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As I begin the first of my essays as your TCMS president, I feel humbled to have been chosen to lead our society. The coming years are going to be a challenge for all of medicine, and my hope is that I can contribute to making the waves of change more of a “hang 10” experience rather than a tsunami. None of us will be immune from the societal and market forces that will impact all aspects of health care. The way these changes are managed by our profession will be a large factor in determining the future world of medicine and the quality of life for physicians and patients. It is important that physicians be involved in leadership roles to help implement these changes. No matter what your opinions are about the ACA, or UT’s new medical school, they are now a part of our future, and I believe we as physicians have a responsibility to do all in our power to make these efforts the most beneficial and least harmful as possible for our patients, employees and communities.

Many sectors of the American economy have been transformed by sea changes over the past decades: the auto industry by the Japanese challenge; the music industry by the internet; the world of publishing by e-books – just to name a few. Many other areas of business have faced massive change, and their way of working had to morph to prevent failure. Medicine is now in that position of undergoing radical change. My goal this year is to highlight methods and thinking that will help facilitate each of us to successfully navigate the evolving landscape in which we practice.

In a 1994 Harvard Business Review article, John P. Kotter wrote about why change efforts in businesses did not always succeed. In a study of organizations that were downsizing, restructuring, acquiring companies or transforming through other means, he examined why some successfully managed the change while others failed. He followed up in 1995 with another article titled, “Leading Change.” Although medicine doesn’t equate exactly with the businesses he reviewed, there is much we can learn from Kotter’s studies to help us succeed as the macroeconomic forces in our profession change all of our lives. Like businesses, medical practices face pressure to reduce cost, improve quality and increase productivity. None of these appear in the Hippocratic Oath and none come naturally to physicians. Nevertheless, if we don’t pay attention to them, others in society will make decisions affecting our practices that may be less than ideal. Hopefully learning from the experiences of industries that have walked down the road of change will make our path less Rocky.

According to Kotter, change is being driven by the globalization of the economy and no one will be unaffected to the forces it has unleashed. Pandora’s Box has been opened, and our world will never return to the way things were. Kotter’s article identified errors that were common to companies that failed to manage change. Conversely, he observed common stages that successful companies followed in their transformation: establishing a sense of urgency; forming a powerful guiding coalition; creating and understanding the power of vision; effectively communicating the vision; planning for and creating short term wins and finally, anchoring the changes firmly into the organization’s culture. The early stages involve defrosting the status quo, not easily accomplished, but necessary for the transformation process to be successful. Kotter observes that all the stages must be done in succession; omitting a step or two or skipping ahead will ultimately undermine successful change.

I believe that the difficulties and pressures physicians feel suggest that the political process has already jumped over the early transformation stages and forced many new practices upon us simultaneously (eRx, EHRs, ICD-10, ACOs, etc.). Skipping the critical defrosting stages could doom any success in the transformation of health care. Taking the time to demonstrate how these changes will improve our patients medical care and our ability to practice would be time well spent, and I believe will make the end result better for both patients and physicians.

We are told that there are only two certainties in life: death and taxes. I would add a third: change. Change cannot be ignored. Getting angry won’t make it disappear and wishful thinking wastes valuable time. So let’s face change eyes-open, looking for opportunities to positively influence how the world of medicine will look in the future. We cannot control everything that happens (sometime a difficult concept for physicians to grasp), but we can control how we respond. We are swimming in this sea of change, so take the challenge to ride the wave and not get caught in the undertow.
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C. Bruce Malone, III, MD Orthopedic Surgeon, Austin

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2013 Events
Travis County Medical Society

January
24 - Business of Medicine
   TMA Thompson Auditorium
26 - Alliance Gala

February
1-2 - TMA Winter Conference
      Austin
7 - Networking Social
      Baker Street Pub
12 - Business over Breakfast
      TCMS Boardroom
21 - ACO Health Care Forum
      TMA Thompson Auditorium

March
7 - Business of Medicine
   TMA Thompson Auditorium
21 - Joint Installation of Officers
   Westin Hotel at the Domain

