Care for the Care Giver
Physician Health & Rehabilitation
Nothing can threaten your livelihood more than a disciplinary proceeding.

TMLT’s Medefense coverage protects your financial security and peace of mind during disciplinary events. We provide you with rigorous defense and advocacy during disciplinary proceedings — just as we do during a liability claim. Learn more at www.tmlt.org or call 800-580-8658.
For over 20 years Travis County physicians have placed their valuable medical records with our trusted service. You should too.

Tom Telles
512-554-1818
ttelles@tcms.com
www.tcms.com

- Secure record storage facility
- Certificate of destruction for record shredding
- Synchronized data pickup and delivery
- Fireproof media storage vault
MEDICAL PROFESSIONAL LIABILITY INSURANCE
TEXAS PHYSICIANS DESERVE

Your Guide: Awarding more than 35,000 CME certificates in 2014*
Your Guard: Resolving 89%* of claims without indemnity payments
Your Advocate: Actively supporting Texas tort reform

Talk to an Agent/Broker today about NORCAL Mutual as your Guide, Guard and Advocate in Texas.

FEATURES AND ARTICLES

6 FROM THE PRESIDENT
Indians in America
Pradeep Kumar, MD

8 IN THE NEWS

10 ICD-10 RESCUE
Stephanie Triggs

12 DELL MEDICAL SCHOOL:
FOSTERING FUTURE HEALTH SCIENCE LEADERS

14 PHYSICIAN HEALTH & REHABILITATION

18 IN MEMORIAM

20 TCM ALLIANCE
Bereneice Craig, President Elect

22 PRACTICE MANAGEMENT
TMLT Risk Management

24 TAKE 5: Chronic Sinusitis

26 CLASSIFIEDS
Several millennia ago, Bronze Age civilization began in the Indus Valley region of the Indian subcontinent. Many centuries, perhaps millennia, later Indo-Aryans migrated into the subcontinent from the northwest and pushed the indigenous Dravidians southward. Over time many groups found the subcontinent irresistible for invasion including Alexander and the Greeks, the Arabs, the Turks, the Afghans and Genghis Khan and the Mongols. Each left an indelible mark and the region was populated by hundreds of little kingdoms with a vast array of individual languages, dialects, cuisines, dress and cultures. They shared in common languages derivative of ancient Sanskrit with a majority of Hindu and minority Muslim religions that largely coexisted peacefully.

Then came the British – First with the British East India Company followed by the British Crown after the Sepoy Rebellion in 1857. The Brits “united” India under a single authority following a divide and conquer mentality creating rifts between Hindus and Muslims. India was under the rule of the British Empire for nearly 100 years. Weakened both by World War II and a man dressed in self-made hand woven cotton cloth named Mahatma Gandhi, the British quit India in 1947 and gave us our independence. In doing so, they divided areas of Muslim majorities into the separate countries of Pakistan and now Bangladesh. The displacement and migration of peoples who had been in their homes for a millennia, which we call the Partition, is much too gruesome and painful for this account but continues to affect geopolitics in the region to this day.

There were two waves of migration of Indians to the United States. The first occurred in the late 1960s after laws were passed that removed origin-country quotas and emphasized highly skilled labor. The second and larger wave of migration occurred after the Immigration Act of 1990 which increased the number of permanent work-based visas (the H1-B) for the growing needs in the high tech industry. In 1980 there were about 200,000 Indian immigrants in the US and by 2013 that number swelled to two million.

We are quite a diverse group, Indians in America, and it would be erroneous to paint us with a broad brush. India is more like Europe than it is say like China. We have over 14 official languages, different customs and culture and cuisine. Indians are doctors, engineers, IT professionals and entrepreneurs who own hotels, motels and convenience stores. My wife, Rushmi, who hails from Bihar up north and I, born in Chennai down south, have as much in common as a Spaniard and a German who are deeply in love with each other.

What we have in common is pride in our heritage and pride in being American. We’re proud of our parents and our uncles and aunts and how hard they worked to offer us an opportunity for a better life. We’re proud of being from the world’s largest democracy where the transition of power is peaceful. We’re proud of our World Cup winning cricket team, the US Surgeon General and the Governor of Louisiana who threw his hat into the ring to be president of the United States.

And I’m proud. I’m proud to be a doctor in America, in Texas and in Austin. I’m proud of the Indians in the Travis County Medical Society; they are a fine group of doctors. I sincerely hope that they, in turn, are proud of me.
TCMS Business of Medicine Dinner

Physician Impairment and the Texas Medical Board

Thursday, November 5

6 pm – buffet dinner
6:30 pm – presentation

TMA Thompson Auditorium
401 W 15th St

Speaker: Franklin Hopkins
(health care attorney; formerly with TMB)

Issues discussed will include disclosures of substance use disorder, chronic medication and impairment due to medication changes.

SAVE THE DATE

Travis County Medical Society Annual Awards Dinner

Wednesday, December 9, 2015
Hyatt Regency Austin

Honoring

TCMS 2015 Physician of the Year

and presenting the

Ruth M. Bain Young Physician Award
Physician Humanitarian Award
TMLT launches Lone Star Alliance, RRG to Cover Out-of-State Physicians

Texas Medical Liability Trust (TMLT) recently announced the launch of Lone Star Alliance, which will provide medical liability insurance to physicians outside of Texas.

