

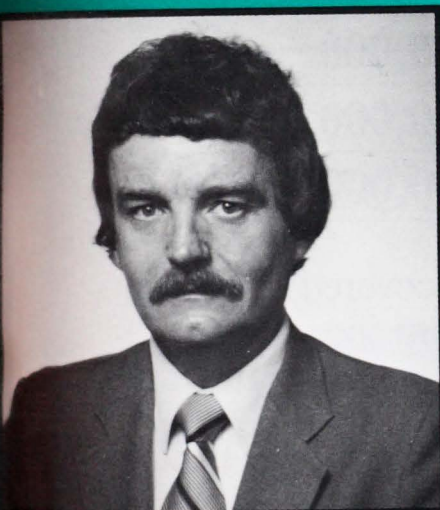
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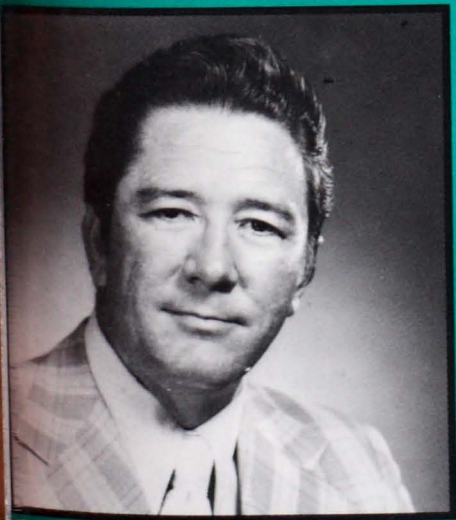
Help in Filing Medicare Claims Page 34



John H. Burnett, D.O.



Joel G. Holliday, D.O.



James W. Lively, D.O.

D.O. Members of the B. M. E.

See Page 4

\$1,000,000.00

AGE AT ISSUE	ANNUAL PREMIUM	DEATH BENEFIT
25	575	\$1,000,000
30	595	\$1,000,000
35	615	\$1,000,000
40	785	\$1,000,000
45	1,015	\$1,000,000
50	1,285	\$1,000,000
55	1,915	\$1,000,000
60	3,275	\$1,000,000
65	5,635	\$1,000,000

This is a full coverage life policy. Even suicide is covered after two years. The death benefit stays level, but the premium increases each year. The policy is paid up at age 100. Male non-smoker rates are illustrated. Female rates are lower.

817/335-6901



First City Bank Tower
201 Main Street, Suite 1450
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Coverage provided by Executive Life Insurance Co., California, policy form 220.
All other figures are based on current interest rates.

PHONE

For Your Information

OSTEOPATHIC AGENCIES

American Osteopathic Association	312-280-5800 800-621-1773
American Osteopathic Association Washington Office	202-783-3434
American Osteopathic Hospital Association	312-952-8900
Professional Mutual Insurance Company	800-821-3515
Texas College of Osteopathic Medicine	817-735-2000 Dallas Metro 429-9120 429-9121
Texas Osteopathic Medical Association	817-336-0549 in Texas 800-772-5993 Dallas Metro 429-9755
TOMA Med-Search	in Texas 800-772-5993
TOMA Insurance Program	816-333-4511

TEXAS STATE AGENCIES

Department of Human Services	512-450-3011
Department of Public Safety Controlled Substances Division Triplicate Prescription Section	512-465-2188 512-465-2189
State Board of Health	512-458-7111
State Board of Medical Examiners	512-452-1078
State Board of Pharmacy	512-478-9827
State of Texas Poison Center for Doctors & Hospitals Only	713-765-1420 800-392-8548 Houston Metro 654-1701

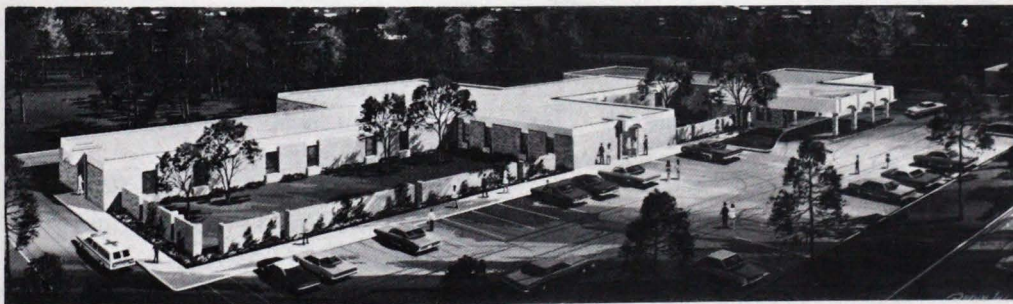
FEDERAL AGENCIES

Drug Enforcement Administration For state narcotics number	512-465-2000 ext. 3074
For DEA number (form 224)	214-767-7250

CANCER INFORMATION

Cancer Information Service	713-792-3245 in Texas 800-392-2040
----------------------------	---------------------------------------

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Governor Appoints Dr. Lively and Dr. Burnett to BME

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Tex Roberts, Editor
 Diana Finley, Associate Editor
 Lydia Anderson Smith, Staff Writer

Governor Mark White has reappointed James W. Lively, D.O., to a six-year term, and John H. Burnett, D.O., to fill the vacancy left by the death of Michael Calabrese, D.O., on the Texas State Board of Medical Examiners (BME).

In 1981, the Medical Practice Act was rewritten to specify that there would be three osteopathic physicians sitting on the BME. James W. Lively, D.O., was selected to fill the third D.O. slot in 1982 and served a three-year term ending this year. He has been reappointed for a six-year term to end in 1991.

Dr. Lively is a certified radiologist in Corpus Christi, a TOMA sustaining member, and a former member of the TOMA Board of Trustees, as well as former vice-speaker of the TOMA House of Delegates. He is currently a member of the Long Range Planning Committee and is a Texas Delegate to the American Osteopathic Association (AOA).

John H. Burnett, D.O., of Dallas, has been selected to fill the unexpired vacancy of Michael Calabrese, D.O., who passed away on July 13. This term will run until April 13, 1987. Dr. Burnett is a certified general practitioner and was inaugurated as the new AOA president this year. He has been a member of the TOMA House of Delegates for 25 years and served the AOA House of Delegates for 20 years and the AOA Board of Trustees for nine years.

He is currently co-chairman of the TOMA Professional Liability Insurance Committee and a member of the Liaison to the AOA, as well as a Texas Delegate to the AOA.

Joel G. Holliday, D.O., of Mesquite, is the third osteopathic physician on the Texas State Board of Medical Examiners. He was appointed in 1981 for a six-year term by Governor William P. Clements, Jr.

Dr. Holliday is a 1966 graduate of the Kansas City College of Osteopathic Medicine and has been in practice in Mesquite for the past 17 years. ▲

Calendar of Events

SEPTEMBER

8-14

National Osteopathic
Medicine Week



19

TOMA Districts II, V, XV Meeting
Sheraton Park Central — Arlington
Cocktails: 6:30 p.m.

Dinner: 7:30 p.m.

Speaker: Dwain L. Harper, D.O.

New Jersey College of

Osteopathic Medicine

Topic: DRGs, HMOs, PPOs and
how they will effect your
practice.

Contact: R. Greg Maul, D.O.
President-Elect
TOMA District XV
817-265-1306

27

27-29

Primary Care Update II

Texas College of Osteopathic
Medicine

Departments of CME & Medicine

TCOM Campus, Fort Worth

Fee: TCOM Affiliates \$65

TCOM Non-Affiliates \$125

CME Hours: 14 Category 1-A

Contact: Susan Larson, Director

Department of CME

Camp Bowie at Montgomery

Fort Worth, 76107

817-735-2539

30

30 — October 2

1985 AOHA/AODME Annual
Exposition

OMNI International Hotel

Norfolk, Virginia

Pre-registration Deadline — Sept. 2

Contact: AOHA

Laurie L. Behncke, Mgr.

Meetings & Conventions

55 West Seegers Road

Arlington Heights, Illinois

60005

312-952-8900

27

27-30

Annual Clinical Assembly of
Osteopathic Specialists

Sponsor: American College of
Osteopathic Surgeons

California/Town & Country Hotel
San Diego, California

Fee: Pre-Registration \$200

At-the-door \$225

Contact: ACOS

420 So. Dixie Highway

Coral Gables, Florida

33134

305-662-6676

OCTOBER

14

14-16

"Work Stress and the Role for
Health Care Delivery Systems"

Sponsors: UT at Arlington

West Chair of Private

Enterprise & Entre-
preneurship

Hospital Corporation of
America

Sheraton Park Central — Arlington

Fee: \$195

Registration Deadline — Sept. 13

CME: 17 Hours — Category 2-D

Contact: Jim Quick

UTA, Box 19467

Arlington, Texas 76019

817-273-3869

19

TOMA Board of Trustees

State Headquarters

Fort Worth

NOVEMBER

15

15-17

Medithon '85

(Multidisciplinary Seminar
devoted entirely to running
injuries)

Sponsor: University of California
American Physical Reha-
bilitation Network
with coordination by
Camp International, Inc.

Hotel Inter-Continental

San Diego, California

Contact: Medithon '85

P. O. Box 89

Jackson, Michigan 49204

Texas Delegates Report

DAVID R. ARMBRUSTER, D.O. Report on AOA Code of Ethics

The AOA Code of Ethics have been approximately three years in development for revision. The Ethics Committee met a minimum of three different times in concert with our AOA attorney, Mr. John Campbell, and our AOA Executive Director, who is also an attorney, Mr. John Perrin. It was recommended after revision and update to the Board of Trustees at its April meeting and was then submitted to the Board Reference Committees and recommended back to the Board, at which the Board voted to accept the amendments to the Code of Ethics and recommend this to the House at the AOA House of Delegates meeting in July. The revised Code of Ethics was sent to the House Committee of the Department of Professional Affairs. All testimony was heard in the Committee and the following Code of Ethics ensued.

Initially, a preamble or statement was placed in front of the Code of Ethics. Section 1 was left intact, as was Section 2; Section 3 was amended; Sections 4 and 5 were combined into a single section with amendments; previously numbered Section 6 was then made Section 5 and previously numbered Section 7 is now Section 6; previously numbered Section 8 is now Section 7; previously numbered Sections 10 and 12 were combined into a new Section 8; previously numbered Section 13 is now Section 9; previously numbered Section 14 is now Section 10; previously numbered Section 15 is now Section 11; new Section 12 is now a combination of the previous Sections 16 and 17. A new Section 13 is a combination of the previous Sections 19, 20 and 21; Section 14 is a re-write of the old Section 22; and a new Section 15 was written.

The previous Code of Ethics consisted of 23 sections; the new Code of Ethics, which has been accepted by the AOA House of Delegates, is now 15 sections, very concise and complete, with a preamble, that states:

"The American Osteopathic Association has formulated this Code to guide its member physicians in their professional lives. The standards presented are designed to address the osteopathic physician's responsibilities to others involved in health care, to patients and to society."

The new complete Code of Ethics is listed in its entirety in the report of William R. Jenkins, D.O.

FRANK J. BRADLEY, D.O. Report on Committee on Public Affairs

Again, it was my privilege to attend the American Osteopathic Association's (AOA) House of Delegates' meeting and be assigned to the Public Affairs Reference Committee. The following resolutions were discussed and action was taken:

Resolution 228 — *Chelation Therapy: presented by the Committee on Health Related Policies*

It was resolved that pending the results of thorough, properly controlled studies, the AOA does not endorse chelation therapy as useful for other than its currently approved and medically excepted uses.

PASSED

Resolution 229 — *Child Abuse: presented by the Committee on Health Related Policies*

This resolution was amended and final resolved that the AOA urge a continuing national education program relative to all aspects of child abuse.

PASSED

Resolution 230 — *Children's Safety Seats: presented by the Committee on Health Related Policies*

It was resolved that the AOA strongly supports the enforcement of child safety seats statutes and it was further resolved that the AOA recommends that all members educate their patients about the life-saving potential of child safety seats and encourage their proper use.

PASSED

Resolution 232 — *Emergency Medical Identification, Protocol and Guidelines: presented by the Committee on Health Related Policies*

It was resolved that the policy which was adopted in July 1981 by the AOA House of Delegates on "Emergency Medical Identification, Protocol and Guidelines," be reaffirmed.

PASSED

Resolution 233 — *Immunizations: presented by the Committee on Health Related Policies*

It was resolved that there be no relaxation in continuing efforts to maintain immunization levels in infants and children, and it was further resolved that the AOA continues to support the efforts of the Center for Disease Control and others that are attempting to eliminate the significant vaccine-preventable diseases of the United States.

PASSED

Resolution 240 — *Reduction of Dietary Sodium: presented by the Committee on Health Related Policies*

It was resolved that the AOA join other interested groups in increasing the awareness of the American public of the risk of hypertension and cardiovascular disease associated with diets

AOA House Meeting

that are high in sodium, and it was further resolved, that the AOA endorse the labeling of food as to sodium content.

PASSED

Resolution 245 — *Mandatory Seat Belts*

WITHDRAWN

Resolution 249 — *Medicare and Medicaid Physician Reimbursement*

WITHDRAWN

Resolution 250 — *Government Intervention in Private Practice: presented by the Maine Osteopathic Association*

It was resolved that the AOA, working through the Washington Office, recommends that intervention by third parties (medicare, medicaid and other third-party carriers) shall not penalize physicians without proper peer review and an opportunity for appeal, without prejudice or penalty.

PASSED

Resolution 253 — *AIDS Legislation: presented by the Osteopathic Physicians and Surgeons of California*

It was resolved that the AOA recommends support for the development of funds, manpower education and other resources for research and treatment of this disease and it was further resolved that every divisional society be encouraged to include in their CME topics discussions referable to AIDS.

PASSED

JOHN J. CEGELSKI, JR., D.O. Report on Committee on Public Affairs

This year, the AOA House of Delegates was quite active in the acknowledgement of the malpractice crisis. This does not come as news to us in Texas as I have announced this crisis as early as 1984 to our own House of Delegates, in giving a report on professional liability insurance. Nonetheless, the following resolution was passed.

