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A few months ago one of my practice partners sent me an article that quite possibly many of you have read. It was dated September 2014, but it just then made it around to me. I read it with the usual cynicism and then a couple of weeks ago my wife happened across it and asked me to read it again. For those of you who have not seen it, just google “How to Discourage a Doctor,” and it will pop right up.

Anyway, I did reread the article and it got me to thinking. The gist of the article is that hospitals, in order to reduce costs and protect their bottom line, need to turn doctors into production-line distributors of health care, decision implementers rather than true decision makers. It discusses a variety of ways hospitals can make the physician dependent on the hospital and reduce the importance of the doctor-patient relationship. It was purportedly written by a health care consultant to advise hospitals on how to control their physicians.

How did we ever get to this point? I have been practicing long enough to remember physicians actively participating in decision-making to make their hospitals stronger. They sat on pharmacy committees to decide which medications would be appropriate for hospitals to dispense. They sat on peer-review committees to ensure that physicians were practicing good medicine. There was a general feeling of goodwill between physicians and hospitals.

But the corporate buy-outs of community hospitals changed all that. When local decision-making shifted to Nashville or St. Louis or wherever, medicine suddenly became more of a business than a service. The for-profit mentality took over, and the bottom line became the focus, often at the expense of the doctor-patient relationship.

I’m sure that we as physicians share some responsibility for this. We have stood by as hospital corporations grew and the physicians’ roles diminished. Perhaps this is the natural evolution of any business, but as we know, health care is a different animal. Our relationship with our patients is paramount—and it is up to us to protect it.

It’s no surprise that the role physicians play in their patients’ lives has changed; the insurance companies started it years ago. How many of us have scheduled a surgery or prescribed a medication only to find that it’s either not covered by or requires multiple levels of authorization from the patient’s insurance company? I recently scheduled a surgery for a patient that her insurance company would not approve until I had performed a different surgery to verify the diagnosis. Now my patient must undergo two surgeries, along with the concomitant risks, if she wants her condition treated properly.

As president of TCMS, I recently had the opportunity to address the incoming residents at Dell Medical School. I spoke to them about entering a profession that consistently ranks as the most well-respected and admired. I emphasized the importance of organized medicine and encouraged them to be active members of their medical societies. I also realized that they would be encountering a much different medical landscape than many of us experienced at the start of our medical careers. They have the potential to become great physicians. Understanding that the doctor-patient relationship is an inviolate, sacred trust will be their first step toward what it truly means to be an outstanding physician.
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**SAVE THE DATE**

Travis County Medical Society
Foundation Lecture
Thursday, September 15
Hyatt Regency Hotel
Governor Greg Abbott has reappointed and named Dr. David Fleeger as presiding officer of the Texas Health Services Authority Board of Directors (THSA).

Dr. Liam Fry has been appointed by the governor to serve on the Nursing Facility Administrators Advisory Committee through 2021. The group makes recommendations on the Nursing Facility Administrator Licensing Program to the Texas Department of Aging and Disability Services.

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

Charles Conrad, MD

Charles Conrad, MD, aged 54, passed away on May 28. He received his medical degree at the University of Texas Health Science Center at Houston where he went on to complete his neurology residency, later completing his training with a fellowship in neuro-oncology at MD Anderson. During his 20-year career at MD Anderson, he became a full professor of neuro-oncology with a joint appointment in experimental therapeutics. He served as medical director of the Brain and Spine Center and director of Clinical Operations for the Neuro-Oncology Department. His research and clinical experience during this time yielded dozens of published articles. Dr. Conrad joined Texas Oncology in 2013 where he practiced with Dr. Morrie Groves, a longtime friend and colleague. Dr. Michal Seiden, US Oncology chief medical officer, noted that together these two talented physicians “built a robust portfolio of brain tumor trials seldom found outside of large academic institutions.”

Dr. Groves described Dr. Conrad as having “a wonderful mix of deep knowledge and experience coupled with a gentle and caring soul.” Talented scientist and caring physician, Astros and Star Trek fan, he was a kind and gentle presence in the lives of his many colleagues, patients, friends and family members. He is survived by his beloved wife Kim and their three children.

