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2015 TCMS Physician of the Year
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I Have a Vision
Pradeep Kumar, MD

TCMS: LOOKING BACK, LOOKING FORWARD
Marshall Cothran, Executive Vice President, CEO

BLOOD DONOR CENTER OPENS
IN SOUTH AUSTIN
Leanne DuPay

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Leanne DuPay

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Leanne DuPay

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TCM ALLIANCE
Bereneice Craig, President Elect

PUBLIC HEALTH
Philip Huang, MD, MPH

TAKE 5: BLADDER CANCER

CLASSIFIEDS
Well, the time has come. This is my last presidential article. Over the course of the year, I’ve had the opportunity in writing these articles to discuss priorities, compare doctors to waiters, tie together The Beatles, Sun Tzu and TEXPAC, further ideas on vaccines and vacations, as well as inform how all these Indians got to America. As my parting shot, I would like to describe a vision I have of Austin medicine in the next generation.

I have a vision of a thriving medical school. Medical students learn in strange and inventive ways, harnessing the advances in educational thought and information technology. Residents as well as fellows litter not only the campus of Dell Seton Medical Center at UT but also the hospital facilities on both Seton and St. David’s campuses throughout the city. In this fashion they will have access not only to the bread and butter but also to the nooks and crannies of medical practice and graduate their fields offering patients the widest breadth of experience possible.

I have a vision of community physicians embracing the Dell Medical School’s call to join in collaboration in taking care of patients. The shine on a practice offered by the title Adjunct Professor at the Dell Medical School, the rewards of teaching students and physicians-in-training and the fulfillment of taking care of the neediest patients will offset the loss in business revenue incurred by not attending exclusively to one’s own practice. This can happen by community physicians sharing both the opportunity and the responsibility equitably.

I have a vision of a busy biotechnology corridor up and down Red River where today we can barely get a car squeezed through, but where tomorrow the entrepreneurial spirit creates a bustling economy and opportunity for all aspects of medical ventures.

I have a vision of a strong and vibrant TEXPAC with significant membership amongst TCMS members. First Tuesdays will continue to be a force at the Capitol, and because of TEXPAC’s overwhelming influence, our elected officials will not be able to ignore the onslaught of white coats as we approach them about legislative issues for the purpose of safeguarding the health of patients across our county and the state.

And finally, I have a vision of a robust, engaged TCMS whose members are comprised of independent practitioners, all of the clinical faculty at Dell Medical School and physicians affiliated with or working at all the various hospital systems that operate in Travis County.

There is a great American movie, Caddyshack, that we can all learn from - particularly in the exchanges between Ty Webb (played by Chevy Chase), a millionaire golfing playboy and Danny (played by someone who never acted again), the caddy who aspires to get a golf scholarship for college. Before Danny has to putt for the win in the final tournament which will determine his future, Ty advises him: “See your future. Be...your future. Make...make it! Make your future.”

Earlier in the movie, Ty advises Danny: “There’s a force in the universe that makes things happen and all you have do is to get in touch with it. Stop thinking. Let things happen. And Be the Ball.”

These two instructive points teach us that we have to be the object and the force for the change we want to see in the world. My vision of the future, while fully attainable, will take the cumulative effort of all of us to realize it.

If we fail, then a starker vision of the future my unfold...where timing and economics make it impractical for enough community physicians to attend at the medical school; where the medical school then has to hire physicians to do the work; where these employed physicians have to pay their way by competing with community physicians for funded patients. This starker vision thus includes a schism in our town with community based practitioners in one camp and those employed directly or indirectly by the medical school. This would be precisely the “Town and Gown” dichotomy that all parties have professed that they desperately want to avoid.

However, I have great confidence in the future leaders of TCMS - Rob Cowan, Sara Austin and those who follow - to steer our ship towards continued engagement and molding a bright future for all of us.
The end is nearing for my term as president of the Travis County Medical Society. It has truly been the peak of my medical career. I want to thank you all for the honor and the privilege. In particular I want to thank my wife Rushmi for her continued support. For every evening meeting and event I attended, she was left to feed and put three young children to bed by herself. I definitely had the easier night.

I also want to recognize the entire staff of TCMS, in particular the stalwarts, Marshall Cothran, Belinda Clare, Stephanie Triggs, Jonell Parsons and Arlin Hall. They truly make our county medical society, in my opinion, the best in the state!

Going back to Caddyshack, while I would like to leave you with the promise of the last and funniest line of the movie, I do think it more appropriate to leave you with this: “Be the Ball.”

