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## TOMA's 90th Anniversary Celebration Ends at Juarez Race Track

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# Instinctively Secure

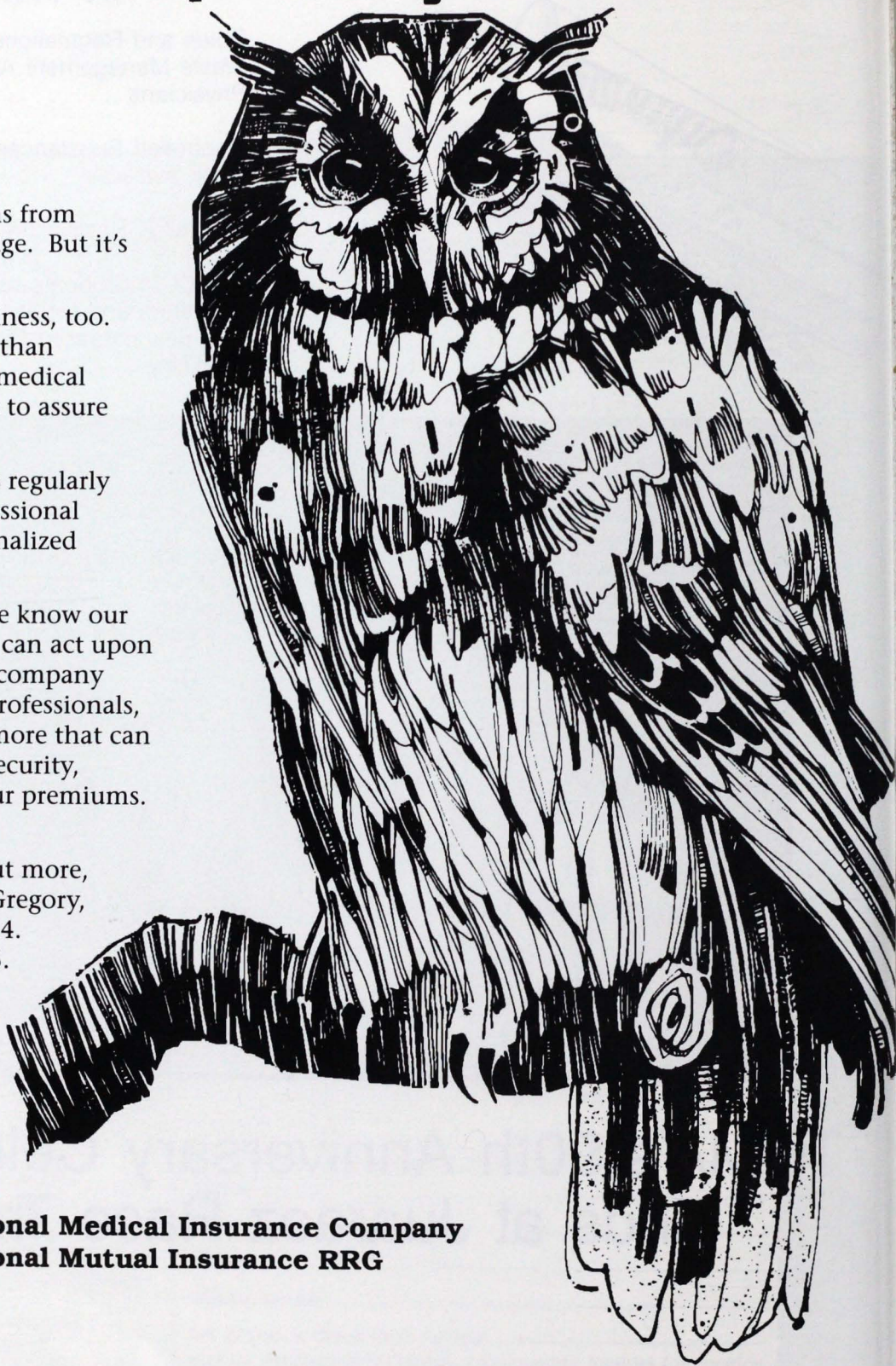
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Texas College of Osteopathic Medicine	817/735-2000
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Part B Telephone Unit	214/647-2282
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Established new physician (group)	214/669-6163
All changes to existing provider	
number records	214/669-6158
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Texas State Board of Medical Examiners	
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State of Texas Poison Center for	
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	800/392-8548
	Houston Metro 654-1701
	512/448-7900
Texas Industrial Accident Board	
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

July 1990

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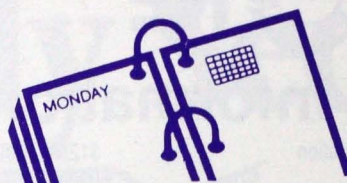
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## ON THE COVER

During the 90th Annual Convention and Scientific Seminar of the Texas Osteopathic Medical Association, the cover picture was taken at the Juarez Race Track following the 7th race which was dedicated to TOMA. The following were pictured with the winning dog: (L-R) Mitchell Kasovac, D.O., AOA President-Elect; David R. Armbruster, D.O., AOA Trustee; Robert L. Peters, Jr., D.O., TOMA President; Donald F. Vedral, D.O., TOMA President-Elect; Mrs. Glenda Carlile, AAOA President; Mark A. Baker, D.O., Vice Speaker, TOMA House of Delegates; and Joseph Montgomery-Davis, D.O., TOMA Immediate Past President.

# Calendar of Events



## JULY 13-15

*AOA House of Delegates Meeting*  
Chicago

Contact: Ann Wittner  
AOA Dir. of Administration  
1/800/621-1773

## AUGUST 3-5

*Texas Society ACGP Annual Meeting*  
Hilton Hotel

Arlington  
Contact: T. Robert Sharp, D.O.  
214/279-2453

## 16-19

*5th Annual Convention*  
Arkansas Osteopathic Medical  
Association

Riverfront Hilton  
North Little Rock, Arkansas  
TOPICS: Ophthalmology, Allergy,  
Sports Medicine, Urology,  
Gastroenterology, Depression,  
OMT Labs, and others

HOURS: 25-27 anticipated  
Contact: AOMA  
101 Windwood Drive, Suite 5  
Beebe, AR 72012  
501/882-7540

## SEPTEMBER 9-15

*National Osteopathic Medicine Week*

## 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 doctor  
nurses, administrators, policy make  
legislators, and any others involved  
planning or providing rural healthca  
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



# Medical Waste Management in the Physician's Office

The proper management of medical waste is currently a very hot topic and it's important to note that rules and regulations concerning such management apply to ALL physicians, regardless of type of practice and/or time spent in the office.

The Medical Waste Tracking Act of 1988, signed by President Reagan on November 1, 1988, was enacted by Congress in response to several incidents involving various forms of medical waste washing up on beaches. These incidents, as well as others around the country, were highly publicized and coupled with the fear of AIDS, created general public hysteria. The Act, which is an amendment to the Solid Waste Disposal Act, required the Environmental Protection Agency (EPA) to promulgate regulations on the management of medical waste by establishing a two-year pilot program to track medical waste. The EPA implemented the Act in 1988, and the demonstration program which began in June 1989, involved the states of New York, New Jersey, Connecticut, Rhode Island and the Commonwealth of Puerto Rico. As part of the tracking program, the EPA has been investigating, among other things, areas such as segregation, containerization and labeling of medical waste.

Due to the Act, federal and state regulations are now placing the liability for proper handling and destruction of waste on the shoulders of health care and health care related providers and/or facilities. The government is starting to crack down on those not properly disposing of such waste with stiff fines and penalties. Regulations cover the handling of waste, storage, transportation and destruction requirements. It is our impression that inspectors will be checking offices and/or facilities based on complaints as well as on a random basis, therefore it would be prudent to comply with the most stringent rules, whether state or federal.

All medical specialists and health-related entities are at risk and will bear the responsibility should an employee or patient/resident be exposed or contaminated due to improper handling and/or disposal of special medical waste.

The situation is extremely complex and tedious due to the proliferation of regulatory agencies promulgating rules on both the state and federal level. In Texas, the majority of the rules to be contended with and which have an effect on medical personnel and health related facilities come from the Texas Department of Health (TDH); the Texas Air Control Board (TACB); and the Occupational Safety and Health Administration (OSHA) and the United States Department of Labor.

In response to the Act, the Board of the TDH proposed regulations in October 1988. Final rules covering Definition, Treatment and Disposal of Special Waste

from Health-Care Related Facilities," which apply to operation of publicly or privately owned or operated health care related facilities, were adopted March 1989, with an effective date of April 4, 1989. Since that time, however, proposed amendments have been submitted to the Board of Health, which have subsequently been printed in the *Texas Register*. TDH rules are based on environmental considerations, in contrast to occupational, because the TDH does not have authority to establish occupational exposure standards.

For purposes of clarity, TDH rules define five categories of special waste from health-care related facilities as solid waste, which if improperly treated or handled, may serve to transmit an infectious disease(s). The categories are:

- 1) ANIMAL WASTE, which includes:
  - A) Carcasses of animals intentionally exposed to pathogens;
  - B) Body parts of animals intentionally exposed to pathogens;
  - C) Whole bulk blood and blood products, serum, plasma, and other blood components from animals intentionally exposed to pathogens; and
  - D) Bedding of animals intentionally exposed to pathogens.
- 2) BULK BLOOD AND BLOOD PRODUCTS, which includes: all waste bulk human blood, serum, plasma and other blood components. Bulk blood or body fluids is defined as a volume of 100 ml or more. As it now stands, items such as bandages or gauze which are contaminated by blood, blood products or body fluids, are not included in this category as defined by the TDH, however, universal precautions as recommended by the Centers for Disease Control should be followed. (Note: OSHA rules include bandages, gauze, gowns and so forth and proposed rules require such items to be placed in bags identified as infectious waste.)
- 3) MICROBIOLOGICAL WASTE, which includes:
  - A) Cultures and stocks of infectious agents and associated biologicals;
  - B) Cultures of specimens from medical, pathological, pharmaceutical, research, clinical, commercial, industrial and veterinary laboratories;
  - C) Discarded live and attenuated vaccines;
  - D) Disposable culture dishes; and
  - E) Disposable devices used to transfer, inoculate and mix cultures.



4) **PATHOLOGICAL WASTE**, which includes but is not limited to:

A) Human materials removed during surgery, labor and delivery, autopsy, or biopsy:

- 1) Body parts;
- 2) Tissues or fetuses;
- 3) Organs; and
- 4) Bulk human blood and body fluids.

B) Products of spontaneous human abortions, including body parts, tissues, fetuses, organs, and bulk blood and body fluids; regardless of the period of gestation;

C) Laboratory specimens of blood and tissue at completion of laboratory examination; and

D) Anatomical remains;

5) **SHARPS**, which includes the following materials when contaminated:

A) Hypodermic needles;

B) Hypodermic syringes with attached needles;

C) Razor blades and disposable razors used in surgery, labor and delivery, or other medical procedures, and scalpel blades;

D) Pasteur pipettes; and

E) Broken glass from laboratories.

## TDH TECHNIQUES FOR TREATMENT OF SPECIAL WASTE FROM HEALTH CARE RELATED FACILITIES

Treatment Techniques — Decontamination (Note 1)

Type of Special Waste from Health Care Related Facilities	Steam Sterilization <sup>2</sup>	Incineration	Thermal Inactivation <sup>3</sup>	Chemical Disinfection	Other
(1) Animal Waste:					
(a) carcasses;	X <sup>A</sup>	X <sup>A</sup>			X <sup>EF</sup>
(b) body parts;	X <sup>AB</sup>	X <sup>A</sup>			X <sup>E</sup>
(c) whole blood, serum, plasma, other blood components;	X <sup>AB</sup>	X <sup>A</sup>	X <sup>AB</sup>	X <sup>AB</sup>	X <sup>E</sup>
(d) Animal bedding	X <sup>A</sup>	X <sup>A</sup>			X <sup>E</sup>
(2) Bulk blood and blood products	X <sup>A</sup>	X <sup>A</sup>	X <sup>A</sup>	X <sup>AB</sup>	X <sup>B</sup>
(3) Microbiological wastes (All types)	X <sup>A</sup>	X <sup>A</sup>	X <sup>A</sup>	X <sup>A</sup>	
(4) Pathological wastes:					
(a) the following materials removed during surgery, labor and delivery, autopsy or biopsy:					
(i) body parts	X <sup>C</sup>	X <sup>A</sup>			X <sup>C</sup>
(ii) tissues, fetuses, or organs	X <sup>C</sup>	X <sup>A</sup>			X <sup>BC</sup>
(iii) bulk blood and body fluids	X <sup>A</sup>	X <sup>A</sup>	X <sup>AB</sup>	X <sup>AB</sup>	X <sup>B</sup>
(b) products of spontaneous human abortion;					
(i) body parts, tissues or organs	X <sup>C</sup>	X <sup>A</sup>			X <sup>C</sup>
(ii) bulk blood and body fluids	X <sup>A</sup>	X <sup>A</sup>	X <sup>AB</sup>	X <sup>AB</sup>	X <sup>B</sup>
(c) laboratory specimens of blood and tissue.	X <sup>AB</sup>	X <sup>A</sup>			X <sup>B</sup>
(d) anatomical remains		X <sup>C</sup>			X <sup>C</sup>
(5) Sharps:					
(a) hypodermic needles, syringes with needles, scalpel blades, razor blades	X <sup>D</sup>	X <sup>D</sup>		X <sup>D</sup>	X <sup>G</sup>
(b) pasteur pipettes and broken glass from laboratory	X <sup>D</sup>	X <sup>D</sup>		X <sup>D</sup>	

### TREATMENT METHODS — WASTE DISPOSAL FOLLOWING DECONTAMINATION

- A Deposition in a sanitary landfill in accordance with Solid Waste Management rules (25 TAC 325) for disposal.
- B Grinding and/or flushing into a sanitary sewer system in accordance with local sewage discharge requirements.
- C Interment
- D Placed in a puncture-resistant container and deposited in a sanitary landfill in accordance with the Solid Waste Rules.
- E For non contagious pathogens, burial on site under supervision of Texas Licensed Veterinarian
- F Non contagious pathogens, send to rendering plant
- G Encapsulation in solid matrix and landfill disposal

#### NOTES:

1. Any one of the decontamination treatments listed for a given item may be used.
2. Steam sterilization — autoclaving at 120° C., at 15 pounds per square inch for at least thirty (30) minutes. Longer times are required depending on the amount of waste, the presence of water and the type of container used.
3. Thermal inactivation — dry heat at 160° C., under atmospheric conditions for at least two (2) hours. This relates to time of exposure after attaining the specific temperature and does not include lag time. Use of a lower temperature requires a larger exposure time.
4. Chemical disinfection — the use of a household bleach or EPA-approved chemical disinfectant/sterilant. Check manufacturer's direction for use.