Thomas G. Bragg, III, MD

Thomas G. Bragg, III, MD, passed away on May 2. He was born into a military family in Little Rock in 1936. His undergraduate education was at the University of Arkansas and the University of Texas. He received his medical degree at University of Arkansas for Medical Sciences College of Medicine, and then completed a general surgery internship and residency at Parkland and Little Rock before doing his neurosurgical training at Baylor in Houston. Dr. Bragg practiced neurosurgery in Harlingen for 25 years before moving to Austin, practicing here for the last 12 years of his career until his retirement in 2006. He served as president of the Texas Association of Neurological Surgeons in 1986-87. Lifelong friend and eventual practice partner Dr. Edwin Buster recalls Dr. Bragg as a man of high intellect, admirable technical skills and solid clinical judgement—a good friend and someone he was proud to share a practice with. After his death, there was an outpouring of condolences from patients and colleagues whose lives he had touched during his long career. One grateful parent of a former patient noted, “Forty years ago, Dr. Bragg saved our toddler’s life even after many other doctors had given up. We have been and always will be grateful.” Dr. Bragg was an avid outdoorsman and rancher. He bred top-of-the-line Charolaise cattle and also tinkered with a small herd of goats on his Hill Country property. He loved bird hunting as well as redfish and trout fishing in favorite spots along his beloved lower Laguna Madre. He is survived by three children and seven grandchildren.
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Hans Christian Anderson said, “Where words fail, music speaks.” To the people involved with Swan Songs, there is no greater truth. Swan Songs is a local non-profit that brings the gift of music to those nearing the end-of-life. Over the last eleven years, Swan Songs has granted “musical last wishes” to over 300 Austin area patients and their families.

Christine Albert, a widely known Austin musician, came upon the idea when a fan of hers became too ill to come to her shows. So, she took the concert to him and performed in his living room. “It was an eye-opening moment,” she explains. “I knew I had stumbled upon an amazing and unique way to help people.”

No matter the style of music or musician, Swan Songs brings to the home or health care facility intimate, personalized concerts for patients in a non-curative phase of treatment. Families want to be with their loved ones during this phase, but it is an awkward time. Sadness and discomfort tend to be the ruling emotions. Bring live music into the room and the atmosphere changes entirely. Suddenly there is joy, amusement, something else to focus on—and later, something to talk about and revisit. Swan Songs creates a happy diversion and memory for everyone involved, even the musicians.

“The hour I spent in that living room gave me more of a sense of purpose than my usual stage show. It was so easy for me to do this small thing that had an immediate impact of joyful family togetherness,” said musician Eliza Gilkyson. “It was an honor to be included.”

There is no cost to the families who ask Swan Songs to put together a concert. It is a gift. The charity collects donations to maintain a small staff and pay the musicians an honorarium. “Being a musician is a hard way to make a living. Swan Songs is proud that we are able to help support our musicians, even a little. They make our vision come to life after all,” says Albert.

Requests have spanned the gamut from Lithuanian accordion music, mariachi, opera, Elvis songs and Irish jigs to a nine-piece polka band. Participating musicians are the finest Austin has to offer. From Ray Benson and Carolyn Wonderland to Joe Ely, Weldon Henson and Jimmie Dale Gilmore—musicians are more than willing to provide these musical last wishes. “The way I felt when I finished, it was transforming,” says musician and Swan Songs board member Craig Calvert.

TCMS member Ron Devere, MD, serves on the board of Swan Songs and being that his practice involves Alzheimer’s, he understands the benefits of music. Devere explains that certain reactions to the music are automatic, and are referred to as performance memory which can result in joy for the patient. “I hope that with increased awareness, more people will work with Swan Songs,” says Devere. “Once people learn about it, Swan Songs never fails to intrigue and enchant.”

