Joseph P. Annis, MD
2011 TCMS Physician of the Year
We know strength in numbers

That’s why with an

18.5% dividend and
average 6.9% rate reduction

you can’t lose with TMLT in 2012.

Become a new policyholder or renew your existing policy before December 30, 2011 and give your practice the boost of stamina it needs.

Call 800-580-8658 to speak to one of our sales representatives about securing your place for this year’s dividend and rate reduction offer.
Why Choose an Austin Diagnostic Clinic
Physical Medicine and Rehabilitation Specialist?

Our primary goal is to restore everyday physical function to our patients. We care for patients with acute and chronic pain, musculoskeletal problems, such as back/neck pain, tendonitis, pinched nerves and myofascial pain. In addition, we treat individuals who have had strokes, orthopedic injuries, or neurologic disorders such as multiple sclerosis, polio or ALS. We offer non-operative management and individualized treatment plans and therapy for our patients.

Drs. Kancherla, Patel and Volpe are board certified by the American Board of Physical Medicine and Rehabilitation.

To make an appointment or for more information call 512-901-4011 or visit ADClinic.com
FEATURES AND ARTICLES

6  THE PRESIDENT’S MESSAGE
   Harvest
   Brian S. Sayers, MD

10  TCMS FOUNDATION LECTURE
    Accept the Journey
    Pradeep Kumar, MD

14  THE VALUE OF MEMBERSHIP
    Todd R. Shepler, MD

16  REPORT: ACCESS TO SPECIALTY CARE
    FOR INDIGENT PATIENTS
    Brian S. Sayers, MD

18  2011 PHYSICIAN OF THE YEAR
    JOSEPH P. ANNIS, MD
    Merry Wheaton

20  2011 PHYSICIAN AWARDS

22  IN THE NEWS

26  TCM ALLIANCE
    Lydia Soldano

28  PUBLIC HEALTH REPORT
    Philip Huang, MD, MPH

30  PRACTICE MANAGEMENT
    Negligence in Performing Colon Resection
    TMLT Risk Management

32  CLASSIFIEDS

34  TAKE 5: CELIAC DISEASE
The week I am writing this there is finally a hint of fall in the morning air. Although they are memories from a long time ago, the first hints of fall always make me think of New Mexico.

Thirty years ago Maryann and I spent three years in Albuquerque during my internal medicine residency. Though just a few hundred miles from our childhood homes in Austin, the distinctive New Mexican culture was like another world. We were just starting out in life, neither of us had traveled much, and it was all such an adventure, all so new. Fall in northern New Mexico is all about hot air balloons, the chile harvest, and the communal celebration of both. Crisp, cold fall mornings on the weekends would begin before daylight and fill the fields around Albuquerque with hot coffee, unique native pastries, and colorful hot air balloons ascending in the high desert sunrise. At the same time, over much of the state, chile farmers would proudly bring their harvest to market. Tiny villages, as well as larger tourist towns like Taos and Santa Fe, would be filled with the colorful harvest, decorative strings and wreaths; and the aromas of chile roasting, simmering green chile stews, and all sorts of other dishes would fill the air. Highways would be studded with mom and pop stands and full pickup beds proudly selling their harvest.

In the southern part of the state, large commercial chile growers would produce huge crops in a good year, mostly bound for Louisiana and the inside of hot sauce bottles. But in northern New Mexico, the norm was small family farms where, for many generations, the hard labor of growing chile was an integral part of the culture and rhythm of daily life, and an ingredient in almost every meal. For some, the success of the crop each year could be the difference between a meager but livable income, and a year of abject poverty. These small family farms were largely owned by Hispanics, many of whom are direct descendents of Spanish colonialists, others with strong Native American roots. They have worked the land and passed it and their way of living down through uncounted years, with their hearts beating in a sort of rhythm with the land and the climate, with the very soil that they labor in. Deep within their culture is an identity with that soil, with its innate mystery and value, and a sense of its holiness. Like their ancestors, they realize better than most that something more timeless and powerful than us lies within the soil, waiting for the rain and sunshine that can nourish it, or the hail and insects and other sudden turns of fate that can destroy what it has made. Regardless of the outcome of the crop in a given year, the soil is still the soil. Even in a bad year — a desperate year when their little farms fail — they have a certain kind of faith that helps them keep hope and dignity in very bad times, which silently reminds them that soon new seeds will be planted and the hope of a better harvest will arrive. In such a timeless culture, even a modest harvest is one to be celebrated — a source of pride. As one grower in the village of Chimayó is quoted in Carmella Padilla’s The Chile Chronicles, “My mother always used to say, ‘If you plant it with joy, it will grow.’”

Detached as we are from the soil, and, perhaps at times from most everything else as well, we all have seasons and harvests and some kind of equivalent to the soil that lives deep within the hearts of the northern New Mexican chile growers. Recognizing those rhythms and seasons, those plantings and harvests within our own lives would do us all some good, give us a sense of direction and hope, patience, and purpose. Through all seasons, we are fundamentally rooted in something, perhaps our faith or our work or our family. It is there, waiting for us to return even when we wander or forget, always drawing us back home. We plant seeds, whether in our years of training or the early years of raising a family or by changing directions in our lives, subly or grandly, waiting to be harvested when the time is right; some years a rich harvest, other years agonizingly meager. There may be times of great hope in planting after a good year, but our real test is whether hope survives after a bad year and whether we stay in touch with the soil — the spirit and faith that lives at the core of our soul.

In the year I have been President of TCMS, I hoped to accomplish two things. First, I wanted to remind this remarkable community of physicians of the importance of staying in touch with our sense of humanity, the importance of living with a sense of wonder and gratitude about our work, and the importance of the people and miracles that surround us but often escape our notice. Second, I wanted to do something meaningful to bring better — or at least more accessible — care to our indigent neighbors, a hope that was born in the amazing care that my family members have so effortlessly received and that has changed our lives. I sense that my harvest from both is meager but, nonetheless, I am proud to have tried and hope for a better harvest of some other kind in the next season of my life. On a personal level, I am comforted by a quote from David Whyte: “…the consummation of work lies not only in what we have done, but who we have become while accomplishing the task.” In some small ways I have become a different person this year and for that I will always be grateful to you for the rich experience that you have given me.

It is tempting as we grow older and more settled in our lives and careers to become complacent; to get into certain routines and quit exploring new frontiers; to plant the same old seeds and tend them in the same way; to let the boundaries that we dare not cross close in, never exploring beyond them until finally the space we occupy is comfortable but...
By Physicians. For Physicians.

MSB is the only service of its kind in Texas owned and operated by a Medical Society. For more than half a century, we’ve been providing physicians with the highest quality service at the lowest price.

Answering Service: MSB’s Answering Service is a quality driven, low cost after hours call screening service. Whether your needs are simple or complex, require a single call schedule, multiple schedules, or just sign out to your partners, your calls will be answered on the first ring and processed with the level of accuracy and compassion you expect. At a price you’ll be pleased with, too. MSB offers web-based call schedules and call protocols, online access to your call recordings and much more.

Daytime Call Center/Switchboard/Receptionist Services: Adding staff is an expensive way to address busy signals or long hold times in your office. Instead, use MSB’s call overflow service. When your staff is unable to answer, calls are automatically diverted to our state-of-the-art call center and processed per your custom protocols.

Patient Appointment Reminders: You already know the benefits of reminding patients about their appointments. MSB’s Appointment Reminder service not only provides those benefits but also saves you substantial money each month over competitive services. Automatically remind your patients of their appointments via phone, email, text message or a combination of the three.

Patient Lab Results: Give your patients 24-hour access to their lab results without burdening office staff. MSB’s HIPAA-compliant lab result messaging solution is easy to use. Messages can be recorded with specific details for each patient, or they can be pre-recorded as standard messages for multiple patients. No additional equipment, software or phone lines are required.

For an extremely competitive quote, call us at 512-467-5200.
tragically small. In each new season, it is important to remember that last year’s harvest is gone and new seeds need to be planted, perhaps in new fields or tended in a new way, and with patience enough to let them mature to a new harvest. To do otherwise betrayed our gifts as physicians and as human beings.

