

March, 1996

The Journal of the Texas Osteopathic Medical Association

XXXXXIII, No. 3



Senator Judith Zaffirini

Senator Zaffirini will be the Opening Session speaker for this year's Annual Convention in San Antonio.

Schedule of Events, Hotel Reservation Card, Registration Form and other details are included in this issue.



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March, 1996

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Calendar of Events

MARCH 28-31

Florida Osteopathic Medical Association's
93rd Annual Convention

Location: Doral Ocean Beach Resort
Miami Beach, Florida

Hours: 30 Category 1-A anticipated,
five hours Risk Management,
three hours mandatory
AIDS/HIV

Contact: Florida Osteopathic Medical
Association
2007 Apalachee Parkway
Tallahassee, FL 32301
904-878-7364

APRIL 12-13

Tenth Annual Spring Update for the
Family Practitioner

Sponsored by University of North Texas
Health Science Center at Fort Worth

Location: Dallas Family Hospital
Dallas, Texas

Hours: 10 CME Hours

Contact: UNT Health Science Center
Office of Continuing Medical
Education
817-735-2539

25-28

1995 Annual Spring Convention

Sponsored by the American College of
Osteopathic Pediatricians

Location: Ritz-Carlton Hotel, Chicago, IL

Contact: ACOP Headquarters,
202-362-3229

27

HealthFind Exchange

Sponsored by the Center for Rural Health
Initiatives

Location: Austin Marriott at the Capitol,
Austin, TX

Contact: 512-479-8891

MAY 8-12

99th Annual Convention

Sponsored by the Indiana Association of
Osteopathic Physicians and Surgeons

Location: Radisson Plaza & Suite Hotel,
Indianapolis, IN

Contact: IAOPS, 800-942-0501 or
317-926-3009

JUNE 6-7

46th Annual Southwest Conference on
Diseases in Nature Transmissible to Man

Sponsored by the University of North Texas
Health Science Center at Fort Worth

Location: University of North Texas Health
Science Center at Fort Worth
Fort Worth, Texas

Hours: 12 Category 1-A, AOA

Contact: Dr. Thomas G. Murnane,
Conference Chairman
817-735-2122; FAX 817-735-2123

6-9

97th TOMA Annual Convention and
Scientific Seminar

Sponsored by Texas Osteopathic Medical
Association

Location: Hyatt Regency on the Riverwalk
and San Antonio Convention
Center

San Antonio, Texas

Hours: 27 Category 1-A, AOA

Contact: TOMA, 512-708-TOMA or
800-444-TOMA

13-16

16th Annual Primary Care Update

Sponsored by University of North Texas
Health Science Center at Fort Worth

Location: Sheraton Fiesta Padre Island
Resort, South Padre Island, TX

Hours: 18 CME Hours

Contact: UNT Health Science Center
Office

of Continuing Medical Education
817-735-2539

21-23

Colorado Society of Osteopathic Medicine
Annual Meeting

Location: Manor Vail Lodge, Vail, Colorado

Hours: 18 Category 1-A, AOA, FP and
Physician Assistants credits

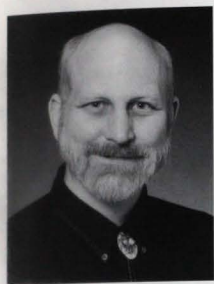
Contact: Patricia Ellis, 303-322-1752

FAX 303-322-1956



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

TOMA's 1996 Program Chairman Is Introduced



Craig D. Whiting, D.O.

This year, TOMA District XV has gained the talents of Craig D. Whiting, D.O., to serve as Program Chairman for the Texas Osteopathic Medical Association's 97th Annual Convention and Scientific Seminar, to be held June 6-9 in San Antonio. As such, Dr. Whiting has provided a brief rundown of what convention attendees can expect.

As the 1996 program chairman, I would like to invite you to San Antonio for a relaxing and informative time. This year's theme is "A Walk on the Wild Side," and we're planning a variety of topics and meeting formats to meet the needs of TOMA's diverse membership.

The Convention Committee has worked to develop a cohesive program that will hold topics to appeal to everyone's taste and needs. We have didactic sessions on a variety of clinical topics, some on practice management and even one to help you communicate better with those of your patients who may speak only Spanish. We'll have more instruction on computers in medicine as well.

Convention Committee members are: Gregory R. Dott, D.O., John R. Bowling, D.O., Donna Hand, D.O., Bobby D. Howard, D.O., Ms. D.J. Kyle, and Lisa R. Nash, D.O.

San Antonio is a unique city with attractions for all age groups. The Riverwalk offers great views, fine food and extraordinary shops. The Alamo experience is a "must do" for everyone

and there is a "Missions Trail" for those who want to see other examples of the old Spanish missions in San Antonio. The Mercado offers a chance to step out of the United States and into old Mexico for a bargainer's delight.

Keep June 6-9 open on your calendar and plan to join us in San Antonio for "A Walk on the Wild Side."

Dr. Whiting serves as Assistant Professor of the Department of General and Family Practice at Texas College of Osteopathic Medicine in Fort Worth, and as Senior Clinical Instructor at Case Western Reserve University, School of Medicine.

Dr. Whiting has had vast experience in convention program planning, having served as program chairman for TOMA's 1990 MidWinter Conference and Legislative Symposium; as assistant program chairman for TOMA's 1991 and 1995 Annual Conventions; and as the program chairman for the 1992 Convention. Active in other TOMA affairs, Dr. Whiting has served on numerous committees throughout the years and is currently a member of the Strategic Planning Committee, as well as chairman of the Convention Program Committee.

Activity in other organizations includes TOMA District XV, having held the offices of secretary, vice president and president-elect; the American College of Osteopathic Family Physicians, of which he is a past member of the Board of Trustees and a delegate to the National Congress; and the Texas Society of the ACOFP, of which he has served as president, president-elect, program chairman for the 1989 Mid-Year Symposium, and is the current secretary.

Research activities include "International Health in a Medical School Curriculum," an on-going project in collaboration with Case Western Reserve University's Department of Family Practice in Ohio; and "Interdisciplinary Approaches to Community Health Care," a project in development in collaboration with the University of Colima, Colima, Mexico.

Dr. Whiting is a 1979 graduate of Texas College of Osteopathic Medicine. He interned at Corpus Christi Osteopathic Hospital and completed a family practice residency at University Hospitals of Cleveland. He is a Fellow of the American College of Osteopathic Family Physicians, and a Diplomat of the American Osteopathic Board of Family Physicians and the American Board of Family Practice. He is affiliated with Osteopathic Medical Center of Texas.

OSHA Proposes Workplace Safety Law

The U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) is currently developing policy for comprehensive worksite safety and health programs.

The policy, which is awaiting White House approval, will be based on safety and health management practices used by employers - varying in size from small (50 or less employees) to large (10,000 or more employees) businesses - that have implemented successful comprehensive programs.

The major elements OSHA identified are:

- Management commitment and employee involvement
- Worksite analysis to anticipate and prevent harmful occurrences
- Hazard prevention afforded to employees, and safety and health training

If this proposal becomes policy, then "all employers with 11 or more employees will have to establish comprehensive occupational safety and health programs," says Labor Secretary Robert Reich. "They then would be 'regularly certified' by either private-sector experts or an employee representative," Reich continues.

For more information regarding the proposed "Workplace Safety Law," contact your Congressional representative's local office or contact the Department of Labor's Occupational Safety and Health Administration at 1-202-219-6091.

AOA President-Elect Will Be Special Guest At TOMA Convention



John P. Sevastos, D.O.
AOA President-Elect

John P. Sevastos, D.O., President-Elect of the American Osteopathic Association, will address the TOMA House of Delegates on Wednesday, June 5, and update attendees as to AOA activities during the AOA Luncheon on Saturday, June 8, during TOMA's 97th Annual Convention and Scientific Seminar in San Antonio.

Dr. Sevastos is a board-certified family physician who has been a staff member of Brentwood Hospital in Cleveland, Ohio, since 1957. He has played an active role in the osteopathic medical profession at both national and state levels for many years. At the national level, Dr. Sevastos has held numerous roles within the AOA, serving as a trustee since 1984 and as a member of the Executive Committee since 1994. He has chaired the Department of Governmental Affairs, Committee on Constitution and Bylaws, Committee on Organizational Structure, and the Committee on Medical Economics. In addition, Dr. Sevastos has served as vice chair of the AOA's Committee on Membership and Committee on Long Range Planning.

He is also active in the American College of Osteopathic Family Physicians, having chaired and/or served as a member of numerous ACOFP committees since 1972. In 1974, Dr. Sevastos was nominated National

General Practitioner of the Year and from 1975-76, he served as ACOFP President, at which time he led a group of osteopathic physicians to the Yucatan Peninsula to administer medical care to the Mayan Indians. He is editor of the ACOFP's *News and Views*.

A past president of the Ohio Osteopathic Association, Dr. Sevastos has served in all other elected positions and on numerous committees. He is a charter member of the Ohio Osteopathic Political Action Committee, past chairman of the Ohio Osteopathic Foundation, and Award of Merit recipient of the Cleveland Academy of Osteopathic Medicine. From 1976-1994, he was Regional Assistant Dean at the Ohio University College of Osteopathic Medicine in Athens, Ohio.

Dr. Sevastos credentialed the first general practice osteopathic residency at Brentwood Hospital, the first in the State of Ohio, and the first in the United States.

Involved in both civic and professional organizations, Dr. Sevastos is a member of the St. Photios Commemorative Medical Committee; Archdiocesan Council (as Greek Orthodox Advisor) to the Archbishop of North and South America; the United Hellenic American Congress; and the Blue Cross of Ohio of Medical Affairs. He is the recipient of the Medal of St. Andrew for outstanding service to the church; the Medal of St. Paul, for service to the Archdiocese of North and South America; and AHEPA (American Hellenic Educational Progressive Association) Distinguished Service Award.

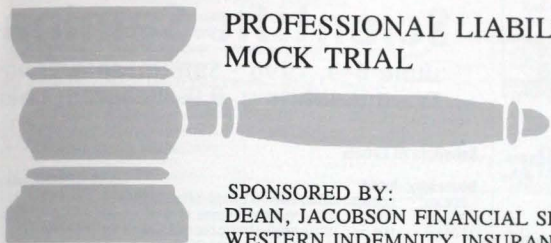
Dr. Sevastos earned his D.O. degree from the Chicago College of Osteopathic Medicine in 1956, and interned at Forest Hills Hospital, Cleveland, completed an Advanced Psychology Course through the National Institute of Mental Health and Mount Sinai Hospital, also in Cleveland.

THANK YOU!

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

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IN PURSUIT OF A PHYSICIAN II



PROFESSIONAL LIABILITY MOCK TRIAL

SPONSORED BY:
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Join us on Sunday, June 9, 1996
8:00 a.m. to 1:00 p.m.

for

5 HOURS OF RISK MANAGEMENT CME

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION
97th Annual Convention and Scientific Seminar
Hyatt Regency on the Riverwalk • San Antonio, TX

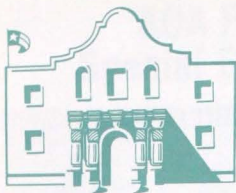
Back by Popular Demand:

The malpractice defense law firm of Hanen, Alexander & Spalding will be presenting another mock trial of a professional liability (malpractice) law suit. This presentation will educate and fascinate you about every aspect of the legal process surrounding a malpractice case. From notification to discovery and depositions to trial, you'll discover why this area of law is such a boon for plaintiff attorneys.

If you did not attend the 1994 Houston convention, you will certainly not want to miss out this time. If you attended the first presentation two years ago, then you know how interesting and helpful this seminar will be. Laws, legal strategies and, most noticeably, the practices of medicine have changed over the past two years. It is more important now than ever to be attuned and sensitive to the risks of malpractice claims against you. Come ready to participate and learn.

Don't miss out! This is your personal invitation to one of the finest, professional risk management seminars in the country.

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OR TOMA (800) 444-TOMA



TOMA's Family Day Events



Long Drives, Short Putts, Tall Tales. It's tee time, in the Hill Country.

The Hyatt Regency Hill Country Resort is the site for this year's golf tournament. Designed by acclaimed golf course architect Arthur Hills, it was nominated in its first year by *Golf Digest* for best new resort course, listed among *Golf Magazine's* "Top Ten Courses You Can Play" and was the recipient of *Corporate Meetings & Incentives* "Golden Links Award."

Enjoy an afternoon of golf and an evening awards banquet with your colleagues. The cost is \$85 per person and limited to the first 72 registrants.



Sea World of Texas

Immerse yourself in a full day of fun at Sea World of Texas, the largest marine life park! It's the splashiest, wettest, coolest showplace you can imagine. Brace yourself for a tidal wave of spectacular shows that educate as well as entertain.

After spending several hours of seeing the attractions, take a break for a hamburger cookout with other conference participants and their families. The cost is \$15 per person and includes round-trip transportation, admission to the park and the cookout. Sea World of Texas is fun for all ages!