The Texas Air Control Board (TACB) has proposed various terms related to incineration and solid waste in order to establish consistency with the TDH. Additional amendments were added under the Texas Clean Air Act (TCAA), which provides the TACB with authority to make rules consistent with the policy and purposes of the TCAA, in regards to incinerators at medical facilities.

In May 1989, OSHA proposed rules concerning a standard for occupational exposure to bloodborne pathogens, most notably Hepatitis B Virus and Human Immunodeficiency Virus. This marks the first time that OSHA has attempted to regulate occupational exposure to "biological" hazards, as opposed to chemical and physical ones.

Limiting worker exposure to such bloodborne diseases is achieved through the following categories of controls: 1) training and education programs; 2) use of personal protective equipment, especially gloves, gowns, masks, and eye protection; 3) use of mouth pieces, resuscitation devices or other ventilation devices; 4) work practices, such as careful hand-washing after each patient contact and procedure for handling sharps; 5) engineering controls, such as the use of puncture resistant containers; 6) immunization programs; 7) disposal and handling of contaminated waste; 8) use of disinfectants; 9) post exposure follow-up; and 10) labeling and signs.

OSHA defines "Infectious Waste" as blood and blood products, contaminated sharps, pathological wastes, and microbiological wastes, which is very similar to the categories defined by the TDH. However, OSHA goes a step further in defining "other potentially infectious waste" as any item contaminated with a number of body fluids, regardless of the amount or degree of contamination. These body fluids are those that have been recognized by the Centers for Disease Control (CDC) as directly linked to the transmission of HIV and/or HBV and/or for which universal precautions apply: blood, semen, blood products, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial fluid, amniotic fluid, and concentrated HIV or HBV viruses. Additionally, OSHA proposals will require any items included in the above categories to be placed in bags marked/identified as infectious waste.

The rules regarding disposal of medical waste are rigorous, and incinerator emission requirements are stringent, as are record keeping and monitoring requirements. It is our feeling that keeping up to date on the various levels of regulations will become even more difficult as amendments are added on top of amendments. Additionally, there are financial penalties at the OSHA level and other undetermined penalties at the state level for violations. Due to the complexity of the situation, we would recommend the use of an outside entity for medical waste management. Although utilizing the services of an outside company would involve payment on your part, such companies must stay in compliance with all regulations, thus relieving you of a tremendous

amount of worry, not to mention liability should an incident occur.

There are companies offering medical waste management either through mail or pick up, thus relieving the waste generator of liability once mail or pick up service has been accomplished. Several such companies, listed for your convenience, are as follows:

Medical Environmental Disposal, Inc.  
P.O. Box 201555  
San Antonio, Texas 78220-8555  
Phones:  
San Antonio (512)-648-5400  
Austin (512)-440-1919  
1-800-283-9633

US Med-Disposal, Inc.  
P.O. Box 1298  
Athens, Texas 75751  
Phones:  
Athens (214)-592-8080  
1-800-441-0288

Pro-Med Sharps (affiliate of EMSI)  
1111 West Mockingbird Lane  
Dallas, Texas 75247  
Phones:  
Dallas (214)-689-3630  
1-800-922-3674

Anyone wishing a complete copy of the TDH's "Definition, Treatment and Disposal of Special Waste from Health-Care Related Facilities," along with a copy of the proposed rule amendments, should contact the TOMA state office. ■

## **Newsbrief**

### **CONTROLLED SUBSTANCES RECORD BOOK**

We would like to remind physicians that Texas law requires that an inventory of controlled drugs (which includes purchases, acquisition or disposal of controlled substances, along with samples) be kept in a special log book. TOMA has made arrangements with the Texas Veterinary Medical Association for our members to purchase the bound record book, which is approved by the Texas Department of Public Safety.

To order the book, address your correspondence to: Texas Veterinary Medical Association, 6633 Highway 290 East, Suite 201, Austin, Texas 78723. The cost is \$17.00 per book, which includes tax and postage, and your check must accompany your order. Also, be sure and specify that you are ordering the Controlled Substances Record Book.



# 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)

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P.O. Box 470185  
Fort Worth, TX 76147

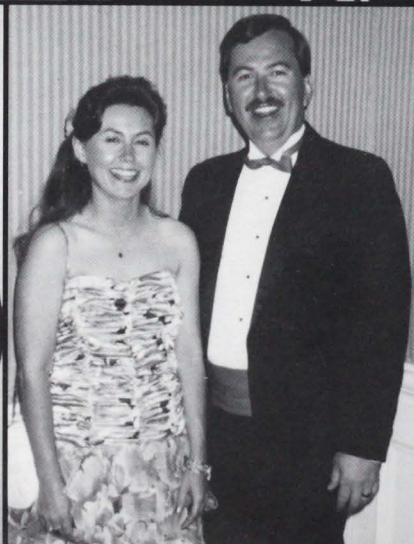
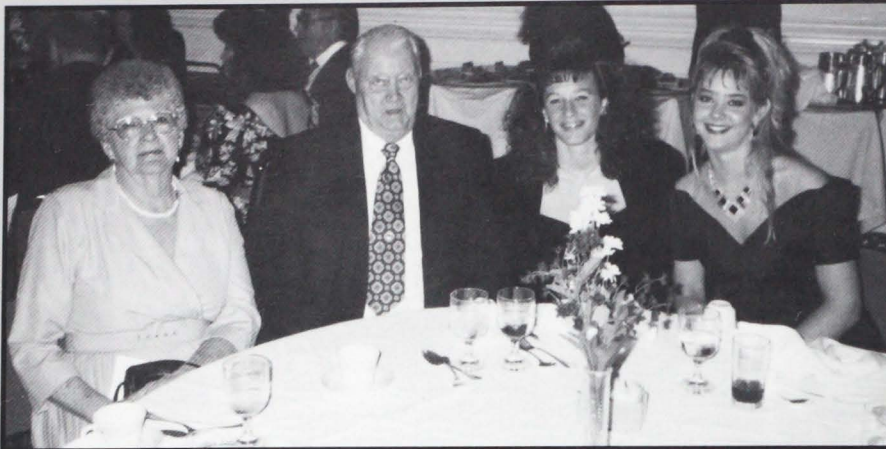
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# OMPIC is Restructured

On June 2, 1990, the annual shareholders and board of directors meetings of both OMPIC, Inc. (Osteopathic Medical Protective Insurance Company, Inc.) and OMPI (Osteopathic Medical Protective, Inc.), took place in Barbados. The major agenda item was to ask the shareholders to approve (either in person or by proxy), the liquidation of OMPI and the acquisition of the assets of the company by OMPIC Holding Company.

The acquisition was approved by 104,131 votes in favor versus 1,845 votes against. With this action, approximately \$2.67 per class A share will be distributed to physician shareholders, at which time OMPI will cease to exist. Elected as directors of OMPIC were William R. Jenkins, D.O., Donald W. Satterlee, John V. Wagner, Tom Hanstrom and Trevor Carmichael.

Additionally, a shareholder and board of directors meeting of OMPIC Holding Company took place. OMPIC Holding Company, Inc., located in Delaware, was recently formed by TOMA and Insurance Equities Corporation (IEC) specifically to hold the assets of OMPI, including all the stock of OMPIC. Elected to the board were John V. Wagner, Donald W. Satterlee, William R. Jenkins, D.O., Tom Hanstrom and Steven Lumenkranz. As the only two shareholders, TOMA purchased 10 percent of the company (100 shares) and IEC purchased the remaining 90 percent (900 shares).

As background information, OMPI, an insurance management and holding company located in Barbados, and its wholly owned reinsurance subsidiary, OMPIC, Inc. were established in December 1986. The program was designed and organized by IEC and sponsored by TOMA with the goal of establishing a long term, dedicated market for medical professional liability insurance for participating professionals. TOMA loaned money to get the program off the ground which, we are pleased to report, has since been repaid in full. One of the key elements of the program was its stock feature whereby those participating in the program shared in its profits.

Several factors influenced the decision to restructure the program and thus eliminate individual shareholders. One was that selling stock to physicians became extremely prohibitive due to the heavy legal, accounting, and regulatory fees associated with public stock offerings and dealing with the Securities Exchange Commission. Another was heavy competition from larger companies. Although the program was growing, it was not doing so at the pace we had expected. At its current size and capitalization, OMPIC was not able to provide the full range of insurance services it wished to provide to fully serve the D.O. community. Nor was it able to hire and maintain a staff of its own, rather it was wholly dependent upon IEC for all essential services. Therefore, it was decided that the program would be substantially

improved if OMPIC had more capital and premium volume.

Approval of the acquisition agreement and liquidation plan on June 2 is the first step in insuring the long term success of the program. By becoming a private company, OMPIC will be able to eliminate the heavy overhead expenses associated with being a public company. By incorporating OMPIC under IEC, OMPIC will gain its own full time management and employees, thereby enabling it to raise funds from capital markets to increase its surplus. OMPIC should now be able to: 1) increase its written premium; 2) expand its product line to better serve the D.O. community, including D.O. hospitals, clinics and related personnel; 3) redomesticate to become a U.S. based insurer; 4) at an appropriate time, become a direct policy issuing carrier; and 5) broaden the number of reinsurance carriers it uses. These steps are anticipated to not only lead to a larger, financially strong program, but also lower the expenses of the program.

The whole transaction will be largely transparent to policyholders. Policies will continue to be issued to participants by Clarendon National Insurance Company and reinsured by OMPIC (which is a subsidiary of OMPIC Holding Company); and participants will continue to share in the future profits of the program through membership in the "Physician's Choice" program, managed by IEC, which TOMA still endorses. As already noted, OMPIC Holding Company (owned by IEC and TOMA), is now headquartered in Delaware and OMPIC is still headquartered in Barbados and will remain there for the foreseeable future.

We feel that the new structure of the program will prove beneficial to participants in the program as well as provide increased financial security to OMPIC, thus allowing for the necessary capital in order to expand the program's services. ■

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## AOA Participates in Coalition to Restore Deduction for Student Loan Interest

The AOA is participating in a coalition whose purpose is to restore the tax deduction for interest on educational loans. Under the Tax Reform of 1986, the deduction will be phased out after the 1990 tax year.

The coalition is developing strategies to enlist support in Congress. One alternative is to make only those individuals at or below a certain income eligible for the interest deduction. Another idea would allow the deduction of interest only on federally funded loans.

The coalition testified before the House Ways and Means Subcommittee on Select Revenue Measures earlier this year. More hearings are expected. ■



# In Memoriam

## George E. Miller, D.O., FAOCPA

George E. Miller, D.O., FAOCPA, passed away Monday, June 4, at his home in Heath, east of Dallas. He was 74 years of age. Funeral services were private.

A 1938 graduate of Kirksville College of Osteopathic Medicine, Dr. Miller took a residency in pathology at Chicago Osteopathic College and Hospital. Upon completion of his residency in 1950, he became one of only 10 osteopathic pathologists in the nation. Dr. Miller relocated to Dallas, Texas, in 1953, becoming the first certified osteopathic pathologist in the state.

He was a life member of TOMA; member of TOMA District V; member of the AOA; and a fellow of the American Osteopathic College of Pathologists. Dr. Miller was retired from practice at the time of his death.

He was a close friend of jazz musician "T-Bone" Walker and was best man at the wedding of guitar virtuoso and inventor Les Paul. His musical interests are credited with inspiring his son, Steve Miller, to launch an outstanding music career as a guitarist and bandleader. The younger Miller's early recordings with his Steve Miller Band in the 1960s are considered classics by some collectors and he has had frequent chart success with his singles.

Survivors include his wife, Bertha Attebery Miller, three sons and a daughter.

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

## John R. Coppedge, D.O.

John R. Coppedge, D.O., a resident of Benbrook, passed away on Saturday, June 9. He was 37 years of age.

Services were held Tuesday, June 12, at Church of the Redeemer, with interment at Oak Grove Memorial Gardens.

Dr. Coppedge was a 1987 graduate of Texas College of Osteopathic Medicine. Upon completion of an internship at Northeast Community Hospital in Bedford, he opened a general/family practice clinic in Crowley.

He had been a TOMA member since 1983 and was also a member of TOMA District II, the AOA and the TCOM Alumni Association.

Survivors include his wife, Elaine, of Benbrook; one daughter, Anna Laura Coppedge; father, Robert C. Coppedge of Irving; a brother, Mark Coppedge of Irving; and a sister, Mary Ann Wilmoth of Omaha, Nebraska.

Memorials may be made to the Dr. John R. Coppedge Memorial Fund, in care of Bank of Crowley, Crowley, Texas 76036.

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



# ATOMA News

By Deidre L. Froelich, Ph.D.  
Auxiliary News Chairman

## THE RIGHT "WAY" TO FUNDRAISING!

The results are in, and the 1990 auxiliary fundraiser coordinated by 1989-90 Funds Chairman Darlene Way, grossed \$11,350.00. Tickets sold for chances on a European trip for two generated \$4,550.00 of that total. The remaining \$6,800.00 was acquired before ticket sales began thanks to Darlene's energies and talents.

