One Voice:
Coming Together of the Med-Peds Organizations

The Med-Peds specialty is rapidly approaching its 45th birthday and our med-peds organizations are approaching their 20 year old milestones. What a way to kick off a celebration with the first combined newsletter from your med-peds organizations. In 2009, I reported on preliminary steps between all three med-peds organizations to work in a more coordinated fashion. I am happy to say that there is synergy between the groups and that teamwork is paying off.

Everyone knows that med-peds people are an exciting group especially when there is a dance floor or karaoke machine! This year offers plenty of opportunity to dance, sing and learn at regional med-peds meetings at The University of Texas Health Science Center at Houston & Baylor College of Medicine, Indiana University, University of California at San Diego and Columbia University. There will be national med-peds meetings sponsored by the American College of Physicians in San Diego, the Med-Peds Program Directors Association in Miami and the National Med-Peds Residents Association & American Academy of Pediatrics med-peds section in Boston. All of these events are without conflict with each other and have representation from your med-peds organizations!!!

Now that med-peds is more mature and more grown up, I do not think we will be listening to Hannah Montana’s, “Best of Both Worlds” soundtrack this year, although I do think the song typifies med-peds nicely (I have 6 and 9 year old girls that made the connection of med-peds with this song a few years ago). Fortunately, I have not needed to wear a wig lately to hide my med-peds identity from anyone since med-peds is more sought after by students and employers. People are understanding our importance.

Continued, Page 2
So students, watch out!! We are still coming for you. There will be med-peds representation this year at the American Medical Student Association’s national meeting in Washington DC and The Student National Medical Association in Indianapolis. Though we are all excited to see U.S. student interest increase to 484 students from 390 students in 2009, we do not want qualified students to feel there is no place for them in med-peds. All organizations will work together to provide interested students with regional and national med-peds opportunities to help develop their resumes.

There is so much that affects the spectrum of our specialty these days that requires quick purposeful action. The Patient Protection and Affordable Care Act (PPACA), signed into law in the United States by President Barack Obama on March 23, 2010 is one major example. All three executive committees have a coordinated effort and message (and hopefully the right connections) to Health Resources and Services Administration (HRSA) and Centers for Medicare & Medicaid Services (CMS) so that our patients, graduates and trainees will benefit from the provisions that matter most.

Leaders from all three organizations now meet face to face at each national and regional event and have combined conference calls. The purpose is to reduce redundancy, to prioritize strategy and to provide focus. I see the synergy happening with our determination to work together. It is really exciting. So, would you like to become more involved in the organizations that provide valuable resources across the continuum for med-peds? Encourage students, residents and program graduates to do the same.

Allen Friedland, MD, FACP, FAAP
Program Director, Christiana Care Health System, Med-Peds
Executive Committee, American Academy of Pediatrics, med-peds section
Advisor to Executive Committee, National Med-Peds Residents’ Association
Advisor to Executive Committee, Med-Peds Program Directors’ Association
Happy 2011 NMPRA! Wow, how fast 2010 flew by! I hope this winter’s perspective finds you and your family recovering from a wonderful holiday season. As we welcome 2011, NMPRA reflects upon the last six months and looks forward to working with you in the New Year! The 2010 National Meeting in San Francisco was indeed a great success thanks to all of you. We had over sixty members in attendance and had a wonderful Med-Peds reunion in San Francisco. This year, we had our first annual afternoon session during which 7 Med-Peds Physicians shared their career paths and offered insight in med-peds after residency. We also had a great list of guest speakers for our evening session including our case and community advocacy presenters. We were very fortunate to have Dr. Lotstein from UCLA give our keynote address. She very eloquently spoke about Transitional Medicine and its ever-increasing need. Thank you again, Dr. Lotstein! The 2010/2011 NMPRA Executive Board also awarded the first annual international travel grant and announced the first annual Certificate of Appreciation. This year, Dr. Allen Friedland was honored with the 2010 Certificate of Appreciation. Dr. Friedland breathes, dreams and lives NMPRA and Med-Peds. The Med-Peds community is blessed to have Dr. Friedland as a devoted leader. Please help me by thanking Allen for all of his hard work, dedication, and commitment. Thank you again and congratulations, Dr. Friedland.

