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Instinctively Secure

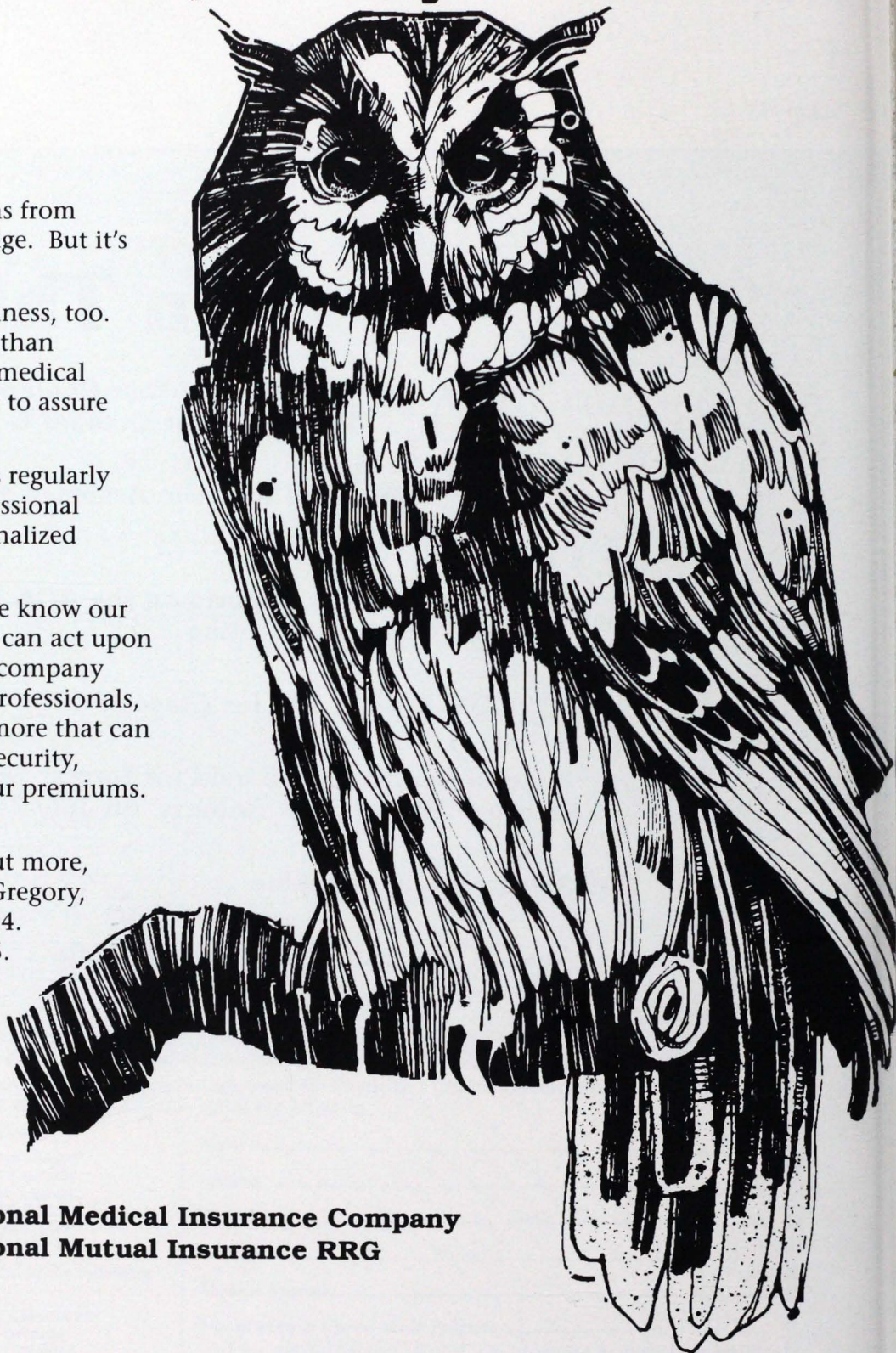
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	800/962-9008
American Osteopathic Hospital Association	703/684-7700
Professional Mutual Insurance Company	800/821-3515
Risk Retention Group	816/523-1835
TOMA Malpractice Insurance Program:	
For Premium Rates,	
Enrollment & Information	800/366-1432
TOMA Major Medical Insurance	1-800/321-0246
Texas College of Osteopathic Medicine	817/735-2000
	Dallas Metro 429-9120
Medicare Office:	
Part A Telephone Unit	214/470-0222
Part B Telephone Unit	214/647-2282
Profile Questions	214/669-7408
Provider Numbers:	
Established new physician (solo)	214/669-6162
Established new physician (group)	214/669-6163
All changes to existing provider number records	214/669-6158
Texas Medical Foundation	512/329-6610
Medicare/CHAMPUS General Inquiry	800/999-9216
Medicare/CHAMPUS Beneficiary Inquiry	800/777-8315
Medicare Preprocedure Certification	800/666-8293
Private Review Preprocedure Certification	800/666-9225
Texas Osteopathic Medical Association	817/336-0549
	in Texas 800/444-TOMA
	Dallas Metro 429-9755
	in Texas 800/444-TOMA
TOMA Med-Search	
TEXAS STATE AGENCIES:	
Department of Human Services	512/450-3011
Department of Public Safety:	
Controlled Substances Division	512/465-2188
Triplicate Prescription Section	512/465-2189
State Board of Health	512/458-7111
State Board of Medical Examiners	512/452-1078
Texas State Board of Medical Examiners (for disciplinary actions only)	800/248-4062
State Board of Pharmacy	512/832-0661
State of Texas Poison Center for Doctors & Hospitals Only	713/765-1420
	800/392-8548
	Houston Metro 654-1701
Texas Industrial Accident Board	512/448-7900
FEDERAL AGENCIES:	
Drug Enforcement Administration:	
For state narcotics number	512/465-2000 ext 3074
For DEA number (form 224)	214/767-7250
CANCER INFORMATION:	
Cancer Information Service	713/792-3245
	in Texas 800/392-2040

Texas DO

Texas Osteopathic
Medical Association

September 1990

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Tom Hanstrom, Editor
 Diana Finley, Associate Editor
 Lydia A. Kinney, Staff Writer

SEPTEMBER

9-15

National Osteopathic Medicine Week

11

*TOMA Mini-Seminar
 "Estate and Asset Protection Planning"*

TOMA Headquarters Building
 226 Bailey Avenue
 Fort Worth
 6-7 p.m.

Contact: TOMA headquarters
 1/800/444-8662

21-23

Primary Care Update
 Texas College of Osteopathic
 Medicine
 Fort Worth
 Hours: 12.5 CME, Category 1A, AOA
 Contact: Karen Trimble
 TCOM, Office of CME
 817/735-2581

26-28

Sixth Annual Conference
 Texas Rural Health Association
 Hilton Hotel
 Arlington
 Appropriate for rural health doctors,
 nurses, administrators, policy makers,
 legislators, and any others involved in
 planning or providing rural healthcare.
 FEES: TRHA Member - \$45.00
 Non-Member - \$55.00
 Contact: Lynn Heimerl, TRHA
 8609 Cross Park Drive,
 Suite 101
 Austin, 78754
 512/339-8566

28

TCOM 20th Convocation
 Fort Worth
 Contact: TCOM President's Office
 817/735-2555

OCTOBER

5

TOMA Board of Trustees Meeting
 Sheraton CentrePark Hotel
 Arlington
 Contact: TOMA Headquarters
 800/444-8662

6-7

*TOMA Mid-Year Conference/
 Legislative Forum*
 Sheraton CentrePark Hotel
 Arlington
 Contact: TOMA Headquarters
 800/444-8662

NOVEMBER

25-29

AOA Annual Convention
 Las Vegas, Nevada
 Contact: Ann Wittner
 AOA Dir. of Administration
 800/261-1773

MAY

2-5, 1991

*92nd Annual Convention & Scientific
 Seminar*
 St. Anthony Hotel/Municipal
 Auditorium
 San Antonio
 Contact: TOMA Headquarters
 1/800/444-8662

**San Antonio, Texas
 Site for
 92nd Annual Convention
 May 2-5, 1991**



“Fine Tuning Your Therapies — Choosing the Best Treatment”

The 35th Mid-Year Conference/Legislative Forum of the Texas Osteopathic Medical Association will be held October 6-7 at the Sheraton CentrePark Hotel in Arlington, Texas.

This two-day seminar has always been extremely popular. Informative clinical topics combined with legislative updates makes this seminar an important and enlightening learning experience — one you won't want to miss.

Serving as this year's program chairman is Craig D. Whiting, D.O., who is a 1979 TCOM graduate. A certified general practitioner, he is currently Assistant Professor, Department of General and Family Practice, at TCOM. Hospital affiliations include the Osteopathic Medical Center of Texas and Northeast Community Hospital. Dr. Whiting's memberships include TOMA; TOMA District XV; AOA; life member of the TCOM Alumni Association; National ACGP; and the Texas Society of the ACGP, of which he is currently president.

“Fine Tuning Your Therapies, Choosing the Best Treatment” is the theme for the clinical portion of the seminar. According to Dr. Whiting, “The concept is to have recognized authorities share their therapeutic alternatives in treating medical problems which are not necessarily complicated, but which lend themselves to treatment by multiple methods. By means of lecture and audience interaction, it is hoped that all participants will learn more about treatment options which they may not be using, or perhaps could be using to more advantage.”

Topics to be discussed are: “Considering Your Options in Low Back Pain;” “Insomnia: Diagnostic and Therapeutic Choices;” “Hormone Replacement Therapy, Keeping Up with the Changes;” “Diagnostic Challenges in Skin Infections and Treatment Options;” “Allergy: Dealing with the Difficult Cases;” “Cardiac Arrhythmias; To Treat or not to Treat, That

is the Question;” and “Sorting the Choices in Treating Seizure Disorder.”

The legislative portion of the program will highlight State Senate Candidate, Mr. Mike Moncrief and Representative Chris Harris (Senator-Elect). Their discussion will focus on “Health Care Issues in the 72nd Legislative Session.”

There will be five hours of Risk Management beginning at 8:00 a.m. and concluding at 2:00 p.m. on Sunday, October 7. The topics will include: “The Importance of Medical Records;” “Update of the Medical Practice Act and Rules of the State Board of Medical Examiners;” “Emergency Room Risk Management;” “Controlled Substances and Dangerous Drugs — Rules and Record Keeping by the Department of Public Safety;” and “Rules of the State Department of Health on Medical Disclosure.”

In addition to the clinical, legislative and risk management sessions, there will be a Medicare Coding Seminar, presented by Don Self, and a Marketing Your practice Seminar, presented by Laurie Jones, on Sunday, October 7. Detailed information as to those two seminars can be found on the following pages.

Hotel room rates are \$74.00 for single or double and for guaranteed availability, rooms must be reserved PRIOR to October 1. You can either send your hotel reservations to TOMA (as soon as possible) or call in your reservation directly to the Sheraton CentrePark Hotel at 817/261-8200. For informational purposes, the hotel is located at 1500 Stadium Drive East in Arlington (next to the Ranger Stadium on I-30).

We feel it is vital for physicians to attend the TOMA Mid-Year Conference/Legislative Forum, October 6-7, at the Sheraton CentrePark Hotel in Arlington. Dr. Whiting has done a superb job in putting together a program that is educational, innovative and interesting. Make your plans to attend now. ■

Playing Medicare's Game & Increasing Collections

**October 7, 1990 -- 8:00 a.m. -- 12:00 noon
Sheraton CentrePark Hotel
Arlington, Texas**

Coding, Charging & Claims Practices that will enable physicians, whether participating or non-participating, to increase their income by hundreds of dollars per month.

Collection tips, billing practices and ideas that have worked in thousands of offices in increasing collections.

The Speaker

Don Self of Medical Consultants of Texas specializes in Medicare codes, charges and changes. Over 150 physicians have increased their Medicare revenue more than \$1,000.00 per month using his ideas and suggestions. A list of referring physicians are sent upon request.

.....

**"PLAYING MEDICARE'S GAME AND INCREASING COLLECTIONS" SEMINAR
Sunday, October 7, 1990 - 8:00 a.m. to 12:00 noon**

NAME _____ AOA Number _____

***PLEASE NOTE: There is no additional charge for any physician attending this seminar if they attend the Mid-Year Conference/Legislative Forum on Saturday, October 6, 1990.**

However, if the physician does not attend the Saturday seminar, the registration fee for this seminar is \$50.00. Make check payable to "TOMA" and mail to 226 Bailey Avenue, Fort Worth, Texas 76107.

Registration fee for office personnel is \$50.00 each. Please send names of office personnel attending.

NAME _____ NAME _____

NAME _____ NAME _____

Seven Steps to Successful Marketing

October 7, 1990 -- 2:00 - 4:00 p.m.

**How to Educate Your Patients,
Build Your Practice, and Increase Your Influence.**

In This Seminar, You Will Learn:

- * Why you should market your practice when you are probably swamped anyway.**
- * Why hospitals spent over \$1.3 billion dollars in advertising and marketing last year, and what this means to you.**
- * What is your USP? How can you use it to increase your income.**
- * Why and how patient demands and expectations are changing with each generation. Are you keeping pace?**
- * What your greatest resources are, and how you can use them effectively.**
- * What are three communication skills that can keep you out of court.**
- * How your receptionist can make you or break you.**
- * What are ten tangible things that patients love?**
- * How "LASER" power can help build your practice.**
- * How the AMA got so much political clout so quickly. How has this affected you?**
- * Why "breaking ranks" is a sound economic idea.**

Learn about these points, and much more. Find out why this seminar sold out in Cincinnati and received a standing ovation. See why students and D.O.s alike are requesting Laurie Jones to speak all over the country.

