

*A New Year. . .
A New Beginning. . .*



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State of Texas Poison Center for Doctors & Hospitals Only	713/765-1420 800/392-8548
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FEDERAL AGENCIES:	
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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

January 1989

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ABOUT THE COVER: \$100.00 off 1989 Convention Registration fee for the first TOMA physician member to identify the Texas osteopathic physician pictured on the front cover. **HINT:** This person is an adoptive Texan, a member of the TOMA House of Delegates and was born in 1940. Send responses to: Editor, *Texas DO*, 226 Bailey Avenue, Fort Worth, Texas 76107.

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Tom Hanstrom, Editor
Diana Finley, Associate Editor
Lydia Anderson Smith, Staff Writer

Calendar of Events



JANUARY 1989

19

"TOMA District II Meeting
Presidential Visitation

Contact: Suzanne Reeves
817/735-3543

21

TOMA District X Meeting
Presidential Visitation

Contact: Robert G. Maul, D.O.
President, TOMA D-10
806/792-4811

FEBRUARY

9

"Critical Care Medicine"

Kirksville College of
Osteopathic Medicine

CME: 20 hours; Category 1-A

Contact: Rita Gray, Coordinator
Continuing Education/
Centennial Planning
KCOM
800/626-5266

11

TOMA Board of Trustees' Meeting
State Headquarters Building
226 Bailey Avenue
Fort Worth

Contact: TOMA
817/336-0549

15

TOMA District XI Meeting
Presidential Visitation

Contact: Patty Helton
915/779-2424

17

"Disability Determinations"
Kirksville College of
Osteopathic Medicine

CME: 7 hours; Category 1-A

Contact: Rita Gray, Coordinator
Continuing Education/
Centennial Planning
KCOM
800/626-5266

MARCH

8-12

ACGP Convention

Mariott Hotel
San Antonio

Contact: ACGP
2045 S. Arlington Heights Road
Suite 104
Arlington Heights, Illinois 60005
312/228-6090
800/323-0794

16

TOMA District V Meeting
Presidential Visitation

Contact: Kenneth Bayles, D.O.
President, TOMA D-5
214/331-6444

29

*"Symposium on Respiratory Tract
Infections"*

Sponsored by Texas College of
Osteopathic Medicine

Funded by Glaxo, Inc.
Fairmont Hotel
Dallas

CME: 6 hours Category 1-A

Contact: TCOM
Dept. of Internal Medicine
817/735-2333

APRIL

25

TOMA Pre-Convention
Board of Trustees' Meeting
Sheraton CentrePark Hotel
Arlington

Contact: TOMA
817/336-0549

27-29

*90th Annual Convention &
Scientific Seminar*
Texas Osteopathic Medical Assoc.
Sheraton CentrePark Hotel
Arlington

Contact: TOMA
817/336-0549

29

TOMA Post-Convention
Board of Trustees' Meeting
Sheraton CentrePark Hotel
Arlington

Contact: TOMA
817/336-0549

JUNE

15-17

1989 International Symposium
"The Central Connection:
Somatovisceral/Viscerosomatic
Interaction"

Sponsored by American Academy
of Osteopathy

Omni Netherland Plaza
Cincinnati, Ohio

Fee: \$100, physicians

\$ 50, Ph.D.s

\$ 25, students

Contact: Mrs. Vicki E. Dyson
AAO Executive Director
12 West Locust Street
P.O. Box 750
Newark, Ohio 43055
614/349-8701

OBESITY. RESULTS OF SURVEY MAY



According to responses from over 6,800 physicians, obesity has become a serious health threat.

A problem so significant...77% of responding physicians view it as the single most prevalent chronic condition in the US.¹

A problem so widespread...88% of physicians realize it afflicts at least 1 out of 3 American adults.^{1,2}

A "disease" so serious...81% of physicians acknowledge it is related, either directly or indirectly, to 20% or more of the nation's mortality.^{1,3}

DA NATIONWIDE SURPRISE YOU.



FASTIN®^{IV} (phentermine HCl) 30 mg capsules

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FASTIN® (phentermine HCl) can help. It effectively curbs hunger—the critical first step. In fact, 46% of responding physicians prefer FASTIN over two other well-known anorectics.

As an adjunct to prescribed diet, exercise, and counseling, FASTIN can help provide the early motivation many patients need to overcome obesity....and its serious health risks.

Please see summary of prescribing information on next page.

References:

1. Results based on 6,831 physician responses to a recent survey (note: Not all responding physicians answered all questions). Data on file, Beecham Laboratories.
2. Weiss ST. Obesity: Pathogenesis, consequences, and approaches to treatment. *Psychiatr Clin North Am* 1984;7:307-319.
3. *Estimate P: Call obesity "a killer", costing the US \$30.6 billion a year. Medical Tribune 1985;March 29/30.*

FASTIN®[®] (phentermine HCl) 30 mg capsules

*Preferred by physicians over
other well-known anorectics.¹*

Brief Summary
Indicated only for use as a short-term adjunct in the management of exogenous obesity.

INDICATION: FASTIN is indicated in the management of exogenous obesity as a short-term (a few weeks) adjunct in a regimen of weight reduction based on caloric restriction. The limited usefulness of agents of this class (see ACTIONS) should be measured against possible risk factors inherent in their use such as those described below.

CONTRAINDICATIONS: Advanced arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension, hyperthyroidism, known hypersensitivity or idiosyncrasy to the sympathomimetic amines, glaucoma.
Listed states: Patients with a history of drug abuse. During or within 14 days following the administration of monoamine oxidase inhibitors (hypertensive crises may result).

WARNINGS: Tolerance to the anorectic effect usually develops within a few weeks. When this occurs, the recommended dose should not be exceeded in an attempt to increase the effect; rather, the drug should be discontinued.

FASTIN may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or driving a motor vehicle; the patient should therefore be cautioned accordingly.

DRUG DEPENDENCE: FASTIN is related chemically and pharmacologically to the amphetamines. Amphetamines and related stimulant drugs have been extensively abused, and the possibility of abuse of FASTIN should be kept in mind when evaluating the desirability of including a drug as part of a weight reduction program. Abuse of amphetamines and related drugs may be associated with intense psychological dependence and severe social dysfunction. There are reports of patients who have increased the dosage to many times that recommended. Abrupt cessation following prolonged high dosage administration results in extreme fatigue and mental depression; changes are also noted on the sleep EEG. Manifestations of chronic intoxication with anorectic drugs include severe dermatoses, marked insomnia, irritability, hyperactivity, and personality changes. The most severe manifestation of chronic intoxication is psychosis, often clinically indistinguishable from schizophrenia.

Usage in Pregnancy: Safe use in pregnancy has not been established. Use of FASTIN by women who are or who may become pregnant, and those in the first trimester of pregnancy, requires that the potential benefit be weighed against the possible hazard to mother and infant.

Usage in Children: FASTIN is not recommended for use in children under 12 years of age.

Usage with Alcohol: Concomitant use of alcohol with FASTIN may result in an adverse drug interaction.

PRECAUTIONS: Caution is to be exercised in prescribing FASTIN for patients with even mild hypertension.

Insulin requirements in diabetes mellitus may be altered in association with the use of FASTIN and the concomitant dietary regimen.

FASTIN may decrease the hypotensive effect of guanethidine.

The least amount feasible should be prescribed or dispensed at one time in order to minimize the possibility of overdose.

ADVERSE REACTIONS: Cardiovascular: Palpitation, tachycardia, elevation of blood pressure.

Central Nervous System: Overstimulation, restlessness, dizziness, insomnia, euphoria, dysphoria, tremor, headache; rarely psychotic episodes at recommended doses.

Gastrointestinal: Dryness of the mouth, unpleasant taste, diarrhea, constipation, other gastrointestinal disturbances.

Allergic: Urticaria.

Endocrine: Impotence, changes in libido.

DOSAGE AND ADMINISTRATION: Exogenous Obesity: One capsule at approximately 2 hours after breakfast for appetite control. Late evening medication should be avoided because of the possibility of resulting insomnia.

Administration of one capsule (30 mg) daily has been found to be adequate in depression of the appetite for twelve to fourteen hours.

FASTIN is not recommended for use in children under 12 years of age.

OVERDOSSAGE: Manifestations of acute overdose with phentermine include restlessness, tremor, hyperreflexia, rapid respiration, confusion, assaultiveness, hallucinations, panic states. Fatigue and depression usually follow the central stimulation. Cardiovascular effects include arrhythmias, hypertension or hypotension, and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning usually terminates in convulsions and coma.

Management of acute phentermine intoxication is largely symptomatic and includes lavage and sedation with a barbiturate. Experience with hemodialysis or peritoneal dialysis is inadequate to permit recommendations in this regard.

Acidification of the urine increases phentermine excretion. Intravenous phenolamine (REGIENE) has been suggested for possible acute, severe hypertension, if this complicates phentermine overdose.

CAUTION: Federal law prohibits dispensing without prescription.

