Joseph P. Annis, MD
TMA Distinguished Service Award
Nothing is more disruptive or anxiety-provoking than a disciplinary proceeding. It’s good to know that TMLT is in your corner to protect you and offer peace of mind.

TMLT’s Medefense coverage will pay your legal expenses during a disciplinary proceeding or audit. Limits up to $500,000 are available. Learn more at www.tmlt.org or call 800-580-8658.

PROTECTION FOR A NEW ERA OF MEDICINE.

Find out about our national coverage at www.tmlt.org/lonestar
The Texas Liver Institute (TLI) is one of the largest diagnostic and treatment centers in the nation and is recognized worldwide as a leading clinical and research facility in the field of liver disease. TLI sets the standard of excellence in liver disease providing patients with cutting-edge therapies and renowned expertise by physicians known for research and teaching.

**Services Offered**

**Hepatology**
Full Spectrum of Liver Disease Care

**Transient Elastography**
Non-Invasive Measure of Liver Stiffness to Stage Liver Disease

**Transplant Services**
Pre-Transplant Evaluations and Post-Transplant Management

**Paracentesis and Albumin Infusion**
Offered to Established Patients and as an Independent Service by Request

**Meet Our Austin Doctors**

Carmen Landaverde, MD  
Director  
Metabolic Liver Disease  
Assistant Professor of Medicine  
UT Health Science Center at San Antonio

Jennifer Wells, MD  
Director  
Regenerative Liver and Neoplasia  
Assistant Professor of Medicine  
UT Health Science Center at San Antonio

San Antonio Doctors  
Eric Lawitz, MD  
Fred Poordad, MD  
Julio Gutierrez, MD

**Texas Liver Institute**

1111 W 34th St, Suite 210  
Austin, Texas 78705

Phone: 512.454.8378  
Fax: 512.454.8375

tx Liver Institute
Think inside the box.

Discounted rates for TCMS members

Storage:
- When space is at a premium, TCMS can store your paper records in a secure off-site location
- Requests for patient records are fulfilled in a timely manner and delivered to the office upon request
- Electronic records storage using secure servers

Disposal/Shredding:
- On site containers delivered to your practice for disposal ease
- The TCMS Shredding Service will ensure your records are destroyed properly and professionally

Contact Tom Telles • 512-554-1818 • ttelles@tcms.com
or visit www.tcms.com

3D MAMMOGRAPHY
DETECTS 41% MORE INVASIVE CANCER

Request an appointment at ausrad.com or call 512.453.6100.
*Also known as breast tomosynthesis.
FEATURES AND ARTICLES

6 FROM THE PRESIDENT
“The Felger Rules”
Robert Cowan, MD

8 TCMS AND AISD TEAM UP TO PROVIDE ATHLETIC PHYSICALS TO UNDERPRIVILEGED STUDENTS
Georgeanne Freeman, MD

12 RECENT TCMS EVENTS OVERFLOWING WITH CAMARADERIE AND FAMILY FUN

14 TEXMED RECAP
Stephanie Triggs

16 PUBLIC HEALTH
Cyclosporiasis in Travis County
Philip Huang, MD, MPH; Laura Fox, MPH

18 FAMILY-CENTERED CARE IN NEONATAL INTENSIVE CARE UNITS
Todd Scharnberg, MD

20 IN MEMORIAM

22 TCM ALLIANCE
Kelly Hyde, President Elect

24 MAY IS NATIONAL STROKE AWARENESS MONTH:
STROKE RECOVERY ONE WORD AT A TIME
Shilpa Shamapant, MS, MA, CCC-SLP

26 CLASSIFIEDS
There was a time many years ago when Austin had a much smaller medical community. New doctors in town often set up solo practices and large groups were not yet quite as prevalent. Most doctors knew each other well and, especially the doctors in long-standing practices, felt they had a stake in making sure the new physicians represented medicine with professionalism and honesty.

Hence, the “Felger Rules.”

I had long-heard that each new physician in the community had to have a sort of orientation to the medical culture in Austin. This was told to me by older physicians who had passed through this gauntlet of making sure they knew the courtesies and expectations if they were to have a successful practice. And the name they always mentioned was Dr. Charlie Felger.

Now this was before I opened my practice in 1995. At first I thought I had missed out on some rite of passage, but as it turned out, most of the big groups had taken on the orientation process themselves. In fact, the AMA at one time required new physicians to have some kind of orientation process in their community. This was back in the 60s, 70s and into the 1980s, before most of us were practicing.

So I thought I would do some investigating. I pulled out my handy TCMS Directory (the one with the pictures of course) and looked up Dr. Felger. There he was, a 1961 graduate of Tulane Medical School (before I was born). Reading on, it turns out he lives a block from my house! It was meant to be. So I picked up the phone and called Dr. Felger, told him who I was and asked if I could come over for a visit. He immediately agreed and so began a conversation that took me back to a time when Austin was a much smaller city and had a much smaller medical community.

What follows is advice we can all probably use. Most of it is just common sense courtesies that we should all extend to our patients and colleagues. And it made me reflect on my own practice dynamics and ways I could improve my medical savoir faire.