Resolution 243 — *Malpractice Crisis: presented by the Ohio Osteopathic Association*

This resolution states:

WHEREAS, there is an acknowledged malpractice crisis; now, therefore, be it

RESOLVED, that the American Osteopathic Association implement a coordinated program to assist the osteopathic physician in areas of medical liability; such a program should include, but not be limited to, (1) a centralized information source for competent expert opinion and advice within our profession; (2) reaffirm efforts for legislative malpractice reform; (3) promote postgraduate programs on medical-legal aspects of the osteopathic practice.

Other states had similar resolutions with the same intent. I was particularly impressed with Dr. Felnee's report to the AOA Board of Trustees in regard to the increase of malpractice claims our physicians have been experiencing in the last year and to the important contributions that Professional Mutual Insurance Company of Kansas City, Missouri, is making to our profession, namely, the availability of insurance to the osteopathic profession.

We know that the rates are going up, but with the continued leadership of our AOA president, John H. Burnett, D.O.; our Bureau of Insurance chairman, Dr. Felnee, and other coordinated efforts from Elmer Baum, D.O., Council on the Federal Health Program, we should bring about a great emphasis on tort reform in Washington. I feel that this progress will be of a satisfying nature when experiencing our future increased rates for our physicians in Texas.

GERALD P. FLANAGAN, D.O.

Report on Joint Board/House Budget Review Committee

The Joint Board/House Budget Review Committee of the American Osteopathic Association met at the House of Delegates meeting on July 21, 1985.

After careful review of the budget report, the committee has the following findings:

For the first time in my recollection, there was a certified audit of the AOA available to the committee for perusal. This was certainly an asset as far as the fiscal relationships of the AOA to the members of the House Budget Committee, as well as the divisional societies of the AOA.

The format had been upgraded so it was meaningful and germane to the members present. I feel this is to the accolade of the comptroller, Ronald J. Bourdi. It would appear from the statements that the AOA has made a settlement with the Internal Revenue Service relative to prior IRS challenges for the association. In fact, the budget reflects that there has been a payment from the government in the amount of approximately \$400,000 rebate relative to the income tax evaluation. Also, the budget reflects a \$256,000 interest payment due from the United States Government.

The committee determined that the AOA is on a sound fiscal basis. Hopefully, this will reflect in services to and for the profession. One item in the amount of \$76,000 was questioned by the committee, but this was explained that the Board had made a grant for \$76,000 to research. The name and number was not delineated, but the committee accepted it as a fact.

This report is written by W. R. Jenkins, D.O., committee member; Donald M. Peterson, D.O., committee alternate; and delegates monitoring the committee proceedings were Robert G. Maul, D.O. and Jerome L. Armbruster, D.O.

The majority of the actions taken by the House of Delegates are in response to resolutions that have gone through a Reference Committee. At that Reference Committee, all the delegates had the opportunity to express their opinions of the resolutions. The Reference Committee then reports back to the House of Delegates with their additions and deletions to the House and the House then takes actions on the recommendations.

The following resolutions were considered by the Committee on Professional Affairs and were reported to the House for action.

Resolution 202 — *Goals and Objectives of the AOA: presented by the AOA Board of Trustees*

This resolution was amended somewhat to specify that toward attainment of the AOA goals and objectives, increased public recognition to promote broader access to osteopathic care be initiated.

PASSED

Resolution 203 — *Osteopathic Medicine in Foreign Countries: presented by the AOA Board of Trustees*

This resolution was amended moderately to resolve that it shall be the correlative policy of the AOA to discourage its members from participating in foreign medical education programs, wherein the individuals seeking further training do not already possess a legitimate complete foundation in medical education.

PASSED

Resolution 205 — *Code of Ethics: presented by the AOA Board of Trustees*

It was resolved that the revised AOA Code of Ethics be approved as written below:

SECTION 1

The physician shall keep in confidence whatever he may learn about a patient in the discharge of professional duties. Information shall be divulged by the physician when required by law or when authorized by the patient.

SECTION 2

The physician shall give a candid account of the patient's condition to the patient or to those responsible for the patient's care.

SECTION 3

A physician-patient relationship must be founded on mutual trust, cooperation, and respect. The patient, therefore, must have complete freedom to choose his physician. The physician must have complete freedom to choose patients whom he will serve. However, the physician should not refuse to accept patients because of the patient's race, creed, color, sex, national origin, or handicap. In emergencies, a physician should make his services available.

SECTION 4

A physician is never justified in abandoning a patient. The physician shall give due notice to a patient or to those responsible for the patient's care when he withdraws from the case so that another physician may be engaged.

SECTION 5

A physician shall practice in accordance with the body of systematized and scientific knowledge related to the healing arts. A physician shall maintain competence in such systemized and scientific knowledge through study and clinical applications.

SECTION 6

The osteopathic profession has an obligation to society to maintain its high standards and, therefore, to continuously regulate itself. A substantial part of such regulation is due to the efforts and influence of the recognized local, state and national associations representing the osteopathic profession. A physician should maintain membership in and actively support such associations and abide by their rules and regulations.

SECTION 7

Under the law a physician may advertise, but no physician shall advertise or solicit patients directly or indirectly through the use of matters or activities which are false or misleading.

SECTION 8

A physician shall not hold forth or indicate possession of any degree recognized as the basis for licensure to practice the healing arts unless he is actually licensed on the basis of that degree in the state in which he practices. A physician shall designate his osteopathic school of practice in all professional uses of his name. Indications of specialty practice, membership in professional societies, and related matters shall be governed by rules promulgated by the American Osteopathic Association.

SECTION 9

A physician shall obtain consultation whenever requested to do so by the patient. A physician should not hesitate to seek consultation whenever he himself believes it advisable.

SECTION 10

In any dispute between or among physicians involving ethical or organizational matters, the matter in controversy should first be referred to the appropriate arbitrating bodies of the profession.

SECTION 11

In any dispute between or among physicians regarding the diagnosis and treatment of a patient, the attending physician has the responsibility for final decisions, consistent with any applicable osteopathic hospital rules or regulations.

SECTION 12

A physician has an obligation to reveal to the proper authorities those physicians who are deficient in required competence or whose conduct is unethical or illegal.

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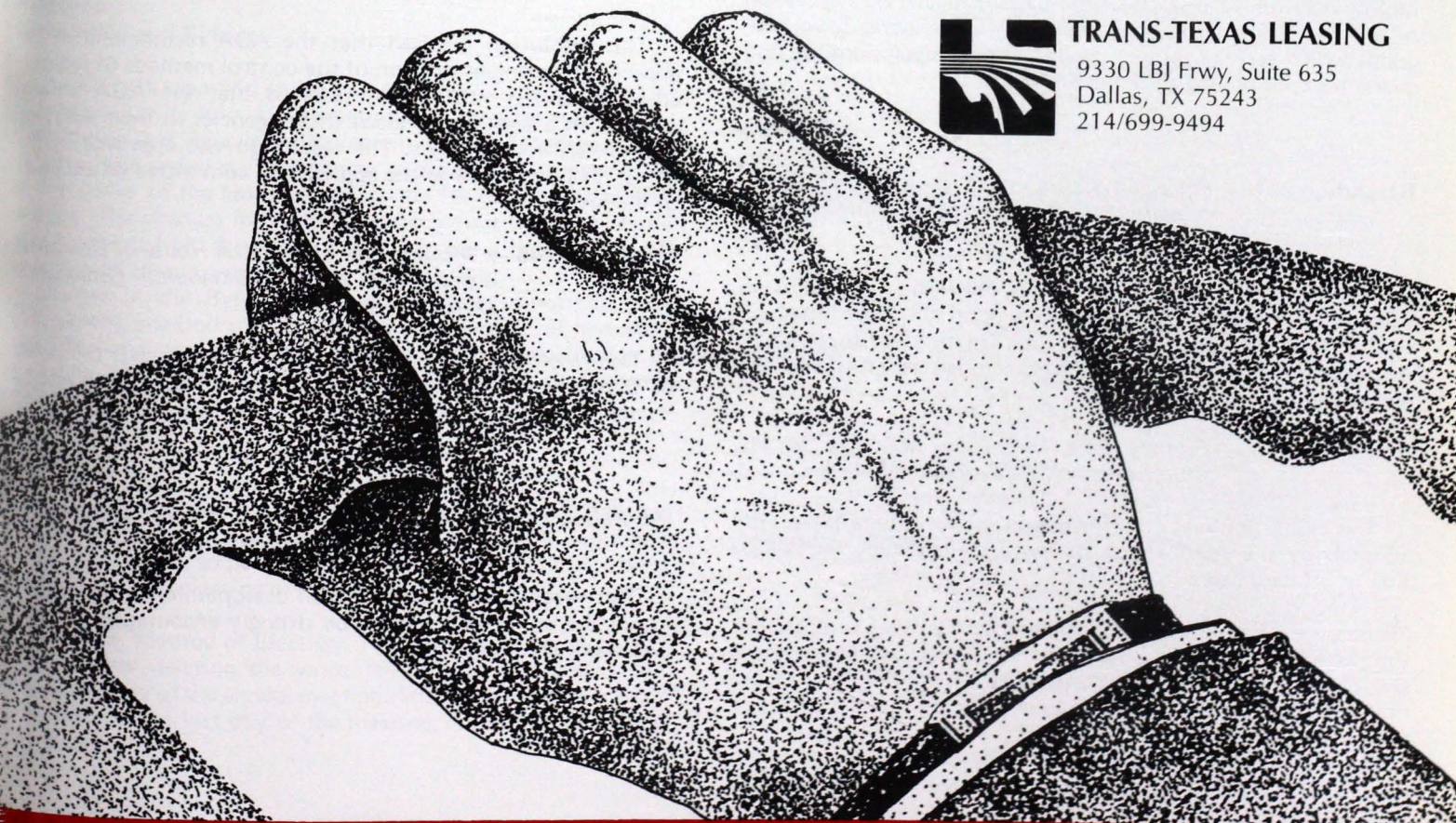
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SECTION 13

Any fee charged by a physician shall compensate the physician for services actually rendered. There shall be no division of professional fees for referrals of patients.

SECTION 14

A physician shall respect the law. When necessary a physician shall attempt to help to formulate the law by all proper means in order to improve patient care and public health.

SECTION 15

In addition to adhering to the foregoing ethical standards, a physician should whenever possible participate in community activities and services.

PASSED

Resolution 224 — *Advertising by Physicians: presented by the Committee on Health Related Policies*

This resolution is a statement to make the policies of the AOA in line with the new FTC rulings and is covered by the new Code of Ethics.

PASSED

Resolution 231 — *Confidentiality of Patient Records: presented by the Committee on Health Related Policies*

This resolution is a reaffirmation of the "Confidentiality of Patient Records" adopted in July, 1980 by the AOA House of Delegates. It was amended slightly to read that recent litigation has further threatened the confidentiality of the patient record by permitting access to PRO and other reviewing agencies under the Freedom of Information Act and it resolves that the AOA oppose invasion of privacy of the patient record by any person or agency. It further resolves that the AOA endorse those programs which seek to protect patient/physician relationships and guarantee confidentiality of patient records.

PASSED

Resolution 237 — *Physician Assistants in Osteopathic Hospitals: presented by the Committee on Health Related Policies*

This resolution which dealt with Physicians Assistants in osteopathic hospitals was referred back to the Committee on Health Related Policies and to the Committee on Hospital Accreditation for revision and the report is to be returned at the meeting at next year's House.

Resolution 238 — *Primary Care, Definition: presented by the Committee on Health Related Policies*

This resolution was a reaffirmation of the July, 1980 policy adopted by the AOA House of Delegates regarding the definition of primary care:

"Primary care osteopathic physicians devote their professional time to providing the management for continuous comprehensive health care. Osteopathic medicine has traditionally recognized that all specialty services flow from the fundamentals of general practice."

PASSED

Resolution 239 — *Radiologists, Payment: presented by the Committee on Health Related Policies*

This resolution resolved that the AOA support the position that the radiologist is an independent practitioner who has the right to establish his method of practice and reimbursement, regardless of the site of his practice, consistent with usual, customary and reasonable charges for services.

PASSED

Resolution 241 — *Second Opinion, Surgical Cases: presented by the Committee on Health Related Policies*

This resolution was amended somewhat to resolve that the AOA and its affiliates will best serve the interests of the patient by ensuring that those entities administering voluntary second surgical opinion programs have knowledge of all physicians qualified to render second opinions and it was further resolved that this resolution in no way advocates the institution of any mandatory second surgical opinion programs, by any entity.

PASSED

Resolution 243 — *Malpractice Crisis: presented by the Ohio Osteopathic Association*

This resolution was amended slightly and final resolved that the AOA implement a coordinated program to assist the osteopathic physicians in areas of medical liability; such a program should include, but not be limited to, (1) a centralized information source for competent expert opinion and advice within our own profession; (2) reaffirm efforts for legislative malpractice reform; (3) promote postgraduate programs on medical-legal aspects of osteopathic practice.

PASSED

Resolution 244 — *Drug Control: presented by the Ohio Osteopathic Association*

This resolution resolved that the AOA recommend to the appropriate agencies revision of the control methods of scheduled drugs and it was further resolved that the AOA actively embark on a program to assist these agencies in their endeavor and to facilitate changes. The resolution was approved by the House to be referred to the appropriate committee on adoption of the program.

Resolution 246 — *Meeting Site of the AOA House of Delegates: presented by the Oklahoma Osteopathic Association*

This resolution was amended to final resolve that the House of Delegates of the American Osteopathic Association rescind its policy to meet on alternate years in the City of Chicago.

PASSED

Resolution 247 — *Uniformed Services Licensing: presented by the Small States Federation*

This resolution resolved that all osteopathic physicians serving in the uniformed services be strongly encouraged to obtain and maintain a state license.

PASSED

This year's meeting of the House of Delegates was very interesting and very well organized. It was the opinion of the Texas Delegation that in all probability the meeting could be performed in one less day and the House, as you know, has concurred with that. The meeting in Dallas, instead of occupying three days of the calendar, will only occupy two days.

S/D J. J. JONES
TCOM Student Council President
Report on
Ad Hoc Committee

Resolution 236 — *Osteopathic Medicine Week: presented by the Committee on Health Related Policies*

This resolution resolved that the AOA Board of Trustees allocate on an annual basis an appropriate amount of funds for specific use by the AOA Department of Public Relations for planning, promotion, and execution of National Osteopathic Medicine Week.

