

# TEXAS D.O.

The Journal of the Texas Osteopathic Medical Association

SHAPING UP

NATIONAL  
OSTEOPATHIC  
MEDICINE  
WEEK

## AMERICA'S HEALTH

NOVEMBER 2 - 8, 1997

OSTEOPATHIC  
PHYSICIANS





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**OCTOBER****19-23****Annual Convention of the American Osteopathic Association****Location:** San Antonio, TX**Contact:** AOA - 800-621-1773**23****Prevention of and Latest Treatment Methods Available for Strokes**

Sponsored by Osteopathic Health System of Texas

**William McIntosh, D.O., Speaker****Contact:** 817-735-3627**23-26****TOMA Postconvention Seminar****Location:** Cancun, Mexico**CME:** 6 hours**Contact:** Terry Boucher, M.P.H.

Executive Director

512-708-8662 or 800-444-8662

**FAX:** 512-708-1415**OCTOBER 31 - NOVEMBER 1****Update in Sexually Transmitted Diseases**

Sponsored by Southwest Medical School

**Location:** Zale Lecture Hall, McDermott Plaza

UT Southwestern Medical Center

5323 Harry Hines Blvd., Dallas, TX

**Contact:** Continuing Education

214-648-2166 or 800-688-8678

**FAX:** 214-648-2317**NOVEMBER****6-9****1997 Primary Care Update**

Sponsored by the West Virginia Society of Osteopathic Medicine, Inc.

**Location:** The Greenbrier Resort

White Sulphur Springs, WV

**CME:** 27 Category 1-A**Contact:** WVSOM, 304-345-9836**FEBRUARY, 1998****13-15****Midwinter Conference and Legislative Symposium**

Sponsored by TOMA

**Location:** Fairmont Hotel, Dallas TX**Contact:** TOMA - Vanessa Kemper

512-708-8662 or 800-444-8662

**22-27****Ski & CME Midwinter Conference**

Sponsored by the Colorado Society of Osteopathic Medicine

**Location:** Keystone Lodge & Resort**CME:** 38 AOA Category 1-A**Contact:** Patricia Ellis

50 S. Steele St., #770,

Denver, CO 80209

303-322-1752 or 800-527-4578

**Fax:** 303-322-1956**E-mail:** CSOM@capcon.com**FOR YOUR INFORMATION****OSTEOPATHIC AGENCIES**

American College of Osteopathic Family Physicians 800/323-0794

Texas Society of American College of Osteopathic 888-892-2637

Family Physicians 512/708-9699

American Osteopathic Association 312/280-5800

Washington Office 800/621-1773

202/544-5060

American Osteopathic Healthcare Association 800/962-9008

301/568-ACOA

(2642)

Physician's Choice Medical Malpractice 800/366-1432

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UNTHSC/Texas College of Osteopathic Medicine 817/735-2000

Dallas Metro 429-9120

Medicare Office

Part A Telephone Unit 800/813-8888

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 512/343-4984

CHAMPUS/General Inquiry 800/406-2833

Texas Medical Foundation 512/329-6610

Toll free 800/725-9216

Texas Osteopathic Medical Association

in Texas 512/708-TOMA

**FAX:** 512/708-1415

TOMA Physicians Assistance program 817/294-2788

in Texas 800/896-0680

**FAX:** 817/294-2788

TOMA Med-Search 800/444-TOMA

**TEXAS STATE AGENCIES**

Texas Health and Human Services Commission 512/416-0266

Department of Health 512/458-7111

Department of Public Safety:

Controlled Substance Division 512/424-2188

Triplicate Prescription Section 512/424-2189

Texas State Board of Medical Examiners 512/305-7010

**FAX:** 512/305-7006

Registration 512/305-7020

Formal Complaints 800/201-9353

Consumer Disciplinary Hotline 800/248-4062

Texas State Board of Pharmacy 512/305-8000

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 &amp; Hospitals only

113/765-1420

800/392-8548

Houston Metro 654-1701

**FEDERAL AGENCIES**

Drug Enforcement Administration 512/424-2000

For state narcotics number ext. 2150

For DEA number (form 224) 214/640-0801

Diversion policy &amp; related questions 214/640-0849

**CANCER INFORMATION**

Cancer Information Service 713/792-3245

in Texas 800/392-3040



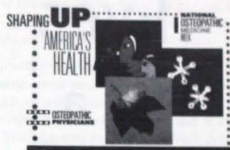
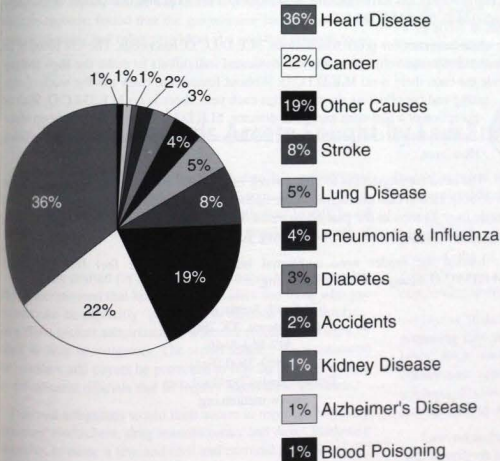
# NATIONAL OSTEOPATHIC MEDICINE WEEK 1997

This year's National Osteopathic Medicine Week, scheduled for November 2-8, targets the rapidly increasing group of older Americans over age 65 - nearly 34 million in America. The life expectancy of this group is increasing as well. By the year 2030 it is estimated that almost 70 million Americans will be over 65.

As the number of older Americans continues to increase and live longer, it will be more important than ever that they receive the best health care in America.

Taking a leading role in the care of older Americans are the nation's 40,000 osteopathic physicians, who can help their older patients enjoy their lives more by focusing on prevention and following a holistic approach to health care. During November 2-8, the American Osteopathic Association and D.O.s across the nation will demonstrate their commitment to the nation's seniors by focusing their 1997 NOM week celebration solely on older Americans. This marks the third and final year of the AOA's "Osteopathic Physicians: Shaping Up America's Health" campaign.

In 1995, 1.7 million people over age 65 died. They represented more than 73 percent of all deaths. The leading causes of death for this group in 1995 were as follows:



Persons over 65 represent 13 percent of the U.S. population but account for 36 percent of total personal health care expenditures. They averaged \$5,360 per person per year, which is more than four times as much as younger people. Hospital expenses accounted for the largest share of health care expenses at 42 percent, followed by physicians at 21 percent, and nursing home care at 20 percent.

One of the core objectives of NOM Week is to help raise awareness of osteopathic medicine and educate people about its benefits. Osteopathic physicians can take advantage of a multitude of opportunities to get the word out, including special events such as a health fairs; appearances on television and radio talk shows; speeches to community groups; proclamations; fillers in outgoing mail; exhibits in offices, stores and businesses; and local advertising. The possibilities are endless.

With this year's special audience - seniors - physicians have unique opportunities to raise the visibility of osteopathic physicians and spread the message of the benefits of osteopathic health care.

*EDITORS NOTE: TOMA would like to feature your NOM Week activities in the Texas D.O. Please forward information and photos, if available, detailing your activities to TOMA.*

# Through the Eyes of a Child

Have you ever gazed into the eyes of a child who not only was born into this world with nothing, but six years later still had nothing? Have you ever seen the look in the eyes of a child who for the first time in her six years of life had just taken her first steps without the impairment of club feet? These are the wonders of life experienced by the volunteers representing M.E.D.I.C.O. (Medical, Eye, and Dental International Care Organization) as they serve those less fortunate in Central and South America. One has only to look while in the country to identify the suffering and the needy. The opportunity to care is ever present.

M.E.D.I.C.O. is the result of a dream and desire of five dedicated, Christian individuals who realized their dream with the establishment of a 501(C)3 not-for-profit tax exempt foundation in 1990. With a mission to provide free quality medical, dental, optometric and educational services to people of developing countries who have little or no access to basic services, M.E.D.I.C.O. has conducted more than 45 trips into Central America with the vast majority to Honduras.

Based in Georgetown, Texas, M.E.D.I.C.O. is truly international in scope with care givers coming from throughout the United States as well as Central America. Health care professionals, with assistance from dedicated lay people, spend one week each trip in the mountainous regions of Honduras providing basic, yet much needed, medical and dental care to the villagers of the region. For one week, the volunteers, who pay their own expenses, become fully immersed in the communities they visit. They work, eat, and sleep alongside those they serve. This unique life-changing experience allows them to share the daily challenges faced by those living in the area.

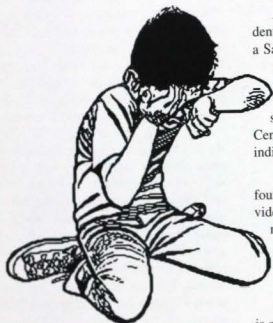
A typical M.E.D.I.C.O. team consists of no more than 20 people with physicians, dentists, optometrists and other volunteers on each team. The team departs the U.S. on a Saturday and is inserted into the designated area on Sunday. As a general rule, the team relocates to their second designated area on Wednesday, with return home the next Saturday. Since its inception, over 500 care givers have made the commitment to give at least one week of their life (many have gone on multiple trips) to serve their less fortunate brothers and sisters. Over 50,000 Hondurans and other Central Americans have been the benefactors of the skill and dedication of the caring individuals from M.E.D.I.C.O.