Lone Star Alliance is a risk retention group (RRG) operated by TMLT. It was established to provide medical liability and similar types of insurance to physicians, groups, health care facilities and allied health care professionals outside of Texas.

Lone Star can accommodate the needs of TMLT’s new and existing policyholders by writing insurance for those who have operations in states other than Texas. Lone Star can also cover policyholders who leave Texas to practice in another state.

As sponsor and program manager for Lone Star, TMLT provides all essential operational support to the RRG, such as financial and accounting services, information technology, underwriting, sales, marketing, claims handling and risk management functions. These services are provided under a management services agreement.

Lone Star was started in 2013 when TMLT began exploring how to extend coverage to policyholders who were also practicing in other states.

“With Lone Star, we are no longer bound by state lines. More importantly, neither are our physicians,” says Robert Donohoe, president and CEO of TMLT. “We can now serve physicians anywhere in the United States with the same strong, flexible coverage and winning defense strategies Texas physicians receive from TMLT.”

Lone Star policies mirror TMLT policies, with the exception of state-specific requirements. Policy forms include claims-made and occurrence. Per-patient rated policies and shared-limit policies are also available. Lone Star policies also include cyber liability protection, regulatory actions protection, medical director coverage and employment practices liability insurance.

To learn more about TMLT and Lone Star, visit www.tmlt.org/lonestar.

Colby Evans, MD has been named Chair of the Board of Directors for the National Psoriasis Foundation.

Raymond Harshbarger, MD collaborated with Drs. Patrick Kelley and Steve Henry to rebuild the jaw of local teen Abby Rodgers. Abby is the recipient of the “first in the world” jaw reconstruction using femur bone. “I’m really happy that we were able to help her out. I think when she came to us, she and her family were pretty frustrated about things. And I’m glad that we had a solution,” Dr. Harshbarger said.

The TCMS Journal wants to share your good news. Send your story to us for inclusion in our “Congrats” column. Email information and photos to Director of Marketing and Communications Leanne DuPay at ldupay@tcms.com.
Every 9-1/2 minutes someone in the US is infected with HIV.

The CDC recommends routine HIV testing in medical care settings for patients 13 to 64 years old.

Routine HIV testing is the first line of defense against HIV and AIDS.

Learn more at www.testtexasHIV.org

Coverage you want...

Your record of practice is important for many reasons, including credentialing and protecting your important professional identity.

Coverage is about so much more than defending claims... choose the protection that is like no other in supporting the principles of high reliability and patient transparency.

With Certitude, you get:
- Risk Resources to help you manage your practice, enhance patient safety, and save you money
- Flexible premium payment options to fit your needs
- Seton Healthcare family physician peer input for difficult claims and underwriting issues
- Unified claims approach that helps you protect your important reputation
- Enhanced coverage for today’s medical environment
- And much more...

Call ProAssurance at 800.282.6242 for more information on Certitude.
Is your practice prepared for the ICD-10 coding system? The Texas Medical Association has an ICD-10 Code Search Tool available to assist with code selection along with other implementation resources at www.texmed.org/icd10.

Is your practice financially prepared? Experts recommend that physician practices keep three to six months of cash reserves in the event of payment delays due to ICD-10 issues. If you don’t have the cash-on-hand to cover salaries, rent, etc., now is the time to talk with your banker regarding personal and business lines of credit.

Don’t wait until you’re in a financial bind! TCMS has gathered these key banking contacts to assist you in securing the right type of loan for your practice.

**BROADWAY BANK**

Here to offer physician practices a streamlined process to provide flexible lines of credit to ward off financial turmoil due to possible payment delays.

**Contact:**
Roger D. Bott
Senior Vice President – Private Banker
512-465-6513
rbott@broadwaybank.com

**Frost**

Works with you to determine the best solution for you and your practice needs by offering both personal and business lines of credit on a secured or unsecured basis.

**Contact:**
Dean Glenesk
SVP, Professional and Executive Banking
512-473-4779
dean.glenesk@frostbank.com

**Independent Bank**

Provides customized banking solutions designed to preserve liquidity, maximize cash flow and cover short-term working capital needs that may arise in your practice.

**Contact:**
Mike Doss
Area President
512-733-7666
mdoss@ibtx.com

**University Federal Credit Union**

Will walk you through appropriate loan options to provide cash reserves in order to ease any financial strain on your practice during this time of transition.

**Contact:**
Melanie McPhaul
Relocation Coordinator
512-997-4614
mmcphaul@ufcu.org

OR

Call your personal banker for loan solutions.

**Questions?**
Contact Senior Director of Physician Services and Community Relations Stephanie Triggs at striggs@tcms.com or 512-206-1124

---

*TCMS does not endorse these banks or their products and services.*
TCMS Auto Program
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.

