Richard M. Holt, MD
2013 TCMS Physician of the Year
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FROM THE PRESIDENT
Change is the Law of Life
Michelle A. Berger, MD

GIVING BACK

PHYSICIAN INSURANCE RANKING

2013 PHYSICIAN OF THE YEAR
RICHARD M. HOLT, MD
Shahar Gurvitz

2013 TCMS AWARD RECIPIENTS

AUTO REVIEW
Steve Schutz, MD

TCM ALLIANCE
Karen Kim, President Elect

PRACTICE MANAGEMENT
Failure to Diagnose Retained Sponge
TMLT Risk Management

TAKE 5: BLOOD LIPIDS

CLASSIFIEDS
FROM THE PRESIDENT

Change is the Law of Life

Michelle A. Berger, MD
President, Travis County Medical Society

Fifty years ago I was at my desk in my third grade classroom when the principal's voice came over the loudspeaker announcing that President John F. Kennedy had been shot. I remember that moment vividly, and recall how upset my teacher was as she cried in class. When the principal's voice returned announcing the President’s death, we were sent home from school. Normally, a shortened school day was met with joy, but that day not a single student in my class was happy about the early release. I walked home and found my mother in the living room watching TV with tears running down her cheeks. At the time, the anti-Catholic bias in society was still quite strong, and our Catholic family had been elated by JFK's election since it was a milestone many thought was unachievable. The election of a Catholic president created a climate in my community that signaled the opening of many doors that had previously been closed, so his untimely death caused anxiety in our daily lives and uncertainty about the future. This could also describe the feelings many of us have about medical care in our country today.

Much has evolved in government funding of medical care since 1962 when President Kennedy spoke in Madison Square Garden supporting legislation to create Medicare. We have arrived at a place where now reimbursement for medical care from government sources “is near 50 percent. When the federal subsidies in the Affordable Care Act (ACA) are fully implemented, government sources will fund the majority of medical care in our country. This will assure that the culture in medicine will include an even larger regulatory component and a constant uncertainty about payments. Our profession faces increasing vulnerability to outside influences from RAC audits, HIPAA regulations, ICD-10 coding changes, meaningful use requirements, new value based payment models and other challenges that we ignore at our own risk. Whether any of these influences will have any effect on improving day-to-day care of our patients remains to be seen. The next 50 years in medicine will have advances to improve health and treat illnesses that we cannot today imagine. Funding those future advances will no doubt be a challenge, but first, the current funding struggles facing medicine in our country must be addressed.

Let all of us who care for patients make certain we do not miss the future.

In his inaugural address, President Kennedy inspired our nation with the words, “… ask not what your country can do for you, ask what you can do for your country.” I believe the time has come for all physicians to ask not what medicine can do for us, but ask what we can do for medicine. These next few years will be pivotal and perilous. Physicians of the future will inherit a profession modeled by the multi-layered, multifaceted changes we are facing now. The outcome is by no means certain, but I believe it is imperative that physicians lead the way. We must lead because we have the knowledge about delivering care, and ultimately, we will be the ones who must enact these future changes.

As I write this article, the ACA implementation is experiencing significant difficulties with the problematic rollout of the health insurance marketplaces at both the federal and state levels. Many individually insured Americans must now shop for new health insurance policies because their current ones don’t comply with regulatory coverage mandates. They are rightly frustrated with the situation. The economic effect of the large increase in health insurance costs, whether the money is from an employer, a federal subsidy or an individual's own bank account, remains an unknown. We must accept that cost and quality considerations will be added to our therapeutic judgments. Care teams and telemedicine will be future forms of care delivery to new generations of patients raised with the internet who will have expectations for health care that our current system would be unable to meet.

