

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

Continuing Medical Education

Effective Legislative Representation

Savings on CME:

39th MidWinter Conference
February 10 - 12, 1995
Doubletree Lincoln Centre Dallas,
Texas



96th Annual Convention &
Scientific Seminar June 15-18,
1995

Grand Kempinski Hotel
Dallas, Texas

Lobbying For Osteopathic Physicians:

- ◆ Following Managed Care Issues
- ◆ Fighting Hospital Staff
Privilege Discrimination
- ◆ Negotiating On Your Behalf
With Insurance Companies
- ◆ Defending Your Practice

This issue of the TEXAS DO is going to all Osteopathic Physicians in Texas, even those who are not yet members of TOMA. If you are a non-member colleague, please review the inside cover, where some of the advantages of membership are described. We hope you will do your part to continue the growth osteopathic medicine has enjoyed in Texas, by becoming a TOMA member now.

An application is enclosed on the inside back cover for your convenience. For further information, call the TOMA office at (800) 444-8662. We look forward to hearing from you!

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PRIVILEGES, SERVICES & BENEFITS

TOMA

- ✦ Is exclusively committed to promoting the practice of Texas osteopathic physicians.
- ✦ Is a positive force in eliminating and counteracting discrimination through education and marketing.
- ✦ Works on your behalf for successful resolution of disputes among health insurance carriers, hospitals, managed care organizations, and doctors.
- ✦ Effectively represents you, on matters of reimbursement, before health insurance carriers, Medicare, Medicaid and Texas Workers' Compensation Commission.
- ✦ Provides access to professional liability insurance, group life, disability, and major medical insurance.
- ✦ Effectively represents the osteopathic profession before legislative bodies and governmental agencies, through the constant monitoring of health care issues.
- ✦ Affords its members practice opportunities and access to current information on attractive practice locations through the physician placement service.
- ✦ Assists doctors in securing access to hospital staff privileges.
- ✦ Brings you Continuing Medical Education programs through our annual convention and medical seminars.
- ✦ Provides public information and educational programs that help you to tell a positive factual story about the osteopathic profession.
- ✦ Brings you timely information about your profession, plus articles of general interest to you in your monthly TEXAS DO magazine, legislative news bulletins, and the annual membership directory. Other materials such as the Controlled Substance Record Book and osteopathic educational materials for your patients, are available.
- ✦ Gives you an opportunity to take part in forming and approving the major policies of your Association.
- ✦ Is a vital, working state Association made up of administrative and elected officers, departmental and committee chairmen and committee members who are at work on a broad sweep of professional and public affairs.
- ✦ Provides free library reference information through Med-Search, a joint project of our Association and the UNTHSC Gibson Lewis Health Science Center medical library.
- ✦ Offers additional membership services - with the TOMA MasterCard program, the I.C. Systems collection agency, and a patient referral service.
- ✦ Supports the Physicians Assistance Program, which offers impaired physicians a peer group to monitor recovery.
- ✦ And other programs and services as they become available.

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XXXXX, No. 1

The Journal of the Texas Osteopathic Medical Association

January, 1995



TOMA

Join The Forces Facing Legislative
Challenges Head-On



The
Osteopathic
Legislative Connection



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For Your Information

OSTEOPATHIC AGENCIES:

American Osteopathic Association	312/280-5800
Washington Office	800/621-1773
	202/544-5060
American Osteopathic Healthcare Association	800/962-9008
Physician's Choice Medical Malpractice	703/684-7700
Dean, Jacobson Financial Services:	800/366-1432
For Premium Rates,	
Enrollment & Information	1-800/321-0246
TOMA Major Medical Insurance	1-800/321-0246
TOMA Disability Insurance Program	1-800/321-0246
UNTHSC/Texas College of Osteopathic Medicine	817/735-2000
Dallas Metro	429-9120

Medicare Office:

Part A Telephone Unit	214/470-0222
Part B Telephone Unit	903/463-4495
Profile Questions	214/766-7408

Provider Numbers:

Established new physician (solo)	214/766-6162
Established new physician (group)	214/766-6163
All changes to existing provider number records	214/766-6158

Medicaid/NHIC

Texas Medical Foundation	512/343-4984
Medicare/CHAMPUS General Inquiry	512/329-6610
Medicare/CHAMPUS Beneficiary Inquiry	800/725-9216
Medicare Preprocedure Certification	800/725-8315
Private Review Preprocedure Certification	800/725-8293
Texas Osteopathic Medical Association	800/725-7388

in Texas 800/444-TOMA

FAX No. 512/388-5957

TOMA Physicians Assistance Program

817/294-2788

in Texas 800/896-0680

FAX No. 817/294-2788

in Texas 800/444-TOMA

TOMA Med-Search

TEXAS STATE AGENCIES:

Texas Health and Human Services Commission	512/502-3200
Department of Health	512/458-7111
Texas State Board of Medical Examiners	512/834-7728
	FAX No. 512/834-4597
Registration & Verification	512/834-7860
Complaints Only	800/201-9353
Texas State Board of Pharmacy	512/832-0661
Texas Workers' Compensation Commission	512/448-7900
Medical Review Division	512/440-3515
Texas Hospital Association	800/252-9403
Texas Department of Insurance	512/463-6169
Texas Department of Protective and Regulatory Services	512/450-4800
State of Texas Poison Center for Doctors & Hospitals Only	713/765-1420
	800/392-8548
Houston Metro	654-1701

FEDERAL AGENCIES:

Drug Enforcement Administration:	
For state narcotics number	512/465-2000 ext. 3074
For DEA number (form 224)	214/767-7250

CANCER INFORMATION:

Cancer Information Service	713/792-3245
in Texas	800/392-2040

TEXAS DO

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

FEATURES

Page

President's Corner	5
TOMA Board of Trustees Spotlight:	
Hector Lopez, D.O.	8
AOHA Awards Highest Honor to John Isbell	11
January 1995: Thyroid Awareness Month	12
New Interns and Residents, Continued	16
In Memoriam	22
William H. Badger, D.O.	
Joseph S. Carpenter, D.O.	
William A. Flannery, D.O.	
How a State Wide IPA Would Benefit Texas Physicians	23
By Dean L. Peyton, D.O., Chairman,	
TOMA Socioeconomics Committee	
Report on the December 3, 1994 TOMA	
Board of Trustees Meeting	24
TOMA Privileges, Services and Benefits	27
News From the Texas Medical Foundation	29

DEPARTMENTS

Calendar of Events	4
CHAMPUS News	11
What's Happening in Washington, D.C.	18
Self's Tips & Tidings	26
District Stars	30
Letters to the Editor	31
ATOMA News	32
Texas Society of the ACOFP Update	34
Blood Bank Briefs for Physicians	36
News from Osteopathic Health System of Texas	37
News From the University of North Texas	
Health Science Center at Fort Worth	38
Public Health Notes	41
Practice Locations in Texas	42

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January, 1995

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Calendar of Events

FEBRUARY 3-7, 1995

*"Fifth Annual Update in Clinical Medicine
for Primary Care Physicians"*

Sponsored by University of North Texas

Health Science Center at Fort Worth

Location: Lake Tahoe, Nevada

Hours: 20 CME Hours – Category 1-A,
AOA

Contact: Pam McFadden, Program Director
817/735-2539

FEBRUARY 10-12, 1995

TOMA 39th Annual Midwinter Conference
and Legislative Forum

"Primary Care includes OMT"

Sponsored by Texas Osteopathic Medical
Association

Location: Doubletree Lincoln Centre
Dallas, Texas

Hours: 18 Hours Category 1-A, AOA
Approved

Contact: Texas Osteopathic Medical
Association
512/388-9400 or 1/800-444-8662

25-26

"Advanced Cardiac Life Support Course"

Sponsored by Colorado Society of
Osteopathic Medicine

Location: Keystone Lodge & Resort
Keystone, Colorado

Hours: 15 hours AOA Category 1-A
CME credit

Contact: Patricia Ellis
50 S. Steele Street, #440
Denver, CO 80209
303/322-1752; Fax 303/322-1956

FEBRUARY 26-MARCH 3, 1995

Ski-CME Midwinter Conference

Sponsored by Colorado Society of
Osteopathic Medicine

Location: Keystone Lodge & Resort,
Keystone, CO.

Hours: 38 hours AOA Category 1A CME
credits; AAFP prescribed course
hours

Activities: Skiing, night skiing, cross country
skiing, sleigh rides, banquet.
Updates for family practitioners
on orthopedics, gynecology,
emergency medicine, infectious
disease, physical medicine,
cardiology and more.

Contact: Patricia Ellis
50 S. Steele St., #440
Denver, CO 80209
303/322-1752; Fax 303/322-1956

MARCH 9-12

Florida Osteopathic Medical Association
92nd Annual Convention

Location: Doral Ocean Beach Resort,
Miami Beach, Florida

Hours: 30 Category 1-A anticipated, five
hours Risk Management and three
hours AIDS/HIV

Contact: Florida Osteopathic Medical
Association
2007 Apalachee Parkway
Tallahassee, Florida 32301
904/878-7364

APRIL 14-15

*"Ninth Annual Spring Update for the Family
Practitioner"*

Sponsored by University of North Texas
Health Science Center at Fort Worth

Location: Dallas Family Hospital, Dallas,
Texas

Hours: 10 CME hours – Category 1-A,
AOA

Contact: Pam McFadden, Program Director
817/735-2539

APRIL 22-23

*Sutherland's Methods for Treating the Rest of
the Body*

Location: Dallas/Fort Worth, Texas

Hours: 16 Category 1-A credits
Conrad A. Speece, D.O.

Contact: 10622 Garland Road
Dallas, TX 75218
214/321-2673

Articles in the "TEXAS DO" that mention the Texas Osteopathic Medical Association's position on state legislation are defined as "legislative advertising," according to Tex Govt Code Ann §305.027. Disclosure of the name and address of the person who contracts with the printer to publish the legislative advertising in the "TEXAS DO" is required by that law: Terry R. Boucher, Executive Director, TOMA, One Financial Center, 1717 North IH 35, Suite 100, Round Rock, Texas 78664-2901.



President's Corner

By T. Eugene Zachary, D.O., President
Texas Osteopathic Medical Association

Membership – A Need That Is Overdue

1. a body part
2. a unit of structure in a plant body
3. a person enrolled in a church
4. a constituent part of a whole
5. a component of a logical class
6. one of the individuals composing a group

These definitions all describe the word MEMBER according to Webster's New Collegiate Dictionary. For the purposes of this monograph, I will limit my discussion to numbers 4, 5, and 6. I want to talk about TOMA membership. TOMA is not a body, or a plant or a church, therefore, we can eliminate numbers 1, 2 and 3 right away. MEMBERSHIP is defined as:

- A. the state or status of being a member
- B. an organization with a large number of members

TOMA can be described as definition B, but there is a slight problem with the word large. The membership of TOMA is not large yet. When every osteopathic physician in Texas is a member, only then can we say that we have a large number of members.

Definition number 6: each person who is a member of TOMA is one of the individuals composing this group. Definition number 5: each person who belongs to TOMA is a component part of the group. Definition number 4: each person who belongs to TOMA is a constituent part of this group. Any one of or all three of these definitions describe the make-up of our state association.

TOMA is an organization that exists primarily to (1) help and support osteopathic physicians in Texas, (2) promote and enhance the practice of osteopathic medicine in Texas, (3) encourage the understanding in the public of what osteopathic medicine is and what it isn't, (4) improve the public health, and (5) establish, improve, maintain, and elevate the high standards of medical education and osteopathic medical practice.

The only way an organization can help its members is to know their needs. Likewise, an organization cannot be of service to non-members (of like nature) if they do not join forces with members and share the benefits provided by the organization.

TOMA offers a long list of privileges, services, and benefits to its members which can be found on page 27 in this issue of the *TEXAS DO*. I ask that all of you review this list in order to be aware of what the association can do

for you individually and collectively. Also, I ask each of you to use this list to reach out and contact a D.O. in your area or district who doesn't belong to TOMA and show him or her how the state association can help them.

We need your help. Only you can do this. We can't do it from the state office in Austin or from the Board of Trustees or from the House of Delegates. Only you can know when someone new moves in to open a practice, or applies for staff membership to your hospital. Only you can provide that special personal touch of one D.O. to another D.O.

"If an osteopathic physician ever has a problem, no organization or any other group is going to be there with support and help like TOMA can and will."

Recently, I was privileged to attend a meeting of District VI in Houston and sat next to a new, young D.O. who had been in the area for 4 or 5 months. He was eager to become an active member and several of the established members visited with him and encouraged him to join. I subsequently received a note from him saying that he was pleased with the reception and enthusiasm that he had received and would become a member. Sometimes, the only thing that is needed is for someone to show some interest, and a caring attitude.

The importance of having all D.O.s in Texas as members of TOMA is fairly simple to understand. There is strength in numbers – the more members we have, the stronger we all are. This strength manifests itself in many ways. It enables the association to fight for you when someone is trying to discriminate against you. It enables the association to lobby for laws that help you in your practice of osteopathic medicine. It enables the association to represent you on many fronts. It helps the association to provide CME for those of you who want or need the hours. Our strength is directly proportional to the number of members that we have.

(Continued on Page 6)

MEDWATCH Update

When a drug goes to market, we know everything about its safety.

Wrong.

1-800-FDA-1088

FDA MEDWATCH
If a medicine is found to be unsafe.

The Food and Drug Administration Medical Products Reporting Program (MEDWATCH) has announced new safety information and labeling changes on Imitrex (sumatriptan succinate) Injection, an anti-migraine medicine. Due to recent experience reports of deaths and serious life-threatening events following administration of Imitrex Injection, new labeling warnings have been initiated to help physicians better identify which patients should receive the drug.

Upon consultation with the FDA, Glaxo Inc. has added new warnings to its prescribing information for physicians against using Imitrex in patients who may have undiagnosed coronary artery disease. Glaxo also emphasizes that Imitrex should be used only where a clear diagnosis of migraine has been established.

Before prescribing Imitrex, it is important to:

- Establish a clear diagnosis of migraine. As noted in existing labeling, there have been rare reports where patients received the medicine for severe headaches that were subsequently shown to have been secondary to an evolving neurological lesion.

Therefore, labeling has been revised to read as follows:

"Imitrex Injection should only be used where a clear diagnosis of migraine has been established."

- Exclude coronary artery disease. Imitrex Injection should not be given to patients in whom unrecognized coronary artery disease is likely without a prior evaluation for underlying cardiovascular disease.

Labeling has been revised to read as follows:

"Serious coronary events, including some that have been fatal, following Imitrex Injection have occurred but are extremely rare. Although it is not clear

how many of these can be attributed to Imitrex, because of its potential to cause coronary vasospasm, Imitrex Injection should not be given to patients in whom unrecognized coronary artery disease (CAD) is likely without a prior evaluation for underlying cardiovascular disease. Such patients include postmenopausal women, males over 40, and patients with risk factors for CAD such as hypertension, hypercholesterolemia, obesity, diabetes, smokers, and strong family history. Following a satisfactory cardiovascular assessment, it is strongly recommended that the first dose of Imitrex Injection be administered in the physician's office for these patients. If symptoms consistent with angina occur, electrocardiographic (ECG) evaluation should be carried out to look for ischemic changes."

According to James Palmer, M.D.,

Senior Vice President and Chief Medical Officer of Glaxo Inc., Imitrex "has been used to treat more than 30 million migraines in more than one and a half million patients worldwide since it was first approved in 1991. The purpose of these changes is to make sure that Imitrex is used in the appropriate patient population."

Any adverse events should be reported to the Glaxo Drug Surveillance Department at 1-800-334-4153; or to the FDA MEDWATCH program by phone 1-800-FDA-1088; by Fax at 1-800-FDA-0178; by modem at 1-800-FDA-7737; or by mail to MEDWATCH, HF-2, FDA, 5600 Fishers Lane, Rockville, MD 20857.

Additionally, further information on the proper use of Imitrex Injection can be obtained by calling Glaxo Medical Services at 1-800-334-0089. ■

Slight Decrease Expected In HMO Premiums

Based on a survey of 71 HMOs with eight million members, the Group Health Association of America (GHHA) projects that health insurance premiums will drop this year for over 50 million Americans enrolled in HMOs. The trade group says that HMO enrollment has risen from nine million in 1982 to 26 million in 1986 to the current 50.5 million. It is predicted that by the end of 1995, 56 million Americans will be enrolled in HMOs.

Jon Gabel, GHHA Research Director, noted that HMOs are "now

reaching a critical threshold" in that they are large enough to exert downward pressure on medical prices. The predicted premium decline follows three years of raised premiums by 10.6 percent, 8.1 percent and 5.6 percent.

An increasing number of HMOs now offer a point-of-service option, which allows members to visit physicians outside of the HMO's roster by paying a bigger share of the bill. Approximately 3.4 million HMO members had the point-of-service option in 1994, up from 2.6 million in 1993. ■

President's Corner, continued

WE NEED YOUR HELP! We need each member to look into his or her district, and locate any D.O.s who are not members of TOMA. Call them personally, or better yet, go by and see them. Find out why they are not members. If something needs to be done for them from the state office, call Terry Boucher or Scott Petty at 1-800-444-TOMA. Maybe they just need an interested person to contact them and encourage them to belong. Photocopy the list of benefits I mentioned earlier in this article and take or send it to them.

Your personal efforts are much more

effective than anything we can do from the state office. Oh, by the way, for each new member or renewal member that you bring into the association, TOMA will reduce your registration fee for the next annual convention by \$50.00.

PLEASE HELP! We need to grow. We need every D.O. in Texas to belong to TOMA. This will help TOMA help you. If an osteopathic physician ever has a problem, no allopathic organization or any other group is going to be there with support and help like TOMA can and will. The more members we have, enables our own organization to offer more benefits and support. ■

You need **TIOPA**

TEXAS INDEPENDENT OSTEOPATHIC
PHYSICIANS ASSOCIATION

TIOPA needs you.

