

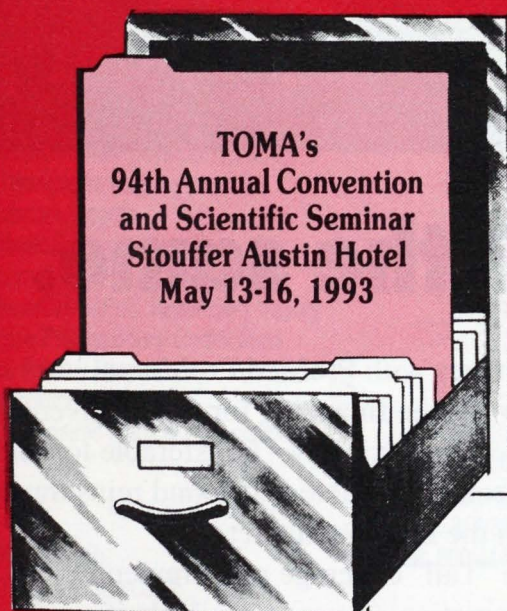
TEXAS DO

XXX, No. 2

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

February, 1993

TOMA Pulls File in Preparation for '93 Annual Meeting in Austin



Registration Form see page 8
Clinical Program see page 9

MAY						
	T	W	T	F	S	
					1	
2	3	4	5	6	7	8
9 <small>MOTHER'S DAY</small>	10	11	12	13	14	15
16	17	18	19	20	21	22
23/ 30	24/ 31 <small>MEMORIAL DAY</small>	25	26	27	28	29

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	800/621-1773
Washington Office	202/544-5060
	800/962-9008
American Osteopathic Hospital Association	703/684-7700
Professional Medical Insurance Company	800/821-3515
	816/523-1835
TOMA Malpractice Insurance Program:	
For Premium Rates,	
Enrollment & Information	800/366-5706
TOMA Major Medical Insurance	1-800/321-0246
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	214/647-2282
Profile Questions	214/669-7408
Provider Numbers:	
Established new physician (solo)	214/669-6162
Established new physician (group)	214/669-6163
All changes to existing provider	
number records	214/669-6158
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	817/336-0549
	in Texas 800/444-TOMA
	Dallas Metro 429-9755
	FAX No. 817/336-8801
	in Texas 800/444-TOMA
TOMA Med-Search	
TEXAS STATE AGENCIES:	
Department of Human Services	512/450-3011
Department of Public Safety:	
Controlled Substances Division	512/465-2188
Triplicate Prescription Section	512/465-2189
State Board of Health	512/458-7111
State Board of Medical Examiners	512/834-7728
Texas State Board of Medical Examiners	
(for disciplinary actions only)	800/248-4062
State Board of Pharmacy	512/832-0661
State of Texas Poison Center for	
Doctors & Hospitals Only	713/765-1420
	800/392-8548
	Houston Metro 654-1701
Texas Workers' Compensation Commission	512/448-7900
FEDERAL AGENCIES:	
Drug Enforcement Administration:	
For state narcotics number	512/465-2000 ext 3074
For DEA number (form 224)	214/767-7250
CANCER INFORMATION:	
Cancer Information Service	713/792-3245
	in Texas 800/392-2040

TEXAS DO

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

FEATURES

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 S/D Jeff Johnson

February, 1993

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Terry R. Boucher
Executive Director/Editor

Diana Finley
Associate Director/Associate Editor

John Sortore
Field Representative

Lydia Kinney
Staff Writer

Nancy Platt
Receptionist/Bookkeeper

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Membership Secretary

Calendar of Events

FEBRUARY

19

*Current Topics in Cardiovascular
Medicine & Surgery*
Osteopathic Health System of Texas
Location: 3715 Camp Bowie Blvd.
Fort Worth
Hours: 2 Category 1-A
Contact: Cindi Azuma
Osteopathic Health System
of Texas
817/735-4466

5-9

Ski-CME Seminar
Texas College of Osteopathic Medicine
& Osteopathic Health System of Texas
Location: Lake Tahoe, Nevada
Hours: 20 Category 1-A
Contact: TCOM
CME Department
817/735-2539

MARCH

27

Prep for Practice Seminar
TOMA-Syntex Labs
Time: 8:00 a.m. - 5:30 p.m.
Location: TCOM Auditorium
Contact: TOMA
1-800-444-8662

APRIL

16-17

*Seventh Annual Spring Update for
the Family Practitioner*
Sponsored by Dallas Family Hospital
and Texas College of Osteopathic
Medicine
Location: Dallas Family Hospital
Hours: 10 Category 1-A
Contact: Nancy Popejoy
TCOM-CME Dept.
817/735-2539

24-25

*Sutherland OMT
Cranial Academy, Sutherland's
Methods of Treating the Rest of the
Body*
Location: Bedford
Hours: 16 Category 1-A
Contact: Conrad Speece, D.O.
214/321-2673
fax: 214/321-4329
(Attendance is limited, so early
registration is recommended)

MAY

11

Pre-Convention Meeting
TOMA Board of Trustees
Stouffer Hotel
Austin

12

Annual Meeting
TOMA House of Delegates
Stouffer Hotel
Austin

13-16

*94th Annual Convention & Scientific
Seminar*
Texas Osteopathic Medical
Association
Location: Stouffer Hotel
Arboretum Blvd. - Austin
Hours: 30 Category 1-A (tentative)
Contact: TOMA
800/444-8662

15

Post-Convention Meeting
TOMA Board of Trustees
Stouffer Hotel
Austin

16

Risk Management Seminar
in conjunction with
TOMA's 94th Annual Meeting
Stouffer Hotel
Austin

Articles in the "Texas DO" that mention the Texas Osteopathic Medical Association's position on state legislation are defined as "legislative advertising," according to Tex Govt Code Ann §305.027. Disclosure of the name and address of the person who contracts with the printer to publish the legislative advertising in the "Texas DO" is required by that law: Terry R. Boucher, Executive Director, TOMA, 226 Bailey Avenue, Fort Worth, Texas 76107.

Report on the December 12, 1992 TOMA Board of Trustees Meeting

All members were present for the December 12, 1992 meeting of the TOMA Board of Trustees, with the following exceptions: Brian G. Knight, D.O., Arthur J. Speece, III, D.O., James E. Froelich, III, D.O., Timothy H. Werner, D.O., and Charles R. Hall, D.O.

Present as guests were: David R. Armbruster, D.O., William R. Jenkins, D.O., John H. Burnett, D.O., and Mr. Steve Relyea.

The minutes of the September 12, 1992 Board of Trustees meeting were approved.

Jerry E. Smola, D.O., TOMA President, spoke on the need to reduce healthcare costs and urged everyone to work together, not only to help physicians, but the nation's healthcare problems as well.

Mr. Steve Relyea, a realtor with William C. Jennings Company in Fort Worth, is working on the sale of the TOMA building. He presented an update on current prospects. There has been much coverage and activity with the building and the Fort Worth brokerage community is familiar with it. He said that due to his many contacts, sale of the building is now just a matter of working through the process.

William R. Jenkins, D.O., Chairman of the TOMA Governmental Relations Committee, gave a governmental relations and TOMA-PAC update. He reported TOMA-PAC's total contributions at \$25,250, and urged everyone to participate on a local level with legislators. Dr. Jenkins mentioned that the biggest concerns during the 1993 legislative session would be allied health care professionals wanting to extend their practice limitations, and the concern of physicians in maintaining control of the licensing board.

The Board of Trustees approved changing the plan year of the TOMA Profit Sharing Plan to a calendar year, and for TOMA to contribute five percent to the plan for the fiscal year 1993.

John H. Burnett, D.O., David R. Armbruster, D.O., and Dr. Jenkins reported on activities of the 1992 AOA House of Delegates meeting.

Dr. Smola presented a letter from TOMA Board of Trustees member Timothy H. Werner, D.O., citing various reasons for his resignation from the Board. The Board agreed to let the matter of a replacement for Dr. Werner wait until the Caucus of the Districts met.

Terry R. Boucher, TOMA Executive Director, presented the financial report, which was approved as presented. The Board instructed Mr. Boucher to negotiate with current TOMA employees with regards to moving expenses in the relocation to Austin.

Ms. Diana L. Finley, TOMA Associate Executive Director, reported on a survey that had been sent to those who do not attend TOMA conventions. Ms. Finley said the survey had been sent to 1,514 people; 994 members and 520 non-members. Of these, 303 were completed and returned. Survey results indicated that better quality speakers are wanted, more CME hours, lower dues and lower registration fees. Ms. Finley stated that a reduced price schedule begins this year for TOMA members in their first and second years of practice. Additionally, in an effort to get non-members to join TOMA, they will be asked to pay approximately \$100 above what members must pay.

Mr. Boucher presented the 1993 budget proposal, which was approved as presented. He reported that Dean, Jacobson Financial Services had signed a contract with IEC to sell malpractice insurance.

Mr. Boucher reported that the TOMA duplex in Austin was under contract and would be closed in several weeks. He said improvements were being made to the duplex and that some of the money from the sale would be used for relocation expenses for staff, since it was not budgeted.

Nelda Cuniff, D.O., TOMA's 1993 Program Chairman, reported on the tentative program for the annual convention. The first day will have a general program, with breakouts available for extra CME. On Friday, OMT will be presented in the morning, and Saturday morning will be devoted to occupational and environmental medicine topics. Dr. Cuniff stated that the new format this year will feature general lectures in the mornings in an attempt to avoid conflicts in the afternoon. Tentative number of CME hours is 21-23, plus three for exhibits and five for risk management, for a potential total of 29-32 CME hours.

Ms. Finley reported that the annual golf tournament would be scheduled for Sunday, rather than Friday morning. Additionally, TOMA will try to have Earl Campbell as a keynote speaker at the luncheon on Thursday. ▶

Mr. Boucher presented the new membership certificates which will replace the plastic membership plaques. He also presented a new membership service: wallet cards which show the new definition of osteopathic medicine on one side; the other side includes questions as to whether one is an organ donor, whether one has a living will or durable power of attorney, and the next of kin to contact. These cards, requested by Joseph Montgomery-Davis, D.O., were printed in response to a new Texas law whereby the medical examiner can harvest organs after four hours if no information to the contrary is found on the deceased.

Mr. Boucher gave a Sunset Commission update. He stated that the Sunset Committee had met twice regarding the Texas State Board of Medical Examiners and were focusing on three issues:

1. disciplinary procedures that the TSBME utilizes;
2. public members versus the number of physicians; and
3. mandatory CME for relicensure. Mr. Boucher stated the mandatory CME issue would probably pass, however, without a heavy impact on Texas D.O.s due to the AOA's CME requirement. He said TOMA will be working to make sure the CME requirement is profession specific (AOA for D.O.'s and AMA for M.D.'s).

T. Eugene Zachary, D.O., reported on a proposal from the AOA which spells out the accreditation requirements for Category 1 CME sponsors. He stated that the CME committee voted to not have unannounced survey visits or inspections. All visits would be announced except if there was a complaint against a sponsor. The fee has yet to be determined, both on an annual basis and for the inspection itself. Additionally, the committee voted to grandfather every current AOA Category 1 sponsor for the first year.

R. Greg Maul, D.O., TOMA Membership Committee Chairman, presented the membership report. The Board approved all applicants applying for regular membership and one applicant applying for associate membership. The Board also approved the waiver of a member's dues for one year due to disability.

David W. Tyler, D.O., Chairman of the TOMA Hospitals, Insurance and Peer Review Committee, reported that due to changes in the 1989 Medical Practice Act, the committee no longer had any teeth in their dealings. The Board approved suspending the activities of the committee, which includes accepting cases, pending one current case.

