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Features and Articles

6 From the President
Jeffrey M. Apple, MD

8 In the News

10 The Captain
Jeff Apple, MD

12 TCMS Physician Wellness Program

14 TMA Presidents: TCMS Honors Members Who Have Served as TMA Presidents

16 TCMS 1853 - 2018

18 In Memoriam

22 TCM Alliance
Wendy Propst

26 Fast-Track Cities Initiative to End the AIDS Epidemic
Philip Huang, MD, MPH and Sarah Seide, DrPh

31 Classified Advertising
This year marks the 165th Anniversary of the Texas Medical Association and the Travis County Medical Society. I would like to take this time to reflect a little on our beginnings, some of our journeys, and what might lie ahead. Now that summer is over and we’ve headed into fall and most of us are back in our daily routine, we can refocus and reflect on our mission to serve the people of Austin and what it means to be a part of our wonderful medical Society.

The Texas Medical Association was formed after an invitation in the Texas State Gazette and the Texas Monument. This notice and invitation went out in early December of 1852. One month later, on January 17, 1853, thirty-five doctors arrived in Austin to accept the invitation and help form the Texas Medical Association. What a remarkable feat that had to have been, remembering the time and place of such a meeting. One physician, Dr. Joseph Taylor, traveled over 300 miles from Harris County to attend. Interestingly, Dr. Taylor was elected the first President of the Texas Medical Association. Of note, two prominent attendees were Dr. Ashbel Smith and Dr. J.W. Throckmorton. Dr. Smith, many of you know, would eventually lead the University of Texas Board of Regents and Dr. Throckmorton would become governor of Texas. In October of that same year, the Travis County Medical Society was formed.

One has to wonder why a medical association was even formed. What was it that made physicians of all types choose to organize, set standards, and formulate a plan to help their profession? I believe there were two reasons; one was the recognition of a standard of practice and the other was to protect the public. Like-minded physicians who strove to improve the care that they offered, knew that improvement and refinement could only come with organization, discourse, and strict-guidelines of conduct. At that time the practice of medicine came in many shapes and forms and medical quackery, as it were, was prevalent.

Fast-forward to present day Texas and Austin in particular. Our Texas Medical Association is the largest in the country, arguably the most powerful and influential, and our local medical society is over 4000 members strong. Those original physicians must have been on to something. I think they would be proud of what we have become and what we represent. Medical care in our city is undoubtedly excellent, “quackery” in whatever shape and form it takes is relatively rare, and standards of care are well defined in both standards of professional conduct and via specialty societies.

So what are the big issues physicians face today? How can organized medicine best serve its members and protect the public? If we had NO medical society today, and we were to start anew, how would we do it?

We at the Travis County Medical Society talk frequently about membership, recruitment and what we can do to best serve our members. We are aware of the constant challenges practices face, the expenses and time required to maintain a private and even academic practice, and the continual attacks on freedom of practice. In fact, the corporatization of medical practices is, in my mind, the biggest challenge we face.

As I have had a chance this month to look back and review the history of our county society and this city, it is clear there can be no starting anew. Just a brief reading of the history of Travis County medicine will impress you with the dedication, commitment, and excellence of our medical community. We owe it to those who came before us to both recognize what they have done and to continue their mission.

On October 22, Travis County Medical Society will celebrate its 165th Birthday. John T. Alexander was our first president and hopefully I will not be our last! Our mission to improve the health and lives of our fellow citizens continues. The strength and character of TCMS however, comes from you and your dedication to our mission as physicians.

There is a lot written these days about the future of medicine, physician practices and how “consumers” and patients will interact with health care. It is exciting to think about the future and its promise of solution. I can only imagine how our original physicians would look upon us now. They could not fathom the challenges we face, both with technology and competing interests.

So how would I design a new medical society? Probably not much different than how it was started 165 years ago. Take a few good men and women who care about their community and fellow physicians, and let their ideas flourish.

