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Sanctuary of Atotonilco, a World Heritage Site, completed 1748, near San Miguel de Allende, Mexico.
Photo by Marilyn Vaché, MD.
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Recently, I participated in the Texas Tribune’s “On the Road,” a symposium on health care, in partnership with the LBJ School of Public Affairs. It was a day-long program of panels covering topics from new technologies on the horizon to our current evolving delivery system and its costs. It was exciting to hear about the potential of new vaccines to help eradicate pandemic diseases and dramatically lower their costs and replacement limbs that can be controlled by sensors implanted in the brain. These developments will have dramatic effects for many patients worldwide. The panel on health care technology discussed the potential future of a personal medical record and advances in communication that will make telemedicine and intra-physician communication a larger part of medical practice.

The panel I was on discussed cost containment. The cost conundrum must be solved before any of the advances discussed in the other panels can be realized. There are so many factors contributing to the increasing cost of health care that there is no easy solution to the dilemma of how to pay health care bills without creating fiscal problems for other segments of society. It is all too easy for physicians to be the target of cost-cutting. But if that were the correct solution, the steady erosion of physician payments over the last decade-plus would have solved the problem. Clearly, total delivery system costs continue to soar.

The aging of our society will only place more pressure on health care spending in the near future. Baby boomers have driven our society and economy for the past sixty or so years and their numbers will cause more health care dollars to be spent as they age and retire. To counteract the upward pressure of this demographic force on health care costs will, at the very least, require a focus on healthy aging and a more humane and less costly approach to dealing with end of life.

Another factor that is estimated to account for up to 70-percent of health care costs is lifestyle choices. Obesity, inactivity, poor diet, smoking and other behaviors can take 10, 20 or 30 years to manifest in disease. Only by focusing on health and wellness from early childhood and continuing throughout life, will we be able to decrease costs that arise from lifestyle choices. Society as a whole must be responsible for making a healthy lifestyle a priority for each individual and for our institutions. I believe our country must take this path into the future to have any significant impact on the rising costs of health care. We must all be accountable for our lifestyles every day and no longer shift the total expense of our choices to third parties.

The opacity of health care costs has received increasing focus with Time magazine recently devoting an entire issue to the subject. No other type of business would be expected to solve accelerating expenses without the ability to know what its true costs are. I know we can do a better job providing cost-effective health care, but physicians are usually unaware of what the care they order costs, or who will ultimately pay for it. In 2009, Johns Hopkins was able to decrease costs by 9.1 percent without compromising quality by simply adding “charges” to the computer screen for ordering tests. While no one suggests that care be driven by one factor alone, the time has come for physicians to be aware of what their options cost and add this to the many factors we use in making clinical decisions. Physicians must deal with this reality: the era of the “blank check” in medical care is over.

Finally, I leave you with this thought: “health care costs” in our country include so much more than health care. They include the heavy advertising done by big pharma, health care providers and even the government. They include the profits that all public companies in health care need to generate for their shareholders. Also included are the endless increasing dollars spent by all stakeholders for lobbying and electing public officials at all levels. These expenses are unique to the United States and are not included in the “health care cost” equation of other nations, which partially explains why their per-capita health system cost is comparatively lower than that of the US.

Please consider what you can do in your daily practice in whatever way you can to broaden the focus on health care costs to the many factors beyond physician payments. I believe it will be the only way to begin to undo the Gordian knot of health care costs which are overwhelming to all of society.
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TCMS/TCMA Joint Installation of Officers

On March 21, TCMS and TCMA members gathered at the Westin Hotel in the Domain to install the 2013 TCMS President Michelle Berger, MD and the 2013-2014 TCMA President Mrs. Loren Gigliotti.
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The creation of the Dell Medical School at The University of Texas at Austin is a major event in the practice of medicine in Travis County. When UT Austin was created in 1883, the decision was made by voters to construct the state’s medical school in Galveston, 185 miles away from the primary campus but in the state’s third-largest city.

