

TEXAS D.O.

The Journal of the Texas Osteopathic Medical Association

42nd

MidWinter Conference and

Legislative Symposium

February 13 - 15, 1998



Fairmont Hotel
Dallas

For more information, see page 8



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JANUARY 1998

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1998

JANUARY 28 - FEBRUARY 1**Winter Medical Symposium**

Sponsored by the Nevada Osteopathic Medical Association

Location: Harveys Resort Casino
South Lake Tahoe, NV**CME:** 30+ Category 1-A**Contact:** NOMA, 1700 E. Desert Inn Road
Suite 409, Las Vegas, NV 89109
702-731-0304; FAX 702-731-2177**FEBRUARY****6-10****Eighth Annual Update in Clinical Medicine for Primary Care Physicians**

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

Location: Embassy Suites Resort
South Lake Tahoe, CA**CME:** 22 CME hours**Contact:** Office of Continuing Medical Education**12-16****Mid-Winter Basic Course in Osteopathy**

Sponsored by the Cranial Academy

Location: Best Western Oak Hills Medical Center
San Antonio, TX**CME:** 40 hours anticipated**Contact:** The Cranial Academy
8606 Allisonville Rd.
Suite 130, Indianapolis, IN
317-594-0411**13-15****Mid-Winter Conference/Legislative Symposium**

Sponsored by the Texas Osteopathic Medical Association

Location: Fairmont Hotel, Dallas, TX**CME:** 17 Category 1-A**Contact:** TOMA
800-444-8662 or 512-708-8662
FAX: 512-708-1415**19-22****95th Annual Convention**

Sponsored by the Florida Osteopathic Medical Association

Location: Hyatt Regency Pier 66
Fort Lauderdale, FL**CME:** 30 hours anticipated**Contact:** 800-226-FOMA**FEBRUARY continued****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**MARCH****12****"Caring for Women with Vaginal Infections: Bacterial Vaginosis, Trichomoniasis, Vulvovaginal Candidiasis"**

Presented by the National Network of STD/HIV Prevention Training Centers, as a national satellite videoconference series

Contact: 214-819-1947**APRIL****17-18****12th Annual Spring Update for the Family Practitioner**

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

Location: Columbia Medical Center/Dallas Southwest
Dallas, TX**CME:** 12 CME hours**Contact:** Office of Continuing Medical Education
817-735-2539 or 800-987-2CME**23-26****98th Annual Convention: "OOA Derby Days"**

Sponsored by the Oklahoma Osteopathic Association

Location: Shangri-La Resort, Afton, OK**CME:** 26 CME hours**Contact:** 800-522-8379 or 405-528-4848**APRIL 29 - MAY 2****90th Annual Clinical Assembly**

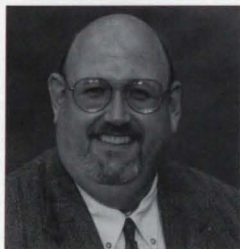
Sponsored by the Pennsylvania Osteopathic Medical Association

Location: Adam's Mark Hotel, Philadelphia, PA**CME:** Over 40 AOA CME credits anticipated**Contact:** 817-939-9318 or 800-544-POMADue to the number of calendar events, **FOR YOUR INFORMATION** is located on page 34 of this issue.

Introducing the Program Chair for TOMA's 42ND MIDWINTER CONFERENCE AND LEGISLATIVE SYMPOSIUM

Ray L. Morrison, D.O., assumes the responsibility of program chairman for TOMA's 42nd MidWinter Conference and Legislative Symposium, to be held February 13-15 in Dallas. He notes that his topics were selected in a somewhat light-hearted, holiday spirit in order to reflect the Valentine's Day weekend. He hopes, however, that the material presented will allow attendees to be updated on the most current medical information available while also allowing for maximum enjoyment of the surroundings, the plush Fairmont Hotel in the Dallas Arts District.

Dr. Morrison practices general surgery and family medicine in Tyler. He is a 1986 graduate of the Texas College of Osteopathic Medicine, where he also served as an Undergraduate Teaching



Fellow in the Department of Manipulative Medicine. He interned at Northeast Hospital in Bedford and pursued his general surgery residency at Fort Worth

Osteopathic Medical Center, Dallas/Fort Worth Medical Center, spending a chief-resident year at Springfield Hospital in Philadelphia, Pennsylvania.

Dr. Morrison is certified in general surgery by the American Osteopathic Board of Surgery. Since 1991, his practice interests have included not only surgery, but family medicine and OMT as well.

He currently serves as Chief-of-Staff for Doctor's Memorial Hospital in Tyler, and as president of TOMA District III, in which he has served as an officer for the past five years. In addition, Dr. Morrison is a member of the TOMA House of Delegates, an alternate delegate to the AOA House of Delegates, and a member of the TOMA Osteopathic Principles and Practice Committee.

Introducing the Speakers for TOMA's 42ND MIDWINTER CONFERENCE AND LEGISLATIVE SYMPOSIUM

George L. DeLoach, D.O., will present "Management of Joint Injuries" as his topic during TOMA's 42nd MidWinter Conference and Legislative Symposium, to be held February 13-15 in Dallas.

This presentation will focus on the management of common joint injuries and the treatment of the soft tissue injury that accompanies these maladies. Dr. DeLoach notes that the selected focus of the upper extremity will be on the fingers, wrist, elbow and shoulder, and the lower extremity focus will be on the foot, ankle and knee. The primary focus of the presentation will be on the non-operative injuries and their treatment, including medication protocols, splinting, and accessing return to work, sports and other activities.

Dr. DeLoach is in the practice of orthopedic surgery in Jacksonville and Tyler, Texas. A 1990 graduate of the Texas College of Osteopathic Medicine, he served his internship and residency in orthopedic surgery at Oakland General

Hospital - Osteopathic in Madison Heights, Michigan. He is board-eligible in orthopedic surgery by the American Osteopathic Board of Surgery.

Currently serving as the Chief of Orthopedic Surgery for Doctor's Memorial Hospital in Tyler, Dr. DeLoach is also secretary of TOMA District III and a member of the TOMA House of Delegates.

"Doctor-Patient Communication: A Critical Link to Satisfaction and Outcomes of Care" will be reviewed by **Richard M. Frankel, Ph.D.**

Dr. Frankel is Professor of Medicine at the University of Rochester School of Medicine and Dentistry and Director of the Primary Care Institute of Highland Health System in Rochester, New York. In addition, he is the Co-Director of the University of Rochester Program for Biopsychosocial Studies.

After completing his Ph.D. in sociology at the Graduate School and University Center in the City University



Dr. Richard M. Frankel

of New York, Dr. Frankel was a post-doctoral fellow in qualitative approaches to mental health research at Boston University. In 1986, he was a Fulbright Senior Research Fellow in social medicine communication studies at the University of Uppsala in Sweden. He also held visiting professorships in Holland, Great Britain, Canada, Finland, Norway and the U.S.

Dr. Frankel has lectured and published extensively on face-to-face com-

continued on next page



Dr. Neal A. Pock

munication in a number of contexts and recently completed a multi-year research project funded by the Agency for Health Care Policy Research exploring communication aspects of medical malpractice.

Craig E. Harrison, M.D., will discuss "Medical Missions" during TOMA's midyear conference. Dr. Harrison was involved in training Nigerian residents at the ECU Baptist Hospital for a two-year period, and will share his experiences and philosophy on overseas missions. He will also be presenting slides to depict some of his clinical experiences.

Dr. Harrison has a solo private practice as a plastic reconstructive surgeon in Tyler. A graduate of the University of Louisville School of Medicine, he completed general surgery and then plastic surgery residency training programs at the University of Texas Southwestern Medical School, Parkland Memorial Hospital in Dallas. Following residency training, he was in private practice in Longview for three years. Dr. Harrison spent two years teaching in a mission hospital in Nigeria, West Africa.

He is a Fellow of the American College of Surgeons, and a member of Alpha Omega Alpha, Christian Medical Dental Society, American Society of Plastic and Reconstructive Surgeons, Texas Medical Association and Smith County Medical Society.

"A Wholistic Approach to the Utilization of Pap Smears" will be presented by **Neal A. Pock, D.O.**

Dr. Pock's presentation will include the Natural History of Cervical Dysplasias and Adenocarcinomas of the Cervix; Risk Factors Contributing to the Development and Progressions of



Dr. James A. Thurow

Cervical Dysplasias; The What and Why of Pap Smears; Understanding the Limitations of Pap Smears; To Colp or Not to Colp - That is Not the Question; and Making Sense of Bethesda: "OK, I've got the lab report, what do I do with the patient!"

Dr. Pock has a solo private practice as an OB/GYN in Tyler. A graduate of the Kirksville College of Osteopathic Medicine, he interned at Kirksville Osteopathic Hospital and completed an OB/GYN residency at JFK-UMC in Stratford, New Jersey. He is board certified and a Senior Fellow of the ACOOG.

James A. Thurow, D.O., FACOI, will present two topics, "*Sestamibi and Thallium Stress Imaging with Newer Drug Protocols*," and "*Newer Developments in Breast Imaging*."

During the first presentation, Dr. Thurow will provide a comparison between Sestamibi and Thallium in stress imaging when compared to treadmill exercise and newer drug protocols.

As to his second topic, Dr. Thurow notes that mammography has limitations in diagnosis in breast cancer, primarily due to the density of the breast as well as previous surgery, implants, etc. New breast imaging techniques have been developed that ignore the shortcomings of mammography. Mammography is still the "gold-standard" for breast cancer screening, with the use of breast imaging as an adjunct.

Dr. Thurow serves as the Medical Director of Numed Imaging Center, Inc., in Tyler. A graduate of Chicago College of Osteopathic Medicine, he completed an internal medicine residency at Chicago Osteopathic Hospital, a six-month pre-



Representative Kyle Janek

ceptorship with Dr. George Caele of the Department of Nuclear Medicine at CCOM, and trained at The Nuclear Medicine Institute under Dr. B. Sodee, in Cleveland, Ohio. He is board certified in both Internal and Nuclear Medicine.

Kyle Janek, M.D. was elected State Representative in November 1994. He is a native Texan, born and raised in Galveston. Representative Janek graduated from Texas A&M University and the University of Texas Medical Branch in Galveston. He is board certified in anesthesiology and is currently a partner in Greater Houston Anesthesiology practicing at Houston's Memorial Hospital Southwest and Memorial Hospital in the Woodlands.

Dr. Janek has been active in both the American and Texas Medical Associations. He has served on the Harris County Medical Society's Board of Medical Legislation and the Fee Complaint Committee. He also serves on the Board of Directors of the Arthritis Foundation. Dr. Janek has worked with "Faith in Practice" since 1992, a group of volunteer medical professionals who perform medical missionary work in Central America.

Janek's recent honors include being named a 1997 "Legislator of the Year" by the Texas Medical Association, he was named an up-and-comer by Texas Monthly magazine in 1997, and was recognized as one of "Five Outstanding Young Texans" by the Jaycees in 1996.

During the 42nd MidWinter Conference and Legislative Symposium, Representative Janek will be our featured speaker at the Legislative Luncheon. His presentation will be on "*The Changing World of Healthcare*".

From the TOMA President

Dear Colleagues and Friends;

This is the first of future updates concerning the activities of the Texas Osteopathic Medical Association.

August presented with an opportunity for Terry and me to attend a leadership conference in Austin, which was sponsored by the Texas Medical Association and the Texas Medical Foundation. It was well attended and we both learned a lot about association management. Concepts gleaned from this meeting will assist TOMA in its efforts to be a more successful membership-driven and membership-service oriented association.

