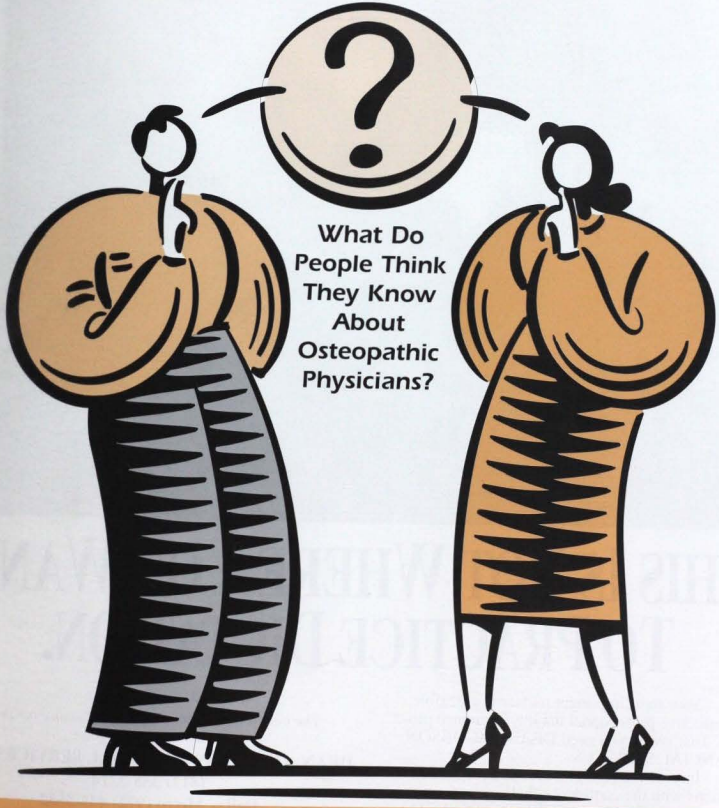
TEXAS D.O.

The Journal of the Texas Osteopathic Medical Association

Volume LVI, No. 6

June 1999



AOA's Image Marketing Campaign

page 5

THIS IS NOT WHERE YOU WANT TO PRACTICE DICTATION.

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

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

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

Call us. Let's discuss answers.

The only financial services and insurance advisors endorsed by TOMA.

DEAN, JACOBSON FINANCIAL SERVICES, LLC

(817) 335-3214

Dallas Metro (972) 445-5533

P.O. Box 470185, Fort Worth, TX 76147

(800) 321-0246

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

TEXAS D.O.
The Journal of the Texas Osteopathic Medical Association
JUNE 1999

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

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

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

Published by the Texas Osteopathic Medical Association, Volume LVI, No. 6, June, ISSN 0275-1453.

PUBLICATION OFFICE
1415 Lavaca Street
Austin, Texas 78701-1634
1-800-444-TOMA (in Texas)
or 512-708-TOMA
FAX: 512-708-1415
E-mail: toma@txosteo.org
Website: www.txosteo.org

Copy deadline is the 10th of the month preceding publication.

Publication Design and Layout
Sherry Dalton

Inside This Issue

CALENDAR OF EVENTS

JUNE

17-20

"100th Annual Convention & Scientific Seminar"
Sponsored by the Texas Osteopathic Medical Association
Location: Hotel Inter-Continental, Dallas, TX
CME: 27 Category 1-A hours
Contact: TOMA, 800-444-8662; 512-708-TOMA
Fax 512-708-1415

20-24

"Basic Course in Osteopathy"
Sponsored by The Cranial Academy
Location: Wyndham Emerald Plaza
San Diego, CA
CME: 40 Category 1-A hours anticipated
Contact: The Cranial Academy, 317-594-0411

23-27

"19th Annual Primary Care Update"
Sponsored by the University of North Texas Health Science Center at Fort Worth
Location: Radisson Resort, South Padre Island, TX
CME: 24 CME hours
Contact: UNT Health Science Center Office of Continuing Medical Education
817-735-2539 or 800-987-2CME

JULY

16-18

"American Osteopathic Association House of Delegates Meeting"
Location: Fairmont Hotel, Chicago, IL
Contact: AOA, 800-621-1773

22-15

"TxACOFP 42nd Annual Clinical Seminar"
Sponsored by the Texas Society of the American College of Osteopathic Family Physicians
Location: Hilton Hotel, Arlington, TX
CME: 25 Category 1-A hours
Contact: Janet Dunkle
TxACOFP Executive Director
888-892-2637

JULY 30-AUGUST 1

"1999 Annual Meeting"
Sponsored by the Colorado Society of Osteopathic Medicine
Location: Manor Vail Lodge, Vail, CO
CME: 18 AOA category 1-A and Physician Assistants credits
Contact: Patricia Ellis, Colorado Society of Osteopathic Medicine
303-322-1752; Fax 303-322-1956
E-mail: info@ColoradoDO
http://www.ColoradoDO.org

AUGUST

20-22

"Psycho-Immuno-Neuro-Toxicology Training"
Sponsored by the Indiana Academy of Osteopathy
Location: Embassy Suites Hotel North
Indianapolis, IN
CME: 20 hours category 1-A credits anticipated
Contact: Indiana Academy of Osteopathy
317-926-3009

21-22

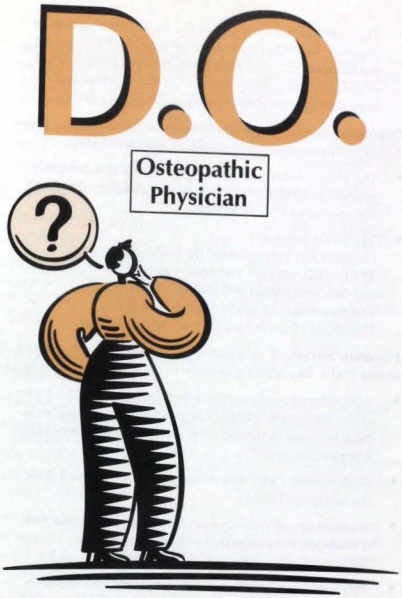
"Sutherland's Methods for Treating the Rest of the Body"
Sponsored by the Dallas Osteopathic Study Group
Location: Dallas, TX
CME: 16 category 1-A credits
Contact: Conrad Speece, D.O.
10622 Garland Road
Dallas, TX 75218
214-321-2673

SEPTEMBER

17-19

"Mid-Year Seminar"
Sponsored by the Florida Osteopathic Medical Association
Location: Hyatt Regency Westshore, Tampa, FL
CME: 20 hours category 1-A credits anticipated
Contact: Florida Osteopathic Medical Association
2007 Apalachee Parkway
Tallahassee, FL 32301
850-878-7364

FINAL REPORT ISSUED ON AOA'S IMAGE MARKETING CAMPAIGN



Editor's note: the following are excerpts from the Image Marketing Campaign Development final report, prepared for the American Osteopathic Association and BSMG Worldwide.

Background

The American Osteopathic Association recently awarded BSMG Worldwide the assignment of developing the AOA's new image marketing campaign. BSMG asked Wirthlin Worldwide to work with them to develop and implement a research plan in order to assure that the new campaign will be soundly based on solid information about both the consumer target of this campaign and the beneficiaries of the campaign, i.e., the AOA and its members.

To this end, Wirthlin Worldwide conducted research to fulfill the following objectives:

- Establish the current knowledge base of the general public about osteopathic medicine (OM) and osteopathic physicians (D.O.s)
- Understand the current perceptions of D.O.s and the strengths and weaknesses, in the public's mind, of the osteopathic approach to patient care
- Identify opportunities for increasing public awareness and knowledge of osteopathic medicine and barriers that may impede this process
- Assess different types of messages and provide information to aid in crafting the best communications platform
- Assess AOA members' needs for promoting the profession and what they feel should be communicated to the public

Summary/Conclusion

Overview of Research Completed

This project consisted of four distinct research components.

Focus Groups. Focus groups are a qualitative research method in which a small group of respondents are gathered for an informal discussion of a given topic. The moderator uses a discussion guide that has been developed to elicit the desired information.

- Respondents are recruited according to specific criteria. In this case, all respondents were adults over age 21 who had seen a physician within the past year.

For the AOA, we conducted focus groups in two stages.

- In Stage 1, we conducted three focus groups to explore important issues in respondents' relationships with their physicians and with the health care system. In addition, we explored their knowledge, or lack of knowledge, about OM and D.O.s.
- Groups were conducted in Chicago and Baltimore. One group was conducted with each of the following demographic groups: women aged 25-45; women aged 45-60; and men 25-45.

After these groups were completed, BSMG Marketing Communications developed several different messages about D.O.s and OM.

- These messages were designed to tell the public what a D.O. is and how D.O.s can meet consumers' health care needs.

continued on next page

- The messages were assessed in the Stage 2 focus groups to determine which had the greatest potential for informing the public about D.O.s and for creating the most positive image of D.O.s in the public's mind. The three groups had the same demographic characteristics as the Stage 1 groups.

Consumer Survey. A quantitative consumer survey was conducted to measure awareness and knowledge about OM.

- The survey was conducted by telephone with a nationally projectable sample of the U.S. adult population. A total of 800 interviews were completed.

- The survey measured:
  - Concerns and feelings about the health care system
  - The public's concerns and needs regarding their physician and their relationship with their physician
  - Their awareness of and familiarity with D.O.s
  - Probability of choosing a D.O. as their physician

Physician Survey. A quantitative survey was also conducted among D.O.s. Two separate samples were included in the study.

- AOA delegates and committee members were faxed a copy of the survey and asked to complete the survey and fax it back to a central number. One hundred eighty-four (184) delegates responded.

- AOA members were sent a letter asking them to complete the survey via Internet.

- A closed-circuit Web site was created, accessible only with a password. Physicians could then complete the survey online.

- This method was chosen because of the speed and economy with which the data could be collected. Six hundred nine (609) physicians responded to the survey.

- The responses in both samples provide a good representation of each group.

Perceptions of Health Care

Throughout this research, it has become very clear that the American public is disenchanted with the state of health care in the United States.

- The general public believes that health care has been transformed from a system to further the general welfare into a system whose sole purpose is to create profit for managed care organizations and large hospital conglomerates.

- They also believe that the individual physician has become a pawn of these organizations and has little discretion in the treatment he or she offers to patients.

- They believe that the individual physician has become equally infected by the profit motive.

As a result, people's feelings about the health care system are consistently and strongly negative. This situation is characterized by a constellation of feelings.

Depersonalization. People feel that they are treated as pieces of meat on a production line. They have no relationship with their physician because:

- The time the doctor spends with them in appointments is severely limited, described by one respondent as "your allotted seven minutes."

- In the time actually spent with the physician, people feel as if the doctor is "only half paying attention," and most people complain that the doctor does not listen to what they have to say.

Lack Of Trust. Believing that the physician and the system are primarily profit-driven results in concomitant beliefs that they are receiving sub-standard "discount store" health care.

- A common belief is that physicians are hamstrung by MCOs, and forced to do things "on the cheap."

- In addition, respondents believe that physicians try to see as many patients as possible to maximize revenues and therefore do not give each patient the time and attention that they need.

Receptivity to OM and D.O.s

Because of public concerns about contemporary health care, the general concepts of OM and D.O.s are quite well received.

- The most important aspect of OM is the potential for a positive relationship with the physician. People respond very positively to the idea that a D.O. will:
  - Take the time necessary to provide appropriate treatment
  - Treat them like human beings instead of a "number" or a "bunch of parts"

  This aspect of the D.O.-patient relationship produces two sets of feelings and thoughts:
  - Reassurance and trust that they will receive appropriate treatment
  - Comfort, in that they will be treated with the dignity and warmth that is due any human being

However, there are significant barriers to acceptance of D.O.s. Most of these are directly related to public ignorance about the profession.

Lack of Awareness. Accurate awareness of D.O.s is very low. Even among those who claim to have heard of D.O.s (58%), most cannot define what a D.O. is.

- Those who can most often define that a D.O. is:
  - A bone doctor
  - "Sort of" a doctor, but inferior in some way to an M.D.
  - Similar to a chiropractor

Credentials. The most crucial lack of accurate information concerns the professional credentials of D.O.s.

- Most people become confused by the idea of osteopathic versus allopathic medicine and do not understand how there can be more than one "kind" of legitimate medicine.

- This is analogous to the lay public's inability to understand that there can be more than one kind of geometry: e.g., non-Euclidian.
- This confusion leads to incomprehension that D.O.s go to medical school, complete internships, take board exams, and receive licenses.
- Furthermore, the idea that D.O.s may specialize in the same specialties as do M.D.s simply adds to the confusion.

Essential Communication Objectives

All of this clearly points to two equally important objectives for any communications about OM and D.O.s. One objective is defensive, to defend against the negatives. The other objective is offensive, to accentuate the positives.

Objective 1: *Defending against the negatives by informing the public that D.O.s are fully qualified physicians*

Clearly and unequivocally communicate that D.O.s:

- Are complete physicians, who can do anything that an M.D. can do
- Go to medical school and fulfill internships and residencies
- Are licensed by the state in which they practice, just as M.D.s are
- May specialize in any area, including surgery

Objective 2: *Mounting an offense by informing the public that D.O.s are physicians who can offer personalized, patient-centered health care*

Communicate that D.O.s:

- Are focused on their patients
- Take a holistic approach to patient care
- May use a range of treatment options, including Osteopathic Manipulative Treatment (OMT)

Any communication about D.O.s must include all of the substantive information indicated in the two objectives.

