The Roadrunner
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FMIG Update

By Katie Ogawa, FMIG President

These past few months FMIG has been busy! We put on Prep for PIE with other student interest groups across campus. This was an opportunity for first year students to learn tips and tricks as they go out into their clinical rotations during the summer. We are grateful for all the physicians and students who helped make this event a great success! We hope all the first years have a great time on PIE.

FMIG also celebrated the 26 fourth years that matched into Family Medicine. We are so proud of them and are quite excited to have so many incredible people embarking on their family medicine training. We wish you all the best! Thank you to Dr. Bissell for hosting and for all the incredible physicians who came to celebrate with us. And thank you to NMAFP for your continued support in making FMIG a success and cultivating future Family Physicians.

Future Family Medicine Physicians with their "Family Medicine Docs Rock" shirts given to them by FMIG and the FMIG advisors (Dr. Bissell and Dr. Grant)

l-r: Michael Louie, Louis, Katie Ogawa, Lucia Xiong, Tilly Ngo, Bev Williams, Alyssa Mirabel

Congratulations to the Graduating Seniors that Matched in Family Medicine!

Congratulations and **WELCOME** to the only specialty to come about because patients asked for it. Join the AAFP and be supported by family docs across the nation. **Melissa Martinez, MD**

Congratulations! Best wishes on the most challenging, **AMAZING**, and formative years of your life. Please consider coming back to New Mexico to practice when you finish. Family Medicine Rocks! **Dion Gallant, MD**

Congratulations in matching in Family Medicine!! We need you! It will be **EXCITING** to have each of you as colleagues. Best wishes for the next three years and for wherever you wind up after that. **Rob Williams, MD**

Dear new FM doc, Congratulations on matching into a Family Medicine residency program. I want to tell you that I cannot imagine having had a better career than a FM doc. It has been a privilege to be a part of people's lives in a very connected way and to work with them to become healthier, to support mothers as they birth **NEW LIFE** into the world, to support dying with dignity, to be a part of a community, to be supported in having a family of my own, and to go to bed at night knowing I have made a difference. This is a special group you are joining and I hope that your life is filled with as much joy in this profession as mine has been. **Martha Cole McGrew, MD**

Wishing you all the best as you begin your family medicine journey. May it bring you joy, nurture your curiosity, and **ENLIGHTEN** your mind. No matter your destination, UNM is proud to be your first "medical home." **Liz Grant, MD**

Congratulations! You have chosen a challenging, important, and incredibly rewarding specialty. As Family Medicine physicians you will be able to **IMPACT** the lives of families, build healthier communities, and advocate for change in our healthcare system! **Kate McCalmont, MD**

Friends, you now get to start learning all over again, from patients and communities who want to know how much **LOVE** you will put into your healing craft. **Anthony Fleg, MD**

Congrats to all of you! You are an unbelievable class of talented and special people– **WHERE YOU ARE** going you will make us all proud. **Dan Waldman, MD**

Big Congratulations to you as you embark on your career in Family Medicine! You have chosen a field that is full of **CHALLENGE**, joy, and potential to truly improve the health of individuals, families and communities! I know that you'll put those culturally effective care skills to use and you will always call an interpreter when you need to! **:)** Best wishes and keep in touch!! **Felisha Rohan-Minjares, MD**

As an older (and maybe a little wiser) Family Doctor it truly brought me joy to see so many of our class choose the specialty that I believe is the bedrock of a caring Healthcare System! It was also nice to see the faces of many that I was lucky enough to work with. I am proud of you all, and as us older Family Doctors fade away its truly great to know that so many **SHINING STARS** are on the horizon! Good luck to you all, and we look forward to all of you coming back to join us in the future! **Saverio Sava, MD**

Dr. John Andazola Champions Bill to Expand Primary Care Training in New Mexico

By Melissa Martinez, MD

New Mexico has a large and growing need for primary care clinicians, but the number of primary care residencies has been limited by funding concerns. In 2014, The New Mexico Primary Care Training Consortium sought to address this problem. Dr. John Andazola, Director of the Southern New Mexico Family Medicine Residency, and Charlie Alfero, Executive Director of the New Mexico Primary Care Training Consortium, had an idea. If the state would allocate some Medicaid funds to community health centers, then these health centers could expand existing residencies or create new ones. Since the federal government allots funds based on the state's expenditure, a small investment on the part of New Mexico could leverage a bigger allocation of funds to New Mexico to support the growth of primary care training programs. This was the start of a two-year effort to get this idea into a bill and through the legislative process.

According to Dr. Andazola, many individuals contributed to the effort. His contribution began with knowing the legislators in his community. "I knew them because I had made an effort to contact them. We had talked over breakfasts or dinners. They wanted to know the concerns of their constituents, and they were happy to hear from me." Alfero approached Senator Howie Morales of Catron, Grant and Socorro Counties and Representative Rodolpho "Rudy" S. Martinez of Dona Ana, Grant & Sierra Counties, who agreed to introduce bills in the New Mexico State Legislature.

Since these bills involved funds, this was a multi-step process. First, the bill had to be vetted in committees. It had to make it through both houses and folded into House Bill 2, which is the state funding bill. Next, the governor had to sign the bill. To make this happen, it required forming alliances with other groups. Steve Lucero, the Legislative Liaison for the NMAFP, helped in this effort by identifying key legislators. Dr. Andazola also had to make sure that Governor Martinez understood the bill, so he met with Keith Gardener, the governor's chief of staff, to explain the issues around the bill.

It was not smooth sailing. "When money is involved, many different interest groups become concerned about losing funding. We had to meet with these groups to reassure them that this was about expanding training, not taking funds from existing programs".