The first thing Dr. Felger would explain to the new physician is the history of our county medical society. He would tell how we managed our own blood bank (still do) and had started our own residency program (Central Texas Medical Foundation). He would tout the strengths of the society and the importance of organized medicine. They were encouraged to participate and become engaged members.

Dr. Felger also stressed the importance of serving on hospital committees. There was a time when physicians had great sway over hospital policies and protocols. Admittedly, this has been less of the case since large corporations and entities bought up the major hospitals. It does however, illustrate just how much we have lost our hold on medicine at a local level.

There was also the expectation of being a teacher. Back in the day, local physicians covered the residents on a volunteer basis. That was before the time when teaching staff had to be in house—when there was great opportunity for residents to learn from those in private practice. And Dr. Felger stressed the importance of bedside teaching, both to residents and nurses. He would make sure the nurse was present as he examined the
patient so the nurse knew the plan of care and maybe learned a bit at the bedside.

Dr. Felger was big on phone courtesy, and I have to admit, this is a pet peeve of mine. He would tell new docs to never have a nurse call for a consult; that was the doctor’s job. There is nothing worse than leaving a patient and answering a call from another physician to hear, “Dr. Cowan, please hold and Dr. Smith will speak with you.” Call the other physician yourself. If speaking to a nurse, tell them if it is important to a nurse, tell them if it is important for consults. Never have a night with seemingly non-emergent questions. It simply gets you riled up and you can’t get back to sleep.

Dr. Felger emphasized the importance of having courteous staff making your appointments and greeting your patients. “Greet patients,” don’t just “meet” them. Your nurses need to know patients almost as well as you do. This builds trust and establishes a bond for the patient. I follow this in my personal practice and it is amazingly effective. The patients are as excited to see my nurses as to see me.

Finally, Dr. Felger would tell a young physician the importance of taking vacations. So often in medicine we put our family second. Time spent reconnecting and strengthening our families is good for everyone. It makes us better physicians and keeps that work-life balance we often struggle with.

So there it is. Dr. Felger is a gem. He is a throwback to that time when, as he explains it, doctors had patients and took care of them like family. Now patients have a doctor for every different part of their body.

We could all do better to remember a simpler time and more often practice by “The Felger Rules.”

Robert K. Cowan, MD
2016 TCMS President
TCMS and AISD Team Up to Provide Athletic Physicals to Underprivileged Students

Georgeanne Freeman, Chair
TCMS Public Relations Committee

In the state of Texas, students who want to play a sport, march in band or cheer must pass a basic physical exam. Many Austin Independent School District (AISD) students do not have the financial means for this check-up or have other barriers to seeing a physician. For the past 18+ years, TCMS has partnered with AISD to provide these physicals at no cost to these students.

The generosity of TCMS physician members is what makes this program possible. These doctors volunteer to perform physicals over the course of four evenings, many coming straight from a long day at their practice. Some of these physicians even stay beyond their scheduled shifts when it becomes apparent that more hands are needed to keep the process moving.

Despite the Affordable Care Act (ACA), the number of students who need this service is on the rise. Last year, over 950 students were seen by our volunteer physicians. This year the number of exams given by 80 physicians was over 1,200. That is the highest number of students receiving exams since the inception of the program.

The TCMS doctors who volunteer each year, find the opportunity rewarding—and even fun.

Special thanks to University Federal Credit Union and SkylesBayne Commercial Real Estate for their contribution of snacks and water for the students during this year’s athletic physical events.

The following volunteers made this year’s events possible:

- Simi M. Abraham, MD
- Micaela Aleman, MD
- Ace Hill Alsup, III, MD
- Barbara L. Bergin, MD
- Michael B. Bevins, MD, PhD
- Sheila D. Boes, MD
- James R. Brown, MD
- Sahar Burns, MD
- Damian R. Campbell, DO
- Luz E. Castellanos, MD
- Christopher S. Chenault, MD
- R. Lee Chilton, III, MD
- Lisa K. Clemons, MD
- William Chance Conner, MD
- Thomas B. Coopwood, MD
- Goddy T. Corpuz, MD
- Rachel A. Davis, MD
- Steven B. Bobberfuhl, MD
- Amy K. Easterling, DO
- Geoffrey T. Erwin, MD
- James R. Eskew, MD
- Kevin Fite, MD
- Wesley D. Foreman, MD
- Geanneonne Freeman, DO, MPH
- Liam M. Fry, MD
- Binaca Gagliani, MD
- Sheela L. Gavvala, DO
- Wesley S. Glazener, MD
- Wm Brendle Glomb, MD
- Lucy E. Hairston, MD
- Isabel V. Hoverman, MD
- Jennifer Ihua Lai Hughes, MD
- Taylor Jobe, MD
- Anand Joshi, MD
- Kyle M. Kahiden, MD
- Krista J. Kandel, MD
- Paraag Kumar, MD
- Sheeba C. Kunnel, MD
- Andrea Del Pilar Lopez, MD
- Jonathan E. MacClements, MD
- Thomas S. McHorse, MD
- Kenneth W. Mitchell, MD
- Maria Claire Monge, MD
- Rebecca E. Mouser, MD
- Kathryn Neupert, MD
- William R. Otto, MD
- Stephen J. Pont, MD, MPH
- Theresa J. Pugh, MD
- Mark V. Queralt, MD
- Sheila C. Reddy, MD
- Catherine E. Roane-Blaker, MD

Stuart Rowe, MD: “I have been volunteering to do the physicals for as long as I can remember. As a pediatric cardiologist, I feel like this is a way for me to make use of my expertise and give back to the community. We have been able to identify some cardiac issues that needed follow-up, which is very satisfying as they might have gone undiagnosed and caused problems later.”