HOW SUPPLIED: Blue and clear capsules with blue and white beads containing 30 mg phentermine hydrochloride (equivalent to 24 mg phentermine).

NDC 0029-2205-30 _____ bottles of 100

NDC 0029-2205-39 _____ bottles of 450

NDC 0029-2205-31 _____ pack of 30

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Presidential Report

By Merlin Lee Shriner, D.O., FACCPO

Happy holiday wishes to the TOMA membership and friends of the profession. As we begin a new year, we should reflect upon past years of the association as well as look forward with aspiring new goals for the Texas Osteopathic Medical Association. With the progressive invasion of the government and insurance companies into the practice of medicine as well as our litigation-prone society, it sometimes appears we have more problems than solutions. If we actually put a balance on the problems solved to the new opportunities now available to osteopathic physicians, we will find the balance much heavier on the positive side of the scales.

Everytime we address and ease one problem, several more appear to confront the members and the association. This is the purpose of your association — to represent you collectively with greater voice than any one individual D.O. can possibly represent him or herself. Your association is well prepared to address most of these problems. It is true that we cannot solve them all, but many times we are able to modify some of these attacks on our practice. If the association does not at least make such objections known, those parties who would like more invasion of our autonomy would go rampart. Being a TOMA member in good standing is a very important necessity in our future ability to succeed as practitioners, especially with mandatory reporting to licensing boards, insurance companies, hospital staffs and medical committees.

At the current time more D.O.s than ever are active in the Department of Health, the Texas State Board of Medical Examiners, as board members or active on advisory committees. Our current issues have more in common with other paramedical professions than ever before in past history. There is a great deal of invasion in all portions of the medical field especially since this is where a lot of the gross national product is allocated. In the 1989 Texas legislative session, we expect to join forces with most allied health professions for unity of voice to slow or cease the progressive invasion by the government into the health field. The TOMA staff, legislative committee and lobbyist representatives will keep informed and active as to any pertinent medical issues.

Our current TOPAC funds need replenishing since they have been exhausted to support legislative candidates campaigns during the 1988 election. With the current vital issues that may surface, it becomes imperative that we increase our TOPAC support. Please consider a \$20 per month contribution and increase the support of the

membership from 20 percent to at least 80 percent. Since our numbers are limited and some of our issues may be different, I urge you to please help in this area.

I have traveled approximately 12,000 miles to date and addressed 10 of our district societies with our executive director, Tom Hanstrom. We are both pleased at the reception and courtesy extended to us during our visitations. Meeting the individual members and officers has been the highlight of the privilege of representing this association. It is unfortunate that most D.O.s do not have this opportunity to see all the facilities and the impressive physicians we have. Our physicians' talents and facilities have become so scattered and intermingled with our allopathic friends, it seems our strengths and assets are not as obvious. Unfortunately it is true that this mingling has weakened and hurt our osteopathic hospitals, but in meeting the majority of these D.O.s, I have found loss of our professional strength and recognition. The osteopathic profession now must adapt to this change and I believe our adaptation will strengthen our profession, not weaken it. As reimbursement for osteopathic manipulation has been properly improved, it has become more rewarding to be fairly reimbursed for an effective contribution toward the quality of life of our patients that is not available to patients of allopathic physicians. Another positive potential is the Harvard resource-based relative value scale study which, if implemented, will likely result in an improvement of our current reimbursement for primary care, since this is where the majority of D.O.s will be classified.

We are now, more than ever, challenged to support our own professional organization to protect our future. During the past eight months, Tom Hanstrom has kept me very well informed and he and his office staff have spent many hours of concentrated efforts serving the membership to create an association you can be proud of. The future financial outlook appears very promising. Your membership dues finance approximately one-half of the association operation, while the other half is financed by non-dues revenue. The service of the association to our members is many times invisible to the membership. This is the purpose of our district visitations and the *Texas DO* is to keep you informed and attempt to address all your needs and, hopefully, alter many of these problems to the positive.

Let's make this a better year by supporting our heritage as D.O.s by meeting our patient's needs in the unique osteopathic approach. ■

How to Open A Family Practice For \$12,000 or Less

By Richard E. Nichols, D.O.
Janna S. Nichols, MS.FNP-C

Editor's Note: The following article was written by TOMA member Richard E. Nichols, D.O., and his daughter, Janna, a nurse practitioner, practicing in Austin. The trials and tribulations of beginning a practice on a low budget, as set forth in this article, should be of interest to readers.

We were told by just about everyone that it was too difficult and expensive to open a solo practice. We knew about the fearsome double-headed monster; fear of the third party paperwork and fear of astronomical expenses. We, a nurse practitioner specializing in family health care and a general practice physician, opened a family practice clinic in Austin, Texas. Our predetermined budget would have pleased Scrooge, and proved successful.

We'd had enough of cold weather and decided to follow the migration to warm weather and sought out a site in the southwest. The end result of our search was Austin, Texas. Austin was known in days gone by as the sleepy little cowtown in the foothills; recently a progressive city with the "yuppy" yankees residing north of the river and the "good-ole boys" living south of the river. We were drawn to the Lonestar State capitol with its irresistible qualities such as cultural activity, country-like atmosphere, plentiful parks luring us back to nature, as well as the city's onward push toward academic and technological achievement. All of these tied together with a ribbon of competitive rent rates and abundance of office space created a package deal we couldn't refuse.

Acquiring a Texan drawl, we chose a site on the south side of the city. It met our patient demographic criteria — an area of the city which was just launched into growth with young working singles and marrieds. A small professional building not far from a shopping center met our needs very well. It is the hub of suburban housing, apartments, schools, and churches; a site of deliberate choice. Because of the U.S. oil trials and tribulations there was a choice of large professional buildings in the center of town or in the strip malls of suburbia. Our suburban choice was deliberate as this was close and convenient to our bread and butter. Uncomfortable with the commercial flash of strip malls, we choose instead a conservative site. We just did not believe that a doctor's office should be sandwiched between the liquor store and the cleaners. Our search for a growing area lead us to a small professional building near to, but not part of, a shopping center. It was fortunate that the site we chose had been previously occupied by a physician and was ready

for occupancy without additional construction or remodeling.

We secured our office and began to gather our equipment. Equipment was plentiful, it was just a matter of visiting doctors who were retiring, changing practice locations or just quitting. Medical suppliers of both new and used medical equipment offered some bargains. A local discount store was selling *Cannon Copiers* for less than \$1,000.00. Knowing that the discount store would not provide service, our choice was a *Cannon Cartridge Copier* which does not require periodic servicing by an outside contractor. At the same store we found a secretary's chair. Those two items represented a savings of 30 percent compared to a similar purchase at an office supply store. In the first month or so of operation we used the pegboard system until our computer was operational. The most meager of supplies for the pegboard were purchased since this system was only temporary and would suffice as a backup during "computer down times." With past experience in mind, and consulting local doctors, we compiled a list of necessary medical equipment, equipment which would be cost efficient. We acquired the necessary medical equipment for one examining room only. Over the next four months we acquired additional equipment to outfit two other examining rooms. The need for in-house urinalysis and blood sugar determinations prompted us to purchase a microscope and an *Ames Glucometer*. Even though it was not high on our list of priorities we automated our front office with a computer and medical program all this for less than \$12,000 well within our budget.

The frustrating part was the promise of delivery of used equipment refurbished line new only to find that the company lost the product, went bankrupt, or just couldn't make delivery. For example, a new Tyco sphygmomanometer was delivered broken and we returned it for repair. Nine weeks later it was returned to us sans cuff. We bought a gyn table only to find after waiting weeks for delivery that it had been sold to a doctors' clinic in India, evidently a higher bidder. In one used equipment warehouse we came across equipment that Louis Pasteur could have used — it was so ancient! After chasing raccoons out of drawers and cabinets we found an electric Ritter table made in 1970. It was restored to its pristine condition for a little more than its original cost.

One telephone line was quickly discovered to be a

mistake. Murphy's law applied to us. After several hours of telephone silence one of us would answer a call only to have "call waiting" interrupt dozens of times; a disturbing click breaking off conversation... far from a subtle informative signal. "Call waiting" became such a nuisance that by the end of the first month we upgraded our telephone system — new telephones with capabilities of four lines; and a hold button so that we no longer needed to cover the mouth piece with our hand to discuss the caller's problem amongst ourselves. Patients were calling our office concerning their records, records that we obtained from a doctor leaving practice. Many of these callers became patients, a small nest-egg to which we applied our marketing strategy.

Most private practices are built by word of mouth referrals, therefore, we were determined to please as many patients as possible by being available and visible. Our doors opened earlier and closed later than most other physicians' offices. Patients were encouraged to bring family and friends. Early on we published a newsletter and, in order to ensure safe keeping by patients, helpful tid-bits of information such as measurement conversations, children's dosages, and a list of home remedies for minor complaints were included. Counseling services in classes of both nutrition and exercise were provided. Advertising mediums such as yellow pages, television and radio were not chosen. Other methods to build patient files were selected: I joined the hospital staff and enrolled on their *Doctor Finder* list. We called on pharmacies and schools, and made ourselves available to day care centers and small businesses. We personalized our approach to patients by sending handpainted birthday cards to each patient. Surprisingly many patients said, "Thanks for the birthday card, you were the only one to remember my birthday!" Luckily, Teren, our receptionist, had dabbled in art while in college and was eager to express her creativity on our birthday cards.