Advance funds were donated by DSWOP-Dallas Southwest Osteopathic Physicians (\$5,000.00), District 1 (\$1,000.00), District 2 (\$500.00), District 2 Auxiliary (\$100.00), William H. Dean (\$100.00), Northeast Community Hospital (\$50.00), and Steve Howard from Chering (\$50.00).

Door prizes were donated by District 8 (weekend hotel stay in Corpus Christi), District 2 Auxiliary (crystal biscuit bucket), District 6 Auxiliary (black & gold ladies outfit with matching earrings), Roxanne Hubbard, District 15 Auxiliary (four Steak'n Ale gift certificates), COM alumni (A. T. Still china), Dr. James E. and Deidre Froelich (decorated basket with wine assortment from Schoppaul-Hill Winery, of Fannin County), District 2, Dr. David and Elaine Tyler (case of Lubbock wine).

All winners of door prizes, not claiming them at the president's night celebration, have been contacted. If you have not picked up your prize or if you do not plan to claim your prize, please contact Darlene Way, 803 Rock Canyon, Duncanville, Texas 75137, (214) 298-1038. Any unclaimed prizes will be returned to TOMA after August 1st for donation to the 1991 state convention fundraiser.

ATOMA thanks Darlene, those who helped by selling tickets, those who donated funds and prizes and those who generously purchased tickets.

## PIECES OF GENEROSITY

Based on an idea used by the Missouri auxiliary and passed on to us by Helen Voss (wife of AOA president), Nancy Zachary is coordinating the construction of an auxiliary quilt to be auctioned at the 1991 state convention in San Antonio. This Friendship Quilt will include squares created by our membership, with signatures, designs or logos embroidered on muslin pieces.

Basic squares of muslin are available now from Nancy for a donation of \$25.00 per square. If you lack the time or skills to embroider your square, you may pay an additional \$5.00 to have one of Nancy's volunteers embroider over your penciled design.

To allow plenty of time for project completion, send

your \$25.00 or \$30.00 to Nancy Zachary, 5112 Paint Rock Court, Fort Worth, Texas 76132. She will send your basic square with additional information on finishing requirements. She would like all squares distributed by the first week of August, and returned to her finished or to-be-finished no later than September 15, 1990, to allow time for stitching and quilting. If you have questions, you may call Nancy at 817-429-0031.

Act now, and your square will become a piece of ATOMA history.

## NOTABLE...

Claudette Miller, ATOMA President, asks that any district auxiliary wishing to have her attend a meeting or function contact her as soon as possible. Summer is a slow time for most groups, but an excellent time for planning. Check your calendars now, and contact Claudette so that she may include your auxiliary on her calendar for 1990-91.

\* \* \* \* \*

Peggy Rodgers, ATOMA Treasurer, reminds us that a new system of notifying members of membership dues, that are due or paid, is now in operation. Physicians offices shall be notified twice for payment due to ATOMA. A third notice, if necessary, will be sent to the home address. When dues are paid, a postcard will be sent to the auxiliary member at the home address for notification. If you have not received your "PAID" notification, be sure "the check's in the mail."

\* \* \* \* \*

From TOMA offices, computer records show that as of June 10, 1990, a total of 147 memberships have been paid for ATOMA. Including the 28 life memberships, ATOMA has a total of 175 members to date.

By Sue Urban  
Public Relations Chairman  
ATOMA District II

We had a wonderful time celebrating ATOMA's 50th anniversary at the State Convention in El Paso. Reva Ogilvie did a terrific job with the Installation Luncheon program. The past 50 years were recounted and some of the past presidents were there to share memories of their terms in office. Mary Hope Everett, Rosie Guevara and Vicki Vick served as District II's delegates to the House of Delegates meeting. District II was recognized for contributions to AAOA. Chris Brenner was presented with ribbons from the National Auxiliary by State President Chuckie Hospers.



The last meeting of the year took place May 17 at Shady Oaks Country Club. Chris Brenner gave us the good news that approximately \$13,200 profit was realized from the Wintercrest Charity Ball. The charities to benefit from this money are AAOA Scholarship Fund, Gill Children's Services, Women's Haven, New Lives, Epilepsy Foundation, FWISD Medical Magnet Program, Association for Retarded Citizens and First Texas Council of Camp Fire. The new officers were then installed and are as follows: President — Nancy Zachary; Vice President — Terri McFaul; Recording Secretary — Vicki Vick; Corresponding Secretary — Nancy Martin; and Treasurer — Rosie Guevara. We wish them a very productive and successful year.

Congratulations to Linda and David Garza on the birth of their son, Joseph. We wish them well as they make their new home in Corpus Christi.

For all of you reading this article, please have a safe and happy summer. ■

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Dear Fellow Practitioners:

The 17th Mid-Year Clinical Seminar of Texas Society of American College of General Practitioners will be held at the Arlington Hilton Hotel, August 2-5, 1990. The clinical course of instructions is exceptional this year and Dr. Rodney Wiseman, our program chairman, expanded the weekend just a little bit to give you 27½ Category 1-A, AOA approved hours.

We invite you to come to this clinical seminar. Our program will begin on Thursday at 6:00 p.m., run all day Friday and Saturday and until noon on Sunday. At noon on Saturday, we will have our annual meeting of the Texas Society of American College of General Practitioners. The President-Elect of the National ACGP, Dr. Mike Avallone, will be present to talk to us about appropriate issues within our profession.

We extend a hearty invitation to each of you to come and be a part of this excellent seminar. Bring your family and enjoy the Dallas/Fort Worth metroplex and the summer time activities before we start back to fall activities and school for the year. We look forward to seeing you and your family and know that you will have a most enjoyable time.

Group tickets to the Rangers vs. Tornoto Baseball Game on Friday, August 3, are available until July 15. The tickets can be purchased at \$10.00 each. If you wish to attend this activity, be sure to indicate at the time you send in your advance registration fee and we will be happy to get your tickets.

I am excited that our sustainers and sponsors of these events have increased to 35 of the leading pharmaceutical companies in the industry. I appreciate, very much, that they are furnishing us outstanding speakers and advertising.

Sincerely,  
Richard M. Hall, D.O., FACGP  
President, Texas Society of ACGP



# Thirty-Third Annual Convention and 17th Mid-year Clinical Seminar

*Presented by*

Texas State Society of the American College of General Practitioners in Osteopathic Medicine and Surgery  
in cooperation with the Texas College of Osteopathic Medicine  
27½ CME Hours AOA — Category 1-A

Sidney Wiseman, D.O.  
Program Chairman

August 2-5, 1990  
Arlington Hilton

## Program

### Thursday, August 2

- 8:00-6:00 p.m. REGISTRATION
- 8:00-6:45 p.m. PSYCHOTROPIC DRUGS IN THE NURSING HOME  
Frederick Petty, M.D.
- 6:45-7:30 p.m. RISK MANAGEMENT IN THE DEPRESSED PATIENT  
Harvey Micklin, D.O.
- 7:30-8:15 p.m. O.M.T. AS RISK MANAGEMENT FOR TREATMENT OF CERVICAL SPINE SOMATIC DYSFUNCTION  
Greg Dott, D.O.
- 8:15-9:00 p.m. O.M.T. AS RISK MANAGEMENT FOR TREATMENT OF LUMBO-SACRAL SOMATIC DYSFUNCTION  
Greg Dott, D.O.

### Friday, August 3

- 8:00 a.m. REGISTRATION
- 8:30-8:15 a.m. RISK MANAGEMENT FOR BIOPSIES AND NEW MODALITIES IN TREATMENT OF SKIN CANCERS  
William "Bill" Way, D.O.
- 9:15-9:00 a.m. PAIN CONTROL IN CANCER PATIENTS  
Greg Friess, D.O.
- 9:00-9:45 a.m. RISK PREVENTION UPDATE: LUNG CANCER TRENDS AND TREATMENTS  
Greg Friess, D.O.
- 9:45-10:30 a.m. RISK MANAGEMENT IN DEPRESSION FOR NEW MODALITIES IN THERAPY  
Roy Carter, M.D.
- 10:30-11:15 a.m. RISK MANAGEMENT UPDATE: EARLY DETECTION OF COLON CANCER AND NEW THERAPEUTIC TREATMENT  
John Cox, D.O.
- 11:15-12:00 noon RISK MANAGEMENT FOR EARLY DETECTION AND MANAGEMENT OF BREAST CANCER  
Barry Firstenberg, D.O.
- 1:30-2:15 p.m. CURRENT MANAGEMENT OF GALL STONES  
David Jones, D.O.
- 2:15-3:00 p.m. RISK MANAGEMENT IN OFFICE LAB TESTING, MEDICAL AND TECHNICAL ISSUES  
— Ronald Laessig, Ph.D.
- 3:00-3:45 p.m. TRAINING WITH HIGH TECH  
Bob Goldman, D.O.
- 3:45-4:30 p.m. RISK MANAGEMENT CLINICAL PREVENTIVE SERVICES  
Robert Lawrence, D.O.
- 4:30-5:15 p.m. RISK MANAGEMENT DIAGNOSIS AND TREATMENT OF SKIN INFECTIONS  
Douglas Vaughn, D.O.
- 5:15-6:00 p.m. RISK MANAGEMENT SEXUALLY TRANSMITTED DISEASES AND H.I.V.  
Francis Blais, D.O.

### Saturday, August 4

- 7:00 a.m. REGISTRATION
- 7:30-8:15 a.m. SHOULDER EVALUATION AND REHAB FOR THE G.P.  
Wayne English, D.O.
- 8:15-9:00 a.m. RISK PREVENTION ANABOLIC STEROIDS AND DRUG USE IN SPORTS  
Bob Goldman, D.O.
- 9:00-9:45 a.m. KNEE INJURIES AND REHAB FOR THE G.P.  
Michael LeCompte, D.O.
- 9:45-10:30 a.m. ANKLE INJURIES AND REHAB FOR THE G.P.  
Jeff Carter, D.O.
- 10:30-11:15 a.m. MID-LIFE MALE: MANAGEMENT OF HYPERTENSION, LIPIDS AND BENIGN PROSTATE HYPERTROPHY  
Jerome Cohen, M.D.
- 11:15-12:00 noon CONTROVERSY IN TREATMENT OF HYPERTENSION  
Michael Weber, M.D.
- 12:00-1:30 p.m. 1990 ANNUAL MEETING TEXAS SOCIETY OF ACP  
Michael F. Allavone, D.O., President ACP
- 1:30-2:15 p.m. SEXUALLY TRANSMITTED DISEASES AND CHLAMYDIA  
Lane Mercer, M.D.
- 2:15-3:00 p.m. DIAGNOSIS OF RESPIRATORY TRACT INFECTION  
David Ostransky, D.O.
- 3:45-4:30 p.m. INFECTIOUS DIARRHEA  
Monte Troutman, D.O.
- 4:30-5:15 p.m. RISK MANAGEMENT IN PAP SMEARS  
Steve Buchanan, D.O.
- 5:15-6:00 p.m. ESTROGEN REPLACEMENT  
James Matthews, D.O.

### Sunday, August 5

- 7:30-8:15 a.m. PARKINSON'S DISEASE  
William McIntosh, D.O.
- 8:15-9:00 a.m. RISK MANAGEMENT CARDIOVASCULAR STROKE  
William McIntosh, D.O.
- 9:00-9:45 a.m. FUNCTIONAL GERIATRIC ASSESSMENT  
Howard Graitzer, D.O.
- 9:45-10:30 a.m. PREVENTIVE CHF UPDATE  
Russell Fisher, D.O.
- 10:30-11:15 a.m. PEDIATRIC INFECTIOUS DISEASES  
James Brien, D.O.
- 11:15-12:00 noon 3 D'S OF THE ELDERLY  
Charles Buckholtz, D.O.
- 12:00-12:45 p.m. WINNING AT M.A.A.C.s  
Don Self
- 12:45-1:30 p.m. BUILDING AND MARKETING YOUR PRACTICE  
Laurie Jones, Consultant



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## DISCOUNTS AVAILABLE TO TOMA MEMBERS.

<sup>1</sup>1985 Commissioners' Individual Disability Table A. Seven-day Continuance Table.

<sup>2</sup>LIMRA, 1989, as measured in annualized premium in force, new annualized premium and new paid premium.