Travis County Medical Society
Annual Awards Dinner
Wednesday, December 9
Hyatt Regency Austin

Honoring
TCMS 2015 Physician of the Year
Bruce A. Levy, MD, JD

and presenting the
Ruth M. Bain Young Physician Award
James C. Marroquin, MD

Physician Humanitarian Award
Joseph L. Spann, MD

For more information or to RSVP, call email tcms@tcms.com or 512-206-1249.
Am I the only one wondering how 2015 flew by so quickly? It seems like yesterday that I finally quit writing 2014 in my checkbook and today, the year is almost gone. Looking back, it’s been a year of continued growth, constant change and excitement for the Travis County Medical Society (TCMS) and its more than 3,800 members, a medical community that I can say without apology is simply the best and most engaged to be found anywhere in the country.

It is also among the most diverse. Over the last five years, 820 physicians have joined TCMS. Nearly half of those are female and more than half are physicians under 40.

To remain relevant to an increasingly young and dynamic membership, TCMS provides educational programs and forums, social networking opportunities and legislative representation as well as member benefits aimed at enhancing a medical practice and lowering costs. What follows is a small but representative sample of the events and activities that have engaged TCMS and its members in 2015.

During the 84th Texas Legislative Session, TCMS physicians and residents gathered in their white coats at the Capitol for First Tuesdays as visible advocates on behalf of patients and physicians. Members also provided testimony throughout the session in committee hearings to advance, or in some cases, to stop legislation regarding the practice of medicine. These activities resulted in important victories including the elimination of the occupations tax, funding for existing and new residency slots and prevention of scope of practice expansion.

TCMS also launched its new website (www.tcms.com) to serve as an information resource for both members and the public. Easier to navigate, it includes a synopsis of our 162-year history, an up-to-date membership directory, advocacy information, upcoming events and more.

In the spring, TCMS members turned out for an annual project that truly gives back to the community. For almost 20 years, TCMS and AISD have partnered to provide free athletic physicals to middle and high school students. These are students who are uninsured or otherwise unable to afford health care. During the 2015 event, 102 TCMS physicians saw almost 1,000 students. It is the generosity of those volunteer physicians that enables these students to participate in school athletic programs, which include band and cheerleading.

Childhood immunization emerged this summer as a potentially hot issue in our community when Austin Regional Clinic (ARC) implemented a new policy to stop accepting pediatric patients whose parents adamantly refuse to vaccinate them. Recognizing that the issue was not limited to one large practice, TCMS formed an ad hoc immunization task force to represent the concerns of all physicians in the context of science and responsible, evidence-based patient care. The task force along with TCMS President Pradeep Kumar, MD participated in a press conference where ARC pediatrician Alison Ziari, MD publicly announced the clinic’s new policy. While the issue has long stirred controversy in the lay press nationwide, in 2015 TCMS stood in unflinching solidarity with its members, advocating for their right and responsibility to enact science-based policies for the protection of their patients.

In September, the Society hosted its second Town Hall meeting with Dell Medical School inaugural Dean, Clay Johnston, MD. Like the first one a year ago, this Town Hall was well attended by TCMS members who were treated to a vigorous and informative dialogue about the new medical school. Dean Johnston presented his vision for transforming both the medical education curriculum and its traditional funding strategies; for collaborating (not competing) with practicing physicians in the community and ultimately, for evolving a delivery system that is driven and measured by value rather than units of work. He took questions and received feedback from members, encouraged open dialogue and reiterated his desire to develop mutually productive relationships amongst the medical school and private community.

In October, The Blood Center of Central Texas (a TCMS non-profit affiliate) opened a third fixed site blood donor center in South Austin. As the population in the region continues to
grow and traffic worsens, The Blood Center must make donation convenient to meet the needs of the community. The Medical Society, which established the Blood Center in 1951, continues to be represented by physicians on the board and continues to share office space, back office resources and executive leadership with The Blood and Tissue Center.

The Medical Service Bureau (a.k.a. the Medical Exchange), the Society’s call-center subsidiary, has a new management team that is upping its game in terms of quality, reliability and responsive customer care. The Exchange’s telephone switch and servers are now co-located in a large 24/7 hosted IT facility with redundant systems, backup power and state-of-the art equipment. The Exchange has expanded its services to the El Paso and Corpus Christi medical communities through cooperative agreements with their county medical societies; the operations center in El Paso also provides call processing support for both the Corpus and Austin area markets. With up-to-date technology, systems and added capacity in place, the Exchange’s top priority going into 2016 is quality, responsive service to medical society members.

Finally, Project Access, a network of volunteer physicians, hospitals and ancillary service providers established by the TCMS Foundation in 2001 to provide pro-bono care to the working poor, continued to enroll and refer eligible patients to be seen by TCMS volunteers. Like all of medicine in 2015, Project Access has been trying to figure out the brave new world of Obamacare. One thing is clear: the Affordable Care Act has not resulted in everyone being adequately insured and able to afford care. Contrary to popular belief and wishful thinking, it appears that the need Project Access addresses will persist in the foreseeable future.

