

# TCMS Journal

January • February 2008  
Volume 54 • Number 1



**Phillip C. Collins, MD**  
**2008 TCMS President**

# TCMS Journal

Travis County Medical Society

**On the Cover**  
Phillip C. Collins, MD  
2008 TCMS President



Photo by Ron Mize

January • February 2008 VOLUME 54 • NUMBER 1

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### EDITORIAL:

Editor, Owen Winsett, MD  
Managing Editor, Belinda Clare  
Publication Coordinator: Ron Mize

**CONTACT:** Travis County Medical Society 4300 N Lamar Blvd.; Austin, Texas 78756; Post Office Box 4679; Austin, Texas 78765.  
Ron Mize (512) 206-1245 or email [rmize@tcms.com](mailto:rmize@tcms.com)

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**SECD #277180:** Travis County Medical Society Journal (ISSN 1054-2507) is the official bi-monthly publication of the Travis County Medical Society and the Seventh District of Texas. Periodicals Postage Paid at Austin, Texas. Subscription price \$2.00 per year to members. Payment of annual membership dues entitles member to a subscription.

**POSTMASTER:** Send change of address notices to the Travis County Medical Society Journal; 4300 North Lamar Blvd.; Austin, Texas 78756.

**MEMBERSHIP:** 2,850

## Changing Times . . .

*it will soon shake your windows and rattle your walls.*

**Phillip C. Collins, MD**

*President, Travis County Medical Society*



It is with great respect for my fellow TCMS members, and with some degree of trepidation, that I assume the Presidency of our organization for the coming year. The respect comes from more years than I like to admit working alongside many smart, dedicated, hard-working, brave, and talented physicians, who are essentially all members (a few, deceased) of our Society. The trepidation comes from knowing that I can't hold a candle to those same physicians, who are and have always been my heroes.

Many of those men and women have held this office over the years, and I have looked up to them in a way that I cannot possibly deserve myself. Every day for those many years, I've seen the doctors around me performing unbelievable feats in their practices and in their leadership – feats that I could never hope to duplicate or match. Just today, I watched a fellow doctor push a foot-long needle in to the hilt in a very large patient's back, to retrieve some tumor cells from a lymph node sitting next to the aorta – his hand was steady and his aim true.

I've seen you all doing unbelievable things, and not even stopping to think that there was anything extraordinary about them. The members of our Society do things that inspire my awe and respect every day, and it will be my honor to attempt to serve you in this post.

There are many changes in the offing, which will surely present challenges for

all of us in the coming months and years. The most obvious relate to the population growth in the Austin area, and the growing number of uninsured. Without doubt, the coming national political season will produce a variety of alternative "solutions" to the growing health care crisis, and it is important that we have a strong voice in the direction in which our government moves. On the Texas political front, it is clear that the old battle over tort reform will return in the next legislative session (January 2009), and we will need to begin planning a renewal of the efforts which led to our victory with Proposition 12. It is through our organizations that our voice can be the strongest, and it is incumbent on our organizations to provide us with the information we need to make the best choices for our patients. We will continue to endeavor to insure that the TCMS is strong in that regard. As a TCMS member, your voice is a part of our collective effort.

With rapid growth, we can anticipate rapid change in the way medical care is rendered in our area. The most obvious is the planned development of new medical schools, where previously there were none. Plans are underway for a Texas A&M medical school in Round Rock. The legislature has appropriated 9 million dollars over the next two years for construction and support of the new A&M facilities, and a large parcel of land in Round Rock has been promised from a private source. Their plans are to use community-based physicians as faculty for a two year regional campus, tied to the

medical schools in Temple and Bryan/College station which are proposed to expand to 4-year campuses. UTMB-sponsored medical students, residents, and faculty have a growing presence in Austin, with programs in all of the primary care specialties, and plans for new programs in surgery, neurology, and dermatology.

Currently, there are 65 full-time faculty, 155 residents, and 54 medical students in the UTMB and Seton sponsored medical education programs in Austin. And at the time of this writing, at the request of the University of Texas Regents, UT Southwestern is preparing a feasibility study to support their building a medical school in Austin. It appears now that we will no longer be the largest metropolitan area in the country with no medical school, but may soon be one of the smallest with two.

However the developments proceed, the medical care provided in academic settings in the Austin area will represent a greater and greater share of the whole. It is our plan for the Medical Society to take a proactive, leadership role in facilitating communication and cooperation between the academic and the private practice sectors as that happens. We would like to avoid the conflicts that have marred the town-gown relations in other medical communities around the state over the years. To that end, over the last two years under the leadership of Drs. Russell and Fleeger, we have begun a multifaceted relationship with UTMB, which we hope to expand, and to duplicate with Texas A&M, and with Southwestern, should they come to town.

*continued on page 4*

continued from page 3

The UTMB-Austin Dean, Dr. Sam Shomaker, is now a regular guest at TCMS Board meetings, and plans are in the works for an annual joint TCMS/UTMB lectureship series, to begin this fall. Efforts have also begun to establish an ongoing cooperative relationship with Texas A&M.

The growth in the metropolitan area is also reflected in the birth of several new hospitals, mostly in Round Rock/Williamson County, which will surely impact the practice of many of our members. If our members do not feel these changes directly by practicing in the new facilities, then they will experience them indirectly, through changing referral patterns and patient preferences. Although the new facilities in Williamson County (and planned in Hays county) are strictly beyond the "jurisdiction" of the Travis County Medical Society, our hope is to establish and maintain an ongoing relationship with the medical communities in the surrounding counties, in order to represent the needs of our

membership as we are affected by the changing landscape. In periodic meetings with the leadership of the medical societies from the surrounding counties, we have already begun exploring ways in which our societies can work together.

