



The Roadrunner



Published quarterly by the New Mexico Chapter of the American Academy of Family Physicians, Inc.

Vol. 22, No. 4

Winter 2004



President's Column

By Dion Gallant, MD

If you haven't seen *Super Size Me* yet, please rent it this weekend. In this outstanding documentary, Morgan Spurlock puts himself on a strict McDonald's diet for a month. He then chronicles his decline in health and increase in weight. You'll never look at the golden arches the same way again. As Morgan puts it, *Super Size Me* is one man's journey into the world of weight gain, health problems and fast food. It's an examination of the American way of life and the influence that it has had on our children, the nation and the world at large."



Obesity is a major problem in New Mexico. 56% of New Mexican adults weigh too much (20% obese and 36% overweight). We all see the consequences: DM, CAD, OSA, HTN, CAD, etc. This is a primary care epidemic, and we must act.

What can you do? Calculate a BMI in all patients and alert patients when they are overweight (BMI 25-29) and obese (BMI 30 or more). Recommend treatment approaches for specific patients targeting realistic goals and providing support and encouragement. Become familiar with and use pharmacological treatment in appropriate patients. Identify other health professionals in your community such as dietitians, psychologists, and others to participate in your patients' care. The American Med-

ical Association has done some excellent work in this area, and you can find their guidelines for identification and treatment of obesity at www.amaassn.org/ama/pub/category/10931.html

What is your academy doing? We're working with the Clinical Prevention Initiative's Healthier Weight Workgroup to develop resources available to you. We invite you to help us in this endeavor by visiting our website at www.familydoctormn.org. At the site, choose GET INVOLVED and complete the CPI's online Healthier Weight Workgroup survey. We're also working with other organizations including Action for Healthy Kids to implement nutrition standards and promote physical activity in NM public schools. Check our website for a copy of their resolutions. We've also been contacted by Envision New Mexico: Initiative for Child Health Care Quality and will look for ways to collaborate with them on tools and interventions targeting childhood obesity.

Together we can make a difference in New Mexico's weight problem one patient and one pound at a time. ■



From the New Mexico Chapter AAFP



- 2004 Congress of Delegates Report
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Orlando Site for 2004 Congress of Delegates

By Rick Madden, MD, Delegate

Four hurricanes swept Florida before the Congress of Delegates met in Orlando October 11 to 13 this year; but,



they didn't demolish or even dampen the enthusiasm that this resort community presented to the attendees. The Congress was able to convene,

and it ran smoothly. We were grateful to the community and workers. What follows is a synopsis of the Congress's accomplishments and report of a town hall meeting.

Future of Family Medicine Town Hall Meeting, Sunday, 8PM, October 10

Task Force 6 has finished its work on reimbursement issues related to the FFM Project. Their recommendations will be presented in the November-December issue of the *Annals of Family Medicine*. It envisions better reimbursement for Family Medicine while cutting the cost of health care overall, through increased efficiency, productivity and quality. It would be a step toward covering the uninsured. There will be a national health care reform summit will on November 1 to address the need to cover the uninsured.

One observer at the Town Hall Meeting emphasized the need to fund research on the effectiveness of the New Model of Family Medicine over time and to fund all the parts of the Project on a population basis. Some felt all of the parts of the FFM Project have to happen at once, or it won't work, and Family Physicians won't embrace it. Primary care practitioners must participate in defining quality and its measures because current HEDIS measures are inadequate.

Officers' reports to the Congress of Delegates and Distinguished Guests' speeches

Outgoing President Michael Fleming urged us to make appointments with our congressional representatives when they are at home (and more accessible than in Washington.) He emphasized the primacy of grass roots contact in influencing legislation. Our president has made great strides for Americans in Motion: he has lost 50 pounds in the past year since making the commitment. He encouraged expansion of AAFP participation in AIM to work with other organizations and in schools, such as the American Academy of Physician Assistants, with whom he has written a position paper.

Incoming President Mary Frank announced the AAFP strategic plan that chooses three priority areas: advocacy, practice enhancement and education. Her advocacy efforts in the past lent credibility to her goal for the AAFP to become the "go to" organization for health care in legislative arenas. The Academy will embark on an innovative process to integrate many of its efforts in quality, education, CME and research so each may build upon the other to contribute to high quality care of our patients. She ended with "Together we can change the world."

