TEXAS D.O.

The Journal of the Texas Osteopathic Medical Association

Volume LIV, No. 7

July/August 1997

R. Greg Maul, D.O.

Assumes Presidency of the
Texas Osteopathic Medical Association

THIS IS NOT WHERE YOU WANT TO PRACTICE DICTATION.

Your most important partner is a flexible, cost-effective professional liability insurance program. That's why you need DEAN, JACOBSON FINANCIAL SERVICES.

In your medical practice, you respond to questions with the confidence that comes from experience. At DEAN, JACOBSON FINANCIAL SERVICES, in association with Healthcare Insurance Services, Inc., we answer your professional liability needs with the confidence that comes from our experience.

Confidence and experience. Use yours to protect your patients. We'll use ours to protect you.

Call us. Let's discuss answers.

The only financial services and insurance advisors endorsed by TOMA.

DEAN, JACOBSON FINANCIAL SERVICES
(817) 335-3214
Dallas Metro (972) 445-5533
P.O. Box 470185, Fort Worth, TX 76147
(800) 321-0246

In association with:
Healthcare Insurance Services, Inc.
A Galtney Group Company

TEXAS D.O.
The Journal of the Texas Osteopathic Medical Association

JULY-AUGUST 1997

Texas D.O. is the official publication of the Texas Osteopathic Medical Association.

Published eleven times a year, monthly except for July. Subscription price is $50 per year.

Texas D.O. does not hold itself responsible for statements made by any contributor. The advertising contained in this magazine is not necessarily endorsed by the Texas Osteopathic Medical Association.

Published by the Texas Osteopathic Medical Association. Volume LIV, No. 7, July-August, ISSN 0275-1453.
Publication Office: 1415 Lavaca Street, Austin, Texas 78701-1634.
Phone: 1-800-444-TOMA (in Texas) or 512-708-TOMA. FAX: 512-708-1415.
Copy deadline is the 10th of the month preceding publication.

Printed by Thomas Graphics, 9501 North I.H.-35, Austin, Texas 78753.

FEATURES

DEPARTMENTS

Calendar of Events

SEPTEMBER

17-20

Family Medicine Review Board

Co-hosted by the University of Medicine and Dentistry of New Jersey-School of Osteopathic Medicine and the New Jersey Association of Osteopathic Physicians and Surgeons

Location: The Hilton, Cherry Hill, NJ
CME: 30 Category 1-A AOA Hours
Contact: Lora Dornia - 609-566-6330

26-28

Primary Care Update XIV - Alumni Weekend

Sponsored by the University of North Texas Health Science Center at Fort Worth

Location: UNT Health Science Center
Fort Worth, TX
CME: 18 Hours
Contact: Andrew Crim, UNT Health Science Center Office of Continuing Medical Education - 817-735-2644

OCTOBER

9

The Forces Driving Ethics Annual Symposium

Sponsored by the Colorado Springs Osteopathic Foundation

Contact: 719-635-9053

19-23

Annual Convention of the American Osteopathic Association

Location: San Antonio, TX
Contact: AOA - 800-621-1773

23-26

TOMA Postconvention Seminar

Location: Cancun, Mexico
CME: 6 hours
Contact: Terry Boucher, M.P.H.
Executive Director
800-444-8662
512-708-8662
FAX: 512-708-1415

For Your Information

OSTEOPATHIC AGENCIES

American College of Osteopathic Family Physicians	800/323-0794
Texas Society of American College of Osteopathic Family Physicians	888-892-2607
	512/708-9995
American Osteopathic Association	312/280-5800
	800/621-1773
Washington Office	202/544-5060
	800/962-9008
American Osteopathic Healthcare Association	301/968-ACHA (242)
Physician's Choice Medical Malpractice	800/366-1432
Dean, Jacobson Financial Services	
For Premium Rates, Enrollment & Information	800/321-0240
TOMA Major Medical Insurance	800/321-0240
TOMA Disability Insurance Program	800/321-0240
UNTHSC/Texas College of Osteopathic Medicine	817/735-2000
Dallas Metro	429-9120
Medicare Office	
Part A Telephone Unit	800/813-8864
Part B Telephone Unit	903/463-4495
Profile Questions	214/766-7038
Provider Numbers	
Established new physician (solo)	214/766-6162
Established new physician (group)	214/766-6161
All changes to existing provider number records	214/766-6154
Medicaid/NHIC	512/343-4984
CHAMPUS/General Inquiry	800/406-2833
Texas Medical Foundation	512/329-6610
Toll free	800/725-9214
Texas Osteopathic Medical Association	512/708-TOMA
in Texas	800/444-TOMA
FAX: 512/708-1415	
TOMA Physicians Assistance program	817/294-2788
in Texas	800/896-0680
FAX: 817/294-2788	
TOMA Med-Search	800/444-TOMA

TEXAS STATE AGENCIES

Texas Health and Human Services Commission	512/416-0396
Department of Health	512/458-7111
Department of Public Safety:	
Controlled Substance Division	512/424-2188
Triplicate Prescription Section	512/424-2189
Texas State Board of Medical Examiners	512/305-7010
FAX: 512/305-7006	
Registration	512/305-7030
Formal Complaints	800/201-9353
Consumer Disciplinary Hotline	800/248-4062
Texas State Board of Pharmacy	512/305-8000
Texas Workers' Compensation Commission	512/448-7900
Medical Review Division	512/440-3515
Texas Hospital Association	800/252-9403
Texas Department of Insurance	512/463-6169
Texas Department of Protective and Regulatory Services	512/450-4800
State of Texas Poison Center for Doctors & Hospitals only	713/765-1420
	800/392-8548
Houston Metro	654-1701

FEDERAL AGENCIES

Drug Enforcement Administration	
For state narcotics number	512/424-2000 ext. 2150
For DEA number (form 224)	214/767-7250
Diversion policy & related questions	214/640-0849

CANCER INFORMATION

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

1997-98 TOMA Officers

R. Greg Maul (88), *President*
5009 University Avenue, Suite G, Lubbock, 79413

Nelda N. Cunniff-Isenberg (89), *President Elect*
780-B N.E. Alsbury Boulevard, Burleson, 76028

Rodney M. Wiseman (89), *Vice President*
P.O. Box 1045, Whitehouse, 75791

Arthur J. Speece, III (83), *Immediate Past President*
2709 Hospital Boulevard, Grand Prairie, 75051

William D. Hospers (85), *Past President*
P.O. Box 820099, Fort Worth, 76182

Board of Trustees

	Term Expires	
Hector Lopez (91)	1998	El Paso
Jack McCarty (95)	1998	Lubbock
Steve Rowley (97)	1998	Chandler
Monte E. Troutman (96)	1998	Fort Worth
Kenneth S. Bayles (93)	1999	Dallas
James E. Froelich, III (90)	1999	Bonham
Daniel W. Saylak (94)	1999	Bremond
Irvin E. Zeitler (94)	1999	San Angelo
George M. Cole (96)	2000	Amarillo
Jim W. Czewski (90)	2000	Fort Worth
Joseph A. Del Principe (94)	2000	Arlington
Bill V. Way (89)	2000	Duncanville

Resident Board Member
Kathryn Byrd — Keller

Officers of the House of Delegates
Mark A. Baker, Speaker (89) — Fort Worth
A. Duane Selman, Vice Speaker (96) — Kennedale

Board Consultant for Health Affairs
Joseph Montgomery-Davis (91) — Raymondville

Ex-Officio Student Member
S/D Angela May — McKinney

1997-1998 Committee Appointments

Department of Professional Affairs
Rodney M. Wiseman, Chair

CONSTITUTION, BYLAWS & DOCUMENTS (2000)
Mark A. Baker, Chair
Joseph Montgomery-Davis, Randall W. Rodgers, A. Duane Selman, Monte E. Troutman, Stephen F. Urban

ETHICS (1998)
John R. Peckham, Chair
David R. Armbruster, Joseph A. Bianco, John H. Boyd, S/D Catherine Floyd, Patrick Hanford, David J. Randell

OSTEOPATHIC PRINCIPLES AND PRACTICE (2000)
Gregory A. Dott, Chair
S/D Stephen Cavanaugh, Nelda N. Cunniff-Isenberg, Jerry L. Dickey, Wayne R. English, Jr., William D. Hospers, Brian D. Knight, Richard W. Koss, Ray L. Morrison, Donald M. Peterson, Stephen M. Taylor, David E. Teitelbaum

CONVENTION PROGRAM (2000)
Donna Hand, Chair; Al E. Faigin, Vice Chair
S/D Roberta Abbott, Mr. Terry Boucher, Gregory A. Dott, Joseph A. Del Principe, Bobby D. Howard, Lisa R. Nash, George N. Smith, Craig D. Whiting

PHYSICIANS ASSISTANCE PROGRAM (2000)
John R. Marshall, Chair; James E. Froelich, III, Vice Chair
Edward L. Baker, III, Mr. Terry Boucher, John J. Cegelski, Jr., Jerry T. Davis, Louis E. Deere, Samuel B. Ganz, Gunda L. Kirk, Neal S. Levy, Edward Luke, Jeffrey C. Thompson, Daniel W. Saylak, Mr. John H. Sortore, Jan S. Swanson
District Coordinators: D-1, George M. Cole; D-2, J. Thomas O'Shea; D-3, Khoren Hekimian; D-4, Joseph E. Wolpmann; D-6, Robert S. Stark; D-7, Harold D. Lewis; D-9, John C. Fredericks; D-10, R. Greg Maul; D-11, Kenyon R. Behrens; D-12, Rocco L. Morrell; D-14, Joseph Montgomery-Davis; D-16, Ted C. Alexander; D-17, Sara Apsley-Ambriz

PROFESSIONAL LIABILITY INSURANCE (2001)
James E. Froelich, III, Chair
Mr. Terry R. Boucher, S/D Bob Clark, Richard A. Friedman, William R. Jenkins, Jack McCarty, Bill H. Puryear, George Smith

SOCIOECONOMICS (1999)
Kenneth S. Bayles, Chair
Mr. Terry R. Boucher, John E. Carter, George M. Cole, Al E. Faigin, Richard A. Friedman, D. Dean Gafford, Bobby D. Howard, Brian G. Knight, Joseph Montgomery-Davis, S/D Russell Peckham, Adam B. Smith

continued on next page

continued from previous page

Department of Public Affairs
Bill V. Way, Chair

ENVIRONMENTAL HEALTH & PREVENTIVE MEDICINE (2001)
John J. Cegelski, Jr., Chair
Kathy Byrd, Merritt G. Davis, Randall E. Hayes, Alfred R. Johnson, S/D Vinay Kamble, John G. Mills, William A. Pollan, Rodney M. Wiseman

AWARDS AND SCHOLARSHIP (1999)
Jerry E. Smola, Chair
William D. Hospers, Brian G. Knight, R. Greg Maul, T. Eugene Zachary

MILITARY AFFAIRS (1998)
Benjamin C. Young, Chair
William D. Hospers, S/D Charles Roberts, H. Sprague Taveau, William V. S. Thornton, George K. Wilcox, Arthur S. Wiley

PUBLIC INFORMATION & PUBLICATIONS (1999)
Hector Lopez, Chair
Kenneth S. Bayles, D. Dean Gafford, S/D Marshall Hayes, S/D Angela May, Daniel W. Saylak, Bill V. Way, Irvin E. Zeitler

Department of Development & Liaison
Jim W. Czewski, Chair

ARCHIVES (2000)
T. Eugene Zachary, Chair
S/D Salim Bhaloo, Mr. Terry R. Boucher, William D. Hospers, Brian G. Knight, Mr. C. Ray Stokes

FINANCE (2001)
R. Greg Maul, Chair
Nelda N. Cunniff-Isenberg, Jim W. Czewski, William D. Hospers, Arthur J. Speece, III, Bill V. Way, Rodney M. Wiseman

GOVERNMENTAL RELATIONS (2000)
Mark A. Baker, Chair; Jim W. Czewski, Vice Chair
Elmer C. Baum, Mr. Terry R. Boucher, Patrick Hanford, Tony Hedges, William R. Jenkins, S/D Aaron Osborne, Robert L. Peters, Jr., Donald M. Peterson, Daniel W. Saylak, A. Duane Selman, Jerry E. Smola, R. Russell Thomas, Jr., Monte E. Troutman

LIAISON TO AMERICAN ASSOCIATION OF RETIRED PERSONS (2000)
Mr. Terry R. Boucher

LIAISON TO AMERICAN OSTEOPATHIC ASSOCIATION (2001)
Robert L. Peters, Jr., T. Eugene Zachary

LIAISON TO TEXAS COLLEGE OF OSTEOPATHIC MEDICINE (2000)
Mr. Terry R. Boucher, Nelda Cunniff-Isenberg, R. Greg Maul

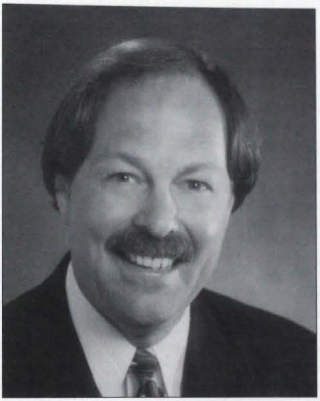
MEMBERSHIP, SERVICES & PROFESSIONAL DEVELOPMENT (1999)
Jim W. Czewski, Chair
Larry G. Burrows, Samuel T. Coleridge, Joseph A. Del Principe, Patrick J. Hanford, Hector Lopez, Joseph Montgomery-Davis, Steve E. Rowley, Daniel W. Saylak, Bill V. Way, Rodney M. Wiseman

STRATEGIC PLANNING (1998)
Nelda Cunniff-Isenberg, Chair
Mark A. Baker, Kenneth S. Bayles, John H. Boyd, George M. Cole, Samuel T. Coleridge, S/D Joe Fischer, James E. Froelich, III, Patrick Hanford, Tony Hedges, Brian G. Knight, Jack McCarty, S/D Angela May, Arthur J. Speece, III, Jerry E. Smola, H. Sprague Taveau, Craig D. Whiting

STUDENT/POSTDOCTORAL AFFAIRS (2001)
Carol S. Browne, Chair
John R. Bowling, Dale H. Brancel, Kathy Byrd, Robert C. DeLuca, Al E. Faigin, David E. Garza, Audrey Renouf Jones, Hector Lopez, S/D Angela May, S/D Moin Shaikh, A Duane Selman, S/D William Winn

AD HOC COMMITTEES - BUILDING
Mark A. Baker, Chair
Mr. Terry R. Boucher, Jim W. Czewski, Royce K. Keilers, Robert L. Peters, Jr., Jerry E. Smola, Arthur J. Speece, III, T. Eugene Zachary

R. Greg Maul, D.O., Assumes TOMA Presidency



R. Greg Maul, D.O., of Lubbock, has been elected president of the Texas Osteopathic Medical Association for 1997-98. Installation ceremonies took place June 14 during TOMA's 98th Annual Convention and Scientific Seminar, held June 11-15 at the Radisson Plaza Hotel in Fort Worth.

Dr. Maul received a B.S. in Zoology from Northeast Missouri State University and earned his D.O. degree in 1976 from the Kirksville College of Osteopathic Medicine in Kirksville, Missouri. He served his internship at Dallas/Fort Worth Medical Center in Grand Prairie. Dr. Maul is certified in family practice by the American Osteopathic Board of Family Practice.

Dr. Maul has a private practice in Lubbock and also practices emergency medicine. He serves as an associate clinical professor in the Department of Family Practice at the University of North Texas Health Science Center at Fort Worth/Texas College of Osteopathic Medicine and as an assistant clinical professor in the Department of Family practice at Texas Tech Medical School in Lubbock.

An active member of TOMA, Dr. Maul serves on, and chairs, numerous association committees. He has been a member of the TOMA House of Delegates for 15 years and a member of the Board of Trustees for nine years. In addition, he is an active member and past president of his district society, TOMA District X.

Other memberships include the American Osteopathic Association; American College of Osteopathic Family Physicians; the Texas Society of the ACOFP, in which he is a past president and program chairman; and the Texas Medical Foundation. In addition, Dr. Maul is a Diplomat of the National Board of Examiners for Osteopathic Physicians and Surgeons and a Fellow of the American College of Osteopathic Family Physicians.

Dr. Maul and his wife, Stacy, reside in Lubbock. They are the parents of Micheal, Kyle, Eric, Allison and Lindsey.

Dr. Maul Pledges Support for Student Groups and a Renewed Emphasis on the Osteopathic Philosophy

EDITOR'S NOTE: The following is the speech presented by R. Greg Maul, D.O., on President's Night upon assuming the TOMA presidency for 1997-1998.

