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Austin Thyroid & Endocrinology
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Austin, TX 78758
512.467.2727 office
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With less than three months into the year as your TCMS president, I’ve already had incredible opportunities to observe firsthand how TCMS members go above and beyond their day to day practice of medicine to serve the community. This leads me to reflect on the concept of the physician as servant, and brings to mind a statement attributed to Bill H. Warren, MD from the Baylor College of Medicine who said, “Wear the white coat with dignity and pride—it is an honor and privilege to get to serve the public as a physician.”

Physician servanthood includes those providing care to the underserved through various volunteer efforts from the Volunteer Healthcare Clinic to Project Access (see Minding the Gap in this issue). Countless other physicians make it their day to day life’s work to serve those less fortunate through careers dedicated to improving access to care. The TCMS Athletic Physicals Program in April will have physician volunteers providing free athletic physicals to Austin ISD student athletes, band members, and cheerleaders who are either uninsured or financially unable to afford private care.

The Physician Health and Rehabilitation Committee (PHRC) and the Physician Wellness Program of TCMS are examples of service to the profession that have profound beneficial implications for the public welfare. Members of the Society’s ED/EMS Advisory Committee volunteer their expertise advising EMS medical directors in providing the highest quality of EMS medical practice for our citizens. I recently visited Travis County’s Emergency Operations Center during a disaster response drill in which many physicians were involved to assure that our community is prepared to handle the unthinkable.

I was fortunate to walk the halls of our State Capitol during the February and March First Tuesdays with practicing physicians, residents, and medical students from Travis County and from around the state. They were all taking time out of their daily lives and practices to put patients first and to serve them as patient advocates.

Gideon J. Tucker, an American lawyer, newspaper editor and politician in the 1800s, wrote that “No man’s life, liberty or property is safe while the Legislature is in session.” In 2019, patient care should be added to Tucker’s list. Without physicians volunteering their medical knowledge and expertise to educate and help lawmakers understand the nuances of medical and public health issues, our legislators would be acting in a vacuum of ignorance on hundreds of bills each session that directly impact the safety and quality of care for patients in Texas.

In this, the 86th Legislative Session, TMA is focusing on improving access for our underserved population by identifying real needs in the Medicaid and CHIP populations as well as providing leadership on ways to lower maternal mortality and morbidity. Dr. Doug Curran, family physician and TMA president, has pointed out that our ever-increasing percentage of uninsured Texans is now at 19 percent.

Here in Travis County, I encourage you to look ahead at your schedules for the April 2 and May 7 First Tuesdays when we’ll need your support more than ever to educate Legislators on various TMA supported bills that can make a real difference for Texans. For example, we’ll be following HB 342 by Representative Phillip Cortez and HB 829 by Representative Toni Rose focused on establishing continuous coverage for children until their 19th birthday. Also, we’ll be following HB 1110 brought by Representative Sarah Davis to extend Medicaid eligibility to women for 12 months post-partum to improve maternal morbidity and mortality in Texas.
TMA has also recommended a $500 million infusion into the Medicaid system during the next two years to promote the continued maintenance and growth of Medicaid providers in Texas. The hope being to make sure our working, underserved Texans have not just a Medicaid card, but actual Medicaid access.

There are also the common themes that come up every session such as helping physicians to combat the corporate practice of medicine, helping to fight battles with insurers, appropriate investment in graduate medical education programs as well as funding loan repayment programs in rural Texas.

We’re asking the Legislature to bolster the team-based, physician-led approach to patient care. I’ve had several physicians approach me with their concerns that more and more patients are identifying physician extenders as their primary health care advocate. Under the guise of improving access to care, non-physician practitioners are asking lawmakers to expand their legal scope of practice beyond what their education, training, and skills safely allow. Texas needs more physicians and other health care professionals working in all parts of the state, especially in rural and border Texas. But the real gains in improving access to and coordination of patient care will come largely from solidifying and expanding the use of physician-led teams. Team-based collaborative care capitalizes on the efficiencies of having the right professional providing the right services to the right patient at the right time . . . with overall direction and coordination in the hands of physicians. It’s about patient safety and access.

