The Roadrunner

NMAFP

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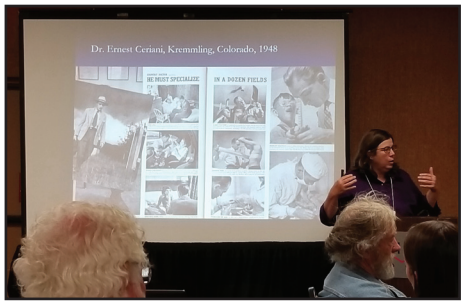
NMAFP Medical Student Reception, 2017

The NMAFP Medical Student Reception was once again well received by UNM Medical Students, sponsors and Family Physicians. The ambiance at the Nativo Lodge was exceptional as was the catering. Our sponsors offered a variety of opportunities and resources for the medical students in attendance. The underlying theme of the night was clear, the importance of fulfilling the need of Family physicians in New Mexico. The job opportunities varied in location from rural to suburban.

Dr. Dion Gallant, the 2017 Physician of the Year Award recipient, was acknowledged for the hard work and dedication he wholeheartedly contributes to the field of Family Medicine. The evening concluded with physician employment model stations during which students were able to visit and ask questions regarding the various types of physician job opportunities in New Mexico.

Students listening to Drs. Melissa Martinez and Arlene Brown tell about their path to the specialty of Family Medicine

Dr. Veny Ianakieva sharing her Family Medicine story with Med Students



Dr. Melissa Martinez giving an inspiring presentation on the history of Family Medicine

Dr. Virginia Hernandez moderating the 12th Annual Med Student Reception

AAFP Congress of Delegates, Sept. 11-13, 2018, San Antonio, Texas

DION GALLANT, MD

Greetings from San Antonio.

There was considerable focus this year on access to care and on single payer systems – both at the Congress of Delegates as well as the Town Hall. There was agreement about access to healthcare, but much less agreement on the right way to deliver care. The congress did NOT endorse a single payer system but did pass a resolution entitled, "Healthcare as a Human Right" the resolved portion as follows:

RESOLVED, That the American Academy of Family Physicians recognizes that health is a basic human right for every person, and be it further RESOLVED, That the right to health includes universal access to timely, acceptable and affordable health care of appropriate quality.

I am sure that this debate will continue at both the national level (see for instance the proposals by Senators Bernie Sanders and Lindsey Graham/Bill Cassidy) and at the AAFP.

MELISSA MARTINEZ, MD

During the Town Hall meeting, which occurs the night before the official Congress of Delegates convenes, the AAFP leaders do their best to address areas of concern to members. This year, a topic of concern was the American Board of Family Medicine's (ABFM's) maintenance of certification (MOC). Family Physicians are not alone in expressing concerns about the burden this places on practicing physicians. The AAFP does not have direct control of the process but does meet with leaders from the ABFM and will take concerns forward. They have also formed a task force to look at other forms of certification.

Other members were concerned with health care reform. Health Care for All is AAFP policy. The tough question is how to achieve this policy. Some at the COD would like the AAFP to endorse a single payer system. Others have concerns about timing and content. The current political climate may not allow for a successful launch of single payer legislation. According to AAFP leadership, there is a diversity of opinions as to what single payer actually means.

Other issues included concerns about Nurse Practitioners and the scope of practice for Family Physicians. Dr. John Meigs, AAFP Board Chair, states that Family Physicians are the quarterbacks of a clinical team. Nurse Practitioners can be valuable members of the team. "Quarterbacks need linemen to block the defense, receivers to catch their passes and running backs to carry the ball, but it is the quarterback who analyzes the defense before each snap, executes each play and leads his team on the field. Accordingly, it is the quarterback who often faces the harshest criticism or highest praise."

The change to pay for performance and the administrative burden this causes was another topic of concern. AAFP is a member of the Core Quality Measures Collaborative working with CMS and America's Health Insurance Plans, to create core measures for primary care and the medical home that could be used by all payers.

-Continued on page 4

L-R Sara Bittner, Chapter Exec; Dr. Melissa Martinez, Delegate; Dr. Dion Gallant, Delegate; Dr. Stephanie Benson, Alternate Delegate; and Dr. Bridget Lynch, Alternate Delegate

AAFP to Review AHA/ACC Redefinition of High Blood Pressure

Academy Continues to Endorse JNC8 Hypertension Guideline ***November 15, 2017, 02:02 pm, Chris Crawford***

The American Heart Association (AHA), along with the American College of Cardiology (ACC) and nine other health professional organizations, unveiled a new hypertension guideline Nov. 13 during the AHA's Scientific Sessions 2017 in Anaheim, Calif.