Board Chair Jim Martin highlighted recent AAFP successes. In advocacy, the "stock" of the Academy has risen dramatically through specific activities and refined strategies. "Now when the federal government wants to discuss information technology, safety, and quality, not only is the Academy invited to attend, but it is asked to provide leadership and direction. When physician groups begin to assert the need for healthcare cover-

age for all, it is the Academy that brings the many groups together. When the Health Sector Assembly seeks expertise on the Public Safety Net, it calls the Academy. When CMS and Blue Cross Blue Shield want to look at new models of quality healthcare delivery, it is the Academy that they call." He went on to say "we will not have completed our task until we have become so credible, so forceful in Washington and to the public that no discussion of healthcare policy will take place without the first question being asked, 'What do the family physi-

cians think about this?" Dr. Martin spent some time calling for continued implementation of the FFM Project in our offices. To do this, he officially recommended that the AAFP speed up work

on a business plan and general structural planning for a national resource center for our members. He also recommended the establishment of a formal leadership curriculum for members, as directed by the FFM report.

Executive Vice President Doug Henley focused on Gandhi's words to "be the change you wish to see in the world." He reviewed the successes of the last three years and the opportunities opening up with the FFM Project. He assured us "your Academy is aggressively pursuing many opportunities to enhance reimbursement for our members" in Washington, including at the upcoming five-year review of RBRVS, and in development of a monthly care management fee paid to a patient's personal physician. Cautious discussions with payers and employer groups to discuss the issues of "pay for performance" are ongoing. The Academy will be sending messages to the public about the value of a personal medical home; to medical students about the stimulating challenge of family medicine; and to family physicians "that their understanding, their involvement in, and their personification of, the new model of care are central to transforming our discipline.... Family physicians offer the best hope for transforming the healthcare system."

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AMA Delegation Report, Dale Moquist, Chair

Family Physician Dr. J. Edward Hill of Tupelo, Mississippi was elected President-Elect of the AMA. Both he and current president, John Nelson, MD, supported efforts to find ways to improve access and financing of health care for all. Dr. Ed Langston and Dr. Herman Abromowitz serve on the AMA Board of Trustees. A Medicaid reform resolution, to include coverage of additional low-income people based solely on financial need, easily passed the house. This clarified the AMA's stance so that reform meant not just tax credit offerings. Tort reform remains the top AMA legislative priority. Two new policies were adopted that influence expert witness qualifications, and a "liability surcharge" per office visit issue was referred to the AMA Board.

WONCA President, Michael Boland, MD, Ireland

Dr. Boland is presiding over the WONCA meeting, concurrent with the AAFP meeting. There are now over 90 member countries. He expressed gratitude that so many could come to Orlando with the decline in internationalism that is evident since 9/11. He hoped for a return to a better spirit of international trust and cooperation.

World Medical Association President, Yank Coble, Family Physician and former AMA President

He reported on efforts by Dan Ostergaard, himself and others in the successful formation of an Iraqi Medical Society in Washington, D.C.

Awards

AAFP Family Physician of the Year:

Richard Paris of Haley, Idaho.

Exemplary Teaching:

Wanda Consalvac of Lexington, Kentucky; William Mevin of Philadelphia; Daniel Spogen of University of Nevada, Reno.

Lifetime Achievement Award in Family Medicine (John G. Walsh Award):



Arlene Brown's campaign staff surrounds her at the hospitality suite. Her bid for President-Elect was unsuccessful.

David Satcher, former Surgeon General and CDC Director, now of Moorehouse National Primary Care Center.

Robert Graham Family Physician Executive Award, and AAFP Public Health Award: B. Nedro Colange, the Chief Medical Officer of Public Health in Colorado.

Thomas W. Johnson Award (for Family Medicine education): Alfred O. Berg, chair of University of Washington Department of Family Medicine, Seattle.

Humanitarian Award: Steward Embry of Nebraska for his long work in Haiti.

CONGRESS POLICY DECISIONS

Organization and Finance

The Bylaws were officially changed to reflect **our specialty's new designation as Family Medicine** instead of Family Practice. This finalized the process directed by vote of the 2003 Congress. Vigorous debate on **formation of an AAFP Political Action Committee** balanced the administrative cost with the risk of not raising enough money to be effective, and the appearance of partisanship versus the need to move to a higher level of influence with legislators in Washington. Our Congress approved action to develop Bylaws for a

PAC, intent upon a mission to form a non-partisan, highly ethical approach to candidates, choosing to donate to those whose voting records and legislative activity support AAFP goals. A report from the Board is due at the 2005 Congress of Delegates.

