



# The *Roadrunner*

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## Linda Stogner, MD, New Mexico Family Physician of the Year

In her own words:



Being a Family Physician was my first choice, and I have had no regrets. I have had the opportunity to impact lives, support communities, mentor students and see wonders of the world, all while being a Family Physician. My only exposure to medicine, when I was growing up, was our local GP in Grants and my aunt who was a nurse. I saw the GP once when he removed a piece of glass from my hand. After that visit, I felt there was still a piece of glass in the wound. I saw what he had done and said "I can do that" and proceeded to remove another piece of glass. I didn't want my folks to have to pay for another doctor's visit. It was the same then as it is now.

I was raised on a ranch just outside of Grants, made my pocket money by training horses, and spent my summers playing on the south slopes of Mount Taylor. My dad worked with the uranium mines, the gas company, and on the ranch. My mom, a transplant from Boston, came to teach on the reservation and marry a cowboy. She did both. They raised seven children, including me, the middle of the seven. My parents have always been supportive and proud of my career choice.

In high school, my teacher, Rex Robinson asked me what I was going to be when I grew up. I told him I was going to be a nurse (like my aunt, 'cause that's what women did) He said "Why stop there? Why not become a doctor?" I thought about that. He said it was possible and I went home and told my parents I was going to be a doctor. At the time they were very sup-

portive and excited. Only later did I find out that they were worried about how they were going to finance my education. It was not easy but we managed. I did my first 2 years at the local community college, then transferred to New Mexico Institute of Mining and Technology in 1977. I worked summers as a fire fighter. In 1979 I went to medical school at UNM, with the help of a National Health Service Corps Scholarship. After completing a Family Medicine Residency at Texas Tech University in Amarillo, I returned to New Mexico to do my 2 year obligation to the National Health Service Corps in Las Vegas NM. There I found myself working out of farm houses in Roy and Wagon Mound. I had found rural medicine and loved it. Circumstances changed and found me doing a locums position in Estancia that has lasted almost 25 years.

Estancia is a small rural community about 50 miles outside of Albuquerque. I practice solo at Presbyterian Medical Services, Esperanza Family Health Center, a community health center. We are able to see all patients regardless of their ability to pay, taking all third party payers and offering a sliding scale for those without coverage. We see patients from the local communities of Estancia, Willard, and Mountainair and as far away as Encino and Vaughn. I am having a great time practicing in this setting. I am privileged to have 4 generation families in my practice.

Three years ago the graduating class at the local high school asked me to be the Keynote speaker. This was a great opportunity to reflect on the time I had spent in this little community and realize the experiences I had here. There were two young ladies, that brought tears to my eyes. I had done mom's prenatal care, she presented to the clinic in preterm labor. I rode in the ambulance to Albuquerque ready to attend a birth, hoping that I wouldn't need to ...they were about a month early. As fate would have it we made it to Albuquerque, but with the first push the cord presented. My job was to hold the

head up while they prepped for a C-section. The delivery proceeded and the girls did fine. These girls were part of the graduating class and I got to shake their hands as they crossed the stage that day. As for the keynote address, yes, I was nervous; public speaking is not my forte. Remember the old advice "just imagine your audience naked".... it doesn't really work 'cause I had seen most of the audience naked at some time or other.

It is a privilege to be a part of patients' lives. I have been there to celebrate their accomplishments, relieve their suffering and support them through the rough times. And sometimes it's the little things that can mean the most. I have a young patient who is battling a brain tumor. Her surgeries have left her with facial muscle paralysis. I can't cure her, but I did work with the dentist to get her a special appliance so we can stop her from biting the inside of her lip, easing an annoying discomfort. I am there so her mom can express her fear and frustration as they face the challenges of brain surgery, chemotherapy, and possibly death. I am there for her grandmother who is trying to help her daughter be strong for her granddaughter. This is Family Medicine, this is a privilege, and it is an honor to be able to serve those in need.

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## Linda Stogner, MD, New Mexico Family Physician of the Year

*-Continuation from front cover*

Living in a small community can be seen as a blessing or a curse. It has been very pleasant for my husband, Michael, and me. Everyone knows where we live, but they are remarkably respectful of our personal time. I don't officially take after-hours call, however on occasion an after-hours issue may come up. Sometimes I have to send them on to Albuquerque because I don't have the ancillary services needed; but sometimes I find myself doing some stitches, taking something out of an eye or responding to a grieving parent who has just lost their son in an auto accident. This is rural Family Medicine.

During forest fires, I serve as medical support at Incident Command Base camps. My presence in camp allows me to treat the minor emergencies that need a physician but not an emergency room. One time a young fire fighter got a flying ant in his ear. I flushed it out and he sheepishly looked at me and asked "Doc can I hug you, you made me feel so much better." I got a hug, and he got the ant taped to a tongue depressor to show his friends. No monetary amount could cover that encounter.

I could have not made this journey without Michael. He has been my best friend and husband for 32 years. He centers me and has been very supportive. He reminds me that doctors don't have to be doctors all the time (don't give orders at home). We met in college. He has worked as a Petroleum Engineer and an Administrative Law Judge for the state Oil Conservation Commission and commuted 130 miles so I could live and practice in Estancia. We have traveled the world together. He works along-side me when I do my "other" job, working on expedition cruise ships. As a ship's physician he and I have traveled above the Arctic Circle and below the Antarctic Circle. Now that Michael has retired he has become an air show announcer, ferry pilot, and air boss. He is an accomplished pilot and loves flying gliders. One of our favorite activities is tandem cycling. We have logged over 10,000 miles on Highway 41. We have been a team on and off the bike.

I like being a part of the community. People ask if we have children. My response is "about 300". Over the years we have sponsored Little League team, Science Fair, and I cannot tell you how many 4H/FFA animals we have purchased over the years at the Junior Livestock sale. We usually donate them

to Boys and Girls Ranch. I work taking tickets at the high school football games as part of my Rotarian duties. Also as a Rotarian I operate the children's slingshot at Punkin' Chunkin' (third Sat of October every year). I have celebrated home town victories, like state championships and grieved our losses, the passing of an older patient or the unfortunate accidental death of one of our children. They are all my kids. Now days those "kids" are bringing their children to me.

