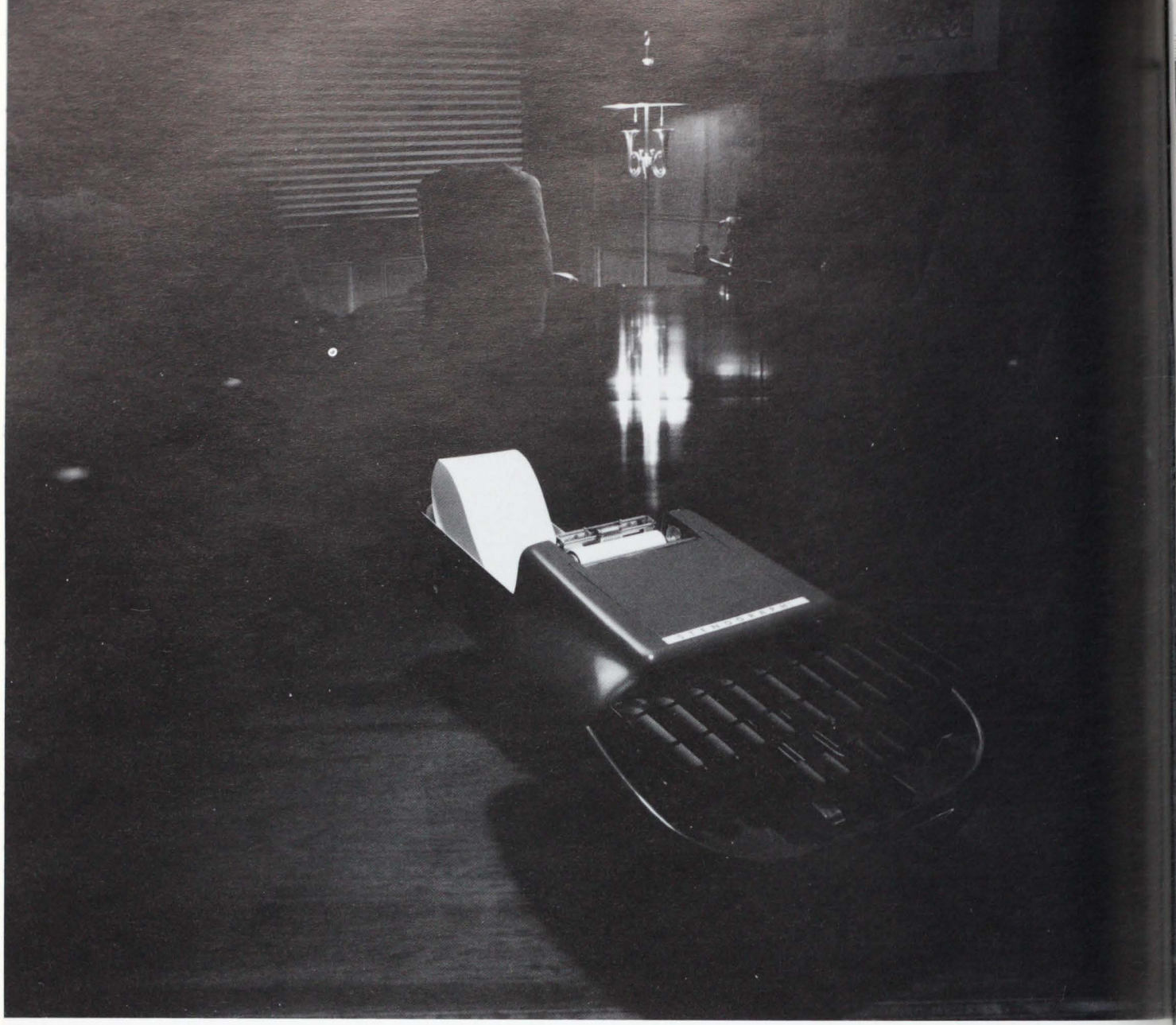
TEXAS DO

XXXXXI, No. 4 TEXAS OSTEOPATHIC MEDICAL ASSOCIATION April, 1994

TOMA 95th Annual Convention and Scientific Seminar June 16-19, 1994 Houston, Texas



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Established new physician (solo)	214/669-6162
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All changes to existing provider number records	214/669-6158
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TOMA Med-Search	in Texas 800/444-TOMA
TEXAS STATE AGENCIES:	
Department of Human Services	512/450-3011
Department of Public Safety:	
Controlled Substances Division	512/465-2188
Triplicate Prescription Section	512/465-2189
State Board of Health	512/458-7111
State Board of Medical Examiners	512/834-7728
Texas State Board of Medical Examiners (for disciplinary actions only)	800/248-4062
State Board of Pharmacy	512/832-0661
State of Texas Poison Center for Doctors & Hospitals Only	713/765-1420 800/392-8548 Houston Metro 654-1701
Texas Workers' Compensation Commission	512/448-7900
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For state narcotics number	512/465-2000 ext 3074
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CANCER INFORMATION:	
Cancer Information Service	713/792-3245 in Texas 800/392-2040

TEXAS DO

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

FEATURES

DEPARTMENTS

TEXAS DO

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

April, 1994

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Calendar of Events

APRIL 14-16

"Current Concepts in Dermatology"
Sponsored by Kirksville College of Osteopathic Medicine and American Osteopathic College of Dermatology
Location: Disney's Yacht Club Resort
Orlando, Florida
Contact: Rita Harlow, Director
816/626-2232

APRIL 15-16

"Eighth Annual Spring Update for the Family Practitioner"
Sponsored by University of North Texas Health Science Center at Fort Worth/TCOM
Location: Dallas Family Hospital
Dallas, Texas
Hours: 10 Category 1-A, AOA
Contact: Pam McFadden, Program Director
817/735-2581

APRIL 16

TOMA Board of Trustees Meeting
Location: Doubletree Hotel
6505 IH 35
Austin, Texas 78751
Time: 10 a.m. - 3 p.m.
Contact: Texas Osteopathic Medical Association
512/388-9400 or 1/800-444-8662

APRIL 23-24

"Sutherland's Methods for Treating the Rest of the Body"
Sponsored by the Cranial Academy and the Dallas Osteopathic Study Group
Location: Bedford, Texas
Hours: 16 Category 1-A Credits
Contact: Conrad Speece, D.O.
10622 Garland Road
Dallas, Texas 75218
214/321-2673
Fax: 214/321-4329

MAY 19-22

"14th Annual Primary Care Update"
Sponsored by University of North Te
Health Science Center at Fort Wo
TCOM
Location: South Padre Island, Texas
Hours: 18 Category 1-A, AOA
Contact: Pam McFadden, Program D
817/735-2581

MAY 21

"Saving Your Medical Practice in a Changing Environment"
Sponsored by Virginia Osteopathic Medical Association
Contact: Steven Melhorn, D.O.
2004 Bremo Road, Suite 2
Richmond, Virginia 23226
804/288-6414

MAY 28-30

"Vision Quest" Memorial Day Week
Hosted by the National Osteopathic Women Physicians Association
Location: Lowes Ventana Canyon Re
Tucson, Arizona
Tuition: $195 members; $225 associ
members; free to stude
Program will provide an open forum women members and students to brainstorm new goals, directions a action plans for the profession.
Contact: Faye R. Duffe'
Route 4, Box 596-R
Lake City, Florida 32055-9
904/755-6308

JUNE 16-19

TOMA's 95th Annual Convention an Scientific Seminar
Location: Wyndham Greenspoint Ho
Houston, Texas
Hours: 28 AOA Category 1-A anticip
3 AOA Category 2-B anticip
Contact: Texas Osteopathic Medical Association
One Financial Center
1717 IH 35, Suite 100
Round Rock, TX 78664-2
512/388-9400 or 1/800-444

Articles in the *"Texas DO"* that mention the Texas Osteopathic Medical Association's position on state legislation a defined as "legislative advertising," according to Tex Govt Code Ann §305.027. Disclosure of the name and addres of the person who contracts with the printer to publish the legislative advertising in the *"Texas DO"* is required b that law: Terry R. Boucher, Executive Director, TOMA, One Financial Center, 1717 IH 35, Suite 100, Round Rock, Texa 78664-2901.

Texas Osteopathic Medical Association

presents

The 95th Annual Convention and Scientific Seminar

June 16 – 19, 1994 – Wyndham Greenspoint Hotel, Houston, Texas

Osteopathic Medicine: The Launching Pad for Prevention, A Journey Toward Managed Care. . .T –6 and Counting

John R. Bowling, D.O., Program Chairman

TOMA Convention Speakers

Michael B. Clearfield, D.O., will be making two presentations during TOMA's 95th Annual Convention and Scientific Seminar in Houston, June 16-19. His topics are "Current Recommendations on Lipid Management: Can a Cholesterol of 200 Really Prevent an MI?" and "What is TEXCAPS and Will It Change How I Practice?"

Dr. Clearfield is on the faculty of the University of North Texas Health Science Center at Fort Worth as a professor and chairman of the Department of Medicine, and as co-director of the Heart Disease Prevention Clinic. He also serves as an adjunct assistant professor of medicine at Baylor College of Medicine; as a consultant in internal medicine at Osteopathic Medical Center of Texas; and is an editorial consultant for the *Journal of the American Osteopathic Association.*

A 1975 graduate of Chicago College of Osteopathic Medicine, Dr. Clearfield interned at Chicago Osteopathic Hospital. He served an internal medicine residency at Chicago Osteopathic Hospital and at Metropolitan Hospital, Philadelphia, Pennsylvania. He is certified by the American Osteopathic Board of Internal Medicine and a fellow of the American College of Osteopathic Internists.

Professional society memberships include TOMA; TOMA District II; American Osteopathic Association; Chicago College of Osteopathic Medicine Alumni Association; and the American College of Osteopathic Internists.

▶

Wednesday, June 15, 1994

7:00 am – 1:00 pm TOMA HOUSE OF DELEGATES REGISTRATION
8:00 am – 5:00 pm TOMA HOUSE OF DELEGATES MEETING
12:00 pm – 1:00 pm TOMA HOUSE OF DELEGATES LUNCHEON
2:00 pm – 6:00 pm Early Registration

Thursday, June 16, 1994

7:30 am – 4:00 pm Registration/Exhibit Hall OPEN

7:00 am – 8:15 am Breakfast on the Launch Pad, "How To Live To 100"
Joseph Pitone, D.O.

8:15 am – 9:00 am Current Recommendations on Lipid Management, "Can A Cholesterol of 200 Really Prevent an MI?"
Michael B. Clearfield, D.O.

9:00 am – 9:15 am "What is TEXCAPS and Will It Change How I Practice?"
Michael B. Clearfield, D.O.

9:15 am – 10:00 am "T.B. Is Back — Can We Prevent A New Epidemic?"
Stephen E. Weis, D.O.

10:00 am – 10:30 am Break with the Exhibitors

10:30 am – 11:15 am "Can We Prevent GI Malignancy?"
Shahid Aziz, D.O.

11:15 am – 12:00 pm Environmentally Induced Asthma — How Can We Prevent Lost Time Illness?"
David Ostransky, D.O.

12:00 pm – 1:30 pm Keynote Luncheon — "The Osteopathic Advantage"
Laurie B. Jones, President, The Jones Group

1:30 pm – 3:00 pm Concurrent Sessions **(Pre-Registration Required)**

I. Symposium on Family Health
1:30–2:15 Ethical Decisions In A Managed Care Environment
Edward Erde, Ph.D.
2:15–3:00 Violence In The Family, "Can It Be Prevented?"
Camis Milam, M.D.

II. Common Dilemmas in the Office
1:30–2:15 The Well Child Exam
"What to do and When to Do It? Will Managed Care Allow It?"
Deborah L. Blackwell, D.O.
2:15–3:00 "How to Detect Prostate Cancer Early, Is the PSA a Useful Screening Tool?"
Robert Stroud, D.O.

3:00 pm – 3:30 pm Break with the Exhibitors

3:30 pm – 5:30 pm Workshops

A. Marketing You and Your Profession
Laurie B. Jones, President – The Jones Group

B. Basic Electrocardiography and Common Arrhythmia's—Basic & Advanced
3:30 – 4:30 Basic 4:30 – 5:30 Advanced
Frederick A. Schaller, D.O.

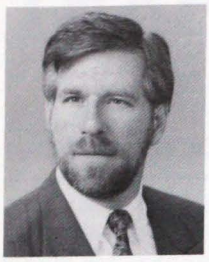
C. Manipulating the Frail Elderly
Janice A. Knebl, D.O. & Russell G. Gambler, D.O.

5:30 pm – 6:30 pm UHS-COM/UNTHSC-FW Alumni Receptions

5:30 pm – 6:30 pm POPP's Reception

7:00 pm Sustainers' Party

CONVENTION SPEAKERS, *Continued*



"State of the Art Treatment of Chronic Wounds" is the topic to be presented by Jeffrey A. Stone, D.O., M.P.H.

Dr. Stone serves as associate director of Hyperbaric Medicine and director of Aerospace Medicine for the Institute for Exercise and Environmental Medicine at Presbyterian Hospital of Dallas. Additionally, he is an active staff member of The Wound Care Clinic of North Texas, where he treats a large number of chronic, non-healing wounds; is a clinical assistant professor of Public Health at the University of North Texas Health Science Center at Fort Worth; and clinical assistant professor of Family Medicine at the College of Osteopathic Medicine in Pomona, California.

A 1983 graduate of the College of Osteopathic Medicine of the Pacific, Dr. Stone received his M.P.H. degree in 1988 from Harvard School of Public Health. He is board certified in hyperbaric medicine and aerospace medicine, and serves as hyperbaric medicine consultant to the U.S. Army Aeromedical Center, Veterans Administration Medical Center of Texas and the Dallas Poison Control Center.

He began his practice in North Texas approximately two years ago, after leaving behind a career in the Army. Dr. Stone became involved with hyperbaric medicine and entered a fellowship program at Brooks Air Force Base (he was the first Army osteopathic physician to be selected for that program). Upon completion of his fellowship, he was named chief of the Department of Aviation and Hyperbaric Medicine at the U.S. Army Aeromedical Center at Fort Rucker, Alabama, where he was credited with developing the Army's hyperbaric program which included treatment of war injuries from Desert Storm.