As a retired member, Diane West, MD volunteers for both shifts on all four nights of the physicals. “I enjoy helping AISD students whose families cannot afford to pay for athletic physical exams. This service helps promote youth sports participation in the entire Austin community and helps identify health concerns in individual students. I am always impressed by the politeness and vibrancy of the students who are so grateful. All AISD students, regardless of family income should be able to participate in these activities if they desire.”

Stuart A. Rowe, MD
Peggy M. Russell, DO
Jessica M. Rymer, MD
M. Catherine Sargent, MD
Sheila X. Shung, MD
Suneet K. Singh, MD
Sarah L. Smiley, DO
Joseph L. Spann, MD
June M. Spann, MD
Paul K. Stansberry, MD
Allison B. Steinmetz, DO
Eileen M. Stewart, MD
Daniel R. Terwelp, MD
Le-Wai Thant, MD
Kim D. Tran, MD
Erin L. Tresselt, MD
Elliot J. Trester, MD
Katherine M. Truettnet, MD
Dennis A. Tweedy, MD
John M. Uecker, MD
Timothy P. Vachris, MD
Charles Thomas Volk, MD
Toni Wakefield, MD
J. Diane West, MD
Greg L. Westmoreland, MD
Kathryn Wheeler, DO
Austin Willis, DO
Andrew Young, MD
Christopher M. Ziebell, MD
GOOD MEDICINE HAS ITS REWARDS—$370 MILLION

WE HAVE RETURNED OVER $370 MILLION TO OUR MEMBERS THROUGH OUR DIVIDEND PROGRAM.

When our insured doctors in the state of Texas keep patients safe and keep claims low, we all win. The Doctors Company is strong, with 78,000 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
Bone tired of your car?

TCMS Auto Program:

Don't spin your wheels looking for a car! Let the TCMS Auto Program do all the work—free. Just provide the make and model of the car you want and we'll find it for the lowest price available. We'll even deliver it to your office for a test drive at no cost.

This program is open to physicians, their families and their staff.

Contact Phil Hornbeak
512-949-5758
phornbeak@tcms.com
or visit www.tcms.com

Check out our participating dealerships:

- Chrysler
- Dodge
- GMC Trucks
- Howdy Honda
- Jeep
- Lexus
- Mercedes Benz of Austin
- Porsche of Central Austin

Late HIV Diagnosis contributes to increased transmission of HIV.

People who don't know about their HIV infection are more likely to transmit it to others.

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
• 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.

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

Texas Department of State Health Services
Recent TCMS Events Overflowing with Camaraderie and Family Fun!

TCMS Installation
Pictured clockwise: 2016 TCMS President Robert Cowan, MD; Harish Gagneja, MD; 2015-16 TMA President Tom Garcia, MD; Lou Goodman, TMA EVP and CEO; Michelle Berger, MD; David Fleeger, MD; TCMS Past President Pradeep Kumar, MD and wife Rushmi and Renaissance Austin.

Auto Show & Family Social
Face painting, balloons and music delighted attendees while they viewed the latest models from Austin auto dealers.

Lucas Anderson, Minas Constantinides, MD and Dimitri Constantinides.

Christopher Vije, MD and son.
Dr. Simone Scumpia MD FACE FRCP FNLA

New patients seen within 3-5 days

Dr. Scumpia, medical director and founder of Austin Thyroid & Endocrinology, has served the needs of thyroid and endocrine patients in Austin for over 20 years. She is a Board Certified Endocrinologist, Fellow of the American College of Endocrinology and Fellow of the Royal College of Physicians of Canada. Her focus is the diagnosis and treatment of thyroid disorders, general hormone imbalances, pituitary, adrenal, osteoporosis, and diabetes.

The clinic has in-house thyroid ultrasound, bone densitometry, radioactive iodine uptakes and treatment, insulin pump and dietician.

Dr. Scumpia offers second-opinion consults on management of Graves’ disease and hyperthyroidism, thyroid nodules and thyroid cancer.

Call 512.467.2727 to schedule your patient with Dr. Scumpia

♦ New patients seen within 3-5 days
♦ All new patients are seen by Dr. Scumpia
♦ Emergency new patients seen the same day
♦ All commercial insurance plans accepted
♦ Tricare and Medicare accepted
♦ Direct line 512.873.7377 for your medical staff
♦ Doctor’s line for referring physician

Dr. Simone Scumpia, MD FACE FRCP FNLA
Austin Thyroid & Endocrinology
2200 Park Bend Drive, Building 3, Suite 300
Austin, TX 78758
512.467.2727 office
512.873.7576 fax

Thank you for entrusting your patients to Dr. Scumpia
TexMed 2016

TexMed, the annual conference of the Texas Medical Association, ran April 29-30 in Dallas. The conference is filled with committee and council meetings, CME presentations and the work of the TMA House of Delegates (HOD). Don Read, MD from Dallas was installed as the 2016-2017 TMA president and Carlos Cardenas, MD from Edinburg was elected TMA president elect. David Fleeger, MD was re-elected to the TMA Board of Trustees.