Even after the bill passed and the governor signed it, there have been some road blocks. According to Dr. Andazola, other groups in the state wanted to "reaffirm legality" of the process. Lawyers with expertise on this subject were consulted by the state's Medicaid Program, and they suggested that a State Plan Amendment (SPA) be sent to the Centers for Medicare and Medicaid Services (CMS). This process required an application outlining the funding plan and is currently being reviewed by CMS.

Dr. Andazola advises anyone interested in promoting legislation to get to know their legislators. "They rely on us to keep them informed". Also find your allies in other organizations with similar interests. "When you encounter opposition, try to communicate with them. What are their concerns? Is there a misunderstanding of your intent? Can you find common ground, and is there room for compromise?"

The New Mexico Primary Care Training Consortium wanted to develop sustainable funding for starting and expanding primary care training in sites throughout New Mexico. Since Federally Qualified Health Centers are in underserved areas, the FQHC seemed to be ideal training sites. The federal government sends funding to New Mexico in the form of Medicaid dollars and support for community health centers (CHCs). With the expansion of Medicaid due to the ACA, more of the FQHCs are seeing more patients with Medicaid. The federal government sends funds in a two-to-one ratio. For example, if the state allocated $50K to FQHC for the care of these patients, the federal government will send an additional $100K. If a site has residents training at its facility, then CMS will add to the reimbursement of the site. Currently, funding for most residency programs is to hospitals through Medicare, but there is a "cap" on the reimbursement. A hospital that has 4 residents will not get more funding for a 5th resident unless the "cap" is expanded. By expanding residencies with state funds, the state can fund these programs through the allocation of Medicaid funds to the FQHCs. The sites can expand and establish an increased "cap" which will sustain funding.

Project ECHO's Leslie Hayes Wins White House Champions of Change Award

Today, the White House will be honoring Dr. Leslie Hayes for her unwavering commitment to treating patients with opioid use disorder.

At Project ECHO, we are proud to have nominated Leslie for this award. Although she could have practiced medicine in any part of the country, Leslie chose to spend the past 20 years in the small town of Española, New Mexico. Often referred to as the "heroin capital of the US," Española has the highest overdose death rate in the country.

Until just a few years ago, treatment for heroin addiction was virtually non-existent in Española.

But in 2005, Leslie heard about Project ECHO's weekly teleECHO clinic on addiction treatment, and immediately signed up. Through ECHO, Leslie learned how to treat opiate addiction using buprenorphine, and she now treats the maximum allowable caseload of 100 patients, many of whom are pregnant women.

NMAFP Slate of Officers 2016-2017

Members will vote for their 2016-2017 Officers during the 59th Annual Family Medicine Seminar, July 28-31, 2016 at the Sagebrush Inn & Suites, Taos.

Nominations are:

President-Elect John Andazola, MD will become President John Andazola, MD by automatic ascension

President-Elect: Frank Ralls, MD

Secretary-Treasurer: Valerie Carrejo, MD

Vice President: Virginia Hernandez, MD

On Friday, July 29, there will be a call for nominations from the floor, and voting will take place during the 10:00 am break. The results will be announced during the Awards Dinner & Dance Friday evening, and Dr. Ted Epperly, AAFP Past Board Chair, will induct the new NMAFP Officers.

If you would like to register for the Taos Conference, please go to: www.familydoctornm.org or call Sara: 505-292-3113.

AAFP Welcomes Release of Proposed Rule for New Payment Models

Academy Begins Analysis to Ensure Proposal Supports Family Medicine

April 28, 2016 10:43 am News Staff
Finally, it's here.

On April 27 HHS announced the release (www.hhs.gov) of a much-anticipated proposed rule that will guide implementation of the Medicare Access and CHIP Reauthorization Act (MACRA).

The proposed rule, titled "Medicare Program: Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models," has been posted for public review (www.federalregister.gov) prior to publication May 9 in the Federal Register.

For many months now, family physicians across the country have expressed anxiety about how to move forward with aligning their practices to fit new payment models when the necessary particulars had yet to be written.

Release of the rule means the AAFP now can dive into the details of the regulations and fine-tune what has been proposed.

Indeed, Academy experts will spend the next few weeks scouring the 900-plus page proposal, all the while looking to ensure that family physicians across the country not only are treated fairly, but that the rule will help them succeed in new payment models so they can continue to do what they do best -- provide high-quality, compassionate care to their patients.

CMS invites public feedback on the rule until June 26.

Shortly after the HHS announcement, the Academy released a statement from AAFP President Wanda Filer, M.D., M.B.A., of York, PA.

She said Medicare payment reform was "fundamental" to the task of improving health care quality and outcomes -- and improving the efficiency of care delivery.

"The AAFP believes that MACRA is, by congressional intent and design, a law aimed at transforming our health care delivery system into one that is based on a strong foundation of primary care," said Filer.

She noted that the proposed regulations were intended to mesh with the intent of lawmakers who wrote the law -- an intent Filer described as placing "greater priority on primary care that is comprehensive, continuous, coordinated, connected and a patient's first contact with the health system."

She noted that the law's focus on the patient-centered medical home was no accident and a "direct expression of the congressional desire to see our health care delivery system more aggressively promote, reward and emphasize primary care."

"It is important that CMS, through this regulation, get this right," said Filer. She added that the AAFP looked forward to working with CMS to ensure that the final regulation makes significant progress toward transforming America's health care delivery system.

For its part, HHS called the proposal the "first step" toward modernizing how Medicare pays physicians by tying payment to the cost and quality of care provided to patients.

HHS Secretary Sylvia Burwell noted in the press release there was much work to be done but promised that HHS was "committed to implementing this important legislation and creating a health care system that works better for doctors, patients and taxpayers alike."

Want a sampling of the proposed rule's content?