The recruitment of new members, as well as those who were previous members, remains an ongoing and continuous effort. Our strategy has been successful in the past and we hope that it remains that way. Each of us probably knows at least one D.O. who is not a member of TOMA. Let's personally invite them to a meeting and/or find out why they are not a member. If this is not effective, contact me or Terry and let us know; we will try and resolve the situation.

During the month of September, we participated in the grand opening of our new TOMA headquarters in Austin. Congressman Lloyd Doggett was on hand for the opening ceremonies. It was well attended and a good time was had by all. We also had a board meeting that day which was quite productive and educational.

In October, Terry and I met with Dr. Dave Richards and Dr. Ben Cohen at the UNTHSC/TCOM campus. During these discussions, we voiced our concerns regarding issues set forth in my presidential address. Since that productive visit, the following have occurred: 1) Dr. Richards has allotted \$25,000 to rekindle the alumni association; 2) the decision has been made to place a TCOM alumnus on the Curriculum Committee; 3) changes are being made to provide a more integrated curriculum involving osteopathic philosophy and practices; and 4) last, but not least, both Dr. Richards and I have pledged to keep a more open and frequent line of communication.

Ms. Janice Honeycutt has done a great job with the alumni association. The first alumni association newsletter has come out and it is well done and very informative. Numerous TCOM alumni have been contacted, officers have been elected and several meetings have been held already. We are quite excited about this event and I wish to thank all those members who have participated.

We had a very positive district visitation with District X, the Lubbock area, although we did meet in Santa Fe. From a lecture standpoint, the meeting was very good and was well attended. It was a pleasure to see the District X members and, of course, Santa Fe was beautiful as usual.

During November, Terry and I visited two more districts, District II in Fort Worth and District III in Tyler. Both locations had great attendance. It was good to see some folks I have not seen for a while and also to meet some new colleagues and friends. So far, all of these districts have been very active and



interested in participation, as well as interested in the success of TOMA and its individual districts.

I also attended the ATOMA board meeting in November at the Colonial Country Club in Fort Worth. The meeting was well attended and the ATOMA members are very busy with their activities. One message that I want to spread is that ATOMA needs our personal involvement and monetary support. The auxiliary is part of our infrastructure for TOMA, and the members do a lot of behind-the-scenes support work that we need to maintain our successful position. We thank them all and I thoroughly enjoyed my meeting with them.

On December 6th, the TOMA Board of Trustees met in Austin and, as usual, we had excellent results. I wish to thank our board members for their dedication this past year. They have all provided excellent input, insight, and opinions for action for our organization.

Lastly, our students are very enthused by our presence at UNTHSC/TCOM and we all pledge to re-establish our relationships with the students. Both Doctors Jim Czewski and Duane Selman have already given talks to the students during one of their lunch breaks. I have scheduled a spring meeting with the student associations to come and talk with me about several different subjects. We have tentatively scheduled at least one speaker to meet quarterly with the students. Next year, we would like to plan one meeting per month for this endeavor and I am asking for volunteers. If you would be interested in coming to the school and talking to the students during a lunch break or during some other scheduled time, please let Terry or the TOMA office know. We would like to thank Dr. Jim and B. J. Czewski, Dr. Gene and Nancy Zachary and Dr. Mark and Rita Baker for hosting parties and/or events for the students. They have really enjoyed these and we thank these folks for taking the time and effort in supporting our student organization.

Sincerely,
R. Greg Maul, D.O., FACOPF

42nd MidWinter Conference and Legislative Symposium

Ray L. Morrison, D.O. - Program Chair

Schedule of Events - 17 AOA Category 1-A Hours Available

Friday - February 13, 1998

4:30 pm - 8:30 pm	Registration Open
5:00 pm - 6:00 pm	Reception with Exhibitors
5:00 pm - 8:30 pm	Exhibit Hall Open
6:00 pm - 6:45 pm	Cardiolite vs. StressThallium Imaging - Jim Thurow, D.O.
6:45 pm - 7:30 pm	Developments in Breast Imaging - Jim Thurow, D.O.
7:30 pm - 8:00 pm	Exhibit Hall Break
8:00 pm - 8:45 pm	Evaluation & Management Documentation Requirements - Don Self

Saturday - February 14, 1998

7:30 am - 8:00 am	Breakfast with Exhibitors
7:30 am - 4:00 pm	Exhibit Hall Open
7:30 am - 5:15 pm	Registration Open
8:00 am - 9:00 am	Update on Bronchiectasis - Phillip Slocum, D.O.
9:00 am - 10:00 am	The Abnormal Pap Smear - Neal Pock, D.O.
10:00 am - 10:45 am	Exhibit Hall Break

10:45 am - 11:30 am

11:30 am - 12:15 pm

12:15 pm - 1:30 pm

1:30 pm - 2:15 pm

2:15 pm - 3:00 pm

3:00 pm - 3:45 pm

3:45 pm - 4:30 pm

4:30 pm - 5:15 pm

5:15 pm - 6:00 pm

Sunday - February 15, 1998

8:00 am - 11:00 pm

11:00 am - 11:15 pm

11:15 am - 1:15 pm

Medical Missions -

Craig Harrison, M.D.

The Changing Roles of Nutritional Counseling - David Ostransky, D.O.

Legislative Luncheon

Update on Laproscopic Nissen

Fundoplication - Adam Smith, D.O.

OMT and the Management of Chronic Pain Steve Taylor, D.O.

Exhibit Hall Break

The Medical Ballistics of Gunshot

Injuries - Ray Jones, D.O.

Management Strategies for Female

Incontinence - Robert Stroud, D.O.

Management of Joint Injuries -

George Deloach, D.O.

Doctor Patient Communication: A Cultural Link to Malpractice - Richard Frankel, Ph.D.

Break

Medicine Misadventures - Julia Dodd

Hotel Information

This year's conference will be held over Valentine's Weekend at the Fairmont Hotel in the Dallas Arts District, 1717 N. Akard St., Dallas, TX 75201. Reservations must be made no later than January 13, 1998 to receive the discounted rate group rate of \$89 single/double. Call the hotel directly to make reservations 800/527-4727 or 214/720-2020. Be sure to mention you are with TOMA to receive the discounted rate.

Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

AOA # _____ College _____ Grad. Year _____

Registration Postmarked on or before 1/13/98

TOMA Member \$175

Non-Member \$275

Registration Postmarked after 1/13/98

\$250

\$350

Please reserve me _____ additional ticket(s) to the Legislative Luncheon on Saturday for \$25 each.
(One ticket is included with the registration fee.)

Registration Fee \$ _____

Luncheon Ticket(s) \$ _____

TOTAL ENCLOSED \$ _____

Return this form with payment in full to:

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Requests postmarked on or before 1/13/98 will receive a refund minus a 25% administrative fee. All request must be made in writing. No refunds will be issued after 1/12/98.

Front Porches

.....By Terry Boucher
Executive Director, TOMA

A wise man once said, "Man devises, God disposes." Powerful forces work on our lives, often leading us to places where we don't expect to be; yet, when we arrive, it feels exactly right. Such a mysterious force worked on me 7 years ago, when it led me to TOMA. I have a couple versions of the story of my coming to work here, but none of them really explains *why* it happened. I certainly had not aimed to leave Oklahoma to become an association executive. I can tell you the details of how it happened, but I can't really tell you why it happened. God. Fate. One of the mysteries of the universe.

But with less mystery and no uncertainty, I can tell you that the people we meet when we arrive at these destinations work magic in our lives. Surrounding me in this job is a collection of staff wizards and osteopathic physicians who have profoundly shaped my experiences over the years. Most of the time, these people are smiling. They often do. They laugh a lot and enjoy the good times. But sometimes they gnash their teeth in frustration. And sometimes toss and turn with worry at night. They cope with personal disappointments and with professional hurdles. But our strongest defense against cloudy thoughts is each other.

The wonderful thing about the business we are in is that we are surrounded not by one circle of magical people, but by many — a concentric series of colleagues and friends. At CME seminars and events, the clinical programs matter, but not as much as the people do. What makes the Texas Osteopathic Medical Association click isn't the nondues revenue or the size of the trade show or the legislative victories — it is the unification of members into a sense of community. People connecting to people, working together to make things happen. We can never leave each other. When we have succeeded in coming together, we are forever changed by the experience. The way that we relate may change, but the relationship cannot be undone.

Once upon a time, homes had front porches. People could go outside, sit on their porch, speak with their neighbors and keep an eye on the community. Nowadays, noisy expressways and central air conditioning have nearly eliminated front porches from America's landscape. And gone with them is a certain sense of community that they spawned. Once upon a time, our osteopathic hospitals served as our profession's front porches and now most of them are gone. From my immediate circle made up of our remarkable staff members, through the physicians who serve on the Board of Trustees, and into our rich and vibrant membership, **TOMA is now our community and new front porch.** The more you commit yourself to it, the stronger the support you feel from it. I can't even think about having better friends than I have here at TOMA. My family and I can cross this great state over and we always have members of our osteopathic family nearby. And so do you. Is there an osteopathic brother or sister that you haven't seen in a long time? Take some time to personally call them and invite them to sit on the porch with us.

I wish you the joy of connecting to others as we start this New Year.



"Once upon a time, our osteopathic hospitals served as our profession's front porches and now most of them are gone."

UNT Health Science Center Honors Retiring Founder, George Luibel, D.O.

On January 31 the University of North Texas Health Science Center/Texas College of Osteopathic Medicine will host a Toast and Roast Dinner to honor Dr. George Luibel, one of the founders of the Texas College of Osteopathic Medicine, who has retired from medical practice.

TCOM was founded by Drs. Luibel, Carl Everett, and the late D. D. Beyer in 1970. It continues to serve as Texas' only osteopathic medical school. Dr. Luibel is past president of the American Osteopathic Association, the American Academy of

Osteopathy and the Texas Osteopathic Medical Association. A 1936 graduate of the Kirksville College of Osteopathic Medicine, Dr. Luibel was named an Educator of the Year by the National Osteopathic Foundation.

"George can be credited with conceptualizing the establishment of an osteopathic medical college in Texas," said co-founder Dr. Everett. "He worked hard, performed hard, and is responsible for TCOM's success."

Stress, Sexually Transmitted Diseases, Muscle and Bone Injuries and Maintaining a Healthy Heart Are the Focus of New Caring Cooperative Brochures

Four new brochures have been added to the Osteopathic Medicine's Caring Cooperative series. All of the brochures are written from the perspective of an osteopathic physician. *A Healthy Heart is at the Core of Your Well-Being* outlines nine simple steps the reader should take to insure living a long, healthy life with improved quality.

Protect Yourself and Your Partner: Learn the Dangers of Sexually Transmitted Diseases educates the reader on how sexually transmitted diseases (STDs) are spread, the types of diseases in existence, and how to prevent them.

Avoid Pain and Injury - Learn How to Protect Your Muscles and Bones gives helpful advice on how to fight low back pain, muscle strains and joint sprains, and shows how osteopathic manipulative

treatment is used as an effective tool in diagnosing and treating those types of injuries.

Experiencing Stress? Learn How to Handle Change takes a look at the symptoms of stress, ways to reduce it, and how, if not handled properly, stress can lead to depression.

The new brochures are the latest additions to the Caring Cooperative patient education series, which includes: *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*; *Be a Smart Woman: Stay Healthy Throughout Your Life (I and II)*;

Cancer Does Not Have to Kill; and *Take Care of Your Emotions: Seek Treatment for Depression and Anxiety Disorders*.

"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 at the cost of production (\$15 per 100) plus shipping from the AOA Order Desk at 800-621-1773.

