TEXAS DO

XXXXXI, No. 5

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

May, 1994

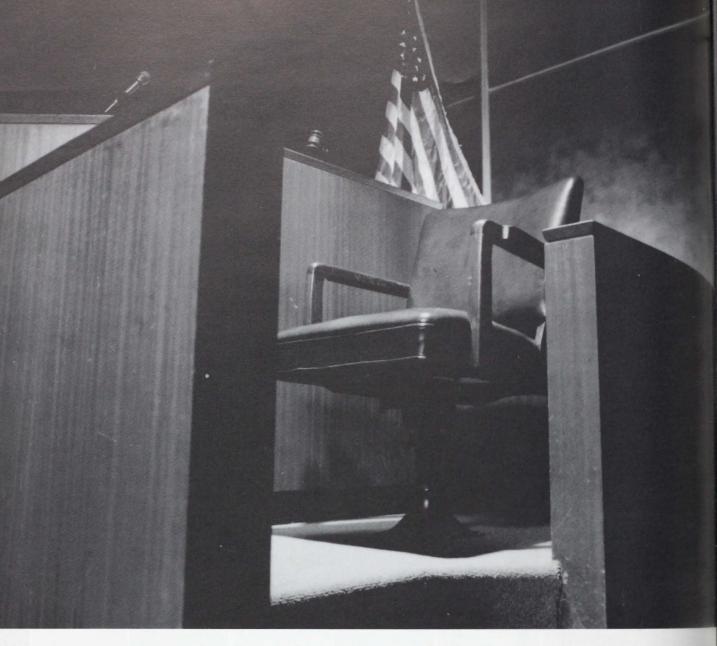
95th Annual Convention and Scientific Seminar June 16-19, 1994 — Houston, Texas



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TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

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May, 1994

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Calendar of Events

MAY 19-22

"14th Annual Primary Care Update" Sponsored by University of North Texas Health Science Center at Fort Worth Location: Sheraton South Padre Island

Beach Resort

South Padre Island, Texas 18 Category 1-A, AOA Hours:

Pam McFadden, Program Director Contact:

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MAY 21

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MAY 28-30

"Vision Quest" Memorial Day Weekend Hosted by the National Osteopathic Women Physicians Association

Location: Lowes Ventana Canyon Resort

Tucson, Arizona

Tuition: \$195 members; \$225 associate members; free to students

Program will provide an open forum for women members and students to brainstorm new goals, directions and

action plans for the profession. Contact: Faye R. Duffe'

Route 4, Box 596-R

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904/755-6308

JUNE 16-19

TOMA's 95th Annual Convention and Scientific Seminar

Location: Wyndham Greenspoint Hotel

Houston, Texas

22 AOA Category 1-A anticipated Hours:

3 AOA Category 2-B anticipated 5 hours Risk Management

Contact: Texas Osteopathic Medical

Association

One Financial Center 1717 IH 35, Suite 100

Round Rock, TX 78664-2901 512/388-9400 or 1/800-444-8662

JULY 15-17

AOA House of Delegates Meeting Location: Atlanta Marriott/Marquis Harriott

Atlanta, Georgia

Contact: American Osteopathic Associas

1-800-621-1773

AUGUST 4-6

36th Annual Convention and 21st Mid-Seminar

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

Location: Doubletree at Park West

Los Colinas, Texas

28 Category 1-A applied for Hours:

Contact: Danny Wiseman **ACOFP** Coordinator

512-218-1515 or 800-825-8967

SEPTEMBER 9-11

"Primary Care Update XI"

Sponsored by University of North Teas Health Science Center at Fort Worth

Location: UNT Health Science Center 3500 Camp Bowie Blvd.

Fort Worth, Texas

Hours: 18 Category 1-A, AOA

Contact: Pam McFadden, Program Director 817-735-2581

Florida Osteopathic Medical Association Midvear Seminar Location: Hyatt Regency Westshore

Tampa, Florida

20 Category 1-A, five hours Rid Hours: Management, three hour

HIV/AIDS

Contact: Florida Osteopathic Medical Association Executive Office

2007 Apalachee Parkway Tallahassee, Florida 32301

904-878-7364

NOVEMBER 13-17

AOA Convention

Location: San Francisco Moscone Cente

San Francisco, California

Contact: American Osteopathic Association

1-800-621-1773

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

TOMA's Outgoing and Incoming Presidents Reflect on the Past and Future





Brian G. Knight, D.O.

T. Eugene Zachary, D.O.

Current TOMA President Brian G. Knight, D.O., will be ending his tenure as TOMA President on June 18, during the President's Night Reception and Banquet, to be held during TOMA's convention in Houston.

Board certified in family practice, Dr. Knight has a family practice in Corpus Christi.

In his acceptance speech last year upon assuming the TOMA presidency,

Dr. Knight called for improved recognition of osteopathic medicine and promised to promote the use of osteopathic manipulative therapy, which is being accomplished through a major emphasis on OMT during this year's convention.

In looking back over the past year, Dr. Knight states, "I am glad to see that OMT has become a regular part of our state convention. This is one of the more significant things we can do to keep our profession going in the right direction."

Dr. Knight will be handing the gavel over to T. Eugene Zachary, D.O., who will assume the TOMA presidency for 1994-95. Dr. Zachary serves as Associate Professor of the Department of Family Medicine at the University of North Texas Health Science Center at Fort Worth.

One of Dr. Zachary's targeted areas of emphasis for the coming year will be increasing TOMA membership through emphasis on association benefits and improved membership contact. Dr. Zachary states, "Improving outreach to TOMA non-members can significantly improve our membership efforts in TOMA in the future."

Dr. Zachary will be presenting complete details of his goals for TOMA in his acceptance speech on President's Night.

TOMA members are encouraged to attend the President's Night Reception and Banquet, June 18, to honor both Dr. Knight, as outgoing TOMA President, and Dr. Zachary, as incoming TOMA President.

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May 1994 Texas DO/5

OMT Coding Manual

OMT Statement

It is essential that an initial or interim physical examination be performed as a part of every patient visit prior to providing OMT. This examination includes a complete musculoskeletal evaluation in addition to the services described in the appropriate evaluation and management (E&M) codes. The E&M service is a significant, separately identifiable service. OMT is provided during return visits based on an interim evaluation and management service provided that day.

History Of OMT Coding

In 1982, the American Osteopathic Association (AOA) was successful in obtaining separate codes for osteopathic manipulative treatment (OMT) in the Health Care Financing Administration's Common Procedure Coding System (HCPCS). Prior to 1982, coverage of OMT was left to the discretion of the individual carriers. In some states, the carriers recognized unique OMT codes for the purpose of claiming Medicare reimbursement. In other states, carriers reimbursed for OMT under an appropriate office visit code.

In early 1982 the AOA met with HCFA to develop a national policy for OMT coding. As a result, HCPCS was amended to recognize OMT as a covered service and to provide a unique series of HCPCS codes for OMT (MO700 - 730). HCFA further agreed to direct its carriers to recognize and reimburse for such codes.

However, this directive was not made mandatory because:

- 1. HCFA stated that it would be too costly to direct all of its carriers to change the codes unless they were already revising the system for other coding changes.
- 2. Multiple coding systems were and continue to be used by each payer. Individual osteopathic physicians had, and continue to have to use different codes for OMT depending on the codes recognized by their individual payers.

Over the years, the nation's osteopathic physicians (DOs) have reached consensus on the advisability of separate codes which reflect only distinctive osteopathic manipulative

treatment. Further, the osteopathic medical profession realizes that the carriers historically have, and will continue to recognize the CPT coding manual as the manual of choice. In addition, under various fee schedule formulas, the AOA recognizes the need for a uniform coding system in which the codes adequately reflect the resource costs involved in providing the service. Lastly, the AOA wholeheartedly believes that under national health care reform any new coding system must be uniformly understood by all health care players and must be simple to use.

In May 1992, the AOA appeared before the CPT Editorial Panel to request that OMT codes be included in CPT. Panelists responded to this request by appointing a task force to review and revise the manual medicine section of CPT. The task force was made up of osteopathic family physicians and allopathic neurologists, physical medicine specialists and orthopedic surgeons.

The task force met on December 12, 1992, and determined the appropriate narrative language describing when and by whom OMT should be performed. The task force submitted its recommendations to the CPT Editorial Panel in February, 1993.

At the February 1993 meeting, the AOA appeared once again before CPT to request the inclusion of OMT codes with this narrative language. In response to this presentation and the recommendations of the task force, the CPT Editorial Panel ruled to include OMT codes in the 1994 edition of CPT.

Identification Of OMT Codes In CPT 1994

The following is the description of the new OMT codes as published in the 1994 edition of CPT. There are more than 500 new and revised codes in CPT 1994.

Osteopathic Manipulative Treatment

Osteopathic manipulative treatment is a form of manual treatment applied by a physician to eliminate or alleviate somatic dysfunction and related disorders. This treatment may be accomplished by a variety of techniques.

Body regions are defined as head, cervical, thoracic, lumbar, sacrum, lower extremity, upper extremity, pelvis, ribs,

abdomen and viscera. (Such regions and defined in ICD-9-CM codes 739.0-7393) This information should be shown on the claim form or in the physician recommendation.

CPT Codes	Procedure Description				
98925	OMT; one to two body region involved				
98926	OMT; three to four body reguninvolved				
98927	OMT; five to six body regin involved				
98928	OMT; seven to eight body require involved				
98929	OMT; nine to ten body regon involved				

Why Are These New Codes Important

The physician, insurance companies. Medicare, Medicaid, workers composation and all other third participations reimbursement systems need to know the following:

- These codes are in CPT 1994 and will be used by physicians for osteopathic manipulative treatments beginning January 1, 1994. It is important that all carriers, claims examiners and physicians be educated on the use of these codes so that the present confusion of coding can be resolved.
- These codes are separate and distinct from evaluation and management codes, and should be billed separately.
- These codes are to be used in inpatient and outpatient oster pathic manipulative treatment services along with the appropriate evaluation and management codes.
- These codes define the body region appropriately for use with oster pathic manipulative treatments
- These codes replace the Monoseries once found in HCFAI Common Procedure Coding System (HCPCS).
- The American Osteopathic Assertation has committed itself to the dissemination of this information and will serve as a resource to a agencies requiring assistance understanding and implementation these important codes.

Appropriate Use Of OMT Codes

These patient vignettes are designed to give specific examples of the types of services involved in the procedure codes for osteopathic manipulative treatment. Examples featuring different specialist physicians and surgeons are used in the examples to illustrate that any physician may utilize all of the codes found below. The definitions of body areas are found in the ICD-9 reference text under the codes 739.0 through 739.9.

After evaluating a patient and arriving at a diagnosis which includes somatic dysfunction it is appropriate to utilize an evaluation and management (E&M) code to describe the evaluation and management service. If the diagnosis includes somatic dysfunction, the physician then utilizes one of the following procedure codes for describing the service of rendering OMT to treat the dysfunction. Note that these procedure codes do not include the service involved in determining a diagnosis.

98925 OMT to one to two body regions defined. A 39-year-old presents to the family practitioner with right ankle pain following an injury. After the evaluation and assessment of the patient the physician arrives at a diagnosis of (1) ankle sprain and (2) somatic dysfunction of the right lower extremity. This is coded for by utilizing an appropriate E&M code. The use of 98925 involves the treatment by the family practitioner utilizing application of osteopathic manipulative treatment to the right lower extremity.

98926 OMT to three to four body regions defined. A 4-year-old female presents to her pediatrician with a fever, cough, and sputum production. After the E&M assessment and coding, a diagnosis of (1) bronchitis and (2) somatic dysfunction of the cervical, thoracic, rib and abdominal area is determined. The bronchitis is treated with medications. The subsequent use of 98926 involves the treatment by the pediatrician of the somatic dysfunction of the cervical, thoracic, rib and abdominal regions utilizing osteopathic manipulative treatment.

98927 OMT to five to six body regions defined. A 42-year-old male presents to the neurosurgeon with confusion and pain in the neck and upper back and exacerbation of a previous history of lumbar disc herniation with radiculitis following a motorcycle accident. After E&M assessment and coding, the diagnosis is that of (1) closed head injury and (2) somatic dysfunction of the head, cervical, thoracic, lumbar, sacral and rib

region. The subsequent use of 98927 involves the treatment by the neuro-surgeon of the somatic dysfunction of the head, cervical, lumbar, sacral and rib regions utilizing osteopathic manipulative treatment.

98928 OMT to seven to eight body regions defined. Following cholecystectomy, a 32-year-old female develops abdominal pain and distention. After E&M assessment and coding, the attending physician and surgeon arrive at a diagnosis of (1) post-operative ileus and (2) somatic dysfunction of the head, cervical, thoracic, lumbar, sacral, ribs and abdominal/visceral regions. The subsequent use of 98928 involves the treatment by the surgeon of the somatic dysfunction of the head, cervical, thoracic, sacral, rib and abdominal/ visceral regions utilizing osteopathic manipulative treatment.