Physicians can assist by spreading the word about Swan Songs, both to encourage donations and to grant more musical last wishes. Albert is available to speak to health care groups about Swan Songs and printed materials are available for distribution.

Don’t miss the Swan Song Serenade, their biggest fundraiser of the year, on October 20 featuring the Bellamy Brothers.

Visit www.swansongs.org for more information or call 512-416-SWAN (7926).
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marks the 50th anniversary of the Volunteer Healthcare Clinic (VHC), one of Travis County’s most enduring and endearing medical clinics for the underserved. Located just a few blocks west of the TCMS offices, VHC has energetically been going about its business of providing quality, affordable primary care to the most vulnerable in our community. Supported by a small paid staff, medical services are provided by wonderful volunteer physicians, pharmacists, pharmacy technicians, nurses, dieticians, lab, clerical and other volunteers who generously give of their time, talent and medical expertise week after week.

How did this begin? In 1966 the Ladies of Charity of St. Theresa’s Church (a group of community-spirited women), saw a lack of affordable health care services for Austin’s indigent and homeless and they decided to do something about it. Originally, these well-connected women persuaded physicians to see patients in their offices free of charge and handled the scheduling of patients themselves. Soon after, Father Richard McCabe (at that time pastor of St. Theresa’s), was looking for a way to keep his retired physician father occupied. So they joined forces and part-time clinics were soon being held in borrowed spaces.

The Clinic operated as the Medical & Dental Referral Service from 1969 until 1990, when it became known as Caritas Clinic. In 1996, the name was formally changed to Volunteer Healthcare Clinic.

Where is VHC today? Over the last 50 years, the clinic has undergone many changes in both name and location. In 1993 VCH was able to purchase and renovate the building at 4215 Medical Parkway with initial financial assistance from the Daughters of Charity/Seton Healthcare Family. In 2008, an expansion was completed that provided additional room for waiting patients. Volunteers continue to provide much needed primary care and social service referrals to those with no other place to turn. VHC has remained steadfast in its mission of improving health through the provision of high-quality health care and prevention education to the most vulnerable in our community. Here are some 2015 statistics that show the need for, and success of, the VHC:

- Over 400 volunteers, including over 90 physicians and 100+ other medical professionals donated time and services to the VHC;
- Over 5,000 medical visits were accommodated;
- Over 5,710 prescriptions were provided;
- 45 specialty care visits were provided through Project Access;
- 22 community partnerships helped keep the VHC doors open, and
- Over $3 million of in-kind services were donated to VHC.

Thanks to so many of you, my TCMS colleagues, who have generously volunteered over the years, VHC has reached this historic milestone. And to celebrate, VHC is hosting its first gala this fall!

The Hearts of Gold Fundraising Gala will be held on Friday, November 18 at the AT&T Education and Conference Center Ballroom. With emcee Judy Maggio, the Gala will honor two community leaders who have made significant contributions to the health of our community. One honoree will be VHC Medical Director Dr. Tom McHorse, a 40-year volunteer physician, former chairman of the board of the Seton Family of Hospitals and past president of TCMS.

We invite all the TCMS and TCMA membership to join the Volunteer Healthcare Clinic in celebrating this significant 50th anniversary! For more information visit www.volclinic.org.
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Did you know Bob Marley died of skin cancer? It was on his big toe. In fact, many famous people including Clint Eastwood, Diane Keaton, Troy Aikman, Anderson Cooper and most recently, Hugh Jackman have been treated for skin cancer. Those are just a few of the high-profile cases. In fact, one out of every five people will develop skin cancer in their lifetime.

Back in the days of corsets and parasols, pale skin was a sign of refinement and class. Ladies were horrified by the appearance of a single freckle. Only common folk were exposed to the sun and had tanned skin. Sometime around the 1930s, it became a sign of health and beauty to have sun tanned skin. Advertisements in magazines touted the benefits of “heliotherapy,” claiming it could cure all manner of diseases.

