Unlike our out-of-state competitors, we take care of our own.

That’s why we provide practice reviews to our policyholders at no additional cost. The reviews help physicians mitigate medical liability claims and identify risk exposures.

TMLT found a 17% reduction in claim experience for more than 5,000 physicians after they completed practice reviews.

A practice review places a risk management professional in your office to:
• evaluate medical record documentation;
• review practice policies and procedures;
• tour the facility to evaluate patient safety processes; and
• provide feedback with a confidential, written summary.

Policyholders who complete a review may be eligible for a 5% discount after recommendations are met. TMLT risk management representatives are also available for phone and e-mail consultations.

To learn more about TMLT practice reviews call 800-580-8658 or request a quote at www.tmlt.org/join.

Rated A (Excellent) by A.M. Best Company
The only medical professional liability insurance provider created and exclusively endorsed by the Texas Medical Association.
BANK ON REAL EXPERIENCE.
IT’S PERSONAL, BECAUSE IT’S OUR BUSINESS.

As a family-owned Texas bank, we believe there’s no way to take things other than personally. Our team of veteran bankers brings decades of experience and utilizes a unique, flexible approach to help you reach your personal or business financial success. For Personal Banking, Business Banking, Private Banking, Commercial Real Estate and Wealth Management ... it's true experience you can bank on now and in the future.

Give us a call today and let's make banking personal again.

OUR AUSTIN BANKING TEAM (L TO R):
Deva Edwards, Private Banker
Roger Bott, Private Banker
Laurie Logue, Commercial Real Estate Banker
Chariton Laird, Retail District Sales Manager
Harvey Hartenstein, President-Austin Region
Stephen Jeffrey, Private/Business Banker
Kara Piponi, Commercial Banker
Cliff Bandy, Private/Business Banker

BROADWAY BANK
We're here for good.

AUSTIN
911 W. 38th St.
512.465.0550

BEE CAVE
12101 Bee Caves Rd., Bldg. 3
512.465.0510

DRIPPING SPRINGS
320 E. U.S. Hwy. 290
512.858.1039

800.531.7650 | broadwaybank.com | Member FDIC
Panama sunrise over the Pacific Ocean. Photo by Christopher Chensault, MD.
FEATURES AND ARTICLES

6 FROM THE PRESIDENT
Imagine ....
Michelle A. Berger, MD

8 IN THE NEWS

10 HAVE YOU BEGUN THE TRANSITION TO ICD-10?
Stephanie Triggs

12 83rd LEGISLATIVE SESSION WRAP UP
Stephanie Triggs

14 THE OTHER SIDE
Bringing You Healthy News
Shahar Gurvitz

16 AUTO REVIEW
Lexus GS 450h
Steve Schutz, MD

18 VOLUNTEER HEALTHCARE CLINIC
Tom McIlhine, MD

20 PUBLIC HEALTH REPORT
Sexually Transmitted Infections in Travis County
Philip Huang, MD, MPH

22 PRACTICE MANAGEMENT
Failure to Report Differential Diagnosis
TMLT Risk Management

24 TAKE 5: EAR PROBLEMS IN CHILDREN

25 CLASSIFIEDS
Imagine . . .
Michelle A. Berger, MD
President, Travis County Medical Society

At 7 a.m. most Friday mornings, you will find me at the Northwest Austin Rotary Club reciting the Pledge of Allegiance and the “Four-Way Test” of Rotary with my fellow club members. This is my 20th year to be a part of Rotary whose motto “Service Above Self” is a major reason I became a Rotarian.

Our club, of just fewer than 100 members, serves Northwest Austin through its annual citrus sale that sold over $130,000 of fruit this past year. These dollars are returned to the community in many ways, from college scholarships for high school seniors, teacher and paraprofessional awards, prizes for school contests along with grants to select organizations that are too numerous to list. This is an example of how powerful the spirit of giving can be, especially when people organize their efforts toward a common goal.

The other large draw that Rotary has for me is that through the Polio Plus Campaign of the Rotary Foundation, polio has been mostly eradicated from the face of the earth. As I write this article, there have been fewer than 70 cases of polio reported worldwide this year. Beginning in 1987, Rotary International has worked with the World Health Organization to organize Immunization Days around the world. They have been instrumental in accomplishing this major public health victory in a way that could not have been done by governmental programs alone.

I have been involved in organized medicine since medical school, and have been active in our county society for many years. Other physicians often ask me why I am active, and I believe the answer lies in my formative years. The drive to serve beyond my personal needs was instilled in me during my early school years by faith and family. My mother, who was both the Boy and Girl Scout troop leader in our neighborhood, made sure the oath our troop recited weekly to do my duty “to serve God and my country and to help others at all times” was a way of life in my childhood home. I saw early how a few girls working together could make a difference in the lives of others. The wonderful profession we all share has allowed me to continue to practice these values instilled in me as a child.

As medicine faces new challenges, I believe physicians must harness this same powerful giving spirit more than ever. Our profession is being changed dramatically by technology and political forces. This change holds promise, but also peril for medicine in the years ahead. As we navigate these uncharted waters, it will require physicians to be more vocal and involved, to stand for both our patients and the future of medicine, to avoid a poor outcome. It requires all of us to give to our profession beyond our day-to-day work. We are very fortunate to have a strong county medical society, and I encourage all members to keep active so we can better represent you.

If small Rotary Clubs around the world can nearly eradicate polio when larger more powerful and better funded groups couldn’t, imagine what physicians might accomplish by harnessing that same giving spirit.
We believe that nothing short of excellence is acceptable to a physician office.

That is why so many of them trust MSB Answering Service with their after-hours calls.

“The staff at MSB do a great job. I feel like I’m always connected, calls are documented, and they take good care of my patients.”

C. Bruce Malone, III, MD
Orthopedic Surgeon, Austin

Economical - our service rates are typically half of what other services charge, with no sacrifice in quality. In fact, our advanced call handling procedures result in such a high quality of service that they were recently awarded a United States patent.

