

TEXAS DO

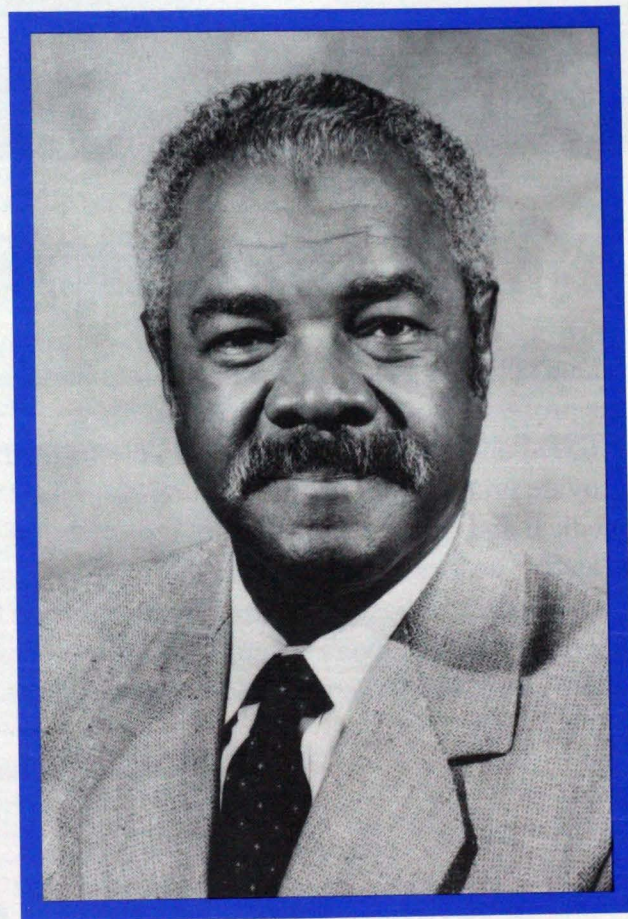
XXXX, No. 8

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

September, 1993



**Laurence E. Bouchard, D.O.
AOA President**



**William G. Anderson, D.O.
AOA President-Elect**

New AOA Officers Elected

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American Osteopathic Hospital Association	703/684-7700
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TOMA Malpractice Insurance Program:	
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Enrollment & Information	1-800/321-0246
TOMA Major Medical Insurance	1-800/321-0246
TOMA Disability Insurance Program	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	512/388-9400
	in Texas 800/444-TOMA
	FAX No. 512/388-5957
	817/294-2788
TOMA Physicians Assistance Program	in Texas 800/896-0680
	FAX No. 817/294-2788
	in Texas 800/444-TOMA
TOMA Med-Search	
TEXAS STATE AGENCIES:	
Department of Human Services	512/450-3011
Department of Public Safety:	
Controlled Substances Division	512/465-2188
Triplicate Prescription Section	512/465-2189
State Board of Health	512/458-7111
State Board of Medical Examiners	512/834-7728
Texas State Board of Medical Examiners (for disciplinary actions only)	800/248-4062
State Board of Pharmacy	512/832-0661
State of Texas Poison Center for Doctors & Hospitals Only	713/765-1420 800/392-8548
	Houston Metro 654-1701
Texas Workers' Compensation Commission	512/448-7900
FEDERAL AGENCIES:	
Drug Enforcement Administration:	
For state narcotics number	512/465-2000 ext 3074
For DEA number (form 224)	214/767-7250
CANCER INFORMATION:	
Cancer Information Service	713/792-3245
	in Texas 800/392-2040

TEXAS DO

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

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Monte E. Troutman, D.O., Vice Speaker, TOMA House
of Delegates

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September, 1993

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Calendar of Events

SEPTEMBER

9-12

"Intensive Geriatric Review Course"

Location: Hyatt Hotel
Cherry Hill, New Jersey

Sponsors: New Jersey Geriatric
Education Center
University of Medicine and
Dentistry of New Jersey -
School of Osteopathic
Medicine, Center for Aging
Texas College of Osteopathic
Medicine
Institute of Education and
Research in Aging
Texas Consortium of Geriatric
Education Centers
American College of
Osteopathic Internists
American College of
Osteopathic Family
Physicians

Contact: (609) 346-7141

10-12

*Florida Osteopathic Medical
Association Midyear Seminar*

Location: Hyatt Regency Westshore
Tampa, Florida

Hours: 20 Hours Category 1A
anticipated plus
Five hours of Risk Manage-
ment and Three hours of
HIV/AIDS

Contact: FOMA
2007 Apalachee Parkway
Tallahassee, Florida 32301
(904) 878-7364

11-13

*OPSC 4th Annual Mid-Year Seminar
"Who's Minding the Medical Store?"*

Location: Huntington Beach, California

Hours: 17 Category 1 CME Credits

Contact: Osteopathic Physicians and
Surgeons of California,
455 Capitol Mall,
Suite 225
Sacramento, CA 95814
(916) 477-2004,
Fax (916) 447-4328

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*"Oxygen Wound Healing and
Wound Infections"*

with tour of new multiplace
Hyperbaric Chamber

Location: TBA

Hours: 2 Hours Category 1-A, AOA

Contact: Cindi Azuma, Director of
Medical and Health
Education

Osteopathic Health System
of Texas

3715 Camp Bowie Boulevard
Fort Worth, TX 76107

(817) 735-3627 or

1-800-299-CARE (2273)

October

1-3

"Primary Care Update X"

Sponsored by TCOM

Location: Texas College of Osteopathic
Medicine

3500 Camp Bowie Blvd.

Fort Worth, Texas 76107

Hours: 18 CME Hours —
Category 1-A, AOA

Contact: Pam McFadden, Program
Director
(817) 735-2581

10-14

AOA Annual Convention

Location: Boston, Massachusetts

Contact: American Osteopathic
Association

142 E. Ontario Street

Chicago, Illinois 60611

(312) 280-5800

1-800-621-1773

22

*"2nd Annual Texas Health Professional
Peer Assistance Conference"*

Presented by the Liaison Committee
Health Care Professionals' Peer
Assistance Programs

Location: Austin, Texas

Contact: Texas Pharmaceutical Association

P.O. Box 14709

Austin, TX 78761

(512) 836-8350

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, One Financial Center, 1717 IH 35, Suite 100, Round Rock, Texas 78664-2901.

AOA Elects New President, President-Elect

Laurence E. Bouchard, D.O., of Narragansett, Rhode Island, and William G. Anderson, D.O., of Detroit, Michigan, were elected president and president-elect, respectively, of the American Osteopathic Association. The elections took place during the recent AOA House of Delegates meeting held in Chicago.



Laurence E. Bouchard, D.O.

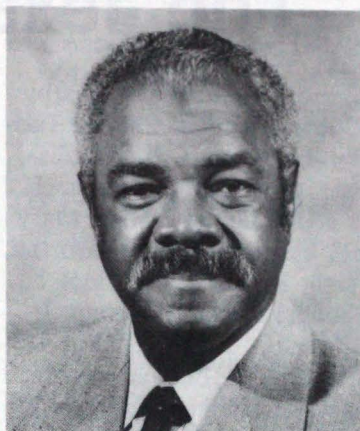
As the newly elected president, Dr. Bouchard plans to continue the AOA's dedication to promoting primary care. "The osteopathic medical profession is well-equipped to step forward and act as a model for primary care, especially in this era of healthcare reform. Our profession's sensitivity toward the patient and primary care as well as our history and heritage all exemplify the excellent job we do in training our primary care physicians," said Dr. Bouchard.

Dr. Bouchard is a police surgeon and town and school physician in Narragansett. He serves on the boards of trustees of both the Rhode Island Society of Osteopathic Physicians and Surgeons and the New England Foundation of Osteopathic Medicine. He is the past assistant regional dean of clinical affairs for the University of New England College of Osteopathic Medicine, Biddeford, Maine.

He has served the AOA as chairman of the task force on certification, of the graduate medical education committee, of the department of professional affairs and of the bureau of small states. He has served as the chairman of the American Association of Colleges of Osteopathic Medicine. He is also a member of the American Academy of Osteopathy.

As president-elect, Dr. Bouchard served the AOA as a member of the bureau of finance, the committee on administrative personnel and the president's advisory council.

A 1962 graduate of the Kirksville (Missouri) College of Osteopathic Medicine, Dr. Bouchard completed his internship at Cranston General Hospital in Cranston, Rhode Island. He received his undergraduate degree from the University of Buffalo.



William G. Anderson, D.O.

Dr. Anderson has served as president of both his county and state osteopathic associations and for the past 10 years has served as a trustee of the AOA, chairing its strategic planning committee and its bureau of state government affairs. He has distinguished himself as a leader of osteopathic health care in Michigan through his

role as director of governmental affairs for Detroit Osteopathic Hospital and his professional affiliations.

Dr. Anderson has had a 27-year career of general and surgical specialty practice. He formerly served as a consultant and senior attending surgeon at many Detroit hospitals. He also held many positions at Michigan Health Care Corporation over a 22-year period where he was chief of surgery, chief of staff and chairman of the board of directors.

Currently, Dr. Anderson is the associate director of medical education at the Detroit Riverview Center in Michigan and is president of LifeChoice Quality Health Plan, HMO in Detroit.

He has also made contributions to the civil rights movement. As a close friend of Dr. Martin Luther King, Jr., he spearheaded the establishment of the first NAACP Youth Council at the Atlanta University system in the late 1940's. Dr. Anderson was also the founder and first president of the Albany Movement which worked to desegregate southwest Georgia in the early 1960's. He was the director of the Southern Christian Leadership Conference from 1963 until 1969.

Dr. Anderson is a 1956 graduate of the University of Osteopathic Medicine and Health Sciences, College of Osteopathic Medicine and Surgery, in Des Moines, Iowa. He is a Fellow of the American College of Osteopathic Surgeons.

Across the nation the AOA, which represents more than 33,500 osteopathic physicians, encourages scientific research, promotes the public health and is the accrediting agency for all osteopathic hospitals and colleges. ■

The AOA House of Delegates Meeting The Texas Report

The House of Delegates of the American Osteopathic Association met July 16-18, 1993, in Chicago, Illinois. The Texas delegation included: Drs. John H. Burnett of Dallas, Chairman; David R. Armbruster of Pearland; Jerome L. Armbruster of Pearland; Frank J. Bradley of Dallas; Mary M. Burnett of Dallas; Gerald P. Flanagan of Fort Worth; William R. Jenkins of Fort Worth; Royce K. Keilers of La Grange; Robert G. Maul of Lubbock; Robert L. Peters, Jr., of Round Rock; Donald M. Peterson of Dallas; Bill H. Puryear of Fort Worth; Arthur J. Speece, III, of Grand Prairie; Mark A. Baker of Fort Worth; Jim W. Czewski of Fort Worth; and Brian G. Knight, of Corpus Christi. Craig S. Boudreaux of Groves was the student doctor delegate and Victor V. Dizon of Houston was the student doctor alternate; both attend the Texas College of Osteopathic Medicine.

Gerald P. Flanagan, D.O. Joint Board/House Budget Review Committee

This committee met on July 17, 1993, to review the proposed budget of the AOA for 1993-94. The budget passed by the house totaled \$8,770,745. for 1994. The most significant discussion of this committee centered around the reduction of the loan on the AOA building at 142 E. Ontario.

Total Revenue	\$8,770,745.00
Total Expenditure	<u>\$7,757,585.00</u>
Excess of Operating Revenue over Expenses	\$1,013,160.00
Non-Operating Revenues — Expenses (E. Ontario)	\$ 995,760.00
Net AOA Revenue	\$ 774,657.00
Certifying Board Income	\$ 63,041.00
Net Revenue	<u>\$ 837,698.00</u>
Non-Operating Accrual	[\$ 648,023.00]
Net Transfer to Unallocated Surplus	[\$ 189,675.00]

*A copy of all approved AOA resolutions will be on file at the TOMA State Headquarters in late fall.

Committee on Constitution and Bylaws

The following proposed amendments to the AOA Constitution and Bylaws were approved:

- Article VIII Section 1 / Board of Trustees 12 year term limits. — *APPROVED and will be voted on in 1994.*
- Article III, Section 2.c / Dues and Assessments rates — *Approved*
- Article III, Section 1a, c, d, e, and h — *Approved*
- Article II, Section 1.G. Allied Membership — *Approved*
- Article III, Section 2 — *Approved*

The following committees submitted these resolutions to the AOA House of Delegates which were accordingly approved, approved as amended, referred to a committee, or disapproved as stated below.

