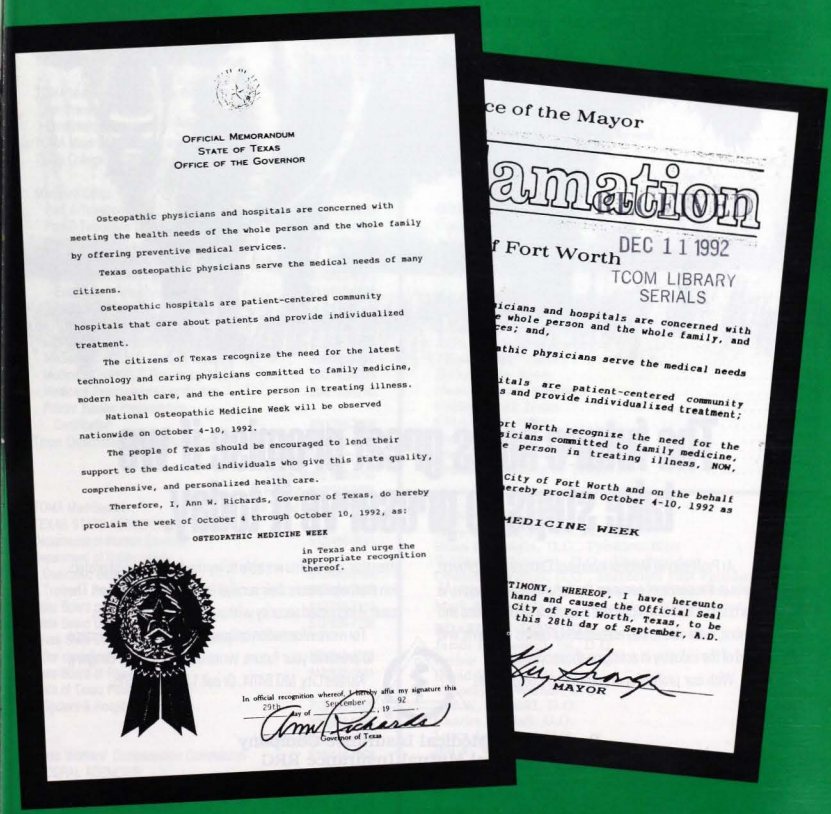
TEXAS DO

XXXIX, No. 11 TEXAS OSTEOPATHIC MEDICAL ASSOCIATION December, 1992



OFFICIAL MEMORANDUM
STATE OF TEXAS
OFFICE OF THE GOVERNOR

Osteopathic physicians and hospitals are concerned with meeting the health needs of the whole person and the whole family by offering preventive medical services.

Texas osteopathic physicians serve the medical needs of many citizens.

Osteopathic hospitals are patient-centered community hospitals that care about patients and provide individualized treatment.

The citizens of Texas recognize the need for the latest technology and caring physicians committed to family medicine, modern health care, and the entire person in treating illness.

National Osteopathic Medicine Week will be observed nationwide on October 4-10, 1992.

The people of Texas should be encouraged to lend their support to the dedicated individuals who give this state quality, comprehensive, and personalized health care.

Therefore, I, Ann W. Richards, Governor of Texas, do hereby proclaim the week of October 4 through October 10, 1992, as:

OSTEOPATHIC MEDICINE WEEK

in Texas and urge the appropriate recognition thereof.

In official recognition whereof, I hereby affix my signature this 29th day of September, 19 92

Governor of Texas

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DEC 11 1992
TCOM LIBRARY
SERIALS

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icians committed to family medicine,
e person in treating illness, NOW,

City of Fort Worth and on the behalf
ereby proclaim October 4-10, 1992 as

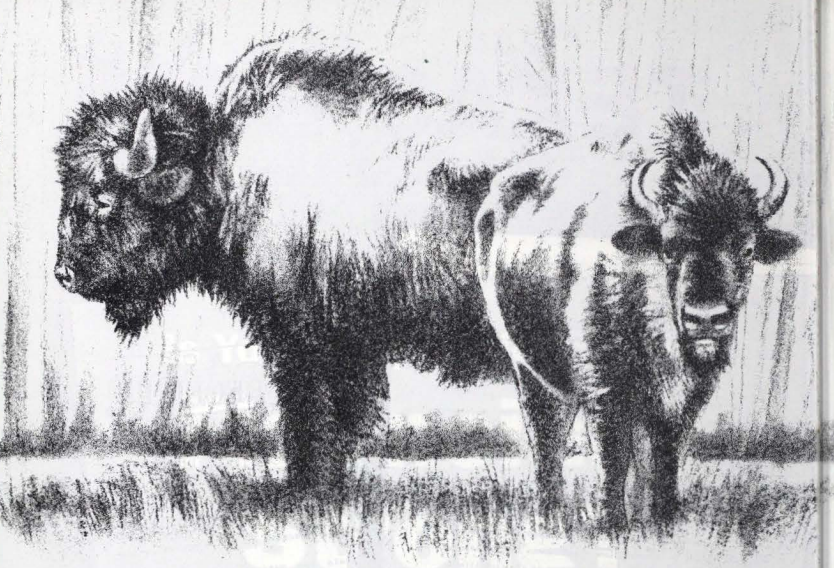
EDICINE WEEK

TIMONY, WHEREOF, I have hereunto
hand and caused the Official Seal
City of Fort Worth, Texas, to be
this 28th day of September, A.D.

MAYOR

Texas Celebrates NOM Week

October 4-10, 1992



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American Osteopathic Hospital Association	703/684-7700
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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
TOMA Med-Search	in Texas 800/444-TOMA
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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TEXAS DO
TEXAS OSTEOPATHIC MEDICAL ASSOCIATION
December, 1992

Texas DO is the official publication of the Texas Osteopathic Medical Association.

Published eleven times a year, monthly except for May. Subscription price is $35.00 per year.

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

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Printed by Cockrell Printing Company, 301 Galveston, Fort Worth, Texas 76104.

Published by
TEXAS OSTEOPATHIC MEDICAL ASSOCIATION
Volume XXXXIX — No. 11 — December, 1992, ISSN 0275-1453
Publication Office — 226 Bailey, Fort Worth, Texas 76107
Phone: 817/336-0549 or 1/800/444-TOMA in Texas
Fax No. 817/336-8801
Copy deadline — 10th of month preceding publication

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Calendar of Events

FEBRUARY

2-3

Mid-Year Conference/Legislative Forum
Texas Osteopathic Medical Association
Location: Omni Hotel
Austin
Hours: 12 Category 1-B
Contact: TOMA
800/444-8662

4-6

Urgent Care Medicine
Kirksville College of Osteopathic Medicine
Location: Tropicana Resort
Las Vegas, Nevada
Hours: 20 Category 1-A
Contact: Rita Harlow
KCOM CME Coordinator
816/626-2232

20-21

Spring Board Prep Course
American Academy of Osteopathy
(in conjunction with Colorado Society)
Keystone Lodge & Resort
Keystone, CO
Hours: 18 Category 1-A
Contact: AAO
317/879-1881

21-26

Ski & CME Conference
Colorado Society of Osteopathic Medicine
Keystone Lodge & Resort
Keystone, CO
Hours: 38 Category 1-A
Contact: Patricia Morales
303/322-1752

MARCH

4-7

90th Annual Convention
Florida Osteopathic Medical Association
Doral Ocean Beach Resort, Miami
Hours: 30 Category 1-A
Contact: FOMA
904/878-7364

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

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

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

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.

Osteopathic Medicine:

A Century of Making a Difference

(1892 - 1992)

It was in 1892 that the first students walked through the doors of the American School of Osteopathy (ASO) in Kirksville, Missouri, establishing what is now the osteopathic medical profession. Thus, the annual celebration of National Osteopathic Medicine Week, observed October 4 - 10, was extra special this year in that it marked the 100th anniversary of osteopathic medicine as a medical profession.

Governor Ann Richards proclaimed October 4 through 10 as National Osteopathic Medicine Week in Texas. Governor Richards stated in the proclamation:

> *The citizens of Texas recognize the need for the latest technology and caring physicians committed to family medicine, modern health care, and the entire person in treating illness. The people of Texas should be encouraged to lend their support to the dedicated individuals who give this state quality, comprehensive and personalized health care.*

Osteopathic Health System of Texas (OHST), like other osteopathic organizations across the nation, planned some special events to mark the 100th anniversary of osteopathic medicine.

OHST employees were treated to a week full of fun and informative activities to commemorate a century of providing osteopathic health care.

At the annual NOM Week barbecue at Osteopathic Medical Center of Texas (OMCT) in Fort Worth, employees, as well as special audiences across Fort Worth, were treated to illusions by Fort Worth magician Bruce Chadwick, who educated his audiences about the advantages of osteopathic medicine.

"I have never seen the philosophy demonstrated in such an entertaining way," said Rita Baker, Auxiliary to the Texas Osteopathic Medical Association representative on the NOM Celebration committee. "Although the hand was quicker than the eye, the message was crystal clear and the kids loved it."

What Rita and more than 500 others saw was The Good Health Magic Show, developed by OHST, TOMA, ATOMA and Chadwick. The magic show, which illustrated the advantages osteopathic medicine offers in helping people stay healthy, was presented at OHST functions, including the employee lunch, the Fitness Connexxion Grand Opening celebration and OHST's Adopt-A-School, North Hi Mount Elementary.

Chadwick turned a red silk scarf into a yellow one "before their very eyes" to show that physicians can have the same training but approach medicine differently, with a different philosophy. Another illusion presented in the 30-minute show was called the "reconnecting beads." Chadwick showed a box full of separate beads and asked different people to drop one at a time into a clear plastic tube. Suddenly, the beads became connected on a string, to illustrate how various parts of our body are interrelated even though we may think they are separate.

In celebration of National Osteopathic Medicine Week, Osteopathic Medical Center of Texas' Adopt-A-School students from North Hi Mount Elementary School were entertained with a magic show on the advantages of osteopathic medicine and preventive health care. "One Healthy Cookie" was served to each after the show. With NHI students from (l to r) Terry Shelly, nurse recruiter at OMCT; magician Bruce Chadwick, B. J. Czewski, vice president of the Auxiliary to TOMA, and Lana Grantham, director of osteopathic manipulative medicine at OMCT.

In another illusion, Chadwick cut a part of a rope which magically restored itself into one whole length of rope, illustrating the body's inherent ability to heal itself.

The finale featured a flat board upon which the words "Nutrition, Lifestyle and Exercise" were written. Out of the board Chadwick produced a stuffed characterization of "One Healthy Cookie" and real, edible, healthy cookies were given to the audiences who "ate it all up."

Richard Koss, D.O., and Lana Grantham, director of osteopathic manipulative medicine services at OMCT, brought Dr. and Mrs. A. T. Still to life as they dressed up as the famous couple and mingled with OHST staff. From days-gone-by, the father of osteopathic medicine and his wife shared the rich and interesting history of osteopathic medicine with luncheon guests.

The following day there was an ice cream social in the OMCT cafeteria; a cool celebration for employees. ▶

Advocates of osteopathy were displayed on OMCT's bulletin board during National Osteopathic Medicine Week to celebrate 100 years of service, famous names such as Nelson Rockefellow, Helen Keller, Buffalo Bill Cody, William Randolph Hearst and Henry Kissinger to name a few.

In all, NOM week allowed all people connected with OHST to stop and reflect on the growth, identity and future of the osteopathic profession during this historical 100th year.

Special guests attending the Osteopathic Health System of Texas NOM Week barbecue was the father of osteopathic medicine, Dr. Andrew Taylor Still, and his wife (played by Richard Koss, D.O., TCOM and Lana Grantham, director of osteopathic manipulative medicine at OMCT.)

Patrick J. Hanford, D.O., president of TOMA District X, reports that "we had our first Annual TOMA District X Retreat, corresponding with NOM Week and the 100th year anniversary of osteopathic medicine." The District X Retreat was held in Ruidoso, New Mexico, at the Inn of the Mountain Gods. Providing just the right mixture of CME and relaxation, the Retreat was well attended and included TOMA President Jerry E. Smola, D.O., as well as TOMA Executive Director Terry R. Boucher. District X hopes that this retreat was just the first of many more to come.

Student Auxilary Association (SAA) members representing the District II and State Auxilaries, sold T-shirts to raise funds for a new state and national scholarship program benefiting Texas College of Osteopathic Medicine students. Both read: "Osteopathy — 100 Years of Service" (l to r) Chris Wilcox, SAA president and Rita Baker, ATOMA past president and current AAOA Board Member.

Northeast Medical Center of Bonham got into the spirit of NOM Week when James Froelich, D.O., a member of Northeast Medical Center's active medical staff, presented the key management team with osteopathic medicine T-shirts in observance of NOM Week. Dr. Froelich is the vice-chief of the medical staff and a member of the Board of Trustees.

(l to r) James Froelich, D.O.; Judy Onstott, R.N., Director of Nursing; Gene Faile, Administrator; and Colleen Chaillot, Controller.

Brian G. Knight, D.O., of Corpus Christi, reports on a busy week for the TOMA District VIII area. Corpus Christi Mayor Mary Rhodes issued a proclamation urging *"all citizens to show their appreciation for these dedicated professionals who give this community quality, compassionate healthcare and join them in celebrating the 100th anniversary of the osteopathic medical profession."*

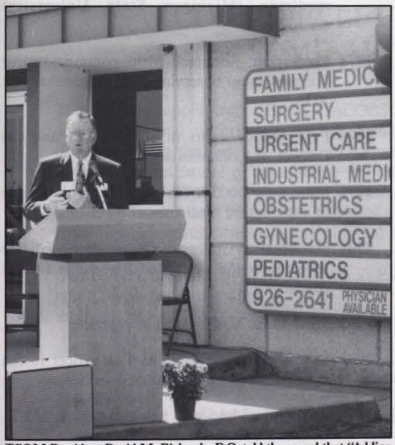
District VIII ran an ad recognizing NOM Week and the "osteopathic physicians serving your community" in Corpus Christi; Sinton; Portland; Rockport; Beeville; Bay Area; Port Aransas; Ingleside; Aransas Pass; Alice; in the U.S. Navy; and family practice residents at Southside Community Hospital and Memorial Medical Center. ▸

Bobby D. Howard, D.O., of Corpus Christi, took to the airways on a radio program during NOM Week. Dr. Howard educated listeners as to the history and philosophy of osteopathic medicine.

