

# THE INSIDE STORY

## ALERT! All Physicians and Clinicians - Radiology Services for SWHP

As of the first of November, SWHP will NO longer require an RQI for radiologic and imaging procedures. We will be announcing a new evidence based program soon that will be designed to improve patient safety and outcomes. You will be hearing about that. In the mean time, you will no longer need an RQI number for any imaging services for Scott and White Health Plan members.

Please call us at 254-298-3000 or email us at [swhpques@swmail.sw.org](mailto:swhpques@swmail.sw.org) if you have any problems or questions. We hope that this new approach works for you and your patients. We appreciate your feedback and cooperation on our new program as we roll it out. We hope you will agree with us that this new approach is designed to facilitate patient care and be respectful of your time and effort.



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# Medical Director's Corner



*Dr. Marylou Buyse, Chief Medical Director, SWHP*

## FRIDAY FOCUS: Streptococcal Pharyngitis

The **Healthcare Effectiveness Data and Information Set (HEDIS)** measure for Streptococcal pharyngitis states that ***in order to meet the quality measure, when an antibiotic is given for the diagnoses of streptococcal sore throat (034.0), pharyngitis (462) or acute tonsillitis (463), there must be documentation of a rapid strep screen and/or culture.*** This measure was implemented in order to decrease the inappropriate use of antibiotic medications.

**HEDIS** is a widely used set of performance measures in the managed care industry, developed and maintained by the National Committee for Quality Assurance (NCQA). ***Scott & White Healthcare has committed to becoming the most trusted and the most valued name in American healthcare.*** Demonstrating compliance with national performance measures is an important step in achieving that vision. Although the clinical evaluation you do may very well meet practice standards of care for treatment, we must all demonstrate compliance with these national quality standards in order to achieve our vision.

Scott & White Health Plan has identified an opportunity for improvement in meeting this measure because ***our current ranking on the measure is below the 25th percentile.*** There are similar measures for the URI and bronchitis diagnoses. For a more complete discussion of the topic, please go to <http://www.swhp.org/homepage/providers/fridayfocus>.

Appropriate coding can help you meet this measure, and can assure a better reflection of the good quality care you provide. ***If you feel that your patient has one of the above diagnoses, please confirm your clinical diagnosis with the rapid strep screen and treat appropriately.*** If you feel that antibiotics are clinically indicated for your patient and a confirmatory screen is inappropriate, please code one of the other clinical diagnoses for the visit which may apply, such as bacterial infection, unspecified (041.9) or sinusitis (461.9).

Thank you for the work you do to make Scott and White Healthcare the most trusted and valued name in American healthcare.

Regards;

A handwritten signature in black ink, appearing to read 'Marylou Buyse'.

**Marylou Buyse, M.D., CMD**

## FRIDAY FOCUS:

**HEDIS Update:** Annual monitoring for patients on persistent medications.

**HEDIS** requires annual lab monitoring for several drugs. This is good clinical practice and we share this with you as a reminder. The medications that need monitoring for HEDIS are: ACE inhibitors, ARB's, Diuretics, Digoxin and the anticonvulsants Phenobarbital, Carbamazepine, Phenytoin, Divalproex and Valproic acid.

For patients who received at least 180 days of treatment in a calendar year, the requirement for the specific drugs are as follows:

**ACE/ARB/Diuretics** – at least one serum potassium and either a BUN or creatinine.

**Digoxin** – one Digoxin level yearly.

**Anticonvulsants** – one level yearly for each of the above medicines.

Currently, we score between the 25th and 75th percentiles on these measures. Our goal is to be at the 90th percentile. Many clinics have refill protocols already in place. If you have such a protocol and it does not include the above lab criteria, please consider adding them. We also encourage all to be mindful of this measure as we write and refill prescriptions for our patients. That's a perfect time to ask the patient to get their monitoring. Of course, we welcome any suggestions you may offer.

Thank you for taking the time to read this week's Focus. As with every edition, this is available online at <http://www.swhp.org/homepage/providers/fridayfocus>.