Committee On Professional Affairs

- 215 Professionalism of Publications — *Approved*
- 244 Abused Persons — *Approved*
- 247 Acupuncture — *Approved*
- 251 Dual Degrees — *Approved*
- 258 Immunization Deficiencies — *Approved*
- 260 Impaired Physicians, Assistance — *Approved*
- 267 Measles — *Approved*
- 272 National Practitioner Databank — *Approved*
- 273 National Practitioners Databank — *Approved*
- 274 Organ Donor Identification Program — *Approved*
- 277 Physician Competency Retesting — *Approved*
- 288 Uniform Pathway of Licensing of Osteopathic Physicians — *Approved*
- 289 Uniform Pathway to Licensure — *Approved*
- 294 Osteopathic Hospital Identification — *Approved*
- 299 Physician Assisted Legal Executions — *Referred to Ethics Committee*
- 222 Economic Impact Statement Accompanying All New Health Legislation — *Disapproved*
- 202 Osteopathic Postdoctoral Training in All Specialty Areas — *Approved*
- 203 CME Requirements — *Referred to CME Committee*
- 208 Osteopathic Family Physicians Training — *Approved and Amended*
- 209 Osteopathic Primary Care Training — *Approved*
- 210 CME Compliance Program — *Approved*
- 214 Primary Care Task Force — *Withdrawn*
- 216 Collaborative Practice Guidelines — *Approved*
- 217 Proposed AOA CME Guidelines Requirements — *Approved*
- 218 Standard Osteopathic Manipulative Treatment Criteria For All Osteopathic Colleges — *Approved*
- 235 Irresponsible Advertising by Members of the Osteopathic Profession — *Approved*
- 240 Allopathic State Societies' Attempts to Coerce Osteopathic Physician Membership — *Approved*
- 241 Allopathic Postdoctoral Training in Osteopathic Manipulative Medicine — *Approved*
- 242 AOA CME Category 1-A Quality — *Approved*
- 255 Geriatric Health Care — *Approved*
- 256 Goals and Objectives of the American Osteopathic Association — *Approved*
- 259 Immunizations — *Approved*
- 265 Mandatory Assignment — *Approved*
- 276 Physician Assistant — *Referred to Committee on Health Related Policies*
- 291 Physician Fees and Changes / Memo H-July 92-242 — *Disapproved*
- 295 CME Speaker Requirements — *Approved*
- 296 AOA Washington Office — *Withdrawn*

Committee On Public Affairs

- 07 Durable Medical Equipment Processing — *Approved*
- 36 Patient Confidentiality — *Approved*
- 39 Managed Competition\Risk Shared Managed Care Primary Care Physician Discrimination — *Approved*
- 49 Alcohol and Advertising — *Approved*
- 50 Chemical Dependency — *Approved*
- 52 Environmental Health — *Approved*
- 61 Legislation for Limitations on Professional Liability Claims — *Approved*
- 62 Liability Reform — *Approved*
- 64 Managed Health Care Plans/Non-Discrimination Policy — *Approved*
- 69 Medicare Mandatory Assignment/Licensure — *Approved*
- 70 Medicare Reimbursement — *Approved*
- 81 Professional Liability — *Approved*
- 86 Substance Abuse — *Approved*
- 37 Medicare Budget Neutrality Adjustment — *Disapproved*
- 54 Fluoridation — *Disapproved*
- 00 Access to Health Care — *Approved as Amended*
- 04 Medicare Patients Cost of Medication — *Approved as Amended*
- 05 Prepaid Health Care Plans-Establishment of Task Force — *Withdrawn*
- 24 Pediatric Cardiac Programs — *Withdrawn*
- 25 Program to Decrease Teenage Pregnancy — *Withdrawn*
- 28 Rural Health Care Programs — *Withdrawn*
- 32 Osteopathic Manipulative Treatment (Managed)/Evaluation and Management (E&M) — *Approved as Amended*
- 33 Appropriate use of Health Care Premiums — *Approved*
- 34 Curtailing Duplication of Medical Records — *Withdrawn*
- 48 Advertising Ban on Alcohol & Tobacco — *Withdrawn*
- 57 Guidelines for Retention of Medical Records — *Approved*
- 63 Managed Health Care Systems, Freedom of Choice — *Approved*
- 68 Medicare — *Approved*
- 71 Medicare's Maximum Allowable Actual Charge (MAAC) — *Approved*
- 82 Professional Liability Insurance Reform — *Approved*
- 90 Managed Care, AOA Certification — *Approved*
- 98 Opposition to Gross Receipts or Similar Tax for Governmental Bodies — *Approved*

Ad HOC Committee

- 231 Uniform Billing — *Approved*
- 243 Abuse of the Elderly — *Approved*
- 245 Acquired Immune Deficiency Syndrome (AIDS) — *Approved*
- 246 Acquired Immune Deficiency Syndrome (AIDS) Legislation — *Approved*
- 253 Fire Prevention — (Teaching Of) — *Approved*
- 266 Maternal and Child Health Care Block Grants — *Approved*
- 279 Policy Statement-Exclusive Use of Osteopathic Diagnostic and Procedural Coding Systems — *Approved*
- 280 Preferred Provider Organizations — *Approved*
- 285 Rural Hospital Payment — *Approved*
- 297 Osteopathic Policy Fellowship Program — *Approved*
- 211 Developing DO/MD Relationships — *Withdrawn*
- 212 Health Care Reform and Medical Practice — Establishment of an AOA Department — *Withdrawn*
- 213 Information Revolution — Establishment of an AOA Task Force on Information Service — *Withdrawn*
- 201 Handguns — *Disapproved*
- 206 Definition of Osteopathic Medicine — *Disapproved*
- 223 Firearms Reporting System — *Disapproved*
- 226 Programs to Curb Violence — *Disapproved*
- 227 Reduction of Violence in Television — *Disapproved*
- 229 State Billing Center — *Disapproved*
- 219 Airbags in Automobiles — *Approved*
- 220 Development of Programs to Reduce Sexual Violence — *Approved*
- 221 Development of Programs to Reduce Domestic Violence — *Approved*
- 230 Tuberculosis Medical Training — *Approved*
- 238 Meeting Requirements/Hospital Accreditation Standards — *Approved*
- 275 Patient Education — *Approved*
- 278 Physician Definition — *Approved*
- 283 Registered Nurse Shortage — *Approved*
- 284 Rural Health Care Payment Equity — *Approved*
- 287 Support of All Governmental Expenditures for Maternal and Child Health Care Block Grants to Reduce Infant — *Approved*
- 292 Support for Hospice — *Approved*
- 293 Hunger Committee of the U.S. Congress — *Approved as Amended*

TOMA Members Appointed to Texas State Board of Medical Examiners

R. Russell Thomas, Jr., D.O., of Eagle Lake, and William A. Pollan, D.O., of Ballinger, have been appointed members of the Texas State Board of Medical Examiners by Texas Governor Ann Richards. Each will serve a six-year term and their appointments will be confirmed by the Senate when the Texas Legislature meets again in 1995. Drs. Thomas and Pollan replace Alfred R. Johnson, D.O., and John H. Boyd, D.O., both of whose terms expired this year.

Dr. Thomas practices at Thomas Clinic in Eagle Lake, where he is a partner, and works part-time as an emergency room physician at Southwest Memorial Hospital, Houston. Additionally, he is a clinical associate professor of family practice at the University of Texas Medical School, Houston, and serves as a physician advisor to the Texas Medical Foundation.

He received an M.P.H. degree in 1976 from the University of Texas School of Public Health in Houston, and his D.O. degree in 1980 from the Texas College of Osteopathic Medicine. He served a family practice residency at the University of Texas Medical School, Houston, from 1980-83.

Dr. Thomas is board certified by the American Board of Family Practice. He has had additional training in Advanced Cardiac Life Support and Advanced Trauma Life Support, being recertified in both in 1991; Pediatric Advanced Life Support; and Neonatal Advanced Life Support.

Other state appointments include the Trauma Technical Advisory Committee of the Texas Department of Health, in which he has served since 1990.

Professional memberships include Texas Osteopathic Medical Association, Texas Academy of Family Practice, American Academy of Family Practice, Texas Medical Association and the Colorado-Fayette Medical Society.

Dr. Thomas is on the staffs of Eagle Lake Community Hospital, Columbus Community Hospital and Southwest Memorial Hospital.

Dr. Pollan has a private practice in Ballinger, specializing in preventive medicine/family practice/occupational medicine. He is medical director for the Med Plus Occupational Medicine Program in San Angelo, which provides occupational medicine services to some 350 employers and 18,000 employees. He is also medical director for Employee Health and Safety at Shannon Medical Center, San Angelo, and, as a consultant to the Angelo Clinic Association, serves as the director of the Occupational Fitness and Rehabilitation Program.

Dr. Pollan received his D.O. degree from the Kansas City College of Osteopathic Medicine in 1978, and took a family practice internship with the U.S. Air Force at

Malcolm Grow Medical Center, Andrews Air Force Base, Washington, D.C. He served an aerospace medicine residency at the USAF School of Aerospace Medicine at Brooks Air Force Base. In 1982, he earned an M. H. degree from the University of Texas Health Science Center School of Public Health in San Antonio.

He is certified by the American Board of Preventive Medicine in Aerospace Medicine and by the American Osteopathic Board of Preventive Medicine in both Aerospace Medicine/Preventive Medicine and Occupational Medicine. Dr. Pollan is also a Diplomate of the American Board of Examiners for Osteopathic Physicians and Surgeons; a Fellow of the American College of Preventive Medicine; an Associate Fellow of the Aerospace Medicine Association; and a Senior Aviation Medicine Examiner for the FAA.

Dr. Pollan is a member of the American Osteopathic Association, and the Texas Osteopathic Medical Association, where he serves on the Environmental Medicine and Preventive Health Committee. He currently serves as a board member of the Ballinger Memorial Hospital District and as City Health Officer.

TOMA congratulates Drs. Thomas and Pollan on their appointments.

Correction

In the August issue of the *Texas DO*, an error has been noted on page eight regarding the "2nd Annual Texas Health Professionals' Peer Assistance Conference."

Under the paragraph heading, "Registration Information," the last sentence should have read "A \$60 fee will be charged after October 15."

Our apologies for any confusion resulting from this error.

Killer Bees Claim First Victim In U.S.

A Starr County, Texas, man has died from the toxic stings of Africanized honeybees, sometime called "killer" bees, becoming the first victim since the bees arrived in Texas in 1990. They are tagged "killer" bees, not because of stronger venom, but because they are more aggressive and more likely to attack in swarms when disturbed. In the 1950's the bees escaped from a lab in Brazil and since then have migrated north and south. Thus far, the bees have been detected in 58 South Texas counties.



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Osteopathic Health System of Texas

3715 Camp Bowie Boulevard • Fort Worth, Texas 76107

The View From Down Here

By Craig Whiting, D.O.

(Editors Note: Dr. Whiting, who had practiced in Texas for a number of years, relocated to Cleveland, Ohio, where he is taking a family practice residency at University Hospitals of Cleveland. In a recent letter, he noted, "My family and I are doing well. We are enjoying Ohio and its climate from the somewhat removed perspective of visitors to the state and with the anticipation of returning to Texas in about a year.")

After several years of practice I find myself standing at the mid-point of an excursion back into the life of a resident. Coming from a community based practice, now I'm in an allopathic, university-based, high-powered tertiary care complex composed of five large specialty hospitals. I feel like the country boy who's wandered into the big city. I find that the perspective "from down here" is sometimes quite different.

Family practice here is something of a step-child. Part of that is the ubiquitous friction between primary care and specialty care that is generated in a teaching, tertiary care institution. Another part is the fact that in the allopathic world family medicine is a smallish college which seems to have an identity crisis. The crisis is fed by the attitude of many of the specialists here at University Hospitals who feel that a family medicine program does not belong in this type of institution. In fact neither our associated teaching hospital (Mount Sinai Medical Center) nor our prestigious neighbor (The Cleveland Clinic) even have family medicine programs. Nonetheless, the recent increased pressure from public and political figures to augment the supply of primary care physicians means that this institution wants to put more emphasis on family medicine. They're just not sure how to do it.

The graduates to fill the family medicine residency slots come from three sources. They are from; 1) domestic medical schools, 2) foreign medical schools, or 3) osteopathic medical schools. American medical schools are still struggling to find a way to train up physicians who are interested in primary care. The foreign graduates often start in family medicine programs only because these programs are relatively easy to get into. Once started, however, they often transfer as soon as possible, generally after the intern year, into their chosen field, generally an internal medicine specialty. This makes the osteopathic graduate a prime candidate to fill a family medicine slot.

In addition to the general, primary care tendencies of the osteopathic graduate, there seems to me to be two distinct attributes of our osteopathic training which are valued in this M.D. program. The most obvious is our

training in manipulation. Here at University Hospitals there are three D.O.s currently in the family medicine program and one on the faculty. The program has provided us with a treatment room and table and we are often called upon to consult on patients (and fellow residents) with back problems. In addition, there is a great deal of interest in having the "resident" D.O.'s give a seminar on manipulation.

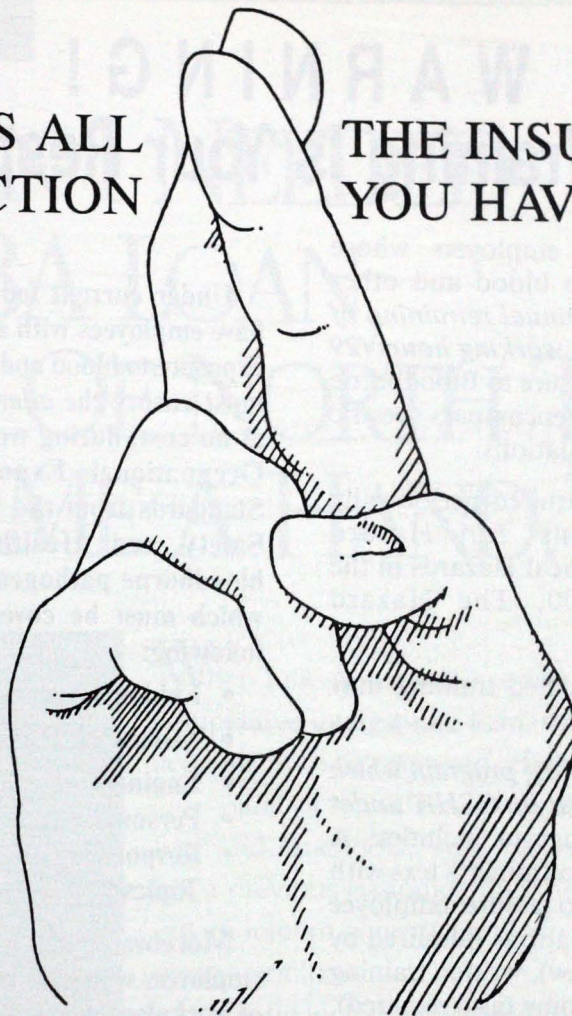
The other area where I perceive that D.O.s have an advantage is less "tangible." While all worthy physicians of any school have always exhibited a quality of caring that encompasses all facets of a person and his health, in allopathic training they have designed a method to attempt to instill this view in their graduates. It is called the "biopsychosocial model." In this program it means that we have social workers and counselors working in our outpatient clinic and along side our residents. The perception I get is that "counseling" is something which can be added on, as one might add on hot packs with lumbar traction.

I believe that the osteopathic perception is a little different. There is in the osteopathic philosophy an inherent trinity of body, mind and spirit which does not permit us to view an individual as solely a physical entity. It was taught in my own training at the Texas College of Osteopathic Medicine. It is an idea inherent in the teachings of Andrew Taylor Still. It is the concept that a person's health must be considered in physical, emotional and spiritual contexts. This consideration is fundamental to providing care, not an added feature.

I am proud to be an osteopathic physician in this institution. It is clear that osteopathic graduates are valued where osteopathic concepts are valued. From this perspective it seems that many in this country are beginning to value the ideals inherent in the teachings of Andrew Taylor Still. This is a golden moment for osteopathic medicine, a time when we can demonstrate to the country the strength of osteopathic training. All of us who are osteopathic physicians are guardians of a knowledge, a skill, a philosophy, and something even more. A view of man in relationship to himself, his feelings, his environment and his Creator.

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WARNING!

OSHA Re-Training Is Your Responsibility

WARNING

Federal regulations require all employers whose workers have potential exposure to blood and other infectious materials to ensure the *annual retraining of their workers, at no cost and during working hours* (29 CFR §1910.1030, Occupational Exposure to Bloodborne Pathogens Standards). Training must encompass specific subject matter specified in the regulations.

