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Pier, Lake George, New York. Photo by Marilyn Vache, MD.
Stewardship
Sarah I. Smiley, DO

Stewardship is defined as “the care of and responsible management of something, not owned by, but entrusted to one’s care.”

As I look at the Travis County Medical Society and its membership, I find a history of a core of people, both members and staff who are dedicated stewards of the principles and goals of this organization. Over time, there have been significant challenges which previous leaders and the gifted staff here at TCMS have identified and conquered with great success, and sometimes with great stress as well. These leaders were not only on the executive staff or Executive Board, but also on countless committees, and in the delegations to the Texas Medical Association and the American Medical Association.

Contrary to what one might expect, many, including our esteemed state and national leaders and lawmakers, do not always have the best interests of Travis County patients and physicians in their hearts and policy making efforts. As physicians, there are ongoing battles to protect good principles and ideas, and to get others to see the practical, evidential and ethical basis of those principles and ideas. Physicians are blessed (and cursed) with a strong sense of propriety for our patients’ rights and role in deciding the course of their health care, and who will provide it to them. We also have strong beliefs, as physicians, about our own sense of free will; that we should be able to decide where, with whom, and in which business model we would like to practice, while protecting our patients and providing them the quality care they deserve.

We also think that we should be fairly compensated for our long hours of service. This complex problem is overshadowed by the gargantuan issues of limited resources: not enough money, not enough health care providers, and a population that is literally bursting at the seams, both in number and BMI.

With these challenges, our future might seem bleak to some of us, until we see something that gives us hope - colleagues and advocates who are involved at multiple levels of our organization, giving their time on our behalf to support the good ideas, the practical suggestions and the best practices. They are also working hard to keep the budget tight, to raise funds for our nonprofit organizational efforts, to improve our image in the community, to educate our community and our membership and to promote service to others through TCMS. This constant hum of activity keeps our organization vibrant and growing. A small number of these folks are paid staff whose efforts are leveraged many times over by a large number of unpaid physician volunteers - our colleagues.

When you look at all their efforts, these principles of stewardship shine through:

- Dedication to our profession and to protecting its principles
- Organizational growth, always seeking new opportunities to evolve
- Transparency and a commitment to keeping the trust of members and the community
- Self-restraint and professional behavior
- Compassion for others and respect for their ideas
- Commitment to service and placing the needs of others before their own
- Effort and time beyond their usual commitments

As physicians, we employ these same principles daily in our work environments, whether in the hospital, office or in administrative positions. We work to responsibly maintain the trust and best interests of our patients and their families, our staff and our colleagues. In that small microcosm, our day-to-day comfort zone, we all routinely place the welfare and needs of others before our own. When you extrapolate that behavior to the organizational level, it seems easy to apply those same principles of stewardship in service to our medical society and its members, to our global profession, and ultimately again, to our patients’ benefit.

Hidden in the enormous challenges we face as physicians is the great potential and opportunity we have to make a difference with our collective stewardship. All it takes to realize that potential is for more members to plug in and participate.

We need physicians who are willing to go to the legislature and talk to people who do not understand the medical impact of laws passed and subsequent policies and regulations pertaining to those laws. This occurs at the legislature on First Tuesdays at the Capitol, every time the legislature is in session. It’s not difficult; explaining medical conditions and how they impact people’s lives is something we do in the care setting every day.

We need member participation in and engagement with our delegations to the TMA and AMA. Although many Texas physicians feel left out by the AMA, the AMA has been deemed by our elected representatives in Washington to speak for all of us. Our delegations to the TMA and AMA are well organized and work in conjunction with other specialty society physicians from Texas to promote our ideas at a national level. The TMA also has TCMS members in its leadership,
We believe that nothing short of excellence is acceptable to a physician office. That is why so many of them trust MSB Answering Service with their after-hours calls.

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who are helping to make policies that are carried forward by TMA’s lobbyists in Congress. Many of our dues dollars are used by TMA for these and other import advocacy initiatives for Texas physicians.

We need members to participate in TCMS community service efforts in large numbers so that Austin sees physicians as actively and collectively involved in the community. New ideas for future community efforts are also welcomed for staff to investigate and bring to the leadership.

We need more committee participation to address issues ranging from ethics, physician rehab and public health to public relations, emergency preparedness, and the retention and recruitment of new members. Then there are fun things like student scholarships for students from our local area.

