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"Fine," he said. "At least, now you’ve told yourself the truth." We continued on to clinic without further ado.

Wow. For me, an eye opener. A lesson I obviously have not forgotten over these many years. I use that story almost ad nauseam. With my patients: “I am not making exercise a priority in my life.” With some friends: “I am not making spending time with my wife a priority in my life.” With some family members: “I am not making securing my financial future a priority in my life.” Good, at least now I’ve told myself the truth.

While where you spend your mind and your money are indicators, nothing trumps where you put your body to tell you what your priorities are. Count up the hours of a week and see where the body lies. In my life: sleep; work; family; exercise and my profession are my priorities in terms of time spent.

What are your priorities? Is your profession – the profession of medicine – a priority? I would suggest that it ought to be. A vibrant medical profession is the best advocate for our patients and for ourselves. How do you make the medical profession a priority? Put your body in a chair. If you serve on a TCMS committee, show up to the meeting. Even if you feel you have nothing to offer, your body in that chair helps achieve a quorum without which no action can occur. If you are not on a committee, there are so many different events that the TCMS puts on each year. Attending a networking social adds value to everyone else that attends. You are a person to refer to or to get referrals from, a potential friend, a connection, a face. First Tuesday lobby days during the legislative session are an invaluable opportunity at the Capitol to educate legislators on the implications of their votes on patient care. The Business of Medicine Series is valuable for small and large practices alike. The Friends of the Society, who subsidize most of these events, feel their investments are worthwhile the more physicians that attend. So, please put your body in a chair. I would ask each of you reading this that in 2015 you make it a priority to attend at least one TCMS event and together let us make our profession a priority.

Aside 1: The osmolality of gastrografin is about 1500 mOsm/kg. It is clinically relevant as it helps a GI fellow out of the 4 pm Friday constipation consult from the allergy/immunology attending who expects miracles of enema-like proportions from a colonoscope. The high concentration helps flush out the colon while ruling out a mechanical obstruction!

Aside 2: I figured out a way around Dr. Isenberg’s incessant pimping right after “The Lesson.” Of the 20 odd things he would ask us, I would look up three. Before rounds, I would tell him the answer to the three things. He would keep pimping us, and I would just answer: “I did not make it a priority to look up that, Dr. Isenberg.” He would always just smile.
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The Medical Society extends deepest sympathy to the family and friends of the following physicians.

**Kermit W. Fox, MD** completed his intellectual and precise run through this world December 6, 2014, just one month short of his 102nd birthday. He was born on a farm near Carmine, TX. Kermit spoke and wrote only German when he started attending school. After graduating with honors from Blinn College, he completed medical school in Galveston in 1936 and opened a practice in Bryan, TX in 1939. Kermit married nurse Jewel Bernice Preuss from Giddings in 1940 after meeting while she cared for Kermit's ailing father. After five years in the military, 1941-46, and further training in orthopaedic surgery, in Iowa and Tennessee, he established his practice in Austin with Lawrence Griffin, MD. Always the meticulous and detailed individual, he read extensively, traveled to England to observe Dr. John Charnley perform total hip arthroplasties and returned to pioneer that technique in Austin. He also brought shoulder surgery techniques from the Campbell Clinic to Austin, spoke at the Texas Orthopedic Association of the new techniques in total knee replacement surgery, learned the methods of knee arthroscopy and led us all in the progresses being made in orthopaedic surgery.

Kermit and Jewel were interested in travel and visited some 84 countries, many off the beaten path and well before they became more popular destinations. They collected rocks, arrowheads, ink wells and carnival glass, among other things. He read avidly and wrote a book on his life, “A Son of La Bahia Remembers,” along with many other unpublished pieces.

When I visited him this past year he was, at 101 years, walking without a cane, reading regularly and very interested in what was going on in the Austin medical community. Always the charming gentleman, he will be missed.

*Christopher “Kit” Chenault, MD*

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**Dr. Inge Kuenast**, a TCMS member since 1961, passed away on November 23. Born in Boerfink, Germany in 1922, Inge was the eldest of eight children, brought up in a home in which classical music and scholarly pursuits were highly valued. She excelled in her studies, eventually graduating from the Duesseldorf Academy of Medicine in 1948 in an era when women in medicine in Germany were a rarity.

In 1953, Dr. Kuenast and her husband accepted teaching fellowships at the University of Texas Medical Branch where she was one of only two women on the faculty of 60 physicians. Dr. Kuenast and her growing family moved to Austin in 1960 where she and her husband became US citizens in 1962. She had a distinguished career of over 40 years with the Texas Rehabilitation Commission.

Dr. Kuenast loved her family, classical music, sports, travel and the outdoors throughout her life. Among her survivors is her daughter, Dr. Angie Parr, a TCMS member.
What do you do when you hear: “I’m pregnant and plan to take nine weeks of maternity leave.” “I’ve taken a new job – this is my two week notice.” “We need an extra hand for our EHR conversion – ASAP.”?

The Travis County Medical Society offers quality, cost-effective staffing resources to physician practices and health care facilities in Central Texas.

This service provides a resource pool of qualified professional staff who can step in on short notice to assist you in maintaining a consistent level of quality service. If you need office staff, health care professionals or physicians to fill short-term needs or full-time openings, TCMS Staffing can assist. TCMS members will receive preferential pricing.