Like all birthdays there will be mixed emotions this October 22. As we all know, birthdays can either trigger a longing for the past or a celebration of the future to come. Maybe by understanding our past a little better, the future will give us all a reason to celebrate.

Here’s to all our members, both past and present, for all the hard work you do for our community.

Jeffrey M. Apple, MD
TCMS President
TCMS Foundation and the Physician Wellness Program presents an ethics CME presentation

**10.18.2018**

“Emerging Concepts and Strategies for Physician Wellness”

Michael Tutty, PhD

*6:30 pm—Reception*

*7:30 pm—Dinner/Presentation*

Austin Country Club—4408 Long Champ Drive

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**Objectives**

1. Describe the causes of physician stress and burnout and the potential consequences to patient safety.
2. Recognize the specific triggers at the systems/organization level in medicine that promote physician burnout/stress.
3. Identify opportunities for change that may positively impact physician satisfaction, well-being and patient safety.
4. Identify resources available to assist medical organizations in improving physician practice satisfaction.

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Weekend Warm-Up Fun at the Broken Spoke

It was a boot scootin' good time for TCMS members at Austin’s famous Honky Tonk, the Broken Spoke! A private dance lesson ensured that when the band came on stage, they were ready to two-step and more.
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Along the West coast of California, north of San Francisco and about three hours west of Redding, is the town of Arcata. Arcata is a small town, its current population only around 20,000 people. It sits right on the edge of Humboldt Bay and is home to the Humboldt Crabs, America’s longest continuously operated semi-pro baseball team, beginning play after the war in 1945.

Arcata was also home to one of Austin’s most prominent and influential physicians. The irony is that many of you may have never heard of Homer Arnold. His nickname is “Hap”, short for happy. A very appropriate nickname and in honor of the famous WWII General Henry “Hap” Arnold, the father of our modern American Air Force.

I was a little reluctant to write this article when it was first suggested as part of the 165th anniversary celebration of the Travis County Medical Society. I thought it may seem a little self-serving, as Hap was one of the founding partners of the group I now practice in. But the real reason I was hesitant was the risk of falling short, of not being able to reveal the great affection and respect that people had for this Austin physician. I knew it may be hard to capture the essence of a man whose practice and career started and ended before I ever arrived in Austin.

Hap was a thoracic surgeon who came to Austin circuitously following a long and distinguished naval career. After leaving Arcata, he attended Oklahoma University and then Northwestern University Medical School in Chicago. He then completed his surgical training in the Navy and at the University of Michigan, which at that time was a preeminent training ground for thoracic surgery. Hap went on to practice in the Navy, serving both stateside and overseas during the Vietnam War. He was the division surgeon of the First Marine Division from April of 1965 to July of 1966. He eventually retired from the Navy in 1967, after having served 22 years and obtaining the rank of Captain. Hap was awarded the Legion of Merit with the Combat V. If you have served in the military you know that means something.

Dr. Arnold came to Austin to join an old friend of his from the University of Michigan, James Calhoon. Together with Dr. Calhoon and Dr. Maurice Hood, the surgeons formed what was eventually known as Thoracic and Cardiovascular Associates of Austin. The group continued to grow, adding Dr. Thomas Kirksey and Dr. Robert Tate in the ensuing years.

Dr. Arnold went on to serve as chief of staff of Brackenridge Hospital in 1972, president of Travis County Medical Society in 1974, and chief of surgery of Seton Medical Center in 1974. And as if he didn’t have enough on his plate, Dr. Arnold served as his surgical group’s president from 1974-1996, that’s over 22 years.

Those were interesting and challenging times in Austin medicine. Open heart surgery and ICU medicine were just beginning to come to the forefront. Emergency medicine and ambulance transport were also being developed and refined. It must have been an exciting time to be a thoracic surgeon.

Dr. Arnold was very involved in the teaching and training of interns and residents in both the St. Joseph’s and Central Texas Medical Foundation’s training programs at Brackenridge Hospital. In 1985 he was given the Surgical Teaching Award by the surgery house staff and was awarded Physician
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of the Year in 1987 by the staff of Brackenridge Hospital. At the peak of his career in Austin, he was awarded the Gold Headed Cane as the Travis County Medical Society's Physician of the Year in 1993.

