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A few weeks ago during the end of a conversation with my wife, Rushmi, as she was walking away, she said, “Yeah, doctors are like waiters.” It struck me. I’d never thought of it that way before and started mulling it over. I asked Rushmi about it later and she didn’t remember making that comment. But I couldn’t forget it. So please indulge me in this experimental writing piece of The Doctor as a Waiter...

Patron/Patient: Uh, hello. I have a 10 am reservation at Chez Doctor.
Hostess/Receptionist: Oh, yes. We have you on the list. Well, the patrons ahead of you are still finishing up so there will be a little wait. Please wait at the bar/waiting room, and if you haven’t already done so online, please fill out this paperwork.
Enjoy our complimentary educational medical television and our free WiFi.

(30 minutes later)
Hostess: Our medical assistant will seat you now!
MA: Welcome to Chez Doctor! Is this your first time at our establishment?
Patron: Yes it is and I’m a little nervous. I got lost coming here and it was tough to find parking.
MA: I’m so sorry about that. Before we seat you, let me get your vital signs and go over your paperwork to make sure it’s accurate.
Patron: O.K.
MA: Well, it all seems in order. I’m going to seat you at Table/Room 2 and the Waiter/Doctor will be right with you.
(Meanwhile at Table/Room 1)
Waiter/Doctor: So nice to meet you Mr. SoAndSo. I’m Doctor Waiter, what can we get for you today?
Patron 1: Humph! I’m an executive at a major local company and I’ve been waiting 40 minutes. What kind of business are you running here anyway?
Waiter: Oh, I’m so sorry for your wait. Let me pull up your information in our electronic system. Who recommended our place to you?
Patron 1: You’re the third person to ask me that today. Isn’t it already on my record? And what difference does it make? I’m fine, I don’t have any problems, I just need a routine exam, hold the Mayo.
Waiter: Oh, yes sir. Certainly we can do that. Let me take your order, but I just need to ask a few questions and do a quick exam, is that all right?
Patron 1: I suppose so, but I don’t know what all the fuss is about and why I couldn’t just place my order on the phone. I’m busy.
Waiter: (While examining the patron) Great idea. We tried that, but there were just too many errors and we found it safer for our patrons to come in and talk to us.
Patron 1: Humph.
Waiter: Well, everything checks out. Let me walk you to the check out counter where you can pay your bill, and we’ll get your order ready, okay?
Patron 1: Well, we’ll see. Maybe I’ll call back. I’m going to a 5 star executive place in Dallas, and maybe I’ll just get my order filled while I’m there.
(Back at Table/Room 2)
Waiter: So nice to meet you Ms. New Patient. I’m Doctor Waiter, what can we get for you today?
Patron 2: Well, I’m not sure. I have all these issues, and I don’t know what to order.
Waiter: Tell me about them, and I can help you. In the meantime, let me pull up your records in our electronic system, and remind me who recommended our place to you?
Patron 2: Oh, I just found you on my own. I’ve had an ache over here for quite a while. There’s been a hankering over yonder for even longer. And it hurts when I do this. And it gets better when I do that. My second cousin once removed has cancer of his glavin and I want to get checked out.
Waiter: I see. Well do you have any of this or that or the other thing? Do any of your first degree family members have anything like this?
Patron 2: No, I don’t have any of those things and my parents are pretty private about all that stuff. But my mother did have something done on her belly when I was 10. Does that help?
Waiter: Absolutely.
Patron 2: So what should I do?
Waiter: Hmmm.. You have some choices. You can start with a couple of appetizers. A trial of treatment and come back in a few weeks to see how you’re doing. Or you can go for an entrée and have an evaluation with tests that we can run.
Patron 2: What would you recommend?
Waiter: It depends on how hungry you are. In general, when you don’t have any of those so called “alarm symptoms,” if your symptoms have not been going
on too long, I’d recommend a trial of treatment. You see there’s a secret ingredient called a “Tincture of Time” (ToT). And that ToT has healed more people than I ever have. However, if your symptoms have been ongoing for a long time, an extra dollop of ToT is not likely to help, and an entrée might be the quickest way to help you on the way to feeling better while we start the treatment anyway.

Patron 2: Well, I’m not that hungry. And I notice that the prices aren’t listed on this menu. How much does this cost, anyway?

Waiter: Hah! It depends on who’s paying! Really, if I understood it better, I’d tell you, but we’ll have all that information for you at checkout. But I agree with you. Let’s try some treatment and a dollop of ToT and see you back in a few weeks, all right?

(Now on to Table/Room 3)

Waiter: Mrs. DoingBetter so nice to see you again! How’s your puppy?

Patron 3: Still thinks he’s a cat, but that’s no matter.

Waiter: So tell me about your symptoms as I pull up your records on our electronic system. You still dine with Doctor DowntheStreet who recommended our place to you?

Patron 3: No. Doctor DowntheStreet is no longer in my network so I go to Doctor OverThere. My symptoms are fantastic! The entrée wasn’t as bad as I thought, and your cooks and helpers were just so great. The medicine you put me on worked wonders and now I feel just great.

Waiter: Super, now you’re here for your just desserts. I’m glad you’re well. Why don’t you continue your treatment for 12 weeks and stop. I’ll see you again in about 6 months?