April
4 - Business over Breakfast
   TCMS Boardroom
11 - Athletic Physicals
   Burger Center
13 - TCMS Auto Show/Family Social
   TBD
18 - Athletic Physicals
   Delco Center
21 - TCMS/Alliance Family Picnic
   Mayfield Park
30 - Athletic Physicals
   Burger Center

May
2 - Athletic Physicals
   Delco Center
9 - Networking Social
17-18 - TEXMED
      San Antonio
23 - Business of Medicine
   TMA Thompson Auditorium

June
4 - Business over Breakfast
   TCMS Boardroom
23 - Family Social
   Alamo Drafthouse

Dates subject to change
Stay connected
www.tcms.com

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Greg Kronberg, MD
Ghassan Salman, MD
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James Eskin, MD
Nancy Foster, MD
Juan Guerrico, MD
James Hicks, MD
Felix Hull, MD
Jeffrey M. Jekot, MD**

Alternate Delegates to TMA
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Tony Arella, MD
Travis Blos, DO
Maya Bledsoe, MD
Husniyeh Dhir, MD
Kimberly Avila Edwards, MD
Osvaldo Gigliotti, MD
Ernest Graves, MD
Al Gros, MD
Tracie Haas, DO, MPH
Katharina Hathaway, MD
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Pandeep Komar, MD
Jerald A. Mankovsky, MD
Michelle Markley, MD
Samuel Marzoe, MD
Celia Nunez, MD
Jack Pierce, MD
Ghassan Salman, MD
Todd Shepler, MD
Sarah Smiley, DO
Theodore J. “TJ” Spinks, MD
Xuan Tian, MD
John Villacres, MD
Stanley Wang, MD, JD, MPH
The Medical Service Bureau (MSB), a provider of high quality call center and answering services to the medical community, has announced the addition of Kevin Ryan as its new director of business development.

With an extensive background in scaling and building organizations, Mr. Ryan will spearhead the MSB initiative to expand its offerings for the medical community.

MSB is a wholly owned subsidiary of the Travis County Medical Society that facilitates improved patient care by providing a HIPAA compliant call center, answering service and secure messaging solutions to the medical community.

“We’ve been listening to the changing needs of our clients and are responding with several solutions for the medical community ranging from HIPAA complaint secure messaging to advanced medical call processing,” noted Robert Donnelly, MSB Chief Operating Officer. “Mr. Ryan’s expertise in call center sales and marketing will greatly benefit our clients as we expand MSB’s presence.”

Mr. Ryan has over 20 years of experience in the call center industry and a proven track record with building businesses. Most recently Mr. Ryan was the founder and CEO of JCF Communications Inc. Prior to that he was director of sales for Amtelco, a manufacturer of hardware and software for the call center market. He has a BS degree in political science from Southern Illinois University and a MPA, specializing in public utilities, from the University of Illinois Springfield.

“With all the changes taking place in the health care industry, there will be a significant demand for quality medical call processing,” said Mr. Ryan. “I’m very excited to be a part of this team and look forward to providing our clients with meaningful solutions geared to addressing the many challenges they face.”

For more information, visit www.medicalservicebureau.com.
The 83rd Texas Legislature convened at noon on Tuesday, January 8, 2013. Representative Joe Straus (R-San Antonio) was reelected as Speaker of the House without objection.

Following the Speaker election, Governor Rick Perry spoke before the Senate and House chambers. His speech included comments on the recent budget estimate. “We heard some pretty good news from the comptroller,” Perry said. During the 2011 session, there was a $27 billion budget shortfall. This session, Comptroller Susan Combs has released her preliminary budget estimates — she forecasts an $8.8 billion surplus for this budget cycle and has projected that lawmakers will have $101.4 billion for the 2014-2015 biennium. Despite the early budget estimates, Perry said that the 83rd Legislature should continue with the tight control of the budget approach as was done in the 82nd Legislature.

A pressing issue for the legislature is that Medicaid will need a supplemental financing bill to keep the program afloat after March as it was not fully funded in 2011 and faces a $4.7 billion shortfall.

