiring a lobbyist in 2013 or go it alone. After thorough consideration, Dr. Gallant made a motion that we put aside money for our own lobbyist. Steve Lucero will again be asked to fill this position. The motion was made to empower the Legislative Committee to work out an Agenda on the direction we want the Doc of the Day to go, and they will share it with the Board on Nov. 3rd.

Resident Report: Dr. Janelle Heimberger gave the Resident Report for Santa Fe. She felt that the Resident Meeting during the Taos Conference was very valuable. Two new EMR systems have been implemented at the Santa Fe Residency Program. Dr. Tatyana Guerrero-Pezzano reported for UNM. She would like to see more representation from the UNM Residency Program during future Chapter activities and will visit with some of the interns at UNM about this.

Global Health Conference: Drs. Lilia Pedrego & Stephanie Benson will attend this year's Global Health Conference, and Lilia requested a scholarship for partial funding to attend this event. A motion was made, and it passed to give Dr. Pedrego \$500 which will be charged to the President's Discretionary Fund.

HPV Vaccine Website: Dr. Melissa Martinez shared with the Board that Dr. Cosette Wheeler, UNM HSC, is working on an HPV web site to give information to patients. They requested our mailing list so that they can list HPV providers on the website. It was determined that a blast email would be sent instead inviting the membership to contact Dr. Wheeler's group if they want to be on the web site.

FamMedPAC: Dr. Rick Madden, AAFP BOD, asked the Board to participate in FamMedPAC. Donate online at www.aafp.org.

Future Board Meetings:
Nov. 3, 2012 NMAFP Office - Noon
Lunch Served
February 8, 2012 - NMAFP Office - 5:30
Dinner Served
May 4, 2013 - NMAFP Office - Noon
Lunch Served
July 20, 2013 - Ruidoso Convention Center - 12:30
Lunch Served

Dr. Benson, Board Chair, suggests that Agenda items be received prior to the meeting and read beforehand to expedite future meetings.



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New Web Sites Helps Patients Understand HPV Vaccines

If you asked someone on the street if they want a vaccine to protect against cancer, most folks would say “yes”. But the one vaccine that protects against cancer, the Human Papilloma Virus (HPV) vaccine has a very low up take. It is estimated that only about 20% of all 13-year-old females have received the full three doses of the vaccine, and the number is lower for males. Why is this? Physicians who care for pre-teens report that it can be difficult to get 11-year-olds and their parents to agree to the vaccination. Why is there so much resistance to this vaccine?

Dr. Cosette Wheeler, at the University of New Mexico’s Health Sciences Center, Department of Pathology, is the Primary Investigator (PI) of a National Institute of Health funded center on HPV prevention - “University of New Mexico Interdisciplinary HPV Prevention Center.” The center has conducted focus groups of girls age 11-13 and parents of adolescents in several communities in New Mexico. They learned that there are several gaps in knowledge or misunderstandings about the vaccines. For example, girls are uncertain what HPV is, the diseases it causes, and if the vaccines are effective. Parents of girls also lacked knowledge about HPV and HPV vaccines, were concerned over potential harmful side effects of the vaccines, and perceived a lack of longitudinal research on the vaccines. Many participants indicated that they would like to have more access to information and resources about HPV and HPV vaccines.

One of the projects in the center is called “Web Enhanced Adoption of HPV Vaccine in Minority Communities.” The goal of this project is to develop and test an interactive multimedia HPV vaccine adoption website for parents of adolescent females (ages 11-13) and their daughters. This website will provide accurate and timely information regarding HPV vaccines to those desiring to make an informed decision about obtaining an HPV vaccine.

Part of the project website will be dedicated to providing resources to participants who may wish to either begin the HPV vaccine series or may wish to discuss the vaccines with a health provider. The resources section will include a list of Family Medicine and Pediatric health clinics in New Mexico that will be listed by community. We are looking to build a database of these providers, by name and clinic location, and we are hoping to include you in this database. We are not asking you to commit your time to the project, only to include your clinic information. The web site should be up and running in October, 2012.