Regards;



**Mike Averitt, D.O.**  
**SWHP Medical Director**

## **FRIDAY FOCUS: Chlamydia – Please Consider Screening**

*Please consider screening for Chlamydia in all sexually active females less than age 25, with or without a pelvic exam.*

Applicable CPT codes: **87490 - 87492** (Chlamydia by nucleic acid probe technique), 87110 (Chlamydial culture), 87270 (Chlamydia by immunofluorescent technique), 87320 (Chlamydia by EIA), 87810 (Chlamydia by immunoassay with direct optical observation)

Screening with nucleic acid amplification tests allows cervical, vaginal, or urine sampling.

Our 2010 Scott & White HEDIS scores for this measure were improved at 47%, vs. a national average of 43% and our 90th percentile goal of 63%.

*Why should I consider this suggestion?*

Chlamydia is the most common sexually transmitted bacterial infection in the U.S., with over three million new cases annually. Although often silent, it may result in urethritis, cervicitis, pelvic inflammatory disease (PID), infertility, ectopic pregnancy, chronic pelvic pain, and pregnancy complications. Sexually active adolescents and women less than age 25 are at high risk for infection.

The U.S. Preventive Services Task Force recommends screening for Chlamydia infection in all sexually active women aged 24 and younger (including pregnant women), and in older women who are at increased risk (including pregnant women).

For more information:

<http://www.uspreventiveservicestaskforce.org/uspstf/uspschl.htm>

<http://www.acog.org/publications/guidelinesForWomensHealth/gwh-139.pdf>

<http://www.acog.org/publications/guidelinesForPerinatalCare/gpc-83.pdf>

Thank you for your consideration.



**J. Scott Simpson, M.D.**  
**Scott & White Health Plan Medical Director**

## **FRIDAY FOCUS: Follow-up care for children prescribed ADHD medication**

This HEDIS measure is for children ages 6-12. It consists of an initiation of medicine phase and a continuation/maintenance phase for a new ADHD medication start. Last year, Scott and White scored in the 50th percentile on this measure. Our goal is to score at or above the 90th percentile.

**Initiation:** The patient must have at least **one** follow-up visit with a practitioner with prescribing authority during the **30 day** initiation phase (the first 30 days following the initial prescription).

**Continuation and Maintenance:** The patient remained on the medication for at least 7 months and had at least **2 follow-up visits** within 9 months after the initiation phase ended.

This measure is based in part on the American Academy of Pediatrics guideline. The supporting publication for that is linked here:

<http://pediatrics.aappublications.org/cgi/content/full/pediatrics;105/5/1158?gca=pediatrics%3B105%2F5%2F1158&sendit=Get+Checked+Abstract%28s%29&>

Please keep this in mind as we arrange our follow-up visits and utilize our refill protocols for these medicines. This and all *Friday Focus* editions are available online at <http://www.swhp.org/homepage/providers/fridayfocus>. As always, thank you for your attention to this and for the quality work you do.

Regards;



**Mike Averitt, D.O.**  
**Scott & White Health Plan Medical Director**

## FRIDAY FOCUS: Follow Use of spirometry for newly diagnosed COPD

This measure is for patients 40 years and older with a new diagnosis of COPD who received appropriate spirometry testing to confirm the diagnosis. Last year, Scott and White scored in the 25th percentile on this measure. Our goal is to be in the 90th percentile or higher.

Methodology: A new diagnosis of COPD (491, 492,496) requires that spirometry be done in either the preceding 2 years or in the 180 days following the diagnosis. Qualifying spirometry codes are 94010, 94014-16, 94060, 94070, 94375, and 94620.

Several specialty societies recommend the use of spirometry to diagnose COPD and to determine the severity of the airflow limitation. The Institute for Clinical Systems Improvement discussion and guideline can be found here:

[http://www.icsi.org/chronic\\_obstructive\\_pulmonary\\_disease/chronic\\_obstructive\\_pulmonary\\_disease\\_2286.html](http://www.icsi.org/chronic_obstructive_pulmonary_disease/chronic_obstructive_pulmonary_disease_2286.html)

This and all **Friday Focus** editions are available online at

<http://www.swhp.org/homepage/providers/fridayfocus>.

As always, thank you for your attention to this and for the quality work you do.

