The Roadrunner
NMAFP
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President's Column

By Karen Phillips, MD

The face of health care in our country is about to see changes that none of us can fully predict or control.

In a rather unique process in medicine our New Mexico Academy of Family Physicians chapter board members provided feedback to our national board to be sent in a letter to Washington. Time was short for our national board to respond to congressional representatives. In two hour-long conference calls, members from state boards shared in real time their support and their concerns about the proposed legislation. The AAFP sent their letter to Washington last week. The full text of AAFP's response is available on the website. Below is a summary of points made in the response.

The AAFP has advocated for changes in delivery and payment models of health that place greater emphasis on primary care as a foundation of the national healthcare system. It is important to have the necessary resources for physicians and other providers to coordinate care. It is also important that we align quality improvement programs so that we eliminate duplication of effort. Some of the proposals have included payment for coordination and quality of care. Policies that the AAFP support in the new healthcare law emphasize moving away from episodic care and moving towards new and innovative patient centered medical home models focusing on quality and efficiency. For this new system to function, primary care has to be recognized as critical. The financial strains unique to family medicine need to be offset by slightly higher payments to primary care. A 2% higher conversion for primary care has been suggested. Rural and small practices that have not been able to modernize their practices need financial investments at the start, and the cost of doing business may rise with the new requirements so significant efficiencies need to be developed if higher payments are capped. Support for repealing the SGR of Medicare with much uncertainty about what payments would be is high. Concern for the financial challenges for small practices in the proposed formulas is also high. As was repeatedly mentioned, the devil is in the details.

Investments in practice improvement have been aimed towards physicians competing against other physicians as opposed to emphasizing improvement and controlling costs against their own practice. The AAFP supports a system which rewards a practice when it makes significant improvement in clinical quality, systems, resource management and meaningful use of an EHR. AAFP supports a system that rewards quality but any comparison amongst physicians needs to be carefully adjusted to take into account the complexity of patient populations. Rewarding quality should never disadvantage doctors caring for patients with multiple chronic conditions or underserved populations that are at more risk for poor health. It may be the best to measure quality as improvement in the same practice or population over time.

Because only one quarter of AAFP member practices are recognized as patient centered medical homes, the proposal to assist small practices located in areas where there is a health professional shortage would be beneficial. It was also thought to be important that all quality process improvement programs be consolidated into a single program and that meaningful use be simple. Meaningful use should be seen as getting all medical information into an electronic system where data is able to be obtained and eventually improved.

The letter to Congress also stated that the 10-year freeze on Medicare physician payments was going to be a particularly harsh challenge for family doctors. Adequate family medicine workforce issues are also at the forefront of our minds and need to be addressed.

I hope each of you will take the time to review the document sent to congressional leadership. As a new healthcare system rolls out, we family doctors need to have our voices heard about what is good for our patients.

Will AAFP Effort Put an End to SGR?

By Melissa Martinez, MD

National leaders from the AAFP have seized upon a chance to repeal the Sustainable Growth Rate (SRG) formula for funding Medicare and replace it with an alternative pay model. In 1997 congress mandated the Sustainable Growth Rate formula to calculate Medicare payments with the idea that this would drive down the cost of health care. Instead of driving down health care cost, the SRG formula has been problematic. Each year the formula specifies a cut in Medicare payments. Each year the cut has been stopped by a temporary fix from congress. In 2014 the cut in Medicare payments would be twenty-four percent if they were not stopped by congress. In November AAFP President Reid Blackwelder and other national leaders pressed for a bipartisan proposal being reviewed by both the House and Senate Ways and Means Committees that would end SGR and potentially offer other benefits to primary care.

AAFP leaders met with several key

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An End to SGR

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congressional members to discuss the proposals put forth in a "discussion draft", not yet a bill. Key points in the draft include:

- Repeal of SGR.
- Payment bonuses for quality outcomes.
- Extra payments for coordination of care.
- Medicare payments would stay at the current level for the next ten years.
- Financial support to help small practices with transformation to a medical home.
- A study to re-evaluate how the Relative Value (RVU) scale is determined which might change to improving primary care RVUs.

Before going to Capitol Hill to lobby the national leaders of the AAFP discussed the proposal with state chapters via a telephone conference. During the discussion chapters expressed concerns including: A ten year freeze on Medicare payments is better than an annual cut but some growth in payments would be better. Payments for coordination of care and quality may not be high enough to offset the cost of attaining these goals. Would enough money be set aside to truly help small practices with transformation? Many chapter leaders repeated the phrase "the devil is in the details" because the full impact of the proposal will not be appreciated until many issues are fleshed out.