In addition, given these communication objectives, the research offers clear tactical direction.

Taglines. A tagline functions as a headline. Its purpose is to capture attention in such a way as to elicit continued interest so that additional information can be delivered to the recipient.

Although the research assessed several taglines, there was only one consistently successful tagline:

D.O.'s: Physicians treating people, not just symptoms.

This tagline works well for several reasons.

1. It contains substantive information about a salient topic.

One consistent finding was that in health care, the tagline must communicate something that is meaningful to people.

Several of the taglines seemed to be semantically null to people and were rejected because respondents claim, "I don't know what that is talking about."

2. Its focus on people.

One of the great strengths of OM and the D.O. concept is its focus on the patient. Most people feel that the winning tagline captures that in its emphasis on treating people, and they also feel that that is "where the attention should be."

Other taglines, which focused on the physician - for example Physicians who look beyond the symptoms - were less effective in evoking and holding attention.

3. It avoids sounding like a typical marketing ploy.

Several of the taglines were rejected because they sounded like "advertisements" or "bumper stickers."

Respondents made it clear that health care is a serious business, and they resent any approach that sounds like marketing. One respondent even said, "Do they think we're not intelligent - that we would fall for any marketing ploy?"

Respondents' Quotes Regarding Health Care and Physicians

As already noted under the heading "Perceptions of Health Care," respondents feel that health care has become just another business. They blame the HMOs and PPOs and find evidence of the business mentality in rushed physicians who do not have time to care about their patients. The following are quotes from respondents:

"It seems like it's a business now. Doctors have to rush-rush. They can't spend time with you because they have all these other patients to see. They can't give you individualized attention."

"It's even hard to get an appointment. You have to wait a month and a half to get in. We used to just go to the doctor's office that day and sign in."

In addition, the business aspect of health care has also eliminated "choice" for the patients as well as the physicians. That is, patients cannot choose their own doctor, and doctors cannot choose how to treat them.

"The first question always is, 'What insurance are you with?' If the insurance isn't going to pay for the tests or whatever, then you're not going to have it."

"If you have a serious illness, will your insurance cover it? Everything's just set. There's no flexibility."

"You change jobs, so you change insurance, and you have to change doctors. Choice is taken away from you and from the doctor."

The over-riding feeling among respondents is that the business environment has a psychological ramification on the relationship between patient and doctor. Unlike family doctors in the past, current doctors cannot be trusted.

Two-way communication - listening and explaining - is volunteered as the hallmark of a good doctor and is interpreted as a sign of reciprocal respect.

continued on next page

"[A good doctor] explains it to me in language that I can understand."

"You don't have to ask. They just immediately go into explaining what that means. That's part of what makes them a good physician."

"[Good doctors] explain things to you. They don't just say, 'This is definitely it,' and just leave it at that."

Conversely, a lack of respect for the patient is the hallmark of a doctor to whom respondents would not want to return. This lack of respect is evidenced in a lack of compassion, tardiness, and a lack of attention.

"[Their lateness] is my biggest pet peeve. They don't have a lot of appreciation for your time."

"I had a male doctor who was doing a very painful procedure. I asked him to stop and he said, 'Oh no, that doesn't hurt.' And he continued. I never went back. I don't go to male doctors anymore."

"Doctors nowadays are real busy. You're in there, and they're doing ten things at once. That bothers me. I'm in there for only 15 to 20 minutes, and I want their undivided attention. But they're answering phones, and nurses are coming in."

Respondents' Reactions to the Definition of Osteopathic Physician

- A D.O. is a physician who is trained and licensed to prescribe medicine and perform surgery in all 50 states.
- D.O.s believe in a hands-on approach to care which emphasizes taking the time to treat the whole person - not just the symptoms.
- D.O.s also receive special training in osteopathic manipulation, and may use it as a way of diagnosing and treating ailments when appropriate.

In response to this definition, three important issues emerged:

1. The importance of treating the whole person
2. Concerns about professional credentials of D.O.s
3. Confusion and concerns abut OMT

In all groups, the idea that a D.O. treats the whole person was very positively received, and most people felt that this was the most important point made in the definition.

"If you treat just the symptoms, then you're not treating the problem."

"They have to be a little bit psychiatrist, a little bit pharmacist, and little bit chemist."

Knowing that a D.O. receives "training" and is "licensed" provides some degree of reassurance to some respondents:

"Sounds like he has the same power as a doctor."

"Tells me he is recognized by the state."

However, respondents still had many questions and concerns about the credentials of D.O.s:

"Who does the licensing anyway?"

"Maybe they have a different governing body. Is it as good?"

"What kind of training do these guys get? Is it just four years of medical school? You know, you can prescribe medicine after four years of medical school."

"Are they covered by benefit plans? Guys paying for these premiums aren't going to shell out money for quacks. So if they're included that probably means they are OK."

OMT caused more confusion than any other aspect of the discussion. On the one hand it confused people about whether a D.O. is a "real" doctor:

"Is it just like a chiropractor?"

"Sounds like a nerve or skeleton doctor."

For some others, the work "manipulation" had very strong negative connotations. This reaction was so strong in a few people, that they took the word completely out of context:

"Making people believe things to make you feel better."

"Like someone who takes control of a person. Like brainwashing or something."

"The word 'manipulate' is a real red flag."

One respondent has a very different view. The use of OMT seemed to imply that D.O.s utilize a wider variety of treatment options than do M.D.s:

"That says he isn't just going to just use drugs that he gets a kickback for. But he's going to find a way to solve the problem."

Perception of D.O.s

Respondents were read a series of statements, some accurate and some inaccurate, about possible characteristics of D.O.s. Respondents answered using an agreement scale, from "strongly agree" to "strongly disagree." (See corresponding chart.)

Data was examined using only the "strongly agree" scale-point because this point represents what the respondent feels is secure knowledge.

Overall, there is very low agreement with these statements, whether they are referring to qualifications, similarities to M.D.s, points of difference, or inaccurate information.

- This finding suggests that what limited knowledge that is held by respondents carries with it a fairly high degree of uncertainty. Thus, there is a need for the industry to confirm correct information while dispelling false beliefs currently existing among the public.

With the exception of respondents currently seeing a D.O., a majority of respondents among all subgroups fail to strongly agree with all of the offered statements. However, in terms of subgroups, the following agreement differences appear:

- Respondents with a college education and those with an income over $50,000 are more likely than their counter-

parts to agree that D.O.s "can prescribe the same medicines as an M.D."

- Respondents with a college education are more likely to agree that D.O.s "take the same kinds of exams to certify them as M.D.s do," "can be licensed to perform surgery in a hospital," and "will use any treatment options that are appropriate."
- Women are more likely to agree that D.O.s "are more likely than M.D.s to look at the whole person when diagnosing and treating an illness" and "specialize in bone diseases."
- Single respondents are more likely to correctly agree that D.O.s "are more likely to consider all aspects of a patient in diagnosis and treatment," as well as to incorrectly agree that a D.O. is "just like a chiropractor."

As to be expected, respondents naming a D.O. as their regular doctor are more likely to agree with all correct statements. What is worth noting, however, is that 19% of these respondents also agree incorrectly that D.O.s "specialize in bone diseases."

Given this misconception among their own patients, it appears D.O.s need to supply to the public significant information designed to clarify the role and non-roles of D.O.s.

PERCEPTION OF D.O.s - Percent Strongly Agree

		GENDER		AGE			EDUCATION		INCOME		MARITAL STATUS	
	Total %	Male % a	Female % b	18-34 % c	35-49 % d	50+ % e	Some Coll/ <Edu % f	Coll Dgre/ >Edu % g	Less Than $50K % h	More Than $50K % i	Single % j	Married % k
QUALIFICATIONS												
Licensed by state	28	27	29	25	31	30	27	32	28	29	31	27
D.O.s as qualified as M.D.s	25	25	26	28	25	24	26	25	25	24	27	24
Take same exams as M.D.s	20	23	19	17	21	22	18	25f	19	21	21	20
SIMILARITY TO M.D.s												
Can prescribe same medication as M.D.	32	29	33	32	32	32	29	38f	29	38h	30	33
Can specialize	28	26	28	25	31	26	26	31	27	29	29	27
Can perform surgery in hospital	19	19	19	15	19	23c	17	23f	18	22	19	20
POINTS OF DIFFERENCE												
Stress prevention	29	25	31a	26	31	29	29	28	30	27	30	28
More likely to consider all aspects of patient	25	23	26	27	25	24	26	24	26	26	30k	22
Will use any appropriate treatment	24	21	26	19	28c	25	22	30f	23	27	26	24
D.O.s spend time getting to know patients	22	19	23	23	23	21	24	19	23	20	24	21
More likely to look at the whole person	20	17	22a	17	22	22	21	19	21	20	22	19
INACCURACIES												
Specialize in bone disease	20	17	22a	22	18	21	21	20	22	18	23	19
Same as a chiropractor	5	6	5	6	6	4	6	3	7i	3	7k	4
(Base)	(807)	(257)	(549)	(247)	(275)	(284)	(545)	(258)	(476)	(242)	(324)	(479)

Q.15: Here are some impressions that people may have about Osteopathic physicians. Even if you think that you don't know anything about D.O.s, please give me your impression by telling me how much you agree or disagree with each statement.

Excerpts from the Physician Survey

As noted, respondents in this study were all AOA members.

Reasons for Becoming a D.O.

D.O.s give multiple reasons for becoming a D.O, the most common of which are shown below.

When asked to identify the single most important reason, D.O.s most frequently cite their belief in the osteopathic philosophy.

- While having a relative who is a D.O. is not often cited as the most important reason, many respondents do have a relative who is a D.O. This is possibly a factor in providing initial exposure to OM and thus, the opportunity to become familiar with the osteopathic philosophy.
- Belief in the OM philosophy is also more often cited by those in small towns and rural areas.
- Having a relative who is a D.O. is more often cited by older D.O.s who have been in practice longer.

Reasons for Becoming a D.O.	Total Reasons %	Most Important %
Believe in osteopathic philosophy	72	33
Wanted to help people	65	21
Had medical experience with a D.O.	43	15
Have a relative who is D.O.	16	6
Did volunteer work in a D.O. hospital	6	1

Relationship with Managed Care Organizations (MCOs)

While most D.O.s – 83% - feel that MCOs are accepting of OM and of D.O.s, 60% report that they have had a problem with insurance reimbursement. The most common problem is failure to pay for OMT.

Relationship with MCOs	Reasons	Total %
MCOs Acceptance Of D.O.s	Completely accepting	49
	Somewhat accepting	34
	Not very accepting	4
	Not at all accepting	1
Had Problems with Insurance Reimbursement		60
Reasons For Refusing Claims	Did not reimburse OMT	34
	Did not recognize OM	6
	Other/Refused	62

Attitudes About Om and Being a D.O.

The D.O.s in this study were asked whether they agreed or disagreed with a number of statements about their profession. This was done on a four-point scale, from strongly agree to strongly disagree.

These statements were designed to capture how D.O.s feel about their profession and about themselves as D.O.s.

- Overall, on questions assessing D.O.s' satisfaction with their profession, most indicate a high degree of satisfaction.
  - This is indicated by high levels of agreement that they feel prepared, enjoy their work, feel that they made the right decision and are willing to encourage others to join the profession.
  - There is a somewhat lower level of agreement that the future of OM is "bright," although still 73% believe that it is.
- Other concerns and frustrations are indicated by responses to several questions.
  - There seems to be some frustration about the need to explain OM to people and patient failure to understand the difference between osteopathic and allopathic medicine.
  - At the same time, there is also frustration about public perceptions of OM and characterizing it as "alternative medicine."
- It is possible that these frustrations contribute to a strong desire to have effective communications about OM and D.O.s.
  - While most respondents feel that they themselves are an effective communicator to patients and students, they feel that the general public needs to be better educated about OM.

	STRONGLY AGREE %	TOTALLY AGREE%
My training prepared me sufficiently to serve patients of all ages	65	93
I enjoy being a D.O.	61	94
If I had to do all over, I'd still become a D.O.	54	89
I recommend osteopathic training to students	49	92
I think of myself as an osteopathic physician, not simply a physician	41	81
The future of OM is bright	24	73
I object to characterizing OM as alternative medicine	60	87
I spend a lot of time explaining the osteopathic profession to others	17	61

continued on next page

	STRONGLY AGREE %	TOTALLY AGREE%
My patients recognize the difference between a D.O. and an M.D.	10	47
I support educating the public about D.O.s	53	92
I can easily explain the distinctiveness of OM to students or patients	45	85
My patient base would expand if more people knew the benefits of OM	24	61
As a D.O., I spend more time getting to know my patients	21	64

Views on Advancing the Profession

Most D.O.s feel that it is important to increase awareness of OM and to educate the public about the difference between D.O.s and M.D.s.

- To this end, 63% feel that it is important to "speak with one voice;" that is, to disseminate a consistent, integrated message about OM.

	TOTAL %
Increase public awareness of OM	72
Speak with one voice about benefits of OM	63
Improve relations with third party payers	53
Educate public about difference between D.O.s and M.D.s	54
Improve quality of education of D.O.s	54
Educate public about OMT	52
Modify regulations affecting OM	49
Educate M.D.s about OM and D.O.s	39
Stronger promotion of AOA referral system	31

Most Important Thing the Public Should Know About D.O.s

D.O.s were asked an open-end question about what they consider to be the most important thing that people should know about D.O.s and OM.

