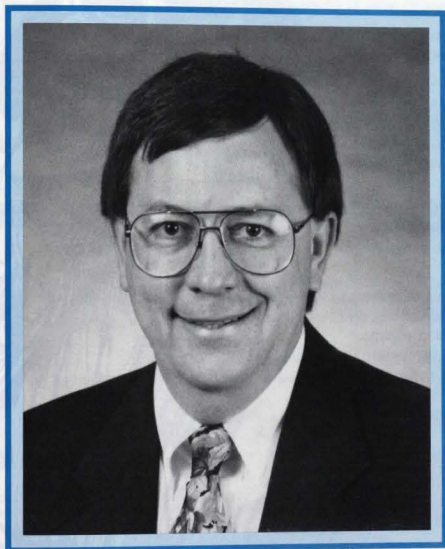


HCFA Proposes Medicare Fee Schedule
see page 9

CME Cycle Ends This Year
see page 24

**TCOM President is Frequent
Washington Visitor**
see page 6



Terry R. Boucher

**TOMA Hires
Executive Director**
see page 5

Instinctively Secure

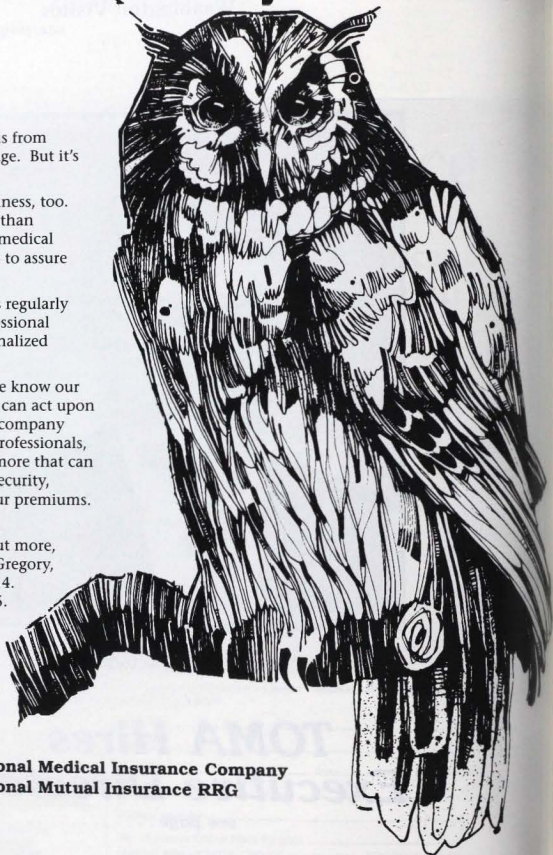
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Risk Retention Group	816/523-1835
TOMA Malpractice Insurance Program:	
For Premium Rates,	
Enrollment & Information	800/366-5766
TOMA Major Medical Insurance	1-800/321-0246
Texas College of Osteopathic Medicine	817/735-2000
	Dallas Metro 429-9120
Medicare 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	800/999-9216
Medicare/CHAMPUS Beneficiary Inquiry	800/777-8315
Medicare Preprocedure Certification	800/666-8293
Private Review Preprocedure Certification	800/666-9225
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
Tripartite Prescription Section	512/465-2189
State Board of Health	512/458-7111
State Board of Medical Examiners	512/452-1078
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
	512/448-7900
Texas Industrial Accident Board	
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

August 1991

FEATURES

Meet Terry Boucher — TOMA's New Executive Director	
<i>Mr. Boucher of Tulsa, Oklahoma, has been selected as the new CEO of TOMA effective September 3, 1991</i>	5
News from Texas College of Osteopathic Medicine	
<i>TCOM President is Frequent Washington Visitor; TCOM Pathology Lab Certified by CDC; and TCOM Library Emerges as Medical Information Broker</i>	6
Medicare Releases Proposed Rules for a New Physician Payment System to begin January	9
Texas Department of Human Services Considering Adoption of Medicare Fee Schedule for Medicaid Program	9
Texas Workers' Compensation Commission Adopts New Guidelines for OMT on July 3	10
A Message from the Texas Department of Public Safety	
<i>Effective September 1, the price of tripartite prescription forms will increase</i>	12
OMT Tapes Available Through TCOM	22
Resource Materials Available From TOMA	25
DEPARTMENTS	
Calendar of Events	4
Texas ACGP	9
Medicare/Medicaid News	14
AOA Washington Update	17
For Your Information	24
Practice Locations in Texas	26



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Diana Finley, Editor
 Lydia A. Kinney, Staff Writer

AUGUST

14-18

"Primary Care Splash Course"
 6th Annual Convention
 Arkansas Osteopathic Medical
 Association
 Riverfront Hilton Inn
 North Little Rock, Arkansas
 Hours: 25 CME Credits
 Contact: AOMA
 501/882-7540

SEPTEMBER

7

Board of Trustees' Meeting
 Texas Osteopathic Medical Association
 TOMA Headquarter's Building
 Fort Worth
 Contact: TOMA
 817/336-0549

13-15

"Mid-Year Seminar"
 Florida Osteopathic Medical Association
 Hyatt Regency Westshore
 Tampa, Florida
 ATTN: Physicians licensed in Florida
 CME: 19.5 hours; Category 1-A
 Contact: FOMA
 2007 Apalachee Parkway
 Tallahassee, FL 32301
 904/878-7364

25-28

Annual Clinical Refresher Course
 Chicago College of Osteopathic
 Medicine
 Hyatt Regency, Chicago, Illinois
 CME: 21-27 Category 1-A
 Contact: Evie Niemann
 708/515-6123

OCTOBER

4

*"Update on the Diagnosis, Etiology
 and Management of Fibromyalgia
 Syndrome: An Interactive Conference"*
 TCOM/The University of Texas Health
 Science Center at San Antonio
 Arlington Hilton
 Arlington

CME: 6 hours Category 1-A
 6 hours Category 1, Physicians
 Recognition Award of the
 AMA

Contact: Nancy Tiede
 TCOM, Office of CME
 817/735-2581

23-26

*"Third Annual Family Medicine for
 the 90s Conference"*
 Texas Academy of Family Physicians
 Marriott Astrodome Hotel
 Houston
 Contact: Amy Zandy
 TAFP
 512/451-8237

NOVEMBER

3-7

AOA Annual Convention
 New Orleans, Louisiana
 Contact: AOA
 800/621-1773

DECEMBER

6

Board of Trustees' Meeting
 Texas Osteopathic Medical
 Association
 Sheraton CentrePark Hotel
 Arlington
 Contact: TOMA
 817/336-0549

7-8

*TOMA Mid-Year Meeting &
 Legislative Seminar*
 Sheraton CentrePark Hotel
 Arlington
 Contact: TOMA
 817/336-0549

FEBRUARY, 1992

*"2nd Annual Internal Medicine
 Update for Family Practitioners"*
 TCOM
 Harvey's Resort Hotel
 Lake Tahoe, Nevada
 CME: 15 hours, Category 1-A
 Contact: Nancy Tiede
 TCOM, Office of CME
 817/735-2581

Meet Terry R. Boucher — TOMA's New Executive Director

Terry R. Boucher (pronounced bū shá) of Tulsa, Oklahoma, has been selected as the new executive director of TOMA. He will begin his official duties on September 3.

Mr. Boucher received a Bachelor of Science in Health Services Administration in 1973 from Southwestern Oklahoma State University, Weatherford, Oklahoma, where he graduated Magna Cum Laude. In 1975, he graduated from the University of Oklahoma Health Sciences Center in Oklahoma City with a Master of Public Health in Health Administration.

Mr. Boucher has had successful experience as a professional administrator and comes to TOMA with special expertise in the areas of association and volunteer management; professional student recruitment activities; strategic planning, budget and financial management; capital and endowment campaigns; public information; and alumni relations.

He is very familiar with the osteopathic profession and philosophy as he is currently the Director of Recruitment, Placement and Alumni Affairs at the College of Osteopathic Medicine of Oklahoma State University (COM-OSU) in Tulsa. Some of his other duties include developing a public relations program to increase awareness of the osteopathic profession; designing and implementing a student recruitment marketing plan for prospective students; fundraising activities; and providing placement information on career opportunities in Oklahoma.

Prior to his current position, Mr. Boucher served as the Coordinator of Physician Placement and Alumni Affairs, also at COM-OSU. In that capacity, he was the Executive Director of the 908-member COM-OSU Alumni Association and Foundation, where he implemented a new membership program which tripled alumni membership. He established the COM-OSU Alumni Association Professional Service Award; planned and coordinated CME meetings; edited and published a quarterly newsletter and an annual directory; served as the liaison between the Alumni Association and health related state agencies; and coordinated a physician placement program to recruit D.O.s for Oklahoma communities and hospitals.