Professional society memberships include TOMA; American Osteopathic Association; American Osteopathic College of Preventive Medicine; American College of Hyperbaric Medicine; Undersea and Hyperbaric Medical Society; Aerospace Medical Association; and the Dallas Chapter of the American Diabetes Association. Dr. Stone is presently on staff at Presbyterian Hospital of Dallas; Dallas Family Hospital; Presbyterian Hospital of Plano; and the Veterans Administration Medical Center. ▶

Friday, June 17, 1994

6:50 am – 7:50 am	Texas Society of the ACOFP Breakfast
7:00 am – 1:00 pm	Registration/Exhibit Hall OPEN
7:00 am – 8:00 am	Breakfast with the Exhibitors

Symposium on Female Health

8:00 am – 8:45 am	"Breast Cancer — Finding It Early" Abigail Faerber, D.O.
8:45 am – 10:00 am	Preventing Morbidity and Mortality After Diagnosis, The Oncologist's Viewpoint, Eli N. Perencevich, D.O. The Surgeon's Viewpoint, William Redwine, M.D.
10:00 am – 10:30 am	Dealing With The Reality of Breast Cancer Abigail Faerber, D.O.
10:30 am – 11:00 am	Break with the Exhibitors
11:00 am – 11:45 am	"Colposcopy — Preventing Cervical Cancer and More" Robin A. Hall, D.O.
11:45 am – 12:30 pm	"Hormone Replacement Therapy — Why, When and How? Does It Prevent Osteoporosis and Heart Disease?" Robert Adams, D.O.
12:30 pm – 1:00 pm	Panel Discussion — Morning Speakers

Family Day Activity Begins

1:10 pm	**Tour 18 Golf Tournament** (Shuttle Leaves for Golf Course)
2:00 pm	TOUR 18 Shotgun Start
7:00	Tournament Concludes — Buffet Begins "Wellness by Golf" Awards
8:30	Shuttles Depart for the Wyndham Greenspoint
1:30 pm	**Space Center Houston — NASA Tour** (Shuttle Leaves for NASA)
2:30 pm	Arrive at Space Center Houston, Begin Self Guided Tour
6:00 – 7:00	Cocktail Hour Begins — Wrap-up Facility walking tour
7:00	Buffet and Astronaut Presentation Begins
8:30	Shuttles Depart for the Wyndham Greenspoint
9:30 pm – 11:30 pm	TOMA Hospitality Suite Open

Saturday, June 18, 1994

7:00 am – 12:00 pm	Registration/Exhibit Hall OPEN
7:00 am – 8:00 am	Breakfast with Exhibitors
8:15 am – 9:00 am	What's Happening in Washington with Healthcare, "Can Congress Prevent Overspending and Under-funding in our Healthcare System?" Ms. Betsy W. Beckwith, AOA Associate Director, Govt. Relations
9:00 am – 9:30 am	Putting Prevention into Practice, "A Report From the TMA Task Force on Prevention — Strategies For Implementing Preventive Protocols" Philip Huang, M.D.
9:30 am – 10:00 am	Break With the Exhibitors
10:00 am – 12:00 pm	Managed Care "Like It Or Not" Norman Vinn, D.O., Chairman, AOA Task Force on Managed Care
12:00 pm – 1:30 pm	AOA President's Luncheon William G. Anderson, D.O., Keynote Speaker AOA President-Elect
12:00 pm	Exhibit Hall Closed
1:30 pm – 2:15 pm	"Functional Anatomy of the Chest" Allen W. Jacobs, D.O.

95th ANNUAL CONVENTION AND SCIENTIFIC SEMINAR, *Continued*

Saturday, June 18, 1994, Continued

2:15 pm – 4:30 pm Concurrent Workshops **(Pre-Registration Required)**

A. Manipulative Treatment in Respiratory Disease
   2:15 – 2:45 overview
   2:45 – 4:30 stations
   Gregory A. Dott, D.O. and Staff

B. Using Preventive Guidelines in your practice
   Philip Huang, M.D.

C. State of the Art Management for Non-Healing Wounds
   Jeffrey A. Stone, D.O., MPH

D. Compliance With Federal & State Drug Laws By Medical Directors of Emergency Medical Services
   A. Duane Selman, D.O.

6:30 pm – 7:00 pm President's Reception

7:00 pm – 11:00 pm President's Banquet (Black tie optional)

Sunday, June 19, 1994

8:00 am – 1:00 pm Risk Management Seminar

95th Annual Convention and Scientific Seminar Exhibitors and Educational Grantors

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Syntex

* Gold Exhibits

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Educational Grants

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CONVENTION SPEAKERS, *Continued*

On Friday, June 17, a symposium on female health will be featured. A portion of the symposium will be devoted to breast cancer and topics will center around "Preventing Morbidity and Mortality After Diagnosis." Presenting "The Oncologist's Viewpoint" will be Eli N. Perencevich, D.O.

Dr. Perencevich has a medical oncology practice in Columbus, Ohio; serves as clinical associate professor of medicine at the Ohio University College of Osteopathic Medicine; as clinical assistant professor of medicine at the Ohio State University College of Medicine; is medical director of Hospice of Columbus; and is a clinical investigator for the National Cancer Institute.

A 1966 graduate of the Ohio College of Osteopathic Medicine and Surgery, Dr. Perencevich served an internship and internal medicine residency at Doctor's Hospital, Columbus. He is certified in hematology and medical oncology by the American Osteopathic Board of Internal Medicine.

He is chairman of the Multidisciplinary Oncology Committee and of the Tumor Board, both of Doctors Hospital, where he is senior attending physician; and consulting physician for The Ohio State University Hospital, St. Ann's Hospital, Lancaster Fairfield Community Hospital, and Kohbaker House Hospice at Riverside.

Professional society memberships include the American Osteopathic Association; Ohio Osteopathic Association; Sixth District Academy of Osteopathic Medicine; American College of Osteopathic Internists; American Heart Association, in which he is a member of the Council on Thrombosis; American Cancer Society, Franklin County in which he is on the board of directors and the medical advisory board; Central Ohio Society of Clinical Oncologists; National Association of Community Cancer Centers; and Columbus Community Clinical Oncology.

Continued on Page 8

TOMA Convention Speakers, Continued

"Colposcopy — Preventing Cervical Cancer and More" will be presented by Robin A. Hall, D.O., during the Symposium on Female Health.

A certified family practitioner, Dr. Hall has a private practice in Colleyville, Texas. A 1988 graduate of Texas College of Osteopathic Medicine, she interned at Osteopathic Medical Center of Texas and served a family practice residency at TCOM.

Dr. Hall underwent specialty training in neonatology at Parkland Memorial Hospital, Dallas; emergency medicine at Methodist Hospital, Dallas; gynecology at Evans Community Hospital, Fort Carson, Colorado Springs, Colorado, and at Carswell Air Force Base, Fort Worth; sexually transmitted disease at Public Health Department, Fort Worth; and oncology at M.D. Anderson Cancer Center, Houston.

She is affiliated with Northeast Community Hospital, HCA North Hills Medical Center, Osteopathic Medical Center of Texas and Baylor Medical Center at Grapevine.

Professional society memberships include TOMA; TOMA District XV; American College of Osteopathic Family Physicians; American Medical Association; American Osteopathic Association; Mortar Board Honor Society Alumni Association; Tarrant County Medical Society, in which she is a member of the Public Health Advisory Committee; Texas Medical Foundation; and the Texas Medical Association.

Dr. Hall is a member of the Colleyville Chamber of Commerce, serving on two of its committees: the Economic Development Committee and the CEO Roundtable Committee.

Deborah L. Blackwell, D.O., will discuss "The Well Child Exam — What To Do and When To Do It? Will Managed Care Allow It?"

Dr. Blackwell practices at Westside Pediatric Consultants in Fort Worth; serves as director of medical education for the Osteopathic Medical Center of Texas; as assistant dean for clinical affairs and as an assistant professor of the Department of Pediatrics at the University of North Texas Health Science Center at Fort Worth.

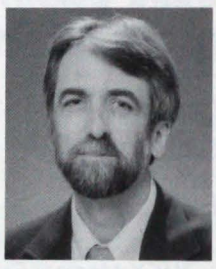
Other appointments at UNT Health Science Center include chairperson for the Student Performance Committee and the SACS Sub-Committee for Student Services; member of Semesters 6, 7 & 8 Course Directors Group; member of the TCOM/OMCT Joint Committee; facilitator — Glaxo Pathway; admissions interviewer; member of the Evaluation Advisory Board; and ex-officio member of the Manipulative Medicine Search Committee and the Executive Council of the Faculty.

Additional appointments at Osteopathic Medical Center of Texas include chairperson of the Residency Program Directors and the Hospital Education Committee; vice-chairperson of the Pediatrics Department; and member of the Medical Quality Assurance Committee and the Ethics Committee.

A 1982 graduate of Texas College of Osteopathic Medicine, Dr. Blackwell interned at Doctor's Hospital, Columbus, Ohio. She also served a residency at Doctor's Hospital and Children's Hospital, Columbus. She is certified in pediatrics by the American Osteopathic Board of Pediatrics.

Professional society memberships include TOMA; TOMA District II; American Osteopathic Association; and the American College of Osteopathic Pediatricians. Dr. Blackwell is also a member of Phi Beta Kappa.

Outside service includes consultant for USPHS Primary Care Effectiveness Review; executive board member of the Tarrant County Youth Collaboration; chairperson of the executive board for Tracking, Referral and Child Services; member of the TRACS Interdisciplinary Committee; advisory board member of Easter Seals; member of the Harris Select Indigent Health Care Committee; and member of the Texas Department of Health's Chronically Ill and Disabled Children's Advisory Committee.



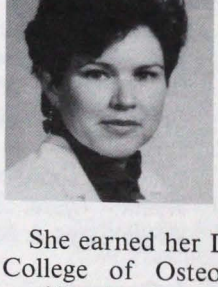
As part of the workshop entitled Manipulating the Frail Elderly, Russell Gamber, D.O., will speak on "Maintenance of Functional Ability in the Elderly."

Dr. Gamber serves as an associate professor and as director of Core Rotations in the Department of Manipulative Medicine at the University of North Texas Health Science Center at Fort Worth.

A 1969 graduate of Kirksville College of Osteopathic Medicine, Kirksville, Missouri, Dr. Gamber interned at Lansing General Hospital, Lansing, Michigan. He is certified in family practice and occupational medicine.

Professional society memberships include TOMA; TOMA District II; American College of Family Practitioners in Osteopathic Medicine and Surgery; Family and Individual Services Agency of Tarrant County; American Academy of Osteopathy; and the Cranial Academy.

University of North Texas Health Science Center at Fort Worth/TCOM committee memberships include Recruitment and Admissions; Self Study; Continuing Education; Educational Goals and Osteopathic Research and Education; Curriculum Committee; and Scholarship/Awards.



Abigail H. Faerber, D.O., will discuss "Dealing With the Reality of Breast Cancer" during the Friday morning Symposium on Female Health entitled "Breast Cancer — Finding It Early."

Dr. Faerber is a family practitioner with Distaff Physicians, Inc.; and also serves as a clinical instructor at Ohio University College of Osteopathic Medicine.

She earned her D.O. degree in 1985 from Ohio University College of Osteopathic Medicine, and received board certification in 1992 from the American Osteopathic Board of Family Practice.

Continued on Page

Now may be the best time ever to "unload" your life insurance

Consumer Reports calls it "the best kept secret in life insurance". The Wall Street Journal, Forbes and Business Week have all run recent articles touting its benefits.

What has stirred up all this interest? You can now buy business or estate life insurance ***without*** the usual heavy front end commissions and loads by paying a fee instead. These front end commissions and loads usually consume most of the first two premiums on a typical policy, leaving little if any surrender value. With a fee policy however, virtually all of the premium generates ***immediate cash*** within your policy and on your balance sheet.

As Roeske and others point out, the elimination of commissions and other loads puts far more of your money to work instantly to provide liquidity and to compound faster to pay up the policy for fewer total dollars.

As the comparative illustration below shows, using a fee only policy dramatically increases both the guaranteed and total cash values of a whole life policy beginning in the very first policy year. This could mean a dramatic out of pocket cost difference if the policy were surrendered, or fewer total premiums needed to pay up the policy.

COMPARE THE DIFFERENCE

Comparing Guaranteed Premium Dividend Paying **Fee Only** Whole Life Plan
vs. Commission Plan with Leading Mutual Company

$1,000,000 Whole Life
Male 55 Non-Smoker
$1,000,000 Coverage

Great-West Life (Fee Only / No Commission)				**VS.**	**Leading Mutual Company (Fully Commissionable Plan)**		
Guaranteed Premium Paid	**Guaranteed Cash Value**	**Total Cash with Dividends**	**Year**		**Guaranteed Premium Paid**	**Guaranteed Cash Value**	**Total Cash with Dividends**
$27,490	$19,210	$21,710	1		$31,415	$ 0	$ 670
27,490	47,120	52,960	2		31,415	0	2,062
27,490	76,000	86,278	3		31,415	18,740	23,201
27,490	105,870	121,960	4		31,415	41,240	49,487
27,490	137,200	160,278	5		31,415	64,190	77,741
27,490	251,800	333,663	10		31,415	183,960	272,183
$274,900					**$314,150**		

Fee Policy Advantages

- **12% lower guaranteed premiums**
- **Far greater guaranteed and total cash values per dollar of premium paid.**

If the policy were surrendered after 10 years, there would be a *net out of pocket difference*[1] of *$100,730* in favor of the *fee only* policy! ([1] Premiums paid vs. cash surrender value received)

Note: Both plans are illustrated on each company's current 7.2% gross dividend rate.

Since most consumers are sick and tired of misleading sales tactics and under-performing life insurance policies, a number of carriers have seized upon the opportunity for a more cost efficient, professional method to deliver policies to their customers. Says John Roeske, Vice President of Great-West Life, "We found our policyholders' buying habits had changed. They wanted unbiased information and unbundled products. We entered the fee only life business because we feel it is important to represent our products in a way we believe they'll perform and in today's environment, ***that's almost impossible on a commission basis." He adds, "We're out of the business of disappointing our policyholders."***

The popular "last to die" policies to pay estate taxes work equally well using fee only policies. For instance, a couple aged 60 purchasing $1,000,000 of coverage can reduce the projected premiums to pay up their coverage by 27% - - possibly saving over $66,000 in premiums.

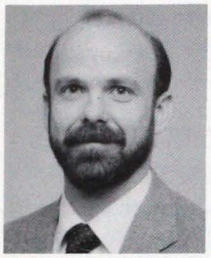
If you are considering a life insurance purchase and want lower expenses, better economics, realistic projections and objective advice, you should get the story on ***no-load fee based policies***.

To receive a ***free report*** telephone Linscomb & Williams at (713)840-1000 or toll free at 1(800)960-1200.

CONVENTION SPEAKERS, *Continued*

Professional society memberships include the American Osteopathic Association; Ohio Osteopathic Association; 6th District Academy of Osteopathic Medicine; A.M.W.A., local and national; Ohio State Medical Association and the Academy of Medicine of Columbus and Franklin County, in which she is a council member and chairperson of the Credentials and Membership Committee.

Community service includes Beaux Arts, Columbus Art Museum Auxiliary; Columbus Chamber Music Society; Auxiliary to the 6th District Academy of Osteopathic Physicians, of which she is a past president; and member of the Primary Care Subcommittee of Ohio, a division of the American Cancer Society.