Patron 3: That sounds fine. Thank you so much Doctor Waiter and your entire establishment for taking care of me. Your staff here is just super.

Waiter: Well, I appreciate that. I think so, too. If you feel that way, why don’t you Yelp us a review?

Patron 3: Yelp a review? Why would I do that, I liked everything.
Each year, TCMS teams with the Austin Independent School District (AISD) to provide free athletic physicals to AISD students who have financial restrictions and other barriers to health care. In 2014, more than 95 physicians/residents volunteered their time to provide physicals to over 850 students in need. The physical exams are given over four nights to middle school and high school students. For many, this is the only well visit they will have during the course of a year.

Liability protection is provided by the TCMS Foundation, a 501(c)(3) charitable organization that is covered by the Charitable Immunity and Liability Act. Because both the physician and patient acknowledge up front that care is pro bono, the Charitable Immunity Act protection applies to participating physicians.

**Physician Volunteer Registration Form**

To volunteer, please complete the information below (please print).

Name: _______________________________ Specialty: _______________________________

Phone: __________________________ Email: _______________________________ Fax: ___________________

Select the location(s) and shift(s) where you are willing to provide your services:

- **Thursday, April 23 – Delco Center, Middle Schools (183 & Manor Rd)**
  - [ ] 5:15-6:45pm
  - [ ] 6:30-8:00pm

- **Tuesday, April 28 – Burger Center, Middle Schools (South Mopac & 290 West)**
  - [ ] 5:15-6:45pm
  - [ ] 6:30-8:00pm

- **Tuesday, May 12 – Burger Center, High Schools (South Mopac & 290 West)**
  - [ ] 5:15-6:45pm
  - [ ] 6:30-8:00pm

- **Wednesday, May 13 – Delco Center, High Schools (183 & Manor Rd)**
  - [ ] 5:15-6:45pm
  - [ ] 6:30-8:00pm

Mark the station(s) you would feel comfortable staffing:

- [ ] Ear, Nose, Throat
- [ ] Heart/Lungs
- [ ] Orthopedic
- [ ] Abdomen/Skin (Girls)
- [ ] Abdomen/Skin/Genitourinary (Boys - Includes Hernia and Testicular Check)
- [ ] No Preference
- [ ] I am unable to participate on the dates above, but would be able to see students in my office. Contact me for details.

Confirmations, reminders and maps will be sent prior to the event.

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

Registration forms should be returned to the Society ASAP.

Email: striggs@tcms.com Fax: 512-450-1326
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Dell Medical School Department Chairs Share Their Visions with TCMS Physicians

The Dell Medical School is making progress, and that includes hiring its first three department chairs: Kevin Bozic, MD, Department of Surgery and Perioperative Care; Amy Young, MD, Department of Obstetrics and Gynecology; and Steven Abrams, MD, Department of Pediatrics.

In the coming months, the school will name chairs of the Internal Medicine, Psychiatry, Population Health and Neurology departments, as well as the director of the LIVESTRONG Cancer Institutes at the Dell Medical School.

With a focus on sharing their individual visions and keeping the physician community and others involved in the development of the medical school, each of the three new chairs will give a public presentation this spring at sites across Austin.

Dr. Bozic’s presentation – Shifting from Volume to Value: A Surgeon’s Perspective on a Learning Health System – will be given on Thursday, April 2 at 6:30 pm at the LBJ School of Public Affairs at The University of Texas at Austin. More information about this event can be found on the UT events calendar at calendar.utexas.edu.

The US health care system is at a breaking point. Revolutionary change across all areas of health care - delivery of services, payment, research and education - is needed to ensure the future sustainability of our health care system. Surgery, as one of the most costly and visible areas of medical care, is particularly poised for a value-based transformation.

Dr. Bozic will describe his vision to help Austin become the learning health system of the future and a model for the nation. Working together with stakeholders across institutions, clinical disciplines and throughout the Austin community, we can transform our health care system into one that will improve outcomes and reduce the cost of care at the individual and population levels.

Drs. Young and Abrams will give their presentations at later dates.

Dr. Kevin Bozic is a graduate of the UCSF School of Medicine and the Harvard Combined Orthopaedic Residency Program. Additionally, he holds a Bachelor of Science degree in Biomedical Engineering from Duke University and a Masters of Business Administration from Harvard Business School. Dr. Bozic has fellowship training in adult reconstructive surgery from Rush University Medical Center in Chicago.

His clinical interests are in adult reconstructive surgery of the hip and knee with an emphasis on primary and revision hip and knee replacement. His research interests are in the fields of health policy and health care services research, specifically in the areas of health care technology assessment, cost-effectiveness analysis, shared medical decision making and the implementation and evaluation of value-based payment and delivery models.

Dr. Amy Young graduated with degrees in chemistry and biology from Vanderbilt University, and then matriculated at the University of Mississippi Medical School in Jackson. After earning her MD degree, she completed her internship at Emory University and residency in obstetrics and gynecology at Baylor College of Medicine. She has a wide range of clinical research experiences. She has been funded to explore uterine artery embolization as an alternative to hysterectomy, and most recently served as co-principal investigator on work exploring Group B strep colonization and its effects on the neonate. Dr. Young has also performed language validation work with regard to the Pelvic Floor Network patient instruments.