Take a few minutes to review additional information released (www.cms.gov) with the proposed rule, including a blog (blog.cms.gov) by CMS Acting Administrator Andy Slavitt.

Las Cruces Residency Report

Greetings!

As the year comes to an end, we are sad to see our graduating seniors go. We know they are moving onward to accomplish great things, but they will be missed. Because of their hard work and diligence, we had a 100% board pass rate this year. Every last one of them has great opportunities on the horizon. We are so proud of them!

We are as eager as ever to meet our new interns. This will be our first year with 8 interns, though only 6 will stay with us for all three years, as two will be returning to Silver City. Currently, one of the third year residents from Silver City, Dr. Rachel Seltzer, is rotating with us for two months both on the inpatient service and obstetrics. She has been a phenomenal addition to our team over the past four weeks, which only strengthens our excitement to join forces with HMS in Silver City.

Dr. Medrano and I just returned from the AAFP Chief Resident Leadership Development Conference in Kansas City, where we had the chance to work with over 100 other chief residents from around the country. It was a truly valuable experience that I believe will strengthen both of us in our new leadership positions as co-chiefs. Thank you to our program for encouraging us to participate in this experience!

In July, Dr. Fitzsimmons-Pattison (Attending) and Dr. Medrano and I will return to Kansas City for the national AAFP conference, with hopes of recruiting the next set of amazing young doctors to our program. I will be the NMAFP Delegate for the FMR Congress of Delegates. I am very excited about this opportunity!

Other changes in our clinic: 1) Our very highly valued and competent Echo Care team is being dismantled due to funding concerns; 2) We are still in search of new faculty for the upcoming year; 3) We have a new clinic manager, Mr. Patrick Urban, who has replaced our long-time advocate, Ms. Melissa Cordova; 4) We are losing some fantastic providers and staff who have been offered really great prospects elsewhere: Dr. Tonya Oliver, Kathi Cosmoti, and Olivia Jimenez; 5) Due to various new measures, we are beginning to see increased uniformity and efficiency with our EMR system both in clinic and the hospital.

Enjoy your summer, everyone!

April Leonardo, MD

NEW MEXICO ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR NEW MEXICO

President's Column

By *Gregory Koury, MD*

I am submitting my last column as your president of the NMAFP. I would like to thank all of you for this opportunity and great experience working with the awesome leadership of the NMAFP. I would suggest and encourage all of you to personally thank any officer when you come in contact with one or more of them, especially our executive director, Sara Bittner.

I recently had my youngest daughter graduate from high school with honors. She went with early decision and was accepted to the Arizona Christian University in Phoenix back in February. She was awarded a 4 year academic scholarship and signed to play for the women's soccer team at ACU. Obviously, my wife and I are very proud of her. She is a unique young woman, has set some awesome goals and she is a born again Christian. I could not be more blessed. During the commencement address the guest speaker spoke of the digital age, the rapid expansion of knowledge and the competition that the class of 2016 would be facing in the future. In fact, he explained that they are not unique in this new world and that it is estimated there are 7,000 people per student just like them and competing with them in the workplace. I was taken aback by these comments and could not believe a UNM professor would even consider this a positive speech for these young adults.

Now that I have had time to contemplate this speech it became painfully obvious that this is occurring in most careers, vocations and employment. People are being convinced they are not unique and are being told "Don't stand out". This is what has been and continues to occur in the practice of medicine, particularly in family medicine. The distractions of EMR's, ICD-10 codes, and Meaningful Use have weakened our practice and the patient-physician relationship. The outcome: any non-professional now could open up the algorithim book, read the boxes and answer 'yes' or 'no', follow the lines and arrows, get the boxes checked, all in order to satisfy the bureaucratic directive of 'patient satisfaction'.

I submit this is ALL WRONG!! As family physicians we are UNIQUE, every patient is UNIQUE, every work-up is UNIQUE, and every treatment plan is UNIQUE. Our practice of medicine is based on the patient-physician relationship, again a UNIQUE approach. We are on the frontline of the changes in medicine and for our sake, the sake of our patients, and the preservation of the 'practice of medicine' we must stay true to our specialty and training. I challenge all of you to remain unique in your practice of medicine. Keep your patient's first, be the guardian of the patient-physician relationship, and keep your specialty 'special'.

I want to extend my encouragement, my best wishes, and my prayers to all of you. I want to remind all of you that family medicine is a great and wonderful specialty. We must be the best at the care of our patients and set the example that the patient is the first and only priority in the practice of medicine.

I hope all of you have made arrangements to attend the annual meeting of the NMAFP, July 28 – 31, in Taos. Your scientific committee has developed a fantastic agenda. There will be great learning opportunities, activities, and entertainment.

Finally, a reminder in regard to Direct Primary Care (DPC)…Dr. Brian Forrest will be speaking at the annual meeting. His presentation is on Saturday, July 30, at 11:30 AM. Dr. Forrest is a dynamic speaker and will bring a wealth of information to our conference. DON'T MISS IT!!! Put it on your calendar, go to our website and register…do it now! Join your colleagues from New Mexico and surrounding states for great education in a wonderful location and for effective networking.

See you in Taos, July 28 – 31. Wishing you the best for the remainder of 2016.

Vaccine Science Fellows Offer FAQ on Meningococcal B Vaccines

April 26, 2016 09:28 am Chris Crawford – The CDC's Advisory Committee on Immunization Practices (ACIP) voted last year to issue a Category B (www.cdc.gov) recommendation for the use of two serogroup B meningococcal (MenB) vaccines in patients ages 16-23 for short-term protection against the disease, with a preference for administration between ages 16 and 18. Previously, the ACIP had recommended the vaccines -- Pfizer's Trumenba, which is given as a three-dose series, and Novartis' Bexsero, which is given as a two-dose series -- only for people ages 10 and older who are at increased risk for serogroup B meningococcal disease. High-risk groups include those with persistent complement component deficiencies, anatomic or functional asplenia, microbiologists working with serogroup B meningitis, and populations at risk because of outbreaks.

