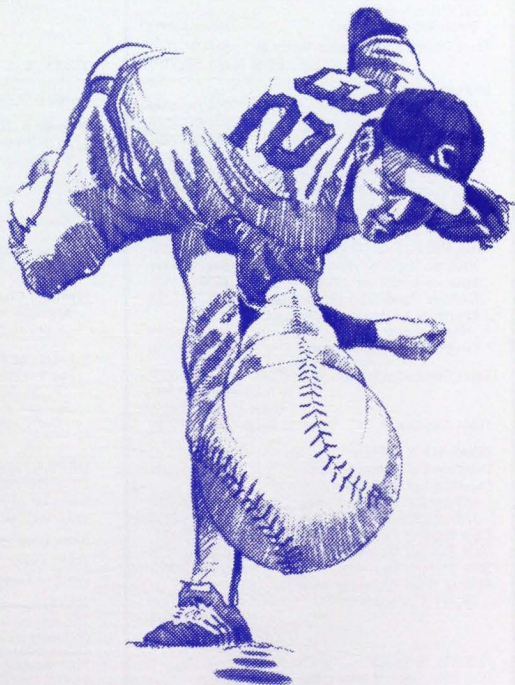


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***"Take Me  
Out to the  
Ballgame"***



**Theme of  
90th Annual Convention & Scientific Seminar  
Texas Osteopathic Medical Association  
April 27-29, 1989 — Arlington, Texas**

# PHONE

## For Your Information

American Osteopathic Association	312/280-5800
	800/621-1773
Washington Office	202/783-3434
American Osteopathic Hospital Association	703/684-7700
Professional Mutual Insurance Company	800/821-3515
Risk Retention Group	816/523-1835
TOMA Malpractice Insurance Program:	
For Premium Rates,	
Enrollment & Information	800/544-8560
Texas College of Osteopathic Medicine	817/735-2000
Dallas Metro	429-9120

Medicare Office:	
Part A Telephone Unit	214/470-0222
Part B Telephone Unit	214/647-2282
Profile Questions	214/669-7408
Provider Numbers:	
Established new physician (solo)	214/669-6162
Established new physician (group)	214/669-6163
All changes to existing provider number records	214/669-6158

Texas Medical Foundation	512/329-6610
Medicare/Medicaid General Inquiry	800/252-9216
Medicare Beneficiary Inquiry	800/252-8315
Medicare Preadmission/Preprocedure	800/252-8293
Private Review Preadmission/Preprocedure	800/252-9225
Private Review General Inquiry	800/252-9225

Texas Osteopathic Medical Association	817/336-0549
	in Texas 800/444-TOMA
	Dallas Metro 429-9755
	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	512/452-1078
State Board of Pharmacy	512/832-0661
State of Texas Poison Center for Doctors & Hospitals Only	713/765-1420
	800/392-8548
	Houston Metro 654-1701

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

CANCER INFORMATION:	
Cancer Information Service	713/792-3245
	in Texas 800/392-2040

# Texas DO

Texas Osteopathic Medical Association

February 1989

## FEATURES

### TOMA Convention Will Feature

**Risk Management Seminar** .....  
*For those physicians renewing their licenses in 1989 in Florida, Oklahoma and other states requiring CME hours of Risk Management in order to retain licensure.*

**TOMA '89 CME Program** .....  
*Program Chairman Wayne English, D.O. has been working diligently on this year's CME program.*

**Why Be A TOMA Sustaining Member?** .....  
*YOUR help will channel YOUR association's efforts to maintain a secure future of growth and unity.*

**In Memoriam** .....  
*Juanita B. Roberts  
 Kenneth H. Dix, D.O.*

**Working With Your State Medical Board** .....  
*Operations of the TSBME.*

**Medicare Claims Processing Timeliness** .....  
*Medicare is required to pay claims on a timely basis or pay interest to physicians.*

**Schedule of Controlled Drugs For Your Information** .....  
*List of drugs under jurisdiction of the Controlled Substances Act. Complete list can be obtained from TOMA upon request.*

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The Advertising contained in this magazine is not necessarily endorsed by the Texas Osteopathic Medical Association.

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Tom Hanstrom, Editor  
 Diana Finley, Associate Editor  
 Lydia Anderson Smith, Staff Writer

# Calendar of Events



## FEBRUARY

9

### *"Critical Care Medicine"*

Kirkville College of  
Osteopathic Medicine  
CME: 20 hours; Category 1-A

Contact: Rita Gray, Coordinator  
Continuing Education/  
Centennial Planning  
KCOM  
800/626-5266

11

*TOMA Board of Trustees' Meeting*  
State Headquarters Building  
226 Bailey Avenue  
Fort Worth

Contact: TOMA  
817/336-0549

15

*TOMA District XI Meeting*  
Presidential Visitation

Contact: Patty Helton  
915/779-2424

17

*"Disability Determinations"*  
Kirkville College of  
Osteopathic Medicine

CME: 7 hours; Category 1-A  
Contact: Rita Gray, Coordinator  
Continuing Education/  
Centennial Planning  
KCOM  
800/626-5266

## MARCH

8-12

*ACGP Convention*  
Mariott Hotel  
San Antonio

Contact: ACGP  
2045 S. Arlington Heights Road  
Suite 104  
Arlington Heights, Illinois 60005  
312/228-6090  
800/323-0794

16

*TOMA District V Meeting*  
Presidential Visitation

Contact: Kenneth Bayles, D.O.  
President, TOMA D-5  
214/331-6444

29

*"Symposium on Respiratory Tract  
Infections"*

Sponsored by Texas College of  
Osteopathic Medicine  
Funded by Glaxo, Inc.  
Fairmont Hotel  
Dallas

CME: 6 hours Category 1-A  
Contact: TCOM  
Dept. of Internal Medicine  
817/735-2333

## APRIL

1

*"A Spring Update for the Family  
Practitioner III"*

Presented by: Dallas Family  
Hospital and TCOM — Office of  
Continuing Medical Education  
Supported by: Dallas Southwest  
Osteopathic Physicians, Inc.  
Location: Dallas Family Hospital  
2929 S. Hampton Road  
Dallas, Texas

Hours: 7 CME, Category 1-A  
Contact: Cheryl Cooper  
TCOM, Dept of CME  
817/735-2539

25

*TOMA Pre-Convention*  
Board of Trustees' Meeting  
Sheraton CentrePark Hotel  
Arlington

Contact: TOMA  
817/336-0549

26

*TOMA House of Delegates Meeting*  
Sheraton CentrePark Hotel  
Arlington

Contact: TOMA  
817/336-0549

27-29

*90th Annual Convention &  
Scientific Seminar*  
Texas Osteopathic Medical Assoc.  
Sheraton CentrePark Hotel  
Arlington

Contact: TOMA  
817/336-0549

29

*TOMA Post-Convention*  
Board of Trustees' Meeting  
Sheraton CentrePark Hotel  
Arlington

Contact: TOMA  
817/336-0549

## JUNE

15-17

*1989 International Symposium*  
"The Central Connection:

Somatovisceral/Viscerosomatic  
Interaction"

Sponsored by American Academy  
of Osteopathy  
Omni Netherland Plaza  
Cincinnati, Ohio  
Fee: \$100, physicians  
\$ 50, Ph.D.s  
\$ 25, students

Contact: Mrs. Vicki E. Dyson  
AAO Executive Director  
12 West Locust Street  
P.O. Box 750  
Newark, Ohio 43055  
614/349-8701



# TOMA Convention Will Feature Risk Management Seminar

During this year's annual convention, TOMA will once again hold a Risk Management Seminar for physicians renewing their licenses in Florida, Oklahoma and other states requiring CME hours of risk management in order to retain licensure. The seminar will be held on April 27 and information presented during the day will cover the areas of malpractice or professional liability, impaired physicians, patient record keeping, controlled substance statutes and rules, the Medical Practice Act, and the function, disciplinary responsibilities and activities of the Texas State Board of Medical Examiners (TSBME).

The seminar will open with a discussion on malpractice and professional liability by Eli Bernzweig, J.D., of Insurance Equities Corporation. Mr. Bernzweig received his B.S. from Rutgers University and his J.D. from Rutgers Law School. Following admission to the bar and four years in the private practice of law in New York, he joined the Office of the Solicitor, U.S. Department of Labor, in 1957. In 1962 he transferred to the Office of General Counsel, H.E.W., where he served as Chief Legal Advisor to the U.S. Public Health Service hospital system and was H.E.W.'s top expert on medical malpractice.

From 1971-73, Mr. Bernzweig served as executive director of the H.E.W. Secretary's Commission on Medical Malpractice. He left government service in 1973 to become vice president for professional liability, Argonaut Insurance Company, Menlo Park, California. He returned to federal service in 1975 as Special Assistant to the Federal Insurance Administrator. In 1977, Mr. Bernzweig became a guest scholar at the Brookings Institution, Washington, D.C., where he undertook the research for a book critiquing the entire array of injury reparations systems. Work was completed on the book, *By Accident, Not Design*, in 1980.

From 1981-86, he was engaged as a professional consultant on the legal liability of health care personnel, financial planners and other professionals. During that period, he wrote a regular series of articles for *RN* magazine on the professional liability of nurses.

In June 1986, he joined Insurance Equities Corporation, Palo Alto, California, as vice president in charge of loss control.

Following Mr. Bernzweig will be Michael Young, J.D., of the Texas State Board of Medical Examiners. Mr. Young's talk will center on the Medical Practice Act of Texas as well as the function, disciplinary responsibilities and activities of the TSBME.

A graduate of the University of Texas School of Law

Austin, Mr. Young was admitted to the State Bar of Texas in 1976. He was administrative assistant for James C. Dunlap & Associates, Austin, from 1976-77 and worked for the TMA from 1978-86. While at TMA, he served as a field service representative, director of the Department of Medical Services, director of the Office of Medical Ethics and as a TMA attorney.

Mr. Young is currently staff counsel for the TSBME. In this capacity, he responds to questions from licensees and members of the public regarding Texas law pertaining to physicians; advises the TSBME and its committees concerning legal implications of questions it considers; assists Board members in the conduct of administrative sanction proceedings; presents evidence at licensure hearings and drafts new or amended Board rules.