We need member support for The Blood and Tissue Center of Central Texas, a community based not-for-profit that was established by TCMS and is operated in affiliation with the Society. It is truly a best-in-class blood and tissue services provider with a record of quality and service – to their hospital customers and our patients – that is among the best in the nation. To help keep this valuable resource local and locally governed, and keep its benefits, safe products and responsive services available to YOUR patients and the facilities of Central Texas, we need the strong support of the TCMS membership. The Center’s service and accomplishments are phenomenal and it should be preserved for the long-term benefit of our community.

If you have a desire to help be a steward of our Travis County Medical Society, please contact me, Marshall Cothran or Belinda Clare at the Society. If you’re not sure where to plug in, start by coming with your spouse to some Society networking socials to meet other physicians and Alliance members as well. We welcome your engagement in any capacity.

The great physician, humanitarian and Nobel Peace Prize winner Dr. Albert Schweitzer was quoted as saying, “I don’t know what your destiny will be, but one thing I know: The ones among you who will be really happy are those who have sought and found how to serve.”
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I’m Dr. Tom Coopwood, a retired general surgeon. I have been a member of the Travis County Medical Society since 1970. I was honored to serve as president in 1996 and was honored again as TCMS Physician of the Year in 2004. Since retirement, I continue to be an active member of the ED/EMS Committee and Retired Physicians’ Organization. I also continue to serve each year at the TCMS/AISD Athletic Physicals, which I want to tell you about.

This wonderful community program is sponsored and coordinated by TCMS and has been in existence for over 16 years. In collaboration with the Austin Independent School District, physician volunteers perform athletic physicals on middle school and high school students so that they can participate in extracurricular activities in the coming year. Many of these youngsters have little interaction with physicians so many of them are anxious when they come into the exam room and are happy when it is over.

The program is well organized with a lot of TCMS staff and volunteers to help.

My name is Dr. Ellen Howard. I was born and raised in New Orleans, and moved to Austin to complete a pediatric residency at Dell Children’s Medical Center. I have been working as a community pediatrician for over a year now and absolutely love it. Outside of being a pediatrician, my other passion is traveling throughout Latin America.

As a TCMS member, I was first introduced to the athletic physicals program through email correspondence, and was also encouraged to take part by my residency advisor Stephen Pont, MD, MPH who is also the medical director for AISD Student Health Services. I thought it was great opportunity to get involved in my new community, and was happy that I had a skill that could be used to support the event. I like that the program encourages students to get involved in extracurricular activities by eliminating the potential barrier to health care that would, in turn, prevent them from participating.

I also enjoy talking with the middle school and high school students. The physicals are done in the student's environment versus a doctor's office, so you really get a different perspective and get to see more of the students’ personalities. This event gives a chance for those without a medical home to have a positive experience with a group of physicians. While I don’t have one specific favorite memory, I have enjoyed the whole experience and found it to be personally gratifying.

Everyone has an hour or two that they could volunteer, so do it! It is a fun event and very well organized. All you have to do is show up! Every time I participate, I leave feeling happy that I did.

There are chaperons for the girls and boys. Each physician does only one part of the exam usually in their specialty, but are given a choice. A volunteer ushers the child into the room or station with their papers, we do our part of the exam, fill in our part of the paper work and escort them out to the waiting volunteer. The shifts are short lasting only a little over an hour, but expect to see students nonstop. Supplies and exam instructions are provided – you’ll even be treated to a nice boxed supper.

I have done these exams for many years, and it is very rewarding to provide a needed medical service to the mostly underserved population. The smiles on the children’s faces when the exam is done are priceless. Most even say “thank you.” It may not be as exciting as the other volunteer work many of you do, but it helps our community, our school children and the image of medicine in Travis County.

This program is one of the many reasons why I am proud to say I am a member of TCMS. Please join us in this work. Pick one of the three evenings needing physicians, one of the two time slots and the part of the exam you prefer and I will see you there.
Physician Volunteer Registration Form
2014 Student Athletic Physicals

Each year, TCMS teams with AISD Student Health Services to provide free athletic physicals to AISD middle school and high school students who have financial restrictions and other barriers to health care. In 2013, more than 80 physicians / residents volunteered their time to provide physicals to over 700 students in need.

