APPROXIMATELY
79,000
MINORS AND YOUTH ARE VICTIMS OF
SEX TRAFFICKING IN TEXAS

APPROXIMATELY
234,000 WORKERS ARE VICTIMS OF
LABOR TRAFFICKING

THERE ARE CURRENTLY AN ESTIMATED
313,000 VICTIMS OF
HUMAN TRAFFICKING IN TEXAS

TRAFFICKERS EXPLOIT APPROXIMATELY
$600 MILLION FROM VICTIMS OF LABOR TRAFFICKING IN TEXAS

MINOR AND YOUTH SEX TRAFFICKING COSTS
THE STATE OF TEXAS APPROXIMATELY
$6.6 BILLION
At TMLT, we have you covered for all aspects of your job.

We know that seeing patients and providing excellent care is your primary goal. And we work hard to find new ways to support you. Contact us today to learn more about what TMLT can do for you at 800-580-8658 or www.tmlt.org.
Dr. Simone Scumpia MD FACE FRCP FNLA

New patients seen within 3-5 days

Dr. Scumpia, medical director and founder of Austin Thyroid & Endocrinology, has served the needs of thyroid and endocrine patients in Austin for over 20 years. She is a Board Certified Endocrinologist, Fellow of the American College of Endocrinology and Fellow of the Royal College of Physicians of Canada. Her focus is the diagnosis and treatment of thyroid disorders, general hormone imbalances, pituitary, adrenal, osteoporosis, and diabetes.

The clinic has in-house thyroid ultrasound, bone densitometry, radioactive iodine uptakes and treatment, insulin pump and dietician.

Dr. Scumpia offers second-opinion consults on management of Graves’ disease and hyperthyroidism, thyroid nodules and thyroid cancer.

Call 512.467.2727
to schedule your patient with Dr. Scumpia

♦ New patients seen within 3-5 days
♦ All new patients are seen by Dr. Scumpia
♦ Emergency new patients seen the same day
♦ All commercial insurance plans accepted
♦ Tricare and Medicare accepted
♦ Direct line 512.873.7377 for your medical staff
♦ Doctor’s line for referring physician

Dr. Simone Scumpia, MD FACE FRCP FNLA
Austin Thyroid & Endocrinology
2200 Park Bend Drive, Building 3, Suite 300
Austin, TX 78758
512.467.2727 office
512.873.7576 fax

Thank you for entrusting your patients to Dr. Scumpia
YOUR MORTGAGE SHOULD MATCH YOUR NEEDS

Our Physicians Mortgage Loan Program is built just for you

- Down payment as low as 5% for loan amounts up to $1,000,000
- No private mortgage insurance
- Flexible qualifying guidelines
- Loan amounts up to $1,500,000

OUR FINANCIAL KNOWLEDGE IS YOUR FINANCIAL EDGE.

Apply Today!

ROGER BOTT
Senior Vice President
512.465.6513 | rbott@broadway.bank

ANNETTE MCCLINTOCK
Senior Vice President
512.805.0992 | amcclintock@broadway.bank

BROADWAY BANK
We're here for good™

35+ Financial Centers | Member FDIC
Features and Articles

6 From the President
Jeffrey M. Apple, MD

8 2018 TCMS/TCMA Installation Dinner

10 House Call
Jeff Apple, MD

12 Today's Doctors Are an Endangered Species
Clay Johnston, MD, PhD

14 Human Trafficking in Texas and How Physicians Can Help
Melinda Lopez, MD, MPH, FACOG

18 In the News

19 In Memoriam

20 TCM Alliance
Melissa Smith

21 TCMS Physician Wellness Program

22 Recommendations for Treating Latinos in Travis County
Kenneth A. Perez, DO and David Campos, PhD

24 Drug Overdose & Opioid Use in Travis County
Philip Huang, MD, MPH; Sarah Seidel, DrPH; Haruna Miyakado Steger, MS;
Jeff Taylor, MPH; and David Zane, MS

27 Classified Advertising

Stay Connected!
Like us on Facebook
Facebook.com/TravisCMS
Follow us on Twitter
Twitter.com/TravisCMS
Keep up with the blog
TravisCMS.blogspot.com

This issue of the TCMS Journal will have a different tone as I ask you to focus your attention and energy to a problem many of us are unfamiliar with—human trafficking. It is one of many examples of societal problems that our role as leaders often challenges us to face head-on.

Human trafficking and the extent of its effects on, and within, our health system will shock all of us, especially those who, like myself, feel that they rarely see its tragedies in their daily practice. Because we live in a society of great affluence and opportunity, it is alarming to think that such inhumanity can exist, much less actually thrive, in our own state and city.

But the statistics are staggering. There are approximately 313,000 victims of human trafficking in Texas (79,000 child sex trafficking victims and 234,000 labor trafficking victims) with a cost to our state of around 6.6 billion dollars. Just a few of those costs include unwanted pregnancies, treatment for STDs, assault treatment and investigation, and child foster care expenditures. Texas ranks second only to California as a major hub for trafficking in the United States. One out of every five trafficking victims travels along I-10. This data comes from a study produced locally by the Institute on Domestic Violence and Sexual Assault at the UT School of Social Work.

The face of human trafficking and its venues are familiar—cantinas and restaurants, work crews, strip clubs, construction, and of course, the internet. But more than 50% of human trafficking victims will also come in contact with medical professionals either in the ED, family planning clinics, or in primary care/ob-gyn practices. More than likely, all of us have unknowingly been face to face with its victims.

Our role as advocates for human freedom and dignity is challenged by these “silent” epidemics in our community that so easily escape our awareness. As we all go about our daily jobs, I hope we take time to reflect on this and how as physicians we need to be aware of the signs and symptoms of trafficking victims. Once aware, we will undoubtedly recognize opportunities to help someone escape this prison, so educating ourselves about the resources that are available to us and to our patients is crucial.

The recent TCMS Business of Medicine event, Human Trafficking and the Medical Professional, presented by Dr. Melinda Lopez of the People’s Community Clinic, was one of the best attended in recent memory. Her feature article in this journal gives us several avenues for assistance and ways to get involved, educate ourselves, raise awareness in our clinics, and more. It is an excellent article that will hopefully open our eyes to the current crisis, what is being done and what can be done.

In my own online research, I’ve learned about local efforts such as the Refuge Ranch, created by Brooke Crowder, as a place for healing and shelter for those victims of minor sex trafficking in Travis County. An example on the national level is the Polaris Project based in Washington, DC, that has created a National Human Trafficking Hotline and is actively involved in all facets of the disruption of human trafficking, including legislation.

I would like to thank all of you for the work you do in support of our community. A special thanks to those who, like Dr. Lopez, have devoted time and effort combatting this silent epidemic. Through such efforts, TCMS members continue to make Austin and Travis County a place that we can be proud to call home.

Jeffrey M. Apple, MD
TCMS President
Sign Up Now!
2018 TCMS/AISD Athletic Physicals

Each year TCMS teams with the Austin Independent School District to provide free athletic physicals to students who are uninsured or have financial restrictions or other barriers to health care. In 2017, more than 1060 students received station-based exams. For many, this is their only well-visit with a physician for the year.

TCMS is now looking for volunteers for 2018. Exams are given over four nights to middle and high schools students with two shifts per night.

2018 Dates/ Times
Each night has two shifts: 5:15-6:45 pm and 6:30-8 pm.

Tuesday, April 17— Middle Schools at Delco Activity Center (Hwy 183 & Manor Rd)
Thursday, April 26— Middle Schools at Burger Activity Center (MOPAC & Hwy 290)
Tuesday, May 1— High Schools at Burger Activity Center (MOPAC & Hwy 290)
Thursday, May 3— High Schools at Delco Activity Center (Hwy 183 & Manor Rd)

Exam Stations
ENT, Ortho, Heart/ Lung, Abdomen, Clearance

To volunteer, contact Diane Naistat at dnaistat@tcms.com or call 512-206-1249.
The Austin Country Club provided an elegant setting for the March 6 TCMS Installation Dinner. Dr. Sara Austin, 2017 TCMS president, passed the official gavel to 2018 TCMS president, Dr. Jeffrey Apple. In addition, TCMA introduced their new president, Melissa Smith.
YOUR PATIENTS TRUST YOUR GUIDANCE. YOU CAN TRUST OUR CARE.

