



# Broca's Area

*The Voice of Texas Neurology*

## President's Message

*William S. Gilmer, MD*



First of all, I thank Preston E. Harrison, Jr, MD, for his outstanding service as president.

Secondly, congratulations to the education committee for putting together an outstanding Winter Conference, which highlighted clinically relevant practical issues per your request. The program director was Tommy Yee, MD and committee members included Preston Harrison, Jr, MD; Alan Halliday, MD; Jerry Bettinger, MD; Susan Blue, MD; Marvin Fishman, MD; and Gary Clark, MD.

The meeting had an attendance of 250. It is amazing, the depth of talent and connections we have here in our Texas neurology academic and private practice communities. Thank you also to Bob Fayle, MD, program director for the 2008 Summer Conference (more on that in the next issue.)

Texas Neurological Society has grown steadily since 1974 and now represents 538 members (largest in the nation) as well as nearly 30 resident/fellow members represented by Baylor resident Larry Charleston. Special thanks to Gage Van Horn, who has edited Broca's Area for as long as I can remember, and Randy Evans who takes over the reins of Broca's with today's edition. Thanks also to Tommy Yee who headed the education committee for the past 2 years, and to Susan Blue, and Gage Van Horn who rotated off the board this year. We look forward to the leadership of Alan Halliday as next year's president.

TNS operates successfully because of the enthusiasm of its members, and the hard work of our staff including our superlative Executive Director, Rachael Reed and her new assistant Janet Brennan. Thank you Rachael for your steady guidance and unflagging support.

Program Chair Jerry Bettinger is already planning next year's conference — save the dates of Feb 27 – Mar 1, 2009. Keep up to date by sending your email address to [Rachael.Reed@texmed.org](mailto:Rachael.Reed@texmed.org). With your help, TNS will continue to lead the nation in membership, continue to produce great CME programs, and effectively represent Texas neurologists at the TMA and in the Texas Legislature.

Switch gears. The remainder of this president's message is all about advocacy — the ongoing process of making ourselves heard and making a difference. I have always believed that it served no purpose to complain to one another in the doctors' dining room about how bad things are. If you want something to improve, you must build relationships and carry the message to those in a position to make it happen. The AAN Professional Association provides many ways for its members to learn about advocacy and put it to use.

BrainPAC at [www.BrainPAC.org](http://www.BrainPAC.org) is in the news from AAN and Washington DC. In 2007, the American Academy of Neurology Profession Association established the first political action committee devoted to advancing neurology's legislative goals. BrainPAC educates,

*(Continued on page 2)*

### Mark Your Calendar

#### 2009 Winter Conference

February 27 –  
March 1  
Austin Hyatt

#### 2009 Summer Conference

July 17 – 18  
Hyatt Lost Pines  
Bastrop/Austin

#### 2010 Winter Conference

February 5 – 7  
Austin Hyatt

#### 2010 Summer Conference

July 23 – 24  
JW Marriott  
San Antonio

## About the President, William S. Gilmer, MD

*William S. Gilmer, MD was born in New Orleans and still claims his Cajun heritage but grew up in Houston. Dr. Gilmer graduated with highest honors from University of Texas at Austin. He finished medical school and residency in Neurology at Baylor College of Medicine in 1983 and completed a fellowship in Clinical Neurophysiology with Peter Kellaway at Methodist Hospital. He remained with the department performing intra-operative and electrodiagnostic studies for a number of years but eventually settled into full time clinical practice of Neurology.*

*Dr. Gilmer has been actively involved in organized medicine beginning as a delegate to the TMA. He was elected President of the Harris County Medical Society Central City Branch in 2002, President of the Harris County Neurological Society in 2005, and elected President of the Houston Academy of Medicine in 2007. He has served many years on the executive board of HCMS, chaired the Medical Legislation Committee, co-chaired the Membership Committee, and currently chairs the Communication and Community Health Committee. He also serves as Chief of Internal Medicine at Park Plaza Hospital.*

*At the Texas Medical Association he has chaired the Council on Member Services, is a member of the TEXPAC Board of Directors, and represents TNS at the TMA Inter-Specialty Society Committee. Dr. Gilmer presented testimony to the Texas Legislature regarding EMG as the practice of medicine. He attended the AAN Palatucci Leadership Forum as an advocate in 2005, returned as an advisor in 2007, and currently serves on the AAN BrainPac executive board.*

## President's Message *(continued)*

informs, and supports federal level candidates who promote the practice of neurology, regardless of political party.

With Medicare fee cuts again on center stage, and efforts to reform the entire healthcare system right behind, there is no more critical time than now for physicians to be engaged and involved in the debate. We must be at the table, and be actively involved in crafting the evolution of healthcare reform, or it will surely be done to us by the other major stakeholders including government, insurers and large corporations looking chiefly at their bottom line.

Neurology may be a small specialty but it has a large and compelling message – neurological disorders are growing exponentially as our population ages, and politicians will need our help and expertise to find solutions. BrainPAC's focus is on the patient and the neurologists who care for them. Brains and Politics are no longer a contradiction of terms. Use your AAN username and password to join today at [www.BrainPAC.org](http://www.BrainPAC.org).

Writing a letter to your legislator expressing your views and concerns is the easiest and most direct way to make your voice heard. "Vocus" makes this easy and quick. Vocus is a simple online letter-writing tool that provides everything you need to craft an effective letter to your legislator about current federal issues. Background information about current neurology issues and even sample text to get you started is all right there. Log onto [www.aan.com](http://www.aan.com), click Advocacy, then Vocus and in five minutes your letter is on its way.

Neurology on the Hill brings over 100 neurologists from all over the country to DC to meet with members of Congress and discuss the Academy's top federal priorities. Following the Academy's visits, Senators Cornyn and Stabenow both introduced bills to fix the SGR debacle, the NIH budget was increased 10.3%, the Genetic Nondiscrimination Act was enacted into law, Epilepsy Centers of Excellence gained four new cosponsors, and the STOP Stroke Act was passed out of committee. Not bad results for a group of regular neurologists just like you and me – over half have never been to a member of Congress' office before. Check the AAN website and join your colleagues in Washington next March.