Today, four medical schools and six health institutions carry the University of Texas name, and in 2016 there will be such a school at the flagship university. Before long, you will for the first time practice medicine with young doctors who earned their MD here in Travis County.

If we were only adding a medical school, the impact would be significant. But we are also adding two other elements: a new teaching hospital to be constructed by the Seton Healthcare Family, and a significant increase in local public funding though Central Health for innovative medical care and health education for the under-insured and uninsured.

All of these changes are occurring in an environment of transformation dictated by health care policy changes at the national level. A basic premise behind the Dell Medical School is that a public-private partnership with UT Austin, UT System, Central Health and Seton Healthcare can navigate this new reality more successfully together than alone. The collaboration will bring better local health care delivery as it produces world-class clinicians, researchers and medical educators.

As a member of the Dell Medical School Steering Committee, I receive a lot of questions about the school. How many physicians will the university bring to the medical school? What will be their specialties? Who will teach medical students and residents? What will happen to those currently on faculty at UT Southwestern providing graduate medical education?

While we have answers for some of these questions, others will have to wait. As with any venture that has as many variables as this does, certainty is difficult to achieve. Here are the things of which we are fairly certain:

Size
The school will start fairly small; about 50 students will matriculate in 2016 (pending approval by the Liaison Committee on Medical Education). It will leverage the tremendous strength of UT Austin as a premier research university to make the most of work in related fields such as pharmacy, social work, nursing and biomedical engineering, as well as natural sciences, social sciences and business. No other University of Texas campus can do this, as no other school has a four-year medical school as part of its academic campus. The opportunities for scholar-physicians are tremendous.

Hospital
A new hospital will be constructed and operated by Seton Healthcare Family near the current Brackenridge site. It will be about the same size as the current hospital. The land under the hospital currently belongs to UT Austin, but the UT System Board of Regents has authorized negotiations so that a very long-term lease can be made with Central Health. A public agency will continue to control the land under the hospital that is the safety net for the Austin community, as it has since the 1880s.

Faculty
Faculty for the Dell Medical School primarily will include educators, clinicians, researchers and clinician-scientists. The university is looking first at existing faculty who are engaged in medical and medically related research. Some of them may in the future share appointments to the medical faculty and the departments of which they are currently a part. The Dell Medical School will include medical educators consistent with its curriculum and accreditation needs. The current medical community will have opportunities to serve as faculty members to help provide clinical education and training.

Graduate Medical Education
Seton has demonstrated a proven commitment to training residents and plans to add additional graduate medical education positions. Additionally, Seton will create opportunities for medical students to deliver care under the supervision of attending physicians. It currently works with UT Southwestern to train residents and fellows. There are 213 today and on July 1 there will be 243. There are plans to increase the number of residents to more than 300 in the next 10 years.

I would be remiss if I did not note that members of the Travis County Medical Society founded the Central Texas Medical Foundation (CTMF) in 1972 to sponsor graduate medical education in order to improve care of the indigent population. Physician-leaders have always had an important historic role in the development of physicians here. This will continue. The Dell Medical School will be best served by becoming an organic part of a thriving local medical community, not an added feature.

Dean
An advisory committee is looking for an inaugural dean who will have a once-in-a-lifetime opportunity to begin a
medical school at a major research university from the ground up. The new dean is expected to begin by the end of the year.

Community Care
Central Health and Seton are working toward an agreement to create a consortium that is taking shape. The object is to become the hub in Travis County for patient-centered care that improves health outcomes through expanded care coordination, types of care and patient management.

Impact on Physicians
The advent of the Dell Medical School will not mean an influx of a large number of clinical physicians in the local area, as most new physicians will likely be scientists, educators and researchers. However, as the number of residencies increases, we can expect many doctors who complete graduate medical education to begin their practice here, so long as Austin has the quality of life and economic growth that it has enjoyed in the past. There will be opportunities for physicians who are skilled and love teaching to contribute to the education of medical students and young doctors. Finally, there will be a lot more very bright people in Austin, doing extraordinary research in our hometown, and that should be very interesting intellectually.