PASSED

Resolution 252 — *AOA/NOF Student Loan Fund: presented by the Council of Student Council Presidents*

This resolution resolved that the AOA reaffirm it's commitment to the education of osteopathic medical students by including a space for a voluntary contribution of twenty-five (25) dollars to the AOA/NOF student loan program on their AOA dues collection form.

PASSED

JAMES W. LIVELY, D.O.
Report on
Constitution and Bylaws

The Constitution and Bylaws Committee of the AOA House of Delegates in its July, 1985 meeting considered changes to the Constitution and Bylaws to implement the House's direction in its July, 1984 meeting. The changes in the bylaws accommodated the desire of the House to revise the format for the annual meeting. The changes in the Bylaws also permit the AOA House of Delegates to hold their annual meeting over a two day period, as compared to our previous three day meetings.

Changes in the Bylaws involved the areas concerned with nominations, method of election and introduction of new business. The changes are as follows, though not specifically as appearing in the Bylaws. This is a narrative of the changes and their effects.

ARTICLE VI — Elections

Section 2, Nominations. This area of the Bylaws was changed, deleting the phrase "on the second day of the annual meeting", rephrasing this area to permit nomination of officers at any time during the annual meeting of the House.

Section 3, Method of Election. There was an editorial change in this Bylaw deleting the word "third" day and adding the word "last" day of the annual meeting. This permits the elections to be held on the last day of the meeting, not limiting it to one certain day.

ARTICLE V — House of Delegates

Section 7, New Business. This was a resolution proposed by the Texas Osteopathic Medical Association. The proposed change would have deleted Section 7 in its entirety. Section 7 did not permit any new business to be introduced on the last day of the meeting of the House of Delegates. As amended, Section 7 of Article V now permits business to be introduced on the last day of the meeting of the House of Delegates, providing the introduction is approved by two-thirds of the members of the House seated on that particular day and provided that a minimum of two-thirds of the registered delegates are present.

This concludes my report on the Constitution and Bylaws Committee of the House of Delegates of the AOA.

ROYCE K. KEILERS, D.O.
Report on
Ad Hoc Committee

This year I was appointed by the Speaker of the House to serve on the Ad Hoc Committee. Following is a summary of some of the actions taken by the House and resolutions referred to this committee.

Resolution 208 — *Corporate Employer: presented by the Colorado Society of Osteopathic Medicine*

This resolution was submitted making it unethical for an osteopathic physician to practice medicine while in the employment of a corporation. This was disapproved and referred to the legal department for study of possible legal implications.

DISAPPROVED

Resolution 209 — *AOA Authorized Sponsor Program for Category 1-A CME: presented by the Missouri Association of Osteopathic Physicians and Surgeons*

This resolution resolved to disapprove the approval manual for sponsors of AOA CME Category 1-A, issued October 31, 1984 and urged the Association to withdraw the aforesaid document and direct the AOA Committee on CME to continue the AOA CME program on the same basis as that exists heretofore.

DISAPPROVED

Resolution 210 — *Quality Health Care: presented by the Missouri Association of Osteopathic Physicians and Surgeons*

This resolution resolved that the AOA take the position that cost of health care should not be the primary concern in providing quality health care to the Medicare public and that the Association go on record to assure such information is provided to the Congress of the United States.

PASSED

Resolution 211 — *AOA Advertising Services: presented by the New Jersey Association of Osteopathic Physicians and Surgeons*



This resolution outlined an advertising program. Specifically, this motion was denied with an explanatory statement that it is currently being met under the PR budget and program.

DISAPPROVED

Resolution 216 — *Difficult Pain Management — School Curriculum: presented by the New Mexico Osteopathic Medical Association*

This resolution recommended that the AOA direct medical school curriculums to include instruction of physicians in the management of difficult pain problems, with emphasis on the multi-disciplinary aspect of this management. This resolution was denied with the explanatory statement that this is in conflict with the accreditation standards of the AOA.

DISAPPROVED

Resolution 221 — *Central Office: American Osteopathic Association: presented by the Pennsylvania Osteopathic Medical Association*

This resolution resolved that the AOA conduct a feasibility study to relocate its central offices from Chicago, Illinois to the Washington, D. C. area.

PASSED

The following resolutions underwent their periodic review and were actually reaffirmations of previous resolutions.

Resolution 225 — *Autonomy, Osteopathic: presented by the Committee on Health Related Policies*

This resolution basically states the osteopathic school of medicine, in the best interest of providing the best possible health care to the public, shall maintain its status as a separate and complete school of medicine.

PASSED

Resolution 234 — *Medical Care Cost Containment: presented by the Committee on Health Related Policies*

It was resolved that the AOA recommend that educational programs for osteopathic medical students, interns, residents and practicing physicians should include medical staff utilization and cost-effectiveness in the curricula. It further resolved that the professional staff members of every osteopathic hospital should continue to improve utilization review programs for all patients, consistent with sound osteopathic medical practice.

PASSED

Resolution 242 — *Sudden Infant Death: presented by the Committee on Health Related Policies*

It was resolved that the AOA urge maximal resources and efforts to be concentrated on medical research into prevention and causes of sudden infant death syndrome and it was further resolved that information be made available to the public on the nature of sudden infant death syndrome and proper counseling be available to families who lose infants to this disease.

PASSED

**BILL H. PURYEAR, D.O.
Report on
Committee on Public Affairs**

Resolution 201 — *Gatekeeper Concept: presented by the AOA Board of Trustees*

This resolution resolves that if a capitation system is enacted by the Federal Government, a "gatekeeper" approach to patient care be investigated to ensure continued availability of osteopathic care, while encouraging sensitivity to the cost of that care. This resolution was referred back to the appropriate committee.

Resolution 204 — *Seat Belts — Policy Statement: presented by the AOA Board of Trustees*

This resolution was amended slightly to resolve that the AOA recommend that auto makers in the United States expedite installation of passive restraints in autos and promote laws requiring mandatory seat belt use and it also resolved that the AOA recommend that the United States Department of Transportation expedite rules to protect the lives of United States Citizens by promoting both mandatory seat belt usage and passive restraints by 1986, with final resolve being that the individual state legislatures establish laws requiring mandatory seat belt usage and passive restraints in automobiles.

PASSED

Resolution 212 — *Cigarette Smoking: presented by the New Jersey Association of Osteopathic Physicians and Surgeons*

This resolution dealt with the AOA endorsing appropriate measures discouraging or prohibiting cigarette advertising.

DISAPPROVED

Resolution 213 — *Ethical and Sociological Considerations for Medical Care: presented by the New Jersey Association of Osteopathic Physicians and Surgeons*

This resolution resolved that the Congress and the Department of Health and Human Services consult the osteopathic and allopathic medical profession to determine the necessary, proper and acceptable role of government in ethical and sociological matters.

PASSED

Resolution 218 — *Medicare/Medicaid Freeze: presented by the New Mexico Osteopathic Medical Association*

This resolution resolved that a maximum effort should be done at the national level in order to prevent an extension of this freeze.

WITHDRAWN

Resolution 220 — *Alternative Health Care Plans — Exclusionary Policy: presented by Pennsylvania Osteopathic Medical Association*

This resolution final resolved that the AOA act to insure that no licensed osteopathic physician be excluded from any alternative health care plan.

PASSED

Resolution 222 — *Malpractice Insurance: presented by the Pennsylvania Osteopathic Medical Association*

This resolution was slightly amended and final resolved that the AOA, through its legislative committee and its Washington Office, seek relief from the high costs of malpractice insurance through passage of legislation covering such litigation through a system similar to the current Workmen's Compensation Laws.

PASSED

Resolution 226 — *Cancer: presented by the Committee on Health Related Policies*

This resolution resolved that the AOA recognize, endorse and approve the goal of the national cancer program and the efforts of the National Cancer Institute to develop means to reduce significantly the incidence of cancer in man and the suffering and death resulting from cancer, and it further resolves

that information gained from research activities on the applications of the latest advances in cancer prevention and control be disseminated as rapidly as possible to the medical community and the public it serves.

PASSED

Resolution 227 — *Cardiopulmonary Resuscitation: presented by the Committee on Health Related Policies*

This resolution resolved that the AOA go on record as supporting in every way possible instruction in CPR techniques to the general public and it further resolved that the AOA make every effort to qualify member physicians as instructors in Advanced Cardiac Life Support so as to enable them to teach CPR courses in schools, at churches and other organizations on a voluntary basis.

PASSED

D.O.s Excluded From East Texas HMO Plan

Health Maintenance Organizations (HMOs) are fast becoming the alternative to existing insurance policies, due to the rapid escalation of health care costs. One such example is the new "East Texas Health Plan", which went into effect in May in Tyler, serving all of Smith County. 152 physicians are currently participating in the plan, which equals 75 percent of all practicing physicians in Smith County. The Smith County Medical Society says there are about 285 doctors in the county, but not all are in practice. Some are in research, education or in public health fields and do not have family practices.

Since the plan is owned in part by physicians, patients must choose one of the participating physicians for health care. When a member patient visits a member doctor, the patient pays only \$3.00 per visit; however, if a person elects to treatment from a non-member doctor, the patient pays the normal charge. These rates are based on the high option plan. Under the low option plan, the patient has a lower premium but must pay \$100 deductible for hospital fees and \$5.00 per visit in comparison to \$3.00 under the high option plan.

Currently, the plan only includes physicians and patients in Smith County, but plans are to expand to other parts of East Texas after the Smith County area is serviced. The plan is hoped to be effective in the Longview area by October 1, 1985.

This plan might well sound like good news for phy-

sicians and patients in Smith County, however, one group of physicians who were not invited to join in the plan are the doctors of osteopathy. Not one D.O. was asked to join, and Doctors Memorial Hospital, Tyler's osteopathic hospital, is one of the facilities that the East Texas Health Plan will not use for health care. The hospital does not know why they were not invited to join and the assistant administrator said they would have been happy to have been considered.

The chief executive officer of the plan said that since most of the osteopathic surgeons do not have privileges at the three hospitals the plan does include, which are Mother Frances, Medical Center and the University of Texas Health Center at Tyler, D.O.s were not included in the plan. However, since the majority of the osteopathic surgeons utilize Doctors Memorial Hospital, it is doubtful that they would join the plan, if invited, since it would not include the hospital at which they practice.

The plan considers that the "three major hospitals" included are more than adequate for the time being.

One osteopathic physician in Smith County commented that he thought HMO's are well worth their while, however, leaving osteopathic physicians out of the East Texas Health Plan will mean that the physicians participating in the plan will be making all the money.

TOMA currently has 17 practicing osteopathic physicians in Smith County.▲

TEXAS TICKER TAPE

ANIMAL WELFARE ACTIVISTS STAGE SIT-IN AT NIH

The National Institutes of Health (NIH) was recently subjected to a sit-in and hunger strike by animal welfare activists. The protesters took to the halls of NIH criticizing the treatment of laboratory animals in federally-funded biomedical research projects. Participants in the strike were particularly incensed about a head injury research project taking place at the University of Pennsylvania involving the use of primates. The protesters left NIH after the Department of Health and Human Services (HHS) Secretary Margaret Heckler announced the suspension of funds pending review.

TMF ELECTS NEW PRESIDENT

The Austin-based Texas Medical Foundation (TMF) recently elected John M. Smith, Jr., M.D., as the new TMF president. Dr. Smith, a family practitioner, hails from San Antonio. He is a past Texas Medical Association president and served as chairman of the Board of Trustees for five years. His election followed the resignation of Dr. W. Gordon McGee, an El Paso pathologist, who had held the position for eight years.

TMF is the federally designated peer review organization (PRO) for Texas and is responsible for evaluating the medical necessity of hospitalization for Medicare patients.

PMIC PRESIDENT AVAILABLE FOR MALPRACTICE INSURANCE UPDATES TO TOMA DISTRICT SOCIETIES

Joe Chilton, President, Professional Mutual Insurance Company is willing to come to Texas to speak to the TOMA District Societies at their meetings this fall. He has information on the malpractice insurance crisis in Texas as well as nationwide. PMIC insures most of the D.O.s in Texas.

If interested, please call the TOMA State Headquarters at 1-800-772-5993 or PMIC at 1-800-821-3515.

AACOM RECEIVES GRANT

The American Association of Colleges of Osteopathic Medicine (AACOM) has been awarded a grant of \$593,611 to aid disadvantaged individuals who are interested in entering and graduating from health career schools.

SWITCH OF DRUGS TO OTC STATUS

Diphenhydramine hydrochloride can now be marketed over-the-counter (OTC) as an antihistamine. Previously, it has been marketed OTC as an antitussive and as a nighttime sleep aid. This switch is a result of Federal Drug Administration's (FDA) confirming the recommendation of its Advisory Review Panel on OTC Cough, Cold, Allergy, Bronchodilator and Antiasthmatic Drug Products in a notice of proposed rule-making in *The Federal Register* of January 15, 1985, (50 FR 2220).

The Agency also has recommended that dexchlorpheniramine maleate be switched to OTC status, however, this drug cannot be sold OTC until comments are evaluated.

TDHR CHANGES NAME

Effective August 26, 1985, the Texas Department of Human Resources has changed its name to the Texas Department of Human Services.

HCFA ADMINISTRATOR RESIGNS

Carolyn Davis, Ph.D., who has served as administrator of the Health Care Financing Administration (HCFA) for four and one-half years, which incidentally is the longest tenure in the HCFA position, made especially difficult by the numerous changes in Medicare and Medicaid, resigned on August 9. Her future plans are to seek an academic post. Selection of her successor will be made quickly and will have to be confirmed by the Senate.

HHS SECRETARY HECKLER SEEKING NEW HCFA ADMINISTRATOR

Since the resignation of HCFA Administrator Carolyn Davis on August 9, the Department of Health and Human Services (HHS) Secretary Margaret Heckler has been busy seeking appropriate candidates for the position. Prospects in mind are White House health policy advisor William Roper, M.D.; Sheila Burke, deputy chief of staff to the Senate Majority Leader; former New York State Blue Cross-Blue Shield president Sheila Smythe; Helen Cummings, vice president of Hospital Corporation of America; and William Ryan, Johnson & Johnson vice president.

TEXAS Ticker Tape

MALPRACTICE BILL RE-INTRODUCED

A major medical malpractice bill, the Medical Offer and Recovery Act (HR3084) has been re-introduced since it's original introduction last spring. To summarize, this bill would hopefully prevent patients from suing for malpractice as well as not assigning blame or require court litigation to settle medical malpractice claims. The bill proposes that providers (hospitals and physicians) initiate a commitment to pay a patient's net economic loss in cases where negligence appears evident.