Various viewers at Southside Memorial Hospital and at Memorial Medical Center, both in Corpus Christi, learned all about osteopathic medicine from a videotape of the address of former U.S. Surgeon General C. Everett Koop, speaking at the kickoff of the KCOM centennial last May. The tape was shown in the entrance way to Southside Memorial Hospital, at the registration area, and in the emergency room waiting area at Memorial Medical Center.

Texas College of Osteopathic Medicine (TCOM) kicked off NOM Week on October 4 when it opened what had become a one-physician clinic in south Fort Worth as the college's sixth general and family practice clinic. The newly re-opened clinic now has ten times more physicians to serve the multi-ethnic neighborhood.

Ten general and family practice (G&FP) residents and three faculty physicians are staffing the Seminary Drive Medical Center, which was recently purchased by the college from Phillip Paul Saperstein, D.O., a TCOM G&FP professor who has operated at the same location for 31 years. As many as 24 G&FP resident physicians and four senior faculty physicians eventually will work there.



TCOM President David M. Richards, D.O. told the crowd that "Adding the clinic to our list of community service assets reflects our commitment to our community and to producing the best general and family practice osteopathic physicians."

Phillip Sapterstein, D.O., escorts Tarrant County Commissioner Dionne Bagsby on tour of TCOM's Seminary Drive Medical Center.

TCOM sponsored a neighborhood health fair to celebrate the clinic's opening. Visitors received free health care screenings, including blood pressure, pulmonary function, cholesterol, blood sugar, sickle cell anemia, and height and weight measurements. Local residents also enjoyed refreshments and the comic antics of Crackers the Clown.

Saperstein, Thomas W. Whittle, D.O., and W. A. Griffith, D.O., established the clinic in 1961 and developed a broad-based, multi-ethnic clientele. Saperstein continues to serve on the medical center's staff. "Dr. Saperstein is very well-respected in the community and will serve as a wonderful role model for our residents," said Samuel T. Coleridge, D.O., chairman of TCOM's G&FP department. "I'm certain that these changes will allow the medical center to better serve the southeast Fort Worth community."

The large ambulatory care facility, with 20 examination rooms and complete laboratory, x-ray and minor surgery capabilities, is the hub of TCOM's G&FP training program.

Health care screenings were provided to hundreds of residents of the multi-ethnic neighborhood.

Tarrant County Precinct 1 Commissioner Dionne Bagsby was guest of honor at the clinic's ribbon-cutting ceremony. She commended TCOM for being "part of ▶

the fabric of Fort Worth" and for the college's efforts to establish a coordinated health care system in Tarrant County. She also praised osteopathic physicians for the attentive care given their patients. "Osteopathic physicians don't just care for you, they care about you," she said.

TCOM President David M. Richards, D.O., told health fair visitors that TCOM is working hard to produce much-needed primary care physicians in order to avert a potential crisis in health care. "Adding the clinic to our list of community service assets reflects our commitment to our community and to producing the best general and family practice osteopathic physicians," he said.

All in all, this year's celebration of National Osteopathic Medicine Week was exciting and did just what it was supposed to do — spread the osteopathic message.

The following history of osteopathic medicine, by the AOA, provides some interesting dates and happenings in the profession.

1874 Dr. Andrew Taylor Still (1828-1917) a licensed frontier physician, first articulated basic osteopathic principles.

1892 First college of osteopathic medicine, the American School of Osteopathy (ASO), founded in Kirksville, Missouri.

1893 First class graduated from ASO with 17 men and 5 women.

1896 Vermont became first state to license D.O.s.

1897 American Association for the Advancement of Osteopathy founded. Later became the American Osteopathic Association (AOA).

1912 First AOA headquarters established in Orange, New Jersey.

1914 First issue of the *Osteopathic Magazine*, published for the public by the AOA.

1917 Dr. Still dies; 5,000 D.O.s in practice.

1920 First meeting of the AOA House of Delegates at the Sherman Hotel in Chicago.

1922 AOA Headquarters moves to Chicago.

1927 First issue of the *Forum of Osteopathy,* the AOA's news magazine published. The name was eventually changed to *The DO* in September 1960.

1936 First inspection and approval of osteopathic hospitals for the training of interns.

1948 AOA's headquarters building at 212 E. Ohio St. Chicago, is completed and occupied by staff on September 1.

1950 Court decision in Audrain County, Missouri, established the right of D.O.s to practice as complete physicians and surgeons in a county hospital. The court defined the practice of osteopathic medicine to include the administration of medication and surgery.

1957 AOA recognized as the accrediting body of osteopathic education by the U.S. Office of Education, Department of Health, Education and Welfare.

1963 D.O.s accepted by Civil Service as medical officers. First D.O. appointed a medical officer.

1966 D.O.s accepted in army, navy and air force as physicians.

1969 As many as 200 D.O.s serve in the military as medical officers.

1970 First university-affiliated college of osteopathic medicine (Michigan State University) established.

1972 Profession honored with commemorative postage stamp observing 75th Anniversary of AOA.

1973 Full practice rights in all 50 states and the District of Columbia accomplished.

1979 More than 1,000 D.O.s graduate from colleges of osteopathic medicine.

1981 Southeastern College of Osteopathic Medicine becomes the 15th accredited osteopathic medical college.

1982 More than 20,000 D.O.s in practice.

1983 First D.O. is appointed as flag officer in the medical corps of the military service.

1987 AOA moves into new headquarters at 142 E. Ontario, Chicago.

1992 More than 30,000 D.O.s in practice. ■

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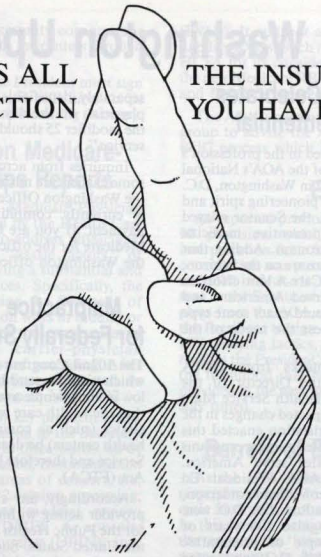

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AOA Washington Update

Senator John Glenn Celebrates the Osteopathic Centennial

Senator John Glenn (D-Ohio) joined in the profession's celebration at the opening ceremony of the AOA's National Health Screening Fair, October 5, 1992 in Washington, D.C. Complimenting the profession for its pioneering spirit and its emphasis on primary health care, the Senator relayed tales about the importance of preventive medicine throughout his experience as an astronaut. Adding that many changes for American health care are on the horizon, Senator Glenn further praised the Care-A-Van effort to provide health screening to underserved Americans and predicted that the 103rd Congress would enact some type of health care reform plan to address the needs of the growing uninsured populations.

The profession also heard remarks from HCFA Administrator William Toby and the Director of the Division of Medicine of the Public Health Service Marc Rivo, M.D. Mr. Toby made note of expected changes in the Medicare program as a result of legislation enacted this Congress, while Dr. Rivo called for better training programs in primary care specialties to better serve America. Osteopathic celebrities including AOA President Ed Loniewski, D.O., AOA Board Member William Anderson, D.O., and NHSF Chairperson Barbara Ross-Lee, D.O. were also present to appropriately recognize 100 years of osteopathic medicine. As an example of osteopathic dedication and commitment, Roger Pelli, D.O. commented on his experience in Aroostock, Maine where he garnered contributions from the community to help fund his osteopathic medical education. Mrs. Ginger Sullivan, wife of the Department of Health and Human Services Secretary was also on hand to recognize osteopathic medicine. Mrs. Sullivan graciously accepted an AOA award given to Dr. Sullivan for his contributions to the health of underserved populations.

Once the opening ceremonies ended, the screening of almost 1500 people began and continued throughout the final week of the project. All told, the Care-A-Van travelled over 50,000 miles during the 16-month project and screened over 22,000 individuals.

HCFA Issues Final Policy on OMT Plus Office Visit

At the request of the AOA, the Health Care Financing Administration (HCFA) recently issued a national policy statement regarding the payment for OMT in addition to an evaluation and management (E&M) service under the Medicare program. The Washington Office has been working with HCFA to ensure the appropriate implementation of this national policy. Unfortunately, however, it appears that there is great variation among the carriers' interpretation of the policy.

The policy states that "an evaluation and management service such as a visit or consultation can be paid on the same day as OMT if the E&M service is a significant separately identifiable E&M service performed by the same physician on the day of the OMT. In that circumstance, the modifier 25 should be attached to the code for the E&M service."

Inquiries from across the states, however, indicate that some carriers are misinterpreting the policy. For this reason, the Washington Office conducted a survey of the states and is currently compiling the information about OMT payment. If you are having difficulties being paid under Medicare for the office visit and OMT services, please call the Washington office.

Malpractice Insurance Assistance for Federally Supported Health Centers

The 102nd Congress cleared legislation for the President which would extend health care services to half a million low income people a year. The bill (HR 6183) would provide that the health care workers who service federally funded clinics (such as community health centers and migrant health centers) be deemed employees of the Public Health Service and therefore be covered by the Federal Tort Claims Act (FTCA).

Accordingly, any claim brought against a health care provider acting within the scope of her/his employment for the Public Health Service, will stand as a claim against the United States. Such a claim would be tried in federal court, be defended by the Attorney General and, under FTCA, be exempt from jury trials and awarding of punitive damages. Simply put, the health care providers will become agents of the United States, a much more formidable defendant in any malpractice suit.

Full insurance coverage, especially for obstetric services, is becoming increasingly unaffordable while demand for care at federally financed health facilities rises in equal proportion. The long-range goal of HR 6183 is to eliminate the need for these health centers to purchase medical malpractice insurance. The cost of insurance has far exceeded the amount paid in claims. For example, The National Association of Community Health Centers spent $58 million in medical liability insurance premiums for one year, while experiencing only $4 million on claims-related costs. If passed, HR 6183 would make available these premium funds for the provision of additional health care services at these centers.

However, the Administration does see a flaw in the measure and, although the expectation is that President Bush will sign the bill, a veto is possible. The Justice Department argues that HR 6183 would facilitate holding the United States liable for the actions of PHS employees who were not under direct, physical federal supervision. On the other hand, supporters of the bill note that, although some center health care workers are indeed not directly hired or supervised by the federal government, close federal supervision of the centers themselves exists in the form of clinical guidelines, operational conditions and quality assurance requirements. The sixty-odd centers are funded ▸

through federal grants to small community corporations and require close administrative ties to the centers through these corporations.

If the measure is to become law, the President must sign the bill by October 29th, otherwise, it will have to be reintroduced in the 103rd Congress this coming January.

Advisory Committee on Medicare-Physician Relationships Reports

The Advisory Committee on Medicare-Physician Relationships (ACMPR) was formed by the Health Care Financing Administration (HCFA) to address physicians' concerns that the complexities, or "hassle factors," of handling Medicare procedures is having a substantial and negative impact on doctors' practices. Specifically, the committee was charged with advising the Secretary of Health and Human Services (HHS) on ways to modify or eliminate those Medicare procedures that unnecessarily increase paper work, impair carrier-physician communications and increase the cost of practicing. After several meetings in 1991, the committee submitted its recommendations to Secretary Sullivan in May, 1992.

The committee identified eight (8) key problem areas, offering recommendations for resolution to the Secretary of HHS. To summarize their efforts in three words, all of their findings indicate a need for *education, communication and / or standardization.* The eight areas of concern are: 1. physician-carrier communication; 2. claims processing; 3. medical review; 4. postpayment medical review; 5. durable medical equipment (DME); 6. appeals; 7. unique physician identification number (UPIN); and, 8. peer review organizations (PROs).

The committee also made recommendations on the PRO program including: the prompt initiation and completion of retrospective reviews; HCFA review of PRO letter language for tone, content, clarity and neutrality; and, hearing rights.

D.O. Participates in AMA Relative Value Update Committee

Ray Stowers, D.O. and Herbert Yates, D.O., both of Oklahoma are currently participating in the American Medical Association's relative value updating process. The process is driven by the work of a 25-member RVS Update Committee (RUC) of which Dr. Stowers is a member. The RUC will seek advice on specific relative value recommendations from the RUC *Advisory Committee (AC)* of which Dr. Yates is a member. Each specialty society (and the AOA) represented on the AC has designated a specialty RVS Committee to be responsible for developing relative value estimates using protocols and materials supplied by the RUC and AMA staff. The Council on Federal Health programs fully endorses AOA's complete involvement in this process.

The AMA, with the assistance of the AOA, national medical specialty societies and the Health Care Financing Administration, developed this process to assign physician work relative values to *new or revised CPT codes* for use in the newly-implemented Medicare resource-based relative value scale (RBRVS). The process will only yield recommendations for physician work relative value units (RVUs). It will *not* address practice cost or professional liability RVUs. Such recommendations will be provided to HCFA for its consideration in developing adjustments to the new Medicare RBRVS-based payment schedule for 1993 and for each succeeding year.

The AOA is currently establishing an internal osteopathic group to advise the AOA representatives throughout the RUC process which has been strictly defined.

EKG Update

As reported previously, legislation to repeal the OBRA 90 provision which banned the payment for EKG interpretation done in conjunction with an office visit or consultation was passed by the House. The legislation was included in H.R. 11, better known as the "tax bill," and sent to the Senate which also passed the measure. Despite pleas from the AOA and other concerned organizations to the President to sign the bill, a pocket veto was expected. Hill delaying tactics, however, may ensure the legislation reaches the President's desk after the election — increasing the likelihood that he will sign it. A full update will be provided in the next issue of the *Washington Update.* Please stay tuned.

Barrels of Bills Die with Sine Die

As the 102nd Congress departed Washington to their respective districts in the hope of completing the election cycle favorably, mounds of measures were left unfinished. In this hostile election year when incumbents have been the target of the "winds of change," members of Congress were anxious to leave Washington to appeal to their constituents for re-election. Left undone, however was legislation including a major anti-crime bill, education measures, and the reauthorization for health care research programs.