In future articles, I hope to address some of the other questions that members of the medical community have, including the role of St. David’s and women’s health care education.

UT Provost Steven Leslie has established a Steering Committee for the medical school, comprising representatives from UT, Seton and Central Health. Committee members are doing the substantial work of creating curriculum, seeking accreditation and building facilities, as well as seeking an inaugural dean. Three engagement groups have been established with the goal of providing feedback to the Steering Committee, delivering updates and receiving input from three key groups: the community, the women’s issues community and the medical community.

The Medical Engagement Group has 34 members representing a wide number of specialties and types of medical and nursing practice, including Michelle Berger, MD, president of the Travis County Medical Society. We welcome your comments and inquiries. Please contact me for a list of members or to arrange a presentation to your professional group. We also plan “town hall” meetings for anyone interested.

As a long-time member of the local medical community, I know that there is some anxiety about the impact of the new medical school, faculty and graduate programs. There is great promise too. Our goal is to ensure that the medical community has input as plans are made and that two-way communication is always in place.

You can find information updated at www.utexas.edu/dell-medical-school and also on Facebook and Twitter.

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The dual role of a physician entrepreneur can be very challenging. Most doctors are creative problem solvers with active minds, but they may lack the time to see their ideas through. The demands of a busy practice can pull physicians in many directions, leaving little time in their off hours to develop business ideas. The many years of medical training physicians undertake restrict early opportunities for meaningful experience in the entrepreneurial world. Further, while physicians function within one of the few authentic meritocracies, the business world is heavily dependent on networking and connections. The Walters Physician Incubator was created to help bridge these issues for physicians in Austin and surrounding communities.

Robert (Bob) M. Walters, MD served the Austin community for 27 years before he passed away in 2010. By all accounts, Bob was a highly skilled hand surgeon and an even better person. Many readers may have known Bob personally, but what most might not know is that he had worked for years to develop and perfect a device to help patients with arthritic thumb pain. He was in the process of applying for a patent when his life ended unexpectedly.

Tim Gueramy, MD, co-founder and CEO of DocbookMD, recalls Dr. Walters mentoring him and urging him to push forward on his dream of creating a software platform to connect busy physicians. The process of launching DocbookMD was an eye-opening experience for Dr. Gueramy and co-founder Tracey Haas, DO. The difficulties of navigating their new venture in addition to their busy medical practices demonstrated the headwind that other physicians encounter when launching their own creative ideas. To honor Dr. Walters and to ease the burden for other physician entrepreneurs, Drs. Gueramy and Haas founded a non-profit physician incubator to help physicians bring their creative ideas to life.

Today, Dr. Walter’s legacy of entrepreneurship and encouragement within the Austin medical community is alive and well. For eight months now, the Walters Physician Incubator has provided a place where aspiring physician entrepreneurs can come together, learn from speakers and interact with their peers in a supportive environment. Ideas are generated and tested, problems are solved and key introductions are made, all in an effort to unlock the entrepreneurial spirit in each participant.

If you are an aspiring “doctorpreneur,” but lack the time and experience to move forward with your concept, or if you are simply curious about the experiences of other physician entrepreneurs, the Walters Physician Incubator was created for you. It meets monthly in the Texas Medical Association building.

For more information, visit physicianincubator.org.
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Watch Sarah’s story at LIVESTRONG.org/Sarah
Recognized as a Health Care Hero by the *Austin Business Journal*, the Athletic Physicals program, co-sponsored by AISD Student Health Services, provides free athletic physicals to students who are uninsured or have financial restrictions and other barriers to health care. This long time project is often the only opportunity for many of these students to see a physician for a well-visit.

Over 80 physicians from numerous specialties were joined by 65 volunteer nurses and school health assistants from Children’s / Austin ISD at the Burger and Delco Activity Centers over the course of four nights in April and May to examine over 700 students. Volunteers from the Lend a Hand program at The Blood and Tissue Center of Central Texas also volunteered their time as crowd control and chaperones.