Legislative Agenda
During the legislative session, TMA, TCMS and the Alliance will urge legislators to follow the recommendations of TMA’s Healthy Vision 2020. The report offers a comprehensive plan for improving health care and maintaining the viability of physicians’ practices in Texas.

Healthy Vision 2020 makes eight key recommendations:
- ensure an adequate health care workforce;
- protect physicians’ independent medical judgment;
- promote efficient and effective new models of care;
- repeal harmful and onerous state and federal regulations;
- invest in prevention;
- protect and promote a fair civil justice system;
- provide appropriate state and federal funding for physician services and
- establish fair and transparent insurance markets for patients, employers, taxpayers and physicians.

A clear and distinct view regarding Texas health care, these recommendations offer a sharp perception of what lies ahead and what must change to keep us all healthy. This vision for the future protects the patient-physician relationship and ensures high quality, efficiently delivered care for patients.

Get Involved
- Sign up for First Tuesdays at the Capitol.
- Become a key contact for elected officials.
- Join TEXPAC.

For more information, contact TCMS Senior Director of Community and Government Relations Stephanie Triggs at striggs@tcms.com or 512-206-1124.

Do you have a personal or professional relationship with any of the elected officials below? If so, contact Stephanie Triggs at striggs@tcms.com or 512-206-1124.

<table>
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<tr>
<th>Governor</th>
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<td>John Carter (R)</td>
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<td>Lloyd Doggett (D)</td>
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TCMS physicians lobby during a First Tuesday at the Capitol in 2011.
Your patients need YOU to be a lobbyist for a day! Come to Austin for First Tuesdays at the Capitol and make a difference for your patients and your practice.

Check out the First Tuesdays website www.texmed.org/firsttuesdays, or call (800) 880-1300 ext. 1361 for more information.
Over 150 TCMS members and guests attended the annual business meeting on December 6, 2012, to receive the TCMS Annual Report and to honor their colleagues.

2012 **TCMS Physician of the Year David Fleeger, MD** was joined by family and friends as Joseph Annis, MD presented him with the gold-headed cane.

The Ruth M. Bain Young Physician Award was conferred to **Mark Shen, MD** for his leadership and involvement in pediatric care.

To round out the night, husband and wife duo – **Timothy Gueramy, MD** and **Tracey Haas, DO, MPH** were presented the Physician Humanitarian Award for their tireless efforts in mission care around the world.

TCMS members enjoyed visiting during the reception prior to the meeting/awards ceremony.
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“I came to town when the Texas Medical Association and Travis County Medical Society required an orientation during your first year of membership. The Membership Committee chair at that time, Charlie Felger, made it clear that TCMS was not only the place for advancing your social life, but also your professional life,” said Michelle Berger, MD. At that time, the young physician had no idea that years later she would become the Society’s president and lead her colleagues in a crucial legislative year.

Born in Indiana as the oldest of five, Michelle moved to Wisconsin at a young age where she grew up in a family-friendly community and became a well-rounded student involved in activities such as yearbook and drill team. During high school, Michelle began to work at the local community hospital as a housekeeper and eventually moved her way up to become a pharmacy aide. Unlike today’s world, Michelle graduated high school during a time when female college students were still considered untraditional. “It was the early 70s, and girls didn’t go to college. My conservative father didn’t think it was something that I should do, so basically I left home to go to college and didn’t go back,” she recalls. “I continued to work in hospital pharmacies through college thinking I was going to be a pharmacist. But I began to lose interest in pharmacology, and that’s when my coworkers encouraged me to explore medicine.”

As Michelle observed the physicians making rounds at the hospital, she noticed that every day was unique. Even if the routine was the same, the patients were different. It wasn’t boring to her at all; in fact, Michelle was fascinated by medicine and set her heart on going to medical school. “I went to my college counselor to tell her my decision, and she said ‘oh no, girls don’t do that,’ but no one could change my mind. I figured if I didn’t get in, I could always go back to study pharmaceuticals. I was accepted to medical school and have no regrets. It’s been a wonderful career.”

