TCMS Journal
Travis County Medical Society

R.Y. Declan Fleming, MD
2012 TCMS President
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First Ice on Turkey Creek, Colorado. Photo by David Fleeger, MD.
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Awesome

R.Y. Declan Fleming, MD
President, Travis County Medical Society

“When I get sad, I stop being sad and be awesome instead. True story.”

This quote is from the Facebook profile of my son John’s best friend, Alex. To be honest, Alex stole the quote from a character on his favorite television show, How I Met Your Mother, but it’s an apt description of the young man. The quote got me thinking about a couple of things: the strength of the right attitude and the kinds of stories we tell with our actions and attitudes.

Over the past few years, we physicians have watched as the landscape of medical practice in the US has begun to shift dramatically. More physicians than ever before are choosing to change the way they practice. We are affiliating, conglomerating and being bought out. Individual practices and small groups disappear as hospital-owned groups and multispecialty organizations increase. We, in large numbers, are moving to the perceived safety and certainty of being part of a large “parent” organization believing that “they,” the government and third-party payers, are out to steal our ability to make a good living. Some of our colleagues have even ended their practice. It seems that we all complain and practice in the future and how we will be paid significantly affect what will become of our current way of living and working will inexorably be altered. I believe it’s because we are worn down and feel that we have no ability to significantly affect what will become of our practices in the future and how we will be paid for our services. All of this has caused us to feel stress and to grieve that our traditional way of living and working will inexorably be altered.

Why have we begun to adopt a victim’s mentality? I believe it’s because we are worn down and feel that we have no ability to significantly affect what will become of our practices in the future and how we will be paid for our services. All of this has caused us to feel stress and to grieve that our traditional way of living and working will inexorably be altered.

Are we being cheated out of something that we earned with hard work and sacrifice through school, residency, fellowship and our careers to this point? Like many of my colleagues, I have spent a good deal of intellectual and emotional energy on this question. I still love surgery and my patients. But because of this preoccupation of concern over where our profession is headed, my attitude has admittedly not been the best.

Things changed for me on November 23. The telephone rang at 7:13 am. Through the sobs on the other end of the line, my friend Kevin told me he had just learned that his eldest son, Alex, had died suddenly while studying abroad in London.

Alex was my son’s first friend when we moved to Austin. They did everything together, and their friendship had forged a close bond between his family and ours. He was like another son to us. And now, Alex was gone.

With help from my surgical partners, I was able to rearrange my day. Diane and I went to be with Kevin and his wife, Belinda. The day unfolded under a shroud of tears as details came in from the coroner’s office in England. We learned that Alex had begun to feel ill the night before he died, and he’d turned in early to “sleep it off.” The next morning, he couldn’t stay standing while trying to dress to go to the doctor’s office. EMS was summoned and paramedics arrived in his dorm room just before he lost consciousness. He lost blood pressure and pulse as he developed a generalized petechial rash. Despite all the paramedics’ efforts, Alex could not be resuscitated. I suspected meningococcal sepsis as the cause of his death.

As we spoke about the process of repatriating Alex’s body, the coroner’s assistant explained that some of the blood and “bits of tissue” taken in the autopsy for testing would probably not be returned with Alex’s remains. They could be respectfully disposed of or, with the family’s permission, used for medical education or research.

That was a moment of profound revelation for me. Those “bits of tissue” were the same sorts of things that I had been given to learn the basics of anatomy, pathophysiology and microbiology. Every slide I viewed in medical school, every cadaver I dissected and every photo in every textbook I studied had all been the product of someone’s illness. Suddenly, I realized that I was not the only one who had “paid” for my medical education. My ability to practice was bought with fear, grief and tears similar to the ones that my friends Kevin and Belinda were shedding. Certainly, I gave time and money to earn my degree; labor and perseverance had earned me my board certification, but countless people and families had given their consent to help me become a surgeon.

That day, I realized I had become numb to much of the fear and grief that my patients and their families experience every day. I had been missing much of the larger story going on around me. Many of my conversations lately had been focused on “my practice,” i.e., the business of medicine. The story was more often about me and my troubles than about my patients and the opportunity I’ve been given to help relieve their suffering.