Our computer enabled us to produce first class typed letters even though our receptionist was an unskilled typist. The computer printed our patients' receipts with ICD and CPT codes which they presented to their insurance companies for reimbursement. This Pay-At-Time-Of-Service helped us keep our overhead expenses down. Refreshingly, to our surprise, we discovered from our patients that this was standard practice in this area. BULLY for us, our receptionist had that innate ability to collect payment while keeping patients smiling. We did not join PPOs or HMOs even though we were invited. It is our opinion (although subject to change) that these organizations save money by limiting patient care, a practice we did not wish to do. Assistance with claim forms is provided, primarily through education and explanation of how to file the forms but not by typing or completing the claim form for the patient. Although this is a departure from recent marketing advice, it is our opinion that treating paper rather than treating patient ills is neither satisfying nor rewarding.

Our practice is oriented around ambulatory family health care emphasizing preventative medicine. The nurse practitioner and I see patients together, separately and interchangeably. Neither one has a separate caseload but the two of us share the entire patient caseload. We believe this provides our patients with continuity and easy access to health care. Furthermore our working relationship allows the nurse practitioner to utilize her extensive talents. The nurse practitioner identifies problems requiring further attention while doing annual exams and preventative medicine. Our working arrangement allows us to see walk-ins and same-day-care patients without disrupting our schedule. Ironically, sometimes we give the patient information twice during the same visit. One such patient comes quickly to mind. I was called out of the examining room and the nurse practitioner informed the patient of the actions of beta blockers, a medication to be prescribed. I then returned and proceeded to give the same lecture. To my surprise the patient began reciting along with me the actions of the drug indicating that he had been well informed and was listening to us.

At this time I should tell about the unique qualities of our practice which brings charm and an easy-going atmosphere to our office. My staff consists of my family members, with the exclusion of our receptionist (who is in the family way). My youngest daughter, Janna, the nurse practitioner, has a Master's degree in Community Health Nursing and has specialized as a Family Nurse Practitioner. Prior to joining me she worked at a school-based clinic as well as primary care clinics. My eldest daughter, Roxane, is in the office part-time utilizing her talents as a Registered Occupational Therapist handling a variety of musculoskeletal disorders. Last, but certainly not least, my wife is the business manager. Now you've met my staff and entire family.

When a patient enters the office he is given a brochure introducing ourselves and informing him of our services and how we expect to be paid. Part of our practice building strategy is to see patients on schedule, since most of our patients' appointments are during working hours, or their lunch hour or, immediately after work. This attention to detail of availability, visibility and open office policy should help us to continue growing. We will continue to rely heavily on our newsletter as an advertising medium.

Because we were the new "doctor" on the block we have been tested by the drug abuser and the "short payer" ("bum" check writer). We have been amazed that prescriptions or medicines are chewed up by the dog, washed down the sink, blown out of the car, or left at Aunt Mamie's in California. Curiously enough, this only happens to controlled substance prescriptions or medicines, rarely to anti-hypertensive or antihistamine agents.

We started small; one telephone line and one person. But before we knew it we needed three telephone lines,

a receptionist, business manager and soon added an occupational therapist. Our practice grows in leaps and bounds consistently ahead of our projections. We are staunch believers in the "pay as you go" concept for physicians as well as patients and we add services and tools for those services only as proven needs arise. There is an excellent reference lab and an X-ray facility nearby and both provide immediate service to walk-ins. Their availability and service has made it unnecessary for us to duplicate these expensive tools.

The quicksilver appointment schedule, canceled, changed and juggled by the patients so that a rare name on our appointment book shows up on our print-out of the days activities drives us to distraction. A heavy rain

storm will wash patients off the appointment schedule for the rest of the day; an endemic disease that we find peculiar. We wait in anticipation of the prospect and outcome of a rare snow flurry.

Besides choosing an economically depressed area in which to practice, we created greater difficulties for ourselves by targeting start-up at the wrong time of the year. The office doors opened in May, when schools were out and people were beginning their summer vacations; a time when most doctor's practices wax thin. Still, we flourish and grow amidst the alphabet soups of HMOs, PPOs and other third party groups. The revenues easily surpass our wildest expectations — in debt to no one and free from the paper shuffle.

In Memoriam

Thomas R. Johnson, D.O.

Thomas R. Johnson, D.O., of Amarillo, died December 7, 1988 after a long fight with cancer.

He was born May 2, 1935 in Wausau, Wisconsin. He received his Bachelor of Science degree from the University of Wisconsin and his D.O. degree from Chicago College of Osteopathic Medicine. Dr. Johnson interned at Rocky Mountain Hospital in Denver, Colorado and completed his surgical residency there also.

He practiced as a general surgeon in Denver until February of 1975, when he moved to Texas to practice general surgery. He received his surgical certification in October of 1976 and in October of 1987, he received a fellowship with the American College of Osteopathic Surgeons (ACOS). Dr. Johnson was active in TOMA, TOMA District I, the AOA and ACOS until his death. He had served on the Board of Directors at Family Hospital Center, Amarillo, for the last 12 years and was also chief-of-surgery during the same 12 years. Dr. Johnson was an active Lutheran church member all his life.

He married his wife, Janet, in 1970. Survivors include Janet; two sons, Brad of Boston, Massachusetts, and Scott Spencer of Canyon, Texas; three daughters, Jennifer Coe and Andrea Gale, both of Denver, and Diana Brinkley of Amarillo; and one granddaughter, Barbara Coe.

In lieu of usual remembrances, the family requests that memorials be sent to Family Hospital Center, Amarillo.

Dr. Johnson will be greatly missed by family, colleagues, friends and patients.

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Risk Retention Group

Minimum Security Requirements for Triplicate Prescription Forms in the Physician's Office

The Texas Controlled Substances Act Rules, adopted by the Texas Department of Public Safety, set out the requirements for minimum security of Triplicate Prescription forms in the physicians office in Section 13.24 of the rules as follows:

13.24 Minimum Security Requirements for Triplicate Prescription Forms

a) Triplicate Prescription forms will be serially numbered and the individual practitioner's name, address, Drug Enforcement Administration number, Texas Controlled Substances Registration Number, and control number will be imprinted on each prescription form.

b) Each practitioner who obtains triplicate prescription forms from the Texas Department of Public Safety will be held accountable for each numbered form.

c) Do not leave the prescription books in locations where the book or individual prescription blanks can be pilfered or stolen.

d) Do not presign the triplicate prescription blanks.

e) Place the triplicate prescription books in a securely locked, substantially constructed cabinet or safe when not in use and secure the unused prescriptions in the same manner at the close of the business day.

f) Maintain the triplicate prescription books on the person or in such a manner as not to be easily accessible for pilferage or theft when utilizing the triplicate prescriptions outside of the office or place of business.

g) Maintain Copy 3 of the triplicate prescription in the binder to which it is attached for a period of two years.

h) Do not permit an individual practitioner's triplicate prescription to be used by another practitioner.

i) Lost or stolen triplicate prescription forms must be reported immediately upon discovery to the local police department or sheriff's office and the Texas Department of Public Safety, Triplicate Prescription Section in Austin, Texas, (512) 465-2189.

j) Upon recovery of triplicate prescriptions forms which have previously been reported lost or stolen, a

practitioner must immediately notify the policy agency to which the loss/theft was reported and to the Texas Department of Public Safety, Triplicate Prescription Section, (512) 465-2189. This action must be taken in order for the forms to be removed from the stolen and wanted files and prior to the recovered forms being issued to patients.

k) Voided triplicate prescription forms will be accounted for by sending the voided forms to the Texas Department of Public Safety, Triplicate Prescription Section, P.O. Box 4087, Austin, Texas 78773-0001.

l) Failure to maintain strict security and proper accountability of lost, stolen, or voided forms may also be considered a records-keeping violation as provided in Section 4.08 of the Texas Controlled Substances Act, as well as a security requirement violation. ■

TSBME Issues New Rules On Advertising

Effective November 25, 1988, the following rules regarding physician advertising were adopted by the Texas State Board of Medical Examiners:

164.1 Misleading or Deceptive Advertising

(a) A physician's authorization of or use in any advertising for his or her practice of the term "board certified" or any similar words or phrase calculated to convey the same meaning shall constitute misleading or deceptive advertising under the Act, 3.08(6) unless the physician discloses the complete name of the specialty board which conferred the aforementioned certification.