I thank you all for your continued support of our Society, and invite your ideas, concerns, suggestions, and critiques.

There are a growing number of Society functions of varying kinds throughout the year, including educational, charitable, and social, and I invite your participation. We will endeavor to keep you informed of progress and new developments through the newsletter, the *Journal*, and email communications. We hope to see new members become involved in committee and leadership roles in the Society, and encourage all who are interested, new and old, to bring their interests, ideas, time, and energy to the party.

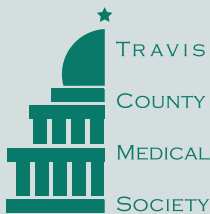
It should be interesting.

## "Save The Date" March 4, 2008

### Joint Installation of Officers

Honoring  
**Phillip C. Collins, MD**  
2008 TCMS President  
&  
**Wendy Kratzer**  
2008-2009  
Alliance President

### Monarch Event Center



#### Executive Board

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Zoltan Trizna, MD  
Belda Zamora, MD

Dear Travis County Medical Society,

I am writing this letter in thanks and appreciation for the forty years of fellowship and fraternity that my association with the Travis County Medical Society has afforded me in my practice. As I retire on December 31, 2007, I would like to take a moment to reflect on what I have experienced.

Since 1967, I have observed the evolution of our medical society from a near fraternity to a diverse, but less-cohesive community of medical practitioners. Recent years and the development of managed care necessitated an erosion of the collegial alliance among physicians and introduced a bevy of administrators into the decision-making processes that affect our patients every day. As we progress into our new collaborations and our relationships become more complex, we must remember that, as physicians, we are still a patient's greatest advocate. I expect that this challenge will continue to affect the TCMS as you struggle to meet

the needs of both our community at large and your physician constituency.

It has been a true privilege to have been a member of the Travis County Medical Society and I wish you all well as you strive to maintain our standards and integrity as a medical community.

Sincerely,  
Homer S. Arnold, MD  
Past President TCMS

*Dear Dr. Arnold:*

*Congratulations upon your retirement. The Medical Society continues to be the one neutral place where physicians join together in collaboration, build relationships, and promote professionalism as patient advocates.*

*Best wishes to all in 2008.  
Owen Winsett, MD, Editor*

The Membership Committee has scheduled a variety of events for 2008.

- Business of Medicine and Business over Breakfast educational opportunities for you and your office staff.

- Networking Socials to connect with those you refer patients to or to reconnect with those you seldom see.

- Family-oriented events.

Watch your emails and faxes or check out [www.tcms.com](http://www.tcms.com) for information.

*Daniel Leeman, MD  
Chair, Membership Committee*

The Public Relations Committee will continue sponsoring free athletic physicals for students who have financial restrictions or other barriers to health care. Last year over 900 students were assisted during the four evening event.

This year, the Public Relations Committee will be sending out more press releases recognizing the accomplishments of TCMS members and will be developing a media contact database.

*Pradeep Kumar, MD  
Chair, Public Relations Committee*

## Travis County Medical Society

### Mark Your Calendar For These Upcoming Events

#### January

15-Retired Physicians' Organization

22-Business of Medicine

29-Cinema, Comedy, and Dinner  
Alamo Drafthouse

#### February

5-Book Signing Reception

14-Business Over Breakfast

18-UT vs. A&M Men's Basketball

19-Retired Physicians' Organization

For additional information visit

[www.tcms.com](http://www.tcms.com)

## American Medical Association Interim Meeting

**Clifford K. Moy, MD**  
*AMA Delegate*

The AMA Interim Meeting was held at the Honolulu Convention Center November 9-13, 2007. The participating TCMS members were led by Bruce Malone, MD, Co-Chair of the Texas delegation to the AMA. Drs. Charles "Bill" Bailey, Clifford Moy, David Fleeger, and Charlotte Smith, along with Joe Annis, MD as a member of the AMA Board of Trustees attended as members of the House of Delegates. Dawn Buckingham, MD represented the TMA in the AMA Young Physician Section. The growing health care debate was underscored when AMA highlighted its "Voice for the Uninsured" campaign, by showing the excerpts from the national media campaign ([www.VoiceForTheUninsured.org](http://www.VoiceForTheUninsured.org)).

Over 100 items of business were considered by the five reference committees during the four day period! David Fleeger continued his service on Reference Committee F, Finance and Governance. The most widely discussed reports and resolutions related to Medicare, Medicaid, and SCHIP.

Resolution 925 was amended to read, "That our American Medical Association devote the necessary political and financial resources to introduce national legislation at the appropriate time to bring about implementation of Medicare balance billing and to introduce legislation to end the budget neutral restrictions inherent in the current Medicare physician payment structure that interferes with patient access to care." The House of Delegates strongly supported both approaches in the resolution to push the Medicare funding battle

away from the Sustainable Growth Rate (SGR), which continues to erode patient access and consume resources to battle the growing proposed annual payment reductions. The impact of SGR reductions is multiplied because many other payors index their payments to the Medicare rate.

The corollary issue of antitrust relief was debated with this substitute language approved: "That our American Medical Association redouble its efforts to make physician antitrust relief a top legislative priority, providing the necessary foundation for fair contract negotiations designed to preserve clinical autonomy and patient interest and to redirect medical decision making to patients and physicians. That our American Medical Association affirm its commitment to undertake all appropriate efforts to seek legislative and regulatory reform of state and federal law, including federal antitrust law, to enable physicians to negotiate effectively with health insurers." The Texas Medical Association introduced a resolution that called for similar efforts.