Donald Miller is one of my favorite authors. In a recent book, A Million Miles in a Thousand Years, Miller tells about the experience of trying to write a screenplay based on a best-selling book he had written a few years earlier. His book was a memoir of sorts, so the central protagonist of his screenplay was Donald Miller. As he wrote the screenplay, he discovered that the “real” Donald wasn’t an intriguing enough character for the movie. A central movie character needs to be likable or heroic – to have something meaningful to do or something great to overcome. He needed to write a “better” Donald. Consequently, elements of desire, conflict and struggle were written into the protagonist’s life, and the story improved. This caused Miller to wonder what would happen if he began to try to tell a better story in his own life. If he could script his life so that what he did was more interesting, what he pursued was grander and nobler, if his life

continued on page 8
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was a better story, he wondered, what would it be like?

Miller began to create a few, more intriguing real-life stories. He watched the Tour de France and began to ride a bicycle. He decided to pursue a relationship with a girl that led to his taking a trip to hike the Inca Trail to Macchu Pichu. And he began trying to find his father who had left him and his mother when he was a child. Miller found out that his father had passed away, but he was happy with himself for having made the effort to try to reconcile with him. Ultimately, recognizing the void that not having a father left in him, Miller started The Mentoring Project, which finds adult male mentors for fatherless boys. Miller’s life, like ours, is a work in progress and not all of his stories worked out exactly as scripted. However, he believes that his life is better now than it ever would have been had he not made the decision to change his own story.

Alex had a glorious story.

As people flooded his Facebook page and his parents’ inboxes, stories of Alex’s ability to make people feel included, welcomed, interesting and important came out. Everyone mentioned his smile and that he really sought them out and was genuinely interested in what was going on with them. They spoke of his boldness. Probably my favorite story came from Seamus, his roommate in the study abroad program. One night after the pubs had closed, Alex, Seamus and a couple of other friends were making their way back to the dorm, apparently through an area that was the “property” of a gang of hooligans (you can really only use that term when describing dangerous people from the UK). The gang leader yelled at them. Alex yelled back, and suddenly, they found themselves surrounded. When the gang leader confronted Alex, Seamus figured that he would try to land a few punches before the inevitable beating occurred. But then, to his amazement, Seamus saw Alex patting the gang leader on the back as he cried on Alex’s shoulder. Fight over. Tension broken. No one hurt. They went on their way home. When an incredulous Seamus asked what had just happened, Alex said, “I told him ‘I respect you.’”

“I respect you.”

I’ve been in a few fights that I never really wanted to be in. But I’ve never thought of telling someone who was threatening me that I respected him. Alex was able to acknowledge the humanity and the worth of an adversary who was threatening him. I am not certain how he was able to come up with “I respect you” in that moment, except to say that the Alex I knew really did respect people. He saw and acknowledged the worth of people through all his life, so why shouldn’t something like that come out in a time of conflict.

I can’t help but wonder if I possess Alex’s respect for other people, including my adversaries.

Physicians are in a time of conflict. We have been bracing for a fight, and, truth be told, I have not really respected those I view as adversaries in this brewing conflict. I have believed that they look upon physicians as a group that can be taken advantage of in a cynical game of health care finance. It’s as if they’re using as leverage the knowledge that, due to our sense of ethical and moral obligation, we would never stop providing care even as they cut our reimbursement to levels that do not allow some physicians to sustain their practices. I have often assumed that they are either ignorant of the value of what we do or, worse, that they are simply contemptible individuals victimizing physicians by their greed.

But is that really the truth? Is it possible that they are just trying to figure out how to better fund care for an enormous number of people? Is it time that I begin to acknowledge that there may be respectable motives and value in some of the things that these people and organizations are trying to accomplish?

Don’t misunderstand me, I am not saying that we should stand by and say “thank you” for the privilege of being paid less for our labor. I am simply saying that if we remember how fortunate we are to be able to do what we do, and if we do not automatically dismiss the government, insurance companies, hospitals, etc. as ignorant, contemptible or self-serving, we might be able to negotiate a better story - a better future for our patients, our employees, our families and ourselves.

I am thankful to Alex and to Donald Miller for reminding me that my actions and my attitude are my own. I can choose to live in such a way that my actions – at home, in my community and at work – will tell a better story. I am thankful that I was awakened to the truth of how much others have contributed to my ability to practice medicine, and that I owe my patients and our community a debt of grateful service. I am thankful to have been reminded that principled action tempered with respect has the ability to dramatically alter even dire circumstances. I don’t have to be a victim. I can choose to be awesome instead.