While there were a range of responses, the most frequent responses are consistent with what D.O.s view as the defining characteristics of OM.

- That D.O.s are fully qualified physicians
- That D.O.s offer patient-centered care

	NET %	TOTAL %
Complete/Holistic Approach	**40**	
Personalized approach		9
Holistic approach		7
Complete approach		6
Broad range of medicine		6
Treat whole patient		5
Emphasize prevention		2
Treat illness not symptoms		2
Medical training	**24**	
Medical Training		15
Information about us		9
Complete Physicians		5
As good as M.D.s		9
Provide OMT		8
Little difference between M.D. and D.O.		-

Y2K WEB SITES

The following are additional Web sites designed to provide answers to questions concerning the Y2K problem:

The President's Council on Year 2000 Conversion
www.y2k.gov

Information Technology Association of America
www.itaa.org/year2000

Federal Trade Commission
www.ftc.gov/bcp/conline/edcams/y2k

Federal Emergency Management Agency
www.fema.gov/y2k

American Red Cross
www.redcross.org/y2k.html

ATOMA News

By Peggy Rodgers, Chair
ATOMA Nominating Committee

This month, ATOMA is spotlighting our nomination for ATOMA President for 1999-2000.

Lewis Isenberg has served the ATOMA board in several capacities and is making history as the first male president. He has paved new ground with ATOMA and we have thoroughly enjoyed working with him. He has also helped us with our accounting procedures.

The Nominating Committee is proud to announce the slate of officers for 1999-2000

President - Lewis Isenberg
President-elect - Tami Prangle
Vice President - Pam Adams
Recording Secretary - Barbara Galarneau
Treasurer - Susan Selman

Please come to the TOMA Convention and the ATOMA House of Delegates to greet the new officers and offer them your support for the coming year.

Lewis Isenberg

Lewis lives on a farm in a recently restored two-story log house near Acton, Texas (Lake Granbury), with his wife, Nelda Cunniff-Isenberg, D.O. They have five children, seven grandchildren, a female Sheltie and two cats. They enjoy anything out-of-doors - gardening, fishing and hunting, as well as reading, traveling, movies and Ranger baseball games.

Lewis has a B.S. degree in computer science and a M.S. in business. He is self-employed as an Enrolled Agent, representing taxpayers before the Internal Revenue Service, and has a private tax and accounting practice. He serves on several professional and civic committees and is the state president of a professional association with a 12,000 national membership.

Lewis also serves as the national treasurer for the Auxiliary to the American Osteopathic Association.

AOA Executive Director to Address TOMA House of Delegates

John Crosby, J.D., executive director of the American Osteopathic Association, will address the TOMA House of Delegates June 16th.

Prior to his selection as AOA executive director on May 12, 1997, Mr. Crosby worked for the American Medical Association, where he spent six years as senior vice president for health policy and was actively involved with policy development and strategic planning.

A graduate of Ohio State University, College of Law in Columbus, Ohio, Mr. Crosby practiced at the St. Louis law firm, Thompson & Mitchell, from 1972-1977. He then spent five years working as the administrative assistant to U.S. Representative Richard A. Gephardt (D-MO) in Washington, D.C. In 1982, Mr. Crosby joined Project HOPE in Millwood, Virginia, as senior vice president of its domestic division. In his tenure there, he directed the Center for Health Information, a "think tank" on healthcare and insurance issues affecting both public and private sectors.

Mr. Crosby became senior vice president and general counsel for the National Association of Independent Insurers (NAII) in 1983, and remained at the Des Plaines, Illinois-based organization until 1989. His role included responsibility for all property and casualty issues affecting the NAII's 560-member companies.

In 1990, Mr. Crosby joined the AMA, where he served as a vice president for various divisions, including policy liaison; physician profiling and outcomes assessment; and special projects. He also served as staff liaison to the AMA's Council on Legislation, its Council on Long Range Planning and Development, and its Task Force on Quality Care at the End of Life.

Mr. Crosby has served on the board of directors of the Chicago Health Policy Research Council and the Health Care Quality Alliance in Washington, D.C. since 1993. His other memberships include the American Association of Medical Society Executives; the American Bar Association; the Chicago Bar Association and the Missouri Bar Association; the American Society of Association Executives; the Healthcare Financial Management Association; and the National Health Lawyers Association.

More Education Designed Specifically for Women's Health Issues Will Alleviate Deficiencies in Healthcare for Women

Creating medical education curricula that focus more heavily on women's health will alleviate many of the deficiencies in women's healthcare, stated Saralyn Mark, M. D., in the March issue of the *Texas D.O.*

"The health system has serious gender inequities," said Dr. Mark, the senior medical advisor for the U.S. Public Health Service's Office on Women's Health. "There is a dearth of opportunities to learn about women's healthcare in medical schools and residency programs. As a result, physicians in most medical specialties are trained to treat women in the same way as they treat men."

The only specialists who consistently provide gender-specific treatment to women are obstetricians and gynecologists, who focus on the reproductive system, she added. "We have to take an approach that recognizes that compared with men, women have many different physical and psychological responses, most of which have little or nothing to do with their reproductive systems," Dr. Mark asserted.

The traditional focus on the reproductive system as the defining difference between women and men has resulted in a lack of continuity in healthcare for many women, observed Dr. Mark.

Continued on page 30

Recognizing Sponsors & Exhibitors Who Help Make TOMA's 100th Annual Convention & Scientific Seminar Successful

Sponsors

Presidential Sponsors ($5,000 or more)
Dean, Jacobson Financial Services

Governor Sponsors ($2,500 - $4,999)
Glaxo Wellcome
Merck & Co., Inc.
Pfizer, Inc.
Texas Medical Liability Trust
Wyeth-Ayerst Pharmaceutical Company

Senator Sponsors ($2,000 - $2,499)
Astra Zeneca

Representative Sponsors ($1,500 - $1,999)
Dermik
McNeil Consumer Healthcare
Pharmacia and Upjohn Company
Purdue Pharma Company
Schering/Key Pharmaceuticals

Sponsors ($1,000 - $1,499)
Apothé Cure
Bayer Pharmaceuticals
Bristol Meyers Squibb Company
Eli Lilly and Company
Hoechst Marion Roussel
Lifescan, Inc.
Nutramax Labs
Novartis Pharmaceuticals
Ortho Pharmaceuticals Corporation
The Livens Law Firm
TOPIC
UCB Pharma, Inc.
UNTHSC-FW/TCOM Educational Foundation
UNTHSC-FW/TCOM Biomedical Communications A/V Services

Exhibitors

AC Medical
Aircast, Inc.
American Academy of Osteopathy
AOA Unity Campaign
Apothé Cure
AstraZeneca
ATOMA
BackMaster
Bristol Meyers Squibb Company
Creative Financial Professionals
Daiichi Pharmaceuticals
Dean, Jacobson Financial Services
Dermick
DOCARE International
Don Self & Associates
Eli Lilly and Company
ESC Medical Systems
Forest Park Institute
G. D. Searle & Co.
Gene Screen
Glaxo Wellcome
Hoechst Marion Roussel
International Medical Electronics
Jones Pharma, Inc.
Kirksville College of Osteopathic Medicine
Knoll Pharmaceutical Company
Lifescan, Inc.
Mary Kay Cosmetics
McNeil Consumer Healthcare
Medical City Dallas Hospital, Center for Epilepsy Treatment and Diagnostic Sleep Center
Merck & Co., Inc.
Med-Source
Micro 4
Mosby Williams & Wilkins
Muro Pharmaceuticals, Inc.
National Heritage Insurance Company
New World Rarities
Novartis Pharmaceuticals
Novo Nordisk Pharmaceuticals
NYMOX Corporation
Osteopathic Health System of Texas
Pfizer, Inc.
Pharmacia and Upjohn Company
Physician Manpower Training Commission
Purdue Pharma Company
S.R. Sales - Designer Handbags
Schering/Key Pharmaceuticals
TEI Computers
Texas Medical Liability Trust
Texas State Board of Medical Examiners
The Livens Law Firm
TMA Physician Services
TMA Physician Oncology Education Program
TOPIC
UCB Pharma, Inc.
UNTHSC/TCOM
UT Health Center, Center for Pulmonary & Infectious Disease Control
W. B. Saunders Company
Wallace Laboratories
Whitehall Robins Healthcare
Wyeth-Ayerst Pharmaceutical Company
X-Ray Sales & Service Co.

We regret that we are unable to list those who so generously supported our convention after we went to press.

IN THE NEWS

NEW DEAN FOR UNIVERSITY OF HEALTH SCIENCES

James M. Carl, D.O., MHA, has been named vice president for academic affairs and dean of the University of Health Sciences-College of Osteopathic Medicine, Kansas City, Missouri.

A 25-year veteran of osteopathic medicine, Dr. Carl has more than 20 years experience as a private practice pediatrician. He is board certified in both pediatrics and medical management. He most recently served as associate dean for graduate medical education and continuing education at the university.

A graduate of the Chicago College of Osteopathic Medicine, Dr. Carl received a master of science in health administration from the University of Colorado. He completed his internship and residency at Doctors Hospital, Columbus, Ohio, and a seven-month subspecialty rotation at Children's Hospital of Columbus.

GEORGIA PASSES NATION'S THIRD HMO LIABILITY LAW

Georgia Governor Roy Barnes has signed a new HMO liability law, to become effective July 1. Following such measures enacted in Texas and Missouri, the Georgia law becomes the third in the nation.

Georgia's liability and external review provisions are part of a package of managed care protections drafted by Gov. Barnes himself. The law gives HMO enrollees access to out-of-network physicians, establishes a consumer advocate's office and combines the Medicaid and state employees health insurance programs under one agency.

DR. WILLIAM JORDAN DIRECTS FREE BREAST CANCER UPDATE

William Jordan, D.O., president of Texas Cancer Care, served as program director for the Second Annual Breast Cancer Update, held April 24th at Ridglea Country Club in Fort Worth.

The program informed professionals specializing in breast cancer - counselors, nurses, physicians and therapists - about the most recent development on aspects of clinical care of breast cancer patients including diagnosis, treatment, reconstruction and prevention.

"Texas Cancer Care physicians are always exploring and evaluating emerging therapies and treatments. Educational programs such as this update are essential so we can remain aggressive in treatment protocols," noted Dr. Jordan.

Texas Cancer Care is the regional affiliate of the M.D. Anderson Physicians Network and is a regional physicians group providing medically advanced patient-centered care for the treatment of cancer.

DISTINGUISHED PHYSICIANS NAMED FELLOWS IN ADDICTION MEDICINE

Samuel B. Ganz, D.O., of Corpus Christi, was one of 25 distinguished physicians who were named Fellows of the American Society of Addiction Medicine (ASAM) on April 15th.

The honor was officially bestowed upon Dr. Ganz by ASAM President Marc Galanter, M.D., at the Society's Medical Scientific Conference and 45th anniversary award dinner on May 1st in New York.

The following statement was released by Dr. Galanter: "By naming these distinguished physicians fellows of our society, ASAM is formally recognizing their dedication to patient care, their significant contributions to their communities, and their dedication to the medical community and to addiction medicine."

In addition to the requirement that a Fellow be certified in addiction medicine, he or she must also distinguish himself or herself by participation in other medical and professional organizations, by volunteer work in the community or by teaching and publications.

ASAM is a national medical specialty society of 3,200 physicians from all medical specialties who are concerned about alcoholism, nicotine and other drug dependencies, and who are engaged in prevention, treatment, research and medical education. The society publishes a journal, offers a certification examination and sponsors conferences and courses to educate specialists and primary physicians in addiction medicine and related illnesses. Of ASAM's 3200 members, 155 have been named fellows since the program's initiation in 1996.

PHYSICIANS OF THE DAY

Serving as Physicians of the Day at the Texas Capitol during the week of April 5-9 were: George M. Cole, D.O., of Amarillo; Patrick Hanford, D.O., of Lubbock; Carlos N. Hornedo, III, D.O., of Laredo; Steve E. Vacalis, D.O., of Dallas; and John A. Whitham, D.O., of Corpus Christi.

Important Prescribing Information: Potential Xeloda Interaction with Coumarin Derivatives

The following is the text of a letter from Roche Laboratories, Inc. Contact the company for a copy of any referenced enclosures.

The Drug Safety Department of Hoffman-La Roche has received reports of altered coagulation parameters and/or bleeding in cancer patients on Xeloda (capecitabine) who were taking coumarin derivatives concomitantly. The time of occurrence of these events (altered coagulation parameters and/or bleeding) ranged from several days to several months after starting Xeloda therapy and in isolated cases, occurred within one month after the last dose of Xeloda. The mechanism of action whereby Xeloda might alter coagulation parameters is unclear and will be further investigated. Apart from the known difficulties of sustaining stable INR's in cancer patients, there may have been confounding variables underlying the alterations in coagulation such as trauma, dietary changes or inconsistencies, hepatic dysfunction, hypermetabolic states, and concomitant use of other agents that have the potential to interact with coumarin derivatives.

After discussion and review of these reports with the FDA, we feel at this time that an effect of Xeloda on coagulation parameters in patients taking concomitant warfarin or related coumarin derivative anticoagulants cannot be ruled out. However, because of the potential clinical significance of such an interaction, Hoffman-La Roche recommends that patients taking Xeloda with concomitant coumarin derivatives should be monitored regularly for alterations in their coagulation parameters (PT or INR). If your patient's anticoagulant therapy is being prescribed and/or monitored by another physician, please inform them of the above information.

