The Roadrunner
NMAFP
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President's Column

By Karen Phillips, MD

Meeting the Challenge of Healthcare Demand in America A Good Problem to Have!

It is an exciting time to be a Family Medicine Doctor. We know that in 2014 the face of medicine will change. We don't know exactly how, but we know that hundreds of thousands more Americans will have health insurance, maybe for the first time. For Family Medicine this will be a bounty and a challenge. The demand for our services will increase when supply already does not meet demand. We know we have to find new ways to serve communities and improve health more efficiently. We know it will involve leading healthcare teams with partners like nurse practitioners and physician assistants. We will also need the help of behavioral health specialists, nurse case managers, interpreters, health educators, nurses, medical assistants, social workers and community health workers to provide real medical homes for so many who have been previously underserved. The teams will be coordinated around the patient with the patient as our partner, actively involved in their own health.

At our clinic at Los Lunas First Choice we have been discussing how we can begin the dialogue with patients about what they feel is their biggest obstacle to improving their health. Other First Choice clinics have developed questionnaires for their patients about what they feel are their biggest health challenges. In some practices nurses are working with motivational interviewing techniques to do action planning and goal setting around weight loss and smoking cessation. All of this can lead to patients setting their own self-management goals that can help improve health outcomes and individual well-being. Providers can always be more skilled at helping patients move forward but it "takes a village" to get real results when patients want to stop smoking, start exercising, eat differently, or afford their medications and take them every day.

From the provider standpoint it is easy to see the benefits of the changes that are coming in healthcare. It is difficult to change though, and it is hard to imagine doing any more than busy and overwhelmed clinics are already doing. The real truth that has been found nationwide is that team care is more efficient and effective, and the team members find it more satisfying. Well-functioning clinics need all the support staff and medical staff working to the very top of their license. Teams need to be well coordinated so that they don't have to re-work problems that have been solved by others because there is good communication and clear delineation of responsibilities. We need to work smarter instead of harder and longer. We need to remove wasted effort in processes and standardize a lot of what we are doing that is not the 'art of medicine'. We need to plan visits so that more is done. We need to have patients called ahead of time so that patients arrive and have their labs and studies done that have been ordered already. We need to have basic health care maintenance done per protocol and nursing standing orders for many of the things that doctors have had to order like ordering diabetic supplies, vaccinations, and ordering HgA1Cs when they are due. As care becomes more deliberate it becomes more effective and efficient. We can spend time doing things that are more meaningful...like spending time with patients doing the things that we were trained to do as physicians.

Many of us are struggling to enter the new world of electronic medical records. We hope that they will actually achieve all that is promised. I know, that since we have been moving to electronic medical records, the days of finding the chart will soon be over. I am also able to look and see what the specialist at UNM said last week when they saw my patient. I can also discover and be informed that my patient was recently hospitalized or went to the ER. I don't have to spend all of my time obtaining medical records, but I can focus on my patient interaction and medication management or new diagnoses they may have. The adoption of an EMR has been a tremendous challenge, and the central information hubs don't exist yet and may be more difficult to set up than previously anticipated. However, the goal is in sight, and the technology is ever evolving. We are already seeing the benefits of safer and higher quality care. We can't turn back now!

It is well established that when the numbers of primary care providers increase in a community that the health of that community improves. Family doctors look at the whole of a person, the whole of a family, and the whole of a community. As we improve the effectiveness of our care and work towards a team of health care providers serving a community to improve health outcomes, every encounter will be a step in that direction. As we work to improve the system the care that we provide each individual can be more

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President's Column

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effective because the system will support the care as opposed to distracting from it. The trust and partnership in that relationship is what fuels the engine of care. That therapeutic relationship between provider and patient is the heart and core of the Patient Centered Medical Home model.

No matter how challenging or overwhelming the changes in front of us in 2014 and the years to come are, they are sure to be worth it. This time is an exciting one where we are seeing real changes to the face of healthcare in America, and we are an instrumental piece in this evolution. We must move forward with our hearts open and our vision set on the improved health of all of our people.

FMIG Update

by Caitlin Williamson, FMIG President

The UNM FMIG had a great spring and is ready to start the new semester with some exciting new projects. Our students had the opportunity to participate in a trigger point workshop, as well as hear some great lunchtime talks from several Family Medicine providers. Over the summer, our students worked with ScOutreach, a Boy Scouts program for disadvantaged kids, to provide free physicals for the youths and counselors attending their camp. Now in the new academic year the group is hoping to be able to hold several more workshops and lunch talks, for which we are always looking for willing providers to donate their time. We will also be partnering with the UNM South East Heights clinic to provide a walking group for patients each weekend.