Viewed as a voluntary model, if states do not enact similar legislation, the benefits of the bill will be available to beneficiaries of federal health programs.

OUTPATIENT DRGS LEGISLATION INTRODUCED

Senator David Durenberger, chairman of the Senate Finance Health Subcommittee, in noting the differences between payments for such procedures as cataract surgery and varicose vein removal in various settings, (e.g. Medicare pays an average of \$1,500 for inpatient cataract surgery; \$750 for surgery center care; and \$2,200 for outpatient treatment), has introduced legislation proposing that Medicare payments for an estimated 150 outpatient surgical procedures be made prospectively. The legislation also states that payments could not exceed the amount paid for inpatient services. Surgery centers would receive more money while outpatient departments less under this proposal; however, as medical technologies continue to advance, the number of certified outpatient procedures will increase.

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MEDICARE PREADMISSION CERTIFICATION

The Texas Medical Foundation (TMF) presently pre-certifies six frequently performed surgical procedures, which are total hysterectomy; unilateral inguinal herniorrhaphy; total knee replacement; cholecystectomy; blepharoplasty; and transurethral resection of the prostate. When these procedures are performed electively, preadmission certification is required. If the procedure is of an emergency nature, no precertification is needed; however, the emergency nature of the surgery must be documented.

All of these cases are reviewed retrospectively, whether they received precertification or not. In all instances, documentation in the medical records must substantiate the need for the surgery.

SELECTION OF MEDICARE PRINCIPAL DIAGNOSIS IN CHRONIC CONDITIONS

The principal diagnosis is defined as the condition which is determined after study to be the cause of admission. The condition resulting in admission is usually acute, making selection of the principal diagnosis clear cut. But sometimes, admission is caused by an exacerbation of a chronic disease.

Some of the most common of such admissions are those for acute exacerbations of chronic obstructive pulmonary disease (COPD). When a patient is admitted for the exacerbation of COPD and **no other acute process is present** (acute pneumonia, acute bronchitis, etc.), the principal diagnosis is the COPD (code 496). However, when an acute process such as acute bronchitis or pneumonia is present, the principal diagnosis becomes the acute pneumonia or bronchitis causing admission.

MEDICARE RECONSIDERATIONS HELD AT ALTERNATE SITES

In the past, hearings on reconsiderations resulting from PRO denials were conducted in the TMF Regional Offices. However, an alternate site for the hearing may be selected for the convenience of hospitals, patients, and attending physicians, if the site is agreeable to both TMF and the other parties involved. This policy has been implemented to limit time away from work for hospital staffs and physicians, as well as to provide greater flexibility in scheduling reconsideration hearings.

TEXAS Ticker Tape

PARTICIPATING PHYSICIANS CORNERING MEDICARE MARKET

HCFA administrator Carolayne Davis, before resigning her post on August 9, informed the House Commerce Health Subcommittee that participating physicians, those who accept assignment in all cases, are gaining a larger share of the Medicare community. She went on to comment that the over-all assignment rate is continuing to rise with a 66.8 percent rate in the first quarter of 1985, which is a 2.9 percent rise from the previous quarter.

MILITARY HOSPITALS MAY BE SUBJECT TO PRO REVIEW

William Mayer, M.D., Assistant Secretary of Defense for Health Affairs, has devised a plan whereby the military's 168 hospitals will undergo quality of care review by peer review organizations (PROs). If this plan is enforced, it should prove to be a tremendous booster in building confidence in the quality of military health care.

CCOM ANNOUNCES MEDICAL PRACTICE FELLOWSHIPS

The Chicago College of Osteopathic Medicine (CCOM), Chicago, Illinois, has announced the establishment of Medical Practice Fellowships, designed to meet the needs of physicians who need to relearn skills, develop new competencies or simply update their knowledge.

The program is directed to practicing physicians who wish to enhance or expand their skills in all clinical areas; physicians who have been away from clinical practice for one reason or another; and impaired physicians.

Individually designed programs are developed after an assessment is made by the applicant, Ward E. Perrin, D.O., Associate Dean of Continuing Education, and the faculty. Periodic evaluations occur during training time and post-training evaluation is also assessed. Individual fee structures are negotiated with the Office of Continuing Medical Education depending on the length of the program.

For further information, please contact: Ward E. Perrin, D.O., Associate Dean of Continuing Education, CCOM, 5200 South Ellis Avenue, Chicago, Illinois 60615 or call 312-947-4983.

FDA APPROVES MARKETING OF THC DRUG

The first drug containing the active ingredient in marijuana, delta-9-tetrahydrocannabinol (THC) in synthetic form, which is the principal psychoactive substance in marijuana, has been approved by the Food and Drug Administration (FDA) for the treatment of nausea and vomiting in patients due to cancer chemotherapy.

Unimed, a Somerville, New Jersey manufacturer, will be marketing the drug called dronabinol (Marinol), after approval from the Drug Enforcement Administration (DEA). The drug was tested in the 1970's and for nearly five years has been available to cancer patients under a controlled federal distribution system monitored by the National Cancer Institute.

A prescription from a DEA-licensed physician will be required to obtain the drug, however, the DEA must now reclassify the legal status of products containing THC under the Controlled Substances Act. THC and marijuana are presently classified as Schedule 1 drugs, along with heroin and other abused drugs that have shown no medical value. FDA action with DEA approval will now move THC into Schedule II, which are drugs of potential abuse, but have accepted medical uses. According to the DEA, the category change will hopefully take only two or three months.



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TEXAS TICKER TAPE

LEGISLATORS BEGINNING TO TAKE MALPRACTICE CRISIS SERIOUSLY

Legislators in several states, Florida, Illinois, and New York, where the liability crisis has been extremely severe, have joined several states in adopting tort-reform packages this year. This seems to indicate that legislators are becoming less sympathetic to lawyers where medical malpractice issues are concerned. Legislators in those states approved several measures such as sliding scales for attorney's fees and periodic payments of large awards, however, lawyers managed to kill proposals to cap non-economic awards.

TEXAS TRIAL LAWYERS OPPOSE MOST LIABILITY BILLS

The Texas Legislature defeated most bills involving professional liability leaving real fear for the professional liability insurance crisis. Two bills that were passed permits the state to defend those physicians who work under state contracts and the other involved im-

munization, in that if the physician properly administered a vaccine, his or her liability in a malpractice suit would be limited.

Defeated legislation involved such topics as frivolous lawsuits, notifying a physician 60 days prior to a suit, structured awards and others.

Most of the bills died in committees in the House of Representatives due to extreme opposition from the Texas Trial Lawyers Association.

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Texas State ACGP Membership Benefits and Goals

By Douglas R. Sharp, D.O.
*Immediate Past President
Texas Society ACGP*

There has been confusion in our profession regarding specialties, subspecialties, etc., and confusion within those organizations. I would like to make clear the purpose and goals set by the Texas State Society of the American College of General Practitioners in Osteopathic Medicine and Surgery (Texas ACGP.)

The general practitioner is the backbone of the osteopathic concept of osteopathic medicine. General practice is a specialty group all in itself; to become certified, you must pass the examining board's test and obtain a minimum number of CME hours approved by the ACGP to maintain this distinction. You do not have to be certified to be a member of the Texas ACGP and you do not have to be a general practitioner to be a member of the Texas ACGP. Furthermore, it is not necessary to belong to the National ACGP in order to belong to the State ACGP and vice versa. Therefore, Texas ACGP membership is separate and not covered by dues in the National ACGP.

In this period of escalating prices, you might wonder why you should pay \$75.00 per year to belong to the State ACGP.

Listed below are just some of the benefits and services offered which you can see greatly outweigh the small sum of \$75.00:

The promotion and establishment of resident and preceptee training programs, which are underway, with new programs being developed; liaison between the Texas ACGP and its Zeta undergraduate chapter at TCOM; an updated study file at the TCOM library for members pursuing certification in general practice; educational programs offering post-graduate hours in Texas which help meet requirements for both National ACGP and AOA membership; public relations campaigns to make the public aware of services offered by GPs; monitoring of legislative matters; conduction of state surveys to improve GP fee schedules; selection and presentation of the "Texas GP of the Year" award; promotion and development of active departments of general practice in all osteopathic hospitals; and travel seminars outside of the U.S.A. offering CME credits.

Please take a little time to explain to your colleagues these benefits and services offered through

membership in the Texas Society ACGP. Annual dues for members during the first three years following graduation or termination of an internship or residency are as follows: 1st year, one-third of the regular dues; 2nd year, two-thirds of the regular dues; and 3rd year and thereafter, full amount of \$75.00. Members serving in the uniformed services on active duty pay one-third of regular dues until their tour of duty is completed. Dues paid to the Texas Chapter of ACGP are tax deductible. Our goal in Texas is to have the support and active participation of every osteopathic general practitioner in Texas. We need your help and support.

Many osteopathic physicians wonder why AOA certification in the field of general practice should be pursued. My answer is that a hospital staff has the power to limit its size and composition. With the anticipated physician glut in the near future, absence of certification could justify denial of staff privileges. This may not come about, but it is certainly something to consider. Also, it's obvious that there will be more physicians competing for a fixed number of hospital staff positions. With government interference in health care, it is likely that they might, at some point in the future, recommend that all physicians be certified. The handwriting is on the wall.

Please remember the following: though you are a member of the National ACGP or TOMA, please continue your membership in Texas State ACGP. You do not have to be strictly a GP or certified in general practice to be a Texas State ACGP member. Check and make sure you are a member of the Texas State ACGP. If you haven't sent in your renewal check, please do so at once.

As immediate past president of the Texas State ACGP, I encourage you to be a member and to actively support our society. If you have any questions or need more information, feel free to contact me or direct your inquiries to the Secretary-Treasurer, T.R. Sharp, D.O., FACGP, 4224 Gus Thomasson Road, Mesquite, Texas, 75150, 214-279-2453 or 214-279-4224, or ask your board members.

Materials are available to members of the Texas State ACGP through the TCOM library regarding certification information.▲

RETURN to:

T. R. Sharp, D.O.
Secretary-Treasurer
Texas Society ACGP
4224 Gus Thomasson Road
Mesquite, Texas 75150

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(Please print or type)

If additional space is needed in completing this application,
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_____ (b) who have served at least one year of internship in an intern-training hospital recognized by the American Osteopathic Association plus at least three years of general practice as an osteopathic physician and surgeon.

Are you now engaged in General Practice? Yes _____ No _____

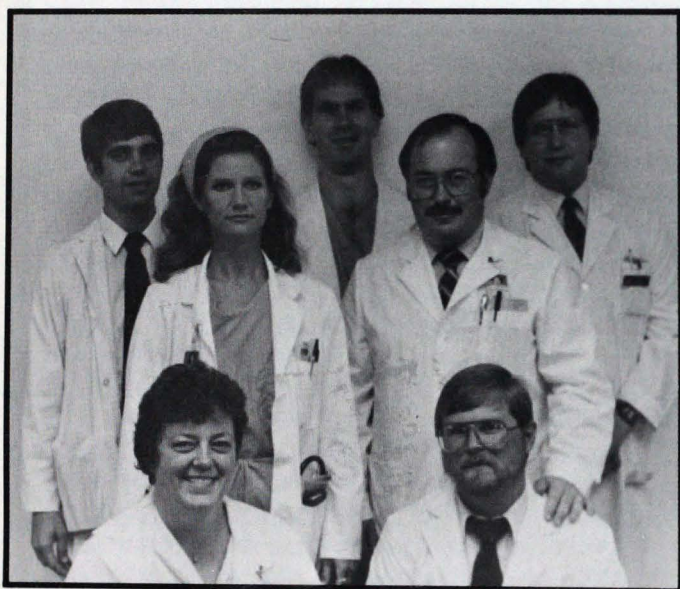
Signature _____

Hospitals Introduce New Interns

Additional recently graduated osteopathic physicians from osteopathic colleges throughout the United States who were not listed in the August *Texas DO* have arrived in Texas to begin their 12-month rotating internships at Texas hospitals and medical centers.

New 1985-86 interns are:

Dallas Family Hospital



Left to Right — front row: Gunda Kirk, D.O. and Richard D. Saunders, D.O.; Middle row: Deborah M. Fernon, D.O. and Loury D. Nero, D.O.; Back row: Charles R. Lovelace, Jr., D.O., Jerry T. Holubec, D.O. and James A. Poplawsky, D.O.

All seven of Dallas Family Hospital's new interns are 1985 graduates of TCOM, and are already hard at work since beginning their training July 1.

Deborah M. Fernon, D.O., is a native of Beaumont and earned her B.S. degree in agriculture from the University of Southwestern Louisiana.

Originally from San Antonio, Jerry Thomas Holubec, D.O., has undergraduate degrees in Biology and Medical Technology from Texas A&I University

and UT Health Science Center of Houston.

Gunda Kirk, D.O., hails from Weatherford and attended schools in both Texas and Maryland. Her undergraduate degree is in Computer Science. Dr. Kirk is also a member of the United States Army Reserve.

Charles (Chuck) R. Lovelace, Jr., D.O., calls Mesquite his home town. He graduated from UTA with a degree in Biology.

Originally from Jacksboro, Loury D. Nero, D.O., received his degree in Biology from North Texas State University.

James A. Poplawsky, D.O., is originally from Binghamton, New York. He earned his degree in Chemistry from UT San Antonio.

Hailing from El Paso, Richard D. Saunders, D.O., attended UT El Paso and Northeast Louisiana University, earning a degree in Pharmacy.

Northeast Community Hospital



Left to Right — front row: Charles Hall, D.O., Richard Hubner, D.O. and John Ansohn, D.O.; Back row: Kip Wilson, D.O., Pat Stanton, D.O. and Marcus Sims, D.O.

Six newly graduated doctors of osteopathy have begun their internship training at Northeast Community Hospital. The following are already hard at work gaining the experience required to either further their postgraduate training or begin their practices next year.

Charles Hall, D.O., born in Kirksville, Missouri, is the son of Dr. and Mrs. Richard Hall of Eden, Texas. Dr. Hall received his undergraduate pre-med degree from Angelo State University and is a 1985 TCOM cum laude graduate. While at TCOM, he was a teaching assistant in Osteopathic Principles, Practice, and Philosophy. He and his wife, Donna, are looking forward to a general/family practice in Texas in the near future.

