

CME HOURS

EXHIBITS



El Paso



MEETINGS

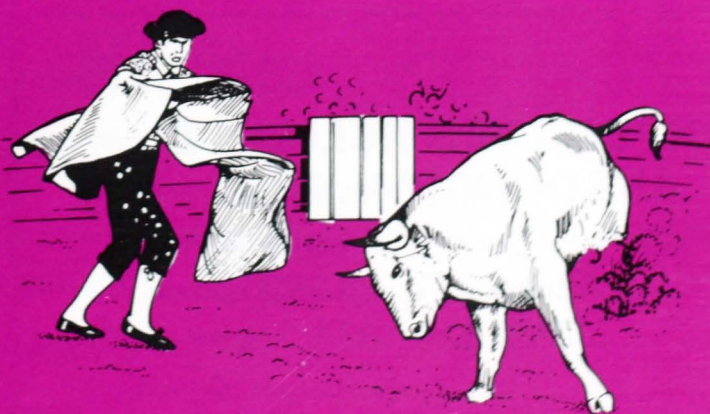
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May 3-5, 1990**

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Established new physician (group)	214/669-6163
All changes to existing provider number records	214/669-6158
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	Dallas Metro 429-9755
	in Texas 800/444-TOMA
TOMA Med-Search	
TEXAS STATE AGENCIES:	
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Department of Public Safety:	
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Triplicate Prescription Section	512/465-2189
State Board of Health	512/458-7111
State Board of Medical Examiners	512/452-1078
State Board of Pharmacy	512/832-0661
State of Texas Poison Center for Doctors & Hospitals Only	713/765-1420
	800/392-8548
	Houston Metro 654-1701
FEDERAL AGENCIES:	
Drug Enforcement Administration:	
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For DEA number (form 224)	214/767-7250
CANCER INFORMATION:	
Cancer Information Service	713/792-3245
	in Texas 800/392-2040

Texas DO

Texas Osteopathic
Medical Association

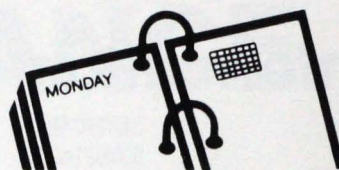
February 1990

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Diana Finley, Associate Editor
Lydia Anderson Smith, Staff Writer

FEBRUARY

10

TOMA Board of Trustee's Meeting
226 Bailey Avenue
Fort Worth

APRIL

6-7

*Fourth Annual Spring Update for
the Family Practitioner*
Dallas Family Hospital
CME Hours: 7 Category 1-A, AOA
Contact: Karen B. Trimble
Conference Coordinator
TCOM — Dept. of CME
817/735-2539

13-16

*Western States Osteopathic Society
of Proctology Meeting*
Bahamas Princess Resort & Casino
Freeport, Grand Bahama
Contact: David M. Beyer, D.O.
4201 Camp Bowie Blvd.
Fort Worth, 76107
817/731-0801

16

Presidential Visit
District XII Meeting
Contact: John Garner, D.O.
409/962-0351

17

Presidential Visit
District VI Meeting
Contact: Sharon Olson, D.O.
713/981-5211

MAY

1

TOMA Preconvention
Board of Trustee's Meeting
Westin Paso del Norte
El Paso

2

TOMA House of Delegate's Meeting
Westin Paso del Norte
El Paso

3-5

*91st Annual Convention &
Scientific Seminar*
Texas Osteopathic Medical Association
Westin Paso del Norte
El Paso
Contact: TOMA
226 Bailey Avenue
Fort Worth, 76107
817/336-0549

5

TOMA Postconvention
Board of Trustee's Meeting
Westin Paso del Norte
El Paso

6

Risk Management Seminar (5 Hours)
Westin Paso del Norte
El Paso
Contact: TOMA Headquarters
817/336-0549

AND THE WINNER IS...

The front cover of the January 1990 issue of the *Texas DO* featured a picture of a leading Texas osteopathic physician, in his/her younger years. For readers who may not have noticed, page 4 of that issue stated that the first TOMA physician member to correctly identify the physician on the cover would get \$100 slashed off his/her registration for the TOMA Convention.

Who was the winner? John H. Burnett, D.O., FACGP, of Dallas, who saves \$100 off his registration fee. Good work, Dr. Burnett!

As to the loaded question of who was the physician correctly named by Dr. Burnett, the answer is — T. Eugene Zachary, D.O., FACGP, of Fort Worth, Speaker of the TOMA House of Delegates.

A Country Doctor

Dedicated With Love To My Uncle Doc — Merry Christmas, 1989

By Janet Franklin

As a child I feared him. He represented a group every child wants to avoid — doctors. Being around doctors meant the very real possibility of getting a shot. That was about the worst thing I could imagine. My brother and I never knew whether or not we'd get one when we came to the clinic to see him. I got nervous — just in case.

As memory serves me from a child's perspective, I thought him to be a large man, a man with a commanding presence, a man one couldn't help but listen to. I find those perceptions still to hold true. His clinic was a small cluttered place of pine cabinets and linoleum floors. His desk was usually hidden beneath piles of papers, samples, and journals. Despite my fear of a possible shot, I still liked coming there. On request he would give me empty bottles and needle-less syringes so that I might "play nurse" — my future dream vocation until I realized that nurses had to give shots.

When he moved away, for years afterward I would feel a sad twinge as we drove by the empty clinic building. In a community that was scarcely a spot beside the road, there was no other demand for the small, oddly-shaped building. There were several years when I lost contact with him. Still, I thought of him and wondered how he was doing. He had moved north to another small town — a one-doctor place that kept him busy day and night.

He is no typical country doctor. Listing all his accomplishments and the honors bestowed upon him would make a voluminous resume. He has gone far beyond the restrictive boundaries of a country practice to play an instrumental part in medical reform, representing osteopaths all over the world in thousands of meetings and conferences. His reputation definitely preceeds him — no matter where he goes.

Regardless of his crowded calendar, he takes the time to help his patients and his family. Very generous to those he cares about, he gives material gifts as well as gifts of counsel, humor, and relief from pain. He is there for his patients to an extent that requires him to leave home if he's to get any rest when he isn't on-call.

From the very beginning, he preferred to be a country doctor, foregoing the opportunity of fancy offices and high-priced fees to be a physician of people rather than faceless numbers. Now he is in rural practice with the only other doctor for miles around. In a small town, doctors hold a special place in the heart of a community. When payment or gratitude is expressed in homemade gifts of food or craft, he is quick to share his bounty with others.

In addition to his practice, meetings, and committees,

he fills his time with a variance of activities. He is a poet and writer. He is a collector and connoisseur of wines. He enjoys gourmet cooking and classical music. He is knowledgeable about gun collections, Mexican history, and gem stones. He enjoys a good round of poker — another area of *rewarding* expertise. He stays current with world events and politics. One might say he is a Renaissance man of many talents and myriad interests.

With convictions as strong as his principles, he speaks his mind and takes responsibility for whatever comes from it. His sharp wit and dry humor is delightful, even if some find it slightly stinging at times. He offers firm advice to patients, counseling with them realistically, mincing no words, telling no lies. But for all his commanding presence, he is kind and willing to ease the suffering of others with hands that express a Master's touch. Despite all his success, his ego isn't so ponderous that he makes decisions to the detriment of his patients. He recommends another physician if the situation warrants.

In professional and private life, he figures people can take him as he is — or they can go elsewhere. If he gives stern advice that isn't heeded, he has little pity for what befalls a person who continues detrimental habits. A shrewd judge of human character, he is able to separate the kernel from the chaff. To earn his respect is an honor. He admires those with drive, determination, and industry. He values honesty and courage. It is the persons who reach beyond themselves who win his notice.

It would be almost impossible to capture his true qualities on a canvas or in a photograph. Having weathered trials and challenges with an indomitable spirit and fierce determination, he is far more than a shallow two-dimensional image. Over the years, as I have moved beyond the small child who feared him, I have come to appreciate him greatly. I would trust him with my life. I would do whatever I could to help him, but he asks for very little.

He has enriched my life in ways that he may never know. Not only has he helped relieve physical pain, he has also offered me timely advice and counsel. I can't give him a gift that he doesn't already have. I can't do favors when none are asked. But I can tell him how much he means to me and how much I admire and respect him. I can tell him he represents the epitome of what can be done after turning sixty. I can tell him that I love him, and I can thank him for all the love, support, and kindness he's shown me. I can tell him that while someone might eventually succeed him in practice, no one can ever take his place in the hearts of his patients, friends, or his family. Truly he is one in a million. ■

Limited Edition Collector Plates Commemorate TOMA's 90th Anniversary



The year 1990 signifies the 90th anniversary of the Texas Osteopathic Medical Association, which was founded in Sherman, Texas in 1900.

To commemorate this special event, a limited number of special collector plates have been produced. These beautiful plates, 7½ inches in diameter, are made of fine chinaware, and feature TOMA's logo and the dates 1900-1990. They are brilliantly colored in red, white and blue.

These unique plates are sure to become a treasured heirloom and, as already stated, only a limited number have been produced.

Help celebrate the 90th anniversary of TOMA by ordering your plate now at the low cost of \$15, which includes shipping and handling charges. The plates are available only by completing the order form and returning it and your check (made payable to TOMA) to the TOMA office.

ORDER FORM

Allow 6-8 weeks delivery

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(please print)

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AT THE EL PASO CIVIC CENTER — 10:00 a.m.

Texas Osteopathic Medical Association 91st Annual Convention

Doctors pre-registration — \$275; Doctors at-the-door — \$325;
Spouses, Military, Retired, Interns, Residents and Associates — \$150
Students (includes meals) — \$75; Students (lectures only) — \$00.

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

PRE-REGISTRATION DEADLINE — APRIL 15

Name _____ (please print) First Name for Badge _____
City _____ State _____ AOA Membership No. _____
D.O. College _____ Year Graduated _____
My Spouse _____ will _____ will not _____ accompany me.
(first name for badge)
My Guest _____ will _____ will not _____ accompany me.
(first AND last name for badge)

TOMA Annual Golf Tournament Registration

Name _____
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Handicap _____

**\$50 per person
includes
½ cart, green fees, transportation
(Cash Bar)
Vista Hills Country Club
Friday, May 4, 1990**

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Refund Policy

The REFUND POLICY for the 91st Annual Convention is as follows: All cancellations must be received in writing; no telephone cancellations will be accepted. A \$25.00 processing fee will be charged to all registrants who cancel. If cancellation is necessary, the following policy will apply:

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

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

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

Less than 15 days prior to program, NO REFUND.

TOMA Sustaining Membership — Keeping the Legacy Alive

The osteopathic profession in Texas has been blessed by having such dedicated physicians in its ranks, all with one common goal — keeping the profession alive and flourishing. This dedication and belief began in 1900 with the founding of TOMA. We were an association founded in the midst of a legislative crisis aimed at eliminating D.O.s; an association founded to unite all Texas D.O.s with the same bond. If those first D.O.s had not possessed a belief in their heritage or the dedication that they so vigorously exhibited, the profession today would most likely still be struggling for many of the successes we have already won.

