Peggy M. Russell, DO
2014 TCMS Physician of the Year
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Yukon and Alberta, Canada. Photos by Bruce McDonald, MD.
FROM THE PRESIDENT
Cruise Ship
Sarah I. Smiley, DO

TCMS FOUNDATION LECTURE SERIES
Health Care, Remixed: Redeﬁning the Culture of Medicine
Pradeep Kumar, MD

LEGISLATIVE UPDATE
Making a Difference: Medicine’s Voice at the Capitol

IN THE NEWS

INFLUENZA VS EBOLA
Which Scares You More?

2014 TCMS PHYSICIAN OF THE YEAR
PEGGY M. RUSSELL, DO
Norris Deajon

2014 TCMS PHYSICIAN AWARDS RECIPIENTS

TCMS AUTO PROGRAM

TFM ALLIANCE
Tera Ferguson, President-Elect

FRINGE BENEFIT PLANS
Valuable Planning Tools
David B. Mandell, JD, MBA and Carole Foos, CPA

PROTECT YOURSELF FROM THE EBOLA VIRUS

CLASSIFIEDS
FROM THE PRESIDENT

Cruise Ship
Sarah I. Smiley, DO

As I view the beautiful colors of the fall season, I see that change is imminent. Nature often reminds me that, though we may not notice, it moves along in parallel to our reality, constantly adjusting to the internal and external pressures upon it. Nature tries to achieve a balance that allows it to maintain its integrity and purpose. It strives to maintain its own homeostasis, at the same time changing incrementally to allow for needed innovation.

It does not take much to see the similarities between this constant process in nature and our ever-changing health care landscape. As we move through our changes, I want to share some lessons I’ve learned over the years that I think may be pertinent and helpful for physicians to achieve success along the way:

1. We must search if we are going to find answers. Solutions require a thoughtful and insightful process. There must be dialogue. There may be realization of things and characteristics in our process or in ourselves that we need to acknowledge, explore and sometimes change.

2. Big achievements come in small steps. We must be patient and willing to deconstruct things that don’t work, rebuild and try another path to reach our goals. Frustration is our enemy. It will cloud our emotions, our judgment and our success. We have to work toward the long-term goal, as if in a chess game, and scrounge the energy to attack the obstacles every day.

3. We must practice personal responsibility and acknowledge our role in the failures as well as the successes. We must then recommit ourselves to the solutions process.

4. We need to embrace new ideas and innovations, whether from the young, the old or the annoying. We then must take those ideas and innovations and fine tune them to meet our goals. Most of the time, we cannot be successful alone. It takes others, committed along with us to achieve success and innovation. Then we all benefit.

5. “Practice plasticity” should be our operational motto in both our professional and personal lives. We need to be flexible (much like our brains) and willing to try (or learn) new things to maintain the “edge.” It may be difficult but it will position us to bend with the external pressures of change and not be broken by them.

6. Think back to your residency for some personal wisdom: take time to sleep, eat and exercise. See your family every chance you get. Remember that you have a trusted call group for a reason and that you will always have patients if you are practicing quality medicine. Take time to recharge in order to maintain that quality work, and don’t let job insecurity rob you and your family of quality personal time.

7. We must keep our professional focus on our patients to ultimately be successful. They will need a scientific and humanitarian buffer against scientifically flawed or financially driven guidelines. We must keep current and fight against protocols that are not based in good science or don’t meet the needs of our individual patients. We need to deconstruct poor protocols that crumble with the further examination of study driven recommendations.

In previous articles, I have used the analogy of a battleship to describe our fight against the deconstruction of physician unity and autonomy. As I reflect on the wisdom of nature and lessons learned over the years, I see the potential for physicians – working together – to navigate a successful course through this sea change in health care delivery. I hope these thoughts offer some familiarity, focus and basis for other ideas as we work together and move through the challenges of the future. If we’re successful, perhaps the journey will feel less like a battleship and more like a cruise ship with all your colleagues – only the buffets are all heart healthy.

I want to thank my colleagues in the Travis County Medical Society for the honor of allowing me to serve as President this past year. It has been a privilege and a great learning experience. I want to especially thank my husband, Andrew, and our children for their patience and support while I moved through the responsibilities of this office. I also want to acknowledge my nuclear family, all of whom have been supportive of medicine and its duties throughout the years.

Finally, I want to acknowledge the tireless staff at TCMS, without whom there would be no operational medical society for our more than 3,700 members. The coming year offers ongoing opportunities for all of us to serve our patients, our medical society and each other. I look forward to serving and cruising with you in the future.
Ethics CME Business of Medicine Dinner
Thursday, January 22, 2015

Working Together to Accomplish Healthy Vision in 2020

Join TMA President Austin King, MD as he discusses TMA’s 2015 legislative agenda and what medicine is up against during the 84th Texas Legislative Session. Learn how you can help TMA and TCMS achieve the goals you and your colleagues have identified during this ethics CME program.