Rounding out the morning session of the seminar will be TOMA member R. E. Liverman, D.O., who will discuss the TOMA Physicians Assistance Program to cover such areas as what the program is about, what causes physicians to become involved with substance abuse, how to avoid such pitfalls, information on physician impairment and its causes and related issues.

A 1958 graduate of the Kansas City College of Osteopathy and Surgery, he interned at Stevens Park Osteopathic Hospital in Dallas. He practiced in Duncanville and then Hawkins, during which time he had held every office in TOMA District V. On Labor Day, September 5, 1966, Dr. Liverman was sworn in as a Captain in the Medical Corps of the U.S. Air Force, becoming the first Texas D.O. to be commissioned in the Armed Forces.

In 1972, he began a psychiatry residency at the University of Texas Southwestern Medical School in Dallas and the Parkland Memorial Hospital System in Dallas. Upon completion of his residency in 1975, Dr. Liverman opened a psychiatry practice in Arlington, where he is currently located.

He is an active member of TOMA, TOMA District XV and is the chairman of the TOMA Physicians Assistance Program.

The afternoon portion of the seminar will begin with a lecture on patient record keeping, to be presented by Mr. John Sortore, TOMA Field Representative. Mr. Sortore is a graduate of the Institute of Applied Science (Criminal and Civil Investigation and related subjects). He attended business courses at Texas Tech and U.T. Austin and law enforcement courses sponsored by the F.B.I., D.E.A., D.P.S. and other law enforcement organizations. He also attended specialized seminars in



fingerprinting, educational programs sponsored by the TMA, the AMA and the Federation of State Medical Boards, among others.

Mr. Sortore served in the U.S. Army and Air Force from 1945-48 and from 1950-62, was a police officer in Lubbock, attaining the rank of Lieutenant of Detectives. In 1960, he was a special investigator for the District Attorney of Lubbock County.

He served with the TSBME from 1963-85. During his tenure with the TSBME, he was an investigator, director of investigations and director of hearings. In 1985 he retired from the TSBME and became TOMA's field representative.

Other activities include consultant to the TMA Committee on Physician Health and Rehabilitation; lecturer on Jurisprudence classes at various medical schools, including TCOM, on drug laws and the Medical Practice Act; a member of TOMA's Physicians Assistance Program; and a speaker before various medical and allied

health and civic groups regarding the Medical Practice Act and activities of the Board.

Rounding out the Risk Seminar will be a talk on controlled substance statutes and rules, to be presented by Captain B.C. Lyon. Captain Lyon is the Headquarters Captain for the State Narcotics Service of the Department of Public Safety in Austin.

He received an Associate Degree from the University of Houston, and is a graduate of the FBI National Academy and the Southwestern Law Enforcement Institute.

During his 27 years of service, he has served eight years as a State Trooper; four years as a Narcotics Investigator; five years as a Narcotics Field Sergeant; and nine years as a Narcotics Headquarters Captain.

Captain Lyon is a member of the Texas Narcotics Officers Association and a past president of the Texas Narcotics Officers Association, East Region. ■

## ATTENTION, TOMA MEMBERS

This serves as a reminder that any member or district planning to present resolutions to the TOMA House of Delegates' meeting on Wednesday, April 26, 1989, must submit such resolution(s) to the TOMA State Office prior to April 1, 1989.

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

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

## AND THE WINNER IS...

The front cover of the January 1989 issue of the *Texas DO* featured a picture of a leading Texas osteopathic physician, in his/her younger years. For readers who may not have noticed, the inside front cover of that issue stated that the first TOMA physician member to correctly identify the physician on the cover would get \$100 slashed off his/her registration for the TOMA convention.

Who was the winner? Stephen F. Urban, Jr., D.O. of Fort Worth, who saves \$100 off his registration fee. Good work, Dr. Urban!

As to the loaded question of who was the physician correctly named by Dr. Urban, the answer is — Joseph Montgomery-Davis, D.O., TOMA President-elect, of Raymondville.

23 CME Credit Hours — Category 1-A  
Plus 3 CME Credit Hours for Visiting ALL Exhibit Booths

# TOMA '89 CME Program

## Thursday, April 27

- 7:00 a.m. General Convention Breakfast
- 7:30 a.m. Registration and Visit with the Exhibitors
- 8:00 a.m. "Society in Conflict"  
E. Lee Rice, D.O.
- 8:40 a.m. "Substance Abuse in Sports and Industry"  
Richard A. Parker, D.O.
- 9:00 a.m. - Risk Management Seminar
- 12:00 noon
- 9:20 a.m. "Identification of Addictive Personalities in Primary Care" — Charles Bowden, M.D.
- 10:00 a.m. Refreshment Break with the Exhibitors
- 10:30 a.m. "Use of Ergogenic Aides"  
Richard A. Parker, D.O.
- 11:10 a.m. "Banned Substances in Sports"  
Bruce Wooley, Ph.D.
- 11:50 a.m. "Recent Advances and Management in Cocaine Abuse"  
Barry Senton, M.D.
- 12:45 p.m. Keynote Luncheon
- 2:00 p.m. Risk Management Seminar Con't
- 2:20 p.m. - Panel Discussion:  
4:30 p.m. "What can we as physicians and families do to help in Long Term Rehabilitation"  
Panel Leader: Wayne English, D.O.  
Panel Members: Speakers of the day
- 4:30 p.m. Visit with the Exhibitors (COCKTAIL HOUR)

- 10:45 a.m. "Non-Surgical Approach to Lumbar Radiculopathy"  
Warren L. Schildberg, D.O.
- 11:25 a.m. "Functional Restoration for the Failed Back Syndrome" — Peter Polatin, M.D.
- 12:15 p.m. "Demonstration of the Manipulative Prescription"  
Jerry Dickey, D.O.
- 12:45 p.m. AOA Luncheon
- 2:30 p.m. - Hands-on Workshop; (4) 30-Minute Sessions
- 4:30 p.m. (each will be repeated 4 times)
  1. "Specific Diagnosis"
  2. "Direct Method of Treatment Using Patient Forces"
  3. "Direct Method of Treatment Using Physician Forces"
  4. "Indirect Methods of Treatment"
 Coordinator: Jerry Dickey, D.O.
- 4:30 p.m. Visit with the Exhibitors (COCKTAIL HOUR)

## Saturday, April 29

- 7:30 a.m. Registration and Visit with the Exhibitors
- 8:00 a.m. Alumni Meetings
- 8:00 a.m. "Panic and its Effect on Chronic Pain"  
Wayne Jones, M.D.
- 8:40 a.m. "Stress and the Heart"  
James Buell, M.D.
- 9:20 a.m. "Hypertension and Cardiac Risk Factors"  
James Wells, M.D.
- 10:00 a.m. Refreshment Break with the Exhibitors
- 10:30 a.m. "Assessment or Diagnosis and Management of Polyarthralgia and Fibromyosita"  
Bernard R. Rubin, D.O.
- 11:10 a.m. "Topical Retinoids"  
Stephen Mandy, M.D.
- 12:00 p.m. Lunch on your own
- 1:30 p.m. - Fitness Assessment Program
- 4:30 p.m.
- 1:30 p.m. - AIDS Management Seminar
- 4:30 p.m.

## Friday, April 28

- 7:00 a.m. Texas ACPG Breakfast
- 7:30 a.m. Registration and Visit with the Exhibitors
- 8:00 a.m. "Setting the Stage for Comprehensive Management of Back Pain" — Wayne R. English, Jr., D.O.
- 8:40 a.m. "D.O.s Secret Weapon"  
Michael Kuchera, D.O.
- 9:20 a.m. "Designing Manipulative Prescription"  
Jerry Dickey, D.O.
- 10:00 a.m. Refreshment Break with the Exhibitors

# CHAMPUS Covers Births In Freestanding Centers

CHAMPUS-eligible mothers-to-be may now have their babies in approved "freestanding" birthing centers that agree to participate in CHAMPUS.

This addition of a new type of health care provider for maternity care services under CHAMPUS is effective for care received from CHAMPUS-approved freestanding centers on or after May 23, 1988.

Freestanding birthing centers provide outpatient services for low-risk (normal) pregnancies, and are limited to the use of natural childbirth procedures. The newly covered centers may actually be "freestanding" — that is, separately located — from a hospital; and, they may or may not be affiliated with a parent institution. Services at birthing centers that are located in hospitals have always been cost-shared by CHAMPUS as inpatient care.

The freestanding birthing centers must be authorized as providers of care under CHAMPUS, and must have signed a participation agreement with CHAMPUS. For active-duty dependents, CHAMPUS shares the costs for freestanding birthing centers with a flat \$25 cost-share for the patient, even though the care is considered to be outpatient care. This saves money over normal outpatient care rates for most CHAMPUS-eligible active-duty families who would be using the centers. For other CHAMPUS patients, the cost-share would be 25 percent of the lesser of: 1) a CHAMPUS-established all-inclusive rate for the care; or 2) the birthing center's best all-inclusive price.

Medically necessary maternity care and childbirth services beyond those usually associated with a normal pregnancy and provided by a birthing center can also be cost-shared by CHAMPUS on a case-by-case basis, as part of the birthing center's episode of maternity care.

If those extraordinary services are determined to be covered by CHAMPUS, they must also be medically necessary and appropriate for the patient's condition. If all of that is true, they will be cost-shared by CHAMPUS as the lesser of either the birthing center's billed charge for the care, or of the CHAMPUS allowable charge.

In order to obtain approval to provide care under CHAMPUS and to sign a participation agreement, freestanding birthing centers should write to the CHAMPUS claims processor for the state in which they operate. The name and mailing address of the CHAMPUS claims processor for a particular state is available from the Health Benefits Advisor at the nearest military medical facility.

## WARNING!

You cannot afford to locate offices for your new practice or for expanding your practice without investigating the opportunities and bonuses available to you when you begin your practice in the

### Toepperwein Medical Center!

(across Toepperwein Road from Village Oaks Regional Hospital)  
**330,000 people live in the immediate area surrounding the Hospital!**  
**"Beginner" Physicians break even here in as little as 90 days!**  
(We'll give you references.)