A new year is always exciting, a time of hope and promise, a time for looking ahead and setting goals. As you prepare to ring in 2016, I encourage you to be involved – be a part of next year’s TCMS highlights. The more we put into any worthwhile endeavor, the more we get out of it. I believe TCMS is a worthwhile endeavor. Volunteer for a committee, donate your time, attend a forum or connect with your fellow physicians at a networking social. Opportunities are knocking at the door. I encourage you to open it.

Marshall C. Glesne
Blood Donor Center Opens in South Austin

Located at 3100 W. Slaughter Lane, the new blood donation center opened on October 10 with a festive tailgate party. UT vs. OU on the TV monitor, face painting, balloon artist, a bounce house and fun foods from Reale Ale, Jet’s Pizza, Chick-fil-A, Bush’s Chicken, Subway and Kona Ice were part of the celebration.

This location will be convenient for those living in South Austin, Oakhill, Kyle and Buda. As the population in the region continues to grow, The Blood Center is always working to recruit and retain new donors – a key element to meeting the needs of the community.

“I’m so pleased to see the enthusiastic response from the community to the opening of our new donor center on Slaughter Lane,” said Marshall Cothran, CEO of The Blood & Tissue Center of Central Texas. “Given the worsening traffic congestion in Austin, it was crucial that we find a location that’s convenient for our neighbors who live and work south of the river.”

Basic requirements to donate blood include being 17 years old, weighing at least 115 pounds for whole blood donation and being in generally good health. Donors need to bring a photo ID. The process takes approximately 45 minutes to one hour.

The Blood Center was founded by the Travis County Medical Society in 1951 to provide blood to Austin’s then four hospitals. Today, The Blood and Tissue Center of Central Texas is the exclusive provider of therapeutic blood products and services to 38 health care facilities in its ten-county service area. The tissue division provides tissue recovery services, donor family support and allograft distribution and inventory management services for area hospitals.

For more information, visit The Center’s website at www.inyourhands.org.
Dr. Steven E. Zimet has been selected as a 2015 Distinguished Fellow Member of the American Venous Forum for his achievement in venous and lymphatic medicine.

Unsung Hero Recipient

The TCMS Public Relations Committee is pleased to announce that Lori Boucher, BSN, RN of the Children’s Blood & Cancer Center at Dell Children’s Medical Center is the recipient of the 3rd quarter Unsung Hero Award.

Lori is the program administrator and is described by her physicians as someone who “sets an example of diligence, commitment to goals, focus, persistence in the face of adversity and willingness to pitch in and work wherever needed.” Lori was recognized with a certificate and gift card and will be entered into a grand prize drawing at the end of the year.

Nominations for the 4th quarter Unsung Hero Award are now being accepted. Complete the nomination form at www.tcms.com/Unsung_Hero.aspx and send it to the Society no later than December 31.

TMF Health Quality Institute presented David Fleeger, MD with its Philip R. Overton Award for outstanding leadership and support of health care quality improvement in Texas. TMF presents the award annually to physicians who have made significant and notable contributions to TMF and to its medical peer review and quality improvement activities.

Dr. Steven E. Zimet has been selected as a 2015 Distinguished Fellow Member of the American Venous Forum for his achievement in venous and lymphatic medicine.

John Hellerstedt, MD has been chosen to be the next commissioner of Texas Department of State Health Services. He will begin his new duties on January 1, 2016.

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Edward Bernacki, MD, MPH recently joined the Dell Medical School at The University of Texas at Austin as a professor of medicine and executive director for Healthcare Solutions. In this role, he is focused on assisting medical school faculty in designing and quantifying the effects of innovative approaches to care delivery that reduce the incidence of disease as well as the cost of health care in Austin and Travis County.

Dr. Bernacki previously served as a professor of medicine and director of the Division of Occupational and Environmental Medicine at the Johns Hopkins University School of Medicine. There, he created a network of on-site wellness clinics for multi-national employers and managed the Hopkins University and Health System’s Workers’ Compensation Insurance Programs. He also is a past president of the American College of Occupational and Environmental Medicine (ACOEM).

Here, Dr. Bernacki answers questions about health issues he will take on and how that work will support the medical school’s efforts to make Austin a model healthy city:

Q: From your perspective, what is the role of an executive director for Healthcare Solutions and how does that fit into the Dell Medical School’s unique mission?
A: My job is to assist our faculty in designing innovative approaches to delivering health care that reduce the incidence of disease and the cost of care in Austin and Travis County. Integral to this effort is quantifying both the effect of these interventions on the cost of health care, and the improvement in the well-being and lifespan of the population we serve. If we do it right, documenting and measuring our successes and failures, our experience will serve as a model for other communities interested in ensuring that residents receive the best possible medical care at an affordable cost.