It is with a deep sense of responsibility, pride and dedication that I accept this prestigious office of the president of the Texas Osteopathic Medical Association. I never dreamed that I would be here before my colleagues and friends. It is somewhat overwhelming, but yet very inspiring.

The title of my talk this evening is S.O.A.P. For those nonmedical personnel, the letters S.O.A.P. stand for subjective, objective, assessment and planning. It is an abbreviation that we use for our progress notes on seeing our patients.

S - *Our osteopathic profession has come a long way in the state of Texas. But we have a long way to go. We are truly grateful to all those who have come before us, and who have sacrificed and worked so hard for our osteopathic profession in Texas.*

O - *a) We have gained recognition in the military, on hospital staffs and in managed care. We are not a household name but some day we will be.*

b) We have been strong in shaping certain aspects of our national association, the American Osteopathic Association, through our individual member participation in that organization.

c) We have been the leader in our respective state osteopathic associations, both medically and administratively.

d) We have become a reality and, to some degree, an entity in Austin. Through Terry's efforts our organization has established good rapport with our legislators.

e) The Board and the staff have spent much time to utilize our resources and finances to make TOMA a sound, stable and fiscally responsible organization.

f) We have a beautiful building nearly completed, and with an historical designation, a building you should be proud of, a building that is for the entire membership.

A - *All in all, our professional organization looks pretty darn good. But wait a minute! We have missed some key areas that are just mighty important.*

My goals (and my plans) for the coming year as TOMA president are as follows:

P - *Our students are our future, our lifeblood and I am sorry to say that we have allowed them to fade from our immediate attention. Though not intentional, we have allowed the Texas Medical Association to have a larger presence on the Texas College of Osteopathic Medicine campus than our student osteopathic organizations. We can not and will not allow this important aspect of our profession to be without our presence and guidance.*

To protect this student, intern and resident group, we will immediately regain personal contact with these organizations. Dr. James Froelich has already given a noon lecture to the student group at TCOM and we will begin quarterly, if not monthly, lectures to this group. We feel that it is vitally important to maintain personal contact with these up and coming members of our association and leaders for our profession. We will also develop a mentor list of physicians, D.O.s, which students may use as a source of information, source of reference and also osteopathic camaraderie.

We have created positions on our TOMA committees for our students. We have felt this to be very important to have them become involved in the workings of our professional association. We are awaiting their list of students interested in these committees.

Our School *- Three of our osteopathic members from Texas, George Luibel, D.O., Carl Everett, D.O., and Danny Bevers, D.O., founded the Texas College of Osteopathic Medicine with the intent and goal of training osteopathic physicians for Texas. The osteopathic philosophy and method were to be implemented into all aspects of their training. I am sorry to say that their philosophy and method have been allowed to fade, and in some aspects, allowed to become nonexistent in particular areas of their training.*

We, the D.O.s of Texas, say to ***Our School****, this will change! Our osteopathic philosophy will be emphasized in all aspects of their training, and shown by example of their instructors, teachers and administration.*

Through the efforts of Dr. Jack McCarty, Dr. Audrey Jones and Janice Honeycutt, the TCOM Alumni Association will be rekindled to the active status it once was. Our goal is to get a TCOM graduate appointed to the Board of the University of North Texas by the governor of the state of Texas. By so doing, we, as osteopathic physicians, will have a greater ability to educate and influence the board members of UNT as to the importance of osteopathic medicine, and to maintain the osteopathic philosophy and method in their training at our Texas school.

Our Members *- We have approximately 2,000 osteopathic physicians in the state of Texas. Approximately 1,100 of those physicians are dues-paying physicians. Therefore, we have approximately seven to eight hundred D.O.s that are not active members of the Texas Osteopathic Medical Association.*

Through the efforts of Dr. James Czewski and Ms. Stephanie Boley, our membership has grown steadily over the last several years. We will continue to work on personal contact of these individual physicians regarding the Texas Osteopathic Medical Association in hopes of having these D.O.s join our organization.

With Terry's help, we will be setting up a list of members interested in becoming involved in the political arena in Austin. By getting more interested D.O.s involved, our voice is carried to the legislature with more vigor and meaning.

We will be working also for more member services. If you have an idea, please call my office or the state office with your

continued on page 26

Dr. Mary Burnett is Recipient of Distinguished Service Award

Mary M. Burnett, D.O., of Littleton, Colorado, has received the Texas Osteopathic Medical Association's Distinguished Service Award, presented during TOMA's Annual Convention and Scientific Seminar, held June 12-15, in Fort Worth. The award is the highest honor that TOMA can bestow upon an osteopathic physician in recognition of outstanding service and contributions to the osteopathic profession in Texas.

A 1949 graduate of the University of Health Sciences College of Osteopathic Medicine in Kansas City, Missouri, Dr. Burnett was a practicing osteopathic physician in Dallas until the early 1990s, when she relocated to Colorado. She is a past president of the Colorado Society of Osteopathic Medicine and founder and past president of the Colorado Chapter of the American College of Osteopathic Family Physicians. She has been an active TOMA member since the 1950s, serving on numerous committees throughout and years and as a delegate for 25 years. In 1990, she was awarded TOMA life membership.

Dr. Burnett's accomplishments throughout the years are lengthy and impressive. In 1984, she and her late husband, John Burnett, D.O., received Founders' Medals from the Texas College of Osteopathic Medicine, the college's highest award for contributions to medical education and health care.

From 1988-92, Dr. Burnett served as the director of medical education at Tri-City Health Center in Dallas, where she instituted and established a rotating internship program as well as the first family practice residency training program.

Active in the American Osteopathic Association as well, Dr. Burnett has served as a member, vice chairman, chairman and secretary of the AOA Board of Family Practice since 1972. She has also served as a member of the AOA Board of Trustees and House of Delegates. In 1995, the AOA presented Dr. Burnett with its Distinguished Service Certificate, representing the AOA's highest award.

She has also been active in the American College of Osteopathic Family Physicians as well as the Texas ACOFP, serving as president of both organizations. A section of the ACOFP headquarters was transformed into a learning center, dedicated to Dr. Burnett and her husband. This tribute was in honor of their many years of faithful service to the profession.

Other honors and awards include the American College of Osteopathic Family Physician's Practitioner of the Year award in 1973; the Phillips Medal of Public Service, awarded by the Ohio College of Osteopathic Medicine in 1985; the AOA's Burnett Osteopathic Student Research Award, co-named in her honor in 1986; and the University of Health Sciences College of Osteopathic Medicine Alumni Association's Alumnus of the Year Award in 1992.

TOMA takes great pride in congratulating Dr. Burnett on receiving this well deserved honor.

Jay E. Sandelin Receives TOMA's Meritorious Service Award

Mr. Jay E. Sandelin, Chairman of the Board of Osteopathic Health System of Texas, has received the Texas Osteopathic Medical Association's Meritorious Service Award. The award was presented to Mr. Sandelin at the President's Banquet during TOMA's 98th Annual Convention and Scientific Seminar, held June 12-15 in Fort Worth. The award represents the highest honor that TOMA can bestow upon a non-osteopathic physician in recognition of outstanding accomplishments in scientific, philanthropic or other fields of public service to the osteopathic profession in Texas.

Mr. Sandelin was recognized for his many years of contributions to health care and his support of the philosophies of osteopathic medicine through his able chairmanship of the Osteopathic Health System of Texas and the Osteopathic Medical Center of Texas. OMCT, located in Fort Worth and the largest osteopathic hospital in Texas, is the flagship of OHST, a complete provider of osteopathic health care, with more than 300 physicians and 12 family medicine clinics. OHST also offers a host of health related programs, such as the Carswell Osteopathic Medical Plan for military personnel, and a variety of allied health services which have provided immense benefits to the community and its citizens.

Active in osteopathic issues on all levels, Mr. Sandelin assumed a leadership role in osteopathic activities with his chairmanship of the board of OMCT in 1978, and of OHST, beginning in 1984. Prior to that, he was president/chairman of the board of Park Central Bank N.A., of Fort Worth.

A 1960 graduate of Texas Christian University, from which he earned a B.S. degree in sociology/psychology, Mr. Sandelin also attended the School of Banking of the South at Louisiana State University; the National Commercial Lending School, University of Oklahoma; the Wharton School of the University of Pennsylvania, Aresty Institute of Executive Education; and Stanford Business School.

Among his numerous current civic activities, Mr. Sandelin serves as member of the advisory council and foundation treasurer at Texas College of Osteopathic Medicine; chair of the development committee and member of the executive committee of Sister Cities; member of the board of directors, the executive commitee and the economic development committee of the Fort Worth Chamber of Commerce; and member of the advisory board of the Cultural District/City of Fort Worth.

TOMA congratulates Mr. Sandelin on receiving this prestigious award.

THE INDEPENDENT
INVESTOR

DEAN, JACOBSON FINANCIAL SERVICES, LLC
A Registered Investment Advisor

LINSCO/PRIVATE LEDGER • MEMBER NASD/SIPC

8000 Passed; And We Remain Optimistic

It happened again.

While our column may never be timely enough to deliver actual news about market events, we nonetheless feel compelled to comment when a major milestone occurs.

Make no mistake, the Dow Jones Industrial Average* passing 7000 is a major milestone. The Dow flirted with 7000 back in February, but between mid-March and mid-April, lapsed into a 700-point, 9.8% slide that took the average to a low of 6391.

Readers of the morning financial section awoke on May 1 to see that the DJIA had crossed 7000 for the second time, where it has since stayed.

We are compelled to review, again, the periods of time between DJIA 1000-point barrier crossings:

1000 - 2000	14 years, 2 months
2000 - 3000	4 years, 3 months
3000 - 4000	3 years, 10 months
4000 - 5000	9 months
5000 - 6000	11 months
6000 - 7000	7 months

Are we noticing a trend here? With the exception of the 5000 - 6000 crossing, each barrier has taken less time – and seemingly less effort – to break. The five-year-period between May of 1992 and May of this year has seen a nearly 4000 point increase. That ain't hay.

A Few Reminders

We should first restate the obvious: that after each 1000-point gain, it becomes less of a percentage increase and mathematically easier to reach the next one (2000 to 3000 required a 33% increase in market value; 3000 to 4000 needed 25%; 4000 to 5000 took 20%, etc.).

We are also required at this point to remind you that past performance is no guarantee of future performance, that what goes up may come back down, that 7000 now does not mean 8000 in six months, nor possibly even six years.

And while we're on it, let's add that drinking tap water in Mexico is usually asking for trouble, that getting more than 30 percent of your dietary calories from fat is probably unhealthy and that driving faster than the posted speed limit on a wet road is generally a bad idea.

With that out of the way we can tell you, with caution, that in our opinion the fundamentals remain in place for continued growth in the world's capital markets. When the DJIA passed the 5000 mark, just after the Thanksgiving holiday in 1995, we wrote in this column that there were many reasons for investors to take a bullish outlook. Among them were generally low inflation, corporate restructurings throughout the U.S. economy, and a continued, steady inflow of contributions to the capital markets through baby boomers saving for retirement.

Those factors remain in place. And what has happened since then?

- North Korea and Cuba – two of the last major countries clinging to a failed form of government – stand ready to implode under the weight of their own economic shortcomings
- China, in anticipation of its emergence on the world stage, continues to embrace free market principles to drive its potential sleeping giant economy
- The internet's world wide web and electronic mail have emerged as ubiquitous and potentially landscape-altering forms of communications technology
- Japan has bounced back from a deep economic slump, and just last month,
- Russia has signed off on a historic agreement with the 16 democracies of NATO to allow for expansion of the alliance to include former East-Bloc countries.

Where to from Here?

The question everyone asks, of course, is where do the markets go from here? Does the DJIA hit 10000 by 2000? And the answer is, of course, that nobody knows. We remain optimistic that, for longer-term investing, the world's capital markets in general and the U.S. equity markets in particular, remain rife with opportunity. And yet, funnier things have happened.

The advice we continue to offer is, continue investing, spread those investments across many categories, and lower your expectations from what we've seen in the last five years, for they have been truly unusual.

And, of course, if you have questions call us. That's why we're here.

Ft. Worth	817-335-3214
Dallas	972-445-5533
Toll Free	800-321-0246

* *The Dow Jones Industrial Average is an unmanaged index reflecting the overall return attained by a diversified group of 30 stocks of major industry blue-chip companies based in the United States. All returns are calculated with reinvested dividends and expressed in U.S. dollar terms. Past performance does not guarantee future performance and your actual results will vary.*

Blood Bank Briefs for Physicians

"The Risk of Transfusion-Transmitted Infection in 1997"

By L. B. Baskin, M.D., Medical Director, Carter Blood Center, Fort Worth, Texas

Although numerous risks are attributable to transfusion with human blood products, the risk that receives most attention is that of transmission of agents of infectious disease. In spite of the long list of questions asked of donors and the extensive testing that occurs, infectious diseases are occasionally transmitted through transfusions.

It is important to realize that various components may carry different risks. Some components may be treated to destroy or remove infectious substances. For instance, both irradiation and leukoreduction remove most of the infectious risk of cytomegalovirus (CMV) from Red Blood Cells.

Currently, all donated blood is tested for syphilis, hepatitis B surface antigen (HBsAg), anti-hepatitis B core (Hbc), anti-human T-cell lymphotropic virus (HTLV), anti-hepatitis C virus (HCV), anti-human immunodeficiency virus-1 (HIV-1), anti-HIV-2 and HIV-1 p24 antigen. Although no longer required, most blood is also tested for alanine aminotransferase (ALT).

The current risks in the U.S. are summarized in Table 1. One can calculate the expected number of cases in the U.S. by multiplying the risk by 22 million units transfused annually. No cases of transfusion-transmitted HIV-2, Lyme disease or Leishmaniasis have been reported in the U.S., and only 5 cases of transfusion-transmitted Hepatitis A Virus have been reported in the past 15 years. In addition, no case of Creutzfeldt-Jakob disease has ever been associated with a blood transfusion.

To put these risks in proper perspective, they can be compared to the risk of death associated with other activities (Table 2). As shown, a person is as likely to die in a tornado while living in the Midwest in a single year as to acquire AIDS from a transfusion of one unit of blood. Similarly, the risk of death due to use of contraceptive pills is equivalent to the risk of acquiring HBV from a transfusion.

Table 1.
Risk of Transmission of Infectious Disease through Blood Transfusion in the U.S.

Infectious Agent	Odds of Infection
Herpes and hepatitis viruses	
Cytomegalovirus (CMV)	1:33 - 1:8
Epstein Barr (EBV)	1:200
HBV	1:63,000
HCV	1:103,000
Retroviruses	
HTLV-I/II	1:641,000
HIV-1	1:493,000
HIV-2	Extremely rare
Parasites	
Plasmodium spp	1:4,000,000
Babesia microti	<1:1,000,000
Trypanosoma cruzi	<1:1,000,000
Leishmania spp	<1:20,000,000
Bacteria	Uncommon*

*Most bacterial infections are due to Gram-positive organisms with rare cases of Treponema pallidum or Gram-negative transmission.

Table 2.
Annual Risk of Death in the U.S. Associated with Various Activities

Activity	Odds of Death
Taking Contraceptive pills	1:50,000
Riding a Motorcycle	1:50
Struck by an Automobile	1:20,000
Influenza	1:5,000
Midwestern Tornado	1:455,000
Struck by Lightning	1:10,000,000

Bibliography:

Schreiber GB, Busch MP, Kleinman SH, Korelitz JJ. The Risk of Transfusion-Transmitted Viral Infections. N Engl J Med 1996;334:1685-90.

Williams AE, Thomson RA, Schreiber GB, et al. Estimates of Infectious Disease Risk Factors in US Blood Donors. JAMA 1997;277:967-972.

Walker RH. Special Report: Transfusion Risks. AM J Clin Pathol 1987;88:374-378.

DeChristopher PJ, Anderson RR. Risks of Transfusion and Organ and Tissue Transplantation: Practical Concerns That Drive Practical Policies. AM J Clin Pathol 1997;107(Suppl 1):S2-S11.

McCullough J. The Nation's Changing Blood Supply System. JAMA 1993;269:2239-2245.

Osteopathic Medical Center Administrator Named Chair-Elect of Osteopathic Professional Organization

Ron Stephen, executive vice president and administrator of Osteopathic Medical Center of Texas, has been named chair-elect of the College of Osteopathic Healthcare Executives (COHE), which encourages the development of hospital administrators.