For me there was never any question that I would be a Family Physician. From the beginning I wanted to be able to go where doctors are needed and do what doctors do best...take care of patients. During my activities with the American Academy of Family Physicians I have met many like-minded doctors. As a resident I attended the AAFP's National Conference of Residents and Students. In New Mexico, I held many offices including Chapter President. Once I became an active member, I looked for opportunities to participate nationally and became active with the National Conference of Women, Minorities and New Physicians. I was elected to serve as the first Alternate Delegate to Congress of Delegates from the Women's constituency and also served as Delegate the following year. I have had the privilege of representing our New Mexico Chapter at the Congress of Delegates for the past 10 years; serving on and chairing reference committees. I have served on two National Commissions over the past decade, having the opportunity to help shape Academy policies and deal with issues of importance to help make the organization valuable to the members. What I bring to the table in these settings is a focus on what those in practice really need.

A big focus of my professional life has been to try and get more access to care for rural, underprivileged people by increasing the work force. I have mentored at least three dozen medical, physician assistants, nurse practitioners, pharmacy and pre-med students. I am on the admissions committee for the University of New Mexico's BA/MD program which takes outstanding high school students who have expressed an interest in practicing in rural and underserved areas when they complete their education. The program prepares them to be successful in medi-

cal school and to become advocates for communities and patients when they go into practice. My passion is not just getting students in to the profession but addressing the needs of our practicing physicians. There is far too much "burn out" right now. When I hear people talking about the RVUs, prior authorizations, and productivity, I think "this is important, but what really matters to the practicing doctor (rural or urban) in their day-to-day practice?" I still want to serve our Academy on the Commission for Membership or Professional Affairs to bring attention to our "senior" physicians, identifying opportunities for them to continue to practice medicine and take care of patients. We need to retain the joy of practicing medicine.

I believe that the future of Family Medicine is bright. I have confidence that we as Family Physicians are and will be at the core of health care now and in the future. Our responsibility is to get the message out to the public that we are the specialty of choice for our students, our patients, and our communities.



### Delta Exchange

### is Now Free

Melissa Martinez, MD

Would you like to be part of a discussion group with Family Physicians from across the country who are talking about their practices? Delta Exchange is an online discussion group developed by TransforMED, a subsidiary of the AAFP, whose mission is "to help primary care practices transform the way they do business so they can meet the needs of a changing health care environment". Delta Exchange is an online discussion group in which members exchange information about real world problems experienced in every day practice. In addition to Peer-to-Peer contact, there is an "Ask-the-Expert" section. There are also online seminars, "how to" articles and other useful resources. "Participation in Delta Exchange discussions can help Family Physicians get motivated, get answers and get up-to-speed quickly and efficiently" according to Terry McGreeney, president of TransforMED. To sign up, go to: [www.Deltaexchange.net](http://www.Deltaexchange.net).



## President's Column

By Stephanie Benson, MD

This has been an eventful year for healthcare both nationally and in our state. I will touch on just a few of the most talked about issues. I look forward to hearing your commentary and discussion that come with each of these issues.

**The Affordable Care Act:** The Supreme Court has finished hearing testimony regarding the constitutionality of parts of the act; we eagerly await their decision. There are four specific issues the Court is considering. The first has to do with something called the Anti-Injunction Act, which could bar a ruling on "individual mandate" before the mandate penalty is enacted, if the mandate penalty is considered a tax. The second issue is whether or not the individual mandate exceeds Congressional power. This is probably the most talked about and considers if this mandate can be covered under a portion of the Constitution which allows for Federal taxing and regulation of interstate commerce, specifically a statement commonly referred to as "the Commerce Clause." The next refers to Medicaid expansion and if the Federal Government is unduly coercing the States to comply with the Medicaid expansion portion of the ACA through economic means. The last refers to the idea of Severability. Can parts of the ACA stand separately if the individual mandate and/or Medicaid expansion portions are overturned? These are all big and complicated questions. We await a decision that will surely affect us and the healthcare of those we serve.

**Opioid Prescribing:** This subject has drawn great interest on a state and national level as data emerged giving a

clearer picture of scope of this problem. We saw, on state level, several attempted pieces of legislation that would limit prescription quantities and require physician education on prescribing. On a national level, there are also efforts in the Senate to require physician education and change hydrocodone containing products from schedule III to schedule II. This is not a subject that will go away anytime soon. The New Mexico Medical Society, along with our Board members, and the New Mexico Medical Board are already working on resolutions and proposals for possible "middle-of-the-road" legislation that will help address this problem without increasing administrative burden for physicians or limiting care to patients with pain.

**Scope of Practice:** We have seen this subject arise nationally from independent practice for Nurse Practitioners to teeth whitening. I have heard countless spirited debates and read many articles on this subject. At the AAFP Annual Leadership Forum there was a lively discussion among Chapter presidents, specific to the practice of Advance Practice Nurses. I was reminded again of this issue when recently I met, during a flight home, a young man who was finishing his last year of schooling to become a Nurse Anesthetist. He stated that he would estimate that 80+% of his class has no desire to practice independently. This is a sentiment I have heard echoed by other NP's and others working with NP's. In New Mexico we have an interesting perspective. We already allow Advance Practice Nurses to practice independently as well as Prescribing Psychologists. From a personal perspective, my practice has not

been harmed and, indeed, has been helped by these practitioners. Still other Family Physicians feel their livelihood is threatened, and their patient's safety is at risk. Certainly we must distinguish ourselves and our specialty by the amazing things we do on a daily basis and the data-proven decrease in health care costs and increase in patient health we provide. I do hope, however, we can continue to work as a health care team and enrich, not only our patients, but also ourselves in the process.