Similarly, employee training is required periodically under the Federal Regulations for Hazard Communication, Concerning Chemical Hazards in the Workplace (29 CFR §1910.1200, The Hazard Communications Standards).

Failure to comply with the mandated training may result in significant fines.

We have identified a *videotape training program which covers all of the information required by OSHA under both regulations*. The training program includes: A videotaped lecture presentation and a trainer's text with a quiz and discussion materials to assure employee understanding, a copy of both regulations (required by law to be available for employee review), written training aids, and forms for documenting training (also required).

With this training program busy practitioners will not need to locate, and pay for an outside training program for their people. This material will accomplish initial training, when employees are first assigned to tasks with exposure and, all necessary retraining, at a minimum of cost and inconvenience.

The *Complete OSHA Training Kit* normally sells for \$79, but we have arranged for the members of the Texas Osteopathic Medical Association to enjoy a \$15 discount. To order your copy, please complete and return the form below to Current Concepts Seminars, Inc., 5700 Stirling Road, Hollywood, Florida 33021, or call 800-969-1009.

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Under current federal regulations all employers who have employees with a reasonable likelihood of workplace exposure to blood and other potentially infectious materials must ensure the *annual retraining of all such employees at no cost, during working hours*. (29 CFR §1910.1030, Occupational Exposure to Bloodborne Pathogens Standards from the U.S. Dept. of Labor, Occupational Safety and Health Administration [OSHA]). The bloodborne pathogens standards identify specific topics which must be covered during training, including the following:

- Epidemiology & Symptoms of Bloodborne Diseases
- Modes of Transmission of Bloodborne Pathogens
- Engineering and Work Practice Controls
- Personal Protective Equipment
- Responding to an Exposure Incident, and Other Topics

Moreover, under a second set of federal regulations, employers who have employees with a reasonable likelihood of workplace exposure to hazardous chemicals must ensure the periodic retraining of all such employees. (29 CFR §1910.1200, Hazard Communication Standards from OSHA). Training must include specific topics, including the following:

- The Provisions of the Employers Written Haz-Com Program
- The Safe Use of Hazardous Chemicals in the Workplace
- Protective Procedures
- MSDS (Material Safety Data Sheets)
- Labeling
- Exposure Control Methods, and More

Failure to comply with the mandated training under either or both regulations may result in the imposition of significant penalties.

Drug Use On The Rise

A survey by the National Institute on Drug Abuse indicates that after a decade of decline, drug use by young people is rising. In 1992, the percentage of marijuana users was 27.7 percent; in 1991, it was 26.5 percent. LSD use has risen from 5.1 percent to 5.5 percent.

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National Osteopathic Foundation and American Osteopathic Association Name Educator of the Year

Murray Goldstein, D.O., M.P.H., Assistant Surgeon General of the U.S. Public Health Service, has been named the National Osteopathic Foundation/American Osteopathic Association Educator of the Year.

Dr. Goldstein is being recognized for his contributions to osteopathic medicine and education, and to public health. The award is given annually to one outstanding educator in osteopathic medicine. Recipients must exemplify and encourage the principles of osteopathic medicine.

Dr. Goldstein was announced as the recipient of this year's award July 16, at the American Osteopathic Association (AOA) House of Delegates meeting in Chicago.

"I am proud and grateful for the privilege of being an osteopathic physician," Dr. Goldstein said in a letter of acceptance.

"A few of us have had the opportunity to be in positions in which our contributions are more recognizable; however, the contributions made by the many who work more quietly to enhance our academic programs must also be acknowledged," he said.

Dr. Goldstein was born in New York and received his D.O. degree from the Still College of Osteopathic Medicine in Des Moines, Iowa. He is Director of the World Health Organization Neuroscience Collaborating Center and a consultant to the WHO Program on Neurosciences.

He also serves as Director of the National Institute of Neurological Disorders and Stroke, National Institutes of Health, and has supported numerous osteopathic organizations. He is a former President of the American Osteopathic College of Preventive Medicine.

Educator of the Year recipients are selected by one of the nation's 15 colleges of osteopathic medicine (on a rotating basis), in conjunction with a National Osteopathic Foundation (NOF) committee made up of osteopathic physicians, osteopathic educators and AOA representatives. The program has been recognizing Educators of the Year since 1983.

This year's recipient was selected by the faculty of the University of Medicine and Dentistry of New Jersey School of Osteopathic Medicine, where Dr. Goldstein has served as a consultant since 1988.

Since 1949, NOF has been instrumental in fostering a better understanding of osteopathic theory and practice. NOF provides loans and scholarships to students and administers research grant programs for scientific and clinical research.

Students, researchers or others interested in learning more about grants and scholarships available from NOF may contact Jackie Weiss, NOF, 5775 Peachtree-Dunwoody Road, Suite 500-G, Atlanta, GA 30342; 404-705-9999.

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News Briefs

TMF Holds Annual Membership Meeting; Officers Elected

The Texas Medical Foundation conducted its annual membership meeting on July 17. Six allopathic Board of Trustees positions were open for election. Physicians elected/re-elected to these positions were:

- Place 13 Priscilla Ray, M.D., Houston
- Place 14 Harold High, M.D., Cuero
- Place 15 J. Forrest Fitch, M.D., McAllen
- Place 16 Charles A. Marsh, M.D., San Angelo
- Place 17 W. Gordon McGee, M.D., El Paso
- Place 18 John W. Meyer, M.D., Hondo

On July 18, the TMF Board of Trustees elected members to the executive committee. The following officers, who will serve for two years, were elected:

- | | |
|----------------|--|
| President | Drue O.D. Ware, M.D., Fort Worth |
| Vice-President | John W. Meyer, M.D., Hondo |
| Secretary | D. Clifford Burross, M.D., Wichita Falls |
| Treasurer | Donald M. Peterson, D.O., Dallas |

Texas Commission On Children And Youth Created

The 73rd Texas Legislature approved the formation of the Texas Commission on Children and Youth, which began September 1. The goal of the commission is to improve and coordinate public programs for children relating to education, health care, juvenile delinquency and family services.

Members of the commission include legislators and the heads of the Texas Youth Commission, Texas Department of Human Services, Texas Education Agency, and the Juvenile Probation Commission.

Controversy Stirring Over Chickenpox Vaccine

A chickenpox vaccine that has proved safe and 97 percent effective in clinical trials has been developed and is undergoing review by the Food and Drug Administration. However, there is hesitation on the part of various physicians and federal officials as to whether the vaccine should be used.

According to the Centers for Disease Control and Prevention (CDC), chickenpox affects 90-95 percent of Americans by the end of adolescence, and another 2.5 percent over age 20. Over 60 percent of the cases occur in children ages five to nine.

Children affected with chickenpox usually experience no long-term consequences and an important factor is that it grants lifetime immunity. A worry concerning the vaccine is that its immunity might wear off over the years, causing children to become infected with chickenpox as adults, when the disease is more serious. Additionally,

a theoretical concern has been raised as to whether the vaccine itself might cause symptoms.

"The major controversy," according to Dr. Walter Orenstein, director of the national immunization program of the CDC, "is whether the medical consequences of chickenpox are serious enough to warrant a major vaccination effort, whether chickenpox is worth preventing."

If the FDA deems the vaccine as "safe and effective," it will be approved for marketing and the CDC will ultimately issue guidelines on its use.

AIDS/HIV Information Lines

- | | |
|--|--------------|
| AIDS Clinical Trials Information..... | 800-TRIALS-A |
| Texas AIDS Legal Assistance Hotline..... | 800-828-6417 |
| National AIDS Hotline..... | 800-342-AIDS |
| (Spanish)..... | 800-344-SIDA |
| (Hearing impaired)..... | 800-AIDS-TTY |
| National AIDS Clearinghouse..... | 800-458-5231 |
| Texas AIDSLINE..... | 800-299-AIDS |
| (TTY/TDD - for hearing impaired)..... | 800-252-8012 |
| Texas AZT Hotline..... | 800-255-1090 |
| Texas HIV Funding Information Center.... | 512-458-7684 |
| Texas Information Service for
Health Professionals..... | 800-548-4659 |

National Institute On Aging Offers Free Directory

The National Institute on Aging (NIA) has just released the latest edition of its *Resource Directory for Older People*, an update to the popular version released in 1988. The expanded directory offers a comprehensive listing of more than 200 organizations.

The NIA's "Resource Directory" offers information and referrals to answer the questions older people frequently ask. Each organizational listing in the book includes how to contact the group, its mission, services, and publications distributed by the group. A subject index at the back will help you find the organizations that you need quickly and easily.

For a free copy of the 240-page *Resource Directory for Older People*, call the NIA Information Center weekdays between 8:30 a.m. and 5:00 p.m. EST at 1-800-222-2225.

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 and other special needs of older people. ■

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Alzheimer's Center Names Co-Medical Directors



Kendra J. Belfi, M.D.



Janice A. Knebl, D.O.

Kendra J. Belfi, M.D. and Janice A. Knebl, D.O. have been named Co-Medical Directors by the James L. West Presbyterian Special Care Center in Fort Worth.

The four-story Alzheimer's care center, located on the corner of Summit and Lancaster, is Texas' first facility exclusively designed for and devoted to the care of persons with Alzheimer's disease and related disorders. The non-denominational center provides around-the-clock care for residents and offers day care and short term respite for persons being cared for at home.

Kendra Belfi received her M.D. degree from the University of Texas Southwestern Medical School in Dallas. After an internship at the Dallas V.A. Hospital in Dallas, she completed her residency in Internal Medicine at the Dallas V.A. Hospital and Parkland Memorial Hospital. Dr. Belfi currently practices Internal Medicine at the Fort Worth Clinic.

Dr. Belfi holds the positions of Medical Director of Trinity Terrace Health Floor and Medical Director of Lakewood Village Medical Center. She is also a member of the Advisory Committee on Nursing Facility Affairs of the Texas Department of Health. She is certified by the American Board of Internal Medicine with an Added Qualification in Geriatrics and is also a Certified Medical Director of a Long Term Care Facility. Dr. Belfi, a Fellow of the American College of Physicians, is a member of the American Geriatric Society, the American Medical Association, and the Tarrant County Medical Society.

Dr. Knebl, an Assistant Professor of Medicine at the Texas College of Osteopathic Medicine, was recently granted the title of Certified Medical Director of a Long Term Care Facility. The title is awarded to physicians with competence in both clinical geriatrics and medical direction.

After receiving her D.O. degree from the Pennsylvania College of Osteopathic Medicine, Dr. Knebl completed a residency program in internal medicine. She then obtained a fellowship in geriatric medicine at Geisinger

Medical Center in Danville, Pennsylvania. Dr. Knebl holds the distinction of being the first osteopathic geriatrician in Tarrant County and is a member of several professional organizations including the American Geriatric Society, the Gerontologic Society of America and the American Medical Director's Association.

The 90,000 square-foot West Center was designed with every aspect of the patients' well-being in mind. Color and decor have been carefully selected to provide a safe and comforting environment. The adult day care program is located on the first floor along with the center's non-denominational chapel. Private and semi-private living quarters on the second and third floors are grouped around central living and activity areas and the fourth floor is designed to meet the needs of residents who require additional nursing care.

More information about the West Center may be obtained by calling Executive Director Moira Reinhardt at (817) 877-1199 or by visiting the center's admission office at 1111 Summit.

TOMA Field Representative Ready To Assist You

TOMA members in the metroplex area who are experiencing difficulties, or who just have questions concerning various types of medical, legal or insurance problems, should note that Mr. John Sortore, TOMA Field Representative, is available for assistance in these matters.

With TOMA's recent relocation to Round Rock, Mr. Sortore has remained in the Metroplex area and is available for consultation regarding any of the above-named problems. Additionally, he is a member of the TOMA Physicians Assistance Program committee and, as such, can be contacted for assistance or consultation in this area.

He can be reached at 817/294-2788; 800-896-0680 (Texas only); or by fax 817/294-2788.

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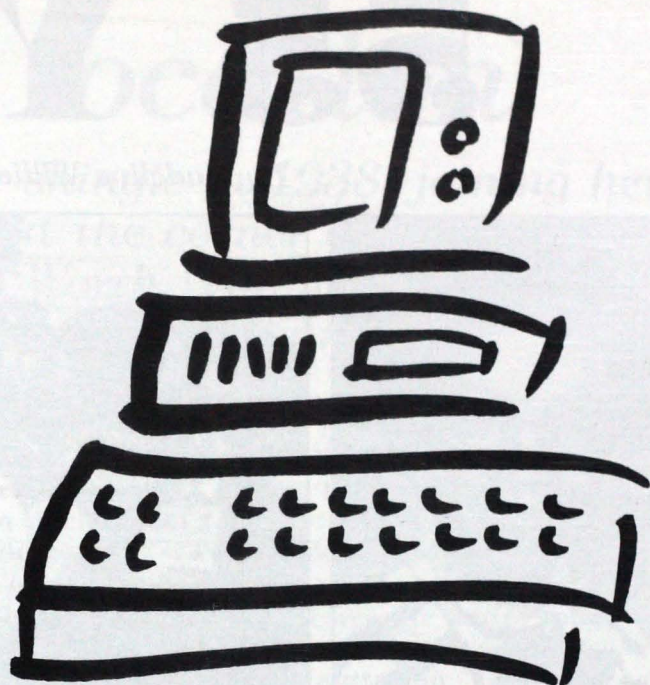
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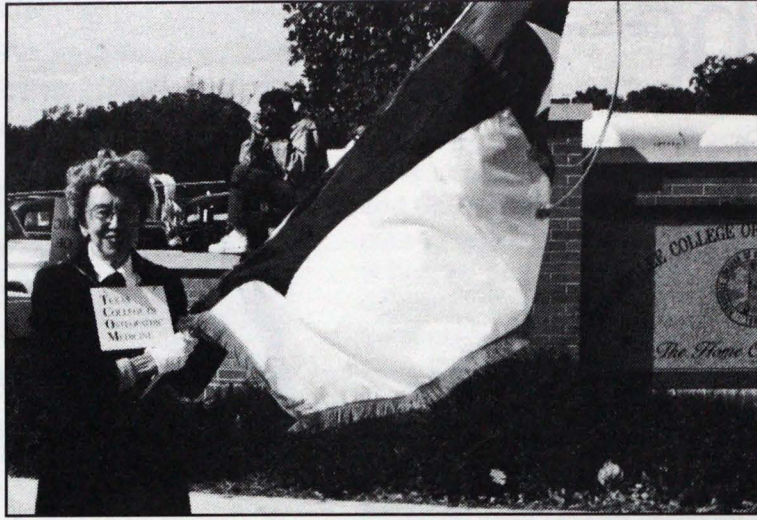
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55 Years . . .