Somehow I ended up saving one book from high school. Yellowing and forgotten for years at a stretch and having survived a dozen or so moves, Edgar Lee Masters’ *Spoon River Anthology* still fascinates me today. The book is a series of short poems that are voices from the grave. Residents of a small town summarize something that shaped – or ruined – their lives, or they describe a philosophy, joy, or regret that they see clearly only from the grave and therefore can do nothing to change. It is disturbing to see many of them look back on their lives as wasted in some way and, of course, serves as a series of warnings or wishes for the reader. I was thinking about one of them as I was writing this column.

“George Gray” starts out with the deceased studying his own tombstone:

*I have studied many times*

*The marble which was carved for me -*

*A boat with a furled sail at rest in a harbor.*

*In truth it pictures not my destination*  
*But my life.*

He lists all of the opportunities he didn’t take – things that would have involved risk or exploring new frontiers, all of which he hid from – in the end leading to a hollow, incomplete life. He concludes with warning and encouragement for us in this cautionary tale that was his own wasted life:

*And now I know that we must lift the sail*  
*And catch the winds of destiny*  
*Wherever they drive the boat.*  
*To put meaning in one life may end in madness,*  
*But life without meaning is the torture*  
*Of restlessness and vague desire -*  
*It is a boat longing for the sea and yet afraid.*
Texas Sleep Medicine

More than a Sleep Lab...
Comprehensive Sleep Care

Neurologic Disorders  Pediatric Genetic Disorders
Cardiovascular Disease  Psychiatric Illness

Sleep Disorders

Medication Induced  Pregnancy Related  Diabetes/Endocrine

Experts at managing all forms of sleep related breathing disorders
Cost effective care achieved with a focus on improving patient compliance with positive pressure therapy. Respiratory staff provide instruction, education and close follow up to ensure goals are obtained

Representing the Gold Standard in Sleep Disorders Care

Ashwin Gowda, MD
Board Certified in Sleep Medicine and Psychiatry

David Dubose, MD, FAAP
Board Certified in Pediatrics
Pediatric Sleep Specialist

South Location
1221 W. Ben White Blvd. Suite A-100
Austin, TX 78704

Contact Us
contact@txsleepmedicine.com
Phone: 512-440-5757
Fax: 512-440-5858

North Location
11675 Jollyville Road, Suite 101
Austin, TX 78759

www.txsleepmedicine.com
Accept the Journey
Pradeep Kumar, MD

“So you’re here to fix your marriage, too!” I quipped and kept getting guffaws. But then I got the “pre-look” from my wife. She’d laughed along so far, but the “pre-look” said that the joke was getting old. It immediately precedes “the look” which says, “Tell that joke one more time and it won’t be a joke, it’ll be the truth!” So technically, I could have told it once more, but in the spirit of the evening, I refrained.

The evening was the Travis County Medical Society Foundation Lecture Series at the Bob Bullock Texas State History Museum on Tuesday, October 4, 2011. This year the topic was Beyond the White Coat: Physicians and their Loved Ones. A touchy feely affair about medical marriages. Wayne and Mary Sotile were invited from their home in North Carolina to discuss the challenges faced in any marriage – particularly medical marriages. It was well attended, larger than I expected.

The week before, we were having a family visit at a physician friend’s house. I asked him if he was going to attend the lecture. “What? Me? No! I’ve already been divorced once. What are the chances I get divorced twice? I don’t need to go.” Then as we were sitting down getting ready for the lecture to begin, here he was with his wife finding a spot in the same row as us. “So you came anyway” I observed. “Yeah,” he said sheepishly, not making eye contact, his head nudged towards his spouse insinuating that it was her idea. Funny, as I thought he had a pretty good argument. That scenario must have played over a few times as the house was packed.

Wayne portrayed himself as a Louisiana Cajun rascal who was able to crawl out of the bayou with some street smarts and a high IQ. Despite his work ethic and his PhD, he never lost sight of where he came from or who he came with. Together with his wife Mary, who has a masters in psychology, they have written numerous books and created a speakers program about the resilient physician and the medical marriage. They began the program with an observation: “We are called to join in a dance in which we are uncertain of the steps. But, we are each responsible for our steps.”

While much of the lecture was applicable to any marriage, the duo focused on the challenges unique to physicians – including burnout and maintaining work/life balance. The traits that are bred into a physician such as competition, autonomy, invulnerability, and power may not be desirable in a spouse bent on a long-term marriage.

The part that worried me most was a graph depicting the marriage road map in which there is a giant dip at year five of marriage that doesn’t start going up again until year ten. Considering that the lecture was just ten days before my fifth wedding anniversary, my wife and I just looked at each other, our eyes saying, “Holy Crap!” (And not meaning that professionally – I’m a gastroenterologist after all.) Sadly, there was no magical answer to change the shape of the graph to shoot up at year five. Their thoughtful advice was to “accept the journey.” My wife and I went to Trudy’s afterward for food and drink and figured out how to keep our valleys low and our peaks high. Whew!

While I can’t reiterate the discussion, several points stuck with me. One such was that a good stable home life parallels a good work life and vice versa. Makes sense, the better your work is, the easier things are at home. The better your home is, the easier things are at work. I can imagine a scenario where a physician is just trying to crank it at work, hoping that once he or she gets over the hump he can dedicate some time to his family only to find that his family is not there when and

continued on page 12
Cancer can change and devastate lives. And it can strike anyone. Mothers. Fathers. Brothers. Sisters, spouses, cousins, coworkers and friends. Cancer affects the people we love, the relationships we thrive on and the individuals we depend on... and who depend on us.

At Austin Cancer Centers, our commitment is to people, and our goal is recovery for every person that we see. By leading with our hearts for more than 30 years, we’ve had a dramatic impact on the lives of thousands of people. And we’ve earned a reputation for commitment, excellence and innovation. We’ve introduced many new treatments. We use advanced technologies offered by no other center. We’ve established a large network of specialists and support services. And we’ve maintained our independence, high standards and principles, all of which are centered around one thing:

Treating people, not just their disease.

if he ever decides they’re over the hump. I’ve also personally witnessed doctors finding a smooth practice go haywire when the home life becomes tumultuous.

Another point that rang true with my wife and me was the concept of a “medical family.” The idea that while I was in this profession, I brought my family with me. When I get called away near my kids’ bedtime to push through a food bolus stuck in some chap’s esophagus, my wife puts the kids down herself with equanimity. In innumerable other ways, my family supports my ability to do my job. I liked the ideas presented by the Sotiles that they learned to “fight more gently” and that one should ask for and grant forgiveness again and again.

These points and others made it a worthwhile event, not to mention the one and a half hours of ethics CME! Much thanks to our President Brian Sayers for selecting the topic and speakers and the TCMS staff for their diligence.

The final point of the talk was that a marriage depends upon a support network that allows it to thrive – the family, the friends, the work colleagues that cover for you, neighbors, even professional societies that you belong to. The mere act of attending the lecture allowed my wife and me the opportunity to discuss our marriage, thereby strengthening it and affirming the point. And for that, I am glad I went.
LIVESTRONG Offers Free Cancer Support

LIVESTRONG provides free, one-on-one services to anyone affected by cancer, regardless of type or treatment stage.

LIVESTRONG assists with:
- Fertility preservation
- Financial concerns
- Emotional support
- Treatment concerns

Connect your patients to LIVESTRONG today. Services are available in English and Spanish.

LIVESTRONG
Toll-free: 855.220.7777
Hours of services: Monday–Friday, 9 a.m.–5 p.m. CT
LIVESTRONG.org/GetHelp

In the Austin area:
LIVESTRONG Cancer Navigation Center
2201 E. Sixth Street
Austin, Texas 78702
Tel: 512.220.7777
Appointment recommended
The 2012 membership dues statements were mailed in early October, reminding us all that there is a cost to membership and that, for the fourth successive year, TCMS dues have not increased.

The Society strives constantly to be a good steward of your dues dollar. Earlier this year, for example, TCMS members who renewed their membership in 2011 received a $15 rebate of their 2010 dues, a return of more than $32,000 to the membership made possible by the success of various cost saving initiatives in 2010.

But at any cost, the more important consideration for us is the value of membership – both tangible and intangible. Joint membership in the Travis County Medical Society and Texas Medical Association provides physicians with tools, services, and opportunities to add value to our practices.