Objectives: Identify the unique health care challenges facing Texas physicians and their patients; describe TMA’s recommendations for improving the health care landscape for physicians and their patients; discuss specific actions TMA is taking to address legislative issues on the state and federal level and identify what steps must be taken to improve health care policy and legislation in the community.

Speaker: Austin King, MD, TMA President

When: Thursday, January 22
  Buffet Dinner – 6 pm
  Presentation – 6:30 pm

Where: TMA Thompson Auditorium
  401 W 15th St, 78701

RSVP: email: tcms@tcms.com
call: 512-206-1146

This event sponsored in part by the following Friends of the Society: Medical Service Bureau; Texas Medical Association Insurance Trust; Texas Medical Liability Trust; TCMS Auto Program; TCMS Staffing Services and Austin Brokerage Company.
A single silver-gloved white hand reaches out of the shower. A Michael Jacksonesque figure clad only in a short bathrobe to the tune of “Man in the Mirror” belts out: “I’m checking out my nads in the mirror. I feel my junk for lumps and stuff. ‘Cause no doctor’s gonna be half as thorough. If you want to stop cancer of the nuts you better feel up your scrote no ifs, ands or buts.” This is the man invited to give the 2014 TCMS Foundation Lecture.

Nee Zubin Damania, he is an American born son of immigrant Indian parents, both physicians. As ZDoggMD, Zubin has become an internet sensation in the world of YouTube and made a name for himself as an innovator in the field of healthcare delivery. At the TCMS Foundation Lecture Series at the Renaissance Hotel on October 16, he let us know how he got from there to here. A Northern California native, Zubin did his undergrad at UC Berkeley, med school at UCSF and internal medicine residency at Stanford where he then practiced for ten years as a hospitalist. So he has “street cred.”

I had the chance to have a drink with Zubin and a couple of TCMS members after his “lecture.” He shared that when he was a kid, he used to make up lyrics to Weird Al Yankovic’s songs! This guy was deep into parody. But it was at Stanford, where he was facing burnout as a hospitalist, that he resorted to his childhood hobby of creating and singing parody songs. He started making videos about health-related issues, some educational, others just for fun. On YouTube, they garnered a gazillion hits and internet fame.

As a result, he appeared on the radar of a Las Vegas internet and business tycoon who’s trying to better the world. He made Zubin an offer he couldn’t refuse: “Move to Vegas, fix health care, I’ll pay the tab.”

Zubin now lives in Las Vegas with a beautiful family of four heading up Turntable Health, a Nevada based health care delivery system which employs “health coaches” who work collaboratively in multidisciplinary teams led by physicians. Each patient is assigned a health coach, hired for their empathy, who helps them navigate through the myriad issues of maintaining one’s health. Hospital admission rates and emergency room visits have decreased, patient and physician satisfaction rates have increased and the practice is financially healthy. Las Vegas residents can become patients of Turntable through the Nevada Health Co-Op insurance plan, through some employers or through a membership program paid directly by the patient.

ZDogg now goes out on the road taking his message to physicians. He’s presented at TedMed. He was the keynote speaker at TexMed. Now he was with us as the guest lecturer at the TCMS Foundation lecture. As he says, it’s not just about the videos and the YouTube fame, it’s about substance. He has something to sell: the betterment of health care delivery. A model perhaps that will flourish by mimicry and spread more quickly due to the internet fame of its inventor.

I’ll take issue with one of his disclaimers on ZDoggMD.com. He claims to be “Slightly Funnier Than Placebo.” I would argue that he is “Clinically Significantly Funnier Than Placebo.”
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C. Bruce Malone, III, MD
Orthopedic Surgeon, Austin

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Making a Difference.
Medicine’s Voice at the Capitol

The “White Coat” invasions of the Capitol have been key to physicians’ successes in the Texas legislature since the inaugural lobby day in 2003. Physicians, residents, medical students and Alliance members from around the state converge on the Capitol the first Tuesday each month the legislature is in session.

The influence on medical legislation is so much greater when physicians and Alliance members arrive en masse in the Senate and House galleries, are seen walking with purpose through the halls of the Capitol and testifying before Senate and House committees. Elected officials listen when their hometown physicians appear in their offices to tell patient stories that explain why a piece of legislation is good or bad for patients and physicians.

Make a difference!
Be a medical lobbyist for a day.

