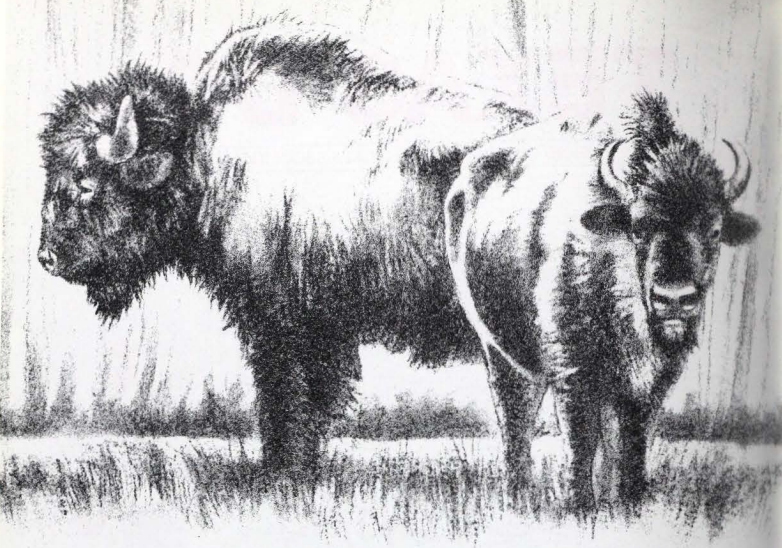
TEXAS DO

XXXVIII, No. 11 TEXAS OSTEOPATHIC MEDICAL ASSOCIATION December, 1991



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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	800/366-5706
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	800/725-9216
Medicare/CHAMPUS Beneficiary Inquiry	800/725-8315
Medicare Preprocedure Certification	800/725-8293
Private Review Preprocedure Certification	800/725-7388
Texas Osteopathic Medical Association	817/336-0549
	in Texas 800/444-TOMA
	Dallas Metro 429-9755
	FAX No. 817/336-8801
TOMA Med-Search	in Texas 800/444-TOMA
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

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TEXAS DO

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

December, 1991

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Calendar of Events

DECEMBER

6

Board of Trustees' Meeting
Texas Osteopathic Medical Association
Sheraton CentrePark Hotel
Arlington
Contact: TOMA
817/336-0549

7-8

TOMA Mid-Year Meeting & Legislative Seminar
Sheraton CentrePark Hotel
Arlington
Contact: TOMA
817/336-0549

8

"Risk Management Seminar"
TOMA
Sheraton CentrePark Hotel
Arlington
Hours: 5 Category 1-B
Contact: TOMA
817/336-0549

8

"AIDS Seminar"
TOMA
Sheraton CentrePark Hotel
Arlington
Hours: 3 Category 1-A
Contact: TOMA
817/336-0549

FEBRUARY, 1992

16-20

"Update in Clinical Medicine for Primary Care Physicians"
TCOM
Harvey's Resort Hotel
Lake Tahoe, Nevada
CME: 18 hours, Category 1-A
Contact: Nancy Tiede
TCOM, Office of CME
817/735-2581

29

Board of Trustees Meeting
Texas Osteopathic Medical Association
State Headquarters' Bldg.
Fort Worth
Contact: TOMA
817/336-0549

MARCH

3-4

American Osteopathic Board of General Practice
Examinations
Palm Springs, CA
Contact: Carol Thoma
708/635-8477

4-8

ACGP Annual Convention
Palm Springs, CA
Contact: Jennifer Atkins
800/323-0794

APRIL

28

Board of Trustees' Meeting
Texas Osteopathic Medical Association
Marriott Hotel
Corpus Christi
Contact: TOMA
817/336-0549

29

House of Delegates' Meeting
Texas Osteopathic Medical Association
Marriott Hotel
Corpus Christi
Contact: TOMA
817/336-0549

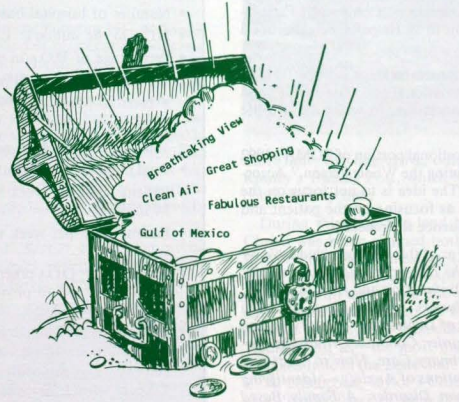
30 - May 3

93rd Annual Convention & Scientific Seminar
Texas Osteopathic medical Association
Marriott Hotel
Corpus Christi
Contact: TOMA
817/336-0549

TOMA Wants to "Share the Riches"

of Corpus Christi

with all of its members



93rd Annual Convention & Scientific Seminar

April 30 - May 3, 1992

Corpus Christi Marriott Hotel

Introducing TOMA's 1992 Program Chairman

Craig D. Whiting, D.O., of Euless, is handling the complex task of compiling topics and speakers to fulfill the CME portion of TOMA's 1992 convention.

A 1979 graduate of Texas College of Osteopathic Medicine, Dr. Whiting interned at Corpus Christi Osteopathic Hospital. Certified by the American Osteopathic Board of General Practice, he has practiced in Corpus Christi, Euless and Arlington.

Dr. Whiting is currently an assistant professor in the Department of General and Family Practice at TCOM, and is part of a collaborative practice with other physicians and nurse practitioners in a "Community Partnership Primary Care" clinic in an Hispanic neighborhood in the Fort Worth area.

Some of his numerous memberships include TOMA; TOMA District XV; the national and state ACGP; and the TCOM Alumni Association, in which he is a life member.

The theme of the educational portion of TOMA's 1992 convention will be "Treating the Whole Person." According to Dr. Whiting, "The idea is to not focus on the disease model as much as focusing on the patient and all the factors that influence their health."

Topics to be discussed as of this writing include: *Newer Approaches to Headache Diagnosis and Management; Presentations of TMJ Dysfunction and How to Treat It; Unusual Symptom Clusters May Indicate a Sleep Disorder; Presentations of Depression - Identifying and Treating a Common Disorder; Common Orthopedic Problems Presenting in Primary Care, How to Treat and When to Refer; Presentations of Anxiety — Identifying and Treating a Common Disorder; A Family Based Approach to the Prevention of Drug Abuse; Health Promotion, Disease Prevention — Can it Work in Your Office? Collaborative Practice; Stress, the Civilized Killer; Pesticides — Toxic Exposures with Multi-System Effects; Symptom of Environmental Allergy Exposure; Symptoms of Work-Place Exposures — Identifying the Risk; Tight Insulin Control of Diabetes; Cultural Influences on Patient Attitudes and Illnesses; and Curanderism.*

Additionaly, John Sortore of the TOMA staff will ramrod the Risk Management Seminar on Sunday, May 3. A total of five hours risk management can be obtained and physicians will be issued certificates for attendance. Three hours of OMT Workshops will be offered on Friday, May 1.

As it now stands, Dr. Whiting is anticipating approximately 24 CME hours for attending the TOMA convention. It should be noted that physicians will be required to sign in each morning to obtain credit.

Watch your mail for upcoming information on the TOMA Annual Convention and Scientific Seminar, April 29 - May 2, 1992, in Corpus Christi. ■

Osteopathic Medicine Facts

- Total number of D.O.s: 30,924
- Number of office-based D.O.s: 16,412
- Number of hospital-based D.O.s: 2,104
- D.O.s in the military: 1,373
- Percentage of D.O.s in primary care: 58%
  - General practice: 51%
  - Internal Medicine: 5%
  - Pediatrics: 2%
- Total number of AOA-accredited hospitals: 143
- Total number of osteopathic hospital beds: 25,371
- Patient visits per week to primary care D.O.s: 84 million
- Patient visits per week to primary care D.O.s: 1,768,421
- Percentage of D.O.s practicing in towns of 10,000 or less: 15% of all physicians (both allopathic and osteopathic)
- Number of students enrolled in colleges of osteopathic medicine for 1990-1991: 6,726
- Percentage of minorities in first-year class of medical school for 1988-1989: 10%
- Number of females in first-year class of medical school for 1988-1989: one-third
- Growth rate of profession: 5%, or more than 1,300/year
- Forecast for D.O.s:
  - 1990: 30,690 D.O.s, 14.38% female
  - 1995: 36,602 D.O.s, 17.52% female
  - 2000: 42,219 D.O.s, 19.80% female
  - 2005: 48,250 D.O.s, 21.31% female
  - 2010: 53,230 D.O.s, 22.78% female

(This information was obtained from the AOA's 1991 directory and 1990 Census.)

