

TEXAS D.O.

The Journal of the Texas Osteopathic Medical Association



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*100th Annual
CONVENTION & SCIENTIFIC SEMINAR
June 17 - 20*

Information & Registration Packet - page 23



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CALENDAR OF EVENTS

APRIL 28-MAY 1

"Osteopathic Medicine in the New Millennium"

Sponsored by the Pennsylvania Osteopathic Medical Association

Location: Adam's Mark Hotel, Philadelphia, PA
CME: 40+ AOA CME credits
Contact: Mario Lanni, POMA Executive Director
1330 Eisenhower Blvd.
Harrisburg, PA 17111
717-939-9318 or in PA 800-544-7662

APRIL 29-MAY 2

"102nd Annual Convention"

Sponsored by the Indiana Osteopathic Association

Location: Radisson Hotel at Star Plaza
Merrillville, IN
CME: 30 1-A hours anticipated
Contact: Indiana Osteopathic Association
800-942-0501 or 317-926-3009

MAY

1

The National Academies of Practice Forum "Interdisciplinary Management of Chronic Health Conditions: Issues and Answers"

Location: Marriott Gateway Hotel, Arlington, VA
Best Practice Poster Sessions
Send Reservations (\$220) to:
National Academies of Practice
P.O. Box 1037
Edgewood, MD 21040-1037
410-676-3390; FAX 401-676-7980

3-5

"Environmental Trade Fair '99"

Sponsored by the Texas Natural Resource Conservation Commission

Presentations will concentrate on the "what to do" and "how to do it" of complying with environmental regulations.

Location: Austin Convention Center
Contact: Sandra Flores: 512-239-6651
E-mail: sflores@tnrcc.state.tx.us
Israel Anderson: 512-239-5318
E-mail: ianderson@tnrcc.state.tx.us

5-9

"Ninth Annual Convention - Primary Care Update"

Sponsored by the Nevada Osteopathic Medical Association

Location: Monte Carlo Hotel and Casino
Las Vegas, NV
CME: 30+ hours Category 1-A
Contact: NOMA; 702-434-7112; FAX 702-434-7110
E-Mail nvoma@aol.com

13-16

"101th Annual Spring Convention & Scientific Seminar"

Sponsored by the Minnesota Osteopathic Medical Society

Location: Hotel Sofitel, Bloomington, MN
Contact: Drenda Wendell, MOMS
Executive Director
2912 80th Circle North
Brooklyn Park, MN 55444-1644
612-560-3346
E-mail: MOMSdrenda@aol.com

JUNE

10-13

"97th Annual CME Convention & Scientific Exhibition"

Sponsored by the Georgia Osteopathic Medical Association

Location: Hyatt Regency, Hilton Head Island, SC
Contact: GOMA, Holly Barnwell
Executive Director
2160 Idlewood Rd.
Tucker, GA 30084
770-493-9278
E-mail GOMA@mindspring.com
Web: www.goma.org

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Texas Osteopathic Medical Association House of Delegates Meeting

Location: Hotel Inter-Continental, Dallas, TX
Contact: TOMA, 800-444-8662
512-708-TOMA
Fax 512-708-1415

TOMA HEALTH & REHABILITATION HOT LINE (in complete confidence)
800-896-0680

CALENDAR OF EVENTS

JUNE continued

6-17-20

TOMA 100th Annual Convention & Scientific Seminar

Sponsored by the Texas Osteopathic Medical Association

Location: Hotel Inter-Continental, Dallas, TX
CME: 26 Category 1-A hours
Contact: TOMA, 800-444-8662
512-708-TOMA; Fax 512-708-1415

6-20-24

Basic Course in Osteopathy

Sponsored by The Cranial Academy

Location: Wyndham Emerald Plaza, San Diego, CA
CME: 40 Category 1-A hours anticipated
Contact: The Cranial Academy, 317-594-0411

6-23-27

19th Annual Primary Care Update

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

Location: Radisson Resort, South Padre Island, TX
CME: 24 CME hours
Contact: UNT Health Science Center Office of Continuing Medical Education
817-735-2539 or 800-987-2CME

JULY

7-6-18

American Osteopathic Association House of Delegates Meeting

Location: Fairmont Hotel, Chicago, IL
Contact: AOA, 800-621-1773

7-22-15

"TxACOFF 42nd Annual Clinical Seminar"

Sponsored by the Texas Society of the American College of Osteopathic Family Physicians

Location: Hilton Hotel, Arlington, TX
Contact: Janet Dunkle
TxACOFF Executive Director
888-892-2637

JULY 30 - AUGUST 1

"1999 Annual Meeting"

Sponsored by the Colorado Society of Osteopathic Medicine

Location: Manor Vail Lodge, Vail, CO
CME: 18 AOA category 1-A and Physician Assistants credits
Contact: Patricia Ellis
Colorado Society of Osteopathic Medicine
303-322-1752; Fax 303-322-1956
E-mail: info@ColoradoDO
http://www.ColoradoDO.org

AUGUST 20 - 22

"Psycho-Immuno-Neuro-Toxicology Training"

Sponsored by the Indiana Academy of Osteopathy

Location: Embassy Suites Hotel North Indianapolis, IN
CME: 20 hours category 1-A CME anticipated
Contact: Indiana Academy of Osteopathy
317-926-3009

AUGUST 21-22

"Sutherland's Methods for Treating the Rest of the Body"

Location: Dallas, Texas
CME: 16 Category 1-A hours
Contact: Conrad Speece, D.O.
10622 Garland Road
Dallas, Texas 75218
214-321-2673

OCTOBER 24-18

"AOA Annual Convention"

Sponsored by the American Osteopathic Association

Location: San Francisco, CA
Contact: AOA, 800-621-1773

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UPDATE

House Bill 1311 Creates the Council on Cardiovascular Disease and Stroke

The Texas Coalition on Cardiovascular Disease and Stroke is pleased to announce the filing of HB 1311 by Representative Dianne White Delisi (R-Temple). This historic piece of legislation would create the Council on Cardiovascular Disease and Stroke, an advisory committee to the Texas Department of Health.

"In 1996, cardiovascular disease was responsible for more than 40% of all deaths in Texas, or two out of every five deaths. We are all touched by this killer, and we must work together to fight it," said Rep. Delisi.

"The duties of the Council are to develop an effective and resource-efficient plan to reduce the morbidity, mortality and economic burden of cardiovascular disease and stroke in Texas," she noted.

The Council will be made up of twelve members appointed by the Board of Health and will work with the Department of Health, academic health centers, local communities, businesses and the Texas Education Agency to coordinate efforts aimed at preventing cardiovascular disease.

In August 1997, House Speaker James E. "Pete" Laney charged the House Committee on Public Health to study the effects of cardiovascular disease and stroke in Texas. A subcommittee, chaired by Rep. Delisi, determined that while prevention efforts can significantly reduce the incidence of cardiovascular disease and stroke, current resources for research, education, prevention and treatment are insufficient and uncoordinated.

"The Council will coordinate public and private efforts aimed at preventing cardiovascular disease and stroke," said Rep. Delisi. "We are working directly with the newly formed Texas Coalition on Cardiovascular Disease and Stroke to ensure that the Council will be a success."

The Texas Coalition on Cardiovascular Disease and Stroke was created on April 8, 1998, and is composed of over 50 organizations representing providers, managed care, businesses, government, research and volunteer groups.

Dr. George Rodgers, Chairman of the Coalition, noted "The Coalition draws on the strengths of a diverse membership to coordinate and promote effective statewide and local initiatives, and to garner support from health care, business, managed care and the Texas Legislature for prevention initiatives. We look forward to working with Rep. Delisi for swift passage of HB 1311."

Senate sponsors of the bill are Jane Nelson (R-Flower Mound), and John J. Carona (R-Dallas). Sen. Nelson is the chair of the Senate Committee on Health Services; Sen. Carona brings personal conviction to the issues at hand because he is a survivor of heart disease.

Defibrillator Bill is approved by Senate Health Services Committee

SB 122, Senator Jane Nelson's proposal to shield from liability those who use an automatic defibrillator to help restart someone's heart, won approval of the Senate Health Service Committee on February 16.

The committee vote came after testimony from a man whose life was saved by a defibrillator on an American Airlines flight and from the flight attendant who used the device.

Sen. Nelson, who heads the committee, said she hopes SB 122 will encourage business owners who might otherwise fear liability to obtain automatic defibrillators for on-site emergency situations.

Optometry Bill Filed

Legislation to allow optometrists to treat glaucoma and perform surgery has been filed. HB 1051 by Rep. Kim Brimer (R-Arlington), would authorize optometrists to treat and manage glau-

What's Happening in the Texas Legislature

coma with no physician participation. The bill would also authorize optometrists to perform several types of surgical procedures and create a study of the efficacy and cost effectiveness of allowing optometrists to perform laser surgery. The study would be carried out by the University of Texas Health Science Center and the University of Houston.

SB 43 Would Make Controlled Substance Overdoses Reportable

SB 43, by Florence Shapiro (R-Plano), would amend the Health and Safety Code to require mandatory reporting of an overdose of a controlled substance. Although physicians would not be required to disclose the name or address of the person who overdosed, they would be required to report the date of the overdose, the type of controlled substance used, the sex and approximate age and the extent of treatment made necessary by the overdose.

HB 692 Would Protect Physician Privacy

Legislation designed to protect physicians' privacy has been filed by Rep. Kyle Janek, M.D. (R-Houston). HB 692 would prohibit the Texas State Board of Medical Examiners and other professional licensing boards from making public the Social Security number of any physician licensed to practice medicine in Texas. Currently, because of a recent Attorney General's ruling, the TSBME makes Social Security numbers available, along

with all other data it maintains on licensees. The argument is that the release of Social Security numbers is an invasion of physicians' privacy and has no relevance to their competence to practice medicine.

SB 19 Would Create Probationary Licenses for Nursing Homes

On February 23, the Senate approved SB 19, by Sen. Judith Zaffirini (D-Laredo), which calls for a one-year, probationary license for nursing homes that are new to Texas. Under current law, an initial license is valid for two years.

The probationary license measure is meant to aid efforts by the Human Services Department to ensure that only high-quality facilities continue to operate.

Children's Health Coverage Wins State Senate Approval

The Senate unanimously approved SB 445, authored by Mike Moncrief (D-Fort Worth), which would establish the Children's Health Insurance Program (CHIP). CHIP would be financed with \$153.9 million from an installment of the state's \$17.3 billion tobacco settlement, and the federal government has committed to putting \$3 into the program for each \$1 the state allocates.

The program is aimed at families that earn too much to qualify for Medicaid assistance but don't have access to affordable health insurance. It would provide medical, dental and mental health coverage for children age 18 and younger. Under a complex formula to determine eligibility, children 10 and younger from families that earn twice the federal poverty level would be covered. Children ages 11 to 18 from families that earn 1 1/2 times the poverty level would be covered, and those from families earning twice the poverty level would be covered as long as the state certified that money was avail-

able. This year, the federal poverty level for a family of four is \$16,800 a year.

The bill now goes to the House for consideration.

Senate Panel Approves Four Health Care Bills

The Senate Health Services Committee approved four out of a package of five bills authored by Sen. Mike Moncrief (D-Fort Worth), aimed at regulating the home health care and assisted living industries. The measures will go the full Senate for consideration.

The Committee approved SB 93, which would allow the state to regulate assisted living facilities. The facilities generally house elderly or disabled residents who do not require around-the-clock care and feeding. The bill would also require the Department of Human Services to identify unlicensed facilities and make it illegal for a facility to retaliate against employees who inform regulators about substandard care.

SB 94 was approved, which would ensure that the public has access to consumer complaints about home health agencies. Further, it holds physicians accountable for improper billing and would prevent them from referring patients to facilities in which they have a significant financial interest.

SB 95 was approved, which would streamline the process for filing complaints of abuse or neglect against assisted living facilities.

Also approved was SB 96, which would move the licensing and regulation of all homes and community support service agencies from the Department of Health to the Department of Human Services.

Left pending was a measure that would allow state regulators to levy fines against homes that provide substandard care.

Sen. Moncrief noted that these bills are needed because they would give consumers more freedom to file complaints against the industries that offer home health care services and care in assisted living facilities. "Those are two industries that have exploded in Texas. Assisted living is the second biggest growth industry in this state," he said.

Assignments

Rep. Patricia Gray (D-Galveston) was named to chair the House Public Health Committee. She replaces Hugo Berlanga of Corpus Christi, who did not seek reelection to the Texas House.

Rep. Barry Telford (D-De Kalb) chairs the House Calendars Committee.

Rep. John Smithee (R-Amarillo) was reappointed to chair the House Insurance Committee.

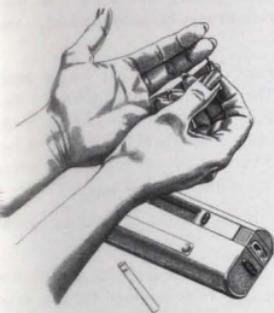
Sen. Jane Nelson (R-Flower Mound) chairs the new Senate Health Services Committee. This committee was created when the lieutenant governor split the former Senate Health and Human Services Committee into two panels. Sen. Judith Zaffirini (D-Laredo), who chaired the old committee, chairs the new Senate Human Services Committee.

Sen. David Sibley (R-Waco), was renamed to chair the Senate Economic Development Committee, which handles insurance issues, including those involving health insurance and managed care.

TSBME Praised by Senate

During budget hearings before the Senate Finance Committee, the Texas State Board of Medical Examiners' recent performance was praised by Sen. Mike Moncrief (D-Fort Worth). Sen. Moncrief was one of the board's leading critics in 1993 when it went through the sunset review process.

HEALTH NOTES



Diabetics Can Pick Lasers Over Lancets to Draw Blood

An at-home laser treatment recently cleared by the Food and Drug Administration (FDA) offers diabetics a way to penetrate the skin and draw blood without using traditional razor-sharp lancets.

Cleared for marketing in December, the Cell Robotics' Laserette, manufactured by Cell Robotics, Inc., Albuquerque, NM, is a first-of-its-kind portable laser, which can be used at home by both adults and children who have received a prescription and training from their health care providers. Clinical testing has shown that adequately trained patients can perform finger prickings with the laser device as accurately as with lancets.

FDA Advisory

The Food and Drug Administration regulates the safety and effectiveness of medical devices, including tampons. Recently, it has come to the agency's attention that allegations about tampons are being spread over the Internet. It is alleged that some tampons are contaminated by asbestos and dioxin, and that rayon fibers cause toxic shock syndrome (TSS). There is no evidence supporting any of these rumors. Their source is unknown.

The FDA provides information at the following sites to help answer concerns:

<http://www.fda.gov/cdrh/ocd/tamponsabs.html> (Text Version);
or <http://fda.gov/cdrh/ocd/tamponsabs.pdf> (PDF Version).