What Family Physicians can do: Help build the data base

Part of the project website will be dedicated to providing resources to participants who may wish to either begin the HPV vaccine series or may wish to discuss the vaccines with a health provider. The resources section will include a list of clinics/providers/practices in New Mexico listed by community.
Information Needed for HVP Web Site

Provider Name (optional)

Practice Name

Practice Address

Practice Phone number

Get your practice or clinic listed on the web site by sending an email, fax or mail this form to

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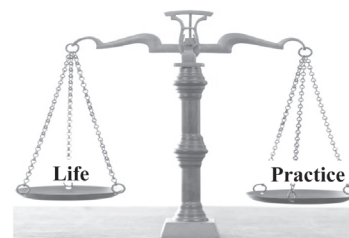
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"Organized Access to Community Resources for Wellness and Healing - a Resolution"

By Tatyana Guerrero-Pezzano, MD

Tatyana Guerrero-Pezzano represented New Mexico as a delegate to the AAFP's National Resident Congress of Delegates. One of the duties of this body is to develop and vote on resolutions to help the AAFP meet the needs of residents and their patients. Dr. Guerrero-Pezzano did just that. Her idea was based on her experience as a resident and her experience with the AAFP. One of the AAFP objectives is to promote the Patient-Centered Medical Home (PCMH) in which patient care is achieved through a bio-psycho-social approach. To achieve this goal, Family Physicians need to have quick and ready access to other community resources available for the use of their patient populations, and especially those who are most underrepresented and/or disenfranchised by socio-economic barriers including but not limited to poverty, lack of healthcare insurance, legal status, marital status, domestic violence, etc.

The final resolution clause is, "Resolved: That the American Academy of Family Physicians (AAFP) encourage constituent chapters to assign a task force comprised of its members to identify, maintain and update an online directory of community health resources

for wellness and healing." This Resolution was adapted by the Resident Congress.

At the New Mexico Chapter Board of Directors meeting, this resolution was discussed in some detail. New Mexico is the second-poorest state in the Union, and 49th in access to quality healthcare and education. Our patient populations consist of many underrepresented individuals and families who, would not only benefit from the various Patient-Centered Medical Homes and Federally Qualified Health Centers (FQHC) growing around the state, but also would have access to other resources available to them within their communities that can help their primary care providers better address their bio-psycho-social health. As an example, there are various organizations in Albuquerque's South Valley created to provide help and resources for single parents, victims of domestic violence, undocumented immigrants, former gang members, at-risk youth, and low-income households, to name a few. Consolidating a list of these resources and having it available for access by our Family Physicians, particularly those still in training and less familiar with the breadth of such, would only

help provide better, more integrative care for patients.

In an effort to adopt the task of a ready-access directory of community resources and to address its potentially vast goals, the NMAFP BOD recommended that the collection of resources be divided first into four regions of the state and be collected by the medical students and resident members of NMAFP who serve and represent those regions. It was decided, therefore, that the regions and work-force divisions would be as follows:

- 1) Northern New Mexico and the Northern New Mexico Family Medicine Residency Program in Santa Fe;
- 2) Eastern New Mexico and the Eastern New Mexico Family Medicine Residency Program in Roswell;
- 3) Southern New Mexico and the Southern Family Medicine Residency Program in Las Cruces; and
- 4) Central New Mexico and the Family and Community Medicine Program at UNM in Albuquerque.

Such a project could count toward the prerequisites and criteria needed to be met for graduation. It was also decided that resident representatives to the NMAFP would discuss this project with their programs and come up with a task force to meet the criteria of the directory. Dr. Arlene Brown agreed to address this issue at the next meeting of the New Mexico Medical Society (NMMS) to solicit its support.

Resident & Student Conference From a Med Student's Prospective

by Tanya Reyes

This year was my first year attending the AAFP National Resident and Student Conference of Family Medicine. As president of the Family Medicine Interest Group at UNM, it was my responsibility to pick up the torch as student delegate even though I have not really had an extensive career in leadership positions short of running for student body president in 6th grade. I was a little hesitant, but our Executive Director, Sara Bittner, assured me that the conference was not about knowing what to do but more a learning experience and that "I should soak up."

At the opening session, Dr. Gloria Wilder told the story of how she came to be a physician and what Family Medicine meant to her. It is refreshing to listen to an individual who is excited about what she does for a living! She talked about the health disparities she

saw in Washington, DC and how she made it a point to do something about it. She was one of the key movers that pushed for the building of a public clinic in DC to help lessen the burden of all those that were underserved. However, she did not dwell on this accomplishment. For her it was more like something that had to get done, was done, and now moving on to the next thing. She was passionate in her speaking and in being a family doctor; in all aspects it set the tone for the rest of the conference.

