

## TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

Physicians and Surgeons

1415 Lavaca Street

512/708-8662

Austin, Texas 78701

FOR All TOMA Members

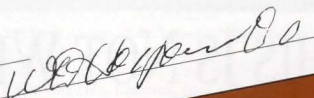
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DATE Nov. 1995

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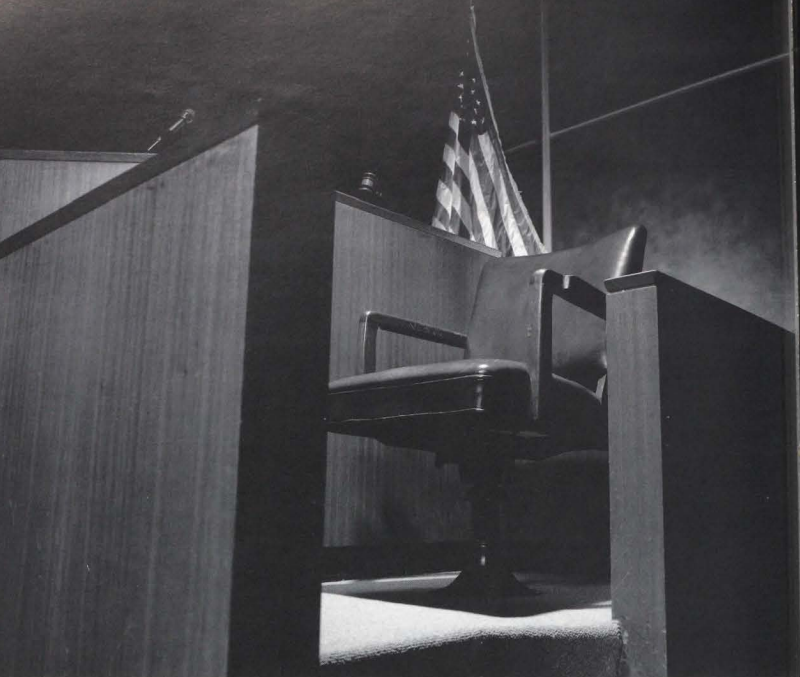
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February 16-18, 1996 – Dallas**

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**"Prevention and Control  
of Influenza"**

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## For Your Information

### OSTEOPATHIC AGENCIES:

American Osteopathic Association	312/280-5800
	800/621-1773
Washington Office	202/544-5060
	800/962-9008
American Osteopathic Healthcare Association	703/684-7700
Physician's Choice Medical Malpractice	800/366-1432
Dean, Jacobson Financial Services:	
For Premium Rates,	
Enrollment & Information	1-800/321-0246
TOMA Major Medical Insurance	1-800/321-0246
TOMA Disability Insurance Program	1-800/321-0246
UNTHSC/Texas College of Osteopathic Medicine	817/735-2000
	Dallas Metro 429-9120

### Medicare Office:

Part A Telephone Unit	214/470-0222
Part B Telephone Unit	903/463-4495
Profile Questions	214/766-7408
Provider Numbers:	
Established new physician (solo)	214/766-6162
Established new physician (group)	214/766-6163
All changes to existing provider	
number records	214/766-6158
Medicaid/NHIC	512/343-4984
Texas Medical Foundation	512/329-6610
Medicare/CHAMPUS General Inquiry	800/725-9216
Medicare/CHAMPUS Beneficiary Inquiry	800/725-8315
Medicare Preprocedure Certification	800/725-8293
Private Review Preprocedure Certification	800/725-7388
Texas Osteopathic Medical Association	512/708-TOMA

### TOMA Physicians Assistance Program

	in Texas 800/444-TOMA
	FAX No. 512/708-1415
	817/294-2788
	in Texas 800/896-0680
	FAX No. 817/294-2788
	in Texas 800/444-TOMA

### TOMA Med-Search

### TEXAS STATE AGENCIES:

Texas Health and Human Services Commission	512/502-3200
Department of Health	512/458-7111
Texas State Board of Medical Examiners	512/834-7728
	FAX No. 512/834-4597
Registration & Verification	512/834-7860
Complaints Only	800/201-9353
Texas State Board of Pharmacy	512/832-0661
Texas Workers' Compensation Commission	512/448-7900
Medical Review Division	512/440-3515
Texas Hospital Association	800/252-9403
Texas Department of Insurance	512/463-6169
Texas Department of Protective and	
Regulatory Services	512/450-4800
State of Texas Poison Center for	
Doctors & Hospitals Only	713/765-1420
	800/392-8548
	Houston Metro 654-1701

### FEDERAL AGENCIES:

Drug Enforcement Administration:	
For state narcotics number	512/465-2000 ext. 3074
For DEA number (form 224)	214/477-7250
CANCER INFORMATION:	
Cancer Information Service	713/792-3245
	in Texas 800/392-2040

# TEXAS D.O.

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

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November, 1995

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## Calendar of Events

### NOVEMBER 5-11

National Osteopathic Medicine Week  
Theme: "Osteopathic Physicians:  
Shaping Up America's Health"  
Contact: Merilyn Richards, ATOMA  
President  
817-927-5857  
FAX 817-923-0735; or  
TOMA  
512-708-TOMA  
800-444-TOMA  
FAX 512-708-1415

### DECEMBER 3

TOMA/ATOMA District VI Christmas  
Party  
Location: Brady's Landing, Houston  
Contact: Mrs. Lois Campbell  
713-643-3981

### 9

TOMA Board of Trustees Meeting  
Location: Fort Worth, Texas  
Contact: TOMA  
512-708-TOMA  
800-444-TOMA

### 9

Texas ACOFP Board Meeting  
Location: Fort Worth, Texas  
Contact: Janet Dunkle, Executive  
Director  
Texas Society of the ACOFP  
512-708-9959  
800-825-8967

### FEBRUARY, 1996 14-18

35th Annual Convention & Scientific  
Exhibit  
Sponsored by Osteopathic Physicians  
Surgeons of California  
Location: Palm Springs Riviera  
Contact: Osteopathic Physicians &  
Surgeons of California  
455 Capitol Mall, Suite 230  
Sacramento, CA 94814-4405  
916-447-2004  
FAX 916-447-4828

### 16-18

40th MidWinter Conference &  
Legislative Symposium  
Sponsored by Texas Osteopathic Medical  
Association  
Location: Fairmont Hotel  
Dallas, Texas  
Contact: TOMA  
1415 Lavaca Street  
Austin, TX 78701-1634  
512-708-TOMA  
800-444-TOMA  
FAX 512-708-1415

### 17

The Wintercrest Charity Ball and Auction  
Hosted by ATOMA District II  
Location: Worthington Hotel  
Fort Worth, TX  
Contact: Jan Aziz, Chairperson  
817-737-3166 or  
Sue McDaniel  
817-596-3477

### FEBRUARY 25 - MARCH 1

Ski & CME Midwinter Conference  
Sponsored by Colorado Society of  
Osteopathic Medicine  
Location: Keystone Lodge & Resort  
800-258-0437, Code  
#DK2OST6  
Hours: 38 Category 1-A, AOA; AAF  
prescribed course hours  
Contact: Patricia Ellis  
50 S. Steele Street, #770  
Denver, CO 80209  
303-322-1752  
FAX 303-322-1956



Articles in the **"TEXAS D.O."** that mention the Texas Osteopathic Medical Association's position on state legislation are defined as "legislative advertising," according to Tex Govt Code Ann §305.027. Disclosure of the name and address of the person who contracts with the printer to publish the legislative advertising in the **"TEXAS D.O."** is required by that law: Terry R. Boucher, Executive Director, TOMA, 1415 Lavaca Street, Austin, Texas 78701-1634.



# Mary M. Burnett, D.O., Receives AOA's Highest Honor



*Dr. T. Eugene Zachary (l) and Dr. Robert L. Peters, Jr., (r) present roses to Dr. Mary Burnett.*

Mary M. Burnett, D.O., of Littleton, Colorado, was presented with the American Osteopathic Association's Distinguished Service Certificate during the 100th Annual Convention and Scientific Seminar of the AOA in Florida, held October 14-18.

The Distinguished Service Certificate represents the AOA's highest award, granted only to deserving members for outstanding accomplishments in scientific or professional affairs. Dr. Burnett's award was presented in recognition of her outstanding service to the osteopathic profession.

A 1949 graduate of the University of Health Sciences College of Osteopathic Medicine in Kansas City, Missouri, Dr. Burnett was a practicing osteopathic physician in Dallas and an active TOMA member since the 1950s. She was honored with TOMA's life membership in 1990. She recently relocated to Littleton, Colorado, where she is a past president of the Colorado Society of Osteopathic Medicine.

Throughout the years, Dr. Burnett has also been active in the American College of Osteopathic Family Physicians as well as the Texas Society of the ACOFP. A section of the ACOFP headquarters was transformed into a learning center, dedicated to Dr. Burnett and her husband, the late John H. Burnett, D.O. This tribute was in honor of their many years of faithful service to the profession.

In 1984, both Burnetts received Founders' Medals, the Texas College of Osteopathic Medicine's highest award for contributions to medical education and health care.

TOMA congratulates Dr. Burnett on this well-deserved award, and would like to add that she is sorely missed in Texas. ■

## THANK YOU!

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

Mark Baker, D.O.  
Frank Bradley, D.O.  
Mary Burnett, D.O.  
John Cegelski, Jr., D.O.  
George Cole, D.O.  
Nelda Cuniff-Isenberg, D.O.  
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TOMA District II  
TOMA District V  
TOMA District XV  
Bill V. Way, D.O.  
Rodney Wiseman, D.O.  
T. Eugene Zachary, D.O.

## Insurance Chief Completing Guidelines for Texas HMOs and Insurers

Texas Insurance Commissioner Elton Bomer announced during a recent meeting that he is in the final stages of completing guidelines for how HMOs and insurers do business in Texas.

Proposed rules would: 1) require HMOs to pay for any treatment an emergency room physician feels is necessary in order to stabilize a patient; 2) prohibit retaliation by HMOs against patients or physicians who file complaints; 3) require HMOs to let a physician dropped from its panel treat patients with a continuing medical condition, such as a pregnancy, for up to 90 days, with the HMO required to pay the physician; and 4) require HMOs to allow employers to cancel their contracts without penalties if HMOs make significant changes in the physician or hospital networks that patients can use.

In addition, physicians at the meeting urged Bomer to require HMOs to disclose to patients details of the incentives and bonuses offered to physicians, a point which Bomer said he would consider. ■

# Report on the September 9, 1995, TOMA Board of Trustees Meeting



*Members of the TOMA Board of Trustees examine the progress made on the new TOMA state office building.*

The Board of Trustees of the Texas Osteopathic Medical Association met on Saturday, September 9, 1995, at the Doubletree Guest Suites in Austin.

The following are highlights of the meeting:

- The Board approved a motion to accept the agreement between the Texas Society of the ACOFP and TOMA, which exchanges a \$100,000 contribution from the Texas Society of the ACOFP toward the TOMA Building Fund for Texas ACOFP office space.

- A motion was approved to begin Phase III of the renovation of the new TOMA headquarters, which includes the outside of the property.

- The Board approved a motion to place new procedures for submitting resolutions to the TOMA House of Delegates in the 1996 TOMA Membership Directory.

- A motion was approved which raises the amount of TOMA checks which need two signatures from \$500 to \$1,000.

In addition, the Board discussed the following topics:

- The resignation of Dr. Larry Pepper from TOMA's Board of Trustees. Dr. Pepper will be leaving the country to begin missionary work and teaching in Uganda.

- The CME sign-in process at TOMA educational seminars was discussed at length. In order to get more accurate records of physician participation in CME lectures, a different sign-in process will be implemented effective February, 1996.

- TOMA membership applications were presented and accepted, bringing the regular membership count to 1,422. In an effort to boost membership, the Board decided to keep the current dues structure in place for 1996, begin printing a monthly TOMA activity report in the *Texas D.O.*, and furnish district officers with reports to be presented at their monthly meetings.

- The Board discussed the relocation of the TOMA headquarters to the new property at 1415 Lavaca Street on September 29, 1995. During lunch break, Board members toured the new building.



- It was noted that TOMA investments managed through Dean, Jacobson Financial Services have earned approximately \$55,000 to date this year.

- The TOMA Building Fund continues to solicit pledges and contributions for the purchase and renovation of the new state headquarters.

The next TOMA Board of Trustees meeting is scheduled for December 9, 1995, at the UNTHSC/Texas College of Osteopathic Medicine in Fort Worth.