In the Public Health area, Resolution 928 was amended to read, "That our American Medical Association support state legislation that permits physicians to provide expedited partner therapy to patients diagnosed with gonorrhea and/or chlamydia infection." Expedited Partner Therapy (EPT), does not require the physician to examine the partner before prescribing treatment. While EPT has been shown to be effective, it does not comply with practice requirements in many states, including Texas. A report from the Council on Ethical and Judicial Affairs about EPT was sent back because state laws are not clear and consistent.

Problems with student and resident access to facilities for their medical education were addressed with amended Resolution 811, "That our AMA continue to work with the Association of American Medical Colleges and other national organizations to expedite, wherever possible, the standardization of requirements in regards to training on HIPAA, drug screening, and health requirements for medical students, and resident and fellow physicians who are being educated in hospitals and other health care settings." Testimony elucidated examples of the complexities meeting site specific health and privacy requirements.

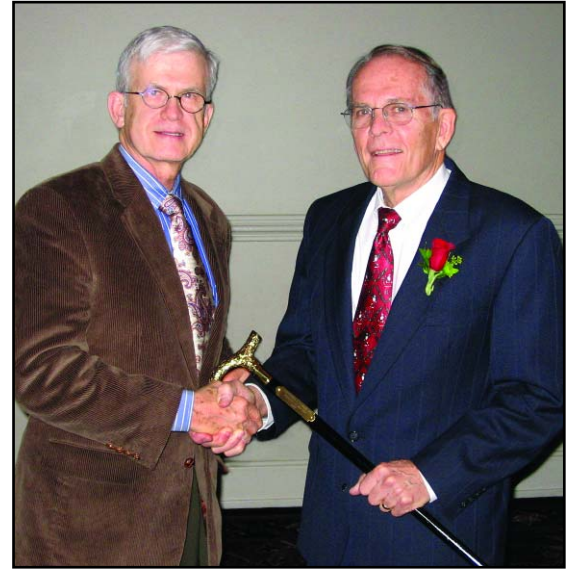
Setting the stage for the Annual AMA Meeting June 14-18, 2008 in Chicago, Resolution 717 was amended to involve our AMA with presidential candidates by distributing policies on health system reform and formally requesting their support for the positions. Also, our AMA will begin a media campaign to educate Americans about, "AMA policy on health system reform, emphasizing pluralism, individual ownership of health insurance and the insurance market reforms necessary to allow free market principles to function." A dialogue with all candidates is anticipated with the emphasis on health care finance reform. Perhaps they will speak at the Annual Meeting!

Upcoming election buzz was all about Jim Rohack's candidacy for AMA President-Elect. Dr. Rohack, a cardiologist from Temple, is a member of the AMA Board of Trustees and a past president of TMA.

## 2007 PHYSICIAN OF THE YEAR DINNER

Christopher “Kit” Chenault, MD was honored as Physician of the Year on Tuesday, December 11, 2007 at the Austin Country Club. Dr. Chenault was recognized for his integrity, knowledge, humility, compassion, and service to medicine in Austin and to the Society.

Many family members and TCMS colleagues celebrated his career in medicine. In addition, elementary school friends from his hometown in California were present.



*l to r: 2006 Physician of the Year William Deaton, MD congratulates Christopher Chenault, MD 2007 Physician of the Year.*



*The Austin Country Club ballroom was filled with TCMS members and guests honoring Dr. Chenault.*



*l to r: Anne Greenway, Don Greenway, MD, Shannon Bieberdorf and Fred Bieberdorf, MD*



*l to r: Arlis Hibbard, MD, Thomas Gretzinger, MD, and Marty Kopra*



*l to r: TCMS Staff; Mary Matus, Darla Blasingame, Ann Jeansonne, and Amber Turrill*

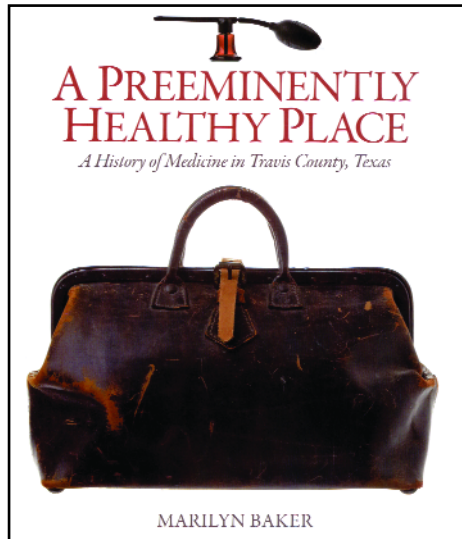
## A History of Medicine in Travis County

The Travis County Medical Society is proud to announce the publication of *A Preeminently Healthy Place - A History of Medicine in Travis County, Texas*. To celebrate the publication of this history, TCMS will be hosting a book signing reception on Tuesday, February 5, 2008. The reception will be held in TMA's Thompson Auditorium, 401 West 15th Street from 6:00 to 8:00pm. Members are invited to the reception where copies of the book will be available for purchase.

