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Robert Cowan, MD

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CLASSIFIEDS
FROM THE PRESIDENT

THE LEGACY OF MEDICINE

Physicians are consistently rated as the most honest and noble practitioners of a profession.

The gavel is passed from Dr. Pradeep Kumar to me, I can’t help but think of all the fine TCMS presidents that have come before. Twenty years ago, I was a new physician in Austin and just starting my career. I opened a small private practice and started welcoming new patients. I didn’t know many doctors and took it upon myself to meet as many as I could. From them, I thought I would get a lot of great referrals. It didn’t take long for me to realize that in my specialty (OB/GYN), most of my referrals would come from the patients themselves.

It was a difficult time and the financial stress didn’t help. Nevertheless, I persisted and built a nice practice. Running a solo office was at times lonely, but I met a lot of great docs that helped guide me on my journey. Now I am a partner in a much larger practice and much less stressed than I was back then.

I tell you this because I have come to the realization that no doctor is an island. We all depend on each other in some way, whether it is calling on colleagues to help us out of a tight spot, bouncing an idea off a partner or asking for a consult from a physician in another specialty. We are all in this together and we depend on one another.

This is especially true for organized medicine. When we all come together with our collective voice it is compelling. Walking the State Capitol corridors with our white coats on First Tuesdays is quite a sight to see! Coming together for medicine-related social events or attending TCMS committee meetings allows one to meet other physicians and share thoughts and ideas about our beloved profession.

Which brings me to the “legacy of medicine”: Physicians are consistently rated as the most honest and noble practitioners of a profession. This has been true throughout the decades. The standards we set are high and of course it is up to us to uphold them. We can all think of physicians we have known who have helped shape our thoughts, taught each of us to do something better or just given us a little nugget of advice when we really needed it.

These are the physicians that mean the most to us. They are also the ones who helped make medicine such a respected and time-honored profession. We need to remember those who came before us. Before CT scanners. Before laparoscopes. Before computers and all the technology that makes it so much easier now to be a physician.

I have had the good fortune of crossing paths with several mentors who had a profound influence on me. In my residency, Dr. Robert Kinch taught me to lay hands on a patient and sit at their bedside to talk to them. Dr. Marion Stahl taught me how to put the patient first and to own your complications. Dr. Earl Grant taught me the value of organized medicine. Dr. Harold Brumley, the OB who delivered me, taught me how to have fun in the office and enjoy the practice of medicine. Dr. Brumley actually passed his practice on to me. How’s that for succession!

We all have stories. We all have important people that have influenced us. I am the only doctor in my family and when I started I had no idea what a dramatic impact other physicians would have on me. I want this legacy to continue. I’m not sure why I have such strong feelings about it, but I do realize that each of us is part of a larger picture—and it is our responsibility to carry it forward.

This realization hit home recently when I was asked by a younger colleague to advise him on a particular, complicated patient. I had previously thought of myself as the younger doc who solicited advice from the more practiced ones. Now I was the one who had the advice to give, the years of practice and experience to draw upon. I was able to pass on a little bit of the “legacy of medicine.”

So now that I am uniquely qualified to dispense advice, here goes: Young physicians, find someone in the medical community who you respect and follow them everywhere! The wisdom they will impart to you is invaluable. You may not need it at the time but I promise it will come back to you at a moment when you need it most. Also, get to know your colleagues. You will rely on them in difficult times, and those relationships will matter. Sit down in the doctors’ dining room and join a conversation. Meet someone new. Finally, enjoy your patients. You touch the lives of many people daily—often in a profound way. Laugh with them, touch them and sit down at their bedside.

Remember, you are the “legacy of medicine.”
**Thomas B. Coopwood, MD**  
**Champion of Central Health**

Leanne DuPay

In 2004, Travis County voted to form Central Health. The mission statement reads, “Central Health creates access to health care for those who need it most.” The organization is governed by a Board of Managers, which is made up of nine volunteers. Since its inception eleven years ago, Thomas B. Coopwood, MD has been one of those nine volunteers.

Dr. Coopwood served one three year term and two four-year terms for Central Health—nominated for each term by the Austin City Council. It is easy to see why he was such a valued member.

“During his years in practice he was somewhat of a legend in the Austin medical community. He is wise, highly skilled, approachable and great with patients,” says Brian Sayers, MD.

In addition to his reputation as a surgeon, Coopwood has always given his time to medical organizations and is especially passionate about helping the less fortunate get health care. “He has done as much as anyone in the last ten years to try and provide medical care to those in need against great odds and obstacles that our current indigent care safety net involves,” Sayers emphasizes.

