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If you are thinking about becoming employed in an Accountable Care Organization (ACO) or Non-Profit Health Organization (NPHO) aka 5.01(a),

DID YOU KNOW THAT:
1. You may not be able to keep or choose your medical liability insurance carrier. Consequently, you may be required to put your reputation and assets in the hands of the organization’s self-insured entity rather than with the proven insurance professionals at TMLT.

2. You may lose the right to withhold consent to settle if a claim occurs. The captive insurance carrier provided by your employer may be making the decision whether to defend or settle your case.

3. You may have to purchase tail coverage. Unless your new carrier is providing prior acts coverage, you will have to purchase tail coverage. Your new employer may not cover the cost for tail coverage. Additionally, you may lose the free tail coverage that you had earned with your current carrier as well as your accrued claim-free discounts.

4. You may lose access to a physician-focused defense. For instance, if you are insured by a hospital’s captive insurer, its attorneys will have expertise in defending hospitals, but may not have expertise in defending physicians. TMLT claim staff and defense attorneys specialize in defending physicians in lawsuits. Does the hospital’s insurance company have a claims philosophy that focuses on individual physicians’ risk exposures independent of the hospital’s organizational interests? Who will be protecting your career in the event of a claim or lawsuit?

IN ADDITION:
- What if there are conflicts of interest in a lawsuit?
- What if there are disciplinary proceedings?
- Will you have enough coverage?
- What about “moonlighting” coverage?
- What happens if there is a voluntary or involuntary termination?
- Beware of any promises not made in writing.

It is important to clearly understand these questions and their answers if you are looking at signing a contract to become an employed physician. You should also seek advice from an experienced attorney before making a decision. For more information, please visit www.tmlt.org or call John Southrey at 800-580-8658 x5976. The Texas Medical Association web site has additional resources for physicians considering becoming employed by a hospital, ACO, or NPHO at www.texmed.org.

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john-southrey@tmlt.org  800-580-8658 x5976
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Elliott Glacier, Alaska. Photo by William Schleuse, MD.
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From the President

Covenant

Brian S. Sayers, MD
President, Travis County Medical Society

In working with my colleagues on a daily basis, I am continually amazed at just how generous so many of you are in providing free care to those in need in every imaginable medical setting both within Travis County as well as around the world.

While many of our members serve in very visible ways in hospitals, clinics, committees, or on amazing mission trips to every corner of the world, many others serve in less obvious ways that are never seen nor recognized by their colleagues but are no less important or sacred.

I am convinced that even more physicians would be willing to volunteer if only they had a better understanding of the rather complex network of entities that provide care for the uninsured and underinsured of Travis County. The companion article on page 16 of this Journal attempts to provide a clearer picture of this network that, while far from perfect, brings health care to thousands of the truly indigent and the working poor – to those who find themselves and their families without access to the quality health care that we as physicians are so blessed with. I encourage you to read this article.

Why do we go to the trouble of providing free care to those in need in a time when we are faced with so many challenges keeping our own practices vibrant if not just alive? There is no shortage of reasons. We belong to a profession and associate with organizations throughout our careers founded on core values that remind us of the basic, time honored responsibilities toward others that we have assumed and that only we can honor and fulfill. The call for caring for our neighbor is a basic tenant that only we can honor and fulfill. The call toward others that we have assumed and the basic, time honored responsibilities founded on core values that remind us of organizations throughout our careers alive? There is no shortage of reasons. We keeping our own practices vibrant if not just when we are faced with so many challenges providing free care to those in need in a time you to read this article.

And so it is that each of us must see the course of our lives as physicians and humans on a journey as ever changing, and within these changes in landscape throughout our lives find flexibility in our ideas of what generosity and service mean and how those ideas might find their own harvest at each point in our lives.

The caduceus has come to be one of the symbols of our profession, that familiar gold staff with wings at the top and two serpents wound around it below as if climbing while tangled together towards the top. The use of the caduceus is actually a somewhat mistaken transformation of the true symbol of medicine derived from a story about Aesculapius, the physician hero-god of Greek mythology from whom Hippocrates claimed lineage, as pointed out by Daniel Sulmasy in A Balm for Gilead.