It's because this seminar is really about your future -- and the future of the Osteopathic Profession.

"MARKETING YOUR PRACTICE" SEMINAR
Sunday, October 7, 1990 -- 1:00 p.m. to 3:00 p.m.

NAME _____ AOA Number _____

***PLEASE NOTE: There is no additional charge for any physician attending this seminar if they attend the Mid-Year Conference/Legislative Forum on Saturday, October 6, 1990. However, if the physician does not attend the Saturday seminar, the registration fee for this seminar is \$50.00. Make check payable to "TOMA" and mail to 226 Bailey Avenue, Fort Worth, Texas 76107.**

**TOMA Mid-Year Conference/Legislative Forum
October 6-7, 1990
Sheraton CentrePark Hotel, Arlington, Texas**

REGISTRATION FORM

NAME _____ CITY _____
(PLEASE PRINT)

AOA # _____ COLLEGE _____ YEAR GRADUATED _____

Registration Fees:

_____ \$150.00 - Clinical Seminar, to include at no additional charge "Risk Management or Coding Seminar" and "Marketing Your Practice" Seminar).

_____ \$175.00 At-The-Door Registration

_____ \$50.00 ("Medicare Coding Seminar" only); PLEASE COMPLETE INDIVIDUAL REGISTRATION FORM

_____ \$50.00 ("Marketing Your Practice" Seminar only); PLEASE COMPLETE INDIVIDUAL REGISTRATION FORM

NOTE: REFUND POLICY: A \$10.00 processing fee will be deducted for any refunds prior to October 1, 1990. No Refunds after October 1, 1990.

HOTEL RESERVATION APPLICATION

**Texas Osteopathic Medical Association
35th Mid-Year Conference/Legislative Forum
October 5-7, 1990**

SINGLE or DOUBLE ROOM \$74.00 State your preference _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____

ARRIVAL DATE: _____ APPROXIMATE TIME OF ARRIVAL: _____

DEPARTURE DATE: _____

CREDIT CARD NAME: _____ NUMBER: _____

EXPIRATION DATE: _____

**Mail to TOMA. 226 Bailey Avenue, Fort Worth, Texas 76107
PLEASE RESERVE YOUR ROOM PRIOR TO OCTOBER 1, 1990
FOR GUARANTEED AVAILABILITY**

**Note: If you would prefer to make your own hotel accommodations, call:
The Sheraton CentrePark Hotel at 817/261-8200**

TOMA HAS DISCOVERED AN IMMUNIZATION FOR THE HEALTH INSURANCE "EPIDEMIC"

The high cost, no guarantee system of health insurance coverage is a "disease" that is affecting ALL small employers. Instead of providing long-term, affordable protection from financial losses due to accidents and illness, today's health insurance industry has created tremendous short-term burdens with no certainties of continued coverage in an environment that is as volatile as ever.

A recent item from *Medical Economics* magazine (March 5, 1990) indicates further the troubles that surround small employers, and even more specifically physicians. It reads:

"While state and federal legislators debate the merits of requiring employers to provide health-care coverage for their workers, health insurers are refusing to issue policies to more and more small businesses and professions. Some carriers are even blacklisting physicians and nurses, chiropractors, dentists, and others in the health-care field. One reason that medical workers may be excluded, carriers say, is they tend to have a high rate of utilization."

Although a total cure for these problems may still be far away, TOMA has discovered an "immunization" for its members that can help shield the frustrations that managing health insurance (or the lack of) can cause.

TOMA has appointed DEAN, JACOBSON Financial Services to handle the complexities of health insurance environment for you. They have just negotiated with CNA Insurance Company (an A+, Excellent rated company with a long, successful record in the accident and health business) to offer Major Medical coverage to TOMA members at very competitive rates. Best of all, with CNA's strength in the health insurance market and DEAN, JACOBSON's management of insurance services, TOMA will have a superior Health Insurance Program that has long been needed.

DEAN, JACOBSON Financial Services is recognized statewide for their expertise in insurance and related areas. So regardless of your current situation with health coverage, call DEAN, JACOBSON Financial Services to help you immunize against the health insurance "epidemic."

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

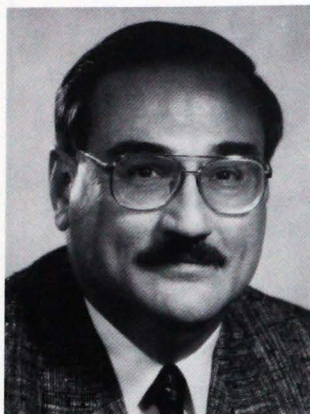
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(817) 429-0460
Dallas/Fort Worth Metro

Dr. Mitchell Kasovac is New AOA President



Mitchell Kasovac, D.O., FACGP, was elected president of the American Osteopathic Association on July 15 at the AOA's House of Delegates meeting in Chicago.

A board certified osteopathic general practitioner, Dr. Kasovac is a faculty member of the College of Osteopathic Medicine of the Pacific (COMP), Pomona, California. He serves COMP as an assistant dean of clinical

sciences, the director of postgraduate training and a professor of family medicine.

Dr. Kasovac received his undergraduate degree from Wayne State University, Detroit. He received his D.O. degree in 1963 from the Chicago College of Osteopathic Medicine and served a one year rotating internship at Phoenix General Hospital.

He is a Fellow of the American College of General Practitioners and of the Academy of Osteopathic Directors of Medical Education. Other honors include the Outstanding Achievement Award from the CCOM Alumni Association, the Distinguished Service Award from the Arizona Osteopathic Medical Association and the Arizona General Practitioner of the Year award.

Dr. Kasovac has held many offices and chaired numerous committees of the AOA, CCOM, the Arizona Osteopathic Medical Association and Phoenix General Hospital. He is now serving a term as AOA Trustee. His past AOA offices include terms as first, second and third vice president. He has chaired such AOA committees as the Small States Concerns Committee, the Committee on Editorial Policy, the Advisory Committee on Osteopathic Education, the Department of Governmental Affairs, the Department of Business Affairs, the Bureau of Public Education on Health, and the Task Force to Review Legislative Precedent of "Freedom of Choice" for Healthcare Legislation.

Dr. Kasovac is a past member of the CCOM Board of Trustees, a past president of the Arizona Osteopathic Medical Association, and past Chief of Staff of Phoenix General Hospital.

He currently serves on the boards of directors of the Osteopathic Mutual Insurance Company - Risk Retention Group and of the Chicago Osteopathic Health System.

Dr. Kasovac is a member of the Serbian National Federation and a member of the Heatherbrae Development Corporation.

He and his wife Martha Ann (Marti), reside in Upland California. They have five children.

During his presidential address to the AOA House of Delegates, Dr. Kasovac stated, "My challenge to you this year is unity within the osteopathic profession. If we are united, we are strong; and through unity this profession can do more to improve health care delivery to the American people. The kind of health care the American people are demanding today is Primary Care! That's what osteopathic medicine traditionally has been. We need specialists, and will always have them in the osteopathic profession, but we must utilize them along with their support to our osteopathic hospitals."

Dr. Kasovac stressed the importance of maintaining the osteopathic uniqueness by saying, "Do you realize the American health care system is finally coming around to our way of thinking? We thought we needed to be more traditional. Well, we have been, to achieve our equality — but now the public wants: a) preventive health care; b) wellness; and c) health maintenance. Doesn't our treating patients with osteopathic manipulation prevent disease and preserve health and wellness?"

"We've got it, we just haven't been flaunting it. Isn't it time? Einstein had his 'theory of relativity' and his formula was $E=MC^2$. Well, Kasovac has his theory of unity, and it's $U=MC^2$. $U = \text{Membership} \times \text{communication} \times \text{caring}$."

In the area of membership, Dr. Kasovac stressed the importance of belonging to the AOA, a state osteopathic association, a specialty college, etc., which by so doing, "...you are committing yourself to its purposes which includes being an active supporter." He urged everyone to invite non-members to join such groups and advised that a membership drive must continue to include students, interns and residents, military D.O.s and physicians in states sparsely populated by D.O.s.

He also emphasized the importance of the auxiliary. "Along with increasing our membership, we must also rekindle interest in the auxiliary in every state. Many states do not have an auxiliary organization, and our national AAOA has dwindled to less than 2,700 members. As the AAOA president, Glenda Carlile, has told you, the AAOA will be doing a survey at the convention to assess themselves, and perhaps change its image and name if need be. But, whatever it does, we need your spouse to join now! For \$40 they can belong — the financial and moral support is needed. They represent another battalion of foot soldiers potentially available for P.R. and marketing, but they must be unified too. Please do your part at home and encourage your colleagues' spouses, as well as your own, to join the AAOA."

Regarding communication, Dr. Kasovac said, "Well, if we get all these members, we sure need to have good verbal and written communication. Our biggest problem at times is not talking at all — avoidance. There isn't anyone you can't talk to in this world, if you really want to."

"We must foster local, state, regional and national dialogue in the profession. We must have all components of the profession talking to each other at all levels. Let's solve our common problems together. The best way is to sit down and talk about it. Don't forget to be a good listener too. So let's try to do better by talking to our hospitals, colleges, students, interns and residents, auxiliary, etc."

As to public communication, he stated, "We want the public to know all about osteopathic medicine. We don't want to have to continually define it for everyone. Well, one way that's going to happen is with the Care-O-Vans that will start their trek across this country next year if Dr. Hubbard, chairman of our Public Relations Committee, gets the necessary \$200,000 in donations. This is your big chance to participate in a national P.R. campaign to tell the people 'What' osteopathic medicine is and 'Who' we care for."

The final part of Dr. Kasovac's theory on unity was caring. "Caring — what is it that each of us was taught in osteopathic medical school? Care about your patients - their total well-being, not just their symptoms. We must also do this with each other. It's our profession and we must help take care of it. We must support our osteopathic hospitals with our patients. We must encourage our young trainees to stay. Do you realize that three-fourths of osteopathic hospitals are mixed staff? So, why are we upset if our students and residents train at mixed staff hospitals? Let's just try to make them more osteopathic. What we must maintain are our educational standards and some administrative control in our developing program. We aren't building new osteopathic hospitals.

"One of the major concerns of our students and residents is the 'perceived quality' of education in our osteopathic residencies. We've always been committed to quality in this profession. It's no less now and will be no less in the future. But, maybe we should look at our educational standards, raise them, and review the quality of each and every residency in our profession. If we care about those who follow us, we should do this for them. This is one of the reasons for...having a graduate medical education leadership conference here in Chicago on September 14-16, 1990.

"This to me is caring about our students and our future colleagues, as well as communication among the educational leadership in this profession. We must deliberate together on any necessary changes to strengthen our AOA internships and residencies."

Dr. Kasovac concluded his address by stating, "Unity ($U=MC^2$) — it's all of the above. Simply stated it is to have 'osteopathic physicians caring about each other,

and talking to each other.' If we can channel all of our energies in the same direction at the same time, we will move ahead by giant steps. As we grow and progress, the American people will be well served. We are the 'Caring' doctors.

"Let's unite as a strong and committed profession. One that can attain pre-eminence as stated by Dr. Oliva two years ago. We have the collective talent, brains, know-how and ability. We have a lot because of the work of our predecessors. Let's work hard together, so that 10, 20, 40, even 100 years from now, someone will thank US for what we started in 1990 for the osteopathic profession."

OMPI Stock Distribution Accomplished

In early August, checks were mailed to all persons owning stock in OMPI (Osteopathic Medical Protective, Inc.) in accordance with the approval of the acquisition agreement with OMPIC, Inc. (Osteopathic Medical Protective Insurance Company, Inc.), which took place June 2, 1990.

Any stockholder who has not received a check by this writing should contact Insurance Equities Corporation at 1-800-366-5706.

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DON SELF, OWNER

Report of the AOA House of Delegate's Meeting in July

The House of Delegates of the American Osteopathic Association met on July 13-14, 1990, in Chicago, Illinois. The Texas Delegation included: Drs. John Burnett of Dallas, Chairman; David R. Armbruster of Pearland; Jerome L. Armbruster of Pearland; Frank J. Bradley of Dallas; Royce K. Keilers of LaGrange; William R. Jenkins of Fort Worth; Bill H. Puryear of Fort Worth; Robert L. Peters, Jr., of Round Rock; Mary M. Burnett of Dallas; Gerald P. Flanagan of Fort Worth; Robert Maul of Lubbock; Donald M. Peterson of Dallas; Arthur J. Speece, III of Grand Prairie and Timothy H. Werner of Helot. Dolores Bailey of Fort Worth was the student doctor delegate and James Rogers was the student doctor alternate; both attend Texas College of Osteopathic Medicine in Fort Worth.

TEXAS DELEGATES



GERALD P. FLANAGAN, D.O.

JOINT BOARD/HOUSE BUDGET REVIEW COMMITTEE

The Joint Board/House Budget Review Committee met on July 13, 1990 to review the American Osteopathic Association's income, expense and capital budgets for the fiscal year June 1, 1990 through May 31, 1991.