98929 OMT to nine to ten body regions defined. A 29-year-old female complains of generalized aching, low back pain and cephalgia following a vaginal delivery. After assessment of the patient using an E&M code the family practitioner arrives at a diagnosis of (1) cephalgia and (2) post-obstetric somatic dysfunction of the head, cervical, thoracic, rib cage, lumbar, sacral, pelvic, and upper and lower extremity regions. The use of 98929 then involves the application by the family practitioner of osteopathic manipulative treatment to the head, cervical, thoracic, rib cage, lumbar, sacral, pelvic abdominal upper and lower extremity areas.

OMT Documentation

Complete and easily understandable documentation for OMT is necessary to ensure adequate third party comprehension of the procedures for appropriate payment. Different forms of osteopathic documentation exist and should be reviewed for appropriate application. Available sources for information on terminology and codes include the Glossary of Osteopathic Terminology as published by the AOA, and information in CPT, HCPCS and ICD-9-CM.

A commonly used method of documentation for OMT is illustrated in the use of the SOAP note. SOAP is an acronym for a format of recording information found during a physician visit. It includes Subjective complaints and histories from the patient; Objective findings of the physician's exam and tests; Assessment of differential diagnosis based on the first two; and Plan that is the course of treatment designed by the physician.

Somatic dysfunction is a diagnosis

utilized by osteopaathic physicians to code for disorders in the skeletal, arthrodial, myofascial and visceral structures as well as related vascular, lymphatic, and neural elements. Palpatory findings may include, but are not limited to, tenderness, asymmetry, range of motion abnormalities and tissue texture changes. A more detailed list of terms and definitions can be found in the AOA Glossary of Osteopathic Terminology.

In general, osteopathic manipulative techniques include, but are not limited to, three broad categories: soft tissue techniques such as stretch, gentle range of motion, and kneading; direct techniques such as joint mobilization, thrust and muscle energy; and, indirect techniques such as myofascial release, strain/counterstrain and cranial osteopathy. A complete list of techniques and their descriptions can be found in the AOA Glossary of Osteopathic Terminology.

Soap Note — New Patient Example

- S. A 20-year-old African-American male complains of low back pain that began 3 days ago after he lifted a heavy object. Cannot straighten up when walking. Pain with change of position. Denies radiation of pain, it stays along the low back and waist line. Denies areas of numbness. Comfortable when lying down. Aspirin helps some. Has used heat with some help. No prior history of back pain or injury. Denies allergies. Medical/surgical history is unremarkable.
- O. Tenderness noted over lumbar and sacral regions; Inability to extend lumbar spine when standing; Flexion posture when standing; Muscle spasms noted in paraspinals of the lumbar region; Decreased range of motion of lumbar spine and sacrum was noted on active and passive motion testing; Neurologic exam normal.
- A. 1. Lumbosacral sprain/strain 846.0
 - 2. Somatic dysfunction lumbar, sacral 739.3 and 739.4
- P. 1. OMT (appropriate techniques used)*, applied to the lumbar and sacral regions
 - 2. Continue aspirin
 - 3. No lifting, bending or twisting
 - 4. Follow up in two days to reevaluate patient progress

OMT CODING MANUAL, Continued

CODING FOR THIS CASE

Evaluation/management; new patient 99203

OMT two body regions; lumbar/sacral

Soap Note — Established Patient Example

- S. Patient is here for a recheck. He states that the pain has decreased in his low back and that he can get around better. He states that he has no radiation of pain into his legs. He does state that he feels stiff and achy if he tries to do his normal daily activities. He is still taking aspirin with some relief.
- O. Tenderness with palpation and stretch of the erector spinae muscles; Pain with extension and rotation left of L5; Pain along right SI joint with sacral extension; No muscle spasms noted with active or passive range of motion; Negative neurological exam of lower extremities
- A. 1. Lumbosacral sprain/strain; improving 846.0
 - 2. Somatic dysfunction, lumbar, sacral; improving 739.3. 739.4
- P. 1. OMT (appropriate techniques used)* to lumbar and sacral regions
 - 2. Instructed on proper posture when lifting
 - 3. Increase home activities gradually and to tolerance
 - 4. Follow up if improvement does not continue

CODING FOR THIS CASE

Evaluation and management; established patient 99213

OMT two body regions; lumbar sacral 98925

*See AOA Glossary of Osteopathic Terminology for appropriate techniques.

Procedures For Handling Denied Claims

The osteopathic medical profession and the individual osteopathic physician need to educate the insurance industry about the new OMT codes and their appropriate use.

If proper coding and documentation have been used and reimbursement for OMT is questioned or denied it is important that the osteopathic physician respond to the insurance carrier, and if necessary appeal the denial. For assistance on filing an appeal, the osteopathic physician may contact either his/her state executive director or the AOA field manager for the region and provide complete documentation including a copy of the billing claim and the rejection letter.

Denials will be monitored and if a pattern of rejections come from a single

source the state society and/or the Ana will formally contact the insurer to educate them about OMT coverage police

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In Memoriam

FRED J. QUATRO, D.O.

Dr. Fred J. Quatro of Colleyville passed away March 19, 1994. He was \$1 years of age.

Funeral services were held March 23 at St. Michael Catholic Church in Bedford, with burial in Bluebonnet Hills Memorial Park.

Dr. Quatro was born in Cleveland, Ohio. He attended Michigan State University and was a graduate of Youngstown State University, where he was football team captain. He received a master's degree from Westminster University at Westminster, Pennsylvania. After teaching and coaching in high school, he attended the University of Health Sciences, College of Osteopathic Medicine, Kansas City, Missouri, earning his D.O. degree in 1974.

Dr. Quatro practiced orthopedic surgery in Grand Prairie, and in 1979, was named Doctor of the Year at Dallas-Fort Worth Medical Center in Grand Prairie.

He was an Army veteran, having served in Germany. Dr. Quatro was an avid handball player and had competed nationally, winning many championships. He was a member of the U.S. Handball Association.

Memberships included the American Osteopathic Association; Texas Osteopathic Medical Association; American Osteopathic Academy of Orthopedics; Midwestern Osteopathic Orthopedic Society; Academy of Neuromuscular Thermography; and the YMCA Businessmen's Club.

Survivors include his wife, Vivian Quatro of Colleyville; two sons, Fred "Rico" Quatro of Arlington and Frank "Cheech" Quatro of Colleyville; two daughters, both of Arlington, Susan Straten, D.O., and Christine Quatro, D.O., and his mother, Sue Quatro of Youngstown, Ohio.

MARK A. GRAY, D.O.

Dr. Mark A. Gray of Irving passed away March 16, 1994. He was 37 years of age.

Memorial services were held March 19 at Unity Church in Dallas.

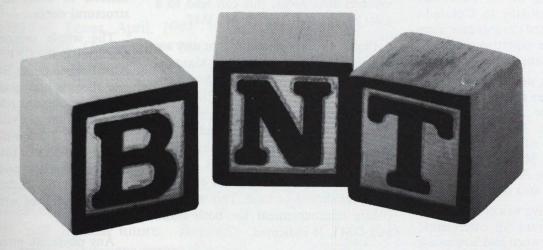
Dr. Gray was born in Dallas and had lived in Irving for six months. He was a 1986 graduate of the University of Texas at Arlington and was a 1990 graduale of Texas College of Osteopathic Medicine.

Dr. Gray was a resident at the University of California at Los Angeles and chief resident at Cedar Sinai of Los Angeles, where he worked with physically handicapped patients.

Memberships included the Texas Osteopathic Medical Association, Osteopathic Physicians and Surgeons of California; American Medical Association; Texas Medical Association; and the Siddaa Foundation. He was president of the student council at UT-Arlington and was an Eagle Scout. Dr. Gray was of the Hindu faith.

Survivors include a daughter, Lillianne Marie Gray of Sherman Oaks, California; mother, Sylvia Gray of Denton; father, Donald R. Gray of Denton; brother, Scott Gray of Forney; sister, Jennifer Marie Gray of Dallas; and grandmothers, Nina Stewart of Brashear and Winona Gray of Palmer.

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May 1994

Proper Use of the New OMT Codes

By Brian G. Knight, D.O. — TOMA President

I recently had the opportunity to attend two meetings which featured workshops focusing on the proper use of the new OMT codes.

The workshops, one of which was conducted during the American College of Osteopathic Family Physicians' meeting in Phoenix, and the second held during the meeting of the American Academy of Osteopathy in Colorado Springs, were targeted towards providing physicians with the expertise needed to train other physicians.

Both workshops were extremely well coordinated and were developed by Betsy Beckwith, Director of Governmental Relations for the AOA Washington Office, and a new AOA staff member, Nancy Edwards. Ms. Edwards was previously with the American Medical Association in the area of CPT coding.

Due to the relative newness of these codes, it is important for osteopathic physicians to know when and how to use them so that coding confusion can eventually be resolved, leading to adequate reimbursement.

Since the AOA's new OMT coding manual is printed in this issue of the *Texas DO*, (page 6), I would like to share certain issues regarding proper OMT coding with TOMA members.

To utilize the new codes, the tools physicians need are the current Medicare Fee Schedule and the AMA's CPT Manual. I would like to stress that the current editions are necessary. Although Workers' Comp is still using the 1992 CPT codes, HCFA and the majority of private payers are using the 1994 codes.

The old OMT codes, 97260 and 97261, should no longer be used. There are some carriers who will deny or restrict payment on them, as these codes are being used primarily by Physical Therapists and Chiropractors.

The new OMT codes are 98925 through 98929, with each code covering a specific number of body regions (e.g., 98925, one to two body regions; 98926, three to four body regions, etc.). When these codes are used, physicians must document the appropriate osteopathic diagnosis that goes with the code.

Also, when using the OMT codes, physicians need to have the OMT on the diagnosis associated with the appropri-

ate somatic dysfunction codes, which are 739.0 through 739.9. A coding change in this area is the fact that the old codes referred to extremities in the plural fashion; presently extremities is singular and can involve four areas (e.g., right upper extremity is one area, left upper extremity, etc.). Because extremities now involves four areas, this can lead to a total of 12 areas treated by OMT.

Physicians should ensure that they are utilizing the Evaluation and Management (E&M) codes. Be sure to document your findings fully to justify the E&M code for reimbursement. On repeat visits for the same problem, a full exam would be performed, and in the case of a secondary diagnosis that is not a structural diagnosis, the E&M code –25 modifier should be used. This will help ensure reimbursement for both E&M and OMT, if indicated.

It is extremely important for physicians to be specific as to structural findings in office charts and notes. Nonspecific diagnoses such as muscle spasm are inadequate. There should be descriptions of range of motion, pain, restriction of motion, or a more specific osteopathic description of the lesion. Additionally, the type of OMT used needs to be documented, whether it's muscle energy, high velocity, myofascial treatments, etc.

I again would like to stress the importance of adequate notes and documentation. In-office review to coming and now is the time for physicians to start making sure the document the onset, location, character of the problem, radiation and alleviating factors, as well as the precipitating factors, in order to help clarify the structural notes.

The whole section under Physical Medicine in the CPT has been rewritten. All of those codes have been adjusted and there is now a new code — 927% — for myofascial release. This can be used one time per visit and is not a per area code. I encourage physicians for review that area of the CPT for the code changes so they aren't missing other things that they're doing, because these can be combined with the osteopaths exam.

Any physician interested in receiving instruction in order to help train other physicians in the use of OMT coding should make plans to attend the AOAi House of Delegates meeting in Atlanta. Georgia, July 15-17, at which time a workshop will be presented. Additionally, physicians with specific questions regarding OMT coding should feel from to contact me at 512/882-1001.

For information on setting up a workshop in your area, contact TOMA at 1-800-444-8662 for details.

Texas Well-Represented at National ACOFP Convention

The American College of Osteopathic Family Physicians recently held its national convention in Phoenix, Arizona. Several members of the Texas Society of the ACOFP represented the state as delegates in a very successful meeting. discussing several issues including a new voluntary six-year re-certification program offered by the AOBFP. The Texas Society also named a new membership committee at the convention: Dr. John Bowling, Fort Worth; Dr. Carol Browne, Fort Worth; Dr. Sara Apsley-Ambriz, San Antonio; Dr. Howard Galarneau, Jr., San Antonio; Dr. Patrick Hanford, Lubbock; Dr. Steve Rowley Chandler; and Dr. Rodney Wiseman, Whitehouse. TACOFP is also very pleased to announce that Dr. Robert G. Maul of Lubbock was elected to the position of President-elect of the national association, and that Dr. T. Eugene Zachary was re-elected to his post as Speaker of the House. Other physicians serving as delegates for the Texas Society were Dr. Craig Whiting, Shaker Heights, Ohio, Dr. Tim Coleridge, Fort Worth; Dr. Jack McCarty, Lubbock; Dr. Don Peterson, Dallas; Dr. Bob Peters, Round Rock; Dr. Elva Keilers, La Grange; Dr. Royce Keilers, La Grange; Dr. Elizabeth Palmarozzi, Fort Worth; Dr. Steven Urban, Fort Worth; Dr. Richard Hall, Eden; and Dr. Bob Finch, Dallas.