Because the latest recommendation is not a Category A or "routine" recommendation, family physicians and their patients may have questions. That's why 2015-2016 AAFP Vaccine Science Fellows Nina Ahmad, M.D., and Melissa Martinez, M.D., created a frequently asked questions (FAQ) document about the vaccines for family physicians as part of their fellowship.

Dr. Martinez told AAFP News that the MenB vaccines weren't on her radar before she started her fellowship. But the first event she attended during her time as fellow was the June ACIP meeting where the vaccines were debated and given the Category B label.

STORY HIGHLIGHTS

• The 2015-2016 AAFP Vaccine Science Fellows created a frequently asked questions resource for family physicians about the two serogroup B meningococcal vaccines.

• The major argument in favor of getting one of the vaccines is that they protect patients from a disease that results in a high incidence of death and disability.

• One argument against it is that this disease already is rare and seems to be getting rarer.

"It's a bit of a confusing vaccine, so Dr. Ahmad and I spent a lot of time writing about and thinking about the pros and cons of the vaccine," she said.

Ahmad told AAFP News that she understands the reason for the B recommendation but said it is a challenging situation. "The discussion about MenB vaccination between the physician and patient can be a difficult one," she said. "Also, access to the vaccine for patients can be challenging as not all (practices) will carry it. And for the physician, storage and implementation can be an issue."

Fellows Address Vaccine Questions

In their FAQ, the vaccine science fellows touched on a number of issues surrounding the MenB vaccines. These included explaining how common MenB infections are in the first place.

"All serotypes of meningococcal disease are rare, and the incidence seems to be decreasing. The incidence of all meningococcal B serotype infections in the United States is estimated to be about 200 cases per year among persons of all ages," the FAQ said.

The incidence of MenB is highest in children age 5 or younger, with an estimated 75-100 cases per year, but the MenB vaccines are not licensed in the United States for this age group, the FAQ said. The estimated average number of cases in patients ages 11-24 is 54-67 per year.

The fellows also pointed out that these MenB cases can occur in clusters or strike individuals unexpectedly. Since 2009, seven outbreaks of serogroup B meningococcal disease have occurred on college campuses. Cases have been reported in the general public, as well.

As to how effective the MenB vaccines are in preventing meningococcal B infections, the fellows said clinical trials of vaccine effectiveness are not practical or possible because the incidence of disease is so low.

"Instead, vaccine efficacy was based on 'complement mediated antibody killing' detected in the serum of individuals who received the vaccines, a surrogate measure of protection," the FAQ said.

In separate studies, vaccines were given to populations of patients ages 11-65, the report explained. Based on immunogenicity studies to four strains of meningococcus B that occur in the United States, 84 percent of patients who received three doses of Trumenba and 63 to 94 percent who received two doses of Bexsero were considered immune, the FAQ said. Additional strains will be tested in the future.

The two MenB vaccines are fairly pricey, with Trumenba's three-dose series carrying a CDC private sector price of $115.75 per dose or $347.25 for the series, the fellows said. Bexsero's two-dose series has a CDC price of $160.75 per dose or $321.50 for the series.

"Assuming a birth cohort of 4 million, the cost of vaccinating all 16- to 23-year-olds would be over a billion dollars," the FAQ said. "The ACIP estimates the cost per quality adjusted life year to be in excess of $4 million."

The FAQ also explained that under the Patient Protection and Affordable Care Act, the vaccines should be covered by insurance. In addition, the Vaccines for Children Program covers qualified children under age 18.

Pros and Cons of MenB Vaccines

Ahmad said that as vaccine science progresses and companies are more quickly able to make advances in production and create new vaccines, the ACIP could issue more Category B recommendations. And more Category B recommendations could lead to more confusion for family physicians.

"Considering how to implement B recommendations may need to be brought up in future discussions and reevaluated," she said. "Though the situation is challenging and needs to be individualized, it can also be used as an opportunity to reemphasize the importance of vaccination for other preventable conditions where the vaccine has been shown to be effective, and a means to investigate how to implement B recommendations into practices."

Martinez said unfortunately, the burden is now on family physicians -- who already are busy -- to make time in their visits to talk about the pros and cons of the MenB vaccines.

The major pro of getting the vaccines is protection from a disease that results in a high incidence of death and disability. "And as far as we know, the vaccine seems fairly safe," she added.

The cons include the fact that this disease already is rare and seems to be getting rarer. "We also don't know how well the vaccine works as it has not been tested clinically -- just in test tubes," Martinez said. "We don't know if it covers all of the strains or if its effectiveness wanes over time." Martinez added that there also may be side effects of the MenB vaccines that aren't understood yet.

"More than one physician has contacted the (vaccine science) fellowship and asked if they should order this vaccine or not," she said. "It's not a black and white issue; it has a gray area. I think mostly, people need to order the vaccine and have a conversation about it with their patients."

Differences between Maternal and Paternal Book Reading to Children

Reading aloud helps children expand their vocabularies while also building their ability to think, analyze and ask questions. It can also inspire a love of reading and learning for life. A 2014 study published in the Journal of Fathering suggests fathers and mothers may have different styles of reading to their children and both can be beneficial for development. In the study, researchers observed mothers and fathers while reading to their children. The study

showed mothers asked their children more factual questions while labeling and categorizing objects, whereas fathers used language to talk about concepts extending beyond the images and wording in the book.1 When parents use different styles of reading aloud to their child, they are providing a variety of learning experiences that foster language and cognitive development and can support literacy achievement in later years.2 To promote these positive outcomes, healthcare professionals can provide caregivers tips to make reading time an enjoyable and educational experience for children.