Thanks to science, we now know better. And yet, skin cancer cases are on the rise. “Even with the risks involved, people still really want to be tan,” says Dr. Julie Jackson, a dermatologist/dermapathologist with Westlake Dermatology. “During the Twilight series craze, I liked to joke about how good it was for skin cancer prevention in young people as it made it OK to be pale!”

There are three types of skin cancer; basal cell carcinoma (BCC), squamous cell carcinoma (SCC) and melanoma. The first two are usually curable—melanoma is a different story. Every 52 minutes someone dies from melanoma. “Unfortunately, once melanoma has metastasized it has a poor prognosis with limited treatment options,” Jackson says.

Skin cancer is a cumulative condition. If you have had more than five blistering sunburns between ages 15-20, your risk of developing melanoma is increased 80%. Using sunscreen with an SPF of 15 and higher can cut melanoma risk by 50%. “Large population studies have observed an increase in melanoma cases in recent years, particularly in younger people,” Jackson says. This is a particularly disappointing trend, based on how much more we know about sun damage.

Finding Dermo

The most common place to get skin cancer is on the nose, face, scalp and arms due to daily exposure. Melanoma is seen mostly on the calves of women and the backs and chests of men. Detection is first and foremost the job of the patient. Anyone who finds an abnormal spot on their skin should go to a dermatologist and have it checked. If the spot is deemed concerning, a skin biopsy is done—either a shave biopsy or a punch biopsy—depending on the type of spot. These samples are sent to a lab for analysis. Slides are made using the sections of skin and hematoxylin stain. “This is where my role as a dermapathologist comes in,” says Jackson. “I use pattern recognition to make a diagnosis. Kind of like a kid’s game of finding what doesn’t belong.” Many patients assume the biopsies are fed through a machine, but the truth is, it is the dermapathologist’s judgement that determines the diagnosis. “The pathologist does have a few other tools to use besides looking at prepared slides. Immunohistochemical stains help diagnose lesions and genetic testing can now be performed on tissue,” says Jackson.

One of the most recent developments to assist Jackson with diagnosis is the use of fluorescent in situ hybridization (FISH) testing on lesion biopsies. “Sometimes it is difficult to tell if the sample is a melanoma or an atypical melanocytic lesion,” she explains. “For borderline/difficult melanocytic lesions, I send them to MD Anderson for FISH testing. If it tests positive, it is usually melanoma.”

Looking to develop a less invasive way to diagnose skin cancer, Dr. Jason Reichenberg, Seton dermatologist and clinical director of Dermatology for the UT Physicians Group, and James Tunnell, PhD, a researcher at UT School of Biomedical Engineering have designed a tool that detects skin cancer faster, pain free and at a much lower cost. “We started working on this project in 2007,” Reichenberg says. “Over the years, we have modified the design to make it more patient friendly and even more effective.” The device is the size and shape of a pen and recently won the “2015 Sci Fi No Longer” Invention Award at SXSW—quite impressive considering it was competing against a flying car.
Here’s how it works: A light from the probe shines over the skin, a computer analyzes the way the light interacts with the skin tissues. Each reading takes 4.5 seconds. Reichenberg and Tunnell estimate that 25 negative biopsies are performed for every one case of skin cancer detected. This translates to an annual cost of $6 billion to the US health care system. This device could seriously impact these expenditures.

“There are several other skin cancer detection tools in the pipeline besides our tool,” Reichenberg adds. “I’m excited to see which ones become widely adopted.”

**The Mohs Knows**

In 1938, Frederic E. Mohs, a general surgeon, developed “chemosurgery” now called Mohs Micrographic Surgery. This method of skin cancer removal is still used today with very few changes. Mohs surgery is microscopically controlled and is used to treat common types of skin cancer.

Using a local anesthetic, the physician cuts around the visible tumor. A very small margin is utilized (usually 1 to 1.5 mm) of free, uninvolved skin. Layer by layer, the specimen is examined for cancerous cells while the patient waits. When the specimen is clear of cancer, the surgery is done and reconstruction of the site is completed. It is important to note the physician’s role in this process as surgeon, pathologist and reconstructive surgeon all in one.