By all accounts, the 2010 NMPRA National Meeting was a great time had by all in attendance. If you were unable to attend the National Meeting, there will be more opportunities to join the med-peds family throughout the nation at our regional meetings. The regional meetings are a great time to meet your med-peds colleagues, learn more about NMPRA and the opportunities med-peds training provides. Details regarding the Med-Peds and NMPRA-sponsored regional meetings are listed below.

Increasing Med-Peds Unity:
The three largest Med-Peds National organizations (AAP Med-Peds Section, MPPDA, and NMPRA) held their first joint conference call in December, 2010. It was a great success and we look forward to working together as a united front. This first joint newsletter is a great example of the three organizations working together.

Advocating for Med-Peds:
Representatives from NMPRA, MPPDA, and Med-Peds Section of the AAP plan on reconvening in Washington, DC in the spring to meet with government agencies and HRSA with a very specific agenda – including and specifically listing Internal Medicine-Pediatrics in all Primary Care and Health Care Reform Literature (grants, reimbursement policies, etc)

Increasing Med-Peds Awareness:
We continue to reach out to medical schools that are not affiliated with Med-Peds residency programs by helping medical students set up med-peds interest groups and by visiting their medical schools and sharing the med-peds story.

Finding A Voice for Med-Peds Graduates in Fellowship Programs:
Dr. David Kaelber every year updates the Med-Peds Fellowship Guide. Thank you Dr. Kaelber for your unwavering commitment and dedication to this endeavor and NMPRA. While this is a great beginning, NMPRA hopes to further help provide support for Med-Peds Fellows. This is still a work in
NMPRA, continued...

progress and if you are interested in this endeavor specifically email me at jmcentee@unch.unc.edu.

We continue to work on increasing resident involvement. We are still working toward our goal of having every Med-Peds program represented on our program representative board. If you are interested in being a program representative, email Sarah Thornton at sathornton02@gmail.com.

I would also like to take this time to encourage YOU to run for office. In the spring (around April/May), we will be electing a new executive board. If you are excited about NMPRA and all that we can achieve, we look forward to receiving your application. Please email any of the officers to learn more about the responsibilities, time commitment, and rewards of each office.

As 2010 comes to an end and 2011 beings, NMPRA wishes you and your family much joy, peace, and good health. We look forward to seeing you at the regional meetings in the spring and in the fall in Boston at our 2011 National Meeting. Also, as always any questions, concerns, suggestions are more than welcome - please email me at president@medpeds.org. Thank you for your continued dedication and commitment to patient care. From Small to Tall, We Take Care of them All.

Happy 2011 NMPRA.

Jennifer McEntee, MD
NMPRA President
Upcoming Med-Peds Talks at ACP Meeting
San Diego, CA

Thursday April 7th, 2:15 - 3:45 PM

*Cardiac Topics for the Generalist of the Future*

Joseph D. Kay MD, FAAP
Adult Congenital Heart Disease Program Director
University of Colorado, Denver School of Medicine
Assistant Professor of Medicine & Pediatrics

Michael A. Lenz, MD, FAAP
Med-Peds and Lipidology
Prohealthcare
Oconomowoc, Wisconsin

Friday, April 8, 2011, 9:30 - 10:30 AM

*The Case for Young Physician Leaders*

Dr. Kimberly Bates, FAAP, FACP
Past Chair, ACP Council of Young Physicians 2007
Clinical Assistant Professor of Internal Medicine and Pediatrics
Ohio State University College of Medicine

Upcoming Med-Peds Talk at AAP
Boston, MA
October 2011

*Office-Based Motivational Interviewing (patient-centered communication) for the Treatment of Childhood Obesity*

Ronald J. Williams, MD, FAAP, FACP
Penn State Hershey, Med-Peds Program Director

Robert P. Schwartz, MD, FAAP
Wake Forest University Baptist Medical Center
The future of MedPeds training is looking bright. We have begun a monthly mini-newsletter, called the MPPDA Monthly Milestones, to improve communication with all of the residency programs; this has been well-received from our membership. In addition, we will make some minor changes to the Bylaws for the organization, to likely go into effect in 2011. The MPPDA has been diligently working on several big projects over the past year.