One way of promoting a child's speech and language development while reading aloud involves elaborating on details written in the children's book and asking questions about factual information. In the study observing differences between maternal and paternal book reading, mothers most often used this style of reading with their children. For example, parents may ask their child how many apples they see in a green bucket pictured in the book.1 Researchers believe engaging children in conversation about factual information from the book may be the most beneficial for young children who are still expanding their repertoire of language for everyday objects and concepts.3 Focusing on factual information while reading aids their ability to understand concrete information.

Parents also help children's language development when they integrate conversation beyond the context of the story. Researchers observed fathers incorporated more non-immediate language with complex vocabulary into storytelling by asking abstract questions to expand the child's imaginative thinking and reflection on past experiences. After reading about a ladder in a story, fathers often discussed the last time they climbed a ladder, thereby encouraging the child to think about what this situation may have looked like or to reflect upon a previous experience.1 This style of reading may be beneficial for children with more developed vocabularies and book knowledge, because it can help them expand their vocabulary by thinking about contextual questions. When children analyze questions beyond their immediate environment, they must engage in more abstract thinking.3

Just as parenting involvement from both mothers and fathers has a positive influence on a child's speech and language skills and cognitive development, both styles of reading can also be beneficial. An enriching reading experience encourages children to use their imagination and go beyond the context of the book in some situations, while also focusing on factual information to practice the skills they've already acquired such as counting, labeling, and categorizing.

At a well-child visit, physicians can share information about the benefits of early shared reading. When parents read to their children, they help to:

- Build a child's interest in reading - young children who show interest in reading may have stronger vocabularies in preschool and pre-kindergarten than children who show less interest.4
- Promote emergent literacy skills - the skills or knowledge children develop before they can read or write themselves. This includes recognizing letters, and understanding that the print relates to spoken words.
- Enrich vocabularies - children learn the meaning of new words from the written text in the stories and from conversations parents bring up while reading.4
- Promote higher scores on language measures later in childhood - this noticeable improvement can start very early. A study published in the Journal of Applied Developmental Psychology found that 12 month old infants had more developed language skills when parents began reading to them at 8 months than others their age. The earlier parents can begin reading to their infant, the better their language and literacy outcomes will be later in childhood.5

While asking about a child's speech and language development at a well-child visit, medical professionals can also offer parents some advice to make reading an enriching activity:

- Make connections - while you are reading, relate information to experience you've had or ask your child to relate the information to their experiences. Making connections is a good way to engage in discussion while you read.
- Recast the child's language - this helps them learn how to use complete sentences and learn new vocabulary.
- Ask questions - ask what is happening in the pictures or how they feel about certain characters or events in the story. Children have the opportunity to reflect and think about how they would feel in this situation, and this is a way to practice recognizing and processing emotions.
- Make inferences - for example, if a girl is putting on her boots and winter coat, it must be cold where she lives. Making inferences together can help a child come up with predictions for the story.
- Answer the child's questions - maybe the child does not understand a vocabulary word or a part of the storyline. Answering their questions will make them feel valued and encourages them to continue learning through reading.6

Parents and caregivers can fit in reading time with their child each day by either starting or ending the day with a story. If parents have questions about their child's speech and language skills, healthcare professionals can refer parents to this Early Communication brochure to learn more about important milestones their child should be meeting.

About Pathways.org

Pathways.org is a national not-for-profit dedicated to maximizing children's development by providing free tools and resources for medical professionals and families. Medical professionals can contact Pathways.org to receive free supplemental materials to give away at well child visits and parent classes.

For a free package of brochures on child development to give away to families, please email friends@pathways.org.

[1] Duursma, Elisabeth. The effects of fathers' and mothers' reading to their children on language outcomes of children participating in early head start in the United States. Fathering: a journal of theory and research about men as parents. 2014; 12(3): 283-302.

[2] Duursma, Elisabeth. Why story time is better when dad's reading the book. The Sydney Morning Herald. 2 Oct 2015. www.smh.com.au

[3]Reese E, Cox A. Quality of Adult Book Reading Affects Children's Emergent Literacy. Developmental Psychology. 1999; 35(1):20-28.

[4] Malin, J et al. Low-income minority mothers' and fathers' reading and children's interest: Longitudinal contributions to children's receptive vocabulary skills. Early Child Research Quarterly. 2014; 29(4): 425-432.

[5] Karrass J, Braungart-Rieker J. Effects of shared-infant book reading on early language acquisition. Journal of Applied Developmental Psychology. 2005; 26(2): 133-148.

[6] Osewalt, Gnny. 6 Tips for Helping Your Child Improve Reading Comprehension. Understood. www.understood.org.

Board Notes April 23, 2016

Present: John Andazola, Sara Bittner, Dion Gallant, Melissa Garcia, Virginia Hernandez, Rick Madden, Melissa Martinez, Karen Phillips, Frank Ralls, Dan Stulberg and Lourdes Vizcarra. Chair: Dr. Garcia.

Winter Refresher Wrap-up: Based on Final Evaluations, attendees were extremely pleased with the speakers, the Poster Session and the venue which proved to be a very successful Conference.

Legislative Wrap-up: Dr. Rick Madden, Legislative Affairs Committee Chair, shared the 2016 NM Legislative bills' fates: HB 102 Scope of practice panel: died on Senate floor; HB 103 Osteopathic student loan for service: passed, gov sign; HB 158 Addtnl Medicaid funding (family planning): never heard in committee; HB 270 Out of state liability: passed, gov signed; SB 113 As-

sisted outpt tx (mental health): passed, gov signed; SB 137 Student athlete brain injury: passed, gov signed; HJM 4 Pharmaceutical pricing task force: died in house committee; SJM 2 Child Fitness, PE & obesity task force: passed.