Q: What does “health ecosystem” mean to you, and how will your work help the health ecosystem in Austin?
A: When I think of the health ecosystem, I think of individuals (physicians, nurses, insurance professionals, benefits managers, etc.) and organizations (hospitals, insurers, health centers, etc.) that have a hand in keeping people healthy or taking care of them when they become ill. This includes every venue where there are organized efforts to prevent and treat disease. I am already working with the leaders throughout this ecosystem to decrease the dissonance that causes would-be partners to work at cross purposes. This is the primary reason for the high cost of health care. The goal is to help create better transitions from the recognition of a patient’s medical problem to the delivery of tertiary medical care at a medical facility.

Q: Who will be involved in this work? For example, is there a role for venture capitalists, entrepreneurs or researchers?
A: I am here to help link purchasers and providers of medical care in Austin and Travis County. This involves working with faculty at Dell Medical School and other UT Austin schools,
entrepreneurs, researchers, benefits managers and hospital administrators, among others. We hope to develop and possibly commercialize innovations in the delivery of health care that result from the collaborative efforts of our community and our faculty. I also hope to work with benefits managers to facilitate the design of medical plans aimed at reducing the incidence of disease in their populations and to make their employees better consumers of health care. As we show that re-design or delivery innovations developed by our faculty and the community are efficacious in improving care and decreasing costs, we will seek partnerships with venture capitalists, entrepreneurs and others who can finance the creation of scalable enterprises capable of delivering these services to a wider audience.

Q: What are some opportunities you dream of for health care solutions in Austin?
A: Some examples include creating a better system to reduce the burden of disease in the Travis County prison population and deliver more cost-effective medical care to prisoners; expanding medical care at the worksite; partnering with retailers such as pharmacies, supermarkets, etc. to offer on-site clinics; vastly increasing access to medical care throughout the community; linking advanced-level practitioners via telemedicine applications and academic medical centers and working with Central Health to improve the provision of care for the populations they serve by refining patient portals to improve communications between patient and provider.

Q: To what degree are some of these opportunities unique to Austin?
A: Austin is a hub for innovation in technology and communications. What better place to develop systems that will improve the dialogue between patients and practitioners, primary care practitioners and specialists – and to test new models of care that leverage these improved communications to improve health?

Q: Are there examples you can share to demonstrate the impact that this work could have for people in our community?
A: Prior to coming to the Dell Medical School, I initiated a network of wellness clinics for large employers in central Maryland. These clinics were extremely successful in preventing complications from diabetes, hypertension and a number of other chronic diseases. More importantly, they became a resource for employees to become better consumers of health care – better navigators of the health care system. These efforts resulted in lower costs for both the employees and their employers. Hopefully, Dell Medical School will help to facilitate this type of innovation in Austin.

Q: What are you most excited about in your new role?
A: I’m most excited about helping to catalyze and create new methods to improve health care delivery in Austin that can serve as a model for the nation.
Bruce A. Levy, MD, JD
2015 TCMS Physician of the Year

“The people in my life are my favorite highlights—from mentors to family members.”

Leanne DuPay
Director, Marketing and Communications

“Play the hand life has dealt you. You cannot re-shuffle the cards,” says Bruce Levy, MD. And he knows what he is talking about. In 1988, while enjoying a successful career in anesthesiology, Levy became very ill. So ill in fact, that to this day, his immune system precludes serious patient interaction. “I was not going to let this beat me. My life’s calling is medicine, so I had to find a way to stay involved.”

Figuring he could assist the medical community with legal issues, Levy attended the University of Houston, Bates School of Law in 1989 and in 1992 was admitted to the Texas State Bar. So, armed with his MD from Drexel University, Hahnemann College of Medicine in Philadelphia and his JD, he began a new path in organized medicine. It was around this time that his worth as a medical advisor resulted in an avalanche of opportunities. He was named executive director of the Texas State Board of Medical Examiners (now the Texas Medical Board). In addition, he supervised the development of the Texas State Board of Physician Assistants and was its first executive director. He served as chairman of the Health Professions Council of the State of Texas as well as numerous other state and national level committee positions — many of which were with the Federation of State Medical Boards.

At this time, the legislature allowed the board to oversee private rehabilitation orders. This was a needed second chance for physicians. The Texas Medical Association (TMA) asked Levy to serve on the committee for Physician Health & Rehabilitation. Levy was able to bridge the gap between regulated and organized medicine to develop a trust relationship. “I feel a great deal of satisfaction with my time spent on that committee,” explains Levy. “We were able to salvage a lot of physicians including some in training with drug and alcohol problems — many of them still practice today without any residual difficulty.”

Working with two governors of Texas was also his privilege. Levy was appointed to the Texas State Medical Board under Ann Richards. “Ann was such a dynamic personality,” Levy remembers. “Later, my daughter Sara was privileged to have her as a mentor at Public Strategies.” Once in office, George W. Bush personally asked him to continue his work during his terms. “George Bush is a wonderful person and was a great governor,” says Levy. “I enjoyed a lot of support from him, the legislature and from TMA during my time with the Texas State Medical Board.”