The first project is having the individual residency programs work together for an optimal Match. Med-Peds had its best year ever in 2010 regarding the percentage of filled residency slots through the Match: 355 of 359 were filled! Given the numbers of students applying again this year to Med-Peds (it was up significantly last year, and is holding steady this year compared with last year), we anticipate another successful match year for Med-Peds programs. The final number of US applicants to Med-Peds will not be known until February, but the current number as of mid-November was 484, which we anticipate will be approximately 500 in the final count. This means that we need to work on improving the number of available program slots available to applicants.

The second project is exactly that: partnering with NMPRA and with the AAP Section on Med-Peds regarding advocacy for Med-Peds training. Specifically, we are working on improving financial support for increasing the number of residency slots available to Med-Peds via training grants through HRSA. Letters have been written by all three organizations, and state representatives have been contacted (with some positive responses); we hope to have some face-to-face meetings later in the year.

A third project involves accreditation issues for Med-Peds training. The MPPDA formally sent in its recommendation regarding new training requirements from the Residency Review Committees, under the leadership of our current Immediate Past-President, Suzanne Woods. We won’t know the final outcome for this until later in the year, and will determine the start date for when the new requirements go into effect.

A future project we are working on is garnering support for Med-Peds at institutions which currently do not have training programs. We have written a manuscript for the journal *Academic Pediatrics* on combined residency training (to likely be published in mid-2011), and are working on trying to meet with the organizations of department chairs in pediatrics and medicine to continue this advocacy.

Lastly, I would like to thank our partners in NMPRA and the AAP Section on Med-Peds for rallying our three organizations together. It is an exciting time to be involved in Med-Peds residency education, and we are honored at the privilege of training future Med-Peds physician leaders!

*Alex Djuricich, MD*
*Indiana University School of Medicine*
*MPPDA President*
Wow! It is hard to believe that 2010 is gone and 2011 is here. The medical climate has changed markedly for many of you over the past year. I wish I could predict smooth sailing for us in the next year but based on last year’s Medicare shenanigans I know many of you are worried and uncertain. One thing is certain and that is Med-Peds continues to be a good career choice in this time of uncertainty. This year more medical students are applying to Med-Peds than we have seen for many years.

With this newsletter we are entering a new collaboration within the Med-Peds world. NMPRA (the Med-Peds resident association), MPPDA (the Med-Peds program director’s association), and the AAP Med-Peds Section are combining forces to put together this newsletter. Med-Peds as a discipline is nearly 45 years old. MPPDA is 20 years old this year and NMPRA and the AAP Section on Med-Peds are entering our teens. It seemed that in this time that it would be beneficial to have a united front as well as have information and stories for all levels of us from medical students interested in Med-Peds, current residents and fellows, newly graduated practitioners, and seasoned practitioners. As one of the “seasoned” I’m excited to hear news and information from the program directors about our future Med-Peds colleagues as well as tap into the excitement that I know the resident group bring to us.

From the AAP Section on Med-Peds point of view you’ll find several articles in here related to activities of the section. John Chamberlain has a nice piece on transitioning into an EMR. Allen Friedland has information on our upcoming meetings in San Diego and Boston. We’ve also got a short piece on information on the 2010 Kids Counts Data.

Within the AAP we have been actively working with our legislative group to expand HRSA’s (and the other Federal departments) definition of “primary care” to include Med-Peds in all aspects and areas of future funding. We are also kicking off a major fundraiser within the AAP where you can donate directly to the AAP Section on Med-Peds. This money will go directly to fund more residents to present posters at the National AAP meeting as well as fund future projects related to education—we’ll be sending out information on this soon.

Finally, I hope all of you are taking care of yourself. Remember, this is a great time to take some of your own advice that you have been dishing out to your patients--begin or improve on a healthier lifestyle with an emphasis on taking care of yourself for a change! Begin a new exercise program or work on ways to reduce stress in your life (I know, I know...for some of you “thinking about my stress only makes me more stressed.”). But seriously, don’t forget to take some time for yourself. You know you deserve it!

Thanks again to the NMPRA and MPPDA leadership for their concerted efforts in making this combined newsletter a reality.