In addition to the material presented to the committee it also considered amendments that were recommended by the Board of Trustees in a special meeting held on July 13, 1990. The committee's discussion was candid and wide reaching and were incorporated into the following recommendations:

1. Membership dues be increased by \$940,500.00 from \$3,903,727.00 to \$4,843,727.00.
2. AOA investments be increased by \$80,000.00 from \$125,000.00 to \$205,000.00.
3. Expenses of the membership department be increased by \$22,680.00 from \$466,572.00 to \$489,252.00.
4. Budget expenses for the Centennial Project be reduced by \$100,000.00 from \$200,000.00 to \$100,000.00.
5. Reduced the Small States Field Coordination for the Northwestern U.S. — saving \$40,000.00.
6. Eliminate \$20,000 allotted for "Professional Service" for the Council on Federal Health Programs.
7. Budget of the Association of Osteopathic Post-

Graduate Physicians be reduced by \$39,915.00 from \$49,915.00 to \$10,000.00.

8. Reduce the Budget of the Central Office to reflect an elimination of the proposed 7.9 percent salary increase; saving \$200,000.00 in salaries and \$26,000.00 in benefits.

This Chairman recommended adoption of the above resolutions and that the 1990-91 American Osteopathic Association's income, expenses and budget for the fiscal year June 1, 1990, through May 31, 1991, be approved.

The House of Delegates voted approval.

The AOA Budget as approved is on file at the TOM. The office should the members care to examine it.

COMMITTEE ON CONSTITUTION AND BYLAWS

The proposed amendments to ARTICLE II, Section 2 — Membership Requirements and the Committee recommended that it be amended and approved as follows:

ARTICLE II, Section 2

- a. ...shall be eligible for licensure as an osteopathic physician...

UNLESS SPECIFICALLY NOTED (AN) APPLICANT WHOSE COMPLETED APPLICATION AND PAYMENT OF APPROPRIATE DUES (HAS) HAVE BEEN RECEIVED AND PROCESSED SHALL BE ENROLLED AS (A) REGULAR MEMBERS.



Center Aisle: S/D Jim Rogers (1st Row left) along with Donald M. Peterson, D.O. (2nd Row left) and Frank J. Bradley, D.O. (2nd Row Right) escorts T Eugene Zachary, D.O. to accept his position as the Speaker of the AOA House of Delegates.



Center Aisle: John H. Burnett, D.O. (left) and Mary M. Burnett, D.O. (right) escorts David R. Armbruster, D.O. (center) to accept his position on the AOA Board of Trustees.

(AN) APPLICANTS WHOSE MEMBERSHIP IN THIS ASSOCIATION HAS PREVIOUSLY BEEN WITHDRAWN FOR REASONS OTHER THAN FAILURE TO MEET CME REQUIREMENTS OR NON-PAYMENT OF DUES OR (AN) APPLICANTS WHO (HAS) HAVE PREVIOUSLY BEEN CONVICTED OF A FELONY OFFENSE...

(AN) APPLICANTS WHOSE LICENSE TO PRACTICE IS REVOKED...

5. ...GRADUATES OF ACCREDITED SCHOOLS OF MEDICINE, DENTISTRY (OR) AND PODIATRY...WHO PRACTICE JOINTLY WITH REGULAR MEMBERS OF THIS ASSOCIATION.

DOCTORS OF PHILOSOPHY OR EDUCATION AND OTHER NON-DOCTORAL PERSONNEL HOLDING TEACHING, RESEARCH OR ADMINISTRATIVE POSITIONS IN AOA (ACCREDITED) APPROVED HOSPITALS (OR) AND COLLEGES;

ADMINISTRATIVE EMPLOYEES OF THIS ASSOCIATION...DIVISIONAL SOCIETIES; (AND)

ARTICLE III — DUES AND ASSESSMENTS, SECTION 2 — DUES RATES

The proposed amendments to the ARTICLE III — Dues and Assessments, Section 2 — Dues Rates were approved as presented.

PROPOSED AMENDMENTS TO THE AOA CONSTITUTION — A-800ff

The proposed amendments to the Constitution — ARTICLE VIII - Section 1 - Board of Trustees be approved as presented.

COMMITTEE ON PROFESSIONAL EDUCATION

submitted the following resolutions to the AOA House of Delegates and were voted on as stated below. A copy of the resolutions will be on file at the TOMA State Headquarters in late fall.

- 202 Development and Use of Marker System — *Approved*
- 203 Generic Drugs — *Approved as Amended*
- 204 Confidentiality of National Practitioner Data Bank Information — *Approved as Amended*

- 209 Osteopathic Medicine in Foreign Countries — *Approved as Amended*
- 210 Confidentiality of Patient Records — *Approved*
- 212 Cardiopulmonary Resuscitation, Training — *Approved*
- 217 Specialty Certification, Osteopathic membership of DOs — *Approved*
- 218 Second Opinion, Surgical Cases — *Approved*
- 220 Professional Liability Insurance — *Approved*
- 224 Primary Care — *Referred back to the Committee on Health Related Policies with a report back to the House of Delegates in July, 1991.*
- 228 Uniformed Services Licensing — *Approved*
- 230 Malpractice Crisis — *Approved*
- 234 AOA CME Category 1-A Quality Standards — *Referred to the Committee on Continuing Medical Education with a report back to the House of Delegates in July, 1991.*
- 236 Specialty College Representation of Voting Delegates to the House of Delegates — *Disapproved (The Reference Committee recognizes the action taken by the Board of Trustees in March, 1990 (MEMO B-March/90-116))*
- 237 Withdrawn
- 240 National Unity — *The Committee recommends that it be approved in principle and referred to the Bureau of Finance.*
- 243 Smoke Free Environment — *Approved*
- 245 Closure of Osteopathic Hospitals — *Disapproved (The issue is being addressed by the American Osteopathic Hospital Association with summit meetings and AOA is committed to any hospital requesting its aid.)*
- 250 CME Requirements for Mandatory State Licensure and for Maintaining Eligibility for AOA Membership — *Referred to the Committee on Continuing Medical Education for report back to the House of Delegates in July, 1991.*
- 251 CME Credit for State House of Delegates Participation — *Referred to the Committee on Continuing Medical Education for report back to the House of Delegates in July, 1991.*
- 252 Generic Substitution — *Disapproved (The Reference Committee felt that portions of this resolution should be incorporated into Resolution 203.)*
- 254 Medical Ethics — *Approved*

- 262 Choice of Physician — *Disapproved (Current AOA policy addresses the issues of National Health Insurance and protection of the patient's freedom of choice of physician rights.)*
- 263 Osteopathic Curricula — *Referred back to the Texas Osteopathic Medical Association for clarification*
- 264 Withdrawn
- 265 Osteopathic Training — *Approved as Amended*
- 268 Postgraduate Stipends — *Approved*
- 269 Use of Animals in Medical Research — *Approved as Amended*
- 271 OMT Research Data — *Approved as Amended*
- 272 AOA Life membership — *Approved*
- 273 Withdrawn
- 276 Candidates Seeking Approval of Non-Osteopathic Residency Programs — *Disapproved (This resolution is in conflict with current AOA policy)*
- 280 Membership in Osteopathic Associations — *Approved*
- 281 Osteopathic Postgraduate Training — *Approved as Amended*
- 286 Standard Osteopathic Manipulative Treatment Criteria for All Osteopathic Colleges — *Disapproved (This Resolution should be referred back to the Missouri Association of Osteopathic Physicians and Surgeons for clarification and consultation with the AACOM and/or Committee on Colleges of the AOA).*
- 289 Charter of Affiliation — American Association of Osteopathic Postgraduate Physicians — *Approved*
- 290 Internship Contracts — *Referred to the Committee on Postdoctoral Training and the Advisory Board for Osteopathic Specialists for report back to the House of Delegates in July, 1991.*
- 291 Withdrawn

COMMITTEE ON PUBLIC AFFAIRS submitted the following resolutions to the AOA House of Delegates and were voted on as stated below. A copy of the resolutions will be on file at the TOMA State Headquarters in late fall.

- 200 Rural Hospital Payment — *Approved as Amended*
- 201 Withdrawn
- 205 Long-Term Care — *Approved as Amended*
- 213 Cancer — *Approved as Amended*
- 215 Autonomy, Osteopathic — *Approved*
- 216 Uniformed Services: Endorsement of Physicians serving in the Uniformed Services — *Approved as Amended.*
- 219 Passive Restraints — *Approved as Amended*
- 227 Government Intervention in Private Practice — *Approved*
- 231 Indemnity Reimbursement — *Approved*
- 232 Quality Health Care — *Approved*
- 235 State Legislation to Prevent Discrimination Against Osteopathic Physicians — *Approved*
- 239 Withdrawn
- 242 1990 U.S. Census Form — *Approved*
- 244 Plastic Beverage and Food Container Recycling Act — *Approved*
- 246 Food Labeling — *Approved as Amended*
- 253 Health Care Financing — *Disapproved*
- 257 Medicare - Appeals — *Referred to the Council on Federal Health Programs with a report back to the House of Delegates in July, 1991.*
- 258 Medicare - Assignment — *Approved as Amended*

- 259 Medicare - Intermediary Denial Letters — *Approved Amended*
- 260 Medicare - Out-of-Town Coverage — *Approved Amended*
- 279 Federal Incentives for Hospital Prohibiting the Use Tobacco Products — *Approved as Amended*
- 282 Reimbursement to Physicians for Treatment During the Partus and Post Partum Period — *Referred to the Council on Federal Health Programs with a report back to the House of Delegates in 1991.*
- 283 Requirement of Air Safety Bags, Anti-lock Brakes and Rear Seat Shoulder Restraints — *Disapproved (The committee felt that portions of this resolution should be incorporated in Resolution 219).*
- 284 Petitioning the American Osteopathic Association to Work in Tandem with the American Osteopathic Hospital Association in Banning the Use of Tobacco Products in Member Institutions — *Disapproved (the committee felt that portions of this resolution should be incorporated in Resolution 279).*
- 287 Opposition to U.S. Senate Bill 2605 — *Disapproved (the committee felt that the intent of this resolution was covered more thoroughly in Resolution 288).*
- 288 Therapeutic Substitution — *Approved*

AD HOC COMMITTEE submitted the following resolutions to the AOA House of Delegates and were voted on as stated below. A copy of the resolutions will be on file at the TOMA State Headquarters in late fall.

- 206 Ethical and Sociological Consideration for Medical Care — *Approved*
- 207 Chelation Therapy — *Approved As Amended*
- 208 Reduction of Dietary Sodium — *Approved*
- 211 Children's Safety Seats — *Approved*
- 214 Acquired Immune Deficiency Syndrome (AIDS) Legislation — *Approved*
- 221 Medicare Care Cost Effectiveness — *Approved as Amended*
- 222 Immunizations — *Approved as Amended*
- 223 Managed Health Care Plans/Non-Discrimination Policy — *Approved as Amended*
- 225 Sudden Infant Death — *Approved*
- 226 Child Abuse — *Approved as Amended*
- 229 Osteopathic Medicine Week — *Approved*
- 233 Committee on Health Related Policies Mission Statement — *Approved as Amended*
- 238 Firearms - Education for Users — *Approved as Amended*
- 241 Still National Osteopathic Museum — *Approved as Amended*
- 243 Smoke Free Environment — *Approved*
- 247 Occupational Safety and Health Act — *Referred to the Council on Federal Health Programs with a report back to the House of Delegates in July, 1991.*
- 248 Reduction of Illiteracy — *Approved as Amended*
- 249 Regulation of Tanning Salons — *Approved*
- 255 Medical Health Insurance: Cost/Benefit Ratio — *Disapproved (The Council on Federal Health Programs is continuing to address this issue).*
- 256 Medical Waste Management — *Referred to the Texas Osteopathic Medical Association for clarification and an explanatory statement.*

- 261 Medicare - Screens — *Disapproved (The Reference Committee felt that portions of this resolution should be incorporated into Resolution 259.)*
- 266 Peer Review — *Approved*
- 267 Physician Office Laboratories — *Approved as Amended*
- 270 Telephone Call Identification Service — *Approved*
- 274 AIDS Epidemic — *Referred to the Ohio Osteopathic Association for legal interpretation and further clarification.*
- 275 Canadian Health System — *Disapproved (Denied on the basis of a pre-existing policy that covers nationalization of health insurance).*
- 277 Cigarette Vending Machines — *Approved*
- 278 Establishment of Young Physician Committee — *Referred to the Committee on AOA Organizational Structure with a report back to the House of Delegates in 1991.*
- 285 Osteopathic Medicine Definition — *Approved*
- 292 Rural Training in Osteopathic Education — *Approved as Amended*
- 293 Tax Credits for Rural Health Programs — *Approved as Amended.* ■

Ground Broken on TCOM's New \$1 Million General Services Building

Representatives of four departments to be housed in TCOM's \$1 million General Services Building tossed the first shovelfuls of dirt at a groundbreaking ceremony August 6, signaling the start of construction on the new facility.

The corner of an old house (one of three to be razed to make room for the building) was demolished as part of the groundbreaking ceremony. The event was attended by TCOM faculty and staff as well as representatives of Yandell & Hiller Inc. Engineers of Fort Worth (the building's architects) and the Aubry Group Inc. of Fort Worth (general contractors on the project).

Scheduled for completion in February, the 14,700-square foot building is being built across from the TCOM Physical Plant building on Darcy Street. (Several large trees were saved by moving the building site west of its proposed location at the corner of Darcy and Boland streets.) When completed, it will consolidate the operations of campus police, custodial services, grounds maintenance, property control, central supply and the carpenter/paint shop. About 100 parking spaces will be added on the east and west sides of the General Services Building when funds become available.

