



President's Column

By Molly McClain, MD, MPH



The already prevalent and growing sense of distrust in the medical system is something that many of us grapple with – personally, professionally, and politically. Anyone who works in the healthcare system worked very hard to get there, and the goal for most of us wasn't fame or wealth; it was to be of service to others in their journeys toward health.

The intensity of anger and mistrust that became so palpable during and after the COVID pandemic was surprising to many in the healthcare system, but it started before the pandemic. In 2006 a group demonstrated that "distrust of the health care system is relatively high in the United States, with between 20% and 80% of respondents reporting distrust for each item on the Health Care System Distrust scale"... and that "distrust of the health care system is strongly associated with self-reported fair/poor health".¹ And this is a global phenomenon that has complex contributions including underfunding of healthcare systems, declining population health (obviously linked to underfunding of healthcare), and the disparate access and experience that certain minoritized populations experience. A global survey of 11,500 people from the U.S., France, the U.K., Japan, and Brazil revealed that in the U.S., "77% of people with disabilities, 69% of people from ethnic minority groups, and 70% of people from the LGBTQ+ community say they have had experiences that damaged their trust in the healthcare system."^{2,3}

Another factor that erodes trust in the healthcare system is poor health and disability. From an article in *The Lancet* from June 2025 "when individuals or communities experience a decline in their health, they feel 'let down' by the health system and other public institutions meant to support their wellbeing."⁴ And like the above study, the authors found that many people report experiencing

stigma secondary to their clinical presentations including mental illness, substance use, weight, or because of their personal characteristics such as gender, sexual orientation, race, or migrant status. And this isn't simply perception, "many clinicians openly report prejudice and discriminatory attitudes about patients' conditions and identities."⁴

That poor population health would lead to lack of trust in healthcare systems makes sense, what this article goes on to explain is less obvious and very interesting, is that there are decades of interdisciplinary data across the globe that show poor population health leads to distrust in all public bodies, government and even democracy itself.

That population level sense of being "let down" in the form of poor health and disability has been linked to large numbers of people either disconnecting from political life by no longer voting (sometimes by double-digit declines) as well as growing attraction to "anti-establishment, anti-democratic parties that promise to radically reform the system."⁴

Historically, those with worse health outcomes have supported parties that promote investment in social support networks, but the trend now is similar to what happened in Germany and Italy in the early twentieth century, rising mortality rates were linked to greater support for right-wing governments. Currently, across the world those with poor health and disability are more likely to vote for "anti-establishment populist movements."

The link between distrust in medicine and science leading to distrust in democratic institutions is obviously complex and likely more correlative than causal. If the health care system is chronically underfunded, difficult to access, complex to navigate, expensive, and health outcomes continue to be poor, people's mistrust of the healthcare system is actually appropriate. It does demonstrate a lack of concern for the well-being of a population and perhaps acts as a "canary in the coal mine" that other public bodies are also being governed and managed without the good of the people at the forefront.

However, this paper also demonstrates that patients who express distrust in the wider medical system (and other public bodies) report trust in their own

provider. Feeling let down by public institutions is reasonably separate from a sense of feeling let down by one's individual clinician.

This connection between deepening mistrust in the health care system leading to lack of willingness to engage in democratic processes is yet another powerful data point that prioritization of primary care should be cornerstone of any political effort that has any serious interest in re-engaging populations in civic participation.

When "clinicians provide accessible, respectful and affirming care without discrimination or judgment, they can enhance the inclusivity of their communities' politics."⁴ In other words, as we make a difference in our patient's health, we are also increasing our patient's sense of autonomy, agency, and value in the world. Our patients may feel disenfranchised and disenchanting by the "system" but not necessarily by us as individuals.

We are already doing good work at the individual level in clinic, imagine the potential population impact that could be leveraged through partnering with trusted people in local and state government. We can help our political allies by sharing what is happening in our patient's lives because we hear about what they struggle with and what they need every day. Our political colleagues could benefit from hearing from our patients in order to create policies that are created around their concerns, and the paper suggests that policies can more strongly improve trust in public bodies "when public benefits are

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universal, meaningfully large, and visible” and that they should focus on “reduc(ing) unnecessary barriers to accessing health care, getting public benefits, and participating in politics.”

Here in New Mexico, we have the benefit of having groups like the NMAFP and others who can facilitate medical and political partnerships, and we have the benefit of having a rather accessible legislation particularly when it comes to issues related to medical provider recruitment and retention. If clinicians across our state felt more empowered to truly inform policy, and if we could see improvement in our healthcare systems (and potentially increase engagement of our communities in participatory democracy) New Mexico could attract medical providers who want to experience something other than the high levels of moral injury and burnout which is often related to experiencing the same broken healthcare system that our patients do.

1. <https://pmc.ncbi.nlm.nih.gov/articles/PMC1484714/>
2. <https://fortune.com/2023/01/31/people-trust-health-medical-system-ethnic-minority-disabilities-identify-lgbtq-study-sanofi-hudson-williams/>
3. <https://www.sanofi.com/assets/dotcom/pages/docs/our-company/social-impact/people-in-and-beyond-the-workplace/diversity-equity-and-inclusion/a-million-conversations/closing-healthcares-trust-gap-report-2025.pdf>
4. <https://pmc.ncbi.nlm.nih.gov/articles/PMC12144495/>

Navigating Health Insurance as a Patient, Mother, Daughter, and Physician

By Kristy Riniker, MD, MPH

It’s open season for insurance hunters, and many of us are getting asked by our patients what insurance they should choose, and struggling to decide which plan to choose for ourselves and our families in this time of uncertainty. During our training as family physicians we learn the science and art of medicine, and as we practice we learn to navigate the business side of medicine including the frustrations of insurance denials and adjusting our medical decision making based on what insurance will cover for our patients, however most of us feel ill equipped to counsel patients on choosing a health care plan or advocating for meaningful change in a system that is obviously dysfunctional.