TOMA's 97th Annual Convention and Scientific Seminar

June 6-9, 1996 - San Antonio, Texas
Craig D. Whiting, D.O., Program Chair

Schedule of Events

Wednesday, June 5

- | | |
|--------------------|--------------------------------------|
| 8:00 am - 1:00 pm | TOMA House of Delegates Registration |
| 9:00 am - 5:00 pm | TOMA House of Delegates |
| 12:00 pm - 1:00 pm | TOMA House of Delegates Luncheon |
| | <i>Sponsored by UNTHSC-FW</i> |
| 1:00 pm - 6:00 pm | ATOMA Board of Trustees' Meeting |
| 2:30 pm - 6:00 pm | Early Registration |

OPTIONAL

- | | |
|-------------------|---|
| 5:30 pm - 7:30 pm | Anatomy of the Computer (Additional Fee; Pre-Registration Required) |
| | Suzanne Gravois and Mark Wilson |
| | <i>Sponsored by IBM Healthcare Solutions</i> |

Thursday, June 6

- | | |
|---------------------|---|
| 7:30 am - 5:00 pm | Registration Open |
| 8:00 am - 9:15 am | Multi-Culturalism in Politics and Medicine Breakfast - Senator Judith Zaffirini |
| | Exhibit Hall Open |
| 9:00 am - 4:00 pm | ATOMA House of Delegates Meeting |
| 9:00 am - 12:00 pm | The Difficult Patient in Pain Management - Paul Caldron, D.O. |
| 9:15 am - 10:15 am | <i>Sponsored by Ortho-McNeil Pharmaceutical</i> |
| | Computer Lab Open - <i>Sponsored by IBM Healthcare Solutions</i> |
| 9:30 am - 2:30 pm | Exhibit Hall Break |
| 10:15 am - 10:45 am | Pediatric Rashes - Bill Way, D.O. |
| 10:45 am - 11:30 am | Keynote Luncheon - Dennis Gaines |
| 11:30 am - 12:45 pm | Evaluation and Treatment of the Knee, Foot & Ankle |
| 12:45 pm - 2:30 pm | • Anatomy & Physiology - Frank Willard, Ph.D. |

2:30 pm - 3:00 pm

3:00 pm - 5:00 pm

Exhibit Hall Break

Concurrent Workshops (Pre-Registration Required)

- OMT Workshop - Jerry L. Dickey, D.O.
Co-Sponsored by the Texas Academy of Osteopathy
- Radiology and Acute Care Medicine - Patrick J. Hanford, D.O. and Charles H. Wheeler, D.O.
- Beginners Spanish for Medicine - Craig D. Whiting, D.O. and Mariam Perez
- IBM's NextGen (Electronic Medical Record-Keeping System) - Clynt Taylor - *Sponsored by IBM Healthcare Solutions*
- EKG Workshop - Robert J. Chilton, D.O. - *Sponsored by Pfizer Lab*

4:30 pm - 5:30 pm

5:00 pm - 6:00 pm

5:30 pm - 6:30 pm

5:30 pm - 6:30 pm

5:30 pm - 6:30 pm

5:30 pm - 6:30 pm

6:00 pm - 7:00 pm

6:00 pm - 7:00 pm

7:00 pm - 11:00 pm

TACOFF Pacer's Meeting

MOPPs Reception

UHS-COM Alumni Reception

UNTHSC/TCOM Alumni Reception

KCOM Alumni Reception

OSU-COM Alumni Reception

POPPs Reception

SpectraCell Reception

Sustainers' Party - La Villita with the Jody Jenkins Band

Other Special Events

Keynote Luncheon

Dennis Gaines is one of the most versatile and authentic cowboy entertainers working today. His diversity includes traditional and original cowboy poetry, storytelling and capella singing. Dennis Gaines presentations are a natural outgrowth of his years as a Texas cowpuncher, a time when homespun entertainment provided many hours of diversion, as it has throughout the history of the cattle industry. San Antonio itself was an integral waystation on the cattle drives of the 19th century, and remains an important part of the industry today.

Sustainer's Party



Jody Jenkins

La Villita, Spanish for "little town," is the original settlement of "Old San Antonio." It is one square block in the heart of downtown San Antonio alive with artist and craftsmen, shops and restaurants.

Located on the east bank of the San Antonio River, La Villita was developed in the mid to late 19th Century as a settlement adjacent to Mission San Antonio de Valero (The Alamo).

Enjoy this historic district of San Antonio while eating fajitas and dancing to the country western sounds of the Jody Jenkins Band, winner of the Marlboro Music Talent Roundup in Nashville in 1991. Water taxis will provide round-trip transportation along the scenic San Antonio River.

The Sustainer's Party is open to the Sustaining Member and one guest as a special "Thank You" for their support. In order for TOMA to obtain a more accurate count of those sustaining members who will be attending the party, personalized invitations will be mailed and a R.S.V.P. will be required.

(Continued on Page 11)

Friday, June 7

6:50 am - 7:50 am
7:30 am - 8:00 am
7:30 am - 1:00 pm
8:00 am - 9:30 am

TACOPF Breakfast Meeting
Breakfast with Exhibitors
Registration/Exhibit Hall Open
Osteopathic Considerations of the Chest
• Anatomy Review - Frank Willard, Ph.D.
• Update on Asthma - Philip C. Slocum, D.O.

Sponsored by Glaxo Wellcome, Inc.

8:00 am - 11:00 am
9:00 am - 12:00 pm
9:30 am - 10:00 am
10:00 am - 12:00 pm

TACOPF Board Meeting
Computer Lab Open - Sponsored by IBM Healthcare Solutions
Break with Exhibitors
Ask the Experts about Diabetes - Robert L. Peters, Jr., D.O., Charles A. Reasner, M.D., and Mary Ann Morgester, M.S.N., R.N.C.
Sponsored by Bristol Myers Squibb
ATOMA President's Installation and Luncheon
Lunch with Exhibitors

Family Day Activities Begin

1:15 pm

Hyatt Regency Hill Country Resort Golf Tournament
(Buses depart for hotel)
Hill Country Golf Club Shotgun Start
Tournament Concludes - Awards Banquet Begins
Buses depart for the Hyatt Regency on the Riverwalk

1:15 pm

Sea World of Texas (Buses depart hotel)
Arrive at Sea World of Texas, On Your Own to Enjoy Park
Cookout at Sea World
Buses depart for the Hyatt Regency on the Riverwalk

1:45 pm

6:00 pm

8:00 pm

Saturday, June 8

7:30 am - 8:00 am
7:30 am - 12:00 pm
8:00 am - 9:00 am

Breakfast with Exhibitors
Registration/Exhibit Hall Open
Geographic/Travel Medicine - John C. Licciardone, D.O.
Sponsored by MERCK Vaccination Division

8:00 am - 10:00 am
9:00 am - 10:00 am

ATOMA Board of Trustees' Post Convention Breakfast Meeting
A Lifetime of Vaccinations - Muriel A. Marshall, D.O.
Sponsored by MERCK Vaccination Division

9:00 am - 11:00 am
9:00 am - 2:30 pm

Texas Academy of Osteopathy Treatment Service
Computer Lab Open - Sponsored by IBM Healthcare Solutions
Break with Exhibitors

10:00 am - 10:30 am
10:30 am - 12:00 pm

Estrogen Replacement Therapy - New Perspectives on Treatment - Elizabeth L. Vliet, M.D.

12:00 pm - 1:15 pm
1:15 pm - 2:00 pm

Sponsored by Bristol Myers Squibb
AOA Luncheon - John P. Sevastos, D.O., AOA President Elect
Plugged In: Medicine - Regina Lee and Velma Jackman
Latest Developments in Medicaid Reform - Commissioner David Smith

2:00 pm - 3:00 pm
3:00 pm - 5:00 pm

Concurrent Workshops (Pre-Registration Required)
• Focus on the Internet - Regina Lee and Velma Jackman
Sponsored by IBM Healthcare Solutions
• Advanced Colposcopy
• Practice Management/Reimbursement Issues - Don Self
• Intermediate Spanish for Medicine - Craig D. Whiting, D.O.
• and Mariam Perez
• Preceptor and Rural Rotation Supervisor Workshop - William Mygdal, Ed.D., Marty Kinard, Ed.D., and Cindy Passmore, M.A.

5:15 pm - 6:15 pm
6:30 pm - 7:00 pm
7:00 pm - 12:00 am

Texas Academy of Osteopathy Meeting
President's Reception
President's Banquet with a repeat performance from HOTCAKES
America's Band

Sunday, June 9

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

Registration Open
In Pursuit of a Physician - Professional Liability Mock Trial
Sponsored by Dean, Jacobson Financial Services

REGISTRATION FORM

Craig D. Whiting, D.O., Program Chair

Hyatt Regency on the Riverwalk and San Antonio Convention Center - June 6-9, 1996

27 AOA Category 1-A Hours Available

Pre-Registration Deadline is May 15, 1996

Please print or type.

Name _____ First Name for Badge _____

Address _____ City _____ State _____ Zip _____

D.O. College _____ Year Graduated _____ AOA # _____

If you are registering your spouse/guest, please provide their name _____

____ Yes, I will be attending the Basic Computer Workshop on Wednesday, June 5, 1996, at 5:30 pm for an additional \$25.

Please select ONE of the following concurrent sessions for Thursday and Saturday afternoon:

Thursday, 3:30 - 5:30 pm

- ____ OMT Workshop
- ____ Radiology & Acute Care Medicine
- ____ Beginners Spanish for Medicine
- ____ Computer Workshop - NextGen
- ____ EKG Workshop

Saturday, 3:30 - 5:30 pm

- ____ Advanced Computer Workshop
- ____ Advanced Colposcopy
- ____ Practice Management/Reimbursement Issues
- ____ Intermediate Spanish for Medicine
- ____ Preceptor and Rural Rotation Supervisor Workshop

Convention Pre-Registration Fees:

- ____ TOMA Members \$300
- ____ 1st & 2nd Year in Practice \$200
- ____ Spouse, Military, Retired, Associate \$150
- ____ Interns and Residents \$0
- ____ TOMA Non-Members \$500

Registration Postmarked After May 15, 1996, or On-Site:

- ____ TOMA Members \$400
- ____ 1st & 2nd Year in Practice \$300
- ____ Spouse, Military, Retired, Associate \$250
- ____ Interns and Residents \$0
- ____ TOMA Non-Members \$600

ATOMA Note - A luncheon ticket is required for the President's Installation and Luncheon. If you have not registered for the convention and want to attend the luncheon, you must buy a ticket. ____ Yes, I need a ticket at \$20; ____ No, I have registered.

Family Day Activities, Friday, June 7, 1996 (See separate article for more details on these events.)

Please choose a family day activity below. No clinical programs will be held on Friday afternoon.

____ Sea World of Texas - \$15 per person Number Attending _____ Total Cost \$ _____
 ____ Yes, I (my family) will need transportation to Sea World of Texas.
 If you are bringing children to Sea World, what are their ages _____.

____ Hill Country Resort Golf Tournament - \$85 per person Number Attending _____ Total Cost \$ _____
 ____ Yes, I will need transportation to the golf tournament. My handicap is _____; Registration is limited!

PAYMENT

Registration \$ _____
 Basic Computer Workshop \$ _____
 ATOMA Luncheon Ticket \$ _____
 Family Day Activity \$ _____
 TOTAL ENCLOSED \$ _____

Mail completed form and payment in full (only checks and money orders accepted) to:

Texas Osteopathic Medical Association
 1415 Lavaca Street
 Austin, Texas 78701-1634

No registrations will be taken over the phone.

Other Special Events, Continued

If you would like to attend the Sustainer's Party - it's not too late to join. Just call Stephanie Boley, TOMA's Membership Coordinator, at 800/444-8662 and she will sign you up!

President's Banquet

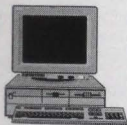
The Annual President's Banquet (black tie optional) will be held on Saturday evening in honor of TOMA's President William D. Hospers, D.O. The gavel will be passed from Dr. Hospers to President-Elect Arthur J. Speece, III, D.O. Many prestigious awards will be presented during the banquet including the Distinguished Service Award and the Meritorious Service Award. HOTCAKES America's Band will make an encore performance following the presentations, so plan for an evening full of exciting entertainment.

FYI

IMPORTANT NEWS - CME Sign In

In your registration packet, you will receive a two-part form with each educational session and its CME hours listed. It will be your responsibility to check which sessions you attended, total the number of CME hours and sign the form certifying your attendance. Once you have completed the form, you will keep the bottom copy for your records and turn the top copy into the TOMA Registration Desk for reporting to the AOA.

Computer Lab



Because of its success last year, TOMA will have a computer lab open throughout the convention. Review the schedule of events for specific times. IBM Healthcare Solutions will provide twenty computer terminals for your use - please take advantage of their kind support.

Hyatt Regency on the Riverwalk

The Hyatt Regency on the Riverwalk will be the host hotel for TOMA's 97th Annual Convention and Scientific



HOTCAKES (featuring Meaghan O'Byrne)

Seminar. Make your reservations by calling the Hotel directly at 210/222-1234 no later than **May 15, 1996**, or complete the Hotel Reservation Card on the next page and mail it to the Hyatt Regency on the Riverwalk, 123 Losoya Street, San Antonio, Texas 78205.

Southwest Airlines

Southwest Airlines in cooperation with Texas Osteopathic Medical Association, is offering attendees to the Texas Osteopathic Medical Association's 97th Annual Convention & Scientific Seminar, a discount on both Southwest's low everyday unrestricted fares and Southwest's even lower restricted fares for travel on Southwest Airlines.

To take advantage of these discounts, reservations must be made by phoning Southwest Airlines Group Desk at 1-800-433-5368, Monday - Friday, 8am - 5pm. Call no later than **May 27, 1996**, and refer to identifier code **M7206**.

Disability Statement

Individuals needing special accommodations during TOMA's 97th Annual Convention and Scientific Seminar should contact either D.J. Kyle or Heather Alexander prior to **May 15, 1996**. They can be reached at the Texas Osteopathic Medical Association, 1415 Lavaca Street, Austin, Texas 78701-1634, 512/708-8662, 800/444-8662.