Please note that the following new information has been added to two sections of the package insert. These include:

WARNINGS:
General:
Coagulopathy: Altered coagulation parameters and/or bleeding have been reported in patients taking capecitabine concomitantly with coumarin-derivative anticoagulants such as warfarin and phenprocoumon. The events occurred within several days and up to several months after initiating capecitabine therapy and, in a few cases, within one month after stopping capecitabine. These events occurred in patient with and without liver metastases. Patients taking coumarin-derivative anticoagulants concomitantly with capecitabine should be monitored regularly for alterations in their coagulation parameters (PT or INR).

PRECAUTIONS:
Drug-Drug Interactions: Interaction with coumarin anticoagulants: Altered coagulation parameters and/or bleeding have been reported in patients taking capecitabine concomitantly with coumarin-derivative anticoagulants such as warfarin and phenprocouomon. Patients taking coumarin-derivative anticoagulants concomitantly with capecitabine should be monitored regularly for alterations in their coagulation parameters (PT or INR).

The medical community can further our understanding of these events by reporting all cases to Hoffman-La Roche at 1-800-526-6367; or the FDA MedWatch program by phone at 1-800-FDA-1088, by Fax at 1-800-FDA-1078, or by mail: MedWatch, HF-2, FDA, 5600 Fishers Lane, Rockville, MD 20857.

If you have any questions, please call Roche Professional Product Information at 1-800-526-6367.

THE INDEPENDENT
INVESTOR

DEAN, JACOBSON FINANCIAL SERVICES, LLC
A Registered Investment Advisor

SECURITIES SOLD THROUGH LINSCO/PRIVATE LEDGER • MEMBER NASD/SIPC

Dow 10,000: History in the Making

Amid much anticipation and fanfare, another market milestone has arrived. On March 29, the Dow Jones Industrial Average climbed to its first close above the 10,000 mark.

Strong rallies in the technology sector, especially Internet-related stocks, as well as oil-company stocks gave the market the momentum it needed to hold above 10,000 after flirting with the mark during several trading sessions in March.

But according to New York Stock Exchange Chairman Richard Grasso, the history-making day should be credited to investors who have poured money into stocks - directly or through pension plans - for the last decade.

The robust Dow can also thank a strong U.S. economy and the lowest inflation in years for its long-running winning streak. With some market analysts saying that stocks are "realistically priced" at 10,000, the heated bull market could get even hotter.

The Dow, perhaps the best-known stock market indicator, has become a barometer for the overall health of our economy. The market has continued to boom ahead, riding eight years of U.S. economic growth, increased mutual fund investment, and most recently, increased investor fixation on technology.

Market mania has hit Main Street. Stock market lingo has infiltrated our daily conversations, as millions of investors and non-investors alike followed the trials and tribulations of a market trying to reach 10,000.

This worries some analysts. "Generally, these numbers are just numbers. There's nothing more magic about 10,000 than 9,997.6," said David Wyss, chief economist at Standard & Poor's DRI forecasting unit. "There is a psychological element, though. People sit up and take notice."

And notice they do. The New York Stock Exchange estimates that about 70 million people hold shares in businesses or investment funds. Many of these people follow the Dow closer than their local sports team. From financial news channels to pagers that beep with market updates, the stock market is everywhere. As memories of the Depression become dimmer - coupled with the quick rebound of recent market downturns - investors should continue to feed the markets.

How did this all begin? The Dow first closed at 40.94 over 100 years ago by journalist Charles Dow, when he added the prices of 12 major industrial companies and divided them by 12. The Dow broke above 100 in 1906, then waited 66 years to close above 1,000. That marker was hard to break: the market didn't stay above 1,000 until late 1982. So, it was almost unpredictable to think it would break 10,000 in just 17 years.

DOW MILESTONES

Milestone	Date	Milestones Close	Months between
1000	11/14/72	1003.16	–
2000	01/08/87	2002.25	170
3000	04/17/91	3004.46	51
4000	02/23/95	4003.33	46
5000	11/21/95	5023.55	9
6000	10/14/96	6010.00	11
7000	02/13/97	7022.44	4
8000	07/16/97	8038.88	5
9000	04/06/98	9033.23	9
10000	03/29/99	10,006.78	11

Sources: Dow Jones, USA Today Research, USA Today, March 30, 1999

It's important to note that the Dow is not always an accurate representation of the market as a whole. In fact, the very day the market broke 10,000 losing stocks outnumbered winners by about a 4-3 ratio on the New York Stock Exchange, and the Standard & Poor's 500 index of major companies closed down on the day.

So, while a new benchmark has been created, and the longest bull market in history continues its run, we should remember why we invest in the first place. As Dr. Bob Froelich, Managing Director of Scudder Funds explains, "This move to 10,000 wasn't a race. Investing is a journey and this is simply one stop along the way to your ultimate investment goals." Enjoy the ride.

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

FORT WORTH 817-335-3214
DALLAS 972-445-5533
TOLL FREE 800-321-0246

TEXAS LEGISLATIVE UPDATE

HB 5 - Relating to parental notification before an abortion

The House State Affairs Committee has approved HB 5 by Rep. Patricia Gray (D-Galveston). The bill, one of 11 parental-involvement bills filed this session, includes a 72-hour waiting period between the time a girl first notifies her parent and the time she has the abortion, but waives the waiting period if the parent shows up with the girl and requests an immediate abortion. The legislation would require physicians to alert child protective officials if they believe that the girl has been raped and also allow a licensed psychiatrist or psychologist to determine whether the girl can have the abortion without telling her parents. Most of the other bills only let a judge make that determination.

If HB 5 is passed by the House, it will go to a conference committee to reconcile differences with SB 30, a similar bill that the Senate has passed.

HB 9 - Relating to actions regarding certain computer date failures

The House has approved HB 9 by Rep. Brian McCall (R-Plano). The bill would limit legal liability for computer manufacturers and sellers that offer consumers a way to cure the Y2K glitch. Computer makers and sellers would have a defense against many lawsuits stemming from a Y2K glitch if they make a good faith effort to notify consumers of potential problems and offer to fix them. That defense would not apply in cases involving wrongful death or injury. The bill also would require parties involved in a Y2K dispute to try to resolve their disputes without litigation and sets a 60-day cooling off period before a lawsuit could be filed. The bill states that if litigation occurs despite efforts to resolve the issues, the lawsuits would have to be filed within two years of the harm.

Additionally, there would be limited speculative damages for such things as mental anguish if the defendant made a good faith effort to solve the problem. The plaintiff would have to prove actual fraud or malicious intent before being awarded punitive damages. The state also would set up a Web site where consumers could obtain information about Y2K problems and solutions.

SB 43 - Drug overdose reporting bill

SB 43 by Sen. Florence Shapiro (R-Plano), a bill that would require hospitals and clinics to report drug overdoses to state health officials, has been approved by both chambers and is on Gov. George W. Bush's desk waiting to be signed into law.

If Gov. Bush signs the bill, fatal and non-fatal overdoses would have to be reported to the Texas Department of Health. Hospital physicians and administrators of clinics and other medical institutions would have to report the gender, approximate age of the victim and the location of the incident. Identification of the victim by the reporting party is prohibited.

SB 146 - Regulating naturopaths

SB 146 by Sen. Gregory Luna (D-San Antonio), has been left pending in the Senate Health Services Committee. The bill would authorize obstetrics, surgery and prescriptive authority for naturopaths who are not licensed to practice medicine.

SB 445 - Children's Health Insurance Program (CHIP)

The House has given preliminary approval to HB 445, which would fund CHIP, a federal initiative to provide health insurance for children whose families cannot afford it, but who earn too much to be eligible for Medicaid. Under an amended version of SB 445, sponsored by Patricia Gray (D-Galveston), the state would spend as much as $151 million a year out of the state's settlement with the tobacco industry. The federal government, in turn, would provide an annual match averaging $423 million.

The legislation would cover people under age 19 whose families earn up to twice the federally defined poverty level, or approximately $33,600 a year for a family of four.

The House bill covers more children than similar legislation approved by the Senate. The Senate concurred with the House bill and approved the substutute bill which will cover families up to 200 percent of the poverty level. The bill has been sent to the Governor.

HB 1041 - Relating to the treatment of glaucoma and surgical procedures by optometrists

The House Public Health Committee has approved compromise legislation that gives optometrists some expanded authority to co-manage glaucoma treatment with ophthalmologists. It does not, however, give optometrists the authority to perform surgery.

The bill includes a definition of surgery proposed by the Texas Ophthalmological Association and maintains the prohibition against surgery by optometrists. Optometrists would be allowed to prescribe some oral and parenteral agents for limited periods of time but are prohibited from refilling or represcribing the oral medications. In addition, the bill allows co-management of glaucoma but requires an optometrist's diagnosis to be confirmed by an ophthalmologist within 30 days. In order for the optometrist to continue treatment after the 30-day mark, an ophthalmologist and optometrist would have to reach agreement on a co-management plan. The bill also requires that optometrists refer secondary and juvenile glaucoma cases to ophthalmologists.

The original bill, drafted by Rep. Kim Brimer (R-Arlington), would have allowed independent treatment of glaucoma by optometrists. Optometrists would also have been allowed to perform numerous surgical procedures on and around the eye.

The bill now goes to the House floor for debate.

continued on next page

HB 1347 - Expanding parents' leeway in refusing required vaccines

HB 1347 by Rep. Rick Green (R-Dripping Springs), has been approved by the House Public Health Committee. The bill would give parents the right to exclude their children from one or more vaccines based solely on personal objection. Currently, parents have two ways to opt out of vaccinations. Their physicians can certify that the shots could pose a medical risk, or the parent can sign an affidavit certifying that their religious faith opposes it. HB 1347 would broaden the religious exemption that currently exists. Parents could decline one or more shots by signing a notarized affidavit stating that the vaccination conflicts with their conscience or personal religious belief.

HB 1371 - Relating to the penalty for disclosing a person's HIV status

The House Public Health Committee has approved HB 1371 by Rep. Lon Burnam (D-Fort Worth). The bill increases the penalty for negligently disclosing a person's HIV status from $1,000 to $5,000.

HB 1387 - Relating to investigating certain deaths and performing autopsies on certain bodies

HB 1387 by Rep. Leticia Van de Putte (D-San Antonio), has been approved by the House. The bill amends the Health and Safety Code to make it a requirement that an autopsy be performed, rather than it being performed on request, on children 12 months or younger who die suddenly or who are found dead of unknown reasons. The state would be required to pay the reasonable costs of the autopsy if the primary cause of the child's death is Sudden Infant Death Syndrome (SIDS).

HB 1387 also would require the Texas Department of Health to adopt rules that define SIDS, identify the reimbursable costs of an autopsy and describe the method for obtaining their reimbursement.

HB 1646 - Relating to the standards for occupational exposure of public employees to bloodborne pathogens

HB 1646 by Rep. Harryette Ehrhardt (D-Dallas), has been reported favorably out of the House Public Health Committee. The bill would require new safety standards to reduce the risk of needle sticks to Texas health care workers.

Studies show that between 800,000 and one million American health care workers are injured each year by needles or sharp medical instruments, and that about 300 of them die from resulting diseases.

HB 1652 - Relating to a program to control hepatitis C

The House has tentatively approved HB 1652 by Rep. Glen Maxey (D-Austin), which would establish a statewide education and prevention program to control hepatitis C, which has infected an estimated 350,000 Texans.

The program would cost about $12 million over five years, including more than $3 million in the next two years. Supporters say the law is needed to raise awareness of the disease, as well as for testing and counseling, while opponents say the cost is too high and that state funds could be better spent on vaccinations and treatment of other diseases.

HB 3216 - Relating to the standardization of credentialing of physicians

HB 3216 by Rep. Brian McCall (R-Plano), has been referred to the Senate Health Services Committee. The bill would amend the Medical Practice Act to establish a mandatory credentials collection program which provides that, once a physician's core credentials data are collected, validated, maintained and stored, they need not be collected again. The Credentials Verification Council would be created to develop standardized forms and guidelines and to administer the collecting, verifying, maintaining and storing of information relating to physician credentials and for releasing that information to health care entities authorized by the physician to receive such information.

The Council would consist of 10 members, with the executive director of the Texas State Board of Medical Examiners, or his or her designee, serving as one member and chair of the council. One member would represent hospitals, one would represent HMOs and one would represent health insurance entities. Six members would be members of the board, with three members to be M.D.s, one member a D.O., and two public members.

HEALTH NOTES

ANTIBIOTIC FOR GULF WAR SYNDROME TO BE TESTED

The U.S. government began testing an antibiotic in April for the thousands of veterans who say they suffer from Persian Gulf War syndrome.

Thirty military and veterans clinics are offering the antibiotic, based on the theory that the symptoms may be caused by airborne bacteria and might be contagious.

The $8 million study is one of two sponsored by the Defense Department and the Veterans Affairs Department. A $12 million study will test exercise and behavioral changes as a possible cure.

An estimated 100,000 of the 700,000 Gulf War troops report symptoms of the illness, characterized by fatigue, joint and muscle pain, concentration and memory problems, rashes, diarrhea, fever and other symptoms that last six months or more.