Most importantly, the FMIG is starting a very important partnership with the New Mexico Family Medicine Residencies. Starting in the fall, we are hoping to co-host several events for students and residents. These events will provide a range of interactions, from introductions to Family Medicine for first years to help applying to residency for fourth years. We hope that these events will help further inform our students about Family Medicine as well as giving them information about the variety of experiences available through our great Family Medicine Residencies.

Heffron Fellowship Award 2013

The Department of Family and Community Medicine is pleased to announce that Dr. Jenifer Lasman and Dr. Brian Smith are the first two recipients of the Warren and Rosalee Heffron international fellowships. This award of $3,000 each will be used for international study and work in family medicine during the next year of their residencies. This award is from an endowment dedicated partly to foster family medicine education among residents from family medicine residencies in New Mexico. Dr. Lasman is from the Albuquerque program and Dr. Smith is in the Santa Fe residency.

During her fourth year in medical school Dr. Lasman did a month rotation at Mulago Hospital in Kampala, Uganda, the largest hospital in the country. This experience was life changing for her and she plans to return this year to further deepen her understanding of delivering medical care in this challenging environment. She describes three foci of emphasis during this residency global health rotation. First, she wants to expand her knowledge of treating infectious diseases including tuberculosis, HIV, typhoid, malaria and other less common infectious ailments. Her second goal is to gain more experience in obstetrics with emphases on vaginal deliveries, obstetrical emergencies and some surgical obstetrical skills. Thirdly she hopes to explore some opportunities to return to Africa after completion of her residency working with the new Medical Peace Corps. She has an eventual interest in academic family medicine and the Peace Corps might give her an opportunity to work in some medical education programs, such as working with others to start a new family medicine residency. This work would most likely be in Uganda, Tanzania or Malawi.

Dr. Smith worked in Guatemala in the Peace Corps for two terms before entering medicine. While there he was impressed with the health needs of Mayan women who lived in rural, poor, and isolated areas where access to health care was very difficult. While there he started a Non Governmental Organization (NGO) called CHILA Inc. The area is in Chisec, Alta Verapaz. This group has built and started a clinic and multiple community health education programs, incorporates traditional healers and beliefs and is introducing western medicine. It is managed by a local board and extensive involvement of local people and he has maintained active leadership roles during his time in medical school and residency. He plans to use his fellowship to visit some similar programs in Central and South America to learn how to make his organization self sufficient and to serve their communities on an ongoing long term basis.

Our department is excited to be able to share this award with two residents who have dreams of contributing to the health of other countries in manners that will be life changing for them and the people they will serve in the future.

l-r Dr. Jenifer Lasman, Rosalee Heffren, Dr. Brian Smith, and Dr. Warren Heffron

Dr. Dan Derksen Appointed Director of Center for Rural Health

Dan Derksen, MD, professor and chair of the Public Health Policy and Management section of the Mel and Enid Zuckerman College of Public Health, has been appointed to the Walter H. Pearce Endowed Chair and director of the Center for Rural Health.

The Center for Rural Health, which is located within the Mel and Enid Zuckerman College of Public Health at the University of Arizona, is home to the Arizona State Office of Rural Health. The center partners with other state agencies and organizations to improve the health and wellness of rural underserved populations through service, research and education. It was recently named the 2013 Outstanding Rural Health Organization in the U.S. by the National Rural Health Association.

New Family Medicine Residency in Silver City, NM

Community Health Centers Are Among the Best Places To Train Tomorrow's Physicians

by Darrick Nelson, MD

There is a primary care physician shortage due to several factors: the growth and aging of the U.S. population, fewer medical students seeking placements in primary care residency programs and many current physicians are nearing retirement. Thus, the primary care workforce is shrinking as demand for primary care increases. As a means of recruiting primary care professionals to provide care for underserved patients, the Human Resources and Services Administration (HRSA) within the US Department of Health and Human Services, established the THCGME (Teaching Health Center Graduate Medical Education) program which is a $230 million, five-year initiative which began in 2011 to support an increased number of primary care residents trained in community-based ambulatory patient care settings. Payments are made for direct expenses associated with sponsoring an approved graduate medical residency training program and indirect expenses associated with the additional costs relating to training residents in such programs. These payments are funded through the THCGME program, remove program sponsorship from the urban, university-based hospital to the primary care setting in a rural community. A report released by the Division of Public Policy and Research at the National Association of Community Health Centers reveals that CHC-run residency training programs can be extremely effective tools for the recruitment and retention of family medicine physicians into community-based practice. Large proportions of graduates choose to practice either at their particular training site or other CHCs, strengthening the CHC primary care physician workforce.