**A PREEMINENTLY HEALTHY PLACE**  
*A History of Medicine in Travis County, Texas*

### Forward

It is with great pleasure that we, as the Travis County Medical Society, present to you this history of the practice of medicine in Travis County. There have been a number of doctors who have written about segments of that history, but this is the first attempt to provide a more comprehensive view over 150 years of the progress of medicine in Austin and the surrounding communities. From the first doctor making rounds on horseback to our current Star Flight helicopter services, we are staggered by the changes. We look at the influence of the War Between The States, the Spanish American War, and World Wars I and II on the practice of medicine. We view the sweeping changes in infectious diseases, public health, and modern technology on Austin and our neighboring towns. And, of course, there are the firsts. The first doctors, the first hospital, the first ambulances, the first nursing schools,



EKGs, internships, residencies, kidney and heart transplants, joint replacements, and laparoscopic procedures are all included. We hope you will enjoy the stories of the multiple contributions of the individuals and groups of physicians who have dedicated themselves to medicine, politics, teaching, public health, and to just living in Austin.

A written history is an interesting process. It requires the review of many manuscripts in print as well as gleaning from the memories of many people the facts that bring the continuum to life. It is subject to the accuracies of those sources. Our memories are fraught with strange variations. We don't remember even the most dramatic events in the same way. We are indebted to Drs. Kermit Fox, Maurice Hood, and Jim Prentice for reviewing this manuscript. The idea for this project came from John Compton of Association Publishing in Birmingham, Alabama. We are grateful for his initiative. The support of the Travis

County Medical Society was crucial to the project and consistent with the mission of the Society to promote the health, well-being, and education of the membership.

Most of all we are thankful for the time, energy, and skill of Marilyn Baker in bringing all of this information together. Her background in writing, and specifically her interest in the history of medicine in Texas, has been invaluable in this project. In addition, we greatly appreciate Betsy Tyson's research and contributions.

It is my hope that this information will provide the perspective needed to see the amazing progress that has been made in our field and therefore the contribution that you, collectively and as individuals, have made to your neighbors' health. Thus, I would hope that it would bring you some joy as you view your unique position in history.

*Christopher S. "Kit" Chenault, MD*

### Book Signing Reception

February 5

TMA, 401 W 15th Street

### RSVP

Call: 206-1249

Email: [tcms@tcms.com](mailto:tcms@tcms.com)

Online: [www.tcms.com](http://www.tcms.com)

Author Marilyn Baker along with others who appear in the book will be available for autographs. Books may be pre-ordered or purchased from the Society office for \$35. Contact the Society at 206-1249 or [tcms@tcms.com](mailto:tcms@tcms.com).

## Phillip C. Collins, MD 2008 TCMS President

**Merry Wheaton**  
*Freelance Writer*

Music was Phil Collins' entree to a medical career in Austin. A pre-med student at UT-Austin in the heyday of the Armadillo World Headquarters, he finished college in 1973 and went off to UT-Southwestern Medical School in Dallas, but, he says, "Like anyone who has ever lived in Austin, I wanted to come back." When he completed his residency at Parkland Memorial Hospital in 1981, he says a musical connection dating from high school paved the way back: "Paul LeBourgeois, a buddy I'd played in a band with in Lafayette, Louisiana was my 'in'. He was the singer and I was the drummer." The two who had once played rock and roll and rhythm and blues together became partners at Austin Pathology Associates, a group Dr. Collins has worked with for 26 years.

His performing days are behind him, and his drums are stored away, coming out just now and then when his oldest daughter Callie gets a group of friends together. But his interest in music is abiding. He has an impressive collection of vinyl recordings, a sound system that lets him enjoy them in style, and he doesn't miss live treats like the Rolling Stones concert, which he describes as "Just great!"

He says he grew up with physicians and decided during college that he wanted to be one. What's more, he knew he wanted to be a pathologist. His father, who has recently moved to Austin, was in the oil business, but his

maternal grandparents were Greeks who had immigrated before WWI and who had managed through their small business to put three of their four children through medical school. As a college student, young Phil Collins spent summers with his pathologist uncle in Detroit and he enjoyed the science of working in the lab. "With pathology you get to see the science right before your eyes," he says. "It's a very interesting field...a very visual



*Dr. Collins enjoys bay fishing for trout.*

field. Doing surgical pathology, you spend a lot of time looking through a microscope, and it's visually stimulating because it involves recognition of recurring patterns," he explains. On the first day of medical school, he was the only student who said he wanted to be a pathologist, but actually 10 percent of his class ended up choosing that area of specialization.

He remembers the best teacher he ever had – a pathology professor named Bruce Fallis: "He was a drill sergeant type with chiseled features and a crew cut, who had all the students terrified of him.

He wrote the textbook, taught the class himself every day, and got a standing ovation after the last lecture. When I became a resident, he told me, 'We're colleagues now. Call me Bruce.'" That was not an easy change to make.

Outside the lab, Dr. Collins finds visual stimulation in the arts and his home features three Warhols (including one of Judy Garland and one of Greta Garbo as Matahari), and some works by Peter Max and by the Chinese painter Ji Chang whose art was not smiled on during the Cultural Revolution. Indicating lines that form part of the painting, Dr. Collins explains that, like other pieces from the Hunan school, this one was folded along those lines into a small packet so it could be smuggled out of China.

He and his wife Cecilia (formerly a Medical Technologist and now an MBA, whom he met here in the early years of his practice) have a retreat on Lake Buchanan, and he likes to fish there, but says their three daughters have put a damper on that: there's just not enough going on up there to keep teenagers happy. He is proud of the three girls - all good students. Callie (19) is majoring in international studies at Middlebury College; Delaney (17) is a senior at St. Stephen's where she captains the girls' volleyball team and has done very well in all of her subjects; and Erin (15) seems to be the budding scientist, as she is currently showing everyone how it's done in her high school chemistry course at St. Stephen's.