Howdy Honda
5519 E Ben White Blvd
Austin, TX
TJ Nissen
877-941-6513

GMC
Nyle Maxwell GMC
3000 N I-35
Round Rock, TX
Thomas Gammon
512-371-6077

LEXUS
Lexus of Austin
9910 Stonelake Blvd
Austin, TX
Bill Brewer
512-343-3400

TOYOTA
Charles Maund Toyota
8400 Research Blvd, Austin
Stephen Moe
512-323-1337

Mercedes Benz
Mercedes Benz of Austin
6757 Airport Blvd
Austin, TX
Fritz Masch
512-354-1209

Charles Maund Scion
8400 Research Blvd, Austin, TX
Stephen Moe
512-458-8209

Nyle Maxwell Chrysler
13401 N FM 620
Austin, TX
Mike Wilson
888-377-6020

Nyle Maxwell Dodge and Ram Trucks
13401 N FM 620
Austin, TX
Mike Wilson
888-377-6020

Nyle Maxwell Jeep
13401 N FM 620
Austin, TX
Mike Wilson
888-377-6020

Contact TCMS Auto Program Director Phil Hornbeak at phornbeak@tcms.com or 512-949-5758.

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
Even though the Dell Medical School’s first class doesn’t arrive until June of 2016, training of young future health sciences leaders has already begun.

In partnership with the Austin Independent School District, the Dell Medical School launched its inaugural Health Sciences Summer Camps this summer. The camps provide a rare opportunity for more than 100 middle school and high school students throughout Travis County to gain usable health science skills and learn about various health professions at a pivotal time in their educational careers.

In classroom and hospital settings, students participated in a weeks-worth of hands-on health sciences experiments and clinical skills, ranging from delivering “babies” in simulation labs to dissecting cadavers.

The Health Sciences Summer Camps, managed by Dell Medical School’s Associate Dean of Pre-Health Professions Reginald Baptiste, MD also provided the opportunity for students to earn CPR and First Aid certification. In the simulation labs where medical and nursing students are trained, campers learned to administer IVs, perform phlebotomies and take vital signs. In the classroom, they learned how 3D technology can aid modern medicine and how to set splints and apply casts.

The importance and influence of this kind of exposure cannot be overstated, noted Dr. Baptiste. “I attended the High School for Health Professions in Houston, which was the first such school in the United States dedicated to fostering interest in the health professions,” he said (the school has since been renamed Debakey High School for Health Professions). “The school fostered an environment that reaffirmed my desire to become a surgeon. We had opportunities to regularly meet with health professionals and hear their stories. And since it was located on the grounds of the Texas Medical Center we were constantly in contact with the doctors, nurses, therapists…and all the energy of the medical center.”

The camps would not have been possible without the help of a wide range of supporters, including more than 20 donors – individuals and groups – whose gifts enabled all campers to attend free of charge, Baptiste added. Additionally, medical professionals gave their time to educate the campers, UT Austin students served as camp counselors, and in-kind support was provided by groups ranging from Seton Healthcare Family and UT Austin Department of Athletics to the university’s Division of Diversity and Community Engagement and the American Heart Association.

The school received a significant amount of positive feedback from the students, teachers and parents involved in the camps who shared these and many similar sentiments:

“@AustinISD @DellMedSchool it was the BEST. CAMP. EVER!!”

“Had such a great week at @DellMedSchool for the 1st ever Health Science camp! Thank you @AkinsAISD @AustinISD & Dr. B”

“Thank you @DellMedSchool for the amazing Health Sci Summer Camp! My daughter came home yesterday so inspired by the anatomy lab!”

What is the plan for future Health Sciences Summer Camps? “We are considering expanding the size of each camp to 100 and possibly extending the length to two weeks,” said Dr. Baptiste. “In addition we may extend the reach to perhaps other area school districts. Even more importantly, we would like to continue to offer the camp free of charge to all participants. So we hope the best is yet to come.”

The Travis County Medical Society Foundation is a 501(c)(3) charitable foundation that sponsors medical student scholarships and educational programs and administers projects that address local needs and contribute to a healthier community.

Recognizing the value of reaching out to middle and high school students who demonstrated an interest in health sciences and the health care profession, the Foundation sponsored 10 students to attend the camp at no cost.

Tax deductible contributions can be sent to TCMS Foundation, 4300 N Lamar Blvd, Austin, TX 78756.
Document & Data Services
TCMS offers secure storage of medical records as well as professional document shredding services. Contact Tom Telles at 512-554-1818.

Order additional TCMS Directories at tcms@tcms.com or 512-206-1249.

Auto Program
We can assist with locating the ideal vehicle for you at the best price, with your choice of color and equipment. Contact Phil Hornbeak at 512-949-5758.

Physician ID Badges

Advocacy

Staffing Services
Take advantage of our cost effective staffing solutions for the medical profession. Contact Mandy Clare at 512-215-5194.

www.tcms.com
The Travis County Medical Society Physician Health and Rehabilitation Committee (PHRC) is an advocate and a resource for physicians whose ability to practice medicine is impaired, or reasonably believed to be impaired, by substance abuse, addiction or mental or physical illness. It pursues all ethical means available to identify and offer assistance to physicians who are impaired and coordinates its activities with and abides by the guidelines issued by the Texas Medical Association’s Committee on Physician Health and Wellness (PHW). The committee consists of physicians with an interest and experience in impairment and recovery.