Dr. Zachary reported on activities of the Relocation Committee. If need be, TOMA might consider leasing until an appropriate building is found in Austin. Mr. Boucher mentioned that furniture from TOMA's Austin duplex was being moved either to an apartment in Austin he has rented, or would be stored until it could be moved into TOMA's new offices.

Dr. Montgomery-Davis gave an update on various issues. He reminded everyone to use the modifier 25 when charging for OMT and an office visit at the same time. He said that physicians should forward their CLIA certification number to National Heritage Insurance Company. Additionally, he informed everyone that the written acknowledgement for Medicaid non-covered services must now come from an exact statement found on page 20 of the *Medicaid Provider Manual*. ■

Stats to Ponder

- For every medical malpractice suit filed 30 years ago, 300 are filed today. Neurosurgeons, even with excellent records, can pay as much as \$220,000 a year for coverage. This often forces doctors to order unnecessary tests and perform unnecessary procedures to avoid being second-guessed in court.
- The U.S. will spend \$817 billion on health care in 1992. Of that amount a conservative estimate of \$200 billion can be considered waste, being spent on overpriced, useless, even harmful treatments, and on a bloated bureaucracy.
- Of the \$817 billion spent on health care, about 20 percent or \$163 billion will be spent on administration, a fraction on research, and about \$650 billion on actual patient care. At least \$130 billion will be spent on procedures and services that are clearly unnecessary.
- The General Accounting Office estimates that the U.S. could save roughly \$70 billion in 1992 alone by switching from our fragmented and inefficient insurance system to a single-payer system. These savings are roughly equal to insurance company overhead and hospital and administrative costs to apply for insurance coverage.

Excerpts from the Helen Farabee Lecture, 1992 Texas Rural Health Association Annual Conference, David Smith, M.D., Commissioner of Health, Texas Department of Health. ■

Introducing TOMA's 1993 Convention Program Chairman



The tremendous responsibility of compiling speakers and their topics for this year's annual convention, to be held May 13-16 in Austin, is being tackled by Nelda N. Cunniff, D.O., of Burleson.

According to Dr. Cunniff, a new format will be tried this year, whereby general lectures will be scheduled in the mornings in an attempt to avoid conflicts in the afternoons. Breakouts will be scheduled in the afternoons, with Sunday featuring the Risk Management Seminar. A program on occupational and environmental medicine will be presented on Saturday morning.

The tentative number of CME hours is 21-23, with an additional three for visiting the exhibit booths, and five for attendance at the Risk Management Seminar on Sunday, which adds up to a potential total of 29-32 hours.

Certified in general/family practice, Dr. Cunniff

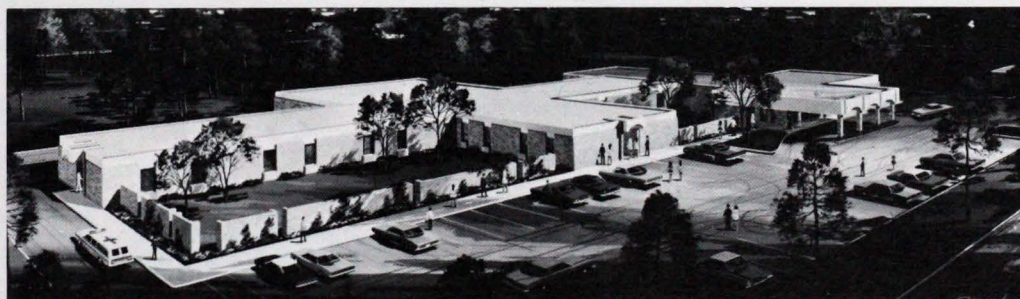
practices at the Old Towne Family Clinic in Burleson. She received her R.N. degree in 1963 from John Peter Smith Hospital in Fort Worth; her B.S. from Texas Wesleyan College, from which she graduated Cum Laude; and her D.O. degree in 1974 from Texas College of Osteopathic Medicine. She interned at Stevens Park Hospital in Dallas.

In addition to her general practice, Dr. Cunniff serves as a clinical preceptor at TCOM, and as a board member of the TCOM Foundation since 1987. She is a staff attending physician at both Osteopathic Medical Center of Texas (since 1975) and at Huguley Memorial Hospital (since 1977).

She has served as a TOMA delegate since 1982 and as a board member since 1990. Dr. Cunniff is also active in the Texas State Society of the American College of General Practitioners, in which she served as president from 1988-89; as a board member since 1985; and as the program chairman from 1986-87.

Other memberships include TOMA District II, in which she served as president in 1983; the National ACGP; the American Osteopathic Association; and the American Academy of Osteopathy.

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94th Annual Convention & Scientific Seminar

May 13-16, 1993

Stouffer Hotel, Austin, Texas

CME APPLIED FOR:
23 Hours General Session
5 Hours Risk Management
3 Hours Visiting Exhibits
TOTAL POSSIBLE: 31 Hours

REGISTRATION FEES ARE: 1. TOMA Members pre-registration — \$300; at-the-door — \$400;
2. 1st & 2nd Year in practice members pre-registration — \$200; at-the-door — \$300;
3. Spouses, Military, Retired, Interns, Residents and Associates pre-registration — \$150;
at-the-door — \$200; TOMA non-members pre-registration — \$400; at-the-door — \$500

PRE-REGISTRATION DEADLINE — MAY 1, 1993

Name _____ (please print) First Name for Badge _____
City _____ State _____ AOA Membership No. _____
D.O. College _____ Year Graduated _____
My Spouse _____ will _____ will not _____ accompany me.
(first name for badge)
My Guest _____ will _____ will not _____ accompany me.
(first AND last name for badge)

TOMA Annual Golf Tournament Registration

Name _____
City _____
Handicap _____

**\$50 per person
includes
½ cart, green fees, transportation
(Cash Bar)
Location to be announced
Sunday, May 16, 1993**

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Refund Policy

The REFUND POLICY for the 94th Annual Convention is as follows: All cancellations must be received in writing; no telephone cancellations will be accepted. A \$25.00 processing fee will be charged to all registrants who cancel. If cancellation is necessary, the following policy will apply:

More than 45 days prior to program, FULL REFUND (less processing fee).

30-45 days prior to program, 50 percent of fees paid will be refunded.

15-30 days prior to program, 25 percent of fees paid will be refunded.

Less than 15 days prior to program, NO REFUND.

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

94th Annual Convention & Scientific Seminar

"KEEPING CURRENT AND TOUCHING UP OUR OSTEOPATHIC ROOTS"

May 13 - 16, 1993

Stouffer Hotel

Austin, Texas

Clinical Program

Thursday, May 13

- 7:00 a.m. General Convention Breakfast
"Current Challenges in Osteopathic Economics"
Judith O'Connell, D.O.
- 8:30 a.m. "Health Promotion in the Workplace —
Smoking Cessation"
G. Don Byrd, M.S., Ph.D.
- 9:45 a.m. "Recurrent Bacterial Vaginosis"
Steve Buchanan, D.O.
- 10:30 a.m. "Panic and Anxiety Disorders:
Causes and Treatment"
David P. Colvin, D.O.
- 11:15 a.m. "The Child Who Won't Get Well"
Susan Dusek, D.O.
- 12:15 a.m. - Break with the Exhibitors
- 12:45 a.m. "Comprehensive Care of Menopausal and
Perimenopausal Disorders"
Phil Sarell, M.D.
- 1:30 a.m. To be Announced
- 2:30 p.m. AOA Luncheon

BREAKOUTS IN THE AFTERNOON

- 3 - 3 p.m. TMF Training for Review
- 4 - 5 p.m. "Steroids & Drug Use in Sports"
"Exercise RX for the Elderly Patient"
"Hytech Sports Training"
Bob Goldman, D.O., Ph.D.
- 5 - 5 p.m. Exhibits Open

Friday, May 14

OMT TO ENHANCE SPECIALIST CARE"

- 7:00 a.m. Breakfast with the Exhibitors
- 7:30 a.m. "A Bio-physiological Approach to the
Treatment of Otitis Media"
Mary Ann Block, D.O.
- 8:15 a.m. "OMT in Cardiology"
I. Philip Reese, D.O.
- 8:45 a.m. "OMT in Gastroenterology"
Monte R. Troutman, D.O.

- 9:15 a.m. "Myofacial Release Techniques"
Judith O'Connell, D.O.
- 10:15 a.m. Break with the Exhibitors
- 10:45 a.m. "OMT in Respiratory Disease"
Edward G. Stiles, D.O.
- 11:15 a.m. "OMT and the Hospitalized Patient"
Edward G. Stiles, D.O.
- 11:45 a.m. "Osteopathic Approaches to Common
Head/Neck Problems"
Carlisle Holland, D.O.
- 12:30 a.m. Lunch with the Exhibitors

BREAKOUTS IN THE AFTERNOON

- 2 - 4 p.m. "Appropriate Diagnosis and Treatment
of Dementia"
Roger Cadieux, M.D.
- 2 - 5 p.m. "ADA Update for Total Diabetic Care"
Richard Sachson, M.D.
- 2 - 5 p.m. Exhibits Open

Saturday, May 15

"OCCUPATIONAL AND ENVIRONMENTAL MEDICINE"

- 7:00 a.m. Breakfast with the Exhibitors
- 7:30 a.m. "Perspectives in Occupational Medicine:
An Overview"
Scott Taylor, D.O.
- 8:15 a.m. "Drug Testing in the Workplace"
Stan Weiss, D.O.
- 9:00 a.m. "Occupational Noise Induced Hearing Loss"
Roy Lowry, D.O.
- 9:45 a.m. "Pro-active Approach to Employee Health
& Safety in the Office and Work Place"
Mr. Jimmy Harper, Director of Programs
Worker's Health & Safety Division
Texas Worker's Compensation Commission
- 10:15 a.m. Break with the Exhibitors
- 10:45 a.m. "Avoiding Medical Fraud in Worker's
Compensation"
Mr. Jim Graham, Chief of Office Investigation
Division of Compliance and Practices
Texas Worker's Compensation Commission

- 11:30 a.m. "Occupational Disability, Determination, and Impairment Ratings"
William Pollen, D.O.
- 12:15 p.m. "Work Hardening Programs: Replacement and Rehabilitation"
Richard Friedman, D.O.
- 1:00 p.m. Lunch on your own

BREAKOUTS IN THE AFTERNOON

- 2 - 4 p.m. Effective Pain Control
Pain Initiatives; San Antonio

- 2 - 5 p.m. "Everything You Wanted to Know About Computers but were too Embarrassed to Ask Your Children — Part II"
Steve Kruger, Ph.D., President
TEI Computers
- 2 - 5 p.m. Exhibits Open

Sunday, May 16

- 8:00 a.m. - Risk Management
1:00 p.m.