(b) A physician may not use the term "board certified" or any similar words or phrase calculated to convey the same meaning if the claimed board certification has expired and has not been renewed at the time the advertising in question was published or broadcast. ■

Clinical Laboratory Improvement Amendments of 1988

During the last days of its 1988 session, Congress approved legislation which provides for regulation of all clinical laboratories, including those in physician office laboratories, based on the complexity of testing performed. At the last minute, however, an amendment was added which exempts those labs which do not only simple tests that pose no reasonable risk to the patient if performed incorrectly. Specifically, all those tests that have been approved by the Food and Drug Administration for home use and those tests employing "methodologies that are so simple and accurate as to render the likelihood of erroneous results negligible" would be free from regulation.

Beginning January 1, 1990, all labs must complete and submit to the Health Care Financing Administration (HCFA) a form every two years detailing the number and types of tests performed, the methodologies for lab examinations and the qualifications of the personnel directing and supervising the lab. Based on this form, the HCFA will determine whether the lab should be exempt from regulation.

Labs that are not exempt will be subject to federal proficiency testing and quality control standards. Specifically, the HCFA will establish quarterly or semi-annual proficiency tests for affected labs and set quality assurance standards that include the maximum number of cytology slides that any individual may screen

in a 24-hour period. In addition, effective July 1, 1991, labs will face federal inspections every two years and must meet personnel standards established by HCFA.

Labs in violation of the law will be subject to new "intermediate" sanctions which include a \$10,000 penalty for each day of "substantial non-compliance"; suspension, revocation or limitation of Medicare/Medicaid payments; and a two-year bar against ownership or operation of labs by individuals who owned or operated a lab whose certificate was revoked. Effective April 1, 1990, an annual list of convicted or sanctioned labs will be published by HCFA.

Before resorting to such sanctions, however, the HCFA will reportedly seek improvement in lab performance through training, technical assistance and enhanced proficiency testing.

Due to intense efforts by the AOA and other concerned groups, a provision in the initial measure that would have restricted physicians from referring patient lab tests to entities in which they had a financial interest, was NOT included in the final version of the bill. Also dropped was language that would have prohibited physicians from billing patients for tests referred to outside labs. Many members of Congress, however, were disappointed that those provisions had been dropped from the bill, and indicated that they would revisit these issues during the next session of Congress. ■

Updated RS Warning on Aspirin

The *FDA Drug Bulletin* reports that an updated warning about the association of aspirin with Reye syndrome (RS) will appear on all nonprescription aspirin products in accordance with a final regulation requiring permanent labeling published by the FDA.

The stronger warning language is based on a Public Health Service study that found a significant association between the development of RS in children and teenagers and aspirin use during varicella or influenza.

The stronger labeling reads: "WARNING: Children and teenagers should not use this medicine for chicken pox or flu symptoms before a doctor is consulted about Reye syndrome, a rare, but serious, illness reported to be associated with aspirin."

Additionally, as of December 9, 1988 and continuing for one year, all nonprescription aspirin products must

prominently display an attention-getting statement (such as a flag) alerting consumers to a new stronger RS warning.

Although there appears to be a continuing downward trend in the reported cases of RS, there were 101 cases reported annually as recently as 1986, the last year for which data compilation has been completed. Therefore, every effort must be made to reduce injury and death from this syndrome.

FDA proposed a warning for all oral and rectal aspirin products in December 1985 to standardize voluntary warnings that appeared following a PHS pilot study on RS. The final rule became effective in June 1986 and was implemented as a two-year interim measure pending the outcome of a more extensive PHS main study. ■

Treat your income the same way you treat your patients.

Medical school probably covered everything except what to do for severe paralysis of the paycheck.

And that condition is more common than you might think. If you're 45 now, you have a 38 percent chance of becoming disabled for three months or longer before you reach retirement. And if you're 35, your chance of disability could be as high as 45 percent.* Without disability insurance, that's a 45 percent chance that your income will wind up in critical condition.

Get intensive care for your cash flow.

Should disability strike, how long could you keep your home? make the payments on your car? keep up your membership at the club? Provident disability protection is the perfect prescription, offering full coverage in your own occupation. That means Provident pays if you can no longer work in your own medical specialty regardless of how much you can earn working in a new career or a new specialty.

Trust a good referral.

Endorsed by the Texas Osteopathic Medical Association, your Provident disability plan offers TOMA members a 10 percent

discount for monthly payment or a 15 percent discount when you pay semi-annually or annually.

See a specialist.

Provident is the nation's leading carrier of individual, long-term, non-cancellable disability insurance.** To put the best to work for you, call your Texas Osteopathic Medical Association at 1-800-772-5993 or contact:

William H. Dean and Associates
3112 W. 4th St.
Ft. Worth, TX 76107
(817) 335-3214
Metro: 429-0460

* 1985 Commissioners' Individual Disability Table A, 7-day Continuance Table.

** Life Insurance Marketing and Research Association (LIMRA)

**PROVIDENT
LIFE & ACCIDENT
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Chattanooga, TN 37402



Physicians Rate High In Public Opinion Poll

Texans are more pleased with their visit to the doctor than they were in 1982, according to a recent public opinion poll conducted for the Texas Medical Association (TMA). The Texas public rated an improvement in waiting time, the setting of appointments, and the amount of time the doctor spent with the patient.

This is the third public opinion poll TMA has had conducted in the last seven years. The purpose of the poll is to gain insight to public opinion on key health and medical issues. The 1988 survey covers a range of issues including professional liability, access to care, public health concerns, the image of physicians, cost of care, and many others.

Texans named cost as the greatest problem facing health care. But when asked about their own physician's charges, only 26 percent said they were too high and 65 percent said they were about right.

When it comes to complaining about their physician, Texans have no mercy. When asked what they would do if they had a serious complaint about their physician, 32 percent would tell their doctor and then switch physicians and 20 percent would not tell their doctor, and then switch.

More than half of those polled disagreed or disagreed strongly when asked if doctors were more concerned with making money than with the well-being of their patients. However, 40 percent agreed or agreed strongly that physicians are more concerned with making money than with the well-being of their patients.

Nearly 80 percent agreed that most doctors are very well trained, which parallels findings from the 1982 survey.

On the issue of choosing a physician, Texans are unequivocal: three out of four said they would be less likely to go to a physician who advertises. In addition, 56 percent said they were either referred to their physician by a friend or relative or always had used a doctor.

Tort reform and medical liability is on the minds of Texans, according to the survey. Nearly 60 percent agree present state malpractice laws are causing major problems for the residents of Texas and that these laws should be changed. There also is majority support for allowing damages to be paid in installments and for injured persons to collect only that part of the award not already paid by an insurance company. ■

Good and Bad News for Tort Reform

The bad news is that Florida voters, by a margin of 57 percent to 43 percent, defeated a state constitutional amendment to place a \$100,000 cap on non-economic awards in civil suits. However, that state's Committee for Liability Reform feels that such a close margin means many Florida citizens would like to end the liability crisis. Additionally, the Florida Medical Society is not about to stop in their efforts for tort reform although no course of action has yet been decided upon. Opponents of the cap worked under a trial attorney-sponsored coalition labeled Alert '88. A spokesperson for Alert '88 alleges that the insurance industry is the cause of the malpractice crisis.

Good news for tort reform occurred in Alaska, where by an astounding lead of 70.4 percent to 29.6 percent, voters made it clear that they wanted the courts to award damages in proportion to fault. Alaska's current joint and several liability law is such that a defendant ruled as responsible in a liability case for a majority of fault may be held accountable for all damages, and further-

more, a defendant judged responsible for a minority of fault may be held liable for damages of up to twice the proportion of fault. The Citizens Coalition for Tort Reform, composed of physicians, small businesses, and oil and air-taxi industries, supported this referendum and predicts that the group is now in a good position to lobby that state's legislature this month for more tort reform. Opposing the referendum was the Alaska Academy of Trial Lawyers.

Tort reform for Texas is looking brighter due to the new makeup of the Texas Supreme Court. Only one candidate backed by the trial lawyers won election, and of six candidates supported by TMA and TOMA, five won. This past May, as you probably recall, the Texas Supreme Court tossed out the malpractice awards ceiling established in 1977. Since the majority that have struck down tort reforms lost their seats, this could prove to be a real victory for Texans in the search for relief from the medical liability crisis. ■

AACOM Releases 1988 Annual Statistical Report

Enrollment in osteopathic medical colleges almost reached last year's all-time high of 6,640 and is three and a half times the 1,879 enrollment of 20 years earlier, according to a new study released by the American Association of Colleges of Osteopathic Medicine. The study, AACOM's 1988 *Annual Statistical Report*, provides data on applicants and enrollments in the nation's osteopathic medical schools.

A total of 2.3 persons sought admission to osteopathic medical schools for each available seat this year — a ratio which is significantly higher than that of other health professions, according to the study. Of this year's 1,692 new students, 29 percent were women and 12.6 percent ethnic minorities — compared to 1976 entering class figures of 16.5 and 5.4 percent respectively. "We are pleased that, in just one decade, 58 percent more women and almost three times the number of ethnic minorities applied to osteopathic medical colleges," says Dr. Fred Tinning, Chairman of AACOM's Board of Governors and President of the Kirksville College of Osteopathic Medicine.