American Osteopathic Association and SmithKline Beecham National Call-In Nets Thousands of Callers

Individuals of all ages, from big cities and small towns across the United States, called in to receive free health information during the American Osteopathic Association's "Dial-A-D.O." program. Sponsored by SmithKline Beecham Pharmaceuticals, "Dial-A-D.O." received thousands of calls and was staffed by more than 100 D.O.s from 7 a.m. to 7 p.m. Central Daylight Time on October 20 and 21.

The toll-free call-in provided answers to an array of callers' health care questions including low back pain, allergies, osteoporosis, hypertension and hormone replacement therapy. In addition, D.O. participants provided callers with general information about osteopathic medicine.

"Talking with a physician by phone, in the comfort of your own home, eliminates a certain anxiety that many people feel when visiting a physician," explains Joel Cooperman, D.O., a "Dial-A-D.O." volunteer and a member of the AOA Board of Directors. "Callers were able to talk with a physician at length as well as discuss questions which they might not have felt comfortable asking their own physicians."

"Dial-A-D.O." helps to provide individuals nationwide with the opportunity to work toward achieving good health for themselves as well as their families. In addition, it demonstrates the osteopathic medical profession's interest in prevention and wellness and reflects the osteopathic commitment to primary care.

Since 1995, SmithKline Beecham has sponsored "Dial-A-D.O." as part of the Osteopathic Medicine's Caring Cooperative initiative - a patient education collaboration with the AOA.

"Dial-A-D.O." was held in conjunction with the AOA's 102nd Annual Convention and Scientific Seminar in San Antonio. More than 3,000 D.O.s and others related to the osteopathic medical profession attended the meeting which featured educational seminars as well as exhibits.

Texas physicians who participated in "Dial-A-D.O." included Mark Baker, D.O.; Deborah Blackwell, D.O.; Steve Buchanan, D.O.; Catherine Carlton, D.O.; Jim Czewski, D.O.; Stanley Evans, D.O.; Douglas Franklin, D.O.; Gerald Garwood, D.O.; Royce Keilers, D.O.; Alvin Mathe, D.O.; Donald Peterson, D.O.; Ricky Siewert, D.O.; Arthur Speece, III, D.O.; Alan Stockard, D.O.; Sarah Towne, D.O.; and David Vanderheiden, D.O.

Blood Bank Briefs for Physicians

How Useful is the Bleeding Time?

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



When faced with potential internal bleeding in spite of normal prothrombin and activated partial thromboplastin times and platelet concentration, there is a temptation to turn to the bleeding time (BT). As pointed out in an extensive review and analysis of the literature by Rodgers and Levin, this is not a particularly good idea for several reasons.

Described in 1901 in France by Milian, the BT was related to decreased platelet concentration by Duke in 1910. Since then, it has been proposed as 1) a diagnostic test for platelet disorders, 2) a measure of efficacy of therapy and 3) a prognosticator of excessive bleeding. With the possible exception of the first indication, the BT is currently discredited insofar as having significant utility.

Clot formation following skin incision is a highly complex mechanism affected by several factors other than platelet concentration. As such, measuring BT has not been shown to be useful in predicting bleeding anywhere else in the body. Several of these sources of variability are listed in Table 1.

Summarized below are the major conclusions from the review by Rodgers and Levin:

- There is no evidence that the utility of the BT has been enhanced by recent advances in standardization of the method.

- Although it adequately distinguishes between populations, because of its poor precision, there is no evidence that the relationship between platelet count and BT is predictively useful in individual patients.

- The BT is not a specific *in vivo* indicator of platelet function. This is due to poor precision and accuracy. As an example, in 27 studies, the accuracy of predicting aspirin use from BT ranged from 68 to 97 percent.

- The BT is a poor predictor of perioperative bleeding. There is no evidence that bleeding from the skin can predict bleeding elsewhere in the body. There is no evidence that the risk of bleeding for a given value is independent of the cause of the prolongation. Abnormalities in the BT do not occur sufficiently in advance of other indicators of bleeding to allow actions to be taken that could alter outcome. In a study at the Mayo Clinic, the positive predictive value for developing a hematoma following renal biopsy was only 4.2 percent. ROC analysis of two surgical studies showed the BT to be non-informative (i.e., worthless) in predicting bleeding.

- There is no evidence that the BT is useful for monitoring the effects of either hemodialysis or transfusion therapy.

Although the BT may be potentially useful in diagnosis of platelet disorders or in combination with other measurements, the best screening test of hemostatic function remains a detailed personal and family history. In the absence of a history of abnormal bleeding, the BT is more likely to provide misleading rather than useful information when used as a screening tool. In short, it is advisable to proceed cautiously whenever one is attempting to interpret a bleeding time.

Table 1.

Sources of Variability in Bleeding Time Measurement

- Platelet concentration
- Local tissue conditions (as influenced by physiology, environment and technique)
- Coagulation components (concentration, defects, inhibitors)
- Erythrocyte concentration (anemia is associated with prolongation of BT)
- Drugs (most, including aspirin, heparin and warfarin, variably prolong the BT)
- Diet (vitamins C and E)
- Geographic location
- Age (children have longer BT)
- Gender (females have longer BT)
- Pregnancy (BT may be shorter)
- Non-hematological pathological

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(Note: Commentary written 10/28/97)

MARKETS DROP IN LOCKSTEP DURING WORLDWIDE SELL-OFF

Pundits often say there are only two true drivers of the stock market: fear and greed. And while we believe that analysis to be a gross exaggeration of the truth, both factors were very much in evidence on Monday, October 27, a day that saw a 554 - point drop in the Dow Jones Industrial Average*, the biggest one-day point loss in history.

We were actually preparing a column reflecting on the October 1987 fall and how much has changed in the 10 years since as Monday's events unfolded. But, why write about 10-year-old news when you can comment on equally significant events during the same week? What is it they say about the more things changing...

For clarification and accuracy, the two Monday's stack up like this:

1997	1987
554 point drop 7.2% decline	508 point drop 22.6% decline

So while the point total was higher, losses this October were only about one-third of those in '87.

It is a fundamental truth that financial markets often move toward extremes. This week's events - and this year's events - are cases in point. For at least a year, Wall Street analysts largely came to the same conclusion: domestic equities were overpriced; in many cases, vastly overpriced. But, the continued influx of investor dollars drove already high prices even higher. Monday's sell-off, to make an analogy, was a bit like turning the switch on a pressure cooker to release the excess steam. And, as sell-offs usually do, this one fed on itself.

Day-after reports in consumer publications and financial periodicals alike used terms like "tanking," "carnage," and "roiling markets," even while the DJIA was posting a 337-point comeback on the following day.

The focus now might be on markets outside the U.S., particularly Asia. Hong Kong's Hang Seng index lost 18 percent of its value in the week leading up to the domestic slide. That downturn was considered by many to have been the ignition switch for our own sell-off. It was also an interesting barometer of how much the world's capital markets have become intertwined. On a day that saw the DJIA down 7.2

percent, Tokyo was down 1.9, London down 2.6, Frankfurt down 4.2, Seoul down 4.9, Hong Kong down 5.8 and Mexico City down 13.3 percent.

This new international flavor - where markets are possibly more in tune with one another than at any time in history - is both good and bad. On the positive side, it simply means more places to sell goods and services, and 3.5 billion more consumers to buy them. During the past 10 years, world trade has doubled and the U.S., already the world's largest exporter, benefits more than anyone. This upside greatly outweighs the downside, which can be summarized by the old saying, "You can run but you can't hide."

In today's global marketplace, it is a bit more difficult to find shelter during inevitable market downswings.

There are two ways we have always believed to be effective no matter which way a given market is headed. One is to continue investing. The speed with which this week's correction occurred - and the little relation had to the underlying strong U.S. economy - powerfully demonstrates the futility of trying to "time" the market. Historical

investors have suffered more from being out of the market when it rallies than from being in when it declines.

The other method is to diversify across asset classes. This means large-company stocks and small-company stocks, domestic stocks and stocks of companies outside the U.S. It also means a certain amount of income-producing investments such as government and corporate bonds and a certain amount of cash and cash equivalents. How much a mixture of these investments is a matter of investment goals, time horizon and tolerance for risk? Put another way, how do you feel on a day like Monday as a ticker rolls by and the Dow Jones Average is falling like a stone? It happens sometimes, and in this week's case, belied an underlying sound economy. Even the federal government acknowledged that.

"It is important to remember that the fundamentals of the United States' economy are strong and have been for the past several years and the prospects for continued growth with low inflation and low unemployment are strong," Treasury Secretary Robert Rubin said in a rare statement the day of the DJIA's slide.

Signs were positive that individual investors agreed and were not fueling market activity on a day when they largely would only have been capable of locking in their losses. Industry observers attributed most of the selling to institutional managers.

And on the day after the drop, as we were finishing this commentary, the market was finishing up 337 points, on record volume of more than a billion shares. It would appear that individual investors have remembered a key to long-term investment success: when the market is acting on fear and greed, better to follow a different lead.

**The Dow Jones Industrial Average is an unmanaged index reflecting the overall return attained by a diversified group of 30 stocks of major industry blue-chip companies based in the United States. All returns are calculated with reinvested dividends and expressed in U.S. dollar terms. Past performance does not guarantee future performance and your actual results will vary.*

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Healing Hands

Geographical borders are no barrier to Kamran Algilani, D.O., as he reaches out to help those in desperate need of medical care.

Dr. Algilani is an individual who actively pursues his dreams, which are to "make osteopathic medicine and its philosophy known, introduced, and applied worldwide," and "to treat people who have a great need for medicine."

One month out of every year, Dr. Algilani leaves his Richardson practice and travels to the Kurdistan territories, where he delivers medical care, food and other donations to the Kurds. He notes, "The people in these remote areas do not have access to medicine and doctors due to geopolitics, war and a low socio-economical situation."

The Kurdistan territories are located in parts of Turkey, Syria, Iraq, Iran, Armenia and Azerbaijan, thus, its inhabitants are forced to live at the mercy of powerful and sometimes hostile neighbors. As the largest ethnicity in the world without a state of its own, the Kurds are heavily opposed for trying to assert their identity. The Turkish government spends \$6 billion a year fighting its Kurdish separatists, and denies that the Kurds have a separate identity; the official story is that Kurds are Turks who got lost in the mountains and forgot they were Turkish. Iraq has tried to decimate its four million Kurds altogether. Between 1983 and 1987, approximately 300,000 Kurdish civilians "disappeared." In 1991, the Kurds were thrust into center stage by their battle against Iraq's Saddam Hussein, who razed 4,000 villages and killed 100,000 Kurds. To make matters worse, many Kurds are now starving due to the United Nation's embargo against Iraq.

Although he usually travels by himself, Dr. Algilani says he is sometimes accompanied by healthcare professional volunteers from all over the world. Due to a host of adverse factors, the biggest medical concerns he sees are malnutrition, infectious and communicable diseases.

"My greatest joy is to see a smile on a patient's face. Remember, medicine does not recognize borders and political ideologies, neither by being poor or wealthy," says Dr. Algilani. "Every human being deserves to be pain free with properly functioning organs, in order to give him or her a beautiful 'smile' and enjoyment of life," he adds.

A 1990 graduate of the Oklahoma State University, College of Osteopathic Medicine, Dr. Algilani also received an M.S. in Biochemistry and Microbiology from East Tennessee State University. Board certified in Family Practice, he has been practicing in Texas since 1993.



In addition, Dr. Algilani speaks five languages: Kurdish, Farsi, Arabic, Turkish and English which, he says, he utilizes in his Richardson office. "My patients are multi-international from five continents, with the majorities being Kurdish refugees, Persians, Arabs and, of course, Americans."