In spite of the number of bills left pending, the Congress did complete action on a major urban-aid package which included several important Medicare amendments. Known as the "tax bill," H.R. 11 is the host of many measures with an uncertain future. Given that the President strongly supports certain provisions of the bill, including the establishment of "enterprise zones" for urban areas, the President may surprise the Congress with a signature despite the minor tax increases included in the bill. Threats of a Presidential pocket veto have recently waned giving way to hope that Bush may sign the measure if it reaches his desk *after* the election.

In the rush to finish their business, the Congress loaded the bill with a number of important measures. Provisions repealing the reduction in payment for new physicians under the Medicare Fee Schedule and the elimination of payment for the interpretation of electrocardiograms may be two important casualties of the Congressional end-of the session circus. Also included in the bill is a provision to ensure that the geographic adjustment factor used by the MFS is calculated with the most up-to-date information. The bill also hosts a number of reforms of the health insurance market which were included to provide some relief for the nation's uninsured. Unless the measure is delayed to post-election time when Bush's destiny is certain and Bush provides the O.K., they too, will be forced to wait until the 103rd Congress convenes in January. ■

Texas ACGP Update

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

At the recent Physician Payment Advisory Committee (PPAC) meeting of the Texas Department of Human Services on 10-20-92, the question of Medicaid payment of services performed by advanced nurse practitioners (ANP's) was discussed.

Several nurse practitioners provided testimony in favor of the proposal to cover all ANP's who are credentialed by the Texas Board of Nursing Examiners at 85 percent of the rate paid to a physician. They stated that the enhanced reimbursement would improve access to client care, particularly in rural areas of Texas.

Nurse practitioners support the concept that Medicaid reimbursement should be based on the services provided, and not the service provider. Advanced nurse practitioners focus on common illnesses, maintenance, and preventive health care.

Nurse practitioners are classified by the federal government as mid-level practitioners (MLPs). Part of the definition of "Advanced Nurse Practitioner" under the Texas Nursing Board rules reads as follows: "The advanced nurse practitioner functions in a collegial relationship with other health care professionals making independent decisions about nursing needs and interdependent decisions with health care professionals regarding health regimens."

The Texas State Board of Medical Examiners forbids the practice of medicine by a person or entity not licensed to do so by this Board. Standing delegation orders, chapter 193.5 *Enforcement* states that "Any physician authorizing standing delegation orders or standing medical orders which authorize the exercise of independent medical judgment or treatment shall be subject to having his or her license to practice medicine in the State of Texas revoked or suspended under Texas Civil Statutes, Article 4495b, Sections 3.08(4)(H), 3.08(12), 3.08(15).

Within the scope of their practice, ANP's believe they provide the same or similar services provided by their physician counterparts.

After listening to the testimony of interested parties, I came to the following conclusions:

1. Advanced nurse practitioners are mid-level practitioners (MLP's);

2. Advanced nurse practitioners cannot use independent medical judgment to treat patients without breaking Texas law regarding practicing medicine without a license;

3. Advanced nurse practitioners are not the equivalent of primary care physicians;

4. Advanced nurse practitioners should be reimbursed at a level that enables them to survive economically, but should not be reimbursed at the same rate as physicians because advanced nurse practitioners are mid-level practitioners; and

5. ANP's make independent decisions about nursing needs but cannot exercise independent medical judgment.

After adequate discussion, the PPAC voted to support the decision of the MCAC and not approve the proposal to reimburse all advanced nurse practitioners who are credentialed by the Board of Nursing Examiners at 85 percent of the rate paid to physicians. It was a majority vote. This item will be discussed again at the MCAC meeting scheduled for November 13, 1992, in Austin, Texas.

There was some good news at the PPAC meeting. Preliminary data shows that more Texas physicians are seeing Medicaid patients since the Texas Medicaid Reimbursement Methodology (TMRM) went into effect on April 1, 1992.

As 1992 rapidly comes to an end, the controversy over national health insurance continues to simmer. Federal and state health care dollars will remain scarce. The redistribution of existing health care dollars continues to cause dissention among competing groups because there are winners and there are losers.

There will be no quick and easy fix in 1993. Despite campaign promises, Robert D. Reischauer, Director of the Congressional Budget Office, has predicted that medical costs will consume about one-fifth of the nation's economy and that the number of Americans without health coverage will exceed 39 million by the end of the decade. The CBO projects that overall costs will double by the year 2000, from $808 billion this year to almost $1.7 trillion. As a share of the gross domestic products, that will be an increase from 13.6 percent to 18 percent.

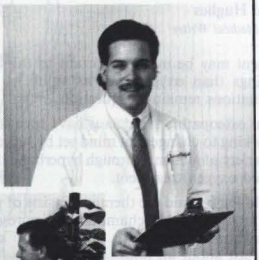
All Americans have to accept responsibility for the rising costs of medical care. As Pogo said, "We have met the enemy, and the enemy is us." As we look forward to 1993, let our goal be a fair and equitable system of health care that is adequately funded and readily accessible to all patients.

I remember reading a quote recently that stated, "Adversity which does not kill you makes you stronger." If that is true, those of us physicians who survive the health care changes of 1993 will be stronger but not necessarily wiser, and certainly poorer. 1992 was a tough year for physicians — higher overhead, lower reimbursement, less free time, more paperwork, and more senseless government regulations. Remember to stop and smell the roses in 1993, although I suspect it will be increasingly difficult to find them.

The Texas ACGP Board will meet on November 21, 1992 at the Doubletree Hotel at Park West in Dallas, Texas. Texas ACGP delegates to the National ACGP Congress of Delegates will be named at that time, along with committee appointments to the Texas ACGP standing committees. This information will be published in the next issue of the *Texas DO*.

On behalf of the Texas ACGP officers, trustees and ex-officio members, I would like to wish everyone a Happy and Healthy New Year. I look forward to visiting with some of you at TOMA's Midyear Meeting/Legislative Conference, February 2-3, 1993 at the Omni Hotel in Austin, Texas. ■

"FOR MY SBA LOAN, ALL I NEEDED WAS ONE GOOD BANK."



▲ *Dr. Richard Chatfield Back Pain Chiropractic*

◀ *Dr. Chatfield and Don Waters, President of Bank of North Texas*

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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.

Physicians Pleased With Oxygen Therapy

By Michael Hughes
Globe-News Medical Writer

No element may be more important to the lives of human beings than oxygen, yet its value in certain medical situations remains in question.

Two local osteopathic physicians have spent the last 15 years working to change that mind set by successfully treating a variety of ailments through hyperbaric therapy, a pressurized oxygen treatment.

Dr. Gerald Parker said the therapy consists of placing patients in an airtight steel chamber that is pressurized to multiple atmospheres with 100 percent oxygen. Treatments last about an hour.

Parker and his partner, Dr. John Taylor, said the procedure is successful in treating severe skin burns, carbon monoxide poisoning, cyanide poisoning, blood circulation problems, brain swelling and slow-healing bone fractures and infections.

> ***"The sad thing about it is that there are things that should be treated locally, but people aren't aware that we have the facilities."***
>
> **— Dr. Gerald Parker**

"The conditions we can treat with hyperbaric therapy range from things that are accepted as treatment of choice to conditions where it is helpful but not proven," Parker said. "My opinion is that any town with more than 15,000 people should have a hyperbaric chamber simply to deal with cases of carbon monoxide poisoning.

"The sad thing about it is that there are things that should be treated locally, but people aren't aware that we have the facilities."

Parker said that recently the chambers were used in an emergency to treat a family of five who suffered from carbon monoxide poisoning when their furnace malfunctioned. A physician at the Northwest Texas Hospital emergency room transferred the patients to Doctor's Clinic, where they were treated.

"The treatment is very effective and it did us all a lot of good," said the father, who asked not to be identified. "In the cases of high concentrations, I'm sure it's really a lifesaver.

"They took us over there and put us into these units and our headaches and nausea were better almost immediately."

The man said all the associated confusion and pain that came with the carbon monoxide poisoning was gone following the treatment and the entire family has been fine since.

Taylor said the high pressure of hyperbaric treatments forces carbon monoxide out of person's system and replaces it with oxygen.

He said 30,000 people die annually from carbon monoxide poisoning and many of those deaths are the result of cerebral edema, a swelling of the brain that can occur days later.

Parker said the oxygen treatment has also been highly effective in treating conditions where circulation problems might normally force doctors to amputate.

Harvey Nenstiel, an 85-year-old certified public accountant from Pampa, said he started taking hyperbaric therapy in 1984 when he suffered from descending neuropathy, a painful disease of the nervous system.

"I was in bad shape to start with and took (therapy) twice a week for a while," he said. "Then, I was just going once a month, but now I just go when I feel like it."

Prior to learning about hyperbarics, Nenstiel said his feet began to turn dark, and his physicians said amputation was the only alternative.

"Well, Dr. Taylor and Dr. Parker took care of me and my old leg is still hooked on," he said. "I'm still working and walking and I still enjoy living."

Parker and Taylor designed the twin TP-109 hyperbaric chambers used in their practice and have worked together in Amarillo since 1974.

Their practice has been featured on "The Today Show" and "That's Incredible."

Both men received their medical educations from the Kirksville College of Osteopathy and Surgery in Kirksville, MO.

Parker completed his undergraduate degree at Western Washington University and Taylor graduated from Howard Payne University.

Reprinted from Amarillo Sunday News-Globe.

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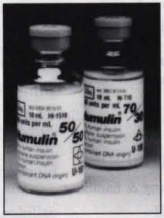

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New Book Honors Maine D.O.

Looking for the perfect osteopathic gift? *A Fisherman's Daughter,* a new book from the Maine Osteopathic Educational Foundation, may be the answer.

A Fisherman's Daughter is the first fictional story for young people which features an osteopathic physician as one of its major characters! It offers readers a heart-warming and positive view of the profession and an inspiring story about growing up.

Andrew M. Longley, Jr., D.O. was an osteopathic general practitioner in Cundy's Harbor, a small fishing village near Brunswick, Maine. Last November, Andy Longley died suddenly and prematurely.

Some months later, Foundation executive director David De Turk thought of a way to honor and immortalize Andy Longley. He spoke to Andy's widow and received her enthusiastic cooperation. Thus, Maine children's author and illustrator Elizabeth McKey Hulbert was commissioned to develop a story blending fiction and fact.

The result is *A Fisherman's Daughter.* As the book jacket says, the story is "...an intriguing portrayal of the influence adult role models have on young people, even if only indirectly." The very real Dr. Longley serves his rural community in the best osteopathic tradition, while the fictional Jan Stanley learns about herself from his example.

A continuing need for positive reflections of osteopathic medicine and a growing public interest in general practice and family medicine, makes *A Fisherman's Daughter* especially timely. It is a book to be given to those who should know more about this profession.

According to De Turk, "We hope that D.O.s around the country will share this book with family and office staff, and make sure a copy is in the waiting room." The Foundation is also encouraging D.O.s to present copies to local schools and libraries. "It is an excellent public relations opportunity for any physician," De Turk points out.

The Foundation will also accept orders for copies to be distributed to schools and libraries in the physician's community. A copy will be mailed directly from Maine to the designated institution with a letter acknowledging the physician's donation.

Copies of *A Fisherman's Daughter,* at $10.95 each, may be ordered from the Maine Osteopathic Educational Foundation (MOEF), RR 2, Box 1920, Manchester, ME 04351. Checks should be made out to MOEF for the total amount plus $1.50 for shipping and handling per order. Visa and MasterCard orders must include card number, expiration date and signature. Credit card orders may be placed by telephone at (207) 623-4228. ■

To order *A Fisherman's Daughter,* please mail to: MOEF, RR 2, Box 1920, Manchester, ME 04351 or call (207) 623-4228 to place Visa or MasterCard orders.

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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 comprehensive "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 Continuance 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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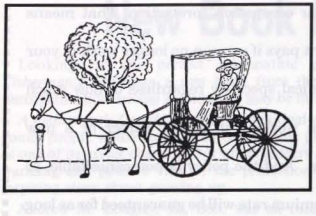

Pioneer Women In Medicine

by Dr. Catherine Kenney Carlton, D.O., FAAO

There is an old Chinese proverb that says "When you drink the water remember those who dug the well." Some of our pioneer women helped dig the well for medicine.

ELIZABETH AND EMILY BLACKWELL

Elizabeth Blackwell was the first woman physician in the USA. She was graduated in 1849 from Geneva Medical School in New York. With her sister Emily Blackwell, who was graduated five years later from what is now Western Reserve, they established the first clinic for women in New York. Emily went on to study in Paris and Edenburgh to become the best educated physician in the world at that time. They were friends of Florence Nightingale.

MARIE MONTESSORI

Marie Montessori was the first woman to receive a medical degree in Italy. She was graduated from the University of Rome in 1894 and was appointed to be assistant director of the Psychiatric Clinic in Rome. She was sent to see the "lunatics" where she saw they had nothing to do with their hands. She was also sent to the poor section of Rome where the children roamed the streets. She was to teach the three to six year olds in a humble room in that area. Dr. Montessori observed that the children retained in their memory the fundamentals of touch and attention, so she provided them with learning tools. She gave them letters and numbers in wood.

In 1906 she gave up her private practice, and her professorship in the University of Rome to teach teachers all over the world the Montessori method of teaching.

President Woodrow Wilson's daughter invited her to come to the USA to teach her method to teachers. She came and spent a number of months instructing teachers, then returned to Europe where she taught till she died in 1952. She is buried in Holland.

DR. LOUISA BURNS (1870 - 1958)

In 1903 Louisa Burns received her medical degree from the Pacific College of Osteopathy. She later earned her masters degree in Science. She became a faculty member and head of the research laboratory. She was the first woman to do research for the osteopathic profession. She contributed scientific proofs to the osteopathic profession. She wrote seven books, many articles and gave many lectures on osteopathic pathology. That is the term she used to describe structural changes in skeletal anatomy as cause of disease both locally and in distant parts of the body.

Some of her quotations are as follows:

An Osteopathic bony lesion is a disturbance in the relations of the bones not associated with rupture of the ligaments.

Bony lesions vary slightly according to the nature of the joint affected, and the length of time they have been present. Any articulation may become the site of a bony lesion.