The AAFP was not involved in the development of the newly released guideline, and, at this time, the Academy continues to endorse the "2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8)."(jamanetwork.com)

The AAFP's Commission on Health of the Public and Science will formally review the AHA/ACC hypertension guideline and subsequently provide any related guidance to members.

Overview of the AHA/ACC Guideline

Published online in the AHA's Hypertension journal, the new guideline(hyper.ahajournals.org) covers detection, prevention, management and treatment of high blood pressure (HBP). Specifically, it calls for HBP to be treated with lifestyle changes and with medication as needed beginning at 130/80 mmHg rather than the previous commonly accepted threshold of 140/90 mmHg.

According to the AHA, the new threshold will lead to 46 percent of the U.S. adult population being categorized as having hypertension. Using the previous threshold, that figure was 32 percent of American adults.

The authors said they anticipate the new guideline will primarily affect younger adults -- with the prevalence of HBP expected to triple among men younger than 45 and to double among women younger than 45. Even so, they noted that there should only be a small increase in the number of U.S. adults who will require antihypertensive medication.

Family Physician's Perspective

According to Jennifer Frost, M.D., medical director for the AAFP Health of the Public and Science Division, current evidence doesn't support an absolute threshold for initiating treatment, whether 130/80 mmHg or 140/90 mmHg, because there's a continuum of risk.

"The greatest benefit comes from treatment of very high blood pressures and for those with high cardiovascular risk," she told AAFP News. "As blood pressures get lower, the benefit of treatment gets smaller. This guideline moves the threshold down the continuum, which may benefit some individuals, but may also lead to unnecessary treatment and associated harms."

Frost said family physicians should approach hypertension treatment on an individualized basis, taking into account patients' histories, risk factors, preferences and resources.

"Whether or not to intensify blood pressure treatment should be based on an informed discussion with patients, with a consideration of potential benefits and harms," she noted.

Additional Guideline Details

According to an AHA news release, (newsroom.heart.org) the AHA/ACC guideline was written by a panel of 21 scientists and health experts who reviewed more than 900 published studies.

The new guideline outlines the following blood pressure categories:

- Normal: Less than 120/80 mmHg
- Elevated: Systolic BP (SBP) between 120-129 mmHg and diastolic BP (DBP) less than 80 mmHg
- Stage 1 hypertension: SBP between 130-139 mmHg or DBP between 80-89 mmHg
- Stage 2 hypertension: SBP at least 140 mmHg or DBP at least 90 mmHg
- Hypertensive crisis: SBP greater than 180 mmHg and/or DBP greater than 120 mmHg, with patients needing prompt changes in medication if there are no other indications of problems, or immediate hospitalization if there are signs of organ damage.

The guideline eliminates the category of prehypertension, which previously referred to an SBP between 120-139 mmHg or a DBP between 80-89 mmHg.

Other changes include

- prescribing medication for Stage 1 hypertension only if a patient has already had a cardiovascular event such as a heart attack or stroke, or is at high risk of heart attack or stroke based on age, the presence of diabetes mellitus, chronic kidney disease or calculation of atherosclerotic risk;
- recognizing that many patients will need two or more types of medications to control their blood pressure, and that people may take their pills more consistently if multiple medications are combined into a single pill; and
- identifying socioeconomic status and psychosocial stress as risk factors for HBP, which should be considered in a patient's plan of care.

Additionally, the guideline highlights the importance of home blood pressure monitoring using proper technique and validated devices. The authors recommend recording the average of two to three blood pressure readings at least two times a day to get an accurate measure and avoid the phenomena of white-coat hypertension and masked hypertension.

Frost agreed on that point, saying that taking blood pressure in the clinical setting isn't the best predictor of outcomes.

"Having measurements from different times of day, in different settings, gives a more complete and reliable picture of an individual's blood pressure," she said.

AAFP Endorsement of 2014 JNC8 Guidelines

The authors of the new guideline contend it succeeds the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC7), issued in 2003 and overseen by the National Heart, Lung and Blood Institute (NHLBI).