Liability protection is provided by the TCMS Foundation, a 501(c)(3) charitable organization that is covered by the Charitable Immunity and Liability Act. Because both the physician and patient acknowledge up front that care is pro bono, the Charitable Immunity Act protection applies to participating physicians.

To volunteer, please complete the information below (please print).

Name: _______________________________ Specialty: _______________________________
Phone: _______________________________ Email: _______________________________
Fax: _______________________________

Select the location(s) and shift(s) where you are willing to provide your services:

Tuesday, May 6 – Delco Center, Middle Schools (183 & Manor Rd)
[ ] 5:15-6:45pm [ ] 6:30-8:00pm

Thursday, May 8 – Delco Center, High Schools (183 & Manor Rd)
[ ] 5:15-6:45pm [ ] 6:30-8:00pm

Tuesday, May 13 – Burger Center, High Schools (South Mopac & 290 West)
[ ] 5:15-6:45pm [ ] 6:30-8:00pm

Mark the station(s) you would feel comfortable staffing:

[ ] Ear, Nose, Throat [ ] Heart/Lungs
[ ] Orthopedic [ ] Abdomen/Skin (Girls)
[ ] Abdomen/Skin/Genitourinary (Boys - Includes Hernia and Testicular Check)
[ ] No Preference
[ ] I am unable to participate on the dates above, but would be able to see students in my office. Contact me for details.

Confirmations, reminders and maps will be sent prior to the event.

To volunteer, clip out registration form and fax to 512-450-1326, email nbagepalli@tcms.com or call 512-206-1146 ASAP.
TCMS Discounted Member Services

The Travis County Medical Society is excited to announce four new services with discounted pricing for TCMS members. This new suite of products covers services used daily by Society members and includes medical document shredding and disposal; data backup and tape rotation; EMR archiving and storage and after-hours answering service.

TCMS has been able to capture tremendous savings that in some cases will provide members as much as a 50-percent discount off of market rates.

Medical Document Shredding and Disposal

Most health care and medical professionals understand that it is vital to properly destroy medical records in order to protect the privacy of patients. When medical records are being discarded, it is imperative that the destruction process be managed with utmost care and professionalism.

The TCMS Shredding Service will ensure your medical records are destroyed properly and professionally. TCMS has been providing document storage and disposal to Travis County physicians for over 20 years. With this experience in the careful destruction of health care records and medical charts, TCMS Shredding Service helps ensure your patients’ privacy. Utilizing an on-demand approach, TCMS staff will arrive at your practice, load any documents that need to be disposed of and supply you with a certificate of destruction. Let qualified and experienced TCMS shredding staff assist your practice in handling the disposal of your medical records.

Data Backup and Tape Rotation

TCMS offers a secure, flexible and affordable off-site data tape storage service. Today with many practices operating on electronic medical record (EMR) systems, HIPAA regulations require daily backup of data and storage at an off-site location. Specifically, HIPAA backup regulations demand that a backup and recovery plan be in place to protect your EMR data. Most practices backup their data using one of the following: tape, CD, thumb drive or external hard drive. The TCMS Data Backup and Tape Rotation Service supplies transport of this data under lockdown in a secure media carrier, synchronizing data pickup and delivery with your backup schedule. Your data is stored in a fireproof vault within our secure monitored facility. All TCMS staff are screened during employment and trained to follow HIPAA compliance procedures.

For more information on any of the new TCMS services, contact Director of Business Development Kevin Ryan at kevin.ryan@msbureau.com or 512-406-3137.
With the adoption of electronic medical records (EMR), many practices face the challenges associated with archiving data should the physician retire or transition away from a practice. TCMS EMR Archiving and Storage Service assists with these difficulties by supplying you with a skilled team that visits on-site to archive your patient records, store those records at our secure facility and provide fulfillment of patient requests for their medical records. Under current regulations, patient records must be kept for seven years, longer if the patient is a minor.

The TCMS EMR Archiving and Storage Service will manage this entire process so you can relax in retirement knowing your patient requests are being managed by an experienced skilled company.

With the adoption of electronic medical records (EMR), many practices face the challenges associated with archiving data should the physician retire or transition away from a practice. TCMS EMR Archiving and Storage Service assists with these difficulties by supplying you with a skilled team that visits on-site to archive your patient records, store those records at our secure facility and provide fulfillment of patient requests for their medical records. Under current regulations, patient records must be kept for seven years, longer if the patient is a minor.