Join Us In Corpus Christi For Some High Adventure

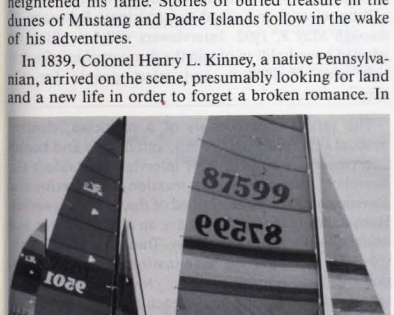
During the 93rd Annual TOMA Convention and Scientific Seminar, April 29 - May 2, 1992

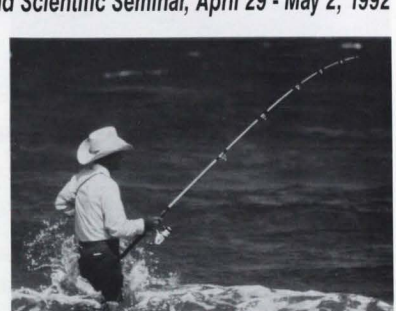
Located near the southernmost tip of Texas, Corpus Christi is a city which, from the time of earliest exploration, has known high adventure. Tradition holds that the bay was named by the Spanish explorer Alonso Alvarez de Pineda, who discovered it on Corpus Christi Day in 1519, claiming the outer island and the land beyond for the King of Spain.

During the next two centuries, the area was visited by other explorers who came by land or sea. However, Spanish attempts at developing a regular settlement were thwarted due to the isolation from Spanish presidios and the continuous threat of the cannibalistic Karankawa and other tribes of Indians.

Legend has it that sometime between 1817 and 1821, Jean Lafitte, leader of a band of pirates and smugglers, holed up in Corpus Christi. His ship was commissioned by several of the Latin American nations in revolt against Spain, and wreaked havoc with Spanish commerce. It's not known for sure what happened to Jean Lafitte, although evidence suggests he may have died in Mexico in 1826. He was regarded as a romantic figure during his lifetime and, after his death, legend has heightened his fame. Stories of buried treasure in the dunes of Mustang and Padre Islands follow in the wake of his adventures.

In 1839, Colonel Henry L. Kinney, a native Pennsylvanian, arrived on the scene, presumably looking for land and a new life in order to forget a broken romance. In short time, this aggressive, outspoken man established Kinney's Trading Post, which blossomed into a village controlled by him.

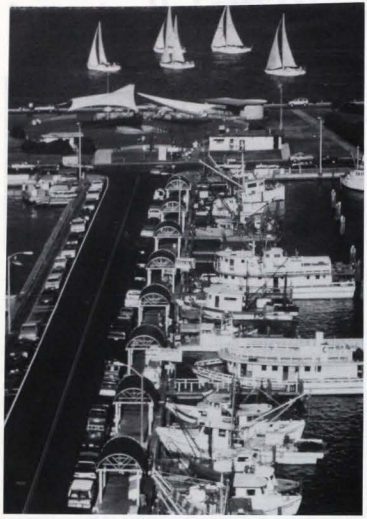




During this time, the land bordering upon Corpus Christi was being claimed both by Mexico and Texas. In 1845, due to the mexican threat, General Zachary Taylor arrived with U.S. troops, thus boosting the local economy with army gold and creating a spurt of new enterprises. According to the Encyclopedia of Texas, a member of Taylor's expedition described Kinney's Trading Post as "the most murderous, thieving God-forsaken hole in the Lone Star. . .or out of it." Colonel E. A. Hitchcock, Taylor's Chief of Staff, referred to it as a "small village of smugglers and lawless men with but few women and no ladies," to which Kinney's retort was, "Ladies are all right, I reckon, but I've never seen one yet that was worth a damn as a cook!"

In 1846, Taylor began his historic march to Mexico and in 1848, the ever-resourceful Kinney began an advertising blitz of his town, calling it "the Italy of America." Settlers were imported and immigrants arrived in the port town, and shortly thereafter, Kinney began a trade association between Corpus Christi and Mexico. About this time, "something more definite for a postmark on letters" was needed, so Kinney's Post was changed to Corpus Christi.

▸



The years brought occasional raids and other problems, however, Corpus Christi began gaining in importance. A railroad was started, and enterprises began such as shipping, commercial fishing, agriculture and the export of sea foods. The Port of Corpus Christi opened in 1926 and is the sixth largest port in the nation. The city's resort potential was discovered early and it continues to be an important factor.

Corpus Christi is known for its pronounced South Texas hospitality and charm and the same sense of adventure that marked its early years is still evident today. Activities are varied enough to provide something for everyone — from swimming to beachcombing; sailboarding to shell collecting; shopping to surrey rides; sunrise watchers to sunset watchers; fishing to seafood sampling; and sightseeing to dog racing. An average temperature of 72 degrees makes every and any sport inviting.

TOMA's headquarters hotel for the 1992 convention is the Corpus Christi Marriott Bayfront, located at 900 North Shoreline Boulevard. This exclusive hotel overlooks the beautiful Corpus Christi Bay and caters to luxurious living.

Mark your calendars and join us for some high adventure in Corpus Christi, during TOMA's annual convention, April 29 - May 2, 1992. ■

National Health Survey Continues

The National Center for Health Statistics is conducting a major study of the health of persons living in the United States aged two months and older. The survey is part of the U.S. Public Health Service's continuing study of the nation's health. Entitled the National Health and Nutrition Examination Survey III (NHANES III), it is the seventh of these surveys and is the largest. Results provide important data on health conditions and concerns in this country and are used to estimate the prevalence of major disease, nutritional disorders and potential risk factors. Data will be collected through household interview and standardized medical examinations in a mobile examination center.

Four Texas counties, Dallas, LaSalle, Hopkins and Travis have been selected as survey locations. The survey will be conducted in Dallas County from December 11, 1991 through January 29, 1992. A sample of 426 people from Dallas County will be asked to participate in the survey. In LaSalle County, a sample of 421 people will be selected and asked to participate February 17 through March 20, 1992. In Hopkins County a sample of 389 will be selected and asked to participate February 7 through April 4, 1992. In Travis County, a sample of 534 will be selected and asked to participate February 27 through May 8, 1992. Interviewers will be calling on selected households to obtain the demographic information used to identify and select people for the examination.

The survey team consists of a physician, dentist, medical and health technicians, and dietary and health interviewers. A large staff of interviewers conduct the household interview. In each location, local health and government officials are notified of the upcoming survey. Households in the survey receive an advance letter and booklet to introduce the survey. Transportation is provided to and from the examination center and participants receive remuneration. Medical and dental reports of findings are sent to each participant, and all information collected in the survey is kept strictly confidential.

By identifying the health care needs of the population in such a fashion, agencies of the government and the private sector can establish policies and plan research, education, and health promotion programs that will help improve the current health status of the population and prevent future health problems. ■

Pre-Register-Win a DeLuxe Double Room for Four Nights

DRAWING WILL BE HELD DURING THE SATURDAY MORNING
REFRESHMENT BREAK WITH THE EXHIBITORS
AT THE MUNICIPAL AUDITORIUM — 10:00 a.m.

Texas Osteopathic Medical Association

93rd Annual Convention

TOMA Members pre-registration — $300; Members at-the-door — $400;
Spouses, Military, Retired, Interns, Residents and Associates — $150; at-the-door — $200
Non-Members — $700; Non-Members at-the-door — $750

To take advantage of the advance registration discount, payment must accompany this form.

PRE-REGISTRATION DEADLINE — APRIL 15

Name_____ First Name for Badge_____
(please print)

City_____ State_____ AOA Membership No._____

D.O. College_____ Year Graduated_____

My Spouse_____ will_____ will not_____ accompany me.
(first name for badge)

My Guest_____ will_____ will not_____ accompany me.
(first AND last name for badge)

TOMA Annual Golf Tournament Registration

Name_____

Address_____

Handicap_____

$45 per person
includes
½ cart, green fees, transportation
(Cash Bar)
To Be Announced
Friday, May 1, 1992

CHECK ENCLOSED_____
(please make payable to TOMA)

Refund Policy

The REFUND POLICY for the 93rd Annual Convention is as follows: All cancellations must be received in writing; no telephone cancellations will be accepted. A $25.00 processing fee will be charged to all registrants who cancel. If cancellation is necessary, the following policy will apply:

More than 45 days prior to program, FULL REFUND (less processing fee).