These may be lofty goals and it will take our physician leaders, as well as members of our medical societies, to come together for our patients. If you haven’t participated in First Tuesdays previously, look at your calendar and make it a priority. If you have, then make your voice heard and volunteer to lead a group around the Capitol with your experience.

Physicians who volunteer their time to educate lawmakers on issues ranging from public health to non-physician scope of practice, from protecting Medicaid card, but actual Medicaid access.

I continue to encourage members to reach out to your Travis County Medical Society or to me directly if you ever feel your voice or concern isn’t being heard. I’m looking forward to the upcoming TEXMED meeting this May in Dallas and encourage you to attend. Medical society delegations from across Texas will be coming together in the House of Delegates, and this is where your individual as well as our collective voice is loudest.

As always, thank you for your service—to your patients and to our community.

Tony Aventa, MD
TCMS President
Weekend Warm-Up
Thursday, January 17

Sunday, February 24
Women in Medicine

Hotel GRANDUCA
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TCMS member Dr. Mark Hernandez, Chief Medical Officer for the Community Care Collaborative, was recently honored by The Baylor College of Medicine Alumni Association with their annual Humanitarian Award.

The Humanitarian Award is presented to alumni for outstanding service to mankind including humanitarian, public and/or government service. Each year the association recognizes alumni and faculty of the College’s Medical School, Graduate School, School of Health Professions, and National School of Tropical Medicine for excellence in achievement and service.

TMA Executive Vice President/CEO, Lou Goodman, PhD, CAE announced his retirement after 22 years of leading the nation’s largest state medical society. He joined the TMA staff in 1987 as director under the Division of Medical Economics and became executive vice president and CEO ten years later. Under his leadership, TMA has enjoyed strong, consistent growth in membership (up more than 50% since 1997) and has expanded its services to better meet physicians’ changing needs.

Through the years, Goodman has been recognized for outstanding leadership with AMA’s Medical Executive Lifetime Achievement Award and the Texas Society of Association Executives’ Distinguished Executive Award.

To honor his longtime service and achievements, the officers and trustees of the TMA held a ceremony on March 5 to rename the TMA headquarters building The Louis J. Goodman Texas Medical Association Building.

TCMS/TCMA Joint Installation of Officers

You and a guest are cordially invited to attend.

Tuesday, March 26, 2019

6:30 PM - Reception
7:30 PM - Dinner

JW Marriott
110 E 2nd Street

RSVP
tcms@tcms.com | 512-206-1249

Tony Aventa, MD
2019 TCMS President

Travis County Medical Society

Wendy Propst
2019 TCMA President

Travis County Medical Alliance
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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.

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In the state of Texas, students who want to play sports, march in band, or cheer must pass a basic physical exam. Many Austin Independent School District (AISD) students do not have the financial means for this check-up or they have other barriers to seeing a physician. For the past 20+ years, TCMS has partnered with AISD to provide physicals at no cost to these students.

Dr. Stuart Rowe is a longtime volunteer. “I have been volunteering to do these physicals for as long as I can remember. As a pediatric cardiologist, I feel like this is a way for me to make use of my expertise and give back to the community. We have been able to identify some cardiac issues that needed follow-up, which is very satisfying as they might have gone undiagnosed and caused problems later.”

The generosity of TCMS physician members is what makes this program possible. These doctors volunteer to perform physicals over the course of four evenings, many coming straight from a long day at their practice. Some of these physicians even stay beyond their scheduled shifts when it becomes apparent that more hands are needed to keep the process moving.

“I do this every year because it needs doing,” says Dr. James Eskew. “One of my favorite success stories pertains to a young man who I recommended a follow-up with me due to his tonsil size. I took out his tonsils and he had a big growth spurt, his sleep improved, and so did his grades.”

Last year over 1,000 students were seen by our volunteer physicians, one of the highest numbers since the program’s inception.

TCMS doctors who volunteer each year find the opportunity rewarding—and even enjoyable. “I really enjoy the kids’ personalities,” says Dr. Sara Austin. “They are fun to talk to.”