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Technology Revolution and the Dell Medical School

Maninder "Mini" Kahlon, PhD
Vice Dean for Strategy and Partnerships
Dell Medical School at the University of Texas

Technological revolutions put a supercomputer in your pocket and a bottomless well of music, movies and media at your fingertips. Thanks to such revolutions, you’re probably not wasting time waiting in line at the bank or spending money on film for your camera.

These industrial-scale transformations are marked, in part, by the value they deliver to individuals, families and communities — we all benefit from innovations that help us do more of what we want to do, and do it more efficiently and affordably.

Health care has long needed this kind of revolution. And with the rise of digital health, or MedTech, we may finally get it.

MedTech is the meeting of technological innovation and patient care. It involves products and systems that help physicians treat patients and empower people to stay healthy.

MedTech is the phone app or smart watch that’s counting your daily steps or measuring your heart rate. It’s the data program helping physicians identify and stop viruses before they become outbreaks. And it’s the large-scale population health initiative that allows a team of physicians and providers to treat hundreds of people at a time.

The MedTech revolution has the potential to disrupt health care in ways that banking, media and so many other industries have been disrupted — using technology and discovery to shake up obsolete business practices and create value for consumers. Beyond simply bringing more new devices to the market, this revolution will create new systems to gather, utilize and deploy data in ways that provide better health and better value to more people.

The Revolutionary Road
First, we need systems that can use the data that new devices generate. We’re creating a lot of new information, but we need more meaning.

Reams of data are being generated from our wireless blood pressure monitors and step-counting wearables. But who uses that data? Our health care system isn’t set up to take advantage of the burgeoning MedTech revolution. We need to create systems of care that are designed to benefit from new ways of measuring, analyzing and predicting our health. And too many physicians today don’t have the training or the time to utilize these new streams of data. The hardest part of the revolution will be rebuilding the health care system to benefit from the advances being made with data and technology.

Second, we need systems that do a better job measuring success and value. What works, what doesn’t and what does it all cost? We must create and enforce mechanisms to weed out needlessly expensive ideas and gadgets — no matter how cool and shiny they seem — while identifying innovations that really work and scaling them as quickly as possible so that everyone who needs them can access them.

This accountability — the ability to transparently measure outcomes and cost — is both a requirement to achieve MedTech’s promise and one of the areas of greatest potential impact.

Third, we need to create new business models that reward health care innovators for improving health outcomes and reducing costs. This notion of rewarding value — better results at lower costs — is fundamental to a market economy. There’s no reason we can’t apply it to health care.

The numbers demonstrate how much potential there is for change.

We all know that the US spends significantly more per capita on health care than any other country on the planet. Yet according to the Commonwealth Fund’s most recent update, our health care system ranks dead last compared with 10 other comparably developed countries. “Most troubling,” the report adds, “the US fails to achieve better health outcomes than the other countries, and… the US is last or near last on dimensions of access, efficiency and equity.”

In addition, hundreds of millions of dollars are wasted every year through inefficiencies, excessively high prices and costs and unnecessary services. This has the effect of massively distorting the market to the point that even basic medical tests can be orders of magnitude more expensive in Austin than in San Antonio.

Clearly, the health care industry is ripe for disruption. We’re spending more but not necessarily getting as much as we should be. Innovations in MedTech, along with the systems they inspire and the disruptions they trigger, can help deliver the less expensive, more effective treatments and approaches that consumers rightly expect.

Keep Austin Revolutionary
A technology revolution in health care has begun, and Austin and Central Texas are primed to help lead it.

Between our “Silicon Hills” tech sector and ongoing research at the University of Texas at Austin, the city has
been ready to capitalize on MedTech’s potential for years. Travis County voters demonstrated as much when they voted in 2012 to support a new UT Austin medical school.

Now, the Dell Medical School at UT Austin is being created from the ground up to help connect innovations emerging from campus and across the region with the providers and patients who need them. This is the first medical school created at a Tier 1 research university in decades, and it is unencumbered by culture, processes or bureaucracy that often stymie innovation and incentivize the status quo instead of value.

Just as importantly, the medical school’s unique partnership with the community, Central Health and the Seton Healthcare Family will help it seek out and catalyze new innovations — in digital health and many other areas — and put them into practice more efficiently.

It’s no coincidence that South by Southwest (SXSW), Austin’s flagship cultural and innovation event, is launching a Health and MedTech Expo in 2015, concurrent with the Dell Medical School’s development. Part of the SXSW Interactive Festival, the SX Health and MedTech Expo occurs March 16-17 at the JW Marriott in downtown Austin. This is Austin’s moment. We have a unique opportunity to further nurture an environment that’s rich with systems that improve health and health care, and to energize MedTech innovators with new business models that reward consumer value.

The Dell Medical School envisions a vital, inclusive health ecosystem that sets Austin apart as a model healthy city. Innovations in digital health have the power to spark a health care revolution and help us achieve these ambitious goals.

You and your spouse/guest are cordially invited to the

TCMS/TCMA JOINT INSTALLATION OF OFFICERS

honoring

Pradeep Kumar, MD
2015 TCMS President

Tera Ferguson
2015-2016 TCMA President

Tuesday
March 24, 2015

Westin Hotel @ the Domain
11301 Domain Drive

6:30 pm - Reception
7:30 pm - Dinner

RSVP: tcms@tcms.com or 512-206-1146

This event sponsored in part by the following Friends of the Society: Medical Service Bureau; Texas Medical Association Insurance Trust; Texas Medical Liability Trust; TCMS Auto Program; TCMS Staffing Services; University Federal Credit Union; Austin Cancer Centers; BancorpSouth Mortgage; Bell Wealth Management and Texas Drug Card.
Letters from Liberia
By TCMS member Joe Spann, MD

When TCMS member Joe Spann, MD retired in 2014, the last thing he imagined doing was volunteering in the fight against the spread of Ebola. But in November, he joined the humanitarian group American Refugee Committee and traveled to parts of Western Africa to do just that.