Like most not-for-profit foundations, M.E.D.I.C.O. has needs. The life blood of the foundation is the volunteers. Without dedicated individuals to make the trips and provide the care, there is no M.E.D.I.C.O. Without finances to carry out the work of organizing and coordinating the many trips each year, there is no M.E.D.I.C.O. With the exception of a part-time executive director, M.E.D.I.C.O. is totally made up of volunteers. Health care professionals are desperately needed to further the mission in Honduras.

The need for physicians to give a week of their life in this most worthwhile effort is critical. Health care professionals are needed to supplement the core group that have made over 47 trips in the past seven years. Please give serious consideration to being part of this humanitarian effort of helping your fellow man.

Should the reader need additional information, please feel free to contact M.E.D.I.C.O. at any one of the following:

624 South Austin Avenue  
Georgetown, TX 78626  
512-863-8666  
512-869-7500 (Fax)  
E-mail: medicolyn@aol.com  
www.medico.org



# Government Intensifying Anti-Fraud Efforts

The Balanced Budget Act of 1997, recently enacted by Congress and signed by President Clinton, has toughened penalties against those who abuse the Medicare program.

Stepped-up anti-fraud efforts include such items as a new computer program that makes it easier to detect irregularities in payments and a national toll-free hot-line to enable Medicare enrollees and their families to report suspected fraud. In addition, the newly enacted Balanced Budget Act provides the following:

- \* Any individual found guilty three times of defrauding any federal health program is banished from participation in Medicare or other federal health care programs.

- \* The HHS secretary has the authority to deny entry into Medicare or Medicaid to any health care provider or entity convicted of a felony (medical or otherwise).

- \* Certain providers, such as home health agencies, rehabilitation agencies and ambulance services, are required to post a \$50,000 surety bond to ensure that they are legitimate businesses.

- \* Orders a prospective payment system for home health care and nursing homes that sets a fixed rate for specific services.

A report released this past summer by the Department of Health and Human Services Office of Inspector General indicated the wide scope of fraud and abuse in the Medicare program. The report, which was the first comprehensive audit of Medicare records, found that the government last year overpaid hospitals, doctors and other providers at a rate that projects to an

estimated \$23 billion annually, or 14 percent of Medicare's outlays.

According to the audit, hospitals and outpatient clinics received the largest share of improper payments, approximately 35 percent of the \$23 billion. Most of the rest, 22 percent, went to doctors; 16 percent to home health agencies; 10 percent to nursing homes; and 6 percent to medical laboratories. The remainder was paid to miscellaneous services and providers.

Additionally, the inspector general's audit revealed that of the \$23 billion in overpayments, most were traceable to providers' inability to make available records showing that a procedure or service was actually provided, or if it was provided, that it was the one claimed on the bill submitted to Medicare. Such documentation errors accounted for about 47 percent of the \$23 billion overpayment.

Three major categories where documentation was available, but did not support the payments made, were noted:

- \* Providing treatment that is not medically necessary - this accounted for 37 percent of improper payments.

- \* Upgrading billing codes on claims in order to get higher payments. The audit found only 9 percent of overpayments due to incorrect coding.

- \* Paying for services not covered or not allowed under Medicare - this generated five percent of overpayments.

A separate study by the General Accounting Office found wide abuse in the area of home health care, with as many as 40 percent of home care services provided to Medicare beneficiaries unjustified.

## Medical Records Access Sought by Law Enforcement Authorities

Bowing to pressure from federal and state law enforcement authorities, the Clinton administration may soon propose legislation that would allow law enforcement investigators to gain broad access to patients' medical records with few restrictions on use of the data.

In a report drafted for submission to Congress, administration officials recommend that health care providers and those who pay for such care be explicitly "permitted to disclose health information without patient authorization" when the records are sought by federal or state investigators. The report states, "We recommend that providers and payers be permitted to rely on the statement of law enforcement officials that an inquiry meets these standards."

Proposed safeguards would limit access to medical records by employers, researchers, drug manufacturers and direct marketing companies, to name a few, and civil and criminal penalties would be established for misuse of records. However, law enforcement agencies would be exempt from most of the standards and would

not be required to obtain court orders or to notify patients when they seek medical records.

The proposal would require hospitals and other health care provider to keep logs documenting every instance in which they revealed part of a patient's medical record with or without the patient's consent, to insurers, researchers, law enforcement officers, courts or other government agencies.

Donna Shalala, the secretary of health and human services, is proposing that patients be allowed to inspect the logs, except in cases where such inspection would be likely to impede law-enforcement activities. She also said that patients damaged by improper disclosure of records should be able to file lawsuits in federal court to obtain compensation.

Law enforcement authorities have, in recent years, placed a high priority on investigations of fraud in the health care industry. FBI investigations on health care fraud alone have tripled over the past five years, to more than 2,200 in 1996.

# Texas Hospitals Introduce New Interns and Residents

Recently graduated osteopathic physicians from osteopathic colleges across the United States have begun their training programs at Texas hospitals and medical centers. Among the interns and residents training from the 1997-98 year are the following.