The decision to become a D.O. was made, in part, because he feels that the osteopathic profession offers advantages over other health care professions. The osteopathic profession also offers a superior "physician/patient relationship, as well as better care of patients, regardless of the situation," he said. And, last but not least, he adds, "I utilize OMT in my daily practice and I do believe in it."

"In practicing medicine, I always consider and apply the osteopathic philosophy of 'holistic medicine.' I am very proud to be a D.O. and enjoy what I am doing," states Dr. Algilani.

Due to the volume of people and the severity of the illnesses he treats during his trips, Dr. Algilani says he would greatly appreciate any help with medicine and/or donations. He is in particular need of antibiotics; antihypertensives; pain relievers; vitamins and minerals; clothing; and monetary donations.

Any of the above can be sent to Dr. Algilani in care of TOMA, 1415 Lavaca St., Austin, TX 78701. Any questions can be directed to Dr. Algilani at 817-283-6435.

Additionally, Dr. Algilani would be grateful for anyone wishing to volunteer to accompany him on a trip. Please call him for details if you are interested.

New Guidelines Will Help Resolve Audits, Cut Downcoding

On July 1, Medicare's revised and expanded set of documentation guidelines for evaluation and management services will become effective. They provide advice about what documentation should be present in medical records to substantiate the services listed on Medicare claims.

These new guidelines are not meant to dictate how or what physicians must document. Rather, they represent advice on what criteria Medicare carriers will use to ensure that documentation in the medical record is consistent with the level of evaluation and management service billed to the carrier.

The guidelines, which update the original ones published in 1995, were developed jointly by the Health Care Financing Administration and the American Medical Association. They are a powerful tool that will assist physicians who are audited by Medicare carriers. They will also help prevent arbitrary downcoding by those carriers.

The guidelines are designed to:

- * Be consistent with the clinical descriptors and definitions contained in the physicians' current procedural terminology, or CPT, codes.
- * Be widely accepted by clinicians.
- * Minimize any changes in record keeping practices.
- * Be interpreted and applied uniformly by users across the country.

The key new feature of these revised guidelines is the specification of single-organ system examinations that will now be available to physicians for reporting certain "upper-level" evaluation and management codes. Currently many carriers either exclude some specialists from reporting upper-level services or have developed their own criteria.

Descriptors for the levels of evaluation and management services recognize seven components: history, examination, medical decision-making, counseling, coordination of care, nature of presenting problem and time.

History, examination and medical decision-making are usually the key components in deciding what level of service to code for, but when a visit consists predominantly of counseling or coordination of care, time is the key or determining factor.

Because the level of evaluation and management service is dependent on two or three components, performance and documentation of only one component (such as examination) at the highest level does not necessarily mean that the encounter can be coded at that level.

Although the guidelines include definitions and suggestions for how to document the history and medical decision-making components, they focus on the examination component, of which there are four levels: problem-focused; expanded problem-focused; detailed; and comprehensive.

Several tables identify what work should be performed and documented to justify each level of service. For example, an expanded problem-focused ear, nose and throat exam must include the performance and documentation of at least six of 14 elements listed in the appropriate table, such as: test visual acuity; test ocular motility, including primary gaze alignment; and measure intraocular pressure.

The complete revised documentation guidelines for evaluation and management services are available free from TOMA at 800-444-8662, or can be downloaded from HCFA's Web site at (www.hcfa.gov/medicare/mcarpti.htm/).

Osteopathic Medical Center of Texas Reaccredited by American Osteopathic Association

Osteopathic Medical Center of Texas was reaccredited by the American Osteopathic Association in November. The three-year accreditation is the longest accreditation the AOA offers and signifies that the hospital meets the highest standards set by that organization.

"Our entire hospital staff can be very proud of achieving another three-year accreditation from the AOA," said Ron Stephen, executive vice president and administration at OMCT. "The primary purpose of accreditation is to document the quality of care provided by the medical staff. The inspection results certainly validate the outstanding care provided not only by our medical staff, but also by the nursing, ancillary and support staff."

The 51-year-old hospital is a 265-bed facility with more than 300 staff physicians.

Bryce Beyer, D.O., senior vice president for medical affairs, said OMCT choose to have dual accreditation by both the AOA and the Joint Commission for Accreditation of Healthcare Organizations (JCAHO).

"We need to have dual accreditation because OMCT plays an active role in educating medical students and residents," Dr. Beyer said. OMCT is the largest osteopathic teaching hospital in Texas. Its JCAHO Accreditation with Commendation is an honor that only five percent of the nation's hospitals achieve.

OMCT is part of the Osteopathic Health System of Texas, a complete provider of osteopathic health care. The health system encompasses 14 family medicine clinics, the APPLE Club (Adult Prevention Program for Life Enhancement) for people 50 and older; Carswell Osteopathic Medical Plan (COMP) for retired and active-duty military personnel and their families; and a variety of allied health services.

Active-Duty Family Member Inpatient Rate Increases

Effective October 1, 1997, the daily amount active-duty family members pay for inpatient care in civilian hospitals under TRICARE Standard and TRICARE Extra increased from \$9.90 to \$10.20.

This means that an active-duty family member who is admitted to a civilian hospital for care (except mental health care) under TRICARE Standard or TRICARE Extra will pay the daily rate of \$10.20, multiplied by the number of days spent in the hospital - or a flat fee of \$25, whichever is greater. The flat \$25 cost-sharing rate also applies to ambulatory (same-day) surgery.

The rate doesn't apply to any other category of TRICARE-eligible patients, only to active-duty family members. Inpatient care for other categories of TRICARE beneficiaries will, in most cases, be cost-shared under the diagnosis-related group (DRG) payment system for TRICARE Standard and TRICARE Extra.

Inpatient mental health care at civilian facilities costs \$20 per day for active-duty family members under TRICARE Standard, TRICARE Extra or TRICARE Prime. This rate applies to admissions to any hospital for mental health services, any residential treatment facility or substance use disorder rehabilitation facility, and any partial hospitalization program offering mental health or substance use disorder rehab services.

The daily inpatient mental health rate for other (non-active-duty family member) patients is \$40 per day under TRICARE Prime. The TRICARE Extra cost-share is 20 percent of institutional and professional charges. Under TRICARE Standard, the mental health care-substance use disorder treatment cost-share will be the lesser of a specific daily rate (\$137 in Fiscal Year 1998) or 25 percent of institutional and professional charges.

TRICARE Standard/Extra "DRG" Cost-Shares Stay the Same

The TRICARE Standard diagnosis-related group (DRG) daily rate for most civilian non-mental health hospital admissions will not change this year.

The daily rate will stay at \$360 for eligible persons other than active-duty family members. TRICARE Standard-eligible persons who are not the family members of active-duty service members will pay either the fixed daily rate of \$360, or 25 percent of the hospital's billed charges, whichever is less.

The inpatient daily rate for non-active duty family members at a TRICARE network facility is cost-shared using TRICARE Extra. The cost-share for TRICARE Extra users (in those parts of the country where TRICARE is in operation) remains the lesser of \$250 per day, or 25 percent of the institution's billed charges, plus 20 percent of the charges by individual professional providers who treat the patient during the hospital stay.

Active-duty family members' cost-shares aren't affected by the DRG rates. They'll pay a small daily fee of \$10.20 for each day in a civilian hospital (\$20 per day for inpatient mental health care) or a total of \$25 for each hospital stay, whichever is greater.

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

For more information about DRG payments, contact the health benefits adviser at the nearest uniformed services medical facility, or talk to a staff member at your nearest TRICARE service center.

Health Care Bill of Rights May Become Law

After months of wrangling, a presidential advisory commission has recommended a bill of rights for health care consumers, which President Clinton may ultimately introduce as legislation when the final draft is delivered in March.

Most notably, the bill of rights gives patients the right to appeal denials of medical coverage to an outside panel, and it directs health plans, physicians and hospitals to disclose a wealth of information about their services, such as plan benefits and restrictions, network size and scope, credentials of physicians and other health professionals, and data on hospital quality.

The document also provides the following:

- The right to have a reasonably large choice of doctors.
- Direct access to specialists for patients with serious conditions, and direct access to gynecologists for women.
- The right to payment for an emergency room visit if a reasonable person would have concluded that health was in jeopardy - even if it turned out nothing was wrong.
- The right to have health records used only for health purposes, with just a few exceptions.

However, due to the diversity of the 34-member member panel, which includes physicians, as well as representatives of consumers, insurance companies and business, agreement has not yet been reached on several issues, including access to clinical trials and a lifetime cap on benefits.

Representative Bill Archer (R-Houston), chairman of the House Ways and Means Committee, noted his opposition in legislating these rights. "Washington's willingness to solve everyone's problems has often led to unintended, costly consequences," he said.

Self's Tips & Tidings



By Don Self

HCFA Delays Implementation of New E&M Guidelines

In past issues, we've reported that the new E&M Documentation Guidelines were to be mandatory on January 1, 1998, as per HCFA's requirement. We have received a copy of the letter from HCFA to the President of the AMA (one week before Texas Medicare received instructions) stating that the new guidelines will NOT be mandatory until July 1, 1998. I believe this is due to a couple of factors:

1. HCFA has not clarified the guideline requirements in a suitable fashion so that physicians could understand what would be required to meet the medical decision-making components; and

2. There are too many specialties that have loudly objected about the single system exams and multi-system examinations not allowing them to charge for the higher level of services (podiatrists, ophthalmologists, pulmonologists, etc.), and HCFA is considering all of their valid comments.

This delay will also give us time to ensure that proper 3 to 4-hour training sessions can be scheduled for as many physicians who wish to attend to learn about the new requirements.

In conjunction with the Texas ACOFP and TEI Computers, we will be teaching workshops at the Arlington Hilton on Saturday, January 17, 1998. If you are interested in attending these workshops, please contact Janet Dunkle at the Tx ACOFP at 1-888-892-2637.

We will also be discussing many of the new 1998 changes in coverage, modifiers and limited coverage areas, so you may find this workshop to be beneficial for your staff. Hey, doesn't that insurance clerk or office manager in your office deserve a free weekend in Arlington anyway?

Bad Info Being Given to Doctors/Office Managers at Seminars

The following are statements made by seminar speakers at a few seminars taught on Medicare, collections and coding:

"Medicare pays for the second, third and fourth procedures at 50%, 40%, and 30% of the fee schedule, respectively."

This is incorrect. In fact, I don't remember those numbers ever being correct. Prior to 1992, Medicare reduced the approved amount on the second procedure by 50%, and the third, fourth and fifth by 75%. Since then, and currently, Medicare reduces the approved on the second through the fifth by 50%. We do not recommend that doctors do six procedures in one day, if at all possible.

"PA's/NP's can currently treat new patients as well as established patients."

With the new regulations that are "supposed" to come out in January, NP's/PA's can bill under their own provider number and would be able to see new patients. Under current regulations, they cannot, since they are billing using the "incident to" regulations.

"Modifier -59 is supposed to reimburse at 100% of the fee schedule."

Using the 59 modifier just guarantees that a code will not be bundled with an accompanying code, but it would still be subject to any multiple procedure reductions.

"Medicare is going to start post pay reviews on January 1, 1998."

Medicare has done post-payment reviews for years. They have been doing pre-pay reviews in cases where individual doctors have been found to be billing fraudulently, but are only now starting "random" pre-pay reviews.

"According to the CPT 98, care plan oversight (CPO) services 99374, 99377

and 99379 are used for 15-29 minutes. Since the CPT now has codes for these services, Medicare has to pay for them."