With flexible time-based billing, you'll only be charged for the time agents spend with your callers.
As the third of eight children, James Maynard, MD grew up learning how to work on cars from his father and older brothers. At age 18, he bought and restored his own car, a ’69 Mustang Mach 1. He did the mechanical work, interior and minor body work, and then painted it in a home-made ‘paint booth’ at his father’s workplace – an electrical control panel shop.

“The most challenging thing about restorations is finding the time. It takes a lot of hours, especially since I do all the work myself. But the most enjoyable part is that when I do have the time, it is very relaxing and rewarding, taking something that is a worn out work of art and restoring it to its former beauty, or even adding to its performance and beauty,” Dr. Maynard said.

After restoring a car, he drives and enjoys it for several years before selling it and moving on to the next project. Dr. Maynard’s most recent restoration is his favorite to date, the ’73 Corvette, which he worked on with his 23-year-old stepson.

“He didn’t know how to work on cars, so I enjoyed showing and teaching him. We rebuilt the engine and added some high performance modifications. We also did all the body work and made a “paint booth” in our carport to paint the car ourselves. It is a very fun, fast car to drive,” Dr. Maynard said.

His dream car these days would be to restore an antique Rolls Royce or Bentley, like the one in the original movie “Arthur” with Dudley Moore. And while Dr. Maynard doesn’t have a project car in the carport now, he did see a Rolls Royce sitting in a field off Highway 71 outside of La Grange that is giving him ideas.

If you missed the Auto Show, you can take advantage of the TCMS Auto Program year round!

As a no-cost benefit for physicians, their families and office staff, the TCMS Auto Program takes the hassle out of purchasing or leasing a new or used vehicle. We get TCMS pricing, find financing and can even arrange a test drive at your convenience. We make the process easy – all you have to do is sign on the dotted line!

To take advantage of this program, email TCMS Auto Program Director Phil Hornbeak at phornbeak@tcms.com, call 512-949-5758 or visit http://bit.ly/TCMSauto for an online vehicle request form and list of participating dealers.
“I named my car Sharon Stone,” Georgeanne Freeman, DO, MPH said. “It is the same make, model and even color that Sharon Stone drove in the Martin Scorsese film “Casino.” It has great directing and acting if you haven’t seen it.”

In 1973, Mercedes began manufacturing the 450-SL model. In its day, this model was considered innovative and state-of-the-art with its power windows and design. The vehicle also has a soft and hard top which makes convertible driving through Austin’s downtown an option year around.

Since Dr. Freeman swims competitively in her off time, she feels connected to Sharon’s sporty likeness. “She is throaty and powerful,” Dr. Freeman admits. “I absolutely love hearing her fire up and driving her.”

Sharon was originally owned by Dr. Freeman’s friends, Bud and Rebecca Alston, while she and her husband Steve were living on a farm north of Springfield, Missouri. The Alstons kept Sharon in a garage and took her out on special occasions. Bud would drive, Steve would ride shotgun, Rebecca and Dr. Freeman would sit up on the back seat parade style while they slowly cruised through Springfield.

Dr. Freeman admits she couldn’t justify buying the car just for fun, but then Bud let her drive it from his home to her farm when he needed to sell some assets at the beginning of the recession.

“I came back and everyone noticed you couldn’t beat the smile off my face,” Dr. Freeman said. “The rest – as they say – is history.”
In the News

Walk with a Doc

Julie Reardon, MD, a family practitioner and TCMS member, held the first of several community “Walk with a Doc” events on Saturday, February 22. A group of other medical professionals, patients and the general public met Dr. Reardon to walk Shoal Creek Trail. Gorgeous weather, a little exercise and new friends made for a great combination. Join Dr. Reardon at Seiders Spring Park for the next “Walk with a Doc” on Friday, April 25 at 12 pm.


“Have a Heart for Physicians”

During the month of May, a statewide campaign “Have a Heart for Physicians” will raise contributions to benefit the Physical Health and Rehabilitation Assistance Fund which provides financial assistance to physicians who cannot afford treatment for depression. Currently, 13 percent of male and 20 percent of female physicians experience major depression. Only 20 to 25 percent of those physicians are able to receive assistance from The PHR Assistance Fund.

Contribute to the PHR Assistance Fund today at www.texmed.org/donate.