If you’re like my parents, or many of my patients over 65, you’re likely inundated

with calls from Medicare Advantage brokers offering plans that promise to cover everything from vision and dental to hearing aids, gym memberships, medications, and doctor visits. Why the American healthcare system decided that eyes, ears, teeth, exercise, and nutrition aren’t part of “health care” is beyond my comprehension. What many people don’t realize is that these programs often come at a significantly higher cost than traditional Medicare. And the extra money patients pay doesn’t go to the clinicians providing high-quality, comprehensive care, rather to administrators and marketers focused on growing profits. Both original Medicare and Medicare Advantage cover Part A (hospital) and Part B (medical). The primary difference is that with original Medicare, patients can use any doctor or hospital that takes Medicare anywhere in the US, and they must buy a separate Part D (drug) plan, and with Medicare Advantage, patients can only use doctors and hospitals that are in-network, they must get prior authorization for many treatments, Part D (drugs) are included, they may get extra benefits, and the cost structure varies. Many of my patients have found it is actually cheaper to save their money and pay for medications out of pocket than to enroll in Medicare Part D or a Medicare Advantage plan. We are clearly in a healthcare crisis: the U.S. spends more on health care than any other developed country, yet our outcomes are worse. One proposed solution has been the shift toward Value-Based Care in Medicare Advantage programs. However, recent research published in JAMA shows that these programs have not meaningfully reduced the use of low-value services or improved utilization patterns. Patients can compare plans at Medicare.gov and input their specific information including medications to see which plan is best for them.

Most working adults get their insurance through their employers and options are limited to either a high deductible health plan (HDHP) or low deductible plan with or without a Health Savings Account (HSA) or a Flexible Spending Account (FSA). For those that are self employed, unemployed, or underemployed, options include purchasing off the exchange, going uninsured, or contributing to a health share plan (HSP). Many people are frustrated: they pay high monthly premiums, then copays for each visit, then receive unexpected bills from the clinic, labs, or pharmacy only to find out their insurance doesn’t cover the medication they were prescribed. As a result, many are turning to high-deductible health plans (HDHPs) or Health Share Plans (HSPs) paired with Direct Primary Care (DPC) practices. To check eligibility for Medicaid or to explore insurance options, patients can visit Yes NM or BeWellNM.

HDHPs and HSPs are designed to cover major, unforeseen events like hospitalizations, surgeries, or cancer diagnoses. The key difference is that HSPs are not insurance, rather they’re cooperative groups where members contribute monthly to help cover each other’s medical expenses.

They’re often less expensive than HDHPs, but they’re not regulated, and coverage exclusions vary widely.

In a DPC model, patients pay a monthly membership fee directly to the physician, and insurance is not billed. HR1 clarified that HSA funds can be used for DPC membership fees. Patients can still use insurance or HSP for labs, imaging, and medications. In a DPC practice, the patient panel is generally 200-600 patients vs 1,200-1,800 in a traditional practice. DPC doctors may offer discounted rates. If you’re interested in learning more about the DPC model, the AAFP, DPC Frontier, and Atlas MD have some excellent resources.

Immigrants and asylum seekers may feel even more anxious about accessing care. While recent restrictions from Health and Human Services Secretary Kennedy have attempted to limit care provided to immigrants, the AAFP continues to recommend timely access to healthcare for migrant, asylee, and refugee persons and support privacy protections for all persons whether documented or undocumented equal to those afforded U.S. citizens, as two additional resolutions were passed in this year’s congress of delegates to clarify rights of immigrants and family physicians caring for them. Visit ShareNM.org and AuntBertha.com to find local resources.

When patients or family members ask me what kind of insurance they should get, I encourage them to reflect on what matters most for their health. Start by listing your medications, medical conditions, family history, and current providers. Then ask:

- Do I want a primary care physician who provides comprehensive care, or do I prefer seeing specialists for each issue?
- Is my PCP a board certified family physician?
- How often do I want to be seen by my PCP?
- What is the plan if I have an urgent medical need?
- What is the plan for medical care if I am traveling?
- Do I prefer in-person visits or virtual access (phone, email, video)?
- How often do I need labs to monitor my chronic conditions?
- Do I anticipate needing any imaging studies or having any surgeries in the next few years?
- Do I want to pay a high monthly premium and lower copays or a lower monthly premium and higher copays or a predictable monthly membership fee without copays and surprise bills?
- Am I satisfied with my current health care, or am I looking for a change?

There’s no one-size-fits-all answer. But with the right information and support, you can make a choice that aligns with your values, your health needs, and your budget. As both a consumer and provider of health care I believe it is imperative that as a society we demand high value health care, and if our current healthcare system is unable to sustain that, it may be time for a change.

20th Annual Med Student Reception Recap

By Alicia Gonzales, MD, Moderator

What an honor to host the 2025 Medical Student Reception as your new treasurer/secretary for the NMAFP. Not only did my childhood dream of becoming a stand-up comedian get its 15 minutes of fame but it was enlivening and inspiring to see so many family medicine physicians from all over the state show up and share their passion with future physicians. A special shoutout to Sam Morris, our new chapter executive, for an extremely smooth and fun meeting.



Small group discussions at the Reception

The Medical Student Reception is an annual conference put on by the NMAFP. All medical students from Burrell and UNM are invited to attend for a free evening and dinner. As a UNM Medical School Graduate (Go Lobos!) I joke that there are three categories of students that show up: those that are die hard family medicine doctors, those that are on the fence, and those that have no interest in family medicine whatsoever but come for the free food. As we know, these categories tend to blur and mix when the final match letters go out in Spring, so it is a great opportunity to show off the many faces of a family medicine physician to a mixed crowd.