It's worth noting that in 2013, the NHLBI asked the AHA and ACC to take over the management of guideline preparation for hypertension and other cardiovascular risk factors. However, a guideline panel that included family physician representation had already been appointed by NHLBI and was in the process of updating the JNC7 guideline.

Rather than turning the effort over to ACC/AHA, panel members opted to continue their work and released the JNC8 guidelines in February 2014 without the NHLBI's support. The AAFP endorsed the guidelines in July 2014.

Key recommendations from the JNC8 report include

- in the general population 60 and older, initiate pharmacologic treatment to lower BP at an SBP of 150 mmHg or higher or a DBP of 90 mmHg or higher, and treat patients to a goal SBP lower than 150 mmHg and a goal DBP lower than 90 mmHg; and
- in the general population younger than 60, initiate pharmacologic treatment at a DBP of 90 mmHg or higher or an SBP of 140 mmHg or higher and treat to goals below these respective thresholds.

Progress continues toward value-based payments, but major barriers still stand in the way.

The 2017 Value-based Payment (VBP) Study assessed physician progress toward value-based payment models and barriers that stand in the way. The survey was sent to 5,000 active members of the AAFP, and 482 surveys were returned with 386 evaluated after a screening process.

PROGRESS

50%

Nearly 50% of AAFP members are actively pursuing Value-based contracts.

14%

Only 14% of family physicians say they are making **no changes** in their practices to participate in VBP. That's down from 26% in 2015.

37%

37% of value-based payments distributed to family physicians are tied to quality measures and/or health outcomes. This has doubled since 2015 (18%).

43%

43% of family practices are hiring care managers/coordinators to support VBP, up from 33%. Hiring of behavior health support went up to 22% from 15%.

BARRIERS

Time and Availability

Nearly **90%** say lack of staff time is a major barrier.

33% say they're too busy and/or overwhelmed to think ahead. This is up from 21% in 2015.

Skepticism

71% don't agree that VBP models lead to more time with patients.

58% believe value-based payment models will increase work for them without a benefit to their patient.

Payment Concerns

77% cite the unpredictability of their revenue stream and ability to understand complexity of financial risk.

Lack of Consistency

Nearly **78%** say lack of standardized metrics reporting among payors are major barriers to implementing VBP. This number has stayed consistent since 2015.

Only **8%** of physicians agree quality expectations are easy to meet in VBP models. This is down from **13%** in 2015.

Lack of Transparency

Lack of transparency between payors and physicians.

Lack of information available on cost of healthcare services provided for appropriate referrals.

Lack of timely data to improve care and reduce costs.

AAFP Humana

Congress of Delegates

-continued from page 1

STEPHANIE BENSON, MD

As an update to last year, we saw a video at the Congress of Delegates about something they are calling the "Everyone Project" on health equity. Watch the video at the link below. They are developing the toolkit as in last year's resolution!
http://www.aafp.org/patient-care/social-determinants-of-health/cdhe/everyone-project.html

Also, we just recently received an email from one of the AAFP's lobbyists in DC. They wrote a letter to the Federation of State Medical Boards about reciprocity of training licenses and will be discussing it with us further. Take a look at the letter!
http://www.aafp.org/dam/AAFP/documents/advocacy/workforce/gme/LT-FSMB-ReciprocityTrainingLicenses-081617.pdf
We are doing cool things!!!

Here is the summary of the four from this year:

1. Resolution #206 Health in All Policies

This substitute resolution was offered by the Reference Committee on Organization and Finance and was adopted:

RESOLVED, That the American Academy of Family Physicians encourage the inclusion of education on the Health in All Policies (HiAP) approach at AAFP educational events including the Annual Family Medicine Advocacy Summit and the National Conference of Constituency Leaders.

2. Resolution #511 Pharmaceutical Drug Pricing

This substitute resolution was offered by the Reference Committee on Advocacy and was adopted:

RESOLVED, That the American Academy of Family Physicians advocate for marketplace solutions, including public health programs', such as Medicare's and Medicaid's ability to negotiate with manufacturers of pharmaceutical, biologic, and medical device products.

3. Resolution #512 Immigration Policy

This resolution was reviewed by the Reference Committee on Advocacy and was referred to the AAFP Board of Directors.

4. Resolution #605 Structural Vulnerability

This resolution was reviewed by the Reference Committee on Advocacy and was not adopted.

