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The Beatles hit it big in England in 1962 and conquered America after their February 1964 appearance on the Ed Sullivan Show in the wake of JFK’s assassination. They topped the charts in every time zone in the world. Had they ended their career after their first four albums, they would have gone down as the most successful boy band in history along with N’Sync, the Backstreet Boys and One Direction. However, the 60s caught up with the Beatles just as the Beatles caught up with the 60s. They then released what in some corners is considered the “Holy Trinity” of Beatles albums: Rubber Soul, Revolver and Sgt. Pepper’s Lonely Hearts Club Band. The latter of which was named the most important rock & roll album ever made by Rolling Stone magazine.

While the death of their manager and personal, musical and business differences didn’t keep the Beatles from releasing profoundly spectacular music in the form of the Magical Mystery Tour, the White Album, Abbey Road and Let It Be, it did end them as a group. By 1970, the Beatles were done, the oldest amongst them had just turned 30. They were inducted into the Rock and Roll Hall of Fame in 1988, two years after its formation.

John Lennon’s solo career was convoluted. Early on he wrote “Imagine” which was as big, if not bigger, than any Beatles hit. The remainder of his early solo catalog received spotty popular connection but much critical acclaim, especially in hindsight. My personal favorite is “Number 9 Dream” from the album Walls and Bridges in 1974. He took a five year sabbatical from music between 1975 to 1980 to raise his son, Sean. Just as he re-emerged with Double Fantasy, charting with “Starting Over,” John Lennon was laid low by an assassin’s bullet on December 8, 1980. A day that will live in infamy. His assailant, Mark Chapman, was apprehended at the crime scene in front of the Dakota on the Upper West Side across from Central Park, sitting on the curb, quietly reading from JD Salinger’s A Catcher in the Rye. John Lennon was inducted into the Hall of Fame posthumously in 1994.

Paul McCartney has objectively the most prolific post-Beatles career. He charted continuously in the 70s and 80s. He has composed in a variety of media including ballet and opera. He was knighted by the Queen and is arguably the most beloved musician alive today – especially by me. He was inducted into the Hall in 1999.

Immediately after the break up, George Harrison regurgitated his treasure trove of songs that were unfit for a Beatles album in a triple album masterpiece called All Things Must Pass. While much of his solo work is esoteric, he found occasional mass appeal in the mid-80s with Cloud Nine and in his work with the Traveling Wilburys. His last album, Brainwashed, may be his best. He passed from metastatic cancer to the brain in 2002 and was inducted into the Hall posthumously in 2004.

Ringo Starr’s greatest commercial success as a solo artist came soon after the Beatles when he charted with songs penned by his former mates such as “It Don’t Come Easy,” “Photograph” and “You’re Sixteen.” He has continued to release albums and tour with his All-Starr Band and recently played for the Rock and Roll Hall of Fame.

By all objective measures – in terms of popularity, critical acclaim, record...
sales and order of induction into the Hall of Fame — the Beatles certainly exemplify the adage that the “whole is greater than the sum of its parts.”

And in that, they can teach us something. The “whole of medicine” is greater than the “sum of our parts.” For that brief period after graduating medical school and before we started our residency, we were all just doctors. Before we were internists or surgeons or obstetricians or pathologists or whatever we became, we were just doctors. We do well and we do best when we harness that basic part of our profession and act together.

Nothing to me demonstrates that better than First Tuesdays at the Capitol. On our behalf, I’ve attended each one during this legislative session. Physicians from around the state congregate at the TMA building and get the latest on what bills are going where. Then we all descend on the Capitol in our white coats and meet with our legislators and their staff to educate and lobby them on behalf of medicine. We should all take pride that Travis County is very well represented at First Tuesdays and I want to personally thank everyone who took the time to attend this session. From the stalwarts like Michelle Berger, Jerry Mankovsky, David Fleeger and Jim Eskew to the first timers like Keagen Lee, Gurneet Kohli and Chris Vije—we appreciate your service.

Thousands of bills are filed every session in the legislature. Many of the issues involving health care are not favorable to physicians. There are scope of practice issues where other professions want to practice medicine without a medical license. Regulatory issues are continuous where government wants to tell physicians how to practice. And many more. If those bills reach the House or Senate floor, who knows what will happen. So we reach out to our friends who serve on the appropriate committees and those that we have supported to explain why these bills are bad for patients and physicians across Texas. In Sun Tzu’s 6th century BC text, The Art of War, he admonishes that “winning without fighting is best” and to “take care of your enemies when they are small so they do not become large.” The legislative analogy to that for a bad bill is to “kill it in committee.”

