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FROM THE PRESIDENT
A Legacy for the Modern Age
Robert Cowan, MD

IN MEMORIAM

FIRST TUESDAYS:
THE FAMILY OF MEDICINE NEEDS YOU!
Stephanie Triggs

DELL MEDICAL SCHOOL WHITE COAT CEREMONY

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TCM ALLIANCE
Kelly Hyde

PUBLIC HEALTH: ELECTRONIC CIGARETTES
Philip Huang, MD, MPH

CLASSIFIEDS
FROM THE PRESIDENT

A Legacy for the Modern Age

In case you missed the announcement, what was once the Central Texas Regional Blood and Tissue Center is now known simply as, We Are Blood.

When I became president elect of the Society for 2015, one of the “other duties” of that office was to serve as a voting trustee on the board of The Blood and Tissue Center. Now, two years into my term on that board, I have a much deeper appreciation of one of our Medical Society’s great legacies to this community. It’s a legacy that all TCMS members should be aware of, and be very proud.

Travis County Medical Society founded the blood bank in 1951 when Austin was a smaller, closer knit community. In the post-war fifties, the need for and benefit of a local blood bank was well understood. In fact, at the time, the Austin American-Statesman (or American Statesman as it was called back then) devoted an entire 12-page spread to the opening of the blood bank. Austinites recognized the importance of maintaining a sufficient local blood supply, and a generation of people grew to think of blood donation as one of their civic duties.

As Austin has grown and the world has changed, so too has the need for a more modern approach to the cause of blood donation. The Center cannot continue to rely on the Silent Generation, whose numbers are rapidly dwindling and the Baby Boomers who are now becoming the Medicare generation. It must appeal to and enlist the Gen-Xers, Millennials and Gen-Zers in the cause of providing and protecting the precious shared resource that is our local community blood supply.

With Greater Austin the fastest growing area in the country, more and more people who now live here aren’t from here; they’re not familiar with the Center, much less its legacy in their new community. And there’s another reason why many don’t know who, or what, the Center is. Over time, the Central Texas Regional Blood and Tissue Center’s very long name, its many various assumed names, nicknames, different taglines, logo designs, colors, etc., have created a confusing, inconsistent identity. It is often difficult to recognize and even more difficult to remember. Not good when you need to increase the community’s awareness and involvement.

Recognizing that the sufficiency of our blood supply depends on community engagement as much as its safety depends on regulatory compliance, the Center’s board made this a strategic priority. The board also recognized that the name and brand identity of the organization was not only confusing and inconsistent, it did not adequately reflect the mission or spirit of the organization. And they committed to address these issues head on.

First, to address confusion, The Blood and Tissue Center’s dual brand was de-coupled. A new name for tissue services was approved by the board in mid-2015. The name, United Tissue Resources and tagline, A Legacy for Better Living, speaks directly and distinctly to the tissue bank’s target audiences.

Then in August 2015, a process to transform the blood services brand was started—a project that would prove to be more involved and far-reaching due to the scope and diversity of The Blood Center’s audiences across a ten-county region. The Butler Bros, a local creative agency that guided us through the process, advised the board to approach the project strategically. Specific objectives were adopted that the new brand be consistent and instantly recognizable; be bold, distinctive and ownable; inspire pride and ownership of the local blood supply; foster a sense of community in the Greater Austin area and speak to both the heritage and values of the organization. A brand that speaks to the mission: “To provide and protect the community blood supply, to inspire Central Texans to save lives locally and to treat everyone we serve as family.”

We didn’t want much—just a new identity that people in Central Texas would instantly recognize, grow to love and never forget.

When you call someone “blood,” it’s just another way of calling that person “family.” It was this colloquialism that inspired the new name, We Are Blood.

The “We” in our name isn’t just about us; it’s about all of us. And “Blood” isn’t
just about the substance; it’s about family and community.

The tagline, *Drawn together since 1951*, is a reference both to the act of having blood drawn, and to the fact that the local blood supply is a precious shared resource that bonds us all. It’s a reference to the belief that the local blood supply is one of the few things that has the power to bring our diverse community together.

I am thrilled with this modern makeover of our blood center. I’m proud of its 65-year history and the fact that it is boldly stepping up to the future. I’m proud of its legacy—our legacy—and that it has truly become one for the modern age.

As president of its founding organization, the Travis County Medical Society, I am honored to serve on the board of We Are Blood.

Robert K. Cowan, MD 2016 TCMS President
The Medical Society extends deepest sympathy to the family and friends of the following physicians.

Guy Edmund Knolle, MD, passed away on August 30 at the age of 80. Dr. Knolle was a native of Houston, later a Plan II graduate at UT Austin, then a third generation graduate of Tulane University School of Medicine. He did post-graduate training in ophthalmology and a glaucoma fellowship at Barnes in St. Louis and Baylor in Houston. After training, Dr. Knolle served as a US Army Captain and ophthalmologist for two years before returning to Houston to join his father in private practice.