Secure - violation of HIPAA/HITECH text messaging guidelines can result in some pretty stiff penalties. We provide compliance and protect your liability with encrypted text messaging to a broad range of devices including iPhone, Blackberry, and Android phones using the same level of security that banks use. No app required, no special devices needed, and no inconvenient call-backs to retrieve a message.

Accurate - we make sure we have the correct information during the initial call, eliminating any need to call the caller back to confirm the information. Rigorous training and clearly documented procedures are the foundations for our exceptional service. Our staff really does care about getting it right.

Convenient - we provide a variety of web-based resources that enable our clients to view their call handling instructions, listen to how we handle their calls, search archived transactions, and more. All calls are answered in your practice name, and you can easily turn on/turn off when calls are sent to MSB for processing.

We hope you would like to learn more about what sets MSB Answering Service apart from the rest, how we can reduce your liability, protect your practice, and help you realize a tremendous savings.

(512) 467-5200
www.MedicalServiceBureau.com
David C. Fleeger, MD was elected to serve on the TMA Board of Trustees during TexMed 2013 in San Antonio.

TCMS Events

August
6 - Business over Breakfast
TCMS Offices
8 - New Member Welcome Top Golf

September
7 - Family Social and Auto Show Dell Diamond
TBD - Business of Medicine TMA Thompson Auditorium

October
3 - Business over Breakfast
TCMS Offices
24 - Networking Social

November
7 - Business of Medicine TMA Thompson Auditorium

December
5 - Annual Business Meeting Austin Country Club

TCMS member Dr. Ernest Butler recently received Texas Medical Association’s 2013 Distinguished Service Award. Dr. Butler and his wife, Sarah, were recognized for their contributions to medicine and the community at large. Dr. Bruce Malone presented the Award during TexMed 2013. Photo courtesy of Jim Lincoln.
Look as Good as You Feel

Emery W. Dilling, M.D.
Jeffrey M. Apple, M.D., F.A.C.S.
Board Certified Surgeons

VeinSolutions™
Leaders in Cosmetic & Therapeutic Vein Care

www.VeinSolutionsAustin.com  512-452-VEIN
Contracted with all major insurance carriers. A division of CTVS serving Central Texas since 1958.
Have You Begun The Transition To ICD-10?

Stephanie Triggs
TCMS Senior Director
Physician Services and Community Relations

Ready or not, the official implementation date for ICD-10 coding is October 1, 2014. While bills to block implementation have been introduced in the US House and Senate, they are unlikely to pass. There will be no more extensions as the Centers for Medicare & Medicaid Services (CMS) has stated that the 2014 date will be enforced. Extremely complex and financially worrisome, physicians must accept the coming change and start the transition process now.

ICD-10 adds more than 50,000 new codes to the mix, down to the most detailed specifics of circumstance and diagnosis – payers will look for the most descriptive code available. Physicians will need to write more information in the medical record to support the new codes, and coders will have to code claims in more detail. For example, coding will have to designate the difference between the left and right side and initial encounter and subsequent encounter along with other clinical data. Insufficient data could end up costing your practice a great deal in revenue. Now is the time to talk to your EHR vendor to determine what, if any, upgrades need to be made to your software and hardware. Practice management systems will also need to be reviewed.

Help is available.
The Travis County Medical Society is working with the Texas Medical Association to bring you educational opportunities and tools to assist your practice with the new coding system – the most challenging initiative since the inception of medical coding.

TMA now offers an easy-to-use electronic ICD-9 to ICD-10 General Equivalence Mapping system (GEMs) to assist practices with the transition. This software tool, available as a download or as a web-based product, will help you quickly and easily identify which ICD-10 codes replace the ICD-9 codes your practice uses now. For a one-time purchase price with no ongoing subscription needed, the software allows you to:

• Search by code, code description or key words.
• Create and save a “favorites” list of commonly used codes.
• Develop and print quick reference lists.

The GEMs software does not take the place of coding – it simply links concepts in two code sets. To aid with coding, ICD-10 code books are now available through various resources.

Also offered for purchase from TMA is an ICD-10 Transition Toolkit which walks you through every aspect of preparation including policies, procedures, processes, relationships with other organizations and even IT. A transition plan is laid out with an easy-to-follow timeline that allows specific tasks to be assigned to staff members and quickly tracks your practice’s progress.

Watch for emails and newsletters from both TCMS and TMA for training information that will include live instruction as well as webinars.

For more information, contact Senior Director of Physician Services and Community Relations Stephanie Triggs at striggs@tcms.com or 512-206-1124.

Sources: TMA – www.texmed.org/icd10
CMS – http://go.cms.gov/12LkeA6
We reward loyalty. We applaud dedication. We believe doctors deserve more than a little gratitude. We do what no other insurer does. We proudly present the Tribute® Plan. We honor years spent practicing good medicine. We salute a great career. We give a standing ovation. We are your biggest fans. **We are The Doctors Company.**

You deserve more than a little gratitude for a career spent practicing good medicine. That’s why The Doctors Company created the Tribute Plan. This one-of-a-kind benefit provides our long-term members with a significant financial reward when they leave medicine. How significant? Think “new car.” Now that’s a fitting tribute. To learn more about our medical malpractice insurance program, including the Tribute Plan, call our Austin office at (800) 686-2734 or visit www.thedoctors.com/tribute.

**The Doctors Company**

www.thedoctors.com

Tribute Plan projections are not a forecast of future events or a guarantee of future balance amounts. For additional details, see www.thedoctors.com/tribute.
The regular 83rd Legislative Session ended on a high note for patients and physicians. Tackled during the session were red tape hassles, scope of practice, silent PPOs, Medicaid fraud investigations, graduate medical education (GME), immunizations and more. According to the Texas Medical Association, there were more wins than in recent sessions across all issues affecting patient care – this included stopping all bills Texas physicians wanted stopped.