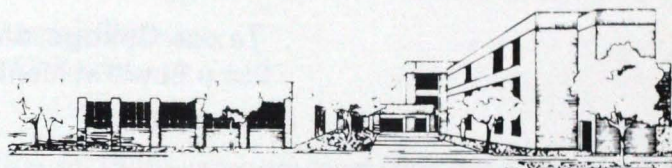
Richard Hubner, D.O., a native Texan, graduated from Lamar University with a B.S. in Biology, as well as the Physician Assistant Program at the University of Texas Medical Branch, Galveston. A 1985 TCOM graduate, he served as an Undergraduate Teaching Fellow in the Department of Manipulative Medicine while at TCOM. He is married to Karen.

Hailing from Houston, John Ansohn, D.O., received his B.S. degree in the Physician Assistant Program at Baylor College of Medicine and a Masters Degree in Psychology from the University of Houston. Graduating cum laude in 1985 from TCOM, he is also a Captain in the United States Army Reserve Medical Corps. He and his wife, Karen, have three children.

Kip Wilson, D.O., is originally from Idaho where he received his B.S. degree in Microbiology from the University of Idaho and a B.S. degree in Pharmacy from Idaho State University, where he graduated with "High Honors". A 1985 TCOM magna cum laude graduate, he and his wife, Katrinka, have three children.

A native of Oklahoma, Pat Stanton, D.O., was an honor student and received his undergraduate degree from Oklahoma State University and his D.O. degree from OkCOMS in 1985. He is single. His brother, Michael Stanton, D.O., is an anesthesiologist at Northeast Community Hospital.

Another native Texan, Marcus Sims, D.O., graduated cum laude from the University of Houston College of Pharmacy and magna cum laude from TCOM in 1985. He and his wife, Loretta, who is an elementary school teacher, are the parents of two children and plan on entering general practice in Texas.▲



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KEYNOTE ADDRESSES:

"Evaluation of the New Hypertensive Patient"
"Update in Hypertensive Therapy"

TOPICS:

PULMONARY	Evaluation of the Patient with Dyspnea Evaluation of the Persistent Cough Pulmonary Rehabilitation
INFECTIOUS DISEASE	Oral Antibiotic Therapy Upper Respiratory Infections Diabetic Foot Infections
RHEUMATOLOGY	Gonococcal Arthritis Rheumatoid Arthritis: Treatment Update Asymptomatic Hyperuricemia: To Treat or not to Treat
NEPHROLOGY	Evaluation & Treatment of Systolic Hypertension Diabetes and the Kidney Office Evaluation of Proteinuria
CARDIOLOGY	PVS's: To Treat or not to Treat Update in Angina Therapy Use of Electrophysiologic Studies
NEUROLOGY	The Shaking Patient: Parkinson's Disease or Not Multiple Sclerosis Update Transient Schemic Attacks
GASTROENTEROLOGY	Reflux Esophagitis Overview of Inflammatory Bowel Disease Therapeutic Endoscopy

CONTACT: Susan M. Larson, M.A., Director, Continuing Medical Education
Texas College of Osteopathic Medicine — 817-735-2539

Second Annual TCOM Homecoming and Reunion

By Ray Stokes, Administrative Secretary
TCOM Alumni Association

The second annual homecoming of the TCOM Alumni Association and reunion of the second class to graduate, the Class of 1975, will be held during the last week of September. The Annual Convocation will be held on Thursday, September 26, in the auditorium of Med Ed I. We would like for the alumni to attend, if at all possible, since the event is in honor of the Class of 1989, whom we will be entertaining the following evening.

As you probably recall, in 1984 we began the event of the alumni entertaining the incoming freshmen, which proved so successful, it is being continued this year. We will be entertaining the Class of 1989, the incoming freshmen, which means the alumni picks up the tab as hosts for the new freshmen and their spouses.

The first day of the homecoming/reunion will begin on Friday, September 27, and the activities and special events will kickoff at 6:00 p.m. The get-acquainted party for the new freshmen and the alumni will be held that evening at the Circle R Ranch, located on Farm to Market Road 1171, which is north of Roanoke in the Roanoke/Lewisville area. The ranch is approximately 40 miles from TCOM. Buses will pick up the participants at 6:00 p.m. sharp in the TCOM parking lot. The Circle R Ranch is a beautiful, popular and well-kept place, featuring a swimming pool, horseback riding and even it's own western fiddle band. This is an event you won't want to miss - an old-fashioned hoe-down with good food such as excellent barbequed ribs and rib eye steak, with all the western trimmings, of course. Unlimited soft drinks, wine and beer will be provided, also.

There will be dancing to the ranch's fiddle band, which is said to be excellent, and a tombstone-like shootout. The package deal is \$30 per person, which includes the bus ride, food and drinks, and the entertainment.

On Saturday, September 28, at 10:30 a.m., Cindi Azuma of News and Information Services at TCOM will conduct a guided tour through the college for the alumni who are interested in seeing all the new and progressive changes that have taken place in the last few years. This should be of particular interest to the

Class of 1975 - we have most definitely "come a long way"!

The Class of 1975 and their spouses are to be special guests of the TCOM Alumni Association at the reunion session to be held Saturday at noon at the TOMA State Headquarters, 226 Bailey Avenue. This will include a luncheon and an informal program chaired by Sam W. Buchanan, D.O., Class of '75, of course! Plan to attend and compare notes with all your former classmates.

One thing I would like to mention, particularly to the out-of-towners, is that TCOM is presenting a seminar that same weekend, "Primary Care Update II", which is a review of common clinical problems and an update on advances in therapy in the areas of neurology, rheumatology, nephrology, cardiology, gastroenterology, infectious disease and pulmonary medicine. This seminar offers 13 hours of AOA-approved Category 1-A credits. The seminar begins at 3:00 p.m. Friday and adjourns at 5:15, so it will be over in time for the alumni to attend the alumni/freshmen party on Friday night. The seminar starts up again Saturday at 8:00 a.m., adjourns at 4:40 p.m. and runs on Sunday from 8:00 a.m. to 2:00 p.m. This can give our out-of-town doctors, especially those who are coming in for the reunion, a tax write-off. For more information on the seminar, look in the calendar of events in this issue.

I would appreciate it if you would contact me and inform me what functions you will be attending no later than September 24, so all arrangements with regard to busing, food and drinks, as well as any last minute details can be worked out smoothly. You can write me at TCOM Alumni Association, P.O. Box 9526, Fort Worth, Texas 76107 or call (817) 735-2593.

I certainly hope I can count on your participation in the homecoming/reunion as we will not only honor the new freshmen, but have a good time in the process. The get-acquainted party is just that - a chance to get acquainted or reacquainted with each other. Who knows, some of these students may be in practice with you someday. This event will also give the alumni the opportunity to answer any questions or provide insight as to what it's like being an osteopathic physician in these times to the new students.

I look forward to seeing you in September!

IN MEMORIAM

Thomas W. Whittle, D.O.

Thomas W. Whittle, D.O., of Fort Worth, passed away August 12 after a long illness. He was 59. Funeral services were held at Greenwood Chapel in Fort Worth on August 15, with burial in Greenwood Memorial Park.

A TOMA member since 1956, Dr. Whittle graduated from Kansas City College of Osteopathic Medicine in 1955 and interned at Fort Worth Osteopathic Hospital from 1955-56. He had been a practicing osteopathic physician in Fort Worth since that time.

He was a certified practitioner, on the staff of Fort Worth Osteopathic Medical Center and Boule-

vard Hospital, and a clinical professor of family practice at the Texas College of Osteopathic Medicine. He served several terms as chief of the medical staff at FWOMC and had also served on the center's board of directors.

Dr. Whittle was also a Fellow of the American College of General Practitioners in Osteopathic Medicine and Surgery and in 1962, was the first osteopathic physician in the Fort Worth area to become an aviation medical examiner.

An active TOMA member, he was a sustainer, and served on the House of Delegates for 14 years.

Survivors include his wife,

Dorothy Jean Whittle of Fort Worth; two sons, Richard and David Whittle, both of Fort Worth; a daughter, Dorothy Jean Purcell of Odessa, two brothers, Carl Whittle of Norman, Oklahoma and Joe Whittle of Houston; three stepdaughters, Debra Rankin of Fort Worth and Robin Lewis and Kellie Torrence, both of Arlington; and several grandchildren and stepgrandchildren.

The family requests that memorials be made to the Thomas W. Whittle, D.O., Memorial Fund at Fort Worth Osteopathic Medical Center, 1000 Montgomery Street, Fort Worth, Texas, 76107.▲

American Terminates HCA Merger Agreement

The impending merger between Hospital Corporation of America (HCA), and American Hospital Supply Corp. of America, which was pending shareholder approval, recently reached a stalemate due to a higher takeover bid from Baxter-Travenol Laboratories, Inc. The proposed merger would have created the world's largest health care company. Baxter-Travenol produces intravenous solutions and equipment and is number one, whereas American is number three in a market that has only three producers of IV products.

American, based in Illinois, is the largest hospital supplier in the United States, controlling 25 percent of the United States hospital

supply business. Tennessee-based HCA is the largest for-profit hospital company in the United States, owning or managing more than 420 hospitals.

The offer from Illinois-based Baxter-Travenol came just two weeks before American shareholders were expected to approve the merger with HCA. Strong opposition was expressed by American's board of directors, unanimously rejecting Baxter-Travenol's proposal, claiming that American had better long-term growth potential with HCA. American's shareholders, however, were unhappy that the board turned down Baxter-Travenol's offer. Until just recently, HCA was maintaining the official position that the merger

with American still would take place.

According to industry sources, non-profit hospitals were extremely angry when American, with its strong ties to non-profit facilities, agreed with the HCA merger, since HCA is a for-profit hospital chain that competes with non-profits.

Just recently, American has terminated its merger agreement with HCA and has made its decision to merge with Baxter-Travenol. The merger must be cleared under federal antitrust laws by either the Justice Department or the Federal Trade Commission and then, of course, by the stockholders of both companies.▲

Letters

Dear Tex:

It is difficult to find words to express my appreciation for the outstanding reception given in my honor at the recent AOA House of Delegates by the Texas Osteopathic Medical Association. Mary agrees that this was the finest reception that we have ever attended at any association function. I appreciate the time and planning that you gave to make this occasion such a success.

Mary joins me in sending our best personal regards to you and Juanita.

Sincerely,
John H. Burnett, D.O., President
American Osteopathic Association

Dear Tex:

Now that the initial shock and emotional trauma have receded, I wanted to take some time to thank you for your help and support dur-

ing my dad's untimely death. I am not very experienced at this sort of thing, indeed, it is the type of thing one perpetually tries to avoid having experience in. Unfortunately, it is something which sooner or later comes to us all. I know that the funeral and your presentation of the eulogy were not very pleasant experiences for you and I felt guilty for having asked you. I felt guilty because I know that it could only be painful for you and I also know that you would not refuse.

When my brothers, my mother and I were making all the necessary arrangements for my dad's funeral the director asked what religion my dad was. We told him that dad had been a Catholic but when he assumed that we wanted the "Catholic Package" which included such things as a Catholic Service and prayers, we informed him that that would not be what dad would want.

Although dad had been born and raised a Catholic, his true religion,

indeed his way of life was that of an Osteopathic Physician. He did not just practice the profession, he *lived* it. Being an osteopathic physician was not merely a way of life for my dad, it *was* his life. In a word, he loved it. It colored every aspect of his life and as such we felt it important that it should also be a part of his death. That's why we asked you to speak for dad at his funeral.

In a sense, you are the minister of his religion and even though your title is that of Executive Director, what you represented to my dad was every bit as important as a crucifix. Once again, I want to thank you for your help and support and hope that through the years, I may be fortunate enough to have a friend such as you were to my Dad.

Sincerely,
Dennis Calabrese
(Son of Michael A. Calabrese, D.O.)

Plastic Cards Tell Medical History

A product that is predicted to ultimately sweep the nation is a wallet-sized piece of plastic, outlining your complete medical history, according to Robert Bayne, new marketing director of Probe Medi-Guard Corporation in Fort Worth.

The plastic card comes with a patented viewer that brings up information with uncanny clarity. The user first fills out a four-page

form listing immunizations records, chronic ailments, his surgical history, emergency information, physicians' comments, and any other data that the viewer can then make instantly available to a physician, hospital or ambulance attendant.

The pages are microfilmed by Probe Medi-Guard and condensed into the wallet-sized plastic card, sold together with the viewer at

drug stores and other retail establishments.

In an emergency, your medical profile can ultimately save your life since vital information needed is on hand before treatment is administered.

Inquiries as to where this product can be obtained may be directed to the State Headquarters

Alzheimer's Disease Affects 70,000 Texans

Alzheimer's disease, one of the least understood disorders affecting the brain and nervous system, as yet has no cure - but as many as 70,000 Texans have it.

The disorder, characterized by loss of memory first, and physical disabilities in its later stages, is usually seen in older people. In the past it was often termed senility, and was almost an accepted condition of growing old. It was thought of as a mental health problem, not a physical disease which medicine could cure.

"We know now that Alzheimer's disease is a degeneration of the brain. Although we do not yet know its causes, the medical community is trying to find ways to alleviate this tragic illness in the future," Dr. Robert Bernstein, Texas Commissioner of Health, said.

Only recently, the 69th Texas Legislature passed a resolution authorizing the Texas Department of Health to continue developing a statewide program to educate the victims of this disease and their families and to inform the physi-

cians and nursing home personnel who treat the victims.

This disease is the most prevalent single cause of mental deterioration in the elderly. It is said to make strangers within families, since victims lose memory of their relationships, and their spouses or children become unrecognizable. The dementia progresses to a stage at which few families are able and equipped to care for the victim.

"Usually family members have found help by placing the victim in a nursing home which has staff experienced in dealing with the illness," explained Dr. Bernstein. "We at the Department of Health hope to help the general public to better understand this tragic disorder. And as new information about treatment and possible cures emerges, we want to pass that information on to the Texas public," he said.

For further information, contact Morris Craig, Chief of Mental Health Services, Bureau of Long Term Care, in Austin.