By Madeline Williams, Correspondent



Dr. Carlton



Dr. Carlton represents her home state at the centennial of her medical school, Kirksville College of Osteopathic Medicine in Missouri.



Dr. Catherine Carlton a few dishes at her home.

She is the doctor of choice to many of Fort Worth's most affluent and well-educated. She also is the doctor of choice to many of Fort Worth's poor and illiterate.

Her profession credentials read like a who's who of osteopathic physicians while her personal life shows a record of more than 50 years of service to her Catholic faith and to the least of her brethren who need her.

She is Dr. Catherine Kenney Carlton, much more than a legend in her own time. Her life is one of stability and continuity not often found in today's mobile society, and it is a life dominated by daily prayer and a firm belief that Jesus and his Blessed Mother will find a way to heal all hurts.

She has been a parishioner of St. Mary of the Assumption Parish on Fort Worth's near South Side, where the congregation now is more than 90 percent Mexican-American, longer than anyone else . . . since 1920, when she was brought to Fort Worth from Laredo by her parents.

She is unique because after 55 years, she still practices at the same location — the corner of Lipscomb and Magnolia — where she joined her parents, the late Drs. Charles and Helene Kenney, in practice after being graduated from Missouri's Kirksville School of Osteopathic Medicine in 1938.

She has delivered babies for \$25 in homes lit only by kerosene lamps, following the example of her mother who made house calls by horse and buggy in Laredo during the raids of Pancho Villa and his banditos, and who told one of the bandits who stopped her and tried to steal her horse, "Get out of my way. I've got to deliver a baby."

She has never refused to treat a child for free, and she has devoted untold hours to well-baby clinics. In the barrios of Fort Worth she is known as "the nice lady doctor who speaks Spanish."

She learned Spanish as a child in Laredo, and her skill with it caused her father to move the family to Fort Worth. "My daughters are growing up unable to speak English," he explained to friends in alarm.

On any day after 7 a.m., when she arrives at her office, the waiting room is filled with sick children and their attendant retinues of parents, siblings, uncles, aunts, and sometimes neighbors, few of whom speak intelligible English. She takes care of them until about 9 o'clock, when her other patients begin to arrive. On the parking lot behind her office building, beat-up old cars and pickups without inspection stickers give way to slick Mercedes and Cadillacs.

Her "second shift" has begun, and

she switches from Tex-English. "I take care of the rich, the poor, the halt and the lame," she says with a smile. "If they need me, I'll do my best to help them."

She admits that it is a strain for one sick baby when, as soon as it happens, she is surrounded by a roomful of adults all wanting attention at once. "Sometimes I have to turn some of the overflow to sit in and wait."

Just last week the free clinic lasted past nine o'clock. "The baby was screaming, and the grown-up was wailing in anxiety, so I took the baby and let one of my patients wait. She was not happy, but she would have been unhappy if I had not done that."

She tries to do more than to solve the immediate problem of her paying patients. "I try teaching nutrition. The other day there was a very sick little girl here. I treated her and gave her a shot, and her mother told me they were going to reward me with french fries at a fast food place. 'Not french fries for this baby,' I said. 'Give her some fresh fruit, an orange and peel it and give her a segment. That's what she needs.' They said they had promised her french fries if she were a good girl, so french fries it would be."

Dr. Catherine, as she is known

in the same location

Catherine Carlton hung out her shingle in 1938, joining her parents in the practice of medicine at the corner of Lipscomb and Magnolia on the South Side of Fort Worth. The neighborhood has changed a lot, but she's still there, serving rich and poor.

patients and friends alike, always stresses nutrition" to her patients. Dietetics is the highest in Texas in cities with the highest number of clinics," she says. "And no wonder," she said, describing their diets as high in starches and sugars. She has continued her studies through her long years of practice, so she is completely up-to-the minute in her treatment of patients. Her office and waiting room are clean and inelegant. Patients' records kept by hand on four by five index cards instead of computers.

"I don't have any computers," she said. "I wouldn't know how to use one and it. Someone told me the other day my office was old-fashioned. All I could say was that it was, but that I paid for, and therefore it suited

when her patients leave, she gives them something far more comforting than a printout of what was done to them and how much it cost. She gives them a warm smile and a sincere, "bless you."

Legal she may be in furnishing a waiting room, but she is more than generous with money and time given to her church, her community, and her profession.

Though she spent many hours working for her husband, Eugene Carlton, during the three-year period that preceded his death a year ago, he found time to be a facilitator at home for weekly RENEW meetings during the two-and-a-half years the diocese invested in initiating that program of individual corporate spiritual renewal.

She has been a eucharistic minister and hospital minister at St. Mary of the Assumption since 1982, giving Communion every Sunday to St. Mary's first woman lector. She served on the parochial school board from 1967 to 1970, has been an altar and member of the parish

council since 1970, and was instrumental in gaining the Texas Historical Commission's Historical Medallion for the church building in 1979 and its listing in the National Register of Historic Places.

Professionally, she is among the most honored osteopathic physicians. She is a past president of the American Academy of Osteopathy and the Kirksville School of Osteopathic Medicine Alumni Association. In 1984, she lectured and demonstrated osteopathic manipulative techniques at the First International Congress of Osteopathic Medicine in Brussels, Belgium, one of only three physicians from America invited to the congress. (While there she visited Waterloo, where her great-great-great-grandfather was decorated for valor by Napoleon.)

From 1970 to 1975 she was chairman of the Texas College of Osteopathic Medicine (TCOM) Department of Manipulative Medicine and since then a clinical professor of the department. She is one of the original staff members of the Fort Worth Osteopathic Medical Center.

She also served as president of the Zonta Club, vice president of Women of Rotary, as a board member of the National Council of Christians and Jews, 10 years as a Camp Fire leader, and 11 years on the board of the Easter Seal Society.

Dr. Catherine and her first husband, Elbert Carlton, were married at St. Mary's in 1941. After Army service in Europe during World War II, he entered her old school at Kirksville and, after getting his degree and license, joined her in practice here. During that time they adopted three daughters.

Since his death in 1972, she has continued to use his name professionally.

The daughters, who live in this area, are Kathie Landon and Helen McFall, both school teachers, and Janie Toone, a school nurse. They have presented her with seven grandchildren.

Dr. Catherine's honors are many and cover the entire range of her service. To name a few they are the Humanitarian Award for Distinguished Service to Mankind from the General Worth Assembly of the Knights of Columbus, the Professional and Humanitarian Award from Kirksville, and awards for service to girls at the Edna Gladney Home in Fort Worth and for dedicated concern for St. Mary's.

Though her mother's influence was great in her life, it was her father who started her on daily prayer. When she was 13, Dr. Charles told her that he had kept a promise made years ago to recite the Memorare every day if he could be a machinist when he grew up. He did become a machinist, although later he switched to medicine, and he continued to recite the Memorare.

"So I made the same promise if I could be an osteopath like my parents," she said, "and I've been reciting it ever since. . . 'Remember, O most gracious Virgin Mary, that never was it known that anyone who fled to thy protection, implored thy help or sought thy intercession was left unaided. . .'"

Again she smiles. "I have been blessed with good health to continue my work, so I have to hope that it pleases God."

Reprinted from the North Texas Catholic, March 12, 1993, with permission from the North Texas Catholic Diocese of Fort Worth.

Editors Note: The preceding was sent to our attention by Virginia P. Ellis, D.O., who noted, "Dr. Catherine epitomizes perfection of service from the 1940s to now. Since I am of the 'old school,' I can acknowledge her with a special reverence and respect."

New Drug Approved For Migraine Headaches

FDA has approved a new injectable drug, sumatriptan succinate, for the acute treatment of migraine attacks. The drug (Imitrex Injection) should not be used to treat hemiplegic or basilar migraine.

Because of the drug's potential to cause coronary artery constriction, it is contraindicated in patients with ischemic heart disease. Also, because treatment with sumatriptan may result in rises in blood pressure, patients with uncontrolled hypertension should not take it.

Clinical studies have shown that doses as low as 1 mg have been shown to be effective in some patients. The maximum single recommended dose is 6 mg injected subcutaneously. An auto-injecting device is available for patients who need the maximum dose.

FDA recommends that physicians give the first dose of the drug in their offices. This would allow them to monitor patients for adverse reactions and ensure that the auto-injector will be used properly.

The manufacturer of the drug, Glaxo, Inc., Research Triangle Park, N.C., is planning to provide educational

information, which includes a videotape and a patient brochure.

In clinical trials involving more than 1,000 patients with acute migraine attacks, approximately 82 percent of patients improved within two hours of treatment, and 65 percent of all patients were pain-free.


The most common side effects of sumatriptan are pain and redness at the injection site. Common neurological side effects include dizziness, drowsiness, anxiety, and malaise. Patients may also complain of atypical sensations, such as tingling, feelings of tightness, heaviness, hot or cold, or pressure sensations. Less often patients may complain of musculoskeletal, ear, nose, and throat symptoms.

Adverse effects are usually transient and without long-term complications.

Use of ergot-containing drugs should be avoided within 24 hours of taking sumatriptan.

Sumatriptan succinate was approved by FDA on December 29, 1992, and is marketed by Glaxo, Inc., of Research Triangle Park, N.C.

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

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

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

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MODIFIER WG & QI

Last October Medicare gave us modifier WG, to be used when the evaluation and management service resulted in the initial decision to perform surgery. Modifier WG was a Texas only code, and HCFA has since assigned modifier QI for this purpose. Therefore, for any services prior to January 1, 1993, you need to use WG and for services after that, use QI. Both of these modifiers apply only to those procedures (surgeries) that have a 90 day global period. Services that have either 0 or 10 days, as these codes do not include a pre-op period of the day before surgery. If a code only has a 0 or 10 day global period, just the evaluation and management services on THAT day are part of the surgery. They do not include the day before the surgery, so any services rendered prior to the DATE of surgery should be charged for, without a modifier.

DISCHARGE — OBSERVATION

Medicare's Newsletter #121 (July 16, 1993) authorizes providers to use the discharge code on the day of discharge from either In-Pt or Out-Pt status. If you have a patient in observation (out-pt) status, you may either bill for the observation visit (using visit codes 99211 through 99215) or you may bill for the discharge management code (99238). If the only visit (level 2 or 3) of the day is the discharge, we suggest you use the discharge code. If the only visit is a level 4 visit, we suggest you use code 99214. If the discharge is made on the second or third visit of the day, we do NOT recommend you use the discharge code. The reason for this recommendation is the approved amounts for the codes. We used Smith County (Locality 27) as an example below:

99212 POS Code 22 Approved = \$16.72
99213 POS Code 22 Approved = \$21.61
99214 POS Code 22 Approved = \$36.79
99238 DISCHARGE \$34.68

Keep in mind that you should use codes 99218, 99219 or 99220 for the FIRST day (ONLY) you have a patient in observation (out-pt hospital). These codes should not be used for subsequent days. You may charge for each visit (on subsequent days) you make to the patient in observation using codes 99211 through 99215.

PNEUMOCOCCAL VACCINES

Also, as reported in Medicare Newsletter #121, HCFA has limited coverage of the pneumococcal vaccine (code 90732) to once per 27 months. If you deem it necessary to give to a patient more often than this parameter, we recommend you have the patient sign a medical necessity letter as it may not be covered. Any claims for pneumococcal injections more often than 27 months per patient, will be examined for medical necessity at the carrier's discretion.

TYPE OF SERVICE CODES — MEDICARE

As we have reported in the past, Medicare does not use Type Of Service (TOS) codes on the HCFA 1500 claim forms. In place of TOS codes, you should be using modifiers to denote technical service only (TC), interpretation services only (26) or total component services (WP).

MULTIPLE PROCEDURE REDUCTIONS — CHANGES IN 1994

HCFA is reconsidering the 50 percent and 25 percent reductions they made on multiple procedures given on the same day for 1994. Currently, the approved amounts are 100 percent for the first, 50 percent for the second and 25 percent for the third through fifth procedure on the same day. They are contemplating changing this to 100 percent for the first, 50 percent for the second and third and 25 percent for the fourth and fifth. We will keep you apprised of their decision as published.

OCTOBER 1 SUPPLIER IDENTIFICATION NUMBER

HCFA has still not decided whether carriers will be able to pay for splints and slings after October 1, or if the claim will have to be sent to one of the four DMERCs (Durable Medical Equipment Regional Carriers). The safest thing to do, at this time, is to go ahead and complete the application that was sent to you by the National Supplier Clearinghouse, as it takes approximately six weeks to be issued a Supplier Identification Number. Presently Medicare intends for the state carriers to handle surgical trays, dressings, drugs and minor supplies, but we still do not know what final changes they will institute.

ELECTRONIC CLAIMS SERVICE OPTIONS

As many know, we have been filing claims electronically to Medicare, Medicaid and Blue Cross, for individuals that do not have electronic claims capabilities, for months. What may surprise you is that we have also been filing claims electronically for those providers that have a computer. If your computer can print claims on HCFA 1500's, we can install a program that will catch the print file, transmit them to us, and we can have them into Medicare, Medicaid and Blue Cross within the same day. We also handle private insurance claims the same way, for less than anyone else we know of.

CBC CODE REIMBURSEMENTS

As a reminder, you should double check the descriptions in the CPT manual for CBC tests that you may perform. We've found many physicians using codes that did not accurately describe the service they rendered. For your information, we've listed those codes most frequently used for CBC, with the post-May 1993 approved amounts:

85021	\$ 8.98	85025	\$12.40
85024	\$13.49	85031	\$ 9.52

SUPREME COURT AND LIMITING CHARGES

On an interesting note, the New York State Federation of Anesthesiologists have appealed to the Supreme Court on the basis of the 5th amendment (taking without just compensation) to revoke the Limiting Charges. Their appeal is due to the fact that they do not have a say over which patients they treat, so they don't get a voluntary choice to accept or decline Medicare patients, as do other physicians. It will be interesting to see if the Supreme Court steps in and takes action on this one. It would be nice to see a precedent set that would affect all other physicians as well.

MULTIPLE PROCEDURE RULES & RE-OPERATIONS ON SAME DAY

HCFA has just issued instructions to all of the Medicare carriers to stop applying multiple procedure reductions (100 percent, 50 percent, 25 percent) to re-operations (Modifier 58) on the same day as the original surgery, if the re-operation was due to complications. In the past, Medicare would look at the date of service on the claim and then apply the Multiple Procedure reduction, regardless if it was a second procedure or a re-operation. These clarifications are retroactive to June 28, 1993.