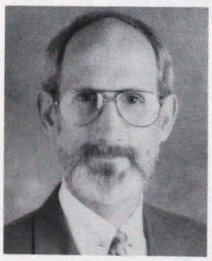
"How to Detect Prostate Cancer Early: Is the PSA a Useful Screening Tool?" is the topic to be presented by Robert G. Stroud, D.O.

Dr. Stroud has a private urology practice in Fort Worth and is a clinical assistant professor at the University of North Texas Health Science Center at Fort Worth. He lectures monthly to students and interns on various urologic topics and supervises multiple clinical urologic rotations of students, interns and residents.

A 1983 graduate of Texas College of Osteopathic Medicine, Dr. Stroud interned at Dallas-Fort Worth Medical Center, Grand Prairie, where he also served a general surgery residency. He subsequently served an OB/GYN residency at Doctor's Hospital, Columbus, Ohio, and a urologic surgery residency at Texas College of Osteopathic Medicine.

Dr. Stroud is board certified by the American Osteopathic Board of Surgery — Urology Division.

Professional society memberships include TOMA; TOMA District XV; American Osteopathic Association; and the Tarrant County Medical Society.



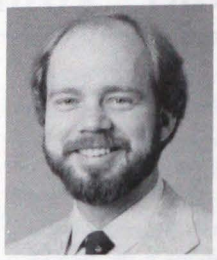
Frederick A. Schaller, D.O., will be presenting a two-part workshop on Thursday, June 16. He will discuss "Basic Electrocardiography and Common Arrhythmia's" and follow with "Advanced Electrocardiography and Common Arrhythmia's."

Dr. Schaller serves as associate professor of medicine and chief of the Division of Cardiovascular Medicine at the University of North Texas Health Science Center at Fort Worth.

A 1977 graduate of Michigan State University, College of Osteopathic Medicine, East Lansing, Michigan, he interned at Pontiac Osteopathic Hospital, Pontiac, Michigan. Dr. Schaller served an internal medicine residency at Kennedy Memorial Hospital, Stratford, New Jersey, and a cardiology fellowship at Kennedy Hospital/University Medical Center, Stratford.

Dr. Schaller is certified in both internal medicine and cardiology by the American Osteopathic Board of Internal Medicine.

Professional society memberships include TOMA; TOMA District II; American College of Osteopathic Internists, in which he is a fellow and also serves as chairman of the Council on Education and Evaluation; National Board of Osteopathic Medical Examiners, in which he is chairman of the Internal Medicine Test Construction Committee; as a consultant to the American Osteopathic Board of Internal Medicine for the Internal Medicine and the Cardiology Certification Examination; and the American Osteopathic Association.



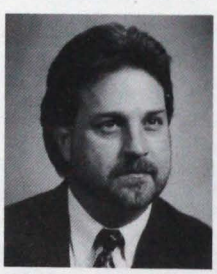
On Saturday, June 18, a workshop entitled "Manipulative Treatment in Respiratory Disease" will be led by Gregory A. Dott, D.O., with the assistance of Richard W. Koss, D.O., David A. Vick, D.O., and Allen W. Jacobs, D.O. Following presentations by these physicians, attendees will be going into work stations on OMT tables.

Dr. Dott serves as assistant professor in the Department of Manipulative Medicine at the University of North Texas Health Science Center at Fort Worth, where he also is course director for Osteopathic Manipulative Medicine III, and clinical director of the Undergraduate Teaching Fellow Program.

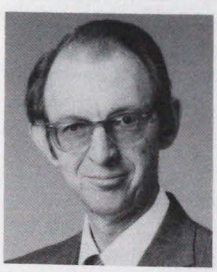
A 1984 graduate of Texas College of Osteopathic Medicine, Dr. Dott interned at Osteopathic Hospital of Maine, Inc., and served a family practice residency at Dallas Memorial Hospital.

He is certified in family practice, in manipulative medicine and is a certified diplomat of the Board of the American Academy of Pain Management.

Professional society memberships include TOMA, in which he serves in the House of Delegates and as chairman of the TOMA Osteopathic Principles and Practice Committee; TOMA District V, of which he is a past president; American Osteopathic Association; American College of Osteopathic Family Physicians; life member of the TCOM Alumni Association; Texas State Society of the American College of Osteopathic Family Physicians; Cranial Academy; Dallas County Medical Society; Texas Academy of Osteopathy, of which he is the current president; and the American Academy of Pain Management.



Richard W. Koss, D.O., serves as vice chairman/assistant professor of the Department of Manipulative Medicine at the University of North Texas Health Science Center at Fort Worth. He earned his D.O. degree in 1982 from Kirksville College of Osteopathic Medicine (KCOM); interned at Normandy Osteopathic Hospitals, St. Louis, Missouri; and served an osteopathic manipulative medicine residency at KCOM. Dr. Koss is certified in family practice and certified in special proficiency in osteopathic manipulative medicine.



David A. Vick, D.O., serves as acting chairman/assistant professor of the Department of Manipulative Medicine at the University of North Texas Health Science Center at Fort Worth. He received his D.O. degree in 1963 from the Kansas City College of Osteopathy and Surgery; interned at Mount Clemens General Hospital, Michigan; and served an internal medicine residency at Flint Osteopathic Hospital, also in Michigan. Dr. Vick is board eligible in internal medicine and certified in osteopathic manipulative medicine.

Enthusiasm Over TOMA Fun Day Positively A Family Affair

TOUR 18
AMERICA'S GREATEST EIGHTEEN HOLES

Constantly physicians are asked to replace family time with office time. The Texas Osteopathic Medical Association recognizes the demands upon physicians and has planned a CME event June 16-19, at the Wyndham Greenspoint Hotel, in Houston, TX, that takes the whole family into consideration. This year the program has been restructured to enable a family outing in the afternoon on Friday, June 17, while all aspects of the Continuing Medical Education seminar will come to a halt in the afternoon.

You will notice by the Pre-Registration form in this magazine, attendees are given two options. Physicians and their families can tour Space Center Houston or play in the golf tournament at TOUR 18, both of which require advance payment.

Our pre-registration for both of these events are moving along and we have only 100 slots for both physicians and exhibitors who wish to compete in the golf tournament.

TOUR 18 is the only course of its kind in the world. Each hole is a precise simulation of one of America's most famous golf holes. From the Mickey Mouse Ears sand trap of Disney's #6, to the 100 yard sand trap of Oakmont's #3, this course will challenge your ability and test your skill, to say the least. Following the TOUR 18 experience, a buffet meal and team awards will be presented. All transportation, range balls, 1/2 Cart, Greens Fees and the evening meal are covered in the $85 fee.

If you and your family choose to tour Space Center Houston, you'll be amazed. From the multi-media presentations and hands-on experiences, to educational exhibits and the I-Max five-story screen, you'll see what the astronaut experience is like. This is a blast from the past to the future that should not be missed. For only $25 your entire family will receive a round-trip bus ride (a VCR in the kid's bus), a tour of the space center, a buffet meal and the chance to hear a physician astronaut speak about his space travels in person.

Houston also offers a wealth of other activities for those wanting something different too. Prepare yourself for an enjoyable and educational family time, while in Houston, at the TOMA 95th Annual Convention and Scientific Seminar!

SPACE CENTER HOUSTON™

Measles Alert!

Confirmed Measles Cases Reported in Fort Worth

The Texas Department of Health reports that three serologically confirmed cases of measles in the Fort Worth area underscores the continuing threat of a return to major measles outbreak conditions in the state. As contagious as measles is, TDH estimates three or four unreported cases occur for each confirmed case.

David R. Smith, M.D., Commissioner of Health, notes "There can be no excuse for our allowing a recurrence of the nearly 9,500 measles cases, including 26 deaths, which Texas suffered from 1988 through 1992 as a result of inadequate measles protection. Our latest estimate of the proportion of Texas' 2-year-olds who are fully protected against measles, mumps, and rubella is 42 percent. With 58 percent of our youngest children inadequately immunized, this state is still in critical jeopardy."

According to Dr. Smith, "The TDH is on full alert to supply vaccines, advise community health authorities, hospitals, emergency rooms, community health centers, private physicians, and other health care providers for increased local immunization efforts and to provide laboratory or technical support. Please avail yourselves of these resources as needed to proceed without delay on any community-wide immunization clinics you may have planned in connection with the statewide 'Shots Across Texas' initiative or other events."

If a suspected case of measles meets the case definition, the TDH asks that appropriate investigations, immunizations and follow-up be implemented.

Case Definition of Measles

1. fever of 101° F. or greater;
2. generalized rash; and
3. cough, coryza, or conjunctivitis.

For advice on outbreak control procedures, contact Jan Pelosi or Maria Vega at 1-800-252-9152. ■

Some Like It Hot

Chili peppers may be carcinogenic, according to epidemiologists from Yale University and the Mexico National Institute of Public Health, who studied the eating habits of Mexico City residents. Heavy consumers of hot chili peppers were 17 times more likely to have stomach cancer than those who did not eat peppers at all. Moderate pepper eaters were more than four times likely to have stomach cancer. ■

HERE'S YOUR OPPORTUNITY

5 HOURS *of Interesting, Informative, Instructional, Important and Enlightening*

MALPRACTICE RISK MANAGEMENT

Learn the latest trends and concepts in medical malpractice avoidance, management and litigation.

Participate in a malpractice mock trial and an open panel discussion with experts from various perspectives of involvement in the medical malpractice field.

DON'T MISS OUT!!

SUNDAY, JUNE 19TH (8:00 AM TO 1:00 PM)
95th TOMA Annual Convention • Houston, Texas

Sponsored by:

DEAN, JACOBSON FINANCIAL SERVICES

and

Healthcare Insurance Services, Inc.

Champus News

CHAMPUS Will Pay For Treatment At Free-Standing Or Institution-Affiliated Kidney Dialysis Centers

CHAMPUS has announced that it will share the cost of dialysis at free-standing (not located at or associated with a hospital) or institution-affiliated kidney dialysis centers that are approved for payment under Medicare, as long as the dialysis is otherwise a benefit under CHAMPUS.

The Defense Department regulation under which CHAMPUS operates is being amended to extend CHAMPUS-authorized provider status to kidney dialysis centers that are not hospital-based. Members of service families or providers of care who have had CHAMPUS claims denied for dialysis at free-standing centers should re-submit the denied claims to the appropriate CHAMPUS claims processor.

Newsbrief

ELDERCARE LOCATOR SERVICE AVAILABLE

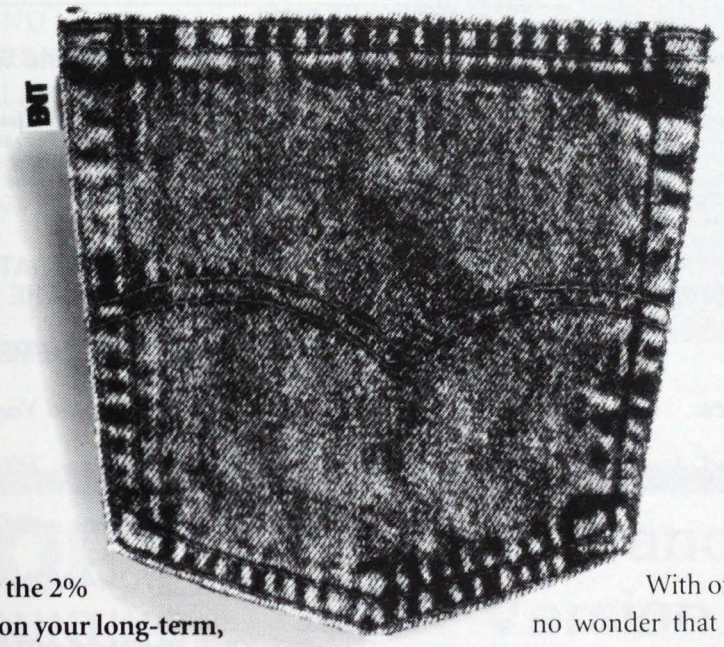
A national "Eldercare Locator" service, which provides help and information about services for older people in the U.S., is now in operation. Funded by the Administration on Aging and run by the National Association of Agencies on Aging, the service can provide state and local community information on issues such as home health services, transportation options and adult day care centers throughout the country.

The number is 1-800-677-1116 and is operational between 9 a.m. and 5 p.m., Monday through Friday. Callers should provide the name and address of the person in need of assistance, along with a brief description of the service or information needed.

COURT UPHOLDS MARIJUANA MEDICAL BAN

The U.S. Court of Appeals for the District of Columbia Circuit has recently upheld the 1992 decision by the Bush administration which bans physicians from prescribing marijuana for medicinal purposes. The drug is useful in easing treatment side effects for such diseases as AIDS and cancer, and in alleviating eye pressure in glaucoma patients.

With our SBA loan, the 2% guaranty fee comes out of our pocket.



BNT will pay the 2% guaranty fee on your long-term, competitive-rate SBA real estate loan.

BNT now offers an extra incentive through our SBAdvantage program. If you get a 15- to 25-year SBA real estate loan right now, we'll actually pay the 2% guaranty fee – which means less money out of your pocket. SBA loans can range from $100,000 to $1 million using competitive, floating-rate financing.

With offers like this, it's no wonder that Bank of North Texas is the largest SBA lender in the entire Metroplex. Our SBA Preferred Lender status means you get quick answers to your loan requests.

This exceptional offer is good for a limited time only, so contact the SBA loan specialists at any of our Bank of North Texas offices listed below.

SBAdvantage

Bank of North Texas

Our greatest asset is you.

MAIN 8701 BEDFORD-EULESS RD., HURST, 817/280-9500
MEADOWBROOK 6707 BRENTWOOD STAIR RD., FORT WORTH, 817/457-4990
ARLINGTON I-20 AT LITTLE RD., ARLINGTON, 817/478-9271
HURST 201 E. PIPELINE RD., HURST, 817/280-9586
DALLAS 3010 LBJ FREEWAY, SUITE 1233, DALLAS, 214/241-4049

MEMBER NORTH TEXAS BANCSHARES, INC. • MEMBER FDIC

PRE - REGISTRATION FORM

Osteopathic Medicine: The Launching Pad for Prevention--A Journey Toward Managed Care... T-6 and Counting.