FWIOPA Expands Physician Network Statewide



Larry G. Burrows, D.O. - President **Texas Independent Osteopathic** Physicians Association

FORT WORTH, Texas, April, 1994 -- The Fort Worth Independent Osteopathic Physicians Association (FWIOPA), a Tarrant County physiciandirected organization, has expanded its current network in response to competitive managed care opportunities emerging within the state. FWIOPA is a group of osteopathic physicians with similar interests who have united to promote some very simple, basic traditional values of their profession, and to survive and respond to the effects of a complex economic and political future. Beginning May 1, 1994, osteopathic physicians across the state will be able to participate in a physician network marketing to employers, managed care companies, and other third parties throughout Texas. network will be known as Texas Independent Osteopathic Physicians Association (TIOPA).

Texas Independent Osteopathic Physicians Association's business activities will be directed by the organization's member-elected Board Directors, with Larry Burrows, D.O. presiding as The foremost objective of the Texas Independent Osteopathic Physicians Association is to provide an instrument for individually practicing physicians and small group practices to obtain the benefits of joint marketing and promotion, managed care contract review and analysis and participation in a geographically diverse physician network. TIOPA combines centralized business operations with decentralized delivery of care and will organize itself into an economically integrated single business entity pursue large scale physician business opportunities, while preserving the traditional value of autonomy.

Texas Independent Osteopathic Physicians Association continues to increase and new providers of health care services begin to establish their presence in Texas, marketing to new and existing patients will also increase. In response, TIOPA will organize its participating physicians as satellite offices of the physician association to provide care to patients across the state. A network of these offices, appropriately organized with a centralized business structure, is intended to appeal to employers and insurance companies, and at the same time provide a personalized, close-to-thepatient community type of care.

Osteopathic Health Group, Inc. (OHG) plans to serve as the management and development arm for the Texas Independent Osteopathic Physicians Association. OHG's primary areas of expertise are in new business development and formulation, contract negotiation, and managed care contracting. With the constant changes in health care, most physicians are searching for a means to consolidate for a larger voice. Through the marketing efforts of OHG. Independent the Texas Osteopathic Physicians Association plans to be that voice by supporting osteopathic physicians across Texas.

Physicians desiring more information should return the application request form below or may call Ms. J.J. White at 817/377-8046 or 800/725-Information will also be available at the Osteopathic Health System of Texas booth during this year's Annual TOMA Convention, June 16-19,1994.

> Texas Independent Osteopathic Physicians Association Request for Application

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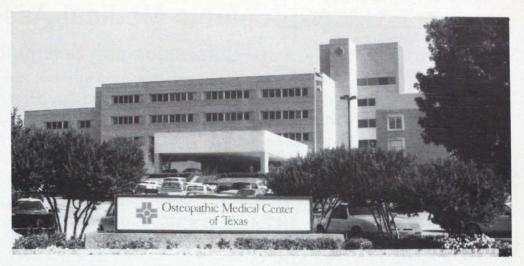
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All these services are built on a philosophy pioneered more than 100 years ago by Andrew Taylor Still, founder of osteopathic medicine.

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Texas Osteopathic Medical Association

The 95th Annual Convention and Scientific Seminar

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

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

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

CONVENTION SPEAKERS, Continued



Philip P. Huang, M.D., M.P.H., will discuss Putting Prevention into Practice with his topic entitled, "A Report From the TMA Task Force on Prevention — Strategies For Implementing Preventive Protocols" during TOMA's 95th Annual TOMA's 95th Annual Convention and Scientific Seminar, June 16-19, in

Houston.

Dr. Huang serves as chief of the Bureau of Chronic Disease Prevention and Control of the Texas Department of Health, Austin, where he directs and oversees chronic disease programs and activities for the State of Texas. Additionally, he serves as a contract physician for Planned Parenthood of Austin. He is certified in family practice.

He received his M.D. degree in 1986 from the University of Texas, Southwestern Medical School, Dallas, and served a family practice residency at Central Texas Medical Foundation, Austin. Dr. Huang then attended Harvard School of Public Health, Boston, Massachusetts, where he earned his Master of Public Health degree with concentration in health policy and management, in 1990. He initiated a successful tobacco divestment movement at Harvard University with resulting national media attention.

From 1990-92, he served as an Epidemic Intelligence Service Officer for the Centers for Disease Control and Prevention, where he was assigned to the Illinois Department of Public Health in Springfield.



Managed Care "The Power Shift In Health Care" will be presented by Norman E. Vinn, D.O., AOA spokesman on Managed Care. Dr. Vinn serves as

medical director and as a member of the Board of Directors of Mullikin Independent Physicians Association, Long Beach,

California. Additionally, he is a member of the Board of Directors of Long Beach Health Systems, Inc; assistant professor of Family Medicine at College of Osteopathic Medicine of the Pacific, Pomona, California, and clinical assistant professor of General and Family Practice at Texas College of Osteopathic Medicine.

He earned his D.O. degree in 1977 from Philadel-

phia College of Osteopathic Medicine, and interned at Botsford Osteopathic Hospital, Farmington Hills, Michigan. He is certified in family practice.

Memberships include the AOA, in which he is a member of the Bureau of State Governmental Affairs; Osteopathic Physicians and Surgeons of California, in which he is a past president and member of the Board of Directors and chairman of the Managed Care Committee; Los Angeles County Osteopathic Medical Association; American College of Osteopathic Family Physicians; Los Angeles County Medical Association; California Medical Association; American Academy of Family Physicians; California Academy of Family Physicians; and the Surfer's Medical Association. Wednesday, June 15, 1994

8:00 am - 1:00 pm TOMA HOUSE OF DELEGATES REGISTRATION 9:00 am - 5:00 pm TOMA HOUSE OF DELEGATES MEETING 12:00 pm - 1:00 pm TOMA HOUSE OF DELEGATES LUNCHEON

2:00 pm - 6:00 pm Early Registration

Thursday, June 16, 1994

7:30 am - 4:00 pm Registration/Exhibit Hall OPEN 7:00 am - 8:15 am Breakfast on the Launch Pad, "How To Live To 100" Joseph Pitone, D.O. 8:15 am - 9:00 am Current Recommendations on Lipid Management, "Can A Cholesterol of 200 Really Prevent an MI?" Michael B. Clearfield, D.O. 9:00 am - 9:15 am "What is TEXCAPS and Will It Change How I Practice?" Michael B. Clearfield, D.O. 9:15 am - 10:00 am "T.B. Is Back - Can We Prevent A New Epidemic?" Stephen E. Weis, D.O. 10:00 am - 10:30 am Break with the Exhibitors 10:30 am - 11:15 am "Can We Prevent Gl Malignancy?" Shahid Aziz, D.O.

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

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

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

I. Symposium on Family Health 1:30-2:15 Ethical Decisions In A Managed Care Environment Edward Erde, Ph.D.

2:15-3:00 Violence In The Family, "Can It Be Prevented?" Camis Milam, M.D.

II. Common Dilemmas in the Office 1:30-2:15 The Well Child Exam

"What to do and When to Do It? Will Managed Care Allow II? Deborah L. Blackwell, D.O.

2:15-3:00 "How to Detect Prostate Cancer Early, Is the PSA a Useful Screening

Robert Stroud, D.O.

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

3:30 pm - 5:30 pm Workshops

A. Marketing You and Your Profession

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

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

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

5:30 pm - 6:30 pm POPP's Reception 7:00 pm Sustainers' Party

Friday, June 17, 1994

6:50 am - 7:50 am Texas Society of the ACOFP Breakfast

7:00 am - 1:00 pm Registration/Exhibit Hall OPEN

7:00 am - 8:00 am Breakfast with the Exhibitors

Friday, June 17, 1	994
Friday, Julie 11,	ymposium on Female Health
8:00 am - 8:45 am	"Breast Cancer — Finding It Early" Abigail Faerber, D.O.
8:45 am - 10:00 am	Preventing Morbidity and Mortality After Diagnosis, The Oncologist's Viewpoint, Eli N. Perencevich, D.O. The Surgeon's Viewpoint, William Redwine, M.D.
10:00 am - 10:30 am	Dealing With The Reality of Breast Cancer Abigail Faerber, D.O.
10:30 am - 11:00 am	Break with the Exhibitors
11:00 am - 11:45 am	"Colposcopy — Preventing Cervical Cancer and More" Robin A. Hall, D.O.
11:45 am - 12:30 pm	"Hormone Replacement Therapy — Why, When and How? Does It Prevent Osteoporosis and Heart Disease?" Robert Adams, D.O.
12:30 pm - 1:00 pm	Panel Discussion — Morning Speakers
	Family Day Activity Begins
1;10 pm	
1:30 pm	Space Center Houston — NASA Tour (Shuttle Leaves for NASA) 2:30 pm Arrive at Space Center Houston, Begin Self Guided Tour 6:00 - 7:00 Cocktail Hour Begins — Wrap-up Facility walking tour Buffet and Astronaut Presentation Begins 8:30 Shuttles Depart for the Wyndham Greenspoint
9:30 pm - 11:30 pm	TOMA Hospitality Suite Open
Saturday, June 18	1994
	Registration/Exhibit Hall OPEN
7:00 am - 8:00 am	Breakfast with Exhibitors
8:15 am - 9:00 am	What's Happening in Washington with Healthcare, "Can Congress Prevent Overspending and Under-funding in our Healthcare System?" Ms. Betsy W. Beckwith, AOA Director, Govt. Relations
9:00 am - 9:30 am	Putting Prevention into Practice, "A Report From the TMA Task Force on Prevention — Strategies For Implementing Preventive Protocols" Philip Huang, M.D.
9:30 am - 10:00 am	Break With the Exhibitors
10:00 am - 12:00 pm	Managed Care "The Power Shift In Health Care" Norman Vinn, D.O., AOA Spokesman On Managed Care
12:00 pm - 1:30 pm	AOA President's Luncheon William G. Anderson, D.O., Keynote Speaker AOA President-Elect
12:00 pm	
1:30 pm - 2:15 pm	"Functional Anatomy of the Chest"
2:15 pm - 4:30 pm	Allen W. Jacobs, D.O. Concurrent Workshops (Pre-Registration Required) A. Manipulative Treatment in Respiratory Disease 2:15 - 2:45 overview 2:45 - 4:30 stations Gregory A. Dott, D.O. and Staff B. Using Preventive Guidelines in your practice Philip Huang, M.D.
	C. State of the Art Management for Non-Healing Wounds Jeffrey A. Stone, D.O., MPH D. Compliance With Federal & State Drug Laws By Medical
	Directors of Emergency Medical Services A. Duane Selman, D.O.
6:30 pm - 7:00 pm	President's Reception
7:00 pm - 11:00 pm	President's Banquet (Black tie optional)
Sunday, June 19,	1994
8:00 am - 1:00 pm	Risk Management Seminar

CONVENTION SPEAKERS, Continued



Edmund L. Erde, Ph.D., will present "Ethical Decisions in a Managed Care Environment" during the Symposium on Family Health, on Thursday, June 16.

Dr. Erde serves as professor of Family Practice and as adjunct professor of Psychiatry at

the University of Medicine and Dentistry of New Jersey — School of Osteopathic Medicine (UMDNJ-SOM).

He earned his A.B. in Philosphy at Cornell University, New York; M.A. in Philosophy at Brooklyn College, New York; and his Ph.D. in Philosophy at the University of Texas, Austin.

Professional society memberships include the American Philosophical Association; Society for Health and Human Values; American Society of Law and Medicine; Academy of Medicine of New Jersey; and the Delaware Valley Ethics Committee Network.

Committee memberships at UMDNJ-SOM include Executive Counsel of the School; Ad Hoc Committee to Evaluate Family Practice; Admissions Committee; Institution Review Committee; Genetics Task Force; and Geriatrics Task Force. Committee memberships at Kennedy Memorial Hospitals/University Medical Center and Corporation in New Jersey include Code Blue Committee; Committee on Informed Consent to Surgery; Prognosis Committee; Medical Ethics Advisory Committee; Ethics Committee of the Extended Care Facility; and Medical Ethics Conference Planning Committee.

Dr. Erde also holds memberships in committees at the University of Texas Medical Branch, Galveston, which includes Medical Ethics Course Committee; Promotion and Evaluation Committee; Medical School Admissions Committee; and various department committees.



"Hormone Replacement Therapy — Why, When and How? Does It Prevent Osteoporosis and Heart Disease?" will be presented by Robert C. Adams, D.O.

Dr. Adams serves as associate professor and chairman of the Department of Obstetrics and Gynecology at the Univer-

sity of North Texas Health Science Center at Fort Worth, and as chairman and medical director at Osteopathic Medical Center of Texas. He is certified in Obstetrics and Gynecologic Surgery by the American Osteopathic Board of Obstetricians and Gynecologists.

A 1979 graduate of Kirksville College of Osteopathic Medicine, Dr. Adams interned at Charles E. Still Osteopathic Hospital, Missouri, and served an obstetrics and gynecologic surgery residency at Grand Rapids Osteopathic Hospital, Michigan.