## Columbia Bay Area Medical Center (Corpus Christi)



**Russell Bell, D.O.**  
Family Practice Resident  
UNTHSC/TCOM



**Michael Bratsch, D.O.**  
Family Practice Resident  
UNTHSC/TCOM



**Ramon Cantu, D.O.**  
Family Practice Resident  
MSU-COM



**Helo Chen, D.O.**  
Family Practice Resident  
UNTHSC/TCOM



**Nancy Eisen**  
Family Practice Resident  
UNTHSC/TCOM



**Derek Farley, D.O.**  
Family Practice Resident  
UNTHSC/TCOM



**Jason Groomer, D.O.**  
Family Practice Resident  
COM



**Ron Guevara, D.O.**  
Family Practice Resident  
UNTHSC/TCOM



**Will Jeffers, D.O.**  
Family Practice Resident  
COMP



**Maria Katsaros, D.O.**  
Family Practice Resident  
KCOM



**Mark Katsaros, D.O.**  
Family Practice Resident  
KCOM



**John Ledbetter, D.O.**  
Family Practice Resident  
UNTHSC/TCOM



**Michael McKown, D.O.**  
Family Practice Resident  
KCOM



**Patrick Nguyen, D.O.**  
Family Practice Resident  
UNTHSC/TCOM



**Ehrin Parker, D.O.**  
Family Practice Resident  
UNTHSC/TCOM



**Paresh Patel, D.O.**  
Family Practice Resident  
UNTHSC/TCOM



**Mario Perez, D.O.**  
Family Practice Resident  
UNTHSC/TCOM



**Maria Pome, D.O.**  
Family Practice Resident  
UNTHSC/TCOM



**Jose Solis, D.O.**  
Family Practice Resident  
UOMHS/COMS



**Machele Williams, D.O.**  
Family Practice Resident  
KCOM



**Roxanne Woods, D.O.**  
Family Practice Resident  
OSU/COM



## Columbia Medical Center - Dallas Southwest

### FRONT ROW LEFT TO RIGHT

Tony T. Pham, D.O.  
Intern  
UNTHSC/TCOM

Urussa (Sarah) Jabbar, D.O.  
Intern  
UNTHSC/TCOM

Lisa K. Gorman, D.O.  
Intern  
UNTHSC/TCOM

Khanh N. Ngo, D.O.  
Intern  
KCOM



### BACK ROW LEFT TO RIGHT

Melinda S. Powers, D.O.  
Intern  
KCOM

Christopher J. Perkins, D.O.  
Intern  
UNTHSC/TCOM

William (Bill) Jones, D.O.  
Intern  
UNTHSC/TCOM

Rebecca W. Dailey, D.O.  
Intern  
UNTHSC/TCOM

## Doctors Hospital (Groves)

Tiffany Beggs, D.O.  
Intern  
UOMHS/COMS

Robert A. McClimans, Jr, D.O.  
Family Practice Resident  
KCOM

## John Peter Smith Hospital (Fort Worth)

Michael Bailey, D.O.  
Intern  
UNTHSC/TCOM

Karla Dick, D.O.  
Intern  
UNTHSC/TCOM

Robert Hanser, D.O.  
Intern  
UNTHSC/TCOM

Mark Klein, D.O.  
Intern  
UNTHSC/TCOM

David Meredith, D.O.  
Intern  
UNTHSC/TCOM

## St. Paul Medical Center (Dallas)

Louis P. Coates, D.O.  
Family Practice Resident

Parul R. Shah, D.O.  
Internal Medicine Resident  
NYCOM

## St. Paul Medical Center (Dallas)

Jennifer Mundheim Phy, D.O.  
Internal Medicine Resident  
UNTHSC/TCOM

Michael Phy, D.O.  
Internal Medicine Resident  
UNTHSC/TCOM

*continued on next page*

# Osteopathic Medical Center of Texas (Fort Worth)



**Harish Chintapalli, D.O.**  
Intern  
UNTHSC/TCOM



**D. Thomas Dayberry, D.O.**  
Family Practice Intern  
UNTHSC/TCOM



**Kevin Finley, D.O.**  
Family Practice Intern  
UNTHSC/TCOM



**Donald Frusher, D.O.**  
Internal Medicine Intern  
Western U



**Scott Hees, D.O.**  
Intern  
UNTHSC/TCOM



**Mickey Hoopes, D.O.**  
Obstetrics/Gynecology Intern  
UNTHSC/TCOM



**Donald Klinger, D.O.**  
Family Practice Intern  
UNTHSC/TCOM



**Johnna Knust, D.O.**  
General Surgery Residency  
OSU/COM



**John McNeill, D.O.**  
Internal Medicine Intern  
UOMHS/COMS



**Jeffrey Maire, D.O.**  
Intern  
UOMHS/COMS



**Darry Meyer, D.O.**  
Intern  
UNTHSC/TCOM



**Dennis Miller, D.O.**  
Intern  
OSU/COM



**Anthony Nguyen, D.O.**  
Internal Medicine Intern  
UNTHSC/TCOM



**Himanshu Patel, D.O.**  
Internal Medicine Intern  
Western U



**Christopher Pratt, D.O.**  
Family Practice Intern  
UNTHSC/TCOM



**Omar Selod, D.O.**  
Intern  
UHS/COM



**William Simpson, Jr., D.O.**  
Intern  
WVSOM



**Craig Smith, D.O.**  
Family Practice Intern  
UOMHS/COMS



**Brad Thigpen, D.O.**  
Obstetrics/Gynecology Intern  
UOMHS/COMS



**Thuc-Nguyen Tran, D.O.**  
Family Practice Intern  
UHS/COM



**Michael Wagnon, D.O.**  
Intern  
UHS/COM



**Susan Weathers, D.O.**  
Family Practice Intern  
UNTHSC/TCOM



**Scott Williams, D.O.**  
Intern  
UHS/COM

**Leslie Dunn, D.O.**  
Geriatric Medicine Residency  
KCOM

**Marshall S. Grillo, Jr., D.O.**  
General Vascular Surgery  
Residency  
KCOM

**James Scott, D.O.**  
General Surgery Residency  
UOMHS/COMS

**Diana Stone, D.O.**  
Internal Medicine Residency  
UNTHSC/TCOM

**Ricardo Torres, D.O.**  
General Surgery Residency  
UNTHSC/TCOM

**Anthony Wright, D.O.**  
Manipulative Medicine Plus  
One Residency  
UOMHS/COMS

**Gloria Wright, D.O.**  
Manipulative Medicine Plus  
One Residency  
UOMHS/COMS

*From Dallas/Fort Worth  
Hospital and is completing  
portion of rotations through  
OMCT*

## Tri-City Hospital (Dallas)



Chandl Bankston, D.O.  
Intern  
UNTHSC/TCOM



Gary Brown, D.O.  
Intern  
UHS-COM



Christopher DeLoache, D.O.  
Orthopedics Resident  
OSUCOM



Elizabeth Hill, D.O.  
Family Practice Resident  
UHS-COM



R. Sam Lingamfelter, D.O.  
Family Practice Resident  
UHS-COM



Edwin Mar, D.O.  
Intern  
COMP



Ryan Nguyen, D.O.  
Intern  
KCOM



Gerald Rana, Jr., D.O.  
Family Practice Resident  
OSUCOM



Patricia Roberts, D.O.  
Family Practice Resident  
UNTHSC/TCOM



Denise Steiner, D.O.  
Family Practice Resident  
KCOM



Steve Vacalis, D.O.  
Family Practice Resident  
UOMHS/COMS

## San Jacinto Methodist Hospital (Baytown)

# National Osteopathic Foundation Accepting Applications for Zeneca Pharmaceuticals Grant

The Zeneca Pharmaceuticals Underserved Healthcare Grant, an award of \$5,000 to \$10,000 administered by the National Osteopathic Foundation and funded by a grant from Zeneca Pharmaceuticals, is now open to receive applications. Osteopathic medical students in their third year of studies may apply.

The scholarship was established to encourage osteopathic medical students to practice in underserved or minority populations, and recipients must demon-

strate this commitment. Minority students are encouraged to apply, but participation is not restricted to those students.

"This scholarship fits perfectly with the osteopathic medical philosophy of serving rural and underserved populations," said Michael Levin, executive director of NOF. "We are pleased that Zeneca has made it happen."

Applications must be received by January 31, 1998. Finalists will be interviewed and recipients selected by NOF's

Committee on Educational Grants. Awards are disbursed during the fourth year of osteopathic medical studies.

An award presentation will be held at Zeneca's company headquarters in Wilmington, Delaware. Upon completion of the first year of practice, recipients must submit a written report on their experiences in underserved areas and what they would do to improve care to the underserved in America. The paper will be submitted to the osteopathic medical press for publication to encourage other students to serve this population.

Application details may be obtained by contacting NOF Headquarters at 5775G Peachtree-Dunwoody Road, Suite 500, Atlanta, GA 30342; phone 404-705-9999; Fax 404-252-0774; e-mail [nof@assnhq.com](mailto:nof@assnhq.com).

Zeneca Pharmaceuticals is today ranked among the top 20 research-based pharmaceutical companies in the United States. Zeneca has earned an outstanding worldwide reputation as an innovative research-intensive company dedicated to the highest standards of pharmaceutical discovery, development and production. Through numerous public awareness campaigns, corporate health programs and patient assistance programs, Zeneca also provides health education and support services to millions of Americans.

Since 1949, NOF has been instrumental in fostering a better understanding of osteopathic principles and practice. NOF provides loans and scholarships to osteopathic medical students and administers research grant programs for scientific and clinical osteopathic research.

## Letter to the Editor

Dear Terry:

*I would like to thank all those who participated in collecting textbooks and journals for the medical school library here at Mbarara University of Science and Technology. A special thanks to those who organized to ship them here as it was several bags of books. The books were received with great thanks as it adds so much to the reference library. I am so appreciative of everyone who gave willingly to provide books, and for paying the shipping costs. The books came in pretty good shape over a period of a couple of months. As you know, we are a young university and donations like this add so much to the overall education of these young Ugandan doctors. The student doctors and staff were thrilled to receive them. Thank you!*

*I would also like to extend an open invitation to TOMA members to consider taking a leave from the "routines" of practice (if there is such a thing these days) and come spend some time here. We have opportunities in virtually every department of the medical school/teaching hospital. We have had physicians from England and Ireland spend varying amounts of time with us. It has been very helpful to us and, I believe, a rewarding time for them. Depending on the length of stay, the university is able to help with lodging while here, although no help with transport, etc. Besides the work here, we have a great game park only two hours away as well as some awesome scenery. If any member is interested, I would suggest they write me via e-mail or by airmail. I would be happy to coordinate things on this end.*

*Our family is doing well here and every day we are learning how best to live in a truly beautiful country with a beautiful people.*

*Our greetings to all,  
Larry J. Pepper, D.O.*

c/o Baptist Mission of Uganda  
P.O. Box 1312  
Mbarara, Uganda  
Telephone: 011-256-0485-20872  
E-mail: [LPEPPER@MAF.ORG](mailto:LPEPPER@MAF.ORG)

## TSBME Raises Physicians' Annual Fees

During its August 7-9 meeting, the Texas State Board of Medical Examiners voted to increase physicians' annual fees by \$10. Physicians will receive information regarding the increase with their annual registration notices.



# Wayne Powell Joins American Osteopathic Association as Director of Government Relations

The American Osteopathic Association has named Wayne Powell of Arlington, Virginia, as its Director of Government Relations.

Powell joins the AOA from the American Academy of Ophthalmology (AAO), where he was assistant director for federal reimbursement policy from 1993 to 1997. In this role, he was responsible for legislative and regulatory lobbying efforts related to Medicare and other federal reimbursement issues, and he was the AAO's expert on Medicare payment issues in managed care and fee-for-service medicine.

While at AAO, Powell successfully rebutted payment cuts to the Medicare Fee Schedule while achieving increases for certain procedures, resulting in a budgetary impact of more than \$100 million a year; he also saved ophthalmologists 166,000 hours of paperwork annually by convincing the Health Care Financing Administration to withdraw proposed legislation on the medical necessity of cataract surgery.

According to AOA Council on Federal Health Programs Chairman, Marcelino Oliva, D.O., "The osteopathic medical profession is facing myriad issues which are critical to our continued growth and success. It is now more important than ever that the AOA's voice is heard in Washington, D.C., and I am certain that Wayne Powell's superb skills and experience will give us all."

