

March 1995

The Journal of the Texas College of Podiatric Medicine and Podiatric Medicine

VOLUME 1, No. 1

## 1995 TOMA Legislative Day – Establishing an Effective Political Presence

Mark your Calendar to be in Austin on  
Monday, March 27 to talk with your  
legislators at the State Capitol  
AND  
to be in Dallas for TOMA's 60th Annual  
Convention and Schedule Seminar on  
June 15-18, 1995.



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800/962-9008

703/684-7700

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UNTHSC/Texas College of Osteopathic Medicine

817/735-2000

Dallas Metro 429-9120

#### Medicare Office:

Part A Telephone Unit

214/470-0222

Part B Telephone Unit

903/463-4495

Profile Questions

214/766-7408

Provider Numbers:

Established new physician (solo)

214/766-6162

Established new physician (group)

214/766-6163

All changes to existing provider

number records

214/766-6158

#### Medicaid/NHIC

Texas Medical Foundation

512/343-4984

Medicare/CHAMPUS General Inquiry

512/329-6610

Medicare/CHAMPUS Beneficiary Inquiry

800/725-9216

Medicare Preprocedure Certification

800/725-8315

Private Review Preprocedure Certification

800/725-8293

Texas Osteopathic Medical Association

800/725-7388

512/388-9400

in Texas 800/444-TOMA

FAX No. 512/388-5957

817/294-2788

TOMA Physicians Assistance Program

in Texas 800/896-0680

FAX No. 817/294-2788

in Texas 800/444-TOMA

#### TOMA Med-Search

### TEXAS STATE AGENCIES:

Texas Health and Human Services Commission

512/502-3200

Department of Health

512/458-7111

Texas State Board of Medical Examiners

512/834-7728

FAX No. 512/834-4597

Registration & Verification

512/834-7860

Complaints Only

800/201-9353

Texas State Board of Pharmacy

512/832-0661

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

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512/450-4800

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Doctors & Hospitals Only

713/765-1420

800/392-8548

Houston Metro 654-1701

### FEDERAL AGENCIES:

Drug Enforcement Administration:

For state narcotics number

512/465-2000 ext. 3074

For DEA number (form 224)

214/767-7250

### CANCER INFORMATION:

Cancer Information Service

713/792-3245

in Texas 800/392-2040

# TEXAS DO

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

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March, 1995

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## Calendar of Events

### MARCH 9-12

Florida Osteopathic Medical Association  
92nd Annual Convention  
Location: Doral Ocean Beach Resort,  
Miami Beach, Florida  
Hours: 30 Category 1-A anticipated, five  
hours Risk Management and three  
hours AIDS/HIV  
Contact: Florida Osteopathic Medical  
Association  
2007 Apalachee Parkway  
Tallahassee, Florida 32301  
904-878-7364

### APRIL 2-5

*Second Annual Spring Fling*  
Sponsored by Nevada Osteopathic Medical  
Association and Kirksville College of  
Osteopathic Medicine  
Location: Treasure Island at the Mirage  
Las Vegas, Nevada  
Hours: 30+ Category 1-A credit  
Contact: Rita Harlow, Director,  
Continuing Education  
Kirksville College of Osteopathic  
Medicine  
800 West Jefferson  
Kirksville, MO 63501  
816-626-2232

### 7-8

*"Ninth Annual Spring Update for the Family  
Practitioner"*  
Sponsored by University of North Texas  
Health Science Center at Fort Worth  
Location: Dallas Family Hospital, Dallas, TX  
Hours: 10 CME hours – Category 1-A,  
AOA  
Contact: Pam McFadden, Program Director  
817-735-2539

### 8

TOMA Board of Trustees Meeting  
Location: Austin  
Contact: Texas Osteopathic Medical  
Association  
512-388-9400 or 1-800-444-8662

### 22-23

*Sutherland's Methods for Treating the Rest  
of the Body*  
Location: Dallas/Fort Worth, Texas  
Hours: 16 Category 1-A credits  
Contact: Conrad A. Speece, D.O.  
10622 Garland Road  
Dallas, TX 75218  
214-321-2673

### APRIL 27-30

9th Annual Convention and CME Program  
of the Indiana Association of Osteopathic  
Physicians & Surgeons  
*"Osteopathic Education: Back to the  
Basics"*  
Location: Southbend Marriott and Century  
Center  
South Bend, Indiana  
Hours: Over 30 Category 1-A CME  
hours anticipated  
Contact: IAOPS  
317-926-3009 or 800-942-0501

### MAY 18-21

89th Annual Convention  
Sponsored by Virginia Osteopathic Medical  
Association  
Location: Williamsburg, Virginia  
Contact: Dr. Peter Gent, Sec.-Treas.  
11900 Hull Street Road  
Midlothian, VA 23112  
804-744-3551

### JUNE 15-18

TOMA 96th Annual Convention & Scientific  
Seminar  
Sponsored by Texas Osteopathic Medical  
Association  
Location: Gand Kempinski Hotel  
Dallas, TX  
Hours: 30 Category 1-A anticipated  
Contact: Texas Osteopathic Medical  
Association  
512-388-9400 or 1-800-444-8662

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





# President's Corner

By T. Eugene Zachary, D.O., President  
Texas Osteopathic Medical Association

## On Becoming A Physician

Medical Education has undergone many changes in the 35 years since I became a physician. The process of educating someone to become a physician is a complex one. Many years ago the process consisted of four years of undergraduate study, two or more years sitting in a classroom, and two years rotating through hospital departments. The medical school outpatient clinic was the norm. Today, the process is different. Some schools don't require students to attend class, only that they attend labs and pass each course. When they enter the clinical years, there are all kinds of rotations in which they can participate to further their knowledge of medicine. There are the usual rotations that have always been around such as surgery, psychiatry, medicine, pediatrics, OB and radiology. In addition to those old stand-bys, now students can have special experiences in such areas as orthopedics, neurology, pulmonology, nephrology, urology, oncology, gastroenterology, neurosurgery, geriatrics, rheumatology, endocrinology and the list goes on.

Many of these new sub-specialties have contributed much to the refinement and finishing touches to undergraduate medical education.

I am not implying that there is something wrong with that increase in clinical experiences. On the contrary, there has been such an explosion of information in the world of medicine over the past several years, that it has been necessary to establish new clinical disciplines and rotational experiences.

For years and years, the osteopathic profession has produced a lot of real good general practitioners. Several years ago, the medical community and our federal government began to hear some new buzz words such as Primary Care and Prevention. The term Family Practitioner became the name attached to generalist physicians who took care of everyone from birth to death. Even our profession bowed to the wishes of the majority of our physicians when we changed the name from general practice to family practice. For over fifty years the osteopathic profession has produced many G.P.s (or F.P.s) who have been practicing primary care and prevention.

Some of the often overlooked clinical experiences that

our students participate in are those in family practice. For example, in Texas, there are a number of F.P.s that serve as preceptors and take students into their offices for periods of time ranging from four days to four weeks. Students learn some very valuable information in these preceptorships ranging from how to diagnose, how to interact with people, how to prescribe treatment, what drugs work and don't work, how OMT works, how to run the business of a medical practice and how to manage the life of a busy physician.

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*"...preceptors perform a vitally  
important task for our  
osteopathic medical school."*

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These preceptors perform a vitally important task for our osteopathic medical school. The experiences that a student receives in a preceptor's clinic will sometimes make or break that student's idea of specializing in family practice. Graduates from our school tell me from time to time how much they enjoyed their family practice rotations and how they learned to interact with people and put their medical knowledge to work. In visiting with some of our preceptors, they also tell me how much they learned from the students and how much they enjoy having the students in their offices.

I would hope that those of you that don't already serve as preceptors would give serious consideration to doing so. By the way, family medicine is not the only specialty that has preceptors that accept students. If you are in a specialty other than family medicine, call the department of your specialty at UNTHSC/FW - TCOM (817-735-2000) and arrange to become a preceptor. It is your chance to give a little something back to the profession that has made it possible for you to practice medicine.

Think about it!

# House of Delegates to Vote On Proposed Bylaws Change

*Proposed Bylaw Change for 1995*  
(New Language = Underline)

## ARTICLE VII – BOARD OF TRUSTEES

Section 14 – Indemnification. It is the intention of the Association that these bylaws which deal with indemnification of present or former trustees, officers, employees or agents comply with the Texas Non-profit Corporation Act., Texas Revised Civil Statutes, Article 1396-2.22A (Vernon Supp. 1993).

The Association may indemnify any trustee, officer, employee or agent who is threatened to be made a named defendant or respondent in a proceeding because the person is or was a trustee, officer, employee or agent of the Association. A present or former trustee, officer, employee or agent may be indemnified against judgments, penalties (including excise and similar taxes), fines, settlements, and reasonable expenses, which include court costs and attorneys' fees, actually incurred by the person in connection with the proceeding.

The Association may indemnify the person only if it is determined that the person conducted himself/herself in good faith, and that he/she reasonably believed that his/her conduct was in the best interest of the Association; and in the case of any criminal proceeding, that the person had no reasonable cause to believe his/her conduct was criminal. This determination must be made by a special legal counsel selected by a majority vote of a quorum consisting of all trustees who, at the time of the vote, are not named defendants or respondents in the proceeding. The special legal counsel shall also determine the reasonableness of any expenses, which includes court costs and attorneys'

fees. The Association is not required to indemnify a person for unreasonable expenses.

The Association shall not indemnify a person or form trustee, officer, employee or agent if he/she is found liable to the Association, or if he/she is otherwise held liable for

1. a breach of the trustee's, officer's, employee's, agent's duty or loyalty to the Association or its members;
2. an act or omission not in good faith, or one that is the result of intentional misconduct or a knowing violation of the law;
3. a transaction from which a trustee, officer, employee or agent received an improper benefit, whether or not the benefit resulted from an action taken within the scope of the trustee's, officer's, employee's or agent's office; or
4. an act or omission for which the liability of a trustee, officer, employee or agent is expressly provided by statute. A person shall be deemed to have been fully liable with respect to any claim, issue, or matter on appeal after the person has been so adjudged by a court of competent jurisdiction and after exhaustion of appeals from that judgement.

Any indemnification of a trustee, officer, employee, agent in accordance with this section shall be reported in writing to the members of the Association within the month period immediately following the date of the indemnification.

## D. J. Kyle Joins TOMA Team

D.J. Kyle joined the TOMA staff on February 1, 1995, as the Associate Executive Director, replacing D. Scott Petty. She brings with her over 5 years of association management experience.

D.J. previously worked for the International Association of Hospitality Accountants where she managed both their communication and education departments. Previously, she was the Deputy Executive Director with the Texas Physical Therapy Association. In that position, she was responsible for the financial and administrative management of TPTA's headquarters. D.J. also oversaw the meeting planning and communication positions and assisted in the legislative arena.

A graduate of the University of Texas at Austin with a Bachelor of Business Administration Degree in Finance, she now serves on the Board of Directors for the Austin Texas Exes. She is also an active member of the Austin Women's Symphony League, Texas Society of Association Executives and American Society of Association Executives.

D.J. is married to Scott E. Kyle and they have one daughter named Madeleine.



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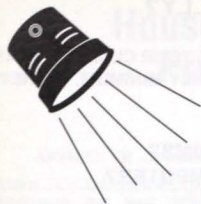
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# SPOTLIGHT

## TOMA Board of Trustees

*Each month TOMA spotlights a board member for his or her work and commitment to the osteopathic profession in Texas. TOMA extends a sincere thanks to every board member who has served or is serving as a member of the TOMA Board of Trustees.*



**Rodney M. Wiseman, D.O.**

Dr. Rodney M. Wiseman of Whitehouse is assertive in his belief that osteopathic medicine is superior in all aspects. "Osteopathic medicine is the top of the line. We receive the best training, the highest quality education, and our educational process is combined with exemplary continuing medical education," he says.

"When I first entered osteopathic medical school at Texas College of Osteopathic Medicine, I was a bit overwhelmed. However, the camaraderie and support from the osteopathic profession helped to bring all of us together. That same support system exists through the Texas Osteopathic Medical Association," adds Dr. Wiseman.

An active member of the Texas Osteopathic Medical Association, Dr. Wiseman has served as a member of the Board of Trustees since 1989, and as an alternate delegate to the American Osteopathic Association House of Delegates since 1994. He has chaired and served as a member of various TOMA committees throughout the years, and is currently a member of the

Environmental Health and Preventive Medicine Committee and the Membership, Services and Professional Development Committee.

Dr. Wiseman's involvement with TOMA began on the district level. "I first got involved as a delegate from my district, while also serving as a district officer. As a district representative, I felt I could help highlight some of the problems we were facing in East Texas," notes Dr. Wiseman. "However," he says, "when you speak too loudly, others notice and now I also serve all the osteopathic physicians in the State of Texas as a member of the Board of Trustees!"

Dr. Wiseman believes that some of the problems facing all osteopathic physicians today include managed care,

### *"Osteopathic medicine is the top of the line."*

required CME and licensure, legislation allowing services by non-physicians, in-office inspections and federal mandates. He feels TOMA has been very effective in facing these problems. "As a member of the Board of Trustees, I have seen and been involved with TOMA as we have met these challenges head on. TOMA continues to be an integral part of the osteopathic profession in Texas, and will continue to serve osteopathic physicians by facing any and all challenges to the continuance of our profession," states Dr. Wiseman. "TOMA has increased presence in the Capitol now, and more representation in legislative areas will greatly assist and support all osteopathic physicians," he adds.

Dr. Wiseman is a 1978 graduate of

Texas College of Osteopathic Medicine. He completed his internship in the U.S. Army at William Beaumont General Hospital in El Paso, and served as a flight surgeon at Fort Bliss, Texas.

His memberships include TOMA District III, in which he served a secretary from 1981-1984, as president from 1984-1985, and as treasurer from 1986 to the present; the American College of Osteopathic Family Physicians (ACOF), in which he has been a delegate since 1987; Texas Society of the ACOF, in which he was president from 1991-92, treasurer in 1994, and has been a board member since 1987; and the TCOM Alumni Association, in which he was named Alumnus of the Year for 1993. He is on the staff of Doctors Memorial Hospital in Tyler.

Dr. Wiseman's community activities include team physician on all levels for the Whitehouse Independent School District; City Health Officer for Whitehouse since 1981; Medical Director of Oakbrook Health Care Center, Whitehouse; and Medical Director of Community ACCESS, consisting of group homes for the mentally retarded. He has also been active with the Boy Scouts of America and as a T-ball coach through the YMCA.

Certified in family practice, Dr. Wiseman has practiced in Whitehouse since 1981. He says that being in a rural area, yet close to a fairly moderate sized metroplex, "has presented some unique challenges, especially keeping up with the 'big boys' in town while we continue to treat patients with the highest of medical standards." He notes that managed care appears to be the biggest problem in Whitehouse but "it is not insurmountable with the support of the osteopathic profession and TOMA."

*(Continued on page 16)*

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A joint program with the University of North Texas  
Health Science Center at Fort Worth

"As I see it," says Dr. Wiseman, "the whole area of insurance coverage and reimbursement will continue to change until the right formula is achieved. In the meantime, I'll continue to practice osteopathic medicine to the best of my ability and in the best interests of my patients and community."

Dr. Wiseman and his wife, Marie, have been married for 26 years. They are the parents of four children: Danny, age 22; Michael, age 21; John, age 16; and Marissa (Missy), age 14. "Marie and I are very proud of all our children and their accomplishments," says Dr. Wiseman.

Dr. Wiseman's hobbies include chess, reading, photography and stamp collecting. When spare time allows, the Wiseman family enjoys camping and traveling together.