2015 Legislative Session Timeline

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday, January 13:</td>
<td>84th Legislature convenes at noon</td>
</tr>
<tr>
<td>Tuesday, February 3:</td>
<td>Lobby day</td>
</tr>
<tr>
<td>Tuesday, March 3:</td>
<td>Lobby day</td>
</tr>
<tr>
<td>Friday, March 13:</td>
<td>Deadline for filing bills and joint resolutions other than local bills, emergency appropriations and bills that have been declared an emergency by the governor</td>
</tr>
<tr>
<td>Tuesday, April 7:</td>
<td>Lobby day</td>
</tr>
<tr>
<td>Tuesday, May 5:</td>
<td>Lobby day</td>
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<tr>
<td>Monday, June 1:</td>
<td>Last day of the legislative session</td>
</tr>
<tr>
<td>Sunday, June 21:</td>
<td>Last day governor can sign or veto bills passed during the regular session</td>
</tr>
<tr>
<td>Monday, August 31:</td>
<td>Date bills without specific effective dates become law</td>
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</tbody>
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2014 Election Results

<table>
<thead>
<tr>
<th>Role</th>
<th>Candidate Name</th>
<th>Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governor</td>
<td>Greg Abbott</td>
<td>(R)</td>
</tr>
<tr>
<td>Lieutenant Governor</td>
<td>Dan Patrick</td>
<td>(R)</td>
</tr>
<tr>
<td>Attorney General</td>
<td>Ken Paxton</td>
<td>(R)</td>
</tr>
<tr>
<td>Comptroller</td>
<td>Glenn Hegar</td>
<td>(R)</td>
</tr>
<tr>
<td>US Senator</td>
<td>John Cornyn</td>
<td>(R)</td>
</tr>
<tr>
<td>US Representative – District 10</td>
<td>Michael McCaul</td>
<td>(R)</td>
</tr>
<tr>
<td>US Representative – District 21</td>
<td>Lamar Smith</td>
<td>(R)</td>
</tr>
<tr>
<td>US Representative – District 25</td>
<td>Roger Williams</td>
<td>(R)</td>
</tr>
<tr>
<td>US Representative – District 35</td>
<td>Lloyd Doggett</td>
<td>(D)</td>
</tr>
<tr>
<td>State Senator – District 14</td>
<td>Kirk Watson</td>
<td>(D)</td>
</tr>
<tr>
<td>State Senator - District 21</td>
<td>Judith Zaffinini</td>
<td>(D)</td>
</tr>
<tr>
<td>State Senator – District 25</td>
<td>Donna Campbell</td>
<td>(R)</td>
</tr>
<tr>
<td>State Representative – District 46</td>
<td>Dawnna Dukes</td>
<td>(D)</td>
</tr>
<tr>
<td>State Representative – District 47</td>
<td>Paul Workman</td>
<td>(R)</td>
</tr>
<tr>
<td>State Representative – District 48</td>
<td>Donna Howard</td>
<td>(D)</td>
</tr>
<tr>
<td>State Representative – District 49</td>
<td>Elliott Naishot</td>
<td>(D)</td>
</tr>
<tr>
<td>State Representative – District 50</td>
<td>Celia Israel</td>
<td>(D)</td>
</tr>
<tr>
<td>State Representative – District 51</td>
<td>Eddie Rodriguez</td>
<td>(D)</td>
</tr>
</tbody>
</table>

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.
FIRST TUESDAYS
AT THE CAPITOL
84th Legislative Session — 2015

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IN THE NEWS

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For more information, contact Kevin Ryan at kryan@tcms.com 512-406-3137.

IN MEMORIAM

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

J. Tom Connolly, MD passed away on September 28. A native of Lockhart, Dr. Connolly graduated from Baylor College of Medicine before serving as a lieutenant commander intern in the US Navy. He returned to Lockhart where he established and tirelessly ran a classic small town family practice for over three decades. A recognized community leader, he served in a number of other roles including time on the board of directors of the local school district and bank and as a coach and physician for sports teams. He was also active in his church.

After retiring from practice in Lockhart he remained active in medicine – most notably in the care of the elderly in Austin. A Lockhart resident noted after Dr. Connolly’s death: “Doc, …The people that knew you well knew the depth of your feelings for your family, friends and your patients….”

Stephen Embree Barnett, MD passed away on October 19. A graduate of Southwestern Medical School, Dr. Barnett’s professional life as a pediatrician took many forms. He was a strong advocate, pioneer and nationally known leader in children’s health with a lifelong vision for the role of the public school system as the foundation for preventative care. Many of those he most passionately advocated for with his innovative programs included children of migrant workers and the rural poor.

His career included faculty appointments in Colorado and Galveston, running a private practice for a decade and serving as medical director in the Department of Primary Care for the Austin/Travis County Department of Human Resources since 1997.