Health Care Services

Previous efforts by the AAFP to generate dialogue with the **VA over coordination of care with non-VA primary care physicians** have been disappointing. The response from Secretary Anthony Principi did not address this central issue. The Congress directed the AAFP to intensify its efforts. Several resolutions were adopted concerning various **reimbursement issues**. Not adopted was a request for a new study, with clear validity, of vignette style examples of proper **E and M coding**.

Public Policy

Regarding **pharmaceutical education of the public**, the Congress addressed resolutions that call for more detail and clarity in both print and TV, as well as in the fact sheets given to pharmacy customers. **Medicaid will be petitioned to cover pregnancy** until its completion, even if eligibility has expired. For **tort**

— continued on page 4

Congress of Delegates

— continued from page 3

reform strategy, the AAFP will assist states in efforts to pass constitutional amendments that maximize the percent of awards to plaintiffs, but not to advocate for a cap on contingency fees. AAFP policy will now support that all Americans have **access to adequate dental services**.

Public Health and Science

The AAFP will continue to oppose all forms of tobacco advertising, especially the direct and indirect (e.g. in movies, and candy cigarettes) **marketing of tobacco products to children**. The Congress adopted the Commission on Public Health's new policy on "**Healthy Eating in Schools**," and the Board will consider expansion of that policy to specifically exclude soda sales from schools. Strong **anti-bullying policy** language was adopted. This year's **influenza vaccine crisis** and the CDC guidelines for prioritizing use of the vaccine fell short of addressing the shortage on a realistic basis, the Congress felt. Liability for not delivering the vaccine to high-risk patients needs to be anticipated. These issues were referred to the Board, especially because vaccine shortages have been a recurrent public health problem that needs a solution. Over the objections of the Reference Committee, the Congress did adopt a directive that the AAFP develop a policy in favor of **reducing global warming and ozone levels** on the basis of their effect on public health.

Education

One of the most insistent discussions in the Congress this year was over the **Maintenance of Certification (MOC)** process required by the American Board of Family Medicine (formerly known as the American Board of Family Practice, until this fall). The objections of many prevailed, despite calm and reasoned response by AAFP members who are also on the ABFM, and who pleaded for patience and perseverance with the process as it is. A lengthy substitute resolution was crafted with three parts: 1)

suspend the Self Assessment Modules (SAMs) until their technical and content problems can be improved; 2) develop a better mechanism for testing the effectiveness of the whole MOC process in the field; and 3) develop an alternate mechanism for those who have unreliable Internet access. Regarding inclusion of **more complete reproductive information** that should be added to the *familydoctor.org* patient education website, New York's and Oregon's resolutions were referred to the Board at the Board's request, in part because the Board saw this as potentially divisive to the membership. **Methamphetamine** abuse, particularly in rural areas, concerned many states. A resolution passed that mandates the AAFP to include this in continuing medical education publications and programs, and work with Chapters to address this issue.

Special Issues (i.e., Other Issues)

Retired physicians who serve as advocates and teachers face special challenges and share valuable experience but could benefit from support in areas of licensure, liability coverage and waivers, and grant support. The AAFP will take an active role in studying these needs and opportunities and report back to the Congress. In the legal arena, the Academy will support federal legislation to mandate that insurance companies disclose to regulators **details of medical malpractice payouts**, while maintaining confidentiality of defendants. For members involved in litigation, the AAFP will develop **peer support** programs and promote CME about the legal process in tort actions. The Academy will also inform and educate members about open and **professional communication of errors to patients**, including the error's cause and remedies to prevent it from recurring.

Working toward the goal of physician-directed and patient-centered **chronic disease management** (instead of proprietary disease management companies), the AAFP will promote this model to the Centers for Medicare and Medicaid Services and other entities.



Sara Bittner, new NMAFP Executive Director, is learning the finer points of the job from Ann Kane, NMAFP Executive Director, 1985-2001.