Throughout the past 90 years, there have been many achievements, no small accomplishment when we take into account the relatively small size of TOMA in comparison to other provider groups throughout the state. We have gained respect in the health care community and we look to the future with confidence, yet confidence must always be tinged with an acute awareness of the one constant factor in life, namely change.

Our past struggles have largely attributed to the sacrificial nature of the D.O., however, to rest now on our laurels, to allow complacency to take root, would be professional suicide. Our uniqueness is our gift to the public and our ongoing public education campaigns cannot be halted.

To help in keeping our philosophy alive, our identity must be kept intact and in full view at all times, which by so doing, TOMA's role of fostering the growth of the profession in the State of Texas will continue. One way in which you, as members, can help is by either becoming a TOMA sustaining member or by continuing in this category.

Sustaining and sustaining plus membership categories were created for the purpose of allowing members to contribute over and above their regular dues for the betterment of the profession and the association. Although we are living in a time of economic restraint, we hope you will take the time to review your thoughts regarding sustaining membership. Currently, there are 143 members who do support the association in this fashion.

Sustaining members contribute \$100 over and above their normal membership dues, while sustaining plus members contribute \$150. If you are able to continue as a sustaining member or become a new one, you will be providing additional assistance in our ability to enhance the professional strength of the D.O. community in Texas.

Being a sustaining member is not merely a matter of having the opportunity to attend a free party during our

conventions, or acquiring a hat or other such perks. It is insurance that the future of the profession will be filled with more successes in the face of change. Your help will channel our efforts to maintain a secure future of growth and a positive climate in which to continue the practice of osteopathic medicine.

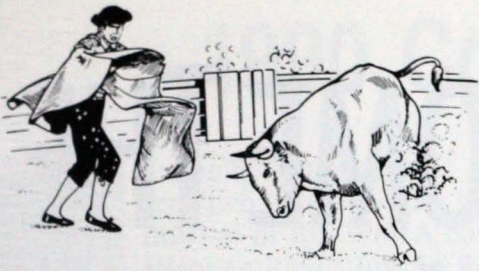
We offer our sincere thanks to all those members who have in the past and/or are presently supporting the association through sustaining and sustaining plus memberships. Our gratitude cannot be overemphasized and we trust you will be able to continue to support TOMA in this most generous way.

It's never too late to become a sustaining or sustaining plus member. If you have already paid your dues and wish to change your status, simply send in your check for \$100 or \$150. Likewise, if you have not already paid your dues and wish to become a sustainer, add either \$100 or \$150 to your dues check.

As we make plans to celebrate the 90th anniversary of the founding of TOMA, we should reflect upon the sacrifices made by our predecessors — sacrifices that have brought us, through 90 years, to this point in time. The legacy they left us lives on today — a strong profession in the State of Texas. Our commitment is to preserve our past, and be alert and prepared for the inevitable changes the future holds. Unity is our best resource in dealing with adverse situations, but it is also our best resource in maintaining the practice rights and freedoms we enjoy today. The first Texas D.O.s realized the strength of unity by founding a state association, thus passing on to us a great gift — the knowledge that together, we have it within ourselves to be second to none. ■

But Was It Worth It?

Some older rock music stars, known for playing their music at ear-splitting volumes, are beginning to comment on the results of such loud notes. Guitarist Ted Nugent, speaking to *The Toronto Star*, said his left ear "is there only for the looks." Pete Townshend of The Who noted, "one of the great agonies... is that long before you grow old, you can't hear what children are saying to you." He added, "I think it's worth saying that there is a price to pay for that (blaring volume): it's premature deafness."



Sustainers: Get Ready for a Blast in the Past

TOMA sustaining members attending the annual Sustainer's Party at this year's convention will be spending "una noche en Mexico." This is one party not to be missed, as participants will be transported into the enchanting world of Old Mexico via the authentic Hacienda Solar de la Paloma. Set among beautiful grounds with a mini-bullring, events include music, folkloric dancing with authentic costumes and caping of the bulls. For those brave souls who "want to get physical," you'll have the chance to try caping the bulls yourself (with a little help from some friends), and you'll receive a certificate for your efforts (guaranteed to impress family and friends). Of course, no party would be complete without giving your taste buds a treat, so prime your palates and get ready to sample the culinary delights of Mexico. The festivities will end with a pinata party where everyone will have the chance to break the swinging pinata, bringing down a shower of candy.

As usual, this party is for sustainers only, and is a "gracias" type event for those who contribute an addi-

tional \$100 or \$150 with their usual membership dues.

For those who would like to spend "una noche en Mexico," the translation is sustaining member. Why not consider mailing us your check for either \$100 (sustaining) or \$150 (sustaining plus) PRIOR to the Viva El Paso gathering. Or, if you prefer, tack it on to your membership dues if you have not paid yet.

Sustainers will also have their annual chance to win a fully prepared black Angus steer, ready and waiting to be packed into your freezer. The steer has been donated by Bob Finch, D.O., of Dallas, owner of the Black Champ Farm, in memory of his partner and friend, the late Robert G. Haman, D.O., who actually began the Sustaining Membership Program in the early 1970's. The steer will be awarded during the "noche en Mexico."

We invite you to join us as we enjoy a blast in the past during "una noche en Mexico." ■

Texas Osteopathic Medical Association

SUSTAINING MEMBERSHIP APPLICATION



Name _____ District _____

Office Address _____ Phone _____

☐ Check Enclosed

☐ Bill Me

_____ I hereby elect to become a Sustaining Member of TOMA and authorize you to increase my dues billing \$100 annually

_____ I hereby elect to become a Sustaining Plus Member and authorize you to increase my dues billing \$150 annually

Date _____ Signed _____

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DISCOUNTS AVAILABLE TO TOMA MEMBERS.

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

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

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1990 Convention Speakers



Len Scarpinato, D.O., FACP, will present two topics during the educational portion of the TOMA convention in El Paso, entitled "Insulin Resistant States as Mechanism for Hypertension" and "Nuts and Bolts Approach to Treating Cholesterol (a primary care approach)."

Dr. Scarpinato attended Regis High School (full scholarship to Jesuit High School) and Columbia University School of Engineering. He received his D.O. degree from New York College of Osteopathic Medicine, completed a rotating internship at Pacific Hospital in Long Beach, California, and an internal medicine residency at Cleveland Clinic, Cleveland, Ohio.

He is currently an assistant professor in the department of community medicine and family practice at the University of Missouri-Kansas City School of Medicine; chief of internal medicine services at Truman Medical Center-East, Kansas City; and medical director of the Kansas City Free Clinic.

Dr. Scarpinato is a diplomate of the American Board of Internal Medicine and board eligible in Critical Care Medicine, and a fellow of the American College of Physicians. Memberships include the Society of Critical Care Medicine; AOA; American Academy of Family Physicians; Professional Staff Association of Harbor UCLA Medical Center; Missouri Statewide AIDS Advisory Work Group; Medical Care Committee; AIDS Curriculum Advisory Committee for the Lee's Summit R-7 School District; and Research and Education Institute, Inc., Harbor UCLA.



Greg C. Lund, D.O., will present "Future Trends in Neonatology to Include Exogenous Surfactant" on Thursday, May 3, during the convention.

Dr. Lund received a B.S. in biology at Florida State University and his D.O. degree in 1980 at Texas College of Osteopathic Medicine. He took a pediatric residency at the University of Cincinnati College of Medicine/Children's Hospital Medical Center, Ohio, followed by a neonatology fellowship at the same location.

Board certification includes the American Board of Pediatrics and Sub-Board Neonatal-Perinatal Medicine.

Dr. Lund has a private neonatology practice at Perinatal Pediatrics of North Texas in Dallas; and is an assistant scientist for the Southwest Foundation for Biomedical Research in San Antonio. Additionally, he is the principle investigator in private research at Perinatal Pediatrics of North Texas on "The use of exogenous surfactant for the prevention of Hyaline Membrane Disease in premature infants."



Joseph H. Talley, M.D., will speak on "New Approaches to Gram-Negative Therapy" during this year's convention.

Dr. Talley received his M.D. degree from the University of Virginia School of Medicine in 1963. He completed a rotating internship at Norfolk General Hospital in Virginia, and was a general medical officer in the U.S. Navy. He took a general practice residency at Charlotte Memorial Hospital, Charlotte, North Carolina.

He is board certified in Family Practice and a fellow of the American Academy of Family Physicians.

Dr. Talley currently has a private family practice in North Carolina; is an extensive medical lecturer on varied topics; and a clinical assistant professor, department of family practice, at the University of North Carolina, Chapel Hill.

Memberships include the Cleveland County Medical Society; American Academy of Family Physicians; Interstate Postgraduate Medical Association of North America (president-elect 1989; president 1990); and Family Practice Council and Board of Editors, "Postgraduate Medicine."



Jack H. Austin, Jr., M.D., will be speaking on "Diagnostic Treatment of HIV Disease and the Role of the Primary Care Physician" during this year's convention.

According to Dr. Austin, there are over one million HIV+ persons in the United States alone and, for this reason, physicians need to be familiar with the spectrum of HIV disease. The goals of Dr. Austin's presentation will be the identification of the early signs and symptoms of HIV disease; appropriate use of anti retro viral therapy; and the proper treatment of the most common disorders associated with HIV disease.

Dr. Austin received his M.D. degree from the Medical College of Georgia, Augusta. He served an internship and medicine residency at Baylor Affiliated Hospitals in Houston, followed by a fellowship in infectious diseases at Baylor College of Medicine.

Certified in both internal medicine and infectious diseases, Dr. Austin practices in an infectious disease clinic in Houston, and is an assistant clinical professor of medicine at The University of Texas Health Science Center, also in Houston.

Professional memberships include the American Medical Association; American College of Physicians; Texas Medical Association; and the Harris County Medical Society. ▶



"Lumps and Bumps; Dermatology for the Primary Care GP" is the topic to be presented by Alicia B. Monroe, D.O.

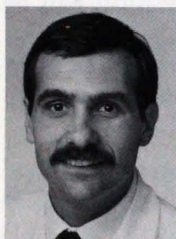
According to Dr. Monroe, her presentation will stress not only the horses, but a few of the zebras including those unusual moles and those rashes which are a little bit more than just dry skin. She

will also review a select group of benign and malignant epidermal and dermal tumors as well as those rashes likely (psoriasis and atopic dermatitis) and unlikely to respond to a little topical steroid (histiocytosis X and MF). Several office surgical procedures will also be presented during the course of the lecture.

A 1983 cum laude graduate of Texas College of Osteopathic Medicine, Dr. Monroe completed a rotating internship at Dallas/Fort Worth Medical Center in Grand Prairie. She then took a dermatology residency at the University of New Mexico School of Medicine.

A fellow of the American Academy of Dermatology, Dr. Monroe is currently a clinical assistant professor of dermatology at the University of New Mexico School of Medicine in Albuquerque. She is on the consulting staffs of Presbyterian Hospital and Northside Presbyterian Hospital, St. Joseph's Main Hospital, St. Joseph's West Mesa and St. Joseph's Northeast Heights, and the University of New Mexico Hospitals, all in Albuquerque. Also in Albuquerque, Dr. Monroe is consulting dermatologist for West Mesa Health Care Center, El Centro Villa Nursing Center, University of New Mexico Student Health Center, Public Health Services; and dermatology consultant to the Public Health Services at both Gallup and Zuni, New Mexico.