Memberships include the AOA; TOMA; American College of Osteopathic Obstetricians and Gynecologists; and the Texas Medical Foundation. TCOM service includes member of the MSRDP Advisory Board; Scholarships, Loans and Awards; and Admissions Interviewer. Additionally, Dr. Adams serves on the Surgery Committee and on the Board of Directors at Osteopathic Medical Center of Texas. He was appointed by the State of Texas as a member of the Maternal and Child Health Advisory Committee.

May 1994

Pre-Registration Deadline

May 31 is pre-registration deadline for the TOMA convention. If you have not sent in your registration, you might wish to take the time to do so now in order to take advantage of the savings.

For Your Information

Convention attendees who plan on flying should note that the Wyndham Greenspoint Hotel, site of the convention, is a mere 10 minutes away from Houston Intercontinental Airport.

TOMA House of Delegates

According to Mark A. Baker, D.O., Speaker of the TOMA House of Delegates, the gavel will fall promptly at 9:00 a.m. on Wednesday, June 15, in the Wedgwood Room of the Wyndham Greenspoint Hotel.

Registration for TOMA delegates begins at 8:00 a.m. in the Wedgwood Foyer.

A luncheon break is scheduled for 12 noon in the Atrium, with business continuing immediately thereafter.

General Convention Breakfast

The convention will actually kickoff on Thursday, June 16, at the breakfast which begins at 7:00 a.m. in the Conference Center.

Featured speaker will be Joseph Pitone, D.O., who will present "How To Live To 100." A 1972 graduate of Philadelphia College of Osteopathic Medicine. Dr. Pitone is certified in both internal medicine and nephrology. He practices in Stratford, New Jersey.

POPPS

The traditional POPPS gathering is slated for Thursday, June 16, from 5:30 p.m. to 6:30 p.m., in the Campobello Room. All TOMA past presidents are urged to attend this important business function. We guarantee a good time, so make your plans to attend.

Texas ACOFP Meetings

The annual breakfast meeting of the Texas Society of the ACOFP is scheduled for Friday, June 17, from 6:50 a.m. to 7:50 a.m., in Salon 1. Plan to join your colleagues for this annual event.

This year, the PACER's meeting will be held on Thursday, June 16, from 4:30 p.m. to 5:30 p.m., in Salon 5 of the Wyndham Greenspoint. The Texas ACOFP will be celebrating their 41st anniversary, so plan to attend this important function.

CME Program

The educational objectives of the CME portion of TOMA's 1994 convention are to emphasize how osteopathic physicians can include prevention in their daily practice patterns, and help refocus on the osteopathic heritage of wellness, prevention and the whole person.

There will be concurrent sessions throughout the convention, along with workshops. Additionally a Risk Management Seminar will be held on Sunday, June 19, from 8:00 a.m. to 1:00 p.m.

Physicians can expect to earn 22 Category 1-A CME hours by attending the lectures on Thursday, Friday and Saturday. Visiting all the exhibit booths will earn physicians an additional three credits of Category 2-B, and the Risk Management Seminar offers five hours, for a total of 30 possible CME hours.

AOA Luncheon

The AOA Luncheon is set for Saturday, June 18, at 12 noon in the Conference Center of the Wyndham Greenspoint. The national AOA representative will be William G. Anderson, D.O., current AOA President-Elect.

Dr. Anderson is Associate Director of Medical Education for Detroit Riverview Hospital in Michigan. He has served as a member of the AOA Board of Directors for 11 years, and is past president of the Michigan and the Wayne County Osteopathic Associations.

A graduate of the University of Osteopathic Medicine and Health Sciences, Des Moines, Iowa, Dr. Anderson is certified in general surgery and a Fellow of the American College of Osteopathic Surgeons.

Plan to attend the AOA Luncheon and give Dr Anderson a big, Texas-style welcome.

Alumni Meetings

Alumni meetings will take place on Thursday, June 16, from 5:30 p.m. to 6:30 p.m. UHS-COM alumni will meet in Salon 7; KCOM alumni in Salon 10; and UNTHSC/TCOM alumni in Salon 11.

TAO Meeting

The Texas Academy of Osteopathy will be meeting on Saturday, June 18, from 4:45 p.m. to 5:45 p.m. in Salon 10.

President's Night

Saturday, June 18, is the date of the annual President's Night Reception and Banquet. This event will honor Brian G. Knight, D.O., as outgoing president. T. Eugene Zachary, D.O., of Fort Worth, will be handed the gavel during the evening as the new TOMA President.

The reception will begin at 6:00 p.m. in the Raphael Ballroom of the Wyndham Greenspoint.

The banquet begins at 7:00 p.m. in the Raphael Ballroom. Enjoy an elegant evening of fabulous food and fun. Entertainment for the evening will feature Landslide, a band from the Houston area.

Plan to attend this important event as the outgoing and incoming TOMA presidents are honored.

Board Meetings

The TOMA Board of Trustees will hold their traditional pre-convention board meeting on Tuesday, June 14, at 1:00 p.m. in Salon 1 of the Wyndham Greenspoint. TOMA President Brian G. Knight, D.O., will be presiding over the meeting, at which time he will be wrapping up this year's business.

Tuesday is also the date for the Caucus of the Districts, to take place in the Campobello Room beginning at 6:30 p.m.

The post-convention meeting of the TOMA Board of Trustees is scheduled for Saturday, June 18, at 1:00 p.m. in Salon 5. Dr. T. Eugene Zachary, as the new TOMA President, will be presiding over his first TOMA Board of Trustees meeting.

Family Day

In lieu of the traditional Fun Night, Friday afternoon, June 17, has been set aside as Family Activity Day. At 12:45 p.m., shuttle buses will be departing the Wyndham Greenspoint for the Tour 18 Gold Tournament, which begins at 2:00 p.m.

At 1:30 p.m., shuttle buses will depart for Space Center Houston for a tour of NASA. There will also be a walking and tram tour, and then a buffet with a presentation by a NASA astronaut/physician.

For those who would prefer to go off on their own, Houston has a wealth of other attractions, such as AstroWorld, Fine Toon Cartoon Art Gallery, Gulf Greyhound Park, Museum of Medical Science, Burke Baker Planetariium, and the Challenger Seven Memorial Park, to name but a few. For those interested in the performing arts, the city features the Houston Grand Opera, the Houston Symphony, Alley Theatre and Miller Outdoor Theatre. If shopping is at the top of the list, check out the Antique Center of Texas, Old Town Spring, The Galleria or Chinatown

Sustainer's Party

If you are a TOMA sustaining member attending the annual convention, join us for a fun evening of good food with a western theme.

Sustaining members are those TOMA members who contribute \$100, \$150 and \$250 in addition to their usual membership dues. For those of you that wish to become Sustainers, why not consider mailing us your check for \$100, \$150 or \$250 prior to the convention; or visit with Ray Stokes, an honorary member who chose to become a sustaining member. Ray can be found at the TOMA House of Delegates' registration on Wednesday and he'll be walking the halls of the Wyndham Greenspoint during the day on Thursday, signing up new sustaining members prior to the party.

The Sustainer's Party will be held on Thursday, June 16, in the Wedgwood Room, beginning at 7:00 p.m.

ATOMA Functions

The ATOMA pre-convention board meeting will take place on Wednesday, June 15, beginning at 1:00 p.m. in Salon 1 of the Wyndham Greenspoint. Presiding over the ATOMA board meeting will be B. J. Czewski, current ATOMA President.

The ATOMA House of Delegates will be meeting Thursday, June 16, from 9:00 a.m. to 12 noon, in Salon 1. Registration begins at 8:00 a.m. at the same location. ATOMA President B. J. Czewski will be presiding over the ATOMA House. She urges all delegates to be present and also invites any member of ATOMA, who would like to attend this event, to feel free to do so. ATOMA dues must be paid prior to this meeting in order to be seated.

Friday, June 17, is the date set for the Spouses Luncheon and Installation of Officers. This event will take place from 10:30 a.m. to 12:30 p.m. in Salon 3. Special guest will be Mrs. Carole Goldberg, AAOA President. This is a function that all spouses should attend, as new officers for the State Auxiliary are installed at this time. B. J. Czewski, current ATOMA President, will be presiding.

ATOMA's post-convention board meeting will take place on Saturday, June 18, from 8:30 a.m. to 10:30 a.m. Breakfast will be served. Presiding over the meeting will be Mrs. Diedre Froelich, as the new ATOMA President.

Saturday afternoon, June 18, will feature an auxiliary and spouse's trip to Old Town Springs. Attendees will be offered a variety of giftshops, antiques, arts and crafts, food and services from more than 150 business establishments.

Transportation will be provided by hotel shuttle buses, scheduled to run various shifts beginning at 2:00 p.m.

Deidre L. Froelich To Be Installed As ATOMA President



Deidre L. Froelich, wife of James E. Froelich, III, D.O., of Bonham, will be installed as the 1994-95 President of the Auxiliary to the Texas Osteopathic Medical Association during the Convention of the ATOMA House of Delegates in June. Influenced by the TOMA legend, "The Difference a D.O. Makes," her chosen theme for the year is "The Difference an Individual Makes."

"When approaching a subject or observing a problem, I've changed my own attitude from 'Somebody should do something about that...' to 'What can I do about that?'. Each individual can make a difference. In the promotion of osteopathic medicine, I ask each individual in our organization and in TOMA to examine their own behaviors in educating the public about the D.O. Difference.

"A physician can communicate differences to his patient, and their families, during exams. Office personnel can introduce the differences to patients in conversation before or after exams. But, ATOMA members should become aware that many everyday settings are ideal opportunities for teaching the D.O. Difference. Like any skill, it just takes practice. If I can teach others to take advantage of their own promotional and educational powers for the benefit of the D.O. Difference, I will have accomplished my primary goal for the year."

A graduate of Texas Christian University and the University of North Texas with B.F.A., M.S. and Ph.D. degrees, Dr. Froelich has served the faculties of T.C.U. and the University of South Florida teaching in the field of

Communication in Human Relations. At USF, she was enlisted by the Medical School to compile Medical Communication research. She has also worked in public relations, publicity and marketing with Casa Manana Theatre, Kimbell Art Museum and Fort Worth National Bank/Texas American Bancshares.

Most recently, Dr. Froelich utilizes her skills in promotion, persuasion, negotiation, etc., for the benefit of various non-profit organizations as a volunteer. Since 1986, she has worked to establish an annual festival in her community and now serves as the chairman of the 1994 Bois d'Arc Festival set for May 21-22. She is Cubmaster of Cub Scout Pack 54, about 100 boys, after putting in time as Tiger Cub, Den and Webelos leader with her son, now a Boy Scout. As a Board member for the Bonham Public Library, she has designed the STAR program, Student Advancing Readers, for a challenge program for readers through high school.

She is a former leader and board member of the Bonham Council of Camp Fire and past-president of the Business and Professional Women's Association and the P.T.A., receiving the Golden Apple Award from the Bonham Independent School District. With local service organization Chi Lambda, she helps raise about \$6000 yearly for the needs of area children and volunteers with the regional Special Olympics held annually in Bonham.

Many recognize Dr. Froelich's contributions by the T-shirts designed for various non-profit groups, including ATOMA's 100-year celebration, the "move-to-Austin" commemoration, "A Texas Original" for the University of North Texas Health Science Center at Worth/Texas College Osteopathic Medicine, the 1993 convention of the American College of Osteopathic Family Physicians and the Auxiliary to the American Osteopathic Association 1993 convention in Boston. D2 Designs, as she signs all shirts, hasn't taken a penny to date and is just a hobby that began with a sleep shirt design for Fort Worth's Shakespeare in the Park in the late 1970s.

Deidre and Jim Froelich are the proud parents of James Clifford "J.C.," age 12, and Dee Anne, age 10. Deidre spends much of her "spare" time in transit to or spectating dance, gymnastics, karate, baseball, softball, basketball, scours, church activities and more. Much is possible only with the logistical help of her parents, Mr. and Mrs. Clifford Lumpkins. Their family belongs to the First United Methodist Church.

ATOMA News

By Deidre Froelich ATOMA President-Elect

Thanks for your recent telphone calls about coming T-shirts to benefit the Endowed Scholarship for TCOM junior students. Yes, there will be another shirt offered at convention. If you wish to insure a special size, you may reserve your shirt in advance with \$10 for small medium, large or X-large or add \$2 per each additional X for larger shirts. I will have these reserved for you at the ATOMA table at the June convention. or will mail these for \$2.50 for one shirt adding \$1 for multiple shirts in the order Specify regular mail or UPS delivery and include your address. Checks should be made to ATOMA and mailed with orders c/o Deidre Froelich, 407 Jo Avnn Circle, Bonham, TX 75418.

Our goal is to raise \$10,000, with interest to be used for the scholarship. Donations are welcomed for this fundin addition to T-shirt sales. 1994 donations will be announced at the ATOMA House of Delegates convention in June.