30-45 days prior to program, 50 percent of fees paid will be refunded.

15-30 days prior to program, 25 percent of fees paid will be refunded.

Less than 15 days prior to program, NO REFUND.

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:

DEAN, JACOBSON FINANCIAL SERVICES

(*Formerly William H. Dean & Associates*)

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

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

Texas ACGP Update

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

The Texas ACGP has outgrown its midyear seminar accommodations as far as exhibit space, educations room, etc. It is my pleasure to announce that the 1992 Texas ACGP Midyear Seminar will be held at the Doubletree Hotel at Park West in Dallas, Texas. I will have more news about the relocation in upcoming articles.

A major effort to reorganize health and human services in Texas took place this summer in Austin. The following material came from an article in the October issue of *We* magazine. House Bill 7 (HB 7) was passed by the 72nd legislature in special session last August and establishes a framework for Texas health and human service agencies to work together in a more efficient manner. HB 7 creates a new health and human services commission to oversee 11 current human services agencies. In addition to the Texas Department of Human Services (DHS), they are the Texas Department of Health (TDH), the Department of Mental Health and Mental Retardation (MHMR), the Texas Rehabilitation Commission, the Texas Commission for the Blind, the Texas Commission for the Deaf and Hearing Impaired, the Texas Youth Commission, the Texas Juvenile Probation Commission, the Texas Commission on Alcohol and Drug Abuse, the Texas Department of Aging, and the InterAgency Council on Early Childhood Intervention Services.

A health and human services commissioner is to be appointed by the governor no later than March 1, 1992. During fiscal years 1992 and 1993, the commission will oversee the reorganization of health and human services. A strategic plan for health and human services is to be developed, and a consolidated budget request must be submitted to the next regular session of the Legislature. Both are to be updated every two years.

The commission will present its plans for a permanent, governing structure and consolidation of human services program and functions to the 73rd Legislature for its consideration in 1993. Given legislative approval, the plan is to be fully implemented by September 1, 1995. The current agencies and their boards will generally remain in place for the next two years, under the umbrella of the Health and Human Services Commission.

Several major shifts affecting DHS are legislatively mandated to occur before 1995. On September 1, 1993, DHS will transfer its largest program, purchased health services (PHS), to a newly created Department of Public Health (DPH). At the same time, numerous programs administered by the current health department will be moved to DPH, which HB 7 designates as the primary state agency for health services. In contrast to the current 18-member TDH board, DPH will be governed by a six-person board appointed by the governor.

Other DHS programs that will be moved to DPH on September 1, 1993, include Family Planning; Indigent Health Care; Early and Periodic Screening, Diagnosis, and Treatment; and other preventive health services. Concurrently, functions related to the licensing and certification of long-term care facilities that are now administered by TDH will be transferred to DHS.

HB 7 provides for legislative oversight of the transition by creating a legislative health and human services board composed of the Lt. Governor, Speaker of the House, Chair of the Senate Health and Human Services Committee, Chair of the Senate Finance Committee, four representatives, and two additional senators. The board may review actions of the health and human services commission or any of its agencies. Additionally, the board can intervene when it believes that agency action conflicts with legislative intent.

That term "certification" keeps popping up to remind physicians of things to come. Time and the federal bureaucracy stops for no man. At the recent MCAC meeting in Austin on 11-8-91, several items came before the committee and were approved.

Agenda item number 19 dealing with physician certification requirements for practitioners providing services to pregnant/postpartum women and children under age 21 was approved by the MCAC. Physicians must have one of the following to be considered "certified" for the purposes of Medicaid payment:

1. Certification by the appropriate medical specialty board for family practice or obstetrics (if treating pregnant or postpartum women), or for family practice or pediatrics (if treating children under age 21): or

2. A formal referring/consulting arrangement with a physician certified as in number 1 above, for purposes of specialized treatment and hospitalization; or

3. Admitting privileges in a Title XIX (Medicaid) — participating hospital; or

4. Employment/affiliation with a federally qualified health center; or

5. Membership in the National Health Service Corp; or

6. Certification as qualified to provide services to these clients by the Secretary (of the U.S. Department of Health and Human Services).

Physicians enrolling after January 1, 1992, who intend to treat these special populations will be required to meet certification requirements as of this date. Physicians currently enrolled in Medicaid will be allowed until January 1, 1994 to comply with these requirements. This is federally mandated by OBRA '90. ▶

The new Texas Medicaid reimbursement methodology (TMRM) for physicians and certain other practitioners was approved by the MCAC and sent to the TDHS board for their evaluation. The TMRM was highlighted in the October issue of the *Texas DO* on page 12. If everything goes according to plan, the effective date of implementation will be 4-1-92. The TMRM is not a perfect system of reimbursement, but it is flexible and is a good start in the right direction.

Another year is rapidly coming to an end. The holiday season is the traditional time to stop and reflect on the events of the year. It is the time to enjoy the company of our loved ones, family, friends, and colleagues. It is a time to pause and remember those who have departed but still occupy a special place in our hearts and minds. Unfortunately, very few of us take the time to stop and smell the roses. We tend to forget that life is short and that we are mortals.

The adversities encountered by practicing physicians in Texas are ever increasing and, as a result, the medical environment is not always conducive to humor, laughter, or smiles. In fact, at times during the past year, I'm sure that many physicians felt like a character out of some Christmas play — Scrooge or perhaps the Grinch Who Stole Christmas.

I struggle daily to not let adversity affect my personal demeanor. This is important because of young, impressionable minds. For me, Christmas comes early and often during the year. I see it daily in the smiling, trusting faces of children. I try hard not to let the things of this world extinguish those smiles. I try hard not to let my words or actions change those smiles to frowns or, perhaps tears. I try hard to be that haven where safety and security can be found. I try hard to live up to the title that the children have given me — "My doctor."

For the children, let us all take time this coming year to stop and smell the roses.

On behalf of the Texas ACGP officers, trustees, and ex-officio members, I would like to wish everyone a Happy and Healthy New Year. I look forward to visiting with some of you at TOMA's Midyear Conference/Legislative Forum scheduled for December 7-8, 1991. ■

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.

[1]1985 Commissioners' Individual Disability Table A. Seven-day Continuance Table.
[2]LIMRA, 1989, as measured in annualized premium in force, new annualized premium and new paid premium.

Dean, Jacobson Financial Services
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P.O. Box 470185
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Provident Means Business.

Mrs. Estella Brown and S/D Gerstenberg

A Personal Experience to Show the Efficacy of Osteopathic Treatments

By K. Paul Gerstenberg (3rd Year Student at TCOM)

You'd never imagine she is almost 80 years old. Mrs. Estella Brown is a living testimony of the wonders of osteopathic manipulative therapy. Years ago, both she and her husband served as nurses at a mission camp in Africa. Upon decades of service there, they (I guess you might say) "retired" and moved back to the states to serve as full-time health staff at Frontier Camp deep in the east Texas piney woods.

Estella has faithfully continued on since her husband Tom passed away some five years ago. She maintains a very busy schedule, and it has been my pleasure and honor to have kept in touch with this wonderfully challenging individual since I was a camper about fifteen years ago.

This is her personal account from sometime prior to 1950:

"While I was in Nigeria ready to leave for a short assignment by plane to Niger, I mentioned that I had a slight twinge in my lower back that I thought should be checked out. I was not given a choice, but taken directly to the SIM (Sudan Interior Missions) hospital in Jos where an orthopedic specialist ordered I be admitted and put in traction immediately. Then followed complete bed-rest as the condition simply worsened. Before long I was unable to sit up, or stand without severe pain. Flat on my back for weeks, I managed to eat with the food tray on my chest. The only other position I could tolerate, was when (I) turned over, and (was) on "all fours" to rest my back.

"After some 60 days in the hospital bed, one morning I asked the specialist, "Doctor, do you think my problem is a pinched nerve?" to which he replied, "Possibly so." I then blurted out, "Well then, I know Dr. H. (an osteopath) can help me." (He had given *immediate* relief to me several years earlier when I had a "catch" in my back that was extremely painful.) I knew he was visiting in Jos at that time. The specialist quietly said, "Well, let's call him in."