From 1975 to 1978, Mr. Boucher was Executive Director of the Oklahoma Physician Manpower Training Commission in Oklahoma City, where he planned and

implemented a new state agency to be responsible for providing physicians for rural Oklahoma. In this position, he provided guidance and financing for new internships and family practice residency positions; visited rural communities, speaking to various civic organizations; and lobbied the Oklahoma Legislature to secure continuing appropriations and cooperative relationships.

As Interim Administrator of Children's Convalescent Hospital in Oklahoma City, Mr. Boucher has also had experience in managing the day-to-day operations of a hospital. His duties included supervising 85 employees; coordinating the fund-raising and management responsibility of a \$500,000 capital improvement program; and meeting with various corporations, foundations and governmental agencies to increase revenue and patient referrals.

He has authored/co-authored several publications and has lecture experience in the areas of recruitment and retention of physicians and marketing practices in rural communities.

Mr. Boucher is the recipient of various awards including Volunteer Award from Tulsa Public Schools; Award of Appreciation from the Oklahoma Osteopathic Association; and Health Volunteer of the Year from the Oklahoma Health Systems Agency. He is an Honorary Life Member of the COM-OSU Alumni Association and is an Honorary "Razorback" of the Arkansas Osteopathic Medical Association.

Professional and society activities include the Council for Advancement and Support of Education; Oklahoma Association of Alumni Executive Directors; American Public Health Association; Oklahoma Public Health Association; Oklahoma College and University Placement Association; National Rural Health Care Association; Tulsa Regional Medical Center Staff Development Committee; member of the OSU Alumni Coordinating Council; chairman of the COM-OSU Staff Council; coordinator of the COM-OSU "Adopt-A-School" project; national lecturer in the Glaxo Pathway Evaluation Program; and an associate member of the Oklahoma Osteopathic Association.

Mr. Boucher is married to Cindy, a third-grade teacher. They are the parents of two sons, Stephen, age nine, and Jeremy, age 14.

TOMA extends a great, big Texas-style welcome to the Boucher family and looks forward to a long and mutually rewarding relationship. ■

News From Texas College of Osteopathic Medicine



(L-R) David M. Richards, D.O., and Andy Morales, TCOM Class of 1992.

TCOM President is Frequent Washington Visitor

David M. Richards, D.O. president of Texas College of Osteopathic Medicine, was invited to testify three times before Congress during a period of about seven weeks in May and June. Dr. Richards testified in his capacity as chairman of the board of governors of the American Association of Colleges of Osteopathic Medicine.

Dr. Richards testified May 7 before the House Appropriations Subcommittee to support federal loan programs used by health professions students. He asked the subcommittee to support an immediate lifting of the \$260 million credit ceiling placed on the Health Education Assistance Loan Program and oppose an administration proposal to phase out the HEAL program. "This would have a devastating impact on our students, particularly at (AACOM's) private colleges," Dr. Richards said. He also asked for continuation of student assistance programs such as the Health Professions Student Loan program, Stafford Student Loans, the Perkins Loan program, Supplemental Loans for Students and other loan guarantee programs under the departments of Health and Human Services, and Education. He termed the availability of federal student assistance "the most critical issue facing our students this year."

On May 30, TCOM medical student Andy Morales, Class of '92, accompanied Dr. Richards to Washington where both testified before the House Energy and Commerce Subcommittee on Health and the Environment. Dr. Richards told committee members that the debt levels of osteopathic medical students upon graduation has "increased significantly over recent years because of the increased cost of loans and the declining number of scholarships." He pointed out that 96 percent of seniors

at the nation's 15 osteopathic medical schools in 1990 graduated with debts averaging more than \$71,000, compared to \$46,000 for M.D. students. "Much of (disparity) is due to the lack of state appropriations to many (osteopathic) schools, little or no cross-subsidy from faculty practice income, and therefore our need to rely on tuition to a much greater extent than the average M.D. medical school," Dr. Richards testified. He noted that nearly half of the students entering osteopathic medical schools come from families with annual incomes of less than \$40,000. "These families cannot help our students significantly, so they must seek financial aid," he stated.

Morales, a fourth year student at TCOM, told committee members that after three years of medical school he has already accumulated debts of \$52,000 and expects that figure to reach \$80,000 by the time he graduates. He said that HEAL loans have "become essential for the majority of D.O. students" and it would be "tragically if the HEAL program were phased out." He added that because of the ceiling on HEAL funds and that funds are expected to be depleted soon, "I will be applying HEAL money when I get back home from this hearing."

On June 27, Dr. Richards returned to Washington at the invitation of William D. Ford (D-Mich.), chairman of the House Education and Labor Subcommittee on Postsecondary Education. Dr. Richards was asked to discuss the Perkins Loan program during the subcommittee's hearing on the reauthorization of the Higher Education Act.

TCOM Pathology Lab Certified by CDC

The clinical laboratory of the Department of Pathology at TCOM has become one of only two laboratories in North Texas to be certified by the Center for Disease Control (CDC) in Atlanta, Georgia, to perform lipo-protein testing. The other laboratory is at Baylor College of Medicine in Dallas.

Dennis Shingleton, the department's technical director of laboratories, stated that although many hospital and clinic laboratories in the Fort Worth-Dallas area perform lipo-protein testing for cholesterol, triglycerides, HDL and low total cholesterol, only the TCOM and Baylor College laboratories have received the coveted CDC certification.

The testing of all samples from the TCOM laboratory sent to the CDC for the certification process was coordinated by laboratory technologist Hector Saenz. The CDC commended Saenz for samples that adhered

"within 1% of the mean of all specimens sent . . . and had the highest coefficient of variation in the region and very close to the tops in the nation."

TCOM Library Emerges As Medical Information Broker

The Health Sciences Library at TCOM is fast emerging into Tarrant County's "medical information broker."

Because of the expense, space and personnel required for a hospital to maintain a library of current medical information, many hospitals are contracting with the TCOM Health Sciences Library to furnish their library services.

The library is now in its second year of providing medical information services to All Saints Episcopal, Cook-Fort Worth Children's Medical Center and Huguley Memorial Hospital. Harris Methodist Fort Worth recently signed a contract for their nursing department, planning department and all affiliated physicians to use TCOM's Health Sciences library. In addition, a growing number of area physicians on staff at John Peter Smith, St. Joseph and Medical Plaza hospitals use the library on an individual, non-contract basis.

"When the library's services to these hospitals are combined with the service we provide to TCOM affiliated hospitals, it is evident that the Health Sciences Library has developed into a major resource center for medical information in Tarrant County," said Bobby R. Carter, library director.

The library provides physicians and hospital personnel with access to hundreds of databases such as MEDLINE through computer searching. Books, photocopies of journal articles and other information are provided from the library's collection of 112,000 volumes, including over 2,100 journals and 4,000 audiovisual programs. TCOM's 11 professional librarians can also obtain information not available in the Health Sciences Library from other libraries on a local, regional or nationwide basis through interlibrary loan agreements.

The library is attractive to a non-affiliated hospital since it pays only for the immediate information needed and does not have to maintain large numbers of books and journals. In addition, a contract with TCOM's Health Sciences Library provides the hospital with the services of a consulting librarian, thus fulfilling their hospital accreditation requirements.

The library's state-of-the-art technology permits a physician free computer access to the Library Information System (LIS). A physician with a personal computer and a compatible modem can search the library catalog from his office or home at any time, even when the library is closed. "However, it is rare to find our library closed since we are open to the public and the TCOM community for 105-and-1/2 hours per week, more than any other medical school library in the state," said Carter.

Locum Tenens Wanted

TOMA has been receiving a growing number of requests for names of physicians who provide locum tenens services. The TOMA office does maintain a file of physicians providing this service, however, the demand for these physicians is far greater than the supply.

If you are interested and able to engage in locum tenens, we would like to hear from you. Please either write or call us with any particulars which would be applicable to your situation, such as type of medical services you perform, what area of the state you would be willing to cover and so on. Your name and pertinent information will then be added to our file enabling us to better provide a much needed service to all TOMA members.

Thanks for your assistance.