According to mythology, one day Aesculapius was called to help a man who had been struck by lightning. While trying to save the man's life a snake came up beside Aesculapius. Multitasking as physicians through the ages have, he quickly struck the serpent with a staff, killing it, and then turned his attention back to his patient. Soon after another snake appeared carrying herbs in its mouth which it promptly placed in the dead snake's mouth. To the amazement of Aesculapius, the dead snake was soon brought back to life. Taking the example, the mythological father of medicine took some of the herbs and placed them into the mouth of his own patient who was quickly healed.

Rich in symbolism on many levels, the story makes an important point about us as physicians and mortals. The snake is often a symbol of our brokenness or sinfulness, our being imperfect and mired

continued on page 8
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in the soil. Within that context we see one serpent coming to the aid of another wounded serpent, healing it and then symbolically trying to rise up the staff and away from its worldly moorings, the wounded, broken serpents at once become healer and healed. It is a symbol worthy of considering whenever viewed. We are instilled with a yearning to be like the winged staff, upright and ever reaching upward, but we are compelled to recognize that we are as one with the serpent, vulnerable and destined to suffer.

It is the humility and response to this commonality, this broken oneness with all around us that can make us healers in the best traditions of our profession, our ethics, and perhaps, our faith.
Same day consultation and treatment.
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TMA physicians value their clinical autonomy. In the Texas Medical Association’s April 2010 physician survey, 74 percent of those responding rated “personal control of clinical decisions” as very important in their choice of practice setting. In this time of steep budget cuts amid health care reform, however, physicians’ clinical autonomy seems up for grabs. No practice setting is immune from various interests seeking to erode physicians’ personal control of clinical decisions.

- Insurance companies make you ask — and wait — for permission for the treatment you’ve chosen for your patient, or instruct pharmacies to substitute drugs you’ve prescribed.
- Hospital administrators butt heads with you over clinical policy.
- Limited-licensed practitioners elbow for authority to expand their scope of practice beyond that safely permitted by their education, training, and skills.
- Trial lawyers fight for the chance to evaluate your medical judgment in the courtroom.
- Lawmakers threaten to cut off access to care for your patients, restrict your ability to invest in better medical facilities, let corporate CEOs make medical decisions — and the list goes on.

How can you be expected to practice medicine amid all this subterfuge? That’s where TMA and TEXPAC come in. You joined TMA for more than just a peer group at the monthly meeting, right?

You joined because you know that there is strength and solidarity in numbers, and because it’s the best way to take coordinated action on behalf of medicine and your patients. You joined because you are confident TMA will look after your interests at the state capitol.

You joined because — as confirmed by Capitol Inside’s 2011 rankings — TMA has one of the top association lobby teams in Texas.

You joined because you know their success is a direct reflection of Travis County and other TMA physician members’ interest and participation both in the election and the legislative process.

Much of TMA’s success at the Capitol is a result of TEXPAC’s hard work during the election cycle leading up to each session. TEXPAC’s goal is to elect medicine-friendly legislators who are educated about — and accountable and attuned to — their physician constituents, including the value they place on clinical autonomy.

So, what is your clinical autonomy worth to you? Enough to make an investment in TEXPAC to keep the momentum going? Is your control of clinical decisions worth a personal $125, $300, or even $1,000 annual membership in TEXPAC?

When you receive a letter from TEXPAC — open it up and consider what your clinical autonomy is worth to you.

Learn more about TMA’s legislative activities at www.texmed.org.

Learn how to join your colleagues in supporting TEXPAC at www.texpac.org.

First Tuesday Recap
On February 1 and March 1, more than 30 TCMS physicians and TCMA members marched to the Capitol for meetings with state senators and representatives of Travis, Williamson, and Hays counties. The meetings covered the hot topics of the day which included the corporate practice of medicine, and public health issues such as a smoke-free Texas, obesity prevention, and better immunization rates. In addition, lengthy discussions were held on scope of practice and budget items including the proposed reductions for Medicaid, mental health services, and the need for more graduate education slots in the state.