For more information, contact Linda Kuhn at 512-370-1342 or linda.kuhn@texmed.org.

New Friends of the Society

With the commitment and support of the Friends of the Society program, the Travis County Medical Society is able to bring its members numerous education, networking and social opportunities. TCMS is pleased to announce the recent addition of Austin Cancer Centers and Texas Drug Card to the Friends program.

Austin Cancer Centers is the only private, physician-owned and operated multidisciplinary oncology practice in Central Texas, with nine locations and 14 physicians. Austin Cancer Centers provide advanced, personalized cancer treatment with experienced, board-certified oncology specialists offering medical oncology, hematology, radiation oncology, breast surgery, genetic counseling, nurse navigation and extended hours. Austin Cancer Centers have maintained their independence, high standards and principles, all of which are centered on one thing: Treating people, not just their disease.

For more information, visit www.austincancercenters.com.

Texas Drug Card is a free statewide prescription assistance program launched to help the uninsured and under-insured residents better afford their medications. This includes those with health insurance coverage and no prescription benefit, which is common in many health savings accounts (HSA). Texas Drug Card can also be used by people with prescription coverage for their non-covered drugs, including those enrolled in Medicare Part D. With savings up to 75 percent and an average savings of 35 percent, Texas Drug Card is accepted at over 56,000 pharmacies nationwide.

For more information, visit www.texasdrugcard.com.

Mark Shen, MD has been named president of Dell Children’s Medical Center of Central Texas. This marks the first time a physician leads a Seton ministry.

Ari Brown, MD has received an honorable mention in the “Physician Excellence in Reporting” category of the TMA Anson Jones, MD Awards. She is recognized for her article titled The Vaccine Schedule on parents.com.
Leadership Austin: A Hidden Gem
Tom Coopwood, MD

I want to introduce you to Leadership Austin, a nonprofit organization that has been building leaders in the Austin community for 35 years. Its core values include community trusteeship, inclusiveness, collaborative decision-making and personal responsibility; all attributes that are essential for good leadership. In fact, there are five programs sponsored by Leadership Austin: Emerge, Experience Austin, Engaged Equip, and the one of which I was a member and highly recommend for medical society leaders, the Essential Class.

I was introduced to the program by Jim Prentice, MD, who invited me to a lecture sponsored by Leadership Austin and given by the CEO of Central Health. I had been lucky enough to hold leadership positions on hospital medical staffs and with TCMS in the past, but felt that I would benefit by learning more. I took home a brochure and after learning more about the program, I applied and was selected for the class.

The Essential Class focuses on regional issues, leadership skills and building strong networks to encourage innovative and collaborative solutions to the region’s challenges. Starting in September, the class opens with a retreat and ends with a retreat in May. In between there is a full day of class once a month from October through April.

The class topics range from health care, education, transportation and housing. Participants become connected to other community leaders from all walks of life and across every sector of the Austin community. Often, classmates become future collaborators, advisers, supporters and community resources.

The 2015 Essential Class is currently accepting applications. Selected applicants must have demonstrated leadership not only in their profession, but also in their community. Community service may include church work, volunteer work with schools, nonprofit boards and committees and task forces.

Being in the class has broadened my horizons, and I feel made me a more involved individual.
The CDC currently recommends a two-step process when testing blood for evidence of antibodies against the Lyme disease bacteria. Both steps can be done using the same blood sample.

The first step uses a testing procedure called “EIA” (enzyme immunoassay) or rarely, an “IFA” (indirect immunofluorescence assay). If this first step is negative, no further testing of the specimen is recommended. If the first step is positive or indeterminate (sometimes called “equivocal”), the second step should be performed. The second step uses a test called an immunoblot test, commonly called a “Western blot” (WB) test. Results are considered positive only if the EIA/IFA and the immunoblot are both positive.

The two steps of Lyme disease testing are designed to be done together. The CDC does not recommend skipping the first test and just doing the Western blot. Doing so will increase the frequency of false positive results and may lead to misdiagnosis and improper treatment. New tests may be developed as alternatives to one or both steps of the two-step process, but before the CDC will recommend new tests, their performance must be demonstrated to be equal to or better than the results of the existing procedure, and they must be FDA approved.

Over the past few months, ATCHHSD has received test results for Lyme disease where only Western Blot results were included without the prior EIA/IFA antibody screen being performed.