HOPE FOR ARTHRITIS SUFFERERS

Researchers at Brigham and Women's Hospital in Boston report significant improvements in patients with rheumatoid arthritis when the standard treatment medication, methotrexate, was combined with Enbrel, a new genetically engineered drug. The study showed that pain and swelling decreased noticeably in 71 percent of patients who took both drugs for six weeks. Rheumatoid arthritis affects two million Americans, mostly women, and usually develops between ages 25 and 50.

Source: New England Journal of Medicine, January 1999

TDH WARNS ABOUT NEW ROUND OF BODYBUILDING PRODUCTS

The Texas Department of Health (TDH) is warning the public about a new series of bodybuilding and sleep-aid products after the Travis County medical examiner's office ruled that the death of an Austin man last month was caused by the chemical 1,4 butanediol.

The man and his wife had taken a liquid known as Thunder Nectar, one of a series of new bodybuilding and sleep-aid products that contain 1,4 butanediol, also called tetramethylene glycol. TDH officials say the chemical can cause dangerously low respiratory rates, unconsciousness, vomiting, seizures and death. The woman was unconscious for several hours but survived.

Other 1,4 butanediol product brand names included in the TDH warning are Revitalize Plus, Serenity, Enliven, GHRE, SomatoPro, NRG3 and Weight Belt Cleaner. The products are available on the Internet, in workout gyms, shopping mall kiosks and health food stores and are sold or taken to build muscles, improve physical performance, reduce stress, enhance sex, induce sleep and lose fat.

In January, TDH issued a similar warning about products sold for the same purposes that contain gamma butyrolactone (GBL). GBL product brand names include Firewater, Revivarant, Revivarant G, RenewTrient, GH Revitalizer, GH Release, Gamma-G, Invigorate, Depress, Furomax, Insom-X and Blue Nitro.

Health authorities believe manufacturers are renaming their products and substituting 1,4 butanediol for GBL in this latest round of products. Both chemicals are precursors to gamma hydroxybutyrate (GHB), a so-called date rape drug. The body converts both chemicals to GHB.

"We're urging people not to use or buy these products," said William R. Archer III, M.D., Texas Commissioner of Health.

Health officials say some of the suspect products may list 1,4 butanediol, tetramethylene glycol, gamma butyrolactone or 2(3H)-Furanone di-hydro on the label while others contain no label of any kind. Officials warn that the combination effects of vomiting and unconsciousness mean users could choke to death on their own vomit. They say the products are even more dangerous when taken with alcohol or other depressant drugs.

TDH officials claim the products are illegally marketed unapproved new drugs and are being sold in violation of state and federal laws and regulations. TDH officials said they are detaining the products when they can find them. An ongoing TDH investigation has led to the Texas Office of the Attorney General filing charges against RenewTrient Research, manufacturer of one of the products named in the TDH warning issued in January.

Since November, TDH has received reports of 36 individuals requiring emergency medical attention after taking products containing either GBL or 1,4 butanediol. The Austin man's death was the first reported in Texas linked to products containing one of these chemicals.

(For more information contact Gary Coody, TDH Drugs and Medical Devices Division, at 512-719-0237; or Doug McBride, TDH Public Information Officer, at 512-458-7524.)

C-SECTION PLUS AZT CAN STOP HIV DURING PREGNANCY

An HIV-positive woman can nearly eliminate the risk of transmitting the virus to her baby during birth if she takes AZT during pregnancy and has a Cesarean delivery, a new study has found.

According to the study appearing in the April 1 issue of the New England Journal of Medicine, a woman combining both the drug and the operation has only about a two percent chance of passing the disease on to her baby, compared to a 7.3% transmission risk with AZT alone, 10.4% risk with Cesarean sections alone and a 19% risk with vaginal delivery without AZT.

The journal noted that it decided to release the data via the Internet in advance of the printed magazine because of the public health importance. "All infected women need to be told about this information," noted Dr. Lynne Mofenson, a co-author of the report at the National Institute of Child Health and Human Development. A large part of the data had been revealed last summer at a meeting and since then, many obstetricians have routinely begun Cesareans for mothers-to-be with the virus.

Source: Texas HIV/STD Update, Winter-Spring 1999

continued on next page

FDA APPROVES PLETAL

For the first time in more than 15 years, a new drug treatment is available for people who experience severe pain, aches, or cramping in their legs when they walk due to atherosclerosis.

The Food and Drug Administration approved Pletal (cilostazol) in January to treat pain from intermittent claudication. Pletal is marketed by Otsuka American Pharmaceutical Inc., of Rockville, Maryland. Pletal has not been evaluated for safety or effectiveness in patients with more severe peripheral vascular disease, who have claudication pain when they are resting, or who have leg ulcers or gangrene.

In clinical trials, patients treated with Pletal were able to walk farther than those treated with a placebo before claudication began and before their pain became intolerable and forced them to stop. Patients treated with Pletal also reported a greater increase than those on a placebo in walking distance and speed during daily routines.

Clinical studies of Pletal did not identify serious toxicity. However, because the drug is related to phosphodiestrase III inhibitor drugs, which have been shown in several studies to increase death rates in patients with severe heart failure, Pletal's labeling states that it should not be used in patients with heart failure. The labeling also states that there is not enough information to determine whether Pletal may negatively affect survival in patients without heart failure.

Additionally, Pletal's labeling informs physicians that information is lacking on combining Pletal with the drug Plavix (clopidogril), recently approved for reducing serious adverse reactions in some patients with peripheral vascular disease. Both Pletal and Plavix inhibit platelet function, raising concerns that their combined use could lead to excessive bleeding. There was no apparent increase in bleeding, though, when Pletal was used with aspirin, which also inhibits platelet function. Further study of the Pletal/Plavix combination will be conducted after Pletal is marketed.

FINDING INFORMATION ON DIETARY SUPPLEMENTS

The National Institutes of Health's Office of Dietary Supplements has a database containing facts about dietary supplements at odp.od.nih.gov/ods/databases/ibids.html. The site searches existing medical, botanical, agricultural, chemical and pharmaceutical databases and offers links to other government, scientific and professional sites related to dietary supplements.

WOMEN'S HEALTH SITE LAUNCHED

Calling it "one reliable place to go for information that can be trusted," Surgeon General David Satcher, M.D., has launched the National Women's Health Information Center (NWHIC). Managed by the U. S. Public Health Service, the new service combines a Website at www.4woman.gov and a toll-free number at 800-994-WOMAN. The site links to more than 1,000 other women's health Websites, including more than 300 federal sites, hundreds of government-screened private organizations and more than 2,700 federal documents on women's health.

IOM REPORT SUGGESTS A LIMITED ROLE FOR MARIJUANA

At the request of the White House Office of National Drug Control Policy, an Institute of Medicine (IOM) panel has issued a study regarding the use of marijuana in clinical use.

The panel concluded that there is an increasing body of research suggesting that the active compounds in marijuana can be effective in treating pain, chemotherapy-induced nausea, and the wasting caused by AIDS and advanced cancer. However, the study noted its positive effects are limited by the harmful results of smoking, and emphasized that an effective means to deliver exact doses without the smoke should be developed. Since an alternate delivery system could take years to develop, terminally ill patients who cannot find relief via other approved drugs should be allowed to smoke marijuana under very controlled circumstances.

Specifically, patients who are prescribed marijuana should be enrolled in short-term clinical trials lasting no longer than six months, be placed under close medical supervision and be approved by an institutional review board. The benefits of an institutional review board would be two-fold: it would expand clinical trial experience with the drug and would help to further remove physicians from any legal questions regarding the issue.

Aetna Offering No-frills Health Policy

Aetna is launching a no-frills health insurance policy geared to help the approximately 25 million working Americans who are uninsured. The program, known as Affordable HealthChoices, will be sold to employers that cannot afford to offer policies to their employees or have had to drop insurance due to high premiums.

The new policy will cost as little as $46 per person, or $156 per family, per month and employers can elect to pay all or a portion of the premiums. Workplaces must employ a minimum of two employees to be eligible. The new policy will not be sold directly to individuals.

News

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

Specialists Join Health Science Center

Dr. Scott Siegal, cardiologist, and Dr. Kenneth Vogtsberger, psychiatrist, are the latest additions to the UNT Health Science Center's Physicians & Surgeons Medical Group, Tarrant County's largest multi-specialty group practice.

Dr. Siegal joins the health science center both as a cardiologist and as an assistant professor at the center's Texas College of Osteopathic Medicine. His clinical interests include congestive heart failure and adult congenital heart disease. He will participate in the health science center's community Speaker's Bureau program, which responds to requests for medical presenters at local organization meetings.

Prior to joining the health science center, Dr. Siegal was in private practice in Fort Worth. He completed a fellowship in adult cardiology at both the Deborah Heart and Lung Center in Browns Mills, N.J., and the Delaware Valley Medical Center in Langhorne, PA. He completed both his residency and internship in internal medicine at the Riverside Osteopathic Hospital in Trenton, MI. Dr. Siegal is board certified in cardiology and internal medicine from the American Osteopathic Board of Internal Medicine.

Dr. Vogtsberger comes to the health science center from the University of Texas Health Science Center at San Antonio, where he started as assistant professor in 1980. He served as an attending physician in psychiatry services at the Audie L. Murphy Memorial Veterans Hospital in San Antonio. Prior to joining the UT system, he was a staff psychiatrist at the Deep East Texas Mental Health Mental Retardation Services in Lufkin, TX.

Dr. Vogtsberger was named professor of psychiatry and human behavior at the UNT Health Science Center, where he will also teach, participate in the Speaker's Bureau program and conduct patient evaluations. His focus is on addictions. Dr. Vogtsberger designed and implemented a community-based addiction treatment and research program in San Antonio, and plans to become involved with similar efforts in Tarrant County.

He is board certified by the American Board of Psychiatry and Neurology. His substance abuse research has been funded by such agencies as the National Institute on Drug Abuse and the Texas Commission on Alcohol and Drug Abuse/Center for Substance Abuse Treatment. Dr. Vogtsberger has spoken publicly to both colleagues and community groups on drug abuse, intoxication, HIV-risk reduction, smoking cessation, addiction and stress.

Health Science Center Wins Writing Award

Ms. Laura Squires, a director of public information at the UNT Health Science Center, won a grand award for writing, "Some Things Are the Same at Every Medical School" in a regional competition by the Council for the Advancement and Support of Education (CASE). Squires' grand award was the highest in CASE's "Publications Writing" category.

A graduate of Austin College in Sherman, Texas, Squires is accredited in public relations through the Public Relations Society of America. At the UNT Health Science Center, Squires is editor of the institution's newsletter, Health & Science Quarterly, a 12-page news and information publication on the health science center's people and programs.

GAO Says Better HMO Information is Needed

According to the General Accounting Office (GAO), Medicare beneficiaries are not getting complete and accurate information from managed care plans and, as a result, many enrollees "may be unnecessarily exposed to substantial health care costs." This was the major conclusion drawn from two GAO studies and reported to the Senate Special Committee on Aging.

The GAO discovered problems with information disseminated by all 16 managed care organizations that it studied. Problems included misstatements about coverage and failure to advise beneficiaries about their appeal rights.

"We also found that some managed care organizations delay issuing denial notices until the day before discontinuing services, such as skilled nursing care," said William Scanlon, director of GAO's health division.

In response to a GAO recommendation, the Health Care Financing Administration (HCFA) has just developed standardized language and formats that plans will use to describe the benefits that they offer. Requirements for the standardized format were to be distributed to all plans by the end of May, with training sessions on how to use the new format to follow. Beginning with the November 1999 open enrollment period, all Medicare+Choice plans will be required to use a standardized format when describing or comparing benefits.

Prognosis a Bit Brighter for Social Security

A new report released by the Clinton administration shows that Social Security will be able to cover its expenses until 2034, two years longer than predicted last year. As the nation's largest social program, Social Security pays monthly checks to about 44 million Americans who are retired, disabled, or the survivors of workers who died prematurely.

TEXAS ACOFP UPDATE

What our Members are Doing...

Dr. Carl Mitten and Dr. David Armbruster received a grant from the Houston Osteopathic Hospital Foundation to be used for the promotion of Osteopathic Manipulative Medicine. Mr. Robert Murphy, President of the Foundation, presented the award of $5,000, which Dr. Mitten and Dr. Armbruster donated to the OMM Department of the Texas College of Osteopathic Medicine.

New TOMA District XIX held it's first meeting in Laredo last month. Attended by 11 members, District XIX President Dr. David Garza hosted this catered dinner meeting at his home. Congratulations and Good Luck to TOMA's newest district!

Dr. Barbara Gallagher is the Medical Director of the Sexually Transmitted Diseases Clinic at the Dallas County Health and Human Services Department This department offers diagnosis and treatment as well as education to the residents of Dallas County. Keep up the good work, Dr. Gallagher!

Our thoughts go out to Dr. Richard Hall as he recovers after a sudden illness. Cards can be sent to him at Drawer G, Eden, TX 76837. Dr. Elmer Baum is also recovering at his home and you can write to him at 2510 Wooldridge Ave., Austin, TX 78703.

What have you been doing? We'd love to know so that we can include you in this column of our update.You can call Janet Dunkle at the TXACOFP State Headquarters (888) 892-2637 or you can fax your information to us at (512) 708-1415.

T. R. Sharp Student Award

The Texas ACOFP annually presents an award to a TCOM graduating senior who has demonstrated compassion and leadership and upholds the ethics and practices of osteopathic medicine.This year, the T. R. Sharp Student Award was presented to S/D Joseph F. Fischer on May 4, 1999 during the Zeta Chapter's Senior Banquet. Joe will be completing a one year residency program at the William Beaumont Army Medical Center in El Paso.Our best wishes go to Joe as he continues his medical career.