It is my hope that, this year, we’ll all be able to focus on telling a better story with our lives and our practices, honor the contributions that our patients and their families make to our lives and remember that their need and their suffering create the value in what we do. I hope that we can respect both our allies and our adversaries as we try to work through the changes that are occurring in the business of providing medical care. I pray that we all choose to act purposefully in pursuing good things with our families, friends and community, and that each of us will act as if we are in the process of writing a good script for our own lives.

I hope that this year, each of us will choose to be awesome.

True story.
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The Integrated Care Collaboration (ICC), a nonprofit, regional health information exchange (HIE) serving Central and East Texas, including Travis County, announced the launch of Texas Direct, a secure clinical messaging service for health care providers. Supported by the Office of the National Coordinator of Health IT (ONC), the Direct Project facilitates the electronic exchange of referrals, test results, reports and other clinical data over a secure network.

“Texas Direct allows providers on any electronic health record (EHR), as well as those without an EHR, to quickly and easily exchange patient information without the burden of fax, phone or traditional mail services. It’s a simple way to ease into HIE, and it meets HIE stage 1 meaningful use for burden of fax, phone or traditional mail exchange patient information without the need for additional encryption or security certificates. Messages along with attachments may be sent and received through the system on any web-enabled device, including smart phones and tablets. As a HIPAA compliant, secure service, Texas Direct is a closed system. Providers may only exchange messages with other credentialed Texas Direct users. All Texas Direct providers are listed in the auto-populated address book for easy access.

“Texas Direct will benefit from the network effect: its value will grow exponentially as more and more area providers adopt the service. That’s why we are incentivizing early adoption by waiving the standard set-up fee in this initial launch phase. We hope to encourage providers to sign up early so we may quickly build a robust system,” explained Carl Angel, executive director of ICC.

Texas Direct is available to any licensed provider in the state of Texas and is the only product offered in Texas by an organization that is both a Local HIE Grant Program recipient and a certified health information service provider in the Texas White Space. In addition to the standard start-up fee of $100 per provider (temporarily waived for early adopters), there is a nominal monthly service fee for system maintenance and administration of $15 per month, per provider. To view the Texas Direct Participant Agreement, or to learn more, visit www.icc-centex.org.
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Declan Fleming, MD, 2012 president of Travis County Medical Society was born in Austin and grew up in San Antonio, where his interest in medicine was piqued at age 11, when his best friend's father, a family practice doctor, interrupted the boys' usual activities, whisked them to the hospital, got them dressed in scrubs, and let them stand by the bed—wide-eyed—as an emergency appendectomy was performed on a young girl of about seven. Declan found the surgery interesting, but what really got him was when the doctor laid a piece of the girl's intestine on her chest and he observed the peristalsis. “I thought it was the coolest thing I had ever seen,” he says, remembering the moment.

Growing up in a liberal arts environment, the son of a professor of French and Italian at Trinity University and a mother who would eventually earn a PhD in Latin and Greek, Declan says he was really naive about medicine: “I thought all doctors got to do surgery. I didn’t know anything about specialties....” He had watched M*A*S*H, of course, and the heroic aspect of trauma surgery appealed to him, but his medical school friends tried to dissuade him with disparaging remarks about surgeons, one of which was “Surgeons are assholes.” To have the best basis for comparison, he decided to do his surgery rotation last. He liked it, and decided, “Surgeons get a bad rap. You have to have an engaging personality to be able to talk people into letting you hurt them in order to help them.”

After receiving his medical degree from UTMB in 1988, Dr. Fleming remained in Galveston to complete an internship and residency in general surgery. During his residency, he took time for a two-year postdoctoral fellowship in burns, trauma and critical care at Shriners’ Burns Institute. In his decade at UTMB, he says he was lucky to work with a lot of really good professors. In particular, he mentions Sally Absten, MD about whom other students had warned him: “Don’t take burn surgery. She’ll chew you up and spit you out.” His own assessment, however, was different: “She had a big persona and was kind of foul-mouthed and crude, but she really cared about her patients.... Her gruffness wasn’t what defined her.” Other sources of inspiration were Professor Jim Thompson, who taught him about being a complete surgeon; Courtney Townsend, MD, who was his greatest mentor; and pancreatic surgeon Bill Nealon, MD, who made him want to be an oncology surgeon.