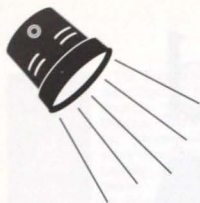
With the arrival of managed care, physicians are searching for greater representation and a more influential voice. Texas Independent Osteopathic Physicians Association (TIOPA) is a physician-directed organization. It has recently expanded its network to help osteopathic physicians across Texas gain a competitive and organized negotiation presence. As a member, you'll benefit from:

- Joint Marketing and Promotion
- Managed Care Contract Review and Analysis

- Professional Autonomy
- Geographically Diverse Physicians Network

Join TIOPA, an organization established to promote and to support your independent practice in today's health care market.

Do it for yourself, for your practice and for other osteopathic physicians across Texas. For more information, write to TIOPA, 3715 Camp Bowie Boulevard, Fort Worth, Texas 76107, or call 817-377-8046, toll free 1-800-725-6628, or FAX 817-377-0827.



SPOTLIGHT TOMA Board of Trustees

Each month TOMA spotlights a board member for his or her work and commitment to the osteopathic profession in Texas. TOMA extends a sincere thanks to every board member who has served or is serving as a member of the TOMA Board of Trustees.



Hector Lopez, D.O.

Dr. Hector Lopez of El Paso willingly speaks of his love for the osteopathic profession as well as his involvement with the profession. "I can never hope to repay my debt to the osteopathic profession. However, I shall forever fervently be its advocate, hopefully becoming in the process a role model whose personal and professional conduct will serve for the ultimate benefit of my family, patients and profession. Obtaining an Osteopathic Medical Degree is the hardest thing I have ever done but it was also the most worthwhile!"

A family practitioner, Dr. Lopez practices at Community Medical Clinic in El Paso, and also serves as an Associate Clinical Professor in Family Practice at Texas College of Osteopathic Medicine. He notes that El Paso has unique health care issues due to third world poverty conditions in neighboring Juarez, Mexico. Problems include colonias with no available water; nonexistent sewerage treatment facilities in Juarez; uncontrolled

automobile and industrial pollution; and immigrants afflicted with TB, cholera outbreaks, parasites, etc.

An active member of TOMA since 1979, Dr. Lopez has served as a member of the Board of Trustees since 1991. He has served on various committees throughout the years, currently serving as co-chairman of the Public Information Committee; member of the Membership, Services and Professional Development Committee; and member of the Student/ Postdoctoral Affairs Committee.

***"I can never hope to repay
my debt to the osteopathic
profession. However, I
shall forever fervently
be its advocate..."***

A 1981 graduate of Texas College of Osteopathic Medicine, where he is active in student recruitment and student vocational indoctrination, he is incredibly proud of the school's progress. During his participation in the recent groundbreaking ceremonies for Med Ed IV, Dr. Lopez stated, "My heart was overwhelmed, not only with a sense of pride and accomplishment, but also with the warm glow of knowing how incredibly blessed I was to be amongst so many warm and caring friends, professors, colleagues and new found friends.

"Nostalgically, my mind drifted 18 years back in time when TCOM and, in a broader sense, the osteopathic

profession took a chance and chose to bring me, an unproven but hopeful fledgling, into its fold. Gradually, through excellence in education and high expectations, embodied in a warm, caring family like the environment at TCOM, I was groomed, like so many before and after me, towards eventual realization of my life's calling as an osteopathic physician, serving and caring for the health care needs of my own community."

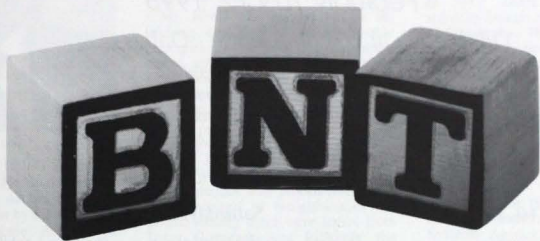
Dr. Lopez has a hand in many activities. He is currently working to revive TOMA District XI meetings; volunteers his services at independent health care clinics in Mexico/El Paso; and helped organize and establish the Caring for Children program in El Paso. He was designated a Rotary Honorary Member of the Northeast El Paso Club, for Meritorious Community Service, in 1994; and was listed as one of "The Best of the Border Doctors" in 1993 by the *El Paso Times*.

He and his wife, Leticia, who is completing an accounting degree at the University of Texas at El Paso, have four children: Uriel, age 16; Noemi, age 14; Aldo, age 11; and Mark, age 9. He notes that all the boys play sports and are in the top of their class and his daughter is a high school cheerleader. Dr. Lopez competes on a statewide basis in basketball in the men's 35 and over category and is ranked third in the state. He adds, "I also enjoy a good game of racquetball."

TOMA extends a heartfelt thank you to Dr. Lopez for his continuous efforts on behalf of the osteopathic profession.

(Editor's note: We would like to convey our deepest sympathies to Dr. Lopez and his family, upon hearing of the recent death of his father.)

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ARLINGTON I-20 at Little Rd., Arlington 478-9271 HURST 201 E. Pipeline Rd., Hurst 280-9586
MEADOWBROOK 6707 Brentwood Stair Rd., Fort Worth 457-4990

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Texas Osteopathic Medical Association

Presents the

39th Annual MidWinter Conference "Primary Care Includes OMT"

February 10 - 12, 1995

Doubletree at Lincoln Centre - Dallas, Texas

The TOMA Conference rate is \$64 Single\Double or the Executive Level at \$84 Single\Double. Please make your reservations no later than January 27, 1995, to secure these special conference rates. Hotel arrangements can be made by calling the Doubletree Lincoln Centre at (214) 934-8400.

Program Chairman - James J. Mahoney, D.O.

18 AOA Approved Category 1-A Hours Available

Friday, February 10, 1995

4:00 - 7:00 pm Registration
6:00 - 6:45 pm Medicare OMT Reimbursement
6:45 - 7:30 pm Insurance: Training Your Staff
to Ask the Right Question
7:30 - 9:00 pm Medicare Coding Workshop

Saturday, February 11, 1995

7:00 am Registration \ Exhibits Open
7:45 - 8:15 am OMT Reimbursement With
Managed Care
8:15 - 8:45 am Indications for Referral-
Non-Healing Wounds
8:45 - 9:30 am OMT for Cardiology Patients
9:30 - 10:15 am OMT Treatment of Respiratory
Disease

Saturday, Cont.

10:15 - 10:45 am Physician \ Exhibit Break
10:45 - 11:30 am Upper Respiratory Tract Infection in
Children
11:30 am - 12:15 pm Pain Management
12:15 - 1:45 pm Legislative Luncheon
1:45 - 2:30 pm Lower Back Treatments
2:30 - 3:15 pm OMT Demonstration
3:15 - 3:45 pm Physician \ Exhibit Break
3:45 - 4:30 pm Neuromuscular Examination
4:30 - 5:15 pm Joint Injection

Sunday, February 12, 1995

8:00 am - 1:00 pm Risk Management Seminar (5 Hours)
Enhancing Communication --
Patient \ Physician \ Attorney

Return this portion with your payment to TOMA, 1717 N. I.H. - 35, Suite 100, Round Rock, TX 78664-2901

Physician Name _____ AOA # _____

Address _____ City _____ ST _____ Zip _____

Phone (____) _____ College _____ Grad. Year _____

_____ TOMA Members \$175 _____ Non-Members \$275

Please reserve me _____ extra luncheon tickets at \$25 each.

TOTAL ENCLOSED _____

*Your check must accompany this form. A \$10 processing fee will be assessed for all refunds.
No Refunds after January 27, 1995.*

John Isbell Is Recipient of AOHA's Highest Honor



John B. Isbell

John B. Isbell, Chief Executive Officer of Doctors Hospital, Inc., in Groves, Texas, was named the 1994 Award of Merit winner by the American Osteopathic Healthcare Association (AOHA), during its 60th Anniversary Awards Banquet on September 24, 1994, in Chicago.

The Award of Merit, the most prestigious award presented by the AOHA, recognizes individuals with a lifetime of noteworthy service to hospitals, association and industry. Recipient areas of achievement include the welfare of hospital patients;

improvements in hospital administrative methods and practices; outstanding service in local, state or national hospital or health care organizations; enhancements of the public's perception of the osteopathic hospital; advancement of the practice of hospital administration; advancement of the unique identity of osteopathic hospitals; and improvements in the delivery of quality osteopathic medicine.

Mr. Isbell was recognized for his lifelong commitment to osteopathic principles. He believes that the osteopathic approach to medical care by physicians creates a more personal atmosphere, one that permeates to other personnel in osteopathic hospitals.

The presentation was made by Anthony Tersigni, Ed.D., FCOHE, AOHA's 1994-95 chairman, who read a few of the numerous letters of congratulations and proclamations Mr. Isbell received in recognition of the award. Among them were letters from Texas Governor Ann Richards; the Texas State Senate and Mr. Steve Verrett, Chairman of the Board for Doctors Hospital, Inc.

Mr. Isbell has devoted his entire career to health care, beginning as a laboratory technician to becoming an osteopathic hospital CEO at the age of 28. He has served as CEO of Stevens Park Hospital in Dallas, and as Executive Director of Dallas Family Hospital

and Oak Cliff Medical Surgical Hospital. He has served as CEO of Doctors Hospital Inc. since August of 1987.

A native of Stephenville, Texas, Mr. Isbell is a 1951 graduate of Stephenville High School and attended Tarleton State University. He served two years in the U. S. Army Medical Service Corps.

He is an AOHA life member, and served as chairman of the organization in 1981. Other memberships and activities include the American College of Osteopathic Healthcare Executives, in which he presently serves on the Board of Trustees; American College of Healthcare Executives; American Osteopathic Association, in which he has served as a hospital inspector, as an alternate on the Appeals Committee on Accreditation, and as a member of the Advisory Committee on Osteopathic Education; Texas Osteopathic Hospital Association, in which he served as president from 1970-71; Dallas Health Planning Council; Texas Area 5 Health Systems Agency; and the Southeast Texas American Heart Association, in which he serves on the Board of Trustees. From 1973-76, Mr. Isbell served as a member of TOMA's Texas Osteopathic Insurance Liaison Committee.

He and his wife, Charlene, have three children and one grandchild.

TOMA congratulates Mr. Isbell on this prestigious honor. ■

CHAMPUS News

Active-Duty CHAMPUS Inpatient Cost-Share Changes

Effective Oct. 1, 1994, the daily amount active-duty families pay for inpatient care in civilian hospitals under CHAMPUS increased from \$9.30 to \$9.50.

This means that an active-duty family member who is admitted to a civilian hospital for care under CHAMPUS will pay the daily rate of \$9.50 times the number of days spent in the hospital — or a flat fee of \$25, whichever is greater.

This rate doesn't apply to any other category of CHAMPUS-eligible patients. Their inpatient care will in most cases be cost-shared under CHAMPUS' diagnosis-related group (DRG) payment system.

The cost-sharing rate also applies to

ambulatory (same-day) surgery and psychiatric partial hospitalization (when a patient checks into a health care facility on a given day for treatment, but goes home at night).

CHAMPUS "DRG" Cost-Share Changes

The CHAMPUS diagnosis-related group (DRG) daily cost-share for most civilian hospital admissions has changed.

The daily rate for non-active-duty family members for most hospital admissions that occurred on or after Oct. 1, 1994, is \$323. CHAMPUS-eligible persons who are not the family members of active-duty service members will pay either the fixed daily rate of \$323, or 25 percent of the hospital's billed charges, whichever is less.

Active-duty family members' cost-shares aren't affected by the DRG rates. They'll pay a small daily fee of \$9.50 for each day in a civilian hospital or a total of \$25 for each hospital stay, whichever is greater.

When non-active-duty family members are admitted to hospitals that are exempted from the DRG payment system, their cost-share will be 25 percent of the hospital's billed charges. DRG-exempt hospitals include: psychiatric, cancer, long-term care, rehabilitation, and sole community hospitals exempt from Medicare's prospective payment program. Hospitals in the state of Maryland are also exempt from the DRG payment system.

For more information about DRG payments, contact the Health Benefits Advisor at the nearest uniformed services medical facility. ■

January Is Thyroid Awareness Month



Thyroid disease affects between six and eight million Americans; as many as four million remain undiagnosed and untreated because of the condition's slow onset and insidious symptoms. The underdiagnosis of thyroid disease, particularly hypothyroidism, is a real public health problem. Left untreated, the condition can have serious negative health consequences on the cardiovascular system, reproductive system and other major organs. Once properly diagnosed, however, treatment is effective and can prevent end-organ damage caused by lack of sufficient thyroid hormone.

A Thyroid Health Initiative: Unmasking the "Hidden" Hormone

In an effort to address the problem of undiagnosed thyroid disease, the American Association of Clinical Endocrinologists (AACE) has designated January 1995 as the first national observance of Thyroid Awareness Month. AACE will be releasing new clinical guidelines for the diagnosis and treatment of thyroid disease this month. **(Editors note: these guidelines were unavailable as of press time for this issue; however, they will be available in the February issue of the TEXAS DO.)**

Healthcare institutions and providers across the country are being encouraged to launch awareness campaigns to educate the public about thyroid disease and the need for early detection and diagnosis.

As part of this effort, Boots Pharmaceuticals, Inc. has provided program materials and resources to a coalition of healthcare institutions and

providers throughout the United States who have planned public awareness campaigns.

Barriers to Effective Detection and Diagnosis

There are two potential barriers to effective detection and diagnosis of thyroid disease. The first is that in subtle, subclinical thyroid illness, the first stage of the disease, patients often experience few or no symptoms and may not even know anything is amiss. Treatment of subclinical thyroid illness, however, is extremely important even though the signs and symptoms have not yet caused major discomfort for the patient. Early detection and treatment can stop the progression of the illness and preserve or improve the patient's quality of life. The need for early treatment is evident in the fact that untreated subclinical hypothyroidism progresses to overt hypothyroidism at a rate of approximately 5 to 20 percent per year.

The second problem with diagnosing thyroid disease is that even as the illness progresses to the overt stage, the symptoms tend to be vague and easily confused with those of other conditions, such as the natural aging process, menopause or stress. The tragedy is that many patients remain undiagnosed and untreated for years due to lack of awareness of the disease and its signs and symptoms.

Hypothyroidism

Hypothyroidism is the most common form of thyroid illness, affecting approximately six to seven million Americans, primarily women. The condition occurs when the thyroid, due to disease or abnormality, fails to produce enough hormone. In the United States, the most common cause of hypothyroidism is Hashimoto's disease, in which the immune system inexplicably produces antibodies that destroy the thyroid as if it were foreign tissue. As the damaged thyroid gland produces less hormone, the pituitary gland secretes more thyroid-stimulating hormone (TSH) to

encourage the thyroid to work harder. This increased demand on the thyroid may cause it to enlarge, resulting in what is commonly known as a goiter.

Potential Complications of Untreated Hypothyroidism

**The Heart

The heart is very sensitive to levels of thyroid hormone in the blood. When an inadequate amount of thyroid hormone reaches the heart cells, the heart slows down and ceases to pump efficiently enough to meet the body's needs for oxygen-rich blood. As a result, people with underactive thyroid glands who also suffer from heart disease may experience a worsening of their cardiac conditions. These individuals may also have elevated cholesterol levels due to a decreased ability to clear cholesterol from the body. This can aggravate preexisting conditions such as atherosclerosis.

**The Female Reproductive System

A lack of sufficient thyroid hormone in the blood can also affect the female reproductive system by altering estrogen and other hormones. Menstrual disorders and infertility are often associated with an underactive thyroid. In addition, pregnant women with undiagnosed or untreated thyroid illness are at risk for premature delivery and other fetal complications.

**The Brain

Thyroid hormone is essential for proper emotional status as well as mental and physical development. Newborn babies' thyroid function is routinely screened with the ultra-sensitive TSH test to avoid mental developmental difficulties. Children and adolescents who go untreated risk abnormal mental and physical development. An underactive thyroid can cause adults to experience subtle, unexplained mood swings, decreased memory, decreased concentration and mental impairment. In fact, 10 percent of all patients who are diagnosed with depression have primary hypothyroidism, whether overt or subclinical.

****The Skin**

One of the first areas affected by an underactive thyroid is the skin. Patients with hypothyroidism may experience wrinkles or flat, white patches on the skin; loss of hair from the outer thirds of the eyebrows; and even some bald patches on the head or thinning of the hair in general. These symptoms arise because hair and skin cells depend on thyroid hormone to grow rapidly. When insufficient hormone is produced by the thyroid, the growth is slowed and skin and hair may become dry and brittle.

Treatment Objectives for Hypothyroidism

The goal of treatment for hypothyroidism, whether subclinical or overt, is euthyroidism — attaining normal thyroid levels that would ordinarily be produced by the healthy thyroid. Treatment involves supplementing the body's hormone with a synthetic hormone medication called levothyroxine sodium.

Levothyroxine sodium, in most cases, must be taken daily for life by hypothyroid patients. The tablets are available in a variety of doses. The prescriptions are specifically tailored to individual patients in order to match the levels normally produced by the healthy thyroid. A process called titration is used by the physician to ensure each patient receives the exact dose he or she needs, since individual dosages can vary significantly. Using titration, the physician prescribes an initial dosage and then gradually adjusts it until a normal TSH test level has been achieved and hypothyroid signs and symptoms reduced or eliminated.

Periodic TSH blood tests are needed, usually as part of an annual physical, to ensure precise replacement dosage. Patient dosage requirements may change at different times of life. It is essential that patients taking levothyroxine sodium use exactly the prescribed dose. Precise, individual dosage of thyroid hormone medication is crucial because under-replacement of thyroid hormone will not control the symptoms, or potential end-organ damage, of hypothyroidism. Over-replacement of thyroid hormone, on the

other hand, can cause subclinical hyperthyroidism and may put some patients at risk for osteoporosis, as well as other complications.

In addition, hypothyroid patients should not switch to another brand of drug without consulting a physician. With some medications, it doesn't matter whether a branded product or generic substitute is used. With thyroid hormone replacement, however, switching may make a big difference. As a result, AACE recommends that changes in thyroid hormone medication should not be made without retesting of the patient's TSH levels and ensuring the dose is adjusted appropriately.

Hyperthyroidism

Hyperthyroidism, a less common thyroid disorder, occurs when the thyroid gland becomes overactive, secreting too much hormone. It affects approximately one million Americans. Hyperthyroidism is more common among women, particularly those in their 30s and 40s.