The Donald M. Palatucci Advocacy Leadership Forum is an award-winning advocacy leadership skills development program, created by the AAN. This four day program trains selected neurologists and residents to be effective advocates for their profession and their patients at the local, state and national levels. I participated first as an advocate and again as a mentor. This was one of the most worthwhile, empowering experiences of my career. For more information, go to [www.aan.com](http://www.aan.com), and click on Advocacy.

Our own TNS member Sara Austin is completing her year-long Viste Neurology Public Policy Fellowship in Washington. If you are really serious about understanding how legislation and policy is created, and in making close connections with key members of congress, their staff, lobbyists and constituents, this is for you. Ask Dr. Austin or Mike Amery (AAN Legislative Counsel [mamery@aan.com](mailto:mamery@aan.com)) to learn more.

Every Texas physician can make a difference. There are opportunities to participate at any level of your choosing. Neurologists are in a particularly crucial position because of the disorders we treat and the aging of the population. Take that most powerful tool in your bag — your pen — and use it. Write a letter, sign a check, join one of the organizations that magnify our voices through the power of numbers. Together we can improve the quality of our patients' lives and the health of our profession.



*Outgoing president Preston E. Harrison, Jr, MD, accepts a plaque of appreciation from incoming president William S. Gilmer, MD.*

## 2008 Winter Conference a Huge Success

The 11th Annual Winter Conference of the Texas Neurological Society took place at the Austin Hyatt Hotel from Feb. 29 – March 2, 2008. Attendance was an all-time high 250 registrants. The program covered a wide variety of neurological topics and provided up to 18 hours of quality CME for a bargain registration fee. Thank you to the education committee and to Tommy Yee, MD, program director, for organizing this meeting. The new officers of the TNS were voted in by the membership.



### *Congratulations to the following:*

*President:* William S. Gilmer, MD

*President-elect:* Alan Halliday, MD

*Vice president:* Tommy Yee, MD

*Secretary-treasurer:* Jerry Bettinger, MD

*Member-at-large:* Mark Pretorius, MD

*Education Committee Chair:* Jerry Bettinger, MD



Many thanks to Susan Blue, MD and Gage Van Horn, MD, who completed their terms as board members.

The Texas Neurological Society's executive board places no higher priority than providing excellent, cost effective CME programs for the membership.

### **TNS Gratefully Thanks the Supporters of the 2008 Winter Conference**

#### **DIAMOND SUPPORTER**

Teva Neuroscience

#### **CRYSTAL SUPPORTER**

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#### **GOLD SUPPORTERS**

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EMD Serono, Inc

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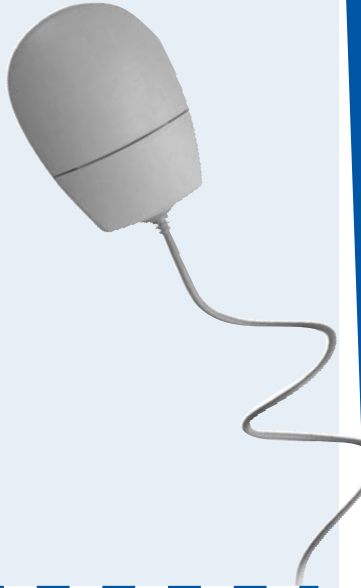
Ortho-McNeil Neurologics,  
Inc.

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Visit TNS  
online at  
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### Practice Opportunities

Private practice neurologists looking for additional bc/be neurologist. Very busy general neurology practice with ability to focus on subspecialty interest as well. Located in Waco, right in between nearby Austin and Dallas. Great cost of living/lifestyle. Call 1:4. Hospitalist program in place. ERG/EMG a must. Sleep optional. Rapid partnership track. More detail available on request. Contact Joel Freitag, MD. Send cv/email to [docjgf@earthlink.net](mailto:docjgf@earthlink.net)

## Minutes

### TNS Annual Business Meeting Saturday, March 2, 2008 Hyatt Regency Austin Hotel

President Preston Harrison, Jr, MD, called the meeting to order at 12:30 pm. He thanked Tommy Yee, MD, for his work as program chair.

#### **Approval of February 2007 Minutes**

The minutes from the 2007 annual business meeting were approved as submitted.

#### **Secretary-Treasurer's Report**

Tommy Yee, MD, presented the membership report and ballot. The membership approved the ballot as presented.

#### **Advocacy**

Dan Finch, TMA public affairs staff, updated the members on legislative issue that will impact medicine. Jeromy Carlson, AAN State Society Relations Administrator, updated the members on advocacy issues at the national level.

#### **Lifetime Achievement Award**

The Society honored J. Thomas Hutton, MD, PhD, with the TNS Lifetime Achievement Award for his dedication to neurological care.

#### **Moment of Silence**

The attendees observed a moment of silence to remember past awardee of the Lifetime Achievement Award, David Sherman, MD.

#### **Election of New Officers**

Dr. Harrison presented the 2008-2009 slate of officers, which was approved unanimously. He also thanked outgoing board members Gage Van Horn, MD and Susan Blue, MD for their service on the TNS board of directors.

#### **Change of Officers**

Dr. Harrison thanked the Society for a successful year, and presented William Gilmer, MD with a gavel as incoming president. Dr. Gilmer thanked Dr. Harrison for his hard work as president, and then gave his acceptance speech.

The meeting was adjourned at 2 pm.

## In Memoriam: David Sherman, MD

*By Robert G. Hart, MD*



David Gordon Sherman, MD, Professor of Neurology and prominent stroke researcher at the University of Texas Health Sciences Center at San Antonio, died on November 29, 2007, after a long struggle with the complications of pancreatic cancer. He was 65 years old.