And so, his career took a turn away from trauma surgery. “I did a lot of that during my residency and a lot of the luster came off it,” he says. His postdoc research in burns increased his interest in oncology, he explains: “We were using a hormone to help heal burns – a hormone that also helped cancer cells grow faster, and I found the research intellectually and practically stimulating.”

He considers surgical oncology a good career choice. “It’s emotionally fulfilling. I like knowing that I’ll see patients several times. I like to ‘fix things,’ but I also like seeing people at a watershed moment in their life.” He also likes the fact that the field is dynamic, and that he routinely finds himself collaborating with other doctors—medical oncologists, radiation oncologists and reconstructive surgeons.

Dr. Fleming and his family settled in Austin in 2001, and he now occupies an office with Surgical Associates of Austin—a office once occupied by Dr. Hector Morales, who was president of TCMS in 1998. Dr. Fleming remembers his colleague’s early encouragement: “The first week I was here, he called me in and said, ‘You need to get involved in organized medicine and our county society is great.’” Dr. Cathy Scholl, TCMS president at the time, asked him to serve on the Mediation Committee, which he did for three years, chairing it in 2004. He found it satisfying to address people’s complaints with physicians or their staff, and says, “People wanted to know that they’d been heard and that some effort was being made to address their concerns.”

Next he served three years on the Society’s Board of Ethics, which reviews
other medical societies in the area is a
so how we can work together with
lot of resources and does a lot for doctors,
community activities. Our Society has a
social events, marshalling our forces for
activities – continuing education speakers,
like to see us collaborate on joint
want to maintain their identities, I’d
other counties also have societies that
County. “We’re a region, and while those
patients from Georgetown, Round Rock,
he says, pointing out that he regularly gets
more meetings than he could possibly go
to, he did attend at least one meeting of
each committee, and says a leadership role
that would help keep things going
appealed to him. “There’s a lot going on
here and being president will give me a
better opportunity to engage with the
state legislature,” he says.
In addition to ‘keeping things going,’
he has some specific plans for his year as
president. “Central Texas has changed a
lot, and it’s important to find better ways
to develop collegiality beyond the county,”
he says, pointing out that he regularly gets
patients from Georgetown, Round Rock,
Bastrop and other cities outside Travis
County. “We’re a region, and while those
other counties also have societies that
want to maintain their identities, I’d
like to see us collaborate on joint
activities – continuing education speakers,
social events, marshalling our forces for
community activities. Our Society has a
lot of resources and does a lot for doctors,
so how we can work together with
other medical societies in the area is a
collection of questions I’d like to have
this year.”
Other goals extend far
beyond his one-year
presidency. “I don’t know that
I can have an impact on a
grand scale, but I know what
I want to do here in Austin,”
he says. “I want to see us
develop a comprehensive
cancer care center. I think it’s
a pity people feel they have to
leave Austin to get good care.”
MD Anderson, he says, is a huge research
institute and his goal is not to rival it
but to improve the organization and
administration of the excellent cancer care
available here in Austin. “I also think it’s
important for Austin to have a medical
school and for TCMS to be involved in
that,” he says, emphasizing that it takes a
lot of money to make that happen, and
while a lot of people want a medical
school here, most want someone else to
pay for it. “It’s also important to avoid
exacerbating town-gown conflict by
respecting the skills and patient care of
local physicians and giving those who
want to be part of the medical school the
opportunity to do that,” he adds.
When he’s not practicing medicine or
serving through organized medicine,
Dr. Fleming makes time to participate in
medical missions, which have taken him
to Honduras, Nicaragua and Indonesia.
And as an elder with his family’s church,
Hope in the City, he has worked with
under-privileged kids in East Austin.
“The church is a big part of our family
life,” he says.
Family is a big part of Dr. Fleming’s
life. He met his wife, Diane, during his
last year at Houston Baptist University,
when he finally got around to taking the
core liberal arts course that most
students take as freshmen. “I walked in
and saw this beautiful girl and decided to
meet her,” he says. Flash forward; they’ve
been married 23 years, literally since the
day before he started his internship,
and have three children. John, 20, who is
interested in the music business, is studying
entrepreneurship in Nashville. Jacob, 18,
who is autistic, is a percussionist at Westlake
High and was recently part of the Honor
Orchestra of America. And Rachel, 13, has
many interests, including cheerleading, flute
and volleyball. “I want them to know that I
care about what they do,” he says, and he is
committed to showing them he cares by
being present.
As a medical student, Declan Fleming
found a great role model for balancing
family and professional life in Jerry
Callas, MD, his freshman anatomy
professor. “He was energetic, incredibly
knowledgeable and entertaining in the
classroom, but he also owned a dance
studio with his wife, and he loved teaching
dance and being present with his family....
I had been a competitive gymnast at
Houston Baptist University and they hired
me to teach tumbling,” he says. The
part-time job allowed him to observe his
professor in very different contexts and
taught him important lessons about
balance – and we’re not talking about the
parallel bars.
January Proclaimed National Volunteer Blood Donor Month