Like hypothyroidism, hyperthyroidism can be an autoimmune disease. Unlike hypothyroidism, where the immune system damages the thyroid gland and prevents it from producing enough thyroid hormone, hyperthyroidism results from overstimulation of the gland, causing it to produce too much thyroid hormone. The most common form of this disorder is Graves' disease, the illness that affected First Lady Barbara Bush. The cause of this disease is unknown.

The spectrum of possible signs and symptoms resulting from an overactive thyroid includes: mood swings/nervousness; fatigue; heart palpitations; weight loss despite an increase in appetite; increased perspiration; heat intolerance; frequent bowel movements; muscle weakness/tremors; mental disturbances; irregular menstrual periods; sleep disturbances; enlarged thyroid (goiter); irritability; and vision problems or eye irritation.

Treatment of Hyperthyroidism

Treatment of an overactive thyroid is complex and, as with many endocrine disorders, requires a long-term care plan. Once diagnosis is confirmed,

treatment involves an attempt to reduce the amount of thyroid hormone produced by the overactive thyroid gland. In the case of subclinical hyperthyroidism, often seen in patients taking excessive doses of thyroid replacement hormone, appropriate thyroid levels may be achieved simply by reducing the amount of replacement hormone taken by the patient. In the case of overt hyperthyroidism, treatment methods are more elaborate and should be administered by a clinical endocrinologist or thyroid specialist.

Treatment methods for hyperthyroidism include antithyroid drug (ATD) therapy, which blocks thyroid hormone production and can induce a spontaneous remission; radioactive iodine treatment, in which the overactive thyroid is disabled and reduced in size; and thyroid surgery, which is usually used to treat very young patients with Graves' disease and older patients with diseased thyroid glands. Radioactive iodine therapy is currently the treatment of choice in most cases in the U.S. Although the endocrinologist can recommend a preferred therapy, the patient must ultimately decide which treatment is to be used.

Some types of hyperthyroid therapy, including radioactive iodine treatment, may reduce the levels of thyroid hormone produced to the point that patients become hypothyroid and require lifetime maintenance with levothyroxine sodium. Patients with hyperthyroidism are given a dose of radioactive iodine that will "deactivate" the overactive thyroid. Then, they are given the proper level of thyroid hormone via replacement therapy with levothyroxine sodium tablets. These patients are carefully managed throughout their lifetime to ensure that the correct dose of medication is taken.

The Importance of Thyroid Screening

The development of sensitive and ultra-sensitive thyroid-stimulating hormone (TSH) tests have made it possible for physicians to identify thyroid disease earlier than ever, often even before patients begin to experience the discomforting symp-

toms of the illness. The "Clinical Practice Guidelines For The Treatment Of Hyperthyroidism And Hypothyroidism," recently developed by AACE, recommend that any woman over the age of 40 be screened periodically with a sensitive or ultra-sensitive TSH test to identify subclinical hypothyroidism. Because this patient group is at the highest risk for developing thyroid disease, this screening procedure would identify subclinically hypothyroid patients who have no obvious symptoms, as well as those patients with overt hypothyroidism who had previously been diagnosed with another condition. Early detection leads to early treatment, which in turn can prevent serious organ damage and high healthcare costs.

The sensitive or ultra-sensitive TSH test is used as the definitive screening method for both hyper- and hypothyroidism because it provides the physician with an accurate "window" into the functioning of the thyroid gland. Other commonly used thyroid tests measure the hormone levels in the bloodstream. The TSH test measures the thyroid-stimulating hormone produced by the pituitary gland to signal the thyroid gland to produce hormones. If the TSH is high, the body is not producing enough hormone and the pituitary gland is encouraging it to produce more. If TSH levels are below normal, the pituitary gland is signaling that there is too much thyroid hormone in the circulation.

Quick Facts About Thyroid Disease

- Approximately one woman in eight will develop a thyroid problem during her lifetime.
- Thyroid disease is an endocrine disorder best treated by a clinical endocrinologist or thyroidologist.
- The most common thyroid disorders are classified as hypothyroidism, which usually occurs when the thyroid does not produce enough hormone, and hyperthyroidism, which results from an overactive thyroid gland.
- Thyroid disorders begin in a mild, subclinical stage and gradually progress to the overt or obvious level. Treatment of subclinical thyroid illness is important, even if the patient does not have obvious symptoms, because it can prevent serious consequences to the patient's health and quality of life.
- The development of an ultra-sensitive thyroid function test, the new thyroid-stimulating hormone (TSH) assay, has allowed physicians to identify and treat thyroid disease while it is still in the mild, subclinical stage.
- Hypothyroidism affects approximately six to seven million people in the U.S., half of whom are undiagnosed and suffering needlessly because of the subtle, insidious nature of the symptoms.
- Hypothyroidism is five to eight times more likely to occur in women than in men. Up to 10% of elderly women may suffer from an underactive thyroid.
- Hyperthyroidism, or an overactive thyroid, affects one million Americans, most of whom are women. The most prominent patient with hyperthyroidism was former First Lady Barbara Bush.
- Subclinical hyperthyroidism can be caused by an overfunctioning thyroid gland or by unintended over-replacement of thyroid hormone. Many symptoms and significant health consequences result, including osteoporosis. In the case of over-replacement, the condition can be corrected by periodic TSH testing and physician monitoring.
- According to new Clinical Practice Guidelines For The Treatment of Hyperthyroidism And Hypothyroidism developed by the American Association of Clinical Endocrinologists, all women over 40 should be screened periodically with an ultra-sensitive TSH assay for subclinical thyroid illness. ■

Signs and Symptoms of Thyroid Disorders

HYPOTHYROIDISM

Tiredness
Loss of interest
and/or pleasure
Forgetfulness

Dry, coarse hair

Loss of lateral
eyebrow hair

Puffy face and eyes

Goiter

Slow heartbeat

Dry skin

Cold intolerance

Weight gain

Heavy menstrual
periods

Constipation

Brittle nails

HYPERTHYROIDISM

Nervousness
Irritability
Difficulty sleeping

Bulging eyes
Unblinking stare

Goiter

Rapid heartbeat

Increased sweating

Heat intolerance

Unexplained
weight loss

Scant menstrual
periods

Frequent bowel
movements

Warm, moist palms

Fine tremor of fingers



Osteopathic Medicine: It's Big in Texas.

So big, that osteopathic medicine is becoming the preferred choice for thousands of people who appreciate the big benefits of preventive medicine. Osteopathic Health System of Texas offers the following services and affiliates to osteopathic physicians to help provide quality health care in today's fast-changing medical environment.

These services are built on a philosophy pioneered more than 100 years ago by Andrew Taylor Still, founder of osteopathic medicine. That philosophy is simple. Patients' needs are best met when they work in partnership with their physicians. Just ask the thousands in Texas who are big on osteopathic medicine.

Osteopathic Medical Center of Texas

1000 Montgomery
(817) 731-4311
Referral line: 1-800-725-OMCT (6628)

- ◆ 265-bed regional referral hospital
- ◆ 24-hour emergency department services
- ◆ Intensive care unit (ICU)
- ◆ Cardiac care unit (CCU)
- ◆ Complete diagnostic laboratory services
- ◆ Cardiac rehabilitation
- ◆ Comprehensive maternity services
- ◆ General and specialty surgery
- ◆ Cardiac surgery
- ◆ Cardiac catheterization
- ◆ Hyperbaric oxygen therapy
- ◆ Wound treatment center
- ◆ Psychiatric treatment - adult full service
- ◆ Transitional care unit
- ◆ Radiological services, including X-ray and magnetic resonance imaging (MRI)
- ◆ Electrophysiology services
- ◆ Angioplasty
- ◆ Pulmonary diagnostic services
- ◆ Pediatric unit
- ◆ Oncology unit with chemotherapy treatment
- ◆ Hemodialysis
- ◆ Osteopathic manipulative medicine
- ◆ Outpatient services
- ◆ Patient advocacy
- ◆ Rehabilitation services, including physical and occupational therapy
- ◆ Wellness services
- ◆ Patient education
- ◆ Home health care
- ◆ Helipad for air ambulance service

Prevention at Work Occupational Health & Wellness Programs

3715 Camp Bowie Boulevard
(817) 735-9889

- ◆ Individualized plans to meet the specific needs of the employees and the organization as a whole
- ◆ Health fairs, screenings and educational programs
- ◆ Free information and health line
- ◆ Designed to reduce health risks and health care costs, and increase productivity
- ◆ Measurable results
- ◆ Low cost group dental plan

One Day Surgery Center, Ltd.

(Located in the V.L. Jennings Outpatient Pavilion)
1001 Haskell
(817) 735-3555

- ◆ Complete outpatient facility
- ◆ Personalized, sensitive care
- ◆ Multi-specialty services
- ◆ Outpatient cost advantages
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- ◆ Complimentary van service
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Carswell Osteopathic Medical Plan (COMP)

3624 Tulsa Way
(817) 236-COMP (2667)
1-800-990-COMP (2667)

- ◆ A free Osteopathic Health Group program for military (active, retired, reserve, prior service) and their family members
- ◆ Network of OHST physicians and health care services
- ◆ Discounts on dental services
- ◆ Pharmacy discount program and Pharmacy-By-Mail services

APPLE Club (Adult Prevention Program for Life Enhancement) for everybody 50+

3715 Camp Bowie Boulevard
(817) 377-APPLE (2775)
1-800-299-CARE (2273)

- ◆ Free membership
- ◆ Free health and prevention programs
- ◆ Health fairs and screenings
- ◆ Discounted pharmaceuticals, optical needs, medical supplies and more
- ◆ Low-cost group dental plan and discounted dental services
- ◆ Community services and discounts
- ◆ Free subscription to the *Senior Citizen Sentinel*

Medical Center Pharmacy

3601 West Seventh
(817) 738-1883

- ◆ Insurance claim filing, including CHAMPUS
- ◆ Free delivery in Fort Worth area
- ◆ Complete prescription drug record-keeping

CareLink

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(817) 735-DOCS (3627)
Metro (817) 654-2344
1-800-299-CARE (2273)

- ◆ Physician referral service
- ◆ Information and health services referral center
- ◆ Nursing home referral service
- ◆ 24-hour regional referral center

Home Health Care/IV Infusion

4916 Camp Bowie Boulevard
(817) 377-4663

- ◆ Skilled nursing care
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- ◆ Available seven days a week
- ◆ 24-hour telephone assistance

The Health & Fitness Connection

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- ◆ Complete health and fitness facility
- ◆ Medical director on site
- ◆ Fitness programs and educational seminars open to members and the public
- ◆ More than 45 pieces of cardiovascular equipment
- ◆ Exercise and training programs
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- ◆ Personal trainers
- ◆ Children's playcare
- ◆ Massage and nail services

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(817) 737-5811

- ◆ Outpatient X-ray service, CT scan and ultrasound
- ◆ Mammograms
- ◆ Breast care education

HCT Capital Corporation

4916 Camp Bowie Boulevard
(817) 763-8706

- ◆ Small business investment (SBIC) loans to health care professionals for offices, equipment, etc.
- ◆ Equity capital for qualified small businesses



Osteopathic Health System of Texas

3715 Camp Bowie Boulevard • Fort Worth, Texas 76107 • 1-800-299-2273 • (817) 735-4466

New Interns and Residents, Continued

The following are new interns and residents currently in training for the 1994-95 year, as continued from the November issue of the **TEXAS DO**.

TRI-CITY HOSPITAL (Dallas)

Kathie Boyd, D.O.

OSU-COM – OB/GYN Resident

Christopher DeLoache, D.O.

OSU-COM – Intern

Michael Fulton, D.O.

KCOM – Family Medicine Resident

Reef Gillum, D.O.

UHS-COM – Surgery Resident

Lisa Grigg, D.O.

KCOM – Family Medicine Resident

Jeanie Huynh, D.O.

UNTHSC/TCOM – Intern

Clint Kirk, D.O.

OSU-COM – Intern

Cheryl Lopez, D.O.

UOMHS – Family Medicine Resident

Patricia Peterson, D.O.

UNECOM – Family Medicine Resident

James Rascoe, D.O.

OSU-COM – Intern

Maureen Ribail, D.O.

KCOM – OB/GYN Resident

J.D. Young, D.O.

UNTHSC/TCOM – Surgery Resident



Left to Right: Jeanie Huynh, D.O.; Clint Kirk, D.O.; Christopher DeLoache, D.O.; James Rascoe, D.O.



Left to Right: Kathie Boyd, D.O.; Maureen Ribail, D.O.



Left to Right: Cheryl Lopez, D.O.; Patricia Peterson, D.O.; Michael Fulton, D.O.; Lisa Grigg, D.O.



Left to Right: J. D. Young, D.O.; Reef Gillum, D.O.

Accreditation group discloses reviews of 118 HMOs

About three in 10 of the HMOs recently reviewed by the National Committee For Quality Assurance (NCQA) earned full accreditation, the top level of accreditation awarded by the organization.

In June, the Washington-based group, which has accredited managed-care plans for about three years, disclosed the status of all 156 HMO accreditation reviews it has conducted to date. NCQA accreditation is currently the only national, standardized evaluation that consumers and purchasers can use when assessing the quality of managed-care organizations, says Margaret O'Kane, NCQA president.

Accreditation is not yet mandatory for health plans. Those that participated in the NCQA review process did so voluntarily. However, about half of large employers require accreditation by NCQA or another agency of health

plans they offer to their employees, according to a survey by Foster Higgins, New York. Certain states may also require accreditation.

NCQA evaluates health plans according to 50 standards for quality in healthcare management that fall into one of six categories: quality improvement; physician credentials; members' rights and responsibilities; preventive health services; and utilization management.

Of the 118 HMOs for which accreditation decisions have been made, 29% received full accreditation, which is effective for three years. Forty-percent of the plans received one-year accreditation and 24% received provisional status, a grade slightly lower than a one-year rating.

Three HMOs were denied accreditation. They are Aetna Health Plans in the Los Angeles area, Aetna Health Plans of San Diego and Total Health Care in

Kansas City, MO. Another five HMOs are requesting a review of their initial status.

Thirty-eight plans are awaiting review decisions and another 103 HMOs are scheduled to be reviewed by the end of 1995.

NCQA will soon be joined in accrediting health plans by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Oakbrook Terrace, Ill., a leading hospital accreditation group. In July, JCAHO began accepting applications for review from healthcare "networks," which include any type of managed-care plan, said Gina Val of the JCAHO accreditation program.

To receive the NCQA accreditation list, call NCQA at (202) 628-5788.

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CLOSE BY.

A new multiplace hyperbaric chamber
in Fort Worth has brought healing
closer to home.

When the body needs help healing itself, oxygen can be the best medicine. So when hyperbaric oxygen therapy is your prescription, your patients can fill it nearby at Osteopathic Medical Center of Texas (OMCT).

OMCT's multiplace chamber is an advanced resource open to the entire medical community in our area. Specially trained physicians, critical care nurses, respiratory therapists and hyperbaric technicians work directly with you to plan patient therapy programs.

With the expanded hyperbaric facilities at OMCT, patients don't have to travel to Dallas for oxygen therapy. Your patients are closer than ever to being healed.



OMCT's new multiplace hyperbaric chamber passes inspection by Phil Sousa (center), chief executive officer, John Mills, D.O., clinical director of hyperbaric medicine at both the hospital and the University of North Texas Health Science Center; and Judy Wilson, Ph.D., research assistant professor in physiology and director of clinical hyperbaric research at the health science center.



Hyperbaric Oxygen Therapy at Osteopathic Medical Center of Texas

A joint program with the University of North Texas
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1000 Montgomery, Fort Worth, Texas 76107 Hyperbaric Therapy Department (817) 735-3300

What's Happening In Washington, D.C.

• **The Republican Tax Agenda.** The Republicans have taken control of Congress and are promising big tax changes, which include the following:

- A \$500 per child tax credit for families earning up to \$200,000 a year.

- A phase-out of the marriage penalty.

- A repeal of last year's income tax increase on social security benefits.

- A reduction in the capital gains rate to 14%, plus a provision that would adjust the basis of capital assets by the rate of inflation.

- A reinstatement of deductible IRA contributions for all taxpayers.

- A raise in the estate tax unified credit equivalent from \$600,000 to \$750,000.

- An increase in the depreciation rate for new equipment purchased by a business.

- The establishment of a Medisave account, an IRA-type account which helps employees pay health insurance premiums and medical costs.

• **Plus the Big Amendment.** Representative Newt Gingrich, the new Speaker of the House, says a balanced budget amendment will be at the top of his priority list. He promises a House vote on the amendment by January 19th.

• **More Details?** Although Gingrich promises a vote on a balanced budget amendment, no details on the necessary spending cuts to achieve a balanced budget will be available at the time of the vote. According to the Speaker, Congress will have five to seven years to figure out the details of a cost reduction plan. The Clinton Administration officially claims that a balanced budget amendment without the spending cut details is extremely dangerous.

• **Deficit Stats.** The good news is that the fiscal 1995 budget deficit, which was projected in 1992 to exceed \$300 billion, is now estimated to be \$168 billion. Also, the fiscal 1994 deficit will be approximately \$203 billion, which is nearly \$100 billion less than earlier estimates. The bad news is that the new projections do not take into account recent increases in interest rates, which could have a major effect on the federal deficit.

• **Capital Gains Comeback.** One perennial proposal that really is gaining momentum is the capital gains tax cut. The reason? A reduction in the capital gains rate will trigger more capital transactions and higher revenues for the government in the short-term.

• **Who Really Wins?** Studies confirm that 73% of the benefits from a capital gains rate reduction will go to families earning more than \$100,000 a year. Proponents also claim that a capital gains rate reduction will spur the growth rate of the economy, which benefits everyone.

• **It's Back!** The Republican landslide has rekindled interest in the old flat tax concept. Under the latest proposal,

current income tax rates would be replaced with an initial flat tax of 20% on individuals, a \$12,350 standard deduction and a \$5,000 standard exemption for each dependent. After two years, the flat tax would fall to 17%. The same rate would apply to corporations. Interest and dividend income would be exempt from the tax. There is little doubt that a flat tax system would shift additional tax burdens to lower income households.