Special thanks to our sponsors, NM Primary Care Training Consortium, NM Health Resources, Inc., and Optum. We appreciate the family medicine residents from UNM-Shiprock, UNM and Southern New

Mexico Family Medicine Residency Program for speaking on the training experiences from their programs and piquing interest in future applicants.

We are grateful to the individual family physicians who took the stage to advocate for the broad spectrum of careers that family medicine encompass. Dr. Thomas Betjeman discussed his fellowship training and current career as a hospitalist and ED physician. Dr. Crystal Cardwell spoke on her very broad spectrum rural training and how it has taken her from hospital medicine to ED medicine to now Vascular medicine. Finally, Dr. Antonio Gonzales spoke on his passion for primary care and the joys he has in his current outpatient practice in Santa Fe where he spends three days a week in clinic and one day in urgent care.



Dr. Cardwell answering questions presented by Dr. Gonzales

We appreciate all the medical students who attended and their engaged questions. Some of our most common questions from students were:

What drove you to choose family medicine over other specialties?
How can I get involved in policy and advocacy work within family medicine?
Is it possible to engage in Women's health in regular practice and a family medicine graduate?
What do you foresee as the biggest challenges facing healthcare nationally under this administration? In New Mexico specifically?
How will the Medicare cuts impact your ability to practice effectively and equitably?
What is it like working as a hospitalist after family medicine training?
What fellowship opportunities exist after family medicine residency?
What about your profession are you passionate about and find rewarding?
What are some ways, or some questions, that can help us feel out family medicine programs during residency interviews now that the majority are through Zoom?

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Next year it will be our current Vice President Dr. Kristy Riniker's task to plan the conference. Please do not hesitate to reach out to info@nmafp.org directly regarding feedback or Dr. Riniker regarding interest and suggestions for next year's events!



A packed room with students and doctors listening to a presentation

Financial support for this program is provided by the Family Medicine Chapter Alliance, which is funded by members like you! Help programs like this continue to support family medicine by giving to the FMCA. Select "Chapter Grants" when making your gift online at <https://www.aafpfoundation.org/donate.html>. Thank you!

Doctor of the Day: Volunteers Needed

Your Government Affairs Committee is diligently preparing for the next Legislative Session. We are currently conducting a pre-legislative survey to help us prioritize healthcare issues and craft a concise message for legislators. The message will also be a key guide for Doctor of the Day Volunteers when advocating for the NMAFP.

The Doctor of the Day Program is the NMAFP community service to the New Mexico State Legislature, and we need your help. Each volunteer serves a day (or more) to provide medical services to the legislators during the legislative session. Volunteers work in cooperation with the New Mexico Medical Society. NMAFP volunteers provide medical evaluation and care, and the NMMS provides pharmaceutical support when indicated. Volunteers will provide a cell phone number to the Round House operator and be "on-call" during the day. Medical services are provided in the privacy of the legislator's office. During the day volunteers, including Residents and Students shadowing volunteers, can observe the legislative sessions, provide testimony on behalf of the New Mexico Academy (only on issues of direct relevance to the Academy) and generally learn about the legislative process.

We encourage you to volunteer to be a Doctor of the Day during the 2026 Legislative Session. It's set to be filled with interesting topics and issues relevant to the practice of primary care. Our lobbyist, Steve Lucero, will be at the Capitol to guide you through the day and provide the latest legislative updates. We will provide a Doctor of the Day and Legislative Prep Session on Saturday, January 17, 2026 at 10:00 am at Domenici North Wing, Room 2706 for those new volunteers or those wishing for a refresher on the process.

Visit www.familydoctormn.org/dod to register for the training session and to volunteer.

We look forward to your responses on our annual member survey and your interest in the Doctor of the Day Program.

Board Minutes, November 8, 2025

Present (in person): Steve Lucero; Emily Dollar, MD; Emilia Vesper, MD; Laura Chambers-Kersh, MD; Sherry Weitzen, MD; Veneta Ianakieva, MD; Rick Madden, MD; Melissa Martinez, MD; Valerie Carrejo, MD; Kristy Riniker, MD; Molly McClain, MD; Lisa Stolarczyk, MD; and Samantha (Sam) Morris

Present (virtually): Clea Lopez, MD; Karen Vaillant, MD; and Bridget Lynch, MD

Approval of Minutes from August 10, 2025 BOD Meeting (emailed): Approved unanimously

Old Business:

67th Annual NMAFP Family Medicine Seminar, Dr. Melissa Martinez: The conference was a success overall and financially profitable. Many family doctors presented, as well as a student, and it was the first time yoga was offered.

Annual Budget Meeting, Dr. Clea Lopez: The chapter is financially secure, including having investments that we have not had to tap into. Some budget changes were made, including funding for AAFP's FMAS. Costs are expected to increase which could mean lower profit margins. Potential newsletter changes were discussed and the issue was presented to the entire board. This will be an ongoing evaluation and sample layout of the potential change will be presented at our next meeting.

AAFP Congress of Delegates, Drs. Valerie Carrejo and Veneta Ianakieva: This year had a similar structure as last couple of years, including debating only on items that were extracted, such as immunization. There were ten individuals running for the board of directors, all with a variety of backgrounds, largely due to the new method of running for office with AAFP support. Dr. Kisha Davis was selected to be president-elect, her experience with advocacy was a key component and will be helpful.

New Business:

44th Annual Winter Refresher in Albuquerque, February 21, 2026, Dr. Clea Lopez: Conference registration is underway. The agenda is exciting and includes talks on menopause, atrial fibrillation, advanced wound care, chronic cough, NMDOH updates, and osteoporosis. There will be another poster session at the end of the day. It is currently 7 CME credits, and an additional application for more CME for the poster session will be filed once reviewed.