It would be easy to go on with more titles and accolades but I think that would be missing the point of Hap's career. What is probably more important is how he got to those positions and why. I think that might be the lesson for all of us.

Hap was undoubtedly a great doctor and teacher, but he also was a very calming and rational force in a profession that sometimes defies reason and rationality. He was deeply involved in all matters pertaining to his medical community, both in the hospital and out, at the medical society level, and within his group. A reflection, I think, of who he was as a human being and also of the era he grew up in. Offering your time and assistance to your community was part and parcel of what made his generation so respected. But adding to all of that was his excellence as a physician and surgeon and his equanimity in times of crisis. The fact that he served as president of a combined surgical group for over 22 years is telling of the type of leader he was. He led, I believe, not through force of will or ambition, but through example and wise guidance through very turbulent times in Austin medicine.

Hap finished his career by assisting and training new surgeons who came into the group. He was always welcomed and his insight and warmth were contagious. After serving as president for so long, he had no trouble stepping aside for the new leadership and offering what guidance he could as a first assistant. As one of my partners stated, "everyone always wanted Hap to be in their room."

In 2014 my son and I, along with his Boy Scout troop, hiked to the top of Mt. Elbert, Colorado's highest peak. It's a long hike up, and the views from the top were something else. But it wasn't until we started down and got back to the timberline, that I realized what we had done. I looked back at the peak and fully appreciated just how far we had climbed. Hap's career is like that. It is now, I think, with a little pause and reflection, that we appreciate just how high he climbed. And knowing Hap just a little, I think he would not have wanted to make that journey alone.

Hap's greatest passion in life, outside of his family, was sailing. To say that he was a good sailor would be insulting in a way. He founded the Austin Yacht Club and was selected as the team physician for the US Olympic Sailing Team from 1976-1980. Not bad for a kid from Arcata.

Hap did a lot in his career, there is no doubt about that. But probably most important is the memory that people have of him. To a fault, every person I have asked about him remembers him with warmth and admiration. Just like our families, sometimes memory paints the most perfect portrait of who we are and what we represent.

I visited with Hap the other day. He had just turned 93 and lives down the road from our office. He still has a twinkle in his eye and you can still see that ember in him even though his memory sometimes fails him. We talked about the early days when he arrived in Austin and the influence Dr. Hood had on him. He was amazed at how much Austin and its medical community had grown.

I left there realizing that I had just visited with one of Austin's most prominent physicians. Getting to know him, I came to understand my group better and maybe the path that all of us should take in the future.

I don't think it was the peak that Hap sought, I think he mainly just enjoyed the journey up.

Happy Birthday Hap, and to many more.
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As the nation’s largest physician-owned medical malpractice insurer, The Doctors Company is committed to advancing, protecting, and rewarding the practice of good medicine. We take pride in recognizing Travis County physicians who dedicate their careers to providing exemplary service and outstanding patient care.
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1889
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1894
James W. McLaughlin, MD

1904
F. E. Daniel, MD

1921
Thomas J. Bennett, MD

1927
Joseph Gilbert, MD

1950
William M. Gambrell, MD

1965
David Wade, MD

1982
Ruth M. Bain, MD

1992
William G. Gamel, MD

2011
C. Bruce Malone III, MD

2019
David C. Fleeger, MD
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OUR CONGRATULATIONS AND BEST WISHES FOR THE YEARS AHEAD!

www.texmed.org
1902 Sisters of Charity open Seton Infirmary

1903 Realignment between county medical societies and AMA

1904 1st ambulance in Austin

1915 Brackenridge Hospital opens

1917 Dr. Samuel Newton coins the term “Cedar Fever” after discovering that the male Mountain Cedar Tree is what causes Austinites annual misery