The session will only get tougher as it progresses. Your help is needed. Register to join your colleagues at the upcoming First Tuesdays on April 5 and May 3. For more information on how you can help, contact TCMS Director of Community and Government Relations, Stephanie Triggs at 512-206-1124 or striggs@tcms.com.
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and two states, Oklahoma and Kentucky, have already made the first incentive payments to physicians and hospitals enrolled. Physicians can receive up to $44,000 over five years through Medicare, or up to $63,750 over six years through Medicaid with a 30-percent patient volume (20 percent for pediatricians). With $19 billion in funding for health information technology (HIT) in the federal economic stimulus bill, there are big promises to physicians who use certified EHRs in a “meaningful” way. Payments of Medicare and Medicaid incentives are expected to begin in May 2011 for Texas physicians.

“The release of EHR incentive funds to the first practices and hospitals is a sign real money is flowing. The momentum of the program is building as the government follows through on their commitment to advancing HIT,” said Mark Chassay, MD, of Texas Sports and Family Medicine and former president of the Travis County Medical Society.

To receive incentive payments, you must meet “meaningful use” of an EHR. By putting into action and meaningfully using an EHR system, physicians have the potential to reap benefits beyond financial incentives — such as reduction in errors, increased speed and availability of patient records and data, reminders and alerts, clinical decision support, and e-prescribing. If you are not already e-prescribing, TMA recommends all physicians under Medicare report e-prescribing via claims on at least 10 unique Medicare encounters by June 30, 2011, to avoid a one-percent penalty in 2012 on Medicare Part B claims.

Travis County physicians are eligible for on-site technical consulting services through the CentrEast Regional Extension Center (REC). CentrEast is vendor-neutral and can help physicians select and implement an EHR system that fits their individual needs. CentrEast’s team of experts also can help existing EHR users with optimizing their current EHR, practice workflow analysis and redesign, and guidance to reach meaningful use. Dr. Chassay helps guide the work of CentrEast by volunteering on its advisory board.

Primary care physicians and specialists who can attest to providing primary care services are eligible for a federal subsidy for a limited time that lowers the cost of consulting services to $300 per year (valued at $5,000).

If you have not already adopted an EHR in your office, it takes time to select a vendor, schedule training and implementation, and achieve meaningful use. Federal incentives and subsidies for technical consulting services are available for a limited time. For questions about available services or to enroll at the CentrEast REC call 979-862-5001 or visit www.centreastrec.org. For questions on other HIT issues, visit TMA at www.texmed.org/HIT, contact TMA’s HIT helpline at 800-880-5720 or email HIT@texmed.org.

The Texas Medical Association Foundation recently recognized Dr. and Mrs. Ernest Butler for continuing to make a significant investment in science education through the TMAF Ernest and Sarah Butler Awards for Excellence in Science Teaching. Dr. and Mrs. Butler have reached the Visionary Level of Major Donors, signifying lifetime cumulative gifts of more than $500,000.

The Butlers established an endowment at TMAF in 2003 to provide core support for the TMA science teacher initiative. Their efforts have inspired physicians and institutions to support and enhance the program over the years. The Butlers have been donors to TMAF since 1991. Dr. Butler has served on the TMAF Board of Trustees and has been a member of the Advisory Council since 2000. In 2009, Dr. and Mrs. Butler were the honorary chairs of the TMAF gala.

Donors are recognized at different levels based on cumulative donations. For more information, please contact Ashley Velásquez, Associate Development Director, at 512-370-1665 or ashley.velasquez@texmed.org.
Cancer can change and devastate lives. It affects the people we love, the relationships we thrive on and the individuals we depend on... and who depend on us. At Austin and Georgetown Cancer Centers, treating cancer is about caring for people, and our goal is recovery for every person we see.

We're excited to welcome three new members of our cancer care team. Dr. Allison E. Gorrebeek and Dr. Benjamin J. Downie are Hematology/ Medical Oncology specialists. Each recently relocated to Central Texas and both are excited to welcome new patients in the Austin and Georgetown communities. Dr. Terry Boyle, Board Certified Radiation Oncologist, is welcoming new patients in our Austin clinics. Each of these physicians shares our longstanding commitment to high standards in treating people, not just their disease.

During the last several months, TCMS leadership and staff have met with representatives from many of the key players in Travis County’s indigent care network in order to better understand exactly who they serve, how they currently work together, what are their current challenges in fulfilling their missions, and where are the remaining gaps in the system. Much progress has been made in recent years with the development of Project Access (by your medical society), the expansion and refinement of the County’s system of clinics (now called CommUnityCare) and Seton’s Community Health Centers, the establishment of the Central Health (formerly Travis County HealthCare District), and the continued growth of volunteer groups such as Volunteer Healthcare Clinic, El Buen Samaritano, Samaritan Health Ministries, and People’s Community Clinic.