Dr. Abrams is a neonatologist and came to the school from Texas Children’s Hospital in Houston. In his current position, he will also serve as the director of Dell Pediatric Research Institute (DPRI), which is now a part of Dell Medical School.

Dr. Abrams’ research is focused on the mineral requirements of children of all ages, particularly calcium, zinc and iron metabolism. Clinically, his interests are in the growth of preterm infants and the use of specialized nutritional practices, including omega-3 fatty acids in the care of infants who have problems with intestinal function.

Dr. Amy Young graduated with degrees in chemistry and biology from Vanderbilt University, and then matriculated at the University of Mississippi Medical School in Jackson. After earning her MD degree, she completed her internship at Emory University and residency in obstetrics and gynecology at Baylor College of Medicine. She has a wide range of clinical research experiences. She has been funded to explore uterine artery embolization as an alternative to hysterectomy, and most recently served as co-principal investigator on work exploring Group B strep colonization and its effects on the neonate. Dr. Young has also performed language validation work with regard to the Pelvic Floor Network patient instruments.

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“It’s incredibly exciting for Austin and the Dell Medical School to be attracting department chairs with this kind of expertise and vision. Amy, Kevin and Steve are going to be great additions to Austin’s physician community, and their spirit of collaboration is setting the tone for how we can all work together to make Austin a model healthy city. And this is just the beginning.”

Clay Johnston, MD, PhD
Dean of the Dell Medical School
Theophilus S. “Theo” Painter, Jr., MD is part of a family of trailblazers. His father was not only a notable zoologist, he also served as president of the University of Texas at Austin. In fact, Dr. Painter loves to point out that his father signed his diploma from UT Medical Branch in Galveston. His younger brother, Joseph, is also a physician and is a former president of the American Medical Association. Over the years, Dr. Painter, has left an indelible mark of his own on Austin’s medical community by becoming one of the city’s first allergists and helping to develop one of Austin’s most important medical districts.

Some physicians might say they felt divinely led into medicine. Not Theo. He found it easier to develop a degree plan for pre-med than for architecture, so medicine it was. An Austin native, Painter received his undergraduate degree from UT Austin. At the time, the US was embroiled in World War II. He joined the Navy and was sent to medical school at UTMB, but by the time he graduated in 1947, the war was over.

A fortunate twist of fate led him to San Antonio where he took over a physician’s internal medicine private practice for a few years. That’s also where he met a young lady named Dorothy Buckley, his future wife.

In 1951, Dr. Painter got another chance to serve his country as an Air Force Medic during the Korean War. The war brought many opportunities to treat airmen for allergies, and after the war, he entered the University of Michigan to train in allergy and immunology.

By 1958, Theo and Dorothy were raising two sons and a daughter, and what better place to do that but in Austin. He opened his own private practice as an allergist, a business now known as Allergy & Asthma Consultants.

Dr. Painter is also a co-founder of the Texas Allergy, Asthma and Immunology Society, and has remained active with TMA and TCMS. Asked about his involvement in organized medicine, he simply says, “You don’t want to be one-sided just doing medicine.”

The lighter side of Dr. Painter loves hunting, spending time on the Texas Coast and carving fish and shore birds out of wood. He’s also still seeing patients at Allergy & Asthma Consultants. Painter says at age 90 he’s still providing quality care and still enjoying it. “It isn’t like I’m doing brain surgery or staying up all night delivering babies,” he said. “Plus, I need something to do, so I’ll continue showing up as long as they’ll have me.”
2015 TCMS Auto Show and Family Social
Thursday, April 9
5:30-8:30 pm

P. Terry’s Hamburgers
Shoal Crossing Event Center
8611 N. Mopac Expwy.

RSVP
tcms@tcms.com
512-206-1146

Kids Activities
Live Music!
I admit it. I have a car habit. I’m not like other car collectors who take an interest in one type or one make of car. I like cars that are rare and weird. For instance, I have a beautiful Italian car, the 1964 Apollo GT – they only built 77 of them. I also have a 1954 Ford Sedan Race Car that raced in the 1954 Carrera Panamericana, and then raced in the 1989 Carrera when the race was brought back.

My habit isn’t limited to cars. I also have a 1978 Mercedes Unimog 416L which is a giant truck and a Vietnam era military Jeep called an M151A2. If you see a vehicle in the physicians’ parking lot at any hospital in town that doesn’t look quite right, there is a chance it’s mine!

A big reason I collect rare cars is I like working on them in my garage. I enjoy the problem solving and every time I learn something new. I work on most of my cars for six to 12 months, sell them and buy something else. But there are some cars I’m not likely to sell, like my 1964 Buick LeSabre or my Apollo GT.

Look for me and some of my cars at the 2015 TCMS Auto Show and Family Social April 9. I’ll try to bring something unusual.

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.
Why Texas Medicine Needs TEXPAC

It’s that time. We are in the midst of the 140 days every other year in Texas when politicians make speeches, lobbyists lobby, legislators pass laws and organized medicine works hard to forge government changes that will help physicians and their patients.

Fortunately for medicine, TEXPAC was working hard long before the 140-day state legislative session began. TEXPAC paved the way for TMA’s lobby team and physician-advocates to rise above the commotion at the State Capitol with a sturdy voice and strong personal relationships in the House and Senate.