HANDBOOK REVISION #1

We've received quite a few calls from doctors wondering what to do with the Medicare Handbook Revision Number they received from Blue Cross. Some of these calls have come from providers that did not have a 1993 Medicare Provider Handbook, as they had not attended any Medicare workshops this year, hosted by Blue Cross of Texas. After carefully reviewing a copy (sent to us by AM-PM Clinic in College Station), we conclude there are no newsworthy changes in this handbook revision that should affect you. Therefore, we recommend you place this revision in your 1993 Medicare Provider Handbook binder for safekeeping. If you do not have a 1993 Provider Handbook, we suggest you place it in a small binder.

TORADOL INJECTIONS

In our monthly review of claims (which every retainer could be taking advantage of), we've noticed quite a few doctors using code J3490 (Unlisted drug) for Toradol injections. Code J1885 is Toradol — Up to 15mg. Therefore, if you inject 60 mg of Toradol, you should use this code with the number of units 4.

BRIEFS

** Always charge for venipuncture, any time you draw blood, finger stick, heel stick or ear stick on a patient in your office, using code 36415. If there is medical necessity for the doctor to draw the blood, use code 36410. You may charge for drawing the blood, whether you send the blood to a lab or you perform the test in your office.

** If you feel like you want to do something to help combat the Hillary Socialized Health Care System that may be on the horizon, you are not alone. Quite a few doctors in Dallas have formed the *PHYSICIANS FOR PATIENT POWER*, whose goals include lobbying against socialized medicine and increasing patient awareness of the dangers of socialized medicine. They aim to "establish a physician-based center for the exchange and dissemination of ideas on health care." This idea has grown and is now in major cities on both coasts (Miami & Seattle). For more information, call the office of Allan Shulkin, M.D. in Dallas at 214-661-7373 and talk to Dee Bridges.

** Once in a while we will notice another provider billing Medicare the exact approved amounts, in order to reduce the adjustments or write offs. We still do not recommend this practice, as you are not aware of which codes receive a quarterly increase in the RVU's from Medicare, which subsequently increase the approved amounts. In many cases, we have found physicians charging LESS than the approved amount without knowing it. We encourage you to use the individual recommended fees we gave to each retainer client in the annual update.

** To brighten up your day and to get news that your newspaper will not carry, we recommend you subscribe to the Conservative Chronicle. This paper comes out weekly and is only \$39 per year. If you are interested, call 800-888-3039. We've been receiving this publication for a couple of years now, and have not found any other to equal it.

** Doctor, are you having to send your staff to the Nursing Homes (or Skilled Nursing Facilities) to draw blood on patients, and bring that specimen back to your lab for tests? If so, your staff should be charging for the venipuncture, using code P9605, as Medicare pays \$3.00 for this code. The transporting of the blood is paid for under codes P9603 or P9604:

P9603	.52 Per Mile
P9604	3.25 Prorated

As you can see above, there is a difference in your reimbursements, so you will want to calculate the number of miles (one way) from the facility and then determine which is the better code to use. These codes used to be covered by Medicare, but were dropped in 1992 and reinstated as part of the Lab changes we've just experienced.

** "HE'S NOT MY PRESIDENT AND SHE'S NOT MY GOVERNOR" Bumper Stickers are popping up all over the place. I like it so much, that I will be more than happy to send you one for \$2.00 each, as I've finally found a source for them.

** Recently, we had one client write to us and tell us they "knew" we just advised about Medicare only, but they wanted help on a private carrier. Just so you will know, we work on your problems with Medicare, Medicaid, Private Carriers, Collections, Coding, Reimbursement and any other area that affects your practice's income. Please don't be afraid to ask! ■

ATOMA NEWS



President's Corner

By. B. J. Czewski

Mark your calendars for the next two month's events:

- Saturday, September 18 — 9:30 a.m.
ATOMA Mid-Year Board Meeting
Location: TCOM Conference Room #868
Lunch at Colonial Country Club
- Thursday, September 30 - October 2
Convocation and Celebration of name change
for TCOM
- Sunday, October 10 - Thursday, October 14
American Osteopathic Association Convention
Boston, Massachusetts
- Sunday, October 10 - Saturday, October 16
National Osteopathic Medicine Week

Please plan to attend the opening night of the name change celebration. Invitations will be mailed soon for an extra special event of fun, music and barbecue. This event will feature the sounds of the Johnnie High Country Music Revue at the Round Up Inn, Will Rogers Complex in Fort Worth. So, please attend as it's a great way to demonstrate our appreciation and support for our "Texas School."

By the way, the new name, if you haven't already heard, is the **University of North Texas Health Science Center at Fort Worth.**

A brief word about the AOA Convention. The Auxiliary to the American Osteopathic Association's (AAOA) Annual Meeting will be held at the Marriott Hotel, Boston, Massachusetts. Please plan on joining us to see what goes on at the national level and get acquainted with everyone in the Auxiliary from other states. You'll notice a feeling of warmth and caring among hardworking friends all working towards one goal: to **Support Osteopathic Medicine.**

Also, please make your reservations for the Council of States Luncheon and Program. It will be held Monday, October 11, from 1:00 p.m. to 3:00 p.m. The theme this year is **BLOOM WHERE YOU ARE PLANTED.** The guest speaker will be Rabbi Harold Kushner, author of the nationally acclaimed books: *"When Bad Things Happen To Good People"* and *"When All You've Ever*

Wanted Isn't Enough." It sounds like it will be a very pleasant and enjoyable luncheon and it is open to everyone. Please make checks payable to the AAOA for \$35 and mail by Monday, September 13, to: B.J. Czewski, 9004 Crest Ridge Court, Fort Worth, Texas 76179.

The AAOA will again only judge newsletters and scrapbooks since these are easy to carry and require no on-site assembly. Entries must be available for judging on Monday and Tuesday mornings, by 8:00 a.m., to allow adequate time for judges to view and evaluate all material. Awards will be presented to State, District and SAA winning entries. If your district has an entry and you need someone to take it to Boston, please don't hesitate to call on me — 817/236-1370.

To all delegates and alternates: you must be an active PAID AAOA member for the 1992-93 year which ends May 31, 1993.

The tentative schedule for the AAOA is as follows:

Monday, October 11

- 9:30 a.m. AAOA House of Delegates convenes
- 12:00 noon Adjourn
- 1:00 - 3:00 p.m. Council of State, Luncheon
Guest Speaker: Rabbi Harold Kushner, author of
When Bad Things Happen to Good People
- 6:00 - 8:00 p.m. Reception for all Presidents

Tuesday, October 12

- 9:30 a.m. AAOA House of Delegates
- 12:00 noon Adjourn
- 6:00 p.m. AOA President's Banquet and Reception

Wednesday, October 13

- 9:00 a.m. AAOA House of Delegates
- 11:00 a.m. Adjournment of the House
- 11:30 a.m. Installation
- 1:00 p.m. Spouses Entertainment
- 5:00 - 7:00 p.m. New President's Reception

Congratulations to the S.A.A. on receiving the use of a two-story, six-room house for meetings and social events, donated by Osteopathic Health System of Texas. Laurie Lagaly (S.A.A. President) and members are very excited to have their own facility. The building is large enough to furnish a nursery for members' children. The address is 3624 Tulsa Way. Run by and take a look! Thank you again, OHST, for being so good to our students and spouses. After all, they are the future of osteopathic medicine.

OSTEOPATHIC MEDICINE: CARING FOR AMERICA

NATIONAL OSTEOPATHIC MEDICINE WEEK
OCTOBER 10-16, 1993

By Dodie Speece
ATOMA Public Relations

It's time again to begin planning for the annual celebration of National Osteopathic Medicine Week. The 1993 celebration will be October 10-16, and the theme "Osteopathic Medicine: Caring For America."

As you may know, NOM Week coincides with the AOA Annual Convention, October 10-14. Both of these events are being used to gain maximum visibility for the profession during the week. If you're going to attend the

convention, you may want to appoint a non-traveling co-chairman to oversee activities.

Suggested ideas for NOM Week for districts and unorganized districts include using promotional items, (order form on page 29); news releases (including radio, TV and newspapers); and volunteer opportunity through fund raising activities (such as walk-a-thons, bike-a-thons, golf tournaments, dinner/dance and auctions). On a smaller scale, consider an open house in your hospital (conduct a tour, serve refreshments), or host a health fair (include physicians, office staff, spouses, family and friends to volunteer).

Remember whichever project you choose, the main reason for NOM Week is to heighten public awareness of "Osteopathic Medicine."

We have a common bond; We love Osteopathic Medicine!

Whether you realize it or not, **ATOMA** is a vital part of the future of the Osteopathic Profession in Texas and across our nation.

We need young Osteopathic Physicians to build our future. . .

ATOMA contributes through our scholarship funds.

We need public awareness. . .

ATOMA contributes to the National Ad Campaign.

We need to help support those physicians who find themselves in need. . .

ATOMA contributes to the TOMA Impaired Physicians Fund.

We need to help support the TOMA Legislative Committee. . .

ATOMA contributes and supports with our own Legislative Committee Chairman, who serves as liaison to TOMA.

The Auxiliary to the Texas Osteopathic Medical Association Wants You!

We hope you will join us in our support of Osteopathic Medicine.

Active, dedicated members are greatly needed to participate in our auxiliary. But if you are unable to assist us at this time, please pay membership dues to support your family member's profession.

Our state ATOMA dues are \$20 and the National (AAOA) dues are \$40. It is very important to be a member of both. Your membership in both gives Texas a larger voting voice at the National Convention in Boston. It is very important that we raise our membership before October!

Please mail remittance, name, address and spouse's name to:

ATOMA
One Financial Center
1717 I.H. 35, Suite 100
Round Rock, Texas 78664

Blood Bank Briefs for Physicians

Transfusion-Associated Graft vs. Host Disease (TA-GVHD)

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



Although generally considered rare, Transfusion-Associated Graft vs. Host Disease (TA-GVHD) is now a well recognized complication of the administration of cellular blood components to selected immunoincompetent or immunocompromised patients. This rare but devastating transfusion

complication is 95-98 percent fatal.

TA-GVHD is mediated by transfusion of immunocompetent lymphocytes which engraft, proliferate and mount an immune response against the host. The host may be severely immunocompromised or share HLA haplotypes.

The usual features of GVHD include fever, a skin rash of variable severity, elevated hepatic enzymes and gastrointestinal dysfunction manifested by nausea, vomiting and diarrhea. It is also characterized by pancytopenia. Treatment is ineffective for TA-GVHD.

Gamma irradiation of blood components for transfusion of a minimum of 25 Gy (2,500cGy) will reduce the risk of graft vs. host disease in patient categories at risk.

The absolute indications for blood component irradiation are allogeneic and autologous bone marrow transplant, congenital immune deficiency syndrome, intrauterine transfusion, exchange transfusion following intrauterine transfusion, Hodgkin's disease and directed donations from blood relatives. Categories of patients which were considered potential risk but have moved into the absolute indications in 1993 include premature infants weighing less than 1,200 grams, non-Hodgkin's lymphoma, acute leukemia and neuroblastoma.

The patients who are suitable candidates for receiving irradiated blood components have been categorized in the scientific literature according to their risk status.

Because therapy for TA-GVHD has been generally ineffective, prevention is essential. The Policy at Carter Blood Center is to irradiate all directed donor units known to be from a blood relative. The blood and cellular components are irradiated with a minimum of 25Gy (2,500cGy). All blood and cellular components should be irradiated for the above select patient

categories. Methods of producing leukocyte-reduced blood and components including washing, filtration, and centrifugation may reduce the number of viable lymphocytes, but do not decrease the risk of GVHD as effectively as irradiation.

References:

1. Rosen NR, Weidner JG, Boldt HD, Rosen DS. Prevention of transfusion-associated graft-versus-host disease: selection of an adequate dose of gamma radiation. *Transfusion* 1993;33:125-7.
2. Thaler M, Shamiss A, Orgad S, et al. The role of blood from HLA-homozygous donors in fatal transfusion-associated graft versus-host disease after open-heart surgery. *N Engl J Med* 1989;321:25-8.
3. Widmann FK(ed). *Standards for Blood Banks and Transfusion Services* (ed 15) Bethesda, MD, American Association of Blood Banks, 1993, pp.30-31.

TCOM Researcher Receives American Cancer Society Grant

Wayne L. Nicholson, Ph.D., assistant professor of microbiology and immunology at Texas College of Osteopathic Medicine, has been awarded a Junior Faculty Research Grant from the American Cancer Society.

The \$90,000 grant will enable Nicholson to study the effects of ultraviolet light on the genetic material deoxyribonucleic acid (DNA), the blueprint for cell reproduction.

Nicholson is studying how organisms found outdoors, such as bacteria, are able to repair damage to their DNA caused by UV light from the sun. Repair of UV-caused DNA damage is important to living cells because — if left unrepaired — mutations, cancer or cell death can result. In people, exposure to solar UV light can cause DNA damage that results in skin cancer.

Nicholson's grant is the first to be awarded in Fort Worth by the American Cancer Society's national office.

Celebrate National Osteopathic Medicine Week

Great Gift and Promo Ideas from AOA

Plan now for National Osteopathic Medicine Week, October 10-16, a salute to osteopathic physicians throughout the country. These special gifts feature the official 1993 theme, "Osteopathic Medicine: Caring For America". Order early to say thanks to your patients, honor your staff, send greetings to colleagues and friends, educate the public and treat yourself. And new for '93 - No minimum quantities!

Stadium Cup - 17oz. white plastic cup featuring logo in blue.

Prices: 1-250 \$0.69 each
251-500 \$0.55 each
500+ \$0.45 each

Button - 2 1/4" button comes in packages of 25. A great way to display your pride in osteopathic medicine. White with red and blue logo.

Prices: 1-10 \$8.99 per pkg. of 25
11-20 \$8.25 per pkg. of 25
21+ \$7.50 per pkg. of 25



Mug - attractive and practical 11oz. ceramic, white with red and blue logo. Prices:

1-75 \$4.99 each
76-150 \$3.50 each
151+ \$2.99 each

Bic® Clic Stic Pen - Package of 25 pens with black ink and blue logo. Prices:

1-10 \$12.99 per pkg.
11-20 \$11.99 per pkg.
21+ \$10.99 per pkg.

T-Shirt - White 100% pre-shrunk cotton Fruit of the Loom® with red and blue logo.