Even with these concerns, the consensus was that this is a very promising start to a change that is long overdue. As of this writing the AAFP leaders have taken the concerns raised by the chapters to key members of congress and are committed to helping congress with this vital change.

Leading by Example

Jason Lee, MD, MPH

The Southern New Mexico Family Medicine Residency Program is dedicated to faculty development, leadership, and community service. It has been home to faculty physicians with experience in the teaching, administration, and management skills that have been needed to serve as academic leaders in family medicine. There are seven central areas of effort to which faculty physicians typically direct their efforts: education, research, patient care, institutional administration, professional outreach, self development, and citizenship. This article highlights a sample of the faculty's diversity of expertise contributing to the enhancement of graduate medical education in family medicine and their collective service as leadership role models for resident physicians and medical students.

John Andazola, MD, FAAFP, serves as the program director and attending physician of the residency program and a clinical assistant professor at the University of New Mexico Department of Family and Community Medicine. Recently, he was appointed to the LifePoint National Physician Advisory Board to provide strategic guidance on efforts related to clinical quality, physician engagement, and innovative models of healthcare delivery. He has completed fellowships in the National Institute for Program Director Development at the Association of Family Medicine Residency Directors, Physician Leadership Academy at the Advisory Board Company, Faculty Development Fellowship at the University of Arizona, and Advanced Hospital Training for Family Physicians at Maricopa Integrated Health System. He is the medical director of Home Health and Adolescent Services, the co-chair of the Continuing Medical Education Committee, and a member of the Patient Safety Committee at Memorial Medical Center. He is the medical director and past president of St. Luke's Health Care Clinic, a community clinic that addresses the non-emergency health care needs of homeless and indigent persons living within Doña Ana County of New Mexico. He is also a board member of New Mexico Health Resources.

Kathleen Hales, MD, serves as the assistant program director and attending physician with the residency program and a clinical assistant professor at the University of New Mexico Department of Family and Community Medicine. Currently, she is a fellow of the Family Medicine Physician Faculty Development Program: Developing Leaders in Residency Training and Scholars in Cultural Competency, sponsored by the Health Resources and Services Administration and the White Memorial Medical Center. She was the past president of the Medical Staff, past chair of the Department of Family Medicine, chair of the Ethics Committee, and a member of the Hospital Quality Council at Memorial Medical Center. She was an invited moderator at the 13th Annual World Conference on Public Health in Addis Ababa, Ethiopia, and lecturer at the Society of Teachers of Family Medicine Annual Spring Conference.

Marco Duarte, MD, FACOG, is an attending physician, obstetrician, and gynecologist (OB/GYN) with special interests in underserved and disadvantages populations, patient safety, public health, and resident education with the residency program. He is the OB/GYN consultant for the development and implementation of a community prenatal program for medically underserved women, which is now known as the First Step Center in Las Cruces, New Mexico, and he had served as clinic's past chairman. He also served as the OB/GYN consultant to La Clinica de Familia and Doña Ana County Health and Human Services Department. He is the medical director of La Piñon, which is the only full-service sexual assault response agency in Southern New Mexico. He was one of three physicians who donated the medical complex and property that led to the formation of Mesilla Valley Hospice, the first free-standing hospice facility in the state of New Mexico. He was the past chairman of the Department of Obstetrics and Gynecology, past vice president of Medical Staff, and past member of the Personnel, Credentials, Continuing Medical Education, Tissue and Blood Transfusion, Long Range Planning, Strategic Planning, and Finance Committees at Memorial Medical Center. He created the University of Arizona Med-Start Program to help improve healthcare in rural, reservation, and economically disadvantaged areas through the recruitment and training of students from these regions.

Erik Vinge, MD, is an attending physician with the residency program, with a special interest in urgent care, occupational health, and military medicine. He is the state surgeon, lieutenant colonel, and medical officer of the New Mexico National Guard, has been deployed three times to Kuwait and Iraq, and has been awarded the Army Achievement Medal and three Army Commendation Medals. He is the co-chair of the Pharmacy and Therapeutics Committee, the medical director of the Anticoagulation Medical Services and Cardiac Rehabili-

tation, and Family Medicine Liaison to Emergency Medicine at the Memorial Medical Center. He is a board member of the St. Luke's Health Care Clinic and the past board chairman of the Camino de Vida Center for HIV Services in Las Cruces, New Mexico.