TOMA is indebted to Dr. Wiseman for his continuous work on behalf of the osteopathic profession in Texas. ■

## AOA President-Elect Will Be Special Guest At TOMA Convention



Howard L. Neer, D.O., President Elect

Howard L. Neer, D.O., President-Elect of the American Osteopathic Association, will address the House of Delegates on Wednesday, June 14, and update attendees as to AOA activities during the AOA Luncheon on Saturday, June 17, during TOMA's 96th Annual Convention and Scientific Seminar in Dallas.

Dr. Neer is Associate Dean for Alumni Affairs at Nova Southeastern University College of Osteopathic Medicine in North Miami Beach, Florida. He previously served as Associate Dean for Clinical Affairs.

A fellow of the American College of Osteopathic Family Physicians, Dr. Neer has had an extensive 40-year career in the osteopathic medical profession and his impact extends to leadership positions at both state and national levels. At the national level, Dr. Neer has held numerous roles within the AOA and has been a member of the House of Delegates since 1970. He has served as chairman of the Department of Governmental Affairs and the Department of Business Affairs. He is also the past chairman of the AOA Bureau of Insurance, the Department of Professional Affairs and the Building Committee.

At the state level, Dr. Neer is a past

president of the Florida Osteopathic Medical Association (FOMA), and has served as a FOMA trustee since 1968. He is also a co-founder of Doctors General Hospital (now Universal Medical Center Hospital) in Plantation, Florida, where he has served in many capacities, including chairman of the Department of Family Practice, chief of staff, and currently as chairman of the Board of Governors of the 200-bed, acute care facility. In 1991, he received Universal Medical Center's "Outstanding Physician Award." Dr. Neer is also a founder and a past president of the Florida Osteopathic Insurance Trust and a board member of the Broward County Health Services Organization.

A 1954 graduate of the Chicago College of Osteopathic Medicine, Dr. Neer was the recipient of the college's "Outstanding Achievement Award" in 1982. He completed his internship at Grandview Hospital in Dayton, Ohio, and received his undergraduate degree from Miami University in Oxford, Ohio.

Dr. Neer and his wife, Gloria, reside in Plantation, Florida. They are the parents of two daughters, Cynthia and Barbara. ■

### Attention: Physicians



Have your patients' medicines had a check-up?

Many of your patients take several different medicines every day. Separately each one works well. But if they take two or more different medicines in combination without checking with you to be sure they work safely together, they can sometimes be harmful...even dangerous.

The next time you prescribe a medicine, ask your patients:

"What other prescription and non-prescription medicines are you taking?"

A public service message from the National Council on Patient Information and Education (NCPPIE) and the U.S. Administration on Aging

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666 Eleventh Street, NW  
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Washington, DC 20001

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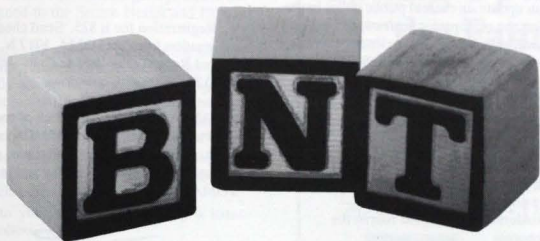
## GAO Questions Accuracy of Cholesterol Tests

A report released by the General Accounting office suggests that people who have been told their cholesterol levels are normal may have been misinformed, and others who have made changes to lower their cholesterol may have done so unnecessarily.

The report states that although many laboratory cholesterol tests are "reasonably accurate," there is not enough information as to the accuracy of tests performed in physicians' offices and at health fairs. ■



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# 1995 TOMA Legislative Day - Establishing an Effective Osteopathic Political Presence

The 74th Legislative Session has begun! And with it's beginning, comes many activities and responsibilities for TOMA. Join TOMA in Austin for a one-day course designed to provide background information about the Texas political system and an update on current public policy issues that may affect the osteopathic profession. Participants will gain practical experience by having the opportunity to meet and talk with their legislators.

## Objectives

- Learn first-hand about issues likely to affect osteopathic medicine in Texas
- Visit with your legislators and/or their aides for discussion about specific concerns
- Gain an understanding of your role in the political process
- Attend committee hearings and /or House and Senate sessions
- Share what you've learned with each other and TOMA staff

## Schedule

9:00 am	Registration
9:30 am	Legislative Briefing/Instructions
	Learn about current issues effecting osteopathic medicine; the role of the lobbyist; ethics and your political presence.
11:00 am	Visit the State Senate
12:00 pm	Lunch on own - Capitol Cafeteria
1:00 pm	Capitol Visits
	Meet with legislators and/or their aides, or visit committee hearings/ house and senate sessions.
3:30 pm	Wrap-up/Debriefing

## Note

- You are expected to make your own appointments with legislators. Call the TOMA office at (800) 444-8662 if you are unsure of your Senator/Representative.
- The Capitol is walking distance from the Guest Quarters Hotel so wear comfortable shoes.
- **Remember:** early hotel reservations are essential to ensure accommodations during this busy time in Austin.

## Additional Information

✓ Course will be held on Monday, March 27, 1995, in the Auditorium of the Capitol Extension or at the Guest Quarters Hotel.

✓ Registration fee is \$25. Send check and registration form to: TOMA, 1717 N. IH-35, Suite 100, Round Rock, Texas 78664. Call (800) 444-8662 or (512) 388-9400 with questions.

✓ TOMA has reserved a block of rooms at the Guest Quarters Hotel at a rate of \$95/\$105 single/double per night. If you need accommodations, please indicate on the registration form below and return to the TOMA office by **March 9**.



## Registration Form - 1995 Legislative Day

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_

FAX Number (\_\_\_\_) \_\_\_\_\_

Senator/Senate District # \_\_\_\_\_

Representative/House District # \_\_\_\_\_

(If you are unsure, call TOMA at 800/444-8662.)

☐ Yes, I need a room for March 26 at the Guest Quarters.

Charge to: ☐ MasterCard ☐ Visa

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

FOR OFFICE USE ONLY:

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date \_\_\_\_\_

# Bicycle Helmet Legislation is Filed **ACTION NEEDED**

In late January, the Senate and House Bills for the Bicycle Helmet Legislation were filed (SB 337 and HB 619). HB 619 is legislation that will require all ages to wear a bicycle helmet, however, SB 337 is for ages 18 and under. The strategy for this bill is to first get it passed in the Senate. It was assigned to the Senate Health and Human Services Committee.

On February 15, after 32 witnesses testified, the bill was favorably voted out of committee to the Senate Floor. Once the bill is fully passed in the Senate, the objective will be to work on it in the House so that the session ends with a bicycle helmet law for all ages. HB 619 has been assigned to the House Committee on Public Safety.

Now is the time to write, call or visit with your legislators in their district offices or in Austin to ask them to vote for the bicycle helmet legislation.

When speaking to your legislator or writing a letter, please include the following points:

1. Stress the importance of legislation for all ages.
  - a. Some cities show over 58% of bicycle fatalities in the 19-51 years range.
  - b. It is the best strategy for reducing the individual and family devastation from a catastrophic injury.
2. Urge the legislator to be in support of the bicycle helmet law for Texas because
  - a. studies show a significant increase in bicycle helmet usage with legislation, and
  - b. the resultant reduction in health care costs from acute and rehabilitation treatment.
3. Relate a personal experience if possible ... or quote local statistics regarding bicycle deaths or injuries.

For the Senate, letters should be addressed to The Honorable..., Texas State Senate, P.O. Box 12086, Austin, Texas 78711 and for the House of Representatives, The Honorable..., Texas House of Representatives, P.O. Box 10, Austin, Texas 78769. If you do not know your legislators, call Paula Yeamans, TOMA's Membership Coordinator at 800-444-8662 or 512-388-9400.

Take Action NOW! TOMA needs your help to successfully lobby this legislation. Please mail a copy of your letter or note about your conversation to TOMA. TOMA will then add you to its bicycle helmet FAX network which will help to keep you current on this issue. ■

## Cancer: Good and Bad News

An analysis of recent trends in cancer incidence and mortality in the United States indicates that although more cancers are being diagnosed, people treated for cancer are living longer. It was also found that in the first two years of this decade, death rates from cancer fell for the first time since records have been kept. ■



University of North Texas  
Health Science Center at Fort Worth  
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Continuing Medical Education

## 9th Annual Spring Update for the Family Practitioner

April 7-8, 1995  
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# New Antitrust Guidelines for Health Care Providers

The U.S. Department of Justice (DOJ) and the Federal Trade Commission (FTC) have jointly released revised guidelines for health care industry transactions. The new guidelines, *Statements of Enforcement Policy and Analytical Principles Relating to Health Care and Antitrust* are designed to "encourage agreements that promote efficiency in the health care industry and lower health care costs to consumers."

Concentrating on mergers and various joint activities, the new guidelines address: 1) mergers among hospitals; 2) hospital joint ventures involving high-technology or other expensive health care equipment; 3) hospital joint ventures involving specialized clinical or other expensive health care services; 4) providers' collective provision of non-fee-related information to purchasers of health care services; 5) providers' collective provision of fee-related information to purchasers of health care services; 6) provider participation in exchanges of price and cost information; 7) joint purchasing arrangements among health care providers; 8) physician network joint ventures; and, 9) analytical principles relating to multiprovider networks (affiliations of providers offering complementary or unrelated services). Since antitrust safety zones are not defined in this section, this is simply a

discussion of the principles used by the agencies in the analysis of such networks.

It is important to note that these new guidelines, effective immediately, are simply the criteria used by the Agencies in deciding what types of health care industry conduct challenge under the antitrust laws. They are not to be confused with the new laws regarding physician self-referral bans (the so-called Stark II laws), which were implemented in January, 1995.

A recent American Medical Association Press Statement characterizes the new guidelines as "...a small step forward in recognizing the need for greater physician involvement" in the consolidation of delivery systems. However, the AMA argues that the antitrust laws place physicians at "a serious disadvantage" when compared to non-physician networks.

These revised statements supplant the antitrust enforcement policies issued by the DOJ/FTC in September, 1993. A summary of the new guidelines follow, highlighting the major changes made since the 1993 version. Should you have any questions regarding these new guidelines, please contact Matt Russell at the AOA Washington Office (800-962-9008).

## DEPARTMENT OF JUSTICE/FEDERAL TRADE COMMISSION

### STATEMENTS OF ENFORCEMENT POLICY AND ANALYTICAL PRINCIPLES RELATING TO HEALTH CARE AND ANTITRUST

#### SUMMARY

##### I. MERGERS AMONG HOSPITALS

Most hospital mergers and acquisitions do not present competitive concerns. Only a few of the hundreds of hospital mergers that have occurred in recent years have been challenged.

The U.S. Federal Trade Commission and Department of Justice ("the Agencies") will not challenge any merger between two general acute-care hospitals where one of the hospitals:

- has an average of fewer than 100 licensed beds over the three most recent years; and,
- has an average daily inpatient census of fewer than 40 patients over the three most recent years, absent extraordinary circumstances.

This antitrust safety zone will not apply if that hospital is less than 5 years old.

**CHANGES MADE SINCE THE 1993 VERSION:** None

##### II. HOSPITAL JOINT VENTURES INVOLVING HIGH-TECHNOLOGY OR OTHER EXPENSIVE HEALTH CARE EQUIPMENT

Most hospital joint ventures to purchase or otherwise share the ownership cost of, operate, and market high-technology or other expensive health care equipment and related services do not create antitrust problems.

The Agencies will not challenge under the antitrust laws any such joint venture if it includes only the number of hospitals whose participation is needed to support the equipment. This applies to joint ventures involving purchases of new equipment as well as existing equipment.

A joint venture that includes additional hospitals also will not be challenged if the additional hospitals could not support the equipment on their own or through the formation of a competing joint venture.

**CHANGES MADE SINCE THE 1993 VERSION:** Now covers both existing and newly-purchased equipment. The 1993 statement only covered newly-purchased equipment.

##### III. HOSPITAL JOINT VENTURES INVOLVING SPECIALIZED CLINICAL OR OTHER EXPENSIVE HEALTH CARE SERVICES

Most of these types of joint ventures do not create antitrust problems. The Agencies have never challenged an integrated joint venture among hospitals to provide a specialized clinical or other expensive health care service.

The statement does not include a safety zone for such ventures since the Agencies believe that they must acquire more expertise in evaluating the cost of, demand for, and potential benefits from such joint ventures before they can articulate a meaningful safety zone.

(Continued on Page 16)

# You need **TIOPA**

TEXAS INDEPENDENT OSTEOPATHIC  
PHYSICIANS ASSOCIATION

# **TIOPA** needs you.

**W**ith the arrival of managed care, physicians are searching for greater representation and a more influential voice. Texas Independent Osteopathic Physicians Association (TIOPA) is a physician-directed organization. It has recently expanded its network to help osteopathic physicians across Texas gain a competitive and organized negotiation presence. As a member, you'll benefit from:

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Join TIOPA, an organization established to promote and to support your independent practice in today's health care market.

Do it for yourself, for your practice and for other osteopathic physicians across Texas. For more information, write to TIOPA, 3715 Camp Bowie Boulevard, Fort Worth, Texas 76107, or call 817-377-8046, toll free 1-800-725-6628, or FAX 817-377-0827.

The Agencies apply a rule of reason analysis in their antitrust review of these joint ventures. The objective of this analysis is to determine whether the joint venture may reduce competition substantially. The steps involved in a rule of reason analysis include:

- Define the relevant market;
- Evaluate the competitive effects of the venture;
- Evaluate the impact of procompetitive efficiencies; and,
- Evaluate collateral agreements.

**CHANGES MADE SINCE THE 1993 VERSION:** The rule of reason analysis is explained.

#### **IV. PROVIDERS' COLLECTIVE PROVISION OF NON-FEE-RELATED INFORMATION TO PURCHASERS OF HEALTH CARE SERVICES**

The provision of this type of information does not necessarily raise antitrust concerns.

Providers' collective provision of underlying medical data that may improve purchasers' resolution of issues relating to the mode, quality, or efficiency of treatment is unlikely to raise significant antitrust concerns and will not be challenged by the Agencies.

For example, the Agencies will not challenge:

- a medical society's collection of outcome data from its members about a particular procedure that they believe should be covered by a purchaser and the provision of such information to the purchaser; and,
- providers' development of suggested practice parameters (standards for patient management developed to assist providers in clinical decision-making) that also may provide useful information to patients, providers, and purchasers.

**CHANGES MADE SINCE THE 1993 VERSION:** The 1993 version was limited to physicians. This new version includes any group of competing providers.

#### **V. PROVIDERS' COLLECTIVE PROVISION OF FEE-RELATED INFORMATION TO PURCHASERS OF HEALTH CARE SERVICES**

The provision of this type of information does not necessarily raise antitrust concerns. With reasonable safeguards, providers' collective provision of this type of factual information to a purchaser of health care services may provide procompetitive benefits and raise little risk of anticompetitive effects.

Provision of factual information concerning the providers' current or historical fees or other aspects of reimbursement methods accepted (including capitation arrangements, risk-withhold fee arrangements, or use of all-inclusive fees), will not be challenged by the Agencies.

In order to qualify for this safety zone, the collection of information to be provided to purchasers must satisfy several conditions. The conditions that must be met are intended to ensure that an exchange of price or cost data is not used by competing providers for discussion or coordination of provider prices or costs.

**CHANGES MADE SINCE THE 1993 VERSION:** This is a new statement.

#### **VI. PROVIDERS' PARTICIPATION IN EXCHANGES OF PRICE AND COST INFORMATION**

Participation by competing providers in surveys of prices for health care services, or surveys of salaries, wages or

benefits of personnel, does not necessarily raise antitrust concerns. In fact, such surveys can have significant benefits to health care consumers.