Your patients look to you to provide quality and compassionate care.

So when they come to you with vein issues, you want to make sure they receive the most comprehensive venous treatment in Central Texas. That's why you should refer them to VeinSolutions.

VeinSolutions, a division of Cardiothoracic and Vascular Surgeons (CTVS), is located in Austin and has 60 years of expertise. VeinSolutions has specialized board-certified cardiothoracic and vascular surgeons dedicated to providing the least expensive, most conservative treatment to patients in order to restore them to full function and improve their quality of life. And because unhealthy veins are a real medical issue, treatment is most often covered by insurance.

Make sure your patients get the most comprehensive venous treatment possible. And you'll feel better knowing we care about your patients as much as you do.

Trust In Our Expertise And The Care of Your Patients.

Learn more by calling 512-452-VEIN (8346) or visit us at VeinSolutionsAustin.com
At around 5:00 am at St. David’s Hospital, the cycle of a new day begins. Breakfast is set out in the dining hall, coffee is brewed, and nurses begin their final push towards shift’s end. The doctors begin to file into the hospital, checking their rounding lists and assignments for surgery. It’s a good time to be in the hospital. It is quiet and hopefully progress is on the horizon. It was on one of those mornings years ago that I saw a figure quietly going about his business, making his rounds, taking notes and checking his work, as he moved quickly through the halls. That figure I came to know, was Pete Garcia.

Dr. Garcia, an internist, has practiced in Austin for 31 years. I had seen him working in the hospital but never got to know him or where he practiced. I originally thought he was a pharmacist or a case worker helping arrange the complex details for a patient’s transition. Dr. Garcia didn’t talk much in the halls, he seemed intent on the task at hand and clearly had other places he needed to be. I did get to know him, however, through his patients.

I quickly realized he has a following of loyal and grateful worshipers. Patients who listen intently to his advice and counsel and whose family members trust him unfailingly. As I was arriving in the morning to make rounds, he was usually finishing up and moving on to the other place he practices — his patients’ homes.

Dr. Pete Garcia’s unique practice and mission are a story worth telling.

From San Antonio, he attended Edgewood High School and then the University of Texas. He completed his medical school and training at Baylor College of Medicine during Baylor’s preeminence in the late 70s and early 80s. After finishing training, he worked for the US Public Health Service in Laredo. It was there, he says, that he found his calling. Pete took care of the indigent — presented with a vast case load and few resources. He enjoyed the work, it’s difficulties and challenges, and especially helping those less fortunate. In 1986 he returned to Austin joining a friend from medical school in private practice. His practice at that time may be unfamiliar to us now; as internists not only saw clinic but took care of their patients in the hospital. This practice eventually separated, leaving the remaining physicians to pursue other endeavors.

It was at this time that Pete had a decision to make. One choice was to simply tell his patients that the practice was closed and refer them to other doctors. But he chose another path. He decided to take care of them in their homes. Many of these patients had difficulty with transportation. They were economically and socially challenged and getting to a doctor’s office meant either arranging public transportation or asking family members to miss work to get them to the visit. He decided he would go to them.

Dr. Garcia visits around 8-10 patients a day in their homes, usually for about 45 minutes to an hour each visit. He will check on the patients, complete his exam, review their medications, and make sure all of their needs are attended to. He has been doing this since 2004. After making his house calls, he will usually move on to his nursing home patients where he performs the same tasks and then returns to the hospital for evening rounds. At what should now be the end of his day, he goes back to his office (located at home) to complete paperwork, review faxes, check lab work, and whatever else is waiting in his inbox, spending 3-4 hours a day on paperwork alone.

Dr. Garcia, I believe, is an anomaly. His mission to care for those less fortunate is unabated by the seemingly endless mountain of paperwork and regulations that are hurled at him. He will spend over an hour sometimes just to get a medication approved by an insurance company. He is a testament to fortitude and sense of purpose.

It is easy this day and age for physicians to become overwhelmed and frustrated to the point of apathy with the many mundane tasks of practice. Pete is at the age that many physicians would start to think about retirement or at least start slowing down. The world we start in is not often the one we finish in as physicians, yet he remains undeterred. His vacation time is rare, not by necessity, but more so from the enjoyment he takes in his work. His free time he spends with Alicia, his wife of 38 years.

I asked Pete if he knows who will carry on his mission once he decides to retire. He simply shrugs and says he doesn’t know. The larger forces of health care change seem trivial to what he has to accomplish day-to-day. He has learned how to weather the storm, like a giant oak tree standing tall among the lesser beings below, impervious to the changes in season and time. The ember that was lit in medical school has set a long burning fire that will be hard to extinguish. I know his patients will always appreciate the warmth that he provides.

Here’s to you Dr. Garcia and the service you provide our community. Your Medical Society thanks you.
Missing a piece of your insurance puzzle?

We can help.

TMA
INSURANCE TRUST

www.tmait.org
1-800-880-8181

Created by and exclusively endorsed by the Texas Medical Association, the non-commissioned staff of the TMA Insurance Trust help Texas physicians, their families, and their practices find insurance plans to fit their needs.
Today’s Doctors Are an Endangered Species:

Artificial intelligence is a threat to the medical profession as we know it. What can be done to save us?

Clay Johnston, MD, PhD
Dean, Dell Medical School

Artificial intelligence (AI) is clearly a threat to physicians—at least as they practice today. One form can identify tuberculosis with nearly complete accuracy, another can diagnose melanoma with greater precision than dermatologists. In the coming years, surgical robots are likely to become more and more autonomous, and health care ‘bots that remind you to take medication or offer wellness coaching will become a familiar part of daily life.

But is AI our asteroid, or merely an imperative to adapt? Assuming we’re willing and able to do so, physicians of the future might not be merely different, we might be better.

Here’s what we know:

When it comes to routine cognition, Watson is going to win.

Medical knowledge is increasing so rapidly that unaided physicians are already unable to retain and process it effectively, and no textbook can keep up. It doubled every 50 years around 1950, and every seven years in 1980; by 2020, medical knowledge is projected to double every 73 days. Add in the increasingly detailed data we collect about our patients, and it’s clear that the human mind will require aids to manage the array and complexity of information relevant to health and care.

Meanwhile, further acceleration of the capabilities of computers to analyze complex data and mimic human cognition will facilitate the transfer of many tasks traditionally completed by human minds and hands to those of Watson—the IBM computer system who famously won “Jeopardy!”—or one of his descendants.

A robot’s cold, metallic hand is no substitute for human touch.

The humanistic aspects of medicine will be much more difficult to replace with technology. We know that the “art of caring” is central to the medical profession. When patients select and recommend doctors, they rely heavily on bedside manner and trust rather than measures of patient outcomes, which are generally unavailable to them. At the same time, patient-physician relationships augmented by warmth, attention and confidence have been shown to be superior in improving outcomes.

As AI develops, so too should ‘EI’ (emotional intelligence)

Physicians must become more emotionally intelligent to provide the best care.

Information escalation and increases in AI are leading toward a dramatic change in the role of the physician, one that will require skills that aren’t taught in many medical schools.

Most allocate substantial time to memorization and analysis, tasks that will become less demanding as artificial intelligence improves. But components of the art of caring—communication, empathy, shared decision-making, leadership, and team-building—are underemphasized, when they are emphasized at all. And many schools fail to prepare future physicians to take responsibility for the systems of care that are critical to patient outcomes, leading the changes necessary to provide the best possible care.