Only halfway through his three month stay, Dr. Spann has already had many interesting experiences. Writing whenever he has a few minutes and internet access, he starts each email with “Dear Friends and Family.” Here are a few excerpts from some of his missives.

**November 22, 2014**
I landed last night in Monrovia, the capital of Liberia, after 9 pm. We stepped out into the warm humid air and were bused to the terminal.

Before we could enter the terminal we had our temperatures taken and were required to wash our hands under a stream of chlorinated water.

The terminal was packed with both Liberian residents and international health care workers. Standing in the long lines I met several individuals working with Doctors Without Borders, the CDC and the United Nations. Many were returning to work in Ebola Treatment Units (ETU) while some were new like our group. Most of the individuals are young and single, but there were a few gray haired individuals like myself.

PS: You cannot enter a store, hotel or apartment without having to wash your hands first with chlorinated water. I suspect I will be drinking it by the end of the trip.

**November 30, 2014**
Our Ebola Treatment Unit training will last 7 days. We will initially do 3 days of “cold training” where we will have lectures in the morning regarding the history, pathology, epidemiology and treatment of Ebola patients. In the afternoon sessions we practice dressing (donning) the personal protective equipment (PPE) uniforms, triage patients, starting IVs, drawing blood for Ebola testing and removing (doffing) our PPE uniforms. The donning and doffing of the PPE is both a physical and mental challenge.

The training is conducted on a minimally shaded basketball court with a mock ETU build. It consists of an enclosed tent with cots and separate donning and doffing areas. A step-by-step regimen in getting dressed and undressed is drilled into our heads. The entire donning and doffing sequence takes about 10-15 minutes a piece performed in the sun and heat. You wear scrubs and rubber boots to begin with. All jewelry including rings, earrings, watches and necklaces are removed. You climb into the PPE suit that provides the inner layer of the uniform covering your boots and extending upwards to your entire neck, much like a turtleneck shirt. There is a zipper in the front and several tabs on the uniform that are removed and have adhesive underneath to tape part of the uniform over the zipper and around your neck. Three pairs of surgical gloves are put on with the last pair being taped to your sleeve with duct tape. A duck billed type surgical mask is put on covering your nose and mouth followed by a complete headpiece with a second mask that overlaps the duck billed mask. A hole is made in the outer mask, and the bill of the underlying mask is allowed to protrude outwards. A heavy apron is then donned in front and tied behind you by an assistant leaving a free end on the side that can be pulled in the undressing process. Finally, a large pair of plastic goggles is placed over your eyes making sure that no skin is exposed either on your forehead or cheeks. The overall look resembles a Star Wars Imperial Trooper, but instead of a man you are a duck.

Movement in the PPE uniform feels clumsy and restricted wearing rain boots, a heavy apron and constricting clothes and headpieces. I was worried that I was going to panic since I am a tad on the claustrophobic side. (I cannot stand to wear turtleneck sweaters or shirts normally because I feel like I am being choked).

Combine that with the heat, humidity and fear of contamination and you have a recipe for panic attacks. I use mental imaging to project myself to a calmer, cooler location such as Barton Springs to calm my nerves.

We practice the PPE donning and doffing exercises for 3 days. On
the third day we discuss what to expect when you enter a functioning ETU with Ebola patients.

Never enter the ETU alone. Always have someone with you, a “buddy,” to look after each other. Do’s and Don’ts are reviewed...don’t touch your goggles or face while in the ETU, don’t allow any sharp objects to be pointed towards you or your buddy. Always wash your hands between patients. Try not to touch any body fluids or surfaces while in the ETU.

Tomorrow we will travel to the Bong County ETU three miles from our campus and begin our “hot” training. Our team has a meeting and we discuss the fear that lies shallow beneath every one of us. The fear of Ebola, the fear of failure to perform our assigned tasks and the fear of the unknown are discussed. We provide emotional support to each other and decide that courage is what it takes to move forward in our mission to help the Liberian people with this awful disease. Let it begin.

December 3, 2014

As we begin our hot training, we are told there are no real emergencies in the ETUs. If a patient arrests, starts hemorrhaging, goes into labor, develops seizures or quits breathing we do not rush in to assist them. This was attempted early on in the epidemic with several worker fatalities. Doctors Without Borders, who has treated more Ebola patients than any other group here, has a motto: “We are never in a rush to die.” Words to stay alive with.

After our tour of the facility we are led by our guide to the outside of the compound. We pass the morgue and a two wheeled elongated cart that is used to transport the bodies. We follow a narrow winding trail that leads us away from the ETU and into the jungle. The sounds of the generator and workmen fade and soon all you can hear are bird calls and the wind rustling the leaves of the trees.

