The Roadrunner
NMAFP
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President's Column: A Little Teamwork Goes a Long Way

By Dolores Gomez, MD

The Annals of Family Medicine published in 2005 that the estimated number of hours a primary care physician would have to work to provide recommended chronic disease care to an average panel of 2,500 patients would be 22.6 hours of work per day. This includes 10.6 hours per day for the 10 most common diseases, 7.4 hours per day for preventive care, and 4.6 hours per day for acute care. Recent studies in California confirm this information and anticipate that this will increase with Health care reform. The point is that physicians cannot do this work alone and a team approach is needed. Many physicians have adopted this practice of a "team support". This support involves the physician, nurses, non-medical staff and physician extenders. There are six key characteristics that are part of quality-improvement programs that can help a physician improve his/her patient care and patient care practice:

1. Shared goals. The best answer to the ultimate goal in a family medicine practice is to provide high-quality, patient-centered care. However, this goal can be difficult to achieve if this is not the goal of the entire staff. Often the nursing and non-medical staff do not want to upset the doctor by offering a different opinion. There must always be open communication between all patient providers so the focus is on the patient. Once this is established by the group, the next step is to ensure that the patient's goals are part of the team goal as this may be different.

2. Clearly defined roles. Practices must move from a culture in which the doctor is at the center of everything to one where staff members are engaged in accomplishing the shared goal. You must be clear about who is going to do what but remember to not create silos so you won't hear, "That's not my job". Work must be fluid, and often jobs will overlap. Nothing should be above or beneath anyone, so a physician may need to room a patient if it improves the flow in the office and patient satisfaction. Protocols and standing orders can be created so everyone is on the same page for the goals of an office and for patient care. Remember that everyone must talk to each other and always remember what is in the best interest of the patient.

3. Shared knowledge and skills. As your staff begins to take on more responsibility, remember that they must be trained in the tasks they are to perform. If it is expected that they are to help with preventative care maintenance, such as immunizations, they must know the correct immunizations schedule. Give them the information they need and allow them the time to perform said tasks.

4. Effective, timely communication. This is twofold. First, you need effective communication among team members when the patients are in the office. The second is how you and your team members talk to one another about performance. In medical school, physicians are not taught skills in effective communication and providing feedback, and this is a learned task. It is vitally important to have effective communication and that it is given in a timely manner. Letting a staff member know that a process is ineffective a month later does not improve the overall patient care and may continue to hinder a practice.

5. Mutual respect. Mutual respect is the foundation to having an effective team. We must give people a chance to do their job, don't complain about others behind their back, and don't be quick to point out others' failures. There is no respect in this setting, and it isn't expected that your practice be perfect. Physicians should be the model of respect in our speech and in our behavior. Strive and value this as much as possible, and the team will function better.

6. An optimistic, can-do attitude. "Nothing shares better than a bad mood." As the leader in the office, you set the mood. Always project an optimistic attitude even when the day is stressful or after a call night with little sleep. A simple "hello" to your staff can go a long way.

Your vision in your office should be of team-based care. Start small because we all know that change can be difficult. You should know the reason for change, whether it is to decrease wait times in the office, decrease frustration, or improving quality of care. Try to embody the six characteristics, and you will hopefully see a more successful practice with less stress.

In this issue...

Report on the Congress of Delegates

Philadelphia was the city for the 2012 AAFP Congress of Delegates in October. The "Town Hall" meeting has become a regular part of the AAFP Congress of Delegates. During this meeting, the AAFP President and other leaders talk about issues of importance to Family Medicine Physicians, to the Delegates and other members present. This is also an opportunity for members to speak directly to the AAFP leadership. This year's hot topics included:

Physician-Led Medical Homes: A just released position paper, "Primary Care in the 21st Century", firmly asserts that physicians, preferably Family Physicians, are the best leaders of a medical home. The paper asserts, "Research shows that the best care is achieved when the ratio of nurse practitioners to physicians is about 4 to 1". Dr. Roland Goertz, Chairman of the Board of Directors of the AAFP, asserted that Nurse Practitioners are vital members of the health care team but the broader and deeper expertise of the Family Physician is best suited to address the complexities of the health care delivery at this time.

Distressed Practices: Dr. Jeff Cain, MD, President-Elect of the AAFP, announced that the AAFP has been studying the issues of "Distressed Practice Environments". He announced a "tool kit" is going to be made available to state chapters to help them address this issue.

