



The Roadrunner

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President's Column

By Virginia Hernandez, MD



Time has gone by quickly since the start of 2020. The efforts we have put forth during this COVID-19 pandemic is evident in our teamwork, adaptability, and sacrifices as Family Physicians. Our efforts are evident by the increased testing, tracking of recoveries, and the slow, methodical lifting of restrictions in our state. If you have not been told, know that you are appreciated and valued as Family Physicians.

We have continued to evolve the way we do our jobs. Although it has not been easy to make transitions and changes to our practice, I believe that we are doing our best and will continue to put forth our

best efforts in whatever circumstances we are facing. As I look back, I am focusing on the positive changes and outcomes that make my life easier during this stressful time. Keeping our schedules booked with televideo visits or telephone visits has been a challenge when our patients do not live in the best internet or phone reception zones. Therefore, the solution to this problem, from a rural health perspective, has been to schedule home visits for the most high-risk patients. During home visits, I have seen positive changes in my patients' blood pressures, moods, and stress levels just by coming to their homes. Drawing blood in their living rooms or outside on their porches alleviates the stressor of obtaining transportation to a lab and some of the fears of COVID-19 exposure. While in my patients' homes, I had the chance to evaluate what other needs my patients had but felt too embarrassed or inhibited to ask. Adapting the manner in which we deliver medical care to our patients has improved the health status of patients and possibly many other things that we cannot measure

merely by numbers.

What will be the new normal for Family Medicine as we move forward? Again, looking at the positives and hope in the future, I can honestly say that we can continue to deliver health care in innovative ways to the best of our abilities. This trait, I believe, is the beauty of being a Family Physician. When we practice medicine in a safe, innovative, progressive manner, especially during a pandemic, we are truly fulfilling our oath of practicing the art of Family Medicine. Thank you for everything you do and may you continue to take care of yourselves as well as you take care of your patients!

Outlook on a COVID-19 Vaccine

By Katarina Leyba MBA, MSIV
and Melissa Martinez, MD

Amazing how a little virus can cause such disruption. We all want a vaccine, and we want it now! That is a heavy lift. It typically takes around ten years to develop a new vaccine: 2-4 years for exploratory research, 1-2 years of additional preclinical study, 1-2 years for Phase 1 clinical trials, 1-2 more years for Phase 2 trials, and finally 3-4 years for Phase 3 trials. Only after years of extensive research and testing can companies apply for FDA approval and begin the manufacturing and distribution process.

However, there is hope. The first clinical trial for a COVID-19 vaccine began on March 16, 2020. The second began on March 17—less than three months after the virus first emerged in Wuhan and less than one week after the World Health Organization (WHO) classified COVID-19 as a pandemic. The development of a vaccine against COVID-19 has accelerated at an unprecedented rate. How did we come to this stage so quickly? What will the COVID-19 vaccine look like?

A few factors have contributed to the "warp speed" of this endeavor. First, SARS-CoV-2 is not the first coronavirus to pose

a threat to public health. Researchers have been able to leverage data collected during studies towards SARS-CoV-1 and MERS-CoV vaccines to fast-track the development of the COVID-19 vaccine. Secondly, recent advances in vaccine technology were easily adaptable to this new virus. Moreover, timelines have been compressed due to the extraordinary amounts of government and private funding being poured into research around a COVID-19 vaccine. It is likely that candidate COVID-19 vaccines will undergo abbreviated Phase 3 Clinical Trials and receive earlier approval given the urgency of the situation.

As of early May, there were eight COVID-19 vaccine candidates in clinical trials and more than one hundred in preclinical development in twelve countries around the world—including at the University of New Mexico. As a reminder, vaccines are really just antigens that induce antibodies and cells (T cells mostly) to be ready for when the virus attacks. The first step in creating a vaccine is to find the right antigen. Most use the spike protein (the "S protein" or "S antigen") on the surface of SARS-CoV-2. This is the same protein that allows the virus to bind so effectively to ACE2 receptors in the human body.

The majority of candidate vaccines are subunit protein-based vaccines. This means the antigens are created by using RNA and amino acids to create the proteins found on

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NMAFP Board Chair Update

By Dr. Valerie Carrejo

As I contemplate what to write to our members today, I struggle. Most of us are tired, overwhelmed, and stressed out over the current state of affairs in our state, our country, and our world due to COVID-19. New Mexico currently has 7,026 cases, and we have lost 320 of our citizens to this disease. Our clinical practices have changed, for most of us, significantly. Many of us are doing telehealth visits, learning as we go, and hoping that we can adequately care for our patients in a way that seems foreign.

I miss my patients: their faces and their hugs. I miss my colleagues, who are working from home a few days of the week, and, I am sorry to say, I will miss all of you this summer at our NMAFP Summer Conference. Due to the restrictions on gatherings and social distancing, our Board of Directors has decided to cancel our NMAFP Annual Summer Conference in Santa Fe. Most of our speakers have agreed to speak next year, July 22-24, 2021 in Ruidoso, so please be on the lookout for updates.