As examples, the heart is easily and seriously affected by osteopathic lesions between the occiput and atlas, or the third and fourth thoracic vertebrae; the symptoms being irregular pulse, variable but low systolic pressure and an increase in edema in the tissues.

Osteopathic lesions of 10 months duration at the 5th thoracic vertebrae have been associated with anemia, ulceration and erosion of the gastric mucosa by hyperchlorhydria in experimental animals.

Chronic lesions in the upper lumbar vertebrae in experimental animals caused their offspring to have deformities. Correction of these lesions showed an improvement in the reproduction of animals.

Dr. Louisa Burns was head of the Louisa Burns Osteopathic Research Lab from 1936 until 1957, a year before she died at 88 years of age.

DR. HELENE LARMOYEUX

Dr. Helene Larmoyeux, a slender 1910 graduate of ASO and a graduate nurse, took the train to Laredo, Texas, a town on the Mexican border. She learned that they needed doctors. She got off the train in August 1910, and carried her one little suitcase to the Chamber of Commerce. She put down her suitcase and said, "I'm your new doctor."

The Spanish language came easy to her for she already ▸

spoke French. She opened her office, rented a horse and buggy and started making house calls and delivering babies in the home. The raids of Pancho Villa and his bandits did not stop her. Bullets would come flying across the border as these "Terrorists," as they would be called today, raided Laredo and other towns along the Rio Grande River. This fearless little woman fulfilled her obligation to care for the sick with the knowledge that God would protect her.

Later she married Dr. Charles Kenney, whom she had known at ASO, and they continued to practice in Laredo till 1920. They did well there but moved to Fort Worth to rear their two daughters.

Through the good example and influence of these two fine D.O.s, some nineteen members of their families became osteopathic physicians, including both of their daughters. My sister practices in England, I have stayed in Fort Worth in the same location.

Not until World War II were women commissioned as officers in the military. Two hundred women physicians from England and the USA were in the medical corps to help care for the sick, the wounded and the dying service personnel.

Women physicians in the occupied countries of Europe were allowed to keep their cars, phones, have gasoline and make house calls. These women worked bravely in the underground movement helping Jews and allied airmen to escape to England. They would receive a call about a sick child, which was merely a cover, to travel to a country home in the evening. There they would load the downed Allied airmen in their car, cover them and drive them to a drop-off point. The point was often a bridge where a waiting boat would take the airmen to safety across the channel. Their valiant efforts saved the lives of many airmen and Jewish civilians who were in danger behind enemy lines.

A quotation from Robert Frost seem to describe these women:

But I have promises to keep
and miles to go before I sleep
and miles to go before I sleep. ■

1992 AACOM Public Service Awards Presented in Centennial Year Ceremony

The American Association of Colleges of Osteopathic Medicine (AACOM) announced yesterday its 1992 public service awards, presented annually to honor individuals for outstanding service on behalf of osteopathic medical education.

The announcement comes as the nation's 15 osteopathic medical schools are celebrating the centennial anniversary of the profession — which was born when the country's first osteopathic medical school was established in Kirksville, Missouri.

Honored at the AACOM awards luncheon in San Diego, were Stanley Bergen, M.D., President of the University of Medicine and Dentistry of New Jersey (UMDNJ), and Douglas Ward, Ph.D., Director of the American Osteopathic Association's Department of Education.

Dr. Bergen, a nationally known leader in health care circles, received the William D. Miller Award, presented to a prominent individual in public service who has furthered osteopathic medical education. Dr. Bergen was the central force behind the 1976 creation of the New Jersey School of Osteopathic Medicine.

Dr. Bergen received the Miller Award from Philip Pumerantz, Ph.D., Chairman of AACOM's Board of Governors and President of the College of Osteopathic Medicine of the Pacific, located in Pomona, California.

"Due to Dr. Bergen's unwavering commitment, the UMDNJ School of Osteopathic Medicine was created as a crucial component of the New Jersey health care system," said Dr. Pumerantz. "We thank him for his persistent, eloquent, and effective advocacy of osteopathic medicine."

Dr. Bergen has, since 1971, served as UMDNJ's first and only president. Under his leadership the state university has grown from a single campus in Newark into the largest free-standing university of the health sciences in the United States.

Dr. Ward, a lifelong educator, received the Robert A. Kistner Award, presented to individuals within the osteopathic profession for outstanding service to the field.

"Top notch education and training are the keys to quality health care," said James R. Stookey, D.O., presenter of the Kistner Award. "Dr. Ward's diligent enforcement of rigorous standards preserves the caliber of osteopathic training and continuing education."

Dr. Stookey is Chairman of the AACOM Council of Deans and Dean for Academic Affairs at the West Virginia School of Osteopathic Medicine, in Lewisburg.

Robert A. Kistner is an osteopathic physician and popular former Dean at the Chicago College of Osteopathic Medicine. William D. Miller, who died in 1981, was an Associate Dean of the New York College of Osteopathic Medicine, a key figure in the school's creation.

AACOM is the umbrella organization for the 15 U.S. Colleges of Osteopathic Medicine. AACOM is dedicated to the advancement and enrichment of osteopathic medical education. ■

It's Time For A Change

February 2 - 3, 1993
TOMA's Midyear Meeting
And Legislative Conference
Omni Hotel, Austin, Texas
CME Hours: 12 Category 1-B

The TOMA has a new program lined up for this year's Mid-Year meeting. Rather than the usual continuing medical education programs, we have something geared toward the business side of your practice. The program will consist of a one and one-half day seminar featuring topics such as basic and advance computer workshops, estate planning, Medicare coding, marketing your practice, practice management, etc. TOMA has structured the courses to either save you, the physician, money or enhance your practice.

TOMA encourages office staff and spouses to attend.

Complete the below registration form, clip and mail to TOMA today:

MID-YEAR MEETING/LEGISLATIVE CONFERENCE

February 2 - 3, 1993
Omni Hotel, Austin, Texas

FULL NAME (PLEASE PRINT CLEARLY) _____ FIRST NAME FOR BADGE _____

CITY _____ AOA NUMBER _____ COLLEGE/YEAR GRADUATED _____

GUEST NAME _____ GUEST NAME _____

FEES: $99 per physician
$49 per spouse or staff member

Price includes one and one-half days of business classes, breakfast, lunch, coffee breaks, and legislative reception.

TOMA's Midyear Conference/Legislative Forum

Omni Hotel, Austin, Texas **FEBRUARY 2 - 3, 1993**

FEBRUARY 2, 1993

4:00 - 6:00 p.m. Board of Trustees' Meeting

5:00 - 8:00 p.m. Registration and Exhibits Open

6:00 - 7:00 p.m. Opening Dinner Buffet

7:00 - 9:00 p.m. *Marketing Your Osteopathic Practice*
Joan Anderson and Betsy Farmer
Osteopathic Health System of Texas

8:30 p.m. Coffee Break with Exhibitors

FEBRUARY 3, 1993

7:00 - 4:00 p.m. Registration/Exhibits Re-open

7:00 - 8:00 a.m. Breakfast with Exhibitors

8:00 - 9:00 a.m. *Everything You Wanted to Know About Computers but were too Embarrassed to Ask Your Children*
Steve Kruger, Ph.D.
TEI Computers, Dallas

Come to our open-forum discussion on computer terminology with any questions from the audience answered.

9:00 - 10:00 a.m. *Investing During the '90s Without a Crystal Ball*
Don A. "Jake" Jacobson, CLU, ChFC
Dean, Jacobson Financial Services, Fort Worth

Are you confused about the Ups and Downs in the Market? Find out how you can be successful in spite of all the uncertainties with the economy.

10:00 - 10:30 a.m. Break with Exhibitors

10:30 - 11:30 a.m. *Medicare Coding Information*
Don Self
Medical Consultants of Texas, Whitehouse

A one-hour symposium allowing physicians to bring their coding and charging questions and problems with Medicare, Medicaid, and private insurance for discussion. Don will be discussing problems that plague 90 percent of Texas practices. Issues discussed will Include, but not be limited to, limiting charges, Medicare approved amounts, flu injections, changes in charging for OMT, X-ray charges, how to appeal claims and other topics that YOU bring up.

11:30 - 12:30 p.m. *Medicare Rules & Regulations*
Barbara Harvey
Blue Cross Blue Shield of Texas, Dallas

Results of the first year with the Physician Fee Schedule and the new evaluation and management codes and how this affects physicians' practices.

12:30 - 2:00 p.m. Luncheon
Ways to Protect Your Medical License
Homer Goehrs, M.D., Executive Director
Texas State Board of Medical Examiners

2:00 - 2:45 p.m. *How to Play the Insurance Game*
Rick S. Blauvelt, MHM
Pro-Physician Network

This course shows the tricks and methods of insurance processing. Carriers, HMO's and insurers play many games so they can become rich and physicians become poor. Learn the games of the carriers. Convert your claims. . .to cash!

2:45 - 3:30 p.m. *Tax Savings Through Estate Planning*
Jim Rogers, CPA
Brantley, Frazier, Rogers & Company, Fort Worth

In such a complicated world, we want to show you how to make your life less taxing. This presentation is designed to help you develop a strategy to lower or possibly eliminate estate taxes, and at the same time, reduce income taxes. Most importantly, we want to show you how to accomplish this safely to keep you clean with the IRS.

3:30 - 4:00 p.m. Break with Exhibitors

4:00 - 5:00 p.m. *Four Pillars of Accounts Receivable Management*
Keith Mahoney, I.C. Systems, Inc.

An overview to acquaint doctors with the fundamentals of credit and collection practices, so that they can more effectively supervise their employees who are responsible for these functions. The four pillars being: Policies, Procedures, People and Partners.

5:30 - 7:00 a.m. Reception with the Texas Legislators

■

A Penny Saved Is A Penny Earned!

Mutual funds are great investment vehicles; however, as with any type of investment, there are costs involved. Also, as with any type of investment, the lower the costs, the better chance you have to maximize your earnings. Over time, the amount of expenses charged by the mutual fund can have a significant impact on your total investment return. Therefore, your objective is to select the best potential mutual fund which has the lowest expenses. As Benjamin Franklin said, "A penny saved is a penny earned," and that definitely applies to mutual funds.

There are various expenses that a mutual fund can charge. They are divided into two main categories: (1) shareholder transaction expenses and (2) annual fund operating expenses.

The first category, shareholder transaction expenses, refers to sales loads (sales commissions) charged on purchases, reinvested dividends and/or redemptions. These sales loads can be as high as 8.5 percent of your investment, and many are. Sales loads originated to pay professional advisors for their opinion. Therefore, if you are selecting a mutual fund yourself, without any professional advice, you should never pay a sales load. It has no direct effect on a mutual fund's performance except that it lowers the amount of your investment, and therefore will lower your total investment return. For example, two different individuals each invest $10,000 in two different mutual funds. One invests in a no-load (no sales commission) mutual fund and the other invests in a mutual fund which has an 8.5 percent front-end (commission imposed on the initial purchase) sales load. At the beginning of year one, the no-load investor has $10,000 to start working for him; whereas, the load investor has only $9,150 to start working for him. Let's assume that each fund returns 10 percent each year for the next 10 years and both investors reinvest all dividends from the mutual fund. After these 10 years, the no-load investor will have $25,937; whereas, the load investor will only have $23,733. It takes little thought as to which investor you want to be.

Now let us assume each investor changes mutual funds every two years searching for a better return. The no-load investor continues to purchase no-load mutual funds, and the load investor purchases 8.5 percent load funds each time. After 10 years, the no-load investor will still have $25,937; whereas, the load investor will only have $16,635. There should be no doubt as to which investor you want to be unless you prefer to make other people rich instead of yourself.

The second category, annual operating expenses, refers to how much the mutual fund charges its investors each year to operate the mutual fund. This cost is expressed as a percentage of total assets and is known as the expense ratio. This ratio is a very important number. All other things being equal, the mutual fund with the lower expense ratio will outperform the mutual fund with the higher expense ratio. A low expense ratio is especially critical for bond and money market funds, whose returns depend heavily on interest rates.

Let's look at what makes up the annual operating expenses. It is composed of a management fee, 12b-1 fee and other fees such as custodian fees, shareholder accounting, transfer agent fees and other various charges. The management fee is charged by every mutual fund. It is used to compensate the people who choose the securities and manage the fund. It generally ranges from 0.2 percent to 1.5 percent of the mutual fund's total assets. The 12b-1 fee is a charge permitted by the Securities and Exchange Commission to defray marketing expenses. Often this is used to pay brokers and financial planners who sell shares in mutual funds to people like you. The 12b-1 fees can be as high as 1.25 percent of the mutual fund's total assets. These 12b-1 fees are in substance "hidden loads" and are generally used in place of sales loads to a varying degree. The 12b-1 fees are not charged by every mutual fund. If you are selecting mutual funds yourself, you would do best to avoid mutual funds which have 12b-1 fees in excess of 0.25 percent. The other various fees mentioned above are necessary fees which vary from mutual fund to mutual fund and are easiest to evaluate as part of the total annual operating expenses charged by the mutual fund.

You are probably wondering how much is a fair annual operating expense ratio. To determine this, we need to know what is the average annual operating expense ratio. As of August 31, 1992, based upon the over 1,200 mutual funds covered by Morningstar Mutual Funds, the average expense ratio is: 1.42 percent for equity funds, 1.10 percent for taxable bond funds, and 0.74 percent for municipal bond mutual funds. Obviously, since we would limit our choices to funds which have 12b-1 fees of less than 0.25 percent and reasonable management fees of less than 1.00 percent for equity funds and lower for bond funds, we should expect to have an expense ratio less than the average. With so many mutual funds to choose from, there is little difficulty in finding good mutual funds which meet this expense criteria. As a rule of thumb, you should be able to assemble a mutual fund portfolio which has an annual operating expense ratio of less than 1.20 percent for equity funds, 0.90 percent for taxable bond funds, and 0.50 percent for municipal bond mutual funds.