About a dozen each of small and medium shirts are remaining of the "100 Years..." shirts, featuring 100 candles in yellow, blue, red, green and purple with white lettering on black shirts. Also, a dozen each of large and X-large remain of the red "OSTEOPATHIC MEDICINE...A Capitol Idea" shirts commemorating the TOMA office's move to Austin. These are \$10 each, with the mailing/shipping costs as listed above, also from D. Froelich, 903-583-4812.

ATOMA sends more money annually to AAOA for scholarship than all other states combined! Only a fraction of this comes back to Texas students in scholarships because of the increased costs of attending other, especially northern, medical schools. This endowed scholarship is our way of keeping monies in Texas. We appreciate your support!

Your Patients Will Find Comfort in Our Care.



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For the past 36 years Moncrief Radiation Center has combined trusted, experienced cancer treatment with compassion and respect for your patients. They'll see it in our special care.



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PRE - REGISTRATION FORM

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

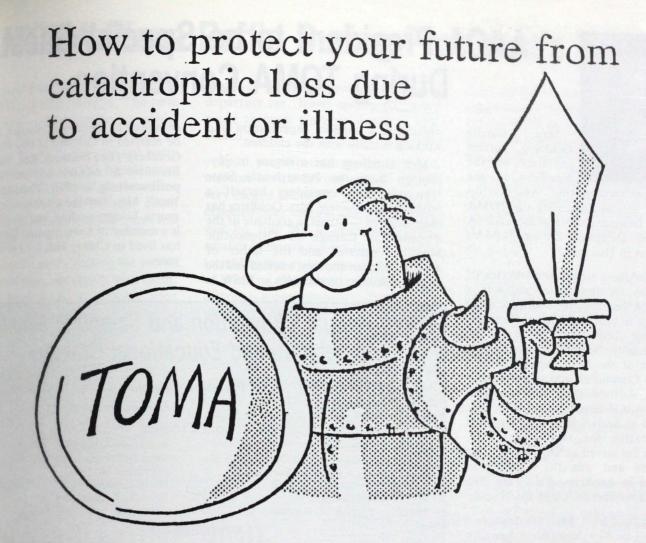
June 16-19, 1994 Wyndham Greenspoint Hotel Houston, Texas

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

Pre-Registration Deadline May 31, 1994

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HEALTH INSURANCE - A Strategy For The '90s

The high cost, no guarantee system of health insurance coverage is an enemy that is battling ALL small employers, especially physicians.

Although a total victory over these problems may still be far away, TOMA has discovered a "knight in shining armor" for its members who can help shield the frustrations that managing health insurance (or the lack of) can cause.

TOMA has appointed DEAN, JACOBSON FINANCIAL SERVICES to battle the complexities of the health insurance environment for you. Insured through CNA Insurance Company (an A++ Excellent rated company with a long, successful record in the accident and health business) the TOMA plan offers superior Major Medical coverage to its members at very competitive rates.

So, regardless of your current situation with health coverage, call DEAN, JACOBSON FINANCIAL SERVICES to help you protect your future!

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

DEAN, JACOBSON FINANCIAL SERVICES

(817) 335-3214 P.O. Box 470185 Fort Worth, TX 76147 (800) 321-0246 (817) 429-0460 Dallas/Fort Worth Metro



AAOA President to be Special Guest During TOMA Convention

Mrs. Carole Goldberg, current president of the Auxiliary to the

American Osteopathic Association (AAOA), will be addressing the TOMA House of Delegates as well as the ATOMA House of Delegates during TOMA's convention in Houston.

Mrs. Goldberg served as a Director of the AAOA for four years and was a member of the Executive Board for three years prior to being installed as President in October 1993. She has served as Chairman of the Scholarship Committee, Chairman of the Ad Campaign, Public Relations Committee, and as assistant to the SAA Advisor. Mrs. Goldberg also served as AAOA Grant Chairman for four years and as Seals/Osteopathic Progress representative for two years. Mrs. Goldberg has served as SAA Advisor for two years and was the Convention Chairman in Anaheim, California. She has been a member of AAOA for 33 years.

On the state level, Mrs. Goldberg is a member of the New Jersey State Auxiliary and was President for two years, served as a delegate to the National AAOA Convention for ten years, and State Convention Chairman for four years. Currently, she is the State Auxiliary Representative and Chairman of the Scholarship and Loan Committee of the New Jersey Association of Osteopathic Physicians. She is also the New Jersey Auxiliary Representative on the New Jersey Osteopathic Education Foundation, Mrs. Goldberg serves as State SAA Advisor to the SAA-NJSOM. In 1982, she was honored as the Woman of the Year from New Jersey Association of Osteopathic Physicians and Surgeons. On the district level, Mrs. Goldberg has held all offices.

Mrs. Goldberg has served in leadership roles in many local school and community organizations including Cub Scouts, Girl Scouts, Home and School Council, Juvenile Diabetes Association, serves on the Board of Directors local geriatric home, is active with the community Hospice Programs, and other charitable organizations. She was involved in youth sports for many years while her children were participating. She organized a booster club for high school athletes and served as its president for three years. Mrs. Goldberg was affiliated for many years with a school for multiple handicapped children,

organizing a support organization and working directly with the children.

Mrs. Goldberg has a degree in psychology from the Pennsylvania State University but considers herself a professional volunteer. Mrs. Goldberg has three children — Stuart, a graduate of the Philadelphia College of Osteopathic Medicine, married and the father of Jessica; Scott, an attorney, married and the father of Robert; Linda holds an MSW, is

employed by Samaritan Hospice, and the be married in October of this year. Mo Goldberg's late husband, Ron, was a Peresident of ACOFP and was honor posthumously, as 1993 "Physician of Year." Mrs. Goldberg's interests indesports, bridge, reading, and traveling is a member of Congregation Beth line has lived in Cherry Hill for twenty see years.

95th Annual Convention and Scientific Seminar Exhibitors and Educational Grantors

** Platinum Exhibits

Glavo Inc

Syntex Laboratories, Inc.

* Gold Exhibits

Ciba Pharmaceuticals
CompHealth/Kron
Dean, Jacobson Financial Services
Healthcare Insurance Services
IMEX Medical Systems, Inc.
Insurance Equities Corporation

Key Pharmaceuticals
Miles Pharmaceuticals
PD/Aparat Medical
Pfizer Laboratories
Schering Laboratories
Spectracell Laboratories

Silver Exhibits

A C Medical Adams Laboratories, Inc. ALLERMED Boehringer Ingelheim Pharmaceuticals Bristol-Mevers Squibb Burroughs Wellcome Co. Center for Rural Health Initiatives Central Pharmaceuticals Curatek Pharmaceuticals **Doctors Hospital** Don Self & Associates Eli Lilly and Company Environmental Health Center - Dallas Fisons Pharmaceuticals The Gladney Center Hill Laboratories Insurance Corporation of America International Medical Supply, Inc. ION Laboratories Janssen Pharmaceutica Kendall Health Care Kings Daughters Clinic KCOM Knoll Pharmaceutical Company Lederle Laboratories Marion Merrell Dow, Inc. MAST Immunosystems McNeil Consumer Products Co. McNeil Pharmaceutical Mead Johnson Pediatrics

Muro Pharmaceutical, Inc. National Heritage Insurance Company Novo Nordisk Pharmaceuticals Olympus America, Inc. Ortho Pharmaceutical Corporation Osteopathic Health Systems of Texas Parke-Davis Physician Manpower Training Co. Physician Oncology Education Program Physician Resource Network, Inc. Pratt Pharmaceuticals Reed and Carnick Pharmaceuticals Rehabilitation and Work Hardening Clinic Roerig Pfizer Sandoz Pharmaceuticals SmithKline Beecham Southwest & Johnson X-Ray Co. TEI Computers Texas Department of Health Texas Medical Foundation Texas State Board of Med. Exam. **UAD** Laboratories **UHS-COM** UNTHSC-FW/TCOM The Upjohn Company Wallace Laboratories Wyeth - Ayerst/A.H. Robbins Wyeth - Averst Laboratories X-Ray Sales & Service Co.

Educational Grants

Dean, Jacobson Financial Services Eli Lilly and Company Healthcare Insurance Services Insurance Equities Corporation Marion Merrell Dow, Inc.

Physician Oncology Education Program Pfizer Labs Solvay The Upjohn Company

ATOMA Plans Raffle During President's Night

The grand prize this year features the Grand Lido, Negril Jamaica. The term all-inclusive covers tennis to scuba diving, or just relaxing on the deck of M/Y Zein taking in the cocktail party while waiting for Jamaica's breathtaking sunset. There is a choice of three fine restaurants as well as 24-hour room service for those days you just don't feel like getting out.

The Grand Lido is waiting for you to spend seven days, six nights with them.

All you have to do is support your ATOMA. The drawing will be President's Night, June 18th.

Tickets sell as follows: one for \$10, three for \$25 or 13 for \$100. I will be mailing each district raffle tickets to sell. Our tickets are non-refundable for cash. You need not be present to win the trip and all door prize winner's tickets go back in the hopper for the cruise

drawing. Prize includes airfare and departure tax. Travel arrangements are made through Carlson Travel of Fort Worth.

Your participation as an ATOMA member is vital for our success. We are very excited about this year's prizes and expected sales volume, and we know you will be, too! As in years past, other smaller items are needed for door prizes to add to the excitement of the chance of winning. What we need from each district is a commitment to involve your auxiliary members in locating and acquiring items, or a cash donation to be used to purchase such items, with a minimum value of \$50. For example, weekend stays in mountain cabins or beach houses would be greatly appreciated by some winner.

You may mail monetary donations to me at the address listed below, or drop them off at the TOMA state office, or even bring them with you. What better way to fulfill our purpose as auxiliary members working towards reaching our osteopathic scholarship expectations.

Join the Tour 18 Tournament June 17th (Golf Tournament) Friday. Don't forget to support your ATOMA. We will be selling Mulligans for \$5 each or three for \$10.00.

Finally, ATOMA would like to say "Thank You" in advance for what we know will be a successful fundraiser. Your contributions of time and money are greatly appreciated! Let me hear from you!

Robert L. Donley 1993-94 ATOMA Funds Chairman 2509 Primrose Avenue Fort Worth, Texas 76111 (817) 834-5722

TOMA Convention Speakers, Continued

What's Happening in Washington with Healthcare, "Can Congress Prevent Overspending and Underfunding in our Healthcare System?" will be presented by Ms. Betsy W. Beckwith during TOMA's annual convention in Houston this June.

Ms. Beckwith serves as Director of Government Relations for the American Osteopathic Association. In this capacity, she acts as the profession's arm to Congress and the federal agencies, and oversees the AOA Washington office staff.

Ms. Beckwith received her B.S. degree in 1981 from Wells College, Aurora, New York, and her M.P.A. in 1991 from George Washington University, Washington, D.C.

Prior to her current position, which she assumed in 1989, she has served the AOA as a legislative assistant in the AOA Washington office; as State Government Relations Liaison; as Associate Director of State Government Relations; and as Associate Director of Government Relations

Workshop for the Texas Statewide Preceptorship Program and The Residents' Rural Rotations Program To Be Offered During TOMA Convention

Each year the Faculty Development Center of Texas provides workshops that are designed to help physicians deal with the challenges of teaching medical students and/or residents while maintaining their own medical practice. Many preceptors have taken part in one or more of these training sessions. The workshops are designed to provide some basic teaching skills, to suggest possible ways of handling some of the administrative and management challenges that students and/or residents present to your office, and to allow preceptors as a group to engage in collegial sharing of their experiences in the dual role of teacher/practicing physician. One of these workshops will be offered on June 15, 1994, in conjunction with the TOMA annual meeting, from 3:30 p.m. to 6:00, in Salon 12 of the Wyndham Greenspoint. The workshops are available to all active and prospective preceptors and supervisors of the Rural Rotations program. You will be receiving further details regarding the registration for the workshop from the Faculty Development Center. If you currently participate in the Texas State Preceptorship program or the Rural Rotation program, or if you are interested in learning more about these programs we encourage you to take advantage of this opportunity.

Medicaid Drug Use Review

By Curtis F. Burch, Jr., R.Ph. - Director, Drug Utilization Review

In order for Drug Use Review (DUR) and pharmaceutical care programs to be successful in their missions, the programs must be educational and promote communication between practitioners. The Texas Medicaid DUR program has observed seven basic principles during program implementation. These principles are: COMMUNICATION, open exchange of information in a non-judgmental atmosphere, COORDINATION, establishing working relationships professional associations, with COOPERATION, open dialogue with impacted parties and a non-adversarial attitude, CRITERIA, clearly defined and based on the compendia, CONFIDENTIALITY, of both patient and practitioner, CREDIBILITY, a program well designed and based on sound clinical judgment and CONSISTENCY, all interventions based on criteria and interventions applied consistent with the magnitude of the problem identified.