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Program Chairman
Dr. David C. Leech



TOPICS:

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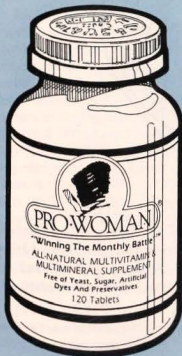
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Texas ACGP Update

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

A significant piece of legislation was passed during the recent regular session of the Texas Legislature pertaining to HMO's in Texas. House Bill 2, companion to Senate Bill 2, with Senate Floor Amendment No. 7 by like Harris, will take effect on January 1, 1992:

SECTION 4. Section 14, Texas Health Maintenance Organization Act (Article 20A.14, Vernon's Texas Insurance Code) is amended by adding Subsection (h) as follows:

(h) A health maintenance organization that provides coverage for health care services or medical care through one or more providers or physicians who are not partners or employees of the health maintenance organization or one or more providers or physicians that are not owned or operated by the health maintenance organization shall provide a (20) twenty calendar day period each calendar year during which any provider or physician in the geographic service area may apply to participate in providing health care services or medical care under the terms and conditions established by the health maintenance organization for the provision of such services and the designation of such providers and physicians. A health maintenance organization will notify, in writing, such provider or physician of the reason for nonacceptance to participate in providing health care services or medical care. This section may not be construed to (1) require that a health maintenance organization utilize a particular type of provider or physician in its operation; (2) require that a health maintenance organization accept a provider or physician of a category or type that does not meet the practice standards and qualifications established by the health maintenance organizations; or (3) require that a health maintenance organization contract directly with such providers or physicians.

This means that a 20 day period each calendar year will be provided by HMO's to allow osteopathic physicians in their area to apply to participate. If not accepted to participate, the HMO must notify, in writing, the reason for nonacceptance to the D.O.

There has been a lot of action involving reimbursement for osteopathic manipulative therapy (OMT).

First, Medicare recently released its proposed rules for a new physician payment system that is to begin next January. The proposed rules cover 4,000 physician codes accounting for about 85 percent of physician Medicare services. Six of the 10 MO codes were included. The

uniform national conversion factor was set at \$26.873. Geographic practice costs index, which will include urban and rural differentials, will be calculated by HCFA. The total work value (TWV) will be multiplied by the geographic practice cost index in the uniform national conversion factor to determine the price of each service. Examples of reimbursement figures, not adjusted for the geographic practice cost index, for the six MO codes are as follows:

Total value x conversion factor = fee

Codes	Total Relative Value Units for Work	Conversion Factor	Fee
MO702	.74	26.873	\$19.89
MO704	1.05	26.873	\$28.22
MO706	1.33	26.873	\$35.74
MO710	1.66	26.873	\$44.61
MO724	1.31	26.873	\$35.20
MO728	1.46	26.873	\$39.23

The RBRVS physician payment system will be phased in over the next five years. Some services will reach the RBRVS rate immediately, while others will get there in steps between now and 1996.

From the preliminary data, it would appear that the total relative value units for work for the six MO codes are drastically lower than the current system now in place in Texas:

Codes	Relative Value
MO702	1
MO704	2
MO706	3
MO710	5
MO724	2
MO728	4

Although the AOA leadership appears satisfied with the RBRVS rates for OMT, Texas D.O.s will find very little to smile about regarding these new proposed Medicare fees. Since this is a national problem, it cannot be changed at the state level by TOMA or the Texas ACGP.

Second, the Texas Department of Human Services is seriously considering adopting the Medicare fee schedule, without the geographical practice cost index, for the Medicaid program. If this occurs, the MO codes and fees already presented would be implemented immediately rather than phased in over the next five years. There would be no geographic variation in fees; it would be a statewide fee system. The Physician Payment Advisory Committee of the TDHS is currently working on this issue. ▶

ACGP Update, Continued

Third, the Texas Workers' Compensation Commission (TWCC) adopted new guidelines for OMT on July 3, 1991. The TWCC will recognize nine out of the 10 anatomical regions; the exception is the cranial region, for the provision of modalities and procedures.

A new patient visit of physician's choice may be billed plus an initial manipulation (97260) plus four (4) other minimal manipulations, procedures or modalities, for a total of six (6) procedures.

An initial manipulation (97260) may be billed plus a

minimal office visit for an established patient (90030) plus four (4) other minimal manipulations, procedures or modalities, for a total of six (6) procedures.

Excluding the initial manipulation code (97260) at a relative value of 4.8, a limited office visit for an established patient (90050) plus four (4) other minimal manipulations, procedures or modalities may be billed for a total of five (5) procedures.

Examples to illustrate the TWCC new relative values for office visits and manipulation are as follows:

TWCC INFORMATION

Relative Value: 97260 (4.8 X 1)
97261 (3.0 X 2, 3, or 4)

Conversion Factor: \$6.75

NEW PATIENT

90000 Brief Office Visit
Initial Manipulation
Four Modalities

Total Maximum Allowable Charge

90010 Limited OV
Initial Manipulation
Four Modalities

Total Maximum Allowable Charge

90015 Intermediate OV
Initial Manipulation
Four Modalities

Total Maximum Allowable Charge

90017 Extended OV
Initial Manipulation
Four Modalities

Total Maximum Allowable Charge

90020 Comprehensive OV
Initial Manipulation
Four Modalities

Total Maximum Allowable Charge

ESTABLISHED PATIENT

90030 Minimal OV
Initial Manipulation
Four Modalities

Total Maximum Allowable Charge

90050 Limited OV
** Four Modalities

Total Maximum Allowable Charge

ADOPTED JULY 3, 1991

41.72 (Relative Value - 6.18 X \$6.75)
32.40 (4.8 X 1 X \$6.75)
81.00 (3.0 X 4 X \$6.75)

\$155.12

53.73 (Relative Value - 7.96 X \$6.75)
32.40 (4.8 X 1 X \$6.75)
81.00 (3.0 X 4 X \$6.75)

\$167.13

74.25 (Relative Value - 11.00 X \$6.75)
32.40 (4.8 X 1 X \$6.75)
81.00 (3.0 X 4 X \$6.75)

\$187.65

98.42 (Relative Value - 14.58 X \$6.75)
32.40 (4.8 X 1 X \$6.75)
81.00 (3.0 X 4 X \$6.75)

\$211.82

123.73 (Relative Value - 18.33 X \$6.75)
32.40 (4.8 X 1 X \$6.75)
81.00 (3.0 X 4 X \$6.75)

\$237.13

16.94 (Relative Value - 2.51 X \$6.75)
32.40 (4.8 X 1 X \$6.75)
81.00 (3.0 X 4 X \$6.75)

\$130.34

36.79 (Relative Value - 5.45 X \$6.75)
81.00 (3.0 X 4 X \$6.75)

\$117.79

**The 90050 office visit code can not be used if the 97260 code is used.

Although we did not get the 10 anatomical regions or separate osteopathic manipulation codes, the Texas ACGP would like to thank Dr. Myron Glickfeld, the osteopathic representative on the Medical Care Advisory Committee of the TWCC, and Nancy J. Kozak, director of the TWCC Medical Review Division, for their considerable time and effort to improve the February 1, 1991, medical fee guidelines. It is a good start.

Finally, in closing, on June 30, 1991, TOMA completed its search for a new executive director by hiring Mr. Terry Boucher. The Texas ACGP has invited TOMA's new executive director to be our guest at our midyear seminar in Arlington, Texas, in August. Congratulations, Terry; we are looking forward to seeing you all in Arlington.

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A Message From the Texas Department of Public Safety

*The TOMA office has been asked to notify Texas D.O.s of the following changes
in the triplicate prescription program:*

July 15, 1991

Dear Practitioner:

Effective September 1, 1991 the price of triplicate prescription forms will increase to \$8.00 for each order of 100 forms. The current price of \$7 has been maintained since 1983; however, the recent postage increase, the third since 1983, coupled with other escalating costs have made it necessary to raise the price.

Enclosed for your convenience is a new order card which has changed color from green to blue. Please notice some other changes on the new order card which were added to assist us in processing your order more efficiently. There are spaces for an authorized signature, date and telephone number. It also requires you to indicate whether the preprinted DPS Number, DEA Number, and address are correct, or if you want changes made. Please review the new order card carefully before completing it.

Use of the new order card will begin immediately and will be enclosed in each order of triplicate prescription forms. However, the Department of Public Safety will accept both the old and new order cards with payment for the old price of \$7.00 per 100 forms until September 1, 1991. *Orders received after September 1, 1991 for the old price will be returned.*

This may be a good opportunity to review any forms you have that are more than two years old. The forms supplier has advised us that the quality of copies might decrease as forms age. Storage conditions such as changes in temperature and humidity also affect the quality. If you notice a degradation of your copies you may want to consider reordering new prescriptions prior to the price increase..