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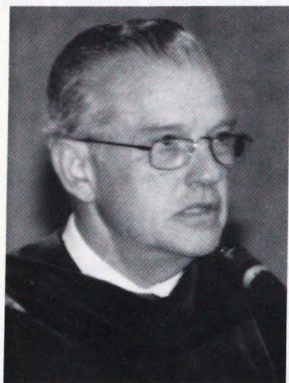


# Postgraduate Training Locations for TCOM Class of 1990

- MI Presbyterian-St. Luke's Medical Center**  
350 Williams Street  
Denver, Colorado 80218  
*Elizabeth Ann Owen, D.O.*
- MI St. Luke's Hospital**  
101 East 19th Avenue  
Denver, Colorado 80203-1491  
*Patrick William Martin, D.O.*  
*Leslie Ellen Vaught, D.O.*
- San Diego Naval Hospital**  
San Diego, California 92134-5000  
*Linda Edith Atlas, D.O.*
- Baylor College of Medicine**  
One Baylor Plaza  
Houston, Texas 77030  
*Doreen Ann Moser, D.O.*  
*Mercedes Schaafsma, D.O.*
- Crackenthorpe Hospital**  
101 East 15th Street  
Austin, Texas 787801  
*Elaine A. Staten, D.O.*
- Brooke Army Medical Center**  
Fort Sam Houston, Texas 78235  
*Timothy Joseph Steinagle, D.O.*
- Camp Pendleton Naval Hospital**  
Camp Pendleton, California 92055-5008  
*Jay Anthony Ferns, D.O.*
- Charity Hospital**  
532 Tulane Avenue  
New Orleans, Louisiana 70140-1015  
*Tamme J. Davis, D.O.*
- Charlton Methodist Hospital**  
500 Wheatland Road  
Dallas, Texas 75237  
*Rodney Bretain Trimble, D.O.*
- Chicago Osteopathic Medical Center**  
200 South Ellis Avenue  
Chicago, Illinois 60615-4399  
*Talaksoon Khademi, D.O.*
- Children's Medical Center of Dallas**  
935 Motor Street  
Dallas, Texas 75235  
*Kevin Deane Wylie, D.O.*
- A. Conway Memorial Hospital**  
P.O. Box 1881  
Monroe, Louisiana 71201-0322  
*Raymond Francis Jordan, D.O.*
- Corpus Christi Osteopathic Hospital**  
502 Tarlton, P.O. Box 7808  
Corpus Christi, Texas 78467-7807  
*Karen Lynne Rainville, D.O.*
- Dallas Family Hospital**  
929 S. Hampton Road  
Dallas, Texas 75224  
*Brenda Kay Ewart, D.O.*
- Dallas/Fort Worth Medical Center**  
709 Hospital Boulevard  
Grand Prairie, Texas 75050-2907  
*R. Carrington Mason, Jr., D.O.*  
*Michelle Cean Vaughan, D.O.*
- Detroit Osteopathic Hospital**  
12523 3rd Avenue  
Highland Park, Michigan 48203-9984  
*Ronald Kent McCraw, D.O.*
- Doctors Hospital North**  
1087 Dennison Avenue  
Columbus, Ohio 43201-3496  
*Dale R. Richards, D.O.*
- Doctors Hospital of Stark County**  
400 Austin Avenue NW  
Massillon, Ohio 44646  
*Brent Edward Bunnell, D.O.*
- Eglin Regional Hospital**  
Eglin Air Force Base, Florida 32542  
*Gregory Gerald Gardner, D.O.*
- Fitzsimons Army Medical Center**  
Aurora, Colorado 80045-5001  
*Sherril Yvonne Ellis, D.O.*
- Flint Osteopathic Hospital**  
3921 Beacher Road  
Flint, Michigan 48504-5314  
*Gary Steven Bernard, D.O.*
- Hollywood Community Hospital**  
6245 DeLongpre Avenue  
Los Angeles, California 90028-8209  
*Danny Mack Hall, D.O.*
- Holston Valley Hospital and Medical Center**  
West Ravine Street  
Kingsport, Tennessee 37660-3824  
*David Keenan Rankin, D.O.*
- John Peter Smith Hospital**  
1500 South Main Street  
Fort Worth, Texas 76104  
*Commie Lawrence Hisey, D.O.*  
*Robert Craig Richard, D.O.*  
*Michael Darren Shannon, D.O.*
- Madigan Army Medical Center**  
Tacoma, Washington 98431  
*Bradley Fields Schwartz, D.O.*
- McLennan County Family Practice Program**  
1600 Providence Drive  
Waco, Texas 76707  
*Norma Schacherl Martin, D.O.*
- Memorial Medical Center**  
2606 Hospital Boulevard  
Corpus Christi, Texas 78405  
*Nancy Susan Koughan, D.O.*
- Memorial Hospital**  
325 So. Belmont St., Box M-118  
York, Pennsylvania 17405-2608  
*Earl William Bernstine, D.O.*  
*Michael John Seeber, D.O.*
- Mesa General Hospital**  
515 North Mesa Drive  
Mesa, Arizona 85203  
*Stephen Ellsworth Hatfield, D.O.*
- Methodist Medical Center**  
301 W. Colorado Boulevard  
Dallas, Texas 75208-2381  
*David Russell Blaylock, D.O.*  
*Samuel Chikwong Chan, D.O.*  
*Roy Paul Mathews, D.O.*
- Mt. Clemens General Hospital**  
1000 Harrington Boulevard  
Mt. Clemens, Michigan 48043-2920  
*Michael David Duchamp, D.O.*  
*James Benjamin Hengy, D.O.*  
*Richard Jay Perry, D.O.*  
*Gregory Spencer Rowin, D.O.*  
*John Mark Willis, D.O.*
- Naval Aerospace & Regional Medical Center**  
Pensacola, Florida 32506  
*William David Agerton, Jr., D.O.*
- Northeast Community Hospital**  
1301 Airport Freeway  
Bedford, Texas 76021  
*Alan Randolph Boyd, D.O.*  
*Steven Christopher Ellerbe, D.O.*  
*Stewart Robert Keller, D.O.*
- Oakland General Hospital**  
27351 Dequindre Road  
Madison Heights, Michigan 48071-3499  
*George Lee Deloach, D.O.*
- Osteopathic Medical Center of Texas**  
1000 Montgomery Street  
Fort Worth, Texas 76107  
*Sandra Rae Anderson, D.O.*  
*Timothy Clark Bray, D.O.*  
*Phillis Maxine Butler, D.O.*  
*Kathleen Michelle Bynum, D.O.*  
*Girish Hirachand Daulat, D.O.*  
*Daniel Scott Forrer, D.O.*  
*Mark Allen Gray, D.O.*  
*Stacy Lynn Grayson, D.O.*  
*Gerald Ray Harris, D.O.*  
*Charles David Manter, D.O.*  
*Paul Thomas Marsh, D.O.*  
*Bobby Joe Mayberry, Jr., D.O.*  
*Scott Eric Monk, D.O.*  
*Daniel Victor Piazza, D.O.*  
*John Howard Rose, D.O.*  
*Eric Solomon, D.O.*  
*Scott Thomas Stoll, D.O.*
- Parkland Memorial Hospital**  
5201 Harry Hines Boulevard  
Dallas, Texas 75235-7708  
*Elisabeth Ellen Schultz, D.O.*
- Pensacola Naval Hospital**  
Pensacola, Florida 32152  
*Glenn Eugene Hansen, D.O.*
- Robert L. Thompson Strategic Hospital**  
Carswell Air Force Base  
Fort Worth, Texas 76127  
*Craig Randy Thomas, D.O.*
- Scott & White Memorial Hospital**  
2401 South 31st Street  
Temple, Texas 76508  
*William Michael Averitt, D.O.*  
*Cynthia Perry, D.O.*  
*Stockton Edward Roberts, D.O.*
- Sun Coast Osteopathic Hospital**  
2025 Indian Rocks Road South  
Largo, Florida 34294-2025  
*James Arthur Derrenbacker, D.O.*
- Texas Tech Health Sciences Center School of Medicine**  
Lubbock, Texas 79430  
*Pedro Castro, D.O.*  
*Gaylen Glenn Hayes, D.O.*
- Tripler Army Medical Center**  
Honolulu, Hawaii 96898  
*Neal Ira Shparago, D.O.*
- Tulane Medical Center**  
1415 Tulane Avenue  
New Orleans, Louisiana 70112  
*Thomas Matthew Wilcox, D.O.*
- University of Missouri Hospital and Clinics**  
One Hospital Drive  
Columbia, Missouri 65212  
*Gary Lee Upton, Jr., D.O.*
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2025 Zonal Avenue  
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*Georgia Carol Allen, D.O.*
- University of Southern California**  
Los Angeles County Hospital  
1129 State Street  
Los Angeles, California 90033  
*Jan Leah Dunston, D.O.*
- University of Texas Health Center/Tyler**  
P.O. Box 2003  
Tyler, Texas 75710  
*Larry Len Maples, D.O.*
- University of Texas Medical Center at Houston**  
P.O. Box 20708  
Houston, Texas 77225  
*Gil Bruce Scarnati, D.O.*
- University of Texas Medical School at San Antonio**  
7703 Floyd Curl Drive  
San Antonio, Texas 78284  
*Joel Edward Miller, D.O.*
- Veterans Administration Medical Center**  
2615 E. Clinton Avenue  
Fresno, California 93703-2286  
*Joseph Steven Schnitzler, D.O.*
- William Beaumont Army Medical Center**  
Fort Bliss  
El Paso, Texas 79920-5001  
*James Edward Curlee, D.O.*  
*George Mills Kingsley, III, D.O.*
- Delaying Internship:**  
*Drexel Reed Gordon, D.O.*



# TCOM Awards 87 Diplomas at 17th Commencement



**Guest Speaker —  
Bryant L. Galusha, M.D.**

died March 16, 1990.

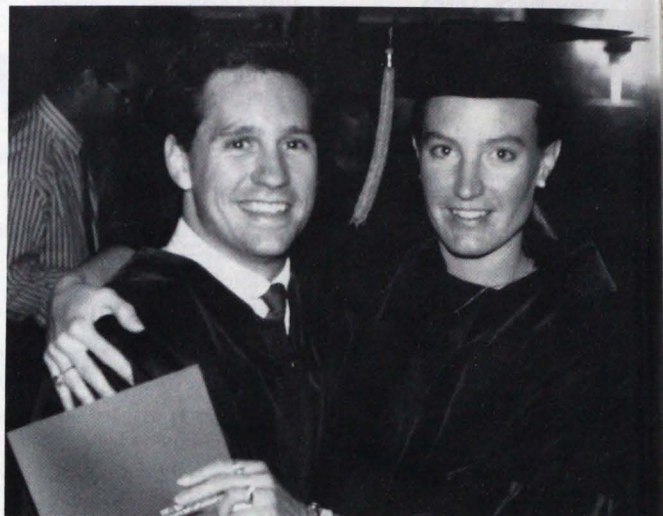
"As we reflect on the life of Sonya Knight," said TCOM President David M. Richards, D.O., "we also recognize that commencement is a time for us to set goals for our future. As the word 'commence' states, it is not an end, but a time for us to begin again; a time to begin a journey of service and sacrifice to others through osteopathic medicine."

Joe Kirven, a member of the University of North Texas/TCOM Board of Regents, told the graduates that their commencement has special meaning because it took place during UNT's 100th anniversary year. "We will consider you and recognize you as our 'Centennial doctors,'" he said.

Guest Speaker Bryant L. Galusha, M.D., consultant and former executive vice president of the Federation of State Medical Boards of the United States, encouraged graduates to cultivate certain qualities in order to be outstanding physicians, including: integrity, intellectual ability, capacity for hard work, judgment, a faculty for ascertaining the truth and a continuing quest for knowledge. "Common sense and professional discipline are safeguards for maintenance of these valuable assets," he said. "Discipline is a constant force in the life of a

The TCOM Class of 1990 said goodbye to friends and faculty and hello to a new career in osteopathic medicine June 2 at TCOM's 17th annual commencement at Fort Worth/Tarrant County Convention Center Theatre.

Eighty-seven degrees were awarded, including one presented to the family of Sonya G. Knight of Arlington, Texas, at a private ceremony following commencement. Knight



physician; a positive force that channels human endeavor to humane purpose.

"The ideal physician is not the one with the greatest content of vintage facts, but the one who has the knowledge of the present moment critically evaluated," he said. "We must remain perpetual students throughout our professional lives. In a very real sense, that is what professionalism means."

Students graduating with honors were recognized at the ceremony. They are: Neal Shparago, Elizabeth Ower, Kathleen Bynum, James Hengy, Dale Richards, Leslie Vaught, Stockton Roberts and Timothy Steinagle.

Telegrams from wellwishers, including AOA President William H. Voss, D.O., Texas House Speaker Gib Lewis, Governor and Mrs. Bill Clements and Lt. Governor Bill Hobby, were read by T. Eugene Zachary, D.O., vice president for academic affairs and dean.

After the presentation of diplomas, osteopathic physicians in the audience were invited to recite the Osteopathic Oath with the graduates. A reception for graduates and their families was held in TCOM's Health Sciences Library immediately following commencement ceremonies.

The 87-member Class of 1990 brings to 1,181 the number of physicians who have graduated from TCOM. TCOM was chartered as a private institution in 1966, enrolled its first class in 1970, and became state supported under the University of North Texas Board of Regents in 1975. Texas' only osteopathic college celebrates its 20th anniversary this year.

TOMA congratulates the new graduates and urges them to stay in contact through TOMA membership, which is dues-free for interns and residents.





# Students and Faculty Honored at TCOM Awards Banquet

The clinical, service and academic achievements of TCOM's Class of 1990 were recognized at the 17th Senior Awards Banquet, held June 1 at the Worthington Hotel downtown Fort Worth.

Receiving awards and scholarships were:

*National Osteopathic College Scholarships:* Elizabeth Owen, Commie Hisey and Stephen Hatfield.

*Janet M. Glasgow Memorial Award:* Elizabeth Owen, Elisabeth Schultz, Kathleen Bynum and Leslie Vaught.

*National Delta Omega Award:* Elizabeth Owen.

*Sigma Sigma Phi Outstanding Senior Award:* Michael Duchamp.

*President's Scholar Awards:* Neal Shparago, Elizabeth Owen, Kathleen Bynum, James Hengy and Dale Richards.

*Ando Inc. Award:* Elisabeth Schultz.

*Emmon Company Award:* Elizabeth Owen.

*Upjohn Award:* Neal Shparago.

*Outstanding Senior Student in Emergency Medicine:* Eric Solomon.

*Lead Johnson Pediatric Award:* Tim Bray.

*The Wyeth Pediatric Award:* Elisabeth Schultz.

*The Robert J. Nelson, D.O., Memorial Award for Clinical Excellence:* Commie Hisey, Neal Shparago.

*Earle Award for Academic Excellence:* James Hengy.

*The Sam Buchanan Sr. Memorial Award:* Michael Duchamp.

*Clinical Excellence, Department of Surgery:* Tim Steinagle.

*Internal Medicine, Academic Excellence:* Neal Shparago.

*Internal Medicine, Clinical Excellence:* Robert Richard, Elisabeth Schultz, Elizabeth Owen and Leslie Vaught.

*Earle Cardiology:* Neal Shparago.

*Pulmonary Award for Clinical Excellence:* Scott Monk.

*Dupont Pharmaceuticals Anesthesiology Award:* Leslie Vaught.

*Robert G. Haman, D.O., Memorial Award:* James Derrenbacker, Jr.

*Michael A. Calabrese, D.O., Memorial Arrowsmith Award:* Larry Maples.

*Robert Sharp Award:* Georgia Allen.

*President's Award:* Elizabeth Owen.