In 2002, Austin Gastroenterology approached him, hoping Levy could aid their struggling organization. The practice consisted of 14 skilled physicians who were trying to grow their business as well as focus on their patients. This is not an unusual situation. Many physicians do not have the time or the inclination to become adept businessmen and would rather stay away from that side of the practice. Dr. Levy accepted the challenge, intending to stay for one year. “Today the doctors at Austin Gastroenterology focus on their patients first — and the business a distant second because of the organization I have created.”

Austin Gastroenterology now boasts 14 locations, 32 physicians, 400 employees and is the largest practice in Central Texas specializing in gastrointestinal diseases.

“We find that when you focus on care, rather than dollars, you will always be okay financially,” says Levy. “It just seems to come back around.”

Levy’s involvement in Austin’s medical community has not been limited to state government and the TMA. He has contributed to the leadership of the Travis County Medical Society (TCMS). “TCMS is the ideal medical society. It is more than education and legislature,” Levy explains. “TCMS supplies leaders in medicine for the state and our country. It is a model for other medical societies.”

Levy has been on the TCMS Executive Board, was the TCMS Board of Ethics chair and is currently a TCMS delegate to TMA.

Over the past five Texas legislative sessions, Levy has advocated for the business of medicine. Darren Whitehurst, vice president of Advocacy for TMA emphasizes the value of his

Continued on page 16.
contributions, "He has tirelessly promoted the ability of physicians to maintain their clinical independence and to bill for their services. He has fought to streamline and remove bureaucracy impediments created by insurance companies and the state." Whitehurst continues by saying, "Levy understands what it takes for physicians to be successful on political advocacy efforts and for that I am grateful."

It’s hard to imagine that someone with such a rewarding life could name only one stand-out moment, but Levy does not hesitate, "Marrying my wife Marcia." After 38 years, three kids and two grandkids, Dr. Levy is first and foremost a family man. "I am so proud of all of them," he says with a grin. Understandably so, for just like him they are all positive contributors to society. Daughter Beth is a graduate architect, daughter Sara is an executive director for the Notley Fund, daughter-in-law Erik are partners at Oxbow Investment Advisors. Not to be overlooked is his wife, Marcia Levy, who with her friend, Susan Lubin, founded the Seton Breast Care Center in February of 2014 which has already served 3,844 patients.

"I am blessed. There is no other way to say it," Levy says. "The people in my life are my favorite highlights - from mentors to family members." He cites anesthesiologist John Bonica, MD, the founding father of pain management, as an amazing mentor. Dr. Bonica committed himself to the alleviation of pain while tending to the wounded of World War II and was instrumental in developing the epidural for women during childbirth. "He taught me to love my patients and to be the best I could be." Levy also has a deep admiration for his older brother, Steven Levy, MD who is currently the chief medical officer for both Bayshore Medical Center and the East Houston Medical Center.

Another passion in life? "Golf - and golf. And then there’s golf," he says. "Did I mention golf? I am a golf fanatic." Levy travels with the same three golf buddies as much as possible. "We’ve been all over. We’ve played in Scotland, England and Ireland. My only hole-in-one happened right here at Barton Creek Country Club!" he says pointing to a lush landscape print hanging on his office wall. His favorite course in America is Pacific Dunes in Oregon. Scotland’s historic North Berwick, is his favorite across the pond.

It’s not hard to see why members of the Medical Society selected Dr. Levy for 2015 Physician of the Year. His resume is nine pages long and consists of contributions and honors, half of which are admirable enough. "It feels strange to be named Physician of the Year," he says.

"So many physicians are working so hard practicing great medicine - I am not even in practice anymore." After a moment, he elaborates, "It means a great deal to me to be recognized in spite of this. My peers are saying, ‘Thank you for all you have done - we recognize your contributions to the House of Medicine.’"

Tenting his fingers, he leans back in his chair. "Yes, I am blessed to be a part of the medical community in Austin. I am a very happy man."
2015 Awards

2015 Ruth M. Bain Young Physician
JAMES MARROQUIN, MD

“Dr. Marroquin cares about his patients and is the best doctor I have ever had in my life!” says an enthusiastic review on vitals.com, a website that collects patient comments. In addition to rave reviews online, Marroquin has racked up some titles that further attest to his skills. These titles include Super Doctor 2014: Texas Rising Stars, Compassionate Doctor Recognition 2013 and 2013 Patients’ Choice physician.

The Travis County Medical Society is proud to add to his list of accomplishments the 2015 Ruth M. Bain Young Physician Award.

Dr. Marroquin received his MD from UT Medical Branch at Galveston and completed his residency at Baylor University Medical Center. He also completed a Palliative Medicine Fellowship at Harvard Medical School. Currently he is an internist with Austin’s Capital Medical Clinic.

Most physicians with a bustling practice and young family are stretched to the limit. Dr. Marroquin, however, manages to write a blog, contribute to Kevinmd.com, teach Texas A&M medical students as a clinical assistant professor and serve as a faculty mentor for UTMB students. On top of this, he is a regular participant at the Volunteer Healthcare Clinic. Palliative medicine is also something Marroquin practices when serving as attending physician on weekends at Hospice Austin’s inpatient facility.