President Kennedy also said, “Change is the law of life. And those who look only to the past or present are certain to miss the future.” That November day in third grade, I realized a dramatic change had occurred in my life and my country. Now 50 years later, I am realizing another dramatic change in my life and my country. Let all of us who care for patients make certain we do not miss the future. Our profession still has a large reservoir of trust from the public, and can have a large influence on the outcome of these changes. Physicians must get involved now or the result will not be the best it can be when the future arrives.
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- **Young Physician Award**
  **JASON S. REICHENBERG, MD**

- **Physician Humanitarian Award**
  **ROBERT L. ROCK, MD**

**Thursday, December 5, 2013**

6:30 pm - Reception
7:30 pm - Dinner

**RSVP**
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UT Southwestern School of Medicine, UT Health Science Center Houston Medical School and the University of Texas at Austin Professional Education (SHAPE) are in collaboration to create a seven-year course of study that reduces the traditional undergraduate and medical professional times-to-degree by one year each. The “flex year” added during the years in residence on a health campus will enable intensive study and enhance professional development. The undergraduate curriculum will focus on content which is relevant to students’ medical school success, eliminating redundancy and irrelevant content.

This summer, 48 University of Texas at Austin pre-medical students participated in the first UT SHAPE Summer Clinical Immersion course – an interdisciplinary pre-medical program – run by course directors and TCMS members John Luk, MD and Celina Mankey, MD. Clinician educators served as students’ mentors and facilitated ongoing small group sessions on the following topics: professionalism; basic communication skills, basic patient interviewing skills, social and spiritual history, sexual history and culture and medicine. The highlight of the course was the inter-professional health observerships as shadowing a health practitioner remains a cornerstone of pre-medical education.

Student evaluations reflected that the objectives of the program were met by highly rating the 5-week experience.

Drs. Luk and Mankey are grateful for the opportunities that all of the partners, mentors and preceptors provided to the students. Listed on this page are TCMS members who were involved in the summer program.


**Mentors**
- Valli Annamalai, MD
- Reginald Baptiste, MD
- Nalinda Charansangavej, MD
- Caron Farrell, MD
- Ted Held, MD
- Mrinalini Kulkarni-Date, MD
- Dan Richards, MD
- Steven Taylor, MD
- David Wright, MD

**Preceptors**
- Sami Aboounatar, MD
- Joanne Adams, DO
- Coburn Allen, MD
- Maria Arizmendez, MD
- Sahar Burns, MD
- Lynn Campbell, MD
- Ann Marie Case, MD
- Tom Caven, MD
- Jadranko Corak, MD
- Melissa Cossey, MD
- John Crane, MD
- Patrick Crocker, DO
- Bianca Davenport, MD
- Marc DeHart, MD
- Lindley Dodson, MD
- Elizabeth Douglass, MD
- Jennifer Duc, DO
- Franchesca Estrada, MD
- Oliver Fannin, MD
- Arnold Fenrich, MD
- J. Patrick Finnigan, MD
- Marion Forbes, MD
- Leigh Fredholm, MD
- Binaca Gagliani, MD
- Cathy Ganey, MD
- Caitlin Giesler, MD
- Carlos Gonzalez Jr, MD
- Ernesto Gonzalez, MD
- Victoria Gregg, MD
- Indu Gupta, MD
- Steven Henry, MD
- Cory Henson, MD
- Richard Holt, MD
- Deanne Hufnagel, DO

Jennifer Hughes, MD
Craig Hurwitz, MD
Meena Iyer, MD
Gregory Johnson, MD
Loren Jones, MD
Michael Josephs, MD
Meena Julapalli, MD
Lauren Kacir, MD
James Kempana, MD
Pratima Kumar, MD
Moise Levy, MD
Tory Meyer, MD
Robert Milman, MD
Wade Mincher, MD
George Miner, IV, MD
Kristin Mondy, MD
Jessica Morse, MD
Kirsten Nieto, MD
Om Pandey, MD
Hanoch Patt, MD
Laura Pittman, MD
Brian Price, MD
Kyle Rhodes, MD
Adam Rosenbloom, MD
Stuart Rowe, MD
Holli Sadler, MD
Amit Salkar, MD
Julie Sanchez, MD
Ashley Sens, MD
Kenneth Shaffer, MD
Todd Sheer, MD
Anees Siddiqui, MD
Scott Smith, MD
Allen Sonstein, MD
Herbert Stern, MD
Mark Tabarrok, MD
Lynn Thoreson, DO
John Uecker, MD
Toni Wakefield, MD
Margaret Wardlaw, MD, PhD
Don Williams, MD
Ronald Wilson, MD
Karen Wright, MD
Catherine Yee, MD
Jun Zhao, DO
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Physicians from across the state of Texas have recently been receiving ranking/tiering letters from UnitedHealthcare. The date for appealing designations prior to public display is December 2, 2013.