Shahar Gurvitz
TCMS Communications Coordinator

On the steps of The Blood and Tissue Center of Central Texas, Austin Mayor Lee Leffingwell recently declared the month of January as National Volunteer Blood Donor Month in Austin to raise local awareness and honor the individuals who save the lives of countless patients through the selfless act of blood donation.

The Mayor’s proclamation also urged more Central Texans to give the gift of life by becoming blood donors. While 60 percent of the US population is eligible to give blood, only five percent choose to donate on a yearly basis. Blood supplies often fall to their lowest during the month of January, yet demand stays constant.

Whole blood is composed of red blood cells, platelets, plasma and white blood cells. Each component has a unique job that helps the human body function properly. Different patients will need different blood components depending on the illness or injury. However, blood has a limited shelf life, and therefore, must be constantly replenished.

As The Blood and Tissue Center of Central Texas is a nonprofit affiliate of the Travis County Medical Society, we would like to strongly encourage Medical Society members to support this unique community asset and its efforts by donating blood once a quarter if eligibility requirements are met; encourage family, friends and patients to do the same; and consider a tax-deductible contribution to the Center.

All donors must be in good health, at least 17 years old and weigh at least 115 pounds to donate whole blood or 110 pounds to donate platelets. Some health conditions, medications and travel may temporarily or permanently prevent people from donating blood.

The Blood and Tissue Center is fully accredited and the exclusive provider of therapeutic blood products, traditional tissue grafts and tissue donor recovery services for over 30 health care facilities in ten Central Texas counties.

For more information on The Blood and Tissue Center of Central Texas and how to donate, please visit www.bloodandtissue.org or call 512-206-1266.

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Belinda Clare, COO Celebrates 30yrs at TCMS

TCMS’s chief operations officer, Belinda Clare, was recently recognized for thirty years of outstanding and dedicated service to the Travis County Medical Society.

Having started as a receptionist when TCMS had only 650 members, Belinda’s talent, hard work and professional growth would be recognized over the years by regular advancement to progressively more responsible roles, and ultimately to her current position as chief operations officer of the now 3,300-member society.

In presenting her TCMS service award, the society’s executive vice president and CEO, Marshall Cothran, commented on Belinda’s exemplary dedication to her work, noting that she had also recently been elected to the board of the American Association of Medical Society Executives.

Congratulations Belinda Clare on your first thirty years. We wish you many more.
Diamond Disco Ball – February 11, 2012

The Travis County Medical Alliance is proud to present the 2012 Diamond Disco Ball Gala. The event will be held on Saturday, Feb. 11 at the Downtown Omni. Proceeds will allow the Alliance to pursue community service initiatives and continue its mission to improve health and wellness for Central Texans. In true “Studio 54” style, charity attendees should be prepared to mix, mingle, dine and dance.

TCMA invites you to join fellow physicians and their spouses in the Red Carpet experience. Enjoy the dessert bar and themed-specialty drinks, such as the Solid Gold-Tini, or Dance Fever-Rita. After bidding on favorite silent auction items, be sure to have your photo taken with some beautiful “bling” provided by Duncan and Boyd Jewelers.

Attendees have a chance to win our “His & Hers” Valentine’s raffle items, which include:

• 1.65 Carat Diamond Disco Ball Drop Earrings (valued at $3,300)
• Vintage World War II Fighter Plane Ride: an hour ride in a N7NF 1964 Nanchang China Aircraft across the hill country, with acrobatics if you dare! (valued at $1,500)

Reserve your tickets online now at www.traviscountymedicalalliance.com, or contact Gala Chair Lara Norris at 512-913-9121.