Health center residency "pioneers", nationwide, include New Mexico's very own LaFamilia Medical Center (LFMC) in Santa Fe. It is programs like this that helped to chronicle the successes of community health center training and set the stage for national policy makers to use these pioneers' experiences to make informed decisions about adding a teaching mission to health centers as an economically and culturally-viable training option. LFMC got involved in residency training when the NM State Legislature provided funding to University of New Mexico School of Medicine (UNM SOM) to expand its training opportunities. Given the tendency of UNM SOM-trained residents to remain in Albuquerque following graduation, LFMC sought to increase recruitment and retention of family physicians into rural, community-based settings through a change to the residency experience. LFMC viewed enhancement of the academic teaching experience for community health center physicians as an additional potential recruitment and retention benefit. The Northern New Mexico Family Medicine Residency Program graduated its first class of residents in 1997, and in total, the program has graduated 36 residents with a 100% medical board pass rate since its inception. The program includes three residents in each residency training year for a total of nine residents currently participating in the program. The residency program is run in partnership with UNM and Christus St. Vincent Medical Center. Residents complete their first year of training at UNM in Albuquerque, followed by two years of continuity training in Santa Fe. While UNM holds the accreditation for the residency program, LFMC currently provides all staff support and supervision for the residency program's continuity clinic.

Hidalgo Medical Services, serving Grant and Hidalgo counties of Southwest NM, has been a rural training site for 17 years, offering rural rotation training experiences for University of New Mexico medical students and residents, as well as dental residents and other health care disciplines from UNM and other sponsoring institutions nationwide. In 2010, under a workforce grant awarded by the Office of Rural Health Policy, the workforce staff at HMS began the journey of developing a 1+2 family medicine residency in partnership with UNM as a rural, 2/2/2 model. Implementation of the promising Teaching Health Center model at Hidalgo Medical Services is a perfect solution to addressing primary care shortages in southwest New Mexico. Increased recruitment and retention rates are well documented by the Santa Fe program. Improved recruitment in Silver City will reduce vacancy periods, thereby decreasing patient wait time and increasing the number of patients who will be able to access primary care services. Training in the community will produce culturally competent primary care providers who are more aware of the unique challenges and lifestyles in rural New Mexico communities. Increased retention rates will also improve continuity and quality of care, and provide an environment wherein community members can develop long-term relationships with a single provider.

HMS utilized existing expertise in the Silver City community to develop its faculty roster. Seasoned professionals with permanent ties to the community have become part of the program's faculty roster. In addition to family medicine, these specialties include dermatology, otorhinolaryngology, orthopedics, sports medicine and surgery, to name a few. The program became accredited as a sponsoring institution in May of 2013 and HMS recruited its inaugural resident class of two second-year residents in Silver City to launch the program effective July 1st. The community's sole-community hospital has opened its doors to inpatient training opportunities for budding residents to complement their family medicine center training. HMS is now registered in ERAS and will participate in the match for the 2014 interview season, wherein HMS faculty will work with UNM faculty to match two interns to spend their first year of family medicine training in Albuquerque with UNM interns.

The HMS residents currently on staff have already integrated nicely into the FMC environment, are building their very own patient panels and have enjoyed the spotlight as two feature residents in the Silver City provider community. More than 21 states host THCGME programs, and are widely disbursed throughout the nation.

For more information about the HMS program, please contact Darrick P. Nelson, M.D., Program Director, at dnelson@hmsnm.org, Kristan Diaz-Rios, M.D., Associate Program Director, at kdiaz@hmsnm.org, or Tamera Ahner, Program Coordinator, at tahner@hmsnm.org.

NEW MEXICO AFP 56TH ANNUAL FAMILY MEDICINE SEMINAR IN RUIDOSO, NEW MEXICO

By Dolores Gomez, MD

The New Mexico AFP held its 56th Annual Family Medicine Seminar in Ruidoso, New Mexico on July 18-21. As the Scientific Chair for the program, I was extremely excited and nervous about the lineup of lectures. Once again, the program was a huge success. We had 150 attendees for the conference with many traveling not just from New Mexico, but also Texas, Arizona, Washington, Louisiana, California, Colorado, Oklahoma, and Missouri. We also had over 20 vendors available for our participants to browse their booths and get to know more about what they have to offer.

Overall the lectures were all well received. We had several lecture panelists which was an attempt to change up the typical lecture format presented at conferences. I believe all of these were well received including our PSA discussion panel with primary care, urology, oncology, and radiation oncology offering their perspective on the use of PSA in the care of the patient. We also had a panel discussion on buprenorphine as well as integrated behavioral medicine. These panels allowed for more audience participation and made for a stimulating conference.

The success of our conferences each year is always made possible by the attendance of our participants not just in attending lectures, but being involved in our evening reception announcing the election of our new officers and the participation in the silent auction which raised over $4800 that goes to our Chapter for support of Family Medicine Residents and Medical Students interested in Family Medicine. We were fortunate to have our National President-Elect, Dr. Reid Blackwelder present two excellent lectures and to install our officers. We also had an extra pleasure to announce the candidacy of one of New Mexico's own, Dr. Rick Madden, in his bid to run for President-Elect of the National AAFP. The Chapter is also proud to allow families to be involved during the conference with our children's activities that take place during the whole conference. Many participants from out of state comment that it is one of the reasons they love to attend our NM conference!