January 1, 1994 marked completion of the first year of OBRA 90 mandated retrospective and prospective drug use review in the Medicaid program. This date also represents completion of the first year of Texas State Board of Pharmacy rules for patient counseling and prospective drug use review consistent with OBRA 90. By establishing one standard of pharmaceutical care for all patients, the Texas State Board of Pharmacy rules open new opportunities for pharmacy practice, improved patient care, and a mechanism for the Medicaid program to comply with Health Care Financing Administration (HCFA) requirements relating to prospective DUR and patient counseling.

In the first year of operation, the Texas Medicaid DUR Board has made significant progress in criteria selection and overall scope of the DUR program. Patient specific profiles, generated based on specific therapeutic criteria, are reviewed on a quarterly basis. Educational intervention letters outlining the potential therapeutic problem identified are sent to physicians and pharmacists selected by the DUR Board. The profiles are generated, applying the selected therapeutic criteria,

by the University of Texas College of Pharmacy through an interagency agreement.

In 1993, the DUR Board approved criteria for Benzodiazepines, NSAID's and H2 antagonists. Criteria for antidepressants and theophylline are currently under review. Patient specific profiles were generated on alprazolam, napoxen, hydrocodone, theophylline and H2 antagonists. Clinically significant drug-drug interactions and duplicative therapy were the two primary foci of the reviews. Letters were sent to physicians and pharmacists referencing potential therapeutic problems and asking for responses. Program staff are very pleased with the 70% response rate to these educational letters. Physicians and pharmacists responded that they appreciated information on patients who were using multiple physicians and pharmacies, and thus frequently had both drug-drug interactions and therapeutic duplication. Patients utilizing a large number of different physicians and pharmacies are referred to the Recipient Utilization Control Division for review when appropriate. It is very important that the pharmacist enter the correct physician license number on the prescription claim, since a wrong license number will result in a letter being sent to the wrong physician. About 10% of the intervention letters go to the wrong physician due to erroneous license numbers being submitted on the claim. We need your assistance in assuring correct coding.

In addition to patient specific letters, the DUR program is using space in the newsletters of the Texas State Board of Medical Examiners and the Texas State Board of Pharmacy to communicate with practitioners regarding DUR related issues.

The major problems identified during reviews conducted over the last year are duplicative therapy and drug-drug interactions, primarily resulting from patients using multiple physicians and pharmacies. The addition of on-line prospective DUR to check for therapeutic duplication and drug-drug interactions will assist in reducing this

problem, since comparisons will be made of the drug being filled to patient claims history. This enhancement currently scheduled for mid-1994 The currently active (since 12/06/93) early refill edit has been very helpful identifying problems with duplican therapy for the same drug and strength This edit has been enthusiastically received by pharmacists participating in the Vendor Drug Program as a tool for reducing overutilization of controlled substances. The min-max dosage alen currently sent through the on-line swam are based on the dosages for a 70 kg male with normal renal and hepatic function. Drug-drug interaction therapeutic duplication and min-ma alerts will all be advisory and not cause claims to reject. These are tools to asset the pharmacist in working with the physician to promote appropriate draw therapy. Vendor Drug Program Staff appreciate all of the positive comment we have received regarding the on-line claims adjudication system.

The retrospective and prospective systems will complement each other in that problems frequently identified in prospective reviews will provide a four for more in-depth retrospective reviews

Current statistics project the costs to the healthcare budget in the millions of dollars each year due to patient noncompliance, adverse drug interactions and duplicative therapy. It is estimated that 10% of hospital admissions result from patients not taking prescription drugs correctly. In drafting OBRAM Congress recognized the value of its pharmacist working with the physician and the patient to reduce healthcare costs and human suffering through better drug therapy. The Texas Medical Drug Use Review Board members volunteer their professional expertises assist the Vendor Drug Program meeting the goals of improved patient care. We in Texas are very fortunate to have such a group of dedicated professionals committed to promoting appropriate pharmaceutical therapy. The Texas Medicaid DUR program has me its goals in the first year of operation and we are excited about future enhancements on the horizon.

Dear AOA Grassroots Network Participant:

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Whether you are new or a continuing participant in the Grassroots Network, thank you for making the commitment to take part. Your participation is extremely important, especially now as the profession works to ensure enactment of two important legislative initiatives currently before Congress.

On March 7, 1994 Senate Finance Committee members John Chafee (R-RI) and David Boren (D-OK) introduced S. 1889, which contains language providing for recognition of American Osteopathic Association certification in the cases of physicians who furnish Medicaid services to children under the age of 21 and pregnant women. The original legislation (OBRA '90) omitted recognition of AOA certification and only included recognition of American Board of Medical Specialties (ABMS) certification.

Some Grassroots Network participants have already written a letter on this issue. There was a measure, S. 1668, that was introduced last November which contained language to correct the Medicaid problem. Unfortunately S. 1668, for all intents and purposes, is dead. Senator Jesse Helms (R-NC) derailed the measure by putting a legislative hold on it for reasons that have nothing to do with the osteopathic profession.

The AOA Washington office staff requests that you write your U.S. Senators and ask that they now cosponsor S. 1889 (please see the attached sample letter). Also, please write your U.S. Representative and ask that he/she support the equivalent House bill. H.R. 3906, which Representative Mike Kreidler (D-WA) introduced on February 28, 1994 (please see attached sample letter).

As I am sure you know, the enactment of this legislation is vital to the profession. It is most important because it will establish a legislative precedent for certification equivalency issues. Secondly, the oversight is insulting to the osteopathic profession. which has and continues to serve a disproportionate Medicaid population. These measures will not be enacted, however, without a massive osteopathic grassroots outcry.

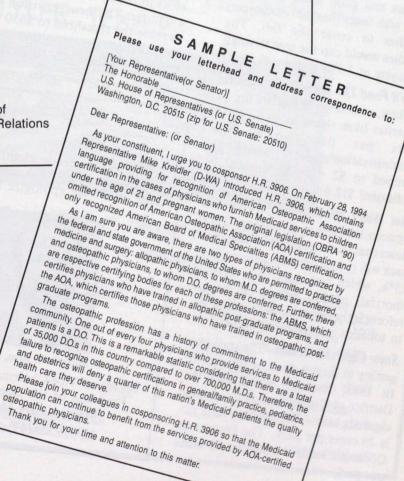
Remember the sample letters are just that — sample. Please add your own experiences to make the letter more personal and effective. If you would like to take one extra step on this issue, you can call your Senators' and Representative's offices after you have written a letter. Simply dial 202/224-3121 and ask for the respective office. When you are connected, ask to speak to the Health Legislative Assistant. Once you are put through to this person, tell him/her you are a constituent, you have written a letter to the Senator/Representative, and you urge his support of S. 1889/H.R. 3906.

Thank you for your help.

Sincerely,

Kathryn Epperson Associate Director of State Government Relations

AOA Grassroots **Effort** Needs You!



What's Happening In Washington D.C.

- Tax Timeout This Year. There will not be a major tax bill in 1994. So says Ways and Means Chairman Rostenkowski. The cited reasons are tight budget constraints, health reform and a full legislative schedule.
- The Other View. Although Rostenkowski says this is not a year for taxes, House Budget Committee members recently warned that the Clinton health reform proposal, if passed, will be the largest peace time tax increase in American history. It will increase federal revenues more than 27% by the year 2004.
- What's The Employer Mandate? It's the controversial provision in the Administration's health reform proposal that requires employers to insure their employees. The big fear is that it is going to cripple small businesses.
- Subsidies To The Rescue. The newest idea, even supported by the Administration, is to impose the mandate and grant small businesses (those with fewer than 100 employees) subsidies to cover the tab. The subsidies would cap the cost to small employers at 3.9% of payroll costs.
- Who'll Fund The Subsidies? Cigarette smokers, of course. The excise tax on cigarettes (now slated to go up to 75 cents per pack under the Administration's plan) would be bumped to \$2 a pack, raising an additional \$12 billion a year.
- Just Won't Work. That is what the tobacco industry is screaming. They claim that the increase to 75 cents per pack will reduce tobacco consumption 15%, which translates to a revenue shortfall of \$10 billion. If health reform is the objective, isn't a decrease in tobacco consumption good?
- State Cigarette Action. The states are getting in on the cigarette tax action. In 1993, fourteen states and the District of Columbia increased their cigarette taxes. The average state tax is 29 cents per pack. The District of Columbia leads the pack at 65 cents per pack.

- More Congressional Research. Cigarette smokers cost society 43 cents a pack, according to a recent report of the Congressional Research Service. And since they are currently being taxed by the states and the federal government at 50 cents a pack, some claim that they are already paying their fair share. The increased mortality from smoking saves society 24 cents a pack in retirement pension obligations and three cents a pack in nursing home costs.
- An IRA Boost. Two Senators have announced that a bill will be introduced shortly to permit all taxpayers to make deductible contributions to IRAs, even those who are participants in qualified retirement plans. They claim the change is needed because most Americans just are not saving enough for retirement.
- Nanny Tax Relief. The Senate Finance Committee has approved a reform of the nanny tax, which requires tax withholdings on amounts paid to household workers. Presently the tax kicks in if \$50 is paid to a worker in a quarter. The new provision would increase the threshold to \$630 a year and change the reporting requirements from quarterly to annually.

HOME SWEET HOME

When it comes to tax planning, the home has always been a favored asset. For decades, Congress has recognize that the family abode should be treat better than other assets that clutter taxpayer's balance sheet. In 192 Congress gave us a valuable plannet tool that allows an individual to use or her home to potentially save in estate taxes at death.

The tool is known as the qualified personal residence trust. The parent transfers the home to a special trust which allows the parents to live in the home and serve as the trustee of the trust for whatever time period the parent designates in the trust. At the end of the designated time period, the home passes to the children and the parent may the lease the home from the children. The big benefit is that the parent, by using only a small portion of his or he lifetime gift tax credits, may complete eliminate all estate taxes on the home Absent this strategy, the tax on the home at death could equal up to 55% of in value.

The personal residence trust, althous simple in concept, has some catches. To big one is that the parent must survise the trust term in order to get the to benefit. So the term must be careful selected. There is risk, with no red downside. It's a "Heads I Win, Talk Break Even" scenario.

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

Correction

TOMA incorrectly identified two speakers that will be presenting lectures at the upcoming 95th Annual Convention and Scientific Seminar in Houston, June 16-19. We apologize for the error.



Richard W. Koss, D.O.

Serves as Vice-Chairman/Assistant Professor of the Department of Manipulative Medicine at UNTHSC-FW.



Robert G. Stroud D.O.

Has a private urology practice and is a Clinical Assistant Professor at UNTHSC-FW.

Blood Bank Briefs for Physicians

The Doctor's Role in the Blood Supply Margie B. Peschel, M.D., Medical Director Carter Blood Center, Fort Worth, Texas



Carter Blood Center is a medically based project who had its origin in 1959 through the efforts of physicians. Everyone should be justly proud of this project. However wait a minute — be-

fore we can get too proud of ourselves, we must remember that the responsibility of a continuous blood supply is also dependent on physicians.

A blood bank is based on one obvious unyielding principle: For every pint of blood used, one pint must be replaced, tested and made ready for someone else. In the Tarrant County and North Texas area, we need 250 pints of blood every day. Carter Blood Center has provided a totally volunteer blood supply since March 1, 1975. Blood must be given

voluntarily by people for people.

We have seen a rise in requirements for blood and blood components. The increase in violence and trauma in our area plus the technological advances in medical care, bone marrow transplant, advances in cancer treatment plus a great number of long and technically difficult surgical procedures have increased our need for blood to a degree that at times stresses our ability to provide it. In January 1994, the inventory of blood was at a critical level and the blood center was forced to issue an emergency appeal for blood donation.

We must have a continuous blood supply. You can help!

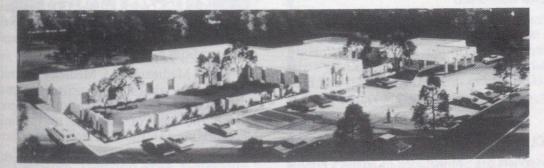
- 1. Encourage friends and relatives of patients to replace blood used by the patient;
- 2. Encourage your healthy patients to donate blood:

- 3. Preserve the available supply of blood through judicious use of blood and blood components;
- 4. Encourage autologous transfusion whenever indicated

Your life or the life of a patient, a family member or friend may one day depend on a blood transfusion. This is almost certain considering the every day occurrences of violence and trauma and illness requiring blood. When the need strikes, will the proper blood be available? Our community needs — your needs — depend on your willingness to stress the necessity of blood donation. Carter Blood Center provides literature and presentations to support your efforts. I also encourage you to be a blood donor as well.

Remember, the supply of blood available is your responsibility also.

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6 bassinets

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OB-Gyn Loren Goss, M.D.

Radiology E. B. Rockwell, D.O.

Anesthesiology Edmund F. Touma, D.O.

Phone: 903-561-3771

Self's Tips & Tidings.