Refund Policy

All cancellation requests must be received in writing and will be charged a 25% handling charge. Cancellations post-marked on or before **May 15, 1996**, will receive a full refund minus the 25% handling charge. No refunds will be given to those cancellation requests postmarked after **May 15, 1996**.

Medicare Bundling Cold/Hot Packs

Many offices are discovering that Medicare has bundled procedure code 97010 into the OMT codes 98925 through 98929. Effective January 1 of this year, Medicare no longer pays separately for code 97010 when billed on the same day as 98925 through 98929. Per Medicare, this instruction came from the authority of HCFA, given to the Administrator Federal program.

We encourage you to write and/or telegram the program, letting them know that OMT is a separately identifiable service from the hot packs. We honestly believe that if enough physicians contact them with information separating the two services, this ruling may be overturned.

Should you have any questions about this, please contact either Medicare or Don Self at 903-839-7045.

Membership *On-The-Move*

This is the last issue of the *Texas D.O.* we are sending to TOMA non-members. If you are currently a member and are interested in TOMA membership, send in your application immediately and you could save \$200 on your registration fee for the Annual Convention. Remember, TOMA is the only association that is exclusively committed to promoting the practice of Texas osteopathic physicians. Join today!

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Texas Osteopathic
Medical Association
June 5-9, 1996

Reservation Deadline:
May 15, 1996

CHECK-IN TIME 3:00P.M. — CHECK-OUT TIME 12 NOON



Special Requests:

- ☐ Wheelchair accessible room
- ☐ Hearing impaired equipped room
- ☐ Visually impaired equipped room
- ☐ Other (please specify) _____

Name(s) _____

Company Name _____

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City _____ State _____ Zip _____

Work Phone Number (_____) _____

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Accommodation:

Number of Rooms	Single	Double	Triple	Quad

Special Requests _____
(Type of Accommodation is based on availability)

Method of Arrival: Fly _____ Drive _____

I will arrive on: _____ I will depart on: _____

Date/Time

Date/Time

GOLD PASSPORT #: _____

GUARANTEE:

Reservations not guaranteed by an Advanced Deposit or Major Credit Card will be cancelled at 4:00 PM on day of arrival. Reservations arriving on a Friday or Saturday must be guaranteed. It is highly recommended that all Reservations be guaranteed as follows:

ADVANCED DEPOSIT — Please enclose one night's room rate and tax (15%) as the deposit. Deposits are refundable if cancelled within 48 hours of arrival date.

GUARANTEED BY CREDIT CARD — Please fill in American Express, Carte Blanche, Diner's Club, MasterCard, Visa, JCB, Discover Card number, name of cardholder and expiration date in the space provided:

Cardholder's name: _____

Number: _____

Expiration Date: _____ (Month/Year)

Reservations not guaranteed will be released at 4:00 PM. In the event you are unable to cancel this reservation within 48 hours of the arrival date, a charge equal to one night's room rate will be assessed on the credit card above, or the advance deposit forfeited.

Signature: _____

Print Name: _____

THE INDEPENDENT

INVESTOR

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Avoiding Common Investment Mistakes Throughout Your Life Stages

20s and 30s

Getting in too deep with credit card debt seems to be one of the most common mistakes of those in their 20s and 30s. Many recent college graduates see credit cards as a means to instant gratification, to reattaining the lifestyle they left behind when they left their parents, even if it means "maxing out" those cards. During these years, one of the biggest favors you can do yourself is to pay off credit card debts in their entirety every month.

Many also make the mistake of not taking advantage of their employer's tax-deferred retirement, investment or savings plans such as a 401k. Money contributed to these programs lowers taxable income while beginning retirement savings, a two-step combination. Unfortunately, an overwhelming number of individuals in this age group feel that they just can't afford to start saving for retirement, or that retirement is so far off they have plenty of time to start saving. What they don't realize is that because of the effects compounding interest can have on an investment plan, they can hardly afford not to get started.

40s and 50s

An established career, home ownership, grown children, saving

for retirement. While these seem to be common descriptions of this age group, growing numbers are not fitting into this category. Many among this so called "sandwich" generation feel pressure from both their childrens' college bills as well as their own aging parents' personal and medical expenses.

During your 40s and 50s, it is especially important to have retirement savings and investment plans in place so that childrens' college and parents' medical bills don't infringe on your retirement savings.

Another common mistake made during these years is pulling money out of 401k plans and individual retirement accounts before reaching age 59 1/2. Those who do so will pay as much as 40 percent in federal, state and local taxes, plus a 10 percent penalty for taking the money out early, ultimately losing *half* of their 401k nest egg.

It's important to contribute the maximum to your 401k or 403b program during these years and to leave that money in the account until you can legitimately withdraw it without the burden of extra taxes or penalties.

60s and 70s

Once you've reached your golden years, there are still some important steps to make your money last as long as you do, and to pass it along to your heirs. One of these steps is to make sure your estate is in order, to cut down on the estate taxes that will be paid by your

heirs. Too many neglect estate planning, creating an unnecessary burden on those they leave behind.

Another mistake is putting too much money in what appear to be safe investments, such as CDs and municipal bonds. While conservative investments should make up the majority of your portfolio during these years, you should still keep some of your money invested for total return, to help make it last as long as you do. (Please remember that CDs are federally insured and offer a fixed rate of return whereas both the principal and yield of investment securities will fluctuate with changes in market conditions.)

No matter what state of life you're in. We can help you to avoid common investment mistakes and put you on the path toward financial security. If you would like to develop or review your current financial strategy, contact Dean, Jacobson Financial Services today.

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Introducing Speakers for TOMA's 97th Annual Convention and Scientific Seminar



Paul H. Caldron, D.O., F.A.C.P., F.A.C.R., will present "The Difficult Patient in Pain Management" as his topic during TOMA's 97th Annual Convention and Scientific Seminar, to be held June 6-9 in San Antonio.

According to Dr. Caldron, chronic pain which interferes with function and quality of life, often intrudes despite optimal medical management of the underlying inflammatory or non-inflammatory rheumatic condition. Practice attitudes and approaches frequently interfere with appropriate pain management, thus a more aggressive and eclectic approach to managing chronic, non-malignant pain in the setting of rheumatic disease is advocated.

Dr. Caldron is currently in a group rheumatology, private practice in Phoenix, Arizona, and a consultant in rheumatology at the Phoenix VAMC. Certified in Internal Medicine, Rheumatology, and Geriatric Medicine, he is published and is a co-investigator on a variety of anti-rheumatic agents. Dr. Caldron is a graduate of Oklahoma State University-College of Osteopathic Medicine.



"Geographic/Travel Medicine" will be discussed by **John Licciardone, D.O., M.S., M.B.A.**

Dr. Licciardone notes that the number of Americans traveling to developing countries continues to increase for a variety of reasons. Although specialized travel medicine clinics are becoming more common, primary care physicians will often be asked to provide counseling and preventive services for such travelers. This presentation will describe the epidemiology of international travel, and address the most common diseases and health hazards faced by travelers to developing countries. Factors related to vaccine utilization will be discussed, and sources of current information, other resources, and an inventory of useful vaccines and medications will be provided.

Dr. Licciardone is Medical Director of the International Travel Medicine Clinic at the University of North Texas Health Science Center at Fort Worth. Since its establishment, the travel clinic has prepared thousands of travelers for trips to tropical and developing countries. The clinic also maintains a computer database of patient experience and conducts research on prevention of travel-related diseases. Dr. Licciardone is also Executive Director of the Office of Clinical Outcomes Research, Epidemiology, and Statistics, which provides consulting in all aspects of managed health care and quality improvement initiatives. He is board certified in Preventive Medicine and Family Practice.



Muriel A. Marshall, D.O., Dr.PH., F.A.C.P.M., will present "A Lifetime of Vaccinations" as her topic.

This presentation will review current immunizations, beginning at birth through the senior years. Also to be discussed will be recently released immunizations, including the varicella vaccine and hepatitis A vaccine, as well as travel immunizations.

Dr. Marshall is an Associate Professor in the Departments of Family Medicine and Public Health/Preventive Medicine at the University of North Texas Health Science Center at Fort Worth. Board certified in Family Practice and Public Health/Preventive Medicine, she is a graduate of Michigan State University College of Osteopathic Medicine. She received a Master's in Public Health and Tropical Medicine and her Doctorate in Public Health in the area of International Health from Tulane University School of Public Health & Tropical Medicine in New Orleans, Louisiana.

Mr. Don Self will present a workshop entitled, "Practice Management/Reimbursement Issues."

The two-hour workshop will help attendees identify areas in the individual practice where income and revenue may be maximized. Areas to be discussed will include utilizing the most correct coding for maximum reimbursement; how to identify areas where the practice is giving away services for free; how to make sure you are charged enough for each individual service; and ways to creatively code so you are paid for multiple services.

As President of Medical Consultants of Texas and Don Self Associates, Mr. Self has consulted with more than 400 individual physician practices throughout Texas and Oklahoma for more than 20 years. He has taught workshops to thousands of Texas physicians, office managers and insurance clerks in the areas of charging practices, collections and maximizing reimbursement. Mr. Self's claims filing services and alternative computer services have helped physicians increase their Medicare revenue while reducing overhead expenses.



Senator Judith Zaffirini will address convention attendees on "Multiculturalism, Politics and Medicine."

Senator Zaffirini notes that Texas and the United States are blessed with a rich cultural background that requires a multicultural understanding by physicians and policymakers alike. Whether one cares for patients or serves constituents, an in-depth understanding of diverse and increasingly global communities must be developed. Senator Zaffirini will share her experiences as the first Hispanic woman senator in Texas who represents not only a diverse, multicultural district that includes the South Texas/Border Region, but also chairs the Texas Senate Committee on Health and Human Services.

Senator Zaffirini (D-Laredo) represents the 21st Senatorial District. First elected in 1986, she was re-elected in 1990, winning 68 percent of the total vote. Her landslide re-election marked the first time anyone carried all 20 counties in this large and diverse district. She was unopposed in 1992, then re-elected in 1994 with 68.5 percent of the vote, carrying all counties. The first border resident elected to represent District 21 in 20 years, Senator Zaffirini is the first Hispanic woman senator in Texas. She is the only senator with career-long 100 percent attendance and 100 percent voting records. She has sponsored and passed 215 bills and 38 substantive resolutions and co-sponsored and passed another 87 bills.



David R. Smith, M.D., will review the "Latest Developments in Medicaid Reform."

Dr. Smith will discuss the evolution of managed care from its current utilization-driven model to one that will be preventive and population-based oriented. In addition, his discussion will cover the concepts of managed utilization vs. managed care, disease management and issues relating to contracts.

Dr. Smith is currently the Commissioner of Health for the State of Texas and the State Health Officer. In that capacity, he oversees the operations of the Texas Department of Health, one of the largest state agencies in Texas. During his tenure as Commissioner, Dr. Smith has prioritized the need for public/private collaboration. The innovative program "Shots Across Texas" is but one such model which has been responsible for an almost 100 percent improvement in childhood immunization levels in Texas.

"EKG Workshop" will be presented by **Robert J. Chilton, D.O., F.A.C.O.L., F.A.C.C.**

Dr. Chilton's presentation will cover discussion on EKG puzzles with practical clinical applications.

Dr. Chilton is Associate Professor of Medicine and Director of Electrophysiology at the University of Texas Health Sciences Center in San Antonio. He is a graduate of the University of Osteopathic Medicine and Health Sciences/ College of Osteopathic Medicine and Surgery in Des Moines, Iowa.

Philip C. Slocum, D.O., F.C.C.P., F.A.C.O.L., and Frank H. Willard, Ph.D., will present "Osteopathic Considerations of the Chest."

In this presentation, the role of the intercostal muscles, scalene, and diaphragm in respiration and speech will be re-examined. The physicians note that recent research shows that the intercostal muscles play a complex role in respiration involving segmental level activation of the muscles. The "zone of apposition" between the diaphragm and the thoracic wall will also be discussed.

Dr. Slocum is Chief of the Division of Pulmonary/Critical Care Medicine at the University of North Texas Health Science Center at Fort Worth. He presently holds a grant from the American Osteopathic Association evaluating the use of manipulative therapy on patients who have asthma. Dr. Slocum serves on the Credentials Committee for the American College of Chest Physicians and is the national liaison between the Society of Critical Care Medicine and the AOA.

Dr. Willard is an Associate Professor in the Anatomy Department at the University of New England, College of Osteopathic Medicine. He is currently a Visiting Faculty member at the European School of Osteopathy, Maidstone, England, and is teaching in a Pediatrics Residential Course for Osteopaths at the Royal Melbourne Institute of Technology in Melbourne, Australia. Dr. Willard is a graduate of the University of Vermont, College of Medicine, Department of Anatomy. In 1994, he was the recipient of the AOA's Louisa Burns Award.

Patrick J. Hanford, D.O., and Charles H. Wheeler, D.O., will discuss "Radiology and Acute Care Medicine" as their topic.

This presentation will consist of plain x-ray, ultrasound, computed tomography, and nuclear medicine evaluations related to acute abdominal pain. The rationale for ordering diagnostic tests, along with the expectations and limitations of imaging modalities, will be discussed.



Dr. Hanford practices in a partnership in Lubbock with Edward Leins, D.O. He is a board member of the Texas Society of the ACOFP, President of TOMA District X, Regional Review Committee Member of the Texas Medical Foundation, and Chief of Staff of South Park Medical Center in Lubbock. Dr. Hanford is a 1983 graduate of Texas College of Osteopathic Medicine.