*Chancellor's Award:* James Hengy.

*Wayne O. Stockseth Award:* Scott Stoll.

Graduates Alan Boyd, Georgia Allen, Norma Martin, Craig Thomas and Commie Hisey received certificates from the Student Government Association for their "service and dedication to TCOM and student body."

Undergraduate teaching fellows Nancy Koughan and Scott Stoll also received special recognition for their service, as did teaching assistants Linda Atlas, Alan Boyd, Kathleen Bynum, James Derrenbacker, Jr., Michael Duchamp, Drexel Gordon, Mark Gray, Glenn Hansen, Commie Hisey, Robert Richard, Dale Richards, John Rose, Craig Thomas and Kevin Wylie.

Faculty members were also recognized. Greg Friess, D.O., medicine, received the M.L. Coleman, D.O., Clinical Faculty Award; and Nizam Peerwani, M.D., pathology, received the M.L. Coleman, D.O., Preclinical Faculty Award. ■



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# 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 10 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, work/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 — Tuesday, July 17**  
Fountain Plaza Hotel  
37 North East Loop 410  
(512) 366-2424

**Dallas — Thursday, August 16**  
Embassy Suites  
3880 West North West Hwy.  
(214) 357-4500

**Harlingen — Wednesday, July 18**  
Holiday Inn  
1901 West Tyler  
(512) 425-1810

**Houston — Wednesday, August 29**  
Marriott Brookhollow  
3000 North Loop West (T.C. Jester Exit)  
(713) 688-0100

**Amarillo — Wednesday, August 8**  
TX Tech Health Sciences Cent. Aud.  
1400 Wallace Boulevard  
(806) 355-6854

**San Antonio — Wednesday, October 3**  
Bexar County Medical Society  
202 West French Place  
(512) 734-6691

**Houston — Wednesday, November 7**  
Houston Marriott by the Galleria  
1750 West Loop South  
(713) 960-0111

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

## 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

☐ Payment by Credit Card: ☐ Visa ☐ MasterCard

Card No: \_\_\_\_\_

Cardholder: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail check or credit card information with completed registration form to:

Risk Prevention Skills  
Practice Management Services  
Texas Medical Association  
1801 North Lamar Blvd.  
Austin, Texas 78701  
512/477-6704

#### For TMA Office Use Only:

Check # \_\_\_\_\_  
Rcvd by: \_\_\_\_\_  
Date: \_\_\_\_\_



# Dr. Les Sandknop Named Chief of Staff at Lake Pointe

Les T. Sandknop, D.O., who practices in Rockwall and Quinlan, was recently named chief of medical staff at Lake Pointe Medical Center. He was elected to the position by his fellow physicians and will serve a one-year term.

In this post, Dr. Sandknop will chair the Medical Executive Committee and general staff meetings, serve on the board of trustees, verify credentials of physicians applying to join Lake Pointe's medical staff and be involved in quality assurance case review and regulatory surveys.

"I consider this a terrific honor," Dr. Sandknop said. "In all my functions as chief of staff, the needs of patients will be my primary consideration. Lake Pointe is one of the finest hospitals anywhere, with truly outstanding people. We are fully staffed with physicians representing a wide range of specialties, and our nurses and technicians are top notch. The food service is the best I've ever encountered. My goal is to be an arbitrator and keep minor disputes and red tape from interfering with the staff's ability to deliver the highest level of patient care available."

Dr. Sandknop is one of the doctors who led the campaign resulting in the construction of Lake Pointe Medical Center. In 1980, he opened his solo practice in family medicine at 2306 Ridge Road, along with Dr. Carl McKenney, and two years later began his Quinlan practice at the Westlake Clinic.

While serving a rotating residency in family medicine at Baylor, St. Paul's and Methodist Hospitals in Dallas, he met Dr. McKenney and visited Rockwall several times to work with him. "I fell in love with the Lake Ridge, Hubbard and Tawakoni areas," Dr. Sandknop said, "and my wife and I decided that this is where we wanted to locate. We have never regretted the decision."

Dr. Sandknop is certified in family medicine by the American Osteopathic Association (AOA) and schedules the 50 hours per year of CME required to maintain his certification. He served a year as vice-chief of staff at Lake Pointe Medical Center and was formerly chief of medical staff and chief of family practice at Mesquite Community Hospital. For 10 years he was associate medical director for the American Telephone and Telegraph plant in Mesquite.

He is a member of numerous professional associations including TOMA, TOMA District V and the AOA.

Keeping up with the "overwhelming changes" in medical diagnostic and treatment procedures is a challenge which Dr. Sandknop enjoys. As a family practitioner, he reports that he likes the "one-on-one contact with people."

"I enjoy watching kids grow up and families develop," he continued, "and one of the advantages of practicing in smaller towns is seeing your patients at the grocery store and around town."

TOMA congratulates Dr. Sandknop.

## New Officers for District V



TOMA District V held a dinner meeting in May, at which time new officers for the 1990-91 year were elected. The new officers, pictured from left to right, are as follows: Paul S. Worrell, D.O., President; Robert E. Starr, D.O., President-Elect; Andrew B. Burke, D.O., Vice President; Dean Gafford, D.O., Secretary; Bill V. Way, D.O., Treasurer.

TOMA congratulates the new District V officers.



# AOA Washington Update

## PIN Update

Physicians are being asked to dust off those special identifier numbers received in the mail in Fall 1989. By mid-summer, HCFA expects that UPINs (unique physician identification numbers) will be required on all Medicare claim forms.

Physicians will be given 90 days after notice of the new requirement to use the numbers before assigned claims without UPINs are returned to the physician, at which point, the physician must resubmit the claim.

Following are details to assist the physician to understand and comply with the new claims filing requirement:

**Who Must Use The UPIN:** Any doctor, supplier or third party who wants Medicare reimbursement must list the UPIN on the claim form 1500. Most doctors were to have received their UPIN by November 1989.

**Billing Situations Requiring A UPIN:** Any doctor or supplier must list on the Medicare claim form the UPIN of any doctor who has referred a patient for supplies or services. Likewise, any doctor who provides lab services must list the UPIN of a doctor who has ordered the tests.

**What HCFA/Carriers Will Do With The UPIN:** The agency will use the UPINs to better track doctors who allegedly are "repeatedly ordering services or supplies which are not medically necessary."

**Timetable:** By "mid-summer," HCFA wants doctors to start listing the UPINs, but the agency won't start returning or developing incomplete claims until 90 days later. HCFA plans to publish a notice in the *Federal Register* soliciting comments before enforcing the provision.

## PPRC Submits 1990 Annual Report

In its fourth annual report to Congress, the Physician Payment Review Commission (PPRC) begins a new phase in its responsibilities to advise the Congress on physician payment in the Medicare program. Its first three annual reports were devoted to developing a multifaceted reform of physician payment. The 1989 report reflected the culmination of this work, presenting a comprehensive proposal that included four major elements: a Medicare fee schedule, balance billing limits, expenditure targets, and a program of effectiveness research and development of practice guidelines. Not

surprisingly, much of the health-related section of the Omnibus Budget Reconciliation Act (OBRA 89) was based on this proposal.

The benchmark of the health-related provisions in the legislation, of course, was the approval of the new Medicare fee schedule. As reported previously, beginning in 1992, the relative value of each service will be determined by estimates of average physician time and effort, practice expenses, and a separate factor for the cost of professional liability insurance (PLI). While the relative value scale (RVS) will apply nationally, the payment in each locality will depend on a geographic adjuster that reflects differences in practice expenses, PLI expenses, and a partial adjustment for geographic differences in the cost of living.

Now as the implementation of the new payment system begins, the PPRC has submitted its recommendations to Congress on how best to incorporate practice expenses, rural geographic adjusters, payment area definitions, balance billings, PLI and RAP specialties into the fee schedule. For more information on these proposals, please call the AOA Washington Office at: (202)-544-5060 or 1-800-962-9008.

## Council Releases RVS Pamphlet

The Council recently released an informational pamphlet explaining the new Medicare Fee Schedule. The fee schedule which will be implemented by 1992, will be based on a resource-based relative value scale. The relative value scale includes components for work, practice costs and malpractice costs. The pamphlet also describes the phase-in plan for the new fee schedule. The AOA Washington Office will be happy to provide the pamphlet to any interested individual. ■



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# OMT Tapes Available Through TCOM

Through a grant from the Texas Chapter of the American College of General Practitioners, and the graciousness of Constance Jenkins, D.O., the Office of Continuing Medical Education has made available through the Texas College of Osteopathic Medicine Learning Resource Center Library, VHS tapes on "OMT" Techniques.

Copies will be made available to osteopathic physicians throughout the state who wish to borrow them for a period of up to two weeks. Physicians interested in borrowing tapes should contact: Learning Resource Center, TCOM Health Sciences Library, 3500 Camp Bowie Boulevard, Fort Worth, Texas 76107; phone: (817) 735-2288.

## Tapes Available

WB90 VC1800 1974	KCOM — Manipulative Series Soft Tissue - Lumbar lower thoracic area 46 minutes
WB940 VC1799 1975	KCOM — Paul Kimberly, D.O. Part I — Cervical C2 - C4 Side bending left, rotation left, high velocity Part II — T4 - T10 FSR Grps. A. Supine high velocity sitting Part III — T4 - T10 Flexion Extension a. Forward bending, high velocity & spring b. Backward bending, high velocity, muscle cooperation Part IV — T10 L5 FSR Grps. high velocity & muscle energy PTV - Roto - scoliosis (Sitting) 47 minutes
WB940 VC1798 1974	KCOM — Pelvis S. I. Innominate Paul Kimberly, D.O. 1. Testing Physiological Motion 2. Symphyseal Lesions Diagnosis & Treatment 3. Sacral Diagnostic Procedures 4. Left Sacral Torsion Findings & Mobilization 5. Left Unilateral Findings & Mobilization 6. Left Innominate Posterior 57 minutes
WB940 VC1801 1975	KCOM — Thoraco-Lumbar Junction 32 minutes
WB940 VC1802 1978	Indirect extremity technique — Anne Wales, D.O. 50 minutes
WB940 VC1797 1984	KCOM — Cervical Technique ME & HVLA Cervical Spine-OA-AA Techniques — Counterstrain, Direct, Indirect Jerry Dickey, D.O. Cervical Spine-Direct Method — Lower Spine (Facet Angles) Larry Bader, D.O. 25 minutes
WB940 VC1591 1976	Counterstrain Part I - Part V Complete Counterstrain Course by Larry Jones, D.O. 3 hrs. 45 minutes
WB940 VC1796 1979-82	Michigan State Series Pelvic Region I: Iliosacral Pelvic Region II: Sacroiliac Pelvic Region III: Alternative Direct Technique 42 minutes
WB940 VC1803 1980-82	Thoracic Cage Thoracic Region I: True Ribs (1 through 7) Thoracic Region II: Mid Lower Thoracic 26 minutes

## TOMA Member

**John W. Adams, D.O.**  
KCOM '75; b '44; C-I; C-ON  
906 W. Randol Mill Rd.  
Arlington, 76012

**Harlan J. Borcharding, D.O.**  
KC '65; b '39; C-Fam.Prac.  
723 Shotwell  
Houston, 77020

**Mary A. Campbell, D.O.**  
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12426 Hwy. 6  
Santa Fe, 77510

**Ricardo Castillo, D.O.**  
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**David W. Coleman, D.O.**  
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**Jim B. Davis, D.O.**  
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**Harry L. Faust, D.O.**  
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**Emil M. Felski, D.O.**  
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Taylor, 76574

**Paul M. Garmon, D.O.**  
TCOM '79; b '43; GP  
P.O. Box 190  
Forney, 75126

**Manuel Griego, Jr., D.O.**  
TCOM '78; b '48; GP  
2909 S. Hampton, #D, 105  
Dallas, 75224



## Publications Received

**Collyer A. Hunt, D.O.**  
JCOM '85; b '50; GP  
637 Lindenwood Dr.  
San Angelo, 76904

**Steven L. Kastl, D.O.**  
JCOM-OSU '80; b '50; GP  
101 E. Blacker  
El Paso, 79902

**Wesley J. Kutach, D.O.**  
JCOM '65; b '26; RET  
P.O. Box 819  
Hulton, 78358

**Harold D. Lewis, D.O.**  
JCOM '76; b '48; GP  
104 S. First, #102  
Austin, 78745

**Dale McCormack, D.O.**  
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**James D. Peters, D.O.**  
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**William C. Sanders, D.O.**  
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**Daniel J. Slevin, D.O.**  
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**Martin E. Thornton, D.O.**  
JCOM '82; b '55; GP  
708 N. Crockett  
Cameron, 76520

**John C. Turner, D.O.**  
JCOM '53; b '24; GP  
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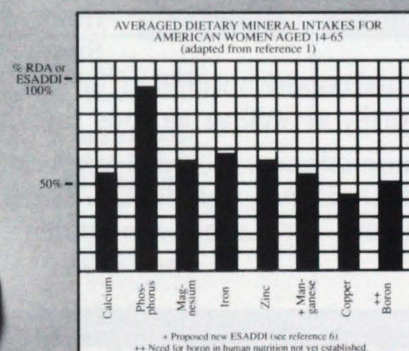
Each of these minerals plays important roles in bone and connective tissue metabolism as structural components or activators of enzymes and hormones necessary for proper bone growth and maintenance (7).

Evidence from animal and human experimental studies, clinical observations and epidemiological data all support findings of bone and connective tissue disorders, especially osteoporosis and impaired healing, when long-term dietary intake of one or more of the listed minerals is deficient (3-9). Combined with lack of exercise and normal or excessive intake of protein, phosphorus, iron and aluminum, which are all antagonistic to

uptake and/or metabolism of the listed minerals, effects of deficiencies are aggravated, (3-9).

OSTEO-B PLUS was formulated to contain bioavailable forms of minerals along with key synergistic factors such as vitamin C and chondroitin sulfates.