**AT NO COST TO YOU, we help arrange financing you may need; your space is "built-out"; we "market" your practice to Doctors and to the public; "free rent" to help you get started and**

### We Guarantee Results!

**How can you afford to go elsewhere? Begin your investigation with a phone call for more information or an appointment:**

**(512) 653-9898**

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### TOEPPERWEIN MEDICAL CENTER

---

**SAM JORRIE  
12602 Toepperwein Road  
Suite 108  
San Antonio, Texas 78233**



# Why Be A TOMA Sustaining Member?

We have certainly reached a most decisive point in the history of the osteopathic profession in Texas whereby we are now well respected in the health care community. This is no small accomplishment when we take into account the relatively small size of TOMA in comparison to other provider groups throughout the state. We can, in light of our various achievements, look forward to the future with confidence, yet confidence must always be tinged with an acute awareness of the one constant factor in life, namely change.

In the past, our so-called "minority" status precipitated the extreme need for involvement and dedication, and contributions were diligently and generously made to TOMA to further the purpose of our goals — building upon and strengthening the proud heritage of the osteopathic profession and educating the public as to the uniqueness of our profession. Although there are still remnants of misinformation, we can truthfully say that today, it is universally admitted that D.O.s are viewed as competent physicians. Our past struggles have largely attributed to the sacrificial nature of the D.O., however, it is especially imperative at this time that we do not become too comfortable with the status we have finally achieved. To halt our ongoing public education campaigns at this time will undoubtedly adversely affect the progress of our profession, and thus, amalgamation could likely become the name of the game. Our uniqueness is our gift to the public and we simply cannot afford complacency to take root.

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

Several years ago, categories of sustaining and sustaining plus memberships were created for the purpose of allowing members to contribute over and above their regular dues for the betterment of the profession and the association. In the past few years, the number of members maintaining sustaining membership has lessened. At this time, there are still over 185 who do support the association in this fashion.

We all realize that this is a time of economic restraint and physicians, as well as TOMA, are grappling with cost-conscious budgets. We sincerely hope that members will review their priorities in terms of financial support in this fashion. Sustaining members contribute \$100 over and above their normal membership dues, while sus-

taining plus members give \$150 over and above their dues. If you are able to continue as a sustaining member or become a new one, you will be a motivating factor in our ability to continue the growth of our profession in Texas.

Being a sustaining member is not merely a matter of having the opportunity to attend a free party during our conventions, or acquiring a white hat, or other such perks. It is insurance that the future of the profession will be filled with yet more successes in the face of, as mentioned above, change — the one constant factor in life. Your help will channel our efforts to maintain a secure future of growth, and most important of all, unity. Contributions are put to good use to ensure all of the aforementioned.

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

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

At TOMA, we are fiercely dedicated in our commitment not to merely survive, but to plant our roots deep and strong, thereby branching out in all directions in the years to come. With your help, the osteopathic profession in Texas will have the ability to withstand any adverse winds which may blow our way. We have it within ourselves to be second to none. ■

## Newsbrief

### ROUTINE ANGIOPLASTY WASTEFUL?

A study released at the annual meeting of the American Heart Association alleges that physicians could abandon performing expensive angioplasties if they administer tissue plasminogen activators immediately after heart attacks. According to the study, angioplasties, if routinely performed, could raise the nation's annual medical bills by \$704 million.

# Sustainer's Speakeasy

TOMA sustaining members attending the annual Sustainer's Party at this year's convention will have to knock three times on the door to gain entry to the Sustainer's Speakeasy. Once inside, the "roaring twenties" will prevail, with shifty gangsters, their molls and those shameless flappers. Of course, no legitimate illegal speakeasy would be complete without a casino, so there will be plenty of action at this event.

As usual, this speakeasy is for the sustaining mob and their molls only, and is a "thank you" type of event for those gangsters who contribute an additional \$100 or \$150 with their usual membership dues to the mob big boss (TOMA). No questions asked as to how the money is obtained!

For those who would like to be able to get into the sustaining speakeasy, the code word is sustaining member. Why not consider mailing us your check for either \$100 (sustaining) or \$150 (sustaining plus) PRIOR to the mob

gathering. Or, if you prefer, tack it on to your mob membership dues if you have not paid yet.

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

We urge you to start digging through old trunks in attics and come to this speakeasy dressed in "roaring twenties" style. No gang wars or raids are anticipated.

Incidentally, beware of the bathtub gin which will be on hand at the speakeasy — it packs a real punch!

Remember the code word and don't forget — three knocks for entrance. ■

## Texas Osteopathic Medical Association

### SUSTAINING MEMBERSHIP APPLICATION



Name \_\_\_\_\_ District \_\_\_\_\_

Office Address \_\_\_\_\_ Phone \_\_\_\_\_

☐ Check Enclosed

☐ Bill Me

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

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

Date \_\_\_\_\_ Signed \_\_\_\_\_

# Pre-Register-Win a DeLuxe Double Room for Four Nights



DRAWING WILL BE HELD AT THE FUN NIGHT PARTY  
SATURDAY, APRIL 29  
AT THE ARLINGTON CONVENTION CENTER

## Texas Osteopathic Medical Association 90th Annual Convention

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

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

### PRE-REGISTRATION DEADLINE — APRIL 15

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

### TOMA Annual Golf Tournament Registration

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Handicap \_\_\_\_\_

**\$50 per person  
includes  
½ cart, green fees, transportation  
(Cash Bar)  
Riverside Golf Club  
Friday, April 28, 1989**

CHECK ENCLOSED \_\_\_\_\_  
(please make payable to TOMA)

## Refund Policy

The REFUND POLICY for the 90th Annual Convention is as follows: All cancellations must be received in writing; no telephone cancellations will be accepted. A \$25.00 processing fee will be charged to all registrants who cancel. If cancellation is necessary, the following policy will apply:

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

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

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

Less than 15 days prior to program, NO REFUND.



# NEW!!!

## TOMA Announces The Sponsorship of a New Group Major Medical Insurance Plan

At long last, a *quality* group major medical plan is available for members of TOMA and their families, and members' employees and families.

The new plan is provided by GALAXIA LIFE INSURANCE COMPANY — a leader in Association plans — with enrollment, marketing, and insurance services provided by WILLIAM H. DEAN AND ASSOCIATES.

William H. Dean and Associates are recognized statewide for their expertise in insurance and related matters. TOMA is fortunate to have the services of these two fine organizations.

### Coverages available are:

- Major Medical Coverage with Maternity Benefits  
Choice of deductibles: \$250 - \$500 - \$1000 - \$2500 - \$5000
- Optional Dental Coverage
- Optional Supplemental Accident Coverage

Those insured under previous TOMA plans can enroll in the new plan with no lapse in coverage.

For information on coverages, costs, and enrollment forms contact:

**WILLIAM H. DEAN & ASSOCIATES**

(817) 335-3214  
P.O. Box 470185  
Fort Worth, TX 76147

(817) 429-0460  
Dallas/Fort Worth Metro



## In Memoriam

### Juanita B. Roberts

Juanita B. Roberts, a retired business communications specialist, and wife of former TOMA Executive Director Tex Roberts, passed away early Sunday, January 15, 1989 at Fort Worth Osteopathic Medical Center. The funeral was held on January 18 at Greenwood Funeral Home, Fort Worth, with interment at Greenwood Mausoleum.

Juanita was born in Cardin, Oklahoma on March 18, 1918 and lived in Lamar, Colorado until she married in 1938. She was a resident of Fort Worth for 20 years. She was the owner of TJ Graphics printing in southwest Fort Worth. Prior to that, she was the number two staff person and Associate Editor of the *Texas DO* magazine at Texas Osteopathic Medical Association, headquartered in Fort Worth. In partnership with her husband, Juanita worked in broadcasting, publishing and association management in Colorado, New Mexico and Texas. March 21, 1989 would have been the Roberts' 51st wedding anniversary.

Survivors include Tex Roberts; one son, Kent Roberts; one daughter Susie Roberts; one sister, Wilma Davis; two brothers, Keith and Garrett Bickford; four grandchildren, Rene, Kendall, Robin and Jennifer; and five great-grandchildren.

It was called to our attention that on January 18, 1989, during the 71st session of the Texas House of Representatives, Rep. Doyle Willis of Fort Worth moved "that the House adjourn until 10:00 a.m. tomorrow morning in memory of Juanita Roberts." The motion prevailed without objection.

It will be a great loss for those TOMA staff members who had the opportunity to know and work with Juanita. From the entire staff at TOMA, our deepest condolences go to Tex and his family.

### Kenneth H. Dix, D.O.

Kenneth H. Dix, D.O., of Wortham, Texas passed away January 3, 1989. He was 69 years of age. Funeral services were conducted January 6 at Wortham First Baptist Church, with burial in Martinsville, Illinois.

Dr. Dix, a native of Martinsville, Illinois, was a 1953 graduate of Kirksville College of Osteopathic Medicine. He interned at Carson City Hospital, Carson City, Michigan, and practiced there for 28 years. He opened a practice in Tulsa, Oklahoma for two years, and for the past two and one-half years, was Medical Director of an alcohol and drug treatment center in Wortham and a clinic in Marlin, Texas.

A TOMA member since 1985, Dr. Dix was a certified general practitioner, a member of the American College of General Practitioners in Osteopathic Medicine and Surgery, a life member of the AOA and a member of TOMA District XVIII. He was a veteran of World War II, a member of the American Legion and VFW, Battle Creek Blue Lodge and was a 32nd degree Mason.

Survivors include his wife, Mildred; one son, Steve Dix of Owasso, Michigan; five daughters, Kathy Olk of Birmingham, Michigan, Dianne Gallatin of Houston, Vicki Kitts of East Lansing, Michigan, Sheila Triplett of Nashville, Tennessee, and Kay Griffin of Lincoln, Illinois; four step-children, Donna Lautzenhiser of Tulsa, Oklahoma, Howard Gallatin of Peoria, Illinois, Dan Gallatin of Wortham, Texas, and Fred Gallatin of Houston, Texas; 13 grandchildren and many friends.