MEDICARE INJECTION BATTLE

We met with an aide (Gray Rather) to Senator Hutchison recently and gave her info on six injections that Medicare pays lower than your cost of the drug. We charted the drug name, generic name, HCPCS code, Medicare Par & Non-par approved, Limiting Charges and the cost/supplier name for each injection. Those we were able to identify are:

J0670 Carbocaine	Par 6.63	Cost 7.80
J1040 Depo Medrol 80	2.71	3.17
J1100 Decadron	1.00	2.14
J1940 Lasix	1.00	1.59
J3410 Vistaril	1.00	2.10
J3420 B-12	2.28	3.33

Only five physicians have responded to our request for help in sending invoices, and only Dr. Roosth and Dr. Hall indicated how many injections they get from each purchase. Another problem that I am having is to convert the prices you give me (39 cents per cc) to the code description (50mg). Please help me break out your cost to the description of the HCPCS code.

Ms. Rather indicated that they receive quite a few letters and calls from Texas physicians, but most are too general and vague and do not point out particulars.

U.S. Senator Gramm, U.S. Representative Hall and Texas Rep. Ted Kamel have all expressed interest and are willing to help us, if we can get detailed information to them. Please help us identify those drugs that YOU are losing money on.

TB TINE — NO LAB ASSIGNED

Contrary to what you may believe, code 86585 (TB Tine) is not one of the lab codes that are mandatorily assigned. If you do not accept assignment on this "non-lab" code, Medicare will send the check to the patient. Dr. Knarr's wife called us this week to inform us of a patient that had been paid on this code, and suggested we make it known to all of our clients.

WHAT'S NOT INCLUDED — GLOBAL SURGERY?

The following services are not included in HCFA's Global Surgery package and some services may be billed and paid for separately:

- The initial consult of the problem by the surgeon to determine the need for surgery.
- Visits unrelated to the diagnosis for which the surgical procedure is performed, unless due to complications of the surgery.
- · Diagnostic tests & procedures.
- Treatment for post-op complications requiring a return trip to the O.R. The "OR" includes a cardiac cath suite, a laser suite, an endoscopy suite or the O.R. at the hospital. It doesn't include a patient's hospital room, minor treatment room, a recovery room or an intensive care unit, unless the condition was so critical there would be insufficient time for the transportation to an O.R.

Critical care services (99291-99292) unrelated to the surgery
where a seriously injured or burned pt is critically ill and
requires constant attendance of the physician.

WHEN TO SUM TOGETHER REPAIRS

We receive several questions each month about CPT coding wound repairs. Therefore, we have the following billing the in this area:

- 1. The wound(s) should be measured and recorded in centimeters, whether curved, angular or stellate.
- 2. When multiple wounds are repaired, add together the lengths of those in the same classification and report as a single item. As an example, a simple repair of a 2 m wound on the scalp and a 6.5 cm wound on the arm would be billed as code 12004 (8.5 cm). If more than one classification of wounds is repaired, always list the most complicated as the primary procedure so that the carrier does not reduce the approved on the incorrect one.
- 3. The SIMPLE codes 12001-12021 are used when the wound is superficial & requires simple one layer closure. This includes local anesthesia. If the closure is with adhesive strips, do not charge for the repair, as the only charge allowed is an E & M code.
- 4. INTERMEDIATE codes 12031-12057 includes repair of wounds that, in addition to simple, require layer closure of one or more of the subcut, tissue and superficial fascin addition to the skin closure. Also, single layer closure of heavily contaminated wounds that have required extensive cleaning or removal of particulate matter also constitutes intermediate repair.
- 5. COMPLEX codes 13100-13300 requires more than layered closure. It may include creation of the defect and necessary preparation for debridement and repair of complicated lacerations.
- 6. While Medicare and Medicaid currently have a global period for almost every procedure, many private carriers have still not adopted this policy. Therefore, go ahead and bill the visit in addition to the minor or "starred" procedures in the CPT to private carriers.
- 7. Coders in your office should be careful, as income varie greatly depending upon whether the repair is to the fact or neck.
- 8. Ensure your documentation is without reproach when you bill for INTERMEDIATE or COMPLEX repairs, as the have the highest chance of flagging audits at carriers.

BILL FOR REPAIRS IN ADDITION TO PROCEDURES

Some procedures, such as 11100 (Biopsy of Skin) or 1120 (Excision Skin Tags) include SIMPLE closure. If the intermediate or complex level is required, bill the repair addition to the procedure.

CONSULTATIONS ARE STILL A PROBLEM

While the majority of our retainer clients are following out advice concerning the wording and documentation of

consults, there is another wrinkle we just picked up from HCFA and Medicare. The wording on the requesting physician's chart can cause the consultant to be audited.

Say, for instance, you appropriately worded your chart to read: "Consultation initiated by Dr. Jones for abnormal pulmonary sounds" and you charged the first encounter as an initial consult. You may think that you are covered and normally you would be. Unknown to you, Medicare is performing a "random" audit on Dr. Jones and they see "Pt transferred to Dr. Smith for pulmonary problem." This wording does not reflect a request for consultation or request for opinion or advice. The meaning is very plain!

The auditor, knowing that Dr. Jones referred the patient's condition to you and the high likelihood that you would charge for a consult (as most specialists do), who do you think they would audit next? One solution that came out of a meeting had with an Orthopedic Group on retainer in Houston was 10 hold CENTER OF INFLUENCE WORKSHOPS. If you were to contact the hospital and request a meeting room, and then invite all of the physicians that either you refer patients TO or receive consultations FROM, we could come in and teach a 2 to 4 hour workshop to your business colleagues. Of course, we would stress the importance of the wording on consult requests and other areas that can usually cause problems, such as concurrent care. Not only would this help protect you from consultation audits, but it would benefit your colleagues. If you are interested in this service, please let us know. Retainer clients are only asked to pay for our travel expenses.

CORRECTIONAL HEALTHCARE

PHYSICIANS

Health Services Division of TDCJ is seeking full-time **Physicians** for the expanding Medical Services Division in the following locations: **Beeville, Palestine, Houston area, Gatesville, Beaumont**. Attractive salaries, excellent benefits, student loan repayment program, normal work schedule M-F with reasonable on call. TX License, DPS, DEA. Request for more information and application:

Call (409) 291-4030 or CV to:

Texas Department of Criminal Justice
P.O. Box 99 Personnel Office
Huntsville, TX 77342

The Texas Society
of the
American College of
Osteopathic
Family Physicians

announces the

36th Annual Convention and 21st Mid-year Seminar

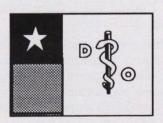
August 4 - August 6, 1994 Doubletree at Park West in Las Colinas

For more information, contact:

Danny Wiseman ACOFP Coordinator 512-218-1515 or 800-825-8967

Jack McCarty, D.O. Program Chairman 806-793-5444

28 CME Category 1-A Hours applied for



Texas ACFP Update

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

Voter apathy is epidemic in Texas. It was anticipated that one in every nine registered Texans would vote in the April 12 runoffs.

By not casting ballots, non-voters are letting others, who may not agree with their beliefs, make important decisions affecting their lives, such as the education of their children and health care for themselves and their families.

According to the Texas Secretary of State, Ronald Kirk, about 11 percent of those registered, or one million voters, were expected to vote in either the Republican or Democratic runoff on Tuesday, April 12, 1994.

The March 8, 1994 political primaries attracted just 17.5 percent, or 1.58 million voters out of a potential pool of nine million registered voters.

Medical care in the future will be driven by politics and not by what is in the best interest of the patient. The governmentpatient relationship will be exploited with our tax dollars, and the doctor-patient relationship, as we now know it, will become a fond memory.

The politicians have found the Achilles heel of the medical profession and stand ready to exploit it. The Achilles heel is the reluctance of physicians to get politically involved at any level (community, state, national) to bring about political change. The federal government is venturing into virgin territory regarding national health care. No matter what the outcome is on national health care in the 1994 election year, that once virgin territory can be expected to be violated over and over again by the U.S. Congress for years to come.

There are a lot of excuses for not voting on election day, one of which has to do with work — would be late to work, could not get time off from work, or got off late from work. Like it or not, many potential voters did not register to vote because they did not want to serve on jury duty. However, the law has changed and now people are selected for jury duty from the motor vehicle registration list rather than from the voter registration list. In this day and age, there really is no good excuse for eligible voters not to register to vote.

Early voting is now the law in Texas. Folks don't have to wait until election day to cast their ballots. Thanks to early voting, there is no longer a reason to stand in long lines on election day.

The health care industry in Texas should take advantage of early voting days. I would like to share some of my thoughts with you regarding this issue.

With extreme low voter turnout, each vote is even more crucial in tight elections. Remember, 50 percent plus *one* vote wins all elections. The old axiom for winning was to know where your 50 percent was located and to get those voters to the polls. The new modified axiom for success is not to wait until election day to do it!

How do we get out the vote? First, it is important to know who is and who is not registered to vote in each office. The goal is 100 percent eligible voters in each office. Assist in voter registration.

Second, it is important to know something about each

candidate who is running for political office. Accumulate all the data you can find on candidates for local offices. Look to TOMA to provide information on candidates running for state and national office. A blind guess as to who one should vote for is the wrong choice. When in doubt, don't fill in all the blanks! Only vote in those contests where you know something about the candidates and can make informed decisions. Establish a game plan and execute it. Sample ballot are usually available for early voting purposes.

Third, set aside early voting days for each practice, the goal being to get 100 percent of the eligible voters in each office to the polls. The fact that during the early voting period there is usually one central voting place rather than the multiple voting places found on election day makes the task simple. Availability of transportation (car pools) and staggered employee shifts should result in minimal interference in providing patient care. The big incentive is that your staff are voting on your time and not their time. Set aside at least two days per year for the primary and general elections.

If every health care provider and health care facility in Tevas would initiate early voting days in their place of business, think of the political clout that organized medicine would have in Austin, Texas.

If this concept was carried outside of Texas to the other states, the political impact would shake the very foundation of the federal establishment in Washington, D.C. No longer could organized medicine's voice not be sought or heard by politicians at the state and national levels. The message would be loud and clear. We can and will *deliver* votes. We can make a difference. We can be the *one* in the 50 percent plus one vote election plurality. We can shape health care policies at the state and national level if we have the will to do it. We have the power to do it even without asking one of our patients to vote for a candidate whom we endorse.

I know that many of my colleages feel uncomfortable asking their patients to vote for candidates. They feel that it is unprofessional. They feel that politics should be left out of patient care. "The times, they are a'changing" — medical care will be driven by politics! To these colleagues I ask their participation in early voting days for their practices. This type of political involvement can and will make a difference involves a minimal expense of time and money.

TOMA and the Texas ACFP will be working hand-in-hand to promote early voting days in Texas. We encourage all other medical orgnizations in Texas and our colleagues throughout the United States to follow our example.

The death knoll for a free and independent Republic occurs when the apathy of its citizens leads to anarchy and minority rule by a small group of vindicative people. It is up to you and I want to see that this bell never tolls in Texas.

I look forward to seeing all the Texas ACFP members at our breakfast scheduled for Friday, June 17, 1994, at 6:30 a.m. to 7:50 a.m. at the Wyndham Greenspoint Hotel in Houston, Texas. The PACER meeting is set for Thursday, June 16, from 4:30 p.m. to 5:30 p.m. Join us as we celebrate our 41st anniversary.

News from the University of North Texas Health Science Center at Fort Worth

CHOLESTEROL EXPERT RECEIVES UNT HEALTH SCIENCE CENTER AWARD



Scott M. Grundy

Scott M. Grundy, M.D., Ph.D., an internationally known authority on cholesterol metabolism at the University of Texas Southwestern Medical Center at Dallas, was honored

April 6 by the University of North Texas Health Science Center at Fort Worth for his contributions to the prevention of disease and promotion of health through nutrition.

Grundy, director and chairman for the Center of Human Nutrition and the Department of Clinical Nutrition at Southwestern Medical Center, received the Roger J. Williams Award in Preventive Nutrition.

Grundy's research has significantly increased the understanding of the role of cholesterol metabolism in causing atherosclerosis and coronary heart disease. His studies showed that monounsaturates are as effective as polyunsaturates in markedly lowering cholesterol levels in the blood. In particular, he surprised nutritionists by reporting that at least one kind of saturated fat, stearic acid, does not raise total cholesterol. This finding has had a major impact on thinking about the consumption of certain foods, like beef and pork, that previously were discouraged.

Grundy's laboratory also was the first to test the cholesterol-lowering drug Lovastatin in patients with hypercholesterolemia.

The award, which includes a cash prize of \$5,000 made possible through a gift from E. Bruce and Virginia Street Sr. of Graham, Texas, was presented to Grundy during a ceremony in the main auditorium of the UNT Health Science Center at Fort Worth.

Grundy joined Southwestern Medical Center in 1981 where he also is a professor of internal medicine, biochemistry and clinical nutrition. The Texas Tech graduate received his medical degree from Baylor College of Medicine and his Ph.D. from Rockefeller University. His residency in pathology was completed at Jefferson Davis Hospital in Houston.