Re-elected

Re-elect

David Fleeger, MD
TMA Board of Trustees

TCMS Delegation Chair, Tony Aventa, MD listens to testimony.

Sarah Smiley, DO and other TCMS members served on reference committees.

TCMS member, Dana Sprute, MD, received the Silver Level TMA Award for Excellence in Academic Medicine. Currently the Dell Medical School Family Medicine Residency Program director, she was recognized as an academic physician who is a consummate teacher, role model and medical professional.
The TMA Leadership College (TMALC) provides leadership training for young physicians. Established in 2010, TMALC ensures a strong and sustainable physician leadership within organized medicine.

This year, two TCMS members graduated from the college: Brian Temple, MD and Lynn Stewart, MD. Both are recent additions to the TCMS Delegation to the TMA as Alternate Delegates.

Eleven minority students entering Texas medical schools this fall will each receive a $10,000 scholarship from the Texas Medical Association Foundation (TMAF). Among them is Juan Resendez whose scholarship is supported in part by the Travis County Medical Society Foundation.

Juan, from Laredo, is a UT Austin graduate who will attend UT Austin Dell Medical School. He plans to practice obstetrics/gynecology or another primary care specialty in South Texas.

Students were recognized in Dallas at TexMed, TMA’s annual conference, for their academic achievement, commitment to community service, and desire to care for Texas’ increasingly diverse population.

During the Texas Medical Association’s House of Delegates, Joseph Annis, MD was celebrated as he received the TMA Distinguished Service Award—its highest honor.

Dr. Annis, a long-time member of TCMS, was introduced by Bruce Malone, MD. He described Dr. Annis as his colleague, mentor and friend and as a dedicated husband, father, son and brother. He called Dr. Annis a hero saying, “Heroes make the world safe and secure for those around them; Joe did that for my patients. . . .”

The eldest of eight children, Joe received his medical degree from Marquette School of Medicine in 1969; ran an emergency room in South Vietnam while serving in the US Air Force Medical Corp; completed a residency in anesthesiology at Stanford University Hospital and taught for three years at the University of Florida College of Medicine.

In 1978, he joined Austin Anesthesiology Group, retired from full-time clinical practice in 2004 and became an adjunct professor at Dartmouth Medical School.

During Dr. Annis’ time in practice, he began a broader engagement with organized medicine. He served on numerous committees and councils for TCMS and TMA, was a TCMS Delegate to the TMA and a TMA Delegate to the American Medical Association, where he served on the Board of Trustees. Remaining an active member in his county, state and national societies, he can still be seen walking the halls of the Texas Capitol during First Tuesday lobby days.

In 2007, Dr. Annis was awarded the Texas Society of Anesthesiologists Distinguished Service Award and in 2011, he was honored as the TCMS Physician of the Year. According to Dr. Malone, this current award completes his “hat trick.”

As Dr. Annis humbly accepted the award, he stated, “Medicine is not just what I do; it’s who I am. It’s not just prose; it’s poetry too.” If that is the case, Dr. Annis can easily be described as a great poet of medicine.
Last year, there were more cyclospora cases reported in Travis County than any other year on record. There were 113 cases investigated between June and August 2015. Sixty-two percent of those cases were identified as part of a localized outbreak of Cyclosporiasis linked to imported cilantro from the Puebla, Mexico region. Travis County historically has had no incidence of cyclosporiasis until it emerged in Texas in 2013. Since cyclospora is primarily seen in the summer months, we would like to share a synopsis of the outbreak investigation conducted last summer and what physicians should be on the lookout for this summer.

What is Cyclosporiasis?
Cyclosporiasis is an illness caused by a single-celled parasite called cyclospora Cayetanensis. The incubation period is seven days with a range of 2-14 days. Symptoms primarily include watery diarrhea, loss of appetite and weight loss. Symptoms can persist for several weeks to a month or more with a remitting-relapsing course. Trimethoprim/sulfamethoxazole (TMP/SMX) is the usual therapy for cyclospora infection. There are not any highly effective alternatives for persons who are allergic to TMP/SMX. Infection is not life-threatening.

2015 Outbreak Summary
From June through August 2015, 113 cyclosporiasis cases were reported to the health department, including 93 laboratory confirmed cases and 20 probable cases. Onsets of illness ranged from May 27, 2015 through August 5, 2015, with the initial peak period during the last week of May and first week of June (Figure 1). Ages ranged from 16 to 78 years old and 45% of cases were male. No hospitalizations or deaths were reported. Twenty-one cases were associated with international travel.

There were seven clusters of illness identified in Austin/Travis County which included three restaurants, one catered wedding reception, one local business cafeteria and two catered graduation parties. In total, cases reported eating at almost 200 restaurants in their 14 day food histories and reported eating several different types of fresh produce. The health department visited two local restaurants and one food supplier to obtain invoices for select produce items to help state and federal partners identify and track down the suspect contaminated food item. On July 28, 2015, the Food and Drug Administration (FDA) placed a ban on imported cilantro from the Puebla, Mexico region. Cilantro was implicated as the suspect food vehicle for over 60% of the cases in Travis County.