Dr. Barnett had many loves and interests in life. World traveler, chef, cyclist, outdoorsman, classical music enthusiast, fisherman, devoted husband and loyal friend were all terms that described his full and active life. When asked to describe Dr. Barnett shortly after his death, a family friend responded, “He was there for us when we needed him….He was fully engaged with life.”
The Centers for Disease Control and Prevention (CDC) estimates that there were over 12,000 deaths in the US related to H1N1 during the 2009-2010 pandemic, and estimated over 284,000 globally. In comparison, the World Health Organization (WHO) estimates that over 5,000 deaths globally can be attributed to the current Ebola outbreak. (Both global numbers could be higher due to unreported/undiagnosed cases.)

While the CDC reports that the 2014-2015 flu season is off to a slow start, it is estimated that thousands of Americans will die from influenza this season and that hundreds of thousands will be hospitalized.

With Ebola still at the forefront, it’s important to note the differences between the two viruses.

Influenza

The flu is a common contagious respiratory illness caused by RNA viruses of the Orthomyxoviridae family.

It’s spread mainly by droplets made by coughing, sneezing or talking. Although less common, it can also spread on surfaces.

Anyone can get the flu. Young children and older adults are at a higher risk of serious complications. A flu vaccine is available.

Signs and symptoms usually develop within 2 days after exposure and come on quickly and all at once.

Symptoms include fever, headache, muscle/body aches, fatigue, cough, sore throat and runny nose.

Encourage Your Patients to Get Vaccinated – and Not Just for the Flu!

TCMS has a strong resource to help our members more effectively provide immunizations to patients. Atlantic Health Partners provides the lowest prices for a wide range of immunizations including flu vaccines along with valuable customer service and support.

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Influenza vs Ebola
Which scares you more?

Ebola

Ebola is a rare and deadly disease caused by infection from a virus in the Filoviridae family.

It’s spread only by direct contact with blood or bodily fluids from a person who is sick or who has died from Ebola, and by objects such as needles that have been in contact with the blood or bodily fluids of a person sick with Ebola.

Those at risk of contracting Ebola are those who travel to countries with widespread transmission; health care providers taking care of Ebola patients; family/friends who have had unprotected direct contact with blood or bodily fluids of a person sick with Ebola. There is not an Ebola vaccine.

Signs and symptoms can appear 2-21 days after exposure. Symptoms develop over several days and become progressively severe. Cannot be spread until symptoms appear.

Symptoms include fever, severe headache, muscle pain, fatigue, vomiting and diarrhea, weakness, stomach pain and unexplained bleeding or bruising.
As Peggy M. Russell, DO approaches retirement after an outstanding career in geriatrics and internal medicine, her selection as the Travis County Medical Society’s 2014 Physician of the Year comes with serendipity and a bit of irony. Her entire career was spent in Austin, even though at one time the city seemed to hold little promise for her. Perhaps the most pivotal moment in her career came after her internship when she placed a call from a pay phone to TCMS’s graduate medical education arm, the Central Texas Medical Foundation (CTMF).

Raised in the Dallas neighborhood of Oak Cliff, Peggy Russell credits her love of hard work to her mother, a secretary and single mother of nine children. She breezed through Catholic school and by age 16 was at UT Austin majoring in government. Austin’s intellectual climate suited Peggy well and she graduated in just three years. But afterward, rather than working on important issues at the State Capitol as she had envisioned, Peggy found herself working as a waitress near the Capitol.

She decided to start over. Russell said, “I promised myself that my new career would be intellectually challenging and bring fulfillment and financial security.” She decided to become a doctor.

While taking pre-med classes at UT, Peggy and her former husband, Bob, welcomed a son, Wyatt. Five years later, daughter Chloe was born while she was in medical school at Texas College of Osteopathic Medicine in Fort Worth. Then it was on to Tulsa, OK for an internship in osteopathic medicine. Along the way, Dr. Russell was developing great respect for the medical profession. She says, “I was so inspired by my professors and mentors who exemplified excellent medical care and unyielding standards about the right way to practice medicine.”

The next challenge was finding a residency. During an interview at UT San Antonio, Dr. Russell was advised that she would receive more “real world” experience in CTMF’s community-based family medicine residency in Austin, directed by Glen Johnson, MD. Excited about the prospect of returning to Austin, she pulled up to a pay phone off Interstate 35 and called Dr. Johnson. She was asked to come in for an interview and was ultimately accepted into the program. With plans to accept the first good position that came along after residency, she assumed that she and her family would be leaving Austin. However, during her training, Dr. Russell had won the respect of some of Austin’s most prominent physicians and they convinced her to stay in the Capital City.