These are just a few of the "hot topics" at hand. I bring them up not just to inform, and certainly not to assert my own opinion, but to ask for input. As an Academy, our hope is to serve our members and our patients. To do this effectively, we need input as well as participation. It is exciting to see the sparked interest in Academy offices as well as increased interest from our residents. Even outside of office there are opportunities to be involved. If you are interested in possibly serving on a committee, helping with next year's Doctor of the Day program, or just voicing your views, we would love to hear from you. You can email either our Chapter Executive or individual officers through the information available on our website, or visit us on our Facebook page and leave comments or start a discussion. We welcome your input!

I can't believe a year as your president has gone by so quickly! I have learned so much from our state and national Academy leadership. I look forward to my continued service to the NMAFP as Board Chair and Alternate Delegate to the AAFP Congress of Delegates in this upcoming year. I hope to see many of you at our summer CME in Taos!

## AAFP Annual Leadership Forum (ALF) 2012

Melissa Garcia, MD, Vice-President NMAFP

I had the privilege of attending the Annual Leadership Forum in Kansas City this year. Also in attendance were Dr. Stephanie Benson, Dr. Dolores Gomez, Dr. Rick Madden and Sara Bittner our Chapter Executive. As a first-term board member, I was not sure what to expect and felt a bit like a fish out of water. Although most of us were convinced that a good portion of the discussion among members would be concentrated on the AAFP's decision about staying in the RUC, this topic was not mentioned a great deal. The issues at hand that produced most of the discussions and debates were regarding scope of practice issues, Accountable Care Organizations, and how to meet the increasing and somewhat different needs of employed versus independent physicians. It was clear that physicians across the country are struggling to meet the demands of increasing government regulations, shrinking reimbursements and providing evidence-based care. As an employed physician in a small independent practice, it was encouraging to see the number of independent physicians on many of the executive boards. I am hopeful that there will still be a place in the healthcare arena for independent docs! I returned from the conference with a renewed enthusiasm and conviction that as physicians we must become more involved in shaping the policies surrounding healthcare. On a lighter note, we were able to squeeze in some of the Kansas City nightlife by attending a Royals game and hanging out at a dueling piano bar. If you have not had the opportunity to visit Kansas City, you should really check it out!

# 55th Annual Family Medicine Seminar, August 2-5, 2012

## Sagebrush Inn & Conference Center, Taos, New Mexico

This activity has been reviewed and is acceptable for up to 24 Prescribed credit(s) by the American Academy of Family Physicians

### **THURSDAY, AUGUST 2, 2012**

- 8:00 a.m. Registration, Exhibits Open, Breakfast - Exhibit Hall
- 8:50 a.m. Introduction & Welcome by Stephanie Benson, MD, President, Scientific Program Chair
- 9:00 a.m. "Dyslipidemia: Myths, Facts, Controversies" by Kathleen Colleran, MD
- 10:00 a.m. "Thrombocytopenia" by William Adler, MD
- 11:00 a.m. "The Local Impacts of Global Climate Change & What You Can Do About It" by David Reyes, MD, MPH
- 12:00 p.m. Lunch - Exhibit Hall
- 1:00 p.m. "Update/Overview on Addiction" by Julie Bohan, MD
- 2:00 p.m. "The Affordable Care Act & Medicare: What You Need to Know Now" by Kathy Maris, Health Insurance Specialist
- 3:00 p.m. Break – Exhibit Hall
- 3:30 p.m. "Adolescents, Sex & the Media" by Victor Strasburger, MD
- 4:30 p.m. "Approaches to the Poisoned Patient" by Steven Seifert, MD
- 5:30 p.m. Leisure
- 6:00-8:00 p.m. Welcome Reception, Barbeque Dinner on the Sagebrush Patio  
Introduction of Candidates for Office – 2012-2013  
Special Guest: Dr. Roland Goertz AAFP Board Chair

### **FRIDAY, AUGUST 3, 2012**

- 7:00 a.m. Registration, Exhibits Open, Breakfast - Exhibit Hall
- 8:00 a.m. "AAFP Chapter Lecture Series: Appropriate and Effective Pain Treatment" by Gregg VandeKieft, MD  
*This activity is supported by an educational grant to the AAFP from Endo Pharmaceuticals, Janssen Pharmaceuticals, Inc., administered by Janssen Scientific Affairs, LLC and Purdue Pharma L.P.*
- 9:00 a.m. "ADHD: Focus on the Solution" by Mike White, MD
- 10:00 a.m. Break – Exhibit Hall
- 10:30 a.m. "Sleepless in Taos, Pill and Pillows" (understanding the mysteries of insomnia) by Frank Ralls, MD
- 11:30 a.m. "The Supremes v. Obamacare: What It Means for New Mexico Health Care Reform and Clinical Practice" by Dan Derksen, MD
- 12:30 p.m. Lunch – Exhibit Hall
- 1:30 p.m. "Pediatric & Adolescent Sports Medicine" by Gloria Cohen, MD
- 2:30 p.m. "Patients at Risk: Improving Pneumococcal Immunization Rates in the Patient Centered Medical Home" by Dion Gallant, MD  
*There is a post test worth an extra 2.5 Prescribed credits*
- 3:30 p.m. Break – Exhibit Hall
- 4:00 p.m. "Patient Centered Medical Home: The Model and the Evidence" by Roland Goertz, MD
- 5:00 p.m. Leisure
- 6:30-10:30 p.m. Awards Dinner & Dance - Lecture Hall  
Special Guest: Dr. Roland Goertz, AAFP Board Chair  
Entertainment: The Jimmy Stadler Band

### **SATURDAY, AUGUST 4, 2012**

- 7:00 a.m. Registration, Exhibits Open, Breakfast - Exhibit Hall
- 8:00 a.m. "New Advances on Cancer Screening and Genetics" by Barbara McAneny, MD
- 9:00 a.m. "ABFM Update" by Arlene Brown, MD
- 10:00 a.m. Break – Exhibit Hall
- 10:30 a.m. "AAFP Update" by Roland Goertz, MD
- 11:30 a.m. "Implementing & Optimizing Electronic Medical Records: Common Threads Across All Practice Sizes" by Jason Mitchell, MD
- 12:30 p.m. "A Sustainable Approach to the Pediatric Patient: How to Turn our Well Child Visits into Something Meaningful"  
by Loretta Ortiz y Pino, MD
- 1:30 p.m. Afternoon at Leisure for all not attending the Care of the Elderly SAM Session in the Lecture Hall  
NMAFP Board Meeting - Sagebrush Conference Center, Zuni Meeting Room (Lunch Served)
- 1:30-5:30 p.m. "Care of the Elderly Self Assessment Module" by Kern Low, M.D. (Lunch Served)  
*Group Learning worth 12 Prescribed credits upon completion. Limited to 15 attendees Additional Fee - \$150 for AAFP members and \$250 for non-members. (Prior to registering for this course with NMAFP, you must register with the ABFM 1-888-995-5700.)*