What To Look For This Summer
Physicians should consider cyclospora as a potential cause of prolonged diarrheal illness, diarrhea accompanied by weight loss or fatigue or if there is a history of travel to a cyclospora endemic area. Diagnosis of cyclosporiasis requires the submission of a stool specimen for “Ova and Parasite” testing with additional specific orders for cyclospora identification. A single negative stool specimen does not exclude the diagnosis. Usually three specimens are optimal.

Timely reporting of cyclosporiasis cases is extremely important for prompt identification of possible common exposures and preventing additional cases in the community. Current disease reporting rules call for cyclosporiasis cases to be reported to the public health department within one week. If you diagnose or suspect cyclosporiasis, please call the Austin/Travis County Health and Human Services Department at 512-972-5433 or fax your report to 512-972-5772.

Figure 1: Cases of cyclosporiasis by date of onset of symptoms, Austin, Texas: May–August 2015 (N=97)*.

Data source: Austin/Travis County Health and Human Services, Epidemiology and Health Statistics Unit.

*Lost to follow-up cases not included (N=16).
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
In 2008 I was invited by Susan Crane, who was then Seton’s vice president of Neonatal Services, to attend an intensive weeklong seminar put on by the Institute for Patient & Family-Centered Care. I went, but I must admit, I was skeptical and did not expect to learn anything earth-shattering. I certainly didn’t expect it to be a life-changing experience, but it was.

At the seminar, family members shared stories about their experiences in hospitals and how they felt they were treated by the medical team. While listening to those families, I realized how easy it is for physicians, myself included, to get caught up in our own world. I also realized that a lot of the rules and procedures we have in place, although ostensibly intended to benefit our patients, sometimes have a negative impact on families.

Change Can Be Good
We came back from the seminar with the realization that some changes needed to be made and we needed to do a better job of incorporating families and their needs into our daily care routine.

One of the most important things we did was to invite families who had babies in the NICU to come and talk with the physicians, nurses and other members of the medical team about their experience. A Patient Advisory Committee was formed in 2008 to provide guidance and feedback on new policies and procedures. This committee continues to meet on a regular basis.

My colleagues and I learned a lot during those conversations with family members, some of which were very striking. Talking and listening to the families made us all realize how important it is to truly embrace family-centered care in the NICU, so we did.

Putting Family First
Our first changes involved NICU accessibility. We made it easier for non-family members to visit and changed a long-standing policy that prohibited families from being on the unit during resuscitations and procedures. Photos of all the physicians and neonatal nurse practitioners were hung in prominent places so families could recognize their baby’s caregivers.

Communication is King
At Seton, where I practice, we have always tried to be very direct with our NICU families. In fact, I would say that we are exceedingly honest, especially if we expect a bad outcome. We want our families to be prepared and not surprised. But what I have learned is that it is possible to go overboard and that families can start to feel alienated if we repeat our concerns over and over again. Some families told us they wanted to try and celebrate the small things, even within the context that there might be a bad outcome. So we changed our approach. We now try to make sure families understand the gravity of the situation, and we communicate with all staff to let them know the family understands, and we can and should give them the emotional space to enjoy this time with their baby.

Sit Down and Take a Minute
The NICU is busy and it’s often hard to find a quiet place to sit or even a chair for that matter. But there’s a lot of evidence that if you simply sit down when you talk to a family they feel better and more comfortable. In fact, sitting down can make families feel like you have spent more time with them than you actually have. That’s an important, simple communication skill we now teach our pediatric residents.

Bring the Family Along
The medical team felt we needed to be able to speak honestly and openly and to use medical jargon without having to explain everything. But this has all changed. Parents are now welcome to stay in the unit when we make our rounds. We also do our best not to slip into medical jargon. And we take it one step further by actively involving parents in the process so that they not only hear what is going on but can share any observations or concerns they have with us. We also try to make sure bedside nurses are with us when we make our rounds so that the parents, doctors and nurses and other members of the interdisciplinary team are all hearing the same information.

continued on page 19.
The Results Are In
The road to creating a more family-centered NICU has not always been an easy one, but it has been worth it. Many of the concerns we had about making changes or involving families were never realized. For example, when we decided to include family members in rounding, we thought it would take much more time and we would get bogged down in long conversations. That rarely happens. In fact, we discovered that taking a little bit more time on rounds saves time in the long-run. And on top of that, families are happier, less stressed and feel they have had better communication.

There is evidence in the medical literature that if a family is involved from the very beginning with the care of their baby in the NICU, a shorter length of stay in the hospital can result. We believe this is happening with our patients. This is probably one of the best results of family-centered care.

As a physician, I can say that I feel more professionally satisfied. Working in the NICU these days is not only less stressful, it is a more positive experience because the care team and I are developing more trusting relationships with families who depend on us.