The Texas Higher Education Coordinating Board approved construction of the General Services Building at its quarterly meeting in April. ■

Rural Health Factline

- U.S. occupation with highest fatality rate: Agriculture
- Number of farm deaths per day: Five
- Number of accidental farm deaths annually: 1,700
- Number of farm deaths which are children: 400
- Number of children injured annually in farm accidents: 23,500
- U.S. Department of Agriculture annual allocation for farm safety efforts: \$1 million or \$20,000/year/state
- U.S. Bureau of Mines annual allocation for safety efforts: \$27 million
- Percent of farmers versus non-farmers suffering major hearing loss: 56 percent versus 23 percent
- Number of rural residents without health insurance: 8.6 million
- The 27 counties in Texas with the highest poverty rates are ALL rural counties.
- Only three of the state's 50 poorest counties are urban.
- Loving County is the only county in Texas with no reported residents living below the poverty level.
- In Texas, people are more likely to be poor if they live in a rural area than if they live in an urban area.

Compiled by the Texas Department of Agriculture and Texas Rural Communities. ■

TCOM Enrolls 109 for Class of 1994

The Class of 1994 at Texas College of Osteopathic Medicine has been filled with 109 members. The class is made up of 85 men and 24 women, and all but nine are Texas residents.

According to TCOM's *Dateline*, the incoming class' average age of 28 is about a year older than the average age of the last entering class. Their scores on the MCAT and their science and overall grade point averages were up slightly. About half the new class are "second career" students, a statistic that continues the trend of the last few years.

Warren Anderson, Ph.D., executive assistant to the president, told the UNT/TCOM Board of Regents that the achievement was the result of "very hard work" by T. John Leppi, association dean for admissions, his staff, faculty members and TCOM alumni. ■

**Office of the President of the
TEXAS SOCIETY of the
AMERICAN COLLEGE OF GENERAL PRACTITIONERS
IN OSTEOPATHIC MEDICINE AND SURGERY**

August 13, 1990

Tom Hanstrom, Executive Director
Texas Osteopathic Medical Association
226 Bailey Avenue
Fort Worth, Texas 76107

Dear Tom:

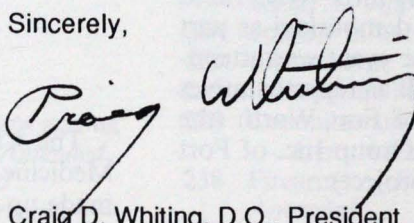
As President of the Texas Society of the ACGP I wanted to address the issue of delayed Medicaid payments from the state. I and most of my colleagues in the ACGP have a significant portion of our income from Medicaid and this delay in payments will represent a hardship for many. There are physicians in Texas calling for a strong reaction to this delay. I have heard various proposals from outside our profession. Some recommend seeing only those Medicaid patients with emergencies some demanding cash payment at the time of the visit.

I am confident that osteopathic physicians will continue to see all their patients based on their health needs and not on Medicaid policy. Any adjustment in our practices will reflect concern for patient welfare above mere fiscal management.

T.O.M.A., Texas ACGP and other professional organizations must work with our legislators and with the state regulators to help insure that this doesn't happen again. As you have been doing so well, we can serve our members best by informing them of the best office management procedures for handling such situations, telling them who to contact to raise their concerns, and by talking to the legislators directly.

The doctors in the community serve best by continuing to display the quality of care for their patient's health that marks the "Osteopathic Difference".

Sincerely,



Craig D. Whiting, D.O., President
Texas Society of the American College of General Practitioners
in Osteopathic Medicine and Surgery

Texas College of Osteopathic Medicine, Department of General and Family Practice
3500 Camp Bowie Boulevard, Fort Worth, Texas 76107
(817) 735-2440

News from Osteopathic Medical Center of Texas

New Administrator/CEO Named for OMCT



Phillip E. Sowa has been appointed administrator and chief executive officer of Osteopathic Medical Center of Texas (OMCT), formerly Fort Worth Osteopathic Medical Center. The announcement was made by Jay E. Sandelin, chairman of the OMCT board and chief executive officer of Health Care of Texas, Inc., the hospital's parent company.

Sowa is the former chief executive officer of San Francisco General Hospital, where he was responsible for day-to-day operations of the 580-bed, tertiary-care facility. He also served as a faculty member in the department of family and community medicine at the University of California at San Francisco, with which the hospital was affiliated.

While in San Francisco, Sowa was active in many community projects, including United Way, Special Olympics, AIDS awareness and a community-based outpatient program. His previous experience also included serving as president and CEO of the Regional Medical Center in Memphis, Tennessee.

"Mr. Sowa has an excellent record of accomplishments in the health care industry," said Sandelin, who chaired the committee which conducted the search for OMCT's new administrator. "We feel he is well qualified for this position, and we believe his qualities of leadership will greatly benefit Osteopathic Medical Center of Texas."

Sowa earned a master's degree in hospital and health care administration and a bachelor's degree in biology from St. Louis University in St. Louis, Missouri. He will be joined in Fort Worth by his wife, Lee, and their three children.

OMCT Appoints New Medical Director



Bryce D. Beyer, D.O., of Fort Worth, has been appointed medical director of OMCT. As medical director, his responsibilities include overseeing the ongoing quality assurance program, credentialing of medical staff members, serving as liaison to the medical staff and assisting the hospital's chief of staff.

Dr. Beyer is a graduate of Kirksville College of Osteopathic Medicine. A general practitioner, he has been a member of the OMCT medical staff for 16 years.

West Side Organization Recognizes OMCT Physician, Employees



(L. - R.) Jim Gaither, Dr. Irwin Schussler, and Ron F. Stephen

Ron F. Stephen, Jim Gaither and Irwin Schussler, D.O., were honored at a surprise reception June 22 at OMCT by the Westside Family and Friends on the Boulevard for their work with Fort Worth elderly and disabled persons. The reception took place in the hospital's conference center among the honorees' colleagues, family and friends.

Each of the three honorees received a certificate of appreciation from Governor William P. Clements, Jr. for "tireless dedication and service." Stephen and Schussler also were awarded certificates of appreciation from the Westside Family and Friends organization.

Gaither, van driver for OMCT, received a special certificate of appreciation from state representative Doyle Willis of the 90th district. Governor Clements will proclaim January 10, 1991, as "Jim Gaither Day" in Texas. Gaither has been an OMCT employee since 1988.

Dr. Schussler has been on the active medical staff of OMCT since 1976 and a member of the hospital's board of directors since 1984. He is a board certified adult and child psychiatrist, and owner and president of Psychiatric Consultants of Fort Worth.

"The Osteopathic Medical Center is really rising up in the 90's," said Frank Wilson, president of Westside Friends and Family. "It continues to perform outstanding community service. The people who work there are just good people who serve the needs of our community."

Osteopathic Medical Center of Texas is a general and acute care facility located in the heart of Fort Worth's cultural district. It is the largest osteopathic hospital in the state and the primary teaching hospital of Texas College of Osteopathic Medicine. It is a subsidiary of Health Care of Texas.

TREAT YOUR INCOME THE SAME WAY YOU TREAT YOUR PATIENTS.

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

And that condition is more common than you might think. If you're 35 now, you have a 45 percent chance of becoming disabled before you reach age 65.¹ Without disability insurance, that's a 45 percent chance that your income will wind up in critical condition.

Get intensive care for your cash flow.

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

Provident is North America's number one carrier of individual, long-term, non-cancellable disability insurance.² See the D.I. specialists — Dean, Jacobson Financial Services, with over 25 years of service to the medical profession — for a disability check-up. Put this winning combination to work for you.

DISCOUNTS AVAILABLE TO TOMA MEMBERS.

¹1985 Commissioners' Individual Disability Table A. Seven-day Continuance Table.

²LIMRA, 1989, as measured in annualized premium in force, new annualized premium and new paid premium.

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

Dallas/Fort Worth Metro
Number:
(817) 429-0460
1-800-321-0246

**PROVIDENT
LIFE & ACCIDENT
INSURANCE COMPANY**

1 FOUNTAIN SQUARE
CHATTANOOGA, TN 37402

Provident Means Business.

District V ATOMA Offers Lab Coats



ATOMA District V is kicking off a new fundraising effort that will be a year round project. They are offering a high quality lab coat with or without monogramming that will be delivered via UPS to your home or office at a reasonable price. Why waste your valuable time shopping for lab coats when you can handle it all through the mail and support the Osteopathic profession at the same time? Two styles are being offered with ladies' styles and colors available on request.

3/4 length perma press lab coat

Stitched down back belt over pleats, three front pockets, side hand openings, four button closure, length 35", 65% polyester, 35% combed cotton poplin. Sizes 30-52.

Available in Grey, Cardinal Red, Navy, Blue, Tan, White.

Style 3148 white\$25.99

Style 3163 colors\$27.99

Full length lab coat

One piece back, side hand openings, 3 front pockets, five button closure, length 46". 65% Kodel® polyester/35% combed cotton poplin. Sizes 32-52 regular and 38-52 longs (+2" in sleeve length). Available in White.

Style 3145\$29.99

LAB COAT ORDER FORM — ATOMA DISTRICT V FUNDRAISER

Name _____ Date _____

Delivery _____

Address _____ STE. _____

City _____ State _____ Zip _____ Office Ph. (____) _____

☐ Check or Money Order enclosed with order payable to ATOMA — Dist. V

Thread Colors Offered

Black, Navy, Royal Blue, Red, Charcoal Grey.

Style #	Quantity	Size	Lettering (please print) Placement above left pocket. Height 1/2"	Lettering Style	Thread Color	DO Insignia	Unit Price	Subtotal
			Line 1 _____ Line 2 _____	<input type="checkbox"/> Script <input type="checkbox"/> Block				
			Line 1 _____ Line 2 _____	<input type="checkbox"/> Script <input type="checkbox"/> Block				
			Line 1 _____ Line 2 _____	<input type="checkbox"/> Script <input type="checkbox"/> Block				

Lab Coat Style 48V — \$32.00, \$36/w one line embroidery, \$38 w/two lines.

3/4 length perma press lab coat, length 35", 65% polyester, 35% combed cotton poplin. Sizes 30-52. Women's styles & 6 Colors available — Call 214-223-9060 for details.

Style 95V (add \$4 to each of above prices) — Full length lab coat, 46", 65% Kodel® polyester/35% combed cotton poplin. Sizes 32-52 regular & 38-52 long (+2" in sleeve length).

Add \$2.00 for DO insignia on pocket

Freight & Handling,
\$1.50 per coat

TOTAL

Mail to: ATOMA — DIST. V
829 N. Hampton
De Soto, TX 75115

New Medicaid Limitations

The following letter is being sent to physicians in an effort to reduce expenditures for certain products, paid by the Medicaid program, through the use of utilization limitations. It is anticipated that such limitations will allow for continued coverage of the named products.

Dear Doctor:

The Texas Department of Human Services Vendor Drug Program solicits your assistance in reducing expenditures for H2 antagonist and related drug prescriptions paid by the Medicaid Program. The Department believes you should have these products available to treat your patients, and by reducing expenditures through utilization limitations, continued coverage of these products is possible.

Limitations effective September 1, 1990

The products covered by the limitations are:

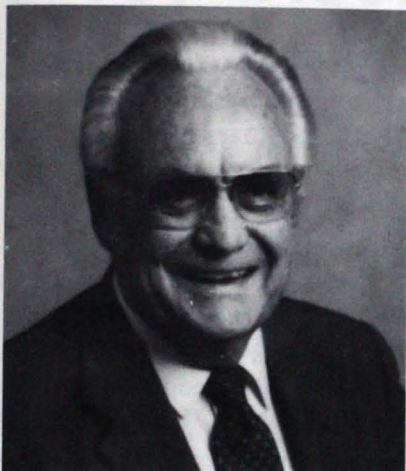
<i>Axid capsules</i>	<i>Pepcid tablets and liquid</i>
<i>Carafate tablets</i>	<i>Tagamet tablets and liquid</i>
<i>Losec capsules</i>	<i>Zantac tablets and liquid</i>

Medicaid payments to pharmacies for these products will be limited to eight weeks (62 days) per calendar year of therapy at full dosage as described in the manufacturer's package insert. Medicaid payments for these products will be limited to a maximum of two 31 day supplies at full dosage and 62 days at maintenance therapy per prescription.

For those patients with hyperacidic conditions whom you judge should be maintained on longer therapy at doses greater than maintenance, an override mechanism is available. For these patients, please write the diagnosis on the face of the prescription in your handwriting. Since the dispensing pharmacist will have to submit a copy of these override prescriptions in order to be paid, please follow this procedure.

This override procedure is only necessary when the course of therapy at dosage levels above maintenance levels will continue after 62 days. Prescriptions for maintenance levels will be covered through the normal claims payment system.

Your cooperation will be greatly appreciated and result in savings which will allow continued coverage of these products for the Medicaid clients of Texas.



In Memoriam

Tex Roberts, CAE

Tex Roberts, CAE, retired executive director of the Texas Osteopathic Medical Association, passed away Friday, July 20, at his home in Fort Worth. He was 73 years of age.

Funeral services were held July 24 at Greenwood Funeral Home, Fort Worth, with entombment in Greenwood Mausoleum. Officiating was Bob Jones, executive director of the Oklahoma Osteopathic Medical Association. Pallbearers included Drs. John Burnett, David Armbruster,

T. Eugene Zachary, Richard Stratton, Bill Puryear, William Jenkins, Mr. T. J. Smith and Ms. Diana Finley.

Tex was born in Memphis, Texas, in 1916. He graduated from Lamar (Colorado) High School and attended the University of Denver. He served as executive director of the New Mexico Osteopathic Medical Association for five years prior to assuming that position with TOMA in 1968. During his tenure with TOMA, the Texas College of Osteopathic Medicine became a reality in 1970 and the new TOMA headquarters was built in 1981. Tex retired as TOMA executive director in 1987.