1993 Convention Supporters

EXHIBITORS

AC Medical
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A.H. Robins
Allermed Corporation
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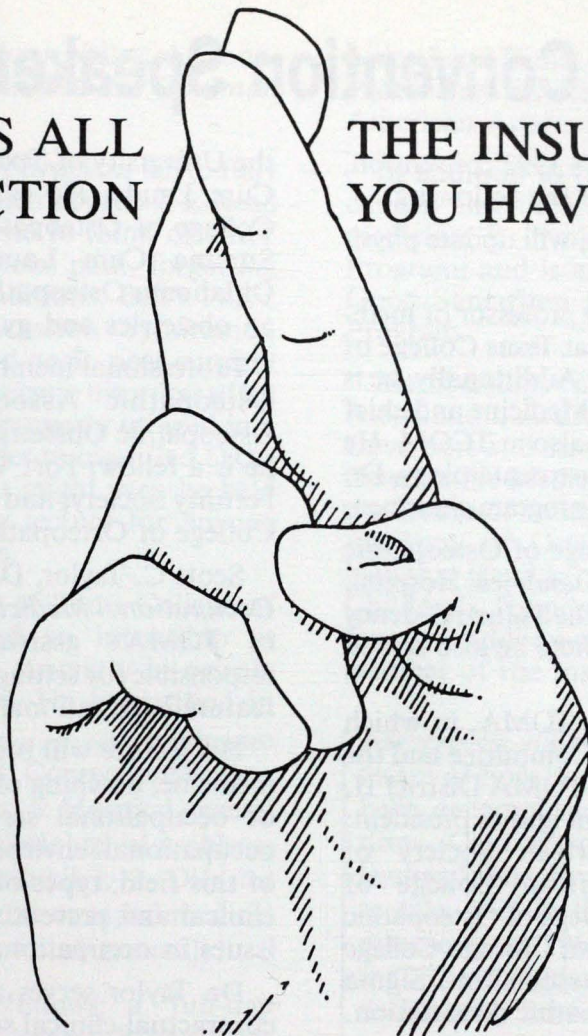
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Professional Medical Insurance Company
Rehabilitation & Workhardening Clinics
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Roerig Division, Pfizer Inc.
Ross Laboratories
Sandoz Pharmaceuticals
Savage Laboratories
Schering Laboratories
Southwest & Johnson X-Ray Company
Syntex Laboratories, Inc.
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Wyeth-Ayerst
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Texas ACGP Update

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

"Managed care" seems to be the healthcare buzzword for the new federal administration. In keeping with that concept, there are two managed care pilots currently being developed by the Texas Department of Human Services. "There have been two models proposed. One would involve the tri-county area of Galveston, Jefferson and Chambers counties. This model would stipulate that private practitioners be paid a case management fee along with their regular fee for services. Patients would be required to select a primary physician. The second pilot is an HMO model in Travis County. Medicaid clients will be allowed to enroll in an HMO of their choice and will have freedom of choice in selecting their physician within the model.

This is a two year project, after which on internal and external on the Public Information Committee and the Governmental Relations Committee; TOMA District II, in which he has served as vice president and as president; Texas Medical Foundation; American Society of Gastrointestinal Endoscopy; American College of Osteopathic Internists; American College of Osteopathic Internists, Gastroenterology Subsection; Chicago College of Osteopathic Medicine Alumni Association; Sigma Sigma Phi; and the American Osteopathic Association.

Additionally, Dr. Troutman serves on the Medical Advisory Committee of the Harris Health Plan; as Faculty Advisor for the Greater Fort Worth Society of Gastrointestinal Nurses and Associates; as a member of the National Credentials Committee of the American College of Osteopathic Internists; as a consultant to the American Osteopathic Board of Internal Medicine (Gastroenterology Certification Exam); as co-chairman of Endoscopy Services at Osteopathic Medical Center of Texas, where he also serves as a member of the Nutritional Support Service; as a consultant to the American Osteopathic Board of Internal Medicine; and as a member of the Texas College of Osteopathic Medicine Curriculum Committee.

Recurrent Bacterial Vaginosis will be presented by Steve P. Buchanan, D.O., FACOOG.

Board certified in obstetrics and gynecologic surgery, Dr. Buchanan serves as an associate professor in the Department of Obstetrics and Gynecology at Texas

College of Osteopathic Medicine in Fort Worth. He is also program director of the TCOM and Osteopathic Medical Center of Texas ob/gyn residency program; has direct supervision of residents and interns at OMCT; and is course director of Obstetrics 6447 and Gynecology 6448.

Dr. Buchanan earned his B.S. in Biology in 1977 from

From my experience in dealing with a nursing home in rural Texas, an important point has been missed. A backup system for pharmacies is needed just like the backup system for physicians. When medication is needed, delay can adversely impact on the patient's health and well being. Availability of physicians and pharmacies for 24-hour emergency service to nursing homes is limited in many rural areas of Texas. This issue is interesting because there will be no departmental fiscal impact. So the question is, if it is not going to save the State of Texas any money, why do it?

In my opinion, this is the opening salvo in an attempt to restrict or remove freedom of choice from the Texas Medicaid Program. Freedom of choice has been a hallmark of healthcare in Texas. To abolish it simply for

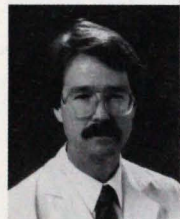
His lecture will provide an overview of occupational medicine, touching on a definition; objectives; providers of occupational services; an abbreviated history of occupational/environmental medicine; the importance of this field; types of occupational services, to include clinical and preventive; types of delivery systems; and issues in occupational medicine.

Dr. Taylor serves as corporate medical director and contractual clinical services for EmTech Environmental Services, Inc., and for Seats-N-Stuff, both in Fort Worth; as director and associate professor of the Occupational Medicine and Personal Health Division, Department of Public Health and Preventive Medicine at Texas College of Osteopathic Medicine; and as an occupational physician consultant and contractual clinical services for the Division of Federal Employee Occupational Health, United States Department of Health and Human Services. Additionally, he is currently working on his M.P.H. from the Medical College of Wisconsin.

Dr. Taylor received his D.O. degree in 1974 from the Kansas City College of Osteopathic Medicine (now the University of Health Sciences, College of Osteopathic Medicine), in Kansas City, Missouri, and interned at the U.S. Public Health Service Hospital in New Orleans.

He is certified by the American Osteopathic Board of Preventive Medicine in Preventive Medicine/Occupational-Environmental Medicine.

Professional memberships include TOMA; American Occupational and Environmental Medical Association; American Osteopathic Association; American Osteopathic Board of Preventive Medicine; American Osteopathic College of Preventive Medicine; and the Texas Occupational Medical Association. Dr. Taylor is also an Advanced Cardiac Life Support Instructor; an Ancient Free and Accepted Mason; board member of the American Heart Association; and medical director of the Cowtown Marathon.



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secretary, Keri Frugé, know if you are unable to attend this meeting. This will enable Dr. Rodney Wiseman to select replacements so we will have our full Texas ACGP meeting complement at this meeting.

Educational requirements for the American College of General Practitioners in Osteopathic Medicine and Surgery require that the active members document annually not less than 50 hours of postgraduate study, or a total of 150 hours of postgraduate study, or a total of 150 hours within a three year period. If you are certified, you must maintain 75 CME credits per year, or 225 over a three year period. In order to maintain their membership in the College, active members must register and attend at least one educational program sponsored by the College each three years. Educational programs associated with the source on this list will be recognized and appropriate credit for attendance given: 1. Educational symposia of ACGP or any affiliated college or academy of the AOA; 2. Postgraduate courses offered by any accredited college or university; 3. Divisional and national osteopathic conventions; 4. Component society meetings; 5. Hospital staff meetings; 6. Hospital general practice departmental meetings; 7. Sociological problems (not to exceed 10 credit hours annually); 8. Disaster medical care courses; 9. Audio-digest or taped medical programs (not to exceed 25 credit hours annually).

Credit hours are assigned as follows: a. full-day educational program — actual hours; b. half-day educational program — actual hours; c. evening educational program — actual hours; d. hospital general practice departmental meeting — one hour; f. The *Journal of Osteopathic Medicine* magazine — one hour per issue. Recognizing a certain limitation of educational facilities, the College will give individual consideration.

Relative values published in the November 25, *Federal Register* for the MO series for osteopathic manipulative management were disappointing. Overall, there was an average decrease of 2.38 percent in the total relative values for OMT codes. The only code to remain the same was O704.

HCFA has delayed implementation for CLIA until March 1, 1993. NHIC encourages providers to pursue the HCFA certification requirement and forward a copy of the certificate to NHIC's provider enrollment department. Please indicate your nine digit Medicaid provider number on all correspondence to NHIC.

In closing, we look forward to seeing you all on February 3, 1993, from 5:30 p.m. to 7:30 p.m., at the Omni Hotel Speaker's Lounge, 700 San Jacinto, Austin, Texas, to honor the members of the 73rd Legislature. This is a TOMA function which is supported by the Texas ACGP. Also, we look forward to seeing you in Orlando, Florida, at the National ACGP meeting. ■



February is American Heart Month

Through the efforts of millions of American Heart Association volunteers, Americans have become more aware of how they can live healthier lives. Much has been accomplished, but much more remains to be done. Cardiovascular diseases remain the nation's leading killers. Recognizing the need for all Americans to take part in the continuing battle against heart disease, since 1963 the U.S. Congress has mandated that the President issue a proclamation annually designating February as American Heart Month.

The AHA works with the Administration in the drafting and signing of this annual proclamation.

American Heart Month's purpose is for American Heart Association volunteers across the country to spend one to four weeks canvassing neighborhoods and providing educational information about cardiovascular diseases and stroke.

Source: Office of Public Affairs, February 1988; "Federal Register," Vol. 53, No. 15, Jan. 25, 1988.

The American Heart Association's national observance of American Heart Month is focusing much-needed attention on stroke. Stroke is this country's third leading cause of death. Today, however, because of new rehabilitation procedures and drugs, the outlook for stroke survivors is better than ever.

The best weapon against stroke is to reduce one's risks. Major risk factors that can be reduced through lifestyle modifications or treatments are: high blood pressure; heart disease; cigarette smoking; transient ischemic attacks; high red blood cell count.

Other controllable risk factors for stroke are: physical inactivity; elevated blood cholesterol; excessive alcohol intake; obesity.

The AHA's 1993 theme line for American Heart Month says it all — "We offer a special incentive for learning stroke's warning signs. It's called life."

FYI

SPINA BIFIDA RATE IS DECLINING

The Centers for Disease Control and Prevention says that the rate of Spina Bifida is declining in the United States. Incidence has fallen from 5.9 cases per 10,000 live births in 1984, to 3.2 cases per 10,000 live births in 1990.

CEREDASE IS COSTLIEST DRUG

The Congressional Office of Technology Assessment (OTA) released a report on October 5, 1992, on the most expensive drug ever to be manufactured, according to *Orphan Disease Update, Vol. X Ed. 3*. The orphan drug Ceredase, for treatment of Gaucher's disease, costs patients from \$71,160 per year (for 2.3 units/kg three times weekly), up to \$552,760 for a full-grown adult male (60 units/kg weekly). OTA estimates that the average per patient cost of Ceredase is \$382,200 for a 154-pound adult.

FEDS CUT FUNDS FOR AIDS PROGRAM

Citing three reasons — a shortage of money, diversion of money to other health programs, and disagreement about the right balance between treatment of AIDS and prevention, the federal government has notified states that funds for AIDS prevention programs are being decreased. Federal funds account for a huge majority of state spending for AIDS prevention programs. These programs include testing, counseling, partner notification and education. In Texas, federal funds are being cut 23 percent from 1991 levels, to \$6.8 million this year.

STUDENT LOAN DEFAULTERS WILL FIND SMALLER PAYCHECKS

The Texas Guaranteed Student Loan Corp., having just completed a pilot program whereby a portion of defaulters' wages have been withheld, is now ready to go statewide. All borrowers have been notified that the corporation

has the right to garnish their wages. Approximately 250,000 of more than One million borrowers in Texas have defaulted on loans since 1981. The average borrower owes \$2,500.

A loan is considered in default if no payments have been made for six consecutive months, although wage withholding won't be instituted until a loan has been in default for at least a year.

IRS FORMS REGS TO HELP TERMINALLY ILL RECEIVE INSURANCE MONEY

The Internal Revenue Agency has issued proposed regulations on how insurance companies can provide accelerated death benefits to policyholders, tax free. As the cost of medical treatment rises, accelerated death benefits are a viable option for the terminally ill. Although insurance companies had been operating in this area, there were no concrete guidelines as to the tax status of the payments. Hearings on the regulations will take place in March.