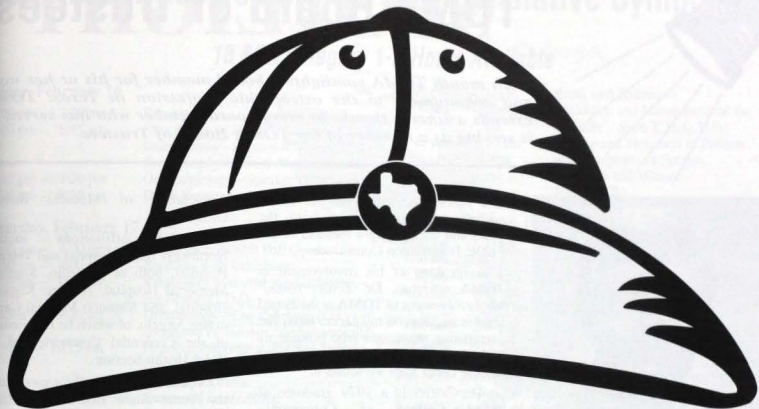
## New Interns and Residents Continued

Currently in training for the 1995-96 year is the following:

**BAYLOR COLLEGE OF MEDICINE**  
(Houston)



**Teresa (Tess) Jane Bobo, D.O.**  
UNTHSC/TCOM  
Family Medicine Resident



## **WE MAKE GETTING AROUND IN THE MANAGED CARE JUNGLE A WALK IN THE PARK.**

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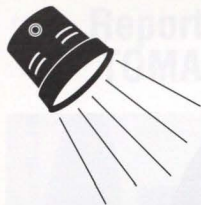


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Call: 817-735-1394, 800-725-6628; or FAX 817-377-0827.

# **TIOPA**

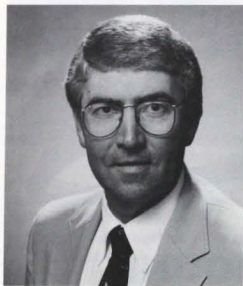
TEXAS INDEPENDENT OSTEOPATHIC  
PHYSICIANS ASSOCIATION, INC.





# SPOTLIGHT TOMA Board of Trustees

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



Irvin E. Zeitler, Jr., D.O.

Dr. Irvin E. Zeitler, Jr., of San Angelo, stresses the importance of maintaining the uniqueness of the osteopathic profession. "As osteopathic physicians, we must be aware of the debt we owe to the D.O.s who fought for the first three-quarters of this century for the same scope of licensure as M.D.s. But, now that we have achieved this 'equality,' we must practice medicine with the osteopathic philosophy and training we've learned, not allowing manipulative therapy to become vestigial," he states. "The osteopathic profession," he adds, "has allowed me to pursue and achieve my dream of becoming a competent, caring and complete physician, and for this opportunity I will be forever grateful."

Dr. Zeitler is in private practice at Shannon Memorial Hospital in San Angelo, and also serves as Medical Director of the Shannon Health System Regional Division.

An active member of the Texas Osteopathic Medical Association, he has served as a member of the Board of Trustees since 1994, and as a member of the TOMA House of Delegates for

two years. Dr. Zeitler has served on various committees throughout the years and is currently a member of the Public Information Committee.

In speaking of his involvement in TOMA activities, Dr. Zeitler notes, "My involvement in TOMA at the Board level is an effort on my part to repay the osteopathic physicians who brought us to this point, and to leave the profession 'a little better than we found it.'"

Dr. Zeitler is a 1979 graduate of Texas College of Osteopathic Medicine. He served a family practice residency at Texas Tech Health Science Center in Amarillo and, prior to obtaining his D.O. degree, attended the University of Texas at Austin, receiving a Bachelor of Science in Pharmacy. He served as a staff pharmacist at M.D. Anderson Hospital in Houston, and as a community pharmacist in the towns of Monahans, San Angelo and Robert Lee.

***"My involvement in TOMA at the Board level is an effort on my part to repay the osteopathic physicians who brought us to this point, and to leave the profession 'a little better than we found it.'"***

Memberships include TOMA District IV, of which he is the current President; Texas Medical Association; Concho Valley Medical Society; American Academy of Family Practice, of which he is a Fellow; and the American Association of Medical Review Officers. He is also a member of the Knights of Columbus. Dr. Zeitler is board certified by the American Board of Family Practice, American Board of Quality Assurance and Utilization Review, and the American

Association of Medical Review Officers.

Hospital affiliations include Northwest Texas Hospital and Veteran Hospital, both of Amarillo, Stamford Memorial Hospital, Abilene Regional Hospital, and Shannon Medical Center in San Angelo, of which he is a member of the Credential Committee of the Rural Health Section.

Dr. Zeitler is currently a member of the Texas State Board of Medical Examiner's District Review Committee, to which he was appointed in 1988. He says that his service on this committee "has allowed me to serve the people of Texas as well as the practicing physicians of our state."

In speaking of his practice in San Angelo, he notes that it is "currently 60 percent patient care and 40 percent administrative." With the Shannon Health System Regional Division consisting of 11 clinics in a 13-county area of West Texas, Dr. Zeitler says that "All the trials and tribulations of rural medicine are part of my practice."

Dr. Zeitler believes that the biggest problem facing osteopathic physicians today is healthcare reform, "not by legislation, but by market forces. TOMA has a responsibility to its members to assist in dealing with this revolution. As one managed care mogul stated, 'Learn to adapt, or learn to say good-bye.'"

Dr. Zeitler and his wife, Patricia, have three children: Eric, age 25; Nicole, age 21; and Sara, age 15. Shared hobbies are antique collecting and watching their children in sports activities. Dr. Zeitler also enjoys golf and saltwater fishing.

TOMA extends its deepest appreciation to Dr. Zeitler for his loyalty and contributions to the osteopathic profession. ■



# 40th Midwinter Conference and Legislative Symposium

## Schedule of Events

### 18 AOA Category 1-A Hours Available

#### Friday, February 16

4:00 pm - 7:00 pm  
6:00 pm - 6:45 pm

Registration  
New Advances in the Treatment of  
Osteoporosis - Bernard R. Rubin, D.O.  
*Sponsored by MERCK Pharmaceutical*  
Ophthalmology - Speaker TBA  
DSEP Research - David J. Randell, D.O.

3:30 pm - 4:00 pm  
4:00 pm - 4:45 pm

4:45 pm - 5:30 pm

Break with Exhibitors  
Evaluation and Management of the  
Shoulder - Scott T. Stoll, D.O.  
Workup and Treatment of Patients  
with Symptoms of Fatigue,  
Weakness and Malaise -  
Speaker TBA

#### Saturday, February 17

7:30 am - 4:00 pm  
7:30 am - 8:00 am  
8:00 am - 8:45 am  
  
8:45 am - 9:30 am  
  
9:30 am - 10:15 am

Registration/Exhibit Hall Open  
Breakfast with Exhibitors  
Respiratory Syncytial Viral in Infants -  
Jim Marshall, D.O.  
Dermatology - David Amato, D.O.  
*Sponsored by Janssen Pharmaceuticals*  
Financial Planning: Achieving Your  
Economic Freedom -  
William N. Grivas  
*Sponsored by MERCER*  
Break with Exhibitors  
Surviving with Managed Care -  
Speaker TBA  
Legislative Luncheon  
Fundamentals of Skeletal Trauma -  
Gene R. Moul, D.O.  
Inflammatory Arthritis -  
Raymond Pertusi, D.O.  
The Rationale for the Use of  
Manipulation in the Rheumatoid  
Arthritic - Jerry L. Dickey, D.O.

0:15 am - 11:00 am  
1:00 am - 12:00 pm  
  
2:00 pm - 1:15 pm  
1:15 pm - 2:00 pm  
  
2:00 pm - 2:45 pm  
  
2:45 pm - 3:30 pm

#### Sunday, February 18

7:30 am - 9:00 am  
7:30 am - 11:00 am  
7:30 am - 8:00 am  
8:00 am - 9:00 am  
  
9:00 am - 1:30 pm  
10:00 am - 10:30 am

Registration  
Exhibit Hall Open  
Breakfast with Exhibitors  
License at Risk - Don't Lose It -  
R. Russell Thomas, D.O.  
Risk Management Seminar  
Break with Exhibitors

The 40th Midwinter Conference and Legislative Symposium promises to span the scope of family practice. As you can see from the schedule of events, the conference will cover a wide range of topics with many excellent speakers providing the lectures. Register now for the best price discounts.

#### HOTEL INFORMATION

This year's conference will be held at the Fairmont Hotel at the Dallas Arts District, 1717 N. Akard Street, Dallas, Texas 75201. Reservations must be made no later than **Monday, January 15, 1996**, in order to receive the discounted group rate of \$89 single or double. Call the Fairmont Hotel directly at 800/527-4727 or 214/720-2020 for reservations.

Please Print

#### Registration Form

Name \_\_\_\_\_ Nickname for badge \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

AOA # \_\_\_\_\_ College \_\_\_\_\_ Grad. Year \_\_\_\_\_

	Registration Postmarked On or Before 1/15/96	Registration Postmarked After 1/15/96
TOMA Member	\$175	\$250
Non-Member	\$275	\$350

Please reserve me \_\_\_\_\_ extra ticket(s) to the Legislative Luncheon on Saturday for \$25 each. (One ticket is included in the registration fee.)

Registration Fee \$ \_\_\_\_\_

Luncheon Ticket(s) \$ \_\_\_\_\_

TOTAL ENCLOSED \$ \_\_\_\_\_

Return this form with your payment in full to **TOMA, 1415 Lavaca Street, Austin, Texas 78701-1634**. If you have any questions, please call D.J. Kyle or Heather Alexander at 800/444-8662.

All refund requests must be received in writing. Requests postmarked on or before January 15, 1996, will receive a refund minus a 25% handling charge. No refunds will be given after January 15, 1996.

## INVESTOR

DEAN, JACOBSON FINANCIAL SERVICES

### Volatile Markets Call for Perseverance From Investors

If you are presently invested in the stock market, you probably have many questions regarding your investments in light of recent events. With the stock market's continuing turbulence, you may have rising concern about your equity investments, especially if you've seen them lose value in the past few months.

While the temptation may exist to sell any investments with falling market values, history suggests that your best course of action during times like these is not to panic. Rather than lock in your losses by selling now, you could later recoup your losses by persevering through short-term fluctuations.

Consider the following example: The Standard & Poor's 500 stock index has risen an average of 8% in the past 25 years. If you missed the best five days of each year, your return would have dropped to 6.9 percent. If you missed the best 20 days, it would have dropped to 4.3 percent.\* Thus, if you were to sell now, you could be selling right before the market takes off.

\*Source: The Vanguard Group

### Volatility Creates Buying Opportunities

In fact, market downswings of the past have taught many investors that volatility can actually be a great bargain-creating tool. If you look at market downswings as a sale on stocks, you could end up more than compensating for any losses you may incur today. It is important to remember that the potentially high returns the stock market can offer are a trade-off for a certain level of risk. Although past performance does not guarantee future results, historically, investors who have ridden out the downswings in the stock market have ended up with returns higher than that of other investments, *because of their willingness to accept more risk and their and their willingness to wait out short-term fluctuations*. The stock market is not a suitable investment option for short-term investors.

### Steps to Take Now If You Are Invested In Stocks

1. Continue to invest regularly. If you continue to invest the same dollar amount regularly, you'll buy more shares when stocks are cheaper and fewer shares when stocks prices are high.

2. Re-evaluate your portfolio

and your risk tolerance. If you are overly concerned about your present equity investments, perhaps it's time to re-evaluate your risk tolerance. Your investment mix should reflect your risk tolerance and the time frames in which you will have a need for the invested money. For example, if you do have money that you'll soon need to liquidate invested in equities, then it might be time to change your investment mix. However, if you are a long-term investor, equities are an appropriate mix of assets for your portfolio.

3. Diversify your assets, if you haven't already. Your money should be spread among stocks, bonds and other investment instruments depending on what your investment needs are.

We can help you determine what your needs are and make sure you do not have too much money in any one investment vehicle. Together, we can make sure that your investments are right for you. Call us today so we can discuss your equity investments and any necessary adjustments to your portfolio.

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# TWCC to Assess Fees for Medical Dispute Resolution

Reference is made to Texas Workers' Compensation Commission (TWCC) Advisory 95-08, relative to the following subject: "Charges for Medical Dispute Resolution."

TEX.LAB.CODE Sections 413.015 and 413.020 provide the TWCC with statutory authority to assess fees for the review of health care treatment, fees or charges. This authority is interpreted to include, but is not limited to, assessing charges when the following situations occur:

The Commission shall charge a health care provider a fee if:

- \* the dispute involves a health care provider who has exceeded a fee or treatment guideline and who has not provided adequate documentation of the procedure to support and justify the disputed level of service, or

- \* the dispute involves a health care provider who has billed for a service not covered by a fee or treatment guideline or DOP (documentation of procedure) in a guideline and has not provided adequate documentation of the procedure to support the disputed level of service.