Without appropriate safeguards, however, information exchanges among competing providers may facilitate collusion or otherwise reduce competition on prices or compensation resulting in increased prices, or reduced quality and availability of health care services.

The Agencies will not challenge provider participation in written surveys of prices for health care services, or wages, salaries, or benefits of health care personnel, if the surveys are managed by third parties and consist of aggregated, historical data. The conditions for this safety zone are also intended to ensure that an exchange of price or cost data is not used by competing providers for discussion or coordination of provider prices or costs.

**CHANGES MADE SINCE THE 1993 VERSION:** The 1993 version was limited to hospital participation in such exchanges. The revised statement covers participation by any group of providers.

#### **VII. JOINT PURCHASING ARRANGEMENTS AMONG HEALTH CARE PROVIDERS**

Most joint purchasing arrangements among hospitals or other health care providers do not raise antitrust concerns. Joint purchasing arrangements usually involve the purchase of a product or service used in providing the ultimate package of health care services or products sold by the participants.

Examples include the purchase of laundry or food services by hospitals, the purchase of computer or data processing services by hospitals, and the purchase of prescription drugs and other pharmaceutical products.

Joint purchasing arrangements are unlikely to raise antitrust concerns unless:

- the arrangement accounts for so large a portion of the purchases of a product or service that it can effectively exercise market power in the purchase of the product or service; or,
- the products or services being purchased jointly account for so large a portion of the total cost of the services being sold that the joint purchasing arrangement may facilitate price fixing or otherwise reduce competition.

The Agencies will not challenge any such agreement among health care providers where two conditions are present:

- the purchases account for less than 35 percent of the total sales of the purchased product or service in the relevant market; and,
- the cost of the products and services purchased jointly accounts for less than 20 percent of the total revenues from all products or services sold by each competing participant in the joint purchasing agreement.

**CHANGES MADE SINCE THE 1993 VERSION:** No significant changes.

#### **VIII. PHYSICIAN NETWORK JOINT VENTURES**

A physician network joint venture is a physician-controlled venture in which the member physicians collectively agree on prices or other significant terms of competition and jointly market their services.

The Agencies will not challenge an exclusive physician network joint venture comprising 20 percent or less of the



physicians in each physician specialty with active hospital staff privileges who practice in the relevant geographic market and are substantial financial risk.

In relevant markets with fewer than five physicians in a particular specialty, an exclusive physician network joint venture otherwise qualifying for the antitrust safety zone may include one physician from that specialty, on a non-exclusive basis, even though the inclusion of that physician results in a physician network joint venture consisting of more than 20 percent of the physicians in that specialty.

The Agencies will not challenge a non-exclusive physician network joint venture comprising 30 percent or less of the physicians in each physician specialty with active hospital staff privileges who practice in the relevant geographic market and share substantial financial risk.

In relevant markets with less than four physicians in a particular specialty, a non-exclusive physician network joint venture otherwise qualifying for the antitrust safety zone may include one physician from that specialty even though the inclusion of that physician results in a physician network joint venture consisting of more than 30 percent of the physicians in that specialty.

**CHANGES MADE SINCE THE 1993 VERSION:** The above safety zone, applicable to non-exclusive physician network joint ventures comprising 30 percent or less of the physicians in each specialty, is new.

## **IX. ANALYTICAL PRINCIPLES RELATING TO MULTIPROVIDER NETWORKS**

Because multiprovider networks are relatively new to the health care industry, the Agencies do not yet have sufficient experience evaluating them to issue a formal statement of antitrust enforcement policy or to set out a safety zone. The Agencies recognize, however, that guidance on antitrust issues raised by multiprovider networks is of vital importance to the health care industry.

In this statement, therefore, the Agencies describe the analytical principles that they apply in evaluating multiprovider networks under the antitrust laws, and address antitrust issues commonly raised in connection with the formation and operation of such networks; integration, joint pricing and joint marketing, market definition, competitive effects, exclusivity, exclusion of providers, and efficiencies.

**CHANGES MADE SINCE THE 1993 VERSION:** This statement is new. ■

## **Government-Mandated Workplace Notices Available**

Workplace notices which the federal government requires employers to display are now available on a single 28 by 36 inch poster covering minimum pay, disabilities, job safety, EEOC, family leave and other regulations. To obtain a copy, send a check or money order for \$8.95 to London Publishing Co., Suite 510, 1156 15th St. NW, Washington, DC 20005. Request the *Workplace Bulletin Board*.

## ***TOMA 39th Annual MidWinter Conference and Legislative Forum***

*Doubletree Lincoln Centre - Dallas, Texas  
February 10 - 12, 1995*

### **Supportive Grants and Educational Exhibits**

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Astra - Merck  
Boehringer Ingelheim  
Bolan Pharmaceuticals  
Central Pharmaceuticals Inc.  
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Dean, Jacobson Financial Svs  
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EmCare Physician Staffing Svs  
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THC Arlington  
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U. S. Army  
Upjohn Pharmaceuticals  
Wallace Laboratories  
Wound Care Clinic of North Texas  
Wyeth - Ayerst Laboratories  
X-Ray Sales and Service

*TOMA extends a special thanks to each company providing supportive grants and sponsoring educational exhibits at the MidWinter Conference. This critical sponsorship promotes the efforts of osteopathic medicine throughout the state of Texas.*

# Zero – Much Ado About Nothing

A zero means nothing, right? Well, yes. But even nothing when it is missing can play a significant role in medication errors when used inappropriately. The USP Practitioners' Reporting Network<sup>SM</sup> (USP PRN<sup>SM</sup>) and the Institute for Safe Medication Practices, Inc. have received reports where the nonuse of a zero in the expression of strength has caused potential and actual medication errors.

In one instance, a 0.1 mg prescription of injectable dexamethasone for a newborn was misinterpreted to mean 10 mg. The practitioner wrote an order for dexamethasone ".10 mg IV" but failed to use a leading zero to indicate the presence of a decimal. The pharmacist did not see the decimal in front of the one and prepared what was believed to be the correct 10 mg dose. This error was prevented only by the astute observation of the nurse administering the drug who realized the dosing error and did not give the hundred-fold overdose to the infant.

Another incident\* describes the agony a patient suffered after experiencing a severe sunburn subsequent to using a repigmenting agent. The details of the report follow. A dermatologist wrote a prescription for methoxsalen topical solution ".1%." The pharmacist did not notice the naked decimal and instead dispensed the 1% topical lotion. Two hours after applying the 1% lotion the patient underwent ultraviolet light treatment. The reaction to this ten-fold concentration of the product was extreme and resulted in the patient's hospitalization, further medical complications, and lengthy litigation. If a leading zero (i.e. "0.1%") had been written to indicate the presence of a decimal, it is more likely that the pharmacist would have dispensed the correct strength product.

The importance of using a zero appropriately for responsible product labeling and in professional practice first was included in the *USP XXII-NF XVII* (published in 1990). *Drug Product Quality Review*, No. 28 entitled *An Expression of Strength*, addressed the problems caused by trailing zeros, such as inappropriately expressing the product strength as the whole number "2.0" rather than "2" with no decimal point. The current Labeling section in the *USP XXII-NV XVII General Notices* states, "In order to help minimize the possibility of errors in the dispensing and administration for drugs, the quantity of

active ingredient when expressed in whole numbers shall be shown without a decimal point that is followed by a terminal zero...." Therefore, any product label for an official product that uses a terminal zero to express a whole number is not compliant with USP requirements.

The problems with leading zeros (naked decimals) cited above are being addressed presently by USP. The November-December 1993 issue of *Pharmacoepial Forum* contained a proposal for inclusion in the *Labeling* section of the *USP General Notices*. That proposal is meant to reduce further medication errors resulting from confusing labels and prescriptions/orders. The proposal, a continuation of the "terminal zeros" statement in reference to product labels, states, "The quantity of active ingredient when expressed as a decimal number smaller than one shall be shown with a zero preceding the decimal point (e.g., express as 0.2 mg [not .2 mg])."

*USP 23-NF 18* (published and released on July 1, 1994) includes this proposal. This new requirement went into effect as of January 1, 1995. Manufacturers, labelers, and health care practitioners are encouraged to be aware of this new requirement.

To report problems with drug products or to receive further information, call the USP Practitioners' Reporting Network<sup>SM</sup> at 1-800-4-USP-PRN or the USP/ISMP Medication Errors Reporting Program at 1-800-23-ERROR.

\*Haserick, J. The Case of the Overlooked Decimal Point. *Medical Economics* April 12, 1993; 97.

Reprint from the July 1994 issue (No. 43) of the USP's Drug Product Quality Review with permission of the United States Pharmacopeial Convention, Inc.

Reprinted from *Texas State Board of Pharmacy Newsletter*, Fall/Winter 1994-95.

## Dr. Hospers, TOMA President-Elect, Seeks Committee Appointees

Each year, the president-elect of the Texas Osteopathic Medical Association must name TOMA members to the Association's various committees when he assumes the office of president at the close of the TOMA Annual Meeting. Strong committees are an essential part of the Association's operations, and require dedicated and knowledgeable members.

William D. Hospers, D.O., who will succeed T. Eugene Zachary, D.O., as the Association's president at the 1995 Annual Convention in Dallas, would like all TOMA members interested in serving on a committee to write him as soon as possible so he can begin to consider his appointments.

Simply note the TOMA committee or committees in which you are interested, enclose a brief CV detailing your training, practice and related experiences, and send your letter to Dr. Hospers, c/o Terry Boucher, Executive Director, Texas Osteopathic Medical Association, 1717 North I-35, Suite 100, Round Rock, TX 78664-2901.

Appointments will be made to the following committees: Awards and Scholarship; Constitution, Bylaws and

Documents; Ethics; Osteopathic Principles and Practice; Physicians Assistance Program; Professional Liability Insurance; Publications; Socioeconomics; Environmental Health and Preventive Medicine; Military Affairs; Public Information; Archives; Governmental Relations; Membership, Services and Professional Development; Strategic Planning; Student/Postdoctoral Affairs; and other needed special committees.

If you have already returned your TOMA Interest Survey and indicated committee(s) of interest, your name will automatically be placed on the appropriate nomination list.

If you are interested or know of someone who is, check the bylaws in the rear section of the 1995 TOMA Annual Directory for more details and information on the various appointed positions available, or contact the TOMA State Office for specific committee charges. TOMA members have an immense amount of talent. The Association's future depends on you and your willingness to become an active part of the organization. Dr. Hospers looks forward to hearing from you by April 15.

# Osteopathic Medicine: It's Big in Texas.

So big, that osteopathic medicine is becoming the preferred choice for thousands of people who appreciate the big benefits of preventive medicine. Osteopathic Health System of Texas offers the following services and affiliates to osteopathic physicians to help provide quality health care in today's fast-changing medical environment.

These services are built on a philosophy pioneered more than 100 years ago by Andrew Taylor Still, founder of osteopathic medicine. That philosophy is simple. Patients' needs are best met when they work in partnership with their physicians. Just ask the thousands in Texas who are big on osteopathic medicine.

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## *Carswell Osteopathic Medical Plan (COMP)*

3624 Tulsa Way  
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1-800-990-COMP (2667)

- ◆ A free Osteopathic Health Group program for military (active, retired, reserve, prior service) and their family members
- ◆ Network of OHST physicians and health care services
- ◆ Discounts on dental services
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## *APPLE Club (Adult Prevention Program for Life Enhancement) for everybody 50+*

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1-800-299-CARE (2273)

- ◆ Free membership
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- ◆ Physician referral service
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**Osteopathic Health System of Texas**

3715 Camp Bowie Boulevard • Fort Worth, Texas 76107 • 1-800-299-2273 • (817) 735-4466



# TOMA's 96th Annual Convention and Scientific Seminar

## Surviving on the Frontiers of Medicine

The 96th Annual Convention and Scientific Seminar promises to be a huge success!

The convention begins on Wednesday, June 14, 1995, with TOMA's House of Delegate Meetings. Then the real fun starts on Thursday with a keynote breakfast and the opening of the exhibit hall. Dr. Robert Lindberg will give a light-hearted address to the group during lunch. Dr. Lindberg is a former university president, a winner of a national research award, and currently in private practice as a psychologist and management consultant. Lectures on Thursday range in topics from rural health care to regulatory agencies.

Thursday evening is left open for alumni parties and the annual Sustainer's Party. This special event is held each year for the Sustaining Member and one guest as a "Special Thanks" for supporting TOMA over and beyond the regular dues required for membership. For those members that are not "Sustaining Members," it is not too late to join. Just call Paula Yeamans, TOMA's Membership Coordinator, and she will sign you up. This year's party will have a western theme so get ready to kick up your heels and do some two steppin'.

Friday morning is filled with exciting and informative lectures and the afternoon is dedicated to family activities. TOMA's annual golf tournament will be held at Bear Creek Golf and Racquet Club. This 18-hole championship golf course is recognized as one of the top 50 resort courses in America by *Golf Digest*.

If golf is not your game, how about Six Flags Over Texas! Upon arrival at Six Flags, you will be on your own to enjoy the attractions, winding your way through Mexico, Texas, Spain, France, the Confederacy, and the good ole' USA. Each area features rides, food, gifts, and games that blend with the particular country's occupation of what is now the Lone Star State.

If shopping is the reason you come to Dallas, complimentary transportation is available from the hotel to the Galleria and Prestonwood Town Center.

Saturday begins with a continental breakfast with the exhibitors and "New Frontier" lectures immediately following. Then it's time for the AOA Luncheon with guest speaker, Dr. Howard Neer, President-Elect of the American Osteopathic Association. The afternoon is dedicated to sports related topics such as hyperbaric medicine and examining the non-athlete patient. There will also be a wide range of workshops from worker's compensation to communicating in the internet highway. Saturday evening is the President's Night Banquet. Dr. Zachary, TOMA's President will be honored for his dedication and service to the association.

Sunday is the final day of the Annual Convention and will end with a risk management seminar on stroke awareness.

### Specifics About the Convention

Date: June 14-18, 1995  
Location: Grand Kempinski Dallas  
15201 Dallas Parkway  
Dallas, Texas 75248  
214/386-6000

It is never too early to make your hotel reservations, call the Grand Kempinski Dallas directly at the above telephone number. Be sure to mention you are with the TOMA Convention in order to receive the reduced sleeping room rate of \$100 single/double per night.

The Grand Kempinski Dallas has many services and special amenities. The following is a brief list of those services/amenities:

- 24-hour room service
  - Evening turndown service
  - Complimentary limousine service within a 3-mile radius of the Hotel
  - Complimentary self parking
  - Health club in lower level complete with exercise equipment, steam room and sauna, showers and locker rooms, massages, and tanning booth
  - Heated indoor and outdoor pools with spas
  - 4 lighted tennis courts
  - 2 racquetball courts with viewing gallery
  - Jogging trails
- ... just to name a few!

### Southwest Airlines

Southwest Airlines in cooperation with TOMA, is offering attendees a discount on both Southwest's low everyday unrestricted fares and Southwest's even lower fares for travel on Southwest Airlines to the Texas Osteopathic Medical Association's 96th Annual Convention and Scientific Seminar.

To take advantage of these discounts, reservations must be made by phoning Southwest Airlines Group Desk at 800/433-5368, Monday - Friday, 8am - 5pm. Call no later than June 5, 1995, and refer to identifier code M81 in order to receive the discounted fares.

Watch your mail for the April issue of the *Texas DO*. It will include a registration form and more details about the convention. Make your plans to attend now, the convention promises to be a huge success!