He emerged from training at the perfect time and with the perfect temperament to be on the leading edge of a technological revolution in ophthalmologic surgery in the 1970s, quickly embracing and mastering phacoemulsification and intraocular lens implant surgical techniques. He became a nationally recognized expert developing instruments and lens implants, writing numerous articles and textbook chapters and teaching a new generation of ophthalmologists. He loved the practice of medicine, its intellectual challenges but also the enduring relationships he formed with patients and colleagues. After thirty years of practice in Houston he relocated to Austin and joined wife Sue Ellen Young, MD in practice here until their retirement in 2008.

Dr. Knolle was a pilot honing his skills in the cockpit with the same precision and enthusiasm as his surgical skills. He was a fitness enthusiast and avid outdoorsman enjoying fishing, hunting and diving. Most of all he enjoyed his friends and family and would often fly from Lakeway to Houston to celebrate a birthday or just have lunch with a grandchild. He will be greatly missed by the many lives he touched. Longtime friend Robert Watson fondly recalled long conversations with Dr. Knolle, “I always felt like I was talking to my father, my psychologist, my ophthalmologist, my life coach as well as my best friend…He loved people and wanted to know everything about everyone.”

Herbert Claude “Butch” Munden, MD, age 66, passed away on October 24. A native of Marshall, he graduated from Stephen F. Austin College with a degree in forestry. Encouraged by a professor, he went on to medical school in Galveston where he met his wife Hannah. After training, he practiced general medicine in Elgin for four years before moving to Austin.

Dr. Munden’s career was sidetracked, and redirected when he confronted alcohol and drug addiction in the 1980s. After a stay in a rehab facility, he returned to practice doing physicals at the old Charter Austin Psychiatric Hospital, a job that led to positions such as medical director at several addiction treatment centers before opening his own practice, Austin Addiction Medicine Services. In all, he practiced addiction medicine for 34 years.

He became a well-known expert in the field, lecturing, teaching, mentoring, writing and consulting. He never lost sight of the change in his own life, personal as well as professional, that his recovery brought about and he worked tirelessly on behalf of physicians in recovery.

He co-founded the TCMS Caduceus meeting for recovering physicians and was for many years the heart and soul of TCMS Physician Health and Rehabilitation Committee, serving as chairman and helping scores of physicians navigate the emotional and legal challenges of recovery. Current PHRC chair Dr. Rodney Schmidt observed Dr. Munden’s compassion and generosity, “He helped many, many recovering physicians…to change their lives from one of addiction to one of sobriety. He was a great advocate…”

Amazing as his career was, he was most dedicated to his family and his lifelong friends, many from his East Texas roots, and loved spending time with them hunting and fishing. He often traveled home where he found sanctuary on his beloved Caddo Lake. Dr. Munden’s life and career, which took many turns, leaves behind a legacy of lives saved and enriched, of the ever present possibilities of hope and recovery.
Dr. Simone Scumpia MD FACE FRCP FNLA

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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.

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Thank you for entrusting your patients to Dr. Scumpia
The start of the 85th Texas Legislature is upon us with opening day scheduled for January 10, 2017. The legislature will adjourn sine die on May 29. There is much to accomplish for the House of Medicine during those 140 days.

The strongest weapon in medicine’s arsenal is you—physicians, residents, students and Alliance members. Since 2003, there has been a “White Coat Invasion” with the inception of First Tuesdays at the Capitol. Physicians and others travel from all parts of Texas to descend on the Capitol en masse each first Tuesday during session.

On those lobby days, appointments are scheduled with Travis County elected senators and representatives. During the appointments, the Texas Medical Association/Travis County Medical Society legislative agenda is discussed and asks are made of the elected officials and their legislative aides for approval of some bills and their help to stop others.

All appointments are scheduled by the Medical Society. Agendas, briefings on the legislators and bills impacting medicine are sent prior to each lobby day. First Tuesday participants gather at the TMA building for additional information and further instructions before hundreds of physicians in their white coats march toward the Capitol.

In addition to attending the lobby days, many physicians from Austin and from across the state are asked to testify before various committee hearings throughout the session.

To prepare for the session:

- Attend the January 17 TCMS Business of Medicine dinner/presentation on legislative issues on.
- Commit to participating in one or more First Tuesdays February 7, March 7, April 4 and May 2.
- Register at texmed.org/firsttuesdays.
- Become well-versed on the issues facing medicine such as
  - preserving physicians’ rights to bill for services;
  - improving Medicaid payment rates and reducing red tape and hassles;
  - protecting the patient-physician relationship while taking advantage of new technologies such as telemedicine;
  - physician licensing and disciplinary issues as part of the Sunset review of the Texas Medical Board;
  - deflecting scope of practice threats;
  - winning funding for public health surveillance and prevention and
  - maintaining Texas’ strong medical liability reforms.
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Governor
Greg Abbott
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Dan Patrick
State Senator—District 14
Kirk Watson (D)
State Senator—District 21
Judith Zaffirini (D)
State Senator—District 24
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State Senator—District 25
Donna Campbell (R)
State Representative—District 46
Dawnna Dukes (D)
(State Representative—District 46 (retiring Jan 2017)
State Representative—District 47
Paul Workman (R)
State Representative—District 48
Donna Howard (D)
State Representative—District 49
Gina Hinojosa (D)
(State Representative—District 49 (replaces E. Naishat, retired 2016)
State Representative—District 50
Celia Israel (D)
State Representative—District 51
Eddie Rodriguez (D)

Stand up and be the voice of medicine!

