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Bowls from Kenya. Photo by Harish Gagneja, MD.
FROM THE PRESIDENT
Perspective
R.Y. Declan Fleming, MD

HEALTHY ATX - A GOOD INVESTMENT: CAN YOU GET ON BOARD?
Tom McHorse, MD
Guadalupe “Pete” Zamora, MD

PUBLIC HEALTH
Revised Gonorrhea Treatment Guidelines
Phil Huang, MD, MPH

WEBICINE:
How to Present Yourself Professionally Online
Shahar Gurvitz

THE OTHER SIDE
Photography
Shahar Gurvitz

2012 TCMS AWARDS NOMINATIONS

NETWORKING AND SERVING THE COMMUNITY

TCM ALLIANCE

AUTO REVIEW
Steve Schutz, MD

PRACTICE MANAGEMENT
Improper Performance
TMLT Risk Management Department

TAKE 5: GASTROENTERITIS

CLASSIFIEDS
Perspective

R.Y. Declan Fleming, MD
President, Travis County Medical Society

I had a bad attitude. I realized this when I was asked to turn in this president’s message early. (I’ve been late with these essays all year.) But this Journal needed to go out on time so that we could ask all of you to submit nominations for our Society awards: Physician of the Year, Ruth M. Bain Young Physician and Physician Humanitarian. I’d been busy with patient care and had not had any spare time to put thoughts down on paper. In fact, with a few extra emergency cases added on and a few days out of town to send my kids off to college, life had been hectic. It was at that point – when I felt a bit overwhelmed by life’s circumstances – that I heard the plea for a timely submission. I grimaced and pushed back at my colleagues. It wasn’t my finest moment.

It wasn’t the task of writing the essay that was off-putting. It was feeling overwhelmed by something that I wanted desperately to control – my life. I just needed to pause and reclaim a broader perspective.

It is interesting that this came on the heels of our town hall meeting, a discussion on plans to develop a four-year medical school in association with the University of Texas at Austin. TCMS sponsored the evening, and over 90 of our members came to hear about the plans for the new school and direct questions, concerns and comments to Senator Kirk Watson, UT System Vice-Chancellor of Health Affairs Kenneth Shine, MD, Central Health Board Member Tom Coopwood, MD, Seton Senior Vice President for Medical Affairs and Chief Medical Officer James Lindsey, MD and Director of the Seton/UT Southwestern Clinical Research Institute Steven Warach, MD. As I stood at the front of the room as emcee, I couldn’t help but notice what an emotional issue the prospect of launching a new school is for many of us.

Things really seem to be coming to a head. UT and Seton appear intent on moving this massive project forward. A critical component of funding the school will be $35 million in revenue from the community. A property tax increase of 5 cents per $100 appraised value is being proposed to finance this and other activities by Central Health (our county health care district). Many of us do not like what is going on because we don’t feel a part of the process, and do not have a formal role to fill. We do not know how this might affect our practices and our lives. We wonder if the tax revenue we will be asked to surrender will be used wisely – if we can trust this board that we did not directly elect to be good stewards of our resources. We even wonder if our tax money will be used to subsidize the recruitment and payment of physicians who will compete directly with our practices. At the moment when such uncertainties begin to feel overwhelming, our autonomic response is to push back.

I certainly recognize these worries, and I have been reflecting on several issues these talks have brought up in an attempt to gain perspective and understanding.

Our city and county population is growing significantly, and this trend will continue for the foreseeable future. A large number of the people living in Travis County are uninsured or underinsured, and this number is certain to grow as well.

Our state and federal governments have yet to devise a system that will pay for universal access to health care.

The majority of unfunded patients who seek health services for acute and chronic medical problems do so in the emergency departments of local hospitals. This is the least efficient and most expensive mechanism of delivery of those services. Expanding the capacity of safety net, outpatient clinics offers the best opportunity to begin to address some of these acute and chronic health care needs. Central Health funds the clinics that operate now through contracts with providers and groups – many of whom are associated with the graduate medical training programs at the University Medical Center at Brackenridge. Increasing the capacity of Central Health to fund these operations improves access to care for uninsured and underinsured patients and facilitates graduate medical education.

Our current property tax rate for health care of 7.89 cents per $100 assessed value is the lowest of any of the major metropolitan areas in the state. The proposed increase in the property tax will still have our rate below all the other county health care districts.

The need for well-trained physicians in both primary care and in various medical and surgical subspecialties in Travis County and throughout Central Texas will continue to grow as our population grows.

Roughly three-quarters of young physicians choose to practice in or near the communities in which they do their residency training. Thus, expansion of graduate medical education programs is likely to help us keep well-trained physicians and surgeons in Central Texas. This should do much to help fill our projected need for physicians in the future.

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A medical school is a major facilitator to help drive local biomedical research, both at the university and in industry. Both academic researchers and biotech companies are anticipated to be drawn to the Austin area if medical education and research associated with a medical school are allowed to develop.