There has also been a change in the Texas Controlled Substances Act resulting from a bill passed in the recent legislative session. It extends the time allowed for filling a triplicate prescription for a Schedule II controlled substance from *two to seven* days, effective September 1, 1991. Triplicate prescription forms in your possession with the old wording, "may not be filled after the end of the second day following date of issuance," will still be honored by pharmacies.

Thank you for your cooperation. If you have any questions, please contact our office at the address or telephone number below.

TRIPPLICATE PRESCRIPTION
TEXAS DEPARTMENT OF PUBLIC SAFETY
P.O. BOX 4087
AUSTIN, TX 78773-0001

TELEPHONE (512) 465-2189

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Medical school probably covered everything except what to do for severe paralysis of the paycheck.

And that condition is more common than you might think. If you're 35 now, you have a 45 percent chance of becoming disabled before you reach age 65.¹ Without disability insurance, that's a 45 percent chance that your income will wind up in critical condition.

Get intensive care for your cash flow.

Should disability strike, how long could you keep your home? ...make the payments on your car? ...keep up your membership at the club? Provident disability protection is the perfect prescription, offering full coverage in your own occupation. That means Provident pays if you can no longer work in your own medical specialty regardless of how much you can earn working in a new career or a new specialty.

Provident is North America's number one carrier of individual, long-term, non-cancellable disability insurance.² See the D.I. specialists — Dean, Jacobson Financial Services, with over 25 years of service to the medical profession — for a disability check-up. Put this winning combination to work for you.

DISCOUNTS AVAILABLE TO TOMA MEMBERS.

¹1985 Commissioners' Individual Disability Table A. Seven-day Continuance Table.

²LIMRA, 1989, as measured in annualized premium in force, new annualized premium and new paid premium.

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Provident Means Business.

Medicare/Medicaid News

By Don Self
Medical Consultants of Texas

Proper ICD-9 Coding for Burns

ICD-9 coding for burns presents an unusual set of complications. Burns are always coded with two codes. The first code is for the exact site and degree of the burn. The second code describes the percent of body surface burned. Using the rule of 9's, you need to think of the body as a whole, and not the body part as a whole. As an example on an adult, the body is divided into regions:

Head	9%	Arms	9% each
Trunk	18% front	Trunk	18% back
Legs	18% each	Perineum	1%

Of course, children and infants have a separate rule of 9's than adults.

We've Moved To A New Office

Please make a note in your rolodex that we have moved our office to a new location. An opportunity arose in which we could purchase a house and convert it to an office, and reduce our monthly expenses. In fact, we recommend physicians do the same thing as it can make a big difference in monthly rent, utilities and, also, the environment is much nicer. It is considerably more comfortable to look out a window and see trees and grass than it is to see pavement or parking lots. We have kept our Post Office box for mail, but if you need to send anything to us by UPS or Federal Express, please send it to: 106 Hearon, Whitehouse, Texas 75791.

Global Rules Drastically Change

As we have predicted, the June 3rd *Federal Register* has the proposal from HCFA to change the Global Surgery rules. The proposal includes:

A. Initial Eval/Consult: This visit is rendered whether surgery is performed or not, so it should be paid separately and should not be included in the global surgery bill.

B. Pre-op Visits: All pre-op visits (in or out of the hospital) for 30 days prior to surgery will be included.

C. Post-op Visits: All post-op visits (up to 90 days) in or out of hospital, will be included in the global surgery charge.

D. Complications: Post-op services in a global surgery bill would include all additional surgical or medical services required of the surgeon because of complications, unless a reoperation is required. Reoperations would be billed separately at the value of the surgery, when there is an appropriate CPT code to describe the reoperation. If there is not an appropriate reoperation code, the

reoperation would be billed at 50 percent of the value of the original surgery.

Again, these are the proposals set forth by the Health and Human Services (and HCFA), and are open to comments before August 5.

New Multiple Surgery Rules Proposed

Part of the same proposal includes new rules for payment on multiple surgeries. If more than one procedure is rendered by the same surgeon on one patient in one day, the new fee schedule will pay 100 percent of the global fee for the highest value procedure. The second most expensive procedure would be paid at 50 percent, 20 percent for the third and 10 percent for each succeeding procedure. When you consider the ramifications of this proposal on skin lesions and endoscopies, it is frightening.

SP & MP Modifiers to be Eliminated

The June 3 *Federal Register* contained a wealth of information. Another part of the proposal includes eliminating the difference of payment for seeing multiple patients in a nursing home or only seeing one patient. The proposal entails eliminating the SP and MP modifiers completely.

Inconvenience Code Elimination Proposed

While we did not see it in the June 3 *Register*, we learned in the May 5th Baltimore, Maryland HCFA meeting that Medicare does not intend to pay for the inconvenience codes (99050, 99052 or 99054) starting in 1992. Part of their belief (although we disagree) is that the physician should be paid the same, regardless of what time they render the service. The believe the physician should not receive additional compensation for getting out of bed at midnight, driving to the hospital and taking care of a patient. This reminds me of the military, in which you are supposed to perform your "job" regardless of the conditions around you or the time of day (or night).

Adherence to Medicare Rules/Fees

There is a joker running around the country teaching seminars and stating that you can avoid all of the Medicare hassles by having the patient sign a release stating they agree to be treated as a private patient. This sounds like the answer to all of our problems...but is it? No, and it is not legal! It has as much validity as me sending a letter to the IRS saying that I do not want to

Medicare/Medicaid News, Continued

participate in paying taxes, as I do not agree with the way they spend my money. How long would it take before I received a new striped suit (with a number on it)? If you see a Medicare (or Medicaid) patient, you are agreeing to abide by the rules and laws governing Medicare (or Medicaid). Of course, you have the option of seeing any patients. You can choose to limit your current Medicare (or Medicaid) patient population, or even reduce it by divorcing patients. You still control this aspect of your practice. You cannot circumvent these regulations with a letter by the patient. The only way you can stay ahead of the game is to learn all of the rules and play their game by the rules.

Delays Expected Again for Paper Claims

As we stated in April, we expect Medicare to establish lengthy time delays this summer for payment on paper claims. In the May 5th Baltimore meeting, this subject

was brought up and completely avoided by HCFA personnel. Off the record, HHS personnel responded that there was no doubt that payment delays (of up to as much as 60 days) will be established before the end of the fiscal year, for paper claims. This reinforces our recommendation that you start filing your Medicare and Medicaid claims electronically as soon as possible. You do not have to possess a computer in order to do so. For months, Control-o-fax tried to get me to endorse a new "box" (Ultra-Bill) that files claims for you, electronically. I refused to do so, until I could see it in operation in a few offices for an extended time period. We have thoroughly investigated it, and found it to be phenomenal! The expense is minimal, and the support, ease of use and reduced payment processing time makes it an exceptional value. Without hesitation, we recommend this system to any office not currently filing claims electronically, whether you have a computer or not.

(Don Self is a private consultant. He can be reached at 1-800-256-7045.)

Rural Health Factline

Physicians in Texas are more likely to take new uninsured patients than they are to take new Medicaid patients. Thirty-four percent said they would not accept new Medicaid patients; only 11 percent said they would not accept new uninsured patients.*

27.54% of rural children in Texas live in poverty.*

Presidio County has the state's highest poverty rate, at 55.12%.*

The average per capita income in non-metropolitan counties in Texas is \$12,577; in metropolitan counties it's \$15,053.®

89% of the uninsured in Texas are employed.‡

Texas ranks second, behind only California, in the percentage of people in the state living below the U.S. poverty level.&

*Texas Medicine, April 1991

†County Poverty Estimates, 1988, Texas Department of Health, Bureau of State Health Data and Policy Analysts

®Per Capita Income, 1988: U.S. Bureau of Economic Analysis, Bureau of Business Research, University of Texas

‡Texas Research League

&Texas Department of Human Services

TOMA HAS DISCOVERED AN IMMUNIZATION FOR THE HEALTH INSURANCE "EPIDEMIC"

The high cost, no guarantee system of health insurance coverage is a "disease" that is affecting ALL small employers. Instead of providing long-term, affordable protection from financial losses due to accidents and illness, today's health insurance industry has created tremendous short-term burdens with no certainties of continued coverage in an environment that is as volatile as ever.

A recent item from *Medical Economics* magazine (March 5, 1990) indicates further the troubles that surround small employers, and even more specifically physicians. It reads:

"While state and federal legislators debate the merits of requiring employers to provide health-care coverage for their workers, health insurers are refusing to issue policies to more and more small businesses and professions. Some carriers are even blacklisting physicians and nurses, chiropractors, dentists, and others in the health-care field. One reason that medical workers may be excluded, carriers say, is they tend to have a high rate of utilization."