Inclusion of judicious amounts of B-complex vitamins and vitamin D allows OSTEO-B PLUS to be used alone or in combination with other nutritional supplements.

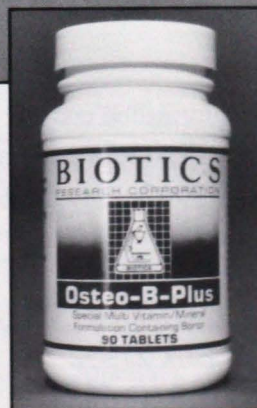


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\* United States Required Daily Allowance (2)

\*\* Estimated Safe and Adequate Daily Dietary Intake (2)



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# Dr. David Beyer Appointed to Tarrant County Hospital District Board



David M. Beyer, D.O., of Fort Worth, was unanimously appointed by the Tarrant County Commissioner's Court to a two-year term on the Board of Managers of the Tarrant County Hospital District. His term began on May 24. The Board of Managers is charged with overseeing operations of John Peter Smith Hospital, the

tax-supported county hospital of Tarrant County located in Fort Worth, as well as various satellite clinics.

The Commissioners extended appreciation to George J. Luibel, D.O., FAAO, also of Fort Worth, who resigned from the board. Dr. Luibel was lauded for his over 10

years of service as member, past chairman and past president.

A 1968 graduate of Kirksville College of Osteopathic Medicine, Dr. Beyer interned at Osteopathic Medical Center of Texas and began his practice in Fort Worth in 1969. Active in TOMA affairs, he is currently member of the House of Delegates and vice chairman of the Governmental Relations Committee.

Additionally, Dr. Beyer serves as president of the Board of Directors of Osteopathic Medical Centers of Texas; is a board member of Amon Carter Blood Center in Fort Worth; serves as health officer for Texas Wesleyan University; and is a member of the Board of Directors of the Fort Worth Zoo. He is a past president of the Tarrant County Chapter of the American Cancer Society.

On a more personal note, Dr. Beyer and his wife, Sally, are the proud parents of Thomas Matthews Beyer, born May 28.

TOMA extends congratulations to Dr. Beyer on his appointment, as well as the birth of his son.

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Dear Osteopathic Family:

As the spouse, mother, father, sister, brother, son, or daughter of an osteopathic student or physician you are the member of a special family -- The Osteopathic Family. By your family commitment you have demonstrated your support of the osteopathic profession. This support, recognized in your community, is important and appreciated.

I would like to ask you to go a step further and strengthen this commitment with membership in the Auxiliary to the American Osteopathic Association. The AAOA is the link that binds such individual support into a significant nationwide organization that promotes osteopathic medicine. Our goals and purposes are explained in the enclosed materials.

This year the AAOA is celebrating its 50th anniversary. In addition to supporting the goals and programs of the American Osteopathic Association, the auxiliary has supported the osteopathic profession through community outreach, student financial assistance, and public relations. In 1989, the AAOA awarded sixteen scholarships to sophomore students attending osteopathic medical schools.

The AAOA encourages members to be knowledgeable about the osteopathic profession and legislation that will affect the health care providers in our nation.

A current example of the auxiliary's efforts in public relations is the National Advertising campaign. Ads promoting osteopathic medicine have been placed in prominent magazines including Newsweek, Saturday Evening Post, Good Housekeeping, McCalls, and Vis-A-Vis. These ads have prompted numerous inquiries about the osteopathic profession and our schools.

Today, the Auxiliary to the American Osteopathic Association is facing a dilemma. The problem is common to most organizations -- Membership. In order to continue the beneficial AAOA programs the support of dedicated members, like you, is essential. We need YOU!!

Please join us in supporting the profession we all love.  
Together we make a difference.

Sincerely,

Glenda Carlile, (Mrs. Thomas J.)  
President, AAOA

## MEMBERSHIP APPLICATION FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ SPOUSE'S AOA NO. \_\_\_\_\_

### CHECK PROPER CLASSIFICATION:

- |   |         |
|---|---------|
| A. Regular Member, except (1.), (2.) and (3.) .....   | \$40.00 |
| (1.) spouses of interns, physicians in residency and physicians in preceptorship .....  | \$10.00 |
| (2.) spouses of physicians in first year of practice .....  | \$10.00 |
| (3.) spouses of retired or deceased physicians .....  | \$10.00 |
| B. Associate Members, spouses of those who are not osteopathic physicians but who have been granted associate membership in AOA ..... | \$20.00 |
| C. Student Associate Members .....  | \$ 1.00 |

SEND APPLICATION AND REMITTANCE TO: Auxiliary to the American Osteopathic Association  
142 East Ontario Street  
Chicago, Illinois 60611



# Proposed POL Regulation Published — AOA Seeking Comments

The proposed regulation to implement the physician office lab (POLs) section of the Clinical Laboratory Improvement Act of 1988 (CLIA 88) was published May 21, 1990. A 90-day comment period is being provided.

According to the AOA, given the extreme complexity of the proposed rule, it is of the utmost importance that individuals operating POLs inform the AOA Washington Office Staff of their concerns, as they will be formulating remarks on the regulation based on such response.

The AOA has provided TOMA with a summary of the regulation for comment purposes. Interested individuals are urged to contact TOMA and request a copy so that they can subsequently contact staff at the AOA Washington Office. (Although a copy of the entire proposed rule is available from AOA, the document is 103 pages and difficult to read, thus the AOA felt it feasible to prepare the summary.) Additionally, TOMA would be interested in hearing your comments as to whether you feel specific tests are classified appropriately as to level of complexity.

As you are aware, CLIA 88 mandated that the HCFA regulate clinical labs based on the complexity of the tests performed. Prior to CLIA's enactment, only labs performing tests for Medicare and Medicaid or engaged in testing in interstate commerce, came under HCFA's purview. Passage of CLIA, however, has made many previously unregulated labs, including POLs, subject to review. HCFA estimates 300,000 to 600,000 labs are currently unregulated and will be included in the proposed standards.

Under the proposed regulation, POLs will be regulated according to the complexity of the tests done in the lab. Three levels of testing are defined: a Waiver Level, Level I and Level II. The Waiver Level will include tests that even when performed incorrectly, pose no potential risk to the patient and Level I tests would pose some harm to the patient if performed incorrectly. The Level II category would include ALL TESTS not already defined as Waiver Level or Level I tests and could pose substantial risk to the patient if performed incorrectly. A lab will be subject to the requirements governing the highest level of test performed, and will be so identified.

## **\*HHS has designated the following tests for the WAIVER LEVEL:**

Dipstick or Tablet Reagent Urinalysis for the following Analytes: Bilirubin, Hemoglobin, Leukocytes, Protein, Specific gravity, Glucose, Ketone, Nitrite, pH, Urobilinogen

Fecal Occult Blood

Microhematocrit

Microscopic Examination of: urine sediment, Pinworm preparation, Vaginal wet mount preparation

Ovulation Test: Visual color test for human luteinizing hormone

Urine Pregnancy Test

Whole Blood Clotting Time

Antistreptolysin O (ASO) Screen: slide card agglutination test

C Reactive protein (CRP) Screen: slide card agglutination test

Rheumatoid Factor Screen: slide card agglutination test

Gram's Stain: on discharges and exudates

Infectious Mononucleosis Screening: slide card agglutination test

Potassium Hydroxide (KOH) preparation on cutaneous scraping

Erythrocyte Sedimentation Rate

Sickle Cell Screening: methods other than electrophoresis

Glucose Screen Whole Blood Dipstick Method: visual determination

Semen Analysis

## **\*The proposed regulation designates the following tests for the LEVEL I category:**

Cholesterol Screen: qualitative and semiquantitative determination

Culture for Colony Counts for Urinary Tract Infection: not include identification and susceptibility

Hemoglobin: methods other than electrophoresis

White Blood Cell Count

Red Blood Cell Count

Hematocrit

Urea Nitrogen (Bun)

Creatinine

Uric Acid

Glucose

Direct Streptococcal Antigen Test

**\*LEVEL II LABS:** All other tests not included in Waiver Level or Level I would be included in the Level II category and subject to all quality control, quality assurance, proficiency testing and personnel requirements.

All labs will be required to obtain a CLIA certificate. CLIA '88 requires HHS to establish certification requirements for ANY LABORATORY performing tests in the United States that conducts tests on human specimens and certify them accordingly. Note: Only laboratories which have a current unrevoked and unsuspended certificate of waiver, provisional certificate, certificate or certificate of accreditation will be eligible for reimbursement under the Medicare or Medicaid programs or both.

According to the proposed regulation, POLs that do only Waiver Level tests in their offices will not be subject to federal accreditation standards. The laboratory director of a Level I lab must be a D.O., M.D., or Ph.D. and be qualified to manage and direct the lab personnel. The laboratory director for Level II labs must be a certified pathologist or a Ph.D. level scientist.

Also set forth in the rule are requirements for proficiency testing; patient test management; quality control; personnel and computer system maintenance depending on the laboratory level.

Again, interested individuals should contact TOMA at 1-800-444-TOMA for a summary of the POL regulation.



# Prescriptions Issued by RNs and PAs

The 71st Texas Legislature passed a bill (HB 18) which authorizes a physician to delegate to advanced nurse practitioners (ANP) and physician assistants (PA) the act of "carrying out" a prescription drug order. The bill specifies that these prescriptions may only be for non-dangerous drugs (no controlled substances) and that the ANP or PA must be:

- 1) practicing at a site which serves a "medically underserved population;"
- 2) practicing under "adequate" supervision of the physician; and
- 3) operating under physician's orders, standing medical orders, standing delegation orders, or other orders or protocols defined by the medical board.

Pharmacists need to be aware that they may soon be seeing prescriptions issued by these individuals and that these prescriptions will look different from those issued by a physician. In addition to required information about the patient and the drug prescribed, these prescriptions must also contain the:

- 1) signature of the supervising physician;
- 2) signature of the ANP or PA and their identification number;
- 3) name, address, and telephone number of the supervising physician; and
- 4) name, address, and telephone number of the ANP or PA.

Notice that these prescriptions will contain two (2) signatures, one from the ANP or PA and one from the supervising physician. The prescription must also contain an identification number which will be issued by the Texas State Board of Nurse Examiners (for an ANP) or the Texas State Board of Medical Examiners (for a PA). This identification number will be issued only to those persons authorized to "carry out" prescription drug orders. The prescription is not valid unless it contains all of this additional information.

The Texas State Board of Nurse Examiners (TSBNE) has recently adopted rules which set out the education and training requirements necessary for an advanced nurse practitioner to carry out prescription orders and the application procedures for obtaining an identification number. It is anticipated that TSBNE will be issuing identification numbers in the near future. TSBNE has a 24-hour computer aided telephone service through which pharmacists may verify the authenticity of ANP identification numbers. To access this service, call (512) 835-4880.

The Texas State Board of Medical Examiners is in the process of drafting rules which set out the education and training requirements necessary for a physician assistant to carry out prescription orders and the application procedures for obtaining an identification number.

West County Rural Health Clinic  
123 South Street, Anytown, Texas 71290  
phone: (123) 456-78900

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

NOT VALID FOR CONTROLLED SUBSTANCES

EXAMPLE

Refill \_\_\_\_\_ times (No oral refills)

Rx must be signed by physicians and advanced nurse practitioner

Dispense as Written

Product Selection Permitted

J.D. Smith, D.O. — phone: (123) 345-6789

234 South Street, Anytown, Texas 71290

C.J. Jones, Advanced Nurse Practitioner

TSBNE ID. #: \_\_\_\_\_

The sample prescription illustrated represents one possibility for how these type of prescriptions may look. Pharmacists should be aware that if a dangerous drug prescription issued by an advanced nurse practitioner or physician assistant contains all of the required information, including the signatures of both the physician and ANP/PA and the ANP/PA identification number, it is a valid prescription and may be dispensed. ☐

(Reprinted from Texas State Board of Pharmacy Newsletter, Volume XIV, Number 1).



# Safeguards Needed for Carbamazepine

The FDA has found that carbamazepine (Tegretol), in both its generic and brand-name form, may lose one-third or more of its effectiveness if stored in humid conditions. Because of the importance of its preliminary findings, FDA has asked manufacturers to add warnings to product packaging to prevent degradation by moisture. FDA has also met with officials at the Epilepsy Foundation of America about the problem and advises individuals who use carbamazepine to keep prescription containers tightly closed and in a dry location, away from bathrooms, showers and humidifiers.

A bioavailability study of carbamazepine was conducted under FDA contract at the University of Tennessee. Four batches of carbamazepine, three of which had been recalled because of poor and differing dissolution rates, were selected for the study. The study found a strong association between results of previous laboratory tests of dissolution and human absorption of the drug.

FDA's own laboratories also evaluated the dissolution

characteristics of carbamazepine tablets, focusing on the effects of moisture on tablet stability. Tablets continuously exposed to 97 percent relative humidity at room temperature for two weeks hardened and dissolved poorly. Consequently it is expected that both generic carbamazepine and the brand-name drug (Tegretol) may be less effective if exposed to excessive moisture.

The tests did not involve carbamazepine sold as chewable tablets. Carbamazepine that is available in liquid suspension would not be expected to be affected by moisture.

FDA recommendations include urging physicians to prescribe the products so that it is dispensed in limited quantities. Manufacturers and pharmacists are being asked to market and dispense carbamazepine in moisture-proof containers with no more than 100 tablets or as individually sealed tablets.

FDA is continuing to study possible problems with carbamazepine, as well as other drug products that may be subject to deterioration.

## DECISIONS THAT PAY OFF

Virginia A. Borgeson and Pat Smith, I.C. System, Inc.

Some Texas Osteopathic Medical Association members may just be writing off bad debts. Others may be doing in-house collections. Still others use collection agencies. Here are some things to keep in mind when you're considering what to do about *your* past due accounts. Your choices can affect your payoff.