TCMS membership affords regular opportunities for continuing education, networking, legislative advocacy, and community involvement. This year, for example, there have been over 25 Society sponsored events including Business of Medicine and Business over Breakfast meetings, CME lectures, and physician networking socials.

Marketing and referral benefits include member listings in the TCMS Pictorial Directory, TCMS DocBookMD, and on the TCMS website.

At the state level, our membership provides a wide range of services, advocacy, and education for physician practices that none of us could afford if we didn’t have the Texas Medical Association.

TMA has developed an online tool to help you learn more about the value of your membership and its benefits. To calculate the return on your dues investment, visit texmed.org/ROI.aspx.

Your TCMS Membership Committee believes that TCMS and TMA are among the most effective medical societies in the country, providing us value that far exceeds the cost of our membership.

For questions regarding membership or to pay your dues, contact Darla Blasingame at 512-206-1221 or darlab@tcms.com. Or if you would like to contact me directly, please do so. I’m in DocBookMD and the TCMS Directory.

---

**Pre-Leasing Now**

Midtown Medical Tower
38th & Lamar, Austin

**LANDMARK LOCATION** | 62,000 sq. ft. Class A Facility

- Across the street from 2 major hospitals
- Single & multi tenant floor plans available
- On-campus imaging & laboratory
- Energy efficient, sustainable facility
- Minutes from Mopac and IH35, UT at Austin and Austin’s Central Business District

HTH Healthcare Real Estate Services

For Detailed Project Information, Call or Visit: www.HTHcapital.com | 512.327.6586

---

**The Value of Membership**

Todd R. Shepler, MD
Chair, TCMS Membership Committee
Matt McCarty, M.D.
Diplomate of the American Board of Anesthesiology in Pain Management and Anesthesiology

Gus Lowry, M.D.
Diplomate of the American Board of Anesthesiology in Pain Management and Anesthesiology

✓ Same day consultation and treatment.
✓ In office Fluoroscopy and Ultrasound interventional suite.
✓ Close communication with providers.
✓ Helping patients live life to the fullest.

AUSTIN OFFICE:
4544 South Lamar Blvd., Suite 700
Austin, Texas 78745

LAKEWAY OFFICE:
2300 Lohman’s Spur, Suite 104
Austin, Texas 78734

MARBLE FALLS OFFICE:
2503 Hwy. 281 North, Suite 300
Marble Falls, Texas 78654

512.834.4141 | Fax: 512.834.4142
www.BalconesPain.com
During the last 15 months TCMS leadership and executive staff have made a concerted effort to better understand the complex problem of physician volunteerism for indigent, uninsured, and underinsured members of our community. The March-April edition of the TCMS Journal included an article highlighting many of the organizations providing care for indigent patients in Travis County. It is a complex maze of organizations each with their own targeted population and methods of providing for their care. Easily numbering more than two dozen, they are all unique but most share at least one problem – timely access to specialty care for their patients.

During these months we interviewed leadership from many of these groups (hereafter referred to as Indigent Care Referring Entities or ICREs) as well as hospital system administrators and medical directors, interested community leaders, and numerous physicians. This summer and fall we assembled the TCMS Indigent Care/Specialty Access Task Force, whose 25 members included physician leaders from a wide range of specialties and practice settings, to help further identify problems and possible directions for improvement in physician volunteerism. The task force members answered an extensive questionnaire and met together to discuss common problems that affect physicians’ ability and willingness to care for these patients.

I personally have learned at least three valuable lessons from this effort. First, given the right chance, TCMS physicians are incredibly generous and eager to donate their time and talents in the best tradition of our profession. I have been touched and energized by incredible stories of generosity about many of our members. Second, there are two things that limit how much time physicians will volunteer for indigent care: their innate generosity limit which I have found cannot be influenced much by begging, guilt, or flattery; and their frustration limit which is frequently challenged by our current patchwork system. When either limit is exceeded, physicians will stop giving their time, often for long periods. Third, I have found that the more I study the problem the bigger and more complicated it seems to be. This time last year, I worried that a year would not be enough time to change much. Now I know it is barely enough time to even scratch the surface.

This report is a bare summary of our findings and suggestions. Please note that we did not spend much time considering the unique problems of the CommUnityCare system and Brack specialty care clinics, a huge and complex problem-set all its own, but one that depends less on volunteers.

Key Problems for Physicians Interacting with Referring Entities

1. Complexity of the system. There are a number of well developed, well organized Indigent Care Referring Entities functioning in Travis County that have need for specialty referrals. Each has its own unique mission and clientele that may or may not overlap with other ICREs. Currently each individual ICRE seeks out specialists to help care for their patients. The net result is that many specialists are inundated with requests from multiple ICREs, all with their own unique attributes in terms of lab and x-ray resources, contact persons, and requirements for hospital or specialty site procedures and services. Absent a system to coordinate referrals from the disparate ICREs, there is no way to prevent the barrage of requests from multiple entities from overburdening some physicians (generosity limit exceeded) while others may see fewer patients than they might otherwise be willing to. Physicians who do volunteer are frequently confused about exactly which entity they have agreed to see patients for, and they often receive requests by phone from an ICRE referring doctor even though they have previously elected not to volunteer with that group or have already fulfilled their agreed-to

---

Table 1

Problems Encountered Seeing Referred Indigent Patients

1. Patient no-shows
2. Receipt of all needed medical records before appointment date
3. Lack of information about where to do lab or radiology
4. Unclear where to send report
5. Identification of referring physician
6. Trouble scheduling procedure/surgery
7. Obtaining prescriptions or pharmacy benefits unclear
8. Unclear why the patient was referred
9. Lack of interpreter
10. Name and contact info of referring clinic/entity unclear
11. Referral source sends too many patients to you
12. Difficult to get referral source rep on the phone
13. Your office has never been oriented by referring clinic
14. Inappropriate referrals
15. Physician’s office manager or scheduler does not know office policy regarding scheduling indigent patients
commitment. In some cases, physicians who have had bad experiences or feel they’ve been called on too often by one entity will simply throw up their hands and no longer accept patients from any ICRE (frustration and generosity levels both exceeded).

Most physicians would like to see specialty referrals either centralized or at least better coordinated among the ICREs. Some physicians perceive that the existing uncoordinated system places the ICRE’s convenience and desire for autonomy above their volunteer specialists’ needs for simplification and coordination of the referral process – which one task force member observed as akin to the tail wagging the dog.

2. Logistical/Administrative Issues. The task force identified a number of logistical and administrative issues that interfere with providing good care for referred patients and lead to frustration for volunteers. In order of their frequency, these problems are listed in Table 1. The top four are no-shows, problems with receiving adequate patient records, identification of where lab and x-ray studies can be obtained, and identification and ease of contact with the referring physician or ICRE contact person. Physicians who reported having had particularly bad experiences could only rarely identify the ICRE involved, the net result being a sense of frustration that is projected on the entire ICRE system. There is an apparent disconnect in that volunteers identify these issues as problematic to one degree or another, yet ICREs believe they have systems in place that address them. They tend to believe that such complaints likely come from physicians who only occasionally interface with specific ICREs and thus have little chance to become familiar with and get into a routine with their system.

3. Nature of indigent patient encounters. One of the most common problems cited by task force members as limiting their volunteerism was “time.” While some were referring to general time pressures and work/family balance issues, many were specifically referring to indigent patients being more time consuming than their other patients. Physicians frequently noted that seeing an indigent patient is overly time consuming due to a lack of familiarity or lack of information from the ICRE for coordinating the care of an indigent patient in their office or for communicating these problems or basic consulting information back to the ICRE. Surgeons noted that attempting to coordinate surgical procedures and care with hospitals, which may or may not have a close relationship with a particular ICRE, was especially time consuming. The result is a great deal of frustration by physicians who must sort through these issues without bringing their schedule and staff to a standstill for one patient.

4. Acknowledgement. Generally speaking, physicians are motivated to provide free medical care for a variety of reasons - altruism, as a part of their oath as physicians or perhaps for religious reasons. Whatever their motivation, task force physicians felt like ICREs could do a better job of acknowledging and publicizing physician efforts. Additionally, physicians commented that referred patients often have little or no awareness of the sacrifices being made on their behalf by the physician whose services they may see as a sort of entitlement.