OMT Shown to Improve Gait in Parkinson's Patients

Parkinson's disease is the second most common neurodegenerative disease in the world. Currently, more than one million people in the United States suffer from Parkinson's disease—approximately half of which are in the early stages of the disease but are untreated because of misdiagnosis or lack of detection.

Patients with Parkinson's disease exhibit a variety of motor deficits that can ultimately result in complete disability. A study in the February issue of the *Journal of the American Osteopathic Association* reports that osteopathic manipulative treatment (OMT) can have an effective and immediate impact on movement deficits, particularly in regard to the gait of patients with Parkinson's disease.

"Patients with Parkinson's disease have a characteristic gait, described as short shuffling steps with a loss of associated arm movements," explained Dennis Dowling, D.O., one of the study's six authors and chairman of the department of osteopathic manipulative medicine at the New York University College of Osteopathic Medicine at the New York Institute of Technology (NYCOM) in Old Westbury, NY. "Our primary objective was to quantitatively evaluate the effect of OMT on the gait of Parkinson's patients, observing stride length, cadence and the maximum velocities of upper and lower extremities after treatment."

Ten patients with Parkinson's disease and a group of eight age-matched normal control subjects were subjected to an analysis of gait before and after a single session of OMT protocol. A separate group of 10 patients with Parkinson's disease was given a sham-control procedure and tested in the same manner. Patients were instructed to forego their medication for 12 hours.

According to Dr. Dowling, the OMT was composed of established techniques designed to reduce rigidity and to improve flexibility and muscle length across the limbs, as well as mobility of the spine. Each patient was treated with one standardized session of OMT that lasted approximately 30 minutes. A standard treatment protocol was followed, including each patient having the same OMT with respect to both the types of techniques performed and the order to which they were applied. All techniques were done bilaterally and a total of 14 osteopathic techniques were performed.

For testing, subjects were fitted with reflective markers and a baseline gait analysis was performed bilaterally with a peak performance technological, two-dimensional computerized gait analysis system. Subjects were requested to walk the length of the 40-foot pathway six consecutive times. The recorded measurement was made on the third passage in front of the camera. Patients were unaware of when measurements were being taken. Gait parameters were derived from the digitized movements of the reflective markers recorded through the computer system.

Results indicated that in response to a single session of OMT, Parkinson's patients had statistically significant increases in stride length, cadence and the maximum velocities of the upper and lower limbs after treatment. Normal patients treated with OMT and sham-treated patients did not show any significant changes.

Michael Well, Ph.D., chairman of the department of biomechanics and bioengineering at NYCOM and another author of the study, concluded that the data clearly demonstrates that a single session of OMT protocol can have a significant positive effect on the gait characteristics of patients with Parkinson's disease. Patients walked with significantly longer strides, quicker steps and had improved arm swings after therapy. As a result, OMT may be utilized as an effective physical treatment method in the

management of movement deficits as part of a comprehensive treatment program for patients with Parkinson's disease.

"The implications of such improved alterations in movement offers Parkinson's patients the ability to continue their own care," added Dr. Dowling. "The quality of their life can change when the possibility of falls, missteps and the inability to change directions suddenly, is decreased."

CDC to Require Named-Based HIV Reporting

The Centers for Disease Control and Prevention will require that health care providers report HIV cases with the patient's name or an identifying code, preferably the former. The guidelines were printed in the December 10 Federal Register.

Since 1981, all states have documented AIDS cases by name. However, most HIV infected persons have been able to conceal their status until the onset of AIDS symptoms. The CDC said that named-based HIV reporting is the most reliable way to pinpoint how the virus is spread and to direct prevention and care.

As previously noted in past issues of the Texas D.O., HIV reporting by name became a requirement in Texas on January 1, 1999.

Medicine-Containing Lozenge Dissolves Severe Cancer Pain

A new product for cancer patients with severe pain that breaks through regular narcotic therapy has been approved by the FDA.

Actiq is a form of fentanyl citrate, an opioid narcotic more powerful than morphine. The medicine is in the form of a flavored sugar lozenge that dissolves in the mouth while held by an attached handle. Actiq is dissolved slowly in the mouth until the drug is consumed, about 15 minutes. Pain relief may last several hours, starting while the drug is still being consumed.

During clinical trials, side effects included sleepiness, dizziness, nausea and constipation.

Because Actiq may be fatal to children, as well as adults not already taking opioid narcotics, FDA approved the new drug under special regulations that restrict its distribution. A risk management plan is in place to minimize the opportunity for misuse of the potent narcotic.

Anesta Corporation, Salt Lake City, markets Actiq with partner Abbott laboratories.

National Academies of Practice to Sponsor Forum

On May 1, the National Academies of Practice will sponsor a forum titled, "Interdisciplinary Management of Chronic Conditions: Issues and Answers." The sessions will use diabetes mellitus and depression as the case models with presentations from leading experts in the field. A "Best Practices" poster session will demonstrate how attending practitioners solve management issues that impede interdisciplinary practice. The outcomes will include the development of a Consultation/Referral form and a computer CD that may be used to enhance the quality of patient care. The results will be widely disseminated through the National Academies of Practice Forum, the journal of the NAP. The results will also be made available to members of your profession.

Principle speakers include the Keynote speaker, Frank Vinicor, M.D., from the Centers for Disease Control and Prevention, Golnar Simpson, DSW, J. Jerry Rodos, D.O., and Francine Camitta, M.D. Co-chairs of the program are Stephen Urban, D.O., and Arthur Helfand, D.P.M. Representative Charlie Norwood, D.D.S., will address the noon luncheon with the topic of "Health Care Reform" as the U.S. Congress prepares for health care legislation this year.

The National Academies have conducted Forums for several years and each theme has outcomes that are designed to influence public and private health care policy. The Academies' Mission Statement is: The National Academies of Practice is dedicated to quality health care for all by serving as the nation's distinguished interdisciplinary policy forum that addresses public policy, education, research and inquiry.

We invite you and your colleagues to attend the Forum '99 and to submit a poster for the poster session.

THE NATIONAL ACADEMIES OF PRACTICE FORUM
INTERDISCIPLINARY MANAGEMENT OF CHRONIC HEALTH CONDITIONS: ISSUES AND ANSWERS
May 1, 1999 - \$220
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Send fee and reservations to: National Academies of Practice
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PERFORMANCE OF PAYMENT ERROR PREVENTION PROGRAM ACTIVITIES BY PROS IN SIXTH SCOPE OF WORK

In response to information circulating among health care industry organizations, Phil Dunne, CEO of the Texas Medical Foundation (TMF), has recently disseminated information regarding the planned performance of Payment Error Prevention Program (PEPP) activities by the Peer Review Organizations (PROs) as a part of the Sixth Scope of Work (SOW) requirements. The TMF, as the designated Medicare PRO for Texas, is scheduled to begin performance of Sixth SOW activities in February 2000.

Mr. Dunne notes that during the fifth SOW, TMF has given appropriate emphasis to both Health Care Quality Improvement Program cooperative projects and performance of additional medical peer review program activities. PEPP is considered an element of the medical peer review program activities.

TMF anticipates scheduling an informational meeting on PEPP this spring with leadership from the Texas Osteopathic Medical Association, Texas Medical Association, THA-The Association of Texas Hospitals and Health Care Organizations, and the Texas Organization of Rural and Community Hospitals.

The following is a summary document on PEPP released by representatives of the Office of Clinical Standards and Quality, Health Care Financing Administration.

Peer Review Organizations and Payment Error Prevention Program

Background

As part of ongoing efforts to protect Medicare trust funds, HCFA has directed the PROs to increase their focus on making sure Medicare hospital inpatient claims are billed and paid appropriately. Most providers are honest and bill appropriately, but as the Inspector General's audit and other Medicare integrity efforts have shown, Medicare contractors frequently receive claims that shouldn't be paid for reasons ranging from simple mistakes to outright fraud.

The 1997 CFO audit estimated that Medicare made \$20.3 billion in improper payments. About 20 percent of the improper payments were made for inpatient PPS hospital services. We have a responsibility to make sure that Medicare pays providers correctly. HCFA wants the PROs to be more proactive in monitoring inpatient hospital claims and educating providers about preventing payment errors.

HCFA administers 53 PRO contracts — one in each of the 50 states and the District of Columbia, Puerto Rico and the Virgin Islands. The contracts are awarded in three-year cycles and are based on scopes of work describing the tasks to be performed by the PROs. The PROs' main goals are to improve quality of care for beneficiaries by ensuring that care meets professionally recognized standards, to protect the integrity of the Medicare program and to protect beneficiaries through investigation of individual complaints and outreach and education activities.

The PROs are currently in the fifth scope of work, and the sixth scope of work is scheduled to begin August 1, 1999. In the sixth scope of work, the PROs are slated to spend about 30 percent of their efforts on Payment Error Prevention Program activities, focusing on inpatient prospective-payment system hospital services. While utilization review and other program integrity functions are clearly part of the PROs' statutory mandate, in recent years, the PROs have focused almost exclusively on quality improvement efforts through collaborative relationships with physicians and hospitals. Both the AMA and the AHA have applauded the PROs' collaborative approach to quality improvement, and both organizations are supportive of this continued approach in the sixth scope of work. However, they are concerned about the PROs being used to identify payment errors and initiate overpayment recoupments. The new contracts will charge PROs with reducing the rate of payment errors and will reward them for the reduction in payment errors that occur. In addition, PROs will correct any payment errors that are confirmed when a case is fully reviewed.

Issues

The approach HCFA will use for the Payment Error Prevention Program — PROs will work with providers to identify the sources of payment errors and promote system changes that prevent future errors. The PROs' participation in the Payment Error Prevention Program is limited to inpatient prospective-payment system hospital services and will begin in August 1999, at the earliest.

PRO recovery of amounts paid to providers in error — Every payment error identified by the PROs will, after proper discussion with the provider, be corrected. This means that if a provider was overpaid, then Medicare will recover the money; if a provider was underpaid, then Medicare will correct the payment to the provider. It is

clearly the intent of enabling legislation that PROs are required to make determinations that require medical judgment.

Rewarding PROs for reducing errors — PROs will receive incentive payments for preventing future errors. They get no reward for recovering dollars on claims already paid or for correcting errors that have already been made (that is, there is no "bounty" system). It is not the role of the PROs to detect fraud or even to determine whether fraud exists.

The Payment Error Protection Program is not contrary to the collaborative relationships between the PROs and the doctors and hospitals under the quality improvement efforts — HCFA does not believe the Payment Error Prevention Program need destroy the collaborative relationships the PROs have built up with the provider community. While quality improvement efforts and payment error prevention are two distinct functions, there's no reason that the same contractor can't perform both jobs. In fact, we expect the PROs to use similar approaches to both improve the quality of care beneficiaries receive and reduce the occurrence of billing errors through promotion, education and providing instructions on proper techniques and methods. This will exploit the PROs' expertise in

epidemiology, measurement and performance improvement they have developed over the last scope of work. We believe that fears of conflict between these two PRO roles are largely the result of misinformation, such as rumors that the program will pay a bounty for recovering money, or that it will assume that every error is fraud, or that it will abuse hospital cooperation in quality improvement projects to make charges of fraud. There is no inherent conflict in the two functions. For example, some state medical boards handle both complaint investigations and quality improvement projects. It is clear, though, that the influence of the AOA and the AMA can have a significant impact on these relationships and that by giving the proper encouragement to the compatibility of the two roles, the AOA and AMA can help make this implementation a success. The PROs' basic job is to make sure that beneficiaries get the right care at the right time in the right setting, and that involves making sure high-quality care is provided and that Medicare pays correctly for that care.

Current status — The scope of work for the sixth round of contracts is currently being reviewed within the department. An RFP was scheduled to be released by the middle of February and the first round of contracts to be awarded by August 1, 1999.

TOMA Extends Congratulations

Roland F. Chalifoux, Jr., D.O., of Hurst, has received notification of board certification in Neurological Surgery by the American Osteopathic Board of Surgery.

Samuel T. Coleridge, D.O., of Fort Worth, having passed the board certification examination set by the American Board of Managed Care Medicine, is now designated as a "Diplomate of the American Board of Managed Care Medicine."

Glenn R. Einspanier, D.O., of Abilene, has been elected chair-elect of the General Surgery Division of the American College of Osteopathic Surgeons.

Janice A. Knebl, D.O., of Fort Worth, has been elected as a board member of the National Board of Osteopathic Medical Examiners.

Dr. and Mrs. Robert Maul of Lubbock, recently celebrated their 50th wedding anniversary.



Osteopathic Book Covers

In 1998 the Student Associate Auxiliary at the University of North Texas Health Science Center in Fort Worth created and distributed book covers that were designed to educate high school students about osteopathic medicine. With the success of our 1998 distribution of over 20,000 book covers throughout Texas, we are raising the 1999 goal to 50,000. Through a collaborative effort from the Osteopathic community, we are hoping to raise the funds to reach our goal and to be able to target certain health profession schools and other schools to educate them about osteopathic medicine.

At the State Convention in June, members of the Student Associate Auxiliary will be at the Auxiliary to the Texas Osteopathic Medical Association booth to collect donations for the 1999 book cover campaign. If you are interested in contributing please stop by the ATOMA booth or contact Nancy Combs at (817) 738-7333 or write to: 3733 Modlin, Fort Worth, TX 76107.

The goal of the Student Associate Auxiliary is to educate the community in the osteopathic philosophy and to spark an interest among our young people in osteopathic medicine. Through the book covers we will be able to spread the beliefs of Osteopathic Medicine to students throughout Texas.

Thank you and see you at convention!

Membership Committee Report

The Board of Trustees of the Texas Osteopathic Medical Association are pleased to introduce the following new members who were formally accepted at the February 12, 1999 Board meeting

Howard M. Axtell, D.O.

295 Medical Drive
Buffalo, TX 75831

Dr. Axtell is a member of District XVIII. He graduated from UHS-COM in Kansas City in 1970, and specializes in Family Practice.

Daniel K. Boatright, D.O.

1001 Haskell
Fort Worth, TX 76107

Dr. Boatright graduated from KCOM in 1986. A member of District II, he is certified in Anesthesiology and specializes in Chronic Pain Management.

Charles F. Brady, D.O.

229 Nogal Road
El Paso, TX 79915

Dr. Brady is a member of District XI. A 1986 UNTHSC/TCOM graduate, he is certified in Preventive-Occupational Environmental Medicine.

Timothy C. Bray, D.O.

2506 Ridge Road
Rockwall, TX 75087

Dr. Bray is a member of District V. He graduated from UNTHSC/TCOM in 1990 and specializes in Internal Medicine.

Lynn Buchanan, D.O.

1011 East 7th
Del Rio, TX 78840

Dr. Buchanan, a first year member, belongs to District IV. She graduated from NSU/COM in Florida in 1994, and specializes in Family Practice.

Luz A. Candelaria, D.O.