Stephanie Benson, MD, FAAFP, is an attending physician of the residency program and a clinical assistant professor at the University of New Mexico Department of Family and Community Medicine, and has a special interest in health policy and advocacy. She completed the University of North Carolina at Chapel Hill Department of Family Medicine Faculty Development Fellowship. She is the board chair, alternate delegate to the Congress of Delegates, past president, and past secretary-treasurer of the New Mexico Academy of Family Physicians.

Dolores Gomez, MD, is an attending physician of the residency program. She is the chair of the Department of Family Medicine, co-chair of the Credentials Committee, member of the Pharmacy and Therapeutics, Utilization, and Medical Executive Committees at Memorial Medical Center. She is the board chair, past president, past vice president, and past secretary-treasurer of the New Mexico Academy of Family Physicians. She is the co-chair of the Society of Teachers of Family Medicine Group on Hospital Medicine and Procedural Training.

Patrick Leung, PharmD, BCPS, PhC, is a faculty member and clinical pharmacy specialist with the residency program and a clinical assistant professor at the University of New Mexico College of Pharmacy. He is a member of the Institutional Review Board Committee for the Protection of Human Research Subjects, and the Infection Control, Pharmacy and Therapeutics, and Graduate Medical Education Committees at Memorial Medical Center. He teaches family medicine residents during medical rounds with critical care physicians. He is a consultant pharmacist and board member of St. Luke's Health Care Clinic.

Marlin Hoover, PhD, is a board certified medical psychologist, behavioral science faculty member, and prescribing psychologist with the residency program, and has a special interest in integrative behavioral medicine. He is a faculty member of Farleigh Dickenson University and Southwestern Institute for the Advancement of Pharmacotherapy. He is a member and past chair of the Designation Committee and past program chair of the Association for the Advancement of Pharmacotherapy of the American Psychological Association. He is the past chair of the Prescribing Privileges Task Force, and was the past president of the Illinois Psychological Association.

Lia Billington, PhD, is a board certified medical psychologist, behavioral science faculty member, and prescribing psychologist with the residency program, and has a special interest in integrative behavioral medicine. She is an affiliate faculty member of the Colorado Christian University and New Mexico State University. She is a clinical supervisor of pre-doctoral students in counseling psychology at the New Mexico State University. She completed the Society of Teachers of Family Medicine Behavioral and Family Educator Fellowship.

Each faculty member has demonstrated unique academic, research, and clinical interests, completed national presentations and publications, and received multiple academic honors, awards, scholarships, and certifications throughout their careers. Of note, four attending physicians were chief residents in their respective residency programs. The breadth of opportunities in Family Medicine has intrigued resident physicians and medical students. With a shortage of more than 45,000 primary care physicians forecast in the next decade, building interest in Family Medicine has never been more important.

Family Medicine offers a number of leadership opportunities for medical students and resident physicians. It is a major commitment for this generation to step up and take on this level of responsibility. Even at this early point in clinical training, the opportunity to influence this specialty is significant. Family Physicians can focus in women's health and obstetrics, sports medicine, geriatric medicine, pain management, information technology, public health, international health, and more. All of these are areas where having a foundation in Family Medicine training combined with a focused area of interest can be a more satisfying blend for many physicians. Medical students, resident physicians, and faculty members can all serve as leaders in Family Medicine, and, collectively, each leader can nurture that interest and build respect for Family Medicine.

"Med Student Reception - Bigger and Better Than Ever"

By Caitlin Williamson, FMIG President

The 8th Annual Medical Student Reception hosted by the NMAFP was a wonderful opportunity for Medical Students to interact with New Mexican Family Physicians in a small group setting. Family Physicians from all over the state came to spend a fun evening with students, sharing stories about their practices and career paths, all while enjoying a delicious fajita dinner. After dinner, the physicians rotated through the room so that students had the opportunity to interact with a number of doctors with a wide range of experiences. We are so lucky to have a diverse and vibrant community of Family Physicians in this state who take the time to come and share their stories with the students. This event allows first-year students to learn about the breadth of opportunities in Family Medicine, helps second- and third-year students prepare for their Family Medicine clerkship, and allows fourth-year students to get invaluable advice about future practice as they apply for their residencies. We hope that each student walked away with new enthusiasm for the amazing opportunities available in Family Medicine.