Prior to joining the AAO, Powell spent five years as a senior analyst at the U.S. Department of Health and Human Services. He was responsible for all Medicare physician payment studies performed by the Inspector General's Office.

Among his many accomplishments at HHS, Powell was instrumental in a Congressional action to reduce lens fees by \$50 million annually; and he persuaded HCFA to adopt new requirements and background checks for providers billing Medicare.

"Wayne is an accomplished lobbyist with an exemplary track record on Capitol Hill," notes AOA Executive Director John B. Crosby, J.D. "I was impressed with his successes at both AAO and HHS, and I'm confident that he'll be up to the challenges the AOA is facing in Washington."

Earlier in his professional career, Powell worked as a management analyst in the office of the Inspector General for the Tennessee Valley Authority. He was also an evaluator for the U.S. General Accounting Office.

Powell is a 1979 graduate of the University of Maryland, Baltimore County, where he earned a Master of Policy Sciences degree in 1985. He will be based in the AOA's Washington, D.C. office.

Other changes in the AOA's Government Relations area include the promotion of two staff members.

Stacy A. Bohlen has been promoted to Deputy Director of the Washington, D.C. office. Bohlen joined the AOA in 1992 as an associate director. Among her many achievements, she was instrumental in the passage of the Medicaid Osteopathic Certification Act of 1996, a bill dedicated solely to advancing the osteopathic medical profession.

"It's simple: Stacy Bohlen gets results on the Hill. Her commitment, talent, energy - and passion for the osteopathic medical profession - have consistently benefited the AOA. As Deputy Director, she will have enhanced responsibilities in Washington, and will motivate members to become involved in federal issues on a grassroots level," explained Dr. Oliva.

Michael Mallie, based at the AOA's central office in Chicago, has been promoted to director of State Government and Socioeconomic Affairs. Mallie joined the AOA in 1994, as associate director of state government relations after serving twelve years at the U.S. Chamber of Commerce. In the past two years, he has worked with osteopathic divisional societies and other osteopathic affiliates to address legislative issues facing D.O.s at the state level.

Mallie and his staff are also responsible for payor relations, and will advocate for AOA members to managed care organizations throughout the United States.

"Powell, Bohlen and Mallie together bring experience, maturity, and a commitment to member services that will enhance our government affairs in Washington, D.C. and in states across the nation," Crosby stated. "I am very proud that this leadership team is in place."

## FDA Requests Recall of Diet Drugs

The Food and Drug Administration has requested the withdrawal of two popular diet drugs due to determinations that they pose serious threats to the hearts and lungs of users.

The drugs pulled were Pondimin, half of the popular fen-phen combination, and Redux. The FDA is urging people to stop taking them and to contact their physicians for close heart monitoring.

The FDA reviewed the records of 291 patients taking the drugs and found that 30 percent had abnormal heart functioning; 92 patients had problems with their heart valves.

The FDA urges physicians to report any such cases and other toxicities associated with the use of the drugs to its MedWatch program at 800-FDA-1088; Fax 800-FDA-0178; or to the respective pharmaceutical manufacturers.

# THE INDEPENDENT INVESTOR

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## Efforts in the Nation's Capitol Should Aid Long-Term Investors

They stood around the podium, arms raised and hands locked, looking like they had just won an election. But something was different about this picture, for it represented a accomplishment that brought together legislators from both sides of the aisle to complete a budget agreement that offers a little something for everybody.

Billed as the "Taxpayer Relief Act of 1997" and signed into law last month by President Clinton, the long-awaited deal contains a series of tax reduction provisions which investors should find quite favorable. If you are investing for long-term capital appreciation, saving for retirement, planning a child's education or developing an estate plan, the new tax bill should benefit you in one form or another.

### Capital gains taxes -

We have long believed that lowering taxes on long-term capital gains - the profits from the sale of stocks, bonds, real estate and other select assets - will stimulate the economy. Now, with 40 percent of U.S. households holding investments in the stock market, capital gains have become an issue affecting many taxpayers.\* Beginning May 6, 1997, investors in the top tax brackets will be assessed a 20 percent tax rate, down from 28 percent. Gains currently taxed at 15 percent will only be taxed at 10 percent. There are even more significant breaks for investors willing to stay the course. A new incentive offers a top tax rate of 18 percent to investors who purchase assets after 2000 and hold them more than five years.

### IRA's -

Investors saving for retirement may want to take a new look at Individual Retirement Accounts (IRAs). The new Roth IRA was created for investors who wish to withdraw earnings free of federal taxes. Contributions will not be tax deductible, as they are with conventional IRAs. But withdrawal of earnings will be tax-free, as long as you are at least 59 1/2 years of age and four years have passed since your initial contribution. Contributions to Roth IRAs are phased out for individuals with adjusted gross income beginning at \$95,000 and joint filers beginning at \$150,000. Limitations on IRA contributions according to income limits will gradually lift, doubling by 2004.

You may also be able to receive tax-free withdrawals if you are paying for college or a first home. Although the \$2,000 limit is the same for both Roth and conventional IRAs, the Roth plan may make sense if you expect to be in the same or higher tax bracket after retirement.

### Education IRAs -

This benefit, which will be available beginning in the 1998 tax year, allows tax-free earnings on non-deductible contributions of up to \$500 per year, per student. The income limits are \$110,000 for single filers and \$160,000 for joint filers.

### Gain on sale from principal residence -

Now excluded from tax are gains of up to \$250,000 from the sale of a personal residence (\$500,000 if married and filing jointly).

### Estate taxes -

If you are planning to leave an estate to your heirs, more of the value of your estate may be tax exempt in the future. Federal estate and gift tax exemptions will increase to \$1 million from \$600,000 over the next 10 years. If you consider a \$1 million estate in the year 2006, the new tax exemptions would mean a savings of \$153,000 in tax.\*\* For small businesses and family farms, the exemption will rise to \$1.3 million on January 1, 1998.

One of the best ways to reduce the value of your estate is to gift assets to your heirs or charity while you are still alive. The estate or gift tax credit will gradually increase to \$345,800 in 2006.

This far-reaching new tax legislation promises to have a dramatic impact on the saving, investment and college funding plans of many Americans. In light of the changes this legislation brings about, now is an opportune time for all investors to review their current situation to determine if the course they are on is the most effective route for achieving their financial goals. As always, if you'd like a more detailed explanation of how these extensive changes may affect your individual situation, please give us a call.

\* Standard & Poor's "Financial News This Week," August 4, 1997

\*\* U.S. News & World Report, August 11, 1997

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# Texas ACOFP Update

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

First, I want to follow up on the May, 1997 article in the Texas D.O. on page 30 dealing with depositions. The sample deposition request form published in this article was recently reviewed by lawyers who defend physicians in medical liability cases. They all suggested that items 5 and 7 be omitted from the Deposition Request Form. A revised Deposition Request Form is reproduced below and is recommended by the Texas ACOFP and TOMA for use by their members. Once again, there are no money amounts listed.

Deposition Request Patient: \_\_\_\_\_  
Treatment Date: \_\_\_\_\_  
Physician: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_  
Attorney scheduling: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Representing: \_\_\_\_\_

## How to Schedule

Submit the minimum fee. You may suggest days and time; we will accommodate if possible. We will call you to schedule the deposition.

## Ground Rules

1. Fees must be received one week before the deposition. They are: Minimum Deposition \$\_\_\_\_\_ including the first hour of testimony and up to one hour of records review. \$\_\_\_\_\_ for each additional quarter hour. Pre-deposition exam \$\_\_\_\_\_ if needed.
2. We reserve the right to read and sign the final transcript.
3. The lawyer is expected to provide an authorization from the patient.
4. Questions will be confined to our findings, treatment, and medical opinion. We will not give an opinion of another physician's treatment, diagnosis or interpret tests we did not do unless these documents are submitted in advance for us to review.
5. We expect you to be brief. If you anticipate that this will take longer than 1-2 hours, you must warn us to avoid running the risk of having to schedule a continuation.

Texas osteopathic physicians will have to determine their own fees for services rendered. However, the Texas ACOFP and TOMA now have resource material on file from Texas lawyers who defend physicians in medical liability cases dealing with appropriate deposition fees. If any of our members need assistance in developing their own Deposition Request Forms, they can call 888-892-2637 or 800-444-8662. It is important to develop a game plan for depositions before the game begins! A disturbing recent trend has to do with medical records. More and more reports from medical specialists to primary care physicians are stamped with this phrase - "Confidentiality Statement: This patient information is confidential. It is intended for your use only. Re-disclosure to other parties is prohibited." The problem with these confidentiality statements is that they conflict with the Texas State Board of Medical Examiner's Medical Records Rules, which took effect April 16, 1996. The TSBME position is that all records pertaining to the patient constitute medical records. These records may be the subject of a broad request for patient records in your possession. See the Fall, 1996 Medical Board Report regarding "Medical Records, Questions and Answers" for additional reference material.