Wrong. There are a lot of codes in the AMA CPT codebook, but Medicare doesn't have to pay for all of the codes. In fact, I do not expect Medicare to pay for care plan oversight for less than 30 minutes in 1998. One more point about this - as of January 1, we now use 99375 and not G0064 for CPO.

Incorrect Letter to Doctors from Insurance Companies

Two clients have forwarded letters received from their insurance agents with instructions on how to get a \$50,000 surety bond. Their letters were very similar (although from different companies).

As an example: "A new federal law, to become effective January 1, 1998, will require participants who are reimbursed by Medicare to post a surety bond. The bond will carry a minimum penalty of \$50,000, although the maximum amount has not been determined. The bond that you must post will be based on the sum of reimbursement you receive from Medicare. It is our understanding that when this regulation becomes effective, a bond must be in place before any further reimbursement will be granted."

Before you run out and spend money on a surety bond, first ensure that you need to. Per the Federal Register and HCFA, the only ones who need to get a surety bond are DME companies, rehab agencies and HHA companies. The physicians providing services to the patients do not, so don't waste your money.

Doctors Cannot Give Away Free Care to Attract Patients

For years, I have stated that doctors could choose to give away a service for free, as an alternative to taking "insurance

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only," since taking "insurance only" is considered to be fraud. I still contend that a physician may pick and choose and give away services for free, in spite of the following portion of the Kennedy-Kassebaum law, as long as they are not doing so in an attempt to attract patients to request certain services provided exclusively by the physician.

The Health Insurance Portability and Accountability Act actual law excerpt follows:

(h) Prohibition Against Offering Inducements to Individuals Enrolled Under Programs or Plans.- "As used in this title, the term 'health care benefit program' means any public or private plan or contract, affecting commerce, under which any medical benefit, item, or service is provided to any individual, and includes any individual or entity who is providing a medical benefit, item, or service for which payment may be made under the plan or contract."

(1) Offer of remuneration.—Section 1128A(a) (42 U.S.C. 1320a-7a(a)),

"(5) offers to or transfers remuneration to any individual eligible for benefits under title XVIII of this Act, or under a State health care program (as defined in section 1128(h)) that such person knows or should know is likely to influence such individual to order or receive from a particular provider, practitioner, or supplier any item or service for which payment may be made, in whole or in part, under title XVIII, or a State health care program (as so defined);"

(2) Remuneration defined.—Section 1128A(i) (42 U.S.C. 1320a-7a(i))

"(6) The term 'remuneration' includes the waiver of coinsurance and deductible amounts (or any part thereof), and transfers of items or services for free or for other than fair market value.

The term 'remuneration' does not include—

"(A) the waiver of coinsurance and deductible amounts if the person,

"(I) waives the coinsurance and deductible amounts after determining in good faith that the individual is in financial need;

"(II) fails to collect coinsurance or deductible amounts after making reasonable collection efforts; or

"(III) provides for any permissible waiver as specified in section 1128B(b)(3) or in regulations issued by the Secretary;

"(B) differentials in coinsurance and deductible amounts as part of a benefit plan design as long as the differentials have been disclosed in writing to all beneficiaries, third party payers, and providers, to whom claims are presented and as long as the differentials meet the standards as defined in regulations promulgated by the Secretary not later than 180 days after the date of the enactment of the Health Insurance Portability and Accountability Act of 1996; or

(i) Effective Date.—The amendments made by this section shall apply to acts or omissions occurring on or after January 1, 1997.

With this in mind, we do not recommend you advertise any "free" services in an attempt to attract patients of any sort.

How to Handle Refund Requests from Insurance Carriers

Once in a while, you may get a letter from a carrier stating they overpaid you three years ago and are now wanting a refund. These letters are usually written by attorneys and sound as if you have no options or choices but to send them a check or they will withhold future payments until recoupment has taken place. Don't automatically mail them a check. If you feel that you billed and were paid properly, you may want to consider a letter we send on our retainer clients' behalf:

We are in receipt of a refund request in the amount of \$_____. According to our records, the claim has been paid accordingly and no credit balance is on the account. We have applied all appropriate contractual adjustments, if they apply, and the patient has been balanced billed for their responsibility, if any.

According to federal law, as a third party creditor, we cannot be held liable for mistakes on the insurer's part. We have obtained the patient insurance card provided at the time of service and there is no indication that, we as a provider, would have known that we would not be entitled to 3rd party payment, based on the patient's representation. If you are claiming an overpayment, we received the payment and Explanation of Benefits in good faith, and did not bill the patient for the portion covered by the insurance based on your payment and Explanation of Benefits. We have provided services in good faith, and the funds received have been exhausted.

There are several court cases that come to mind in this circumstance. In 1992, a California case found that, if a provider bills in good faith, and the insurance company accidentally pays them too much by the insurance company's calculation, they cannot collect a refund from the provider as long as there was no misrepresentation or fraud on the provider's part in billing (*City of Hope Medical Center v. Superior Court of Los Angeles County* (1992) 8 Cal.App.4th 633). (Also, *Federated Mutual Insurance v. Good Samaritan Hospital, Wis.* (1994)).

We feel that we have been properly reimbursed for services rendered and no refund will be issued. If, in the future, you elect to deduct the alleged overpayment from future benefits to be paid, we will consult further legal counsel in order to insure that our rights, as indicated by case law, are preserved.

In Memoriam

Brad Cobb, D.O.

Dr. Brad Cobb of Amarillo passed away on October 31, 1997. He was 66 years of age.

Funeral services were held November 4 at the First Assembly of God Church, with burial in Llano Cemetery.

Dr. Cobb received his bachelor's degree from West Texas State University in 1958. He was a 1961 graduate of Kansas City College of Osteopathic Medicine and interned at Fort Worth Osteopathic Hospital. He was certified in general practice.

Dr. Cobb was a member of the American Osteopathic Association and TOMA, serving as a member of the TOMA House of Delegates from 1977 to 1989. From 1977 to 1982, Dr. Cobb was Chief-of-Staff at Southwest Osteopathic Hospital. He practiced medicine in Houston and in Amarillo until his retirement in 1989. He attended First Assembly of God Church.

Survivors include his wife, Elizabeth Cobb; three daughters, Jodie Hughes and Stacy Ferrari, both of Amarillo, and Carrie Looney of Huntsville; three sons, Nathan Cobb of Tucson, Arizona, Michael Cobb of Dallas, and Ricky Cobb of Spring; and 13 grandchildren.

Memorials may be made to the Alzheimer's Disease and Related Disorders Association, Panhandle Chapter, 2200 West 7th, Amarillo, TX 79106.

10 Years Ago in the *Texas D.O.*

Jerry L. Dickey, D.O., was named chairman of the Department of Manipulative Medicine at Texas College of Osteopathic Medicine.

TOMA became a named plaintiff, along with the TMA, the Texas Ophthalmological Association, other societies, and individual physicians and patients, in the Medicare "overpayment" recoupment lawsuit, filed against the HHS and Blue Cross Blue Shield of Texas, Inc. The suit opposed the government's claim that overpayments were made to Texas physicians and patients between July 7, 1985 and April 1, 1986 due to a coding error.

Joel D. Holliday, D.O., was serving as the first D.O. president of the Texas State Board of Medical Examiners, since its inception in 1907. He had formerly served as vice president of the board.

A "measles alert" was issued by the Texas Department of Health. Thirty-two confirmed cases had been reported in association with an outbreak in Coryell and Bell counties.

Robert L. Bowling, D.O., was one of five Port Arthur residents to be listed in the 1987 Outstanding Young Men of America.

T. Eugene Zachary, D.O., was appointed as a member of the Medical Advisory Committee to the Special Committee on Post-Secondary Medical, Dental and Allied Health Education. The advisory committee was to provide input on the future of medical education in Texas.

TOMA President Bill H. Puryear, D.O., was appointed as an ex-officio member of the Texas Higher Education Coordinating Board's Health Professions Education Advisory Committee.

The American Bar Association Journal noted that 35,000 new attorneys were gaining entry into the field on an annual basis. At that rate, it was predicted that by the year 2000, there would be one attorney for every 300 persons in the United States.

A new family practice clinic, operated by Texas College of Osteopathic Medicine, opened at Carswell Air Force Base in Fort Worth.

David M. Beyer, D.O., was elected president of The Health Care Foundation, Inc. The primary purpose of the foundation was to promote the growth and development of Fort Worth Osteopathic Medical Center and its affiliated non-profit entities.

Physician Alert

Don't forget that the Health Care Financing Administration's (HCFA) new documentation guidelines will go into full effect on July 1, 1998. These guidelines define the documentation required to justify a given evaluation and management (E&M) CPT code. A copy of HCFA's guidelines is available to TOMA members, upon request, by calling 800-444-TOMA.

In addition, there is an excellent article entitled, "Exam Documentation Just Got Harder" on pages 75-85 in the October, 1997, issue of Family Practice Management, which explains how the revised guidelines affect physicians. This article can be obtained by TOMA members by calling TOMA Med-Search at 800-444-TOMA.

The Texas ACOFP, in conjunction with Don Self and Steve Krueger, will offer workshops around the state to assist Texas physicians in complying with these new HCFA guidelines.



Alert to a Community-Acquired Respiratory Agent – Chlamydia Pneumoniae TWAR strain

By Alecia Anne Hathaway, M.D., M.P.H., F.A.C.P.M.

Although long since amongst us, Chlamydia pneumoniae TWAR strain has been more recently identified as a common cause of acute respiratory tract infections. It is believed to account for about 10 percent of community-acquired pneumonia with the highest incidence among the elderly. Recent studies have shown C. pneumoniae to be an important cause of respiratory disease outbreaks in nursing homes with a case fatality rate between 6 and 23 percent for acquired pneumonia in these populations. Past studies and reports have documented outbreaks of C. pneumoniae infections in closed environments, such as within families, schools and universities and among military trainees.

These are captive groups for which infectious events are more recognizable as clusters and consequently identified. However, for the general population, I believe a fair amount of under-reporting skews the estimated percentage for which C. pneumoniae accounts for community-acquired respiratory infections.

Reasonably healthy people will recover on their own within five days to two weeks by taking over-the-counter cold remedies. C. pneumoniae often presents in healthy subjects similarly to a viral upper respiratory infection or pneumonia, and when protracted, mimics Mycoplasma pneumoniae. Fortunately, the antimicrobials which are effective against M. pneumoniae covers C. pneumoniae as well. Paired sera may be useful in distinguishing these two infectious agents from each other. However, clinically, Chlamydia pneumoniae produces a hoarseness which is not typical of Mycoplasma.

Many of us grew up in the school of teaching that said Streptococcus pneumoniae followed by Haemophilus influenza

accounts for the preponderance of community-acquired bacterial pneumonias. Through experience, I have not seen that the more typical Streptococcal forms and Haemophilus genus necessarily account for the preponderance of bacterial URIs and bronchitis. In fact, if we were to gather data in our community this year, I believe we would find an intriguing result - that the atypical bacterial forms may account for more than 25 to 50 percent of community-acquired bacterial URIs and pneumonitis. And I believe we would be surprised to find the percentage of C. pneumoniae community-acquired pneumonias as being far greater than 10 percent. Antibodies to Chlamydia pneumoniae TWAR strain are rare in children younger than 5, but 50 percent of the population age 20 to 30 years old are found to have IgG. This highly suggests that this pathogen is very common.

The point of this dialogue is to encourage clinicians to consider this when patients, and especially those with any underlying chronic diseases such as asthma, bronchitis or chronic sinusitis, present for care. Anecdotaly, I have followed several asthmatics who did well on maintenance bronchodilators until the fall and winter months, when predictably, they would experience protracted exacerbation of their symptoms requiring systemic prednisone therapy. They had to alter their activities, which can seriously impact students in athletic programs. Because infectious symptoms were minimal (as is often the case with Chlamydia and Mycoplasma) or masked by an asthmatic episode, underlying atypical bacterial infections were not considered.