Dr. Wheeler practices at South Park Medical Center in Lubbock. Certified in radiology, he has a special interest in skeletal and gastrointestinal radiology. Dr. Wheeler is a 1976 graduate of Texas College of Osteopathic Medicine. ■

AAOA President To Be Special Guest During TOMA Convention



Mrs. Patricia Molnar, current President of the Auxiliary to the American Osteopathic Association (AAOA), will be addressing the TOMA House of Delegates as well as the ATOMA House of Delegates during TOMA's convention in San Antonio.

An active member of the AAOA since 1967 and a delegate to AAOA conventions since 1978, Mrs. Molnar has served as President-Elect, First Vice President, Second Vice President, Treasurer and Director. She has either chaired or served on the following AAOA committees: Finance, Membership, Allied Organizations, Educational Endowment, AOA Impaired Physician Program, Elections, Credentials, Courtesy Resolutions, and Bylaws.

Also active on the state and local levels, Mrs. Molnar has served as President, Vice President and Treasurer, as well as chairman, of many committees. She was one of the initiators of the first national osteopathic medicine advertisements and received the Medallion Award from the Missouri Association of Osteopathic Physicians and Surgeons for her efforts on that project. That ad campaign was then adopted by the AAOA and AOA. She currently is a member of the Physicians' Health Committee for MAOPS.

Mrs. Molnar has been active in Girl Scouts as a leader, camp director and archery teacher, and was the manager of a soccer club for several years. She and her husband continue to help the local high school soccer teams with ad solicitations and also help to promote the local band programs through like projects.

Mrs. Molnar and her family live in St. Louis, where she is employed full time as office manager for her husband. As such, she is dealing with the everyday changes in the health care world. Prior to this, Mrs. Molnar was a teacher at Ascension School where she taught third grade and religion for 16 years combined.

Mrs. Molnar holds a Masters Degree in Education from Northeast Missouri State University. Her husband of 32 years, Joe, is a family physician in the St. Louis area. The Molnars have two children: a daughter, Tricia, who is a teacher; and a son, Joe, who is a pre-med student. ■

Correction

In the January, 1996, issue of the *Texas D.O.*, under ATOMA News, Kae Smith (Mrs. Adam), was inadvertently omitted from the list of ATOMA delegates who attended the Auxiliary to the American Osteopathic Association House of Delegates meeting.

Our apologies to Mrs. Smith.

Texas Osteopathic Medical Association

Membership Application

1415 Lavaca Street
Austin, Texas 78701-1634
512/708-8662
512/708-1415 FAX

800/444-TOMA
Toll Free in Texas

Founded in 1900
A Texas Non-Profit Organization

Join Risk Free Until April 1, 1996

Membership Classification

Regular \$40
3rd Year in Practice \$30
2nd Year in Practice \$20
1st Year in Practice \$10
Military/Pub. Hlth. Svs. \$10

A full refund will be provided if you are not completely satisfied with the membership services and benefits offered by TOMA.

(Please Type or Print)

Full Name _____ Texas License # _____ AOA # _____
____ Female ____ Male Current Practice Status: ____ Full Time ____ Part Time ____ Active Practice ____ Faculty

Practice Specialty _____ Hospital Staff Privileges _____

Office Number: (____) _____ Fax Number (____) _____ Residence Number (____) _____

Please check preferred mailing site:

____ Office Address _____
street city state zip county

____ Residence Address _____
street city state zip county

Date of Birth ____/____/____ Referred To TOMA By _____

Osteopathic College Attended _____ City _____ Year Grad. _____

Internship Hospital _____ City _____ Dates _____

Residency Hospital _____ City _____ Dates _____

Member Specialty College _____

Date Certified _____ Fellowship (if any) _____

List any additional post-graduate training _____
* * * * *

District Endorsement

District Secretary _____

Approved - TOMA Membership Chairman _____

I hereby certify if elected to membership in the Texas Osteopathic Medical Association, I will uphold and abide by said Association's Constitution and Bylaws and Code of Ethics. Attached is \$ _____, the membership fee, which will be my dues for the current year, with the understanding that it is to be returned to me if I am not fully satisfied with the benefits and services offered by TOMA. (No application will be acted upon until the April Board of Trustees meeting.)

Request for dues refunds must be received by Friday, March 29, 1996.



Signature of Applicant _____

*Please direct any questions to Ms. Stephanie Boley, Membership Coordinator
at (800) 444-8662.*

Benefits of Your TOMA Membership

- ⇒ We represent you, the individual osteopathic physician.
- ⇒ We are exclusively committed to promoting the practice of Texas osteopathic physicians.
- ⇒ We are a positive force in eliminating and counteracting discrimination through education and marketing.
- ⇒ We work on your behalf for successful resolution of disputes among health insurance carriers, hospitals, managed care organizations, and other health care providers.
- ⇒ We effectively represent you, on matters of reimbursement, before health insurance carriers, Medicare, Medicaid, and Texas Workers' Compensation Commission.
- ⇒ We provide you with access to professional liability insurance; group life, disability, and major medical insurance; and, retirement and investment planning.
- ⇒ We effectively represent the osteopathic profession before legislative bodies and governmental agencies, with constant monitoring of health care issues, rules and regulations. Through the TOMA PAC, we provide contributions to Texas legislators who support and defend the osteopathic philosophies.
- ⇒ We maintain a current list of practice opportunities available to our members and access to information on attractive practice locations. In addition, we collect information on physicians who are seeking practice opportunities, through our physician placement service. This service includes a list of available locum tenens.
- ⇒ We assist osteopathic physicians to obtain hospital staff privileges.
- ⇒ We provide Continuing Medical Education programs through our Annual Convention in June, our MidWinter Conference in February and our Post AOA Convention Program. These programs are discounted for TOMA members.
- ⇒ We provide public information and educational programs that help you to positively represent the osteopathic profession.
- ⇒ We bring you timely information about your profession, plus articles of general interest in your monthly *Texas D.O.* magazine, legislative news bulletins, and the annual membership directory. Other materials available: influenza shot cards, immunization reminder cards, "Blueprint for Practice," TSBME complaint notices, "Glossary of Medicaid, Medicare, and Health Insurance Terms," the Osteopathic Oath and Physicians Creed, a durable power of attorney and living will, "Osteopathic Manipulative Management Coding" instructional manual, and osteopathic educational materials for your patients, are all available upon request.
- ⇒ We provide you an opportunity to be part of your Association through forming and approving major policies set forth by your Association.
- ⇒ We are a vital, working, state Association made up of administrative and elected officers, departmental and committee chairmen and committee members who are constantly working on a broad sweep of professional and public affairs for the osteopathic profession.
- ⇒ We provide free library reference information through Med-Search, a joint project of your Association and the UNTHSC Gibson Lewis Health Science Center medical library, now accessible through the Internet.
- ⇒ We offer additional membership services, such as the TOMA MasterCard program, I.C. System collection agency, low cost managed care contract review, a patient referral service, discounts to Anheuser-Busch Theme Parks, advertising discounts in the *Texas D.O.*, and access to lists and labels of TOMA members.
- ⇒ We support the Physicians Assistance Program, which offers impaired physicians a peer group to monitor recovery. "Physician, Heal Thyself" booklet available upon request.
- ⇒ And other new programs and services as they become available.

Physician Extenders in Texas

By Dean L. Peyton, D.O., Chairman, TOMA Socioeconomics Committee

These are not the best of times for the 600,000 or so physicians in America. A lot of my associates are depressed, feeling their power and income slipping away. Others are counterattacking, trying to figure out how to provide more and better care while, of course, maintaining our position and income.

It can be done. We are not passengers on a runaway bus, and the new federal budget regulations that will probably allow physician-run organizations to compete with managed care organizations may actually give us a shot at the driver's seat.

Neither government nor insurance companies care as much about our patients and our communities or know as much about medicine as we do. Society is demanding a new medical paradigm in which the interests of the doctor, the patient and the employer are the same. This costs us our absolute autonomy, but it is not even close to fatal.

If you are one of the physicians who has shaken off depression in favor of action, a topic that surely has come up (in addition to group formation and networks) is the "mid-level practitioner" or "physician extender."

In Texas, we have two major types. Nurse practitioners are registered nurses who have completed several years after the Bachelor's degree and attained Master's degrees or Doctorates. Most nursing schools are operating these programs. Nurse practitioners are approved (licensed) by the Texas State Board of Nurse Examiners.

Physician assistants are four-year undergraduate degree holders, usually at the Bachelor's level. Five Texas medical schools have P.A. programs. The University of North Texas Health Science Center/TCOM will enroll students next year if its application to the Higher Education Coordinating Board is approved. Physician assistants are licensed by the Texas State Board of Physician Assistant Examiners.

They both function under medical supervision and have had limited prescription privileges since June, 1995. The Texas State Board of Medical Examiners published Emergency Rules clarifying these privileges in September, 1995, and they are now permanent. You can get a full copy of these in "Chapter 193 Emergency Rules" from the TOMA office.

The most important items are that patients are treated under protocols covering specific disorders, health problems or sets of symptoms. Protocols may be developed for "acts which do not require...independent medical judgment," but "shall promote the exercise of professional judgment" by the extender. These protocols "...need not describe the exact steps that must be taken with respect to each specific condition, disease, or symptom." They must be in writing, dated, maintained on site, and reviewed by the physician at least annually. There are additional criteria specified. The best example I have seen was developed at an El Paso clinic and published in the April, 1995, *Family Practice Management* (page 35). This article is obtainable from the N.T.S.U. library.

When the protocols delegate the signing of prescriptions by an extender, they may "contain a list of types...of dangerous drugs available for prescription, limitations on the number of dosage units and refills permitted, and instructions to be given to the patient for follow-up monitoring. OR contain a list of dangerous drugs that may not be prescribed." [Emphasis

added.] You may not delegate the prescribing of a drug requiring a triplicate prescription form. There must be a system to account for and monitor the issuance of prescriptions.

Liability issues are somewhat muddy (and will be for years) with the physician remaining responsible "to the Board and patients for acts performed under his delegated authority," although the extenders are "professionally responsible for acts performed under the scope and authority of their own licenses." In addition, Chapter 193.8, Paragraph m, states:

Liability. A physician shall not be liable for the act or acts of a physician assistant or advanced practice nurse solely on the basis of having signed an order, a standing medical order, a standing delegation order, or other order or protocols authorizing a physician assistant or advanced practice nurse to perform the act or acts of administering, providing, carrying out, or signing a prescription drug order unless the physician has reason to believe the physician assistant or advanced practice nurse lacked the competency to perform the act or acts. [Emphasis added.]

Overall, your liability is probably no different than it is for the other members of your health team. The days are long gone when most doctors knew about all the things their nurses and assistants did.

You must show "continuous supervision, but the actual physical presence of the physician is not required." Supervision requirements vary with the type of practice and patients seen, but generally cannot exceed three extenders at a physician's primary practice site. In a facility-based practice, the medical director may not be limited to one number, but can only delegate at one hospital or two long-term facilities unless approved by the Board of Medical Examiners.

Although it is initially scary to see another group begin to do a job that looks as much like the physician's job as this does, I suspect that if the skills of these new practitioners are well applied, they will be of great value in satisfying the public's demands for primary care services. They may actually increase the demand for specialty health care, since it is a strange enigma that the more health care one provides, the more one is to provide. In other words, if you save premature infants and heart attack victims, you then are left with increased amount of continuing care.

Congratulations!

Congratulations are in order to Jeffrey C. Thompson, D.O., of Grand Prairie, who was the first to correctly identify the "mystery physician" photo in the January 1996, issue of the *Texas D.O.* Dr. Thompson received \$50 off his registration fee for TOMA's 40th MidWinter Conference and Legislative Symposium.

The identity of the "mystery physician" photo is none other than TOMA President William D. Hospers, D.O.

☆ District Stars ☆

News From TOMA/ATOMA District VI

By Mrs. Jerry W. Smith (Joy)

Approximately 60 members of TOMA and ATOMA District VI met at Churrascos Restaurant on January 16, 1996. Kristin Neatherspoon, R.Ph., Merck representative, was our hostess. Our guest speaker was Dr. Steven M. Petak, who presented slide lecture entitled, "Osteoporosis - Preventive and New Treatments."

The Auxiliary Nominating Committee gave their recommendations for new officers, as follows:

President - Mrs. Jerry Smith (Joy)
President Elect - Mrs. Joanna Love
First Vice President - Ronnie Flagiello
Secretary - Tammy Prangle
Treasurer - Lois Mitten

March 19, 1996, is the next meeting date for TOMA/ATOMA District VI. Please come and support District VI.

The current officers for TOMA and ATOMA District VI are as follows:

TOMA District VI

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

ATOMA District VI

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

Study Says Hospitals Utilizing Managed Care Keep Quality of Care

A study covering 1,400 hospitals in the nation's 50 largest cities during 1994 suggests that HMOs and other managed care programs are cutting hospital costs without impairing quality of care. Findings revealed that costs were 11.2 percent lower in cities that heavily utilized managed care plans, hospital stays were 6.3 percent shorter, and death rates were 5.3 percent lower.

The study also analyzed cost and length of stays, but not quality, in 2,300 hospitals in smaller cities. It found that those facilities are often less efficient, resulting in higher costs even when patient stays are shorter.

Health care economists said the results of the study are heartening, especially when taking into consideration the perception that many managed care companies withhold necessary services to boost profits.

Jonathan Weiner, a professor of Health Policy and Management at the Johns Hopkins School of Public Health in Baltimore noted, "One must be cautious in generalizing that intensive managed care has no negative impact on quality. But," he added, "the results of the study are encouraging."