Dr. Scharnberg, is a neonatologist with Pediatrix. He has been in practice for more than 30 years. He is the chief of the medical staff at Seton Medical Center.
Charles Alden Sargent, MD

Charles Alden Sargent, MD, 87, passed away peacefully at his home on February 22 in the company of his loving wife and family. Dr. Sargent was a native of Detroit, where he graduated from Cooley High School, Wayne State University and earned his medical degree from the University of Michigan. He met his first wife Amalia, at the University and enjoyed 43 years of marriage before her passing. His medical practice took them from Detroit to Washington, DC, during which time he served on a destroyer off the coast of Iceland for the Army Corp of Doctors in the US Public Health Service. They then moved to Houston where they remained for 35 years. In 1966, he was one of the founding partners of Texas Eye Institute of Houston and continued his practice there until 1998. During that time he served as president of the Houston Ophthalmology Society. In 1998, he and his wife Peggy moved to Austin where he practiced with Texan Eye until his retirement in 2008. They enjoyed travel, time with grandkids and friends and were active in their church. Dr. Sargent loved the outdoors and was an avid runner. One of his favorite pastimes was to take the family for weekend trips to his first wife’s family farm in Bellville where they enjoyed bonfires, riding motorcycles and spending time together. He had a great passion for learning and passed this love along to his children, including daughters Kristen and Julia Sargent, both TCMS members whom he inspired to go into ophthalmology. They recall him as a man with a deep love and dedication for both his family and his profession. He is survived by his wife, Peggy, seven children and 12 grandchildren.

David Wermer, MD

David Wermer, MD, 65, died peacefully at Hospice Austin’s Christopher House on March 7. Dr. Wermer grew up in Ohio. He graduated from Harvard University and earned his medical degree from the University of Virginia before completing his residency at Einstein College of Medicine in New York. During his residency he met his wife, Anne Marie, who, working as a nurse in the same hospital, cornered the shy young doctor and asked him out on their first date. The Wermers moved to California where he did his Neonatal Fellowship at UC San Diego before settling in Austin in 1981. Dr. Wermer served as medial director of the Neonatal Intensive Care Unit at Seton for many years until his retirement in 2011. Upon his passing, there was an outpouring of stories from friends, co-workers, colleagues and grateful parents that spoke to his sense of humor, talent as a physician, wisdom and humanity—stories that have echoed throughout the hallways of Seton and the community beyond for weeks afterwards. His wife recalls the passion he had for his work. She notes that he never ceased to recognize the miracle of saving tiny babies that just a few short years ago would never have survived. He cherished and was energized by his relationships with co-workers and parents. In addition to his wife, he is survived by his two children in whom he left a legacy of service to others: Daughter Elizabeth, who was ironically a patient in the Seton NICU the week he began his career there and is now the nursing co-educator in that same unit and son Jeffrey, a law student who will begin work with the Colorado Public Defender’s office this summer.

Ramasahayam Ashok Reddy, MD

Ramasahayam Ashok Reddy, MD, 70, passed away on January 2. Dr. Reddy was born in Hyderabad, India and attended Osmania University where he obtained his medical degree and did an internship. He received his pediatric training at Misericordia Hospital in New York as well as St. Francis Hospital in Connecticut and Beth Israel Hospital in Boston. Dr. Reddy entered the United States Air Force in 1977 practicing at several domestic Air Force hospitals until his discharge as a colonel in 1992. He and his wife Geeta Reddy, MD, suffered the loss of their only son in an accident in 1992. They subsequently formed a nonprofit organization to honor him, an organization that to this day provides financial and emotional support for underprivileged students in India. In 1993, the Reddys moved to Austin where he practiced pediatrics in City of Austin community clinics until his retirement in 2007. Following his retirement, he continued to make good use of his medical skills in various volunteer activities and also volunteered his handyman skills in construction and landscaping to a variety of public projects and continued to operate his nonprofit based in India. He developed ALS which he bravely fought for the last three years of his life. After his death, a former colleague recalled “his compassion and willingness to go that extra mile to help his young patients and his incredible patience with parents and staff alike.” Dr. Reddy’s rich life spanned seven decades and two continents, a life that brought him from India to the United States where he served his adopted country for many years before devoting the last 15 years of his life to the underprivileged children of Austin as well as economically disadvantaged children in his native India. He is survived by his wife of 45 years, Geeta.
GOOD IS
having peace of mind
wherever you are.

What is good? Good is a bank that offers you personal
conierge banking and the individualized attention you deserve.
It’s a Private Banker who makes you a priority and is there for
you anytime, anywhere. At Broadway Bank, good is having a
trusted advisor who invests more time in your financial goals
so you can invest more time in yourself.

PRIVATE BANKING | CUSTOMIZED LENDING
BUSINESS SOLUTIONS | PORTFOLIO MORTGAGES

BROADWAY BANK
We’re here for good.

Austin Regional Headquarters | 911 W. 38th Street, Suite 100
512.465.6560 | 800.531.7650 | broadwaybank.com
Member FDIC | 

Membership Qualifications to Private Banking at Broadway Bank Apply
Lastly, the incoming 2016-17 TCMA Executive Board Members (pictured above) were installed alongside the TCMS Officers on March 29, 2016. Congratulations to the new slate of officers!