Next year, Stephen will serve as chair of the COHE. The organization establishes criteria of competency and sets standards to ensure that hospital executives continue to progress and develop skills by participating in educational programs. Other goals of the College are to assist hospital executives to serve their communities by efficient and responsible professional practice, to conduct educational programs and to contribute to the advancement of efficient hospital administration.

Stephen is also a board member and serves on the finance committee of the American Osteopathic Healthcare Association (AOHA), of which OMCT is a member organization. AOHA promotes the health and welfare of the American public through effective leadership; serves as the unified voice in areas of common interest for the advancement of osteopathic health care; and provides advocacy and education to ensure members' success.

Stephen has been a member of both boards since 1996.

Pets Perk Up Patients at Osteopathic Medical Center

Hospital patients are often in need of cheering up, and studies have shown that pets can reduce blood pressure and produce a general calming effect in people. That's why Osteopathic Medical Center of Texas has begun a program with Paws Across Texas, a group that provides trained animals for therapy for people in retirement homes, physical rehabilitation facilities and special education schools.

Ron Stephen

The Paws Across Texas animal-assisted therapy began in OMCT's Skilled Nursing Facility on May 7. Some patients were dramatically changed by the visit from the dogs, which included a Schnauzer, a Rhodesian Ridgeback and a Greyhound.

"I haven't seen a couple of these patients smile since they've been on this floor," said Katy McNairy, OMCT recreational therapist. "But they're smiling today."

The Skilled Nursing Facility (SNF) at OMCT cares for patients who have progressed beyond the regular hospital stay but who are not yet ready to return home. Many SNF patients are senior citizens who need physical and occupational therapy in order to resume their normal daily activities.

"Just about everybody has been influenced by animals at some point in their life," said Virginia Hyatt, director of Paws Across Texas. "If utilized properly, these animals are an excellent form of therapy." The Paws Across Texas therapy is now a regularly scheduled program for OMCT SNF patients.

OMCT is First North Texas Hospital to Use Newest Artery-Repair Procedure

A breakthrough procedure that speeds healing and increases comfort for patients undergoing angioplasty and angiograms is being performed only at Osteopathic Medical Center of Texas in Fort Worth.

The innovative arterial-closure procedure, called Angioseal, closes the femoral artery (in the groin) that is used to check for blocked arteries and repair blood-vessel damage. After angioplasty and angiograms, the femoral artery must be closed to stop bleeding. Angioseal can accomplish this in minutes.

Older methods required the medical care staff to apply pressure to the patient's groin until the bleeding stopped, which could take an hour or longer. It is uncomfortable and there is a possibility the artery will start to bleed again. In addition, the patient was required to lie still for eight hours. Angioseal allows the patient to walk around one to two hours after the procedure.

Lloyd Brooks, D.O., is the first physician in North Texas to become certified to perform the procedure. He is OMCT's interventional cardiologist and chief of medicine.

"The old procedure was uncomfortable and labor-intensive, and there was a chance of bleeding afterwards," Dr. Brooks said. "I've been very pleased with the results of Angioseal. The procedures have gone very smoothly."

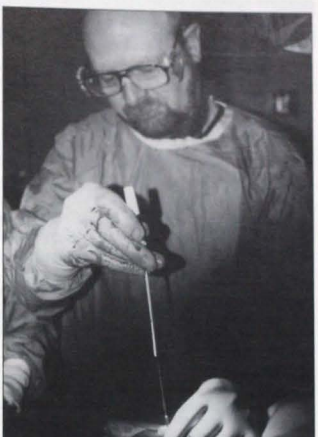
In Angioseal, the physician uses a tube to push an anchor inside the vein and then releases collagen on the outside of the vein. The collagen seals the hole like gauze on a wound. Essentially, the hole in the vein is then "plugged" from the inside and the outside.

After the collagen is released, the suture is cut at the skin and the collagen and anchor are left to dissolve inside the body - something that takes abut 90 days.

Advantages to angioseal are many: the procedure stops the blood flow from

the arterial hole almost instantaneously; the patient can be mobile again much sooner after the procedure; patients are released sooner, increasing the outpatient flow through the hospital; and the patient is saved the discomfort of prolonged pressure on his or her groin to stop the bleeding.

To date, 10 OMCT patients have undergone the new procedure, which Dr. Brooks began performing on May 28.



After a heart catheterization, OMCT's Lloyd Brooks, D.O., performs a new artery-closing procedure that gets OMCT patients back on their feet faster.

Texas Department of Health's TexMedNet Honored by Smithsonian Institution

The Texas Department of Health became part of the Smithsonian Institution's Permanent Research Collection of Information Technology Innovation at the National Museum of American History, when the 1997 Collection was formally presented to the Institution in Washington, D.C. At the Texas Department of Health, on-line processing of Medicaid payments reduces complexity and improves patient services.

"Texas Department of Health is using information technology to create strides toward remarkable social improvement in government and non-profit," said Dr. David Allison, chairman of the National Museum of American History's Division of Information Technology and Society. "We are delighted to have this excellent example of how information technology is being used to improve our world included in the national collection."

Each year, the Computerworld Smithsonian Chairmen's Committee nominates individuals who are using information technology to improve society for inclusion in the Smithsonian's National IT Innovation Collection. Founded in 1989, the Computerworld Smithsonian Program searches for and recognizes individuals who have demonstrated vision and leadership as they strive to use information technology in innovative ways across ten categories: Business and Related Services; Education and Academia; Environment, Energy and Agriculture; Finance, Insurance and Real Estate; Government and Non-profit Organizations; Manufacturing; Media, Arts and Entertainment; Medicine; Science; and Transportation.

This year, 321 innovative applications of information technology from 39 states and 21 countries were presented to the Smithsonian.

Founded in 1846, the Smithsonian Institution is dedicated to the increase and diffusion of knowledge. The materials submitted in the Government & Non-Profit Organizations category on behalf of the Texas Department of Health will enrich the Smithsonian's growing permanent collection on the Information Age, one of the most important of its kind in the world. The collection serves a critical historical purpose by helping the National Museum of American History record the information technology revolution and the impact it has on our lives. As part of the Smithsonian Institution's Permanent Collection, the Texas Department of Health's TexMedNet becomes part of a national treasure which documents how information technology is being used to shape society and improve our world.

When the 1997 Collection was formally presented to the Smithsonian Institution on June 10, 1997, the Texas Department of Health's case study joined over 2,000 other examples of innovative use of information technology, available to citizens, scholars and researchers worldwide. Case studies are available to the public on the Innovation Network web site at (http://innovate.si.edu).

Major Actions of the TOMA House of Delegates

MOTION: That life memberships in TOMA be approved for Drs. David L. Bilyea, Clinton D. Nutt, Martin E. O'Brien, Morton L. Rubin, Jerry W. Smith and Lloyd C. Woody.

APPROVED

RESOLUTION NO. 1 PERTAINING TO "CHRONIC RECURRENT" SOMATIC DYSFUNCTION: The House of Delegates calls upon the American Osteopathic Association to amend that portion of its *AOA Protocols for OMT in Patient Management*, dated January, 1997, by substituting the phrase, "acute exacerbation of a chronic problem" for the term "chronic recurrent" when discussing the diagnosis and treatment of somatic dysfunction utilizing OMT.

APPROVED

RESOLUTION NO. 2 PERTAINING TO THE AOA POSITION PAPER ON OMT AND E&M: The House of Delegates calls upon the AOA to delete that portion of its OMT and E&M position paper, dated January, 1997, which refers to Texas having a policy of bundling OMT with E&M for reimbursement purposes.

APPROVED

RESOLUTION NO. 3 PERTAINING TO "SUB-ACUTE" SOMATIC DYSFUNCTION: The House of Delegates calls upon the AOA to amend that portion of its *AOA Protocols for OMT in Patient Management*, dated January, 1997, by deleting the term "sub-acute" when discussing the diagnosis and treatment of somatic dysfunction utilizing OMT.

APPROVED

RESOLUTION NO. 4 PERTAINING TO RECOGNITION OF MARY R. WATKINS, R.M.A.: The House of Delegates goes on record in recognition of Mary R. Watkins, R.M.A., for her dedicated and unselfish service to the TOMA Physicians Assistance Program Committee and the osteopathic medical profession in Texas.

APPROVED

RESOLUTION NO. 5 PERTAINING TO "ELBOW-TO-ELBOW" HCFA RULES FOR POST-DOCTORAL CARE TRAINING PROGRAMS: The House of Delegates petitions the AOA to direct the AOA Council on Federal Health Programs to request that the Health Care Financing Administration review and clarify its rules and regulations for supervision of post-doctoral training and develop consistency in that policy as to not adversely affect primary care post-doctoral training programs; and further supports forwarding this resolution to the AOA House of Delegates for its consideration and adoption.

APPROVED AS AMENDED

RESOLUTION NO. 6 PERTAINING TO THE REPORTING OF ILLEGAL IMMIGRANTS TO IMMIGRATION AND NATURALIZATION SERVICE: The House of Delegates requests that the AOA, through the Council on Federal Health Programs, petition HCFA to review and modify its rules and regulations to insure that physicians are indemnified and therefore not held responsible to identify the legal resident status of any patient; and further requests that the AOA, through the Council on Federal Health Programs, petition HCFA to place the interests of U.S. public health as the primary consideration in determining who receives health care services; and further supports forwarding this resolution to the AOA House of Delegates for consideration and adoption.

APPROVED AS AMENDED

RESOLUTION NO. 7 PERTAINING TO TOMA RESOLUTION ACTION PLAN: The House of Delegates goes on record directing the TOMA Executive Director, in the annual report to the TOMA House of Delegates, to report all actions and on-going activities reflecting the due diligence of the TOMA Board of Trustees in accomplishing the approved resolutions. This report shall include information pertaining to each and all resolutions passed by the TOMA House of Delegates until it reaches final disposition, including actions taken by agencies and/or committees to whom any resolutions may have been referred; and further supports submitting a similar resolution to the AOA House of Delegates for consideration and adoption.

APPROVED AS AMENDED

RESOLUTION NO. 8 PERTAINING TO TOMA DISTRICT II SERVING AS THE HOST DISTRICT: The House of Delegates goes on record expressing sincere appreciation to TOMA District II for serving as the host district for the 1997 TOMA Annual Convention.

APPROVED

RESOLUTION NO. 9 PERTAINING TO DENIAL OR LIMITATION OF HEALTH CARE COVERAGE BASED ON GENETIC INFORMATION: The House of Delegates goes on record supporting legislation to ban genetic discrimination by employers and health care insurers; and further supports forwarding this resolution to the AOA House of Delegates for consideration and adoption.

APPROVED

RESOLUTION NO. 10 PERTAINING TO BUNDLING OF OMT INTO CAPITATION FEE FOR OFFICE VISITS: The House of Delegates calls on the AOA to negotiate and use whatever resources are necessary, including federal legislation, to get the managed care industry to recognize that OMT is a distinct and specific form of treatment that should not be bundled into the capitation fee for office visits.

APPROVED AS AMENDED

RESOLUTION NO. 11 PERTAINING TO UNFAIR COMPARISON OF "LIKE" PHYSICIANS IN THE SAME GEOGRAPHIC AREA ON THE BASIS OF OMT:

PULLED

RESOLUTION NO. 12 PERTAINING TO HONORARY MEMBERSHIP FOR MR. JOHN SORTORE: The House of Delegates goes on record bestowing honorary membership upon Mr. John Sortore for his years of dedicated service to the Physicians Assistance Program Committee and the osteopathic physicians of Texas.

APPROVED

In other action, 1992 TOMA resolutions reviewed under the Sunset Rule, as well as completed resolutions, resulted in the following:

Reaffirmed were Medicare Resource Based Relative Value Scale for OMT (92-2); OSHA Regulations (92-3); Data Bank (92-4); Drug Industry Gifts (92-5); Prescribing Pharmacists (92-7); Medicaid Patients' Usage of Emergency Rooms (92-9); and Hepatitis B Vaccinations for Texas Health Care Workers (92-11).

Revisions were made to the following two resolutions, with [ ] denoting new language and deleted language struck out.

Osteopathic Licensure in Texas (96-15)

Paragraph 6: "WHEREAS, licensure of osteopathic physicians in Texas is currently by the USMLE and ~~not by~~ the National Board of Osteopathic Examiners, therefore

Texas-Mexico Pharmaceutical Drug Trade (96-6)

Paragraph 3: "WHEREAS, drugs that do not have FDA approval for use in the United States or drugs that the FDA has deemed "fraudulent," technically cannot be brought into this country, and [therefore]

Paragraph 4: ~~"WHEREAS, Rohypnol, which is not FDA approved and is known on the streets as "roofies," "rope," "the forget pill," and "roach," is a sedative related to Valium but 10 times stronger with its highest rate of abuse in this country among young people in Texas, and~~

Paragraph 5: ~~"WHEREAS, Rohypnol is legally available in more than 60 countries for severe insomnia, and United Stated-bound travelers may bring in a three-month supply for "personal use," therefore~~

Paragraph 6: ~~BE IT RESOLVED, that the TOMA House of Delegates call on the FDA to change Rohypnol's designation as a Schedule IV drug to a Schedule I, carrying the same stiff penalty for possession as heroin, and~~

Paragraph 7: BE IT ~~FURTHER~~ RESOLVED,...

New officers elected by the House are listed elsewhere in this issue, along with department and committee appointments of President R. Greg Maul, D.O.

The House of Delegates observed a minute of silence for the following members, family and friends who died during the past year: Jerome L. Armbruster, D.O.; John M. Auten, D.O.; Pattie J. Bricker, D.O.; Kenneth "Ken" Browne, IV; Robert E. Coats, D.O.; Richard James Del Principe; Gilberto Diaz, D.O.; Clifford E. Dickey, D.O.; Wayne R. English, Sr.; Victor D. Everett; William A. Griffith, D.O.; Chester J. Godell, D.O.; Roy J. Harvey, D.O.; Sam H. Hitch, D.O.; Virgil L. Jennings, D.O.; Oliver H. Jones, D.O.; James R. Leach, D.O.; Roman J. Madziar, D.O.; Joann Mann; S. J. Montgomery, D.O.; Gerry Rawls; Kerry W. Rasberry, D.O.; and William A. Thomas, Sr., D.O.

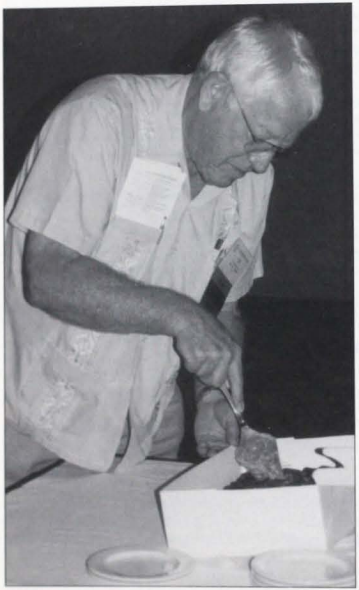
The following physicians were recognized for their service in the TOMA House of Delegates:

5 YEARS:	Charles R. Hall, D.O.
10 YEARS:	Royce K. Keilers, D.O.; Monte E. Troutman, D.O.
11 YEARS:	James W. Czewski, D.O.; Al E. Faigin, D.O.; James T. Hawa, D.O.
12 YEARS:	Kenneth S. Bayles, D.O.; Robert J. Breckenridge, D.O.; Brian G. Knight, D.O.; Bill V. Way, D.O.
13 YEARS:	Mark A. Baker, D.O.; James E. Froelich, III, D.O.; Randall W. Rodgers, D.O.; Arthur J. Speece, III, D.O.
14 YEARS:	Bryce D. Beyer, D.O.
15 YEARS:	R. Greg Maul, D.O.; Jerry E. Smola, D.O.
16 YEARS:	Nelda N. Cunniff-Isenberg, D.O.
17 YEARS:	John L. Mohney, D.O.
18 YEARS:	William D. Hospers, D.O.; James G. Matthews, Jr., D.O.; Joseph Montgomery-Davis, D.O.
20 YEARS:	John R. Peckham, D.O.; Robert L. Peters, Jr., D.O.
21 YEARS:	Donald F. Vedral, D.O.
25 YEARS:	Jerome L. Armbruster, D.O.; Bill H. Puryear, D.O.; Arthur S. Wiley, D.O.
27 YEARS:	John J. Cegelski, Jr., D.O.
31 YEARS:	William R. Jenkins, D.O.; T. Eugene Zachary, D.O.
32 YEARS:	David R. Armbruster, D.O.

Texas ACOFP Update

By Joseph Montgomery-Davis, D.O., Texas ACOFP Edi...