Having learned during residency that family medicine was not for her – she could not endure the emotional toll of caring for sick children – she changed her focus and, in 1984 opened an internal medicine practice near St. David’s main hospital. As is often said, “Location is everything.” While building her patient base, St. David’s hired Dr. Russell to be the on-call physician for its first emergency department, and later made her the medical director of its skilled nursing program. She also performed contract work in nursing homes around Austin where she encountered employees who

“I appreciate my patients for making me a better and more compassionate person,” said Russell. “Over the years they have taught me a lot about life, communication, suffering, graciousness, generosity and even death.”
were helping residents cope with the psychosocial effects of aging and frailty. Russell was very impressed. It was one of the factors which helped her decide to narrow her specialty to geriatrics.

Dr. Russell saw geriatrics as a new frontier. While advancements in medicine had enabled people to live longer, she believed that we needed to get better at helping senior citizens maintain quality of life. Bruce Malone, MD says, “Peggy was dedicated to geriatrics before geriatrics was ‘cool’. She has been a major force in making sure our patients in nursing homes receive a higher standard of care and that the clinical staffs are trained appropriately.” Paula Starche, MD says, “Peggy Russell has served as an inspiration for me to gain expertise in geriatrics as well as a sounding board at the decision-making points of my own career. She is the remarkable type of physician who combines excellent clinical skills with those of leadership.”

In 1995, Seton recruited Dr. Russell to be the medical director of its new geriatrics program. During that time, she also landed contracts to provide medical services for nursing homes in the Austin area. In 2004, Russell decided to focus solely on being a facility-based attending physician and medical director in nursing homes. Her practice, Austin Geriatric Specialists, has grown to five physicians and nine nurse practitioners providing high quality geriatric programs for post-acute care, frail geriatrics, palliative care and geriatric syndrome management and transitions of care.

Austin Geriatric Specialists is also the geriatrics teaching faculty for the family medicine residency and internal medicine residency programs “And, I am proud to say that all of our programs and the facilities where we work would meet the high standards of the people who taught me and were my role models,” said Russell.

Russell is a worthy recipient of the Gold Headed Cane award not only for her contributions to the field of geriatrics, but also for her dedication to improving the quality of health care through organized medicine.

Dr. Russell put her government degree to good use working to help TMA bring tort reform to Texas and by serving for several years on the board of the Texas Alliance for Patient Access (TAPA). She was also President of the Texas Medical Directors Association. She served on many Travis County Medical Society committees, participated in its volunteer programs over the years and in 2006 was TCMS President. Russell says, “Organized medicine has been the major avenue by which I have pursued my professional interests. TCMS has been the entry point and the day-to-day work place for the larger world of organized medicine, giving me and thousands of other physicians the platform to contribute to our profession and our community – contributions upon which we can build our personal success and preserve our profession’s success.”

Peggy Russell enjoys being grandmother to three kids, Abigail, Amelia and Asa. She’s also an “always-aspiring” pianist and one of Austin’s newest golf fanatics. As an avid outdoors woman, Peggy is especially fond of hiking in our national parks. She plans to devote more time to all these things starting next year as her retirement begins.
For John Morrow, MD, providing medical care for the under-served was not an afterthought, but the primary reason he became a physician. John and his wife Denise started their careers in a medical mission in Malindi, Kenya. A few years later they relocated to Austin, but their humanitarian efforts continued in poverty-stricken regions of Africa, Central America, Haiti and in Louisiana after Hurricane Katrina.

Dr. Morrow serves as the medical director of the Get Up Project, a nonprofit that provides health care services, medications and related services at no cost to the uninsured, with a focus on serving refugees. After years of serving this population, he helped co-found the Hope Medical Clinic, the primary care facility that operates under the guidance of Get Up Project, that seeks to empower the uninsured by removing barriers to receiving health care – specifically the clinic provides assistance in overcoming language, cultural and economic challenges.

In 1987, Dr. Morrow joined Austin Regional Clinic (ARC) bringing with him his humanitarian passion. When ARC’s mental health program for the under-served at Shoal Creek Hospital was struggling to survive, he took over, providing administrative support and finding the physicians needed to staff the program.

One of Dr. Morrow’s colleagues at ARC, Russell Krienke, MD said, “Dr. Morrow is a superb physician with deep concern for those in need. He is very deserving of the TCMS Physician Humanitarian Award.”

Debra Patt, MD, MPH, MBA was trained at MD Anderson Cancer Center and though she is board certified in hematology and medical oncology, her clinical activities focus on breast cancer treatment and prevention. She is recognized throughout Central Texas and nationally for her clinical research and advocacy work promoting breast cancer research and awareness. One of her great strengths is fostering collaboration between diverse groups and organizations to promote the health of all cancer patients.

She has over a decade of experience in health services research and currently serves as the medical director of Health Care Informatics for McKesson Specialty Health. She chairs a national task force to create and implement guidelines for the treatment of breast cancer and in our community, serves as the medical director for the Seton Breast Care Center and directs the breast cancer subcommittee for the Seton Family of Hospitals. Dr. Patt is the former chair of the Cancer Committee for the Texas Medical Association and currently serves as director of public policy for Texas Oncology.