For any of you who are interested, the AAFP is offering a weekly CME series on COVID-19. Participants can earn 1 CME credit per session. Information about this CME opportunity is listed on the NMAFP website.

As we move into summer, please take care. Be mindful of taking care of yourselves in addition to your families and your patients. Keep the NMAFP in mind for needs that you may have and always feel free to reach out.

Email: familydoctor@newmexico.com

Website: <https://www.familydoctormn.org>

COVID-19 Vaccine Continued

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the virus. This is recombinant technology. Sometimes, the proteins form virus-like particles (VLPs). The proteins can prompt an immune response similar to that elicited by the virus in vivo but are not infectious. This results in vaccines that are overall safer and easier to produce but may require the inclusion of adjuvants to generate sufficient long-term immunity.

Other vaccine candidates aim to introduce genetic material (either DNA or mRNA) and encode the S protein into the body's own keratinocytes or myocytes, which then manufacture the S protein and mount an immune response against it. Some deliver the DNA or mRNA directly, while others employ harmless viral or bacterial vectors as carriers. The advantages of this approach are the potential to include multiple antigens in a single vaccine, a long-term immune response, and relatively good scalability that would allow for large-scale vaccine manufacture. However, challenges to the design and distribution of such vaccines still exist. For instance, mRNA is only stable when stored within a narrow temperature range, a barrier which will need to be addressed if the vaccine is to become broadly available.

A handful of researchers are applying more traditional vaccine designs to develop live-attenuated or whole-pathogen killed (inactivated) COVID-19 vaccines. Live-attenuated vaccines, which contain a viable but weakened version of the target pathogen, have the compelling advantage of conferring life-long immunity after only one or two doses. The measles, mumps, and rubella (MMR) vaccine is one example of an extremely effective and widely embraced live-attenuated vaccine. However, this vaccine type does incorporate a small amount of live virus, meaning that it cannot be given to certain populations, such as immunocompromised or pregnant patients. This would be less than ideal for a vaccine against SAR-CoV-2, which has disproportionately affected patients with underlying medical conditions and impaired immune function. Killed vaccines are inactivated and thus pose less of a risk to such populations, but they also confer a weaker immune response. Individuals often need multiple booster doses throughout their lifetimes.

Which of these vaccine designs will emerge as the first COVID-19 vaccine? More investigations are utilizing the recombinant protein design than any other, but the first positive preliminary results are from a trial of an mRNA vaccine developed by a US-based company called Moderna. On May 18, 2020, Moderna announced that its vaccine, called mRNA-1273, was "generally safe and well-tolerated" and that antibodies against COVID-19 were detected in the serum of all 45 Phase 1 trial participants. Some participants developed antibody levels that were equal to or higher than the antibody levels found in patients who had recovered from COVID-19. This

data has not yet undergone a peer-review process or been published in a medical journal. Moderna plans to coordinate with the National Institutes of Health (NIH) and the National Institute of Allergy and Infectious Disease (NIAID) to move forward to Phase 2 and Phase 3 clinical trials.

So, is an effective COVID-19 vaccine just around the corner? No. The COVID-19 vaccine is being developed at a remarkable rate, but we should not expect it to be instantaneous. To date, the Ebola vaccine is the most rapidly developed and approved vaccine in existence, and that timeline was still five years.

There is widespread anticipation as we await the approval of a vaccine that could end this global pandemic and signal a return to normalcy, but several key benchmarks need to be met if any COVID-19 vaccine is to have this effect. Most importantly, the vaccine will need to be safe. We need to have confidence that it will not exacerbate the current situation or amplify public distrust of vaccines. For instance, it has recently been shown that the vaccine against dengue fever can actually increase the severity of disease in certain individuals; a similar circumstance in the case of a COVID-19 vaccine would be devastating. It is imperative that patient safety is at the forefront even as the clinical trial stages of COVID-19 vaccine development are expedited. Secondly, the COVID-19 vaccine will need to have good efficacy; it will need to elicit a strong enough immune response to provide reasonable assurance that vaccinated individuals will not be at a substantial risk of contracting COVID-19. It will also need to be affordable for large populations, have the capacity to be mass-produced, and be easily distributable on a global scale. If the COVID-19 vaccine is not efficacious for and available to virtually all people, then it will not be able to generate the herd immunity necessary to end the COVID-19 pandemic.

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Setting an Example for Native Youth

By David Mitchell, AAFF

An elderly Native American patient was being less than forthcoming with her physicians one summer day at the Northern Navajo Medical Center in Shiprock, N.M. When Clint Brayfield, M.D. walked into the exam room, everything changed.