Special Thanks to Our Underwriters:

**Diamond Level**
- Austin Regional Clinic
- Clinical Pathology Associates
- Travis County Medical Society

**Platinum Level**
- Austin Anesthesiology Group
- Austin Gastroenterology
- BMW of Austin
- Capital Anesthesiology Association

**Gold Sponsor**
- James Dooner, MD, Austin Retina Associates
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**Silver Sponsor**
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- Texas Oculoplastic Consultants
- TMA Insurance Trust
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**Bronze Sponsor**
- Austin Diagnostic Clinic
- Capital Otolaryngology
- Dr. Shannon and Mrs. Wendy Kratzer Frost Bank
- Josh Schenck, Realty Austin
- Premier Gynecology
- Wiseman Family Practice

Community Service

Laurel Hooper and her committee helped with the JB & Sandy Morning Show’s annual Bikes for Kids give-a-way. Thanks to the Alliance, 850 children received a bike and will be able to ride it safely with their donated helmet. Committee members made phone calls to families letting them know their child was selected and were on hand at Mellow Johnny’s Bike Shop to organize, deliver and properly fit each child with a helmet.

Bernice Craig, Yvonne Bailes and their committee helped at the Volunteer Healthcare Clinic during the 2011 holiday season. They provided gift cards to the clinic to be passed out during check-ups. Committee members also adopted several families from the clinic and provided gifts for each member of the family, as well as hosting a “gift wrap” party that allowed parents to wrap the gifts for the rest of their family.

A Successful 2011 Fund Drive!

We are pleased to announce that the current 2011 TCMA Fund Drive is a success. So far, the Alliance has raised over $12,000. Thank you to our generous members and friends. Contributions are still being accepted.

For more information, contact Fund Drive Chair, Karen Kim at karenckim@gmail.com, or VP of Financial Development, Melissa Smith at melkel2@yahoo.com.
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Texas Medical Liability Trust Announces Initiatives

Introducing Trust Rewards

TMLT is introducing a new financial reward program for policyholders – TMLT Trust Rewards Program. Under the program, TMLT will establish and fund a Trust Rewards account for each enrolled physician. The funds from the account will be paid to the physician upon a qualifying event – retirement, disability or death.

Policyholders must enroll in Trust Rewards to create their account. Enrollment kits were mailed in early January. Policyholders can also complete an enrollment form at www.tmlt.org/trustrewards.

Eligibility

The Trust Rewards Program is designed to reward policyholders who have demonstrated loyalty to the Trust and a commitment to practicing quality medicine. All full-time and part-time physician policyholders who are insured on December 31 of the previous year and who enroll in the program are eligible. New policyholders who sign up when their coverage goes into effect are also eligible. Physicians who are not eligible are those insured on a scheduled physician policy, physicians rated on a “per patient” or “per encounter” basis and entities.

Funding

The TMLT Board of Trustees will determine funding for Trust Rewards annually, based on the financial performance of the Trust. If an amount is allocated, a policyholder’s share will be based on that policyholder’s earned premium for the past 3 calendar years as it compares to the overall earned premium for all policyholders.

Pay-out and forfeitures

Participating physicians are eligible for pay-out upon their retirement on or after age 50 and 3 years of coverage with TMLT, upon death or upon a qualifying disability. In all other cases – including non-renewal of coverage by TMLT – the funds will be forfeited. Requests for pay-out must be in writing. Pay-out will be in the form of a lump sum. Periodic payments or annuities are not permitted. All contributions are tax-deferred until distributed. All taxes are the responsibility of the recipient and will not be withheld by TMLT at the time of the distribution.

Ownership

The TMLT Trust Rewards Program is a benefit established for individual insured TMLT physicians and is maintained in the physician’s name. If a physician changes groups or starts a solo practice, there is no impact on the program, as long as the physician maintains medical professional liability coverage with TMLT. Some physicians may prefer that the proceeds from the Trust Rewards Program be paid to a practice group or entity instead of to the individual physician. This is permitted if the physician assigns the balance of the account to the group. However, the group would only receive the funds if the physician retires, passes away or becomes disabled while employed by or associated with the group.