Traditionally, ranking/tiering has been a profiling methodology used by private insurance companies to steer patients toward lower-cost physicians. Many insurers are increasingly offering incentives for patients to choose physicians deemed as providing lower-cost care. Some plans will award bonuses to doctors who are deemed “low cost.”

Similarly, the health care reform legislation promotes “value-based purchasing,” which would rely on some classification system to analyze physicians’ costs and determine who spends relatively less than their peers while delivering the same quality of care.

TMA staff has developed a two page guide to appealing a health plan ranking based off House Bill 1888 which passed in the 2009 Texas Legislative Session. Physicians should use this information in developing their appeal to a health plan if they disagree with their ranking or tiering status.

For more information visit: texmed.org/PhysicianRatingSchemes.

To review the two-page guide, click “How do I dispute my unfair or inaccurate rankings?”

Source: Texas Medical Association

David O. Barbe, MD, Chair of the AMA Board of Trustees presented Marshall Cothran, CEO of the TCMS and The Blood and Tissue Center of Central Texas the Medical Executive Meritorious Achievement Award. The AMA presents this award to a medical association executive who has provided exemplary and exceptional services that benefits and supports physicians in caring for their patients.

The AMA cited Marshall for “the financial turnaround of The Blood and Tissue Center of Central Texas [that] has benefitted patient care in Travis County and preserved the Center’s independence as a local physician-governed asset to the community.”
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“I was fortunate to be invited into an existing practice by three experienced physicians who became my mentors,” reflected the 2013 TCMS Physician of the Year, Richard M. Holt, MD. “To some degree, it was serendipity. An opportunity opened up that started me on my way to a 40-year career here.”

Dr. Holt joined Drs. Clinton Craven, Jack Kidd and Phillip Kocen in their existing practice in 1973. Shortly thereafter, Drs. Daniel Terwelp and Juan Guerrero joined the group that he still considers family. He credits them with creating the foundation that allowed him to grow as a physician, and eventually, as a hospitalist.

“During those first 20 years, I, like many other pediatricians in town, volunteered with the pediatric residency program at Brackenridge. This helped me keep current with evolving pediatric medicine and exposed me to changing patterns in health care. Two of the major forces in care delivery were managed care and hospital-based practice,” said Dr. Holt.

Interested in the concept of hospital-based medicine, Dr. Holt began to research and ultimately decided to discuss the possibility of becoming a pediatric hospitalist with his partners.

Their reaction was selfless and supportive. Dr. Holt admits that this major turning point in his career was probably related to some symptoms of burnout, but also simply an interest in doing something different.

Dr. Holt finds that both private and hospital-based practice can be fulfilling in different ways. A hospital-based practice gives physicians the opportunity to make short term decisions that have long term gain. While in private practice, physicians make long term decisions that have long term gain.

A case that illustrates this point was a child who was in the hospital for several days without a diagnosis. Several organ systems were involved and the patient had gone through multiple studies and consultants, but no one could figure out the cause. After reviewing the case, Dr. Holt asked the mother what vitamins she was giving her child – at that point, she pulled out a bottle of vitamin drops. “Everyone pretty much fell over backwards” he said, especially since his colleagues had asked the mother numerous times what medicines she was giving her child. “But I asked for vitamins, and I guess that was the key,” recalls Dr. Holt. This case of vitamin poisoning got some notoriety and has been presented at several case conferences.

“Learning from the past, why we succeeded and why we failed, must be a part of every physician’s practice, but may be even more urgent in the hospital because the ability to do harm is so great,” he said.

From a solo hospitalist to forming the Pediatric Consultation and Referral Service (PCRS), Dr. Holt laid the ground work for the hospitalist movement in Austin.

“...part-time starting in 1993. In 1995, Residency Program Director George Edwards, MD, asked Marion Forbes, MD and me to form a full-time hospital-based practice that would serve as faculty for trainees and solicit referrals for the community,” he explained.

Together, Drs. Holt and Forbes were able to gain support from many respected pediatricians in town including the first director of the pediatric residency program, Karen Teel, MD, whose words of advice were to care for the patients as well as she would. And that’s what they tried to do.