There is some good news for our elderly patients who require nutritional supplements such as Ensure Plus. Those patients with Medicare-Medicaid pay nothing other than to use one of their three covered prescriptions per month. For a Medicare patient in Raymondville, Texas, a month's supply of Ensure Plus (one can, three times daily) costs the patient approximately \$26.00, which is their 20 percent co-payment. This change in Medicare policy is welcome and will help to stretch those Social Security checks to meet the nutritional needs of many of our frail, elderly patients.

One of the goals of the Texas ACOFP is to increase the number of Fellows from Texas. Currently, there are 34 ACOFP Fellows from Texas; this is down from the previous 36 Texas ACOFP Fellows. We will try to come up with innovative ways of encouraging Texas ACOFP Fellows to sponsor suitable candidates from the Texas ACOFP. It is my hope that Texas ACOFP Fellows will remember the helping hands that were extended to them by their sponsors, which enabled them to obtain their fellowships. Don't let the tradition of a helping hand die. The Texas ACOFP would like to sign up delegates to the National ACOFP Congress of Delegates to be held April 1-5, 1998, at the Opryland Hotel in Nashville, Tennessee. We need more volunteers so please contact Janet Dunkle, Texas ACOFP Executive Director, at 888-892-2637. Don't forget that in order to serve as a delegate you must be a member in good standing of both the Texas ACOFP and the national ACOFP.

*continued on next page*



## The Texas ACOFP Standing Committees for 1997 - 1998

**Auditing Committee Chairman:** Rodney Wiseman, D.O.  
**Members:** Jack McCarty, D.O., Sara Apsley-Ambriz, D.O., Carol Browne, D.O., and Craig Whiting, D.O.

**Awards Committee Chairman:** John Bowling, D.O.  
**Members:** Sara Apsley-Ambriz, D.O., and Carol Browne, D.O.

**Constitution & Bylaws**  
**Committee Chairman:** Joe Montgomery-Davis, D.O.  
**Members:** Robert Garcia, D.O., Craig Whiting, D.O., and Ronda Beene, D.O.

**Education/Program/Convention**  
**Committee Chairman:** Sharron O'Day, D.O.  
**Assistant Chairman:** John Bowling, D.O.  
**Past Chairman :** Patrick Hanford, D.O.  
**Members:** Craig Whiting, D.O., Rodney Wiseman, D.O., David Garza, D.O., Harold Lewis, D.O. and Robert DeLuca, D.O.

**Family Practice Resident Liaison**  
**Committee Chairman:** Robert Garcia, D.O.  
**Member:** Ronda Beene, D.O.

**Government Legislation & Liaison**  
**Committee Chairman:** Robert Garcia, D.O.  
**Member:** Joe Montgomery-Davis, D.O.

**Long Range Planning**  
**Committee Chairman:** Jerry Smola, D.O.  
**Members:** Jack McCarty, D.O., Steve Rowley, D.O., Craig Whiting, D.O., Rodney Wiseman, D.O., Joe Montgomery-Davis, D.O., T. Robert Sharp, D.O., Capt. Ben Young, D.O., and Pat Hanford, D.O.

**Membership Committee Chairman:** Carol Browne, D.O.  
**Members:** Robert Garcia, D.O., Robert DeLuca, D.O., and David Gaza, D.O.

**Nominating Committee Chairman:** Sara Apsley-Ambriz, D.O.  
**Members:** Jack McCarty, D.O., and Carol Browne, D.O.

**PACERS Committee Chairman:** Jack McCarty, D.O.

**Pharmaceutical Committee -** Not active

**Public Information**  
**Committee Chairman:** Jose Montgomery-Davis, D.O.

**Undergraduate FP Chapter Liaison**  
**Committee Chairman:** John Bowling, D.O.

The Texas ACOFP and TOMA would like to thank everyone who showed up in Austin on Saturday, September 27, 1997, to celebrate the grand opening of the Bartholomew-Robinson Historic Building, located at 1415 Lavaca Street, which serves as headquarters for TOMA and the Texas ACOFP. It is a new and exciting era for osteopathic physicians in Texas. May we always be a profession of Doers and not just Sayers.

# HIGHLIGHTS FROM



*Texas ACOFP President, Jack McCarty, celebrates his last night as President.*

*Dr. Carlton poses with her granddaughter, Lindsey McFall, and the flowers given to her by her children after receiving the ACOFP FAMILY PHYSICIAN OF THE YEAR AWARD.*



*Program Chairman for the event, Pat Hanford, D.O. with his wife, Sharon, and son, Reese, relax before the President's Dinner.*



# THE TXACOFP 40TH ANNUAL CLINICAL SEMINAR



*Robert Peters, D.O. is presented with the first T. R. SHARP MERITORIOUS SERVICE AWARD for his service to osteopathic family physicians of Texas.*



*Both Dr. McCarty and Dr. Zachary are smitten by a certain young lady during the President's Dinner, but who will win her heart? Attend next year's meeting to find out!*



*Cindy McCarty makes it clear that Dr. McCarty will spend his free time next summer in the family's tomato garden.*



*Catherine K. Carlton, D.O. receives the 1997 TXACOFP FAMILY PHYSICIAN OF THE YEAR AWARD for her service to the citizens of Texas since 1938.*



*Dr. Peters and his wife, Ruby.*



*Steve Rowley, D.O. receives a statue of A.T. Still in gratitude for his service to the TXACOFP Board of Governors over the past seven years.*



*ACOFP Past President, Robert G. Maul, D.O., ACOFP Speaker of the Congress of Delegates, Gene Zachary, D.O. and ACOFP President-Elect Max Helman, D.O. visit during the President's Reception.*



*The Round Rock Choir closes its hilarious performance of "Saturday Night...Dead or Alive" with a soulful hymn.*



# Blood Bank Briefs for Physicians

## Prevention of Transfusion-Transmitted Cytomegalovirus

By L. B. Baskin, M.D.  
Medical Director, Carter Blood Center, Fort Worth, Texas

Cytomegalovirus (CMV), a member of the herpes virus family (herpesviridae), is an obligate intracellular DNA virus that primarily infects leukocytes. Although the precise mechanism of transmission is unknown, CMV is acquired through contact with body fluids or organ transplants.

Intrauterine and prenatal transfusion are common, infecting about one percent of newborns. The prevalence of CMV determined by the presence of anti-CMV IgG or IgM antibodies in healthy blood donors in the U.S. is approximately 50 percent. The degree of host immunocompetency determines the severity of CMV infection.

Infection in a healthy host usually ranges from asymptomatic to a mononucleosis-like syndrome. Following infection, the virus remains dormant in host leukocytes. Primary infection in a fetus or primary infection or reactivation in an immunocompromised host is more likely to lead to clinical symptoms. Reactivation of latent CMV infection in bone marrow or organ recipients and AIDS patients may result in severe or fatal interstitial pneumonitis, hepatitis or multi-system organ failure.

Infants who acquire CMV from the mother's primary infection during pregnancy usually develop severe infections that cause mental retardation, motor or sensory nerve deficits or death. Only seronegative individuals are susceptible to CMV infection. Those who are most vulnerable are listed in Table 1.

Prevention of transfusion-transmitted disease should be directed towards these individuals. The determination of seronegativity may be complicated by several factors, including the inherent sensitivity and specificity of the assay, the presence of passively transferred antibodies following transfusion, a low titer of antibodies due to remoteness of infection, infection too recent to induce an immune

response, and viremia that quenches circulating antibodies.

Since the virus lies dormant in leukocytes, the presence of anti-CMV antibodies implies past exposure to the virus and possible infectivity rather than immunity. In spite of the high prevalence of seropositivity in donors, the overall risk of transmission of CMV following transfusion is about three-12 percent. This rate is affected by both the number of exposures to CMV-infected products and the viral load in each component. In immunocompetent recipients, this is usually not clinically significant.

In the past, the standards for care for preventing transfusion-transmitted CMV to susceptible individuals has been the use of seronegative blood. In spite of this, due to the lack of sensitivity of serological testing, there remains a risk of infection following transfusion with seronegative blood of one to four percent. This may result from some of the complicating factors mentioned above.

The increasing number of patients at risk for significant infection and the limited supply of seronegative blood has

**Table 1.**  
*Individuals Most Vulnerable to CMV Infection*

- Premature or low birth weight infants younger than 4 months of age
- Recipients or candidates for solid organ or bone marrow transplant
- Congenitally immunodeficient patients
- Acquired Immunodeficiency Syndrome (AIDS) patients
- Pregnant women

prompted a search for an effective alternative method to prevent transmissions. Among the alternatives examined have been freezing and leukocyte filtration. Freezing, thawing and washing removes about 95-99 percent of the leukocytes (all of the granulocytes and platelets and most lymphocytes) and, thus, most of the risk of CMV transmission. The destruction of the few remaining leukocytes in plasma by this process is the reason there is no risk of infection from fresh frozen plasma.

A more efficient method for removing leukocytes is filtration. It may be performed upon collection, in the laboratory or at administration. The removal of 99.9 percent of leukocytes (3 "log" reduction) has been shown to be as effective in preventing CMV infection as transfusion of seronegative blood. Improved filtration should make this the preferred method for prevention of CMV transmission.