SCHOOL NURSES ARE PROVIDING BASIC MEDICAL CARE

Due to the national healthcare crisis, many families are viewing schools as a place for their children to receive basic medical care. The number of children school nurses in Texas see daily has more than doubled in the past two years, according to a survey of 60 percent of the state's student population by the Texas Association of School Nurses. In 1990, 198,980 students were seen daily, compared with 515,599 in 1992.

BANKRUPTCY DUE TO MEDICAL BILLS

A study of 24,000 debtors in Texas, California, Illinois, Pennsylvania and Tennessee, by the Consumer Bankruptcy Project, found that 12.4 percent of bankruptcies filed in 1991 were due to unpaid medical bills. In 1981, the percentage was only three percent.

TEXAS IS TOPS IN UNINSURED

A report by the consumer group Public Citizen, and Physicians for a National Health Program, reveals that Texas led the nation in the proportion of residents with no health insurance in 1991. More than one-fifth of Texans lacked health insurance, marking the third consecutive year that Texas has shown the highest percentage of uninsured residents.

Nationwide, the study showed that the number of Americans without insurance in 1991 totaled 35,445,000, which is 14.1 percent of Americans. In 1990, 13.9 percent lacked health insurance, and in 1989, the figure was 13.6 percent.

RETIREMENT HAVEN FOR FAMILY PETS OPENS

Texas A&M University has come up with a novel idea for pets who outlive their owners — a lifetime pet center has been constructed on the outskirts of the university. There will be different rooms for dogs and cats, furnished in the manner of regular homes, where animals can play with their own kind, receive visitors, and have their health care needs monitored by Texas A&M staff. A \$25,000 endowment is required for a dog or cat, while a horse or llama runs \$50,000. There will be no experimentation, only observation and documentation.

EPA BEGINS ENVIRONMENTAL STUDIES ON BORDER AREAS

An environmental health monitoring program has begun in Brownsville, Cameron County and Matamoros, in an effort to gather information regarding the high incidence of babies born with neural tube defects. The Environmental Protection Agency will begin with air monitoring, then move on to sampling the water and studying the diets of the people in the area. Although the birth defect issue is a big area of the study, the intent of the program is to develop a plan to address the environmental quality and health on the border.



Because One Size Doesn't Fit All...

New Humulin 50/50 is the tailor-made answer to individual patient needs. A unique combination of equal amounts of Regular human insulin and NPH human insulin, it will be useful in situations in which a greater initial insulin response is desirable for greater glycemic control.

Like Humulin 70/30*, new Humulin 50/50 offers the convenience and accuracy of a premix. And it can be used in conjunction with an existing 70/30 regimen.



New **Humulin** ⁵⁰/₅₀

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isophane suspension
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(recombinant DNA origin)

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WARNING: Any change of insulin should be made cautiously and only under medical supervision.

*Humulin® 70/30 (70% human insulin isophane suspension, 30% human insulin injection [recombinant DNA origin]).



Global Excellence in Diabetes Care

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D.O.s IN THE NEWS

Editor's Note: TOMA districts are encouraged to send in any news regarding TOMA members for submission in the "Texas DO." Send us information about awards, positions, items from your local papers and/or hospital newsletters, etc., and we'll make every effort to print them.

Dumas Osteopath to Retire from Practice After 48 Years

By Gardner Collins, News-Press editor



Dr. J. Paul Price Jr.

A longtime Dumas resident, Dr. J. Paul Price Jr., 73, will retire January 8, closing up the general osteopathic medical practice he has maintained for more than 48 years.

Fresh from an internship at Amarillo Osteopathic Hospital in October 1944, Dr. Price chose to set up a practice in Dumas. He opened a small office on October 12 on Dumas Avenue.

The office also was his residence.

"There were only 2,500 - 3,000 residents here then," the longtime city resident says. "There were only two medical doctors in town then — Dr. Frank Reed and Dr. T.G. Brown. Dr. Brown operated a hospital in the 500 block of Dumas Avenue.

"The highway — Dumas Avenue — was only a 20-foot strip of pavement and Seventh Street wasn't even paved," Dr. Price continues his recollection of Dumas. "When it rained, the streets were pure mud. It was a mess."

The Dumas osteopath selected the community from a list of 13 given to him by the State Board of Health — an agency which has since become the Texas Health Department.

He explains that osteopaths then could not enter military service or the medical branches of the armed forces. However, they were granted presidential deferments from World War II duty.

Since many rural communities were without doctors during the war, osteopaths were encouraged to establish practices in those small towns.

"Out of the 13 towns, I only visited three — Dumas, Stratford and Canadian," Dr. Price recalls. "The first time I saw Dumas was in August 1944."

The Dumas resident is a third generation osteopathic physician. Both his grandparents, Dr. J.A. Price and Dr. Emma Price, and his father, Dr. J. Paul Price Sr., were osteopaths.

His father practiced in Hannibal, Missouri, for a number of years, moving to Oklahoma City in 1931 when the younger Price was 12 years old.

The Dumas resident took his pre-medical education at William Jewell College at Liberty, Missouri, and earned his doctor of osteopathy degree at Kirksville College of Osteopathic Medicine in 1943.

He took his internship at the Amarillo hospital.

"The first day I opened my office, I treated four patients," Dr. Price recalls. "The next day was better — there were only two."

He also remembers that the first winter in Dumas was a long one, explaining that the Star Theatre burned and there was little or no entertainment in town.

After nine months in Dumas, he and his wife, the former Beth Dougherty, were married in Chillicothe, Missouri, in June 1945.

"We met in college," the longtime resident explains. "She wanted to finish college and I didn't have any money. She thought Dumas was the end of the world then."

The couple managed, spending the first week of their marriage in the office. Then they found their first home and moved in.

They have raised two children here, J.R. Price of Fort Worth, who is a U.S. Postal Service inspector, and Peggy, an interior designer in Kansas City, Missouri.

"They are both Dumas High School Tech graduates and Texas graduates," Dr. Price adds.

A member of the Dumas Noon Lions, Dr. Price was among the group which started the Dogie Days celebration. Then it was held on the Moore County Courthouse square.

Dr. Price and his partner, Dr. D.E. Hackley, managed a confection stand, selling ice cream sandwiches for 10 cents each.

"There wasn't much to Dogie Days, just a merry-go-round and a few kiddie rides," he recalls. "It was all held on a lot at the corner of Seventh and Bliss where North Plains Savings and Loan is now."

Dr. Hackley stayed in Dumas two years before moving to Spearman.

During a 10-year period in his practice, Dr. Price did deliver babies. However, he tended to specialize.

"The practice I developed was office oriented, not hospital oriented," he says. "If I had the hospital part, I would have retired a long time ago."

Looking back on his practice, Dr. Price notes that he is still treating people who became his patients in the 1940s.

"This town has been good to me and I've made lots of wonderful friends," he concludes. "My wife and I will stay here. We're going to do lots more traveling and am going to fish a lot more."

printed from the Moore County News-Press, December 20, 1992.

* * * * *

Drs. Luz Candelaria and Hector Lopez Are "Most Caring Doctors"

TOMA members Luz A. Candelaria, D.O., and Hector Lopez, D.O., both of El Paso, were nominated as "Most Caring Doctors" in a recent survey by the *El Paso Times*. The article featured the "best of the border" in various specialties, such as lawyers, the teacher who makes a difference, best cop out on the beat, etc. Nominations were made by the public.

TOMA congratulates Drs Candelaria and Lopez on this honor. ■

FDA Ok's Taxol

Taxol, a substance found in the bark of the Pacific yew tree, has been approved by the Food and Drug Administration for the treatment of ovarian cancer. Although it cannot cure cancer, it has been shown to slow the progress of cancer in up to 30 percent of patients. Taxol is also being investigated as a possible treatment for breast and other cancers.

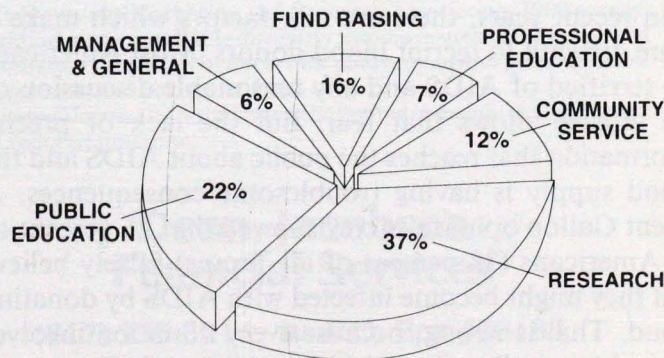
Brown Elected to IWCF Board

Todd K. Brown, executive director of the Texas Workers' Compensation Commission, has been elected to the Board of Trustees of the International Workers' Compensation Foundation (IWCF).

The IWCF is the educational and research affiliate of the International Association of Industrial Accident Boards and Commissions, an organization of workers' compensation program administrators in the United States and Canada. The IWCF was founded in 1988 to fund research and educational programs on workers' compensation and related issues. The IWCF underwrites major educational conferences on workers' compensation each year in Texas, Arkansas and Florida.

Brown is also chairman of the IAIABC's Claims Management Practices Subcommittee. He has been executive director of the Texas Workers' Compensation Commission since July 1992. ■

How Your Heart Dollars Were Invested



These figures are averages for the American Heart Association, Texas Affiliate, 1991-92.



American Heart Association
Texas Affiliate, Inc.

Blood Bank Briefs for Physicians

Where Have All the Blood Donors Gone?

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



There is a need for about 200 units of blood each day at Carter Blood Center, 700 units of blood each day in North Texas and 40,000 units of blood each day across the United States.

The need for blood is both acute and continuous. Imagine, if you will, that you have just received word you may need surgery. Fortunately, for some type of surgeries, you may have time to plan ahead for your blood needs by giving your own blood prior to surgery. However, less than five percent of units donated annually, originates from autologous (self) donations.

In truth, most blood transfusions are the result of trauma caused by automobiles, household or workplace accidents, or the outcome of long-standing, medical conditions such as malignancies. Very often medical treatment may extend over several years, exhausting any individual resources to support extended use of blood components, or, illness, like traumas, may arise suddenly and without warning, providing no opportunity to predonate your own blood or to seek help from others.

In recent years, there are new factors which make it more difficult to recruit blood donors. Most Americans are terrified of AIDS and any reasonable discussion of the disease allows that fear. But the lack of precise information that reaches the public about AIDS and the blood supply is having troublesome consequences. A recent Gallop opinion survey showed that 26 percent of all Americans (33 percent of all Texans) falsely believe that they might become infected with AIDS by donating blood. That is wrong, because every donation involves use of a sterile, disposable needle and chance of transmission is zero.

Safeguards to protect the blood supply have expanded donor history questions which uncover and exclude individuals with high risk behaviors such as use of illicit drugs. Further, many previously dedicated donors are no longer eligible because of improvement in technology such as those revealing silent infections of hepatitis not detectable by earlier screening tests. Tests have expanded to a total of eight tests conducted for infectious diseases on each unit of donated blood (e.g., hepatitis B surface antigen, Alanine Amino Transferase, Antibody to Hepatitis B core, Antibody to Hepatitis C virus, Antibody to Human Immunodeficiency Virus 1,

Antibody to Human Immunodeficiency Virus 2, Antibody to Human T Lymphotropic Virus I/II, and the Serological test for Syphilis. There is a five to six percent loss of blood donors each month to testing.

Blood shortages do occur periodically. These are recent contributors: Holiday and vacation periods, particularly through summer and especially Christmas; adverse weather conditions; epidemic illness such as the 1992 wave of influenza; and mismatches in supply and demand for certain blood types.