### **SUNDAY, AUGUST 5, 2012**

- 7:00 a.m. Exhibits Open, Breakfast - Exhibit Hall
- 8:00 a.m. "Hepatitis C Update: Testing and Treatment" by Karla Thornton, MD
- 9:00 a.m. "Symptom Management at End-of-Life: Tips & Tools" by Devon Neale, MD
- 10:00 a.m. Break – Exhibit Hall
- 10:30 a.m. "Gestational DM Update" by Dolores Gomez, MD
- 11:30 a.m. "Improve Evaluation & Management Skills for Osteoarthritis of Knee & Shoulder" by Shane Cass, DO
- 12:30 p.m. "Helping HIV (and other) Patients Who May Return to Mexico or Central America" by Tom Donohoe, MBA
- 1:30 p.m. Drawing for Door Prizes

# The Sagebrush Inn in Taos, New Mexico



The Sagebrush Inn is a Taos tradition, with its adobe construction and traditional architecture. The Conference Center, a full-service facility, is adjacent to the hotel. The hotel has a variety of rooms available at reasonable rates. A complimentary breakfast is served until 10:00 a.m. at the Sagebrush for all Sagebrush & Comfort Suites guests. It is conveniently located at 1508 Paseo del Pueblo Sur, Taos, NM 87571.

The six room block rates are listed below:

Standard	\$89 single or double
Fireplace	\$99 single or double
Small Suite	\$109 single or double
Deluxe Suite	\$119 single or double
Executive Suite	\$129 single or double
Comfort Suites	\$99 single or double

We recommend that you reserve early to get the type of room you want. ***A room block will be held until July 1, 2012, so please make your reservations before this date.*** After this date, rooms will be on a space-available basis. Call the Sagebrush directly: 1-800-428-3626. Call the Comfort Suites directly: 1-888-751-1555 (on same grounds as Sagebrush). Please identify that you are with the New Mexico Academy of Family Physicians. For more information, visit the Sagebrush website, [www.sagebrushinn.com](http://www.sagebrushinn.com).

If you have made your reservations with the Sagebrush or the Comfort Suites, please be aware that you must cancel 14 days prior to your arrival date in order to receive a full refund. Cancelled reservations after this date are subject to a room charge including tax for the first night's stay.

## Silent Auction at the Taos Conference

A silent auction will be held during the conference this year. Bidding will begin at 11:00 a.m. on Thursday, August 2nd and will end at 10:30 a.m. on Sunday, August 5th. The proceeds will help NMAFP in their support of FM Residents and Medical Students interested in FM. To donate an item for auction, email: [familydoctor@newmexico.com](mailto:familydoctor@newmexico.com)

Taos artist, Pat Woodall, was commissioned by NMAFP to paint a piece that will be auctioned off at the conference.  
Pat Woodall Fine Art • 575.758.3320 • [www.patwoodall.com](http://www.patwoodall.com)

## 55th Annual Family Medicine Seminar Registration Form

Register online: [www.familydoctormn.org](http://www.familydoctormn.org)

**PLEASE PRINT CLEARLY**

Name \_\_\_\_\_  MD  DO  NP  PA  RN    AAFP ID# \_\_\_\_\_  
 Address \_\_\_\_\_ C/S/Z \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

**Meals & Entertainment are FREE to all Attendees**

_____ AAFP Member Practicing Physician \$385	_____ Extra tickets for Welcome Reception on Thursday:
_____ Non-Member Practicing Physician \$500	_____ children (6-12) x \$10 = _____
_____ NP/PA/RN \$250	_____ adults x \$20 = _____
_____ Retired Physician \$100	_____ Extra tickets for Dinner & Dance on Friday:
_____ Family Medicine Resident (no charge)	_____ children (6-12) x \$15 = _____
_____ Medical Student (no charge)	_____ adults x \$30 = _____
_____ Yes, I want to sponsor a student attendee \$40	(Children 5 and under are free)
_____ <b>Total From Both Columns</b>	

**Payment Information:**  Check  Credit Card (see below)    Credit Card Type:  Visa  MC  Disc  AMEX  
 Cardholder Name: \_\_\_\_\_

Billing Address (if different than above): \_\_\_\_\_  
 Credit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVC (3 or 4 digit code): \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please cut out and mail form and payment to:  
 NMAFP, Educational Fund  
 2400 Louisiana Blvd. NE, Bldg. 2, Suite 101  
 Albuquerque, New Mexico 87110

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



## What's New with AAFP National

Rick Madden, MD  
AAFP Board Member

As we Family Physicians and our patients await the Supreme Court decision on the Affordable Care Act in late June, the AAFP pushes ahead, persuading in Washington, DC and helping state chapters influence elected political leaders locally.

Opioid prescribing legislation and regulation is big in New Mexico at the present time. An AAFP survey of other states will be coming out soon to assist states like ours. This will help us design workable legislation that preserves responsible, professional pain management while ensuring our patient's safety.

Despite the about-face that Governor Martinez has taken on health insurance

exchanges recently, the clock is still ticking on the January 1, 2014 deadline. It is closer than it seems. Without adequate prep time to develop the health insurance exchange, hundreds of thousands of New Mexicans stand to lose an opportunity for health coverage, something of vital interest to the AAF and Family Physicians.

The Academy Board of Directors decided not to depart the Relative Value Update Committee of the AMA ("the RUC", the group that sends recommendations to CMS on how to pay all physician services) allowing us to voice our concern about proper valuation. We also made it clear we will submit our own recommendations to CMS on re-valuing primary care. We did just that before the budget request deadline in April. We will continue to assess the usefulness of staying in the RUC.