It’s essential that medical education leaders rebalance their curricula toward these components. Doing so will help patients receive the best care that medicine and machine have to offer. It may be good for physicians as well, as they find more opportunities for meaningful patient communication and delivery of higher-quality care.

Still, even if we adapt, AI remains a threat. But it isn’t the medical profession that is endangered. Rather, it’s the status quo in jeopardy of becoming extinct.
For more than 35 years, TMLT has proudly defended physicians in Texas. And now, for the first time, we're offering our strong, flexible medical liability coverage and winning defense strategies to physicians working outside the Lone Star State.

Introducing Lone Star Alliance, RRG, a risk retention group operated by TMLT. Through Lone Star, you can practice outside of Texas and still receive TMLT-level coverage and service. If you leave Texas (though we can’t imagine why anyone would want to do that), you’re still covered. With Lone Star, we can protect you, wherever you grow.

Learn more at www.lonestara.com

PROTECTION WHEREVER YOU GROW.

512-425-5890 | sales@lonestara.com | www.lonestara.com
Human Trafficking in Texas and How Physicians Can Help

Melinda Lopez, MD, MPH, FACOG

Human trafficking, or modern-day slavery, is a widespread crime that affects most of us on some level. Despite the recent media attention directed at human trafficking, it is an age-old social woe and will require the combined efforts of law enforcement, governmental agencies, service providers, and ordinary citizens to adequately address.

Human trafficking is, at its core, a combination of manipulation and exploitation with the aim of rendering the victim dependent on the trafficker. Traffickers exploit the vulnerable in our society; immigrants, children, and individuals affected by poverty, mental health disorders, and substance abuse. Human trafficking tears at our social fabric by creating a consumer good that relies on a cycle of abuse and exploitation.

Tragically, it is a very lucrative business model. Unlike arms and illicit substances, human services can be traded over and over so long as the trafficker is able to control the victim. As medical care providers, we can help break this cycle by being able to recognize situations of trafficking as they present in the clinical context and being aware of how to respond.

Trafficking Defined

Most definitions of human trafficking incorporate sex trafficking and labor trafficking as well as other situations of coercion such as forced marriage and organ trafficking.

The US State Department defines trafficking in persons as: (a) Sex trafficking, in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age; or (b) Labor trafficking - the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Under Texas law, human trafficking is divided into four categories: (1) labor trafficking of an adult; (b) sex trafficking of an adult; (c) labor trafficking of a minor; and (d) sex trafficking of a minor.

A Global and National Problem

Due to the clandestine nature of human trafficking and the lack of standardization in the definition, data collection on this topic is limited. The International Labour Organization (ILO) (which categorizes human trafficking as either labor trafficking or forced marriage) estimated that there were 40.3 million victims of human trafficking globally in 2016. The majority of these individuals (71%) were female and roughly two-thirds were involved in labor trafficking. Trafficking is present on every continent but the highest incidence is in Southeast Asia. The ILO estimates that labor trafficking generates more than $150 billion in profit per year worldwide.

The US State Department estimates that between 14,000 and 50,000 persons are trafficked within the United States every year, but this is a conservative estimate. Victims of trafficking in the US include both US national citizens as well as immigrants.

Trafficking is distinct from that of smuggling in that trafficking does not, by definition, include traversing borders. Trafficking is a crime against a person, which can be committed in their own home. At-risk populations in the US include runaway youth or youth in foster homes, and individuals struggling with addictions, mental illness, or poverty. These individuals are preyed on by traffickers who are quick to identify their vulnerabilities and recruit them into a life of trafficking in exchange for promises of food, shelter, safety, positions of authority, and romantic love.

A Texas Problem

According to the National Human Trafficking Hotline, Texas and California consistently have the highest reports of human trafficking in the country. Texas has several large cities and transportation thoroughfares, making it a hub for traffickers looking to transport their victims both into and within the US.

The University of Texas published results of a study that estimate the number of victims of trafficking within Texas to be higher than 300,000. As shocking as
that number is, most Texans are simply unaware. Be The One is a campaign launched by the Texas Attorney General’s Office that highlights the importance of citizens and communities in Texas being aware of human trafficking in our state and knowing how to respond. The campaign website posts a powerful video detailing survivor stories as well as community members who were able to pick up on warning signs and intervene. The key message of the Be the One is: Report it. It is better to make the call and be wrong than leave someone enslaved a moment longer.

Red Flags and the Role of Doctors

Physicians and other medical care providers have a unique role in the fight against human trafficking. In many cases, health care workers might be some of the only professionals whom a victim will encounter during their time in captivity. In one recent study, as many as half of the victims studied came in contact with a health care professional, but unfortunately, were not identified or recognized during the interaction.

There are several barriers to identifying human trafficking in a clinical setting including a lack of knowledge about the topic, a lack of awareness of red flags, and a lack of knowing how to respond if a patient is identified as being a victim of trafficking. In order to generate an effective, consistent response to human trafficking in the health care setting, it will be important to address each of these concerns.

Victims of human trafficking are a heterogeneous population and the nature of their enslavement is unique in each case. There are many medical concerns that can be related to their trafficking including chronic pain conditions, anxiety, depression, suicidality, evidence of trauma, malnutrition, recurrent sexually transmitted infections, and unintended pregnancies, among others. Medical professionals must stay alert when they encounter what are considered red flags for trafficking.

If a physician suspects trafficking, there are certain follow-up questions that can be worked into a standard medical history-taking if relevant. The following are a few examples:

- Can you leave your work or job situation if you want?
- How do you earn money? Are you able to control your own money?
- When you are not working can you come and go as you please?
- Have you been threatened by harm if you try to quit?
- Has anyone threatened your family?
- Where do you sleep and eat? Do you have to get permission to do these things?
- Are you locked in a room at any point?

When discussing issues related to trafficking it is important to use a trauma-informed approach which acknowledges the impact that trauma might have on a patient and seeks to empower the patient in their health care decisions.

When a patient does reveal a history of current trafficking, Texas law mandates that the situation be reported to law enforcement in cases that involve a minor (individual <18 years of age), an elderly patient (>65 years old), or a patient without medical decision-making capacity. In any other circumstance, the physician must obtain consent from the patient prior to reporting a case of human trafficking to law enforcement. In all cases of trafficking it can be helpful to contact the National Human Trafficking Hotline (see additional resources sidebar) to assist with next steps and local partner agencies. If a patient is unable or unwilling to make a report at that time, the number for the hotline can be offered to the patient for them to call when they are able.

We Can Make a Difference

As more physicians and medical workers become proficient at responding to human trafficking and coordinating care with other service providers, survivors of human trafficking will have more opportunities to escape from captivity.

Human Trafficking Resources

To order a Hope for Justice Protocol Tool Kit, contact www.healtrafficking.org
National Human Trafficking Resource Center: 1-888-373-7888
For health care protocol, www.traffickingresourcecenter.org
To request a toolkit for developing a response to trafficking in a health care context, www.healtrafficking.org

Visit tcms.com for additional information.
MEDICAL PROFESSIONAL LIABILITY INSURANCE
PHYSICIANS DESERVE

Offering top-tier educational resources essential to reducing risk, providing versatile coverage solutions to safeguard your practice and serving as a staunch advocate on behalf of the medical community.

Talk to an agent/broker about NORCAL Mutual today.
NORCALMUTUAL.COM | 844.4NORCAL

© 2016 NORCAL Mutual Insurance Company
The Medical Society extends deepest sympathy to the family and friends of the following physicians.