Peer-reviewed Poster Session, February 21, 2026, 4:45-6:45 pm, Dr. Melissa Martinez: The application for posters is open. We currently have three but expect to get more as the deadline approaches. A very special thank you to Dr. Alicia Gonzales for

helping with the framework from previous year. The time that was devoted was apparent. Thank you to everyone who signed up to review the posters and help make the event a success.

Call for Future COD Resolutions at Winter Refresher, Dr. Kristy Riniker: The delegates for the Congress of Delegates would like the input of our membership. The Winter Refresher could be a great opportunity with a quick presentation for it. Dr. Clea Lopez agreed and we will seek input.

Commission on Health of the Public and Science (CHPS), Dr. Kristy Riniker: The commission is busy and focusing on a variety of topics from lactation support to keeping physicians in rural practice. New clinical practice guidelines for Bell's palsy will be released next year, potentially in May. The commission tries to keep up with current topics. AAFP is in a difficult position in regards to current affairs. It is important to note that AAFP will continue to stand up for science while also prioritizing keeping open pathways for communication and talk to those in charge of policy.

68th Annual NMAFP Family Medicine Seminar, August 6-8, 2026, Dr. Molly McClain: This conference will be at Tamaya, and we are very excited for the new venue. It is a beautiful venue, the AV is great, and they have great food. Presentation planning is underway and we have secured multiple talks. Discussion ensued regarding potential presenters for remaining talks and potential topics. We are considering a town hall during our welcome reception to hear from our members.

Governmental Affairs Committee Update, Dr. Rick Madden and Steve Lucero: The committee met before the BOD meeting. They discussed the succession process for chair. Drs. Alicia Gonzales and Kristy Riniker will split duties over the next 9-12 months so they can be mentored by Dr. Madden. A search committee was formed for new lobbyist. The goal is to hire someone by first of the year. This will be challenging, but time is of the essence. Interim work is continuing, including work for medical malpractice reform. The committee is working with Representative Anaya on a potential package for the upcoming session which includes food as medicine, interstate compact, loan forgiveness for service, preceptor payment, downpayment on housing in rural areas for recruitment, eliminate gross receipt tax, capital assistance for starting private practice, and even management mentoring for starting own practice. Supporting residencies around the state is important. The Espanola residency is closing at the end of the year. Lively discussion followed and the situation is very complicated with a lot of factors contributing. May want to

consider a cost-analysis. A member survey will be created and likely available to our members in December to help us prioritize what our legislative priorities will be for the coming session.

Legislative Training Session, 10:00 am, Saturday, January 17, 2026, Location TBD, Dr. Rick Madden and Steve Lucero: This is our annual Doctor of the Day training session. We hope to have more volunteers this year for the important event where physicians can have their voice heard, learn about the legislative process, and provide medical care if needed. We will utilize Calendly again so volunteers can sign up easily and Steve can easily see the schedule. An email to our membership will go out for volunteers to sign up. White Coat Day is January 28, 2026. Please consider attending if you are able to.

AAFP Advocacy Ambassadors, Dr. Kristy Riniker: The program connects family physicians with policymakers who champion family medicine priorities. We encourage everyone to join this program. You receive various informational emails, attend virtual quarterly meetings with December 3 the next one, and are encouraged to attend FMAS, which will be June 14-16, 2026. Current advocacy topics include tax credits, geographic cost index that has lapsed, and rural health transformation fund.

Resident Reports:

UNM, Dr. Laura Chambers-Kersh: UNM is excited to collaborate with Shiprock's residency on a street medicine program.

Shiprock, Dr. Emily Dollar: Shiprock has a very successful rural street medicine, one of the only rural programs. They are excited to share their program and collaborate with UNM.

Student Reports:

BCOM, Dr. Karen Vaillant: The school is very proud and lucky to have Anamaria Ancheta. She was recently honored at national level and spearheaded letters to the governor in advocacy efforts. Dr. Amy Robinson is giving a talk to students. The school is doing well.

Want to get involved with NMAFP?

Opportunities include attending a board or committee meeting, volunteering, and even attending national conferences. Email Sam at info@nmafp.org.

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First Year as an Officer on the Board, Vice President: Is responsible for helping to plan the annual Med Student Reception During this year, the Vice President attends the four Board Meetings, two Conferences, the Budget Meeting, the AAFP Annual Chapter Leader Forum in KC in late April/early May, and has an opportunity to learn from the other officers what will be expected as he/she moves up in the ranks. The Vice President is also a member of the Scientific Advisory Committee.

Second Year as an Officer on the Board, Secretary-Treasurer: Is the Moderator and works with the new Vice President in the planning of the annual Med Student Reception. Attends the four Board Meetings, two Conferences, may or may not attend the AAFP Annual Chapter Leader Forum in KC in late April/early May, but will attend the Annual Budget Meeting in the fall. Is also a member of the Scientific Advisory Committee.

Third Year as an Officer on the Board, President-Elect: Attends the four Board Meetings, two Conferences, may or may not attend the AAFP Annual Chapter Leader Forum in KC in late April/early May, does attend the Annual Budget Meeting, and is the Scientific Program Chair for the Winter Refresher. He/She is responsible for contacting speakers to present at his/her conference. Executive director works closely with the President-Elect on this project. Is also a member of the Scientific Advisory Committee.