President: Berenice Craig
President-Elect: Kelly Hyde
VP Programs: Janet Schneider
VP Enrichment: Melissa Smith
VP Membership: Christi Dammert
VP Membership-Elect: Christi Bozic
VP Communications: Jeni Lowry
VP Community Service: Lara Norris
VP Community Service-Elect: Wendy Propst
Treasurer: Carrie Connor
Treasurer-Elect: Ashleigh Emmett
Secretary: Carla Wilkenfeld
Parliamentarian: Tera Ferguson
VP Medical Affairs: Tammy Moghadam
VP Financial Development: Lindy Brand

The Travis County Medical Alliance has had a very productive and busy spring season. Most importantly, we held our Second Annual Casino Night Gala in March at Westwood Country Club. The event included sponsorships, a silent auction and a special Gala Giving Tree highlighting the very deserving TCMA grant recipients. We also wrapped up our annual Fund Drive, a quick and easy “no-hassle” way of giving. Because of our hard working board members and generous sponsors and donors, we were able to once again raise almost $90,000 for our philanthropic efforts!

A Grants Ceremony was held at the General Meeting on April 19, grants were awarded to charities that directly impact medical needs in the Austin community. This year’s recipients are: Family Eldercare, St. Louise House, Casa Marianella, Volunteer Healthcare Clinic, SafePlace, Austin Speech Labs, Wonders and Worries and Austin Children’s Services.

To see a list of our generous sponsors, visit www.tcmalliance.org and click on the May Vital Signs newsletter.

The new community service group, Kids Care Club, held a bake sale in conjunction with the Travis County Medical Society’s Auto Show and Family Social on April 22. The kids will vote on a charity of their choice to benefit from the bake sale. In addition, the TCMA offered financial support to 12 Austin area high schools’ Project Graduation Night, and the Hard Hats for Little Heads Program gave 200 helmets to East Austin Clinic and People’s Community Clinic. Beyond that, our tireless TCMA members have made several meals for St. Louise House, a housing program for homeless mothers and their children.

Member Spotlight - Sahar Askew

Sahar Askew was born and raised in Houston, TX and is a graduate of UT Austin. She earned her BS in Education; however, she pursued a career in sales. Sahar started her career in pharmaceutical sales with Eli Lilly and Company after college. After three fun and successful years, she furthered her career by joining medical device company Covidien, now Medtronic’s minimally invasive therapies, and spent the next several years in the operating room of hospitals and surgery centers partnering with individuals on endomechanical products for minimally invasive surgeries. She has always had a passion for making a positive impact on others both professionally and personally.

Sahar is married to William Askew, an anesthesiologist with Capitol Anesthesiology of Austin. Helia (7) and Stone (5) are their children along with their two other doggy babies, Malley and Reef. Although caring for her family is her main focus, currently she enjoys reading, traveling, tennis, exercising, RO fitness, volunteering and walking her sweet babies.

Sahar has been an active member with the Travis County Medical Alliance since 2007 and has enjoyed the friendship and purpose behind the TCMA throughout the years.

As a family, the Askews enjoy traveling together, dancing together, playing board games and tennis.
WATERLEAF SURGERY CENTER

SURGERY CENTER AND MEDICAL OFFICE
OWNERSHIP AND LEASE AVAILABLE

Waterleaf Medical Center
5200 & 5301 Davis Lane
Austin, Texas 78749

Waterleaf is a Class A medical campus located in Southwest Austin, easily accessible from a large trade area.

WATERLEAF SURGERY CENTER
A physician owned ASC with investment opportunities available.

Dr. Matt McCarty
512-600-6620

WATERLEAF MEDICAL CENTER
A medical office project with lease and ownership opportunities available.

Trac Bledsoe
512-914-1615

Balcones Pain Consultants: 512-600-6620
Trac Bledsoe: 512-914-1615
Stroke is a disease that occurs when there is a clot or rupture in the arteries leading to and within the brain. When this happens there is lack of oxygen to that part of the brain causing brain cells to die. There are two types of strokes—ischemic and hemorrhagic. Ischemic strokes are caused due to clots and account for 87% of all stroke cases. Hemorrhagic strokes occur when a blood vessel ruptures. These account for 13% of all stroke cases*. Hemorrhagic strokes are usually caused by an aneurysm or an arteriovenous malformation*. When a person suffers a stroke they may experience drooping of the face (F), weakness in arms (A) and slurred speech (S). Time is crucial (T) and by reacting quickly and getting medical attention, the severity of the stroke can be reduced. The National Stroke Association recommends remembering the four letter acronym F.A.S.T to help recognize the symptoms and get immediate help by calling 911.

According to the American Stroke Association, approximately 700,000 strokes occur every year. According to Texas Department of State Health Services’ 2012 data, the state has over 59,000 stroke survivors per year, two-thirds of whom have communication deficits. Stroke is the fifth leading cause of death and is a leading cause of disability. The main risk factors for stroke are high blood pressure, diabetes, high cholesterol, obesity, smoking, previous strokes and atrial fibrillation, among others. Prevention includes decreasing risk factors by healthy living, regular health check-ups as well as possibly statins, to reduce cholesterol and surgery to open up the arteries in the brains of those with artery stenosis.

The impact of stroke can be devastating, not only to the affected individual but for their families and friends as well. Physical disability and communication problems are commonplace with stroke whether it is trouble walking, speaking, understanding speech, reading, writing or some combination thereof. Stroke requires emergency care and depending on the symptoms, patients will receive care at the intensive care unit or other inpatient or outpatient facility. Dr. Jill Taylor, a neuroscientist explains in her book, A Stroke of Insight, that it took her eight years to regain her language post stroke, even with intensive speech therapy. Evidence based research studies presented at the International Stroke Conference demonstrate that long-term intensive speech therapy helps stroke survivors regain their communication skills.