- The Commission began assessing charges for dispute resolution cases on November 1, 1995. In assessing charge, the following fee schedule is being used:

- \* \$25 per hour for disputes received between June 1, 1992, and February 28, 1993.

- \* \$33 per hour for disputes received between March 1, 1993, and August 31, 1993.

- \* \$34 per hour for disputes received between September 1, 1993, and August 31, 1994.

- \* \$35 per hour for disputes received between September 1, 1994, and August 31, 1995.

- \* \$41 per hour for disputes received on or after September 1, 1995.

Additionally, insurance carriers will be charged a fee if: 1) the dispute involves an insurance carrier who has, absent an agreement with the health care provider, incorrectly applied fee or treatment guidelines and as a result, has denied or reduced payment for health care services provided; or 2) the dispute involves an insurance carrier who has denied or reduced payment for a health care service provided which is not covered by a fee or treatment guideline or is DOP in a guideline but which has been adequately supported by the health care providers' documentation of procedure. ■

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# Prevention and Control of Influenza

## Recommendations of the Advisory Committee on Immunization Practices (ACIP)

*These recommendations update information on the vaccine available for controlling influenza during the 1995-96 influenza season (superseding MMWR 1994; 43 [No. RR-9]:1-13). The principal changes include information about the influenza strains in the trivalent vaccine for 1995-96, side effects and adverse reactions, and the vaccination of pregnant women.*

### Introduction

Every year, infections due to influenza A virus or influenza B virus account for substantial levels of upper respiratory morbidity during the months of the late fall, winter, and early spring. The influenza viruses are able to alter the antigenic properties of their surface proteins in response to increasing levels of immunity in the population. Influenza A viruses can be classified into subtypes based on the antigenic characteristics of two surface antigens: hemagglutinin (H) and neuraminidase (N). Currently, three subtypes of hemagglutinin (H1, H2, H3) and two subtypes of neuraminidase (N1, N2) are associated with widespread disease in humans. Immunity to these antigens, especially to the hemagglutinin, reduces the likelihood of infection and lessens the severity of disease if infection occurs.

Infection with a virus of one subtype, however, confers little or no protection against viruses of other subtypes. Over time, antigenic variation (antigenic drift) within a subtype may be so marked that infection or vaccination with one strain may not induce immunity to distantly related strains of the same subtype. Although influenza B viruses have demonstrated more antigenic stability than influenza A viruses, antigenic variation does occur. Consequently, new variants of influenza virus emerge every year around the world, necessitating an annual change in the composition of the influenza vaccine. The antigenic characteristics of current strains provide the basis for selecting which virus strains to include in each year's vaccine.

### Why Vaccinate Against Influenza?

Although influenza by itself is considered an acute, self-limiting upper respiratory infection, it can lead to more serious illness such as primary influenza pneumonia or secondary bacterial pneumonia. The risk is especially high for the elderly and for persons with underlying health problems.

To prevent morbidity and mortality due to severe influenza and its complications, influenza vaccination

campaigns are therefore targeted toward members of these medically at-risk groups. During major epidemics hospitalization rates for high-risk populations increase two- to five-fold, depending on the age group. The impact of influenza epidemics is also demonstrated by an increase in mortality.

While influenza-associated mortality is a major concern for persons with chronic diseases, this increase in mortality is most marked in persons 65 years of age or older, with more than 90 percent of the deaths attributed to pneumonia and influenza occurring in persons of this age group. Pre-season vaccination of persons in high-risk groups remains the most effective measure for reducing the impact of influenza.

### Influenza Vaccine

Influenza vaccine is made from highly purified, egg-grown viruses that have been rendered non-infectious (inactivated). The vaccine cannot cause "the flu" in vaccine recipients. Each year's influenza vaccine contains three virus strains (usually two type A and one type B) representing those influenza viruses expected to circulate in the U.S. during the upcoming season. The efficacy of the vaccine in preventing or attenuating illness depends on the age and immunocompetence of the vaccine recipient. The degree of similarity between the vaccine virus strains and the circulating virus strains also influences vaccine efficacy. When there is a close match, the vaccine can prevent influenza illness in approximately 70 percent of healthy children and young adults.

The effectiveness of influenza vaccine in preventing hospitalization due to pneumonia and other complications

among the elderly ranges from 50 percent to 90 percent. Among elderly persons residing in nursing homes, influenza vaccine can be 50 percent to 60 percent effective in preventing hospitalization and pneumonia and 50 percent effective in preventing death due to influenza.

Vaccine efficacy in the frail elderly, however, is only 30 percent to 50 percent. Therefore, it is important that persons who have contact with the frail elderly, particularly their caretakers, be vaccinated.

Whole-virus, subvirion, and purified surface-antigen preparations are available. Any of the preparations may be used for adults. To minimize febrile reactions, only subvirion or purified surface-antigen preparations should be used for children. Most vaccine recipients will develop high levels of immunity to the vaccine strains and related variants. Although the elderly and persons with chronic disease may develop lower antibody titers after vaccination, and therefore may remain somewhat susceptible to influenza infection, the influenza vaccine has been shown to be effective in preventing severe complications, thereby reducing the risk of hospitalization and death.

### Recommendations for Use of Influenza Vaccine

Influenza vaccine is strongly recommended for any person six months of age or older who is at increased risk for complications of influenza because of age or an underlying medical condition. Healthcare workers, household members, and others in close contact with persons in high-risk groups should also be vaccinated. Influenza vaccine also may be given to any person who wishes to reduce the chance of becoming infected with influenza.

The influenza vaccine for the 1995-96 season will include the following components: influenza A/Texas/36/91-like (H1N1), influenza A/Johannesburg/33/94-like (H3N2), and influenza B/Beijing/184/93-like. The actual influenza type B strain used by U.S. vaccine manufacturers is influenza B/Harbin/07/94, which is antigenically equivalent to the influenza B/Beijing strain.



A single dose of influenza vaccine is generally recommended for adults and previously vaccinated children. Two doses administered at least one month apart may be required for a satisfactory antibody response in previously unvaccinated children under nine years of age. Influenza vaccine is administered via the intramuscular route for all age groups. Adults and older children should be vaccinated in the deltoid muscle, and infants and young children in the anterolateral aspect of the thigh.

Please note that current recommendations DO NOT include additional doses of influenza vaccine for adults during the second half of the season. Studies conducted with vaccines similar to those in current use have shown little or no improvement in antibody responses when a second dose is administered to adults during the same season.

### Contraindications, Side Effects, and Adverse Reactions

Adults with acute febrile illness usually should not be vaccinated until their symptoms have abated. Minor illness with or without fever does not, however, contraindicate the use of influenza vaccine. This vaccine should not be given to persons with known anaphylactic hypersensitivity to eggs or to other components of the influenza vaccine without physician consultation. Vaccine inserts provided by each manufacturer contain specific contraindications.

Influenza vaccine contains only noninfectious viruses. Therefore, the vaccine does not cause influenza in vaccine recipients. Respiratory disease after vaccination represents coincidental illness unrelated to influenza vaccination. The most frequent side effect of vaccination is soreness at the injection site that lasts approximately two days. Two forms of systemic reactions also have been noted:

- \* Fever, malaise, myalgia, and other systemic symptoms (most often affecting persons who have had no exposure to influenza virus antigens in the vaccine [e.g., young children]). These symptoms begin six to 12 hours after vaccination and may persist for one or two days.

- \* Immediate reactions (presumably allergic) resulting from hypersensitivity to a vaccine component (most often to residual egg protein). The protocol for influenza vaccination developed by Murphy and Strunk may be considered for high-risk patients with known sensitivities to egg proteins (see reference at the end of the article).

## Influenza Vaccine\* Dosage, by Age Group United States, 1995-96 Season

Age Group	Product/\	Dosage	No. Doses	Route
6-35 mos.	Split virus only	0.25mL	1 or 2@	IM
3-8 yrs.	Split virus only	0.50 mL	1 or 2@	IM
9-12 yrs.	Split virus only	0.50 mL	1	IM
>12 yrs.	Whole or split virus	0.50 mL	1	IM

\* Contains 15µg each of A/Texas/36/91-like (H1N1), A/Johannesburg/33/94-like (H3N2), and B/Beijing/184/93-like hemagglutinin antigens in each 0.5 mL. Please note that U.S. manufacturers will be using influenza B/Harbin/07/94-like hemagglutinin antigen, which has been shown to be antigenically equivalent to the influenza B/Beijing strain. Manufacturers include: Connaught Laboratories, Inc. (800-822-2463); Evans Medical Ltd. (distributed by Adams Laboratories) (800-932-1950); Parke-Davis (800-223-0432); and Wyeth-Ayerst Laboratories (800-FLU-SHIELD [800-358-7443]).

The potential exists for hypersensitivity reactions to any vaccine component. Reactions to thimerosal also may occur but are generally local delayed-hypersensitivity reactions.

Unlike the 1976 swine influenza vaccine, subsequent vaccines prepared from other influenza virus strains have not been clearly associated with an increased frequency of Guillain-Barré syndrome (GBS).

### Timing of Influenza Vaccination Activities

Beginning in September, persons at high risk who are seen by healthcare providers for routine care or as a result of hospitalization should be offered influenza vaccine. Children aged nine years or younger who have not previously been vaccinated should receive two doses of vaccine at least one month apart to maximize the chance of a satisfactory antibody response to all three vaccine antigens. The second dose should be given before December, if possible. Vaccine should be offered to both children and adults up to and even after influenza virus activity is documented in a community.

Influenza vaccine can be administered at the same time with other immunizations (e.g., pneumococcal, measles-mumps-rubella, hemophilus b, oral polio vaccines, diphtheria, pertussis, and tetanus toxoids). Because influenza vaccine can cause fever when administered to young children, DTaP might be preferable in those children aged 15 months or older who are receiving the fourth or fifth dose of pertussis vaccine. DTaP is not licensed for the initial three-dose series of pertussis vaccine.

Vaccines should be administered at different sites on the body.

The optimal time for organized vaccination campaigns for persons in high-risk groups is usually between mid-October and mid-November. Vaccination programs can be conducted as soon as influenza vaccine supplies become available, especially if regional influenza virus activity is expected to begin earlier than usual.

### Information for the 1995-96 Season

By the beginning of September there were no clear identifiers of the dominant influenza virus(es) expected for the 1995-96 season. Predictions are usually based on a "herald wave" (i.e., late-season emergence of an influenza virus that differs from the season's dominant virus(es) or significant pre-season virus activity). Neither of these two indicators occurred in 1995. The 1994-95 season was characterized by co-circulation of influenza A/Shangdong (H3N2) virus and influenza B/Panama virus. Virus circulation patterns differed significantly in different regions of the country, and morbidity levels were very low in all states.

No pre-season virus activity had been identified in the U.S. this summer. In other parts of the world, however, the Centers for Disease Control and Prevention (CDC) has noted recent sporadic influenza A (H3N2) virus activity which, when compared with the influenza A/Johannesburg (H3N2) strain in the current vaccine, suggests antigenic drift. Consequently, CDC and the Texas Department of Health (TDH) will monitor this flu season closely with

influenza virus surveillance activities in most of the major cities in Texas.

In this year's vaccine, the influenza A (H3N2) component has been changed once again, and the influenza B component is different as well. This season's vaccine composition suggests anticipation of significant influenza A (H3N2) activity. Observation of past H3N2 seasons indicates that persons aged 65 years or older might comprise the group at highest risk of developing severe complications associated with influenza A (H3N2) virus. Therefore, vaccination of the elderly is an especially important means of reducing the impact of this group's influenza-related morbidity and mortality.

In previous years, however, perhaps only 30 percent of persons aged 65 years or older have been vaccinated against influenza. Because of generally favorable results in the recent Medicare Influenza Vaccine Demonstration program, **influenza vaccine was made a covered benefit for all Medicare B beneficiaries as of May 1, 1993. Healthcare providers such as physicians, hospitals, skilled-nursing facilities, home health agencies, and public health departments can now bill Medicare for reimbursement for the cost of influenza vaccine and the cost of its administration. The codes for billing are 90724 and Q0124, respectively.** Additional information for healthcare providers in each state is available from the state's Medicare intermediary or carrier.

For further information regarding the availability and use of influenza vaccine, contact the Immunization Division, TDH, at 512-458-7284. For general information about the epidemiology of influenza and laboratory identification of influenza viruses in Texas, contact the Infectious Diseases Epidemiology & Surveillance Division, TDH, at 512-458-7676.

Prepared by: Lynne Schulster, Ph.D., TDH Infectious Disease Epidemiology and Surveillance Division.

Adapted from: CDC. Recommendations and Reports. Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1995; 44(RR-3).