Next was my first ever student congress. Since this first session combined the students and residents, I met up with our chapter's resident delegate, Dr. Guerrero-Pezzano. We learned how to write resolutions and heard from current office holders on what they have done for the past year. Then we split into 6 discussion groups, all of differ-

ent topics. At the Health of the Public and Science group, Dr. G-P had a great idea for a resolution pertaining to the consolidation of community resources on the AAFP website. We spent that afternoon writing the resolution and trying to make it as appropriate as possible. Dr. G-P asked if I would co-author with her and like that we submitted our resolution. At the next congress session I got to talk into a microphone and nominate a new friend who had asked if I would the day before. Then, I attended the reference committees which were very interesting to watch. This was where members and resolution authors can testify in favor of passing or not passing resolutions before the reference committee. It was entertaining to see just how passionate some students were. I did not attend the resident reference committees but Dr. G-P informed

-Continued on page 9

AAFP Board of Directors Report

By Rick Madden, MD, Member, AAFP Board of Directors

The American Academy of Family Physicians works on many things on your and your patients' behalf. Here are a few of recent note:

Initiatives beyond the RUC in the public sector

Your AAFP Board is aggressively exploring methods beyond the Relative Value Update Committee of the AMA (RUC) to advise the Centers for Medicaid and Medicare Services (CMS) to obtain the necessary data to enhance payment for Family Physician services to patients. This includes higher physician work and practice expense values, correcting the inequity of the relative value of families of office based codes commonly used by primary care physicians, and exploring a model for coding and paying for multiple primary care services at the same time of service.

The Board will present the data not only to the RUC, but also directly to CMS on a regular basis. Payment reform is essential for improving the value of health care for the American people.

Initiatives in the private sector

The Private Sector Advocacy staff is actively involved in promoting participation by private insurers in the seven regional markets selected to participate in CMS' Comprehensive Primary Care Initiative that started this summer. This program is the first of its kind where both private and

public payers reward primary care practices (75 practices in each market) who demonstrate delivery of higher quality, patient-centered, better coordinated care. The payments will combine fee for service with case coordination fees ranging from \$8 to \$40 per member per month, depending on the risk profile of the patients' conditions. The closest of these sites to New Mexico is in Arkansas; I witnessed their palpable enthusiasm when I visited their annual meeting as the AAFP official Board representative in June.

Bylaws revision proposal

A task force appointed by the national AAFP Board Chair has been working for three years to streamline and modernize the AAFP Bylaws. Members have been giving input that has led to improvements. The Congress of Delegates will consider them at a dedicated reference committee this October in Philadelphia. The proposed Bylaws and Standing Rules may be viewed on the aafp.org Web site, search Bylaws. There promises to be vigorous debate on the floor of the Congress leading up to a vote.

Pain management and opioid abuse position paper

The AAFP has published a position paper on pain management and opioid abuse (aafp.org, search "pain management"). The paper outlines the background of this large national problem. It goes on

to recommend collaboration with other groups to foster prevention initiatives and treatment programs for opioid abusers, encourages state chapters to be involved with legislation proposals, promotes use of state prescription monitoring programs, opposes mandatory CME, but supports development of voluntary evidence-based education for physicians to promote the most effective use and avoid abuse and diversion of opioids.

FamMedPAC's role in the elections

The AAFP sent an officer and a FamMedPAC leader to each of the national party conventions. Their goal was to promote Family Medicine interests to the candidates. Because contact time was at a premium, the AAFP teamed with other groups to host events.

Graduate Medical Education

With the Supreme Court's decision to uphold the Affordable Care Act, most states are expected to expand insurance coverage to their citizens beginning in 2014, resulting in 20 to 30 million more people in need of access to primary care physicians. Anticipating this need, the AAFP has been promoting provisions for direct funding of non-hospital teaching health centers (instead of solely through academic medical centers) in part by helping to write HR 3667 The Primary Care Workforce Improvement Act. This would make it possible to appropriately educate more Family Physicians in community settings and enlarge the primary care manpower pool to meet the need.

The New Mexico Board of Pharmacy's Prescription Monitoring Program

By Julie Bohan MD, MPH

The state of New Mexico has the highest rate of heroin and prescription drug overdoses in the country. There are not enough treatment centers nor health care providers to address the burgeoning and dangerous epidemic of prescription drug abuse. Primary care offices, emergency departments and urgent care centers have seen an enormous increase in patients who are seeking drugs, as well as treatment. Many primary care physicians who prescribe buprenorphine (Suboxone®) find their practices overwhelmed with patients struggling with chemical dependency.