June 16-19, 1994
Wyndham Greenspoint Hotel
Houston, Texas

25 AOA Category 1 - A CME Hours anticipated
3 AOA Category 2 - B CME Hours anticipated

Pre-Registration Deadline May 31, 1994

Name _____ **First Name for badge** _____
(please print or type)

Address _____ **City** _____ **St.** _____ **Zip** _____

D.O. College _____ **Year Graduated** _____ **AOA#** _____

Spouse\Guest _____ **will accompany me.**
(first and last name)

Please Select One of the Following Concurrent Sessions for Thursday and Saturday afternoon:

Thursday,
1:30 - 3:00 _____ I. Symposium on Family Health
_____ II. Common Dilemmas in the Office

3:30 - 5:30 _____ A. Marketing you and your Profession
_____ B. Basic & Adv. Electrocardiography and Common Arrythmias
_____ C. Manipulating the Frail Elderly

Saturday
2:15 4:30 _____ A. Manipulative Treatment in Respiratory Disease
_____ B. Using Preventive Guidelines in Your Practice
_____ C. State of the Art Mgmt. for Non-Healing Wounds
_____ D. Compliance W\Fed & St Drug Laws for Dir. of EMS

CONVENTION PRE-REGISTRATION FEES:

____ *TOMA MEMBERS*	*$300*
____ *1st & 2nd Year in Practice*	*$200*
____ *Spouses, Military, Retired, Associates*	*$150*
____ *Interns and Residents*	*$0*
____ *TOMA NON-MEMBERS*	*$400*

REGISTRATION AFTER MAY 31, 1994 OR AT THE DOOR:

_____ *TOMA MEMBERS*	*$400*
_____ *1st & 2nd Year in Practice*	*$300*
_____ *Spouses, Military, Retired, Associates*	*$200*
_____ *Interns and Residents*	*$0*
_____ *TOMA NON-MEMBERS*	*$500*

CME Registration Amount Enclosed _____

Family Day Options, Friday, June 17, 1994

Please choose a family event below. No clinical program will be held Friday afternoon.

OPTION #1
TOMA "WELLNESS BY GOLF" TOURNAMENT *Handicap* _____
At the prestigious ***TOUR 18*** *golf course, 15 minutes from the Wyndham Greenspoint . This beautiful course provides 18 holes of America's most famous courses at one club. $85 Registration fee includes Charter Bus Transportation, Green fees, 1/2 Cart, Range balls, buffet dinner and team awards.*
Golf is limited to 100 so respond now!
Amount Enclosed _____

OPTION #2
SPACE CENTER TOUR AND ASTRONAUT LECTURE *Number of Adults* _____
At the phenomenal ***Space Center Houston*** *NASA complex. $10 per person or $25 per family, includes Charter Bus transportation, admission to the space center, a buffet dinner and a Presentation by an astronaut the whole family can enjoy.*
ages 12 and up attending _____
Number of children under age of 12 attending _____
Please sign-up early to confirm your participation!
Amount Enclosed _____

TOTAL AMOUNT ENCLOSED _____

ATOMA NEWS

By Inez Suderman
ATOMA Parliamentarian

The following AAOA Approved Bylaws will be presented for the Auxiliary to the Texas Osteopathic Medical Association House of Delegates meeting on Thursday, June 16. These would then be a part of the ATOMA Bylaws as well as the National Bylaws:

ARTICLE III, SECTION 4 — AFFILIATE AUXILIARIES-STATE AND DISTRICT-AND STUDENT ASSOCIATE AUXILIARIES MAY PROVIDE FOR A SUPPORTING MEMBERSHIP FOR THOSE WHO CHOOSE TO SUPPORT AND PROMOTE THE OSTEOPATHIC PROFESSION BUT WHO ARE NOT ELIGIBLE TO BE A REGULAR MEMBER. THIS MEMBER SHALL NOT SERVE AS A PRESIDENT OR PRESIDENT-ELECT NOR BE SEATED AS A DELEGATE OR ALTERNATE TO ANY CONVENTION.

Newsbrief

MALARIA VACCINE MAY SOON BE ON MARKET

An experimental malaria vaccine, developed in 1988 by researchers at the National University of Columbia in Bogota, could be ready for general use in as little as four years. The vaccine has been tested on 20,000 people and although it does not prevent malaria, it appears to reduce malarial attacks, especialy among children, who are the hardest-hit group. Final testing is currently underway with results expected to be completed in October.

Estimates are that malaria kills approximately three million people annually, and weakens about 500 million more.

STARK INTRODUCES PLAN FOR MEDICARE EXPANSION

U.S. Rep. Pete Stark, D-Calif., chairman of the House Ways and Means health subcommittee, recently unveiled a plan under which empoyers will pay a new 0.8 percent payroll tax to expand Medicare to cover the nation's poor and uninsured. Strict spending limits on all health expenditures beginning in 1988 would also be imposed unless medical inflation shows a dramatic slow-down. Stark said that under his proposal, all Americans would have coverage by January 1, 1997.

Supporting oste
physicans acros

- Medical Staff Privileges at Osteopathic Medical Center of Texas
- Independent Practice Association Membership
- Managed Care Program Participation
- Occupational Health Programs
- Physician Information Resource
- Osteopathic Marketing Programs
- Localized Community Educational Services
- Accounts Receivable Management Services/ Data Processing
- Continuing Medical Education Programs
- Physician Resource Network
- Access to all OHST Services and Affiliates

Affiliated Services

Osteopathic Medical Center of Texas

1000 Montgomery
(817) 731-4311
Referral line 1 (800) 299-CARE (2273)

- 265-bed regional referral hospital
- 24-hour emergency department services
- Intensive care unit (ICU)
- Cardiac care unit (CCU)
- Complete diagnostic laboratory services
- Cardiac rehabilitation
- Comprehensive maternity services
- General and specialty surgery
- Cardiac surgery
- Cardiac catheterization
- Hyperbaric oxygen therapy
- Wound treatment center
- Full-service adult psychiatric treatment
- Transitional care unit
- Radiological services, including X-ray service and magnetic resonance imaging (MRI)
- Electrodiagnostics services
- Angioplasty
- Pulmonary diagnostic services
- Pediatric unit
- Oncology unit with chemotherapy treatment
- Hemodialysis
- Osteopathic manipulative medicine (OMM)
- Outpatient services
- Patient advocacy
- Rehabilitation services, including physical and occupational therapy
- Wellness services
- Patient education department
- Home health care
- Helipad for air ambulance service

CareLink

3715 Camp Bowie Boulevard
(817) 735-DOCS

- 24-hour regional referal center
- Information and health referal center
- Physican referal service
- Nursing home referal service

One Day Surgery Center, Ltd.

1001 H
(817) 73

- Complete outpatient facility
- Specialized care
- Convenient location
- Easy, free parking

Diagnostic Imaging Centre/ Novus Breast Center

3825 Camp Bowie Bou
(817) 73

- Outpatient X-ray service
- Mammograms
- Breast care education
- Patient van service
- Preliminary reports same day by phone or fax; written reports with 48 hours

The Health & Fitness Connec

6242 Hulen Bend Boul
(817) 34

- Medical director on site
- Complete health and fitness facili
- Fitness programs and educational seminars open to public and mem
- State-of-the-art equipment/indoor
- Exercise and training programs

Carswell Osteopathic Medical Plan (COMP)

3715 Camp Bowie Bou
(817) 263-COMP

- An Osteopathic Health Group program for military (active, retired, reservist) and their family members
- Physician network of OHST health care services
- Discounts on dental services and medications

pathic Texas

LE Club (Adult Prevention ram for Life Enhancement)
3715 Camp Bowie Boulevard
(817) 377-APPLE (2775)
e health prevention information
grams
e health fairs and special
enings
count pharmacy
v-cost group dental plan and
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mmunity services and discounts

ical Center Pharmacy
3601 West Seventh
(817) 738-1883
urance claim filing, including
AMPUS
e delivery
mplete prescription drug record-
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T Capital Corporation
4916 Camp Bowie Boulevard
(817) 763-8706
all business investment (SBIC)
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4916 Camp Bowie Boulevard
(817) 377-4663
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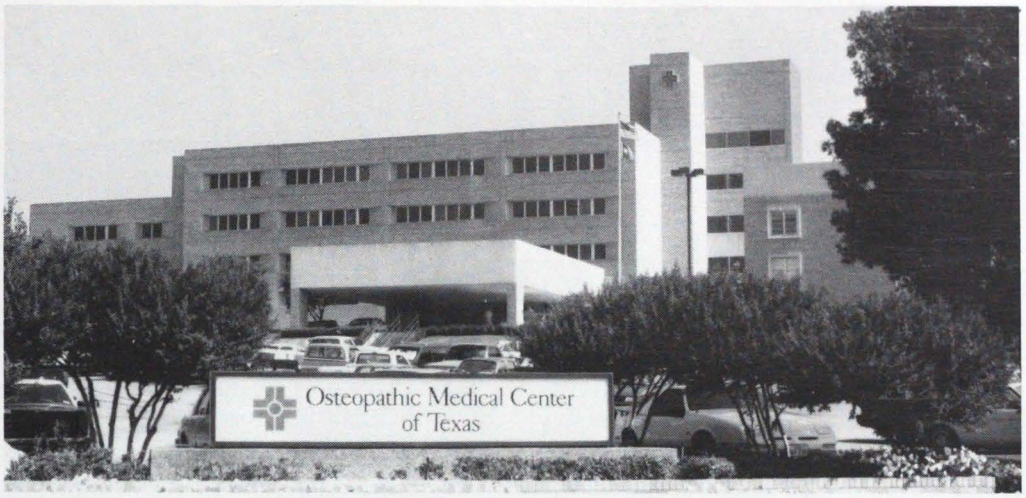
hour telephone assistance



About Our System...

Osteopathic Health System of Texas provides this network of hospital and allied services to osteopathic physicians across Texas for a very good reason: to help provide quality health care in the fast-changing medical environment of the '90s.

All these services are built on a philosophy pioneered more than 100 years ago by Andrew Taylor Still, founder of osteopathic medicine.

And that philosophy, which is coming more and more into focus as the rest of the world catches up to it, is simple. It views patients as individuals, each with unique needs that are best met when they work in partnership with their physicians.

This means patients see physicians before they get sick. It means preventive medicine. It means getting people well and keeping them that way. It's why we keep saying "Prevention Works Wonders."

We invite osteopathic physicians across Texas to join us in this important and growing health care network. It's rooted in a 100-year-old tradition that will work wonders well into the 21st century.

When you refer your patients to OMCT:

- You remain the family physician of record.
- You maintain complete access to your patient's records.
- You can monitor your patient's care 24 hours a day on our toll-free telephone line, 1 (800) 725-OMCT (6628).
- Your practice philosophy is reflected at our exclusively osteopathic medical center.
- Your patient is referred back to you for continued osteopathic care after hospital treatment is completed.

While your patient is at OMCT, family members receive special assistance, including:

- Special hotel rates
- Free shuttle from hotel to OMCT
- Free counseling services 24 hours a day
- One free meal per day in cafeteria

For more information or to schedule a patient for services, contact CareLink 24 hours a day at 1(800) 299-CARE (2273).

Osteopathic Health System of Texas

3715 Camp Bowie Boulevard • Fort Worth, Texas 76107

AOMA District II Winter

Hundreds of people turned out for the annual Wintercrest Charity Ball February 19 and helped raise more than $40,000 for North Texas charities and osteopathic scholarships. The ball, deemed "Starry, Starry Night," is planned and produced by members of the Auxiliary to the Texas Osteopathic Medical Association District II.

"I'm very proud of the people who've contributed their time and financial support," said Becky Jordan, chairwoman of both the planning committee and the sponsor and donation committee. "Jan Aziz served as a great co-chairwoman supporting me and helped make this a highly successful event."

The 1994 Wintercrest Charity Ball raised money for local charities and scholarships for osteopathic medical students. Charities that receive financial help include the Association for Retarded Citizens, Camp Sanguinity, Northside High School Medical Magnet Program in the Fort Worth Independent School District's Adopt-A-School Program, Gill Children's Services, the Presbyterian Night Shelter, the Warm Place and the Women's Haven. The auxiliary has also adopted OMCT's Pediatric Unit and will use some of the money raised at the ball for the unit's projects.

The auxiliary also provides money for osteopathic scholarships at the University of North Texas Health Science / Texas College of Osteopathic Medicine.

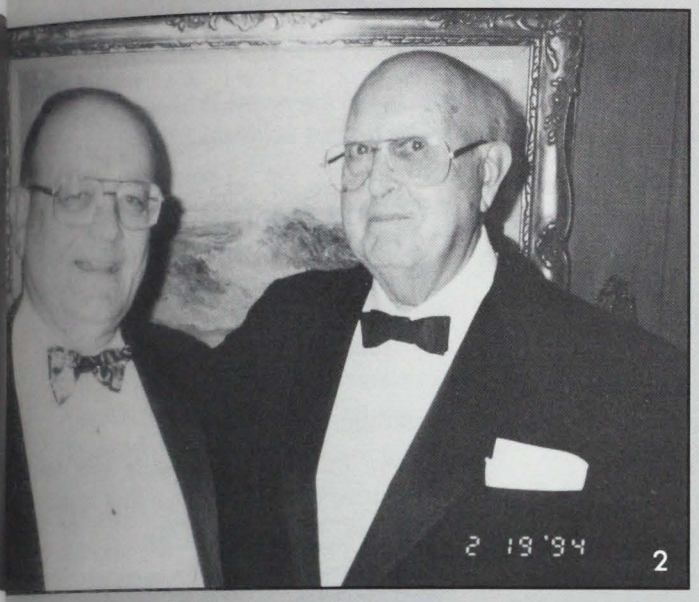
Net proceeds going directly to these charities and osteopathic projects topped the $40,000 mark — the most money ever raised during the Wintercrest Ball's 30-year history.

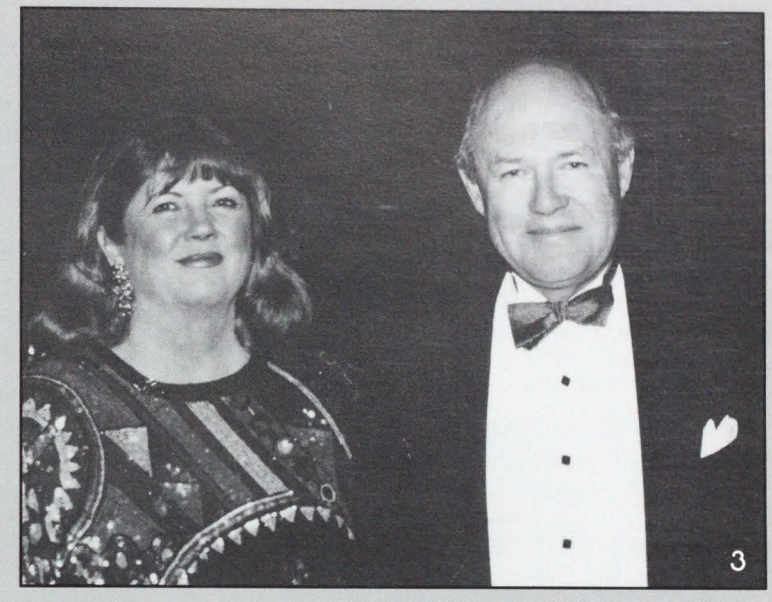
"I'm certain that future Wintercrest Balls will be quite successful with the support like we had this year," Mrs. Jordan said.