He had been active nationally in American Osteopathic Association affairs and the Association of Osteopathic State Executive Directors (AOSED), serving as AOSED president and executive vice president.

In addition to association management, Tex had been active in almost all phases of the communications and public relations industries. He was a member of Sigma Delta Chi; the American Society of Association Executives and recognized by that organization as a Certified Association Executive (CAE); and member of the Texas Society of Association Executives.

Past professional positions included United States Jaycees staff executive and editor of *Future* magazine; founder, editor and publisher of *Colorado Wonderland* magazine; and executive editor of *New Mexico* magazine.

Tex was preceded in death by his wife of 50 years, Juanita, who passed away in January of 1989.

Survivors include one daughter, Susie Roberts of Fort Worth; one son, Kent Roberts of Austin; two sisters, Sara Sue Hart of Odessa and Ella Lue Roberts of Carlsbad, New Mexico; four grandchildren; and seven great-grandchildren.

Mr. Jones, in delivering the eulogy, said, "Tex was a friend to his neighbors and they to him. He loved the Fort Worth community and was so proud to be a Texan, and he was especially proud of his friendship with legislators at the State Capitol.

"His co-workers have shared stories about their working relationships with Tex as a friend and he shared with me that he only worked with friends. One of his co-workers said it best, when she said that 'Tex's closest friends were those with whom he worked and those for whom he worked.'

"He was a man of action! Let it not be said that Tex Roberts stood by and let the world go by. He participated in life's processes and preferred to be on the cutting edge of issues and solutions. He enjoyed life.

"He was a man of principle. A few years ago, Tex and I were in conflict over a matter that was important to members of our associations. He and other state executive directors saw the issue one way and I saw it differently. This problem tested our professional relationship and friendship for more than a year. One day I received a letter from Tex simply stating, 'Dear Bob, I was wrong, I'm sorry.' Few of us have the ability and the integrity to be so honest.

"Tex had a grip on life and its meaning which is worthy of our respect, contemplation and emulation."

It is a great loss for the TOMA members who knew and worked with Tex. From the entire staff at TOMA, our deepest condolences go to the family of Tex.

In Memoriam

J. Clyde Chapman, D.O.

J. Clyde Chapman, D.O., passed away July 24 in his home in Sanger. He was 75 years of age.

Funeral services were held July 26 at the Baptist Church in Sanger.

Born in Gainesville in 1914, Dr. Chapman graduated from Gainesville High School in 1931 and attended the University of Texas for pre-med training. He received his D.O. degree from Kirksville College of Osteopathic Medicine in 1937 as a member of the Dean's List of Excellence. After practicing one year in Clovis, New Mexico, he moved to Sanger in 1938, where he remained until his death.

Dr. Chapman and two partners built the Manor Nursing Home, now the Care Inn, on the access road to Interstate 35, where he was the medical director for 30 years. He received two outstanding citizen awards, one from the Lion's Club of which he was a charter member in 1956, and one from the Sanger Chamber of Commerce in 1986.

He was also a major influence in the establishment of the Sanger Public Library. The Chapman's donated a building that he had used as his first clinic in Sanger for the library space rent free for two years. The offering was the catalyst that started the donations of furniture, funds and other materials.

The first Chapman Clinic was on Bolivar Street and opened in 1941. Before that, he used a back room in the Sanger Pharmacy for a clinic. In 1962, Dr. Chapman and two partners built the nursing home and he moved his offices to the clinic building. In 1974, he sold the clinic building but continued to occupy it and, until his death, he was the physician for 62 of the 63 residents of the Care Inn.

Dr. Chapman was a TOMA life member; member of TOMA District II; and a life member of the AOA. He had been a longtime member of the President's Council of TCOM.

Survivors include his wife, Frances Chapman of Sanger; and his father, E.M. Chapman of Gainesville.

TOMA extends condolences to the family and friends of Dr. Chapman.

Edgar A. Haynie, D.O.

Edgar A. Haynie, D.O., formerly of Richardson, passed away August 5 at St. Luke's Episcopal Hospital in Houston. He was 67 years of age.

Services were held August 8 at Restland Memorial Chapel in Dallas with burial at Restland Memorial Park.

Dr. Haynie was born and raised in Williamsville, Missouri. He served in the Army Air Corps during World War II and ran 50 combat missions during the war. He was awarded the Purple Heart and Distinguished Flying Cross during his four years of service.

He returned to Missouri after the war and in 1950, earned his D.O. degree at the Kansas City College of Osteopathy and Surgery (now The University of Health Sciences/College of Osteopathic Medicine). After completing an internship in 1951, Dr. Haynie moved to the Richardson area and set up what was then only the second family practice in the area. He served area residents as a family physician until 1985, and was team physician for Richardson High School until 1973.

Dr. Haynie had been a TOMA member since 1951 and in 1986, was awarded life membership. During his 34-year practice in Richardson, he was an active member of TOMA District V. He retired to Lake Kiowa, Texas, and joined TOMA District XV in 1985. He was also a member of the AOA and a charter member of Community Christian Church in Richardson.

Survivors include his wife of 42 years, Geri Haynie, a son, Doug Haynie; a daughter, Debby Haynie; two grandchildren, Shanna and Jamie Elizabeth Pope; mother, Mrs. Lela Haynie; sister, Jane Webster; and two brothers, John and Bill Haynie.

Memorials may be made to Texas College of Osteopathic Medicine or to the American Heart Association.

TOMA extends condolences to the family and friends of Dr. Haynie.

Survey Discloses Texans' Health Habits

Texans appear to be more concerned about certain areas of their health and safety than others, according to recently published results of the 1988 Behavioral Risk Factor Survey conducted by the Texas Department of Health, as reported in *Texas Health Bulletin*.

Some 1,173 Texans were randomly selected and asked questions about their habits and health. The questions covered factors such as weight, alcohol use, smoking, hypertension, seat belt use, cholesterol level and physical activity.

The results of the poll were compared to a similar 1987 survey, indicating the following lifestyle patterns:

- Twenty-two percent were overweight, a decline of four percent from the previous year. The 45-54 age group reported the highest rate of being overweight.
- Four percent admitted to driving while drinking too much, a two percent decrease. Binge drinking also declined by two percent.
- Twenty-four percent were current smokers, an increase of one percent. There was, however, a two percent decrease in the use of smokeless tobacco.
- Fifteen percent reported high blood pressure, a decrease of two percent. The prevalence increased with age, and was slightly higher among females.

- Fifteen percent said they never, seldom, or only sometimes used seat belts, a decrease of one percent. Non-use was higher among males.
- Fifty percent had their cholesterol checked, up three percent. Fourteen percent in the current survey were under a doctor's instructions to reduce their cholesterol level, an increase of four percent.
- Sixty percent of those surveyed reported a sedentary lifestyle, an increase of four percent.

"This survey is an effort to find out what our habits and attitudes are toward good health. With this information, we can attack the problems of chronic disease and accidental death and injury brought about by our own lifestyles," said Dr. Robert Bernstein, Commissioner of health. ■

TOMA Installs Fax Machine

TOMA has acquired a fax machine for purposes of convenience. The number is

817-336-8801

ATOMA Is Recipient Of DSWOP Grant



Dallas Southwest Osteopathic Physicians, Inc. (DSWOP) has awarded \$5,000 to the Auxiliary to the Texas Osteopathic Medical Association (ATOMA). Dr. J.L. LaManna, Chairman of the Board of DSWOP, presented the check to Darlene Way, Funds Chairman for ATOMA.

The \$5,000 grant will play a crucial role in maintaining educational research programs and osteopathic scholarships for deserving students.

In receiving the funds, Mrs. Way expressed ATOMA's gratitude to DSWOP and stated that both organizations shared some common goals — a better health community and better osteopathic research and growth. She stated that neighbors, friends and communities, both state and nationwide, need to learn the extreme importance of osteopathic medicine and that grants such as this will help to make that possible. ■

Dr. J.L. LaManna, Chairman of Dallas Southwest Osteopathic Physicians, presents a check for \$5,000 to Darlene Way, Funds Chairman for the Auxiliary to Texas Osteopathic Medical Association.

News from the TMF

As the Texas Medical Foundation (TMF) continues operations under the third scope of work for Medicare peer review utilizations, additional refinements are being made to the program requirements. TMF has identified two additional CPT-4 codes which require preprocedure certification for transurethral prostatectomy.

When the need for adding these two procedure codes was first identified, TMF sought the input of the Medicare Part B carrier through coordination with W.A. Godfrey, Jr., M.D., Associate Medical Director of Blue Cross and Blue Shield of Texas. Dr. Godfrey notified TMF that the Medicare Part B carrier agreed with the addition of the two CPT-4 codes to the list of codes which require preprocedure certification for transurethral prostatectomy.

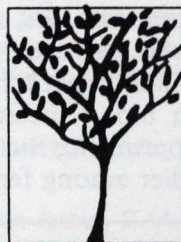
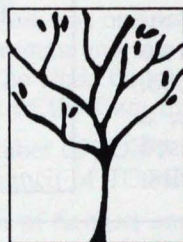
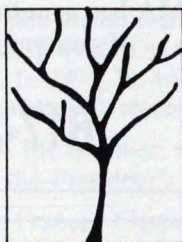
The current program requirements specify one

ICD-9-CM code (60.2) and three CPT-4 codes (52601, 52612, 52614) for preprocedure certification of transurethral prostatectomy. At this time, TMF is adding two additional CPT-4 codes to this list:

- 52620 — Transurethral resection; of residual obstructive tissue after 90 days postoperative
- 52630 — Transurethral resection; of regrowth of obstructive tissue longer than one year postoperative

According to the TMF, callers from physicians' offices do not usually provide specific code number when seeking certification and urologists in general are already obtaining the necessary treatment authorization numbers. Thus, the effect of adding these two specific CPT-4 code numbers may be minimal and the change is effective immediately.

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AGING INTO THE 90's PRIMARY CARE UPDATE

SEPTEMBER 21-23, 1990

Program Chairman

Janice A. Knebl, D.O.
Department of Medicine (Geriatrics)
Texas College of Osteopathic Medicine

Keynote Speakers

T. Franklin Williams, M.D.
Director, National Institute on Aging
Washington, D.C.

Ron Anderson, M.D.
CEO, Parkland Hospital
Dallas, Texas

Presented by
Texas College of Osteopathic Medicine
Office of Continuing Medical Education
*Supported by Dallas Southwest
Osteopathic Physicians, Inc.*

CME: 13 hours Category 1-A
CONTACT
Karen B. Trimble
Conference Coordinator
817/735-2581

Second Texas Osteopathic Unity Forum Held

On June 16, the second meeting of the Texas Osteopathic Unity Forum was held at Texas College of Osteopathic Medicine. The attendance was excellent, with most branches of the osteopathic family in Texas represented.

The guest speaker was Katherine Miller, Ph.D., of the Department of Communication, Michigan State University, who is a researcher in the area of organizational communication. She presented a history of Michigan's Task Force on Osteopathic Unity, formed in 1987, and upon which she focused a research project. In summary, general comments on the results of her research revealed: 1) tough questions are needed, in comparison to answers, to raise the real concerns of the profession; 2) contrasting or contradicting forces are prevalent in the profession: the struggle between unity and diversity and between acceptance and distinctiveness of the osteopathic profession; and 3) the importance of the medical education process, training and education to promote long-term excellence in the profession.

Participants requested general discussion of graduate and post-graduate education to be the main topic of the breakout sessions, at which time participants separated into groups. Upon conclusion of the sessions, a spokes-

person from each group enlightened all those present as to the nature of each individual group's discussion.

The one group discussed student's exposure to osteopathic medicine before applying to medical school; methods of retaining students in osteopathic medical school and postgraduate education; treatment of patients in osteopathic hospitals; marketing the profession in the community; involving the TCOM Alumni Association in the encouragement of present students; maintaining personal contact with medical and post-graduate students, especially those training in allopathic hospitals; the limited number of osteopathic hospitals in Texas; the need for hospitals to communicate with one another and with TCOM staff and students, with the suggestion of a workshop promoted by TOMA for hospital staff members and TCOM representatives; communicating with TOHA leadership and CEO's of osteopathic hospitals to foster better communication of osteopathic goals and cooperation of projects for training of medical students and post-graduates.

The final group discussed the need to make TCOM students feel "a part of things from the beginning," involving them more in the decision process and getting their input into what they need. Three specific areas brought up were: 1) solicit topics of discussion from the Student Government Association for physician lectures; 2) TOMA orientation luncheon, emphasizing basic introductions with more in-depth information on TOMA to the students later; and 3) bimonthly luncheons for Mr. Hanstrom and board members of TOMA to meet with approximately 20 senior students during their final year of study.

The next Unity Forum will be held in six months. ■

1990-91 ATOMA District II Officers



Left to right: Treasurer: Rosie (Mrs. Alex) Guevara; Corresponding Secretary: Nancy (Mrs. Randy) Martin; Recording Secretary: Vickie (Mrs. Doug) Vick; Vice President: Teri (Mrs. Robert) McFaul; President: Nancy (Mrs. Eugene) Zachary; Installing Officer: Sue (Mrs. Steve) Urban.

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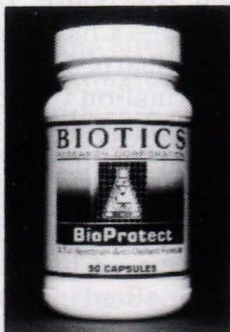
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Texas ACGP Update

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

The Texas State Society of the American College of General Practitioners in Osteopathic Medicine and Surgery (ACGPOMS) held its Seventeenth Mid-year Clinical Seminar/Symposium at the Arlington Hilton in Arlington, Texas, August 2-5, 1990. Special guests included Royce Keilers, D.O., Immediate Past President of ACGPOMS; Michael F. Avallone, D.O., ACGPOMS President-Elect; Robert L. Peters, Jr., D.O., TOMA President; and Tom Hanstrom, TOMA Executive Director.