**Benjamin Clary Bates, MD**, 97, passed away peacefully in his sleep at his residence in Temple on January 5. Born in Lewisville, TX, he graduated from SMU before attending medical school in Galveston. Dr. Bates was a naval officer and did his internship at the US Naval Hospital at Bethesda. He did his urology training at Wichita Falls Hospital before moving to Austin with his wife Dorothy and their growing family. He founded Austin Urology Associates in 1964 and practiced with that group until his retirement in 1992. He served as president of the Texas Urology Society and served twice as president of Seton Hospital Medical Staff. Dr. Bates was an instrument-rated private pilot and enjoyed flying to community hospitals around Texas to share his expertise. He held leadership positions in his church, and he and his wife were active in a number of local organizations and clubs. He had a close circle of friends and enjoyed golf, hunting, fishing, and travel. Dr. Bates was predeceased by his beloved Dorothy and is survived by three sons who share many years of memories enjoying golf and fellowship with their father.

**Scott Campbell, MD**, 56, unexpectedly passed away on January 18 while exercising at his home. Dr. Campbell was born in Beeville, TX but his father’s naval career led the family to live in several different cities across the US and Bermuda before graduating high school in Florida. He did both undergraduate and medical school studies at the University of North Carolina at Chapel Hill, a radiology residency at the University of Virginia, then a neuroradiology fellowship at Duke. He was also a flight surgeon in the Navy, flying and serving his country around the world, including two years in Antarctica. In 1998, he moved to Austin where he practiced interventional neuroradiology. Above and beyond his life as a skilled and caring physician, Dr. Campbell’s life was defined by his faith and devotion to his family. A friend from medical school recalled, “…Scott’s heart was always desiring to be more like His Savior so he could be the man, husband, and father that God intended. He loved Troye and his children deeply.” By all descriptions, his world revolved around family, and in recent years he especially enjoyed watching his daughters excel in volleyball. He is survived by his wife Troye and their three teenage daughters.
Marvin Cressman, MD, 84, passed away peacefully at his home with his loving family at his side on February 4. A native of Pleasant Valley, PA he graduated from Muhlenberg College then Hahnemann Medical School. He served in the Army, doing his internship at Walter Reed. He served in a MASH unit in Korea, later being transferred to Tripler Army Hospital in Hawaii. While serving there, he obtained a pilot’s license, beginning a lifelong passion as an expert pilot. After 11 years of service, Lt. Colonel Cressman left the service and moved to Austin where he became a partner in the Austin Neurological Association. The contributions that Dr. Cressman made to neurosurgical care in Austin during his many years in practice can hardly be overestimated, and countless lives were both saved and touched during those years. “Many of us witnessed firsthand his devotion to detail, excellence in care, and compassion that were part of his daily routine,” says Dr. Brian Sayers. Never a man to sit still, he devoted countless hours to his profession and to flying. His other passion was his farm in Round Rock, where he raised cattle, grew hay, and found peace. His career was cut short by debilitating health problems. “As a member of his care team for a number of years, I can attest to the stoicism, courage, and good humor he exhibited during those difficult years, along with his stubborn determination to get back up on his tractor no matter how challenging his health problems became,” Sayers adds fondly. He is survived by his wife of 62 years Kathryn, three children, and six grandchildren. His final resting place overlooks his farm.

Douglas Terry, MD, 94, died January 13. He was born in La Crescenta, CA and knew he wanted to become a doctor at five years of age after saving the family dog from a poisoning the neighbors misdiagnosed as rabies. During the Great Depression his family moved to Colorado where as a 12-year-old he took on a paper route to help support his family during those difficult years. He eventually went to UT Austin then medical school in Galveston before doing an internal medicine residency and a hematology fellowship at Georgetown University Hospital. He served as a medical officer in the Navy in World War II and Korea and was a professor of Medicine at Creighton University in Omaha, NE before returning to Austin in 1958. Dr. Terry was a recognized leader in his field here and beyond. He served in a number of leadership roles including his years as chief of medicine at Brackenridge Hospital and medical director of the Blood Bank. Dr. Terry was described as a humble, self-made man with an intense passion for medicine. He admired the value of a firm handshake and “really good food.” He was a man of great faith and compassion and for years while managing a busy medical practice was the primary caregiver to his growing children, often taking them on evening rounds at the hospital. He is survived by his wife Doris, two children, five grandchildren, 11 step-children, 40 step-grandchildren and 36 step-great grandchildren.

Terry Sherman, MD, 71, died at his home in Decatur, TN on February 5. A native of Green Bay, WI, he graduated from Southwestern University followed by medical school in Galveston. He did an internship at Brackenridge Hospital before serving several years as a flight surgeon in the Air Force at the USAF Hospital in Zaragoza, Spain, attaining the rank of Major by the time he left the service in 1976. He returned to Austin where he practiced family medicine for the next 29 years. Former colleague Dr. Stephen Blair recalls, “Terry was a kind colleague with a wry, quiet sense of humor. I was a new doctor at South Austin Medical Clinic in 1997 and he was already a seasoned clinician. I still use a Welch Allyn headlamp he kindly gifted me over 20 years ago. I will miss his sly smile and sense of humor most.” He is survived by wife Kathleen and daughter Tara. Dr. Sherman gave much to the Austin medical community and to his patients during his three decades in practice here and it was not surprising to learn that his generosity continued as he donated his body to The University of Tennessee Medical School.
The Travis County Medical Alliance has been busy recruiting new members! In February we had a new member lunch at the Broken Spoke. A true “Texas” lunch of Chicken Fried Steak and sweet tea! We also had a date night in style at Knot Standard. The boutique specializes in tailor-made menswear. Couples sipped on libations made by Austin’s top mixologist.

The January meeting—cancelled due to inclement weather—was rescheduled in February at the iconic Austin City Limits. TCMA members rode the ATX Big Boy limo bus to the Austin studio and received a tour of the famous facility. A special presentation by Austin Angels Love Box Manager Kathleen Crow completed the meeting.

Member Spotlight: Shelly Ozdil

Shelly was born and raised in the small town of Waycross, GA—home of the famous Okefenokee Swamp. Following high school, she attended East Tennessee State University in Johnson City, TN where she earned BS degrees in Elementary Education and Child Psychology. It was there she met and married Erol. Following his residency and cardiology fellowship in Houston, the two made Austin home in 1995 when Erol joined Texas Heart and Vascular.

Mother to three, 22-year-old Anna-Blaire, a civil engineer in Dallas, and twin 19-year-old Razorbacks, Liam and Collins, life in Austin has been busy. This stay-at-home mom spent most of her spare time serving the community. A former TCMA President, Shelly was a member of the Junior League of Austin, St. David’s Healthcare’s Angels, the Toast of the Town committee, and Go Red for Women, just to name a few. When not volunteering in the community, Shelly spent her time volunteering and fundraising for her kids’ schools and sports. After some time off of the TCMA Board, she is excited to return next year as the Advisor to the President.

A recent empty nester, Shelly now spends her time reading, playing golf, waterskiing, and embroidering. Avid travelers, “The Ozdil Five,” plan to spend time this summer on their next great adventure.

TCMA Party with a Purpose held March 2 at the South Congress Hotel was a big success. Thank you to all our sponsors!

Gold Star
- Austin Area OB-GYN and Fertility
- Austin Radiological Association (ARA)
- Austin Regional Clinic
- Capitol Anesthesiology Association
- Clinical Pathology Associates
- Seton Healthcare Family
- St. David’s Healthcare / St. David’s Foundation
- Travis County Medical Society

Silver Star
- Austin Anesthesiology Group
- Austin Cancer Centers
- Bentley of Austin
- Covert-Hutto
- Medical Studies Abroad

Rising Star
- Austin Subaru
- Bozic Family Fund of the Austin Community Foundation
- Capital Medical Clinic
- Orthopaedic Associates of Central Texas
- Texas Medical Association Insurance Trust
- Wellness Brain and Spine

Bright Star
- Austin Retina Associates
- Byron and Carla Wilkenfeld Eye Institute of Austin
- Eye Physicians of Austin
- Frost Bank
- Sarah and Ernest Butler Texas Fertility Center

Star
- TCMA Book Review

Member Spotlight: Shelly Ozdil

Shelly was born and raised in the small town of Waycross, GA—home of the famous Okefenokee Swamp. Following high school, she attended East Tennessee State University in Johnson City, TN where she earned BS degrees in Elementary Education and Child Psychology. It was there she met and married Erol. Following his residency and cardiology fellowship in Houston, the two made Austin home in 1995 when Erol joined Texas Heart and Vascular.