BRIDGET LYNCH, MD, MPH

An important resolution that was adopted by the 2017 AAFP Congress of Delegates was Resolution #209 Titled: Support Paid Sick Leave for Employees, with the following resolve clause:

RESOLVED, That the American Academy of Family Physicians advocate for paid sick leave legislation.

The importance of this resolution is illuminated by the comments from the Reference Committee on Organization and Finance which relay that the Academy has had no similar past policies. This policy now opens doors for the AAFP to advocate for legislation that keeps health in policy making.

2017 AAFP State Legislative Conference update from Dallas

By Bridget Lynch, MD, MPH

The NMAFP Board has set aside a set amount of funding to annually support attendees to the AAFP State Legislative Conference. This year's State Legislative Conference was held in Dallas, Texas and was well attended with packed tables at both the mid-size lecture hall presentations and the inclusive social gatherings. The event started with a warm welcome from AAFP President, Dr. Michael Munger, with his strong message about the importance of state-level legislative advocacy to family medicine. This was followed by a presentation of the winners of the 2017 Leadership in State Government Advocacy Award as well as the details of their award-winning programs. Listening to these physicians and their stories that illustrated their deep respect for and commitment to their communities was inspiring.

We heard Robert Hall, AAFP Director of Government Relations, speak about AAFP advocating for family medicine in Washington, DC with the focus being on AAFP's top issues for 2017: physician payment reform, defending health insurance coverage gains, physician well-being, increasing family physician workforce, and supporting population health improvement. He also spoke of AAFP's Policy of Health Care for All and any anticipated public health priorities for 2018.

A moderator then conducted a session about CHIP and Medicaid, discussing ways that states may improve efficiency and efficacy in state Medicaid and CHIP programs. These points were eloquently communicated in a particularly thoughtful manner by Andy Schneider, JD, Research Professor at McCourt School of Public Policy, Georgetown University. He shared historical perspectives that have led us to our current point. All the slides from this conference can be found at https://www.slideshare.net/aafp.

The keynote speaker at this conference was Reporter Jennifer Haberkorn from Politico who shared her perspective on being a health reporter in today's world. Her ability to involve the audience and address all questions in an eloquent, inclusive, and impactful manner was heartening.

Another session was held by Ashby Wolfe, MD, MPP, MPH, a Family Physician who is the Chief Medical Officer for Region 9 of the Centers for Medicare and Medicaid Services (CMS). She discussed their amplified focus on decreasing administrative burden in medicine.

Philip Eskew, DO, JD, MBA, CEO, DPC Frontier discussed current tips on creating successful models using Direct Primary Care in your practice.

Texas physician legislator, Dr. J.D. Sheffield, encouraged all physicians to run for office to contribute the most to the future of medicine and the health of our communities.

We learned about opportunities for studying population-level data using the Health Landscape mapping tool from Jene Grandmont, MA, Senior Manager of Application Development and Data Services.

The conference wrapped up with a presentation on climate change and its health consequences; a presentation on the importance of vaccines and using a presumptive/announcement approach; the new Medicaid-Public Health Online Library Resource, which is intended to help the public health workforce access learning tools/resources to advance their knowledge of Medicaid and public health opportunities in order to facilitate partnerships to improve health outcomes.