In the short run, mutual fund annual operating expenses do not have a significant impact on the return of your investment; however, over time it can be very significant. This will especially hold true if interest rates remain low in the future, and therefore total returns are lower. For example, if equity mutual funds have an average return of 10 percent in the 1990's, you will be much better off, all other things equal, if you are in an equity mutual fund which has an annual expense ratio ▸

of one percent (10 percent of your total return) than an equity mutual fund which has an annual expense ratio of two percent (20 percent of your total return).

If you do not select your mutual funds yourself, consider utilizing a financial advisor who charges a predetermined fee instead of one who relies on commissions received from a mutual fund company. This way you will know exactly what it costs for the professional advice you receive. Also, the financial advisor with a predetermined fee is not limited to the funds that pay good commissions, even if they are not top performers. Therefore, your final advisor will have several hundred quality no-load, low annual operating expense mutual funds from which to choose. You may also pay much less with a predetermined fee than you would pay indirectly through the commissions paid to the financial advisor from the mutual fund company.

This article is designed to present information on the subjects discussed in general terms and is not intended to be used as a basis for specific action without obtaining further professional advice.

This article was provided by Brian Jenke, Manager at Brantley, Frazier, Rogers & Company, P.C., a full service accounting firm founded in 1949 and located in Fort Worth, Texas.

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Just as many people are not quite sure what a D.O. really is, many people don't understand what a CPA is. There are a lot of similarities between what a D.O. and a CPA should do.

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ATOMA NEWS

President's Corner

By Peggy Rogers

The AOA/AAO National Convention was held November 1-5 in San Diego, California. We really had a good time along with the meetings. The delegates included Mrs. Merilyn Richards, Mrs. Rita Baker, Mrs. B. J. Czewski, Mrs. Carol Ann Gafford, Mrs. Chris Wilcox, Mrs. Nancy Zachary, and myself. We attended the House of Delegates Monday, Tuesday, and Wednesday mornings, then had the Council of States luncheon, two receptions for the incoming and outgoing presidents of AAOA, and of course Presidents' Night. San Diego was really beautiful — 80's in the day and 70's at night — and the Marriott was in the perfect location to go shopping on the bay.

We sold $410 of our Centennial golf shirts and $370 of our Centennial T-shirts during the House of Delegates which was great considering this was our first time to take anything to sell at National.

Mrs. Dee Angel is our new AAOA president. Her installation was on Wednesday. Mrs. Rita Baker was elected director to the National Board which is quite an honor. Mrs. B. J. Czewski was Sergeant-At-Arms during the House of Delegates. Texas was well represented.

We have our Centennial T-shirts for sale and they are selling for only $10.00. The design was created by Mrs. Deidre Froelich of Bonham, Texas. The T-shirts are black with 100 candles, the DO insignia, and say *"Osteopathic Medicine — 100 Years of Service."* If you would like to place an order to sell in your area, contact Dee Dee Froelich at 903-583-4812. She has already sold to many offices and hospitals for their staff. The shirts look really great! The funds from the T-shirts will go directly into an ATOMA scholarship fund and will provide scholarships for Texas students only. Our fund raiser during convention will go to the national as well as the state scholarship funds.

We are still selling the golf shirts in red and blue. If you are interested in these, please contact me at 817-429-4140.

Thanks for all your support. If it weren't for you, we would not have been the highest contributor in all areas at the national convention.

Our membership drive is still going till the first of the year. Please join and encourage someone else to join. We have 490 spouses who could be members, but are not at this time. If we are doing this much now, think of what we could do with that many more. The theme of the national convention was *"Let's Not Become An Endangered Species."* While Texas seems to be on the move, we still could do a lot more with your help. Please join today. (Does that sound like Uncle Sam or what?)

District II News

by Rita A. Baker

District II and members of the state Auxiliary gave enormous amounts of their personal time to make National Osteopathic Medical Week a huge success.

District II members were highly visible in their red, white and blue Texas aprons in the Osteopathic Magic Show at the North High Mount Elementary School. The Auxiliary helped in handing out Spanish and English coloring books and crayons. They also handed out "One Healthy Cookie" cards, provided by *Health Care of Texas*, which presented information on Osteopathic Medicine. It was a thrill to see all the children's happy faces and hear their squeals of delight when the magician performed his magic.

The Auxiliary also participated in the Bar-B-Que provided by OMCT to all of their employees. From their booth they sold T-shirts and golf shirts which are part of the ATOMA fund raising projects. The proceeds from The T-shirt sales (which are being established by ATOMA) will work towards a state scholarship benefitting a TCOM student.

On Thursday, Auxiliary members participated in the ice cream social at OMCT wearing their "District II" and "ATOMA" aprons. They handed out apples and cards expressing, "Prevention Works Wonders" to all OMCT employees. Also stated on the apple cards was the definition of an Osteopathic Physician.

The Auxiliary was highly visible during National Osteopathic Medical week demonstrating to the physicians, employees and the general public, that we are actively supporting this profession. ■

TCOM Pathology Lab Receives Certification

Texas College of Osteopathic Medicine's pathology laboratory has been awarded a two-year accreditatiOn by the Commission on Laboratory Accreditation of the College of American Pathologists (CAP), based on results of a recent on-site inspection. The commission noted the "excellence of the services being provided" by the TCOM lab.

"This accreditation is the second award we've received from CAP," said Dennis Shingleton, technical director of the pathology lab. "Coupled with accreditation of our lab by the Health Care Financing Administration and the Centers for Disease Control makes our laboratory a first-rate provider for our patients."

The CAP Laboratory Accreditation Program, begun in the early 1960s, is recognized by the federal government as being equal to or more stringent than the government's own inspection program.

The TCOM pathology lab is one of only two laboratories in North Texas to be certified by the Centers for Disease Control (CDC) in Atlanta, Georgia, to perform lipoprotein testing. The other laboratory is at Baylor College of Medicine in Dallas.

CAP inspectors examined the records and quality control of the TCOM pathology lab for the previous two years, as well as the education and qualifications of its staff. The inspectors also examined the adequacy of facilities, equipment, laboratory safety and laboratory management. ■

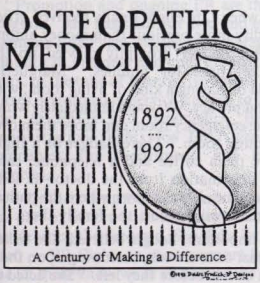
Osteopathic Medical Center of Texas To Award Nursing Contact Hours

The Texas Nurses Association (TNA) has granted permission for Osteopathic Medical Center of Texas (OMCT) in Fort Worth to award continuing education contact hours to nurses. TNA grants provider status through the American Nurses Credentialing Center (ANCC) Commission on Accreditation to agencies who demonstrate the ability to consistently provide quality education programs. Approved providers must have systems in place that parallel those of TNA in regard to education design and record keeping.

Libby High, MS, RN, and manager of OMCT's Nursing Education, reports that all of the work involved in achieving provider status was worth it. "We're so happy to be participants with nursing staff in meeting our needs for contact hours," High said.

Many local registered nurses will benefit from this new status. As an approved TNA provider, OMCT can now award continuing nursing education credit for educational activities. OMCT has offered accredited offerings in the past by applying for approval each time, but with TNA's new two-year providership, OMCT will be able to award contact hours more often. TNA recognizes OMCT's commitment to the quality continuing education needs of registered nurses in Texas. ■

ATOMA T-Shirts Available for Order



Bright t-shirts celebrating "A Hundred Years of Making a Difference" are surfacing all across Texas as ATOMA promotes Osteopathic Medicine and raises scholarship funds for Texas students. The black 50% cotton/50% polyester Ts boast bright white lettering offsetting original artwork by ATOMA Board Member Deidre (Mrs. James E.) Froelich featuring 100 candles and the Osteopathic 1892-1992 symbol in alternating colors of red, yellow, green, blue and purple. (See black and white sample of artwork.)

Adult sizes small through X-large are $10, XX-large shirts are $12. Orders may be placed by mail to: Deidre Froelich, 407 Jo Aynn Circle, Bonham, TX 75418. Checks or money orders should be made to ATOMA. Please include a minimum of $1.50 postage for one shirt, up to $5.00 postage and insurance for large orders. Shirts will be mailed as soon as orders are received. If we are out of a desired size (adult small to X-large) or if special sizes are required (as small as child medium and child large or as large as XXX-large), these will be printed as soon as possible.

When ordering, please include the name, mailing address and telephone number. (Fashion hint: These crisp t-shirts look great when worn by all staff members in physicians offices, hospital departments and by patients.) Order now to avoid delays! All proceeds benefit Texas Osteopathic scholarships. If you have other questions you may contact Deidre Froelich at 903-583-4812.

The Lady has Wings

By Katy Benson

Editor's Note: Mrs. Badger is married to William H. Badger, D.O., of Houston.

Last year Hermann Hospital of Houston, Texas, named J. Marguerite Badger the "First Lady of Life Flight." It is a fitting title for the Houston native who, though without training in medicine, emergency medical services or flying, nevertheless helped the country's second hospital-based helicopter program find its wings.

First as director of patient services and then as program director for Hermann Hospital's fledgling Life Flight operation, Badger indefatigably promoted the program to the community and even the country. Nina Merrill, executive director of the Association of Air Medical Services (AAMS) and an early helicopter program director in California, remembers, "Marguerite spent countless hours — *countless* — telling people, 'This is a helicopter, this is a radio communications system.'" She was equally tireless in securing support for flight physicians, nurses, paramedics, EMTs and pilots and, especially, in setting a standard of care for patients' families.

The title has a secondary emphasis that is not lost on those who know and respect Marguerite Badger as the First *Lady* of Life Flight. It is the word everyone uses when speaking of her, whether in bellowed appreciation, as by Dr. James H. "Red" Duke, medical director and a founder of Hermann Life Flight; or apologetically, as if too old-fashioned to be the compliment intended, as by former Life Flight nurse Marti Bennett.

By Badger's own account, the circumstances leading to her role in Hermann Life Flight were "real unusual." She began as a hospital volunteer in 1959, gaining recognition for her brand of patient relations and becoming president of the volunteers. Following her first husband's death in 1970, when she was considering a receptionist's job at Hermann, the admissions director observed her way with patients and families and quickly snagged her for his assistant. She took night classes to bone up on terminology and supplemented earlier schooling in business administration with a course in hospital administration. When the admissions director resigned, Badger moved into the job.

Meanwhile, Hermann Hospital, a private nonprofit teaching institution, had decided to open a trauma center. Duke, hired in 1972 to head it up, thought it was a crazy idea. But soon he was up to his elbows in trauma victims' gory tragedies and began to think only of how he could get at these patients in time to save their lives. He looked to the helipad, a white elephant built years before and so far unused.

Duke, CEO Bill Smith, hospital administrator John Self, emergency department head nurse Glenda Self and a young emergency medicine resident named Bill Clark visited the only hospital-based, rotor-wing, air-ambulance program then in existence, in Denver, and returned to hatch plans over early morning cafeteria coffee. It took them a year, according to Duke. On August 1, 1976, Hermann put its first helicopter in the air as part of a three-month trial.

"It must've worked," Badger says; Life Flight I responded to 45 calls the first month. By 1983, Hermann had added two helicopters to its fleet, stationed another two in Galveston and Beaumont, and started a fixed-wing, long-distance transport.

Badger had been named director of Life Flight's patient services, working under two program directors in two years. When the second one resigned, the program's first flight nurse, Cathy Hamill, approached Hermann administrators with Badger's name and reputation.

"Marguerite was incredibly people oriented, an excellent PR kind of person. And she was willing to put in whatever time necessary," recalls Hamill, now a full-time mother in Houston. "Neither of the directors did what Marguerite appeared capable of doing." Badger became director of flight operations in 1978.

As Badger herself says, the position had so little precedent that nobody really knew what kind of background to look for in a director. In fact, they hardly knew what an air-ambulance program should look like. Their first calls came in on a red phone on the triage desk. Together the staff created a prototype.

Badger brought in her new position a strong sense of administering to families in crisis, setting a standard no one would have thought to resist, according to Hamill. Badger says, "I always felt it was real important the family was comforted as much as possible."

Hamill recalls when Life Flight finally received office space, a commodity more precious than money among hospital staff. But Badger promptly divvied up the quarters to make space for families. "Marguerite absolutely insisted on having a kind of living room, with pictures, lamps and privacy. We would immediately whisk families out of the emergency room and move them over to the family waiting room." There Badger or a flight nurse would give them coffee and a telephone, calm them, and relay information from the doctor as soon as it was available. Once it was known where the patient would be, someone would escort the family there.

Follow-up was important, Badger believed. She visited each patient at least once a week, bestowing upon them a Life Flight pin or hat before they left. "She acted as ▸

resource or a sounding board for them," Hamill says. Any concerned EMT, paramedic, police officer or sending hospital could request a progress report on a patient they had helped save.

In this and other ways, Badger supported the staff, too, in their stressful and often harrowing daily jobs. "I could put myself on their level and yet lead them," Badger reflects. "I felt I had to walk in their shoes. I learned a lot about reacting to different kinds of situations."

Bennett, whose night-shift hours meant she rarely worked alongside Badger, nevertheless felt her influence. "She set a tone for the program that we would be polite with people. She wouldn't let anybody get too full of themselves. But she never raised her voice, even when pushed or stressed or mad." Bennett took what she learned to San Diego to start a Life Flight program, and now works as an ED nurse near Monterey, Calif. She continues a friendship with Badger through AAMS.

Merrill remembers Badger's part in the formation of AAMS' predecessor, ASHBEAMS, the American Society of Hospital Based Emergency Air Medical Services. Air ambulance personnel had been talking about forming a professional organization, and in December 1980, Badger sent out invitations for all who desired to gather in Houston. "About 30 of us came down," Merrill says. "By the end of the day, we had a program.

"She was willing to be directory assistance for all of us. When she had resources that other people didn't have, she was quick to share them. And when we were all squabbling, the respect she commanded allowed her to bring us back to the table."

Soon enough, Badger herself became a sought-after resource. She established personal relationships with people in city police and fire departments, law enforcement agencies, hospitals, with pre-hospital providers, government officials and journalists.

"Promotion and ongoing PR are the success of the program," she has said. An avid and effective agent of Hermann Life Flight, she gave, on average, eight speeches a month to business and civic groups. She encouraged tours, to the tune of four or five a week. Hermann flight nurses performed in-service training to other nurses, and later to EMTs and paramedics. Badger organized demonstration flights for EMT classes, ambulance companies, fire departments and law enforcement agencies.