#### Bibliography:

Murphy, KR, and Strunk, RC. Safe administration of influenza vaccine in asthmatic children hypersensitive to egg proteins. *J. Pediatr.* 1985;106:931-933.

CDC. Final results: Influenza vaccine demonstration - selected states, 1988-1992. MMWR 1993;42(31):601-604.

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## Target Groups for Special Vaccination Programs

Members of the following high-risk groups and their close contacts should be targeted for organized vaccination programs:

- \* Persons 65 years of age or older
- \* Residents of nursing homes and other chronic-care facilities housing persons of any age who have chronic medical conditions
- \* Adults and children with chronic disorders of the pulmonary or cardiovascular systems, including children with asthma
- \* Adults and children who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression regardless of cause
- \* Children and teenagers (aged 6 months to 18 years) who are receiving long-term aspirin therapy and therefore may be at risk of developing Reye syndrome after influenza

Persons who are clinically or subclinically infected and who are in close contact with members of high-risk groups can transmit influenza virus to them. To reduce the risk of exposure of high-risk persons to influenza via care providers, the following individuals should be vaccinated:

- \* Physicians, nurses and other personnel in both hospital and outpatient care settings
- \* Employees of nursing homes and chronic-care facilities
- \* Providers of home care to persons at high risk (e.g., visiting nurses)
- \* Household members (including children) of persons in high-risk groups

Influenza vaccine is considered safe for pregnant women. Pregnant women who have other medical conditions that increase their risks for influenza-related complications should be vaccinated, regardless of the stage of pregnancy. Thus it is undesirable to delay vaccination of pregnant women who have high-risk conditions and who will still be in the first trimester of pregnancy when the influenza season begins. In addition, recent studies suggest that women in the third trimester of pregnancy and early puerperium, including women without any underlying risk factors, might be at increased risk of serious complications from influenza. Influenza vaccination may be considered for all pregnant women who will be in the third trimester or in the early puerperium period during the influenza season.

## Dr. Swanson Elected Fellow of ACP

Jan Swanson, D.O., F.A.C.P., has been elected a Fellow of the American College of Physicians (ACP), the professional organization of internists.

Fellow of the American College of Physicians is an honorary title recognizing achievements in internal medicine, the specialty of adult and adolescent medicine.

Dr. Swanson, a specialist in internal medicine, is a graduate of San Diego State University. She earned her D.O. degree in 1982 from Michigan State University College of Osteopathic Medicine, then trained as a medical resident at St. Vincent Hospital in Indianapolis, Indiana.

Dr. Swanson is in private practice in Hurst, Texas, and is affiliated with Northeast Community Hospital, H.E.B., the Transitional Hospital of Arlington and the Osteopathic Medical Center of Texas in Fort Worth. A member of the Texas Osteopathic Medical Association, she is certified in internal medicine by the American Board of Internal Medicine.

To qualify as a Fellow of the American College of Physicians, candidates are recommended by their peers, endorsed by the local ACP Governor and reviewed by ACP's Credential Subcommittee. The review process can take six months. Newly elected Fellows are invited to participate in ACP's annual convocation ceremony.

ACP is the nation's largest medical-specialty society, composed of more than 85,000 physicians trained in internal medicine. Its membership includes practitioners providing primary care; medical specialists in fields such as cardiology, neurology and oncology; and medical researchers and teachers. ■

# ☆ District Stars ☆

## News From TOMA/ATOMA District VI

By Mrs. Jerry W. (Joy) Smith

TOMA and ATOMA District VI members met for dinner and a meeting at Brennan's Restaurant on September 19. Kathy Morrison, Bristol Meyers Squibb Company representative, was our hostess.

Our guest speaker was Dr. D. Crawford Allison, a Clinical Associate Professor of Family Medicine at the University School of Medicine, Texas A&M. Dr. Allison presented a slide lecture entitled, "Anxiety and Depression."

Special guest was D.J. Kyle, TOMA Associate Executive Director/Associate Editor.

Dr. Mort Rubin, District VI President, conducted the general business meeting. He presented an award to Dr. Ernest P. Schwaiger, retiring district president, and a plaque to Dr. Larry Pepper, Senior NASA Flight Surgeon. Dr. Pepper and his wife, Sally, will be leaving for Uganda, Africa, where he will be teaching at a university and supervising interns at a 300-bed hospital. This assignment is with the Southern Baptist Association and his focus will be on the healing of the body and soul. Both have given freely of their time and talents to our organization and we will miss them.

Dr. Sharron O'Day, Treasurer, reported that we have 43 paid members and only 11 Auxiliary members. We need your presence and support! A motion was made to send a \$1,000 gift to Austin to help with TOMA's Building Fund Campaign.

Due to Sally Pepper's relocation, Tammy Prangle was elected our new Secretary. We welcome Tammy to our district and as a new officer.

The District VI Christmas Party is being planned by Lois Campbell, First Vice President. The party will be held December 3, from 2:00 - 4:30 p.m., at Brady's Landing in Houston. Tammy Prangle is in charge of the children's portion of the party, and plans are for Santa Claus to make an appearance. There will also be live music. We are expecting to have a great time and cordially invite everyone to attend. Don't forget to bring your children and/or grandchildren.

Please mark your calendar for the next two meetings — November 14 and January 16. The November 14 meeting will be held at LaGriglia and special guests will include TOMA President William Hoppers, D.O., and ATOMA President Marilyn Richards. You are urged to attend to show your support for the TOMA and ATOMA leadership. Watch for your invitations.

Send any news concerning our district and I will try to meet the deadline. Your ideas and concerns are important to the Houston Area.

### **TOMA District VI**

President - Morton Rubin, D.O.  
Vice President - Carl Mitten, D.O.  
Secretary - Brian Tobias, D.O.  
Treasurer - Sharron O'Day, D.O.

### **ATOMA District VI**

President - Mrs. William H. (Marguerite) Badger;  
713-784-1300  
President-Elect - Mrs. Jerry (Joy) Smith;  
713-444-4491  
1st Vice President - Mrs. D.Y. (Lois) Campbell;  
713-643-3981  
2nd Vice President - Mrs. Ralph (Joanna) Love;  
713-286-5606  
Secretary - Mrs. Tammy (Robert) Prangle;  
713-992-2816  
Treasurer - Mrs. Carl (Lois) Mitten;  
713-453-6323

## AACOM Goes On-Line

The American Association of Colleges of Osteopathic Medicine (AACOM) has announced that its Internet homepage on osteopathic medical education is officially on-line.

AACOM's homepage aims to educate the general public about osteopathic medicine and medical education in an easy-to-read format.

According to AACOM Executive Director Douglas L. Wood, D.O., Ph.D., "Our goal is to use the tremendous access that the World Wide Web affords the general public to educate a greater number of people about osteopathic medicine. AACOM's homepage is a great way to get a comprehensive look at our schools, at what osteopathic medicine offers and at what services AACOM offers."

Internet surfers will find information on the AACOM homepage concerning the history of osteopathic medicine, profiles of the 16 colleges of osteopathic medicine, how to apply to the colleges, and much more.

AACOM's homepage can be accessed via the Internet at <http://www.aacom.org>



## Skin Cancer Vaccine in Developmental Stages

The *Skin Cancer Foundation Journal* notes that several researchers are close to developing a vaccine that would prevent the spread or recurrence of malignant melanoma. At least nine vaccines using several different strategies are in the late stages of development, according to the publication.

The incidence of this type of cancer is rising faster than that of any other malignancy. In 1995, 34,000 Americans are expected to develop melanoma, and more than 7,000 will die of the disease.

## Parents of Unimmunized Children To Face Fines

A new program aimed at reaching a current immunization status for at least 90 percent of Texas children under six by December, 1996, went into effect October 1, 1995. The program affects children whose parents receive Aid to Families with Dependent Children, and calls for sanctions of \$25 per month for each child who is not immunized within six months.

Although the Texas Legislature passed a law this year requiring parents receiving AFDC benefits to prove that their children younger than six are fully immunized, the new program adds teeth to the law. The sanction program has been implemented by the Texas Department of Human Services and the Texas Department of Health.

According to TDH Commissioner David R. Smith, M.D., "We don't want to sanction the families. We want to make sure the services are available and take away the excuses for not having children immunized."

In order to meet the goals, the agencies are developing an automated system to track immunizations; improving access to immunizations through on-site services at some AFDC offices; and providing written and videotaped educational materials for AFDC parents. TDH estimates that the program will benefit 210,000 children under six in the first year.

"As parents learn more about immunizations from their caseworkers, they are supportive of this project, because they want to do the right thing for their children," noted Dr. Smith.

## FDA Approves OTC Sale of Ketoprofen

Bayer has received approval from the Food and Drug Administration for the over-the-counter sale of ketoprofen for the relief of headaches, body aches and arthritis. To be marketed under the name Actron, it will be useful for people who don't get adequate relief from similar drugs already on the market. According to Bayer, Actron is more powerful than acetaminophen or ibuprofen.

Ketoprofen has been available by prescription in 27 countries for over 20 years. More than 900 million doses have been bought since 1986.

## Angioplasty Plug, New Osteoporosis Drug, Approved by FDA


The Food and Drug Administration has given its approval to a plug to stop bleeding in patients who have undergone balloon angioplasty. The one-inch-long cylinder, made of bovine collagen, is designed to be inserted into the groin artery.

The FDA also announced approval of alendronate, the first nonhormonal drug for osteoporosis. The drug can be used by women unable to tolerate estrogen. One expert noted that the drug promises a "new era" for millions with the disease.

## Attention All Physicians

The Texas State Board of Medical Examiners notes that physicians who perform only **voluntary** charity care are exempt from the TSBME's annual registration fee. For more information, call 512-834-7728, extension 333.

# Membership On-The-Move



We have "Knock out the FLU, Get your Flu Shot!" postcards available for all physicians. If you would like to receive a complimentary set, just call Stephanie at 800-444-TOMA. We'll put them in the mail to you just in time for you to mail them to your patients before the flu season begins.



# Put Prevention Into Practice

## National Initiative Focuses on Meeting the Goals of Healthy People 2000

Put Prevention Into Practice (PPIP) is a groundbreaking national initiative designed to improve the delivery of comprehensive clinical preventive services in all practice settings. It is intended to help health care professionals meet the goals of Healthy People 2000, the nation's blueprint for improving public health by the end of the century.

PPIP is based on the concept that effective preventive care requires involvement of the clinician, office staff and patients. Unlike previous programs that have focused on specific patient populations or specific services, PPIP provides tools to ensure that every patient receives all the preventive care services recommended for his/her age and gender. Specially developed PPIP materials assist providers, clinic and office staff and the consumer in creating a system change within the practice setting.

PPIP materials help health care providers overcome common barriers to delivery of effective preventive services. Some of the barriers include frequently changing screening guidelines and the

lack of a system for tracking patients' preventive care needs. The *Clinician's Handbook on Preventive Services* helps the busy provider understand screening recommendations and provides sources of information for counseling on health behaviors. The *Personal Health Guide* helps patients to know what to expect in the area of preventive health and gives them a way to keep track of what services they need and have received. Other office materials including reminder post cards, preventive care service stickers and tracking flow sheets allow the office staff to become involved in the timely, consistent delivery of appropriate services.

PPIP is sponsored by the U.S. Public Health Service, in cooperation with major national health-related organizations. The advisory group for the campaign is the National Coordinating Committee on Clinical Preventive Services. The Texas Department of Health, one of the first sites to test the program in several practice settings, is involved in promoting this innovative approach to preventive health.

For information on the PPIP program, contact:

Dr. Hurdis Griffith  
PPIP Program Coordinator  
Office of Disease Prevention  
and Health Promotion  
U.S. Public Health Service  
330 C Street, S.W.  
Washington, D.C. 20201

or

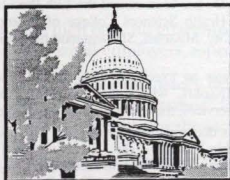
Crystal Wilkinson, R.N., M.S.N., C.D.E  
PPIP Nurse Consultant  
Texas Department of Health  
1100 W. 49th Street  
Austin, TX 78756  
512-458-7534

For information on materials contact:

U.S. Government Printing Office  
Superintendent of Documents  
P.O. Box 371954  
Pittsburgh, PA 15250-7954  
Telephone orders 202-512-1800

or

Melissa Torres  
Texas Department of Health  
Chronic Disease Prevention Bureau  
1100 W. 49th Street  
Austin, TX 78756  
512-458-7200



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

• **A Huge Medicare Impact.** Medicare is one of the largest single line items in the federal budget. According to a recent report of the U.S. Chamber of Commerce, the Medicare payroll tax would need to be increased from 2.9 percent to 4.23 percent in order to maintain the existing Medicare program for the next 25 years. The study says that such an increase in the Medicare tax would result in the loss of approximately 1.3 million jobs and a drop in the gross domestic product of approximately \$68.4 billion per year.