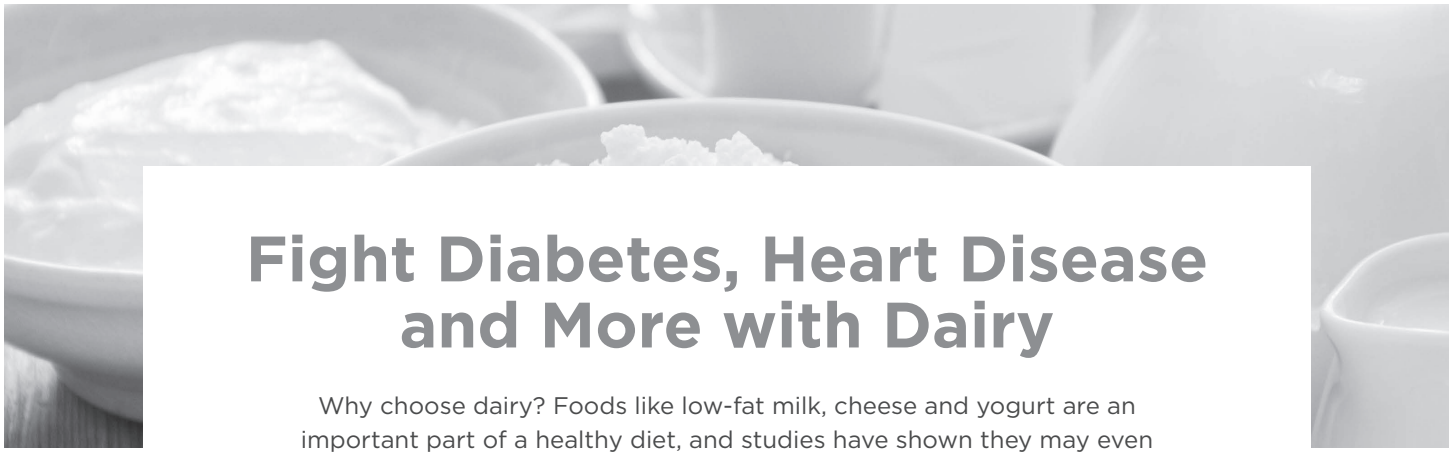
State Legislative Update

By Steve Lucero, NMAFP Lobbyist

The 2018 Legislative Session is fast approaching. Our legislative prep session will be held January 13, 2018. At this session we'll have an orientation of the legislative process and how to access legislative information from the NM Legislature website. We'll also talk about the Doc of the Day program and legislative issues the NMAFP is interested in addressing at the session.

If you've never volunteered to be Doc of the Day at the legislature, we highly encourage you to consider doing so. It's an opportunity to meet policymakers, share your input as a family physician, and provide a valued community service. As an additional incentive, this year Doc of the Day volunteers will receive a $50 stipend to help defray some of the costs of volunteering such as travel, parking, and a meal. Please call or email Sara Bittner to sign up: 505-292-3113 or familydoctor@newmexico.com.

On November 4th the Legislative Committee met prior to the Board meeting. At this meeting, we discussed the issues that will likely be a topic at the legislature. Medicaid funding will be a primary area of interest as the state budget remains in dire straits. We're hoping to have a conversation at the legislative prep session that will result in a strategy to best communicate with legislators on the importance of funding the Medicaid budget at an adequate level. We hope you can participate.



Fight Diabetes, Heart Disease and More with Dairy

Why choose dairy? Foods like low-fat milk, cheese and yogurt are an important part of a healthy diet, and studies have shown they may even be related to reducing your risk of certain diseases.

Dairy has been linked with a lower risk of Type 2 diabetes

Researchers analyzing a variety of studies found that people who ate dairy, especially yogurt, had a 6 percent to 20 percent lower risk of Type 2 diabetes.

Dairy has been linked with a lower risk of heart disease

Several studies have shown that people who eat dairy, especially low-fat dairy, had a lower risk of both heart disease and stroke.

Dairy has been linked with a lower risk of osteoporosis

The essential nutrients in dairy, especially calcium and vitamin D, are important for achieving peak bone mass and reducing risk for osteoporosis later in life. Research has linked eating dairy to improved bone health, especially in children and teenagers.

How does it work?

- **Dairy has nine essential nutrients.** Milk is a simple, three-ingredient food – the only things added are vitamin A and D – that's naturally packed with tons of important nutrients, including electrolytes and high quality protein.
- **Dairy has the nutrients you're missing.** It is an important source of calcium, vitamin D and potassium, three of the four nutrients Americans are lacking, according to the Dietary Guidelines for Americans.
- **Dairy's nutrients help lower blood pressure.** Dairy is rich with a trio of nutrients – calcium, potassium and magnesium – that can help lower blood pressure as a part of the Dietary Approaches to Stop Hypertension diet.

Dairy is just one part of your daily diet.

Good food fuels good health, and dairy is just one part of that. Make sure you balance things out with fruits, veggies, whole grains and lean proteins along with your three servings of dairy every day.

How much dairy should I eat?

AGE	DAILY DAIRY SERVINGS
9 and up	Three servings
4-8 years	Two and a half servings
2-3 years	Two servings

How much is a serving?