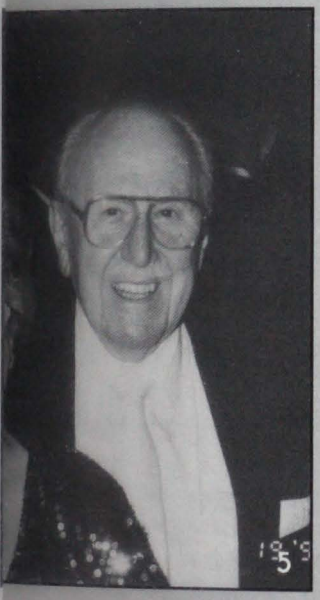
Scott Murray, KXAS-TV Channel 5 sports director, graciously served as the Master of Ceremonies and also as auctioneer during the live auction portion of the evening.

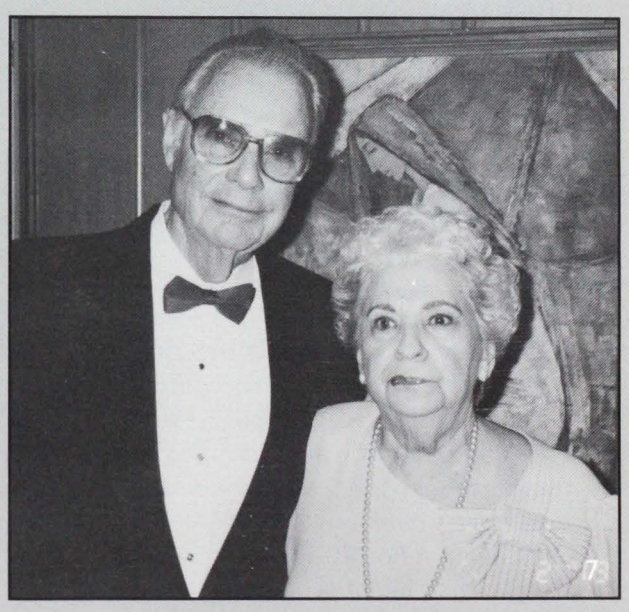
Local businesses, individuals and artisans donated items and money to make both the silent and live auctions such a success. Communication staff at the Osteopathic Health System of Texas provided additional support.

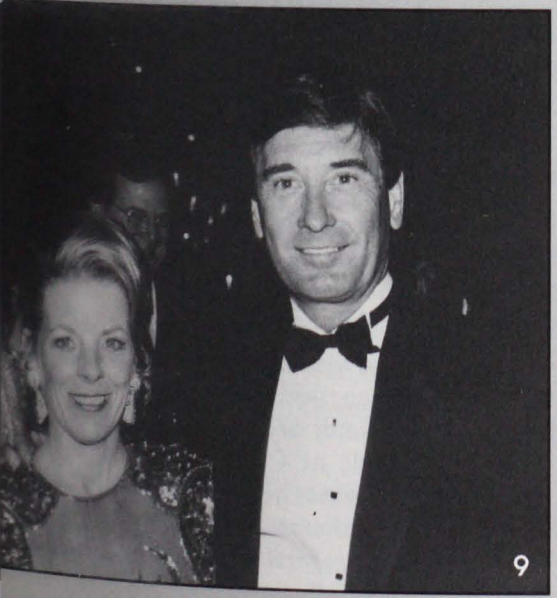
Ball Raises $40,000 for Charity











1. *UNTHSC Dean Ben Cohen, D.O. and wife Lori; UNTHSC President David M. Richards, D.O. and wife Merilyn.*
2. *T. Eugene Zachary, D.O., and Roy B. Fisher, D.O.*
3. *Jay Sandelin, OHST Chairman and wife Pat.*
4. *Dr. and Mrs. Jim Czewski.*
5. *Virgil Jennings, D.O., and Doris Rogers.*
6. *Fort Worth Mayor Kay Granger.*
7. *Ray and Edna Stokes.*
8. *Mary Ann Block, D.O., and Student/Doctor Jack Ward.*
9. *Bill Jordan, D.O., and wife Becky*

HIV Testing
Texas Health and Safety Code

Effective September 1, 1989

The following sections of the Texas Health and Safety Code have been paraphrased and rewritten to make them easier to understand. This is a summary document and further reference to the statutes and/or department rules may be necessary.

HIV Testing [§§81.102 and 81.107]

Testing can only be required under the following circumstances:

- blood donation;
- to manage accidental exposures to blood or certain body fluids with high concentrations of HIV;
- exposure of a law enforcement officer; fire fighter; EMS employee or paramedic; or a correctional officer according to rules set out by the Texas Department of Health;
- exposure of a victim of sexual assault;
- to qualify for insurance as authorized under Article 21.21-4, Insurance Code;
- if a medical procedure is performed on the person that could expose health care personnel to AIDS or HIV infection [Health care personnel are at risk of exposure to HIV during a medical procedure if the personnel have their mucous membranes or skin in contact with any body fluid or tissue (other than the patient's intact skin) and if the procedure to be performed is an invasive procedure that involves surgical entry into tissues, cavities, or organs or the repair of major traumatic injuries, including angiographic, bronchoscopic, endoscopic and obstetrical procedures. There must be sufficient time to receive the test result before the procedure is conducted.];
- as a bona fide occupational qualification if there is not a less discriminatory means of satisfying the occupational qualification [A bona fide occupational qualification is one that is reasonably related to the satisfactory performance of the duties of a job and for which there is a reasonable cause to believe that a person of the excluded group would be unable to safely and in a satisfactory manner perform the duties of the job. An employer who alleges that a test is necessary as a bona fide occupational qualification has the burden of proving that allegation.].
- residents and clients of the Texas Youth Commission and Texas Department of Mental Health and Mental Retardation with specific conditions as outlined by each agency.

Violation:

- An individual or entity who requires testing for reasons not stated above has committed a class A misdemeanor.

Consent for HIV Testing [§§81.105-81.106]

Informed consent must follow these guidelines:

- A person may not perform a test designed to identify HIV without first obtaining the informed consent of the person being tested.
- Consent need not be written if there is documentation in the medical record that the test has been explained to the client and that verbal consent has been obtained.
- A person who has signed a general consent form for the performance of medical tests or procedures is not required to also sign a specific consent form relating to HIV testing during the time in which the general consent form is in effect. Some institutions may have stricter policies concerning consent for HIV testing than what is stated in the statutes.
- The result of a test for HI performed under the authorizati of a general consent may be use only for diagnostic or other pu poses directly related to medic treatment.

Violation:

- An individual or entity that tes without consent has committed class A misdemeanor.

Release of the HIV Test Resul [§§81.103]

HIV test results should only b released with the signed consent of th client/patient.

The result may be released without th patient's consent to:

- the Texas Department of Health;
- a local health authority;
- the Centers for Disease Control and Prevention;
- the physician/clinician who ordered the test;
- another physician, nurse, or othe health care personnel who has a legitimate need to know the tes result in order to provide for the patient's health and welfare *and* for the protection of the health care worker;
- the person tested or a person legally authorized to consent to the test on the person's behalf;
- the spouse of the person tested if the person tests positive for HIV infection. The statute does not state that there is or is not a duty to inform the spouse;
- the local health authority who will then notify the victim of sexual assault according to Article 21.31 code of Criminal Procedure. The victim is held to the confidentiality requirements described in §81.103

- the local health authority who will then notify the director of the institution that employs the law enforcement officer, fire fighter, EMS/Paramedic, or correctional officer. This director will notify the employee that has been exposed in the line of duty. [§81.048] The law enforcement officer, fire fighter, EMS/Paramedic, or correctional officer who is informed of the result is held to the confidentiality requirements described in §81.103. If a law enforcement officer, fire fighter, EMS/Paramedic, or correctional officer request mandatory testing of a source of exposure to HIV that they attended in the line of duty, the health director may release the result directly to the law enforcement officer, fire fighter, EMS/Paramedic, correctional officer.
- an employee of a health care facility whose job requires the employee to deal with permanent medical records may view test results in the performance of the employee's duties under reasonable health care facility practices. These employees are held to the confidentiality requirements described in §81.103.

Violations/Liabilities:

- An individual who releases or discloses a test result or other confidential information due to negligence has committed a class A misdemeanor.

Post - Test Counseling of HIV-Infected Individuals [§81.109]

A positive test result may not be given to the person tested without giving that person the immediate opportunity for individual, face-to-face post-test counseling about:

- the meaning of the test result;
- the possible need for additional testing;
- measures to prevent the transmission of HIV;
- the availability of appropriate health care services, including mental health care, and appropriate social and support services in the geographic area of the person's residence;
- the benefits of partner notification;
- the availability of partner notification programs.

Post-Test Counseling should:

- increase a person's understanding of HIV infection;
- explain the potential need for confirmatory testing;
- explain ways to change behavior conducive to HIV transmission;
- encourage the person to seek appropriate medical care;
- encourage the person to notify persons with whom there has been contact capable of transmitting HIV.

A person who is injured by an intentional violation of the above may bring civil action for damages and may recover:

- $1,000 or actual damages, whichever is greater;
- reasonable attorney fees.

Violations/Liabilities:

- Appropriate licensing authorities for health care workers are not prohibited from conducting disciplinary proceedings for professionals that do not provide the appropriate post-test counseling information to an HIV infected individual.
- The provider is not liable to provide post-test counseling if the person tested does not appear for the counseling.

Rationale for Pre-Test Counseling:

- Although pre-test counseling is not required by law, the purpose of pre-test counseling is to make individuals aware of risk behaviors so they are given a chance to reduce or possibly eliminate their risk of contracting HIV. Screening an individual for HIV without counseling provides NO opportunity for prevention.
- The TDH guidelines on counseling and testing state that individuals should be pre-test counseled as a preventive measure.

Guide to Pre-Test Counseling:

- Introduction — Explain to the client the purpose of the counseling; establish confidentiality; and determine if the client was previously tested.
- Risk Assessment — Ask why the client wants the test; discuss personal risk behavior; establish link between risk(s) and HIV; and explore the client's reaction to a positive test.
- Plan to Reduce Risk — Tell the client what they can do to reduce risk and what the barriers are to reducing risk.
- Conclusion — Explain confidential vs. anonymous testing; emphasize the importance of returning for results; allow time for questions, and obtain consent for the test.

Sources of HIV Counseling and Testing Training

Texas Department of Health Counseling and Testing Training Courses:

512/458-7304

AIDS Education and Training Center:

800/548-4659

Editor's Note: *Our thanks to TOMA member Paul McGaha, D.O., Public Health Physician II, of Region 7 of the Texas Department of Health, for submitting the preceding information.*

New MRI Unit at Osteopathic Medical Center of Texas Receiving Rave Reviews

The technological applications, speed and efficiency of Osteopathic Medical Center of Texas' new MRI unit is receiving outstanding reviews from Fort Worth radiologists and physicians.

"We're extremely pleased with the new unit and it's capabilities," said Richard Schellin, D.O., director of the MRI and radiologist at OMCT since 1984. "The improved technology has made a difference in diagnosing because the new system has greater capabilities than the old one did."

The new unit was installed October 1993, and replaced OMCT's mobile unit that was located in front of the emergency room. The new unit has a 1.5 Tesla magnet making it stronger and faster than the previous unit.

Its abilities were recently tested when ophthalmologist Brian Ranelle, D.O., referred a patient to the MRI because a test revealed vision loss possibly related to a tumor. The new MRI unit discovered a tumor on the patient's optic chiasm, and, with the detail from the MR scan, neurosurgeon Greg Smith, D.O., was able to remove the tumor and save the patient's vision.

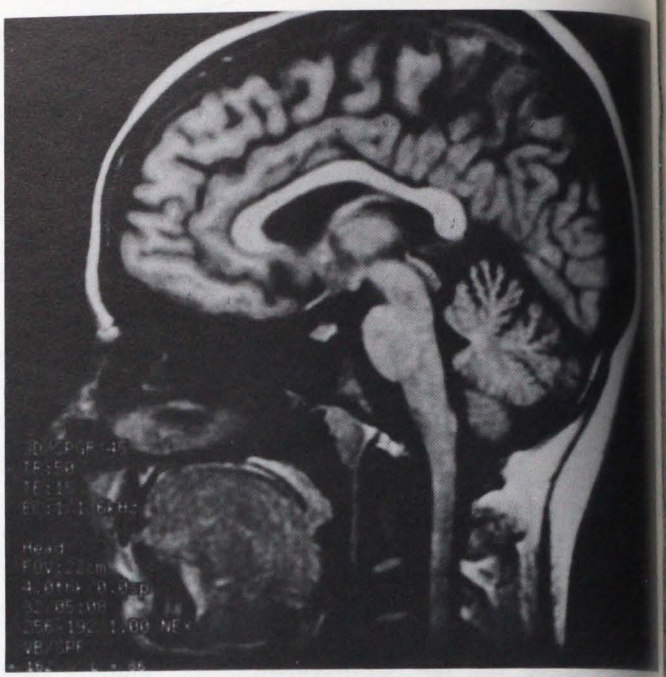
"This unit can look at the entire spinal column — cervical, thoracic and lumbar — in one test where in the past it took three."

— Richard Schellin, D.O.

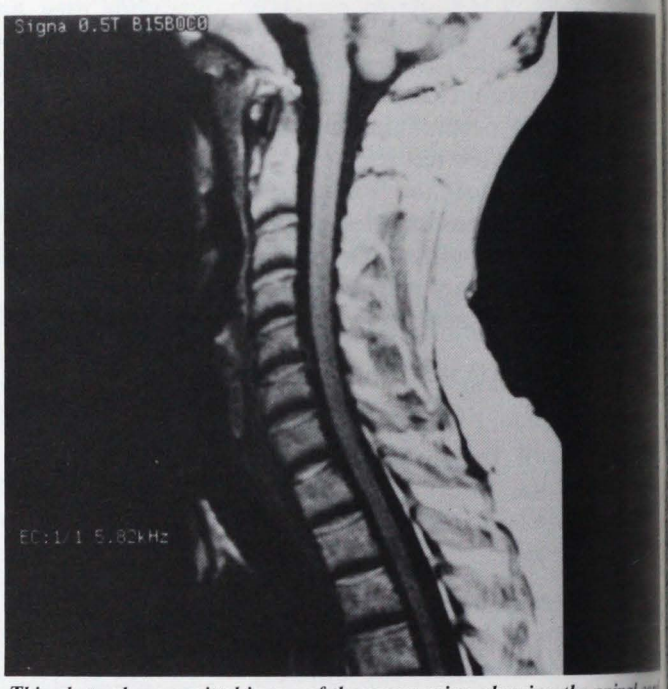
"Through the improved imaging of the new MRI, diagnosing cases will become easier and more efficient," Dr. Schellin said. "It gives surgeons a better approach through improved three-dimensional pictures."