The AAFP helped Representative McMorris-Rodgers (R-WA) craft a recently

introduced graduate medical education bill (HR 5667) that will pilot at least four new models for fostering primary care. The pilot is novel for re-directing the funding stream from hospitals to Family Medicine residencies, who will then choose how best to invest in educating their residents. After hearing about this bill from us Martin Heinrich (D-NM, District 1) has signed on as a co-sponsor.

Our national AAFP annual meeting will be held in historic Philadelphia in October, so don't forget to register soon! And be sure to check out AAFP News Now ([www.aaafp.org/ann](http://www.aaafp.org/ann)) for updates about healthcare news that affects us and our patients. There is a link to the Leader Blogs too, including one on end of life planning by yours truly. I was also interviewed for an ANN article on the aging of our patient population and how it affects our practices.

## 2012 to 2014 Strategic Plan *-Continuation from page 6*

include two Continuing Medical Education meetings, an active lobbying effort including a lobbyist, the doctor-of the day program in the state legislature and activities to reach out to residents, students and new members. The Academy publishes a quarterly newsletter, has a website and maintains a Facebook account.

Challenges include rapidly changing health care and financial systems with uncertainty about the political climate, member retention and recruitment, (aging of Family Physicians in practice with fluctuations in student/resident interest in Family Medicine as a career) and competing CME activities.

With that in mind chapter leaders drafted the following goals:

- I. **Advocacy:** Advocate for the importance of Family Medicine through legislative, educational and collaborative activities
  - A. Support legislation that benefits Family Medicine and increases Family Physician workforce
    1. Continue Doctor of the Day Program
    2. Conduct legislative workshops
  - B. Collaborate with community based and professional organizations throughout state to improve access to care in New Mexico
    1. Develop engagement plan for each organization including the Department of Health, UNM School of Medicine, The Pediatric society, the Hispanic Medical Association, the Board of Medical examiners and others
    2. Invite Executive Director of New Mexico Residency Consortium to become a Board member of NMAFP
- II. **Practice Support and Member Education:** Be recognized as the clearinghouse for practice management resources and high quality continuing medical education
  - A. Promote and publish innovations in practices
    1. Identify and communicate practices that have received NCQA recognition
  - B. Communicate updates on health care reform and implication for members
  - C. Promote resources for rural Family Physicians, Self-Assessment Modules (SAMS), Patient centered medical home (Delta Exchange) and American Board of Family Medicine (ABFM) updates
    1. Provide booth with practice resources (who uses what EMR) and continuing medical education information, including national programs
    2. Use social media and other communication vehicles that include links to national resources
  - D. Provide educational opportunities that focus on quality improvement
    1. Conduct two high quality CME programs a year
- III. **Membership:** Create and communicate member value to enhance recruitment, satisfaction and retention of members
  - A. Promote Family Medicine to students and residents
  - B. Increase membership
    1. Increase outreach efforts to DO's
    2. Continue to provide discounted membership dues for first-year new physicians
    3. Use social media and blast emails to promote dues payment options
- IV. **Operations:** Maintain a strong, sustainable Academy accountable for fulfilling the mission
  - A. Maintain effective Board composition and operation
  - B. Provide opportunities for leadership development
    1. Presentations to residency programs and identify potential leaders within residency programs
    2. Extend personal invitations to Doctor of the Day program & Continuing Medical Education (CME) activities
    3. Identify short-term volunteer commitments
  - C. Define role of lobbyist and assess value
  - D. Conduct membership satisfaction survey to identify member priorities
    1. Continue Doctor of the Day program

## Laguna Students Shine Big in a Statewide Tar Wars Poster Contest!



*Poster of DaAndre Fernando, Laguna Elementary school student*

Another year of Tar Wars presentations and the ever-exciting poster contest is now completed. Six of the ten statewide winners in the 2012 Tar Wars poster contest come from Laguna Elementary School, with winners chosen by the Tar Wars NM Coordinators.

Tar Wars is a program of the American Academy of Family Physicians, run in New Mexico by the Native Health Initiative (NHI) partnership. Its goal is simple – educate 4th and 5th graders on the harms of smoking, working toward a smoke-free future. As part of the program, youth create posters to educate others on the harms of smoking.

“Smoking continues to be the leading cause of preventable death in our nation, and starting early is a key to reversing this,” says Dr. Kate McCalmont, one of the program’s 2012 Coordinators.

A few highlights from this year’s awardees:

- On May 23rd, Mikayla Fernando (Laguna Elementary) was on the field at Isotopes Park, throwing out the first pitch for the game as her award. Classmate Shaun Riley, whose poster depicts a superhero whose shirt says “100% Drug-Free” took his family to the same game, winning Isotopes tickets for his work.

- In July, another Laguna student, Robert Kie, will travel to Washington D.C. to represent the state of New Mexico at the National Tar Wars conference. “I am really excited to see our Nation’s Capitol and to show my poster to everyone,” he says proudly. Robert’s poster will compete against winners from the other 49 states in the National Tar Wars Poster Contest.

One aspect of the Tar Wars program

under NHI’s direction that is unique is the incorporation of traditional and ceremonial tobacco into the curriculum. “We want youth to understand that commercial tobacco – cigarettes, chew tobacco – are not connected to the traditional uses of tobaccos in Indigenous communities, even if the companies put a Native imagery on the package,” says Shannon Fleg (Dine’) of NHI, who won a national award in 2010 from Tar Wars for this innovative approach.

Indeed, many of the posters in this year’s contest reflected this approach. DeAndre Fernando, a student from Laguna Elementary has “My Tradition Brings Life” on his poster, with pictures of traditional tobaccos next to a crossed out cigarette.

NHI would like to thank the teachers and others who championed the 2012 Tar Wars program. The outgoing coordinators (UNM medical students Heather Greene and Kate McCalmont) worked extremely hard to make the program a success this year.