Front row l to r: Callie, Cecilia (wife), Erin, Delaney, and Phil Collins.

On the professional front, in addition to his surgical pathology practice, Dr. Collins directed the CTMF Pathology Residency Program at Brackenridge Hospital for the better part of a decade, was Chief of Pathology and Director of Laboratories at Brackenridge Hospital and Children's Hospital of Austin for most of the years between 1991 and 2007, and has held numerous administrative positions, including Chief of Staff at Brackenridge Hospital and President of SETON Healthcare Network Medical Staff.

He has been involved with the Blood and Tissue Center of Central Texas since 1988, first as Medical Director of the affiliated Central Texas Regional Tissue Bank. "Atys Da Silva and several orthopedists had just established the Tissue Bank and Dr. Da Silva was retiring, so he talked me into being the medical director," Dr. Collins says. He served in that capacity with the Tissue Bank, and subsequently the Blood Center, from 1992-1998 and again as interim medical director in 2003 and describes the Center as "very unusual – unique, in fact," pointing out it is now the only blood center in the country that continues to be managed and directed in affiliation with its founding county medical society. He says the virtue of Austin's model is that it keeps the focus

on medical needs and the quality of the products, but he acknowledges that with Austin's growth, it will be a challenge to keep up with the need for blood. "The challenge is growing the donor base," he says.

Although Dr. Collins has been a member of TCMS since he came to Austin to practice, he says it was serving as the Blood Center representative to the TCMS Board in the early 1990s that really got him active in the organization. He was later elected as a member at large of the TCMS Board in 2003, served as Secretary-Treasurer 2004-2006, and President-Elect in 2007. Asked about his goals for next year as President, he quips: "I don't have a platform. I'd just like to get through the year without embarrassing myself."

While he may not have a "platform," there are some things afoot that Dr. Collins cares about and wants to see happen. One is an annual lectureship being planned with UTMB. "One of the big challenges we face going forward will be maintaining good relationships with medical education," he says. He sees the lectureship as one way to avoid town and gown conflicts, by fostering cooperative relationships designed to make sure all groups' interests are met. The subjects and

speakers for this series will be chosen to attract the widest audience of physicians and residents, and he says medical economics is a likely focus. Dr. Arnold Relman, Harvard professor emeritus and former Editor of the NEJM, will be the speaker for the inaugural joint lecture to be this fall.

Another initiative high on Dr. Collins' priority list is to continue to find ways to work with the physicians in neighboring counties – Hays, Blanco, Caldwell, and Williamson. He says, "Williamson County now has five hospitals, and the medical society there is in the development stage. The separation between medical societies based on county lines is somewhat artificial at this point, and it will be good for us to put our heads together."

Dr. Collins says he is not one for preaching, and his wife Cecilia concurs that he may well be the most low-key physician she has ever met. Of his new role as President, he says, "I'm here because of the people who went before me. It's an honor to be asked to serve in this way, and it's my respect for those who have gone before that led me to agree to do it."

"Phil will be great to work with," says Dr. Randy Eckert, who looked up to him as a mentor when he worked under him in the CTMF Pathology Residency Program and who has enjoyed being his partner for more than 20 years. "He's terrific and he's so smart, not just in pathology but clinically....He was President of our practice for four years and did an admirable job. In our practice that's a very active role, and given the number of pathologists in the practice, the job was sometimes like herding wild cats – not just cats, but wild cats!"

Asked if there's anything else he thinks local physicians ought to know about Dr. Collins, Dr. Eckert thinks briefly: "Did he tell you he's quite an oenophile? If you have any questions about wine, he's the person to talk to." What a credential for a job herding wild cats.

## Barbara Bergin, MD: Beginnings of a new chapter

**Holly Anderson**  
Freelance Writer



After 21 years of providing the full spectrum of orthopedic patient care, including “everything from pinky fingers to shoulders and knees,” orthopedic surgeon

Dr. Barbara Bergin is excited about a new chapter in her journey as a burgeoning fiction writer. One of the founders of the largest orthopedic group practice in Austin – Texas Orthopedics, Sports and Rehabilitation Associates – Dr. Bergin has recently released her first novel, *Endings*, to great success. Placing #1 on Book People’s Best Seller List during the first week of its release and scoring one of the year’s biggest book signing turnouts, *Endings* is a passionate story that follows the journey of a locum tenens physician who discovers renewed hope after a tragic accident claims the lives of her family.

Post 9-11 reflections, combined with her passion for horseback riding (which has earned her 3rd and 5th place amateur world championship wins), spurred the creation of *Endings*, a beautiful story of relationships and healing which has gained a fervent following and is spreading to book stores throughout Texas. Dr. Bergin dedicated the book to

her son, star football player Matt Nader, who made headlines in 2006 after collapsing on the field due to cardiac arrest. He was saved thanks to CPR provided by his parents and an onsite defibrillator. The experience was so life-changing, Matt went on to help pass Senate Bill No. 7, which installed defibrillators in every school in Texas and funds teacher CPR training.

Excited about the future of her writing career, Dr. Bergin said, “I already have my next book underway, as well as a series of short stories and outlines for three more novels. When the right side of my brain opens up – boom!” *Endings* is available online at Amazon.com and Barnesandnoble.com. Upcoming book signings, including her appearance at Barnes & Noble in Lubbock on February 9th, can be discovered on her website [www.barbaraberginink.com](http://www.barbaraberginink.com).