After 200 yards we enter a small clearing and see the graveyard for the Bong County ETU. There are rows of small white crosses with the names, date of birth and the date of their deaths. Most are in their 20s, 30s and 40s, but there are several young children and teenagers also. Many of the deceased are related to one another since one family member will tend to infect another. The sight of this elicits silence and reflection in our group. There are perhaps 150 people buried here since the unit opened in September 2014.

Health care workers wearing PPE uniforms at the Ebola treatment unit in Bong County, Liberia

The last night there is a big party in celebration for finishing our training and making many new friends here. One of the Liberian-American nurses has family nearby and they bring in large quantities of fish, chicken, rice and fruit. Jonathan and I supply the beer and a Kenyan worker brings in a karaoke program on his computer with a speaker. Soon we are taking turns singing various songs, many of them American. A particularly emotional and moving moment occurs when we all sing “We Are The World” together. It is a multi-national, multiethnic group gathered here tonight, and looking around the room I see people from Uganda, Kenya, Nigeria, Liberia and the United States. We are the world coming together to fight Ebola.

Tomorrow we leave for Monrovia to have a few more days of cold training and wait to hear when our Ebola Treatment Unit in Fish Town River Gee will be completed. As with most things in Liberia, it is behind schedule and may not open until late December. I feel confident that the training we have received here is the best you could have. The Bong County ETU has a mortality rate of around 60% that, while still too high, is better than the 75-80% mortality figures I have often seen. The doctors and nurses here are truly saving lives with minimal resources. I am honored to have met and worked alongside them.

December 10, 2014

I have been told to pack my bags for deployment to Fish Town tomorrow morning. It will take us two days to travel 300 miles on the torture devices that pass for roads here. I will be the first medical person there from our group. I will be evaluating the layout and functionality of our brand new Ebola Treatment Unit. Of course, all I know is what I saw in Bong County during my training.

December 18, 2014

I have been making the city rounds meeting with the local health authorities, mayor and local engineers and making nice with them. If our Ebola Treatment Unit is ever to get a good start we will need the support of the local leaders and community. Much of the business in Fish Town is conducted in bars... I think they like me because I always make a point to say we are here to assist the Liberian people and not give orders or take control of the Ebola emergency response. And, of course, I always buy them a beer.

Joe
“Being selected president of the Travis County Medical Society is a big honor for me,” gleamed 2015 TCMS President Pradeep Kumar, MD when asked about his career’s proudest moment. “Aside from this, I’ve been fortunate to have had a lot of little milestones, so it’s hard to rank them in any order since they all mean a lot to me.”

Born in Madras, India, Pradeep Kumar is the youngest of four boys. Growing up, his parents aspired to a better life for their sons and had a long-term vision of coming to the United States. Emigrating from southern India to the US was challenging; however, Pradeep’s father, Raj, served in the Indian Navy, which helped pave their way to the US.

“We moved to the Netherlands for a year for my father’s job,” Dr. Kumar explained. “Since we were from a Commonwealth nation, we received visas to Canada, which is where I spent most of my early childhood - from first grade to middle school. We eventually became Canadian citizens.”

Pradeep and his family were sponsored for a green card by his aunt who lived in New Jersey. At the end of middle school, the Kumars found their way to the booming city of Houston where Pradeep graduated from high school and then Rice University. From there, he headed to Dallas to attend the University of Texas Southwestern Medical School.

“There was never a big light bulb moment where I realized I had to be a doctor,” Pradeep said. It just kind of happened, but I’m very happy that I got here.” Had he not chosen the field of medicine, he might have gone into teaching. However, if he had a talent for singing, he thought it would be cool to be a rock star.

He admits that he truly enjoyed learning and being a student. Studying medicine to become a physician presented him with an opportunity to be a student for a long time since many years of training are involved. Dr. Kumar thinks back fondly of his time in medical school, remembering a particularly cohesive class that spent time together camping at Lake Texoma every year.

“My medical school has a reputation for being very competitive and cutthroat, but I didn’t find that the case,” said Kumar. “Certainly in any class, there’s going to be those types of people, but our class got along great. I’m still close to a lot of my classmates, some of whom are still my best friends to this day. They’re very important to me.”

After graduating from medical school, Dr. Kumar stayed in Dallas to complete an internal medicine residency at Parkland Hospital, a time he regards as a “once in a lifetime opportunity.”

To Dr. Kumar, it was a badge of honor to serve the hospital’s busy emergency department, particularly since an ED residency was not available at that time. Looking back at his time as a 25-year-old resident, he is astonished at not only how much he learned, but also how great his responsibilities were to help engineer the care of some of the sickest people in the county.

“I was the pit boss for seven nights and seven days with each shift being 12 hours,” he remembers. “As patients walked through Parkland’s doors, I was ultimately responsible for every medical admission and ED discharge. I’m still amazed with my capacity at that time.”

Dr. Kumar credits the many people who helped him to where he is today – in particular, Dan Foster, MD, the chairman of medicine through his residency. As one of his greatest mentors, Dr. Foster continues to be the voice that tells him to do the right thing in terms of medicine and patient care.

Dr. Kumar’s involvement in organized medicine started during his first year in medical school. Just as with his residency experience, a full understanding of its impact didn’t resonate until later when he began putting these pieces of his life into perspective. During his first week of medical school, the Dallas County Medical Society (DCMS) invited the entire incoming freshman class to its annual meeting. At that meeting, DCMS
congratulated the class on their acceptance and explained organized medicine.

“What they said clicked with me. I liked what I heard,” Dr. Kumar said. “I liked that physicians worked together, and that we stick together as a professional group to stand up for our patients. I’ve never lost sight of that.”