In addition to her research and leadership roles, she spends much time with her patients – going above and beyond what is expected of her. Michelle Magid, MD says of her colleague, “Debra Patt is beloved by her patients, her referring physicians, her co-workers at Texas Oncology as well as the entire breast cancer advocacy community.”
The Travis County Medical Society appreciates the generosity of the following organizations in underwriting TCMS events.

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- Texas Drug Card
Eight years after the last generation Yukon launched, GMC has introduced a new version for 2015. While the new model represents an extensive update, it's more accurate to call it a re-skinning with extra attention paid to the interior, rather than a complete renewal.

That's probably a smart move for GM. After all, it's not like there's much competition in the full-size SUV market. There's GM with its Yukon/Tahoe/ Escalade and Yukon XL/Suburban/ Escalade ESV models, and then not much else. Sure, Ford still makes the slow-selling Expedition/Navigator twins, and Lexus, Infiniti and Mercedes offer niche competitors for luxury buyers, but really GM owns this segment. So why take chances?

While it probably won't matter to buyers, it should be noted that the newest Ford Expedition can be had with a modern turbocharged V6 that combines plenty of passing and towing power with best-in-class fuel efficiency while the new Yukon offers just two carryover V8s.

For the record, the base 5.3 L engine puts out 355 HP (16 mpg city/23 mpg highway for 2WD versions), and the Denali-only 6.2 L power plant provides 420 HP (15 mpg city/21 mpg highway 2WD).

More Contemporary Exterior

The 2015 Yukon at least looks new thanks to a crisper, more origami-like design. Tumehome, the tapering of the upper sides of a vehicle toward the roof best appreciated when you look at it head-on, has been reduced. Surprisingly, that change, which gives the truck a more boxy appearance, does more to make the Yukon look contemporary than anything else. There are many other changes as well, such as artfully shaped headlights, an updated grille and an attractive crease in the sheet metal that runs from just behind the front fenders to the rear of the truck.

Although the new exterior will garner most of the attention, it's inside the Yukon where GMC engineers seem to have spent the most time. Two generations ago, the Yukon had an interior that was uninspiring, with hard plastics and ugly colors. The last version was much improved, and the latest one is better still. Areas where your elbows rest are soft, the seats are comfortable even on long trips and every surface, button and switch feels solid and built to last.

The ergonomics inside the Yukon are good, too, though not as clearly excellent as interior quality. Like everyone, GMC has moved to a central screen that controls everything from the HVAC to navigation to the audio system. GM uses touchscreen technology rather than a knob on the center console, and that's fine, but you spend a lot of time moving between the various functions on the screen when it used to be possible to simply turn knobs and push buttons to do the same thing. At some point, all cars and light trucks will have user interfaces that make doing everything you need to do easy. Until that day arrives, we will need to deal with every manufacturer's different version of imperfection.

As with the last Yukon, driving the 2015 version is a generally pleasant experience. Marvelous on the open road, good on back roads and not much fun in town describes what it's like to live with this big rig. The ride is smoother than before, but this is a large vehicle that can’t hide its mass. Parking and maneuvering are much easier in a sedan or crossover as the many full-size GM SUVs with dings and paint stripes on the rear bumpers remind us.

Of course, the upside of having a giant SUV is tons of space inside, and
the Yukon doesn’t disappoint in that department. Optional power-operated third seats fold down with the push of a button, and if you fold the second row down as well, you get a huge flat floor onto which you can load or stack just about anything. I spent much of my time with the Yukon moving my son out of his college dorm room, and all that space was welcome indeed.

Consider a Denali
A quick aside: before you finalize your purchase, test drive a Yukon Denali with the more powerful engine. The 5.3 L motor is adequate for everyday use, but for towing a trailer, hauling kids plus their gear on a road trip, or just climbing up hills, the extra oomph you get from the 6.2 L engine is something you will appreciate often.

Not surprisingly, a more polished truck with a new exterior and premium interior doesn’t come cheap. While Yukon pricing starts at around $47,000, expect to pay closer to $60,000 by the time you option out your rig. TCMS Auto Program Director Phil Hornbeak will get you the best deal possible, but don’t expect a Kia price tag. (At least it’s built in Texas.)

While more a refresh than a complete redo, the 2015 Yukon is clearly better than it was and will give current owners plenty of reasons to trade in their old trucks. New engines and transmissions will make the big Yukon even more appealing, but they’re probably two years away.

Steve Schutz, MD, is a board-certified gastroenterologist who lived in San Antonio in the 1990s when he was stationed in the US Air Force. He has been writing auto reviews since 1995.
Welcome to the Travis County Medical Alliance!