We are excited to have more family doctors champion this program in your communities, and if you are interested in getting involved, please contact Jessica Kraynik ([jkraynik@salud.unm.edu](mailto:jkraynik@salud.unm.edu)). You can learn more about Tar Wars at [www.tarwars.org](http://www.tarwars.org).

The 10 state winners for 2012 are: Rocio Aguilar, Cochiti Elementary; Mikayla Fernando, Laguna Elementary; Jaelynn Riley, Laguna Elementary; Dyllin Garcia, Cochiti Elementary; Shaun Riley, Laguna Elementary; Ariana Victorino, Cubero Elementary; Leslie Casper, Lavaland Elementary; Jaden Cheremiah, Laguna Elementary; Aurelia Johnson, Laguna Elementary; and Robert Kie, Laguna Elementary.

Anthony Fleg is a Family Physician with the Native Health Initiative, a community-based partnership that works to address inequities in health facing Indigenous communities. You can reach him with questions and comments at [afleg@salud.unm.edu](mailto:afleg@salud.unm.edu)



*Mikayla at the Isotopes game, pictured with Isotopes’ Tyler Henson*

## 7th Annual Medical Student Reception

The NMAFP Board will be hosting the 7th Annual UNM Medical Student Dinner on Friday September 21st at the Embassy Suites Hotel in Albuquerque. The reception and dinner provides a venue for medical students at all stages of education to have access to the Family Physicians of New Mexico. We are planning a format in which there will be a brief keynote address about a current and interesting aspect of Family Medicine, with informal small group discussion over dinner to follow.

The critical component of the evening lies in having plenty of Family Docs present to sit at round tables of 8-10 and informally discuss their work and lives as Family Physicians. Experience with recruiting has consistently shown that there is nothing more powerful for a student doctor contemplating his or her future in medicine, than to hear from and connect with an experienced physician. You all have a wealth of amazing and powerful experiences to share, so please join us for a fun and interesting evening of developing our future Family Physicians for New Mexico. All you need to do is show up with your stories in tow!

**When:** Friday September 21, 2012 from 6:30pm to 8:30pm

**Where:** Embassy Suites Hotel La Ventana Room

**RSVP:** Please contact Sara Bittner by email: [familydoctor@newmexico.com](mailto:familydoctor@newmexico.com) or by phone: (505) 292-3113. Seating is limited, so please reply at your earliest convenience.



## UNM/SOM Receives AAFP Award

UNM/SOM earned an Achievement Award from the AAFP. Based on a 3-year average, 16.2% of the school’s graduates entered an ACGME-accredited Family Medicine Residency Program. This classifies UNM/SOM as one of the top ten schools in the nation!



*L-R: Art Kaufman, MD; Michelle Bardack, MD; Byrnh Williams, MD; Martha McGrew, MD; Perry Pugno, MD (AAFP Director); Dianna Fury, MD; James Wilterding, MD; Joanna Hooper, MD*



A NEW CONVERSATION ABOUT LACTOSE INTOLERANCE

# Help Your Patients Enjoy Dairy Again



Most people with lactose intolerance say they are open to dairy solutions as long as they can avoid the discomfort associated with consuming them.<sup>7</sup>

And research shows that people like lactose-free milk more than non-dairy alternatives.<sup>8</sup>

Many health authorities agree that low-fat and fat-free milk and milk products are an important and practical source of key nutrients for all people – including those who are lactose intolerant.<sup>1,2,3,4,5,6</sup>

In fact, the 2010 Dietary Guidelines for Americans (DGA) recognizes dairy foods as an important source of nutrients for those with lactose intolerance.<sup>7</sup> Milk is the #1 food source of three of the four nutrients the DGA identified as lacking in the diets of Americans – vitamin D, calcium and potassium – and the DGA recommends increasing intakes of low-fat or fat-free milk and milk products to help fill these nutrient gaps.

## A Solutions-Focused Approach

People who are lactose intolerant should know that when it comes to dairy foods, practical solutions can help them enjoy the recommended three servings of low-fat and fat-free dairy foods every day\*, without experiencing discomfort or embarrassment:

- Gradually reintroduce milk back into the diet by drinking smaller amounts of milk at a time, trying small amounts of milk with food, or cooking with milk.
- Drink low-lactose or lactose-free milk products, which are real milk just with lower amounts or zero lactose, taste great and have all the nutrients you'd expect from milk.
- Eat natural cheeses, which are generally low in lactose, and yogurt with live and active cultures, which can help the body digest lactose.



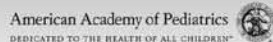
Visit [nationaldairycouncil.org](http://nationaldairycouncil.org) for more information, management strategies and patient education materials.



NATIONAL DAIRY COUNCIL®



These health and nutrition organizations support 3-Every-Day™ of Dairy, a science-based education program encouraging Americans to consume the recommended three daily servings of nutrient-rich low-fat or fat-free milk and milk products, to help improve overall health.



1 U.S. Department of Health and Human Services and U.S. Department of Agriculture. Dietary Guidelines for Americans, 2010. 7th Edition. Washington, DC: U.S. Government Printing Office, January 2011

2 National Institutes of Health Consensus Development Conference Statement. NIH Consensus Development Conference: Lactose Intolerance and Health. Draft statement, issued at 7:47 p.m. ET on February 24, 2010. [http://consensus.nih.gov/2010/images/lactose/lactose\\_draftstatement.pdf](http://consensus.nih.gov/2010/images/lactose/lactose_draftstatement.pdf)

3 American Academy of Pediatrics. Lactose intolerance in infants, children, and adolescents. *Pediatrics*. 2006; 118 (3):1279-1286.

4 USDA, FNS. Special Supplemental Nutrition Program for Women, Infants and Children: Revisions in the WIC Food Package, Interim Rule: 7 CFR, Part 246.

5 National Medical Association. Lactose Intolerance and African Americans: Implications for the Consumption of Appropriate Intake Levels of Key Nutrients. *Journal of the National Medical Association*. Supplement to October 2009; Volume 101, No. 10.

6 Wooten, WJ and Price, W. Consensus Report of the National Medical Association: The Role of Dairy and Dairy Nutrients in the Diet of African Americans. *Journal of the National Medical Association* 2004; 96: 15-315.