"We are seeing stronger efforts on the part of the schools to increase minority recruitment and retention," says Don Zobell, author of the study. "As for women," he says, "they have been a constantly growing segment in the osteopathic medical schools and now constitute more than one of every four graduating osteopathic physicians."

The report also discusses characteristics of the schools' 5,000 faculty members, nearly half of whom are volunteers, as well as curriculum changes at the schools, such as a renewed emphasis on geriatrics and nutrition programs.

Also included in the report are other data on grants and contracts, school revenues and expenditures, student debts, scholarships and loans, and student characteristics.

Copies of the report, which sell for \$12 each, are available from AACOM, an organization created in 1897 to represent the osteopathic medical colleges. Its offices are located at 6110 Executive Boulevard, Suite 405, Rockville, Maryland 20852. ■

Dr. Calabrese Receives Certification In Emergency Medicine

Glenn M. Calabrese, D.O., of Fort Worth, has been notified by the American Board of Emergency Medicine of his successful completion of the examinations in the specialty of emergency medicine, and his certification as a Diplomate of the American Board of Emergency Medicine. In addition, Dr. Calabrese has been named a fellow in the American College of Emergency Physicians.

Dr. Calabrese, a native of El Paso, graduated from Texas College of Osteopathic Medicine in 1979 and completed his internship at Fort Worth Osteopathic Medical Center in 1980. He is co-owner and executive director of OPEM Associates, P.A., a corporation that provides emergency physician coverage for hospital emergency departments. Dr. Calabrese is president of Ambulatory

Health Services, P.A., which owns Beltline Minor Emergency Center, an ambulatory care clinic located in Irving (TX).

Dr. Calabrese holds numerous professional memberships including those in the American Osteopathic Association, the Texas Osteopathic Medical Association, the Texas Medical Association and the Tarrant County Medical Society. He is a clinical assistant professor in the Division of Emergency Medicine at Texas College of Osteopathic Medicine and immediate past president of the TCOM Alumni Association. He serves on the board of directors of several community agencies including Court Appointed Special Advocates of Tarrant County and the North Fort Worth Health Care Steering Committee. ■

Do You Ever Stop To Think About Liability Insurance?



With your busy schedule, you barely have time to think about anything but the care and concerns of your patients. That's why it's important that you have confidence in your professional liability insurance company. That's also why your policy should be with OMIC. OMIC is a not-for-profit, member-

owned organization endorsed by the American Osteopathic Association. With a solid financial base and long-term commitment, OMIC provides comprehensive coverage at competitive rates, exclusively for association members. Call today to learn how joining can save you money and peace of mind.


OSTEOPATHIC MUTUAL INSURANCE CO.
—RISK RETENTION GROUP—

1-800-AOA-RRG1



TEXAS TICKER TAPE

HEART DIET BROCHURE

Health professionals may obtain free copies of a brochure, "Planning a Diet for a Healthy Heart." Reprinted from an article in *FDA Consumer* magazine, the brochure is appropriate for patients interested in information on low-cholesterol, low-fat diets.

Up to 25 copies will be sent free upon request. Health professionals who need more than 25 copies will be sent negatives of the reprint free so that they may do their own printing.

Please specify the number of copies required and send requests to: Healthy Heart, FDA (HF1-40), 5600 Fishers Lane, Rockville, Maryland 20857.

CHICAGO BATTLING PENICILLIN-RESISTANT STD's

A record number of penicillin-resistant gonorrhea and syphilis cases in Chicago has prompted the city's Department of Health to take special combative measures. During the first seven months of 1988, 416 cases of gonorrhea were reported, representing a 53 percent increase over the same period in 1987. Additionally, syphilis increased by 25 percent in the same period of time.

The department has mailed approximately 18,000 letters to private physicians, laboratories, pharmacists and hospitals to alert them to the growing problem and to recommend using ceftriaxone to treat gonorrhea. Although it is five times more expensive than penicillin, it is effective against any resistant strain of gonorrhea.

CDC STUDIES HIV INCIDENCE IN COLLEGE STUDENTS

College students are at high risk of infection by the AIDS virus, according to a study of 20 university blood centers. Conducted by the Centers for Disease Control (CDC), the study showed that nearly one in 300 students, or three per 1,000 out of 5,000 samples, tested positive for HIV. The number parallels the 3.1 per 1,000 Midwestern hospital patients who are infected, and nearly matches the rate for prisoners, a high-risk group, of four per 1,000.

DOD TO REIMBURSE PER DIEM FOR MENTAL HEALTH SERVICES

A controversial proposal to reimburse for mental health services utilizing a national rate has been shelved

by the Department of Defense (DOD). Instead, the DOD has chosen to use per diem rates based on costs at individual hospitals, which took effect January 1, 1989 rather than the previously planned date of October 1, 1988. This stance has been applauded because a national rate method of reimbursement would have reduced payments to some hospitals. The DOD pays for mental health services for military personnel under CHAMPUS, the Civilian Health and Medical Plan for the Uniformed Services.

PHYSICIAN ALERT

There have been some changes made by Medicaid and National Heritage Insurance Company (NHIC) regarding OMT. These changes will be appearing in the next NHIC *Medicaid Bulletin* for review.

A ROSIER PICTURE FOR SOME CALIFORNIA OBs

Many California hospitals, faced with rising unwillingness from physicians to deliver babies, have been forcing obstetricians to provide on-call emergency services. A new law, as of January 1, 1989, offers liability protection to physicians who volunteer for on-call deliveries. This will not be provided to those physicians ordered to stand by for emergency-room services, however.

JOHN HAWKINS ELECTED CHAIRMAN OF D/FW HOSPITAL COUNCIL

John P. Hawkins, CEO of Fort Worth Osteopathic Medical Center, has been elected chairman of the Dallas-Fort Worth Hospital Council Board of Trustees. He takes the reins of the 80-hospital member organization at a time when hospital net operating margins are decreasing, uncompensated and indigent care is increasing and Congress continues to cut Medicare payments. According to Hawkins, "We are at a cross-roads in financing healthcare delivery. What we do as a united hospital industry to address our important issues will not only affect hospitals but the patients we serve."

The Dallas-Fort Worth Hospital Council is a 20-year-old organization representing hospitals in Dallas and Tarrant Counties as well as hospitals in North Texas.

WEST VIRGINIA SOCIETY OF OSTEOPATHIC MEDICINE RELOCATES

On September 1, 1988, the West Virginia Society of Osteopathic Medicine moved into its new office located at 1614 Washington Street East in Charleston, West Virginia. The office, moved from the home of the Executive Director, is now located only two blocks from the Capitol. The Society is most assuredly showing signs of progress. According to the Society, "The next step is to hire a full-time secretary to replace the answering machine!" Please make note of the new mailing address and phone number: P.O. Box 5266, Charleston, West Virginia 25361 — phone 304/345-9836.

RICHARD STRANO APPOINTED TO NATIONAL PRACTITIONER DATA BANK COMMITTEE

Richard Strano, president of the American Osteopathic Hospital Association, has been appointed by Health and Human Services Secretary Otis Bowen, M.D., to serve on the Executive Committee of the National Practitioner Data Bank. The committee is charged with overall guidance in the operation of the Data Bank which will receive and disseminate advance information on physicians and dentists related to their professional competence or conduct. Strano's term began December 1, 1988 and ends November 30, 1991.

PERHAPS A NEW RASH OF LAWSUITS

The chairman of the American Bar Association's healthcare law committee advises physicians and their staffs to be inoculated against hepatitis B. Since it is vaccine preventable, a physician could possibly be held liable if a patient contracted the disease from a non-vaccinated office member.

The disease is taking such a toll on the health and economy of the nation that the federal government is considering inoculating all new-borns or children. Such a preventive program, according to the Centers for Disease Control, would take 10 to 30 years to even slow the spread of the disease.

In a related matter, researchers at the University of California at San Francisco found a link between AIDS and hepatitis B. According to the researchers, those at high risk for AIDS, but not yet infected, could help protect themselves by receiving hepatitis vaccinations. They warn, however, that those already afflicted with AIDS could worsen their condition by such vaccination. Approximately 90 percent of AIDS victims are also infected with hepatitis B.

AUTOS TO FEATURE SHOULDER HARNESSES IN 1990

The U.S. Transportation Department has issued orders for 1990 automobile models to feature shoulder belts in back seats. This comes after years of growing concern over injuries received by rear-seat passengers buckled up only by lap belts.

PUBLIC THINKS UNCLE SAM SHOULD FOOT THE BILL

A recent survey found that 67 percent of Americans polled think hospitals are business enterprises and one-half believe they should pay taxes like other businesses. In the same survey, more than four out of five think persons should receive health care regardless of their ability to pay for such. However, who should deliver all this free care if hospitals have to shell out taxes is Uncle Sam, as seven out of 10 respondents are in favor of federally funded national health insurance.

ACOI RELOCATES

As of November 2, 1988, the American College of Osteopathic Internists (ACOI) moved into their new headquarters, a building which is shared by the AOA Department of Government Relations. Please make a note of the ACOI's new address and phone number: 300 5th Street, NE, Washington, D.C. 20002, 202/546-0095.