President Jack McCarey, D.O.welcomes members to the Annual TXACOFP Breakfast.



T.R. Sharp, D.O. has the honor of cutting the cake celebrating the 44th birthday of the TXACOFP.

The Texas ACOFP Board of Governors would like to thank those members who attended the 44th anniversary breakfast celebration of the Texas ACOFP at the Radisson Plaza Hotel in Fort Worth. Once again, the highlight of this meeting was the cutting of the birthday cake by the Texas ACOFP member with the most seniority. Congratulations to T. R. Sharp, D.O., of Mesquite, who once again had this honor. The door prize winners were Jeannie Chadwell-Rhodes, D.O., of Beaumont, (portable T.V. set) and Victor Zima, D.O., of Huntville, (briefcase). As you can see by the photos, everyone enjoyed the fellowship.

Next, I would like to highlight some of the bills passed by the 75th Texas Legislature, which will import on Texas osteopathic physicians and their patients.

The most significant bill that passed was S.B. 386, which can hold HMOs liable for medical malpractice. Texas is the first of the 50 states to have such a law on the books. It will be interesting to see how HMOs will bid on contracts now that they have potential liability and are no longer immune from prosecution for those medical decisions that adversely affect a patient's health. Now, the managed care company has the deep pocket in Texas, not the physician!

Other bills of interest are as follows: S.B. 382, 383, 384 and 385 (the managed reform care package). These were signed into law by Governor George W. Bush on June 20, 1997, 18 days after being placed

on his desk. These bills include many of the provisions in the Patient Protection Act, which was vetoed in 1995 by Gov. Bush. What a difference a legislative session makes! Texas law is unique. During regular legislative sessions, the Governor has 10 days to veto a bill or it becomes law without his signature; however, once legislative sessions are over, the Governor has 20 days to veto a bill or it becomes law without his signature. The 20-day wait is nerve-racking! The Governor often waits until the last moment to make a decision and there can be no override of his veto.

S.B. 54 ensures that women served by health benefit plans have direct access to their gynecologists of obstetricians. For specialist referrals other than GYN or OB, women will require referrals from their primary care physician.

S.B. 1246 established a statewide rural health care system. This bill will allow rural counties to join together to form insurance pools that can then contract with HMOs.

S.B. 1607 will require the Texas State Board of Medical Examiners to establish rules on the length of time medical records must be maintained. The federal requirement is 7 years on Medicare records, but it is unclear how long other records must be maintained. The TSBME will set up time-frames for all medical records.

There was an excellent bill that was killed at the last moment by a parliamentary procedure in the latter days of the legislative session. S.B. 1105 would have allowed volunteer health care providers, who perform services free of charge on behalf of charitable organizations, such as churches and synagogues, to have immunity from liability. Those patients receiving medical care would have been required to sign a waiver, relinquishing their right to recover damages in a lawsuit. Children would have had to have their parents sign the waiver. Fully-retired physicians, who are paid by no one for the medical services they deliver, would be immune from liability. This bill would not have applied to any other category of physician. It hopefully would have resulted in more health care for patients in low income communities who could not afford to pay.

It would have been even more beneficial for low income patients if S.B. 1105 had language that would have applied to all physicians who would render care free of charge in return for immunity from liability. The liability threat has prevented so many physicians, who were willing to provide health care services in their spare time free of charge to the needy, from doing it. There has to be a trade-off here!

Some years ago, Larry Pepper, D.O., who is currently rendering health care to patients in Africa, approached me about volunteering his medical services to needy patients in South Texas. Upon inquiring, Dr. Pepper found that his liability insurance would not cover him for this humanitarian activity in his spare time. Something is wrong here, folks, and needs fixing! Hopefully, S.B. 1105 will be reintroduced in the 1999 Texas Legislative Session with the changes I have mentioned. All things considered, this legislative session was successful for Texas physicians and their patients.

Recently, I had the opportunity to visit with John J. Cegelski, Jr., D.O., regarding his work with the U.S. Mexico Border Health Commission. Since more and more Americans are bringing back drugs from Mexico for their medical use, a lot of questions regarding the safety and quality of these drugs have surfaced. One of the projects of the U.S. Mexico Border Health Commission is to evaluate the quality of drugs available in Mexico.

Two lists of drugs are being developed by Mexican physicians. One list has drugs which are certified as having adequate quality control measures taken by their manufacturers. The other list of drugs do not have adequate quality control measures in place. Dr. Cegelski puts both lists on his office bulletin board as a service to his patients, and he has agreed to share this information with his colleagues. As soon as I obtain the list, I will publish them in the *Texas D.O.*

In closing, I hope to see everyone at the 40th Annual Clinical Texas ACOFP Seminar, scheduled for July 31-August 3, at the Adams-Mark Hotel in Dallas. It is a family oriented, fun-filled, educational meeting with something for everyone.

News

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

National Health Reform Speaker Gives UNT Health Science Center Commencement Address

Commencement exercises took place Saturday, June 7, at the Tarrant County Convention Center Arena in Fort Worth for 92 osteopathic medical students and 11 graduate students, including the first master of public health program graduates, from the University of North Texas Health Science Center. This was the 24th commencement for the health science center.

The commencement address was delivered by Dr. Mary Jane England, president of the Washington Business Group on Health. Dr. England is instrumental in the development of the national health system reform policies. She has also been involved in establishing national mental health standards and policies, as well as the Mental Health Services Program for youth.

Dr. England has a current appointment as advisor to the Center for Disease Control and Prevention's Task Force on Community Preventive Services. She serves on the national Advisory Council of the Department of Health and Human Services/National Institutes of Mental Health.

The UNT Health Science Center's Texas College of Osteopathic Medicine now has almost 2,000 alums. Nearly 70 percent of the graduate physicians practice primary care in rural and underserved communities of Texas.

UNT Health Science Center Medical School Dean Awarded Honorary Degree

Dr. Benjamin Cohen, vice president for health affairs and executive dean of the Texas College of Osteopathic medicine at the University of North Texas Health Science at Fort Worth, was awarded an honorary degree.

Dr. Cohen gave the commencement address at the University of Health Sciences College of Osteopathic Medicine in Kansas City, Missouri, on Memorial Day weekend. He is an alumnus of the school.

Dr. Cohen was awarded an honorary degree - Doctor of Humane Letters (DHumL) - at the formal commencement exercises on May 25. His address, "The Opportunity of a Lifetime" described for the graduating students the inspiring experiences involved with practicing medicine and giving to others. He explained his perspective on the awareness and awe of being a doctor.

"You will be witness to many miracles...and if in your reflection you become moved by these experiences, then that was a magic moment in time," Dr. Cohen told the class of osteopathic medical students. "There was a coalescence of experience and awareness when you finally felt, 'I am a doctor.'"

Dr. Cohen Elected Chairman of North Texas Medical Education Consortium

Leading the ongoing endeavor to promote health care education in North Texas this year is Dr. Cohen, who was also elected chairman of the Fort Worth-based North Texas Medical Education Consortium.

Also elected to lead the Consortium's efforts are Tony Alcini of JPS Health Network, vice chairman; Oscar Amparan of Harris Methodist Health System, treasurer; and Dr. Bryce Beyer of Osteopathic Medical Center of Texas, secretary.

The North Texas Medical Education Consortium strengthens the emphasis on market responsive medical education in North Texas, and demonstrates a health model for collaborative medical education in the community. The Consortium commits itself to dual accreditation and health services research to create cost-effective models of health care delivery.

Program focus includes health services research on clinical outcomes and post graduate medical education support, including residency and primary care training. Primary prevention programs such as the Consortium training model at the Diamond Hill Community Health Center work to provide prevention and primary health care support for the community.

The Consortium also sponsors continuing education for health care providers focusing on efficient practice, health management and long term patient care.

The North Texas Medical Education Consortium includes the University of North Texas Health Science Center at Fort Worth, University of Texas Southwestern Medical Center at Dallas, University of North Texas, Texas Women's University, Institute for Health Sciences - Dallas, Center, Harris Methodist Health System, JPS Health Network, Osteopathic Medical Center of Texas, Columbia - North Texas Division, Kaiser Permanente - Texas, Baylor Medical Center at Grapevine, City of Fort Worth - Tarrant County Health Departments, the DFW Health Industry Council, and Tarrant County Medical Society.

UNT Health Science Center Increases Development Efforts with Naming of New Director

Edward L. Rogers, CFRE, has been named development director at the University of North Texas Health Science Center.

Prior to joining the health science center, Rogers managed the Dallas/Fort Worth office of a international fund raising consulting firm, Staley/Robeson/Ryan/St. Lawrence, Inc. His experience includes the creation of a fund development system in St. David's Health Care Foundation in Austin, and development stints at Texas A&M University and United Way Capital Area Austin. He began his career with the Longhorn Council Boy Scouts in Fort Worth.

"Ed's extensive experience in generating financial growth and significant results in fund development is essential to the health science center's progress," said Dr. David Richards, president of the health science center. "His 26 years in this field are especially needed for helping to fund new education programs, research initiatives and patient care services for Fort Worth." Rogers, who resides with his wife and son in Bedford, joins the health science center's office of institutional advancement.

Rogers received a bachelor of science from Texas A&M University in College Station, Texas, and a bachelor of business administration from the University of

North Texas in Denton, Texas. He earned his professional designation as a Certified Fund Raising Executive (CFRE) from the National Society of Fund Raising Executives.

Legislature Increases Primary Care Funding

Due to the legislative efforts of a host of medical-related organizations, including the Texas Osteopathic Medical Association, the 75th Texas Legislature approved approximately $25 million in new funding for primary care education for the next biennium. The General Appropriations Act for the 1998-1999 biennium adds $25 million to existing funding under the Higher Education Coordinating Board for primary care education in family practice, pediatrics, internal medicine and obstetrics and gynecology.

The primary care biennial appropriation adds:

- $3.25 million for community-based primary care programs. This will enable 130 positions to be funded in the first year of the biennium and 206 positions in the second year.
- $5.156 million was approved for family practice residency training. This will fund 750 positions and allow the resident allotment to be increased to $13,300 per resident per year.
- An additional $300,000 for preceptorship programs in internal medicine and pediatrics was added. This will allow preceptorships for 400 students in each specialty each year. When combined with the family practice program, the number of students who may participate in preclinical preceptorships is increased to 1,200.
- $16 million was added to support faculty expenses in graduate medical education.

Additionally, the Texas Health Services Corps was established, with the appropriation of start-up funds of $200,000. This will pay $15,000 annual stipends to physicians in primary care residency training programs who agree to practice in medically underserved areas upon completion of their training.

OSHA Drafts Safety Standards for TB Health Care Workers

The Occupational Safety and Health Administration (OSHA) is in the process of completing new safety standards for health care workers who treat tuberculosis patients. The standards will then be sent to the Office of Management & Budget for approval and the *Federal Register* for listing.

Citing TB as one of the most dangerous and contagious diseases handled by health care workers, OSHA will announce that hospitals and medical facilities may have to upgrade their respiratory equipment and improve ventilation in rooms where TB patients are treated.

"This is a serious issue for us, and so we are tackling this as an important workplace safety issue," said OSHA spokesman Steven Gaskill. The agency estimates that about 1,700 health care workers contract TB every year, and 100 die from it.

The new standards are expected to be similar to the standards set by the Centers for Disease Control and Prevention in 1994. More important, however, they will have teeth because OSHA standards will be a compliance issue for everyone, whereas the CDC has no enforcement authority on medical facilities that do not comply with their guidelines..

The OSHA regulations are expected to spell out the inspection procedure, as well as the steps to be taken to protect inspecting compliance officers from TB exposure. Initially, OSHA is expected to focus on long-term facilities for the elderly, homeless shelters, drug treatment centers and correctional institutions.

Dr. Kent Sepkowitz, a TB expert in New York who has written several pieces on safety issues, says new TB standards will put more pressure on a hospital's balance sheet.

"If you are looking at having to buy new respiratory masks that cost more, all it would do will remove the money from a hospital's bottom line and put that money in the hands of the mask manufacturer," said Dr. Sepkowitz. "I guess there will be some winners in this deal."

He adds that OSHA's goal for a "zero-risk" environment in the health care industry is misplaced and sometimes has produced illogical regulations. "Hospitals will rightfully be very upset. But I must applaud OSHA's effort to make the health care industry a safer place to work."

Before they become final, the OSHA standards will have to go through the Small Business Regulatory Enforcement Fairness Act for scrutiny (SBREFA), which went into effect last year and is designed to protect small businesses from excessive government regulations. Under SBREFA, agencies that issues rules must show how compliance costs can be minimized for small entities or explain why they cannot. Without a full analysis, Congress can block the rules or businesses can challenge them in court.

COLA Provides New Information Services on CLIA

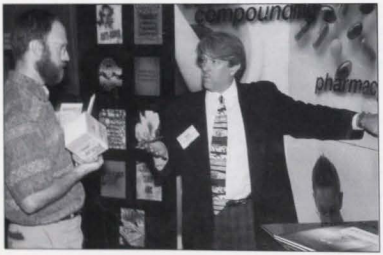
Physicians can now access two new services, provided by the Commission on Office Laboratory Accreditation (COLA), to obtain information on the Clinical Laboratory Improvement Amendments (CLIA).

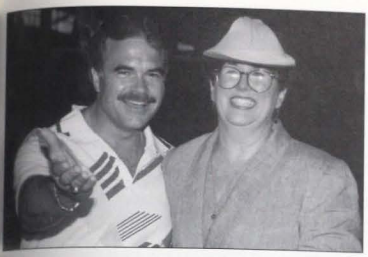
The first service is a toll-free telephone number, 800-981-9883, for information relating to medical practice and laboratory programs. Available information includes accreditation programs for medical labs, facility review, medical record review and credentialing. Information is provided by telephone, mail or fax.

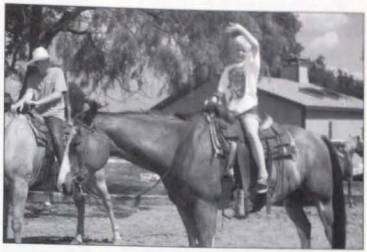
The second service is a fax service for information on CLIA regulations relating to proficiency testing. This free service offers single-topic fact sheets, condensed from sources such as the *Federal Register* and lab manuals. The fact sheets cover 41 topics, including quality assurance and control, personnel standards, and Occupational Safety and Health Administration regulations. These are available by calling the COLA Customer Service Center at 800-298-8044.

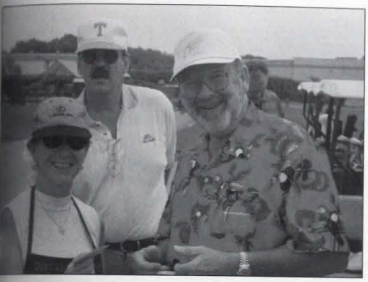
Attendees Left Their Brand on Fort Worth During the 98th Annual Convention and Scientific Seminar

BRAND OF MEDICINE









Dr. Maul Pledges...continued from page 9

suggestions. Some ideas will be feasible, and others not, but we need to know how TOMA can better serve its members.

We will also be working on establishing a web site on the Internet for TOMA.

***TOMA-PAC** - When it comes to the Texas Osteopathic Medical Association Political Action Committee, we need to put our money where our mouth is! We have approximately 1,100 dues-paying members in the state of Texas. At the present time, we only contribute $17.00 per member towards our political action committee. This is most embarrassing. I have come up with a challenge for we, the membership of TOMA. If one-half of us were to contribute $250 this year, and the other half contribute $250 the following year, each year we would come up with approximately $138,000 for the political action committee to help us with legislative situations. I challenge all of you to do this for the osteopathic profession in Texas. In Texas, we have a saying, "Money talks, B.S. walks." Let us be the movers and shakers, not the walkers.*

***Auxiliary** - I urge all of you to support, with your time, your efforts and with your pocketbook, our Auxiliary to the Texas Osteopathic Medical Association. This organization has been an integral part of our success as an organization. I, as your new president, will pledge to help the auxiliary in any way I can in this upcoming year and in the future for the betterment of the organization.*

In closing, the president can only be as good as the people with whom he works.

We must remain vigilant. We must remain flexibly persistent, and we must remain parallel but distinctive.

With a community of purpose and a cooperation from all of us, we can and will make our osteopathic profession strong in Texas.

Thank you

Activities of the TOMA House of Delegates

A resolution in support of legislation to ban genetic discrimination by employers and health care insurers, was among the major actions taken during the June 11 annual meeting of the House of Delegates of the Texas Osteopathic Medical Association.