Physicians can self-refer to the committee, be referred by a colleague, be under contractual obligation to the Texas Physician Health Program or be under orders from the Texas Medical Board to be monitored by the TCMS PHRC. The PHRC recovery monitoring agreements are confidential and non-disciplinary.

Once a physician has been identified as being potentially impaired, the physician may be referred to an out-patient or in-patient facility for an evaluation. If the evaluation results in a diagnosis and subsequent treatment, the conditions of the aftercare and recovery plan are incorporated into a monitoring agreement with the PHRC. Each contract is specifically designed to meet the needs of the physician and is tailored to individual circumstances.

Recovery plans for drug and alcohol impairment typically include: meeting with a psychiatrist, psychologist and/or family therapist as recommended by the evaluating facility; attending meetings such as Alcoholics Anonymous and/or the Caduceus meetings (AA for physicians only); random blood or urine screens and attending regular appearances before the committee to report on the status of their recovery.

At the physician’s request, the committee may provide reports to licensing boards, hospital boards, medical societies and other appropriate institutions and agencies attesting to the physician’s compliance with the terms of the PHR contract relative to his or her recovery.

If a physician refuses treatment, the committee members have the same obligation as any other physician or individual to report that physician to the Texas Medical Board if they are believed to be a danger to the public.

The PHRC is here to be an advocate for physicians. You can safely refer a physician (or yourself) in trouble and encourage them to reach out to this confidential and non-disciplinary committee.

To report a suspected physician or to seek help, contact the Committee through the Society at 512-206-1250. For a list of PHRC members, visit bit.ly/TCMSPHRC.
The mission of the Texas Physician Health Program (TXPHP) is to protect the health of Texans and to promote medical excellence by serving physicians, physician assistants and other providers affected by substance use disorders, psychiatric or physical illnesses. These are issues that have the potential to compromise the provider's ability to practice medicine with reasonable skill and safety. Individuals with these disorders who have completed acute treatment, continue ongoing treatment and are appropriately monitored may have excellent outcomes and possess the ability to practice medicine in their field of expertise safely and effectively.

Confidentiality is a core principle of the program. TXPHP provides a confidential, non-disciplinary mechanism for potentially impaired providers to receive support and monitoring services needed to ensure safe practice. When confidentiality is assured, providers are more likely to seek timely treatment and receive monitoring services, thereby reducing the likelihood of disease progression to the point of functional impairment. Another key principle of the program is 'Responsible Advocacy.' The program is able to advocate for its participants by fostering a relationship of trust and accountability with the Texas Medical Board.

The TXPHP was created in 2009 through the joint efforts of the Texas Medical Association, Texas Osteopathic Medical Association and the Texas Medical Board, modeling it on similar programs in most other states. The eleven member Governing Board, which is appointed by the Texas Medical Board president, provides independent, confidential, administrative and clinical oversight to the TXPHP. The Board is comprised of members experienced in addressing health conditions commonly found in the population of participants.

TXPHP is available to health professionals licensed by the Texas Medical Board (TMB) and is self-funded through user fees. The cost for participation in the program is $1,200 per year. The program encourages and accepts self-referrals and referrals from hospitals, employers, staff, colleagues, family, friends, treatment facilities, licensure boards or other state physician health programs. All calls to the TXPHP are strictly confidential.
How Has the TCMS PHR Committee Helped Me?

“I was in a very dark cage. Without the intervention of God, my family and the TCMS Physician Health Committee, I would be dead today…not just dead, but defunct and decomposing with tones of collateral wreckage in the wake. I am so grateful for the privilege of recovery. Thank you for helping me when I was too empty and broken to help myself.”

Anonymous

“I was welcomed back to return to my practice with encouragement and support. I did not feel judged. They are an advocate for my recovery and an asset to the Medical Society.”

Anonymous

“The TCMS committee provides a supportive and empathetic approach to help and encourage the physician in recovery. They are non-judgmental and non-punishing group that understand recovery and help promote the health of the physician, their career and their family.”

Anonymous

How TMA Can Help You.

The PHR Assistance Fund provides financial assistance to physicians who cannot afford treatment for depression, substance abuse disorders and other problems. Financial assistance (in the form of a loan) is also available for short-term living expenses while a physician receives treatment. These funds assist a physician and their family since the physician is unemployed while receiving help.

Eligibility for loans is based on information provided on the application. A personal interview may be required. TMA will give preference to applications from physicians who have been practicing in Texas during the last five years and residents currently in training who have contributed to the welfare of our state.

Physicians do not have to be members of TMA to be eligible for financial assistance; however priority will be given to those physicians who were members of TMA during their medical careers.

Money loaned to the physician through this program must be used primarily for the treatment of the physician—with most checks written directly to the health care professionals providing the care. In addition, the loan proceeds may be used to pay for short-term living expenses for the family, with most checks being written directly to the creditors.

To apply for this financial assistance, call the TMA PHW Committee at (800) 880-1300, ext. 1342 or (512) 370-1342 to request an application.