• **'95 Numbers Are In.** The maximum amount of earnings subject to social security and self-employment taxes will increase from \$60,600 to \$61,200 in 1995. The social security tax rate remains at 7.65% for employees and 15.3% for self-employed individuals. Social security recipients will receive a 2.8% cost of living increase.

• **Audit Activity Up.** The audit rate for fiscal 1995 will be the highest in the last six years. The IRS will audit approximately 1.25% of the returns filed. This compares to 0.85% for fiscal 1993, which was the lowest in several years. With its new budget, the IRS intends to add approximately 5,000 full-time positions.

BEWARE OF INSURANCE CHANGES.

Individuals often need to restructure their insurance programs. A change in financial condition, marital status, tax laws, market conditions, liquidity needs or family circumstances may trigger a need for a new or different insurance program.

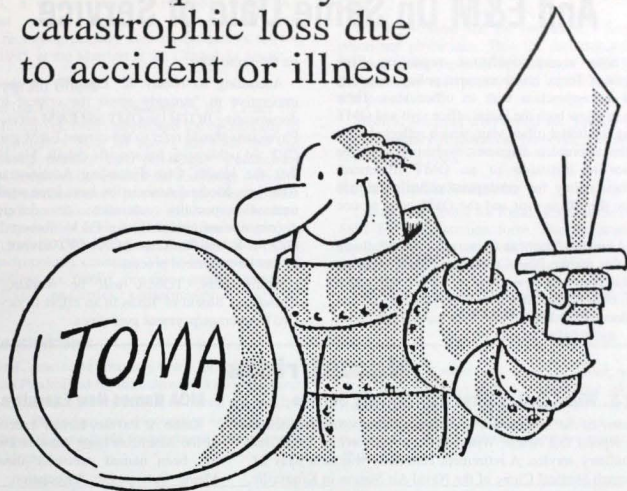
If improperly handled, an insurance program change can trigger an unwanted income tax burden. The key is to structure policy exchanges so that the deferral of any tax benefits in existing policies is preserved. This usually requires strict compliance with Section 1035 of the Internal Revenue Code, a special provision that permits the tax-free exchange of life insurance and annuity products in select situations. If the details of Section 1035 are ignored or poorly addressed, an ugly income tax can be triggered. ■

The above information was provided by Dean, Jacobson Financial Services, Fort Worth, Texas.

Consumer Organization Says Texas Hospitals Violate Patient Dumping Law

A new report by Public Citizen's Health Research Group states that Texas hospitals continue to deny care to numerous emergency room patients due to their inability to pay. In the 15 months that ended March 30, 1994, the state accounted for 32 of 95 confirmed violations of patient dumping, according to the report. Twenty-seven Texas hospitals turned away patients; nationwide, violations occurred at 86 hospitals in 22 states.

How to protect your future from catastrophic loss due to accident or illness



HEALTH INSURANCE - A Strategy For The '90s

The high cost, no guarantee system of health insurance coverage is an enemy that is battling ALL small employers, especially physicians.

Although a total victory over these problems may still be far away, TOMA has discovered a "knight in shining armor" for its members who can help shield the frustrations that managing health insurance (or the lack of) can cause.

TOMA has appointed DEAN, JACOBSON FINANCIAL SERVICES to battle the complexities of the health insurance environment for you. Insured through CNA Insurance Company (an A++ Excellent rated company with a long, successful record in the accident and health business) the TOMA plan offers superior Major Medical coverage to its members at very competitive rates.

So, regardless of your current situation with health coverage, call DEAN, JACOBSON FINANCIAL SERVICES to help you protect your future!

For information on coverages, costs, and enrollment forms contact:

DEAN, JACOBSON FINANCIAL SERVICES

(817) 335-3214
P.O. Box 470185
Fort Worth, TX 76147

(800) 321-0246
(817) 429-0460
Dallas/Fort Worth Metro

BC/BS Now Reimburses for Both OMT And E&M On Same Date of Service

There has been recent confusion regarding Blue Cross/Blue Shield of Texas' reimbursement policy regarding OMT rendered in conjunction with an office visit. Their policy has been to allow both the initial office visit and OMT treatment during the initial office visit, which reflected their understanding that a complete diagnostic evaluation would be completed prior to initiation of an OMT treatment. Furthermore, their policy for subsequent office visits has been to combine the office visit and the OMT code as one procedure.

Due to TOMA and the American Osteopathic Association's involvement in this matter, Blue Cross/Blue Shield of Texas has indicated that they will now allow an OMT code and a subsequent visit code on the same date of service. Physicians should clearly document each service when using both codes

on the same date.

According to Nancy K. Edwards of the AOA, it is imperative to "strongly stress the critical importance of documenting BOTH the OMT and E&M services provided." Physicians should refer to the current E&M guidelines in the CPT '94 publication for specific details. Ms. Edwards notes that the Health Care Financing Administration and the American Medical Association have been working with the national specialty societies to develop specific documentation guidelines for E&M. Robert L. Peters, Jr., D.O., of Round Rock, the AOA's CPT advisor, has been part of that development process.

Additionally, TOMA will be working with Blue Cross/Blue Shield of Texas in an effort to develop national OMT coverage/payment guidelines.

Newsbriefs

Arthur S. Wiley, D.O. Retires from Military Service

The *Newsletter of the Association of Military Osteopathic Physicians and Surgeons* reports that Arthur Wiley, D.O., of Kingsville, Texas, has retired from military service. A retirement ceremony was held May 31, 1994 at the Branch Medical Clinic of the Naval Air Station in Kingsville. Dr. Wiley's Navy career began 50 years ago when he enlisted as a hospital apprentice.

Good luck to Dr. Wiley from TOMA.

MOA Names New Executive Director

Kellie A. Pavese, former executive director of the American Lung Association of Indiana, has been named executive director of the Maine Osteopathic Association. Ms. Pavese fills the position held for the past 10 years by David A. De Turk, who retired December 31, 1994.

Texas Osteopathic Medical Association *Political Action Committee*

Established to protect and promote the interests of osteopathic medicine in Texas.

Send contributions to:

TOMA-PAC
One Financial Center
1717 N. I.H.-35, Suite 100
Round Rock, TX 78664-2901

Terry R. Boucher, Treasurer

Contributions are not Deductible as
Donations or Business Expenses.

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION *TEXAS DO* Address CORRECTION

AFFIX LABEL HERE

Name _____
Address _____
City _____ ST _____ Zip _____
Phone _____ Dist. # _____

RETURN TO:

Texas Osteopathic Medical Association
1717 North I.H. - 35, Suite 100
Round Rock, TX 78664-2901

HealthFind Set For April 29-30

HealthFind, a unique, low-cost physician recruiting program that places physicians face-to-face with communities recruiting primary care physicians, is set for April 29-30, 1995, at the Marriott at the Capitol, in Austin.

What the Program Offers

The HealthFind Exchange, sponsored by the Center for Rural Health Initiatives, offers physicians the opportunity to visit with communities from all across the state that are actively recruiting primary care physicians. Community representatives attending the HealthFind Exchange typically include hospital administrators, practicing physicians, civic representatives, school board members and business leaders. Communities represented at HealthFind are those located in rural counties, have 30,000 or fewer residents and are in rural portions of metropolitan counties. These communities are seeking physicians in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology or general surgery.

Eligibility Requirements

Resident and practicing primary care physicians are invited to attend HealthFind for the entire weekend; third and fourth year medical students are invited to attend the Sunday morning session. Physicians are encouraged to bring their spouses and day care is available for physicians who want to bring their children.

Cost

The registration fee for residents is \$40 and \$75 for practicing physicians. This fee includes one night in the Marriott at the Capitol Hotel and most meals for two days for the physician and spouse. Child care is provided at a cost of \$20 per child.

Medical students who attend the Sunday session receive complimentary registration, however, this does not include hotel or meal costs.

Registration Information

Contact the Center for Rural Health Initiatives at 512-479-8891 for a registration form. The registration deadline is April 7. Mail your completed form and check (made payable to Texas Rural Health Foundation) to:

The Center for Rural Health Initiatives - HealthFind

P.O. Drawer 1708

Austin, Texas 78767-1708

***Note:** The Center will make all hotel reservations and child care arrangements for registered physicians. Hotel rooms will only be guaranteed for registration checks received by April 7. Although physicians may register after this date, the Center cannot guarantee rooms at the Marriott at the Capitol.*

FILE CLAIMS ELECTRONICALLY

- to multiple carriers and benefit programs
- through one clearinghouse
- at no cost to you

For more information on how the Texas Health Information Network™ can simplify your office administration and save you money, call

**The Helpline
(214) 766-5480**



Administered by Blue Cross and Blue Shield of Texas, Inc.
Endorsed by the Texas Medical Association and the Texas Hospital Association

NEWS BRIEFS

Generic Drugs Not Always Okay

A recent survey shows that many pharmacists feel that generic drugs are not acceptable for patients in some cases. Over half of the pharmacists surveyed said they felt pressured by managed care plans to dispense generic drugs even though they felt uneasy in some instances. Benjamin F. Banahan, associate director of health services research at the University of Mississippi School of Pharmacy noted that in most cases, substitution does not cause a problem; however, for a small number of drugs, called critical-dose drugs, close is not enough.

U.S. Surgeon General Resigns

U.S. Surgeon General Joycelyn Elders tendered her resignation December 9, after controversial remarks made regarding masturbation on December 1 at a Worlds AIDS Day conference in New York. Elders faced termination by President Clinton and was given the opportunity to resign. She had been a target of conservatives for her stands on abortion, drug legalization and sex education.

In Memoriam

WILLIAM H. BADGER, D.O.

Dr. William H. Badger of Houston passed away on November 1, 1994. He was 82 years of age. Funeral services were held November 3 in the Chapel of George H. Lewis & Sons, Houston, with interment at Forest Park Lawndale Cemetery.

Dr. Badger attended Rice Institute and received his D.O. degree in 1935 from Kirksville College of Osteopathic Medicine, Kirksville, Missouri. He had been in general/family practice since 1935.

He was a life member of the Texas Osteopathic Medical Association; member of TOMA District VI; life member of the American Osteopathic Association; and member of the Board of Trustees for the Houston Osteopathic Foundation. Other memberships included St. Philip Presbyterian Church of Houston; Holland Masonic Lodge #1 A.F. & A.M.; the Scottish Rite; Arabia Temple Shrine; the United States Power Squadron; and member and past Commander of the Houston Power Squadron.

Dr. Badger is survived by his wife, Julia Marguerite Badger; three sons, Lee William Badger and wife, DeAnn of Conroe, Michael Herbert Badger and wife, Lawanda of Round Rock, and John Milton Badger and wife, Anne of Denver, Colorado; and grandchildren, Bill and Norma Badger, Larry and Kerry Badger, Linda and Robert Badger, Mike Badger, Carla Badger, Dawn and Richard Coufal, Julie and Rob Beckham, Christopher Bryson, Susan Bryson, Kenny Badger, Johnny Badger and Brock Badger; and thirteen great-grandchildren.

Memorials may be made to the United States Power Squadron Educational Fund, 1901 Elmview, Houston, 77080.

JOSEPH S. CARPENTER, D.O.

Dr. Joseph S. Carpenter of Houston passed away on November 2, 1994. He was 72 years of age. Funeral services were held November 4 in the Chapel of Forest Park East Funeral Home, Houston, with interment at Forest Park East Cemetery.

Dr. Carpenter served in the United States Navy during World War II and later attended Baldwin Wallace College. He received his D.O. degree in 1950 from Kansas City College of Osteopathic Medicine (now known as the University of Health Sciences, College of Osteopathic Medicine), Kansas City, Missouri. He had been in general/family practice since 1951.

He was a life member of the Texas Osteopathic Medical Association; TOMA District VI; American Osteopathic Association; and the Harris County Medical Society. He was also a member of Friendswood United Methodist Church, and was former chief of staff at Clear Lake Hospital and former chief of staff of family practice at Memorial Hospital Southeast. He was certified by the United States Fly Fishing Federation as a fly casting instructor.

Dr. Carpenter is survived by his wife of 43 years, Shirley Carpenter; son, Fred Carpenter and wife Nancy of Meadows, Texas; daughters, Carol Jacoby and husband Rob of Destrahan, Louisiana, and Connie Fitzpatrick and husband Michael of Round Rock; and grandchildren, Joy Carpenter, Wes Carpenter, Alexis Jacoby, Ryan Jacoby, Sadie Fitzpatrick and Jackie Fitzpatrick.

Memorial contributions may be made to Mars Hill Productions, 12705 South Kirkwood, Suite 218, Stafford, Texas 77477. Mars Hill is a non-profit media ministry directed by the son of Dr. Carpenter.

WILLIAM A. FLANNERY, D.O.

Dr. William A. Flannery of Comanche passed away on July 1, 1994. He was 82 years of age. Funeral services were held July 3 at Hall & Chaney Funeral Home, Comanche, with burial in Gardens of Memory Cemetery.

Dr. Flannery received a master's of science degree from Ohio State University and his D.O. degree in 1947 from the University of Health Sciences, College of Osteopathic Medicine (UHS-COM) in Kansas City, Missouri. He served an internship and surgical residency at Los Angeles County General Hospital and taught surgery at UHS-COM. He had lived in the Comanche area since 1961, and retired from practice in May of 1973.

He was a life member of the Texas Osteopathic Medical Association; TOMA District II; American Osteopathic Association; American College of Surgeons; California College of Medicine; and a former member of the Comanche Evening Lions Club. When Dr. Flannery moved to Comanche, he purchased half interest in the Comanche Hospital Inc. and Blackwood Clinic, later known as Blackwood-Flannery Clinic.

Survivors include his wife, June Flannery; two sons, William A. Flannery, Jr., and Robert Flannery, both of Comanche; one daughter, Martha Gregorich of Abilene; one sister, Beulah Culp of West Jefferson, Ohio; and four grandchildren, Bridget and Errol Flannery, both of Comanche, and Kelly Richey and Shannon Gregorich, both of Abilene.

Memorials may be made to the American Cancer Society.

How A State Wide IPA Would Benefit Texas Physicians

By Dean L. Peyton, D.O.

While health care reform has come to a halt in Washington, marketplace reform is coming to Texas at an intense pace in the private sector. Any physician who takes the trouble to look will see he is paying a smaller number of patients who serve their own bills and a larger number who are represented by some intermediary insurance company or managed care organization. All patients, including Medicare and Medicaid, are included.

Hospitals and medical groups are merging right and left to be able to offer integrated care. By consolidating management and administrative operations they can use economies of scale to contract for large purchases of medical services.

This trend is not likely to reverse but we are not captives on a runaway train. We have the right and the ability to control our own destiny, and a statewide IPA would help. Many D.O.s spent years wearing down the perceived differences between D.O.s and M.D.s and are pleased about the attention they are now getting from managed care organizations. They don't realize that they'll need a group voice within those organizations that TOMA and the districts are unlikely to fill.

For instance, our office recently joined the Harris Health Plan, one of the three large managed care organizations in the DFW area. One of their requirements is that all laboratory work (with the exception of a few tests) be done by the reference laboratory they have contracted with.

They underestimate the problems this creates in a busy primary care practice which is trying to take good care of patients. It requires duplication of supplies and forms and two laboratory billing and coding systems. This would not be an issue in small specialty offices or primary care offices

who happen to have picked the same reference lab as Harris. Yet doctors choose the reference lab they use for a lot of reasons: in some areas it's the pick up schedule or the personality of the representative or some other issue. Some labs are more competitive than others and sometimes people pay extra money for laboratory services because they provide better professional coverage and communication.

A sample solution to this problem that would also meet Harris's desires in the billing of laboratory work would be to reimburse an office on the same fee-for-service schedule that they had negotiated with the chosen reference laboratory. As chairman of the Socioeconomics Committee I've observed Harris Health Plan, however, and can't be optimistic that my suggestion will be adopted. A larger voice would help.

Another area is Specialist Referral. Generalist D.O.s are in big demand as primary care providers, but without a voice in the managed care organizations our specialists and hospitals are going to be under-represented on our referral list. Many panels look like a two tier system in which we do lots of primary care but all the "real medicine" is done by M.D. specialists and hospitals.

I was recently at the Mayo Clinic where I saw their Mayo Link, a satellite communication system between their main clinic in Rochester, Minnesota and their satellite clinics in Florida and Arizona. Patients are examined via two way interactive video everyday; specialists in Rochester see the patient, and he sees them on a full size screen. This is 21st century technology, but that century is not very far away. This would work in West Texas anywhere there was T3 (fiber optic) cable available. The question will be whose specialists were on the other end of that link.

Group pressure could also be brought to bear on providers who did not process their claims in a reasonable length of time. Remember we're changing from a time when most patients paid us, to a time when 30 working days is typical for the intermediary to pay our claims.

The prototype statewide IPA is the Connecticut State Medical Society IPA. Formed in 1986, it now numbers 120,000 enrollees and 4300 physicians. Connecticut doctors are not being "deselected" as their colleagues in other states are. These physicians are also not faced with HMO's requiring that 50 percent of their case load be HMO patients to remain on the panel. This trick makes the doctors so dependent on HMOs that they are helpless when reimbursement goes down or withholds go up.

Texas physicians have a reputation for rugged individualism that has made the thought of a statewide IPA as daunting as "herding cats." Yet the Socioeconomics Committee, which unanimously backs TIOPA, feels the only IPA with significant D.O. participation which shows any likelihood of going statewide is the Texas Independent Osteopathic Physicians Association. I request you call Nancy Platt at (817) 377-8046 for an application packet. The cost is minimal, if we can get our hands on the controls of the Managed Care train. ■

Shortage of IPV Resolved

The Texas Department of Health reports that last year's shortage of inactivated poliovirus vaccine (IPV) in the United States has been resolved. The Food and Drug Administration has announced that the release of IPV lots from two manufacturers, distributed by Connaught Laboratories, Inc., should restore normal supplies of the vaccine.

Report on the December 3, 1994 TOMA Board of Trustees Meeting

All members were present for the December 3 meeting of the TOMA Board with Trustees with the following exception: Brian G. Knight, D.O.