Payment Reform: At the 2011 Congress of Delegates, there was a call for the AAFP to leave the RUC (Relative Value Scale Update Committee) of the American Medical Association. This was because the RUC made value recommendations that unfairly favored procedures done by specialists. The AAFP sent a letter to the RUC asking for: 1) 4 additional spots to increase primary care representation on the RUC; 2) less specialty representation; 3) addition of outside experts in medical finance; 4) transparency in voting in the RUC. The RUC responded by adding 3 primary care representatives and some increase in transparency but failed to add outside experts or decrease specialty representation. After careful consideration, the AAFP elected not to leave the RUC but to continue to address inequities in the RUC. The AAFP formed a Task Force on Primary Care Valuation that includes leaders from the AAFP, experts in health care finance, patients, payers and other stake holders. This task force has recommended new codes for Evaluation and Management Services commonly performed by primary care physicians. The AAFP has also called for a blended payment model that includes a care management fee and aligned incentives around pay for performance.

The next day the COD formally began. Several important resolutions were debated in committees and voted on by the COD. A complete list is available at http://www.aafp.org/online/etc/medicalib/aafp-org/documents/about/congress.2012. Here are a few highlights:

Several resolutions regarding payment reform - these were referred to the Board of Directors or reaffirmed as current practice.

The AAFP to study the economic impact of the Primary Care Medical Home model on the future viability of small and solo practices, especially as related to the technology required to implement the PCMH.

There was a discussion of Telemedicine. In some settings, such as rural Alaska, telemedicine is used to expand care to isolated populations; but, there is a concern that telemedicine could replace face-to-face care. The Resolution called on the AAFP to oppose the use of telemedicine and examine the threat of the growth of telemedicine and its impact on the future of health care. This resolution was referred to the Board of Directors for further study.

A Resolution that the AAFP advocate to the Board of Family Medicine to change the Maintenance of Certification requirements was not adopted.

A Resolution to lobby for EMR to have platforms that enable exchanges of health information was sent to the Board of Directors.

A Resolution to advocate that Emergency Contraception be available to all women of reproductive age without a prescription was adopted.

A Resolution that expressed concern that the NCQA was becoming the exclusive means of obtaining a PCMH certification and calling on the AAFP to advocate for multiple pathways to PCMH payment and that the AAFP investigate a certifying process and report back to the 2013 COD was adopted.

A Resolution to raise the number of patients that a physician trained in Suboxone treatment could follow, to 200 patients after 5 years of treating addiction, was sent to the Board of Directors.

A resolution that the AAFP support civil marriages for same gender couples to contribute to the overall health and longevity, improve family stability and benefit the children of gay, lesbian, bisexual and transgender families was adopted. Similar resolutions in other years have been a center of much controversy and debate. This year there was still some debate, but the resolution was adopted by a very large margin.

There was an impressive field of candidates for national office and choosing among these candidates was very challenging. Reid Blackwelder of Tennessee was elected as President-Elect. Carlos Gonzales of Arizona, H Clifton Knight of Indiana, Lloyd Van Winkle of Texas, and Rebecca Jaffe of Delaware were elected to the Board of Directors. Next year the Congress of Delegates will be held in San Diego, and New Mexico's own, Rick Madden, will be running for President-Elect. Please consider a visit to the Congress of Delegates to support Rick!

L to R - Sara Bittner, Dr. Karen Phillips, Alternate Delegate; Dr. Melissa Martinez, Delegate; Dr. Dion Gallant, Delegate; and Dr. Stephanie Benson, Alternate Delegate.

Dr. Rick Madden testifying at a Committee Hearing during the Congress of Delegates

31st Annual NMAFP Winter Refresher in Albuquerque February 9, 2013, Embassy Suites Hotel

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"
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"
Dion Gallant, MD
(There is a post test worth an additional 2 Prescribed credits)

10:00 am – 11:00 am
"Mindfulness-Based Stress Reduction"
Brian Shelley, MD

11:00 am – 12:00 pm
Lunch – Exhibit Hall

12:00 pm – 1:00 pm
"Pap Guideline Updates"
Larry Leeman, MD, MPH

1:00 pm – 2:00 pm
"The Perils and Pitfalls of PPIs for GERD"
Joe Alcorn, MD

2:00 pm – 3:00 pm
"Operational Innovation & Practice Transformation: A Lifetime of Lessons"
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"
(This activity is funded by an educational grant to the AAFP from Merck & Co)
Todd Thames, MD, MHA, FAAFP

4:30 pm - 5:30 pm
"Restless Legs Syndrome: Causes, Consequences & Clinical Management"
Karl Doghramji, MD & Paul Doghramji, MD, FAAFP

5:30 pm
Drawing for Door Prizes
(You must be registered for the conference and present to win)

Hotel Information

The Embassy Suites Hotel is located at1000 Woodward Place NE, near Lomas & I-25.