Mother to three, 22-year-old Anna-Blaire, a civil engineer in Dallas, and twin 19-year-old Razorbacks, Liam and Collins, life in Austin has been busy. This stay-at-home mom spent most of her spare time serving the community. A former TCMA President, Shelly was a member of the Junior League of Austin, St. David’s Healthcare’s Angels, the Toast of the Town committee, and Go Red for Women, just to name a few. When not volunteering in the community, Shelly spent her time volunteering and fundraising for her kids’ schools and sports. After some time off of the TCMA Board, she is excited to return next year as the Advisor to the President.

A recent empty nester, Shelly now spends her time reading, playing golf, waterskiing, and embroidering. Avid travelers, “The Ozdil Five,” plan to spend time this summer on their next great adventure.

TCMA Party with a Purpose held March 2 at the South Congress Hotel was a big success. Thank you to all our sponsors!

Gold Star
- Austin Area OB-GYN and Fertility
- Austin Radiological Association (ARA)
- Austin Regional Clinic
- Capitol Anesthesiology Association
- Clinical Pathology Associates
- Seton Healthcare Family
- St. David’s Healthcare / St. David’s Foundation
- Travis County Medical Society

Silver Star
- Austin Anesthesiology Group
- Austin Cancer Centers
- Bentley of Austin
- Covert-Hutto
- Medical Studies Abroad

Rising Star
- Austin Subaru
- Bozic Family Fund of the Austin Community Foundation
- Capital Medical Clinic
- Orthopaedic Associates of Central Texas
- Texas Medical Association Insurance Trust
- Wellness Brain and Spine

Bright Star
- Austin Retina Associates
- Byron and Carla Wilkenfeld Eye Institute of Austin
- Eye Physicians of Austin
- Frost Bank
- Sarah and Ernest Butler Texas Fertility Center

Star
- TCMA Book Review
When life becomes difficult, the TCMS Physician Wellness Program (PWP) is available to help—and help is not limited to professional “burn out.” It is available for any problem that affects your happiness as well as your ability to provide great care to your patients.

In addition to educational programs and other tools, the PWP offers confidential coaching sessions for you and your spouse/partner. These sessions are conducted by professional, TCMS vetted counselors.

Whatever the issue, this program is your safe harbor. Nothing is reported, no diagnosis made, no insurance billed.

To access the program, visit www.tcms.com/pwp or call the 24-hour support line at 512-467-5165.

Save the Date:
PWP Spring Wellness Symposium
Saturday May 5
8:30 am to 12:30 pm
A relaxed, half day symposium with a variety of speakers and topics discussing our lives in medicine and ways to find meaning, fulfillment, and joy in our work and personal lives.

RSVP: 512-206-1270 or tcms@tcms.com

Bone tired of your car?

TCMS Auto Program

Don't spin your wheels looking for a car! Let the TCMS Auto Program do all the work for free. Just provide the make and model of the car you want, and we'll find it for the lowest price available. Financing assistance is also available. We'll even deliver it to your office for a test drive at no cost.

This program is open to TCMS physicians, their families and their staff.

Contact Phil Hornbeak
512-949-5758
phombeak@tcms.com
www.tcms.com

Participating Dealerships

| Audi North Austin | BMW of Austin | Howdy Honda |
| Lexus of Austin | Maserati North Austin | Mercedes Benz of Austin |
| Porsche Central Austin | Toyota Cedar Park |

TCMS Journal
Recommendations for Treating Latinos in Travis County

Kenneth A. Perez, DO
David Campos, PhD

Make no mistake about it, the Latino population in Travis County has increased dramatically and will continue to do so. As most doctors can attest, they are seeing more Latino patients than ever before. Many of these immigrants are unable to afford regular health care and are unaware of their options. So, Travis County physicians need to be aware of certain factors in order to better understand this population.

In Austin, Latino families are larger than the average family size which keeps it a "young" city. And, Latino families tend to live in the urban core which keeps the city's rate of families with children from rapidly declining. The Centers for Disease Control (CDC) affirms that these Latinos tend to be about 15 years younger than whites, on average. While Latinos can be found living in all parts of Travis County, most Latino families are taking hold of neighborhoods east of IH-35. The largest concentrations of Latinos are found in Dove Springs, East Austin, Lower East Austin and in North Austin (in neighborhoods found within the perimeter north of 183, south of Braker, west of I-35, and east of Metric).

Undocumented Population

Added to the Latino population are those who are considered undocumented and unauthorized to live as a US citizen. Roughly 1.47 million undocumented immigrants call Texas home, second to California where the undocumented population is nearly twice as much.

In Travis County, 5% of the population is considered undocumented, and most importantly for doctors, 73% have no medical insurance. Many in the health sector know what this means. Because they may lack the funds to cover medical expenses, they may not seek medical attention when they or their family members need it; they may not take regular medication as advised; immunizations may not be up-to-date; soon-to-be mothers may not seek prenatal care and more. Some undocumented persons may forego medical care altogether because they fear the clinic staff will report them to Immigration and Customs Enforcement (ICE). Jan Hoffman, a reporter for the New York Times, noted that some clinics have reported a "downturn of appointments since the Trump administration crackdown on undocumented persons."

Poverty in the Latino Population

Of course, Latinos in Travis County can be found in all economic strata. However, demographic and economic statistics underscore that Latinos in this country tend to have higher rates of poverty than their white and Asian counterparts. In fact, the median adjusted household income for Latinos was $43,300, which is about $28,000 less than white households. The Children's Defense Fund also reports that of the infants born within a year, three in 10 Latino babies are born into poverty.

When families live on modest incomes, it can be expected they do not get adequate health care, including eye and dental care, and many do not have an adequate diet. Hoffman warns, “Poorer Latinos, in particular, suffer from high rates of obesity, diabetes, liver disease, and high blood pressure.”

Recommendations for Local Providers

So, what does this data about Latinos mean for the medical community in Travis County?

1. Medical care providers should be mindful of the diseases most commonly associated with Latinos. The leading causes of death among Latinos are heart disease and cancer, which accounts for 2 out of 5 deaths. But other health risks include chronic liver disease and diabetes. According to the CDC, Latinos are about 50% more likely to die from diabetes or liver disease than their white counterparts. The causes of chronic liver disease are not always known, but it can be brought on by alcoholism, obesity, and exposure to hepatitis B and C viruses. While these diseases can run in families, heart disease, liver disease, and diabetes can be diet-related. That said, if the Latino patient is overweight or obese, providers should counsel patients about their diet and physical activity. Moreover, any information that promotes health and wellness should be made available in English and Spanish.

2. Because there is a strong likelihood that Latino patients are Spanish-
speakers, they should be asked how much medical English they understand. It is a good practice to have at least one Spanish-speaking staff member who can interpret for patients as needed. Some patients bring family members or friends who can interpret for them, but when no one is available to translate, providers might benefit from InDemand Interpreting (services that are available for purchase) or Google Translate (free on the internet). Providers can also write down as much information as possible so that the patient can have others translate later. Larger clinics should designate the doctors, nurses and staff who are comfortable working with Spanish-speaking patients. Word of mouth will spread quickly among Latinos about Spanish-speaking doctors and staff, especially those who they deem as welcoming and less threatening.