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# MEDWATCH Update

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FDA MEDWATCH

For patients, see inside back cover

Glaxo, Inc., in conjunction with the Food and Drug Administration Medical Products Reporting Program (MEDWATCH), would like all health care professionals to be aware of recent revisions to the labeling for Serevent (salmeterol xinafoate) Inhalation Aerosol. Pertinent information was disseminated by Glaxo in mid-January, and the following is a brief outline of those changes.

Important revisions to the labeling for Serevent Inhalation Aerosol in the management of asthma have been made because serious acute respiratory events, including fatalities, have been reported in patients receiving this medication. Many of these patients had significantly worsening or acutely deteriorating asthma, which may be a life-threatening condition. In most cases, these serious respiratory events have occurred in patients with a history of severe asthma, although they have occurred in a few patients with a history of less severe asthma as well.

The revisions indicate specific circumstances where the use of Serevent would be inappropriate. These revisions, indicated below, appear in the WARNINGS, PRECAUTIONS: Information for Patients, and ADVERSE REACTIONS sections of the product labeling. Corresponding changes have been made to the Patient's Instructions for Use leaflet.

## **WARNINGS:**

**IMPORTANT INFORMATION: SEREVENT INHALATION AEROSOL SHOULD NOT BE INITIATED IN PATIENTS WITH SIGNIFICANTLY WORSENING OR ACUTELY DETERIORATING ASTHMA, WHICH MAY BE A LIFE-THREATENING CONDITION. Serious acute respiratory events, including fatalities, have been**

reported, both in the United States and worldwide, when Serevent Inhalation Aerosol has been initiated in this situation. Although it is not possible from these reports to determine whether Serevent Inhalation Aerosol contributed to these adverse events or simply failed to relieve the deteriorating asthma, the use of Serevent Inhalation Aerosol in this setting is inappropriate.

**SEREVENT INHALATION AEROSOL SHOULD NOT BE USED TO TREAT ACUTE SYMPTOMS. It is crucial to inform patients of this and prescribe a short-acting inhaled beta<sub>2</sub>-agonist for this purpose as well as warn them that increasing inhaled beta<sub>2</sub>-agonist use is a signal of deteriorating asthma.**

**SEREVENT INHALATION AEROSOL IS NOT A SUBSTITUTE FOR INHALED OR ORAL CORTICOSTEROIDS. Corticosteroids should not be stopped or reduced when Serevent Inhalation Aerosol is initiated.**

Health care professionals should consult the revised complete WARNINGS section, as well as the PRECAUTIONS: Information for Patients and ADVERSE REACTIONS sections for further information related

to the WARNINGS described above.

Serevent is indicated for long-term, twice-daily (morning and evening) administration in the maintenance treatment of asthma and in the prevention of bronchospasm in patients 12 years of age and older with reversible obstructive airway disease, including patients with symptoms of nocturnal asthma, who require regular treatment with inhaled short-acting beta<sub>2</sub>-agonists. It should not be used in patients whose asthma can be managed by occasional use of short-acting, inhaled beta<sub>2</sub>-agonists.

Glaxo has materials intended to help educate patients about Serevent, asthma and the proper use of their medications. Questions or requests can be directed to Allen & Hanburys or Glaxo Pharmaceuticals representatives or physicians may call Glaxo Drug Information Services at 1-800-334-0089.

Any serious adverse events should be reported to the Glaxo Drug Surveillance Department at 1-800-334-4135; or to the FDA MEDWATCH program at 1-800-FDA-1088, by fax at 1-800-FDA-0178, by modem at 1-800-FDA-7737, or by mail at MEDWATCH, HF-2, FDA, 5600 Fishers Lane, Rockville, MD 20857.

## State Board of Dental Examiners Back In Business

A bill re-creating the Texas State Board of Dental Examiners has been signed into law by Governor George Bush, two days before a court-ordered deadline for enacting the legislation.

The dental board ceased to exist last September after the 1993 Texas Legislature failed to pass a "sunset" bill to continue the board. A dispute between dentists and dental examiners over the makeup of the Dental Hygiene Advisory Committee, which is part of the agency, led to the death of the legislation. Although the dental board was out of operation for five months, temporary rules to enforce the Texas

Dental Practices Act were implemented by other state agencies. However, dental students and laboratories filed a lawsuit over the lack of licensing procedures, leading a state judge to order the state to pass legislation solving the licensing problem by February 8.

The new bill increases the size of the board from 15 to 18, to be composed of 10 dentists, six public members and two dental hygienists. Governor Bush noted that the "re-creation of the State Board of Dental Examiners is an important public health and safety issue."



# ☆ District Stars ☆

## TOMA District VI Meets

By Mrs. Lois Campbell

TOMA District VI members and spouses met at 1 p.m., January 22, at the Doubletree Hotel Post Oak, in Houston. The meeting was preceded by a brunch hosted by Parke Davis pharmaceutical representative Shannon McGehee.

There were 26 members present, including two very special guests Patricia Taylor, director of the Houston Area Alzheimer's Association, and Dr. Bruce Levy, Executive Director of the Texas State Board of Medical Examiners.

The business meeting was conducted by Dr. Mort Rubin, who presented the nominating committee's slate of District VI Officers: president, Dr. Mort Rubin; vice-president, Dr. Carl Litten; secretary, Dr. Larry Pepper; and treasurer, Dr. Sharron Day. There were no other nominations and the officers were elected by acclamation.

Dr. Steven Levy presented an interesting and informative slide lecture on "Dementia - Are You Next?" This topic was very well received as evidenced by the many questions asked by physicians in attendance.

The next meeting of TOMA District VI is scheduled for March.

### TEXAS ACADEMY OF OSTEOPATHY CALL FOR DUES

The TAO, a state society of the AAO, is a nonprofit organization which promotes the use of osteopathic manipulation in Texas. The physician members provide educational programs, study groups and scholarships for students. An annual newsletter is sent listing members interested in referrals for OMT.

DUES: \$35 per year (Interns & Residents - \$5)

SEND TO: Catherine Carlton, D.O.  
815 W. Magnolia Avenue  
Fort Worth, Texas 76107

American Academy of Osteopathy's Convocation will held in March in Nashville, TN. Please help us send deserving, motivated osteopathic students from Texas!

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# Low Back Pain Guidelines

On December 8, 1994, the Department of Health and Human Services' Federal Agency for Health Care Policy and Research (AHCPR) released practice guidelines on treatment for low back pain. The osteopathic medical profession was represented at the meeting by Mark Cantieri, D.O., South Bend, IN, who issued a statement on behalf of the American Osteopathic Association.

A panel of 23 back specialists, which included two osteopathic physicians (John Hart, D.O., Columbia, MO; and James Weinstein, D.O., Iowa City, IA) prepared the guidelines upon review of more than 4,000 studies on low back pain. They outlined several "low-tech" treatment modalities, including non-steroidal anti-inflammatory drugs, moderate exercise and spinal manipulation.

The inclusion of manipulation in the AHCPR guidelines is of obvious importance to the osteopathic profession. In order to facilitate understanding of the AHCPR report, the following is a summary of the guidelines.

## Guideline Overview

### Acute Low Back Problems in Adults

#### Acute Low Back Problems

Acute low back problems are characterized by a short duration (up to 3 months) of physical limitation from pain or discomfort in the lower part of the back, or pain or numbness that moves down the leg (sciatica). Chronic low back problems, which are not covered in the guideline, last more than 3 months.<sup>1</sup>

People with acute low back problems can present clinicians with a diagnostic dilemma. In most people, the cause of their problems cannot be determined by a simple anatomic or physiologic explanation, even with today's sophisticated technology.

The good news is that for 9 out of 10 people, acute low back problems will go away on their own within a month. The treatments recommended by the guideline, sponsored by the Agency for Health Care Policy and Research (AHCPR), focus on helping people relieve their painful symptoms, rebuild

tolerance for physical movements, and return as quickly as possible to their regular activities. This new treatment approach redirects people away from the more traditional treatment mode of prescription painkillers and extended bed rest and moves them toward a more active, patient-involved method of coping with episodes of acute low back pain that emphasizes exercise and over-the-counter medications for symptom relief.

## Key Facts About Low Back Problems

- At some point in their lives, up to 80 percent of all Americans will experience low back problems. (Frymoyer, JW, N Engl J Med, 1988)
- Next to the common cold, low back symptoms are the most common reason for visits to primary care physicians. (Cypress, Amer J Pub Health, 1983)
- The direct annual health care costs for low back problems in the United States are estimated to be at least as high as \$20 billion. Indirect costs, such as disability payments and lost work time, could significantly increase the overall cost. (Webster and Snook, J Occup Med, 1990)

## Diagnosing Low Back Problems

Experts are able to find the exact reason or cause of low back problems in very few people. Most times, the symptoms are blamed on poor muscle tone in the back, muscle tension or spasm, back sprains, ligament or muscle tears, or joint problems. Sometimes, nerves from the spinal cord can be irritated by "slipped" discs, causing buttock or leg pain. This may also cause numbness, tingling, or weakness in the legs. People who are in poor physical condition or who do work that includes heavy labor or long periods of sitting or standing are at greater risk for low back problems. Emotional stress or long periods of inactivity may make back symptoms seem worse.

The back is made up of many parts, all of which have to function together smoothly to be problem-free. Even minor damage to any part of the back can upset its delicate balance and make movement painful. Back pain can occur for no apparent reason at any point on

the spine, but the most common site for pain is the lower back because it bears the majority of the body's weight.

When making their diagnosis, health care providers should be on the lookout for "red flags" – symptoms that can indicate more serious underlying conditions such as fractures, tumors, infections, or spinal nerve root problems.

Unless any of these "red flags" are present, special studies and diagnostic tests are not recommended within the first month of symptoms. If symptoms persist for more than a month, however, these tests may be necessary to help determine the reason for delayed recovery. These often-performed tests are: X-rays, CT (computerized tomography) scans, MRI (magnetic resonance imaging), myelography and CT-myelography, EMG (electromyography), H-reflex tests, SEPs (sensory evoked potentials), and bone scans.

Within the first 3 months of symptoms, surgery is only recommended for people with evidence of serious spinal pathology or certain leg symptoms due to nerve conditions, fractures, or dislocations. Surgery appears to help only 1 in 100 people with acute low back problems.

## Treatment Recommendations

There are a number of treatment options recommended in the guideline to help people relieve their low back symptoms, but symptom relief is only part of the guideline's new approach to treatment. Just as important is the rebuilding of activity tolerance through gentle exercise.

- Acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen, naproxen, and aspirin are safe and acceptable medications for pain control. Muscle relaxants and opioid analgesics are an option for short-term treatment, but appear to be no more effective than NSAIDs, and may cause drowsiness and other side effects in up to 35 percent of the people who take them.
- Spinal manipulation (performed by chiropractors, osteopaths, and other therapists) can be helpful when symptoms begin, but people should

be re-valuated if there is no symptom improvement after 4 weeks.

- Low-stress exercise such as walking, swimming, or biking can be started during the first 2 weeks after symptoms begin, if the problems are mild or moderate.
- Conditioning exercises for trunk muscles can be started and gradually increased after the first 2 weeks of symptoms.

### Treatment Options the Guideline Does Not Recommend

There are many treatment options currently in use that the guideline does not recommend for acute low back problems.

The following are not recommended because the guideline panel did not find a sound scientific basis for their effectiveness:

- Spinal traction, biofeedback, TENS (transcutaneous electrical nerve stimulation), and acupuncture.
- Lumbar corsets (except perhaps when used preventively by those who do frequent lifting on the job), support belts, back machines.

Also not recommended because their effectiveness does not justify the potential risks of harmful side effects are:

- Extended bed rest. Resting in bed for more than 4 days can weaken muscles and bones and delay recovery.
- Oral steroids, colchicine, antidepressants, and phenylbutazone, whose potential side effects range from gastrointestinal irritation to bone marrow suppression.
- Therapies involving the injection of local anesthetics, corticosteroids, or other substances into the back. The potential harms include rare but serious problems such as nerve damage and hemorrhage.

These treatments are not recommended because there was not sufficient evidence of benefits to justify their costs:

- Heat/diathermy, massage, ultrasound, cutaneous laser treatment, and electrical stimulation (other than TENS).

### Advice to Consumers

Acute low back problems occur in episodes. Many things people can do to make themselves more comfortable when acute low back problems are present can also help reduce the recurrence of

problems. Here are some suggestions from the guideline consumer guide, *Understanding Acute Low Back Problems*:

- **Exercise regularly.** Specific exercises (recommended by a health care provider) can condition muscles that are important to good back health and can help prevent more back problems.
- **Wear comfortable, low-heeled shoes.** Shoe insoles may help people who stand for long periods of time.
- **Put work surfaces at a comfortable height.**
- **Use a chair with good lower back support.**
- **When lifting, keep objects close to the body.** Avoid lifting while twisting, bending, and reaching.
- **Lumbar corsets, used preventively, may let some people continue to work when their jobs require frequent lifting.**
- **Rest feet on a low stool when sitting for long periods of time.**
- **Place a pillow or rolled-up towel behind the small of the back when driving long distances.** Stop often and walk for a few minutes.
- **For comfortable sleep, place a pillow under the knees when sleeping on the back, or in between knees when sleeping on the side.**

### For Further Information

Free copies of *Acute Low Back Problems in Adults: Assessment and Treatment, Quick Reference Guide for Clinicians* and the consumer version of the guideline, *Understanding Acute Low Back Problems* (available in English and Spanish) may be obtained from:

AHCPR Publications Clearinghouse  
P.O. Box 8547  
Silver Spring, MD 20907  
Telephone: 800-358-9295 (24 hours a day)

Free copies also are available from AHCPR Instant Fax (301-594-2800).

*Acute Low Back Problems in Adults, Clinical Practice Guideline* is available through the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402; telephone: 202-512-1800.

The guidelines make no specific mention of chiropractic or osteopathic medicine in their discussion of manipulation ("manipulation can be helpful ...if performed within the first month of symptoms").

The AHCPR guidelines are certain to lay the groundwork for the AOA's study of sub-acute back pain. Results of the long-term study of over 160 patients should be released later this year.

For a complete copy of the guidelines, call the AHCPR's toll-free number, 1-800-358-9295. Questions or comments can be directed to Michelle Toscas, AOA Public Relations, at 312-280-5882. ■

## New President Sought for UHS

On January 27, 1995, the Board of Trustees of the University of Health Sciences, after lengthy discussion, concluded that it would be in the best interest of the University for it to be led by a new President starting in the Fall of 1995. To that end, the Board voted to exercise the University's right, under its Employment Agreement with John P. Perrin, J.D., to unilaterally terminate Mr. Perrin's employment, effective immediately. As provided in his Employment Agreement, Mr. Perrin will continue to receive full salary and benefits from the University through November 1, 1995, even though his duties at the University have been terminated.

Under the provisions of the By-Laws of the University, the present Chairman of the Board of Trustees, Jack T. Weaver, D.P.M., D.O., will serve as Acting President. Dr. Weaver is an Orlando, FL., family practitioner and a 1963 graduate of UHS-COM. He was elected Chairman of the UHS Board of Trustees in April 1994 and has served as a board member since 1990.

Day-to-day University operations will continue in much the same manner as they did prior to Mr. Perrin's departure. General operations and finance will be guided by Richard K. Hoffine, Vice President for Finance and Administration; and academic matters will be under the helm of Anthony J. Silvagni, Pharm. D., D.O., FACOPF, Vice President for Academic Affairs/Dean.

John B. Hoffman, UHS Board of Trustees member, has been named to head the Search Committee for a new president.