As the Scientific Chair, I would like to thank Sara Bittner, who once again makes the program look seamless. I only anticipate that our future conferences will continue to be just as successful and with our participants' feedback, they will only get stronger with excellent speakers and evidence-based lectures on the full spectrum of Family Medicine. Hope to see everyone on February 8, 2014 for our Winter Refresher in Albuquerque, and July 31-August 3, 2014 for our Summer Conference in Taos!

A big thanks from NMAFP goes out to all the Vendors that were with us in Ruidoso:

- 6th Medical Recruiting Battalion
- American Board of Family Medicine
- American Massage Therapist Association – NM Chapter (AMTA-NM)
- AstraZeneca
- Atrinea Health
- Dairy MAX
- Lovelace Medical Group
- Medical & Commercial Communications
- Midwest Medical Books
- Mitchell's Silver & Turquoise
- New Mexico Academy of Family Physicians
- New Mexico Air National Guard
- New Mexico Breastfeeding Task Force
- New Mexico Health Resources
- Presbyterian Healthcare Services, Albuquerque
- Presbyterian Medical Services, Santa Fe
- Quest Diagnostics
- Sanofi Pasteur
- The Doctors Company
- TriCore Reference Laboratories
- United Allergy Services
- UNM Locum Tenens and Specialty Extension Services
- UNM/SOM Undergraduate Medical Education Preceptorship Program

A big thank you also goes out to the Co-Sponsors of the Conference:

- Dairy MAX
- Memorial Medical Center, Las Cruces, NM
- Luna Community College, Montanas del Norte Area Health Education Center, Las Vegas, NM

Dr. Reid Blackwelder inducting Dr. Karen Phillips as President of the NMAFP at the Flying J Ranch

Dr. Arlene Brown being presented with the Physician of the Year Award by Sara Bittner and Dr. Dolores Gomez

Not Shown: Dr. Sally Bachofer receiving the Chapter Service Award & Charlie Alfero, MA receiving the Presidents Award

Dr. Karen Phillips presenting Dr. Dolores Gomez with a Medicine Kachina for her outstanding year as President of the NMAFP

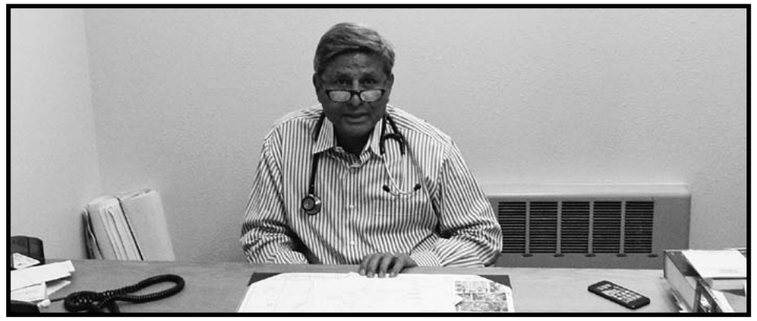
l-r Dr. Dolores Gomez, Board Chair; Dr. Greg Koury, Secretary-Treasurer; Dr. Melissa Garcia, President-Elect & Dr. Reid Blackwelder, AAFP President-Elect

Welcome Reception on the patio of the Lodge at Sierra Blanca

Linda Gregory once again leading the Arts and Crafts Program for children of all ages during the Ruidoso Conference

Town Doc and Mayor: Ravi Bhasker MD

By Melissa Martinez, MD



"I enjoy it" is the response that Dr. Ravi Bhasker gives when asked why he has practiced Family Medicine in Socorro, New Mexico for over 40 years and served as Socorro Mayor for the city for 23 years. Dr. Bhasker attended medical school in Kansas in 1971. "At that time there was a big push to get physicians out and into practice". He finished medical school in three years, did a one year internship then joined the National Health Service. His first assignment was in Carrizozo. At that time he was one of two NHS doctors to work in southern New Mexico.

When the Carrizozo Hospital closed down he went to Socorro. Presbyterian Hospital helped him start up a practice and offered him a salary. At that time there were 3 other doctors in Socorro, all in their sixties. "Presbyterian Hospital did a great service to many communities in New Mexico by supporting hospitals and recruiting physicians to these underserved communities. If it had not been for Presbyterian many hospitals would have gone broke".

His first years were tough. The other local doctors resented that Presbyterian was supporting him. But he quickly overcame these problems and became busy. He saw many patients in clinic, did about 10 deliveries a month and had several patients that he followed in the hospital at any given time. After a year he was ready to leave Presbyterian for his own practice. "I like being independent, it gives me flexibility to do what I think is best for my patients." "For example we have a CLIA approved laboratory and can do many tests for less than the other labs".