Program chairman was Rodney Wiseman, D.O., who managed to put together an excellent CME program of 27½ hours of AOA-approved CME, as well as providing risk management credits to qualify for the medical liability discount under Texas H.B. 18. If you get a chance to see Rodney, congratulate him on a job well done which resulted in the Texas ACGP mid-year seminar attracting a record number of registrants — 269.

Dr. Avallone gave an update on National ACGP issues at the noon luncheon on 8-4-90. The chief issue at this time is the proposed name change for the National ACGP and the controversy surrounding it. He encouraged all Texas ACGP members to make their wishes known in regard to the proposed name change based on their individual needs.

As a reminder, we encourage all Texas ACGP members to monitor their mail from the National ACGP. The National ACGP is conducting a truly nationwide survey on their proposed name change. Please take the time to vote and return your ballot to the National ACGP. If you do not receive a ballot, contact the National ACGP at 330 East Algonquin Road, Arlington Heights, Illinois 60005 or call (708) 228-6090 or the toll free number (800) 323-0794. The results of the National ACGP nationwide survey should be known by the November 1990 AOA/ACGP annual convention in Las Vegas, Nevada.

The Texas ACGP members in attendance at the noon luncheon were informed of one of the best kept secrets in Texas — House Bill 2098, which was passed in the 71st Legislative Session, provides for a durable power of attorney for health care. The law went into effect on June 14, 1989. Copies were distributed to those Texas ACGP members in attendance. The recent U.S. Supreme Court ruling in the case of Nancy Cruzan held that a constitutional right to die exists but states can insist on "clear and convincing evidence" of a patient's wishes to that effect. The document is simple to fill out and requires neither a lawyer or a power of attorney to properly execute. This document is tailored to Texas law. Copies can be obtained from TOMA by calling 1-800-444-TOMA.

Election of Texas ACGP officers for 1990-91 took

place during the annual session and they are as follows: President, Craig D. Whiting, D.O.; President-Elect, Howard Galarnea, D.O.; Vice President, Rodney Wiseman, D.O.; Immediate Past President, Richard M. Hall, D.O.; and Secretary-Treasurer, T. R. Sharp, D.O.

There were three Presidential appointments to the Texas ACGP Board: T. Eugene Zachary, D.O., Parliamentarian (ex-officio); R. Greg Maul, D.O., Liaison to ACGPOMS (ex-officio); and Joseph Montgomery-Davis, D.O., Editor (ex-officio).

The six full-voting Texas ACGP Trustees currently are M. Lee Shriner, D.O.; Denny Tharp, D.O.; James Linton, D.O.; Carla Butts Devenport, D.O.; Jerry L. Cannaday, D.O.; and Dick Baldwin, D.O. Dr. Devenport was re-elected to a three year term, Dr. Cannaday was elected to a three-year term of office, and Dr. Baldwin was elected to fill the unexpired term of Rodney Wiseman, D.O.

The two non-voting Texas ACGP Trustees are: Henry DeLisle, D.O., TCOM Observer (ex-officio) and Student/Doctor Gwen Breckler, Zeta Chapter Representative (ex-officio).

Other business conducted during the post convention meeting on 8-5-90 was the Presidential appointments of Texas ACGP members to the 12 standing committees as follows: Membership Committee — Chairman: Howard Galarneau, D.O., Members: Gunda Kirk, D.O., Grethe E. Wik, D.O., and Alex Guevara, Jr., D.O.; Education and Program Committee — Chairman: Richard Baldwin, D.O., Members: Jerry L. Cannaday, D.O., Ted C. Alexander, Jr., D.O., and J. Robert Gershon, D.O.; Hospital Committee — Chairman: James Linton, D.O., Members: R. Greg Maul, D.O., Charles M. Franz, D.O., and Michael R. Young, D.O.; Awards Committee — Chairman: Richard Hall, D.O., Members: Nelda Cuniff, D.O., Connie Jenkins, D.O., and T. R. Sharp, D.O.; Auditing Committee — Chairman: Craig Whiting, D.O., Members: Howard Galarneau, D.O., Richard Hall, D.O., and T.R. Sharp, D.O.; Constitution and Bylaws Committee — Chairman: T. Eugene Zachary, D.O., Members: T.R. Sharp, D.O. and Rodney Wiseman, D.O.; Public Information Committee — Chairman: M. Lee Shriner, D.O., Members: Catherine S. Zimmerman, D.O., and Jeffrey R. Rettig, D.O.; Governmental Legislation and Liaison Committee — Chairman: Joseph Montgomery-Davis, D.O.; Undergraduate GP Chapter Liaison Committee — Chairman: John Bowling, D.O.; Members: Connie Jenkins, D.O., Kathryn DeLisle, D.O., and S/T Gwen Breckler; Nominating Committee — Members: Craig Whiting, D.O., Howard Galarneau, D.O., and Richard Hall, D.O.; Pharmaceutical Committee —

Chairman: Denny Tharp, D.O., members: Henry DeLisle, D.O., Carla Butts Devenport, D.O., and Charles Hall, D.O.; and PACER Committee - Chairman: Richard M. Hall, D.O. In addition, Texas ACGP President Craig D. Whiting, D.O., has established an Ad Hoc Committee to be named the Residency liaison Committee which will be chaired by himself and will have the following members: Ruth Carter, D.O., Scott Stahl, D.O. (resident member), Mark Knox, D.O. (resident member), and David Gouldy, D.O. (resident liaison to board). He also named Royce Keilers, D.O., and Robert G. Maul, D.O., as Liaison to the National ACGP Board, and Donald Peterson, D.O., as Liaison to the TMF.

The PACER Committee of the Texas ACGP held a long range planning committee meeting on Saturday evening, 8-4-90. Those past presidents in attendance were: Nelda Cuniff, D.O.; Royce K. Keilers, D.O.; T. R. Sharp, D.O.; Douglas Sharp, D.O.; Donald M. Peterson, D.O.; T. Eugene Zachary, D.O.; Robert L. Peters, Jr., D.O.; and Joseph Montgomery-Davis, D.O.

The TMA/TOMA Medicare recoupment suit is now history. As a result of the Omnibus Budget Reconciliation Act (OBRA) of 1989 being signed into law on 12-9-89, Section 6109 created a special one-time rule for applying HCFA's without fault provision to anyone currently being held liable for payments incorrectly made to them.

A letter along with a refund check has been sent to Medicare patients who had to refund "alleged overpayments" to Blue Cross Blue Shield of Texas, Inc., the Texas Medicare carrier, when the changeover to the new

HCFA common procedure coding system (HCPCS) occurred in July 1985.

Also, a letter to all physicians who chose to refund "alleged overpayment" to BCBS of Texas, Inc., was sent out the week of July 30. The letter advises physicians on how to obtain refunds. Remember, in order to obtain a refund, the form enclosed with the Medicare notification letter must be filled out and returned within 60 days of the date on the letter. The request for refund must be returned to Medicare Part B, 2412 West Morton, Dennison, Texas 75020.

This action on the part of BCBS of Texas, Inc., closes the joint TMA/TOMA Medicare recoupment suit against the Department of Health and Human Services.

In closing, the Texas ACGP Board was saddened by the recent death of the former executive director of TOMA, Tex Roberts. It wholeheartedly supported the proposal presented by Tom Hanstrom, Executive Director of TOMA, to honor Mr. Roberts' memory by redesignating the current Academic Excellence Award presented by TOMA to a junior student at TCOM, to that of the Tex Roberts Memorial Academic Excellence Award.

The next meeting of the Texas ACGP Board will be October 6, 1990, at the Sheraton CentrePark Hotel in Arlington, Texas. The exact time and place of this meeting will be mailed to the board in the near future. This will be in conjunction with TOMA's Mid-Year Conference/Legislative Forum. Hope to see a good turnout on the part of Texas ACGP members. ■

National Practitioner Data Bank User Fee And Start-Up Date Established

The Health Resources and Services Administration (HRSA) has formally announced in the *Federal Register* that the start-up date for the National Practitioner Data Bank (NPDB) will be September 1, 1990.

HRSA also recently announced the fee that will be charged for using the Bank. Individuals and entities authorized to request information from the NPDB will be charged \$2.00 for each request for information concerning a physician, dentist or other health care practitioner. The charge will be applied when information is disclosed as well as when the user is informed that the Bank does not have a record on a particular physician, dentist or other health care practitioner.

Additionally, information reported to the Bank will be considered on a "suspended status" for a 30-day period, during which the validity and accuracy of the reporting entity will be verified. No report of this information will be given until the 31st day.

As you will recall, the Data Bank will require significant amounts of information be reported by physicians and professional societies, plus require hospitals to query the Data Bank every two years regarding physicians on medical staff and when considering an applicant for medical staff appointment. Reporting requirements will not be retroactive. ■



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Blood Bank Briefs for Physicians

Hepatitis C Virus Donor Notification

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



The antibody to hepatitis C virus was licensed by the Food and Drug Administration on May 2, 1990. Carter Blood Center received the first test material on the morning of May 4, 1990. Testing began within thirty (30) minutes of arrival of the test material. Inventory rotation was instituted on completion of each test run. Testing for anti-HCV was performed around the clock for a complete inventory rotation. Six thousand, eight hundred (6,800) anti-HCV tests were performed and of these, 42

units were found to be repeatedly reactive for anti-HCV with an incidence of 0.6 percent and destroyed.

Donors testing repeatedly reactive to the HCV antibody must be deferred and notified by letter that their blood gave a positive reaction in the screening test for hepatitis C antibody. A copy of the donor notification letter is shared with you. The donor, because of the potential medical significance of this finding, is advised to seek medical counseling immediately for information, special precautions and evaluations by their physician. In addition, the results of testing on donor blood performed for hepatitis is provided.

Donor Notification Letter

As I am sure you are aware, Carter Blood Center routinely performs several laboratory tests for infectious diseases on each unit of blood that is drawn.

These tests are called screening tests because they are designed to detect any donor who might be potentially infectious. These tests are very sensitive.

Tests performed at Carter Blood Center related to hepatitis screening are hepatitis B surface antigen (HBsAg), Alanine Amino Transferase (ALT) and the antibody to hepatitis B core (anti-HBc). In May 1990, a newly developed test was implemented that can detect antibodies to the hepatitis C virus, the virus responsible for non-A, non-B hepatitis.

The reason we are writing this letter to you is because your blood gave a positive reaction in the screening test for hepatitis C antibody. Carter Blood Center feels obligated to notify all donors positive by the sensitive screening test, anti-HCV. This test could indicate that you may be infected with hepatitis C virus which may lead to liver disease. Because of the potential medical significance of this finding, we are advising individuals with a positive test to seek medical counseling immediately for information, special precautions and evaluation. PLEASE SHARE THIS LETTER WITH YOUR PHYSICIAN.

The only test available for HCV is a screening test which cannot be confirmed at this time so the anti-HCV result may be a false positive one. We are providing to you the results of all the testing performed for hepatitis:

HBsAg (Hepatitis B Surface Antigen)

(Normal:Non-Reactive)

Anti-HCV (Antibody to Hepatitis C)

(Normal:Non-Reactive)

ALT (Alanine Amino Transferase)

(Normal:9-61 units)

Anti-HBc (Antibody to Hepatitis B Core)

(Normal:Non-Reactive)

Your name has been placed on a list of deferred blood donors as required by current regulations. Please accept our sincere appreciation for your support of the volunteer blood program. Blood donors save countless lives through their generosity and selfless giving. We regret losing you from this group.

Medicare News

By Don Self
Medical Consultants of Texas

While we had believed that Code P9603 was a flat rate charge, we were wrong. Code P9603 has an approved amount of 50 cents per mile, and the first 10 miles do not count. Code P9604 has a flat approved amount of \$3.00. Therefore, if the blood has to be transported more than 16 miles, you would want to use Code P9603. If less than 16 miles, it is to your advantage to use Code P9604.

Also, we found that the MP and SP modifiers should only be used with nursing home visits, and not all nursing home services. When a modifier is used with codes that it should not be used with, it kicks the claim to a worksheet and it delays the claim in a suspense area. Only use the modifiers MP and SP with Codes 90300 through 90470.

Blue Cross/Blue Shields around the country are studying the RBRVS in attempts to lower their UCR (usual, customary and reasonable) limits. Many retainer clients are not aware that we enjoy handling the letters from the carriers that accuse you of charging "too much." Should your patient give you a letter accusing you of overcharging, please send us a copy. If you are charging within the parameters we gave you, we will be more than happy to handle it for you. If you are on retainer, there is no charge for this service. If not, then there is a charge of \$20.00 per letter. To date, we have been extremely successful in this area.

A bill has been introduced in Congress to eliminate the September 1, 1990 "mandatory filing" requirement by physicians. As it now stands, physicians will have to file all covered Medicare claims for the beneficiaries, starting September 1. That does not mean you have to accept assignment, if you are non-participating. . . it just means you will file the claim for the patient.