The study was prepared by the consulting firm KPMG Peat Marwick.

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AIDS Notes

Why Being Studied in Fight Against AIDS

A byproduct of why, produced when milk is made into cheese, appears to block the AIDS virus from infecting cells in the test tube. If further tests go well, it could be mixed into a cream or foam and used along with condoms.

CDC Offers HIV/AIDS Resource Service

A national resource service to meet the needs of organizations involved in developing workplace HIV/AIDS prevention and education programs, has been established by the Centers for Disease Control and Prevention. CDC's Business and Labor Resource Service offers technical assistance, information categorized by industry, and a national network of local experts. The phone number is 800-458-5231.

Scientists Ponder the Question of AIDS Immunity

*A study reported in *The Lancet* revealed that nine children infected with HIV at birth have since tested negative. All were born to HIV-infected mothers and, initially, all were found to be HIV-positive. Since then, the antibody tests have turned negative in all nine children, and tests for the virus turned negative in all but two.

The researchers report that all the children remain healthy and seem to have normal immune systems. Speculation is that the children somehow may have cleared the virus from their systems, or in the case of the two who still had the virus, developed a tolerance to HIV.

- In Sydney, Australia, researchers have been following the medical histories of seven people who became infected with HIV as a result of transfusions 15 years ago. To date, none have progressed to AIDS.

- Scientists are studying 58 Nairobi women who have worked as prostitutes. Although each has had unprotected sex with hundreds of HIV-infected men, none of the women show a trace of HIV in their systems. The scientists speculate that the women may have killer T cells that are particularly strong in annihilating the virus.

New Generation of Drugs May Suppress HIV

Scientists addressing the recent Third Conference on Retroviruses and Opportu-

nistic Infections in Washington, D.C., reported that HIV became virtually undetectable in most patients only six months after beginning treatment with one of the new generation of drugs in combination with two standard ones.

Dr. Emilio Emini, Executive Director of the Antiviral Research Division of Merck & Co., stated, "For the first time, we may be close to achieving almost total suppression of the AIDS virus in most patients." Dr. Emini said the virus could not be detected in the blood of 85 percent of the patients who took a triple combination, consisting of Merck's indinavir (also known as Crixivan), which is one of the drugs in the new generation, along with the drugs AZT and 3TC.

Physicians from New York University reported giving the same triple-drug combination to 26 patients. After six

months, no measurable levels of virus in the blood of 24 of the patients could be found.

A study compared three groups of patients; one group took only indinavir, one group took AZT and 3TC, and one group took all three drugs. In the group receiving the three-drug combination, 24 of 26 patients were found to have their HIV levels reduced below detection after six months. The same result held true for 13 of 26 patients receiving indinavir alone. Although all patients treated with AZT and 3TC revealed lowered virus levels, the virus remained detectable.

Results of another study were presented, in which indinavir was given with AZT and DDI. Decreased virus levels were found in 59 percent of patients.

TOMA Accepting Nominations for Awards

The TOMA Board of Trustees is currently accepting nominations for two awards—the Distinguished Service Award and the Meritorious Service Award. These awards represent the highest honor that TOMA can bestow in recognition of outstanding service and contributions to the osteopathic profession in Texas.

The Distinguished Service Award is presented to an osteopathic physician in recognition of outstanding accomplishments in scientific, professional, osteopathic education, or service to the osteopathic profession in Texas. A candidate must be a member of TOMA; a longtime member of his/her district society; and a member of the American Osteopathic Association. Those holding an elective office in TOMA are ineligible to receive the award during his/her term of office.

The Meritorious Service Award is presented to a non-osteopathic physician in recognition of outstanding accomplishments in scientific, philanthropic or other field of public service to the osteopathic profession in Texas.

TOMA members or districts who wish to nominate persons for these awards should complete a nomination form, available from Paula Yeamans in the TOMA office, and include pertinent biographical data about the individual as well as information about the person's accomplishments that make him/her deserving of the award. The nomination must have at least five signatures of members in good standing of the sponsoring district society, however, no member holding an elective office in TOMA is eligible to sign the nomination form. The form should then be sent to the TOMA Executive Director, no later than **March 30**, who will forward it to the TOMA Scholarship and Awards Committee for consideration.

Upon receipt of a nomination form by the Scholarship and Awards Committee, a discreet but thorough investigation as to accuracy of information will be carried out. After careful review, the committee chairman will nominate a candidate, as recommended by the committee, presenting necessary information to the Board of Trustees. An affirmative vote by three-fourths of the members of the Board of Trustees will be required to grant either award.

Recipients will be notified by the Board of Trustees and requested to attend TOMA annual convention, at which time the awards will be presented during the President's Banquet.

Not more than one of each award will be granted in any one year. Additionally, these awards are not necessarily annual awards.

Texas Society of the ACOFP Update

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

The following is an update to our membership on the final negotiations between TOMA and the Texas Workers' Compensation Commission (TWCC), over the new Medical Fee Guideline specifically, the portion pertaining to osteopathic manipulative treatment (OMT).

First, the good news is that the OMT codes will be pulled out of the Physical Medicine section of the new Medical Fee Guideline and placed in their own section. This should help end the practice of the part of certain third-party payors of utilizing the current Physical Medicine Guideline section, dated August 1, 1991, (page II, A, 1-6) to reduce reimbursement on claims submitted by physicians under Workers' Compensation for OMT.

The problem has been that (page 6, II, A, 1-6) does not apply to manipulation administered by a physician. It does apply to physical medicine modalities performed under the supervision of a physician, but not manipulations.

If the third-party payors had only continued to read a little further (page 6, II, B, 1-2), it would have been clearly defined that Part B, rather than the Part A, guidelines applied to manipulations by a physician.

At the February 15th TWCC meeting, the following fees for OMT under the new guideline were approved as follows:

Code	Fee
98925	39.00
98926	45.00
98927	52.00
98928	58.00
98929	64.00

The new fees are effective April 1, 1996.

The current suggested guideline for the use of OMT will be fairly clear-cut. The appropriate initial office visit code may be billed, plus the appropriate OMT code, plus up to (4) physical medicine modality codes.

When the patient returns to your office for OMT only, you may bill code 99212, plus the appropriate OMT code, plus up to (4) physical medicine modalities codes.

On follow-up office visits where a separate identifiable problem is found, a follow-up office visit code higher than 99212 may be permitted.

The new Medical Fee Guideline from the TWCC is scheduled to be released soon, and it will be the definitive guide for Texas physicians to utilize.

As previously mentioned, TOMA and the Texas ACOFP have developed new practice management forms for Workers' Compensation cases. Form A is utilized when the patient is first seen in your office. It simply states that Workers' Compensation covers all work-related health care, but all non-work related health care is the responsibility of the patient. Form B is utilized to document and specify what health care you feel is not work-related and should be reimbursed by the patient. It is important to let the Workers' Compensation patient know up front what his or her responsibilities are prior to delivering health care services.

Some of our members are not getting reimbursed for OMT on Medicare patients. Most of the denials are not on new patient claims but on follow-up visits on established patients. Many of the denials ask for additional documentation.

As you might be aware, Blue Cross/Blue Shield of Texas, the fiscal intermediary for Medicare Part B, recently published new parameters for OMT. TOMA has written to BCBS of Texas expressing the need to clarify certain aspects of the proposed guidelines. At the time of this article, there has been no reply from BCBS of Texas.

Until such time that clarification of the new Medicare guidelines for OMT occurs, TOMA and the Texas ACOFP suggest that Part B Medicare claims that include OMT be handled like Texas Medicaid claims. Texas Medicaid claims require the date of onset of the acute condition or the date of onset of the acute exacerbation of a chronic condition on the claim form. Medicaid considers the acute phase of somatic dysfunction to last 180 days. In addition to placing a date on the Medicare Part B claim form, you should have the patient sign a Medicare Part B Limitations and Exclusions form for OMT so that if the Medicare Part B carrier denies the claim, it will be the responsibility of the patient to pay for it.

There appears to be a trend towards placing limitations on OMT by insurance companies. Some third-party payors want to set limitations on the frequency of OMT treatments such as two per month or 15 per year. Some third-party payors want to bundle the OMT and physical medicine modalities together with the office visit for reimbursement purposes. The bottom line is that insurance companies are cutting fees for OMT. TOMA and the Texas ACOFP will continue to fight for fair reimbursement policies for OMT in Texas. Always remember that it takes twice as much effort and resources to keep what you got then to get what you want!

I would like to share with our membership some information regarding funding of Texas medical schools by the Texas Legislature. Until recently, Texas D.O.s were led to believe that state funds were awarded on the basis of head-to-head competition between Texas medical schools on the basis of research and test scores on the USMLE. However, recently it was revealed that state funding for TCOM is based on its performance against the other osteopathic medical schools, and not on its performance compared with the other Texas medical schools. Perhaps in the near future TCOM student doctors will be allowed to take Part III of the NBOME for direct licensure in Texas. Both TOMA and the Texas ACOFP are working hard to achieve that goal.

The Texas ACOFP would like to thank all of those members who submitted their ballots on the proposed Bylaw changes. The result of the balloting was overwhelming approval of the proposed Bylaw changes. In the near future, a revised Texas ACOFP Constitution and Bylaws handbook will be made available to the membership. Also, each member should have received a new lapel pin reflecting the name change of our Texas Society from ACGP to ACOFP. If you have not received the new lapel pin, Call the Texas ACOFP toll free number, 800-825-8967, and request that one be sent to you.

Don't forget the 33rd Annual ACOFP Convention, scheduled for March 12-17, 1996, at the Buena Vista Palace in Orlando, Florida. Also, don't forget to take the time for you and your staff to vote in the upcoming primary elections. If you have not made a contribution to TOMA-PAC this year, please contribute. Our friends in the Texas Legislature need our financial assistance more than ever in 1996.

Finally, we would like to alert Texas D.O.s in the Metroplex as to pressure tactics being exerted by a deaf advocacy group against physicians who do not have sign language interpreters in their offices. The legal guidelines for the use of sign language interpreters specify that it will be a joint decision on the part of the physician and the hearing-impaired patient, and cannot be a unilateral decision on the part of the patient. Contact TOMA for further details.



Liaison Committee of Health Care Professionals' Peer Assistance Programs – An Overview

The following information provides the history and functions of the Liaison Committee of Health Care Professionals' Peer Assistance Programs, as well as a listing of the peer assistance programs offered by the various health professions.

The History

The Liaison Committee of Health Care Professionals' Peer Assistance Programs (LCHCPPAP) grew from the desire of health professionals who are interested in drug dependencies to have a network for exchange of ideas on the subject. They believe that a need exists to have the network as an indication to the professions' members and the public of encouragement and support for health professionals in recovery and others interested in recovery.

The first meeting of the committee was held December 6, 1991, at the Texas Pharmacy Association in Austin, Texas. Since then, quarterly meetings have been held. The following health professions' constituents have representatives on the LCHCPPAP:

Texas State Board of Examiners of Professional Counselors
Texas Association of Alcohol and Drug Abuse Counselors
Texas State Board of Dental Examiners
Texas Medical Association
Texas Nurses Foundation
Texas Optometric Association
Texas Osteopathic Medical Association
Texas Pharmacy Association (Section of Manufacturer Representatives and Peer Assistance Program)
Texas Physician Assistants Association
Texas Podiatric Medical Association
Texas State Board of Examiners of Dietitians
Texas Department of Health
Texas Dental Association
Texas Association of Registered Dental Hygienists
Texas Veterinary Medical Association

The Liaison Committee is a loose-knit group of resources and referral services. Participation in the committee is voluntary. There are no dues or fees. The annual conferences are subsidized by registration fees of the participants.

Purpose and Goals

The purpose of the Liaison Committee of Health Care Professionals' Peer Assistance Programs is to provide support and encouragement to health professionals in recovery and to those dealing with health professionals who are struggling with the disease of chemical dependency or other impairments. Protecting public health and safety, while reaching out to save a colleague's career, and perhaps life, is the ultimate goal of the committee. Education and early intervention can help accomplish that goal.

Early Signs & Symptoms of Impairment

Overwork may be an early retreat from overwhelming personal and professional conflicts. Alcoholism, drug abuse, depression, or inappropriate intimacy with patients may occur

as excessive work causes stress, and fails as a coping mechanism.

Problem behaviors that may be signs of a health professional's impairment are as follows:

- Working hours become irregular and inefficient.
- Sleeping and eating habits become poor and irregular.
- Erratic mood swings.
- The individual withdraws from family responsibilities.
- The health professional begins to have difficulties in the management of patients.
- There may be frequent absences from the work site with improbable excuses for the absences.
- Attendance is erratic or infrequent at professional society meetings.
- Excessive use of mouthwash, mints, etc.