Some programs have mechanisms for thanking their doctors. Project Access, for example, has in the past taken out ads in the Austin American-Statesman listing volunteers, but most feel their efforts go largely unrecognized. Physicians generally don’t volunteer to be acknowledged and feel appreciated, but often do notice when this is missing.

Some Suggested Solutions or Improvements
1. Centralization. A number of task force members and other physicians commented on the importance of trying to centralize and simplify the seemingly chaotic web of ICREs that approach them for referrals. They envision one central entity that would process specialty referrals for all ICREs, provide the specialist with logistical information at the time of the referral, troubleshoot problems encountered with referral logistics, and keep track of how many referrals the physician has agreed to and actually received in any given year across the broad system of participating ICREs. A centralized referral entity could potentially be more successful at recruiting physicians to join a coordinated volunteer network than the numerous ICREs are now at competing with each other for specialists that have limited awareness of who they are. This might be looked at as a sort of “United Way” of physician volunteerism.

Given the unique attributes, mission, and history of each ICRE, and from the discussions that I have had with them, it is clear that individual ICREs would need to retain their autonomy as participants in such a centralized system of referrals and volunteer coordination. Still, one or more ICREs are not in favor of such a centralized system of specialty referrals despite the fact that most doctors believe it would clearly work better for the volunteers. In the absence of a more centralized system, ICREs will continue to do good work but will also continue to struggle with the availability of specialty referral sources so desperately needed by their patients.

continued on page 27
Joseph P. Annis, MD  
2011 TCMS Physician of the Year

Merry Wheaton  
Freelance Writer

“Bringing Joe Annis here is the best thing I’ve had a hand in doing for Austin,” says Earl Grant, MD who was recognized as Physician of the Year in 1995. He adds, “Of course I encouraged Joe to get involved in organized medicine: he has leadership written all over him. He has taken leadership roles at the city, county, state, and national levels and he went into everything he did with vigor. He deserves to be Physician of the Year certainly more than I did!”

Joe Annis grew up in Miami, Florida, the eldest of eight children and with a type A personality that led his siblings to call him “the Pope.” His father, a general surgeon and former college debater, was a good spokesperson and became AMA President at age 50. Dr. Annis says that while initially he didn’t share his father’s interest in organized medicine and health care policy, he sees that they were strong influences in his life. “Joe is a real student of how to solve the problem of the uninsured,” says Bruce Malone, MD last year’s recipient of the Gold-headed Cane.

From his parents, Dr. Annis learned the importance of doing things right and treating people well. He remembers that in the segregated South, his father was one of the few white doctors who would take care of black patients, and that he was once paid with a fruitcake holding a full shot glass in its “doughnut hole.”

Joe Annis got a solid Jesuit education at Marquette University, where he first tasted snow, did a stint as a basketball cheerleader, and learned leadership. In 1969, he graduated from Marquette School of Medicine. Among the many good faculty members there, PhD anatomist Walter Zeit stood out and was revered for his interest in students and the love of medicine he communicated.

During his rotating internship in Seattle, Dr. Annis met Peggy Reyburn, an attractive, outgoing woman with a liberal arts education who loved the outdoors. “I thought she was something special, but she wasn’t that impressed with me,” he smiles. A few months of dating followed by letter-writing while he served with the USAF Medical Corps in South Vietnam, running an ER, managed to win her over. They married in 1971.

After completing his military service in general practice at the USAF Hospital in Plattsburgh, New York, he started a residency in surgery at Long Beach Memorial Hospital and learned that he liked the OR but didn’t have the patience for chronic care.

Anesthesiology was an appealing option. As a boy he had accompanied his father to the OR where he found himself observing anesthesiologist “Boss” Cooper and his knobs and dials. Encouraged by Ernie Henschel, MD from Marquette, Dr. Annis pursued anesthesiology and completed his residency at Stanford University Hospital in 1975. “I just sort of bumbled along, like a pinball,” he says. His young family moved to Gainesville, Florida where he taught anesthesiaology for three years at the University of Florida College of Medicine. Bumbling along, maybe, but he was gaining experience and learning what he really liked: teaching and clinical work.

“I’d heard that Austin was a good place and I called one day out of the blue and got Earl Grant,” he remembers. That conversation led to a visit and, impressed by the calibre of Austin’s medical community, he decided in 1978 to join Austin Anesthesiology Group. There his career really took shape, combining clinical practice with an increasingly deeper and broader engagement with organized medicine.

Dr. Grant encouraged him to get involved with the Texas Society of Anesthesiologists and then the American Society of Anesthesiologists. Thomas Kirksey, MD encouraged him to be a Travis County Delegate to TMA, then to run for the AMA delegation. “Mentors encouraged me and asked me to do something, and I did it,” Dr. Annis says simply. But orthopedist Bruce Malone, who found him to be “a source of confidence, calmness, and competence” through thousands of hours spent together in the OR, elaborates: “Joe takes an office

Peggy; Joe; Dr. Edward Annis, past president of the AMA; and sisters Barbara and Margie.

Joe Annis, MD acknowledging his re-election to the AMA Board of Trustees.
to serve and he is so diligent in his work that people ask him to do something else. That’s why he has moved up and up.”

“I couldn’t have done it without the support of the anesthesiologists I worked with,” Dr. Annis says. They reduced his clinic time to accommodate his increased involvement in organized medicine – a clear sign that they genuinely valued the way he used his skills to take care of medicine. He did that because he could and because it needed to be done, not because he didn’t like taking care of patients. “It’s an old saw that anesthesiologists don’t like patient interaction, but it’s not true,” he says. He always tried to get to know his patients and let them get to know him; he feels that is an important part of making treatment easier for patients – and safer. And, of course, it was always nice when a patient would ask, “Can Dr. Annis do my anesthesia again?”

One person who said that more than once was Rick Himes, MD who met Dr. Annis in Florida and joined Austin Anesthesiology Group on his recommendation in 1979. “Joe is one of the most positive, supportive individuals you could ever hope to meet,” he says. The two of them have helped each other in the OR, in labor and delivery, and have taken care of each other’s wives and kids. After working together for 25 years, Dr. Himes says that he actually found it hard to swallow on Dr. Annis’ last day with the practice.

Several things converged to prompt his retirement from full-time clinical practice in 2004. One was his increased responsibility with the AMA. Another was the death of the couple’s youngest daughter, Marguerite; a brain tumor that was diagnosed when she was 10 claimed her life at age 22. “Joe and Peggy both handled her illness and death with such grace and strength, as did Marguerite herself,” says Dave Glass, MD who met the couple while their eldest daughter Sally studied at Dartmouth and considers them great friends.

As chair of anesthesia at Dartmouth-Hitchcock Medical Center, Dr. Glass suggested that Dr. Annis visit as an adjunct member of the clinical faculty. He did, loved it, and made it a regular half-year commitment. Dr. Annis says, “The young generation is so bright and so enthusiastic. It lifts me to work with them.” They appreciate him, too. Dr. Glass says that when he was chair, the residents always gave Joe rave reviews. “They admire his skill as a clinician and teacher and his compassion for patients.” He adds that Dr. Annis always takes a brand new resident, someone who has never given anesthesia in their life, and guides them one-on-one through the first two weeks of the residency. And, although Dr. Annis’ 25 years as an oral examiner for the American Board of Anesthesiology are behind him, he continues to help doctors prepare informally by giving practice exams.

Peggy and Joe like splitting their year between Austin and New Hampshire where they are closer to their eldest daughter Sally, a semi-pro bicycle racer and an engineer for a defense contractor in nearby Nashua. They like to visit their middle child Mary Starck, who earned a Master’s in Public Health and lives with her husband in Salt Lake City. And, an athletic pair, they also enjoy regular exercise and skiing.

But you can’t exactly call Dr. Annis retired. He’s teaching at Dartmouth, serving on the Board of Governors of St. David’s Healthcare Partnership, and continuing 20 years of service on the board of PPM, a medical liability insurer. He’s also serving his sixth year on the Board of the Foundation for Anesthesia Education and Research and has been active on the AMA Board of Trustees for the past five years. His peers recognize his integrity, knowledge, humility, and compassion. And as for service to medicine in Austin and beyond, it’s a fact that a large part of his life’s work has been and continues to be taking care of medicine.
Ruth M. Bain Young Physician Award

Chad P. Dieterichs, MD is the 2011 Ruth M. Bain Young Physician Award recipient. Dr. Dieterichs, a member of TCMS since 2005, is currently Chief of Staff and Chief of Anesthesiology for Seton Medical Center Williamson County. He also serves on the Seton Healthcare Family Network Medical Executive Committee.