# Dr. Sterling Huff Assumes New Position

Third Coast Emergency Physicians have announced the association of Sterling Huff, D.O., who assumed the Medical Directorship for Emergency Services at St. Joseph Hospital & Health Center in Bryan, Texas, effective January, 1995. St. Joseph provides trauma service to a seven-county area. Third Coast Emergency Physicians, a medical group formed in 1987, staffs hospital Emergency Departments in Austin and Bryan/College Station.

Dr. Huff has served as Vice Chairman of the Department of Emergency Medicine at Conroe Medical Center Hospital since January, 1993. He has worked as a staff physician at hospitals in Houston and San Antonio. Dr. Huff was Medical Director of Northeast Community Medical Center Emergency Department in Bonham in 1988; and practiced privately for two years in Bells, Texas

Dr. Huff received his undergraduate education at Texas A&M and the University of Texas at Austin, and earned his D.O. degree in 1985 from Texas College of Osteopathic Medicine. He completed a rotating internship at Osteopathic Medical Center of Texas in Fort Worth, and an emergency medicine residency at Texas Tech University Health Sciences Center, El Paso. He is board certified in emergency medicine.

Dr. Huff has distinguished himself in community service

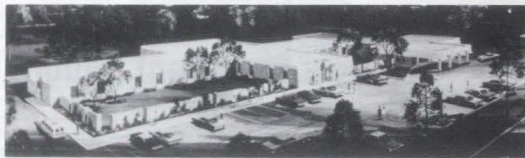
throughout his career. He served as City Councilman in Bells, Texas; performed emergency medical relief in Jamaica after Hurricane Gilbert; served as Medical Director of the Bells/Savoy Ambulance Service; founded Citizens for Rational Health Care; and has been a den leader for the Boy Scouts of America. He has served on many hospital committees, published in *The Journal of Pediatrics*, and published many community service articles related to medicine in local newspapers. Dr. Huff has lectured widely both to the medical community and the lay public.

Memberships include the Texas Osteopathic Medical Association, Texas Medical Association, American College of Emergency Physicians and the Texas College of Emergency Physicians.

## New S.G.A. Officers Named

New officers of the Student Government Association at the University of North Texas Health Science Center at Fort Worth are as follows: President - Brent W. Sanderlin; 1st Vice President - Jeri Morrison; 2nd Vice President - Salim Bhaloo; Secretary - Daralyn Dearthoff; and Treasurer - John Biery.

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# Stroke Deaths Are Rising After 20-Year Decline

A study presented during the recent annual American Heart Association meeting for science reporters, revealed that stroke deaths are beginning to rise after two decades of decline.

The author of the study, Dr. Russell Luepker of the University of Minnesota, stated his belief that this trend is due to a drop in the use of blood pressure medication which, in turn, probably reflects two factors. One factor, he noted, is that the control of high blood pressure is no longer at the top of the national health agenda. A campaign to treat high blood pressure began in 1973, resulting in a dramatically lower number of deaths from stroke during the 1970s and 1980s. However, he said, a campaign in the 1980s focusing on lowering cholesterol levels gradually overshadowed the importance of high blood pressure.

The second factor, according to Dr. Luepker, is the price of blood pressure medication. Many of the newer drugs cost as much as \$1.50 per pill and must be taken once or twice a day.

Because stroke-related deaths had leveled off, Dr. Luepker noted that some physicians may be less careful about treating patients for high blood pressure because of a feeling that we have done very well with the treatment of high blood pressure, and there was nothing to worry about any more."

Dr. Sidney Smith, Jr., president-elect of the American Heart Association, agreed with Dr. Luepker's assessment. "I see a disturbing trend toward forgetting about hypertension, and we can't do that," stated Dr. Smith. ■

## Medicare Proposes Moving Recipients Into Managed Care Plan

In an effort to bring down Medicare's escalating costs, a proposal which would force Medicare patients into managed care programs was offered at a hearing sponsored by the House Ways and Means Committee's Subcommittee on Health. Called Medicare Select, the pilot project was touted as a way to introduce managed care to Medicare recipients. Although a very small percentage of people on Medicare are enrolled in managed care programs, analysts believe that if more were in such programs, the Medicare budget could hold steady or even be reduced.

In 1994, Medicare costs were \$162 billion. The tab is expected to rise to 12 percent of the federal budget by 1996, up from just six percent in 1980. ■



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Member Specialty College \_\_\_\_\_

Date Certified \_\_\_\_\_ Fellowship (if any) \_\_\_\_\_

List any additional post-graduate training \_\_\_\_\_  
\* \* \* \* \*

### District Endorsement

District Secretary \_\_\_\_\_

Approved - TOMA Membership Chairman \_\_\_\_\_

I hereby certify if elected to membership in the Texas Osteopathic Medical Association, I will uphold and abide by said Association's Constitution and Bylaws and Code of Ethics. Attached is \$\_\_\_\_, the membership fee, which will be my dues for the current year, with the understanding that it is to be returned to me if I am not fully satisfied with the benefits and services offered by TOMA. (No application will be acted upon until the April Board of Trustees meeting.)

Request for dues refunds must be received by Friday, March 31, 1995.



\_\_\_\_\_  
Signature of Applicant

*Please direct any questions to Ms. Paula Yeamans, Membership Secretary  
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# Program Tying Organ Donorship To Driver's License Called Failure

At the request of officials of organ procurement centers in Texas, the Texas Department of Public Safety (DPS) and the Texas Medical Association, Representative Ron Lewis (D-Mauriceville) will introduce a bill in the 74th Texas Legislature seeking to abolish the law allowing Texans to sign up as organ donors on their driver's license. In 1991, Rep. Lewis sponsored the original proposal establishing the driver's license program which subsequently became a law.

Those who backed the original law now feel that a driver's license office

setting, coupled with a lack of medical or educational counseling, does not give individuals the necessary motivation in agreeing to be organ donors.

The law has been deemed a failure in that it has produced an impediment to organ procurement centers and hospitals. Experts in organ procurement say the problem is twofold: 1) Texans waiting to get a license or license renewal are not counseled; and 2) a DPS computer glitch may not be giving a clear indication of who does or does not want to be an organ donor, since a yes or no indication on the license does not

make allowances for those who are undecided.

In addition, a "no" on a license has hampered physicians' attempts to persuade the family of deceased individuals to consent to donation, even if the deceased had indicated otherwise to family members.

Professionals have determined that a better system for procuring organ donations would result through a combination of public education, advertising, community outreach and family counseling.

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\_\_\_\_\_ other, please specify:

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\_\_\_\_\_

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- ☞ Provides free library reference information through Med-Search, a joint project of our Association and the UNTHSC Gibson Lewis Health Science Center medical library.
- ☞ Offers additional membership services - with the TOMA MasterCard program, the I.C. Systems collection agency, and a patient referral service.
- ☞ Supports the Physicians Assistance Program, which offers impaired physicians a peer group to monitor recovery.
- ☞ And other programs and services as they become available.



# What's Happening In Washington, D.C.

• **A 60% Majority.** Many Republican House members now are pushing for a provision that would require a 60% vote in Congress to approve any tax increase. They threaten that, without such a provision, they will not vote for a balanced budget amendment.

• **State Tax Impact.** Some governors are claiming that a balanced budget amendment will require many states to raise taxes in order to maintain current revenue levels. The reason? Federal grants to the states will be cut.

• **Social Security Off Limits.** A new task force appointed by the Senate Budget Committee is going to examine how federal entitlements can be reduced to help with a balanced budget amendment. The task force has been instructed that social security benefits are off limits for now.

• **Investment Incentives Galore.** Numerous bills to cut taxes on capital gains and investment income are being introduced. One bill would completely exempt from income tax the first \$10,000 (\$20,000 for joint filers) of capital gain income each year and the first \$1,000 (\$20,000 for joint filers) of interest and dividend income.

• **Retrospective Relief.** House Ways and Means Chairman Bill Archer is pushing hard to restore the 25% tax deduction for health insurance costs paid by self-employed individuals, retroactive to 1994. He predicts passage before the filing deadline for '94 returns.

• **Higher Education Break.** Senate Democratic leaders are proposing a \$10,000 per year deduction for higher education costs paid by those with adjusted gross incomes of less than \$70,000 (\$100,000 for joint filers).

• **Middle Class Tax Cuts.** The debate over middle class tax cuts continues, with the focus on potential inflationary impacts. The major proponents, including the President in his State of the Union address, promise spending cuts that will reduce inflationary pressures.

• **Good News For Retirees.** Presently, retirees between ages 65 to 69 lose one dollar of social security benefits for every three dollars earned over \$11,250 each year. Democrats and Republicans all agree that relief is needed. Some support increasing the earnings limit to \$30,000.

• **Scary Facts.** If entitlement spending from FICA taxes remain on its present course, tax rates on workers' compensation will need to be as high as 69% in the future. So says a recent report from the National Taxpayers Union Foundation.

• **It's Back.** Flat rate tax talk is back again. Prominent Democratic and Republican leaders have jumped on the flat tax bandwagon and are offering new proposals.

• **A Fresh Look.** House and Senate Committees are looking hard at reducing cost-of-living increases for social security benefits and other federal entitlement programs. A 1% reduction in the cost-of-living increase would save \$55 billion a year.

## FAMILY PARTNERSHIPS BEWARE

New regulations issued in January create additional obstacles for family limited partnerships. Those family partnerships that do not have a business or investment

purpose will not be treated as partnerships for gift tax purposes and will not be entitled to minority interest discounts. Similarly, the new regulations suggest that if partnership interests are transferred to children simultaneously with the formation of the partnership, the partnership may be deemed to have been formed for family gifting purposes, not investment or business purposes. Clearly, extra care now should be taken to document the investment or business purposes of the partnership and to separate in time the partnership formation from any gifts of partnership interests.

## BUSINESS LIFE INSURANCE PLANNING

Closely-held businesses offer some of the greatest opportunities for life insurance planning. Careful planning can protect the business, its owners and its key employees. Unfortunately, too often confusion and misinformation get in the way of effective planning. Often the result is poor decisions or no decisions. Either way, the planning process is frustrated.

Often the core problem is the approach to the business planning process. An organized approach will promote understanding, sort out the details, isolate the traps and facilitate sound decisions.

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

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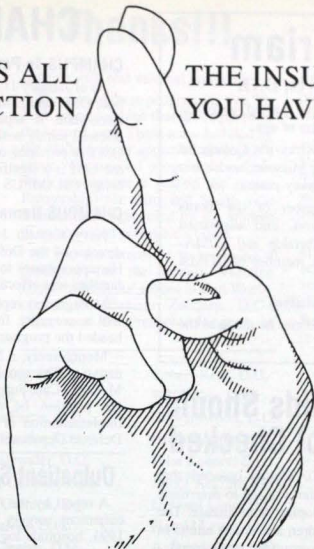
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# In Memoriam

## Carolyn H. Roberts, D.O.

Dr. Carolyn Roberts of Dallas passed away on January 12, 1995. She was 83 years of age.

She was a 1936 graduate of Kirksville College of Osteopathic Medicine, Kirksville, Missouri, and was a family practitioner in Dallas for many years.

Dr. Roberts was a life member of the Texas Osteopathic Medical Association, and supported TOMA through sustaining membership and TOMA-PAC donations. She was also a member of TOMA District V.

Dr. Roberts had no surviving relatives.

Donations in Dr. Roberts' name can be made to the American Heart Association.

## Study Says All Kids Should Have Cholesterol Checked

A study published in the journal *Circulation*, contends that all children should have their cholesterol tested to determine if they are at long-term risk of developing heart disease. The study, which consisted of 8,276 children and young adults in Louisiana, goes against official government recommendations which call only for the testing of children whose parents have existing heart disease.

# CHAMPUS News

## CHAMPUS To Pay E/M Plus OMT

As of January 11, 1995, CHAMPUS began reimbursing for both OMT and E/M services when they are performed on the same date. A separate code for an E/M service may be allowed jointly with an OMT code (98925-98929) when the OMT is provided on the same day, if it can be justified that the E/M is a significant, separately identifiable service. This brings CHAMPUS in line with the current Medicare policy.

## CHAMPUS Names New Director

Navy Captain John E. Montgomery has taken over as director of the Defense Department's CHAMPUS program. His appointment to head the health benefits plan for service families was effective December 1, 1994.

Montgomery replaces Navy Captain Paul T. McDavid who will soon retire from active naval service. McDavid had headed the program since June, 1989.

Montgomery, a Navy Medical Service Corps officer, is a native of Chicago. He most recently served as director of the Managed Care Support Office at CHAMPUS headquarters. In this position, he was involved with the development and implementation of managed care support contracts for the Defense Department's TRICARE program.

## Outpatient Surgery Rising Dramatically

A report by the American Hospital Association notes that outpatient surgery is rapidly gaining momentum. During 1993, hospitals logged 367 million outpatient visits, up 5.1 percent from 1992 and 75 percent from 1982. Of 22.8 million operations performed during 1993, 55 percent were done on an out-patient basis.

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# Thanks!!!

The educational process of becoming a osteopathic physician is a complex one. It involves many courses and years in a didactic setting, especially in the first two years, as well as hospital and ambulatory clinical training with actual hands-on experiences with real patients in the second, third and fourth years of medical school.

One of the very important aspects of ambulatory clinical training is the preceptor program. At UNTHSC/FW-TCOM, in the Department of Family Medicine, there are two programs that expose the medical student to actual real

patients with real medical problems.

The first of these programs is two 32-hour preceptorships that are required in the second year. These are scheduled by the student in an approved preceptor's clinic. The second program is a four-week preceptorship (called the Junior Partnership) for third and fourth year students also scheduled by the student in an approved preceptor's clinic.

If you are interested in becoming a preceptor for the Family Practice Department at our school in Fort Worth, contact T. Eugene Zachary, D.O., Director of the Preceptor Program, at

817-735-2445. A workshop for preceptors is scheduled for Thursday afternoon at the TOMA Convention in June in Dallas. This workshop is being conducted by the Family Practice Faculty Development Center in Waco, TX. It will be available for you to attend as part of your convention registration fee.

The Department of Family Medicine at UNTHSC/FW-TCOM wishes to acknowledge the physicians that have served as preceptors to our medical students in the past twelve months. We want to publicly thank all of them.

erry Alexander, D.O.  
Christopher Angelo, D.O.  
John Ansohn, D.O.  
Sra Apsley-Ambriz, D.O.  
Teora Ballom, D.O.  
Eauford Basped, D.O.  
Enjamin Beall, D.O.  
Marianne Beard, D.O.  
George Beasley, D.O.  
erry Beaty, D.O.  
Joseph Benenate, D.O.  
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Mark Bickley, D.O.  
John Boyd, D.O.  
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erry Burrows, D.O.  
Jeffrey Butts, D.O.  
Mary Campbell-Fox, D.O.  
James Cary, D.O.  
Catherine Carlton, D.O.  
Elly Carpenter, D.O.  
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Thomas Castoldi, D.O.  
Charles Childers, D.O.  
David Connett, D.O.  
Charles Cook, D.O.  
James Czewski, D.O.  
Robert Deluca, D.O.  
Harron Dennis, D.O.  
Cynthia Dott, D.O.  
Kenneth Dott, D.O.  
Sandal Dow, D.O.  
Anna Duncan, D.O.

Mel Eliades, D.O.  
Al Faigin, D.O.  
Virginia Farrar, D.O.  
Robert Faseler, D.O.  
John Galewaler, D.O.  
Bennett Gardner, D.O.  
Anesia Garmon, D.O.  
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Jaime Vasquez, D.O.  
Brent Walker, D.O.  
Margaret Walter, D.O.  
John Walton, D.O.  
Terry Watson, D.O.  
Rodney Wiseman, D.O.  
Gary Wolf, D.O.  
Steve Worrell, D.O.  
Joseph Wysoki, D.O.  
Loraine Yeoham, D.O.  
Craig Yetter, D.O.