TEXPAC, the political arm of TMA, provides an essential service to help form these supportive relationships. Certainly when an issue affects our particular specialty, we call out our specialty’s lobbyist and our specialty PAC and drudge up our specialty physician from his office and ask him to testify or bend the ear of a legislator. That’s important work and necessary. However, when an issue does not directly affect our specialty, many of us are content to go on about our day. We do that to our peril. The “barbarians at the gate” will pick us off and chew us up one by one if we do not stand together. This is where TEXPAC comes in to help elect officials friendly to medicine so that we can advocate effectively for the “whole of medicine.” So write a check to TEXPAC – let’s get the band back together!

“Y ou say you want a Revolution W ell, you know W e all want to change the world . . .

Y ou ask me for a Contribution W ell, you know W e’re all doing what we can”

“Revolution”
The Beatles

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The Texas Medical Association’s House of Delegates (HOD) met in Austin during TexMed 2015. Tomas Garcia, MD from Harris County was installed as the 150th president of the TMA and Mrs. Patty Loose from the Travis County Medical Alliance was installed as the TMA Alliance president.

TCMS member Zoltan Trizna, MD, PhD submitted a resolution to be considered by the HOD. The resolution regards online reviews of physicians and HIPAA and requested that TMA work with state and federal legislatures to craft a HIPAA exemption that would allow physicians to respond factually to specific online posts by patients. It also asked that the TMA Delegation to the American Medical Association (AMA) take the resolution to the AMA House of Delegates for consideration. The resolution was referred to the Office of the General Counsel and Board of Councilors.

Delegates also:

- Adopted a resolution directing that TMA work with the Texas State Board of Pharmacy to expedite Texas pharmacists’ adoption of Electronic Prescriptions for Controlled Substances.
- Directed TMA to oppose implementation of ICD-10 and urge Congress to permanently abandon its implementation.
- Adopted resolution directing TMA to recommend repeal of compulsory electronic health records and to urge Congress to advocate repeal of compulsory electronic health records.
- Referred to the Councils on Legislation, Medical Education and Socioeconomics was a resolution requesting opposition to the Interstate Medical Licensure Compact as currently written. Also requested was a study of the medical licensing reciprocity process with other states to facilitate licensure for telemedicine and other purposes.
- A resolution requesting that TMA work with state health officials and the Texas Legislature to require that all children be vaccinated as a measure of protecting their lives and the lives of others was referred to the Council on Science and Public Health.

To read the full HOD summary report, visit www.texmed.org/hod.

The Texas Medical Association’s House of Delegates

The Texas Medical Association’s House of Delegates is the representative policy making body that meets to receive reports of the officers, boards, councils, committees and sections of the Texas Medical Association (TMA) as well as resolutions from county medical societies or individual members. All these items, information reports as well as proposals for action, become the business of the House of Delegates.

All business of the House is assigned by the Speakers, according to subject matter, to one of four reference committees. Any member of the TMA (not just delegates) may appear before reference committees to speak for or against any proposal or issue under consideration.

After reviewing (and sometimes consolidating) the reports and resolutions relative to each issue, and after hearing all testimony given by members, the reference committees summarize the information, discussions, and testimony. The reference committees then report their recommendations (which may include approval, amendment, disapproval, or referral) to the House for action.
TEXPAC is the voluntary, nonpartisan branch of the Texas Medical Association. Membership in TMA does not automatically make you a member of TEXPAC. Your TMA membership dues allow TMA to focus on policy; TEXPAC is all about electing the right candidates and educating them 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. TEXPAC and TMA work hand-in-hand to achieve medicine’s goals – each has an important role.

Membership is a physician investment to ensure medicine has a strong voice at the crowded table of politics and to hold elected officials accountable. TEXPAC provides physicians leadership opportunities to become involved proactively and knowledgeable about health care political issues.

Why Join?
Medicine is under attack. Now is the time to protect your patients and your practice from additional intrusion from the government and other third parties into your exam room. We must continue to support our friends of medicine currently in office and those running for office. We need them now more than ever.