In addition to his “day” job, Dr. Dieterichs found time to help establish a non-profit organization called Eels on Wheels in 1991. This organization teaches people with spinal cord injuries how to SCUBA dive. Eels on Wheels demonstrates to people with and without disabilities that limitations can be overcome, and that even an adventure sport such as SCUBA diving can be an option for anyone. A colleague describes Dr. Dieterichs as “a superb clinician, strong leader, and selfless humanitarian.”

Physician Humanitarian Award

The 2011 Physician Humanitarian Award is presented to John D. Doty, MD in recognition of his service to others that has significantly benefitted humanity. A member of TCMS since 1982, Dr. Doty is a medical oncologist who “redirected” his work from clinical practice in 2008 to establish and direct the non-profit organization, Austin Samaritans.

Austin Samaritans serves Central Americans in need in three fundamental areas: health, education, and rescue – especially in Nicaragua. Dr. Doty’s passion for his work in Nicaragua is immediately evident by anyone who meets him. Colleagues describe him as humble and unassuming and compassionate – “the Gold Standard of the essence of being a physician.”
MICHAEL J. KHOURI
ATTORNEY AT LAW

FEDERAL CRIMINAL DEFENSE

♦

MEDI-CARE AUDIT DEFENSE

♦

MEDI-CARE FRAUD DEFENSE

♦

PROFESSIONAL LICENSE DEFENSE

Former Deputy District Attorney
Over 29 Years Experience
Member of the Texas and California Bars
and Bars of the United States District Courts
Western and Northern Districts of Texas

Telephone: (949) 336-2433
Cell: (949) 680-6332
4040 BARRANCA PARKWAY, SUITE 200
IRVINE, CALIFORNIA 92604

www.khourilaw.com and www.lawyer-medicare.com
Early diagnosis and treatment of HIV saves money and improves health outcomes.

Routine HIV testing in health care settings is as cost effective as other screening programs, including type 2 diabetes and breast cancer mammography.

Learn more at www.testtexashiv.org

IN THE FIGHT AGAINST CANCER, THERE'S A NEW WEAPON AND NEW HOPE.

If you fear the stress and complications of traditional surgery for your cancer or if you have been told it is inoperable, now there’s new hope.

Austin CyberKnife offers a revolutionary way to treat tumors and lesions throughout the body. There are no scalpels. No anesthesia. No blood loss. No recovery time. In fact, the outpatient procedure is completely painless and you are free to return home immediately.

How is this possible? CyberKnife uses highly concentrated and incredibly precise beams of radiation to treat tumors located anywhere in the body.

Call or visit our website today for more information.

CYBERKNIFE BENEFITS:
- Sub-millimeter accuracy
- 5 treatments or less
- Non-invasive, painless
- Treats tumors without damaging surrounding healthy tissue

AUSTIN CYBERKNIFE

1400 North Interstate Highway 35 / Austin, Texas 78701
512-324-6060 / AustinCyberKnife.com

*CyberKnife is a department of University Medical Center Brackenridge*

---

**DISCOVERY POINT PHASE II**
2951 RR 620, Lakeway - currently under construction

Pre-leasing Medical Offices
Estimated completion 1Q 2012

Located directly across from the new Lakeway Regional Medical Center
23,043 available sq/ft medical office
1,000 sq/ft minimum

Call About Free Rent
512-844-4653 (golf)

Gayle Berkbigler, CGA
512-844-4653 (golf)
gayle.berkbigler@gmail.com

Capital City Sotheby’s International Realty
www.Discoverypoint2.com
In Memoriam

The Medical Society extends deepest sympathy to the family and friends of these physicians.

Joseph Miles Abell, Jr, MD, died October 17, 2011 of amyotrophic lateral sclerosis. Dr. Abell was born in 1932. He received his Doctor of Medicine degree from Baylor College of Medicine, Houston, in 1957. For the next five years, he served his internship and his surgery and orthopaedic surgery residency at the University of Michigan, Ann Arbor. He moved to Austin in August 1962, founded Austin Orthopaedic Clinic, and practiced orthopaedic surgery in Austin until 2007. He was awarded a Bachelor of Arts degree with honors from The University of Texas at Austin in 1991.

He was a member of the AMA, TMA, TCMS, Texas Surgical Society, and many other national and international professional organizations. Dr. Abell was President of TCMS, 1989; President of the Texas Orthopaedic Association, 1994; President of the Texas Medical Association Foundation Board of Trustees, 1997-1998; and held numerous other leadership positions in many more organizations. In 1998, he was named Physician of the Year and awarded the Gold Headed Cane by fellow members of TCMS.

Philip M. Overton, MD, died on September 12, 2011, in Lubbock, Texas, where his grandfather, Dr. M. C. Overton, had been a pioneering doctor. Dr. Overton was a 1955 graduate of the University of Texas Medical Branch, Galveston and interned at Parkland Hospital, Dallas. He served in the U.S. Army and was stationed at the 44th Mash in Korea.

Dr. Overton practiced orthopaedic surgery in Austin for forty-four years, founding Medical Park Orthopaedic Clinic with Drs. Bob Dennison and Fred Lowry. While not on call, Dr. Overton enjoyed art, classical music, gardening, and a scotch and soda before dinner. He was a can-do man around the house who could repair or build anything after making several trips to Breed’s for supplies. Among his family and friends he was considered a cherub with a devilish streak.

Glenn Earnest Roark, MD, died on Sunday, October 23, 2011. Dr. Roark attended Stephen F. Austin State College and enlisted in the US Army as a medic after his junior year. He served during the peace time between World War II and the Korean War. After completing his Army service, he used GI bill benefits to attend medical school at the University of Texas Medical Branch, Galveston. He received his college diploma at the same time as his graduation from UTMB.

He interned with the New York Public Health Service Hospital in July 1953. After finishing his residency in Wichita Falls, Texas, Dr. Roark worked in Arkansas, Micronesia, and Missouri. He moved to Austin in 1970 and became a staff psychiatrist at the UT Student Health Center. He was director of Mental Health Services until his retirement from UT in 1985 and had a private practice until his final retirement in 1997.

Joseph Miles Abell, Jr, MD, died October 17, 2011 of amyotrophic lateral sclerosis. Dr. Abell was born in 1932. He received his Doctor of Medicine degree from Baylor College of Medicine, Houston, in 1957. For the next five years, he served his internship and his surgery and orthopaedic surgery residency at the University of Michigan, Ann Arbor. He moved to Austin in August 1962, founded Austin Orthopaedic Clinic, and practiced orthopaedic surgery in Austin until 2007. He was awarded a Bachelor of Arts degree with honors from The University of Texas at Austin in 1991.

He was a member of the AMA, TMA, TCMS, Texas Surgical Society, and many other national and international professional organizations. Dr. Abell was President of TCMS, 1989; President of the Texas Orthopaedic Association, 1994; President of the Texas Medical Association Foundation Board of Trustees, 1997-1998; and held numerous other leadership positions in many more organizations. In 1998, he was named Physician of the Year and awarded the Gold Headed Cane by fellow members of TCMS.

Robert (Bob) O. Morgen, MD, passed away peacefully on October 2, 2011. He served in the U.S. Navy from 1943-1946 and was a Captain in the U.S. Air Force from 1952-1954. Dr. Morgen had a distinguished career as a professor of medicine and a practicing internist and nephrologist for over fifty years after graduating from Western Reserve Medical School in Cleveland, Ohio. He was Assistant Professor of Internal Medicine at McGill University (Montreal, Canada) and a Fellow of the Royal College of Physicians.

From 1961-1971 he was an Associate Professor of Medicine at Baylor College of Medicine in Houston, during which time he served as Chief of Nephrology and of the Renal Service at Methodist Hospital in Houston. He was also the director of the Artificial Kidney and of the Kidney Transplantation Unit, and was a member of the medical team that pioneered various transplantation procedures at Methodist and St. Luke’s Hospitals in Houston.