"After the osteopath's *first* treatment I was able to stand without pain — after all those miserable weeks in bed. He came daily for one week, and each treatment helped my flaccid muscles to take over holding my back in place again. At the end of that week I had normal movement in every way, closing out my 72-day stay in the hospital. I would have been a stretcher-case sent home otherwise, I'm sure.

"God knows how to use osteopathic and chiropractic skills in a great variety of back problems, and at greatly reduced cost compared to standard M.D. procedures.

Signed,
Mrs. Estella Brown"

Medicare/Medicaid News

By Don Self
Medical Consultants of Texas

I. New CPT Codes for Visits

The new 1992 CPT code books will have 93 new codes for visit charges to be used with Medicare claims. Medicaid may also require these new codes, but that is unknown at this time. The book will still have the traditional CPT codes for visits (such as 90010, 90050, 90215, etc.), but these will only be used with private carriers and Workers Comp claims. For Medicare, you will want to use the following new codes:

A.	NEW PATIENT - OFFICE	99201 - 99205
B.	EST PATIENT - OFFICE	99211 - 99215
C.	INITIAL HOSPITAL CARE	99221 - 99223
D.	SUBSEQUENT HOSPITAL CARE	99231 - 99233
E.	HOSPITAL DISCHARGE SERVICES	99238
F.	OFFICE CONSULTATIONS	99241 - 99245
G.	INITIAL IN-PATIENT CONSULTS	99251 - 99255
H.	FOLLOW-UP IN-PATIENT CONSULTS	99261 - 99265
I.	CONFIRMATORY CONSULTATIONS	99271 - 99275
J.	EMERGENCY DEPARTMENT SERVICES	99281 - 99288
K.	CRITICAL CARE SERVICES	99281 - 99292
L.	NURSING FACILITY CODES	
	1. INITIAL ADMISSION	99301
	2. REASSESSMENT READMIT	99302
	3. ANNUAL INITIAL ADMIN.	99303
M.	DOMICILIARY (REST HOME)	
	1. NEW PATIENT	99321 - 99323
	2. ESTABLISHED PATIENT	99331 - 99333
N.	HOME SERVICES	
	1. NEW PATIENT	99341 - 99343
	2. ESTABLISHED PATIENT	99351 - 99353
O.	CASE MANAGEMENT SERVICES	
	1. TEAM CONFERENCE	99361 - 99362
	2. TELEPHONE CALLS	99371 - 99373
P.	PREVENTIVE MEDICINE SERVICES	
	1. NEW PATIENT	99381 - 99387
	2. ESTABLISHED PATIENT	99391 - 99397
	3. INDIVIDUAL COUNSELING	99401 - 99404
	4. GROUP COUNSELING	99411 - 99412
	5. OTHER	99420 - 99429

Be careful of what literature you see from the T.M.A. on these codes. Two weeks ago they sent some literature to one client that said the new codes were alpha-numeric. (In May of this year, the AMA and HCFA decided upon the codes shown above.)

II. New HCFA 1500 Claim Form Usage

Yes, the new HCFA 1500 form is out and being accepted by Medicare carriers. The new form is not *required* to be used on assigned claims until April 1, 1992. The problem is that the new form is confusing if you have not attended a class on how to use it. It is misleading in the boxes, and we do not recommend you use the new form until you have attended a class on its usage. For this reason, we are teaching a workshop on this and other subjects. There are some good workshops out there, but we caution you to be careful. Lately, quite a few workshops have had incorrect information given.

III. Workshop For Retainers

The workshop for retainer clients is on Wednesday, December 18, from 8:30 to 4:00, at the Sheraton Hotel (next to Arlington Stadium) in Arlington, Texas. The workshops are intended for the physician, office managers and insurance personnel. To cover expenses for the workshop (conference room, audio system, refreshments and workbooks), we are asking retainer clients to pay $40.00 per person. If you tell a colleague about the workshop, they are welcome to attend, but the fee for non-retainers is $145 per person. Of course, you can tell them that the guarantee applies to them also, in that they must be satisfied or they receive a 100 percent refund. The subjects taught at this workshop will be on:

- The 1992 RBRVS Ramifications
- The 1992 Conversion & Blended Fee Schedule
- How to Complete the new HCFA 1500 Claim Form
- The Senate Bill authorizing 11 day payment on ECS - 27 on paper
- How to use UPINs and when to use them
- Global Surgery Rules for 1992 & their impact
- Multiple Procedure Rules in 1992
- The 93 New CPT codes for Medicare only
- Physician Payment Reform & Data Standardization

While we could (and will) address all of these issues in our newsletters to you, it is our belief that we could do a much better job of explaining all of this in a one day workshop to you and/or your staff. The room rate at the hotel is $72 (single or double occupancy), and the Super Shuttle from DFW airport is available at $9.00 each way. If you are interested in this one day conference, please call us TODAY and let us know, so that we may plan accordingly. We need to hear from you as soon as possible so that we will know how many workbooks to prepare and if we should get a larger room. The room will only hold 60 people. ▸

IV. 1992 Disclosure Reports

It appears that Congress and HCFA are doing it to us again. For the last two years, HCFA was late in getting vital information to Medicare, and consequently, Medicare was not able to get the needed Disclosure Reports to the physicians in a timely manner. This year we are faced with more changes in our system that we have ever seen at one time since the birth of Medicare. This year we have the following changes that will affect every physician:

A. New HCFA 1500 Claim Forms (National Standard Format)
B. Inception of the RBRVS Payment System
C. New CPT codes to be used on Medicare
D. New Global Surgery Rules
E. New Multiple Procedure Rules
F. New Procedure Modifiers

With all of these changes, the physicians also have to make a determination on their participation status for '92. We hoped to have a par-nonpar reference available by now, but we have been unable to, due to HCFA not publicizing their new RBRVS conversion factor. One source we have (although it is not verified yet) says the conversion factor will be $30.016. This is definitely an improvement over the $26 factor we first saw in May. Once we have confirmation of the new conversion factor, we will try to send out a notice concerning participation versus non-participation for '92 to all retainer clients.

V. Blue Cross/Blue Shield Par Plan

In the past two issues we have commented on the new Texas law concerning the mandate that insurance carriers will be required to honor the assignment by physicians. At this time, the State Board of Insurance does not have the authority to enforce this law, so we expect carriers to continue doing as they always have. . . honoring it when they want to. We also found this law did not apply to BC/BS due to BC/BS being a non-profit organization (Don't ask me how, as I don't know how an insurance carrier as large as they are can be non-profit). We've also met with the Senior Manager of their ParPlan and discussed the ramification of the new plan. Effective January 1, BC/BS will not honor assignment and mail the check to the physician, unless the physician joins their ParPlan. The ParPlan is designed to steer patients towards their ParPlan physician members and from what we can see, at this point, has no downside. If you sign up with their plan, you agree to accept their "UCR" as the total amount to be collected, and it appears their UCR is higher than the majority of our client's fees. BC/BS will send a check to you (if you accept assignment), for the percentage they pay (usually 80 percent) and the patient owes you the full remainder of the UCR. The patient still has to pay their portion, the way they do now. Consequently, if you do not sign up, they will not send you the check and you will have to try to collect it from the patient. As you know, this is not too difficult for office services, but can be almost impossible for hospital charges. Another aspect of the ParPlan is that you may elect to withdraw from the ParPlan with 30 days written notice. If you have any doubts about their UCR, you can send a list of your codes/fees to BC/BS and they will compare your fees to the UCR for you and report back to you. Since you have this option, we have reversed our position and recommend you sign up, if you have more than a few BC/BS patients. You can get more information from Michelle Flukinger at BC/BS. You can reach her at (214) 669-6031.