Have a Heart for Physicians

As physicians, you know the greatest calling in life is to help those in need. The PHR Assistance Fund of Texas Medical Association does just that. The fund provides loans for medical and/or rehabilitative services for impaired physicians. Please help physicians who are in recovery and need financial assistance. We rely on donations to help us continue this important work. Send your heartfelt donations to the PHR Assistance Fund at 401 West 15th Street, Austin, TX 78701-3480. Or call Linda Kuhn at TMA at (800) 880-1300, ext. 1342, or (512) 370-1342 for information.

For more than 35 years, TMLT has proudly defended physicians in Texas. And now, for the first time, we're offering our strong, flexible medical liability coverage and winning defense strategies to physicians working outside the Lone Star State.

Introducing Lone Star Alliance, RRG, a risk retention group operated by TMLT. Through Lone Star, you can practice outside of Texas and still receive TMLT-level coverage and service. If you leave Texas (though we can’t imagine why anyone would want to do that), you’re still covered. With Lone Star, we can protect you, wherever you grow.

Learn more at www.tmlt.org/lonestar

PROTECTION WHEREVER YOU GROW.
In Memoriam

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

Francis Albert Morris, Jr., MD, a Life Member of TCMS, died August 27 at the age of 87. Dr. Morris was a native of Beaumont, TX. He enrolled at UT Austin at the age of 16 and went on to receive his medical degree at Duke, where he also completed a surgical residency. He was a Captain in the US Army during the Korean War, serving as Chief of Surgery in the 34th MASH unit near the 38th parallel. After his service in the Army, he completed his training in plastic surgery, during which time he married Patricia Crum. Dr. Morris was the first plastic surgeon in Austin when he opened his practice in 1960. He practiced for over 30 years, serving as a mentor for a generation of plastic surgeons in Austin and was honored to serve as President of the American College of Plastic Surgeons. Like many plastic surgeons who followed him, he traveled to underserved parts of the world to restore dignity and hope to cleft palate patients. Dr. Morris enjoyed painting and sculpture and had some talent of his own. Evidence of this can be seen in the original TCMS logo and The Blood Center of Central Texas logo which he designed in the 1960s. He had a life-long interest in the arts and was a generous patron in Austin. Dr. Morris was a dedicated member of the Episcopal Church of the Good Shepherd where he was a devoted supporter of its choir program and served on the Vestry. He is survived by his son, daughter and seven grandchildren.

Carl Pevoto, MD, 80, passed away on July 10. He was born in Nederland, TX where he attended high school and played football for legendary coach Bum Phillips. He attended UT Austin and went to medical school and a pediatric residency in Galveston. He served as a Captain in the US Army at Fort Sill, Oklahoma, later as Lt. Colonel and Chief of Pediatrics and Professional Services in the Air Force at Bergstrom Air Force Base. During his professional career, he had a private pediatric practice in Greenville and Dallas before devoting the last 38 years of his career as an Emergency Medicine specialist in hospitals around Texas. Fifteen of those years were spent in the Emergency Room at Brackenridge Hospital. Dr. Pevoto was known by those who worked with him as a man of humor and compassion, “an avid Longhorn fan and a repository of great jokes, particularly Aggie jokes.” Upon his passing, an admirer recalled the respect and sense of dignity Dr. Pevoto showed his patients. For example, when an orderly commented on a patient in the ER with a minor ailment, Dr. Pevoto said, “An emergency is whatever the patient thinks is an emergency.” A man of deep faith, Dr. Pevoto was a member of St. Michael’s Episcopal Church and was active in Faith Alive (Lay Witness Mission) and the Order of St. Luke. He is survived by his wife Pat, three sons, eight grandchildren and one great granddaughter. His son Pat Pevoto, MD was also a member of TCMS until moving to Colorado a couple of years ago.
Marble Falls Medical Offices Available July/August

- Served as Pediatricians/Children’s Clinic for 17 years.

- Well recognized in community as Medical Office.

- 2994 SF being used as one office but can be divided 1214 SF or 1780 SF.

- Lease for either or both sides is acceptable.

Contact
James Weber, Broker
512-762-3711
jweber@nctv.com

Bob Summers, Owner
830-685-3304
fbgbob@gmail.com

More information including photos of the property at www.loopnet.com/lid/19276458
The Travis County Medical Alliance has launched a new youth volunteer program: Kids Care Club. This is a community service group formed to create hands-on opportunities for our children to give back to the community. The Kids Care Club held its first volunteer activity of the year in early August, assembling snack bags to include in backpacks full of school supplies that were distributed at the Volunteer Healthcare Clinic’s Healthy Kids Day. In addition to the backpacks and school supplies, the Alliance also donated bike helmets as part of its Hard Hats for Little Heads program at this wonderful event.

For more information on how to get involved in our volunteer activities, email vp_community_service@tcmalliance.org.

The Alliance is moving into fall with a full calendar! There are many great activities planned for the upcoming months, and we would love to have you and/or your spouse join us. We hope to see you soon!