TMA’s Healthy Vision 2020 presented issues important to medicine along with recommendations to fix what is wrong and keep what is right for physicians and patients. To reinforce TMA’s advocacy efforts to educate legislators, TCMS physicians and Alliance members joined hundreds of their colleagues from across Texas each first Tuesday of the session to drive those points home at the Capitol. The efforts made for a highly successful session.

Key Highlights from TMA

**Budget:**
- Reversal of some significant cuts to GME funding from 2011 and includes funds to increase residency slots;
- Increase in spending for mental health services such as veterans services and prevention and early identification of mental illness in school-aged children;
- Increase in spending for women’s health services, restores much of the federal family planning funding the Department of State Health Services lost in 2011 and fully funds the Texas Women’s Health Program; and
- Restored funding for the state’s Physicians Education Loan Repayment Program.

**Red Tape Reductions:**
- Development of uniform prior-authorization forms for medications and health care services through a stakeholder workgroup;
- Renewal of DPS Controlled Substance registration permit will become part of the online medical license renewal at the Texas Medical Board;
- Regulation of silent PPOs to penalize third parties who steal and resell physicians’ discounted rates for commercial and Medicaid contracts;
- Ability to swipe a patient’s driver’s license to sign in and
- Improved due process, transparency and expediency when the Medicaid Office of Inspector General accuses a physician of fraud and abuse.

**Scope of Practice:**
- Landmark scope bill sets up a more collaborative, delegated practice among physicians and advanced practice nurses or physician assistants – it firmly establishes the physician-led medical team; and
- Stopped all unwarranted scope expansion bills including those from chiropractors and physical therapists.

**Tax Relief:**
- Provides relief for small businesses – exempts businesses with gross revenue of $1M or less from paying the margin tax;
- Allows deduction of vaccine purchase costs from taxable revenues and
- Places tax on all cigarettes and tobacco products not covered by tobacco settlement agreements.

**Public Health:**
- Allows a minor who is pregnant or is a parent to consent to his or her own immunizations;
- Requires licensed child care facilities to develop and implement an immunization policy for their employees;
- Aligns requirements for students entering college with the current Centers for Disease Control and Prevention requirements for bacterial meningitis vaccination and
- State Fitnessgram program remains intact, providing critical data to address state’s obesity epidemic.

While there were significant successes, there was work left undone. Reform and expansion efforts for the Medicaid system were unsuccessful, leaving six million Texans without health care, as were efforts to increase Medicaid physician payments. Legislation that would have amended the Texas Advance Directives Act also failed. Among other things, this bill would have allowed patients to make their care preferences known before
they needed care, would have added prohibiting discrimination in the ethics review process against disabled, elderly or those without financial ability and would have maintained protection against forcing physicians to violate their religious beliefs, moral conscience and professional ethics. Also left undone was the effort to reverse dual-eligible cuts from the 2011 session.

Two special sessions have been called since the regular session ended. The first session was originally called to take up redistricting; however, transportation and a controversial abortion bill were added to the agenda. While TMA and TCMS do not take a position on abortion, concerns with the bill are with legislative intrusion into the patient-physician relationship and the details of the practice of medicine, and with the legislature creating a standard of care. Due to a filibuster during the first special session the bill did not pass, however it did pass during the second special session and was signed by the governor.

TCMS and TMA will continue to work on these and other issues important to patients and physicians.

Now What?
Now is not the time to rest on your laurels as the 2014 election cycle is right around the corner. With that comes fundraising to elect medicine friendly candidates.

To do this, support of the Texas Medical Association Political Action Committee (TEXPAC) is needed. TEXPAC, a bi-partisan PAC, allows the work of the TCMS and TMA lobby teams to continue their efforts to pass legislation that improves health care and to squash legislation that does not.

For more information, or to contribute to TEXPAC, visit www.texpac.org or call 512-370-1363.
We tune in the morning, evening and throughout the day, sometimes on the television, other times on the radio or online. The news is an undeniable staple of our day with the power to unite the community. It provides us with information that affects various aspects of our lives. Since health care issues affect everyone, it’s no surprise that medical professionals have become regular sources on local news stories with weekly and monthly segments.

Drs. Allen Lieberman, Pradeep Kumar and Stephen Pont are some of the Travis County Medical Society physicians who saw the opportunity to utilize local news to reach a wider audience and educate the public and encourage healthy habits beyond the walls of their practice.

Central Texas’ infamous title as an allergy capital presented Allen Lieberman, MD with the idea for an allergy segment on the local news when he noticed how misinformed about allergies many patients were. Seeing KVUE’s pollen count in the newspaper, which was rare at the time, lead him to cold call the producer and pitch the idea.

“We wanted to increase community awareness about allergies, but we had no idea whether it would be a weekly or monthly segment, in the morning or evenings. It’s been a wonderful experience, and we’ll keep doing it for as long as they’ll have us,” said Dr. Lieberman.

Being a part of Allergy Tuesday since its beginning in 2005, Dr. Lieberman is now comfortable in front of the camera during live interviews, but confesses that it wasn’t always so easy.

“The first few times, we were nervous and the interview would go by so fast that some points didn’t make it. Now, we come more prepared to highlight the major points and feel more comfortable,” he said. “The segment is only about three to five minutes, but we have to cover a lot of information in that time.”

Gastroenterologist Pradeep Kumar, MD, who has a weekly TV segment on Fox, agrees. Starting work with the media in 2002 through an hour-long radio show for a couple of years, Dr. Kumar transitioned to TV, realizing he could reach more people. With the nature of television, however, he also quickly realized he would have to broaden the subject matters.

“On the radio, I could take my time because even with commercials, I had 42 minutes to get to the point. I could build up the background and devour the underpinnings of the medical issue. On TV, you have to get to the punch quickly,” he said.

With the short time span of the segment, Dr. Kumar commends the anchors for presenting the public’s point of view that the science might not address, as well as their journalistic integrity for delivering truthful, accurate information.

Cultivating rapport with the producers and preparing in advance is imperative to avoid on-air miscommunication and ensure that the messages are positioned well, but pediatrician Stephen Pont, MD, who has a monthly segment with Fox, also advises not to give out too much information that could overwhelm the audience or cause public alarm.