TEXPAC and TMA work hand-in-hand to achieve medicine’s goals at the local, state and federal level. Each has an important role.

What Is the Difference Between TEXPAC and TMA?

In the government relations arena, TMA focuses on policy. TEXPAC is all about electing the right candidates and educating candidates and elected officials about Texas medicine so they can make informed decisions. In addition, TEXPAC makes monetary contributions to election campaigns, whereas TMA does not. That is why your TMA membership does not automatically make you a member of TEXPAC.

TEXPAC is a voluntary, nonpartisan political arm of TMA, but it is a separate entity that has to follow strict rules governing political action committees. TEXPAC works to advance TMA’s mission of improving the health of all Texans and enables TMA members to protect Texas patients through political education and activism.

TEXPAC operates under the motto, “United in protecting our patients.” TEXPAC’s 7,000 members advocate on behalf of TMA’s 48,000-and-counting Texas physicians and medical student members, and nearly 8,000 TMA Alliance members. TEXPAC is one of the largest nonpartisan PACs in the state and ranks first in size among other state medical association PACs.

TEXPAC is dues-funded. Where does the money go?

On the campaign trail, it goes to:
- direct contributions to a TEXPAC-endorsed candidate’s campaign;
- in-kind support to candidates through mailers, push cards and other promotional items;
- polling to help better understand the dynamics of key races and
- assistance for physicians hosting events and fundraisers for their elected officials or candidates. TEXPAC wants physicians to get involved in their local races and state races. Even when TEXPAC physicians want to support a candidate TEXPAC did not endorse, TEXPAC offers promotional support.

But TEXPAC does much more than that.
- **TEXPAC provides you access to elected officials.** Before the legislative session and lobbying begin, TEXPAC staff and leadership put TMA members in front of their elected officials and friends of medicine running for office. Using research, facts and local physicians’ input, TEXPAC uses a principled approach — not politics — to choose medicine’s friends and convey medicine’s messages.
- **TEXPAC gives you a voice.** Local physicians’ input counts. A lot. Organized phone banks and block walks take medicine’s message to voters. TEXPAC membership gives physicians a voice at the crowded table of politics — and ensures elected officials are held accountable.
- **TEXPAC offers you a way to take the lead.** TEXPAC gives physicians leadership opportunities to become involved in and knowledgeable about major political issues involving health care.

How Does TEXPAC Endorse Candidates?

TEXPAC’s diverse board of physician leaders represents different geographical areas, practice types and political philosophies. The board makes endorsement decisions by democratic vote to represent TEXPAC’s varied political membership. TEXPAC endorses candidates based on their public record of standing up for medicine’s issues and a combination of subjective and objective scores, not by their party. With 59 Republicans and 55 Democrats endorsed in the Texas House during the 2014 election, it is clear the approach is not party-driven. TEXPAC does not endorse candidates simply because they are incumbents. The candidate must have a proven record of supporting medicine.

TEXPAC leaders encourage county medical societies to interview ALL local candidates running for office, then give TEXPAC their recommendation for endorsement. TEXPAC also encourages county societies to conduct letter-writing campaigns to the TEXPAC board in which physicians explain why they support the candidate they believe is the most qualified. These letters are invaluable to TEXPAC and help the board make the right endorsements.

What about candidates and officials who do not support TMA’s legislative agenda? TEXPAC encourages local physicians to meet with them and use their poor voting record as an
opportunity to educate them on issues important to the doctors and patients they represent.

**Your Voice Is Important, Too!**
TEXPAC knows physicians have a voice; but unified, your voice is amplified and powerful. TEXPAC’s tools put you in the room with your legislators, where it counts most. While TMA has a robust representation of physicians who embody medicine as a whole in Texas, TEXPAC’s passionate members go the extra mile to make sure their practices are not attacked at the local, state and federal level.

TMA and TMA Alliance members can choose from among these membership levels:

- **Basic Membership**: $125/year, $11/month (Student $10, Resident $40, Alliance $55).

  Benefits include biweekly newsletter, political activities update, election guide and access to all TEXPAC board meetings.

- **300 Club**: $300/year, $25/month (Student/Resident $60).

  invitation to 300 Club receptions with elected officials.

- **Capitol Club**: $1,000/year, $84/month (Student/Resident $200).

  Benefits of 300 Club, plus priority for delivering contributions to elected officials and candidates, Capitol Club winter jacket (if you join or rejoin between 2014 and 2015) and special recognition at TexMed conference.

- **Patron Club**: $5,000/year, $417/month ($2,500 every year continuously renewed).

  Benefits of Capitol Club, plus Patron Club winter jacket, priority ranking for attendance at political events, free admission to any TEXPAC-hosted fundraiser and annual Patron Club Dinner with an elected official.

To join TEXPAC or renew your membership today, call 800-880-1300 ext. 1361.

Texas Medical Association Political Action Committee (TEXPAC) is a bipartisan political action committee of TMA and affiliated with the American Medical Association Political Action Committee (AMPAC) for congressional contribution purposes only. Its goal is to support and elect promedicine candidates on both the federal level and the state level. Voluntary contributions by individuals to TEXPAC should be written on personal checks. Funds attributed to individuals or professional associations (PAs) that would exceed federal contribution limits will be placed in the TEXPAC statewide account to support nonfederal political candidates. Contributions are not limited to the suggested amounts. TEXPAC will not favor or disadvantage anyone based on the amounts or failure to make contributions. Contributions used for federal purposes are subject to the prohibitions and limitations of the Federal Election Campaign Act.