The House also expressed concern over provisions in federal laws that restrict preventive services and primary care to legal and illegal immigrants, and which could result in health care providers reporting illegal immigrants to the Immigration and Naturalization Service for possible deportation. The House noted that such laws create barriers to health care and could also aid in the spread of contagious diseases. The House is requesting that the American Osteopathic Association petition the Health Care Financing Administration to review and modify its rules and regulations so to place the interests of U.S. public health as the primary consideration in determining who receives health care services, and to insure that physicians are not held responsible for the identification of legal resident status of patients.

In other action, the House recognized Mary R. Watkins, R.M.A., office manager for Mesquite physician Joel Holliday, D.O., for her dedicated and unselfish service to the TOMA Physicians Assistance Program Committee and the osteopathic medical profession in Texas. It was noted that Watkins has assisted the committee, which has an outstanding reputation for its rehabilitation work with impaired Texas osteopathic physicians, by making herself available prior to normal office hours, during lunch hours and after normal office hours in monitoring efforts.

Mr. John H. Sortore was also recognized and honored for his many years of dedicated service to the Physicians Assistance Program Committee and the osteopathic physicians of Texas. Mr. Sortore received honorary membership for his exemplary service.

Action taken on all presented resolutions are printed elsewhere in this issue.

The election of officers highlighted the meeting, with Nelda Cunniff-Isenberg, D.O., of Burleson, elected president-elect, and Rodney Wiseman, D.O., of Whitehouse, elected vice president. R. Greg Maul, D.O., of Lubbock, assumed the TOMA presidency, succeeding Arthur J. Speece, III, D.O., of Burleson.

Re-elected to three-year terms on the TOMA Board of Trustees were George M. Cole, D.O., of Amarillo; Jim W. Czewski, D.O., of Fort Worth; Joseph A. DelPrincipe, D.O., of Arlington; and Bill V. Way, D.O., of Duncanville. Steve Rowley, D.O. of Chandler, was elected to a one-year unexpired term.

Mark A. Baker, D.O., of Fort Worth, was re-elected speaker of the TOMA House of Delegates, and A. Duane Selman, D.O., of Kennedale, was re-elected vice speaker.

Elected to three-year terms to the American Osteopathic Association House of Delegates were James E. Froelich, III, D.O., of Bonham; and Daniel W. Saylak, D.O., of Bremond. Re-elected to three-year terms to the AOA House of Delegates were David R. Armbruster, D.O., of Pearland; Mark Baker, D.O., of Fort Worth; and Frank J. Bradley, D.O., of Dallas.

Elected as alternate delegates to the AOA House were Al E. Faigin, D.O., of Fort Worth, first alternate; Elizabeth A. Palmarozzi, D.O., of Granbury, second alternate; Steve E. Rowley, D.O., of Chandler, third alternate; George Cole, D.O., of Amarillo; Donald F. Vedral, D.O., of Cedar Hill; George N. Smith, D.O., of West; Ray L. Morrison, D.O., of Tyler; A. Duane Selman, D.O., of Kennedale; Monte E. Troutman, D.O., of Fort Worth; Bradley J. Eames, D.O., of Dallas; Teresa D. Boyd, D.O., of Eden; Carl V. Mitten, D.O., of Houston; Jack McCarty, D.O., of Lubbock; Khoren Hekimian, D.O., of Troup; and Kenneth S. Bayles, D.O., of Dallas.

ATOMA News

By Rita Baker, ATOMA Scholarship Chairman

Dr. Peters and his Round Rock office staff proudly wear their newly purchased ATOMA t-shirts. All proceeds from t-shirt sales go towards scholarships.

ATOMA Scholarship Report

Approximately six years ago, the ATOMA Board had a dream. That dream was to establish a scholarship to be given to a worthy Texas College of Osteopathic Medicine student. The board felt strongly that this student should exemplify a physician who would one day demonstrate osteopathic philosophy.

Designated money from the sale of osteopathic T-shirts, which were designed by Past ATOMA President Deidre Froelich, was placed in a special fund to be used specifically for this scholarship. After six years, the board was close to reaching their goal of $10,000.

Thanks to the additional help from the AAOA who gave $1,500 as a contribution from the Special Projects Fund, recently established to help local and state auxiliaries, and through the generous donation of $2,000 from TOMA District II, this dream became a reality.

We were extremely pleased that we were able to give our first $1,000 scholarship to commemorate the 25th silver anniversary of the University of North Texas Health Science Center/Texas College of Osteopathic Medicine.

A committee made up of the scholarship chairman, Rita Baker, and representatives from UNTHSC/TCOM, Dr. Dean Williams and David Vick, D.O., met and reviewed the six applicants submitted by the school who met the criteria set out by the ATOMA board.

The first recipient of this prestigious scholarship was Daralynn Deardorff, an excellent choice for this award. She scored extremely high throughout her academic studies. She also has volunteered numerous hours toward community service as well as taken a leadership role in extracurricular activities associated with the medical school program. She truly exemplifies the future of osteopathic medicine. Dr. Vick even stated she was such an outstanding young woman, he feels she will probably be our first female AOA president. We hope Mrs. Deardorff holds true to this prophecy.

We would like to say a special thank you to all the osteopathic physicians who have helped make this scholarship a reality by purchasing our T-shirts at the TOMA convention. Special thank you goes to Dr. Deidre Froelich, who has given of her time and talent to design this beautiful shirt.

If anyone would like to make a special donation to the ATOMA Scholarship Fund so that this scholarship can grow in size, please make your checks payable to ATOMA Scholarship Fund, c/o Mrs. Peggy Rodgers, 3711 Melstone, Arlington, TX 76016.

1997-98 ATOMA Officers and Board Members

The following were installed during the ATOMA Installation and Luncheon on June 13, during TOMA's annual convention in Fort Worth.

PRESIDENT - *Dodi Speece* Burleson
PRESIDENT-ELECT - *Linda Cole* Amarillo
VICE PRESIDENT - *Lewis Isenberg* Joshua
RECORDING SECRETARY - *Pam Adams* Fort Worth
TREASURER - *Peggy Rodgers* Arlington
IMMEDIATE PAST PRESIDENT/POLITICAL ADVISORY CHAIRMAN - *Shirley Bayles* Dallas
CONVENTION CHAIRMAN - *Ruby Peters* Round Rock
AUXILIARY NEWS CHAIRMAN *Merilyn Richards* Fort Worth
ANNUAL REPORT CO-CHAIRMEN *Lois Campbell* Houston *Tami Prangle* League City
CORRESPONDING SECRETARY - *Stacy Maul* Lubbock
CREDENTIALS CHAIRMAN - *Elaine Tyler* Arlington
FUNDS CHAIRMAN - *Darlene Way* Duncanville
GUILD CHAIRMAN - *Martha Coy* Joshua
HISTORIAN - *Cindy Boucher* Georgetown
PARLIAMENTARIAN - *Inez Suderman* Pharr
PUBLIC RELATIONS CHAIRMAN *Joan Smola* Sweetwater
PUBLIC HEALTH & EDUCATION CHAIRMAN *Paula Bonchak* Bonham
S.A.A. ADVISOR - *Marvella McElya* Dallas
SCHOLARSHIP CHAIRMAN *Nancy Zachary* Fort Worth
SUPPLY CHAIRMAN - *Kathy Speece* Dallas
YEARBOOK CHAIRMAN *Joyce Hanstrom-Parlin* Crowley
S.A.A. PRESIDENT - *Shari Biery* Fort Worth

Dodi Speece is New ATOMA President

The Radisson Plaza Hotel in Fort Worth was the scene for the ATOMA President's Installation and Luncheon, which took place Friday, June 13, during TOMA's Annual Convention in Fort Worth.

Special guest was Mrs. Carolyn H. Carr of Florida, president of the Auxiliary to the American Osteopathic Association.

During the event, the gavel was passed to Mrs. Dodi Speece of Burleson, who assumed the ATOMA presidency for 1997-98. Mrs. Speece succeeds Mrs. Shirley L. Bayles of Dallas.

Upon accepting the state presidency, Mrs. Speece outlined her major goal for the coming year, which is to continue the promotion of osteopathic medicine in Texas. This will be accomplished, among other activities, by working with the mayors of Fort Worth and Dallas to proclaim Osteopathic Medicine Day for their respective cities; and by taking students on a tour of Texas' only osteopathic medical school, the University of North Texas Health Science Center at Fort Worth/Texas College of Osteopathic Medicine.

Mrs. Speece has been active in her local, state and national osteopathic auxiliaries, holding numerous offices and committee memberships throughout the years. During the past six years on the state level, she has held the offices of corresponding secretary, public relations chairperson, recording secretary, vice president and president-elect. She has served as historian, treasurer and vice president on the district level and as a delegate to the Auxiliary to the American Osteopathic Association on the national level.

Mrs. Speece is a graduate of MacArthur High School in San Antonio and earned a B.S. in home economics at Texas Tech University. She is married to Arthur J. Speece, III, D.O., TOMA immediate past president, and works as the business manager in his anesthesiology practice. They are the parents of Shannon St. Clair and husband, Tim; Kimberly Stewart; Diana Speece; Patricia Miceli; and Oren Speece.

The following are excerpts from the speech delivered by Mrs. Speece during President's Night on Saturday, June 14.

It is a great honor to assume the position as president of the Auxiliary to the Texas Osteopathic Medical Association. I see a bright future in attaining our goals. Past president Shirley Bayles has set some extraordinary goals to promote osteopathy and to be your advocate during the past year. I intend to continue and expand on these goals to bring osteopathic medicine to the public eye and to promote membership in our alliance.

We are a diverse group, pulled together by the bond of osteopathy. In numbers we have strength. I encourage each of you to join and help make us the strong organization we have the potential of being.

Our fundraising proceeds are put back into the profession to help the Physicians Assistance Program Committee, to assist our established D.O.s; in the form of a scholarship to help our future D.O.s; the TOMA Building Fund to help all Texas D.O.s; the national ad campaign; and other worthy projects. Our first scholarship was the result of many people pulling together and supporting ATOMA and, in turn, ATOMA supporting osteopathy. A strong alliance has been formed that will continue.

We have a great board again this year and I am expecting exciting things to happen. Thank you for putting your trust in me to head your alliance with our physicians and point our organization into the next millennium.

District Stars

News from TOMA/ATOMA District VI

By Mrs. Jerry W. Smith (Joy)

Members of TOMA and ATOMA District VI met at The Brownstone Restaurant on May 20, 1997.

Dr. Carl Mitten, TOMA District VI president, introduced Dr. Jeffrey R. Lisse, Director of Rheumatology at the University of Texas Medical Branch at Galveston. Dr. Lisse presented a slide lecture entitled, "Update on the Management of Arthritis - Present and Future." The program and dinner were sponsored by G.D. Searle and Company and the hostess was Monica Morris.

Joy Smith, ATOMA District VI president, introduced the new officers, who are listed in the box on the right. Flowers were presented to Lois Campbell, who was named the outstanding member of the year for her hours of devotion to the osteopathic profession. Joy Smith was presented with two silver spoons.

TOMA District VI Officers 1997-98

President - Jerry C. Wasserstein, D.O.
Past President - Carl Mitten, D.O.
Secretary - Jerry W. Smith, D.O.
Treasurer - Kathleen Bottroff, D.O.

ATOMA District VI Officers 1997-98

President - Joanna Love
President-elect - Tammi Prangle
Secretary - Joy Smith
Treasurer - Lois Mitten

ATOMA Convention Report

By Dodi Speece, ATOMA President

The 1997 TOMA Convention and Scientific Seminar was a success. As your auxiliary, we raised over $13,000 during our fund raiser to support the Physicians Assistance Program, the University of North Texas Health Science Center at Fort Worth/Texas College of Osteopathic Medicine student scholarship fund, the national ad campaign, the TOMA foundation and the TOMA Building Fund, to name a few of the worldwide projects we fund.

The delegates and alternates for the AAOA Convention were elected during the House of Delegates and include Shirley Bayles, Dodi Speece, Linda Cole, Pam Adams, Lewis Isenberg, Susan Selman, Nancy Zachary, Darlene Way and Marvella McElya.

Other business dealt with raising the annual dues to $30. Past presidents were recognized and honored with applause. Additionally, national committee members and officers were recognized and honored, and the officers each gave their reports, as did the standing committee chairmen.

We had an increase in membership this year and hope that this is a trend that will continue. Each member of the House of Delegates was challenged to bring in a new member during the convention. Most districts were represented. Life membership was extended to Linda Armbruster, Elaine Armbruster and Wanda Puryear. The procedure for submitting names for life membership was discussed: the name needs to be submitted to the board prior to the convention, along with the contributions the nominee has made to the auxiliary and osteopathic medicine; the board votes on the nominee; and the nominee goes before the house.

Dues for 1997 are still being accepted at $20 until the end of September. Dues for 1998 will be $30 and will be billed in the fall. We will be able to again send our statement with the spouses' bill but on a separate sheet. I encourage each of you to please check to be sure your dues are being paid.

The convention was, once again, a lot of fun, with always something to do. I hope to see each of you in Austin for the 1998 convention.

Public Health Notes
"Physical Activity and Health"

By Alecia Anne Hathaway, M.D., M.P.H., F.A.C.P.M.

Recently, the National Institutes of Health (NIH) released their findings on physical activity, appearing in the December 18-20, 1996, Vol. 13, Number 3 publication of the NIH Consensus Statement. A 13-member panel, representing the fields of cardiology, psychology, exercise physiology, nutrition, pediatrics, public health and epidemiology, received comprehensive data from 27 experts representing the above fields with geriatrics and sports medicine included. The process also included a 600 conference audience who systematically provided input. The conclusions were developed based upon the scientific evidence presented in open forum and the scientific literature. This process was an impressive undertaking to develop a definitive report defining the health burden of physical inactivity to our society. Further, it explores the levels of physical activity to prevent cardiovascular disease and addresses the risks versus the benefits.

Following is the main report reprinted for your information and assistance:

What is the Health Burden of a Sedentary Lifestyle on the Population?

Physical inactivity among the U.S. population is now wide-spread. National surveillance programs have documented that about one in four adults (more women than men) currently have sedentary lifestyles with no leisure time physical activity. An additional one-third of adults are insufficiently active to achieve health benefits. The prevalence of inactivity varies by gender, age, ethnicity, health status and geographic region but is common to all demographic groups. Change in physical exercise associated with occupation has declined markedly in this century.

Girls become less active than do boys as they grow older. Children become far less active as they move through adolescence. Obesity is increasing among children. It is related to an energy imbalance (i.e., calories consumed in excess of calorie expenditure [physical activity]). Data indicate that obese children and adolescents have a high risk of becoming obese adults, and obesity in adulthood is related to coronary artery disease, hypertension and diabetes. Thus, the prevention of childhood obesity has the potential of preventing CVD in adults. At age 12, 70 percent of children report participation in vigorous physical activity; by age 21, this activity falls to 42 percent for men and 30 percent for women. Furthermore, as adults age, their physical activity levels continue to decline.

Although knowledge about physical inactivity as a risk factor for CVD has come mainly from investigations of middle-aged, white men, more limited evidence from studies in women, minority groups and the elderly suggests that the findings are similar in these groups. On the basis of current knowledge, we must note that physical inactivity occurs disproportionately among Americans who are not well educated and who are socially or economically disadvantaged.

Physical activity is directly related to physical fitness. Although the means of measuring physical activity and physical fitness have varied between studies (i.e., there is no standardization of measures), evidence indicates that physical inactivity and lack of physical fitness are directly associated with increased mortality from CVD. The increase in mortality is not entirely explained by the association with elevated blood pressure, smoking and blood lipid levels.

There is an inverse relationship between measures of physical activity and indices of obesity in most U.S. population studies. Only a few studies have examined the relationship between physical activity and body fat distribution, and these suggest an inverse relationship between levels of physical activity and visceral fat. There is evidence that increased physical activity facilitates weight loss and that the addition of physical activity to dietary energy restriction can increase and help to maintain loss of body weight and body fat mass.

Middle-aged and older men and women who engage in regular physical activity have significantly higher high-density lipoprotein (HDL) cholesterol levels than do those who are sedentary. When exercise training is performed for at least 12 weeks, beneficial HDL cholesterol level changes have been reported.

Most studies of endurance exercise training of individuals with normal blood pressure and those with hypertension have shown decreases in systolic and diastolic blood pressure. Insulin sensitivity is also improved with endurance exercise.

A number of factors that affect thrombotic function - including hematocrit, fibrinogen, platelet function, and fibrinolysis - are related to the risk of CVD. Regular endurance exercise lowers the risk related to these factors.