He moved to Austin in 1991, where he practiced medicine until he retired in his late 70s.

Glenn Earnest Roark, MD, died on Sunday, October 23, 2011. Dr. Roark attended Stephen F. Austin State College and enlisted in the US Army as a medic after his junior year. He served during the peace time between World War II and the Korean War. After completing his Army service, he used GI bill benefits to attend medical school at the University of Texas Medical Branch, Galveston. He received his college diploma at the same time as his graduation from UTMB.

He interned with the New York Public Health Service Hospital in July 1953. After finishing his residency in Wichita Falls, Texas, Dr. Roark worked in Arkansas, Micronesia, and Missouri. He moved to Austin in 1970 and became a staff psychiatrist at the UT Student Health Center. He was director of Mental Health Services until his retirement from UT in 1985 and had a private practice until his final retirement in 1997.
The Travis County Medical Society appreciates the generosity of the following organizations in underwriting TCMS events.

**Diamond Level Sponsors**

Medical Service Bureau  
Texas Medical Association Insurance Trust  
Texas Medical Liability Trust

**Platinum Level Sponsors**

Austin Radiological Association  
University Federal Credit Union

**Gold Level Sponsors**

Atchley & Associates, LLC  
Broadway Bank  
Independent Bank  
Austin Brokerage Company  
Cedar Park Regional Medical Center  
The Brian Novy Company

**Silver Level Sponsors**

Contego HIM  
Physician’s Resource Services  
Texas Oncology  
ONAIR Development  
TaxResources
You Are Invited!

Lydia Soldano
President-Elect, Travis County Medical Alliance

The Travis County Medical Alliance is comprised of physician spouses and physicians! Known as the “philanthropic arm” of the Travis County Medical Society, the Alliance is a dynamic group with members of all ages, dedicated to supporting public health and wellness in Central Texas.

Contributions are raised through the annual fund drive and annual gala to support “in house” community service projects such as Hard Hats for Little Heads and Be Wise Immunize. In addition, the Alliance provides grants to worthwhile charitable organizations in the community like the Volunteer Healthcare Clinic, People’s Community Clinic, and UT’s Nursing program. The Alliance also serves as the support system for the greater medical family by providing fun events and enrichment committees. Give Mari Josey a call at 512-791-4288 or email her at mari.josey@gmail.com to receive an informational packet. We’d love to have you join us!

Fund Drive 2011 is Underway!
The TCMA fund drive has begun. The fund drive helps support the many health-related charitable endeavors of the Alliance. This year the Alliance has already received many donations to support its charitable mission. The Alliance assumes that the recent wildfires – and the generosity that they inspired in the people of Central Texas – may have people a bit “tapped out,” financially speaking. The Alliance is proud of, and grateful for, all of the support it has received from members and simply encourages those who have not yet given, but wish and are able to, to contact Fund Drive Chair, Karen Kim at karenckim@gmail.com or VP of Financial Development, Melissa Smith, at melkel2@yahoo.com.

“Diamond Disco Ball” Gala 2012
Please join Society and Alliance members for its annual charity gala. This year’s Diamond Disco Ball will be held Saturday, February 11 at the sophisticated Downtown Omni. Enjoy a fabulous evening with delicious food, excellent entertainment, exciting silent auction items, and great times with fellow physicians and their spouses. Proceeds generated by this event allow the Alliance to pursue important community initiatives and help its mission to improve health and wellness for Central Texans. For ticket information, contact Lara Norris at larisalee1968@aol.com or call her at 512-913-9121.

Toast to Doctors
Austin physicians and their spouses enjoyed a night of cocktails and conversations at the Alliance’s special annual event – Toast to Doctors. On this evening, the Alliance thanked our physicians for their dedication to medicine in Travis County. Thanks to Sahar Askew and John Dapper for their hard work in putting on a spectacular event. Special thanks go to Drs. Lisa Hansard and Patrick Haskell for opening their beautiful home to the evening’s guests.

Member Spotlight - Amy Roberts

It is a great pleasure to introduce Amy Roberts. If you have been to any community service event in the last 4 years you’ve probably seen her there. Currently, Vice President of Community Service, Amy is well suited to her position. She received her BSN at the University of Texas Medical Branch. She is married to Matt, an anesthesiologist with Capitol Anesthesiology Association. Together they have three children Michael (10), Sam (8) and Hannah Grace (2).

Amy and her family moved to Austin in 2007 and she joined the Alliance right away. Amy has said that she loved working, but hasn’t decided when or if she will go back to work as she spends much of her time shuttling kids from school and sports activities and volunteering, not only at Alliance events, but also at church and school. When she does find time for just herself she loves to read.

Amy knew the Alliance was a great place to volunteer her time. She is dedicated to helping out with our current community service projects, but is always on the lookout for new ways the Alliance can help people in Travis County. Thanks for your dedication Amy!
Of the efforts they have offered. Appreciate some sort of acknowledgment motives for volunteering, many physicians physician's waiting room. Whatever our window or on the wall of the volunteer expressions of gratitude and, perhaps, physician has seen for them, frequent verifying the number of patients a ICREs should consider annual reminders, in any give year. Many referrals they have been credited acknowledgement by the ICREs as to how physicians rarely, if ever, receive any have little awareness of the existence of many of the programs. Additionally, physicians rarely, if ever, receive any acknowledgement by the ICREs as to how many referrals they have been credited with in any give year. To become more physician friendly, ICREs should consider annual reminders, re-enrollment letters, periodic statements verifying the number of patients a physician has seen for them, frequent expressions of gratitude and, perhaps, some sort of display item to put in the window or on the wall of the volunteer physician's waiting room. Whatever our motives for volunteering, many physicians appreciate some sort of acknowledgment of the efforts they have offered.

4. Communicating physician feedback to ICREs. ICREs will be provided with more detailed information that was gleaned from the task force questionnaire and discussions as well as from the discussions and meetings with volunteer physicians and ICRE personnel that TCMS leadership conducted. One noteworthy finding was that ICRE leaders are sometimes surprised that issues they felt have been addressed and streamlined continue to be perceived as problematic by their volunteers. Hopefully, this information will be helpful in their efforts to meet the needs of their patients and to better understand the perspective and needs of their physician volunteers.

Concluding Observations
This is, of course, a very superficial summary of issues identified and discussed over the past year. In many ways, the system that depends on physician volunteers as its life blood is indeed driven more by the ICREs than the physicians whose participation is so desperately needed. One notable exception is Project Access, the physician created and directed project of the TCMS Foundation which generally gets very high ratings from its volunteers; but it is only a small part of the overall network.

Progress in enhancing physician volunteerism in the future will depend on an increased sensitivity and response by ICREs to the needs of physicians who are trying to work within this overly complex system, and an increased awareness by physicians as to just how critical the need is. In the coming year TCMS leadership, with the help of interested parties, will continue to work towards solutions for these issues. We are, after all, working towards a common goal.

For additional information or to contact Dr. Sayers about this report, send an email with subject line “indigent care” to bsayers@austin.rr.com.
Community Transformation Grant

Philip Huang, M/D, MPH
Medical Director and Health Authority for the
Austin/Travis County Health and Human Service Department

The Austin/Travis County Health and Human Services Department (ATCHHSD) is pleased to announce its selection as a recipient of Community Transformation Grant funds from the US Centers for Disease Control and Prevention. ATCHHSD was one of only 35 recipients of implementation grant funding selected out of over 240 applicants. An additional 26 awards were selected for lower level capacity building funding.

The City will receive $1,026,158 for the Year 1 budget of a five-year grant program. Funding for Years 2-5 is dependent on the federal budget continuing the prevention-funding program of the Patient Protection and Affordable Care Act.

ATCHHSD will utilize the funds to implement strategies to create healthier communities by supporting implementation of interventions in five strategic areas:

- Tobacco-free living;
- Active living and healthy eating;
- High impact evidence-based clinical and other preventive services to address hypertension and high cholesterol;
- Social and emotional wellness; and
- Healthy and safe physical environment.