We hope to see you at the physicals this year!

---

You can "mind the gap" by volunteering. Watch your email for more details or contact Diane Naishtat at 512-206-1249 or tcms@tcms.com.

**2019 Dates/Times**

Each night has two shifts: 5:30 to 7 pm and 6:30 to 8 pm

- **Tuesday, April 16**—Burger Center, Middle Schools (MOPAC & Hwy 290)
- **Thursday, April 18**—Delco Center, Middle Schools (Hwy 183 & Manor Rd)
- **Tuesday, April 23**—Delco Center, High Schools (Hwy 183 & Manor Rd)
- **Tuesday, April 30**—Burger Center, High Schools (MOPAC & Hwy 290)

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ENT, Orthopedic, Abdomen, Heart Lungs, and Clearance.

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Minding the Health Care Gap

Leanne DuPay

The Center for Public Policy Priorities (CPPP) Blog states that there are between 750,000 and one million uninsured adult Texans who fall into what is called the Coverage Gap, meaning they have no affordable health insurance options. The coverage gap includes the folks who cook and serve our food, care for our seniors, build our homes, and fix our cars. Typically they:

1. Do not receive health insurance from their employers;
2. Make less than $20,200 for a family of three (below the Federal poverty income, which varies by family size);
3. Do not qualify for financial assistance on healthcare.gov because the discounted premiums under ACA are not available for people under the poverty line; and
4. Do not qualify for Texas’ Medicaid program, because it does not cover any “able-bodied” working-age adults (e.g., not fully disabled, currently pregnant, or over 65) beyond a small number of parents who earn less than $4,000 per year for a family of three.

Looking at how these numbers exist within our county, the 2017 Austin/Travis County Community Health Assessment shows that approximately one quarter of the population aged 18 to 64 in Travis County does not have health insurance, and cost is a barrier to health care for many. Barriers include financial access and physical access to health care as well as knowledge of existing services.

For those impacted by the coverage gap as well as the indigent and immigrant populations, there are some local resources. Physicians need to utilize these resources as well as help staff them. For your reference, here is a list of the facilities that exist to help our most vulnerable populations. The list also includes information on how you can help them provide care.

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**El Buen Samaritano Episcopal Mission**

**Wallace Mallory Clinic**

The clinic is a community health provider in Central Texas that offers culturally responsive, bilingual primary and preventive medical and mental health services. They also offer education on food assistance programs.

**Eligibility Criteria:** No income restrictions. Fees, if any, are determined on a sliding scale based on income. Medicaid and Medical Assistance Program (MAP) recipients are also eligible.

**Primary Care:** Provided on-site at 7000 Woodhew Drive, Austin 78745

**Specialty Care:** A limited number of paid specialists provide on-site care at the clinic, including tele-psychiatry. Eligible patients are provided referrals to CommUnityCare, Seton Clinics, UT Dell Medical Center, or other FQHCs. They may also be referred to Project Access for specialty care.

**Volunteer Opportunities:** Please contact Marc Estrada, Volunteer Coordinator, at 512-439-8907 for current opportunities.

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**People’s Community Clinic**

People’s Community Clinic is a Federally Qualified Health Center (FQHC) with health and wellness services that span the life cycle. Originally founded in 1970 by volunteer doctors and nurses in a church basement, it operates out of two modern facilities in central and northeast Austin and a school based clinic at Manor ISD. Its mission is to improve the health of medically underserved and uninsured Central Texans by providing high quality, affordable health care.

**Eligibility Criteria:** People’s accepts both unfunded and insured patients, including patients with government sponsored coverages such as MAP, Medicaid, Medicare, CHIP and CHIP Perinate.

**Primary Care:** Provided on-site by staff physicians. Limited dental care will be available starting spring 2019.

**Specialty Care:** A limited number of volunteer specialists provide on-site care. Other specialty care is provided through Project Access or MAP.