Memberships include TOMA; the American College of Osteopathic Dermatologists; AOA; American Society for Dermatologic Surgeons; New Mexico Dermatological Society; and the New Mexico Osteopathic Medical Association.



Gilbert E. D'Alonzo, D.O., will be delivering two presentations during TOMA's annual convention, "AIDS and the Health Care Worker," and "Office Management of Chronic Obstructive Lung Disease."

The risk of acquiring HIV infection from the health care worker is low, but increased compared to the general population, says Dr. D'Alonzo. The osteopathic physician from every sized community and urban hospital must be informed and prepared to answer questions regarding the most effective methods of preventing the transmission of HIV to the health care worker. Physicians must also be able to instruct in the proper management of accidental, parental and mucosal exposure to the blood and body fluid of the HIV patient.

As to his second topic, Dr. D'Alonzo notes that the diagnosis and management of COPD is dependent upon

a keen awareness of the pathophysiologic changes found in chronic bronchitis, emphysema and asthma. The recognition and documentation of reactive airways disease is an important part of the clinical evaluation process. The treatment of COPD must be approached in a multifactorial fashion, including both pharmacologic and nonpharmacologic intervention. A program which employs education, physical therapy, exercise conditioning, psychosocial counseling, nutritional support, vocation training, and immunization is essential if symptomatic relief is to be achieved. The office management of COPD requires the careful and timely integration of several therapies in a practical fashion once an appropriate diagnosis has been made.

A 1977 graduate of Philadelphia College of Osteopathic Medicine, Dr. D'Alonzo took a rotating internship and an internal medicine residency at Detroit Osteopathic and Bicounty Community Hospitals. He served a fellowship in pulmonary and critical care medicine at the University of Michigan Medical Center, followed by a research fellowship in pulmonary and critical care medicine, also at the University of Michigan Medical Center.

Dr. D'Alonzo is currently an associate professor of medicine at the University of Texas Medical School in Houston; assistant professor (adjunct), program in respiratory therapy, School of Allied Health Sciences, UTHSCH; associate professor (adjunct) at the School of Public Health and Environmental Sciences, UTHSCH; and assistant professor at the Graduate School of Biomedical Sciences, UTHSCH.

Hospital appointments include attending physician and medical director of Pulmonary Diagnostics Laboratory at Hermann Hospital in Houston; consulting physician at M.D. Anderson Hospital and Tumor Institute; and medical director of the medical intensive care unit at Hermann Hospital.

Board certification includes diplomate of the National Board of Examiners for Osteopathic Physicians; American Osteopathic Board of Internal Medicine (AOBIM); and AOBIM-Medical Diseases of the Chest.

Professional memberships include TOMA; AOA; American College of Chest Physicians; American Thoracic Society; American College of Osteopathic Internists; National Osteopathic Foundation; Texas Society for Respiratory Therapy; and International Society for Chronobiology. Additionally, Dr. D'Alonzo is a consultant to the AOBIM Medical Diseases of the Chest Subsection and chairman of the Committee on Research Grants, AOA Bureau of Research. ■

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TOMA 91st Annual Convention & Scientific Seminar

Westin Paso del Norte Hotel / El Paso Civic Center

May 1-6, 1990

Program

Tuesday, May 1

- 12:00 noon TOMA Board of Trustees' Luncheon
Westin Hotel
- 1:00 p.m. TOMA Board of Trustees' Meeting
Westin Hotel
- 6:30 p.m. Caucus of the Districts
Westin Hotel

Wednesday, May 2

- 8:00 a.m. - TOMA House of Delegates' Registration
- 12:00 noon Westin Hotel
- 9:00 a.m. - TOMA House of Delegates' Meeting
- 5:00 p.m. Westin Hotel
- 11:30 a.m. TOMA House of Delegates' Luncheon
Westin Hotel
- 1:00 p.m. ATOMA Board of Trustees' Luncheon/Meeting
Westin Hotel
- 2:00 p.m. - Early Registration
- 4:00 p.m. Westin Hotel

Thursday, May 3

- 7:00 a.m. General Convention Breakfast
"Update on TSBME"
Alfred R. Johnson, D.O.
El Paso Civic Center
- 7:30 a.m. - Registration: Exhibits Open
- 4:00 p.m. El Paso Civic Center
(All lectures will be held at the El Paso Civic Center unless otherwise stated)
- 8:30 a.m. - "Future Trends in Neonatology to include Exogenous Surfactant"
9:15 a.m. Gregg Lund, D.O.
- 9:00 a.m. - ATOMA House of Delegates' Meeting
- 12:00 noon Westin Hotel
- 9:15 a.m. - "Lumps and Bumps; Dermatology for the Primary Care G.P."
10:00 a.m. Alicia Monroe, D.O.
- 10:00 a.m. - Refreshment Break with the Exhibitors
- 11:00 a.m.
- 11:00 a.m. - "AIDS and the Health Care Worker"
11:45 a.m. Gilbert D'Alonzo, D.O.
- 11:45 a.m. - "HDL & Coronary Heart Disease"
12:30 p.m. Christie M. Ballantyne, M.D.

- 12:45 p.m. AOA Luncheon
El Paso Civic Center
- 2:00 p.m. - "Office Management of Chronic Obstructive Lung Disease"
2:45 p.m. Gilbert D'Alonzo, D.O.
- 2:45 p.m. - "NSAIDS"
3:30 p.m. Paul A. Greenberg, M.D.
- 3:30 p.m. - "Post Surgical Intra-abdominal Septicemia"
4:15 p.m. Steve Dougherty, M.D.
- 4:15 p.m. - Visit with the Exhibitors
- 5:15 p.m. Champagne Party for TOMA's 90th Anniversary
- 5:00 p.m. - POPPs Party
- 6:30 p.m. Westin Hotel
- 7:00 p.m. - Sustainer's Party
- 11:00 p.m. Hacienda Solar de la Paloma
Juarez, Mexico

Friday, May 4

- 7:00 a.m. - Buses leave for Golf Tournament
Vista Hills Country Club
- 7:00 a.m. - Texas ACGP Breakfast
- 8:30 a.m. El Paso Civic Center
- 7:30 a.m. - Registration; Exhibits Open
- 4:00 p.m. El Paso Civic Center
- 8:30 a.m. - "Ventricular Arrhythmia Pathophysiology"
9:15 a.m. Russell G. Fisher, D.O.
- 9:15 a.m. - "CHF: What's New?" (A primary care approach to CHF)
10:00 a.m. Robert Chilton, D.O.
- 10:00 a.m. - Refreshment Break with Exhibitors
- 11:00 a.m.
- 10:00 a.m. - Texas Academy of Osteopathy Meeting
- 11:00 a.m. El Paso Civic Center
- 11:00 a.m. - "Diabetes: The Family Application" Part I
12:30 p.m. Brian R. Tulloch, M.D.
Veronica K. Piziak, M.D.
- 11:30 a.m. - ATOMA Installation Luncheon
- 2:00 p.m. Westin Hotel
- 12:30 p.m. - Lunch with the Exhibitors
- 2:00 p.m. El Paso Civic Center
- 2:00 p.m. - "Diabetes: The Family Application" Part II
4:30 p.m. Brian R. Tulloch, M.D.
Veronica K. Piziak, M.D.
- 2:00 p.m. - "Insulin Resistant States as Mechanism for Hypertension"
2:45 p.m. Len Scarpinato, D.O.

2:45 p.m. - "Quinalones: Future Trends in Antibiotic Therapy"
 3:30 p.m. Gary Butka, M.D.

3:30 p.m. - Pacer's Meeting
 5:30 p.m. Westin Hotel

3:30 p.m. - "Use of Calcium Channel Blockers in the
 4:15 p.m. Treatment of Hypertension"
 Russell G. Fisher, D.O.

4:15 p.m. - "Nuts & Bolts Approach to Treating Cholesterol"
 5:00 p.m. (A primary care approach)
 Len Scarpinato, D.O.

6:30 p.m. - President's Night Reception
 7:30 p.m. Westin Hotel

7:30 p.m. - President's Night Banquet/Dance
 11:30 p.m. Westin Hotel

Saturday, May 5

7:30 a.m. - ATOMA Board of Trustees' Breakfast/Meeting
 9:00 a.m. Westin Hotel

7:30 a.m. - Alumni Meetings/Breakfasts
 8:30 a.m. El Paso Civic Center

8:00 a.m. - Exhibits Open
 11:00 a.m.

8:30 a.m. - "Downside of Hypertension Therapy on the
 9:15 a.m. Kidney"
 Jack O. Gratch, D.O.

9:15 a.m. - "Ace Inhibitors; Current Trends"
 10:00 a.m. Gregory J. McWilliams, D.O.

10:00 a.m. - Buses leave for "A Juant into Old New Mexico"
 4:00 p.m. Tour for the Ladies and/or guests

10:00 a.m. - Refreshment Break with Exhibitors
 11:00 a.m.

11:00 a.m. - "New Approaches to Gram-Negative Therapy"
 11:45 a.m. Joseph H. Talley, M.D.

11:45 a.m. - "Diagnosis and Treatment of AIDS and the Role
 12:30 p.m. of the Primary Care Physician"
 Jack Austin, M.D.

12:00 noon - TOMA Board of Trustees' Luncheon/Meeting
 4:00 p.m. Westin Hotel

12:00 noon - ATOMA Board of Trustees' Luncheon/Meeting
 4:00 p.m. Westin Hotel

12:30 p.m. - Lunch on your own
 2:00 p.m.

2:00 p.m. - "Treatment of Ventricular Arrhythmia in the 90s"
 2:45 p.m. James M. Atkins, D.O.

2:45 p.m. - "Current Management of Gallstones"
 3:30 p.m. David James, D.O.

3:30 p.m. - "Management of Acute M.I."
 4:15 p.m. Russell Fisher, D.O.

4:15 p.m. - "The Polysymptomatic Patient: Is It
 5:00 p.m. Environmental Illness?"
 Alfred R. Johnson, D.O.