“When N1H1 came back around during the fall of 2010, we held a press conference to let the public know that it was being monitored, but there was no cause for concern. Some reporters would try to get more inflammatory information out, so we had to be thoughtful about our word choices,” he explains. “You’re the one in control of the sound bites, so give ones that provide the messages you want to convey.”

Antagonistic interviews and negative feedback rarely occur among TCMS physicians. Rather, they each admit to receiving a great deal of positive feedback from family, colleagues, patients and the community. However, Dr. Kumar reflects on one slightly negative comment from a viewer after reporting on new medication to treat hepatitis C that was
introduced in the *New England Journal of Medicine* but wasn’t FDA approved or on the market yet.

“One upset viewer, who wanted the treatment after seeing the segment, criticized me for talking about it when it wasn’t even available,” he explains. “I learned a good lesson to be more explicit about certain issues, especially possible revolutionary treatments that aren’t yet available.”

While community recognition is inevitable on public television, the physicians find it humbling and admit that the most rewarding aspect of the gig is getting positive messages out to the public that encourages healthy behavior.

“I find it rewarding when people say that they were able to learn something from the segment,” said Dr. Kumar. “Much more rewarding than the very minor celebrity that comes along with putting yourself out there on TV, is realizing that I fulfilled the purpose of the segment - to teach people something.”

The Travis County Medical Society and the Texas Medical Association often receive inquiries from media outlets requesting physicians for comments or interviews. For physicians who are interested in exploring these opportunities, Dr. Lieberman simply advises to be available.

“Your first impression regarding this opportunity might be ‘I’m too busy,’ ‘I don’t have time,’ or ‘I have too many patients.’ See them in between patients,” he says. “The media moves fast, so they’ll only interview you for about five minutes. Make yourself available to them and practice being interviewed.”

To prepare for their own segments, the physicians typically correspond with their producer or anchor, and then choose their topic by searching for timely, pertinent ones that typically affect the entire community. For the most part, “if we see a lot of patients coming in for a specific issue, then we know we should address it on air,” Dr. Lieberman said.

Many physicians may not have the interest or feel comfortable being involved with local media directly; Dr. Pont encourages colleagues to consider dabbling with social media while being aware of legal implications of possible patient interaction. As a Twitter user, he believes social media platforms are free and powerful tools to disseminate messages that can counter the strong, negative and false messages that they hear and that affect their health. Follow Dr. Pont on Twitter through his handle name @DrStephenPont.

“To some degree, we have the obligation to push positive health messages out there in those environments because if we aren’t working to improve our patients’ health outside of our clinic, they’ll never be truly successful,” said Dr. Pont. “You might not be completely comfortable with that at first, but after the learning curve, you can be successful there too.”

Dr. Kumar reinforces that physicians are uniquely qualified to educate the public with factual information as best as known.

“We took an oath. No one else in the health field took an oath ‘to above all do no harm.’ They don’t have to be in it to truly improve the health of our patients,” he said. “You don’t have to get on TV or radio, but we all do it in small ways in our offices every day. Be mindful of other opportunities that arise in the community to engage our patients in a way that will educate them about their health.”

---

**Get Involved in Community Health Awareness**

TCMS frequently receives requests from the media for physician interviews. Want to be a go-to resource? Do you have a health related story to pitch? Are you interested in media training?

Contact Senior Director of Physician Services and Community Relations Stephanie Triggs at striggs@tcms.com or 512-206-1124.

Hesitant to use social media, but don’t know where to start? Do you have health information or a patient story you would like to share via the TCMS blog?

Contact Communications Coordinator Shahar Gurvitz at sgurvitz@tcms.com or 512-206-1219.
Lexus GS 450h
Hybrid provides better fuel economy while maintaining comfortable ride.

Steve Schutz, MD

In the past 10 years, Lexus has put a major emphasis on hybrid vehicles, and Toyota's luxury arm continues to add hybrid models such as the new GS and ES sedans, which are now available with a hybrid option. Lexus is hoping their hybrids continue to grow in popularity as Mercedes, BMW and Audi's diesels have done, and so far they are.

Currently, more than a quarter of Lexus ES models sold are hybrids, as are 15 percent of RXs, and, of course, all CT coupes are hybrids. Only four percent of GS and two percent of LS sedans sold in the United States are hybrids. Not surprisingly, Lexus hybrids are especially popular along the east and west coasts of the country.

Hybrid vehicles, for those unfamiliar with the technology, use generators, batteries, electric motors and computers to capture the energy lost during braking, store it, and then re-use it to help propel the vehicle and power its electronics. Since much of the kinetic energy from a conventional car is lost as heat during braking, the ability of hybrid (and electric) cars to capture and use that energy has appeal.

More Complexity, Cost, Weight
Naturally, the addition of what is essentially a second propulsion system to a car that already has a gasoline engine adds complexity, cost and weight, to say nothing of the lithium or nickel that must be mined from underground to make hybrid vehicle batteries. Nevertheless, the current trajectory of government regulations around the world is to require private and commercial vehicles to consume less fuel and produce fewer tailpipe emissions.

I would add that those who believe this trend is government overreach may want to have a conversation with someone less than 25 years old – I do that regularly with my sons (19 and 21 years old) and their friends, and it's safe to say that these requirements reflect the state of mind of the millennial generation. So more electrification, either through standard hybrids, plug-in hybrids or true...
electric vehicles, will be a reality for at least the next 10 years.

Since this is an actual review of an actual car, let's start our discussion with how the GS 450h drives. In a nutshell, a lot like the standard GS 350, though it's definitely not as sporty as the GS 350 F-Sport. Compared with its gasoline-powered siblings, the GS hybrid carries an extra 350 pounds — roughly the equivalent of your mother-in-law and two kids — which you can feel on a twisty road or even driving around town.