Blood shortages do not lessen the need for blood transfusion. One of the least publicized consequences of increased violence in our community is the rising demand for blood and its components in our emergency rooms. For every murder, statistics tell us that there are many cases of aggravated assault which result not in death, but in injury so severe that surgical intervention is required. These appalling events subtract from our already strained blood supply.

The current economic downturn has resulted in a loss of jobs in our community, reducing the workplace donor base. Loss of jobs additionally induces a climate not conducive to feelings of philanthropy resulting in fewer responding to our call for blood donations.

A blood bank is based on the obvious underlying principle "for every pint of blood used, one pint must be replaced, processed and made ready for the needs of someone else." Your life, or the life of a relative or your patient, may one day depend on a blood transfusion. This is almost certain considering the everyday occurrences of injuries and illness requiring blood. When the need strikes, will the proper blood be available? Our community needs (a family of our 60 hospitals and facilities in North Texas) — your needs, depend on your willingness to be a blood donor and to stress the necessity of blood donations to your healthy patients and the family and friends of your patients. ■



**Professional
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Richard R. Keene, M.D., F.C.A.P.

P.O. Box 64682 Dallas, Texas 75206

How do you treat severe paralysis of the paycheck?

Medical school probably covered everything except how to deal with a disability. It can happen to anyone. Even you. In fact, if you're 35 now, you have a 45 percent chance of becoming disabled before age 65.¹ Without disability insurance, that's a 45 percent chance your income could wind up in critical condition. Should disability strike, how long could you keep your home? Make car payments? Provide for your family?

Provident, the nation's leader in individual non-cancellable disability insurance,² can provide the perfect prescription, offering comprehen-

sive "your occupation" protection. That means Provident pays if you can no longer work in your own medical specialty regardless of how much you earn working in a new career or a new specialty. And the policy is non-cancellable, so your premium rate will be guaranteed for as long as you own the policy.³

Make an appointment for a disability insurance checkup. Call Dean, Jacobson Financial Services for more information about this important coverage. We have more than 25 years of experience in the medical profession. Discounts are available to TOMA members.

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

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

³ Coverage for mental disorders can be limited in certain circumstances for a reduced premium.

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ATOMA NEWS

President's Corner

By Peggy Rodgers

Happy New Year! I hope all of you had as wonderful a holiday as I did. This year has started out with a bang as I have renewed energy for the upcoming events. We are beginning our fund raiser now, and you will be receiving correspondence from the board to get a jump on selling raffle tickets. We really appreciate your support in this endeavor. Last year we raised over \$22,000 and we would like to continue each year to support our fund raiser in order for us to make much needed contributions to scholarship, research, student loans, and ad campaign funds. In my next article, I will be disclosing more details on the trip as well as activities on President's Night.

December was a particularly busy month for me and the deadline for submitting an article absolutely escaped me. I would like to express my thanks to the S.A.A. and Carol Perks for a very nice evening. We had dinner and a gift exchange that was a real hoot. We had a Chinese exchange where you can take any previous gift that has been received instead of one under the tree. Lots of fun!

District II invited me to their Christmas party at the Fort Worth Club for a very delightful evening on December 3. I would like to extend my thanks, as well as the thanks of the whole state, to District II for all the hard work they give to S.A.A., the State Board activities, NOM Week, and all the activities to raise scholarship and medically related funds. Thanks and appreciation from all of us to you for all you do to support the Auxiliary and Osteopathic Medicine.

I also attended the District XV cookie exchange on December 12 at Gladys Matthew's house. We had lunch, and of course, some wonderful goodies for dessert. It was great to have some goodies the next week from the exchange.

My thanks to S.A.A., District II and District XV for their gracious invitations. If I could relay only one message, it would be that we are in this together and we need to work together in order to stay alive and well in today's world. We are so caught up in our every day lives, it is very difficult to spare the time for one more thing. It would be very easy for ATOMA to disappear, but with the support of everyone I met in December, we have a very bright future.

Now that Christmas is over, a great New Year's resolution would be to increase our membership. I would like to make a request of each district to bring in new members by the time the state convention rolls around, whether it is residents, interns, or those who should be regular members. If each of us could make one phone call before your district meeting to someone who could be a potential member and meet them there, it would

be a tremendous addition to our auxiliary and support group. If you are in an unorganized area, you might consider having a fun gettogether just to share a common interest. Please accept a challenge to bring in as many new members in as you can by State Convention.

Please put the dates for State Convention on your calendar, May 12 - 15 in Austin. We would love to see you there. If you do decide to come and you are not a delegate or officer, you are more than welcome to come to our House of Delegates as members at large.

Also make your presence known to others so that we may get to know you. So many have told me that they attended the convention and no one spoke to them. But it is hard to speak to you if we are unaware of your presence. Please make an effort to attend the functions and the House of Delegates. We also need help at the membership table if you are not actively involved with the House of Delegates. If you are able to help us out in this regard, please contact Carol Ann Gafford. It only entails an hour of your time, selling t-shirts, and recruiting new members. It is also a great time to meet people and for us to get to know you.

I have had a very busy but productive year with ATOMA because I have seen so much being done and so many working together to bring ATOMA back to the future. Thanks to all who are becoming a part of our future.

*The annual
District II, A.T.O.M.A. Wintercrest Ball
presents
"Mardi Gras Magic"
on February 27th
at Mira Vista Country Club.*

*The evening includes:
Casino Gambling
Auctions
Dancing to Alibi
Midnight Breakfast*

*Chairmen for the event are:
Chris Brenner and Kae Smith*

Price is \$100 per couple

*For reservations, contact:
Val Lowery — 763-0766*

*Proceeds benefit Osteopathic Scholarships
and local charities*

As the Auxiliary to the Texas Osteopathic Medical Association, our primary function is to supplement and reinforce programs and goals of the Osteopathic profession in Texas wherever the need exists and whenever we are called upon for our assistance.

The TOMA 1992-93 Membership Directory lists more than 1,000 D.O.s who are members of one of the 18 TOMA Districts. The majority of these D.O.s have spouses (such as yourself) who are eligible for membership in ATOMA, but fewer than one-fourth of them belong! **Just imagine what could be done in support of the Osteopathic profession if the number of ATOMA members was doubled!**

As the spouse of a D.O., you are part of the osteopathic family. As a member of ATOMA, you can help that family *grow, strengthen and prosper.*

Now, more than any time in recent history, it is *imperative* that we, in the medical community, band together to support the practice of medicine as we know it today.

Whether you are in an organized or unorganized district, *YOUR* membership in ATOMA is needed. Please make your ATOMA membership a priority, and mail us your dues and membership form before February 28, 1993.

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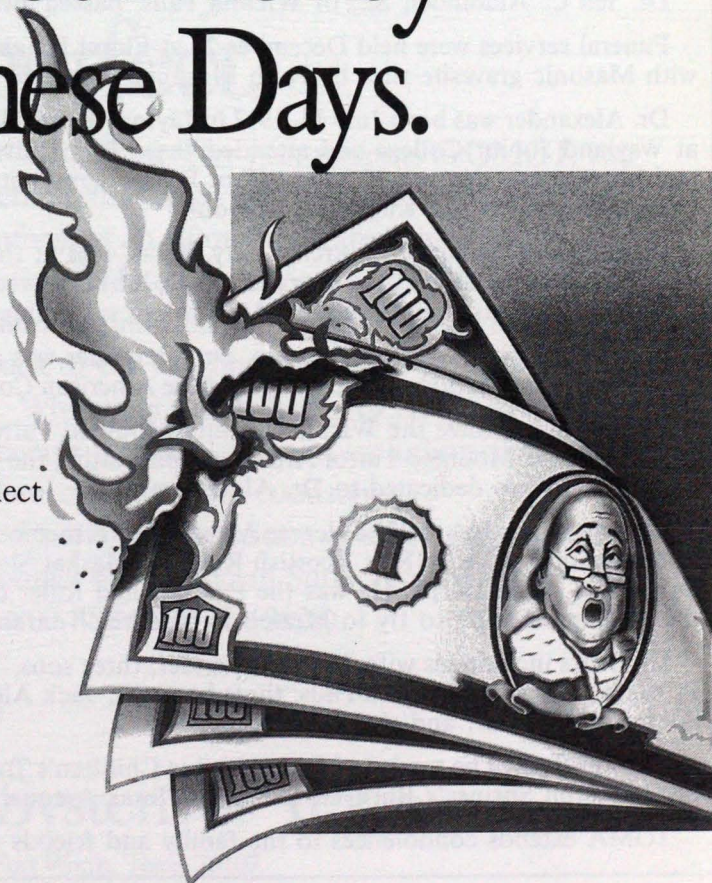
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HCFA Offers Incentives for Electronic Claims Filing

In late November, the Health Care Financing Administration announced changes that would benefit those who utilize electronic media claims (EMC) for Medicare. Beyond decreasing the amount of paper claims being filed, EMC filing is said to cut costs, decrease errors and speed up the entire process.

The changes, effective, January 1, 1993, include:

- paying clean EMCs after the standard 14-day waiting period, and extending the payment turnaround for clean paper claims to 27 days;
- developing a system to electronically deposit EMC payments directly into a physician's bank account;
- broadening the definition of EMC to include claims sent by fax, computer diskettes and by computer modem;
- developing a service that permits physicians to use their computers to determine the status of their claims, IF they file at least 90 percent of their Medicare claims electronically. This is known as the Part B Status Inquiry and qualified physicians can receive the software at no charge; and

- providing toll-free phone numbers for participating physicians to use in submitting claims.

Before filing by computer modem or computer tape or diskette, physicians should contact the Provider Automation Department at Blue Cross and Blue Shield of Texas to ensure using the correct forms and software. Basic EMC-filing software is available at no charge from Blue Cross. It should be noted that several test runs will be performed to make sure the process runs smoothly.

Similarly, physicians who plan to fax claims should contact the Provider Automation Department so that a receiving file can be set up. The ability to fax claims is a boon to offices who don't have computerized systems as well as to offices who deal with small numbers of Medicare claims.

Physicians needing information and/or help on EMC filing should contact Blue Cross and Blue Shield of Texas, Provider Automation Department, P.O. Box 655924, Dallas, Texas 75265-5924; or call the Provider Automation Helpline at (214) 669-5480.

In Memoriam

Ted C. Alexander, Sr., D.O.

Dr. Ted C. Alexander, Sr., of Wichita Falls, passed away December 18. He was 75 years of age.

Funeral services were held December 21 at Floral Heights United Methodist Church, with burial in Rosemont Cemetery with Masonic gravesite rites by Faith Masonic Lodge.

Dr. Alexander was born July 14, 1917 in Jayton, Texas. He and Betty Ruth Simpson were married in 1942. He began college at Wayland Junior College and attended Texas Tech University. He received his bachelor's degree from McMurry College and his master's degree in biology from Baylor University. In 1943 he earned his D.O. degree from Kirksville College of Osteopathic Medicine, Kirksville, Missouri.

He practiced medicine in Archer City, Texas, and at the Alexander Clinic in Wichita Falls for 45 years. Dr. Alexander had been an active TOMA member since 1944, having served as a TOMA delegate and as a member of the TOMA Publications Committee. He also supported TOMA through sustaining membership. In 1984, he was awarded TOMA life membership.

In addition to TOMA membership, Dr. Alexander was a member of TOMA District XVI; life member of the American Osteopathic Association; and a member of the American College of General Practitioners in Osteopathic Medicine and Surgery.

He helped organize the Wichita County Mounted Patrol and served as president for seven years. He was instrumental in building the Mounted Patrol Arena and promoting the Red River Rodeo. In 1990, the Wichita County Professional Red River Rodeo was dedicated to Dr. Alexander.