“I admire Tom tremendously. We all do” says Clarke Heidrick, JD, a fellow Central Health board member.

“He brings a unique and helpful perspective on the patient experience. His passion, for the patients, especially the poor, is moving.”

Though Dr. Coopwood will not be a part of the Central Health Board of Managers this term, his legacy remains through programs he championed and the standards he set.

“Tom was Central Health,” emphasizes Patricia A. Young Brown, president and CEO of Central Health. “He was the heart of the organization and I loved working with him and treasure him as a friend.”

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The 2016 Texas Medical Association’s annual conference – TexMed – is scheduled for April 29-30 in Dallas. While there are keynote speakers and numerous opportunities for CME credit, the conference revolves around the TMA House of Delegates (HOD). The New Year is just beginning, and though April seems like a lifetime away, preparations have begun to establish the business of the 2016 HOD.

What is the TMA House of Delegates?
The House of Delegates is the policy making body of the Texas Medical Association and is comprised of elected county medical society delegates to the TMA. The Travis County Medical Society (TCMS) is represented in the HOD by 36 delegates and 36 alternate delegates who are elected by TCMS members.

The HOD meets each spring during TexMed and can meet in special session if called by the TMA president or by a petition of at least 30 delegates. The HOD receives reports of the officers, boards, councils, committees and sections of the TMA as well as resolutions from county medical societies or individual members. All of these items become the business of the House of Delegates.

All business of the House is assigned by the Speakers, according to subject matter, to one of four reference committees - Financial & Organizational Affairs, Medical Education, Science & Public Health and Socioeconomics. Any member of TMA (not just delegates) may appear before reference committees to speak for or against any resolution under consideration. The reference committees summarize information received, discussions and testimony and then report their recommendations to the HOD for action - approval, amendment, disapproval or referral.

How to Write a Resolution
Any member of a county medical society can submit a resolution to their delegation regarding ideas for, or changes to, TMA or the American Medical Association. Only county medical society delegations, TMA sections and individual voting members of the TMA delegation may submit resolutions to the HOD.

A resolution expresses the background of the idea or problem in “whereas” clauses and to specify a position or course of action in one or more “resolved” statements.

In addition to its “whereas” clauses and “resolved” recommendations, each resolution forwarded to the HOD for consideration should include:

- A title that is self-explanatory.
- The name of the individual or delegation who submits the resolution.
- Citations of relevant TMA policy to facilitate independent review by delegates of pending resolutions. If the resolution is asking for action at the American Medical Association level, relevant AMA policy must also be included.

Only the “resolved” statements of resolutions are acted upon by the HOD and become association policy statements or directives. Should the resolution require funds not in the current year’s budget, TMA staff will add a fiscal note indicating the financial implications of the recommendations contained in the resolution.

How to Submit a TCMS Resolution
Resolutions must be received by TCMS no later than Friday, February 5, 2016 in order to be considered by the TCMS Delegation. The Delegation will review submitted resolutions and vote to approve or disapprove them. The writer of the resolution is invited to attend the meeting to answer questions or to provide further information. If the resolution is approved, it will be submitted to the TMA HOD as a resolution from TCMS. Non-delegates cannot submit resolutions directly to the HOD, so if the resolution is not approved, the submitting TCMS member may ask any delegate or HOD voting ex officio member to carry the resolution as an individual to the HOD.

For questions or to submit a resolution, contact Stephanie Triggs, senior director of physician services and community relations at striggs@tcms.com or 512-206-1124.

Members of the TCMS Delegation to the TMA: http://bit.ly/1ndLNzt
TMA House of Delegates: www.texmed.org/hod
Example of Resolution: http://bit.ly/1O71EZn
Relevant TMA policy: www.texmed.org/PolicyIndex.aspx
Relevant AMA policy: www.ama-assn.org - type “policyfinder” in the search box
Logical reasoning is one of the cornerstones of medical diagnosis and treatment. Physicians are good at it. Why then does it partially desert us when writing prescriptions? I speak of the fact that the vast majority of scripts written in Austin (by hand or printed from your EHR) do not identify what the pill in the bottle is treating. For example, is the prescription for infection, for blood pressure, for acid reflux? All prescription labels instruct patients on how frequently to take a pill, but not for what disease. My informal survey of several Austin pharmacies found that less than 20% of scripts identify the disease the drug is treating.