Present as a guest was Kathryn Tvorik of I.C. Systems.

The minutes of the September 25, 1994 meeting of the TOMA Board of Trustees were approved with minor corrections.

TOMA President T. Eugene Zachary, D.O., informed the Board that TCOM's review by the Southern Association of Colleges and Schools went well, however, no official results had been made public.

He reviewed his recent presidential activities, which included TCOM Primary Care Day moderator; Tarrant County Medical Association Ball; TOMA District III meeting, TOMA District VI meeting; fund raiser for Senator Mike Moncrief; AOA Board of Trustees meeting; Physicians Assistance meeting; TOMA District II party; and a Board of Regents dinner. Additionally, Dr. Zachary stated that he had recently passed the Recertification Exam in Family Practice.

TOMA Vice President Arthur J. Speece, III, D.O., reported that Blue Cross/Blue Shield is developing an electronic system for submitting claims. They will become a clearinghouse for carriers who wish to come under their umbrella and use their electronic system.

TOMA President-Elect William D. Hospers, D.O., noted that he attended the groundbreaking ceremony for the new Ambulatory Care Center at UNTHSC/TCOM.

The Board was informed that TOMA Executive Director Terry Boucher and TOMA Associate Executive Director Scott Petty attended an AOSD meeting at the AOA Annual Convention. The meeting primarily focused on managed care and how it will affect CME. There is an effort by these groups to offer in-house CME programs, thereby eliminating the AOA and individual state association CME programs. This concept would prove more cost effective for managed care facilities as they would not have to pay convention registration fees and travel expenses for their physicians.

Mr. Boucher said that he and Dr. Zachary have been making good

progress in their district visitations. They have visited Districts, X, III and VI, and visits to Districts IV, VIII, V, XIII, VII and XIV are planned.

The November 1994 Financial Statement was presented by Mr. Boucher. The Board accepted the report as submitted.

Kathryn Tvorik, Manager of Association Services for I.C. Systems, updated the Board on the current procedures and policies of this medical debt collection agency. She presented information on the different plans which physicians can purchase and the results they can expect to receive from each plan. She indicated that I.C. Systems places great emphasis on the education of physicians' office staff in working with delinquent patient accounts.

I.C. Systems was endorsed by TOMA in 1973 and many Board members questioned TOMA's continued endorsement due to several negative experiences occurring several years ago. The Board was reminded that there are management changes within this company and any unresolved problems should be directed to Ms. Tvorik personally. The Board directed Mr. Boucher to work with Ms. Tvorik on issues of customer satisfaction (statistics) and procedures and to submit a report at the next TOMA Board of Trustees meeting, to be held February 10, 1995.

The 1995 Proposed TOMA Budget was presented and approved with minor changes.

A discussion began on legislative activities and issues. Representative Jack Harris will again carry TOMA's Discrimination bill in the House during the upcoming session. A paragraph added to the bill prohibits hospitals from using pre-application forms for physicians seeking staff privileges. This form of discrimination has been used to deny privileges as a physician is entitled to no due process if he or she has not completed an application form.

An identical bill will be started on the Senate side, authored by Senator Carlos Truan, who is the Dean of the Senate, having served longer than any other current state senator. It was noted that Mr. Boucher would be meeting with lobbyists from the TMA and the Hospital Association in a week's time.

The Board was informed of progress being made with Blue Cross/Blue Shield in that they have agreed that the back is not one region and will begin to reimburse for E&M and the Osteopathic Manipulation Code on the same day.

There have been recent Medicaid hearings at which time the announcement came of a \$2.2 billion budget shortfall. Their executive director stated that budget cuts will only reduce the level of care and would cost approximately twice the money to remedy the damage of a reduction four years from now. Legislatively, we can expect to see proposals for managed care in metropolitan areas and TOMA, along with the TMA, were successful in getting Freedom of Choice language inserted. This language included: 1) Any physician who has seen a Medicaid patient will be able to participate in the program for at least three years without any other qualifications; and 2) the panel cannot discriminate because of board certification or type of residency training.

Changes expected to be seen include: 1) Every Medicaid recipient will be required to have a primary care physician; and 2) Co-payments of \$1 per office visit and \$6 per E.R. visit will be required of the recipient.

No standard formula for pharmaceuticals was established and the three prescriptions per month allotment was eliminated.

Mr. Scott Petty presented copies of the 1995 TOMA Membership Directory to Board members. He was applauded for the fine work and many improvements he made to the directory. He informed Board members that the upcoming MidYear Meeting, chaired by Dr. Mahoney, is coming along well. Francis Blaise, D.O., along with an attorney, will be conducting the Risk Management Seminar at that meeting. He also noted that the ATOMA Wintercrest Charity Ball will be held in Fort Worth on Saturday, February 11.

The Membership Committee report was presented at which time Dr. Jim Czewski revealed that to date, TOMA has received \$1,000 over the amount of 1994 dues billed. He also mentioned that 55 percent of the dues billed for 1995 have been collected.

In regards to new member appli-

cations, a motion was made to accept all applications for regular, non-resident associate, affiliate, reinstated and interim/resident as submitted.

Insofar as governmental relations are concerned, Mr. Boucher announced that TOMA-PAC's endorsement success rate was high for the past election. He explained that endorsements are decided by the Executive Director, the Chairperson of the Governmental Relations Committee and the TOMA-PAC Executive Board. The PAC is separate from TOMA and does not need Board approval for endorsements. At the Board's request, a copy of the TOMA-PAC Bylaws will be sent to each TOMA member so that they may better understand the procedures.

As chairman of the Relocation Committee, Dr. Mark Baker presented a video of a building located at 15th Street and LaVaca in Austin. The property is in a prime location but is in need of repair. The asking price is \$500,000, however, the committee requested approval to offer \$220,000 as it has been on the market for a lengthy period of time. The committee noted that there is \$20,000 available in insurance money to be put toward the repair of the building and also requested this money for that use.

The Board approved a motion to offer \$200,000 for the property and to counter offer up to the amount of \$250,000. Additionally, the Board approved a motion to order necessary surveys and inspections of the property if TOMA's purchase offer is accepted.

Jerry E. Smola, D.O., chairman of the Awards and Scholarship Committee, stated that the Distinguished Service and Meritorious Service Award nomination forms have been sent to the TOMA district presidents. The committee will review these nominations upon receipt and the awards will be presented during the 1995 annual meeting.

Dr. Czewski reported on the Texas Workers' Compensation Commission. The Medical Advisory Committee has been working on the Spinal Treatment Guidelines ground rules. The rules were open for written comment, however, he said he was unable to learn anything on the number of comments received. The same is true for the Medical Fee Guidelines, which he has just received and is reviewing carefully. The Spinal Treatment Guidelines will be up for public hearing in January.

Mr. Boucher added that the AFL-CIO and the AMA have sued TWCC and the case is now awaiting a ruling by the Supreme Court. He stated that it is obvious that the re-writing of all TWCC guidelines will be in an effort to save

money.

It was noted that the Bicycle Helmet Safety Coalition is proposing a bill to require all adults and children to wear a bicycle helmet while riding on public streets. The Board was encouraged to support this bill by providing public testimony as to the number of head injuries seen due to the absence of helmets.

Mr. Petty informed the Board of a computer program entitled "Spaceworks." This program would enable TOMA to fax correspondence to members through computer software. With the use of a questionnaire, Mr. Petty polled members to learn how many currently use computers in their homes and offices. The results revealed that this would be a cost effective way to communicate with members. The Board recommended an investigation into the costs associated with upgrading TOMA's current computer system.

Dr. Rodney Wiseman, on behalf of the Texas State Academy of Family Physicians, requested that the TOMA Board send a letter of recommendation nominating Dr. R. Greg Maul for a position on the Board of Trustees of the National Academy of Family Physicians. The Board approved a motion to nominate Dr. Maul for this position.

Student/Doctor Grant Tarbox announced that he is not running for a second term as President of the TCOM Student Government Association. As this was to be his last TOMA Board meeting, he thanked the members for their support and advice during his term.



Dr. Mark Baker explains the specifics of property in Austin being considered by the Relocation Committee.



Dr. Jerry Smola updates Board members on activities of the Awards and Scholarship Committee.



Self's Tips & Tidings

Don Self & Associates

VACCINE ADMIN CODE

Code G0008 is for the administration of flu vaccine, G0009 is for administration of pneumonia vaccine and G0010 is for administration of Hepatitis B vaccine. We recommend you start using these codes.

BLUE CHOICE & WALMART

When filing Blue Cross/Blue Choice claims for Walmart employees, (as identified by the ZGW preceding the BC number) use 36600 as the group number.

DON'T USE BOX 29 ON HCFA FORMS

As we've reported before, we DO NOT recommend you ever use box 29 on the HCFA form. In fact, we recommend you leave this box blank. If your computer program requires "something" there, then enter only zeros and not any amounts. By putting amounts in this box, you prompt Medicare to start "splitting" the claim and sending the patient money that should be sent to you.

USING MOD. 22 NON-SURGICAL

Medicare may not be aware that they are supposed to honor modifier 22 with non surgical codes. Recently, HCFA clarified its policy on when modifier 22 can be used to its regional administrators due to confusion over their Nov. 25, 1991 directive. In 1991, HCFA directed physicians to use 22 for those services when they can show unusual time or attention and therefore, justified higher payments. But, the agency never specified what codes the mod. 22 could be used with. As long as the code has a global period of 0, 10, or 90 days, it qualifies to have mod. 22 used. Of course, as we have stated for years, anytime you use mod. 22, you must include an operative report or progress notes with the paper claim and your documentation MUST show to what extent the service was beyond the usual. If the service takes 20% more time, then make sure you indicate the 20% in the operative report or progress notes. If it requires 10% more skill on the part of the physician, make sure you indicate the 10%. In basic terms, make sure you document not only the medical necessity of the complexity but the complexity itself. As an example, you can use this modifier on codes 47511 (insert bile duct drain), 63780 (insert spinal canal catheter), 98925 (OMT), 92502 (ear and throat examination), 92995 (coronary atherectomy) and any other code that has ANY global fee period on the reports we provided you at the first of '94 in our annual update.

MOD. 57 ONLY ON 90 DAY CASES

Modifier 57 (indicating decision for surgery during a visit the day of or day prior to procedure) should only be used on those procedures with a 90 day global fee period. Do not use this code with procedures with a 0 or 10 day period. Since consults are NEVER included in any global surgery packages, you do not need to use modifier 57 with consultation codes to indicate the "decision making" visit.

MEDICARE POLICE INVESTIGATING CODES VERY CLOSELY

Each year, HCFA publishes to each carrier a list of the top 30 codes, by carrier, that Medicare should be watching closely for over-utilization, under-documentation, and how often the code was used per Medicare beneficiary. Medicare's program monitoring, pre-pay review, post-pay review and fraud units are instructed to watch these codes carefully. While we do not yet have the Texas listing, some codes are universally listed for all states. Next month, we should have the complete listing for our carrier. In the meantime, the following are codes being watched:

A2000	71010	92012	27130	71020	92982
27447	80019	93005	66984	88305	93307

WHICH CHAMPUS ADDRESS TO USE?

Thanks to the Base Closures, that went into effect last May, you now have two addresses to use for CHAMPUS claims. The following list of zip codes helps you know whether to send your claims to California or Wisconsin. If either the Patient or Provider's zip is listed below, you should send your claims to:

Foundation Health Fed. Services
3400 Data Drive
Rancho Cordova, CA 95607

70576	70585	70612	70634	70637-	70639
70642	70644	70651-	70654	70656-	70660
70662	71301-	71303	71306	71307	71309
71311	71315	71320-	71325	71327	71328
71330-	71333	71339	71341	71342	71344
71346	71348	71350	71351	71355	71359
71360-	71363	71365	71367	71371	71372
71402-	71405	71407	71409	71412	71416
71417	71420	71421	71423	71424	71426
71427-	71434	71459-	71461	71463	71466
71467	71472	71474-	71477	71479	71481
71485	73344	75006-	75008	75010	75011
75014-	75017	75019	75028	75029	75038
75039	75051	75052	75053	75054	75056
75057	75061	75062	75063	75065	75067
75068	75104	75115	75116	75123	75134
75137	75138	75201-	75209	75211	75212
75215	75216	75219-	75222	75224-	75226
75229	75230	75232-	75237	75240-	75242
75244-	75251	75258	75261	75266	75270
75275	75277	75281	75283	75284-	75288
75295	75298	75301	75303	75310	75312
75313	75320	75323	75326	75339	75346
75350	75353	75354-	75356	75359	75363
75364	75368	75371-	75374	75376	75378-
75382	75387	75388-	75398	56003-	76023
76026	76028	76031	76033	76034-	76037
76039	76040	76042	76044	76048-	76054
76058-	76061	76063	76065	76066-	76068
76070	76071	76073-	76078	76082	76084
76086	76087	76090	76092	76093-	76099
76101-	76137	76140	76147-	76148	76150
76151	76155	76161-	76164	76177	76179-
76182	76185	76191-	76199	76201-	76208
76226	76234	76244	76247	76248	76249
76259	76262	76267	76299	76426	76439
76485-	76487	76490	76530	76574	76577-
76578	78602	78610	78612	78613	78615
78616	78617	78619-	78623	78626-	78628
78632	78634	78638	78640	78641	78644
78645	78648	78650-	78653	78655	78656
78659-	78664	78666	78667	78669	78670
78673	78674	78676	78680	78681	78701-
78705	78709	78710-	78714	78717-	78739
78741-	78789	78948	78953	78957	78963
78964					

An example, if the provider or pt's zip is 71361, send your claims to the California address by paper. If the zip is 78611, you send it by paper or ECS to Wisconsin.

COMMONLY ASKED?

WHY DOES MEDICARE PAY DIFFERENTLY FOR THE SAME CODE ON TWO DIFFERENT PATIENTS ON THE SAME DAY?

Usually, when we examine the EOMB you fax to us, we find the place of service codes are different. Keep in mind that Medicare currently pays less, on many procedure codes, when the service is rendered in the out-pt department of the hospital. If the place of service codes are identical, there is probably an error in Medicare's computer and we need to review the EOMB.

WHEN SHOULD WE INCREASE OUR FEES? WILL THIS CAUSE US TO LOSE PATIENTS?

Each year, you suffer increases in a multitude of areas that affect your bottom line, such as: business taxes, social security taxes, income taxes, sales taxes, license fees, hazardous material disposal fees, business insurance premiums, malpractice premiums, employee salaries, education expenses, office supplies, medical supplies, injectables, radiologic chemicals, uniforms, transportation, etc. ... Consequently, so do your patients and the vast majority of them receive increases at least annually. For this reason, we generally suggest you increase your fees on January 1 of each year. Of course, this coincides with the time that we send out our annual updates to all retainers. When you increase your fees, we recommend you prepare a letter for your patients, reminding them of the increases you have and why it is necessary to adjust your fees. This is good business practice, and can prevent you from losing patients (customers). ■

Medicare Bills Going Up

Beginning this month, Medicare beneficiaries will pay \$2.7 billion in higher premiums, deductibles and copayments this year, including \$716 for the first day they spend in a hospital.

A \$5 monthly increase in Medicare Part B premiums for physicians' bills and other out-of-hospital expenses forces premiums to climb to \$46.10 a month.

TOMA Privileges, Services and Benefits

- Is exclusively committed to promoting the practice of Texas osteopathic physicians.
- Is a positive force in eliminating and counteracting discrimination through education and marketing.
- Works on your behalf for successful resolution of disputes among health insurance carriers, hospitals, managed care organizations, and doctors.
- Effectively represents you, on matters of reimbursement, before health insurance carriers, Medicare, Medicaid and Texas Workers' Compensation Commission.
- Provides access to professional liability insurance, group life, disability, and major medical insurance.
- Effectively represents the osteopathic profession before legislative bodies and governmental agencies, through the constant monitoring of health care issues.
- Affords its members practice opportunities and access to current information on attractive practice locations through the physician placement service.
- Assists D.O.s in securing access to hospital staff privileges.
- Brings you Continuing Medical Education programs through our annual convention and medical seminars.
- Provides public information and educational programs that help you tell a positive factual story about the osteopathic profession.
- Brings you timely information about your profession, plus articles of general interest to you in your monthly *TEXAS DO* magazine, legislative news bulletins, and the annual membership directory. Other materials such as the Controlled Substance Record Book and osteopathic educational materials for your patients, are available.
- Gives you an opportunity to take part in forming and approving the major policies of your Association.
- Is a vital, working state Association made up of administrative and elected officers, departmental and committee chairmen and committee members who are at work on a broad sweep of professional and public affairs.
- Provides free library reference information through Med-Search, a joint project of your Association and the UNTHSC Gibson Lewis Health Science Center medical library.
- Offers additional membership services – with the TOMA MasterCard program, the I.C. System collection agency, and a patient referral service.
- Supports the Physicians Assistance Program, which offers impaired physicians a peer group to monitor recovery.

FDA Checking Out New Drug for Rheumatoid Arthritis

A new drug called Tenidap could represent a major advance in the treatment of rheumatoid arthritis. Tests by its manufacturer, Pfizer, Inc., show that the drug appears to slow the progression of rheumatoid arthritis, as well as ease pain and improve mobility. The Food and Drug Administration should make a decision this year as to Tenidap's use in the United States. It is already on the market in the Netherlands under the brand name Enbalex.

CMDS Seeks Assistance

Christian Medical & Dental Society

A Fellowship of Physicians and Dentists

Dear Doctor:

It gives me great honor and pleasure to introduce you to an encouraging and exciting organization, the **Christian Medical and Dental Society (CMDS)**. Each year, the University of North Texas Health Science Center chapter of CMDS provides needed healthcare to the underserved of Mexico through a medical mission trip. This Spring Break, students and physicians will be teaming together to serve Reynosa, Mexico which is just across the border from McAllen, Texas. **In 1994, almost 30 student-doctors and three physicians served approximately 600 indigent patients during last year's mission trip to Juarez, Mexico.**

Through the teamwork of physicians, healthcare professionals, and student-doctors, last year's operation included three daily clinics at different locations, usually lasting from 9:00 AM to 4:00 PM. Once word spread that we were coming, it was not uncommon to have 50 people waiting for care when we arrived in the morning.