Tommy Cross MD
Chair, AAP Section on Med-Peds
The National Med-Peds Residency Association held its annual national conference on October 2nd in San Francisco. As tradition, the meeting was held in conjunction with the annual National AAP Meeting which was being held at the Moscone Center. The local baseball team, the San Francisco Giants, clinched the pennant that weekend which made for heavy traffic. However, this did not dampen the attitudes of the conference participants.

The conference was held at The Waterfront Restaurant located on the Embarcadero with a beautiful view of San Francisco Bay. The conference was started with a panel discussion of various Med Peds clinicians. The panel consisted of both sub-specialists and generalists as well as academic and private physicians. The residents in attendance asked many questions about the myriad of career paths one can take after completing training in a combined Internal Medicine & Pediatric Residency. After the panel discussion, everyone stepped outside for a cocktail hour where residents and physicians from around the country were allowed time to get to know one another. The weather was terrific with clear views of the Bay Bridge, Alcatraz, and the Golden Gate Bridge.

After the cocktail hour, the participants headed back inside for case presentations from Dr. Christopher Hanks and Dr. Phuoc Le. Dr. Hanks described a case of unrecognized Kawasaki’s Disease in an 18 year old which lead a myocardial infarction. Dr. Le discussed his case of an 18 year old female with new onset seizures who was discovered to have a mitochondrial disorder. Next, Dr. Paul J. Krezanoski was awarded NMPRA’s first ever International Travel Grant to help fund his upcoming trip to Madagascar. In addition, Dr. Jennifer LeComte was awarded The Howard Schubiner Award for a resident who makes an extraordinary contribution to Med Peds on a local level. Dr. Jessica Wilson was awarded The Gary Onady Award for a resident who makes a lasting impact on Med Peds on a national level. Finally, Dr. Sima Pendharkar from Duke University was awarded the 4th Annual Community Service/Advocacy Grant for her community gardening project in the Durham area. At this
domestic

point, a short break was taken for dinner.

The keynote speech was given by Dr. Deborah Lotstein from UCLA. Dr. Lotstein delivered an excellent talk on the need for transitional care for adolescents with special health care needs. This sparked a terrific discussion amongst the faculty in attendance as many other academic medical centers have transitional care programs similar to the one described by Dr. Lotstein. Finally, the night was concluded with updates from NMPRA, MPPDA, and the AAP Section on Med Peds.

The evening was a great success. There were approximately 65 people in attendance, coming from all the country. Participants left with a renewed excitement for the field of Med-Peds!

Chris Thrash, MD
NMPRA Co-Secretary
THE PERSPECTIVE

SCENES FROM SAN FRANCISCO

Dr. Friedland with case presentation winner, Dr. Phuoc Le

Dr. Scott Holiday with case presentation winner, Dr. Chris Hanks

Dr. Debra Lotstein delivers the keynote speech on the need for Transitional Medicine.

The NMPRA Executive Committee with Dr. Lotstein displaying the “Carolina blue” NMPRA T-shirts.
Dr. Loren Robinson in front of her winning poster at the AAP Section Meeting.

Dr. Brian Haas and Dr. Heath Wilt in front of their winning poster at the AAP Section Meeting.

Enjoying the culinary delights of San Francisco!

Dr. Friedland and Dr. Cross help lead the AAP Section Meeting with Dr. Michael Lenz and Dr. Samuel L. Seward, Jr.
NMPRA AWARD WINNERS!

First Annual International Travel Grant

Dr. Paul J. Krezanoski
Madagascar

Fourth Annual Community Service/Advocacy Grant

Dr. Sima Pendharkar
“Community Gardening: Healthy Living Starts with Healthy Eating!”

Howard Schubiner Award

This award honors a resident physician who has made an extraordinary, lasting contribution to the success of NMPRA and/or Med-Peds at the local or state level.

Dr. Jennifer LeComte

Gary Onady Award

This award honors a resident physician who has made an extraordinary, lasting contribution to the success of NMPRA and/or Med-Peds at the national or regional level.