One of only 20 women in a class of 200 students, Michelle enrolled as a medical student at the Marquette University School of Medicine in Milwaukee, Wisconsin. In her first year, new partnerships between the medical school, the business community and government established the Medical College of Wisconsin. The school - where she was among 10-12 other students who were participants in an experimental teaching methods group - also offered unique access to a mix of both public and private medicine. “It was interesting. We did extra ethics, anatomy and computer modules, but we weren’t forced to go to class, and we didn’t receive any grades. It was different, but I enjoyed it.”

After being snowed in at the county hospital for over a week during her junior year, Michelle decided she would only go places where it didn’t snow, which is how she ended up in Temple, Texas for her residency at Scott & White. Once her residency was completed, Dr. Berger moved to Austin to open her practice.

Wife to otolaryngologist David Tobey, MD, and mother to twins, Meredith and Melissa, and younger daughter, Amanda, the new TCMS president can’t imagine being anything but a physician and advocate for medicine. However, she confesses that her past-time passion is needlepoint, a hobby she picked up from her college roommate. Dr. Berger is a regular student at needlepoint workshops and her creations, like her most recent 3-dimensional Victorian garden, have become more of an art. “It’s more than a hobby; it has a Zen-like affect to it. It’s very relaxing and good for my mental health,” she said.

Beyond needlepoint, Michelle is also an avid reader and world-traveler. She belongs to a book club that has been meeting for over 30 years. The two rules of the group - the book must be nonfiction and available in paperback - have constantly taken Michelle outside of her reading comfort zone. Michelle started traveling the world at a young age. Taking any opportunity to go abroad, she has visited places such as Australia, South Africa, Canada and
Europe. “I had friends who had a friend working for the South African Embassy. We planned a visit, but most of them eventually changed their minds. I thought ‘when am I going to have an opportunity to visit South Africa again?’ so I went and had a wonderful time,” she said.

With her term as Society president coinciding with the biennial session of the Texas Legislature, she hopes to strengthen member involvement and engagement in advocacy as well as establishing and maintaining relationships with key decision makers. She believes being a physician shouldn’t be approached like most occupations, but as a social structure of support because there are stresses in the profession that don’t exist in any other job. She encourages her colleagues to “get involved for the support, for the collegiality and to help influence the future of medicine.”

Serving in several leadership roles at the local, state and national levels, Dr. Berger especially enjoys being part of the Texas delegation to the American Medical Association, noting that it is an eye-opening experience that has given her the opportunity to meet physicians from all over the country who share the same passion for organized medicine. She credits her own involvement to the persistent encouragement of her peers, and specifically, her mentor Joseph P. Annis, MD. “Our profession needs to have a strong and united voice in the political and legal world because only we, as physicians, truly know what best serves our patients’ interests. It’s our responsibility to speak up for our profession and our patients,” she said.

Dr. Berger is an ophthalmologist whose proudest career achievement to date is keeping her solo-practice running and profitable through the ups and downs of her personal life along with the waves of change in the profession. Like everyone else, Dr. Berger admits that she encounters some difficult days, but feeling that she makes the world a little better motivates her to keep going, whether it’s taking care of patients or being involved in organized medicine. “What I love most about medicine is taking care of patients, knowing that what I did helped make somebody’s life better, that I made a permanent difference in someone’s quality of life.”

Travis County Medical Society and
Travis County Medical Alliance
Cordially invite you and your spouse/guest to the
2013 Joint Installation of Officers
Honoring
Michelle A. Berger, MD
2013 TCMS President
Mrs. Loren Gigliotti
2013-14 TCMA President
Thursday, March 21, 2013
Westin Hotel at the Domain
11301 Domain Drive
RSVP to tcms@tcms.com or 512-206-1146
Alliance Gala
It is not too late to join us for the TCMA Annual Gala: A Swanky Affair on January 26 at 7 pm at the home of Dr. John Hogg and Mr. David Garza. For tickets or more information, contact Elaine Agatston at agatston@aol.com.