Dr. Alexander was a 32nd degree Mason and a member of Faith Lodge No. 1158 and Archer Lodge No. 708. He was also a member of York Rite, Scottish Rite and Maskat Shrine, where he was a Temple Guard, and, at one time, was in the Drum and Bugle Corps. He was the Past Exalted Ruler of the Elks Lodge No. 1105. Dr. Alexander was also involved in the DoCare Mission to fly to Mexico to treat the Tharahamara Indians.

Survivors include his wife, Betty Alexander; three sons, Ted C. Alexander, Jr., D.O., Jerry M. Alexander, D.O., and David P. Alexander, all of Wichita Falls; three brothers, Jack Alexander of Big Spring, Joe Alexander, D.O. of Abilene, and Bob Alexander of Spur; and six grandchildren.

Memorials may be made to Maskat Shrine Children's Transportation Fund, 1100 Lamar Street, Wichita Falls, Texas 76301 or Galveston Shriner's Burn Hospital, 610 Texas Avenue, Galveston, Texas 77550.

TOMA extends condolences to the family and friends of Dr. Alexander.



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Osteopathic Health System of Texas

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AOA Washington Update

AOA Assists in Developing Relative Values

The AMA/Specialty Society RVS Update Committee, commonly referred to as the "RUC" provides a forum for the AMA, the AOA and national allopathic medical societies to develop recommendations for the physician work components of Medicare's resource-based relative value scale (RBRVS) for new and revised Current Procedural Terminology (CPT) codes.

As reported previously, the AOA is represented on the RUC by Ray Stowers, D.O. of Medford, Oklahoma. The RUC was established in November 1991; the AOA was invited to participate in the Spring of 1992.

During its first year, the RUC established procedures that allow specialties to reconcile their different points of view and reach agreement on relative values for these services. In July 1992, despite a highly compressed schedule the committee submitted its first set of recommendations totalling 253 to the Health Care Financing Administration. Approximately 75 percent of these recommendations were accepted by HCFA for use in updating the 1993 Medicare payment schedule.

In addition to the 253 new and revised codes for which the RUC submitted recommendations, the 1993 Medicare payment schedule also reflects changes in the relative values resulting from HCFA's refinement process. The November 1991 *Federal Register* provided a 120-day comment period on the Medicare RVS. During this period, HCFA received comments regarding the relative values assigned to about 700 CPT codes. HCFA's refinement process was developed to respond to these comments. The combination of the RUC's recommendations and HCFA's refinement process affect about 15 percent of the CPT codes in the 1993 Medicare RVS.

The next RUC cycle begins on January 29 at which time the osteopathic surgeons, through the American Osteopathic Association, will be recommending appropriate work relative value units for new and revised stomach excision codes. These recommendations will be derived from the responses of 30 osteopathic surgeons to a survey instrument which uses magnitude estimation. First, the respondent will provide estimates of the physician work associated with the stomach excision procedures. Next, he will identify one or more key reference services used to develop this estimate. The respondent also will be asked to describe the typical patient to whom he provides the services. Finally, he will provide information on the frequency with which he renders the service and the average time it takes to perform the procedure. Once the results of the survey are compiled and analyzed, written recommendations are disseminated to the RUC prior to the meeting, at which time the osteopathic surgeons will make an oral presentation explaining the written recommendation. The RUC then will either accept, refer back, or modify the specialty recommendations before submission to HCFA.

The RUC meets three times per update cycle to consider new and revised CPT codes. The AOA expects to participate extensively as new codes are considered, especially those involving cognitive services.

AOA Testifies to Practicing Physicians Advisory Council

The AOA recently testified at a meeting of the Practicing Physicians Advisory Council which was established by Congress in response to physician concerns about the increasing "hassle factor" created by Medicare regulations. The Council is charged with reviewing Medicare policy and regulatory proposals and making recommendations to the Secretary of the Department of Health and Human Services on behalf of practicing physicians. The 15-member Council consists of representatives of most major medical specialties as well as representation from the AMA and the AOA.

The December 1992 meeting of the Council focused on the implementation of the new evaluation and management (EM) codes and the further refinement of their definitions. The Council also considered documentation guidelines developed by HCFA staff to assist physicians in meeting the requirement that all codes be supported by appropriate documentation in the medical record.

The AOA's testimony was given by Michael Trahos, D.O., of Alexandria, Virginia and focused on the need to ensure adequate education of physicians well in advance of implementation of any punitive measures for the incorrect use of the codes. The AOA also argued that the education process regarding EM codes should begin early in the medical education process to better equip new physicians with the mindset needed to incorporate the content of the service rendered in the office visit.

Finally, the AOA argued that the Council should urge HCFA to consider individual physician practices in the review of EM services and documentation requirements. The testimony highlighted the fact that physicians have only recently had their patients' medical records subjected to review by non-physician reviewers. This new development creates another burden for physicians in documenting the care they provide by making it necessary to write medical notes that are understandable to individuals beyond their colleagues. The AOA urged that physicians be given more time to assimilate and become accustomed to standardized documentation requirements in light of these new developments.

In addition to the AOA, other physician organizations testified including the American Academy of Family Physicians, the American Society of Internal Medicine and the American College of Emergency Physicians. Much of this testimony echoed many of the same concerns raised by the AOA. To demonstrate the frustration that physicians

experiencing about the new EM coding system, the EM representative relayed a story about a colleague who chose to downcode all his office visits rather than struggle to learn the new coding system or risk a Medicare audit for coding incorrectly. To his dismay, however, the Medicare carrier picked up on this practice and sent him a letter warning that he was coding 99214 too frequently which sounded like a red flag. The Council responded with dismay and pledged to highlight these concerns with HCFA.

The next meeting of the Council will take place in March, 1993. The agenda has not yet been set.

Council to Re-Examine Access Proposal

The AOA Council on Federal Health Programs will meet on January 29, 1993 in Washington, D.C. to develop further the profession's position on health reform proposals and assurances to improve access to health care. The Council developed the current AOA position on access which supports incremental approaches to revise the nation's health system and to improve health care access. At the time the Council defined its position, however, it realized that health policies on access to health care were evolving and would need revisiting. To this end, a large portion of the January 29th Council meeting will be devoted to establishing more innovative proposals on the issue of access to health care. Once such proposals are defined, the Council will share them with the new Administration and ensure the osteopathic voice in any upcoming reform.

Key House Committees Grant Seats to Women, Minority, Freshman Members

Doubling their numbers on the powerful Appropriations, Energy and Commerce and Ways and Means Committees, women and minorities are off to a headstart for the 103rd Congress. Gearing up for the first 100 days of the Clinton Administration, the Congress filled nearly 200 open committee seats — the most in 44 years. Freshman representatives secured seats on each of the Committees with jurisdiction over health legislation.

Despite reports to the contrary, Democrat Member-Elect Carrie Meek (D-FL) won a coveted seat on the Appropriations Committee — a feat even veteran reps said she couldn't pull off. The Energy and Commerce Committee also named its share of freshman members including optometrist Mike Kreidler (D-WA) who is expected to have a good shot at a seat on the subcommittee on health. Other freshman members of the Committee include Marjorie Margolies Mezvinsky (D-PA), Lynn Hanen (D-CA), Sherrod Brown (D-OH), Jim Greenwood (D-PA), and Michael Crapo (R-IN). Finally, the freshman class garnered one seat on the Ways and Means Committee which went to Mel Reynolds (D-IL).

While the subcommittee seats will not be finalized until January, the fact that freshman members won seats on these coveted committees is definitely a sign of change on Capitol Hill. Furthermore, the organized freshman class, making up over one-fourth of the membership of the House have demonstrated their political clout which is likely to change the dynamics of the legislative process.

1993 Medicare Fee Schedule Published

One year after publication of the final rule on the physician payment reform, the Health Care Financing Administration (HCFA) published on November 25, 1992 the further refined Medicare Fee Schedule (MFS) for 1993. The revisions are the result of a long and arduous process which included the review of almost nearly 800 current service codes and approximately 250 new or revised codes.

Services that gained in the process include critical care, heart-bypass procedures and home and nursing facility care. Losers in terms of total dollars generated from Medicare are hospital care, cataract extractions, follow-up inpatient consultations and eye exams for established patients.

One controversial question which arose during the refinement process pitted primary care physicians against highly specialized practitioners. The question entailed the assignment of relative values for evaluation and management services and considered whether the intensity of the service remained constant over time or whether it increased during the length of the visit. The family physicians and the AMA argued that the intensity of the mental effort, judgement and psychological stress are greater at the initial part of the visit and decrease as the process of formulating and refining a differential diagnosis takes place. Therefore, they argued that the work values for the lower level office visits should be increased. The specialists argued however, that the opposite occurs and as the visit time lengthens, the physician's work increases since the longer visits represent more complex cases and require greater mental effort and medical judgement. Because of the great divergence of opinion on this matter, HCFA refused to accept either set of arguments and allowed the intensity of the visit codes to remain the same over time.

Tax Bill Is Likely to Be Resurrected

Key House and Senate Committee aides said recently that the tax legislation which was vetoed by President Bush on November 4 is likely to be revived in the 103rd Congress. As reported previously, the bill included a number of important Medicare and Medicaid provisions which would assist hospitals, physicians and suppliers with payment and policy decisions under the federal health programs. Aides reported that the high priority items include extending rural referral status to 78 hospitals; continuing higher payments through 1994 for small rural, Medicare dependent hospitals; restoring payment for the interpretation of electrocardiograms (EKG); and, repealing the Medicare rule which reduces Medicare payments to new physicians.

While the bill would once again be required to be approved by all the appropriate committees and be passed by both Houses before arriving on the President's desk for a signature, the conventional wisdom says that these items are important and non-controversial enough to yield smooth and swift consideration. Nonetheless, as it has been said before, you never can tell on Capitol Hill. The moral is "stay tuned."

Campus Talk

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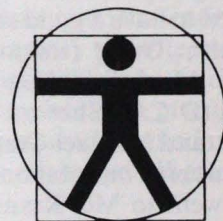
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Send CV to:

Nick Curry, MD
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TOMA-PAC 1992 Election Results

The TOMA-PAC-endorsed candidates who won election on November 3 are as follows:

Texas Senate

District 1	Bill Ratliff, R* — Mount Pleasant	District 15	John Whitmire, D* — Houston
District 6	Dan Shelley, R — Houston	District 19	Gregory Luna, D — San Antonio
District 10	Chris Harris, R* — Arlington	District 20	Carlos Truan, D* — Corpus Christi
District 12	Mike Moncrief, D* — Fort Worth	District 25	Bill Sims, D* — San Angelo
District 13	Rodney Ellis, D* — Houston	District 28	John Montford, D* — Lubbock
District 14	Gonzalo Barrientos, D* — Austin	District 30	Steve Carriker, D* — Roby