**Volunteer Opportunities:** Provide specialty care via Project Access or, if interested in volunteering to provide specialty care on-site, contact Gayla Stock at 512-684-1719.
Project Access (PA)
Established by the Travis County Medical Society in 2002, Project Access is a coordinated system of volunteer physician care, hospital care, diagnostic services, and medication assistance. Its mission is to improve the overall health of the community by providing ready access to health care services for low-income, uninsured people in Travis County. Filling the gap that exists between working individuals who earn too much for government programs like Medicaid, but not enough to afford independent health insurance is the organization's goal.

Eligibility Criteria: Travis County resident for six months; US citizen or legal permanent resident; have no medical insurance; ineligible for governmental assistance; income is at or below 200% Federal poverty level.

Primary care: Provided by volunteer physicians in their own offices.
Specialty care: Provided by volunteer physicians in their own offices.

Volunteer Opportunities: There is a need for both primary and specialty physicians. To volunteer, go to www.projectaccessaustin.com or contact Kathy Gichangah at 512-206-1118.

Samaritan Health Ministries (SHM)
Samaritan Health Ministries is a nonprofit clinic for individuals and families, adults, and children not covered by private insurance or by state or county health care programs. Physically located in Cedar Park, they serve those living in both Williamson and Travis Counties, providing acute care, chronic care, well women care, and mental health services as well as basic dental care, pharmaceutical assistance, and access to mammograms.

Eligibility Criteria: Uninsured by any private or governmental insurance program, including MAP. The target area for service is Cedar Park, Jonestown, Leander, Liberty Hill, Lago Vista, and Round Rock areas. Travis County residents are eligible.

Primary Care: Provided on-site by volunteers.
Specialty Care: SHM has a list of volunteer specialists they refer to for care in the specialist's office.

Volunteer Opportunities: Family practice physicians to provide primary care for children and adults one evening a month or PRN. Specialty physicians are also needed to provide on-site care during specialty clinics; other specialists are needed to see an occasional patient in their offices. Critical needs in endocrinology, nephrology, and podiatry (on-site care during our Monday evening CDM Clinic). Visit the Volunteer page on VHC’s website at www.volclinic.org or contact Laura Hurst at 512-459-6002, extension 205 for more information about volunteering.

Volunteer Health Clinic (VHC)
This clinic provides basically free medical care to low-income and uninsured children and adults living primarily in Travis County. Clinic services are provided by 500 medical provider volunteers and a small paid staff during three evening clinics each week.

- Tuesday/Thursday evenings @ 6pm (doors open at 5 pm): Walk-in clinic for acute/primary care.
- Monday evening @ 6pm: Chronic Disease Management Clinic (CDM) for enrolled patients with hypertension, diabetes, and other endocrine disorders.

Eligibility Criteria: Live in Travis County;* have no other type of health care coverage including insurance, MAP, clinic cards, Medicaid/CHIP, Medicare, etc.; must meet VHC income guidelines, which is 200% of the Federal poverty level. Patients (or providers) can call VHC at 512-459-6002 to be pre-screened for eligibility.

*VHC will see patients from surrounding counties for an acute, non-chronic medical issue.

Primary Care: Provided on-site by volunteer physicians on Monday, Tuesday, and Thursday evenings (provider hours: 7pm – 10 pm or until last patient is seen).

Specialty Care: Provided by volunteer specialists both on-site and in their own offices by direct referrals through Project Access. Monthly specialty clinic on the third Wednesday of the month featuring dermatology and psychiatry; Bi-Annual Well Woman clinics in the spring and fall; daytime pediatric clinics once a month in the summer (June, July, August).

Volunteer Opportunities: Family practice physicians to provide primary care for children and adults one evening a month or PRN. Specialty physicians are also needed to provide on-site care during specialty clinics; other specialists are needed to see an occasional patient in their offices. Critical needs in endocrinology, nephrology, and podiatry (on-site care during our Monday evening CDM Clinic). Visit the Volunteer page on VHC’s website at www.volclinic.org or contact Laura Hurst at 512-459-6002, extension 205 for more information about volunteering.
Advance Care Planning
A Work In Progress

Peggy M. Russell, DO, FACP
Liam M. Fry, MD, FACP

Advance Care Planning (ACP) is the process by which an individual and their family/surrogate engage in discussing and documenting choices regarding their care at the end of life. It has been an issue of increasing professional and legislative interest since 1969 when an Illinois attorney, Luis Kutzner, proposed the idea of a “living will.” Much has transpired in the intervening time: the Karen Ann Quinlan case in 1975; the Nancy Cruzan case in the 80s; the passage of the Patient Self Determination Act by Congress in 1990; the Institute of Medicine report “Dying in America” in 2014; and congressional legislation in 2016 funding ACP discussions. Over that time our nation became familiar with terms and concepts related to end-of-life (EOL) care.