Grundy was chairman of the American Heart Association's Council on Arteriosclerosis and the Nutrition Committee. He served on the National Institute of Health's National Cholesterol Education Program and recently chaired an expert panel on the treatment of high blood cholesterol in adults. The panel's report has had a tremendous influence on the treatment of cholesterol problems and prevention of coronary heart disease.

Grundy is the sixth recipient of the award commemorating the pioneering nutritional research of the late Roger J. Williams, Ph.D., founding director of

the Clayton Foundation Institute at the University of Texas at Austin.

Previous recipients of the Roger J. Williams Award are Bruce N. Ames, Ph.D., professor of biochemistry, University of California-Berkeley; Richard J. Wurtman, M.D., professor of medicine, Columbia University; Hector F. DeLuca, Ph.D., professor of biochemistry, University of Wisconsin-Madison; and William Shive, Ph.D., professor of chemistry, University of Texas at Austin.

The UNT Health Science Center at Fort Worth is a state-supported institution under the direction of the University of North Texas Board of Regents and consists of the Texas College of Osteopathic Medicine and the Graduate School of Biomedical Sciences.

DIRECTORS OF DEVELOPMENT, ALUMNI JOIN UNT HEALTH SCIENCE CENTER



M. Ann Abbe



Elizabeth Denton

M. Ann Abbe has joined the University of North Texas Health Science Center at Fort Worth as director of development and Elizabeth Denton has accepted the position of executive director of the alumni association at the health science center.

Before starting with the health science center on March 1, both women had been employed at the University of Texas at Arlington.

"Ann will be working with our alumni and foundations to raise money and Elizabeth will be taking our more than 1,400-member alumni association to newer heights," said Mike Davenport, associate vice president for development.

Abbe had been with UTA since 1988, most recently serving as director of development. She also held a previous position as acting director of development for North Texas Public Broadcasting, KERA-TV Channel 13 and 90.1 FM radio, Dallas. Her background includes 17 years in higher education.

Denton had been UTA's director of alumni relations and executive director of the alumni association for two years. Prior to that, she had worked with Texas Tech University and its health sciences center at Lubbock. She has been in educational fund raising for nine years.

Good News About Nicotine?

Researchers say that nicotine may relieve the symptoms of ulcerative colitis, a condition that affects 40 to 50 of every 100,000 people in the United States. A new study using nicotine patches found that half the patients wearing the patches experienced relief from the symptoms of ulcerative colitis.

May 1994 Texas DO/31

TOMA Member Selected As Master Faculty Trainer



Robin A. Hall, D.O., of Colleyville has been selected by the American Medical Women's Association (AMWA) to serve as a Master Faculty Trainer for the Breast and Cervical Cancer Education Project for Primary Care Physicians. The project is funded for three years by the Centers for Disease Control and Prevention. Its purpose is to

provide continuing medical education programs to primary care physicians on the early detection and control of breast and cervical cancer.

Dr. Hall is among a select group of twenty physicians from across the United States who will serve as Master Faculty for the program. As a Master Faculty member, she will provide training at Regional AMWA conferences and conduct workshops for physicians in state and local medical societies.

Dr. Hall is a board certified Family Physician who has operated Colleyville Family Medicine for the past two years. Her teaching experience, and her interest and expertise in women's health are recognized by this selection as a Master Faculty member.

District Notes

By Emery L. Suderman, D.O., Secretary-Treasurer TOMA District XIV

The TOMA District XIV meeting was held at "The Grill" at Padre Island on Saturday evening, March 5, 1994. Dinner was provided courtesy of Merck Company.

Terry Boucher, TOMA Executive Director, and Brian G. Knight, D.O., TOMA President, were special guests for the evening.

Both Dr. Knight and Mr. Boucher updated physicians on matters pertaining to the osteopathic profession, as well as an appraisal of the status of health care legislation before Congress.

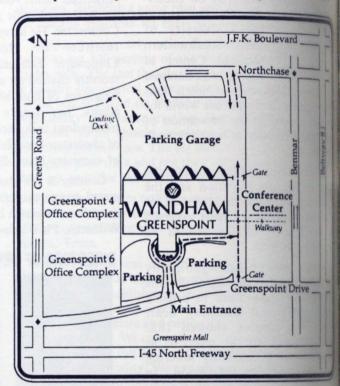
Information was also presented on the latest changes implemented by the Legislature and the Texas State Board of Medical Examiners' policy on fees.

District XIV President Joseph Montgomery-Davis, D.O., set the next meeting for May 28, 1994, at the Texas Star Restaurant in Harlingen.

Duly Noted

Our apologies to Jay Sandelin, Osteopathic Health System of Texas Chairman, and his wife, Lilla, whose name was incorrectly noted on page 21, photo number 3, in the April 1889 of the *Texas D.O.*.

Map to Wyndham Greenspoint Hotel



Cover Photo Information

John R. Bowling D.O. 1994 Program Chairman	Laurie B. Jones Keynote Luncheon Speaker	David Ostransky D.O.	Stephen E. Weis D.O.	William G. Anderson D.O. AOA President- Elect	Janice Knebl D.O.	Michael 8 Cleariest 0.0
Jeffrey A. Stone D.O.	Eli N. Perencevich D.O.				Robin A. Hall D.O.	Deborat L Blacked 00
Russell G. Gamber D.O.	Abigail H. Faerber D.O.				Robert G. Stroud D.O.	Frederick Schole DO
Gregory A. Dott D.O.	Richard W. Koss D.O.	David A. Vick D.O.	Brian G. Knight D.O. TOMA President	T. Eugene Zachary D.O. TOMA President- Elect	B.J. Czewski ATOMA President	Deide Froeide ATOMA President Elec
Carol Goldberg AAOA President	Philip P. Huang M.D.	Norman E. Vinn D.O.	Edmund L. Erde Ph.D.	Monte Troutman D.O. Vice Speaker TOMA H/D	Mark Baker D.O. Speaker TOMA H/D Speaker	Robert C Adams DO

32/Texas DO

New Medical Team On Board At OMCT's RehabCenter

Wayne R. English, D.O., FAOCRM, Christopher J. Tucker, DO, and Christopher R. Mann, D.O., — all of whom specialize in rehabilitation medicine — have been named as the new medical team for OMCT's RehabCenter. Christopher Hull, D.O., had been serving as the RehabCenter's medical director since it opened last October.

Dr. English graduated from Philadelphia College of Osteopathic Medicine in 1958. He completed his internship and a Fellowship at the Massachusetts Osteopathic Hospital in Boston. After practicing family medicine for six years, he completed a Postdoctoral Fellowship and residency in Rehabilitation Medicine at Kirksville College of Osteopathic Medicine. He was certified in rehabilitation medicine in 1972.

Founder and medical director of the Sports Medicine Rehabilitation Center and Clinic, Dr. English also founded the Texas Institute of Sports/Rehabilitation and Fitness in Redford. He serves as a clinical professor of sports medicine and rehabilitation at the UNT Health Science Center, and medical director of the Northeast Community Hospital Rehabilitation Unit. He serves on the board of directors for the National Paraplegic Foundation and the Texas Chapter

MICHIGAN STATE UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE

CHAIRPERSON - DEPARTMENT OF BIOMECHANICS

Michigan State University is seeking a chairperson of the Department of Biomechanics (Osteopathic Manipulative Medicine). We have recently reorganized to create a more academic osteopathic manipulative medicine department that includes a residency program, extensive undergraduate medical student teaching commitment and CME programs, clinical and collaborative basic science research opportunities, as well as a growing clinical practice.

We are looking for an energetic individual with the desire to lead and develop our recently reorganized Department of Biomechanics. The College of Osteopathic Medicine has a commitment to the development and success of osteopathic manipulative medicine.

REQUIREMENTS:

- D.O. degree
 Board eligibility in the American Osteopathic Board of Special Proficiency in Osteopathic Manipulative Medicine
 Experience in planning and program design
 Experience in academic administration

- Board certification
- Research experience strongly encouraged

An excellent compensation package is offered and academic rank at the professor level. MSU is located in a safe suburban environment with excellent cultural advantages. Please submit by June 1, 1994, curriculum vitae and names and addresses of three references to:

> Oliver Hayes, D.O. **Acting Chairperson** Department of Biomechanics A439 East Fee Hall Michigan State University East Lansing, MI 48824-1316

Michigan State University is an equal opportunity and an affirmative action employer. Women and minorities are encouraged to apply

of the American Heart Association, and serves as team physician for Burleson High School.

Dr. Tucker received his D.O. degree from Michigan State University College of Osteopathic Medicine in 1988. He completed his internship at the Detroit Osteopathic Hospital, and his residency at Wayne State University School of Medicine/Rehabilitation Institute in 1992. He received his board certification from the American Osteopathic Board of Physical Medicine and Rehabilitation in 1993.

He serves as assistant medical director in the Rehabilitation Unit at Northeast Community Hospital. He completed Fellowship training with the American Academy of Disability Evaluating Physicians. Dr. Tucker serves as team physician for the Warren Consolidated Schools. He is a member of the American Congress of Physical Medicine and Rehabilitation, the American Osteopathic College of Rehabilitation Medicine, The American Osteopathic Association and the American Medical Association.

Dr. Mann graduated from Texas College of Osteopathic Medicine in 1987, and completed a Fellowship in Sports Medicine/Rehabilitation at Dr. English's Texas Institute of Sports Rehabilitation and Fitness. He received a Certificate of Competence in Sports Medicine from the American Osteopathic Association of Sports Medicine in 1989.

Dr. Mann is a physician at the Sports Medicine/Rehabilitation Clinic in Bedford, and serves as assistant medical director at Northeast Community Hospital's Rehabilitation Unit. He is an athletic trainer and field physician for Special Olympics and conducts physicals at area high schools and for the Boy Scouts of America. Dr. Mann serves as a field physician at various events including motorcross races, diving, softball, volleyball and running competitions. He is a member of the AOA, the American College of General Practitioners, and the American Osteopathic Academy of Sports Medicine...

With 265 beds, OMCT is the largest osteopathic institution in Texas. This non-profit medical center serves as a primary teaching hospital for the University of North Texas Health Science Center at Fort Worth. OMCT is located in the heart of Fort Worth's Cultural District at 1000 Montgomery Street.

Change In Controlled Substances Act

The substance levo-alphacetylmethadol (LAAM) has been transferred from Schedule I to Schedule II of the Texas Controlled Substances Act. LAAM is a synthetic opioid agonist that will be marketed under the trade name of ORLAAM. It was granted approval by the Food and Drug Administration on July 9, 1993, as the first narcotic maintenance drug approved since methadone for the treatment of narcotic addiction. The transfer will apply only to the levo isomer of alphacetylmethadol.

For a copy of the entire list of Schedule I and II drugs, contact the Division of Food and Drugs of the Texas Department of Health at 512-719-0200.

Opportunities Unlimited

PHYSICIANS WANTED

PHYSICIAN-OWNED EMERGENCY GROUP — is seeking Full or Part-time D.O. or M.D. emergency physicians who practice quality emergency medicine. BC/BE encouraged, but not required. Flexible schedules, competitive salary with malpractice provided. Send CV to Glenn Calabrese, D.O., FACEP, OPEM Associates, P.A., 4916 Camp Bowie Blvd., Suite 208, Fort Worth, 76107. 817/731-8776. FAX 817/731-9590. (16)

BUSY, PROGRESSIVE — Fort Worth private practice seeks 2nd BC/BE OB/GYN physician. Great location, all practice amenities, partnership potential. Contact in confidence. Send CV to: Vernon J. Hayes, D.O., 2600 Montgomery & I-30, Fort Worth, 76107; 817/731-3936; fax 817/782-0206. (26)

DALLAS AREA GP CLINIC needs associate doctor on locum tenens. 6-50 hours per week. Call 214/941-9200 (02)

HIGH INCOME — successful GP clinic in Dallas area for sale. Will consider lease with option to buy and/or will finance to individual practitioner. Call 214/941-9200. (18)

PRIMARY CARE PHYSICIANS NEEDED. No OB/night calls unless desired. Fully furnished clinic available in Rural Central Texas location which allows for an excellent opportunity to reap such benefits as nice churches, excellent schools, low pressure scheduling, and no traffic jams. Consider this area if you are family and recreationally minded. Reply to: TOMA Box 10, One Financial Center, 1717 I.H. 35, Suite 100, Round Rock, TX 78664-2901. (10)

RAPIDLY EXPANDING FAMILY PRACTICE in East Texas, near Tyler, needs Associate immediately. Please contact: Steve E. Rowley, D.O., FAAFP, P.O. Box 368, Chandler, Texas 75758; (903) 849-6047. (01)

FAMILY PRACTICE D.O. — Practice opportunity for physician at 54-bed facility in beautiful Tyler, Texas. Active staff of over 30 physicians with 8 specialties represented. Office space available near hospital or may share established, very active practice 20 minutes from Tyler. Outlying clinics located in 4 nearby communities. Hunting, fishing, watersports, country clubs, university, junior college, many recreational facilities, civic and social opportunities. Contact Olie Clem, C.E.O., at 903/561-3771. (33)

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