For all these reasons – improved access to care for people in need, relief of an overused and inappropriately used ED system, increased opportunities to train and retain good physicians in this area and enhanced development of biomedical research and biotech industry – I am personally in support of the proposed tax increase and of the development of a four-year medical school in Austin associated with the University of Texas. I have no financial or professional stake in the success or failure of this process. I am speaking only for myself as TCMS has taken no official position on the proposed tax or on the medical school.

In the 11 years I have practiced in Austin, I have seen the members of the Travis County Medical Society consistently encouraging excellence in the clinical practice of medicine, working to ensure that all our citizens have access to appropriate health care and, when possible, participating in the education of medical students and residents.

Our Society members are generous with their time and resources: Through TCMS Project Access, more than $20 million of free care has been donated to uninsured people in Travis County over the past 10 years. We have also been about the business of educating medical students and residents in Austin for over three decades. If the comments at the town hall meeting were any indication, many of us would be happy to have an affiliation with a medical school and to help continue to teach residents and students.

I personally want our Society to have a meaningful contribution to the development of a medical school in Austin. I believe that we have much to give to and gain from this effort. Unlike in other communities where town physicians have long been alienated by the gown, the current leaders at the University of Texas and the Seton Healthcare Family seem to recognize what a tremendous resource they have in the members of our Society. At this time, they have taken the opportunity to engage us to help in building excellent programs and have expressed an interest in working with TCMS during this process. We must remember, though, that we cannot expect to dictate to UT and Seton what they may or may not do (they are, after all, footing the majority of the bill for the school); we cannot control the process, we may simply offer our support through advice and service.

A new tax and a new medical school may seem overwhelming and potentially burdensome. We certainly do not have control over all these things. But I believe the people living in Travis County will ultimately be better off if we have a medical school in Austin. Thus, I encourage our members to be a part of this process. Let us hear your thoughts, your perspective about how our Society might best involve ourselves in this endeavor.

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Healthy ATX, the public engagement initiative of the Austin Fund for Quality Healthcare, is involved with a broad array of community organizations to improve access to health care for people in Central Texas, including the Travis County Medical Society. Healthy ATX provides public education about the economic and health care benefits of building a new medical school and expanding medical education in Austin, transforming the safety net health care system to be more efficient and provide greater access to care and making Central Texas a center for translational research that gives patients access to cutting-edge therapies during studies.

Austin is privileged to have excellent health care and cancer treatment resources. However, many people are unable to access that care due to a lack of insurance, a lack of doctors that take Medicare or Medicaid, or the system’s inability to handle a rapidly growing population with a limited supply of physicians.

Currently, the health care delivery system for the elderly and vulnerable is fragmented and overwhelmed, the public safety net hospital is aging and outmoded, and there is a shortage of doctors when compared with other states. A medical school affiliated with the University of Texas at Austin and a new teaching hospital—both established within a unique, community-based, interprofessional team model—will support local health care expansions and upgrades that will improve quality of life through:

- expanded primary and specialty care
- for vulnerable and senior citizens;
- expanded behavioral and mental health services;
- expanded trauma services;
- modern community health clinics for the underserved, uninsured population and

- the creation of an estimated 15,000 new permanent jobs and $2 billion in annual economic activity.

**An Aging and Growing Population Needs Increased Care**

The “Silver Tsunami” is coming. Between 2000 and 2010, the Austin area’s population of “Baby Boomers” grew faster than anywhere in the United States. It had the second fastest growing 65 and over population in the nation.

Studies show that seniors receive health care services at twice the rate of those under 65. According to the Texas Medical Association’s “March 2012 Survey of Texas Physicians,” 20 percent fewer Texas physicians find themselves able to accept all new Medicare patients compared to 12 years ago. Only 31 percent accept all new Medicaid patients.

In addition, between 2000 and 2010, the Austin area’s total population grew 37 percent while the Hispanic population grew 64 percent. Today, half of all Austin children age 5 and younger are Latino. A recent study released by researchers affiliated with the American Diabetes Association found the rate of diabetes diagnoses among Latinos under 20 is growing faster than that of any other ethnic group in the US.

**More Physicians Needed**

According to 2010 census data, there are more than 200,000 people in Travis County with no health insurance, of which nearly six in ten are employed. The uninsured often visit emergency rooms for routine care and behavioral health care costing taxpayers millions of dollars. Their treatments often would be more effectively and efficiently delivered in a physician’s office or clinic. With a growing population and an emerging shortage of doctors, even people with insurance may soon find it harder to access the same great care they have now.

One study finds that Central Texas will need 770 additional doctors by 2016. With more people accessing health care as a result of the Affordable Care Act, this looming shortage could be even greater than estimated. Unless more doctors come to Central Texas, everyone may face longer waits for specialist appointments in the coming years.

**A Pipeline of Physicians**

A medical school at the UT Austin, along with expanded graduate medical education at a new teaching hospital, will create a pipeline of home-grown doctors to help address the doctor shortage. The medical school, new teaching hospital and modern clinics will help maintain the current quality of health care as our population continues to grow. Medical school faculty, residents and students will help provide extended clinical care to low-income, uninsured patients at a lower cost throughout the community.