Surveys taken as recently as 2015 indicate that 70%-90% of people want to talk to their physician and family about ACP; however, only 30% of the adult American population has advance directives (AD) in place. These directives should include the basic AD and a separate directive to physicians, and the designation of a surrogate decision maker. Interestingly, the number of people with AD reached its peak in 2000 and has changed little since.

Where We Are Today
Despite the plateau in numbers of people completing ADs, the efforts to educate people regarding ACP has burgeoned. There are many community-based efforts throughout the country which make presentations at churches, senior centers, community centers, the internet and more geared toward the general public to educate and assist people in completing an AD.

Two local entities providing community-based efforts are Hospice Austin and Kitchen Table Conversations. The Institute for Healthcare Improvement has a very robust program called “The Conversation Project,” available to the public at no cost. The Conversation Project also offers a training module for medical professionals on EOL conversations for a modest fee. The Texas MOST (Medical Orders for Scope of Treatment) Coalition is a statewide organization of physicians, care givers, faith leaders, and medical professionals whose goal is to support and document patient preferences and agency. All of these organizations and others are passionate about the issue and believe that the process helps patients recognize their goals and preferences and facilitates ongoing discussions with their family, surrogate decision maker, and medical team.

Compelling Issues
The demographic importance of ACP is compelling. There were 2,744,248 deaths in the US in 2017 for a rate of 849/100,000 population. Persons age 65 and older make up 85% of these deaths. At least 85% of deaths are associated with chronic illness. Additionally, 30% of deaths occur in circumstances where decisions must be made regarding the use or nonuse of health care services and yet the patient is already too sick and/or impaired to guide such choices. This leaves the decision to be made by a surrogate.

Barriers to ACP in Medical Practice
There are many emotional/psychological and process issues that arise related to ACP. Physicians are often uncomfortable initiating EOL discussions for fear it may create great psychological distress for their patients or that they may not be able to converse as comfortably and knowledgably as they
All these people and organizations have impacted our lives in the time when we need it the most. Project Access, for all you have done, thank you very much!

- PA Patient

They are my superheroes! The guidelines are simple and they ask nothing more than you follow the rules. I will always be indebted to these superheroes!

- PA Patient

I am eternally grateful to all the donors and others affiliated with Project Access.

- PA Patient

I feel blessed to be able to donate my time to help the underserved population.

- PA Physician

Project Access Physician Participation

☐ I will volunteer to see Project Access patients in my office

Primary Care Physicians
Over a 12 month period I pledge to accept up to the following number of patients:

☐ 10
☐ Other: ____________

Specialty Care Physicians
Over a 12 month period I pledge to accept up to the following number of patients:

☐ 10
☐ Other: ____________

☐ Please contact me. I have additional questions regarding my role
☐ I am not interested in volunteering for Project Access at this time

Office Contact Name (please print):

________________________________________

Physician Name:

________________________________________

Specialty:

________________________________________

Phone Number:

________________________________________

Email:

________________________________________

Questions? Email Kathy Gichangah: kgichangah@tcms.com | Call: (512) 206-1118 | Fax: (512) 206-1135
should. These fears are contradicted in multiple studies including one published in *JAMA*, Oct. 2008, Vol. 300, No. 14 where it was found that EOL discussions were not associated with patients feeling depressed, sad, worried, or terrified. In fact, patients who reported engaging in these conversations were significantly more likely to accept that their illness was terminal, prefer palliative care over life-extending therapies, and have completed a DNR order. Multiple resources are available to train a medical team in EOL conversational skills.