In the coming months, TCMS will be developing a task force made up of volunteers from all specialties to develop strategies to close the gaps that exist in providing care to our neighbors in Travis County. Our membership, more than 3000 strong, already provides countless hours of time providing care to those in need, both through the organizations described in this article and also in offices and hospitals outside of this defined network. We have much to be proud of, but there is much still to be done before our neighbors have anything resembling the same level of care that we have available to ourselves and to our own families.

Like most other counties in Texas, Travis County has a large population of residents with limited access to health care. In a 2005 report, the Texas Comptroller reported that 17.9% of the Austin-San Marcos population was without health insurance. At the time, the total population of that area was 1.3 million, bringing the total of uninsured residents to over 200,000, the majority of whom are in Travis County. With limited public funding for indigent health care and a challenge of this magnitude, no one entity can provide even the most basic outpatient health care to all of those in need.

Over the years, a network of health care organizations (both governmental and not-for-profit) has evolved that has attempted to fill as many gaps as possible in the safety net of care for uninsured and underinsured in Travis County. However, it is a patchwork system in which each entity has its own unique history, mission, and target population, and each serves as a critical piece in solving the larger puzzle of bringing care to those who would otherwise go without.

While the safety net is large, it is also complex and it can be confusing for patient and physician alike to see exactly who each entity serves and how the various components overlap and interact. Additionally, with the different groups inadvertently competing with each other for the same doctors to help them out, some physician offices find it difficult to sort out exactly which group has sent the patients they are asked to see, or exactly how many groups they have signed up to help. We know that at times — in frustration — physicians or their office managers throw up their hands and stop seeing indigent patients altogether for a time with the perception that they are being asked to see a disproportionate number of indigent/uninsured patients.

The purpose of this article is to introduce TCMS physicians to some of the groups providing care for the indigent/uninsured and to outline some of the volunteer organizations in need of help. The list is no doubt incomplete and will likely be updated and expanded in future communications to the membership as we become aware of more groups in need of volunteers in our county.

**Project Access**

Project Access, established by the Travis County Medical Society, is a coordinated system of volunteer physician care, hospital care, diagnostic services, and medications assistance for the low-income, uninsured of Travis County. Eligible patients are referred from a wide variety of sources including, but not limited to, physicians’ offices, hospitals, and other safety net organizations listed below.

**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 volunteers in their own offices.

**Specialty Care:** Provided by volunteers in their own offices.

**Volunteer Opportunities:**

There is a need for primary care and specialty physicians. To volunteer go to www.projectaccessaustin.com or contact Cliff Ames at 512-206-1165.
El Buen Samaritano Episcopal Mission - Wallace Mallory Clinic

The clinic states that it is the only community health provider in Central Texas that by design offers culturally sensitive and bilingual primary and preventive medical services.

**Eligibility Criteria:** No income restrictions; fees, if any, determined on a sliding scale based on income; Medicare, Medicaid, or Medical Assistance Program (MAP) recipients not eligible.

**Primary Care:** Provided on-site at the Wallace Mallory Clinic almost entirely by paid staff.

**Specialty Care:** A limited number of volunteer specialists provide on-site care at the clinic. Most is provided by volunteer specialists in their own offices by direct referral from the clinic. Eligible patients may be referred to Project Access for specialty care.

**Volunteer Opportunities:** Primary Care physicians are needed to see patients at the clinic one evening per month. Specialists are needed to see patients in their own offices. Contact Claudia Arniella at 512-439-0736.

People’s Community Clinic

People’s Community Clinic, one of the oldest continually-running independent clinics for primary care in America, was founded in 1970 by a group of volunteer doctors and nurses. Its mission is to improve the health of medically underserved and uninsured Central Texans by providing high quality, affordable health care.

**Eligibility Criteria:** Working families who do not have any health insurance or are covered by a government-sponsored program such as Medicaid/Supplemental/Amerigroup, Medicare, or the Children’s Health Insurance Plan (CHIP).