According to the Texas Medical Association’s Healthy Vision 2020, “We need to invest more in our medical schools and graduate medical education training programs.” Texas’ current supply of doctors, even counting those moving here from other places in the country and across the world, cannot keep up with the demands of a rapidly growing and aging population. The good news is that 80 percent of doctors who attend medical school and complete their residencies in Texas stay in Texas. Texas ranks third in the United States in retaining doctors who both study and train here (Hawaii is first).

**1115 Medicaid Transformation Waiver**

The Medicaid transformation initiative
known as the 1115 Waiver program will be used to expand the state’s Medicaid HMO model and support the development and maintenance of a coordinated delivery system. Participating local governmental entities (such as Central Health) will receive a federal match of $1.46 for every $1 raised for these purposes. In other words, each $1.00 put up by Central Health will become $2.46 in combined local/federal funds.

The 1115 Waiver matching funds will help to create a new integrated health care delivery system in conjunction with the new teaching hospital and medical school. These funds will support modern health clinics in Travis County to treat the safety net patient population more efficiently and affordably, and reduce their utilization of expensive hospital emergency rooms for their primary care. Faculty research will also take place in these clinics, and the new modern teaching hospital will enhance trauma care for everyone. This integrated system will deliver the right care to the right people at the right time and in the right setting.

Vice Chancellor of Health Affairs for the UT System, Kenneth Shine, MD, often says that providing health care today is a team sport. UT Austin already has many allied health colleges, and the medical school will be based on an interprofessional model, with doctors as leaders of health care teams that will be able to provide more care as well as culturally appropriate care.

**More Doctors, New Jobs, Great Care**

According to a report by Jon Hockneyos, president of an economic analysis and consulting firm in Austin, this medical school and teaching hospital has the potential to create 15,000 new permanent jobs at all skill levels and across numerous industries in the region, plus close to $2 billion annually in economic activity. Currently, there are 200 biotech and life science companies in this area that employ 7,000 people. By combining the University of Texas’ already vast research capabilities with a medical school and modern teaching hospital, Austin will become the home of more clinical trials, as well as home of new businesses and start up industries. Austin can be a national leader in the biotech field.

The health care challenges this community faces, and the benefits it stands to gain by taking action, are significant. It’s better for everyone when more of our neighbors have access to the best care our community can offer. A medical school and new teaching hospital have the potential to keep the people, families and economy of Central Texas healthy – now and into the future.

For more information regarding Healthy ATX, visit [www.healthyatx.org](http://www.healthyatx.org) or email info@healthyatx.com.

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**Town Hall Meeting**

On August 21, the Society hosted a town hall meeting allowing members to have an open discussion on the proposed medical school in Austin. Senator Kirk Watson and representatives from the University of Texas, Seton Healthcare Family and Central Health were on hand to answer questions.
The Austin/Travis County Health and Human Services Department (A/TCHHSD) wants to make sure that area physicians are aware that the CDC issued revised treatment guidelines for gonorrhea in the August 10, 2012 issue of the MMWR.

In these revised guidelines for treatment of gonorrhea, the CDC no longer recommends the use of the oral antibiotic Cefixime as a first line treatment in response to new surveillance data from the Gonococcal Isolate Surveillance Project (GISP) indicating an increase in the proportion of gonococcal isolates tested with “alert values” to cephalosporin antibiotics including cefixime and ceftriaxone.

The alert values serve as a warning sign that cephalosporin resistance may be developing. It is important to note that these are only a warning sign of resistance, and there have been no cases of treatment failure in the US to cephalosporin resistance. However, a small but growing number of cefixime treatment failures have been observed in other countries. This information, coupled with past experience and the latest US surveillance data, suggest that it is only a matter of time before gonorrhea becomes resistant to the only remaining treatments currently available.

While antibiotics have long been successfully used to treat gonorrhea, the bacteria has grown resistant to every drug ever used to treat it, including sulfonamides, penicillin, tetracycline and most recently fluoroquinolones. In 2007, due to widespread drug resistance, the CDC revised its gonorrhea treatment guidelines to no longer recommend fluoroquinolones. This left only one class of antibiotics, cephalosporins, to effectively treat the disease.

Gonorrhea is the second most commonly reported notifiable disease in the United States. In 2011, Texas reported 30,493 gonorrhea cases (case rate of 117.8 per 100,000 persons). Of the top 25 Texas counties with the highest number of cases, Travis county was number 5 reporting 1,505 gonorrhea cases (case rate=148.9 per 100,000) in 2011.

To report a case of gonorrhea or other reportable STDs, contact the Austin/Travis County Health and Human Services Department at 512-972-5433.

For more information on these changes and other resources, visit www.cdc.gov/std.
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How to Present Yourself Professionally Online

Shahar Gurvitz
TCMS Communications Coordinator

Out of the darkness, a familiar but alarming noise suddenly blasts. Yes, it’s that time again – it’s morning. You gather the strength to drag your feet out of bed, and find yourself gazing sleepily in front of the mirror. You go through the steps of your morning routine to prepare for the day ahead.

Every morning, you take steps to maintain an appearance that is tailored by your personality and occupation that will result in feeling confident and comfortable. Universally, people put effort into projecting a publicly acceptable, appropriate and professional image.