A room block will be held until January 7, 2013, 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 7th.

REGISTRATION FORM

(Please Print Clearly)

Name_____ Designation: ❑ MD ❑ DO ❑ NP ❑ PA ❑ RN

AAFP ID#_____

Address_____ C/S/Z_____

Phone_____ Email_____

_____ AAFP Member Practicing Physician $175
_____ Non-Member Practicing Physician $300
_____ NP/PA/RN $100
_____ Retired Physician $75
_____ **Total Enclosed from Both Columns**

_____ Family Medicine Resident (no charge)
_____ Medical Student (no charge)
_____ Yes, I want to sponsor a student attendee $25

Payment Information: ❑ Check Credit Card: ❑ Visa ❑ MC ❑ Disc ❑ AMEX *(See below)*

Cardholder Name: _____ Billing Address (if different): _____

Card Number: _____ Expiration:_____ CVC *(3 or 4 digit code)*:_____

I authorize NMAFP to charge the amount indicated to my credit card provided herin. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Signature:_____ Date:_____

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2400 Louisiana Blvd. NE, Bldg. 2, Suite 101, Albuquerque, New Mexico 87110

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

Register online today!
www.familydoctornm.org

Family Medicine Interest Group (FMIG) Report

by Tanya Reyes

Since I don't like bumming myself out too much with thoughts of USMLE, I like to do a mini-mental-recap of all the good things I have accomplished throughout the year. One of my proudest moments was taking on the FMIG Presidency.

One of my greatest fears is to speak in front of a group, large or small. I was content with being VP of FMIG when, due to unforeseen circumstances, I was bumped up to President. I could have easily declined to the responsibility, however, something inside me wanted to prove to myself that I could lead this group. Of course, it wasn't solely me running the show. I had help from extraordinary individuals who have an inspiring commitment toward Family Medicine---five other FMIG officers.

My first goal was to bring FMIG back to life. At first, thinking pretty narrowly, my only goal for FMIG was to get it back on the UNM "interest groups" list and get it re-chartered. I honestly felt that by accomplishing this I was going to feel good about what we did as a group. I am proud to report that we did much more! Throughout the year we have sponsored multiple luncheons (often with the financial support from our friendly neighborhood NM Chapter and wonderful Sara B.) with guest speakers of all walks of Family Medicine life. We had the honor of hearing from docs in sports medicine, rural medicine, indigent health, and even medicine on a cruise ship to Antarctica thanks to our very own Dr. Linda Stogner. This year we had a super educational hands-on suturing workshop graciously lead by Dr. Solan, which was a big hit! Teaming up with the Modrall Sperling Law Firm, fellow Medical/PA students, and the generosity of local coffee shops, we were able to raise over $120 for the St. Martin's Hospitality Center's Stock-A-Thon for individuals experiencing homelessness this holiday season. These are only a few of the great accomplishments done through FMIG this year!

All in all, this year was a very productive one for FMIG. The former leaders 2011-2012, were able to give FMIG and the current leadership 2012-2013 a sturdy foundation on which to grow even bigger and gain an even greater membership. Thinking back on this year really pumps me up for what is in store for FMIG and Family Medicine in the near future, even if it means that I need to get past Step 1 first!

Thanks to everyone at UNM Family Medicine Department and everyone at the NMAFP!

Merry Christmas!