1923 Seton doctors

1924 St. David’s Hospital founded

1924 Travis County Medical Alliance founded

1924 St. David’s Hospital founded

1930s: 90% of Austin physicians officed in Norwood Building

1972 TCMS forms a non-profit to fund a residency program

1990 TCMS Retired Physician Organization founded

2003 TCMS celebrates 150 years with 2300 members

2003 Tort Reform liability protections pass in Texas largely due to TMA and county society advocacy

2003 “First Tuesdays” launched by the Alliance allowing white coat invasions of the Capitol during legislative years

2003 TCMS launches Physician Wellness Program

2006 TCMS goes online www.tcms.com

2010 Project Access launched to provide another layer of primary and specialty care for the medically indigent

2011 In the aftermath of 9/11, TCMS presents a symposium on Weapons of Mass Destruction

2013 UT Dell Medical School established in Austin

2018 TCMS celebrates 150 years with 2300 members

2013 UT Dell Medical School established

2017 TCMS launches Physician Wellness Program

2018 TCMS Celebrates 150 Years with 2300 Members

2018 TCMS Retired Physician Organization Founded

2018 TCMS Has 1400 Members

2018 TCMS Celebrates 150 Years with 2300 Members

2018 TCMS Celebrates 150 Years with 2300 Members

2018 TCMS Celebrates 150 Years with 2300 Members
The Medical Society extends deepest sympathy to the family and friends of the following physicians.

**IN MEMORIAM**

**Courtney Cristine Cook, MD**, 31, passed away from ovarian cancer surrounded by family and loved ones on June 22.

Dr. Cook was born in Houston and grew up as a happy little girl who loved red convertibles, kitty cats and dance. Dance became a lifelong passion and she became an accomplished, graceful dancer. Ironically, it was the injuries she suffered as a dancer that led her to become a doctor. While dancing, she suffered two ACL tears and her experiences with those injuries attracted her to medicine.

She attended Texas A&M as an undergraduate followed by medical school in Galveston. Dr. Cook began her emergency medicine residency at The University of Texas at Austin Dell Medical School in the fall of 2013. Stories of her skill and compassion are numerous and the friendships everlasting as evidenced at her residency graduation program in 2016. She was awarded the “Clinical Resident of the Year” and voted “Big Sister of the Year” by the residency class behind her— an honor that left her in tears. After residency, Dr. Cook practiced medicine in Bryan, Waco, Killeen, College Station, Austin and Round Rock touching thousands of lives in her short career.

After her untimely passing a loved one recalled, “Courtney embodied what it means to live well and accomplished more in her short thirty-two years than many could hope for in any lifetime. Her infectious smile never failed to light up a room and her passing leaves a hole in our hearts that will never heal.”

**Harold Kermit Counts, Jr, MD**, 75, died peacefully at home on August 6. Born in Detroit, he attended The University of Michigan where he earned his medical degree. In 1967 he joined the Army where he served until 1976, retiring as a Lieutenant Colonel.

Settling in Austin, he became a partner in Capitol Anesthesiology Association and served for a time as Chief of Anesthesiology at Seton Northwest Hospital. After retiring from anesthesiology, Dr. Counts continued to give of himself in taking care of family, volunteering as a mentor for children struggling in school, with The Dream Come True Foundation and as a volunteer with Capitol City Village.

A man of faith, he was very active with Tarrytown United Methodist Church where he served as a Stephen Lay Minister and more. He enjoyed time with family and friends, flying, golfing, and spending time in nature, whether it was hiking, scuba diving, or skiing. He loved life. Colleague and longtime friend Dr. James Cullington noted after his passing, “Kermit was a devout Christian loved by all around him. He was at peace and with grace, prepared for his heavenly journey. My friend listened and shared his views without judgment, a soft spoken, gentle man who always made you feel welcomed and comfortable. In part, he will be missed because friends that are always there to listen and respect you are rare.”

He is survived by his beloved wife Karen Counts, two children and five grandchildren.