MILK	CHEESE	YOGURT
1 cup (about the size of a fist)	1.5 oz. (about the size of an index finger)	1 cup (about the size of a fist)

Find more printables for your patients at DairyMAX.org

Sources: Centers for Disease Control and Prevention, National Dairy Council

36th Annual Winter Refresher in Albuquerque

Saturday, February 10, 2018, Hotel Albuquerque, Old Town

Dr. Valerie Carrejo, Scientific Program Chair

This program has been approved for 7 Prescribed Credits by the AAFP

Online Registration at www.familydoctornm.org will be available in October

Schedule of Events and Lectures

7:00 am - 8:00 am
Past President's Breakfast
Rendering Room

7:00 am - 8:00 am
Registration/Exhibits Open
Breakfast - Exhibit Hall

7:55 am - 8:00 am
Introduction & Welcome
Dr. Valerie Carrejo
Scientific Program Chair

8:00 am - 9:00 am
"Updates on Diabetic Medications"
Gretchen Ray, PharmD &
Juliann Horne, PharmD

9:00 am - 10:00 am
"The Primary Care Clinic of the Future: The Jetsons Meet Marcus Welby"
Dave Rakel, MD

10:00 am - 11:00 am
Poster Session
South Atrium outside of Lecture Hall
(coffee & tea available in Atrium)

11:00 am - 12:00 pm
"Key Articles & Clinical Developments of 2017 in Family Medicine"
Dan Waldman, MD

12:00 pm - 1:00 pm
Lunch - Exhibit Hall

1:00 pm - 2:00 pm
"Pediatric Infectious Disease Vignettes"
Walter Dehority, MD, MSc

2:00 pm - 3:00 pm
"Topics in Native American Healthcare"
Robert Surawski, MD

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

3:30 pm - 4:30 pm
"Making Chronic Pelvic Pain a Little Less Painful"
Nick Andrews, MD

4:30 pm - 5:30 pm
"Assessment of Dementia in Primary Care"
Gabriella Good, MD

Hotel Information

Hotel Albuquerque in Old Town is located at 800 Rio Grande Blvd. NW, Albuquerque, NM 87104 (I-40 to Rio Grande, South).

A room block will be held until **January 19, 2018**. After this date, rooms will be on a space-available basis. To make your reservation, call 505-843-6300 or toll free at 800-237-2133 or go to this website: **http://bit.ly/2spW9zj** and use the **Group Code 1802FP** to receive the room block rate by January 19th.

Please Print Clearly

Name:_____ ❑ MD ❑ DO ❑ NP ❑ PA ❑ RN ❑ PhD ❑ Resident ❑ Student

AAFP ID:_____

Address:_____ C/S/Z:_____

Phone:_____ Email:_____

Handout material is provided for you to follow along with each speaker and for future reference. How would you like to receive your handout?

❑ Hardcopy ❑ Electronic on USB (hardcopy not included)

_____AAFP Member Licensed Practicing Physician $190

_____Non-member Licensed Practicing Physician $315

_____PhD $190

_____NP/PA/RN $130

_____Retired Physician $120

_____Family Medicine Resident (no charge, must include AAFP ID)

_____Medical Student (no charge, must include AAFP ID)

_____Yes, I want to sponsor a student attendee $30

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

_____Total Enclosed from Both Columns Above

Save a stamp and register online at www.familydoctornm.org!

Or mail form & check to: NMAFP, Educational Fund, 2400 Louisiana Blvd. NE, Bldg. 2, Suite 101, Albuquerque, NM 87110

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

Family Helping Family

By Linda Stogner, MD

Esperanza Family Health Center,
Estancia NM

Late on a Friday afternoon, I got a shout out from a fellow Family Physician requesting some help for some of the family doctors in Puerto Rico. Many might recall that this summer was inundated with natural disasters. Hurricane Harvey kicked it off in Houston, and things just kept happening: Harvey wouldn't leave, along came Hurricane Irma….and then Hurricane Maria developed in the Mid Atlantic Islands only to become one of the 10 most powerful storms in the Atlantic on record.

Evacuations were ordered, shelters were opened, and the Islanders were ready to hunker down knowing that this was going to be a bad one. If they only knew! Puerto Rico and the other Caribbean islands were devastated. They lost power, communication, and water. It was very difficult to mobilize the resources needed to start the "clean up and restoration". Who would have known that 2 months later, PR would still have so many people still without basic amenities…like water and electricity?