Elections

Unfortunately, and despite a good effort, Arlene Brown of New Mexico was not voted President-Elect of the AAFP this year. Larry Fields of Kentucky took that honor among the four candidates. Elected to the AAFP Board of Directors were Ted Epperly of Idaho, Virgilio Licon of Colorado, Judy Chamberlain of Maine, resident member Michael King of Kentucky, and student member Gretchen Dickson of Pennsylvania. Vice-Speaker will be Leah Raye Mabry of Texas, and Speaker will be Tom Weida of Pennsylvania (who just finished two years as Vice-Speaker.)

To say the AAFP Congress shakes up the medical establishment (or influences the presidential election for that matter) would be like saying that we are going to Mars tomorrow. We do not solve the difficult problems in health care in any immediate demonstrable way. But we do have productive and thoughtful sessions that bring forth wisdom and vision for the future health of our specialty and the public. We continue to elevate our standards and invent new approaches as we inch along the journey of improving what we do as Family Physicians. ■

WONCA, AAFP Open Scientific Assembly Together

This year the World Organization of Family Doctors' (WONCA) meeting in Orlando, Florida coincided with the AAFP Scientific Assembly and Congress of Delegates. Amidst the dignitaries' speeches, a children's choir, a Native American group, and a gospel choir enchanted the thousands who attended the opening ceremony. WONCA just reached 100 members by adding the Ibero-America section, which will host the WONCA meeting in Mexico City in 2010.

The keynote speaker and Director of the National Human Genome Project, Francis Collins, M.D., Ph.D., gave the world audience a glimpse of the "Genome Era." "Virtually all diseases, except maybe trau-



ma, have a genetic component." For examples he cited the genetic influence in diabetes as 55%, AIDS as 10%, and cystic fibrosis as 90%.

Pharmacogenomics will help predict responders and non-responders to drugs in many cases, such as warfarin and albuterol. Gene therapy holds tremendous potential. Gene identification will help prevent certain diseases, such as nonpolyposis colon cancer. There is currently a shortage of genetic counselors, but Family Physicians will be a key to meeting peoples' needs. He quoted Wayne Gretsky in advising FPs to prepare themselves: "skate where the puck is going to be."

Dr. Collins finished his speech as a troubadour, singing a genomics rendition of the old 60s standard "Runaway". The crowd loved it. ■



BOARD NOTES

October 2, 2004

Home of Nancy Guinn, Board Chair

■ A sample of members is being surveyed about their priorities for directions in which the Chapter should proceed. Other Chapters of similar size are being canvassed for what they offer to their members. A report is scheduled for the next Board meeting in January.

■ The campaign for Arlene Brown to become President-Elect of the AAFP will include several residents and students to support the effort in Orlando. The campaign is proceeding as expected.

■ The UNM Family Medicine Interest Group is organizing and electing officers.

■ Next meeting is January 21, 2005, 6:00 p.m. at the Quarters on Yale.

Congress Considers Visa Rule Reprieve for International Medical Graduates

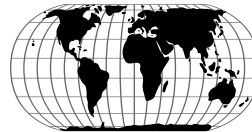
Bills passed the House and Senate last month that would grant a two-year extension to programs that enable foreign doctors to remain in the United States beyond their training if the new physicians practice in rural or inner-city areas. Though they cleared floor debate, the bills differ and will go to a House-Senate reconciliation conference committee for negotiation.

Without the extension, international medical graduates who complete training in the United States under a J-1 visa will be required to return to their native countries for two years. After that period, they can seek immigrant visas, permanent residency or additional nonimmigrant visas. However, in the two bills, the House and Senate voted to extend programs that allow government agencies such as HHS or state governments to request waivers of the two-year return requirement if the physicians agree to practice in underserved areas for three to five years.

Though a boon for international medical graduates, the legislation would conflict with the Melbourne Manifesto adopted in 2002 at the Wonca (World Organization of Family Doctors) 5th World Rural Health Conference in Melbourne, Australia, according to Perry Pugno, M.D., M.P.H., director of the AAFP Medical Education Division.

That manifesto calls on each nation to work toward filling health care professional ranks without recruiting from countries most in need of those professionals.

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NMCAAFP web site:
www.familydoctornm.org

AAFP Joins Talks on Rebuilding Iraq's Health System

Say what you like about the state of the U.S. health care system — at least the United States has a health care system. Not so Iraq, where decades of oppression and, more recently, the fall-out of war have left most Iraqi citizens bereft of even the most basic health services.