Regards;



**Mike Averitt, D.O.**

**Scott & White Health Plan Medical Director**

## FRIDAY FOCUS: Health Dialog: Help Inform Patients and Save Time

There are many clinical situations for which there are several acceptable evaluation and/or treatment options, and the available evidence does not clearly favor one over the other. When this is the case, a patient's own preferences and values should be central to the decision. Unbiased, evidence-based patient education and counseling regarding the subject matter, choices, outcomes, risks and benefits, and personal values can be difficult and time consuming for physicians to provide.

In order to assist you in these scenarios, improve our level of patient support, and enhance patient experience, information and satisfaction with outcomes. Scott and White Health Plan (SWHP), is offering as FREE service to our members a program to assist with providing patients with complete, unbiased coaching information on their available choices for about 5 categories of conditions covering more than 2 dozen topics. This decision support program for SWHP members is available on referral from you or your staff starting Monday November 1, 2010.



Call in a patient prescription or referral to **1-877-505-7947** or fax the referral form to **1-866-936-3045**. These aids for referrals will also be mailed to you from the Plan. This *VitalCare Shared Decision Making Program* is designed to provide your patient with well researched, unbiased, and engaging Decision Aids and telephonic health coaching by experienced clinicians. Your referrals to the program should help your patients make better informed decisions, improve their interaction with you, improve their satisfaction with our health system, and save you time. Shared Decision Making modules include back pain, joint replacement, coronary interventions, cancer screening, prostate cancer and men's health, breast cancer, benign uterine bleeding, and menopause. Please use the links below for more information.

Thank you very much for your consideration of this program. It is designed to complement the care you provide your patients while saving you time and improving patient satisfaction. We look forward to your referring your SWHP patients with these conditions to this innovative program and to receiving your feedback.

<http://www.healthdialog.com/Main/default>

<http://www.informedmedicaldecisions.org>

**Form Link:** <http://www.swhp.org/homepage/providers/fridayfocus>

## Physician Referral FAX Form

**Scott & White Health Plan - VitalCare** Health Coaches are available 24 hours a day/365 days a year to provide education and support to your patients who need decision support. The **SWHP VitalCare** Shared Decision-Making® approach presents patients with evidence-based information on their healthcare options and encourages them to work with you to make healthcare decisions that are right for them.

### Patient Information

Patient Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Member ID #: \_\_\_\_\_

Patient Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone-Day: \_\_\_\_\_ Phone-Evening: \_\_\_\_\_

Preferred Day and Time to Call: \_\_\_\_\_

### Reason for Referral

#### Spine and Joint

- Back pain  
 Osteoarthritis (e.g., knee, hip)

#### Men's Health

- Prostate conditions  
 PSA testing

#### Women's Health

- Breast cancer  
 Uterine conditions  
 Menopause

#### Condition Treatment and Screenings

- Colorectal screening  
 Coronary angioplasty or bypass surgery  
 Coronary heart disease screening  
 Depression  
 Weight loss surgery

#### General Information

- End-of-life decisions  
 Shared decision-making  
 Other \_\_\_\_\_

#### Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Referring Physician

Physician Last Name: \_\_\_\_\_ Physician First Name: \_\_\_\_\_

Physician Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ [Plan Name] Provider #: \_\_\_\_\_

Date of Referral: \_\_\_\_\_ Name of person completing form: \_\_\_\_\_ FAX: \_\_\_\_\_

To refer a patient for health coaching, please complete this form and  
**FAX it to SWHP VitalCare at 1-866-936-3045.**

**VitalCare**

**SWHP VitalCare** provides 24-hour Health Coaches who provide health education and support services. This service is available to eligible SWHP members who are facing treatment decisions for any of the following health issues. **1-877-505-7947**

**24 hours  
a day,  
7 days  
a week**

**Condition Treatment & Screenings**

- Colorectal screening
- Coronary heart disease (CHD)
- Depression
- Heart failure (HF)
- Weight loss surgery

**General Information**

- End-of-life decisions
- Shared decision-making
  
- Other

**Spine and Joint**

- Back pain
- Osteoarthritis
- (e.g., knee, hip)

**Men's Health**

- Prostate conditions
- PSA testing

**Women's Health**

- Breast cancer
- Menopause
- Uterine conditions

# **SCOTT & WHITE HEALTH PLAN IS PLEASED TO ANNOUNCE THE LAUNCH OF OUR FIRST PROVIDER TUTORIALS.**

Tutorials on how to complete the CMS 1500 and UB-04 claim forms will be launched in November. These tutorials provide step-by-step instructions on how to complete the claim forms. Scott & White Health Plan required fields are highlighted with specific comments to help reduce frequent claim errors.