Two great features of the new MRI unit are that it will save both time and money. With its larger magnet, the MRI's tests are quicker and faster providing results with considerably less stress on the patient. Dr. Schellin said that some of the tests can be completed with single breath-hold techniques. "With the quicker testing capabilities, the incidence of exams being incomplete due to patient claustrophobia is greatly reduced," he said.

He also said that the MRI will save patients money because it has the ability to view entire areas of the body that in the past might have taken as many as three tests.



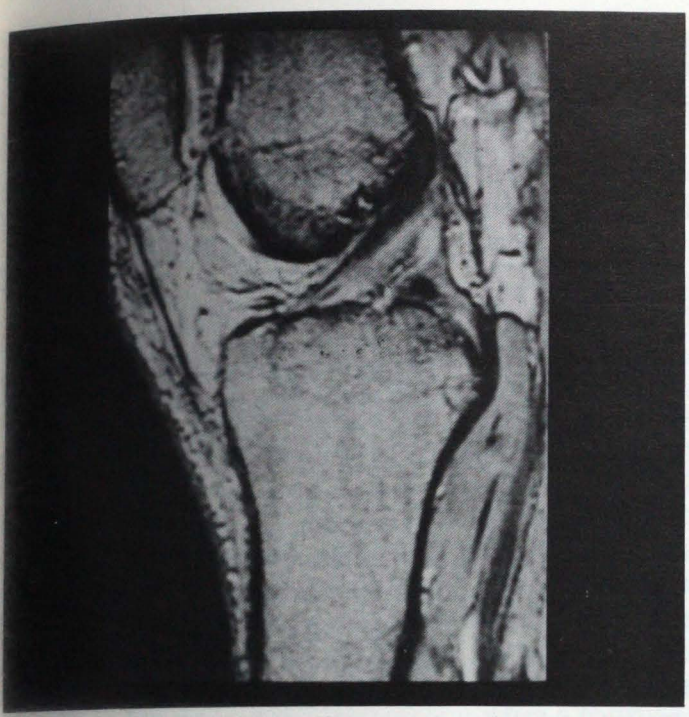
This photo details a sagittal image of the head taken by OMCT's MRI Unit.



This photo shows sagittal image of the upper spine, showing the spinal cord, spinal column and discs.

"This unit can look at the entire spinal column — cervical, thoracic and lumbar — in one test where in the past it took three," Dr. Schellin said. "So if a patient has a cancer blockage anywhere in the bony spine, we only have to look at one set of images. This saves the patient time and money because we only need to do one MR scan."

One test that has a great potential is using MR Angiography to view blood vessels and evaluate carotid or renal artery stenoses, intracranial aneurysms and arteriovenous malformations. The MR has the potential to screen vascular conditions in the neck and leg and reduce the number of invasive exams, Dr. Schellin said. In addition, the MRI allows radiologists to gain quantitative blood flow information.



A sagittal image of the knee, demonstrating a normal anterior cruciate ligament.

But, Dr. Schellin said, although applications for MRI technology are quite varied, many tests can be accomplished with other already existing technologies.

"With new imaging technologies coming on-line, some physicians are tempted to use the newest and most modern tests available," he said. "But many diagnostic procedures can still be handled by CT scans and other radiological technologies. We're here not only to read the images but also to help decide — based on a patient's symptoms — what test(s) to order and the best sequence of exams. If physicians have questions about our MRI unit or about their patient, we're available for consultation."

The MRI unit's extended hours, Monday through Friday from 7:30 to 8:30 p.m. and Saturday from 8 a.m. to noon, make it easier for patients to make appointments, and the expanded hours allow the hospital to accommodate more patients.

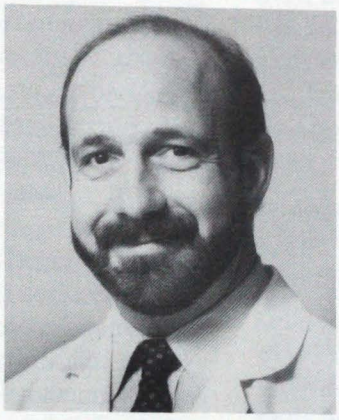
Appointments can be scheduled by calling OMCT's Outpatient Scheduling at (817) 735-3116.

Dr. Schellin believes that with the advanced capabilities of the MRI, OMCT's diagnostic capabilities are the best in the area. "With the new MRI, its software and its capabilities, we can meet or surpass any MRI unit in our area," he said.

Physicians who have questions about OMCT's new MRI unit or have any concern about whether to order an MRI or CT scan or another radiological test can call one of the radiologists at the hospital at (817) 735-3220.

"Through the improved imaging of the new MRI, diagnosing cases will become easier and more efficient. It gives surgeons a better approach through improved three dimensional pictures."

Robert Ranelle, D.O. Passes Board Certification In Orthopedic Surgery



Robert Ranelle, D.O., a staff physician at Osteopathic Medical Center of Texas, recently became board certified in Orthopedic Surgery by the American Osteopathic Association (AOA)

A 1982 graduate of Texas College of Osteopathic Medicine, Dr. Ranelle completed his general surgery, and orthopedic surgery residencies at the Metropolitan Hospitals in Philadelphia in 1984 and 1988, respectively. He is currently on staff at OMCT and at the One Day Surgery Center, and he is a member of the AOA, the Texas Osteopathic Medical Association, the American Osteopathic Academy of Orthopedic Surgery and the American Academy of Sports Medicine.

Dr. Ranelle currently practices at Fort Worth Orthopedic Surgery and Sports Medicine, located on Camp Bowie Boulevard in Fort Worth. ■

Expanded AIDS Definition Doubles New Cases

An unexpectedly high increase of AIDS-infected heterosexuals, coupled with the expanded AIDS definition, more than doubled new AIDS cases in the United States in 1993, according to the Centers for Disease Control and Prevention.

The CDC expanded the definition in 1993 to include persons infected with HIV who also have a severely suppressed immune system, recurrent pneumonia, tuberculosis or invasive cervical cancer.

Due to the definition expansion, the CDC had projected a 75 percent increase in AIDS cases in 1993. Instead, the agency has reported an increase of 111 percent, from 49,016 in 1992 to 103,500 in 1993. Although homosexual men are still the largest class of people with the disease, the number of heterosexuals infected through sexual transmission increased 130 percent.

The largest percentage increases were among teens and young adults, mainly from heterosexual transmission. Dr. John Ward, chief of the CDC's AIDS surveillance branch, noted, "This is where the growth of the epidemic is." ■

What's Happening In Washington D.C.

- ***Who's Right?*** The Clinton Administration says its health care reform package will reduce the deficit by $59 billion over the five-year period from 1995 to 2000. The Director of the Congressional Budget Office recently testified that the package will actually increase the deficit by $74 billion over this time frame.

- ***The Big Difference.*** The projections of the Congressional Budget Office assume that many small employers will reorganize their staffing to qualify for the subsidies provided under the Administration's health care package. The Administration projection does not consider this obvious impact.

- ***No Fear!*** Key Democratic legislators promise that, if necessary, the Administration's health care plan will be adjusted to assure that it will reduce the deficit. Some possibilities that have been mentioned include limiting the subsidies to companies with fifty or fewer employees (the present proposed limit is seventy-five), increasing the cigarette tax to $1.00 per pack (presently proposed at 75 cents per pack), increasing the insurance premium costs and scaling back the health benefit packages.

- ***Is This Tax a Tax?*** Will the mandatory health care premiums that will have to be paid under the proposed health care package be considered taxes? This labeling issue has become the hot topic on Capitol Hill. All fear that if these mandatory payments are perceived as taxes by the public, overall support for the package may drop. The Administration claims that the mandatory payments should be called cost offsets, not taxes.

- ***What's an Employee?*** In anticipation of health reform, the Treasury Department is preparing detailed guidelines on classifying workers as employees or independent contractors. The fear is that many employers will seek to avoid the mandatory health insurance costs by trying to classify many workers as independent contractors.

- ***Is Social Security Now Welfare?*** Senate Finance Committee Chairman Daniel Patrick Moynahan claims that the Social Security System is beginning to function and look like a welfare program rather than a social insurance program. His claim is supported by the recent removal of the cap on the Medicare portion of social security taxes and by the recent increase in the portion of social security benefits that are subject to income taxes (now as high as 85%). Moynahan recommends that changes be made to make the social security program more independent of other federal fiscal programs.

- ***The New IRS Target.*** It is to boost the annual tax return compliance rate from its current 82% level to 90% by the year 2000. IRS Commissioner Richardson claims that if this goal is met, the federal government will pick up an additional $50 billion to $70 billion a year.

DEFERRED COMPENSATION BOOMERANG

A recent decision of the Ninth Circuit Court of Appeals has created an interesting opportunity, and perhaps a big potential problem, for companies that maintain deferred compensation programs for their key employees. In that case, the Ninth Circuit ruled that Albertson's Inc. could currently deduct the interest that it accrues on deferred compensation arrangements with its key employees. Prior to the Albertsons ruling, it was generally felt that accrued interest under a non-qualified deferred compensation arrangement was nothing more than a form of additional deferred compensation which could be deducted only when paid to the employee.

The IRS has announced that it will pursue all possible avenues to reverse the decision, including applying for a rehearing and perhaps appealing to the U.S. Supreme Court. More disturbing, the IRS has indicated that if the decision stands, it will modify regulations to require that covered employees report currently the accrued income for tax purposes. This is one situation where many companies may be pulling for the IRS so as to not disrupt the tax deferral that their executives presently enjoy.

DO PARTNERSHIPS AND CHARITABLE REMAINDER TRUSTS MIX?

They are clearly strange bedfellows. If you are considering transferring a partnership interest to a charitable remainder trust, be very careful. There are specific traps that could cause a serious problem. In many situations, it is likely that a partnership interest held by a charitable remainder trust will trigger unrelated business taxable income for the trust. If that happens, all income of the trust, including capital gains, will be fully taxable to the trust. Also, if the charitable remainder trust assumes responsibility for any partnership liabilities that would otherwise have been the responsibility of the transferor, all the favorable tax treatment may be lost. The bottom line lesson is to proceed very cautiously in considering the transfer of any partnership interest to a charitable trust.

IS YOUR BUY-SELL AGREEMENT FUNDED?

An essential component of any privately held business with multiple owners is a tailored buy-sell agreement. The agreement generally has two objectives. The first is to permit the business to move forward if one of the owners dies or departs. The second is to permit a departing owner to convert his or her interest in the business to cash. To really work, the buy-sell agreement must be more than just a document. It must be a program supported by a funding mechanism. The funding mechanism is the fuel that drives the engine. The best possible agreement may be of little value if there is not sufficient cash available to do the job at the right time.

The above information was provided by Dean Jacobson Financial Services, Fort Worth.

Blood Bank Briefs for Physicians

Wristband Identification Error — A Quality Issue in Transfusion Practice

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

Correct identification of hospitalized patients is essential to their safety. A blood specimen taken from the wrong patient or labeled with mistaken wristband information may result in a fatal hemolytic transfusion reaction from an incompatible transfusion.

In reviews of the incompatible transfusions in surgical and intensive care facilities, over three-fourths of all preventable deaths were from clerical errors involving patient identification.

A College of American Pathologists Q-Probes on quality issues in transfusion practice, performed a survey to better understand the nature of clerical errors leading to incompatible transfusions by studying wristband identification errors in North American hospitals. This is the first report on interinstitutional comparison of wristband identification errors to our knowledge.

For a 4-week period in the first quarter of 1991, laboratory phlebotomists monitored patient identification on inpatients at their institution during their usual daily phlebotomy rounds. Seven hundred twelve (712) hospitals participated. Phlebotomists checked patient wristbands on 2,463,727 occasions, finding 67,289 errors; in 33,308 instances, patient wristbands were missing entirely. The median total error rate was 2.2 percent. Absent wristbands represented 49.5 percent of errors; multiple wristbands with different information, 8.3 percent, wristbands with incomplete data, 7.5 percent; erroneous data, 8.6 percent; illegible data, 5.7 percent; and patients wearing wristbands with another patient's identifying information, 0.5 percent.

The data presented here revealed that the incidence of missing, incomplete or incorrect wristband identification is frequent in many institutions. The difficulties with proper wristband identification are numerous; to obtain correct identifying information at the time of admission is sometimes impractical due to the patient's unconscious state or urgent condition; delay in placing a wristband can occur once a patient is admitted to the hospital owing to a crush of other responsibilities on nursing and clerical staff; wristbands are commonly removed to allow access to one arm vein for an intravenous line; confused or agitated patients may remove wristbands themselves; the wristband print may become smudged when a patient bathes and replacement wristbands require much effort.

An accounting of transfusion errors reported in New York State between January, 1990 and October, 1991 showed that only three in 104 misguided transfusions resulted in fatal transfusion reactions. The categorization of these 104 cases revealed that 11.5 percent of errors were due to mislabeled specimens or specimens obtained from the wrong patient. In one instance, an admitting clerk gave the same identification number to two newborn infants. In 43 percent of the errors, there was failure to identify the patients prior to transfusions which resulted in the three reported fatalities. One fatality involved the issue of group B red blood cells to a group 0 patient with the last name and the first initial as the patient for whom the group B was intended.

Wristband identification is a quality issue in transfusion practice and should be responsive to quality improvement efforts.

Provisional recommendations were made which may improve wristband identification and potentially increase transfusion errors. These included (1) use of a written protocol for patient identification, (2) have phlebotomists check wristbands continuously, (3) notify nursing or administrative staff of wristband errors immediately, (4) delay phlebotomy until wristband errors are corrected, (5) generate an incident report with each wristband error, (6) send periodic reports on wristband errors to the appropriate hospital services and committees, (7) have wristbands placed by admissions personnel (i.e., Q-Probe study found initial placement of wristbands by nursing staff was the only policy associated with increased error rate), (8) designate the ankle as a standard alternative site for identification band placement (i.e., warnings in literature regarding the danger of attaching ID band to patient's chart, the walls of the patient's room or to his/her bed), (9) strongly discourage removing the identification bands from the patient for any reason especially at the time of surgery, and (10) use the percentile comparisons reported here to develop interim goals and priorities to improve wristband identification within your facility. ■

References:

Renner S, Howanitz P, Bachner P. Wristband Identification Error Reporting in 712 Hospitals, A College of American Pathologists' Q-Probes Study of Quality Issues in Transfusion Practice. Arch Pathol Lab Med. 1993;117:573-577.

Linden JV, Paul B, Dressler KP. A report of 104 transfusion errors in New York State, Transfusion. 1992;32:601-606.