New Mexico is a state with close proximity to the Mexican border. It also is one of the more impoverished states in the country. These factors may partially explain our high overdose mortality rates, but we must move beyond speculation about root causes of the problem and urgently take actions toward reversing the escalating number of deaths related to drug overdose in our state.

The New Mexico Board of Pharmacy recently received additional state funding to enhance its Prescription Monitoring Program (PMP). This program allows any healthcare provider with a DEA number to view a patient's history of controlled substance use.

The web-based site requires a practitioner to register to obtain an account. Log in to: <https://pmp-web.rld.state.nm.us>

The patient's history of use includes the location of the dispensing pharmacies, prescribing providers' names and their locations, type of controlled substance prescribed, quantity and date of filled prescriptions. The information is current to 7 days before the date of the request.

PMP information has become an essential tool for all primary care practices. A release of information from the patient is not required. It provides practitioners with objective information on patients' controlled substance use. The New Mexico Medical Board is now requiring that a PMP sheet be obtained prior to prescribing opioids for chronic use and every 6 months during treatment. It should also be obtained whenever a patient is exhibiting signs of addiction or intoxication.

Prescription Monitoring Programs have also become an effective means of identifying and preventing drug diversion at the prescriber, pharmacy and patient levels. They also can assist law enforcement and regulatory agencies in identifying and investigating potentially illegal activities.

Primary care physicians may be reluctant to take the time from their busy days to ob-

tain PMP information on a patient. However, once a physician is registered, the information can be obtained within minutes. A nurse or medical assistant may become a PMP "proxy" for the physician and obtain PMP sheets. This can be accomplished by contacting the Board of Pharmacy and completing a one-page proxy application form.

For those physicians who practice on the border of New Mexico and whose patients may be using pharmacies in nearby states, there is now a National Association of Boards of Pharmacy PMP Interconnect system (PMPi) which allows a practitioner to request prescription data from other participating state prescription monitoring programs. New Mexico's PMPi program will become available in September, 2012.

Patients who use Indian Health Services and the Veterans Administration may not have prescriptions reported to the PMP. This is expected to change in the future.

PMP information is a necessary tool for providing quality care to patients with chronic pain or addiction. Along with urine drug screens and frequent visits for patients who use controlled substances chronically, the PMP can quickly inform the provider of usage which may lead to overdose and possible death.

NMAFP 31st Annual Winter Refresher in Albuquerque

(This Conference will be approved and accredited by AAFP for 8 Prescribed Credits with a Post Test worth an additional 2.5 Prescribed Credits)

Saturday, February 9, 2013 - Embassy Suites Hotel • Karen Phillips, MD - Scientific Program Chair

7:00 am - 8:00 am	Past President's Breakfast, Agave Room
7:00 am - 8:00 am	Registration/Exhibits Open, Breakfast - Exhibit Hall
7:55 am - 8:00 am	Introduction & Welcome - Karen Phillips, MD, Scientific Program Chair
8:00 am - 9:00 am	"Leading the Way to Better Health in New Mexico: A Job for All of Us" by Martha McGrew, MD
9:00 am - 10:00 am	"New Frontiers in Type 2 Diabetes Mellitus Management: Introducing the Role of the Kidney as a Therapeutic Target" by Dion Gallant, MD
10:00 am - 11:00 am	"Mindfulness-Based Stress Reduction" by Brian Shelley, MD
11:00 am - 12:00 pm	Lunch - Exhibit Hall
12:00 am - 1:00 pm	"Pap Guideline Updates" by Larry Leeman, MD, MPH
1:00 pm - 2:00 pm	"The Perils and Pitfalls of PPIs for GERD" by Joe Alcorn, MD
2:00 pm - 3:00 pm	"Operational Innovation & Practice Transformation: A Lifetime of Lessons" by Philip Briggs, MD
3:00 pm - 3:30 pm	Break - Exhibit Hall
3:30 pm - 4:30 pm	"AAFP Chapter Lecture Series: Chronic Kidney Disease-Cardiovascular Disease" by Todd Thames, MD, MHA, FAAFP (This activity is funded by an educational grant to the AAFP from Merck & Co)
4:30 pm - 5:30 pm	"Restless Leg Syndrome: Causes, Consequences & Clinical Management" by Karl Doghramji, MD & Paul Doghramji, MD, FAAFP
5:30 pm	Drawing for Door Prizes (You Must Be Present to win)

Med Student's Prospective *Continued from page 7*

me that one of her resolutions was recommended by the committee. That was pretty exciting.