Other clues of alcoholism or drug addiction are provided by the following:

Family

- Unexplained absences from home
- Fights, child abuse
- Antisocial children
- Sexual problems, impotence, affairs
- Separations or divorce
- Spouse develops codependency

Community

- Isolation, withdrawal from activities
- Embarrassing behavior at parties
- Unpredictable behavior
- Legal problems, such as DWIs

Employment

- Numerous job changes
- Indefinite or inappropriate references
- Job inappropriate for qualifications
- Unexplained intervals between jobs

Physical Status

- Deterioration in personal hygiene, clothing and dress habits
- Multiple physical signs and complaints
- Numerous prescriptions and drugs
- Frequent hospitalizations and/or visits to physicians and dentists
- Accidents
- Emotional crises
- Experiences blackouts (periods of temporary amnesia/seizures)
- Impaired motor coordination, slurred speech, flushed face (red or bleary)
- Numerous injuries, burns, bruises with vague explanations
- Smell of alcohol on the breath

OVERVIEW OF HEALTH PROFESSIONS' PEER ASSISTANCE PROGRAMS

WHO PROGRAM AFFECTS	TPAPN Texas Peer Assistance Program for Nurses	TMA Committee on Physician Health & Rehabilitation	TOPAP Dentists and Hygienists/ Dental & Hygienists Students	TAADAC Texas Association of Alcohol & Drug Abuse Counselors	TPA-PRN Texas Pharmacy Association Pharmacy Recovery Network	TONHA Texas Association of Nurse Practitioners	TAPA Texas Academy of Physician Assistants
ACCESS TO ASSISTANCE	RN/LVN 1-800-288-5528 (24 hr.) CD, MH (5 Diagnoses)	Physicians, Residents, & Medical Students 1-800-880-1640 or (512) 710-1640 (24 hr. helpline)	Dentists & Hygienists/ Dental & Hygienists Students 1-800-943-6203 (24 hr.) or (512) 451-5049	Licensed & Certified A&D Counselors 1-800-580-6208	Pharmacists & Pharmacy Students 1-800-727-5152 (24 hr.)	Osteopathic Physicians, D.O. Physician Assistants, Physician Assistants 1-800-896-0880 or (817) 294-2788 (24 hr.)	Physician Assistants, Physician Assistants (512) 310-1654, (512) 310-1653
IMPAIRMENT/ COVERED BY PROGRAM	CD, MH (5 Diagnoses)	CD, Psychiatric, Physical Disabilities, HIV & Stress	CD, MH (5 Diagnoses) other addictive disorders	CD, MH	CD, Psychiatric, Physical Disabilities, HIV; other addictive disorders	Substance Abuse Including Alcohol, MH	CD, MH, HIV, Physical Disabilities, Stress Management
LICENSING BOARD INVOLVEMENT	No, Voluntary Alternative may refer to TPAPN	No	Voluntary or Involuntary	No, Ethics Committee May Refer to ACADA	No, Voluntary Alternative may refer to TPA-PRN	No, May Refer to TSBME	No
INTERVENTION	Case Manager Advocate/Employer	County Medical Society Commi- tees/District Coordinators	Done By Peer Director with Participating Program Graduates	Yes, By Local & Regional Peer Assistance Reps	Trained Intervenor Pharmacists	State Association Committee	State Association Committee
EVALUATION	LCDC/Psychiatrist/ Psychologist	Referral to Treatment Center for Assessment	Approved Provider/LCDC/ Psychiatrist/Psychologist	Yes, By Local & Regional Peer Assistance Reps	Approved Provider/LCDC/ Psychiatrist/Psychologist	By Association Committee of Ap- proved Psychiatrist or Psychologist	Referral to Treatment Centers for Assessment and Treatment
TREATMENT	Treatment Center Options	Treatment Center Options, Based on 3 Recommendations	Int- or Out-Patient; 3 Alternatives	Options If Needed	Treatment Center Options	Treatment Center Options	Treatment Center Options
MONITORING	Approved Provider/Advocate/ Employer	County Medical Society Commi- tees/District Coordinator	Peer Director/Sponsor/ TA Alternate	Yes, By Local & Regional Contacts	Pharmacist Intervenor, Employer, Program Director	State Association Committee of Trained Intervenor	In Development
SUPPORT GROUP	AA, NA, Alternates Participants—Some Facilitated Groups	Participants	IDAA, Impaired Professional Alternates, AA, NA, CA	Not Developed as Yet	National & State PRN Groups, IPA, Impaired Professional Groups, 12 step groups	Local Area Groups	Local Area Groups
DRUG SCREEN	Employer/Voluntary Labs Store, Central Lab	Various Labs	Most Done by Central Lab via Satellite Collection Points	Available	Various Labs	Various Labs	Various Labs
VOLUNTEER	Nurse Advocates	State Committee, CMS Committees/District Coordinators	Determined by Compliance/ Length of Sobriety, Etc.	Chapter Designated Volunteers	Pharmacist Intervenor	Committee Members & District Coordinators	Chapter & Committee Volunteers
RETURN TO WORK AGREEMENT	Treatment Provider/Employer/ Advocate/Program Generated "Generic Restrictions"	Contracts—PHR Committee & Physician	Contractual Agreement, 2-10 year duration	We Assist in Development for Ethics Committee	Contracts Available	Restrictions by Written Contract to Fit the Individual Situation	Contracts Available
LENGTH OF PARTICIPATION	2 years CD 1 year MH minimum	2 years minimum	Cost by Case Evaluation, Minimum of 2 years	Varies	Lifetime	Minimum 2 years	Minimum 2 years
FOURCE OF FUNDING	\$5 License Renewal Fee	Association	\$5 District, \$2 Hygienists	Designated Budget	\$10 License Renewal Fee (Pharmacists & Pharmacies)	State Association	TAPA
LEGAL AUTHORIZATION	State Legislation	State Legislation/TMA Bylaws/ CMS Bylaws	State Legislation	Association Board of Directors	State Legislation (TX Pharmacy Act)	State Legislation	TAPA Board of Directors
NUMBER OF LICENSED PROFESSIONAL	120,000 RNs; 75,000 LVNs	29,500 Physicians; 4,880 Medical Students	10,000 Dentists; 9,400 Hygienists	6,000+ Licensed; 2,000 Certified Licensed	17,700 Pharmacists; 1,400 Pharmacy Students	1,692 Osteopathic Physicians in Texas	1,500 PA's; 300 Assistants

DATE: 12/95

Questions & Answers

Prescriptions From Physician Assistants and Advanced Practice Nurses

By Steve Morse, R.Ph., Assistant Director of Compliance

Changes made by the 74th Texas Legislature have altered the manner in which physician assistants (PAs) and advance practice nurses (APNs) issue prescriptions under the supervision of a physician. This article will attempt to clarify the changes as seen from the physicians' and pharmacists' perspective.

Q I have recently been receiving prescriptions from physician assistants (PAs) and advance practice nurses (APNs) which are not co-signed by a physician. Doesn't the physician also have to sign these prescriptions?

A No. Physicians may now delegate the signing of prescriptions for dangerous drugs to PAs and APNs. This means that the physician is not required to "co-sign" the prescription under certain conditions. The original legislation which became effective in 1989, required two signatures (one by the physician and one by the PA or APN).

Q What are the conditions under which a PA or APN may issue prescriptions?

A The original legislation which passed in 1989 required the supervising physician and the PA or APN to develop standing orders or protocols under which the PA or APN will practice. The PA or APN would then apply to the appropriate licensing board for the authority to carry out a physician's prescription drug order in writing (Texas State Board of Medical Examiners for PAs and the Texas State Board of Nurse Examiners for APNs). This practice is limited to dangerous drugs and under the 1989 legislation could occur only in identified, medically underserved areas. Logistically, the physician provided presigned, blank prescription forms to the PA or APN who would then complete the prescription, sign their name on a third signature line, and provide their license number.

During the 1995 Legislative session, several changes were made which impact how a supervising physician and

a PA or APN function. These changes primarily impact pharmacy practice in two ways. First, the locations where PAs and APNs may carry out prescription drug orders have expanded and secondly, supervising physicians may delegate the signing of a prescription to a PA or APN.

Q What new locations have been added to where PAs and APNs can carry out prescription drug orders?

A These locations have been greatly expanded. In addition to the medically underserved areas previously allowed, PAs and APNs may now carry out prescription drug orders in the physical presence of the supervising physician, in an established patient's residence and in a physician's "primary practice site." Primary practice sites are defined as the supervising physician's primary office or a licensed hospital, adult day care center, or long term care facility where the PA/APN and the supervising physician are credentialed.

Q What changes have occurred which allow a PA or APN to sign a written prescription without the co-signature of the supervising physician?

A The supervising physician may now delegate the signing of a prescription to a PA or APN. In effect, the PA or APN is signing their name in place of the physician signing the prescription. Please note, the supervising physician must delegate this authority to the PA or APN, it is not automatic. Some physicians may choose not to delegate this authority and continue to presign blank prescriptions. It is expected that most physicians will delegate the authority however.

Q How does the pharmacist know if the PA or APN has been properly authorized to sign as the only signature on a prescription drug order?

A In some cases, the PA/APN or the supervising physician will notify local pharmacists of the delegated authority

prior to starting the practice. In other cases, the pharmacist may have to contact the supervising physician upon receipt of the first such prescription, to determine if the supervising physician has authorized the activity.

Q How will these changes alter the look of a prescription issued by a PA or APN?

A Pharmacists may see two different prescription formats. In the past, prescriptions carried out by PAs or APNs had to have two signatures. The supervising physician presigned the prescription on one of the two signature lines to indicate substitution instructions. The PA or APN would sign on a third signature line and indicate their license number. This format will still be used when the supervising physician continues to presign prescriptions. (See figure 1.)

A second, and probably more common format, will have only one signature of the PA or APN on one of the two lines indicating substitution instructions. The PA or APN will still have to indicate their license number on the prescription. (See figure 2.)

Q Are there other requirements for prescriptions issued through PAs or APNs?

A In addition to the standard information required on a prescription, prescriptions carried out by PAs or APNs must also have:

- (1) the name, address, and telephone number of the supervising physician legibly printed or stamped on the prescription; and
- (2) the name, address, and telephone and identification number of the PA or APN completing or signing the prescription drug order legibly printed or stamped on the prescription.

If the prescription contains information for several supervising physicians, the specific supervising physician for that particular prescription must be indicated on the prescription in some manner.

Whose name do I put on the prescription label, the supervising physician or the PA/APN that completed or signed the prescription?

Both names are required on the prescription label.

Whose name do I submit on a third party payment claim?

Although the signature of a PA or APN may be the only signature that appears on a prescription, the supervising physician is still responsible for the prescription. A supervising physician is allowed to give considerable latitude to a PA or APN to exercise their own professional judgment when issuing prescriptions under written protocols. However, PAs and APNs do not have independent prescriptive authority. The prescription is still issued under the authority of the supervising physician. Therefore, the supervising physician's name must be submitted as the prescriber on claims for third party payment.

In the past, PAs and APNs could not issue prescriptions for controlled substances in writing. Has this changed?

No. PAs and APNs are authorized to carry out or sign prescription drug orders for dangerous drugs only. As a reminder, dangerous drugs are defined as prescription drugs other than controlled substances.

Are there other methods that a PA or APN may use to carry out prescription drug orders?

Yes. The Texas State Board of Medical Examiners has allowed PAs and APNs to carry out prescription drug orders by telephone. Therefore, a pharmacist may receive telephonically communicated prescriptions from PAs or APNs under two different sets of requirements:

- (1) as a physician-delegated prescribing privilege discussed in this article; or
- (2) as a designated agent of a physician to communicate the physician's prescriptions by telephone. Note, this is the manner in which all telephonically communicated prescriptions were legally conveyed in the past.

When a PA or APN telephonically communicates a prescription for a **dangerous drug**, the pharmacist must determine if (1) or (2) above applies. If the PA or APN is calling in under delegated prescriptive authority, the pharmacist must document the PA/APN and the supervisory physician's name on the prescription and label. If the PA or APN is calling in as a designated agent, the pharmacist is required to document the name of the delegating physician only.

Since PAs and APN may not issue

prescriptions for controlled substances under delegated prescriptive authority, the PA/APN's name may not appear on the prescription or label.

Controlled substance prescriptions may be telephonically communicated to a pharmacist by a PA or APN, but only if they are designated agents for the physician. Only the physician's name should appear on these prescriptions or labels.

Reprinted from Texas State Board of Pharmacy Newsletter, Fall/Winter 1995/96.

West County Rural Health Clinic 123 South Street, Anytown, Texas 71290 (123) 456-7890	
Name: _____	Date: _____
Address: _____	
NOT VALID FOR CONTROLLED SUBSTANCES	
Refill _____ times	
RX must be signed by Physician AND Advanced Practice Nurse	
Dispense as Written	Product Selection Permitted
J.D. Smith, MD - phone (123) 345-6789 234 West Street, Anytown, Texas 71290	
TSBNE ID# _____	
C.J. Jones, Advanced Practice Nurse	

Figure 1 - Example of Rx signed by PA/APN and Physician

West County Rural Health Clinic 123 South Street, Anytown, Texas 71290 (123) 456-7890	
Name: _____	Date: _____
Address: _____	
NOT VALID FOR CONTROLLED SUBSTANCES	
Refill _____ times	
Dispense as Written	Product Selection Permitted
J.D. Smith, MD - phone (123) 345-6789 234 West Street, Anytown, Texas 71290	
C.J. Jones, Advanced Practice Nurse TSBNE ID# _____	

Figure 2 - Example of Rx signed by PA/APN only

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

Physician Assistants Program Becomes First Undergraduate Degree Offered by UNTHSC

The University of North Texas Health Science Center at Fort Worth will soon offer its first and only undergraduate degree program in the health professions - a bachelor of science degree in physician assistant studies.

The P.A. program was unanimously approved by the Texas Higher Education Coordinating Board last month. The first class of 12 students probably will start in late summer/early fall of 1997. Within five years, the program should admit 24 students each year and graduate 19 P.A.s a year. A search is underway for a director to head up the program, which will be a part of the Department of Family Medicine.

No new facilities will be needed to accommodate the P.A. students, who will take about half of their courses with medical students. The 27-month curriculum includes 48 weeks of clinical rotations. The P.A. students shouldn't have trouble finding jobs when they graduate, says Warren Anderson, Ed.D., Associate Dean of Educational Planning and Development. Recent graduates of the five civilian P.A. programs in Texas have received an average of seven to eight job offers each at salaries up to \$60,000 a year, he says.