Communication's Chair Replacement: Melissa Martinez will step down as Communications Chair after the Summer Newsletter. Frank Ralls will fill in until a permanent replacement can be found. The job involves selecting and editing articles quarterly as well as approving advertisements for the NMAFP website and some management of the NMAFP Face book page. A good understanding of internet technology will be helpful. Dan Stulberg suggested that the new Chair of Family & Community Medicine could help NMAFP find a permanent replacement. This individual should be a member of the NMAFP BOD and attend the quarterly meetings. Dr. Ralls also has a new faculty member that he thinks might be a good fit. Dr. Martinez will write a job description to share with these individuals. Resolutions for 2016 AAFP COD: Dr. Dion Gallant, Delegate to the AAFP Congress of Delegates, presented revised Resolution A, Engaging Former Officers and Directors of the AAFP in Ongoing Work after their Terms Expire, as well as three draft Resolutions written by Dr. Stephanie Benson, Alternate Delegate to the AAFP Congress of Delegates: Resolution B, Social Determinants of Health, Resolution C, Loan Forgiveness and Resolution D Reciprocity of Training Licenses Among State Medical Boards. Each Resolution was discussed. Resolution A passed with no further changes. For Resolution B, Stephanie Benson will connect with Jennifer Phillips to work on verbiage. Resolution C and D need some changes. A motion to approve with changes still to be made before submitting them to the AAFP passed.

Board Orientation Documents: The Officer Orientation, Board Orientation and NMAFP BOD Fact Sheet were presented at the were presented at the Feb. 19th Board Meeting and again at the April 23rd Board Meeting. Changes were made, and these will be added to the Orientation Documents and presented at the July 30th Board Meeting in Taos.

NMAFP Bylaws Ad hoc Committee Update: Tabled until the next Board Meeting, July 30, 2016.

July 28-31, 2016 Taos Conference: Brochures were mailed on April 20th, and registration is live on our website: www.familydoctornm.org.

Town Hall Meeting at Taos Conference: Dr. Dion Gallant will be the host of our first Town Hall Meeting at this summer's conference in Taos, during our Welcome Reception on the first evening. Dinner on the patio will begin at 6:00 pm. Dr. Ted Epperly, will speak briefly at 7:00 pm. Dr. Gallant will introduce the candidates for office, and they will have an opportunity to say a few words. He will also introduce Officers, Delegates, and Alternates who will be available to field questions about the NM Resolutions to the AAFP COD or any other topics of concern.

Silent Auction at Taos Conference: A donation sheet was passed around at the BOD Meeting, and a campaign to gather donations from merchants in NM has begun.

Feb. 11, 2017 Winter Refresher: Dr. Frank Ralls, Scientific Program Chair, has already completed his conference for next year, and the application for AAFP CME accreditation will be submitted shortly.

Vote for Physician of the Year: Dr. Stephanie Benson will be the 2016 Physician of the Year recipient.

Vice President Nominations: Virginia Hernandez was nominated for Vice President. The Slate of Officers will be included in the summer issue of the Roadrunner, and the vote will take place on July 29, 2016 during the Taos State Conference.

Expansion of Legislative Liaison's Role: Dr. Rick Madden, Legislative Affairs Chair, shared specific information with the Board regarding the expansion of the Legislative Liaison's role in the future. Key points: maintain registration as an active lobbyist and attend relevant committee meetings between sessions of the legislature, report progress on the Legislative Plan and update on a regular basis. NMAFP will create priorities, and the Legislative Liaison will work on tactics to achieve these goals. A motion to support the final development of the scope of work with revisions, passed. A further motion was made to give Dr. Madden the authority to negotiate the new contract with the Legislative Liaison, and the motion passed.

Student Report: Katie Ogawa, FMIG President, shared with the Board the FMIG's latest activities. The 2nd Annual Match Mixer for the Residents occurred in April. This year 26 Residents matched into FM. This was an increase from last year which is becoming a national trend. T-Shirts were presented to them at the Match Mixer that say, "Family Medicine Docs Rock". A Prep for PIE, which the FMIG initiated last year and was very successful, is being implemented again this Spring.

Future Board Meetings:
July 30, 2016 - Sagebrush Inn & Suites - 12:30 pm (lunch served)
Nov. 5, 2016 - TBD
Feb. 10, 2017 - NMAFP Office, 5:00 pm (dinner served - night before Winter Refresher)

59th Annual NMAFP Family Medicine Seminar

July 28-31, 2016
Sagebrush Inn & Suites
Taos, New Mexico

Schedule and registration form on following pages.

59th Annual NMAFP Family Medicine Seminar
July 28-31, 2016 - Sagebrush Inn & Suites in Taos, New Mexico

This activity has been approved for 22 Prescribed credits by the AAFP

SCHEDULE OF EVENTS AND LECTURES

THURSDAY, JULY 28

8:00 a.m. Registration, Exhibits Open
Breakfast - Exhibit Hall

8:50 a.m. Introduction & Welcome

9:00 a.m. "Strategies for Improving Long-term Management of Hepatic Encephalopathy: Assessing Therapies for Secondary Prophylaxis"
Alpesh Amin, MD

10:00 a.m. "Prevention & Screening Recommendations"
Dion Gallant, MD

11:00 a.m. "Prescribing Psychologists in a Family Practice Setting"
John Andazola, MD & Marlin Hoover, PhD, MS

12:00 p.m. Lunch - Exhibit Hall

1:00 p.m. "Heart Failure Update"
Bart Cox, MD

2:00 p.m. "ER/LA Opioid REMS: Achieving Safe Use While Improving Patient Care" Part I
Carol Havens, MD