7:00 p.m. - Fun Night Party
 Buses leave for the Juarez Race Track

Sunday, May 6

8:00 a.m. - Risk Management Seminar
 1:30 p.m. Westin Hotel

Topics of Discussion will be:

"Update on Controlled Substances and
 Dangerous Drug Laws and Rules of the Texas
 Department of Public Safety"

"Update of the Medical Practice Act and Rules
 of the Texas State Board of Medical
 Examiners"

"How to Protect Yourself from Professional
 Liability Suits"

"Insurance Codes to include H.B. 18 and other
 Insurance Laws Affecting Physicians"

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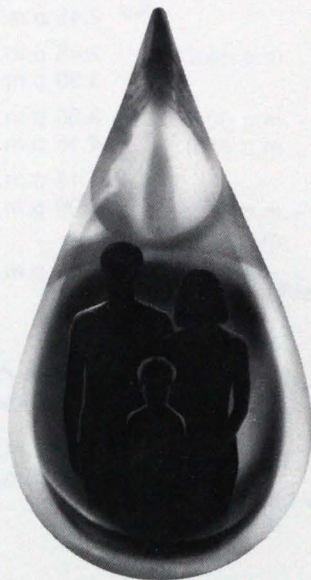
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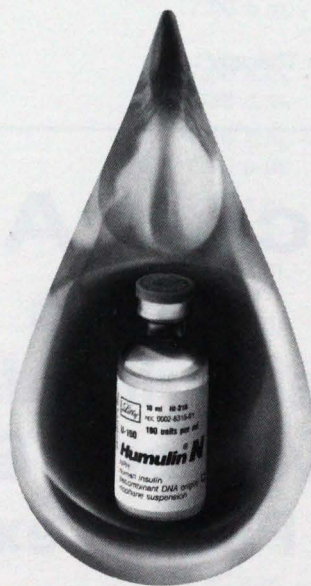
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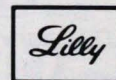


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TCOM '80; b '51; GP
501 Wynnewood Village, #104
Dallas, 75224

Sylvia J. Herr, D.O.
TCOM '82; b '45; GP
109-B North Main
Cleburne, 76031

James H. Kritzler, D.O.
KC '44; b '19; C-RAD; RET
330 Kings Court
Houston, 77015

Ingrid Muijsson-Arnold, D.O.
TCOM '80; b '53; GP
4745 Gus Thomasson, #5
Dallas, 75150

Edmund B. Prue, D.O.
PCOM '60; b '30; RET
1102 Lundy St.
Pecos, 79772

Jan S. Swanson, D.O.
MSU-COM '82; b '48; C-I
4101 Frawley Dr.
Ft. Worth, 76180

Gerald A. Swayze, D.O.
KC '62; b '33; GP
1336 N. Galloway
Mesquite, 75149

Stephen L. Vinson, D.O.
TCOM '80; b '54; C-EM
100 N. University, #220
Ft. Worth, 76107

Michael R. Williams, D.O.
TCOM '81; b '54; C-ANES
221 W. Colorado Blvd., #925
Dallas, 75208

OMT Tapes Available Through TCOM

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

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

Tapes Available

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

The War Ends — Workers' Compensation Reform Package Is Approved

After almost a year of heated battle, a very divided Texas Senate approved a workers' comp reform package on December 12, 1989, in an effort to correct a 76-year-old system that has produced massive insurance premiums for Texas businesses and chaotic benefits for injured workers.

Lawmakers gave final approval to the so-called "Hobby plan," drafted by Lt. Governor Bill Hobby, when the Senate voted to accept conference committee amendments and sent the measure to the governor's desk. The measure was signed into law immediately by Gov. Bill Clements. However, most of its provisions do not take effect until January 1, 1991, although some provisions are phased in between April 1990 and January 1993.

Speaking of the bill, Lt. Gov. Hobby said, "Never in 16 years have I encountered a more divisive, difficult issue." Reaction is, to say the least, mixed, with opponents arguing that the bill will not lower insurance rates, which have risen 148 percent since 1985, and supporters arguing that although immediate relief cannot be expected due to the effective date, reductions should be possible in several years. The bill is being called "the most significant piece of legislation to come out of the Legislature in the past 20 years," and from another viewpoint, "evil, mean and wicked."

Injured workers will be entitled to benefits provided by objective standards based on the degree of disability, rather than the subjective determination of wage-earning capacity. The bill utilizes the AMA Guidelines for Permanent Impairment as the principal tool for calculating benefits. This provision is anticipated to limit disputes as to benefits to which an injured worker is entitled.

New provisions to workers benefits include impairment income, not to exceed a specified cap, whereby after maximum medical improvement, the worker would receive three weeks times each percent of impairment to the body, at a specified pre-injury wage rate; and supplemental income benefits. If an employee is 15 percent or more impaired, he or she can receive supplemental income benefits, under certain conditions and up to a specified amount, after impairment income benefits have expired.

Minimum benefits rise from \$40 per week to \$62 per week, and medical benefits remain the same in that all reasonable and necessary medical expenses are paid. However, the bill severely limits lump sum settlements.

Under the reform law, an injured worker will be allowed to select his or her initial physician and make one change without permission of the insurance carrier or the newly created Texas Workers' Compensation Commission through the end of 1992. Beginning January 1, 1993, however, the employee must select his or her initial treating physician from a list approved by the Commission. All physicians will be included on the initial approved list, and medically-necessary referrals by one physician to another are not limited.

Any subsequent change would require permission from the Commission. Such changes would be limited to situations in which a conflict has arisen that jeopardizes the physician/patient relationship or in which treatment provided by the initial physician produces insufficient improvement in the patient's condition.

The bill also includes medical cost containment measures which authorizes the Commission to require pre-authorization for certain health care treatments or services.

Although commonplace under the current system, a major provision in the reform package prohibits insurance carriers or injured workers from negotiating an agreement to terminate the carrier's liability for lifetime medical benefits.

Physicians are expected to benefit from several other provisions. One requires medical policies and fee guidelines to be updated by the commission every two years to ensure they reflect fair and reasonable charges and current reasonable or necessary medical treatment. Another provision authorizes the Workers' Compensation Commission to establish a medical dispute resolution system that starts with an informal review and eventually could lead to a contested case hearing. The bill permits appeals of commission decisions only on issues raised in agency hearings and allows the jury to know of the commission's decision.

To enhance workplace safety, the bill creates a Division of Workers Health and Safety within the Commission to collect information and identify hazardous employers who employ five or more persons. Insurance carriers are required to offer safety programs to employers and employees; a 24-hour hotline for reporting safety violations will be established, with protection for employees making such reports; and substantial fines for safety violations will be imposed.

Rate relief provisions for businesses include small employer premium incentives; optional deductible programs, whereby insurance carriers must make deductible policies available; a rate rollback policy; a provision whereby small employers can join together to buy a single workers' compensation policy; and competitive rates, in that the State Board of Insurance may allow carriers to deviate from rates downward by as much as 25 percent.

In order to ensure compliance with the bill, provisions create a Fraud investigation unit; and make it a criminal offense to fraudulently obtain or deny benefits. The Commission is given greater powers to discipline and exclude from the process attorneys, insurance companies, employers, employees, and health care providers who abuse the system.

For better or for worse, a long and bitter legislative battle has ended. Whether the reform package will, as supporters and opponents argue, "create a workers welfare system" or "give workers a better break and businesses a brighter future," will be put to the test in the next few years. ■



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Data Bank to Open in April

The National Practitioner Data Bank will open in April, 1990, according to officials of the Health Resources and Services Administration's Bureau of Health Professions.

The American Osteopathic Hospital Association (AOHA), in its publication *AOHA Today!*, reported the following information about the Bank:

- ** Hospitals should not postpone queries to the Bank, as it will not be "empty" on opening day. Even though active data collection won't begin until then, hospitals are required by law to query the Bank about all new practitioners. Any active malpractice payments have been recorded, even if judgments were made before the Bank's starting date.
- ** Due to the numerous data elements used to identify a practitioner, misidentification of a physician will be highly unlikely.
- ** Physicians will be notified regarding the contents of their files and will have an opportunity to respond. The accuracy of the facts can be disputed but not the action that has taken place. The Bank cannot overturn the position taken by peer review.
- ** Utmost care will be taken to assure confidentiality. There is a penalty if information is used or disclosed wrongly by the hospital or the Bank's staff.
- ** All queries must be in writing. No telephone requests will be taken.

** Public access was not provided for in the original law, and there has been no movement to make a statute change. Aggregate data will be made available.

** There is no provision for purging data unless it's totally incorrect.

** It is not clear yet if hospitals not in compliance will be made public.

** A plaintiff's attorney will have limited access after showing specifically which physician, which case, and in which hospital the incident took place.

The AOHA says state licensing boards and professional societies will be briefed on the Bank's operations, and educational programs will be added to association conferences soon. Additionally, instructional materials such as manuals specifically for hospitals and societies, as well as general handbooks will be mailed to all hospitals and malpractice insurers. The Bank expects to have a toll-free number to help answer questions, as well as to issue press releases offering guidance.

The Bank's projected opening date will be announced in the *Federal Register* at least 30 days in advance. If you would like a copy of the final regulations or any other information about the Bank, contact Karen Seifert Miller at AOHA, 1454 Duke Street, Alexandria, Virginia 22314-3429; phone (703) 684-7700. ■

ATOMA NEWS

By Rita Baker

1989 was a prolific year for the new parents of District II. Dr. and Mrs. Ray Lewis welcomed twin girls, and Dr. and Mrs. Bill Wallace proudly announced the birth of their son, William Bradford Wallace. Warm congratulations are extended to both sets of parents.

The 8th Annual Holiday Card Project was a big success. There were 85 participants this year. The cost of the cards and the proceeds of their sales went to the National Osteopathic Foundation, who use the money for student loans and research. This year, thanks to the enthusiastic support of our physicians and their spouses, we raised around \$1,215.

In the coming months, be sure to notice the tasteful renovations in the waiting room at Fort Worth Osteopathic Medical Center which incidentally, has recently been renamed Osteopathic Medical Center of

Texas. Part of this was made possible by the \$190 collected at the District II Christmas party. Also, \$25 was donated to Toys for Tots. Thanks to all of you who participated.

District II would like to wish Mrs. Fred (Chris) Brenner a speedy recovery from surgery. Get well soon! The District needs you!

The presidential visit to District II was held January 18 at the Hyatt Regency Hotel. Dr. Joe Montgomery-Davis, along with Tom Hanstrom, TOMA Executive Director, spoke to the physicians regarding the status of TOMA and the osteopathic profession in Texas. Mrs. William (Chuckie) Hospers spoke to the Auxiliary about ATOMA's coloring book program and the scholarship program. ■

Texas Osteopathic Medical Association's Mini Seminar

DATE	TIME	TOPIC	COST	POSITIONS AVAILABLE	LOCATION	WHO SHOULD ATTEND?	CME HOURS
March 7	7:00 p.m.-9:00 p.m. Faculty WORKSHOP PURPOSE	CODING & CHARGING TO WIN! Don Self, Medical Consultants of Texas This seminar will discuss the proper coding (CPT & HCPCS) that you should use to denote the actual services you are doing. Most offices leave 10% of the services they render uncharged, as they are not aware of what they can charge for.	\$25.00	30-50	TOMA State Headquarters Fort Worth	Physicians Office Personnel	3 Category 1-B

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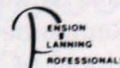
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Texas ACGP Update

By Texas ACGP Editor

The annual meeting of the Congress of Delegates for the National ACGP will take place this year on Saturday, March 17, 1990, at the Peabody Hotel in Orlando, Florida.

This year, the Texas ACGP will have 21 voting delegates.

The secretary-treasurer, Dr. T. R. Sharp, will be contacting Texas ACGP delegates and alternates in the near future.