**Primary Care:** Provided on-site by staff physicians.

**Specialty Care:** A limited number of volunteer specialists provide on-site care at the clinic. Other specialty care is provided through Project Access or, for MAP eligible patients, through the Brackenridge specialty clinics.

Volunteer Opportunities: Provide specialty care via Project Access or, if you are interested in volunteering to provide specialty care on-site at the clinic, contact Allison Jones at 512-708-3156 or AllisonJ@austinpcc.org.

Samaritan Health Ministries

This is a volunteer based safety net 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, 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 the Cedar Park, Jonestown, Leander, Liberty Hill, Lago Vista, and Round Rock area. 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. Eligible patients may be referred to Project Access for specialty care.

**Volunteer Needs:** Primary care physicians to see patients at the clinic one evening per month. Specialists are needed to see patients in their offices. Contact Tammie Danielsen at 512-331-5828.

Seton Community Health Centers/St. Luke’s

Seton established its Community Health Clinics to serve the uninsured and underinsured.

**Eligibility Criteria:** Unfunded patients falling between 100-250% of federal poverty level, Medicaid/Supplemental/Amerigroup, Medicare/Texas Community Care.

Volunteer Healthcare Clinic

The Volunteer Healthcare Clinic (VHC) provides free care to low-income and medically uninsured children and adults. Clinic services are provided by 400 volunteers and minimal full-time paid staff.

**Eligibility Criteria:** Live in Travis County; have no type of health care coverage including insurance, MAP, clinic cards, Medicaid/CHIP, Medicare, etc.; and meet VHC income guidelines.

**Primary Care:** Provided on-site by volunteer physicians.

**Specialty Care:** Provided by volunteer specialists both on-site and in their own offices by direct referral from the clinic. Eligible patients are referred to Project Access.

**Volunteer needs:** Adult and pediatric primary care physicians to provide care one evening every month or two. Specialty physicians are also needed to provide on-site care for a shift every 1-2 months. Other specialists are needed to see an occasional patient in their office. Critical needs in orthopedics, endocrinology, neurology, and neurosurgery. Contact Kelly Smith at ksmith@volclinc.org or 512-459-6002.

continued on page 16
Eligibility Criteria: In general, the clinic serves low-income, uninsured, Travis County residents. There are some programs within the Center that have other eligibility criteria.

Primary Care: On-site by staff providers.
Specialty Care: Brackenridge specialty clinics.

The Children’s Wellness Center
The Children’s Wellness Center (CWC) is a school-based health clinic created in partnership between the Del Valle Independent School District and the University Of Texas School Of Nursing, and is an affiliate of CommUnityCare.

The CWC is the only provider of pediatric health care services in the Del Valle Area. The children and families served by the clinic are predominately Hispanic, low-income, and medically underserved.

Primary Care: On-site with staff physicians.
Specialty Care: On-site at Brackenridge specialty clinics.

Lone Star Circle of Care
Lone Star Circle of Care is a nonprofit agency whose clinics are Federally Qualified Health Centers serving the uninsured and medically underserved, including adult primary care, pediatric primary care, senior care, comprehensive OB/GYN services, general dentistry, psychiatric and behavioral health, and pharmacy services. Although only one of its 25 clinics is in Travis County, approximately 20% of Lone Star’s clients live in Travis County.

Eligibility Criteria: None. Care provided to anyone, regardless of income, residency status, employment, health insurance coverage, or ability to pay for services.
Primary Care: Provided by employed staff providers.
Specialty Care: At this time, Lone Star Circle of Care reports that specialty care is provided through their relationships with various hospital systems.

Family Wellness Center
The University of Texas at Austin School of Nursing
The Family Wellness Center provides comprehensive health care services to the community while incorporating student clinical teaching, research, and faculty practice in a cost effective evidence-based health care delivery system. The Family Wellness Center is now affiliated with CommUnityCare.

Eligibility Criteria: None. Clinics serve patients who are enrolled in Medicaid, Medicare, CHIP, and the Medical Assistance Program (MAP); all other Travis County residents may receive services according to a sliding scale discount based on their income.
Primary Care: On-site by staff providers.
Specialty Care: Brackenridge specialty clinics.