TOMA extends its sincere condolences to the family of Dr. Dix.

# Treat your income the same way you treat your patients.

## **Medical school probably covered everything except what to do for severe paralysis of the paycheck.**

And that condition is more common than you might think. If you're 45 now, you have a 38 percent chance of becoming disabled for three months or longer before you reach retirement. And if you're 35, your chance of disability could be as high as 45 percent.\* Without disability insurance, that's a 45 percent chance that your income will wind up in critical condition.

## **Get intensive care for your cash flow.**

Should disability strike, how long could you keep your home? make the payments on your car? keep up your membership at the club? Provident disability protection is the perfect prescription, offering full coverage in your own occupation. That means Provident pays if you can no longer work in your own medical specialty regardless of how much you can earn working in a new career or a new specialty.

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Endorsed by the Texas Osteopathic Medical Association, your Provident disability plan offers TOMA members a 10 percent

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Provident is the nation's leading carrier of individual, long-term, non-cancellable disability insurance.\*\* To put the best to work for you, call your Texas Osteopathic Medical Association at 1-800-772-5993 or contact:

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\*1985 Commissioners' Individual Disability Table A, 7-day Continuation Table.

\*\*Life Insurance Marketing and Research Association (LIMRA)

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# Working With Your State Medical Board

The Texas State Board of Medical Examiners was established by the Medical Practice Act. The first Act, written in 1837, has evolved through the years into the document under which the Board operates today. The Board of Medical Examiners is responsible for granting licenses to physicians, disciplining those physicians who violate the Act, and regulating the practice of medicine in Texas by developing rules in accordance with the statute. The Board also registers physician assistants, acupuncturists and medical radiologic technologists, and issues various types of permits (interns, residents, fellows, visiting professors, etc.) The Board itself is composed of 15 members — nine M.D., three D.O.s, and three public representatives, all of whom are appointed by the Governor and confirmed by the Senate. The administrative office is located in Austin, although numerous investigators are stationed throughout Texas.

It is important to recognize that the Board's primary purpose is to help ensure quality health care for all citizens of Texas. Physicians, consumers, and the Board have many opportunities to work together cooperatively to further that goal.

Our Office receives a great many calls from individuals who are interested in knowing more about a physician. By simply calling the Board's toll-free hotline number, a person can learn a physician's age, medical school, date of graduation, date of licensure in Texas, specialty, and whether any disciplinary action has been taken by the Board against that physician. The hotline is available from 8 a.m. to 5 p.m., Monday through Friday (excluding holidays). If you are calling from Austin, dial 467-8142. From other parts of the State, call 1-800-248-4062.

In addition to information about a physician, a caller can request the form for registration of complaints. Any person may file a complaint against a physician. But bear in mind that the Board has no jurisdiction over dentists, pharmacists, podiatrists, chiropractors, etc. — only doctors of medicine and doctors of osteopathy. Also, the Board is without authority to investigate Medicaid Fraud (that's done by the Attorney General's Office) and ethics (local medical or osteopathic societies can help with those issues).

Upon receipt of a complaint, the complainant is sent an acknowledgment and notified approximately every 90 days of its status until final Board action is taken.

The most frequent complaints concern nontherapeutic prescribing or administration of drugs or treatments, physician incompetence, unprofessional or dishonorable conduct, inability to practice because of impairment (drunkenness, drug abuse or illness), and persistent and

flagrant overcharging of patients. Also, a number of inquiries relate to the forwarding of medical records. If a patient requests his or her records, the physician must forward those records, or copies. Physicians are urged to send them promptly by certified mail, return receipt requested. Physicians cannot refuse to send records because a patient owes money.

When the Board receives notice of a professional liability suit or claim, the subject physician is required to furnish requested information concerning that suit or claim. He or she may be asked to furnish information substantiating current competence, to provide copies of medical and hospital records, or to submit current data on the status of any suit or claim previously reported. The Legislature has also established reporting requirements for entities providing medical professional liability insurance but, if the carrier does not report, it is the physician's responsibility to do so.

Reports of certain peer review actions provided to the Board, by law, must contain the results and circumstances of action taken, basis for action (and whether it is directly related to patient care), and any limitations imposed upon the physician's clinical privileges or membership in the professional society or association.

Recent legislative changes have also enhanced the reporting responsibilities of physicians while giving protection for their good faith compliance. According to the Medical Practice Act, any medical peer review committee, physician, or medical student believing that a particular physician poses a "continuing threat to the public welfare through the practice of medicine" has a duty to report the acts of that physician to the Board.

Anyone furnishing information to the Board without malice is immune from civil liability arising from such action. Of import, too, is a new provision which states that the Board may take action against a person or licensed institution for not reporting as required under the Act.

Complaints are investigated by trained professional investigators. Complainants and licensee alike may be contacted by the investigator assigned to the complaint. A witness statement or release for medical records may be required. Because some complaints are complicated and involve many issues, they may take longer to be thoroughly evaluated and reviewed by medical experts. However, the Board investigators strive to complete all cases in a timely fashion. Data gathered during the course of an investigation, such as medical records, reviews by Board consultants, and investigative reports, become part

of the Board's investigation file and, by law, are deemed confidential and privileged.

After completion of an investigation, it is sometimes determined that there has been no violation of the Medical Practice Act. If, however, the accumulated evidence indicates a violation, the Board seeks appropriate disciplinary action in as swift a manner as possible. Such action can include a public reprimand, various forms of restriction, and suspension or cancellation of the physician's license to practice medicine in Texas.

The practice of medicine is complex, demanding, and requires extensive time and effort on a physician's part. It is also rewarding in a way perhaps no other career can match. However, a physician may wonder how to keep up with patient responsibilities and, at the same time, manage to stay informed about the myriad of laws pertaining to the profession. How does he or she avoid the common pitfalls? Two pieces of advice are recommended.

First, physicians are encouraged to obtain a copy of the Medical Practice Act, available free by calling or writing the Board Office (or TOMA). In this pocket-sized booklet are the Medical Practice Act, pertinent portions of the Controlled Substances Act, requisites of the

triplicate prescription program, the Pharmacy Act, the Healing Art Identification Act, the "Good Samaritan Law," and a summary of other Texas laws relating to physicians.

Secondly, physicians are encouraged to take advantage of continuing medical education (CME) opportunities. While not a requirement for relicensure in Texas, every physician is urged to participate in CME programs to stay updated on the many changes occurring in medicine today. The physician who does not keep up is inviting trouble.

Any person having questions or comments about the Board's functions is invited to call or write the Office. You may want to keep the following information handy: Texas State Board of Medical Examiners, P.O. Box 13562, Capitol Station, Austin, Texas 78711, 512/452-1078.

For information regarding current and previous physician discipline, write the Office or call: 467-8142 (in Austin) or 1-800-248-4062 (elsewhere in Texas).

The Texas State Board of Medical Examiners is your Board, and we look forward to a mutually satisfying and productive relationship. ■

*Reprinted from Texas State Board of Medical Examiners Newsletter, Volume 10, Number 2, Fall-Winter 1988*

## Federal Commission Addresses Nurse Shortage

The AMA's plan calling for a new category of care giver, the registered care technologist (RCT), was created in an effort to alleviate the nursing crisis. However, the AOA, opposing such a plan, feels such a concept would worsen the shortage of registered nurses by diverting resources that might otherwise be used to address the causes of the RN shortage; and adding an expensive and unnecessary layer of health care worker and eroding the quality of inpatient care. Organized nursing has so far taken a dim view of the RCT proposal. As the crisis worsens, hospitals have resorted to offering perks such as bonuses, free child care, etc., as well as utilizing temporary service agencies and recruiting nurses from outside the U.S.

Although there appears to be no quick fix, a 19-member Commission on Nursing, convened by the Department of Health and Human Services (HHS), has completed a report addressing the problem, delivering 16 recommendations falling within 81 strategies to Otis Bowen, M.D., HHS Secretary. The solution to the nursing shortage plaguing many U.S. hospitals lies not just in higher pay, but also in letting nurses be nurses once again, according to the commission.

"With increasing frequency, nurses provide services that should be carried out by other health care workers,"

the commission stated. The report said in the last five years, the nation's hospitals had laid off 100,000 staff employees and added their duties to those of the nurses. This comes at a time when nurses are finding that they must devote more of their time to each of their patients because hospitals are only admitting patients with more serious medical problems. In addition, the panel said nurses also were being asked to render more care typically carried out by such higher-priced personnel as respiratory and physical therapists.

The panel did call for higher pay for nurses, but said: "Increasing compensation alone, however, will not be sufficient to resolve the shortage. Attention must also be given to increasing professional recognition, increasing representation of nurses on policymaking, regulatory and accreditation boards as well as increasing the use of more collaborative approaches between nurses, other health care professionals, and management." Without steps to counter it, the nurse shortage is likely to get worse, the report said.

"The country is demanding more nurses to supply increasingly technical complex and cost-effective patient care while fewer potential entrants to the profession are viewing nursing as an attractive career alternative," according to the report. ■

# OBESITY.

# RESULTS OF SURVEY MAY



According to responses from over 6,800 physicians, obesity has become a serious health threat.

*A problem so significant...77% of responding physicians view it as the single most prevalent chronic condition in the US.<sup>1</sup>*

*A problem so widespread...88% of physicians realize it afflicts at least 1 out of 3 American adults.<sup>1,2</sup>*

*A "disease" so serious...81% of physicians acknowledge it is related, either directly or indirectly, to 20% or more of the nation's mortality.<sup>1,3</sup>*



# ON A NATIONWIDE SURPRISE YOU.



## FASTIN®<sup>IV</sup> (phentermine HCl) 30 mg capsules

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FASTIN® (phentermine HCl) can help. It effectively curbs hunger—the critical first step. In fact, 46% of responding physicians prefer FASTIN over two other well-known anorectics.

As an adjunct to prescribed diet, exercise, and counseling, FASTIN can help provide the early motivation many patients need to overcome obesity... and its serious health risks.

*Preferred by physicians over  
other well-known anorectics.<sup>1</sup>*

Please see summary of prescribing information on next page.