3. Encourage Latino parents to bring their children in for regular health care visits. The children should be encouraged to pursue diets and physical activity that contribute to a healthy lifestyle. After all, rates of childhood obesity tend to be higher among Latino children. (For a complete report on childhood obesity in Travis County see the Public Health feature in the September/October 2017 TCMS Journal). The children can, in turn, promote healthier living practices in their families and others who live in their communities. Plus, establishing health care with Latino children can help providers monitor their health throughout their lives. As the CDC advises, “Steps that Hispanics take now to prevent disease can go a long way.” As advised above, any information that is known to contribute to healthy living should be made available to the young patient in Spanish.

**Latino Cultural Values**

Providers should familiarize themselves with some of the common Latino cultural values. As heterogeneous as the Latino culture can be, they do share a legacy of values. Here are a few:

**Simpatía and personalismo**: Latinos tend to favor a group orientation. To promote getting along with one another and developing a sense of interdependence, Latinos invoke simpatía and personalismo. Simpatía refers to being pleasant, nonconfrontational, and respectful. Latino patients may very well show simpatía when they have good manners and are agreeable to what the doctor says. Personalismo, on the other hand, refers to expressing genuine interest in others. Patients may demonstrate personalismo when they are warm, friendly, and have a closer personal space (touch the doctor more frequently) than other patients.

**Respeto**: This deep-rooted value is about having respect for and deference to others based on age, social class, economic status, and authority. When Latinos give respeto, they are creating boundaries that keep conflict or confrontations at bay and promote healthy interdependence.

**Committed to maintaining the Spanish language**: Spanish is very important to Latinos. Spanish is regularly spoken at home, in the community, and with family members who reside in their country of origin. Even though some patients know and understand English, they may prefer pamphlets and brochures in Spanish, so they can be shared with others in the family and community.

**Marianismo and machismo**: These two values are associated with defining what it means to be a woman and man in the culture. For women, Marianismo refers to having the characteristics of the Virgin Mary—nurturing and pious. For men, machismo is equivalent to being chivalrous, honorable, and having much dignity. A Latino man demonstrates machismo when he is courteous, charitable, and considered the brave, masculine protector of the family.

Recognize that Latino patients have a wide-range of assets to offer Travis County. They tend to have a strong work ethic, remain committed to becoming homeowners who are financially sufficient, and espouse that education is critical to better earning potential shown by an increasing number of Hispanic students enrolling in colleges and universities every year.

For Latino patients who do not have the financial means to afford regular health care, providers and their staff should direct them to agencies in Travis County that can offer medical attention at a reduced rate such as Project Access Austin, the Volunteer Health Clinic, and more. They may also be able to give them additional information on services that promote healthy living. A wide-range of available services can be found by conducting an internet search using the phrase, “Free and Income-based Clinics in Travis County.”

As in much of Texas, Travis County is witnessing a steady growth of Latinos who are found in all strata of the economic spectrum. Nonetheless, many Latinos in the US live in poverty, which is important to note because effort should be made to educate them about healthy living practices. Providers can reach out to their Latino patients by adhering to the recommendations outlined above. Any of these efforts will contribute to a healthier Travis County Latino population.
Drug Overdose & Opioid Use in Travis County

Philip Huang, MD, MPH
Sarah Seidel, DrPH
Haruna Miyakado Steger, MS
Jeff Taylor, MPH
David Zane, MS

The opioid use epidemic in the US has received increasing recognition and attention by the media and the medical and public health communities. This report summarizes drug overdose and opioid use data for Austin and Travis County. Several data sources are available to assess the epidemic's impact on our community. These sources include mortality records, hospital discharge data, Texas Poison Center Network records, and opioid prescription rates.

Mortality Data

Drug Overdose Deaths

Mortality statistics from the National Center for Health Statistics indicate that 1,398 Travis County residents died due to drug overdose from 2006-2016, an average of 127 each year. Of these deaths, 590 (42.2%) were due to a drug overdose from opioids (including opium, heroin, methadone, other opioids, and other synthetic narcotics) (Table 1). Heroin was reported in 18.7% of drug overdose deaths, followed by other prescription opioids (14.7%), synthetic opioids other than methadone (6.3%), and methadone (4.9%). The mortality rate due to drug overdose in Travis County is 11.6 per 100,000, whereas the mortality rate due to opioid overdose is 4.8 per 100,000. In Travis County, drug overdose deaths due to opioids accounted for a lower percentage of all drug overdose deaths and a lower mortality rate than in the United States as a whole (42.2% vs 57.6% and 4.8 vs 8.0 per 100,000, respectively) during the same 11-year period. Both the percentages of drug overdose deaths in which “other opioids,” e.g. prescription opioids such as hydrocodone and oxycodone, were reported and those in which “synthetic opioids other than methadone,” e.g. Fentanyl, Tramadol, were reported were also lower than the percentages for the US overall.

Other drugs commonly reported in the multiple cause of death (MCD) codes were cocaine (14.4%), benzodiazepines (13.2%), and methamphetamine (9.3%). Approximately 11% of drug overdose deaths were due to a combination of opioids and benzodiazepines. These percentages, with the exception of methamphetamine (higher percentage), roughly mirror those of the US.

Reporting of Drug-related Deaths

Because mortality statistics rely on the information provided in the death certificates, the use of non-specific language to describe drug-related deaths may result in undercounting of specific drugs. There has been an upward trend in the number of drug overdose deaths (all drugs) as well as opioid overdose deaths in Travis County since 2006 (Graph 1; trend lines included); however, the nature of this increase should be interpreted with caution due to the likelihood of underreporting in previous years. Nationally, the mention of a specific drug in death certificates has been increasing, with 78% of all drug overdose deaths in the US in 2014 having a specific drug listed in the cause of death, compared to 67% in 2010.

Table 1. Drugs Involved in Deaths due to Drug Overdose in Travis County, Texas 2006-2016 (N=1,398)

<table>
<thead>
<tr>
<th>Drug Name or Drug Type</th>
<th>MCD ICD-10 Code</th>
<th>Number of Drug Overdose Deaths in Travis County</th>
<th>Percentage of Drug Overdose Deaths in Travis County</th>
<th>Percentage of Drug Overdose Deaths in US†</th>
<th>Age-adjusted rate (per 100,000 population) in Travis County</th>
<th>Age-adjusted rate (per 100,000 population) in US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioids (All Types)</td>
<td>T40.0-T40.4, T40.6</td>
<td>590</td>
<td>42.2%</td>
<td>57.6%</td>
<td>4.8</td>
<td>8.0</td>
</tr>
<tr>
<td>Heroin</td>
<td>T40.1</td>
<td>262</td>
<td>18.7%</td>
<td>15.1%</td>
<td>2</td>
<td>2.1</td>
</tr>
<tr>
<td>Other Natural &amp; Semi-Synthetic Opioids (e.g. Hydrocodone, Oxycodone)</td>
<td>T40.2</td>
<td>205</td>
<td>14.7%</td>
<td>25.1%</td>
<td>1.8</td>
<td>3.4</td>
</tr>
<tr>
<td>Cocaine</td>
<td>T40.5</td>
<td>201</td>
<td>14.4%</td>
<td>13.6%</td>
<td>1.7</td>
<td>1.9</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>T42.4</td>
<td>184</td>
<td>13.2%</td>
<td>15.5%</td>
<td>1.5</td>
<td>2.1</td>
</tr>
<tr>
<td>Methamphetamines</td>
<td>T42.6</td>
<td>130</td>
<td>9.3%</td>
<td>7.1%</td>
<td>1.1</td>
<td>1.2</td>
</tr>
<tr>
<td>Synthetic Opioids not Including Methadone (e.g. Fentanyl, Tramadol)</td>
<td>T40.4</td>
<td>88</td>
<td>6.5%</td>
<td>11.9%</td>
<td>0.8</td>
<td>1.7</td>
</tr>
<tr>
<td>Methadone</td>
<td>T40.3</td>
<td>53</td>
<td>4.9%</td>
<td>10.0%</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Other unspecified narcotics</td>
<td>T40.6</td>
<td>26</td>
<td>2.0%</td>
<td>6.3%</td>
<td>0.2</td>
<td>0.9</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>T42.3</td>
<td>11</td>
<td>0.8%</td>
<td>0.7%</td>
<td>Unreliable</td>
<td>0.1</td>
</tr>
<tr>
<td>Opioids</td>
<td>T40.0</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Benzoizodiazepines + Opioids</td>
<td>T40.1-T40.4, T40.6 &amp; T42.4</td>
<td>153</td>
<td>10.9%</td>
<td>13.0%</td>
<td>1.2</td>
<td>1.8</td>
</tr>
<tr>
<td>Methamphetamines + Opioids</td>
<td>T40.1-T40.4, T40.6 &amp; T43.6</td>
<td>41</td>
<td>2.9%</td>
<td>2.9%</td>
<td>0.3</td>
<td>0.4</td>
</tr>
<tr>
<td>Cocaine + Opioids</td>
<td>T40.1-T40.4, T40.6 &amp; T40.5</td>
<td>67</td>
<td>4.8%</td>
<td>7.7%</td>
<td>0.5</td>
<td>1.1</td>
</tr>
</tbody>
</table>