While the Atkinson cycle 3.5-liter V6 and electric motor combine to produce 32 more horsepower than the gasoline GS sedans — 338 HP to be exact — Car and Driver reports that the hybrid is slightly slower zero-to-60. I wouldn't describe their published time of 5.7 seconds as slow, but you do pay a price for that extra weight. As you'd expect with any Lexus, the ride is comfortable and serene, and extraneous noise is minimal.

Predictably, the GS 450h gets better fuel economy than the GS 350 at 29 mpg city/34 mpg highway versus 19/28.

As noted in my review of the GS 350, Lexus did a good job with the exterior redesign of what had been their slowest-selling car. The combination of an aggressive new front end highlighted by Lexus' spindle grille and a more conventional profile has resulted in a decidedly attractive sedan.

**Bamboo Trim Option**

The interior is as nice as the exterior, and in hybrid versions, it's even nicer than the standard GS 350 or F-Sport if you choose the optional bamboo trim. The light hue of that distinctive wood brightens the GS' cabin significantly, so much so that I wish it were available in the non-hybrid GS models.

I won't bore you with a repeat of what I said about the GS 350's interior because most of that applies here, but I will point out that in normal or eco driving modes, there's no tachometer, just a power and charging gauge next to the speedometer. Turn the driving dynamics knob to sport, though, and a full-size tachometer appears (with red highlights a la Jaguar XJ, no less).

Pricing will likely be an issue for many buyers who aren't already hybrid enthusiasts, as the GS 450h starts at around $59,000, or roughly $10,000 more than a similarly trimmed GS 350. In general, Lexus vehicles come well equipped, but most buyers add the navigation package with its Enform app suite, and the luxury package is quite popular in all Lexuses.

Lexus continues to roll out more hybrid versions of their vehicles, and so far they're catching on. For now, less than 5 percent of GS sports sedan buyers choose the hybrid option, but look for that number to increase with time as government regulations and customer interest drives vehicle electrification.

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.
Volunteer Healthcare Clinic: 
Looking for a Few Good Docs

Profile: Mark Ambler, MD

Tom McHorse, MD
Medical Director, VHC

Since 1966, The Volunteer Healthcare Clinic (VHC) has been a place to help the medically uninsured receive high quality health care and prevention education. But what stands out most about the clinic is that all of the medical services are provided by volunteers. This includes the physicians and mid-level providers who are so vital in ensuring that the most vulnerable residents of Travis County always have a place to seek medical treatment.

Heeding the call to help the uninsured, Mark Ambler, MD, in private practice with Austin Regional Clinic (ARC), has been volunteering as a family practice provider since 2006. He has volunteered in many capacities, including Monday night’s Chronic Disease Management program and the Tuesday/Thursday night walk-in clinics. He has even helped facilitate a group visit with diabetic patients.

“It’s nice patients can get simple things like medicines, labs and x-rays, so you feel like you treat patients appropriately. The patients are very appreciative. In a world where so much is taken for granted, patients here appreciate your efforts. Plus, I get to practice my Spanish, but help with translation is always available,” he said.

A Houston native and Rice University graduate, Dr. Ambler completed his medical schooling at UTHSC and residency at Southwest Memorial Family Practice, both in Houston. In 2001, he moved to Austin to begin working with ARC. He is married to Laura and has two daughters Allison, 15, and Emily, 12.

As with any non-profit organization, volunteers are vital in service delivery. VHC is always in need of volunteer physicians and mid-level providers to make family practice services available on a regular basis. This is true now more than ever. The shift frequency is flexible with work schedules, occurring on Monday, Tuesday or Thursday evenings with an added perk of volunteering alongside colleagues to help those most vulnerable with life-saving medical care.

The clinic is centrally located at 4215 Medical Parkway.

If you are interested in donating your time, a gift that is immeasurable, contact VHC Volunteer Coordinator Laura Hurst at lhurst@volclinic.org or 512-459-6002 ext. 205.

For more information about VHC, visit www.volclinic.org.
Brian Novy knows Austin.
Your #1 source for medical office space.

The Brian Novy Company Specializes

- Tenant/buyer representation
- Lease negotiation / renegotiation
- Utilizes extensive network of Developers, Contractors, Architects, Attorneys, CPAs and Lenders
- Build to suit

Brian is home grown Austin. He will find the prefect location for your practice and be your resource in all phases of establishing your practice.

512-327-7613 • www.briannovy.com • novyco@austin.rr.com

MEDICAL PROFESSIONAL LIABILITY INSURANCE + RISK MANAGEMENT SERVICES

CERTITUDE™ by ASCENSION HEALTH

FOR PHYSICIANS AFFILIATED WITH SETON HEALTHCARE FAMILY

Your record of practice is important for many reasons—credentialing, increasing transparency with patients, and protecting your important professional identity.

Coverage is about so much more than settling claims. Choose the protection that is like no other in supporting the principles of high reliability.

Your Certitude™ program provides:

- Risk management resources to help you manage your practice and enhance patient safety
- Flexible premium payment options to fit your needs
- Physician peer input for difficult claims and underwriting issues
- A unified claims approach—with no claim settled without your consent
- Enhanced coverage for today’s medical environment
- And much more...

Call ProAssurance at 800.252.3628 for more information on Certitude.

EXPECT MORE
The power of affiliation...
Sexually Transmitted Infections in Travis County

Philip Huang, MD, MPH
Medical Director/Health Authority
Austin/Travis County Health and Human Services Department

The Austin/Travis County Health and Human Services Department (ATCHHSD) estimates that there were over 62,000 newly diagnosed Sexually Transmitted Infections (STIs) in Travis County in 2011 costing an estimated $83,326,565 in lifetime direct medical costs.

Four STIs are reported conditions in Texas (chlamydia trachomatis infections, gonorrhea, human immunodeficiency virus (HIV) and syphilis). Figure 1 shows the number of reported cases for these four conditions in Travis County residents in 2011.

Recent publications have also provided data on the prevalence and incidence of sexually transmitted infections and the estimated direct medical costs associated with these infections. Extrapolating from estimated numbers in the United States, the estimated number of new herpes simplex virus infections, trichomoniasis and human papillomavirus (HPV) infections in Travis County are also shown in Figure 1.