As Bennett describes it, "She made sure (Life Flight) was part of the pre-hospital system, that we worked with people using the program. She did a lot of — that awful word — PR flights to show support for a community. She let them know we're all part of the system of taking care of patients."

Although Badger's purpose was not to raise money but public consciousness, she once found herself in that role nonetheless. It was a Texas Bike Rider's convention out in the boonies on Labor Day.

"They're basically old, sweet hippies who like to play on weekends," Duke describes them. "We pick up a lot of them." The family and friends of an injured biker insisted on expressing their gratitude to Hermann Life Flight and Badger by hosting a fund-raiser. Badger tells about driving out to an isolated field alone one weekday morning to check the site for a chopper landing:

"There was just a bar with a beer light flashing. Inside, at the end of the bar, were a man and a woman with their arms around each other." At the woman's query, Badger said she was looking for Big Eddie. Big Eddie was out, but Badger could wait, the woman said. She asked, "Can I get you a scotch?" Badger accepted a Coke and sipped it until The Man arrived.

"Suddenly there were 20 bikes all swooping into the yard. They gathered in the bar while Big Eddie stood to talk. He would drink a beer and then squash the can. He said he wanted the helicopter to come out for this rendezvous. He said, 'It'll be perfectly safe. We know there's lots of drinking, but we take their keys away from them when they come in.'"

Duke accompanied her. By their own accounts, each of them found the people warm and the games entertaining. By Badger's account, the Life Flight pilot wouldn't leave his chopper. Later that week, Big Eddie presented Badger, on behalf of Life Flight, with $2,500.

Marguerite Badger has been honored with many community awards and a place in *Who's Who of American Women* and *International Who's Who of Professional Business Women.* In 1985, she received the Marriott/Carlson Award in recognition of her leadership in promoting hospital-based air medical services. She counts not least among her rewards the letters and words of thanks she gets from patients and their families.

In 1989, Badger left Hermann and the Life Flight program to allow time to recover from the murder of her only son. Today, however, she can hardly be described as slowing down. She and her husband, a physician, go boating and dancing. Badger ghostwrites articles for doctors and takes part in a "Cars of the Future" program test driving prototypes.

Her husband, she says, will sometimes shake his head and say, "I don't know how you get involved in these things."

"But," Badger says, "I aim to stay that way." It is how a true lady conducts herself. ■

Katy Benson is a free-lance writer in San Diego, California.

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New Interns and Residents

The following list is a continuation from last month of new interns and residents training in Texas hospitals and medical centers:

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO

Christopher Flanders, D.O.
UOMHS — *Pathology Resident*

Joan G. Flanders, D.O.
UOMHS — *Pathology Resident*

DALLAS FAMILY HOSPITAL

Anthony Economou, D.O.
OSU-COM — *Intern*

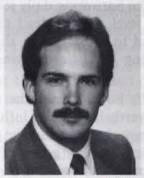
Darren George, D.O.
TCOM — *Intern*

Casey Lane, D.O.
TCOM — *Intern*

Richard Raughton, D.O.
TCOM — *Intern*

Rose M. Weaver, D.O.
TCOM — *Resident*

Anthony Economou, D.O.



Darren George, D.O.

Casey Lane, D.O.

Richard Raughton, D.O.

Rose M. Weaver, D.O.

Jay Beckwith, D.O., Named President of American College of Osteopathic Internists

Jay G. Beckwith, D.O., FACOI, has been elected president of the American College of Osteopathic Internists (ACOI) for 1992-93. He has served as president-elect since October 1991 and was officially inducted as president on October 25.

The ACOI is a national organization which aims to produce the highest quality osteopathic medical internists by maintaining superior educational standards. Under the leadership of Dr. Beckwith, the mission of the ACOI this year is two-fold. "We will focus on recruiting students into internal medicine, and also on maintaining the high quality educational standards," Dr. Beckwith said. "These osteopathic internists certainly will be well equipped to meet the public's healthcare needs both in this decade and into the twenty-first century."

A board certified internist, Dr. Beckwith has been a member of the ACOI since 1975, and is a Fellow in the organization as well. In addition, he has served on the ACOI Board of Directors for the past seven years and on the ACOI Executive Committee for two years. Locally, Dr. Beckwith serves on the boards of Osteopathic Health System of Texas and Osteopathic Medical Center of Texas (OMCT) and he is the past-chairman of the Fort Worth Air Power Council. ■

Medicaid Reimbursement of OMT

The following is from the Texas Medicaid Provider Procedures Manual, September 1992.

Osteopathic Manipulation Treatment Services

Osteopathic manipulation treatment (OMT) performed by a provider licensed to perform OMT is a covered benefit of the Texas Medicaid program for the acute phase of the acute musculoskeletal injury or the acute phase of an acute exacerbation of a chronic musculoskeletal injury with a neurological component. Reimbursement is contingent on proper documentation of the condition.

The acute phase is defined as the period from the date of injury for a period not to exceed either 180 days from the date of injury or the acute exacerbation of a chronic injury, or the date of plateauing, whichever comes first.

OMT services only should be billed using the following codes:

1-97260 Manipulation (cervical, thoracic, lumbosacral, sacroiliac, hand wrist) performed by a physician to one area

1-97261 Manipulation (cervical, thoracic, lumbosacral, sacroiliac, hand wrist) performed by a physician to each additional area up to a maximum of three additional areas per day.

An initial or subsequent care visit or consultation may be paid in addition to OMT billed on the same day.

Plateauing is defined as the point at which maximal improvement has been documented and further development ceases.

When billing for OMT services, the physician must document the diagnosis warranting the services and the date of onset / date of injury. In addition, modifier "AT" must be used when identifying an acute condition. Claims lacking the required information are denied. ■

Maryland Has New Welfare Rules

Beginning January 1, Maryland welfare recipients must keep their kids in school and make sure they receive preventive health care, or they risk facing a monthly cut in benefits. Welfare payments will be reduced $25 monthly for each child who attended school less than 80 percent of school time during the previous month. Additionally, there will be a $25 monthly cut for each preschooler failing to receive well-child care during time periods set by Medicaid's Early and Periodic Screening, Diagnosis and Treatment guidelines.

Program incentives include an extra $14 a month for each pregnant woman who receives prenatal care, and an additional $20 a year for adults and school-age children who receive annual physical exams.

Known as the Primary Prevention Initiative, the program has been approved by the U.S. Department of Health and Human Services for a five-year period. ■

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July 10-11 — Seattle, WA
Sept. 11-12 — Newark, NJ
Oct. 16-17 — Boston, MA
Nov. 13-14 — Raleigh-Durham, NC

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Public Health Notes

Gonorrhea Resistance

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

In the early 1970s, the Centers for Disease Control (CDC) recommended ampicillin and probenicid as first-line treatment for **Neisseria gonorrhoeae**. Beginning in 1989, however, the CDC recommended that an STD program change its first-line therapy to ceftriaxone, 250 mg IM, when three percent of **N. gonorrhoeae** strains are antibiotic resistant. Within the last year, an option to treat resistant gonorrhea strains with a single dose of less than 250 mg of ceftriaxone has gained acceptance. Because antibiotic-resistant strains of **N. gonorrhoeae** are common in Texas, cost-effective treatment should always be based on local resistance patterns.

Antimicrobial resistance in **N. gonorrhoeae** may be due to plasmid-mediated penicillin resistance (PPNG), chromosomally mediated resistance (CMRNG), or high-level plasmid-mediated tetracycline resistance (TRNG).[1]

PPNG was first identified in the U.S. in 1976, becoming epidemic and then endemic in New York City, Miami, and Los Angeles in the 1980s.[2] PPNG strains produce beta lactamase, an enzyme that inactivates the ring structure that makes penicillin an effective antibiotic.

A 1983 gonorrhea outbreak in Durham, N.C., led to the identification of CMRNG[3], which has subsequently been identified in 23 other states. CMRNG is thought to have developed by random selection[4] of **N. gonorrhoeae** strains, with chromosomal loci responsible for resistance to penicillin, cephalosporins, and other antibiotics.[3]

TRNG was first identified from Atlanta and Philadelphia isolates in 1985 and, later, from 17 other states. Few clinically significant outbreaks of TRNG have occurred[5]. However, TRNG is considered worrisome because it is contained in a plasmid that can facilitate its transfer to other organisms.[4]

Resistant strains of **N. gonorrhoeae** have become increasingly common in Texas, even though the number of cases has declined since 1985. In 1991, resistant strains accounted for 5.6 percent of the 44,181 reported gonorrhea cases, compared to less than one percent of the 66,701 reported cases in 1985. Resistance patterns also show a marked geographic variability. For example, in 1991, Corpus Christi had 0.8 percent resistance while Houston had 12.0 percent (see Table 1).

Even within a city, antibiotic sensitivities of **N. gonorrhoeae** can change rapidly, as demonstrated by recent developments in Fort Worth. In February 1991, only 0.7 percent of reported gonorrhea cases were resistant. A year later, 23 percent of all strains were penicillin resistant and the health department switched to ceftriaxone for treatment for gonorrhea. Resistance patterns can even vary greatly between cities in close geographic proximity. The Dallas County health department found it necessary to switch to ceftriaxone in July 1989, three years before it became necessary in Fort Worth.

Table 1.
Gonorrhea resistance trends in major Texas cities and state, 1985-1991

	Percent Resistance by Year						
Location	**1985**	**1986**	**1987**	**1988**	**1989**	**1990**	**1991**
Austin	0.1	1.4	2.9	3.3*	5.1*	7.1*	1.6
Corpus Christi	0.1	0.8	0.3	0.0	0.0	0.4	0.8
Dallas	0.1	0.5	0.8	2.3	1.5	2.6	3.7*
El Paso	0.4	2.1	5.4*	4.1*	3.1*	3.9*	3.8*
Fort Worth	0.1	0.4	0.3	0.9	0.9	1.3	2.8
Houston	0.6	2.9	2.0	0.9	4.2*	15.0*	12.0*
San Antonio	0.8	0.2	2.1	3.6*	5.4*	5.4*	3.0*
Total Texas	0.3	1.2	1.4	1.7	2.5	6.5*	5.6*

* The CDC recommends that ceftriaxone be used for first-line therapy when three percent of gonorrhea strains become antibiotic resistant.

The Fort Worth example illustrates the need for good, routine gonorrhea surveillance. An increase in treatment failures should always raise suspicion of a resistance problem. Surveillance is particularly important in those health departments that have completely switched to GenProbe for gonorrhea testing and no longer routinely submit culture specimens. In such situations, it is prudent for STD program managers to periodically submit some cultures to a regional TDH lab for PPNG (susceptibility) testing.

If antibiotic susceptibility testing is not done routinely by a local health department, STD program managers must be especially vigilant for gonorrhea treatment failures. Routine communication with local directors of hospital laboratories may also assist them in determining local antibiotic susceptibility patterns.

Treating gonorrhea with a single 125 mg dose of ceftriaxone is an option in Texas STD clinics currently ▸

using that drug. This dose has been documented to be effective,[6,7] as an alternative regimen in the CDC's treatment guidelines,[8] and is less costly. The state's contract price for ceftriaxone is $7.82 per 250 mg dose when the 250 mg vials are purchased and $6.02 per 250 mg dose for the 2 gm vial. Because using the 125 mg dose permits twice as many patients to be treated at the same price, STD programs in Baltimore and Seattle have already opted for this regimen.

Even with the cost savings associated with using the 125 mg dose of ceftriaxone, this regimen is still about five times as expensive as treatment with one dose of ampicillin, 3.5 gm orally, and probenicid, 1.0 gm orally, which together cost $0.62 per dose. Because of this, local resistance patterns should be periodically monitored to determine which treatment will be most cost-effective.

As of August 1992, of the 68 health departments that offer STD services, 15 (22%) reported using ceftriaxone as the first-line therapy for gonorrhea. The remaining 53 clinics (78%) use ampicillin and probenicid as first-line therapy because significant antibiotic resistance has not been documented in their areas. Although it is likely that additional STD programs will eventually have to switch from ampicillin and probenicid to ceftriaxone, the ampicillin/probenicid regimen should be used as long as possible because of its much lower cost. Physicians in private practice are encouraged to periodically communicate with their local health departments to learn the status of gonorrhea resistance in their communities. ■

Prepared by: Joann M. Schulte, D.O., Bureau of HIV and STD Control, Texas Department of Health.

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CHAMPUS News

How CHAMPUS Pays for Care When A Patient Is Also Eligible for Medicare Benefits

When a CHAMPUS-eligible person is also eligible for benefits under Medicare based on Social Security disability, he or she must file a claim for Medicare first for cost-sharing of medical care that's covered by both Medicare and CHAMPUS.

Medicare and the patient's Medicare supplemental insurance policy (if any) must pay everything they're going to pay, before a claim for any remaining costs will be processed by CHAMPUS. If the care is not a benefit under Medicare — such as prescription drugs — and if the patient's Medicare supplement doesn't cover the care, a claim may be submitted directly to the CHAMPUS claims processor for the state where the care was received. CHAMPUS will share the cost of covered care as it normally would if the individual did not have Medicare coverage.

If the patient's Medicare supplemental policy covers services that are *not* covered by Medicare, a claim will have to be submitted to the Medicare supplement before any claim is sent to CHAMPUS for processing.

Once claims have been processed by Medicare, a CHAMPUS claim should be submitted along with the following documentation:

- Copies of itemized bills for medical treatment and services received;
- A copy of the Medicare explanation of benefits (EOB), reflecting Medicare's payment and the Medicare deductible, co-payment and the remaining charges for which the patient is liable under Medicare;
- Copies of EOBs from a Medicare supplemental insurance policy, or any other health insurance the patient may have;
- A copy of the Social Security award letter that confers eligibility for Medicare Part A (hospital insurance) and Part B (supplemental medical insurance);
- A copy of the patient's Medicare card.