3:00 p.m. Break – Exhibit Hall

3:30 p.m. "ER/LA Opioid REMS: Achieving Safe Use While Improving Patient Care" Part II
Carol Havens, MD

4:30 p.m. "Management of Dementia: An Increasingly Important Problem"
Ted Epperly, MD, FAAFP, AAFP Past Board Chair & Honored Guest

5:30 p.m. At Leisure

6:00-7:00 Welcome Reception
Barbeque Dinner on the Patio

7:00-8:00 Ted Epperly, MD, FAAFP, AAFP Past Board Chair & Honored Guest
Introduction of Candidates for Office – 2016-2017
Town Hall

FRIDAY, JULY 29

7:00 a.m. Registration, Exhibits Open
Breakfast - Exhibit Hall

8:00 a.m. "The Future of Basal Insulin: Improving Patient Outcomes by Addressing Unmet Needs"
Dolores Gomez, MD

9:00 a.m. "Common Hepatology Questions"
Joe Alcorn, MD

10:00 a.m. Break – Exhibit Hall

10:30 a.m. "Get Down Tonight, Solving the Mystery of Nocturnal Dipping"
Frank Ralls, MD

11:30 a.m. "Obesity & Adolescence with a Focus on Activity"
Roberta Anding, MS, RD/LD, CDE, CSSD

FRIDAY, JULY 29 CONTINUED

12:30 p.m. Lunch – Exhibit Hall
(Sponsored by Dairy MAX)

1:30 p.m. "Ophthalmology for Primary Care Physicians"
Bob Avery, MD

2:30 p.m. "Abnormal Uterine Bleeding in Reproductive Age Women"
Rameet Singh, MD, MPH, FACOG

3:30 p.m. "Overview of Hair & Nail Disorders"
Dan Stulberg, MD

4:30 p.m. Leisure

6:00-10:00 Awards Dinner & Dance - Lecture Hall
Ted Epperly, MD, FAAFP, AAFP Past Board Chair & Honored Guest
Jimmy Stadler, Entertainment

SATURDAY, JULY 30

7:00 a.m. Registration, Exhibits Open
Breakfast - Exhibit Hall

8:00 a.m. "HPV Update"
Lance Chilton, MD

9:00 a.m. "Update on Preconception and Prenatal Care"
Mary Beth Sutter, MD

10:00 a.m. Break – Exhibit Hall

10:30 a.m. "The Active Female - Through the Ages"
Gloria Cohen, MD

11:30 a.m. "Direct Primary Care"
Brian Forrest, MD

12:30 p.m. Afternoon at Leisure

12:30 p.m. NMAFP Board Meeting
Sagebrush Inn, Gorman Patio and Grill near the front office (Lunch Served)
NMAFP Scientific Advisory Committee Meeting
(immediately following the BOD Meeting)

SUNDAY, JULY 31

7:00 a.m. Exhibits Open
Breakfast - Exhibit Hall

8:00 a.m. "Osteoporosis Update"
E. Michael Lewiecki, MD

9:00 a.m. "Adolescent Angst: Diagnostic and Treatment Algorithms for Acne"
Aimee Smidt, MD

10:00 a.m. Break – Exhibit Hall

10:30 a.m. "Update on Cervical Cancer Prevention"
Alan Waxman, MD

11:30 a.m. "Update on Opioid and Evidence-Based Practices"
Paul Seale, MD

12:30 p.m. Drawing for Door Prizes
Must be registered for the conference & present to win

REGISTRATION FORM

59th Annual NMAFP Family Medicine Seminar

You can also register online! www.familydoctornm.org

Please Print Clearly

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

AAFP ID#_____

Address_____ C/S/Z_____

Phone_____Email_____

How would you like to receive your handout:

❑ Electronic Version

Please note that print outs are not included with the electronic version.

❑ Hardcopy Book

_____AAFP Member Practicing Physician $410
_____Non-Member Practicing Physician $565
_____PhD $410
_____NP/PA/RN $290
_____Retired Physician $165
_____Family Medicine Resident (no charge)
_____Medical Student (no charge)
_____Yes, I want to sponsor a student attendee $45

Extra Tickets for Family Members

_____ Thursday BBQ Dinner - Adult $30
_____ Thursday BBQ Dinner - Child (6-12) $15
_____ Friday Awards Dinner & Dance - Adult $35
_____ Friday Awards Dinner & Dance - Child (6-12) $15

Registration includes one Adult ticket for the Thursday BBQ Dinner and one Adult ticket for the Friday Dinner & Dance. Children 5 and under are free.

Take $15 off your registration by choosing the Electronic Handout!

_____ Total Enclosed

Payment Information:

❑ Check

Credit Card *(See below also)*: ❑ Visa ❑ Mastercard ❑ Discover ❑ American Express