Texas House of Representatives

District 2	Tom Ramsay, D — Mount Vernon	District 90	Doyle Willis, D* — Fort Worth
District 4	Keith Oakley, D* — Terrell	District 91	Bill Carter, R* — Fort Worth
District 5	Bob Glaze, D* — Gilmer	District 92	Carolyn Park, R* — Bedford
District 9	Jerry Johnson, D* — Nacogdoches	District 96	Kim Brimer, R* — Kennedale
District 16	Bob Rabuck, R* — Conroe	District 97	Anna Mowery, R* — Fort Worth
District 21	Mark Stiles, D* — Beaumont	District 98	Nancy Moffat, R — Southlake
District 25	Jack Harris, R* — Pearland	District 99	Ken Marchant, R* — Carrollton
District 34	Hugo Berlanga, D* — Austin	District 103	Steve Wolens, D* — Dallas
District 40	Eddie de la Garza, D* — Edinburg	District 105	Al Granoff, D* — Dallas
District 43	Pedro Neito, D — Uvalde	District 107	David Cain, D* — Dallas
District 44	Richard Raymond, D — Benavides	District 108	John Carona, R* — Dallas
District 47	Susan Combs, R — Austin	District 109	Helen Giddings, D — Dallas
District 56	Kip Averitt, R — Waco	District 110	Jesse Jones, D — Dallas
District 57	Betty Denton, D* — Waco	District 118	Ciro Rodriguez, D* — San Antonio
District 58	Bernard Erickson, R — Burleson	District 121	Bill Siebert, R — San Antonio
District 60	John Cook, D* — Breckenridge	District 122	John Shields, R — San Antonio
District 61	Rick Williamson, D* — Weatherford	District 125	Sylvia Romo, D — San Antonio
District 66	Brian McCall, R* — Plano	District 134	Sue Schechter, D* — Bellaire
District 67	Jerry Madden, R — Richardson	District 135	Dalton Smith, R* — Houston
District 68	Charles Finnell, D* — Holliday	District 137	Debra Danburg, D* — Austin
District 71	Bob Hunter, R* — Abilene	District 138	Ken Yarbrough, D* — Houston
District 75	Tony Parra, D — El Paso	District 141	Senfronia Thompson, D* — Houston
District 77	Paul Moreno, D* — El Paso	District 145	Diana Davila, D — Houston
District 80	Jimm Rudd, D* — Brownfield	District 147	Garnet Coleman, D* — Houston
District 85	Pete Laney, D* — Hale Center	District 148	Yolanda Flores, D — Houston
District 87	David Swinford, R* — Dumas		
District 89	Homer Dear, D — Fort Worth		

*Denotes Incumbent

CHAMPUS News

CATASTROPHIC CAP REDUCED — The Defense Authorization Act has reduced to \$7,500 the annual “cap” on CHAMPUS-covered civilian medical expenses for CHAMPUS-eligible military retirees, their dependents, surviving family members of deceased active or retired service members, and eligible former spouses of military members.

The new, lower cap began with the new government fiscal year on October 1, 1992. Previously, the cap for everyone but dependents of active-duty members was \$10,000 per fiscal year (October 1 through September 30). The cap for active-duty families remains at \$1,000.

CHAMPUS contractors will adjust their computer systems to account for the reduction in the cost cap. Persons who have submitted claims for civilian medical care received since the beginning of the fiscal year (October 1, 1992), and who have already reached the \$10,000 cap on their share of the expenses for such care, will have the appropriate adjustments made by CHAMPUS contractors when the change to a \$7,500 cap is implemented.

The cap applies only to the amount of money required to meet the family’s annual deductibles and cost-shares based on CHAMPUS allowable charges for covered medical care received in any one fiscal year. Charges in excess of those CHAMPUS determines to be reasonable, or “allowable” for covered care, and charges for care *not* covered by CHAMPUS are not covered by the rule. Likewise, costs paid by families under CHAMPUS’ Program for Persons with Disabilities (Program for the Handicapped) are not counted toward the cap.

CHAMPUS “DRG” COST-SHARE CHANGES — The CHAMPUS diagnosis-related group (DRG) daily cost-share for most civilian hospital admissions has changed.

The daily rate for active-duty dependents for most hospital admissions that occur on or after October 1, 1992, is \$265. CHAMPUS-eligible persons who are not the dependents of active-duty service members will pay either the fixed daily \$265, or 25 percent of the hospital’s billed charges, whichever is less.

Active-duty family members’ cost-shares aren’t affected by the DRG rates. They’ll still pay a small daily fee (it’s \$9.30, as of October 1, 1992) for each day in a civilian hospital, or a total of \$25 for each hospital stay, whichever is greater.

For more information about DRG payments, contact the Health Benefits Advisor at the nearest uniformed services medical facility.

CRIME DOESN’T PAY — A military sponsor who used 13 different Social Security numbers to obtain medical care and drugs in more than 25 states has pled guilty to one count each of misuse of a Social Security number and making a false statement. Arthur J. Collins, Jr., was sentenced in U.S. District Court in the Eastern District of Louisiana to 33 months in prison and 24 months of parole. He was also told by the court to obtain both mental health and drug abuse counseling after his release from prison.

Seven of the 13 Social Security numbers he used were listed in DEERS (the Defense Enrollment Eligibility Reporting System).

WAIT A MINUTE — Before you file a CHAMPUS claim, remember: If you have other health plan coverage (including auto insurance with either medical care coverage or “no fault” coverage, and “special accident” coverages issued through schools for school activities and athletics) in addition to your CHAMPUS benefits, you must file with that insurance before filing with CHAMPUS. The only time you can file with CHAMPUS *first* is if your other coverage is either Medicaid (a public assistance program) or a health policy that is specifically designated as a CHAMPUS supplement.

YOU NEED AN ID CARD — In order to use CHAMPUS benefits, you must have an ID card issued by the uniformed services. For active-duty dependents, the card says on the back, in Block 15B, if you are covered by CHAMPUS (this is not true for military retirees’ ID cards, which have a block indicating that no civilian medical care is authorized after a certain date).

Children under 10 who don’t have ID cards of their own can use either parent’s ID card, but must be enrolled in DEERS. Newborns who need a nonavailability statement for inpatient care received in a civilian hospital must be listed in the DEERS computer files, even though they don’t have an ID card.

Check with your nearest Health Benefits Advisor for more information.

Public Health Notes

HERBS: Healthful or Harmful?

Nick U. Curry, M.D., M.P.H., F.A.C.P.M.



In Dallas on August 25, 1992, a 41-year old woman visited her family physician for right upper-quadrant pain and jaundice of four weeks duration. She reported that she had consumed about 150 tablets of chaparral for 11 weeks to treat a skin condition and stopped this herbal treatment when she became ill. The patient was hospitalized for diagnostic tests. A physical examination showed marked jaundice, without palpable liver. Laboratory test results showed normal alkaline phosphatase, total bilirubin of 30 mg/dL, AST of 2560 U/L, ALT of 2790 U/L, GGT of 138 U/L, and LDH of 368 U/L. An abdominal ultrasound and barium enema were normal. By October 9, 1992, serum chemistry test results were improved: bilirubin was 2.2 mg/dL, AST was 33 U/L, ALT was 43 U/L, GGT was 38 U/L, and LDH was 159 U/L. She has not resumed using chaparral and has been asymptomatic as of mid-October 1992.

One month earlier, a California physician had reported a similar case to CDC. A diagnosis of toxin-induced hepatitis was made for both cases — based on the temporal relationship between the two patients' hepatic disease and their use of chaparral, and by the rapid improvement of both patients when they stopped using the herb.

Chaparral is an herbal supplement prepared by grinding up the leaves of the creosote bush (*Larrea tridentata*), an evergreen desert shrub. Paradoxically, Native Americans use chaparral tea as a traditional medicine to treat hepatitis. The lay press has recommended chaparral tea, drops, capsules, or tablets for use as an age retardant and to treat various skin conditions, including acne. In addition, at least one physician in the Dallas area has advised his patients to use this herb for skin problems.

The active ingredient in chaparral is a potent antioxidant, nordihydroguaiaretic acid (NDGA), which can act as a cyclo-oxygenase and lipoxygenase pathway inhibitor. Long-term rat studies have shown that NDGA causes kidney cysts and mesenteric lymphadenopathy, but no hepatotoxicity. Only one case of hepatotoxicity attributed to chaparral has been previously reported.

The following herbs also have been associated with hepatotoxicity: *Teucrium chamaedrys* (germander), *Senecio longilobus* (groundsel), *Scutellaria laterifolia* (skullcap), *Phoradendron* and *Viscum* species (mistletoe), and *Casia acutifolia* (senna). In addition, *Symphytum*, *Senecia*, *Crotolaria*, and *Heliotropium* species contain pyrrolizidine alkaloids that cause hepatic veno-occlusive disease and have resulted in fatalities. One case of neonatal death was attributed to maternal consumption of herbal teas during pregnancy.

Herbal preparations in many forms are readily available to consumers. However, they usually are not adequately monitored for potential side-effects, nor are the side-effects documented in peer-reviewed scientific literature. The Texas and California cases of hepatotoxicity to chaparral highlight the need to alert medical and public health professionals, and the public, to the potential hazards of using untested herbal or nutritional supplements.

Adverse effects caused by herbal or nutritional supplements may be non-specific and develop only after chronic use, thus contributing to the difficulty of identifying the cause of any resulting disorder. Health professionals are advised to question patients closely about their use of ALL medicinal products — herbal as well as over-the-counter and prescription. They should warn their patients of the potential hazards of products that are promoted as "natural and therefore safe." Reporting all adverse effects of herbal and nutritional supplements to state or local health authorities will help identify and characterize unknown or unanticipated side effects of these products and could be instrumental in preventing future outbreaks of associated illnesses.

Anyone needing additional information regarding the Texas and California cases of chaparral induced toxic hepatitis may contact F. Clark, M.D., 5959 Harry Hines Blvd., Dallas, Texas 75235, telephone (214) 879-6300.

Texas Disease Preventable News, Vol. 52, No. 22 — October 31, 1992

(Editor's Note: Dr. Curry has just been appointed a member of the Statewide Health Coordinating Council. His term will expire September 1, 1994.)

Homicide Is Leading Cause of Death for Texas Workers, Study Finds

The workplace homicide rate in Texas soared by more than 40 percent in 1991, pushing homicides past motor vehicle accidents as the leading cause of job-related death for Texas workers, a new study shows.

The study, a joint effort between the Texas Workers' Compensation Commission and the U.S. Department of Labor's Bureau of Labor Statistics, showed that 117 Texas workers — nearly a quarter of the 530 Texans who died on the job in 1991 — were victims of homicide. 110 Texans were killed in work-related motor vehicle and transportation accidents, 18 percent fewer than in 1990. Despite the drop, transportation accidents still accounted for about 21 percent of the work-related deaths in Texas.

The study also showed Texas' workplace homicide rate to be higher than the national average. In the 31 states that participated in the study, homicides accounted for about 14 percent of all work-related deaths, compared with more than 22 percent in Texas. Nationally, motor vehicle and transportation accidents accounted for most of the work-related deaths in the participating states with about 30 percent of the total.

Eighty-eight Texas workers, or nearly 17 percent of the total, died after being hit by falling or flying objects, automobiles or other objects. Another 69 workers, or 13 percent of the total, were killed after falls. Both of these percentages are similar to the national findings.

In other findings, the study showed:

- Sharp increases in Texas in the number of workplace deaths in the retail trade and services sectors, due primarily to the increase in workplace homicides. The number of workplace deaths in the retail trade industry jumped 58 percent, from 52 in 1990 to 82 in 1991. The number of work-related deaths in the services industry rose about 16 percent, from 63 in 1990 to 73 in 1991.
- A sharp rise in Texas in the number of deaths in the manufacturing industry. In 1991, 56 Texas manufacturing workers were killed, compared with 36 in 1990, a 56 percent increase.
- Sharp reductions in Texas in the number of workplace deaths in the construction, transportation and mining industries. Ninety-four Texans died as a result of work injuries in the construction industry in 1991, compared with 119 in 1990. The percentage of transportation workers killed decreased by about

19 percent from 94 to 76. The number of mining deaths fell 30 percent, from 49 in 1990 to 34 in 1991.

- Overall, the number of Texas workers killed on the job in Texas rose by 3 percent last year from 513 in 1990 to 530 in 1991.
- Ninety-four Texas construction workers died in 1991, the most in any single industry. Eight workers died in the finance, insurance and real estate industry, the fewest in any industry category.