**Upcoming General Membership Events**
- Oct 6, 11:30 am: New Member Lunch - at the Grove Wine Bar and Kitchen on Bee Cave Road
- Oct 13, 6:00 pm: Toast to Doctors - at Winfro Osteria
- Oct 20, 9:30 am: General Meeting – Lady Bird Lake Cruise

**Upcoming Community Service Activities**
- Oct 31, morning: Kids Care Club volunteer event - Set up for The Settlement Home for Children’s Charity Garage Sale at the Palmer Event Center

**Upcoming Enrichment Groups and Seminars**
- Sept 29, 11:00 am: Chic Ladies - Fall Reconnect Luncheon at Jack Allen’s Kitchen on N Capital of Texas Hwy
- Sept 30, 10:00 am: Book Review - *Euphoria* by Lily King

For details on all upcoming Alliance events and to get involved, visit www.tcmalliance.org.

**Member Spotlight: Tera Ferguson, 2015-2016 TCMA President**

Tera Ferguson has been a member of the TCMA for nine years and has served in several positions on the Board. She is thrilled to have the opportunity to serve as president this year and looks forward to the privilege of working with a wonderful team.

Originally from Colorado, Tera has lived in various states across the US. She has a Bachelor of Science in Civil Engineering from the University of Nevada, Las Vegas and a Master of Business Administration (MBA) from Duke University. Tera has over 12 years of professional experience in business and technology consulting for Booz Allen Hamilton and business strategy, marketing and product management for IBM. She is currently a part-time independent consultant and full-time mom.

Tera is married to radiation oncologist Douglas Rivera, MD who is with Austin Cancer Center. They have three children – Taylor is a second-grader and Connor is a kindergartener at Cedar Creek Elementary School, and Kaden attends preschool at Magellan International School. They have lived in Austin for the past 10 years and enjoy spending time outdoors and traveling.
GOOD MEDICINE HAS ITS REWARDS—$338 MILLION

WE HAVE RETURNED OVER $338 MILLION TO OUR MEMBERS THROUGH OUR DIVIDEND PROGRAM.

When our insured physicians in the state of Texas keep patients safe and keep claims low, we all win. The Doctors Company is strong, with 77,000 members and $4.3 billion in assets. This strength allows us to defend, protect, and reward the practice of good medicine like no other.

APPROXIMATELY 15% DIVIDEND FOR QUALIFIED TEXAS MEMBERS

JOIN YOUR COLLEAGUES AT THE DOCTORS COMPANY

800.352.0320
www.thedoctors.com

THE DOCTORS COMPANY
Practice Management

Failure to Monitor Patient During Stress Test
TMLT Risk Management

This 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 physician 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 physician and the patient.

Presentation
A woman in her early 60s was referred to a cardiologist for chest pain and dyspnea on exertion. The patient reported a history of hypertension, high cholesterol and diabetes. She had also been a smoker for 40 years.

Physician action
Upon physical examination, the cardiologist noted bilateral carotid bruits, a 2/6 systolic murmur suggesting mild to moderate aortic stenosis and decreased dorsalis pedis and posterior tibialis pulses in both lower extremities. An EKG performed in the office showed sinus bradycardia with nonspecific ST-T wave changes.

The cardiologist ordered lab work, a chest X-ray, a treadmill nuclear stress test, a carotid Doppler study, cardiac ultrasound and a CTA of the abdominal aorta and lower extremities.

The patient completed her lab work and chest X-ray the same day as the initial visit. The lab work showed she had high cholesterol and the chest X-ray revealed COPD.

The patient began the treadmill nuclear stress test at the cardiologist’s office four days later. She completed two stages of the Bruce Protocol and developed significant ST-T wave changes. The test was stopped and the patient sat in a chair to rest. While resting, the patient went into ventricular tachycardia and ventricular fibrillation.

She tried to stand, but collapsed to the floor and struck her head on the ground. The patient was resuscitated with a defibrillator and EMS was called.

The patient was transported to the hospital with fixed, dilated pupils. A CT-scan showed a linear skull fracture with acute right subdural and epidural hematomas with midline shift. The patient underwent an emergent decompressive craniectomy and evacuation of the hematoma. The patient arrested and died on the operating table.

Allegations
A lawsuit was filed against the cardiologist and the cardiology group. The allegations were:

• negligence in administering the treadmill stress test;
• failure to properly advise the patient regarding the increase in treadmill speed;
• failure to properly supervise the treadmill to prevent the patient from falling off;
• failure to carefully monitor the patient and
• failure to administer the treadmill stress test according to industry standards.

Legal implications
The lawsuit stated that the patient fell off of the treadmill during the test and that the cardiologist was not present during the exam “as required by medical standards.” The plaintiff alleged that the patient was not warned of possible dangers associated with the test. The plaintiff also alleged that a stress test was contraindicated in a patient with severe aortic stenosis. The patient should have undergone cardiac catheterization instead.

The cardiologist and the nuclear medicine technologist who administered the stress test did not document anything in the chart pertaining to the fall, leading the plaintiff to incorrectly state the facts of the incident in the lawsuit.

Two cardiologists reviewed this case for the defense. The reviewing physicians were not supportive of the care given. One stated that based on the patient’s symptoms and EKG results, a stress test was contraindicated for the patient. Both felt that the patient should have been more closely monitored to prevent the fall. There was not adequate documentation in the medical record about the incident.