I suggest it is important to include the “purpose for use” in order to reduce patient confusion and perhaps improve compliance. Envision, if you will, a patient looking at four bottles of white pills labeled Losartin, Lansoprazole, Lasix and Lipitor. Without this information, they have no clear understanding of which pill is for what disease. This is reality—just sample your next five patients. Which pill is for blood pressure, acid reflux, edema or cholesterol? What if a family member is trying to help the patient? Studies on patients taking medication for chronic diseases report 30% to 60% rates of non-compliance. Only a few studies have evaluated labeling on the medication bottle. Evidence suggests specific content and format of prescription drug labels facilitates communication with and comprehension by patients.

How difficult is it to add “for blood pressure” to a written script? Most EHR systems allow favorites so “purpose of use” only needs to be entered once and then it will automatically repeat. For some psychiatric medication this information may be limited for labels. To me, logic again suggests if using off-label, it is even more important to include “purpose for use.”

What do you think? Is this modest proposal logical, sellable and doable? Our goal is to improve patient understanding, satisfaction and outcome—and at no additional cost! I ask for and welcome your input. Contact me at tmchorse@gmail.com with your comments.
in the News

2015 Annual Awards Dinner

Set among the glittering Christmas trees and chandeliers at the Hyatt Regency Austin, the 2015 TCMS Annual Awards Dinner honored three members: Bruce Levy, MD, JD, Physician of the Year; James Marroquin, MD, Young Physician of the Year and Joe Spann, MD, Physician Humanitarian.

Photos
1. 2015 TCMS President Pradeep Kumar, MD
2. Peggy Russell, DO and 2015 Physician of the Year Bruce Levy, MD, JD
3. 2015 Ruth M. Bain Young Physician James Marroquin, MD and Debra Patt, MD
4. Tracey Haas, DO and 2015 Physician Humanitarian, Joe Spann, MD
5. Adam Schneider MD and Janet Schneider
6. Chad Long, MD; Kenneth Ellis, MD; Daniel Emmett, MD and Ashleigh Emmett
7. Okemefuna O kpara, MD and Olamide O kpara
8. Hyatt Regency Austin
Dr. Journeay, 90, passed away on December 17. He graduated from Angleton High School before attending Rice University where he earned two degrees. His time there was interrupted when he was commissioned into the Navy as an ensign in 1945, training in electronics and radar before serving on the USS Barnegat (AVP-10). Dr. Journeay went on to earn his PhD in chemical engineering at UT and worked for Monsanto for several years after that, conducting research, publishing articles in scientific journals and earning several patents.

He taught chemistry and physiology at St. Mary's School of Nursing while he attended medical school in Galveston. He practiced medicine in Texas City until his home was flooded during Hurricane Carla. Journeay moved to Austin and practiced from 1963 until 1993. While in practice and after retirement, Dr. Journeay taught biomedical engineering as well as courses in environmental engineering and industrial toxicology at UT.

He also served as an expert and consultant for a number of state boards and worked with TMA and the TMA Foundation. Included in his contributions to TMA was a stint as chair of Texas Medicine, the journal of the TMA. Among his numerous awards and leadership positions, Journeay was president of the Texas Academy of Family Practice during the 1980s. During the last 10 years of his long life, he remained active, serving as medical director of Austin Clinical Research until shortly before his death.

After his passing, former patients, colleagues and friends consistently described his ever present smile, great sense of humor, generosity, humanity and intellect. He was a dedicated husband and father and was a scoutmaster for many years, receiving the Silver Beaver distinguished scoutmaster award for his positive influence on so many young lives. He is survived by Betty, his wife of 67 years, their five children, twelve grandchildren and eight great-grandchildren.
Starting from scratch offers the opportunity to create a new type of medical school — and to rethink the role of academic medicine in improving health. The Dell Medical School, funded by Travis County taxpayers in 2012 and opening its doors to students in 2016, made strides toward both of those goals in 2015. Here’s a look back at some of the year’s biggest milestones.

1. Expanded Health Services to Austin’s Underserved
   On February 17, Huston-Tillotson University and the Dell Medical School announced a watershed partnership to address mental health challenges in Austin, particularly in underserved populations. In May, William Lawson, MD a nationally recognized leader in psychiatric care and research, was announced as the school’s choice to lead the effort.

2. Applied a New Way of Thinking to Health Care Challenges
   The Design Institute for Health, a first-of-its-kind institution dedicated to applying design thinking and creative solutions to the nation’s health care challenges—and to integrating that perspective into medical education and community health programs—made its debut at South by Southwest on March 16.