TEXPAC makes your voice heard at the Capitol - JOIN TODAY!
TCMS has more than 3,600 members – only 6.5% are TEXPAC members. Comparable in size, 12% of Tarrant County Medical Society members support TEXPAC. Our society can do better.

For a limited time only, you can join TEXPAC at the basic membership level for only $60 – have your voice heard and advocate for the “whole of medicine.”
Visit www.texpac.org or call 512-370-1363.

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.
TCMS Auto Show

Travis County Medical Society members and their families turned a parking lot into a party at the Auto Show and Family Social on April 9.

The event at Shoal Crossing offered a hands-on look at the latest models from participating dealers in the TCMS Auto Program. Kids and parents alike also enjoyed getting a look as several vintage cars brought by members.

Guests also enjoyed burgers from P. Terry’s, treats from Hey Cupcake! and a variety of activities all set to the exotic sounds of Rattletree Marimba, an eclectic, African-style marimba band.

See ya next year!
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CDC recommendation:
Test everyone born from 1945-1965 for Hepatitis C

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- 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
The TCMS website is a powerful tool you can use to stay connected with your Society. Easy to navigate, the website’s tabs, dropdown menus and buttons guide you to information on networking and educational events as well as the latest practice management, member benefits and advocacy updates.

The **Connect** button gives you access to TCMS communications and networking tools including the bi-monthly *Journal*, monthly *eNews* and TCMS social media.
This is where you’ll find information about TCMS programs and services that provide valuable assistance to you and your practice. Click on each icon for details and take advantage of member discounts!

With the Physician Search function, you can quickly locate TCMS members. Updated in real-time, you can search by first name, last name, specialty and/or ZIP code. Use the physician search for referrals or direct your patients to use it when needing additional information on your colleagues.

Do you know a physician in the Austin area who is not a member of TCMS? Direct them to the Join TCMS page where they can learn about eligibility and member benefits!

The TCMS Events page keeps you updated on social, educational and volunteer events.
For more than 18 years, the TCMS Public Relations Committee has co-sponsored a service project with the Austin Independent School District’s Athletic Department and Student Health Services. The project is designed to provide free athletic physicals to AISD middle school and high school students who are uninsured or do not have affordable access to health care. For many of these students, this is the only time they see a physician for a well-visit.

Our thanks go out to the 100+ physicians who volunteered their time for this invaluable endeavor. A number of them committed to participating multiple days and/or shifts over the course of four nights in April and May at the Burger and Delco Activity Centers.

In addition to physicians from numerous specialties, the program would not be successful without the participation of AISD and Dell Children’s Medical Center nurses, student nurses and health educators. TCMS staff were joined by volunteers from the Lend a Hand program at The Blood and Tissue Center of Central Texas and from the pre-health honor society at the University of Texas, Alpha Phi Sigma, to keep the students moving smoothly from exam station to exam station.

Thank you for your ongoing support of our community!
Physician Volunteers
2015 Athletic Physicals

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**IN MEMORIAM**

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

**R. Vincent Murray, Jr., MD**, a TCMS member for over 60 years, passed away on April 28 after a lengthy illness. A native Austinite, Dr. Murray’s direct descendants were German immigrants who settled in Central Texas in the 1840s. Dr. Murray was an Austin High and University of Texas graduate before beginning his medical training at the University of Texas Medical Branch at Galveston. His further training included an internship in Philadelphia followed by an internal medicine residency at Scott & White, during which time his training was interrupted by a yearlong battle with tuberculosis. Following his medical training, he served in the army as a medical officer at Fort Bliss after which he returned to Austin where he practiced internal medicine for 50 years. Dr. Murray formed a special bond with his many longtime patients. As his son, TCMS member John Murray, MD recalls, he especially enjoyed making house calls, a practice he continued until his retirement in 2002. A man of deep faith, Dr. Murray served as a deacon at Great Hills Baptist Church and was an active member of The Gideons International, serving for a time as president of the Austin Gideon camp. Claire, his beloved wife of 62 years, predeceased him in 2012. He is survived by three sons and numerous grandchildren and great grandchildren. Upon hearing of his death, friends and former patients remembered him fondly: “A gracious gentleman with an elegant bearing... We remember Vincent’s eager smile and warm handshake.”