Note: See ICD-10 coding and definitions, including specific drugs, for drug overdose, opioids, and other drugs in endnotes

Individual opioids will not add to 590 because more than one opioid may have been in the system. Opioids are in blue text; columns with percentages of drug overdose deaths are highlighted in grey for comparison with US

†US Drug Overdose Deaths (N=472,133), of which opioid-related overdoses (N=272,143)
Opioid Overdose Deaths
Of the 590 deaths due to opioid overdose in Travis County, 537 (91%) were unintentional poisoning (accidents) and 43 (7%) were intentional self-poisoning (suicide). Males have a rate of overdose death due to opioids (6.4 per 100,000) that is twice as high as females (3.1). Whites have a rate of overdose death due to opioids (6.8 per 100,000) that is more than twice that of blacks (3.3) and two and a half times that of Hispanics (2.7). In Travis County, the rate of opioid overdose death is highest in white males, followed by black males, white females, Hispanic males, and Hispanic females (rates for other races not reported due to small numbers).

Hospital Discharge Data
In 2016, there were 444 hospital discharges of Travis County residents with a drug overdose diagnosis. Of these discharges, 88 (19.8%) indicated an opioid in the diagnosis field or external cause of injury field. Children (age 0-17) accounted for 16% of all drug overdose hospitalizations and less than 5% of opioid overdose hospitalizations. Adults aged 18-44 accounted for 44% and adults aged 45-64 for 29% of all drug overdose hospitalizations; both age groups accounted for 41% of opioid overdose hospitalizations (data not shown). Gender data are not shown due to the suppression of this information for any patients with drug abuse or HIV infection in the discharge dataset.

Table 2. Travis County Residents with Hospitalizations with Drug Overdose Diagnosis, Travis County, 2016 (N=444)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Number</th>
<th>Percentage</th>
<th>Opioids including Heroin</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>246</td>
<td>55%</td>
<td>48</td>
<td>55%</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>57</td>
<td>13%</td>
<td>12</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>113</td>
<td>26%</td>
<td>22</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>American Indian</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
<td>4%</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
</tbody>
</table>

Injury Intent

Unintentional (Accident) 240 54% 62 71%
Intentional self-harm (Suicide) 184 41% 20 23%

Note: See further information on ICD-10 coding and definitions for drug overdose and opioids in endnotes
*Counts 1-11 are suppressed in hospital discharge data

For hospitalizations due to overdose involving any drug as well as for those involving opioids or heroin specifically, whites and Hispanics made up a higher percentage of the hospitalizations than blacks, Asians, or other race individuals (Table 2). The majority of drug overdose hospitalizations occurred due to unintentional poisoning (240 or 54%). Opioids were more commonly implicated in hospitalizations due to unintentional poisonings (62 or 26%) than in hospitalizations due to intentional self-poisoning (20 or 11%). The most commonly detected drug in Travis County residents hospitalized for drug overdose were some type of opioid (19.8%), benzodiazepines (17.1%), and methamphetamines (5%) (Table 3). Heroin accounted for 12 (14%) of opioid overdose hospitalizations and only 3% of all drug overdose hospitalizations. In contrast, heroin accounted for 44% of all opioid overdose deaths and almost 19% of all drug overdose deaths in Travis County in the 10-year period between 2006 and 2016.

Texas Poison Center Network Calls
The Texas Poison Center Network (TPCN) tracks calls for exposure to potentially poisonous substances. From 2000 through May 2017, there were over 3,600 calls from Travis County to the TPCN for exposure to opioids, an average of 200 such calls yearly. Of these calls, 57% came from females and 43% from males. Calls for exposures involving children (0-19) accounted for 27% of all

Table 3. Drugs Commonly Detected in Travis County Residents with Hospitalizations with Drug Overdose Diagnosis (N=444), Travis County, 2016

<table>
<thead>
<tr>
<th>Drug Name or Type (ICD-10 Code)</th>
<th>Number</th>
<th>Percent of Hospitalizations with Drug Overdose Diagnosis</th>
<th>Percentage of Overdose Deaths Involving Drug, Travis County 2006-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioids (T40.0-T40.4, T40.6 or T40.69)</td>
<td>88</td>
<td>19.8%</td>
<td>25.0%</td>
</tr>
<tr>
<td>Opiates (T40.0)</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Heroin (T40.1)</td>
<td>12</td>
<td>2.2%</td>
<td>18.7%</td>
</tr>
<tr>
<td>Other Opioids (T40.2)</td>
<td>32</td>
<td>7.2%</td>
<td>14.7%</td>
</tr>
<tr>
<td>Methadone (T40.3)</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Other synthetic opioids (not methadone) (T40.4)</td>
<td>13</td>
<td>2.9%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Other unspecified narcotics (T40.60 or T40.69)</td>
<td>29</td>
<td>33.3%</td>
<td>2%</td>
</tr>
<tr>
<td>Benzodiazepines (T42.2)</td>
<td>76</td>
<td>17.1%</td>
<td>13.2%</td>
</tr>
<tr>
<td>Methamphetamines (T42.62)</td>
<td>22</td>
<td>5.0%</td>
<td>9.3%</td>
</tr>
<tr>
<td>Cocaine (T40.5)</td>
<td>17</td>
<td>3.8%</td>
<td>14.4%</td>
</tr>
<tr>
<td>Barbiturates (T42.4)</td>
<td>0</td>
<td>0%</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

Note: See further information on ICD-10 coding and definitions for drug overdose, opioids, and other drugs in endnotes
*Counts 1-11 are suppressed in hospital discharge data
1 T-codes for hospital discharge data are more specific than MDC ICD-10 codes in CDC Wonder
Opioid Prescribing Rates in Travis County

Mortality and hospital discharge data as well as poison center calls show that both prescription opioids and illicit opioids are contributors to opioid overdoses in Travis County. However, prescription opioids may not play as strong of a role in opioid overdose deaths in Travis County as they do in other areas of the country or in the US as a whole (see Table 1, last column).