David was born and raised in Lexington, Oklahoma and received his medical degree from the University of Oklahoma. He pursued postgraduate training in Internal Medicine at Baylor Affiliated Hospitals in Houston and in Neurology at the University of California (San Diego). He joined the faculty of the UT Health Science Center at San Antonio in 1982, where he was Chief of Neurology from 1986 to 2006. He also served as Chief of Neurology at the Audie L. Murphy Veterans Affairs Hospital from 1984 to 1996.

Dr. Sherman was an internationally recognized leader and researcher in stroke prevention and treatment, authoring over one hundred scientific publications on stroke. He was a leader of landmark studies on stroke prevention in patients with atrial fibrillation, the results of which are credited with preventing tens of thousands of strokes each year. He was an active participant in the Stroke Council of the American Heart

Association, serving as chairman of the International Stroke Conference from 1990 to 1994. In 1994, he was awarded the prestigious Award of Excellence in Clinical Stroke. In 2006, he received the Lifetime Achievement Award from the Texas Neurological Society. At UTHSC-SA he was the Ross J. Sibert Research Fund Distinguished Chair.

David Sherman was a revered teacher and colleague. He was honored by medical students with several teaching awards. The 70 neurologists who trained under him and are now treating neurological disease throughout Texas and the U.S. were his special pride.

David is survived by his wife of 32 years, Carla, three daughters (Carol, Rebecca, and Alexis), a son (Nicholas), and two grandchildren (Alexandra and Carl).

David Sherman was an outstanding neurologist and stroke researcher, beloved teacher, steadfast friend, and devoted husband and father. His intelligence, warmth, humor, and universal kindness will be sorely missed by the many whose lives he enriched. One of the best has gone too soon.

Those of you who wish to contribute to the David G. Sherman Endowed Lecture Series may contact Kim Warshauer, Director of Development, at 210-567-0242, or email at warshauer@uthscsa.edu.

## In Memoriam: Rebecca Shank, MD



Dr. Rebecca Shank "Becky" was born in San Antonio in 1958. She died unexpectedly on April 20, 2008. She attended high school in Austin and then received her Bachelors degree from the University of Texas in 1979. She received her M.D. from the University of Texas Medical Branch, Galveston, Texas, in

1983. She then interned at Shands Hospital, the University of Florida, in Gainesville, Florida. She did her residency in neurology at the same institution until 1988. She practiced at that same location until 1991.

At that time she moved to Fort Worth where she has practiced neurology for the past seventeen years.

Dr. Shank was gracious but precise, athletic, competitive, and compassionate.

Her family includes husband, Pat Gill; children Chris and Megan Shank; stepchildren Megan and Austin Gill, her mother, and four brothers. Her first husband, Dr. Charles Shank, a neurosurgeon, was buried on her fortieth birthday. Her father died when she was 14 years of age.

All who knew Becky will remember her bright smile and her professional and caring demeanor toward her patients and colleagues.



## Congratulations to Dr. Hutton

*With distinct pleasure, this year TNS presented its Lifetime Achievement Award to J. Thomas Hutton, MD, PhD.*

The TNS Lifetime Achievement Award is a peer-recognition award honoring members in the state for outstanding service to patients and to the profession. There are many neurologists in the state of Texas who have played enormous roles in the development of the practice of Neurology. This award will continue throughout the years to honor those physicians who have had great vision and have worked selflessly to advance our specialty on behalf of our patients and our colleagues.

*TNS is now accepting nominations for its 2009 Lifetime Achievement Award.*

**J. Thomas Hutton, MD, PhD, FAAN** was born in Kansas City, Missouri on December 26, 1945 three weeks overdue. His family claims he has been trying to catch up ever since.

He received his Bachelor's from Texas Tech, M.D. from Baylor Med. and interned at Hennepin County General in Minneapolis. He completed his Residency at the University of Minnesota under Dr. A. B. Baker and a fellowship on the U.S.-U.S.S.R. Health Exchange Program at the University of Moscow with Academician A.R. Luria.

The Institute of Neurology (Queen Square) played a formative role in Dr. Hutton's career. He reveled through its medical student clerkship with its theatrical teaching, focus on neurological examination, and emphasis on history. The experience culminated in a lifelong love affair with Neurology. He later returned for a resident EMG rotation, and much later as a Visiting Professor.

He joined the Faculty at Minnesota and the V.A. Staff under Dr. David Webster. While working there he completed his PhD in Neurology, his dissertation being on higher cortical dysfunction utilizing eye movement monitoring techniques.

In 1981 Dr. Hutton joined the Texas Tech School of Medicine and rose rapidly to become a tenured Professor and Vice Chairman of the Department of Medical and Surgical Neurology. He served as Medical Director of the Tarbox Parkinson's Disease Institute, established the Texas Tech Alzheimer's Institute and directed the Clinical Neurophysiology Laboratory.

There he crafted skills as a classroom and bedside teacher. He taught in all four years of the curriculum and instructed house staff at the University Hospi-

tal. He received the Health Science Center's highest awards- the President's Academic Achievement Award and the medical school's Excellence in Teaching award.

Dr. Hutton relished his participation with TNS and is a past president. During his presidency, TNS stopped being a Section of the Texas Medical Association and became a Specialty Society. TNS moved its annual meeting to a different date from the annual TMA meeting that conflicted badly with that of the American Academy of Neurology. Recognizing that TNS needed improved communications, Dr. Hutton founded and then edited *Broca's Area* for the next eight years. These moves helped spur rapid development in TNS.