Legislative Dates To Watch

2016
November 14  Bill pre-filing begins

2017
January 10  Session begins
February 7  First Tuesday at the Capitol
March 7  First Tuesday at the Capitol
March 10  60-day bill filing deadline
April 4  First Tuesday at the Capitol
May 2  First Tuesday at the Capitol
June 18  Deadline for governor to sign or veto bills
August 28  Date bills without specific effective dates become law

For more information on First Tuesdays at the Capitol and other legislative issues, contact TCMS Senior Director of Physician Services and Community Relations Stephanie Triggs at striggs@tcms.com or 512-206-1124.
White Coat Ceremony Marks Rite of Passage for Dell Med Students

It’s called the White Coat Ceremony. For medical students, it has become a rite of passage—a ceremonious gate they pass through at the start of their path to becoming a physician. It’s where students don the short white coats that identify them as learners and healers. It’s also where they formally take their oath to treat and truly care for their patients and community.

There will be many future white coat ceremonies on The University of Texas at Austin campus to commemorate new classes of Dell Medical School students, but September’s ceremony was the school’s very first. It was the latest in a string of firsts for the brand-new institution and its inaugural class of 50 students, along with the hundreds of friends, family members and supporters who traveled to the LBJ Auditorium.

“This moment will stand alongside that day in 1883 when the university opened its doors to 221 students,” said UT Austin President Gregory L. Fenves, who opened the ceremony.

Dell Technologies Inc. founder and CEO Michael Dell—who also founded with his wife the Michael & Susan Dell Foundation, which contributed $50 million to the school’s formation—sat on a panel with Dean Clay Johnston and Student Senate Co-Presidents Jessica Reynoso and Brooke Wagen. The panel discussed the school’s unique aspirations to not just train doctors, but to transform the health of communities.

Both Reynoso and Wagen stressed that they came to Dell Med seeking to learn better ways to advocate for patients and community health and to treat illnesses and injuries. They asked their co-panelists to pass along some leadership lessons to the inaugural class.

“Don’t be afraid—be willing to take risks,” Dell said. “You’re going make some mistakes. That’s actually a good thing as long as you correct them quickly. How fast you are learning—that’s the key.”

Dell Med has a unique origin story: It was at the centerpiece of the ten health care goals in ten years that State Senator Kirk Watson set before the Austin and Travis County community in September 2011, as well as the initiative to raise and invest property tax revenue for the medical school along with a host of other health priorities.
Introduced by Sue Cox, MD, the school’s executive vice dean for academics and chair of medical education, Sen. Watson delivered the keynote address. He told the students they embody both the community’s aspirations for better health and its unprecedented commitment to creating a unique medical school.

“The white coat is a symbol and physical manifestation of your transformation into physicians,” Watson said. “Every time you put on that white coat… let it always remind you of your enthusiasm to do good. And then do it.”

In introducing the coat-donning ceremony, UT System Chancellor William McRaven noted the white coat’s symbolism historically—to emphasize cleanliness in medical settings and identify those who can provide medical help.

The students “are volunteering for a course of training and ultimately a career of service to those in need,” McRaven said. “We are already very, very proud of you for your commitment to the challenges and sacrifices that lay ahead.”

Closing the ceremony, Johnston told the students to celebrate this milestone and recognition of their achievements, but also to remember their responsibility to improve the health of their patients and their community.

“You have a very deep responsibility to pay back to the individuals (and) families in society,” Johnston said. “That is the way your careers will be the most satisfying.”

A Modern Hippocratic Oath

The following is the oath that Dell Med students contributed to and took at the White Coat Ceremony.

I swear to fulfill, to the best of my ability and judgment, this covenant:

I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share knowledge I have gained with those who follow.

I will apply, for the benefit of the sick, all measures that are indicated, avoiding the traps of overtreatment and the injustice of inequities.

I will remember that there is art to medicine as well as science, and that warmth, sympathy and understanding may outweigh the surgeon’s knife or the chemist’s drug.

I will not be ashamed to say, “I don’t know,” nor will I fail to call in my colleagues when the skills of another are needed.

I will respect the privacy of my patients.

Most especially, I must tread with care in matters of life and death.

I will remember that I do not treat a fever chart, or a cancerous growth, but a sick human being, whose illness may affect the person’s family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.

I will prevent disease and promote health whenever I can, for prevention is preferable to cure.

I will remember that I remain a member of society, with special obligations to my community and to all my fellow human beings, those sound of mind and body as well as the infirm.

If I do not violate this oath, I will live satisfied knowing that I have returned to society the great investment and trust it has placed in me.

May I always act so as to preserve the finest traditions of my calling and to elevate the profession to achieve a greater impact in healing the sick and preserving health.

Dell Med Student Senate Co-Presidents Brooke Wagen (left) and Jessica Reynoso talk with Dean Clay Johnston, MD and Michael Dell during a panel discussion.
TCMS Family Social: Magic’s Theater

Magic’s Theater and Museum was sold out for this exclusive TCMS family social event.