3. Launched an Initiative to Accelerate the Translation of Research
   On June 10, Texas Health Catalyst was announced. This landmark effort will identify promising translational research across The UT Austin campus; provide timely, customized guidance on research and development and offer seed funding for exceptional projects that may otherwise not have a source for support. All of this will serve to accelerate the translation of research to health products.

4. Earned Accreditation
   The Dell Medical School announced on June 29 that it had received its preliminary accreditation. This major milestone allowed the school to begin recruiting its first class of students and implementing its innovative academic programs and curriculum — all as part of its larger mission of revolutionizing the way people get and stay healthy.

5. Introduced Austin Students to the Health Professions
   On July 27, the first of two Health Sciences Summer Camps kicked off. The camps connected Travis County teens to the health ecosystem. Participants interacted with health professionals from across the community, learned to administer IVs, perform intubations, take vital signs, deliver newborns and gained real-world insight into health care careers.

6. Opened New Channels for Dialogue
   Dean Clay Johnston, MD sent his first tweet on August 5, asking, “If you could rebuild the health care system, what would you do?” On December 8, the Dell Medical School launched its Instagram account, @dellmedschool. (Follow Clay on Twitter: @claydellmed.)

7. Transformed a Nascent Medical District
   During a ceremony on August 25, more than 300 people signed their names to one of the last steel beams installed in the Dell Medical School’s Education and Administration Building. The building will open by the time the school’s first students attend orientation in June 2016. The signatures will remain visible in the finished building.

8. Showed Austin’s Health Opportunity to the World
   Fast Company magazine published an October 1 story about the Dell Medical School’s “totally new approach to training doctors,” saying it has the potential to turn health care upside down. A week later, on October 8, the Washington Post featured Dell Med’s “radical approach” to training physician leaders, noting that the school is seeking out what it calls firebrands—including Stacey Chang and Beto Lopez, veterans of creative design firm IDEO and Eddie Erlandson, a respected executive coach who has worked with companies such as Coca-Cola—to lead this transformational effort.

9. Accepted Its First Students
   The Dell Medical School aims to rethink everything, from the way people get and stay healthy to the role of academic medicine in improving health. That includes the way it interacts with potential students. Starting November 16, Dean Johnston began calling applicants to personally offer them a place in the school’s inaugural class. The calls—and acceptances—will continue into 2016.

10. Brought New Leaders to Austin
    The Dell Medical School announced the hiring of Mark McClellan, MD, a nationally known health policy expert and the former head of the US Food and Drug Administration, on December 7. McClellan will focus on health policy reform. Other visionary leaders the medical school brought to Austin include Steven Abrams, MD chair of Pediatrics; William Tierney, MD chair of Population Health and David Paydarfar, MD chair of Neurology.
Dr. Simone Scumpia MD FACE FRCP FNLA

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Robert K. Cowan, MD
2016 TCMS President

Leanne DuPay

“I want to grow and retain membership and emphasize the importance of being involved.”

Dr. Robert Cowan’s childhood is one hound dog short of a country song. Cowan comes from Hillsboro—a small farming town 30 miles north of Waco. Wearing boots, working his family’s 100-year-old cattle ranch and playing football under Friday night lights made for an all-American, down-home upbringing. “I think growing up in a small town helped me in medicine more than I realize,” he says. “Small towns value relationships— and that’s what medicine, particularly OB/GYN, is all about.”

Cowan’s easy manner and approachability is also something he attributes to his past. “Small towns have a slower pace of life, and I think that translates into my having a more laid-back demeanor, which my patients really connect to.”

As salutatorian of his high school class, Cowan had college choices. His hometown buddies selected A&M to study agriculture, but he went the urban route and attended UT. “I enjoyed science but never even thought about becoming a physician until I was a junior.” He left college with a BS in biology and from there attended UTMB Galveston to get his MD. His residency in obstetrics and gynecology was completed at John Peter Smith Hospital in Fort Worth in 1995, where he was chief resident.

Opening his practice in Austin was an easy decision. “Everything is here! We have access to the Capitol for legislative meetings, the TMA headquarters are here—not to mention the fact that Austin is home to St. David’s Women’s Center of Texas, which is crucial to my practice,” he explains. “Also, let’s not overlook Austin’s great food, great people and amazing outdoor activities.”

One thing Cowan knew positively was that his chosen specialty had to include surgery and interaction with patients. “The best part of my job is establishing long-term relationships with my patients and their families. OB/GYN is ideal because I get to deliver babies,” he says. “I love seeing young families so excited. New dads are especially fun to watch.” A great example of his rapport with his patients can be seen on the cover of this magazine. “The two babies that I am holding on the cover are babies I delivered,” he smiles. “I enjoyed getting to know the families throughout the nine months of pregnancy.”