All proceeds benefit the 2012-2013 TCMA Grant Recipients: Family Eldercare; Lifeworks; St. Louise House and Volunteer Healthcare Clinic.

Thank you to the TCMA Annual Gala Underwriters (as of print time):
- Austin Anesthesiology Group, PLLC
- Austin Cancer Centers
- Austin Diagnostic Clinic
- Austin Gastroenterology
- Austin Radiological Association
- Austin Regional Clinic
- BMW of Austin
- Capitol Anesthesiology Association
- Clinical Pathology Associates
- Mercedes-Benz of Austin
- St. David’s Foundation
- St. David’s Healthcare
- Seton Healthcare Family
- Texas Medical Association
- Insurance Trust
- Travis County Medical Society

Community Service Update
By Berenice Craig
This holiday season the TCMA Volunteer Healthcare Clinic Committee adopted five VHC patient-families and aided in their Christmas cheer by providing gifts for 29 individuals. The Clinic patients were selected by the staff based on need, with each family completing a wish list that TCMA members could work from. On Saturday, December 8, 2012, a gift wrapping party and breakfast event was celebrated at the Volunteer Healthcare Clinic. At that time, TCMA members were able to meet their adopted families, as well as join them in wrapping gifts for the youngest family members. Once again, this year’s event proved to be a joyful and heart-warming community experience.

The VHC Committee would like to thank all TCMA members who took part in making this wonderful project a success and helping to spread the joy of this holiday season.

Austin without Limits
Join TCMA at Guitars under the Stars on Saturday, February 9 from 6:30-10 pm at One World Theater for a classical guitar show performed by Bandini-Chiacchiaretta Tango Duo and an evening promised to be an unforgettable romantic experience. The cost is $125 per person and includes a delicious dinner and open bar. For reservations, email efinch@ediefinch.com or call 512-633-3017.

Membership to the Travis County Medical Alliance is open to all physicians and their spouses.

For more information, visit the TCMA website at www.tcmalliance.org, or contact Edie Finch at efinch@ediefinch.com.

Save the Dates
March 21
TCMS/TCMA Joint Installation of Officers
at the Westin Hotel at the Domain

April 16
TCMA General Meeting at Lady Bird Johnson Wildflower Center

April 21
TCMA/TCMS Annual Spring Picnic at Mayfield Park
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- Non-healing Wounds
- Leg Ulcers
- Post Surgical Wounds
- Diabetic Foot Ulcers
- Decubitis Ulcers
- Lymphedema

Medicare and most managed care plans accepted
IN THE NEWS

Appointments to TMA Councils and Committees
County medical society presidents have been asked to make recommendations to the incoming TMA president for appointments to TMA councils and committees for the coming year. If you have an expertise that would be beneficial in promoting the mission of TMA and would like to be considered, contact TCMS Chief Operations Officer Belinda Clare at 512-206-1250.

January is National Volunteer Blood Donor Month
January has been declared National Volunteer Blood Donor Month to raise awareness and honor the individuals who save the lives of countless patients through the selfless act of blood donation.

The Blood and Tissue Center of Central Texas is a nonprofit affiliate of the Travis County Medical Society. We 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.

Quick Tips to Remember:
• Always shrink your links. Use free sites like bitly.com.
• Use lists and groups to clean your stream and block social media noise.
• Use mobile apps to utilize social media on the go.

Want to learn more about Facebook or Twitter? Whether for personal or practice use, contact TCMS Communications Coordinator Shahar Gurvitz at sgurvitz@tcms.com or 512-206-1219 for free tutorials!

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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:

Susan K. Adler, MD
Richard D. Hammer, MD
Wei-Li Huang, MD
Sharon S. Itaya, MD
Mary Marvin Johnson, MD
Bobby Joe Kennedy, DO
Albert E. Meisenbach, III, 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 TMA and who has 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:

John H. Bannister, MD
Steven C. Bauseman, MD
Michal A. Douglas, MD
William M. Evans, MD
John A. Genung, MD
James T. Robison, III, MD
Charlie P. Ross, MD
James A. Strong, MD
Medicare Participation Deadline

February 15 is the deadline for physicians to decide if they will participate in Medicare for 2013.