2016 New Member Welcome

TCMS new members got acquainted with TCMS leaders, Alliance members and the evening’s sponsors who provided door prizes.
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NORMAN CHVENEN, MD
ARC FOUNDING CEO

ARC physicians & employees thank you for 36 years of leadership and vision.

2016 TCMS Physician of the Year
Roll with the punches and respond to the changing environment as creatively as you can is Norman Chenven’s life philosophy. Quietly brilliant, Dr. Chenven has calmly followed life’s prompts since day one. So how did he decide to become a physician? “I was majoring in physics at Brown University,” he explains. “But I knew I did not want a career in physics. I also knew I didn’t want to go to Vietnam.” He opted to apply to medical school and thus potentially receive a deferment from the draft. Although he wasn’t entirely sure he wanted to be a doctor, he was accepted at the State University of New York Medical Science Center.

He says that his uncertainty was short lived. “The minute I experienced direct patient interaction, I was hooked!” Chenven says with a smile. “It was magic.” Basically, he stumbled into his life’s calling—and he’s managed to be in the right place at the right time over and over—resulting in a life full of rich, unique experiences.

Take his two years working for the US Indian Health Services in a 20 bed hospital located in Tuba City, Arizona on the western side of the Navajo Reservation. Chenven and 14 other doctors cared for a population of nearly 40,000 Navajo and Hopi Indians. Many of the Navajos over the age of 40 did not speak English. “The two tribes did not always get along, but co-existed in their overlapping reservations,” he says. “Historically the Navajo were warriors and herders, very austere and with a guttural sounding language, while the Hopi were villagers and farmers, living in pueblos who spoke with a melodic lilt. The two tribes were a study in contrasts.”

Practicing medicine with these cultures was extremely enlightening with regards to both cultural diversity and human nature. Even as late as the early 1970s, some traditional Navaho men, and in particular Medicine Men (who were quite active and respected), wore their hair long. “Some of us younger does would emulate them by wearing our hair long and tied up with yarn in a bun called a ‘tsi’ (tsiiyeel). I still had my shoulder length hair when I arrived in Austin in 1973 to begin work in the Brackenridge Hospital ED.”

A fond memory of his time on the Reservation was treating a Hopi woman named Gertrude. She was a lovely person in her 80s with lymphoma. From time to time her family would invite him and his wife Dinah to be guests at traditional ceremonies and dances held on the Third Mesa.

Dr. Chenven notes that his experience in the Indian Health Service was his first introduction to the group practice format. “It was very efficient—all specialties working shoulder to shoulder in order to provide superb access and care to our patient population.” He considers this formative experience to have played a role in his decision to found Austin Regional Clinic a decade later.

Escape From New York
While in college, he met Dinah and they were married during his first year of medical school. SUNY Downstate Medical Center was located on the edge of Bedford Stuyvesant, a tough neighborhood in the middle of Brooklyn. During their four year stay, murders occurred on opposite corners of their block.

So how did he and Dinah end up in Austin? “We were invited to visit by a high school buddy of mine—Don had come to Texas with Vista (the domestic version of the Peace Corps),” Chenven explains. “We had a great time—he took us honky-tonking and we actually saw Willie Nelson playing to a near empty room at Big G’s in Round Rock.” Like everyone else who comes to Texas, Chenven was charmed and surprised by what is commonly known as “Texas friendly” especially coming from New York. “I guess this was my version of ‘I got here as soon as I could.’ ”

Trading his East Coast thermals for cowboy boots, Dr. Chenven did post-graduate training at Bexar County Hospital in San Antonio. He and Dinah eventually settled in Austin where she attended UT and he took a job in the Brackenridge ED. “Back then it was the only facility open after 5 pm in the surrounding 10 counties,” he remembers. “Virtually every physician volunteered to provide specialty coverage and/or office follow-up. There were fewer than 400 active doctors in the community. It was a different time and place then. The ED was hard work and sometimes scary, but I loved it.” Subsequently, Chenven spent
three rewarding years in a four physician group. But in 1980, he left that practice and founded Austin Regional Clinic (ARC).

Launching Austin Regional Clinic
Dr. Chenven never lost his appreciation for the Indian Health Services’ multi-specialty format. “I was inspired with the opportunity to coordinate accessible care for people. I had a multi-specialty dream,” he chuckles.

Howard Marcus, MD, recalls his ARC recruitment experience, “In 1981 I answered a recruitment ad for an internist. At this time, Norman was pretty much a one-man administration. He did all the interviewing. The first thing I notice is that this Jewish guy from Brooklyn is wearing cowboy boots—which absolutely made no sense to me. I took the job anyway!”

Another early recruitment anecdote demonstrates Chenven’s casual manner. Dr. Russ Krienke laughs, “My best Norman story is when he was recruiting me. He took me to the ‘glamorous, upscale’ Thundercloud Subs on Guadalupe, forgot his wallet and I ended up paying for my recruitment lunch. I must have been desperate, because I still signed on!”