Although a total cure for these problems may still be far away, TOMA has discovered an "immunization" for its members that can help shield the frustrations that managing health insurance (or the lack of) can cause.

TOMA has appointed DEAN, JACOBSON Financial Services to handle the complexities of health insurance environment for you. They have just negotiated with CNA Insurance Company (an A+, Excellent rated company with a long, successful record in the accident and health business) to offer Major Medical coverage to TOMA members at very competitive rates. Best of all, with CNA's strength in the health insurance market and DEAN, JACOBSON's management of insurance services, TOMA will have a superior Health Insurance Program that has long been needed.

DEAN, JACOBSON Financial Services is recognized statewide for their expertise in insurance and related areas. So regardless of your current situation with health coverage, call DEAN, JACOBSON Financial Services to help you immunize against the health insurance "epidemic."

For information on coverages, costs, and enrollment forms contact:

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AOA Washington Update

HCFA Proposes Medicare Fee Schedule

The Health Care Financing Administration released June 5, 1991 its proposal for the new Medicare Fee Schedule which will base physician payment on resource-based relative values. Implementation of the new fee schedule will begin January 1, 1992 and should be completely phased-in by 1996. A sixty-day comment period provided for the regulation will close August 5, 1991.

Enacted by Congress as part of the Omnibus Budget Reconciliation Act of 1989, the proposal will change physician payment under Medicare dramatically. The proposal will include values for work, practice costs, and malpractice expense which will also be adjusted for geographic locality. HCFA representatives noted that as expected, the "winning physicians are those physicians who provide more cognitive services, accept assignment for Medicare patients and practice in traditionally low paid geographic localities.

The proposed regulation encompasses approximately 85 percent of the codes used under Medicare and over 4000 procedures. Furthermore, while there has been much discussion about redrawing payment localities, HCFA retained the current payment areas in this proposal. In addition, the proposal utilizes a proposed revision of the evaluation and management codes recently developed by the American Medical Association's CPT Advisory Panel.

The Council on Federal Health Programs heard a report of a technical briefing on the proposed regulation at its recent meeting. The Council will be reviewing the proposal and will make comments on the proposal as it affects the osteopathic profession.

President Bush Joins Congress in Overhaul of Liability Insurance

The Bush Administration recently unveiled its long-awaited initiative to reform state medical malpractice laws, thus adding to the debate on Capitol Hill which began last Congress with Senator Orrin Hatch's (R-UT) introduction of the *Ensuring Access Through Medical Liability Reform Act*.

The Bush plan, which would take effect in 1995, calls for a cap of \$250,000 for "pain and suffering" awards. In addition, such awards would be paid in installment form rather than a lump sum, therefore reducing the actual amount a doctor, hospital or insurance agency would have to pay. It also would establish alternative dispute resolution systems such as arbitration or mediation, which victims would have to appeal to before going to court. The last main objective would be to strengthen states' medical licensing boards so that they could establish some guidelines for what treatments are ap-

propriate when patients come in with certain problems as well as to give out information on how the boards are performing in policing and educating doctors.

The Hatch proposal, which he reintroduced along with Congresswoman Nancy Johnson (R-CT) at the start of 102nd Congress, calls for stricter patient protection rules, establishes new tort guidelines to decide malpractice claims and award damages, and provides incentives to states (just as the Bush plan) to set up alternative dispute resolution systems. The Hatch/Johnson bill involves sizable grants to states to institute these objectives and to determine the most effective way medical liability claims could be handled outside the traditional tort system and result in the prompt and fair resolution of claims. Senator Hatch also introduced the Bush Administration plan in the Senate in early June. The Hatch-Johnson proposal has made waves in Congress as many legislators feel it deters from the states' rights to determine their own approach to the problems in professional liability insurance reform. The Bush plan avoids such problems associated with the Hatch-Johnson bill, but raises new ones by taking money away from the states unless they enact changes. Congresswoman Johnson, however, supports the Administration's proposal as she hopes Bush's entry into the debate on Capitol Hill will give such proposals added momentum.

Senator Harkin Introduces Preventive Health Legislation

Senator Tom Harkin (D-IA), a longtime advocate of preventive health measures, has introduced a seven bill legislative package entitled *Prevention First*. The Senator believes that our health system is far too geared toward helping people only when they become ill or disabled, and that Congress tends to stray from longterm investments such as preventive health legislation. Therefore, said Harkin, "Prevention First will not only save lives and improve the quality of American life, but will save money as the U.S. faces more than \$750 billion annually in health care costs."

In order to spark this entire prevention plan from concept to reality, Harkin believes, along with a mass of primary care doctors, that our health system needs a "launch program" for these ideas very soon. "The basis for such a system would be successfully founded by having a reliable primary care provider for each person and by instituting these preventive policies and teachings at the earliest stages of school," said Harkin.

The components of *Prevention First* cover many health aspects and include measures such as reducing lead poisoning in children, expanding the category of women eligible for Medicare-funded breast cancer screening, a five year disabilities prevention program in every state and health promotion activities for older Americans. ▶

Council To Discuss Access to Health Care

In a precedent-setting move, AOA Council on Federal Health Programs Chairman Marcelino Oliva, D.O., announced that the Council will devote at least half of its next meeting to an in-depth exploration of proposed reforms in health care financing. This working session will attempt to find ways to provide access to health care for all Americans, including the estimated 30 million Americans who have no health insurance.

This dramatic step comes as Congress in paying increased attention to Americans who are denied access to health care. In the current session of Congress alone, a plethora of congressional hearings have been held on this subject, and numerous legislative proposals addressing the problem have been introduced.

The Council's working session at its September meeting will enable Council members to formulate proposals and strategy concerning this significant issue.

Redesigned EOMB by 1992

The Health Care Financing Administration is redesigning the Explanation of Medicare Benefits Form (EOMB) to make it more understandable to beneficiaries. The project is considered a major undertaking and is necessary to reflect the numerous changes accompanying physician payment reform. HCFA expects the new form to be ready for carrier use by January 1992.

One interesting change on the form will be a notice of physician balance billing amounts. Two methods are being discussed to relay this information. One possibility would be a per service listing of each of the physician's balance billing amounts and the amount actually charged. The second option would be to note the balance billing amount only if the physician charged more than the limit. While the form itself might be ready by January 1992, the patient notification of limiting charges would not be effective until January 1993 when all MAACs will be eliminated.

Inspector General to Survey Physicians on Pharmaceutical Gifts

The HHS Inspector General plans to send voluntary surveys to physicians asking whether they have been offered gifts or other perks by pharmaceutical companies. In addition, the survey will ask whether the physicians believe the gifts are inappropriate under the Medicare kickback law. The survey itself is still awaiting clearance from the White House Office of Management and Budget.

A leaked draft of the regulation asks doctors to check off items they have received such as meals, travel, ball game tickets, medical texts, office equipment, or drug samples. Responders will be asked to give the approximate value of the items involved.

Despite the IG assurances that the information will be kept confidential and the data will not be used for any purpose beyond the survey, some health care attorneys believe the IG could use the information to investigate physicians. Some lawyers, therefore, recommend that physicians seek counsel's advice or not respond at all. Others counter that if no one responds it may send negative signals that the profession has something to hide and only fuel the IG's efforts to push Congress to ban certain practices.

THE AOA Committee on ethics plans to review this issue in the near future.

Newsbrief

EDUCATION REFORM

As recently as the mid-1980s, only 22 percent of the jobs in this country required a college degree. More than half the jobs created between 1984 and 2000 are projected to require education beyond high school and most of those will be filled by college graduates.*

*Ray Marshall, Growth Policy in the Age of High Technology.

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For the first time ever Medical Consultants of Texas is offering their highly popular videotape "Playing Medicare's Game to Win" to TOMA members for a special price of \$99 (+\$8.17 sales tax).

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Don Self, President of MCT, is considered one of the nation's leading experts on Medicare billing and billings and collections.

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Humid Heat Can Be Deadly

An early heat wave, combined with high humidity, could lead to the deadly threat of heat-related illness for many Texans.

Health officials warn that heat stress, or hyperthermia, contributed to 1,700 deaths in the U.S. during the humid summer of 1980. The victims of heat stress are usually the elderly, the very young, the poor, or people weakened by illnesses such as heart disease or alcoholism.

Dr. Jim Cheek, of the Texas Department of Health's Bureau of Disease Control and Epidemiology, said, "The first few days of a heat wave with high humidity are particularly dangerous." He explained that generally four to seven days are needed for people to acclimate to elevated temperatures. Dr. Cheek noted that most cases of serious heat-related illness occur early in the summer.