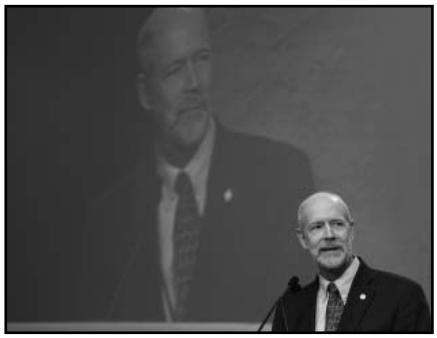
(left to right) Marion Cook, Amy Clement, Ewen Harrison, Miranda Aragon and Caitlin Williamson

Congress of Delegates 2014

By Drs. Dion Gallant & Melissa Martinez (Delegates to the COD)
Drs. Karen Phillips & Stephanie Benson (Alternate Delegates to the COD)

Leaders from the AAFP and representatives from across the country met in sunny San Diego in September for the AAFP Congress of Delegates.

The Congress began with a Town Hall Meeting where President Reid Blackwelder and other national leaders discussed topics important to practicing Family Physicians and received feedback from attendees. Topics at this year's Town Hall included preserving the scope of practice in Family Medicine, defining primary care and promoting the unique ability of Family Medicine physicians to improve quality and cost effectiveness in health care.



Dr. Rick Madden Addressing the Congress of Delegates

Sara Bittner and Ann Kane, Present and Past Chapter Execs supporting Rick's run for AAFP President-Elect

Drs. Jason Lee, Rick Madden and Linda Stogner at the party held in Rick's honor in San Diego

Drs. Dion Gallant, Rick Madden and Melissa Martinez during the Congress of Delegates

Hundreds of resolutions submitted by chapters and other groups in the AAFP were debated in committee hearings. All of the resolutions are available on the web site at http://www.aafp.org/about/governance/congress-delegates/2013/resolutions.html

Among the topics that generated the most interest:
Nurse Practitioner and Physicians Assistant Membership: Resolution which proposed creating membership categories for Nurse Practitioners and Physician Assistants in the AAFP- Referred to the Board of Directors.

Small and Solo Practices: Another resolution proposed creating a group within the AAFP to deal with the unique needs of solo or small group practices - Referred to the Board of Directors.
Energy Drinks: The AAFP will work with the FDA to regulate energy drinks and their sales to children according to a resolution that passed the COD.

Marijuana: Several resolutions addressing research and medical use of marijuana were debated. In the end, a resolution calling for more research regarding the benefits and risks of marijuana was adopted.

Gun Violence: After some debate the resolution called for the AAFP to issue a statement recognizing firearm-related deaths, injury and violence as a significant public health problem, and urging politicians and the public to support further research into the epidemiology of risks related to gun violence in the United States.

The Congress of Delegates also saw the election of the new AAFP President-Elect and the Board of Directors. Dr. Rick Madden from New Mexico put forth a great campaign for President-Elect. Many physicians from New Mexico joined the delegation in supporting him. Although he did not win the election, we were all comforted in knowing that a highly qualified candidate, Robert Wergin, from Nebraska, will represent and lead us well as President-Elect. Jack Chou of California, Robert Lee of Iowa and Michael Munger of Kansas were elected to the AAFP Board of Directors.

Rick Madden supporters at the NM Booth during the Hospitality Suite

Dr. Melissa Martinez and Dr. Dion Gallant Delegates to the AAFP Congress of Delegates

Shaping the Future of Family Medicine

By Jason Lee, MD, MPH

As a Family Medicine Resident and public health professional, I strongly emphasize the improvement of individual and population health by enhancing the design and delivery of primary care. Through public education and community engagement, Family Physicians play a vital role for patients and their families to make informed decisions about healthy lifestyles. Similarly, Family Physicians are uniquely positioned to lead the nation's public

health efforts and inform policymakers at all levels with insight needed to address legislative priority issues in primary care and workforce development. With the generous support of the New Mexico Academy of Family Physicians, I attended the Congress of Delegates this year to observe the intersection of public health, government, business, and medicine with advocacy and to acquire knowledge and skills in addressing primary care workforce development and transformation of health care delivery systems.

Each AAFP member can be an advocate for Family Medicine, staying aware, engaged, and involved with shaping the evolution of the health care system. The AAFP has worked to address challenges that hinder the expansion of the Family Physician workforce at the Congress of Delegates, the policy-making body of the AAFP. The membership of the Congress consisted of two delegates, two alternate delegates and one chapter executive from each constituent chapter. Special constituencies included new physicians, residents, students, and other constituency groups represented at the National Conference of Special Constituencies. The Congress elected the new President-Elect and members of the Board of Directors for the following year.