Family Medicine Interest Group Update

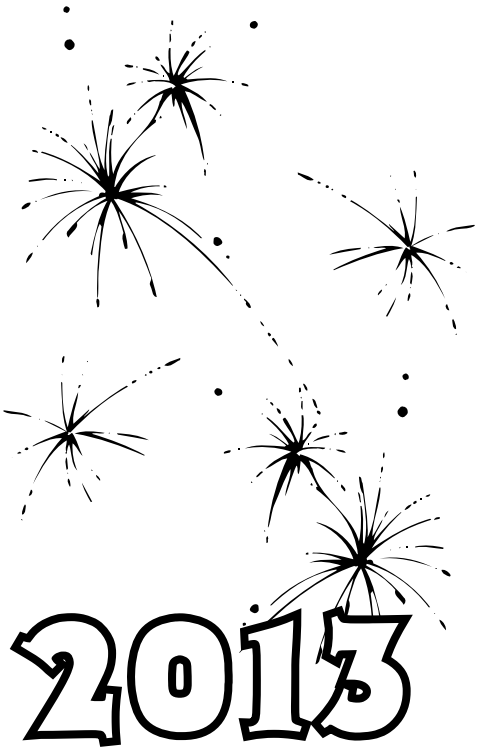
by Dr. Liz Grant, FMIG Faculty Advisor

First, we would like to thank the NMAFP Board for all of their support. The students had a wonderful time at the Medical Student Reception, and it was a great opportunity to promote the mission of Family Medicine.

The FMIG has been revitalized with motivated students and some much-needed administrative support. The UNM Family Medicine Department leadership sees strengthening FMIG as a major goal and hopes to broaden involvement from the traditional group of pre-clinical medical students to include students in the clerkship years, interns, residents and faculty all supporting each other in our quest to be great Family Medicine doctors.

The UNM FMIG has been successfully re-chartered by the UNM Student Groups and hosted a table at the UNM "Welcome Back Day" to publicize the group with new students. The FMIG board has been busy and just organized a successful panel discussion with several Family Medicine Physicians. We have events planned each month including a November suturing workshop led by Dr. Brian Solan with help from other Family Medicine faculty and residents, creating holiday gift bags for the homeless in December, and a trigger point injection workshop with Dr. Cass in January.

We welcome any ideas and look forward to continuing to improve the FMIG.



Update: Pain Management Regulations

By Melissa Martinez, MD

The new rules regarding the prescription of pain medications are available on the New Mexico Board of Medical Examiners website. The regulations include:

- Documentation of initial and follow up evaluation of patient being managed for chronic pain with opiates.
- Patients on opiates must be informed of the risks of opiates.
- Patients with chronic pain medication should have a signed agreement and documented evaluation "periodically" which is defined as at least every six months.
- Re-evaluation should include review of a report from the Prescription Monitoring Program.
- New CME requirements

CME Requirements:

Between November 1, 2012 and June 30, 2014 all prescribers of opiate medications need to complete 5 hours of CME with very specific content. The acceptable CME courses are listed on the NM Board of Medical Examiners website and include:

A DVD of the Pain Management Symposia presented by HealtInsight NM and the NM Medical Society is available for purchase or download. Info@nmms.org

UNM Office of CME offering several programs in Albuquerque and Las Cruces som.unm.edu/cme

Project ECHO has a program offering the needed CME - echo.unm.edu

Other online offerings are listed on NM BOME web site.

After June 30, 2014, five of the 75 hours of CME required for Tri-annual license renewal must have content on pain control. The above courses will count for the first Tri annual renewal after June 30, 2014.

It is possible that new bills impacting these rules may be introduced during the next legislative session. The Board of Directors of the New Mexico Chapter of the AAFP (NMC AAFP) has asked Steve Lucero, the Legislative Liaison, to monitor this situation.

Dr. Chuck North made the following observation regarding the new regulations: "I think this regulation has forced us to learn more about abuse and diversion and should make us more reluctant to start patients on long-term controlled substances. We should find the silver lining and use the regulations to promote better pain management and patient safety."

The NMC AAFP is interested in monitoring the impact of these new regulations on patient care.

If you notice an impact good or bad, send us an email at or tell us about it on Facebook.