"I introduced myself in Navajo, and I could see her relax," said Brayfield, who had just finished his first year of medical school at the time. "She had put up walls with other providers. After my interaction with her, we realized she had initially left out information. When she told it to me, it changed our management of her diabetes. It was interesting to see. There really is a distrust of Western medicine in the Native American community."

Brayfield gets it. He grew up with a father who struggled with bipolar disorder and often was unable to get the help he needed.

"I want to help others who had been in situations like mine," he said.

Brayfield's situation involved moving a lot as his family – including seven siblings – coped with his parents' financial, legal, and medical issues.

Roughly 65% of Native Americans finish high school, and less than 10% graduate from college – far below national averages in both categories. Brayfield overcame those odds and became the first person in his family to graduate from college. He was accepted into the University of New Mexico's combined B.A./M.D. degree program, which accepts 28 students per academic year from state high schools and the Navajo Nation who are committed

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Native Youth Continued

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to becoming physicians and practicing in the state. Students receive financial support and a conditional admission to medical school.

Brayfield recently completed the program and will stay at UNM, where he matched in the Family Medicine residency. He chose UNM, in part, because the program allows residents to work at an Indian Health Service clinic.

"Matching at UNM and having the ability to work at an IHS clinic is important to me because it allows me to provide care for Native American patients right now instead of having to wait until after residency to do so," he said. "In addition, gaining experience with the IHS system would allow me to be more efficient when I am an attending physician working for IHS, and gives me insight into how I can impact the system for the better."

Staying will also allow Brayfield to continue being involved with projects he was working on during the past academic year (before they were stalled by the pandemic), when he was president of the UNM Association of Native American Medical Students. The group is working on a mentoring program for pre-med Native American students and is also trying to implement curriculum regarding Native American health.

Those initiatives are important, Brayfield said, because Native Americans represent 11% of the state's population. Nationally, Native Americans account for roughly 2% of the population but only 0.4% of the U.S. physician workforce.

"There is a need to help Native American students, who don't see their people in this field," he said. "They need to be mentored by people who know where they are coming from and have shared experiences."

Brayfield said he ultimately hopes to practice broad-scope Family Medicine at an IHS facility on a reservation.

"I want to inspire Native youth to pursue medicine," he said, "and I want to mentor them so that we can get the quality health care we deserve."

Southern New Mexico Family Medicine Residency Report

By Dr. Emilia Vesper, PGY-2, NMAFP Resident Representative

COVID-19 has put an interesting spin on the world around us. For many of us, we do not feel the immediate effects of a change in our day-to-day lives, since we continue to come to work daily. However, as we begin to think outwardly, we notice the drastic effects a structural economic and political system has on the people we serve. A big focus of our residency program is to

look at the social determinants of health and learn how those structures affect our patients' health across their lifespan. We have learned that a zip code and where you live impacts health more than any other factor. COVID-19 has shed an intense light on the gross disparities for the people who live in New Mexico. We find that part of our duties as Family Physicians is to think outwardly, take a bird's eye look at our current healthcare system, and go above making recommendations to actively working to address disparities and to improve healthcare, access, and opportunities for everyone.

Our program has placed an importance on recognizing the strengths within our community, and by partnering with community members, we hope to further address and fulfill the needs of our community. After much insight and refocus, a long-awaited curriculum change is happening; we find it not only our mission to train Family Physicians to be good doctors for our community, but also to train physicians with an added skill of creating interprofessional teams to address social medicine. Our program has done just that by adding structural competency in medicine as a seventh competency requirement for graduation. Starting next year, we are happy to see this focus on Community & Social Medicine with updated and some newly added required rotations in: Community Medicine, Border Health, Care of the Marginalized Population, and Health Policy.

We will continue to provide home visits for several of our clinic patients. We continue to take city call on Obstetrics in the hospital, filling the need for OB, with Dr. Gomez being our personal superhero and covering all OB walk-in needing cesarean sections. We are very pleased that Dr. Benson has received the award for NMAFP Family Physician of the Year. During COVID-19, medical students, nurse practitioner students, and behavioral health students have not been able to be in-house, and we are working on a plan for slowly reintroducing them to clinicals as society starts to open up again.

For mindfulness and well-being, Residents are able to spend more time at home with family members during periodic, designated wellness time.

The biggest news by far from the Southern New Mexico Family Medicine Residency Program (SNMFMRP) is that we have six unique, individual, and inspiring physicians graduating from the program this year. Thank you for joining me as I take a moment to highlight each of them, their aspirations, what drew them to our program, and the amazing things that they will go on to do after graduation. It has been an honor and privilege to learn from each and every one of them, and I am sure all of my fellow Residents would agree with that sentiment.

We are very proud of our two Chief Residents: Dr. Jeanette Lara and Dr. Ramona Sharma.