Disposition
Due to the nature of the incident and negative consultant reviews, this case was settled on behalf of the cardiologist.

Risk management considerations
A written informed consent form should be obtained for tests or procedures performed in the office. There was no informed consent form found in the patient’s chart. Without it, there was no evidence that the patient was informed of the risks involved with the stress test, that the patient was advised to notify the technologist if she was not feeling well during the test or that the test could be stopped at any time.

Practices should have written protocols to follow in case of an adverse event during a stress test and what to do in case of an emergency. In this scenario, the patient should have been made to lie down instead of sit down to reduce the risk of a fall. A physician should have been notified of the patient’s cardiac irregularities immediately, and the patient should have been closely
monitored until a physician arrived to assess her condition. As there was no documentation, there was no indication that the technologist took measure to prevent a fall. Having a written protocol in place can ensure that all staff members are taking the same precautions and performing to the physician’s standards.

There was some documentation in the chart pertaining to the adverse cardiac events that required termination of the stress test and the need for CPR, but there was no documentation about the patient falling and hitting her head.

Any kind of accident or injury that occurs in the office needs to be thoroughly documented on an incident or occurrence report form. The incident report should be completed as soon after the event as possible while the details are fresh in the minds of the witnesses. It should objectively describe the details of the event and what actions were taken to obtain help. The completed report should not be filed in the medical record, but in a separate file. This may help in the future in dealing with liability issues stemming from the incident.(1)

The documentation of the stress test gave no indication of who performed the test. The Texas Medical Board rules require a legible identity of the observer when documenting a medical record.

This case highlights the importance of having emergency equipment on site where stress tests are performed. Many practices simply rely on calling EMS to handle medical emergencies. While the patient’s skull fracture was not known at the time, the fact that the physician attempted to resuscitate the patient with CPR and a defibrillator was helpful in the settlement discussion.

It is impossible to prevent all accidents. However, taking steps to prevent them, being prepared when they do happen and good documentation of what took place will assist in the defense of a claim.

Source

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
**What Causes Chronic Sinusitis?**
Adults have four air-filled sinuses on each side of the face. These are found in the cheekbones, forehead and between the eyes. Inflammation in these sinuses can create swelling and excess mucus. This can block nasal breathing and drainage. The inflammation can have more than one cause. For example, you might have an infection. You might also have problems with your immune system or be sensitive to something you have breathed in. Chronic sinusitis can reduce your quality of life, ability to get restful sleep and ability to work.

**What Are the Symptoms?**
- Stuffy or congested nose
- Thick drainage from your nose
- Pressure or discomfort in your face
- Reduced or no sense of smell or taste
If you have two or more of these symptoms and they last longer than three months, you might have chronic sinusitis. You might also have periods when the symptoms get worse. These periods are called flares (exacerbations). Flares do not always mean you have an infection. But flares usually need to be treated with medicine. Some people report having “sinus headaches.” But these headaches are rarely caused by sinusitis. For example, the pain might be related to migraine or tension headaches.

**How Is Chronic Sinusitis Diagnosed?**
Your doctor will take a medical history and look inside your nose to see how bad the swelling is. He or she will also look for problems that might cause your symptoms. Your doctor might also suggest other tests. In nasal endoscopy, the doctor uses an instrument to look deeper into the nose and sinuses. This can give information on how bad the swelling is and what treatment you might need. A sinus CT scan is a special type of X-ray. This test can give more information about the sinus swelling (how bad it is; where it is). Your doctor might order a CT scan to help rule out other conditions or if treatment has not helped your symptoms.

**How Is Chronic Sinusitis Treated?**
The main aim of treatment is to reduce swelling and prevent flares. Reducing the swelling can improve your quality of life. Most people need long-term daily treatment (maintenance). Commonly used treatments include:
- Corticosteroids. These medicines decrease the sinus swelling. You can take some of them by mouth. But nasal sprays, rinses or drops are preferred since they deliver medicine directly to the swelling. They are also less likely to cause side effects.
- Saline rinses (irrigations). These are often used to flush mucus, bacteria and particles from the nose and sinuses.
- Other medicines. These include antibiotics and other medicines. Your doctor can explain the choices and how they are used.

**For More Information**
American Rhinologic Society
http://care.american-rhinologic.org
National Institute of Allergy and Infectious Disease
American Academy of Otolaryngology
www.entnet.org/content/sinusitis
American Academy of Allergy, Asthma, and Immunology
www aaaai.org/conditions-and-treatments/allergies/sinusitis.aspx

Make copies of this article to share with your patients.
At Broadway Bank, our Private Bankers realize one of your most treasured assets is time. So we work hard to make sure your time is always well spent. Our Private Bankers are there for you every step of the way, making your journey through life as financially streamlined as possible.

In your busy life, there is never enough time, but at Broadway Bank, there is always more than enough attention.

**Are you ready for ICD-10?**

*Let Private Banking help with an ICD-10 Line of Credit.*

- A streamlined application process with quick response upon receipt of your completed information
- Flexible revolving lines of credit up to $100,000 for 6 months to bridge possible payment delays with ICD-10
- A team of healthcare banking experts experienced in supporting the medical community

---

*We’re here for good.*

---

Austin Regional Headquarters | 911 W. 38th Street, Suite 100
512.465.6686 | 800.531.7650 | broadwaybank.com | Member FDIC | **

Membership qualifications in Private Banking apply. All loans subject to credit approval. Conditions and restrictions apply.
Classifieds

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 512-698-4970.