Similar to the reasons you take steps to present yourself offline, you must make certain efforts to present yourself accordingly online. Potential patients are out there searching for your services; therefore, maintenance of your online presentation is crucial. Here are four guidelines to help you with your professional online presentation:

1. Be Transparent. Transparency builds trust, and trust is vital in a relationship between a patient and a health care provider. Offer information that will let your audience get to know you and your practice. Introduce yourself and your staff through content, photos and videos. Make sure to quickly respond to your followers who have reached out to you with comments or questions. List helpful FAQs that will provide potential patients with the information they need at the click of a button.

2. Be Responsible. Everyone is entitled to their opinion; just make it clear that the thoughts and views expressed are your own. Other people are also entitled to their opinions, and if you disagree, you can leave a polite comment but online bickering is unacceptable and unprofessional. The age old rule applies online as much as it does off: “If you can’t say anything nice, don’t say anything at all.” If a negative comment is made, don’t delete the post. When necessary resolve any conflicts.

3. Be Yourself. Be natural and engaging – the way you would be in real life. Say what’s important to you, share what you think is interesting and respond to people in a sincere manner. Show all sides of your personality and relate to your patients and the community as an individual. Be conscious of who will be viewing your updates, and whether what you are exposing is appropriate for your audience. You don’t want to publicly share secrets, so always use the elevator test – if you can’t say it out loud in a crowded elevator, then don’t say it online.

4. Be Positive. No one likes a “negative Nancy.” For many of the same reasons you try to focus on the positive in your daily life, you should try to remain positive in your online life. By no means should you turn away and ignore unfortunate events or actions with undesirable results. However, it’s important to have an overall positive impact and message so you don’t deter people from following you.

Representing yourself professionally and appropriately, both off and online, builds credibility and trust between current and potential patients. By taking the time to be yourself – transparent, responsible and positive – you are investing in a successful online image for your practice.

If you have questions regarding social media, contact TCMS Communications Coordinator Shahar Gurvitz at sgurvitz@tcms.com or 512-206-1219.
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.

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“I was on a mission trip to Guatemala earlier this year, and there it was, the perfect shot. In a dark, smoky market, I got an old man walking through a beam of light, which lit his white hat. It turned into a magnificent photo – especially in black and white,” said Dr. David Fleeger.

Photography is a common hobby many people enjoy, but for three Travis County Medical Society physicians, David Fleeger, Jeffrey Lava and Bruce McDonald, photography is more than a hobby; it’s a form of self-expression and personal reflection of the world as they see it.

Dr. Lava's interest in photography was sparked at the age of 12 when he received his first Kodak Brownie camera from his parents.

“I took it to camp and was introduced to the darkroom. I have been hooked ever since,” he said. It wasn’t until several years later that Dr. Lava understood the power of his photographs.

“I took a picture of a rose in my backyard. My wife liked it so much that she enlarged it and hung it on the wall; it was then that photography changed my life forever,” he said.

Dr. Fleeger and Dr. McDonald got their first taste of photography during their school years. Dr. McDonald was a freshman when he signed up for his first photography course in an attempt to balance his scientific left brain with the artistic right. Dr. Fleeger was inspired by the countryside and bold fall colors during his residency in Minnesota.

Each of the physicians incorporates an individual style into their photographs and finds passion for different subject matters. However, they all aim to maintain the natural setting of the scene.

“I try to think about what emotion the scene creates in me, whether it’s the serenity of a sunrise, the majesty of a wild animal, the intensity of a sports competitor or the remoteness of a mountain top,” said Dr. McDonald. “I try to capture the photograph in such a manner that it stirs the same emotion in those who view it.”

Photography comes with its fair share of challenges. Dr. Fleeger admits his greatest challenge to creating worthwhile photographs is combining his technical skills and artistic inspirations with timing and light. For Dr. McDonald it’s keeping his equipment clean and dry in hostile environments like the Puerto Vallarta beach where an unexpected wave swept his camera and lens into the Pacific Ocean.

Dr. Lava said, “I have tried to take a little bit from all of them to create what I can create.”

Dr. Fleeger also expands his skills through photographer-led tours. On occasion, he has even hired local photographers to show him the best photography spots at his destination, as well as provide him with feedback. Dr. McDonald has taken numerous clinics, and for several years, he has spent a week in April attending the Texas School for Professional Photographers’ state-wide conference, which provides intense training on specific aspects of photography.

As technology has advanced, so has photography. The digital world has created an opportunity that the physicians overall try to avoid - manipulation.

“Although, I have learned how to manipulate photos, I try never to alter a scene,” Dr. Lava said. “Our eyes see things differently than film, but I try to be faithful to what I saw and not create things that were not there.”

Instead of Photoshop, Dr. McDonald uses a program designed for photographers called Adobe Lightroom. The program
Marta M. Katalenas, MD's new book, *The Step Up Diet*, offers an easy three-step plan to help transform a family's eating habits through the nutritional advice she has been giving her patients for years. With a goal of changing people's diet one meal at a time, Dr. Katalenas makes the plan even easier by breaking it down to QQT – quality, quantity and time. In the book, Dr. Katalenas discusses the causes of childhood obesity and provides wholesome recipes inspired by her Spanish/Mediterranean background.