The last day, the congress voted on the recommendations of the reference committee and voted on office holders for the coming year. I was very in-

trigued to see how official the voting process was but was ultimately glad that my friend won in her bid for office. Besides the business of the congress, I was able to attend a workshop on sports medicine. I also had an opportunity to meet some pretty prominent

figures in medicine. I attended a great BBQ dinner with UNM faculty and the UNM Residency Recruitment team. Above all else, I learned a tremendous amount about what it takes to be an active member of the AAFP Student Congress.

It Takes a Community to Train a Resident

By Melissa Martinez, MD

"It takes a village to raise a child" Nigerian proverb made famous by Hillary Clinton

In New Mexico, where the goal is to educate residents who will be ready to care for a rural, underserved and diverse population, that proverb could be modified a bit. The UNM Department of Family and Community Medicine is committed to offering "front line" education in communities across the state. This includes the development of 1 plus 2 residency training sites, month-long rotations for residents in New Mexico communities, and continuity-clinic sites that are located "off campus."

In the mid-1990s three sites in New Mexico became 1 plus 2 Residency Training Programs. Residents in these programs spend the first year at UNM Hospital and then go to the community hospital/clinics for year's two and three of residency. These programs in Santa Fe, Roswell and Las Cruces have trained approximately 150 residents, and many of these residents have stayed in or near the community in

which they completed the program or in a community like the one where they completed their residency.

Another way residents get experience in a community setting is through a month-long rotation in a community. Rotations have taken place through the state in communities as far reaching as Zuni, Shiprock, Farmington, Bernalillo, Silver City, Santa Rosa, Cuba, Santa Fe and Roswell.

Community continuity clinics have been on-going at First Choice Community Health Centers and Indian Health Services. Residents see their own patients in these clinics one to three half days per week and are supervised by the Family Physicians who work at these clinics.

This year the Eastern New Mexico Family Medicine Program directed by Dr. Karen Vaillant in Roswell discontinued the 1 plus 2 program. In a letter to the AAFP Board of Directors, Dr. Paul Roth, Chancellor for Health Sciences and Dean of the School of Medicine wrote "Dr. Vaillant has done a tremendous job-especially in light of the challenges she has faced in

Family Medicine faculty recruitment and loss of subspecialists needed to maintain the goals and objectives of residency education. I understand that she proposed the closure after much reflection and after intense efforts to obtain more resources. The residency program in Roswell has been able to accomplish a very important goal-that is, increasing the workforce in rural areas of New Mexico."

"Karen Vaillant, has done a great and amazing job- she seems very excited about continuing to have residents and students there on rotations" said Dr. Martha Cole McGrew, Chair of Family and Community Medicine at UNM Health Sciences Center.

Plans are to continue to find venues for resident training in New Mexico. According to Dr. McGrew, "We are "amping" up our program in Hobbs-not a full residency program, but there is discussion about sending residents there for rotations-especially obstetrics." Dr. Roth indicates "Currently we are working with Hidalgo Medical Services in Silver City to establish a 1 + 2 residency program, and there seems to be a great deal of support in the community for the establishment of this program."

Resident & Student Conference Experience

by Francheska Gurule

Kansas City, Missouri is not only home to the headquarters of the American Academy of Family Physicians, but it is and has been for many years the city where medical students and residents from across the country convene for an annual opportunity to become inspired and to inspire. Nestled in downtown Kansas City, an area not only similar to other downtowns across the US with towering buildings, aesthetically pleasing greenery, and an assortment of restaurants, the conference is surrounded by a unique industrial atmosphere as many of the buildings are constructed from bricks of rust-colored red and all shades of brown. While this fitting destination is something I could spend hours describing, the more exciting information involves the people and their stories, the students and the residents, and finally the lessons.

My journey to the conference began with a simple statement of why I am interested in Family Medicine. I commenced my statement by providing the readers with a sense of my background as a Northern New Mexican; I then supplemented my story with my journey into the field of medicine; and finally convinced the readers as to why I am absolutely enthralled by the wonders of Family Medicine. And now I hope to provide insight into the marvels of the AAFP 2012 National Conference of Family Medicine Residents and Students, and the confirmations that were experienced.