On the subject of families, Dr. Cowan and his wife Julie have been married for 25 years and enjoy travel and weekends at the family ranch. They have three kids—oldest son Rob and twins Will and Katie. Rob is an accountant in Houston and the twins are seniors in college (UT and A&M). Julie is very active in the community. She is a past president of the Travis County Medical Alliance and was recently elected to a 4-year term on the Austin Independent School District Board of Trustees.

Personable and funny by nature, Cowan is a different man when talking about young physicians today. He loves teaching residents and mentoring young physicians. “Today’s young physicians are incredibly well educated, but sometimes I worry about their lack of experience in the trenches. Some of the best lessons a doctor can learn occur in the hospital at 2 am.” Cowan understands it’s a new world and technology has allowed for physicians to have more control of their personal time. “But when I see them glancing at their watches, seemingly more concerned about clocking out than patient care, I wonder about the changing mentality,” he explains.

He is also very aware of the fading legacy of older physicians. “I used to go to the doctors’ dining room, search out the older physicians and sit with them,”
he remembers. “They taught me so much, and it’s good advice even now.” Mentors are valuable in any career, and Cowan recommends all young physicians have someone to set an example and advise them. “Looking back on my career, I have had several good role models that helped form me as a doctor. These physicians don’t necessarily need to be in your group or specialty but should embody those ideals that make our profession unique.”

More and more physicians are opting for employment rather than starting a private practice. “I tell young docs that it takes five years to build a private practice. For many of the newer generation it just feels like too long,” Cowan explains. He finds great satisfaction in the successful business owner he has become. “You really have to put yourself out there. It means joining the Travis County Medical Society (TCMS), accepting speaking engagements and attending networking events,” he advises. “Word of mouth is what built my practice, not physician referrals. Be visible and generous with your time.”

Cowan does practice what he preaches. “Dr. Cowan has served the medical community well as a leader,” says Thomas Vaughn, MD. “He’s part of committees and advisory boards—most of all though, he is admired and respected by his patients and peers.” Certified by the American Board of Obstetrics and Gynecology, Cowan is also a Fellow of the American College of Obstetrics and Gynecology. In addition, he is an assistant professor of Obstetrics and Gynecology for the UT Southwestern Medical School and the UT Medical Branch in Galveston.

This year, Dr. Cowan will serve as the president of TCMS, having been nominated and elected by his peers. “TCMS is a voice for physicians,” he says. “It allows us to feel engaged in the politics that affect us.” The best example of this voice, in his opinion, was the 2003 tort reform legislation which impacted medical liability by putting a cap on non-economic damages that could be awarded in personal injury lawsuits. Before tort reform, he says, shaking his head, “Medical liability was so bad, it would deter people from becoming physicians. Some doctors were wiped out financially, they’d just quit.”

During college, he worked at the Capitol. Not only did he meet his wife, who also worked there, but his interest in politics was sparked. “TCMS and TMA are very engaged with our state government and offer a number of...”
opportunities to get involved—such as the TCMS Medical Legislation Committee. First Tuesdays at the Capitol is a wonderful place to start. It is so impressive to see the Capitol filled with white coats.” He emphasizes, “Physicians have a real opportunity to engage with our elected representatives and to voice our concerns.”

Cowan’s top priority for his term? “I want to grow and retain membership—emphasize the importance of being involved,” he says. “I want young physicians to take part in committees and task forces early in their careers so they feel connected to organized medicine.” Thanks to thoughtful scheduling by the TCMS staff, events and meetings are not difficult to attend around a medical career. “When I began to get involved with TCMS, I started by serving on some of the committees,” he explains. “The meeting schedules were manageable and I got to know the leaders of the Medical Society.” It was through these committees that Cowan began to recognize the challenges facing physicians here in Austin. “I would like to expand opportunities for all physicians to participate and I do have some ideas to create a couple of new committees in areas that concern us.”

Next on his to-do list concerns the new Dell Medical School. Relations between physicians already established in a community can be strained when a new medical school comes to town. But Cowan wants to smooth the connection between the private physicians in Austin with the school’s incoming faculty. “We need to make sure that medical school administration, faculty and private practice doctors have a healthy relationship,” he explains. “Remember, we represent all member physicians. I would like to create a forum to bring both private and teaching physicians together to foster that relationship. This would probably best be done by creating a liaison committee with a good mix of academic and community based physicians.”