Cardholder Name: _____

Billing Address (if different): _____

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

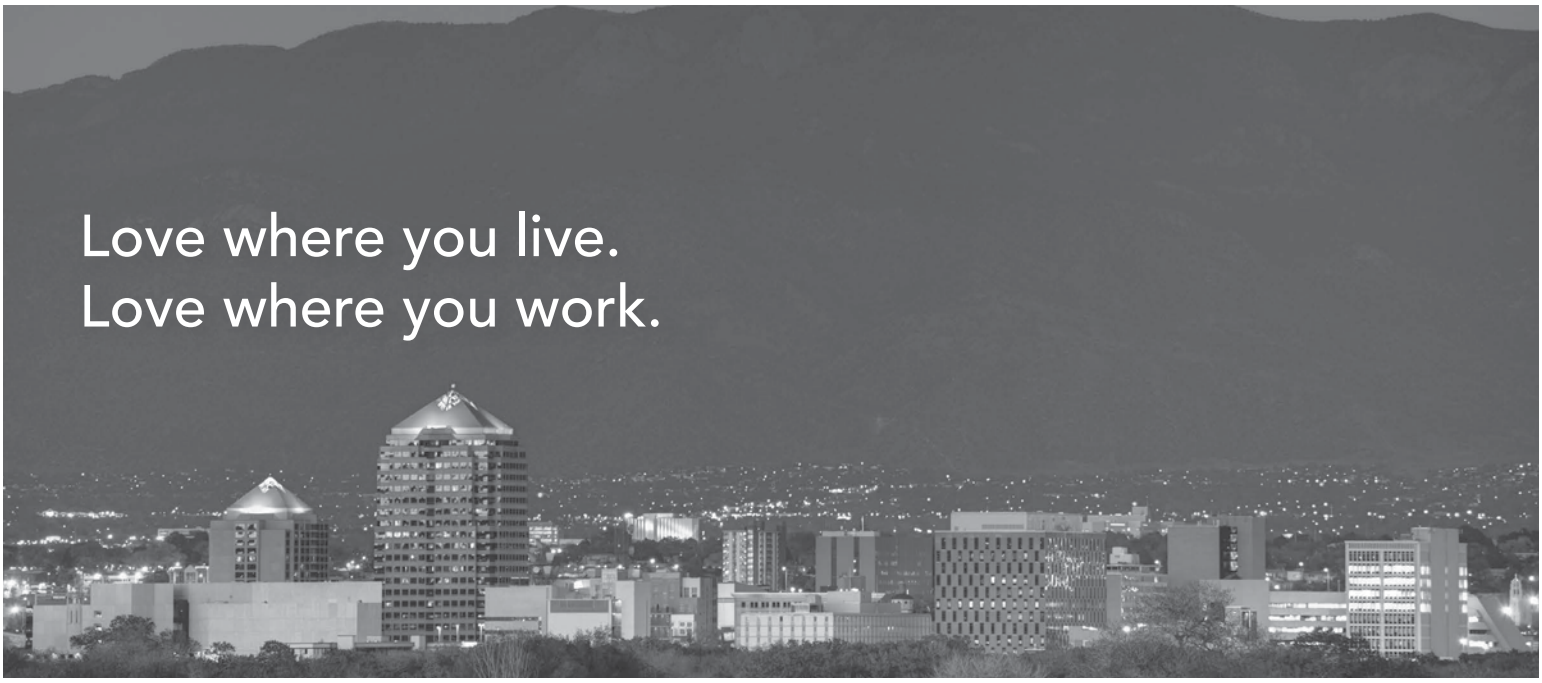
I authorize NMAFP to charge the amount indicated to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

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



Presbyterian Healthcare Services (PHS) is actively recruiting family medicine physicians to join our established medical group of over 700 providers. Presbyterian Healthcare Services is a locally owned, not-for-profit healthcare system of eight hospitals, a medical group, and health plan. Founded in New Mexico in 1908, it is the state's second-largest private employer with more than 10,000 employees.

Some of our benefits include:

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- Delta Dental of New Mexico
- EyeMed Vision Plan
- Flexible Spending Account Information
- Disability Coverage
- Life Insurance
- Retirement - Shared Security Savings Plan
- Vacation Time
- Holidays
- Domestic Partner Benefits
- Educational Assistance
- $30,000 Sign-On Bonus or Residency Stipend (payable monthly, during final year of residency training)

CME OPPORTUNITIES AND SIGN-ON BONUSES

Presbyterian provides competitive sign-on bonuses based on qualifications and experience.

We also provide Continuing Medical Education (CME) and reimbursement for New Mexico license, DEA, and CSR.

For more information, contact Kelly Herrera at kherrera@phs.org or (505) 923-5662.

Make every moment of your life count for more here.

PRESBYTERIAN
phs.org/careers

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2016 AAFP Annual Chapter Leader Forum

By Valerie Carrejo, MD

In early May, Sara Bittner and I attended the AAFP Annual Chapter Leader Forum in Kansas City. This conference is geared toward current and aspiring leaders as well as the constituency leaders in the AAFP Chapters. We had a wonderful time and met a lot of leaders from around the U.S. and some from other countries. One of the highlights of my personal experience was to go to two sessions: Board/Staff Relations and Responsibilities and Moving Beyond Strategic Planning to Strategic Integration. I am hoping to bring resources back to our board, including a board member orientation packet for new members.

As a new officer and member of the board, I feel this was an excellent session to learn from and also bring knowledge to our NMAFP leaders to better serve our chapter board. I also attended some interesting classes on using technology and social media in the chapter and hope to bring some ideas to our website design team.

Another great part of attending this conference was networking! I got to meet physicians from all over the country, practicing in all different types of practices. We conversed about the unique and also very common issues that we all face. One of which is upcoming MACRA. I had the opportunity to be part of the announcement of the AAFP's MACRA Ready by Dr. Wanda Filer and also participate in discussions with leaders in CMS about physician concerns and recommendations from the front line.

I encourage any of our current or aspiring leaders in NMAFP to think about attending this conference in the future. New Mexico was one of the underrepresented states. In fact, we did not have any members to represent us in the National Conference of Constituency Leaders (NCCL) which entails new physicians, foreign medical graduates, LGBT, minority physicians and women physicians. I encourage any of you that are interested in representing one of these groups for New Mexico, attend next year. It will be worth your time as it is a very unique and fun conference to attend.

Dr. Valerie Carrejo and Sara enjoying dinner with the Montana Delegation

Dr. Valerie Carrejo and Sara attending the AAFP Annual Chapter Leader Forum