In summary, for patients listed in Table 1, if all attempts to avoid transfusion have failed, then the use of either leukocyte-reduced or CMV-negative blood products is indicated.

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## Cancer and Anxiety Disorder are Subjects of Two New Caring Cooperative Brochures

*Cancer Does Not Have to Kill* is now available in the Osteopathic Medicine's Caring Cooperative series. The brochure, written from the perspective of an osteopathic physician, provides early warning signs and screening information for lung cancer, prostate cancer, breast cancer and colorectal cancer. The reader also learns ways to reduce cancer risk through lifestyle and environment changes.

*Take Care of Your Emotions: Seek Treatment for Depression and Anxiety Disorders* reassures the reader that mental illnesses are real medical conditions for which help is available. The brochure discusses signs and causes of depression, details various types of anxiety disorders, and offers treatment options.

The new brochures join the Caring Cooperative patient education series: *For Better Health: Make Fitness Your Lifelong Goal; Be a Smart Man: Stay Healthy Throughout Your Life; Keeping Your Child Healthy & Safe: What Every Parent Should Know; Keep Your Family Healthy: Get Vaccinated; Living with High Blood Pressure: It's in Your Control; and Be a Smart Woman: Stay Healthy Throughout Your Life (I and II)*.

"These brochures provide D.O.s with a convenient means to give their patients needed health information and to emphasize the osteopathic physician's role in prevention and wellness," states Martin Diamond, D.O., who chaired the advisory board responsible for creating the series. The brochures are produced as an educational collaboration between the American Osteopathic association and SmithKline Beecham Pharmaceuticals. Free introductory quantities of the brochures are available to osteopathic physicians from their SmithKline Beecham representatives. Additional quantities of the brochures may be ordered for the cost of production (\$15 per 100) plus shipping from the AOA Order Desk at 800-621-1773, extension 7426.

## Physician Oncology Education Program Produces CD-ROM on Breast Cancer

This year, POEP takes its cancer detection message to a new level with an interactive CD-ROM program. "POEP is beginning to be recognized outside of Texas for its work. One of the projects drawing national attention is a CD-ROM focusing on early detection and control of breast cancer," says Jenny Young, POEP manager. The CD-ROM is designed for primary care physicians and represents the consensus of leading medical scientists on breast cancer. "It's comprehensive and covers everything from risk factors and screening to treatment. It also includes case studies," she says.

Enhancements to the learning experience include animated graphs, narration, video clips of core needle biopsy and clinical breast exam, mammography X-rays, and more. The CD-ROM became available to Texas physicians this fall.

For more information about the CD-ROM or other POEP resources, call 512-370-1672 or e-mail Jenny Young at [jenny-y@texmed.org](mailto:jenny-y@texmed.org).

## TWCC Offers Tips to Speed Medical Reports Processing

The Texas Workers' Compensation Commission offers the following suggestions to help injured workers receive their benefits faster and to reduce the administrative burden on physicians' practices of supplying missing data to the commission:

- \* Use only the AMA Guides to the Evaluation of Permanent Impairment, February 1989, Third Edition, Second Printing. To purchase a copy, call 800-621-8335, ext. 3. The order number is #OPO35496.
- \* Review all pertinent records. Indicate in the report if the physician is aware of records that were unavailable for review at exam time, but that he or she believes are important.
- \* Include all clinical findings relating to the compensable injury and the criteria in the AMA Guides.
- \* Attach a narrative history to the TWCC-69 form. This is required and must include information about the onset and course of the injured worker's medical condition, findings of previous exams, history of and response to treatment, and the most recent clinical evaluation.
- \* Indicate exactly how the whole person impairment rating was reached. Attach worksheets, list tables, and page numbers per AMA Guides.
- \* Document the rationale used to invalidate any testing, diagnostic or clinical findings for which no credit was given.
- \* Show the calculations for range-of-motion measurements and the final whole person impairment rating. Include the names and credentials of anyone other than the doctor who performed tests.
- \* Specify the objective measuring tool used in the range-of-motion testing.



### UNT Health Science Center Initiates Medical and Graduate Students with White Coat Ceremony

David M. Richards, D.O., president of the University of North Texas Health Science Center at Fort Worth, welcomed and initiated the 27th class of osteopathic students and the fifth class of graduate school students at the University of North Texas Health Science Center. The annual White Coat/Convocation Ceremony took place at the Will Rogers Auditorium in Fort Worth on August 8.

The White Coat Ceremony is a rite of passage for beginning osteopathic medical students, and signifies their pending entry into professional ranks. This year, the UNT Health Science Center expanded the White Coat ritual to include all 123 incoming students of the Texas College of Osteopathic Medicine, 59 new students at the Graduate School of Biomedical Sciences and 12 students in the first Physician Assistant Studies Program. An Oath of Commitment was accepted by all students as a symbol of their pledge to patient care, research and education.

Mr. Bob Crow and Dr. Edward Elko were honored with the Mary E. Luibel Distinguished Service Award during the formalities. The UNT Health Science Center's Distinguished Service Award, established in 1993, is presented in honor of its first recipient, Mary E. Luibel, wife of George Luibel, D.O., one of the founders of the Texas College of Osteopathic Medicine.

Consisting of a citation and a medalion bearing Mrs. Luibel's likeness, the award honors her personal commitment and dedication to the advancement of the osteopathic medical profession. The selection process requires each nominee to be "of the highest character and integrity, and a caring individual who lives by the precept that service to others is life's highest calling."

Crow was the executive director of

the Amon G. Carter Foundation since 1983. During his 13-year tenure, he contributed to the early development of the Texas College of Osteopathic Medicine and initiated a countywide health care study that emphasized public health. The launch of the health science center's Master of Public Health (MPH) program was largely due to the foresight of Crow.

Dr. Edward Elko's contributions to basic science education and research include two decades at the health science center. He joined the institution in 1978 as assistant dean for basic sciences and professor of pharmacology. He was promoted to associate dean for basic sciences. He later led the Office of Student Affairs as Associate Dean of Student Affairs, and retired in that capacity in 1996.

Dr. Thomas Wesley Allen, provost and dean of Oklahoma State University College of Osteopathic Medicine, addressed the incoming students on ethical behavior in their professions and finding balance in life. Dr. Allen has led three colleges of osteopathic medicine in the country since his academic beginnings in 1968 and is editor-in-chief of the *Journal of the American Osteopathic Association*. He is also director of the National Osteopathic Foundation of the American Osteopathic Association.

The White Coat and Convocation ceremony supporters included: All Saints Health System, BankOne, Columbia Plaza Medical Center of Fort Worth, Harris Methodist Health System, Huguley Health System, and Osteopathic Health System of Texas. TOMA provided each osteopathic student with a copy of the book, "100 Years of Osteopathic Medicine."

The University of North Texas Health Science Center is committed to achieving excellence in its programs of education, patient care and research. The health science center includes the Texas College of Osteopathic Medicine, with over 450 students, the Graduate School of Biomedical Sciences, with over 170 students, and the

Physician Assistant Studies Program, with 12 students. The institution also supports eight research Institutes for Discovery, and its 102-member faculty group practice treats over 55,000 Fort Worth-area residents yearly.

### UNT Health Science Center Appoints Top Cancer Researcher as Department Chairman



Cancer research and treatment has reached a new milestone at the University of North Texas Health Science Center at Fort Worth with the arrival of Dr. Ronald H. Goldfarb as the chairman of the University of North Texas Health Science Center's Biochemistry/Molecular Biology and Microbiology/Immunology departments.

A New York native, Dr. Goldfarb comes to the health science center from the University of Pittsburgh Cancer Institute (UPCI), where he was Deputy Director for Basic Research and Director of the Program in Cancer Metastasis and Cell Biology. He had also served as Director of the UPCI Program in Experimental Therapeutics, and Professor of Pathology at the University of Pittsburgh School of Medicine.

Nationally and internationally recognized as a leader and scientist in cancer research, Dr. Goldfarb coordinated basic research programs investigating tumor immunology, cancer molecular biology and carcinogenesis, and cancer metastasis and cell biology. He has published more than 100 articles, edited five volumes of



books and journals, chaired grant review panels and serves on the editorial board of journals related to cancer growth and progression and immunology.

He has been highly effective in securing funds for cancer research from the National Cancer Institute, the American Cancer Society, and foundations and private industry sources. Dr. Goldfarb brought in excess of \$2.6 million in total direct costs and \$1.1 million in total indirect costs to the UPCL.

"While widespread research has been done to determine the development, prevention and control of cancer, our investigations focus on cancer invasion and metastasis. This has impact on developing new approaches for early diagnosis and treatment of cancer as well as for education," said Dr. Goldfarb. "Research is a powerful education tool, and my primary role as a teacher will benefit from my research insights."

Dr. Goldfarb's initial goal as chairman will be developing a new identity for the center he is leading, including the creation of a new department name - the Department of Molecular Biology and Immunology - that is a more appropriate description of the department's scope and focus. He is also exploring the development of an Institute for Cancer Research at the health science center.