There are now 21 ARC locations in the Austin area, employing 350 physicians and providing care to approximately 420,000 patients. In addition to the daily operations of the clinics, Dr. Chenven oversees even more. He is president and CEO of Covenant Management Systems (CMS). CMS is a practice management company that provides technical support and services to hospitals, medical groups, provider networks and governmental and employer health plans.

During what must be rare free time, he loves to visit his three daughters and five grandchildren in Oregon. Running, photography, travel and reading about ancient Greek and Roman history are also favorite pastimes.

Triumphs and Concerns for Medicine
There is no doubt that technological developments in medicine in recent history have been astounding. “The breakthroughs in the past four decades have resulted in the ability to treat (and often cure) conditions that in the past would have meant nothing but ongoing misery for patients” Chenven says with passion. “Sometimes we lose sight of that.” An example of something that will eventually pay off in ways we can’t yet imagine is the data captured by electronic medical records (EMRs). He is excited about the eventual compilation of data that will reveal unique patterns of subpopulations for every type of disease paving the way for more customized treatment plans.

As for what is wrong with medicine? Chenven cites the progressive regulatory complexity and the ongoing fragmentation of the health care delivery system. The lack of consistency, measurable quality and relentlessly escalating costs are going to hinder a physician’s ability to provide high quality care. “I am concerned that our country’s political dysfunction will make these problems impossible to solve.”

This brings up the subject of advocacy and TCMS. Chenven sees organized medicine and advocacy as being absolutely vital. “There is a quote by Benjamin Franklin made after the founding fathers signed the Declaration of Independence that I love,” he says. “We must all hang together or assuredly we shall all hang separately.” Translated, one cohesive voice and strength in numbers are key.

So how does Dr. Norman Chenven feel about being named TCMS Physician of the Year? “Old,” he says without hesitation. Why does he think he got the award? “Ditto,” he says with a laugh. “But in all seriousness,” he continued. “Receiving an honor like this, from my colleagues and peers and in a community where I’ve spent most of my career, is recognition that my life’s work has been meaningful. It makes me feel appreciated and grateful.”
Elliot Trester, MD
TCMS Humanitarian of the Year
Bicycling to work through downtown Austin, Dr. Trester was intrigued by a small building he passed, so he stopped and went inside. It was the Volunteer Healthcare Clinic (VHC). Since that day in 2005, he has been a regular volunteer. His generosity with his time and skills has become legend—not only because of the VHC, but also by serving on the board of Physicians for Social Responsibility, the board of Doctors for Global Health, trips to Honduras with MEDICO and Latin medical student training for MEDICC to the list. At least once a year, Dr. Trester travels for a missionary trip to assist in medically underserved countries.

Summing up all of his good qualities is an online review, “Dr. Trester is one of the best doctors I’ve ever had the pleasure of being a patient of. He’s funny, smart, caring, a good diagnostician, and he treats everyone with respect. I’m impressed with his charitable work too. He spent time in South America with Doctors without Borders, and was one of the first doctors in Austin to work with AIDS and HIV patients back in the 1980s.”

Doug Srygley, MD
2016 Ruth M. Bain Young Physician
Dr. Doug Srygley has been named the recipient of this year’s TCMS Ruth M. Bain Young Physician Award. Dr. Srygley graduated with honors from UT Southwestern, served as chief resident at Duke University and was named Physician of the Year at St. David’s South Austin Hospital after only a few years of practice. In addition to the professional recognition he has received, the personal accolades from his colleagues and patients are heartfelt and numerous.

“Despite already having many achievements, Dr. Srygley remains humble and thoughtful about each patient and co-worker interaction,” says Dr. Sheila Reddy, a colleague at Austin Gastroenterology.

Bruce Levy, MD, JD, CEO of Austin Gastroenterology says, “From the moment I met Doug, I knew that he was an exceptional person and that he was destined to have an outstanding career as a physician and as an asset to our medical community in general. Doug is extremely competent and his calm, quiet, respectful demeanor puts all around him at ease.”

Representative Elliott Naishtat
Community Citation for Distinguished Service Award
The Honorable Elliott Naishtat, 26-year veteran of the Texas House of Representatives will be presented with the TCMS Community Citation for Distinguished Service Award. The award recognizes a non-physician who has contributed to the ideals of the medical profession by aid and cooperation in the advancement of medical science, medical education or medical care in Travis County.

Naishtat has passed more than 300 bills—many of which involved medicine in Texas. He served on the Human Services Committee and vice chaired the Public Health Committee.

The following are just a few examples of the bills passed thanks to Rep. Naishtat; Nursing Home Reform Act, Newborn Hearing Screening Act, Medicaid Simplification Act and the Child Protective Services Act. He was also involved in bills that expanded protective services for elderly and disabled people and bills that increased protection for patients in psychiatric, substance abuse and rehabilitation facilities.
TCMS Journal November • December

**Ruth M. Bain Young Physician Award**
F. Douglas Srygley, MD

**Physician Humanitarian Award**
Elliot Trester, MD

**Community Citation for Distinguished Service Award**
Representative Elliott Naishat

TCMS 2016 Physician of the Year
Norman H. Chenven, MD

**TRAVIS COUNTY MEDICAL SOCIETY**

**Annual Awards Dinner**

**Tuesday, December 13, 2016**
Renaissance Hotel Austin
9721 Arboretum Blvd

Honoring

TCMS 2016 Physician of the Year
Norman H. Chenven, MD

Ruth M. Bain Young Physician Award
F. Douglas Srygley, MD

Physician Humanitarian Award
Elliot Trester, MD

Community Citation for Distinguished Service Award
Representative Elliott Naishat