In 1984 Presbyterian bought Socorro General Hospital. "I became concerned about the 'corporatization' of medicine. That is what got me interested in politics. It is not good when one group owns the hospital, laboratory and all the practices. I think competition is good, as it helps keep prices low. There needs to be more information on the cost of medical care. For example one of my employees found out that her MRI in Socorro was $150 more than if she traveled to Albuquerque. For her it was worth the trip."

In 1984, Bhasker was elected to the city council. In 1990 he became Mayor. He has been the Mayor for 23 years.

It was a challenge early on. "My training for Mayor was on-the-job training". Bhasker and his wife had five children, and he was still delivering babies and rounding in the hospital. "We did not have cell phones at the time. I carried a pager and radio so I could stay in contact with the practice and city hall. We thought it was great when I got a phone that I could carry in a brief case. Now, of course, I have a little smart phone that really helps. Everyone knows that I will stop what I am doing to answer my phone because I need to stay in contact. The only time I do not answer calls is when I am with patients."

Besides the phone, it helps that his children are grown. "Not one of them became a physician" he laments. Also about six years ago a hospitalist system was started at the hospital. He no longer has to round in the hospital. He starts each day at 6:30 am working on charts, and sees a few patients before going to City Hall, which is a few blocks away. He is back seeing patients in the afternoon after he has spent some time in City Hall.

As a physician he has worked hard to help his patients recieve good medical care. His clinic sees about 50% of the patients in town. His wife, Addy, manages his practice. Over the years he has recruited several doctors to his practice. Currently there is one other physician and four advanced practice providers. There is also a cardiologist that sees patients in his office once a month.

As Mayor he worked to help the citizens get good medical care:

Socorro has one of the only city-run ambulance systems in the state. Under Basker's leadership there have been some major upgrades to the system. "There have been many inquiries from other communities about how we have accomplished this."

Socorro has a city van that takes about ten people to dialysis in Los Lunas. "We charge $4 per trip which is much less than it would cost them to drive.

There is a city transportation system that enable people to get to pharmacies, doctor visits and grocery stores.

For city workers Bhasker has been able to keep medical insurance premiums low. They had a zero percent increase over the last two years. They did this by raising deductibles but establishing a city fund to reimburse employees when they have actually had to pay for unexpected high deductibles. "I think being a physician helped me figure out how to do this" Bhasker adds.

Bhasker says "There is a lot of overlap in the skills needed to be a physician and mayor. You have to work well with people. You need to hear their voice if you are taking a medical history or talking to a constituent. You have to understand the plight of people. Sometimes you have to let them vent and work with them to achieve good results."

Improving the Payment & Reimbursement System:
A Local Bundled Payment Pilot

By Pat Montoya, Director, New Mexico Coalition for Healthcare Quality

Changing the payment system is a key component of the Affordable Care Act (ACA) as well as New Mexico Medicaid's Centennial Care. Restructuring the payment system can take on many different appearances and work in multiple ways. One method, bundled payment, was put in the spotlight when demonstration projects were included in the 2010 Affordable Care Act and was recently included in New Mexico State Medicaid's Centennial Care. To help New Mexico's health plans and providers prepare for these upcoming payment system changes, the New Mexico Coalition for Healthcare Quality, through its Aligning Forces for Quality (AF4Q) initiative, is partnering with local health plans to test bundled payments.

The purpose of this pilot is to determine how bundled payments would work in New Mexico's diverse health care system. What is learned through this pilot will be shared with communities, health plans, physicians, Medicaid and organizations across the state and country so that others can learn, adopt and adapt their own payment system improvements. This is an opportunity for New Mexico to align both public and private payers and could create a simplified payment and reimbursement system for both health plans and providers.

Both health plans and providers benefit from participating in payment pilots as they will be better prepared to operate in a value-driven payment system that is starkly different than the current system. During a payment pilot, health plans have time to determine software needs to efficiently implement a new payment and coordinated care model. Participating in the pilot will allow providers to gain unprecedented insights into their practice, using timely data to gauge and improve their effectiveness manifested by reduced patient complications, better medical outcomes, lower costs, and improved organizational performance.

This local bundled payment pilot is already underway. In this first year (2013), which is considered the "Set Up Year," health plans have had their claims data analyzed to determine what the best bundled payment pilot would be and are currently researching which providers/provider groups to test the bundled payment with, and preparing their payment software systems to manage bundled payments. Next year (2014) will be the "Observation Year" where health plans and providers learn how bundled payment would be implemented, how it would impact practices and care, and identify any adjustments that need to be made in the payment model before monetary transactions occur. Year Three (2015) will be the "Risk Contracting Year" or "Money Phase" where bundled payments are fully implemented and the payment system changes.