7 J N Keith et al. The prevalence of self-reported lactose intolerance and the consumption of dairy foods among African American adults are less than expected. *J Natl Med Assoc*. 2011;103:36-45

8 Palacios OM, et al. Consumer Acceptance of Cow's Milk Versus Soy Beverages: Impact of Ethnicity, Lactose Tolerance and Sensory Preference Segmentation. *Journal of Sensory Studies*, 2009; 24:5.

\* The 2010 Dietary Guidelines for Americans recommends 3 daily servings of low-fat or fat-free milk and milk products for those ages 9 and older, 2.5 cups for children ages 4 to 8 years, and 2 cups for children ages 2 to 3 years.

# Back to the Future...It's 1995 again: Let's get it Right this Time!

Editorial by Philip Briggs, MD

It occurred to me that so much of what is happening in health care is similar to the period we went through in the mid-1990s. If that period were a movie called "Capitation," we might call this current feature "Son of Capitation." At the end of the first, the dead monster's eyes begin to faintly glow again, letting the audience know a sequel would be a real possibility. Now he's back, and he's angry!

With the help of Family Practice Management staff, I resurrected an article written by Terry Kane, M.D., published in the November / December 1995 issue of Family Practice Management. Dr. Kane (also a family physician) was at that time a very high-level executive of the Sharp System in San Diego; I was on the AAFP Board of Directors. He gave us a fascinating focus discussion on managed care and macroeconomic trends in the industry and in our specialty. He also was the keynote speaker at the annual assembly, and I was very impressed with him and what he had to say.

I particularly remember his discussion of the need for transitional leadership and new and innovative thinking. He eschewed "raging incrementalism" and encouraged us to consider this era of "transitional chaos" as an opportunity for family physicians to lead the new system. His words, both in his presentation and his article, were bold and inspiring. He gave no quarter to timidity as he exhorted us to "accept the challenge...We need physician leaders at all levels of health care willing to bring about dramatic change in how we practice medicine and committed to marked improvement in outcomes and efficiency."

The inspiration he gave me, as well as my experience with AAFP, has helped grow a solo practice into a group of nine clinics and to refine a new model of primary care from the various elements I will discuss.

2012: What is the same as 1995?

In my opinion (developed over a lifetime in Family Medicine; my father was a family physician), market forces tend to build energy akin to that pent up in tectonic plates, then move suddenly and violently when the time comes. The trigger seems to be what I call a "policy event." The proposed Clinton health care bill did not pass, but it was the catalyst that led to the seismic shifts in our practices in the subsequent era of managed care.

I consider the Patient Protection and Affordable Care Act to be such a policy event. Whether it is fully implemented, fully repealed, or (more likely) partially implemented, it has already triggered seismic activity in the private markets. The buzzwords are Patient-Centered Medical Homes (PCMH), Accountable Care Organizations (ACO), value-based reimbursement, meaningful use and others; all of which can be summarized under the rubric of accountability.

I watched health policy sculpt the economics of health care during my six years on our Legislative Commission, three years on the Board of Directors and many more years of AAFP involvement. I find it much easier to understand our out-of-control system in light of this paradigm shift: for 50 years since Medicare passed, health policy shaped health economics; now the tide has turned and health economics will shape health policy. The cost is unsustainable and policy cannot control it. Econometrics shows the inevitability of the effects of forces such as supply and demand versus price controls and central planning. Those forces are understandable and are heavily favoring us to become both the clinical and the economic leaders in a revolutionary new health system. The demand for lower cost and higher quality is greater than it was in 1995.

What happened between 1995 and 2012?

Quite simply, we dropped the ball and lost the opportunity in a variety of ways:

- We continued to look to the Federal Government to pay us what we're worth.
- We ignored the fundamentals of business in running our practices.
- We looked to hospitals, health plans, specialists and government to subsidize our practices rather than taking responsibility ourselves.
- We let our attitude of victimization and helplessness turn our efforts to just the "raging incrementalism" of which Dr. Kane spoke.

2012: So what is different now?

We're out of money. When I started my M.B.A. three years ago, the unfunded commitment of Medicare and Medicaid was \$30-60 trillion. Now it's \$120-150 trillion. As much as our patients love us, I don't think they're inclined to allow us to continue to bankrupt the nation.

But in the interim all has not been

wasted. We have developed a number of tools that will allow us to assume leadership in the new era.

- The Future of Family Medicine Report (2004): Probably the most prescient work in my career, this document, a joint effort of seven sister organizations of Family Medicine, gave us a roadmap to the future and gave me the first glimpse of a "medical home."

- TransformMED : During my years in national leadership, I continually beat the drum for more focus on practice and business fundamentals. Eventually, the AAFP had the foresight to develop this excellent subsidiary organization. I encourage everyone to take a close look at TransformMED and the ways in which it can benefit our practices.

- Patient Centered Medical Home: The concept, while generic, has been refined to specific parameters by a number of credentialing bodies, most prominently NCQA. It turns our practices into accountable facilities that measure patient satisfaction and outcomes, thereby greatly enhancing the demonstrable value of our work. The literature is replete with pilot studies confirming the global cost reduction when patient care is delivered by a PCMH.

PCMH increases both items in the numerator and greatly reduces the denominator, thus driving enormous gains in value to the payers and the patients.

- Patient Centered Primary Care Collaborative : This advocacy organization, in which the AAFP was instrumental as a founder, is a deep resource in PCMH creation and adoption. It has done the most compelling research into the cost reduction and quality enhancement of PCMH.

- Lean Six Sigma: Tools of operational excellence have long been used in manufacturing and are now commonly applied to service industries, including health care. Lean Six Sigma is a term that refers to a vast array of quantitative tools and techniques that standardize processes, creating efficiency and drive higher quality by eliminating variability. Having delved for two years into these transformational techniques in our clinics, I am convinced that they improve quality of care at the same order of magnitude as PCMH. In other words, a clinic with PCMH and Lean Six Sigma can deliver approximately twice the quality increase as PCMH alone.