He served as Consultant to the Texas Departments of Health and Agriculture, and Advisor to the Office of the Governor, and received a 1989 Texas Senate Resolution for his Aging and Alzheimer's initiatives. Dr. Hutton also served as founding Chairman of the Texas Alzheimer's Disease Council

In 1990 Dr. Hutton entered private practice. He established Neurology Associates of Lubbock and the Neurology Research and Education Center; a referral center for Parkinson's disease, performing clinical research, and providing educational services to patients, health care professionals, and over a dozen support groups throughout West Texas and New Mexico. For a decade he directed a Center of Excellence for the National Parkinson Foundation. He received the 2001 Humanitarian Award from the Lubbock/Crosby/Garza Medical Society.

Teaching and lecturing extended internationally including leading a delegation of international Neurologists in 1994 for the Citizens Ambassador Program

## Dr. Hutton *(continued)*

on a traveling symposium through The People's Republic of China.

Dr. Hutton authored over 125 articles and chapters and edited 6 books. His long interest in the Parkinson's behavioral syndrome led him to study the impact of PD on Adolf Hitler and to speculate how this impacted the outcome of WWII. This intellectual foray led to a television production showing in the U.S.A. on History Channel as "High Hitler."

Dr. Hutton retired in 2001 to Fredericksburg where he seems to have finally begun to catch up with life. Nevertheless an insatiable curiosity compels him into volunteerism, medical mission work, and writing a book about transitioning from a busy medical life to a gentleman rancher. He has re-established ties with Texas Tech through their Hill Country campuses and serves as Chair of their Regional Advisory Board. He is a recipient of a Distinguished Alumnus Award from the Tech's College of Arts and Sciences.

Despite many professional accomplishments, Dr. Hutton has remained a devoted husband, father, and grandfather. He has been married for 38 years to Trudy whom he met improbably on a computer date. They enjoy rural living, cattle ranching, Border collies, golf, and travel. They have two children (Andy, an Austin attorney, and Katie, a program manager at the Dallas Museum of Art) and two much doted upon grandchildren.

## Welcome New Members

*The following members were voted  
in during the TNS Winter Conference*

### Active Membership

Amit Verma, MD, Houston

Andres G. Morales, MD  
Sherman

Aparaiitha K. Verma, MD  
Houston

Blaise Edward Ferraraccio, MD  
Nacogdoches

Craig R. Du Bois, MD, Austin

Daalon B. Echols, MD, Houston

Daniel J. Vaughan, MD, Abilene

Deborah Briggs, MD, Austin

Edward Ortiz, MD, Austin

Erin Furr-Stimming, MD  
Houston

George Petroff, MD, Austin

Giridhar Kalamangalam, MD  
Houston

Howard Kelfer, MD, Ft. Worth

James K. Sheffield, MD, Houston  
Jiangping Liu, MD, Ft. Worth

Joanne N. Bacchus, MD, Abilene

John Bertelson, MD, Austin

Kiran Shah, MD, Carrollton

Manoher L. Gurru, MD, Midland

Michael E. Clevenger, MD,  
Texarkana

Mohammad Walid Asfour, MD,  
Ft. Worth

Pamela Howard, MD, Austin

Richard D. Brower, MD, El Paso

Richard Hussey, MD  
San Antonio

Sajid Z. Malik, MD, Huntsville

Santiago Restrepo, MD  
San Antonio

Scott Hall, MD, Bedford

Tim Craig Ownbey, MD  
Corpus Christi

William Zinser, MD, Galveston

### Associate Membership

Laura Baugh, MD  
Lackland AFB

Kenneth Moss, MD, PhD  
Temple

Roberto J. Sartori, MD  
Houston

Stella D. Larson, Pharm. D.  
Flower Mound

Robert W. Van Boven, MD  
Austin

### Resident Membership

Krystin Calhoun, MD, Houston

Corey E. Goldsmith, MD, Manvel

Alberto Maud, MD, San Antonio

Elias Ntsoane, MD, San Antonio

Irene Oh, MD, Houston

Santiago Palacio, MD  
San Antonio

Melissa B. Ramocki, MD  
Pearland

Noor Sachdev, MD, Houston

Pankaj Satija, MD, Houston

Prabhdeep Singh, MD, Galveston

Elena Anatolieuna Sokolova, MD  
San Antonio

Toby C. Yaltho, MD, San Antonio

Martha Yanci-Torres, MD  
Galveston

Sherley Valdez, MD, Houston

Sudha Tallavajhula, MD  
Galveston

Yana Jane Tavayev, MD, Houston

## BlueCross BlueShield of Texas Policy Revision

BlueCross BlueShield of Texas has revised its policy regarding IVIG. Effective July 1, 2008, IVIG may be considered medically necessary for certain FDA approved uses, including treating children under age 16 with AIDS and recent bone marrow transplant recipients over age 20. It also established guidelines for off-label uses of standard IVIG. However, the payer will consider IVIG experimental and unproven for a laundry list of other conditions, including chronic (primary or secondary) progressive multiple sclerosis and recurrent spontaneous fetal loss.

## Editor's Notes

*Randolph W. Evans, MD*

I am delighted to become the editor of *Broca's Area* following Dr. Gage Van Horn. Dr. Van Horn has done a superb job for the last six years and his long-standing presence will be missed as editor and on the executive committee. His immense contributions are well-known as reflected in his TNS Lifetime Achievement Award.

This issue offers the usual mix of announcements, news, and educational information. I am introducing a new feature, "Broca's Bios," liberally adapted from a similar section in "Lancet Neurology" highlighting two members who spoke at the Winter Conference.

**Randolph W. Evans, MD** is chief of neurology at Park Plaza Hospital and Clinical Professor at Baylor College of Medicine. He is also on the staff of the Methodist Hospital and St. Luke's Episcopal Hospital. A native Houstonian, Dr. Evans received his B.A. from Rice University in 1974 and M.D. from Baylor College of Medicine in 1978. Dr. Evans completed his internship and residency in Neurology at Baylor College of Medicine in 1982. He is board certified in Neurology and subspecialty certified in Headache Medicine and a fellow of the American Academy of Neurology and the American Headache Society. Dr. Evans is past president of the Harris County Neurological Society and the Texas Neurological Society.