The retail opioid prescription rate has declined across the US since 2012 and Travis County remains well below the national rate and below Texas. The rate of opioid prescriptions in Travis County dropped from 69.9 per 100 persons in 2012 to 51.2 per 100 persons in 2016. This rate indicates that there are currently enough opioid prescriptions dispensed for every other person in the county to have one. The Travis County rate (51.2 per 100 person as of 2016) is lower than the Texas rate (57.6 per 100 persons), the US rate (66.5 per 100 persons), and the highest state's rate (Alabama, 121 per 100 persons).8

Clinical & Public Health Recommendations for Reducing Exposure to Opioids, Preventing Abuse & Stopping Addiction in Travis County

The following recommendations are compiled from the Centers for Disease Control’s (CDC) overdose prevention website and guidelines for prescribing opioids for chronic pain outside of active cancer, palliative, and end-of-life care.9

Source: Adapted from CDC Guidelines for Prescribing Opioids for Chronic Pain and CDC Overdose Prevention Prevention Website

Detailed Guidelines & Further Resources for Opioid Prescribing
• CDC’s Guidelines for Prescribing

Clinical Recommendations

- Improve opioid prescribing by clinicians
  - Consider non-pharmacologic therapy and non-opioid pharmacologic therapy in addition to opioid therapy.
  - Consider new CDC dosage recommendations which have been lowered in order to lower risk.
  - Use morphine milligram equivalents (MME) per day for dosage calculation.
  - Consider immediate-release or extended-release and long-acting opioids.
  - Establish treatment goals, including duration, follow-up, and discontinuation of opioids.
  - Discuss risks and benefits of therapy with patients.

- Conduct ongoing evaluation of risk factors for opioid-related harms and ways to mitigate patient risk
  - Acknowledge that opioids pose risk to all patients.
  - Review Texas prescription drug monitoring program (PDMP) data prior to prescribing opioids.
  - Use urine drug testing.
  - Consider the risks of co-prescribing benzodiazepines.
  - Arrange for treatment for opioid use disorder if necessary.

Public Health Recommendations

- Expand access to evidence-based substance abuse treatment
  - e.g. Medication-Assisted Treatment for people already struggling with opioid addiction

- Expand access and use of naloxone—a safe antidote to reverse opioid overdose, including:
  - Standing orders at pharmacies (Note: Walgreens and CVS already provide naloxone).
  - Distribution through local, community-based organizations.
  - Access and use by law enforcement officials.
  - Training for basic emergency medical service staff on how to administer the drug.

- Implement, strengthen and promote local and state-level monitoring and strategies:
  - Promote the use of Texas prescription drug monitoring programs, which give health care providers information to improve patient safety and prevent abuse.
  - Implement and strengthen state strategies that help prevent high-risk prescribing and prevent opioid overdose.
  - Improve detection of the trends of illegal opioid use by working with state and local public health agencies, medical examiners and coroners, and law enforcement.
  - Improve access to safe disposal sites for prescription opioids (See http://www.austinsexas.gov/drug for local drug disposal sites).

1United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Multiple Cause of Death 1999-2016 data on CDC WONDER Online Database, released 2017. Data are compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/usc010.html.
2Cause of death ICD-10 codes include X40-X44, X60-X64, X85, Y10-Y15 and one of the following MCD ICD-10 codes: T40.0 (Opium), T40.1 (Heroin), T40.2 (Natural and semi-synthetic opioid analogues or “Other opioids” – e.g. Morphine, Oxycodone, Hydrocodone), T40.3 (Methadone), T40.4 (“Other synthetic narcotics excluding methadone” – e.g. Fentanyl, Tramadol, Propoxyphene, Peridine); T40.6 (Other unspecified narcotics – e.g. “opioid” is listed in death certificate).
3Note: Drug overdose deaths that do not mention a specific drug fall into two groups—those in which only a drug class was mentioned (3%-4% of all drug overdose deaths), and those with no mention of involvement of a specific drug or drug class (19%-30% of all drug overdose deaths). Wener M, Trinidad JP, Barton BA, et al. Drugs most frequently involved in drug overdose deaths: United States, 2010–2014. National vital statistics reports; vol. 65 no 10. Hyattsville, MD: National Center for Health Statistics. 2016. All rates are age-adjusted.
4Hospital discharge data are obtained by the Texas Health Care Information Collection at the Texas Department of State Health Service’s Center for Health Statistics. The analysis in this article includes only hospitalizations of Travis County residents. Texas Inpatient Public Use Data File, Texas Department of State Health Services, Center for Health Statistics, Texas Health Care Information Collection. 2016. Note: ICD-10-CM drug overdose hospitalization subset was created by searching all diagnosis fields and dedicated external cause-of-injury fields for any mention of diagnosis codes T36-T50, with no mention of involvement of a specific drug or drug class (ICD-10 CM drug overdose hospitalization subset was created by searching all diagnosis fields and dedicated external cause-of-injury fields for any mention of diagnosis codes T36-T50, with no mention of involvement of a specific drug or drug class—e.g. T36.1 (opium), T36.2 (heroin).)
6Texas Inpatient Public Use Data File, Texas Department of State Health Services, Center for Health Statistics, Texas Health Care Information Collection. 2016. Note: ICD-10-CM drug overdose hospitalization subset was created by searching all diagnosis fields and dedicated external cause-of-injury fields for any mention of diagnosis codes T36-T50, with no mention of involvement of a specific drug or drug class—e.g. T36.1 (opium), T36.2 (heroin).
7Texas Inpatient Public Use Data File, Texas Department of State Health Services, Center for Health Statistics, Texas Health Care Information Collection. 2016. Note: ICD-10-CM drug overdose hospitalization subset was created by searching all diagnosis fields and dedicated external cause-of-injury fields for any mention of diagnosis codes T36-T50, with no mention of involvement of a specific drug or drug class—e.g. T36.1 (opium), T36.2 (heroin).
8Texas Inpatient Public Use Data File, Texas Department of State Health Services, Center for Health Statistics, Texas Health Care Information Collection. 2016. Note: ICD-10-CM drug overdose hospitalization subset was created by searching all diagnosis fields and dedicated external cause-of-injury fields for any mention of diagnosis codes T36-T50, with no mention of involvement of a specific drug or drug class—e.g. T36.1 (opium), T36.2 (heroin).
For Sale: Gynecology practice for sale in Austin! Active patient count of 3,140. Averages 48 new patients monthly. Payment breakdown is 87% PPO, 10% HMO, and 3% FFS. 2016 collections total $419,416. Located in a 1,600 square feet professional building with 3 exam rooms, including one for procedures. Contact Paula at 469-222-3200 or Paula@adstexas.com.

Medical Exam Rooms for Rent: Two medical exam rooms for rent in Taylor, TX. Call 512-352-7664.

Classifieds

Classified Advertising
A “go to” resource for physician readers and excellent visibility for advertisers.

Classified Advertising Rates
- $0.50 a word for members
- $0.75 a word for non-members
- $25 minimum charge

Business Card Ads
- Advertise your practice or specialty
- Celebrate a new partner or location
- Retiring or selling your practice
- $200/issue

For more information contact Chantel Pearson at cpearson@tcms.com or 806-640-4553.

Need a hand?

TCMS Staffing Services
- Discounted pricing for TCMS members on a wide range of staffing services.
- Assistance with cost control, efficiency and revenue cycle protection.
- 24/7 solutions to ensure consistent staffing and quality patient care without headaches.
- A resource pool of qualified professionals including office staff, healthcare professionals and physicians.

Contact
512-215-5194
medicalstaffing@favoritestaffing.com
or visit www.tcms.com

TCMS Staffing Services
WE KNOW YOU HAVE CHOICES
WHEN REFERRING YOUR PATIENTS...

That’s why we go the
EXTRA MILE.

TRUSTED PARTNER
for 37 YEARS
OF SERVICE

CONVENIENT ACCESS
34 DOCTORS
with 18 LOCATIONS

COMPREHENSIVE CARE
TREating COMMON,
CHRONIC and COMPLEX
GI/LIVER CONDITIONS

ABOVE & BEYOND
EXCEEDING
NATIONAL QUALITY
BENCHMARKS

LEADING THE WAY IN GI AND LIVER CARE
IN THE GREATER AUSTIN AREA SINCE 1980.

AG
Austin Gastroenterology
Your digestive health specialists

To find Physicians and Locations visit us at AustinGastro.com.