Dr. Kevorkian To Stand Trial In Assisted Suicide

Dr. Jack Kevorkian, an advocate of physician-aided suicide for the terminally ill, has been ordered by a Detroit judge to stand trial in the August 4, 1993 assisted suicide of a man with Lou Gehrig's disease. The judge stated he was not bound by previous rulings that declared Michigan's blanket ban on assisted suicide to be unconstitutional, which resulted in three other charges being dismissed by other judges. The trial is set for April 19 and Dr. Kevorkian, if convicted, faces up to four years in prison and a fine of $2,000. Dr. Kevorkian has been present at the deaths of 20 people since 1990.

Self's Tips & Tidings

Don Self & Associates

MEDICAID NOT ACCEPTING '94

After receiving a call from Dr. Stark's office asking why Medicaid denied payment on '94 OMT codes, we called Medicaid. It seems that they do not accept the 1994 CPT codes and will not start accepting them until May of this year. In the meantime, use 1993 CPT codes.

'93 ASSIST SURGERIES

Even though we do not usually recommend our clients perform assistant surgeries, some do! HCFA recently alerted regional offices that in 1993 it had mistakenly applied the Assist limitations to 14 codes trhat should have been approved for payment. In 1993, claims for these codes would have been denied, but now are retroactively approved. Medicare will NOT automatically send you money on these. You will need to file a new claim for the assistant surgery on the following codes:

24363, 25350, 29822, 31588, 33411, 33820, 35121, 50065, 63078, 63307, 65155, 65285, 66682 and 67320

NEW MEDIGAP LISTING FOR PAR

The last Medigap listing published was in 1993. Medicare's next Part B Newsletter will contain an up-to-date Medigap Listing.

SURGICAL DRESSINGS

A recent HCFA draft to the Medicare carriers clarify the rules concerning coverage of wound care dressings. This draft includes:

- Surgical dressings are limited to primary and secondary dressings required for treatment of a wound caused by or treated by a surgical procedure.
- Surgical dressings required after debridement of a wound also are covered as the debridement was required and performed by a health care professional.
- Surgical dressings are covered for as long as they are medically necessary. Primary dressings and therapeutic and protective coverings applied directly to wounds or lesions either on the skin or opening to the skin, secondary dressing materials that serve a therapeutic or protective function or that are needed to secure a primary dressing are also covered.

VENIPUNCTURE - PRIVATE INSURANCE

A surprising number of times, while reviewing copies of claims, we notice a provider not billing commercial and private insurance carriers a separate charge for venipuncture. Since you perform the service and your costs of doing so have increased, we HIGHLY recommend you charge for the service, using procedure code 36415 or 36410. As we reported to you last month, you should be using code G0001 for venipuncture on Medicare patients and Medicaid still does not pay for venipuncture if you do not send the blood to an outside lab. If you bill for a lab test in your office on the same day as you send a test to the lab, Medicaid will NOT pay for the venipuncture.

SURGICAL TRAY WITH CYSTOs

HCFA recently announced, for (Medicare) services furnished on or after January 1, 1994, a surgical tray (Code A4550) is now payable separately when billed with same-day office cystourethroscopies (Codes 52005 - 52315).

MEDICARE INJECTION UPDATE

Last month we made a plea to those of you who did not feel you are being paid properly for Medicare for injections to have you send us invoices and documentation of your PER UNIT costs. Only three clients have done so, as of this date. We are still trying to get the info to Senators Gramm and Hutchison and Representatives Hall and Bryant. We will keep you updated on any new developments as they happen.

UPCOMING AGPAM MEETING

The Maison Dupuy Hotel in New Orleans will be the site of the April 13, 14 & 15 Spring Workshop of AGPAM this year. We mentioned the American Guild of Patient Account Managers last year in an issue of STAT, and we encourage all office managers to consider joining the Texas chapter. Their workshops, meetings and quarterly magazine deals directly in the areas of collections, patient management, insurance, staff management and accounts receivable. If you would like further information about AGPAM, call Dee Wright, who is the Business Office Director at San Jacinto Methodist Hospital, Baytown, at 713-420-8600.

I NEED YOUR HELP

For the next few months, I will be traveling around the state, making sure I get by to see each retainer client. That means traveling to all six corners of Texas. My plans are to be on the road Wednesday and Thursday most weeks and spend Mondays, Tuesdays and Fridays in the office staying on top of correspondence. While visiting each client, I would like to make stops at the different hospitals and attempt to sell the Patient Account Managers (Business Office Directors) or Comptroller on the idea of allowing us to process their HCFA 1500 claims and UB82 claims. At the same time, we hope I can also introduce our consulting and workshop services to the hospitals to obtain new clients. I'm asking you to consider contacting the Manager or Comptroller at your hospital(s) and request they see me when I call for an appointment. This greatly increases the chances of my getting an appointment. If you feel this is reasonable, please have someone from your office call me, so that I will make sure I ask for the right person at the hospital. Your help in this area is greatly appreciated!

British Clinic Will Provide RU-486 To Non-Resident Women

A clinic in London will begin dispensing the abortion pill RU-486 to foreign women provided they meet several strict guidelines set by the British Health Department, which includes a two-week stay. Although Britain still forbids providing the drug to nonresidents, the Health Department is prepared to apply a broad definition of residency for RU-486 recipients. Guidelines stipulate that women must pay $500; prove they are less than nine weeks pregnant; get the approval of two physicians at the London clinic; and remain in Britain for a follow-up one week after the abortion is accomplished.

FYI

MIDDLE-CLASS UNABLE TO AFFORD MS DRUG TREATMENT

Thousands of middle-class multiple sclerosis patients have appealed to the Food and Drug Administration for assistance in obtaining Betaseron, the first drug treatment that appears to slow the progression of MS. The patients contend that only the very rich, who can purchase it, and the poor, who receive government subsidies, can afford the costly drug treatment.

NIH SAYS STEROIDS COULD SAVE PREMATURE BABIES

A panel of the National Institutes of Health has reported that injecting steroids into women giving birth prematurely could save 7,000 babies a year and approximately $157 million in health care costs. Studies have shown that when birthing women are injected with the corticosteroids used in the procedure, the hormone is carried to the fetus at which point the development of lungs and blood vessels are accelerated.

The panel recommended that all women at 24 to 34 weeks of pregnancy who show signs of a possible premature birth, be considered candidates for the steroid therapy. Additionally, the panel noted that the risks of corticosteroid treatment are much less than the complications which often are caused by prematurity.

FEDERAL AGENCY CALLS FOR STRONGER CANCER PAIN MANAGEMENT

The Agency for Health Care Policy and Research has issued new clinical practice guidelines for the management of cancer pain. The agency, part of the Department of Health and Human Services, stated that cancer patients should receive narcotic drugs containing opium, if necessary, to control pain. "Unrelieved pain can produce unnecessary suffering" and affect "a patient's ability to cope physically and psychologically" said the agency. Additionally, the agency noted that the fear of addiction, "perhaps the most persistent barrier to effective pain control" should not be an obstacle to access.

Guidelines recommend beginning with nondrug therapies and the use of analgesics and proceeding, as aggressively as needed, through mild opiates and stronger drugs until pain relief is achieved.

NEW BILL WOULD RAISE SOCIAL SECURITY RETIREMENT AGE TO 70

A bill introduced in Congress would raise the age for receiving full Social Security benefits to age 70 in the next century, and also call for cost-of-living raises every other year, rather than annually. The current retirement age of 65 is scheduled to rise to age 67 by the year 2027. Under the bill, however, the retirement age would instead rise to 70 by the year 2029.

SIMPLE TESTS COULD SPEED CANCER DETECTION

Simple blood or urine tests may soon be utilized to detect early signs of malignancies and to monitor the progress of cancer treatment, according to a report in *The Journal of the National Cancer Institute.*

Researchers at Harvard Medical School and Boston Children's Hospital have found elevated levels of a tumor-related protein in the urine of many patients suffering from almost all types of common cancers. Additionally, researchers say the levels were highest in patients with spreading cancers.

TRADING FAT FOR CALORIES

The National Center for Health Statistics reports that fat consumption in the United States continues to decrease — from 42 percent of daily calories in the mid-1960s to 34 percent in 1990. On the flip side, however, Americans are eating more calories and getting heavier every year.

GET YOUR CHECKBOOKS READY

Ross Perot is calling on physicians to mail him $1,000 apiece for his new campaign called Put Patients First. Denouncing President Clinton's health plan, the money will be used to formulate a better plan which will be shaped by doctors. Perot has promised to throw in $1 million of his own money toward the plan.

TOMA MEMBER RECEIVES PROMOTION IN U.S. NAVY

The newsletter of the Association of Military Osteopathic Physicians and Surgeons (AMOPS) reports that James H. Black, D.O., a career Navy physician, has become the third D.O. to achieve "flag rank" in the U.S. Navy. Selected for promotion in January 1993, he pinned on his first star on September 10 when he was promoted to Rear Admiral, lower half.

Dr. Black currently serves as Fleet Surgeon, U.S. Atlantic Fleet, and as Command Surgeon to the staffs of the U.S. Atlantic Command, Norfolk, Virginia, and Supreme Allied Commander, Atlantic.

He is a graduate of the Philadelphia College of Osteopathic Medicine and a founding member and past president of AMOPS.

Congratulations to Dr. Black from TOMA!

MAKE A NOTE:
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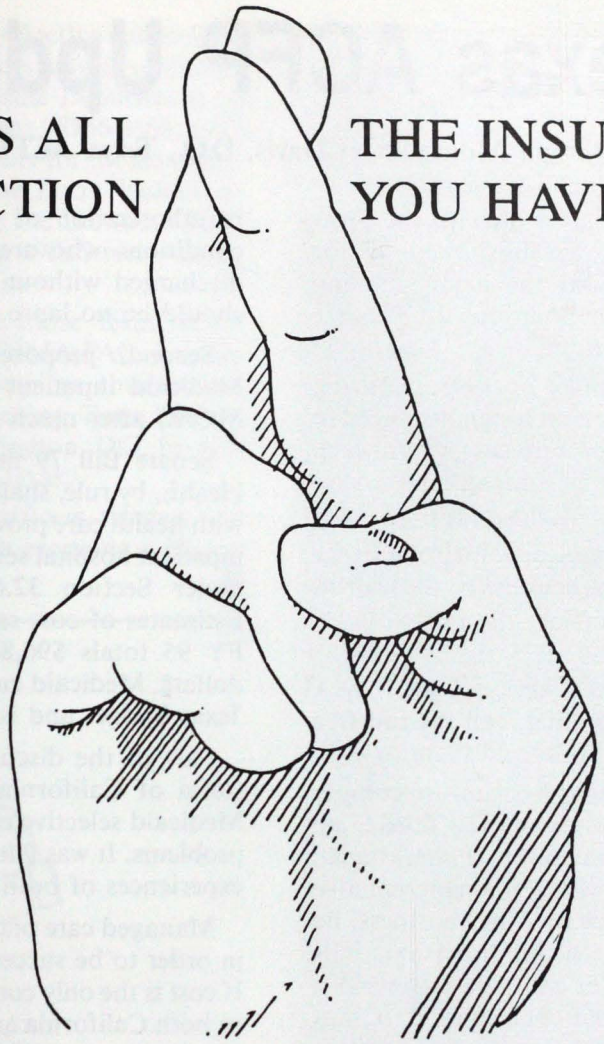

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Texas ACFP Update

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

As you may recall, the Texas Legislature directed the Texas State Board of Medical Examiners to establish methods for informing the public and licensees of the name, mailing address and telephone numbers of the Board for the purpose of directing complaints to the Board.

Rules were adopted effective December 24, 1993, requiring physicians to provide such notification on a sign displayed in their place of business, in a bill for services, or on each registration form, application, or written contract for services.

The Board provided a notice in its *Fall/Winter 1993 Newsletter* in both English and Spanish, which could be displayed in the physician's office. Unfortunately, the notices provided failed to comply with the law. If you posted those notices, please remove them.

If you have not yet received the correct notices from TOMA in the mail, which are suitable for posting, call the toll free number, 1-800-444-8662 and TOMA will send them to you.

Remember, it is mandatory for Texas physicians to comply with this provision. Penalties can be assessed. The Texas State Board of Medical Examiners has no intention of checking all physicians' offices for compliance; however, if a representative of the TSBME comes into your office on other business, he or she can check for compliance with this provision. It is important to remember that the signs must be posted in a location which is accessable to patients, but it is not mandatory to post the signs in your waiting room or patient examination rooms.

At the Medical Care Advisory Committee (MCAC) meeting in Austin on 3-10-94, several items of interest to physicians were presented. First, the Texas Health and Human Services Commission is planning to streamline the medical need prior approval process for Primary Home Care (PHC).

PHC utilization review data indicates that 98-99 percent of the clients maintain their medical need for services because they have chronic health conditions which do not improve over time. Therefore, annual prior approval of medical need for PHC does not appear to be necessary, according to the department, with two exceptions;

- Federal requirements for 1929(b) clients receiving PHC specify that a multidisciplinary team from the department (caseworker and R.N.) must annually review the client's service plan and need for service. R.N.'s would continue to renew prior approval for these clients; or
- Clients who have medical need for services based on an acute medical condition in which full recovery is expected, must have a time-limited approval of medical need requiring review/renewal by the regional nurse as appropriate.

With these two exceptions, the department would like to implement a streamlined prior approval process for PHC clients which would require only initial prior approval of medical need by the regional nurse. Reauthorizations of PHC and approval of service plan changes would be handled by the department caseworker.

The MCAC voted for this proposal and its implementation date is set for 7-1-94. This should solve the problem of reauthorization of PHC for patients with chronic health conditions who are hospitalized for acute conditions and discharged without immediate resumption of PHC. There should be no lapse in PHC services to these patients.

Second, proposed rules for selective contracting for Medicaid inpatient hospital services was approved by the MCAC after much discussion.

Senate Bill 79 mandates that the Texas Department of Health, by rule, shall develop a system of selective contracting with health care providers for the provision of non-emergency inpatient hospital services to a recipient of Medical Assistance under Section 32.027 of the Human Resources Code. Estimates of cost savings for inpatient hospital services for FY 95 totals $96,800,000 of which $35,800,000 are state dollars. Medicaid currently represents 25 percent of the total Texas budget and is growing daily.

Part of the discussion centered around the fact that the states of California and Illinois had already implemented Medicaid selective contracting plans and had run into many problems. It was felt that Texas should try to benefit from the experiences of both states and not duplicate their mistakes.

Managed care plans have to address three key components in order to be successful — quality, access to care and cost. If cost is the only consideration, that plan is doomed to failure. In both California and Illinois, access to care went down after selective contracting was implemented.

Testimony at the MCAC meeting included what should be involved in the contract. One suggesiton was that the contract contain three key elements — the hospital would take all Medicaid patients needing services which the hospital could supply; there would be no caps on days of hospitalization and the hospital would be reimbursed 300 percent of anticipated need rather than 100 percent.