If you're writing off even a small amount each year, you're working harder than necessary. Trying to replace money written off while simultaneously trying to maintain and increase business is like patting your head and rubbing your stomach at the same time! A business which operates at a ten percent profit margin and writes off \$2,000 in a given year would have to generate \$20,000 in brand new, additional business just to stay even!

Successful businesses which do in-house collections realize that there comes a time when continued efforts to collect are counter-productive. Office personnel assigned collection duties generally have other primary responsibilities. The key to smart accounts receivable management is to realize that pursuing past due accounts after two to three months is more costly than effective.

What can you, as a TOMA member, expect if you decide to use a collection agency? You get a third party which enters the picture and applies proven, professional collection techniques on your behalf. You get experts: people who know the law and have an answer for every excuse and delaying tactic your debtor might use. In addition, your collection agency has no personal relationship at stake and will stay focused on the job at hand.

No one collection agency is best for everyone, everywhere, all the time; however, over 84 TOMA members are using I.C. System and seeing positive results. In fact, members in Comanche, Houston and Sweetwater have each added over \$10,000 to their bottom lines by using I.C. System. The company has recovered \$115,400 for a member in Fort Worth and \$60,700 for another member in Nacogdoches. Each of those members made a policy decision to work in partnership with a collection agency. Each one selected I.C. System.

If you've been writing off delinquent accounts, or doing your own collections, it may be time for a change. To learn more, call the Texas Osteopathic Medical Association office at 817-336-0549. Your payoff is in your decision.



# Blood Bank Briefs for Physicians

## Guidance for Donors with "Positive" Anti-HCV ELISA Results

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



The first test to detect antibodies to an agent responsible for Hepatitis C (formerly Non-A, Non-B Hepatitis) was licensed by the Food and Drug Administration (FDA) on May 2, 1990. Carter Blood Center began phase-in testing around the clock on receipt of the test kits. All blood donated for transfusion is tested by the newly

licensed anti-HCV ELISA (enzyme-linked immunosorbent assay) test.

We expect adding this new test to ongoing efforts to prevent infections from blood transfusions will eliminate an additional 50 percent of current cases of posttransfusion hepatitis C. It should be noted, however, that of all cases of non-A, non-B hepatitis in the United States, more than 90 percent are unrelated to transfusion.

Studies using anti-HCV ELISA test kits indicate that they will be highly effective as screening tests for detecting blood that is likely to spread the hepatitis C virus. These studies also indicate that among volunteer blood donors, 0.5-1.0 percent will test repeatedly reactive (positive) by the anti-HCV ELISA test, and of these, as many as 40-70 percent may be "false positive" results. At this time, there is no confirmatory test to verify the results of anti-HCV ELISA screening tests. Therefore, blood donors who test "positive" by the anti-HCV screening test will be informed that they are deferred as blood donors, but that we do not know whether they are truly infected with the hepatitis C virus. As experience with the newly licensed test kits is evaluated, and more specific laboratory tests become available, messages to donors with "positive" test results will be revised.

Donors with a "positive" anti-HCV ELISA test result will be referred to their physicians for evaluation and counseling. Some studies of family members and sexual contacts of persons with chronic non-A, non-B hepatitis and a positive anti-HCV ELISA test (presumably, chronic hepatitis C) revealed no evidence of secondary HCV infection, but these findings require confirmation because an earlier study by researchers at the Centers for Disease Control suggested that hepatitis C virus may be spread by sexual contact. Earlier studies of persons with non-A, non-B hepatitis found that at least 50 percent did not have an identified risk factor for acquiring hepatitis. Current information is insuffi-

cient to recommend that persons with "positive" anti-HCV ELISA screening tests modify behavior to reduce the risk of further spread to others. In particular, no recommendations can be made regarding special precautions to prevent possible household, sexual or mother-to-infant transmission of HCV. There is no generally available treatment for hepatitis C infection, although several institutions are studying experimental treatments for chronic hepatitis.

Since 3-5 percent of persons living in the United States are estimated to be infected with HCV, anti-HCV testing has important implications for a much larger population than blood donors.

### References:

Everhart JE, Di Bisceglie AM, Murray LM, et al. Risk for non-A, non-B hepatitis through sexual or household contact with chronic carriers. *Ann Int Med.* 1990; 112:544-545.

Esteban JI, Esteban R, Viladomiu L, et al. Hepatitis C virus antibodies among risk groups in Spain. *Lancet* 1989; ii:294-297.

Alter MJ, Coleman PJ, Alexander WJ, et al. Importance of heterosexual activity in the transmission of hepatitis B and non-A, non-B hepatitis. *JAMA.* 1989; 262:1201-1205.

Alter MJ, Gerety RJ, Smallwood LA, et al. Sporadic non-A, non-B hepatitis: frequency and epidemiology in an urban U.S. population. *J Infect Dis.* 1982; 145:886-893.

Alter MJ, Mares A, Hadler SC, Maynard JE. The effect of under-reporting on the apparent incidence and epidemiology of acute viral hepatitis. *Am J. Epidemiol.* 1987; 125: 133-139.

## Newsbrief

### GEORGIA REQUIRES MANDATORY CME

The Georgia Osteopathic Medical Association (GOMA) reports that under HB 703, originally introduced in the 1989 legislative session, physicians in that state will be required to report at least 40 hours of CME biennially to the Composite State Board of Medical Examiners in order to be re-licensed. The Board must also approve the provider of the CME hours (GOMA has been approved). The CME requirement will go into effect after the 1990-91 license renewal cycle. Attempts to require mandatory assignment of Medicare and Medicaid failed after heavy opposition from GOMA and other groups.



# TB On Increase Among Minorities

Although tuberculosis (TB) infects many people, those who develop the disease's symptoms sometimes fail to seek health care. Health officials attribute that fact to a lack of understanding about how serious untreated TB can be.

The same officials cite that lack of knowledge about TB as one of the main reasons for a current increase of TB among Texas minorities.

Dr. Michael Kelley, of the Texas Department of Health's Bureau of Disease Control and Epidemiology, said that until recently, TB was declining nationwide. However, TB cases among Texans increased in 1988 and 1989, especially among the black population. Dr. Kelley said that last year 529 blacks contracted TB, compared with 479 in 1988. Reports also show increased TB cases among Hispanics and persons infected with HIV.

"Before TB can be treated or cured, it first must be recognized. Years ago, when TB was a leading cause of death, the disease was often suspect in a patient. Today, though, doctors and nurses inexperienced with TB may overlook the disease, thus delaying a diagnosis."

TB is an infectious disease primarily affecting a person's lungs and may spread to other organs causing severe complications or death. The disease is both preventable

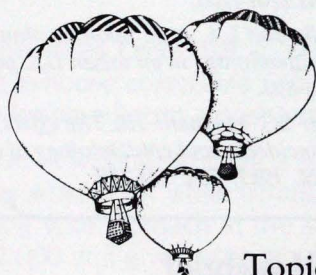
and curable if patients comply with the physician's instructions in taking medication. The disease is usually spread by exhaled airborne bacteria from someone with the disease who may infect family, friends and coworkers. The general symptoms of TB include cough, fatigue, weight loss, fever or night sweats.

The federal Centers for Disease Control's "Strategic Plan for the Elimination of Tuberculosis in the United States" has a goal of 99 percent reduction in TB by 2000.

Dr. Kelley explained that to reach the goal in Texas, the TDH TB control programs will have to: 1) concentrate its surveillance of infection among high risk groups; 2) more thoroughly investigate patients' contact; and more closely monitor patients' compliance in taking their medications.

"We cannot over-emphasize the role of the public health nurses in Texas. They are the front-line educators, counselors and health care providers in preventing and detecting TB and other diseases," Dr. Kelley said.

"However," he added, "no matter how competent the medical personnel are, TB may needlessly continue to spread in any minority group which is at risk of TB if infected persons don't seek care."



## New Mexico Osteopathic Medical Association presents the **10th Annual Hot Air Balloon Medical Symposium** October 4-7, 1990

Holiday Inn "Pyramid" Hotel — Albuquerque, New Mexico

Topics of interest to the general practice physician,  
an OMT workshop, and a short series of special lectures on all aspects of  
"computerized medicine" with hands-on experience at the keyboard.

23 Hours Cat 1-A Credit  
Anticipated from AOA

### REGISTRATION FEES

	BEFORE September 1	AFTER September 1
NMOMA Member Physician	\$180	\$200
Physician	\$210	\$230
PA or Nurse	\$ 60	\$ 80

NOTE: We strongly advise you to reserve your hotel accommodations AS SOON AS POSSIBLE. We have a block of 50 rooms at the Holiday Inn until July 31, \$89/single, \$95 double. After that, hotel rooms in Albuquerque will be very difficult to find for the weekend of October 4-7.

HOLIDAY INN "PYRAMID" (505) 821-3333 or 1-800-544-0623 (outside NM)

NM OSTEOPATHIC MED. ASSOC: (505) 828-1905 / P.O. Box 3096. Albuquerque, NM 87190



# Oral Contraceptive Use In Older Women

The Food and Drug Administration (FDA) has instructed manufacturers to revise labeling for oral contraceptive products to reflect current scientific opinion that the benefits of oral contraception for healthy non-smoking women over 40 may outweigh the possible risks. An increased risk of cardiovascular disease that can be attributed to oral contraceptive use remains a possibility in this population. This risk, however, may be less than those associated with pregnancy and alternative surgical and medical procedures that may be needed should pregnancy occur. To minimize risks, older women should be cautioned to take the lowest possible dose formulation that is effective.

FDA's Fertility and Maternal Health Drugs Advisory Committee considered this issue at its meeting last

October and recommended labeling changes based on a number of factors. The panel recognized that current prescribing practices for oral contraceptives involve the use of lower-dose formulations and more careful patient screening than were used in the 1970s. The panel believed that lower-dose oral contraceptives can maintain contraceptive efficacy while carrying lower risks than higher-dose formulations. Limited new research data also suggest that increased cardiovascular disease risk from oral contraceptives may be less than previously thought, although still a factor, especially in women over 40.

The committee emphasized that its recommendation is based on informed opinion and clinical judgment, rather than substantive new data. ■

## Health Care of Texas Elects Vice-President—Compliance



David H. Manning has been promoted to Vice President — Compliance of Health Care of Texas Inc., by the executive committee of the board of directors. The announcement was made by the Executive Vice President of HCT, Robert Anderson, following the board's April 6 meeting.

Manning moved to Fort Worth in 1988 to assume the position of Director of Risk Management for Health Care of Texas. He will continue his risk management duties while assuming responsibilities for compliance to regulatory standards by the Osteopathic Medical Center of Texas and other HCT affiliates and subsidiaries. Manning's new responsibilities will include an on-going program to maintain compliance with new standards and regulations, monitoring the hospital's Quality Assurance Program and other risk-minimizing procedures.

"I look at this as a challenge," Manning said. "it's an up and coming position. You must have someone to continually monitor your compliance."

Health Care of Texas Inc. is the holding company for the Osteopathic Medical Center of Texas, its affiliates and subsidiaries. Osteopathic Medical Center of Texas, the largest osteopathic hospital in the state, is a general and acute care facility located in the heart of Fort Worth's cultural district. ■

## American Academy of Osteopathy Appoints Executive Director

A. Richard Dyson was named Executive Director of the American Academy of Osteopathy (AAOA) after serving as Acting Director immediately following the death of his wife, preceding director Vicki E. Dyson, on January 12, 1990. The AAOA Board of Trustees held a special meeting to discuss filling the vacancy and agreed to offer Mr. Dyson the position.

Mr. Dyson came to the Academy in August of 1989 from the Ohio State University at Newark, where he served as Manager of Business Services, Physical Facilities and Public Safety from 1979 through 1989. He also served as Purchasing Agent with Central Ohio Technical College from 1974 through 1977. Mr. Dyson retired from the United States Air Force in 1972 as a Master Sergeant after 21 years of active duty.

Mr. Dyson graduated from Central Ohio Technical College with an Associate Degree in Accounting in 1975. His personal affiliations include the Masons of Ohio, Ancient Accepted Scottish Rite, Aladdin Shrine and Air Force Sergeants Association.



# Medicare News

By Don Self  
Medical Consultants of Texas

## September 1990 Medicare Claims Requirement

There are some speakers (and computer sales people) saying that effective September 1, 1990, you will have to file claims electronically to Medicare. This is not true. As of then, you will have to file ALL covered Medicare claims for your Medicare patients, but there is no regulation saying you will have to file them electronically. We expect that for assigned claims within the next two years.

## Charging for Minimal Office Visits

Are you charging for a minimal established patient office visit, when a patient comes in for a covered injection, lab test or test results? The definition in the CPT book allows for code 90030 to be charged in these instances, and Medicare definitely pays for them, even if the physician is not present!

## Carrier Profiling of Doctors

If you get a note from Medicare in the coming year stating that your claims seem to be out of step with your peers, don't panic! In all likelihood, your practice is one of many to feel the first effect of a new HCFA plan to alert doctors about aberrant practice patterns, thus giving providers a chance to change their ways and head off a carrier audit. They will be giving you a chance to "fix things" before it gets out of hand, and this is part of the 1989 Medicare law.

## National Consultation Definition Coming

As we've reported in the past, we expect to see changes coming in the definition of consultations. We now have

a federal report showing what the main change to Texas will be. Presently, nearly every carrier has their own definition. The change that we forecast will be coming to Texas is that they will require a written request from the attending (referring) physician for the consultant to write orders. HCFA will be requiring this very soon, so we suggest you distribute a form to all of the physicians that you consult for, so they can sign it and return it on each patient. Scenario: Mary Jones calls you for an appointment and says Dr. Sagan requested you see her. You immediately call Dr. Sagan (or mail Dr. Sagan a request form) for the form to sign and mail back to you. From that day forward, Dr. Sagan can just give the signed form to the patient to bring with them to your office. If it is done at the hospital, ask Dr. Sagan to note the request in the hospital chart, and that would be sufficient. An example might be:

I hereby request Dr. Smith to see our patient

\_\_\_\_\_ and request Dr.

Smith to write orders appropriate for the treatment they deem necessary.