While in medical school, Dr. Kumar joined TMA as a student representative to a couple of committees. He admits that part of the lure was occasionally going to Austin to meet other medical school students from across the state and enjoying some margaritas with them, but Dr. Kumar also enjoyed going to the committee meetings and seeing what they did – even if he didn’t quite understand what was discussed. He had to take a step back from organized medicine during residency and fellowship because of an already demanding schedule, but knew that someday he would once again participate in organized medicine.

“That first impression has never been lost on me – doctors working together are the best advocates for medicine. I heard it back then, but it’s even truer for me today,” said Kumar. “When we’re advocating for medicine, what we are truly doing is advocating for our patients and that’s what matters and that’s what being a doctor is about, advocating for our patients.”

After residency, Dr. Kumar moved to San Diego to complete a gastroenterology fellowship. After his fellowship, he received an offer to work in Hawaii and spent three memorable years there. However, his parents were aging, particularly his dad who was on dialysis, and Dr. Kumar wanted to be near them as they transitioned to that stage of life. Since he had already lived in Houston and Dallas, he decided to settle down in Austin.

Kumar says his being in the exam room with a patient has always been his favorite aspect of practicing medicine. “When the doors are closed, it’s me and my patient. While the winds of change swirl around medicine, with the SGR, ACA, EMR, politics, the new medical school and the ever-changing Austin community, none of that matters when I’m in a room with a patient,” Dr. Kumar explains. “Someone asks you for help, and you are of use to this person doing your very best in the kindest manner that you can – that’s never changed.”

As soon as he settled in Austin in 2002, Dr. Kumar joined the Travis County Medical Society and began attending Society events. One event that stands out in his mind is the 2003 Installation of Officers at Hill’s Cafe in South Austin where Jim Eskew, MD took office as president.

“I was, and continue to be, impressed by Dr. Eskew. He is such a casual, laid-back guy, but he gives his all to organized medicine and patient advocacy. I have a very pleasant memory of that,” Dr. Kumar said.

In 2002 during the time that anesthesiologist Cathy Scholl, MD was TCMS President, Dr. Kumar was regularly hosting a radio show. With this experience, he felt that public relations was a natural fit for him, so he asked Dr. Scholl to place him on the Public Relations Committee. Kumar eventually chaired the committee and then served on the Executive Board which led to his selection as TCMS President.

When not in the exam room, Dr. Kumar spends time with his wife, Rushmi and their three young children, Taj, Neela and Sameena. While balancing home life and medicine can be challenging, he finds time to listen to live music, exercise, go to the theatre and spend time with friends.

Looking forward to his year as president, Dr. Kumar isn’t looking to reinvent the wheel, explaining that the Society is like a well-built ship and he’s happy to keep the ship on that steady course. “Taking the Hippocratic Oath and knowing what it means to be a doctor is something that lingers for me,” Dr. Kumar said. “So if anything, I will try to subtly reintroduce to members of the Society what we all ascribed to when we graduated medical school and see if we can remember the principles that we swore to uphold.”
Hassle Factor Log

The Texas Medical Association helps physicians resolve insurance related problems with the Hassle Factor Log (HFL). Through HFL, members can submit claims problems to TMA and get assistance in resolving disputes with health plans. TMA meets regularly with Medicare, Medicaid, health care payment plans and large insurers to discuss specific problems that members bring to their attention.

Hassle Factor Log Program User Guide
Please observe the following HFL guidelines to help TMA expedite processing while maintaining the integrity and credibility of the program. All physicians using HFL must have a TMA member number, an online login and a current Business Associate Agreement (BAA) on file with TMA.

General Guidelines
• The Texas Medical Association accepts HFLs from current TMA members only. Submit HFLs by mail to Payment Advocacy Dept., Texas Medical Association, 401 W 15th St, Austin, TX 78701; or by fax to 512-370-1632. (No need to mail originals of faxed information.)
• Exhaust and document reasonable attempts to resolve your claim issues, including the appeals process, before submitting an HFL unless you are submitting an HFL as “informational only.”
• Clearly identify health plans and/or contractual relationships on the HFL form.
• Keep in mind that Medicare’s Correct Coding Initiative (CCI) determines bundling standards.
• Do not report slow-pay issues until 45 to 60 days after you have submitted the claim and you have received confirmation that the claim is being processed.

Using the Form
• Use the current HFL form available on the TMA website.
• Fill out the HFL form completely and legibly.
• Give a brief description of the hassle on the form. If you need to include a more detailed description, attach it to the form.
• You may use one form to submit multiple hassles that address the same issue and are from the same health plan.
• Use separate forms to submit multiple hassles that are dissimilar in nature or are similar but from different health plans.
• Use separate forms to submit hassles from different TMA physician members.
• All HFLs require attachments to be processed.

Attachments
Attachments should contain only the protected health information (PHI) that is relevant to the patient(s) for whom a physician is submitting an HFL. Physicians should delete all other patient information from the attachments. TMA will return to the practice any HFLs that have non-pertinent PHI.