A P.A. is a mid-level health care provider licensed to handle up to 80 percent of the problems usually treated by family practice physicians.

The integration of P.A.s in a health care system can increase patient access to health care while freeing physicians for more demanding patient problems, says Anderson. The use of P.A.s for basic primary care is also cost effective, he says, since their pay and liability concerns are not as high as for a physician.

The need for physician assistants is underscored by the financial support received from local hospitals. Harris Methodist Select-Fort Worth, All Saints Health System-Fort Worth, Graham General Hospital, Osteopathic Medical Center of Texas and Huguley Health Systems have contributed nearly \$1.5 million to get UNTHSC's P.A. program started.

TCOM Students Seek Donations for Mission Trip

The Texas College of Osteopathic Medicine chapter of the Christian Medical and Dental Society is gearing up for its annual mission trip to Mexico during Spring Break, March 11-15.

About 55 students and spouses are signed up for the trip to Juarez, Mexico. They will be joined by a handful of physicians and a physician's assistant in setting up four medical clinics in Juarez to give free medical care.

The group still needs money and pharmaceutical supplies for the trip. To make a donation, contact Thomas Moorman, Student Development Director, at 817-735-5006.

UNTHSC Students Make "Who's Who" List

This year's edition of "Who's Who Among Students in American Universities and Colleges" will include 23 students from UNTHSC.

Selected from TCOM's Class of 1996 were Robert Baylis, Russell Brofer, Charles Burk, Charles Cole, Barbara Hair, Katie Mastrogianni, Gerald Ray, Larae Stemmerman, Debra Towb and John Vogel.

Honorees from the TCOM Class of 1997 include Vicki Debolt, Karla Dick, Christa Edwards, Pamela George, Bobby

Johnson, Jr., Donald Klinger, Darryl Meyer, Jennifer Mundheim, Michael Phy, Carl Piel, Jr., and Brian Way.

Named to "Who's Who" from the graduate school was Leslie Napier, Ph.D. candidate.

Graduate School Alumnus to Keynote Research Appreciation Day

UNTHSC alumnus John Dedman, Ph.D., returns to Fort Worth on March 20 as Keynote Speaker for Research Appreciation Day, an annual research lecture and poster contest sponsored by the Graduate School of Biomedical Sciences.

Dr. Dedman holds an endowed chair at the University of Cincinnati in molecular and cellular physiology. He is considered one of the top scientists in his field.

An added attraction this year is alumni roundtable discussion in the afternoon. Graduate students can ask the alumni questions about their careers and important points in preparing for the current job market in science and research. The alumni represent many areas in the job market, including pharmaceutical research, academics, health care and biotechnologies.

Study Shows New Antibiotic May Save Lives

A study presented at the International Conference on Macrolides, held in Portugal, revealed that the use of Synercid in hospital emergency rooms may help patients suffering antibiotic-resistant infections of either *Staphylococcus aureus* or *Enterococcus faecium*.

Dr. Robert Moellering, Jr., of the Harvard Medical School, said that approximately 690 people worldwide have received Synercid on an emergency compassionate-use basis. He noted that of 115 patients who suffered drug-resistant enterococcal infections, 67 percent recovered after receiving Synercid. In addition, eight out of 11 staphylococcal patients treated with the drug recovered.

Although the drug is not licensed for use in the United States and most of Europe, restrictions have been waived by governments in order that it could be used experimentally on dying patients. Synercid was developed by Rhone-Poulenc Rorer of Paris, and is commonly used by veterinarians in Europe.

New Computer Program Will Search for Fraudulent Medicaid Claims

With fraudulent Medicaid claims estimated to cost as much as \$2 billion annually in Texas, State Comptroller John Sharp's office is undertaking an experimental program in an effort to combat Medicaid fraud. The \$300,000 computer program, expected to be operational by September, will be designed to learn doctors' and other medical providers' behavior patterns, i.e., billings, amount charged for procedures and the number of times a patient is seen. The system will then flag aberrations in those patterns that could indicate fraud. The program will be the country's first on the state level.

Although the federal government has had a computer system to track fraud since 1977, Sharp noted that it is inefficient.

FDA Advisors Okay New Whooping Cough Vaccine

A Food and Drug Administration advisory panel has unanimously recommended approval of Tripedia as a new injected whooping cough vaccine, giving parents an alternative to the current shot. The panel noted that Tripedia works safely in babies two, four and six months of age, and that it caused fewer side effects than the current vaccine. However, the advisory panel cautioned that there is no proof that it is as effective.

If the FDA follows the panel's recommendation, infants could receive Tripedia at ages two, four and six months and as booster shots later.

Lung Reduction Surgery Loses Medicare Funds

Medicare no longer pays for lung reduction surgery performed on emphysema patients, a procedure that has been shown to dramatically improve many such patients' quality of life. On January 1, 1996, the Health Care Financing Administration pulled the plug on Medicare funding, stating that the operation is experimental. HCFA noted that the move is temporary until it can analyze how safe and effective the \$18,000-\$25,000 operation is.

Although a final decision could take up to a year, HCFA will meet March 27 to consider a special program whereby the most seriously ill patients could undergo the surgery at Medicare's expense - if it is performed under tight controls at certain skilled hospitals.

Senate Bill Proposes Changes to FDA

Congress is considering legislation that would force the Food and Drug Administration to speed up approval of new medicines, and to allow Americans to buy more products and treatments sold in other countries.

The bill's biggest change would allow some therapies sold abroad to be sold in the United States before official FDA approval. Under this provision, companies could petition for automatic sale, based on approval by certain foreign countries, if the FDA fails to review a therapy within six months. The FDA would then have 30 days to stop the sale by declaring the treatment unsafe or unproved.

The FDA has been under fire by critics, who contend the agency is too regulatory, and by consumer advocates, who say it's not strict enough.

Texas Cancer Care Locates Corporate Headquarters in Arlington

Texas Cancer Care, a part of the M.D. Anderson Physicians Network, has moved its corporate offices to Arlington. Texas Cancer Care previously was based in the Medical District in Fort Worth.

Texas Cancer Care's new address is: Enterprise Center, 690 East Lamar Street, Suite 140, Arlington, Texas 76011; Telephone 817-792-2500; FAX 817-460-5038; On-line 75361.465@compuserve.com. The 6,300-square-foot suite will house the group's administrative, accounting and executive functions, including the executive offices of Thomas R. Barr, Chief Executive Officer, and William Jordan, D.O., President.

"We feel that Arlington offers the most desirable location for us," said Mr. Barr, "because we have clinics throughout North Texas. Arlington allows us to stay within easy travel distance of most of our clinics and close to the physicians and medical facilities with whom we interact. We are looking forward to quickly settling into the community and becoming a good corporate neighbor in Arlington and the surrounding area."

Texas Cancer Care is a regional cancer treatment physician group providing patient-centered medically advanced care. TCC treats disease with specialized services in medical oncology, radiation oncology, hematology and bone marrow transplantation, as well as with nutritional therapy, patient and family support groups and pastoral care. Texas Cancer Care serves North Texas with clinics throughout the area. ■

Texas Osteopathic Medical Association Political Action Committee

Established to protect and promote the
interests of
osteopathic medicine in Texas.

Send contributions to:

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Public Health Notes

"Reporting of Blood Lead Levels (BLLs) in Children"

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

Effective January 1, 1996, Texas legislators enacted a law making childhood lead poisoning a reportable health condition. Blood lead levels >10 micrograms per deciliter (Mg/dl) in children 14 years and younger are now reportable to the Texas Department of Health (TDH). Physicians, laboratory directors, or other persons may report elevated blood lead levels in children directly to the Bureau of Epidemiology at the TDH, or they may report to their local county health departments.

Elevated BLLs found in adults (primarily related to occupation) was already a reportable condition. The inclusion of elevated BLLs in children represents the initial step in creating a state-wide registry. The information generated by this report will help the TDH to determine the prevalence and nature of the problem of childhood lead poisoning in Texas. Active surveillance of BLLs in children, often performed as part of the Early Periodic Screening Diagnosis and Treatment (EPSDT) program, may help TDH identify areas within the state where children tend to be at higher risk of poisoning and, thus, develop effective intervention and prevention strategies. Focusing public attention and education efforts on potential lead exposures and health effects represents an important generalized strategy for primary prevention. Investigation of specific cases involving home visits and assessments represents secondary prevention (when apparent adverse outcomes are averted) and in some instances tertiary where long term follow-up is needed to minimize deficits already suffered.

Lead poisoning of children in their home environments was first reported in the 1890's in Australia. Although the problem was reported in subsequent decades in the United States, public health resources were not directed to the problem until the 1950's, when case-finding efforts began. In 1966, the first mass screening effort was initiated in Chicago. New York City and others

followed this example soon after. During 1971, the Lead-Based Paint Poisoning Prevention Act launched a national effort to identify children with lead poisoning and abate the sources of lead in their environments. In 1988, the Lead Contamination Control Act was implemented in an effort on the part of the U.S. Department of HHS to eliminate elevated BLLs in children in the United States by the year 2010.

However, several more recent mass lead screening programs revealed a significant disparity in incidence rates among children who accessed the screening services versus those who had to be accessed. The incidence of BLLs (≥ 25 MG/dl) in those children accessed through door-to-door efforts was three times greater than BLLs in children whose parents brought them to fixed facilities or sites for testing. This represents a potentially onerous challenge in identifying those children who are at potentially greatest risk for not only lead poisoning, but multiple other health and social issues.

Lead primarily enters the body through the pulmonary and digestive systems. The digestive system route of entry is more significant in children as lead is better absorbed in children than in adults. Exposure via the pulmonary system is the significant route of entry in adult lead toxicity cases.

Chronic lead toxicity in children leads to poor motor and cognitive development where a generalized encephalopathy may occur over time. Eventually paralysis and respiratory depression may occur in severe cases. Poisoning of the bone marrow occurs leading to depressed erythropoiesis and consequently to anemia. Nephropathy will eventually ensue and the reproductive system may become impaired.

Symptoms include headache, nervousness, irritability, fatigue, insomnia, memory deficits, abdominal pain, anorexia, nausea, constipation, and weight loss. Girls may eventually have trouble becoming pregnant and may experience spontaneous abortions. Boys

may become sterile. Hearing become impaired as well as hand-coordination. Even small amounts of lead can cause permanent damage in young children including learning disabilities and behavior problems. Exposure in utero may cause premature births, low birth weight, growth retardation and cognitive disorders.

If there were a single yet profound effect we could have upon the health of children to ensure their physical and mental development to optimize their future as citizens, it is to prevent lead poisoning of any magnitude!

For more information and reporting forms, contact Dr. Hathaway at the Tarrant County Health Department, 817-871-7208, or your local county health department.

Revisions Made to Evaluation & Management (E/M) Guidelines

Physicians should take note that important revisions have recently been made to the E/M Documentation Guidelines.

One of the key revisions is in physical examinations. Previously there was no definite guidelines for the number of organ systems/body areas which needed to be completed to qualify for a detailed examination. The guidelines now specify that examination of seven organ systems/body areas qualifies as a detailed exam.

The other key revision is in the level of Risk. This now states that the high level of risk in any one of the categories (presenting problem; diagnostic procedure; management option) determines the overall risk. This is important in that you could have a patient present with a high risk problem but diagnostic procedures and/or management options are minimal. You will still be able to count the level of risk "high" with this new revision which helps to justify a higher level of E/M coding.

For a complete copy of the new E/M guidelines, contact TOMA 800-444-8662.

Blood Bank Briefs for Physicians

"Hematopoietic Stem & Progenitor Cells From Blood"

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

The development of Bone Marrow Transplantation led to a demand for additional services that fit well into the historic role that the Blood Bank has played in support of clinical care. Patients who undergo bone marrow transplant require special components, i.e., irradiated, cytomegalovirus negative, etc. Some require the collection and processing of peripheral blood stem and progenitor cells (PBSCs). Collection of hematopoietic stem and progenitor cells from peripheral blood by machine cell separator apheresis is such service provided by Carter Blood Center since December, 1992.

Beginning about 30 years ago, the existence of circulating hematopoietic stem cells was demonstrated. In the 1980s, it is clear that the use of mononuclear cells collected from patients in the steady state (without prior stimulation or mobilization) incurred a moderate risk of delayed or failed hematopoietic reconstitution. Advances in the understanding of hematopoiesis, particularly the identification of a cell surface antigen that is highly specific for hematopoietic stem and progenitor cells (CD34) and mobilization of these cells with hematopoietic growth factors (GM-CSF or G-CSF) has had a profound impact on the development of these components for support in the 1990s.

Mobilization refers to the treatment of the cell donor by GM-CSF or G-CSF to increase the concentration of circulating stem and progenitor cells in the peripheral blood prior to leukapheresis. As a rule, adequate doses of mobilized circulating cells provide a more rapid hematopoietic reconstitution for neutrophils and platelets usually by 10-15 days after transfusion with fewer red blood cell and platelet transfusions requirements and reduced hospital stays.

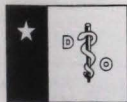
Since 1992, Carter Blood Center has performed only autologous PBSCs collection with the vast majority of the patients with breast cancer. The PBSCs are collected employing a continuous flow separator and vascular access by the use of central venous catheter. When the stem cells are mobilized following chemotherapy and use of growth factor, usually 2-3 collections each processing 8-10 liters of blood volume over a 3-4 hour duration are necessary.