The burden of CVD rests most heavily on the least active. In addition to its powerful impact on the cardiovascular system, physical inactivity is also associated with other adverse health effects, including osteoporosis, diabetes and some cancers.

What Type, What Intensity, and What Quantity of Physical Activity are Important to Prevent Cardiovascular Disease?

Activity that reduces CVD risk factors and confers many other health benefits does not required a structured or vigorous exercise program. The majority of benefits of physical activity can be gained by performing moderate-intensity activities. The amount or type of physical activity needed for health benefits or optimal health is a concern due to limited time and competing activities for most Americans. The amount and types of physical activity that are needed to prevent disease and

promote health must, therefore, be clearly communicated and effective strategies must be developed to promote physical activity to the public.

The quantitative relationship between level of activity or fitness and magnitude of cardiovascular benefit may extend across the full range of activity. A moderate level of physical activity confers health benefits. However, physical activity must be performed frequently to maintain these effects. Moderate-intensity activity performed by previously sedentary individuals results in significant improvement in many health related outcomes. These moderate-intensity activities are more likely to be continued than are high-intensity activities.

We recommend that all people in the U.S. increase their regular physical activity to a level appropriate to their capacities, needs and interest. We recommend that all children and adults set a long-term goal to accumulate at least 30 minutes per day. People who currently meet the recommended minimal standards may derive additional health and fitness benefits from becoming more physically active or including more vigorous activity.

Some evidence suggests lowered mortality with more vigorous activity, but further research is needed to more specifically define safe and effective levels. The most active individuals have lower cardiovascular morbidity and mortality rates than do those who are least active; however, much of the benefit appears to be accounted for by comparing the least active individuals to those who are moderately active. Further increases in the intensity or amount of activity produce further benefits in some, but not all, parameters of risk. High-intensity activity is also associated with an increased risk of injury, discontinuation of activity, or acute cardiac events during the activity. Currently low rates of regular activity in Americans may be partially due to the misperception of many that vigorous, continuous exercise is necessary to reap health benefits. Many people, for example, fail to appreciate walking as "exercise" or to recognize the substantial benefits of short bouts (at least 10 minutes) of moderate-level activity.

The frequency, intensity, and duration of activity are inter-related. The number of episodes of activity recommended for health depends on the intensity and/or duration of the activity. Higher intensity or longer duration activity could be performed approximately three times weekly, but lower intensity or shorter duration activities should be performed more often to achieve cardiovascular benefits.

The appropriate type of activity is best determined by the individual's preferences and what will be sustained. Exercise, or a structured program of activity, is a subset of activity that may encourage interest and allow for more vigorous activity. People who perform more formal exercise (i.e., structured or planned exercise programs) can accumulate this daily total through a variety of recreational or sports activities. People who are currently sedentary or minimally active should gradually build up to the recommended goal of 30 minutes of moderate activity daily by adding a few minutes each day until reaching their personal goal to reduce the risk associated with suddenly increasing the amount or intensity of exercise. (The defined levels of effort depend on individual characteristics such as baseline fitness and health status.)

Developing muscular strength and joint flexibility is also important for an overall activity program to improve one's ability to perform tasks and to reduce the potential for injury. Upper extremity and resistance (or strength) training can improve muscular function, and evidence suggests that there may be cardiovascular benefits, especially in older patients or those with underlying CVD, but further research and guidelines are needed. Older people or those who have been deconditioned from recent inactivity or illness may particularly benefit from resistance training due to improved ability in accomplishing tasks of daily living. Resistance training may contribute to better balance, coordination and agility that may help prevent falls in the elderly. These activities facilitate physical activity important for cardiovascular health.

Physical activity carries risks as well as benefits. The most common adverse effects of activity are related to musculoskeletal injury and are usually mild and self-limited. The risk of injury increases with increased intensity, frequency and duration of activity and also depends on the type of activity. Exercise-related injuries can be reduced by moderating these parameters. A more serious but rare complication of activity is myocardial infarction or sudden cardiac death. Although persons who engage in vigorous physical activity have a slight increase in risk of sudden cardiac death during activity, the health benefits outweigh this risk because of the large overall risk reduction.

In children and young adults, exertion-related deaths are uncommon and are generally related to congenital heart defects (e.g., hypertrophic cardiomyopathy, Marfan's syndrome, severe aortic valve stenosis, prolonged QT syndromes, cardiac conduction abnormalities) or to acquired myocarditis. It is recommended that patients with those conditions remain active but not participate in vigorous or competitive athletics.

Because the risks of physical activity are very low compared with the health benefits, most adults do not need medical consultation or pre testing before starting a moderate-intensity physical activity program. However, those with known CVD and men over age 40 and women over age 50 with multiple cardiovascular risk factors who contemplate a program of vigorous activity should have a medical evaluation prior to initiating such a program.

What are the Benefits and Risks of Different Types of Physical Activity for People with Cardiovascular Disease?

Several studies have shown that exercise training programs significantly reduce overall mortality, as well as death caused by myocardial infarction. The reported reductions in mortality have been highest - approximately 25 percent - in cardiac rehabilitation programs that have included control of other cardiovascular risk factors. Rehabilitation programs using both moderate and vigorous physical activity have been associated with reductions in fatal cardiac events, although the minimal or optimal level and duration of exercise required to achieve beneficial effects remain uncertain. Data are

continued on next page

continued from previous page

inadequate to determine whether stroke incidence is affected by physical activity or exercise training.

The risk of death during medically supervised cardiac exercise training programs is very low. However, those who exercise infrequently and have poor functional capacity at baseline may be at somewhat higher risk during exercise training. All patients with CVD should have a medical evaluation prior to participation in a vigorous exercise program. Appropriately prescribed and conducted exercise training programs improve exercise tolerance and physical fitness in patients with coronary heart disease. Moderate as well as vigorous exercise training regimens are of value. Patients with low basal levels of exercise capacity experience the most functional benefits, even at relatively modest levels of physical activity. Patients with angina pectoris typically experience improvement in angina in association with a reduction in effort-induced myocardial ischemia, presumably as a result of decreased myocardial oxygen demand and increased work capacity.

Patients with congestive heart failure also appear to show improvement in symptoms, exercise capacity, and functional well-being in response to exercise training, even though left ventricular systolic function appears to be unaffected. The exercise program should be tailored to the needs of these patients and supervised closely in view of the marked predisposition of these patients to ischemic events and arrhythmias.

Cardiac rehabilitation exercise training often improves skeletal muscle strength and oxidative capacity and, when combined with appropriate nutritional changes, may result in weight loss. In addition, such training generally results in improvement in measures of psychological status, social adjustment and functional capacity. However, cardiac rehabilitation exercise training has less influence on rates of return to work than many nonexercise variables, including employer attitudes, prior employment status and economic incentives. Multifactorial intervention programs - including nutritional changes and medication plus exercise - are needed to improve health status and reduce cardiovascular disease risk.

Cardiac rehabilitation programs have traditionally been institutional-based and group-centered (e.g., hospital, clinics, community centers). Referral and enrollment rates have been relatively low, generally ranging from 10 to 25 percent of patients with CHD. Referral rates are lower for women than for men and lower for non-whites than for whites. Home-based programs have the potential to provide rehabilitation services to a wider population. Home-based programs incorporating limited hospital visits with regular mail or telephone follow-up by a nurse case manager have demonstrated significant increases in functional capacity, smoking cessation and improvement in blood lipid levels. A range of options exists in cardiac rehabilitation including site, number of visits, monitoring and other services.

There are clear medical and economic reasons for carrying out cardiac rehabilitation programs. Optimal outcomes are achieved when exercise training is combined with educational messages and feedback about changing lifestyle. Patients who participate in cardiac rehabilitation programs show a lower incidence of rehospitalization and lower charges per hospitalization. Cardiac rehabilitation is a cost efficient therapeutic modality that should be used more frequently.

"Long-Term Care"

SOME SURPRISING STATISTICS:

- According to The New England Journal of Medicine (1991), **43%** of people who turned age 65 in 1990 can expect to spend some time in a nursing home during their lifetime. Of that number, **21%** can expect a nursing home stay of five years or more.

- According to the Health Care Financing Administration, 1993, **$70 million** was spent on nursing home care in 1993. Only **9%** was Medicare's share of that $70 million. **33%** was paid directly out-of-pocket by patients.

- According to the Health Insurance Association of America's, "*Guide to Long-Term Care Insurance*," 1994, the average annual cost of nursing home care is **$36,000**. Assuming an inflation rate of 5%, the projected annual nursing home cost in 10 years will be near **$60,000.**

Clearly, paying for long-term care can be a serious problem if you haven't planned for it. Even so, long-term care insurance is not for everyone. The most important thing to remember is this: the longer you wait to purchase a long-term insurance policy, the more expensive it will be. Don't wait until you need long-term care to talk to us because then it will probably be too late.

TO DISCUSS LONG-TERM CARE INSURANCE AND ITS APPROPRIATENESS FOR YOUR FINANCIAL FUTURE, CALL US TODAY.

DEAN, JACOBSON FINANCIAL SERVICES, LLC

Fort Worth	Dallas	Toll Free
817-335-3214	972-445-5533	800-321-0246

Guideline 1996

The following TWCC Advisory 97-01 contains clarifications of and clerical corrections to the TWCC Medical Fee Guideline 1996 (Medical Fee Guideline). These clarifications and clerical corrections are effective for all workers' compensation billing under the Medical Fee Guidelines since its effective date of April 1, 1996.

If a health care provider (HCP) believes TWCC Advisory 97-01 affects the billing and reimbursement for medical services previously billed, the HCP may resubmit the bill to the insurance carrier in accordance with this letter. The Medical Review Division of the Commission will accept requests for medical dispute resolution for such resubmitted bills as set out in this letter. If the original bills covered medical services affected by TWCC Advisory 97-01 which were provided on or after April 1, 1996, through December 31, 1996, the Commission's Medical Review Division will accept a request for Medical Dispute Resolution of a bill resubmitted to the insurance carrier if the request is filed no later than January 1, 1998 and is otherwise in accordance with the Commission rule set out in Title 28 Texas Administrative Code 133.305. For any request for medical dispute resolution covering medical services affected by TWCC Advisory 97-01 provided on or after January 1, 1997, the 133.305 one-year filing deadline applies.

Except as specified in this notice, the Commission's dispute resolution staff will not consider requests for medical dispute resolution for resubmitted bills which should have been timely presented under 133.305, including medical justification for a deviation from the Guideline amounts. Medical disputes regarding medical services will be resolved in accordance with the provisions of the Texas Workers' Compensation Act, including those contained within Chapter 413 of the Texas Labor Code. Any party to a medical dispute resolution is responsible for submitting sufficient evidence in support of its position that the reimbursement amount sought meets the provisions of the Workers' Compensation Act and the Medical Fee Guideline.

Any questions concerning these matters should be directed to the Commission's Medical Benefit Services staff at 512-707-5892.

TWCC Advisory 97-01

Texas Workers' Compensation Commission Medical Fee Guideline 1996, 28 TAC 134.201

The Commission provides this information to clarify certain provisions of the TWCC Medical Fee Guideline 1996, adopted by reference in 28 Texas Administrative Code 134.201 (Medical Fee Guideline).

Modifier -22 Unusual Services

The Medical Fee Guideline contains reimbursement amounts or methods to be used for reimbursement for health care provided under the Texas workers' compensation system. When a service is provided that is greater than that usually required for the listed procedure, the modifier -22 Unusual Services may be used to request reimbursement in excess of that specified in the Medical Fee Guideline. Documentation of procedure (DOP) substantiating the request for increased reimbursement is required.

Required Medical Examination (not for Maximum Medical Improvement/Impairment Rating)

When billing for a required medical examination that is not for the purpose of certifying maximum medical improvement or assessing an impairment rating (MMI/IR), a provider should use the appropriate CPT code describing the level of service with modifier -34 and bill the usual and customary charge for the examination.

Videofluoroscopy - Radiology/Nuclear Medicine Ground Rules I(D), page 204

For the purposes of the Medical Fee Guideline, the term videofluoroscopy refers to the performance of a fluoroscopic procedure of which a video tape recording of that procedure is also generated. A video tape of the fluoroscopy may be considered an appropriate legal precaution; however, it is very rarely considered a medical necessity. When videofluoroscopy or fluoroscopy is performed with a myelogram or discogram, such procedures are considered part of the service and should not be billed separately. If a health care provider believes fluoroscopic assistance (fluoroscopy) is medically necessary when performing an injection on a particular patient, and it is not included in the procedure, the provider shall bill the appropriate CPT code for the injection and the appropriate CPT code for the fluoroscopic assistance. If a health care provider believes a video tape of the fluoroscopic assistance is medically necessary for a particular patient, the provider shall bill the appropriate CPT code for the injection and the appropriate CPT code for the fluoroscopic assistance with the addition of the modifier -22 Unusual Services for the video tape. For reimbursement of fluoroscopic assistance with the modifier -22 to be considered, the provider must include documentation of medical necessity.

Office Visit Charge for Therapeutic Procedures - Surgery Ground Rules I(E)(4)(e), page 66

When a therapeutic procedure, such as an injection, is performed at a follow-up visit, a health care provider may additionally bill and be reimbursed for a minimal office visit in accordance with the CPT code descriptors in the Evaluation and Management section of the Medical Fee Guideline only when a significant re-evaluation of the injured worker is necessary. To eliminate possible delays caused by return and resubmission of bills, the health care provider may wish to submit documentation supporting the necessity for re-evaluation and the performance of a minimal office visit.

Charges for Emergency Room Visits - Surgery Ground Rules I(B)(1)(a), page 63

Physician charges for an emergency room visit may be billed and reimbursed when an injured worker is admitted to surgery through the emergency room if the emergency room visit is the initial visit and requires prolonged detention or evaluation in order to prepare the patient and/or to establish the need for a particular type of surgery. To eliminate possible delays caused by return and resubmission of bills, the health care provider may wish to submit documentation supporting reimbursement for an emergency room visit including documentation that the patient required prolonged detention or evaluation to prepare the patient for surgery and/or to establish the need for a particular type of surgery.

Services Necessary to Stabilize Patient

If an injured worker has a condition (for example, diabetes) that impacts surgery or the treatment provided to the injured worker for a compensable injury, services necessary to stabilize the patient, so that surgery or other treatment of the compensable injury can be performed safely and/or effectively, are reimbursable (in addition to the surgery or treatment) as provided by the Medical Fee Guideline for that service.

Billing for Immunizations - Medicine Ground Rules, page 45

The cost of drugs necessary for immunizations described by CPT codes 90700 through 90749 is billable separately and reimbursable in addition to the fee provided by the Medical Fee Guideline for the immunization procedure.

Corrections of Clerical Errors in The Medical Fee Guideline 1996

The TWCC executive director has corrected the following clerical errors in the Commission's order of February 15, 1996 adopting and incorporating the Medical Fee Guideline 1996. The corrections and a brief explanation of their effect follows.

General Instructions, Section VIII(B), General Modifiers, page 3

MODIFIER -35 Designated Doctor - This modifier was included by clerical error and has been deleted.

The section of the proposed Medical Fee Guideline that referred to this modifier was deleted prior to adoption of the rule and modifier -35 is not used elsewhere in the Guideline.

General Instructions, Section VIII(C), Surgery Modifiers, page 4

The words "requiring a separate incision" should have been deleted when this modifier was revised to apply to procedures through both the same and separate incisions.

As corrected it reads:

"-50 Bilateral Procedure: When bilateral procedures are performed at the same operative session, use the appropriate procedure code for the first procedure. For the second (bilateral) procedure, add the modifier "-50" to the procedure."

When a CPT code identifies half of a bilateral procedure, the second half of the procedure is identified by using that CPT code and the modifier -50. Health care providers should refer to the American Medical Association's 1995 *Physicians' Current Procedure Terminology* for additional information on billing bilateral procedures.

Surgery Ground Rules, Section I(E)(2)(a), Arthrodesis, page 65.

The word "minimal" was omitted from the section by clerical error.

As corrected it reads:

"All arthrodesis procedures include those vertebral graft preparations, such as minimal diskectomy, necessary to accomplish the arthrodesis."

Preparation of the arthrodesis site, such as minimal diskectomy, is not separately billable and is considered to be part of the arthrodesis procedure. A full diskectomy procedure may be billed separately if not included as part of the global procedure for arthrodesis.

Refer to *Global Service Data for Orthopaedic Surgery*, revised edition, January 1994, compiled by the American Academy of Orthopaedic Surgeons for services excluded and included in the arthrodesis procedure performed.