The claim will be processed by CHAMPUS to determine the applicable CHAMPUS outpatient deductible, the patient's share of the CHAMPUS allowable charges for the care, and any charges beyond the allowable charges which are the patient's responsibility. If the total amount the patient is responsible to pay under Medicare is *larger* than the total amount he or she is responsible to pay under CHAMPUS, that difference in the two amounts is the amount CHAMPUS will pay on the claim.

CHAMPUS will *not* pay the Medicare deductible and cost-shares. ■

Why Some Prosper

A study of nearly every rural hospital in the United States has shown that, unlike what might be assumed, some rural hospitals are prospering. Many others are not, however. Researchers who examined 1988 data from 1,876 rural hospitals concluded the following factors were critical to rural hospital survival:

- Cost control, through enhanced labor productivity and reduced overhead costs: incentives play an important role.
- Length of stay: successful hospitals have a shorter average patient length of stay.
- Diversification, although this was not found to be a universally successful way to prosper.
- Non-operating revenue, generated either from contributions or investments: development programs are important, though difficult in areas where the population is poor.
- Investment policy: hospitals that employ less capital investment per dollar of revenue generated do better. Capital projects should be able to reduce labor costs.
- Patient selection: high percentage of Medicaid patients reduce profits.
- Financing policy: hospitals need to avoid heavy debts, and ensure that returns from debt-financed assets are adequate to cover capital costs.

William O. Cleverley and Roger K. Harvey, "Critical Strategies for Successful Rural Hospitals," Health Care Management Review, Winter 1992.

Reprinted from "State Rural Health Watch" October 1992

Fort Worth Chamber Executive Named to TCOM Development Position

Michael W. Davenport, vice president of government affairs and chief financial officer of the Fort Worth Chamber of Commerce, has been named associate vice president for development at Texas College of Osteopathic Medicine, effective October 19, 1992. His appointment is subject to approval by the TCOM/University of North Texas Board of Regents.

"Mike Davenport has an extensive background in financial affairs and community development activities," said TCOM president David M. Richards, D.O. "His ability to establish communication and contact networks among civic leaders and city, county, state and federal elected and appointed officials will be a tremendous asset to TCOM."

"Many of the officials with whom I had contact through the Chamber of Commerce recognize how fortunate Fort Worth is to be the home of a state-supported medical school, the only college of osteopathic medicine in Texas," said Davenport. "I look forward to helping move TCOM to new levels of education, service and research as the medical school component of a health science center to be developed in conjunction with the University of North Texas."

Davenport, who holds a MBA degree in management from Texas Christian University, joined TCOM after six years with the chamber of commerce. He previously was the controller for Texas Steel Co., of Fort Worth for three years. Davenport, a certified public accountant, received a bachelor's degree in business psychology from Texas Wesleyan College in 1972.

An associate vice president for development, Davenport will be responsible for all non-research college advancement and fund-raising programs, including planned giving, annual fund, alumni cultivation, foundation giving and corporate relations. He also will have responsibility for alumni relations, TCOM publications, media and community relations, and internal and external communications. ■

Professional Pathology Services

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

P.O. Box 64682 Dallas, Texas 75206

OBRA 90 Drug Use Review and Patient Counseling Requirements

The Omnibus Budget Reconciliation Act of 1990 (OBRA 90) mandates that effective January 1, 1993 state Medicaid agencies implement Drug Use Review (DUR), patient counseling, and patient profiling by pharmacists for Medicaid recipients. Drug Use Review programs, both prospective (at the point of dispensing) and retrospective (post payment review based on criteria) are educational and conducted under the direction of the Texas Drug Use Review Board. This board is comprised of six actively practicing physicians and pharmacists who represent a broad base of practice settings. These practitioners generously volunteer their time to serve on this board. The DUR program is not a sanctions program, but rather a program designed to educate and inform prescribers and pharmacists.

The Texas State Board of Pharmacy has adopted rules which will apply the patient counseling, patient profiles and prospective DUR to all patients, both Medicaid and non-Medicaid. This will eliminate a two tier standard of pharmacy practice, provide better patient care, and eliminate confusion. Briefly, pharmacists will be required to perform prospective DUR at the point of sale, maintain patient profiles listing current medications, drug allergies and significant disease states, and counsel patients on each new prescription filled. In addition, prescriptions for Medicaid clients will be reviewed in the retrospective DUR program designed to identify problem therapy based on criteria and standards established by the State Drug Use Review Board. Criteria and standards for both the prospective and retrospective programs are approved by the DUR Board and applied consistently to both. These criteria are based on the compendia required by OBRA 90 (AHFS, USP DI and AMA Drug Evaluations) and on the peer-reviewed medical literature.

The DUR program has an educational focus. The mission of the pharmacist is to educate the patient on proper dose, route of administration, storage, significant side effects, action to be taken in the event of a missed dose, and consult with the physician when adverse drug interactions, duplicate therapy, possible drug allergy or drug disease conflicts are identified. The retrospective program will identify problem therapy for Medicaid recipients, and through the DUR Board, provide informational letters to the physician concerning problems identified.

The goal of these programs is improvement of drug therapy and patient compliance with prescribed medication regimens. Elderly patients frequently fail to understand they are to stop taking a medication which has been discontinued by the physician and may not be aware that they are taking the same medication, generic and brand name or two different brand names, prescribed from different physicians. Medicaid recipients frequently use multiple physicians, pharmacies and emergency rooms resulting in drug therapy duplication and adverse drug interactions.

The Texas Department of Human Services Vendor Drug Program appreciates the spirit of cooperation from the Texas Medical Association, Texas Osteopathic Medical Association, Texas Pharmaceutical Association, The Federation of Drugstores and the Texas State Board of Pharmacy in implementing the requirements of OBRA 90. Working together, we can improve pharmaceutical care and achieve better compliance and drug therapy for all patients in Texas.

Daniel W. Saylak, D.O., a general practitioner in Bremond, and Mark S. Gittings, D.O., an emergency medicine physician in Burkburnett, have been appointed members of the Drug Use Review (DUR) Board by the Board of the Texas Department of Human Services.

TOMA congratulates Drs. Saylak and Gittings on their appointments to the Drug Use Review Board. ■

AIDS Notes

The following information comes from the Eighth International Conference on AIDS, held July 19-24, in Amsterdam.

- The World Health Organization (WHO) estimates that a cumulative total of 10-12 million adults and one million children have been infected by HIV. In the first half of 1992, this total increased by one million, 50 percent of whom were women. WHO estimates women will comprise over half of those infected in the world by the year 2000.

- In the United States, 232,000 cases of AIDS had been diagnosed as of July 1992. The rate of increase continues to slow with only five percent more cases in 1991 than 1990. One-sixth of all U.S. cases will be women by 1944.

- Cost of care in the U.S. will amount to $10 billion this year. This includes approximately $38,000/year for AIDS and $10,000 for an HIV infected non-AIDS person.

- Some data suggested that women are more susceptible to heterosexual transmission than men. This would imply that as this infection spreads in the heterosexual population, more women will be infected than men.

- HIV-2, the major virus seen in western Africa (rare in the U.S.), seems to be less infectious than HIV-1 for both sexual and perinatal transmission. It also appears to cause illness at a slower rate than HIV-1.

- There is increasing evidence that sexually transmitted diseases (STDs) increase the risk of HIV transmission by three to five fold. There had previously been evidence that STDs causing open sores like syphilis did this, but now non-ulcerating STDs like gonorrhea and trichomonas have been implicated as increasing transmission. It also appears that HIV makes STDs harder to cure and more infectious. Two investigators also found HIV present in the pre-ejaculatory fluid of HIV infected men, which suggests that this fluid could transmit the virus.

- A number of studies confirmed the effectiveness of condoms in reducing transmission.

- Magic Johnson's announcement had a significant impact on high school students, especially African-American students. Approximately 40 percent of African-American students had discussed him with friends and many were prompted to consider behavior changes. ■

Boyd Medical Productions, Inc. Announces New Video Periodical:

Video Annals of Osteopathic Medicine

Larry D. Boyd, CEO of Boyd Medical Productions, Inc., a leading Seattle-based medical video production and publications company, officially announced today the founding of a new publication of and for, Osteopathic Physicians.

The publication, in video cassette form, will be titled *The Video Annals of Osteopathic Medicine.* — a quarterly medical communications and continuing education series specifically designed for practicing osteopathic physicians (D.O.) and osteopathic medical professionals.

"One of the many unique advantages to a publication of this type is that we can serve D.O.s all across North America with high-quality, pertinent information and education in a convenient, compelling fashion."

— Larry D. Boyd, CEO

Although many successful video journals for physicians exist in the marketplace, there are no current programs or publications that offer any osteopathic content, or address the needs of this group of over 35,000 physicians and their staffs.

The Video Annals of Osteopathic Medicine, (VAOM) has been chosen as Boyd Medical Production's first ongoing medical series because of the compelling needs of this under-served profession.

The VAOM is served by a distinguished editorial board made up of prominent osteopathic physicians drawn from the roles of both academic and clinical medicine, and is headed by Jerry L. Dickey, D.O. — Associate Professor and Chairman of the Department of Manipulative Medicine at the Texas College of Osteopathic Medicine at Fort Worth.

Originally targeted for its first edition of March, 1993, the first issue of the approximately 1-hour VAOM is currently three months ahead of schedule. It will now debut in December 1992, with all additional issues published at the beginning of each quarter thereafter.

In addition to producing original materials, the VAOM will also encourage submissions of video presentations, information and press releases from a variety sources such as medical schools, specialty organizations, and individual osteopathic professionals on a continuing basis.

Please address inquiries to:

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FYI

TCOM NAMES ASSOCIATE DEANS, DEPARTMENT CHAIRMEN

Edward E. Elko, Ph.D., has been appointed associate dean for student affairs at Texas College of Osteopathic Medicine by the TCOM Board of Regents. Elko served as interim associate dean for student affairs from 1989 to 1991 when he was named acting associate dean. He joined TCOM in 1978 and had previously served as assistant and associate dean for basic sciences.

In his recommendation of Elko to be associate dean for student affairs, Benjamin Cohen, D.O., vice president for academic affairs and dean, called Elko a strong student advocate and praised him for the successful development and implementation of the Student Honor Code currently in effect at TCOM.

In other administrative appointments, John Mills, D.O., has been named the acting associate dean for osteopathic hospitals and clinical affairs, and acting director of medical education. His responsibilities will include the development and enhancement of TCOM's working relationship with the osteopathic teaching hospitals that provide clinical rotations for TCOM students, with the primary focus on TCOM's affiliation with the Osteopathic Medical Center of Texas. Mills had been chairman of the Department of Public Health and Preventive Medicine (PH/PM) since 1989.

Stan Weiss, D.O., has been appointed acting chairman of PH/PM. An associate professor, Weiss was appointed PH/PM vice chairman in 1981, soon after he joined TCOM.

Sam Buchanan, D.O., has been appointed chairman of the Department of Surgery. The 1975 graduate of TCOM became a member of the faculty in 1982.

DPS TO STRIKE DRUG/ALCOHOL PROBLEM QUESTION ON DRIVER APPLICATION

Texas Attorney General Dan Morales, in a legal opinion, stated that the Texas Department of Public Safety can no longer ask whether a person has had a problem with drugs and/or alcohol.

The question, "Have you ever had a problem, been arrested or hospitalized as a direct result of alcohol or drug abuse?" appears on the application forms for a new driver's license or a renewal.

Morales' opinion said the question might violate your constitutional right to privacy and that the question is "an unreasonable exercise of the department's powers." The opinion also said that applicants might lie out of fear of losing their driving privileges.

FYI

The following important information appears in the *Texas Medicaid Bulletin, No. 92, October 1992.*

Medicaid Written Acknowledgement

Providers requiring Medicaid clients to sign a written acknowledgement statement prior to rendering services must present the client with the exact statement found on page 20 of the "Medicaid Provider Procedures Manual" (the September 1992 issue). This statement appears in English and Spanish.

CLIA Update

HCFA rescinded the September 1, 1992, deadline for CLIA until further notice. Although NHIC is not denying claims at this time, providers are encouraged to pursue the HCFA certification requirement and forward a copy to NHIC's Provider Enrollment Department.

HEALTHCARE SALARIES SOARED IN 1991

Salaries for hospital nursing executives soared in 1991. According to a survey by Hay Management Consultants for *Modern Healthcare Magazine*, salaries for nursing executives rose an average of 10.1 percent. Salaries for directors of nursing rose 8.5 percent to $64,600. Nursing supervisors saw their salaries increase 3.6 percent.

TEEN PREGNANCY COSTING TEXAS MILLIONS

A study by the Southern Regional Project on Infant Mortality shows that teen pregnancy is costing Texas $754 million annually. Texas officials say that the cost is much higher and that not all the costs of teen pregnancy can be measured.

In the study of 17 southern states, Texas has the fifth-highest teen childbearing rate — 48 births for every 1,000 women ages 15 to 17. Only $110 million was spent by the 17 states on prevention programs, with Texas contributing only $15 million of that amount.

FDA APPROVES BIRTH CONTROL INJECTION

Depo-Provera has been approved for use in the United States as a birth control drug. One injection will provide 99 percent effective birth control protection for three full months. Nearly nine million women in 90 countries use the drug. ■

Blood Bank Briefs for Physicians

Hepatitis B Information Sheet for Blood Donors

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

Hepatitis is an inflammation of the liver that may be caused by a variety of agents including viruses and alcohol and other toxic substances. Hepatitis B, which is caused by a virus, is relatively common in the general United States population. Based on reports from the Centers for Disease Control, approximately 25,000 cases of hepatitis B are reported annually. Of these, one percent reported history of blood transfusion and 48 percent report other potential exposures.

Several routes of transmission of the hepatitis B virus (HBV) have been identified. These include exposure to blood from, or intimate contact with, an infected individual. However, in many HBV cases, the source of exposure cannot be identified. Some healthy individuals who have evidence of current or previous HBV infection have reported military service or long term residence in geographic areas known to have high rates of hepatitis B carriers. These areas include Africa, Japan, Korea, Vietnam and other Asian countries.

More than one-half of the individuals who have hepatitis B infection have no symptoms at all or have only mild flu like symptoms. Studies have shown that 5-10 percent of individuals who are infected with hepatitis B become chronic carriers of the virus. Occasionally, chronic carriers of hepatitis B develop more serious liver diseases such as cirrhosis or liver cancer.