The Centers for Medicare and Medicaid Services (CMS) extended the deadline in early January after Congress passed and President Obama signed the last-minute legislation to avert the so-called “fiscal cliff.” Part of the deal stopped the scheduled 28.5 percent cut in Medicare payment to physicians. The fees are frozen until December 31, 2013.

Your three options in deciding whether to participate in 2013 are:

1. Sign a participation (PAR) agreement and accept Medicare’s allowed charge as payment in full for all Medicare covered services for your Medicare patients.

2. Elect nonparticipation (non-PAR), which permits you to make assignment decisions on a case-by-case basis and to bill patients up to the Medicare limiting charge for unassigned claims.

3. Opt out and become a private contracting physician, agreeing to bill patients directly and forego any payments from Medicare. To become a private contractor, PAR physicians must give 30 days’ notice before the first day of the quarter the contract takes effect. For non-PAR physicians, the opt-out effective date is the date the affidavit is signed, provided it is filed within 10 days after you sign your first private contract with a Medicare beneficiary.

Let the Texas Medical Association help you decide which option is best for you with their new webinar discussing your three options.


Novitas also has resources available on their website at http://bit.ly/NovitasMedicare.
A Central Texas native and Travis County Medical Society member, I have also trained and practiced here and have a unique perspective to bring to the discussion of how Sendero Health Plans, a local, non-profit corporation, can add value to your practice. A licensed community-based Health Maintenance Organization (HMO), Sendero is contracted with the Texas Health and Human Services Commission to provide managed care services for the Medicaid and CHIP population in eight counties in Central Texas. Sendero is committed to providing comprehensive health care coverage and to arranging for innovative, high quality and cost-effective medical services for health plan members within Central Texas.

Central Health, the local healthcare district, provides organizational and financial resources to enable Sendero to become a major player in improving health care access for people in Central Texas. The responsibility for managing the outpatient services of the Medical Access Program (MAP) has also been transitioned from Central Health to Sendero. This program provides access to health care through a network of established providers for Travis County residents who have family incomes at or below 100 percent of the Federal Poverty Index Guidelines who meet asset guidelines and have no other health care coverage. MAP also covers those residents living in Travis County who are elderly or disabled with incomes at or below 200 percent of the Federal Poverty Index Guidelines who meet asset guidelines and have no other health care coverage.

Sendero strives to improve access to care for its members through the establishment of an excellent provider network of physicians in both primary care and specialties, hospitals and other health care providers in our service area. Sendero is committed to the development of collaborative relationships with its providers to improve access, efficiency and quality of care for our members. With a local management team, Sendero pledges to reach these goals and will work to understand local provider issues and requirements.

To continue the discussion of how Sendero Health Plans can add value to your practice, contact me at 512-978-8201.
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Nyle Maxwell Super Center
13401 N FM 620

John Eagle European
12989 Research Blvd

Contact TCMS Auto Program Director Phil Hornbeak at phornbeak@tcms.com or 512-949-5758.
Ordering Improper Medication

TMLT Risk Management Department

The following closed claim study is based on an actual malpractice claim from Texas Medical Liability Trust. This case illustrates how action or inaction on the part of the physicians led to allegations of professional liability, and how risk management techniques may have either prevented the outcome or increased the physician’s defensibility. An attempt has been made to make the material less easy to identify. If you recognize your own case, please be assured it is presented solely for the purpose of emphasizing the issues of the case.

Presentation

A 40 year-old man with a history of a Grade 4 gliosarcoma underwent a left parietal craniotomy at Hospital A. After the craniotomy at Hospital A, the patient had received two five-day courses of 400 mg of the chemotherapy drug temozolamide ordered by his oncologist. Temozolamide is typically given in 150 mg doses for five-day cycles every 28 days for up to six cycles, with a complete blood count to be done between cycles.