Contributions or gifts to TEXPAC or any county medical society PAC are not deductible as charitable contributions or business expenses for federal income tax purposes.

Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation, and name of employer of individuals whose contributions exceed $200 in a calendar year. To satisfy this regulation, please include your occupation and employer information in the space provided. Contributions from a practice business account must disclose the name of the practice and the allocation of contributions for each contributing owner. Should you have any questions, please call TEXPAC at (512) 370-1363.

**First Tuesdays at the Capitol**

**Two Down, Two to Go!**

TCMS physicians, residents and Alliance members have gathered at the Capitol twice since the start of the 84th Texas Legislative Session. During visits with local legislators, lobbying efforts have been driven by TMA’s Healthy Vision 2020, the TMA and TCMS legislative agenda for 2015.

To review the agenda, visit www.texmed.org/healthyvision.

**Bills to Watch – The Good, the Bad and the Ugly**

Insurance:
- **H B 1514/ SB 644** - requires issuers of ACA exchange plans (qualified health plans (QHP)) in Texas to display the acronym “QHP” on the plan ID card, and if enrollee is receiving a subsidy, display the letter “S” next to “QHP.” (For)
- **H B 1638** - enables insurers to provide limited coverage for emergencies. (Opposed)

Immunizations:
- **H B 465** - would set up ImmTrac as an opt-out immunization registry and allow for records to remain in ImmTrac past the age of 18 unless it’s requested that a record be removed. (For)

**Texas Medical Board:**
- **SB 190** - Interstate Licensure Contract would expedite licensure for out-of-state physicians if they have a clean license and promote licensure in multiple states for telemedicine purposes. It does not change the state’s authority, autonomy or control over the practice of medicine. (For)

Scope of Practice – Oppose All:
- **H B 1885/ SB 751** - give APRNs independent prescriptive authority and explicit authority to make a medical diagnosis. (For)
- **H B 1263** - gives physical therapists direct access to patients without first seeking a diagnosis warranting care. (Opposed)

- **H B 1413** - expands scope of therapeutic optometry and gives optometrists the authority to perform some eye surgery and administer and prescribe Schedule II drugs.
- **H B 1231** - allows chiropractors to examine student athletes for concussions.

Be a medical lobbyist for a day. Lobby tips, legislative briefings and debriefings and visits to legislators’ offices are all a part of First Tuesdays at the Capitol.

Mark your calendar for the remaining 2015 First Tuesdays – you will make a difference!

- April 7
- May 5

For more information, contact TCMS Senior Director of Physician Services and Community Relations Stephanie Triggs at striggs@tcms.com or 512-206-1124.
Recently, Travis County has been seeing an increased number of cases of shigellosis. In 2014, a total of 239 shigellosis cases were reported, either lab confirmed or directly linked to a lab confirmed case. This is more than twice the number of cases reported in 2013 with most of the cases occurring in October and November 2014 (Figure 1). The majority of cases were lab confirmed; however, 44% were identified through direct linkage to a lab confirmed case. Each case was linked with an average of five additional cases.

Shigellosis incidence rates for Travis County and Texas for 2006 through 2014 are shown in Figure 2. These rates show periodic increases often associated with outbreaks identified in group settings, such as in daycares or schools. These outbreaks ranged from two cases to 22 cases. Rarely, shigellosis is associated with travel. Only three cases of shigellosis were associated with international travel in 2014.

In 2014, average symptom duration was 7.5 days and resulted in 16 hospitalizations and no deaths. The chief complaints were fever and watery diarrhea, often with blood. Table 1 shows the number of shigellosis cases reported in Travis County in 2014 by gender and age. Over half (66.5%) of the cases were between the ages of one and 11 years and 18% were among persons age 20 to 39 years, often parents of ill children, with more females than males in that parental age group.
Table 1. Number of Shigellosis Cases by Gender, Age Group in Travis County, 2014

<table>
<thead>
<tr>
<th>Age Group (Years)</th>
<th>Males</th>
<th>Female</th>
<th>Total</th>
<th>%</th>
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</thead>
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<td>39</td>
<td>33</td>
<td>72</td>
<td>30%</td>
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<td>12 - 14</td>
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<td>4%</td>
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<td>15 - 19</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1%</td>
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<td>20 - 29</td>
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**Discussion**

Testing should be considered for any person with an illness consistent with the signs and symptoms of shigellosis (watery or bloody diarrhea, abdominal pain, fever and malaise). Stool culture is required for definitive diagnosis.

Mild Shigella infection usually resolves on its own without antibiotics, however, antibiotics can shorten the illness and kill the Shigella bacteria. Antidiarrheal agents can make the illness worse and should be avoided.

Early public health interventions, including identification of additional cases and exclusion of symptomatic persons in group settings, can prevent the spread of disease and reduce the number of contacts acquiring disease. Physicians should emphasize the importance of good hand-washing technique and staying home while symptomatic for disease and outbreak prevention.

Timely reporting of shigellosis cases is extremely important to prevent transmission to others. Current disease reporting rules call for shigellosis cases to be reported to the local health department within one week for public health follow-up.