*Books include the following: senior editor of Prognosis of Neurological Disorders, 1st and 2nd editions; editor of Neurology and Trauma, 1st and 2nd editions, Diagnostic Testing in Neurology, and the Saunders Manual of Neurologic Practice; and co-author of Handbook of Headache, 1st and 2nd editions. Dr. Evans is an author of over 180 journal publications, 70 book chapters, and the editor of seven Neurologic Clinics. He is on the editorial boards of the publications Headache, Medlink Neurology, BMC Medicine, BMC Neurology, Headache Currents, Practical Neurology, Medscape Neurology and Neurosurgery, and consulting editor of Neurologic Clinics of North America.*

## TNS Education Committee

*Jerry Bettinger, MD*

I am in the planning stages for the 2009 Winter Conference and would like to hear from anyone in the TNS who has a request for a particular lecture topic. I have reviewed all 114 evaluations from the last meeting and the general consensus of opinion is that we continue to have outstanding speakers and topics. In an effort to continue this tradition I would encourage suggestions now so I will have plenty of time to plan the schedule and get the OK from the Education Committee. In order to attract the very best speakers, I have to begin sending out my invitations in the very near future. Please take a minute and e-mail me any comments or suggestions at [jbettingermd@suddenlinkmail.com](mailto:jbettingermd@suddenlinkmail.com).



## SECTION NEWS

## TNS Neuromuscular Section

By Aziz Shaibani, MD, FAAN, Chair

### *A New Board Certification*

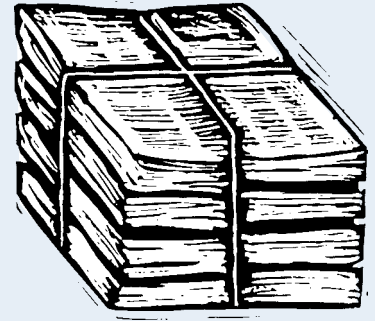
The American Board of Psychiatry and Neurology has added a board certification in Neuromuscular Medicine. The certification will follow the same rules set for other boards conducted by the ABPN and it will cover areas such as clinical diagnosis and management of neuromuscular disorders, neurophysiology, muscle and nerve pathology, genetics, and pathophysiology of neuromuscular disorders such as myopathies, neuropathies, motor neuron diseases and myasthenia gravis.

The certification will be recognized by the ABMS. As to the eligibility requirements and until many neuromuscular fellowship programs become ACGME accredited, there will be a grand-fathering period through 2012 during which acceptable candidates will have to show that 25% of their practices are geared toward neuromuscular disease or have finished a minimum of 12 months of training in a neuromuscular fellowship program.

The first examination will be conducted September 8-12, 2008 in several centers across the country and is consisted of 200 MCQs. For more information, please visit <http://www.abpn.com/nmm.htm>.

### **Neuromuscular News from the 60th Meeting of the AAN held in Chicago, April 12-19, 2008**

1. A multicenter trial to test the effect of thymectomy on the course of myasthenia gravis has started and accepts subjects with generalized seropositive MG of at least 3 years duration. The trial is supported by NIH.
2. There is preliminary evidence from several retrospective trials that Retuximab helps severe and refractory MG in particular MuSK MG and may save the patients long term plasmaphoresis and multiple ER visits. A double blind trial is in progress.
3. An Italian trial impressively showed that Lithium carbonate slowed down the progression of ALS. The findings are so Robust that a large scale double blind trial is immediately contemplated in the US and it is underway.
4. A subgroup of myopathy patients were reported to have normal CK and elevated aldolase with a good response to steroids. They were characterized by perimysial inflammation. Aldolase measurement, which fell out of fashion years ago, may make a come back to the neurology order list.
5. Gamma-glutamyl transferase (GTT) is specific to liver. While ALT and AST are commonly elevated in myopathies along with CK, GTT is not and its utilization may save many patients extensive evaluation for liver disorders including liver biopsies. It also helps monitor hepatotoxic agents that are used to treat inflammatory muscle disease such as methotrexate and Rituximab.



### **Broca's Area Call for Newsletter Items**

**Who:**

Texas Neurological  
Society members

**What:**

Submissions for Winter  
2009 issue of *Broca's Area*.

Tell us about  
your awards, recent  
appointments, etc.

**Where:**

Send to:  
[Rachael.Reed@texmed.org](mailto:Rachael.Reed@texmed.org)

**When:**

by November 1

**Why:**

To get involved  
with your society and  
communicate with  
your colleagues across  
the state.

## BROCA'S BIOS

## Jamie Grimes, MD



Jamie Grimes, MD was born in Ft. Sill, Oklahoma and moved frequently to many different places from Oklahoma to Thailand to Germany with many places in between as a child of the military. By the time she went to Texas

A&M University, Dr. Grimes had attended 4 different elementary schools and 3 high schools, receiving her MD from Uniformed University of Health Sciences, Bethesda, Maryland, with honors. She completed residencies in Psychiatry and then Neurology and is board certified in both. Dr. Grimes has been on staff at Brooke Army Medical Center since 2000 except for 8 months when she was deployed as a member of the Neurosurgical Team in Baghdad, Iraq in 2004. She is an assistant professor in the Department of Neurology, Uniformed Services University of the Health Sciences, Bethesda, MD, and the University of the Health Sciences-San Antonio, TX. She is the Site Director, Defense and Veterans Brain Injury Center, Brooke Army Medical Center/BAMC, and will be the Chief of Neurology at BAMC this July. Dr. Grimes has been involved in research ranging from ischemic heart disease, erectile dysfunction, stroke, and traumatic brain injury.