Prices:
1-24 \$9.99 each
25-50 \$9.50 each
51+ \$7.50 each

Key Chain - White key chain with blue logo. Prices:

1-250 \$0.55 each
251-500 \$0.49 each
501+ \$0.40 each

Sample Kit - Can't decide? Get one of each item at a 10% package discount. (includes 1 Mug, 1 T-shirt (indicate size), 1 Stadium Cup, 1 Key Tag, 1 package of Pens, and 1 package of Buttons.) A \$39.00 value for only \$33.99! Price: \$33.99 each.

VISA/MasterCard Orders call:
1-800-445-0445, ask for ext. AOA

ORDER FORM

Full payment must accompany order. Order by Sept. 10 to insure delivery by NOM Week. Purchase orders accepted for orders over \$200.00. Ship my order to:

Name _____

Company _____

Address _____

City/State/Zip _____

Daytime Phone () _____

Orders must be pre-paid using a Check, Money Order or VISA/MasterCard. VISA/MC for orders of \$20.00 or more.

Card# _____ Exp. _____

Make check payable to Jim Coleman, Ltd.

Jim Coleman, Ltd.

Send to: **Dept. NOM-93**
970 E. Northwest Hwy.
Mt. Prospect, IL 60056

Item	Quantity	Price (see above)	Total
Stadium Cup	_____	\$ _____	\$ _____
Mug	_____	\$ _____	\$ _____
T-Shirt*	_____	\$ _____	\$ _____
Pens (pkg. of 25)	_____	\$ _____	\$ _____
Key Chain	_____	\$ _____	\$ _____
Button (pkg. of 25)	_____	\$ _____	\$ _____
Sample Kit*	_____	\$33.99 each	\$ _____

**Shipping & Handling
\$25.00 or less.....\$4.00
\$25.01 to \$50.....\$6.50
\$50.01 to \$100.....\$9.50
\$100.01 to \$250.....\$15.00
\$250.01 or more.....\$20.00

*T-Shirt Sizes

M _____
L _____
XL _____

Subtotal \$ _____

**Shipping \$ _____

8% Tax (IL only) \$ _____

Total \$ _____

VOLUME BUYERS (Orders over \$300.00)

- * Personalize with facility name
- * Call with your ideas for other items
- * Lower prices for quantities not listed above
- * Call Jim Coleman, Ltd. 708-398-7194

Public Health Notes

Fighting Preventable Childhood Deaths — Texas Immunization Initiative

Alecia A. Hathaway, M.D., M.P.H

The resurgence of measles in the United States during the 1989-91 period was associated with 55,622 reported cases, 11,251 hospitalizations, and 166 suspected deaths according to the Centers for Disease Control and Prevention (CDC) MMWR 1993; 42. The cause of the epidemic was non-vaccination of children at the age of 12-15 months.

Although 97 percent - 98 percent of children in the United States are vaccinated in association with starting school (approximately age 6), appropriate series-completed immunization levels among preschoolers are low. A rough estimate for immunization levels (by 2nd birthday) for Tarrant County has been cited to be 35 percent. This level is considerably lower than the Healthy People 2000 national goal standard of 90 percent of series completion by age two.

Preschool-age children are the most vulnerable group to vaccine-preventable diseases. Eighty percent (80%) of the routine childhood vaccines are recommended to be administered by 15-18 months of age. Two new vaccine series have been added to include three - four doses of *Haemophilus influenzae b* conjugate and a three dose series of Hepatitis B antigen.

Although low immunization levels among preschoolers have been attributed to difficulties in reaching certain groups such as the urban poor and racial and ethnic minorities, more recent evidence suggests that the health care delivery system itself bears much of the responsibility. Before we explore this concept further, I should note here that it is not only the poor and disenfranchised who are remiss in having their children vaccinated; but we have encountered children of middle to upper-middle class groups behind in their series completion in Tarrant County. Nevertheless, to eliminate barriers and obstacles as perceived (e.g., appointment-only systems, unnecessary pre-vaccination physicals, and liability concerns), the National Vaccine Advisory Committee (NVAC) recommends 18 standards which it developed in collaboration with 22 public and private agencies. These 18 standards are approved by the U.S. Public Health Service and endorsed by the American Academy of Pediatrics; they are presented later in this text.

The foremost reasons (or excuses) given to explain why many private practitioners and agencies do not vaccinate children when they have the opportunity to do so have been concerns for liability and the high costs of vaccines.

I believe these concerns have been favorably addressed by a new law which Governor Richards signed in March 1993 and which will take effect September 1, 1993.

Several sections of the Texas Health and Safety Code have been amended to *require* all children be immunized for those conditions preventable through vaccination according to the schedule as set forth by the Board of Health. It *requires* physicians and hospitals to review their immunization records of children and provide (or insure provision of) appropriate vaccinations. The issue of liability is addressed with stronger language providing for indemnification for any injury resulting from a vaccine or its administration. This may not apply should the physician or provider under a physician's direction fail to obtain a pertinent history and signed consent. The Vaccine Adverse Event Reporting System (VAERS) route of compensation is still available to the patient should they suffer an untoward event.

The law broadens the list of consent-givers, recognizing alternate guardians such as grandparents, adult brother or sister of a child; and the State Department of Health is viewing with great leniency adults who are charged with caring for the child and are able to give adequate medical histories.

To make this immunization initiative a reality in Texas Governor Richards also signed into effect the commitment by which the State will underwrite the costs of the vaccine. Vaccine can be provided for the local provider by the Health Department (which *may* be required to charge a nominal administrative fee). Likewise, the provider of the immunization may be allowed to charge the patient a "nominal" administration fee. But, under this initiative, an office visit charge strictly for the purpose of immunizing and a charge for the vaccine itself is contrary to the spirit of this effort and could constitute misconduct.

Though this law "requires" immunization of our children, it bears no real teeth. There are no enforcement provisions; in fact, under Section 161.001(c) of the Code of Criminal Justice, failure to perform as above does *not* create a cause of action. It would be of concern, however, that in time we could face enforcement controls over fundamental medical practices (such as this) if we fail to demonstrate our ability and willingness to adhere to basic medical doctrine. Steps to minimize the practice barriers

liability, cost and consent have been taken. Thus, we appeal to all appropriate caregivers to be patient advocates and participate in the vaccine endeavor as conscientiously as possible according to the 18 standards as set forth by the NVAC:

1. Immunization services are readily available.
2. There are no barriers or unnecessary prerequisites to the receipt of vaccines.
3. Immunization services are available free or for a minimal fee.
4. Providers utilize all clinical encounters to screen and, when indicated, to vaccinate children.
5. Providers educate parents and guardians about immunization in general terms.
6. Providers question parents or guardians about contraindications and, before vaccinating a child, inform them in specific terms about the risks and benefits of the vaccinations their child is to receive.
7. Providers follow only *true* contraindications.
8. Providers administer simultaneously all vaccine doses for which a child is eligible at the time of each visit.
9. Providers use accurate and complete recording procedures.
10. Providers co-schedule immunization appointments in conjunction with appointments for other child health services.
11. Providers report adverse events following vaccination promptly, accurately, and completely.
12. Providers operate a tracking system.
13. Providers adhere to appropriate procedures for vaccine management.
14. Providers conduct semi-annual audits to assess immunization coverage levels and to review immunization records in the patient populations they serve.
15. Providers maintain up-to-date, easily retrievable medical protocols at all locations where vaccines are administered.
16. Providers practice patient-oriented and community-based approaches.
17. Vaccines are administered by properly trained persons.
18. Providers receive on-going education and training regarding current immunization recommendations.

For vaccine (available soon), program information, and literature delineating true vs. non-contraindications for immunization, please contact Health Administration Service of the Tarrant County Health Department or your local health department. We are pleased with the initiative to remove obstacles at the health care provider's level and look forward to assisting you locally. ■

University of North Texas Health Science Center at Fort Worth

Texas College of Osteopathic Medicine
Continuing Medical Education

Primary Care Update X

October 1-3, 1993

Supported by
Dallas Southwest
Osteopathic Physicians, Inc.

18 CME Hours; Category 1A, AOA

- *Case Study Presentations*
- *Group Discussions*
- *Hands-on Workshops*

Frederick A. Schaller, D.O.
Program Chairman

For more information, contact:
Pam McFadden, Program Director
817-735-2581



Texas College of Osteopathic Medicine became the cornerstone of the newly-designated University of North Texas Health Science Center at Fort Worth effective Aug. 30, 1993.

Texas ACOFP Update

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



John Angeloni, D.O., National ACOFP President-Elect and Rodney Wiseman, D.O., Immediate Past-President, Texas ACOFP.

The Texas State Society of the American College of Osteopathic Family Physicians (ACOFP) held its 20th Mid-Year Clinical Seminar/Symposium at the Doubletree Hotel at Park West, Las Colinas, Texas, July 29-August 1, 1993. Special guests included John D. Angeloni, D.O., ACOFP President-Elect; Robert G. Maul, D.O., ACOFP Vice President; Robert L. Peters, Jr., D.O., ACOFP Governor; Brian Knight, D.O., TOMA President; Jerry Smola, D.O., Immediate Past President of TOMA; T. Eugene Zachary, D.O., TOMA President-Elect; Terry R. Boucher, TOMA Executive Director; and T. R. Sharp, D.O., and his wife, Mary.

The program chairman was Steve E. Rowley, D.O. It was an excellent educational program, and Steve should be congratulated on a job well done.

Election of Texas ACOFP officers for 1993-94 took place during the annual session and are as follows: Charles M. Franz, D.O., President; Benjamin C. Young, D.O., President-Elect; Steve E. Rowley, D.O., Vice President; Rodney Wiseman, D.O., Immediate Past President; Howard Galarneau, D.O., Treasurer; and Donald M. Peterson, D.O., Secretary.

There were three Presidential appointments to the Texas ACOFP Board: Eugene Zachary, D.O., Parliamentarian (ex-officio); R. Greg Maul, D.O., Liaison to the National ACOFP (ex-officio); and Joseph Montgomery-Davis, D.O., Editor (ex-officio).

There were two invited observers who are Texas representatives to the National ACOFP Board: Robert G. Maul, D.O., and Robert L. Peters, Jr., D.O.

The six full-voting Texas ACOFP Trustees currently are: Jack McCarty, D.O.; Richard Baldwin, D.O.; Carol S. Browne, D.O.; Sara Apsley-Ambriz, D.O.; John Bowling, D.O.; and Patrick Hanford, D.O. Drs. Bowling and Hanford were elected to three-year terms.

The two non-voting Texas ACOFP Trustees are Samuel Coleridge, D.O., TCOM Observer (ex-officio) and Student/Doctor Ben Y'Barra, Zeta Chapter President (ex-officio).

The Texas ACOFP Committees for 1993-94 are as follows:

Education Committee:

Chairman, Jack McCarty, D.O.
Mike Franz, D.O.
Donald Peterson, D.O.
Howard Galarneau, D.O.

Pharmaceutical Committee:

Chairman, Howard Galarneau, D.O.
Joe Montgomery-Davis, D.O.

Awards Committee:

Howard Galarneau, D.O.
Mike Franz, D.O.
Benjamin Young, D.O.
Rodney M. Wiseman, D.O.

Constitution & Bylaws:

Chairman, T. Eugene Zachary, D.O.

Undergraduate Liaison:

Chairman, Carol Browne, D.O.
President, Zeta Chapter

Auditing Committee:

Howard Galarneau, D.O.
Brantley, Frazier, Rodgers & Company

Public Information:

Chairman, Joe Montgomery-Davis, D.O.

Parliamentarian:

T. Eugene Zachary, D.O.

TCOM Observer:

Samuel Coleridge, D.O.

Pacers:

Chairman, Rodney M. Wiseman, D.O.

Editor of News Publication:

Joe Montgomery-Davis, D.O.

Governmental Legislation & Liaison:

Joe Montgomery-Davis, D.O.

Liaison to National ACOFP Board:

Robert L. Peters, D.O.
Bob Maul, D.O.



Kim Springfield, Zeta Chapter Representative

The Texas ACOFP Coordinating Secretary is an ex-officio member of all committees.

The Delegates and Alternates to the National ACOFP House of Delegates in 1994 are as follows: (*Delegates*) Mike Franz, D.O.; Rodney M. Wiseman, D.O.; Howard H. Galarneau, D.O.; Donald M. Peterson, D.O.; Steve E. Rowley, D.O.; Benjamin C. Young, D.O., FACGP; Joe Morrow, D.O.; Carol Browne, D.O.; Sara Apsley-Ambriz, D.O.; Jack McCarty, D.O.; T. Robert Sharp, D.O.; John Bowling, D.O.; Royce Keilers, D.O.; R. Greg Maul, D.O.; Robert Maul, D.O.; Steven Urban, D.O.; Art Wiley, D.O.; Samuel T. Coleridge, D.O.; Mary Burnett, D.O.; John Burnett, D.O.; Robert L. Peters, D.O.; Harvey Randolph, D.O.; Richard M. Hall, D.O.; David W. Tyler, D.O.; Hector Lopez, D.O.; Bob Finch, D.O.; Patrick Hanford, D.O. and (*alternates*) Cindy Shughrue, D.O.; Brian Knight, D.O.; Elizabeth Palmarozzi, D.O.; Karen King, D.O.; John Johnson, D.O.; and Cynthia Dott, D.O.

The Presidential Installation Banquet on July 31, 1993 featured speeches by the outgoing Texas ACOFP President, Rodney Wiseman, D.O., and the incoming President, Charles M. Franz, D.O. The highlight of the evening was the presentation of the Texas ACOFP "Family Practitioner of the Year" award for 1993 to Nelda Cuniff, D.O. Congratulations, Nelda!

The PACER Committee of the Texas ACOFP held a long-range planning meeting on Sunday morning, August 31, 1993. Rodney Wiseman, D.O., chaired the committee. We want to thank all those past presidents who attended. The recommendations of the PACERS were forwarded to the Texas ACOFP Board of Trustees later that day for consideration.

The Texas ACOFP is happy to announce a 24-hour telephone hotline. The new toll free number is 1-800-825-8967. Texas ACOFP members are encouraged to use the new toll free hotline to bring issues to the attention of the Texas ACOFP leadership. We are a

special interest group. We want to represent Texas D.O.-F.P.s.

A special thanks to our Texas ACOFP Coordinating Secretary, Keri L. Frugé, who did a tremendous job during the past year and at our recent Mid-Year Clinical Seminar/Symposium.