Over the next 20 years, PCRS has grown from two to 27 physicians. This specialized group of pediatricians is dedicated to the care of hospitalized children at Dell Children’s Medical Center, as well as teaching medical students and resident physicians.

“It’s been quite a ride to see the program evolve,” said Dr. Holt.

Dr. Holt grew up in Ballinger, TX, a small town between Abilene and San Angelo. With a career army officer father, his family moved around the country every three to four years. As an only child though, it didn’t bother him too much since he admits to being “spoiled to death in that respect.” He spent his high school years in Fayetteville, AK, a progressive community that encouraged a good...
education, helping Dr. Holt land a scholarship to Yale University.

Dr. Holt didn’t always know he wanted to be a physician. He admits there was no overriding inspiration that guided him into medicine or pediatrics. As a history major, Dr. Holt actually planned to go into the Foreign Service with the aspiration of becoming a diplomat. Reality set in when organic chemistry proved easier than foreign languages. He had some prior knowledge and interest in medicine since his neighbor was a primary care physician. Known for its liberal arts programs, Yale’s preparations for medical school required only four science classes. After completing the basic requirements, Dr. Holt applied to medical school.

Finding his way back to Texas, Dr. Holt worked in the genetics lab in the department of pediatrics the summer before medical school classes started at the University of Texas Medical Branch at Galveston. There, he began to form friendships with the dynamic pediatric faculty, specifically Jimmy Simon, MD.

“Many people in my generation who were there would probably remember him. He had a lot to do with keeping my interest in pediatrics and getting me to where I am now,” Dr. Holt said.

Beyond finding a passion for pediatrics, Dr. Holt formed a special bond with a nursing student named Elizabeth, who became his wife during his last year of medical school. The couple had their first child during his internship at Duke and two more once they moved to Austin. Now the family has expanded to include a daughter-in-law and 10-year-old granddaughter.

Since there wasn’t much there aside from the tourist trade and the medical school, Galveston had a particularly unique environment. Dr. Holt remembers the great camaraderie among the students, “at times maybe too great,” he laughs. At the time, almost all the single guys joined a medical fraternity, living together and sharing books and microscopes. The experience left Dr. Holt with lifelong friendships and even led him to discovering a new hobby.

“A few months before my 60th birthday, a medical school colleague living in another state called and said ‘get a bike, get in shape – we’re going to ride across Utah,’ and for some reason, I agreed,” tells Dr. Holt. “I had a marvelous time and it sparked my interest in cycling. I’m not a serious cycler, but it has enabled me to get in shape, meet people and take trips.”

As a dedicated hospitalist, Dr. Holt also enjoys his other role as an assistant professor working with medical students and residents “who are crazy enough to want to be pediatricians,” he jokes. “It is very stimulating,” Dr. Holt said. “They are smart, interested and they ask very good questions. I learn from them as much as they learn from me.”

On his bike rides, Dr. Holt has found himself thinking about the advice he passes down to his students and new colleagues. Based on his experiences, he shares that his success has been achieved because of the support received from his spouse, family, partners and peers.

“Next to my family, the most important part of my life has been establishing meaningful peer relationships. You need someone to laugh with and cry with and all that is in between,” Dr. Holt said. “After 40 years, medicine is still fun because of my peers and mentors. Every work day I reconnect with the people that help me do a better job. What success I’ve had is due to those around me.”

Dr. Holt is honored to be recognized as the 2013 TCMS Physician of the Year, but wants to acknowledge the accomplishments of Travis County physicians and the Society as a whole. He particularly commends TCMS physicians for their leadership role in fostering medical education 40 years ago.

“It was a major force in the growth of the sophisticated medical community we now enjoy. The challenge with the new medical school will be to build on what we have accomplished rather than fractionate our care as has happened in other cities,” Dr. Holt said. “Travis County Medical Society physicians have a ‘we can do better’ mentality. I admire that, and am proud to play a part.”
The 2013 Ruth M. Bain Young Physician Award is presented to Jason Reichenberg, MD in recognition of his role in the development of the Austin-based dermatology residency program, his work on NIH-sponsored research on the early diagnosis of skin cancer and his efforts to build bridges between community and university-based physicians.