#### Who was your most influential teacher and why?

Dr. Geoffrey Ling is a critical care neurologist who was attending staff on the neurology consult service when I was a senior psychiatry resident. His love of neurology, his incredible medical knowledge, and his extraordinary teaching powers convinced me to immediately apply for neurology residency which I began as soon as I graduated from psychiatry residency. I am a neurologist today because of Dr. Ling and it is the best fit for me; I remain totally indebted to Dr. Ling for being a very satisfied and happy neurologist today.

#### Why did you decide on a career in the military?

Originally, I was never, ever going to follow in my father's steps: he was a 30 year career field artillery officer who served 2 tours in Vietnam. But when I sent in my medical school application, I was delivering my first son and decided I could use the financial help of the military to fund medical school and not finish

in deep debt. After graduating and over the years, I have become unabashedly proud and fulfilled caring for military service members and their family.

**Why did you specialize in neurology?** It fits my personality: I have come to realize I not only love reading mysteries, but I enjoy doing detective work, detecting patterns, obtaining data and putting together puzzles which I think neurology exemplifies in, first, thoughtful history taking and then, detailed neurological exam, flushed out with an array of testing. As a psychiatrist, I never was comfortable with heavy reliance on inference and conjecture, presuming I could discern unconscious/subconscious workings; I am clearly more confident and at ease relying on data.

#### What has been the most personally dangerous time or moment during your time in the military?

Definitely, the most precarious time for me was being stationed in Iraq for 8 months in support of Operation Iraqi Freedom, 2004; I was stationed in Baghdad, called the Green Zone. Once a mortar landed 50 yards from myself and a colleague but did not explode. Another time, several persons were killed and injured in a mortar attack across the street from where I was standing. Even so, I felt working to save lives, of all that were in our care, was such a fulfilling, meaningful journey, that I was so very proud to be a part of it, as a neurologist/psychiatrist and neurosurgery-aide. It made me really appreciate the wonderful American life I had and would return to. But not a day went by that I did not miss my husband and four sons; in 8 months, I never could end a phone conversation without crying and that part was really hard but it did build up my self of inner strength and deeper love for my husband and sons.

#### What is the best professional advice you have received and from whom?

I don't know of a specific piece of advice but I do know that I believed I could be a great physician based on the advice and support of my parents throughout my life that I could do anything I wanted. I have no physicians in my family, my father was the first of his family to go to college and my mother did not finish college.

*(continued on page 12)*

## BROCA'S BIOS

## Jerry S. Wolinsky, MD



Jerry S. Wolinsky, MD was born in Baltimore and raised in Chicago where he attended college at Illinois Institute of Technology and then received his medical degree from the University of Illinois. His residency training in neurology was

at the University of California San Francisco, where he stayed on for fellowship training in experimental neuropathology with Dr. J. Richard Baringer prior to joining the faculty at UCSF as an assistant professor. He subsequently joined the faculty at Johns Hopkins University as an associate professor and member of the Neurovirology Laboratory under the direction of Dr. Richard T. Johnson. He became a born-again Texan in 1983 when enticed by Dr. Frank M. Yatsu to join the faculty of the University of Texas Medical School in Houston where he is now the Bartels Family and Opal C. Rankin Professor of Neurology. His early work focused on the pathogenesis of viral infections of the central nervous system, began to shift to more molecular and immunological aspects of neurovirology, and then again shifted to clinical trial design and analysis, and investigation of multiple sclerosis using quantitative MRI and magnetic resonance spectroscopic imaging. He currently directs the Multiple Sclerosis Research Group and the Magnetic Resonance Image Analysis Center in Houston. He has more than several hundred papers in these areas.

#### Who was your most influential teacher and why?

I have been fortunate to have numerous mentors over the years to whom I am most grateful. However, I can't actually remember the name of the teacher who was most influential in my career, but I do remember the moment. Following a lecture in an introductory psychology class that I was taking and as a pre-architecture student at Illinois Institute of Technology (IIT) I got into a discussion with the professor about how interesting the brain was in controlling behavior and asked what it would take to better understand how this all worked. She took me upstairs to her office on the fourth floor of the old Armor building that had been relegated to biology classes, as it was too structurally unsound for anything else at what funda-

mentally was an engineering school. In her office she showed me one of Frank Netter's illustrated texts, and said if I really wanted to understand anything about how the brain functioned I really should go into medicine. What a mistake!

**Why did you decide to specialize in multiple sclerosis?** Back in the 70s when I was doing neurovirology it was simply assumed that multiple sclerosis was a viral disease and therefore anyone interested in neurovirology should take care of patients with multiple sclerosis; so I did. I never imagined that the challenge to truly understanding multiple sclerosis would be so great, but it has certainly been a great puzzle to work on over the years.

**If you had not become a physician, what might you have become?** Probably the architect that my scholarship to IIT was intended to help me become.

**What research paper or patient had the greatest effect on your work?** Back when I was a fellow in San Francisco we ran across some youngsters with progressive neurologic deterioration that began a decade or so after their birth with congenital rubella syndrome; perhaps the ultimate in double jeopardy. Hillel Panitch had recognized the first of these cases, and together with Dick Baringer, Jeanette Townsend and a few others we put together a paper in the *New England Journal of Medicine* describing what we thought might be an important new syndrome similar to subacute sclerosing panencephalitis. I worked for another 15 years or so on various aspects of rubella virus, stimulated by the young man that I took care of with this highly disabling condition. Fortunately, progressive rubella panencephalitis has remained an interesting problem that never grew to the epidemic proportion we worried about - just another curious footnote in the medical literature.

**What has been the greatest achievement of your career?** The occasional successes that one has at the bedside with patients, and those clinical trials that actually have been positive and have improved the lives of far more than I could ever have touched individually.

(continued on page 12)

## Jamie Grimes, MD *(continued from page 10)*

**What advice would you give neurologists just starting in practice?** Work hard to learn and read Neurology during residency as much as possible. Don't just go through the motions of work but learn the art.

**What do you do for fun? What are your hobbies?**

My family is truly my greatest source of fun; our family vacations are the best just being together. I do love to run/jog and have for 30 years. I am also a rabid gardener and love trying new Texan native plants each year.