The new Dell Medical School is another entity he is deeply involved with. Dr. Marroquin co-chaired the task force which designed the ethics and humanities theme for the school. He is also assisting with the curriculum development and will eventually teach as a faculty member.

2015 Physician Humanitarian
JOE SPANN, MD

In November of 2014, Ebola was causing fear throughout the world. Health care workers were traveling to West Africa to help those suffering and to prevent the disease from spreading. Joe Spann, a retired internist with the Central Texas Veterans Healthcare System volunteered his services and spent months in Liberia at an Ebola Treatment Unit.

Most of what he did while there was practice basic medicine. Many people needed care for malaria, typhoid, HIV and maternity issues. Practicing this way was a revelation, “You strip away the computers and the insurance companies breathing down your neck, and it distills it down to being the essence of a doctor,” he says. “It was a joy.”

His book, Letters From Liberia: The Adventures of an Ebola Medical Volunteer, details the experience and has led to many opportunities for him to speak on the subject. Most of all, it is a collection of communication offering much more than a close-up view of a terrifying disease on the rampage. It is an account of people coming together, forming lifelong friendships, seeing the humor in things and coming to terms with death while not forgetting the joys in life.

It is with respect to the risks he took with his life in the name of medicine and many more instances of selfless service throughout his career that the Travis County Medical Society is pleased to name Dr. Joe Spann the 2015 Physician Humanitarian.
Jerry Tindel, MD, passed away on October 7 after a long illness. He was born in 1942 in Alvin, TX where he went to high school and became an Eagle Scout. He graduated from UT School of Pharmacy in 1965 and went on to receive his medical degree at the UT Medical Branch at Galveston in 1969. During his years in medical school he married his wife Barbara. They moved to Indianapolis for his internship at the University of Indiana. Like many of his future colleagues at the Austin Diagnostic Clinic (ADC), Dr. Tindel completed his neurology training at Mayo Clinic. He briefly worked at Kelsey Seybold Clinic in Houston before moving to Austin where he began a career as a neurologist and clinic leader that spanned more than three decades. Dr. Tindel served in the Army Reserves for six years in the 70s and for 15 years was director of the Muscular Dystrophy Center at Brackenridge Hospital. His expertise in neuromuscular disorders was well known in the medical community. He served on the ADC Board of Directors during a transformative period that led to the relocation of the clinic and the development of what is now North Austin Medical Center. Dr. Tindel enjoyed tennis and later in life, golf, both of which he enjoyed with his wife and friends over the years. He was a talented photographer with a special passion for landscapes. Dr. Tindel was known for his gentle and compassionate way with his patients. He was a beloved husband and father. He is survived by wife of 48 years, Barbara, his two daughters and three grandchildren.
The Travis County Medical Society appreciates the generosity of the following organizations in underwriting TCMS events.

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Member Spotlight – Kelly Hyde

Kelly has been an active member of TCMA since 2012. She has served as a committee chair for St. Louise House, as the outreach coordinator, VP elect and VP of membership.

Kelly’s husband is Brannon Hyde, MD, a cardiac surgeon, with Cardiothoracic and Vascular Surgeons (CTVS). Brannon and Kelly met in high school and were married in 1997 while attending UT Austin. Kelly is an Austin native and graduated with a BA in Human Development and Family Relations. Her graduation in 2001 occurred just two weeks after giving birth to the first of her four children. During Brannon’s residency in Lexington, KY, Kelly worked as a part-time chef at the Gift Box Tea Room. In 2012, the family returned to Austin. Kelly subsequently graduated from Escoffier School of Culinary Arts in 2013 and served as a personal chef to Austin families for three years. In addition to her culinary activities, she spends time volunteering on school committees and organizing church activities. Most recently Kelly earned her real estate license and is currently a realtor in central Austin and Westlake. Kelly has also served as an ambassador to HeartGift Austin, a non-profit that provides underprivileged children with needed heart surgeries. Brannon and Kelly are also active donors and supporters of Big Brothers Big Sisters Austin.

Mark Your Calendars

- **Nov. 14, 10 am:** Kids Care Club is a new enrichment group for TCMA member youth who are looking to participate in community service activities while making new friends in the process! Join us for an event benefitting pediatric patients of the Volunteer Healthcare Clinic. The group will meet from 10-12 at the VHC. To RSVP, contact Lara Norris at larisalee1968@aol.com.
- **Nov. 25, 10 am:** Book Club will meet at the home of Kay McHorse to discuss *Strangers on a Train* by Patricia Highsmith.
- **Dec. 11, 11am:** Holiday Luncheon at Westwood Country Club.