Prevalence of Sexually Transmitted Infections in 2011

Some STIs are not easily treated and cured, so that many people are living with the condition, although they were not newly diagnosed. ATCHHSD estimates that in 2011 there were 3,673 persons living with HIV, 78,556 with herpes simplex virus type 2 (HSV-2) and 257,832 with HPV (Figure 2).

Human Papillomavirus (HPV) – The Most Common STI

HPV accounts for the majority of prevalent STIs in Travis County. The body’s immune system clears most HPV naturally within two years (about 90 percent), though some infections persist. While there is no treatment for the virus itself, there are treatments for the serious diseases that HPV can cause, including genital warts, cervical and other cancers. Most sexually active men and women will get HPV at some point in their lives. This means that everyone is at risk for the potential outcomes of HPV and many may benefit from the prevention that the HPV vaccine provides. HPV vaccines are routinely recommended for 11 or 12-year-old boys and girls, and protect against some of the most common types of HPV that can lead to disease and cancer, including most cervical cancers. The Centers for Disease Control (CDC) recommends that all teen girls and women through age 26 get vaccinated, as well as all teen boys and men through age 21 (and through age 26 for gay, bisexual and other men who have sex with men). HPV vaccines are most effective if they are provided before an individual ever has sex.

Economic Cost of STIs in Travis County

The estimated direct medical costs for selected sexually transmitted infections were recently determined by the CDC. Table 1 shows the estimated direct medical costs per case for seven sexually transmitted diseases in Travis County. The estimated lifetime medical cost for each new HIV infection is $304,500. The total direct lifetime medical costs for the 242 new HIV infections in 2011 in Travis County are over $73 million dollars. Because some STIs – especially HIV – require lifelong treatment and care, they are by far the costliest. The
total direct lifetime medical costs for the estimated 47,612 new HPV infections in 2011 are over $5 million. HPV is particularly costly due to the expense of treating HPV-related cancers.

**Fighting STIs: Prevention, Diagnosis and Prompt Treatment**

Because STIs are preventable, significant reductions in new infections are not only possible, they are urgently needed. Prevention can minimize the negative, long-term consequences of STIs and also reduce health care costs. The high incidence and overall prevalence of STIs in our community suggests that many residents are at substantial risk of exposure to STIs, underscoring the need for STI prevention. Abstaining from sex, reducing the number of sexual partners and consistently and correctly using condoms are all effective STI prevention strategies. Safe, effective vaccines are also available to prevent some types of HPV that cause disease and cancer. And for all individuals who are sexually active – particularly young people – STI screening and prompt treatment (if infected) are critical to protect a person’s health and prevent transmission to others.

Table 1. Number of newly reported or estimated sexually transmitted infections and estimated lifetime total direct medical costs, Travis County.

<table>
<thead>
<tr>
<th></th>
<th>Number of Cases, Travis County</th>
<th>Estimated Lifetime Total Direct Medical Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia trachomatis infects*</td>
<td>6,034</td>
<td>$1,582,030</td>
</tr>
<tr>
<td>Gonorrhea*</td>
<td>1,454</td>
<td>$287,841</td>
</tr>
<tr>
<td>Herpes simplex virus (HSV)**</td>
<td>2,620</td>
<td>$1,810,420</td>
</tr>
<tr>
<td>Human Immunodeficiency Virus (HIV) §</td>
<td>242</td>
<td>$73,689,000</td>
</tr>
<tr>
<td>Human papillomavirus (HPV)**</td>
<td>47,612</td>
<td>$5,618,216</td>
</tr>
<tr>
<td>Syphilis*</td>
<td>364</td>
<td>$258,076</td>
</tr>
<tr>
<td>Trichomoniasis**</td>
<td>3,681</td>
<td>$80,982</td>
</tr>
<tr>
<td>Total</td>
<td>62,007</td>
<td>$83,396,565</td>
</tr>
</tbody>
</table>

*Number of newly reported infections, 2011
**Estimated number of new infections, 2011

**CDC’s STI Screening Recommendations:**

- All adults and adolescents should be tested at least once for HIV.
- Annual chlamydia screening for all sexually active women age 25 and under, as well as older women with risk factors such as new or multiple sex partners.
- Yearly gonorrhea screening for at-risk sexually active women (e.g., those with new or multiple sex partners, and women who live in communities with a high burden of disease).
- Syphilis, HIV, chlamydia and hepatitis B screening for all pregnant women, and gonorrhea screening for at-risk pregnant women at the first prenatal visit, to protect the health of mothers and their infants.
- Trichomoniasis screening should be conducted at least annually for all HIV-infected women.
- Screening at least once a year for syphilis, chlamydia, gonorrhea and HIV for all sexually active gay men, bisexual men and other men who have sex with men (MSM). MSM who have multiple or anonymous partners should be screened more frequently for STIs (e.g., at three to six month intervals). In addition, MSM who have sex in conjunction with illicit drug use (particularly methamphetamine use) or whose sex partners participate in these activities should be screened more frequently.

Failure to Report Differential Diagnosis, Issuing a Misleading Report

The following closed claim study is based on a 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. An attempt has been made to make the material less easy to identify. If you recognize your own case, please be assured it is presented solely to emphasize the issues of the case.

Presentation
A 68-year-old man came to his family physician with complaints of several month history of worsening memory, confusion, difficulty sleeping and intermittent problems with his left hand and arm becoming weak and numb.

Physician action
The family physician suspected TIAs, but wanted to rule out brain cancer. He ordered a CT scan of the head and arranged for a carotid ultrasound. The family physician completed the order form for the CT, requesting the CT of the head and hand and arm becoming weak and numb. He also included the patient’s symptoms on the form, and asked that the patient’s medical records be forwarded to the testing facility.

The family physician’s nurse called the hospital to set up the CT scan. She later testified that she read the request from the family physician as “R/O brain cancer.” The billing clerk at the hospital changed that to read “R/O METS.” This information was then sent to the hospital’s radiology technician who changed it from “R/O METS” to “METS” because “R/O METS” did not fit the Medicare codes.