Dr. Reichenberg was recruited to Austin in 2006, with the mission of starting a new dermatology residency program in Austin. He and Dayna Diven, MD developed partnerships with Brackenridge and Children’s Hospitals, the VA and community physicians to create the pieces necessary for resident education. Together, they have built a program which provides dermatology services to the indigent population, and hospital-based care for those who are severely ill. In addition, the program provides scholarly activity opportunities for students and residents.

Dr. Reichenberg has teamed with a talented group of researchers, led by James Tunnel, PhD from the University of Texas at Austin, to explore better and less invasive ways of diagnosing skin cancer. His research also looks at skin-based signs of infection and internal disease. He has collaborated with his wife, Michelle Magid, MD, on several projects to better understand the interface between the mind and body. They have joined forces with two other experts from the United Kingdom to co-edit a textbook titled, “Practical Psychodermatology,” which will be published in February 2014.

As the vice chair for the department of dermatology of the University of Texas Southwestern in Austin, Dr. Reichenberg is involved in strategic planning and curriculum development for the cutting edge medical school being built in Austin. He is excited to be part of this new endeavor.

The 2013 Physician Humanitarian Award is presented to Robert Rock, MD in recognition of his work in providing medical care in numerous missionary projects in the Austin community and across nine different countries.

Locally, Dr. Rock has worked with Casa Marianella, a nonprofit that provides an emergency shelter for adult immigrants, a transitional shelter for women and children escaping violence and a community and education center. Dr. Rock provided a house he owned to Casa Marianella staff and refugees for 23 years that became known as the “Rock House.” He also cared for the refugees by providing them with free eye exams, glasses, medications and surgeries as needed.

Once a month for 42 years, Dr. Rock volunteered as a clinical professor at the University of Texas Medical Branch at Galveston supervising residents. He admits that it was a great source of satisfaction, especially seeing them go into practice all over the country.

Internationally, Dr. Rock has volunteered for numerous missionary projects that have taken him to nine different countries with trips lasting between two weeks to three months. A standout trip was to a Presbyterian missionary eye hospital in Taxila, Pakistan. There at what is one of the largest volume eye hospitals in the world, Dr. Rock and another ophthalmologist could perform 150-175 cataract operations in a day.

In the late 1980s, Dr. Rock along with about 20 other ophthalmologists saw a great need to eradicate onchocercasis, river blindness, caused by a parasite, which was affecting those living along rivers of several African countries. Each donated $10,000 to start the project that was later picked up by the Carter Foundation and the World Health Organization. Today, river blindness has almost been completely eliminated in West Africa.

In addition to his missionary work, Dr. Rock and his wife Verree cared for foster children through the Texas Baptist Home in Round Rock.
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According to Autoblog.com, the best-selling convertible in the United States so far this year is the Volkswagen Beetle, which sold about 6,500 units through May, compared with approximately 5,500 Chevrolet Camaro Convertibles and 5,400 Chrysler 200 drop-tops. That’s a good number for VW, and it’s particularly impressive for a vehicle that used to be the quintessential “chick car.”

Of course, one way to not be a best-selling car is to turn off half of your potential customers, so the first thing Volkswagen did when they redesigned the car formerly known as the “New Beetle” was to make it more attractive to men. Achieving that wasn’t difficult, actually. All the company had to do was make the New Beetle replacement more like the original Beetle, which, while cute, was never a “chick car.” Oh, they had to remove the flower vase, too.

**Originally a Concept Car**

Truth be told, the New Beetle was never supposed to be a real car. It originally was a concept car designed to create buzz at the 1994 North American International Auto Show in Detroit and it created so much buzz that Volkswagen felt compelled to build it. Nothing wrong with that, but ultimately the New Beetle ended up being a cool design grafted onto a VW Golf platform, which meant there were lots of compromises, like limited rear legroom, unimpressive luggage space and, most notably, a long expanse of useless plastic between the dash and the wind-shield. Not good. So in updating the (no longer) New Beetle, Volkswagen decided to make a more useful car that was more true to its original roots.

The most welcome change Volkswagen made when they created the new-for-2012 Beetle was to give it more space. The car is now 7.6 inches longer and 3.3 inches wider than before, providing more front elbow room - though there is a little less headroom upfront - extra rear legroom and greater luggage carrying capacity.