Correctly completing claim forms will result in:

- More timely payment
- Faster response regarding claim submission status
- Lower overhead cost
- More control over claim data accuracy

Please have your staff take advantage of this free continuing education opportunity. To access the tutorials click on the links at the bottom right hand corner of the Providers page.

<http://www.swhp.org/homepage/providers>

# Overview of Quality Improvement Program 2010

## Scope of the QI Program

The scope of the QI Program is to monitor, evaluate and improve:

- The quality and safety of clinical care and quality of practitioners and providers
- The quality of service provided by the Health Plan

## QI Program Goals - Objectives

1. **Improve Member Outcomes** - through prevention and disease guidance for the following:  
**Diabetes, Asthma, Coronary Artery Disease, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Immunizations and Women's Health**
2. **Increase Customer Satisfaction** - by prompt identification and resolution of dissatisfaction with administrative or medical processes and evaluation of processes for improvement when appropriate
3. **Improve Medical Safety** -by fostering a supportive environment that helps providers to improve the safety of their practice
4. **Organizational Effectiveness** - By achieving improvements in Healthcare Effectiveness Data and Information Set (HEDIS®)\* measurements and meeting or exceeding national averages
5. **Decrease Cost** - through reducing the variations in clinical care and member services

## Scott & White Health Plan's progress in meeting its goals:

SWHP has teams that are working to achieve the improvement in Healthcare Effectiveness Data and Information Set (HEDIS®)\* rates.

Scott & White Health Plan achieved significant improvement in the following measures comparing HEDIS®2009 rates with HEDIS® 2010 rates:

- Access to Primary Care; age 25 months to 6 years old (Commercial)
- Access to Primary Care; age 12 to 19 years old (Commercial)
- Adult Access to Preventive/Ambulatory Services; age 65 and older (Medicare)
- Monitoring persistent medications; ACE or ARB (Commercial and Medicare)
- Monitoring persistent medications; Diuretics (Commercial and Medicare)
- Monitoring of persistent medications ; Anticonvulsants (Medicare)
- Monitoring persistent medications; combined (Commercial and Medicare)
- Chlamydia screen; age 16-24 (Commercial)
- Chlamydia screen; age 21-24 (Commercial)
- Comprehensive Diabetes Care; Hemoglobin A1c Testing (Medicare)
- Comprehensive Diabetes Care; Lipid (LDL-C) Control (<100 mg/dL) Medicare

## Areas of Focus for 2010 include but are not limited to:

**Well Child Care:** Letters are mailed to parents to encourage well child office visits. Primary care physicians are offered an incentive to provide well child exams.

**Diabetes Screening:** A Diabetes screening event is schedule monthly to provide dilated eye exams, foot exams and laboratory testing. (Hemoglobin A1c, Lipid Panel and urine microalbumin)

**Vitality Coordinator:** A pilot program was started in 2010 for a nurse work at Northside Clinic in Temple who will review the member's medical record prior to the office visit to identify any needed preventive care exams, immunizations and/or tests.

For more information on the SWHP Quality Improvement Program go to the SWHP internet site: [www.sw.org](http://www.sw.org) and click on the Provider tab, Provider Manual and choose Quality Improvement or call **SWHP Quality Improvement Division at 254-298-3097.**

\*HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)



## CLINICAL PRACTICE GUIDELINES FOR HEART FAILURE

Scott and White Health Plan (SWHP) has adopted “2009 Focused Update Incorporated Into the ACC/AHA 2005 Guidelines for the Diagnosis and Management of Heart Failure in Adults” dated March 26, 2009, of the American College of Cardiology which is located at the following internet website link:

<http://content.onlinejacc.org/cgi/content/full/j.jacc.2008.11.013>

and

“HSFA 2010 Comprehensive Heart Failure Practice Guideline” from The Heart Failure Society of America published in the Journal of Cardiac Failure, Vol. 16, No. 6, June 2010 located at the following internet website link:

Copy the link below and paste into your internet browser:

<http://www.journals.elsevierhealth.com/webfiles/images/journals/yjcaf/Guidelines.pdf>

**SWHP Guideline Approval Body:** SWHP Quality Improvement Subcommittee

**Date of Adoption:** October 12, 2010

**Date of Next Review:** October 2012

**Physician Sponsor:** Dr. Mike Averitt

**Paper Copy:** A paper copy of these Guidelines is available upon request by contacting the SWHP Quality Improvement Division. Call toll free 1-800-321-7947 ext. 3529 or 3097 or 254-298-3529 or 254-298-3097

**Tier 2 Guideline**  
**Microhematuria Without Evidence of Primary Renal Disease In Adults**  
**(Confirmed by Microscopic Analysis)**

**Date of Adoption: September 14, 2010 Revision Dates:**

**Contact Physician: Dr. Erin Bird, MD; S&W Department of Urology**

Internal Medicine/Family Medicine: Microscopic Evaluation of urine to confirm presence of RBC's  
 Exclude benign causes

Signs or symptoms of infection, (e.g. dyspsuria, frequency, flank/CVA pain, leukocyte esterase, nitrites, white blood cells, bacteria)?

Yes

Treat infection; confirm resolution of microscopic hematuria with follow-up urinalysis six weeks after completion of therapy.

No

Findings in support of primary renal disease/glomerular cause (e.g. proteinuria, elevated creatine level, red cell casts, dysmorphic RBC's)?  
 Elevated creatinine

Yes

Refer to nephrology subspecialist OR Evaluate for primary renal disease

Refer to urology based on results of imaging/cytology

Or

Treat

PCP may elect to coordinate upper tract imaging (US C.T.) cytology

No

Or

Refer to urology Prepare patient for partial/ complete eval

Complete Evaluation (Upper Tract Imaging Cytology Cystoscopy) Urology Consultation

Negative

Positive

Treat

Urinalysis, Blood Pressure and Cytology at 6, 12, 24 and 36 months

Persistent hematuria, hypertension, and/or proteinuria

Evaluate for primary Renal Disease

Negative 3 Years

No further urologic monitoring needed

Gross hematuria, abnormal cytology, persistent irritative voiding symptoms

Repeat complete evaluation

Source: American Urological Association (AUA)



**Acute Phase Treatment Practitioner Contact Recommendations**  
Three patient contacts in the 12 week period.

Developed by physicians from the Departments of Psychiatry, Family Medicine, and Internal Medicine and by Health Integrated. Based on best practice recommendations of the Agency for Healthcare Research and Quality (AHRQ) and the Texas Algorithm Project.