Dr. Jessica Wilson
Physicians have historically been reluctant to implement EMRs in their practice. As recently as 2 years ago only 15th percent of practitioners in some surveys had EMRs. The reasons for that have largely related to how physician's value the various elements in the accompanying table, and which data on quality, productivity, and economics they perceived to be most valid. Recent data suggests that a large fraction of physicians are now in the planning phase to proceed to EMR adoption. Surveys suggest that as many as 60% of nonusers intend to purchase an EMR system within the next 2 years. Even more impressively, up to 80% of physicians under 55 years of age, and nearly all those from group practices have plans to adopt an EMR within the next 2 years. Why the abrupt change in attitude? Mostly it has to do with money.

In the spring of 2009, the American Recovery and Reinvestment Act (ARRA) changed the EMR decision matrix for physicians. Economic advantages came to far outweigh economic disadvantages for physicians who see a significant number of Medicare or Medicaid patients. The bar is set lower for Medicare than Medicaid qualification, and for most Med-Peds physicians, qualification should occur on the Medicare portion of their practice.

The ARRA specifies a yearly incentive paid by the Center for Medicare and Medicaid Services (CMS) of up to 75% of a physicians Allowable Charges for Medicare services up to a cap which decreases over 5 years. For physicians adopting and meeting meaningful use criteria in 2011 or 2012, the cap over 5 years is $18000, $12000, $8000, $4000, $2000. For physicians whose first year is 2013, the first year cap is $15000. All payments terminate in year 2017. So physicians qualifying in the next 2 years can receive up to $46,000 in incentive payments per physician from CMS. Payments are tied to individual physicians, and move with them if they change practices.

### Medical Advantages

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<th>1. Improve Quality</th>
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<td>✦ focus on computer and not patient</td>
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<td>✦ e-prescribing</td>
<td>✦ generate words not information</td>
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<td>✦ decision support</td>
<td>✦ poor interoperability</td>
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<td>✦ trending data</td>
<td>2. Time</td>
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<td>✦ networking information</td>
<td>✦ decrease efficiency/productivity</td>
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<td>✦ prompts</td>
<td>✦ not designed by/for MD</td>
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<tr>
<td>✦ patient access/PHR</td>
<td>✦ importing old data</td>
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<td>✦ remote access</td>
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<td>2. Time</td>
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<td>3. Partner Recruitment</td>
<td>✦ complexity of systems</td>
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<td>✦ expected by new graduates</td>
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### Economic Advantages

| 1. Enable upcoding via better documentation |
| 2. No need to pull/find/file charts       |
| 3. Interface with institution/hospital    |
| 4. Meet meaningful use criteria           |
| 5. Needed for Medical Home                |
| 6. ARRA money                             |
| 7. Price war between vendors              |

### Medical Disadvantages

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<td>✦ poor interoperability</td>
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### Economic Disadvantages

| 1. Hardware costs                  |
| 2. Software costs                  |
| 3. IT support                      |
| 4. No dominant player              |
| 5. Replacement cost if doesn't match/interface with institution's choice |
EMRs, (continued)

To qualify for incentives on the Medicaid side, 30% of a physician’s practice volume must be covered by Medicaid, though only 20% if pediatric Medicaid. These requirements make it more difficult for practices to qualify through Medicaid, though the incentive is also higher if they do. Qualifying physicians may receive up to $63,750 in incentive payments from Medicaid over 6 years, though it drops to $42,500 if one qualifies using the lower percentage requirements for pediatric Medicaid.

A physician qualifying for both must choose to receive payment from either the Medicare or Medicaid, but cannot receive incentive payments from both. To qualify for any payment requires meeting meaningful use criteria which roll out in 3 Stages, and only certain expenditures qualify for incentive reimbursement.

There are other factors that enable the economically driven increase in EMR adoption. Regional Extension Centers offer IT, adaption, implementation, and meaningful use support. Their services are discounted for primary care but are not free. Notebook PCs by keeping you face-to-face can minimize IT’s intrusion into the physician-patient relationship. Interoperability and information exchange is improving, driven in part by the Office of the National Coordinator for Health Information Technology (NCHIT) at the Dept of Health and Human Services. Both the ACP through its AmericanEHR Partners program, and the AAP through its EMR Review Project now offer some standardized comparisons of EHRs and vendors. Sample size is small so be aware of the wide confidence interval of comparisons. In addition, there are few structured comparisons by physicians who have extensively used more than one EMR. The physician component of EMR evaluations frequently reflects an N of one.