The Public Relations Committee appreciates the time TCMS members gave to the physicals; many volunteered for multiple days and/or shifts. Thank you to the TCMS Friends of the Society: Medical Service Bureau and the University Federal Credit Union for their financial support to provide students with healthy snacks. Also, thank you to Austin Radiological Association for their in-kind donation of bottled water.

Without the compassion of TCMS physicians, nurses, non-medical volunteers and corporate sponsors, the Society could not continue to offer this program.
Thank you for your continued support!

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Reducing Risk Through Robust Personnel Screening

Sue La Bonté, RHIA, CHP
Director, Human Resources and Quality Assurance
Favorite Healthcare Staffing

Editor’s note:

TCMS Staffing Services was recently launched by the Society as an exclusive member benefit provided in partnership with Favorite Healthcare Staffing to offer a comprehensive range of staffing services. One of the most important, but most overlooked aspects of hiring staff is risk mitigation and compliance with myriad employment laws and regulations. In this article, Ms. La Bonté addresses those risks and how TCMS Staffing Services can help mitigate them for medical practices.

With the widely publicized episodes of Medicaid and Medicare fraud in recent years, there is increasing pressure on health care organizations to perform more frequent sanction screenings of employees and vendors against federal and state exclusion lists in order to ensure that they are not billing for the work of excluded parties.

Protect Yourself from High Dollar Consequences

Organizations that are audited and discovered to be billing for services rendered by an excluded vendor or individual will be fined ($11,000 per occurrence) and will be excluded from participating in federally-funded health care programs.

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• Reporting and repayment of all monies received by the excluded individual or entity within 60 days;

• $5,500 to $11,000 fine for each item/service claimed or “caused to be” claimed;

• Extension of the existing exclusion period, or a new exclusion imposed by OIG for the individual/entity and

• Possible criminal false claim situation under False Claims Act (FCA), which is a separate basis for administrative sanctions and exclusions.

Federal and State Exclusion Lists

The Office of Inspector General (OIG) and General Services Administration (GSA) search utilizes the US Department of Health and Human Services, GSA and OIG databases for individuals and businesses excluded or sanctioned from participating in Medicare, Medicaid or other federally funded programs. If an organization employs an individual on these sanctioned lists they may be forced to pay back all federal funds received via these programs going back to the date the person was employed. Therefore, the OIG and GSA search is vital for health care industries.

OIG List

Refers to the List of Excluded Individuals/Entities (LEIE) maintained by the Office of the Inspector General, US Department of Health and Human Services. Individuals on this list are excluded from participating in these programs: Medicare, Medicaid, Maternal and Child Health Services Block Grants, Block Grants to States of Social Services and State Children’s Health Insurance Programs.

GSA List

Refers to the Excluded Parties List System (EPLS) maintained by the Federal Government (General Services Administration). Individuals on this list are excluded from participating in federal contracts. This list also includes data from the Department of Treasury’s Office of Foreign Assets Control (OFAC) list.

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DocbookMD is excited to celebrate its fourth year of helping physicians transform medical collaboration through secure mobile communication. If you haven’t used it in a while, DocbookMD has expanded significantly in the past year and is now working with medical societies in 33 states - and continues to grow, all to the exclusive benefit of medical society members.

Originally known as the app that provided a free, mobile medical society directory to the greater Austin area, DocbookMD has added many features along with regional coverage to make it a vital companion to your medical practice. With DocbookMD, Central Texas physicians now have easy direct access not only to TCMS members, all of whom are listed in the DocbookMD directory, but also to physicians in 20 surrounding counties in the region.

In addition to a mobile membership directory, DocbookMD is a HIPAA secure, user friendly messaging tool – working much like texting, but safer. You can now tell at a glance if a physician has registered to receive secure messaging because a speech bubble will appear next to their name in the directory listing. If this icon does not appear, you can invite them to join you in secure messaging directly through the app.