VI. Payment Delays & $1.00 Charge

In a meeting with Medicare (see section VII) last Friday, we discovered that HCFA has a bill they are about to hide on the rear of another Senate bill authorizing HCFA new payment floors for paper/electronic claims. They are waiting until a nonpartisan bill appears that should pass without any delays or debates. The bill, if passed, will authorize Medicare to pay electronic claims in 11 days and paper claims no sooner than 27 days. This bill also mandates a $1.00 charge (assessed to the physician) for each paper claim filed to Medicare. This move is intended to promote more physicians into filing claims electronically, which saves HCFA billions of dollars. What is also interesting is the number of claims being received daily by Medicare. BC/BS receives more than 150,000 Medicare claims DAILY, which equals to more than 3 millions claims per month. Since it costs Medicare more than $1.60 to process each paper claim, and less than 40 cents to process electronic claims, this equates to a savings by Medicare of more than $3.8 Million per month, if they were to receive all claims electronically. Curraently Texas Medicare receives 42 percent of the claims electronically and HCFA has placed a mandate on them to get that figure up to 55 percent by the end of 92; 65 percent in 1993 and 75 percent in 1994. Since they are processing so many claims each day, Medicare Texas (and probably other carriers also) has received permission to "prioritize" claims effective December 1. Therefore, Medicare will be processing and paying electronic claims before paper claims. Their estimation is that this will slow down the payment cycle for paper claims to 20 days effective December 1. As the number of claims they receive increase, so will the delays on payment for paper claims. Once again, we recommend you immediately start filing claims to Medicare electronically.

VII. Electronic Claims Services

Present in the meetings last Friday with Medicare were about 200 representatives from Computer Programmers, Salespersonnel, Claims Filing Services and Clearing Houses. These were vendors of claims packages being sold to physicians with computer sales. Many of the questions asked in these meetings by these people were so absurd, it was evident that many of the people out there ▸

filing claims for physicians know practically nothing about Medicare. I was completely astounded! When I asked Medicare about Vendor Certification in that anyone filing claims to Medicare on behalf of physicians attending classes to learn Medicare, there was an uproar among the vendors. They do not want to have to learn anything about Medicare in order to file claims for physicians. I was sitting next to two people from Control-O-Fax and they were in favor of this certification of vendors. We still recommend the Control-O-Fax Ultrabill system if you are looking to file claims electronically to all carriers from your office. If you want someone to review the claims for you, to reduce denials and delays, before filing the Medicare, Medicaid and BC/BS claims, we encourage you to call us. We are doing this quite successfully for clients today at $1.50 per claim, for retainer clients (which is less than the $2.00 to $4.00 you will see elsewhere) and you get the peace of mind knowing that your trusted Medicare consultants are doing it for you.

AS ALWAYS, THANK YOU SINCERELY FOR ALLOWING US TO SERVE YOU. WE WISH EACH AND ALL A HAPPY HOLIDAY SEASON.

Special Addendum Concerning Flu Injections to Medicare/Medicaid PTS

We talked to Medicare today and found they do not transfer claims to Medicaid for non-covered services. If the claim has other services on the claim, then they transfer the other services, but they do not identify the service that was non-covered. So, we called Medicaid. Medicaid advises that you should file claims for Medicare-Medicaid crossover patients (for flu injections) directly to Medicaid, as if Medicaid is the primary insurance, in order to get paid for the flu injections. You should not collect money from the Medicare/Medicaid patient for flu injections (90724) since it is a covered service by Medicaid.

Therefore, we recommend you file all claims for flu injections directly to Medicaid, not listing Medicare anywhere on the claim.

Don Self

TCOM Researcher Developing Alternative To Animal Testing

Robert W. Gracy, Ph.D., chairman of the department of biochemistry at Texas College of Osteopathic Medicine, has been awarded a state-supported grant that could lead to a drastic reduction in the number of animals needed for medical research into how wounds heal.

Gracy received a $180,000 grant under the Advanced Technology Program to continue his development of human skin and corneal equivalents. His laboratory has created a fully-developed equivalent of human skin to study the aging process and the healing of wounds to the skin.

The benefits of a laboratory-grown skin equivalent are manifold. "A new product that promotes healing can be tested on it and quickly evaluated in terms of method of application, dosage and the type of format — cream, gel, etc. — it is produced in. Hundreds of different concentrations can be tested at the same time at a fraction of the cost of other forms of testing. The opportunity to screen and find better drugs quickly is greatly enhanced," said Gracy.

The system may also greatly reduce the number of animals needed for research on how wounds heal. "Until recently, the experimental side of wound healing has been restricted primarily to animals," Gracy said. "While the skin equivalent system may not totally replace animal usage, perhaps it could help researchers narrow the range and test toxicity on far fewer animals." Gracy said the human skin equivalent is highly controllable and reproducible. "It has surprised us how incredibly accurate it is in mimicking real skin," he added.

Gracy states that the human cornea equivalent offers important potential since the cornea, like the skin, deteriorates with age and is constantly damaged by ultraviolent light, cuts and abrasions. The corneal equivalent will permit screening and evaluation of the toxicity, dosage, metabolism and long-term effects of new drugs and will reduce dependency on animals tests for pharmaceutical toxicity.

The skin equivalent system already has played an important role in the testing of a Johnson & Johnson product, Interceded® , which helps prevent tissue adhesions after surgery. The tests on the skin equivalent system helped the company gain FDA approval, and Interceed® was named one of the top 10 new products of 1990. Gracy's research team also has developed a compound that may be used to treat psoriasis. The compound is under FDA evaluation.

Gracy's laboratory recently completed methods for isolating the three kinds of cells of the cornea and have constructed a partial corneal equivalent. "An entire CE (corneal equivalent) can now be assembled and made as effective as possible in about six months," said Gracy. Combining skin and corneal studies makes sense, according to the researcher. "One of the things we're interested in determining is why the cornea is so much more effective at healing than the skin," he said.

Development of the skin and corneal equivalent systems was a natural extension of research on aging already being conducted at TCOM. Gracy received a $3 million, 10-year MERIT award from the National Institutes of Health in 1987 and about $340,000 in grants from the Advanced Technology Program of the Texas Higher Education Coordinating Board. ■

FYI

FDA TOLL-FREE PHONE LINE FOR HEALTH PROFESSIONALS

The U.S. Food and Drug Administration has established a toll-free telephone service for health professionals. Physicians, pharmacists, nurses, veterinarians and other health professionals can use it to ask questions about the agency's policies on medical advertising, marketing, and promotion and to discuss promotional activities and practices for health care products that may require FDA attention. The service is designed to cover issues involving drugs, biologicals, medical devices and veterinary products. When appropriate, FDA will refer calls to outside medical, industry and trade organizations who have agreed to accept them.

The main number, 1-800-238-7332, is answered by medical staff in the FDA Office of Health Affairs during normal business hours. Automatic answering equipment allows callers to record requests for information or leave messages at other times. A telecopier (FAX) is available for the transmission of documents during and after business hours. The FAX number is 1-800-344-3332.

(Texas Preventable Disease News, Vol. 51, No. 20)

NEW PRESIDENT APPOINTED FOR UHS/COM

The board of trustees of the University of Health Sciences College of Osteopathic Medicine, Kansas City, Missouri, has appointed John Perrin, J.D., as president of the university.

Perrin has served as executive director of the American Osteopathic Association since 1982 and has more than 20 years of executive experience within the osteopathic profession. He served as a legal counsel to the AOA's Washington, D.C., office from 1970 until 1982, when he was selected by the AOA as its first non-D.O. executive director.

Perrin assumed the presidency during the AOA's national convention in New Orleans, Louisiana, November 3-7.

GOVERNMENT IS GOING AFTER DME FRAUD

The government is moving to stop abuses in the sale of durable medical equipment through regulations and legislative proposals.

According to Dr. Louis Sullivan, Secretary of the Department of Health and Human Services, the government will be setting national standards for suppliers of medical equipment, requiring that they be attentive to consumer complaints and that they repair or replace defective items sold to Medicare beneficiaries.

The key change involves stopping a process whereby equipment dealers operate from the states with the best payment rates. In the future, claims will be paid according to where the beneficiary lives, not where the sale was made.

Experts say that Medicare accounts for approximately 45 percent of all sales of home medical equipment. The new regulations are anticipated to save $80 million next year and more than $1 billion over five years.

Season's Greetings!

POVERTY RATE UP FOR OLDER AMERICANS

According to the Census Bureau, the poverty rate for persons over 65 climbed to 12.2 percent in 1990, up from 11.4 percent in 1989. The rate increased with age, reaching 16 percent for persons 75 years and older.

LEAD LEVELS FOR CHILDREN LOWERED

HHS Secretary Louis Sullivan, M.D., has announced a change in the threshold level at which children are considered to have lead poisoning — from 25 to 10 mcg of lead per dl of blood.