• **Earned Income Tax Credit Dispute.** The Republican's budget package proposes to save \$20 billion over the next seven years by reducing the earned income tax credit. The Clinton Administration has threatened to veto this part of the package, arguing that it raises taxes on the lowest income families.

• **Big Tax Cut Hurdle.** The Republican budget proposal contains various tax cuts that the Democrats want removed. Some Democratic legislators are saying they will support the Republican's spending cuts to balance the budget by the year 2002 if the tax cuts are eliminated.

• **Dole Stands Firm.** Senator Dole vows that the Senate will push hard for at least some tax cuts, particularly to lighten the tax burden on capital gains, inheritances and families. He recently said, "We are going to cut the capital gains rate, we are going to make it easier for people to go out and take a risk, and we are going to make big, big changes in the estate tax."

• **New Capital Gains Bill.** Senator Orrin Hatch recently introduced a capital gains tax reform bill that he is urging the Republican leadership to support. The bill provides for a 50 percent deduction for long-term capital gains, a maximum corporate capital gains rate of 25 percent, and a provision that would allow capital loss treatment on the sale of a home.

• **Is a Flat Tax Possible?** There is a growing sentiment in Washington that there is no hope for a flat tax proposal that eliminates charitable contribution deductions and the deduction for residential mortgage interest payments. Various modified flat tax bills have been introduced that would preserve these two deductions. Most feel that a comprehensive revision of the current income tax will be a major part of the 1996 Presidential debate.

• **Bigger Burdens for Business.** According to J.D. Foster, Executive Director and chief economist of the Tax Foundation, a flat tax proposal would raise the tax burden born by businesses to 50 percent of the nation's total taxes. Presently, businesses pay only 31 percent of the nation's total bill. Also, he claims that a flat tax proposal would shift some of the tax burden from the wealthy to the middle class.

• **Clarity for Independent Contractors.** An issue that has never been clearly resolved is how to distinguish employees from independent contractors for tax withholding purposes. A bill has recently been introduced by Senator Nickles that would clarify the issue. Under the bill, an individual would be considered an independent contractor if he or she can establish that certain objective criteria have been satisfied. The criteria

would include maintaining a principal place of business; performing services for more than just one service recipient; making a significant investment in assets or training; incurring significant unreimbursed expenses; purchasing products for resale and other objective factors. Any individual who can show compliance with a number of the factors would be considered an independent contractor. ■

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

## Board Names Karen L. Pletz, J.D., President; First Woman to Lead UHS-COM



*Karen L. Pletz, J.D., President,  
The University of Health  
Sciences College of Osteopathic  
Medicine*

Karen L. Pletz, J.D., has been named the 12th President of The University of Health Sciences College of Osteopathic Medicine, Kansas City, Missouri. She assumed her duties on November 1.

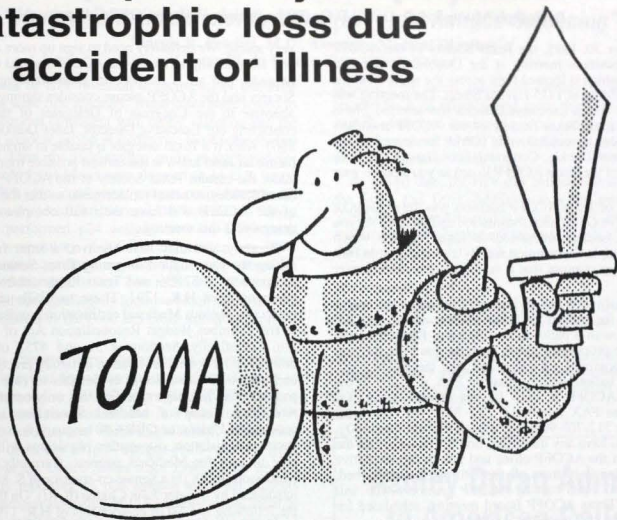
She previously was an executive with Central Bank in Jefferson City, Missouri, where she oversaw financial management, trust services, the retail division and marketing.

Pletz holds a juris doctorate degree from the University of Missouri, Columbia, where she also received her undergraduate degree in education cum laude. She also holds the prestigious ABA Stonier Graduate School of Banking degree and received the coveted Harvard School of Business Award for her thesis, which dealt with structural reorganization to effect strategic change. Her thesis was made a part of that library's permanent collection.

Jack T. Weaver, D.P.M., D.O., Chairman of the UHS Board of Trustees, said "The board is extremely excited about the visions of the new UHS President as we take this into the 21st century. We're going with our first female President of our 80-year-old institution. She competed with a highly qualified applicant pool of 35 candidates and was our clear and unanimous first choice."

As President, Pletz hopes to take an active role to affirm and enhance the UHS mission of training primary care physicians in the state of Missouri and in the Kansas City community. ■

# How to protect your future from catastrophic loss due to accident or illness



## HEALTH INSURANCE – A Strategy For The '90s

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

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

TOMA has appointed **DEAN, JACOBSON FINANCIAL SERVICES** to battle the complexities of the health insurance environment for you. Insured through some of the finest Accident and Health insurers in the nation; these plans offer superior Major Medical coverage to TOMA members at very competitive rates.

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

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# Texas Society of the ACOFP Update

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

On September 30, 1995, the Texas Society of the ACOFP Board held a business meeting at the Doubletree Suites in Austin, Texas, which is located right across the street from the new TOMA building at 1415 Lavaca Street. The meeting was very productive. A new Executive Director was selected. She is well known to most Texas Society of the ACOFP members since she has been associated with TOMA for several years. Her name is Janet Dunkle. Congratulations, Janet! You have the full support of the Texas ACOFP Board as you assume your new position.

Another item of Texas ACOFP business was the revision of the Administrative Guide and Constitution and Bylaws. As you are aware, the society underwent a name change which necessitated multiple Constitution and Bylaws changes. In fact, there are so many changes that it is almost like starting over from scratch.

Once the Constitution and Bylaws changes are in the proper form, they will be mailed to Texas Society of the ACOFP members along with a ballot to be filled out. Please take the time to read the proposed Bylaws changes and indicate your approval or disapproval, then sign and date the ballot. Next, either send the ballot back by mail or FAX it to the Texas Society of the ACOFP at 1415 Lavaca Street, Austin, TX 78701-1634. The FAX number is 512-708-1415. The local phone number is 512-708-9959 and the toll free number is 800-825-8967. If you have any questions, don't hesitate to call the Texas Society of the ACOFP office and talk to the Executive Director. The plan is to have all the returned ballots tallied, along with actual votes cast by ACOFP members who will attend the next Texas ACOFP Board meeting, scheduled for Fort Worth, Texas, on December 9, 1995.

In the past, the annual meeting of the Texas Society of the ACOFP was the forum whereby most Bylaws changes were discussed. However, the magnitude of these current proposed changes is such that the time frame set aside for the business portion of the annual meeting would be completely taken up by discussion of these Bylaws changes. If the Texas Society of the ACOFP membership passes the proposed Bylaws changes on December 9, 1995, new copies could be in the hands of every Texas ACOFP member early in 1996.

During a break in the Texas ACOFP Board meeting on September 30, 1995, the Board went across the street to view the new TOMA building, which includes our new office. The interior of the building was not completely finished; however, enough progress had been made so that its full potential could be appreciated. The new home of TOMA and the Texas Society of the ACOFP is going to be first class and a historical landmark in Austin, Texas. If you are not yet a "Texas Star," please consider mailing a pledge or contribution to TOMA's Building Fund Campaign. Help us build a strong osteopathic foundation for future generations of Texas D.O.s to build upon and preserve our unique heritage.

I want to personally thank those Texas D.O.s who wrote to Dr. Jim Czewski, TOMA's representative on the TWCC Medical Advisory Board, in regards to Workers' Compensation cases and OMT fees. The fees are still under negotiation.

In last month's issue of the *Texas D.O.*, I listed the Texas delegates and alternates to the 1996 Congress of Delegates of the ACOFP, which will be held during the ACOFP Annual Convention at the Buena Vista Palace in Orlando, Florida, from March 13-17, 1996. As you may recall, the alternate list was

very sparse. We definitely need to sign up more alternates so if you are planning to attend the ACOFP Annual Convention in Orlando, and are a member in good standing of the Texas Society and the ACOFP, please consider signing up as a Texas alternate to the Congress of Delegates of the ACOFP by contacting our Executive Director, Janet Dunkle, at 800-825-8967. Also, if a Texas delegate is unable to attend this meeting, please let Janet know at the earliest possible moment. This will allow the current Texas Society of the ACOFP President, Dr. Steve Rowley, to select replacements so that the Texas Society of the ACOFP will have their full complement of voting delegates at this meeting.

Recently, you may have received a letter from the AOA asking for your support in getting Texas Senators to become co-sponsors of S. 896, and Texas Representatives to become co-sponsors of H.R. 1791. These two bills are attempts to correct an onerous Medicaid certification provision established in the Omnibus Budget Reconciliation Act of 1990 (OBRA 90). Specifically, Sections 4751 and 4752 of OBRA 90 omitted AOA board certification in family practice, pediatrics, and obstetrics as sufficient credentials to care for Medicaid patients. The language specified that only certification by the American Board of Medical Specialties (ABMS) was acceptable. Unless the OBRA 90 language is corrected by new statutory legislation, osteopathic physicians will no longer be able to care for Medicaid patients. Currently, Senator Kay Hutchison (R-TX) is a Senate co-sponsor of S. 896, which was introduced by Senator John Chafee (R-RI). On the House side, the following is a list of co-sponsors of H.R. 1791, introduced by Congressman Joe Barton (R-TX): John Bryant (D-TX), Ronald Coleman (D-TX), Martin Frost (D-TX), Gene Green (D-TX), Pete Geren (D-TX), and Ralph Hall (D-TX).

As you can see, Texas D.O.s have their work cut out for them. If your Senator or Representative has not signed on to these bills, contact them and ask them to become a co-sponsor. If they are a co-sponsor, contact them and let them know of your acknowledgment and appreciation for their support. There is nothing more effective in politics than a grassroots letter from a constituent back home.

I plan to write my Senators and the Representatives in my TOMA district and ask for their support. I also plan to close my letters with the following sentence: "I look forward to your reply so I can place it next to this letter on my waiting room bulletin board for all my patients and your constituents to see."

This is a matter of economical survival for many Texas D.O.s. We cannot afford apathy or inaction. There are many other health care issues currently under consideration by the Congress; however, Texas osteopathic physicians must set priorities. First, we must be part of the plan before we quibble over what items are or are not included in the plan. If you need assistance in drafting a letter or need to know the names and addresses of your Representatives in your TOMA districts, call TOMA or the Texas Society of the ACOFP.

On behalf of the Texas Society of the ACOFP officers, trustees, and ex-officio members, I would like to take this opportunity to wish everyone a healthy and happy Thanksgiving. As osteopathic physicians in Texas, we have much to be thankful for in 1995. ■



# Blood Bank Briefs for Physicians

## "Human Immunodeficiency Virus (HIV) p24 Antigen Screening"

Margie B. Peschel, M.D., Associate Medical Director  
Carter Blood Center, Fort Worth, Texas

In 1988, cases of HIV infection in recipients of anti-HIV screened blood were first reported. These cases were traced to donors with histories consistent with recent infection and the preconversion window period. Rapidly, two large scale studies were initiated. First, the HIV-antigen study group tested for p24 antigen in 515,494 blood units donated at 13 U.S. blood centers in 1989. No confirmed antigen-positive/antibody-negative units were identified. Second, the Transfusion Safety Study Group performed p24 antigen tests on 8,597 units selected from a repository of 200,000 collected in late 1984. No antigen-positive/antibody-negative units were identified. On the basis of this data, it was concluded that p24 antigen screening would not significantly improve blood safety and the test was not approved by the Food and Drug Administration for this purpose.

So what has changed? First, the estimates for the residual risk of HIV infection from transfusion declined from 1 in 50,000 to a range of 1 in 250,000 to 1 in 400,000. This decline in risk has spawned renewed interest in a potential value of direct virus detection assays which might further reduce risk. Second, three donations of p24 antigen-positive blood have been reported in the United States since 1990. Third, several studies recently reporting on p24 antigen screening projects revealed that antigen screening of U.S. donors would yield 5-10 antigen-positive/antibody-negative units per year out of 12 million donations. Fourth, studies determining the window period between HIV infection and the appearance of markers using PCR find HIV RNA first becomes positive about 11 days and the HIV DNA and the p24 antigen become positive about 16 days after infectiousness. The HIV antibody assay becomes positive about 22 days after infectiousness.