To minimize the risk of transmitting hepatitis through blood transfusion, several laboratory tests to identify current or previous hepatitis B infection are performed on all blood donors. These include the hepatitis B surface antigen (HBsAg), which is an indicator of current HBV infection and antibody to hepatitis B core antigen (anti-HBc) which could indicate either current or previous infection with HBV.

Experience with the anti-HBc test indicates that approximately 2 percent of volunteer blood donors in the service area of Carter Blood Center have a positive test. Testing for antibody to hepatitis B surface antigen (anti-HBs) is helpful in some cases to confirm previous HBV infection in individuals who have a positive anti-HBc test. Individuals who are positive for both anti-HBc and anti-HBs have had hepatitis B infection at some time in the past, and are immune to hepatitis B.

The presence of anti-HBc *alone* is more difficult to interpret. The anti-HBc test is known to give positive reactions in some individuals due to factors unrelated to HBV infection (false positive). Also, a sample giving a positive reaction with test kits from one manufacturer may be negative with another manufacturer's test. At the present time, there is no approved test available to confirm whether a positive screening test in a healthy individual represents current or past HBV infection or is an artifact of the test system. In some transfusion studies, anti-HBc in donor blood has been associated with an increased risk of hepatitis in recipients. Thus, the presence of anti-HBc is cause for permanent deferral as a blood donor.

It is unlikely that an individual with anti-HBc can transmit HBV to household contact. To minimize any possible risk, blood exposure through sharing of personal items, such as razors, should be avoided. Individuals with current HBV infection may infect their sexual partners, but this is not likely to happen in individuals who are HBsAg negative, but have anti-HBc. ■

TDH Announces Birth, Fetal Death Certificate Modifications

Beginning January 1, 1993, the Texas Department of Health (TDH) will begin using unperforated certificates on which to record births and fetal deaths. The 14-inch long certificates will be filled out, forwarded, and processed as single, undivided documents. The TDH believes that this new system will result in the collection of more data for birth and fetal death files.

To address liability concerns regarding new medical items on the certificates, the TDH assures medical providers that such concerns are unnecessary. State law stringently limits disclosure of medical or health data in an identified format. Local registration offices, as well as the Bureau of Vital Statistics, have a history of diligence in protecting the confidentiality of all vital data. The TDH will further guard the medical data by prohibiting local offices from making copies of this information without the express consent of the TDH. To obtain consent a local office will be required to submit an outline of the measures they will take to keep the medical and health data strictly confidential and unavailable for disclosure.

U.S. Public Health Service Recommends Folic Acid Levels

On September 14, the U.S. Public Health Service publicly recommended that all women of child-bearing age consume 0.4 milligrams daily of folic acid to reduce the risk of neural tube birth defects. The recommended level is published in a supplement of the Centers for Disease Control's *Morbidity and Mortality Weekly Report.*

According to HHS Secretary Louis W. Sullivan, M.D., "Available evidence indicates that, when consumed in adequate amounts beginning several weeks before conception, folic acid will reduce the risk of having a child with one of the serious neural tube birth defects. There are currently nearly 2,500 infants born each year with spina bifida or anencephaly — which disable and kill."

The recommendation is consistent with the U.S. Recommended Daily Allowance — the USRDA currently used on food and vitamin labels. However, it is about twice the Recommended Dietary Allowance set by the National Academy of Sciences for the general population. According to the September 14 statement, to be effective, the 0.4 level should be consumed before pregnancy is known. To accomplish this, all female adolescents and adults who might potentially become pregnant are urged to consume 0.4 milligrams (sometimes listed as 400 micrograms) daily — but to resist overdosing, which can mask a vitamin B-12 deficiency such as pernicious anemia.

Speaking at a conference on state birth defects surveillance programs, CDC Director William L. Roper, M.D., said, "We in the Public Health Service are making this recommendation based on available scientific evidence and studies that show that 0.4 mg. of folic acid per day may reduce a woman's risk of having a baby with spina bifida or other neural tube defects." The recommendation is based on an analysis of studies of various levels of folic acid conducted in the United Kingdom, Hungary, Cuba and Western Australia as well as three in the United States (one in Atlanta, Georgia, a second in California and Illinois, and the third in New England).

As formally published on September 14, the recommendation states:

"In order to reduce the frequency of NTDs and their resulting disability, the United States Public Health Service recommends that:

> All women of childbearing age in the United States who are capable of becoming pregnant should consume 0.4 mg of folic acid per day for the purpose of reducing their risk of having a pregnancy affected with spina bifica or other NTD. Because the effects of high intakes are not well known but do include complicating the diagnosis of vitamin B12 deficiency, care should be taken to keep total folate consumption under 1 mg per day, except under the supervision of a physician. Women who have had a prior NTD-affected pregnancy are at high risk of having a subsequent affected pregnancy. When these women are planning to become pregnant, they should consult their physicians for advice."

FDA Commissioner David A. Kessler, M.D., said FDA supports the recommendation and is committed to determining the safest and most effective approach to delivering optimal folic acid levels to women of child-bearing age. "It's important that folic acid consumption reach but not greatly exceed effective levels, because high intakes may result in serious side effects," he said.

The Public Health Service agencies, including CDC, the Food and Drug Administration and the National Institutes of Health, will work together to find the best ways to implement this important public health recommendation. ■

TCOM Enrollment Increase Tops All State Medical Schools

Enrollment at TCOM for this fall increased nearly 10 percent over the same period last year, the highest percentage increase of the eight medical schools in Texas, according to a report from the Texas Higher Education Coordinating Board.

The report, comparing preliminary 12th class day enrollments, showed TCOM with a fall 1992 enrollment of 416 students, compared to 379 students in the fall of 1991. The 37 additional students represented an increase of 9.76 percent.

"Our entering class this year was the largest in TCOM history — 115 students," said Jane Absher, assistant director of medical student admissions. "Plus, with the increase in the number of applicants in the last few years, there have been more students with excellent academic potential from whom we can select. The retention rate for the 1991 entering class between its first and second years, for example, was nearly 99 percent."

Enrollment at the seven other medical schools in Texas increased an average of 2.65 percent from 1991 to 1992.

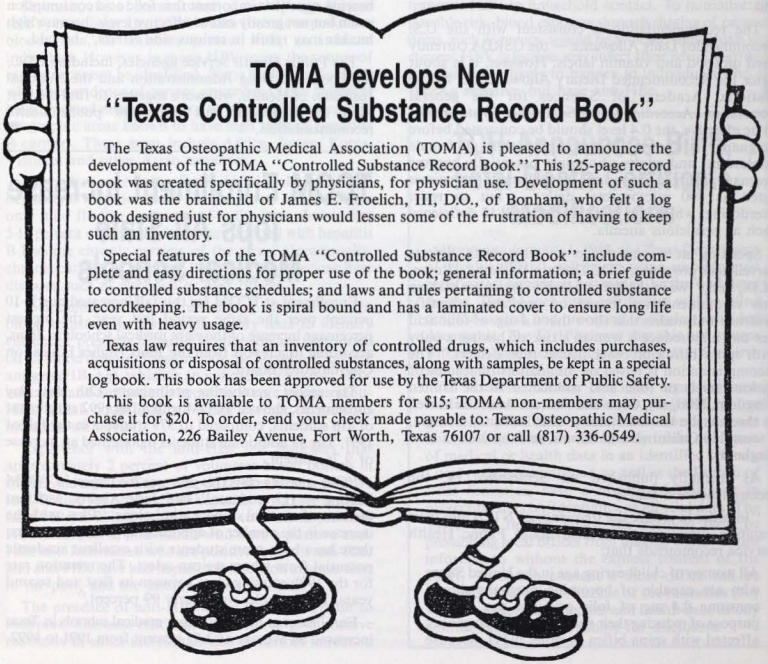
NIA Introduces "Special Report On Aging"

The National Institute on Aging (NIA) is offering, at no cost, the *Special Report on Aging: Discoveries in Health for Aging Americans,* part of a two-volume series. The report has highlights of recent research on osteoporosis, prostate disease, urinary incontinence, and other diseases and disabilities associated with aging. The research presented in this series was sponsored by the NIA and several other Institutes at the National Institutes of Health (NIH) in Bethesda, Maryland. Single copies of the *Special Report on Aging* are available from the NIA Information Center, 1-800-222-2225.

The other volume, the *Progress Report on Alzheimer's Disease: Discoveries in Health for Aging Americans,* focuses on research funded by NIA on this disease that affects about four million Americans. Copies of the publication are available free from the NIA's Alzheimer's Disease Education and Referral (ADEAR) Center at 1-800-438-4380.

Both reports give useful information to caregivers and health care professionals on diagnosis and care based on current research findings. Older adults can learn about driver's training that can reduce their risk of accidents and education classes to help them live more independently. Women can learn about new lines of research that may lead to treatments for osteoporosis and breast cancer, and men about a blood test that can detect prostate cancer earlier than by physical examination alone.

The NIA, a component of the National Institutes of Health, is the lead Federal agency supporting and conducting biomedical, social, and behavioral research and training related to aging and the diseases of older people.



TOMA Develops New "Texas Controlled Substance Record Book"

The Texas Osteopathic Medical Association (TOMA) is pleased to announce the development of the TOMA "Controlled Substance Record Book." This 125-page record book was created specifically by physicians, for physician use. Development of such a book was the brainchild of James E. Froelich, III, D.O., of Bonham, who felt a log book designed just for physicians would lessen some of the frustration of having to keep such an inventory.

Special features of the TOMA "Controlled Substance Record Book" include complete and easy directions for proper use of the book; general information; a brief guide to controlled substance schedules; and laws and rules pertaining to controlled substance recordkeeping. The book is spiral bound and has a laminated cover to ensure long life even with heavy usage.

Texas law requires that an inventory of controlled drugs, which includes purchases, acquisitions or disposal of controlled substances, along with samples, be kept in a special log book. This book has been approved for use by the Texas Department of Public Safety.

This book is available to TOMA members for $15; TOMA non-members may purchase it for $20. To order, send your check made payable to: Texas Osteopathic Medical Association, 226 Bailey Avenue, Fort Worth, Texas 76107 or call (817) 336-0549.

Opportunities Unlimited

PHYSICIANS WANTED

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

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. (04)

BUSY THREE-PHYSICIAN PRACTICE IN WEST CENTRAL TEXAS — being operated by two aging osteopathic physicians, needs third to share the load. Salary commensurate with training and experience. Opportunity for partnership after one year. No obstetrics or major surgery. Twenty-bed district hospital, 80 bed nursing home, and 500-bed detention center for federal detainees. Call 915/869-6171. (40)

PART-TIME PHYSICIAN — needed from 9-12 Saturday for office sick call. $200 per shift. Call Mark D. Hughes, D.O., 903/432-2707. (22)

PRIMARY CARE PHYSICIANS — needed and appreciated. Locum tenens, practice trials, and permanent placements available throughout TEXAS. INTERIM PHYSICIANS large enough to offer you options. . . small enough to care. Call Jamie Butler or Janice Hawkins at INTERIM PHYSICIANS, 1/800/531-1122. (06)

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)

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: Vernon J. Hayes, D.O., 2600 Montgomery & I-30, Fort Worth, 76107; 817/731-3936; fax 817/782-0206. (26)

FAMILY PRACTICE — Solo practice in West Fort Worth. Excellent income opportunity. Fully equipped. Physician relocating. Call 817/560-1300 and ask for Phyllis. (21)

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)

FAMILY PRACTICE PHYSICIAN — who does OB will guarantee $180,000 per year. If physician stays four years, there will be no payback. $15,000 bonus at the signing of the contract. Would prefer D.O., but would consider M.D. Contact McMurry Clinic, P.O. Box 96, Guyman, OK 73942 or call 405/338-3361. (29)

DALLAS AREA GP CLINIC — needs associate doctor or locum tenens; 20-50 hours per week. Call 214/941-9200 (32)

SUCCESSFUL — high volume, GP clinic in Dallas area for sale. Call 214/941-9200. (34)

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 F. Gallman, Jr., D.O., 817/473-3119. (24)

OSTEOPATHIC GENERAL PRACTITIONER — looking for full-time employment; available immediately. Prefers Dallas-Fort Worth metroplex. Write to Don Dunlap, D.O., 2701 West 15th Street, Suite 284, Plano, 75075, or call 817/481-9565. (02)

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. Also, 1,250 sq. ft. in hospital district between Rosedale and Magnolia. Call 817/338-4444 (12)

FOR RENT — Medical Office in Arlington. Three to six months free rent with proper lease. Ideal for general practitioner. Call 817/265-1551. (15)

GRANBURY — Quality office space for lease adjacent to Hood General Hospital. Call Linda Powell, 817/573-1595. (18)

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. (14)

FOR SALE — OB/GYN Table. Call Carolyn Delaney, 817/923-6111. (31)

FOR SALE: QUIDEL QUICK READ MACHINE — Runs: Total Cholesterol, HDL Cholesterol, and Triglycerides with ability to calculate LDL Cholesterol. Original price $695; asking $350; 1½ years old. Call 817/232-8055. (10) ■

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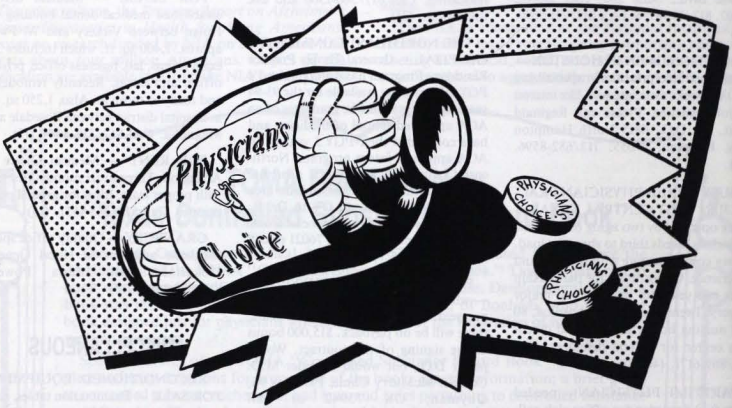

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