All this in a year? Cowan doesn’t seem worried. He never does. His determination, characteristically easy manner and genial personality has served him well and should serve him well as the 2016 president of the Travis County Medical Society.
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Doctoring Your Online Reviews
Leanne DuPay

Social Media: For many the term causes fear. Why? Because for those of us older than 35, it is an awkward way to communicate. It is intimidating and has immense power. There are examples of businesses and people being damaged by this tool. Granted, humans are behind the buttons and clicks, but the sheer magnitude of the audience and the speed with which viewpoints can be passed along has the ability to sway public opinion in minutes.

This brings us to the heart of this article—the impact online reviews have on your practice.

Restaurants and hotels have long been accustomed to reviews. There are books published and rating systems in place. Now, thanks to the Internet, reviews are readily available for all industries and they are real time. This isn't last year's guidebook; these are remarks from a guest who was there 15 minutes ago! From drycleaners to plumbers, online ratings are the way people are finding a company and deciding if it is worthy of their business. You know where this is going—physicians are now subject to the same evaluations. Sites like Yelp, Healthgrades and Zocdoc feature posts from patients as well as basic information such as office location, hours and medical school degrees.

What if your receptionist is having a bad day? What if the patient is feeling crabby? It could end up in an online review—at your expense. For example, here is a real review posted about a clinic in the eastern US: “There is something odd the minute you walk in. From the receptionist to the nurse to the doctor the atmosphere is cold as ice.”

Here's another one: “Dr. _____ was completely unhelpful and unprofessional. I would strongly advise patients to book with other doctors in the area. He wasted my time and didn’t help me at all. I was surprised his other reviews are so positive because I had a terrible experience.” These reviews will definitely make people reconsider their appointment.

A physician recently asked, “How do you fight back?” The answer? It's not easy. Those postings are protected as free speech and usually cannot be deleted. And, answering the patient by posting a defensive response is asking for trouble. Online dueling is not the answer, especially with all of the HIPAA compliance rules. A patient's identity is protected information which can make it difficult to respond to an online complaint.

According to Entrepreneur's How to Handle Online Negative Reviews, you can respond—carefully. If a negative review is factually incorrect and you can prove it conclusively, you may be able to get the post removed by the website owner. If you cannot prove it is untrue (even if it is), removal won't happen. If you have factual proof and the post is not removed, you can consider correcting the post in a calm tone by laying out the facts. Red flag here for physicians however—HIPAA may get in your way.

Now that online reviews are here to stay, it is advisable to develop a couple of professional responses that can be posted by you after a negative review. For example, “Our patients are very important to us. We are addressing this issue to ensure that everyone who visits us is happy with their care.” Or “I would like to better understand your experience and would welcome
an email or call from you so that I can personally address these issues.” These posts will show site visitors that you are concerned about your patients and their experience.

Removing the situation from the public forum is an effective tactic. Whether by email or phone, ask about their experience, empathize with them. Sometimes all it takes is a timely acknowledgment of their issue to defuse the situation. Perhaps the complaint was legitimate. What if they did not receive good treatment? This might be a chance to improve your customer service. Think about the times a business has taken care of you after a bad experience. What did they do? All businesses should have a damage control plan. What is yours? Many times your actions can result in a positive online review about your quick attention to their problem.

By the way, do you know what your ratings are online? Have you looked? No time like the present. As a busy physician, it is tough to stay on top of this. Lucky for you, some brilliant tech guy has already thought of that. You can subscribe to “Google Alert” or “Social Mention.” These systems alert you each time you or your practice is mentioned online.

If you feel like a target just waiting for the online bullets, there are strategies to employ that are proactive rather than reactive. These strategies can prevent negative online reviews before those angry fingers hit the keys. To see if your practice needs to make some adjustments, monitor your patients’ satisfaction with a survey. Just ask them two or three questions before they leave or email them shortly after their visit. This will allow them to vent directly to you rather than to all of cyberspace.

Let’s not focus entirely on the negative. For every unhappy patient there are happy patients. Collect these. Encourage them to post positive reviews—use your fans. Most people are smart enough to realize that a sea of positive reviews and one or two negative ones do not make you Dr. Jekyll.

So that you are not left with any feelings of dread when it comes to online reviews, studies have shown that two out of three online reviews are positive. Nevertheless, it is important to protect your practice from potentially harmful reviews. Just being aware of these websites as well as being proactive with your patients can go a long way to prevent any unflattering online surprises.
T
his December, the Travis County Medical Alliance (TCMA) held its annual Holiday Luncheon at Westwood Country Club. Members were honored for 40 or more years of service. It was a fun and fascinating walk down memory lane, as many veteran members shared experiences surrounding the many events the Alliance has held over the years.