Additional information

The terms and conditions of the TMLT Trust Rewards Program are governed by the Plan Document adopted by the Board of Trustees of Texas Medical Liability Trust. If any information, comments or statements in this article, or in any other document or communication – including press releases, letters and electronic information conflicts with the Plan Document – the Plan Document shall supersede such information, comments or statements.

Any funds made available for the benefit of the Trust Rewards Accounts shall be unrestricted surplus of TMLT until and unless distributed to the participant and, as such, remain available to TMLT for the satisfaction of policyholder obligations and general creditors. No participant shall have any individual claim to any funds made available for the benefit of the Trust Rewards Accounts until and unless such funds are distributed to the participant.

For more information on Trust Rewards, visit www.tmlt.org/trustrewards or contact TMLT customer service at 800-580-8658 ext. 5050.

TMLT to acquire Florida-based Physicians Insurance Company

TMLT is proud to announce that, effective December 27, 2011, it has entered into definitive agreements to acquire Physicians Insurance Company (PIC), a Florida-based medical malpractice insurance company.

TMLT also entered into agreements to purchase several related entities, including Managed Insurance Services (MIS), National Institute of Quality Assurance (NIQA), Insurance Software Design (ISD) and Insurance Innovations (Innovations).

These affiliated companies own and/or control various insurance-related businesses and e-commerce platforms including OnLine-PL and E-Professional Insurance.

“Our acquisition of PIC will diversify our product base, enable us to expand to new markets, and bring a more technology-based approach to the way we do business.”

While the parties executed a formal purchase agreement effective December 27, 2011, it is anticipated that the PIC acquisition will officially close in early 2012, pending requisite approvals from applicable state insurance regulatory bodies. TMLT closed the purchase of the holding company, which owns MIS, NIQA, ISD and Innovations, effective as of the end of 2011.
PIC is a leading technology and insurance service firm based in Deerfield Beach, Florida. PIC has provided medical professional liability insurance to Florida physicians since 2003. In addition to its core physician business, PIC, through its subsidiaries, provides diversified insurance products and service to the medical and non-medical professional liability marketplace in all 50 states.

**TMLT Adds Cyber Liability Coverage To All Policies**

Physicians and medical groups are increasingly at risk for privacy-related claims that occur as a result of lost laptops, theft of hardware or data, improper disposal of medical records, hacking or virus attacks and rogue employees. Our new cyber liability coverage offers protection for network security and privacy-related exposures faced by medical professionals, including:

- Network security and privacy insurance: coverage for both electronic and physical information virus attacks, hackers, identity theft and defense costs for regulatory proceedings.
- Regulatory fines and penalties insurance: coverage for administrative fines and penalties a policyholder may be required to pay as the result of an investigation conducted by a federal, state or local government agency resulting from a privacy breach (such as HIPAA, HITECH and state or federal notification requirements).
- Patient notification and credit monitoring cost insurance – includes all necessary legal, IT forensic, public relations, advertising, call center and postage expenses incurred by the policyholder to notify third parties about the breach of information. This coverage will also pay for credit monitoring for all affected parties.
- Data recovery costs insurance: includes all reasonable and necessary costs to recover and/or replace data that is compromised, damaged, lost, erased or corrupted.

TMLT’s cyber liability coverage offers annual aggregate limits of $50,000 per insured physician/entity. Increased limits are available for purchase. Please contact your underwriter at 800-580-8658.

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kkocurek@texasmedclinic.com

512.835.5577

[www.texasmedclinic.com](http://www.texasmedclinic.com)
Carlos Dale Parker, MD passed away on December 17, 2011. Dr. Parker was born in Brookhaven, TX. He received his undergraduate degree from Baylor University and graduated from the University of Texas Medical School in Galveston. Dr. Parker completed an internship at St. Joseph’s Hospital in Fort Worth and a residency in internal medicine & allergy at University Hospital in Madison, WI. In 1964, Dr. Parker moved to Austin and entered the practice of allergy and immunology with Dr. T. S. Painter, Jr. He was a member of the American Medical Association, Texas Medical Association, Travis County Medical Society, Texas Allergy Society and the Southwest Allergy Forum.