Activities are focused on the development and implementation of long-lasting policy, systems, and environment or infrastructure changes. Examples include:

- Incorporation into the City’s 30-year comprehensive “Imagine Austin” plan to develop and implement a “Healthy City Code” so that future development such as street design and urban planning promotes physical activity and increased access to healthy foods and tobacco-free living;
- Promotion of tobacco-free living and protection from secondhand smoke in settings such as:
  o Multi-unit housing
  o Worksites
  o Universities, technical, and trade schools and other educational environments;
- Increasing the number of neighborhoods in Austin/Travis County with access to grocery stores or markets selling high-quality, fresh fruits and vegetables; promotion of urban farms, community gardens, farmers’ markets, and/or farm-to-sale programs;
- Increasing the availability of healthy foods sold/used by restaurants, worksites, and health care facilities;
- Increasing the adoption of healthy vending machine policies;
- Promoting walking and bicycling by increasing safety and amenities of existing parks, trails, playgrounds, bike baths, and recreation centers;
- Working with the Integrated Care Collaboration (ICC) to develop and implement clinical systems changes to systematically improve identification and management of patients with hypertension and high cholesterol; and
- Develop and implement strategies to improve self-management of chronic diseases and to prevent diabetes.

For more information, contact ATCHHSD, Phil Huang, MD, MPH, at 512-972-5855.
Plaza North offers the rare opportunity for a new, custom-designed office on North Mopac.

Premier north Austin location with outstanding visibility and convenient access from North MoPac in the center of the Austin metro area.

Custom design a new office for your specific needs and style, with reserved parking in the covered garage.

With the new toll road, Mopac Expressway is the preferred north/south highway for the Austin metro area.

Adjacent to St. David’s North Austin Medical Center ranked as one of the top 20 hospital systems in the nation, with the largest women’s health care facility in the region.

One exit north of the world-class Domain master planned development, dubbed the second downtown of Austin.

Call now for a fresh start in 2012 with a new office in the centrally located Plaza North office building.

For Details and a Tour, Please Contact

Scott Taylor
Office 512.328.8154 Mobile 512.619.1846
taylor@landcreek.com / www.landcreek.com
The following closed claim study is based on an actual malpractice claim from TMLT. This case illustrates how action or inaction on the part of physicians led to allegations of professional liability, and how risk management techniques may have either prevented the outcome or increased the physician’s defensibility. The ultimate goal in presenting this case is to help physicians practice safe medicine. An attempt has been made to make the material less easy to identify. If you recognize your own claim, please be assured it is presented solely to emphasize the issues of the case.

Presentation
On June 23, a 37-year-old woman came to the emergency department (ED). Her chief complaints were rectal bleeding and vomiting. She was evaluated by her primary care physician and a gastroenterologist. The gastroenterologist performed a sigmoidoscopy and found a large rectosigmoid tumor. The gastroenterologist’s report described the tumor as being 15 cm from the anal verge with an extension to 25 cm. Biopsies of the mass showed it to be a moderately invasive adenocarcinoma. The patient was referred to General Surgeon A for removal of the tumor.

Physician action
The patient was taken to surgery on June 26. General Surgeon A resected the tumor. In his operative note — which was dictated on August 22 — he stated that the tumor was considerably lower than he expected. However, he was able to remove the tumor and perform a low, primary anastomosis. General Surgeon A also stated in his report that he never saw the patient’s right ureter, and he did not see any evidence of extravasation of urine.

The pathology report showed a large adenocarcinoma of the rectum with extensive positive lymph nodes. The tumor was classified as T3N2, an advanced cancer.

The patient did well postoperatively, and she was discharged on July 3. She was re-admitted on July 5 due to fever. A CT scan showed a pelvic abscess and right hydrourerter. The patient underwent a CT-guided drainage of the abscess. A urologist took the patient to the operating room and attempted to pass a stent up the right ureter; the stent could not be passed. A retrograde pyelogram showed the leak and obstruction in the right ureter.

The urologist placed a nephrostomy tube. General Surgeon B — a partner of General Surgeon A — was called to the operating room to perform an exploration of the abdomen. He drained the pelvic abscess, took down the anastomosis, and diverted the patient’s colon with a colostomy. The patient was discharged from the hospital on July 24.

On August 3, the patient was admitted to the hospital where she underwent a CT-guided drainage of another abscess. General Surgeon B placed a Mediport for chemotherapy on August 10, and the patient was discharged on August 12. The patient was admitted to the hospital on September 5 for a urinary tract infection. The infection was treated and she was discharged. On October 18, the patient underwent a right nephrectomy due to the chronic kidney obstruction and subsequent infection. She was discharged on October 22. The patient was next admitted to the hospital by General Surgeon B for removal of the Mediport and an incisional hernia repair. The patient was followed postoperatively by her oncologist and General Surgeon B. The patient’s oncology records reflect that she underwent radiation and chemotherapy. She is currently cancer...
free, but maintains the colostomy. Two years after the colostomy was placed, a colon and rectal surgeon attempted to take down the colostomy. The procedure was unsuccessful due to scar tissue.

**Allegations**
A lawsuit was filed against General Surgeon A, alleging negligence in causing injury to the patient’s ureter. This negligence was alleged to have caused the pelvic abscess and breakdown of the anastomosis, necessitating the nephrectomy and colostomy.

**Legal implications**
The plaintiff’s expert criticized General Surgeon A for failure to identify the ureters during the procedure and for not taking steps to protect the ureters. He stated that if the ureters could not be located or identified, the standard of care required the defendant to have a urologist place a stent in the ureter to help with identification and to prevent injury. General surgeons who reviewed this case for the defense stated that the breakdown of the anastomosis and the ureteral injury were both known complications of colon resections. However, they agreed that General Surgeon A should have identified the ureters before proceeding with the removal of the tumor. The colon and rectal surgeon who attempted to take down the colostomy also reviewed the case. He was not critical of the ureter injury, but did state that he would have recommended that the patient be treated with chemo-radiation before the surgery in an effort to shrink the tumor. The colon and rectal surgeon was critical of the defendant for not completing the operative report until two months after the surgery.

**Disposition**
Given the documentation issues and the criticisms outlined by the consultants, this case was settled on behalf of General Surgeon A. Risk management considerations. Timeliness assists in adding credibility to any physician’s documentation. If there is a less than optimal patient outcome, delayed dictation or missing documents may create questions about other areas of patient care. When dictation or other kinds of documentation are not completed until weeks after the procedure, a fair question is, “How can the physician recall the specific details of this case?” If the documentation had been completed more timely, it may have been more detailed, explaining reasons for decisions that later raised concerns. It would be beneficial for any physician to be familiar with the time guidelines for dictating reports at each facility and follow those guidelines.

The information and opinions in this article should not be used or referred to as primary legal sources nor construed as establishing medical standards of care for the purposes of litigation, including expert testimony. The standard of care is dependent upon the particular facts and circumstances of each individual case and no generalization can be made that would apply to all cases. The information presented should be used as a resource, selected and adapted with the advice of your attorney. It is distributed with the understanding that neither Texas Medical Liability Trust nor Texas Medical Insurance Company is engaged in rendering legal services.

© Copyright 2011 TMLT.

---

**MEDICAL OFFICE SPACE FOR LEASE**

**5300 BEE CAVE RD., WEST LAKE HILLS**

- Near Westlake Medical Center
- On-Site Compounding Pharmacy
- Free Covered Parking
- Easy Access to 360 & Mopac
- First Floor Lobby Exposure
- Monument Signage
- Hill Country Views
- On-Site Banking

**1,400 TO 12,000 SQ. FT. AVAILABLE DECEMBER 2011**

Please contact Jerry Smith or Matt Mathias for more details

www.mathiasaustin.com | (512) 330-9111

---

TCMS Journal
November • December 2011
31
OFFICE SPACE

Office Space: Cedar Park - 1935 sf - Medical office complex w/dedicated monument and great exposure to Cypress Creek. $15/sf. Contact Steven at (512) 335-8121.

For Lease: Northfield Professional Building, 101 W Koenig. 4000 or 8500 sq/ft of shell space. Free parking. Contact Joel Haro, joelharo@pmgmt.com for rates and terms.

SERVICES


EQUIPMENT

For Sale: Ortho/Sports Medicine supplies. Stryker cast saw and spreaders, casting, brace and splint supplies, hard sole shoes. Contact dorisrobitaille@att.net or (512) 413-1903.