The interior has been updated too, with a modern touch-screen user interface that controls the audio, Bluetooth and navigation (if you ordered that). Thankfully, the HVAC controls are a collection of old-school knobs and buttons located below the touch screen that represent a welcome oasis in a world where too many vehicles require a complicated series of steps just to adjust the temperature. Those of us, as they say, of a certain age will find that reassuring, but I’ll bet younger customers will like it, too.

As always in a modern Volkswagen or Audi, the gauges are terrific thanks to bright colors, attractive fonts and clear detailing.

This being a Beetle, it’s not all serious inside. In fact, my favorite thing about sitting in the Beetle was looking at the colored panels that accessorize the dash and doors.

So the 2013 Beetle is newer and packaged better, but what’s it like to drive? A lot like the Golf, not surprisingly, which means it handles tighter than a Corolla or Elantra, and hugs the road about the same as a Ford Focus. No, we’re not talking GTI-like maneuverability here, but the Beetle still turns with authority without beating you up during Saturday morning errands. And it’s very competent on the highway.

Volkswagen offers its Beetle Convertible in a wide variety of trims, including base 2.5L, diesel-powered TDI, Turbo, and cool ’50s, ’60s and ’70s editions.

Standard equipment on the 2.5L includes 17-inch alloy wheels, heated windshield-washer and mirrors, an easy-to-operate fully powered soft top, keyless entry, height-adjustable and heated front seats, split-folding rear seats, a leather-wrapped tilt-and-telescoping
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Correction

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 1993.

In the TCMS Member Par-Tee page of the September/October 2013 TCMS Journal, Dr. Ajita Shah is shown with her brother.
The Travis County Medical Alliance met at the Zach Scott Theatre for the September general meeting. Members were treated to special live performances from cast members of “Les Miserables” and a backstage tour.

The TCMA also hosted a volunteer appreciation event, “Toast to Doctors,” at the home of Dr. Jack and Jennifer Carsner. Physicians and spouses enjoyed a delicious Mexican dinner in a beautiful setting with new and old friends.

Berenice Craig moved to the US at the age of five from Ciudad Juarez, Chihuahua, Mexico. Shortly thereafter, her military family was stationed in Neu Ulm, Germany. Once her family was back stateside, they retired from the military and settled in New Braunfels. Having two parents who held positions at Texas State University, Berenice grew up on the university campus and attributes her passion for reading to the many summers she spent playing and reading in the stacks of the Alkek Library.

Later, as a recipient of the LBJ Presidential Scholarship, she went on to become an alumna of Texas State. For the following 17 years, Berenice developed a career in marketing, public relations and sales. Establishing herself in the medical sales arena, she went on to work for Eli Lilly, Barr Laboratories, and most recently, managed a multi-million dollar capital sales franchise for medical device manufacturer, Stryker.

Berenice was introduced to the Travis County Medical Alliance in 2009. Her membership has allowed her to create a wonderful network of diverse friendships through the Alliance’s various enrichment groups and social events.

For Berenice, however, the greatest personal benefit of Alliance membership has been the community impact opportunities. She has enjoyed volunteering with the Ronald McDonald House, Volunteer Healthcare Clinic and St. Louise House Alliance committees.

She now serves on the Executive Board for the Alliance as vice president of community service, which works to oversee the Alliance’s community service programs and its annual grant process.

Berenice is married to Jason Craig, MD, an anesthesiologist with Capitol Anesthesiology Association. They have two daughters, Alex, 12, Michaela, 3 and a baby on the way.

For membership information and upcoming events visit TCMAlliance.org or contact Elaine Agatston at agatston@aol.com.
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Properties developed by McDonald Development
The following closed claim study is based on an actual malpractice claim from Texas Medical Liability Trust. This case illustrates how action or inaction on the part of the 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 for the purpose of emphasizing the issues of the case.

**Presentation and physician action**

A 55-year-old woman was admitted to a hospital in New Mexico for a colostomy reversal. The surgeon attempted to perform the surgery laparoscopically due to the patient’s dense adhesions, but the surgery was converted to an open procedure. The surgery took more than 12 hours. Due to an incorrect sponge count, the surgeon ordered an X-ray at the time of closure.