Date \_\_\_\_\_

Signed: \_\_\_\_\_ (Dr. Carl Sagan)

I realize this is additional paperwork (whatever happened to the Paperwork Reduction Act of 1986?), but it will be necessary. Don't wait until it is too late.

## LOCAL TENENS WANTED

TOMA has been receiving a growing number of requests for names of physicians who do locum tenens. Although we do maintain a file of those physicians who provide this service, the situation is currently such that the demand is far greater than the supply.

If you are interested and able to engage in locum tenens, we would like to hear from you. Please either write or call us with any particulars which would be applicable to your situation, such as type of medical services you perform, what areas of the state you would be willing to cover and so on. Your name and pertinent information will then be added to our file enabling us to better provide a much needed service to all TOMA members.

Thanks for your assistance.

## Newsbrief

### PRACTITIONER DATA BANK GETTING A LATE START

The start-up date for the National Practitioner Data Bank, which was supposed to have been this past April, has been postponed until sometime this fall. The Data Bank was mandated by the Health Care Quality Improvement Act of 1986.



# TOMA Updated OMT Recommendations

Blue Cross-Blue Shield of Texas, the Medicare intermediary, has supplied updated April 1, 1990, reimbursement figures for the 10 distinctive OMT codes.

The OMT procedure codes, MO702 through MO730, are reimbursed according to statewide fees, and not according to profile.

Therefore, Maximum Allowable Actual Charges (MAAC's) do not apply to statewide fees. The allowable charges are applicable to both Medicare participating and non-participating physicians.

## CODES FOR OSTEOPATHIC MANIPULATIVE THERAPY (OMT)

Code	Description	Medicare Allowable
MO702	Brief — OMT performed in office or location other than inpatient hospital; includes up to two body regions; physician administered.	\$ 38.05
MO704	Limited — OMT performed in office or location other than inpatient hospital; includes up to four body regions; physician administered.	\$ 75.99
MO706	Intermediate — OMT performed in office or location other than inpatient hospital; includes up to six body regions; physician administered.	\$114.04
MO708	Extended — OMT performed in office or location other than inpatient hospital; includes up to eight body regions; physician administered.	\$152.08
MO710	Comprehensive — OMT performed in office or location other than inpatient hospital; includes up to ten body regions; physician administered.	\$190.13
MO722	Brief inpatient hospital OMT; includes up to two body regions; physician administered.	\$ 38.05
MO724	Limited inpatient hospital OMT; includes up to four body regions; physician administered.	\$ 75.99
MO726	Intermediate inpatient hospital OMT; includes up to six body regions; physician administered.	\$ 114.04
MO728	Extended inpatient hospital OMT; includes up to eight body regions; physician administered.	\$152.08
MO730	Comprehensive inpatient hospital OMT; includes up to ten body regions; physician administered.	\$190.13

All osteopathic physicians should select the appropriate code based on the number of body regions treated, making specific reference to codes MO702-MO710 and MO722-MO730.

The physician's chart should reflect the osteopathic findings for the body regions treated.

Physical therapy modalities used in conjunction with OMT should be listed separately.

## OSTEOPATHIC DIAGNOSIS AND PROCEDURE CODES

Osteopathic Structural Diagnosis includes: Somatic Dysfunction (by region).

	ICD-9-CM
1. Head Region	739.0
2. Cervical Region	739.1
3. Thoracic Region	739.2
4. Lumbar Region	739.3
5. Sacral Region	739.4
6. Pelvic Region	739.5
7. Lower Extremities	739.6
8. Upper Extremities	739.7
9. Rib Cage	739.8
10. Abdomen and Other	739.9

## REIMBURSEMENT FOR OSTEOPATHIC MANIPULATIVE THERAPY

Reimbursement for Osteopathic Manipulative Therapy (OMT) in Texas is based on a relative value scale.

Brief	1.0	Extended	4.0
Limited	2.0	Comprehensive	5.0
Intermediate	3.0		

It should be anticipated that patients will be billed for the initial office visit, in addition to any modalities employed, and separate charges will be billed for Osteopathic Manipulative Therapy (OMT) when this method is appropriately indicated by the osteopathic diagnosis, codes MO702-MO710 and MO722-MO730, and properly documented on the patient's chart.

In subsequent office visits for the same complaint, with only a palpatory physical examination prior to OMT, there would normally be a charge only for OMT and any modality employed. However, if a physical examination takes place in excess of the palpatory component for OMT purposes, then a follow-up office visit charge would be anticipated along with separate charges for OMT and any modalities employed.

The codes and documentation should be used uniformly for all osteopathic physician's private pay patients and third party carriers.

The Texas Osteopathic Medical Association, through its Hospitals and Insurance Peer Review Committee, will work directly with all fiscal intermediaries in developing utilization parameters, guidelines for reimbursement, as well as work with these carriers in effecting both general oversight and specific peer review activities. This committee is available to third party carriers and physicians and will make specific recommendations and determinations regarding misuse and abuse of coding for Osteopathic Manipulative Therapy. In addition, TOMA has established a new committee (Osteopathic Principles and Practice Committee) that deals strictly with OMT issues.

Texas osteopathic physicians can obtain copies of the fee list for Medicare OMT procedures upon written request to: Karen Foxall, Medicare Part B, P.O. Box 660156, Dallas, Texas 75266-0156.



# Opportunities Unlimited

## PHYSICIANS WANTED

**PARTNERSHIP** — offered in thriving general practice on the Gulf Coast. Coverage available, Intern/Extern approved hospital with TCOM affiliation. Contact Sam Ganz, D.O., 3933 Upriver Road, Corpus Christi, 78408. (51)

**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., 214/849-6047 or Mr. Olie Clem, 214/561-3771. (08)

**OBSTETRICS AND FAMILY PRACTICE PHYSICIAN NEEDED** — to expand capabilities of current medical staff. Collections guaranteed, equipment, office personnel, moving expenses, office space, and other benefits available and negotiable. Progressive West Texas town of 12,000 with nearby University City of 100,000. There is excellent hunting and fishing with three nearby lakes. Contact Larry McEachern, M.D., Rolling Plains Memorial Hospital, 200 E. Arizona, Sweetwater, 79556; 915/235-2246. (37)

**FAMILY PRACTICE PHYSICIAN** — Energetic physician needed to join existing practice. Sports Medicine experience preferred. Current office located in Pilot Point but will be expanding to Denton. Partnership available in (3) years. 20 minutes to Denton; 50 minutes to Dallas/Fort Worth metroplex. Salary with percentage bonus. Malpractice paid. Call Dr. Gershon 817/686-5511. (45)

**ITASCA** — 40 Minutes south of Fort Worth on I-35W. Retiring physician after 36 years of practice. Sell for \$80,000 including x-ray, building, 2½ lots, equipment, furniture, computer and supplies with charts. (Building and lots alone were appraised for \$80,000) Phone 817/687-2983. (06)

**OB/GYN (BC/BE)** — Texas College of Osteopathic Medicine, Department of Obstetrics and Gynecology immediately seeks application for full time faculty appointment. Academic and clinical responsibilities with benefits of group practice. Competitive salary and benefits. For information send C.V. to: TCOM OB/GYN Dept., Attn: Robert Adams, D.O., 3500 Camp Bowie Blvd., Fort Worth, 76107. TCOM is an Equal Opportunity Affirmative Action Employer. (43)

**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. (49)

**IMMEDIATE PRIVATE PRACTICE OPPORTUNITIES** — available for one or more general/family practice physicians. Progressive South Texas town with area population of approximately 20,000. Excellent schools, an ideal "Home-Town" environment in which to live and work. Raise your children in a comparatively crime free community. Enjoy all the advantages of a small town and country living, and yet be only 30 minutes away from all that San Antonio has to offer. Possible Options: 1) Participation with existing physician in thriving private practice; 2) Possibly assume existing growing practice, current physician pursuing medical missionary appointment; 3) Participation in a Rural Health Clinic, depending on the preference of physician. Contact Jack Morris, Devine Chamber of Commerce, P.O. Box H, Devine, 78016; 512/663-4445. (04)

**OSTEOPATHIC FAMILY PRACTICE PHYSICIAN** — Seeking physician for clinical practice demonstrating a new primary care model in Kellogg Foundation sponsored project. Spanish language skills desired and commitment to team practice. Excellent opportunity to conduct research and to develop a creative family practice emphasizing health promotion and community empowerment. Faculty appointment available August. Send resume to Dr. Reni Courtney, Project Director, Texas College of Osteopathic Medicine, Dept. of Family Practice, 3500 Camp Bowie Blvd., Fort Worth, 76107; 817/735-2304. TCOM is an equal opportunity/affirmative Action Employer. (21)

**DO I HAVE A DEAL FOR YOU?** Small town near Dallas/Fort Worth metroplex needs a general/family practice physician to buy clinic. Please contact TOMA, P.O. Box "52," Irving, 76107 (52)

**ENERGETIC, GENERAL PRACTICE PRACTITIONER** — needed for expanding, white-collar family practice in the Fort Worth area. Contact Jas. Hawa, D.O. 817/249-4100. (45)

**ASSOCIATE NEEDED** — for established, growing general practice on the east side of Fort Worth. Contact: Randall E. Hayes, D.O., 817/535-1535. (35)

**RETIRING JULY 31** — General Practice Northeast Tarrant County for 35 years. Lease or sell practice, building, fixtures. Busy corner; ¾ acre lot; 2,000 sq. ft. Call 817/831-1746 from 9:00 a.m. to 5:00 p.m. — MTWF. (01)

**TYLER** — Modern emergency/ambulatory care centers seeking well-rounded practitioner for expansion. Generous modified fee-for-service income package with superior professional liability insurance included. Must have good experience in family medicine. Industrial medicine experience helpful. Send CV or call Donald L. Ericksen, M.D., Medical Director, Taylor Medical Centers, 3800 Paluxy, Suite 440, Tyler, 75703; 214/534-1331. (32)

**AMARILLO** — Fifty-bed acute care osteopathic facility seeking chief radiologist; (2) family practitioners and one internist. Excellent working conditions; outstanding area to raise family. Institution will pay for you to come a visit; will pay relocation costs. Contact Lorne Tjernagel, Administrator, 806/358-3131 or send CV to Family Hospital Center, 2828 S.W. 27th, Amarillo 79109. Also, plan to visit board and hospitality room at the Texas Society ACP Meeting in Arlington, August 2-5, 1990. (50)

**OUTSTANDING OPPORTUNITY** for family practitioner or general surgeon in San Marcos, Texas. Present physician closing office for medical reasons. Current location since 1970. Please call 512-353-0080. (03)



## OFFICE SPACE AVAILABLE

FOR LEASE/SALE: Mesquite, Texas, 300 sq. ft. office; pediatric table with scales, OB/GYN table, RX tables, centrifuge, vitalograph spirometer with graph, Stryker cast cutter/fiberglass blades; Gomo stand, EKG stand, myofrecator, autoclave/stand, otoscopes, metal trays, tools, blood pressure, microscope. Call Mrs. B. Nystrom, 214/285-5580 (evenings). (39)

FOR LEASE — Medical office; established medical-dental building on Julian 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. 338-4444 (27)

MEDICAL OFFICE — (1900+ sq. ft.) in Euless near Airport Freeway in Medical Complex in established location close to Northeast Community Hospital and Harris HEB hospitals. Utilities paid; pharmacy on premises. Call Bill Wyatt 817/282-6717 or 817/481-5158 or write: 101 S. Pipeline Road, Hurst, 76053. (19)

## 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)

WANTED: Used Diathermy Machine. Contact Dr. Mohney, 713/626-0312. (02)

DO YOU HAVE a used (working) diathermy machine you need to move to a new home? Look in your closet corner — if you have a used Micro-centrifuge and wish to get it out of your hands into a new "life," call Dr. Bob Sharp, collect at 214/279-2453. I can arrange pickup. (56)

WANTED — Complete disarticulated skull (not plastic). Also want complete intact skull. If you have these or know of someone who does, please contact Dr. Chapek at P.O. Box 381911, Duncanville, 75138. (41)

FOR SALE — Slightly used spinalator; excellent condition. Call Jack R. Vinson, D.O. at 214/247-6554. (15)

FILM ABOUT OSTEOPATHY — Students for the Advancement of Osteopathic Medicine at UHS-COM in Kansas City have put together an explanation of osteopathic medicine on VHS format. This video is designed to acquaint the student with the benefits of choosing osteopathic medicine as a career and to dispel misconceptions which have pervaded Pre-Medical advisors concerning our profession. We would like for practicing physicians to have this available for their use. There is no charge for this video. Interested D.O.s may obtain a copy by writing to: S.A.O.M., c/o Alvin C. Bacon, 2105 Independence Blvd., Kansas City, Missouri 64124. (25)

## POSITIONS DESIRED

FEMALE GENERAL PRACTITIONER — with seven years of solo practice experience is seeking partnership in Texas. Mail inquiries to TOMA, Box "07," 226 Bailey Avenue, Fort Worth, 76107. (07)

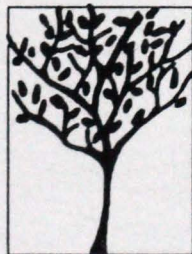
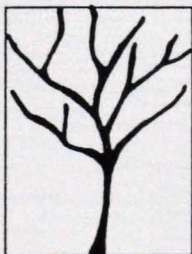
FINANCIAL ASSISTANCE URGENTLY NEEDED — I am a senior student at TCOM. Married with four children. I need financial assistance throughout my senior year and through one year of internship training in exchange for practicing in your city following my internship training. Please call me if you can help; S/D Scott Crockett, P.O. Box 175, Lot, 76656; 817/584-2520. (37)

## Newsbrief

### NEW PRESIDENT FOR TMA

William Gordon McGee, M.D., an El Paso pathologist, was installed as president of the Texas Medical Association (TMA), during the association's annual session in Corpus Christi on May 11. Dr. McGee succeeds Max C. Butler, M.D., of Houston.

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