NEW LOCATION FOR AOHA

The American Osteopathic Hospital Association has relocated to:

Suite 630
5301 Wisconsin Avenue, N.W.
Washington, D.C. 20015

The new phone number is:
(202) 686-1700

FAX:
(202) 686-7615

CHAMPUS News

Outpatient Nonavailability Statements Not Needed Overseas

CHAMPUS' new requirement (effective October 1, 1991) that persons who live near a military hospital and get certain kinds of outpatient care from civilian sources must have a nonavailability statement (NAS) from that nearby military hospital before CHAMPUS will cost-share the care, does not apply outside the United States and Puerto Rico.

CHAMPUS-eligible persons who live outside the U.S. and Puerto Rico are exempt from the outpatient nonavailability statement requirement. They may seek all types of covered outpatient care and file CHAMPUS claims without obtaining NASs from local uniformed services medical facilities.

The NASs are certifications from service hospitals that they can't provide a particular type of care. NASs must be filed electronically by the hospitals into the Defense Department's DEERS computerized eligibility tracking system. CHAMPUS contractors check the DEERS listings to be sure the NAS has been filed (if one is needed), and to make certain patients who file CHAMPUS claims are eligible for CHAMPUS benefits, before their claims are processed.

Contact the Health Benefits Advisor at the nearest uniformed services medical facility before having outpatient surgery, to find out which outpatient surgical procedures now require an NAS, and to find out if you live close enough to the service hospital to need an NAS for either outpatient or nonemergency inpatient care.

File That CHAMPUS Claim Now

If you received (or provided) civilian care under CHAMPUS in 1990, and still haven't filed a claim for CHAMPUS cost-sharing of the medical bills, now is the time. All claims for 1990 civilian health care must be in the hands of the proper CHAMPUS claims processor by the end of 1991.

If you wait until December 1991 to file for civilian care that occurred in 1990, you're risking denial of the claim because it was filed too late. If something is missing on the claim, it may be returned to you. Under certain circumstances, there might be no record that you filed the claim in a timely manner, and by the time you resubmit it, the filing deadline may have passed.

Here are some other tips that'll help your CHAMPUS claim get processed quickly and accurately:

- Submit only one claim (and attached documents) per envelope;
- Don't submit more than four for five items with each claim;
- Make sure all required items are easy to find and read. Don't send fuzzy, obscured or illegible documentation.
- Don't use highlighting pens on the claim form or accompanying documents. Circle any items you wish to emphasize;
- If you have any large bills, consider submitting them separately. Remember, if there's a problem with one item on a claim, the entire claim will be held up until each item is settled;
- File a separate claim for each patient;
- Write the military sponsor's Social Security number on each document submitted with the claim, so it can be identified in case it gets separated from the claim form.

Active-Duty Families' Inpatient Cost-Share Changes

Effective October 1, 1991, the daily amount active-duty families pay for inpatient care in civilian hospitals under CHAMPUS increased from $8.55 to $8.95.

This means that an active-duty family member who is admitted to a civilian hospital for care under CHAMPUS will pay the daily rate of $8.95 times the number of days spent in the hospital — or a flat fee of $25, whichever figure is greater.

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

Newsbrief

AMSTERDAM IS SITE FOR 1992 AIDS CONFERENCE

The 1992 international AIDS conference is set for mid-July in Amsterdam. Previous plans had called for Boston as the location, however, these plans were changed due to the federal policy which requires those visiting the United States to state their HIV status. The netherlands has no travel restrictions for HIV-infected people.

AOA Washington Update

Final Physician Payment Regulation Imminent

Hill Prepares for Battle on Behavioral Offset

The physician community is anxiously awaiting the final regulation to implement the Medicare Fee Schedule (MFS) which will be phased-in beginning January 1, 1992. Due to be published in early November, the regulation should include substantial revisions of the proposed regulation issued June 5, 1991.

Enacted as part of the Omnibus Budget Reconciliation Act of 1989, implementation of physician payment reform was to be budget neutral — neither increasing nor decreasing the budget deficit. The proposed June 5 regulation, however, parted with the intent of the law and included technical provisions which would have resulted in a 16 percent cut in reimbursement for physician services. Outraged at this proposal, the physician community — including the AOA — mobilized and complained bitterly to the Health Care Financing Administration (HCFA) in almost 90,000 comments submitted — a HCFA record.

In addition, Congressman Pete Stark, chairman of the House Ways and Means Subcommittee on Health, and Senator Jay Rockefeller introduced legislation (H.R. 3070 and S. 1810) which would clarify the physician payment provisions and would force HCFA to comply with Congressional intent. Physicians teamed up with these former Congressional foes to garner cosponsors for the bills and improve chances of swift passage. Both Stark and Rockefeller stand firm that they will move ahead with the legislation unless HCFA's final regulation complies with the statutory intent.

Meanwhile HCFA has stated its intent to yield on two of the three major concerns raised in comments. The Agency refuses however, to retreat on the "behavioral offset" provision. The behavioral offset assumes physicians will increase the volume of those services which yield lower reimbursement levels under the new fee schedule. Physicians and Congresspersons alike have called the assumption "offensive." At a recent Ways and means Committee hearing one Congressman deemed the assumption a "prospective spanking." Furthermore, Congressman Stark has argued that the volume performance standard is the best mechanism to control increased volume of services.

As the deadline for implementation looms, Congress, health organizations and physician groups anxiously await final publication of the rule. Only then will the next step in physician payment reform become clear.

Congress Battles HCFA Over Medicaid Provider Tax

Representative Henry Waxman (D-CA), Chair of the House Energy Health Subcommittee, is pushing a bill (HR 3595) that would reverse a proposed new Medicaid regulation that the Bush Administration acknowledges is "disruptive and controversial" but necessary. Essentially, Waxman's bill would delay until September 30, 1992, the issuance of any regulations by the Secretary of health and Human Services (HHS) changing the treatment of voluntary contributions and provider-specific taxes by states as a source of a state's expenditures for which federal financial participation is available under the Medicaid program. Waxman's bill sailed through the markup process in his Health Subcommittee on October 23, 1991.

The new regulation proposed by HCFA, would bar states from using revenues from taxes and fees on hospitals and other health-care providers to help cover Medicaid expenses, thus enabling them to collect higher federal matching funds. According to Waxman, such activities are essential in helping states finance Medicaid programs.

Waxman's bill would effectively delay implementation of the new regulations until the end of 1992, which would enable the states to wean themselves from voluntary donations. In addition, it would explicitly allow states to continue to utilize taxes on local governments as a means of meeting their Medicaid match. HCFA's new regulations would prohibit such "intergovernmental transfers."

HCFA's regulation was prompted by the Omnibus Budget Reconciliation Act (OBRA '90), which was approved last October. OBRA '90 allowed for State Medicaid Agencies to finance part of the state share of Medicaid costs through taxes on provider services. Previously, states were allowed only to accept voluntary contributions from hospitals for this purpose. Specifically, OBRA '90 *prohibits* HHS from *limiting* federal matching of Medicaid payments to a state on the grounds that state spending was financed in part by taxes on provider services.

HCFA Administrator Gail Wilensky said that "nothing in the Agency's proposed rule limits a state's ability to impose taxes or to receive donations from Medicaid providers. It simply states that donations and certain portions of specific taxes are ineligible for federal matching funds."

HCFA and the Office of Management and Budget have remained headstrong that the funding mechanisms currently employed by the states are bilking Medicaid of billions of dollars. Although lawmakers, governors and providers have incessantly pressed HCFA to withdraw the rules, HCFA chief Gail Wilensky has offered only an assurance that a "clarification" of the original regulations will be published by October 31, 1991.

HHS Conferees Settle AIDS Dispute

Lawmakers scrapped controversial AIDS provisions which were included in the Department of Health and Human Services Appropriations bill, H.R. 2707. Conferees, however, agreed to include language which would mandate that states require health care workers to comply with guidelines issued by the Centers for Disease Control (CDC) early in September. The guidelines urge that providers be tested and to refrain from certain invasive procedures if they are infected. ▸

The provision replaced the controversial amendment proposed by Senator Jesse Helms (R-NC) which would have imposed mandatory prison sentences and fines on health care workers who did not reveal their HIV status to patients. Because the conferees have hit an impasse on other unrelated matters, the committee has not yet reported the measure.

PPRC Examines GME Funding

The Physician Payment Review Commission (PPRC) pondered problems presented by the existing method of financing graduate medical education (GME). The Commission heard testimony from representatives from nonprofit public hospitals, for-profit private hospitals, and academia.