Currently, Molina Healthcare of New Mexico and Presbyterian Health Plan are engaging in our pilot. Since this pilot is still in the "set up" stages at this time, the providers or provider groups who will be participating have not been determined. However, the New Mexico Coalition is working to keep providers informed on the project's status. We aim to keep providers up-to-date with local activities so they can be better prepared to participate in future reimbursement improvements. For more information about this pilot or the New Mexico Coalition for Healthcare Quality's efforts, please contact Sam Shalala at (505) 998-9737 sshalala@healthinsight.org or Pat Montoya at (505) 998-9735 pmontoya@healthinsight.org.

RICK MADDEN'S CAMPAIGN FOR PRESIDENT-ELECT OF THE AAFP JUST AROUND THE CORNER

In less than a month, the campaign will come to an end, the votes will be counted, and a new President-Elect of the AAFP will emerge. This will take place in San Diego on Sept. 25th during the last day of the Congress of Delegates.

NMAFP is very proud and grateful to Dr. Rick Madden who has worked tirelessly to reach this stage in the campaign. NMAFP is also grateful to those of you who have generously donated to Rick's efforts. Contributions have been received from the following individuals: Dr. Philip Briggs, Atrinea Health, Albuquerque, NM; Dr. Alana Benjamin, Zuni, NM; Dr. Martia Glass, Farmington, NM; Dr. Justin Glass & Marcella Glass, Boise, ID; Marcus Higi, MD, Albuquerque, NM; Ann Kane, Red Lodge, MT; Dr. Catherine McDowell, Littlefield, TX; Dr. John Sears, Winslow, AZ; and Dr. Tina Welker, Albuquerque, NM.

Members of the Campaign Committee are: Dr. Sally Bachofer, Dr. Stephanie Benson, Dr. Dion Gallant, Dr. Melissa Martinez, Dr. Karen Phillips, Dr. Arlene Brown, Dr. Dan Derksen, Dr. Linda Stogner, Dr. Erin Bouquin, Molly Madden and Sara Bittner.

Drop by our booth at the Hospitality Suite on Monday, Sept. 23rd, San Diego Marriott Marquis & Marina if you are in the neighborhood. We are booth number 9 and will be sporting a lot of red and yellow for our wonderful state of New Mexico and for our own Dr. Rick Madden.

32nd Annual NMAFP Winter Refresher

IN ALBUQUERQUE, NM • FEBRUARY 8, 2014

Scientific Program Chair
Melissa Garcia, MD

SCHEDULE OF EVENTS AND LECTURES

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
Melissa Garcia, MD
Scientific Program Chair

8:00 am – 9:00 am
"Management of the End-Stage Liver Disease Patient in the Primary Care Setting"
Andrew Mason, MD

9:00 am – 10:00 am
"Implications of the Affordable Care Act for You & Your Patients in 2014"
F. Kiko Torres, MD

10:00 am – 11:00 am
"Assessing Fall Risk: When They Don't Ask For Help – How to Recognize When Your Patients Need Help with Mobility"
Cheryl Simpson, MPT

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

12:00 pm – 1:00 pm
"Advance Directives: New Approaches in New Mexico"
Nancy Guinn, MD

1:00 pm – 2:00 pm
"AAFP Chapter Lecture Series: Treating Obesity in Adult Patients"
This activity is funded by an educational grant to the AAFP from Eisai Inc., Takeda Pharmaceuticals International, Inc., U.S. Region, and VIVUS, Inc.
Speaker TBD

2:00 pm – 3:00 pm
"Pulmonary Hypertension"
Pamela Hsu, MD

3:00 pm - 3:30 pm
Break - Exhibit Hall

3:30 pm – 4:30 pm
"Concussions & Return to Play Guidelines"
Gloria Cohen, MD

4:30 pm - 5:30 pm
"Family Medicine & Patient Centered Asthma Care"
Hobart Lee, MD

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

(This program has been reviewed and is acceptable for up to 8 Prescribed Credits by the AAFP)

YOU CAN ALSO REGISTER ONLINE:
www.familydoctornm.org

Please Print Clearly

Name:_____
Designation: ❑ MD ❑ DO ❑ NP ❑ PA ❑ RN
AAFP ID#:_____
Addrss:_____
C/S/Z:_____
Phone:_____
Email:_____

_____ AAFP Member Practicing Physician $175
_____ Non-Member Practicing Physician $300
_____ NP/PA/RN $100
_____ Retired Physician $75
_____ Family Medicine Resident (no charge)
_____ Medical Student (no charge)
_____ Yes, I want to sponsor a student attendee $25
_____ Total Enclosed

Would you like to receive your speaker handout material:
❑ Hardcopy Booklet ❑ Electronic Version
Payment Information: ❑ Check ❑ Credit Card (See below)
Credit Card: ❑ Visa ❑ MC ❑ Disc ❑ AMEX
Cardholder Name:_____
Billing Address (if different): _____
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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:_____

Please mail form & payment 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

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 6, 2014,
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 6th.