A Reminder

Don't forget to register for the TXACOFP 42nd Annual Clinical Seminar to be held July 22 - 25, 1999 at the Arlington Hilton Hotel.Twenty-five hours of Category 1A will be offered and we will be going to the new Lone Star Race Track for Family Fun Night. If you did not receive your registration forms in the mail, call the TXACOFP Headquarters at 888-892-2637.

Rural Education a Reality at TCOM

Producing primary care physicians, especially family physicians, has been a major part of the mission of TCOM since the school opened its doors in the 1970's. While there were rural clinics at Godley and Justin, students assigned to these sites spent only three months during their family practice rotation. They returned to Fort Worth each night and there was no attempt to assimilate the student into the lifestyle of the community. In 1996, under the leadership of John Bowling D.O., the Family Medicine Rural Education Track was initiated. This elective track spans all four years of medical school and allows the student to complete all of their family medicine curriculum requirements at one rural location. If accepted into this elective program, a student is matched with a rural osteopathic physician and the community in which that physician practices.

During the first year, the student spends 4 days in the community. This is termed a lifestyle visit and the student's spouse is encouraged to participate. The purpose of this visit is to introduce the student and spouse to the lifestyle of the physician's family. The student is a guest of the physician's family during this time. Designed to take place over a weekend, this allows the student to participate in leisure activities with the rural physician's family. In addition to being introduced to the life in a small community, the student is prepared for their future educational rotations in that community.

During the 3rd year, the student returns to the same rural community for 3 months.The uniqueness of this program is that the student stays at the rural site for the entire three months. In addition to the learning experience in the clinic, the student is required to spend _ day per week in community experiences. These include making presentations to middle school classes on lifestyle and prevention issues, visiting local factories to see how health issues are dealt with, going to women's shelters, WIC programs and other experiences the physician can arrange. This community experience gives the student an idea of how the rural physician interacts with the community and the support systems available to their patients. Each community is unique and each physician has their own particular interest areas of involvement. Although the third year clerkship stresses ambulatory clinic sites, students at most rural sites will participate in hospital care with their supervising faculty. Self-study time is built into the student's schedule. This allows the student to schedule time with visiting or local specialists, emergency room physicians, or other health care system experiences. Computer linkages and eventually video linkages will connect the student to their classmates on campus, as well as allow direct participation in small group seminars held as part of the Family Medicine ambulatory clerkship.

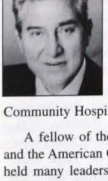
All participating faculty are members of Texas ACOFP and TOMA, and are accepted as a Rural Track Faculty after appropriate credentialing with the Health Science Center and a commitment to the educational program of the rural track. Appropriate housing for the student is provided by the community. Area AHEC agencies have been very helpful in assisting with securing housing in some of our rural sites. In Littlefield, the local Rotary club remodeled two hospital rooms into apart-

ment-like living quarters. In Bastrop, Dr. Phillips has offered his guest house for the students. Dr. Sanchez in LaFeria has provided one side of a duplex for his students. These are only a few examples of how the physicians have not only given their time, but also resources to make the rural educational experience a success.

Barbara Adams, assistant director of the Rural Educational Track, is a vital link between the department of Family Medicine and the rural sites. Responsible for site development, Barb can be found at ACOFP and TOMA meetings networking with physicians. Each year, Dr. Bowling and Ms. Adams present a faculty development workshop at the Texas ACOFP annual convention designed to assist the rural faculty in improving their skills as a clinical educator.

Our thanks to the following rural physicians for their commitment and participation in this program:
Scot Blakeman, D.O., Tulia; Teresa Boyd, D.O., Eden; Robert DeLuca, Eastland; John Galewaler, D.O., Whitesboro; Sandra Hazelip, D.O., Eastland; Tony Hedges, D.O., Littlefield; David Hill, D.O., Cuero; Commie Hisey, D.O., Gonzales; Teresa Kinsfather, D.O., Giddings; Bruce Maniet, D.O., Bells; Luther Martin, D.O., Sweetwater; Richard Perry, D.O., Sanger; John C. Phillips, D.O., Bastrop; Jeffrey Rettig, D.O., Groesbeck; Glenn Routhouska, D.O. Fairfield; Mario Sanchez, D.O., LaFeria; Jerry Smola, D.O., Sweetwater; Russell Thomas, Jr., D.O., Eagle Lake; Steve Yount, D.O., Bastrop; and Clare Zengerle, D.O., Goliad.

100th Annual Convention & Scientific Seminar Speaker Highlights Continue



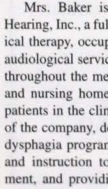
Ronald A. Esper, D.O.

Ronald A. Esper, D.O., F.A.C.O.S., F.A.C.O.F.P., president of the American Osteopathic Association, is a board certified osteopathic urological and general surgeon as well as family practitioner. Dr. Esper currently serves as the chairman of the Department of Surgery at Millcreek Community Hospital in Erie, Pennsylvania.

A fellow of the American College of Osteopathic Surgeons and the American College of Family Practitioners, Dr. Esper has held many leadership positions within the osteopathic medical profession. He has served as third vice president of the AOA; a member of the AOA Board of Trustees since 1986; chairman of several AOA departments; and vice chairman of the urologic section of the American College of Osteopathic Surgeons.

At the state level, Dr. Esper has been active as president, delegate and chairman of several committees for the Pennsylvania Osteopathic Medical Association. He also currently serves as a member of the board for Millcreek Health Systems in Erie, Pennsylvania.

Dr. Esper earned his doctor of osteopathic medicine degree in 1961 from Kirksville College of Osteopathic Medicine in Kirksville, Missouri. He went on to complete an internship and residency in surgery at Metro Health Center in Erie. In addition, he served as a surgical urological preceptee at Citizen's General Hospital in New Kensington, Pennsylvania.



Rita Baker

Rita Baker of Fort Worth, president-elect of the Auxiliary to the American Osteopathic Association (AAOA), will be addressing the TOMA House of Delegates, as well as installing the new ATOMA officers, during TOMA's 100th Annual Convention and Scientific Seminar in Dallas.

Mrs. Baker is the sole proprietor of Bowie Speech and Hearing, Inc., a full service rehabilitation facility providing physical therapy, occupational therapy, speech therapy and complete audiological services. The facility contracts with major hospitals throughout the metroplex area, as well as home health agencies and nursing homes, and provides therapy to numerous private patients in the clinic. Her responsibilities include administration of the company, developing new contracts, hiring, setting up the dysphagia programs within the hospitals, providing supervision and instruction to speech pathologists on dysphagia management, and providing evaluation and treatment for speech, language and swallowing disorders in patients ranging in age from pediatrics to geriatrics. She is also active in teaching geriatric and pediatric dysphagia at workshops and conventions.

Prior to the opening of the Bowie Speech and Hearing, Inc., she contracted with Cook/Fort Worth Children's Medical Center as a speech pathologist.

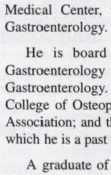
Mrs. Baker graduated from Wichita Falls High School and Midwestern University, also in Wichita Falls. In 1974, she earned a bachelor's degree in Speech Pathology (minor in psychology), and in 1975, received a master's degree in speech pathology from North Texas State University in Denton.

An active member of the AAOA, she has served as a board member; National Student Auxiliary Advisor to the AAOA; AAOA Scholarship chairman; chairman of the AAOA "Fore You Golf Tournament;" and as AAOA convention chairman.

Mrs. Baker is also an active member of the Auxiliary to the Texas Osteopathic Medical Association, having served as an officer and as ATOMA president in 1991.

Other activities/community involvement include president, president-elect and board member of SERTOMA; Texas Speech & Hearing Association chair to the TSHA PAC and counselor for Speech Pathology in Private Practice for TSHA; chairman of the Dysphagia Task Force for the State of Texas; assisted in "Family Fun Run and Health Fair" in conjunction with Osteopathic Medical Center of Texas; and organization of an Easter Seals Race fund-raiser for the North Texas Easter Seal Rehabilitation Center.

Mrs. Baker is married to Mark A. Baker, D.O., a Fort Worth radiologist, who is the current Speaker of the TOMA House of Delegates.



David S. James, D.O., F.A.C.G

David S. James, D.O., of Tulsa Oklahoma, will present "NSAID-Induced Gastrointestinal Disorders" as his topic. A practicing gastroenterologist in the Tulsa area for over 25 years, Dr. James serves as a Professor of Medicine at the Oklahoma State University College of Osteopathic Medicine; and as director of the Gastrointestinal Center at Tulsa Regional Medical Center, where he is also head of the Division of Gastroenterology.

He is board certified in both Internal Medicine and Gastroenterology and a Fellow of the American College of Gastroenterology. Other memberships include the American College of Osteopathic Internists; American Gastroenterological Association; and the Arkansas/Oklahoma Endoscopic Society, of which he is a past president.

A graduate of the University of Health Sciences College of Osteopathic Medicine, Kansas City, Missouri, Dr. James took his postdoctoral training in internal medicine at Tulsa Regional Medical Center and served a fellowship in gastroenterology at the University of Kansas Medical Center.

Andrew Chubick, D.O.

Dr. Chubick received his medical degree from Case-Western University and postgraduate training at Case-Western Reserve University Affiliated Hospitals as well as the University of Oregon Medical School Hospital. He completed a fellowship in rheumatic diseases at the University of Texas Health Science Center and currently serves as Chief of Rheumatology at the Baylor University Medical Center. Dr. Chubick also holds the position of Director of the Arthritis Center of Texas.

V. Paul Bertrand, D.O.

V. Paul Bertrand, D.O., is Visiting Professor at the University of Indiana College of Medicine. He is currently affiliated with Columbia Olympia Fields Osteopathic Medical Center, St. Anthony Hospital and Medical Center, and Silver Cross Hospital.

Dr. Bertrand received his D.O. from the Philadelphia College of Osteopathic Medicine. His postgraduate training included a rotating internship at Delaware Valley Hospital, a residency in neurology at the Medical Center Hospital of Vermont, and chief residency at the George Washington University in the Department of Neurology. Dr. Bertrand is certified by the American Board of Psychiatry and Neurology.

Dr. Bertrand has lectured extensively on topics such as migraine headaches, epilepsy and seizure disorders, and Parkinson's disease. He has given presentations at meetings on the state, national, and international level. Dr. Bertrand has conducted clinical investigations on the treatment of epilepsy and migraine headaches. He is Associate Examiner for the National Board of Osteopathic medical Examiners and Neurologic Consultant with American College of Osteopathic Internists.

James Blair, D.O.

James Blair, D.O., will present "Chronic Pain Management Using Opioids: How to Stay Out of Trouble" as his topic.

Dr. Blair received his D.O. degree from the University of Osteopathic Medicine & Health Sciences, College of Osteopathic Medicine & Surgery in Des Moines, Iowa. After completing an internship and residency program in the Department of Anesthesiology at the University of Iowa Hospitals and Clinics, he completed a fellowship in Neuroanesthesia.

Marcy Fitz-Randolph, D.O.

Marcy Fitz-Randolph, D.O., received her Bachelor of Science degree in Chemistry and Bachelor of Arts in English from the University of Dallas in Irving, Texas. After pursuing a Master of Arts in English and Teaching college composition and literature courses, she bowed to long family tradition and went into medicine. Unlike her ancestors, she studied Osteopathic Medicine at the Texas College of Osteopathic Medicine in Fort Worth. She is board certified in General Internal Medicine and is nearing the end of her additional year of study in Osteopathic Manipulative Medicine. She will be beginning an integrated medicine practice in Grinnell, Iowa, this summer.

Lori Boyajian, D.O.

Dr. Lori A. Boyajian is a board certified family physician whose practice focuses on women's health. She began her career working in the OB/GYN department of the Samuel U. Rogers Community Health Center in Kansas City. There she provided a wide range of care to women from adolescents to geriatrics and everything in between. This included prenatal and postmenopausal services. Dr. Boyajian received the National Health Services Corps Award for Excellence for her work at the Health Center. She also served on the Maternal and Child Health Coalition Responsible Choices Committee.

Dr. Boyajian is currently serving on the Arthritis Council as part of the American Osteopathic Association's Women's Health Initiative. She is an Arthritis Master Faculty member of the American Medical Women's Association and has served on the Women in Medicine Committee of Kansas City Metropolitan Medical Society since 1997.

Self's Tips & Tidings

By Don Self

Care Plan Oversight and Medicare

While Medicare pays for code 99375 (30 minutes or longer), it does not pay for code 99374 and this cannot be billed to Medicare patients. Also, when billing for Care Plan Oversight (CPO), it is very important to use the Place of Service code 12 (home), even though the physician is not going to the patient's home. In addition, on CPO, you do not have to have a face-to-face encounter with the patient every six months. The rules for billing for CPO state that you must have seen the patient in a face-to-face encounter within the previous six months of the initiation of Home Health Care. After you start CPO, you do not have to have another face-to-face encounter with the patient.

When Can Your NP or PA Bill Under Incident-To Rules?

Recently, we were in a clinic that employs several Nurse Practitioners. These same NPs were billing under incident-to-rules for new patients and for patients with new problems or diagnoses. This was not a Rural Health Clinic. This practice is not allowed. The PA or NP may only see established patients with established plans of treatment set by the physician, using the incident-to-rules.