What has not changed is the time commitment in adopting and implementing an EMR. It will take control of your life, at least for a time.

For those hoping to recruit future partners, it is an inevitable step. For those looking for economic incentives, David Blumenthal, MD, the NCHIT, is on record as stating those contained in the ARRA will never be repeated. If you were ever hoping to have some of the cost defrayed, the time is now or never. Indeed, surveys suggest if you aren’t actively planning or implementing, you are now behind the adoption curve. EMR vendors are aware of the incentives, and prices have regressed to a mean. Personal experience attests vendors are now willing to negotiate price, particularly if you do your homework and point out things theirs doesn’t do as well as another’s. As you work though the choices, do not let perfect be the enemy of good enough.

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John K. Chamberlain, MD, FAAP, MACP

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MED-PEDS BROCHURES AVAILABLE TO PARENTS AND EMPLOYERS

The Med-Peds Section has two different brochures available for Med-Peds section members to copy and distribute that explain what a Med-Peds physician is and how they fulfill a unique role in medicine.

Obtain master copies of both brochures on the Med-Peds Section Web page at:

http://www.aap.org/sections/med-peds/brochures.cfm

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VISIT OUR THE NMPRA WEBSITE:

WWW.MED-PEDS.ORG
THE ANNIE E. CASEY FOUNDATION has announced the release of the 2010 Kids Count report. The annual Kids Count report is a national and state-by-state profile of the well-being of America’s children that seeks to enrich discussions concerning ways to secure better futures for all kids. The 2010 Kids Count report data is available as an interactive databook, a complete PDF-format report, and on request, in print. Data and rankings on 10 key indicators of child well-being are available by state, county, and city.

Campaign season provides a great opportunity to elevate issues of child health and well-being. The child health data and comparative information contained in the Kids Count report are an ideal complement for AAP chapter election activities.

If you have any questions about obtaining the 2010 Kids Count materials, please contact the AAP Division of State Government Affairs at stgov@aap.org or 800/433-9016, ext 7799.

The AAP offers www.pedjobs.org, an interactive website for both pediatricians and prospective employers. Pedjobs.org is a secure website that replaces the online classified ad sections of Pediatrics and AAP News. It is free of charge to AAP members and subscribers of Pediatrics and AAP News.
Money Matters: 2011 Financial Resolutions

The time has come again and here are some goals to do to have a more successful and healthier financial year!

10. **Consolidate!** Look into your federal student loans and consolidate them which will lock-in the extremely low interest rates for the life of the loan instead of an annual variable rate.

9. **Risk Management!** Look at all your insurance policies and see if it covers you correctly. Homeowners/renters, car, life, disability, umbrella and flood/earthquake coverage. Does it replace what you need? Will it have enough for your dependents?

8. **Earn Interest!** Rock bottom interest rates is bad when you have cash savings. Check out online accounts such as the Costco Capital One Savings account or others to max out the cash you can get.

7. **Roth IRA!** As a resident, you can contribute to a Roth IRA which is not subject to income taxes on the earnings when you cash it out. When you become an attending, you'll make too much to do a Roth.

6. **SAVE!** Make some plans to save some cash. Half of my moonlight money was dedicated to savings or paying off higher interest debts.

5. **FUN!** So plan for some good time off and having cash to play with. Collecting hotel or airline points via credit cards can also help, just pay them off every month!

4. **Plan AHEAD!** So think about the next major expenses you want to make, a new car, home, children or other potential major expenses.

3. **Don't Waste!** Look at what you need and cut out some of those extra coffees, bad lunches, etc which add up and could be turned into something great!

2. **Buy or Rent?!?!** Housing is a buyers market, does it make sense to jump into a home?

1. **Work it!** So the hardest but probably best thing is to learn what and how the business deduction can help you save money on taxes and spend more wisely. Can a home help you save money?

Happy New Years and hope for continued success! I hope these resolutions help you achieve the true goals that you have with yourself, family and friends. Of course, remember that NMPRA nor I are financial experts and to consult your own adviser for individual advice.

*Emery H Chang MD
Executive Travel Adviser and past Treasurer*

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**HAVE A HAPPY AND SAFE 2011 FROM NMPRA, MPPDA, AND THE AAP!**