Mohs surgery is Dr. Bryan Townsend’s specialty. “It is estimated that more than 8,500 people are diagnosed with skin cancer every day,” says Townsend. “And this treatment is the way to handle most cases—it preserves the most normal tissue with minimal scarring and has a 99% cure rate.”

When BCC or SCC occurs on the face, Mohs is the ideal solution. “It is performed in cosmetically sensitive areas—areas around the eyes, nose, lips, scalp, face and neck areas,” explains Townsend. “The most difficult areas to treat are eyelids and inside the ears.”

Gone are the days when devotees of this surgery could spend a few months with Frederic Mohs himself to learn the technique. Today, the American College of Mohs Surgery (ACMS) requires a completion of a current ACMS fellowship of one to two years of training in addition to four years of residency.

**Saving Your Skin**

Everything from immunotherapy and photodynamic therapy to radiotherapy and topical drugs are being tested to fight skin cancer. Current drug trials are testing vaccines—with skin cancer cases on the rise, the demand for simpler, faster and more aggressive detection and treatment is off the charts. “Though we have new tools coming down the pike for detecting skin cancer, as of today the standard of care is to have a skin exam by an experienced health care provider,” says Dr. Reichenberg. “People need to know that an early diagnosis is really important—often it’s the difference between life and death.”
**Legislature**

**Physician Charges Do Have Meaning**

Stephanie Triggs

 Surprise medical bills, or balance billing, are the unexpected difference between what a physician, or other health care provider, charges and what the insurance company pays. This happens when that provider is not in the patient’s health insurance plan.

In the May 2016 issue of *Texas Medicine* (Texas Medical Association’s magazine), Joseph Valenti, MD, chair of TMA’s Council on Socioeconomics says, “Nobody wants surprise bills. But the real problem is not balance billing. The real problem is narrow networks.” He goes on to say, “The narrower [insurers] make these networks, the more they shift costs onto patients and doctors, and if regulators don’t look at this, we are all in big trouble.”

During the 2015 Texas legislative session, TMA stopped bills that would have eliminated balance billing for out-of-network services. Senate Bill 481, as filed, would have allowed patients to take to mediation any bill for out-of-network services from facility-based physicians for any balance. TMA negotiated a $500 minimum balance for mediation before the bill passed. Since the 2015 Texas legislative session, the balance billing issue has broadened to include out-of-network assistant surgeons of any specialty who provide services during either elective or emergency procedures at an in-network hospital.

The assault on surprise/balance billing will not go away with the 2017 Texas legislative session. But TMA continues to tackle the issue with its Task Force on Balance Billing, focus groups and meetings with county medical societies.

The task force is a group of hospital-based physicians and representatives of other specialties charged with studying the issue as efforts to ban balance billing sweep state legislatures across the country. At the top of the task force’s recommendations approved by the Board of Trustees is to, “ardently pursue legislative goals that seek to hold insurers accountable for their actions.” Chair of the task force Keith Bourgeois, MD, says, “We try hard to be in-network. The big dilemma is that sometimes being out-of-network is not a choice of the practice.”

TMA staff were directed to schedule meetings with county medical societies. The aim of the meetings were twofold: obtain feedback from Society leadership regarding the direction or path of the TMA legislative/regulatory advocacy on balance billing; and second, to inform Society leadership of the policy environment in regard to balance billing. TMA staff met with members of the TCMS Medical Legislation Committee on November 3, 2015 to receive feedback. Some comments received from these meetings: “The patient perspective is very important.” “Insurers have established contracts and networks that have led to this outcome; they must be held to answer for what they have done.” “We fought SGR. This [benchmark database legislative concept] is worse.”

The TMA focus groups with patients gathered their thoughts on balance billing, narrow networks and transparency. While patients perceive balance bills as unfair, they do not blame physicians for the problem, but they do want physicians to fix it.

Over the next month, TCMS physicians will meet with local state senators and representatives to educate them on how this issue affects you as a physician and as a voter in preparation for the 2017 legislative session.