On September 29, I got a message from Kim Yu, one of my Family Practice acquaintances on FB. There was a core group in Texas that was trying to arrange the purchase of generators to be sent over to PR for Family Doctors and health care centers. A transport was going to be available on Sunday. The request was for each Chapter to buy a generator to send over. I contacted Sara Bittner, who in turn contacted the Executive Committee of the NMAFP BOD with a request for 600 to 800 dollars to purchase a generator. In less than 48 hours, the Executive Committee weighed in, and it was agreed that the money would come from the President's discretionary fund. As a Chapter, we contacted the Indiana Chapter that was handling the donations (their Foundation is set up to take donations so they volunteered the administrative assistance) and made our contribution. The generators were purchased and made it on to the transport that Sunday afternoon. Because this was done on a "small scale", community resources were located to get the generators where they were needed most.

These generators have been key to being able to keep medical services available in these hard-hit communities. Initially, it was about keeping medications safe, being able to sterilize instruments, having lights and such. People would ask if they could charge their personal electronic devices. Can you imagine two months without electricity?

I just talked to Kim last week. Initially 66 generators were purchased and shipped. Over 102,000 dollars raised through this grass-roots effort, which was spearheaded by one family physician with far-reaching communications. Here is an excerpt from the WONCA article that was written recently: Many chapters of the AAFP donated as did friends and family from around the USA, but, there was and still is so much more to do!

The PR chapter worked incredibly hard to locate physicians around the island, no small feat given the lack of phone services and communication especially in areas of devastation where roads were impassable. We even flew one generator in from Texas, via BREAC225.org. Working with a grassroots network of physicians around the country, we sent over 35 planes worth of medicine, supplies, food and water to the island. Physicians in Puerto Rico would go straight to these planes at the airport to pick up the many boxes and load them into cars and distribute around the island. They have since made over 200 deliveries to clinics, hospitals, nursing homes, physicians, convents, orphanages and more, sometimes going door to door to provide water… bringing much-needed hope and medical care directly to the source of need.
https://t.co/hrZ5KKFeNB #WeAreFamily #WeAreFamilyMedicine #InspireCreateLead

So, as we go into this season of giving and reflecting, let's remember our colleagues at home and around the world who are trying to care for patients and helping communities….it goes further than the exam room. I thank our Chapter for the support that was extended. See you at the Winter Refresher in Albuquerque, Feb. 10, 2018, Hotel Albuquerque, Old Town.

New Law Makes It Mandatory for Hospitals to Offer Pneumococcal and Influenza Vaccines to their Hospitalized Patients

By Melissa Martinez, MD

A new law was enacted in March of 2017 requiring hospitals to offer patients who are over 65 and hospitalized between October 1 and March 1 of each year influenza and pneumococcal vaccine in accordance with the recommendations of the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention. This law will add a level of complexity to discharging patients. Hospitals will need to:

- Keep the vaccines in-house
- Determine which flu and pneumococcal vaccines patients have already received
- Be familiar with the immunization recommendations
- Offer and administer the vaccines
- Document the vaccine administration or patient refusal in the EMR and on NMSIIS

Technical assistance is available by emailing David Vigil at dvigil@healthinsight.org.

Physicians Champion Influenza Vaccinations

Influenza takes a considerable toll on Americans each year, causing millions of illnesses and medical visits, hundreds of thousands of hospitalizations and thousands of deaths. HealthInsight has complied some important updates for encouraging your patients to protect themselves and their families this year by updating their shots including 2017-18 recommendation highlights, vaccine supply, when to vaccinate, safe vaccination administration, and tools, resources and important statistics to help inform your conversation with patients.

The Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC) continue to recommend an annual influenza vaccination with an injectable influenza vaccine for everyone 6 months and older, including pregnant women. Optimally, vaccination should occur before onset of influenza activity in the community. We recommend vaccination by the end of November, if possible.

HealthInsight has developed a toolkit with multiple resources for helping providers educate their patients and improve their vaccination rates. Included in that toolkit is a document on motivating patients to get vaccinated (http://bit.ly/2zLsh50) that can help you start the conversation. The Adult Immunizations Toolkit is available for clinicians and physician offices (http://bit.ly/2zG0dSV) and home health agencies (http://bit.ly/2mruRKi).

Full Story:
https://healthinsight.org/news-articles/1456-physicians-champion-influenza-vaccinations

NM Family Medicine Residency Reports

Southern NM Family Medicine Residency Program, Dawn Drumm, MD:

Greetings from Las Cruces! Our interview season is bringing us some great candidates for next year's intern class. Our third-year residents are applying for jobs, and one resident already signed a contract. The highlight of this report is our Faculty/Resident retreat that was held in Ruidoso a week ago. Physician burnout is a serious concern among primary care providers with long hours and many administrative duties. Wellness cultivated in a positive environment is key to preventing burnout. The retreat purpose was to develop a wellness curriculum to implement into the residency. The retreat strategy was resident leadership and focus to address burnout. We discussed what we like and what burns us out. We developed many ideas, then chose three to work on addressing together.