8269 North Loop
El Paso, TX 79907

Dr. Candelaria is a member of District XI. She graduated from UHS-COM in Kansas City in 1964 and is certified in General Surgery.

Elizabeth Chapek, D.O.

P.O. Box 382057
Duncanville, TX 75138

Dr. Chapek is a member of District V. A 1989 UNTHSC/TCOM graduate, she is certified in Family Practice and Osteopathic Manipulative Medicine

Joe L. Gendreau, D.O.

7501 Quaker Avenue
Lubbock, TX 79424

Dr. Gendreau is a member of District

X. A 1994 OUCOM graduate, he is certified in Neuro-Radiology.

Monica L. Johnson, D.O.

1403 Misty Glen Lane
Dallas, TX 75232

Dr. Johnson is a second year member and belongs to District V. She graduated from UNTHSC/TCOM in 1994, and is certified in Pediatrics.

Patrick F. Kelly, D.O.

501 Midwestern Parkway East
Wichita Falls, TX 76308

Dr. Kelly is a first year member and belongs to District XVI. A 1993 KCOM graduate, he specializes in Orthopedics.

Roberto Lopez, D.O.

P.O. Box 219
Rockwall, TX 75087

Dr. Lopez is a member of District V. He graduated from UNTHSC/TCOM in 1991 and is certified in Internal Medicine.

Jose M. Marina, D.O.

906 S. Bryan #103
Mission, TX 78572

A first year member, Dr. Marina belongs to District XIV. A 1993 graduate of NSU/COM in Florida, he specializes in Orthopedic Surgery.

Gregory G. Marino, D.O.

3500 Camp Bowie Blvd., Dept. of
Internal Medicine
Fort Worth, TX 76107

A District II member, Dr. Marino serves as an Associate Professor of Medicine and Chief of the Division of Oncology at UNTHSC/TCOM. He is a 1980 graduate of CCOM, and is certified in Internal Medicine, Hematology and Oncology.

Gerald D. Rana, Jr., D.O.

2620 Beeman Drive
Mesquite, TX 75181

Dr. Rana is a first year member and a member of District V. A 1995 OSU-COM graduate and he specializes in Family Practice.

Gina S. Rushing, D.O.

4311 Wesley
Greenville, TX 75402

A first year member, Dr. Rushing is a member of District XIII. She is a 1995 graduate of UOMHS/COMS in Iowa, and specializes in Family Practice.

Richard E. Scott, Jr., D.O.

3601 4th Street #4A163
Lubbock, TX 79430

Dr. Scott is a first year member and a member of District X. A 1994 UNTHSC/TCOM graduate, he is certified in Physical Medicine and Rehabilitation.

Scott P. Stein, D.O.

601 East San Antonio #303-W
Victoria, TX 77901

A member of District IX, Dr. Stein is a 1989 NYCOM graduate. He specializes in Internal Medicine and is certified in Rheumatology.

Clyde A. Turner, D.O.

603 Citation Loop
Harker Heights, TX 76548

Dr. Turner is a member of District XVIII. He graduated from MSU-COM in Michigan in 1981, and is certified in Emergency Medicine.

Aveewan Yun, D.O.

2135 Buckingham Road
Richardson, TX 75081

A first year member, Dr. Yun is a 1995 UNTHSC/TCOM graduate and a member of District V. He specializes in Family Practice.

Eric I-Chen Yun, D.O.

2135 Buckingham Road
Richardson, TX 75081

Dr. Yun is a first year member and a member of District V. He graduated from UNTHSC/TCOM in 1995 and specializes in Family Practice.

Richard H. Leggett, D.O.

St. Mary's/St. Elizabeth Hospitals
4428 Bethany
Port Arthur, TX 77642

Dr. Leggett is a member of District XII. He graduated from UNTHSC/TCOM in 1996 and is currently serving a Residency in Family Practice.

Adila N. Siddiqi, D.O.

DFW Medical Center
1283 Cedarland Plaza Drive
Arlington, TX 76011

Dr. Siddiqi is a member of District XV. He graduated from OSU-COM in Oklahoma in 1996 and is currently serving a Residency in Family Practice.

Welcome New TOMA Members - Part 2

The TOMA staff and Board of Trustees would like to welcome the new members who joined the association in 1998. New members from Districts I through VII are listed in the February, 1999 issue of the *Texas D.O.*

DISTRICT VIII

Robert M. Brenner, D.O.
209 Doral Drive
Portland, TX 78374-4003
MSU-COM '78; Urology

Ellis G. Main, D.O.
13701 FM 624 #D-2
Corpus Christi, TX 78410
TCOM '91; Family Practice

DISTRICT IX

David E. Blanchard, D.O.
105 Greenway
Victoria, TX 77904
CCOM '78; Emergency
Medicine

Paul T. Hoang, D.O.
1701 E. Red River
Victoria, TX 77901
UHS-COM '91;
Anesthesiology-Pain
Management

Keith A. Norville, D.O.
2700 Citizens Plaza #200
Victoria, TX 77901
KCOM '90; Neurological
Surgery

Timothy H. Werner, D.O.
P.O. Box 340
Schulenberg, TX 78956
CCOM '79; Family Practice,
Occupational Medicine

Jerry D. Young, D.O.
1303 Hospital Blvd.
Floresville, TX 78114
TCOM '92; Surgery

DISTRICT X

Bruce A. Owens, D.O.
3506 21st Street
Lubbock, TX 79410
UHS-COM '87; Internal
Medicine

Sarah C. Scheel, D.O.
Health Plus Medical Group
7601 Quaker Avenue
Lubbock, TX 79424
UNTHSC/TCOM '94; Family
Practice

DISTRICT XI

Larry J. Tremper, D.O.
1201 Schuster #4B
El Paso, TX 79902
PCOM '80; Pediatrics,
Pulmonary Diseases

DISTRICT XII

Edward L. Bowden, Jr. D.O.
1609 S. Margaret #3501
Kirbyville, TX 78644
KCOM '67; Family Practice

Rudolf G. Cantu, D.O.
608 Travis
Liberty, TX 77575
UOMHS-COMS '77; Family
Practice

Glenn R. Montet, D.O.
5502 39th Street
Groves, TX 77619
KCOM '69; Family Practice

DISTRICT XIV

Norma L. Cavazos-Salas, D.O.
328 East Hwy 83
LaJoya, TX 78560
KCOM '94; Family Practice

Cesar J. Tumakay, D.O.
1201 Sandpiper #15
McAllen, TX 78504
WESTERN U '93; Diagnostic
Radiology

DISTRICT XV

David N. Barrera, D.O.
Arlington Cancer Center
906 W. Randol Mill Rd.
Arlington, TX 76012
TCOM '93; Hematology,
Oncology, Internal Medicine

Howell E. Davis, D.O.
Arlington Memorial Hospital
800 W. Randol Mill Rd.
Arlington, TX 76012
UHS-COM '84; Emergency
Medicine

J. Robert Gershon, Jr., D.O.
1100 Dallas Dr. #106
Denton, TX 76205
KCOM '80; Sports
Medicine/Family Practice

Elizabeth L. Hill, D.O.
2210 North Hwy 360
Grand Prairie, TX 75050
UHS-COM '95; Family
Practice

Phillip D. Isbell, D.O.
4401-A IH-35 #210
Denton, TX 76207
TCOM '81; Family Practice

William H. Krass, D.O.
D/FW Aerospace Clinic
1401 Airport Freeway #103
Bedford, TX 76021-6695
KCOM '73; Family Practice

Marvin B. Miller, D.O.
750 Eureka #A
Weatherford, TX 76086
TCOM '82;
Obstetrics/Gynecology

Daniel E. Rousch, D.O.
111-B Bedford Rd.
Bedford, TX 76022
UOMHS/COMS '92;
Psychiatry

Richard Turner, D.O.
Health First Pediatrics
3300 Matlock Rd.
Arlington, TX 76015
TCOM '80; Pediatrics

Joseph H. Zadeh, D.O.
1508 Santa Fe Dr. #B
Weatherford, TX 76086
KCOM '91; Internal Medicine

Nancy K. Zatopek, D.O.
Arlington Cancer Center
906 W. Randol Mill Rd.
Arlington, TX 76012
TCOM '85; Internal Medicine,
Hematology/Oncology

DISTRICT XVII

Kristen J. Pak, D.O.
2207 Bend Oak Hollow
San Antonio, TX 78248
UOMHS/COMS '95; Family
Practice

David R. Wood, D.O.
4411 E. Southcross Blvd.
San Antonio, TX 78222
UHS-COM '80; Internal
Medicine

DISTRICT XIX

Carlos R. Estrada, D.O.
802 Galveston
Laredo, TX 78040
MSU-COM '89; Neurological
Surgery

Sergio Zamora, D.O.
2176 E. Garrison #C2
Eagle Pass, TX 78852
COMP '94; Family Practice

Congratulations to Charles R. Biggs, D.O., of Kerrville, who was awarded **Life Member** status.

The following individuals were awarded **Retired Member** status:

Thomas W. Kelly, D.O.
Samuel S. Morgan, D.O.

Welcome to New Affiliate Members

Tracy Connolly
Nutri-West of Texas
2538 CR 852
McKinney, TX 75070

Neil Resnik
Creative Financial
Professionals
16051 Addison Road #211
Addison, TX 75248

And Associate Members

Jesse D. Molina, Jr.
The Osteopathic Advantage
1901 W. William Cannon Dr.
#125
Austin, TX 78745

Robert D. Sizemore, BS, DC
1100 N. Expressway #2
Brownsville, TX 78520

Welcome to *More* New TOMA Members

NON-RESIDENT ASSOCIATES

Wendell V. Gabier, D.O., Huntington, WV
Roy L. Goddard, Jr., D.O., Ardmore, OK
Gregory A. Selenke, D.O., Hudson, IA
Shelley M. Wells, D.O., West Salem, OH

MILITARY

Robert N. Bertoldo, D.O., Randolph AFB, TX
Jay A. Clemens, D.O., Grand Forks AFB, ND
Stephen Derdak, D.O., Willford Hall Medical Center
Lackland AFB, TX
Philip R. Frank, D.O., San Antonio, TX
Gregg M. Hallbauer, D.O., Andrews AFB, MD
Shon P. Nolin, D.O., Brooke Army Medical Center
San Antonio, TX
Walter C. Rustmann, D.O., Willford Hall Medical Center
Lackland AFB, TX
Dennis L. Smith, D.O., Harker Heights, TX
Robert D. Stoffey, D.O., El Paso, TX
Edward Taxin, D.O., Randolph AFB, TX

INTERNS/RESIDENTS/FELLOWS

Ronald D. Alexander, II, D.O., OMCT, Ft. Worth, TX
Michael L. Bailey, D.O., John Peter Smith Hospital, Ft. Worth, TX
Cynthia K. Ball, D.O., Brooke Army Medical Center
San Antonio, TX
Kimberly D. Barbolla, D.O., OMCT, Ft. Worth, TX
Stephen E. Battle, D.O., USAF, Sinai, Egypt
Salim S. Bhaloo, D.O., Mt. Clemens General Hospital
Mt. Clemens, MI
John C. Biery, Jr., D.O., Naval Hospital, Jacksonville, FL
Michael E. Buxbaum, D.O., St. Joseph Hospital, Houston, TX
Earl Carrillo, D.O., Family Practice Residency, Bryan, TX
Yung S. Chen, D.O., OMCT, Ft. Worth, TX
Robert D. Clark, D.O., OMCT, Ft. Worth, TX
Bart W. Crosby, D.O., OMCT, Ft. Worth, TX
Stephanie P. Cunningham, D.O., OMCT, Ft. Worth, TX
Daralynn Deardorff, D.O., OMCT, Ft. Worth, TX
Lenore C. DePagter, D.O., Scott & White Hospital, Temple, TX
Rob D. Dickerman, D.O., OMCT, Ft. Worth, TX
Michael J. Dobransky, D.O., University of Texas, Houston, TX
John A. Douglas, D.O., Peninsula Hosp., Far Rockaway, NY
Leslie K. Dunn, D.O., OMCT, Ft. Worth, TX
John W. East, D.O., OMCT, Ft. Worth, TX
Nancy J. Eisen, D.O., Bay Area Medical Center
Corpus Christi, TX
Marcy E. Fitz-Randolph, D.O., OMCT, Ft. Worth, TX
Sara-Melba C. Franklin, D.O., Peninsula Hospital
Far Rockaway, NY
Donald P. Frusher, D.O., OMCT, Ft. Worth, TX
Wicky K. Gautam, D.O., UTHSCSA, San Antonio, TX
Christopher L. Gayden, D.O., D/FW Medical Center
Grand Prairie, TX
John W. Goulart, D.O., OMCT, Ft. Worth, TX
Kelly D. Grimes, D.O., OMCT, Ft. Worth, TX
Steven R. Gregg, D.O., University of Texas, Houston, TX

Philip Haas, D.O., St. Luke's Episcopal Hospital, Houston, TX
Robert D. Hagan, Jr., D.O., Medical Center of Delaware, Newark, DE
Jeffrey M. Hantes, D.O., OMCT, Ft. Worth, TX
John B. Herrick, D.O., Bay Area Medical Center, Corpus Christi, TX
Jeffrey A. Kahl, D.O., Wm. Beaumont Med. Ctr., El Paso TX
Kombiz P. Klein, D.O., University of Texas, Houston, TX
Donald W. Lamoureaux, D.O., Willow Park, TX
John D. Ledbetter, D.O., Bay Area Medical Center
Corpus Christi, TX
Samuel L. Lee, D.O., OMCT, Ft. Worth, TX
Richard H. Leggett, D.O., St. Mary/St. Elizabeth Hospitals
Port Arthur, TX
R. Sam Lingamfelter, D.O., San Jacinto Methodist Hospital
Baytown, TX
David W. Longley, D.O., OMCT, Ft. Worth, TX
Karen B. Looman, D.O., Brooke Army Medical Center
San Antonio, TX
Ty C. Maddox, D.O., University of Nebraska Medical Center
Omaha, NE
John G. Malouf, D.O., St. Joseph's Hospital, Houston, TX
Robert A. McClimans, Jr., D.O., Doctors Hospital, Groves, TX
Bruce F. McDonald, D.O., Tri-City Hospital, Dallas, TX
Carolyn B. McDougald, D.O., OMCT, Ft. Worth, TX
Michael V. McGee, D.O., Medical Center Hospital, Odessa, TX
Monica I. Medrano, D.O., St. Mary/St. Elizabeth Hospitals
Beaumont, TX
Ha Thi-Bich Nguyen, D.O., UTHSC-SA, San Antonio, TX
Randee L. Nicholas, D.O., Mesa General Hospital, Mesa, AZ
Ann-Margaret Ochs, D.O., Scott & White Hospital, Temple, TX
Ehrin E. Parker, D.O., Bay Area Medical Center
Corpus Christi, TX
Rakesh R. Patel, D.O., UTMB, Galveston, TX
Terry S. Peery, D.O., St. Luke's Hospital, Cleveland, OH
Clayton L. Pickering, D.O., Bay Area Medical Center
Corpus Christi, TX
Brian C. Rich, D.O., St. Michael's Med. Ctr., Newark, NJ
Henry B. Robbins, D.O., Texas Tech University, Amarillo, TX
Charles K. Roberts, D.O., Columbia Medical Center
Dallas, TX
Mark A. Sanders, D.O., OMCT, Ft. Worth, TX
Damon A. Schranz, D.O., OMCT, Ft. Worth, TX
Stephen L. Seale, D.O., D/FW Medical Center, Grand Prairie, TX
Ana Shah, D.O., OMCT, Ft. Worth, TX
Neha R. Shah, D.O., UTMB, Galveston, TX
Harold A. Smart, D.O., OMCT, Ft. Worth, TX
Kyle P. Smith, D.O., Santa Rosa Health Care, San Antonio, TX
Lynn M. Speaks, D.O., OMCT, Ft. Worth, TX
Javier E. Tellez, D.O., Botsford General Hospital
Farmington Hills, MI
John K. Thompson, D.O., OMCT, Ft. Worth, TX
Anjali Varde, D.O., Charlton Methodist Hospital, Dallas, TX
Stephanie R. Waterman, D.O., Charlton Methodist Hospital
Dallas, TX
Jennifer A. Weatherly, D.O., Deaconess West Hospital, St. Louis, MO
J. Steven Welch, D.O., Charlton Methodist Hospital, Dallas, TX
Anthony R. Wright, D.O., OMCT, Ft. Worth, TX

ATOMA Seeks Nominations and Recommendations for Life Membership

If there is a TOMA Auxiliary member you wish to nominate or recommend for nomination, please notify the current president, Linda Cole, or me, so that the nominee's credentials for becoming a Life Member may be reviewed. This information should be presented or mailed by June 1st, prior to the beginning of the ATOMA House of Delegates meeting to be held June 17, during the TOMA Annual Convention in Dallas.