Heat-related illness includes a broad spectrum ranging from simple heat cramps to life-threatening heat stroke. Although many persons with heat stroke have some form of debilitating disease, healthy young persons may develop heat stroke following strenuous

physical exertion. The warning signs of impending heat stroke may be few, and loss of consciousness may be the first sign. Heat stroke is a medical emergency and care should be sought immediately.

Dr. Cheek stated that "people can prevent heat-related illness by drinking more fluids, preferably water, before exposure." In addition, he noted, "Particularly susceptible people such as the elderly and the very young should wear light, loose-fitting clothing, take frequent baths, avoid strenuous activity, and remain in a cool place."

Local weather forecasts can be a guide to the danger of heat-related illness. The "heat stress index," obtained from the National Weather Service reflects how hot the air feels to humans. A heat stress reading of 105 is considered very dangerous, yet can occur while temperatures are in the mid 80s. To calculate heat stress, find the index number in the column under current humidity (top line) that is directly to the right of the thermometer reading (left column).

HEAT INDEX CHART

HUMIDITY

TEMP	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95
80							80	82	83	84	84	85	86	87	88	89	90
85	82	83	84	84	85	86	87	88	90	92	93	94	95	97	98	100	105
88	84	85	87	88	90	91	93	94	95	97	98	100	104	106	110	113	117
90	86	87	88	90	92	94	96	97	98	100	103	106	110	113	116	120	124
92	87	89	91	93	94	96	98	100	102	105	108	111	115	120	124	128	130+
94	91	92	94	95	97	100	103	105	108	111	115	120	125	130+			
96	93	95	97	98	101	104	107	109	113	118	123	128	130+				
98	95	97	99	101	104	107	110	114	118	123	129	130+					
100	96	98	101	104	107	110	115	120	125	130	130+						
101	97	100	102	105	108	112	118	123	128	130+							
102	98	101	104	107	110	116	121	127	130+								
103	100	103	106	108	113	120	125	130	130+								
104	101	104	107	110	117	123	128	130+									
105	102	105	108	112	119	126	130	130+									
VERY WARM 80-90 HOT 90-105 VERY HOT 105-130 EXTREMELY HOT 130+																	

(For more information, contact Dr. Jim Cheek, Bureau of Disease Control and Epidemiology, at 512/458-7455, or Margaret Wilson, Public Health Promotion Division, at 512/458-7405.)



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PRIMARY CARE UPDATE
SEPTEMBER 27-29, 1991

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OMT Tapes Available Through TCOM

Copies of VHS tapes on OMT techniques are available to osteopathic physicians throughout the state who wish to borrow them for a period of up to two weeks. These tapes are eligible for Category 1-B CME from the AOA. Interested physicians should contact: Learning Resource Center, TCOM Health Sciences Library, 1 Camp Bowie Boulevard, Fort Worth, Texas 76107; phone: (817) 735-2288. Physicians should note that a library card is necessary to borrow the tapes. Those needing a card should contact the library for an application form.

Tapes Available

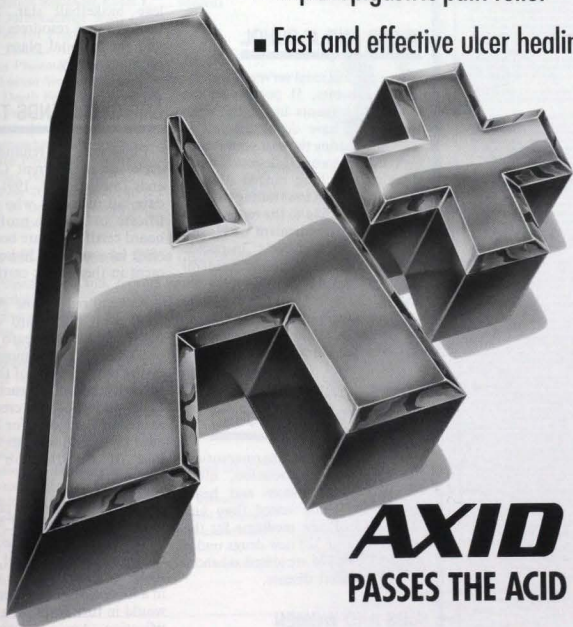
WB90 VC1800 1974	KCOM — Manipulative Series Soft Tissue - Lumbar lower thoracic area 46 minutes (one hour Category 1-B CME available from AOA)
WB940 VC1799 1975	KCOM — Paul Kimberly, D.O. Part I — Cervical C2 - C4 Side bending left, rotation left, high velocity Part II — T4 - T10 FSR Grps. A. Supine high velocity sitting Part III — T4 - T10 Flexion Extension a. Forward bending, high velocity & spring b. Backward bending, high velocity, muscle cooperation Part IV — T10 L5 FSR Grps. high velocity & muscle energy PTV - Roto - scoliosis (Sitting) 47 minutes (one hour Category 1-B CME available from AOA)
WB940 VC1798 1974	KCOM — Pelvis S. I. Innominate Paul Kimberly, D.O. 1. Testing Physiological Motion 2. Symphyseal Lesions Diagnosis & Treatment 3. Sacral Diagnostic Procedures 4. Left Sacral Torsion Findings & Mobilization 5. Left Unilateral Findings & Mobilization 6. Left Innominate Posterior 57 minutes (one hour Category 1-B CME available from AOA)
WB940 VC1801 1975	KCOM — Thoraco-Lumbar Junction 32 minutes (one-half hour Category 1-B CME available from AOA)
WB940 VC1802 1978	Indirect extremity technique — Anne Wales, D.O. 50 minutes (one hour Category 1-B CME available from AOA)
WB940 VC1797 1984	KCOM — Cervical Technique ME & HVLA Cervical Spine-OA-AA Techniques — Counterstrain, Direct, Indirect Jerry Dickey, D.O. Cervical Spine-Direct Method — Lower Spine (Facet Angles) Larry Bader, D.O. 25 minutes (one-half hour Category 1-B CME available from AOA)
WB940 VC1591 1976	Counterstrain Part I - Part V Complete Counterstrain Course by Larry Jones, D.O. 3 hrs. 45 minutes (four hours Category 1-B CME available from AOA)
WB940 VC1796 1979-82	Michigan State Series Pelvic Region I: Iliosacral Pelvic Region II: Sacroiliac Pelvic Region III: Alternative Direct Technique 42 minutes (one hour Category 1-B CME available from AOA)
WB940 VC1803 1980-82	Thoracic Cage Thoracic Region I: True Ribs (1 through 7) Thoracic Region II: Mid Lower Thoracic 26 minutes (one-half hour Category 1-B CME available from AOA)

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has the right answers

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- Fast and effective ulcer healing^{2,3,4}



*Most patients experience pain relief with the first dose.
See adjacent page for references and brief summary
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Brief Summary: Consult the package insert for complete prescribing information, indications and dosage. 1. Active duodenal ulcer—up to 8 weeks of treatment. Most patients heal within 4 weeks.

2. Maintenance therapy—for healed duodenal ulcer patients at a reduced dosage of 150 mg h.s. The consequences of therapy with Axid for longer than 1 year are not known.

Contraindications: Known hypersensitivity to the drug. Because cross sensitivity in this class of compounds has been observed, H₂-receptor antagonists, including Axid, should not be administered to patients with a history of hypersensitivity to other H₂-receptor antagonists.

Precautions: General—1. Symptomatic response to nizatidine therapy does not preclude the presence of gastric malignancy.

2. Dosage should be reduced in patients with moderate to severe renal insufficiency. In patients with normal renal function and uncomplicated hepatic dysfunction, the dosage of nizatidine is similar to that in normal subjects.

Laboratory Tests: False-positive tests for aminoglycosides with Multistix[®] may occur during therapy.

Drug Interactions: No interactions have been observed with theophylline, chlorazepate, triazepam, lidocaine, phenytoin, and warfarin. Axid does not inhibit the cytochrome P-450 enzyme system. Therefore, drug interactions mediated by inhibition of hepatic metabolism are not expected to occur. In patients given very high doses (3,000 mg) of aspirin daily, increased serum salicylate levels were seen when receiving 150 mg h.s. was administered.