NATIONAL RESIDENT & STUDENT CONFERENCE, JULY 31 - AUGUST 2, 2013, KANSAS CITY, MO

The New Mexico Family Medicine residency programs had a strong start to this year's recruitment season. The University of New Mexico Program in Albuquerque, the Southern New Mexico Program in Las Cruces, the Northern New Mexico Program in Santa Fe, and our newest program in Silver City were all well-represented at the Kansas City AAFP Conference for Students and Residents. The New Mexico Primary Care Consortium created a beautiful backdrop for the booths, attracting interested medical students to learn more about what primary care training in New Mexico has to offer. Residents and faculty from each program spoke with potential applicants about the strengths and uniqueness of each program.

Santa Fe & Albuquerque Residents give a big thumbs up

Raquel Cisneros, UNM FM Resident & Program Director Dan Waldman

RESIDENT & STUDENT CONFERENCE 2013

By Estevan Apodaca

I would first like to thank New Mexico Academy of Family Physicians for sending me to Kansas City to be exposed to so many people who are excited about the role of the Family Physician and primary care. From the start I was able to hear the perspective of AAFP on important issues like the ACA and the future role of the Family Physician. I met students from all over the country that want to give back to their communities through primary care. I also got to attend the MLS All Star game that just so happened to be in Kansas City the day before the conference (something as a third-year medical student doing clerkships I would never have the time to do).

What I was most excited about seeing was all of the different flavors of residencies and practices around the country. There is a real ability to build my career through the training I pursue and the location I choose to practice. Without the exposure I had at the AAFP conference to this diverse field of practitioners I do not feel I could have seen my potential as a future primary care physician.

I hope that all students that have a desire to be a Family Physician get the opportunity to see the training opportunities that are available, and the AAFP National Conference is the perfect way to do just that. I again am very thankful to the Family Physicians who work so hard to improve the health status of New Mexico for their generosity. I look forward to joining this amazing group of practitioners.

Jason Lee, MD, Francheska Gurule, & Rick Madden, MD, AAFP BOD

STUDENT DELEGATE ARTICLE

By Tanya Reyes

Family Medicine will be important in healthcare transformation! That was the main point made at the AAFP Student Congress of Delegates meeting this year in Kanas City. AAFP President, Dr. Jeffrey Cain, made the analogy of the healthcare system, including the patient population, being like an orchestra. He called it a "Symphony of Care." with Family Physicians being like the maestros, leaders of that symphony.

Now that I am a third-year medical student at UNM, my time to receive those two letters at the end of my name is finally drawing nearer. I find myself frequently being asked: "What kind of doctor do you want to be?" My go-to answer, in the past, was always "a Family Doc of course." However, I don't remember feeling like I would answer with conviction, as if some tiny part of me was still in the dark about it. After having attended the National Conference for two years, I can say whole heartedly that I am, without a shadow of a doubt, going to be a Family Physician!

As I mentioned earlier, this year's focus was on how primary care, with an emphasis on Family Medicine, is at the forefront of healthcare reform. We as Family Physicians should rightfully take that position and lead the way towards a better and healthier system. If the conference's goal was to stir up inspiration throughout… mission accomplished! I feel empowered and confident that my generation's task is to pick up the broken system and transform it into something that we can be proud of as community spokesmen and providers of care.

A few speakers at the conference touched base on what needs to happen in order for Americans to experience a sound healthcare system:

Silver City Program Team speaks to candidates

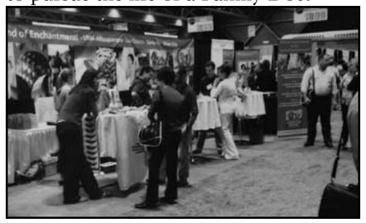
1.) Healthcare must revolve around patient care

2.) The healthcare system must bring in community health for populations

3.) There needs to be a form of advocacy for important issues

4.) There needs to be transformation from our current system.

After listening to the different presentations, the different ways of speaking, and the different key points, I realized that all speakers had come to the same conclusion: It was Family Medicine that was going to make the change so long as they accept the challenge. That is how I was re-inspired to take the first step necessary for change in our country in the long run. I am re-inspired to pursue the life of a Family Doc!