In the meantime, Dr. Bergin’s orthopedic practice continues to expand, adding three new physicians to her growing staff and opening a new branch in Cedar Park. How does Dr. Bergin manage a premiere orthopedic practice, a blossoming career in literary fiction, and championship horseback riding? With the support of her family and community, an inner commitment to excellence, and a creative drive for expression that is thrilling readers across the state.

**IN MEMORY** Earl Winfield Howard, III, MD passed away on November 25, 2007. Dr. Howard grew up in Pearsall, Texas and graduated from the University of Texas at Austin where he was Phi Beta Kappa and the University of Texas Medical Branch at Galveston where he was selected for Alpha Omega Alpha Honor Society.

After completing residency in General Surgery at Walter Reed Army Medical Center, Dr. Howard established a surgical practice in Austin in 1976. For over 35 years, he dedicated his life to the care of his patients. His kindness, patience, humor, and wisdom were truly a gift to us all. Dr. Howard was an avid runner and a regular fixture at the Hike and Bike Trail. Our condolences to the family and friends of Dr. Howard.

**Mildred Rose Marshall Glen, MD** passed away on October 20, 2007. Dr. Glen attended the University of Texas at Austin, earning a degree in premed sciences. At the age of 19, she entered University of Texas Medical Branch at Galveston, at a time when the average age of first year medical students was 30. Dr. Glen received her MD in 1952 and completed three years of residency in psychiatry, two years in Florida and one in Michigan.

Dr. Glen loved Texas, the Hill Country, wildflowers (especially bluebonnets) and the first slightly cooler days of fall. In her own words, “There are so many environmental clues that my body and soul respond to—a feeling that mother earth is always there for me—the spirit of nature—I am protected and nurtured always—This is my higher power, manifest in a thousand ways every day. I am never alone and feel peaceful and loved.”(1995). Our condolences to the family and friends of Dr. Glen.

**RETIRED** Retired Membership is granted to those physicians who have retired from the active practice of medicine. Upon nomination from the Board of Ethics, the TCMS Executive Board elected the following to Retired Membership:

- Pamela DelCambre, MD
- Humberto S. Enriquez, MD
- Richard Shoberg, Jr., MD

**CONGRATS** Brendle Glomb, MD received a distinguished service award from the American College of Chest Physicians for his work in Central America and the Caribbean.

## Gala 2008 Motown For A Great Cause

**Wendy Kratzer**

*President-Elect, Travis County Medical Alliance*

**Gala 2008 Is Fast- Approaching!**

We Heard it Through the Grapevine that TCMA's Gala 2008 on Saturday, February 9 is Signed, Sealed, Delivered until The Midnight Hour. Memphis Train Revue will lead this Celebration at that venerable Brick House, La Zona Rosa! We hope you'll join us as we Give up the Funk for a great cause.



*2008 Gala Committee l to r: Holly Schneider TCMA President, Amy White, Wendy Kratzer, Chair, Lori Askew, Chair, Laurel Hooper, Tiffany Martin, and Beth O'Farrell.*

Proceeds from the Gala will be directed to the Volunteer Healthcare Clinic to support a much needed expansion project. VHC is a free clinic that is open three evenings per week and is staffed entirely by volunteer physicians – many of whom are members of TCMS. Join us for Good Times on Saturday, February 9! Contact chairs Laurel Hooper at 300-2222 or Lori Askew at 476-9773 for more information.

TCMA provides fun and support for the medical family through Quality of Life Committees. Wondering what "Quality of Life" means? Read on...

**Book Club Continues to Delight Members**

What book could be more appropriate for October than Frankenstein? Leave it to our much-loved and exceptionally vibrant Book Review group to make

such an interesting choice. Members enjoy lively discussion and camaraderie, and are welcome to attend even when busy schedules have prevented reading the book! What will they be reading next? On January 23, it's Hateship, Courtship, Loveship, Marriage by Alice Munro. The meeting on Sunday, February 24 at 5:00 p.m. includes spouses and special guest Dr. Ed Theriot, Director of the Texas Natural Science Center at UT, who will discuss The Beak of the Finch by Jonathan Weiner. The meeting will be held at the Science Center where Dr. Theriot will provide a tour of the labs. Irving Stone's The Origin: a Biographical Novel of Charles Darwin will be the focus at the February 27 meeting.

**For Parents' Sake Offers Fun Events for Kids and Parents**

Our group for parents of preschoolers,

**Member Spotlight:** Arden Harkins. You've probably seen her glowing smile. Currently Vice President of Membership, Arden Harkins is a light of fun and warmth, making her perfectly suited to her current position. Married to John, an Assistant Professor in the Department of OBG, UTMB - Austin. Currently, Arden spends most of her time shuttling kids from school, church activities and sports. She finds it rewarding to help with her children's school and currently serves as a homeroom mom. In her free time she enjoys tennis and Jazzercise. Born and raised in Baton Rouge, LA., Arden is a LSU graduate. After time in Houston and a job in sales, she met John and joined him on his medical training journey. After residency graduation, she says, "We were lucky enough to move to Austin and have been happily living here for the past 10 years". Then President, Pat Wallis invited me to a general meeting and the rest as they say is history. I was thrilled to be a part of the Alliance and immediately became involved. I really enjoyed cooking for The Ronald McDonald house and co-chaired the committee for two years. I have met so many fun, talented, smart women I can call my friends. After several years of not being very active in the Alliance I am back! As VP of membership, I love meeting the new, young eligible Alliance members and talking to them about our great organization. My 'aha' moment was at the Grant Recipient General meeting last spring. I was pleased being able to see first-hand where our donations go and how happy these Point of Care organizations were to get it. I knew then that the Alliance was a great place to be volunteering my time!" Arden, we thank you for sharing your light with us.