If major national primary care and public health issues are to be equitably addressed, the perspectives and concerns of all interests must be considered. AAFP members were welcome to participate in hearings of the five reference committees: Advocacy, Education, Health of the Public and Science, Organization and Finance, and Practice Enhancement. During the two and one-half day meeting, the Congress agenda included addresses from AAFP officers, resolutions from chapters, and reports from the Board of Directors and commissions.

With reforms to health care delivery and physician payment, Family Physicians can work with legislative officials on ways to model a primary care workforce that delivers high value, cost conscious primary care and to strengthen public health capacities. Successful advocacy by Family Physicians requires building practical relationships with policymakers at all levels and accumulating influence to effect positive change for primary care. Members of the AAFP can volunteer as key contacts for advocacy by working with the AAFP Government Affairs team to communicate issues pertinent to Family Medicine with legislators. Moreover, each member can support the FamMedPAC, the federal political action committee that enhances AAFP advocacy efforts by making direct, nonpartisan contributions to candidates to the United States Congress who support AAFP's legislative goals and objectives. Your individual voice as a Family Physician is strong, and so is your influence.

Making Advance Care Planning a Routine Part of Healthcare

By Dr. Nancy Guinn

April 16th is National Health Care Decisions Day. The day was designed to encourage individuals to complete an advance directive, and to talk with their loved ones regarding the type of medical care that is most in line with their values and beliefs. I'm sure that you'll agree that too often families grapple with the process of making a decision about medical care for a loved one. This process often unfolds with stress, grief and personal struggle, which could be avoided if the patient had an advance directive. This year as we move closer to April 16th, I ask that you consider establishing a process in your practice that embraces the importance of advance care planning.

There are several keys to success in this work: making advance care planning a routine part of healthcare, reframing advance care planning questions, and building a structure so that your staff members can assist with this task. These processes will help you transform advance care planning from merely signing a form to a system that clarifies patient values in conjunction with their current state of health. It will also document the presence of a Healthcare Decision Maker (POA) who can work with clinicians to interpret care goals if patients are not able to speak for themselves.

Making advance care planning a routine part of a patient's healthcare requires that we actively engage our patients in discussions about their healthcare goals. We tend to let patients drive the advance care planning process with the expectation that they'll ask questions if they need information, or will provide the cue when they're ready. The reality is that patients wait for us to open the topic. When we create a dialog with our patients, advance care planning becomes a routine part of the care we provide. This helps to eliminate the perception among our patients that discussion of advance care planning is a warning of eminent decline and death. It also helps to establish a framework that will help guide the patient if there are difficult or stressful decisions that need to be made in the future.

Reframing the way that questions are asked can go a long way in helping to make our patients feel comfortable as well. Asking, "do you have an advance directive" can be confusing to someone who is unsure about what advance care planning means. By shifting your question to an inquiry about what type of care your patients feel is valuable given their medical condition, we allow patients to truly communicate their goals. There are wonderful resources available for you to share with your patients that can help them (and you) through the advance care planning process. One example is the Conversation Project at, theconversationproject.org, which allows individuals to download conversation sheets aimed at supporting family communication surrounding advance care planning.

There is no single document that must be used as an advance directive. Any document that an individual chooses is valid in New Mexico. Further, witnesses and notarization are not required. Finally, developing this type of structure needn't be something that dramatically impacts visit times. The initial process, such as providing general information and collecting the patient's Healthcare Decision Maker (POA) can be done by the staff member who rooms the patient. Your involvement can then be focused on care goals and discussing the potential impact of care options.

The New England Journal of Medicine article, "Advance Directives and Outcomes of Surrogate Decision Making before Death" by Silveira et al. identifies that "advance directives are important tools for providing care in keeping with patients' wishes." In addition to helping patients receive the care they desire, a subsequent benefit is that patients can be better engaged in their own healthcare, understand the need to discuss care options, and partner with us to meet their goals.

Universal Vaccine Purchase in New Mexico

By Dan Burke, MPH, Immunization Program Manager

New Mexico is one of only six states with one central purchasing mechanism for all vaccines for children 0-18, and has been since the beginning of the federal Vaccines for Children (VFC) Program. This is important because it reduces potential barriers to access, and over the past decade New Mexico has risen from near the bottom of national rankings in immunization coverage to 17th in 2012 (for 19-35 month-olds).