The patient came to the emergency department (ED) at Hospital A after experiencing intractable seizures. The patient was admitted to Hospital A, and imaging studies identified a recurrent brain tumor in the left parietal lobe. The history and physical for the admission listed the patient’s medications and stated the patient had also taken temozolamide “400 mg daily x 5.” The patient’s family was upset about the tumor’s recurrence, and requested a transfer to Hospital B for a second opinion and treatment.

Physician action

At Hospital B, the patient’s admission was handled by the neurosurgeon’s nurse practitioner. Hospital B was in the process of converting to a new electronic medical record (EMR). Upon the patient’s transfer to Hospital B, a floor nurse entered the patient’s medications into the EMR as interpreted from Hospital A’s record, including 400 mg of temozolamide daily. The nurse practitioner who admitted the patient dictated a history and physical that did not mention temozolamide, but he did complete a Medication Reconciliation Form wherein he checked off to continue all medications, including temozolamide and signed the form. This order was not co-signed by the neurosurgeon.

The neurosurgeon saw the patient the next day. In the consultation note regarding medications, the neurosurgeon noted “see prior history.” The neurosurgeon also had not adapted to the new EMR system, and he did not review the list of medications. The neurosurgeon took the patient to surgery for a repeat left craniotomy and tumor resection three days after admission. An Order Reconciliation Form that ordered the continuation of all medications was signed by the neurosurgeon’s nurse practitioner postoperatively.

Six days following surgery, the patient was discharged from the hospital and transferred to an inpatient rehabilitation facility, with orders to continue all medications. The admitting physician at the rehabilitation facility signed the medication order as is, and continued the temozolamide.

After 10 days in the rehabilitation facility, the patient was readmitted back to Hospital A under the care of his oncologist due to his declining condition. After completing diagnostic studies and reviewing the medical records from Hospital B and the rehabilitation facility, the oncologist discovered that the patient had received a massive overdose of temozolamide.

The patient remained hospitalized at Hospital A for more than four months with liver toxicity, pulmonary toxicity, bone marrow insufficiency, skin rash with scaling and sloughing, wound dehiscence leading to removal of cranial hardware and a need for total parental nutrition.

Following discharge from Hospital A, the patient remained in rehabilitation and skilled nursing facilities until being transferred to hospice. The patient died 11 months after the initial admission to Hospital B.

Allegations

A lawsuit was filed against Hospital B, the nurse practitioner, the neurosurgeon, and the admitting physician for the rehabilitation facility. The allegations included:

• ordering or authorizing an improper medication;
• failure of the nurse practitioner to consult with a physician;
• failure of the neurosurgeon to properly supervise a nurse practitioner and
• failure to be sufficiently knowledgeable about temozolamide before ordering it.

Legal implications

Although the patient had a fatal illness and did not have long to live, the purpose of undergoing the craniotomies was to improve his quality of life. The plaintiff’s expert stated that the craniotomies would have given the patient two more years to live. Instead, the patient lived only 11 months with a poor quality of life.

The defense was unable to find an expert who could support the care of any of the providers. The physician reviewers stated that it is within the standard of care for physicians to check the list of medications, regardless of involvement of a nurse practitioner. The neurosurgeon’s failure to do so made her vicariously liable for the nurse practitioner’s actions. The plaintiff indicated that the neurosurgeon’s exposure was limited but existent nonetheless.
The reviewers were also critical of the nurse practitioner for not consulting with the neurosurgeon, and felt he had an obligation to understand what medications he was ordering. If he was unaware of the medication temozolamide, further education was warranted.

The neurosurgeon remained adamant that he was not responsible for this error. He felt that the hospital was responsible for adapting an EMR that was too difficult to use, the pharmacy was responsible for not catching the error when dispensing the drugs and the nurses who gave the medication were responsible for not questioning what they were giving the patient.

Risk management considerations
An employer may be vicariously liable for the negligence of its employee, as long as the employee was acting within the scope of employment. While it is common for a surgeon to rely on hospitalists and nurse practitioners for medication management, the attending physician is ultimately responsible for being aware of the medications prescribed.