Dr. Jeanette Lara: I chose SNMFMRP because it would help me become the

best Family Medicine Physician for my hometown. My hometown is a colonia about 40 minutes from our training site called Chaparral. One of the program goals that resonated with me was that they would prepare me to take on a leadership role to practice medicine in an underserved rural community in Southern New Mexico. I feel prepared to take care of the people and help guide my community towards better health with the training I have received from our excellent attendings. I am a recipient of the National Health Service Corps Scholarship, and when I finish my contract, I will prepare to apply for an OB fellowship. In the meantime, I have signed up to start working in an FQHC in Chaparral. I will continue doing prenatal care and delivering babies at the nearest hospital.

Dr. Ramona Sharma: It has been a privilege to be a part of the Southern New Mexico Family Medicine Residency Program these past three years. I cannot sum up into one sentence why I chose this program, but I do know it is one of the best decisions I have ever made. My goal of becoming a physician capable of serving an entire community and providing continuous healthcare to a family unit has been accomplished. As we graduate this coming June, I cannot help but reflect back and think how this journey was not mine alone. I would like to thank my program director, faculty, mentors, and family for their continuous support. I will always be grateful for this once in a lifetime opportunity. As we graduate, I hope we uphold the standards of doing no harm and taking the legacy of our program's greatness to further heights. Congratulations to the graduating residency class of 2020!

A word from each of our other graduating Residents:

Dr. Jamie Weinand: I chose this program because it was important to me to train in a border community and where there was a provider need in underserved communities with fewer resources. I feel really fortunate that I chose our program because it was such an excellent teaching environment for integrated, interprofessional, and collaborative care between pharmacists, social workers, behavioral health experts, and medical providers to really learn how to maximize those relationships to serve patients. I am doing a fellowship in addiction medicine July 1 at the University of Arizona Tucson. Thank you!

Dr. Shawn Rowland: After a long road, the time has finally come! Residency has been an amazing experience. I will forever be grateful for the patience and teaching from my attendings and colleagues. I was drawn to Family Medicine because of the opportunities it provides to impact a broad spectrum of patients and conditions. At SNMFMRP, I was exposed to the full scope of what Family Medicine entails with the added experience of practicing medicine in an underserved community. It has taught me so much! I feel ready to go out and take not only the medical knowledge that I gained here but also the good will and determination to advocate for those that

need our help in the community and to be a force for change!

Dr. Christopher Morriss: He is originally from Cincinnati. Dr. Morriss moved to Las Cruces to study Family Medicine and intends to stay in the region long term to provide primary care, working with patients both in English and in Spanish. Aside from providing medical care, he is interested in spending time outdoors, exploring locally and regionally, learning desert gardening, and cycling through the town of Las Cruces. He is engaged to be married shortly after graduation.

Dr. Lara Leija: Aside from training for marathons, Dr. Leija has decided to complete an ED fellowship after graduating from residency. We are honored to have Dr. Leija stay in Las Cruces and be one of the next ED Fellows at Memorial Medical Center.

Thank you for taking the time to read about updates from our Southern New Mexico Family Medicine Residency Program.

Hidalgo Medical Services Family Medicine Residency Report

By Dr. Rory Keys, PGY-3, NMAFP Resident
Representative

Greetings from Silver City. It's amazing how much things have changed since the last newsletter. Amid the pandemic, the HMS Residency has continued to work diligently to serve the people of Grant and Hidalgo counties. Fortunately, we have been able to provide care to many patients via telehealth who would otherwise not be seen. As helpful as telehealth has been, I know most providers cannot wait to see these patients personally in clinic again.

Match Day was March 20th, and I would like to congratulate the two newest members of Hidalgo Medical Services Family Medicine Residency Program: Dr. Temitope Ade-Oshifogun and Dr. Bryan Messenger. Dr. Ade-Oshifogun earned his medical degree from the University of Ghana, and Dr. Bryan Messenger earned his medical degree from St. George's University. I am confident that these two will be wonderful additions to the residency program and will go on to do great things in their professional careers. The soon-to-be second-year Residents, Dr. Erica Palin and Dr. Philip Manzano, will be transitioning to Silver City after spending their intern year in Las Cruces. The clinic staff is looking forward to meeting and working with each of them.

Graduation is fast approaching for the third-year Residents. We have enjoyed our time with the program and have learned a lot. Our faculty and community preceptors have been exceptional. Dr. Aguero will likely be sticking around New Mexico and working locum tenens. I will be working in a small rural community in Iowa. We couldn't have made it to this point without the help of friends, family, mentors, and peers. Thank you all!