CREDITS

For details about these and our many other member events, check out the calendar on our website at www.tcmalliance.org. Membership inquiries should be directed to Kelly Hyde at vp_membership@tcmalliance.org.
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

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K2-Spice, Synthetic Marijuana: Report in Austin/Travis County

Philip Huang, MD, MPH; Raafia Muhammad, MD, MPH; Emilie Prot, DO

Overview
K2 or Spice is a synthetic cannabinoid. The synthetic compound is usually added to herbs or other plants to appear as a natural product and is typically marketed as “incense” or “herbal remedies.” There has been a rapid and significant increase in K2-related emergency department visits in Austin/Travis County. Recently, K2 has been in the news for its extremely harmful side effects and a mistaken belief that it is a safe and legal alternative to marijuana.

The clinical effects can be similar to natural marijuana intoxication but may also result in more severe life-threatening symptoms. Unpredictable and violent behaviors are also being seen with its use. Acute intoxication with synthetic cannabinoids is a clinical diagnosis that is typically made based upon a history of “spice” use or “fake”/“synthetic” marijuana use obtained from the patient or bystanders with consistent physical findings. The Austin/Travis County Health and Human Services Department (ATCHHSD) is providing the following information so that physicians are more aware of this issue in our community.

What is K2 or Spice?
K2 or Spice is known as a synthetic (man-made) cannabinoid. It contains dried shredded plant materials that have been sprayed with synthetic chemicals to mimic the effects of tetrahydrocannabinol (THC) which is the psychoactive ingredient in marijuana. However, K2 does not actually contain any cannabis. This substance is made illegally with no standards, consistency or rules and regulations. It is a substance that is commercially available and is sold under different names. Because the composition of K2 is always changing, there is no real way of knowing what synthetic marijuana contains. It costs between $20 and $50 for 3 grams, the same price as marijuana.

Texas Law policies on K2 Synthetic Marijuana
Texas has recently seen a dramatic increase in the number of hospitalizations due to synthetic marijuana abuse. There has also been a steady increase in the number of calls received at poison centers nationwide. In 2013, 2,668 cases were reported to poison centers; 3,680 in 2014 and through Aug 17 of 2015, 5,369 cases of exposure have been received.

Due to these reasons, the Texas Controlled Substance Act has expanded the list of illegal chemical compounds, which will lead to 1,000 combinations of the drug being outlawed. As of September 1, 2015, Senate Bill 173 and Senate Bill 461 work in conjunction, to effectively eliminate the sale of synthetic marijuana. Senate Bill 173 bans the chemical properties not the names of the substance, which broadens what cannot be sold in stores. Senate Bill 461 criminalizes the sale relating to false or misleading packaging, etc. This allows law enforcement to seize the substance, test the chemical structure and then prosecute as a Class A misdemeanor because it’s either a banned substance or it’s mislabeled because it’s trying to circumvent the law.

Packaging
It is easily available at gas stations, liquor stores, convenience stores, smoke shops and over the internet. It is sold as incense, potpourri, herbal mixtures and often carries a label stating not for human consumption. It is often sold in flashy packaging with fun and harmless names, e.g., Scooby Snax, Bliss, etc. to attract young people. K2 is known by many names, as listed below; however these names are always changing.

Figure 1. Common package of K2.
Common Commercial Names, But Not Limited To
Other than changing compositions, K2-Spice also takes on many different street and shelf names:

Clinical Manifestations
Acute intoxication with synthetic cannabinoids is a clinical diagnosis that is typically made based upon a history of “spice” use or “fake”/“synthetic” marijuana use obtained from the patient or bystanders with consistent physical findings. Synthetic cannabinoids have a wide spectrum of clinical effects which occur soon after inhalation or insufflation and can last several hours to days, depending upon the compound and potency. Signs of intoxication share many characteristics of cannabis (marijuana) intoxication, including tachycardia, conjunctival injection, nystagmus, vomiting, ataxia and slurred speech.

The most common clinical effects seen on presentation for emergency care consist of tachycardia, agitation, and vomiting. These mild to moderate symptoms, duration is typically less than eight hours. Occasionally, more serious toxicity develops including hallucinations, delirium, dystonia, and paranoia. Rarely, severe psychomotor agitation, psychosis or seizures may occur. Marked motor activity from agitation or seizures may also cause hyperthermia and rhabdomyolysis. Synthetic cannabinoids have also been associated with chest pain and myocardial ischemia and infarction in adolescents and young adults.

Management
Since the effects of this drug vary based on the chemical additives, the true effects of K2 are never constant. Therefore, the management of synthetic cannabinoid intoxication is supportive and determined by the presence and severity of specific clinical manifestations.

Testing for Synthetic Cannabinoids
Rapid urine drug screens will not detect synthetic cannabinoids because the chemical compounds and their metabolites do not cross-react with delta-9 tetrahydrocannabinol (THC) or its metabolites, the agents that these screens are designed to detect.