This year’s luncheon also highlighted the valuable work TCMA is doing through its grants program in 2015-2016. Funds raised this year will serve to benefit programs for Austin Speech Labs, Casa Marianella, Family Eldercare, SafePlace, Saint Louise House and the Volunteer Healthcare Clinic. This luncheon underscored the strength of medical community families and their positive impact.

TCMA has enhanced the lives of Central Texans for over 90 years. Individuals interested in becoming members of TCMA or offering financial support to the community programs, may visit our website at www.tcmalliance.org for information.

Mark Your Calendars
- Jan 19: General Meeting, 9:30 am at The Hills Fitness Center; a short exercise session will be held directly following the meeting. Wear your workout attire and bring a water bottle if you are interested in participating.
- Jan 27: Book Review: Fates and Furies by Lauren Groff hosted by Margene Beckham, reviewed by Beth Schlecter.
- Feb 24: Book Review: My Brilliant Friend by Elena Ferrante hosted by Sharon Kronberg, reviewed by Mary Darby and Marilyn Blewett.

Member Spotlight

Christi Dammert is a seventh generation Texan and is thrilled to have returned to Texas after years of living around the globe. She grew up in Dallas, earned a bachelor’s degree in Political Science from the University of North Texas, and then went on to study for a master’s degree in History of International Relations at the London School of Economics. Upon returning to the states, she began working in the music industry, which was her passion. This took her from an exciting life in Los Angeles to an exciting life in Austin working at SXSW.

In 2001 she met her future husband, otolaryngologist Dr. Mark Dammert. Shortly after they married, they moved to Louisiana for his residency. During this time she became a pharmaceutical sales representative and a mother of twins. Mark and Christi moved back to Austin when Mark set up his practice here in 2011.

Christi is active with the Alliance in her second year as a board member. This year she is the VP-elect of Membership and is ramping up to give a big welcome to physicians and their spouses moving to Austin later this year.

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.
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Not the Average Workout
Physicians with Unique Fitness Routines

Leanne DuPay

Weight Watchers and Nutrisystem ads bombard you these days encouraging you to kick off the New Year with diet and exercise. As physicians, you know the value of a healthy lifestyle. Here are four inspiring TCMS members who practice unique ways to stay in shape and decrease stress levels.

Powerlifting

When you see Theresa Willis in person you would never know she holds state records in powerlifting. “Lifting heavy weight makes me feel more capable of managing life’s other heavy burdens,” says Willis. “Some days the business of being a physician can be very difficult and weight lifting is my favorite stress reliever.”

Though more and more women are joining the sport of powerlifting, it is an unusual choice. “I was a runner and had completed a few marathons,” explains Willis. “I wanted to improve my times by building my strength—I began working with a powerlifting coach and we quickly realized I am naturally strong.”

A little over three years ago, she started competing. Success came in the form of state records and top performances at national championships.

Another positive is the comradery in the sport. Willis has a “family” of powerlifting friends who work out at the same gym with the same trainer. “Powerlifting draws a diverse and interesting group of people. They are some of the friendliest and supportive people I have ever met,” she smiles. What most people seem to enjoy about powerlifting is that it is a sport that allows you to compete against others in your age and weight range, and also compete against yourself. “PBs” or personal bests are always a goal.

Due to her enthusiasm, all three of her college age kids have enjoyed weightlifting through the years. One of her sons even competed for a brief time.

“One of my boys sent me a picture of himself in the gym doing squats his first week of school at UT!” Willis says with pride.

Like many physicians, Willis believes in being an example to her patients. As a pediatrician, she is encouraging fitness as a necessary part of life. “We tell patients and families all the time what they need to do to be healthy and take care of themselves,” she explains. “I feel like I should walk the walk and not just talk the talk.”
Ever heard of “Broken Sway” and “No Foot Rise”? Need a hint? They are not medical conditions. These are ballroom dance moves. Andy Joshi, MD, is familiar with these terms and many others thanks to his participation in ballroom dancing lessons over the last eight years.

“I was frankly surprised by the physical demands of dancing,” Joshi emphasizes. “Advanced dancers make it look so easy!” When attending a wedding reception that included a Jitterbug lesson, he was hooked. “After that, a bunch of us decided to take some formal ballroom dancing lessons.”

Those of you who watch “Dancing With the Stars” already appreciate the physicality of ballroom dancing. The show films the celebrities as they learn their routines—often collapsing with fatigue. In fact, the World Dancesport Federation is recognized by the International Olympic Committee. There has been speculation for years that ballroom dancing will become an Olympic event. Seriously, it’s only a matter of time.