Finally, simple, newer generation macrolides or tetracyclines were given empirically, resulting in a dramatically short asthmatic duration. We would expect to see an eosinophilia with Chlamydia and Mycoplasma and conventionally in acute asthma if due to allergic exacerbation. But, consider how often

this asthma associated eosinophilia may have, in fact, been due to unrecognized infection with the atypical bacteria.

Clinicians often will cover patients with antibiotics, but frequently select regimens which do not cover the atypicals. I am cautious to not promote overuse of the new macrolides, but I would like to promote an elevated index of suspicion for the presence of atypical forms of bacterial cause of respiratory infections which could lead to prolonged conditions. Consider, too, recent literature implicating chronic Chlamydia possibly in heart disease and carditis. Its role in short-term and long-term pathology (i.e., Chlamydia trachomatis causing pelvic inflammatory disease leading to infertility after years of not recognizing it as a pathogen) could prove to be highly significant. Another example of a formerly underestimated pathogen is the common etiology of peptic ulcer disease. PUD only recently has been viewed to be an infectious disease in 90 percent of the cases caused by the presence of Helicobacter pylori.

We practice the art of medicine based on science, applying our finely developed judgment through experience. We owe it to our patients to be artful, always weighing risk versus benefits. To reduce morbidity, and possibly mortality, in our community this fall and winter due to curable respiratory infections, I encourage my colleagues to broaden their scope of suspicion to more frequently include the atypical bacterial forms. We will design a surveillance study in an effort to better determine the prevalence of Chlamydia pneumoniae among ambulatory patients. Meanwhile, if your settings permit, we encourage you to collect paired sera for IgM for C. pneumoniae and C. psittaci and M. pneumoniae when you suspect an atypical bacterial cause of respiratory infections. You may report any data you might collect to your local health department. I appreciate your interest and solicit your comments and suggestions.

AFCAPS/TexCAPS Study Brought to Early Close

The AFCAPS/TexCAPS study, a major clinical research project involving cholesterol and its role in heart attacks, was brought to an early close because overwhelmingly positive results in prevention of heart attacks had been determined.

The UNT Health Science Center was one of two sites that participated in this study. Investigators were Michael B. Clearfield, D.O., and Stephen E. Weis, D.O.

Facts and Figures on the AFCAPS/TexCAPS Study Results

- The University of North Texas Health Science Center at Fort Worth was one of two sites who participated in the study.

- The AFCAPS/TexCAPS study was designed to investigate whether or not long-term therapy to reduce LDL cholesterol with Mevacor (lovastatin) would decrease the rate of the first acute major coronary events - unstable angina, fatal and non-fatal heart attack and sudden cardiac death - among men and women without heart disease, who have average LDL cholesterol and reduced HDL cholesterol.

- Major findings are that initial coronary events (heart attacks and unstable angina/chest pain) are reduced, as follows:

- overall by 36 percent
- in women by 54 percent
- elderly benefit as well as younger participants

- The study is distinct from other cholesterol-lowering trials because it looks at a population previously not considered eligible to treat. AFCAPS/TexCAPS included 6,605 participants whose average cholesterol levels were 221 at baseline and had average HDL cholesterol levels of 37.

- Participants were blinded as to whether they were taking placebo or the drug itself. A series of debriefings began November 17 to unblind the participants and explain the results of the study to them.

- The University of North Texas Health Science Center at Fort Worth randomized almost 3,000 participants in only nine months to participate in this study, a number that is considered unprecedented in trials of this nature. A total of 2,868 participants in this trial took part through the TexCAPS clinic located on the UNT health Science Center campus.

- Participant statistics:

- total of 6,605 participants
- 997 females
- 1,416 elderly
- 487 Hispanics
- 206 African Americans
- those with normal to near normal LDL levels and reduced HDL cholesterol making the results applicable to a broader population than previous studies

District Stars

News from TOMA/ATOMA District VI

By Dr. and Mrs. Jerry W. Smith

Notes from the September 16th meeting

Members of TOMA and ATOMA District VI met at La Griglia Restaurant on September 16, 1997.

Dr. Jerry Wasserstein, TOMA District VI president, introduced Dr. James D. Weiss, who presented a slide lecture entitled, "Non-Operative Treatment and Evaluation of Cervical Radiculopathy."

The program and dinner were sponsored by Searle. The host was Timothy B. Andrews. Mike Petrivics was also in attendance.

Notes from the November 4th meeting

Members of TOMA and ATOMA District VI met at Cafe Annie Restaurant on November 4, 1997.

Dr. Jerry Wasserstein, TOMA District VI president, introduced Dr. Jonathon W. Sneed, who presented a slide lecture entitled, "Anti-depressant Therapy, a Clinical Discussion."

The program and dinner were sponsored by Lilly. The hosts were Mark Kaderli and Raymond M. Patche, Sr.

It was noted that the next meeting would be our annual Christmas party, to be held on December 6, at the home of Joanne Love, ATOMA District VI president.

Our thoughts and wishes for a speedy recovery are with Sharron O'Day, D.O.

TOMA District VI Officers 1997-98

President - Jerry C. Wasserstein, D.O.
Past President - Carl Mitten, D.O.
Secretary - Jerry W. Smith, D.O.
Treasurer - Kathleen Bottroff, D.O.

ATOMA District VI Officers 1997-98

President - Joanna Love
President-elect - Tammi Prangle
Secretary - Joy Smith
Treasurer - Lois Mitten

Internship Program to Improve Nurse Training, Retention

A medical-surgical internship program for new graduate nurses will aid in the transition from the classroom to the hospital room, according to Lucy Norris, R.N., vice president, Patient Care Services at Osteopathic Medical Center of Texas in Fort Worth.

The two-year program targets externs who wish to extend their training after graduation to get more hands-on, clinical experience.

"If we are going to hire new graduates and do justice to them, we have to provide such a transitional program," Norris said, adding that the result will be employees who are more skilled, have more dedication and wish to remain at OMCT.

Norris noted that in today's hurried work place, nurses are getting less clinical training in college than they used to, and are not as prepared to care for a large number of patients as the job demands.

"There is a large gap between the educational program and the actual requirements of a nurse's job," Norris said.

The internship promises to teach new nurses how to provide care for a group of patients, as well as leadership and delegation skills. Its attractiveness comes from the six-month structured environment it provides, allowing nurses a smoother transition from college to the work environment.

The Osteopathic Health Foundation board of directors is working to raise money for the program. For more information about donating to the internship program, call the Foundation at 817-735-4466.

Osteopathic Medical Center of Texas Guild Donates \$50,000 to OMT Research

The Osteopathic Medical Center Guild of Texas has voted to donate \$25,000 for two consecutive years to help fund the research on osteopathic manipulative treatment (OMT) being conducted by Scott Stoll, D.O., Ph.D., Chairman of the Department of Structure and Rehabilitation at Osteopathic Medical Center of Texas and Medical Director at the SMART (Sports Medicine and Rehabilitation of Texas) Institute.

Dr. Stoll recently presented information to the guild about current and future research on the use of OMT to aid hip and knee replacements; to alleviate lower back pain; and to facilitate recovery from asthma, pneumonia and heart disease.

"Manipulative medicine has come of age, but more research needs to be done," he told the guild. OMT is used in diagnosing and treating structural problems, optimizing nerve function, and improving blood circulation.

The donation will go directly to fund Dr. Stoll's research.

"We thought that hands-on, manipulative treatment has kind of gone by the wayside. People tend to go to a chiropractor now instead of going to a real doctor," said guild president Grace Smith. "The guild decided that a donation to OMT research would be good to bring it back to the forefront - to educate patients and new doctors about it."

Federal Update

*President Clinton has called on Congress to implement a consumer bill of rights based on recommendations of his Advisory Commission on Consumer Protection and Quality in the Health Care Industry. There is considerable Congressional support from both the political left and right for legislation to protect consumers from the excesses of managed care but there is also strong opposition to legislating the enforcement of so-called patient rights, and the Republican Congressional Leadership is opposed.

*The President is reported to be considering proposing legislation this year to improve access to health coverage for people nearing, but still below, Medicare's age of eligibility who have limited access to health insurance.

*HCFA has officially withdrawn a policy on referrals to home health services that had concerned the hospital field. The policy effectively prohibited hospital-salaried physicians from referring patients to a hospital-owned home health agency.

*A new home health referral provision was included in the Balanced Budget Act. It requires Medicare participating hospitals,

as part of their discharge planning evaluation, to provide Medicare beneficiaries a list of Medicare-certified home health agencies that serve a patient's geographic area. The effective date was November 3 and many details of this requirement are not clear. At the moment, HCFA is saying hospitals must prepare a list of home health agencies which 1) are Medicare certified, 2) serve the area in which the hospital's patients reside, and 3) request to be placed on the hospital's list. The list should not be used to specify or limit the choice of a home health agency.

*The American Osteopathic Hospital Association joined other hospital groups in urging that the Federal Employees' Health Benefits Program avoid supporting "silent PPOs," that is, organizations that improperly take advantage of negotiated PPO payment rates. In response, the House Committee on Government Reform and Oversight has cleared a bill directing the Office of Personnel Management not to encourage or condone use of discounted rate arrangements that haven't been "fully disclosed" to the providers involved.

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

UNT Health Science Center Honored for Highest Percentage of Family Practitioners

For the fourth consecutive year, the Texas College of Osteopathic Medicine has won recognition for the high percentage of its graduates who choose primary care residency programs.

Of the medical school's 92-member class of 1997, 69 new doctors - or 75 percent - chose primary care residency training programs, including family practice, general internal medicine, obstetrics/gynecology and pediatrics.

TCOM earned special recognition from the Texas Academy of Family Physicians for the 43 members of that most recent graduating class who elected to pursue family practice residencies.

These 43 represented 47 percent of the class of 1997, the highest percentage to choose family medicine residencies among the eight medical schools in Texas.

"For every entering class, we seek young men and women - mostly Texans - who express a real interest in primary care careers," said David Richards, D.O., president of the UNT Health Science Center that includes TCOM and the Graduate School of Biomedical Sciences.

"We exist to provide medical talent for the urban and rural areas of this state that continue to be medically underserved. That's our medical school's mission," Dr. Richards emphasized. He credited Dr. Samuel T. Coleridge, chairman and professor of family medicine, for motivating medical students to seek family practice credentials and careers.

Oncologist Brings Specialty to Physicians and Surgeons Medical Group



Dr. Gregory Marino

The Physicians & Surgeons Medical Group of the University of North Texas Health Science Center has added another specialty to its list of capabilities. Cancer specialist Gregory Marino, D.O., joined the health science center as Chief of the Division of Oncology, Internal Medical Department. He will also serve as an Associate Professor of medicine for the center's medical and graduate schools.

Dr. Marino comes to Fort Worth from the Western Washington Medical Group in Everett, Washington, where he was on staff in the Hematology/Oncology division. He also served as clinical instructor in the Hematology/Oncology divisions of the University of California at San Diego School of Medicine, the College of Osteopathic Medicine of the Pacific, the University of Washington School of Medicine and the University of Osteopathic Medicine in Des Moines, Iowa.

"As an oncologist, my job is to examine the effect of malignant disease and the treatment of the whole patient," said Dr. Marino. "Cancer treatments - from radiation to chemotherapy - are not simple for patients. You have to look at a person's lifestyle, age, home environment and support system to determine what therapy is the best way to try to beat cancer."