Carcinogenesis, Mutagenesis, and Fertility: A 2-year oral carcinogenicity study in rats with doses as high as 500 mg/kg/day (about 80 times the recommended human dose) showed no evidence of a carcinogenic effect. There was a dose-related increase in the density of intracanalicular-like (ICL) cells in the gastric antrum. In rats, there was no evidence of a carcinogenic effect. A significant increase in hepatic carcinoma and hepatic nodular hyperplasia with no numerical increase seen in any of the other dose groups. The rate of hepatic carcinoma in the high-dose animals was within the historical control limits seen for the strain of mice used. The female mice were given a dose larger than the maximum tolerated dose, as indicated by excessive (30%) weight decrement as compared with concurrent controls and evidence of mild liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given an excessive and somewhat hepatotoxic dose, in the presence of a carcinogenic effect in rats, may indicate that the dose given up to 300 mg/kg/day (about 40 times the human dose), and a negative mutagenicity battery are not considered evidence of a carcinogenic potential for Axid. Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, mouse lymphoma assay, chromosome aberration tests, and a chromosome break test.

In a 2-generation prenatal and postnatal fertility study in rats, doses of nizatidine up to 500 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny.

Pregnancy—Laboratory Effects—Pregnancy Category C: Oral reproductive effects in rats at doses up to 300 times the human dose and in Dutch beagle rabbits at doses up to 15 times the human dose revealed no evidence of impaired fertility or teratogenic effect but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and decreased fetal weight. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, constriction of the aortic arch, and cutaneous edema. At 40 mg/kg, and at 50 mg/kg, a pronounced cardiac anomaly, dilated aorta, dilated aortic valve, hydropneumothorax, enlarged heart, and edema of the lungs, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause harm when used during pregnancy. Therefore, women can or cannot reproduce safely. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Human Studies: Studies in humans have shown that 0.1% of an oral dose is secreted in human milk in proportion to plasma concentrations. Because of growth depression in pups raised by treated lactating rats, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use: Safety and effectiveness in children have not been established. Elderly patients—Health status in elderly patients was similar to those in younger age groups as were the rates of adverse events and laboratory test abnormalities. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions: Clinical trials of varying durations included almost 5,000 patients. Among the more common adverse events in domestic placebo-controlled trials of over 1,900 nizatidine patients and over 1,300 on placebo, sweating (1% vs 0.2%), urticaria (0.5% vs 0.01%), and somnolence (2.4% vs 1.3%) were significantly more common with nizatidine than with placebo. It was not possible to determine whether a variety of less common events were due to the drug.

Hepatic: Hepatotoxicity may be related to enzyme tests or alkaline phosphatase possibly or probably related to nizatidine occurred in some patients. In some cases, there was marked elevation (>500 IU/L) in SGPT and/or in SGOT, and in a single instance, SGPT was >2,000 IU/L. The incidence of elevated liver enzymes overall and elevations of up to 3 times the upper limit of normal, however, did not significantly differ from that in placebo patients. All abnormalities were reversible after discontinuation of Axid. Since marked urticaria, hepatitis and jaundice have been reported. Rare cases of cholestasis or mixed hepatocellular and cholestatic with jaundice have been reported with reversal of the abnormalities after discontinuation of Axid. Cardiovascular—In clinical pharmacology studies, short episodes of asymptomatic paroxysmal tachycardia occurred in 2 individuals administered Axid and in 3 untreated subjects.

Other: Rare cases of reversible mild conjunctivitis have been reported.

Endocrine: Clinical pharmacology studies and controlled clinical trials showed no evidence of androgenic activity due to nizatidine. Impotence and decreased libido were reported with equal frequency by patients on nizatidine and those on placebo. Gynecomastia has been reported rarely.

Hematologic: False thrombocytopenia was reported in a patient treated with nizatidine and another H₂-receptor antagonist. The patient had previously experienced thrombocytopenia while taking other drugs. Rare cases of thrombocytopenic purpura have been reported.

Intoxication: Seizuring and convulsions were reported significantly more frequently in nizatidine than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.

Hypersensitivity: As with other H₂-receptor antagonists, rare cases of angioedema following nizatidine administration have been reported. Rare episodes of hypersensitivity reactions to nizatidine, pruritus, urticaria, rash, and anaphylaxis have been reported.

Other: Hypertension associated with oral or intravenous use has been reported. Epilepsy, fits, and nausea related to nizatidine have been reported. Dehydration: Overdose of Axid has been reported rarely. If overdose occurs, activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy. Renal dialysis does not substantially increase clearance of nizatidine due to its large volume of distribution.

PV 2509 AMP
(09/19/90)

References

1. Data on file, Lilly Research Laboratories.
2. Scand J Gastroenterol 1987;22(suppl 136):61-75.
3. Scand J Gastroenterol 1987;22(suppl 136):47-55.
4. Am J Gastroenterol 1989;84:769-774.

NE 2943-B-189347

Additional information available to the profession on request

Eli Lilly and Company
Indianapolis, Indiana
46285

IFYI

TWO INCOME HOUSEHOLDS THE MOST COMMON

According to 1990 Bureau of Labor Statistics figures, both partners work outside the home in over 50 percent of married households. The percentage of working mothers with minor children is now 61.4 percent, up from 57 percent in 1986.

TEENS AND ALCOHOL

In a new national survey of teenage drinking habits, 51 percent of the country's students in grades seven through 12 have drunk alcohol at least once during the past year. About eight million teens drink weekly while three million have binged (five or more drinks in a row) during the past month, according to the report compiled by the Department of Health and Human Service's inspector general's office. Surgeon General Antonia Novello, M.D., who requested the report, is calling on state and local governments to step up enforcement of the legal drinking age (21 and older in all 50 states).

CANCER AND HEART DISEASE DRUGS ABOUND

According to the Pharmaceutical Manufacturers Association, more drugs to treat cancer and heart disease are being tested than any other kind of new medicine for the elderly. Out of 329 new drugs under development, 126 are aimed at cancer and 93 at heart disease.

AIDS AND WOMEN

This year, AIDS will become the fifth leading cause of death in American women ages 15-44, according to the U.S. Centers for Disease Control.

GETTING A JUMP ON HEART ABNORMALITIES

Iowa Lutheran Hospital in Des Moines, Iowa, has sponsored a voluntary, city-wide screening program of high school athletes to detect heart abnormalities that could cause sudden death. The program came about in part by the on-court death of a college basketball star. Staff time, facilities and resources are donated and the hospital plans to hold the program yearly.

CME CYCLE ENDS THIS YEAR

Physicians are reminded that the cycle for the current CME period ends December 31, 1991. As of that date, all members who hold a certificate of special proficiency, are board certified or are board eligible, must have met the 50 hours requirement in their basic certification.

As required by the AOA, physicians who are board certified or board eligible must earn a minimum of 50 credit hours or more, depending on the requirements of their primary specialty board, in each three-year CME period. These credits may be earned in Category 1 or 2. Failure to meet these requirements will result in loss of certification or board eligibility.

Under current AOA policy, failure to meet the specialty CME requirement would be interpreted as a failure to meet the individual physician's CME requirement. This would result in a loss of AOA membership, which would in turn result in a loss of certification. Any questions regarding the AOA CME program should be directed to the AOA Division of Continuing Medical Education.

Resource Materials Available From Texas Osteopathic Medical Association

The following resource materials are available to TOMA members upon request. Please check materials desired, indicating number of such where applicable. TOMA will bill for cost, as needed.

The following items are needed:

- ICD-9-CM Workbook (___ needed)
- OMT Workbook (___ needed)
- TOMA Guidelines For Physician Office Drug Management
- Patient Consent Forms for Medicare Part B and Medicaid (___ needed)
- Medical Disclosure List
- Immunization Reminder Cards (___ needed)
- Medical Jurisprudence Study Guide
- "Blueprint For Practice"
- Medical Practice Act of Texas
- Physician Placement Service
- List of Lucum Tenen Physicians
- Natural Death Form (___ needed)
- Durable Power of Attorney for Health Care Form (___ needed)
- The Osteopathic Oath
- A Modern Physician's Creed
- "Physician, Heal Thyself"
- "Talk Show Tips for Osteopathic Physicians," a cassette narrated by Donald Kotoske, D.O. (while supply lasts)

Booklets and Brochures for Office Distribution:

- "Your Physician and You, A Team For Good Health" (___ needed)
- "What Everyone Should Know About Osteopathic Physicians" (___ needed)
- "It's For You" (___ needed in English) (___ needed in Spanish)
- "What Is A D.O.? What Is An M.D.?" (___ needed)

Special Programs:

- Information on professional liability insurance program (Physician's Choice)
- Information on disability insurance program (Provident Life & Accident)
- Information on collection agency (I. C. Systems)
- Information on MasterCard/Visa Merchant program
- Information on the Med-Search program coordinated through TCOM Health Sciences Library
- Information on Cellular Phones (Augo Cellular & Accessory Co., Inc.)