Joseph S. Bailes, MD has been named chairman of the Cancer Prevention and Research Institute of Texas (CPRIT) Foundation’s board of directors. A partner in Texas Oncology and a founding member of Physician Reliance Network, Dr. Bailes has been a founding member of the CPRIT Foundation board since 2009. The CPRIT Foundation is a nonprofit organization that promotes cancer prevention programs and ensures public awareness regarding CPRIT’s investments in research and prevention projects.

2012 TMA Fall Conference

Join your colleagues and industry experts at TMA’s 2012 Fall Conference on October 19-20 at the AT&T Conference Center in Austin. The conference provides a platform for TMA leaders to conduct business and participate in CME-accredited programming on emerging health care issues along with personal and professional development.

For more information, contact the TMA Knowledge Center at knowledge@texmed.org or 512-370-1550. To register, visit [http://bit.ly/TMA_fall](http://bit.ly/TMA_fall).

DPS Tracks Drug Shoppers through a new secure online database – Prescription Access in Texas (PAT) – which allows physicians to check patients’ controlled substance prescription history. Designed to reduce patients’ prescription drug abuse, the program’s database includes Schedule II-Schedule V drugs for the last 12 months only. Pharmacists must report prescription data within seven days of filling a prescription.


**In Memoriam**

Thaddeus Charles McCormick, Jr, MD passed away on August 25, 2012. Born on January 23, 1919 in Austin, Dr. McCormick graduated from the University of Texas in 1939 and obtained a medical degree from the University of Texas Medical Branch in Galveston in 1942. During WWII, Dr. McCormick served at medical facilities in California, New York and Washington State.

On leaving the army, he returned to practice general medicine in Buda. Dr. McCormick returned to Galveston to complete a residency in neurology and psychiatry in 1960-62 and became board certified in 1971. In addition to his private practice as a psychiatrist, Dr. McCormick worked at the Austin State Hospital, served as chair of the Rusk State Hospital Review Board and continued after retirement as consultant in neurology and psychiatry to the Social Security Disability Determination division and the Texas Rehabilitation Commission and as examiner in forensic psychiatry to the State District Courts in Hays, Caldwell and Comal counties. The Medical Society extends deepest sympathy to the family and friends of Dr. McCormick.

**In the News**

Marta M. Katalenas, MD's new book, *The Step Up Diet*, offers an easy three-step plan to help transform a family’s eating habits through the nutritional advice she has been giving her patients for years. With a goal of changing people’s diet one meal at a time, Dr. Katalenas makes the plan even easier by breaking it down to QQT – quality, quantity and time. In the book, Dr. Katalenas discusses the causes of childhood obesity and provides wholesome recipes inspired by her Spanish/Mediterranean background.

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This year, Travis County Medical Society members will recognize three of their colleagues in the following categories: Physician of the Year; Young Physician and Physician Humanitarian.

The Society is currently taking nominations for all three awards. The recipients will be recognized at the Annual Business Meeting on December 6, 2012. This is your opportunity to nominate someone you respect and admire – in one or all three categories.

For information, nomination forms and lists of eligible physicians, visit www.tcms.com or call 512-206-1146.

2012 Physician of the Year
The TCMS Physician of the Year Award is presented to a physician who has been a TCMS member for 20 years or more and is considered a model physician.

Young Physician
The Ruth M. Bain Young Physician Award recognizes an outstanding physician who is 40 years or younger or who has been in practice eight years or less.

Physician Humanitarian
The Physician Humanitarian Award recognizes a member who provides exceptional volunteer service to others, beyond the normal scope of practice. Any TCMS member is eligible to receive this award.

2012 TCMS Annual Business Meeting
Thursday, December 6 at 6:00 pm
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**Friends of the Society**

TCMS is excited to announce Vital Interaction as the newest Silver Level addition to the Friends of the Society Program. Vital Interaction provides an Automated Patient Interaction System that can handle communications via text messages, email and recorded voice to help physicians with: appointment confirmations, patient satisfaction feedback, online reputation management, recalls and emergency notifications. The software integrates directly with your practice management system.

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New Member Welcome
The TCMS Executive Board, Membership Committee and Alliance welcomed new members to the Society at a reception on August 9 at the TMA Thompson Auditorium.

Networking Social
Members met their colleagues for a relaxing evening at Opal Divine’s on August 16 for a TCMS Networking Social.

Food Bank
TCMS and TCMA members, along with their families processed 10,670 lbs. of donations at the Capital Area Food Bank determining whether they were safe, edible and useable.

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**Medicare and most managed care plans accepted**
On August 11, the Travis County Medical Alliance partnered with Volunteer Healthcare Clinic for the annual Healthy Kids Days. Alliance members collected and distributed backpacks filled with school supplies to over 40 children. In addition, TCMA volunteers distributed healthy snacks and helped fit bike helmets for elementary, middle and high school students who attended the event.

On August 23, TCMA members volunteered at the Del Valle Children’s Wellness Clinic Immunization Day. With help from a TMA Foundation grant, members assisted with publicity, immunizations and distribution of bike helmets through the Hard Hats for Little Heads Program to children attendees. Many of these children have never owned a proper fitting helmet.