New Mexico Primary Care Training Consortium Booth overview

UNM FM Residents Taylor Klein Tomlinson and Kate McCalmont

FAMILY MEDICINE: At the Heart of Health Care Transformation

Jason Lee, MD, MPH

Family medicine residents, medical students, specialty leaders, and educators from around the nation gathered at the AAFP National Conference to explore, learn, and connect for the next chapter of family medicine. The National Conference, now in its fourteenth year, was the largest gathering of family medicine residents and medical students in the country, and offered participants the opportunity to shape their family medicine story by way of clinical sessions, procedural workshops, and interactions with family physicians from across the country. This year, the overall theme focused on health care transformation and the roles family physicians will have in shaping the future of the health care system.

The AAFP highly values the contributions made by family medicine residents and medical students and recognizes the importance of training future leaders of medicine. It is one of the few specialty organizations to actively enlist resident and student members in leadership roles. Each year AAFP chapters designate one student member and one resident member to serve as chapter delegates to the National Congress of Student Members and National Congress of Family Medicine Residents. Both congresses convene during the National Conference to discuss issues of vital interest to residents and medical students through the Leadership Forum. These bodies were created more than 35 years ago as the official voices of residents and students in the AAFP. Many of the initiatives launched by residents and students are now AAFP policy. Many family medicine leaders got their start in the resident and student congresses.

This was my first time at the AAFP National Conference, and I attended the National Congress of Family Medicine Residents as the chapter delegate of the New Mexico Academy of Family Physicians with the support of the AAFP Foundation Tomorrow's Leader Award, a member of the Reference Committee, and the assistant chief resident of the Southern New Mexico Family Medicine Residency Program. Through the Leadership Forum, I appreciated the opportunity to learn from national leaders in family medicine, to represent the diversity of resident member interests, and to acquire enhanced skills in governance and advocacy.

The Leadership Forum enabled student and resident delegates to explore issues important to education, training, and practice, to join forces with colleagues to write resolutions on key issues, to debate issues during reference committee hearings and final congress business session, to learn how to effectively run a meeting using parliamentary procedure, and to become a national resident or student leader. While serving on the Reference Committee, I heard testimony on resolutions, discussed the testimony with other committee members, and drafted a report that summarized the hearing discussion and the rationale for the committee's recommendations. Following the National Conference, the Commission on Education reviewed all resolutions adopted by the congresses and identified those to be directed to the AAFP Congress of Delegates.

Residents took seriously their role as patient advocates, and many resolutions focused on keeping patients healthy and safe. Resolution writing was a great way to fine-tune advocacy skills for patient health and safety. I co-authored a resolution with Nick Teleten, MD, and Elizabeth Lynn, MD, delegate and alternate delegate of the New York

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FAMILY MEDICINE: At the Heart of Health Care Transformation

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State Academy of Family Physicians, respectively, on the dangers of a new method of alcohol consumption that involved the inhalation of alcohol vapors. During the business session, delegates adopted a substitute resolution that asked the AAFP to develop public education programs and an expanded policy on substance and alcohol abuse addiction to "raise awareness of the dangers of alternate methods of alcohol use, including inhalation and mucosal absorption." Residents also asked the AAFP to encourage health care professionals to facilitate research on the adverse effects of those alternate methods.

In addition to the Leadership Forum, attendees also heard main stage presentations from nationally recognized leaders in family medicine and health care. Ted Epperly, MD, FAAFP, co-chair of the Patient-Centered Primary Care Collaborative Center on Accountable Care led the opening main stage session with a presentation entitled, "Family Medicine and the Quadruple Aim: Patient Care, Community Health, Advocacy, and Health Care Transformation." He inspired students and residents to see the quadruple value family medicine offered to help heal the nation's fractured health care system, and expressed the value of family medicine in building the future health care system the nation deserves. The next main stage session focused on unique perspectives by panelists on practice transformation in family medicine and moderated by Reid Blackwelder, MD, FAAFP, the AAFP president-elect. The first panelist was Michael Fine, MD, director of the Rhode Island Department of Health, who focused on building a direct patient care/direct payment practice model. The second panelist was Captain Maureen Padden, MD, MPH, FAAFP, commanding officer of the Naval Hospital Pensacola, who focused on implementing the patient-centered medical home. The third panelist was Deborah Richter, MD, president of Vermont Health Care for All, who focused on creating a single-payer health care system. The closing main stage session featured Marci Nielsen, PhD, MPH, chief executive officer of the Patient-Centered Primary Care Collaborative, who discussed the future practice environment in which family physicians will care for patients with an increasing focus on the patient-centered medical home.

This year, the AAFP Foundation provided 200 scholarships for family medicine residents and students to attend National Conference and recognized their interest in family medicine and commitment to providing patient-centered care. This was the largest number of scholarships ever provided. Many of today's AAFP members solidified their commitment to the specialty through participation in National Conference. To this end, I would like to thank the New Mexico Academy of Family Physicians for allowing me to represent the chapter and Richard Madden, MD, FAAFP, for supporting the AAFP Foundation with National Conference Scholarships.

Resident Congress of Delegates - Jason Lee, MD