Ben Henson White, MD passed away on December 9, 2011. Dr. White was born in Slaton, TX. He received a BA in history from Texas Christian University and graduated from The University of Chicago Divinity School and the University of Texas Southwestern Medical School in 1952. After serving in World War II, he finished his training in medicine and pediatrics at the Baylor College of Medicine in Houston. Dr. White served as staff physician at the Texas School for the Blind and the School for the Deaf, as well as volunteer faculty for the Austin Pediatric Education Program and a consultant to the Texas Rehabilitation Commission. He chaired the Texas Pediatric Society Legislative and Accident Prevention Committees, which culminated in the passage of laws in 1984 requiring mandatory car seats and seatbelts for Texas children.

Shawn P. Williams, MD passed away on December 3, 2011. Dr. Williams grew up and spent most of his life in Austin. After an injury that prevented him from playing on the college’s baseball team, Dr. Williams transferred to the University of Texas in Austin where he received his BS in biology. He continued his education and obtained his masters in immunology and a medical degree from UTMB in Galveston. He returned to Austin to complete his residency in internal medicine. After finishing his medical studies, Dr. Williams practiced in Austin and then at Cedar Hills Family Practice with his brother. A great sports fan and world traveler, Dr. Williams celebrated medical school graduation by participating in the Running of the Bulls in Pamplona, Spain.

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

Jay H. Van Bavel, MD
Randal R. Reid, MD

Life Membership is granted to those physicians who have been a dues paying member of organized medicine for 35 years, of which 25 years must have been dues paying years in the Texas Medical Association and its component county medical societies, and who have reached a point of comparative inactivity in the practice of medicine, as determined by the Society. Upon nomination from the Board of Ethics, the TCMS Executive Board elected the following to Life Membership:

Walter F. Chase, MD
John J. Costanzi, MD
Charles E. Oswalt, MD
Gary N. Pamplin, MD

In Memoriam

The Medical Society extends deepest sympathy to the family and friends of these physicians.

Carlos Dale Parker, MD passed away on December 17, 2011. Dr. Parker was born in Brookhaven, TX. He received his undergraduate degree from Baylor University and graduated from the University of Texas Medical School in Galveston. Dr. Parker completed an internship at St. Joseph’s Hospital in Fort Worth and a residency in internal medicine & allergy at University Hospital in Madison, WI. In 1964, Dr. Parker moved to Austin and entered the practice of allergy and immunology with Dr. T. S. Painter, Jr. He was a member of the American Medical Association, Texas Medical Association, Travis County Medical Society, Texas Allergy Society and the Southwest Allergy Forum.

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**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.

**Physician Practice For Sale:**

**Cedar Park Medical Offices:** 934 sq/ft–10,000 sq/ft. Existing tenants: Austin Region Clinic, Cedar Park Dental, Imaging Center, Seton Rehab, Chiropractors, Acupuncturist, and Optometrist. Turnkey finish out available. Competitive rates. Thomas C. Heaton, Broker. 512-219-7732.

**For Sale/Lease:** Medical offices near Seton–2,500 to 4,000 sq/ft. Negotiable. Call 512-263-2200.

**EQUIPMENT**

**For Sale:** Ortho/Sports Medicine supplies. Stryker cast saw and spreaders, casting, brace and splint supplies, hard sole shoes. Contact dorisrobitalle@att.net or 512-413-1903.

**OPPORTUNITIES**

**Physician Opportunity:** Full-time BC/BE out patient internist wanted in Georgetown. Fax resume to 512-869-8716.

**Physician Opportunity:** Board Certified Family Medicine physician opening at an established practice near Bee Cave & Loop 360 to see patients 5 yrs and up. Monday – Friday from 7:30 am – 4:00 pm starting mid Feb or early March 2012. Three years experience in Family Practice desired. Excellent benefits and hours with a great family practice. Email CV to staff@innovativemds.com

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**Joe Kasson Painting:** Residential specialist in quick, neat, clean professional interior/exterior painting. References available. (512) 312-1035.


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**Medical Office For Lease** in the Lakeway Village Square. 1,350 sq/ft former dentist office. Build out is in place for up to 5 exam rooms, each with 2 sinks, reception, waiting, lab, office, RR. Established shopping center, close to the regional medical center. Very reasonable rates. Contact Tom at 512-374-1633.

**Medical Facility Available in Lakeway:** Fully equipped medical office for lease near Lakeway Reg Medical Center. 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.

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