Enthusiasm in the Air at the Medical Student Reception

By Melissa Martinez, MD

If meeting with a group of committed, enthused and accomplished Family Physicians will encourage Medical Students to choose Family Medicine, then the Medical Student Reception held on September 21st at the Embassy Suites Hotel in Albuquerque was a big success! Student turnout was very good with students from all years of medical school participating. Also in attendance were Family Doctors from across the state and a variety of practices. Dr. Dolores Gomez chaired the reception which started with a tribute to Dr. Linda Stogner, NMAFP Family Doc of the Year. Sara Bittner made sure each student got a packet of information about Family Medicine. Dr. Gomez then had the physicians visit with groups of students at each table. This gave physicians a chance to share their stories about their lives and the practice of Family Medicine. The physicians moved from table to table every fifteen minutes. This "speed dating" process seemed to work really well. The air was full of laughter and enthusiasm as the evening progressed. Many students stayed late to ask additional questions of the doctors they had met. Kudos to the physicians who attended and shared their excitement about Family Medicine with the students and to Sara Bittner and Dr. Gomez for a well-organized, fun reception.

FMIG Officers (from l to r)
Tanya Reyes MSII, Lisa Antonio MSII,
Shannon Jenkins MSII, Britta Beasley MSII

Dr. Warren Heffron visiting with (from l to r) Shannon Jenkins,
Daniel Paredes, and Heidi Overton at the Med Student Reception

NMAFP Board Minutes November 3, 2012, NMAFP Office

Present: John Andazola, MD; Sally Bachofer, MD; Sara Bittner; Arlene Brown, MD; Melissa Garcia, MD; Dolores Gomez, MD; Greg Koury, MD; Melissa Martinez, MD; Karen Phillips, MD; Tanya Reyes; Linda Stogner, MD; Leigh Vall-Spinosa, MD; Lourdes Vizcarra, MD. Chaired by Dr. Gomez.

Introduction: Leigh Vall-Spinosa, a Family Physician at First Choice, joined the Board as a Legislative Affairs Committee Member.

FMIG Update: A report from Dr. Liz Grant, FMIG Faculty Advisor: "UNM FMIG has been successfully re-chartered by the UNM Student Groups and hosted a table at UNM Welcome Back Days. FMIG organized a successful panel discussion with several Family Docs. Events are planned for the next three months: November - suturing workshop led by Dr. Brian Solan, Family Medicine faculty and Residents; December - creating holiday gift bags for the homeless; and January - trigger point injection workshop. According to Tanya Reyes, Past FMIG President, interest in FM among the Med Students has increased in the last year.

Final Report from Taos Conference: The Conference was very successful on many levels. The final evaluations were filled with rave reviews of the speakers and how the conference was conducted. The Silent Auction was also very well received.

Med Student Reception: Dr. Dolores Gomez was the moderator for the Med Student Reception on Sept. 21st. She had FM Physicians rotate among the tables of med students describing their practice and Family Medicine. This venue gave the students an opportunity to visit with FM Physicians from a variety of settings and was very well received. After the Reception, an email was sent to all Med Students listing each doc that was present along with his/her city of practice and email address for future questions. Next year's Med Student Reception is set for Friday, September 13, 2013.

COD Summary: Drs. Dion Gallant, Melissa Martinez, Stephanie Benson & Karen Phillips represented the New Mexico Chapter at the AAFP Congress of Delegates in Philadelphia in Oct. The Resolution co-sponsored by NMAFP passed. It was in regard to whether or not candidates running for office should be allowed to speak at the Western States Forum.

DOD 2013: Dr. Arlene Brown explained how next year's DOD Program will unfold. The Session begins on January 15th, but volunteers are not needed until January 22nd. A Legislative Training Session/Lunch will take place on January 19th. Steve Lucero, Legislative Liaison for NMAFP, discussed issues and asked the Board to share their position and give him direction on such issues as Medicaid expansion, opioid prescribing regulations, and scope of practice.

Winter Refresher Update: Dr. Karen Phillips, Scientific Program Chair for the WR, shared the brochure with the Board. Online registration is up and running and the brochures have been mailed to potential registrants.

Paul Roth Letter: Dr. Roth responded to the Board's letter regarding the Roswell Residency including an outline proposal to expand southeastern NM academic extension HUBS.

2013 Budgets: The Budget Committee met on Sept. 22nd and prepared the Administrative Budget as well as the Educational Budget for 2013.

2013 Ruidoso Conference: The Conference will take place July 18-21. Dr. Dolores Gomez will chair the 3 1/2 day program. Ideas for entertainment during the Awards Dinner were discussed.

Consolidated Access of Community Resources for Residents & New Physicians - Resident Reps Task Force: This item will be included in the Feb. 8th Agenda.

Pediatric Preparedness: Dr. Sally Bachofer has been asked to participate on a planning committee for statewide, community-based, developing preparedness for pediatric acute illness and will give us an update in Feb.