If you make a diagnosis of shigellosis or suspect shigellosis, please call the Austin/Travis County Health and Human Services Department at 512-972-5433 or fax your report to 512-972-5772.

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**CDC recommendation:**

Test everyone born from 1945-1965 for Hepatitis C

People born from 1945-1965 account for 3 out of every 4 people with Hepatitis C, and more are unaware of their infection.

- Testing only patients with elevated ALT’s may miss 50% of infection
- Hepatitis C is a leading cause of liver cancer and liver transplants
- Care and treatment can help prevent Hepatitis C related disease and deaths
IN MEMORIAM

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

Bernard Crosby, MD passed away January 24 at the age of 62. Dr. Crosby was born in San Diego where he was valedictorian of his high school class. He graduated from the United States Military Academy at West Point with a commission as a Second Lieutenant in the Army Corps of Engineers. He went on to serve tours of duty in Germany and Fort Hood before enrolling at UT Southwestern Medical School. He trained in pediatrics, then later in allergy and immunology. After training, he served as chief of the Allergy Clinic at Eisenhower Army Medical Center in Augusta, GA before leaving the service as a Lieutenant Colonel. For exemplary service to his country he was awarded the Meritorious Service Medal. Dr. Crosby, his wife and children moved to Austin after his time in the Army where he enjoyed a career as an allergist until he retired in 2009. He was known as a devoted husband and father with a lifelong love of nature and treasured memories of hiking with his son at Philmont Scout Ranch. His intelligence and compassion were recognized by colleagues and patients alike. After his death, a friend commented, “I have never met a more loving, caring individual. Bernie enjoyed life the way that we are all supposed to – completely and fully.”

Virgil Lawlis, MD passed away on December 22 at his beloved ranch near Bastrop at the age of 89. Dr. Lawlis was born on a cotton farm in rural north Texas and continued his love of the land until his death. He attended McMurry College beginning at age 15, later attending the University of Texas and then the UT Medical Branch at Galveston where he graduated at the top of his class. He married fellow medical student Marjorie Grover and together they raised six children. Dr. Lawlis and his growing family returned to Austin where he founded the Austin Diagnostic Clinic, along with the late Henry Renfert, MD. He practiced internal medicine and gastroenterology in Austin until he retired in 1990. Longtime friend and colleague, Bill McCarron, MD, recalls Dr. Lawlis’ practice style with great admiration. He notes that Dr. Lawlis created a special kind of mutual devotion with his patients. “They stuck with him like glue,” said McCarron. He and others recall that Dr. Lawlis spent countless hours personally calling test results and checking on his patients rather than delegating it to staff members. They note that it was not uncommon for Dr. Lawlis to make house calls, well past the era when it was common practice. After retirement, Dr. Lawlis returned to the land to raise Black Angus cattle and learned cutting-edge breeding techniques. He generously helped others learn the tricks of cattle breeding, just as he had helped nurture the skills of a generation of medical colleagues during his years in practice.
Roger Mendelson, MD passed away on January 28 at the age of 64. He was born in Knoxville, TN but moved to Austin as a child, graduating from Austin High and the University of Texas. He then received his medical degree from UT Southwestern at Dallas. Dr. Mendelson returned to Austin to start a career as a solo obstetrician/gynecologist in 1980. In addition to the compassionate care he provided for patients in his practice, he had a special place in his heart for those with mental illness, caring for patients at the Austin State Hospital from 1982 until 2014. Dr. Mendelson was a man of many interests. Longtime friend Dr. Robert Cook, reflecting on his admiration of Dr. Mendelson, noted that he was a man dedicated to his work but also fully engaged with the world and his friends outside of medicine. He enjoyed backpacking and fishing in the mountains of New Mexico, Colorado and Wyoming and helped shape the lives of young men by serving for a number of years as a leader of Boy Scout Troop 3. He had a passion for antique cars and for his friends who shared that hobby. He served as president of the Capitol City Model A Ford Club. A man of faith, he served several terms on the Board of Trustees of Congregation Beth Israel. True to his nature of courage and service, during his battle with pancreatic cancer Dr. Mendelson and his wife Shirley created the Mendelson-Young Endowment for Cancer Therapeutics at UT Southwestern Medical Center. In addition to Shirley, he is survived by his son, Ben.

Eugene Paul Schoch, Jr., MD, a member of TCMS who practiced dermatology in Austin for over 50 years, passed away on January 20 at the age of 91. Dr. Schoch graduated from Austin High, the University of Texas and the UT Medical Branch at Galveston. Further training and a stint in the US Army took him to Minneapolis, New York and Tokyo before returning to Austin for good. While many of us remember him as a whirlwind of activity, humor and compassion, those who knew him best understood the scope of his intelligence and leadership. Graduating Phi Beta Kappa at UT, he had a lifelong intellectual curiosity that expressed itself in medical investigation which he conducted during his years in practice, much of which was published or presented by him over the years. He was awarded a Certificate of Merit by the American Medical Association for that body of work. He was a leader in professional organizations including a term as president of the Texas Dermatological Society. He had many other interests outside of medicine that included cherished time with his family at their lake house, a love of opera and later in life, being an award winning painter. Dr. Schoch met his wife of 71 years, Eugenia, at Austin High where they began their courtship by dissecting a frog together in biology class, followed by a lifetime together rich in family, friends and travel. He is also survived by two sons, Gary and TCMS member Eugene Schoch, III, MD.