We must be in compliance with the exact rules for membership as specified in the AAOA Bylaws, which were recently amended in 1998. The rules, in part, read as follows:

ARTICLE III - MEMBERS

Section 1. There shall be the following classes of members:

Regular Membership shall be granted to the members of the immediate family of an Osteopathic physician in good standing with the AOA (TOMA).

Honorary Life Membership shall be conferred on each AAOA President upon conclusion of term of office.

Life Membership shall be conferred on a person who has been a regular member for 25 consecutive years (ATOMA) and who has attained the age of 70 years.

Nominating Committee Report for 1999

By Peggy Rodgers, Chair
ATOMA Nominating Committee

The Nominating Committee consisted of Mrs. Peggy Rodgers, chair, Mrs. Marilyn Richards, and Mrs. Chuckie Hospers. We met via conference call for support and suggestions.

We have a wonderful slate for next year and wanted you to know something about them before the convention in June. The ATOMA House of Delegates will be voting on these nominations on June 17 in Dallas. Please come, either as a delegate or as a member-at-large. It would be wonderful to see you there.

- President - Mr. Lewis Isenberg (Nelda)
- President-elect - Mrs. Tami Prangle (Robert)
- Vice President - Mrs. Pam Adams (Robert)
- Recording Secretary - Mrs. Barbara Galarneau (Howard)
- Treasurer - Mrs. Susan Selman (Duane)

In the next two issues of the *Texas D.O.*, we will print highlights of the slate of officers to be voted on in June. This will give you the opportunity to become more familiar with these individuals.

This month, we will be spotlighting Mrs. Barbara Galarneau and Mrs. Tami Prangle.

Recording Secretary Nominee Mrs. Barbara Galarneau

Mrs. Galarneau attended high school and college in Norman, Oklahoma, where she graduated from the University of Oklahoma with a B.S. degree in Vocational Home Economics Education and a minor in Business. She has had experience in several areas and her degree covers a lot of possibilities. She is presently teaching at St. George Episcopal School as a junior kindergarten teacher. Mrs. Galarneau is also putting together the sewing and crafts for the camp at this school in the summer.

She has served as a substitute in San Antonio and substituted as an instructional support specialist for teaching homemaking skills to disadvantaged mothers and American Indian pre-schools in Lansing, Michigan. She taught vocational home economics in Dayton, Ohio and Cedarville, Ohio. Mrs. Galarneau also has owned and operated two franchised submarine sandwich restaurants.

She married Howard Galarneau, D.O., in 1974. At that time, he was an engineer and joined the Air Force to become a research engineer. He was able to obtain an early discharge in order to attend MSU-COM. He interned in Tulsa, Oklahoma.

The Galarneaus have two boys, Chris, 19 and Gregory, 11, who are very active in sports, karate and scouting.

While in Oklahoma, Mrs. Galarneau worked at Franklin Memorial Hospital. She planned patient menus and dietary discharge consults, and was the supervisor of the kitchen staff. In addition, she has been involved in home furnishing sales. Her sons both of these areas are loves of Mrs. Galarneau. Surprisingly enough, she also worked in her husband's office during this time.

She is no stranger to volunteer work, either. She has been involved with Family Outreach (a child abuse prevention organization), room mother, Student Auxiliary to the Michigan Osteopathic Association, and has served ATOMA as corresponding secretary. She has been a member of educational organizations (NEA and local ones), Home Economists in Home and Community, Deerfield Garden Club, Epsilon Sigma Alpha and American Home Economics Association.

Needless to say, Mrs. Galarneau is a very busy lady with many areas of expertise. ATOMA is very pleased to have her aboard.

continued on next page

Now, I would like to shine the spotlight on Mrs. Tamara "Tami" Prangle, who is nominated for president-elect. She has graciously written her story and we are very tickled to present it to you.

President-elect Nominee Mrs. Tami Prangle

Hi, I'm Tamara "Tami" Prangle. I'm 35 years old, married to Robert for 5 1/2 years and rearing two small children - Andrew (4 years old) and Abbey (19 months) and, in loving memory, our son Ian, who is in Heaven (full-term stillborn infant we lost during an emergency c-section on June 17, 1996).

I am a happy and energetic person. I recently accomplished a goal, of which I'm very proud - I lost 50 pounds that I had gained over the years of pregnancy.

In 1981, my father was transferred with Amoco Oil from Alton, Illinois, down to the Houston area. There, I received an Office Administration/Management degree from the College of the Mainland in Texas City. I worked for five years as an office manager in a CPA firm before working for seven years at two different hospitals in the area as the medical staff coordinator. The job involved working in administration for the CEO and chief of staff. I performed the background credentialing for physicians and allied health professionals who requested privileges at the hospital. I also went to all the medical meetings and recorded the minutes. It was a very stressful but rewarding job.

I met my husband while he was the chairman of family practice. We married in 1993. After my son was born in 1994, I decided to stay at home and become my husband's office administrator. I'm still working in this capacity and it works out well. Plus my husband and I just became the coaches of Andrew's soccer team (3-5 year olds) - yeeegads!

I serve on a Bereavement/Infant Loss Committee at the hospital where I used to work and lost Ian. I was instrumental in getting the hospital to sponsor the first Walk to Remember in October, 1998. We planted a tree for all of our lost infants. I was featured in the Houston Chronicle and in two other articles in local papers about our loss and the upcoming remembrance ceremony. Several times a month, I also perform random acts of kindness (buying clothes for a needy child, food for a needy family, the toll for the driver in back of me, etc.). I have cards with angels on them that say, "This random act of kindness was in remembrance of our son."

I have been involved with ATOMA District VI for the past five years. I have been on the ATOMA board for the past three years as the Annual Report Chair and Supply Chair. I look forward to the challenge of president-elect!

When I'm not playing the role of "mommy," I enjoy a quiet (ha) evening out for a nice dinner and a grown-up movie. I also enjoy reading, golfing, e-mailing friends and family, shopping, and just recently started creative memories (a fun way to display photographs in albums).

Submitting OMT Claims for TWCC, Medicaid & Medicare

By Joseph Montgomery-Davis, D.O.

TOMA Board Consultant for Health Affairs

The question has been asked about submitting OMT claims when multiple body areas are involved. There is usually not a problem if the procedural code for OMT is coded for the diagnostic code Somatic Dysfunction. With electronic paperless claim submission for Medicare and Medicaid, the procedure is straightforward. However, Workers' Compensation only processes paper claims. For Medicare and Medicaid, you should pick the main body area and list it under Somatic Dysfunction. For example, the lumbar region is the major area of pain and discomfort in the OMT Coding Synopsis listed below. For Workers' Compensation, you should list all the body areas under Somatic Dysfunction.

OMT Coding Synopsis

Dr. A. T. Still fell to the ground while lifting a heavy object on February 14, 1998. Body areas involved - cervical, thoracic, lumbar, sacroiliac, and right lower extremity.

Claim submitted to Workers' Compensation Commission (A)

Claim submitted to Texas Medicaid (B)

Claim submitted to Texas Medicare (C)

Diagnosis (A)

- 847.0 Acute cervical-dorsal strain
- 846.0 Acute L-S strain
- 844.8 Acute myositis of right lower extremity
- 739.1, .2, .3, .4, .6 - Somatic Dysfunction

Diagnosis (B&C)

- 847.0 Acute cervical-dorsal strain
- 846.0 Acute L-S strain
- 844.8 Acute myositis of right lower extremity
- 739.3 Somatic dysfunction

Procedures, Services or Supplies (C)

	CPT/ HCPCS	Modifier Code	Diagnosis	Charges Charge	Allowables
A-WORKERS' COMP New E/M OMT to 5 body areas	99203	MP	1	\$74.00	\$74.00
	98927	date onset 2-14-98	4	\$120.00	\$52.00
B-MEDICAID New E/M OMT to 5 body areas	99203		1	\$65.00	\$47.57
	98927	AT date onset 2-14-98	4	\$120.00	\$34.67
C-MEDICARE New E/M OMT to 5 body areas	99203	25	1	\$65.00	\$64.56
	98927	59	4	\$120.00	\$41.54

If further clarification is needed, please contact the Texas Society of the American College of Osteopathic Family Physicians at 888-892-2637.

Note: The fees listed above are used to illustrate OMT coding procedures and should not be used for submission of actual health care claims. The procedure code (OMT) should be coded to the diagnostic code (Somatic Dysfunction).

Blood Bank Briefs for Physicians

By Leland B. Baskin, M.D., Associate Director, Carter BloodCare

ERYTHROPOIETIN AN ALTERNATIVE TO PREOPERATIVE AUTOLOGOUS DONATION?

Recent issues have covered the criteria for and utility of preoperative autologous blood donation. As mentioned, other alternatives to transfusing allogeneic blood are available. Among them is the preoperative administration of erythropoietin (EPO).

EPO is a glycoprotein growth factor with molecular weight of 30,400 daltons synthesized by the juxtaglomerular complex of cells adjacent to the proximal renal tubules. A single copy of its gene is located on chromosome 7. EPO is produced in response to low oxygen content of blood passing through the kidney. Strictly a demand hormone, EPO is not stored in the body in any significant quantity and has a biological half-life of about five hours.

EPO activates specific receptors on the erythroid progenitor cells and stimulates their maturation to erythrocytes. In the absence of EPO, these cells degenerate prior to maturation. A plasma EPO concentration of 10 to 20 U/L is necessary to maintain steady state blood oxygen. The rate of EPO synthesis rises exponentially as the hematocrit falls, so that the relationship between erythropoietin concentration and hematocrit is given by: Erythropoietin (U/L) = $4400 \times 10^{0.71}$ (Hematocrit).

Synthetic erythropoietin, (Procrit®, Amgen Inc., Thousand Oaks, California) is manufactured by recombinant DNA technology in ovarian cells of Chinese hamsters and formulated with albumin. It was first produced in 1985 and has the same biological effects as endogenous erythropoietin. Synthetic erythropoietin has been approved by the U.S. Food and Drug Administration for treating anemia in patients with chronic renal failure, zidovudine-treated HIV-infected patients and cancer patients on chemotherapy, and for reducing allogeneic blood transfusion in patients undergoing elective, noncardiac, nonvascular surgery. The last indi-

cation was approved recently, but is finding rapidly increasing use.

In several studies, the preoperative use of erythropoietin in individuals undergoing elective orthopedic surgery has been shown to reduce the risk of requiring allogeneic red blood cell transfusions. Erythropoietin therapy has been approved for individuals with baseline hemoglobin concentrations between 10 and 13 g/dL. Subsequent studies have confirmed that baseline hemoglobin is an important predictor of this risk, and that those with lower levels benefit more from preoperative therapy with erythropoietin. The benefit included more rapid postoperative erythropoietic recovery and increased ability to donate preoperative autologous blood as well as lower risk of transfusion.

The use of erythropoietin is not itself without risks. Among the hazards are pyrexia, nausea, constipation, thrombosis, hypertension and allergic reactions. Pyrexia is the most common adverse reaction. Deep venous thrombosis has been reported in up to 10% of patients. Although no direct toxic effects of overdose have been reported, unless the hematocrit is monitored, polycythemia may develop. Uncontrolled hypertension, allergy to mammalian cell-derived products and albumin are contraindications for its use.

As might be expected, a drug such as EPO that increases the oxygen-carrying capacity of the blood by up to 20% possesses the potential for abuse by athletes. Strenuous exercise with concomitant dehydration may increase blood viscosity and the potential for sludging and thrombosis.

Two equivalent protocols for subcutaneous administration of EPO are available for individuals with hemoglobin concentration between 10 and 13 g/dL. The first schedule calls for 15 daily injections of 300 U/kg body weight beginning 10 days before surgery and extending to four days after surgery. Alternatively, four weekly injections of 600 U/kg are administered beginning three weeks prior to surgery with the final injection when the patient is admitted to the hospital.

To answer the question posed, currently available information suggests that preoperative administration of EPO is a viable alternative to preoperative autologous blood donation for specific individuals.

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NON-PRESCRIPTION DRUGS TO GET NEW, EASY-TO-UNDERSTAND LABELS

To help consumers make informed decisions about the medications they use and give their families, Vice President Al Gore and Health and Human Services Secretary Donna E. Shalala recently announced a final FDA regulation to provide new, easy-to-understand labeling on nonprescription drugs.

The regulation calls for a standardized format that will improve the labeling on drugs Americans use most—over-the-counter (OTC) drugs. By clearly showing a drug's ingredients, dose and warnings, the new labeling will make it easier for consumers to understand information about a drug's benefits and risks and about the proper use of the drug.

"When a sick child needs an over-the-counter medicine in the middle of the night, parents shouldn't have to struggle to decipher the label," said Secretary Shalala. "Written in plain language and presented in a user-friendly format, the new label conveys essential information for patients and consumers."

