Physician Philip Briggs discusses the best and worst parts of practicing in New Mexico from his perspective.

**Source:** Physicians Practice

To say Philip Briggs has insight on the climate for physicians in New Mexico would be an understatement.

Briggs, 62, was seven years old at the inaugural meeting of the New Mexico Academy of General Practice, tagging along with his father, a physician practicing in Roswell, N.M. Briggs would go on to receive his medical degree from the University of New Mexico's School of Medicine, and complete his residency program in the state in 1980 prior to opening up his solo family medicine practice in Santa Fe, N.M.

More than 30 years later, and with an MBA in hand, he stopped practicing and founded Atrine Health, a practice franchise organization headquartered in Albuquerque, N.M., offering primary and urgent care through the accountable care organization and Patient-Centered Medical Home practice models.

Atrine currently has 15 locations across New Mexico and Briggs sees it as part of the reason why the "Land of Enchantment" is attracting a new way to practice medicine.

**For you, what is the best part of practicing medicine in the state of New Mexico?**
It's the patients we serve. New Mexico is a "tri-cultural state," offering cultural diversity and we have of lifestyle things here attractive to anyone — physician or not.

Regarding the practice of medicine, in some regards it is harder in this state. It's harder because the economics are tougher in New Mexico. We get paid less, generally; the integrated health systems have been dominant in this state. That has made it more difficult for independent practices to survive and thrive.

The neat thing, however, is that we are making it better, especially in the practice of family medicine — both economically and in terms of lifestyle with the new model of care and the way we've implemented that. [Atrine] is utilizing both the accountable care organization and Patient-Centered Medical Home [models] ...and very much [are] early adopters and innovators in that regard.

**What, if anything, would you change about the climate for physicians in New Mexico?**
I think we are making changes. This new model of care is going to transform the whole profession. It is in the process of doing so by prioritizing primary care, which elevates the patient as the top priority. Reversing the traditional hierarchy within medicine is going to be good for all of us, including other specialist physicians. But it is in a way that involves a tremendous amount of change. As you know, there is tremendous resistance to change within the profession.

With great difficulty [you overcome that resistance]. We have a mock exam room in our corporate HQ with a gallery, sort of like the old operating gallery, where we essentially reprogram physicians to practice at the top of their license. If they get it, they love it because they are not typing, writing, doing phone calls, doing paperwork — they are interfacing directly with patients, face-to-face,
examining the patient and someone else is doing all the paperwork. Early in my career, I was very heavily involved with [healthcare] policy. I was on the legislative commission of the American Academy of Family Physicians ...and watched health policy shape the economics of the system. Now, it is basically out of control. That’s why I got the MBA late in life. I’m happy for the state and federal legislators to pass more laws and regulators to regulate more, but there’s nothing they can do [to control costs and improve quality]. I have believed for many years that the only solutions in healthcare would come from market-driven entrepreneurial innovation. The tools that we now have at our fingertips, including the Patient-Centered Medical Home, as recognized by the National Committee for Quality Assurance; Lean Six Sigma; accountable care organization; emphasis on prevention; value-based reimbursement replacing volume based-reimbursement; genomic data interfaced with increasingly outcomes-based practice guidelines, and the amazing … enable us to bring into the primary-care setting technology which gives us real-time information that will allow us to practice what [strategist Clayton] Christenson calls "precision medicine."

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