Office Available: Approximately 2350 sq ft of space available at 4007 James Casey. Has six exam rooms, one procedure room, two offices, break room, file room, separate area for phlebotomist, two handicapped restrooms and one regular restroom. Includes two covered parking spaces. Six exam rooms have sinks and lots of cabinet space all over for storage. Can also leave some office and medical furniture if required. No additional work necessary to occupy the office; it is in walk-in condition. Freshly painted. Please email nadirp@gmail.com or call 512-845-1986.

EQUIPMENT

For Sale: X-Ray machine AMRAD Craig 1 convertible to digital, with all accessories, Hope Processor, cast saw and ortho supplies. Contact 512-413-1903.

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


For Sale: X-Ray machine AMRAD Craig 1 convertible to digital, with all accessories, Hope Processor, cast saw and ortho supplies. Contact 512-413-1903.

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


For Sale/Lease Lakeway Medical Building
Full time or satellite office near Oaks at Lakeway & LRMC.
• 6 fully equipped exam rooms
• 2 physician offices • X-ray and lab
Fully furnished 2400 sq/ft free standing bldg. w/parking.
Great visibility w/signage on RR 620.
1411 RR 620 South, Lakeway.
View the building at www.bit.ly/1cVX8KE
Contact dorisrobotaille@att.net
512-413-1903

TCMS Classified Advertising
A "go to" resource for physician readers and excellent visibility for advertisers.

Classified Advertising
• Rent/Lease or Sale
• Shared office space
• Equipment
• Services

Classified Advertising Rates
• $.50 a word for members
• $.75 a word for non-members
• $25 minimum charge

Physician Only Business Card Ads
• Advertise your practice or specialty
• Celebrate a new partner or location
• Retiring or selling your practice
• Only $200/issue

For more information contact Ron Mize at rmize@tcms.com or 512-206-1245.

Sleep 360 Sleep Diagnostic Center
Pecan Park Professional Plaza
10601 Pecan Park Blvd. Suite 203
Austin, 78750
Our Services
• Physician Consultation
• Physician supervised sleep studies with quick turnaround time for results
• CPAP/BRAP compliance clinic
• Cognitive Behavioral Therapy (CBT) for insomnia management
• Home sleep studies
AASM Accredited 4 - Bed Sleep Center
PH: 810-0360 • Fax: 918-0361 • www.sleep360md.com

Vani Vallabhaneni, MD
Board Certified in Sleep Medicine
Board Certified in Internal Medicine
Sleep 360 Sleep Diagnostic Center
Pecan Park Professional Plaza
10601 Pecan Park Blvd. Suite 203
Austin, 78750
Our Services
• Physician Consultation
• Physician supervised sleep studies with quick turnaround time for results
• CPAP/BRAP compliance clinic
• Cognitive Behavioral Therapy (CBT) for insomnia management
• Home sleep studies
AASM Accredited 4 - Bed Sleep Center
PH: 810-0360 • Fax: 918-0361 • www.sleep360md.com

For Sale/Lease Lakeway Medical Building
Full time or satellite office near Oaks at Lakeway & LRMC.
• 6 fully equipped exam rooms
• 2 physician offices • X-ray and lab
Fully furnished 2400 sq/ft free standing bldg. w/parking.
Great visibility w/signage on RR 620.
1411 RR 620 South, Lakeway.
View the building at www.bit.ly/1cVX8KE
Contact dorisrobotaille@att.net
512-413-1903

TCMS Classified Advertising
A "go to" resource for physician readers and excellent visibility for advertisers.

Classified Advertising
• Rent/Lease or Sale
• Shared office space
• Equipment
• Services

Classified Advertising Rates
• $.50 a word for members
• $.75 a word for non-members
• $25 minimum charge

Physician Only Business Card Ads
• Advertise your practice or specialty
• Celebrate a new partner or location
• Retiring or selling your practice
• Only $200/issue

For more information contact Ron Mize at rmize@tcms.com or 512-206-1245.
DON’T SETTLE FOR LESS THAN COMPREHENSIVE VEIN CARE.

And don’t assume that spider veins, varicose veins, leg pain or ulcerated skin conditions are a minor problem. There’s no shortage of vein clinics in town, but many doctors recommend Austin-based VeinSolutions, a division of one of the most respected cardiac and vascular surgical groups in the country (CTVS). The board certified Cardiothoracic and Vascular surgeons at VeinSolutions start by diagnosing the problem, then follow an inside-out treatment approach, always using the most advanced technology available. And because unhealthy veins are a real medical issue and not just a cosmetic problem, treatment through VeinSolutions is covered by most insurance carriers, and is in network.

Learn more by calling 512-452-8346 or go to VeinSolutionsAustin.com
Need Insurance? We Can Help.
Request a quote.

Call: (800) 880-8181 • Visit: www.tmait.org

TMA INSURANCE TRUST