(Reprinted from Texas Health Bulletin, June-July, 1985.)▲

Temporary Coverage Physicians

The State Headquarters receives numerous requests for names of physicians who are willing to temporarily cover other physician's practices for a fee. These requests come about for a variety of reasons, such as physicians wanting to take a long over-due vacation, a short-term illness, attendance at meetings either out-of-town or state and other such extenuating circumstances that occur at times, leaving the physician in a quandary as to whether he can leave town, or whatever the case may be, without a physician to cover for him.

Because of the volume of this type of call, the State Headquarters would like to maintain a file on physicians who are willing to engage in this type of temporary coverage.

If you are interested and able to provide this type of service, please write or call us with details and particulars, such as prices, how many hours per week you are willing to work; minimum and maximum length of time you expect to remain; what areas of the State you would be willing to cover; whether you would require a gas allowance to and from the practice site; what type of medical services you perform, (such as OB/Gyn); if you require that an agreement be made in advance for another physician to handle hospital coverage for patients, and any other pertinent information that would be necessary for this type of service to flourish.

As stated above, there seems to be a rapidly growing need for this type of coverage and the State Headquarters would certainly like to provide this service for its members.

4th Annual TCOM Alumni Book Sales

September 18-19, 1985

Atrium - Medical Education Building 1

Contact: Ray Stokes

817-735-2593

Dr. Peterson Discusses Summer Activities of TOMA Leaders



Donald M. Peterson, D.O.

Time continues to be of essence while sitting in the presidential chair. It seems I have one report in and Diana calls and says the deadline is past for another article.

On August 15, we had an Executive Committee meeting in the morning, which took place at the TOMA State Headquarters. The agenda revolved around finances and personnel.

The TOMA Board of Trustees met in the afternoon of August 15 and we discussed at length the involvement of the total state organization in the TOMA. Other items on the agenda included the data processing and computer organization in the State Headquarters, and after considerable discussion we referred some matters to the Long Range Planning Committee and the Administrative Guide Committee. Another point of interest is that we are presently in the process of appointing Board members as liaisons to all the TOMA districts.

Directly before the Board meeting began, we met with the new freshmen class at TCOM. We hosted a luncheon for them, sitting in small group settings to speak with them regarding the involvement of the state organization with their education. We also tried to impress upon these new students that they are, indeed, the lifeblood of this Association, and we want them to voice any and all of their concerns about the osteopathic profession.

The AOA House of Delegates meeting was attended by your delegation and all performed well. As you are well aware, John H. Burnett, D.O., is the newly installed president of the AOA. Re-elected as Speaker of the House was T. Eugene Zachary, D.O., and Russ Jenkins, D.O., was elected to the Bureau of Insurance. A report will be published by the attendees.

Bob Peters, D.O., is to be commended for his testimony at the Texas Department of Human Resources (TDHR) board meeting in presenting our concerns as to the vendor drug program and the mid-wife involvement in the TDHR care plan.

Joseph Montgomery-Davis, D.O., is still working on the new HCFA code and its relationship to the Medicaid billing procedure and you will be getting information on this in the near future.

Please feel free to write to me personally with regard to any problems you might have with which we can be of service.▲

AAOS Elects Dr. Tyler as "Surgeon of the Year"

James R. Tyler, D.O., was recognized as the "Surgeon of the Year, 1985" at the June annual meeting of the American Association of Osteopathic Specialists (AAOS), meeting in Atlanta, Georgia, at the Colony Square Hotel. The Fort Worth certified neurosurgeon was presented the award based on balloting throughout the Association's membership in appreciation for his outstanding contributions to osteopathic medicine through his work in the Association.

Having recently received the honorary degree of Fellow in 1981, Dr. Tyler recently retired as the Board of Governors' immediate past president. He was the guiding force that transformed the American Academy of Osteopathic Surgeons into the American Association of Osteopathic Specialists, and also led the way for AAOS to purchase its own building in the metropolitan area of Atlanta, Georgia.

A TOMA member since 1979, Dr. Tyler received his D.O. degree

from Philadelphia College of Osteopathic Medicine in 1955 and interned at Grandview Hospital, Dayton, Ohio, from 1955-56. He received his neurosurgery training at Art Centre Hospital, Kagoshima University Hospital in Japan and Kyushu University Hospital, also in Japan, from 1962-67.

Dr. Tyler is also a member of the AOA, the American College of Osteopathic Surgeons, and TOMA District II.▲

Metropolitan Hospital Honors Dr. Burnett

In honoring John H. Burnett, D.O., as the newly installed president of the American Osteopathic Association, Dallas' Metropolitan Hospital honored "someone who is giving back what they have been given," according to Dan Baker, featured speaker.

Approximately 100 friends, family and colleagues of Dr. Burnett's were in attendance when Metropolitan Hospital hosted a reception and dinner for him July 27 at the Anatole Hotel.

"Life is a gift and what you do with it is what you give back. You

"There is something strong about being a part of this group," he continued. "The power this group feels about each other — the power of giving back your concern for each other."

Baker noted that sometimes people waste their gift (of life) on things that don't matter by getting caught up with the business of life. He continued by saying that people don't have to waste their gift and to get our lives going again we need to utilize the gift that goes by our name (ourselves).

"There are extraordinary pos-

a physician and a giver of life. TOMA President Dr. Donald Peterson noted that when Dr. Burnett was president of the state association he gave Dr. Peterson his first job on the state level. Dr. Rudolph Wolf of Oklahoma, president of the American College of General Practitioners in Osteopathic Medicine and Surgery (ACGP), reported that Dr. Burnett is only the second president of that organization to become president of the AOA.

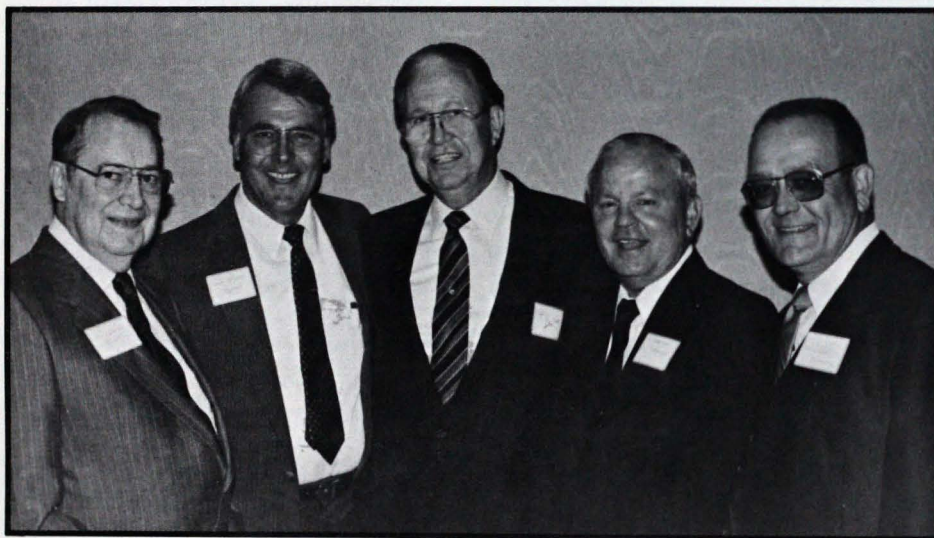
Dr. Burnett's path to the AOA's presidency has been filled with numerous professional activities and honors. A graduate of the University of Health Sciences, College of Osteopathic Medicine in Kansas City, he has served as president of both TOMA and Texas Society of ACGP, plus chairman and secretary of the American Osteopathic Board of General Practice.

He was twice honored as "GP of the Year" by the Texas Society of ACGP and in 1969 served as chief-of-staff at East Town Osteopathic Hospital. He has been a member of the TOMA House of Delegates for 26 years, the AOA's House of Delegates for 21 years and the AOA Board of Trustees for 10 years.

From 1968-1975 he was active on the executive committee of Texas College of Osteopathic Medicine and in 1984 received TCOM's coveted Founders' Medal.

Dr. Burnett is the sixth Texan to serve as president of the AOA.

Master of ceremonies for the evening was Manuel DeBusk, chairman of Metropolitan Hospital's Board of Directors. Dr. George Luibel, a former AOA president, gave the invocation.▲



Left to Right: George J. Luibel, D.O., Mr. Dan Baker, John H. Burnett, D.O., Donald M. Peterson, D.O. and T. Eugene Zachary, D.O.

are honoring someone who is giving back what they have been given. John and Mary (Dr. Mary Burnett) are givers of the earth," Baker said.

A frequent after-dinner speaker, Baker is a native Texan who believes in people. His work reflects his commitment to the fact that life is beautiful, meaningful and worthwhile.

sibilities in plain ordinary folk," he said. "We are given a momentous responsibility of giving back so much, because there is so much to give. There is a presence of some 'real good angels' in this world when there are so many givers," Baker said.

Throughout the evening Dr. Burnett's colleagues provided a looking-glass view of him as a person,

Ten Years Ago in the Texas DO

George J. Luibel, D.O., was elected president-elect of the American Osteopathic Association, which would be the first time in 35 years that a Texan had held the high office. Looking at Dr. Luibel's record, it was anticipated that his administration would be anything but uninspired. "Let George Do It" became the unofficial saying around the State of Texas.

TCOM's 1975 entering class was comprised of three women and 69 men for a total of 72 students. The average age was 21, with single students outranking the married ones by eight with 32 married and 40 single. Texas residents outranked non-Texans by 67-5. Also, that year was the first time that TCOM would be operating as a fully state supported osteopathic medical school.

The Texas Osteopathic Hospital Association (TOHA) elected Robert J. Halbrook, Administrator of East Town Osteopathic Hospital in Dallas as president. TOHA also endorsed a TOMA resolution calling for changes in the AOA hospital accreditation and inspection procedures.

A Gallup Poll took several key issues regarding the professional liability insurance crisis to the American people. The majority opinions tabulated by the poll supported proposals that had been advocated by the medical profession in Texas as elements in the solution to the problems. Results of the poll were as follows:

* The public approves (62 to 25 percent) of setting a top limit on the amount a jury can award a pati-

ent who wins a malpractice suit.

* The public approves (59 to 30 percent) of making it impossible to sue either a doctor or hospital after a period of five years following the treatment of a patient.

* The public approves (57 to 25 percent) of settling malpractice suits out of court, by an arbitration panel or committee.

* The public approves (80 to 10 percent) of fixing in advance the amount a lawyer can charge for his fee in a malpractice case.

* The public approves (85 to 7 percent) of requiring the medical profession to take more effective measures to get rid of incompetent doctors.▲

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FYI

Seat Belts,

Do They Help or Hurt You?

Some think it's safer to be thrown clear of an auto crash than to be held inside by a seat belt. Not true. The Transportation Research Institute (TRI) has found that you are 40 to 50 times more likely to die if you are thrown from the car than if you stay in it.

Another fallacy some believe is that seat belts can trap you in a burning or submerged car. TRI's studies suggest you are six times as likely to survive a car fire if you are wearing a seat belt - you can't get out if you're unconscious from the crash. Also, TRI found that out of 364 fatalities suffered in submerged cars, only five victims were restrained.

(Reprinted from ACGP Newsletter, June 1985)

CHAMPUS

and "Other Insurance"

If you have additional health insurance as well as CHAMPUS, the other insurance pays first for your civilian health care - with only two exceptions. These are Medicaid, and insurance policies that are specifically designated as being "CHAMPUS supplemental" policies.

In the case of Medicaid and CHAMPUS supplemental policies, CHAMPUS will pay first, without regard to how much the other policies pay.

An important fact to remember is that health maintenance organizations (HMOs) are considered to be "other health insurance". Therefore, if you are a member of an HMO, you must apply to the HMO first. It will then have to pay for your covered care from civilian sources before CHAMPUS will consider sharing the cost.

CHAMPUS

Shares Cost of Ultrasound

Kidney Stone Treatment

The Defense Department's CHAMPUS (Civilian Health and Medical Program of the Uniformed Services) health benefits program now shares the cost of two procedures in the treatment of kidney stones. The new benefit became effective March 15, 1985, and CHAMPUS will help pay for treatments received on or after the effective date.

The treatment - either of two procedures that use sound waves to break up kidney stones within the body so they can be passed less painfully through the urinary tract, is called "lithotripsy". One method (percutaneous lithotripsy) uses a probe inserted through an incision in the skin directly over the kidney, and applied to the stone. The other method (extracorporeal shock wave lithotripsy) uses shock waves generated outside the body to pulverize the stones.

The transurethral ureteroscopic procedure, which involves the insertion of an endoscope using an ascending approach through the urinary tract itself, is considered investigational, and is not covered by CHAMPUS.

Eye Exams —

New CHAMPUS Benefit

A new benefit in 1985 for members of active-duty families only is the authorization for one eye examination per person, per calendar year. The benefit covers eye exams performed on or after October 1, 1984.

Eyeglasses and contact lenses are still not cost-shared by CHAMPUS except in very limited circumstances, such as corneal lens removal.

Please keep in mind that active duty military members are not eligible for CHAMPUS benefits - only their families. Any health care from civilian sources needed by an active-duty service member will be paid for by his or her branch of the service.

PRO Rules Finalized

D.O.s will review D.O.s and M.D.s will review M.D.s is the final ruling regarding Peer Review Organizations (PROs) published earlier this year by the Department of Health and Human Services (HHS). The AOA had sought this provision and the rules bring about a new endorsement of pluralism in the health care system.

Responding to suggestions that D.O.s and M.D.s should be allowed to review each others services, HHS stated: "...it is the intent of the statute, and the most effective method of peer review, for M.D.s to review M.D.s and D.O.s to review D.O.s." The only exception is when the PRO finds that the appropriate peer is not available to perform review.

The rules became effective May 17, 1985 with all hospitals participating in Medicare required to have written contracts with PRO by June 17, 1985.

TOMA Membership Applications Received

Nurse—Midwives

Face Liability

Coverage Crisis

On July 3, Mutual Fire Marine and Inland Insurance Company of Philadelphia, the major insurer of the 2,500 nurse-midwives certified for practice by the American College of Nurse-Midwives Foundation, the certifying association for nurse-midwives, canceled the foundation's master insurance plan. Approximately 400 nurse-midwives were left immediately without coverage due to their policies' summer expiration date and an additional 1,300 were notified that their policies would be terminated by the end of the year.