However, additional factors need consideration. That p24 antigen screening offers some small benefits seems irrefutable. Nonetheless, the decision to implement it is very difficult and involves complex consideration, only the minority of which are scientific. These include that the projected cost of p24 antigen screening is estimated to be 75 to 100 million dollars per year. We must recognize that although the cost effectiveness of the test implementation is very low, there is public expectation that the risk of transfusion transmitted HIV should be zero. One great concern is that of the magnet effect by adding the p24 antigen assay to donor screening could actually increase the risk of HIV. Would persons of high risk behavior seek p24 antigen testing when they become aware that blood banks are the only places performing the test that detects the HIV infection earlier than antibody testing and without cost? Approximately 15 percent of HIV seropositive donors interviewed by the Centers for Disease Control and Prevention Blood Donor Study have consistently indicated that they donated blood primarily to obtain HIV test results. The availability of the antigen testing at blood banks could therefore serve as a magnet, perhaps doubling the number of

persons with recent infections coming to blood banks for testing. Such an effect would more than offset the projected benefit of antigen testing since the antigen assay will detect only one quarter to one half of the total infectious window phase of donation.

As of this date, the HIV p24 antigen test is under study by the Food and Drug Administration for possible licensure. When licensed and mandated by the FDA, Carter Blood Center will immediately implement the test, as will all blood banks in the country. ■

### References:

Busch, MP, Alter, HJ. Will Human Immunodeficiency Virus p24 antigen screening increase the safety of the blood supply, and if so, at what cost? *Transfusion*, 1995;35:91-97.

Busch, MP, Lee, LLL, Sattenga et al. Time course of detection of viral and serologic markers preceding human immunodeficiency virus type 1 seroconversion; implications for screening of blood and tissue donors. *Transfusion*, 1995;35:91-97.

## Ashley Doran Admitted to American College of Healthcare Executives

Ashley Doran, Director of One Day Surgery Center in Fort Worth, was admitted to Associate status in the American College of Healthcare Executives on September 1, 1995.

Founded in 1933, the College is an international professional society representing more than 30,000 healthcare executives. With comprehensive programs in credentialing, self-assessment, education, career counseling, publications, research and public policy, the American College of Healthcare Executives works toward its goal of enhancing excellence in healthcare management.

Associate status is the first level of professional achievement in the College. Associates must demonstrate their educational preparation and commitment to the healthcare field through an extensive application process. Associate status provides a two-track system of affiliation with the College by providing the opportunity to be reappointed as an Associate or to advance to Diplomate status.

One Day Surgery Center, founded in 1985, is the second busiest free standing ambulatory surgery center in Tarrant County treating 220 cases a month. It is located on the campus of its parent company, Osteopathic Health System of Texas.

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



*Samuel Tim Coleridge, D.O., presents UNTHSC Dean Benjamin Cohen, D.O., with the award from the Texas Academy of Family Physicians. Dr. Coleridge accepted the award for Texas College of Osteopathic Medicine at the TAFP Convention in August. TCOM was honored for having at least 25 percent of its graduates go into family practice residencies.*

## UNTHSC Earns TAFP Honors

For the second year, the Texas Academy of Family Physicians honored the UNTHSC for having at least 25 percent of its graduating students enter into family practice residency programs. UNTHSC had 38 percent of its 1995 graduates enter family practice residencies.

The award was accepted by Samuel T. Coleridge, D.O., Chair of Family Medicine, at the Academy's 46th Annual Assembly and Scientific Program, held August 9-13 in Austin.

The TAFP represents more than 5,000 family physicians in Texas and has 31 local chapters.

## President Richards Appointed to Medical Education Policy Posts

UNTHSC President David M. Richards, D.O., has been appointed to state and national boards that develop medical education policy.

American Osteopathic Association President Howard L. Neer, D.O., selected Dr. Richards to serve a three-year term on the AOA's Council on Predoctoral Education. He also was named Vice Chairman of the council.



*David M. Richards, D.O., UNTHSC President*

Dr. Richards also was appointed Vice Chairman of the Health Professions Education Advisory Committee by Kenneth Ashworth, Texas Commissioner of High Education. HPEAC is an advisory body to the Texas Higher Education Coordinating Board about the education of physicians and other health professionals in the state. Dr. Richards' appointment is effective February, 1996.

Dr. Richards has been President of UNTHSC since 1986.

## Lewis Library Now Accessible Toll-Free

The Gibson D. Lewis Library at UNTHSC now has a toll-free number available to physicians requesting medical literature and information. Library services can be requested by calling 800-687-5302.

The Lewis Library has provided free information services to TOMA members since 1980 through MedSearch, a program that offers access to computer searches of the library's medical literature at no charge. This program also allows up to \$50 worth per year of delivery of photocopied patient care information by fax or mail.

For TOMA members who prefer to do their own computer searches for medical information, the library offers access to its in-house MEDLINE system for an additional charge. With a password and either an INTERNET account or a modem, the physician can search 4,000 medical journals from 1966 to the present.

Other databases can be searched from a connection with the Lewis Library, including CINAHL, ABI/INFORM and Periodicals Index. The library also provides information about computer software programs that allow physicians to connect directly to the National Library of Medicine.

For information on these and other services, call the new toll-free number at 800-687-5302.

## UNTHSC Faculty Receive CCOM Honors

UNTHSC faculty physicians Michael B. Clearfield, D.O., and Stan Weiss, D.O., were honored as outstanding alumni by the Chicago College of Osteopathic Medicine Alumni Association during its reunion weekend in September.

Dr. Clearfield, CCOM '75, was presented with the Alumni Association's second highest award, the Outstanding Achievement Award. He also was elected to the CCOM's Alumni Board of Governors.

Dr. Weiss, CCOM '52, was awarded the President's Citation for continued contributions to the medical school. He also was elected to the Board of Trustees of the CCOM Foundation.

Dr. Clearfield is Chairman and Professor of Internal Medicine at TCOM. Dr. Weiss is Associate Professor of Public Health and Preventive Medicine.

## Faculty Return from International Medical Travels

Research into roundworm enzymes and medical care for world-class judo competitors are two of the many activities in medicine and research taking UNTHSC faculty to international destinations. During 1995, UNTHSC physicians and researchers have traveled to more than 16 foreign countries, including India, Italy, Australia, China, Thailand, Japan, Mexico, France and the Czech Republic.

Ben Harris, Ph.D., professor of Biochemistry and Molecular Biology, recently returned from a six-month sabbatical at the University of Konstanz near Germany's southern border with the Swiss Alps. He worked with a German researcher, Werner Hoefel, M.D., investigating roundworm enzymes. In 1980, Dr. Harris spent a year in Konstanz conducting research with Dr. Hoefel.

Two other researchers in Biochemistry and Molecular Biology also made lengthy visits to Europe. Jagannatha Rao, Ph.D., Research Assistant Professor, was in Basel, Switzerland, and Paul Cook, Ph.D., professor, was in Wurzburg, Germany, for six-month sabbaticals.

Alan Stockard, D.O., recently traveled with the USA Judo Team to Chiba, Japan, for the World Judo Championships. Dr. Stockard, Assistant Professor of Family medicine, has been one of the team physicians for USA Judo for three years and is Sports Medicine Chairman for the Texas team.

Three other traveling faculty physicians were John Podgore, D.O., Alan Levine, D.O., and John Fling, M.D., who were in Cairo, Egypt, September 4-17, for the 21st International Congress of Pediatrics. The American Academy of Pediatrics invited them to assist in teaching the neonatal resuscitation program at the international meeting. ■

# 1996 Wintercrest Charity Ball

*The Auxiliary of District II  
of the Texas Osteopathic Medical Association*

*presents*

*the 1996 Wintercrest Charity Ball*

**HOORAY FOR HOLLYWOOD**

*Saturday, February 17, 1996*

*Worthington Hotel*

*Dinner Buffet*

*Band "Rita Powers"*

*Black Tie Optional*

*Silent and Live Auctions*

*Free Valet Parking*

<i>Couple (\$75 per person) .....</i>	<i>\$150</i>
<i>Reserved Seating - Table of 8 .....</i>	<i>\$600</i>
<i>Reserved Seating - Table of 10 .....</i>	<i>\$750</i>
<i>Silver Sponsor - 2 Comp Tickets .....</i>	<i>\$500-999</i>
<i>Gold Sponsor - 4 Comp Tickets .....</i>	<i>\$1,000-1,999</i>
<i>Platinum Sponsor - Table of 8 .....</i>	<i>\$2,000 &amp; Up</i>

The Wintercrest Ball Committee continues to work on pulling together items for both the live and silent auctions. So far, we have a week in Ruidosa, New Mexico, a Taos getaway and a stay at the Four Seasons Resort in Maui.

We have scuba equipment for one and are trying to get a second set donated. We have fishing, camping and hiking items as well as tickets to the ballet and symphony. We have gift certificates to several stores and restaurants in Fort Worth.

But, we are still looking for other items such as tickets to the Rangers, Cowboys, Mavericks or Dallas Ice. These have been popular items in the past and we are in need. If you have season tickets you'd like to donate or would like to purchase something to donate, it would be greatly appreciated. We are also looking for funds to help underwrite the cost of the ball.

We will be sending sponsorship letters soon. Please call Jan Aziz at 817-737-3166 or Sue McDaniel at 817-596-3477 for more information. We look forward to hearing from you. ■



# Public Health Notes

## "Communicable Disease Reporting"

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

The August, 1995, edition of the Texas Department of Health's (TDH) *Disease Prevention News* presented an update regarding reporting of communicable diseases. In an effort to assist physicians, hospitals and laboratories, TDH has undertaken a "streamlining" effort to facilitate the process of reporting.

### TDH Efforts to Streamline the Reporting Process

In Texas, the Communicable Disease Prevention and Control Act requires physicians, dentists, veterinarians, and other health professionals to report certain diseases and health conditions. To be reported immediately are cases of acute paralytic poliomyelitis, cholera, diphtheria, foodborne botulism, human rabies, invasive *Haemophilus influenzae* infection, invasive meningococcal infection, measles, pertussis, plague, viral hemorrhagic fever, and yellow fever; outbreaks; exotic diseases; and unusual expressions of illness. Cases of tuberculosis and rubella must be reported within one working day, and other notifiable diseases should be reported no later than one week after a case or suspected case is identified. Failure to report is a class B misdemeanor.

Information obtained through the reporting of notifiable diseases and conditions is used to initiate targeted disease control efforts, monitor trends in disease, and allocate resources. These data are essential to departmental efforts to protect and preserve the health of the citizens of this state. Unfortunately, there is substantial underreporting in Texas. For example, a statewide study showed that from 1990 through 1991, 78 percent of brucella, listeria, meningococcal meningitis, and bacterial meningitis infections were not reported.

In addition to the need to educate all those required to report of their moral and legal responsibility to do so, TDH recognizes the need to improve the reporting process. Presently, two-thirds of Texas counties have no phone listing for a local health department. Moreover, in May, 1994, TDH conducted a survey to pinpoint other problems inherent in the reporting process. When asked what would make reporting easier, the

majority of respondents suggested a standard form for initial reporting of all conditions and a statewide toll-free phone number that can be called from anywhere to report any health condition to the proper authority. In addition, many respondents asked TDH to provide plastic cards with a list of reportable conditions and telephone stickers with the appropriate phone numbers.

A uniform report card for private providers, plastic cards, and telephone stickers were made available on September 1. Packets containing these items were mailed to primary care physicians as well as local and regional health departments during September and October. In addition TDH recently implemented the requested telephone system. The system has area code/exchange routing so that health professionals who call **800-705-8868** during business hours from anywhere in the state will reach the nearest local health department. In most cases, a recorded message will prompt the caller to press the following numbers to report the corresponding diseases/conditions:

1. sexually transmitted diseases
2. AIDS or HIV infection
3. tuberculosis
4. vaccine-preventable diseases
5. other infectious diseases
6. occupationally induced diseases
7. spinal cord injuries or drownings

This system enables callers to reach the appropriate program within each health department. In situations where all reports are routed to the same number within a health department, there is no prompter. For counties in which the local health department elected not to participate or for which there is no local health department, the call will be routed to the appropriate TDH Public Health Region. Health professionals also may dial **800-705-8868** after hours and on weekends to report conditions such as foodborne botulism, human rabies, meningitis, and other public health emergencies requiring immediate attention.

For more information about the telephone system or the reporting of notifiable diseases or conditions, please call 512-458-7676.

### Communicable Disease Reporting and Hospitals

Communicable disease reporting from hospitals is an active, complex process that requires substantial time and resources. The total time required includes the time necessary to identify, investigate, and report each case, multiplied by the number of cases reported during the month. The reporting rate is the number of patient encounters, multiplied by 1000. Using these formulas, hospitals can estimate resource needs and make valid allocation decisions regarding communicable disease reporting.