Northern New Mexico Rural Family Medicine Residency Report

By Dr. Maya Armstrong, NMAFP Resident
Representative

Like the rest of the world, our residency program has been adjusting to life since COVID-19. In addition to becoming Zoom experts, we all became pretty adept at clinic visits by telephone. We also engaged our Family Medicine flexibility as we managed some last-minute changes to rotations, and some of us learned more than we cared to about nasopharyngeal swabs. But COVID brought exciting opportunities as well, including unique experiences working with the NM Department of Health as the state mobilized in response to the pandemic.

We will be saying bittersweet goodbyes to our seniors at the end of June – sad to see them go but thrilled for their new adventures. Two will go on to fellowships: Mahmoud Ismail will study sleep medicine and will hopefully return to us in Santa Fe, since we are in need of a sleep doc (hint hint); Niraj Ganjawala will get a year of training in emergency medicine and critical care before returning to Socorro. The other two will stay in our beautiful state to do important work in primary care: Camilo Werlin-Martinez has committed to work on the Zuni reservation, where he will perform full-spectrum primary care; our current chief, Kavitha Kirubanandan (affectionately known as KK), will go home to Hobbs (without a doubt, their soon-to-be-favorite PCP) with a focus on women's and adolescent health. Her leadership will be missed, but Katherine Arkwright will step up as our new chief and is certain to do an amazing job.

Four new interns will replace the four graduating Residents. They hail from New Mexico, the Navajo Nation, and Virginia. In addition, we are excited to announce that two former Residents will be returning! Nora Gibbons, who left to do a fellowship in global health (spending time in Malawi and Chiapas, Mexico), has signed on as faculty, and Gina Lutz, who completed a fellowship in palliative medicine, returns to Santa Fe to provide Residents with training in palliative care as well as clinical opportunities in correctional medicine. Strong work, everyone!

UNM SOM Residency Report

By Dr. Erik Unruh, PGY-I & Dr. Bailee Lutz,
PGY-I, NMAFP Resident Representatives

What an intense few months of learning and testing of our flexibility during this COVID-19 pandemic. We couldn't be more proud to be Family Medicine Physicians. Never did we think our intern year would culminate in a global pandemic; yet, here we are. Daily, we're inspired by our colleagues and their commitment to patients

amidst some undeniably trying times. We have Residents volunteering to work in the ICU, covering additional inpatient medicine teams to offload the burden from our internal medicine colleagues, and working in the Navajo Nation, which recently surpassed New York in positive cases per capita. We've asked our Residents to share their experiences:

Jamie Majdi, MD, MSPH, PGY-II, shares a reflection from her ICU experience at UNM:

"I'm sorry, I wish I had better news! – I said that four times during my week of nights in the COVID/non-COVID ICUs. I said that to families who hadn't been permitted to see their loved ones for days or weeks. After that conversation, they would get in the car and drive 2.5-4.5 hours from the Navajo reservation to UNM. Then, when the families arrived, I had to tell them that being in the same room as their loved one passed would increase their risk of catching COVID. Some of those who died were under 40, but they were all too young. All the patients in our COVID ICUs were transfers from the reservation or pueblos, a visceral reminder of the hundreds of years of malevolent national policies and inequalities that have driven this epidemic."

It is undeniable that the Navajo Nation, and many other reservations, pueblos, and black and brown communities throughout the country, have been disproportionately affected by COVID-19. As Family Medicine Physicians, it is our duty to shed light on these disparities and advocate for our most at-risk patients. Jaron Kee, MD PGY-I, has helped educate fellow providers regarding caring for Native patients:

"Hi everyone and Ya'ate'eh. My name is Jaron Kee, MD and I'm a Family Medicine intern here at UNMH. I was raised in Crystal, NM on the Navajo Nation. In light of the current COVID pandemic, I'm writing to share suggestions about ways to improve the healthcare we're delivering to Native patients and their families. As we may know, the Native country has been disproportionately affected by COVID, and we may now find ourselves interacting more frequently with Native patients.

- At UNMH, we have expanded our language services – increasing our access to Navajo interpreters 24/7. Many families across the Navajo country continue to speak Navajo as their primary language. When transferred to our facility, there, unfortunately, can be disconnects between the language listed as preferred and what the patient may best understand. Coming from a place of awareness can better improve the healthcare received. Furthermore, interpreters are incredibly gifted in being able to navigate the subtle nuances of culture. I understand we're not able to access in-person interpreters at the moment, but I appreciate your patience with the telephonic resources we currently have.

- When having complex conversations with Native families via telephone, taking into account who is present on the other end of the line is important. As Native people,

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Sir Isaac Newton

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Burrell College of Osteopathic Medicine FMIG Update

By Jonathan Kreger

Wow, what a whirlwind it has been since my last BCOM quarterly update. Medical schools and students across the country have had the rug pulled out from under them. I am proud to say that Burrell College, as a community, has risen to the challenge. From being one of the first testing sites in Las Cruces to leading our community in COVID-19 education, our faculty and administrators have shown great resolve and adaptability to ensure that Burrell College continues to be an integral part of our New Mexico community.