6:30 pm - Reception  7:30 pm - Dinner
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At a recent Austin ISD (AISD) Board of Trustees meeting, members of the Board were asked to read the 2016-17 Student Code of Conduct. It’s a 15 page document meant to operationalize Chapter 37 of the Texas Education Code. In other words, it states how AISD will follow state law. According to the document as revised on June 20, 2016, it “provides information and direction to students and parents regarding standards of behavior as well as consequences of misconduct.”

As a physician, you may be asking what does the Austin ISD Student Code of Conduct have to do with me and the practice of medicine? The following story will demonstrate how the AISD code can impact your patients if you prescribe Schedule II drugs for students.

Like many of you, when I walk into the grocery store or dine in a local restaurant, I am often recognized by the public. Usually, pleasantries are briefly exchanged and we go about our business. In one instance the conversation was extended. This constituent wanted to describe her son’s recent experience on an AISD middle school campus. Because of my relationship with the medical community, she asked me to share this message so that other families would not encounter the same experience.

My friend said her son had been described as “impulsive” and “busy” since kindergarten. In seventh grade, due to some social struggles and upon the advice of a physician, the family decided to move forward with a prescription medication for ADHD—in this case, Vyvanse. Family members and teachers noticed an immediate improvement in his behavior. My friend and her husband were shocked to learn of the penalties associated with this medication. Had they been better informed, they would have kept the medication under lock and key. As she stated, “had one of the medical professionals mentioned the words felony drug charge, we would not have put our 13-year-old son in a situation like this.” They have now purchased from Amazon a locked container known as a pill pod for $20.

In Texas, Vyvanse, Adderall and ProCentra—all commonly-prescribed ADHD meds—are classified in penalty group 2 of the Texas Health and Safety Code. The punishment for possession of less than a gram of a penalty 2 substance is a state felony that carries a sentence of 180 days to two years in jail and a fine of up to $10,000. There is no option for a misdemeanor charge. Additionally, a felony drug charge of possessing an illegal substance on an AISD school campus, as stated in the Student Code of Conduct, carries with it mandatory expulsion.

My friend’s son was caught in possession of his own medication when he was arrested on his middle school campus. His crime? He brought a controlled substance into a drug-free zone, not in its original prescription bottle. Punishment was predetermined by state law and by the Student Code of Conduct.

Many AISD students are diagnosed with ADHD and are treated successfully with appropriate medications. As a trustee of this school district, I am grateful for your patient advocacy so that our students are well-prepared and focused to learn. But as this story demonstrates, I implore you to work in partnership with AISD to educate parents about the consequences of their children possessing drugs, or even one pill, on our campuses. The district has no choice but to follow state statutes. Working together, we can prevent similar situations from occurring.

If you prescribe medication for students who attend public schools and specifically those medications listed on Schedule II of the Controlled Substance Act, please counsel the parents and their children about the consequences they face if a child is caught with the drug on any school site without first seeking the guidance of the school nurse and school administrators.

Please see the following resources for more information:

Controlled (scheduled) drugs: www.drugs.com/schedule-2-drugs.html

AISD Board Policy:
Attention Deficit Hyperactivity Disorder (ADHD) is thought to have an incidence in 5-11% of American children. Comprehensive evaluation and use of standardized rating scales is recommended for diagnoses. A good resource for ADHD research information can be found on the CDC website. Stimulant medications often are part of the holistic treatment plan. While multiple brand names and formulations exist, the two types of stimulants are amphetamine and methylphenidate derivatives. These are Schedule II drugs, meaning that they are classified as having potential for abuse. Consequently, coordination between prescribing physicians, their respective patients and school systems is necessary.

The safety and efficacy of stimulants—when prescribed and used correctly—receives consistent support from both research and documentation. However, physicians still need to communicate (with both guardians and youths) that stimulants are controlled substances, and thus any prescribed stimulant must be kept safely secured and only given directly to the youth under supervision. When considering which medication serves the patient best, physicians may opt to prescribe a once-a-day stimulant that can be given at home under close supervision by the guardian. Physicians may also prescribe medications electronically, further ensuring proper containment and safeguarding.

Many stimulants deliver measured dosage via a pill, tablet or liquid, but certain formulations may see fewer incidence of abuse or diversion. Patches and/or capsules that cannot be opened may present better options for remedying issues surrounding drug diversion. In general, shorter acting medications present a greater risk of abuse.

If dosing at school is necessary, physicians may write for an extra bottle on the prescription, which guardians can then permit the school nurses to dispense from. Most schools require that physicians and guardians sign documentation confirming permission for dispensing medication on school grounds; these forms may include the dosing, side effects, duration of prescription and what the prescription is for.