Santa Fe Family Medicine Residency Program, Estevan Apodaca, MD PGY3:

The Christus St. Vincent Family Medicine Program is halfway through its 20th year, and we are pleased to have a new expansion to the Christus St. Vincent Hospital. It is a great edition for our community, offering private rooms for all the patients in our hospital. We are also pleased to have many residents applying for fellowships in palliative care, emergency medicine, and addiction medicine. I have accepted a position in Santa Rosa, NM after graduation, and I hope many of our graduates will decide to stay or return to New Mexico to practice in the future. We are currently interviewing new applicants to Family Medicine; and, with the growing need in our state, I hope they too will be committed to serving communities all throughout New Mexico.

Memoirs of a Family Medicine Physician

November 12, 2017

Dear Colleagues,

After 39 years as a small-town FP, I will be retiring at the end of the year, and I want to thank you for the help so many of you have given me and my patients over the years. In a region of many healthcare shortages, you have still come through many a time. Since it would be hard to find a small community and region that can match this one, Los Alamos will remain my home for the foreseeable future. Hopefully, I'll bump into many of you in town, in Santa Fe, or on one of our fine trails!

I end my PCP career with a swirl of thoughts and feelings regarding the state of Medicine. If you'll indulge me, I'd like to share some of them. By and large, I've greatly enjoyed the clinical care – the forming of strong bonds with so many patients, the diagnostic challenges, the constant learning (including about myself), the coordination of care with respected colleagues, and the many opportunities to help patients and families.

Disturbing to me, though, are theses aspects of our work lives:

- The absurdly complex health system the US has allowed to emerge
- Our unwise, mandated marriage to mega-data, & the associated electronics
- The erosion of professional ethics by carrots, sticks and bottom lines
- Companies with very contaminated agendas being charged with rationing the care of millions of Americans
- The wearing-down of top notch, caring practitioners by these dysfunctions

To a large degree, I interpret the "mantra" of our health system for the last 30+ years as:

1. Our profit-driven, insurance-based system is very expensive and inefficient, hindering our economy.
2. But a nationalized system, though cheaper, simpler and fairer, is un-American.
3. So, administrators must keep experimenting with techniques for "controlling costs" (while maybe "improving quality"), regardless of the adverse effects they have on real people. Eventually some of them are bound to help.

On a Federal side, decades of Washington budget-battling have meant Medicare, though required for all Seniors, would be steadily more poorly funded. Solution: Shift the costs to private insurers! Medicaid, of course, has followed suit.

In retirement, I expect to weigh in where possible on these problems and how America might do better. Please consider speaking up yourselves. Hundreds of our voices are needed. Illegitimi non carborundem! I wish all of you well. May you each find deep rewards in keeping this profession one of empathy, high ethical and quality standards, and service to those in need.

Tyler Taylor, MD

Hidalgo Medical Services Family Medicine Residency Program, Neel Patel, MD:

Hello to all in NM from Silver City! We are excited as the year is flying by, and things are getting busy here at HMS. We first want to thank Dr. Kristan Diaz, one of our core faculty, for a tremendous 5 years at HMS as she departs for a job in her home state of Texas. She was one of our original faculty, and we appreciate all her contributions to the residency program. All the best in Texas, Dr. Diaz! The year is progressing smoothly as our second-year residents are now getting acclimated to Silver City. We also had Dr. Roberto Aguirre in town recently to visit and had a great time getting to know him better. We're looking forward to welcoming Dr. Rory Keyes in the near future.

Since the end of September, 2017, we began our quality improvement project called HMS Walk and Talk. We still are working on increasing the participation but are thrilled to start getting the community involved. Any patient, regardless if HMS or not, is welcome to come, and we hope to keep adding more initiatives in the future for a better turnout. Overall, the residents are optimistic about another great year. While the departure of one of our faculty is not wanted, we still have 3 other faculty members we plan to grow even closer to. We hope all other residents of NM Family Medicine residency programs share the same sentiment. Best of luck to everyone for the remainder of the year!

The Roadrunner

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