Fourth Year as an Officer on the Board, President: Attends the four Board Meetings, two Conferences, may or may not attend the AAFP Annual Chapter Leader Forum in KC in late April/early May, does attend the Annual Budget Meeting, and is responsible for addressing various issues that come into the NMAFP Business Office from the press, other organizations, etc. The President writes four articles during his/her year for the quarterly Roadrunner that is mailed to NMAFP members and posted on the NMAFP website. The President is the Scientific Program Chair for the summer conference, just as he/she is moving to the officer position of Immediate Past President. There is an 18-month period in between the time the President-Elect is Scientific Program Chair for the Winter Refresher and the President is the Scientific Program Chair for the Summer Conference. Chapter Executive works closely with the President on this project. The newly-elected President is the Chair of the Scientific Advisory Committee.

Fifth Year as an Officer on the Board, Immediate Past President: Attends the four Board Meetings, two Conferences, and the Annual Budget Meeting. He/she also supports the NMAFP initiatives and helps Board Members in any way he/she can. The Immediate Past President is available for questions from the press, other organizations, etc.

Board Chair: The Board of Directors shall, immediately after the annual meeting, elect a chairman from among its members, who shall preside at all meetings of the Board. The Board Chair also attends the two Conferences and the Annual Budget Meeting. The Chapter Executive gets approval from the Board Chair before the Agenda and Minutes are shared with the BOD members. The Board Chair is also available for questions from the press, other organizations, etc.

44th Annual NMAFP Winter Refresher in Albuquerque

Saturday, February 21, 2026, Sandia Resort

Dr. Clea López, Scientific Program Chair



Register online at
www.familydoctormn.org/winter-registration



Schedule of Events and Lectures

7:00 am - 8:00 am	Registration/Exhibit Open Breakfast - Exhibit Hall
7:55 am - 8:00 am	Welcome/Introduction, Lecture Hall Clea López, MD, Scientific Program Chair
8:00 am - 9:00 am	"General Menopause Physiology, Guidelines and Menopause Hormone Therapy (MHT)" Bethany Kolb, MD, MBA, FACOG, MSCP
9:00 am - 10:00 am	"Atrial Fibrillation for the Family Physician" Sean Mazer, MD, FHRS, FACC, NMHI
10:00 am - 10:30 am	Break – Exhibit Hall
10:30 am - 11:30 am	"DOH Updates" Miranda Durham, MD
11:30 am - 12:30 pm	"Wound Care" Elizabeth Holguin, PhD, MPH, FNP-BC
12:30 pm - 1:30 pm	Lunch – Exhibit Hall
1:30 pm - 2:30 pm	"Addressing the Unmet Needs of Refractory Chronic Cough" Michael Blaiss, MD
2:30 pm - 3:30 pm	"Inner Practice of Medicine" Wendy Lau, MD
3:30 pm – 4:30 pm	"Osteoporosis Update for Primary Care" E. Michael Lewiecki, MD, FACP, FACE, CCD, FASBMR
4:45 pm - 6:45 pm	Poster Session and Happy Hour – Exhibit Hall

43rd Annual NMAFP Winter Refresher

Dr. Clea López, Scientific Program Chair



The AAFP has reviewed 44th Annual Winter Refresher in Albuquerque and deemed it acceptable for up to 7.00 Live AAFP Prescribed credit(s). Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Additional CME application will be filed for more credits if you attend the poster session at the end of the day.

REGISTRATION FORM

Online registration available at www.familydoctorm.org/winter-registration or by scanning the QR code.



Please Print Clearly

Name _____
Designation MD DO PhD NP PA RN PharmD AAFP ID# _____
Address _____ C/S/Z _____
Phone _____ Email _____

Register before January 21, 2026 to receive an early bird discount!
You must use the coupon code **2026WREB** during checkout to get the discount.

	Before January 21	After January 21
<input type="checkbox"/> AAFP Member Practicing Physician	\$275	\$325
<input type="checkbox"/> Non-Member Practicing Physician	\$405	\$455
<input type="checkbox"/> PhD	\$275	\$325
<input type="checkbox"/> NP/PA/RN/PharmD	\$230	\$280
<input type="checkbox"/> Retired Physician	\$230	\$280
<input type="checkbox"/> Family Medicine Resident	FREE	FREE
<input type="checkbox"/> Medical Student	FREE	FREE
<input type="checkbox"/> Yes, I want to sponsor a student attendee	\$75	\$75

USE THIS CODE AT CHECKOUT TO RECEIVE \$50 OFF
WHEN YOU REGISTER BEFORE JANUARY 21, 2026

2026WREB

Your registration includes food for yourself. Which would you like to join us for?

- Breakfast Lunch Snacks None, I will eat on my own

Which event(s) do you plan on attending?

- Conference only Poster session only Conference and poster session

In an effort to decrease waste, the majority of handout materials will be provided digitally. You will receive an email the night before the conference with this information.

Want to save a stamp and pay with a credit card? Visit www.familydoctorm.org/winter-registration or scan the QR code to register online.



Or mail form and check to: NMAFP, Educational Fund, PO Box 6098, Albuquerque, NM 87197

Questions? Call or email: (505) 292-3113, info@nmafp.org



Hotel Information

Sandia Resort & Casino is located at 30 Rainbow Rd, Albuquerque, NM 87113
A discounted room block rate of \$219 will be held until January 20, 2026. After this date, rooms will be on a space-available basis.



To make reservations:

Call (505) 798-3930 or (877) 272-9199 or reserve your room online by scanning the QR code or visiting <https://gettaroom.b4checkin.com/sandia/rlp/44thAnnualNMAFPWinter>

University of New Mexico, School of Medicine

By Joni Love-Mullins

The fall and winter season seems so busy! Here at UNM SOM we are wrapping up our blocks for the semester and looking forward to finishing out our remaining blocks before taking USMLE STEP 1 this next spring! We are hosting more panels to highlight the huge scope of family medicine, focusing on sports medicine, rural care, and substance use treatment for the next few months. Our residents at UNMH are also helping us coordinate some workshops for biopsies and suturing which are such valuable skills for our students to learn before our clinicals begin next summer.