Some PPRC members were troubled by testimony indicating that many hospital-based GME programs appear to discourage new physicians from pursuing careers in primary care. David S. Greer, M.D., Dean of the fmedical program at Brown University and a witness before the Commission, contended that the existing hospital-based training program has the effect of steering physicians away from primary care medicine.

In response to this testimony, Commissioner Uwe Reinhardt, Ph.D., suggested that the federal government pay physicians in private practice to take on interns and residents as apprentices, based on the centuries-old model of professional and craftsman training still followed throughout most of Europe. In this way, residents might gain a better understanding of primary care services in the office setting.

Patricia Gabow, M.D. of Denver General Hospital, pointed out that the otherwise indefensibly low resident salaries helped make it possible for hospitals to provide more "uncompensated care" to indigent patients than would be the case if residents enjoyed higher incomes. This statement prompted Commissioner Karen Davis, Ph.D., to call for comprehensive reform of the U.S. health care financing system. Dr. Davis argued that such reform could provide all Americans with access to basic health care services, and therefore eliminate the need for "uncompensated care."

The Commission may include proposals to reform GME in its annual report to Congress next March.

Health Care Reform Revisited

Key congressional committees continue to contemplate proposals to control costs and to increase access to health care. The House Ways and Means Committee, the House Energy and Commerce Health Subcommittee, and the Senate Finance Committee have all held multiple hearings on this subject.

Joining a legislative hopper filled with health reform proposals is S.1669, introduced by Senator Paul Simon (D-IL). S.1669 is similar in many respects to the "pay or play" proposal put forward by Senate Majority Leader George Mitchell (D-ME). One new twist in Senator Simon's proposal would give state governments the option of implementing Canadian-style single-payor systems to provide health coverage to their citizens.

No concrete action on this or other health care reform proposals is expected this year.

PPRC To Study Physician Credentialing

The PPRC is launching an indepth study of physician credentialing, including licensure and certification. Among the questions to be examined during the course of this study are the following:

- How is competency measured by the existing credentialing process?
- Do the existing indicators of competency have predictive validity?
- Who should determine what the indicators of competency will be?
- Should it be the state or federal governments?
- Should it be physician organizations?
- Should components of these competency indicators vary over time, and across specialty groups and localities?

The Commission is expected to devote at least six months to the exploration of these issues.

HCFA Embarks on Education Program for NEW EM Coding

The Health Care Financing Administration (HCFA) this month began a series of educational workshops designed to improve understanding of the new coding system for evaluation and management (EM) services. Implementation of the resource based relative value scale under Medicare compelled the development of an appropriate coding system for cognitive services.

The new EM coding definitions were proposed in the June 5 regulation on physician payment. While the new system bears some resemblance to the old 90000 series codes, the codes have completely different definitions. Physicians are advised to read the description in the 1992 Current Procedural Terminology (CPT-5) carefully.

The primary emphasis of the revised definitions is to ensure that the appropriate level of services will be based on the *content* of the services the physician provides and not simply the time involved in performing the service. The new EM codes are based on the following components of physician services: history, examination, medical decision making, counseling, coordination of care, nature of presenting problem and time. The descriptions of such content in the services have been amended to accommodate accurate and equitable application to the relative values proposed June 5th. ■

Houtz and Swanson Join Texas College of Osteopathic Medicine

Andrew Houtz, Ph.D.

Jan Swanson, D.O.

Andrew Houtz, Ph.D., and Jan Swanson, D.O., have joined Texas College of Osteopathic Medicine as assistant professors. Houtz is now with the department of psychiatry and human behavior and Swanson is on the faculty of the department of medicine.

Houtz, who specializes in geriatric neuropsychology, received his doctorate in psychology from the University of North Texas in 1990. Before becoming a faculty member, he participated in a geriatric neuropsychology research fellowship with TCOM's psychiatry and human behavior department.

Swanson is an internist specializing in addiction medicine. She received her D.O. degree in 1982 from the Michigan State University College of Osteopathic Medicine in East Lansing, Michigan, interned at Westview Osteopathic Hospital in Indianapolis and did her internal medicine residency at St. Vincent Hospital, also in Indianapolis. A formal medical director for Schick Shadel Hospital in Fort Worth, she is now in private practice in Hurst. She is certified by the American Board of Internal Medicine and is an American Society of Addiction Medicine certified substance abuse specialist.

Houtz is a member of the American Psychological Association, the Texas Psychological Association, the American Society of Aging and the Tarrant Area Gerontological Society. Swanson is a member of TOMA, the American Society of Addiction Medicine, the American Medical Women's Association and the American College of Physicians. ■

New Service From NCI Speeds Data to Physicians

CancerFax™, a new service that provides treatment guidelines from the National Cancer Institute's PDQ (Physician Data Query) database, enables NCI to send the latest updates on cancer treatment to any health care professional who has a fax machine.

The service is available around the clock, seven days a week, and the only cost involved is a telephone call to the CancerFax™ computer, (301) 402-5874, in Bethesda, Maryland. An automated voice system directs callers in getting the information they want.

For more details about this service, contact the National Cancer Institute, Office of Cancer Communications, Building 31, Room 10A24, Bethesda, Maryland 20892; (301) 496-6641.

(Chronic Disease Notes & Reports, 1991;4(1):15 ■

Blood Bank Briefs for Physicians

Blood Is A Drug

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

Blood is a drug. The prescribing of blood components by the practicing physician must conform with the indications, contraindications, side effects, hazards, dosage and administration for that drug as specified by the United States Food and Drug Administration (FDA). The FDA authorizes each Circular of Information which is a "package insert" for all blood components. The Circular is available from every transfusion service and should be consulted for proper prescribing. The Circular is prepared jointly by the American Association of Blood Banks, the American Red Cross and the Council of Community Blood Centers. It has the approval of the Center for Biologics Evaluation and Research, Food and Drug Administration and is consistent with the use of uniform blood labeling. The Circular of Information is considered as an extension of blood and container labels as the space on these labels is very limited.

Some new statements and highlights are listed:

1) Instructions for Use

The physician is responsible for proper drug administration. Unless otherwise indicated by the patient's clinical condition, the rate of transfusion should be no greater than 5 ml per minute for the first 15 minutes. The patient should be observed closely during this period since some life threatening reactions occur after the infusion of only a small volume of incompatible blood. Completion of the transfusion should be prior to component expiration or within 4 hours, whichever is sooner. Circulatory overload is a particular risk in the elderly, in small patients and in patients with chronic, severe anemia. Careful monitoring of the transfusion volume will minimize that risk, but if it occurs, immediate treatment for pulmonary edema should be instituted.

2) Directed Donations and Graft vs. Host Disease

Even in patients with normal immunologic defenses, Graft vs. Host disease may occur in recipients of transfusion from first degree family members (parents, children, siblings). Although they are expected by the patient to be the safest donors, relatives may have shared specificities at the major histocompatibility complex which may allow unexpected engraftment of immune cells to occur. Irradiation before administration of cellular blood components is useful in reducing the risk of Graft vs. Host disease, but it may increase plasma potassium levels.

3) Septic and Toxic Reactions

The transmission of infectious diseases may occur despite careful donor selection and testing of blood before infusion. There is no "zero risk" situation. The Circular states that most, but not all, posttransfusion hepatitis has been eliminated and that the risk of transmitting retroviruses is not totally eliminated. The rare bacterial complications are emphasized, although blood in a plastic bag looks aseptic, gram negative bacilli may be present and can cause severe endotoxic reactions. When a blood recipient experiences chills, high fever or hypotension during or immediately after the transfusion, the possibility that the blood component may have been bacterially contaminated should be considered. Septic and toxic reactions may be life threatening and management must be aggressive.

The above are only highlighted excerpts from the Circular of Information. The physician who orders transfusion should consult the Circular itself. Carter Blood Center provides to every hospital transfusion service the current Circular of Information. Packaged into less than 30 small pages is the information necessary in 1991 for the proper prescribing of transfusion medicine. ■

Newsbrief

STUDY FINDS AGING RATE SLOWED BY CALORIC RESTRICTIONS

A study funded by the National Institute on Aging has revealed that mice on a low-calorie diet lived 29 percent longer than fully fed mice, and also had fewer abnormalities thought to come with aging. What is new about this study is that 136 biological differences were found between the two groups of mice. The study is part of a 10-year national effort which seeks to pinpoint changes that occur with aging. Researchers hope that once it is understood why caloric restriction slows the aging process, new ways of slowing down human aging will be possible.