It is imperative for physicians who employ mid-level providers to have a written scope of practice on file in the mid-level’s personnel file. In this case, prescribing temozolamide was out of this nurse practitioner’s scope of practice as the drug is typically used in oncology. Physicians should make sure that their mid-levels understand their duties and monitor to ensure guidelines are being followed.

It is recommended that medications are reviewed with the patient and documented at each encounter. Simply noting “see prior history” is inadequate documentation.

This case is a good example of one of the problems inherent in the use of an EMR. When inaccurate information is entered into the system, it is often copied from one encounter to the next without being updated or corrected. Physicians must remain vigilant in reviewing information that is entered into an EMR to make sure that it is accurate and that the information applies to the current encounter.

Disposition
At mediation, Hospital B settled on behalf of its nursing and pharmacy staff. Settlements were also made on behalf of the nurse practitioner and the neurosurgeon. The nurse practitioner was eventually disciplined by the Texas Board of Nursing. The outcome of the case against the admitting physician at the rehabilitation facility is unknown.
SEVERE COMBINED IMMUNODEFICIENCY

The immune system is made up of the different tissues and cells in the body that fight infections. This system includes the bone marrow, in which the different kinds of white blood cells that fight infection are formed. There are several types of immunodeficiencies, or diseases in which the immune system does not work normally. Some immunodeficiencies are congenital (present at birth) while others are acquired (develop later in life; for example, as a result of infections or medications).

Severe combined immunodeficiency (SCID) results from genetic mutations (changes in genetic material that can be passed on to children) that result in very small numbers of T cells or B cells (types of cells required for a normally functioning immune system). Because mutations in any one of at least 13 different genes can lead to SCID, there are several genetic types of SCID. The most common form is X-linked, which means that the gene is passed from mothers to their sons.

DIAGNOSIS

• In several states, infants are tested for SCID on the newborn screen, a blood test performed at birth to check for several diseases that would not otherwise be identified.
• Children with SCID can appear healthy at birth (so SCID is not diagnosed), but as they grow older they experience persistent diarrhea, failure to grow normally, fungal skin and mouth infections and severe pneumonia from microorganisms that do not affect people with normal immune systems.
• Affected children may also develop severe infections such as meningitis (infection of the membranes surrounding the brain and spinal cord) and sepsis (bloodstream infections). When young infants develop these complicated infections, an immunodeficiency is likely to be the underlying cause.
• Specialized blood tests in infants with SCID will show an absence of T cells as well as a lack of response to things that stimulate T cells and a lack of antibody titers (measures of response) to any vaccines the infant has received.

TREATMENT

• Protection from common infections that affect children with normal immune systems by keeping the infant away from other children.
• Intravenous immunoglobulin (IVIG) is a product derived from human blood that contains antibodies (proteins) normally made in the body to fight infections. It can temporarily protect against infections.
• A bone marrow transplant should be done as soon as possible to prevent death from severe infections. In this procedure, a donor's healthy bone marrow containing stem cells is given to an infant or a child with SCID. These stem cells produce normally functioning T cells and B cells.

FOR MORE INFORMATION

Genetics Home Reference
www.ghr.nlm.nih.gov/condition/x-linked-severe-combined-immunodeficiency

National Human Genome Research Institute
www.genome.gov/13014325

American Academy of Allergy, Asthma, and Immunology
www.aaaai.org/conditions-and-treatments/primary-immunodeficiency-disease/severe-combined-immunodeficiency.aspx

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Contact Director of Recruiting Julianne Sherrod at juliannesherrod@medspring.com or 512-861-6362.

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**Medical Office:** Partially furnished medical office for lease (1800 sq. ft) in Elgin (30 min. from Austin). Part or full-time terms negotiable. Call 512-707-8928 or email rceullen@medtranslator.com.

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**Medical Office:** Shared office space in Medical Arts Square complex (central Austin). Perfect for part-time specialist. Private physician office with separate reception/front office, shared waiting and exam rooms. Convenient patient parking. Available immediately. For additional information email rmehta@boicaustin.com or call 512-474-5551.

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