"As osteopathic physicians, our approach to cancer treatment differs somewhat from the expected. Our goal is always to comfort and heal the patient, and fully inform and involve the patient

in making decision," Dr. Marino explained. "But if the patient does not choose chemotherapy or radiation therapy, we still stand ready to offer treatment and pain control options throughout the course of the disease. We see that as part of our responsibility as physicians."

Dr. Marino's professional society memberships include the American College of Physicians, the American Society of Clinical Oncology and the American Osteopathic Association. He is a Fellow of the American College of Physicians.

The 43-year-old physician received his bachelors in anthropology from the University of Notre Dame and his D.O. degree from the Chicago College of Osteopathic Medicine. Dr. Marino began his medical career in the U.S. Navy and served ten years of active duty. He continues to serve in the military reserves as a Captain in the Navy Medical Corps. He is a diplomate of the National Board of Examiners for Osteopathic Physicians and Surgeons and certified by the American Board of Internal Medicine, with subspecialties in hematology and medical oncology.

Dr. Marino's arrival coincides with the arrival in Fort Worth of Dr. Ronald H. Goldfarb, who 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. Dr. Goldfarb is the chairman of the UNT Health Science Center's Biochemistry/Molecular Biology and Microbiology/Immunology Department.

"Oncology will be the number one health challenge in the 21st century, and Dr. Marino's arrival will assist the health science center in being responsive to the needs of the community in cancer treatment and research," said Dr. David Richards.



NORTH TEXAS LUNG & SLEEP CLINIC

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NTI Legislation in Effect in Texas

Legislation passed during the previous session of the Texas legislature will require that physicians be notified if their patients are "switched" at the pharmacy level from one version to another of the small class of prescription drugs known as narrow therapeutic index (NTI) drugs.

Texas was one of three states so far last year to adopt protections against the undisclosed switching of NTI drug formulations. Virginia and North Carolina also adopted NTI switching legislation last year. A number of states already have similar protections in place. The legislation was supported by TOMA, TMA and by the Health Alliance for NTI Patient Safety, a national coalition of medical, patient advocacy and consumer groups.

About two dozen prescription drugs meet the FDA's definition as having a narrow therapeutic index. NTI drugs have generally been shown to have a small margin between patient benefit and patient risk, usually requiring precise patient monitoring.

NTI drugs are used in the treatment and/or prevention of heart attack, stroke, asthma, depression and seizure disorders, such as epilepsy.

The Texas legislation states that if a patient is switched from a current NTI drug formulation to another formulation, the prescribing physician must be notified. The provisions of the legislation cover switches from brand name drugs to generics, from one generic to another generic formulation, or from generic to brand name formulations. They are meant to ensure physicians are fully aware of any changes in medication that their patients are given.

A number of physician and patient advocacy groups have indicated concern that the variations allowed by the FDA between various formulations of NTI drugs present the risk that patients may shift outside the desired therapeutic range if the physician is not aware of a switch. Requiring disclosure means patients may be more likely to report any changes in response to their medication, and physicians can better control patient treatment.

More information about the Health Alliance and NTI drugs, including a list of NTI drugs, can be obtained by calling the coalition's toll-free number at 1-888-NTISAFE, or by accessing the coalition's Internet website at www.ntisafe.org.

To the Texas ACOFP Membership:

Our Society enjoyed another year of growth in 1997. Membership increased by 7%. We were represented by 20 of our members at the National ACOFP Congress of Delegates in Anaheim, and our relationship with the students at the Texas College of Osteopathic Medicine was greatly strengthened.

In an effort to keep you informed of our work, we published our second Annual Report and developed the TXACOFPP Website, which will be available February 1998. We established a Student/Resident Committee, which is committed to a strong relationship with osteopathic students and residents and we offered a comprehensive OMT training workshop at our clinical seminar last August.

We have many goals for 1998 with one of the most important being the effort to keep our students faithful to their osteopathic roots. Feedback from students tells us that their attendance at the National ACOFP Convention is one of the best ways they can experience the philosophy of osteopathic family medicine. We sponsored four students to the convention this year and have budgeted the sending of four again in 1998.

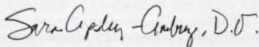
At this time, we are requesting your consideration in assisting us with a new goal of sending eight students in 1998. Your donation of \$100 can assist in the hotel and airfare of a Zeta Chapter Member and make a lasting impression upon a future osteopathic family physician. You can learn more about this program by visiting the TXACOFPP Booth at the TOMA Mid-Year Meeting to be held February 13 - 15, 1998 at the Fairmont Hotel in Dallas.

We will keep our commitment to offer you a quality CME program specific to the issues concerning family medicine, our 41st Annual Clinical Seminar will be held in Fort Worth, August 6 - 9, 1998. Alternative Medicine will be emphasized as well as OMT. Our family entertainment will again be free to you and your family and some outstanding events have been scheduled.

Your membership in the Texas ACOFP is important to our common goal of preserving the osteopathic family practice profession. Please renew your membership by submitting your 1998 dues with the invoice mailed to you earlier this month. If you are not currently a member, an application can be obtained by contacting Janet Dunkle at the Texas ACOFP Headquarters (888-892-2637).

On behalf of the Board of Governors of our Society, thank you for your continued support of our efforts.

Sincerely,



Sara Apsley-Ambriz, D.O.
President

Texas Society of the American College of Osteopathic Family Physicians

The Texas Society of the American College of Osteopathic Family Physicians Presents

NEW EVALUATION & MANAGEMENT DOCUMENTATION SEMINAR

And

HEALTHPOINT COMPUTERIZED PATIENT RECORD SYSTEM WORKSHOP

Saturday, January 17, 1998, 9AM- 4PM

Arlington Marriott Hotel

NEW EVALUATION & MANAGEMENT DOCUMENTATION SEMINAR

Don Self - 9AM - NOON or 1 PM - 4PM

Effective July 1, 1998, **NEW** Evaluation & Management Documentation guidelines go into effect. Also effective January 1, Medicare will start **PRE-PAYMENT** random evaluation & management documentation **AUDITS**. Since the new requirements require at least 20% more documentation in order to charge for the **SAME LEVEL OF SERVICE**, you need to sit in on this important workshop.

Also to be discussed are:

- WHY FAMILY PHYSICIANS ARE CAUSING AUDITS FOR CONSULTING PHYSICIANS
- WHY YOU SHOULD STAY OUT OF THE DURABLE MEDICAL EQUIPMENT BUSINESS
- WHY ARE YOU BEING PAID LESS ON INJECTABLES THAN IT COST YOU?
- WHY YOUR MEDICARE WAIVERS MAY BE USELESS PIECES OF PAPER
- WHY YOU & NURSE SHOULD BE HANDLING THE WAIVERS - NOT THE FRONT STAFF

HEALTHPOINT COMPUTERIZED PATIENT RECORD SYSTEM WORKSHOP

Dr. Steve Kruger - 9AM - NOON or 1 PM - 4PM

HealthPoint ACS is an advanced clinical system created through a joint venture between PCN and Glaxo Wellcome. **Designed to provide information access at the point of care, HealthPoint ACS is an integrated solution for managing the care giver's workflow, the actual clinical encounter and the post-encounter analysis issues involved in measuring quality of care.**

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- REFERENCE SYSTEMS

Register for one or both of these important workshops by contacting Janet Dunkle at the TxACOFPP Office (888-892-2637).

ACOFPP FELLOW AWARDS PRESENTED TO TEXAS PHYSICIANS IN SAN ANTONIO

We are proud to announce that the following TxACOFPP and TOMA members were presented with Fellow Awards at the ACOFP Annual Ceremonial Conclave of Fellow Awards Banquet on October 22, 1997 in San Antonio:

Irvine D. Prather, D.O., Fort Worth, Texas
(Nominated by John R. Bowling, D.O.)

Samuel T. Coleridge, D.O., Fort Worth, Texas
(Nominated by Phillip P. Saperstein, D.O.)

Rodney M. Wiseman, D.O., Whitehouse, Texas
(Nominated by Royce K. Keilers, D.O.)



*Irvine Prather, D.O., Samuel Coleridge, D.O.
and Rodney Wiseman, D.O. in ceremonial robes
after receiving their Fellow Awards.*

ATOMA News

A letter from your President

By Dodi Speece, ATOMA President

National Osteopathic Medicine Week, celebrated November 2-8, was a busy time for many members throughout the state. District V had a bake sale at Columbia Dallas South Hospital, along with the sale of ATOMA T-shirts. They had many "goodies" to sell and there was a large turnout for assistance. All of the members present reported having a good time and were very successful in getting the osteopathic name in front of the public. The cities of Burleson, Cleburne and Dallas signed proclamations honoring osteopathic physicians for NOM week. Mention was made in the local newspapers, along with pictures.

As I visit with the districts, I will endeavor to keep you abreast as to what is happening with the board. I am planning to visit all of the districts that I can this year in order to meet with you and listen to your input. We, as the board, would like to thank you for putting your trust in us to keep your auxiliary running smoothly. You have a great board this year and a busy one.

The auxiliary is planning a garage sale for the Student Auxiliary this summer. Please be thinking about any items that you would like to donate. We will give the incoming students the first chance at the items, then sell what is left to the public. Please call me at 817-447-7816, Marilyn Richards at 817-927-5857 or Pam Adams at 817-263-6879 regarding donations. We will be able to pick up donated items in the metroplex area; for those of you throughout the rest of the state, it would be appreciated if you would arrange to ship your items to us. Please be thinking of any furniture, clothing, baby clothes and items, household, shop and electronic items that you would like to donate to a good cause. The garage sale will be held during the first week of orientation, which is the first week of August. We will start picking up donations near the end of July.

The board voted to endorse the "Yellow Ribbon" project which was implemented by the AAOA. This is a suicide prevention program aimed at our teenagers, in which cards are distrib-



On behalf of all ATOMA members, ATOMA president, Dodi Speece, accepts an award given by AAOA.

uted to school counselors to hand out to the students. The cards have the steps to take to help someone get past the crisis time until help can be brought in to possibly save some of our young. The cards are \$100 per thousand and have "endorsed by the Auxiliary to the American Osteopathic Association" endorsed on



Texas delegation to AAOA HOD: Dodi Speece, Shirley Bayles, Lewis Isenberg, Linda Cole and Sheri Beiry.

the back. TOMA President Dr. R. Greg Maul was in attendance at our meeting and graciously donated the first \$100 towards this very worthwhile project.

Dues were payable on January 1st of 1998, and the yearbook is being distributed this month. If you do not receive one, it means that you did not pay your dues in 1997. This organization is an alliance with our physicians and can not exist without you. I strongly urge you to join, as we are the backbone of the osteopathic profession on every level - district, state and national. Please be part of the organization that helps your spouse!



1997-98 ATOMA Board, L to R, Front Row: AAOA President Carolyn Carr, Elaine Tyler, Dodi Speece, Shirley Bayles, Darlene Way. Back Row: Lewis Isenberg, Paula Bonchak, Linda Cole, Stacy Maul, Nancy Zachary, Cindy Boucher, Pam Adams, Peggy Rodgers, Sheri Beiry.
Not Shown: Marilyn Richards and Marvella EcElyu.

Let's Get Acquainted – District V

Arthur J. Speece, III, D.O., FAOCA (Jim)

BACKGROUND INFORMATION

Jim has been active in TOMA since 1978 and has been on the board since 1985. He has served on many committees, including the TOMA Relocation Committee, Mission Statement Committee and Finance Committee. He has served as president of TOMA District V, is a delegate to the AOA House of Delegates and has served on various AOA committees. He serves on the Evaluation and Membership Committee for AOCA. He has been in the practice of anesthesia and pain management for 19 years. We live on 91 acres outside of Burleson and raise Tennessee Walking horses for show and sale, along with Registered Nubian Dairy goats for show and sale. We have been successful in showing the goats, but have just started showing the horses. Jim recently attended the AOCA convention in Palm Beach, Florida, and was honored with induction into his Fellowship to the American Osteopathic College of Anesthesiology.