**Dr. Albert Lobdell "Lob" Exline, 94, passed away on July 16. Dr. Exline was a native of Dallas, graduating from Highland Park High School before attending Rice University followed by medical school at Tulane. He completed an internship and pediatrics training at Boston Children's, Charity in New Orleans and Philadelphia Children's. He served in the Air Force as a pediatrician, attaining the rank of Captain. He married his wife of 60 years, Phyllis Church, while in New Orleans. In 1952, they settled in Austin where they started their family and he started his career. After practicing pediatrics for several years, he obtained specialty training and board certification in Allergy and practiced that specialty until his retirement in 1994. The Exlines, accompanied by close friends, were avid world travelers enjoying many adventurous trips. He was active in a number of volunteer programs, most notably the Seedling Foundation, a program that provides innovative mentoring programs to children with incarcerated parents.

After his passing, a friend noted, “He did so much good for his patients, in serving his country, for children of incarcerated parents and for so many others. He was truly a man who put service above self and whose memory and legacy live on.”
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William Frederick (Fred) Lucas, MD, 85, passed away August 11. Dr. Lucas was a native Georgian but grew up in Texas. In junior high he met and befriended Margaret Leach, his future wife of 63 years. He was a talented athlete and while in high school in Jefferson County and his skills as kicker earned him the nickname, “Golden Toe Lucas.” He went to SMU on a football scholarship before medical school at The University of Texas Southwestern Medical School, followed by an internship and residency at Baylor University Medical Center. In 1962, Dr. Lucas entered the US Air Force and was stationed at Tachikawa Air Force Base Hospital in Japan. For his service as a flight surgeon during the Vietnam War, he was awarded an Air Medal with Valor. After military service, Dr. Lucas returned to Texas where he entered administrative medicine, initially joining Blue Cross Blue Shield of Texas as associate medical director, then BC/BS of Indiana as vice president. In 1976, he returned to Texas where he was named corporate medical director of Electronic Data Systems. In 1985, he founded Lucas Medical Associates, developing free-standing imaging centers and consulting with physician groups on hospital projects and surgery centers. In addition, he served as president of the Alumni Association’s Board of Trustees at Southwestern Medical School.

An athlete throughout his life, Dr. Lucas was an avid golfer and Dallas Cowboys fan, and enjoyed both with his four sons. A member of The Church of Jesus Christ of Latter-day Saints, he served for decades as a teacher and leader in his local congregations until the onset of Alzheimer’s disease. He is survived by his wife, Margaret Alice Lucas, their four sons, fifteen grandchildren and 12 great-grandchildren.

Roger S. Geibel, MD, 97, passed away on August 18. Dr. Geibel did his undergraduate studies at Rice and Tulane before serving in the military during World War II. After the war he received his medical education at Tulane University School of Medicine. He did residency training in general medicine and urology in California before relocating to Houston where he was one of the original founders of Pasadena Bayshore Hospital and practiced urology there for 30 years.

He moved to Austin in 1981 and practiced general medicine and urology at the University of Texas Student Health Center for 12 years until declining vision forced his retirement. Family, friends and colleagues noted that he showed great dignity, patience, and at times even humor, in the face of his progressive visual challenges and eventual blindness. Dr. Melinda McMichael, who served as medical director during Dr. Geibel’s tenure at the Student Health Center, remembers her former colleague fondly, recalling that he was beloved by the health center’s staff and many of his student patients, and is remembered for his gentle kindness and good humor. He is survived by his wife of 67 years, Eunice, four children, nine grandchildren and three great-grandchildren.

Central Texas Colon and Rectal Surgeons welcomes our newest Colorectal Surgeon, Andrew H. Miller, M.D. Dr. Miller is a native Texan and thrilled to serve the community in treating colorectal malignancies, diverticular disease, analrectal disorders, and operative management of inflammatory bowel disease in the Central Texas medical community. He is a graduate of the University of Texas at Galveston Medical Branch and completed his residency at University of Texas at Austin Dell Medical School. His focus is to serve those in the community of North Austin and all of Central Texas with the utmost level of dignity and respect.