According to Medicare Carrier Manual 2050, a new problem is any exisitng problem that is not covered in a treatment plan. If the treating physician hasn't established a treatment plan that covers the presenting problem, do not [emphasis] bill "incident to." If the PA or NP wish to see new patients or patients with new diagnoses, they must bill for services under their own provider number, regardless of whether the physician is on the premises or not. For this reason, we recommend that you make sure your NP or PA has his/her own provider number inside your group practice. It is perfectly legal to bill under incident-to rules (using the physician provider number) on one day, and bill under the non-physician practitioner's number the next.

Texas Medicaid and Electronic Claims

If you wish to start filing Medicaid claims electronically, you are required to have your updated Medicaid provider application completed and approved before you can begin transmitting claims. This is true whether you use Medicaid direct, Medicare, THIN or a clearing-house to process your claims.

Medicare Pre-Pay Audits Correction

In the previous issue, I stated that 62.5% of physician claims are being either denied or rejected in pre-pay Evaluation and Management documentation audits. That figure is outdated. The correct number is now 67%. Doctor, we know you're doing the service but apparently 67% of the claims are going in without the documentation.

Here's an example of an exam for an ear ache:

(height, weight, temp, pulse); comment on appearance such as appears ill and pain in the ear; look in the eyes for injected conjunctivae, otoscopic exam of ears; look in the nares, look at mouth and throat, check for swollen lymph nodes in neck and listen to the lungs. The doctor usually asks about fever the past few days, any recent swimming, water activity or plane flights and a history of ear problems or recurrent cerumen impaction as well.

Yet, what is documented? You're looking at a code 99213 on an established patient with the above documentation. However, when we check the documentation using the sliderules (of which we are selling hundreds), we see that doctors usually only document a level 2 or sometimes even a level one. If you want to purchase any of these sliderules by mail for only $9.50 each, please call us at 800 256-7045. If you're not checking your own documentation using the 1994 or 1998 guidelines, it's either costing you money or you're setting yourself up for refunds, recoupment and fines by Medicare, Medicaid and private carriers. Yes, private carriers can nail you as well as they use the same guidelines.

Hospital Discharge & SNF Admit

Yes, I've told you in past issues that you can and should bill for the hospital discharge and the SNF admit on the same day if both are performed. What I didn't tell you may make a difference as to whether you're allowed to bill it. As I've repeated so many times, if it's not documented, it's not done and not billable. I'm finding that some doctors will discharge a patient from the hospital to the SNF, yet will not go over to the SNF (even if it's in the hospital wing) and tuck the patient into bed. In order to bill for the discharge, you must have a face-to-face encounter with the patient in the in-patient hospital setting. To bill for the SNF admit, you must have the same thing in the SNF setting. If you just call the SNF with the instructions, you do not meet the billing requirements of the SNF admit.

Now, let's make that trip to the SNF worth your time. If you'll read the wording in the AMA's CPT-4 manual, you'll see three codes for initial or new SNF patient (99301-99303). Read it a little more closely and you'll see that only one code even mentions SNF admit or re-admit, and that is code 99303. The reimbursement for 99303 is not that bad, but I'd never tell you to code something based on reimbursement as that would be illegal. You should always code the service you provide and document (I know, I'm nagging).

Duncanville Workshop

Those of you in the DFW or North Texas area should seriously consider sending your office staff to an excellent full-day workshop on Coding, Collections and Documentation in Duncanville, Texas, on

June 11th. I'll be teaching them how to increase your income, reduce your audit potential and how to self-audit your documentation on evaluation and management services. If you're not in those areas, send your staff and let them have a nice weekend in the Metroplex. You'll profit from it and they'll love it.

Physician Internet Usage Increases

In the latter part of 1998, only 42% of physicians surveyed had access to the Internet at the office. Today, that percentage is over 85%, according to HealthNews. If you do get "online," visit www.donself.com and download free new patient forms, documentation guidelines, insurance carrier letters, Medicare waivers, fee schedules, etc.

Check Your Superbill Layout

We highly recommend that you take a moment to check the superbill, communication form, computer input slip (or whatever you call it), that you use to communicate what you do in the treatment room to your billing staff. The University of Chicago will probably face a fine in excess of $10 million due to failure to give their Medicare providers the opportunity to check the lower level codes (99201, 99202, 99211 & 99212) on their superbill. The Justice Department's contention is that without having these codes on the superbill, the doctors are forced to upcode, which is fraud. The Justice Department will win this one. If you need help reviewing your codes, give us a call. If you need an excellent source for ordering new ones, we recommend you call Rosemary Marsh at HOM-E (1-903-883-0085) as they have some of the very best prices and the best service we have seen. They routinely help hundreds of our clients.

DON SELF & ASSOCIATES, INC.
Medical Reimbursement Specialists
P.O. Box 1510
Whitehouse, TX 75791-1510
Voice (903) 839-7045
FAX (903) 839-7069
www.donself.com

10 Years Ago in the Texas D.O.

* A study conducted by the American Osteopathic Association revealed that approximately 24.2 percent, or 5,912 D.O.s, probably utilized OMT on a regular basis in their medical practices. Of this figure, 52.4 percent were over age 65. However, the next largest group utilizing OMT techniques were between the ages of 35 and 44.

In a similar study of DME's Intern Exit Interviews, emergency medicine was found to be attracting the majority of D.O.s under age 45, with internal medicine the next category. Eighty-two percent of graduating students indicated plans to enter into a residency, with 54 percent choosing osteopathic training programs. Sixty-five percent said their first choice had been an osteopathic medical school.

* John Boyd, D.O., was elected secretary-treasurer of the Texas State Board of Medical Examiners.

* Fred R. Tepper, D.O., was one of only 96 U.S. physicians to be awarded the Certificate of Competence in Sports Medicine. Awarded by the American Osteopathic Academy of Sports Medicine and recognized by the AOA, the Certificate was the highest distinction that a sports medicine physician could receive.

* James P. Malone, D.O., received certification in rheumatology, a medical discipline and subspecialty of internal medicine.

* Dallas Family Hospital elected medical staff officers for 1989-90 as follows: J. L. LaManna, D.O., was re-elected chief-of-staff, his fifth term in that capacity, and chairman of the executive committee; Donald Vedral, D.O., was re-elected vice chief-of-staff; Manuel Griego, D.O., was re-elected member-at-large; and re-elected as secretary-treasurer of general staff was Louis Zegarelli, D.O.

* Two TOMA members were honored during the Fort Worth Osteopathic Medical Center's annual Medical Awards Night. Thomas J. Trese, D.O., was the recipient of the 1989 Medical Staff Award, and Philip Slocum, D.O., was named 1989 "Teacher of the Year."

* James W. Linton, D.O., received certification from the American Board of Quality Assurance and Utilization Review Physicians.

MEMBERSHIP ON THE MOVE

ATTENTION TEXAS D.O.s

Beginning January 1, 1999 the Texas State Board of Medical Examiners began requiring that at least one hour of a physician's 24 continuing medical education credits be earned in the areas of medical ethics or professional responsibility. In order to renew your license for 1999, you must have at least one hour of credit in the above categories.

TOMA's 100th Annual Convention and Scientific Seminar, to be held June 17-20, 1999, in Dallas, is offering two courses that will enable you to meet this requirement.

☛ On Saturday, June 19th, from 10:30 - 11:30 a.m., James Blair, D.O., will present Ethics in Pain Management.

☛ On Sunday, June 20th, from 8:00 a.m. - 1:00 p.m., Beth Krugler, J.D. will present a Risk Management Program. Topics covered will include Patient Relations and Signs and Symptoms of Potential Litigation.

We hope to see you at the convention!

NEWS You Can Use

Mammogram Law Took Effect April 28th

On April 28th, the Food and Drug Administration further strengthened the nation's standards for mammography centers by requiring that all women who have mammograms must be directly notified in writing about their results. This provision has been added to the final regulations that implement the Mammography Quality Standards Act (MQSA) of 1992 and that went into effect April 28th. The new provision reflects improvements in the law made by the Mammography Quality Standards Reauthorization Act of 1998.

"Mammography is the best tool we have to prevent breast cancer, and having written results in clear language will reenforce the importance of this examination," said Health and Human Services Secretary Donna E. Shalala. "No woman should be in the dark about the results of her mammogram, and thanks to this rule, she won't be."

"Our agency has worked long and hard over the past several years to ensure that American women can depend on receiving high quality mammography screening for breast cancer," said FDA Commissioner Jane E. Henney, M.D. "As an oncologist, I know how important it is for women's health to have accurate mammograms with the results reported promptly to the woman and her physician."

Facilities performing mammograms will continue to report results directly to the patient's physician. But they will now provide patients with a separate, easy-to-understand summary report within 30 days. Self-referred patients with no designated healthcare provider will receive both the simplified report and the one doctors normally receive.

If the results are suspicious or suggest cancer, they must be communicated to the patient as soon as possible, ordinarily within five working days. If the results are unclear or incomplete, the FDA recommends that facilities communicate this to patients as soon as possible to avoid delays in followup care. The exact language of the report and the system for reporting are left up to the facility.

The new notification requirement is a response to anecdotal reports of "suspicious" mammograms not being reported to patients, resulting in breast cancer going undetected until too late. The final regulations also require mammography facilities to transfer original, as opposed to copies of, mammograms to a patient's physician or to the patient on request. This aids diagnosis by allowing doctors to compare old mammograms with new ones.

Under MQSA, all mammography facilities in the United States must now meet certain stringent standards for equipment, personnel and image quality, be accredited by an FDA-approved accreditation body, be MQSA-certified, and be inspected annually. Today, virtually all 10,000 facilities have fully met standards and are certified to perform mammography.

The names and locations of certified mammography facilities are available by calling the Cancer Information Service at 1-800-4-CANCER (1-800-422-6237), or on the FDA's web site www.fda.gov/cdrh/faclist.html.

Medicaid Loosens Payment Rules for PAs

As of March 1, Medicaid began reimbursing physicians for services performed by a physician assistant (PA) without the physician's personal supervision. Personal supervision means the physician must be in the facility or building when and where the services are being provided.

The rule now stipulates that to be considered for Medicaid reimbursement, services performed by PAs or advanced practitioner nurses (APN) must be delivered according to protocols developed jointly with the physician that adhere to the scope of practice and state laws governing PAs and APNs.

HCFA is Investigating Extra Epidural Charges for Medicaid Patients

The Health Care Financing Administration is going after providers who charge Medicaid patients an extra fee for epidural anesthesia during labor and delivery. A letter warning of this practice was sent to state Medicaid directors by Sally Richardson, director of HCFA's Center for Medicaid and State Operations. It stated, "A doctor who is a participant in a state's Medicaid program …must accept [Medicaid] payment as payment in full. Thus, a participating physician's demand for these additional payments would be in violation of the law."

HCFA has asked the Department of Health and Human Services' inspector general to investigate a case in California, in which a Medicaid patient was unable to produce the $400 requested by the anesthesiologist. She was given a narcotic in lieu of an epidural. The case emphasizes physicians' concerns about low Medicaid reimbursement for anesthesiology services. At the time the case occurred, Medi-Cal (the California Medicaid program) was paying only $56 for administration of an epidural, compared with $270 paid by private insurers.

Medicare Patients May Want Itemized Bills

Physicians should be aware that the Balanced Budget Act of 1997 gives Medicare beneficiaries the right to ask in writing for statements. Providers must furnish an itemized statement within 30 days of a request or they could face a civil fine of $100 for each unfulfilled request.

Beginning with the July 1 explanations of Medicare benefits and Medicare summary notices, the forms have been revised to state the following: "You have the right to request in writing an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly in writing if you would like an itemized statement."

TRICARE News

Wisconsin firm Wins TRICARE Contract for Claims Review Assistance Services

Meridian Resource Corp., of Waukesha, Wisconsin, has been awarded a contract for TRICARE claims review assistance services. The contractor will audit claims processed by TRICARE managed care support contractors for payment coding and accuracy. The contract began May 1, 1999.

The $6.76 million contract is scheduled to run for five years, including a one-year base period and four one-year options for the delivery of claims review assistance services to the TRICARE Management Activity.

TRICARE "Claimcheck" Claims Auditing Results can be Appealed

"TRICARE Claimcheck" is an automated auditing program that reviews TRICARE claims for services provided by individual professional providers, to make sure that those services have been billed appropriately.

The program checks claims to detect such things as "unbundling" of procedures, medical visits with pre- and post-operative care, duplicate procedures, mutually exclusive procedures, age/sex conflicts, etc.

Providers who disagree with a TRICARE Claimcheck finding may appeal it in writing. The contractor will always provide a written response to the appeal, on request. The contractor will review the claim and its supporting documentation. As part of the appeals process, the contractor may verify: 1) that correct procedure codes were used; 2) that no clerical errors occurred that would have resulted in incorrect application of the TRICARE Claimcheck edits; 3) that the claim received appropriate medical review; 4) that all necessary medical documentation was submitted; and 5) whether medical circumstances existed that exceeded the expected circumstances upon which the TRICARE Claimcheck edit is based. A determination that allows additional payment results in an adjustment of the claim by the contractor with no further action required by the patient or the provider.