The study is conducted each year by the Bureau of Labor Statistics and participating states. This year, the study compiled statistics on work-related injuries or accidents that led to the deaths of workers in Texas and 30 other states. Work illnesses or diseases, including heart attacks, and accidents that occurred outside the scope of employment are not included in the totals.

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- Built in 1981
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- Close to Osteopathic Medical Center of Texas
- Good Location
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**Steve Relyea
817/336-2055**

HHS Interim Final Rule Establishing New Safe Harbors for Managed Care

In order to provide protection for certain managed health care arrangements under Medicare and state control, on November 5, 1992 the Office of Inspector General (OIG) of the Department of Health and Human Services (HHS) issued an interim final rule which published two new safe harbors and expands an existing one. When the OIG first proposed rules on safe harbors in January of 1989, it believed that one or more of the relationships specified as safe harbors would protect managed care in a broader sense. Consequently, the OIG did not describe specific circumstances constituting safe harbors falling under "managed care" plans, such as "referred provider organizations" (PPOs) and Health Maintenance Organizations (HMOs). The proposed rule is meant to "protect the essential activities of prepaid health plans."

While safe harbors are meant to serve as guidelines for specific arrangements that will not violate the Medicare anti fraud and abuse statutes, critics of the interim final rule argue that it is too narrow, and that without detailed safe harbors for managed care become the industry standards that are legally acceptable. Others assert that the newly proposed protection for provider discounts will help physicians participating in HMOs and other forms of managed care. Regardless of the final outcome, the OIG's rules clearly indicate the federal government's recognition of managed care as the future trend of health care.

The first new safe harbor addresses health plans operating under agreement with HCFA or a state health care program, and protects some of the discounts and incentives that help managed care providers attract both beneficiaries and providers. The safe harbor stipulates that the same incentives must be offered to all enrollees, and applies to both risk based contracts and "reasonable cost or similar" agreements.

The second safe harbor is created to protect written, contractual relationships between health care providers and health plans in instances where covered items and services are discounted. The safe harbor protects reductions in usual fees for services to health plan participants, but **does not protect** reduction in charges that are applicable to a portion of the charges, such as insurance and deductibles. Providers also must supply HCFA or the state health agency with full and accurate reports on payments to the health care provider. Finally, the agreement must be for the "sole purpose" of having attracted physicians and health care providers furnish these items and services enumerated in the contract at a discount. As long as additional restrictions are expected, as included in the rule, this safe harbor also

applies to price reductions offered by "contract health care providers to all other health plans."

The third provision extends the protection of an existing safe harbor to certain agreements entered into between hospitals and Medicare SELECT insurers. Created by Congress under OBRA '90, Medicare SELECT is a pilot program under which fifteen (15) states were selected to participate in a special, Medicare fee-for-service program similar to managed care. This expansion of an existing safe harbor was made to protect discounted service arrangements between Medicare SELECT insurers and health care providers. This provision also permits waivers or reductions of hospital coinsurance and deductibles under these health plans for **inpatients** participating in a Medicare SELECT program.

THERE'S NEW HOPE ABOUT STROKE.

Today the outlook for stroke victims is better than ever. New drugs are reducing the damage from stroke. And new rehabilitation procedures are helping people regain lost skills. But the key is still to get help fast. And to do that, you must

KNOW THE WARNING SIGNS

- Sudden weakness or numbness of the face, arm or leg on one side of the body.
- Sudden dimness or loss of vision, particularly in only one eye.
- Loss of speech, or trouble talking or understanding speech.
- Sudden severe headaches with no apparent cause.
- Unexplained dizziness, unsteadiness or sudden falls, especially along with any of the previous symptoms.

If you have any of the warning signs, don't wait! See a doctor right away!

WE CARRY THE TORCH

Please remember. . . if someone asking you for support does not display this exact heart and torch symbol and these exact words, it's not the



American Heart Association
Texas Affiliate, Inc.

Contact your local AHA or call 1-800-AHA-USA1.

Aviation Medical Examiner CY-1993 Seminar Schedule

DATE	CITY
March 4-7	Tampa, FL (5)
March 25-28	Des Moines, IA (5)
April 15-18	Lake Tahoe, CA (5)
May 10-14	Oklahoma City, OK (1)
May 23-27	Toronto, CAN (AsMA) (2)
June 17-20	Sioux Falls, SD (5)
July 15-18	Austin TX (5)
July 29-August 1	Pittsburgh, PA (5)
August 19-22	Portland, OR (5)
August 30-September 3	Oklahoma City, OK (1)
September 23-26	Lexington, KY (5)
October 13-17	Oklahoma City, OK (CAMA) (3)
October 27-30	New Orleans, LA (SMA) (4)
November 18-21	Phoenix, AZ (5)
November 29-December 3	Oklahoma City, OK (1)

NOTE: Items above in bold print are corrected dates.

(1) A 5 day basic AME Seminar focused on preparing physicians to be designated as Aviation Medical Examiners. Satisfies the requirement for attendance at both the workshop and seminar. **Call your Regional Flight Surgeon.**

(2) A 3½ day seminar held in conjunction with the Aerospace Medical Association (AsMA) meeting. Workshops are included for military AMEs and International AMEs also. Registration **must** be made through the AsMA. Call 703-739-2240.

(3) A 5 day seminar held in conjunction with the Civil Aviation Medical Association (CAMA) meeting. A workshop for AMEs/Staff is included on the first day. Registration **must** be made through the CAMA. Call 405-840-0199.

(4) A 4 day AME Seminar held in conjunction with the Southern Medical Association (SMA) meeting. A workshop for AMEs/Staff is on the first day. Registration **must** be made through the SMA. Call 1-800-423-4992.

(5) A regular 3½ day AME Seminar. A workshop for AMEs/Staff is included on the first day. Registration **must** be made through the Oklahoma City office. Call 405-954-4830.

Debtors Wire Payments to I.C. System

When a debtor wants to pay his bill **RIGHT NOW**, the last thing you want to do is put a barrier in his way. In fact, the easier you can make bill paying, the better. That's why I.C. System, the collection agency recommended by the association, has arranged for debtors to send in payments by Western Union.

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Usually, debtors who use this service are in a hurry to pay off their old bill so that they can secure a mortgage or some other loan. In an average week, 100 debtors wire their payments to I.C. System. The debtors pay a small fee for this transmittal service.

Debtors wire payments to I.C. System for debts that are in the intensive phases of collection: the Premier Collect™ Collection Program and Phase 2 of the Recovery Plus™ Collection Program. With debts that are being collected in the Rapid Recovery™ program and in the initial letter phase of Recovery Plus™, payments are made directly to the creditors.

Because I.C. System has a range of collection programs, it can provide a program that is the correct size and type for your delinquent accounts. A local representative can review your accounts receivable situation and recommend the proper program for you.

I.C. System has been in business since 1938, and it serves clients in all 50 states. In addition to our association, it is endorsed by over 1,100 business and professional groups. To learn how this effective collection agency can benefit you, contact our association office or call I.C. System on its toll free number: 1-800-325-6884.

Opportunities Unlimited

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

POSITION OPEN IN HOUSTON — Established solo practitioner specializing in PMT seeks associate with like interest to join practice. Please call Reginald Smith, III, D.O., 6815 North Hampton, Houston, 77055. 713/682-8596.

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ESTABLISHED FAMILY PRACTICE in a good patient mix located in growth area Hobe Sound, Florida. Within five minutes of the ocean and a new community hospital. Fully equipped, turn-key free-standing office. High visibility busy U.S. 1. Contact: Tom Garceau 405/735-4111 or 800/648-4132. (01)

PHYSICIANS NEEDED — Full-time or part-time physicians. Hobby Airport area. Contact Dr. Botas 713/644-3602.

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

THE NORTHEAST COMMUNITY HOSPITAL — General/Family Practice Residency Program has 4 PGY II and 4 PGY III positions available for the 93-94 year. Applicants must be graduates of an AOA approved school of medicine and have completed their PGY I year in an AOA approved intern program. Northeast Community Hospital is a private hospital located in a prestigious area near DFW. Please send CV to Dr. R. Leon Rhodes, Director, Northeast Community Hospital, Bedford, 76021 or call 817/267-8106. (27)

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CORRECTIONAL HEALTH CARE — Full time primary care physicians for statewide adult correctional facilities. Competitive salary, excellent benefits, variety of locations, student repayment program. Additional information on locations and interviews, contact: Glynnda Baker, Texas Department Criminal Justice; 409/291-4020. (36)

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

PRACTICE FOR SALE — Southeast Dallas Family Practice Clinic. Physician retiring. 2,250 sq. ft. Established in 1960. Excellent location and visibility. 5 exam rooms, lab, 3 offices. Includes all equipment. Leave message at 214/388-9438. (21)

MISCELLANEOUS

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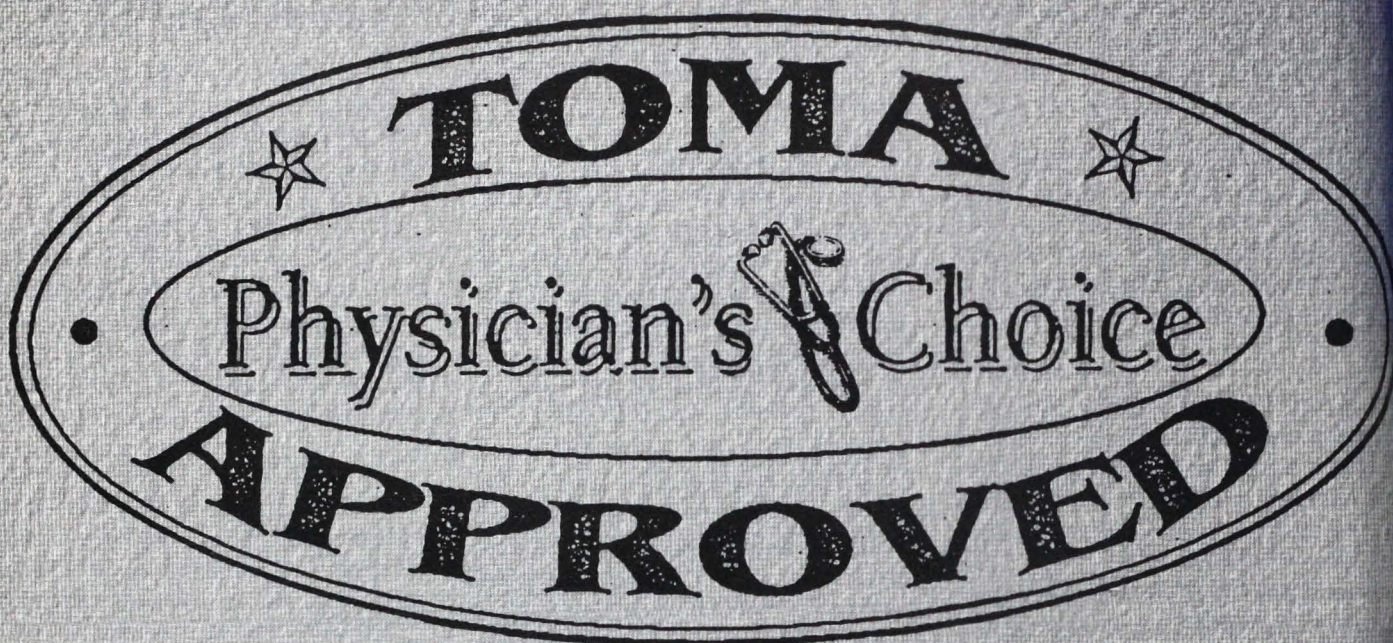
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