If you are interested in volunteering for future events, contact Berenice Craig at berenice.craig@gmail.com.

Upcoming Events:
As the summer winds down and we return to our busy fall schedules, the TCMA hopes you and your spouse will consider making time for some of our programs.

- **September 18**  General Meeting: Fall Fashion Must Haves
- **September 28**  TCMS/TCMA Family Social and Auto Show at Dell Diamond
- **October 16**  General Meeting: The Power of Pink Supporting Breast Cancer Awareness of Recovery
- **October 18**  TCMA New Member Welcome at Garrido’s
- **November 9**  Toast to Doctors - Home of Dr. Robert and Mari Josey
- **December 7**  Annual Holiday Luncheon

![Most HIV positive persons had previous visits to a medical facility where they were not tested for HIV.](image)
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New office located in Lakeway at 620 S and Lohmans Crossing!
For most car enthusiasts, the only thing better than driving their own car at a racetrack is driving someone else’s car at a racetrack. That’s especially true when that someone else is Audi, and the car in question is the legendary R8 sports car. I was invited to join a close friend at Infineon Raceway in Sonoma, CA, for a day behind the wheel of the R8 last fall. As you’d expect, it was fabulous.

At this point in the story, regular readers may be thinking, “Of course it was great, Steve, you write about cars so the whole deal was free. You wouldn’t be so enthusiastic if you had to pay.” Umm, yes, I would, because I did pay. Full price. This magnificent day cost me just under $2,000, and it was worth every hard-earned dollar.

For starters, Infineon is a jewel of a racetrack. Tucked into a sun-drenched Northern California hillside, Infineon is an amazingly varied driving circuit comprising 12 turns that are at times tight, wide-open, left, right, uphill, downhill, fast, slow or any combination of those adjectives. It’s really something. And unlike some other tracks out west with longer straightaways − Laguna Seca comes to mind − Infineon manages to be exhilarating and fun without those intermittent moments of terror that can significantly subtract from your enjoyment of the experience. My technique improved (slowly) lap by lap, yet I never felt like I was in over my head, despite the fact that the R8 is a seriously fast car.

For the record, Porsche, Mercedes, Lexus and BMW also offer on-track driving experiences. I’ve heard they’re excellent but have no personal experience with any of them. Porsche’s is at Barber Motorsports Park near Birmingham, AL, Mercedes’ is at the aforementioned Laguna Seca raceway in Monterey, CA, and BMW’s is at their factory complex in Greer, SC near Charlotte.

The experience starts with a brief “chalk talk” where you get a description of the track, facts about the car, and an overview of the schedule from an instructor. Then it’s off to the parking lot for some autocrossing and practice, followed by − yeah, baby! − track time. There’s a lot of track time, by the way. Each driver present during my day got around 24 laps, which was plenty. (Driving any car on any track is stressful and tiring, and that’s particularly true when you’re driving something fast like the R8.)

Audi runs those laps in a clever manner, by the way. Two student R8s containing either one or two course participants follow an instructor single file, and the instructor drives as fast as the students push him. The idea is that the instructor ahead of you will go fast enough for you not to feel slowed down. And indeed that arrangement works well in practice − my friend and I along with an architect from Chicago shared two cars and drove as fast as we dared. Following the instructor allowed us to learn the best lines through each corner very quickly, not to mention gain an appreciation of how much faster these friendly professionals can drive than we can. Bottom line: We were kept safe and still went very fast.

It’s an intense experience, though. The architect almost crashed at one point and had to take a few laps off. While the driving is (tons of) fun, the social aspects of the R8 experience are enjoyable, too. Mingling with the instructors and other participants − there were about 20 of us − is encouraged, and I met numerous other car guys during breakfast, lunch and other times. This was a happy and fun group.

For the record, it’s mostly guys. My group included just one woman, and that’s pretty typical. But that doesn’t mean that women don’t like to participate in these types of events. Porsche offers all-women events which are apparently well-attended, for example. Audi representatives tell me women-only driving experiences are coming at some point, but they were not forthcoming as to when.

Audi is on a roll in the United States, and they certainly don’t need any help increasing enthusiasm for their brand. And yet they offer driving experiences like the one I enjoyed in an effort to allow more people to understand what their cars can do when pushed hard. That tells me that Audi’s commitment to American enthusiasts is deep and real. Cool!

Steve Schutz, MD, is a board-certified gastroenterologist who lived in San Antonio in the 1990s when he was stationed in the US Air Force. He has been writing auto reviews since 1995.
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Improper Performance
TMLT Risk Management Department

This closed claim study is based on an actual malpractice claim from TMLT. The case illustrates how the 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
A 38-year-old woman came to an orthopedic surgeon on August 2 for recurrent pain in the back and right leg. The patient had a history of a right L5 discectomy several years earlier, which was successful in providing her with relief. An MRI revealed a right L5-S1 disc herniation, with a migrated disc fragment into the right neural foramen. After a trial of steroids failed to provide any lasting relief, a re-exploration was planned. The patient was 5’4” and weighed 254 pounds. She had a history of hypertension, and her current medications included atenolol and moexipril hydrochloride taken daily.