Mutual Fire Marine and Inland notified the foundation that their decision was based on increasing malpractice awards; however, the nurse-midwives say their average annual malpractice claims rate is six percent and has been so since 1976. Many nurse-midwives are contending that their professional group is being discriminated against because of their small numbers and salaries which cannot begin to match that of obstetricians, most of whom they say can better afford the rising liability rates.

Dispite the nurse-midwives' outstanding claims record and the respect they have obtained from physicians they work with, clearly a crisis is on hand for them as many are finding no options for insurance unless state insurance plans or physician groups are willing to insure them. In various states, including Texas, they are trying to work out coverage through the state's joint underwriting authorities.

Rene R. Acuna, D.O.
TCOM '84; b '55; GP
Latin American Medical and
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Houston, TX 77009



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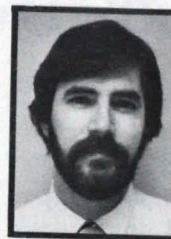
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John L. Wright, D.O.
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Dallas, TX 75233

*"If you tell the truth, you don't
have to remember anything."*

Mark Twain

Medicaid Program Benefits and Changes

Effective as of May 1, 1985, *Percutaneous Nephrolithotripsy* is a program benefit.

Argon Laser Iridotomy is a program benefit for closed angle glaucoma. The fee for the laser iridotomy is a global fee covering the course of therapy for the treated eye; payment is limited to one course of therapy each six months per affected eye.

Effective July 1, 1985, *Yag Laser* is a program benefit for treatment of opacified posterior capsules following extracapsular cataract surgery. It is limited to one treatment per eye per lifetime.

Inpatient services of a *Subspecialist* (i.e., a physician specializing in the broader area of internal medicine who also has a subspecialty in infectious diseases) may be denied if another physician has billed for services. Concurrent care

by two specialists must be documented as medically necessary for the proper diagnosis, treatment and management of the patient's illness. The subspecialist's services are payable upon appeal with documentation of the medical necessity for the concurrent care.

Intra-aortic Balloon Pump Device Supervision of pump technician for cardiac assist device, subsequent eight hours (Code 2-X2314) is considered a hospital charge and will not be paid as a physician charge. The insertion of an intra-aortic balloon pump including the first 24 hours of monitoring and removal (2-T3304) continues to be a payable service for physicians.

The *Lab Processing Charge for Blood* (5-X9590) is not a benefit of the Medicaid Program. These services are included in the reimbursement for crossmatch services.

Medicare "Means Test" Dies in House Panel

In mid-July, the House Ways & Means Health Subcommittee proposed a plan whereby Medicare beneficiaries with adjusted gross incomes above \$20,000 per year would pay a higher amount for their Part B coverage, as well as pay a new tax on income between \$20,000 and \$60,000. The new tax would be in addition to a fixed monthly premium that all beneficiaries pay. In the 20-year history of the Medicare program, an "income-based premium" for Part B services would be the first time a "means test" had been used. Under this plan, the premium could be as high as \$200 per month for wealthy beneficiaries, in comparison to the \$15.50 premium paid by all beneficiaries.

Toward the latter part of July, the House Ways & Means Committee rejected this proposal by its Health Subcommittee and its sponsors said it would not be brought up again this year, however, Congress is expected to address this proposal in the near future. In lieu of the tax plan, a requirement was approved by the House Ways & Means Committee mandating that all beneficiaries pay a Part B premium sufficient to cover 25 percent of the costs of the Part B program. This plan would increase the monthly premium from \$19.50 to \$20.80 in 1988. In contrast, the Health Subcommittee plan would have resulted in a premium of \$16.10 per month for low-income retirees.▲

Medicare Cuts Approved by Ways & Means Committee

Under legislation approved recently by the House Ways & Means Committee, Medicare spending would be reduced from expected levels by \$10.2 billion over the next three years. Approved proposals include a one percent increase in DRG payments to hospitals; a reduction in indirect teaching payments to an 8.1 percent additional payment from the current 11.59 percent, which would increase to 8.7 percent in two years; elimination of the requirement that a new area wage index be implemented retroactively; an additional one-year extension on the fee freeze for nonparticipating physicians; a one-year delay in the transition to a national DRG system; adjustments in DRG payments for disproportionate share hospitals; and elimination of return on equity payments to proprietary hospitals after the next fiscal year.

An amendment was rejected allowing nonparticipating physicians to collect additional money from beneficiaries.

The Committee also has rejected the proposal allowing the Secretary of the Department of Health and Human Services to impose a one-year freeze on Medicare payments for the costs of medical education. If this becomes law, regulations issued by the Health Care Financing Administration freezing such expenses would be overruled.▲

Message to New TCOM Student/Doctors

TOMA would like to congratulate you on your acceptance into TCOM, and we would like to invite you to drop by the State Headquarters, 226 Bailey, at any time for a tour.

Revision 4 Available

Revision 4 to The Provider Procedures Manual has been distributed. If you have not received this revision, please notify National Heritage Insurance Company (NHIC) in writing at the following address: National Heritage Insurance Company, 7800 Shoal Creek Boulevard, Austin, Texas 78757.

ATTENTION: Provider Enrollment ^

Procedure Codes Mailed in May

On May 13, 1985, NHIC mailed to providers a list of procedure codes valid in the Medicaid Program that are not identified by Medicare or CPT-4. Each provider was mailed the codes that correspond to his provider type. If you did not yet receive your copy of the coding instructions, please contact NHIC's Telephone Inquiry Unit at 1-800-252-9224.

Coding instructions for the use of HCFA and Medicare developed codes can be obtained by written request at the following address. (Be sure to include your Medicare provider number.) Janet Judie, Medicare Part B, Regular Claims, P.O. Box 66031, Dallas, Texas 75266-0031.▲

TCOM Honors Dr. Muller at Fall Convocation

Steven Muller, Ph.D., president of The Johns Hopkins University and chairman of a nationwide panel that has called for major changes in physician education, will deliver the main address at Texas College of Osteopathic Medicine's fall convocation Sept. 26.

At the ceremony, which is held each year to honor the incoming freshman class and recipients of the TCOM Founders' Medal, Dr. Muller will receive the Roger J. Williams Award in Medical Education for outstanding contributions in that area. The event begins at 2 p.m. in the auditorium of Medical Education Building 1, Camp Bowie at Montgomery.

In addition to Dr. Muller, those receiving Founders' Medals will be Helen Farabee of Wichita Falls, chairperson of the governor's Task Force on Indigent Health Care; Bob Glasgow of Fort Worth, member of the Texas Senate; John H. Harakal, D.O., professor of manipulative medicine at TCOM; and Hugo Ranelle, D.O., retired Fort Worth physician. The Founders' Medal is the highest honor given by TCOM for contributions to osteopathic medicine, medical education and health care.

Dr. Muller headed the Associa-

tion of American Medical Colleges task force that wrote the 1984 report *"Physicians for the Twenty-First Century"* after 30 months of investigation into the current system of medical education, which the report says "will become increasingly inadequate unless it is revised." Among many recommendations in the report were the teaching of health promotion, the need for a broad-based education before medical school, an emphasis toward problem-solving and away from memorization, an emphasis on life-long independent study, closer faculty-student learning environments, reduction of the influence of licensing exams on medical education programs and a de-emphasis of the competition for residencies.

Dr. Muller, president of Johns Hopkins since 1972, served as president of The Johns Hopkins Hospital from 1972 until 1983 and remains a trustee of the hospital. A director of several corporations, he is a member of the American Association of Rhodes Scholars, Phi Beta Kappa, the Council of Foreign Relations and the International Institute for Strategic Studies.

A fellow of the American Acad-

emy of Arts and Sciences, the German native is a specialist in comparative government and international relations, particularly concerned with political developments in Europe. In recognition of his contributions to German American relations, he was awarded in 1980 the Commander's Cross of the Order of Merit by the president of the Federal Republic of Germany.

Before going to Johns Hopkins as provost in April 1971, he served five years as vice president for public affairs at Cornell University. He is a graduate of the University of California at Los Angeles, Oxford University and Cornell and holds several honorary degrees.

The Williams Award honors Roger J. Williams, Ph.D., professor emeritus of chemistry at the University of Texas at Austin, who at age 91 continues his research in nutrition at the Clayton Foundation Biochemical Institute, which he founded in 1940. The award is given by E. Bruce and Virginia Street of Graham. Street is chairman of the TCOM Advisory Council and a member of the North Texas State University Board of Regents that governs TCOM.▲

**Office Management of
Medical Problems Related
to Stress and Anxiety**

Saturday, October 26, 1985

LOCATION:
*The Mandalay Four Seasons Hotel
Las Colinas, Dallas*

SPONSORED BY:
*Texas College of Osteopathic
Medicine, Office of CME*

TOPICS:

Medical Problems that Mask Mental Illness
Joseph H. Talley, M.D., University of
North Carolina Medical School

Office Management of Pain from a
Bio-Psycho-Social Perspective
David Baron, D.O.,
University of Southern California

Chronic or Transient Sleep Disorders
Depression As seen by the Family Practitioner
Psychological Problems of Heart Patients
Psychological Problems of Cancer Patients
Differential Diagnosis and Treatment of
Depression vs Dementia in the Aged
Panic Disorders

ACCREDITATION:
7 hours of CME Category 1-A — AOA

COWBOY FOOTBALL:

On Sunday, October 27 at 12 noon, the Dallas Cowboys will be playing the Atlanta Falcons. Tickets for this game are available for conference registrants through the Office of CME. They are \$25 each and include transportation to and from the hotel.

CONTACT:
*Susan M. Larson, M.A., Director
Continuing Medical Education
Texas College of Osteopathic Medicine
817-735-2539*

Osteopathic Physician Alert

It has been brought to the attention of the Texas Osteopathic Medical Association that Osteopathic physicians are having significant switchover problems when moving from the Texas Medicare Coding System to HCPCS.

When the narrative description and money amount are the same under both the Medicare Coding System and HCPCS this is considered a one-on-one match and presents no problem.

The problem is when there is not a one-on-one match — different narrative descriptions and different money amounts for the same medical service.

An example of a code without a one-on-one match would be Medicare Code (1-9001) "Office Visit Initial Complete Exam Established Patient or Minor Chronic Illness." The crossover code under the HCPCS would be (90015); however, it can only be used for new patients. The closest code under the HCPCS with a comparable narrative description for an established patient with an on-going diagnosis would be (90050) "Established Patient — Limited Level of Service." The reimbursement rate for code (90050)

would be the same as Medicare code (1-9004).

Under the Locality 03 (S. Central and SE Texas) Medicare Prevailing Charge Report (9-6-84) for Specialty 08 Family Practice/General Practice the adjusted prevailing rate for code (1-9001) is \$25.00 and for code (1-9004) is \$12.40. A difference of \$12.60.

The Medicare Physician Fee Freeze should apply to this situation. Money amounts were frozen for medical services rendered. The use of codes is not mandatory and the Medicare fiscal intermediary should reimburse the same money amount for their narrative description of a Medical Service in July 1985 as in June 1985. The implementation of the HCPCS on July 1, 1985, should not violate the Medicare Physician Fee Freeze by downgrading the customary profiles of physicians.

For those medical services without a one-on-one match when moving from the Texas Medicare Coding System to HCPCS, TOMA would suggest that osteopathic physicians use the descriptive narratives from the Texas Medicare Coding System without any codes.

Houston D.O. Shot by Robbers

J. Edward Vinn, D.O., of Houston, was shot in the liver by robbers August 14. He is in Herman Hospital, 1203 Ross Sterling Avenue, Houston, 77030.

At the time of this writing, Dr. Vinn has had numerous blood transfusions and is still in critical condition.

Dr. Vinn has been in practice

on the north side of Houston for over 30 years.

A 1940 graduate of the Philadelphia College of Osteopathic Medicine, Dr. Vinn has been a member of the Texas Osteopathic Medical Association for over 40 years. He is a Life Member of this Association, as well as a Sustaining Member.▲

TCOM Student's Performance on National Exam Represents Drastic Improvement

Texas College of Osteopathic Medicine (TCOM) got some good news recently in the area of national test-taking by students.

Scores just available show that second-year students who took Part I of the examination administered by the National Board of Examiners for Osteopathic Physicians and Surgeons in June performed well above the national average in six or seven areas tested.

"Part I national board scores are the strongest indicator we have of how our students will perform on FLEX (the state licensing exam)," said David M. Richards, D.O., acting president of TCOM. "We are very pleased."

All second-year students in the nation's 15 colleges of osteopathic medicine take Part I of the board

exam. Part II is given during students' fourth and last year in school. To graduate from TCOM, students must pass Parts I and II. Forty-eight states accept passage of these tests for licensure as a physician in the state. One of the two exceptions is Texas, which accepts only passage of FLEX, the Federation Licensure Exam given by the Texas State Board of Medical Examiners for licensing both D.O.s and M.D.s. All states, however, accept FLEX for licensure.

The percentage of TCOM students failing Part I of the national boards was much lower than the national average on the tests in physiology, biochemistry, pharmacology, pathology, microbiology and osteopathic principles. In pathology, for example, TCOM's failure rate was 1.2

percent, compared to a national average of 13.6 percent; in physiology, TCOM was 2.3 compared to 14.8.

The scores also represent a drastic improvement over recent years by TCOM students taking Part I of the national boards. Part I failures in July 1985 were substantially lower than in either 1983 or 1984.

The college has been striving to improve its' students performance on such tests.

"Last year," said Dr. Richards, "we began to put into place a number of changes in student recruiting, admissions and academic procedures and standards, curriculum development and admissions and financial aid staffing. We hope to see those changes continue to pay off in the coming years."^

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National Osteopathic Medicine Week

September 8-14, 1985

ATOMA News

By Nancy Hawa
District II

Fall is here and the members of District II are already well under way with their plans for the annual Wintercrest Charity Ball. The 1986 Wintercrest Ball will be held at the Ridglea Country Club in Fort Worth on Saturday, March 1. Theme for the party is "A Night in Monte Carlo," and will include dinner, gambling tables and a band for dancing. The ball committee hopes that there will be something for everyone. Wintercrest Ball chairwoman is Patty Mazeika and her committee includes auction, Loretta Stone; dinner, Barbara Beyer; reservations, Chris Brenner; band, Becky Burrows; publicity, Becky Beckwith, Nancy Hawa, Sally Beyer; invitations, Myra Schussler; decorations, Melinda Teitelbaum; gifts, Kati Schwartz, B.J. Czewski and search committee, Sheri Reese, Sue Urban, Carolyn Bilyea and Lynn Ranelle. Lending a hand to everyone (also known as putting their finger in the dyke) is Peggy Fisher and Karen Hull.