Physicians should remain aware that students with access to their prescribed stimulants may participate in “drug diversion,” whether through selling or by passing along to friends. High school and college students may seek stimulant medications in order to stay up late, cram for tests or abuse. While the doses currently prescribed for ADHD are considered non-addictive, they still can be diverted and misused by crushing or snorting. Abuse may contribute to addiction if multiple doses are taken together. Patients with ADHD can experience an increased risk of drug abuse due to impulsivity, novelty seeking, frustration with school and poor self-esteem. Through proper assessment and treatment, physicians can hope to decrease future drug abuse. And while some ADHD patients may individually practice drug-seeking behavior of other substances, research has shown that treating with stimulants doesn’t increase drug abuse in ADHD patients.

If a physician suspects drug-seeking practices by the patients or families resulting in attempts to fill prescriptions from multiple locations (or by multiple physicians), prescriptions can be monitored by the physician electronically via the Texas State Board of Pharmacy www.pharmacy.texas.gov/PMP/

Furthermore, physicians should be aware of federal, state and local school district laws and policies around controlled medications as articulated in the accompanying article about one AISD student’s unfortunate experience. Students or families choosing to disobey the standing legislations can anticipate strict punishment.
Grant Recipients
The Travis County Medical Alliance is excited to announce its 2016-2017 grant recipients. All of the grant recipients are well-deserving organizations with specific needs that fit the TCMA mission: To assist the Travis County community with health related needs. This year’s recipients are the Volunteer Healthcare Clinic, Saint Louise House, SafePlace, Hospice Austin, Austin Children’s Shelter, Partnerships For Children and Casa Marianella.

Fund Drive 2016 Is Underway
The annual fund drive has begun. Please watch your mailbox for our donation request. These donations to TCMA have allowed us to support health care related charitable endeavors throughout the county for decades. Without your support, the Alliance could not fulfill its mission.

Member Activities
The first general meeting of the year was held at the historic Neill-Cochran House Museum on September 13. The members were treated to an enlightening tour of the house and enjoyed a delicious brunch together. The annual TMAA Conference was held on October 13 in Corpus Christi. The TCMA is thankful for this enriching conference where members can be inspired and gain knowledge from the numerous Texas Medical Association Alliance leaders.

2017 Gala
Mark your calendar and plan for a night full of 80s fun, amazing food and music as well as multiple ways to support our grant recipients. Join us at 7 pm on Saturday, March 4, 2017 at the Belmont.

Member Spotlight: Tammy Moghadam
Tammy Moghadam moved to Austin in 2011 when her husband, Ken opened Austin Fertility Institute. They attended Illinois Wesleyan University for undergrad and Tulane University for graduate school. Tammy graduated with Master’s degrees in Social Work and Public Health. The couple moved to Indianapolis to complete Ken’s residency in Ob/Gyn and then to Cincinnati for him to specialize as a reproductive endocrinologist. Along the way, the couple has been blessed with four amazing sons; Kameron (19), Malec (15), Zachary (11) and Eli (10).

Tammy works for United Healthcare, connecting members to the healthcare system as a supervisor in the Stars Member Navigator Program. She has enjoyed several different positions with TCMA over the past six years including VP-Communications, Volunteer Healthcare Clinic chairperson, VP-Enrichment, Ronald McDonald House volunteer and currently is VP-Medical Affairs.

For fun, Tammy enjoys exercising, playing fantasy football, cooking and watching her son play soccer. She is excited to continue to serve her community through TCMA and continue to grow the friendships.
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Electronic cigarettes as we now know them were created by a pharmacist/inventor in Beijing, China in 2003. These electronic cigarettes were introduced into the United States in 2006. E-cigarettes are classified as Electronic Nicotine Delivery Systems (ENDS), but are also called electronic cigarettes, vape pens, personal vaporizers, e-hookahs, e-pipes and e-cigars, among other names. For purposes of this report, all of these products will be referred to as e-cigarettes. The rest of this report will highlight some of the key issues and questions related to e-cigarettes.

**What are E-cigarettes?**

E-cigarettes typically consist of a cartridge containing fluid, a heating element and a battery. E-cigarettes are available in three main types: disposable “cig-a-like,” rechargeable “cig-a-like,” and rechargeable and refillable vaporizers or tank-like products that do not look like cigarettes, have larger and adjustable voltage batteries and heating coils and are sometimes called “Mods.” Fluid for e-cigarettes comes in many different flavors and nicotine concentrations (including no nicotine) and is sometimes called “juice” or “e-juice.”

**Regulation**

The FDA recently finalized a rule, effective August 8, 2016, that extends its regulatory authority to all tobacco products, including e-cigarettes. Prior to this, e-cigarettes could be sold without any review of their ingredients, how they were made, quality control or their potential dangers. For now, manufacturers can continue selling their products for up to two years while they submit new product applications—and they can sell their products for an additional year while the FDA reviews the new tobacco product applications.