The X-ray images were sent electronically to a radiologist in Texas. The radiologist could not tell with certainty from the electronic images whether or not a sponge was present on the films. As such, he called the hospital and asked to speak to someone in the operating room about the case. He was put in contact with a person (he could not recall his or her name) in the OR. This person told the radiologist the missing sponge had been found on the floor and then the person abruptly hung up the phone.

The radiologist subsequently dictated a note indicating that no lap sponge was detected on the images. The electronic images of the plain film were not definitive for the presence or absence of a sponge. The patient made poor progress following surgery.

A CT scan of the abdomen was performed one week after the surgery. The presence of a foreign body was detected within the abdomen and the patient was taken back to surgery. A retained lap sponge was removed. Following this surgery, the patient was found to have a recto-vaginal fistula. It was ultimately repaired requiring a colostomy. The patient has fully recovered.

**Allegations**

A lawsuit was filed against the radiologist, the hospital in New Mexico, and the surgeon who performed the colostomy reversal. The plaintiff’s attorney alleged that the radiologist and surgeon failed to recognize the presence of a retained surgical sponge. The radiologist told his defense counsel that because the sponge had been reported as found, he did not recommend a CT scan. There was no need to further investigate whether a sponge had been retained. It was also alleged that the retained sponge caused the patient to undergo additional surgery resulting in complications, prolonged hospitalization and unnecessary pain and suffering.

**Legal implications**

Two radiologists — who were serving as independent consultants — reviewed the radiograph film. One of the consultants indicated that he did not see a radiopaque marker that would confirm a retained sponge. The other consultant was unable to read the copies of the electronic image. The defendant surgeon said that he relied on the radiologist’s negative X-ray report in making his decision to close the patient. Another radiologist interpreted the film and found no evidence of a radiopaque marker; however, he identified the foreign body on the CT scan.

**Risk management considerations**

According to the radiologist, he made two calls to the OR and spoke with someone on the second call. The person told the radiologist that they had already found the sponge on the floor. The radiologist said that if this person had told him the sponge was still unaccounted for, he would have recommended a CT scan because the film was not definitive for the presence or absence of a sponge. Unfortunately, the radiologist did not document this conversation. Also he did not document his concern about the images or his thoughts about a CT scan. Once it was removed from the patient, the sponge was not sent to pathology and the hospital could not find the images of the CT scan that eventually identified a foreign object.

It is imperative that phone calls with staff members or physicians are thoroughly dictated in the report. Documenting these phone calls will ensure accuracy and provide increased defensibility should an adverse outcome occur. Additionally, physicians should not only document their discussion, but also who they spoke with. It would have been beneficial in this case to have the name of the OR staff member the radiologist spoke with in order to verify the conversation.

The American College of Radiology Practice Guideline for Communication of Diagnostic Imaging Findings, has created guidelines — not rules or requirements — for creating a diagnostic imaging report. Two guidelines would apply to this case:

Clinical issues: the report should address or answer any specific clinical questions. If there are factors that prevent answering of the clinical question, this should be stated explicitly.
Impression (conclusion or diagnosis): follow-up or additional diagnostic studies to clarify or confirm the impression should be suggested when appropriate.\(^{(1)}\)

The lawsuit was filed in New Mexico and was subject to the tort laws of New Mexico. The Texas radiologist was not afforded cap protection in New Mexico (as he is in Texas) unless he had paid to be listed as a “qualified provider” in New Mexico. The radiologist was not classified as such.

**Disposition**

Based on the documentation issues and the out-of-state venue with no cap protection, the case was settled on behalf of the radiologist.

**Source**

1. American College of Radiology.

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.

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Types of Blood Lipids

Cholesterol is a waxy material produced by the body and is found in saturated fats and in animal products. It has several uses in the body and is an important part of cells. Although we commonly say “cholesterol,” the term actually includes 2 components: low-density lipoprotein (LDL) and high-density lipoprotein (HDL). Lipoproteins carry cholesterol through the blood stream.

Low-density lipoprotein (LDL) is harmful (think L for lousy) because it can lead to the build-up of cholesterol in your arteries to form plaques. High-density lipoprotein (HDL) is good (think H for healthy) because it helps your body get rid of cholesterol.