- Franchised PCMH business model:

- Continued on page 11

## Editorial

- Continued from page 10

By wrapping up all the lessons learned into a franchise package, we can deliver the expertise and support of a robust corporate office to individual practices. This is vastly different from a traditional franchise in that the usual royalty is replaced by a full management fee that does almost all traditional back office services such as contracting, credentialing and billing; but it is further enhanced with proprietary health information technology that will interface with practice guidelines and eventually the patient's individual genome. We will go from what Christensen calls "intuitive medicine" to both "precision" and "personalized" medicine.

Let's seize the opportunity before us this time. Collaborative strength in time-tested business model using the tools that we now have available will allow our specialty of Family Medicine to both thrive and lead.

## NMAFP Slate of Officers 2012-2013

Members will vote for their 2012-2013 Officers during the 55th Annual Family Medicine Seminar, August 2-5, 2012 at the Sagebrush Inn, in Taos.

Nominations are:

President:

Stephanie Benson, MD will automatically move to the position of Board Chair

President-Elect:

Dolores Gomez, MD will become President Dolores Gomez, MD by automatic ascension

President-Elect:

Karen Phillips, MD

Secretary-Treasurer:

Melissa Garcia, MD

Vice-President:

Anthony Fleg, MD

Gregory Koury, MD

Leigh Vall-Spinosa, MD

On Friday, August 3rd, there will be a call for nominations from the floor, and voting will take place during the 10:00 am break. The results will be announced during the Awards Dinner and Dance that evening. Dr. Roland Goertz, AAFP Board Chair, will induct the new NMAFP Officers.

If you would like to register for the Conference, please go to: [www.familydoctormn.org](http://www.familydoctormn.org) or call Sara: 505-292-3113.

## New This Year! NMAFP Visits the Residency Programs

Omar, Naji, MD

A new NMAFP tradition is off to a great start. Our diligent and talented executive director, Sara Bittner, came to visit us at the residency program in Las Cruces. It was the start of her summer road trip which will take her to all the Family Medicine Residency Programs in the state. Being that the academic year is almost over, this means third-year Family Medicine Residents (such as myself) will be moving on to new journeys and likely have a tornado of mail, emails, and phone calls all vying for their attention right now. Among the many changes is the change in membership status for residents, from automatic membership paid for residents by NMAFP, to voluntary membership that requires active enrollment.

As a chapter, we wanted to make sure that the value of continuing as a member of the NMAFP, as well as the national AAFP, doesn't get lost in the storm. The presentation highlighted all the benefits of continuing as a member including advocacy resources, maintenance of certification, practice management resources, and others. Many residents were unaware that NMAFP has cut the dues for all graduating residents by 50% during their first year of active membership.

Overall, it was a great presentation, and the residents, including myself, really appreciated having the presence of a key member of our state chapter visit. I'm very confident that we were able to reinforce the benefits of membership to graduating residents as well as the others in attendance. Speaking of graduating residents, this is where I'd like to take the opportunity to thank Sara, Dr. Benson and Dr. Gomez, and the rest of the Board for allowing me to get involved. It's been a wonderful learning opportunity, and I hope to stay active as I move to the next step of my career!



NEW MEXICO ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR NEW MEXICO

## Silent Auction at the Taos Conference Bigger & Better Than Ever!

Members, the Officers and Board Members have been busy collecting items for the Silent Auction that will take place during the Taos Conference, August 2-5, 2012. Proceeds from the Silent Auction will help NMAFP in their support of FM Residents and Medical Students interested in FM.

### NMAFP Resident & Student Opportunities & Support

- Student & Resident representation on the NMAFP BOD
  - Building leadership skills for NM
- Free Registration to both NMAFP Conferences each year
  - \$560 value/individual (2012)
- Financial support for participation at the AAFP Resident & Student Conference in Kansas City
  - \$4,000
- Resident Membership to AAFP paid for all three years
  - \$2,800
- Medical Student Reception held annually
  - \$2,500
- Free American Family Physician Journal
  - \$173 value/individual
- Free quarterly NMAFP newsletter (The Roadrunner)
- Free Family Practice Management Journal
  - \$68 value/individual
- Free web-based Board Review

To donate an item, please contact Sara: [familydoctor@newmexico.com](mailto:familydoctor@newmexico.com) or 505-292-3113.

## NMAFP Wins Award at ALF

The NMAFP was pleased to receive an Award at this year's Annual Leadership Forum (ALF) on May 4th in Kansas City. The Award was presented to our Chapter for having the second highest percentage increase in active membership in 2011 for medium-sized chapters. Awards are given each year for first and second place in the small, medium and large chapter categories.

## Champion of Change Richard Kozoll Honored at White House

Richard Kozoll, MD, MPH, a Family Physician, was recently selected as a “Let’s Move! Champion of Change” and honored at the White House, as part of President Obama’s “Winning the Future” initiative ([www.whitehouse.gov/champions](http://www.whitehouse.gov/champions)). Dr. Kozoll was recognized for his work with Step Into Cuba, a program to promote physical activity – especially outdoor walking and hiking – for improved health and quality of life. Step into Cuba connects local people to surrounding public lands through trail development, community campaigns, point of decision prompts, exercise prescriptions and referrals, social support and roadway pedestrian enhancement. Step into Cuba was awarded the 2010 American Trails National Trials for Health Award.

Dr. Richard Kozoll, MD, MPH has practiced family and preventive medicine in the small community of Cuba, New Mexico since 1975. An avid outdoorsman, Richard is dedicated to creating opportunities for members of



*Dr. Richard Kozoll  
seated center listening to the  
First Lady, Michelle Obama*

his community to lead active, outdoor lifestyles. He is the founding member and a leader in The Clinical Prevention Initiative (CPI), a collaboration of the New Mexico Medical Society and the New Mexico Department of Health, with the goal of improving the quality and enhancing the delivery of clinical preventive services in the state. CPI was created to promote and support practice commitment and system development for selected high priority services, to facilitate integration of preventive care in physician offices, and to provide better services to patients across the state.

## *The Roadrunner*

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