References:

1. Results based on 6,531 physician responses to a recent survey (note: Not all responding physicians answered all questions). Data on file, Beschlun Laboratories.
2. Weiss ST. Obesity: Pathogenesis, consequences, and approaches to treatment. *Psychiatr Clin North Am* 1994;7:307-319.
3. Eastman P. Cell obesity "a killer", costing the US \$30.6 billion a year. *Medical Science* 1995;(March 20):26.

# FASTIN®<sup>®</sup> (phentermine HCl) 30 mg capsules

*Preferred by physicians over  
other well-known anorectics.<sup>1</sup>*

**Brief Summary**  
Indicated only for use as a short-term adjunct in the management of exogenous obesity.

**INDICATION:** FASTIN is indicated in the management of exogenous obesity as a short-term (a few weeks) adjunct in a regimen of weight reduction based on caloric restriction. The limited usefulness of agents of this class (see ACTIONS) should be measured against possible risk factors inherent in their use such as those described below.

**CONTRAINDICATIONS:** Advanced arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension, hyperthyroidism, known hypersensitivity or idiosyncrasy to the sympathomimetic amines, glaucoma.

**Applied states:** Patients with a history of drug abuse. During or within 14 days following the administration of monoamine oxidase inhibitors (hypertensive crises may result).

**WARNINGS:** Tolerance to the anorectic effect usually develops within a few weeks. When this occurs, the recommended dose should not be exceeded in an attempt to increase the effect; rather, the drug should be discontinued.

FASTIN may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or driving a motor vehicle; the patient should therefore be cautioned accordingly.

**DRUG DEPENDENCE:** FASTIN is related chemically and pharmacologically to the amphetamines. Amphetamines and related stimulant drugs have been extensively abused, and the possibility of abuse of FASTIN should be kept in mind when evaluating the desirability of including a drug as part of a weight reduction program. Abuse of amphetamines and related drugs may be associated with intense psychological dependence and severe social dysfunction. There are reports of patients who have increased the dosage to many times that recommended. Abrupt cessation following prolonged high dosage administration results in extreme fatigue and mental depression; changes are also noted on the sleep EEG. Manifestations of chronic intoxication with anorectic drugs include severe deliriums, marked insomnia, irritability, hyperactivity, and personality changes. The most severe manifestation of chronic intoxications is psychosis, often clinically indistinguishable from schizophrenia.

**Use in Pregnancy:** Safe use in pregnancy has not been established. Use of FASTIN by women who are or who may become pregnant, and those in the first trimester of pregnancy, requires that the potential benefit be weighed against the possible hazard to mother and infant.

**Use in Children:** FASTIN is not recommended for use in children under 12 years of age.

**Use with Alcohol:** Concomitant use of alcohol with FASTIN may result in an adverse drug interaction.

**PRECAUTIONS:** Caution is to be exercised in prescribing FASTIN for patients with even mild hypertension.

Insulin requirements in diabetes mellitus may be altered in association with the use of FASTIN and the concomitant dietary regimen.

FASTIN may decrease the hypotensive effect of guanethidine.

The least amount feasible should be prescribed or dispensed at one time in order to minimize the possibility of overdosage.

**ADVERSE REACTIONS:** Cardiovascular: Palpitation, tachycardia, elevation of blood pressure.

**Central Nervous System:** Overstimulation, restlessness, dizziness, insomnia, euphoria, dysphoria, tremor, headache, rarely psychotic episodes at recommended doses.

**Gastrointestinal:** Dryness of the mouth, unpleasant taste, diarrhea, constipation, other gastrointestinal disturbances.

**Allergic:** Urticaria.

**Endocrine:** Impotence, changes in libido.

**DOSEAGE AND ADMINISTRATION:** Exogenous Obesity: One capsule at approximately 2 hours after breakfast for appetite control. Late evening medication should be avoided because of the possibility of resulting insomnia.

Administration of one capsule (30 mg) daily has been found to be adequate in depression of the appetite for twelve to fourteen hours.

FASTIN is not recommended for use in children under 12 years of age.

**OVERDOSEAGE:** Manifestations of acute overdosage with phentermine include restlessness, tremor, hyperreflexia, rapid respiration, confusion, assaultiveness, hallucinations, panic states. Fatigue and depression usually follow the central stimulation. Cardiovascular effects include arrhythmias, hypertension or hypotension, and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning usually terminates in convulsions and coma.

Management of acute phentermine intoxication is largely symptomatic and includes lavage and sedation with a barbiturate. Experience with hemodialysis or peritoneal dialysis is inadequate to permit recommendations in this regard.

Accidation of the urine increases phentermine excretion. Intravenous phenolamine (REGITINE) has been suggested for possible acute, severe hypertension, if this complicates phentermine overdosage.

**CAUTION:** Federal law prohibits dispensing without prescription.

**HOW SUPPLIED:** Blue and clear capsules with blue and white beads containing 30 mg phentermine hydrochloride (equivalent to 24 mg phentermine):  
NDC 0029-2205-30      bottles of 100  
NDC 0029-2205-39      bottles of 450  
NDC 0029-2205-31      pack of 30

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# Dr. Richards Named to Fort Worth Osteopathic Medical Center Board

David M. Richards, D.O., president of the Texas College of Osteopathic Medicine, has been named to the board of directors of Fort Worth Osteopathic Medical Center which serves as the teaching hospital for TCOM.

Dr. Richards was appointed as an ex-officio member at the regular meeting of the board on December 20, 1988. He will serve a one-year term.

Dr. Richards joined TCOM in 1981 as the Associate Dean for Academic Affairs. In 1986, he was named president of TCOM, and is responsible for the academic and administrative development and administration of college policies.

A well-known business and civic leader, Dr. Richards has served on the Arts Council of Fort Worth, the Board of Directors of the Fort Worth Symphony Orchestra, the Governor's Task Force on Medical Care in the Texas Department of Corrections and is a past United Way Section Chairman for Higher Education in Tarrant County. He currently is on the Board of Directors of the Fort Worth Chamber of Commerce and is a member of the Fort Worth Rotary.

Professional memberships include the Texas Osteopathic Medical Association, the American Osteopathic Association, the American College of Osteopathic General Practitioners and the Academy of Osteopathic Directors of Medical Education. He is Chairman-elect of the Association of the American Colleges of Osteopathic Medicine and Chairman of the AOA Council on Osteopathic Educational Development.

Other members of the Fort Worth Osteopathic Medical Center Board are Jay E. Sandelin; David M. Beyer, D.O.; Randall L. Kressler; W. Scott Wysong, III; Barclay R. Ryall; Herman F. Stute; The Honorable Gibson D. Lewis; Charles T. Maxwell, D.O.; Jay G. Beckwith, D.O.; Harris Pearson, D.O.; William M. Jordan, D.O.; Irwin Schussler, D.O. and John W. Burnam.

Fort Worth Osteopathic Medical Center is a general and acute care facility. The 265-bed Medical Center is the largest osteopathic hospital in Texas. It is an affiliate of Health Care of Texas, Inc., of Fort Worth.

# Texas ACGP Update

By Joseph Montgomery-Davis, D.O.  
*Texas ACGP Editor*

The annual meeting of the Congress of Delegates for the National ACGP will take place this year on Saturday, March 10, 1989 at the Marriott Rivercenter Hotel in San Antonio, Texas. The Texas ACGP delegates and alternates to the 1989 National ACGP Congress of Delegates are: 1) Chairman: Nelda Cuniff, D.O.; 2) Connie Jenkins, D.O.; 3) T.R. Sharp, D.O., FACGP; 4) R. Greg Maul, D.O.; 5) Richard Hall, D.O.; 6) Jim Czewski, D.O.; 7) Leland Nelson, D.O.; 8) Craig Whiting, D.O.; 9) Howard Galarneau, D.O.; 10) Lee Shriner, D.O., FACGP; 11) Rodney Wiseman, D.O.; 12) T.E. Zachary, D.O., FACGP; 13) Robert Maul, D.O., FACGP; 14) Bob Peters, D.O., FACGP; 15) Carla Devenport, D.O.; 16) Royce Keilers, D.O., FACGP; 17) Joe Montgomery-Davis, D.O.; 18) L.L. Bunnell, D.O., FACGP; 19) John Burnett, D.O., FACGP; 20) Mary Burnett, D.O., FACGP; 21) Bob Finch, D.O., FACGP; 22) Sidney Chadwell, D.O.; 23) Jeannie Chadwell, D.O.; 24) Don Peterson, D.O., FACGP; 25) Steve Urban, D.O., FACGP; 26) Richard Baldwin, D.O.; 27) Jack Gramer, D.O.; and 28) Joe Dubin, D.O., FACGP.

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

If a Texas delegate or alternate is unable to attend this meeting, please let Dr. T.R. Sharp know at the earliest possible moment. This will enable the Texas ACGP President, Dr. Nelda Cuniff, to select replacements so that the Texas ACGP will have their full complement of voting delegates at this meeting.

A Texas ACGP protocol for the annual meeting of the Congress of Delegates for the National ACGP will be distributed to each member of the Texas delegation prior to this March 10, 1989 meeting.

The Texas ACGP dues statement for 1989 will include a request for candidates for the annual GP of the Year award.

Only Texas ACGP members in good standing can submit nominees for the General Practitioner of the Year for 1989. The proposed nominee must be offered by a Texas ACGP member and the nominee shall possess the following requirements: 1) must be a member of the National ACGP. (Texas recipients are automatically forwarded to the National ACGP Awards Committee for national consideration); 2) the nominee can be shown to have made outstanding contributions to his profes-

sion and community, depictive of the unselfish devotion in serving others; 3) the nominee must have been in active general practice for at least the past 15 years, or the past 10 years plus an internship or residency in general practice; 4) the name and completed supportive information shall be forwarded to the secretary of the Texas ACGP for consideration by the Awards Committee.

The nominators should supply as much detail as possible for the consideration of their nominee. The nominator should supply at least one (two preferred) black and white (no color photos, please) four by six or five by seven photos of the nominee, if at all possible.

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

We look forward to seeing you all in San Antonio, Texas at the Annual National ACGP meeting.