Until 2016 the time required for conversations regarding EOL care was not reimbursed. The CPT codes 99947 and 99498 are available now and reimbursed by Medicare. Details on successful reimbursement for the codes are available at www.conversationproject.org.

The basic office procedure for scheduling, conducting, and billing for ACP visits is not readily clear. Individual office practices have to focus on the development and ongoing refinement of a process to allow the smooth flow of the service. Anticipate a stepwise process, which may take several visits over a prolonged period of time. The fact that there is no limit on the number of times this code can be charged and no restriction on place of service acknowledges the complexity of the process. Steps in ACP include: assessing the patient’s understanding of ACP and their readiness to discuss the topic; asking the patient if they have had experience with family or friends at the end of life and have they thought about making personal plans; helping the patient articulate personal values, goals, and preferences; asking the patient to select and document a surrogate; asking the surrogate to come to a visit. ACP discussions, in order to meet reimbursement criteria, have to be initiated by a physician, APN or PA but the supporting team can provide much of the service as appropriate to their role.

It can be difficult to decide which patients to identify as candidates for an ACP visit. Demographically, the selection will yield the greatest results by selecting patients by age, oldest to youngest, and by disease burden. Psychologically, the greatest yield may be by selecting patients with whom the medical team has the greatest rapport, knows the care givers/family, and has the strongest patient-physician relationship.

**Physician, Patient, and Surrogate Satisfaction**

It is our belief, based on 44 years of combined clinical experience in EOL care and ACP, that the benefits are great. ACP provides an opportunity for the medical team to speak clearly and compassionately about a person’s condition, the likely clinical course, and the various options they face. It provides a chance to assess a patient’s and a surrogate’s understanding of the illness and an opportunity for questions and answers without the stress of a medical crisis. It is a meaningful opportunity to further establish rapport over tough clinical choices and avoid rushed decision making in a crisis.

Patients who complete advance directives are more likely to receive the care they desire, are less likely to die in the hospital, and are higher utilizers of hospice benefits. For a surrogate decision maker, making decisions about the use or nonuse of life support may be associated with long lasting pathologic bereavement contravening most patients’ desires not to burden loved ones. Advance directives help alleviate this potential caregiver stress.

Overall, advance care planning conversations result in improved care and satisfaction for all stakeholders, from physicians, family members, and to our patients themselves.
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Physicians lead busy lives. So we’re making it easier to take CME courses. As part of your TMA membership, hundreds of CME and ethics hours are now available, hassle free at no cost to you, compliments of TMA Insurance Trust. This is just one of the ways we are working to support you, and thank you for all you do.

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Visit us at texmed.org/Education

Created over 60 years ago and exclusively endorsed by the Texas Medical Association, TMA Insurance Trust is proud to work with TMA member physicians to meet their personal and professional insurance needs. Contact an advisor for a no-obligation consultation by calling us toll-free 1-800-880-8181, or visiting us online at tmaift.org.
Wendy Propst  
President-Elect

The Travis County Medical Alliance and Foundation is a philanthropic organization open to any spouse or partner of a physician, or any physician who is eligible to be a member of the Travis County Medical Society. We participate in community service, political advocacy and social events. Our fundraising activities support an annual grant program for groups working to improve the health of Central Texans. Please join us on March 30 at our Party with a Purpose, benefitting these incredible organizations:

- **Saint Louise House**: Empowers women with children to overcome homelessness in Central Texas.
- **Volunteer Healthcare Clinic**: Provides quality health care and prevention education for low income and uninsured residents of Travis County.
- **Austin Center for Grief and Loss**: Bereavement Center.
- **Aloe Foundation**: Provides treatments to relieve stress and pain for cancer patients, domestic violence victims, parents of seriously ill children, and veterans suffering from PTSD.
- **Travis County Medical Society Physician’s Wellness Program**: Promotes professional and personal well-being of TCMS physicians and their spouses by providing collegial support, educational resources and confidential services by counseling professionals.
- **People’s Community Clinic**: Provides medical care to underserved and uninsured people in Central Texas.
- **Partnerships for Children**: Offers programs providing support and resources for foster children and families in Central Texas.