Although the needs of the people in Juarez were many, **needs for hygiene and personal care products were the greatest.** Our goal this year is to distribute care packages consisting of personal hygiene supplies to all patients.

Even with all this help, many more doctors and healthcare professionals are needed. For millions of people in Mexico, this is the only form of yearly healthcare they have. **Won't you please seriously consider making a commitment to aid the mission trip this year and in the years to come?**

Besides serving the healthcare needs for many Mexican residents, the CMDS mission trip provides a once-in-a-lifetime learning experience for students and physicians.

Through the directorship of T. Eugene Zachary, D.O., many second-year student doctors use this valuable opportunity to fulfill the preceptorship program as required through the Department of Family Medicine at the Texas College of Osteopathic Medicine.

And lastly, our medical mission trip would be useless without supplies. We greatly need donated pharmaceuticals from clinics, physicians, and drug representatives. **If you can be of any help,** we encourage you to respond with the enclosed form. Your help is what keeps this ministry successful for the students and importantly, to those less fortunate than us.

The CMDS mission trip for 1995 will set up clinics March 13-16. If you will commit to attending or helping this year, **please take a minute to complete the reply form and make a difference in someone's life!**

With sincere thanks,

Matthew Glick
CMDS President
TCOM Class of 1997

Please send replies to: UNTHSC-FW

Christian Medical and Dental Society
Box 306
Attention: Matthew Glick
3500 Camp Bowie Blvd.
Fort Worth, TX 76107

Inquiries can be made by calling me at (817) 870-1836.

Name / Address _____

☐ I am interested in attending for the dates: _____

☐ I can send _____ who is my nurse/hygienist on my
behalf for the dates: _____

☐ Please send me more information regarding: _____

☐ I am willing to collect pharmaceuticals/donate supplies: (Yes) (No)

Please have someone from CMDS contact me at: Office: _____

Home: _____

☐ I cannot attend, please accept this donation in the amount of

\$25 \$50 \$100 \$250 \$500 other

News From the Texas Medical Foundation

The Texas Medical Foundation (TMF), under a contract with the Department of Defense (DoD), reviews the necessity and quality of medical care provided to CHAMPUS patients in the civilian setting in the six-state south-central regional.

At the DoD's request, the TMF was recently charged with instituting a pilot project in order to review the medical necessity of non-emergency civilian hospital admissions (except admissions for mental health services) and selected outpatient procedures prior to the provision of care. The project, which began November 1, 1994, is being instituted in major portions of Arkansas, Louisiana, Oklahoma and Texas.

Outpatient procedures which require preauthorization are:

- Arthroscopy
- Breast mass or tumor excision
- Cataract removal
- Cystoscopy
- Dilatation and curettage for diagnostic or therapeutic reasons

- GI endoscopy
- GYN laparoscopy
- Hernia repair
- Ligation of transection of fallopian tube
- Myringotomy or tympanostomy
- Neuroplasty (decompression or freeing of nerve from scar tissue)
- Nose repair (rhinoplasty and septoplasty)
- Strabismus repair (eye muscle surgery)
- Tonsillectomy or adenoidectomy

It is important for physicians to note that if TMF's preauthorization review is not obtained, the patient will be fully responsible for all physician and facility charges for the care he/she received. Therefore, facilities should be assured that their medical staff members obtain TMF's review prior to the patient's hospital admission or outpatient procedure.

The TMF notes that due to the large number of physicians in the four-state area, it is unable to directly notify all physicians of these requirements. There-

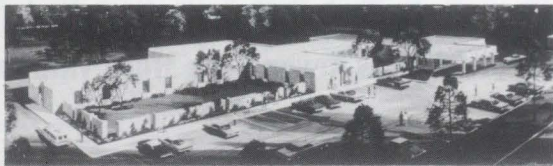
fore, the CHAMPUS health benefits advisor will present patients with an information packet to include a TMF CHAMPUS Nonavailability Statement/ Outpatient Nonavailability Statement Preauthorization Request form and an explanatory brochure regarding the preauthorization requirements. Patients will then provide this information to their physicians.

Questions regarding the new CHAMPUS review requirement can be directed to the TMF at 1-800-299-8963.

Public Citizen Wants Arthritis Drug Banned

The consumer group Public Citizen has filed a petition with the Food and Drug Administration to ban the use of a popular arthritis drug, piroxicam, in the United States. The group said that eight studies suggest piroxicam has a "higher propensity" to cause serious gastrointestinal problems such as ulcers, perforations or bleeding.

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Internal Medicine
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Emergency
Steve Rowley, D.O.

OB-Gyn
Loren Goss, M.D.

Radiology
E. B. Rockwell, D.O.

Anesthesiology
Edmund F. Touma, D.O.

Mr. Olie Clem, C.E.O.
Tyler, Texas 75701

1400 West Southwest Loop 323

Phone: 903-561-3771



District Stars



TOMA District 6 Reorganizes

By Mrs. Lois Campbell

The meeting to reorganize TOMA, District 6 took place at Brennans Restaurant at 1 p.m. on Sunday, October 30, 1994 as planned. Special guests coming to Houston for this important meeting were Terry Boucher, TOMA Executive Director, and his wife, Cindy, and our TOMA president, Dr. Eugene Zachary.

District 6 had great help from TOMA Associate Executive Director, D. Scott Petty and TOMA staff, who designed, stamped and mailed 200 invitations to this meeting to every known D.O. in our district - members and non-members. There were 31 replies - of this 31, 12 physicians answered they were unable to attend but wanted to be kept informed of coming district events. 18 physicians replied "yes" and indicated they and most spouses would attend. Reservations for 40 were made

at Brennans but the actual count was 26 present. This was disappointing to us because the six physicians and spouses who did not show were greatly needed.

Mr. Boucher spoke briefly about TOMA's commitment to helping reorganize the district and Dr. Zachary promised his help as well. He also spoke about T.I.O.P.A. - a new organization to assist D.O.s in negotiating contracts with managed care.

There was a lively discussion of our status and many questions answered. This is how issues were voted: (1) District 6 will meet every two months rather than monthly. (2) We voted to have three sponsored meetings and three self pay meetings. (3) We voted to have three Sunday afternoon meetings and three evening meetings. (4) District division was discussed and it was clear

the district best serves its members as one unified district.

A new member to District 6, Brian Tobias, D.O. agreed to be our contact person with TOMA and Steve Long, D.O., Mort Ruben, D.O., and Larry Pepper, D.O., were appointed as nominating committee to present slate of officers at our next meeting. District 6 welcomes Dr. Robert & Lee Hardy as new members.

On a happy note, congratulations to Dr. Zachary and Nancy on the birth of their newest grandson on October 29 and we were pleased to have former Houstonian Dr. Dick Wiltse visit.

District 6 President, Dr. Ernest Schwaiger presided at this meeting and District 6 Auxiliary President, Joanna Love planned the menu and made all arrangements with Brennans'. Brennans, as usual, was great. ■

Your Texas Osteopathic Medical Association Membership Has Never Been More Valuable.

Introducing ... The TOMA Gold MasterCard® card.

TOMA and MBNA America® are pleased to introduce a credit card program designed especially for TOMA members. The Gold MasterCard® card lets you support TOMA and offers the quality you expect in a credit card. You deserve...

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Every time you use your TOMA Gold MasterCard to make a purchase, TOMA receives a contribution at no extra cost to you! These contributions add up, providing extra support for TOMA. The card also displays the TOMA logo, identifying you as a distinguished member every time you use it.

*The Annual Percentage Rate (APR) for purchases is 13.9%, which may vary. The APR is 8.9% on cash advances through your first six statement closing dates commencing on the month after your account is opened and may vary thereafter (applies to both new and existing cash advance balances). The current national rate for this advance is 11.5%, which may vary. Transactions for two specially designed Premium Access Checks® or Preferred Access Checks® will be waived. Transactions for fee back and ATM cash advances: 2% of each cash advance (\$2 maximum, \$25 maximum). Transactions for fee back and ATM cash advances: 2% of each cash advance (\$2 maximum, \$25 maximum). The maximum fee for the purchase of any transfers, money orders, bank, lottery tickets and money orders is 2% of each cash purchase, \$2 maximum, \$25 maximum. *Cash advances cannot be used to pay off or pay down another MBNA® account. Certain restrictions apply to these benefits and others described in the Newline Brochure and/or Guide to Coverage which will be sent to you shortly after your account is opened. MBNA® MBNA America®, Premium Access Checks and Preferred Access Checks are federally registered service marks of MBNA America Bank, N.A. This account is issued and administered by MBNA America Bank, N.A. MasterCard® is a federally registered service mark of MasterCard International, Inc. used pursuant to license. The information about the use of this card is accurate as of 10/94. The information may have changed after this date. To find out what may have changed, call 1-800-847-7378.

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Letters to the Editor

Dear Terry:

Not too long ago an insurance company would tell you what your purchased health care plan covered. It would spell out the benefits of the health care plan as well as its limitations. You knew where you stood!

Time changes and so does the health insurance business. Paper benefits have appeared which cannot be exercised by the beneficiary. People have purchased health benefits which they cannot utilize - in reality, they have received nothing for their dollars. A good example is the Medicare policy regarding injectable medications given in an outpatient setting such as the physician's office.

Not too long ago Medicare reimbursed physicians a reasonable fee for administering certain injectable medications in an outpatient setting. The fee was high enough to cover the physician's overhead expenses and provide a modest profit. The result was that Medicare covered injectables were widely available in an outpatient setting. It was a win-win situation for both the patient and the physician. It was a real insurance benefit. Suddenly, there was a significant change in policy. Under the guise of cost containment the fees paid by Medicare for the covered injectables plummeted to a level well below what it cost physicians to provide the service - Medicare went to a national average generic wholesale price.

To add insult to injury, the Medicare law did not allow patients or physicians to opt out on this provision. The Medicare covered injectables in an outpatient setting remained a benefit. The patient is not allowed to pay more than the national average generic wholesale price nor can the physician charge more than this rate. As an end result of the new policy, Medicare covered injectables are seldom utilized in the outpatient setting. It has become a paper benefit, and the quality of outpatient care has suffered. Many Medicare patients are now referred to hospital emergency rooms for injectable medication which was previously administered by private physicians in an outpatient setting. Violators of this Medicare policy are subject to fines and penalties.

Now HCFA is seriously considering a policy to lower payment for covered lab services under Medicare. Medicare has cut the lab services over the years to a point where many physicians no longer do lab work in their offices. Any new cuts in lab services would only result in more physicians dropping in-office lab services. Unfortunately, Medicare patients will be sent to hospital labs for lab work which was previously done in their physician's office lab. Physicians cannot afford to provide lab services when their reimbursement rates are set below their overhead expenses.

Lab services in the physician's office will go the way of Medicare covered injectable medications. It too will become a paper benefit, and the quality of outpatient care will suffer.

Patients must be made aware of these paper benefits prior to needing the services and prior to purchasing the insurance plan. It is false advertisement and insurer fraud. You cannot get something for nothing in the real world. Real dollars should pay for real health benefits, not paper benefits.

Joseph Montgomery-Davis, D.O.
Joseph Montgomery-Davis, D.O.

To: Terry Boucher, Scott Petty and TOMA,

The SAA Chapter at UNTHSC-TCOM would like to thank you for the donation of the copy machine. Our newsletter editors and Lorna Sowards find it so much easier to accomplish their jobs with this gift.

Thank you,

Student Auxiliary @ UNTHSC-TCOM

ATOMA News

Dear Prospective Member:

We would be delighted to have you join us as an active member of the Auxiliary to the Texas Osteopathic Medical Association.

We are improving and changing the picture of what the auxiliary has to offer such as more activities, new projects and an opportunity to make friends and associates across the state. The auxiliary needs you in the big picture as a member, a leader, organizer or planner.

The auxiliary sponsors fund raising projects that support and promote osteopathic medicine and provide money for osteopathic scholarships. Each year at convention time, Deidre Froelich designs a t-shirt that reflects the convention theme. The shirts cost \$10 each and are always beautiful. The money goes into a fund for our state ATOMA Scholarship program.

We have discovered that you are missing in the big picture of our auxiliary and the osteopathic family. We would like to invite you to join us.

To obtain further information, please feel free to call:

Marilyn Richards 817-927-5857
Deidre Froelich 903-583-4812
Peggy Rodgers 817-429-4140

News From ATOMA District V

By Peggy Rodgers

Fund Raiser Chairperson

ATOMA District V's Annual Gala was held Saturday, October 8, 1994 at the Loews Anatole Hotel from 6:30 - 12:00 p.m. We had a "Wild, Wild West" Casino Night preceded by dinner. Proceeds were used to provide medical scholarships; public relations activities during National Osteopathic Medicine Week; and to encourage the welfare of the community with our contributions to medically related charities in the Dallas area.

Our October Gala marked the close of our fund raiser for the year. This event also was a kick-off to National Osteopathic Medicine Week, October 9-15. During this week, we recognized the 35,000 osteopathic physicians in the nation by placing an ad in the "Dallas



Morning News" about osteopathic physicians. Additionally, we manned tables at Dallas Family Hospital and Mesquite Community Hospital, at which time we passed out apples and brochures supporting our physicians. Donations were given to support our fund raiser by:

Deputies - contributing \$200 - \$500
Dallas Family Hospital
Dr. and Mrs. Bill Way
Ms. Carol Boixazanit - Mary Kay Cosmetics
Pratt Pharmaceuticals
Professional Medical Management
Janssen Pharmaceutical
Burroughs Wellcome
Wyeth-Ayerst
Miles Inc.
A. H. Robins, Inc.
Roch Pharmaceutical

Sheriffs - contributing \$500 - \$1,000
Central Diagnostic
Mesquite Community Hospital

There were many who contributed auction items for the auction which followed the Casino portion of our evening. Many thanks go to those contributors. These people include:

Dr. & Mrs. Bill Way
Dr. & Mrs. A. J. Speece
Dr. & Mrs. Barry Burke
Dr. & Mrs. Dean Gafford
Dr. & Mrs. Ken Bayles
Dr. & Mrs. Randy Rodgers

Ms. Mary Dowling - Specialty Advertising
Mrs. Anita Weaver
ATOMA District V

The evening was wonderful and would not have run so smoothly without the help and support of specific people who pulled it together. The committee planning this event included Mrs. Peggy Rodgers, Mrs. Shirley Bayles, Mrs. Suzie Burke and Mrs. Dodi Speece. Those outside the auxiliary who helped us included Mrs. Anita Weaver and Ms. Lisa Rhodes. The decorations were absolutely the best ever. They were labored over and put up by Dr. and Mrs. Bill Way and Mrs. Dodi Speece.

We all looked forward to the evening, had a great time and enjoyed the company of many physicians, spouses, interns and guests. We were pleased to have Dr. and Mrs. T. Eugene Zachary and Dr. and Mrs. Jim Czewski from the state TOMA and ATOMA boards present. As chairman of our fund raiser, I would personally like to thank each and every one who helped on our Casino Night for making it such a wonderful evening and such a success. Additionally, ATOMA District V would like to thank the community for its support of osteopathic physicians through the donation of time and money to our fund raiser.



*The Auxiliary
of District #1 of the
Texas Osteopathic Medical Association
presents*

The 1995 Wintercrest Charity Ball "An Evening In Times Past"

*Saturday, February 11 - 7:30 p.m. - 1:00 a.m.
at the Radisson Plaza Hotel in downtown Fort Worth*

*Free Valet Parking
Black Tie Optional
Dinner Buffet / Open Bar
Music by "Masquerade"*

*\$75.00 per person - \$150.00 per couple.
There will be a silent and live auction*

Sponsors:

*"Silver" - \$500 - \$229; complimentary tickets for two
"Gold" - \$1,000 - \$1,229; complimentary tickets for four
"Platinum" - \$2,000 and up; complimentary table for eight*

*Please send your check by February 1, 1995, to
Osteopathic Health System of Texas
8715 Camp Bowie Blvd., Fort Worth Texas 76107
Phone: 817-735-4466*



Texas Society of the ACOFP Update

By Joseph Montgomery-Davis, D.O., Texas Society of the ACOFP Editor

Health care reform is needed; it is a national issue that will not go away! Health care costs now account for 14 percent of our gross national product. Without any changes in our current health care system, it is predicted that by the year 2030, health care costs will represent 30 percent of our gross national product.

We can all agree that at least part of the current health care delivery system is broken and needs fixing. It is up to physicians to actively participate in fixing what is broken, or non-physicians will fix it for us. Don't let your guard down. The public is demanding health care reform and the politicians are going to give it to them. We should look forward to 1995 and exert pressure on our Congressional representatives to pass a health care bill that addresses specific problem areas without completely overhauling our present system.

I would like to remind everyone that your Texas Society of the ACOFP 1995 dues receipt will include a request for candidates for the annual Family Physician of the Year award.

Only Texas Society of the ACOFP members in good standing can submit nominees for the Family Physician of the Year award for 1995. The proposed nominee must be offered by a Texas Society of the ACOFP member and the nominee shall possess the following requirements: 1) must be a member of the ACOFP. (Texas recipients are automatically forwarded to the ACOFP Awards Committee for national consideration); 2) the nominee can be shown to have made outstanding contributions to his or her profession and community, depictive of the unselfish devotion in serving others; 3) the nominee must have been in active family practice for at least the past 15 years, or the past 10 years plus an internship or residency in family practice; 4) the name and completed supportive information shall be forwarded to the secretary of the Texas Society of the ACOFP for consideration

by the Awards Committee.

The nominators should supply as much detail as possible for the consideration of their nominee. The nominator should supply at least one (two preferred) black and white (no color, please), four by six or five by seven photos of the nominee, if at all possible. The Texas ACOFP secretary will contact the nominee, if necessary, in an effort to complete the needed data on all candidates.

This is the highest award that the Texas Society of the ACOFP can offer to a member. Please take the time to nominate a worthy candidate for 1995.