Name: _____

Address: _____

Phone: _____

District: _____ Date: _____

Return to Texas Osteopathic Medical Association, 226 Bailey Avenue, Fort Worth, Texas 76107.

Newsbrief

NOM WEEK THEME IS PREVENTIVE MEDICINE

National Osteopathic Medicine Week, set for September 22-28, will focus on preventive medicine with the theme "Osteopathic Medicine: Offering a Cure For What Ails US." To replace the traditional NOM Week kit, this year the AOA has developed a NOM Week catalog of ideas and products to help participants get the most out of the NOM Week celebration. Physicians who have not received a copy of the catalog may contact the AOA at 142 East Ontario Street, Chicago, Illinois 60611 or call 1-800-621-1773.



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PARTNERSHIP — offered in thriving general practice on the Gulf Coast. Coverage available, Intern/Extern approved hospital with TCOM affiliation. Contact Sam Ganz, D.O., 3933 Upriver Road, Corpus Christi, 78408. (51)

FULL AND PART-TIME PHYSICIANS WANTED — for several primary care/minor emergency clinics in the D/FW area. Flexible schedule, excellent potential for growth and financial success. Please send resume or contact: Steve Anders, D.O., Medical Director, Ready-Care Medical Clinic, 4101 Airport Freeway, Suite 101, Bedford, 76021; 817/540-4333. (40)

ASSOCIATE NEEDED — for expanding general practice in East Texas. Guaranteed income with a future. Contact: Steve Rowley, D.O., 903/849-6047 or Mr. Olie Clem, 903/561-3771. (08)

FULL AND PART-TIME OPPORTUNITIES for GP/IM in San Antonio, OB-Gyn/FP physician in Ft. Hood. Expect paid malpractice and competitive compensation. No call or beeper responsibilities. Contact: Gus Murphy 1-800-645-4848 (58)

FULL AND PART-TIME PHYSICIANS WANTED — General Family Practice/Minor Emergency. Flexible schedule. Competitive salary and percentage. Contact Dr. Botas 713/644-3602 between 4-7 pm or send cv. to P.O. Box 262908, Houston, 77207. (52)

TYLER — DOCTORS MEMORIAL HOSPITAL IS SEEKING — pediatricians; an OB-Gyn physician; an orthopedic surgeon; family practice physicians; and a general internist to work in an association or solo practice. Financial assistance available. Contact Olie E. Clem, C.E.O., 1400 West Southwest Loop 323, Tyler, 75701; 903/561-3771. (45)

SEEKING OB-GYN SPECIALIST — Recently remodeled 265-bed hospital in the Fort Worth area. Living in a charming D.O. friendly city only 45 minutes from Dallas. This area of Texas is the most desirable area of residence in the entire Southwestern U.S. We offer competitive benefits including income guarantee, malpractice, rent and

marketing. Our specialty is practice management assistance, which we offer to you and your staff free of charge. Contact Physicians Support Services, 1002 Montgomery Street, Suite 102, Fort Worth, 76107. 817/735-1392. (43)

EL PASO — Texas practice opportunity for general practitioner in beautiful warm El Paso. Accessible to recreational activity: golf, hunting, fishing, skiing. Partnership in busy office. Competitive financial offer and benefits. Call 915/772-9397 or 1/800/869-1233. (36)

WEST TEXAS — Three board certified family physicians seek fourth associate for busy practice. OB preferred. Friendly town, good schools. Within 35-minutes of larger city. Very lucrative financial situation. Excellent for pilot physician. Contact: Jim Truitt, Physician Resource Network, P.O. Box 37102, Fort Worth, 76117-8102. From Fort Worth, call 595-1128; from Dallas (Metro) 817/589-0726 or 1/800/525-6055. (31)

PRACTICE FOR SALE — owner joining cruise ship and must sell. Practice between Denton and Grapevine near Alliance Airport and IBM. 500 patients per week; 95 percent collection; 95 percent private pay. Reply in confidence. 817/498-1351. (15)

FAMILY PRACTICE — Houston — One of the largest single doctor family practices desires an associate with takeover in one year. Spanish speaking preferred but not necessary. Call Dr. Jack Blumenthal at 713-228-0861; Mon. - Wed. 9:00 - 12:00 or 2:00 - 5:00. (59)

RECRUITING AN ASSISTANT/ASSOCIATE PROFESSOR — to be a full-time faculty member in the Department of Manipulative Medicine, Texas College of Osteopathic Medicine. Certification in Osteopathic Manipulation or General Practice preferred. Previous experience in Manipulative Medicine preferred. Send CV with letter of request to:

J. L. Dickey, D.O.
Chairman, Dept. of Manipulative Medicine
3500 Camp Bowie Boulevard
Fort Worth, 76107
TCOM is an equal opportunity/affirmative action employer. (53)

PHYSICIAN-OWNED EMERGENCY GROUP — is seeking Full or Part-time D.O. or M.D. emergency physicians who practice quality emergency medicine. BC/BE encouraged, but not required. Flexible schedules, competitive salary with malpractice provided. Send CV to Glenn Calabrese, D.O., FACEP, OPEM Associates, P.A., 100 N. University, Suite 212, Fort Worth, 76107. 817/332-2313.
FAX 817/335-3837. (35)

AUSTIN, TEXAS — Primary care physicians register for ER positions in Austin area. Licensure any state. ACLS required. Contact: Annashae Corporation 800/245-2662. EEC/MF (50)

POSITION OPEN IN HOUSTON — Established solo practitioner specializing in OMT seeks associate with like interest to join practice. Please call Reginald Platt, III, D.O., 6815 North Hampton Way, Houston, 77055. 713/682-8596. (13)

POSITIONS DESIRED

LOCUM TENEN SERVICE — for the Dallas/Fort Worth Metroplex. Experienced physician in family practice and emergency medicine offering dependable quality care for your patients at competitive rates. Contact: Doyle J. Gallman, Jr., D.O., 817/473-3119 or beeper number 817/794-4001. (49)

OFFICE SPACE AVAILABLE

FOR LEASE — Medical office, established medical-dental building on Hulen between Vickery and W. Fwy.; approx. 1,400 sq. ft. which includes 3-4 exam rooms, lab, business office, private office, and extras. Recently remodeled and ready to move in. 817/338-4444 (27)

FOR RENT — Medical Office in Arlington. Three to six months free rent with proper lease. Ideal for general practitioner. Call 817/265-1551. (32)

FOR SALE — Profitable Osteopathic General Practice — in the Fort Worth/Watauga area. Office fully equipped including office manager and LVN. OB optional. Please call Debbie Stanley at 817/284-7380. (22)

MISCELLANEOUS

RECONDITIONED EQUIPMENT FOR SALE — Examination tables, electrocardiographs, sterilizers, centrifuges, whirlpools, medical laboratory equipment, view boxes, weight scales, IV stands and much more. 40-70 percent savings. All guaranteed. Mediquip-Scientific, Dallas, 214/630-1660. (29)

WANTED: Used Diathermy Machine. Contact Dr. Mohny, 713/626-0312. (02)

FOR SALE — Hunting - Recreating - Cabin Site. 40 acre Colorado Wilderness sites. Joins San Juan National Forest. Covered with pine forest - good access road. Elevation 7,500 ft. Deer, bear, elk. One and one-half miles to trout fishing lake. 40 minutes to Durango. One hour and 20 minutes to Telluride Skiing Resorts. Call Country Dean for information; 817/335-3214 (metro 817/429-0460). (19)

EQUIPMENT — Hill Anatomotor Table, excellent condition and 15 feet of Controlfax Modular Chart racks (total 84 feet of chart shelf). Racks are (3) foot modules, with colored end panels. Contact: Dean Peyton 817/277-6444. (09)

VAIL, COLORADO — For Sale... 1/6 equity interest in a fully furnished condo overlooking the Eagle-Vail golf driving range. Sleeps 12, has fireplace, washer-dryer and locked storage. Near tennis, hiking, golfing and skiing. \$15,000. For more information, call 918/494-2722 (home) or 918/587-2561 (work) for Dr. Ernest Pickering. (54)

FILM ABOUT OSTEOPATHY — Students for the Advancement of Osteopathic Medicine at UHS-COM in Kansas City have put together an explanation of osteopathic medicine on VHS format. This video is designed to acquaint the student with the benefits of choosing osteopathic medicine as a career and to dispel misconceptions which have pervaded Pre-Medical advisors concerning our profession. We would like for practicing physicians to have this available for their use. There is no charge for this video. Interested D.O.s may obtain a copy by writing to: S.A.O.M., c/o Alvin C. Bacon, 2105 Independence Blvd., Kansas City, Missouri, 64124. (25) ■



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