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

## CORRECTION

A typographical error appearing in "Presidential Report" by Merlin Lee Shriner, D.O., FACGP, in the January 1989 issue of the *Texas DO*, adversely affected the content of a particular sentence. This appeared on page 7, midway down the fifth paragraph.

The sentence should have read: "Unfortunately it is true that this mingling has weakened and hurt our osteopathic hospitals, but in meeting the majority of these D.O.s, I have **NOT** found loss of our professional strength and recognition."

We apologize for the error.



# Convention Supporters '89

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## **Newsbrief**

### **BLOOD EXPRESS**

The latest twist in autologous blood banking comes from Memphis, Tennessee, where those persons afraid of AIDS-tainted blood in the nation's banked blood supply can have their own frozen blood stored at the Federal Express national air hub. Daxor Corporation, the New York based firm behind the service that will operate the Memphis facility, says it can store the frozen blood for as long as 10 years, and that Federal Express could get it to patients in as little as six hours.

# ATOMA NEWS

By Nancy Martin  
Public Relations Chairman  
ATOMA District II

The second month of our new year of 1989 is already here, and we want everyone to mark their calendars for the upcoming March 4, 1989 Wintercrest Charity Ball event to be held at the Petroleum Club. Our previous January 1989 ATOMA District II news article in the *Texas DO* magazine listed some of the items to be auctioned (also, there will be a fur auction), and told of the specialty/craft items that would be displayed and be available for sale. Please note that this year we will have a Celebrity Auctioneer with us! There will also be a silent auction at this event. This year's gift items are geared towards children and families. The evening will begin with cocktails and a lovely dinner will follow. The Party Dolls will be with us again this year for some fabulous entertainment. You should receive your invitations shortly after February 2. Please be sure to make your reservations **early**. Contact Karen Hull at 346-1011 for reservations. The proceeds from the 1989 Ball will again be divided between local charities and scholarships for osteopathic medical students. Please read the November 1988 ATOMA District II news article in the *Texas DO* magazine to see which local charities we will be contributing to this year. Please come and enjoy yourself at our annual fund raiser!

At the upcoming February 9 Student Associate Auxiliary general meeting, Beverly Runyon, Public Relations Director of the Parenting Guidance Center, will be there to speak on the topic "How To Speak So That Your Spouse Will Listen." She is an excellent speaker and gives parenting tips on the Noon News on Monday on Channel 3. If you are interested in attending, please call Karen Hull at 346-1011.

I would like to note that the Student Associate Auxiliary's biggest money-making project (custom painted night shirts) this year netted \$500 at the National AAOA Convention held in Las Vegas on December 5, 6 and 7, 1988. They sold every night shirt that they took to the convention. The money will be awarded to two recipients most in need of financial assistance. Those eligible to be recipients must be spouses of medical students who are members of the SAA group. Those interested in applying must submit an application of need. These applications are reviewed by three people, (usually auxiliary

members) who don't know their identify. These three people will then select the two recipients to receive the money, and it will be awarded to the recipients at the SAA Senior Banquet.

Our daytime "special date" is planned for February 16. We welcome everyone to come, and we especially encourage our intern/resident spouses and those who can't attend the general evening meetings to come and enjoy this activity. We will have a luncheon/meeting with a guest speaker. Invitations will be mailed. Please call B.J. Czewski regarding any questions about this event at 236-1370.

Congratulations to Drs. Hank Kaplan and Connie Lorenz on their wonderful holiday gift, Joy Elizabeth, their new daughter and recent addition to their family.

Please remember to call Valerie Lowry (Courtesy Chairman) at 763-0766 in regards to birthdays, marriages, bereavements, etc.

That's all, folks! Happy Valentines Day to all, and we hope to see you at the Wintercrest Charity Ball!

By Mary Eileen Del Principe  
President, District XV

This is a reminder to everyone about our next meeting February 16, 1989 at the Stouffer Hotel in Dallas. We hope everyone can try and come. We will have State President Sue Urban speaking to our group. We will also have Panda Pifer, who will give a scarf demonstration. She will show the multiple ways one can accessorize with scarves, and will have samples for everyone to work with and some to buy. This should be a very entertaining meeting, so hopefully we will have a good turnout.

Also, now is the time for everyone to think about arranging their work and personal schedules to include the State Convention in their Spring plans. Remember, it is in our district and we would like to have a strong showing to initiate Chuckie Hoppers as our new State President. Please mark April 27-29, 1989 at the Sheraton Centre-Park Hotel in Arlington.

Hope to see everyone at our next meeting. ■

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# Medicare Claims Processing Timeliness

The requirements for claims processing timeliness are set forth as follows:

"Clean" claims must be paid or denied within the applicable number of days from the date of receipt:

Time Period for Claims Received	Applicable Number of Days
2-1-86 to 9-30-87	30
10-1-87 to 9-30-88	26
10-1-88 to 9-30-89	25
10-1-89 to later	24

For interest payments, the time period began 4-1-87.

The count is started on the day after the receipt date and ends on the date payment is made. For example, claims received October 1, 1987 through September 30, 1988, if this span is 26 days or less, the requirement is met.

**Payment Floor Standards.** Your intermediary will not pay, issue, mail, or otherwise reimburse for any claim it receives from you within the waiting period indicated below. The length of the waiting period is determined by the date a claim is received. Your intermediary starts its count on the day after the date of receipt. For example, a claim received July 1, 1988 would have been paid on or after July 12, 1988.

Claims Received	Waiting Period
7-1-88 to 9-30-88	10
10-1-88 to 9-30-89	14

**Interest payment on clean non-PIP claims if not paid timely.** Interest must be paid on clean claims if payment is not made within the applicable number of calendar days after the day of receipt. For example, a claim received on October 1, 1987 must have been paid before the end of business on October 27, 1987. Interest is not paid on claims requiring external investigation or development by your intermediary; claims on which no payment is due; full denial; or claims for which you are receiving PIP. However, PIP on inpatient bills does not preclude interest payments on outpatient bills. Interest is paid on a per bill basis at the time of payment.

Interest is paid at the rate used for section 3902 (a) of Title 31, U.S. Code (relating to interest penalties for failure to make prompt payment). The interest rate is determined by the applicable rate on the date of payment.

This rate is determined by the Treasury Department on a six month basis. Interest is calculated using the following formula: reimbursement amount x rate x day divided by 365 equals interest payment. The interest

period begins on the day after payment due and ends on the day of payment. Example: Date received July 1, 1988 — payment due on July 27, 1988 — payment made August 10, 1988. Interest begins on July 28, 1988 and interest ends on August 10, 1988. Days for which interest is due is 14 days. Amount of reimbursement is equal to \$100, annual interest rate is 9.25 percent. The formula is applied as follows:  $\$100 \times .0925 \times 14$  divided by 365 equals \$.354 or \$.35 (when rounded to the nearest penny.) When interest payments are applicable your intermediary indicates for the individual claims the amount of interest on its remittance record to you. ■

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## TSBME New Advertising Rules

We would like to remind physicians of the Texas State Board of Medical Examiner's new rules on advertising, effective November 25, 1988, as same would apply in Yellow Page advertising.

Although we printed the new rule in its entirety in the January issue of the *Texas DO*, we are printing it once again for your convenience.

### 164.1 Misleading or Deceptive Advertising

(a) A physician's authorization of or use in any advertising for his or her practice of the term "board certified" or any similar words or phrase calculated to convey the same meaning shall constitute misleading or deceptive advertising under the Act, 3.08(6) unless the physician discloses the complete name of the specialty board which conferred the aforementioned certification.

(b) A physician may not use the term "board certified" or any similar words or phrase calculated to convey the same meaning if the claimed board certification has expired and has not been renewed at the time the advertising in question was published or broadcast.

This rule applies to all advertising including advertising in the Yellow Pages of your telephone directory. It is suggested that when you are contacted by the Yellow Page representative, you review any Yellow Page listing so that it complies with this stated rule if reference is made to board certification. ■

# TEXAS TICKER TAPE

## NOTICE TO TEXAS ACGP MEMBERS

Dr. T. R. Sharp, secretary-treasurer of the Texas ACGP, has advised that due to problems with the mail, certain physicians may not have received credit for attendance at the 15th Annual Midyear Seminar of the ACGP, which took place August 5-7, 1988.

Those physicians who did attend, but find this not appearing on their December 1988 AOA CME readout, should contact either the AOA at 1-800-621-1773, or Dr. Sharp at 214/279-2453.

## MEDICAID UTILIZATION REVIEW AND QUALITY ASSURANCE

As you may know, the Texas Department of Human Services will be beginning to conduct utilization and quality assurance review on Medicaid patients as of February 1, 1989. The review methodology will be extremely similar to that used by the Texas Medical Foundation while they were responsible for review.

One change, of course, will be the fact that the Texas Medical Foundation will not be conducting review and that the Department of Human Services will be needing osteopathic physicians to participate in review of other D.O.s. Review will be done both on and off sight and there might be an opportunity for you to participate, if you are interested. If you want more information, you should contact Pat McEntire, R.N., at the Texas Department of Human Services, 512/338-6587.

It is extremely important to have osteopathic physicians involved in the review process. Federal law is specific that osteopathic physicians are to be used whenever possible to review other osteopathic physicians. The laws regarding Medicaid are not so explicit, but with the cooperation of the Department of Human Services, we have arranged to continue the program of D.O.s reviewing D.O.s. This is an opportunity that we need to take advantage of and I strongly encourage you to contact the department and become involved (or continue your involvement.)

## DR. JOHN HARAKAL DELIVERS 1988 THOMAS L. NORTHPUP LECTURE

John H. Harakal, D.O., FFAO, professor of manipulative medicine at TCOM, delivered the 1988 Thomas L. Northup Lecture at the fall meeting of the American Academy of Osteopathy in Las Vegas, Nevada,

December 6, 1988. The meeting was held in conjunction with the AOA convention.

The award accompanying the lecture is presented to those who have excelled in such fields as education, research, clinical practice and professional management.

Dr. Harakal joined TCOM in 1974 as Chairman of the Department of Osteopathic Philosophy, Principles and Practice, following 17 years of private practice in Dallas. In 1985, he was awarded the Founder's Medal from TCOM.