Residency Report: Dr. John Andazola gave a brief update on the new Family Medicine Residency Consortium in NM. He touched on the progress of developing the new Family Medicine Residency Program in Silver City.

Next Board Meeting: Feb. 8, 2013 NMAFP Office - 5:30 pm

AAFP Meets in Memphis for State Legislative Conference

By Rick Madden, MD

Nothing much is happening in politics. Nothing interesting is anticipated.

Unless one considers that we just passed presidential, state and federal congressional, and governor elections. Not to mention states' initiatives. And that we face a crucial set of decisions about the economy and the Sustainable Growth Rate 27% cut to Medicare payments before January 1.

But in Memphis, on November 2nd and 3rd, the attendees from AAFP Chapters all over the country didn't know the outcomes. Speculation on the electoral races by David Wasserman of the Cook Report later proved to be fairly accurate.

Now we have virtual certainty that most of the Affordable Care Act will go forward. We also have virtual certainty that we will all be nervous throughout November and December about the fiscal crisis our President and Congress must solve to avert another plunge into major recession.

Speakers at the Conference dealt with the concerns of AAFP members: rampant indecision about Medicaid expansion and state insurance exchanges; the need for balance in managing opioid prescribing and pain management and addiction; and patient-centered medical home progress. Our own Dan Derksen gave his usual masterful powerpoint presentation, this time on a case study of the two quite different states he has recently been affiliated with, Arizona and New Mexico.

This conference brings state leaders together to exchange ideas, learn from each others' successes and frustrations, and build common ground to improve health care through state advocacy. I recommend the conference to all. Michelle Greenhalgh has taken over for Greg Martin and she and her staff did a great job. (Greg is now working for the federal Patient Centered Outcomes Research Institute in Washington.)

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

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

5 Reasons Why Flavored Milk Matters

1 KIDS LOVE THE TASTE!

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

2 NINE ESSENTIAL NUTRIENTS!

Flavored milk contains the same nine essential nutrients as white milk - calcium, potassium, phosphorus, protein, vitamins A, D and B_{12}, riboflavin and niacin (niacin equivalents) – and is a healthful alternative to soft drinks.

3 HELPS KIDS ACHIEVE 3 SERVINGS!

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

4 BETTER DIET QUALITY!

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

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www.nationaldairycouncil.org/childnutrition

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

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Albuquerque, New Mexico 87110

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"The (Medical) Times They are A-changing"

By Arlene Brown, MD

Major changes will affect Family Physicians and their patients here in New Mexico. The new Affordable Health Care Act has been found to be constitutional, and it is anticipated health care coverage will begin to be available for 849,000 New Mexicans. Governor Susanna Martinez has announced that the required Health Exchange will be established (in record time, since New Mexico is starting from behind). Currently it is not clear whether the Medicaid expansion option will be enacted in New Mexico.

We as Family Physicians have the opportunity to participate in the change and provide direction that actually improves care and our role in the health care system. If we do not take this opportunity, we can "sit back" and allow others to make the decisions for us. I, for one, believe it is crucial that we participate, and provide our knowledge and input into the process! After all, who else speaks for Family Physicians and for our patients?

I urge all Family Physicians in the state to get involved. This can be as simple as picking up the phone and contacting your legislator (especially important prior to the session) or inviting your legislator to speak to your medical staff and/or office. You can write letters to the local newspaper or volunteer to be a resource to the paper, providing interpretation and insight into how the process affects our patients.

If you want to be more directly involved in the process, you can get involved in the "Round House" by volunteering as a Doctor of the Day, providing valuable medical assistance during the session when our legislators frequently are unable to leave Santa Fe even for simple medical problems. You will have the chance to observe the process while the Legislature is in session, and will have the opportunity to provide testimony on topics of relevance to Family Medicine.

I encourage any and all Family Physicians to join us in Albuquerque for a day of orientation into the process and how to become involved. We will be at the NMAFP office on Saturday, January 19th for training and lunch. It will be a great chance to become informed, meet other Family Physicians, and become part of the "change you want to be". Email or call Sara (505-292-3113, familydoctor@newmexico.com) if you are interested in participating in the DOD Program for 2013 and attending the Legislative Training Session on January 19th.

See you in Albuquerque!

The Roadrunner

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

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