If a Texas delegate or alternate is unable to attend this meeting, please let Dr. T. R. Sharp know at the earliest possible moment. This will enable the Texas ACGP President, Dr. Richard M. Hall, to select replacements so that we will have our full voting complement at this meeting.

A Texas ACGP protocol for the annual meeting of the Congress of Delegates for the National ACGP will be distributed to each member of the Texas delegation prior to the March 17, 1990 meeting.

I am happy to inform the Texas ACGP membership that the OMT tapes for loan are now available. Dr. Connie Jenkins has completed her review of OMT tapes at TCOM and has selected specific tapes to be copied and made available for loan from the TCOM library. It is anticipated that each tape will be made available for a two-week loan. TOMA will carry information concerning the tapes in the *Texas DO* magazine on an ongoing basis. On behalf of the Texas ACGP, I would like to thank Dr. Connie Jenkins for the time and effort she has put into this project.

Once again I would like to remind our membership that we are accepting names of Texas ACGP members for the annual GP of the Year award, to be presented at the TOMA convention in El Paso this May. Please take the time to nominate worthy candidates for the highest award the Texas ACGP can offer.

As a reminder, Texas ACGP committee chairmen who have not done so should define the function of their committees and report on their committees' activities. Lack of any activity on the part of a committee during the year will change its status from active to inactive in accordance with sunset provisions.

The new Medicare statewide profile updates should be available at this time. Remember, in order to receive an updated Medicare statewide profile for OMT and covered injectables, including reimbursement rates, a physician must submit a written, signed request on his or her personal stationery to: Karen Foxall, Medicare Part B, P.O. Box 660156, Dallas, Texas 75266-0156.

We look forward to seeing you all in Orlando, Florida, at the Annual National ACGP meeting.

Remember, in order to maintain membership in the National ACGP, active members must register and attend at least one educational program sponsored by the National ACGP each three years, and obtain at least 50 hours of National ACGP-APPROVED CME per year. ■

Thirteen TCOM Students Elected To Who's Who

Thirteen student physicians at Texas College of Osteopathic Medicine have been elected to *Who's Who Among Students in American Universities and Colleges*.

The student physicians were selected on the basis of their academic achievements, service to the community, leadership in extracurricular activities and potential for continued success.

The TCOM student physicians honored include seniors Kathleen Michelle Bynum, James Benjamin Hengy, Elizabeth Ann Owen, Dale Robert Richards, Elisabeth Ellen Schultz and Neal Ira Shparago; juniors Stanley Robert Harla, David Ira Kabel, Ellis Gerard Main and Kevin Randolph Stahl; and sophomores Sophia Kim Apple, Andres Gilberto Morales and Glen H. J. Stevens.

The student physicians join an elite group of students selected from more than 1,400 institutions of higher learning in all 50 states, the District of Columbia and several foreign nations. They will be listed in the 1990 edition of *Who's Who Among Students in American Universities and Colleges*, an annual directory first published in 1934. ■

Newsbriefs

BIZARRE MAIL CAMPAIGN INFECTS COMPUTERS

Approximately 10,000 unsolicited computer disks were mailed from London to hospitals and researchers on three continents professing to carry "health information... specially designed to help members of the public concerned about AIDS and medical professionals." Not technically a virus, the AIDS Information Diskette was more of a "Trojan horse," in that when installed, data stored in a computer's memory is garbled or erased. Hospitals and AIDS researchers worldwide have been alerted as police continue their investigations.

NATION'S HEALTH BILL TO RISE 10.4 PERCENT

According to Commerce Department estimates, the U.S. will spend \$661 billion on health care this year, up an estimated 10.4 percent from 1989. In 1989, the nation spent close to \$600 billion, or about 11.5 percent of the gross national product. The Commerce Department expects the growth in health care costs to continue at a 10 to 14 percent annual jump through 1995.

Dr. Ogilvie Named Professor Emeritus

Charles D. Ogilvie, D.O., FAOCR, FACOS, who founded TCOM's Department of Medical Humanities, has been awarded the rank of professor emeritus by the TCOM Board of Regents.

Dr. Ogilvie, a TOMA life member, retired from TCOM August 31, 1989 as a professor of medical humanities. He joined TCOM in 1972 as a lecturer in the Department of Radiology and was named the department chairman in 1977. In 1978, Dr. Ogilvie was appointed founding chairman of the medical humanities department and introduced humanities teaching into the medical curriculum. He also served as chairman of the curriculum committee and made important contributions to the Goals Statement that now provides overall direction for the college's academic program.

In recommending Dr. Ogilvie for the honor, TCOM President David M. Richards, D.O., FACGP, said "Dr. Ogilvie is recognized for his significant contribution in

developing clinical teaching models based on wellness and patient-centered care. A long-time medical historian, Dr. Ogilvie has presented numerous seminars on the history of medicine and has contributed to the writing of the history of TCOM and the profession." Dr. Richards added that Dr. Ogilvie provides a personal example in daily living for the college and the osteopathic profession, "epitomizing those attributes that characterize a caring, thoughtful physician."

Jerry Farrington, chairman of the board of regents, said the rank of professor emeritus is a "high honor that is greatly deserved by Dr. Ogilvie."

Dr. Ogilvie is only the third faculty member awarded the rank of professor emeritus. The other professor emeriti of TCOM are Marion E. Coy, D.O., and Virginia P. Ellis, D.O.

TOMA extends congratulations to Dr. Ogilvie. ■

Immunization Notes

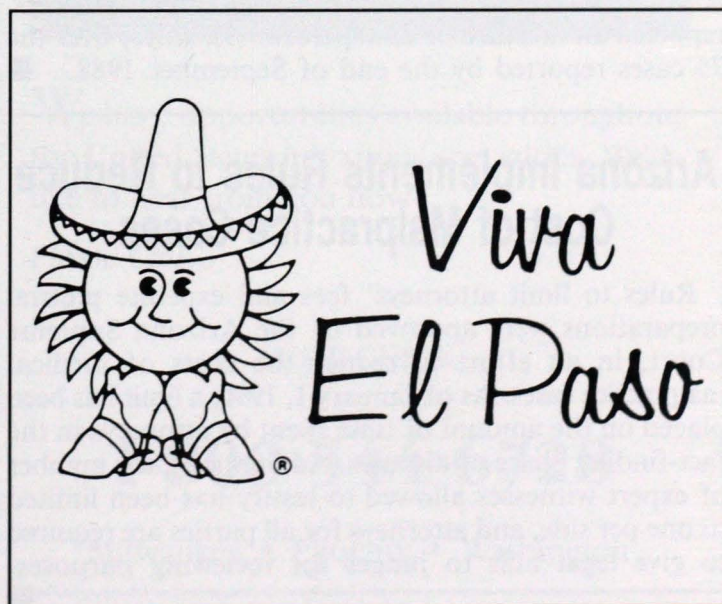
Texas Measles Update: The Texas Department of Health (TDH) reports that Texas continues to lead the nation in the number of reported measles cases for 1989. As of October 31, 1989, Texas had reported 3,099 cases of measles. These case reports are from 97 counties throughout the state. Harris County had reported 49 percent (1,520 cases) of the measles cases to date.

Health care providers should watch for signs/symptoms of measles among their patients and promptly report cases to the local health authority or the TDH Immunization Division, toll-free in Texas at 1-800-252-9152. In addition, local health departments and public health regions are encouraged to contact the TDH Immunization Division in Austin to discuss outbreak control and case management.

Health care providers should make special arrangements for the isolation of patients with rash illnesses who present for care.

Pertussis: The incidence of pertussis also increased during 1989. As of October 20, 47 Texas counties reported a total of 228 cases. However, four counties accounted for 62 percent of the morbidity: Bexar, Dallas, Tarrant and Travis. These same four counties experienced disease consistent with pertussis during October. During 1988, Texas reported 158 cases for the entire calendar year.

Pertussis is primarily a disease of household transmission. As many as 90 percent of susceptible household contacts acquire the infection. Therefore, in addition to treating the cases, a priority in the management and control of pertussis is the chemoprophylaxis of ALL household contacts and the immunization of susceptibles. For consultation regarding outbreak control and case management, contact the TDH Immunization Division at 1-800-252-9152. ■



D.O. Statistics

About 86 percent of osteopathic physicians in the United States practice primary care, predominantly in family or general practice, and their office practices are quite similar to those of M.D. family or general practitioners, with several distinguishing characteristics, according to a report from the National Center for Health Statistics.

Osteopathic physicians in family or general practice have much in common with their M.D. counterparts in terms of the reasons people give for visiting them, the screening functions they perform, and the drug therapies they prescribe. On the other hand, the survey results show that a relatively high proportion of office visits to D.O.s are made by people complaining of back problems (6.6 percent of all visits, compared with 3.3 percent for FP/GP's). Overall utilization of various common

diagnostic methods by D.O.s and most of the specific diagnostic procedures typically are lower than among FP/GPs. The major exception is the very frequent use by D.O.s of palpatory techniques, which seems to correspond with their relatively conservative use of X-rays, the report says.

In general, D.O.s and FP/GPs make various common diagnoses in markedly similar proportions, and they prescribe most medications with comparable frequency. However, D.O.s are less likely than FP/GPs to prescribe pain relief medications, apparently because of a tendency to rely on manipulative therapy to alleviate painful ailments such as poor posture and slight dislocations, the report says.

Reprinted from the September 1989 Oregon D.O.

Tuberculosis Control Division Notes

The Texas Department of Health reports on tuberculosis morbidity trends:

During the first nine months of 1989, 1,299 cases of tuberculosis were reported in the state. This represents a 4.2 percent reduction over this same period in 1988. About one percent of this reduction is the result of fewer cases reported for six of the seven large metropolitan areas of 250,000 population or more. The Houston/Harris County metropolitan area has reported 363 cases or 16.0 percent fewer than the 432 cases reported by this time in 1988. This area usually reports about 30 percent of the total tuberculosis cases for the state. The San Antonio/Bexar County metropolitan area, however, reported an increase of 23.0 percent (92 cases) over the 75 cases reported by the end of September 1988. ■

Arizona Implements Rules to Reduce Cost of Malpractice Cases

Rules to limit attorneys' fees and expedite pretrial preparations were approved by the Arizona Supreme Court, in an effort to reduce the costs of medical malpractice cases. As of January 1, 1990, a limit has been placed on the amount of time spent by attorneys in the fact-finding phase of disputes. Additionally, the number of expert witnesses allowed to testify has been limited to one per side, and attorneys for all parties are required to give legal bills to judges for reviewing purposes. ■

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Over 90 Percent of Osteopathic Hospitals Meet Federal Mortality Rates

In 1988, 98.5 percent of osteopathic hospitals were within acceptable mortality rate limits as defined by the Health Care Financing Administration (HCFA), as revealed in late December 1989. The HCFA studied mortality rates of 5,600 hospitals and determined that 195 had rates outside their accepted range. Of these 195 hospitals, only 1.5 percent were osteopathic hospitals. Three and four-tenths percent of all non-osteopathic hospitals lie outside the acceptable rate limits.