Opportunities Unlimited

PHYSICIANS WANTED

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

ASSOCIATE NEEDED — for expanding general practice in East Texas. Guaranteed income with a future. Contact: Steve Rowley, D.O., 903/849-6047 or Mr. Olie Clem, 903/561-3771. (08)

TYLER — DOCTORS MEMORIAL HOSPITAL IS SEEKING — pediatricians; an OB-Gyn physician; an orthopedic surgeon; family practice physicians; and a general internist to work in an association or solo practice. Financial assistance available. Contact Olie E. Clem, C.E.O., 1400 West Southwest Loop 323, Tyler, 75701; 903/561-3771. (45)

PHYSICIAN-OWNED EMERGENCY GROUP — is seeking Full or Part-time D.O. or M.D. emergency physicians who practice quality emergency medicine. BC/BE encouraged, but not required. Flexible schedules, competitive salary with malpractice provided. Send CV to Glenn Calabrese, D.O., FACEP, OPEM Associates, P.A., 100 N. University, Suite 212, Fort Worth, 76107. 817/332-2313. FAX 817/335-3837. (35)

POSITION OPEN IN HOUSTON — Established solo practitioner specializing in OMT seeks associate with like interest to join practice. Please call Reginald Platt, III, D.O., 6815 North Hampton Way, Houston, 77055. 713/682-8596. (13)

FORT WORTH — Clinic seeking energetic general practitioner to work full-time and act as medical director. Salary open. Contact: Bill Puryear, D.O. or Jim Czewski, D.O. at 817/232-9767. (54)

AMARILLO — Fifty Bed Acute Care Osteopathic Facility seeking (2) Family Practitioners and/or General Surgeon and One Internist. Excellent Working Conditions: Outstanding Area to Raise Family; Interview Expenses and Relocation Costs Paid. Optional Office Spaces Available. Contact Lorne Tjernagel, Administrator, at 806-358-3131 or Send CV to Family Hospital Center, 2828 SW 27th, Amarillo, TX 79109. (50)

WANTED — Resident trained family physician to join busy family practice (no OB) in rapidly growing area of the metroplex, south of Arlington. Terms negotiable. Send CV or contact Mansfield Family Clinic, 501 Broad Street, Mansfield, 76063; 817/473-6750. (47)

HOUSTON — Established practice specializing in internal medicine and cardiology seeking associate with like interest to join practice. Send c.v. to: Doctors Medical Clinic, 6031 Airline Drive, Houston, 77076. (46)

JUSTIN — General Practitioner wanted. Twenty-five miles North of the Tarrant County Courthouse, 20 miles from both Denton and Grapevine, 2,000 sq. ft. building. Call Georgia Leech, 817/648-2222 or 817/430-1742. (41)

FAMILY PRACTICE — North Metroplex location seeking family physician skilled in OMT and family medicine for part or full time position. Extremely competitive salary, excellent benefits. No management responsibilities. Call Dencie Lutz, 817/268-3315. (43)

CLINICAL DIRECTOR — Texas A&M University College of Medicine has a position available for a board certified internist to function as clinical director of a demonstration project on long-term care for psychiatry inpatients. The project has a major emphasis on psycho-pharmacology and geriatrics. The position is permanently funded, carries a full faculty appointment and will be located at the VA Medical Center, Waco, Texas. Salary and appointment level are dependent on qualifications and experience. Interested applicants should forward a CV and names of three references to: Demonstration Project Search Committee c/o W.J. Warner, M.D., VA Medical Center, 4800 Memorial Drive, Waco, Texas 76711. TAMU and VA Medical Center are equal employment/equal opportunity employers. (25)

LOCUM TENENS — needed for OMT practice, Dallas. Contact Judith Pruzzo, 214/231-7482 or 214/931-8760. (58)

PRACTICE FOR SALE — $200,000 average gross the last four years. Practice is located 20 miles east of Dallas. Please write, TOMA, Box "20", 226 Bailey, Fort Worth, 76107. (20)

POSITIONS DESIRED

LOCUM TENEN SERVICE — for the Dallas/Fort Worth Metroplex. Experienced physician in family practice and emergency medicine offering dependable quality care for your patients at competitive rates. Contact: Doyle F. Gallman, Jr., D.O., 817/473-3119 or beeper number 817/794-4001. (49)

OFFICE SPACE AVAILABLE

FOR LEASE — Medical office; established medical-dental building on Hulen between Vickery and W. Fwy.; approx. 1,400 sq. ft. which includes 3-4 exam rooms, lab, business office, private office, and extras. Recently remodeled and ready to move in. 817/338-4444 (27)

FOR RENT — Medical Office in Arlington. Three to six months free rent with proper lease. Ideal for general practitioner. Call 817/265-1551. (32)

FOR LEASE OR PURCHASE — Medical practice, 1000 sq. ft. building, newly remodeled, fully equipped. IBM System 36/AS 400 Medical Billing System. Office located in central Richardson. Contact Judith Pruzzo, 214/231-7482 or 214/931-8760. (52)

RENT/LEASE — Prestigious medical offices now available. Partitioned, plumbed and ready for occupancy. Three minutes from osteopathic hospital; Covered parking; Free rent incentive; 2501 Ridgmar Plaza (Fort Worth); Call 817/737-3119. (59)

GRANBURY — Quality office space for lease adjacent to Hood General Hospital. Call Linda Powell, 817/573-1595. (37)

FOR SALE — Profitable Osteopathic General Practice — in the Fort Worth/Watauga area. Office fully equipped including office manager and LVN. OB optional. Please call Debbie Stanley at 817/284-7380. (22)

FOR LEASE — Fort Worth, 4201 Camp Bowie Boulevard. High traffic for subspecialist; five exam rooms; excellent amenities in 1,561 feet. $11/ft. Contact David Beyer, D.O., 817/731-8811. (34)

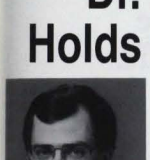
MISCELLANEOUS

RECONDITIONED EQUIPMENT FOR SALE — Examination tables, electrocardiographs, sterilizers, centrifuges, whirlpools, medical laboratory equipment, view boxes, weight scales, IV stands and much more. 40-70 percent savings. All guaranteed. Mediquip-Scientific, Dallas, 214/630-1660. (29)

WANTING TO BUY — Life-Pak (five or seven in good working condition) at a reasonable price. Other used equipment also. Call Marilyn at 512/820-0377. (56)

FOR SALE — 12 percent mortgage by 2nd year TCOM student. Originally written in 1983 on an empty Travis County lot, the property has been improved and is owner-occupied by retired military and current federal employee. The mortgage is current and payments of $168.03 monthly are always timely. Original amount financed was $14,000 for 15 years at 12 percent. Will sell for unpaid balance of approximately $9,200 or best offer. Call 817/735-9123. (21) ■

Dr. Robert McFaul Holds Dual Certification



TOMA member Robert B. McFaul, D.O., of Fort Worth, has received certification in Peripheral Vascular Surgery by the American Osteopathic Board of Surgery. He now holds dual certification, having received certification in General Surgery by the AOBS in 1990.

Dr. McFaul graduated cum laude from Texas Tech University with a B.A. in chemistry. He received his D.O. degree from TCOM in 1981 and served an internship, general surgery residency and vascular surgery fellowship at Doctors Hospital, Columbus, Ohio.

He maintains a private practice at Surgical Associates of Fort Worth and also serves as an assistant professor in the department of surgery at TCOM.

TOMA congratulates Dr. McFaul on his achievement. ■

A Bit of Texas History

- The city of Comanche is older than the state of Texas. Comanche was granted a charter by the Third Congress of the Republic of Texas. President Mirabeau B. Lamar signed the bill which created the two Texas cities Comanche and Waterloo. Waterloo was later renamed Austin.
- Few recent graduates of Texas high schools give the correct answer when asked their state's first governor. They are more likely to say Sam Houston than J. Pickney Henderson.
- Cannibals once lived in Texas. They were the Karankawa Indians who roamed the coastal area where settlers later established Indianola and Galveston. Rather than submit to the laws of civilization, the entire tribe climbed into canoes and rowed out into the Gulf of Mexico, where they killed themselves.

(TexasBusiness Today, November 1991)

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION
226 Bailey Avenue
Fort Worth, Texas 76107

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