I would like to share some information with the Texas ACOFP membership regarding CLIA and OSHA. The Clinical Laboratory Improvement Amendments (CLIA) passed by Congress in 1988 governs every lab in this country that performs testing on human samples for diagnostic purposes. The regulations divide labs into three levels of complexity based on sophistication of the tests performed — simple, moderate and high complexity.

The simplest way to go is to pay a registration fee of \$100 for a waiver certificate to do simple tests. Waived labs are exempt from bi-annual inspections, but HCFA can do random inspections if a complaint is lodged against the lab. Also, there is a new testing and certificate category, physician-performed microscopy procedures. This category includes six specific tests that physicians perform on patients: pinworm preparations; all potassium hydroxide preparations; fern tests; urine sediment examinations; post-coital direct qualitative examinations of vaginal or cervical mucus; and wet mounts, including preparations for vaginal, cervical or skin specimens.

Labs that perform these procedures only, or a combination of these and waived tests, are eligible for a certificate for physician-performed microscopy procedures. The fee for this certificate is \$150 and is valid for two years. Physicians who have already registered their labs for waived tests can apply for this certificate by filing the appropriate form from HCFA and remitting an additional \$50. See the sample letter below:

HCFA CLIA Program
P.O. Box 26687
Baltimore, MD 21207

CLIA Number _____

To Whom It May Concern:

I want to inform you of a change in our certificate — waiver to microscopy.

Please send me the appropriate form and bill me the additional fifty dollars to pay for this change in categories.

Thank you,

Texas ACOFP Update, *continued*

Waived labs are exempt from bi-annual inspections, but moderate and high complexity labs are not exempt.

By January 1, 1994, moderate-complexity lab physicians should have instituted quality-assurance programs and complied with all CLIA regulations in their labs. Federal or state inspectors will visit every two years to verify a laboratory's compliance with CLIA's quality standards.

Physicians have the option of using the Commission on Laboratory Accreditation (COLA), which has been endorsed by the AMA and AOA, to conduct these inspections. If physicians use COLA, they must indicate their intentions in writing on their forms and return them to HCFA without an inspection payment. Physicians who plan to use HCFA for inspection should send the inspection fee with the remittance form.

COLA applications can be obtained from TOMA by calling 1-800-444-8662. The telephone number of the CLIA Hotline in Washington, D.C., is 410-290-5850.

One of the major provisions under the Occupational Safety and Health Administration's (OSHA) rules on bloodborne pathogens, which went into effect last year, was the provision that workers are prohibited from washing protective clothing at home. The clothing may be disposable, in which case it must be treated as biohazardous waste, or it must be laundered on the premises or by a professional cleaning service.

If a professional cleaning service is utilized, a paper trail must be established to document compliance with OSHA. After much deliberation, I decided to install a new washer and dryer on my premises. This was a personal decision on my part. John J. Cegelski, Jr., D.O., of San Antonio, had a recent inspection by OSHA of his office. His conversation with me regarding OSHA left no doubt in my mind that enforcement will occur regardless of good intentions on the part of the physician. A "willful violation" — one that involves intentional disregard or plain indifference — can result in a fine of up to \$70,000. A whole lot more than the cost of a washer and dryer on your premises.

As this issue of the *Texas DO* gets ready to go to press, the National Health Reform Debate is about to begin in earnest. It is very likely that there will be a deliberate campaign of disinformation to warrant a public backlash against physicians. Physicians must be made the whipping boys in order to bring about comprehensive health care reform devoid of physician input.

When adverse publicity is filling the air waves regarding the medical profession, it will be very important to keep calm and to engage in positive action. Our greatest asset as physicians is the patients whom we are privileged to serve. They are our trump card, and the time is soon approaching when that card must be played.

Remember that legislation is influenced by input from constituents back home. The voters who placed these elected officials in Washington, D.C., or in Austin, Texas, have the ultimate power — the power to remove one from

office by way of the ballot box. Powerful and wealthy national and state lobbies cannot vote in local elections. We can vote.

A letter-writing campaign from your patients to the people who represent them in Washington, D.C. and Austin, Texas, will be needed. It would be foolish for us to try to oppose all health care changes. We must demand positive changes that will preserve freedom of choice for patients and physicians and will provide quality health care at a reasonable price without burdening some paperwork, excessive regulations, and administrative hassles. Also, we must demand meaningful reform as an integral part of any health care legislation.

That is the message we must deliver to our patients and that is the message that must be heard by our elected officials in Washington, D.C., and Austin, Texas. A true grassroots effort at the level of each Texas physician's office is needed. Politicians count votes when they hear from their constituents; we must initiate the communication.

In closing, the Texas ACOFP Board would like to thank those members who attended the 20th Mid-Year Clinical Seminar/Symposium and contributed to its success.

CARDIOLOGY FELLOWSHIPS

**1st Year Cardiology Fellowships (2)
available**

July 1, 1993 at

**Cooper Hospital - Center City
Philadelphia, Pennsylvania,**

**the major teaching hospital for the
University of Medicine and Dentistry
of New Jersey**

Program includes Clinical Cardiology, including CCU, Cardiac Telemetry, Post-op open hearts. Non-invasive cardiology includes: 2D, Colorflow, TE Echo, Spec Thallium, other Nuclear Cardiology modalities. Invasive interventional cardiology including PTCA and Coronary Atherectomy. Program leads to Certification in Nuclear and/or interventional cardiology.

For further information, please contact:

David Elbaum, D.O.

Cardiology Fellowship Program Director

Cooper Hospital - Center City

201 N. Eighth Street

Philadelphia, PA 19106

215-238-2406

AOA STANDS FIRM ON ALTERNATIVE HEALTHCARE POSITION

Alternative care practitioners providing everything from crystal healing to aromatherapy to visual imagery are hot media topics right now. Because it is an alternative to allopathic medicine, the osteopathic medical profession is finding itself mentioned with increasing frequency in listings of these providers.

The AOA vigorously positions the osteopathic medical profession as being a unique branch of mainstream medicine. The public relations staff challenges the publication of information to the contrary. For example, a letter from the AOA commenting on a recent alternative medicine article was carried in the Chicago Tribune Sunday Magazine and seen by a circulation of 1.1 million.

The AOA urges affiliate groups to protest inclusion in alternative care as well. If you would like sample letters on this issue, please call the AOA Public Relations Department at 1-800-621-1773, extension 5854.

ACUPUNCTURISTS TO BE LICENSED IN TEXAS

The 73rd Texas Legislature has enacted legislation which creates a separate Board of Acupuncture Examiners within the Texas State Board of Medical Examiners, effective this month. Creation of the separate licensing board eliminates the requirement under which acupuncturists previously had to have the sponsorship of a physician to practice in Texas.

The new board will consist of four acupuncturists, two physicians and three lay members, who will determine licensing procedures and other regulations governing acupuncture.

TDH RECEIVES GRANT TO ASSIST MEDICALLY UNDERSERVED

The Texas Department of Health has received a \$100,000 grant from the Robert Wood Johnson Foundation to plan a statewide system of community oriented primary care (COPC) sites for its medically underserved populations.

TDH Commissioner of Health David R. Smith, M.D., noted, "We have a crucial opportunity to advance the cause of better health for all Texans without having to wait for Washington to act. In fact, what we can achieve now may blaze the way for federal health care reform. We already know from experience that COPC can be more cost-effective, more thorough and certainly more humane than many conventional means of providing health care."

COPC offers general medical care, such as immunizations, health screenings and referrals to indigent and low-income populations.

FDA OK'S NEW CANCER PAIN DRUG

A new drug called Metastron has received FDA approval for treating the pain involved when breast or prostate cancer spreads to the bone. Delivered by injection, it kills the pain with radioactive strontium-89. A single shot can last up to six months.

PLAYING HOOKY WILL COST BIG BUCKS

A bill passed by the 73rd Texas Legislature increases parents' accountability for their children's school attendance. Currently, if parents appear in court because of a child's absences from school, they can cite their inability to force the child to attend school, thus avoiding fines. As of September 1, however, the so-called "parental defense" will not work in avoiding penalties for parents with truant children. Additionally, an amendment to the school funding bill increases the penalties from \$100 to \$200.

IT'S OFFICIAL (BUT WE ALREADY KNEW IT)

A study by Texas Comptroller John Sharp has revealed that Texas has an adequate supply of physicians, but not in the right places. Rural counties and inner-city areas are suffering from a doctor shortage, with 118 Texas counties, defined by federal standards, as "health" professional shortage areas."

DR. ALAN BOYD SELECTED AS APA-MEAD JOHNSON FELLOW

Alan R. Boyd, D.O., a psychiatry resident at Tulane University, New Orleans, Louisiana, has been selected as a 1993-94 American Psychiatric Association Mead Johnson Fellow.

The purposes of the APA-Mead Johnson Fellowship are to heighten the awareness of psychiatric residents of the many activities of psychiatry in the public sector and of the career opportunities in this work; and to provide experiences which will contribute to the professional development of those residents who will play leadership roles within the public sector in future years.

Fellowships are awarded on the basis of merit, and are available from the American Psychiatric Association through a grant by Mead Johnson Pharmaceuticals, a Bristol-Myers Squibb company.

Dr. Boyd is a TOMA member and a 1990 graduate of Texas College of Osteopathic Medicine.

TOMA congratulates Dr. Boyd on this impressive honor.

TEXAS TOPS NATION IN NON-COMPLIANCE WITH ADA

The Equal Employment Opportunity Commission has received more complaints from Texas than any other state regarding discrimination against disabled workers. Texas disability groups estimate that only 30 percent of the state's businesses and government buildings are in compliance with accessibility requirements of the Americans With Disabilities Act (ADA). The ADA was enacted on July 26, 1990. ■

NO SMOKING!

Fort Worth's Medical School Bans Smoking Campus-Wide August 30

Texas College of Osteopathic Medicine, the first medical school in Texas to prohibit smoking inside its buildings and vehicles, expanded its no-smoking policy August 30 to ban smoking anywhere on campus.

"As a medical school that emphasizes wellness, prevention and a healthy life style, our policies should match our principles and philosophies," said President David M. Richards, D.O. "A campus that is free of tobacco smoke, especially entrances to our buildings, will help create more healthful and pleasant surroundings for our students, patients, employees and visitors."

"As a medical school that emphasizes wellness, prevention and a healthy life style, our policies should match our principles and philosophies."

— President David M. Richards, D.O.

The expanded no-smoking policy encompasses all buildings, grounds, vehicles and rental space.

TCOM first prohibited smoking inside its buildings and vehicles in 1987, one of the first major employers in Fort Worth to do so. "With the Environmental Protection Agency now classifying second-hand tobacco smoke as a cancer-causing substance, it is logical and proper to expand the 1987 policy to provide an environment that is as free of second-hand smoke as possible," said John Licciardone, D.O., associate professor of public health and preventive medicine, and medical director of TCOM's Smoking Cessation Program.

The campus-wide no-smoking policy took effect the same day that TCOM became known as the University of North Texas Health Science Center at Fort Worth.

Four New Faculty Members Join TCOM

Michael G. Hueber, D.O., of Southlake, Texas, Stephen Moorman, Ph.D., of Ypsilanti, Michigan, Jan Leal Lamb, D.O., of Monte Nido, California, and Thomas J. Chester, M.D., of DeSoto, Texas, joined the faculty at Texas College of Osteopathic Medicine as assistant professors. Hueber joined TCOM's Department of General and Family Practice July 15. Moorman joined the Department of Anatomy and Cell Biology August 1. Lamb joined the Department of Pediatrics; and Chester the Department of Public Health/Preventive Medicine, both on July 1.

Hueber earned his D.O. degree and graduated *cum laude* from TCOM in 1985. He is an osteopathic physician and surgeon.

Moorman, who received his doctorate in comparative anatomy and neuroscience from Colorado State University at Fort Collins in 1988, has been at the University of Michigan neurotoxicology research laboratory.

Lamb earned her D.O. degree from TCOM in 1990. She served a pediatrics internship at Los Angeles County and University of Southern California Medical Center and just completed a residency through the hospital's pediatrics department.

Chester earned his M.D. at Stanford University School of Medicine in 1973, and his M.P.H. in epidemiology in 1978 at the University of Washington School of Public Health in Seattle. He has been working at the superconducting super collider laboratory.

TCOM is a four-year, state-supported osteopathic medical school under the direction of the University of North Texas Health Science Center, effective August 30.

Health Care Spending Jumps Higher Education Spending for First Time

A study released by the National Conference of State Legislatures has revealed that states now spend more on health care than on higher education. The study indicated that state spending on Medicaid rose by 17.6 percent in fiscal year 1993, which exceeds the amount spent on higher education by one-sixth. In fiscal year 1994, it is projected that states will spend as much as 22 percent more on Medicaid than higher education.

West Virginia's Jones to Head AACOM Board

"Major Goal" is Emphasis on Primary Care

len E. Jones, Jr., Ph.D., newly-elected chair of the Board of Governors of the American Association of Colleges of Osteopathic Medicine (AACOM), is as intent on educating Washington policy makers as he is students in osteopathic medicine.

"One of my major goals as AACOM chair," said Jones, "is to inform the health policy makers in Washington about our historic and ongoing commitment to the training of primary care physicians."

Primary care, he said, is the acknowledged keystone of the Clinton Administration's plans for health care reform, adding, "We need to increase the nation's awareness of osteopathic medicine's outstanding record in preparing primary care doctors for everyday patient care in America."

Dr. Jones, 56, is President of the West Virginia School of Osteopathic Medicine. The AACOM Board of Governors includes the chief administrative officers of the 15 member colleges of osteopathic medicine, the chair of the AACOM Council of Deans, and, as *ex officio* members, a representative each from the American Osteopathic Association and the American Osteopathic Hospital Association.

Jones Opened One School of Medicine, Leads Another

A leader in osteopathic medical education, Dr. Jones received his A.B. and M.A. in education from Marshall University, Huntington, W.V., and his Ph.D. in education administration from Northwestern University, Evanston, Ill. After a year in Iowa City as Director of the Medical College Admission Test, Dr. Jones returned to Marshall, where he served 12 years in various executive positions. During this time he assisted in the planning and opening of Marshall's School of Medicine.

For a brief period (1980-1981) Dr. Jones was also Acting President of the West Virginia School of Osteopathic Medicine, at the request of the State Board of Regents. He returned to be full-time President of WSOM in 1987, when he also joined the AACOM Board of Governors.