Dr. Miller is now accepting new patients in Central Austin, North Austin, and Round Rock. For more information, please contact his office at 512-418-1979.
CONGRATS AND...

From all of us at Dell Medical School, thank you for your partnership and congratulations on 165 years of dedicated service to our community.
Throughout the summer, TCMA members and their families continued to serve our community, striving to enhance the health of Central Texans. In August, the Saint Louise House cooking group provided a delicious meal to the residents. Thank you to Wendy Propst, Berenice Craig, Christi Dammert, Beth O'Farrell, Tera Ferguson, Melissa Smith, Shelly Ozdil and Jeni Lowry for their contributions. Please contact Loren Gigiotti 512-744-3483 if you would like to assist with September and October meals.

Through our collaboration with the TMA’s Hard Hats for Little Heads program, we donated 100 bike helmets to both People’s Community Clinic and the East Austin Clinic.

Our Kids Care Club was active this summer as well. Lauren Blaydon (daughter of Cindy and Dr. Sean Blaydon) is a member of the TCMA Kids Care Club. Lauren organized a TCMA Kids Care Club event at the Volunteer Health Clinic on Saturday, August 4, 2018. Lauren and her team passed out 50 free backpacks and school supplies generously donated by the TCMA to all the participants attending the event who got their school and sports physicals that day. Lauren and her team members set up a nutrition booth in the clinic with nutrition handouts and a poster board teaching the importance of healthy eating following the MyPlate method of good nutrition. Included in her display were visual aids such as test tubes of how much sugar, salt, and fat are contained in various foods. She created good nutrition coloring sheets and built a Plinko game board that the children enjoyed playing. Lauren has a strong interest in the health field, is passionate about her own personal health and wants to educate others about wellness. She feels an important way to lower risk of so many diseases affecting Americans today is through a healthy balanced diet.

Member Spotlight: Olguita Rodriguez

The morning begins with the typical hustle and bustle at the Rodriguez household. Three girls, Mariola 11, Olivia 9, and Aurora 5, vie for their mother’s attention as they get ready to go to school. Olguita, a native Puerto Rican and former advertising executive, juggles their demands with the dexterity and precision of a surgeon at the operating table.

Angel, her husband of 16 years and a Baylor College of Medicine fellowship graduate heads off to work at the Austin Cancer Center where he is a medical oncologist. Olguita drops the girls off at school and then her day can begin. Amidst the plethora of errands she must complete daily, she also runs the performing arts at the girls’ school and their local church, channeling her passion for the arts—which she discovered as an undergraduate in theater and literature at the University of Puerto Rico. She is also heavily involved in the girls’ daily lives and is very active in the school’s PTO.

Olguita, Angel, and their three girls moved to Austin last year from Houston, where they had lived since 2002. Although they loved Houston, they are excited to become a part of the Austin community. Olguita is particularly looking forward to joining the TCMA board as secretary. She is also enjoying seeing her daughters grow and thrive as newly minted ‘Austinites.’
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Julia Hoskins Schlitt
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Fast-Track Cities Initiative to End the AIDS Epidemic

Philip Huang, MD MPH and Sarah Seidel, DrPH

Introduction

On June 20, 2018, Austin Mayor Steve Adler and Travis County Judge Sara Eckhardt signed the Paris Declaration on Fast-Track Cities Ending AIDS and launched the Fast-Track Cities Initiative. As part of that initiative, five specific 2020 Goals for Austin/Travis County have been adopted.

Goal 1 - 90% of all people living with HIV will know their HIV status.
Goal 2 - 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy.
Goal 3 - 90% of all people receiving antiretroviral therapy will have viral suppression.
Goal 4 - 50% reduction in new HIV infections.
Goal 5 - End stigma related to HIV.

The current status of these goals for Travis County are shown in Table 1.

Relevant Data for Planning and Accomplishing the Fast Track Cities Goals

Providers diagnosing HIV in Travis County

Providers diagnosing HIV for residents of the Austin HIV services delivery area are listed in Table 2. Twelve major health care clinics diagnosed 63% of all HIV infections. One in 4 (26%) of all new infections were diagnosed by Austin public health clinics. However, 17% of infections were diagnosed by private physicians or physician groups.