There were also concerns over anti-trust problems and whether complaints concerning alleged anti-trust violations had to be validated. Stephen Svadlenak, representing the Bureau of Purchased Health Services, assured everyone that it was not the intention of the department to exclude hospitals and that contracts would be implemented in urban areas of the state.

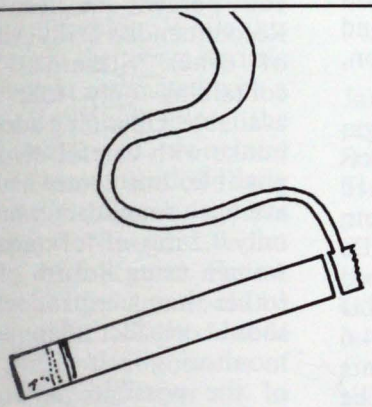
Physician concerns centered around the effect of access to care for patients currently being seen by physicians who are not on staff at the selected hospital(s). Will there be opportunities for physicians to get on the staff at the selected hospitals? The issue of M.D./D.O. credentialing on the selected hospital(s) medical staff may pose a problem. Will D.O. certification by the AOA be accepted for staff privileges? It would appear that the selected hospitals would have to relax their credentialing requirements or risk losing Medicaid revenues and/or participating physicians in a community.

The State of Texas, through its Legislature, has potentially limited access to care for Medicaid recipients by limiting the choice of hospitals for inpatient care. There is a potential for negative impact on physician participation in Medicaid in the selected communities. Only time will tell!

Written comments on these proposed selective contracting rules for Medicaid inpatient hospital services may be submitted to Larry Fisher, Program Specialist, Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756-3168; (512) 794-6894. Mr. Fisher will accept comments for 30 days after publication of the proposed section in the *Texas Register.* In addition, a public hearing will be held in the Lecture Hall of the Texas Department of Health, 1110 West 49th Street, Austin, on April 18, 1994, beginning at 2:00 p.m.

In closing, I would like to encourage those Texas ACFP members who have not done so to join TOMA-PAC. I would also like to encourage Texas D.O.s, their families, their friends and their patients to vote in the upcoming Texas run-off elections. Texans shouldn't look to Washington, D.C. for tort reform — they should look to Austin, Texas.

Finally, on behalf of the Texas ACFP officers, trustees and ex-officio members, I would like to wish everyone a Happy Easter. ■



Cigarettes Cause 20 Percent Of Deaths In U.S.

As the debate rages on over who will pay for, and how much health care Americans will receive, some interesting — and frightening — statistics are emerging regarding the nation's smoking-related medical bill. Testifying recently before Congress, Massachusetts Institute of Technology economist and physician Jeffrey Harris asserted cigarettes are responsible for 20 percent of all deaths in the U.S. and approximately eight percent of all health-care spending. If lawmakers implement universal coverage by 1995, Harris predicts total medical expenditures that year will reach $1.1 trillion, with smoking-related outlays alone amounting to a staggering $88 billion. Of that total, former and current smokers will pay only $33 billion through taxes, insurance and direct payments. This means America's non-smokers will foot the remaining $55 billion.

According to Harris, this will force America's non-smokers to shell out $2.32 for every pack of cigarettes sold in 1995, to help defray the country's smoking-related medical bill. Harris says, "Although it could cut consumption by as much as 12 percent over time, the Administration's proposed federal excise tax hike of 75 cents a pack, plus the current 24 cents federal tax, wouldn't come close to offsetting the costs smokers impose on the 63 percent of Americans who never acquired the habit." ■

(From TexasBusiness Today)

Public Health Notes

Neural Tube Defects: Surveillance, Epidemiologic and Folic Acid Activities in Texas

Nick U. Curry, M.D., M.P.H., F.A.C.P.M.

INTRODUCTION

Neural tube defects (NTDs) are common, serious defects that are important causes of infant mortality and disability worldwide. The term neural tube defect generally applies to encephalocele, anencephaly, and spina bifida. Anencephaly occurs when the neural tube is left open on the anterior end, at the level of the cranium. It is a uniformly fatal birth defect; whereas encephalocele, a smaller cranial defect through which the meninges and brain may herniate, is not. Spina bifida results when the neural tube remains open at the neck or back. With medical and surgical interventions, persons born with spina bifida live an average of 40 years.

Although the causes of NTDs have not been unequivocally identified, some data indicate that they occur through the interaction of genetic predisposition with as yet unproven external factors. The average NTD rate for the U. S. during the late 1980s was approximately eight per 10,000 live births. Because many states, including Texas, do not have formal birth defects monitoring systems, these rates are only estimates. However, in 1986 TDH instituted a statewide passive surveillance system for anencephaly in Texas. Since then, all anencephaly deaths have been identified through the TDH Bureau of Vital Statistics. In Texas the anencephaly rate for Hispanics is 60 percent higher than for non-Hispanic whites, while the rate for African Americans is 26 percent lower than for non-Hispanic whites. The rate in Mexico during the late 1980s was estimated to be 35.9 per 10,000. Women who have delivered an infant or fetus with an NTD have a two percent to three percent risk of recurrence in subsequent pregnancies and are considered high risk.

NTDs IN CAMERON COUNTY

When three anencephalic infants were born within a 36-hour period in Brownsville (Cameron County), Texas in April 1991, local health care providers contacted the Texas Department of Health (TDH). In May 1992, TDH and the Centers for Disease Control and Prevention (CDC) initiated an investigation of this apparent NTD cluster in Cameron County. The investigation included three components:

1. surveillance to define the magnitude of the problem;

2. a case control study to define possible risk factors; and

3. an evaluation of available environmental data concerning air, soil, and water quality, aflatoxin contamination, and pesticide use.

A document entitled "An Investigation of a Cluster of Neural Tube Defects in Cameron County, Texas," published July 1, 1992, reported the findings from this investigation. A total of 68 NTDs were found among pregnancies conceived from 1986 to 1991. The average NTD rate for the years 1986 to 1989 was 14.6 per 10,000 live births and for the years 1990 and 1991 was 26.8 per 10,000. The case control study, which included 28 cases and 26 controls and addressed a wide variety of potential risk factors, revealed no significant differences in potential risk factors between the cases and controls. A thorough review of available data did not reveal significant environmental contamination.

FOLIC ACID AND NTDs

A number of recent studies have demonstrated a reduced risk of having a child with an NTD among women who consume a given amount of folic acid (vitamin B_{12}) both before conception and during early pregnancy. These studies have been both observational and interventional, and the majority have shown a protective effect on both occurence and recurrence. Occurence denotes a woman's first NTD-affected pregnancy and recurrence denotes subsequent pregnancies. The magnitude of risk reduction averages 60 percent. The mechanism of action of this protective effect is unknown. Women with NTD-affected infants, for instance, do not seem to have simple folic acid deficiency.

On September 9, 1992, CDC published recommendations on folic acid consumption for U.S. women of childbearing age. The CDC recommends that all U.S. women of childbearing age, capable of becoming pregnant, consume 0.4 mg. folic acid per day in order to decrease their risk of having a child with an NTD. The 0.4 mg. dose was based upon a review of several studies which evaluated the effects and safety profiles of different dosages of folic acid.

The easiest way for women to obtain an adequate amount of folic acid daily is through a multivitamin supplement which contains 0.4 mg. of folic acid or 100 percent or less of the U. S. Recommended Daily Allowance (RDA) of other vitamins. Vitamin pills containing only folic acid also are available. Obtaining adequate folic acid intake with careful dietary planning is possible, but somewhat difficult. The average American woman consumes only 0.2 mg. of folic acid per day. Even women using a form of contraception (other than sterilization or abstinence) should consider taking a supplement or monitoring their dietary intake in view of the possible failure rate of the method.

Supplementation or careful dietary planning will be difficult for many women to comply with on a continuous and long-term basis. For this reason the Food and Drug Administration is considering recommending fortification of staple foods with folic acid. This strategy seems to have the most promise for effecting a permanent increase in folic acid consumption by most U. S. women.

Women who have had a previous NTD-affected pregnancy have a two percent - three percent chance of having a recurrent NTD-affected pregnancy. In 1991, CDC recommended these women should consult a physician as soon as they (plan) a pregnancy. Unless contraindicated, they were advised to take 4 mg. of folic acid per day starting at the time they (planned) to become pregnant and continue to take the supplement from at least four weeks before conception through the first three months of pregnancy.

The 1992 CDC guidelines recommend the 0.4 mg. dose for women with a previous NTD-affected pregnancy but make no changes in the recommendations to put high risk women on 4 mg periconceptionally. One study

ecurrence risk reduction, however, uggested that a lower dose, i.e., 0.36 ng., may be as effective as 4 mg. in reventing recurrence.

Women who are at high risk for NTD-ffected pregnancy must receive accurate nformation regarding their risk of etting pregnant and their options for ontraception. Ninety percent of exually active women who are not using ontraception become pregnant within year, regardless of their "plans." Half f all pregnancies are unplanned. Because these are priority pregnancies, lacing high risk women on 0.4 gm. of olic acid when they are using an ffective method of contraception and mg. when they are not seems advisable.

Women on the 4 mg. dose should eceive medical supervision. While this lose would correct the characteristic negaloblastic anemia associated with a B_{12} deficiency, it would allow the eurologic damage to continue hchecked. The recommended daily losage is three 1 mg. folic acid tablets lus one prenatal vitamin tablet ontaining 1 mg. of folic acid. Four 1 ng. folic acid tablets per day would be qually acceptable. Folic acid upplementation should not consist of our or more multivitamins per day as his would result in excessive and armful intake of other vitamins.

BIRTH DEFECTS REGISTRY

At the present time, identification of birth defect clusters is extremely difficult. A formal statewide monitoring system for all birth defect clusters will allow accurate and ongoing incidence evaluation, trend analysis, cluster dentification, and etiologic investigation or major birth defects. Valid comparisons and data sharing will be possible with other states for further, more comprehensive study of these relatively rare but often devastating problems. Findings from such research may lead to possible strategies for prevention of NTDs and other birth defects. In addition, the registry will facilitate better coordination of services to those children and families who need health and social services.

CONCLUSION

In the past, birth defects have been considered difficult, if not impossible, to prevent. The current NTD prevention program, however, provides a unique opportunity for a simple public health intervention to markedly influence the incidence of a major defect. The statewide and nationwide efforts of TDH and other health care professionals should reduce the incidence of NTDs in Cameron County, Texas, and in the rest of the nation. Although folic acid supplementation wil not prevent all NTDs, its use can have a significant, positive impact on the incidence of a severe problem. ■

*This material was taken from a **Texas Preventable Disease NEWS** article prepared by J. Scott Simpson, MD, Director, Maternal Health and Family Planning, Bureau of Maternal and Child Health, TDH.*

TWCC Sends Nine Policy Issues To Sunset Commission for Review

A Texas Workers' Compensation Commission vote to recommend that the Texas Legislature consider requiring Texas employers to carry workers' compensation insurance does not necessarily mean the issue will be on the Legislature's agenda in 1995.

TWCC Commissioners voted 6-0 on January 20 to forward a list of nine policy recommendations to the Texas Sunset Advisory Commission for review. The list is part of a self-evaluation report prepared by the Commission for the Sunset Commission's regular review of the Workers' Compensation Commission. By law, each state agency in Texas is periodically reviewed by the Sunset Commission. The Sunset Commission then reports to the Legislature, and the Legislature must vote whether or not to continue the agency under review.

The nine policy issues will now be reviewed by the Sunset Commission. The Sunset Commission will hold public hearings on each of the issues and will then choose which, if any, of the issues to forward to the Legislature for debate in the 1995 legislative session.

Although the TWCC Commissioners voted to recommend that the Legislature consider whether workers' compensation insurance should be mandatory for Texas employers, the Commissioners stopped short of endorsing mandatory compensation. Commissioners voted 3-3, with the three Commissioners who represent employers voting against recommending mandatory workers' compensation, and the three Commissioners who represent wage earners voting in favor of it. The authority to change Texas law to make workers' compensation insurance mandatory rests solely with the Texas Legislature. The Commission may only recommend, through the sunset review process, that the Legislature consider the issue in its overall debate on the agency.

Texas is currently one of only three states that allow employers to choose whether or not to maintain workers' compensation insurance.

Commissioners voted unanimously to support the following proposals and to forward them to the Sunset Commission:

- A proposal to remove the TWCC executive director as a voting member of the Texas Self-Insurer Guaranty Association;
- a proposal to shorten the deadline for requesting a second opinion for spinal surgery;
- a proposal to increase the availability of attorneys to injured workers attending a contested case hearing;
- a proposal to allow injured workers to receive 104 full weeks of temporary income benefits. Currently, temporary benefits end 104 weeks from the date benefits began to accrue, regardless of the number of weeks the workers actually received benefits; and
- a proposal to allow 401 full weeks of income benefits for an occupational disease. Currently, all income benefit payments end 401 weeks from the date of injury or latest exposure to the cause of the disease. Many workers who suffer occupational diseases, however, do not become eligible to receive benefits until well into the period for which benefits may be paid, thus reducing the number of weeks they can receive benefits.

In addition to the mandatory comp issue, the Commissioners split 3-3 on their support of the following issues but voted to send them to the Sunset Commission for review:

- a change to the Extra-Hazardous Employer Program provisions to prohibit weighing fatalities more heavily that non-fatal injuries when identifying program participants;
- a change to the legal definition of maximum medical improvement to remove the presumption that maximum medical improvement has been reached with the passage of 104 weeks; and
- a change to allow factors such as age and education to be considered along with impairment rating when determining the duration of impairment income benefits. ■

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FOR SALE — TEXAS — Burdick Stress System, Extol 500. Nearly new, price $14,500 (new $19,400). Three-room Midmark/Welch Allyn primary care office equipment, one price ($2,500). IMEX 301P multiple frequency Doppler (Vascular), price $595 (new $895). Contact: Larry Myers, M.D. 817/473-4044 or 817/473-3575. (47)

EQUIPMENT FOR SALE — for sale or take up lease: New Welch-Allyn Flexible Sigmoidoscope, 3-year-old DuPont Analyzer with Na/K module; QBC with printer — used little. Nelda Cunniff, D.O. 817/477-8080. (15)

How do you treat severe paralysis of the paycheck?

Medical school probably covered everything except how to deal with a disability. It can happen to anyone. Even you. In fact, if you're 35 now, you have a 45 percent chance of becoming disabled before age 65.[1] Without disability insurance, that's a 45 percent chance your income could wind up in critical condition. Should disability strike, how long could you keep your home? Make car payments? Provide for your family?

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[1] 1985 Commissioner's Individual Disability Table-A, Seven-day Elimination Continuance Table. Rates are male only. Disability rates are higher for females.

[2] Life Insurance Marketing and Research Association, 1992 survey, individual, non-cancellable disability income insurance as measured in annualized premium in force, new paid annualized premium, new paid policies, and policies in force.

[3] Coverage for mental disorders can be limited in certain circumstances for a reduced premium.

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