Our Dean, Dr. Peska, has maintained full transparency with daily updates and answers to student concerns; however, it is the student body that has been the most impressive. As this situation has developed, I have witnessed increased camaraderie and cooperation among my peers. We have come together from class-wide messenger groups to video study groups to ensure that no student is left behind. While the future delivery of our education is unknown, I know that Burrell College will continue to succeed.

UNM SOM FMIG Update

By RayLee Otero-Bell, FMIG President & Connie Hu, FMIG Vice President

Many medical students are still off campus due to the pandemic. Unfortunately, this means we were unable to physically celebrate the recent fourth-year graduates and their accomplishments at our annual Match Celebration. Despite this being a challenging time for many, we still wanted to make it a special experience for the 18 UNM School of Medicine students who matched into Family Medicine by providing them with personalized journals and cards.

In addition, we are continuing our PCLC (Primary Care Leadership Collaborative) meetings with the next one scheduled in June. In our PCLC meetings, we have not only further developed our leadership skills but have also discussed improvements and expansions of the English for Health project. Some of these improvements include earlier outreach and advertisements in clinics, especially for patients who only see their physicians a couple times a year. With a longer time-frame, we would expect higher attendance. We are also expecting several FMIG officers to attend the virtual AAFP Resident & Student Conference in late July. We hope you are all staying safe, and we hope to see you all at the conference!

May 2, 2020 Board Notes

Present:

Stephanie Benson, MD; Sara Bittner; Cheri Blacksten, MD; Mac Bowen, MD; Valerie Carrejo, MD; Dawn Drumm, MD; Virginia Hernandez, MD; Veneta Ianakieva, MD; Bailee Lutz, MD; Bridget Lynch, MD; Rick Madden, MD; Chuck North, MD; Jennifer Phillips, MD; Abby Pribisova; Lisa Stolarczyk, MD; Erik Unruh, MD; Karen Vaillant, MD; and Emilia Vesper, MD. The meeting was chaired by Dr. Valerie Carrejo.

Old Business:

Winter Refresher Wrap-up: Dr. Veneta Ianakieva shared that there were 161 attendees and 25 vendors with a total revenue of over \$24,000. The Poster Session, sponsored by Burrell College of Osteopathic Medicine, was well attended at the end of the day.

AAFP Annual Chapter Leader Forum April 23-25, 2020, Kansas City (did not occur)

New Business:

Current COVID State of Affairs:

Dr. Veneta Ianakieva shared that her clinic at Presbyterian Kaseman Hospital is implementing a new platform on May 4th that will be less cumbersome.

Dr. Cheri Blacksten, private practice, has been doing 90% of her visits via telemedicine. This week, she has almost reached a normal week in numbers.

Dr. Virginia Hernandez spoke about the Silver City Residency Program, which has been affected by a drop in patient numbers. They started phone visits immediately.

Dr. Stephanie Benson spoke about the Las Cruces Residency Program – very similar to Silver City with a big drop in patient numbers.

Dr. Erik Unruh, Intern UNM Residency Program, shared that most all resident visits at the outpatient clinics have moved to telephone visits that they can do from home. Regarding the inpatient side, things have been very dynamic.

Dr. Karen Vaillant gave a report for BCOM. Their first graduating class of 133 will graduate on May 8th, and it will be virtual.

Resolutions for AAFP COD: Oct. 12-14, 2020, Chicago, NMAFP resolutions will be presented to the Board at the July 25th BOD Meeting.

Physician of the Year Nominations & Vote: Dr. Valerie Carrejo asked the BOD to review the nominations for POY and then share their choice with Dr. Carrejo during the meeting so she can announce the winner. The 2020 POY is Dr. Stephanie Benson. Congratulations, Dr. Benson.

Slate of Officers for 2020-2021: Dr. Carrejo shared the Slate of Officers with the Board. It will be published in the Summer Newsletter and voted on by the membership this summer.

Update on the Family Medicine Seminar in Santa Fe on July 23-25, 2020: Dr. Virginia Hernandez shared that, because of the uncertainty brought about by COVID 19, the best plan would be to

postpone this summer's conference until the summer of 2021, keeping as many of the speakers as possible, and co-chairing with next summer's Scientific Program Chair, Dr. Veneta Ianakieva.

Update on the Winter Refresher, Feb. 27, 2021: Dr. Bridget Lynch shared the tentative agenda with the Board and opened it up to discussion. A final agenda will be presented at the July 25th BOD Meeting.

Update on NMAFP Administrative Assistant Position: Dr. Carrejo shared with the Board that our current Administrative Assistant, Abby Pribisova, has decided to postpone her plans to spend her sophomore year studying in Germany to her junior year.