Populations Most Affected

There were 4,716 people living with HIV (PLWH) in Travis County in 2016 (Graph 1). Of PLWH, 86% were male; 40% were white, 34% were Hispanic/Latinx, and 22% were black; 69% were men who have sex with men, 14% had heterosexual transmission, 8.4% were injecting drug users (IDUs).

Graph 1. People Living with HIV in Travis County by Gender and Race/Ethnicity, 2016 (N=4,716)

Table 1. Goals and Current Status of Goals for Austin/Travis County Fast-Track Cities Initiative

<table>
<thead>
<tr>
<th>GOAL</th>
<th>CURRENT STATUS (as of 2016)</th>
<th>GAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 1: 90% of all people living with HIV will know their HIV status.</td>
<td>An estimated 83% of all Travis County residents living with HIV know their status.</td>
<td>7%</td>
</tr>
<tr>
<td>Goal 2: 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy.</td>
<td>80% of individuals in Travis County diagnosed with HIV are currently retained in care.</td>
<td>10%</td>
</tr>
<tr>
<td>Subpopulations who have not met goal:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• White MSM: 81%</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>• Black MSM: 75%</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>• Latino MSM: 78%</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>• Black Heterosexual: 78%</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>Goal 3: 90% of all people receiving antiretroviral therapy will have viral suppression.</td>
<td>96.2% of people who are retained in care are virally suppressed.</td>
<td>Goal Met for Travis County</td>
</tr>
<tr>
<td>Subpopulations who have not met goal:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• White MSM: 88%</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>• Black MSM: 77%</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>• Latino MSM: 85%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>• Black Heterosexual: 81%</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>Goal 4: 50% reduction in new infections</td>
<td>There were 242 new diagnoses of HIV in Travis County. A 50% reduction would mean 121 new diagnoses.</td>
<td>50%</td>
</tr>
<tr>
<td>Demographics of new cases:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Latino Males: 91</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• White Males: 79</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Black Males: 37</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Black Females: 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Latino Females: 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• White Females: 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other/Unknown Race: 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal 5: End stigma related to HIV</td>
<td>Though there is no universal measure of stigma, the 2017 Austin Area HIV Needs Assessment reported that 77% said stigma or fear of discrimination had not kept them from obtaining care.</td>
<td>23%</td>
</tr>
</tbody>
</table>

Sources: Texas DSHS STD/HIV Surveillance Unit; Austin Area Comprehensive HIV Planning Council’s 2017 Austin Area HIV Needs Assessment.
Linkage to Care, Retention in Care & Viral Suppression

The Austin Fast Track Cities Initiative

Austin Public Health is working with multiple community partners to help to convene workgroups to develop and implement a community action plan. The four workgroups are: 1) Prevention; 2) Testing and linkage to care; 3) Retention, re-engagement and zero viral load; and 4) Ending stigma. Workgroup strategies that have been identified and confirmed after the first round of community meetings are:

Prevention Workgroup
Key strategies:
1. Risk-reduction promotion
   - Increase condom availability
   - Motivational interview/counseling/messaging training
2. Sex education
3. Media campaigns
4. Harm reduction-clean needle and syringe programs; opioid substitution therapy
5. Pre-exposure prophylaxis (PrEP)
6. Non-occupational post-exposure prophylaxis (PEP)
7. Treatment as prevention
8. Medical education
9. Trans-specific access to care
10. Prevention of mother-to-child transmission (PMTCT) programs

Testing and Rapid Linkage to Care Workgroup
Key Strategies:
1. Testing
   - Focused (not routine) rapid HIV testing in nonclinical outreach and community settings aimed at vulnerable and high risk populations, including patients with sexually transmitted infections. (e.g. public parks, homeless shelters)
   - Routine testing for HIV, which should be integrated with testing for syphilis and for hepatitis C when indicated,
in primary care, emergency departments, jails, detention centers and specialty courts