Dr. Harakal has been a member of the American Academy of Osteopathy since 1965 and was granted an earned fellowship in the academy in 1973. The academy awarded him the Andrew Still Medallion of Honor in 1986.

## D.O. TALLY

According to the AOA's latest *Fact Sheet*, updated as of October 1, 1988, there are currently 28,269 doctors of osteopathic medicine and surgery.

## DR. ALEXANDER PRESENTS PAPER AT AOA CONVENTION

Jerry M. Alexander, D.O., of Wichita Falls, gave a presentation entitled, "Hotter 'n Hell Hundred — Largest Century Ride in the United States" at the 93rd Convention and Scientific Seminar of the AOA, held December 4-8, 1988 in Las Vegas, Nevada. The presentation was part of a continuing medical education seminar coordinated by the American Osteopathic Academy of Sports Medicine.

A board certified general practitioner, Dr. Alexander is an active member of TOMA, AOA, the American Osteopathic Academy of Sports Medicine and the American Medical Joggers Association.

The selection of papers, dealing with recent and significant developments in patient care, attracted nearly 3,000 physicians to the clinical sessions.

## RISK OF AIDS FOR HOSPITAL WORKERS

According to the Centers for Disease Control, out of 1,200 physicians, nurses and hospital workers accidentally exposed to AIDS-infected blood in the last five years, only four subsequently tested positive for the AIDS virus.

## THIRTEEN TCOM STUDENTS ELECTED TO WHO'S WHO

Thirteen student doctors at TCOM have been elected to *Who's Who Among Students in American Universities and Colleges*.

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

The TCOM student doctors honored include seniors on Preston Allred, Michael Anthony Carnevale, Jeffrey Wayne Clark, John Stuart MacKenzie, Pamela Sue Richards and Lori Michelle Tabor; juniors Kathleen Michelle Bynum, Elizabeth Ann Owen, Elisabeth Ellen Schultz and Neal Ira Shparago; and sophomores David A. Kabel, Kevin Randolph Stahl and Jackelene Maria Patton.

The student doctors join an elite group of students elected from more than 1,400 institutions of higher learning in all 50 states, the District of Columbia and several foreign nations. They will be listed in the 1989 edition of *Who's Who Among Students in American Universities and Colleges*, an annual directory first published in 1934.

## NEW CHAMPUS HANDBOOK IS OUT

The newly rewritten and updated CHAMPUS Handbook has been published. The 125-page book is written in everyday language and is aimed primarily at service families, packed with more easy-to-read information about the CHAMPUS program than ever before. Up-to-date information about CHAMPUS benefits and procedures, general information about the new Active-Duty Dependents Dental Program and listings of military medical facilities worldwide are packed into this new 1988 handbook, which has been shipped to the military services' publication distribution centers, U.S. Public Health Service, the National Oceanic and Atmospheric Administration, various Coast Guard facilities, and to the headquarters offices of all CHAMPUS claims processors.

Requests for supplies of the handbook may be forwarded to the appropriate publication distribution centers. Navy requesters should use this stock number: 5010-LP-211-0300. Other requesters should refer to CHAMPUS Handbook 6010.46-H, dated September 1988. Individuals who want copies of the new handbook should contact their nearest Health Benefits Advisor.

## DSWOP STRIKES AGAIN

The Southwest Division of the Dallas Police Department was the recent recipient of two grants from Dallas Southwest Osteopathic Physicians, Inc. One was the donation of a 1988 van for the police storefront on Bishop and the other was a grant for two McGruff costumes. The storefront program has been hindered because they did not have a van available to transport the young people to various youth activities. With this grant, they will be able to expand their work with the young people.

The Southwest Division had also been hindered in its drug education and prevention program. The McGruff teaching program has been a very effective tool in that program but the Division always had to borrow a McGruff from a neighboring police department. Now they not only have one available, but two.

Dr. Joseph L. LaManna, chairman of the board of Dallas Southwest Osteopathic Physicians, Inc., presented the keys to the van to Deputy Chief Rick Hatler. This is the fifth van donated by the doctor's group. Other recipients have been Birdie Jackson, Inc.; Adult-Child Training Center; Help is Possible; and Redbird Rehabilitation Center. They also participated in the purchase of a mini-bus for Presbyterian Village.

Earlier last year, the doctors made another grant related to the police department when they contributed \$45,500 to the Police Athletic League (PAL) for the moving and renovation of the Pella House to serve as the headquarters for PAL.

## STATE CIVIL MONETARY PENALTIES

Senate Bill 298, 70th Texas Legislature, contained a provision that any Medicaid provider who submits a claim, or causes a claim to be submitted to the Department of Human Services (DHS) or National Heritage Insurance Company (NHIC) which contains a statement or representation that the provider knew was false, is subject to any or all of the following civil monetary penalties:

1. The amount DHS or NHIC paid for the false claim plus interest on that amount accruing from the date on which payment was made and determined at the rate provided by law for legal judgment.
2. Up to twice the amount DHS or NHIC paid for the false claim.
3. Up to \$2,000 for each item or service falsely claimed for payment.



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For respiratory tract infections due to susceptible strains of indicated organisms.

## Summary.

Consult the package literature for prescribing information.

**Indication:** Lower respiratory infections, including pneumonia, caused by *Streptococcus pneumoniae*, *Haemophilus influenzae*, and *Streptococcus pyogenes* (group A  $\beta$ -hemolytic streptococci).

**Contraindication:** Known allergy to cephalosporins.

**Warnings:** CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY. POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS.

Administer cautiously to allergic patients.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.

## Precautions:

- Discontinue Ceclor in the event of allergic reactions to it.
- Prolonged use may result in overgrowth of nonsusceptible organisms.
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- Ceclor should be administered with caution in the presence of markedly impaired renal function. Although dosage adjustments in

moderate to severe renal impairment are usually not required, careful clinical observation and laboratory studies should be made.

- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.

• Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.

**Adverse Reactions:** (percentage of patients)

Therapy-related adverse reactions are uncommon. Those reported include:

- Gastrointestinal (mostly diarrhea): 25%.
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
- Hypersensitivity reactions (including morbilliform eruptions, pruritus, urticaria, and serum-sickness-like reactions that have included erythema multiforme [rarely, Stevens-Johnson syndrome] and toxic epidermal necrolysis or the above skin manifestations accompanied by arthritis/arthritis and frequently, fever). 15% usually subside within a few days after cessation of therapy. Serum-sickness-like reactions have been reported more frequently in children than in adults and have usually occurred during or following a second course of therapy with Ceclor. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.

- Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.
- As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.
- Rarely, reversible hyperactivity, nervousness, insomnia, confusion, hypertension, dizziness, and somnolence have been reported.
- Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1%; and, rarely, thrombocytopenia.
- Abnormalities in laboratory results of uncertain etiology:
  - Slight elevations in hepatic enzymes.
  - Transient fluctuations in leukocyte count (especially in infants and children).
  - Abnormal urinalysis, elevations in BUN or serum creatinine.
  - Positive direct Coombs' test.
  - False-positive tests for urinary glucose with Benedict's or Fehling's solution and Clinestix<sup>®</sup> tablets but not with Tes-Tape<sup>®</sup> (glucose enzymatic test strip, Lilly).

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# Schedule of Controlled Drugs For Your Information

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

## Schedule I Substances

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

## Schedule II Substances

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

## Schedule II-N Substances

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

## Schedule III Substances

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

## Schedule III-N Substances

The drugs in this schedule have an abuse potential less than those in Schedules I and II, and include compounds

containing limited quantities of certain non-narcotic drugs, such as: derivatives of barbituric acid except those that are listed in another schedule, glutethimide (Doriden), methyprylon (Noludar), chlorhexadol, sulfon-diethylmethane, sulfonmethane, nalorphine, benzphetamine, chlorphentermine, clortermine, mazindol, phenidimetrazine, and paregoric. Any suppository dosage form containing amobarbital, secobarbital, or pentobarbital is in this schedule.

## Schedule IV Substances

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

## Schedule V Substances

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

A current Texas list of controlled substances by name, label, dosage form and schedule is available from TOMA upon request. ■



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# Asset Protection — Some Basics

By Neil L. Van Zandt

In this ever litigious society, it has become increasingly necessary to affirmatively protect assets. We can no longer depend upon liability insurance coverage to provide adequate shelter for our assets. We must learn what will work for our own individual case and then begin a program of systematically protecting our assets.

The Texas Legislature, in all its wisdom, has subjected both spouse's "community property to the tortious liability of either spouse incurred during marriage," Section 5.61 Texas Family Code. Thus, any Plaintiff making claim against you, whether for alleged malpractice or for an automobile accident, can reach your spouse's half of everything you own, even if they were not involved in the tortious act.

1. Partition assets: Therefore, it is clear that one of the first things you should consider is to partition community property assets into each spouse's separate property so that it will be protected from claims against the whole community property. (Note of Caution: Before undertaking this step, or any step mentioned herein, discuss these with your advisors. Such a partition might jeopardize certain bank notes or guaranties which you may have signed, and might accelerate your exposure under them.) Such a partition should carry no gift tax consequences with it.

2. Corporate forms of business: Another technique to do business in the corporate form. We all know that you cannot seek limited liability from your professional acts by incorporating. Art. 1528f, Sec. 7 VATS expressly prohibits this. However, do not overlook the protection which a corporation provides you from a partner's negligence, or from any claims which could be made by an employee of yours. Wouldn't you rather expose only corporate assets, instead of personal assets to an employee's wrongful termination of employment lawsuit?

3. Children's trust: An age-old favorite has been the Minor Children's Trust. This has been established in the law under Internal Revenue Code Sec. 2503(c). However, its benefits were constricted by the Tax Reform Act of 1986, which, for minors under the age of fourteen, adds trust income on top of a parent's income and then incomes taxed at the higher tax rate. However, this detriment can be overcome by judicious use of the trust to own equipment and lease it to your practice, thereby flowing deductible costs to build for your children's future. As funds accumulate, the trust can be used as a bank to help finance your children's first home or business. Those funds could also be protected from your children's creditors.