Universal Purchasing means that in addition to VFC vaccines (children on Medicaid, uninsured or Native Americans), the New Mexico Department of Health (DOH) also purchases vaccines for insured children – at a cost of approximately $8 million per year. The problem is that revenues to support this activity are only about $4.5 million annually. Only three insurance companies reimburse the State for the vaccines their insured children receive. While the Insurance Code requires insurers to cover immunizations, there is no mandate for them to reimburse the state for the vaccines it purchases. All other states with Universal Purchasing have such a legislative mandate. This year the Centers for Disease Control promulgated new, stronger rules restricting vaccine use by funding source. If New Mexico does not find a way to raise the revenues to support this program, it will have to end within a matter of months.

This is undesirable because it is clear that progress towards better coverage rates would be set back, perhaps significantly, if Universal Purchase is ended. Some doctors and clinics may be unable to purchase vaccines on their own given the time and financial costs involved creating barriers to immunizations for families. The Department of Health is working closely with its community partners to solve this problem quickly. Several paths forward are emerging, and we are hopeful it will still be possible to sustain this important support for children's health:

• From researching other states doing Universal Purchasing, we have models to improve our own system. All of them have a legislative mandate for insurance companies to cover the costs of vaccines, a mechanism to assess the amounts owed, and price-volume discount to get lower prices than DOH can now receive.

• We are working with the Office of the Superintendent of Insurance to see if there is a way to use existing regulations or perhaps updating regulations to achieve the goal of preserving Universal Purchase.

• We are looking at a way to stretch out the existing funds until next fiscal year by prioritizing the vaccines that must be purchased right away and which could be postponed a few months. This buys significantly more time to craft a solution, at least through 2014.

The Department of Health is very grateful to have strong partnerships with broad representatives of the health care community to face this challenge. Immunization is a cornerstone of Public Health and optimal access to vaccines for all children is at stake. We are optimistic a solution will found.

Minutes - NMAFP BOD Meeting - November 9, 2013
12:00PM - NMAFP Office

Present: Sara Bittner; Dion Gallant, MD; Melissa Garcia, MD; Steve Lucero; Melissa Martinez, MD; Kate McCalmont, MD; Janelle Heimberger Montoya, MD; Darrick Nelson, MD; Karen Phillips, MD; Luis Rigales, MD; Leigh Vall-Spinosa, MD; Lourdes Vizcarra, MD; and Dan Waldman, MD. By Skype: John Andazola, MD; Dolores Gomez, MD; and Jason Lee, MD. The Meeting was chaired by Drs. Gomez and Phillips.

Introduction: Dr Dan Waldman - UNM FM Residency Program Director.

SGR Repeal and Medicare Physician Payment Reform Conference Call: The AAFP was requested to respond by November 12th to the bipartisan proposal that was released by the US Senate and House. On November 7th, AAFP invited the chapters to join a conference call to discuss their response. Drs. Karen Phillips and Melissa Martinez represented NMAFP.

Ruidoso Conference Summary: All speakers were rated very well and the financials were extremely successful. Dr. Gomez, Scientific Program Chair, gets an A+.

Med Student Reception Summary: The total attendance for this year's Reception was 103 Med Students and Docs. It was very well received by all. Next year's Med Student Reception will take place on September 19th at the Hotel Albuquerque.

2014 Legislative Session - January 21st-Feb. 20th: Steve Lucero, NMAFP Legislative Liaison, shared with the Board that bills will be pre-filed Dec. 16th through Jan. 17th. Bills of importance to Family Medicine will be reviewed at the Legislative Training Session that will take place at the NMAFP Office on Saturday, January 25th.

Winter Refresher Update: Dr. Melissa Garcia is the Scientific Program Chair. Brochures have been printed, mailed and online registration is up. Each Board Member was given Brochures to take back to their respective offices to share with peers.

Changes in the Vaccines for Children's Program: Dr. Melissa Martinez addressed the Board about this program and the problems it is having. Drs. Melissa Martinez and Melissa Garcia will write the letter on behalf of the NMAFP Board.

Multi-State Forum: The Multi-State Forum will take place Feb. 22-23, 2014 at the Westin Hotel, DFW Airport. NMAFP will support 2 Officers and the Chapter Exec. It was determined that a seasoned officer and a new officer would be a good combination to send to this meeting.

Annual Leadership Forum: The Annual Leadership Forum (ALF) will take place in Kansas City, May, 2014. NMAFP will support 2 Officers and the Chapter Exec. Dr. Karen Phillips, President, has agreed to attend, and the second Officer will be determined at a later date.