The latest and most exciting feature now allows physicians to invite members of their care team into their secure communication circle. Now, your nurse or medical assistant can immediately and securely send you an EKG, a copy of a lab report or even a snapshot of an X-ray – wherever you are. Physicians are not limited to the number or type of team members they can add to their secure communication circle. It’s easy to build your own team within the app – just go to “Care Team” in the menu, and start inviting – it’s simple and free. As always, DocbookMD can be used to share patient information whether or not you use an EMR.

DocbookMD is now partnering with local answering services to allow you to receive your messages securely through DocbookMD, if you choose. In the near future, DocbookMD is planning to work with your hospital to allow stat reports to be sent directly to you through the app if you opt in for this feature.

To sign up for DocbookMD today, go to iTunes or Google Play and download the app. You will need your TCMS member number and the email address that is on file with TCMS when you register.

For questions regarding registration or help retrieving your TCMS number, contact TCMS Membership Director Megan Janicke at mjanicke@tcms.com or 512-206-1252 or DocbookMD at 1-888-930-2048.

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May 7, 2013, was the last First Tuesday lobby day of the 83rd Legislative Session. TCMS and Alliance members lobbied State Senators and Representatives on several important pieces of legislation throughout the day.

Senate Bill 303 expands patient rights in end-of-life care and provides protection from forcing physicians to violate their religious beliefs, moral conscience and professional ethics. SB 303 has passed the Senate and is now pending in House Public Health.

Senate Bill 406 relates to the delegation and supervision of advanced practice registered nurses and physician assistants allowing them to practice to the level of their training. The bill strengthens the physician-led medical team model and establishes a more collaborative, delegated practice. It’s an agreed to bill by the Texas Medical Association, Texas Academy of Family Physicians, Texas Academy of Physician Assistants and Texas Nurses Association. The bill is now on its way to Governor Perry.

House Bill 620/Senate Bill 822 – known as the “Silent PPO” bills – will decrease the silent PPO problem considerably. The bills require entities that enter into a direct contract with a physician to register with the Texas Department of Insurance. In addition, they would require the contracting entity to notify and receive expressed authority from the provider if the entities want to sell, lease or otherwise transfer information regarding payment or reimbursement terms of the contract. SB 822 became the ultimate bill for final passage. The bill is now on its way to Governor Perry.

In 2012, Celia Neavel, MD, in conjunction with the Travis County Medical Society delegation, brought a resolution to the TMA House of Delegates noting that a minor parent could consent to immunizations for their child, but not for themselves. The resolution requested that TMA bring the issue before the Texas Legislature asking that minor parents be able to consent to immunizations for themselves which would better protect their child from preventable diseases, such as pertussis and influenza. Senate Bill 63, which is on its way to the Governor, does just that.

In addition to meetings with our legislators, physicians and Alliance members were also spectators as TMA members provided testimony in committee hearings. In particular, TMA President Michael Speer, MD testified in the Senate Health and Human Services Committee in support of House Bill 740, which would add screening for congenital heart disease to the panel of screenings conducted on all newborns in Texas. The bill has been approved and is on its way to the Governor.

While the 83rd session is almost over, it does not mean that physicians and Alliance members can rest on their laurels. Now is the time to become involved in the election process. Fundraising for the next election cycle will begin soon. It’s more important than ever to elect medicine friendly candidates to state and federal offices. To do this, support of the Texas Medical Association Political Action Committee (TEXPAC) is needed. A bipartisan PAC, TEXPAC allows the work of the TCMS and TMA lobby teams to continue their efforts to pass legislation that improves health care and to squash legislation that does not. Find out more about TEXPAC and contribute today by visiting www.texpac.org.
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Lung Cancer Screening

Lung cancer is the international leading cause of cancer deaths. Tobacco use is the principal risk factor for lung cancer and accounts for at least 85 percent of all lung cancers. Until recently, no screening test had been shown to be effective in reducing deaths associated with this disease.