I wanted to use this article to highlight our experience at the Medical Student Reception held by NMAFP earlier

this Fall at Sandia. First, we wanted to say thank you so much for extending the invitation and giving us and our classmates the opportunity to attend a wonderful event like this. It is so helpful to get to coordinate and speak with physicians in our future career fields, especially within family medicine. I have included some of the reflections from a few students who were able to attend the event.

"I think it's always a great opportunity to network and learn more from practicing physicians and residents that are here in New Mexico. It's great hearing about all their experiences and how working in healthcare in a traditionally underserved state has helped shape them as physicians and how they practice medicine!"

-Jason Sanchez

"I had a lot of fun attending the Med Student Reception this year! It was really inspiring to hear about the different paths all of the doctors took and why they chose family medicine. It was also super interesting to hear about how differently you can practice within the field. For example, we got to hear from a family med-

icine doctor who performs vascular procedures, a doctor who focuses more on maternal and fetal health, a doctor who does full spectrum in a rural town, and a doctor who is doing concierge medicine. As someone who is considering a possible career as a family medicine doctor, it was relieving to see all of the flexibility within family medicine and how everyone was passionate about their respective jobs and patients. All of the doctors we talked to were super nice and had a lot of advice for us. I also really liked how we got to hear from the various residency programs within the state and what residency is like within those programs. The student reception was informative and I really liked being able to talk to a lot of different doctors about their practices!"

-Fahima Kamal

Once again, thank you so much for the invitation and the opportunities that this organization provides to us as medical students. We are extremely grateful for you all!

Happy Holidays!

Burrell College of Osteopathic Medicine

By Gabriella Garcia

Throughout September, the FMIG group at BCOM hosted a baby and hygiene donation drive for La Casa. La Casa is a Las Cruces non-profit providing comprehensive services to survivors of domestic violence and their children. Clients and their families needed basic hygiene products and baby supplies. Through donated items, FMIG was able to ensure families can maintain their physical health and well being allowing them to focus on their healing journeys.

We also had the privilege of participating in the Annual Healthcare & Business Expo organized by the Las Cruces Chamber of Commerce, which provided

an opportunity to further serve our community. Among the various student organizations that participated, FMIG was one of them. We offered free health screenings to the Las Cruces community. We conducted blood pressure screenings for all individuals who approached our table and engaged in conversations with them about the significance of early detection and treatment.

In October, executive board members Gabriella Garcia and Charles Agyemang participated in the BCOM student organization fair. They were able to interact with the first-year medical students and talk about the organization's different community outreach programs and events.

One of the highlights was the chance to talk about the role of family medicine physicians and how much they contribute to the healthcare field.

In November, FMIG invited Dr. Amy Robinson, MD, a family medicine physician and culinary medicine professor, to deliver a nutrition in medicine talk. Dr. Robinson shared her expertise on guiding patients in outpatient settings, discussing portion control with parents and children, and providing insights into an optimal diet for healthy individuals. The medical students who attended gained valuable experience in having these conversations with individuals from diverse cultures and socioeconomic backgrounds, as these factors often influence their perception of nutrition.

As we progress through our semester, FMIG is thrilled to host more guest speaker events and clinical workshops where medical students can delve deeper into the field of family medicine.



L-R: Sana Ali, Gabriella Garcia, and Anamaria Ancheta



L-R: Rahul Kalra, Gabriella Garcia, and Charles Agyemang



Student organization fair in October

Northern New Mexico Family Medicine Residency Program

By Selena Gallegos, DO

As we move into the winter season, our residency program is energized by continued growth, renewed connections, and the exciting opportunities that accompany recruitment season.

One of the highlights of the past quarter was our residents' annual retreat to Angel Fire. The retreat offered a valuable break from clinical responsibilities and provided dedicated time for resident bonding. Residents hiked, played games, sang karaoke, cooked together, and went fishing! The retreat continues to be an important tradition in which we are able to let go with each other.

We are also pleased to share that residency interview season is well underway. Our faculty and residents have had the pleasure of meeting an impressive group of applicants who bring diverse experiences, strong clinical foundations, and genuine enthusiasm for joining our community. These interview days offer a rewarding glimpse into the next generation of physicians, and we are excited about the outstanding talent we are seeing as we work toward building our next intern class.

As winter progresses, we look forward to the continued success of our residents, the completion of a productive recruitment cycle, and the shared momentum that defines our program.

UNM Family Medicine Residency Program

By Whitney Peterson, MD

Greetings from UNM Family Medicine Residency Program. Our academic year has been off to a great start with the addition of our new Program Director, Dr. Laura Chambers-Kersh. She accompanied our lead residents to Kansas City at the end of the summer for the AAFP National Conference. The featured photo includes our UNM FM Residency group who went to the AAFP Conference. We are kicking off a new interview season and are excited to share our program with applicants for the upcoming residency match cycle. Residents are enjoying hosting socials with interviewees virtually while gathering together for dinners at each other's homes.

Starting this year, UNM Family Medicine Residency will have new elective and area of concentration opportunities in Street Medicine, thanks to a 5-year 2.5 million dollar HRSA grant that was awarded in September to a partnership between UNM Internal and Family Medicine, Indian Health Service Shiprock Community and Family Medicine, and Healthy Native Communities Partnership (HNCP). HNCP, Native owned and Native operated, works with communities, organizations, and groups to develop, implement, and keep track of the health and wellness efforts in Native villages and communities.

The grant will facilitate the development of structured curricula with advanced learning on trauma-informed

care and social determinants of health. Residents will work directly with unhoused patients, build advocacy skills, and apply population health concepts in real-world contexts. There will be opportunities for residents to do elective time in both urban and rural settings, as well as a yearlong longitudinal experience. Dr. Heather Greene will be the lead for family medicine.