Surgery Ground Rules, Section I(E)(3), Bilateral Procedures, page 65.

The phrase "unless otherwise identified in the CPT descriptor" should have been separated from subsection I(E)(3)(a) to indicate that it applies to both I(E)(3)(a) and (b).

As corrected it reads:

"Unless otherwise identified in the CPT descriptor:

(a) Bilateral procedures that are performed at the same operative sessions shall be identified by the appropriate five digit codes describing the first procedure. The second (bilateral) procedure is identified by adding modifier -50 to the procedure.

(b) Fusions, instrumentations, and/or nerve decompression procedures are considered bilateral, therefore, no additional reimbursement shall be allowed."

Some CPT codes for bilateral procedures identify both sides of the procedure, whereas other CPT codes identify only half of the bilateral procedure. When a CPT code identifies half of a bilateral procedure, the second half of the bilateral procedure is identified by using the CPT code and the modifier -50. When a CPT code identifies both portions of a bilateral procedure, only one code is to be billed and reimbursed.

Health care providers should refer to the American Medical Association's 1995 *Physicians' Current Procedural Terminology* for additional information on billing bilateral procedures.

Surgery Ground Rules, Section I(E)(4)(c), Surgical Injections, page 66.

The phrase "for lumbar or caudal epidural area" was omitted from the end of the sentence.

As corrected it reads:

"Epidural steroid injections shall be billed using code 62289 only for lumbar or caudal epidural areas."

When an epidural steroid injection is performed outside of the lumbar or caudal areas, the appropriate CPT code should be used describing the service performed.

Surgery Ground Rules, Modifiers, page 68.

The words "requiring a separate incision" should have been deleted when this modifier was revised to apply to procedures through both the same and separate incisions.

As corrected it reads:

"-50" Bilateral Procedure: When bilateral procedures are performed at the same operative session, use the appropriate procedure code for the first procedure. For the second (bilateral) procedure, add the modifier "50" to the procedure."

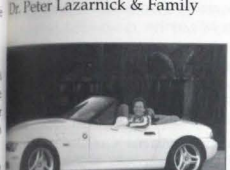
When a CPT code identifies half of a bilateral procedure, the second half of the procedure is identified by using the CPT code and the modifier "-50". Health care providers should refer to the American Medical Association's 1995 Physicians' Current Procedural Terminology for additional information on billing bilateral procedures.

These Doctors Are Driving Free Cars From Nutrition For Life!

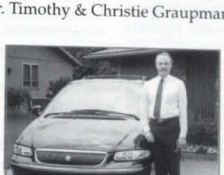
Dr. Peter Lazarnick & Family

Dr. Timothy & Christie Graupmann

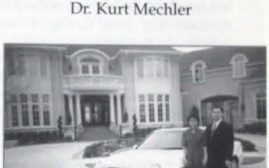
Dr. Kurt Mechler



Dr. Paul Liechty



Dr. John Clark



Dr. Ray & Tuchie Adorable

Here's What Doctors Are Saying About Nutrition For Life!

an optometrist, I had to ask myself, was managed care ing to help me achieve my financial freedom and allow more time to enjoy my family? The answer was obvisly no! Since I became involved in NFLI 16 short months , I am now earning thousands of dollars of monthly dual income part-time, I am driving a Grand sport Corte for free and no longer have a single worry about naged care deciding my future.

Dr. Robert Sherer, MT

a surgeon, I have to work very long hours everyday. my wife and I can only work our NFLI business part-e. In a short period of time we are making a great nthly residual income, working less hours and driving ree car. If you'd like to take control of your life back, come healthier in the process and be around positive, tivated people, this is the business for you. This is an azing opportunity. Don't let it pass you by!

Drs. Neal & Linda Rogers, MT

As the owner of two busy practices, I found that in many ways, the businesses owned me. Even though the income was nice, I did not have any free time to enjoy it. Now after only 18 months in NFLI, I have more time to spend with my wife and 6 children and we are enjoying a lifestyle most people only dream about. We now own a free Mercedes and a van through NFLI. Joining NFLI was definitely one of the best decisions we have ever made.

Dr. Tim Graupmann, S.D.

This is the only part-time business opportunity I have ever seen that makes sense for professionals. This is the retirement fund I could never afford to fund through my practice. I am making a monthly income that will continue long after I stop being a doctor. Every health care professional will be looking at this opportunity in the future.

Dr. Russ Hauser, WI

To learn how you can benefit, call 1-800-200-9511. Ask For Dr. Bander or Dr. Sandknop.

The above testimonials are individuals who do not necessarily represent what you will earn with Nutrition For Life.

Self's Tips & Tidings

By Don Sa

MetraHealth/United Healthcare

Due to the number of attorneys and the litigious society in which we now live, I have to be careful how I word the following, so please understand the restraints I am facing.

Recently, we have reviewed a substantial number of Explanation of Benefits issued for several clients by MetraHealth and United Healthcare and we are basically alarmed. Many of our clients have enrolled in these managed care plans, and it is our belief that the majority of them did not thoroughly read the contracts they were signing or have these same contracts reviewed by an attorney.

I am distressed when I find the following factors:

1. A claims filing deadline of 60 or 90 days, meaning that if the claim is not filed within these time frames, the physician or clinic will not be paid and are restricted from billing the patient for rendered services.

2. Bundling of separately ordered, individual clinical lab tests into panels, whereby less than 25% of the acceptable fee is paid.

3. Extremely low allowed or approved amounts, resulting in payments less than those normally paid by Medicare or Medicaid.

4. A lack of a central processing center for claims, thereby forcing claims reconciliation staff to call multiple locations, even though the insurance carrier or managed care plan is through one company.

With these issues in mind, and knowing that as a consultant I may not unilaterally recommend to my clients that they disenroll from a particular managed care plan without incurring the liabilities of a lawsuit, I would like to make the following statement: If I were a physician, I would immediately withdraw or disenroll from any plan that had the restrictions listed above until such time as the carrier or managed care plan decided to alter or change their contract to one that I considered to be fair and equitable. I would also hope enough physicians in my state or geographical area would do the same, thereby gaining the attention of the managed care plan.

Consultations & HCFA

At a recent Medicare workshop in Houston, a Medicare representative stated that a physician may not bill for an initial consultation if the physician initiated any treatment during the initial consult. This was contrary to our understanding of consultation billing, so we reviewed the matter and found the following, stated by HCFA, in section 15506 of the Medicare Carriers Manual:

A. Consultation Versus Visit.--Pay for a consultation when all of the criteria for the use of a consultation code are met. In general, a consultation is distinguished from a visit because it is done at the request of a referring physician (unless it is a patient-generated confirmatory consultation) and the consultant prepares a report of his/her findings which is provided to the referring physician for the referring physician's use in treatment of the patient. When the referring physician transfers the responsibility for treatment to the receiving physician at the time of referral in writing or verbally (i.e., a request to evaluate and treat), the receiving physician may not bill a consultation. He or she bills a visit.

This changes things. In the past, we have recommended to ou clients that they adopt a form used by the requesting physicia authorizing them to initiate treatment as they deem necessary an have this form available prior to the consult. Per this HCF instruction, that is not the best course of action.

Consequently, we now recommend that the consultin physician "communicate" information back to the requestin physician and not initiate any treatment during the initi consultation. We recommend you schedule the patient for separate visit (even on the following day) and in the meantime get authorization from the requesting physician to initiat treatment as you deem necessary via fax or telephone.

B. Consultation Followed By Treatment.--Pay for the consultation if the referring physician does not transfer the responsibility for the patient's care to the receiving physician until after the consultation is completed. After the consulting physician assumes responsibility for the patient's care, subsequent visits should be reported as established patient office visits or subsequent hospital care, depending on the setting.

This is identical to the statements we have always made. Onc you have assumed responsibility for concurrent care, an subsequent or following visits are billed as office visits, hospital visits, etc.

C. Consultations Requested By Members of Same Group. -- Pay for a consultation if one physician in a group practice requests a consultation from another physician in the same group practice as long as all of the requirements for use of the CPT consultation codes are met.

Yes, you are still allowed to bill for the initial consultation requested by another physician in your group, but do be aware that it will not be paid unless the requesting physician is of a different specialty than that of the consulting physician.

New G Codes for Lab Panels Delayed

HCFA delayed the implementation of the new temp pane codes until Jan. 1, 1998, and use of these codes before then wil cause your claim to be rejected.

HCFA Changing "Actual Charge" Definition - Speak Up Now, Docs, or You'll Wish You Had!

HCFA is considering defining actual charge as being "the lower of the lowest amount the physician, supplier, or other person has agreed to accept as payment in full from any insurer with whom he, she, or it has a contract." HCFA declined to propose this definition (at least at this time) concluding instead that "While this approach would provide Medicare with the advantage of the physician's, supplier's, or other person's best price in the competitive market, that price may be lower than that for which the physician, supplier, or other person has agreed to furnish items or services to patients covered in the beneficiary's plan."

Comments on the proposed change will be considered if received no later than 5 p.m. on August 18, 1997. Mail written comments (1 original and 3 copies) to the Health Care Financing Administration, Department of Health and Human Services, Attention: BPD-884-O, P.O. Box 26688, Baltimore, MD 21207-0488. The notice also allows for delivery to Room 309-G Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201. They will not accept comments by fax. In commenting you should refer to file code BPD-884-P. Note that comments will be available for public inspection.

Please note that if this passes, Medicare will be able to reduce their approved or allowed amount to an amount equal to the lowest amount you have contracted with a managed care policy. Already, many physicians have signed contracts to accept amounts lower than what Medicare (or even Medicaid) pays, so this could be disastrous to your practice if this revision takes place.

Beware of the Senate/House/President Bills for Reducing Health Care Expenditures

While the House bill and the President's proposal would greatly reduce the amount of money spent on Medicare and Medicaid, the Senate bill has a provision that has us extremely worried at this time. The Senate version of Medicare reform contains a provision that, in effect, nullifies the court rulings that when states pay the copays & deductibles for the dual eligibles, they are liable for the full Medicare amount. Under the Senate provisions, they would be liable for only the full Medicaid amount. This means that once Medicare pays, if they pay more than the Medicaid allowed amount, there will be no payments made by Medicaid on those patients that have Medicare and Medicaid. While you may be tired of having to notify your legislators of your wishes, you had better speak up on this one too! We recommend you call or write Senators Gramm and Hutchison on this one. If you do not, you may soon find a larger reduction in your income than you expected!

Don Self
Don Self & Associates
P.O. Box 1510
Whitehouse, TX 75791-11510
903-839-7045; fax 903-839-7069; email donself@gower.net

Dr. Shahid Aziz Elected Chief of Staff at Harris Methodist Northwest Hospital

Shahid Aziz, D.O., assistant professor in the Department of Internal Medicine, Division of Gastroenterology, at the University of North Texas Health Science Center at Fort Worth, is the new Chief of Staff at Harris Methodist Northwest Hospital in Azle, Texas.

Dr. Aziz has been on staff at Harris Methodist Northwest since 1991. He is a 1986 graduate of Texas College of Osteopathic Medicine and is also a Fellow of the American College of Osteopathic Internists.

Dr. Larry Price Appointed to Texas State Board of Medical Examiners

Larry D. Price, D.O., of Temple, has been appointed a Board member of the Texas State Board of Medical Examiners by Texas Governor George G. Bush. His term will run until April 13, 2003.

Dr. Price is an assistant professor at the Texas A&M University Health Science Center College of Medicine and senior staff cardiologist at Scott and White Clinic in Temple. He is board certified in internal medicine, cardiology, cardiac electrophysiology and critical care medicine. He is a 1980 graduate of the University of North Texas Health Science Center at Fort Worth/Texas College of Osteopathic Medicine.

Dr. Prices replaces Suzanne Peck Low, D.O., of Portland, whose term expired.

TEXAS STARS

The following people have made pledges or have contributed to TOMA's Building Fund Campaign. These people are now known as "TEXAS STARS" because of their commitment to the osteopathic profession.

Rene Acuna, D.O.
Bruce Addison, D.O.
Ted C. Alexander, Jr., D.O.
Richard Anderson, D.O.
Sara Apsley-Ambriz, D.O.
ATOMA
ATOMA District II
David Armbruster
Aus-Tex Printing and Mailing
Mark Baker, D.O.
Rita Baker
Elmer Baum, D.O.
Kenneth Bayles, D.O.
James Beard, D.O.
Jay G. Beckwith, D.O.
Terry Boucher
Jan Bowling
John R. Bowling, D.O.
Daniel Boyle, D.O.
Frank Bradley, D.O.
Joanne Bradley
Dale Brancel, D.O.
Robert Breckenridge, D.O.
John Brenner, D.O.
Lloyd Brooks, D.O.
Mary Burnett, D.O.
Jeffrey Butts, D.O.
D.Y. Campbell, D.O.
Catherine Carlton, D.O.
Ross M. Carmichael, D.O.
John Cegelski, D.O.
Robert Chouteau, D.O.
William Clark, D.O.
George Cole, D.O.
Samuel Coleridge, D.O.
Robert Collop, D.O.
Ralph Connell, D.O.
Daniel P. Conte, III, D.O.
Robbie Cooksey, D.O.
William Cothern, D.O.
Michael Cowan, D.O.
Nelda Cunniff-Isenberg, D.O.
B. J. Czewski
Jim Czewski, D.O.
Dallas S.W. Osteopathic Foundation
Don Davis, D.O.
William Dean
George DeLoach, D.O.
Joseph DelPrincipe, D.O.
Robert DeLuca, D.O.
Doctors Hospital
Iva Dodson
Cynthia Dott, D.O.
Gregory Dott, D.O.
Janet Dunkle
Bradley Eames, D.O.
Eli Lily and Company
Wayne R. English, Jr., D.O.
Carl Everett, D.O.
Al Faigin, D.O.
V. Jean Farrar, D.O.
Robert B. Finch, D.O.
Roy B. Fisher, D.O.
Gerald Flanagan, D.O.
Charles E. Fontanier, D.O.
Richard Friedman, D.O.
James Froelich, D.O.
Jake Fuller
D. Dean Gafford, D.O.
Samuel B. Ganz, D.O.
David E. Garza, D.O.
Mark Gittings, D.O.
Myron L. Glickfeld, D.O.
Brent Gordon, D.O.
David Gouldy, D.O.
Charles Hall, D.O.
Richard Hall, D.O.
Donna Hand, D.O.
Wendell Hand, D.O.
Patrick Hanford, D.O.
Jane Harakal
Patrick Haskell, D.O.
Vernon Haverlah, D.O.
Healthcare Insurance Services
Tony Hedges, D.O.
Harry Hernandez, D.O.
Linda Hernandez, D.O.
H.S. Hewes, D.O.
Wayne Hey, D.O.
Frederick Hill, D.O.
Teri Hill-Duncan, D.O.
Bret Holland, D.O.
Joel D. Holliday, D.O.
William D. Hospers, D.O.
Houston Osteopathic Hospital Foundation
Bobby Howard, D.O.
Christopher Hull, D.O.
Lewis Isenberg
Jake Jacobson
Constance Jenkins, D.O.
William R. Jenkins, D.O.
V.L. Jennings, D.O.
Daniel Jensen
William R. Jones, D.O.
Dawn Keilers
Elva Keilers, D.O.
Royce Keilers, D.O.
Alex Keller, D.O.
Earl Kinzie, D.O.
Brian Knight, D.O.
William J. Lagaly, D.O.
Jere Lancaster, D.O.
Victorija Laucius, D.O.
Edward J. Leins, D.O.
Neil Levy, D.O.
A. Ray Lewis, D.O.
Harold Lewis, D.O.
Peggy Lewis
Carl F. List, D.O.
John Longacre, D.O.
Hector Lopez, D.O.
Lubbock Osteopathic Fund, Inc.
Edward Luke, D.O.
Richard Male, Jr., D.O.
Marion Merrell Dow, Inc.
Masterpath Groves Pathology Consultants
James Matthews, D.O.
R. Greg Maul, D.O.
Robert G. Maul, D.O.
Cindy McCarty
Jack McCarty, D.O.
James McLaughlin, D.O.
Ivri Messinger, D.O.
Linus Miller, D.O.
Carl Mitten, D.O.
Lois Mitten
John Mohney, D.O.
Joseph P. Molnar, D.O.
Joseph Montgomery-Davis, D.O.
Rocco Morrell, D.O., P.A.
Dareld Morris, D.O.
Ray Morrison, D.O.
R. Gene Moult, D.O.
Ira Murchison, D.O.
Gary K. Neller, D.O.
Richard E. Nichols, D.O.
Ann Nolen, D.O.
Bill Nolen, D.O.
Henry Norrid, D.O.
Osteopathic Health System of Texas
Elizabeth Palmarozzi, D.O.
Alice Pangle, D.O.
Michael Parisi, D.O.
Robert Peters, Jr., D.O.
Ruby Peters
Donald Peterson, D.O.
Wilma Peterson
Dean L. Peyton, D.O.
William Pollan, D.O.
R. Mark Probst, D.O.
Paul Proffitt, D.O.
Bill Puryear, D.O.
Daniel L. Rader, D.O.
David Randell, D.O.
H.H. Randolph, Jr., D.O.
Jeffrey Rettig, D.O.
Merilyn Richards
John Riggs, D.O.
Peggy Rodgers
Randall Rodgers, D.O.
Steve E. Rowley, D.O.
J. Michael Russell, D.O.
Peggy M. Russell, D.O.
Celina A. Sanchez
Mario Sanchez, D.O.
Les T. Sandknop, D.O.
Richard Saunders, D.O.
John Sawtelle, D.O.
Amy Saylak
Daniel Saylak, D.O.
Hubert Scadron, D.O.