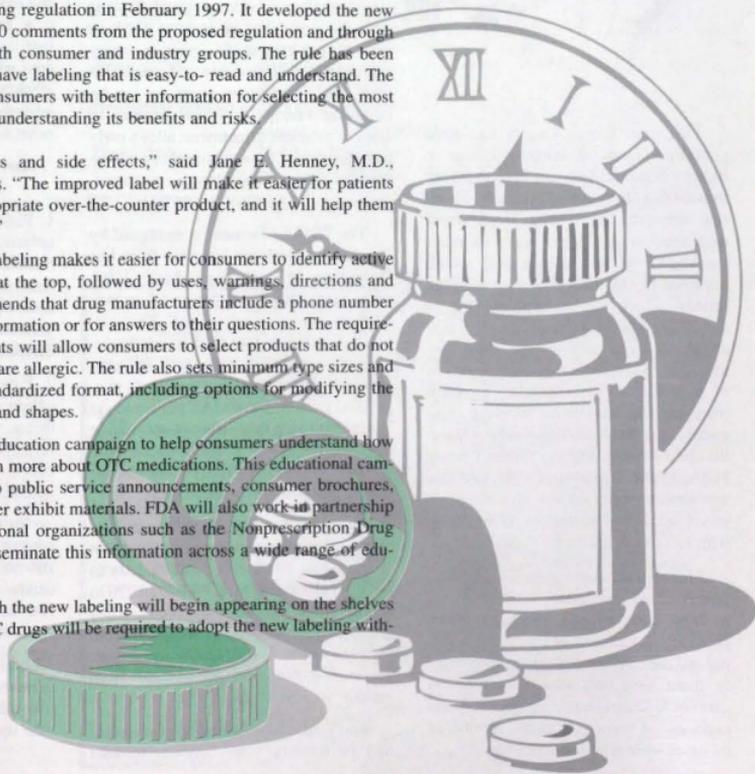
FDA proposed its OTC labeling regulation in February 1997. It developed the new label format based on almost 2,000 comments from the proposed regulation and through several years of agency work with consumer and industry groups. The rule has been developed so that all OTC drugs have labeling that is easy-to-read and understand. The new labeling will also provide consumers with better information for selecting the most appropriate OTC medication and understanding its benefits and risks.

"All medicines have benefits and side effects," said Jane E. Henney, M.D., Commissioner of Food and Drugs. "The improved label will make it easier for patients and consumers to select the appropriate over-the-counter product, and it will help them use that product more effectively."

Titled "Drug Facts," the new labeling makes it easier for consumers to identify active ingredients, which will be listed at the top, followed by uses, warnings, directions and inactive ingredients. FDA recommends that drug manufacturers include a phone number for consumers to call for more information or for answers to their questions. The requirement for listing inactive ingredients will allow consumers to select products that do not contain ingredients to which they are allergic. The rule also sets minimum type sizes and other graphic features for the standardized format, including options for modifying the format for various package sizes and shapes.

FDA has developed a public education campaign to help consumers understand how the new labels can be used to learn more about OTC medications. This educational campaign will include print and radio public service announcements, consumer brochures, point-of-purchase posters and other exhibit materials. FDA will also work in partnership with national health and professional organizations such as the Nonprescription Drug Manufacturers Association to disseminate this information across a wide range of education networks.

In many cases, OTC drugs with the new labeling will begin appearing on the shelves within the next two years. All OTC drugs will be required to adopt the new labeling within the next six years.



Invasive Group A Streptococcus

Rapid Response to Prevent Deaths and an Outbreak



So far this year, there have been no reported cases in Tarrant County. But the unseasonably long Indian summer may, in part, have contributed to delaying the expected cycle of respiratory illnesses. Along with the Texas Department of Health (TDH), we want to advise physicians and other providers to carefully consider the possibility of invasive GAS in patients with compatible symptomatology and to report all probable and confirmed cases. Early, aggressive treatment can be lifesaving. Prompt, complete reporting of diseases to health departments allows early consideration of the need for public education and special public health recommendations, such as contact prophylaxis.

The TDH advisement is prompted by the state's experience last year from late December 1997 through April 1998, when parts of Texas experienced an outbreak of severe invasive GAS. This outbreak was due, in part, to particularly virulent strains of GAS introduced into central Texas around Austin. Overall, 44 people died from invasive GAS last season in Texas, including nine cases of necrotizing fasciitis, 25 cases of toxic shock syndrome and 10 cases from other disease complications such as pneumonia.

Please send sterile site culture isolates obtained from patients with the most severe forms of invasive GAS directly to the TDH laboratory. Call 800-252-8238 to coordinate sending the specimens. They are particularly interested in isolates from patients with toxic shock syndrome, necrotizing fasciitis, and isolates from patients who have died.

For your convenience, a case definition of invasive GAS follows. Contact

prophylaxis is not routinely recommended. But if you decide contact prophylaxis is warranted in cases with especially severe manifestations, then a list of recommended antibiotic combinations is also provided. Please don't forget to immunize susceptible children 12 months and older with varicella vaccine. Varicella is a known risk factor for necrotizing fasciitis. Twenty-eight percent of the children who developed invasive GAS in the 1998 outbreak (18 of 64) had varicella infections in the two weeks prior to their onset with GAS infections.

Invasive Group Streptococcal Disease Case Definition

1. Patients with positive Group A streptococci from normally sterile sites (blood, spinal fluid, joint fluid, pleural fluid, sterile wound aspirate, tissue biopsy from a surgical procedure) should be considered as having invasive Group A Streptococcus infections.

2. Patients with positive Group A streptococci from nonsterile sites (sputum, throat, wound, or skin) are not considered invasive cases, unless they have streptococcal toxic shock syndrome (STSS), necrotizing fasciitis (NF), or death.

To meet a case definition for STSS, a patient must be hypotensive (systolic BP <90 mm Hg in adults or <5th percentile for age in children) and develop two or more of the following clinical signs of severity:

Renal disease

(creatinine >177 umol/L or <2mg/dL) for adults or greater than equal to twice the upper limit of normal for age.

Last year, Tarrant County had three confirmed cases of invasive Group A Streptococcus (GAS), one case resulting in a fatality. Because of our early-detection network, largely due to physician participation, we were able to react quickly to the first known case, which occurred in October. This case was the fatality, which had been diagnosed as something else. An astute school nurse alerted us about her concern, which permitted us to investigate the circumstances of this child's death. A team approach involving the school, the medical community, the Medical Examiners' Office, the child's family and the Tarrant County Public Health Department confirmed that the fatality was, indeed, due to toxic shock syndrome secondary to infection with invasive GAS.

I notified the community's network of primary care physicians, hospital plans, medical directors and infection control personnel. As a result of the county's caring and the responsive medical community, there were only two more reported cases of GAS, while other places in Texas experienced numerous cases. A total of 64 cases were reported statewide.

Coagulopathy

(platelets >100,000/mm³) or DIC defined by prolonged clotting times, low fibrinogen level and the presence of fibrin degradation products.

Liver disease

(ALT, AST or total bilirubin levels greater than or equal to twice the upper limit of normal for age. In patients with pre-existing liver disease, a two-fold or greater elevation over the baseline level).

Adult respiratory distress syndrome.

A generalized erythematous rash that may desquamate.

A wound infection that becomes severe enough to require incision and drainage, debridement or muscle or skin grafts.

3. Severe manifestations of invasive Group A Streptococcus referred to include:

Any death from GAS

Streptococcal toxic shock syndrome

Necrotizing fasciitis

Chemoprophylaxis of Close Contacts to Severe Invasive GAS Patients

During the outbreak in central Texas, TDH recommended that close contacts to patients with STSS, NF or patients who died receive a course of penicillin and rifampin to prevent secondary cases. The recommendations of chemoprophylaxis for contacts of cases with severe GAS infections were controversial. Some studies suggest that close contacts to patients with severe disease are at increased risk to develop similarly severe disease. However, public health authorities agree that the evidence is inconclusive at this time on what the risk of subsequent cases is and whether chemoprophylaxis of contacts is warranted. The current TDH recommendation for chemoprophylaxis of contacts is to leave it to the discretion of the primary health care provider treating the patient. If an outbreak occurs in 1999, TDH will reconsider the evidence at the time.

If a physician believes prophylaxis of contacts is warranted, the following antibiotic combinations may be used.

ANTIBIOTIC	PEDIATRIC DOSE	ADULT DOSE
Azithromycin	12 mg/kg/day po daily x 5 days	500 mg po x 1, g then 250 mg daily x 4
Cefadroxil	30 mg/kg/day po 12h x 10 div days	500-1000 mg po q12h x 10 q days
Cephalexin	25-50 mg/kg/day po div q6h x 10 days	250-500 mg po q12h x 10 days
Erythromycin ethyl succinate	40 mg/kg/day po div q12h x 10 days	
Erythromycin base	500 mg po q6h x 10 days	
Rifampin (never) to be used alone, should be added to all of the following regimens:	10 mg/kg po s q12h last 4 day	10 mg/kg po q12h last 4 days
Amoxicillin	40 mg/kg/day po div q8h x 10 days	
Benzathine penicillin	25,000 units/kg IM to max 1,200,000 units	1,200,000 units IM
Penicillin V	25-50 mg/kg/day po div q6-8h x 10 days	500 mg po q6h x 10 days

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Take a Proactive Approach to Exterminating the Year 2000 Bug

An exterminator's job is clear: identify the problem and decide on a solution to get rid of the bugs. Most of the trouble lies in finding the pests, which often hide in the depths of a house or garage.

These days, people are talking about how to exterminate another bug: the computer problems that may possibly arise once the calendar reaches Jan. 1, 2000. By now most of us are familiar with the cause of the Year 2000 bug. Computers and chips that read only the last two digits of a year (00) will interpret the year 2000 as 1900. This seemingly minor error could confuse date-sensitive functions, including calculating interest, tracking payments, transferring funds electronically and producing billing statements. Once the clock strikes midnight, computers that haven't been brought into compliance with the date change are at risk of confusing financial information or malfunctioning altogether.

Most experts feel that the financial services industry will be well equipped for the turn of the century. Banks and investment companies have been working on the issue for quite some time. However, since many consumer financial services companies rely heavily on computer systems to perform date-sensitive functions, it is a good idea to proactively document and keep backup records of your financial data. The following, while not intended to be an exhaustive checklist, are some great suggestions to avoid getting bitten by the Year 2000 bug.

- Find out your financial services provider's plan on dealing with Y2K. It's important to learn what

kind of backup records are kept in case of emergency. A clear plan should be in place detailing how these companies will use their records to identify and correct problems with your credit card, loan, savings or other accounts.

- Keep a six-month paper trail of significant financial transactions. Beginning three months prior to, and three months after Jan. 1, 2000, you should hold onto receipts, statements and other materials showing your balances both before and after the new year. You will then have backup documentation in case of computer errors.
- Request copies of your credit report both before and after Jan. 1, 2000. Contact Equifax at (800) 685-1111, Experian at (800) 682-7654 or TransUnion at (800) 916-8800 to obtain copies of your report. You may be charged up to \$8 per report, but the trouble avoided by catching and reporting any errors would be well worth the effort.
- Mail all payments for mortgages, loans, leases and other important bills by certified mail, return receipt requested, for several months leading up to and after the new year. Taking these steps will prove that all payments were received on time.
- Keep track of canceled checks three months before and after the date change. This will prove that the payments you make were received and cashed on time.
- Keep all credit card receipts around Jan. 1, 2000 and compare them to your statements. Any discrepancies should be reported to the issuer of the card.

This list of suggestions is by no means a comprehensive list, and offers no guarantee against any problems resulting from the Year 2000 bug. However, by evaluating the financial services firms you do business with and taking a proactive approach to documenting your transactions, you should be able to stamp out the year 2000 bug.

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*“Celebrating 100 Years of
Osteopathic Education
in Texas”*

100th Annual Convention & Scientific Seminar
June 17-20, 1999
Hotel Inter-Continental
Dallas, Texas

"Celebrating 100 Years of Osteopathic Education in Texas"

Texas Osteopathic Medical Association
100th Annual Convention & Scientific Seminar
June 17-20, 1999
Hotel Inter-Continental
Dallas, Texas

"Celebrating 100 Years of Osteopathic Education in Texas," the theme for the Texas Osteopathic Medical Association's 100th Annual Convention and Scientific Seminar, points to an important milestone in the history of the osteopathic profession in Texas - 100 years of providing quality medical education. Beginning with the critical first convention, held November 29, 1900, in Sherman, at which time the organization was formally organized, formal educational programs have been presented during all ensuing conventions. As we get ready to enter the next millennium, the osteopathic physicians of Texas can be assured of a continuation of quality osteopathic medical education programs in the years to come. Come join your colleagues in Dallas this year as we celebrate "100 Years of Osteopathic Education in Texas."

Goals:

To provide attendees with a renewed perspective of osteopathic medicine and its unique role in applying preventive concepts in the practice of medicine within a changing healthcare environment.

To provide current knowledge in key selected topic areas of clinical medicine.

To provide this learning in small, interactive environments as well as plenary sessions.

Physician Registration:

The registration fee includes admission to the general session, workshops and the exhibit hall, lecture hand-outs, CME credits, refreshment breaks, and tickets to the keynote luncheon, the AOA luncheon and the President's Banquet.

Spouse Registration:

The registration fee includes exhibit hall admission and tickets to the keynote luncheon, the ATOMA President's Installation, the AOA luncheon and the President's Banquet.

Individual Tickets:

Individual tickets may also be purchased for meal functions and the TOMA President's Banquet.

Special Events:

The family day at Six Flags and the ATOMA Golf Tournament are priced separately as noted on the convention registration form. **Note: All children under 16 must be accompanied by an adult to special events.**

CME Credits:

The 100th TOMA Annual Convention and Scientific Seminar has been approved for 26 hours of Category 1-A AOA Credit.

If you register before June 1st, you will save \$100. If you recruit a new member for the association you will save an additional \$50 on your registration fee.

TOMA would like to extend a special thank you to all of the members of the Annual Convention Program Committee for all of their hard work, time and dedication in designing this year's educational program.