Daniel Ostergaard, M.D., AAFP vice president for international and interprofessional activities, represented the Academy at a Sept. 25 - 26 meeting in Washington to discuss the need to rebuild Iraq's health care infrastructure. The gathering drew leaders from several medical organizations, including the World Medical Association and AMA.

Other high-profile participants included Senate Majority Leader Bill Frist, M.D., R-Tenn.; U.S. Surgeon General Richard Carmona, M.D., M.P.H.; and Maj. Gen. Darrell Porr, M.D., a family physician who represents all of military medicine to the Joint Chiefs of Staff.

Professor A. Hadi Al-Khalili, M.B., Ch.B., of the College of Medicine at Baghdad University spoke at the meeting on behalf of the Iraqi Ministry of Health and the Iraqi Ministry of Higher Education.

"He went through a long list of issues, requests and needs," Ostergaard reported. "The number one priority was security. He said the entire health system is falling apart because of the absence of security." At this time, all other concerns are contingent on restoring the nation's stability, Ostergaard said.

Although Al-Khalili didn't specifically mention primary care at the meeting, Ostergaard said, during a recent visit to the Institute of Medicine in Washington, the Iraqi minister of health "made it very clear that primary care — in terms of both the public's health and the production of those who can take care of primary care needs — is very important." Iraq has no history of family medicine, Ostergaard added.

"At this point in time, we would

not engage in a project that would send people to Iraq — it's not safe," said Ostergaard.

"So then the question became: If we — this collection of medical and government people — are going to put together a way to rebuild the health infrastructure of Iraq, how do we do that, in that the safety issue precludes our presence in Iraq at this time?" Out of that brainstorming session came a handful of ideas on potential staging areas for medical training programs -- for example, in Jordan or Northern Iraq, if deemed safe.

Near the meeting's conclusion, Frist asked how he could aid the process. Ostergaard said his own response was direct: "What we need, Senator, is to free up money so that some nonmilitary, nongovernmental organization from the United States can respond to a request for proposal for this type of project, involve those of us around the room who have constituencies and break down some of the red tape."

Each representative will report back to his or her agency or organization, Ostergaard said, and further discussions are planned. ■

— From <http://www.aafp.org>

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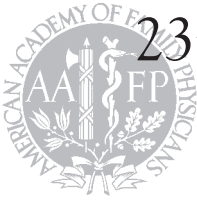
New Mexico Diabetes Care Guideline 2004

This guideline has been developed by New Mexico Health Care Takes On Diabetes, a broad coalition of New Mexico's diabetes care professionals, New Mexico Health Plans, the New Mexico Department of Health and the New Mexico Medical Review Association with technical advice and support from the American Diabetes Association.

At every visit with your health care professional, you should have the following checked:		At least once a year, you should have the following checked:	
Review Medications and Blood Sugar Log	Every time you see your health care professional, review your current medications and blood sugar testing log.	Special Microfilament test (foot exam)	This exam should check for how the sensory nerves in your feet work.
Blood Pressure Goal: 130/80	There is a risk of high blood pressure for all people with diabetes. High blood pressure can cause several problems related to your heart.	Microalbuminuria (urine test)	This test can detect protein in the urine, which can be a sign of kidney disease. Even though you may not have diagnosed kidney disease, you should have this test done yearly. This test is not a routine urine analysis.
Weight	Most people are overweight when they develop Type 2 diabetes. Even losing small amounts of weight can improve your health.	Cholesterol (blood test)	This is a fat-like substance in your blood. A level that is too high increases a person's risk for heart disease. There are two types of cholesterol. LDL is the "bad" type and should be below 100 to lower the risk of heart disease.
Feet	Nerve damage from diabetes can lessen the feeling in your feet. You may have cuts or sores on your feet without knowing it.	Triglycerides (blood test)	This is a fat-like substance that is carried through your blood to your tissues. High levels are linked with a risk for heart disease.
At least 2-4 times a year, you should have this test:		Dilated Eye Exam	An eye specialist should do this eye exam. Complications from diabetes can cause eye problems or blindness.
A1C Goal: < 7%	This is a blood test that measures your blood sugar level for the past few months. The goal for this test should be 7 or less.		

This guideline is based on the recommendations of the American Diabetes Association (ADA). For more information, including full documentation for the above clinical recommendations, contact the ADA website at www.diabetes.org or contact the ADA at 1-800-DIABETES. These materials were developed under a contract with the New Mexico Department of Health, Division of Public Health.