"We are pleased with the latest findings for osteopathic hospitals," stated Martin A. Wall, Senior Vice President of the American Osteopathic Hospital Association (AOHA). "While we agree with HCFA that such data is not a direct measure of quality of care, we believe that this points to the commitment of osteopathic hospitals to provide the best healthcare," Wall added.

The 1988 HCFA release uses the latest data and methodology available. This represents a more accurate picture of mortality information that was available in 1986 when HCFA initiated the data collection. A study of 1986 data recently appeared in the *New England*

Journal of Medicine. It inappropriately places all osteopathic hospitals in a single category, according to the AOHA and the AOA.

The study compares mortality rates in different hospital categories, including: private, not-for-profit, for-profit, teaching and osteopathic. However, osteopathic hospitals are not a homogenous group. "The nation's 160 osteopathic hospitals fit into all of the above categories," said Wall.

The study's authors concede to shortcomings in the data. "First," the report states, "our adjustment of mortality rates may have been based on inaccurate data." It goes on to say that the study may inaccurately reflect the quality of medical care provided by the hospitals, and, that few deficiencies in medical care result in death.

In the study, mortality rates at hospitals were linked with the training of their medical personnel. The study found that private teaching hospitals had a significantly lower mortality rate than average. "More than two-thirds of osteopathic hospitals have teaching programs affiliated with osteopathic medical schools," said Wall. ■

TCOM Receives \$2.4 Million In Research Grants

Texas' only college of osteopathic medicine, TCOM, received verbal confirmation recently for public and private funding of research grants totaling \$2,478,955.

The largest grant, \$1.4 million over a five-year period, was awarded to Myron K. Jacobson, Ph.D., biochemistry, by the National Cancer Institute of the National Institutes of Health. The award is a competitive renewal of a previously funded grant.

Richard Baldwin, D.O., dept. of G&FP, received a three-year, \$468,955 grant from the Department of Health and Human Services to improve the family medicine academic unit.

Dr. Baldwin and Reni Courtney, R.N., Ph.D., G&FP, also received a four-year, \$400,000 grant from the Sid W. Richardson Foundation of Fort Worth to develop and investigate the structure, process and results of a model community-oriented primary care practice. The Tandy Corporation and the Tandy Foundation also are supporting the project with a \$50,000 grant.

Elaine L. Jacobson, Ph.D., medicine, became the first TCOM faculty member to receive a national Science Foundation grant. She was awarded a three-year, \$210,000 grant for a proposal titled "Modification of Proteins by ADP-ribose." ■



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WVSOM To Retain State Funds

The West Virginia Society of Osteopathic Medicine reports that the West Virginia School of Osteopathic Medicine (WVSOM) now has Governor Gaston Caperton on its side — at least for another year.

WVSOM President Olen Jones announced that Caperton will not attempt to eliminate state funding for the school in this year's legislative session. "I have been assured by the governor through his staff that the administration will not present a plan to eliminate state funding for the school in the upcoming legislative session," said President Jones.

"In sharing this information with me... the administration has taken a vital first step toward improving medical care delivery in West Virginia."

Jones made the announcement at a press conference at The Greenbrier, surrounded by area lawmakers and school administrators. He said he was relieved that the announcement came before the Legislature meets in January. "He (Governor Caperton) could have waited months before making this announcement," Jones added.

"The administration's show of support for WVSOM represents a growing understanding of the important role the school plays in providing physicians for rural West Virginia."

WVSOM administrators had predicted that Caperton would re-introduce legislation this year that would sever state ties to the institution even though state lawmakers rejected a similar bill last year. Jones said he believes the future of the school is secure and is optimistic that the Legislature will continue to approve state funding. "The outlook for the future is wide open," he said.

"WVSOM and the state's other two medical schools will now be able to concentrate on maintaining high quality in their individual programs and to cooperate in efforts to ensure that excellent medical services are available to all West Virginians."

When asked about the school's recent request for more than double its funding for the 1990-91 fiscal year, Jones said he hopes that WVSOM will "receive its fair share." The school is requesting about \$11 million, including \$3.3 million for capital improvements and \$2 million in "catch-up" funds to make up for larger appropriations in the past to the medical schools at Marshall and West Virginia universities. In the 1989-90 fiscal year, the school received \$4.9 million from the state. "We'd just like to have our fair share of the money," Jones said. "We're not trying to take money away from the other medical schools. We just hope a more equitable distribution can be made."

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In Memoriam

Clifford W. Hamond, Jr., D.O.

Clifford W. Hamond, Jr., D.O., of Houston, passed away September 13, 1989 at Memorial Southwest Hospital in Houston. He was 74 years of age.

Son of the late Clifford W. Hamond, D.O., Dr. Hamond was born in Kirksville, Missouri, and graduated from what is now the University of Osteopathic Medicine and Health Sciences College of Osteopathic Medicine and Surgery in Des Moines, Iowa. He interned at Des Moines Still General Hospital and practiced in Oklahoma before relocating to Houston in 1941. Dr. Hamond retired from his ophthalmology and otorhinolaryngology practice last year.

He was a TOMA life member; member of TOMA District VI; and an AOA life member.

Survivors include his wife, Jeanette; one son and one daughter.

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

Kenneth E. Ross, D.O.

Kenneth E. Ross, D.O., of Tyler, passed away January 3 at his residence after a lengthy illness. Services were held January 5 in Lloyd James Funeral Home Chapel in Tyler, with burial in the Pines Cemetery, also in Tyler. Pallbearers were Ronald D. Taylor, Olie Clem, Lynn Griffith, and Drs. David Norris, Norman Truitt and Earl C. Kinzie.

Dr. Ross was born November 22, 1911, in Atchison, Kansas. He was a 1935 graduate of the Kansas City College of Osteopathy and Surgery, and served an internship at Hubbard Hospital in Oklahoma. He began practicing in Tyler in 1939.

He was a TOMA life member; a life member of TOMA District III; a life member of the American Medical Society of Vienna; and a charter staff member of Doctors Memorial Hospital in Tyler.

Dr. Ross received a diploma from the University of Vienna for postgraduate study in traumatic and orthopedic surgery. He also did postgraduate study in cancer research and surgery at the M.D. Anderson Cancer Research and Tumor Institute of Houston, as well as postgraduate study in cancer surgery at the University of Mexico City.

He received a certificate of postgraduate study from Evangelismos Hospital in Athens, Greece; bachelor of law and doctor of jurisprudence degrees; and a diploma in professional locksmithing.

Immediate survivors include his wife, Josephine Ross, of Tyler.

TOMA extends its condolences to the family and friends of Dr. Ross.

The True Cost of Bad Debts

At I.C. System, Inc., the old adage, "time is money," is never more apt than when it refers to a delinquent account. For each month that passes and an account remains open, you, the creditor, lose money, and the debtor loses nothing.

I.C. System has found that if you have \$100 in outstanding accounts, at the end of the year their value will erode to about \$45. Every month that goes by, you have less and less chance to collect, and the value of your account receivables decreases.

So what do you do when you have delinquent accounts? If you're like many creditors who have a lot of smaller accounts owed to them, you'll consider them uncollectable and not worth further efforts. And, if you're like many people, you'll only focus on the past due amount. But that isn't an accurate reflection of your loss.

For every dollar of business that you don't collect, you have to bring in a tidy sum in new business just to break even. The chart below shows exactly how much it costs you to forgive even a small debt.

UNCOLLECTED DEBTS OF:

Amount	\$250	\$500	\$1,000	\$2,000	\$3,000	\$5,000	\$7,500	\$10,000
ARE EQUIVALENT TO SALES OF:								
Your Profit %								
1%	\$25,000	\$50,000	\$100,000	\$200,000	\$300,000	\$500,000	\$750,000	\$1,000,000
2%	12,500	25,000	50,000	100,000	150,000	250,000	375,000	500,000
3%	8,333	16,666	33,333	66,667	100,000	100,000	166,667	249,975
4%	6,250	12,500	25,000	50,000	75,000	125,000	187,500	250,000
5%	5,000	10,000	20,000	40,000	60,000	100,000	150,000	200,000
6%	4,165	8,333	16,667	33,333	50,000	83,333	124,950	166,667
7%	3,572	7,143	14,286	28,571	42,857	71,429	107,145	142,857
8%	3,125	6,250	12,500	25,000	37,500	62,500	93,750	125,000
9%	2,778	5,556	11,111	22,222	33,333	55,556	83,340	111,111

For example, if your profit margin is five percent and you have uncollected debts of \$1,000 owed you, you would have to generate an additional \$20,000 in new business to recoup those losses.

Forgiving bad debts is a very expensive practice for any creditor to follow. Instead, I.C. System urges that you maximize your recovery from bad debts by turning them over to a collection service as soon as possible. Ideally, that would be 60 to 90 days after the account becomes delinquent. Waiting longer than this will lessen your chances of collection. According to the American Collection Association, only 5 percent of accounts more

than 90 days over-due will be paid voluntarily. Debtors who have let their past-due bills go this long without payment often need an extra push from a collection service to pay up.

Our association endorses the services of I.C. System, Inc., as an effective and ethical debt collection program. I.C. System is the largest privately-owned debt management company in the country, and it is endorsed by over 1,150 business and professional associations. Last year, the company recovered over \$75 million in bad debts for its clients. To learn how I.C. can improve your accounts receivables, contact our association office.

Drug Delivery Technologies Closely Linked to Medicines of the Future

Researchers are currently developing potent and site-specific medications for medical conditions ranging from cancer to contraception. However, many of these promising products are ineffective when administered to patients by traditional methods such as oral tablets or painful injections. This has resulted in the need for novel medication delivery systems. Some of the systems under investigation include:

- Transdermal patches that deliver a slow, continuous dose of medication through the skin. The FDA has already approved patches for use in motion sickness and heart disease but other patches that deliver painkillers or hormones that can prevent pregnancy are likely to be approved soon.
- * A new twist to transdermal delivery is the use of microsponges which are synthetic, highly porous sponges tiny enough to be individually invisible. One gram of microsponges contains about 240,000 miles of miniature pore tunnels that can be filled with skin lotions, insect repellants, deodorants, or a topical antibiotic. A customized dose of the product can be released when a specific temperature is reached, or when a predetermined moisture level occurs.
- * New products that deliver medications directly into the eye make it possible to avoid the complications and side effects of systemically administered medications. One manufacturer is saturating contact lenses with antibiotics to treat eye infections. Another has designed a tiny piece of plastic that is impregnated with a glaucoma medication. When patients place it under their eyelids the plastic slowly dissolves. Very little of the released medication is absorbed by the conjunctiva allowing more to be absorbed by the cornea, where the medication works best.
- * Biodegradable polymer implants that slowly dissolve when they come in contact with body fluids are being tested in a variety of conditions. This technology could be promising for delivering potent cancer killing medications directly to brain tumors or to augment dopamine levels in the brains of patients with Parkinson's disease. It may even be used to administer insulin to diabetic patients so that insulin is released only in response to increased blood sugar levels — the same way the pancreas normally responds.
- * A promising new means of treating liver cancer uses tiny ceramic spheres that can be bombarded by neutrons to make them radioactive. When injected into the hepatic artery of a patient with liver cancer, the beads become lodged in the liver near the tumor

and kill the malignant cells. Since this results in far less damage to surrounding, healthy tissue, doses four to five times the dose normally given by external-beam irradiation may be used. The beads remain radioactive for about one month and remain in the liver indefinitely after that, apparently with no side effects.