Ray L. Morrison, D.O.
Program Chair

George N. Smith, D.O.
Vice Chair

Joseph A. Del Principe, D.O.
Donna Hand, D.O.
Bobby D. Howard, D.O.
S/D Melinda J. Velez



Preliminary Schedule

Wednesday

June 16th

8:00 am	-	9:00 am	TOMA House of Delegates Registration
9:00 am	-	4:00 pm	TOMA House of Delegates Meeting
12:00 pm	-	1:00 pm	TOMA House of Delegates Luncheon <i>Sponsored by UNTHSC/TCOM Educational Foundation</i>
2:00 pm	-	5:00 pm	Early Convention Registration



Thursday

June 17th

7:00 am	-	5:00 pm	Registration Open
8:00 am	-	2:30 pm	Exhibit Hall Open
7:00 am	-	7:50 am	Breakfast Lecture - Selenium - Ed Drake, Ph. D. <i>Sponsored by Nutrimax Laboratories</i>
7:50 am	-	8:40 am	Diabetes - (Speaker TBA) <i>Sponsored by Parke-Davis</i>
8:00 am	-	12:00 pm	ATOMA House of Delegates
8:40 am	-	9:30 am	Dyslipidemia - Andrew Miller, M.D.
9:30 am	-	10:00 am	Panel discussion with OMT applications
10:00 am	-	10:30 am	Pharmaceutical Update - Exhibit Hall
10:30 am	-	11:20 am	Gulf War Syndrome - Robert Haley, M.D.
11:20 am	-	12:10 pm	Minimally Invasive Cardiac Surgery - Al Yurvati, D.O.
12:10 pm	-	12:30 pm	Panel discussion with OMT applications
12:30 pm	-	2:00 pm	Keynote Luncheon - (Speaker TBA) Governor George W. Bush has been invited
2:00 pm	-	3:00 pm	Pharmaceutical Update - Exhibit Hall
2:00 pm	-	5:00 pm	Family Activity - Optional Shopping at Galleria Mall & Ice Skating
6:00 pm	-	10:00 pm	Sustainers Party Medieval Times

Friday

June 18th

7:00 am	-	1:00 pm	Registration Open
7:00 am	-	8:00 am	TxACOFP Breakfast
8:00 am	-	2:00 pm	Exhibit Hall Open
8:30 am	-	10:30 am	ATOMA President's Installation Breakfast
7:00 am	-	7:50 am	Breakfast Lecture - Sleep Disorders - Andrew Jamieson, M.D. <i>Sponsored by Wyeth - Ayerst</i>
7:50 am	-	8:40 am	New Treatment and Management of Otitis Media and Otitis Externa with Ototopicals - Peter Roland, M.D. <i>Sponsored by Daiichi Pharmaceuticals</i>
8:00 am	-	11:00 am	TxACOFP Board Meeting
8:40 am	-	9:30 am	Osteoarthritis - Cox II - Andrew Chubick, M.D. <i>Sponsored by McNeil Consumer Products</i>
9:30 am	-	10:00 am	Panel discussion with OMT application
10:00 am	-	10:30 am	Pharmaceutical Update - Exhibit Hall

10:30 am - 12:30 pm



12:30 pm - 2:00 pm

2:00 pm - 8:00 pm

2:00 pm - 10:00 pm

7:00 am - 5:00 pm

7:00 am - 7:50 am

7:50 am - 8:40 am

8:40 am - 9:30 am

9:30 am - 10:00 am

10:00 am - 10:30 am

10:30 am - 11:30 am

11:30 am - 1:00 pm

1:00 pm - 2:00 pm

2:00 pm - 4:00 pm

3:00 pm - 5:00 pm

3:00 pm - 5:00 pm

6:30 pm - 7:00 pm

7:00 pm - Midnight

7:30 am - 8:00 am

7:00 am - 9:00 am

8:00 am - 1:00 pm

Concurrent Workshops

***Neurophysiology of the Traumatized Child Policy & Practice Implications** - Leah Lamb, D.O.

***OMT** - Conrad Speece, D.O.

***Basic Radiology Review** - Mark Baker, D.O.

***Preceptorship/Rural Rotation Supervisor's Workshop**
- Cynthia Passmore, M.A.

Lunch with Exhibitors

Golf Tournament

Buffalo Creek Golf Club

Family Day

Six Flags Over Texas

Saturday

June 19th

Registration Open

Breakfast Lecture -

Pap Smear and the Pathophysiology

of Cervical Cancer - Neal Pock, D.O.

Overactive Bladder - Carrington Mason, D.O.

Sponsored by Pharmacia & Upjohn

NSAID-Induced Gastrointestinal Disorders- David James, D.O.

Sponsored by Merck

Panel discussion with OMT applications

Break

Ethics in Pain Management - James Blair, D.O.

Sponsored by Purdue Pharma, L.P.

AOA Luncheon - Ronald Esper, D.O. - AOA President

Dermatology - Skin Cancer - William Cothorn, D.O.

Concurrent Workshops

***Neurophysiology of the Traumatized Child Policy & Practice Implications** - Leah Lamb, D.O.

***OMT** - Conrad Speece, D.O.

***Basic Radiology Review** - Mark Baker, D.O.

***AOA Women's Health Initiative Workshop** - (Speaker TBA)

Mary Kay Makeovers

Susan Selman, Rita Baker & staff

Kid's Activity - Magic Show & Face Painting

President's Reception

President's Banquet

Sunday

June 20th

Breakfast

Registration Open

Risk Management Program - Beth Krugler, David Pinkerton

***Patient Relations**

***Signs & Symptoms of Potential Litigation**

***You've Got Mail**



Special Events

Family Activity

On your mark, get set, SHOP! Or SKATE, that is. Enjoy the afternoon at the Galleria Mall - Dallas' largest indoor shopping center with over 200 shops, including Saks Fifth Avenue, Macy's, and Tiffany & Co. You'll be sure to find something special. Also, take advantage of their skating center and skate the afternoon away! Tickets are only \$5-6 (**pay at the rink**), and this includes admission plus skate rental. Transportation will be provided by the hotel shuttle.

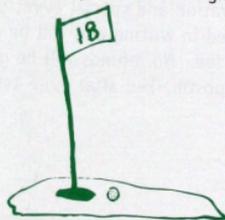


Sustainers' Party

Join us for a "knight" of fun at Medieval Times - the site for this year's Sustainers' Party. Venture inside the 11th-century castle and feast on a four course medieval banquet, while watching spectacular pageantry, dramatic horsemanship, and an authentic jousting tournament. A special reception will be held prior to dinner for all you lords and ladies. This party is open to all sustaining members and a guest (be sure to RSVP on your registration form). If you are not already a sustaining member, call Lucy Gibbs at 800/444-8662 to sign up. Don't miss the good time!

Golf Tournament

Buffalo Creek Golf Club is this year's site of the annual golf tournament. Rated four stars by Golf Digest Magazine, Buffalo Creek is located northeast of Dallas and was designed by Tom Weiskopf and Jay Morrish. It is recognized as one of the premier golf courses in the nation. Come enjoy a magnificent afternoon of golf and great food benefiting the Auxiliary of TOMA. Cost is \$75 per player. Bus transportation is provided. *Major sponsors: Dean, Jacobson Financial Services and Healthcare Insurance Services.*



Family Day

Hold onto your seats! We're heading to Six Flags Over Texas for the ride of your life! Venture through over 11 themed areas of adventure and excitement including spectacular rides, stunning shows and your favorite Looney Tune characters. Your \$15 ticket includes park admission and transportation to and from Six Flags.

Kids Activity

Abra cadabra, lickedy split, come to a magic show and see great tricks! Renowned magician, Bo Gerard will be at the hotel and he's bringing some of his balloon twisting, face painting friends along! Enjoy great entertainment and learn a new trick or two. Admission is free!

Makeovers Anyone?

Mary Kay reps are on the way! Whether you want to try a new look, or be made up for the President's Banquet, make your reservation to have a Mary Kay consultant go to work for you! Limited spots are available, so be sure and mark the box on your registration form. It's free!

President's Banquet

The Annual President's banquet will honor TOMA's President, Nelda Cunniff-Isenberg, D.O. This black tie optional affair will be held Saturday evening, June 19th. Prestigious awards will be presented as well as the passing of the gavel to Rodney Wiseman, D.O. After dinner and the award presentations, enjoy the sounds of **Random Axis** as they play all your dance favorites. Be ready for a fun and exciting evening of dancing!

For Your Information

Hotel

The Hotel Inter-Continental, located near the Galleria Dallas shopping center, offers European elegance for TOMA guests. Complimentary shuttle service to nearby shopping and entertainment areas will be available during your stay. All educational sessions and exhibits will be at the hotel. A block of rooms has been set aside at the special rate of \$120 single/double. Concierge level rooms can be reserved at the rate of \$177 single, \$187 double. **Hotel reservation deadline is May 21st.** Be sure to mention you are with TOMA to get this special rate. You may call the hotel at 972-386-6000 for reservations or send in the reservation card below.

Ticket Refund Cancellation Policy

All registration and special event cancellations must be received in writing and will be charged a 25% handling fee. No refunds will be given to those requests postmarked after June 1st.

Hotel Registration Form

Complete this form below and mail it to:

Hotel Inter-Continental - Dallas
Attn: Reservations
Address: 15201 N. Dallas Parkway
Dallas, Tx 75248

Or call or fax the hotel directly to make reservations **972-386-6000, 972-701-0342** fax.

Be sure to mention you are with TOMA to receive the discounted rate.

Reservations cannot be guaranteed without a check or credit card number for your first night stay.

Texas Osteopathic Medical Association Annual Convention & Scientific Seminar June 17-20, 1999

Name: _____

Address: _____

Phone Number: _____

Share With: _____

Arrival Date: _____

Arrival Time: _____

Departure Date: _____

Check in time - 3:00 pm Check out time - 12:00pm

Type of Room	Number of Rooms	Rate
Single/Double		\$120
Triple/Quad		\$165
Concierge Floor		\$177/187
1Bd. Suite		\$250
Executive Suite		\$350
Luxury Suite		\$600/800

Smoking Non- smoking (based on availability)

All room rates are subject to state and local tax

Please Guarantee to one of the Following:

- American Express Discover
 Visa Diner's Club
 Master Card Check

Card Number _____

Expiration Date _____

Signature _____

Reservation requests made after May 21st or after the room block has been filled are subject to availability and may not be available at the convention rate.

Convention Registration

Texas Osteopathic Medical Association
100th Annual Convention & Scientific Seminar
June 17-20, 1999
Dallas, Texas

To register, mail this form along with payment to: TOMA, 1415 Lavaca Street, Austin, Texas, 78701-1634

Please print or type this form.

Name _____

Name for Badge (if different) _____

Address _____

City _____ State _____ Zip _____

Phone(_____) _____ Fax(_____) _____

D.O. College _____ Graduation Year _____ AOA# _____

Specialty _____ TOMA District _____

Spouse or Guest (if registering) _____

Registration Fees:

please circle	Regular Registration (postmarked by 6/1)	Late Registration (postmarked after 6/1)	
TOMA Member+	\$375	\$475	\$ _____
1st or 2nd Year in Practice	\$225	\$325	\$ _____
Retired Member	\$200	\$300	\$ _____
Spouse, Military, Guests, Associate	\$175	\$275	\$ _____
Physician Assistant	\$375	\$475	\$ _____
Students/Interns/Residents*	\$0	\$0	\$ _____
Non-Members	\$625	\$725	\$ _____

+Includes members of other state associations.

*Student/Intern/Resident registration does not include tickets to any meal functions.
They may be purchased separately on site.

Additional Tickets:

TOMA President's Banquet
\$50 x # of tickets = \$ _____

ATOMA President's Installation
Breakfast
\$25 x # of tickets = \$ _____

Registration Summary

Please mail completed form and payment in full
(CHECK OR MONEY ORDER ONLY)
to the address above

Convention Registration Fee(s) \$ _____

Special Events \$ _____

Additional Tickets \$ _____

Total Enclosed \$ _____

Special Events:

Family Day \$15 x # _____ of tickets = \$ _____

I/We will ride the bus yes, how many? _____ no

Golf Tournament \$75 x # _____ of tickets = \$ _____

Handicap _____

I/We will ride the bus yes, how many? _____ no

Sustainers Party (open to Sustaining member and one guest only)

Number of tickets (please circle) 1 2 \$ N/C

I/We will ride the bus yes, how many? _____ no

Galleria Mall & Skating yes, how many? _____ no

Makeover by Mary Kay yes, how many? _____ no

Kids Activity-Magic Show yes, how many? _____ no

?? Questions ??

Please call the TOMA office
800/444-8662

For Office Use Only

Date received _____

Amount \$ _____

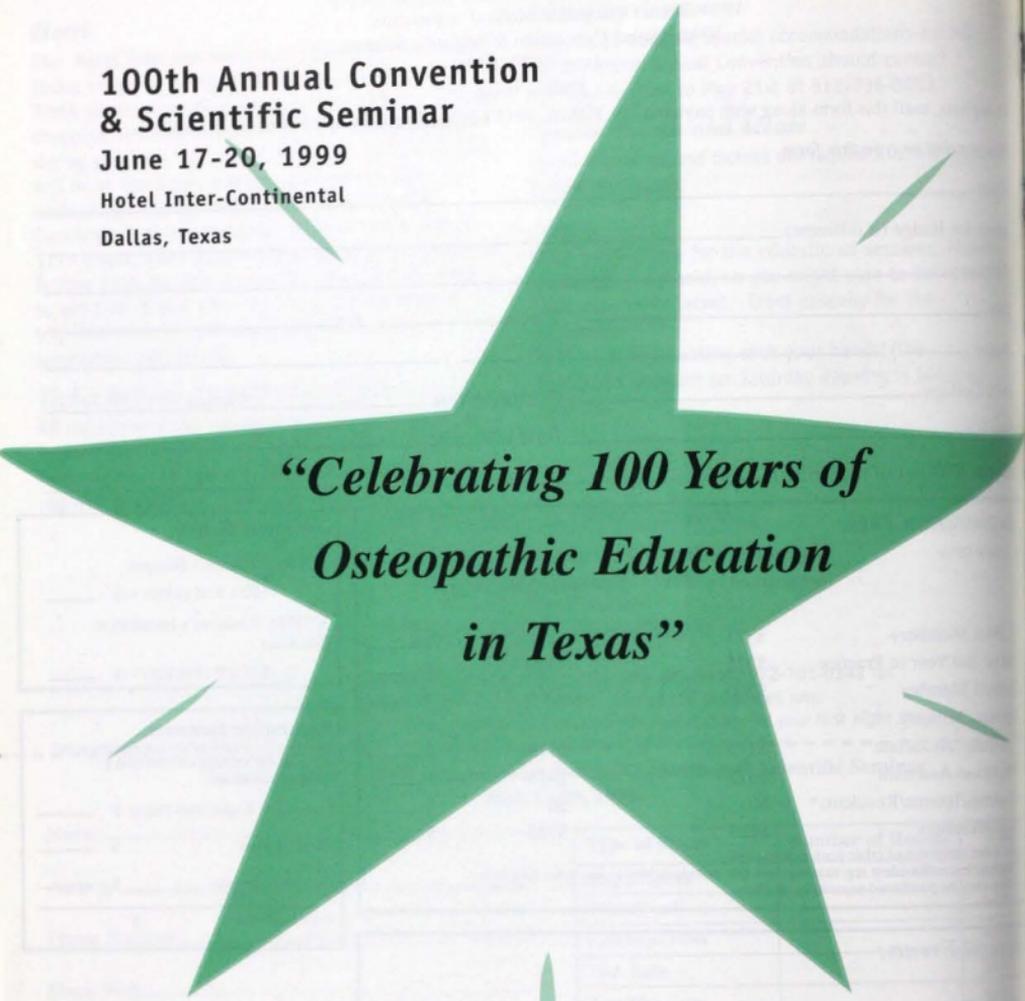
Check Number _____

**100th Annual Convention
& Scientific Seminar**

June 17-20, 1999

Hotel Inter-Continental

Dallas, Texas



***“Celebrating 100 Years of
Osteopathic Education
in Texas”***

Self's Tips & Tidings



By Don Self

Self's Tips & Tidings

This month, my column is devoted to not only coding/collection tips, but also something just as serious and perhaps with even more impact on your practice than Medicare checks – how Y2K may affect your practice and your family.