Jeff Schmeltekopf
Kristin M. Sears, D.O.
A. Duane Selman, D.O.
T.R. Sharp, D.O.
Rick Siewert, D.O.
Sarah Smiley, D.O.
George Smith, D.O.
Selden Smith, D.O.
Jerry Smola, D.O.
John Sortore
Sparks Osteopathic Foundation
Arthur J. Speece, D.O.
Dodie Speece
Kevin Stahl, D.O.
Robert Stark, D.O.
Wayne Stockseth
Ray and Edna Stokes
Student Associate Auxiliary
Summit Bancshares, Inc.
J. Ross Tanner, D.O.
H. Sprague Taveau, D.O.
Texas ACOFP
R. Russell Thomas, Jr., D.O.
TOMA District II
TOMA District III
TOMA District V
TOMA District VI
TOMA District VII
TOMA District VIII
TOMA District X
TOMA District XII
TOMA District XV
Monte Troutman, D.O.
Stephen F. Urban, D.O.
Christopher Vanderzant, D.O.
Kenneth R. Watkins, D.O.
Darlene Way
Bill V. Way, D.O.
Bill E. Weldon, D.O.
Craig D. Whiting, D.O.
Dean Wierman, D.O.
Arthur Wiley, D.O.
Peter Wiltse, D.O.
Marie Wiseman
Rodney Wiseman, D.O.
James Woodruff, D.O.
Paul S. Worrell, D.O.
Capt. Benjamin Young, D.O.
Steven Yount, D.O.
Nancy Zachary
T. Eugene Zachary, D.O.
Irvin Zeitler, D.O.
Victor Zima, D.O.
John R. Zond, D.O.

If you would like to contribute to the Building Fund and become a "Texas Star," call Paula Yeamans at 800-444-8662.

Please note that contributions received three weeks prior to each issue may not appear until the following issue.

THANK YOU!

TOMA would like to thank the following "TEXAS STARS" who have contributed above the $1,000 donation level

Richard Anderson, D.O.
Auxiliary to the Texas Osteopathic Medical Association
Mark Baker, D.O.
Dr. and Mrs. John Bowling
Dr. and Mrs. Frank Bradley
Mary Burnett, D.O.
DeWeese Y. Campbell, D.O.
Robert M. Chouteau, D.O.
George Cole, D.O.
Nelda Cunniff-Isenberg, D.O.
Dr. and Mrs. Jim Czewski
Dallas S.W. Osteopathic Foundation
William Dean
Drs. Cynthia and Gregory Dott
Carl E. Everett, D.O.
Al E. Faigin, D.O.
D. Dean Gafford, D.O.
Samuel B. Ganz, D.O.
Myron L. Glickfeld, D.O.
Drs. Donna and Wendell Hand
Patrick Hanford, D.O.
Healthcare Insurance Services
Drs. Harry and Linda Hernandez
Joel D. Holliday, D.O.
Houston Osteopathic Hospital Foundation
Bobby D. Howard, D.O.
Jake Jacobson
Constance Jenkins, D.O.
William R. Jenkins, D.O.
Drs. Elva and Royce Keilers
Victorija Laucius, D.O.
Dr. and Mrs. Harold Lewis
Lubbock Osteopathic Fund, Inc.
R. Greg Maul, D.O.
Robert G. Maul, D.O.
Dr. and Mrs. Jack McCarty
Dr. and Mrs. Carl Mitten
Dareld R. Morris, D.O.
Ray L. Morrison, D.O.
Drs. Ann and Bill Nolen
Osteopathic Health System of Texas
Elizabeth Palmarozzi, D.O.
Dr. and Mrs. Robert Peters, Jr.
Dr. and Mrs. Donald M. Peterson
Dr. and Mrs. Randall Rodgers
Steve E. Rowley, D.O.
Dr. and Mrs. Mario A. Sanchez
Dr. and Mrs. Daniel Saylak
Jeff Schmeltekopf
A. Duane Selman, D.O.
T.R. Sharp, D.O.
Sparks Osteopathic Foundation
Dr. and Mrs. Arthur J. Speece
Wayne Stockseth
Texas ACOFP
TOMA District II
TOMA District V
TOMA District X
TOMA District XV
Monte E. Troutman, D.O.
Kenneth R. Watkins, D.O.
Dr. and Mrs. Bill V. Way
Arthur S. Wiley, D.O.
Dr. and Mrs. Rodney Wiseman
Capt. Benjamin Young, D.O.
Dr. and Mrs. T. Eugene Zachary

A special Thank You

to the following for their generous support of TOMA's 98th Annual Convention & Scientific Seminar

Presidential Sponsors
- Dean, Jacobson Financial Services, LLC
- Glaxo Wellcome, Inc.
- Pfizer, Inc.
- Searle

Ambassador Sponsors
- Apothe'cure
- ellman international, inc.

Chairman Sponsors
- Astra Merck
- Janssen Pharmaceutica
- Osteopathic Health System of Texas

Supportive Grants and Grants-in-kind
- ellman international, inc.
- I.C. System, Inc.
- Janssen Pharmaceutical
- Knoll Pharmaceutical Company
- Merck & Co., Inc.
- Olympus America
- Richwood Pharmaceutical
- UNTHSC-FW/TCOM Educational Foundation
- UNTHSC-Biomedical Communication AV Services

Platinum Exhibitors
- Apothe'cure
- Astra U.S.A., Inc.
- Dean, Jacobson Financial Services, LLC
- Glaxo Wellcome, Inc.
- Healthcare Insurance Services
- Osteopathic Health System of Texas
- Pfizer, Inc.

Gold Exhibitors
- Astra Merck
- Innovative Medical Systems, Inc.
- Jones Medical Industries
- NFLI-TMG
- Schering
- Searle

Silver Exhibitors
- 3M Pharmaceuticals
- AC Medical
- Aqua Massage International
- Auxiliary to the Texas Osteopathic Medical Association
- Back-Jack, Inc.
- Bayer Pharmaceutical Corporation
- Blansett Pharmacal Co., Inc.
- Bristol-Meyers Squibb Company
- Carnrick Laboratories
- Center for Epilepsy Treatment - Columbia Hospital at Medical Center Dallas
- Center for Pulmonary and Infectious Disease Control (UT Ty
- Coastal Physician Services
- Don Self & Associates
- EasyWare, Inc.
- Eclectic Institute, Inc.
- Eli Lilly and Company
- ellman international, inc.
- EmCare Physician Staffing Services
- Ergasys
- Expeditor Systems of Texas
- Feed the Children
- Freeman Cockrell Dermapathology Laboratories
- The Gladney Center
- Hoechst Marion Roussel
- Janssen Pharmaceutica
- Jones Medical Industries
- LifeScan
- Luxar Corporation
- Magnatherm-International Electronics, Ltd.
- McNeil Consumer Products Company
- MediQuip International
- Merck
- Metroplex Orthopedics
- Mosby Williams & Wilkins
- National Heritage Insurance Company
- Novo Nordisk Pharmaceuticals, Inc.
- NRD Dallas
- Ortho-McNeil Pharmaceutical
- Pharmacia & Upjohn, Inc.
- Physician Manpower Training Commission
- Physician Oncology Education Program
- Rexall Showcase International
- Schering/Key
- SmithKline Beecham Pharmaceuticals
- Specialized Medical Management, Inc.
- Student Associate Auxiliary
- Tachyon Enterprises, Inc.
- Texas Academy of Physician Assistants
- Texas Department of Health
- Texas Medical Foundation
- Texas Medical Liability Trust
- Texas State Board of Medical Examiners
- Trudeau Marketing
- UCB Pharma
- UNT Health Science Center - Fort Worth
- Wallace Laboratories
- W. B. Saunders
- Whitehall-Robin Medical Sales
- Wyeth-Ayerst Laboratories
- X-Ray Sales and Service Co

Opportunities Unlimited

PHYSICIANS WANTED

STAFF PHYSICIAN NEEDED FOR TEXAS WOMAN'S UNIVERSITY. Requires graduation from an accredited medical school and completion of the prescribed residency program, current TX license, and progressive health care experience. Prefer specialty in Family Practice or OB/GYN. Salary competitive. 9 months appointment. Send cover letter and resume to Human Resources Dept., Texas Woman's University, P.O. Box 425739, Denton, TX 76204; 940-898-3555. http://www.twu.edu/. TWU, an AA/EO, encourages minorities, women, and persons with disabilities to apply. (02)

WEST TEXAS - SHANNON HEALTH SYSTEM - IM - Join seven internists for outpatient and inpatient responsibilities in multispecialty Shannon Clinic in San Angelo, university city of 85,000. FP - Family Medical Center in Big Spring - Busy RHC in town of 25,000. Reply to Joyce Duncan, System Recruiter at 800-822-1773, fax CV to 915-659-7179 or E -mail to joyceduncan@shannonhealth.com. (03)

EXCELLENT OPPORTUNITY IN DALLAS SUBURB for young doctor in field of family practice and physical medicine. Starting salary negotiable, with full ownership of a large, very productive practice in four years. Send resume with brief statement of your personal philosophy of life to: Opportunity, P.O. Box 180653, Dallas, Texas 75218. (04)

ONLY IN ARLINGTON! 3 D.O. F.P. group seeks 4th BC/BE practitioner. 6% Medicare, 9% Medicaid (including Dr. Dennis's deliveries), 3% W/C, no weight or HMOs. 1 admission/month at Columbia Med. Ctr., 1 weekend group call/month. Our patients get quality medical care in a fun and loving atmosphere, and pay us. We have set a collections goal every year. Call Dean Peyton, D.O., Sharon Dennis, D.O., or David Gouldy, D.O., at 817-277-6444 or leave Voice Mail at 817-530-0200. (13)

RADIOLOGIST: BC/BE Interventional radiologist needed to join growing practice of 8 radiologists in Texas. Would prefer fellowship training in Interventional

continued on next page

continued from previous page

or Neurointerventional. Primary responsibility would be in Special Procedures with some general diagnostic radiology. Full benefit package with liberal CME and vacation time. Salary commensurate with experience. Direct CV and inquiries to Richard Schellin, D.O., Department of Radiology, OMCT, 1000 Montgomery St., Fort Worth, TX 76107; 817-735-3220. (15)

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)

HILL COUNTRY — Established and flourishing Women's Health & Fitness Center in Boerne, Texas, searching for dynamic, motivated D.O., GYN or Cosmetic Surgeon. Opportunity as working partner or straight office lease available. Need is immediate...patients are waiting. Call Phyllis today - 210-816-2946 or 210-249-9063. (18)

DOCTOR NEEDED in various parts of Texas to work small hospital emergency rooms on weekends. Also, full-time/part-time primary care opportunities available. For more information, call Jerry at the Lewis Group at 800-460-8159. (20)

FAST TRACK CLINIC OPENED JANUARY, 1996 — Primary Care Physician needed. Flexible schedule with malpractice provided and competitive salary. Send CV to: OPEM Associates, P.A., 4916 Camp Bowie Blvd., #208, Fort Worth, TX 76107; 817-731-8776; FAX 817-731-9590. (24)

DALLAS/FORT WORTH — Physician Opportunity to work in low stress, office based practice. Regular office hours. Lucrative salary plus benefits. No call, no weekends, and no emergencies. Please call Lisa Abell at 800-254-6425 or FAX CV to 972-256-1882. (25)

AMBULATORY FAMILY PRACTICE has opportunities for FT/PT BC/BE FP. Full benefits package for FT including malpractice, paid time off, expenses for CME/Lic. fees. Flexible schedule, no night call, no hospital work, no administrative hassles. Enjoy the lifestyle afforded by the Metroplex. Please FAX CV to 817-283-1059 or call Shannan at 817-283-1050. (36)

FAMILY PRACTICE D.O.s — Practice opportunities for physicians 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 practices in communities near Tyler. Outlying clinics located in 4 nearby communities. P.H.O. with approximately 120,000 insured individuals. Hunting, fishing, watersports, country clubs, university, junior college, many recreational facilities, civic and social opportunities. Contact Olie E. Clem, C.E.O., at 903-561-3771. (52)

OFFICE SPACE AVAILABLE

GULF COAST CLINIC — 4,100 sq. ft. to include lab and (4) suites. Near Navy base on beautiful Gulf of Mexico. Growing Community. Hospital and nursing home three blocks away. Lease (possible purchase in future). Contact Mrs. Kumm at 512-758-3660. (17)

FOR SALE: 2,800 square foot medical office facility in Mineola, Texas. Prime location. Eleven offices with large reception area. Agent 1-800-484-6879 (6901) four digit code. (18)

MISCELLANEOUS

MEDICAL ANTIQUES - Surgical, diagnostic, therapeutic instruments, medical quackery, etc. Showcases 10/11, 2601 Montgomery Street Antique Mall, Fort Worth; or Perry Singleton, 817-277-9358; psing6@ix.netcom.com. Free inventory list; satisfaction guaranteed. (10)

WANTED: used McManis table. Therapy equipment or X-ray equipment. Call or write: Donald L. Dingle, POB 118, Atoka, OK 74525; 405-889-3338 or 405-889-6457. (12)

FOR SALE — Late model MA X-ray and processor with view box and accessories; hydraulic stretcher; transport stretchers; Coulter counter and diluter; storage cabinets; office desk; assorted other items - very good condition. Contact: Dr. Glen Dow or Office Manager, 817-485-4711. (48)

Correction

On page 10 of the convention program of the 98th Annual Convention & Scientific Seminar of the Texas Osteopathic Medical Association, the practice location of David Lawrence Grice, D.O., was in error. The actual practice location of Dr. Grice is at Grand Prairie Dermatology in Grand Prairie, Texas.

Our apologies to Dr. Grice for this error.

DEAN, JACOBSON FINANCIAL SERVICES, LLC

A Registered Investment Advisor

DEAN, JACOBSON FINANCIAL SERVICES, LLC has helped physicians reach and exceed their financial goals for years. Whether your needs are protecting wealth, accumulating wealth, or both, we are uniquely equipped to serve those needs.

As the only financial planning firm endorsed by TOMA, **DEAN, JACOBSON FINANCIAL SERVICES, LLC** is committed to Osteopathic physicians' long-term financial success across the state of Texas and beyond.

DEAN, JACOBSON FINANCIAL SERVICES, LLC offers numerous financial products and services, all designed to meet your individual needs. These include:

- **COMPREHENSIVE FINANCIAL PLANNING**
- **QUALIFIED & NON-QUALIFIED RETIREMENT PLANS**
- **INVESTMENT SERVICES** (Offered through Linsco Private Ledger)
- **ESTATE PLANNING**
- **TAX PLANNING**
- **LIFE INSURANCE**
- **DISABILITY INSURANCE**
- **MEDICAL PROFESSIONAL LIABILITY INSURANCE**
- **HEALTH INSURANCE**

Don't neglect your financial future. Call us today to discuss ways in which we can help you meet and sustain your financial goals.

Dean, Jacobson Financial Services, LLC

William H. "Country" Dean, CFP
Don A. "Jake" Jacobson, CLU, ChFC
Jeffrey J. Schmeltekopf, CLU, ChFC, CFP

Ft. Worth (817) 335-3214
Dallas (972) 445-5533
Toll Free (800) 321-0246

Texas Osteopathic Medical Association
1415 Lavaca Street
Austin, Texas 78701-1634

ADDRESS CORRECTION REQUESTED

BULK RATE
U.S. POSTAGE
PAID
AUSTIN, TEXAS
Permit No. 1539