# News from Osteopathic Health System of Texas

## Annual Shillings Award Dinner Benefits OMCT's Alzheimer Patient Fund



(L-R) Osteopathic Health Foundation Member Jay Beckwith, D.O., Virginia Estes, OHF Board Member Felix Ankele, Carol Burnam and OHST Vice President John Burnam.

Members of the board from the Osteopathic Health Foundation and Osteopathic Health System of Texas attended the Johnny Shillings Award dinner benefiting the Aaron L. Finger Alzheimer's Disease Patient Care Fund at OMCT January 8 at the INFOMART in Dallas.

The year's dinner honored Lee Blaugrund, president of the American Home Furnishings. Major underwriters of the dinner included OHST, Dallas Market Center, Mrs. Pat L. Finger and the Schnadig Corporation.

The dinner is held in honor of Aaron L. Finger, a prominent furniture retailer in the Fort Worth area for more than 50 years who suffered from Alzheimer's

until his death in 1993. The Aaron L. Finger Alzheimer's Disease Patient Care Fund was established at OMCT to help families who could not afford care for their loved ones who suffer from Alzheimer's.

"You will never meet the people that your donations help," said Jay G. Beckwith, D.O., Mr. Finger's physician and board member of the Osteopathic Health Foundation, "but on their behalf and on behalf of their families, thank you."

Renovations have recently been completed on OMCT's Skilled Nursing Facility, the unit designed to care for geriatric patients with Alzheimer's disease and related disorders.

## John Burnam Joins OHST



John Burnam, former vice president at Tandy Corporation, joined OHST as vice president in December.

A Texas native, Mr. Burnam worked for the Tandy Corporation for more than 25 years. He started as a Radio Shack sales associate and quickly moved into management. In 1970, he was appointed as a Radio Shack district manager and later moved into management in Tandy's Corporate Headquarters. In 1986, he was named vice president, community relations and corporate contributions.

Mr. Burnam received his bachelor's

degree from Texas Christian University in 1965.

A member of many community-oriented organizations, Mr. Burnam served as president in 1990-91 of the Big Brothers and Big Sisters of Tarrant County, and chairman of the organization in 1991-92. He is active in the TCU Alumni Association, Junior Achievement and Rotary Club. John also served on the board of directors of OMCT from 1987 to 1994.

With 265 beds, OMCT is the largest osteopathic institution in Texas. This non-profit medical center serves as a primary teaching hospital for the Texas College of Osteopathic Medicine at the University of North Texas Health Science Center at Fort Worth.

## OMCT's Ukrainian Business Intern Learning



(L) Vladimir Sarnavsky, Sabit Business Intern at OMCT with OHST/OHF Board Member John Allen Chalk.

It covers 233,000 square miles. It's 6,000 miles away from Fort Worth. And it's home to Osteopathic Medical Center of Texas' Ukrainian business intern Vladimir Sarnavsky.

Mr. Sarnavsky, who arrived in January, is here as part of the Special American Business Internship Training (SABIT) Program, which was recommended by OHST board member, John Allen Chalk. The SABIT program looks for executive-level management and science/research opportunities in American companies to place mid- to senior-level managers from the new independent countries formed from the former Soviet Union.

Twenty interns have already completed internships and returned home, and 60 more will come in the near future. The application and interview process takes an average of 18 months to complete.

His six-month internship was made possible through a grant from the United States Department of Commerce and the United States Embassy in the Ukraine. In Kiev, Mr. Sarnavsky is the director for import and export sales of medical equipment and supplies for an organization that is part of the Ministry of Health of the Ukraine. He is interested in learning about the structure of America's health

re system, the role insurance plays in the system, and about the financial management of the hospital.

His education will also include a firsthand look at preparing for the Joint Commission survey in March. "Here the physicians, nurses and administrators ask 'How can I improve the system?' We don't have anything like that in Ukraine," he said. "I'm very interested in using this experience in my country." The Ukrainians find themselves in an interesting situation, Mr. Sarnavsky explains, "People want to change [out of the socialist system], but at the same time they are afraid of change."

#### Limited health care choices

As a patient in Kiev, you might find yourself not paying for medical care, but wishing that you could. That's because physicians have limited resources with which to treat their patients. Diagnostic tests consist almost exclusively of ultrasound and X-rays. Mr. Sarnavsky explains, "Ultrasound is not available test. Often, physicians make a determination of whether to perform surgery from the ultrasound or X-ray and nothing else."

Mr. Sarnavsky says other tests like a CT scan or an MRI are available, but are so few and far between that the patients can't always travel to get to it.

Even the use of X-rays must be carefully monitored. Between five and 10 million people in four districts of the Ukraine were affected by the Chernobyl accident in 1986 and cannot receive any additional radiation.

According to Mr. Sarnavsky, much of the medical equipment currently being used in the Ukraine was purchased from Poland, Hungary and Czechoslovakia (now the Czech Republic) and the quality is poor. France, Germany, Italy and Japan sell equipment that are of the same quality reduced in the United States, but they're 10 to 20 percent more expensive," Mr. Sarnavsky explains.

Besides the poor equipment, physicians in the Ukraine also have to deal with limited options for treating illness. "Here doctors can choose between many medicines. There, they only have a few choices."

Disposable equipment is another issue that causes problems for physicians in the Ukraine. Disposable

laparoscopic surgery instruments, for example are plentiful in America, but are on scarce supply in the Ukraine. The same goes for some surgical instruments. "It is not economical for us to use disposable equipment," he explains.

Economics plays an even bigger part in health care in the Ukraine since the breakup of the USSR. "Hospitals don't receive money from a centralized source anymore," he says. "Now hospitals receive money from local budgets (from taxes), which is chronically lacking. Our hospitals look

like US hospitals from the 1970s and have equipment comparable to yours in the late 1980s. Very few hospitals are as beautiful as OMCT." He said the average income for physicians in the Ukraine is \$20 a month, while nurses average \$15 a month. Groceries cost \$12 to \$15 a month.

While he is still learning the nuances of osteopathic medicine, he has picked up on the fact that preventive medicine is the best approach for health care. "The future health care system is like osteopathic medicine - encouraging a healthier style of life."

## Fort Worth Dentist Named to Osteopathic Medical Center Board of Directors



H. Richard O'Neal, D.D.S., has been named to the Osteopathic Medical Center of Texas Board of Directors. Dr. O'Neal has served OHST in the past

serving on the HCT Capital Corp. board of directors.

"Dr. O'Neal brings a great deal of experience and insight to the board and we're excited that he will be bringing his leadership to our organization," said Jay Sandelin, chairman of OHST. "Part of what makes our board so diverse and unique is the quality of the members that comprise it."

Dr. O'Neal received his bachelor's degree from Texas Christian University in 1957. He graduated from Baylor College of Dentistry in 1962 with a Doctorate of Dental Surgery. In 1975 he completed his master's of Dental Surgery degree at the Baylor School of Orthodontics.

Dr. O'Neal served as president of the Fort Worth Independent School District Board of Education from 1978 to 1987. He has been a member of the Young Life Committee for Fort Worth, is active in the YMCA and the East Side Baseball Association, and has served as president of the Fort Worth Chapter of the TCU Alumni Association. ■

## Letters

*(Editor's note: the following is in response to the article entitled "The Uniqueness of the Osteopathic Profession," which appeared in the February, 1995 issue, under "President's Corner." TOMA President T. Eugene Zachary, D.O., challenged D.O.s to examine their individual philosophies about osteopathic uniqueness).*

Dear Gene:

You said it all - probably like no one else could have written it. You covered all bases and I don't think you missed any.

We have grown up now that we have gained greater recognition. I just ask that D.O.s do not forsake their training in osteopathic institutions. I want osteopathic colleges, hospitals and education to survive.

I keep thinking of words like character, loyalty and honesty to one's self.

Sincerely,

Roy B. Fisher, D.O.



# Texas Society of the ACOFP Update

By Joseph Montgomery-Davis, D.O., Texas Society of the ACOFP Editor

The Texas Society of the ACOFP Board of Trustees met at the Doubletree Lincoln Centre Hotel in Dallas on February 11, 1995, and finalized its plans in regard to its participation in the ACOFP Convention. The ACOFP Convention will be held at the Loews Anatole Hotel in Dallas on March 15-19, 1995. During this convention, Robert G. Maul, D.O., of Lubbock, will be installed as the ACOFP President.

The Texas Society of the ACOFP and TOMA are planning something special to help celebrate Dr. Maul's installation as president. We encourage all Texas Society of the ACOFP members and all other interested Texas D.O.s to come and join the celebration.

Once again I would like to remind those Texas Society of the ACOFP members, who have been selected to be delegates to the ACOFP Congress of Delegates on March 18, 1995, to notify Dawn Keilers, our Executive Director, if they cannot attend. This will give Capt. Ben Young, D.O., the Texas Society of the ACOFP President, an opportunity to select an alternate to take your place.

Dr. Robert G. Maul has issued a final invitation to those Texas Society of the ACOFP members, who would like to serve on ACOFP committees, to let him know ASAP. Just select the committee that you like and either phone or write a short note to the following address: 5009 University Ave., Lubbock, TX 79413. His office phone is 806-792-4811 and his fax is 806-792-4692. The time is short, so drop Dr. Maul a line today.

I am happy to announce to Texas Society of the ACOFP members that an agreement has been put in place, in conjunction with the Texas Academy of Family Physicians, that will result in osteopathic physician participation in the Physician of the Day program during this current Texas legislative session. This will take place in the last week of March, 1995. Those Texas Society of the ACOFP members who are interested in participating in this program should contact Dawn Keilers for further details, by calling the toll free number 800-825-8967.

Managed care is a hot topic here in Texas. There are many potential pitfalls in signing a legal contract with a managed care company. The phrase "let the buyer beware" is being replaced by "let the doctor beware!" Review the contract before signing it. TOMA and the Texas Society of the ACOFP recommend that its members have an attorney who is experienced in managed care contracts review the contract. Andre Hampton, J.D., telephone number 512-480-5638, will review the contracts for \$100. This is a wise investment!

TOMA's anti-discrimination bill, H.B. 585, sponsored by Representative Jack Harris, has attracted a lot of support with the inclusion of several amendments which will help to strengthen and broaden the scope of the bill.

**SECTION I.** Chapter 241, Subchapter E., Section 241.101, Health and Safety Code, is amended to read as follows:

(c) The process for considering applications for medical staff membership and privileges and for renewing or terminating or reducing such membership and privileges must afford each physician, podiatrist and dentist procedural due process.

(e) In the granting or refusal of medical staff membership or privileges, a hospital may not differentiate upon the basis of the academic medical degree held by a physician.

(f) When graduate medical education is used as a standard or qualification for medical staff membership or privileges, equal recognition will be given to training programs accredited by the Accreditation Council on Graduate Medical Education and by the American Osteopathic Association.

(g) When board certification is used as a standard or qualification for medical staff membership or privileges, equal recognition will be given to certification programs approved by the American Board of Medical Specialties and the Bureau of Osteopathic Specialists.

(h) A hospital's credentials committee shall act expeditiously and without unnecessary delay when a licensed physician, podiatrist, or dentist submits a completed application for medical staff membership and privileges. The hospital's credentials committee shall take action on the completed application not later than the 90th day after the application is received. The governing body of the hospital shall take final action on the application for medical staff membership and privileges within 60 days of its receipt of the recommendation of the credentials committee. The hospital must notify the applicant in writing of the hospital's final action, including a reason for denial of or restriction of privileges, not later than the 20th day after the date of final action.

(i) A hospital's bylaw requirement for staff privileges may require a physician to document training in specified medical procedures, document minimum levels of medical experience and demonstrate clinical competency.

Another bill of interest to all Texas physicians is S.B. 30, sponsored by Senator David Sibley, which deals with medical liability reforms. Health care provider associations including TOMA and medical liability insurance carriers doing business in Texas have retained the services of former Senator Bob Glasgow to help channel this bill through the Texas Legislature. This is the year for tort reform in Texas; it is now or never!

Bruce A. Levy, M.D., J.D., Executive Director of the Texas State Board of Medical Examiners, gave a lecture to Texas D.O.s who attended the TOMA Legislature Symposium on Proper Pain Management. He emphasized proper documentation including monitoring of medication use as well as indicating non-compliance on the part of the patient. Dr. Levy went over some proposed changes in the Medical Practice Act which were to be published in the *Texas Register* for comments.

### 1.1 Purpose

The purpose of this chapter is to recognize that some dangerous drugs and controlled substances listed in Chapter 481 and 483 of the Texas Health and Safety Code are dispensable for the treatment of pain, and are useful for relieving and controlling many other related symptoms that patients may suffer. It is the position of the Board that these drugs may be prescribed for the treatment of pain and other related symptoms after a reasonably based medical diagnosis has been made, in adequate doses, and for appropriate lengths of time, which in some cases may be as long as the pain or related symptoms persist. The Board recognizes that pain, including intractable pain, and many other related symptoms, subjective complaints and that the appropriateness and the efficacy of drug and dose will vary from individual to individual. The practitioner is expected to exercise sound medical judgement in treating pain and related symptoms with dangerous drugs and controlled substances.

### 1.2 Definitions

The following words and terms as used in Section 3.08 of the Texas Medical Practice Act, shall have the following meanings in the context of providing medications for pain and related symptoms:

**Abuser of narcotic drugs, controlled substances and dangerous drugs** – a person who takes a drug or drugs for other than legitimate medical purposes.

**Intractable Pain** – A pain state in which the cause of the pain cannot be removed or otherwise treated and which in the generally accepted course of medical practice no relief or cure of the cause of the pain is possible or none has been found after reasonable efforts.

**Non-therapeutic in nature or manner** – A medical use or purpose that is not legitimate.

**Prescribing pharmaceuticals or practicing consistent with the public health and welfare** – Prescribing pharmaceuticals and practicing medicine for a legitimate medical purpose in the usual course of professional practice.

### 1.3 Guidelines

The Texas State Board of Medical Examiners will use the following guidelines to determine whether a physician's conduct violates Sections 3.08(4)(E), 3.03(4)(F), and 3.08(18) in regard to the prescribing, administering, ordering, or dispensing of pain medications and other drugs necessary to address their side effects:

(1) The treatment of pain, including intractable pain, with dangerous drugs and controlled substances is a legitimate medical purpose when done in the usual course of professional practice.

(2) A physician or surgeon duly authorized to practice medicine in Texas and to prescribe controlled substances and dangerous drugs in this state shall not be subject to disciplinary action by the Board for prescribing, ordering, administering, or

dispensing dangerous drugs or controlled substances for the treatment and relief of pain, including intractable pain, in the usual course of professional practice for a legitimate medical purpose in compliance with applicable state and federal law.

(3) Prescribing, ordering, administering, or dispensing dangerous drugs or controlled substances for pain will be considered to be for a legitimate medical purpose if based upon accepted scientific knowledge of the treatment of pain, including intractable pain, not in contravention of applicable state or federal law, and if prescribed, ordered, administered, or dispensed in compliance with the following guidelines where appropriate and as is necessary to meet the individual needs of the patient:

(A) After a documented medical history, which may be provided orally or in writing by the patient, and physical examination by the physician providing the medication including an assessment and consideration of the pain, physical and psychological function, any history and potential for substance abuse, coexisting diseases and conditions, and the presence of a recognized medical indication for the use of a dangerous drug or controlled substance;

(B) Pursuant to a written treatment plan tailored for the individual needs of the patient by which treatment progress and success can be evaluated with stated objectives such as pain relief and/or improved physical and psychosocial function. Such a written treatment plan shall consider pertinent medical history and physical examination as well as the need for further testing, consultations, referrals, or use of other treatment modalities;

(C) The physician should discuss the risks and benefits of the use of controlled substances with the patient or guardian.