(**NOTE:** TRICARE Claimcheck is programmed to always pay for a procedure that is appropriately billed with "modifier 25." Nevertheless, it appears that on a number of claims, procedures billed with modifier 25 are being denied. Even though modifier 25 is billed by the provider, the claims processing contractors are occasionally not entering the modifier into the claims processing system. As a result, some services are being incorrectly denied. Although providers and program beneficiaries can file an appeal when a service is denied by TRICARE Claimcheck, information about the recourse to an appeal has not always been easily available. If you believe that a previous claim involving modifier 25, or any other issue, was incorrectly denied, you can ask the contractor to review the claim and adjust it, if appropriate.)

An additional level of TRICARE Claimcheck appeals is currently being developed, and will be put into effect when the final rules for this new level of appeals are established.

The TRICARE Management Activity (TMA) - formerly known as OCHAMPUS, and more recently as the TRICARE Support Office - continues to look for ways to improve the claims audit process. TMA communicates with TRICARE contractors' and military lead agents' medical directors, professional societies and other organizations, seeking their comments about TRICARE Claimcheck edits. Comments and suggestions may result in changes to the TRCIARE Claimcheck edits.

TMA encourages suggestions on how to improve TRICARE Claimcheck, along with the submission of the clinical/medical rationales for the suggested changes, in order to facilitate review of the recommendations.

Suggestions may be forwarded to: TRICARE Management Activity, Medical Benefits and Reimbursement Systems, 16401 E. Centretech Parkway, Aurora, Colorado 80011.

In Memoriam

ROBERT B. BEYER, D.O.

Robert B. Beyer, D.O., of Fort Worth, passed away on May 13. He was 90.

A memorial service was held May 17 at Marty Leonard Community Chapel in Fort Worth.

Dr. Beyer was born in Pella, Iowa. He graduated from Central College and received his D.O. degree in 1931 from Kirksville College of Osteopathic Medicine, Kirksville, Missouri.

Following postgraduate work in Vienna and Berlin in 1936, Dr. Beyer established a practice in Checotah, Oklahoma. While in Oklahoma, he served as president of the Oklahoma Osteopathic Medical Association.

In 1948, Dr. Beyer relocated to Fort Worth to join the medical staff of the current Osteopathic Medical Center of Texas, where he served as chief of staff during the construction of its main campus. He was a member of the board of trustees and an active supporter of the Texas College of Osteopathic Medicine.

Dr. Beyer retired in 1994, after more than 60 years of family practice. He was a life member of the Texas Osteopathic Medical Association.

Survivors include his wife, Barbara Holt Beyer of Fort Worth; children, Robert B. Beyer of New York City, NY, David M. Beyer, D.O., and his wife, Sally, of Fort Worth, William W. Blocker and his wife, Deidre, Sue Ann Peck and her husband, John, and Robert N. Blocker and Rebecca L. Blocker; grandchildren, Laura Simmons Beyer, David Conrad Beyer, Thomas Matthews Beyer, Zachary Blocker, Caitlin Blocker, Emily Blocker, Christopher Peck, Stephen Peck and Chelsea Blocker; and a sister, Marie Beyer Veenstra of Pella, Iowa.

Donations may be made in Dr. Beyer's name to the Osteopathic Health Foundation, 3715 Camp Bowie Blvd., Fort Worth, 76107, or to a charity of choice.

Aetna Sued Under RICO Act

Three enrollees and a consumer group have sued Aetna for false advertising, accusing the HMO of undermining medical care, in part, by offering financial incentives to physicians who see more patients while penalizing those who do not.

The lawsuit, which seeks class-action status, alleges that Aetna attracted potential members by citing a dedication to quality medical care. Instead, the company encourages system-wide cost-cutting that undermines medical care. The lawsuit seeks unspecified monetary damages and asks that Aetna stop misleading potential members.

The lawsuit was filed by three Philadelphia residents on behalf of the nearly six million people who have enrolled or renewed their HMO membership in Aetna from July 1996 to the present time. Representing the HMO members is the Foundation for Taxpayer and Consumer Rights, a consumer group based in Santa Monica, California.

Filed in U.S. District Court in Philadelphia, the lawsuit is believe to be the first filed against an HMO under the federal Racketeer Influenced and Corrupt Organizations Act (RICO). Although RICO is a law originally aimed at mobsters, various Supreme Court rulings in the past year have permitted its use and have allowed lawsuits by people allegedly harmed by a pattern of illegal activities.

HealthFind '99 - September 25-26, 1999 in Austin, Texas

Health Professional Recruitment Opportunities for Rural Texas Abound at Annual Event

Health care representatives from rural Texas facilities, physician practices, and communities and health care professionals have the exceptional opportunity to meet face-to-face to discuss job opportunities and practitioner availability at this year's HealthFind. The annual HealthFind event provides a "job fair" atmosphere for rural Texas health care facilities and communities to recruit practicing health care professionals and professionals in training who are looking for current and anticipated health care positions.

Practicing health care professionals, and those who are in training, will attend an expanded HealthFind 1999. Both M.D.s and D.O.s will attend Saturday and Sunday of the weekend event. Mid-level practitioners and health care professionals such as Registered Nurses, Physical, Occupational and Speech Therapists, Medical Lab Techs, X-Ray Techs, Dentists, Nutritionists, Paramedics and Pharmacists will be in attendance on Sunday only.

Rural Texas health care facilities, providers and communities are encouraged to take advantage of this worthwhile occasion to share the unique characteristics and highlights of their rural Texas communities to potential recruits. "HealthFind provides a friendly, relaxed environment for both rural health care representatives and health care professionals to meet each other and learn what each has to offer," explained Sam Tessen, Executive Director of the Center for Rural Health Initiatives (CRHI).

HealthFind '99, coordinated by the CRHI, the Texas State Office of Rural Health, will be held in Austin on September 25 and 26, 1999.

If you have questions or would like to register, contact Bob Moore at CRHI at 512-479-8891; toll-free at 877-839-2744; or by e-mail at bobmoore@crhi.state.tx.us. Registration deadline is August 27, 1999.

Established in 1989, the Center for Rural Health Initiatives provides leadership in encouraging innovative responses to rural health care needs. The Center administers a number of programs and services designed to help rural health providers and communities proactively address the health care needs of rural Texans.

Women's Health Issues...continued from page 12

This lack of continuity leads to poor coordination of women's healthcare services.

In recent years, the medical community has begun to recognize that women's healthcare needs have been slighted, Dr. Mark said. In 1995, for example, the federal government's Council on Graduate Medical Education (COGME) noted that physicians need to recognize gender-sensitive biological mechanisms and psychosocial factors that can influence health and disease. COGME also stressed the need for graduate medical education (GME) curricula that are geared towards diseases that disproportionately affect women, such as depression, breast cancer and osteoporosis.

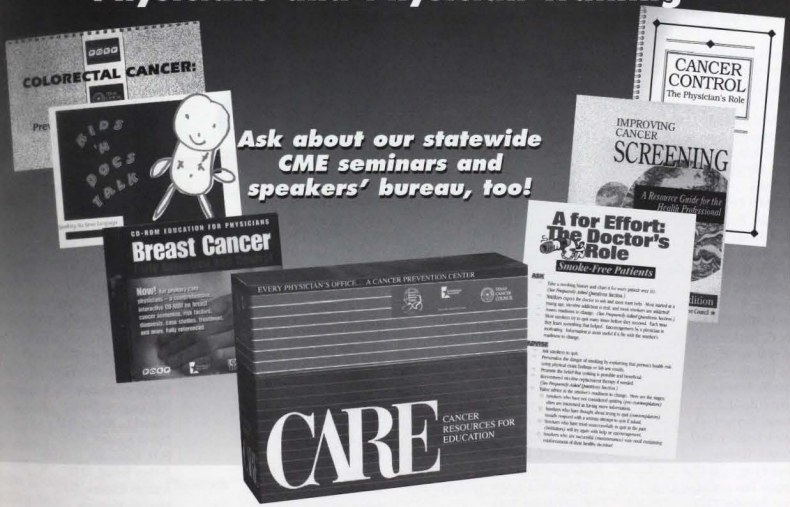
Training institutions are making progress in enhancing opportunities for women's health training during GME, she reported. "The efforts in recent years to increase the number of training programs that address women's health is encouraging," Dr. Mark said. "Every year, I hear about more programs that have started up and others that are being developed." Ultimately, all GME programs should include specific training in women's health so that residents become well-versed in the differences between treating women and men, she said.

To help training institutions in creating women's health programs, the Office on Women's Health, the U.S. Health Resources and Services Administration and the Association of Medical Colleges developed a women's health GME curriculum in 1996. The three organizations are now conducting research to determine whether the new curriculum can be integrated into GME programs that already focus on women's health, noted Dr. Mark.

"As we develop more programs and curricula in women's health, we may one day eliminate the inequities that have plagued women's healthcare throughout history."

Make your office a cancer prevention and detection center:

Educational Materials for Physicians and Physician Training



(800) 880-1300 ext. 1672 • (512) 370-1672 • poep@texmed.org
http://www.texmed.org/health_science/hs_poep.html • 401 West 15th Street, Austin, TX 78701-1680

Texas Medical Association

PHYSICIAN ONCOLOGY
POEP
EDUCATION PROGRAM

TEXAS CANCER COUNCIL

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

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

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

If you would like to contribute to the Building Fund and become a "Texas Star," call Paula Yeamans at 800-444-8662. Please note that contributions received three weeks prior to each issue may not appear until the following issue.

THANKS

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

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

Opportunities Unlimited

PHYSICIANS WANTED

OCCUPATIONAL MEDICINE OR FAMILY PRACTICE PHYSICIAN - WICHITA FALLS, TX -Fast-paced, results oriented physician; experience in Occupational Medicine, Primary Care, Emergency Medicine or Orthopedics helpful, but not required. 8 a.m. - 5 p.m., M-F, no Medicare/Medicaid, few hospital admissions, occasional call. Generous, flexible package. Contact: Jamie Edwards at 940-761-3333. (01)

BEDFORD, TEXAS - Successful D.O. family physician is looking for an associate to join his busy practice. Located in the heart of the DFW metroplex. Private practice with a quality office staff and without the bureaucracy of a large group. Full scope family medicine, no OB. Shared call schedule and competitive compensation package. Must be a BC/BE family physician with three years of post-graduate training. This is a chance to build a career, not just another job. Fax your CV to 817-545-3668. (06)

FAMILY MEDICINE/MINOR EMERGENCY CENTER looking for energetic BE/BC physician. Fast growing 2 physician group. Now accepting applications for immediate opening, or for late spring/early summer. Competitive salary and benefit package. Very limited call or hospital. Enjoy the great lifestyle offered by this central Texas location. Beautiful new facility in Georgetown, just minutes from hill country and Austin. Call Sandy at 512-869-7310 or fax CV to 512-869-5616. Richard C. Male, Jr., D.O. (10)

DALLAS — Physician needed at walk-in GP clinic. Flexible hours or part-time. 214-330-7777. (11)

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

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

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

AVAILABLE: BOARD CERTIFIED F/P (22 years experience) interested in full-time position in Houston area. Must be within one hour's driving time from Houston's Intercontinental Airport. Combination of outpatient/inpatient care (no OB) minimum salary $125,000. Contact Dr. Rudolf Cantu, work (409) 336-3669, fax (409) 336-8089, home (281) 361-2096 or write 3207 Park Garden Dr., Kingwood, Texas 77339. Email DrCantu@Kingwoodcable.com. Available August 15, 1999. Presently on staff at San Jacinto Methodist Hospital (Baytown), Bay Coast Medical Center (Baytown) and Columbia Kingwood Medical Center (Kingwood).

OFFICE SPACE AVAILABLE

MEDICAL BUILDING FOR SALE - 2,700 square foot medical building located on Harwood Rd. in Bedford, Tarrant County. Contains operating room, recovery room and exam rooms. Two entryways allow space to be subdivided into two suites. Contact: Richard Minker/Tyler Trahant, Richard D. Minker Co., 817-335-5600/e-mail ttrahant@rdminker.com. (07)

FOR SALE - FAMILY PRACTICE, AUSTIN, TEXAS. Net $200,000/no hospital. Will finance. Will work with new associate/owner during transition period. Contact TOMA at 800-444-8662. (09)

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

MISCELLANEOUS

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

Classified Advertising Ad Rates

TOMA Members - $10 per insertion

Non-Members - $1.00 per word (25 word minimum)

For more information call the TOMA office at 512-708-8662 or 800-444-8662

Looking for a **DYNAMIC, SOPHISTICATED**, yet

MANAGEABLE INVESTMENT PHILOSOPHY?

WE'VE GOT THE ANSWER...

Strategic Asset Management

Setting a new standard in Fee-based Asset Management

- Over 2000 no load/load waived Mutual Funds with varying investment objectives.*
- Access to individual Stocks and Bonds.
- Professional Management through a Strategic Asset Allocation investment methodology.
- Fee-based compensation. No more loads, commissions or surrender charges.*
- Ability to switch between Funds and Fund Families.
- Easy-to-understand Consolidated Quarterly Statements.

DEAN, JACOBSON
FINANCIAL SERVICES, LLC
A Registered Investment Advisor
800-321-0246

SAM is offered through:
LINSCO/PRIVATE LEDGER
A Registered Investment Advisor
Member NASD/SIPC

*Nominal transaction costs may occur depending on account size. Certain mutual funds available in the SAM program pay 12b-1 fees. Dean, Jacobson Financial Services, LLC is located at 3112 W. 4th Street, Fort Worth, TX 76107.

10/97

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

CHANGE SERVICE REQUESTED

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