*Madison, John, Arden, Mallory, and MacLean*

For Parents' Sake is enjoying a year of fun events. One of the most recent was a holiday party in which the kiddos expressed great creativity in making their own Gingerbread House. Chair Ina Patel is planning more activities this spring to bring parents with young children together for play and friendship.

### **Mah-jongg Group A "Winner"**

Lots of fun, with just a bit of competition, this is one of our most popular Quality of Life committees. Members share hosting duties for this lively group. Chaired by Lynne Krienke, this group shares good times, good will, and oh yes, the game of Mah-jongg!

These are just a few of our Quality of Life offerings. We also have Lunch Bunch, Prime Time Ladies, Wine and Dine, Triathlon, and Women in Medicine. We will spotlight these groups in future *Journal* articles.



*l to r: Vickie Blumhagen, Holly Schneider, and Mindy Gomillion, Exec. Dir. Reach Out and Read.*

### **Member Update**

In the last edition of the *Journal* we spotlighted Vickie Blumhagen and her incredible Literacy Outreach committee. Turns out we're not the only ones who are grateful for and impressed with Vickie's commitment, as she was named "2007 Volunteer of the Year" by Capital Area Reach Out and Read. Congratulations to Vickie for this much deserved recognition!

### **Upcoming Alliance Events**

January 15, 2008 at 6:30 p.m.: The Medical Marriage. Bring your spouse and a favorite bottle of wine to Mirabelle Restaurant and enjoy the company of friends and the delicious food Mirabelle is known for. After we elect officers for the upcoming year, George Pazdral, MD, JD, and his therapy partner, Ann McIntosh, LCSW, will give us the benefit of their many years of experience in helping couples revitalize their marriages.

February 19, 9:30 am: Real, Relevant and "Doable" Green Building. Presentation by Peter Pfeiffer, cited by Residential Architect as one of the ten most influential residential architects of the past decade. Peter will be joined by Decker Ayers, who is recognized by the City of Austin as a green builder. Appropriately, we'll meet in the lovely Roberta Crenshaw building at Umlauf Sculpture Garden.

## Incorrect Implant

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**Texas Medical Liability Trust**  
*Risk Management Department*

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**Presentation**

A 72-year-old, long-term patient came to her orthopaedic surgeon with current need for a right total hip replacement. Her medical history included appendectomy, hysterectomy, cholecystectomy, Morton's neuroma and arthroplasties of both knees. Previous orthopedic procedures done by the defendant included replacement of the left hip, rotator cuff repair, and thumb joint surgery. The patient had good results from all previous procedures. Currently, x-rays of the right hip showed severe degenerative changes. Additionally, the patient complained of lumbar pain. She was instructed to return to the office after her back had been treated with a series of epidural injections. In February, the office record included a history and physical for future total right hip replacement.

**Physician action**

On March 25, the defendant performed a total arthroplasty of the right hip. A posterior approach was used and the femur was reamed. The newly-trained operating room nurse, also a defendant, handed the physician a porous implant instead of a cement implant. Although the nurse handed him the implant within the clearly labeled box, the defendant did not notice it was the wrong model. After injecting cement into the cavity, he placed the incorrect implant. The cement prematurely hardened before the defendant realized the error. It then became necessary to remove the stem from the hardened cement.

To accomplish this, the incision was extended and a rectangular window was made in the lateral cortex of the femur. The implant was removed and extensive removal of the cement was carried out. At least one consultant reviewer indicated that procurement of a proper implant from an off-site provider prolonged this surgery to more than seven hours. Ultimately, the implant operation was successfully completed.

Following the surgery, the patient complained of increasing pain in the right hip. X-ray examination indicated that the greater trochanter was fractured. In April, she was returned to surgery for open reduction and internal fixation of the greater trochanter. Four weeks later, x-rays revealed the greater trochanter had migrated proximally. In June, another on-call orthopedic surgeon reduced the dislocation and applied an abduction brace.

By March the following year, the greater trochanter had pulled loose and retracted. Almost two years after the original surgery, another orthopedic surgeon performed a total hip revision including an open reduction and fixation of the greater trochanter. Latest information from that surgeon indicates that the patient is currently healing well, but still uses a walker.

**Allegations**

Plaintiff experts allege that the initial implant selected was incorrect. Correction of this error resulted in the cutting of a window out of the lateral cortex of the femur to remove the cement. This weakened the femur and permanently damaged the greater

trochanter. Ultimately, associated complications included additional surgical time, additional surgical procedures, loss of strength of the femur, and a failed hip. Critical consultants indicated that her end result should have been a good hip replacement without pain and no limp. Instead, she will have permanent limp and pain. Although the hip replacement is solidly fixed, the patient has permanent weakness and will require the use of a walker for the rest of her life.

**Legal implications**

This case was complex. Medical consultants were supportive of the defendant in several ways. Retained defense experts indicated that fracture of the greater trochanter is a known complication of hip replacement. The defendant did a very good job in completing the repair and placing the correct implant. Consultants also felt that the defendant exhibited correct surgical decision making when he decided to remove the stem from the cement and proceed with a revision of the total hip replacement. Although uncommon, premature cement hardening can happen to any orthopedic surgeon.

Supportive consultants also stated that the length of the procedure (more than seven hours) reflected additional time needed to remove a solidly cemented implant, not simply waiting time for the arrival of the correct implant. Consultants also noted that the special long revision type implant needed would have to be brought in from an off-site facility when an unanticipated problem occurs because they are not routinely maintained in hospital

inventory. Lastly, supportive consultants agreed with several other areas of correct surgical decision making. These include windowing the femur, using the long stem for revision to bypass the window, and reinforcing the femur.