Asset protection is not simply achieved by transferring assets into a trust. In fact, that might well provide no protection to the assets at all. If you create a trust for your own benefit, then the assets in that trust have no protection whatsoever from your creditor's claims.

Sec. 112.035 Texas Trust Code. Therefore, care must be taken that you are not inadvertently both a Grantor and a Beneficiary.

Texas has another statute which must be considered in any asset planning. It is the Fraudulent Transfer Act, Sec. 24.001, Texas Business and Commerce Code. (This is a counterpart to Sec. 548 of the Federal Bankruptcy Code.) It states that a transfer of an asset is fraudulent if there was "actual intent to hinder, delay or defraud any creditor."

The intent can be inferred by certain "badges of fraud" set out in Sec. 24.005. Such fraudulent transfer can then be set aside.

As you can see, asset protection planning is replete with traps and pitfalls for the unwary. Yet, to varying degrees, certain assets can be protected from future claims of creditors.

The prudent action is to begin now!

(Neil L. Van Zandt is a practicing attorney in Fort Worth. He can be contacted at 817/335-1327.)

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**DALLAS, FORT WORTH, MINERAL WELLS** — Opportunities for full or part-time D.O. or M.D. emergency physicians who practice quality emergency medicine. BC/BE encouraged, but not required. Several low and medium volume osteopathic and mixed staff hospitals in North Texas area available. Competitive hourly guarantee with malpractice stipend. Send C.V. to Glenn Calabrese, D.O., OPEM Associates, P.A., 100 N. University Drive, #220, Fort Worth, 76107. 817/332-2313. (21)

**FORT WORTH** — New clinic seeking energetic general practitioner to work full-time and act as medical director. Salary open. Contact Bill Puryear, D.O. or Jim Czewski, D.O. at 817/232-9767. (10)

**WANTED** — Primary care physician in established group in Corpus Christi. Open staff privileges in 100-bed hospital approved. Contact: Sam Ganz, D.O., 3933 UP River Road, Corpus Christi, 78408. (51)

**WEST TEXAS** — General internist needed at County Hospital. Town of 12,000 and county of 16,000. Close to Lubbock and Midland/Odessa. New Mexico skiing close. New ICU-CCU wing under construction. Guaranteed incentive program. Excellent Ancillary departments. Contact Patrick J. Hanford, D.O. at 806/872-2113. (54)

**INTERNIST** — Arlington Medical Center, excellently located in fast growing Southeast Arlington, needs a general internist to assist the patients of five GP/FP, OB/GYN, Surgeon and Orthopedic Surgeon. Space sharing in fully equipped office available. Contact: Dean Peyton, D.O., 1114 E. Pioneer Parkway, Arlington, 76010; 817/277-6444. (56)

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

**CENTRAL TEXAS** (Austin and San Antonio areas) — physician interested in ambulatory care and emergency medicine for several low to medium volume facilities. Emergency medicine experience; compensation commensurate with volume. Contact: Donovan Butter, D.O. at 512/935-4329. (36)

**ATTENTION: RETIRED OR SEMI-RETIRED PHYSICIANS** — Interested in maintaining your medical skills on a part-time basis providing care to active senior citizens in retirement communities throughout the Southwest? We provide flexible schedules, a competitive salary and often challenging medical evaluations in an atmosphere of friendly patient-physician interactions. Contact us today, we need your expertise. SENIORCARE 214/368-7390. (09)

**FULL-TIME TEACHING POSITIONS** — at Texas College of Osteopathic Medicine, Department of General and Family Practice. Required characteristics: academic contact, osteopathic orientation, community involvement and balanced practice. Recommended characteristics: certification, scholarly activity inter-st and residency training. Contact: Richard Baldwin, D.O., Acting Chairman, TCOM, Dept. of General and Family Practice, 3500 Camp Bowie Blvd., Fort Worth, 76107-2690; 817/735-2433. TCOM is an Equal Opportunity Employer. (30)

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**WANTED** — Family practitioner, solo practice, rural Central Texas Community, OB preferred, guaranteed. Contact Ben Sneed, P.O. Box 819, Giddings, 78942; 409/542-3141. (01)

**NEEDED** — general practitioner internist and one surgeon for panhandle town of 25,000. 125-bed-hospital and clinic. Financial assistance available. Cross coverage available. Contact: Jim Baker 806/669-1035; 669-1242; 665-7214. (35)

**THS DOCTOR'S CLINIC, MARLIN** — Recruiting Primary Care Physicians for Central Texas community; population 8,000 with market area of 12,000. Openings for: family practice, internal medicine and pediatrics. Turn-key operation, see to appreciate. For further information contact: Administrator, THS Doctor's Clinic, P.O. Box 60, Marlin, 76661; 817/883-6453. (43)

## OFFICE SPACE AVAILABLE

**MEDICAL OFFICE FOR LEASE** — 2,500 sq. ft. office space suitable for two doctors; six exam rooms, dual lab, x-ray and two offices. Good location in Fort Worth. Phone 817/284-4195. (25)

**PRACTICE AVAILABLE IN CORPUS CHRISTI** — office fully equipped and was previously an active general practice. Contact, TOMA, Box 42, 226 Bailey Avenue, Fort Worth, 76107. (42)

**CLINIC FOR SALE** — Doctor retiring; clinic and all equipment for sale. Small town living with big city conveniences with Dallas/Fort Worth metroplex only one hour away; two nursing homes in town. Call 817/686-2254 (day) or 817/686-5463 (evenings). (19)

**MESQUITE, POPULATION 100,000** — The office is fully equipped, has a 15 year practice with cranial treatments for patients. Office space 1800 square feet. family practice — no OB any more. Ideal for beginning physician. Office space for lease. Contact: Mrs. Brunhilde Nystrom, 214/285-5580 (evenings), P.O. Box 34, Mesquite, 75149. (39)

**CLINIC FOR SALE** — growing minor emergency/family practice clinic. San Antonio; grossing over \$250,000. Many established workers compensation and insurance physical accounts. Modern free-standing building for rent or sale; fully equipped; available May 1. For more information write to: TOMA, Box 33, 226 Bailey Avenue, Fort Worth, 76107. (33)

**EXCELLENT LOCATION AND FACILITY** — for one or more doctors. Free standing building, west Fort Worth. Corner lot, plenty of parking. Purchase or lease. Some equipment. 817/294-1900 or 817/295-1751.

## MISCELLANEOUS

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

**ATTORNEY** — representing the D.O. in professional matters, including: TSBME formal and informal hearings; medical staff privileges; contracts; Professional Associations; partnerships; and leases. Robert J. Ratcliffe, 1104 Nueces, Suite 4, Austin, 78701; 512/477-2335. (Fully licensed attorney in Texas and Tennessee; not certified as to specialty; 1979 graduate Vanderbilt University Law School). (50)

**SKI NORTHERN NEW MEXICO** — including Taos, Angel Fire and Red River. Condo in Red River sleeps eight comfortably. Call Stan or Priscilla Briney at 817/441-9373. (47)

**USED CLINIC EQUIPMENT AND FURNITURE** — Excellent condition. Reasonably priced. Great for start-up. Contact: Judith Holton, 817/571-4431. (07)



## Newsbrief

### FDA APPROVES WORLD'S MOST PRESCRIBED ANTI-ARTHRITIS DRUG

The FDA has approved for U.S. marketing the world's most widely prescribed anti-arthritis drug, diclofenac sodium. According to the drug's developer, Ciba-Geigy Corporation, diclofenac sodium was designed specifically to have potent pain and inflammation-relieving characteristics while being well tolerated by patients. In U.S. studies, it was shown overall to be better tolerated than aspirin.

Diclofenac sodium is transported to the fluid surrounding the irritated joints within four hours. Even though it has short plasma half-life and is quickly eliminated from the bloodstream, it continues to work in the joint fluid for up to 24 hours.

The short half-life is particularly significant for older patients who comprise the bulk of all arthritis sufferers, because their metabolisms tend to slow down. Some anti-arthritis drugs are eliminated far less rapidly from the bloodstream, which can result in drug accumulation and toxicity.

More than 37 million, or one in seven Americans, have some form of arthritis.

### OMB SCRUTINIZING MILITARY HEALTH BENEFITS

Free medical care for military dependents and retirees, long considered one of the best benefits, may come under the knife of the Office of Management and Budget (OMB). Although dependents and retirees now use service hospitals as space permits, only paying for food, the OMB is considering having them shell out for prescriptions, admission and outpatient visits.

### A SPRING UPDATE FOR THE FAMILY PRACTITIONER III

DATE  
Saturday, April 1, 1989

#### PRESENTED BY

Dallas Family Hospital  
and  
Texas College of Osteopathic Medicine's  
Office of Continuing Medical Education  
supported by  
Dallas Southwest Osteopathic  
Physicians, Inc.

#### LOCATION

Dallas Family Hospital  
2929 S. Hampton Road  
Dallas, Texas 75224

#### TOPICS

*The Kidney and Congestive Heart Failure*  
Jeffrey Bleicher, D.O.  
*Diagnosis and Treatment of Acute Myocardial Infarction*  
James Reznick, D.O.  
*Treatment of Nosocomial Pneumonia in the ICU*  
James Hugin, D.O.  
*Breast Cancer Update 1989*  
A.G. Bascone, D.O.  
*Management of Low Back Pain*  
Kenneth Bayles, D.O.  
*Aspirin Therapy and other NSAIDs*  
Raymond Pertusi, D.O.  
*Current Options of Hormonal Replacement*  
Robert Adams, D.O.  
*Current Concepts in Evaluation and Treatment of Pulmonary Edema*  
Robert Garmon, D.O.  
*Anemia: A New Look at an Old Problem*  
Gregory Friess, D.O.  
*Office Dermatologic Procedures*  
Bill Way, D.O.

#### ACCREDITATION

7 Hours of CME Category 1-A  
from AOA

#### CONTACT

Cheryl Cooper  
Continuing Medical Education  
Texas College of Osteopathic Medicine  
817/735-2539

#### FEES

Physician	\$130
Physician — TCOM Alumni Association Member & Military	\$117
Physician — TCOM Affiliated and All Retired Physicians	\$ 65
Externs/Interns/Residents	No Charge



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