One of the goals of TCMS in the coming year and beyond is to facilitate physician volunteerism in Travis County. Society leadership and staff are gathering information and developing a continuing dialogue with the various entities in Travis County to collect more information about existing programs and their needs.

Additionally, we want to explore the feasibility of consolidating and centralizing physician volunteer lists and referral mechanisms to (1) more efficiently achieve timely care for those in need, and (2) to make the process as simple and painless for physicians and their offices as possible. In order to make that a reality, we are looking at ways in which Project Access might evolve to help accomplish this goal and enhance its mission to the community and TCMS members.

TCMS physicians have a tradition of incredible generosity with their time and talents in helping our neighbors in need since the very first physicians began to see patients in what was then a frontier town 150 years ago. Both the need and the commitment to help have grown steadily through the decades to almost staggering proportions today. No doubt TCMS members will continue this tradition of recognizing need and acting.

Volunteer Opportunities

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<th>Project Access</th>
<th>Cliff Ames</th>
<th>512-206-1165</th>
<th><a href="mailto:cames@tcms.com">cames@tcms.com</a></th>
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<td>El Buen Samaritano</td>
<td>Claudia Arniella</td>
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<tr>
<td>People’s Community Clinic</td>
<td>Allison Jones</td>
<td>512-708-3156</td>
<td><a href="mailto:AllisonJ@austinpcc.org">AllisonJ@austinpcc.org</a></td>
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<tr>
<td>Tammie Danielsen</td>
<td>512-331-5828</td>
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<td>Seton Community Health Centers</td>
<td>Jim Thomas</td>
<td>512-324-4927</td>
<td><a href="mailto:jthomas@seton.org">jthomas@seton.org</a></td>
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<td></td>
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<td>Tricia Strength, RN</td>
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<td>512-324-4940 ext 12786</td>
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<tr>
<td>Volunteer Healthcare Clinic</td>
<td>Kelly Smith</td>
<td>512-459-6002</td>
<td><a href="mailto:ksmith@volclinic.org">ksmith@volclinic.org</a></td>
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TENANT AND BUYER REPRESENTATION • BUILD-TO-SUIT
From the time I came to Austin until he died, Charlie Darnell always called me “George.” He would come in the doctor’s entrance to #113 Medical Park Tower, and ask if George was here? The front office always knew he meant me. About 20 years after this started, I finally asked him, “Dr. Darnell, why do you always call me George?” Charlie explained, “Remember when you got here? You had that burr haircut. You looked just like George Goeble!”

George L. John, MD passed away on February 6, 2011. He was born in Rock River, Wyoming in 1920. Dr. John attended Texas Christian University at the age of 15 and graduated from Rice University in 1940. During World War II, he served in the US Army in Europe and was captured by the Germans in 1944. After his release as a POW, he attended Southwestern Medical School in Dallas. He practiced in numerous locations including South Dakota and Nebraska before moving back to Texas where he was a staff physician for The University of Texas.

Dr. John was active in many civic organizations including the Masonic Lodge, Kiwanis, and the American Radio Relay League. In addition he loved opera and was an avid cello player who dabbled in astronomy.

The Medical Society extends deepest sympathy to the family and friends of Dr. John.

TCMS Secretary-Treasurer Michelle Berger, MD and 2010 President Mark Chassay, MD presented Dr. Brian Sayers a check representing the 2010 dues rebate amount which will be distributed to the active TCMS members who renewed their membership for 2011. This $32,250 dues rebate was made possible by cost saving efforts of the board and staff in 2010 from initiatives such as “going green” with the Newsletter, recycling efforts, and careful stewardship of your dues dollars.
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TCM Alliance

Vickie Blumhagen
President-Elect, Travis County Medical Alliance

TCMA January General Meeting
TCMA members enjoyed the first annual Girls Night Out general meeting on January 18. The meeting was held at the Garden Room in Jefferson Square where members had a serious meeting followed by great food and a fun program titled How to Look Quite a Few Years Younger by Kiss and Makeup.

The Alliance at Work
The Alliance helps out in the community in many different ways. We work with the Volunteer Healthcare Clinic, BookSpring and Ronald McDonald House just to name a few. We also support immunization events and helmet give-aways.

The Alliance has an endowed scholarship at Austin Community College which is awarded each spring to a deserving student joining the Nursing Program. This year the scholarship was presented to Vanessa Herrrrera, who is beginning the Associate Degree Nursing Program and currently has a 3.66 GPA.