Ultimately, when the defendant was handed the wrong prosthetic implant by the nurse he failed to check it. Consultants state that the two types of prosthetic implants are and were easily distinguishable from each other. In failing to ensure insertion of the correct implant, the defendant breached the standard of care.

### **Disposition**

The defendant was considered a good witness for himself and this case did have medical strengths; however, successful defense of this claim was considered unlikely. This case was settled with the consent of the physician.

### **Risk management considerations**

While the use of the wrong prosthetic implant during this surgical procedure was paramount, additional risk management considerations factored in as well. To begin with, medical consultants were critical of the initial history and physical. It did not record the range of motion of the hips, a description of the radiological changes in the right hip, the treatment plan, nor did it document that the risks, benefits, and alternatives of the proposed surgery were discussed with the patient. Obtaining consent from patients is a non-delegable task.

Furthermore, the operative report from the initial surgery was dictated two days after surgery and lacked pertinent details. This reflects a weakness in record keeping and created difficulty for consultants in analyzing possible reasoning for later hip dislocation. Comprehensive and contemporaneous documentation of all medical care given is recommended.

Additionally, full disclosure regarding what occurred during surgery was apparently never made to the patient. Consultants opined that plaintiff's experts discovered error details from analysis of billing records. Familiarize yourself with your facility's requirements and processes for disclosure and comply. Research on why patients sue physicians continues to indicate that they are seeking information they believe is being withheld.

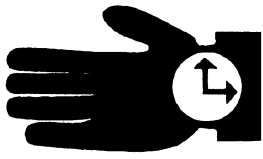
Lastly, it may be wise to implement and comply with "time out" activities within your facility. These few extra preparatory minutes are an opportunity to ensure that you perform the right surgery on the right patient. If your facility does not conduct time out activities, you may wish to devise a checklist system for your practice. Verifying that you have what you need to complete the procedure may prevent surgical mishaps.

Although it may be impossible to control all unforeseen surgical events, sound risk management may increase your defensibility in those instances. Good preparation, thorough documentation, and compliance with required disclosure policies are recommended to enhance both the quality of patient care and your defensibility.

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

*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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## TAKE FIVE for your HEALTH

### Hip Fractures

Bones are in a constant state of change—remodeling themselves to withstand the stress and strain of daily activity. In osteoporosis, natural bone activity becomes impaired, resulting in excessive bone loss. Bones become thin, weak, and more susceptible to fracture. As many as 10 million Americans have osteoporosis. Each year in the United States this condition contributes to approximately 329,000 hip fractures. A broken hip can cause discomfort, promote disability, and result in loss of independence. The loss of activity may likewise contribute to back pain and spinal deformity along with a loss of physical fitness and muscle strength.

### RISK FACTORS FOR OSTEOPOROSIS

- Advanced age—being older than age 65 increases the risk of fracture
- Female
- Postmenopausal (loss of estrogen production)
- White or Asian race
- Low bone mineral density (BMD)
- Inactive lifestyle
- History of fracture after age 54
- Smoking
- Certain medications (corticosteroids, anti-seizure drugs, antacids, certain cancer treatments, excessive thyroid hormone)
- Poor self-reported health
- Diabetes
- Family history of osteoporosis and history of hip fracture in parent

### BONE MINERAL DENSITY TESTS

X-rays do not accurately show bone loss unless the bone loss is severe. A DEXA scan is a specialized x-ray test for measuring bone mineral density (BMD) and is currently used to make the diagnosis of osteoporosis. Individuals with low bone mineral density are at high risk of fracture.

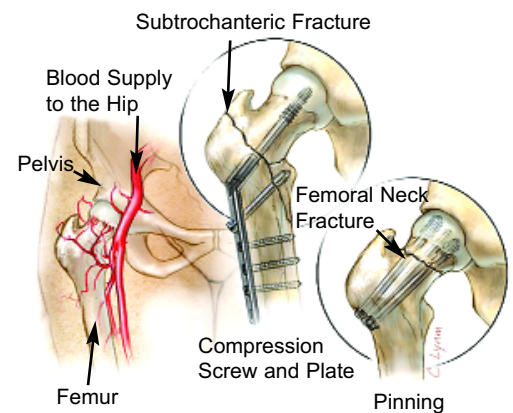
### TREATMENT

Hip fractures are treated with orthopedic techniques—surgery that corrects problems related to muscle, bones, and joints. Surgical options involve stabilizing the fracture site with hardware (metal plates, screws, or pins) or performing an arthroplasty (joint replacement).

### PREVENTIVE STEPS FOR BETTER BONE HEALTH

- Calcium and vitamin D—postmenopausal women need 1200 milligrams of calcium and at least 600 IU to 800 IU of vitamin D daily for better bone health.
- Weight-bearing exercise (such as walking or jogging) promotes formation of new bone and improves muscle mass. At least 30 minutes of weight-bearing exercise 5 days a week is recommended.
- Avoid smoking and heavy use of alcohol.
- Talk to your doctor to discuss options for hormone therapy and other medications.

### Two Common Methods of Hip Fracture Stabilization



### For More Information

American Academy of Orthopaedic Surgeons (AAOS)  
<http://orthoinfo.aaos.org>

National Institutes of Health  
Osteoporosis and Related Bone  
Diseases National Resource Center  
<http://www.osteoporosis.nih.gov>

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share with your patients**