OPPORTUNITIES


Classifieds. Call 206-1245.

Looking for a Simple, Fast, Efficient Method to Increase Revenues for Your Medical Practice?

To REDUCE or completely ELIMINATE patient billings, collections and write-offs

Call 512.442.2332

www.checkvantage.com

Make Your Reservations!
Travis County Medical Society
and the
Blood and Tissue Center of Central Texas
Annual Business Meeting and
Recognition of Physician of the Year
Austin Country Club Thursday, December 1, 2011
512-206-1146 tcms@tcms.com www.tcms.com

Umesh Gadaria, MD, FACS
PLASTIC AND HAND SURGERY
Hand Injuries & Conditions of the Hand
Plaza St. David
(512) 478-0993
1015 E 32nd St, Suite 208
Austin, TX 78705

Sleep 360 Sleep Diagnostic Center
Pecan Park Professional Plaza
10601 Pecan Park Blvd. Suite 203
Austin 78750
Ph: 810-0360 Fax: 918-0361
www.sleep360md.com

Our services include:
• Physician Consultation with follow-up care
• Physician supervised sleep studies
• Interpretation of sleep studies with quick turn-around time
• CPAP/BIPAP Management with Compliance Program
• Cognitive Behavioral Therapy (CBT) for Insomnia Management

Sleep 360 Sleep Diagnostic Center
Pecan Park Professional Plaza
10601 Pecan Park Blvd. Suite 203
Austin 78750
Ph: 810-0360 Fax: 918-0361
www.sleep360md.com

Our services include:
• Physician Consultation with follow-up care
• Physician supervised sleep studies
• Interpretation of sleep studies with quick turn-around time
• CPAP/BIPAP Management with Compliance Program
• Cognitive Behavioral Therapy (CBT) for Insomnia Management

Sleep 360 Sleep Diagnostic Center
Pecan Park Professional Plaza
10601 Pecan Park Blvd. Suite 203
Austin 78750
Ph: 810-0360 Fax: 918-0361
www.sleep360md.com

Our services include:
• Physician Consultation with follow-up care
• Physician supervised sleep studies
• Interpretation of sleep studies with quick turn-around time
• CPAP/BIPAP Management with Compliance Program
• Cognitive Behavioral Therapy (CBT) for Insomnia Management

Sleep 360 Sleep Diagnostic Center
Pecan Park Professional Plaza
10601 Pecan Park Blvd. Suite 203
Austin 78750
Ph: 810-0360 Fax: 918-0361
www.sleep360md.com

Our services include:
• Physician Consultation with follow-up care
• Physician supervised sleep studies
• Interpretation of sleep studies with quick turn-around time
• CPAP/BIPAP Management with Compliance Program
• Cognitive Behavioral Therapy (CBT) for Insomnia Management
BRIAN NOVY
YOUR #1 SOURCE FOR MEDICAL OFFICE SPACE

The Brian Novy company specializes in helping new and established practices find the perfect location or renegotiate with their current landlord. We have expertise assisting medical professionals with their unique facility needs. Through our extensive network of developers, contractors, professionals, attorneys, architects, CPAs and lenders, we have the ability to find your new space quickly and efficiently for your practice.

For More Information Contact
Brian Novy
(512) 327-7613
www.briannovy.com
novyco@austin.rr.com

THE BRIAN NOVY COMPANY
TENANT AND BUYER REPRESENTATION • BUILD-TO-SUIT

The Center for Wound Care and Hyperbaric Medicine

We specialize in the management of all Wounds and Hyperbaric Medicine.

We Have Solutions!

HEALTHSOUTH
REHABILITATION HOSPITAL
1215 Red River
Austin, TX 78701
(next to Brackenridge Hospital)

www.woundandlymphedemacare.com
(512) 479-3846
fax: (512) 479-3770
Medicare and most managed care plans accepted

HYPERBARIC OXYGEN THERAPY:
• Diabetic wounds of the lower extremities
• Soft tissue radioecrosis
• Osteoradionecrosis
• Chronic refractory osteomyelitis
• Preparation and preservation of compromised skin grafts, excluding artificial skin graft
• Including other diagnoses

WOUND MANAGEMENT:
• Acute Wounds
• Non-healing Wounds
• Leg Ulcers
• Post Surgical Wounds
• Diabetic Foot Ulcers
• Decubitis Ulcers
• Lymphedema

Dr. Cervantes has been providing care in Austin since 1992
Celiac disease (CD) is a common digestive disease. It is also known as celiac sprue, gluten-sensitive enteropathy, or nontropical sprue. In individuals with CD, gluten (a protein in wheat, barley, and rye) damages the small intestine and results in difficulty absorbing nutrients from food. Up to 1 in 113 people in the United States have CD. The risk is higher (1 in 22) in people with a first-degree relative with CD. The cause of CD is unknown, but environmental, immunologic, and genetic factors all contribute.

**CAUSE AND PATHOLOGY**

It is believed that there is an immunologic (having to do with the immune system) aspect to CD. Antibodies are normal parts of the body that fight against something trying to invade it; autoantibodies are abnormally directed against one’s own body. Several autoantibodies are found in the blood of patients with CD. These autoantibodies seem to be a result of CD. There is also a genetic component to CD. Almost all patients have a particular gene, but only a small number of people with that gene have CD. When people with CD eat foods or use products containing gluten, their immune systems respond by damaging or destroying villi (tiny fingerlike protrusions lining the small intestine). Nutrients from food are absorbed through the small intestine walls into the bloodstream. Without healthy villi, people become malnourished no matter what they eat.

**SYMPTOMS**

Symptoms of CD include abdominal bloating or pain; chronic diarrhea; vomiting; constipation; pale, foul-smelling, or fatty stools; and weight loss. Adults may not have as many of these symptoms as children. Adults with CD are more likely to have unexplained anemia (low red blood cell count), fatigue, bone or joint pain, arthritis, bone loss or osteoporosis, depression or anxiety, tingling or numbness in the hands and feet, or an itchy rash known as dermatitis herpetiformis.

**DIAGNOSIS AND TREATMENT**

Because of the diverse symptoms of CD, diagnosis is often delayed and many individuals with CD are never diagnosed. Standard diagnosis of CD begins with blood testing and is confirmed with small intestinal biopsy showing abnormal villi.

The only treatment for patients with CD is avoiding foods containing or made from wheat, barley, and rye for the rest of their lives. Eating even a small amount of gluten can damage the small intestine. In children, the small intestine usually heals within 3 to 6 months, but it may take years to heal in adults. Oats are safe in small amounts, although oats are often processed in facilities that also process other grains. Rice, potato, soy, and buckwheat are safe to eat. It is important for people with CD to read product labels because gluten is used as an additive in some medications, lipstick, vitamins, and even Play-Doh.

**FOR MORE INFORMATION**

- National Institutes of Health: www.digestive.niddk.nih.gov/ddiseases/pubs/celiac/
- American Dietetic Association: www.eatright.org
Get the picture

When you need answers for your patients, turn to ARA

At Austin Radiological Association, we offer more than a dozen different types of diagnostic exams and screenings to get you the answers you need so that you can provide the best care possible for your patients. ARA gives you the expertise you want—all in one place. At ARA we care for all ages of patients—from toddlers to grandparents. And with 15 locations throughout Central Texas and a staff of 90 radiologists, ARA combines convenience for your patients with the quality and fast results that you demand.

- Accredited by the American College of Radiology in all forms of advanced imaging
- Internal peer review to ensure the highest quality in medical imaging and interpretation
- Picture Archiving Communication System for quick access to your patient images and reports online
- Fast turn-around on exam results with radiologists quickly available for direct consultation

To schedule an exam, call us at 512-458-9098 or visit us at www.ausrad.com.

Scheduling: 512-458-9098

ausrad.com
At least 32 million U.S. households own insurance policies that aren’t right for them.¹

Make sure you have the right insurance to help you protect the life you’ve worked so hard to build.


Talk to a TMAIT Advisor about insurance for you, your family, and your medical practice. We can help you choose the right coverage from an array of plans, including medical, dental, vision, life, short-term disability, long-term disability, long-term care, and office-overhead expense.

Call 1.800.880.8181  contact@tmait.org

Request a quote at www.tmait.org