**Donald W. Patrick, MD** passed away on April 25. He was born in San Antonio and was a graduate of what was then Texas A & I University and Baylor College of Medicine where he also did his neurosurgery residency. During the Vietnam War he served as Chief of Neurosurgery for the 24th Evacuation Hospital for which he was awarded a Bronze Star, a time described as among the most intense and rewarding of his life. Following his distinguished military service he moved to Austin where he practiced neurosurgery from 1970 until 2001. During his time in practice he served in innumerable leadership positions with hospitals, specialty societies, community organizations and within the Austin medical community, helping to establish EMS services and at times serving as its director. After graduating from UT School of Law well into his 50s, he went on to serve as executive director of the Texas Medical Board from 2001-2008. He served as one of the original board members of Central Health. Dr. Patrick had an intellectual curiosity that made him a perpetual student and he was described more than once as a “renaissance man,” a term that truly fit him. In addition to his life in medicine and the law, he attended the UT Butler School of Music later in life, continued violin lessons for years and spent much of his life pursuing interests in military history, architecture, quarter horses, travel, running, classical music and opera. He was a pilot for decades – at one point building his own airplane. Dr. Patrick is survived by his wife, TCMS member Dr. Carolyn Biebas, four children and nine grandchildren.
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Source: The Doctors Company
This is the time of year many of us in the Travis County Medical Alliance love – it’s the time when we distribute grant awards. TCMA held its last general meeting of 2014-2015 on April 21 at Ballet Austin. In addition to observing part of a rehearsal for the upcoming performance of Swan Lake, the awards were presented to our deserving community partners. Given the success of our fundraising this year, we were able to assist more organizations than originally planned.

Thank you to all of our sponsors and fund drive donors who helped make this possible!

Grant recipients:
• Austin Children’s Services
• Casa Marianella
• LifeWorks
• St. Louise House
• Wonders and Worries
• Camp Braveheart (Hospice Austin)
• Family Eldercare
• Peoples Community Clinic
• Volunteer Healthcare Clinic

Member Spotlight:
Lindy Brand - Volunteer of the Year

Lindy Brand was born and raised in Beaumont, TX. After high school, she attended Baylor University where her grades were not-so-stellar during her first semester. At this point her parents summoned her back home where they told her that the title “nurse” would be more appropriate than “doctor.” That summer, she made the Dean’s List at Lamar University and soaked up all the humidity she could stand.

Early on she volunteered her time with Young Life and at her alma mater high school, sponsoring the Anchor Club. She has also accompanied high school students to Frontier Ranch as a counselor and taught children’s choir at church. She eventually went to work in an urology office which led to her current career.

She received her BS in nursing in 1996 and moved to Austin to work in another urology office. She then jumped at the chance to work in the operating room at Seton Medical Center. She became a contract nurse in 2001 and has worked in most hospitals and surgery centers in Austin and the surrounding area.

Thankful for God’s plan (versus her own), she met and married a dashing anesthesiologist, Jeff. They now enjoy the craziness of raising their four kids (Jeffrey, Haley, Harper and Matthew) and three dogs! Lindy stays busy volunteering at Anderson High School, staying up with her children’s friends and activities and working as a part-time OR RN at Northwest Hills Surgical Hospital and Seton Northwest. She definitely found her niche in the OR where her patients are asleep, and she can keep things “light” with humor during stressful situations.

During her down time she can be found running, eating out, watching Lifetime, spending time with family, traveling, at church and finding ways to make people laugh. Her favorite personal awards are “Service with a Smile” and “Volunteer of the Year!”
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With a focus on rethinking diverse health challenges, the Dell Medical School has recruited veterans from the pioneering IDEO design firm to lead the new Design Institute for Health, a first-of-its-kind institute focused on applying design thinking and creativity to health care dysfunction. The Design Institute will collaborate with a wide array of partners to integrate that perspective into medical education and community health programs as well as promote new models that are both replicable and scalable.

The institute, which marks a collaboration between the Dell Medical School and the College of Fine Arts at UT Austin, will be led by Executive Director Stacey Chang, IDEO’s former managing director of health and wellness; and Managing Director Beto Lopez, former global lead of systems design at IDEO and a UT Austin alumnus.

Chang and Lopez recently sat down to share more about the institute and to explain how they intend to generate new thinking, designs and strategies to address vexing challenges in health care:

Q: What is the new Design Institute for Health?