"The upcoming balance billing limits will hit harder than many have predicted," according to the American Society of Internal Medicine. While many physicians are under the impression that the 125 percent cap will replace the MAACs in 1991, it is important to understand that your fee to Medicare patients will be the lower of your MAAC or 125 percent of the prevailing charge. To some, this will be increases, while to others (primary care physicians), this will more than likely be a substantial drop in 1991. The relative value scales will begin phase in starting January 1, 1992, but the balance billing cuts will begin a year earlier. That basically means the primary care services will be seeing substantial increases in 1992, but suffering in 1991. There will probably be some major changes in the percentages of participating versus non-participating physicians as 1991 rolls around. While it may be advantageous to be non-

participating now (and in 1992), it may benefit a physician to participate next year. For others, it may be beneficial to drop participation. Each office needs to have their fees, approved amounts, MAACs and balance billing limits reviewed before a decision can be made. We recommend this review take place from mid-November to late December so each physician can make a determination to the effects of the balance billing limits.

We strongly suggest each and every physician contact their state and national associations to find out how you can help support their efforts to delay the balance billing limits, until the RVS is instituted in 1992. It is also essential that each and every one write to their elected Congressional members to voice their views. It is possible this can be changed before it costs you \$10,000 to \$40,000 next year, but only if you are willing to do something about it.

The following are questions and answers concerning Medicare which should prove informative to physicians:

Q. We are finding that Medicare is paying 100 percent of the fee that we charge for laboratory services. Are we charging enough?

A. No! Many physician offices are charging below the Medicare approved amounts, and this is not only hurting their own income, but it also affects the future reimbursements of all physicians.

Q. We heard that Medicare may start charging physicians \$1.00 for every paper claim we submit. is this true?

A. The White House Budgeteers have suggested that physicians who submit claims on paper, rather than electronic, should be charged \$1.00 per claim, for processing. This is almost twice the amount that Medicare says it costs them to process paper claims, according to HHS. This plan is designed to curb Medicare spending by approximately \$700,000,000 in 1991, if Congress gives its approval. Since claims filing will become mandatory on September 1, 1990, this will mean a large expense to the majority of physicians.

Q. We understand that we will have to file the Medicare claims for patients starting September 1, 1990, but does this mean we will also have to accept assignment on those claims?

A. While you will be required to file patient claims starting September 1, you will NOT be required to accept assignment, unless you are a participating physician. Non-participating physicians will still have to accept assignment on the mandated clinical chemistry tests, though, as they do now. ►

Q. We are non-participating and we have to send in two claims for patients when we perform lab tests. Is there an easier way?

A. Yes. You can submit an agreement to Medicare agreeing to accept assignment on mandated clinical chemistry tests, and be able to submit just one claim as non-assigned. Medicare will automatically split the claim for you, and send the patient the check for the non-assigned services, and send you a check for the mandated lab services. If you would like an agreement form, please call 1-800-657-1882.

Q. We understand that Medicare is supposed to be paying for pap smears now. Can we bill for it, if we send the smear to a pathologist and we pay the pathologist?

Can we bill for obtaining the smear?

A. No. You are still limited to billing for the service YOU render, and you are not allowed to bill for the pathologist's service unless your physician did the study. There is also no code for obtaining the smear. The policy still remains that you are allowed to raise the level of service one level for a pelvic examination, rectal examination or obtaining a pap. If the examination was otherwise a limited level, performing one of these exams would raise the level to intermediate. Medicare is currently awaiting clarification from HCFA to the payment standards and screening. Medicare has also designated two new Q codes for these pap smears, and publication from Medicare is forthcoming.

Health Officials Recommend Flu Shots

Although flu season is a few months away, officials at the Texas Department of Health (TDH) are issuing an early reminder for health and medical workers to protect themselves and their high-risk patients from this potentially deadly disease.

"Influenza kills about 20,000 individuals in the United States each year — most of them in high-risk categories," said Robert D. Crider, Jr., director of TDH's immunization division. "Fewer than 30 percent of Americans in high-risk groups receive the recommended annual injection of influenza vaccine," he added.

Those with increased risk for influenza-related complications are:

- Persons 65 years old and older.
- Residents of nursing homes and other facilities treating chronically ill patients of any age.
- Adults and children with chronic disorders of the pulmonary or cardiovascular systems, including children with asthma.
- Adults and children who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases, renal dysfunction, hemoglobinopathies or immunosuppression.
- Children and teens (six months to 18 years old) who are receiving long-term aspirin therapy and therefore may be at risk of developing Reye syndrome after influenza.

"We strongly recommend influenza vaccinations for all people in these high-risk groups. And it is especially important for pregnant women and international travelers who fall in any of the high-risk categories," Crider advised. "People infected with the human immunodeficiency virus also may be at increased risk for flu complications."

In addition, physicians, nurses and other health care

professionals should be immunized against influenza to avoid spreading the disease to groups at increased risk, according to recommendations from the Centers for Disease Control.

"Health professionals and others in close contact with people in high-risk groups should be immunized for their own protection as well as that of others," Crider said. "Vaccine should be offered to patients during routine clinic visits beginning in September and throughout the influenza season — typically December through April," he said.

Crider explained that all residents of chronic-care facilities, such as nursing homes, should be immunized immediately before the flu season. In addition, high-risk persons who are hospitalized from September through March and members of their households should be encouraged to get the vaccine, he said.

"We are asking administrators of all health-care facilities and agencies to take the extra effort to help make this winter a light flu season. They should start by offering vaccine to all their staffs — especially those who care for high-risk patients," Crider said.

Influenza vaccine, made from egg-grown viruses that have been inactivated, must be tailor-made to match the influenza viruses believed likely to circulate in the upcoming winter. The vaccine for the 1990-91 season will include A/Taiwan/1/86-like (H1N1), A/Shanghai/16/89-like (H3N2) and B/Yamagata/16/88-like antigens.

Annual vaccination is necessary because immunity declines with time. Because the vaccines differ from year to year, only the vaccine for the current season should be used.

(For more information, contact Mike Keenan, Adult Immunization Coordinator, at 512-458-7284 or Margaret Wilson, Public Information Coordinator, at 512-458-7405.)

TOMA H & I Committee Addresses Common Problem Areas

By Jerry E. Smola, D.O., Member
TOMA Hospitals, Insurance & Peer Review Committee

Once, patient satisfaction and reasonable success in treatment were the things that really counted in medical practice. In general, they still are but, with increasing intrusions by reviewers, it often seems that what gets written is more important than what gets done.

Insurance companies and their review organizations, hospital utilization review and quality assurance committees, Texas Department of Health and Texas Medical Foundation all review our hospital charts. Medicare is planning an office review of medical records and, more and more frequently, private insurers are asking for our office records. If the records substantiate that the care we billed for was indicated, appropriately delivered and charges were usual and customary, the reviewers usually recommend payment. If the records do not reflect this, the likelihood is that our charges will be cut by the third party payers.

At each meeting of the Hospitals, Insurance and Peer Review Committee of the Texas Osteopathic Medical Association, we see examples of good and poor documentation. Good documentation usually results in prompt payment and usually eliminates the need for peer review (usually, but not always).

Good medical records demonstrate that: a condition requiring treatment exists, an examination has been conducted in an adequate and appropriate fashion, a reasonable diagnosis has been established and appropriate treatment has been given.

We assume that all our physicians are acting in good faith, however, it can be very difficult, if not impossible to justify a \$45.00 office call, charges of \$85.00 for OMT and \$18.00 for an injection on a day where the medical record only states the following:

9/18/89 Patient feels worse, has had confrontation with his boss.

Good, concise records will aid in patient care and protect us from unjustified liability claims. They will also establish that we have properly performed our duties and are therefore due appropriate payment. The method or style used is not important but notes should be readable and should generally contain the elements found in the Problem Oriented Medical Record system commonly referred to as S.O.A.P. notes. That is:

S = Subjective — information supplied by the patient including complaints, improvements, complications and other pertinent remarks.

- O = Objective** — the findings of the physical exam, x-rays, lab tests, etc. which bear on the patient's problems.
- A = Assessment** — the diagnosis, differential diagnosis, diagnostic impressions and other matters which the physician feels are important to the case and its prognosis.
- P = Plan** — the treatment being given at this visit and plans for the future treatment or additional diagnostic studies which might prove useful.

While this format is usually helpful, some thought needs to be given to what is written. The follow notes are only slightly changed from notes obtained on a recent case:

- 11/20/89*
- S** — Patient hurt at work lifting trays, has neck, back and thigh to knee pain.
- A** — Acute cervical, thoracic and lumbosacral ligament strain with pain radiating to gluteus, thigh and knee.
- P** — Ansaid 100 bid, Parafon Forte qid, OMT.
- 11/21/89*
- S** — Follow-up — Has appointment for x-rays and exam.
- A** — Same.
- P** — CBC, Sed rate, thyroid profile, inflammatory profile, arthritis profile, platelets. X-ray cervical, thoracic, lumbosacral spine, coccyx and pelvis. Feldene.

There then follows some 20 almost identical progress notes stating:

- Date*
- S** — Follow-up
- A** — Same
- P** — OMT

Two of these notes include:

- 1) Needs CAT scan
- 2) Recommend acupuncture.

The insurance company did not feel the record justified the charges of well over \$7,500. ▶

The Committee feels that when a patient gets prolonged or frequent treatments for a specific condition, re-evaluations should occur at appropriate intervals. These office calls should be charged separately from the treatment. They should result in improved patient care and shorter disability times as well as provide current data which will substantiate the need for a continuation of the present therapy or indicate a need for change. We have had instances where patients with diagnoses of muscular strains and ligamentous sprains had an initial office visit and examination followed by daily (sometimes twice daily) physical therapy for over two months before being re-examined by the physician.

It has been our experience that prolonged therapy for sprains and strains will cause the insurance companies to question the necessity, frequency and length of the therapy. Having a reasonable treatment plan, recording the results of treatment and complicating factors and appropriate timely consultations will aid in obtaining reimbursement. Conveying these factors in a written report to the insurance company on a regular basis is necessary. We feel the insurance company should be billed for the reports as this is very time consuming work.

Prolonged therapy or frequent therapy sometimes causes problems because of too frequent office call charges. When a specific treatment is given at regular intervals or over a prolonged period of time, a regular office call charge in addition to the therapy charge may not be warranted. A separate office call charge should be made if there has been a change in the patient's condition, a new complaint arises, adequate time for a

reassessment has elapsed, or if the nature of the condition is unstable and subtle changes might be discovered which could be treated early to prevent further morbidity.

In cases involving primarily OMT, the records are probably going to have to be much more thorough if multiple areas are billed or if extensive time consuming treatments are utilized. In other words, we will most likely have to have a lot more complete progress notes detailing the patient's problems and treatment utilizing proper osteopathic terminology if we are charging \$75.00 or \$125.00 for OMT rather than \$15.00.

Another common problem frequently seen by our Committee involves the use of therapy that is not generally accepted by the medical community as a whole. We realize that many important breakthroughs in medical care were not recognized for years by the medical community. We also realize that many patients obtain considerable benefit from treatments that are not generally recognized. However, almost all insurance companies exclude these treatments from benefits by the terms of the contract. If you utilize these treatments you should inform your patients that they probably will not be covered by their insurance.

Our "H and I" Committee would prefer to serve the profession by helping to prevent problems in these areas. If we can help you please contact us through the TOM headquarters. This Committee is made up of physician hospital representatives and insurance company representatives and meets quarterly in Fort Worth.

Dr. Gilbert S. Bucholz is New AOA President-Elect

Gilbert S. Bucholz, D.O., of Toledo, Ohio, was elected president-elect of the AOA at the AOA House of Delegates meeting, July 15, in Chicago. A leader in osteopathic medicine, Dr. Bucholz has had a distinguished career in professional and community activities.

He currently serves as chairman of the Department of Radiology and Imaging at Parkview Hospital in Toledo, a position he has held since 1963. He is Northwest Regional Assistant Dean for the Ohio University College of Osteopathic Medicine in Athens, where he is also a Professor of Radiology.

Dr. Bucholz's impact on the osteopathic profession extends to leadership positions at both state and national levels. He is past president of the Ohio Osteopathic Association and has served in all other offices. He has also served as secretary of the Board of Trustees of Parkview Hospital, Toledo, and as past president of the Northwest Ohio Radiological Association.

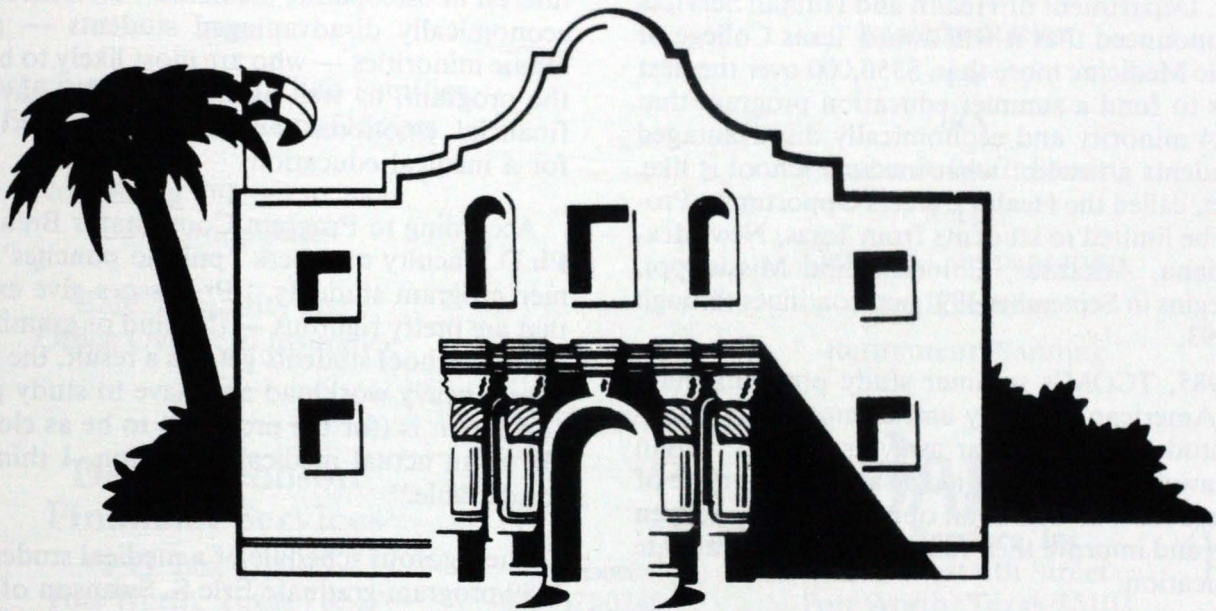
He is a director of the Northwest Ohio American Cancer Society and a trustee of the North Toledo Community House (a United Way Agency). He is a former trustee of: the Ohio Osteopathic Foundation; the North-

west Ohio Health Planning Association; and the Toledo Downtown Kiwanis.