Robert G. Maul, D.O., ACOFP President-Elect, encourages all Texas Society of the ACOFP members who are interested in serving on ACOFP committees to drop him a short note stating which committee, if known. His address is 4426 88th St., Lubbock, TX 79424. Phone number is 806/792-4811 and Fax number is 806/792-4692.

Physicians are professionals and osteopathic medicine is a noble and honorable vocation. May it always be that way in the years to come; however, economic forces are bringing significant changes to the nation's health care delivery system. The goal of all physicians should be to attain and maintain the highest state of physical, mental and psychosocial well-being of our patients.

Although most illnesses are self-limiting, to treat only the physical component of disease without any consideration of the mental and psychosocial components will probably decrease the probability of a lasting cure. Part of the osteopathic medical philosophy is holism – the treatment of the whole person. The time element for patient treatment was never a consideration until recently. It may prove to be very detrimental to the care received by the elderly.

Managed care health plans are actively competing against traditional fee-for-service health care plans. The managed care plans place certain time

restraints upon the treating physician which, in turn, tends to hold down costs. A new patient visit is typically scheduled for 30 minutes and follow-up visits for 15 minutes. The younger and healthier the patient, the more likely that the mental and psychosocial components of the illness will be addressed by the physician. Older patients with multiple complaints take more time to assess and due to time restraints, the mental and psychosocial components of their illness may not always be adequately assessed. Time restraints on office visits usually result in younger, healthier patients receiving holistic care while older, sicker patients receive symptomatic treatment of their physical illness.

One of my greatest fears is that the art of being a good listener will be lost because of time restraints. Everyone remembers that old axiom that time is money, including health insurance companies.

The one-on-one encounters between patients and their physicians have stood the test of time. These encounters highlight the American system of health care. Consultations between patients and their personal physicians have allowed candid and open discussions regarding intimate problems which are necessary to reveal the root causes of many physical, mental and psychosocial complaints.

Older patients with some memory impairment often stop the physician on the way out of the exam room with the statement, "Doctor, now I remember what I wanted to ask you." Some elderly patients bring a list of questions to ask their doctor and usually wait until the physician is leaving the exam room to hand it over to the nurse. Will time restraints allow these patient questions to be answered? Will physicians take the time to listen? Will there only be one size fits all health care? Will physicians not be allowed to mold the shoe to fit the foot?

These one-on-one physician/patient encounters should never be allowed to

change from friendly consultations to potential hostile confrontations. Patients feel cheated when they are not given the opportunity to voice their inner feelings to their personal physicians; they have been deprived of quality time with someone who cares. If they can't speak to their physicians, they may choose to speak to their lawyers. Most lawyers are good listeners. Questions not addressed in the physician's office may be redressed in litigation.

For physicians, wealth is measured in different ways. Some measure it in dollars and cents. Others measure it by the amount of love, admiration and

respect given them by those whose lives they have personally touched as healers.

Yes, time is money; but it is also an opportunity to listen, to understand and to treat patients holistically. We must not allow managed care to be used as an instrument to rob patients of quality time with their personal physicians. Quality time is the glue that binds the physician/patient relationship.

To my grandmother, who admonished me to never forget the old folks, I now can say, "Grandma, how can I forget? Now I am one of them!" The years have gradually caught up to me.

During the past year, some prominent osteopathic leaders have "crossed over the river to rest under the shade of the trees." They have left a lot of footprints in the sand. The good news for those of us who remain is that they have left behind a clear and distinct trail for us to follow; they were all headed in the right direction. Now it is up to us to continue that journey first started by A.T. Still, M.D., and to broaden and lengthen our departed colleagues' trail.

On behalf of the Texas Society of the ACOF officers, trustees and ex-officio members, I would like to wish everyone a Happy and Healthy New Year. ■

Record Enrollments in Osteopathic Education; More Seniors Choose Primary Care

Aided by a huge increase in applicants and a bumper freshman class of 2,162 students, the nation's osteopathic medical schools had another record enrollment year in 1993-94. According to the American Association of Colleges of Osteopathic Medicine's (AACOM) 1994 *Annual Statistical Report*, its 16 schools enrolled more than 7,800 students, an increase of 6% over the 1992-93 total. The number of applicants for the 1994 entering class increased by 24% over the 1993 number.

In the past 26 years, the number of graduate schools of osteopathic medicine has tripled (5 to 16) and total enrollments have quadrupled (1,879 to 7,822). The 1993-94 total includes the 61 students in the first entering class at the new Lake Erie College of Osteopathic Medicine (LECOM).

Quality as well as quantity

"We're delighted to see more young people choosing osteopathic medicine for their lifetime careers," said AACOM Board of Governors Chairman Olen E. Jones, Jr., Ph.D., President of the West Virginia School of Osteopathic Medicine. "Especially encouraging is the fact that the quality of the 1993 entering class was also among the best we've had. Their test

scores were high, and they came to us from their baccalaureate schools with high marks in both science and non-science, for an overall mean grade point average of 3.26. We expect very good things from this class," Dr. Jones said.

Primary care is top choice

AACOM's report, prepared by Director of Research Allen M. Singer, Ph.D., revealed that primary care medicine, vital to America's hopes for health reform, was also the preferred specialty of 37% of the 1993 graduating class of Doctors of Osteopathic Medicine – an increase from 32% of the 1992 senior class. (This is almost double the proportion of graduating allopathic physicians, or M.D.s, who plan primary care careers.)

Other report highlights:

- The number of women in the entering class increased to 771 or 35.7% of all freshmen at AACOM's 16 member schools. That brought the total enrollment of women to 2,714 or 34.7% of all students in osteopathic medical schools.
- More African Americans (95) but fewer Hispanic Americans (70) entered the 1993 freshman class. This, however, comprised a small percentage loss of under-represented

minorities: 8.8% of all 1993 freshmen, against 9.2% for all 1992 freshmen.

- Seniors in the graduating class of 1993 carried an average education debt of \$81,900, a small (3%) increase over 1992 and less than the roughly 5% average increase in each of the past five years. Total loans to osteopathic medical students in 1993, however, reached a new record high of \$147.5 million, far outstripping the scholarship total of \$19.8 million.

AACOM's 1994 *Annual Statistical Report* provides extensive data on students, faculty, and curricula for the 1993-94 academic year and complete fiscal data (i.e., grants, revenues, expenditures, etc. for AACOM member schools for the 1992-93 fiscal year. The new report also contains data from AACOM's centralized application service (AACOMAS) regarding the more than 9,300 applicants for the 1994 freshman class.

Copies of the 1994 *Annual Statistical Report* may be ordered from the American Association of Colleges of Osteopathic Medicine (AACOM), 6110 Executive Boulevard, Suite 405, Rockville, MD 20852. Price \$14.00 per copy, prepaid. ■

Blood Bank Briefs for Physicians

Transfusion Reactions Characterized by Fever

Margie B. Peschel, M.D., Medical Director
Carter Blood Center, Fort Worth, Texas



Blood transfusions provide a vital therapeutic modality, but they may be associated with adverse effects in some recipients.

A febrile nonhemolytic (FNHTR) – temperature elevation of 1° C or more above the pretransfusion temperature – is the single most common immediate transfusion reaction. First, one must always rule out the possibility of a life threatening hemolytic transfusion reaction because fever is a common manifestation of such reactions. Classically, FNHTRs are thought to occur when a recipient's allo-antibodies react with donor leukocyte antigens causing the donor leukocytes to release endogenous pyrogens. The explanation is probably incomplete. An alternative explanation is that immune complexes induce the release of cytokines (IL-6, IL-8, IL-1) raising the possibility of a mixed (donor and recipient) origin of endogenous pyrogens. Another possible explanation stems from recent studies that show a progressive increase during storage of the level of cytokines in the supernatant plasma of platelet concentrates. These cytokines seem to originate from active mononuclear synthesis and/or are released from leukocytes lysed during storage.

Transfusion of a bacterially infected blood component can cause fever – an endotoxin mediated symptom combined with chills, hypotension and shock. Transfusion-associated septic episodes may be fatal. Thus, when transfusion associated sepsis is suspected, the transfusion must be stopped immediately and blood bag examined for evidence of bacterial growth.

Delayed transfusion reactions manifesting fever may appear in days, weeks, or months. These include a

delayed immune mediated hemolytic transfusion reaction, transfusion acquired malaria or transfusion associated graft vs. host disease. Finally, the occurrence of fever associated with lymphadenopathy, malaise, arthralgia, asthenia, or icterus weeks or months after transfusion should evoke a diagnostic possibility of transfusion acquired viral infections such as Epstein-Barr virus, cytomegalovirus, human immunodeficiency

virus or viral hepatitis.

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AIDS NEWS

Oral AIDS Vaccine is Tested

A new study at San Francisco General Hospital, run by the University of California at San Francisco, has enrolled patients for the first human test of an oral AIDS vaccine. Test-tube studies found that antibodies from about 80 percent of 24 patients triggered the immune system to fight the HIV virus by mimicking part of the envelope protein of HIV.

Bone Marrow From Baboons

Physicians from San Francisco and Pittsburgh plan to inject bone marrow cells from baboons into patients with advanced AIDS. Researchers note that because baboons appear to be resistant to the AIDS virus, patients' immune systems that have been replaced with baboon cells may be able to throw off the infection.

HIV Clinical Practice Guidelines Available

The Texas Department of Health's Bureau of HIV and STD Prevention has developed practice guidelines to assist clinicians in providing care and services to non-pregnant adults infected with HIV. The guidelines are based on current scientific research and clinical experience of nationally-recognized experts. Focus of the guidelines are HIV-infected patients

who are seen in an ambulatory setting and are in relatively stable physical condition.

To obtain a copy of the guidelines, send a written request to the Texas Department of Health, Bureau of HIV and STD Prevention, 1100 West 49th Street, Austin, TX 78756; or call 512/458-7463.

Gulf War Syndrome May Be Contagious

Preliminary results of a new study indicate that various symptoms afflicting over 20,000 Persian Gulf War vets since their return home may be contagious. The study, which will poll 1,000 veterans, has received responses thus far from 400, revealing that 78 percent of spouses and 25 percent of children born before 1991 have some of the symptoms known as Gulf War Syndrome.

News from Osteopathic Health System of Texas

OMCT's Laboratory Awarded Accreditation From College of American Pathologists

The laboratory at Osteopathic Medical Center of Texas recently received its two-year accreditation from the Commission of Laboratory Accreditation of the College of American Pathologists (CAP) for its "excellence of services being provided."

The Laboratory was awarded its accreditation after inspectors examined the records and quality control of the laboratory for the preceding two years, as well as the education and qualifications of the staff, the adequacy of the facilities, the equipment, laboratory safety and the laboratory management to determine how well the patient is served by the laboratory.

With positive results from the recent on-site inspection, the Laboratory joins the ranks of more than 4,200 CAP-accredited laboratories nationwide.

Chairman of Pathology and Director of Laboratories, J. Thomas O'Shea, D.O., said the laboratory is proud to be recognized for its high level of quality.

"We are unique in that we are a small lab that provides a variety of routine clinical tests and specialty procedures in-house," he said. "By providing this high quality of testing services, we have been accredited, which enables us to appeal to the physician, as well as the patient, in terms of effectiveness."

Monte Troutman, D.O., Named Endoscopy Unit Director At Osteopathic Medical Center of Texas

Monte Eugene Troutman, D.O., has been named director of the Endoscopy Unit at Osteopathic Medical Center of Texas.

Dr. Troutman, who has served OMCT in many capacities since 1983, received his D.O. degree from the Chicago College of Osteopathic Medicine in 1975, and completed his residency in Internal Medicine at Chicago Osteopathic Hospital in 1978. Two years later, he completed a fellowship in Gastroenterology at the same facility.

Dr. Troutman comes to the unit highly qualified with certifications in Internal Medicine and Gastroenterology from the American Osteopathic Board of Internal Medicine and certification from the National Board of Examiners for Osteopathic Physicians and Surgeons.

In addition, Dr. Troutman holds membership in the Texas Osteopathic Medical Association, the Texas Medical Foundation and the American Society of Gastrointestinal Endoscopy.

Bart Mobley, D.O. Passes Board Certification

Bart Mobley, D.O., passed the board certification in Radiology according to the American Osteopathic Board of Radiology.

Dr. Mobley is a graduate of the Texas College of Osteopathic Medicine's class of 1989 and completed his internship and residency at Osteopathic Medical Center of Texas. He is currently on staff at OMCT.

Dr. Mobley is a member of the American College of Osteopathic Radiology, the American College of Radiology, the Texas Medical Association, the Texas Osteopathic Medical Association and the American Osteopathic Association.

Dr. Mobley recently joined Westside Radiology Consultants in Fort Worth.

David Stone, D.O. Named to SAGES

David A. Stone, D.O., has recently been named a member of the Society of Gastrointestinal Endoscopic Surgeons (SAGES). SAGES, which establishes guidelines for endoscopic and minimal access surgeries, consists of more than 1500 members, 10 of whom are D.O.s.

Dr. Stone, who graduated from the Chicago College of Osteopathic Medicine in 1974, is on staff at Osteopathic Medical Center of Texas. He has been working towards completing the credentialing and sponsorship process in SAGES for the past three years.

Dr. Stone also is a member of the American College of Physician Executives and the American College of Medical Quality. He is in private practice in Fort Worth. ■

Test for Down Syndrome Developed

Researchers at Edinburgh University, Scotland, report that a new prenatal test can detect Down syndrome within the first three months of a pregnancy, four weeks earlier than existing tests. Levels of a hormone released by the placenta, inhibin A, are checked by the test. Inhibin A levels are higher in women's blood whose pregnancies are affected by Down syndrome, according to researchers. The test could be on the market in two years.

*Have a Prosperous
and Happy New Year*

News from the University of North Texas Health Science Center at Fort Worth

UNT Administrator Takes HSC Post



David A. Bell, Ph.D.



Adela Gonzalez

A top administrator at the University of North Texas in Denton has been named vice president for administrative affairs of the UNT Health Science Center, effective Jan. 1. The appointment of David A. Bell, Ph.D., was made by the board of regents at its meeting Dec. 2 at the Health Science Center.

The regents also named Adela Gonzalez, currently director of the Division of Urban and Rural Health and acting director of the Public Health Program, to the additional position of associate vice president for multicultural affairs.

Bell joined the UNT administration in 1993. He was associate vice president for university and health science center affairs and the executive assistant to Chancellor Alfred Hurley. In his position at the Health Science Center, Bell will be responsible for physical plant, human resource services, campus police and other non-administrative, fiscal or academic functions.

Bell received his Ph.D. from the University of North Carolina at Chapel Hill. Before joining UNT, he held a series of planning and administrative posts, beginning with his responsibility as director of a successful institutional self-study program involving all nine campuses of the University of South Carolina. He also was associate provost for institutional planning and research at the University of South Carolina and chairman of the Committee on Statewide Planning for the Council of Public Colleges and Universities in South Carolina.

Gonzalez, in her additional appointment that is effective immediately, will coordinate all multicultural activities at the health science center. She also will assist

in the recruitment and retention of ethnic minority students, faculty and staff. She holds a master of public administration from Southwest Texas State University and previously served as director of the Department of Health and Human Services for the city of Dallas.

Center Wins Carswell Contract

The UNT Health Science Center was notified Nov. 4 that it had been selected to provide comprehensive health services for the female inmates at the Federal Medical Center, Carswell. The announcement was made by the Bureau of Prisons of the U.S. Department of Justice.

Current estimates place the value of the five-year contract at \$10 million. Details on implementation of the agreement, including the initial start of services, are under discussion.

The contract calls for the Health Science Center to provide comprehensive inpatient and outpatient health services for inmates at FMC, Carswell, which includes a fully equipped 227-bed hospital, a 50-bed psychiatric unit and a facility for minimal self-care.

Bill Finalal, associate director of the health science center's faculty practice plan, said the inmates will have available a full range of health services, such as optometry, oral surgery, Cat scan and magnetic resonance imaging, rather than just physician services. Medical services not provided by the Health Science Center will be supplied through arrangements with community providers including adjunct clinical faculty and other area physicians.

The Health Science Center also provides comprehensive health services to the Federal Medical Center, Fort Worth, formerly known as the Federal Correctional Institution.

SACS: The Next Step

A 36-month analysis of the Health Science Center's strengths, weaknesses, and direction for the future culminated Oct. 30-Nov. 3 with the visit of a review team from the Commission on Colleges of the Southern Association of Colleges and Schools.

Results of the review will determine if our institution receives accreditation by the commission, a prestigious achievement shared by more than 800 colleges, universities and health science centers in the 11-state southern association.

To determine if we meet the commission's stringent accreditation standards, the nine-member team reviewed hundreds of pages of reports and statistics prepared by the Health Science Center's Self-Study Committee and interviewed more than 200 administrators, faculty, staff and students.

During the team's exit conference Nov. 3, the commission's associate executive director, E. Jean Walker, Ph.D., said, "I hope you have a sense of accomplishment of a job well done. I applaud you for your interest in this process and urge you all to build on the momentum you have created."

Walker said the team's final report and recommendations will be reviewed by the commission at its June meeting.

Heroes Among Us

It was only a hunch, but it paid off. If Cynthia Briones, Soledad Enriquez and Delia Estrada, all of the OB/GYN Clinic hadn't been so observant on Oct. 28, a kidnapped baby and her mother might not have been reunited.

Fort Worth Police Lt. Pat Knebllick hailed the clinic staff as heroes in a case that, until then, had yielded few clues to the baby's whereabouts.

The 4-month-old baby's picture had been in the newspapers and on local newscasts since she was abducted almost a week earlier. When a patient came into the clinic with the baby, the patient told Briones she was babysitting for a friend.



Seemingly oblivious to the press conference in her honor, 4-month-old Yesenia Romero sits content in the arms of her mother, Gabriela Sanchez, at the UNT Health Science Center on Oct. 28. Romero, who had been kidnapped from her home a week earlier, was reunited with her mother at the Health Science Center after Obstetrics/Gynecology Clinic personnel Soledad Enriquez, Cynthia Briones and Delia Estrada, from left, suspected that the baby visiting the clinic with a patient that day was the kidnapped infant.