(D) Subject to documented periodic review of the care by the physician at reasonable intervals in view of the individual circumstances of the patient in regard to progress toward reaching treatment objectives which takes into consideration the course of medications prescribed, ordered, administered, or dispensed as well as any new information about the etiology of the pain;

(E) Complete and accurate records of the care provided as set forth in A-D above should be kept. When controlled substances are prescribed, names, quantities prescribed, dosages, and number of authorized refills of the drugs should be recorded, keeping in mind that pain patients with a history of substance abuse or who live in an environment posing a risk for medication misuse or diversion require special consideration. Management of these patients may require closer monitoring by the physician managing the pain and consultation with appropriate health care professionals.

(4) A decision by a physician not to strictly adhere to the provisions of section 3(A) - (E), above, will for good cause shown be grounds for the board to take no disciplinary action in regard to the physician. Each case of prescribing for pain will be evaluated on an individual basis. The physician's

(Continued on Page 40)

conduct will be evaluated to a great extent by the treatment outcome taking into account whether the drug used is medically and/or pharmacologically recognized to be appropriate for the diagnosis, the patient's individual needs including any improvement in functioning, and recognizing that some types of pain cannot be completely relieved.

(5) If the provisions as set out in subsections 1-4 above are met, and if all drug treatment is properly documented, the Board will consider such practices as prescribing in a therapeutic manner, and prescribing and practicing medicine in a manner consistent with public health and welfare.

(6) Quantity of pharmaceutical and chronicity of prescribing will be evaluated on the basis of the documented appropriate diagnosis and treatment of the recognized medical indication, documented persistence of the recognized medical indication, and properly documented follow-up evaluation with appropriate continuing care as set out in this chapter.

(7) A physician may use any number of treatment modalities for the treatment of pain, including intractable pain, which are consistent with legitimate medical purposes.

(8) These rules shall not be construed so as to apply to the treatment of acute pain with dangerous drugs or controlled substances for purposes of short-term care.

It is with a great deal of sadness that I report that Howard H. Galarneau, Jr., D.O., has resigned his position as Secretary of the Texas Society of the ACOFP. Howard and his family are relocating to Jackson, Mississippi. We thank Howard for the years of service he has rendered to the Texas Society of the ACOFP. On behalf of the Texas Society of the ACOFP Board of Trustees, I want to wish Howard and his family the best of luck in their new endeavor.

As a result of the vacancy created by Dr. Galarneau's resignation, Dr. Ben Young, Texas Society of the ACOFP President, has appointed Craig Whiting, D.O., to fill the unexpired one-year term of secretary. Congratulations, Craig!

I hope to see everyone at the ACOFP Convention in Dallas, Texas. Let's support a Texas Society of the ACOFP member who will serve us well as the ACOFP President, Dr. Robert G. Maul.

## Conservative Critics Targeting FDA

With campaigns featuring full-page newspaper ads stating, "If a murderer kills you, it's homicide. If the FDA kills you, it's just being cautious," critics are trying to pressure Congress to either restructure or abolish the Food and Drug Administration, saying it kills Americans by overregulating medicine.

Such critics include Citizens for a Sound Economy, which intends to utilize a large share of its \$10 million budget for the battle. Member Brent Bahler states, "This is going to be a serious effort. The FDA may be doing more harm than good."


U.S. House Speaker Newt Gingrich's Progress and Freedom Foundation plans on spending \$500,000 in an effort to implement a drug approval process that would privatize the FDA's job. The project is being overseen by a panel that includes Louis Sullivan, M.D., former Health and Human Services Secretary.

Some proposals put forth by critics include allowing all medical products on the market to have labels indicating whether they are FDA-approved or not, thereby giving patients a choice as to risk factors; and forcing the FDA to approve drugs sold in other countries.

Such tactics are worrying proponents of the FDA. Representative Ron Wyden (D-OR) stated, "It is very serious. The far right is trying to work up a real frenzy out there."

Another defender of the FDA, Dr. Sidney Wolfe of the advocacy group Public Citizen said, "These are inflammatory campaigns meant to terrify people into believing the government is their enemy, as opposed to some organization that has protected the public from things that are clearly dangerous."

## Membership *On-The-Move*



This is the last edition of the *TEXAS DO* we are sending to TOMA non-members across the State of Texas. If you are not currently a member and are interested in TOMA membership, send in your application immediately. Remember, TOMA is the only association that is exclusively committed to promoting the practice of Texas osteopathic physicians. Join today!



# Clinical Alert Issued In Treatment of Sickle Cell Anemia

Results from clinical studies using hydroxyurea, a cancer drug, in the treatment of sickle cell anemia have been so successful that the National Institutes of Health (NIH) has issued a clinical alert to physicians urging the use of the medication.

Although not a cure, daily doses of hydroxyurea reduced the frequency of painful episodes, hospitalizations, need for blood transfusions and acute chest syndrome by about 50 percent. Researchers believe the drug works by stimulating the production of fetal hemoglobin, which appears to prevent cells from becoming rigid. Due to the remarkable effectiveness of hydrox-

urea, the NIH halted trials of the drug four months early.

"This is a significant advance," noted Dr. Claude Lenfant, director of the National Heart, Lung and Blood Institute, which funded the study. "...hydroxyurea therapy is the first effective treatment for this serious illness and may greatly improve the quality of life of sickle cell anemia patients."

Hydroxyurea, manufactured by Bristol-Myers Squibb Co. of New York, has already been approved by the Food and Drug Administration for the treatment of polycythemia vera, a blood disorder in which too many red blood cells are produced. The FDA has been

notified of the new results of the drug and is expected to approve the new use of hydroxyurea after a review of the study data. Dr. Lenfant noted that because the drug is already licensed, physicians may prescribe it immediately for the treatment of sickle cell anemia; however, many insurers may not cover it until it receives FDA approval for that specific use.

The NIH cautioned that the drug should be offered only to adults with severe sickle cell anemia who have more than three painful episodes a year. Additionally, it should not be prescribed for children since it has not been fully tested in them, or for women who are considering pregnancy. ■

## AOAA Joins Growing Osteopathic Association Group With AOHA In Nation's Capital

The American Osteopathic Academy of Addictionology (AOAA) has relocated to the nation's capital to maintain its headquarters with the American Osteopathic Healthcare Association (AOHA). David Kushner serves as executive director.

All facilities and services at the headquarters will be available to AOAA members, and staff will provide administrative services for AOAA. Previously headquartered in Cleveland, Ohio, the Academy represents osteopathic physicians who specialize in areas related to addictive disorders and on chemical dependency.

AOAA President Greg Maddex, D.O., announced the relocation to members during the Academy's November continuing medical education sessions in San Francisco, which was held in conjunction with the 99th Annual American Osteopathic Association Convention and Scientific Seminar.

In signing the agreement, AOAA

Past President Karen L. Sees, D.O., comments, "I think there are a lot of advantages of being managed at AOHA headquarters. AOHA can serve as a liaison with other important organizations.

"This is an exciting time for addictionology medicine," she adds. "We look forward to what AOHA has to offer us."

"We are very pleased to welcome AOAA to Washington, D.C.," states AOHA Chair Anthony Tersigni, Ed.D., FCOHE. "This new relationship advances AOHA's mission and strategic direction."

AOAA becomes the sixth organization co-located and managed by AOHA staff. The other organizations are the American College of Osteopathic Pediatricians (ACOP), the Association of Osteopathic Directors and Medical Educators (AODME), the College of Osteopathic Healthcare Executives (COHE), and the Foundation for Osteopathic Health Services (FOHS).

AOAA staff can be reached at 5301 Wisconsin Avenue, NW, Suite 630, Washington, DC 20015; phone, 202-966-7732; fax 202-537-1362. ■

## Gingrich Calls For Task Force To Appraise Medicare

In a recent speech to the American Hospital Association, U.S. House Speaker Newt Gingrich stated his plans to create a task force to "rethink Medicare from the ground up." He noted that Medicare's "...current, highly centralized, bureaucratic structure, offering one menu for everybody in a monopolistic manner is the opposite of how America works." Gingrich indicated the task force would be made up of individuals from senior citizen groups, medical societies and the hospital association. ■

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

## **TCOM Students Plan Medical Mission Trip to Reynosa**

Matt Glick never knew how much he had until spring break last year.

The second-year TCOM student had his eyes opened when he accompanied other members of the Christian Medical and Dental Society on its annual medical mission trip during spring break.

It was on that trip to Ciudad Juarez, Mexico, where Glick and other students, physicians and health care workers ministered to both the physical and emotional needs of hundreds of people living in poverty there.

"One of the biggest things I got out of the trip last year was seeing the dichotomy between our culture and theirs," he said. "It was just shanty towns there. It definitely is a reality check about how much we in the states take for granted."

It was enough to convince him to make the trip this year, March 12-17, along with 34 other medical students to Reynosa, Mexico. The border town was selected over Juarez by the CMDS regional office because the need for medical care is greater there, Glick said.

Three TCOM alumni, one of them a faculty member, also will make the trip. They are Craig Whiting, D.O., family medicine, Class of '79, and Martha Dodson, D.O., and Charles Gibson, D.O., both of the Class of '93.

The CMDS chapter here has raised about \$2,000 so far, but has budgeted \$6,000 for expenses and supplies, Glick said. Contributions can be sent to Glick at the Health Science Center, Mailbox Number 114, 3500 Camp Bowie Boulevard, Fort Worth, Texas 76107.

## **Health Science Center Faculty Exploring Partnership With Medical Schools In Mexico**

With demographic forecasters projecting an ever-increasing number of Hispanics throughout Texas in the coming years, the University of North Texas Health Science Center is already

working on how best to serve that population.

The team of Craig Whiting, D.O., Muriel Marshall, D.O., and Henri Migala, M.A. all of the Department of Family Medicine, traveled to Mexico in February to talk with administrators of medical schools in the states of Jalisco and Colima.

They discussed the possibility of establishing educational opportunities with the schools that could lead to medical training there for Texas College of Osteopathic Medicine students. The talks could also lead to other initiatives with Mexico in the future, Migala said.

Greg McQueen, assistant to the vice president for health affairs and director of international health-related programs, said that working with Mexico on this project provides a rare opportunity that could benefit both students and faculty. It is also an opportunity to provide TCOM students with a unique multicultural perspective on their education, he said.

## **TCOM Grad Is Rock Doc During Dallas Gigs**

Think of Paul Stephen Worrell, D.O., as a doc who rocks.

The 1980 TCOM graduate was featured in a February 13 *Fort Worth Star-Telegram* article about his "arena calls" to rock and pop singers in Dallas for concerts.

He began the unusual practice several years ago, when members of the rock group Van Halen were performing at Reunion Arena. He treated the group's lead singer at that time, David Lee Roth, for a sore throat. After the concert, Worrell and his wife had dinner with him backstage. The celebrity business just kind of took off from there.

"I guess they just passed my name around after that, because I started getting calls from a lot of artists, and I started making house calls for hotels and arenas," Worrell told the *Star-Telegram*.

Satisfied singers began referring other musicians to him whenever they passed

through Dallas. Among his more famous patients are Billy Joel and his then-wife, Christie Brinkley, Tina Turner, Luther Vandross, Al Jarreau and Sammy Hagar.

"I definitely see a trend toward healthier living on the road," Worrell told the newspaper. "People are much more concerned about nutrition and fitness, and doing much fewer drugs than when I first started seeing stars and road crews 12 years ago."

## **Health Science Center Offers Weight Management Program**

Patients who have chronic problems with weight management or those facing a weight problem for the first time could benefit from a weight management program at the University of North Texas Health Science Center.

"Choose to Lose," a 20-week weight management program, was introduced at the Health Science Center in January, 1995 by Susan Franks, Ph.D., assistant professor of psychiatry. Franks created the Health Science Center's program based on a similar one at the Medical University of South Carolina, well-known for its approach that focuses on long-term behavioral changes and individualized nutritional counseling.

Participants work closely with Franks, a clinical health psychologist specializing in behavioral medicine. She completed a pre-doctoral internship at the Medical University of South Carolina, including a six-month rotation in their weight management program.

"This is not a cookie-cutter program where everyone must fit into this one pattern, making major changes in their lives, said Franks. "We look at lifestyle and behavior patterns, and develop a meal plan tailored to fit into their daily lives."

The program begins with a pre-treatment evaluation with behavioral analysis and nutritional assessment. Participants then participate in once-a-week group sessions for 20 weeks, and meet regularly with a registered dietician to develop flexible meal plans with consideration of normal dietary



bits and budget. They then are given options for follow-up treatment based on their needs.

Franks said that her program emphasis is expanding to include counseling for women wanting to lose weight following a pregnancy and rehabilitation patients whose weight is affecting rehabilitation progress.

For more information about the program or to refer a patient, contact Franks at the Health Science Center's Department of Psychiatry and Human Behavior at (817) 735-2334.

## In The News

Harvey Micklin, D.O., Department of Psychiatry and Human Behavior, and Steven Putthoff, D.O., Department of Pathology, participated in a radio interview series along with 20 other D.O.s during this year's American Osteopathic Association annual convention in San Francisco. The radio interviews were picked up by more than 100 individual radio stations and four national networks to reach 73 million listeners.

A January 26 article in the *Fort Worth Star-Telegram* about the rise in tuberculosis cases in Tarrant County referred to Stephen Weis, D.O., Department of Internal Medicine, and his research involving directly observed therapy to treat TB. Weis' research findings were published in the *New England Journal of Medicine*.

Weight-lifting exercises for men to develop their upper bodies were offered by Robert Kaman, Ph.D., Office of Multicultural Affairs, in the March issue of *Men's Health*.

T. Eugene Zachary, D.O., Department of Family Medicine, has been recertified in the practice of family medicine by the AOA. Zachary took the recertification exam during the AOA national convention in San Francisco.

Alan R. Stockard, D.O., Department of Family Medicine, has been selected as a volunteer physician at the U.S. Olympic Training Center at Colorado Springs, Colorado. Officials at the U.S. Olympic Committee Sports Medicine Program assigned Stockard to care for athletes-in-training May 10-25.

Stanley Weiss, D.O., Department of Public Health and Preventive Medicine, has been named surgeon and consultant to the Fort Worth Police Department. Police Chief Thomas Windham requested that Weiss remain in a

consulting role with the police department, even though the city did not renew its contract for officers' physical assessments with the health science center this year. Windham said Weiss "pioneered the concept in the state of Texas" for physical assessments to determine in which capacity an officer could best serve.

James L. Caffrey, Ph.D., Department of Physiology, left this week for Kuwait where he will spend six weeks as a visiting professor in the Faculty of Medicine at Kuwait University. As a visiting professor he will teach in the medical physiology program, present his research data to the faculty and explore collaborative research opportunities.

James K. Dzandu, Ph.D., Department of Pathology, was quoted in a *Fort Worth Star-Telegram* article on January 31 about the discovery of what appears to be an effective treatment for sickle cell anemia. He also presented a lecture February 21 about sickle cell anemia to members of the Baptist Ministers Union in Fort Worth.

## Expansion Approved for Yet-To-Be-Built Health Science Center Teaching Clinic

Even though construction has not started yet, the new Health Science Education Building at the University of North Texas Health Science Center at Fort Worth is being expanded.

At their meeting February 10, the Board of Regents for the center approved adding two additional shelled-in floors to the four story building. Health Science Center officials say that adding the two shelled-in floors now will save the center at least \$300,000 and prevent disruption to patient care and student teaching if the fifth and sixth floors are added later.