K2 in the Austin Metro Area
Synthetic marijuana is the third most commonly abused drug for high school students nationwide, after marijuana and abused prescription drugs. There has been a rapid and significant increase in K2-related emergency department visits in Austin/Travis County. Recently, K2 has been in the news for its extremely harmful side effects and a mistaken belief that it is a safe and legal alternative to marijuana. It was reported that the largest federal K2 case in Austin ended with 16 sentences. Furthermore, in March to May, one of the largest outbreaks of a bad batch of the drug originated from Austin and Corpus Christi killing more than 30 people and sending approximately 2,500 to the emergency department and hospitals nationwide.

Data for all persons reporting to emergency departments in the Austin Metro Area from January 2015 to August 2015 were analyzed using the Austin Metro Area Syndromic Surveillance System.
- A total of 947 cases were identified
- 85% of the cases were male (803 cases), and 15 % were Female (144 cases)
- Average age of K2 consumers was 34.5 years, (min 7, max 71, median 33 years).
- Peak usage with 27.6% of the cases occurred during the month of June (261/947) and 23.1% in July (219/947) compared to the rest of the year with an average of 118 reported visits a month.

![Austin Area K2 Cases reporting to emergency departments from January 2015 to August 2015 by month and gender.](Source: Austin Metro Syndromic Surveillance System)
**BLADDER CANCER FACTS**

Bladder cancer is about four times more common in men than in women. However, women more frequently have advanced bladder cancer by the time it is diagnosed.

The urinary bladder is an organ in the pelvis. Its main function is storing and emptying urine. The most common type of bladder cancer is called urothelial cancer. This type of cancer starts from cells that build the inner lining of the bladder. Currently, no screening test is recommended for early detection of bladder cancer. People who smoke have four times the risk of bladder cancer compared with people who do not smoke. People with work-related exposure to certain chemicals (such as in the dye, rubber, leather and aluminum industries or painters, printers, machinists and hairstylists) have an increased risk as well. Furthermore, areas with high levels of arsenic in the drinking water pose a risk for bladder cancer in residents.

**SIGNS OF BLADDER CANCER**

The most common sign of bladder cancer is blood in the urine (hematuria). This can be in the form of visible blood, like small blood clots or a color change of the urine to pink or red. Sometimes, however, a small amount of blood in the urine is not visible and can only be confirmed by a urine analysis and microscopic examination. There might be intervals during which the urine is clear for weeks or months before the blood returns. Hematuria requires a thorough diagnostic examination unless there is a clear explanation (such as urinary tract infection or a stone in the urinary tract) and the hematuria resolves after treatment of the suspected cause. Appropriate evaluation of hematuria always includes cystoscopy, a visual inspection of the inside of the bladder with a thin, tube-like camera and a computed tomographic (CT) urogram, a special X-ray examination of the urinary system. The reason for the CT urogram is to make sure that the source of bleeding is not the kidneys or ureters.

**TREATMENT**

Bladder cancer is often diagnosed at an early stage when the cancer is easier to treat. If the cancer has not invaded the muscle layers of the bladder wall, it can be treated by removing the tumor from the inside of the bladder by means of cystoscopy. This treatment is often followed by chemotherapy or immunotherapy administered directly into the bladder over a period of time. This additional step aims at eradicating any remaining cancer tissue that could not be seen during cystoscopy and preventing the recurrence of cancer. If the cancer has already grown into the muscle layers of the bladder wall, complete removal of the bladder (cystectomy) is recommended. Cystectomy is often combined with chemotherapy. To replace the bladder, a short piece of intestine is used to drain the urine from the ureters to an opening in the abdominal wall (stoma) and then into a bag attached to the skin (urostomy or ileal conduit). As another option, a segment of intestine is rearranged to form an expandable organ similar to the bladder to contain urine (neobladder). In some patients, chemotherapy and radiation are an alternative to bladder removal. It is important to have regular checkups after treatment because bladder cancer has a high rate of recurrence.

**FOR MORE INFORMATION**

American Cancer Society  
www.cancer.org/cancer/bladdercancer/index
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Office Space Available: For sublease W. NW Austin near Seton Northwest. For information, please contact 512-338-0171.

Internal Medicine Practice Available For Sale: To solo or small group practice. Contact lbs11615@gmail.com.

OFFICE SPACE

For Lease: 4207 James Casey #215, across from St. David’s South Austin Medical Center, 4661 sq/ft, fully finished out. Contact broker/owner at mpsifuentes@austin.rr.com or 512-797-4977.

Medical Practice For Sale: In North Austin, 78753 by retiring physician. Clinic has 3 exam rooms, adequately equipped for family practice with basic X-ray facilities. Large patient population. Just walk in and see them. Practice will provide good income. Present staff including well-trained receptionist, nurse and part time PA will stay if needed. Email tbmd@austin.rr.com or call 512-834-2035 or 512-686-4970.

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EQUIPMENT

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