Tera Ferguson
President Elect

The Alliance has had a busy fall. Activities have included a new enrichment program delivering member seminars on educational topics of interest, continued volunteer work with community partners including the Volunteer Healthcare Clinic and St. Louise House and the launch of our 2014-2015 fundraising season.

The Alliance invites you to partner with us by becoming a sponsor. Your donation will support a variety of community service projects such as Hard Hats for Little Heads, Project Graduation and Science Fair, and will provide the funds necessary for the Alliance to award much needed grants to community service partners. Sponsors who make a minimum donation of $500 gain increased exposure to the Austin physician community through the Alliance membership and receive tickets to our annual gala.

This year’s gala is scheduled for February 28, 2015 at the beautiful Westwood Country Club.

TCMA Member Spotlight

Jeni McArthur Lowry has been a TCMA member for the past four years. She has served on the executive board as secretary and vice president of community service-elect, and this year she serves as vice president of communications. Jeni, an identical twin, is one of three daughters raised by two educators in the rural town of Glenmora in agricultural Central Louisiana. Growing up, she could be found exploring her family’s forestal acreage, playing piano in the local church or working outdoors with her father in his tropical plant business.

She graduated at the top of her occupational therapy class at the University of Louisiana at Monroe in 2000, and then moved to Houston to begin work in the Texas Medical Center. While working as an occupational therapist at The Methodist Hospital, Jeni met her husband Angus Lowry, MD. For eight years, she continued to work as an OT at institutions in the Medical Center while Gus completed internal medicine and anesthesiology residencies at Baylor College of Medicine.

After a year in Boston, they were happy to move closer to their families. The Lowrys returned to Texas in 2009 when Gus joined Balcones Pain Consultants in Austin. Jeni remains a licensed OT and is currently caring full-time for their 4-year-old son Hudson and 2-year-old daughter Ellis. She also serves as social media coordinator for both Balcones Pain Consultants and The Junior League of Austin’s PR Committee. Jeni’s other passions include photography, running Lady Bird Lake Trail, traveling, gardening, reading scientific articles and exploring Austin’s culinary scene.

Jeni is grateful for the supportive community TCMA provides and is proud of the opportunity to contribute to an organization that does such meaningful work for so many wonderful nonprofits in Central Texas.
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As authors of a number of books on financial planning specifically for physicians, we have had the opportunity to speak with hundreds of physicians over the past year, since the Fiscal Cliff brought higher tax rates and lower deductions for most physicians. They all seem to have the same question: “What else can I do to reduce taxes and ‘put away’ more?”

Both qualified retirement plans and fringe benefit plans are answers to the question above. Unfortunately, most physicians only utilize traditional qualified plans – such as pensions and 401(k)s – which are restrictive and burdensome, while completely ignoring the more flexible fringe benefit plans. In fact, only a handful of the thousands of physicians we have spoken with over the years employ fringe benefit plans in a significant way. This is unfortunate.

Qualified Plan Basics
The term “qualified” plan (QP) means that the plan meets the definition of a retirement plan under Department of Labor and Internal Revenue Service rules created under the Employee Retirement and Income Security Act (ERISA). These plans may be in the form of a defined benefit plan, profit sharing plan, money purchase plan, 401(k) or 403(b). Properly structured plans offer a variety of benefits: you can fully deduct contributions to a QP, funds within the QP grow tax-deferred and (if non-owner employees participate) the funds within a QP enjoy superior asset protection. Despite the benefits QPs can offer, there are a host of disadvantages that physicians must understand:

- Mandated maximum annual contributions for defined compensation plans ($52,000 for pensions, profit-sharing plans and $17,500 employee deferral for 401(k) plans in 2014)
- Mandatory participation by employees
- Potential liability for management of employee funds in plan
- Controlled group and affiliated service group restrictions
- Penalties for withdrawal prior to age 59½
- Required distributions beginning at age 70½
- Full ordinary income taxation of distributions from the plan
- Full ordinary income taxation AND estate taxation of plan balances upon death (combined tax rates on these balances can be over 70%)

Despite these numerous disadvantages, nearly all physicians in the United States participate in QPs. The tax deduction is such a strong lure, it often cannot be resisted. For many physicians, QPs still make sense, if implemented with optimal formulae. However, in most cases, physicians should properly hedge their QPs by using other tools that are taxed differently from QPs.

This is especially true if you believe that income tax rates, especially the higher marginal rates, will go up over the coming decades. That is because when you use a QP, you trade today’s tax rates on your contribution for the tax rates in the future when you pull the money out of the plan. If rates rise in the future, the QP might prove not to be a good deal at all. While none of us know what the future will bring, we do know that the highest marginal federal tax rates in the United States were well above 50% for most of the 20th century and that the highest rates today, even with the Fiscal Cliff deal raises, are near the lowest they have ever been in the nearly 100-year history of the federal income tax. Thus, the QP tax rate bet is one that, at minimum, should be hedged against – which can be done with certain fringe benefit plans (see below).