Albert Bryan Spires, MD of Austin passed away on January 21 at the age of 86. Dr. Spires was born in Austin at the old Seton Hospital and graduated from the University of Texas before receiving his medical degree from the UT Medical Branch at Galveston. After serving in the Air Force, he moved to Taylor where he practiced internal medicine at the Johns Clinic for a number of years. He was a leader in that community serving as city commissioner and mayor as well as being awarded Citizen of the Year in 1968. Dr. Spires was appointed to the Texas State Board of Medical Examiners by two different governors and served as its executive director for 11 years. He later relocated to Lubbock where he served as associate dean for CME at Texas Tech School of Medicine and helped establish MEDNET, an innovative telecommunications network that greatly advanced the quality of rural health care with its mission “to help physicians in isolated areas maintain contact with their peers, offering services including teleconsulting, teleradiology and medical records networking.” He served on a number of boards for UTMB during his lifetime and received the Ashbel Smith Distinguished Alumnus Award from that institution in 1978. He served in leadership positions in nonprofit and professional organizations too numerous to mention during his impressive and varied service to his community and his profession over the years. After his passing a former coworker commented, “He was a good man, generous to a fault and had a fabulous sense of humor. He made you feel that you were the most special person in the room.” Dr. Spires is survived by his wife Linda, as well as a son and daughter.
The Alliance would like to thank everyone who sponsored and/or attended our annual Gala held on February 28 at the Westwood Country Club. More than 180 physicians, spouses and friends enjoyed a fabulous casino night. This event capped a stellar fundraising year for the TCMA – more than $90,000 has been raised this year to support our philanthropic activities benefiting our community partners. Thank you for helping us make a difference in the lives of Central Texans!

At the general meeting in February, TCMA members had the opportunity for an inside look at the Sarah and Earnest Butler School of Music. Attendees enjoyed a small, private concert that included a performance on the magnificent Visser-Rowland organ.

TCMA members have also joined physicians and other Alliance members from around the state to meet with legislators during First Tuesdays at the Capitol. Representative Susan King spoke at an Alliance reception in March, recognizing the Alliance’s role in First Tuesday events.

Upcoming General Membership Events

- **April 7, First Tuesday:** TCMA members will join TCMS members at the Capitol building in the morning to visit our legislators. We hope you will come to show your support for the family of medicine.
- **April 21, 9:30 am General Meeting #4 at Ballet Austin:** This meeting will also be the awards meeting for our grant recipients. Following the awards presentation, members are invited to take a backstage tour and enjoy a rehearsal of Swan Lake!

Enrichment Groups and Seminars

- **March 25, 10:00 am:** Book Review group will meet to review *All The Light We Cannot See* by Anthony Doerr; with a review by Beth Schlecter. See tcmalliance.org for location.
- **April 14, 11:30 am:** Member Seminar #4 - College Admissions in the TCMS boardroom. Learn the ins and outs of college admissions from our distinguished speaker Bob Clagett, director of Admissions at St. Stephen’s Episcopal School and former senior admissions officer and associate director of Financial Aid at Harvard College. RSVP to Wendy Propst at wendywpropst@gmail.com.
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Negligent Surgical Technique

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. The study has been modified to protect the privacy of the patient.

Presentation
A 55-year-old man with a history of hypertension and rheumatoid arthritis came to the office of General Surgeon A for evaluation of an abdominal and umbilical hernia.

Physician Action
On May 16, General Surgeon A admitted the patient to the local hospital and performed a Rives-Stoppa hernia repair with Mersilene mesh. After he placed the mesh in the wound, he fastened it using an Origin tacker. The patient went to recovery in satisfactory condition.

Approximately one week after the surgery, the patient returned to the surgeon’s office for the postoperative visit. General Surgeon A’s notes reflect that the patient was afebrile and the incision was healing well.

Five days after this initial postoperative visit, the patient returned to the hospital reporting a fever of 100.8 and a foul-smelling fluid draining from the incision. The patient was admitted by General Surgeon B, who ordered an abdominal and pelvic CT scan and began IV hydration and Zosyn.

The radiologist’s interpretation of the CT scan included “findings consistent with an anterior abdominal wall bowel leak.” That same day, General Surgeon A, assisted by General Surgeon B, performed an exploratory laparotomy with peritoneal lavage and removal of the Mersilene mesh. General Surgeon A’s notes from the procedure stated: “The bowel was adhesed to the anterior abdominal wall. I do not know if this was from one of the tacks in the tacker or adhesions.” The patient continued to improve, was afebrile and tolerating diet and activities. His wounds were healing without evidence of bleeding or infection. On June 3, the patient was discharged home in stable condition.

After three days, the patient returned to General Surgeon A’s office and the skin clips were removed. The patient was doing well and was told to return in one week. At the second return visit, the wound was reported to be healing nicely. It was cleaned and re-packed. The patient was instructed to return in one week. At the third visit, the wound was almost completely healed. The patient was told he could return to light duty work the next week, and to return to the surgeon’s office in one month. The patient was last seen by General Surgeon A on July 18. His incision was healed and he was doing well. He was instructed to wear an abdominal binder, return to work and to contact the surgeon as needed.