In 1988 studies were conducted in Australia that prove the heart rate and oxygen consumption levels used during ballroom dancing are equally as demanding as basketball or cross country running. Serious dancers must have a cardiovascular system able to work at high energy levels to keep up with the physiological strain.

To Joshi, ballroom dancing is not just a physical challenge—it includes intellectual and emotional effort as well. “I find it an outlet for creativity,” he explains. “The complexity of the movements and the differences between each partner ensure complete immersion and focus.”

As a physician specializing in pain care, of course Joshi prescribes movement to his patients. Dancing allows him to practice what he preaches. “I have found it particularly useful in reducing stress as well.” Not only does he stay fit, but he has a support network of friendships thanks to this unique fitness hobby.
Riding a bicycle is fun but it’s much more than that to Jose Cortez. “In my opinion, the bicycle is the greatest invention of mankind—it is self-powered, two wheeled freedom,” he says.

His passion began in 1993 when he joined a physician friend on a bike ride supporting the Children’s Hospital of Austin. From that moment on, Cortez took his cycling to another level, riding over mountains all over the US, Italy and France.

“It’s not just cycling,” he explains. “It’s a metaphor for life. Here’s what I mean:

You don’t get anywhere unless you put some effort into it
You work better in teams but still feel personal accomplishment
Some are better sprinters, some are better climbers
Sometimes you sacrifice, sometimes you suffer
Sometimes you win, sometimes you lose
You better have fun along the way, because at some point the ride will end.”

As with most physicians, exercise helps relieve the stress of the job. “Surgery is challenging. I like to work through a complex patient problem while on my bike,” he explains. “I can visualize the scenarios. It’s like meditating. I do the operation in my head.” Cortez finds that after a session on his bike prior to a surgery he is totally prepared.

One of his most grueling rides was Bike Tour Colorado this past June. It took him seven days to ride from Breckenridge to Leadville to Aspen to Crested Butte and back to Breckenridge. Cortez rode a total of 488 miles with a 35,000 foot elevation gain. The longest day of the ride was 105 miles over Cottonwood Pass. “That day was all focus; breathing, hydrating, fueling and energy conservation,” he remembers. “I was in the saddle for about 8 hours. It was truly a mental effort.”

In addition to stateside journeys, Cortez has traveled to Europe to follow the professional races through the mountain stages of the Tour de France and the Giro d’Italia. “My favorite climbing stages are in the French Pyrenees (the Col de Peyresourde) and in the Alps (Col de Galibier and Alpe d’Huez).”

Naturally, Cortez has a group of cyclist friends that he rides with on a regular basis—but sometimes an easy ramble with his wife on their tandem bike is enjoyable too.

Top: Alpe d’Huez, France.
Middle: Independence Pass (12,095 ft)-Colorado.
Bottom: Up the Col du Tourmalet, France.
Translated, Tae Kwon Do means “the way of foot and fist.” It was developed in Korea in the 1940s and emphasized the use of speed over size. Like all martial arts, there is focus on spirituality and the mind. Websites describing Tae Kwon Do list several traits that play a large role in the discipline. These are: mental and ethical discipline, etiquette, justice, respect and self-confidence.

Scott Becker, MD, has been practicing Tae Kwon Do for over 27 years. He started while at college in Boston. There, he trained with a Russian Kung Fu master and former member of Spetsnaz (the Soviet elite soldiers). Becker’s move to Austin in 1990 was not going to interfere with his study of martial arts. He began private lessons with Grand Master Abel Villareal who is a 9th degree black belt in Tae Kwon Do, world super heavy weight kick boxing champion and a former member of US Special Forces.

It was a good move—Becker has been studying with Villareal for the last 25 years. “I have earned a 5th degree black belt and will be testing for my 6th degree black belt this coming year,” he says.

As a gastroenterologist, Becker knows the value of both mental and physical health. “Tae Kwon Do is a tremendous stress reliever for me and it’s a great way to stay in shape,” he explains. “Sparring is by far the most intense work-out I have ever experienced. It is actually a physical chess game.”

Most of us have a tough time committing to an exercise program. “It’s difficult for doctors with busy schedules to make exercise a priority—but it’s important,” Becker emphasizes. “I have a martial arts lesson as part of my weekly schedule. I supplement that with two or three other activities each week.” To round out his life, he enjoys cycling, jazz guitar and fly fishing. “It’s all part of life’s pathway toward self-realization and fulfillment.”
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