Consequently, thus far in 2014, we have had three reports and investigations for Lyme disease that were not able to be confirmed as official Lyme disease cases.

According to a directive issued by the Texas Department of State Health Services (TX DSHS) there are several key points to remember when ordering and interpreting Lyme disease testing.

1. A single IgM WB or a single IgG WB for Lyme disease does not meet the CDC definition for case reporting and investigation.

   2. EIA/IFA antibody screen for Lyme disease must be performed prior to a WB in order for either IgM WB or IgG WB positive result to be considered valid for reporting to TX DSHS. (The screening test can be ordered with a reflex to WB if positive or equivocal.)

3. Laboratory confirmation for Lyme disease requires either the two-step approach using EIA/IFA with reflex to IgM WB from a specimen collected ≤30 days prior to symptom onset OR EIA/IFA test with IgG WB collected >30 days after symptom onset.

NOTE: Cases of Lyme disease also require that certain clinical manifestations be present along with the positive laboratory results to meet case definition for a confirmed case. Otherwise, the case may be classified as a “probable” case but not “confirmed.”

For more information or clarification, contact the Disease Surveillance Unit of A/TCHHSD at 512-972-5555.


The best way to prevent pertussis is through immunization.

Note: the Advisory Committee on Immunization Practices (ACIP) recently issued the expanded vaccination guidelines for use of Tdap during every pregnancy. (February 22, 2013 MMWR 62(7):131-135)

1. ACIP recommends that providers of prenatal care implement a Tdap immunization program for all pregnant women and administer a dose of Tdap during each pregnancy, irrespective of the patient’s prior history of receiving Tdap. Because antibody levels wane substantially during the first year after vaccination, a single Tdap dose at one pregnancy is insufficient to provide protection for subsequent pregnancies.

2. Optimal timing of Tdap administration is between 27 and 36 weeks gestation (e.g. at the 32 week visit for routine laboratory tests), in order to maximize maternal antibody response and passive antibody transfer to the infant.

   • For women who did not receive prenatal care or who did not receive Tdap during pregnancy, Tdap should be administered immediately postpartum.

   • All adolescents and adults (e.g. father, siblings, grandparents, child-care providers and health care personnel) anticipated to have close contact with infants < 12 months of age should receive a single dose of Tdap, if they have not received Tdap previously.

For additional information, contact the Epidemiology and Health Statistic Unit at 512-972-5555.
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Round Rock Office
Stephanie Shaw, MD
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“We have grown to serve your patients throughout the Austin area. We are able to see your patients promptly for their endocrine needs”

Visit www.texasdiabetes.com
The TCMA Black & White Gala was a huge success. On February 1, 2014, Alliance members enjoyed a fabulous evening of food, raffle prizes, dancing and catching up with friends at Hotel Ella.

The funds raised at the Gala will support community service grants to:
- Lifeworks
- Volunteer Healthcare Clinic
- Family Eldercare
- Casa Marianella
- Hospice Austin/Camp Braveheart
- St. Louise House
- Camp Bluebonnet

Such a memorable night wouldn’t have been possible without the support of Alliance donors, underwriters and Gala Chair Julie Schlitt for coordinating this event.

**Member Spotlight**

Christina Fenrich has been a TCMA member for the past five years. She has served as treasurer-elect, treasurer and will serve as secretary next year. Christina is one of six children and grew up on her family’s sugarcane farm in Broussard, LA. After obtaining her science degree from Louisiana State University in Baton Rouge in 1984, she began working in the petro-chemical industry. Christina, then, decided to pursue nursing and completed a BSN degree at the University of Louisiana at Lafayette.

While working as a staff nurse at Texas Children’s Hospital in Houston, Christina met her husband Arnie Fenrich, MD who was a third year cardiology fellow at Baylor College of Medicine. Dr. Fenrich served as a pediatric cardiologist at Baylor for 14 years, specializing in pediatric electrophysiology.

The Fenriches moved to Austin in 2008, when Dr. Fenrich joined Children’s Cardiology Associates of Austin. Christina has recently returned to nursing part-time and also enjoys gardening and spending weekends at their country home in Burton, TX. Dr. Fenrich and Christina have a 16-year-old son, Remy Andre, who is a sophomore at St. Andrew’s Episcopal School and Level 10 competitive gymnast at Crenshaw’s Gymnastic Club.