Source: Texas Medical Association

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**TMA Surprise Billing/Network Adequacy Solutions:**

1. Health literacy and education needed at point of purchase to guide consumers in understanding health care coverage.
2. Insurers need to provide brokers and agents better information about the policies they sell.
3. A network warning requiring an insurer to include clear and conspicuous notice regarding the implications of using or receiving services from out-of-Network providers should be provided to consumers and prominently displayed on websites.
4. Insurers should be responsible for telling customers about the network status of physicians and other providers for any prior authorization procedure.
5. Expand the applicability of the current mediation process to ALL out-of-network physicians and providers at a facility.
6. Physicians should use a standard disclosure form to remind patients about whom they need to contact.
7. Increased network adequacy oversight by the Texas Department of Insurance is needed.

TMA’s Surprise Billing/Network Adequacy Solutions
http://bit.ly/29KBr7G

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**For Your Patients**

TMA has created a handout *Why Did I Get That Medical Bill?* to educate your patients on surprise billing. To download copies for your patients, go to http://bit.ly/29CVeVw.

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For more information on this and other legislative issues and to participate in meetings with local legislators, contact Senior Director of Physician Services and Community Relations Stephanie Triggs at striggs@tcms.com or 512-206-1124.
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Chronic diseases and conditions such as cancer, heart disease, chronic lung disease, stroke, diabetes and obesity are among the most common, costly and preventable of all health problems in Travis County. This report summarizes a few key findings related to chronic diseases in Travis County. More data regarding chronic disease mortality, prevalence, and hospitalizations can be found in the 2016 Chronic Disease in Travis County Report located on the Austin/Travis County Health & Human Services website at www.austintexas.gov/department/health.

**Chronic Disease Mortality**

In Travis County, cancer surpassed heart disease as the leading cause of death in 2007 and has remained the leading cause of death since that time (Figure 1). In contrast, heart disease is still the leading cause of death in Texas and the nation and has been so since 1950. The change in Travis County may be related to reductions in cigarette smoking.

The five leading causes of death – cancer, heart disease, accidents, chronic lung disease and stroke accounted for 57% of the deaths in 2013 (Figure 2).

Despite improvements, disparities in mortality rates still exist among racial/ethnic groups (Figure 3). The mortality rates for cancer, heart disease, stroke and diabetes are highest among African-Americans. The highest mortality rate for chronic lung disease is among Whites. Hispanics have lower mortality rates than African-Americans for the five chronic diseases but higher mortality rates than Whites for diabetes and stroke.
**Chronic Disease and Risk Factor Prevalence**

Data from the Behavioral Risk Factor Surveillance System (BRFSS) indicate that the prevalence of diabetes and smoking decreased from 2011 to 2014, while the prevalence of obesity increased (Figure 4). As of 2014, it is estimated that 7.2% of Travis County adults (approximately 82,000 adults) have been diagnosed with diabetes, 20.5% (236,000 adults) are obese, and 10.7% (123,000 adults) currently smoke. Dramatic reductions in smoking rates have been seen in Travis County, and 2013 prevalence rates are comparable to the lowest rates in the nation (Utah). Yet tobacco use still remains the leading cause of preventable death in Travis County (Figure 5).

**Hospitalizations Due to Chronic Disease**

In 2013 there were 12,185 hospitalizations in Travis County due to chronic diseases, accounting for $702.2 million in charges. Cancer accounted for 19.2% of chronic disease hospitalizations, costing $195.8 million, and heart disease (ischemic heart disease and congestive heart failure) accounted for 30.5% of hospitalizations totaling $210.6 million (Figure 6).

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1. Texas Vital Statistics, Texas Department of State Health Services, 1999-2013
2. Texas Vital Statistics, Texas Department of State Health Services, 2013
3. Texas Vital Statistics, Texas Department of State Health Services, 2009-2013
Dr. Simone Scumpia MD FACE FRCP FNLA

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**CDC recommendation:**

Test everyone born from 1945-1965 for Hepatitis C

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

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

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Image shows a person with a serious expression, possibly an illustration for awareness or information dissemination.
When people ask us to describe successful applicants to the Dell Medical School’s inaugural class, they are often interested in GPA and MCAT scores. We are pleased and proud of how the admitted students perform with respect to those metrics, but they don’t tell the whole story.