Our residents recently completed a POCUS workshop, where residents worked on honing POCUS skills related to both inpatient and outpatient care. Our upcoming resident seminar will feature a dermatology procedure workshop, including learning skills of shave biopsies, punch biopsies, and keloid steroid injections. Lastly, UNMH has officially opened its new Critical Care Tower, which has been an exciting, new addition to our hospital for our residency program to get acquainted with. We are excited about these upcoming changes and learning opportunities.



L-R: Dr. Dustin Cochran, UNM PGY3; Dr. Whitney Peterson, UNM PGY3; Dr. Frances Chaves, UNM PGY3; Dr. Laura Chambers-Kersh, UNM Program Director; and Dr. Christopher Bouchard, UNM Associate Program Director

Southern New Mexico Family Medicine Residency Program

By Rana Usman Anwar, MD

Fall has been a heartwarming season for the CHRISTUS SNM Family Medicine Residency! It truly turned into a "baby season" as our residents and faculty welcomed new additions to their families. PGY-2 Dr. Himal Panth and PGY-3 Dr. Phuc Vu both celebrated the arrival of their first baby boys (Sahas and Felix),



Residents practicing Code Blue Simulation

while our faculty member Dr. Abid Husain, welcomed a beautiful baby girl.

Our PGY-3 residents recently returned from the AAFP FMX Conference 2025, where they gained valuable skills and insights to enhance their clinical practice. Residents also refreshed their medical knowledge by completing the In-Training Exam (ITE) in preparation for their upcoming board exams. As our senior residents are busy planning for post-residency positions, our program has been busy interviewing candidates for the incoming class of 2026.

This fall, our residents participated in a high-yield Code Blue simulation, sharpening their resuscitation skills. Excitingly, our program is preparing to launch its own Family Medicine Inpatient Service starting January 2026, a milestone that will further strengthen our residents'

training. All residents are currently working on quality improvement projects aimed at improving healthcare delivery in Otero County. They look forward to presenting the outcomes of these projects at the upcoming NMAFP Winter Refresher Meeting in Albuquerque.



Residents enjoying their quarterly Wellness day.

AAFP Congress of Delegates in Anaheim, CA

By Veneta Ianakieva, MD

The AAFP 2025 Congress of Delegates (COD) met in Anaheim, CA, from October 4-6, 2025, to establish the Academy's policies and elect new leadership.

The delegates debated 57 proposed resolutions submitted by various chapters and constituencies which focused on key advocacy areas like standardizing FMLA forms, advocating for Medicare coverage of diabetes prevention, and addressing anti-fat bias and obesity coding, as well as reinforcing policies on AI, data security, and weight-inclusive care.

The new leadership elected is:

- New President: Dr. Sarah Nosal (installed as President)
- President-Elect: Dr. Kisha Davis (elected)
- Board Chair: Dr. Jen Brull

It is the first time in the Academy's nearly 80 year history that women have filled all of the "three presidents" offices of president-elect, president and board chair.

Three new members were elected to the AAFP Board of Directors from a slate of ten candidates put forth by the AAFP Nominating Committee and one put forth by a chapter. Despite having ten candidates to choose from, there were no run off elections. The three newly elected members include:

- Dr. Tracy Hendershot (West Virginia)
- Dr. Robyn Liu (Oregon)
- Dr. Douglas Spotts (Pennsylvania)

The 2026 Congress of Delegates will be held October 19-21 in Nashville, TN.



Welcome sign at Congress of Delegates



The New Mexico delegation at the 2025 Congress of Delegates. L-R: Dr. Veneta Ianakieva, delegate; Sam Morris, chapter executive; Dr. Molly McClain, alternate delegate; Dr. Valerie Carrejo, delegate; and Dr. Kristy Riniker, alternate delegate



The 2025 Congress of Delegates in session, Anaheim, CA, October 4-6, 2025

What is the Congress of Delegates?

The Congress of Delegates (COD) is the official policy-making body of the American Academy of Family Physicians at the national level and serves as the central forum where the organization's priorities are debated and decided. Each year, delegates from every chapter gather to ensure that the diverse voices of family medicine are heard. This structure allows the COD to ensure that decisions are grounded in the real-world experiences of family physicians across the country.

Delegates come from all 50 states, the District of Columbia, Uniformed Services, Guam, Puerto Rico, and the Virgin Islands. Each chapter elects two delegates and alternates, giving every region a direct voice in shaping the Academy's policies. These individuals are entrusted to represent the interests of their chapters, bringing forward resolutions, concerns, and ideas.

Meeting annually for three days, the COD conducts a wide range of business. Delegates hear addresses from AAFP officers, review reports from the Board of Directors and commissions, and debate

and vote on resolutions submitted by chapters. These resolutions can cover issues ranging from clinical practice and education to advocacy and organizational priorities. In addition to shaping national AAFP policy, the COD also elects new officers and selects three new members of the Board of Directors, ensuring that leadership remains accountable to the membership.

To manage the volume and complexity of its work, the COD relies on five reference committees: Advocacy, Education, Health of the Public and Science, Organization and Finance, and Practice Enhancement. These committees carefully review resolutions, gather testimony, and make recommendations to the full Congress, which then engages in debate and final decision-making. This process ensures that every proposal receives thorough consideration and that the resulting policies are well-informed and representative of the membership.

The importance of the COD lies in its democratic nature. By bringing together delegates from across the coun-

try, it provides a structured way for family physicians to influence the direction of their professional organization. Delegates are not only decision-makers but also advocates, bridging the gap between local chapters and the national Academy. Their work ensures that AAFP policies remain responsive to the evolving needs of family medicine and that the organization continues to represent the profession with integrity and vision. In this way, the Congress of Delegates not only governs the Academy but also helps guide the future of family medicine itself.