- * A new generation of nasal sprays designed with "permeation enhancers" make it possible for the nasal mucosa to absorb large protein molecules such as insulin. Other compounds under investigation for nasal administration include human growth hormone, atrial natriuretic peptide (used experimentally to treat high blood pressure), cholecystokinin derivatives (useful as appetite suppressants), and hormone combinations that could be used in the treatment of endometriosis for contraception.
- * Another technology utilizes liposomes — tiny, fat-soluble spheres with watery interiors that can trap medications. The medication is released when the liposome dissolves or is ingested by a cell. Liposomes are especially promising for the administration of anti-cancer medications such as doxorubicin or cytochalasin B because the toxic side effects are reduced. Anesthetics, monoclonal antibodies and vaccines offer other potential applications for liposome time-release mechanisms.

Novel means of contraception that are at various states of development include:

- * Matchstick-sized capsules implanted under the skin of a woman's arm to prevent pregnancy for up to five years;
- * A biodegradable implant that prevents pregnancy for 18 months or more and does not need to be removed;
- * Vaginal rings — release low doses of contraceptive chemicals for three months and may be removed at any time; and;
- * Injectable microspheres and microcapsules — gradually release their contraceptive contents into the blood, preventing pregnancy for up to six months.

The advances being made in drug delivery will offer new treatment options for physicians and will also facilitate patient compliance with the medication regimen.

Weiss R. Drug-delivery systems in the space age. The Consultant Pharmacist. 1989;4(1):15-23. Abstract by The National Pharmaceutical Council, Medication Trends for Older Adults, Vol. 2, No. 3, 1989)

News from Oregon

The Osteopathic Physicians and Surgeons of Oregon, Inc., reports that the Health Services Commission, created by Senate Bill 27 (the bill to ration health care services by prioritization to the indigent) has begun its deliberations to establish priorities of health care services for the state's medicaid population. The commission's work has been marred by a lack of organization which has resulted in inadequate and sometimes nonexistent notification of its meetings and very short time frames for request for information from provider groups.

The Commission is responsible for prioritizing the health care to be delivered to the Medicaid population and assigning costs to all health care services by March 31, 1990. At the present time the Commission is determining what methodology it will use in setting the priorities. It has divided its work into two major areas of social values and medical outcomes. A third group will study mental health problems.

Federal opposition to the implementation to Senate Bill 27 has been growing since Senator Packwood introduced an amendment which would provide the necessary federal waiver to implement the program. Representative Henry Waxman (D-California) has adamantly opposed the waiver since its inception. Senator Albert Gore recently indicated that he would oppose the federal waiver. These two people figure prominently in legislation that effects health care in Congress and will make changes of legislation very difficult.

The HCFA, which can grant a federal waiver without congressional approval, has indicated that it will not do so until it sees the priority listing and the level of funding Oregon will provide for the health care needs of the proposed Medicaid population.

Primary opposition from all of the groups appears to be based on concern that by increasing the population, increasing the payments to providers to reflect true costs, and not increasing the budgeted amount allocated to pay for those costs, the State will drastically reduce the level of health care delivered to the Medicaid population.



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Medical Terminology Quotes

From time to time, we get calls asking us question about medical terms that we may not know, so to stay up to date, we are sharing the definitions — as we understand them.

<i>Artery:</i>	The study of fine paintings
<i>Barium:</i>	What you do when CPR fails
<i>Cesarean Section:</i>	A district in Rome
<i>Colic:</i>	A sheep dog
<i>Congenital:</i>	Friendly
<i>Dilate:</i>	To live long
<i>Fester:</i>	Quicker
<i>G.I. Series:</i>	Baseball games between teams of soldiers
<i>Hangnail:</i>	A coat hook
<i>Medical Staff:</i>	A doctor's cane
<i>Morbid:</i>	A higher offer
<i>Nitrate:</i>	Lower than the day rate
<i>Node:</i>	Was aware of
<i>Organ:</i>	Musical
<i>Outpatient:</i>	A person who has fainted
<i>Post-operative:</i>	A letter carrier
<i>Protein:</i>	In favor of young people
<i>Secretion:</i>	Hiding anything
<i>Tablet:</i>	A small table
<i>Tumor:</i>	An extra pair
<i>Urine:</i>	Opposite of you're out
<i>Varicose veins:</i>	Veins which are very close together

(Supplied by Don Self, Medical Consultants of Texas)

Attention, TOMA Members

This serves as a reminder that any member or district planning to present resolutions to the TOMA House of Delegates' meeting on Wednesday, May 2, 1990, must submit such resolution(s) to the TOMA State Office prior to April 1, 1990.

No resolutions will be voted on in the House of Delegates' meeting unless they have been received in the State Office prior to the above date.

If you have any questions regarding resolutions, please call the State Office at 1-800-444-TOMA.

Schedule of Controlled Drugs For Your Information

The drugs that come under jurisdiction of the Controlled Substances Act are divided into five schedules, plus two sub-schedules. They are as follows:

Schedule I Substances

The drugs in this schedule are those that have no accepted medical use in the United States and have a high abuse potential. Some examples are heroin, marijuana, LSD, peyote, mescaline, psilocybin, tetrahydrocannabinols, ketobemidone, levomoramide, racemoramide, benzylmorphine, dihydromorphine, morphine, ethylsulfonate, nicocodeine, nicomorphine, and others.

Schedule II Substances

The drugs in this schedule have a high abuse potential with severe psychic or physical dependence liability. Schedule II controlled substances consist of certain narcotic drugs. Some examples of Schedule II narcotic controlled substances are: opium, morphine, codeine, hydromorphone (Dilaudid), methadone (Dolophine), pentapton, meperidine (Demerol), cocaine, oxycodone (Percodan), anileridine (Leritine), and oxymorphone (Numorphan).

Schedule II-N Substances

The drugs in this schedule have a high abuse potential with severe psychic or physical dependence liability. Schedule II-N non-narcotic controlled substances consist of certain stimulant and depressant drugs. Some examples of Schedule II-N non-narcotic controlled substances are: amphetamine (Benzedrine, Dexedrine), methamphetamine (Desoxyn), phenmetrazine (Preludin), methylphenidate (Ritalin), amobarbital, pentobarbital, secobarbital, methaqualone, etorphine hydrochloride, diphenoxylate, and phencyclidine.

Schedule III Substances

The drugs in this schedule have an abuse potential less than those in Schedules I and II, and include compounds containing limited quantities of narcotic drugs, such as: APC w/codeine, Tylenol w/codeine, and Empirin w/codeine.

Schedule III-N Substances

The drugs in this schedule have an abuse potential less than those in Schedules I and II, and include compounds containing limited quantities of certain non-narcotic drugs, such as: derivatives of barbituric acid except

those that are listed in another schedule, glutethimide (Doriden), methyprylon (Noludar), chlorhexadol, sulfon-diethylmethane, sulfonmethane, nalorphine, benzphetamine, chlorphentermine, clortermine, mazindol, phendimetrazine, and paregoric. Any suppository dosage form containing amobarbital, secobarbital, or pentobarbital is in this schedule.

Schedule IV Substances

The drugs in this schedule have an abuse potential less than those listed in Schedule III and include such drugs as: barbitol, phenobarbital, methylphenobarbital, chloral betaine (Beta Chlor), chloral hydrate, ethchlorvynol (Placidyl), ethinamate (Valmid), meprobamate (Equanil, Miltown), paraldehyde, methohexital, fenfluramine, diethylpropion, phentermine, chlordiazepoxide (Librium), diazepam (Valium), oxazepam (Serax), clorazepate (Tranxene), flurazepam (Dalmane), clonazepam (Clonopin), prazepam (Verstran), lorazepam (Ativan), mebutamate, dextropropoxyphene (Darvon), other benzodiazepine substances, and anabolic steroids.

Schedule V Substances

The drugs in this schedule have an abuse potential less than those listed in Schedule IV and consist primarily of preparations containing limited quantities of certain narcotic drugs generally for antitussive and antidiarrheal purposes. ■

Poll Shows 85 Percent Would Refuse Care from Physician with AIDS

When 2,000 people nationwide were asked if they would let a physician with AIDS treat them, 85 percent said they would switch doctors.

The study, by researchers at the University of California at San Francisco, also showed that same 85 percent think the disease can spread from doctor to patient — something never known to happen.

Of those surveyed, 45 percent said doctors with AIDS should not be allowed to practice.

Town Meetings

"Disabled and Aging Texans: Setting the Agenda"

The Texas Department of Human Services (TDHS), in partnership with other aging and disability organizations, will conduct a series of one-day invitational town meetings in communities across Texas, January through April, 1990.

The purpose of the meetings is to foster open communication and joint planning between the community and TDHS on long term support services, services to people with disabilities, and the protection of adults from abuse, neglect and exploitation.

You will have the opportunity to develop a local plan with specific community initiatives. This local plan will also be helpful in setting a statewide agenda for legislative and funding considerations.

The specific objectives of the Town Meetings are to:

1. Educate citizens about major issues in long-term support services, disability issues, and adult protective services;
2. Develop local action plans and a grassroots network committed to implementing the action plans;
3. Provide local input to the development of a statewide agenda for Texans who are aging and/or have disabilities;
4. Involve a wide spectrum of Texans in shaping policy directions and funding priorities for long term support services, disability issues and adult protective services.

You can be a part of this important effort by calling one of the following people in the city nearest you.

Dates of Town Meetings	Location	Contact Person and Local Phone Number
February 15, 1990	Dallas	Carroll McCartha (817) 640-5090
February 21, 1990	Abilene	Tommy Reed (915) 695-5750
February 27, 1990	Houston	Max Holmes (713) 696-7701
March 7, 1990	El Paso	Vinita Patrick (915) 775-4443
March 14, 1990	Lubbock	Frances Hirsch (806) 346-7214
March 22, 1990	Temple	Terry Chambers (512) 835-2350
March 27, 1990	McAllen	Alberto Cantu (512) 383-5344
April 4, 1990	Tyler	Nancy Gibson (214) 561-5620
April 18, 1990	Fort Worth	Carroll McCartha (817) 640-5090

Join us at the Town Meeting in your city. Your participation in developing a local action plan and carrying it out in your community will be challenging. The rewards are endless.

Questions, Concerns or Ideas About the Town Meeting?

Call Diane B. Smith
(512) 450-3008 or STS 887-3008
(Both numbers accept TDD calls)

World AIDS Day Observed December 1

In conjunction with the World Health Organization, the Texas Department of Health and other health agencies observed World AIDS Day on December 1, 1989.

Texas consistently ranks in the top five states in the number of reported AIDS cases. From 1980 to November 7, 1989, some 7,816 cases of AIDS were reported in the state. Of those, 4,810 already have died. Thousands of others are known to be infected with HIV.