NEW CME REGULATIONS — REMINDER

Physicians should keep in mind that as of January 1, 1989, new CME requirements approved by the AOA go into effect.

Board certified and board eligible physicians will be required to earn a minimum of 50 credit hours from category one or two in their primary specialty during a three-year cycle. Certifying boards may elect to set limits greater than 50 hours. Failure to obtain the minimal CME hours will result in loss of certification and/or board eligibility.

Those certified in general practice are required to have 75 CME credit hours annually. Additionally, practicing AOA life members are required to meet the CME regulations. ■

Texas ACGP Update

By Joseph Montgomery-Davis, D.O.
Texas ACGP Editor

The next National ACGP Convention will be held at the San Antonio Marriott Rivercenter, 101 Bowie, San Antonio, Texas, from March 8-12, 1989. The next certification examination will be administered at the same site from March 6-7, 1989, prior to this convention.

This meeting holds a special significance for the Texas ACGP since one of our members, Dr. Royce Keilers, will be installed as the new president of the National ACGP. This is a great honor for Dr. Keilers and the Texas ACGP, so make your plans early to be part of these festivities in San Antonio.

As a reminder, those members of the Texas ACGP who are seeking to become certified in general practice or members wishing to refresh their knowledge are encouraged to contact the TCOM library for special audiovisual and printed materials, which are kept on file for these express purposes by the Texas ACGP. Simply identify yourself as a Texas ACGP member and the study materials can be borrowed, with the only charge for this service being that of mailing expenses. Another helpful hint for those contemplating taking the examination is to contact a Texas ACGP member who has recently taken and successfully passed the certification exam.

The importance of certification in general practice cannot be over emphasized. Some hospitals are already requiring all new physicians applying for staff privileges to have more than one year of postgraduate medical education.

Some important information recently was brought to my attention and pertains to the "Dingle" bill.

The Prescription Drug Act of 1987 as amended by Public Law 100-293 (H.R.1207), commonly called the Dingle bill, **does require** the physician to keep a receipt for the drugs received from the drug manufacturers and their representatives. It **does not require** an inventory, however, the State of Texas does require an inventory of controlled drugs. In order for a physician **not to keep** an inventory, he or she must not have any controlled drugs in their possession. In Texas, non-controlled drug samples **do not require** an inventory or special log book.

TOMA has a letter from Captain Lyons of the Texas Department of Public Safety stating that the controlled substance log book of the Texas Veterinary Medical Association is acceptable for use by physicians. Those

Texas physicians who accept controlled drug samples will not only have to keep a receipt but will be required by law to use this log book to account for all of their controlled drug inventory.

To order this log book, address your correspondence to: Texas Veterinary Medical Association, 6633 Highway 290 East, Suite 201, Austin, Texas 78723. The cost is \$10 per book, which includes tax and postage, and your check must accompany your order. Also, be sure to specify that you are ordering the Controlled Substances Record Book.

I use the "Kiss" filing system in my office. I have labeled one manila folder "Controlled Drug Sample Receipts" and another folder "Non-controlled Drug Sample Receipts." I just place the receipts in the appropriate folder. If I receive mixed samples, (Controlled and non-controlled) at the same time, I file that receipt under the "Controlled Drug Sample Receipts."

Keep it simple but **do keep** the receipts.

In closing, the "immediate need" issue on dispensing samples to patients, which is currently limited to the amount of a prescription drug needed for the proper treatment of a patient until access to a pharmacy is possible, will be taken up by the Standing Rules Committee of the Texas State Board of Medical Examiners this month. TOMA will be requesting a change in the law which would allow physicians to determine the efficacy of drugs, and to dispense drug samples free of charge to low income and indigent patients.

The Texas ACGP strongly supports this initiative by TOMA.



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Richard R. Keene, M.D., F.C.A.P.

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ATOMA NEWS

By Nancy Martin
Public Relations Chairman
ATOMA District II

The joyous season of goodwill, merriment and glad cheer was off to a great start with the Holiday Party held at the City Club on December 1. B. J. Czewski did such a wonderful job in planning this gala event. Everyone really seemed to relax and enjoy spending time in the company of fellow members. The food was great; the atmosphere was most invigorating and the music lively. Attendance was approximately 125, and we certainly enjoyed having some of the interns and residents join us in our festivities. We have an excellent turnout. Plus, Auxiliary members brought new toys that evening that would be donated or given to the pediatrics ward at Fort Worth Osteopathic Medical Center. Also, B. J. reported that \$126 in cash donations was collected to buy toys or infant seats and that three or four infant seats were donated that evening. Thanks to all for such a good response in this charitable cause.

The 7th annual Holiday Card Project sponsored by District II Auxiliary for members of District II acknowledged the Holiday Season in a special way. Remember, the proceeds from this project go directly to the National Osteopathic Foundation which uses the money for scholarship needs. The card was especially beautiful and included the names of those persons who had contributed to the project. This was a great way for us to greet our TOMA District II members, legislators and locally elected officials. Becky Burrows, Holiday Card Project Chairman, really appreciated all of those who participated this year!

I heard that the National AAOA convention, which took place in conjunction with the AOA's scientific seminar held in Las Vegas on December 5, 6 and 7, was really nice. Marilyn Richards, Nancy Zachary and Sue Urban (ATOMA President) were state delegates to the National AAOA convention. Marilyn will be serving on the national Membership Committee for 1988-89. She reported that District II's scrapbook tied for third place at the convention. Thank you, Diane Richards Budendorf, for your successful efforts to put together such a prize-winning book! Also, our Student Associate Auxiliary won first place for their scrapbook! Awards were given by National to Districts for contributions made to National Funds. The following ribbons were awarded: gold ribbon — a contribution of \$3,350 for scholarships; white ribbon — a contribution of \$268 for the Osteopathic Progress Fund; and white ribbon — a contribution of \$200 for Student Loan & Research. You might like to know, too that at the AAOA convention a resolution was approved to send Nancy Reagan a

commendation for her work against drug abuse. Also, the new AAOA President is Glenda Carlile from Oklahoma.

Sherry Reese and Loretta Stone, Wintercrest Ball Chairmen, have more exciting news for us on the upcoming ball, planned for March 4, 1989. This year's gifts that will be either auctioned or raffled will be the sort of gift items geared towards children and families. At the ball this year there will be a few individuals selling craft items. These items will be displayed, and you will be able to buy and take home some of the things that evening or make a special order. Customized denim jackets for children and adults will be available. The jackets are made with leather detail, geometric applied designs, etc. Also on display will be custom painted sweatshirts, t-shirts, hair bows, jogging suits, short suits, etc. Gosh, this really sounds like a great way to select some distinctive gifts for birthdays, thank-you's, Mother's Day or for whatever need you may have. Some items that will be auctioned/raffled include a Brio Train Set, a doll house, a compact disc player and a Smiley's family portrait. This year you will also be able to purchase the table decorations (wooden boy and girl teddy bears) used that evening. Sherry is planning a party prior to the ball so that Auxiliary members can paint the teddy bears. I hear that they are really cute. If you are interested in participating, please feel free to call Sherry at 732-4930 for more details. The fur auction (Sam Bifano Furs) will start off with a little girl's white rabbit fur. All in all, it looks like we have a lot to look forward to. Remember, the proceeds from the Ball are divided between local charities and scholarships for osteopathic medical students. Please come and be a part of this worthwhile cause.

The Schussler family has been quite busy lately, and I have some terrific and worthy news to report. Sincere congratulations are in order for Dr. Irwin Schussler who was inducted as a Fellow of the American College of Neuropsychiatrists at the National AOA convention held in Las Vegas in December. In addition to this honor, Dr. Schussler was recently appointed a member of the Board to the Tarrant County Mental Health Association! Also, we want to extend our congratulations to Kimberly Schussler, daughter of Dr. and Mrs. Irwin Schussler, who celebrated her Bar Mitzvah recently!

Remember to call Valerie Lowry (Courtesy Chairman) at 763-0766 in regards to birthdays, marriages, bereavements, etc.

Again, please feel free to be a part of our Auxiliary.



Myra Schussler, our President, has led us in such an enthusiastic and organized way! She has a spirited group of members fully dedicated to this year's works.

Take care and Happy New Year to all.

By Mary Eileen Del Principe
President, District XV

Happy New Year to all our members and their loved ones. We hope everyone had a safe and happy holiday season.

Our holiday season started with a great district meeting on November 17, 1988. We had a fantastic arts and crafts "Stroll down Sonshine St." The artists from Sonshine St. set up a display for us to browse and buy gifts for Christmas, or just for ourselves. They also gave tree trimming tips — very helpful for that time of year. Their store is open year around in Bedford, which is convenient to all of us.

Dinner was delicious and the modeling by Avanti Furs was very enjoyable. I hope everyone was able to try one on as they were quite luxurious.