Do you have an idea for the Academy that you would like the New Mexico delegation to consider? Please share your ideas, concerns, and proposals with their delegation in advance of the 2026 COD. Input from local physicians helps ensure that the resolutions brought forward truly reflect the priorities and needs of family medicine in New Mexico, strengthening the voice of the chapter within the national conversation. Email info@nafp.org with your ideas.

Future NMAFP Dates

Legislative Training Session

January 17, 2026

10:00 am

Domenici North Wing, Room 2706

Board Meeting

Friday, February 20, 2026

6:00 pm, Appetizers Served

Sandia Resort

44th Annual Winter Refresher & Poster Session

Saturday, February 21, 2026

Sandia Resort

Albuquerque, NM

Board Meeting

Saturday, May 2, 2026

12:00 pm, Lunch Served

Location TBD

68th Annual Family Medicine Seminar

August 6-8, 2026

Tamaya Resort and Spa

Santa Ana Pueblo, NM

Board Meeting

Sunday, August 7, 2026

8:30 am, Breakfast Served

Tamaya Resort and Spa

21st Annual Med Student Reception

Saturday, September 12, 2026

Lunch Served

Courtyard by Marriott - Albuquerque

Updates from the New Mexico Academy of Family Physicians Government Affairs Committee

By Rick Madden, MD and Steve Lucero, NMAFP Lobbyist

The NMAFP Government Affairs Committee meets in tandem with each of our quarterly Board meetings. We also attend the interim Legislative Health and Human Services Committee and other meetings. Health care issues we are working on include:

- recruitment and retention of physicians in New Mexico;
- loan repayment options;
- sustaining primary care residency programs (case in point: the impending closure of the Espanola family medicine residency, in its first year of operation);
- health care cost drivers;
- all payer claims data base update (gradually improving);
- administrative burdens such as billing and coding;
- opioid medication assisted treatment;
- the contentious, perennial medical malpractice reform efforts.

We incorporate into our process the legislature's high level presentations, with handouts that are publicly accessible at www.nmlegis.gov.

The planned reductions in federal funding from passage of the HR1 bill impose burdens for our patients. Reduction in SNAP benefits and stricter eligibility requirements for Medicaid have been recurrent themes at the LHHS meetings, as well as the two recent legislative special sessions. Planning and adjustments are underway to at least mitigate the harms of restricted program capabilities.

We designed our annual member survey on health policy issues for advocacy for our patients and medical practices at the next legislative session. Your input is valuable in informing our efforts at this critical time.

One very tangible way our members can help is to participate in our Doctor of the Day program. We can support our legislators and their staff during the upcoming session. We will have a prep session on January 17 to supply insights for your advocacy and inform you about the medical support you will provide. The next legislative session runs for 30 days, intended only for budget and tax issues, plus whatever the governor designates as germane beyond that. We hope some bills to bolster our healthcare workforce support will be considered.

At every step, the AAFP shows up for you and family medicine.

You want an advocate, a partner, a mentor and a community. As an AAFP member, you get all that—both nationally and locally.

- 1 Connect** with fellow family physicians.
- 2 Develop** leadership skills.
- 3 Know** your worth with the Career Dashboard data.
- 4 Enjoy** member-exclusive discounts on education.
- 5 Add** your voice to advocacy efforts.

Renew Your Membership Today



aafp.org/renew





The Roadrunner

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

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Molly McClain, MD, MPH, Editor
Samantha Morris, Executive Director

Deadlines for submission of articles for upcoming issues:
February 22, May 22, August 22, November 22

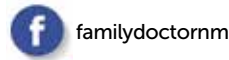
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Legislative Survey: We Need Your Input

Thank you for taking the time to answer this survey. The 2026 New Mexico Legislative Session will be a 30-day session focused on budget matters and issues set forth in the Governor's Call. Survey questions are based on that and reflect our efforts to determine healthcare related topics that are likely to be considered.

The input you provide will help us organize messages and advocate for your interests. **This survey should take about 3 minutes or less to complete on your computer or your mobile device.** Only aggregated data will be used in our reporting. Answers from open-ended questions will be used to identify trends in fam-

ily medicine practice. Your data will not be shared with any other entity.

Please contact our NMAFP Chapter Executive, Sam Morris at info@nmafp.org, or me, Dr. Rick Madden at rickaafp@gmail.com, with any questions or concerns, or if you would like to get more involved with the NMAFP legislative efforts.

Thank you in advance for your time taking this survey.

Please scan the QR code or use the following link to access the survey: <https://survey.alchemer.com/s3/8555592/New-Survey>.



National Conference of Constituency Leaders April 23-25, 2026, Kansas City, Missouri

NCCL is the AAFP's leadership development event that empowers a select group of change makers to catalyze positive change in family medicine. This year's conference will be in Kansas City, Missouri on Thursday, April 23 through Saturday, April 25, 2026. NCCL will inspire you to build on your leadership skills and create a lasting impact for current and future generations of family physicians.

Are you ready to develop skills to advocate for issues that are relevant to your constituency, your practice, your specialty, and your patients? At NCCL, you will elect national officers, gain skills to be an effective leader, and meet others who share similar interests. Chapter delegates participate in all NCCL-specific business functions and have the opportunity to attend a variety of educational breakout sessions. It is a vehicle for member constituencies, recognized as women, minorities, new physicians, international medical graduates, and LGBTQ+ physicians, to exchange information, share experiences, and develop basic leadership skills. The conference is an opportunity for members of underrepresented constituencies to voice their individual and group perspectives.

Does this sound like something you want to be a part of? Please scan the QR code or use the following link to access learn more and apply: www.familydoctormn.org/nccl.