Examples of frequently needed attachments are:
• CMS-1500 claim forms
• Remittance notices (e.g., EOBs, RAs, R&S reports) with definitions of comment indicators and/or denial messages

Informational Only HFLs
TMA adds the following types of HFLs to its database as “informational only”:
• The HFL was submitted to TMA expressly for “informational only” purposes.
• The claim currently is being appealed with the health plan for the first time.
• The claim is for services older than 12 months.
• The physician’s office failed to follow up timely on the claim.
• The information submitted is a copy of a complaint filed with the Texas Department of Insurance.
• The hassle is not clear, legible or understandable.
• The HFL contains unclear issues and/or conflicting information.
• Physician billing errors are construed as payer hassles.
• The HFL lacks appropriate attachments.

TMA’s Hassle Factor Log is available in two formats – an online version and a downloadable PDF. Both formats as well as a BAA template can be found at www.texmed.org/hasslefactorlog.

To receive your member number and/or login information, contact the TMA Knowledge Center at knowledge@texmed.org or call 800-880-7955.
Hassle Factor Log

Physician Name __________________________ TMA Member # __________________________

Specialty __________________________ Address __________________________

Date Submitted __________________________ Contact Person __________________________

E-mail __________________________ Phone __________________________ Fax __________________________

Name of Insurance Company __________________________ Amount in Dispute __________________________

Name of Network __________________________

Request in relation to (circle one):

Commercial HMO Medicaid (TMHP) Medicare Advantage Plan Third Party Administrator
Commercial PPO Medicare (Novitas) PBM (Pharmacy Benefit Manager) Tricare
Medicaid (HMO) Medicare Part D - drug plan Class Action Settlement Workers’ Comp

Type of problem (circle all that apply):

Appeal Pending Excessive Telephone Hold Time / Busy Preauthorization
Bundling (list specific codes): Filing Deadline Quantity Billed Amounts
Inaccurate Data Entry by Insurer Referral Denial
Medical Record / Documentation Requests Claim Denial
Non recognized/Incorrect/Omitted CPT, HCPCS, Modifiers Claims/Documents Lost
Overpayment/Refund Request Downcoding
Payment Delay Out of Network Payment

Other (specify): __________________________

Brief Description of the Problem (required): __________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Important: To achieve optimal results utilizing the Hassle Factor Log (HFL) Program, please review the HFL User Guide for complete program guidelines. The most current version of the form and user guide may be obtained at www.texmed.org/hasslefactorlog. For HIPAA privacy compliance, a one-time business associate agreement (BAA) must be on file with TMA before submitting any protected health information (PHI). TMA/HFL program is not responsible for missed claims and/or appeal deadlines.

Any questions, need a BAA? Contact: (800) 880-1300, ext.1414.

A limited license to reproduce this form has been granted to TMA members, state medical societies, and national medical specialty societies.

Internal use only: Processed date:_______ Entry date:_______
In 2013, Mary Brown (not a real name) turned 80. Her family helped her celebrate at her home where she had lived with her husband for 30 years and by herself for the last 10. Her family was very attentive, but all live at least two hours away. As they left for home, they were reassured by the fact that Mary had arranged for transportation to the store, her doctor and help with errands. The family checks on her regularly but there are gaps, so they are comforted to know someone would regularly call her at home to check on her.

Fact: In 2013, 3,204 patients in the Austin area were able to get to their medical appointments compliments of Drive a Senior. Many seniors are living healthier lives today thanks to your good care and to the volunteer drivers who bring them to your office.

Local Drive a Senior groups in Austin, Pflugerville, Round Rock and Elgin are members of the Drive a Senior Network. These local groups provide rides at no cost to seniors who are 60 years or older. These seniors no longer drive, but wish to retain independence in their own home for as long as they are able—a goal we all share. Very few of them have family members close by to give them rides to the doctor; some have family members in town but they cannot miss work. Public transportation is not easily accessible. Drive a Senior is the lifeline to good health care partnering with your medical practice, whether you realize it or not!

According to a recent Brookings Institution report, Central Texas has the fastest-growing percentage of individuals ages 54-65 and the second fastest-growing percentage for persons 65 and up. With that burgeoning population growth in Central Texas, the need for senior transportation grows daily.

How can you and your medical group help with this worthwhile mission?

Volunteer: Could you, a relative, friend or spouse furnish an occasional ride as a volunteer driver? It’s the most flexible volunteer opportunity in Austin. Volunteers are the greatest gift and the greatest limiting factor.

Financial Support: Become financial donors or partners! Donations fund staff salaries, administrative equipment and insurance.

Help Drive a Senior continue to make quality health care available for our seniors!
Recognizing Unsung Heroes

The TCMS Public Relations (PR) Committee established the Unsung Heroes Program as a way to recognize practice administrators and office managers who assist in delivering outstanding quality care to patients. The program, started in the second quarter of 2014, is designed to acknowledge the extraordinary abilities and professionalism of practice administrators within the medical community that may get overlooked.

Each quarter, physicians can submit a nomination to the Society. The nominating physician must be a TCMS member and work in the same practice as the nominee.

Nominations will be reviewed at the end of each quarter and the “unsung hero” being recognized will receive a gift certificate and be entered into a grand prize drawing at the end of the year.

We congratulate the following “unsung heroes” of 2014:

2Q14 – Debbie Thomas of the Austin Neurological Clinic
3Q14 – Ellie King of Austin ENT Associates
4Q14 – Casey Hernandez of Lamia Kadir’s office

The 2014 Grand Prize Winner was Ellie King who received a Kindle Fire.


For questions, contact Senior Director of Physician Services and Community Relations Stephanie Triggs at striggs@tcms.com or 512-206-1124.