For example, a medium-sized hospital, serving a community of 170,000 and a large referral population, averages 16,000 patient encounters every month, including inpatient, outpatient, emergency, and contract laboratory services. The epidemiology/infection control (IC) service of a hospital this size completes approximately 72 reports each month, with a time expenditure estimated at 35 minutes per report. Thus, the total time required for reporting notifiable conditions each month is at least 42 hours; the reporting rate is 4.5 reports per 1000 patient encounters.

Briefly, hospital epidemiologists/IC practitioners find cases through passive reports from other hospital personnel and by searching admission logs, computerized reports, laboratory records, and patient charts. For each of the 54 reportable diseases or conditions, the epidemiologist/IC practitioner then accesses, records, and reports demographic information; for 46 reportable conditions, additional information pertaining to symptoms and treatment is collected. Finally, the report is telephoned, electronically transferred or mailed to the appropriate health department. A file copy of each report should be retained for medicolegal purposes. ■

*The above text are excerpts from an article appearing in "Disease Prevention News" (Vol. 55, No. 17, August 21, 1995), a publication of the Texas Department of Health.*

# TEXAS STARS

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

Bruce Addison, D.O.  
Richard Anderson, D.O.  
ATOMA District II  
Aus-Tex Printing and Mailing  
Mark Baker, D.O.  
Rita Baker  
Elmer Baum, D.O.  
Kenneth Bayles, D.O.  
James Beard, D.O.  
Terry Boucher  
John R. Bowling, D.O.  
Daniel Boyle, D.O.  
Joanne Bradley  
Frank Bradley, D.O.  
Robert Breckenridge, D.O.  
John Brenner, D.O.  
Lloyd Brooks, D.O.  
Mary Burnett, D.O.  
Jeffrey Butts, D.O.  
D.Y. Campbell, D.O.  
Catherine Carlton, D.O.  
John Cegelski, D.O.  
Robert Chouteau, D.O.  
William Clark, D.O.  
George Cole, D.O.  
Samuel Coleridge, D.O.  
Robert Collop, D.O.  
Robbie Cooksey, D.O.  
William Cothorn, D.O.  
Nelda Cunniff-Isenberg, D.O.  
Jim Czewski, D.O.  
Don Davis, D.O.  
William Dean  
Joseph DelPrincipe, D.O.  
Gregory Dott, D.O.  
Janet Dunkle  
Bradley Eames, D.O.  
Carl Everett, D.O.  
Al Faigin, D.O.  
Gerald Flanagan, D.O.  
Richard Friedman, D.O.  
James Froelich, D.O.  
Jake Fuller  
Jeanine Garrett  
David E. Garza, D.O.  
Mark Gittings, D.O.  
Charles Hall, D.O.  
Richard Hall, D.O.  
Donna Hand, D.O.  
Wendell Hand, D.O.  
Patrick Hanford, D.O.  
John Harakal, D.O.  
Tony Hedges, D.O.  
Harry Hernandez, D.O.

Linda Hernandez, D.O.  
H.S. Hewes, D.O.  
Wayne Hey, D.O.  
Teri Hill-Duncan, D.O.  
Bret Holland, D.O.  
William D. Hospers, D.O.  
Doctors Hospital  
Bobby Howard, D.O.  
Lewis Isenberg  
Jake Jacobson  
Constance Jenkins, D.O.  
William R. Jenkins, D.O.  
V.L. Jennings, D.O.  
Daniel Jensen  
Dawn Keilers  
Elva Keilers, D.O.  
Royce Keilers, D.O.  
Alex Keller, D.O.  
Earl Kinzie, D.O.  
Brian Knight, D.O.  
A. Ray Lewis, D.O.  
Harold Lewis, D.O.  
John Longacre, D.O.  
Hector Lopez, D.O.  
Leticia Lopez  
Edward Luke, D.O.  
Richard Male, Jr., D.O.  
Marion Merrell Dow, Inc.  
Masterpath Groves Pathology  
Consultants  
James Matthews, D.O.  
R. Greg Maul, D.O.  
Robert G. Maul, D.O.  
Cindy McCarty  
Jack McCarty, D.O.  
Robert O. McCorkle, D.O.  
Ivri Messinger, D.O.  
Carl Mitten, D.O.  
Lois Mitten  
John Mohney, D.O.  
Joseph Montgomery-Davis, D.O.  
Ray Morrison, D.O.  
Osteopathic Health System of Texas  
Elizabeth Palmarozzi, D.O.  
Alice Pangle, D.O.  
Michael Parisi, D.O.  
Robert Peters, Jr., D.O.  
Ruby Peters  
Donald Peterson, D.O.  
Wilma Peterson  
Bill Puryear, D.O.  
David Randell, D.O.  
H.H. Randolph, Jr., D.O.  
Jeffrey Rettig, D.O.

Merilyn Richards  
John Riggs, D.O.  
Peggy Rodgers  
Randall Rodgers, D.O.  
Steve E. Rowley, D.O.  
Mario Sanchez, D.O.  
Richard Saunders, D.O.  
John Sawtelle, D.O.  
Amy Saylak  
Daniel Saylak, D.O.  
Hubert Scadron, D.O.  
Kristin M. Sears, D.O.  
A. Duane Selman, D.O.  
T.R. Sharp, D.O.  
Rick Siewert, D.O.  
George Smith, D.O.  
Jerry Smola, D.O.  
John Sortore  
Arthur J. Speece, D.O.  
Dodie Speece  
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*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.*

# News from Osteopathic Health System of Texas

## **Old Memorabilia, Photographs Sought for Anniversary**

The Corporate Communications Department is looking for old photographs of Osteopathic Medical Center of Texas and old hospital memorabilia, i.e., old employee or patient handbooks, equipment, etc., for use in an exhibit in the hospital in honor of OMCT's 50th anniversary. All items that are donated will be labeled and returned to you once the exhibit comes down. If you have something from days past, call Christine Kerrigan in the Communications Department at 817-735-4466.

## **Yee-Ha! Christopher Hull, D.O., Helps Youngsters Stay in the Saddle**

Bull riding. Bronco riding. Calf roping. Barrel racing. The American Youth Rodeo Association held its World Rodeo Finals at Will Rogers Coliseum during the Labor Day weekend and Christopher Hull, D.O., staff physician at OMCT, was prepared for any injuries the weekend had to offer.

Dr. Hull, who specializes in Sports Medicine and Rehabilitation, and the rodeo's medical team, mainly saw teens with pulled hands from the bull- and bronco-riding events.

"Pulled hands are common because the rider must wrap the rope around his hand. When the rider falls off, the rope sometimes tightens around his hand and wrist and he can't get loose," he said.

"The teens are required to wear chest protectors and helmets to protect them from serious injury, but we did have an X-ray unit on hand if we needed it."

Dr. Hull also said he volunteers his services once or twice a month.

"I like being there and watching the events. It's great to have these young athletes come up to you afterward and tell you they really appreciate your help," he said.

## **OHST Physicians Get Involved in Community; Christopher Mann, D.O., Dives into First Aid at Competition**



*Christopher Mann, D.O., at U.S. Dive Nationals in Oklahoma.*

Have you ever wondered what our doctors do when they're not in their offices? Well, for Christopher Mann, D.O., staff physician at OMCT, being away from the office doesn't mean they're not practicing their specialty.

In September, Dr. Mann, whose specialty is Sports Medicine and Rehabilitation, went to Oklahoma for the United States Diving Nationals. The

competition is one of two main qualifiers that determines the finalists for the U.S. Olympic team. Dr. Mann assisted athletes in stretching and manipulations during the competition.

During the five-day competition, Dr. Mann and the medical team saw back strains, two broken hands and two head injuries from striking the diving board.

## **OHST Physicians to Study Osteopathic Manipulation in Asthma Patients**

Thanks to Philip C. Slocum, D.O., Director of Pulmonary Services at OMCT, asthma sufferers may have a new treatment in addition to their medications. Dr. Slocum received a grant from the American Osteopathic Association's Osteopathic Research and Development Fund to study the effects of osteopathic manipulation in the management of asthma.

Dr. Slocum said the study is based on an experiment described in a *Boston Medical & Surgical Journal* from the 1920s, which used manipulation as a treatment for asthma patients twice a month for three years. "According to the doctors' report, the treatment was effective in 50 percent of the patients," he said.

Participants in Dr. Slocum's nine-month study should be non-smokers 18 to 50 years old, with mild to moderate

asthma and who have had no previous experience with osteopathic manipulation or chiropractics.

Approximately 40 patients will be used in the study. Fifty percent of the patients will receive osteopathic manipulation while the other half will receive a back massage. Dr. Slocum will be blind to the experiments, not knowing which patient receive the manipulation or back massage. He will only collect and analyze the data.

"The study will be good for the osteopathic community because no one has looked at the disease process and treated it with osteopathic manipulation in any credible means," said Dr. Slocum.

For information on participating in the study, call Jessie Harris at 817-735-5423.



# Chilean Physician Visits, Learns About OHST

One of the best ways to learn is by example. And that's what was on the agenda for Alberto Coustasse, M.D., who traveled almost 5,000 miles from Santiago, Chile, to learn about OHST and osteopathic medicine.

Dr. Coustasse came to OHST at the invitation of the health system's chairman, Jay Sandelin. The Chilean native was interested in learning more about osteopathic medicine, prevention, rehabilitation and techniques that he could use in medicine practiced in his country. Last April, Mr. Sandelin met Dr. Coustasse during a trip to Chile as part of the North Texas Trade Mission to South America. Mr. Sandelin, members of the Fort Worth Chamber of Commerce, and other health care administrators went to Chile, Argentina and Brazil to make presentations about health care in North Texas, and to learn how health care providers in this area could help support health care in those South American countries.

"After meeting with Dr. Coustasse and learning about his responsibilities, I thought it would be a good idea for him to see how osteopathic medicine is practiced," Mr. Sandelin said. "Dr. Coustasse has a keen insight into the structure of medicine in his country and how it is practiced, and is in a position within his country to make health care delivery much more effective and efficient."

A knowledgeable and gregarious physician, Dr. Coustasse serves in many different medical positions within his country. He has served as Chile's Director of the Center of Health and Rehabilitation and currently is working in that center's number two position to allow himself time for other projects. He also serves as the Executive Secretary of the Ministry of Health's National Rehabilitation Commission; is on the country's Economic Assessment Council's Welfare Regional Board and is a director of Chile's medical/legal service.

"The different positions that I hold allow me to get involved in many different projects. I'm working on projects involving rehabilitation, DNA informatics, veteran's affairs, and the delivery of health care," Dr. Coustasse said.

During his tour of OHST, Dr. Coustasse spent part of his time learning about the hospital's RehabCenter and the



Alberto Coustasse, M.D., (L) explores the merits of hyperbaric oxygen therapy with John Mills, D.O., Medical Director of OMCT's Hyperbaric Medicine Department. Dr. Coustasse, who lives in Santiago, Chile, spent a week in Fort Worth learning about OHST, prevention and osteopathic medicine.

team-approach to rehabilitation. The center's medical director, Scott Stoll, D.O., invited Dr. Coustasse to attend the team's staff meeting, and to complete rounds with him on the unit. Dr. Coustasse was impressed with the detailed paperwork and forms that help physicians and therapists assess a patient's progress, and was interested in learning how to adapt concepts practiced in rehabilitation in the United States to practices in Chile.

"We practice allopathic medicine in my country," he said. "I am interested in learning more about osteopathic medicine because I like the idea of prevention and hands-on treating."

Besides spending time at OMCT, Dr. Coustasse also visited with representatives from the UNTHSC/TCOM to learn about the center's DNA Identity Laboratory, pathology, substance abuse center of excellence and family medicine. While he was at UNTHSC/TCOM, Dr. Coustasse met with Family Medicine's Henri Migala, Greg McQueen of International Affairs, and members of other departments. He described his visit at UNTHSC as "very enlightening."

"I see many projects that my country, the hospital and the health science center could work on together," Dr. Coustasse said. As sub-director of Chile's Center for Health and Rehabilitation, Dr.

Coustasse is one of the highest placed physicians within his country. He explains, "Most recently, I was the director of the center, but all I did was sign papers and deal with paperwork. I became very bored, so I became sub-director so that I could work on other projects."

Two weeks ago in Washington, D.C., Dr. Coustasse spent a week visiting with public and private representatives to learn about health care in the United States. He met with U.S. Government officials from the FBI, the U.S. Army, and medical staff at Johns Hopkins Hospital, to discuss genetics and the possibility of setting up a DNA informatics system in Chile.

"We need to incorporate prevention medicine into the medicine we practice in my country," he said. "Physicians need to focus more on diet, exercise and medications to control things like high blood pressure and lessen the incidence of stroke. It costs us too much money to put patients through rehabilitation for strokes."