Fact Sheet & Board Orientation Documents (for informational purposes only)

Resident Reports:

Eric Unruh, MD (UNM Residency Program) shared that the UNM Residents have been very flexible and helping to fill in gaps where needed. They are getting ready for their new interns and are very excited about the new group.

Bailee Lutz, MD (UNM Residency Program) shared that she and Erik will be the new Resident Representatives from UNM on our Board.

Emilia Vesper, MD (Las Cruces Residency Program) shared that they are really excited to meet their new interns. Due to the start of their 1+2 program at the Alamogordo Residency this year, three additional interns will start with the Las Cruces Residency Program.

Virginia Hernandez, MD (Silver City Residency Program) shared that they are looking forward to the two Residents that are starting in Las Cruces. Changes in their Residency Program include increasing communication with their first years in Las Cruces.

Mac Bowen, MD (Santa Fe Residency) also shared that lots of rotations were canceled, but the residents have been absorbed on the hospital teams, mostly in ICU. Family Medicine really shines during these hard times, and the administrators should be reminded of this daily. Dr. Bowen says they are going to expand their residency size at CHRISTUS to be a class of six.

Student Report:

RayLee Otero-Bell, UNM FMIG President, and Connie Hu, UNM FMIG Vice President, shared that most UNM medical students have been off-campus since mid-March. Unfortunately, this meant they had to cancel their Family Medicine Match Celebration.

Point of Interest: A question was posed about the Sept. 26th Med Student Reception that is to take place at Sandia Casino. Dr. Mac Bowen will be the moderator for this event, and Drs. Bridget Lynch & Veneta Ianakieva will also help out. NMAFP will keep everyone posted as the date draws nearer.

NMAFP Slate of Officers 2020-2021

Members, please see the 2020-2021 NMAFP Slate of Officers below. If you have any objections to the uncontested positions, please respond to familydoctor@newmexico.com.

Board Chair will be elected from among the current Board members during the July 25th BOD Meeting

President Virginia Hernandez, MD will become Immediate Past President

President-Elect Veneta Ianakieva, MD will become President by automatic ascension

Nominations are:

President-Elect: Bridget Lynch, MD

Secretary-Treasurer: Mac Bowen, MD

Vice President: Lisa Stolarczyk, MD

The newly-elected NMAFP Officers will be inducted by Dr. Rick Madden, past AAFP BOD Member, during the July 25, 2020 NMAFP Board Meeting.

Future Board Meetings:

July 25, 2020
NMAFP Office
(Or Meeting via Zoom)
Noon
Lunch Served

November 7, 2020
NMAFP Office
Noon
Lunch Served

Med Student Reception & Budget Meeting:

September 26, 2020
15th Annual Med Student Reception
Sandia Resort & Casino
Eagle Room
5:30-8:30 pm
Dinner Served
(May or may not occur
because of COVID-19)

September 27, 2020
Annual Budget Meeting
(Or Meeting via Zoom)
NMAFP Office
10:00 am
Breakfast Served

The Family Physician's Role in Lung Cancer Care

Lung cancer is the leading cause of cancer deaths in New Mexico – more than breast, prostate, and colorectal cancers combined. The good news is that annual lung cancer screening (LCS) with low-dose computed tomography (LDCT) allows for lung cancer to be diagnosed at earlier stages than in the past. Despite USPSTF recommendations for LCS with LDCT in high-risk individuals and CMS coverage since 2015, New Mexico ranks below average for LCS among high risk individuals, with only 1.4% of those eligible receiving screening with LDCT (American Lung Association, 2019 State of Lung Cancer Report).

Studies have shown that lung cancer patients receive treatments at lower rates than other cancer patients, regardless of stage of diagnosis. And despite decades of research into tobacco use treatment, many providers still lack the knowledge of best approaches to assist patients in their attempts to quit smoking.

As a family physician, your involvement in risk reduction, screening, and treatment is critical for reducing the burden of lung cancer. Training, resources, and tools can help you address the needs of your patients who are at risk for or living with lung cancer.

The LuCa National Training Network at the University of Louisville provides free lung cancer training and materials for family physicians and other healthcare professionals. LuCa's online course, "Lung Cancer and the Primary Care Provider" is the first of its kind to educate providers on lung cancer care across the continuum, including lung cancer screening, tobacco cessation, shared decision making, treatment advances, patient follow-up, and survivorship care.

The comprehensive and innovative online course is video-based, features animated demonstrations, includes three separate lessons, and offers participants up to 2.5 Prescribed continuing medical education credits by the American Academy of Family Physicians. The course was developed with input from family physicians across the United States, as well as lung cancer screening and treatment specialists to help you:

- Have more success with patients' tobacco cessation in less time
- Follow the latest recommendations for lung cancer screening
- Receive appropriate reimbursement for shared decision-making discussions
- Know how to follow-up on screening results
- Be aware of treatment options to answer patients' initial questions if diagnosed
- Collaborate more effectively with treatment specialists
- Provide optimal care to your patients during and following cancer treatment

Enroll in the free online course today at www.lucatraining.org/course.