The TCMS Auto Program Can:
Locate the vehicle for you at the best price, with your choice of color and equipment.
Arrange for a test drive at your home or office.
Arrange all of the paperwork for you.

We make the process easy. You just sign.

Contact TCMS Auto Program Director Phil Hornbeak at phornbeak@tcms.com or 512-949-5758.
The TCMA held its annual Holiday luncheon at the Westwood Country Club in December. Showing its strength of leadership over the years, nine former TCMA presidents were on hand to share a story from their time at the helm of the organization. During this event, TCMA also collected $1,050 and over 150 books to benefit BookSpring.

Members also showed their generosity by playing Santa to eight families from the Volunteer Healthcare Clinic (VHC), where gifts were provided for every member of the family. TCMA volunteers and VHC families enjoyed a morning breakfast and gift wrapping.

For information about membership meetings, events, enrichment groups and seminars, visit our website at www.tcmalliance.org.

Upcoming General Membership Events

- **February 3**: First Tuesday - TCMA members will join TCMS at the Capitol building in the morning to visit our legislators. We hope to see you there to show your support for the family of medicine.
- **February 17, 9:30 am**: General Meeting at the Sarah and Ernest Butler School of Music. Attendees will enjoy a behind-the-scenes tour and a performance by a select group of students at this renowned music school.
- **February 28, 6:30 pm**: 2015 Gala at the Westwood Country Club: Join the TCMA for a Fabulous Casino Night benefitting Casa Marienella, Camp Braveheart, Family Eldercare, LifeWorks, St. Louise House and the Volunteer Healthcare Clinic.
Early diagnosis and treatment of HIV saves money and improves health outcomes.

Routine HIV testing in health care settings is as cost effective as other screening programs, including type 2 diabetes and breast cancer mammography.

Learn more at www.testtexashiv.org

Texas and Travis County continue to experience high rates of syphilis. In 2013, a total of 1,468 primary and secondary (P&S) syphilis cases were reported in Texas. This is a 36% increase from the 1,081 cases reported in 2006. The number of P&S syphilis cases has increased even greater in Travis County. A total of 136 primary and secondary cases were reported in Travis County in 2013 compared with 81 in 2006—a 68% increase.

Figure 1 shows the P&S syphilis incidence rates for Travis County and Texas for 2004 through 2013. The incidence rates for Travis County and Texas have been slowly increasing since 2004. For 2004 through 2013, the incidence rates in Travis County are higher compared with the rate for Texas. In 2013, for the five most populated counties in Texas, the incidence rate in Travis County (12.1 cases per 100,000 population) is higher compared with Dallas County (10.0), Tarrant County (7.9) and Harris County (7.1) and lower compared with Bexar County (16.6).1

In Texas, 88% of P&S syphilis cases are males. Similarly, in Travis County, over 94% of reported cases are males. Table 1 shows the number of reported primary and secondary syphilis cases reported in Travis County in 2012 by gender and age group. Only seven of the 132 cases were females. Almost half (53.7%) of the cases were between the ages of 20 to 34 years. In 2012, incidence rates per 100,000 population for males (23.4) was 18 times higher compared with females (1.3). Since 2008, incidence rates for males have increased 54% while rates for females decreased 52%.

Overall, the syphilis incidence rate in Travis County in 2013 was 12.1 cases per 100,000 population. In Travis County, rates for blacks are usually higher compared with whites and Hispanics. In 2012, the incidence rate per 100,000 for blacks (20.1) was over two times higher compared with whites (9.7). Since 2010 there has been a sharp increase, from 4.7 to 16.9 cases per 100,000 population, in the syphilis incidence rates for Hispanics.

### Table 1. Number of Primary and Secondary Syphilis Cases by Gender, Age Group, and Race/Ethnicity, Travis County, 2012

| Age Group (Years) | Males | | | Females | | | | Total | |
|-------------------|-------|---|---|-------|---|---|---|---|
|                   | White | Black | Hispanic | Other/Unknown | White | Black | Hispanic | Other/Unknown |
| 0–9               | 0     | 0     | 0         | 0           | 0     | 0     | 0         | 0           |
| 10–19             | 0     | 0     | 0         | 0           | 0     | 0     | 0         | 0           |
| 20–29             | 1     | 4     | 28        | 1           | 0     | 0     | 0         | 0           |
| 30–39             | 20    | 6     | 14        | 0           | 0     | 0     | 0         | 0           |
| 40–49             | 12    | 2     | 11        | 1           | 0     | 0     | 0         | 0           |
| 50–59             | 6     | 1     | 2         | 1           | 0     | 0     | 0         | 0           |
| 60+               | 1     | 0     | 1         | 0           | 0     | 0     | 0         | 0           |
| Total             | 50    | 13    | 59        | 3           | 1     | 4     | 2         | 132         |

Data Source: Texas Department of State Health Services, 2013 Texas STD and HIV Epidemiologic Profile

### Discussion

A preliminary review of syphilis data for 2014 conducted by the Texas Department of State Health Services (DSHS) indicated a 65% increase in primary/secondary syphilis in 2014 compared to the same time period in 2013. These infections were mostly found in men who have sex with men (MSM), with 46% also having co-infection with HIV. During a recent six month period (Nov 2013-April 2014), the Austin/Travis County Health and Human Services Department (ATCHHSD) Sexually Transmitted Disease (STD) Clinic saw over 1,100 MSM patients who reported an average of three sex partners within the last 60 days with a range up to 41 partners. ATCHHSD is also aware of the increased usage of social media.
It’s time to have medicine’s voice heard at the Texas State Capitol as the 2015 legislative session kicks off on Tuesday, January 13. TCMS and TMA will continue to work for what’s best for patients and their physicians, but your help is needed.