Gifts for the Wintercrest Ball will be handled somewhat differently this coming year than in years past. Letters are being sent to businesses with not only a request for a donation but also with three different levels of participation for the businessman to choose from. Gold sponsors will have donated a gift worth \$500.00 or more. Silver sponsors will have donated gifts ranging in value from \$200.00 to \$500.00. Gold and silver sponsors will receive certain endorsements and perks for their donations and gold and silver donations will be auctioned at

the party. Bronze sponsors will have donated a gift ranging in price from \$50.00 to \$200.00 and those gifts will be distributed throughout the evening as door prizes. All donors will have their names and gifts included on an insert to be included in the ball invitation, have their names prominently displayed at the ball and will receive a plaque thanking them for participating.

As most of the osteopathic community may already know, proceeds from the Wintercrest Charity Ball go not only to osteopathic student loan funds but also to a deserving local charity. The members of District II felt that the charity should be concerned with children as its primary clients and that the charity should also focus on its client's medical problems. The Search Committee is now reviewing the needs of several local charitable organizations to select this year's recipient of the proceeds from the ball. Because of the recent trend of the District II Auxiliary to direct some of its fund raising activities towards the community at large, the osteopathic community has received favorable press in this regard. We can *always* use *more* favorable publicity and we can't pass up the opportunity to more firmly establish osteopathic medicine as a force for the common good. This writer hopes that everyone will help support the Wintercrest Charity Ball in 1986. It really and truly helps us all.

Please mark your calendars for the TRI-District Meeting on Thursday, September 19, 1985. We will

be meeting with the Dallas and Arlington TOMA/ATOMA district. The speaker will have valuable information for the doctors and we can all see old friends and make new ones. The place: the brand new Sheraton Centre Park in Arlington between Six Flags and Ranger Stadium. See you there!

Expecting any minute, Marily and Richard Hochberger.

Home and doing well is Jeffrey Zemenick, son of Diane and Ben Zemenick.

50 years: congratulations to Marion and Martha Coy - married 50 years on August 6, 1985.

Welcome: Fort Worth Osteopathic Medical Center now has a manager of public relations - Mrs. Jane Mize. This writer really needs you, Jane. Welcome and congratulations on your new job.

My apologies to Dr. Paul Saperstein. His name was listed in this column as Dr. Phillip Saperstein. Having known Dr. Saperstein since James' school days, I have no idea how I made that mistake. The Bonehead Award is mine!▲

Summer Swifties - And Some Are Not

- | | | | |
|-----------------------|---|-------------------------|---|
| 1. Allergist: | "Try cortisone," he suggested rashly. | 16. Ophthalmologist: | "There is a mote in your eye," he beamed. |
| 2. Anesthesiologist: | "Sodium pentothal works rapidly," he injected. | 17. Orthopedic surgeon: | "The arm will be in plaster six weeks," he forecast. |
| 3. Barefoot doctor: | "I have healed your soul," she rejoined archly. | 18. Otolaryngologist: | "I am in accord," she vocalized. |
| 4. Biomathematician: | "Don't be so sensitive," she specified. | 19. Pathologist: | "SMA-12s are cheaper by the dozen," he replied automatically. |
| 5. Cardiologist: | "You have a marked tachycardia," she fluttered. | 20. Pediatrician: | "Don't give her aspirin," she advised feverishly. |
| 6. Dermatologist: | "You sat in poison ivy," she weeped. | 21. Pharmacologist: | "You need diazepam," he said moodily. |
| 7. Epidemiologist: | "Asian flu produces disorientation," he said with compassion. | 22. Psychiatrist: | "That was a Freudian remark," she slipped in. |
| 8. Family physician: | "I write SOAP notes," she bubbled. | 23. Radiologist: | "The joint is ankylosed," he asserted stiffly. |
| 9. Hematologist: | "That's bloody silly," he replied sanguinely. | 24. Surgeon: | "The patient is bled out," he protested in vain. |
| 10. Internist: | "You have mitral stenosis," she murmured. | 25. Thoracic surgeon: | "You are an upbeat person," he said heartily. |
| 11. Intensivist: | "I have adjusted the ventilator," she peeped. | 26. Urologist: | "A catheter will relieve the obstruction," he gushed. |
| 12. Neurologist: | "Don't cross the median," she said nervously. | | |
| 13. Neuroradiologist: | "All bets are off," she purred. | | |
| 14. Neurosurgeon: | "You don't blush easily," she sympathized. | | |
| 15. Obstetrician: | "We can capitalize on labor," he delivered. | | |

(Reprinted from Federation Bulletin, July, 1985)

Opportunities Unlimited

PHYSICIANS WANTED

SOLO GENERAL PRACTICE FOR SALE — Beautiful rural East Texas, 20 minutes from major hospitals and city conveniences. Reasonable lease on 1500 sq. ft. All equipment, records and supplies are included. Excellent opportunity for the right physician. Contact: TOMA, Box 206, 226 Bailey Avenue, Fort Worth, 76107.

MODERN, WELL STAFFED — 40-bed retirement home and 30-bed general

hospital with O.B. and surgery facilities is in need of a physician who wants to live and work in a small ranching community where the people are neighborly, the countryside beautiful, the game plentiful, the river full of fish and the opportunities for building a thriving practice unlimited. Local airstrip and golf course; one hour from city shopping and entertainment. Let us show you our hospital and our hospitality. Contact: Ed Zachary, Administrator, at 915-396-4515 or J.N. Cunningham, D.D.S., Board Chairman, at 915-396-4556, or 915-396-2364.

SOUTHEASTERN WYOMING — needs general practitioner to join D.O., M.D., family clinic to do OB, ER and

general medicine. New office facilities and equipment across street from seven year old well equipped 53-bed hospital, with many services available. Nice community of 7,000, with 12,000 draw area. Financial arrangements negotiable. Contact Rich Cambell, D.O., 625 Albany, Torrington, Wyoming, 82240, or call 303-532-2107 or 303-532-5646 collect, any time.

PEDIATRICIAN NEEDED — to serve an osteopathic community and hospital in the Dallas/Fort Worth metroplex. Excellent osteopathic hospital with neonatal intensive care unit in addition to a segregated pediatric unit. Please send C.V. or contact TOMA, Box 102, 226 Bailey Avenue, Fort Worth, 76107.

Opportunities Unlimited

EXCELLENT OPPORTUNITY — for a general practitioner. Small rural hospital in north central Texas. Large Medicare population. Incentive package available for the right physician. Contact: Bill Donohoo, administrator, at 817-852-5131 or Bryna Justice at 817-852-5295.

FULL TIME FACULTY POSITION — available in the Department of Psychiatry at Texas College of Osteopathic Medicine. Must be residency trained; academic experience preferred. Salary and academic rank commensurate with experience. Send curriculum vitae to: Harvey G. Micklin, D.O., acting chairman, Department of Psychiatry, Texas College of Osteopathic Medicine, Camp Bowie at Montgomery, Fort Worth, Texas, 76107.

INTERNIST URGENTLY NEEDED — for association with modern A.O.A. accredited hospital. Hospital will provide financial support, moving expenses and help with building of practice. If interested, call collect or contact: W. L. "Dubb" Davis, Jr., Executive Vice President, Southwest Osteopathic Hospital, P. O. Box 7408, 2828 S.W. 27th, Amarillo, 79114-7408, 806-358-3131.

BUSY GENERAL PRACTICE — including OB in Georgetown, Texas, a rapidly growing university town 25 miles north of Austin, in need of an associate. New 65-bed hospital with excellent specialty coverage in town. Contact Bob Umstattd, D.O., at 512-863-4596 (office) or 512-863-7045 (home).

GROWING SOUTHWEST DALLAS AREA — primarily blue collar, close to hospital facilities — osteopathic about 8 miles. General/family medicine, one of three doctors. Guarantee plus percentage negotiable. Send C.V. to TOMA, Box "205", Fort Worth, 76107.

FAMILY PRACTICE — in rapidly growing south Arlington. Practice is diverse with OMT, obstetrics, pediatrics and all aspects of family medicine. Desire to sell practice in current leasehold with very favorable rent, and with existing equipment in excellent condition. Mixed staff hospitals nearby. If interested, contact TOMA, Box 200, 226 Bailey Avenue, Fort Worth, 76107.

FAMILY PRACTITIONER — with obstetric interest and skills needed in Pearsall. Good 24-bed general hospital. Only one doctor now delivering babies. Town of 6,000, near San Antonio. Hospital owns fully-equipped clinic from which a doctor has just retired after 35 years. Turn-key operation with no rent initially. Contact: Daniel Schmidt, D.O., 421 S. Oak, Pearsall, Texas, 78061, 512-334-3351.

EXPANDING OSTEOPATHIC EMERGENCY MEDICINE GROUP — is seeking an ACOEP or ACEP board-certified osteopathic physician to assume the directorship of a moderate-volume hospital emergency department. Modern, well equipped facility located in the Dallas/ Fort Worth Metroplex. Independent contractor status with salary of more than \$100,000 and malpractice insurance provided. Send inquiries and C.V. to TOMA, Box 100, 226 Bailey Avenue, Fort Worth, 76107.

GENERAL SURGEON WANTED — for a rural community of 5,000. Guaranteed salary is negotiable. Contact: Bruce Gross, D.O., 520 Main, Goodland, Kansas, 67735, 913-899-5651, office, or 913-899-6120, home.

EMERGENCY MEDICINE GROUP — seeks qualified physicians for full and part time emergency department positions immediately available in the north Texas area. Competitive salary, independent contractor status, flexible scheduling and professional liability insurance provided. Please send inquiries and C.V. to TOMA, Box 101, 226 Bailey Avenue, Fort Worth, 76107.

THE NORTH FORT WORTH MEDICAL CENTER — is looking for a general internist to participate in its cost-effective concept of personal health care. Emphasis is on utilization of multiple out-patient facilities, including extended care, family practice and industrial medicine, in order to assure cost conscious access to all levels of the health care system. Come grow with us in a health care concept that is dedicated to tomorrow. For more information, or if you are interested in applying for this much needed position, contact the general manager of North Fort Worth Medical Center at 817-625-9051.

URGENTLY NEEDED — general/family practitioners for peaceful country practices in association with 76-bed AOA and JCAH accredited hospital located only 20 minutes away. The hospital will provide a generous income guarantee, office rent and staff salary support. Locations are operative and waiting for the right physician to arrive. For further information please call collect: Patty Fitzsimmons, Summit Health Ltd., 1800 Avenue of the Stars, Los Angeles, California, 90067, or call 213-201-4000.

UROLOGIST — Immediate opportunity available for association with a modern full service AOA and JCAH accredited hospital in West Texas. Hospital will provide a generous financial package in addition to marketing and practice building support. The area offers many recreational facilities, low taxes and a stable economy. Interested physicians please call collect: Patty Fitzsimmons, Summit Health Ltd., 1800 Avenue of the Stars, Los Angeles, California, 90067, or call 213-201-4000.

WHITESBORO FAMILY CLINIC and Minor Emergency Center — in need of family practitioner. Help from area hospital available. Guaranteed salary first year plus percentage. Contact: John Galewaler, D.O., 214-564-3503 (office) or 214-564-5298 (home).

DEER PARK — associate needed for growing family practice. Contact Dr. McShane or Dr. Spinks at 713-476-0780.

Opportunities Unlimited

EAST TEXAS STATE UNIVERSITY/HEAD, STUDENT HEALTH SERVICES — Excellent location 55 miles from Dallas. University enrollment of approximately 8,000 — located in Commerce, a city of 7,500. The university desires to employ a physician to head the Student Health Center and perform other university related health duties. Ideal opportunity for the starting physician or the individual who wishes a less demanding schedule. Competitive salary and fringe benefits including substantial time off. Must be interested in young people, possess good communication skills and be able to function as an administrator. References required. Contact: Joe Weber, Assistant Executive Director/Student Services, ETSU, Commerce, 75428, 214-886-5793.

POSITIONS DESIRED

D.O. SEEKING GERIATRIC PRACTICE — Willing to buy, partnership, associateship, etc. Please call 214-539-8893.

D.O. INTERESTED IN NUTRITION — bariatrics and preventive medicine. Full or part time in Mid-Cities area (between Dallas and Fort Worth.) Please call 817-268-3955.

PEDIATRICIAN — Board certified with interest and experience in developmental and learning disorders would like to relocate to Texas. Have current Texas license. Contact G.L. Dickman, D.O., 12701 Steve Drive, Oklahoma City, Oklahoma.

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MISCELLANEOUS

OFFICE CBC MACHINE — I have left private practice and need someone to take up lease on my QBC machine and accessories which performs CBC w/diff and platelet count in less than five minutes by finger stick. No money down, \$300/month lease for 30 remaining months. 1.2 tests per day is break even point. Call 713-980-0984.

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FOR SALE — Ly-Teck flame for potassium and sodium with 100 kits, \$950. Contact Barbara at 817-924-2121.

FOR SALE — Used office equipment for general practice office. Coulter Counter, microscope, OB/GYN tables, lamps, surgical lamps, variety of chairs, Xerox Memorywriter, copier, refrigerators, procedure table, Welsh-Allen wall mounted otho-ophthalmoscope, medcasonlator and a variety of other equipment. Call Bret or Mollie Holland at 409-564-0515.

FOR SALE — Pickard x-ray tilt table, new automatic film processor and dark room equipment. Burdick EKG machine. Contact: C. H. Bragg, D.O., at 817-268-1303.

FOR SALE — McManis table, rechromed, new upholstery and new paint. \$1500/best offer. Contact: Dr. Rollins, 214-289-1701.

FOR SALE — Angleton — 2400 foot M.D. and D.O. walk-in clinic. Fully equipped. Can be leased or bought. Excellent financing. Now has three physicians — 40 miles to Houston and 15 miles to the gulf and new home of Intermedics, International. Contact B. K. Fleming, medical director, 1124B North Velasio, Angleton, 77515, or call 409-849-1243.

FOR SALE — Logan full-body size whirlpool, 2-speed. Excellent condition. Contact: Randall E. Hayes, D.O., at 817-535-1585 or 817-834-3511.

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