Our next meeting in February should be just as fun. Sue Urban, our State President, will be in attendance. We also have Panda Pifer coming to demonstrate how to accessorize with scarves. She has many new and clever ideas for everyone. Those in attendance will have the opportunity to practice and there will be scarves for sale at reasonable prices.

We'll also hear from Merna Stratton as to how plans are coming along for the state convention in April. I hear she has a nice program planned and will probably be asking for volunteers to help out.

Other business that needs attention includes updating our ATOMA mailing list. If you did not receive an invitation to our last meeting, please let us know.

We would like to congratulate Dr. Philip and Mary Pearson on the birth of their daughter, Kathryn Rae, born November 6, 1988. We know Mary has her hands full now!

We're also hoping Chuckie's husband, Bill Hospers, is up and around. It's no fun to be out of commission for awhile.

If anyone else has any news regarding our members which they would like printed, let Karen Whiting or me know. Again, Happy New Year to everyone.

By Liz Cobb
ATOMA News Chairman

The AAOA House of Delegates meeting in Las Vegas last month was very successful for Texas. Chris Brenner gave a presentation of our coloring book on December 5 and it impressed everyone. After the presentation, our President, Sue Urban, was approached by the official



Texas is represented in the House of Delegates of the Auxiliary to the American Osteopathic Association in Las Vegas, NV by (from L to R) Mrs. Dennis Schuenemann (Peggy), SAA President, Mrs. Charles Ogilvie (Reva), Mrs. Richard Anderson (Bessanne), Mrs. Stephen Urban (Sue), ATOMA President, Mrs. T. Eugene Zachary (Nancy), Mrs. George Smith (Jean), and not pictured, Mrs. David M. Richards (Marilyn).

Auxiliary to the American Medical Association representative about presenting it to their board and organization.

Texas received several awards. At the state level, ATOMA was awarded gold ribbons for donations to scholarships in OPF and blue ribbons for student loan and research. For combined state and districts, Texas received purple ribbons for scholarships, OPF and SLR. Texas state and districts made a grand total contribution of \$8,190.53. To Districts II and VI, a special thank you for your generous contributions. Texas also received second place for our NOM display, which was our coloring book.

The AAOA national ad campaign is going strong. Our contributions are working. There was an ad in the October 1988 issue of *The Saturday Evening Post* and also in United Airlines December in-flight magazine.

On Monday, December 5, Sue Urban served as Council of State reporter and Tuesday, she was sergeant-at-arms during the AAOA House of Delegates meeting. Wednesday, December 7, Nancy Zachary gave a report from the Committee on Courtesy Resolutions. Marilyn Richards will serve again this year on the national Membership Committee.

It was an eventful meeting and Texas was well represented. However, if you are interested in serving on the state or national level, stand up and be counted. Your Board is always looking for more workers.

Now a moment of sadness. Amarillo lost a valuable surgeon December 7, 1988. Dr. T. R. Johnson died after a very brave battle with cancer. We wish to extend our condolences to the family and let them know they are in our prayers. ■

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Texans Find Health Care Limited Or Not Available Due to Fear of Lawsuit, Increasing Insurance Premiums

A growing number of Texans are not receiving the care they need, while others are paying more for the care they get, according to a recent survey of Texas physicians.

The threat of a lawsuit is causing some physicians to limit services to indigent patients, while rising medical liability premiums have increased fees to other patients, according to a recent statewide survey conducted for the Texas Medical Association.

Fear of a lawsuit has led 10 percent of all physicians responding to the survey and 21 percent of obstetricians/gynecologists (OBGs) to limit services to indigent patients. At the same time, 7 out of ten physicians have increased diagnostic testing and four out of ten have increased hospitalizations due to the threat of a lawsuit or claim.

The high cost of medical liability insurance has forced 37 percent of physicians to limit or eliminate certain services, according to the survey of 1,600 doctors conducted by Opinion Analysts, Inc., Austin. Most dramatic, 45 percent of family doctors have stopped delivering babies and nearly a third of emergency physicians have limited emergency room procedures.

Physicians responding to the survey said many medical services now limited or eliminated could be restored if reasonable limits were set on their liability. Forty-two percent claimed they are either very likely indigent patients if they had limits on liability or state indemnity.

More than a fourth of the respondents who deliver babies said they would deliver more babies if their liability exposure was limited to eight years from the present 20. Thirty-eight percent of the OBGs said they would deliver more babies if this provision was changed.

Besides making health care services less accessible to Texans, the medical liability crisis is affecting what they pay for their care. Respondents estimated that nearly 15 percent of the average patient bill is due to defensive medicine, the practice of ordering extra tests, consultations, and hospitalizations for additional protection in the event of a lawsuit.

Texas physicians are paying anywhere from 37 to 117 percent more for professional liability insurance in 1988 over 1986 rates, according to the survey. Slightly more than half of those responding said they would need to raise their fees to patients not covered by Medicare or Medicaid if there is an increase in professional liability insurance premiums.

Ironically, the most highly trained physician specialists

are most often sued. These include most surgeons, such as neurosurgeons and orthopedic, general, and specialized surgeons, as well as physicians in emergency medicine.

Liability insurance premiums were increased in nine percent of the suits or claims mentioned by doctors in the study. However, policies were ended in another seven percent and in two percent insurance companies limited the amount of coverage available. ■

Newsbrief

TDH Adopts Changes in Hospital Transfer Rules

The Texas Department of Health (TDH) has made some changes in the rules regarding hospital transfers. Criticism has been abundant since the rules went into effect in 1986 thus prompting the TDH to take some action. One such change gives an on-call physician up to 30 minutes (not to exceed 30 minutes) to respond to a situation in which a patient needs immediate attention. Physicians previously had 15-20 minutes. Another change requires hospitals to have written operational plans for transporting patients if they do not have their own transport services.

Rules become effective February 1, 1989 and because they could not be obtained in time for this issue, will be outlined in the February issue of the *Texas DO*. Anyone wishing an advance copy of the regulations should contact TOMA.

In a related matter, Rep. Fortney Stark (D-Calif.) is expected to reintroduce legislation to make hospitals liable when transferring patients to another facility even if the violation is unintentional. According to Stark, the legislation would also hold physicians and hospital staff liable if they refuse to give a medical exam, authorize transfers without proper certification, falsify test results or misrepresent medical problems in order to persuade patients to consent to transfers.

TCOM Honored For Volunteer Work



L-R: David M. Richards, D.O., president, TCOM; Janice Knebl, D.O., asst. professor medicine, TCOM; Bob Bolen, Major, city of Fort Worth; Bernard Rubin, D.O., Assoc. professor, medicine, TCOM.

Texas College of Medicine and six of its faculty members were honored November 30 for their volunteer work at the Homeless Health Clinic at the Presbyterian Night Shelter.

David M. Richards, D.O., TCOM President, accepted the award presented TCOM by the Fort Worth/Tarrant County Public Health Department for its institutional support of the clinic.

Receiving awards for volunteer work in the clinic were four faculty members of TCOM's Department of Medicine: Francis Blais, D.O., associate professor;

Gregory Friess, D.O., assistant professor; Janice Knebl, D.O., assistant professor; and Bernard Rubin, D.O., associate professor. Also receiving awards were two faculty members of the Department of Public Health/Preventive Medicine: Stanley Weiss, D.O. and Robert Woodworth, D.O., both associate professors.

The Health Department theorizes that nearly one-fourth of the estimated 8,000 homeless people in Fort Worth suffer acute medical conditions caused, in part, by environmental exposure and personal neglect. The Health Department opened the clinic February 1, 1988, in response to those needs. The physicians provide evaluation, diagnosis and basic medical treatment at no charge for the homeless staying at the Night Shelter. Physicians, nurses and auxiliary personnel serve in the clinic for four hours each evening Monday through Thursday, aided by the permanent staff of a psychiatric nurse, a nurse practitioner, a social worker and a medical records clerk.

Doug Davidson of the Fort Worth/Tarrant County Public Health Department said the volunteers "represent the true meaning of community involvement."

Also receiving awards were eight D.O.s in private practice: Mike Adamo, D.O., Stephen Taylor, D.O., James Poplawsky, D.O., and Phil Cohen, D.O., Fort Worth; Michael Bell, D.O. and Ruth Carter, D.O., Bedford; William Griffith, D.O., Arlington; and Ann Adamo, D.O., Grand Prairie.

The awards were presented during the Health Department's volunteer recognition luncheon in the Botanic Gardens Conservatory. ■

Dr. Edward Luke Addresses Police Department Cadets

Edward A. Luke, Jr., D.O., an assistant professor in TCOM's Department of Psychiatry and Human Behavior, was one of several mental health experts to speak to cadets of the Fort Worth Police Department training academy. The full day of lectures was a first at the academy and was targeted towards helping officers deal with mentally disturbed people.

Dr. Luke told the class that they would rarely have to use physical force when dealing with the mentally disturbed. "They're scared of the police, they recognize that authority. You have that going for you," he advised the cadets. However, he did suggest that in situations where there might be possible violence, to isolate disturbed per-

sons from one another and get on the radio and call for more officers. Additionally, Dr. Luke said officers should not attempt to diagnose a person's disorder, stressing instead that they observe the person's actions and give hospital emergency room personnel such information.