Estimated cost of adding the two floors is not to exceed \$2,830,000. The money will come from the State of Texas' Higher Education Assistance Fund.

The Health Science Education Building is being built at the corner of Montgomery and Modlin. Under original plans, the new \$6.5 million ambulatory patient care and teaching facility scheduled to open in 1997 will house the clinical departments of family medicine, pediatrics, pathology, obstetrics and gynecology, surgery, manipulative medicine and public health

and preventive medicine. The departments of internal medicine and psychiatry and human behavior will eventually move into the additional two floors. The first phase of construction is being financed through the sale of tuition revenue bonds.

Health Science Center officials say the early consolidation of the clinics will permit returning clinical space in Medical Education Building One to its original use of research and teaching. Returning these areas to their original purpose is extremely appropriate and timely in light of the Health Science Center's projected expansions in allied and public health programs and faculty recruitment within the next few years.

## Health Science Center To Seek Approval Of Physician Assistant Program

Regents for the University of North Texas Health Science Center at Fort Worth have approved submitting a request to the Texas Higher Education Coordinating Board to establish a physician's assistant program in the Texas College of Osteopathic Medicine's Department of Family Medicine.

Physician assistants are mid-level health professionals who perform routine aspects of medical care under the supervision of a physician. PAs, as they are known, are gaining popularity in physicians' offices and clinical, ambulatory and inpatient settings. They are trained in medical schools to provide quality health services, particularly related to primary care.

The demand for PAs, however, far exceeds the available supply. A 1993 study by the Association of Physician Assistant Programs indicated that there were approximately seven job openings nationwide for every physician assistant graduate. The need is even more dramatic in Texas and in the Dallas-Fort Worth area. The physician assistant program at Southwestern Medical Center in Dallas projects that there are up to 12 job openings for each of their PA graduates.

If approved by the Coordinating Board, the health science center hopes to enroll its first class of 15 physician assistant students in August, 1996. Upon graduation, the students would receive a bachelor's degree in Physician Assistant Studies. ■



# Wood To be AACOM Executive Director; Takes Over from Arnstein in September

Douglas L. Wood, D.O., Ph.D., was named as the next Executive Director of the American Association of Colleges of Osteopathic Medicine, effective September 1.

Dr. Wood, currently Dean of Michigan State University College of Osteopathic Medicine (MSUCOM), will replace Sherry R. Arnstein, who will retire in August, having served as AACOM's Executive Director for the past 10 years.

Last year, Ms. Arnstein announced her intention to retire as Executive Director, giving 18 months notice to facilitate the Association's nationwide search for her replacement.

## "Cares for Patients and Students ..."

"Dr. Wood has the extensive experience needed to help AACOM rise to the challenges and opportunities awaiting osteopathic medical education in the years ahead," said Olen E. Jones, Jr., Ph.D., AACOM's Chairman of the Board of Governors and President of West Virginia School of Osteopathic Medicine. "He's cared for patients and he cares about students," Jones added, "experiences which make Dr. Wood especially sensitive to the range of issues facing our profession."

Dr. Wood received his Bachelor of Science (in zoology) from the University of Michigan in 1961, his Doctor of Osteopathy from Kansas City College of Osteopathic Medicine in 1966, and his Ph.D. (in education evaluation and research in medical evaluation) from Wayne State University in 1986. He served as an internist and nephrologist at the Mt. Clemens (Michigan) General Hospital for 17 years.

## Cited by State Senate

Dr. Wood has served on a number of civic and educational committees, boards, and commissions in Michigan. He was honored as "Outstanding Nephrologist" by the Michigan Kidney Foundation, and in 1985 a Concurrent Resolution by the Michigan State

Senate cited his contribution to the health of the citizens of Michigan through his outstanding diagnosis and treatment of kidney disease.

## Would Have Been Board Chairman

In 1972, Dr. Wood was appointed Clinical Associate Professor of medicine at MSUCOM. He joined MSUCOM on a full time basis in 1978 as an Associate Dean and full professor and was promoted to Dean in 1991. As MSUCOM Dean, Dr. Wood became a member of the AACOM Board of Governors, was its Secretary/Treasurer, and then, in July 1993, was chosen as Chairman-elect. Had he not been appointed to be AACOM's Executive Director, Dr. Wood would have suc-

ceeded Dr. Jones as Chairman of the Board of Governors this coming July.

"I'm looking forward to serving the profession in this very new and exciting role," said Dr. Wood. "In the years ahead we will no doubt witness many profound changes in the way we organize and deliver health care in America. Osteopathic medical education has a great deal to offer, as our nation makes those necessary and complex adjustments. We have much to accomplish, and I consider it an honor and a privilege to be able to assist the osteopathic medical profession and provide America with the healthcare leadership it needs for the 21st century."

# Managed Care Hold Harmless Agreements

Recently one of our members referred a managed care contract to our attention inquiring as to whether there was coverage under his professional liability insurance policy for liabilities which he might assume pursuant to a hold harmless clause contained within that contract. Several issues were raised by that question:

1. There is no coverage provided under your professional liability contract; nor is such coverage provided under any other professional liability contract we are aware of. Your policy is designed to cover your liabilities, not those of any other organizations through which you may be providing professional services.
2. It would not always be in your best interest to have such contractual liability coverage included within your professional liability policy. In the case of a medical incident where both you and the HMO were adjudged liable, your policy limit could be exhausted by the assumed liability to reimburse the HMO leaving you without protection or even defense coverage for your own financial well being.

It is our recommendation that, first, you read all contracts you are about to sign with managed care, PPO's, HMO's or other such organizations. When confronted by overly broad indemnification requirements, cross them out before signing. The fact that you are presented with a printed contract does not always mean that you must accept that contract as worded. We are advised that physicians who modify the requested indemnification requirements of managed care organizations are usually NOT refused access or participation with the plans.

For those of you who are members of the Texas Osteopathic Medical Association let me remind you that TOMA has retained the services of an attorney to review managed care contracts for individual physicians. This service is available at very low fee and is a bargain you should be availing yourself of.

# AIDS: Advances and Updates

## New AIDS Cases Dropping

The number of new AIDS cases reported in the United States fell 24 percent between 1993 and 1994, continuing a slowing trend in the spread of the disease, according to the Centers for Disease Control and Prevention (CDC).

In 1994, 80,691 new AIDS cases were reported, down from 106,618 in 1993.

## Protein in Human Saliva Blocks HIV Infection

A protein known as secretory leukocyte protease inhibitor (SLPI), found in human saliva, appears to block AIDS virus from infecting human cells in the test tube, according to researchers from the National Institute of Health Research. The research revealed that when SLPI was added to test tubes containing HIV and monocytes, the SLPI attached itself to the surface of the monocytes, thus preventing the viruses from binding to the cells' surfaces. Furthermore, after SLPI had been washed out of the test tubes and more virus was added, the monocytes remained protected for three weeks.

The scientists believe that the protein may explain why the spread of HIV through saliva is so rare.

## AIDS is a Leading Killer for Certain Groups

CDC statistics indicate that AIDS is currently the leading cause of death of 25- to 44-year-olds (first for men and fourth for women).

## Agency Says AIDS Bias in Health Care Poses Barrier for Women

A study conducted by AID Atlanta Inc., a nonprofit social services agency, stated that ignorance, callousness and insensitivity among physicians and other health care providers form one of the biggest barriers to health care for women infected with HIV. Richard Sowell, director of the division of research for the agency noted, "This shows that it does no good to invest in clinics, transportation and child care to increase access to health care for HIV-positive women, if we aren't respectful of the people we're trying to take care of."

## New Class of Drugs Developed for HIV Infections

Preliminary studies show that a new class of drugs, protease inhibitors, appear to turn off the AIDS virus thereby allowing the immune system to

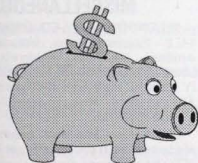
recover. Protease inhibitors block a key viral enzyme, differing from drugs currently on the market which block the enzyme reverse transcriptase. The drugs are about 10 times more effective than AZT and other reverse transcriptase inhibitors in stopping the virus's replication.

Although results of the small studies are considered groundbreaking, investigators advise caution, noting that many promising early findings have failed to lead to effective treatments for AIDS patients.

## New AIDS Therapy

New studies have indicated that the best way to combat AIDS may be by giving HIV-positive patients a combination of powerful drugs. When AZT and an experimental new drug, 3TC, were given to infected individuals, the appearance of drug-resistant strains of the AIDS virus were stopped by as long as one year. On the flip side, those treated with AZT alone encountered resistance within a few months. The combination of drugs kept the extent of the infection on hold while giving the body a chance to boost up immune cells. ■

# TOMA MEMBERS...



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For further information, call the TOMA office at (800) 444-8662.

# Opportunities Unlimited

## PHYSICIANS WANTED

**FORT WORTH AREA FP-GP CLINIC** needs an additional GP for full or part-time. No OB, no hospital required. 817-924-7978. (02)

**AMARILLO AREA:** Emergency Room and Classic opportunities for primary care physicians. Full and part-time flexible schedules. BC/LS & ACLS required; ATLS and PALS a plus. Texas license required. Malpractice coverage available. Contact: ANNASHAE CORPORATION, Professional Healthcare Staffing: 1-800-245-2662. (08)

**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)

**DALLAS/FORT WORTH** - Neurologist Needed. Mostly diagnostic neurology. Lucrative salary plus benefits. M-F, 8-5. No calls, no weekends. Call Lisa Cole at K Clinic, 800-254-6425 or fax CV to 214-256-1181. (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 Cole at 800-254-6425 or fax CV to 214-256-1181. (25)

**\*EXCELLENT OPPORTUNITY, 3 Doctor** Chiropractic Clinic in Seguin. \*Senior D.C. retiring. Would like to replace with D.O. \*30 miles from San Antonio, 40 from Austin; 210-303-1778. (28)

**MEDICAL PHYSICIAN** position available full and part time. No evenings or weekends. Top salary and benefits. Salary range for full time position: \$6,500 - \$10,000 per month relative to experience and qualifications. Part time position \$600.00 - \$85.00 per hour. Position entails Physical Examination clearance for rehab and some occupational medicine. Fax resume to 512-306-0813 or send to 2525 Wallingwood Rd., #1-B, Austin, TX 78746. (29)

**GP/FP NEEDED IN AMARILLO** - Primary care including office practice, nursing home and hospital work. Specialist referral available in osteopathic hospital or medical center. Three other D.O.s to share coverage. Negotiable salary, guarantee, or other arrangement as desired. 806-379-7770. Fax 806-379-7780. (31)

**PHYSICIAN WITH TEXAS LICENSE** needed to work in a primary care medical clinic on the campus of the University of North Texas. Experience required in a primary care practice. No call duty. Excellent benefits. Salary is determined by experience and/or certification in a primary care specialty. Contact Sheila Meyer, Director, University of North Texas Health Center, P.O. Box 5158, Denton, TX 76203, 817-565-2786. Equal

Opportunity/Affirmative Action Employer. (47)

**INTERNAL MEDICINE** - Immediate opening for BE/BC internal medicine D.O. at 54-bed hospital in Tyler, Texas. Approximately 30-members referral base with multiple specialties. Office space available within medical complex or in outlying clinics. 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. (50)

**ORTHOPEDIC SURGEON** - To join established practice in Tyler, Texas. Salary guarantee with office and support services provided. Large referral base. P.H.O. with approximately 120,000 insured individuals. Office located within hospital complex. Wonderful family community offers hunting, fishing, watersports, golf, country clubs, university (U.T.), junior college, many recreational facilities, civic and social opportunities and much more. Contact Olie E. Clem, C.E.O., or James Laughlin, D.O. at 903-561-3771. (51)

**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)

**G.P. FOR EAST TEXAS RURAL HEALTH CLINIC** - Immediate opening for physician to assume active private practice and to serve as medical director for rural health clinic and for 60 bed nursing facility in community located approx 25 minutes from Tyler. 54-bed acute care hospital, located in Tyler, has active staff of over 30 physicians representing 8 specialties. Access is available to approx 120,000 insured individuals through membership in P.H.O., in addition to large Medicare and Medicaid population. Wonderful family community offers hunting, fishing, watersports, golf, country clubs, university (U.T.), junior college, many recreational facilities, civic and social opportunities and much more. Contact Olie E. Clem, C.E.O., at 903-561-3771. (53)

**HOUSTON TEXAS** - Wanted Immediately/ Full-time/Family Practice or Internal Medicine Board Eligible/Board Certified. Salary negotiable. Send CV. FAX 713-778-0839; Attn: Madeline. (54)

**OB/GYN TO SHARE CALL** - BE/BC physician sought to maintain private practice and to rotate call with BC OB/GYN physician at 54-bed acute care facility in Tyler. Referral base of over 30 physicians covering 6 communities. Office space available in hospital complex. Access is available to approx 120,000 insured individuals through membership in P.H.O. Wonderful family

community offers hunting, fishing, watersports, golf, country clubs, university (U.T.), junior college, many recreational facilities, civic and social opportunities and much more. Contact Olie E. Clem, C.E.O., at 903-561-3771. (55)

## POSITIONS DESIRED

**BOARD CERTIFIED GENERAL PRACTITIONER** - working as independent contractor. Ten years experience. Available by appointment. \$100 per hour plus expenses. Will furnish liability insurance. No obstetrics, please. Contact: TOMA, Box 27, One Financial Center, 1717 North IH 35, Suite 100, Round Rock, TX 78664-2901. (27)

**LOCUM TENEN** - Independent Contractor Board Certified Family Practitioner with emergency medicine experience. Liability insurance provided. Seven years experience in the DFW metropolplex. References, competitive rates, by appointment. Contact: 817-473-3119. (32)

## OFFICE SPACE AVAILABLE

**GULF COAST CLINIC** - 4,100 sq. ft. include lab and (4) suites. Near Navy base in beautiful Gulf of Mexico. Growing Community Hospital and nursing home three blocks away. Lease (possible purchase in future). Contact Mrs. Kumm 512-758-3666. (17)

**AUSTIN, TEXAS AREA** - Family Practice for sale. Well established 17-year-old practice located in rapid growth area, North West suburb of Austin. Texas. Gross \$400,000+. Everything available to start or transfer your practice. Negotiable. Please contact Mrs. Penny Tharp at 512-258-1645 or after 8:00 p.m. at 512-267-1206. (22)

**MEDICAL PRACTICE FOR SALE** (HOUSTON, TX) - Grossing 500K with potential for much more. One of best locations in town. For details, call Alex Oria at 713-499-2392. (39)

**FAMILY PRACTICE FOR SALE** - 35 years in one Dallas area. Mixed PPO/fee-for-service/Medicare. Present owner offers two month transition. Price negotiable. 214-337-4751. (40)

## MISCELLANEOUS

**RECONDITIONED EQUIPMENT FOR SALE** - Examination tables, electrocardiographs, sterilizers, centrifuges, whirlpools, medical laboratory equipment, view boxes, weight scales, IV stands and much more. 40-50 percent savings. All guaranteed. Mediquip-Scientific, Dallas, 214-630-1660. (14)

**FOR SALE** - Fort Worth property, 145' on Montgomery Street (1412-D-04), one block south of TCOM and hospital, zoned C. Consists of three brick veneer homes, all leased - \$55,000 - \$70,000. Llewellyn Realty, Inc., 817-737-3103; Carter Llewellyn, 817-731-6895. (26)

**FOR SALE** - LATE MODEL 300 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)



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<sup>1</sup> 1985 Commissioner's Individual Disability Table-A, Seven-day Elimination Continuation Table. Rates are male only. Disability rates are higher for females.

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

<sup>3</sup> Coverage for mental disorders can be limited in certain circumstances for a reduced premium.

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