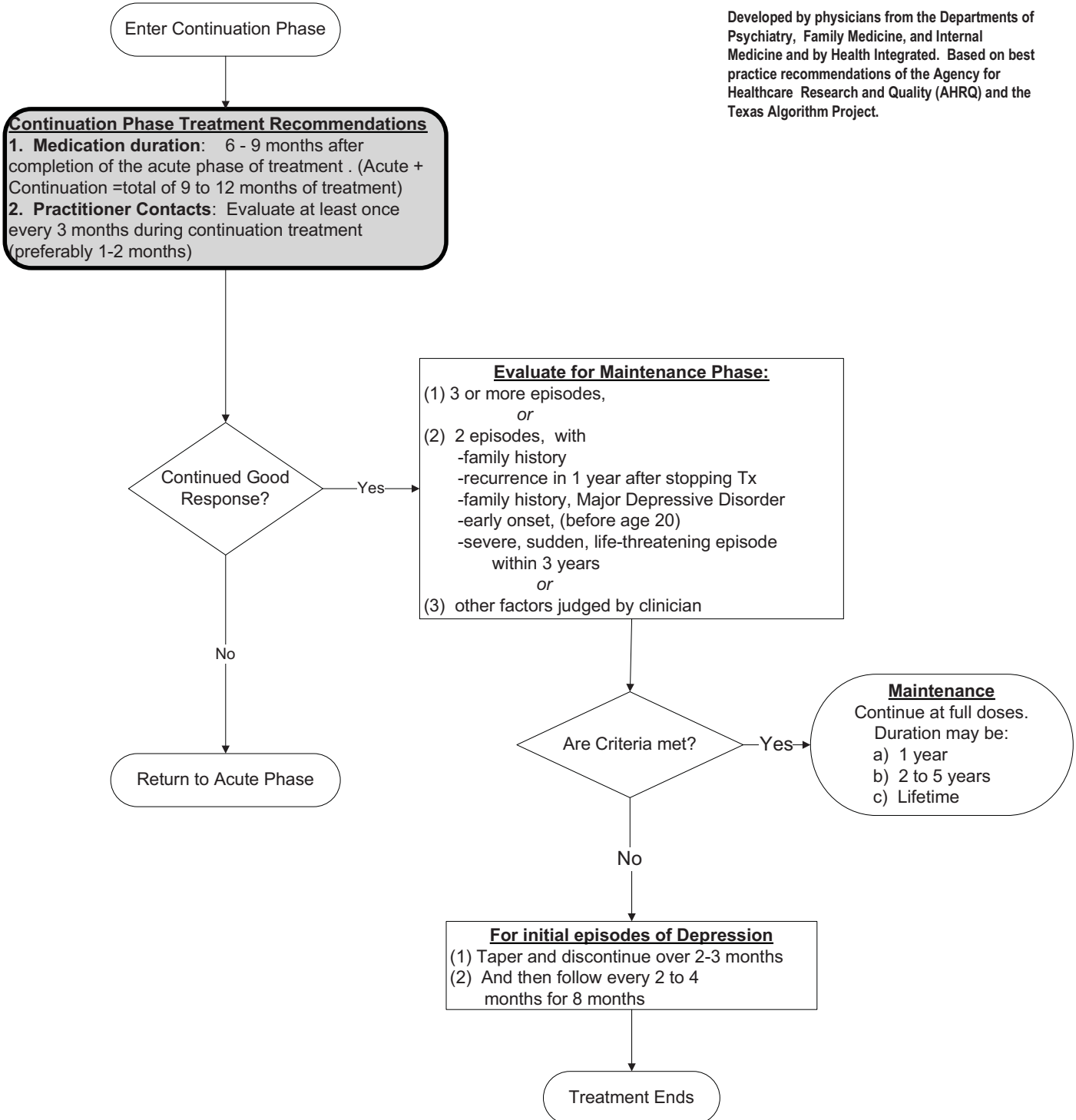
(See page 2 for Continuation and Maintenance Phases)

**Tier 2 Guideline  
Management of Major Depressive Disorder, Non-Psychotic**

**Continuation and Maintenance Phases**

**Date of Adoption:** March, 2001    **Revision Dates:** 02/2003, 09/2004, 08/2006, 11/2008, 10/2010  
**Contact Physician:** Dr. Virginia Maxanne Flores, MD; S&W Department of Psychiatry

Developed by physicians from the Departments of Psychiatry, Family Medicine, and Internal Medicine and by Health Integrated. Based on best practice recommendations of the Agency for Healthcare Research and Quality (AHRQ) and the Texas Algorithm Project.