Screening Tests for Lung Cancer

Screening tests detect cancer before symptoms develop, with the goal of decreasing the risk of dying of cancer. Detecting cancers earlier may provide a better chance of a cure. Low-dose computed tomography (CT) scans of the chest are used for lung cancer screening. Low-dose means that lower radiation doses are used compared with a regular diagnostic CT scan.

Does Screening for Lung Cancer Work?

- A large study of patients at high risk of lung cancer (the National Lung Screening Trial [NLST]) showed that CT screening reduced lung cancer deaths by 20 percent (1.33 percent in those screened compared with 1.67 percent in those not screened).
- People at high risk of lung cancer are aged 55 years to 74 years, have at least a 30-pack-year smoking history and are currently smokers or have quit within the past 15 years.
- In the NLST, CT screening had a high false-positive rate and used ionizing radiation. A false-positive result means that a positive screening result is later found to not represent lung cancer. In the NLST, false-positive results occurred in about one of every four baseline and first-year annual CT screening examinations.
- The NLST found that 320 people at high risk of lung cancer needed to be screened to prevent one death from lung cancer.
- False-positive results may cause unnecessary testing and follow-up. Most false-positive test results are resolved by performing a regular CT scan. Others lead to more invasive testing, such as biopsies or surgical intervention.
- Potential harms of CT screening include radiation exposure and the need for additional tests, some of which require invasive procedures and can create anxiety.
- The most effective frequency and duration of lung cancer screening is unknown.

Where to Start

If you believe that you meet the criteria for a high risk of lung cancer, make an appointment to visit your primary care physician. She or he can conduct an evaluation and assist in helping you decide whether lung cancer screening with low-dose CT is appropriate for you.

For More Information

- National Cancer Institute
  www.cancer.gov
- American Cancer Society
  www.cancer.org

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OPPORTUNITIES

Urgent Care: MedSpring Urgent Care, Austin seeking staff physicians for six new urgent care locations in Austin. Gorgeous, centrally located centers feature 12-hour shifts, no nights, no call and no overhead. MedSpring is dedicated to getting patients ‘back to better,’ and we are looking for doctors who seek to provide outstanding service to every patient. MedSpring is poised to become an industry leader in urgent care, and we are looking for doctors to grow with our company. Excellent compensation, annual bonus, benefit package, licensure and CME reimbursement, paid medical insurance and excellent opportunities for leadership. Contact Director of Recruiting Julianne Sherrod at julianne.sherrod@medspring.com or 512-861-6362.

Primary Care: MedSpring is an exciting health care company with six Austin locations. Determined to have a positive impact in health care, MedSpring is building a reputation for the quality and caliber of its people and the great service they deliver. MedSpring will now offer primary care services, in addition to the excellent urgent care we already provide. We have both part-time and full-time opportunities for board certified or board eligible family medicine or internal medicine physicians. We seek physicians with an outstanding bedside manner, a positive and energetic attitude and a team orientation absent of hubris. Together, we will build a new standard for primary care in the communities we serve. Contact Director of Recruiting Julianne Sherrod at julianne.sherrod@medspring.com or 512-861-6362.

Occupational Medicine: Director of Occupational Medicine, Austin. MedSpring is the new leader in urgent care, and we are rapidly expanding into occupational medicine. We are seeking a medical director for our occupational medicine overseeing our occ med program in Austin and beyond. This position will develop our program, train our physicians in occ med and meet with occ health clients to convey the benefits of working with our company. MedSpring is dedicated to getting patients ‘back to better,’ and we are looking for doctors who seek to provide outstanding service to every patient. We offer gorgeous, centrally located centers featuring 12-hour shifts, no nights and no overhead and generous compensation and benefits. Our comp package includes salary, bi-annual bonus, benefit package, licensure and CME reimbursement and paid medical insurance as well as a director stipend. Contact Director of Recruiting Julianne Sherrod at julianne.sherrod@medspring.com or 512-861-6362.

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