With advances in medical technology stroke dropped from being the second leading cause of death to a first leading cause of disability. According to 2013 American Stroke Association Data, stroke is increasingly affecting a younger population. Currently the number of rehab visits post stroke are limited by insurance, however recovery in a stroke survivor continues long after insurance expires. The financial burden and isolation due to their inability to communicate, many stroke survivors are depressed and isolate themselves from their social community. Given that strokes are a leading cause of disability and are occurring in a younger population, the need to focus on rehab recovery at an affordable rate is becoming even more important. Intensive long-term therapy proves to be helping stroke survivors regain their communication and physical skills as evidenced during the International Stroke Conference data presentations. There are eight organizations in the country that are focused on providing intensive therapy for stroke survivors so they can learn to talk again.

Austin Speech Labs is a nonprofit organization founded in 2008 that focuses on bridging the gap between the need for extended intensive therapy and the ability to afford it. The organization’s mission is to provide affordable intensive speech, language and cognitive therapy for stroke survivors. They offer sliding-scale discount fees for people that qualify according to federal poverty guidelines. Therapy is offered in eight-week sessions called Boot Camps and clients receive individual, group and computer therapy for three hours a day for two to five days a week. Austin Speech Labs offer five Boot Camp sessions throughout the year and the number of days per week is decided by the client, caregiver and speech therapist after a comprehensive evaluation.

In 2014, Austin Speech Labs started a research lab in collaboration with 15 stroke experts from Austin and around the country to focus on new learning and develop innovative treatments to hasten language recovery post stroke. For more information visit www.strokeassociation.org.

*Data from American Stroke Association.
MEDICAL PROFESSIONAL LIABILITY INSURANCE
PHYSICIANS DESERVE

Offering top-tier educational resources essential to reducing risk, providing versatile coverage solutions to safeguard your practice and serving as a staunch advocate on behalf of the medical community.

Talk to an agent/broker about NORCAL Mutual today.

© 2015 NORCAL Mutual Insurance Company
nmc11881
Physician Needed: Pro-Care Medical Center is actively recruiting for a family medicine-sports medicine physician for an established multi-specialty group. The group has been in practice for 7 years and consistently grows year over year. This is an outpatient only opportunity. Candidates should be willing to do family medicine in addition to sports medicine. Average patient caseload is 20-25 per day. Candidates should be either board qualified or board certified and be able to obtain a Texas license. Excellent compensation including malpractice, medical benefits, signing bonus, interview expenses and relocation allowance. Please send resumes or contact us at info@procaremedcenter.com or 512-799-7890.

Medical Office Space for Rent: Fully furnished exam rooms, procedure room and office space. Available on Bee Cave Rd between Mopac and Westlake Drive (Class A Business Complex). Please contact via email at OfficeSTE101@gmail.com.

For Lease: Medical office in NW Austin, 11671 Jollyville Road. Convenient to Seton NW and North Austin Hospitals. First floor office in desirable medical complex, fully finished out, new paint and carpet, excellent parking. 1,847 SF, 3 exam rooms, generous waiting area. Competitive lease rate. Retiring family practitioner. Call owner 512-470-5122 or drstav@logixonline.com.

Medical Practice For Sale: In North Austin, 78753 by retiring physician. Large patient population. Just walk in and see them. Practice will provide good income. Present staff including a well-trained receptionist, nurse and part-time PA will stay if needed. Email tbmd@austin.rr.com or call 512-843-2035 or 512-698-4970.

Medical Office Space for Lease: Approximately 2112 square feet in the Medical Science Center at 711 West 38th Street in the heart of Central Austin. Street level parking with private entrances from 4 of the offices. There are currently 8 offices with lobby, reception area and ample storage. Some of the offices have ceiling fans and sinks. Utilities included. The space is located east of Seton Medical Center and south of Austin Heart Hospital. Numerous amenities are within walking distance including banks, restaurants, shopping and other commercial services. Rate is between $30 & $32 per square foot depending on length of lease. For information please contact Debbie Thomas at stadeb10@aol.com 512-637-5894.

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.

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/BPAP compliance clinic
- Cognitive Behavioral Therapy (CBT) for insomnia management.

AASM Accredited 4 - Bed Sleep Center
PH: 810-0360 • Fax: 918-0361 • www.sleep360md.com

FOR SALE - LAKEWAY MEDICAL BUILDING
Located across from The Oaks at Lakeway and 1 mile from LRMC.
.5 acre lot w/ 2400 sq/ ft building
- 6 fully equipped exam rooms
- 2 physician offices
- X-ray and lab
- fully furnished
Great visibility w/signage on RR 620
1411 RR 620 South, Lakeway
View the building at http://bit.ly/1YKGTbq
Contact: dorisrobitaille@att.net
512-413-1903
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

LONE STAR ALLIANCE
A RISK RETENTION GROUP

PROTECTION WHEREVER YOU GROW.

512-425-5890 | sales@lonestara.com | www.lonestara.com

TMLT
Texas Medical Liability Trust
Need Insurance? We Can Help.
Request a quote.

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