For more information about LuCa's course or other services, visit www.lucatraining.org, email lucatraining@louisville.edu, or call 1-844-LUCA-NTN.

Your involvement is crucial for reducing the burden of **lung cancer**—the leading cause of cancer deaths in New Mexico.

Did You Know?

Only 1.4% of those at high risk in New Mexico have received lung cancer screening with low-dose CT.

American Lung Association 2019 State of Lung Cancer Report



Free Training for Primary Care Providers

Risk Reduction • Early Detection • Treatment • Survivorship Care



ONLINE TRAINING

The first course of its kind for primary care providers to address lung cancer care across the continuum.



FREE CME CREDIT

Earn up to 2.5 CME or AAFP Prescribed credits for family physicians or other primary care providers.



LIVE WEBINARS

Lung cancer topics for primary care providers, screening facilities, and other healthcare professionals.



PRACTICE TOOLS

Over 300 articles and tools to improve the quality of care for your patients at risk for or living with lung cancer.

www.lucatraining.org

The University of Louisville School of Medicine designates this Enduring Material for a maximum of 2.5 AMA PRA Category 1 Credit(s)[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity. The University of Louisville School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. This Enduring Material activity, "Lung Cancer and the Primary Care Provider," has been reviewed and is acceptable for up to 2.50 Prescribed credit(s) by the American Academy of Family Physicians. AAFP certification begins 08/01/2019. Term of approval is for one year from this date. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



LuCa National Training Network

UNIVERSITY OF LOUISVILLE[®]



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UNM SOM Residency Report Continued

- Continued from page 5

family is often central to our identity. Important medical decisions are often discussed as a family with a designated spokesperson. Understanding that these conversations can be time-intensive is important.

- When discharging patients who were transferred from outside facilities, being cognizant of the conditions they're returning to is important. Many homes across the Navajo country and on tribal lands continue to lack access to electricity, indoor plumbing, and clean water. Many may also be living under poverty. Using this lens to offer discharge instructions/recommendations will better improve the healthcare we're delivering.

From the very bottom of my heart, ahee'hee /thank you for the incredible work you're doing to serve my people."

Other Residents have traveled to Shiprock to work at Northern Navajo Medical Center. Farinaz Khan, MD, MSPH, PGY-II:

"Tsé Bit'a'í, the winged rock, as the Diné call it, stands in all of its glory as I step out of the Northern Navajo Medical Center's physician's office and start my short walk to the temporary shelter on the compound. Its majesty amongst the desert setting sun, as if painted by a master artist, provides some small solace after each long and hard work day. I take a deep breath and recap the events of the day in my head, all while never losing sight of Tsé Bit'a'í. I recall the curiosity of learning about a new disease process, the joy in caring for patients who don't always have access to healthcare, and the immense gratitude for a community that has banded together to support frontline workers, providing us with snacks, dinners, and drinks at all hours. I try not to ruminate on the tough conversations that were had with families, the conditions of the patients that were placed on ventilators and transferred to Albuquerque, or the fatigue expressed by providers that have been fighting this outbreak for months now. The inequities that have been magnified by COVID-19 just seem so unfair. However, the Diné are a resilient people, one who has persevered through tremendous historical traumas and who, like Tsé Bit'a'í, will continue to stand tall and proud."

Darshan Patel, MD PGY-II, penned an opinion article featured in the Albuquerque Journal in early April calling for universal masking at all healthcare facilities and for all employees to have access to masks, long before it became common practice. Dr. Patel also serves as a delegate for the Committee of Interns and Residents (CIR)/SEIU, the nation's largest house staff union. His article can be found at: <https://www.abqjournal.com/1441369/nm-needs-universal-masking-in-health-facilities.html>.

The pandemic has created many different changes to our schedule and operations, and as Family Medicine Physicians, we have been uniquely equipped to meet a wide variety of

needs within our healthcare system and community. The patient care and advocacy work that our Residents continue to provide highlights this without question. They have demonstrated extreme flexibility and willingness to learn.

Summer comes with its own set of transitions as we prepare to welcome our new interns. Plans are ever-changing, and while we don't know what their orientation or integration may look like just yet, we are eager for a new class of outstanding interns. At the same time, with heavy hearts, we will say farewell to our graduating third years. Their future endeavors will take them near and far, including UNM faculty, Presbyterian, OB fellowship, Addiction Medicine fellowship, locums, First Choice, Planned Parenthood, and other community and hospital-based practices. Our program has benefited greatly from their leadership and expertise. We know they will continue to make UNM proud!



UNM SOM Inpatient Medicine team shares an appropriately socially-distanced lunch provided by the faculty