The Alliance has provided Christina with a wonderful community of friends and support. She loves having the opportunity to contribute to an organization that does meaningful work to improve and enhance the lives of Central Texans.
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The following closed claim study is based on an actual malpractice claim from Texas Medical Liability Trust. This case illustrates how action or inaction on the part of the physicians led to allegations of professional liability, and how risk management techniques may have either prevented the outcome or increased the physician's defensibility. An attempt has been made to make the material less easy to identify. If you recognize your own case, please be assured it is presented solely for the purpose of emphasizing the issues of the case.

Presentation
A 64-year-old man came to an otorhinolaryngologist (ENT) for persistent left-sided facial pain. The patient did not have health insurance.

Physician action
During the first visit on February 18, the ENT diagnosed parotitis of the left parotid gland. He ordered a CT scan of the neck and prescribed levofloxacin. The chart indicated that the patient had no history of smoking or alcohol use.

The ENT later testified that he normally conducts an oral cavity and oropharynx exam, but such an exam was not documented. He diagnosed parotitis and prescribed butalbital/acetaminophen/caffeine. The ENT also recommended an MRI of the neck and told the patient to return in two weeks.

A CT scan completed on February 24 revealed asymmetrical enlargement of the left parotid gland and mucosal asymmetry with left tonsillar pillar. No discrete masses were present and no neck masses were seen. The radiologist recommended direct visualization to further evaluate.

Later on February 24, the patient's wife called the ENT's office. She notified the nurse that her husband was having trouble getting out of bed. The ENT instructed the wife to bring a CD of the CT scan to the next visit.

The patient returned to the ENT on February 25. The ENT noted that the patient's pain had improved. He reviewed the CT scan and recommended warm compresses, sialogogues and adequate hydration. The ENT also prescribed propoxyphene.

The patient had an appointment on March 2, but was in severe pain and was unable to drive. The patient's wife called and asked for antibiotics. The ENT prescribed levofloxacin and hydrocodone. The prescription was picked up on March 6.

During a visit on March 9, the patient reported he was unable to eat and had continued pain and headaches. The ENT noted the patient had mild pain over the left retromandibular area that had improved since the last visit. Again, the ENT later testified that he performed an oral cavity and oropharynx exam, but it was not documented. He diagnosed parotitis and prescribed butalbital/acetaminophen/caffeine. The ENT also recommended an MRI of the neck and told the patient to return in two weeks.

On March 12, the patient's wife called to report that her husband was in constant pain. The ENT's nurse recommended ibuprofen. On March 17, the patient's wife called again and the patient's hydrocodone was refilled. On March 22, the patient still had not undergone a needle biopsy had not been done. By June 1 when her husband's health insurance became effective.

Allegations
A lawsuit was filed against the ENT. The allegations were:

- failure to provide reasonable medical care.
- failure to rule out malignant tumor;
- failure to take an accurate social history of the patient;
- failure to diagnose squamous cell carcinoma and
- failure to provide reasonable medical care.

Legal implications
The plaintiff's expert stated that the standard of care required an ENT to consider a malignant tumor when evaluating an adult patient with
persistent ear pain. Therefore, the defendant should have ordered diagnostic studies to rule out malignancy. The standard of care further required that if a patient with persistent ear pain fails to improve with treatment, the patient should be further evaluated for malignancy in the head and neck region. The plaintiff’s expert claimed the defendant’s failure to meet the standard of care was the proximate cause of the patient’s death.

An ENT who reviewed this case for the defense believed the defendant’s actions were reasonable. However, this expert was concerned that an exam of the oral cavity and pharynx was not performed on the February 25 and March 9 visits. The patient was not compliant in obtaining the CT-guided FNA biopsy and this likely delayed his diagnosis and treatment. Further, the patient died from a fall at home that was likely not related to his condition.

The primary weakness in the defense of this case involved documentation related to complete oral examinations. The ENT’s office had recently converted to an electronic medical record (EMR) when he began seeing the patient. Specific concerns centered on an office note on March 9. The version of the record the plaintiff’s attorney had indicated “recommend MRI neck if patient has persistent pain over left neck.” In the records the ENT provided to his defense counsel, it stated “May need MRI neck . . .” This note is electronically signed five days after the ENT received a notice of claim letter. The plaintiff’s attorney used the two versions of the record to imply that the ENT altered the medical record.