HMO Medicare & Free Dinners

There isn't a week that goes by that I don't get a call, an e-mail or a fax from some doctor in Texas asking me how they can get paid by NYLCare or some other HMO Medicare plan. These doctors are not signed up with the plan, but one of their patients was switched to HMO Medicare without the patient's knowledge (that's another point we'll cover). Doctor, if you're not part of the HMO Medicare, you don't have much of a chance of getting paid anything from the HMO Medicare. If the patient has switched (with or without their "knowledge") from traditional Medicare to HMO Medicare, the patient is a private pay patient to you and you're not restricted to any Medicare rules/regulations.

Now, about the patient switching from traditional Medicare and not knowing about it. It's the patient's own fault for not reading what they are signing. By the time someone turns 65, they should realize that you don't get a free meal from strangers in this life without a catch or a hidden agenda. When that patient gets to the OinkItUp Restaurant for the free meal and Medicare program, they are asked to sign in for their meal with their Medicare number. When they do this, they have just switched from traditional to HMO Medicare without realizing it. If, the next time they come into your office and you see them without asking them if they've had any free meals, it's your fault if you give away free services.

Now, you also have an obligation to warn these senior citizens about these

free meals since it doesn't just affect them, but your income as well. Perhaps you could write up a little paper and have those available for your patients to read in the reception area and treatment rooms. That's not a real big effort on your part to help your patients protect their Medicare coverage.

Internet Access to Medicare Newsletters

You're one of those doctors who realizes that 8 track tapes, 78 RPM records and mood rings are a thing of the past, and you've finally gotten onto the internet. Great! Here are some tips on how best to maximize your benefits from the Super Information Highway, without getting into traffic jams in advertisements.

Visit the Trailblazers website that has all of the Texas, New Mexico, Maryland, Delaware and Colorado Medicare Part B Newsletters, special announcements, etc.

Visit our website at www.donself.com to download coding documentation guidelines, waivers, new patient forms, insurance letters, newsletters, articles, jokes and Y2K information.

Visit www.hcfa.gov to download the latest instructions from HCFA to the Medicare carriers to find out how the government is going to try to further reduce your income and control your lives.

Scheduled Seminars in Your City

April 16 - Longview
April 23 - Fort Worth
April 29 - Austin
April 30 - Victoria

Y2K and Your Medical Office

No, don't just skip over this section because you were told by your accounts receivable program salesperson that they are Y2K compliant. No one is Y2K com-

pliant. Not one Fortune 500 Company, not one country, not one county, not one city is Y2K compliant. Yes, I'm sure of that statement, as you will be in a moment. To be Y2K compliant, you are stating that the year 2000 will not affect your business, your sales, your services, your communication, your billing, your income or your ability to pay bills. If anyone is ignorant enough to claim to be Y2K compliant, they are not to be believed in other things either.

Now, since you can't do anything about the Chinese rockets with out-dated microchips or the ICBMs in the ex-Russian provinces with outdated 2 digit year software glitches, don't worry about them. After all, if you can't change something why worry about it.

What you can do is to check out your office (and I'm not talking about your accounts receivable program or computers). You've already thought of that (with the exception of the 90% of medical offices that haven't begun to prepare for Y2K per the recent Senate report). I'm talking about your postage meter, your EKG machine, your alarm system, your parking garage meter, your elevators (more than 46% are expected to be out of operation for 3 weeks to a month in January 2000, per *U.S. News & World Report*), etc.

Electricity may or may not be on, despite whatever Pollyanna attitude you may have about it. Your attitude or belief that nothing bad will happen makes just about as much sense as someone with cancer believing it will heal itself. As an example, in last month's issue of my newsletter, I listed quotes from the Executive Director for Operations of the NRC to the Senate Subcommittee stating, they "haven't identified or been apprised of any Y2K problems in nuclear power that impact safety functions." What's really interesting is that three days before

his testimony, the Peach Bottom nuclear facility near York, PA experienced a 7 hour lockup of the plant's primary & backup plant monitoring system during Y2K testing. Folks in Northern New Mexico have been told the truth by their electricity company when they said, "There's no way we're going to be compliant in time. We're doing the best we can but you should prepare."

Rick Cowles, regarded by some as one of the foremost electrical power authorities on Y2K expects "serious problems." He advises people to "prepare for blackouts, brownouts and rolling blackouts." His belief is "For about a year, the power will be unstable." He should know since he's one of the top name Y2K consultants being hired by dozens of electrical companies to "test" their corrections.

OK, Don, but I can practice at the hospital if I have to, since they have a generator. That's a super idea and one you should investigate beforehand. I don't know if power, water or heating gas will go out or not, and anybody that says they know it will or they know it won't is a fool. We can all only guess. But, I will say that I believe the following are very real possibilities and I base this on more than 100 intensive hours of studying this problem, reading books on it, reading testimony to the Senate and House subcommittees and reading literally a thousand e-mails from top name programmers in this and other countries.

1. Expect power outages that may last from a few days to a few weeks. Since there are 10 electrical grids in this country, some will be pulling others down and it may take days to weeks to locate all of the date-dependent microchips that stop working. By the way, they cannot say they are 100% compliant since these chips (top

of poles, underwater, side of mountain, underground relays, etc.) won't stop working until either December 1st (some use a 30 day accounting period) or January 1st. So get a generator, several flashlights, batteries and candles.

2. Expect water company outages. Think about it - the water treatment plants require electricity to run. If they have shortages in the big cities where your city buys your water, guess who gets cut off?

3. There are three days worth of food in the store. Let's wander into fiction for a minute and say that today is October 3rd and the headlines in the paper read "Federal Government, IRS, Treasury, Dept. of Defense, State Dept. and Dept of Education admit they won't be compliant by January 1st." After you settle down cheering the demise of the IRS, you will realize that without them, HCFA gets no money and, if they don't, there's no way they can send you Medicare or Medicaid checks. Then it dawns on you that no IRS means no welfare checks, no food stamps, no government retirement pensions, etc. This means everyone will be at the bank at 9:00 getting money out and you realize that banks only keep between 4% to 20% of deposits. You drop the paper and grab your keys - just like every other person that ignored the warnings. After the bank, you head straight to the grocery store, hardware store and Wal-Mart and see lines longer than they were on December 24th, with everyone leaving with 2 baskets or more.

See, we don't even have to have complete failure of computers on January 1st for panic to set in. When the major network press finally admits they've been sugarcoating the news reports, people

will preclude the computers in crashing.

You may wonder why I am telling you this. I don't want you to panic but I do want you to act intelligently about it and prepare now, by setting aside a little food every week. Not a lot, but just a few cans and packages every week. Buy three or four extra gallons of drinking water and put it in your garage. Save the milk jugs and fill them with water for toiletry use. Consider getting a propane camping heater and propane camp stove, with a couple of extra bottles of propane. Heck, even if Y2K doesn't hit, take it on a vacation next year. Just as important as the basics is money. Start today and set aside a little cash somewhere accessible every single week. You don't have to set aside a lot, just a little every week so you can survive if you can't access your bank account, checks, ATM or credit cards for a month or so.

Doctors, if Y2K hits with even half of what many are expecting, you'll want to have that cash on hand to pay your employees. If Y2K doesn't hit, then think of the investments, vacation or employee bonuses you can give out next year.

Think about these things and if you want more information, references actual quotes and falsehoods from government officials, visit my Y2K site at www.donself.com on the Internet.

How long can your practice or hospital operate if you don't get Medicare or Medicaid checks? Check out why I'm asking this question at <http://www.donself.com/y2k.html>

DON SELF & ASSOCIATES, INC.
Medical Reimbursement Specialists
P.O. Box 1510 Whitehouse, TX
75791-1510
(903) 839-7045; FAX 839-7069
web: <http://www.donself.com>

42nd Annual Clinical Seminar

This year's clinical seminar will be held July 22 - 25, 1999, and we're back in Arlington at the Hilton! Our lecture format will be a little different in that the OMT technique appropriate for the lecture topic will immediately follow the lecture. Those lectures not appropriate for OMT will end with some of the old "forgotten techniques" which you may want to incorporate into your practice.

Our Family Fun Night will be dinner at the new Lone Star Race Track. We will stay for evening racing and children are welcome. The racetrack has a new play area for kids so please plan on bringing your family. This year's President's Dinner will be followed by Casino Night. That's right - plan on winning great prizes at the black jack tables and roulette wheels! Kids will enjoy the "Big Wheel" and a dance floor and music will be available.

The Friday Keynote Speaker will be Dr. John Pffifferling, Director of the Center for Professional Well Being in North Carolina. Dr. Pffifferling's lecture on "Twelve Things I Wish They Had Taught Me in Medical School" will help you to secure professional and personal success.

We will install John R. Bowling, D.O., Fort Worth, as our 1999-2000 President as well as meet ACOFP President-Elect Eugene Pogorelec, D.O., at our Annual Membership Luncheon.

A special interactive workshop on improving the relationship with your patients, funded by Pharmacia and Upjohn and developed by TxACOFPP members, will be offered at this seminar. An interesting lecture on aging, which will fulfill the state's requirement for medical ethics, as well as a three hour OMT workshop will also be included in this seminar.

As usual, great food and giveaways will be a part of this program so mark your calendars for July 22 - 25 and pack up your family for Arlington! Registration forms will be mailed May 3, 1999. Please contact TxACOFPP for more information.

Family Physician of the Year Award

It's time once again to nominate your candidate for the Family Physician of the Year. Criteria based on length of practice, community involvement and support of the profession is used to determine the recipient. This award is presented at the President's Dinner at our annual seminar and his or her name is submitted to the National ACOFP for the National Family Physician of the Year. Keep your eyes open for nomination forms in the April Newsletter.

Thank You for Your Support

Texas was well represented at the National ACOFP Congress of Delegates in San Diego last month. Above all, Texas was the leader in student representatives to that Congress. This is a result of your support as membership dues fund the travel and hotel of these young people. All students who have attended the National ACOFP Convention state that this experience makes a lasting impression upon them and strengthens their commitment to the osteopathic profession.

The investment you make by supporting this cause ensures future development and growth in osteopathic family medicine.

2nd Annual OMT Program Co-Sponsored with UNTHSC

Our 2nd Annual OMT Update and Review will be co-sponsored with

UNTHSC and will be held September 24 - 26 in Fort Worth. This collaborative effort will enhance the OMT Update by providing better facilities for OMT instruction. It will be renamed OMT and Family Practice Update and Review as it will replace UNTHSC's Primary Care Update historically held in September. This program will include clinical lectures between OMT workshops and will offer exhibitors for additional CME hours.

The OMT program will build on the ligamentous articular strain taught last December and will offer a broad scope of OMT procedures different from those covered previously. Carol Browne, D.O., Program Chair of last year's program, will again act as Chair. Her teaching skills and OMT expertise will be enhanced by skilled table trainers who will demonstrate techniques and sharpen your OMT skills.

TxACOFP members will receive a discounted registration so plan on attending this unique program.

1999 Membership Dues

If you have not yet paid your 1999 membership dues, there's no time like the present! Remember, membership pays for itself when attending our 42nd Annual Clinical Seminar and the added bonus is the discount offered when you attend our OMT Update and Family Practice Update.

Dues also help support the activities of the Family Practice Chapter at TCOM and make an investment in the future of osteopathic family medicine in Texas.

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

- * TOMA's 90th Annual Convention and Scientific Seminar was held April 27-29 in Arlington. The newly installed TOMA president, Joseph Montgomery-Davis, D.O., challenged attendees to become more active in promoting the osteopathic philosophy, to be a profession that places the emphasis on people and to take pride in the profession, thereby becoming an inspiration for others to follow.
- * During the convention, Dr. Montgomery-Davis was selected as the "General Practitioner of the Year" by the Texas State Society of the American College of General Practitioners in Osteopathic Medicine and Surgery.
- * Mrs. William Hospers became the new ATOMA president, succeeding Mrs. Sue Urban. Mrs. Hospers' goals were to increase membership and to develop an awareness of the important values of ATOMA.
- * Edward A. Luke, Jr., D.O., was appointed to the Mental Health Advisory Committee to the Tarrant County Hospital District Board of Managers. The Advisory Committee, of which Dr. Luke was the sole osteopathic physician, was to help coordinate, develop a budget, develop a treatment program, and help set guidelines for the functioning of a new psychiatric hospital under construction, which was to be managed by the Tarrant County Hospital District.
- * Carl F. List, D.O., was honored as Troup's "Citizen of the Year" during the city's annual Chamber of Commerce Banquet. It was noted that Dr. List had moved to Troup in 1948, had delivered approximately 300 babies and was one of the founders of Doctors Memorial Hospital in Tyler.
- * Donald M. Peterson, D.O. was appointed by Governor Bill Clements as a member of the Board of the Texas Department of Health.
- * John F. Brenner, D.O., received certification by the American Osteopathic Board of Internal Medicine, a division of the AOA.

MEMBERSHIP ON THE MOVE



ATTENTION TOMA MEMBERS!

Are you aware that your professional association offers a unique payment processing system just for you?

The practice of osteopathic medicine is a reward in and of itself, but getting *paid* makes it *even better!*

NOVA Information Systems offers TOMA members the following **exclusive** services:

Discounted processing and collection of all major credit cards

Discounted transaction fees for all non-bankcard transactions such as ATM and Debit Cards

Check verification with optional collection at no additional cost

Toll-free customer service 24 hours a day, 7 days a week

Discounted equipment and software for your office with leasing options available.

For more information on this important member benefit, call NOVA Information Systems at 1-888-545-2207 or the TOMA office at 1-800-444-8662.

ONLINE PRESCRIPTION DRUG SELLERS ARE BEING REVIEWED

The online prescription drug business is coming under scrutiny because of reports that some companies are allowing customers to purchase powerful prescription medicines such as Viagra and Propecia with nothing more than an online "visit" to a virtual physician.

At the request of Rep. John D. Dingell (D-MI), the General Accounting Office will begin investigating companies that sell drugs on the Internet. Additionally, the National Association of Boards of Pharmacy, which represents the boards that set standards in every state, has begun to review the activities of online sellers of prescription drugs.