On a national level, Dr. Bucholz has been an AOA trustee since 1983. He is chair of the AOA Department of Government Affairs and is a past chair of all major committees of the AOA Board of Trustees. He has also been an active supporter and organizer of involving osteopathic medical students at the national level.

Certified by the American Osteopathic Board of Radiology, Dr. Bucholz serves on the Board of Trustees of the American Osteopathic College of Radiology. He is a team physician for the Golden Gloves Boxing Association of Northwest Ohio and a former team physician for the United States Wrestling Team to the World Games and other international events.

Dr. Bucholz is a 1958 graduate of the University of Osteopathic Medicine and Health Sciences College of Osteopathic Medicine in Des Moines, Iowa, and served on the school's Board of Trustees. He completed his internship and residency training at Doctor's Hospital in Columbus, Ohio.



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TCOM Awarded Over \$350,000 for Education Program for Minorities

The U.S. Department of Health and Human Services recently announced that it will award Texas College of Osteopathic Medicine more than \$350,000 over the next three years to fund a summer education program that will give 24 minority and economically disadvantaged college students a taste of what medical school is like. The project, called the Health Careers Opportunity Program, will be limited to students from Texas, New Mexico, Louisiana, Arkansas, Colorado and Mississippi. Funding begins in September 1991 and continues through August 1993.

Since 1985, TCOM's summer study programs have given 386 American minority and economically disadvantaged students from as far away as the U.S. Virgin Islands, Hawaii and Puerto Rico a sample of the life of a medical student, as well as an opportunity to sharpen study skills and improve their marketability for graduate school education.

From 1985 to 1989, the cost of the eight week summer study program was funded through a federal grant awarded by the Department of Health and Human Services through the American Association of Colleges of Osteopathic Medicine. Between 60 and 90 students participated each year.

Because of a lack of external funding, TCOM paid to implement the 1990 program for 10 Texas residents. Those participating in the 1990 session, which ended July 27, were: Teresa Haskins of Arlington, Ikenna Nzeogu of Carrollton, Jose Gomez of Dallas, Sharon Wu of Denton, Karen Yeh of Euless, Victor Clark and Camille Rodriguez of Fort Worth, Jose Resendiz of Houston, Patricia Roberts of Missouri City and Truc Nguyen of Odessa.

Like medical students, TCOM summer study participants attend lectures, visit clinics, study and take tests within an introductory course of study that includes anatomy, biochemistry, pharmacology, physiology and osteopathic principles. (About 25 TCOM faculty members lecture students and offer clinical instruction.) They also receive training in test-taking strategies, study skills improvement and medical College Admission Test (MCAT) preparation; participate in a lively question and answer session with a panel of minority physicians (many of whom are TCOM graduates); and hear presentations from a variety of community leaders. Two second-year TCOM students, who are often summer program graduates, counsel, tutor and even live with summer program participants in dorms at Texas Christian University.

Applicants for TCOM's summer programs are evaluated on their grades, motivation, persistence and

interest in osteopathic medicine. Preference is shown to economically disadvantaged students — particularly ethnic minorities — who are most likely to benefit from the program, as well as students who have overcome financial, emotional or academic obstacles in preparing for a medical education.

According to Program Coordinator Brent M. Jones, Ph.D., faculty members "pull no punches" with summer program students. "Professors give examinations that are pretty rigorous — the kind of examinations that medical school students get. As a result, the participants have a heavy workload and have to study pretty hard. Our intent is (for the program) to be as close as possible to an actual medical education. I think it's quite comparable."

The rigorous schedule of a medical student surprised 1989 program graduate Erle S. Swanson of Lakewood, Colorado. "There's so much reading that you have to do and so much material that you have to understand in order to be successful," he said. "I quickly found out that there isn't a lot of time for you just to drift off; you have to be focused."

The program's success speaks for itself, said Jones. Of the 301 individuals who participated from 1985 to 1988, 157 have applied to a health professions school and 117 were offered admission. (At least seven are currently attending TCOM, with several more involved in various stages of the admission process.) "Most of them were admitted to osteopathic institutions, but others pursued dentistry, nursing and other health professions," Jones said.

Over the years, the summer program has become part of TCOM's sustained effort to enroll and retain minority students. However, the program's performance is not gauged strictly by how many students are admitted to TCOM or other medical schools, Jones said. "We attempt to give students who have expressed an interest in osteopathic medicine a chance to see firsthand what medical school is like. We count it a success if students discover they're not interested in medicine. It's better for them to find out now than in the second semester of actual medical school. Some of them find out they're very interested, and we hope this program will give them a springboard to further study."

The Health Careers Opportunity Program is managed by TCOM's Office of Admissions and Office of Student Affairs.

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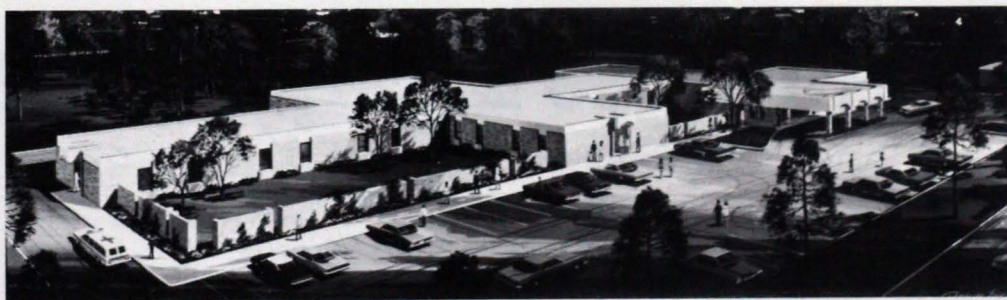
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Drs. Carlton and Cohen Honored at 1990 Medical Awards Night



Catherine Kenney Carlton, D.O., FAAO, and Phillip E. Cohen, D.O., received special recognition June 25, during the Osteopathic Medical Center of Texas' annual Medical Awards Night. Dr. Carlton received the 1990 Medical Staff Award — only the 16th such award ever — and Dr. Cohen was named "Teacher of the Year."

The Medical Staff Award recognizes a physician who has given OMCT outstanding leadership and dedicated service. The recipient is chosen by vote of the entire active medical staff of OMCT.

Dr. Carlton has been on the medical staff and a practicing Fort Worth physician longer than any other osteopathic physician in the city. For more than 50 years, her family and manipulative medicine practice has been located at 815 West Magnolia Avenue. Her first 10 years in practice were spent with her parents, who also were osteopathic physicians.

Dr. Harriette O'Connor and Dr. Jean Farrar, who presented the award, paid tribute to Dr. Carlton, listing her many community services during her years in practice. "She (Dr. Carlton) delivered babies by kerosene

lantern, representing everything osteopathic medicine stands for in our city."

Dr. Carlton graduated in 1938 from Kirksville College of Osteopathic Medicine, Kirksville, Missouri. She is a fellow of the American Academy of Osteopathy and is certified by the American College of General Practitioners. Her professional affiliations include TOMA, which she is a life member; AOA; AAO; and the American College of General Practitioners Osteopathic Medicine and Surgery.



Dr. Cohen was selected "Teacher of the Year" by the 1989-90 graduating intern class of OMCT. He is board certified in internal medicine by the American Osteopathic Board of Internal Medicine. Dr. Cohen attended the University of Michigan and graduated from the College of Osteopathic Medicine and Surgery in Do-

Moines, Iowa, in 1973. His professional affiliations include TOMA; AOA; and the American College of Osteopathic Internists.

Congratulations to Drs. Carlton and Cohen from TOMA.

AOA Passes Dues Increase

At the annual meeting of the AOA held July 11-15, the House of Delegates considered and acted favorably upon a bylaw amendment to increase full dues by \$75.00, effective immediately.

By now, AOA members should have received a supplemental dues notice which reflects the balance due. According to Mitchell Kasovac, D.O., AOA President, "The AOA's Bureau of Finance, Board of Trustees and House of Delegates have deferred this action as long as was possible (a decade) and fiscally responsible. On an annualized basis this \$75.00 increase amounts to only a 2.5 percent increase per year during a period in which inflation has been running at six to 11 percent per year. During that 10 year period AOA's important educational, government relations,

public relations, legal-advocacy and member services activities have been dramatically expanded.

"As we approach the profession's Centennial in 1992 both great opportunity and challenge face us. Our objective is to use our 100 Anniversary as a unique opportunity to explain and market the profession. We want to allocate significant organizational dollars to this marketing which has been so long neglected."

Additionally, Dr. Kasovac states that the presence of the AOA must be felt in every state of the nation in regards to the single pathway to medical licensure (USMLE). "The implementation of the USMLE, in possible derogation of distinctive osteopathic licensure, is the greatest threat to our continued viability since the attempted merger of the profession in California in the early 60's."

Risk Prevention Skills Workshop Offered to Physicians

Passage of the Omnibus Health Care Rescue Act, House Bill 18, created a state liability indemnification program entitling physicians to liability premium discounts. As a cooperative effort between the Texas Medical Association and TOMA, a series of workshops throughout the year that fulfill the continuing medical education requirement are being offered.

"Risk Prevention Skills" will help physicians better understand state indemnification, the 10 most prominent areas of preventable exposure, and informed consent. Participants also will gain new skills in record keeping, loss prevention, and patient safety.

The workshop and independent study system meet the CME requirement of 15 credit hours under HB 18. To be eligible for a discount, physicians also must provide 50 percent or more charity care as defined by HB 18, maintain a \$100,000/\$300,000 professional liability policy, and apply for the discount 30 days before the term of the policy.

Leading the workshops is Linda Mangels, Ph.D. She has led more than 150 risk management seminars nationwide to physicians in all specialties. Expert attorneys, physicians, and/or risk managers also will be on hand to answer questions.

Registration fee is \$195 and includes tuition, workbook/reference book, dinner buffet, four hours classroom instruction, 11 hours independent study course, and confidential computer-scored course evaluation for your own use. Pre-registration IS REQUIRED. To register, complete the workshop registration form and mail to the TMA. Registration and the dinner buffet begin at 5:00 p.m., with the workshop starting at 6:00 p.m. and running to 10:00 p.m.

The Risk Prevention Skills Workshop schedule, from June to November 1990, is as follows:

San Antonio — Wednesday, October 3
Brewster County Medical Society
200 West French Place
(512) 734-6691

Dallas — Thursday, November 8
Sheraton Mockingbird
1893 West Mockingbird Lane
(214) 634-8850

Austin — Wednesday, November 7
Austin Marriott by the Galleria
100 West Loop South
(512) 960-0111

Registration Form

Risk Prevention Skills

Communicating and Record Keeping in Clinical Practice

I will attend the workshop on: _____ (Date)

in: _____ (City)

Physician's Name: _____

Practice Address: _____

City: _____ Zip: _____

Phone: _____

Name of Liability Insurance Carrier: _____

Date Policy will Expire this year: _____

☐ My registration was made by telephone

☐ My check for \$195, made payable to TMA, is enclosed

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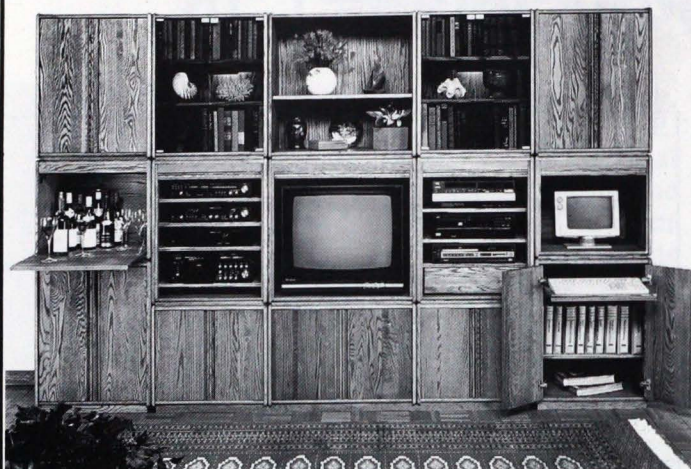
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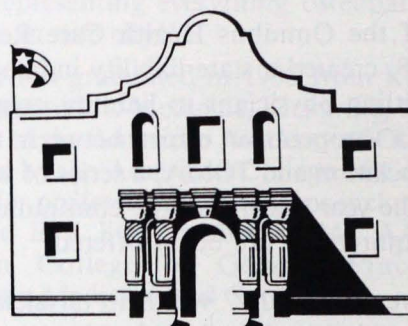
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