**What are the biggest challenges facing military medicine and neurology in the military?**

Hemorrhage of physicians out of the military due to the rigorous demands of caring for injured soldiers and their families, frequent deployments to Iraq and Afghanistan, and being perpetually short staffed. This summer, Army neurology will be at its lowest nadir, with fewer than 30 neurologists.

**Which research paper, patient, or event has had the most effect on your career and why?**

One in particular was a 19-year-old female who I discovered had a pheochromocytoma when I was a General Medical Officer, working at a dispensary in Germany.

She complained of breaking out in a sweat out of the blue; I observed her have marked hypertension with diaphoretic spell in the clinic which made me consider it (and I had done a 6 week rotation at NIH on an endocrine ward seeing many rare conditions as a MS4). Another doctor had been treating her for hypertension, but I discussed her symptoms with an internist who laughed at the suggestion given the rarity. Still I felt compelled after seeing her break out into a sweat to do the work up and she did have bilateral adrenal tumors. It taught me to listen to subconscious "instinct" or "gut" to stay out of trouble and find answers. I ran into that internist last year, and he actually remembered this patient's case after 15 years.

**What is your favorite movie and why?** "As Good as It Gets" because I really believe it is a sincere snapshot of life and a very apt adage. And it is a hilarious movie.

**Tell us about your family.** I married my college sweetheart the day after I graduated, age 21, and now have been married for 24 years. I have four sons, ranging from 22 to 8 years old. My sons can crush me at times but they and my husband unquestionably are the best part of my life. I feel truly greatly blessed with wonderful family surrounding me all of my life.

## Jerry S. Wolinsky, MD *(continued from page 11)*

**What do you do for fun? What are your hobbies?**

Putting a line in the water whenever I can (never often enough) and occasionally hitting a golf ball straight.

**Currently, what field of science or medicine is the most over-hyped?**

Stem cell research. It's not that understanding the molecular control of differentiation and dedifferentiation of cells will not eventually have great impact on medicine, it certainly will. However, I doubt very much that it will be the cells themselves as opposed to the molecules and messages that we must learn to manipulate that will lead to therapeutic advances.

**What do you like to read outside of medicine?**

**What are you currently reading?** I'm waiting for the next Tom Robbins novel. Fortunately he doesn't write much, so I usually have the time when his books eventually come out.

**What would be your advice to junior faculty members just starting out?**

Find a part of medicine that really grabs your interest and stick with it.

**Tell us about your family.** I have a lovely wife, a son and daughter, both married, and a grandson. The children have scattered to both coasts. Curiously enough, my son John-Paul is a neurosurgeon on faculty at Johns Hopkins with an office which is only a few doors away from where mine was when I left Baltimore a quarter of a century ago.

## Members in the News

The Harris County Medical Society (HCMS), the professional association for Harris County physicians, and the Houston Academy of Medicine (HAM), the scientific and charitable organization of HCMS physicians, honored world-renowned expert in Lou Gehrig's disease **Stanley H. Appel, MD** of Houston with the John P. McGovern Compleat Physician Award on Jan. 25, at the HCMS/HAM Installation of Officers, at the Westin Oaks Hotel, 5011 Westheimer.

Dr. Appel was honored with the John P. McGovern Award for exemplifying the ideals of Dr. William Osler. Dr. Osler pioneered the practice of modern medicine with his principles of medical excellence, humane and ethical care, commitment to medical humanities and writing, research, and harmony between the academic and medical practitioner. The Houston Academy of Medicine presents the national award, established in 1993, annually. The award is named after its first recipient Dr. John P. McGovern, who founded the American Osler Society.

**William H. Fleming III, MD**, of Houston has been elected president-elect of the Texas Medical Association (TMA). He will be installed as TMA president during TexMed 2009 next May in Austin. Dr. Fleming is a past president of TNS.

Memorial Hermann The Woodlands Hospital recently named **Kevin Gaffney, MD** as its Physician of the Year. Dr. Gaffney has long been a staff favorite for his professionalism and wonderful bedside manner. He was recognized for his commitment to stroke patients and for his role in helping the hospital obtain its Joint Commissions on Accreditation of Healthcare Organizations (JCAHO) stroke certification.

**Scott Hall, MD** was awarded certification in Neuroimaging by the United Council for Neurologic Subspecialties on in February, 2008.

**Harris M. Hauser, MD** was installed as vice president of the Harris County Medical Society (HCMS), the professional association for Harris County physicians, and the Houston Academy of Medicine (HAM), the scientific and charitable organization for HCMS physicians, in January, 2008.

**C. Ákos Szabó, MD**, is the Interim Chair of Neurology at the newly-established Department of Neurology at the University of Texas Health Science Center at San Antonio. The department has thirteen full-time and 3 part-time faculty members specialized in Stroke, Epilepsy, Neuromuscular Disorders, Neuroophthalmology, Neuroimmunology and Headache. They are currently trying to recruit General Neurologists, as well as specialists in Stroke, Movement Disorders and Neuro-oncology. Contact Dr. Szabó at (210) 567-4621 or by e-mail at [szabo@uthscsa.edu](mailto:szabo@uthscsa.edu).

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*TNS Coding Section*

## CPT Coding and RBRVS: A Review of Reimbursement Policies

*By Stuart B Black, MD, FAAN*

During the past two years, the Texas Neurological Society Winter Conferences included lectures on CPT coding for Neurological E/M services. The emphasis has been on recognizing that Neurologists, for the most part, do a level four or five New Patient Evaluation or Consultation and usually perform the services to meet the requirements for CPT codes 99214 or 99215 for many of their Established Patient evaluations. By understanding the CPT Documentation Guidelines for History, Examination, and Medical Decision Making (the three Key Components of E/M), the written report should comply with the higher level codes. The Contributory Components of E/M, specifically Nature of the Presenting Problem, Counseling and Coordination of Care and Time, offers another dimension of reimbursement for physician services. The use of these components does not necessarily include an extended or comprehensive history and physical examination. The current E/M coding system was introduced as part of the Resource Based Relative Value System (RBRVS) which was adopted by Medicare in 1991. The RBRVS determines the monetary value of each CPT code. In addition, RBRVS was, to a large extent, copied by private insurers and remains the method for determining physician compensation for E/M services provided. The following discussion will be focused on reviewing the role RBRVS plays in our reimbursements for a specific CPT code; or stated another way, how we get paid for what we do.