“This award allows me to focus solely on my education. . . . A burden has been lifted off my shoulders and I will no longer have to work long hard hours that could be spent studying and preparing myself to become a health care provider.”

Project Graduation
TCMA has a long history of supporting area high schools by helping to fund their Project Graduation celebrations. Project Graduation is a drug-free, alcohol-free, lock-in event for graduating seniors and is typically held the night of graduation.

Schools who participate provide their students with a safe alternative to celebrating the end of their high school career. TCMA has a $2,500 budget and gives $250 to each school that turns in a request. We are now sending out letters to area high schools to help with Project Graduation Celebrations. If you know of a local high school who has not yet applied, please have them contact Lydia Soldano at ltsoldano@msn.com.

Alliance Member Spotlight – Stephanie Trotter
Stephanie joined the Travis County Medical Alliance five years ago after she and her husband, Michael moved back to Austin for Michael to begin his medical practice. Prior to the move, Stephanie worked in medical school fundraising, where her passion for medicine and supporting the medical community was solidified. She worked as a development officer at the University of Texas Medical Branch in Galveston and at the University of New Mexico School of Medicine. Currently, she works with Michael in his urology practice, Midtown Urology Associates. Stephanie and Michael have an eight year old daughter Laine and live in Rollingwood.

Stephanie credits the Alliance with opening doors in the medical community for her, and providing a strong support system. “The opportunities are endless in the Alliance and there are so many wonderful outlets to meet people and develop connections,” said Stephanie. She has served as chair for the For Parents Sake Committee and the Family Day Event, as vice-president of Financial Development and is currently serving as Vice-President for Medical Affairs.
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Public Health Update

Syphilis in Travis County

Phil Huang, MD, MPH
Medical Director/Health Authority
Austin/Travis County Health and Human Services

The State of Texas and the Travis County area have seen a significant rise in the number of syphilis cases over the last five years (Fig 1 below).

In 2009, 80% of patients diagnosed with syphilis were male and the median age was 33.5 years with a range of 18-72 years. Thirty-seven percent of cases were white, 33% were Hispanic, and 21% were African American; although rates among African Americans (74 per 100,000) were considerably higher than whites (25 per 100,000) and Hispanics (30 per 100,000) (Fig 3 below).

The largest increase in cases appears to be among MSM, African American men, and men infected with HIV. Serosorting (the practice of identifying social and sexual partners based on their HIV status) and other harmful mitigation practices that may be providing perceived HIV risk reduction may also be contributing to increased infection rates of syphilis among those with HIV.

The City of Austin has focused its syphilis prevention, intervention, and educational resources on these groups through targeted radio and print media, disease intervention counseling, and screening campaigns. Preliminary 2010 data however suggests that there is more work to be done.

To further augment these efforts, the City of Austin is calling upon local physicians to re-evaluate their patients’ risk of contracting syphilis, and encourage routine HIV and syphilis testing for those who may benefit.

For further information on syphilis in Travis County, or to report a new case of syphilis, contact the Austin Travis County Health Department at 512-972-5144.
MICHAEI J. KHOURI
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For Lease: 8105 Shoal Creek. Free standing building with great signage, 3,388 sq/ft.

For Lease or Sale: Dr. John McCormick, owner of Arbor Building A in Dripping Springs, has 6,000 sq/ft for Sale or Lease. Perfect for Medical user. Just sold Arbor B to medical user. Frontage on Hwy 290. Call Neill McClung (512) 785-6810.

Office Space: Cedar Park - 1935 sf - Medical office complex w/dedicated monument and great exposure to Cypress Creek. $15/sf. Contact Steven at (512) 335-8121.

Medical Facility Available in Lakeway: Fully equipped medical offices for lease near Lakeway Reg Medical Center site. 2400 sq/ft free standing bldg. w/parking. Great visibility w/signage on RR 620. 6 fully equipped exam rooms + 2 offices. X-ray and lab. 1411 RR 620 South, Lakeway. Call (512) 413-1903.

For Lease: Northfield Professional Building, 101 W Koenig. 4000 or 8500 sq/ft of shell space. Free parking. Contact Joel Haro, joelharo@pmgmt.com for rates and terms.