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23rd Annual Winter Refresher in Albuquerque

Saturday, January 22, 2005, Wyndham Airport Hotel

Proudly Presented by

The New Mexico Chapter of the American Academy of Family Physicians

Greg Darrow, M.D., Scientific Program Chair

6:00 AM Continental Breakfast Exhibits Open Registration	1:00 PM – 2:00 PM “Emergency Toxicology” James Felberg, M.D. , Department of Emergency Medicine, Plains Regional Medical Center, Clovis
6:30 Past-President’s Breakfast	2:00 – 3:00 “Hepatitis C” Julie Farrer, M.D. Presbyterian Medical Group, Department of Gastroenterology
7:20 Introductory Remarks	3:00 – 3:20 Break
7:30 – 8:30 “Thyroid Disorders” Rob Galagan, M.D. Endocrinological Associates, Albuquerque	3:20 – 4:20 “Evaluation & Treatment of Female Dysuria” Cynthia Smith, M.D. Medical Director, Department of Urology, Plains Regional Medical Center, Clovis
8:30 – 9:30 “Wound Healing: From the Simple to the Complex” Will Richardson, M.D. Presbyterian Medical Group, Department of Dermatology	4:20 – 5:20 “Pregnancy-Induced Hypertension and Gestational Diabetes” Larry Leeman, M.D., MPH, Assistant Professor Family and Community Medicine and Ob-Gyn, UNM
9:30 – 9:50 Break	5:20 – 6:15 “Practical Applications for PDAs” Kevin Madden, PG3; Mark Leatherwood, PG2 Resident Physicians, Southern New Mexico Family Practice Residency Program, Las Cruces
9:50 – 10:50 “Practical Examination & Treatment of Knee & Shoulder Disorders” Dan Junick, M.D. , NM Orthopaedic Associates, Albuquerque	6:15 PM Close
10:50 – 11:50 “Asthma and COPD” Bruce Miller, M.D. Southwest Pulmonary Associates, Albuquerque	
11:50 AM – 1:00PM . . . Lunch	

REGISTRATION FORM • *This program has been reviewed by the AAFP and is acceptable for up to 9 Prescribed Credits.*

Please Print Clearly

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Payment

- _____ Practicing Physician: \$175
- _____ Physician Assistant or Nurse: \$150
- _____ Retired Physician: \$75
- _____ Family Medicine Resident (no charge)
- _____ Medical Student (no charge)
- _____ Yes, I want to sponsor a student attendee: \$25
- _____ Total Enclosed

Online registration is now available at:
www.familydoctornm.org

And we are pleased to announce that for the first time, members can also use their credit cards at the door! However to have your name on the Attendee List, pre-registration is still necessary.

Please mail by **January 14th** to: NMCAAFP Educational Fund
4425 Juan Tabo NE, Suite 203
Albuquerque, NM 87111

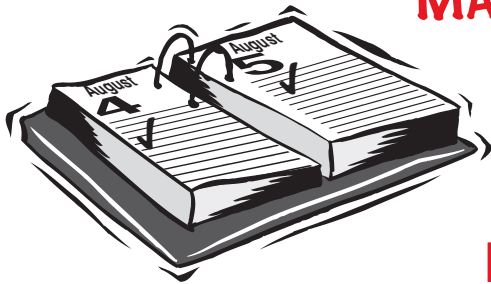
For more information, please contact: Sara Bittner, NMCAAFP Business Office • Phone: (505) 292-3113 • Fax: (505) 292-3259
Email: familydoctor@newmexico.com

Registration includes: All CME Sessions, Continental Breakfast, Lunch

Hotel Information: The Wyndham Airport Hotel is located at 2910 Yale Blvd, SE, just blocks from the airport. Please contact the hotel for reservations. (505) 843-7000

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MARK YOUR CALENDARS!

48th Annual New Mexico Academy of Family Physicians Family Medicine Seminar August 4 – 7, 2005

Sagebrush Inn and Conference Center, Taos, NM

Registration form
enclosed!
NM AAFP's Winter Refresher
January 22, 2005
at the Wyndham Airport Hotel
Online registration also
available.

The Roadrunner

is published quarterly by the New Mexico Chapter for the purpose of informing members and those interested in Chapter activities.

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Deadlines for submission of articles for publication are as follows:
February 28, May 29, August 31.

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Design/layout: Paul Akmajian