**Not Harmless Water Vapor**

Contrary to the marketing claims for these products, e-cigarette aerosol is not harmless water vapor. According to the CDC\(^1\), in addition to nicotine, e-cigarette aerosol can contain heavy metals, ultrafine particulates that can be inhaled deep into the lungs and cancer causing agents like acrolein. E-cigarette aerosols also contain propylene glycol or glycerin and flavorings. Some e-cigarette manufacturers claim that the use of these ingredients is safe because they meet the FDA definition of “generally recognized as safe” (GRAS). However, GRAS status applies to ingestion of these ingredients, i.e., in food, not inhalation. The health effects of inhaling these substances, including from an e-cigarette, are unknown. Inhaling e-cigarette aerosol directly from the device or from second-hand aerosol that is exhaled by users is potentially harmful to health.

**Health Effects of E-cigarettes**

There is currently no scientific evidence establishing the safety of e-cigarettes. A report by the World Health Organization, released July 21, 2014\(^2\) stated that:

- Conclusive evidence about the association of ENDS use with diseases will not be available for years or even decades.
- Most products have not been tested by independent scientists, but the limited testing has revealed wide variations in the nature of the toxicity of contents and emissions.
- Bystanders are exposed to the aerosol exhaled by ENDS users, which increases the background level of some toxicants and nicotine, as well as fine and ultrafine particles in the air.

**Do E-Cigarettes Help With Cessation?**

The evidence regarding the effectiveness of e-cigarettes in helping smokers quit is limited and inconclusive. No conclusive scientific evidence currently exists to support claims that e-cigarettes can be an effective cessation aid.

In a 2015 report, the US Preventive Services Task Force concluded that the “evidence is insufficient to recommend electronic nicotine delivery systems (ENDS) for tobacco cessation in adults, including pregnant women.”

In a report released in August of this year, the World Health Organization concluded that “scientific evidence regarding the effectiveness of electronic nicotine- and non-nicotine delivery systems (ENDS/ENNDS) as a smoking cessation aid is scant, and of low certainty, making it difficult to draw credible inferences.”

**Aggressive Marketing Campaigns**

The marketing campaigns for e-cigarettes...
are using the same themes as the campaigns for cigarettes used in the 1950s and 1960s. Marketing is back on television and radio. E-cigarettes are also targeted to appeal to children, with the products coming in many flavors, such as gummy bear, strawberry, cherry crush and cotton candy. Aggressive product placement can be observed in convenience stores (next to candy) and in other stores (next to medications).

Adoption by Youth

Youth are rapidly adopting e-cigarettes. Nationally, current e-cigarette use among high school students has increased from 1.5 percent in 2011 to 16 percent in 2015 (a more than 900-percent increase)\(^1\). This translates into over 2.3 million US high school students and 620,000 middle school students currently using e-cigarettes. Other CDC data has shown that the number of US youth who have used e-cigarettes but have never smoked a regular cigarette, more than tripled in three years, from 79,000 in 2011 to over 263,000 in 2013. And these youth are nearly twice as likely to report intentions to smoke regular cigarettes as those who have never used e-cigarettes.\(^2\)

Additionally, several longitudinal studies have found that youth who had never smoked cigarettes but who had used e-cigarettes were more likely to initiate cigarette smoking as a follow-up than those who had never used e-cigarettes.\(^3\) There is also strong concern that the increase in e-cigarette use, and the prevalence of the seductive marketing campaigns are re-normalizing and even glamorizing smoking for a generation that had not been exposed to this previously.

**E-Cigarette Use in Austin/Travis County**

Current e-cigarette use among adults in Austin/Travis County increased from one percent in 2012 to 3.9 percent in 2015.

Data from the 2015 Austin Independent School District (AISD) Campus Climate & Substance Abuse Survey (the only year with e-cigarette data available) showed that 19 percent of AISD high school students and six percent of AISD middle school students had ever used e-cigarettes. And 9 percent of AISD high school students and 3 percent of AISD middle school students are current users (within the past month) of e-cigarettes.

**Summary**

E-cigarette aerosol is not harmless water vapor. In addition to nicotine, e-cigarette aerosol can contain heavy metals - ultratrane particulates that can be inhaled deep into the lungs - and cancer-causing agents.

The health consequences of the inhalants and the vapors given off by e-cigarettes are unknown. There is currently no scientific evidence establishing the safety of e-cigarettes.

**E-Cigarette Use in Austin/Travis County**

Current e-cigarette use among adults in Austin/Travis County increased from 1 percent in 2012 to 3.9 percent in 2015.

No conclusive scientific evidence currently exists to support claims that e-cigarettes can be an effective cessation aid. There is concern that e-cigarettes might promote dual usage of e-cigarettes and conventional cigarettes, and enable persons who otherwise might have quit using conventional cigarettes to continue smoking.

E-cigarettes are currently marketed to attract children and youth. Current e-cigarette use among US high school students increased 900 percent between 2011 and 2015. E-cigarettes might be addicting a whole new generation to nicotine.

Some of the confusion about e-cigarettes might best be summarized by a recent quote from the *New York Times*: “If smokers have tried everything else and use an e-cigarette to quit completely, that’s a good thing,” said Dr. Thomas R. Frieden, the director of the CDC. He has heard anecdotes about that happening, he added. “But the plural of anecdote is not data,” he said. “And counterbalancing that good trend, there are at least three negative things that might be happening, like people who have never smoked using them, children picking them up as a path to smoking or smokers using them to perpetuate their habit.”

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