# Welcome New Physicians & Providers

## September 2010

Texan Surgery Center - Ambulatory Surgery - Austin  
Select Physical Therapy Holdings - PT/OT/ST - Austin  
Gary L. Foster, M.D. - Cardiology - Austin  
Rajesh V. Babu, M.D. - Pulmonary Disease - Austin  
Austin State Hospital - Hospital-MH - Austin  
Henry Legere, III, M.D. - Allergy - Austin  
Christopher D. Vije, M.D. - Pain Management - Austin  
Jonathan Sheinberg, M.D. - Cardiology - Austin  
Darlene A. Palmer, - MH Counselor - College Station  
Matthew C. Poling, M.D. - Family Medicine -  
College Station  
Brian K. Goode, - MH Counselor - Gatesville  
Lillian Hinds, - MH Counselor - Gatesville  
Kay Vossler, - MH Counselor - Georgetown  
Rogelio Trevino, M.D. - Family Medicine - Georgetown  
Yamini A Akkanti, M.D. - Family Medicine -  
Harker Heights  
Melinda D. Conroy, D.O. - Dermatology - Marble Falls  
Julie L. Fridlington, M.D. - Dermatology - Round Rock  
Dynasplint Systems, Inc - DME - Sevrna Park  
Clyde D. Smith, M.D. - General Surgery - Taylor  
Christopher J Marrocco, M.D. - Surgery - Temple  
Kelly D Mattix, M.D. - Pedi Surgery - Temple  
Anuradha Rai, M.D. - Pediatrics - Temple  
Long Le, M.D. - Pulmonary Disease - Temple  
Nimrit Goraya, M.D. - Nephrology - Temple  
Nitika Thawani, M.D. - Radiation Oncology - Temple  
Nicole M. Bourgeois, PhD, LMFT - MH Counselor -  
Temple  
Robert J Warren, D.O. - Family Medicine - Temple  
Yishal B Malpani, M.D. - Geriatric Medicine - Temple  
Ibrahim M. Elnihum, M.D. - Neurosurgery - Temple  
Matthew Bower, M.D. - General Surgery - Temple  
Chad S. Conner, M.D. - Orthopedic Surgery - Waco  
Sherrie L. Parker, M.D. - General Surgery - Waco

## October 2010

Joyce D. Wolf, PSYD - MH Counselor - Austin  
Emil Fadel, O.D. - Optometry - Austin  
Theo S. Painter, M.D. - Allergy - Austin  
Allan L. Franklin, AU.D - Audiology - Austin

Michael N. McCormick, O.D. - Optometry - Austin  
John W. McCormick, O.D. - Optometry - Austin  
Randal Villalovas, M.D. - Internal Medicine - Belton  
Joseph S. Allison, O.D. - Optometry - Bryan  
David M. Dranetz, M.D. - Psychiatry - Bryan  
Joseph O. Sokal, - Psychiatry - Bryan  
Christopher S. Cargile, M.D. - Psychiatry - Bryan  
Darlene W. McLaughlin, M.D. - Psychiatry - Bryan  
Marjorie E. Viscardi, M.D. - Family Medicine - Buda  
Julius F. Kramer, M.D. - Family Medicine - Buda  
Larry C. Smith, O.D. - Optometry - Cedar Park  
Virginia Bougher, OD - Optometry - Cedar Park  
Elizabeth Suarez, M.D. - Family Medicine -  
College Station  
Simaan A. Shini, O.D. - Optometry - College Station  
Horatio S. Taveau, D.O. - Family Medicine - Killeen  
Biresh Kumar, M.D. - Nephrology - Killeen  
Larry W. Magnuson, M.D. - Family Medicine - Kyle  
Heath S. Henbest, D.O. - Family Medicine - Lampasas  
James E. Handy, M.D. - Podiatry - Rockdale  
Jason C. Hubbard, M.D. - Family Medicine - San Saba  
Billy Carpenter, D.O. - Family Medicine - San Saba  
Deborah H. Roberson, LPC - MH Counselor -  
Smithville  
Quest Imaging Center - Imaging Center - Waco

## November 2010

Nolan D. Shipman, M.D. - Otolaryngology - Bryan  
Bridgette D. Fuller, O.D. - Optometry - Cedar Park  
Medco Medical Supply, Inc - DME - Houston  
Rehab Specialties, Inc - DME - Houston  
Sean M. Hensley, O.D. - Optometry - Hutto  
Tony Jacob, O.D. - Optometry - Lockhart  
Erin Jacob, O.D. - Optometry - Lockhart  
Mickie King, LCSW - MH Counselor - Round Rock  
Gustavo Del Toro, - Hospitalist - San Angelo  
Tom D. Byrd, M.D. - Internal Medicine - San Saba  
Robyn L. Hightower, PSYD - Psychology - Waco  
Donald Corley, PHD - Psychology - Waco  
Thomas A Harris, - Psychology - Waco  
Robert Thrift, - Psychology - waco  
Keith M. Hankins, - Psychology - Waco  
Marisa A McNamara, LPC - MH Counselor - Waco



**SCOTT & WHITE  
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