When the radiologist received the request, the clinical diagnosis was “METS.” None of the family physician’s suspicions or medical records noting “TIAs, organic brain syndrome or mental status changes,” were forwarded to the radiologist. The CT scan was performed with and without enhancement. In the initial portion of the radiologist’s report, he noted that what he saw was “consistent with metastatic disease.” Later in his report, he made reference to “this metastasis” rather than “this possible metastasis.”

The day after the CT scan, the patient reported to the emergency department at another hospital. His symptoms included dizziness, weakness, memory loss and slurred speech. The ED physician suspected a TIA and administered heparin. The patient was then admitted to the hospital, under the care of an internal medicine physician. This physician continued the heparin, ordered a carotid ultrasound and contacted the radiologist about the previous CT scan. The radiologist read the report to the internal medicine physician. At that time, the internal medicine physician decided to discontinue the patient’s anticoagulation treatment because it was contraindicated for patients with cancer. The carotid ultrasound was also cancelled.

The internal medicine physician ordered tests to look for the tumor, but the tests failed to find any evidence of cancer. After two days in the hospital, the patient was discharged with a diagnosis of “metastatic brain disease, primary tumor site undetermined,” and was referred to an oncologist.

Two weeks after he left the hospital, the patient suffered a major CVA. A CT scan and MRI of the head identified multiple areas of infarction with no evidence of metastatic tumor. A carotid flow study revealed total occlusion of the left internal carotid artery. The CVA caused severe paralysis to the left side of the body. Currently, the patient uses a wheelchair and is unable to speak.

Allegations
A lawsuit was filed against the radiologist, alleging the following:

• failure to report an appropriate, accurate differential diagnosis;
• failure to suggest additional, follow-up radiological studies;
• issuing a misleading and inaccurate CT report of metastasis and
• failure to clinically correlate the information in the CT report which ultimately led to a failure to diagnose the patient’s condition.

The family physician, the hospital where the CT scan occurred, and the internal medicine physician were also named in the lawsuit.

Legal implications
The defendant radiologist was adamant that his interpretation of the CT scan was correct and was consistent with the history provided to him on the radiology request. The statement “METS” led the radiologist to believe that a diagnosis of cerebral metastases had been established, and that he was to report whether brain metastases were present on the CT scan. Two board certified radiologists reviewed this case and both felt the CT scan was far more suggestive of stroke than brain metastasis. Both radiologists said they would have listed possible ischemia on the differential. The plaintiff’s expert, also a board certified radiologist, felt the defendant’s read of the CT scan was accurate, but the defendant’s final
impressions were incorrect because he did not list ischemic disease as a possible differential diagnosis.

The case against the radiologist was weakened by testimony from the co-defendant physicians and their experts. They all testified that it was within the standard of care to rely on the radiologist’s review of the CT in deciding to discontinue the patient’s anticoagulation treatment. This case was further complicated by two factors. There was a dispute between the family physician’s nurse and the hospital billing clerk over what information was relayed over the telephone about the request for the CT. Regardless of this dispute, the radiology technician changed the diagnosis from “R/O METS” to “METS” and this affected the defendant's review of the CT.

Disposition
The case against the radiologist was settled during trial. The hospital and family physician also settled. The case against the internal medicine physician was closed without indemnity payment.

Risk management considerations
The health care system broke down in many places in this case. What are the lessons to be learned? Physicians need a system to verify that their employees follow orders as directed. The patient’s symptoms and medical record information were not on the CT order. Additionally, billing clerks and radiology technicians should not be allowed to alter medical information.

Without the clinical history of possible TIAs, cognitive changes, and intermittent numbness of the left arm, the radiologist interpreted a CT scan assuming a diagnosis of metastasis. Including differential diagnoses and recommending further studies to rule out or confirm each diagnosis are standard protocols in the practice of radiology. Why was the carotid ultrasound not done? Apparently, it was not ordered at the same time as the CT scan. The nurse did not complete the orders and the family physician did not determine the oversight.

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 2013 TMLT.

Join us for a comprehensive look at current and emerging strategies for the diagnosis and management of cardiovascular conditions.

This activity has been approved for AMA PRA Category 1 Credit™.
EARS PROBLEMS IN CHILDREN

Two common ear conditions may affect children. Acute otitis media (AOM) is an infection that usually involves fever, pain and evidence of middle ear (behind the eardrum) inflammation with effusion (fluid). Otitis media with effusion (OME) is fluid in the middle ear without signs of infection. The eustachian tubes drain fluid from the ears to the back of the throat. When these tubes are swollen or clogged, fluid can build up in the ear, causing these conditions. Risk factors for AOM or OME include exposure to cigarette smoke, allergies, respiratory infections and drinking while lying on one’s back. Avoiding these risks may help prevent these problems. The pneumococcal vaccine prevents one of the most common types of ear and respiratory infections.

DIAGNOSIS

The diagnosis of AOM or OME requires a physical examination by a health care professional who will look inside the ear to find fluid or inflammation. Making the diagnosis can be difficult because children’s ear canals are small and are sometimes obstructed by wax.

TREATMENT

Pain: Treat pain with analgesic eardrops or an over-the-counter medication such as acetaminophen.

Otitis media with effusion: Routine use of antihistamines, decongestants and antibiotics is not recommended. Children should have a hearing test if OME lasts longer than three months or when there are suspected hearing, language, or learning problems.

Acute otitis media: Antibiotics are given to children younger than six months because these children have immature immune systems and are less able to fight infections. Between ages six months and two years, children may be given antibiotics depending on age, certainty of diagnosis and severity of the infection. Children with nonsevere illness and an uncertain diagnosis may be watched for 48 to 72 hours without antibiotics. Most children do well, but if they do not improve in 48 to 72 hours, they may be given antibiotics.

Tympanostomy tubes are inserted when OME lasts longer than three months, there is recurrent AOM (three episodes over six months or four in one year), or there is significant hearing loss.