Triglycerides are another type of fat produced in your body. They are also found in food. High levels of triglycerides mainly result from lifestyle choices, including a poor diet, smoking, alcohol use and the lack of exercise, but sometimes genetics play a role.

Problems from Hyperlipidemia

High cholesterol can lead to the build-up of plaque on the walls of your blood vessels, which can block your arteries and cause high blood pressure, a stroke, heart disease or a heart attack. High triglycerides raise the risk of developing metabolic syndrome, which in turn increases your risk for heart disease and other disorders, including diabetes.

Lifestyle Treatments for Hyperlipidemia

Eating a healthy, low-fat diet and getting more exercise are recommended for lowering both cholesterol and triglycerides, activities that may also help increase HDL cholesterol. To lower LDL cholesterol, you should eat less red meat and eggs; consume low-fat or fat-free dairy products such as skim milk to reduce saturated fat and cholesterol in your diet; eat less fried food and cook with healthy oils; eat more fiber, including fruits, vegetables, beans, and whole grains; and keep a healthy weight or lose weight.

To lower triglycerides, you should lose weight if you are overweight; increase your amount of physical activity; stop smoking and drinking alcohol; eat foods that are low in saturated fat, trans fat, and cholesterol; and eat fewer carbohydrates and sugary foods like desserts, regular soda and juice.

Medications for Hyperlipidemia

Your doctor may also prescribe a medication, such as a statin. The advantages of statins far outweigh the potential adverse effects for most people with hyperlipidemia. Before prescribing a medication, your doctor will evaluate your history of heart attack or artery blockages, as well as consider factors such as age, weight, family history and presence of smoking, high blood pressure or diabetes.

For More Information

• National Heart, Lung, and Blood Institute
  www.nhlbi.nih.gov/health/health-topics/topics/hbc

• National Library of Medicine
OFFICE SPACE

**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 mpsifuentes@austin.rr.com or 512-797-4977.

**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. 1411 RR 620 South, Lakeway. Contact dorisrobitaille@att.net or 512-413-1903.

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**For Lease:** North Shoal Creek office space for lease. 1883 sq/ft plumbed with two sinks and washer/dryer connection. Large reception, front desk, file room, four other rooms. In office building near Mopac with plentiful parking and other health care. Rent 2000-2500/month. Contact drtaysdc@gmail.com or 512-944-5677.

**For Lease:** Beautiful Medical Office Condo. 2650 sq/ft. River Place 6618 Sitio Del Rio Blvd Bldg D suite 102 just off of 2222. For information, contact Brian Novy at 512-327-7613 or visit www.briannovy.com.

**Medical Office:** Satellite office space available in the Duval/183 area. Close proximity to Seton Northwest Hospital. Excellent accessible parking. Contact Lee Frierson-Stroud, MD at 512-338-0171 or fax 512-338-0771.

**For Lease, Spring 2014:** Custom 3BR 2 1/2 BA home in West Lake Hills, unfurnished, for long-term lease. Eanes school district, abundant wildlife in a wooded setting only 15 minutes from downtown/UT. Upstairs has loft space and private upper deck area. Downstairs includes a sound proof music/TV/recreation room. Contact ddgjr.501@gmail.com.

OPPORTUNITIES

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

EQUIPMENT

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Are you now or have you been a heavy smoker?

CT lung screening for high-risk people can reduce deaths from lung cancer by 20%.*

Research from the National Cancer Institute National Lung Cancer Screening Trial has shown that low-dose CT (CAT scan) screening can reduce deaths from lung cancer by 20 percent compared to x-ray. CT screening can catch abnormalities at an early stage when cancer can be more treatable.

The American Lung Association recommends CT scans** for people who meet the following risk criteria:

- current or former smokers with a history of at least 30 years of smoking at least a pack a day
- men and women ages 55 to 74

In 2008, about 42% of new lung cancers occurred in women. However, over the last 33 years, there has been a 103% increase in new cases in women, while new cases in men have dropped 22%. What was once a men’s disease is now nearly as prevalent in women.

*The best prevention of lung cancer is to stop smoking.
To learn more, visit lung.org/stop-smoking.

Talk with your physician about CT lung screening.
To schedule, call 512.453.6100. | www.ausrad.com

*Facts from lung.org and cancer.gov.
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