Risk management considerations
Adopting an EMR can be cumbersome. However, in this case, the ENT’s failure to document the exam of the patient’s oral cavity and oropharynx implied that the exam was not done. Regardless of the complexity of an EMR, its completeness depends on the user.

This case was compromised by alteration of medical records. Record alterations lead to questions about the physician’s credibility and will affect the disposition of the claim. Altering a medical record after a bad outcome or after a notice of claim or a lawsuit is filed may be tempting, but it is almost always discovered and this information will be used to discredit the physician.

Because the encounter notes for this patient were not electronically signed, dated or locked after the March 9 visit, the defendant physician signed and dated his notes five days after he received a notice of claim. This was a delay of several months. Entering the information immediately after the visit ensures that the entries will be accurate. Promptly signing and locking encounter notes within a narrow time frame is good risk management.

If information needs to be added after the entry has been locked, that entry should be identified as an addendum with the current date, documented with the reason for the late entry and signed electronically. However, addendums should not be added to the medical record after a notice of claim is received.

Disposition
Given the documentation issues, this case was settled on behalf of the ENT.

The information and opinions in this article should not be used or referred to as primary legal sources nor construed as establishing medical standards of care for the purposes of litigation, including expert testimony. The standard of care is dependent upon the particular facts and circumstances of each individual case and no generalization can be made that would apply to all cases. The information presented should be used as a resource, selected and adapted with the advice of your attorney. It is distributed with the understanding that neither Texas Medical Liability Trust nor Texas Medical Insurance Company is engaged in rendering legal services.

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NEW GUIDELINES FOR TREATMENT OF HIGH BLOOD PRESSURE IN ADULTS

High blood pressure, or hypertension, is one of the most common conditions in adults seen in primary care clinics.

There are two numbers in a blood pressure measurement: systolic blood pressure (the top number) and diastolic blood pressure (the bottom number). High blood pressure occurs when either of these numbers is too high, which can occur without causing symptoms. High blood pressure can lead to heart attacks, strokes and kidney failure. Treatment of high blood pressure prevents these complications and is important even when no noticeable symptoms are present.

Guidelines are instructions that help doctors decide the best treatments for patients. The guideline addresses when to use drugs to treat high blood pressure and which drugs to use, but it also emphasizes that people with high blood pressure should follow a healthy lifestyle (low-salt diet and exercise) along with taking medication.

The major medication recommendations include:
1. For adults aged 60 years or older, medication should be started when systolic blood pressure is 150 mm Hg or higher or diastolic blood pressure is 90 mm Hg or higher.
2. For adults younger than 60 years, medication should be started when systolic blood pressure is 140 mm Hg or higher or diastolic blood pressure is 90 mm Hg or higher.
3. For adults with chronic kidney disease or diabetes, no matter what age, blood pressure medication should be started when systolic blood pressure is 140 mm Hg or higher or diastolic blood pressure is 90 mm Hg or higher.
4. If the blood pressure goal is not reached within one month of starting medication, the dose of the medication should be increased or additional medication should be added.

The guidelines also recommend types of blood pressure medication that are best for different people and emphasizes that treatment decisions must take into account the circumstances of each individual.

Recommendations one and two above represent changes from common practice. Previously, drug treatment was recommended for people older than 60 years at a systolic blood pressure of 140 mm Hg or higher, and treatment for people with chronic kidney disease or diabetes was recommended at blood pressures higher than 130/80 mm Hg.

Contact your primary care doctor if you have questions or concerns about your blood pressure.

FOR MORE INFORMATION
National Heart, Lung, and Blood Institute
www.nhlbi.nih.gov/guidelines/hypertension

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The Pediatric AMD applies clinical decision making skills in determining medical necessity in requests for Medicaid services. This position serves as clinical expert in special projects and policy development as needed. Qualifications include being a Texas licensed Doctor of Medicine or Osteopathy, board certified in pediatrics, and knowledge of CPT, ICD-9 and HSPCS codes. A sub specialization in physical medicine and rehabilitation, critical care medicine, pediatric pulmonology, hospitalist/intensivist or neonatology is preferred. Health care medical industry experience at a professional or management level and knowledge of Medicaid and/or Children’s with Special Healthcare Needs program rules is also desired. EOE Minorities/Females/Vet/Disability.

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