"Dr. Goldfarb's arrival will allow the health science center to play a pivotal role in the cancer research and treatment arena," said David M. Richards, D.O., president of the health science center.

Dr. Goldfarb's arrival coincides with the arrival of Dr. Gregory Marino, who will focus his efforts on the clinical side of cancer treatment. Dr. Marino comes to the health science center from the Western Washington Medical Group's Department of Hematology and Oncology, and will practice with the health science center's Physician's and Surgeon's Medical Group.

Dr. Goldfarb received his bachelor's degree in biological sciences from Herbert H. Lehman College, City University of New York, Bronx, New York., and his doctorate in microbiology and immunology from the State University of New York Downstate Medical Center, Brooklyn. He is a member of professional scientific societies including the American Association for Cancer Research, the American Association of Immunologists, the American Society for Biochemistry and Molecular Biology and the American Society for Cell Biology.

Dr. Goldfarb previously directed the Cancer Research and Development area for Fortune 100 corporation, Pfizer, Inc., where he was involved in drug discovery based on cancer metastasis, tumor immunology and genes that could cause normal cells to become cancerous.

## Blue Cross Blue Shield to Reprocess Rejected Claims

Physicians who had certain claims rejected by Blue Cross Blue Shield between March 22 and July 1 because of problems with the ClaimCheck software can resubmit the claims to the company for payment. The rejected claims involve patients who had unrelated office visits, OMT and surgical procedures (-25 modifier) on the same day. The software incorrectly bundled the claims.

Physicians should write the company and file appeals. Blue Cross Blue Shield agreed to reprocess the claims after reviewing its data and receiving complaints from TOMA. Company officials have changed the process to allow any office visit that was billed with the -25 modifier attached.

Other insurance carriers, including Cigna, Prudential, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), and the state Medicaid program also use the ClaimCheck software. TOMA officials will contact them to see if they will also reprocess rejected claims.

The -25 modifier was set in the default mode - which results in automatic denial - when it was delivered to Blue Cross Blue Shield, the company says.

## Initiative Will Pay Hospitals to Downsize Residency Training Programs

An initiative in the new federal budget agreement represents federal efforts to ease an increasing glut of physicians by paying teaching hospitals across the country to not train physicians.

Under the budget agreement, hospitals that volunteer to reduce their residency programs by 20 or 25 percent over five years will be helped financially by Medicare. For the first two years, hospitals will be paid the whole subsidy for each missing resident; the payments will then taper off for three years. In addition, the initiative essentially forbids hospitals to expand their residency programs.

Officials say the initiative will give hospitals a powerful incentive to train fewer doctors and that Medicare will save money in the long run. After five years, the payments will cease and the program will have fewer residents to underwrite.

## Interim Study on Home Health Care Established

An interim study on regulations governing the home health care industry, which provides long term help to elderly Texans, has been established by Texas Lt. Gov. Bob Bullock. Senator Mike Moncrief (D-Fort Worth) has been appointed to head the committee, which includes Senator Jane Nelson (R-Flower Mound) and lawmakers from Austin, Houston and East Texas.

"An increasing number of people are choosing to have elderly family members cared for at home or in facilities that offer a more private setting with daily health care services," Bullock stated. "As a result, the state must re-examine its regulatory structure so providers of home health care and assisted living services meet the high standards we expect for our most vulnerable citizens."

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*What are "authorized" providers of care under TRICARE?*

*What are "participating" providers?*

*And*

*What are "network" or "non-network" providers?*

Many people, providers of care and patients alike, have questions about what an authorized provider is, and what it means to participate (or not participate) in TRICARE, or to join a TRICARE contractor's network of providers. Here are the answers:

## **Authorized Providers**

First, an individual provider of care must be "authorized" by the regional TRICARE contractor before he or she is in a position to decide whether or not to "participate" in TRICARE. Becoming authorized means that a provider has been certified by the contractor as a legitimate provider of care in a particular medical field (having met specific educational, licensing and other requirements), and has been assigned a "provider number," which is on file with the contractor.

The government will only share the cost of care that military sponsors and their eligible family members receive from authorized providers. TRICARE-eligible persons can get care from providers who are not authorized, but they will have to pay the full bill themselves, no matter how much it is; the legal billing limits don't apply to care received from unauthorized providers.

A provider of care who is not authorized under TRICARE might be someone like a chiropractor or an acupuncturist (classes of providers that aren't recognized by TRICARE because the care they

provide is outside the scope of TRICARE's benefit structure) - or it might be a physician who does not meet state licensing or training requirements, or who has not sought, or who has rejected, authorization to treat TRICARE-eligible patients.

Before getting care, patients should ask providers of care if they are authorized providers under TRICARE. Providers themselves should volunteer this information before patients receive care, if the patients don't ask on their own, since patients need to know ahead of time what their financial obligations might be. Ultimately, it's the patient's responsibility to know whether a provider is authorized under TRICARE, before getting care.

## **Participating Providers**

Once a provider is authorized by the TRICARE contractor to treat eligible patients and be reimbursed for it by the government, he or she must decide whether to be a "participating" or "non-participating" provider under TRICARE Standard - the health care option that used to be known as CHAMPUS (or under TRICARE Prime's point-of-service option, in which Prime enrollees get care without an authorization outside the TRICARE Prime provider network, and pay higher cost-shares and deductibles). For individual providers, this decision (to participate or not to participate) may be made on a case-by-case basis.

A participating provider accepts the TRICARE allowable charge as the full fee for the care the patient receives. A participating provider files the claims for his or her TRICARE-eligible patients. The regional TRICARE contractor sends its portion of the payment for the patient's medical bills to the provider, and the patient pays his or her share of the costs to the provider.

## **Non-participating Providers**

A provider who is authorized, but who does not participate may still treat TRICARE-eligible patients - but he or she may charge more than the allowable charge for the care provided, up to the legal limit of 15 percent more than the allowable charge.

If a non-participating provider attempts to bill a TRICARE patient more than 15 percent above the allowable, the patient is not legally obligated to pay any amounts above the legal limit - unless the patient has voluntarily written a statement that goes in with the claim, requesting a waiver of the billing limits for the care he or she receives.

The TRICARE contractor will pay its portion of the allowable charges, as it would in the case of a participating provider, but the payment will go directly to the patient. The patient is then responsible for the entire bill, up to the legal limit, unless he or she initiates a billing-limit waiver request (there's no existing form for such a request; it just needs to be a hand-written or typed letter), and it is sent to the contractor with the claim.

## **Network and Non-network Providers**

Providers who are authorized to give care to TRICARE-eligible patients may decide to apply (and be accepted by a TRICARE contractor) to become part of the contractor's health care provider network.

*continued on next page*



## Osteopathic Health System Expands Occupational Health Services



Osteopathic Health System of Texas is proud to announce the addition of a new physician and the expansion of its occupational health services in Tarrant County.

Randy W. Rodgers, D.O., has joined the staff at the newly opened Fossil Creek Occupational Health Clinic at 3300 Western Center Boulevard, Suite 114-A, Fort Worth.

Dr. Rodgers brings 15 years of experience in occupational medicine.

"I'm excited to bring occupational health services to the Fossil Creek community," said Dr. Rodgers, who is board-certified in family practice.

The walk-in clinic accepts workers' compensation claims and is equipped to provide care for minor emergencies. Goals of the clinic are to treat and prevent work-related illnesses and injuries, and to promote wellness among employees. The

clinic will operate on a contract basis with area businesses, providing the latest resources in corporate health care.

Dr. Rodgers, a graduate of the Texas College of Osteopathic Medicine (now the University of North Texas Health Science Center at Fort Worth), is a member of the Texas Osteopathic Medical Association, the American Osteopathic Association and the American College of Family Practitioners.

The 265-bed Osteopathic Medical center of Texas (the largest osteopathic hospital in Texas) is the flagship of Osteopathic Health System of Texas, a complete provider of osteopathic health care, with more than 300 physicians and 13 family medicine clinics. In addition, OHST offers the APPLE Club for people 50 and older; the Carswell Osteopathic Medical Plan (COMP) for retired and active-duty military personnel in the area; and a variety of allied health services, including One Day Surgery Center, The Health & Fitness Connection, Diagnostic Imaging Centre, Novus Breast Center, Home Health Care and Occupational Health Solutions.

continued from previous page

work. The network is a group of providers who have signed agreements with the contractor to provide care to eligible persons, often at specific discounted rates, and to participate on all claims under the TRICARE Extra or TRICARE Prime health care options.

Non-network providers are authorized to provide care to TRICARE patients, but have decided not to join the contractor's TRICARE Extra or TRICARE Prime networks. Instead, they provide care under TRICARE Standard, and choose either to participate in Standard (accepting the allowable charge as their full fee and filing the claim for the patient), or to not participate (possibly charging more for the care, up to the legal limit).