The American Medical Association published the first edition of the Current Procedural Terminology (CPT) codebook in 1966. This was also the time the US Medicare system was implemented. Many of us remember that the Medicare payment system at that time was formulated on the basis of "customary, prevailing and reasonable charges". This was in tandem with the "usual, customary, and reasonable" payment system used, at that time, by many private health care providers. However, by the late 1980's it became apparent to Medicare that there was a dramatic variation in physician charges for the same services provided. Of interest, the Health Care Financing Administration (now the Centers for Medicare and Medicaid Services), observed that the most dramatic

disparities were found in codes used for cognitive services. As a result of issues regarding charges for cognitive services, in 1989 the U.S. Congress authorized the Omnibus Budget Reconciliation Act which introduced a different Medicare physician payment schedule based on what was called the Resource Based Relative Value System. In 1991, the Health Care Financing Administration announced its proposed Medicare fee schedule for physician services based upon RBRVS. The new Medicare reimbursement system was implemented by the Federal Government on January 1992. The intent was to achieve identical payment for identical services across all specialties and achieve uniformity in Medicare payments. The RBRVS was developed to produce four main outcomes:

1. Uniform policies nationwide
2. A national fee schedule
3. New CPT codes (Evaluation and Management or E/M codes)
4. Standardization and redefining global services

RBRVS attaches a relative monetary value to each CPT code. Each medical service represented by a CPT code has three components called Relative Value Units (RVU). The RVU's are numeric values that have been developed to represent the relative amount of physician time, resources and expertise needed to provide a medical service for any given patient. The three components of RVU are: 1. Physician's Work, which is 52% of the total relative value service, 2. Practice Expense, which is 44% of the total relative value service, 3. Medical Liability Insurance, which is 4% of the total relative value service. A Geographical Practice Cost Index (GPCI) adjusts the RVU for regional differences. The GPCI is therefore based on practice location.

As indicated above, under RBRVS the reimbursement for any give CPT code is based on the RVU's assigned to the CPT code. This number is multiplied by what is defined as a Conversion Factor. The Conversion Factor is what translates the RVU's into a dollar amount or actual payment for services rendered. Therefore, the calculation for physician reim-

bursement for any CPT code is: Payment = RVU x Conversion Factor. The Medicare Conversion Factor for all CPT codes in 2007 was \$37.89. This means Medicare would pay \$37.89 for a code worth 1 RVU or \$75.78 for a code worth 2 RVU's, etc. etc... Therefore, under RBRVS, the 2007 Medicare fee for the CPT code 99214 (a 25 to 30 minute office visit for an established patient) in Dallas was approximately \$90.90.

Legislation change can affect the Conversion Factor and subsequent reimbursements as is quite evident at this time. In 2008, Medicare physician payment rates were scheduled to be cut by 10.1%. There was legislation to reduce Medicare payments even more with the goal to cut payments over 30% between 2008 and 2015. On Dec 07, the Senate passed the Medicare, Medicaid and SCHIP Extension ACT of 2007 (S.2499) that would replace the 10.1% reduction in Medicare Part B payments in 2008 with a 0.5% increase for six months. That means that physicians will face a payment reduction in Part B payments in July 2008 unless Congress once again intervenes. If the intended cut in reimbursements had occurred, the Conversion Factor would have been lowered to \$34.06 from the \$37.89 rate. This would greatly reduce our reimbursements for all the E/M codes we use for new and established patient visits. For example:

1. 99214, the Established Patient Visit mentioned above has a value of 2.53 RVU's. The 2007 reimbursement would be \$90.09 but at a reduced Conversion Factor of \$34.06, our payment would now be \$80.42.
2. 99244, the CPT code for a level four Consultation with a RVU of 5.06 would change from \$179.49 to \$160.10.
3. 99204, the CPT code for a level four New Patient Evaluation with a RVU of 3.91 would change from \$139.79 to \$128.85.

Compared to the complexities of Medicare's physician payment system, the situation for private insurance contracts is often even more problematic. Although most private insurers use a fee schedule modeled on RBRVS, many insurance carriers offer specialty specific contracts. In addition, private insurers also usually use different Conversion Factors than Medicare. There is also an income disparity between cognitive physicians who bill with E/M codes versus physicians involved in procedural specialties who are often better reimbursed. To further complicate an already complex system, large bureaucracies have evolved within the private insurer's network that greatly influences

physician reimbursements. Time consuming negotiations with these bureaucracies are also common encounters for any office based physician.

In summary, as physicians, it is to our advantage to better understand the complexities of RBRVS which produced the current CPT payment system and introduced the present - day Evaluation and Management CPT Codes. Evaluation and Management services make up more than 50% of total Medicare physician payments and in many Neurology practices, constitute a significant amount of patient care. There are already a number of economic obstacles such as increased practice overhead, increased time and expense dealing with the bureaucracies which have evolved to negotiate reimbursements, increased time and expense managing unfunded government mandates as HIPAA, increased threats of lawsuits and increased expense of malpractice insurance, to name a few. There is also increased inflation which has affected physicians with respect to their practice costs and general wage levels. It is important that we take the time to learn the coding payment system that defines our compensation. With proper CPT coding and E/M compliance for services rendered, we should all at least have the opportunity to be appropriately reimbursed for what we do.



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