The 30-year old physician said he relishes his work as a physician and plans to work into leadership positions within Chile. His future plans for leadership include helping manage the largest physician organization in the country, and working to move into a leadership position within his country's political system. ■

## Flu Vaccine & Administration of Injection

So many offices have been calling us concerning the flu injection, administration code and amounts, that we need to cover this subject once more. Anytime you give a flu injection to a Medicare or Medicaid patient, you need to charge for the vaccine using code 90724 and also charge for the administration of the injection using code G0008.

While the Medicare allowable for code G0008 varies by locality throughout the state from \$3.12 up to \$3.80, the Medicare allowable for 90724 does not vary. The allowable for code 90724 is \$3.38. Since patients may request flu shots as a routine precaution, there is no particular ICD9 code that must be used on the claim. Keep in mind that Medicare does pay 100 percent of the allowed amount, so there is no coinsurance or deductible applied to these two codes.

## Cross Over Claims

There are some claims that do not have to have any additional information noted on the claim, in order for Medicare to **automatically** forward the claim to the secondary carrier. As an example, if a patient has Medicare as primary coverage and Medicaid as secondary, you do not have to note Medicaid anywhere on the Medicare claim. Medicare's computer is already aware of the Medicaid coverage and when they process the claim, they automatically forward the claim determination to NHIC for payment. Consequently, Medicaid will then send you a check without your having to request it. A listing of the 34 insurance carriers that Medicare automatically crosses over to are:

1) Aetna Life & Casualty; 2) American Family Life Assurance (AFLAC); 3) American General Life & Accident; 4) American Postal Workers Union (APWU); 5) American Republic Ins. Co.; 6) Blue Cross/Blue Shield of Kansas City; 7) Blue Cross/Blue Shield of Oklahoma; 8) Blue Cross/Blue Shield of Texas; 9) Claims Administration Corp.; 10) Combined Ins. Co. of America; 11) CUNA Mutual Insurance; 12) Dallas General Life Ins. Co.; 13) First Provident Life & Health Ins.; 14) Government Employees Hospital Assn.

(GEHA); 15) Humana, Inc.; 16) Kirke-Van-Orsdel (KVI); 17) Metropolitan Life Ins. (MET-LIFE); 18) Metrahealth; 19) Mutual of Omaha Ins. Co.; 20) National Assn. of Letter Carriers (NALC); 21) Olympic Health Management Systems Inc.; 22) Physicians Mutual Ins. Co.; 23) Pioneer Life Ins. (11/95); 24) Provident Life & Health Ins. Co.; 25) Prudential Ins. Co. of America (AARP); 26) Special Agents Mutual Benefits Assn.; 27) Standard Life & Accident Ins. Co.; 28) United American Ins. Co.; 29) United Commerical Travelers of America; 30) Union Labor Life Ins.; 31) USAA Life Ins. Co.; 32) Wausau; 33) Oklahoma Medicaid; and 34) Texas Medicaid.

## When is Medicare Secondary?

HCFA has finally issued final instructions to Medicare concerning when private carrier insurance is primary and Medicare is secondary. If a 67 year old woman comes in for an office visit, do you bill Medicare in this case as primary or her employer group health plan (EGHP)? Medicare pays secondary to just about every type of insurance including:

- All forms of liability insurance;
- Automobile and non-automobile no-fault insurance;
- Group health plans (GHPs); various rules apply.

In some cases, Medicare will pay primary. HCFA makes Medicare primary for covered services that are:

- Furnished to Medicare patients who have declined to enroll in the GHP;
- Not covered by GHP for any individuals or spouses who are enrolled by virtue of the individual's current employment status;
- Furnished to individuals whose COBRA continuation of coverage has been terminated because of the patient's Medicare entitlement; or
- Covered under COBRA continuation coverage even though the individual is entitled to Medicare.

Even though most of the coverage is contingent upon "current employment status," what is meant in this context? A person has "current employment status" if he or she is actively working; or is not actively working but:

- Retains employment rights in the industry (active in a union, teacher or summer vacation, etc.);

- Hasn't had his/her employment terminated by the employer or employee organization;

- Isn't receiving disability payment from an employer for more than six months.

As you can tell from these lists, it is not easy to determine if Medicare is primary or secondary. It's also not that simple to decode whether the patient's EGHP is primary due to a retirement or whether the employer has at least 20 employees. When in doubt, we recommend you call the Medicare Secondary Department at 903-463-4495.

## Pneumonia Injections

While we mentioned flu injections earlier in this article, we should cover basic coding for pneumonia injections. You should use code 90732 for the pneumonia vaccine and use code G0009 for the administration of the pneumonia vaccine. We have seen some offices that gave both vaccines to patients and only charged for one administration code (G0008 or G0009), but that is incorrect. If you give both vaccines to your patient, you should charge for both administration codes during the same visit.

## NSF Deadline

An amazing number of claims filing services, computer vendors and computer systems are still using the old Texas format for their electronic claims filing protocol. As of October 1, 1995, Medicare no longer accepts the outdated formats, but requires the National Standard Format or the ANSI X12 837 format. If your claim batches have been rejected by Medicare after October 1, you now know what the problem has been. Call your computer supplier or claims filing service and ask whether they are using the new formats or the outdated one. If they are unable to assist you, give us a call, because we now have those capabilities.

## Medicare Addresses

Another request that we receive quite often is for addresses for Medicare.

Medicare Newsletter No. 138  
(September 15) had some of the  
following:

Medicare Part B  
Claims Without Attachments  
P.O. Box 650092  
Dallas, TX 75265-0092

Medicare Part B  
Claims With Attachments  
P.O. Box 650094  
Dallas, TX 75265-0094

Medicare Part B  
Par Physician Claims  
P.O. Box 650301  
Dallas, TX 75265-0301

Medicare Part B  
Correspondence  
P.O. Box 660156  
Dallas, TX 75266-0156

Medicare Overpayments  
2412 W. Morton  
Denison, TX 75020

Medicare Fee Schedule Requests  
P.O. Box 660156  
Dallas, TX 75266-0156

Medicare/Blue Cross Automation  
P.O. Box 655730  
Dallas, TX 75265-5730

### Numbers

To assist you in reaching important  
business concerns, we have decided to  
publish some of those numbers you may  
need on a regular basis:

Don Self & Associates  
Voice - 903-839-7045  
Toll Free Voice - 800-256-7045  
Fax/Computer - 903-838-8293

Medicare Claims Appeals  
Voice - 903-463-4886

Medicare Automation  
Voice - 214-766-5480  
Fax - 214-766-5102

Medicaid (NHIC) Appeals  
Toll Free - 800-873-6768  
Voice - 512-745-4452

Medicare (Beneficiaries Only)  
Voice - 800-442-2620

Medicaid Claims Automation  
Voice - 512-343-4961

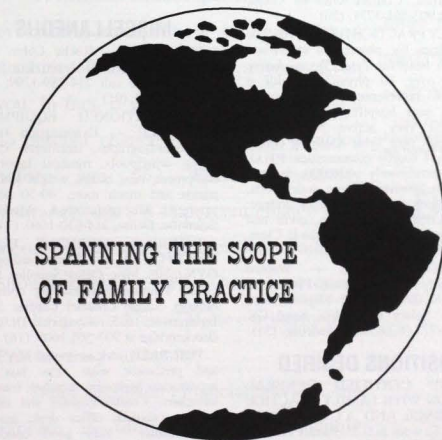
### Medigap

Two big differences between  
Medigap and Automatic Crossover  
claims are: 1) Medicare is supposed to  
forward the claims to the Medigap  
carrier, only if the physician is  
participating; and 2) Medigap claims  
require certain information to be placed  
in appropriate boxes on a HCFA 1500  
claim form.

To ensure that you are completing the  
claim in the manner required, you may  
wish to print a Medicare/Medigap claim  
to your printer and check the following:

- Box 9: Enter the Last Name, First  
Name, and Middle Initial of the enrollee  
in a Medigap policy, if it is different  
from that shown in box 2. Otherwise,  
enter "SAME."
- Box 9A: Enter the policy number of  
the Medigap enrollee preceded by  
"MEDIGAP" or "MG."
- Box 9B: Enter the Medigap  
enrollee's birth date and sex.
- Box 9C: Go to Box 9D.
- Box 9D: Enter the Insurer's Unique  
5 digit Identifier. ■

## TOMA's 40th MidWinter Conference and Legislative Symposium



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**FAMILY PRACTICE, BOARD CERTIFIED PHYSICIAN WANTED** — Practice is looking to add associate for long term relationship. Call group, mixed PPO, Fee for Service, guaranteed income. Send CV Attn: Tom Milholland, 1212 Richmond Ave., Ste. 325, Houston, TX 77082. (07)

**MEDICAL DIRECTOR/DME** — Newly created position at dual accredited, progressive osteopathic hospital with family of 71 active staff members. Seeking full-time experienced D.O. with exceptional interpersonal skills. Salary negotiable. Contact: Executive Director, Community Hospital, 2021 N. 12th Street, Grand Junction, CO 81501. Finalist selection by December 1, 1995. (11)

**POSITION IMMEDIATELY AVAILABLE** for mature, stable, well trained osteopathic physician who has exceptional OMT skills and is imbued in Osteopathic Principles and Philosophy. Large family practice with focus on geriatrics, physical therapy, rehabilitation, and comprehensive health care. Good financial arrangements. Call: Jack Royder, D.O., F.A.A.O., or Joyce, at 817-428-0090. (12)

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

**TRIO OF AGING OSTEOPATHIC PHYSICIANS NEED HELP** with busy rural general practice. Town of 1,600+ in West Central Texas at 2,100 ft. elevation has 82-bed nursing center, 20-bed general hospital, and 900-bed contract detention center for federal inmates. No obstetrics or major surgery. Pleasant schedule with time to fish, hunt, enjoy family, and get CME. Contact EDEN Medical Clinic, Drawer W, Eden, TX 76837; 915-869-7061. (21)

**HILLCREST HEALTH CENTER** is currently seeking a Family Practice Resident Program Director. Qualified candidates should be a graduate of an AOA approved college of osteopathic medicine, board certified in family practice with at least 3 years experience in the field and willing to work in a rapidly expanding

program. For a complete list of qualifications please call or write: Harvey A. Drapkin, D.O., Director of Medical Education, Hillcrest Health Center, 2129 S.W. 59th Street, Oklahoma City, OK 73119; Phone 405-680-2418. FAX CV to 405-680-2249. (22)

**DALLAS/FORT WORTH/HOUSTON** — Physician Opportunity to work in low stress, office based practice. Regular office hours. Lucrative salary plus benefits. No call, no weekends, and no emergencies. Please call Lisa Cole at 800-254-6425 or FAX CV to 214-258-0838. (25)

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

**INTERNAL MEDICINE** — Immediate opening for BE/BC internal medicine D.O. at 54-bed hospital in Tyler, Texas. Approximately 30-member referral base with multiple specialties. Office space available within medical complex or in outlying clinics. P.H.O. with approximately 120,000 insured individuals. Hunting, fishing, watersports, country clubs, university, junior college, many recreational facilities, civic and social opportunities. Contact Olie E. Clem, C.E.O., at 903-561-3771. (50)

**FAMILY PRACTICE D.O.s** — Practice opportunities for physicians at 54-bed facility in beautiful Tyler, Texas. Active staff of over 30 physicians with 8 specialties represented. Office space available near hospital or may share established very active practices in communities near Tyler. Outlying clinics located in 4 nearby communities. P.H.O. with approximately 120,000 insured individuals. Hunting, fishing, watersports, country clubs, university, junior college, many recreational facilities, civic and social opportunities. Contact Olie E. Clem, C.E.O., at 903-561-3771. (52)

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

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in a small town or hospital. Call 817-499-2560 or write to 1021 Simmons, Keller TX 76248. (15)

**BOARD CERTIFIED GENERAL PRACTITIONER** — Working as independent contractor. Ten years experience. Available by appointment. \$100 per hour plus expenses. Will furnish liability insurance. No obstetrics, please. Contact: TOMA, Box 27, 1415 Lavaca Street, Austin, TX 78701-1634. (27)

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**MEDICAL CLINIC FOR LEASE** — South East Texas, excellent location. 1,500 sq. ft. including lab. Additional space available. Call Ms. Holliday at 800-727-5411. (08)

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## MISCELLANEOUS

**FOR SALE** — Roche Cobas Mira Blood Chemistry Analyzer. For information, please call 214-289-1299; FAX 214-289-1353. (01)

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

**INTERNAL MEDICINE EQUIPMENT FOR SALE** — Electrocardiogram, GYN tables, Misc. Office Supplies, Some Office Equipment (including computer billing), Single Channel Cardiac Stress Equipment, etc. Contact: Dr. R.J. Breckenridge at 903-566-1608. (18)

**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)

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

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