Some of the most important accomplishments of the students in our first class are:

- Founded a nonprofit to provide mental health education services to youth;
- Taught ESL Biology in an under-served school as part of Teach for America;
- Mentored and tutored middle school-aged refugees, helping them to understand American culture;
- Worked as an RN, with experience as charge nurse and team lead;
- Directed mountain and wilderness programs for at-risk youth;
- Served as an officer in a free clinic;
- Won multiple patient service awards as a nurse and
- Managed a fast-food restaurant while in college.

And that just scratches the surface. These examples were found in the first eight names on a randomized listing of our first 50 students.

We designed our interview and selection process to identify applicants with diverse leadership experiences—students who are already proven agents of change. Applicants reported that our interview day was extremely busy, but they enjoyed it. In just two-and-a-half hours, they completed two traditional interviews and six fast-paced, timed, focused scenarios that required them to “think out loud” through a problem. They also had a 15-minute group exercise in which they worked with other applicants to compose a single consensus response to a complex question.

The result was that five evaluators scored each applicant on more than 50 subscales including traits like communication, leadership, service, time management, unique experiences, broad-mindedness and collegiality.

Sometimes, but not always, students with spectacular academic records also scored highly on the interview evaluations. The applicants who were offered seats in the class scored well on both the academic metrics and the harder-to-quantify characteristics. The result is a class composed of an amazing group of young people. The Admissions Selection Committee and all who meet them are convinced that they are a great addition to the school—future physician leaders prepared to advance Dell Med’s mission of revolutionizing the way people get and stay healthy.

Meet the Students

Amber Dubar
Hometown: Sugar Land, Texas
Education: Yale University (PhD, Psychology)
Leadership: While living in Connecticut, Amber founded the Elm City Phoenix Club, a safe space for those recovering from addiction.

Woody Green
Hometown: Austin, Texas
Education: The University of Texas at Austin (BA, Art)
Life Experience: Woody worked as a paramedic for Austin-Travis County EMS for nearly a decade.

Juan Resendez
Hometown: Laredo, Texas
Education: The University of Texas at Austin (BA, Public Health)
Service: As president of a chapter of Global Water Brigades, Juan planned a trip to Honduras to build a filtration system to deliver clean water to remote communities.

Whitney Williams
Hometown: Horsheads, NY
Education: Davidson College (BS, Biology)
Motivation: Whitney wants to tackle health disparities—she’s inspired by the possibility of becoming “a leader and agent for change.”

Learn more about the inaugural class: firstclass.dellmedschool.utexas.edu.
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Member Spotlight: Christi Bozic

Christi Bozic joined TCMA a year ago and is VP Elect of Membership. In January 2015 their family moved from the San Francisco Bay Area for her husband’s new position as chair of Surgery and Perioperative Care at Dell Medical School. They have three girls Ava (11), Alexa (9) and Alanna (5).

Christi is originally from Chicago which is also where she met her husband during his fellowship at RUSH. Prior to meeting Kevin, she attended University of Iowa and majored in business and minored in dance. Since she was three, her passion has been dancing. After college she danced professionally in LA—one of her favorite jobs, being an LA Laker Girl. After 25 years of dancing, she worked in sales and marketing in the telecommunications industry for 10 years until she decided to stay home with her cuties.

A few other passions are travel and volunteer work within the community and schools. When living in the San Francisco area, Christi was VP of School Programs and a board member for three years at the public elementary school. She continues to volunteer within the classroom and throughout her children’s school, including chairing the fundraising auction. In addition, she volunteers at church and with various community charitable programs. She is excited to be a part of such a wonderful group and looks forward to her new role with TCMA.
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Office Available: Approximately 2400 sqft 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. 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.

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