Physician action
The patient was admitted to the hospital on August 11 for an elective surgical re-exploration, laminotomy, and discectomy at L5-S1 by the orthopedic surgeon and an assisting physician. The procedure was performed under general endotracheal anesthesia. The surgery was noted to be technically demanding because of a significant amount of adhesions from her previous discectomy, and took three hours to complete. Estimated blood loss was recorded as 100 milliliters. Intraoperatively, the patient’s blood pressure dropped from 140/50 to 90/40 mm Hg. Routine postoperative orders were written, and the patient was received in the PACU at 7:45 am.

In the recovery room, the patient’s blood pressure was documented as 78/63 mm Hg with a heart rate of 100 bpm. At 7:47 am, the patient was extubated by the anesthesiologist and 8 liters of oxygen via face tent were applied. Between 7:47 and 7:55 am the anesthesiologist and orthopedic surgeon began another case.

At 7:55 am the patient’s blood pressure dropped to 62/31 mm Hg, which was reported to the anesthesiologist. He ordered ephedrine 1cc IV push. Hospital staff administered 1cc of phenylephrine instead of the ordered drug. The anesthesiologist was notified of the mistake and a stat EKG was ordered. At 8 am, the patient’s blood pressure had only increased to 84/70 mm Hg, her extremities were cool, and she was in sinus tachycardia. At 8:55 am, the anesthesiologist was notified of the patient’s increasing tachycardia and minimal urinary output. He ordered an IV bolus of 1,000 ccs of fluid at 9:10 am. The patient’s blood pressure was 86/51 mm Hg, and the patient was noted to be moaning and increasingly alert. At 9:15 am, the patient was given Demerol 10mg IV push for pain.

At 9:35 am, the other surgical case was finished, and the anesthesiologist checked on the patient. Because of her worsening condition, he requested neurology and pulmonary consults. He ordered Narcan 200 mcg to reverse the effects of the Demerol. The patient’s heart rate dropped from 133 to 74 bpm and she was noted to be short of breath. The patient’s heart rate continued to drop, and at 9:50 am, the anesthesiologist reintubated her. At 10:10 am, a CBC, chem 7 and type and cross match were ordered and drawn from the central line. The orthopedic surgeon and the anesthesiologist were at the patient’s bedside. The patient’s condition continued to deteriorate, and a code was initiated at 10:55 am. Resuscitative efforts were continued for more than an hour. Blood replacement was begun at 11:20 am, but the patient was pronounced dead at 12:26 pm on August 12.

The autopsy results revealed that although the exact source of the bleeding was not identified, the patient died as a result of retroperitoneal hemorrhage. The blood count performed after the procedure revealed the patient’s hemoglobin level to be 5.5 and the hematocrit 17.8, which substantiated the autopsy findings.

Allegations
Lawsuits were filed against the hospital, the anesthesiologist, and the orthopedic surgeon. The allegations against the orthopedic surgeon included: improper performance of the discectomy resulting in injury of the retroperitoneal/peritoneal vascular structures and eventual hemorrhage; failure to stabilize the patient before sending her to the recovery room and failure to recognize and repair the vascular injuries and/or request a vascular surgery consult.

Legal implications
Consultants reviewing the case agreed that the decision for surgery and the choice of procedure were reasonable. Although one consultant felt that the
operative report did not thoroughly document the procedure performed, he did not feel that this contributed to the patient’s condition.

Consultants felt that the orthopedic surgeon should have been more involved in the postoperative management of the patient. The anesthesiologist stated during deposition that he had not specifically informed the surgeon about the patient’s low blood pressure during surgery. However, some consultants questioned whether the surgeon could have remained unaware of the postoperative problems being reported by the hospital staff when he and the anesthesiologist were performing their next case together. The consultants felt that the patient’s hypotension was under-appreciated by the anesthesiologist and the surgeon immediately postoperatively, and especially after it was discovered that the wrong medication had been given.

Phenylephrine was mistakenly given instead of the ordered ephedrine, and it was administered at 100-1000 times the recommended dose. One consultant felt that in a normal patient, with normal blood volume and levels, this dose would have raised the blood pressure and lowered the heart rate to fatal levels. The fact that this incorrectly administered medication only moderately increased the blood pressure should have alerted the physicians that the patient was severely volume depleted.

Consultants opined that the cause of the bleeding should have been more aggressively investigated and treated with blood transfusions. In light of the prolonged hypotension and minimal urine output, consultants felt that the possibility of retroperitoneal hemorrhage should have been considered by the treating physicians.

Disposition
Although injury to a blood vessel is a known risk of surgery, consultants felt that the physicians’ lack of aggressive investigation into the postoperative hypotension and subsequent failure to identify the retroperitoneal hemorrhage could complicate the defense of the claim. This case was settled on behalf of the orthopedic surgeon.

Risk management considerations
The summary of this claim reflects the events of the patient’s care as they occurred. Unexpected events occur in health care and the timely recognition and response to those occurrences is vital. The medication error by hospital staff complicated the issues and made diagnosis of the postoperative hemorrhage challenging. While the error should have drawn attention to the fact that the patient’s blood pressure was dangerously low, it actually served to distract the physicians from the primary issue. The source of the hypotension was never aggressively pursued, and thus the retroperitoneal injury was never discovered or treated.