In other action, the Board of Governors chose Douglas Wood, D.O., Ph.D., Dean of Michigan State University College of Osteopathic Medicine, to be Chair-elect; and Thomas W. Allen, D.O., Provost/Dean of Oklahoma State University College of Osteopathic

Medicine, to be Secretary-Treasurer. T. Hedley Reynolds, Ph.D., President of the University of New England College of Osteopathic Medicine, was re-elected as Member-at-Large.

Fred C. Tinning, Ph.D., President of Kirksville College of Osteopathic Medicine, chaired the Board Nominating Committee.

Deans Choose Ross

In a concurrent election, the AACOM Council of Deans chose Sydney P. Ross, D.O., Dean of Kirksville College of Osteopathic Medicine, to chair the Council for the coming year. He has been a Council member since 1989.

Dr. Ross, 60, a general, thoracic, and vascular surgeon, is also past Chair of the Kirksville COM Department of Surgery and past member of the Board of Governors of the American College of Osteopathic Surgeons.

The Council also chose Stanley Schiowitz, D.O., Dean for Academic Affairs of the New York College of Osteopathic Medicine of New York Institute of Technology, to be Chair-Elect.

Joseph H. Walsh, Ph.D., D.O., Dean of the University of New England College of Osteopathic Medicine, chaired the Deans Nominating Committee. ■

To Thwart A Thief

As an item of interest, Texas vehicle registration stickers, which are currently placed on a vehicle's rear license plate, will be moved to the inside front windshield beginning this December, for January 1994 renewals. The new windshield sticker will be placed one inch above the vehicle's safety inspection sticker.

In 1991, the 72nd Texas Legislature passed a law designating the change due to the high number of sticker thefts. More than 550,000 replacement stickers were sold to Texans in 1992 alone. The law also provides tougher penalties for sticker thieves. In order to steal a sticker, thieves will have to enter a car, making the crime a felony, instead of a misdemeanor. ■

CHAMPUS News

C-Section Not "Patient's Choice"

CHAMPUS requires that physicians get advance authorization from their regional peer review organization before delivering babies by cesarean section. CHAMPUS will share the cost of cesarean sections only if they're done out of medical necessity.

A CHAMPUS patient can't choose to have a cesarean section, and expect CHAMPUS to pay for it, if her physician decides the "c-section" isn't medically necessary.

When an elective (not medically necessary) cesarean section is performed, CHAMPUS will share the cost only on the basis of the rate payable for a "normal" or vaginal delivery. The patient is liable for any additional cost related to the performance of an elective c-section.

Some Abused Spouses, Children May Keep CHAMPUS Eligibility

Some family members of abusive military sponsors may be able to keep limited CHAMPUS eligibility under certain conditions.

If the sponsor is court-martialed and separated from active service for an offense involving physical or emotional abuse, the abused spouse or child is entitled to CHAMPUS

benefits for care related to the abuse, for up to one year after the sponsor's separation from the service.

Effective for care received on or after October 23, 1992, CHAMPUS benefits may be retained by the spouse (or former spouse) or child of a retirement-eligible active-duty member or a retired service member whose eligibility for retired pay has been ended because of misconduct toward a spouse or dependent child while the sponsor was on active duty.

In order to be CHAMPUS-eligible, the spouse (or former spouse) must be receiving part of the abusive sponsor's retirement annuity under a court order, and must have been a victim of the abuse and been married to the sponsor at the time of the abuse; or must be the parent of an abused dependent child of the abusive member or former member. For a child to be eligible, he or she must have been a member of the sponsor's household at the time of the abuse.

Be Prepared When Checking On A Claim

When checking the status of a claim with your CHAMPUS claims processing contractor, you can speed things up by having the following information ready when you call: patient's full name; sponsor's full name, rank, branch of service and status (active or retired); sponsor's Social Security number; sponsor's and patient's addresses and phone numbers; name and address of the provider of care; dates of the care.

So Who's Got Money To Burn These Days.

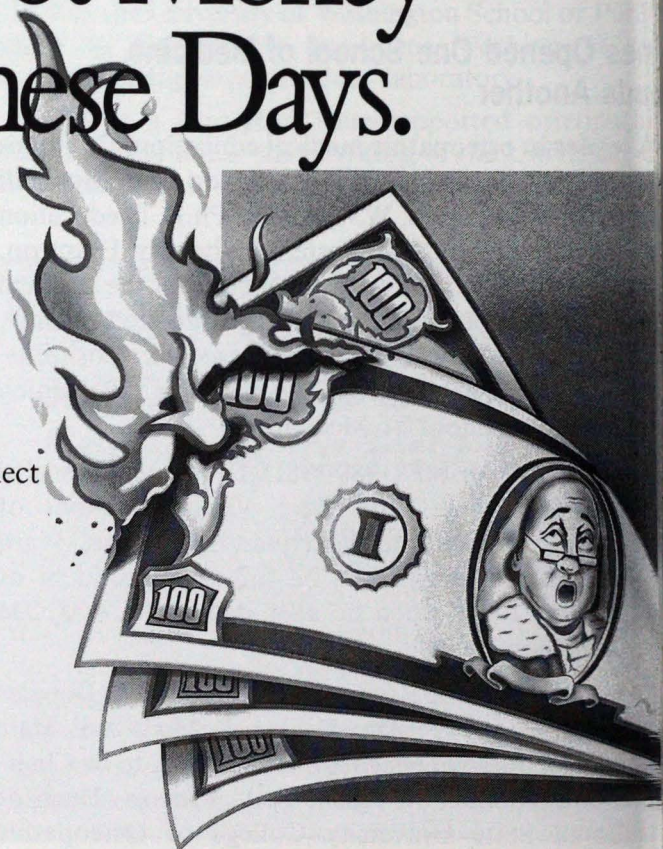
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PHYSICIAN-OWNED EMERGENCY GROUP — is seeking Full or Part-time D.O. or M.D. emergency physicians who practice quality emergency medicine. BE/BC encouraged, but not required. Flexible schedules, competitive salary with malpractice provided. Send CV to Glenn Malabrese, D.O., FACEP, OPEM Associates, P.A., 4916 Camp Bowie Blvd., Suite 18, Fort Worth, 76107. 817/731-8776. FAX 817/731-9590. (16)

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 #1-30, Fort Worth, 76107; 817/731-3936; FAX 817/782-0206. (26)

PRACTICE AVAILABLE — loyal family practice available in resort community with mixed staff hospital near Metroplex. Physician desiring to travel. Inquire 800/437-7112. (42)

DALLAS AREA GP CLINIC needs associate doctor on locum tenens. 6-50 hours per week. Call 214/941-9200 (02)

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

HIGH INCOME — successful GP clinic in Dallas area for sale. Will consider lease with option to buy and/or will finance to individual practitioner. Call 4/941-9200. (18)

FORT WORTH — Immediate opening for BE/BC physician to work full or part time in family practice/minor emergency clinic. No OB, week-ends or call. Potential for future partnership if desired. Contact Robert Hames, D.O., 817/237-3333. (5)

TEXAS DO'S — We have multiple opportunities with clinics and small hospitals throughout Texas. Contact Bennett & Associates, Physician Placement Specialists. Call collect 915/550-9096. (10)

PART-TIME, FAMILY PHYSICIAN WANTED for Fort Worth family practice. Send C.V. to T.J. Ballom, D.O., 6320 Meadowbrook Drive, Fort Worth, Texas 76112. (01)

NURTURING PHYSICIAN WANTED — Lubbock, TX, for bariatric practice with interests in nutritionals, exercise, patient counseling. Training provided in use of anorexiogenics. Current DEA required. Salary negotiable, no hospital call, alternate weekend with another female physician. Malpractice, medical, dental and

bonus package provided. If you are tired and want to slow down, you will enjoy this practice. Dr. Pangle - 800/772-6466 or p.m. 806/795-6466. (34)

PHYSICIANS NEEDED — full or part-time for family practice or pediatrics in Houston, Texas. Contact Dr. Botas, 713/644-3602. (46)

WANTED — Female D.O. to share office space. Very busy Fort Worth family practice has immediate opening for BE/BC. Contact Dr. Carla Devenport at (817) 377-0317. (55)

OZONA — The town of Ozona, Texas, located in West Texas' Crockett County is seeking a Texas Licensed Family Practitioner. Salary Guarantee Negotiable. Sign on bonus. Moving expenses paid. No start up costs, and staff supplied. Two practicing physicians currently. Inquire Crockett County Hospital, P.O. Box 640, Ozona, Texas 76943 and/or call Gerard Phillips at (915) 392-2671. (56)

TWO FAMILY PRACTICE/OB'S — D.O. or M.D. for nice (dry climate) small West Texas town. 100 or more deliveries per year. \$140K guaranteed net take home. Relocation paid. Call collect Bennett & Associates (915) 550-9096. (57)

INTERNAL MEDICINE — needed for nice (dry climate) rural West Texas town. Guaranteed net take home of \$140K. Relocation paid. Call collect Bennett & Associates (915) 550-9096. (58)

RADIOLOGIST needed to cover two smaller West Texas towns. \$200K guaranteed net take home. Relocation paid. Call collect Bennett & Associates (915) 550-9096. (59)

AUSTIN — The perfect opportunity for a BE/BC Family Practitioner. Competitive salary and benefits package. Name your schedule, inpatient and call only, if you desire. Available immediately. Call Liz Ann collect at (512) 892-4820 work; (512) 261-3330 home. (04)

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)

BOARD CERTIFIED GENERAL PRACTITIONER — working as independent contractor. Ten years experience. Available by appointment. \$100 per hour plus expenses. Will furnish liability insurance. No obstetrics, please. Contact: TOMA, Box 27, One Financial Center, 1717 IH 35, Suite 100, Round Rock, TX 78664-2901. (27)

OFFICE SPACE AVAILABLE

FOR LEASE — 1,250 sq. ft. medical office in hospital district between Rosedale and Magnolia; also, will build to suit up to 3,000 sq. ft. medical building on Hulen between Vickery and West Fwy. 338-4444 (12)

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)

FOR RENT — Medical office in Grand Prairie. Approximately 3,000 sq. ft. office presently occupied by general surgeon. Share space and overhead expenses. Across street from D/FW Medical Center. Call 214/660-3188. (22)

OFFICE SPACE AVAILABLE — for lease in dental garden office building. Approximately 1,080 sq. ft. Ideal location for family practice. Near Park Cities area of Dallas. Call Dr. John Rumley, 214/528-3770. (32)

MEDICAL CLINIC — for sale or rent. Six months free rent. Contact: TOMA, Box 60, One Financial Center, 1717 IH 35, Suite 100, Round Rock, Texas 78664-2901. (60)

PROFESSIONAL OFFICE SPACE FOR LEASE — NW San Antonio, 3,075 SF in free-standing professional center. Space is currently occupied by family practitioners. Excellent finish-out, on-site owner/mgmt. Flexible terms. Possibility of adjacent 1,532 SF becoming available. For information and/or to view premises, call Dr. Johnson at (210) 681-4278. (61)

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 — Late model X-ray equipment and accessories; complete ob/gyn tables; waiting room chairs; hydraulic stretcher; transport stretchers; culture counter and diluter; storage cabinets; office desks; treatment tables; wheelchairs; and assorted other items — very good condition. Contact: Dr. Glen Dow or Office Manager, 817/485-4711. (48)

FOR SALE — Office equipment of deceased physician. McManus Table, Spinalator, miscellaneous instruments, cabinets, odds and ends. Priced to sell. Phone: (903) 597-4253. (51) ■

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

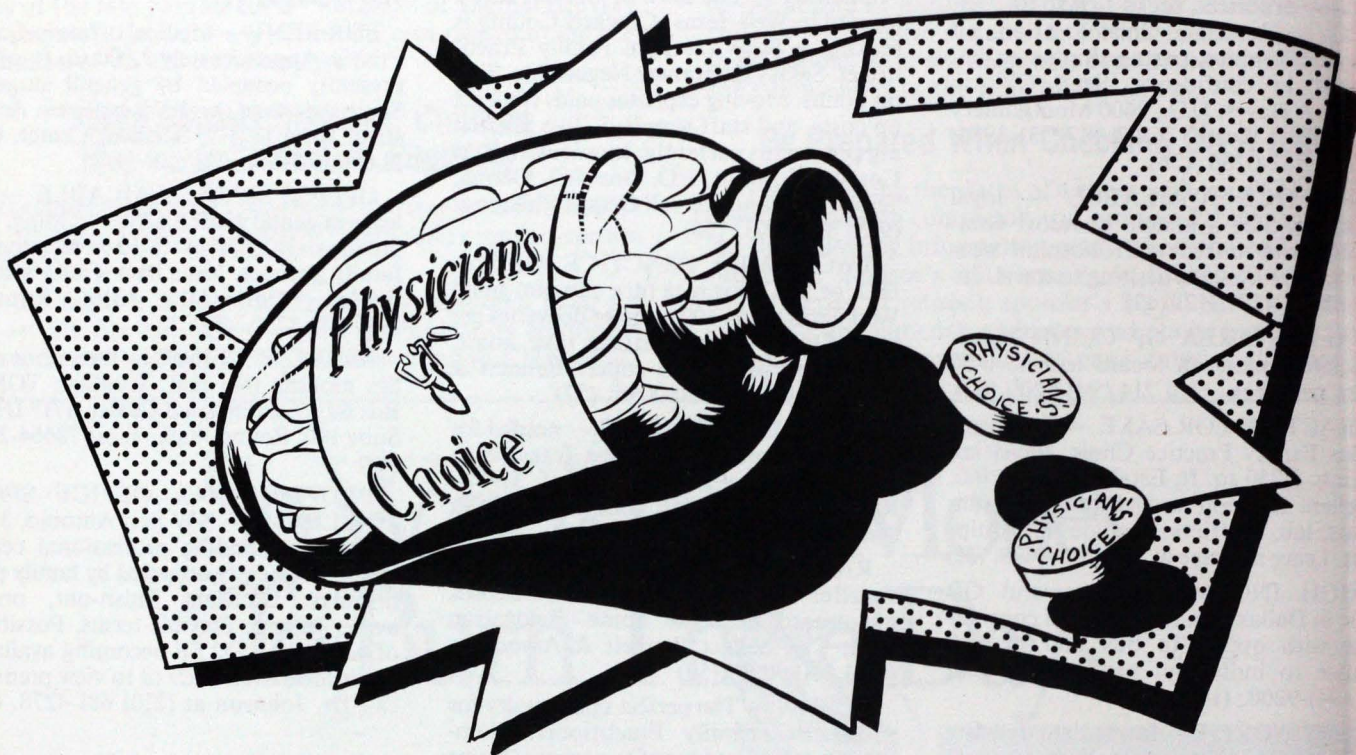
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