**Member Spotlight: Jenny Stern**

Jenny grew up in Rochester, NY, the daughter of physician parents. She graduated from MIT, majoring in biology. She was on the rowing team while there and loved the vibrancy of Boston and its environs. Jenny then received an MD from the State University of New York Upstate Medical University in Syracuse, surviving the frigid NY winters. Her first move in the southerly direction was to attend the University of Virginia in Charlottesville. Once she had completed her residency in Internal Medicine, she married, moved to Durham, NC and then settled in Charlotte, where three sons were added to the family. Jenny “retired” from medicine when her sons were young and focused on raising them and volunteering for several schools, the Jewish community, and for Meals on Wheels.

Never imagining she would be a Texan, Jenny moved to Austin seven years ago. She soon joined the TCMA and has been on the board for four years, serving as treasurer. TCMA was very important to her Austin acclamation.

**Recent Activities:**

On January 16, the TCMA and TCMS hosted the 7th Biennial Legislative Reception at the home of Rushmi and Pradeep Kumar. We met with several of our State Senators and Representatives.

We are proud of our members who are making the effort to “speak up for medicine” at the 86th Legislative Session First Tuesdays. This year’s remaining dates are April 2 and May 7.

Our members and teen members of the Kids Care Club volunteered at the Austin Diaper bank in February. We took inventory, wrapped, and organized diapers. It was a very rewarding experience and we plan to participate in one more community service project there by the end of the school year.

**Upcoming Events:**

**Book Group**: March 27, April 24  
**Austin Adventures**: April 4, Westcave Preserve Tour  
**April General Meeting**: April 16 at the beautiful, historic Caswell House

For more information about TCMA, visit www.tcmalliance.org

The organization provides friendship and opportunities to help the community. In addition to her TCMA activities, she works for Limbo Jewelry, making pots for succulent plants—enjoying the creativity. Jenny enjoys running, hiking, travel, art, visiting family, reading, and crafts.
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Grover Bynum, Jr, MD, 91, passed away on January 29. He was a native of Henryetta, Oklahoma where he achieved fame as the “willowy wisp of gold” star quarterback for the undefeated 1942 Henryetta Fighting Hens football team. He did undergraduate and medical studies at Tulane before his internship in Denver. Dr. Bynum served in the Air Force for two years following his internship, then went on to an Internal Medicine residency at Mayo Clinic. While in training there, he met Anita Schneider who soon became his wife, the marriage lasting nearly sixty years.

In 1960 he was recruited to Austin by other Mayo Clinic trained internists, Drs. Darnall, Cromer and Pearce, to form the nucleus of Capital Medical Clinic, in the Capital National Bank building, then the center of progressive medical care in Austin. As President of the Doctor's Building Corporation, Dr. Bynum and Capital Medical Clinic were instrumental in the creation of Austin’s first medical district, when CMC moved from downtown to West 38th Street, followed shortly by the building of Seton Medical Center and Shoal Creek Hospital, eventually serving as chief of staff of both hospitals.

During Dr. Bynum's four decades in practice he became known for his expert care, compassion, availability, and hard work. His favorite part of being a doctor was his patients and many became long time family friends. He continued making house calls long past the time when the practice was largely abandoned, doctor bag in hand and with children often in tow. In addition to his leadership in Austin hospitals and professional organizations, he served TCMS in a number of leadership positions including a term as its president. Throughout his career, he was at the forefront of bringing quality medical care to Austin during years of tremendous transformation in the medical landscape, at the same time staying true to his roots delivering compassionate and personalized care.

After his passing a longtime patient observed, “Grover was more than a doctor, he became my friend. He was always there when I needed him. I miss him terribly as my physician and as someone who would listen.” In addition to his compassionate care, Dr. Bynum’s rich legacy to Austin medicine includes his visionary leadership at area hospitals and with Capital Medical Clinic, now in its 85th year of service.

Tracy Ross Gordy, MD, 83, died Wednesday, February 20 in Austin. He and his wife Nancy recently returned to Austin after 14 years in the Pacific Northwest. He is survived by Nancy, four children and ten grandchildren.