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 2012 TMLT.
GASTROENTERITIS

Gastroenteritis is an inflammatory condition of the stomach and intestines. Infection with a virus (an infectious particle spread by close contact of persons, contaminated food or water and infected surfaces or material) is the most common cause of acute gastroenteritis in developed countries. Viral gastroenteritis is caused by many types of viruses, including norovirus (previously called Norwalk-like virus), rotavirus and adenovirus.

SIGNS AND SYMPTOMS

• Diarrhea
• Nausea and vomiting
• Abdominal pain and bloating
• Fever, malaise and muscle aches may be present but are not always. Symptoms typically resolve on their own in 2 to 3 days.

DIAGNOSIS

Viral gastroenteritis is caused by person-to-person spread and can occur in an outbreak or epidemic (a sudden increase in a particular disease within an area or population). A medical history looks for exposure to other persons with gastroenteritis, travel or eating food prepared by others. Because diarrhea, nausea and abdominal pain may be caused by many types of illnesses, it is important to consider other causes of these symptoms, such as appendicitis, bowel obstruction, hepatitis and other gastrointestinal conditions. Laboratory testing to identify the specific virus is not usually done, but blood or stool tests, x-rays and other testing may be done if the symptoms last longer than a few days or if a more serious problem is suspected.

PREVENTION

• The most important way to prevent viral gastroenteritis is to wash your hands frequently with soap and warm water for at least 20 seconds at a time. Wash your hands before eating, after using the toilet, after changing diapers or after being in public places (because of touching surfaces like door handles, elevator buttons, stair rails and shopping carts).
• There is a higher risk of a viral gastroenteritis outbreak in places where large groups of people are in close contact. These include nursing homes day care centers, banquets, cruise ships, college campuses and military bases.
• A vaccine for rotavirus is recommended for infants.

TREATMENT

Most cases of viral gastroenteritis last only a few days, and therefore affected persons do not commonly seek medical attention. Antibiotics or other specific medications are not used to treat viral gastroenteritis. Dehydration (loss of water required for normal body function) is the most common complication, so affected persons should drink plenty of fluids, including oral (through the mouth) rehydration solutions. For severe cases of dehydration, hospital care and intravenous (through a vein) fluids may be needed. Infants, young children, older persons and people with unhealthy immune systems (due to cancer, poor nutrition, human immunodeficiency virus infection or other chronic illnesses) may have more severe cases of viral gastroenteritis.

FOR MORE INFORMATION

National Institute of Diabetes and Digestive and Kidney Diseases
www.niddk.nih.gov
Centers for Disease Control and Prevention
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OPPORTUNITIES

Physician Opportunity: MOBILE DOCTORS - seeks a physician to make house calls to the elderly and disabled, in the Austin area, on full-time or part-time basis. A company car and certified medical assistant are provided. No on-call, nights or weekend work. Great flexibility while maintaining a work/life balance. Practice primary care with patients who really appreciate you. Email CV to Nick at nick@mobiledoctors.com or call 312-848-5319.

MOBILE DOCTORS - seeks a podiatrist to make house calls to the elderly and disabled, providing general routine care in the Austin area. Work either on a full-time or a part-time basis. Make your own schedule, with no on-call, nights or weekend work. Email CV to Nick at nick@mobiledoctors.com or call 312-848-5319.

MedSpring Urgent Care Austin: Seeking occupational medicine physicians for new urgent care/occ med location in South Austin. Gorgeous centers featuring 12 hour shifts, no nights, flexible schedules and excellent backup. MedSpring is dedicated to getting patients ‘back to better,’ and we are looking for doctors who seek to provide outstanding service to every patient. MedSpring is poised to become an industry leader in urgent care and occupational medicine, and we are looking for doctors to grow with our company. Excellent compensation, annual bonus, benefit package, licensure and CME reimbursement, paid medmal insurance, and excellent opportunities for leadership. Contact Director of Recruiting Julianne Sherrod, at julianne.sherrod@medspring.com or 512-861-6362.

Primary Care Medical Practice in the DFW area for sale. 30 years well-established practice with 4,000 patients in the database and growing. Adult and Medicare. Very desirable area. Completely paperless, using Allscript Pro EHR. Grossing in the last 3 years = $800,000 Open Mon-Thurs (no evenings, weekends or holidays). Contact Debbie Cain, CPA, at dcain@dcaincpa.com or 817-763-0346.

OFFICE SPACE

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Primary Care Medical Practice in the DFW area for sale. 30 years well-established practice with 4,000 patients in the database and growing. Adult and Medicare. Very desirable area. Completely paperless, using Allscript Pro EHR. Grossing in the last 3 years = $800,000 Open Mon-Thurs (no evenings, weekends or holidays). Contact Debbie Cain, CPA, at dcain@dcaincpa.com or 817-763-0346.

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Dr. Gupta is a board certified neurologist and pain specialist, and former Instructor of Pain Management at Johns Hopkins University.

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