Sublease Available: Lakeway, beautiful new construction medical office on RR 620. 4 exam rooms. Fully furnished. Receptionist available. Near future Lakeway Regional Medical Center. $250/half day. Contact Mike Barrett at (512) 485-0146 or drmichael.barrett@tpgst.com.

Medical Lease Space: Seton NW Area. 11671 Jollyville Rd suite 103. Construction 2005, 1,286 sq/ft, $2,786 per month ($26 sq/ft). Contact William Stavinoha, MD at (512) 338-5092.

Home For Sale: LOCATION, LOCATION, LOCATION. This fabulous Old Enfield/Tarrytown cottage has an English style garden and has been painstakingly preserved to maintain its original architectural charm! Cozy fireplace, hardwoods, huge screened porch, wondering kitchen, and the master features a walkin closet, luxurious tub and separate shower. 2 living areas, 2 bedrooms, 2 bathrooms. List price $664,500. Contact Renee Huggans, Moreland Properties (512) 785-4029.

Physician Opportunity: Family Practice locum tenens needed at the Travis County Employee Wellness & Health Clinic starting March 1, 2011. The clinic treats employees and family members 10 years and older. Email hari.dhir@co.travis.tx.us.


Medical Office Clerk: Full/Part-time med/legal records mgmt (Notary Public), scheduling, super-bills, multi-phone line(s), data entry, fax, file & pull charts, most patient insurance(s), new pt. appointments, medi(c) software. $11 hour. Contact Rusty (512) 206-6111.

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Generalized Anxiety Disorder

Everyone worries and has fears in appropriate situations. In some circumstances, fear can be lifesaving, and the body’s response to fear is called the fight-or-flight reaction. When anxiety (worry, fear, apprehension, or unease) happens over otherwise common things or events, is difficult for the individual to control, is excessive, and lasts at least 6 months, this is called generalized anxiety disorder. Along with the other types of anxiety disorders (obsessive-compulsive disorder, panic disorder, social anxiety disorder, posttraumatic stress disorder, and phobias), generalized anxiety disorder is fairly common. Unlike the separate episodes of severe panic anxiety that occur in panic disorder, the level of anxiety fluctuates gradually in persons who have generalized anxiety disorder. Anxiety disorders affect more than 40 million adults in the United States alone, about 18% of the population. Worldwide, approximately 20% of persons who receive primary health care have anxiety disorders or depression.

Symptoms

• Fast or irregular heartbeat (palpitations or “fluttering” in the chest)
• Sweating or flushing of the skin
• Muscle tension
• Headaches
• Difficulty sleeping
• Changes in appetite
• Nausea, vomiting, and diarrhea
• Edginess or irritability

DIAGNOSIS

Physical reasons for some of the symptoms of generalized anxiety disorder include heart problems, thyroid conditions, or other medical issues. Your doctor, after taking a medical history and performing a physical examination, may order testing to help rule out these medical problems. Mental health professionals (psychiatrists, psychologists, and licensed therapists) ask questions and use specific testing methods to examine an individual’s symptoms to see if he/she has one of the anxiety disorders or another mental health issue, such as depression or bipolar disorder. Psychiatrists are medical doctors with specialized education in diagnosis and treatment of mental illnesses.

TREATMENT

• Treatment for generalized anxiety disorder usually has several approaches, combining some type of therapy with medication to help reduce the feelings and symptoms of anxiety.
• Cognitive behavioral therapy (CBT) is effective for generalized anxiety disorder. CBT helps persons find ways of coping with their feelings and learn new methods to deal with the situations that make them anxious.
• Relaxation techniques are often helpful and can include meditation, yoga, and biofeedback. Exercise helps elevate mood and improves overall health. Other types of therapy may be offered, depending on an individual’s specific needs.
• Medications may include one or more types of antianxiety medicines, many of which are also used to treat depression and other mental illnesses.
• Substance abuse often goes along with the anxiety disorders. Treating substance abuse, including tobacco dependence, should be considered as part of the overall management of generalized anxiety disorder.

For More Information

• National Institute of Mental Health www.nimh.nih.gov
• American Psychiatric Association www.healthyminds.org
• Anxiety Disorders Association of America www.aada.org
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