Fluid may remain in the middle ear even after an infection resolves. Fluid can also develop without any signs of infection. Children with OME may have no symptoms and do not usually look sick, and most episodes resolve on their own. Even if fluid is present for several months, most otherwise healthy children have no long-term hearing damage or problems with language development. Children with medical problems such as developmental disorders, memory or thinking problems, or speech or motor issues may need early treatment.

FOR MORE INFORMATION

• National Library of Medicine
  www.nlm.nih.gov
• American Academy of Otolaryngology–Head and Neck Surgery
  www.entnet.org
• Healthy Children
  www.healthychildren.org
• Agency for Healthcare Research and Quality
  http://effectivehealthcare.ahrq.gov/
**OPPORTUNITIES**

**Urgent Care:** MedSpring Urgent Care, Austin seeking staff physicians for six new urgent care locations in Austin. Gorgeous, centrally located centers feature 12-hour shifts, no nights, no call and no overhead. 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 we are looking for doctors to grow with our company. Excellent compensation, annual bonus, benefit package, licensure and CME reimbursement, paid medical insurance and excellent opportunities for leadership. For more information contact Patty Weldon at patty.weldon@medspring.com or 512-270-2844.

**Primary Care:** MedSpring is an exciting health care company with six Austin locations. Determined to have a positive impact in health care, MedSpring is building a reputation for the quality and caliber of its people and the great service they deliver. MedSpring will now offer primary care services, in addition to the excellent urgent care we already provide. We have both part-time and full-time opportunities for board certified or board eligible family medicine or internal medicine physicians. We seek physicians with an outstanding bedside manner, a positive and energetic attitude and a team orientation absent of hubris. Together, we will build a new standard for primary care in the communities we serve. For more information contact Patty Weldon at patty.weldon@medspring.com or 512-270-2844.

**Occupational Medicine:** Director of Occupational Medicine, Austin. MedSpring is the new leader in urgent care, and we are rapidly expanding into occupational medicine. We are seeking a medical director for our occupational medicine overseeing our oce med program in Austin and beyond. This position will develop our program, train our physicians in oce med and meet with oce health clients to convey the benefits of working with our company. MedSpring is dedicated to getting patients ‘back to better,’ and we are looking for doctors who seek to provide outstanding service to every patient. We offer gorgeous, centrally located centers featuring 12-hour shifts, no nights and no overhead and generous compensation and benefits. Our comp package includes salary, bi-annual bonus, benefit package, licensure and CME reimbursement and paid medical insurance as well as a director stipend. For more information contact Patty Weldon at patty.weldon@medspring.com or 512-270-2844.

**Office Space**

**Medical Office:** Shared office space in Medical Arts Square complex (central Austin). Perfect for part-time specialist Private physician office with separate reception/front office, shared waiting and exam rooms. Convenient patient parking. Available immediately. For additional information email mehra@hotmail.com or call 512-474-5511.

**Medical Office:** 4207 James Casey #302, across from St. David’s South Austin Medical Center, 1240 sq ft. three exam rooms, office, lab, restroom, reception office and waiting room. Contact broker/owner at mpsfuentes@austin.rr.com or 512-797-4877.

**Lakeway:** Office space for lease for FT or satellite office near LRMC. Six fully equipped exam rooms + two office spaces + X-ray and lab. 2400 sq/ft. free standing bldg w/ parking. Great visibility w/signage on RR 620. $1.41 RR 620 South, Lakeway. Email dorisrockdale@att.net or call 512-413-1903.

**SERVICES**

**Joe Kasson Painting:** Residential specialist in quick, neat, clean professional interior/exterior painting. References available. 512-312-1035.

**PROPERTY**

**For Lease:** Beautiful custom Westlake home for long-term lease - $3,250/month. Semi-furnished or unfinished, summer 2013. Eanes schools, 3br/2 1/2 ba, with extra loft space and soundproof music/recreation room. Email ddgot.501@gmail.com.

**For Sale:** Ortho/sports medicine supplies. Styrler cast saw and spreaders, casting, brace and splint supplies, hard sole shoes. Contact 512-413-1903.

**Wanted to Buy:** Old, vintage and antique medical equipment, supplies, models, charts, etc. Email cecimtu@sbcglobal.net or call 512-249-6119.

---

**Sleep 360 Sleep Diagnostic Center**

Pecan Park Professional Plaza
10801 Pecan Park Blvd. Suite 203
Austin, 78750

Our Services
- Physician Consultation
- Physician supervised sleep studies with quick turn around time for results
- CPAP/VPAP compliance clinic
- Cognitive Behavioral Therapy (CBT) for insomnia management.

AASM Accredited 4 - Bed Sleep Center

PH: 810-036 • Fax: 918-0361 • www.sleep360md.com

---

**HEADACHE & PAIN CENTER**

Rajat Gupta, MD
4407 Bee Caves Rd, Blvd 2, Suite 211
Austin, TX 78746
512 330-0961, 330-0962 FAX

Offering: Medical Evaluation & Treatment, Physical Therapy, Massage Therapy, Biofeedback, Acupuncture, and other services.

Dr. Gupta is a board certified neurologist and pain specialist, and former instructor of Pain Management at Johns Hopkins University.
Our doctors are pretty special. So we treat you that way.

Peace of mind.
With an A (Excellent) rating by A.M. Best, we strongly protect and defend you. So you can relax and practice medicine.
www.medicusins.com

MEDICUS
Insurance Company

Great rates. Personal service.
Austin Radiological Association
Medical imaging for your life and your lifetime

PROSTATE & TESTICULAR IMAGING
VARICOCELE EMBOLIZATION
PET/CT
MRI
EVLT FOR VARICOSE VEINS
ABDOMINAL AORTIC ANEURYSM SCREENING
CARDIAC IMAGING
BONE DENSITY
CT

15 locations to serve you
Schedule at 512.458.6100 • www.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. TMAIT is exclusively endorsed by the Texas Medical Association, and we are committed to helping you find 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