Rick Madden Campaign for President-Elect of the AAFP Outcome: Dr. Dion Gallant shared with the Board the fantastic job that Rick put forth during his campaign in San Diego. "Everyone will remember Rick's campaign as being a very strong campaign" according to Dr. Gallant. His speech was perfect and so was his Q&A. There was a great feeling of camaraderie among the 28 campaign supporters that traveled to San Diego to cheer Rick on. Dion shared on Rick's behalf that Rick presented a Certificate of Appreciation to NMAFP for the Chapter's support of his campaign. He also made a generous donation back to the Chapter for future projects. As Dr. Phillips summed it up, "We were all very proud of Rick."

Policy Statement Revision: Dr. Dion Gallant gave a report to the Board on the revision of the Policy Statement. This has been a work in progress for over a year, and the end result was included in each packet. A motion was made to approve the newly revised Policy Statement and this motion passed.

Upcoming Newsletter Articles: Dr. Melissa Martinez addressed the Board about a variety of articles that she would like to include in future newsletters.

Request to Partner for National Healthcare Decisions Day: Dr Karen Phillips spoke to the Board about NMAFP being asked to partner on this project by Dr. Nancy Guinn. Dr. Guinn will be contacted to get further information on the project, and there is a possibility that information about this project will be shared at the Winter Refresher when Dr. Guinn speaks on, "Advance Directives: New Approaches in New Mexico". The Board will be apprised on this project as it unfolds.

Request to Survey NMAFP Members on Sports Concussion in Youth: Dr. Rick Campbell, Pediatric Neuropsychologist at UNM, has requested access to our membership in order to gain information on sports concussion. It was determined that a blast email would be sent to the membership telling them of the survey and giving them the link to take the survey. Also this will be a topic at the Winter Refresher and attendees will be informed about the survey at the conclusion of this presentation.

Taos Conference, 2014 Update: Dr. Karen Phillips, Scientific Program Chair, has almost completed her Agenda for Taos and shared it with the Board. Her theme will be Wellness.

Resident Reports:

Dr. Kate McCalmont - shared from the UNM Residency Program that Dr. Dan Waldman is the new Program Director. Drs. Liz Grant and Chris Camarata are the new Associate Program Directors. New ACGME Requirements were approved in September. UNM Program had 800 applications and scheduled 183 interviews. There were11 applicants from the UNM graduating class. Out of the last 3 years of classes - 71% stayed in NM.

Dr. Janelle Heimberger Montoya - shared from the Santa Fe Residency Program that they had 750 applications and scheduled 55 interviews. Their program is expanding by one position.

Dr. Jason Lee - shared from the Las Cruces Residency Program that they are adopting some AAFP initiatives including both a fitness and obesity reduction program. They also received tool kits in Spanish and English for their waiting rooms on various topics from AAFP. Dairy MAX sponsored a media training session recently, and Dr. Lee was able to attend. Dr. Lee offerd his help to NMAFP's Face Book page. Dr. Lee thanked NMAFP for sponsoring his trip to San Diego to attend the AAFP Congress of Delegates and participate in Dr Rick Madden's campaign.

NM Primary Care Training Consortium: Dr. Darrick Nelson, Residency Program Director in Silver City, shared that the NM Residencies had a great showing in Kansas City this past summer during the AAFP National Resident & Student Conference. They presented the 4 Residencies together in one big booth. There may be legislation in 2014 for Family Medicine or Primary Care GME Funding coming out of the Consortium work.

Senator Udall in NM: Dr Karen Phillips shared with the Board that Senator Udall visited her clinic in Las Lunas last week. Senator Udall asked Dr. Phillips, President of NMAFP, about work force issues. It was a great opportunity to put in a plug for primary care to someone who was really listening.

Future Board Meetings:

Friday, Feb. 7, 2014, 5:30 pm - NMAFP Office - Dinner Served

Saturday, April 26, 2014, Noon - NMAFP Office - Lunch Served

Saturday, August 2, 2014, 1:00 pm - Sagebrush Inn, Zuni Room - Lunch Served

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VOLUNTEERS NEEDED FOR DOC OF THE DAY

By Dr. Arlene Brown

"Obamacare is one of the best opportunities for New Mexico," Ken Gardner, Chief of Staff, Governor Susana Martinez' administration