The lecture session came about after the death of a mentally disturbed man who was shot after attacking an officer. Although the officers were cleared, the family filed a lawsuit. Thus, a task force was created to study how prepared officers were in dealing with disturbed people, and although the department's training program included a lecture on mental health, it was felt that the program needed to be expanded. ■

Opportunities Unlimited

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WANTED — General/Family practice physician to join two, too busy, practitioners in progressive vigorous rural community. Good schools and excellent recreational opportunities in smog-free, low-crime environment. No OB or major surgery. 20-bed hospital and 82-bed nursing home within walking distance of clinic. Reasonable schedule with ample vacation time and CME opportunity. 45 miles to city of 80,000 with State University. Compensation negotiable. Phone 915/869-6171. (06)

DALLAS, FORT WORTH, MINERAL WELLS — Opportunities for full or part-time D.O. or M.D. emergency physicians who practice quality emergency medicine. BC/BE encouraged, but not required. Several low and medium volume osteopathic and mixed staff hospitals in North Texas area available. Competitive hourly guarantee with malpractice stipend. Send C.V. to Glenn Calabrese, D.O., OPEM Associates, P.A., 100 N. University Drive, #220, Fort Worth, 76107. 817/332-2313. (21)

FORT WORTH — New clinic seeking energetic general practitioner to work full-time and act as medical director. Salary open. Contact Bill Puryear, D.O. or Jim Czewski, D.O. at 817/232-9767. (10)

GASTROENTEROLOGIST — to join a multisub-specialty group in Phoenix. All benefits offered with excellent potential. Contact: Robert D. Ligorsky, D.O., Valley Medical Specialists, P.C., 1950 W. Heatherbrae, Suite 10, Phoenix, Arizona 85015; 602/277-4429. (51)

WEST TEXAS — General internist needed at County Hospital. Town of 12,000 and county of 16,000. Close to Lubbock and Midland/Odessa. New Mexico skiing close. New ICU-CCU wing under construction. Guaranteed incentive program. Excellent Ancillary departments. Contact Patrick J. Hanford, D.O. at 806/872-2113. (54)

INTERNIST — Arlington Medical Center, excellently located in fast growing Southeast Arlington, needs a general internist to assist the patients of five GP/FP, OB/GYN, Surgeon and Orthopedic Surgeon. Space sharing in fully equipped office available. Contact: Dean Peyton, D.O., 1114 E. Pioneer Parkway, Arlington, 76010; 817/277-6444. (56)

FORT WORTH — looking for D.O. or Dentist willing to share/take over doctor's office in busy Southeast Fort Worth area. Call 817/924-5405. (01)

CARDIOLOGIST (Invasive/Non-invasive) — to join a multispecialty group in Phoenix. All benefits offered with excellent potential. Contact: Richard D. Ligorsky, D.O., Valley Medical Specialists, P.C., 1950 W. Heatherbrae, Suite 10, Phoenix, Arizona 85015; 602/277-4429. (43)

FULL AND PART-TIME PHYSICIANS WANTED — for several primary care/minor emergency clinics in the D/FW area. Flexible schedule, excellent potential for growth and financial success. Please send resume or contact: Steve Anders, D.O., Medical Director, Ready-Care Medical Clinic, 4101 Airport Freeway, Suite 101, Bedford, 76021; 817/540-4333. (40)

BOARD CERTIFIED OR BOARD ELIGIBLE — general pediatrician to join the Department of Pediatrics at Texas College of Osteopathic Medicine. Full-time, tenure track. Position involves teaching medical students in classroom, ambulatory care clinic and acute hospital care development. Competitive salary with excellent fringe benefits, as well as salary incentive for augmentation. Send C.V. and cover letter to: Bruce Gillfillan, D.O., Chairman Department of Pediatrics, TCOM, 3500 Camp Bowie Blvd., Fort Worth, 76107-2690; 817/735-2426. TCOM is an equal opportunity employer. (05)

CENTRAL TEXAS (Austin and San Antonio areas) — physician interested in ambulatory care and emergency medicine for several low to medium volume facilities. Emergency medicine experience; compensation commensurate with volume. Contact: Donovan Butter, D.O. at 512/935-4329. (36)

ATTENTION: RETIRED OR SEMI-RETIRED PHYSICIANS — Interested in maintaining your medical skills on a part-time basis providing care to active senior citizens in retirement communities throughout the Southwest? We provide flexible schedules, a competitive salary and often challenging medical evaluations in an atmosphere of friendly patient-physician interactions. Contact us today, we need your expertise. SENIORCARE 214/368-7390. (09)

OB/GYN (BC/BE) — Texas College of Osteopathic Medicine, Department of Obstetrics and Gynecology immediately seeks applications for full time faculty appointment. Academic and clinical responsibilities with benefits of group practice. Competitive salary and benefits. For information send C.V. to: Robert Adams, D.O., TCOM, Department of OB/GYN, 3500 Camp Bowie Boulevard, Fort Worth, 76107. TCOM is an equal opportunity affirmative action employer. (35)

FULL-TIME TEACHING POSITIONS — at Texas College of Osteopathic Medicine, Department of General and Family Practice. Required characteristics: academic contact, osteopathic orientation, community involvement and balanced practice. Recommended characteristics: certification, scholarly activity interest and residency training. Contact: Richard Baldwin, D.O., Acting Chairman, TCOM, Dept. of General and Family Practice, 3500 Camp Bowie Blvd., Fort Worth, 76107-2690; 817/735-2433. TCOM is an Equal Opportunity Employer. (30)

GENERAL/FAMILY PRACTICE PHYSICIAN — needed to practice in Kirbyville, southeast Texas, to join a group practice. Excellent fishing, hunting and good schools. Hospital privileges. Write Jasper County Medical Center, 1609 South Margaret, Kirbyville, 409/423-2166. (15)

WANTED: ORTHOPEDIC SURGEON; BOARD CERTIFIED OR ELIGIBLE — to join a young staff of 14 physicians in a 54-bed, non-profit osteopathic hospital. Previous orthopedic surgeon had a successful, expanding practice before his untimely death. All new equipment, including C-arm, arthroscopes, and instrument rarely available. Hospital has a sound economic base and is located in Tyler, Texas, rose capitol of the world, amidst beautiful lakes and in the pine forest of East Texas. For more information, please contact: Rodney M. Wiseman, D.O. - 214/839-4396, or Robert E. Wray, D.O. - 214/561-9631. (04)

ASSOCIATE NEEDED — for expanding general practice in East Texas. Guaranteed income with a future. Contact: Steve Rowley, D.O., 214/849-6047 or Mr. Olie Clem, 214/561-3771. (08)

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PRACTICE AVAILABLE IN CORPUS CHRISTI — office fully equipped and was previously an active general practice. Contact, TOMA, Box 42, 226 Bailey Avenue, Fort Worth, 76107. (42)

CLINIC FOR SALE — Doctor retiring; clinic and all equipment for sale; small town living with big city conveniences with Dallas/Fort Worth metroplex only one hour away; two nursing homes in town. Call 817/686-2254 (day) or 817/686-5463 (evenings). (19)

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CLINIC FOR SALE — growing minor emergency/family practice clinic. San Antonio; grossing over \$250,000. Many established workers compensation and insurance physical accounts. Modern free-standing building for rent or sale; fully equipped; available May 1. For more information write to: TOMA, Box 33, 226 Bailey Avenue, Fort Worth, 76107. (33)

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ATTORNEY — representing the D.O. in professional matters, including: TSBME formal and informal hearings; medical staff privileges; contracts; Professional Associations; partnerships; and leases. Robert J. Ratcliffe, 1104 Nueces, Suite 4, Austin, 78701; 512/477-2335. (Fully licensed attorney in Texas and Tennessee; not certified as to specialty; 1979 graduate Vanderbilt University Law School). (50)

CLAY ADAMS HA-4 HEMATOLOGY ANALYZER — performs WBC, RMC, hb, Hct; very good condition; includes kit of 50 tests; can do fingersticks or venipuncture; \$2,250; Dr. Patrick Hanford, 806/872-2113. (11)

SKI NORTHERN NEW MEXICO — including Taos, Angel Fire and Red River. Condo in Red River sleeps eight comfortably. Call Stan or Priscilla Briney at 817/441-9373

FOR SALE — Birtcher 334EGG \$1,000; Ames serylyzer \$1,300; Schiez tonometer \$100; oxygen regular \$70; incubator \$60; blucometer II \$100; panasonic dictation \$250; desktop baurometer coff \$90; radio shack 2-line phones \$75; door flags, stainless steel. Call 214/872-7335 after 6 pm. (07) ■

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And Happy New Year*

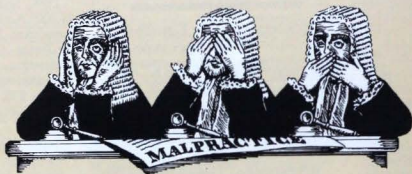
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