TMA President Austin King, MD says, “We must enhance the environment in which Texas physicians practice medicine. Our government must make it easier—not more difficult—for us to care for our patients.” Now is the time to join your colleagues at the grassroots level and stand up to the challenges being faced during this legislative session.

The 2015 legislative agenda is based on TMA’s Healthy Vision 2020, second edition.

Syphilis Testing
Testing for syphilis is recommended for any person with signs or symptoms of primary infection, secondary infection, neurologic infection or tertiary infection.

Physicians should routinely test persons who:
• are pregnant;
• are members of an at-risk subpopulation, e.g., persons in correctional facilities and MSM;
• describe sexual behaviors that put them at risk for STDs, e.g., having unprotected vaginal, anal or oral sexual contact, having multiple sexual partners, using drugs and alcohol and engaging in commercial or coerced sex;
• have partner(s) who have tested positive for syphilis.

Report Syphilis
• Timely reporting of syphilis cases is extremely important to prevent transmission to others. Current disease reporting rules call for primary and secondary syphilis cases to be reported to the local health department within 24 hours for public health follow-up.
• If you make a diagnosis of primary, secondary or early latent syphilis, please call the Austin/Travis County Health and Human Services Department at 512-972-5433 or fax your report to 512-972-5772.

1Texas STD Surveillance Report, 2013 Annual Report, Texas Department of State Health Services
Carotid stenosis, also called carotid artery disease, refers to narrowing of the major blood vessels in the neck, which can sometimes lead to stroke.

**WHAT IS CAROTID STENOSIS?**
The internal carotid arteries are two major blood vessels (one on each side of the neck) that deliver blood to the brain. Just like the coronary arteries of the heart, the carotid arteries can become unhealthy when there is a buildup of plaque (a collection of cholesterol, calcium and other materials) inside them. This plaque buildup causes a narrowing of the blood vessels, called stenosis. Over time, this narrowing can lead to problems with the blood supply to the brain, which can result in a stroke.

Conditions that increase one’s risk of having carotid stenosis are smoking, diabetes, high cholesterol and high blood pressure.

**WHO SHOULD BE TESTED FOR CAROTID STENOSIS?**
Testing for carotid stenosis is recommended in people who have had a stroke and sometimes in people who have episodes of stroke-like symptoms. These symptoms include changes in vision in one eye, weakness or numbness on one side of the face or body or difficulty speaking. The goal of testing for carotid stenosis in these people is to lower their chance of having another stroke. This can be done with medications to lower cholesterol and blood pressure or medications to lower the chance of blood clots, such as aspirin. In some people with severe narrowing, certain surgical procedures can be performed to remove the plaque or open up the artery.

**WHAT KINDS OF TESTS ARE AVAILABLE?**
Three types of imaging tests can be used to look for carotid stenosis: ultrasound, magnetic resonance angiography or computed tomographic angiography. A more invasive test not commonly used is cerebral angiography, which involves a catheter (a flexible tube) inserted directly inside the blood vessels of the brain.

In most people, carotid stenosis does not cause any symptoms. For the general population, there has not been enough evidence from scientific studies to prove that testing for carotid stenosis in people without symptoms is beneficial. The US Preventive Services Task Force does not currently recommend testing for carotid stenosis in the general population. But in certain populations, it might be useful to test for carotid stenosis when there are no symptoms. An example of a special case is someone who is about to have surgery and who is known to have poor blood flow through other blood vessels in the body, in particular the coronary arteries of the heart. In this case, testing for carotid stenosis before surgery may be recommended.

**FOR MORE INFORMATION**
National Heart, Lung, and Blood Institute
www.nhlbi.nih.gov/health/health-topics/topics/card

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EQUIPMENT

For Sale: Ortho/sports medicine supplies. Stryker cast saw and spreaders, casting, brace and splint supplies, hard sole shoes. Contact 512-413-1903.

Wanted to Buy: Old, vintage and antique medical equipment, supplies, models, charts, etc. Contact cecimd@sbcglobal.net or 512-249-6119.

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For more information contact Ron Mize at rmize@tcms.com or 512-206-1245.
VeinSolutions is the most comprehensive venous treatment center in Central Texas specializing in the medically necessary treatment of superficial and deep venous disease.

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We are reaching out to TMA members who need help with the Health Insurance Marketplace.

You have better things to do with your time than research insurance options ... like taking care of patients.

We're here to help you explore the ACA and its impact on health insurance coverage options so you don't have to go it alone. No matter your current insurance set-up, we'll help you identify the appropriate plan for you and your practice so you're spending your money wisely.

- If you have no group insurance, we will help you and your staff find individual or group insurance either inside or outside the marketplace.
- If you do provide group insurance for you and your staff, we'll help you find a plan that fits your budget.
- Our advisors also can mix and match plans and features to create “hybrids” that help fill in the coverage gaps.

Give us a call today at 1-800-880-8181. Or visit www.tmait.org.

Created in 1955 and exclusively endorsed by the Texas Medical Association, TMAIT is committed to serving Texas physicians.