The conference was 3 days of back-to-back sessions in all the essentials of Family Medicine: leadership, health policy and advocacy, clinical skills and more. I attended workshops ranging from the use of social networking to advocate, how to survive in a rural setting, and finally to technologically advanced courses for further exploration of heart sounds. We were treated with exceptional main stage presentations, in which leaders in medicine allowed us to travel through their successes and hardship in an attempt to inspire. The first session was conducted by Dr. Gloria Wilder, a pediatrician who works toward justice and equality in healthcare. She shared stories of her childhood in Brooklyn where she lived in poverty, learned the value of community, and finally overcame the obstacles she was born into. She praised the efforts of primary care and reminded us of the importance of not only doing something to ameliorate our patient's problems, but doing something that is not subpar to healthcare for the general population. We must work to reflect the dreams of our forefathers, and we must ensure that all of our actions demonstrate equality. She empowered this lesson by sharing a story of her efforts to provide healthcare to the impoverished communities of Washington, D.C. She reminisced about how distraught she was that she was providing healthcare to uninsured patients on pews in a church without also offering privacy and respect to the singular intimacies of doctor-patient relationships. Sure she was offering services these people had been deprived of, but she was

doing so in a manner that many insured patients would never settle for. And with this story, I learned the true definition of justice, a justice with no boundaries and no exclusion clauses, plain and simple justice.

The second main stage presentation was given by three highly esteemed physicians: the developer of Healthcare for the Homeless, an advocate for farm workers and immigrants of California, and a traveler extraordinaire who has offered his services globally. The story that most reverberates through my memories was that of Dr. David Buck who shared his most intimate moments with a homeless man, who became a friend and a teacher. He shared with us the hardships of his very own life and how his friendship with this man, an owner of only memories, allowed him to pull through even the toughest of times. The other two doctors in this trio reminded us that "full-spectrum" Family Medicine is not merely a word to describe the medical services we offer as physicians, but a description of the field of Family Medicine in general- as stewards of social justice and cultural awareness, as well as offering a reminder that we should learn to greet and bid adieu to each of our patients in their preferred language. It is after all a simple task that goes a long way.

This conference was memorable beyond words. I find myself sharing the lessons I have learned and the burning passion I have felt for this lovely and rewarding field with every medical student I encounter. The joys of surrounding yourself with like-minded and devoted people is a gift I will forever cherish. Thank you NMAFP for this opportunity.



*Christina Chen
pitching the Program*



*Rose Gonzales and
Christina Chen,
Northern NM
Santa Fe*



*Tamera Ahner, Workforce
Manager, Center for Health
Innovation at HMS
in Silver City*



UNM Family Medicine Team



Team Las Cruces



*Photo by Francheska Gurule
l to r - Lisa Antonio, Britta Beasley,
Sevy Gurule, and Tanya Reyes*

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"NMAFP Doc of the Day Program During the 2013 Legislative Session"

by Arlene Brown, MD

"In politics you are either at the table or on the table", Michael Fleming, MD, past president, AAFP

This year, more than any year that I can remember in 29 years of practice, is critical to Family Physicians.

This year the current administration will make the decision whether to participate in the Medicaid expansion created by the Affordable Care Act, or not;

This year the current administration will make the decision to proceed with health care exchanges, or allow the federal government to create them for our state;

This year the current administration is preparing to overhaul the Medicaid program in its Centennial Care act;

This year the Affordable Care Act will begin the process of insuring 450,000 New Mexicans for the first time, increasing the number of insured in this state by 25%;

This year the trial lawyers plan to attempt to open the Medical Malpractice Act, and ask that the cap be raised to \$1,000,000 with a cost of living adjustment. This would potentially raise our malpractice premiums by 30% this year:

And once again this year the optometrists will attempt to expand their scope of practice to include surgery of the eye, while other non-physicians will continue to define themselves as primary care providers/physicians, further blurring the distinction between Family Physicians and non-physicians.

The Doctor of the Day Program allows us, as Family Physicians, to be at the table, rather than on the table. It allows us to actively participate in the process that is New Mexican politics. We provide needed medical services to our legislators and support them with medical facts when asked. We provide testimony when asked and are given the chance to interact and provide a face of medicine in a sea of medical "wannabes" at the Round House.

I urge all of you to spend a day in Santa Fe, by participating in the Doctor of the Day Program. It is an incredible opportunity to observe politics at work and to be at the table to help shape the outcome for our patients and for our profession.

We will again be offering an orientation to the program, tentative date, January 15, 2013. Please contact Sara if you are interested in participating and can donate a day or more to the process.

The Roadrunner

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