SEP-IRAs
SEP-IRAs are not officially QPs, they are custodial accounts, yet in many ways, they are similar. You have the same tax restrictions on annual contribution amounts, penalties for early withdrawals, mandatory withdrawal rules and taxation on distributions and plan balances at death as you have with a QP. One big difference is that a SEP-IRA may not enjoy the same level of asset protection that a QP does under state law. For these reasons, a SEP-IRA is typically no better financially than a QP.

Fringe Benefit Plan Basics
Fringe benefit plans are, astonishingly, relatively unknown to physicians. This is true, despite the fact that most Fortune 1000 companies make fringe benefit plans available to their executives. While many of these plans in public companies cannot be used in a private medical practice (think stock options), many use structures that a physician certainly could easily employ in a practice.

Although fringe benefit plans are not subject to the qualified plan rules listed above, they are based on many of the same tenets. Some are explicitly compensation plans that provide some long-term retirement benefits and present tax reduction benefits to the key employee(s). Other plans are aimed primarily at a goal other than compensation, such as asset protection or employee retention.

One such fringe benefit plan that could be utilized by nearly all physician practices has been in the tax code for decades under section 79,
and the IRS issued ‘safe harbor’ rules related to the plan within the last decade. This makes the plan straightforward to implement properly from a tax point of view – just follow the rules already established.

**Benefits of the plan include:**

- Utilization of the plan in addition to a qualified plan like pension, profit-sharing plan/401(k) or SEP IRA
- Contributions qualify for partial tax deductions
- The plan assets can grow tax-deferred and be accessed tax-free
- The plan acts as an ideal “tax hedge” technique against future income and capital gains tax increases – thus it can be used to “hedge” against the tax rate risk inherent in QPs described above
- Maximum contribution levels are $100,000 per physician in practices with 10 employees or less. In larger practices, these levels can be even higher
- In a group practice, not every physician need contribute the same amounts – extremely beneficial for group practices who have physicians who want to “put away” differing amounts
- There are no minimum age requirements for withdrawing income (no early withdrawal penalties)
- The transfer of assets at the physician’s death is income tax-free to heirs

While these benefits are powerful, this plan is not for everyone. Like most plans, this benefit plan is only appropriate for physicians who are looking to build long-term wealth. It is not one that is designed for contributions, growth and access in a short time frame.

**Conclusion**

Qualified plans, while they provide short-term tax relief, are taxed onerously in the future. Fringe benefit plans are taxed quite differently and thus can be used as hedges to physicians’ qualified plans. If building your retirement wealth is an important goal for your financial plan, we highly recommend you investigate fringe benefit plans in your practice.

For a free hardcopy of *For Doctors Only: A Guide to Working Less & Building More*, call 877-656-4362. If you would like a free Kindle or iBook version of *For Doctors Only*, visit the OJM “Bookstore” at www.ojmgroup.com. Use the code TCMS14 upon checkout.

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Signs and Symptoms
Symptoms appear 2 to 21 days after exposure and include:
- Fever greater than 100.4°F
- Headache
- Muscle pain
- Weakness
- Diarrhea, sometimes bloody
- Vomiting, sometimes bloody
- Stomach pain
- Unexplained bleeding or bruising

If You Have Symptoms
Stay in place to minimize contact with others. Contact your doctor for advice. Call your doctor immediately if you have symptoms AND have been in direct contact with a person (here or abroad) who has been diagnosed with or is at risk of contracting Ebola. If you can’t get in touch with your doctor, call 9-1-1.

Protect Yourself
Ebola can enter the body through broken skin or unprotected mucous membranes, such as the eyes, nose and mouth.
- Wash your hands often with soap and water or alcohol-based hand sanitizer.
- Avoid contact with the body fluids (blood, vomit, pee, poop, spit, sweat, semen, etc.) of a person with Ebola.
Avoid contact with items (clothes, linens, needles, syringes) that have come in contact with the blood or body fluid of a person with Ebola.

Ways You Can’t Get Ebola
- You can’t get Ebola from a person who does not show symptoms.
- You can’t get Ebola through the air.
- You can’t get Ebola through water.
- You can’t get Ebola through food.

Source: Centers for Disease Control and Prevention, US Department of Health and Human Services

For More Information
Travis County Medical Society
www.tcms.com

Texas Medical Association
www.texmed.org/ebola

Dallas County Medical Society
www.dallas-cms.org

Centers for Disease Control and Prevention
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* 2010, National Lung Screening Trial

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