Dr. Gordy was born in Beaumont where he was an athlete and Eagle Scout, later an undergraduate at UT Austin before receiving his medical degree at the UT Medical Branch at Galveston. He did his psychiatry residency with the Austin State Hospital training program before serving in the US Army from 1966-1968. His son, John Tracy, has an early memory of him as a US Army Captain who more than once scaled a Ft. Hood rooftop to rescue the toy airborne ranger that he had built him from hardware, string, and a piece of cloth.

Dr. Gordy was board certified in Psychiatry and Geriatric Psychiatry. His private practice, consulting and teaching career touched the lives of many friends, colleagues, and patients. He was well known and highly respected by his colleagues. For a number of years he served as editor of the TCMS Journal and was the 2001 recipient of the TCMS Gold Headed Cane/Physician of the Year Award.

After retirement from private practice in 2001, he relocated to Port Ludlow, Washington, a small resort community on the western edge of Puget Sound. In his “retirement,” he completed a 17 year stint on the AMA CPT panel, including eight years as chair. For a number of years he served as a consultant for Joint Commission Resources, the consulting arm of the Joint Commission Accreditation process for hospitals. In that role he took both domestic and international assignments, serving all over the world, most extensively in the Middle East.

Dr. William Loving was a trainee of his while a resident, and in the decades that followed Dr. Gordy was a beloved colleague, practice partner, mentor and close friend. As Dr. Loving recalls, “I wanted to be just like him. He was a physician first, a psychiatrist second. He was interested in problem solving, diagnostic rigor, and sound and thoughtful treatment.” Beyond that, “The word elegant comes to mind . . . old school manners and collegiality . . . he was a true gentleman.” Loving was able to spend time with Dr. Gordy up to the time of his death. Not long before the end, he told Dr. Loving, “I had a great career.”
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Rodney Jesse Simonsen, MD, 80, passed away on February 20. He was born in Logan, Utah, later moving to Boise and finally settling in Portland, Oregon as a teenager. He attended Johns Hopkins University on a full academic scholarship where he played football and was on their national championship lacrosse team. After graduation, he served a full-time mission for The Church of Jesus Christ of Latter-day Saints in Austria, meeting his future wife Helga there.

Dr. Simonsen served in the Air Force for a number of years, his service eventually bringing he and his family to Texas. He rose to the rank of Major before leaving active duty and going into private practice. He first practiced in Gonzales, practicing PM&R at Warm Springs Hospital. In 1974 he moved to pioneer his specialty in Austin. He opened the first rehabilitation center at Shoal Creek Hospital, where he also specialized in pain management. He developed additional expertise and became the leading Central Texas expert in muscular dystrophy. For many years, Dr. Simonsen included his children in serving as counselors at the Muscular Dystrophy Camp each summer, a rich experience that developed in them the strong understanding and empathy for individuals with disabilities that punctuated his life.

Dr. Simonsen later developed a rehabilitation unit at Brackenridge Hospital and was subsequently recruited to the new St. David’s Rehabilitation Hospital where he served as medical director. He used his love of flying to extend his reach to underserved communities in Central Texas. He embraced the emerging McKenzie method for patients with spine disorders and spent several months in New Zealand, becoming a fully credentialed diplomate, later leading to the rehab program at St. David’s becoming a training center for McKenzie International.

Dr. Simonsen was a devoted family man, raising seven children with his wife Helga. He and his sons were very active in Boy Scouts, and he served as a scoutmaster while all five of his sons became Eagle Scouts. He was a devout Christian and a life-long member of The Church of Jesus Christ of Latter-day Saints. Throughout his life he held many church callings in the local lay ministry, including that of teacher, mission leader, bishop’s counselor, and stake high counselor. Following his retirement, he and Helga served on volunteer missions for the church, including years of service in Brazil, England, and the British Isles.

Dr. Simonsen leaves behind a rich legacy of developing PM&R and modern rehab programs in Austin, compassion for those struggling with disabilities, service through his church to a world in need, and always as a family man and friend.

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