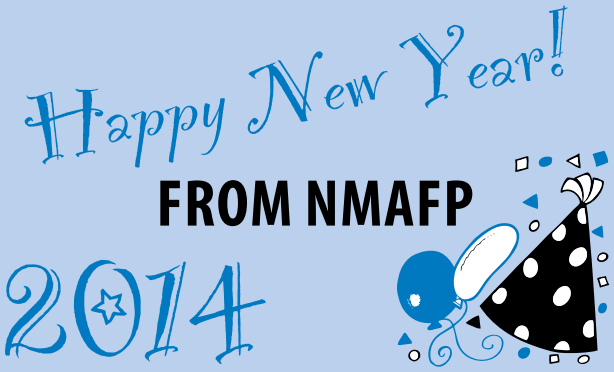
Medical times are changing, especially here in New Mexico. No matter where each of us stands on the issue, the delivery of health care both here in New Mexico and around the nation, will never be the same. We as Family Physicians have the opportunity to help shape the changes, or we can sit back and accept them.

I believe that we need to be part of the solution, and I believe that we Family Physicians need to continue to provide input in the changes at hand.

Over the years that the NMAFP has provided medical services to the NM State Legislature, we have built the credibility and confidence of our state legislators. We have the opportunity to provide credible input into the legislative process and into the policies that affect us in our practice of medicine.

I encourage each of you to become involved and be heard. Spend one day as the "doctor" at the NM State Legislature. Steve Lucero the NMAFP Legislative Liaison will help orient you. To participate contact Sara Bittner: familydoctor@newmexico.com or 505-292-3113. There will be a training session on Saturday, January 25, 2014 at the NMAFP Office in Albuquerque. It will take place at Noon, and lunch will be served. RSVP to Sara.

Don't miss out. These are exciting times for our specialty and for our state!



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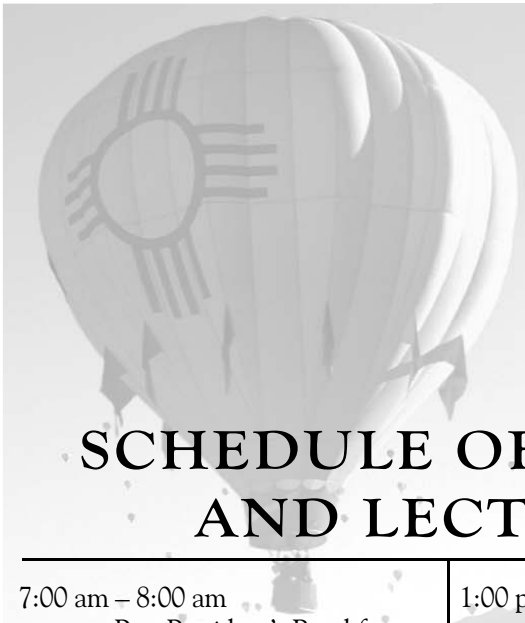


32nd Annual NMAFP Winter Refresher

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"
Richard Lindquist, MD

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): _____
_____
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.

LACTOSE-FREE milk IT (STILL) DOES A BODY GOOD

Lactose intolerant? That doesn't mean you can't continue to reap the benefits of a cold, refreshing glass of milk or other dairy products. See what keeping milk in your regular diet can do for your body (hint: it's good).

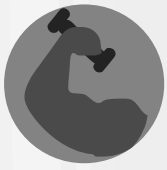
BENEFITS FOR Bones AND Beyond

Milk is chock-full of vital nutrients like vitamins and protein that are good for your entire body.

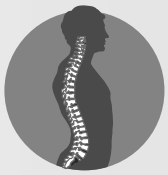
Ca
CALCIUM
30% DV
helps build and maintain strong bones and teeth; plays an important role in nerve function, muscle contraction and blood clotting

P
PHOPHORUS
25% DV
works with calcium and vitamin D to help keep bones strong

A
VITAMIN
10% DV
important for good vision, healthy skin and a healthy immune system



PROTEIN
16% DV
helps build and repair muscle tissue; high quality with all essential amino acids

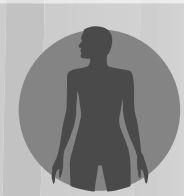


D
VITAMIN
30% DV
helps absorb calcium for healthy bones

B2
RIBOFLAVIN
25% DV
helps convert food into energy - a process crucial for exercising muscles

K
POTASSIUM
10% DV
helps regulate the body's fluid balance and maintain normal blood pressure

B12
VITAMIN
20% DV
helps build red blood cells and maintain central nervous system



B3
NIACIN
10% DV
important for the normal function of many enzymes in the body

Source: MyPlate, MilkPEP, USDA National Nutrient Database, Hood®

NATIONAL DAIRY COUNCIL®

THE HUFFINGTON POST