But Briones noticed the baby's resemblance to the photo, and asked questions about the baby's identity that the patient couldn't answer. Briones, a social worker, called Campus Police, while Enriquez, a medical assistant, and Estrada, an LVN, talked further with the patient, who didn't know the suspect wasn't the baby's mother.

Fort Worth police detectives and FBI agents arrested the suspect at the patient's home, while the baby and mother were reunited in the clinic. A deluge of reporters from newspapers, radio and TV stations swamped the Atrium, where they interviewed the mother and the OB/GYN Clinic staff about the rescue.

Briones, who witnessed the tearful reunion between Yesenia and her mother, Gabriela Sanchez, told the Fort Worth Star-Telegram, "She was in shock. We all huddled around her and hugged her and she cried."

The next day, as the family celebrated, Yesenia's grandmother, Adela Rios Romero, praised Briones, saying, "That woman gave us back our lives."

Special Programs

A new effort to get more minorities interested in careers in osteopathic medicine and biomedical sciences is underway at the Health Science Center.

Bob Kaman, Ph.D., physiology, has been named director of special school

programs, a new office responsible for coordinating various programs at the Health Science Center for elementary, middle school, high school and undergraduate minority students.

Kaman will coordinate the programs already in place on campus, including Student Teacher Advanced Research Training (START) program for high school students, the Science Learning and Investigational Center for Kids (SLICK) and Applied Learning Academy for middle school students, and the Summer Minority Advanced Research Training (SMART) for college students. All programs bring students to the labs and classrooms of the Health Science Center to gain a better understanding of careers in medicine and science.

He will also coordinate the new "Bridges to the Future" program with Southern University in Baton Rouge, funded through a grant he was awarded by the National Institutes of Health. The project brings Southern University biomedical sciences graduate students to the Health Science Center to complete the research of their master's degree.

CME Accredited

The Health Science Center recently received accreditation for its Continuing Medical Education programs from the Accreditation Council for Continuing Medical Education.

Besides bringing prestige to the Health Science Center, the award means our CME programs offered can now be marketed to more allopathic physicians, said Al Cross, CME director.

"With this new status, we can now present allopathic physicians American Medical Association Physician's Recognition Award credit for the CME programs," he said. "In the past, we could only present them with their certificate of attendance. Now, they can get full credit."

A site survey team that reviewed Primary Care Update XII, Sept. 29-Oct. 1 at the Health Science Center, commended the CME coordinators on the way the program was run and the way its success was documented, said Pam McFadden, CME program director. The review process began early this year with the filing of a detailed application and culminated in late November, when the accreditation was awarded, McFadden said.

A Lone Star Shines



Christa Edwards, TCOM's only winner of the Auxiliary to the American Osteopathic Association Scholarship.

Christa Edwards had always wanted to be a doctor, so she didn't let the allopathic physicians she used to ask about the profession dampen her enthusiasm. Instead, she found osteopathic physicians who encouraged her to persevere.

Edwards, now a second-year student at Texas College of Osteopathic Medicine, recently was honored for her

(Continued on Page 40)

News From UNTHSC, Continued

dedication, high grades and campus involvement.

She was the only Texas recipient among eight students nationwide to win a \$3,000 scholarship from the Auxiliary to the American Osteopathic Association. Second-year student Martin Pourkesali was the only Texas alternate named.

Edwards is from Ranger and graduated from the University of Dallas. She intends to practice primary care medicine. On campus, her leadership roles include being president of Sigma Sigma Phi honor society and vice president of the American College of Osteopathic Family Physicians. At Honors Day in May, she received the McGraw-Hill Award for having one of the two highest GPAs at the end of her first year.

West Side Clinic Makes the Grade

Only a year and a half after moving its operations from Carswell Air Force Base, the Westside Family Medicine Clinic has earned an A++ rating after an annual audit of its medical records by officials with the Harris Methodist Health Plan.

Word of the favorable audit came in late November, only a couple of months after Blue Cross and Blue Shield also gave the Westside Clinic a glowing report for its record-keeping.

Awards, Etc.

Philip C. Slocum, D.O., associate professor with the UNT Health Science Center's Department of Internal Medicine, has been selected to be the first osteopathic physician to serve on the Credentials Committee of the American College of Chest Physicians. He also is a Society of Critical Care Medicine liaison for the American College of Osteopathic Internists.

T. Eugene Zachary, D.O., associate professor with the UNT Health Science Center's Department of Family Medicine, was named "Alumnus of the Year" by the Kansas City College of Osteopathy and Surgery (now the University of Health Sciences College of Osteopathic Medicine) on Sept. 9. He also was invited to participate on a panel discussion of "Health Care in the U.S. After Reform: An Overview" at the fifth national conference of the National Task

Force on CME Provider/ Industry Collaboration, Sept. 11-13 in Chicago.

Samuel T. Coleridge, D.O., Henri Migala, M.S., Don Kennedy, Ph.D. and Nancy Lentine, D.O., all of family medicine, presented papers at the 38th American Osteopathic Association Annual Research Conference in San Francisco, Nov. 13-17.

Harvey G. Micklin, D.O., F.A.C.N., psychiatry, has been named president-elect of the American College of Neuropsychiatrists.

\$3.5 Million In Research Grants Awarded UNT Health Science Center

First-year funding for nearly \$3.5 million in direct cost research grants was recently awarded to eight faculty members at the University of North Texas Health Science Center at Fort Worth.

The National Institutes of Health in Washington, D.C., is funding more than \$2.7 million in research projects by six scientists at the Health Science Center. Funding for the remaining two projects came from the U.S. Department of Health and Human Services and the National Science Foundation.

"This is the largest group of new research awards, both in terms of number of faculty members and dollar amount, ever received by the Health Science Center in a four month period," said Robert W. Gracy, Ph.D., associate dean for basic science and research. "I think it speaks highly of the caliber of our faculty and the quality of their research."

Peter B. Raven, Ph.D., chairman and professor, Department of Physiology, was awarded a \$672,945, four-year grant from the National Heart, Lung and Blood Institute for research into the arterial baroreflex control of blood pressure during exercise.

Hriday K. Das, Ph.D., associate professor of pharmacology, received a \$457,836, three-year award from NHLBI for his research entitled "Hepatic Regulation of the Human Apo-B Gene."

Rouel Roque, M.D., assistant professor of anatomy and cell biology, is investigating microglial cells in degenerative retinal disease under a \$436,064, five-year grant from the National Eye Institute.

Another faculty member in the

John K. Podgore, D.O., pediatrics, spent two weeks in Cairo, Egypt, planning the 21st International Congress of Pediatrics, to be held Sept. 10-15 at the Cairo International Conference Center. Podgore and members of the American Academy of Pediatrics will conduct a two day Pre-Congress Workshop on neonatal resuscitation on Sept. 8. He has worked for the past 10 years as a consultant to the World Health Organization and the Egyptian Ministry of Health.

Department of Anatomy and Cell Biology, associate professor Margaret Garner, Ph.D., received a \$412,828, two-year grant from NEI for research entitled "ATP-linked Effectors of NA/K + ATPase and Cataract."

Assistant professor Rafael Alvarez-Gonzalez, Ph.D., of the Department of Microbiology and Immunology, was awarded a \$427,327, five-year grant from the National Institute of General Medical Sciences. His research project is entitled "Enzyme Mechanism(s) of Poly(Adp-ribose) Polymerase."

Another grant from NIGMS was awarded to Robert Kaman, Ph.D., associate professor of physiology. The \$323,884, two-year grant will fund his project, "Bridges to the Doctoral Degree for Minority Students."

Samuel T. Coleridge, D.O., chairman and professor of the Department of Family Medicine in the center's Texas College of Osteopathic Medicine, received a \$380,980 grant from the U.S. Department of Health and Human Services. Coleridge's two-year project, "Predoctoral Training in Family Medicine," includes development of new curricula for family medicine education.

Paul F. Cook, Ph.D., professor of biochemistry and molecular biology, is investigating "Mechanism of the B6 Enzyme O-acetylserine Sulfhydrylase" with a \$270,000, three-year grant from the National Science Foundation.

The latest awards brings the total funding by the National Institutes of Health and other federal agencies for research projects at the UNT Health Science Center to more than \$19.2 million. ■

Public Health Notes

Youth Risk Behavior Survey

Nick U. Curry, MD, MPH, FACP

The leading causes of death and morbidity among high school students are preventable. Because high proportions of high school students engage in behaviors that place them at increased health risk, studying the epidemiology of adolescent health risk behaviors and planning effective interventions is a public health priority.

The Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health developed the Youth Risk Behavior Survey (YRBS) in collaboration with representatives from 71 state and local departments of education and 19 other federal agencies. This survey, a self-administered questionnaire, focuses on health risk behaviors established during high school that result in significant diseases, injuries, and social problems. These health problems, which occur during adolescence or adulthood, include intentional or unintentional injuries, infection with HIV and other sexually transmitted diseases, heart disease and cancer.

To assess the prevalence of health risk behaviors among nationally representative samples of high school students 12 to 19 years of age, 31 state and local education agencies used the YRBS in 1990 and 39 in 1991. Two components comprise the YRBS Surveillance System: 1) state and local YRBS conducted by departments of education; and 2) the National YRBS.

The national survey used a three stage design to obtain a sample of 12,272 students in grades 9 through 12 in all 50 states and the District of Columbia. Though no reliability studies of this questionnaire were conducted, the National Center for Health Statistics administered extensive field tests to assure that all types of students were interpreting the questions in the same way and that recall periods for students' behaviors were realistic.

By the end of 1992, national data had been obtained from approximately 120,000 persons representing 49,000 households. For the state and local surveys, school response rates ranged from 48% to 100%, and student response rates from 48% to 96%. State and local sample sizes ranged from 369 to 5,834 students. The grades and sex of students were distributed evenly for most samples, but the racial/ethnic characteristics of the samples varied. For

the national survey, the school response rate was 75% and the student response rate was 90%.

The Texas Education Agency (TEA), with the Center for Health Promotion Research and Development at the University of Texas School of Public Health in Houston, conducted the YRBS statewide among high school students in the fall and early spring of 1992-93. All public schools in the State of Texas that included ninth through twelfth grades were eligible to be selected for the survey. Using probability proportional to size sampling, 201 schools in 137 districts were selected. Seventy-eight of the 137 districts (57%) agreed to participate in the survey, and 86 of the 201 schools (43%) agreed to participate. Classes in participating schools were randomly selected to obtain approximately 75 students from each school.

This selection process resulted in a survey of 329 classrooms, with 5,350 students providing completed surveys. Student participation was voluntary, and survey administration procedures were designed to protect the privacy and confidentiality of all participants. The behaviors studied fall into the following six categories:

- Violence and Suicide
- Accidents and Injuries
- Sexual Behavior
- Substance Use
- Physical Activity
- Dietary Behavior

The most prevalent health risk behaviors engaged in by the students surveyed were as follows:

- Ever using alcohol (81%)
- Ever trying cigarette smoking (71%)
- Not using a condom during the last sexual intercourse (males: 62%; females: 46%)

Although these results cannot be generalized to all students in Texas, they provide an important profile of the health risk behaviors of the survey participants. Additionally, since the 1992 Texas YRBS measured health risk behaviors only among adolescents who attend school, the prevalence of these behaviors in the total adolescent population of this state is probably underestimated.

The Texas YRBS will be conducted again in 1995. One of the primary goals

for this survey is that a higher percentage of eligible schools choose to participate. The school response rate of 43% for the 1993 Texas YRBS puts Texas below the lowest school response rate for the 1992 national YRBS results.

National YRBS results indicate that out-of-school adolescents are more likely to engage in behaviors with potentially severe adverse health outcomes than are in-school adolescents. Public health and education officials are using YRBS results to highlight the special needs of, and develop innovative prevention services for, out-of-school adolescents. In 1991 CDC intensified public health and education programs among out-of-school adolescents and other in high risk situations (e.g., runaways, homeless adolescents, juvenile offenders, and migrant youth).

Completing high school, especially when the curriculum includes health education, has been shown to have a significant, positive impact on adolescents' lifestyle choices and skills regarding health. For this reason, the national Healthy People 2000 initiative includes the following two goals:

- To increase the high school graduation rate to at least 90% by the year 2000; and
- To increase to at least 75% the proportion of elementary and secondary schools that provide planned and sequential school health education from kindergarten through twelfth grade.

Addressing the health risk behaviors identified through the YRBS is a public health intervention priority, both locally and nationally.

The above article was reprinted from *Disease Prevention News*, a publication of the Texas Department of Health.

Prepared by: Susan Hammack, MEd, Managing Editor, TDH Disease Prevention News.

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DALLAS/FORT WORTH – D.O. Clinic Full or Part-time, Texas Licensed GP or Retired Specialist. Fee for Service, Busy Practice. Executive Director, 214-994-9928. (49)

INTERNAL MEDICINE – Immediate opening for BE/BC internal medicine D.O. at 54-bed hospital in Tyler, Texas. Approximately 20-members referral base with multiple specialties. Office space available within medical complex or in outlying clinics. P.H.O. with approximately 120,000 insured individuals. Hunting, fishing, watersports, country clubs, university, junior college, many recreational facilities, civic and social opportunities. Contact Olie E. Clem, C.E.O., at 903-561-3771. (50)

ORTHOPEDIC SURGEON – To join established practice in Tyler, Texas. Salary guarantee with office and support services provided. Large referral base. P.H.O. with approximately 120,000 insured individuals. Office located within hospital complex. Wonderful family community offers hunting, fishing, watersports, golf, country clubs, university (U.T.), junior college, many recreational facilities, civic and social opportunities and much more. Contact Olie E. Clem, C.E.O., or James Laughlin, D.O. at 903-561-3771. (51)

FAMILY PRACTICE D.O.s – Practice opportunities for physicians at 54-bed facility in beautiful Tyler, Texas. Active staff of over 30 physicians with 8 specialties represented. Office space available near hospital or may share established very active practices in communities near Tyler. Outlying clinics located in 4 nearby communities. P.H.O. with approximately 120,000 insured individuals. Hunting, fishing, watersports, country clubs, university, junior college, many recreational facilities, civic and social opportunities. Contact Olie E. Clem, C.E.O., at 903-561-3771. (52)

G.P. FOR EAST TEXAS RURAL HEALTH CLINIC – Immediate opening for physician to assume active private practice and to serve as medical director for rural health clinic and for 60 bed nursing facility in community located approx 25 minutes from Tyler. 54-bed acute care hospital, located in Tyler, has active staff of over 30 physicians representing 8 specialties. Access is available to approx 120,000 insured individuals through membership in P.H.O., in addition to large Medicare and Medicaid population. Wonderful family community offers hunting, fishing, watersports, golf, country clubs, university (U.T.), junior college, many recreational facilities, civic and social opportunities and much more. Contact Olie E. Clem, C.E.O., at 903-561-3771. (53)

HOUSTON TEXAS – Wanted Immediately/ Full-time/Family Practice or Internal Medicine Board Eligible/Board Certified. Salary negotiable. Send CV. FAX 713-778-0839; Attn: Madeline. (54)

OB/GYN TO SHARE CALL – BE/BC physician sought to maintain private practice and to rotate call with BC OB/GYN physician at 54-bed acute care facility in Tyler. Referral base of over 30 physicians covering 6 communities. Office

space available in hospital complex. Access is available to approx 120,000 insured individuals through membership in P.H.O. Wonderful family community offers hunting, fishing, watersports, golf, country clubs, university (U.T.), junior college, many recreational facilities, civic and social opportunities and much more. Contact Olie E. Clem, C.E.O., at 903-561-3771. (55)

WANTED: Full or part time D.O., Southeast Texas area. Private clinic. No hospital work. Send CV to: Jasper County Medical Center, 1609 South Margaret, Kirbyville, TX 75956, or call Donna Burns 409-423-2166. (56)

POSITIONS DESIRED

BOARD CERTIFIED GENERAL PRACTITIONER – working as independent contractor. Ten years experience. Available by appointment \$100 per hour plus expenses. Will furnish liability insurance. No obstetrics, please. Contact: TOMA, Box 27, One Financial Center, 1717 North IH 35, Suite 100, Round Rock, TX 78664-2901. (27)

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GULF COAST CLINIC – 4,100 sq. ft. to include lab and (4) suites. Near Navy base on beautiful Gulf of Mexico. Growing Community. Hospital and nursing home three blocks away. Lease (possible purchase in future). Contact Mrs. Kumm 512-758-3660. (17)

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MEDICAL PRACTICE FOR SALE (HOUSTON, TX) – Grossing 500K with potential for much more. One of best locations in town. For details, call Alex Oria at 713-499-2392. (39)

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FOR SALE – LATE MODEL 300 MA X-ray and processor with view box and accessories; hydraulic stretcher; transport stretchers; Coulter counter and diluter; storage cabinets; office desk; assorted other items - very good condition. Contact: Dr. Glen Dow or Office Manager, 817-485-4711. (48)

FOR SALE – General Electric KXD 325 general purpose radiographic system 300 MA/125 KVP; GE flat top table, non-tilt; Fischer Model E automatic film processor, and assorted accessories. Buyer to dis-install and move. Available now. Call Carolyn DeLaney 817-923-6111. (45)

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List any additional post-graduate training _____

District Endorsement

District Secretary

Approved - TOMA Membership Chairman

I hereby certify if elected to membership in the Texas Osteopathic Medical Association, I will uphold and abide by said Association's Constitution and Bylaws and Code of Ethics. Attached is \$_____, the membership fee, which will be my dues for the current year, with the understanding that it is to be returned to me if I am not fully satisfied with the benefits and services offered by TOMA. (No application will be acted upon until the April Board of Trustees meeting.)
 Request for dues refunds must be received by Friday, March 31, 1995.



Signature of Applicant

*Please direct any questions to Ms. Paula Yeamans, Membership Secretary
 at (800) 444-8662.*

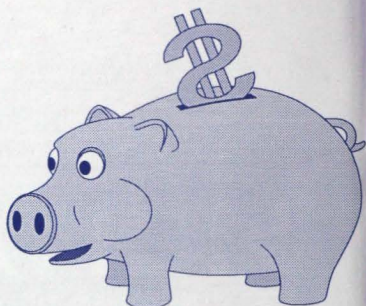
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