SC: The Design Institute is a genuinely unique entity that brings a design-based, problem-solving approach to the difficult health issues we face as a society. Importantly, the institute is part of the new Dell Medical School—the first time such a design+health focus has been so tightly integrated with a medical education setting.

Q: Why is it important that the institute is part of a medical school?

SC: It’s important because medical schools are where the future of health begins. By integrating design into the school’s curriculum, training, practices and culture, we’re ensuring that future health leaders cultivate a valuable skillset as they prepare to face new and daunting challenges.

BL: This is a rare opportunity for a medical school to leapfrog legacy systems and mental models that slow innovation to a crawl. In that sense, the Design Institute will work to complement a world-class medical education with a new way of thinking about how to innovate and creatively solve problems.

SC: And it’s even more exciting that we’re integrating at this time at this medical school. We’re part of building a medical school—the first new one in decades to be built at a top-tier research...
university—from the ground up. We enjoy the unprecedented support of a community that raised property taxes to make the school a reality. And we have the opportunity to tap into the rich creative culture that defines Austin. In all of these ways, the Dell Medical School can function across sectors—with new, different, interesting partners—as very few other institutions can.

Q: What is “design thinking”?

SC: Design thinking is a process for problem solving that focuses on human needs first and that takes a creative and iterative approach to finding new solutions to those human needs. Design thinking is particularly useful in complex, hard-to-define scenarios, which is an apt description of our health system.

Q: What gets you most excited about this initiative?

SC: There is no such thing as a blank slate in our health system, but what we have in Austin is unique. Here, we have a set of circumstances that give us more room to create something from first principles than any other scenario that I’ve seen in a decade. We have a cadre of stakeholders who are moving in the same direction and eager to move forward together. Importantly, one of those partners is an invested community.

BL: It’s the opportunity to collaboratively design and launch a new health ecosystem in Austin that becomes a model for the rest of the country. What starts here has the potential to scale and change the way Americans interact with their health. It’s simultaneously crazy, difficult and incredibly meaningful.

Q: How will your work benefit Austin and Travis County?

BL: Creating benefit is the end goal of the Design Institute. We are on the hook to create new ways for the people of Austin and Travis County to get and stay healthy and to feel better about their health experience in the process. Our work will constantly be informed and shaped by the community we serve. It’s exciting to think of the possibilities.

View the full interview at www.bit.ly/1Jtv9TZ.
**How Measles is Spread**
Measles is spread when an infected person coughs or sneezes. Small droplets containing the virus disperse into the air and onto nearby surfaces where the virus can live for up to two hours. Another person can become infected by breathing contaminated air or through contact with a contaminated surface. A person who is infected with measles can spread the disease to others even before any symptoms appear.

Measles is one of the most contagious diseases known. This means that it spreads easily from an infected person to others who are not immune to the disease. People who are fully vaccinated against measles, who have had the disease or who were born in the United States before 1957 are considered immune.

**Symptoms**
Early symptoms appear one to two weeks after a person is exposed to the disease. Symptoms include fever, cough, runny nose and red, watery eyes. Red spots, sometimes with small bumps, appear on the skin three to five days later. The rash starts on the head and spreads downward to other parts of the body. A high fever may occur when the rash appears. Symptoms resolve a few days later.

Complications from measles are more likely in children younger than five years or adults older than 20 years. Ear infections and diarrhea are common. Serious complications occur less often. They include pneumonia (lung infection) and encephalitis (swelling of the brain). Severe complications can lead to permanent brain damage or death. In pregnant women, measles infection may lead to premature labor or a low birthweight baby.

**Preventing Measles**
Vaccination against measles began in the United States in 1963. Before that time, measles infected an estimated three million to four million people in the United States each year and caused about 48,000 hospitalizations and 500 deaths. The measles vaccine program has been so effective that between 2001 and 2010 there were fewer than 150 cases per year in the United States.

Even though the chance of being infected with measles in the United States is low, being vaccinated is still important. Unvaccinated people who live in or travel to countries where measles is still common can bring the disease into the United States. Outbreaks can then occur in areas where vaccination rates are low.

In recent years, measles cases in the United States have almost always affected people who were not vaccinated or whose vaccination status was unknown. Since 2012, the number of reported measles cases has increased dramatically. In 2014, there were 644 cases in 27 states. In the first five weeks of 2015 alone, there were 121 cases affecting people in 17 states.
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