Just recently, Amazon.com, the Internet bookseller, launched Drugstore.com, which sells both prescription and non-prescription drugs.

LICENSURE OF MILITARY PHYSICIANS

A provision contained in the Department of Defense (DOD) Reauthorization Act would allow health professionals in the armed services to practice in civilian hospitals without being licensed in the state where the facility is located. When military physicians practice in civilian hospitals on military dependents or retirees, a potential exists for them to practice on non-military civilians. DOD officials have indicated that these physicians are currently complying with state licensure requirements, either by obtaining training permits or full licensure. However, language in the 1998 DOD Reauthorization Act does give the Secretary of Defense the discretion to bypass state licensure requirements.

Efforts to introduce language into the 1999 DOD Reauthorization Act were not successful. The language was intended to clarify that military physicians who practice in civilian hospitals on non-military personnel must be licensed in the state where the hospital is located. The acceleration of State Medical Boards of the

United States intends to pursue the issue during the 106th Congressional session.

(Source: FSMB NewsLine, Jan. 1999)

GOV. BUSH UNVEILS BUDGET PLAN

Texas Governor George W. Bush unveiled his budget plan for the 2000-2001 biennium in January. Included in his proposals are \$102 million for Medicaid fee increases for physicians and hospitals; \$151 million to expand the Children's Health Insurance Program; \$20 million to fund the Rural Community Health System; and \$60 million for new anti-psychotic medications.

IN BRIEF

VITAL STATISTICS SUMMARY FOR 1997 NOW AVAILABLE

The Bureau of Vital Statistics of the Texas Department of Health's annual report, Texas Vital Statistics, 1997, is now available for distribution.

Several vital events for 1997, included in the report, are as follows:

- * Texas residents had more babies in 1997 (333,829) than in any other year since births were first recorded in Texas in 1903.
- * Mothers are increasingly receiving prenatal care within the first trimester - 78.5 percent in 1997 compared to 78.1 percent in 1996.
- * Overall life expectancy for an infant born in Texas in 1997 was 76.3 years (73.2 years for males and 79.3 years for females).

For more information, contact the Statistical Services Division at bvsweb@stats.tdh.state.tx.us or call 512-458-7509.

VETERANS' HEALTH CARE FACILITIES UPGRADED

Major expansion of primary health care services to veterans with service-connected disabilities of 10 percent or greater, has been announced by the Department of Veterans Affairs' North Texas Health Care System.

The system is establishing the Camp Fannin Community-Based Outpatient Clinic on the campus of the University of Texas Health Science Center in Tyler to serve veterans in Henderson, Smith, Van Zandt, Rains, Wood and Camp counties.

For veterans in Tarrant County, the system is establishing a Primary Care Network, to be operated by John Peter Smith Health Care Plan at its Diamond Hill, Stop Six and Northeast clinics.

Additionally, Primary Care Networks will be established in the following towns:

- * Cleburne, to serve veterans in Ellis and Johnson counties;
- * Denton, to serve Denton, Cooke and Collin counties (to be operated by Foundation Health Federal Services);
- * Decatur, to serve Archer, Baylor, Clay, Jack, Montague, Throckmorton, Wise and Young counties (operated by Decatur Community Hospital);
- * Eastland, to serve Eastland, Hood, Palo Pinto, Parker and Stephens counties (operated by CR Associates);
- * Bonham, to serve Delta, Grayson and Lamar counties in Texas and Bryan and Choctaw counties in Oklahoma (operated by Foundation Health Federal Services); and
- * Dallas, to serve Dallas County veterans (operated by Parkland Health & Hospital Systems through its Southeast Dallas Health Center).

The networks will begin accepting veterans in May.

continued on next page

According to Alan Harper, the VA system's director, veteran enrollment will be limited by contractor capacity as well as the VA's budget. In order to receive care at the networks or clinics, veterans must go through a simple enrollment process to confirm their eligibility. To request enrollment forms, veterans should contact Veronica Abrams at the Dallas VA Medical Center, at 214-857-1465.

COOK HEALTH CARE SYSTEM LICENSED TO OPERATE HMO

Cook Children's Health Care System has been granted a license by the state to operate an HMO called Cook Children's Health Plan and will contract with state and federal programs for underprivileged kids, such as Texas Healthy Kids and the Children's Health Insurance Program.

PROSPECTS LOOK GOOD FOR LONG-TERM-CARE TAX CREDITS

Analysts say that chances are good that Congress will pass President Clinton's proposed tax credits for people who need long-term care and for their family caregivers.

The proposal would provide tax credits of up to \$1,000 for people who need assistance with three or more activities of daily living, such as eating, dressing or bathing. It would also apply to those with advanced Alzheimer's disease and other serious mental impairments.

As it now stands, the credits would be given to patients or to their family caregivers. They would begin to phase out at

incomes of \$110,000 or more for couples, and \$75,000 or more for singles. It is estimated that 2 million people, half over age 65, would receive the benefit.

TWCC WEBSITE CONTAINS APPEALS PANEL DECISIONS

The Texas Workers' Compensation Commission now publishes regular updates of appeals panel decisions on its website at www.twcc.state.tx.us. Other website information includes The Texas Workers' Compensation Act and rules, FYIs, news releases, notices of public meetings and hearings, publications price list, telephone numbers, field and satellite offices, and information about the Occupational Safety and Health Consultation (OSHCON) Program.

Washington Update

Bipartisan Commission on the Future of Medicare

The Bipartisan Commission on the Future of Medicare met on January 26 and discussed a draft proposal by its chairman, Senator John Breaux (D-LA), that would convert Medicare into a premium-supported program similar to the Federal Employees Health Benefits Program. That program offers to federal employees an opportunity to choose each year from among a variety of health benefit plans, with a share of the premium paid by the government. Employees who choose the more expensive plans must bear the additional premium cost. Under the Breaux proposal, the standard Medicare program would remain in place but would, in effect, be only one of the many programs among which Medicare beneficiaries could choose. The proposal has considerable support among Commission members, although there was vigorous debate at the January 26 meeting. At this writing, the Commission was trying to finalize its report in time for a March 1 due date.

The Breaux proposal would remove from Medicare the current payment for direct graduate medical education (GME) expenses. (The indirect medical expense adjustment to the DRG payment would remain in place.) Direct graduate medical education would henceforth be funded from either mandatory or discretionary appropriations.

The proposal mentions Medicare disproportionate share (DSH) payments, along with other cross subsidies within Medicare, as a candidate for re-examination and possible removal from Medicare or for other change. Chairman Breaux, however, made plain his view that some kind of DHS payment

was merited, and he does not actually propose removing or changing current DSH payments.

Hospital groups are vigorously opposing the removal from Medicare of the direct GME and the DSH payments.

Separately, there is major interest among Commission members in expanding Medicare coverage to include prescription drugs.

Commission Member Presents his Views

Senator Bill Frist (R-TN) is a member of the Bipartisan Commission. He told a small luncheon group in January that he thought the Commission might recommend pulling the direct GME payment out of Medicare, but that the Commission would recommend a mandatory appropriation like the one for Medicaid, not a discretionary appropriation. Medicaid is subject to annual appropriations, but the amount of the appropriation must equal the costs generated by the entitlement program. The American Osteopathic Hospital Association's (AOHA) attendance at the luncheon with Senator Frist was made possible by AOHA-PAC.

Patients' Rights on Agenda

Dennis J. Hastert (R-IL), the new Speaker of the House of Representatives, has promised that the House will vote this year on patients' rights managed care legislation.

Source: AOHA Washington Update

Physician Earns Certification

Samuel T. Coleridge, D.O., chief of family medicine at the University of North Texas Health Science Center at Fort Worth, has become board certified in managed care medicine and was elected to diplomate status in the American Board of Managed Care Medicine (ABMCM).

Board certification was achieved through an examination requiring extensive knowledge of the health care delivery system. This is only the second time the ABMCM has administered the exam. Certification demonstrates a physician's commitment to improve patient care and refine communication with health care providers.

The purpose of the ABMCM is to support the improved function of the country's health care system with a commitment to quality-of-care on the part of its provider-physicians. Member physicians are encouraged to create successful working partnerships with managed care delivery systems.

The University of North Texas Health Science Center includes the Texas College of Osteopathic Medicine, the Graduate School of Biomedical Sciences, a new School of Public Health, a physician assistant studies program and six research Institutes for Discovery. Its 110-member faculty group practice, The Physicians & Surgeons Medical Group, manages the care of 188,000 Fort Worth-area patient visits yearly. The institution carries out numerous medical investigations yearly through its Office of Clinical Trials.

Health Science Center's Annual Economic Impact Exceeds \$240 Million

The UNT Health Science Center's overall economic impact has reached \$244.3 million annually, as reported in a study release the week of February 15.

Benefiting the economies of Fort Worth, Tarrant County and the State of

Texas, the size of the health science center's contribution did not surprise its president, David M. Richards, D.O. "We're on a much steeper growth curve than most people realize, so it's important for us to measure our impact frequently and report it to our neighbors and to those public officials who take an interest in us at the city, county and state levels of government," he said.

The analysis covered 1998 and was conducted and reported by econometrician Dr. M. A. M. Anari and economist Dr. Jared E. Hazelton of the Center for Business and Economic Analysis, Lowry Mays College and Graduate School of Business, Texas A & M University. Dr. M. Susan Motheral, the health science center's director of institutional research, coordinated gathering of the data and participated in the analysis.

According to Anari and Hazelton, the UNT Health Science Center is a significant state resource for medical and biomedical education, scientific research, patient care and community service. They summarized the following elements as having produced the institution's overall impacts:

* **\$84.2 million** in direct economic activity (\$67.5 million operating budget plus an estimated \$16.7 million spent by students and medical residents).

* **\$244.3 million** in combined direct and indirect economic impact (\$2.90 of additional indirect economic activity is produced by each dollar of direct activity).

* **672 students** were enrolled in the fall of 1998 and an additional 121 graduate physicians were serving in post-graduate residency programs.

* **1,125 faculty and staff** - including 20 post-doctoral trainees - were employed at the health science center. The direct impact of this workforce is the creation of another 395 jobs, while the indirect impact created an additional 760 for a total of 2,280 jobs in Texas.

* **\$158.5 million** in personal income (\$3.44 of additional personal income is produced by each dollar of direct personal income - \$46.1 million in 1998 - paid to faculty and staff).

* **\$8.9 million** in extramural research funding was expended in 1998 (\$5.6 million from federal sources, \$1.5 million from industry, \$1.4 million from institutional resources and \$400,000 from Texas).

* **188,000 patient visits** were managed by 110 members of the medical group faculty physicians, operating as The Physicians & Surgeons Medical Group and practicing in 24 medical and surgical specialties and subspecialties. These doctors serve in clinics located on the health science center campus at Camp Bowie Boulevard and Montgomery Street as well as in neighborhood clinics throughout Fort Worth. \$2.9 million in charity care was delivered in 1998.

* **7,176 medical, nursing** and managed care professionals attended 340 Continuing Medical Education programs conducted by the health science center.

* **5 Institutes for Discovery** help focus the institution's research on aging, cardiovascular disease, cancer, human vision and substance abuse. In addition, some 20 clinical trials are underway at any given time, addressing such disorders as migraine, stroke, hypertension and diabetes.

The UNT Health Science Centers' main component, the Texas College of Osteopathic Medicine, produces the highest percentage of primary care physicians - 70 percent - among all of the state's medical schools. Nearly 30 percent of TCOM graduates practicing in Texas serve in towns of 25,000 or less in population.

In Fort Worth and Tarrant County, the institution's outreach initiatives include

health education and promotion activities, assessments of local community health care needs and, in 1998, a seminal role in creation of the MEDTECH center, Fort Worth's new medically-focused business incubator.

Music Researchers Seeking Clarinetists

The UNT Health Science Center and the College of Music at UNT in Denton are conducting a study concerning clarinet technique and its relationship to performance-related injury. Researchers at the institutions' joint Texas Center for Music & Medicine are seeking clarinetists to participate in the study.

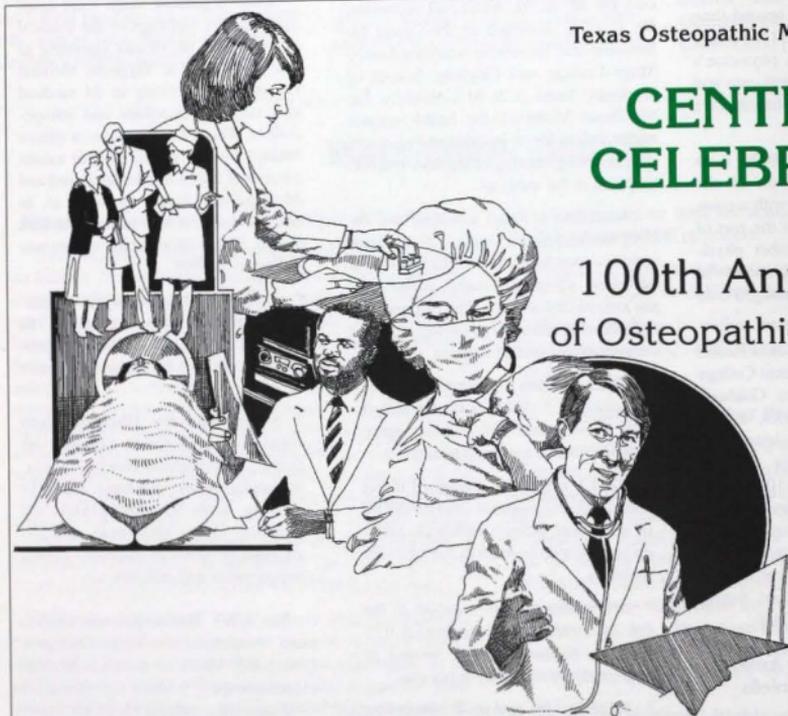
The research is being conducted in response to increased reports of upper-extremity medical problems of clarinetists. The study aims to identify techniques that may develop into medical problems such as pain and discomfort in the neck, forearms, shoulders, upper back, wrists and hands. The study includes ask-

ing musicians to play exercises on a clarinet while a small sensor measures forces between the right thumb and the clarinet.

Researchers are seeking 60 subjects, including students of any age, amateur and professional level musicians, who actively play the clarinet. Research activities take place at the Fort Worth health science center. Participation lasts about two hours.

The Texas Center for Music and Medicine was established in 1998 to study, treat and prevent disorders related to careers in music. The center is led by Bernard Rubin, D.O., chief of rheumatology in the health science center's Physicians & Surgeons Medical Group, and Kris Chesky, Ph.D., research assistant professor in the College of Music at UNT.

The study is funded by the National Academy of Recording Arts and Sciences. Musicians who want to volunteer for this study should call Dr. Chesky at 940-565-4126.



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