- Automated prompts for providers to test
- Education of providers regarding funds available to cover testing costs (i.e. MAP and other sources)
- Community-driven access to STI testing

2. Rapid linkage to care

- Anti-retroviral treatment and access to services (ARTAS)
- Individual-level, multi-session, time-limited intervention with the goal of linking recently diagnosed persons with HIV to medical care soon after receiving their positive test result

3. Increased access to comprehensive (wrap-around) services
4. Medical education

Retention, Re-Engagement, Zero Viral Load Workgroup

**Key Strategies:**

1. Data to care
   - Use HIV surveillance data to identify HIV-diagnosed individuals not in care, link them to care, and support the HIV care continuum.

2. Enhanced personal contact
   - A trained interventionist establishes a personal relationship with HIV clinic patients and remains in contact with patients. During brief face-to-face meetings at each HIV primary care visit and interim phone calls between care visits, interventionists provide positive affirming statements to patients for attending primary care appointments and respond to questions or concerns about appointments.

   - Patient-affirming, patient-centered care

3. Telemedicine/Tele-Services
4. Bundling and co-location of services (one-stop shop)
5. Minimizing burden on clients (eligibility, transit, locations, etc.)

6. Incentives
7. Address social determinants of health

**Ending Stigma Workgroup**

**Key Strategies:**

1. Advocacy Themes:
   - PROTECT
   - Anti-discrimination laws
   - Decriminalization
   - Challenging violence
   - INCLUDE
   - Key populations in service design and implementation
   - Stigma and discrimination reduction in strategies

   - EMPOWER
     - To understand rights
     - To act on violations
     - EDUCATE
     - To address fears
     - To change attitudes

2. Media campaigns
3. Social marketing initiatives to reduce internal and/or external HIV stigma
4. Educational materials that help people living with HIV better understand their health-care coverage, HIV-related rights, and civil liberties
5. Patient-affirming, patient-centered care
6. Gender-affirming care

**Next Steps**

Workgroups will continue meeting to develop specific action steps for implementation of the key strategies. Performance on the goal targets will be monitored to assess progress and help guide future actions.

**Early Successes**

In the short time since the launch of this initiative, our community has already seen some significant early successes. Just a few of these include:

1. AIDS Services of Austin (ASA) Moody Medical Clinic, Ash+Well, and the Center for Health Empowerment (CHE) expanded to provide PrEP;
2. CommUnity Care clinics are working to expand access to PrEP;
3. CommUnity Care, Kind Clinic and ASA Moody Medical Clinic recently implemented rapid linkage to care to within 24-72 hours after diagnosis;
4. The Central Health Equity Policy Council is working on promoting opt-out testing for HIV at area healthcare facilities. CommUnity Care and the Dell/ Seton Medical Center Emergency Department (Formerly Brackenridge Hospital) have already been implementing opt-out HIV testing;
5. STI testing and treatment expansion by the Kind Clinic, CHE, and Ash+Well. The ASA Moody Medical Clinic is expanding in fall to provide full STI testing and treatment; and
6. A new Austin Public Health funding request for applications was recently released to provide social services to persons living with HIV (PLWH) that requires alignment with achieving success with the Getting To Zero and Fast Track Cities Strategies.

**How Austin Area Physicians Can Be Involved**

- Connect with Austin Fast Track Cities on Facebook: www.facebook.com/AustinFTC/
  - Twitter: twitter.com/hashtag/atxftc
- Email Philip.Huang@austintexas.gov with “Austin Fast-Track Cities Initiative” in the subject line to be added to the distribution list for updates.
- Join our collaborative community workgroups for the priority areas (events and dates on Facebook or via email list).

1 The CDC estimates that in Texas 17.3% of individuals with HIV are undiagnosed. Data Source: MMWR 2015, Vol 64, Num 24. This estimate is used for Travis County as well.
2 The Austin HSDA includes 10 counties in the Austin area.
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