## ACOFP Zeta Chapter August Report

By Denise Casper, ACOFP Zeta Chapter Historian

August was a busy month for us in Fort Worth, starting with the Texas ACOFP Convention in Dallas. Chapter members had the opportunity to attend many seminars, as well as participate in the presidential dinner for new Texas Society of the ACOFP President, Sara Apsley Ambroz, D.O.

Our first general meeting was on August 15. Dr. Alan Brewer, a TCOM alumnus currently practicing family medicine in St. Joseph, Missouri, delivered an outstanding presentation on the role of osteopathic physicians in the next millennium. His enthusiasm inspired us all and we were grateful that he was able to visit with us.

On August 23, we sponsored Catholic school physicals at the new eight-story Patient Care Center on campus. Eighteen student doctors performed physicals for 120 children. It was a great opportunity for the student doctors to practice their physical exam skills, while performing a service for the community at the same time.

We are looking forward to an exciting year for our student ACOFP chapter.

Events include:

- ✓ September 10 - a presentation entitled, "HIV in the Primary Care Setting"
- ✓ September 27 - a Community Health Fair, at which ACOFP will provide free flu shots for members of the community
- ✓ September 29 - National Primary Care Week activities, with lectures on "Approaching the Adolescent Patient"
- ✓ October 1 - Osteopathic Family Practice Residencies.

For more information on any of the above topics, please contact Chapter President, Roberta Abbott at 817-735-5006. Until next month!



# ATOMA News

## Guild News

By Martha Coy, OMCT Guild Chairman

With school starting, our Junior Volunteers are leaving us and they will be missed. These boys and girls have been eager and willing to help all over the hospital. They are an intelligent group who picked up many skills working in the many departments of the hospital this summer. With their personal people skills and their months of "hands-on" experience, we hope that this will be an incentive for them to join in the many and varied field of medicine in the future.

Striving to provide only the best volunteer service to the patients, hospital and

staff is our main objective. With the start of our new year in September, we have been busy planning new and additional goals for the future.

This past year, we were able to fulfill our pledge of \$125,000 to the Hyperbaric Department. We also give a scholarship each year to one of the junior students at the school. This year we provided \$5,000.

We bought a beautiful "Baby Grand" piano for the use of the hospital. There are many meetings, luncheons, banquets and programs held at the V. L. Jennings

Pavilion at the hospital and this piano is undergoing extensive use.

Our monthly Guild meeting luncheons and special occasions are all catered and provided by the hospital as a thank-you for all our work.

We have a membership of 80 Guild members and many more who are active volunteers. We would like to hear from other volunteers around the state and learn about their activities. We all have the same goal in mind - to help others.

## President Clinton Announces Moratorium on Home Health Care Providers

Blasting Medicare rip-offs as "a fraud tax on all the taxpayers of the country," President Clinton stated that the government will begin a six-month moratorium on home health providers. During the moratorium, Medicare will enlist no new home health care providers.

Medicare currently enrolls almost 100 new home health care agencies per month, making it the fastest growing part of the program. Approximately \$18 billion is spent annually on home health care, compared with \$2.5 billion just a few years ago.

"First, we're going to keep scam and rip-off artists from getting into the Medicare system in the first place," Clinton said. "These kind of practices amount to a fraud tax on all the taxpayers of the country. For those of you who work in health care, they cost public confidence in the work that you do."

## Clearinghouse Program for Health Professionals

The Clearinghouse for Health Professionals was established by the 74th Legislature to provide a means of collaboration among primary care physicians, physician assistants and nurse practitioners. The Texas Department of Health has prepared an Official Clearinghouse Application Form (CH-1296) for applicants to register for the Clearinghouse. Physicians may seek PAs or NPs to join their practices, and PAs and NPs may seek physicians to collaborate with.

The program will disseminate information on primary care providers seeking opportunities in rural health clinics, federally qualified community health centers and other practices. There is no fee for the service.

For more information or to obtain a form CH-1296, contact Dr. Bruce Gunn at 512-438-7711.



## District Stars

### News

from TOMA/ATOMA District VI

By Dr. and Mrs. Jerry W. Smith

The new board of District VI of the Texas Osteopathic Medical Association met at Steak and Ale on August 19, 1997. Plans were discussed for the coming year.

The new officers are

Jerry C. Wasserstein, D.O.  
president

Kathleen Bottroff, D.O.  
treasurer

Jerry W. Smith, D.O.  
secretary

Also present were Carl Mitten, D.O., past president; Morton Rubin, D.O., past president; and Mrs. Jerry (Joy) Smith, ATOMA District VI secretary.

# DOs Should Have an Influence in Washington DC

*stronger*

**Political action committees** (PACS) are the only legal way organized groups can give monies to political candidates. These monies indicate to our elected representatives our interest and concerns over national debates affecting health care issues and our profession. If we are to have a **stronger voice** with our national representatives, we must be involved!

During 1996, according to the Federal Election Commission, the American Podiatric Medical Association contributed to congressmen \$487,000 or \$23 per member; the American Optometric Association contributed \$887,000 or \$14 per member; the American Chiropractic Association contributed \$411,000 or \$10 per member and the Osteopathic Political Action Committee (OPAC) contributed only \$53,500 or \$1.09 per member.

Our minimum goal should be for each DO to contribute \$100 annually to our **OPAC**. Don't you agree? **Do your part** and send your contribution today!

## OPAC

Osteopathic Political Action Committee  
Elmer C. Baum, DO, chairman

### 1997 Personal Contributors Statement

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MAIL TO: OPAC, PO Box 23340, Washington DC 20026

The Texas Medical Foundation (TMF) has announced the election of Patrick J. Hanford, D.O., of Lubbock, to the TMF Board of Trustees. Dr. Hanford, who was elected to a three-year term at TMF's annual membership meeting on July 19, has enjoyed a distinguished association with TMF as a member of TMF's former Lubbock Regional Review Program Committee. Along with his active TMF membership, Dr. Hanford is a member of many professional organizations, including the Texas Osteopathic Medical Association, the American Osteopathic Association and the American College of Osteopathic Family Physicians. Dr. Hanford is also a diplomat of the National Board of Examiners of Osteopathic Physicians.

Also during the membership meeting, the following TMF Board of Trustees members were re-elected: Frank T. Blalock, Col., USAF, Ret., San Antonio; Jim Bob Brame, M.D., Eldorado; Frank Bryant, Jr., M.D., San Antonio; J. Kenneth Huff, Sr., Whitesboro; Kenneth Peters, Austin; and Donald M. Peterson, D.O., Mesquite.

TMF's board of trustees consists of 16 physician representatives, two Medicare beneficiary representatives and one CHAMPUS beneficiary representative. TMF is the health care quality improvement organization for Texas. It is a private, non-profit corporation with a membership of more than 7,000 physicians.

### TMF Announces Revised Timeframes for Response

TMF has received notification from the Health Care Financing Administration regarding several changes in the time allowed for a physician and/or facility to respond to TMF's inquiry letters and notices. These changes became effective with cases initiated for review on and after July 29, 1997.

Physician's or facility's response to a potential admission denial, potential DRG change, or potential quality of care concern:

When a TMF physician reviewer has a question regarding an admission, a DRG change, or quality of care, TMF initiates an inquiry letter to solicit information from the responsible party before the TMF reviewer makes the review decision. In the past, Medicare regulations allowed the physician 30 calendar days to respond to TMF's inquiry letter. With the change in regulations, the physician is now allowed 20 calendar days to respond to TMF's inquiry letter. TMF is changing the content of the inquiry letters to indicate the time allowed for response, so the physician will be advised of the revised timeframe each time he or she receives a TMF inquiry letter.

#### Request for re-review of a confirmed quality of care concern:

When TMF issues a notice of confirmed quality issue, the responsible party is offered an opportunity to request that TMF re-review the case in question. In the past, Medicare regulations allowed the party 60 calendar days in which to request the re-review. With the change in regulation, the party is now allowed 30 calendar days to request re-review. Once again, the notice of confirmed quality of care concern will advise the party of the new timeframe for submitting a request.

#### Request for reconsideration of an admission denial:

When TMF issues a notice of admission denial, the beneficiary, physician, and facility are offered an opportunity to request that TMF reconsider the decision. The parties are allowed 60 calendar days to request such a reconsideration; the timeframe has not changed for this type of request.

#### Request for re-review of a DRG change:

When TMF issues a DRG change, the physician and facility are offered an opportunity to request that TMF re-review the decision. The parties are allowed 60 calendar days to request such a re-review; the timeframe has not changed for this type of request.

#### Physicians and facilities will have new timeframes for their responses

	Days	
	Old timeframe	New timeframe
Responses to potential admission denial	30	20
Response to potential DRG change	30	20
Response to potential quality of care concern	30	20
Request reconsideration of admission denial	60	60
Request re-review of DRG change	60	60
Request re-review of quality of care concern	60	30



# TEXAS STARS

The following people have made pledges or have contributed to TOMA's Building Fund Campaign. These people are now known as "TEXAS STARS" because of their commitment to the osteopathic profession.

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