Nationwide, about 110,000 persons have been diagnosed as having AIDS. The number of persons infected with HIV is unknown. Worldwide, with 177 countries and territories reporting AIDS totals to the World Health Organization, some 182,463 cases of AIDS had been confirmed by October 1, 1989.

While medical research to find a vaccine or cure continues, nations and individual states like Texas operate programs aimed at controlling transmission of the disease. One such program in Texas is surveillance, the collection of information about how and where the disease is spreading. By tracking the incidence of the disease, TDH keeps a current profile of the AIDS problem statewide — information which, in turn, contributes to the federal Centers for Disease Control's nationwide profile.

At TDH facilities and TDH-funded clinics, the staffs counsel patients to further their understanding about the disease, its spread, and its prevention. People concerned about possible HIV infection can seek testing through public health clinics or their own physicians. All test results, by law, remain confidential. In addition to surveillance, testing, and counseling, TDH also provides public information and education about AIDS. The department distributes about a million copies of AIDS publications yearly.

As part of the department's commitment to comprehensive AIDS education, TDH operates the toll-free Texas AIDSLINE. Anyone in the state can dial 1-800-299-AIDS for information (in English or Spanish) about AIDS, or about the availability of local services. There also is a device (TDD) providing telecommunications for the deaf at 1-800-252-8012. The operator is on duty each weekday from 8 a.m. to 11:30 a.m. and from 12:30 p.m. to 5 p.m. All calls are confidential.

TDH will soon launch a new media information campaign targeted at heterosexuals who are at risk of HIV infection. Dr. Robert Bernstein, Texas Commissioner of Health, said that the new campaign includes television, radio and print public service announcements and a revised information and referral telephone system.

"In the past, we have aimed our education campaigns primarily to inform those in the highest risk groups,

homosexual men and intravenous drug users who may be sharing needles. Now though, we want to ensure that even non-drug-using heterosexuals and our youth know that AIDS can threaten anyone," he said.

For some eligible AIDS patients, TDH also oversees the federally funded distribution of AZT (azidothymidine).

For more information, contact Christie Reed, Director, HIV Division, at 512/458-7207 or Margaret Wilson, Public Information Coordinator, Public Health Promotion Division, at 512/458-7405. ■

Newsbriefs

OHIO HAPPENINGS

A new bill has been thrown in the hopper due to the national publicity on the questionable "love surgeries" performed by a former Dayton, Ohio gynecologist on his patients. Ohio lawmakers have introduced a bill to tighten regulation of the medical profession, whereby physicians could be jailed for failing to report Medical Practice Act violations. The bill would also establish an ombudsman to monitor complaints and require proof of adequate malpractice insurance.

RADIATION RISKS REVISED

The National Research Council, part of the National Academy of Sciences, has issued a report concluding that radiation is worse than previously thought. In performing new calculations of the radiation released by the bombs dropped on Hiroshima and Nagasaki, the Council found that the bombs emitted less radiation than had been thought, which means that the cancers in some of the 76,000 survivors were caused by relatively low doses. According to the report, the new risk estimates suggest that the allowable occupational exposure to radiation should be lowered. Additionally, the number of people expected to get cancer from the Chernobyl fallout is increased. Due to the lower threshold, the risk of tumors and leukemias from radiation is three to four times higher than estimated in the last such report, released by the Council in 1980.

Opportunities Unlimited

PHYSICIANS WANTED

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

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

ASSOCIATE NEEDED — for expanding general practice in East Texas. Guaranteed income with a future. Contact: Steve Rowley, D.O., 214/849-6047 or Mr. Olie Clem, 214/561-3771. (08)

APPLICATION BEING SOUGHT — for Assistant or Associate Professor position to teach and practice in the Department of Manipulative Medicine. Salary negotiable. Please submit C.V. to Jerry Dickey, D.O., TCOM, 3500 Camp Bowie Boulevard, Fort Worth, 76107. TCOM is an Equal Opportunity Employer. (07)

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

ASSOCIATE NEEDED — for an extremely busy family practice in west Texas. Excellent opportunity awaits energetic doctor. Clinic fully equipped with laboratory, x-ray and diagnostic equipment. For further information, contact Mitzi 915/235-1717. (30)

RELOCATE TO THE BEAUTIFUL GULF COAST — Family Practice for sale. Physician starting residency training July 1, 1990. Gross \$170,000 per year. Hospital and nursing home nearby, OB available, x-ray on sight. Enjoy mild year around weather, fishing and water sports. Navy Homeport coming to area soon. If interested write Box 21, TOMA, 226 Bailey Avenue, Fort Worth, 76107. (21)

GENERAL PRACTICE — FOR SALE; Irving, Texas. Young (20 months), rapidly growing practice. Great location. X-Ray and Lab on site. Gross over \$230,000 first year. 40 hour week. Fee for serve — no insurance/HMO. No Medicare/Medicaid. Available on or before July 1, 1990. Owner pursuing residency. Evenings 214/790-6878. (15)

AGGRESSIVE, ENTHUSIASTIC OSTEOPATHIC PHYSICIAN needed immediately for San Antonio multidisciplinary clinic chiropractic, medical and podiatric physicians. Excellent opportunity for a large, profitable practice consisting of general medicine and accident and injury care, such as workers compensation and auto injury. Immediate referral base available from existing doctors. We're a progressive group with two clinics. For further information, call 512/923-3341 and ask for Dr. Schalk or Mr. Novak. (19)

PRACTICE OPPORTUNITY FOR FRIENDLY, people-oriented GP or FP. Clinic in North Texas town of 2,900 population seeking full or part-time physician. Easy travel to metroplex shopping (30-45 min.), near recreational lakes. Current patient volume 100 visits per week, collections \$150K. OB and surgical optional. Expect first year net income of \$70-80K. Can elect salary or percentage. No cash required to start-up. May begin anytime prior to July 31, 1990. May elect six-month trial contract if desired. All terms are negotiable. Send brief resume to: C-P Report; P.O. Box 218, Farmersville, 75031. (50)

AMBULATORY CARE CENTER — is looking for medical director with recent family practice experience to supervise medical treatment rendered by medical interns and externs, with involvement in the residency program.

Board certification required within one year. Five day work week, vacation, CME. Please send C.V. to: Administrator, 5808 Airline Drive, Houston, 77076, or call 713/695-4013. (47)

OMM—BE/BC needed for busy osteopathic children center/structural medicine center. Teaching experience preferred. Good paying benefits. Excellent opportunity. Contact: Osteopathic Health Care International, 14435 North Seventh St., Suite 300, Moon Valley, AZ 85022 or call Ms. Baucom 602/863-1951. (09)

OFFICE SPACE AVAILABLE

MESQUITE: Office for lease, 1800 sq. ft. Medical equipment for sale — OBGyn table, pediatric table with scales, treatment tables, examining tables, EKG machine, autoclave, microscope (American Optical 10/.24 (4 years old) miscellaneous surgical tools. Call evenings Mrs. Brunhilde Nystrom, 214/285-5580. Make offer. (39)

ARLINGTON — The Arlington Medical Center has a 1200 square foot fully equipped office for rent. Join four family practitioners, Ob/Gyn, Industrial Medicine specialist in the fastest growing part of Tarrant County. Lab and x-ray in building. Contact Dean Peyton, D.O., 1114 E. Pioneer Parkway, Arlington, 76010; 817/277-6444. (22)

MISCELLANEOUS

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

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

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

WANTED — Used Diathermy machine, micro-centrifuge or ultrasonic. Call Dr. T. Robert Sharp, 4/279-2453. (56)

FOR SALE — 1965 Bellanca 260C, 60TT, 560SMOH, King 175B, 170A, Transponder, Encoder, DME, MB, Audio Panel, Century IIB, Ceconite. Always hangered, excellent condition, \$8,500. Write Box 36, TOMA, 226 Bailey Avenue, Fort Worth, 76107 (36)

HIGH-TECH CUSTOM ENGRAVINGS — offers a medical D.O. Caduceus engraved on a 14-inch wood plate of superior quality with name of practice doctor at top and D.O. physician engraved on bottom, hanger clip included. C.O.D. or check accepted. 4/291-9983. (01)

POSITIONS DESIRED

GENERAL PRACTICE PHYSICIAN — seven years experience in solo and group practices of medicine and surgery. Has own insurance, wishes to work mornings part-time in the D/FW Metroplex. Available Monday through Saturday, 8:00 a.m. until 12:00 noon. Why leave your office closed one day a week when the overhead continues? I can make your practice more profitable. Call me! Metro 817/429-4140. (43) ■

FYI

NEW EXECUTIVE DIRECTOR AND LOCATION FOR ILLINOIS ASSOCIATION

Jenise L. Nanni has assumed the position of Executive Director of the Illinois Association of Osteopathic Physicians & Surgeons. She has been with the association since 1982, serving as Associate Executive Director since 1987. George C. Andrews, Executive Director since 1972, remains as the association's chief lobbyist.

Additionally, the association recently moved to the downtown area of Ottawa. The office is now located at 1015 LaSalle Street, however, the address and phone number remains the same: P.O. Box 1037, Ottawa, Illinois 61350, phone (815) 434-5576.

COME HOME TO RHODE ISLAND

In an effort to get more physicians in the state, Rhode Island Governor Edward DiPrete is pushing a proposition that would allow claims made malpractice insurance in the state. The governor, who happens to be a former insurance agent, says premiums for this type of insurance cost about half that of traditional insurance premiums. The problem, though, is if a patient finds a medical error after the doctor drops the insurance or is no longer practicing, the claim would be filed against the physician and not the insurer.

THE MARK OF CRIME

Although Indiana isn't much different from other states in that its prison population is over capacity, a plan to correct the problem is markedly unusual, to say the least. According to *Newsweek*, newly appointed corrections commissioner James Aiken plans to project the number of future cells needed by estimating the number of Indiana second graders, then base the projections on socioeconomic

backgrounds. "People think prisoners come out of trees, but they don't," says Aiken. "They come out of the second grade."

INFLUENZA UPDATE

The Texas Department of Health reports that Influenza A has been recovered from a University of Texas student at Austin. The student became ill November 29, 1989, after spending Thanksgiving in Houston.

Amantadine hydrochloride is effective for treatment and temporary prevention of type A influenza infection. This antiviral is most useful if given before the onset or within the first 24 hours after onset of symptoms.

WORKERS AREN'T KEEPING THEIR DRUG HABITS A SECRET

A new Gallup Poll recently revealed that one in four U.S. workers have personal knowledge of co-workers using illegal drugs on the job. The poll, commissioned by the newly created Institute for a Drug-Free Workplace, says one in three workers know of co-workers using illegal drugs before or after work. The Institute is made up of 14 of the country's largest corporations. Studies indicate that drug abuse costs up to \$60 billion a year in decreased productivity, accidents, absenteeism, medical claims and thefts.

NAME CHANGE FOR FWOMC

Fort Worth Osteopathic Medical Center is now known as the Osteopathic Medical Center of Texas. The name change became effective January 1, 1990.

Medical Center officials say the new name results from the decision to strengthen the hospital's commitment to osteopathic medicine and to focus on its strength as the leading osteopathic hospital in Texas. ■

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