SPOUSE

Dodi Speece

CHILDREN

Shannon St. Clair, husband Tim
Kim Stewart, husband Toby
Diana Speece, Trish Speece
Oren Speece

JIM'S EDUCATION

University of North Texas with a B.S. in
Biology and Chemistry
Medical school - KCCOM
Kansas City, Missouri
Internship and residency - Stevens Park
Osteopathic Hospital, Dallas
Board certified in Anesthesia

DODI'S EDUCATION AND EXPERIENCE

B.S. in Home Economics at Texas Tech
President of ATOMA
Business manager for Jim's practice
Manager of our 91-acre farm

FAMILY'S SPECIAL INTERESTS

Hunting in exotic places (Mongolia, Africa, New Zealand, Australia, Alaska)
fishing, travel, trail riding
camping with our horses,
horse shows, goat shows, computers,
raising Tennessee Walking horses
and Nubian Dairy goats.
We also enjoy working with TOMA, AOA and ATOMA
to help the osteopathic profession.

FUN THINGS WE DO TOGETHER

Week-end camping trips with the horses
and long trail rides.
We trailer our Tennessee Walking horses
to areas in Texas and Oklahoma
to ride and camp
whenever we can get a chance.
We also enjoy exotic travel.

BE A WINNER – Free 5-Day Vacation

By Linda Cole, ATOMA President-Elect

ATOMA Quick Pick Winner! (Sponsor the most ATOMA members for 1998 and you will be the winner.)

Perhaps when your spouse attended medical school, you had the benefit of grandmother's trust fund. Perhaps during that time of great pressure in academics and clinical studies, you won the lottery. Or, maybe you had the great good fortune to have a part-time job paying \$100,000 yearly and took your breaks on the Riviera.

Most of us did not have the above advantages. However, some of us had the benefit of an ATOMA scholarship. Dr. Scott Blakeman of Tulia, Texas, is just one of many ATOMA scholarship beneficiaries. Ask Scott today how he feels about ATOMA!

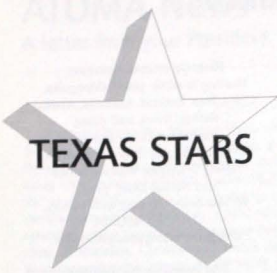
The purpose of ATOMA is to support the osteopathic profession. Sure, we have fun at various functions, and we get the personal satisfaction of knowing that we are contributing to the progress of both state and national organizations, but some of us do not want to get involved in committee work or planning. Great idea! Join ATOMA and help students pursuing their osteopathic goals achieve the position that you have attained. Everything that ATOMA does is devoted to increasing scholarships for osteopathic students. Your membership dues support the expenses of

your fellow spouses who are committing their time to raising money for osteopathic scholarships. For the bargain price of \$30 per year, you can add your support to an enthusiastic group who is helping osteopathic medicine in Texas.

No one stands alone. All of us benefit from the efforts of those who have gone before. This is just as true of ATOMA as it is of TOMA.

First, join ATOMA. Then, for the member who recruits the most new members between now and May 1, 1998, win a free 5-day vacation at Grand Lake, Oklahoma. A lakefront home awaits you, our winner, with full household amenities including an indoor pool. Anytime during 1998, the winner can choose a time to take their family to Grand Lake. Jet ski, swim, hike the woods (160 acres), or just kick back and watch the lake action. You will love it - but you must recruit for ATOMA to be a winner. We need every spouse in ATOMA. Men, women, friends, pharmaceutical representatives, anyone. Get them to join ATOMA. Each new member will thank you for the experience, and the winner is osteopathic medicine. Join us at the lake.

BE A WINNER!



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.

Rene Acuna, D.O.
Bruce Addison, D.O.
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Richard Anderson, D.O.
Sara Apsley-Ambroz, D.O.
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If you would like to contribute to the Building Fund and become a "Texas Star," call Paula Yeamans at 800-444-8662.
 Please note that contributions received three weeks prior to each issue may not appear until the following issue.

THANK YOU!

TOMA would like to thank the following "Texas Stars" who have contributed above the \$1,000 donation level:

Richard Anderson, D.O.
 Auxiliary to the Texas
 Osteopathic Medical Association
 Mark Baker, D.O.
 Jay G. Beckwith, D.O.
 Dr. and Mrs. John Bowling
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 Mary Burnett, D.O.
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CHAPTER REPORT

Greetings from University of North Texas Health Science Center in Fort Worth. We have had an exciting fall semester this year with many fun and informative activities. In September, Richard Baldwin D.O. and Hank Lemke P.A.-C spoke on "Physician Assistants in the Family Practice Setting". The topic was very timely for all of us as the inaugural class of the Physician Assistant Studies Program on our campus began this past June.

We kicked off **National Primary Care Week** on Saturday, September 27, with a **Community Health Fair** at the new Patient Care Center on campus. Many different student organizations provided eye exams, blood pressure checks, well baby information, accident prevention information, and osteopathic manipulative treatment. The Zeta chapter of ACOFP provided over 100 free flu shots to individuals in the community.

We continued events for National Primary Care Week on Monday, September 29, as we welcomed **Amy Tunanidas D.O.**, President of the Ohio Osteopathic Medical Association. Dr. Tunanidas addressed "Approaching the Adolescent Patient," a pediatric population often overlooked as a special group.

To conclude National Primary Care Week activities, **Roberta Bealls, D.O.**, a faculty member at UNTHSC's Department of Family Medicine, and a panel of **Family Practice residents from the Osteopathic Medical Center of Texas** spoke to us about "Osteopathic Family Practice Residencies." Overall, National Primary Care Week was a huge success, and we thank the physicians and students who took the time out of their busy schedules to participate in the events.

We have continued our "Dinner with the Docs" series this fall. This is an opportunity for a small group of students to visit with a Family Practice Physician and discuss timely issues over dinner or dessert. Topics have included "OMT in Family Practice," "Medicolegal Aspects," "Texas and Military Family Practice Residencies," and "Bioethics in Medicine." We have had an excellent turnout so far and we are looking forward to more sessions in the spring.

As the semester came to an end, many were feeling the need for a little stress relief, so ACOFP hosted a **Stress Relief Workshop** on November 24th. Our guest speaker was **Kristine Gaenzle**, a licensed psychologist. Ms. Gaenzle provided us with many techniques for stress reduction, and then we indulged in a slice of cheesecake to further lighten our stressful load.

Planned Spring Activities include:

January

- Kari Rollins, D.O.: Alternative Healthcare (Jan. 16)
- Introduction to the Rural Health Program
- "Tools Workshop" for the first year students
- a prep for using their new diagnostic equipment

February

- Dean Peyton, D.O.: How to Maintain Financial Success as a Physician
- Joyce Hanstrom-Parlin: Dealing with the Death of a Patient

April

- Boy Scout Physicals
- National ACOFP Convention in Nashville, TN

May

- ACOFP Senior Banquet

Other Projects

- Dinner with the Docs Series (continued)
- Spinoza Bear Project - community service project

For more information on any of the above topics, please contact Chapter President Roberta Abbott via the Student Affairs Office, University of North Texas Health Science Center, at (817) 735-5006.

Until next time!

*Denise Caspe
Historian
ACOFP Zeta Chapter*

PHYSICIANS WANTED

WEST TEXAS - SHANNON HEALTH SYSTEM - IM - Join seven internists for outpatient and inpatient responsibilities in multispecialty Shannon Clinic in San Angelo, university city of 85,000. FP - Family Medical Center in Big Spring - Busy RHC in town of 25,000. Reply to Joyce Duncan, System Recruiter at 800-822-1773, fax CV to 915-659-7179 or Email to: joyceduncan@shannonhealth.com. (03)

AUSTIN, TEXAS - Immediate opening for Board Certified or Eligible FP in one of the fastest growing areas of Texas! Friendly community! Lakes, forests, golf, hunting, etc. Unlimited shopping and dining but enjoy the small town feel of this popular suburb of Austin! Associate with established practice and enjoy busy practice, call coverage, autonomy and great reimbursement. Competitive financial package. Contact: Chuck Brazell, Director of Medical Staff Development at (972) 317-3433 or FAX CV (972) 317-5680. Email: cbrazell@compuserve.com. (05)

HOUSTON, TEXAS - OUTPATIENT CLINIC - Houston, Texas suburb. Immediate opening in the most popular suburb of Houston. Minutes from Lakes/Forests. New residential areas. Top rated schools. New clinic. No call. Quality oriented group. Established practice. Salary+bonuses+benefits+. Contact: Trinity HealthCare Services toll-free (888) 851-5353. E-mail: trinity4@flash.net. (06)

RADIOLOGIST: BC/BE Interventional radiologist needed to join growing practice of 8 radiologists in Texas. Would prefer fellowship training in Interventional or Neurointerventional. Primary responsibility would be in Special Procedures with some general diagnostic radiology. Full benefit package with liberal CME and vacation time. Salary commensurate with experience. Direct CV and inquiries to Richard Schellin, D.O., Department of Radiology, OMCT, 1000 Montgomery St., Fort Worth, TX 76107; 817-735-3220. (15)

DOCTOR NEEDED in various parts of Texas to work small hospital emergency rooms on weekends. Also, full-time/part-time primary care opportunities available. For more information, call Jerry at the Lewis Group at 800-460-8159. (20)

DALLAS/FORT WORTH — Physician Opportunity to work in low stress, office based practice. Regular office hours. Lucrative salary plus benefits. No call, no weekends, and no emergencies. Please call Lisa Abell at 800-254-6425 or FAX CV to 972-256-1882. (25)

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

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WE BUY & SELL QUALITY USED MEDICAL EQUIPMENT - Exam tables, autoclaves, surgery tables and lights, instruments and more. Phone 817-573-2109; FAX 817-573-0812. Beacon Medical Specialties. (01)

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

FOR YOUR INFORMATION

OSTEOPATHIC AGENCIES

American College of Osteopathic Family Physicians	800/323-0794
Texas Society of American College of Osteopathic Family Physicians	888-892-2637
.....	512/708-9959
American Osteopathic Association	312/280-5800
.....	800/621-1773
Washington Office	202/544-5060
.....	800/962-9008
American Osteopathic Healthcare Association	301/968-AOHA
.....	(2642)
Physician's Choice Medical Malpractice	800/366-1432
Dean, Jacobson Financial Services	
For Premium Rates, Enrollment & Information	800/321-0246
TOMA Major Medical Insurance	800/321-0246
TOMA Disability Insurance Program	800/321-0246
UNTHSC/Texas College of Osteopathic Medicine	517/735-2000
Dallas Metro	429-9120
Medicare Office	
Part A Telephone Unit	800/813-8868
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	512/708-TOMA
in Texas	800/444-TOMA
FAX:	512/708-1415
E-Mail:	toma@txosteo.org
TOMA Physicians Assistance program	800/896-0680
TOMA Med-Search	800/444-TOMA

TEXAS STATE AGENCIES

Texas Health and Human Services Commission	512/416-0366
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 & Hospitals only	713/765-1420
.....	800/392-8548
Houston Metro	654-1701

FEDERAL AGENCIES

Drug Enforcement Administration	
For state narcotics number	512/424-2000 ext. 2150
For DEA number (form 224)	214/640-0801
Diversion policy & related questions	214/640-0849

CANCER INFORMATION

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

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