Three years later, the patient developed a number of significant health problems. He had stopped working and applied for Social Security Disability. The patient attributed his immunocompromised state to the intestinal leak he experienced following his hernia repair surgery three years earlier.

The patient continued to have health problems. He underwent several additional surgeries — one for a complex ventral incisional hernia repair that required a second surgical intervention due to infection related to the mesh. This patient suffered multiple bouts with abdominal abscesses, sepsis and problems from medications and has undergone additional bowel resection and hernia repair.

Allegations
A lawsuit was filed against General Surgeon A. The allegations included:

• choosing improper repair technique;
• improper or insufficient informed consent;
• negligent surgical technique;
• use of improper surgical instruments;
• failure to discover the injury and
• failure to discover and treat the resultant infection.

Legal Implications
The plaintiff’s general surgery expert stated the defendant should have used a less complicated, lower risk technique than the Rives-Stoppa and he was critical of the surgeon’s technique using the Origin tacker. Additionally, the surgeon should have assured the bowel
was free before closing and should have followed the patient more closely postoperatively. He was also critical of the informed consent form in this case and that it addressed the repair of one hernia, when two hernias were actually repaired.

A general surgeon testifying for the defense was supportive of the defendant in all respects, including informed consent, Rivas-Stoppa repair technique and use of the Origin tacker. The patient experienced a known complication from hernia repair surgery.

**Disposition**
This case was taken to trial and the jury returned a verdict in favor of the defendant.

**Risk Management Considerations**
Documentation was a concern in this case. General Surgeon A dictated the operative note from the second surgery six weeks after the procedure. Delay in documentation and incomplete records were viewed as weaknesses in the defense of this claim. Current, accurate and complete medical records are not only useful in diagnosis and treatment, but can also assist in the defense of a malpractice claim that may arise months to years later. Complete and accurate notes are more likely to result from documentation done soon after a patient encounter. In addition, the information will be available to all members of the health care team. Finally, they increase the physician’s credibility by connoting efficiency and diligence.

The information and opinions in this article should not be used or referred to as primary legal sources nor construed as establishing medical standards of care for the purposes of litigation, including expert testimony. The standard of care is dependent upon the particular facts and circumstances of each individual case and no generalization can be made that would apply to all cases. The information presented should be used as a resource, selected and adapted with the advice of your attorney. It is distributed with the understanding that neither Texas Medical Liability Trust nor Texas Medical Insurance Company is engaged in rendering legal services. © Copyright 2014 TMLT.
IRRITABLE BOWEL SYNDROME
Irritable bowel syndrome (IBS) is a common cause of stomach pain, cramping and changed bowel habits.

WHAT CAUSES IBS?
IRRITABLE BOWEL SYNDROME CAN DISRUPT NORMAL ROUTINES. BUT it is not life-threatening, nor is it related to a higher risk of cancer. It has many causes. For example, your bowels might contract abnormally. You might have changes in the bacteria in your bowels. Or you might be sensitive to stress or certain foods. Sometimes these conditions can be triggered by severe infections. Other causes are possible.

WHAT ARE THE SYMPTOMS?
• Stomach pain or cramping
• Changes in bowel habits (diarrhea, constipation or both)
• Stomach bloating or distention
• Intense urges to move your bowels. These urges may not be related to having a bowel movement.

Symptoms are often related to eating. Having a bowel movement often improves IBS pain. Symptoms of IBS can change. Your doctor might suspect another disorder if your symptoms started after age 50 years or if you have a family history of other bowel disorders. Your doctor also might suspect another disorder if you have:
• Unexplained weight loss
• Diarrhea at night or blood in your stool
• Unexplained iron deficiency

WHAT MAKES THE SYMPTOMS WORSE?
• Certain foods. Examples include those that contain lactose, fructose or some other carbohydrates. Other examples are foods that contain gluten (found in wheat).
• Stress or anxiety
• Certain over-the-counter and prescription drugs
• Menstrual periods
• Severe infections affecting the stomach or bowels. Examples include “traveler’s diarrhea” or “food poisoning”

WHAT CAN BE DONE?
Doctors can diagnose IBS based on typical symptoms and a few simple tests. But doctors don’t have reliable tests to determine the precise cause of IBS. No single treatment works for everyone. So finding the right treatment can take time and patience.

Treatments include:
• Diet change. You might, for example, stop eating gluten or certain carbohydrates. Ask your doctor or dietitian.
• Exercise
• Dietary fiber or fiber supplements (if you are constipated)
• Over-the-counter and prescription drugs
• Reducing stress or changing behaviors
• Treatments that affect the bacteria in your bowels. Your doctor might suggest probiotics. These provide helpful bacteria. Your doctor also might also suggest certain antibiotics. These change the type of bacteria already in your bowels.

FOR MORE INFORMATION
International Foundation for Functional Gastrointestinal Disorders
www.aboutibs.org
IBS Self-help and Support Group
www.ibsgroup.org
American College of Gastroenterology
http://patients.gi.org/topics/irritable-bowel-syndrome
American Gastroenterological Association
www.gastro.org/patient-center/digestive-conditions/irritable-bowel-syndrome
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