Allogeneic peripheral blood stem and progenitor cells, collected after G-CSF mobilization of normal donors, are being used with increasing frequency at several centers. Interest is also currently focused on employing mobilized circulating cells for in vitro manipulations to engineer stem and progenitor cell populations. The circulatory stem cell may be an excellent vehicle for gene therapy in such diseases as sickle cell anemia or thalassemia. The emerging use for stem cells and progenitor cells will evolve in the coming years from the confluence of technical advances and rapidly growing knowledge about human hematopoiesis.

References:

Comenzo R, Berkman E. Hematopoietic Stem and progenitor cells from blood: emerging uses for new components for transfusion. *Transfusion* 1995;35:341-345.

Peters W, Drago S et al. Collection, Cryopreservation and Use of Peripheral Blood Progenitor cells primed with Colony-Stimulating Factor. In: Sacher R, Aubuchon J. eds. *Marrow Transplantation: Practical & Technical Aspects of Stem Cell Reconstitution*. Bethesda, MD: American Association of Blood Banks, 1992;51-67. ■



The Texas Society of the American College of Osteopathic Family Physicians

39th Annual Convention and 23rd Mid-Year Seminar
will be held on August 1 - 4, 1996.

The convention will be hosted at the Arlington Hilton, 2401 E. Lamar Blvd.,
Arlington, Texas 76006, 817/640-3322.

Watch your mail for more details!

What's Happening In Washington, D.C.

• **Kemp Commission Speaks Out.** The present federal income tax system should be thrown out and replaced with a new flat tax system, according to a report issued by the National Commission on Economic Growth Tax Reform, chaired by Jack Kemp. The report, issued on January 17, was the culmination of months of research and analysis.

• **Few Details.** The Kemp Commission's report provided only broad guidelines of a flat tax system with no details. Its principle recommendation was the use of a single low tax rate with a substantial personal exemption. Although the report did not specify a rate, Kemp has stated that he favors a rate no higher than 19 percent.

• **Gingrich Gives Up.** On January 24, House Speaker Newt Gingrich stated that he has all but given up hope in reaching an agreement with President Clinton to balance the federal budget. He has stated that the best way to resolve the budget-balancing conflict is to let it be decided by the 1996 Presidential election.

• **The White House Approach.** In contrast to Gingrich, Chief of Staff Leon Pinetta states that the Clinton administration is not prepared to retreat on balancing the budget. Pinetta has been meeting with moderate Senate Republicans in hopes of building a coalition of votes in the Senate that could pass a budget plan similar to that proposed by the White House on January 6.

• **The Moderate Republican Plan.** The moderate Senate Republicans have come up with their own budget plan to cut discretionary spending by \$268 billion over seven years, to cut Medicare by \$154 billion, to cut Medicaid by \$62 billion and to reduce taxes by \$130 billion. The big difference between the White House plan and the moderate Republican plan are the Medicare and Medicaid cuts.

• **Clinton's Proposed Tax Cuts.** On January 6, President Clinton released the specifics of his budget-balancing proposal, which include a number of proposed tax cuts. The tax cuts include an income tax credit of \$300 for each child under age 13, an above-the-line deduction for qualified educational expenses for dependents, a doubling of the income limitation on deductible IRA contributions and an increase in the deductibility of health insurance expenses for self-employed individuals. The tax breaks would be phased out for taxpayers with incomes above designated levels.

• **Capital Gains Break?** A capital gains tax cut remains a very high priority for the Republicans. President Clinton recently stated that he does not rule out the possibility of a capital gains relief provision that is part of a budget proposal. There is hope.

• **Gramm's Flat Tax Proposal.** On January 17, Republican Presidential candidate Phil Gramm proposed a detailed flat tax plan. It would impose a flat rate of 16 percent, retain deductions for charitable contributions and home mortgage interest payments, provide a \$22,000 standard deduction and a \$5,000 personal exemption, eliminate estate and gift taxes and tax capital gains at the same rate as ordinary income.

• **Pensions Protected From States.** On January 17, President Clinton signed into law legislation that prohibits a state from taxing the retirement income of an individual no longer resides in the state, even though the retirement benefit was earned while the individual lived in the state.

• **Partnership or Corporation?** Historically, the determination of whether an entity would be taxed as a corporation or a partnership has been determined by applying a relatively complicated four factor test. In many cases, the ultimate determination is uncertain. The IRS recently announced that it will soon issue new guidelines and a new "check-the-box" procedure for making the determination. Hopefully, the result will be fewer technicalities and more certainty.

The All-Important Shareholder Agreement

For owners of privately-owned businesses, the shareholder agreement is one of the most critical pieces of the planning puzzle. Yet, many owners give it woefully inadequate attention. Most business owners are focused on maximizing revenues and minimizing expenses. That's the nature of entrepreneurial spirit. However, every business owner at some time needs to look at the big picture and consider the entire life cycle of the business.

Business owners need to prepare early for the day when they will part company for whatever reason. At some point down the road, a business owner is going to want to cash out his investment. Somebody is going to leave the business, become disabled, or experience a divorce. The owners have to face the fact that no matter how good they feel about each other going into the enterprise, the realities of making difficult business decisions may create frictions down the road. These frictions often lead to a buy out or, worse yet, a business blowup.

These issues should be dealt with in a tailor-made agreement among the shareholders. Ideally this agreement should be designed in a calm, planning-oriented environment. There are numerous issues that should be carefully considered in this situation.

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

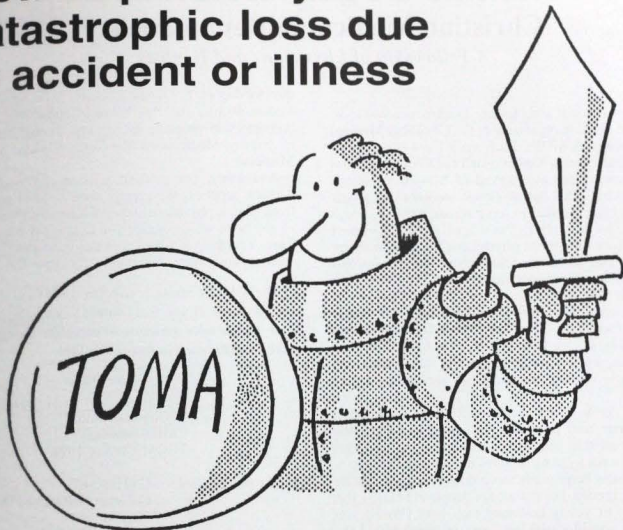
SGA Announces New Officers

The new officers of the Student Government Association at the University of North Texas Health Science Center at Fort Worth/Texas College of Osteopathic Medicine, are as follows:

President	Jeff Morrison
1st Vice President	Dan Shuman
2nd Vice President	Angela May
Secretary	Craig Ferrara
Treasurer	Salim Bhaloo

TOMA congratulates the new SGA officers.

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



HEALTH INSURANCE – A Strategy For The '90s

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

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

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

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Dallas Metro

CMDS Seeks Assistance

Christian Medical & Dental Society

A Fellowship of Physicians and Dentists

Dear Doctor:

It gives me great honor and pleasure to introduce you to an encouraging and exciting organization, the **Christian Medical and Dental Society (CMDS)**. Each year, the University of North Texas Health Science Center chapter of CMDS provides needed healthcare to the underserved of Mexico through a medical mission trip. This Spring Break, students and physicians will be teaming together to serve Juarez, Mexico, which is just across the border from El Paso, Texas. **In 1995, almost 35 student-doctors and three physicians, accompanied by nurses, externs and physicians assistants, served approximately 1,200 indigent patients during last year's mission trip to Reynosa, Mexico.**

Through the teamwork of these individuals, last year's operation included four daily clinics at four different locations throughout the city, lasting from 9:00 a.m. to 6:00 p.m. Once word spread that we were coming, it was not uncommon to have 50 people waiting for care when we arrived in the morning.

Although the needs of the people of Reynosa were many, **needs for hygiene and personal care products were the greatest.** Our goal this year is to distribute care packages consisting of personal hygiene supplies to all patients.

Even with all this help, many more doctors and healthcare professionals are needed. For millions of people in Mexico, this is the only form of yearly healthcare they have. **Won't you please seriously consider making a commitment to aid the mission trip this year and in the years to come?**

Besides serving the healthcare needs for many Mexican residents, the CMDS mission trip provides a once-in-a-lifetime learning experience for students and physicians. Through the

directorship of T. Eugene Zachary, D.O., many second-year student-doctors use this valuable opportunity to fulfill the preceptorship program as required through the Department of Family Medicine at the Texas College of Osteopathic Medicine.

And lastly, our medical mission trip would be useless without supplies. We greatly need donated pharmaceuticals from clinics, physicians and drug representatives. If you can offer any help, we encourage you to respond with the following form. Your help is what keeps this ministry successful for our students and, more importantly, for those less fortunate than us.

The CMDS mission trip for 1996 will set up clinics March 11-14. If you will commit to attending or helping this year, **please take a minute to complete the reply form and make a difference in someone's life!**

With sincere thanks,

R. Chimene Willis
CMDS President
TCOM Class of 1998

Please send replies to: **UNTHSC-FW**

**Christian Medical and Dental Society
Box 306
Attention: R. Chimene
3500 Camp Bowie Blvd.
Fort Worth, TX 76107**

Inquiries can be made by calling me at (817) 336-2344.

Name _____

Address _____

☐ I am interested in attending for the dates: _____

☐ I can send _____ who is my nurse/hygienist or my
behalf for the dates: _____

☐ Please send me more information regarding: _____

☐ I am willing to collect pharmaceuticals/donate supplies: (Yes) (No)

Please have someone from CMDS contact me at: Office: (_____) _____
Home: (_____) _____

☐ I cannot attend, please accept this donation in the amount of

\$25 \$50 \$100 \$250 \$500 other

TEXAS STARS

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

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If you would like to contribute to the Building Fund and become a "Texas Star," call Paula Yeaman at 800-444-8662. Please note that contributions received three weeks prior to each issue may not appear until the following issue.

Self's Tips & Tidings

Don Self & Associates

Cast Application

Quite a few offices have been miscoding fracture care and losing revenue and income by doing so. Instead of coding for fracture care and using the appropriate CPT codes, they have been coding the service as application of cast or reapplication of cast, which reimburses much less than initial fracture care. The 29000 CPT series of codes is to be used for cast-reapplication or when the cast application or strapping is done to stabilize or protect the fracture, rather than when it is done as a "treatment" to restore the integrity of the bone.

As an example, if a patient comes in with a broken ankle (trimalleolar ankle fracture) and you treat it without manipulation, you should code the service as 27816 instead of one of the codes in the 29000 series. Supposing you have a small office in a rural town without hospital facilities immediately available.

If, however, you do not have the facilities to provide this kind of treatment in your office, you have no real anesthesia type service available, and you decide to stabilize the bone so the patient may be sent to the nearest large town, you would use the 29000 series. In this particular example, you may consider using either 29405 for application of short leg cast, or 29515 for application of short leg splint. In this case, you are just stabilizing the fracture until it can be treated by another facility, rather than actually "treating" the fractured bone.

Deleted ICD9 Codes

It's time to check your diagnosis "cheat sheet" to make sure you are not using one of the 12 deleted ICD9 codes. The following codes were deleted, effective October 1, 1995:

- 005.8 Other bacterial food poisoning
- 278.0 Obesity
- 415.1 Pulmonary embolism & infarction
- 569.6 Colostomy & enterostomy malfunction
- 690 Erythematous squamous dermatitis

- 787.9 Other symptoms involving digestive system
- 989.8 Toxic effect of other substances
- 997.0 Central nervous system complications
- 997.9 Complications affecting other specified body systems
- V12.5 Personal history of diseases of circulatory system
- V43.8 Organ or tissue replaced by other means, NEC
- V59.0 Blood donor

If you use an incomplete or deleted ICD9 code, Medicare and Medicaid have stated they will reject the claim. A rejected claim has never been entered into the system and must be refilled. This is different from a denied claim, which may be appealed. We caution you to double check your ICD9 codes carefully.

Marketing Tips

With the rapid growth of managed care plans, physicians must start considering marketing strategies for their practices, even though this may seem like a taboo subject to many. Your best source of new patients can be found in your office and storage areas - past patients. A recent report estimated patient loyalty to be:

- 10 percent - 30 percent of patients are fanatically loyal
- 20 percent - 45 percent are more or less likely to patronize the same doctor
- 15 percent - 30 percent really don't care which doctor they patronize

Since a fair number of patients would probably switch, rather rapidly, to another physician if their employer switched to a managed care plan, you need to consider marketing strategies. An excellent idea to help you get started would be a patient survey. This survey can be used to discover areas that you may need to work on to enhance your chances of keeping current patients. If worded properly, it can also be used to help bring back patients who have not been "active" for years. Some questions you may wish to include in your survey would be:

1. Do you find our reception office to be comfortable?

2. Are you generally able to reach us without difficulty?
 3. Are your phone calls returned promptly?
 4. What reading material would you like displayed in our reception or treatment rooms?
 5. Do you find our parking accommodations suitable to your needs?
 6. Does our receptionist greet you with a smile and a courteous attitude?
 7. Has our office sufficiently explained our insurance policy with you?
 8. Have you had occasion to use our office staff for resolution with your insurance carrier?
 9. Does Dr. Smith explain things to you in a way that makes it easy for you to understand?
 10. Do you feel like our office would go the "extra mile" to make your visit with us as pleasant as possible?
 11. If you have changed doctors in the past 10 years, what was the reason for the change?
 12. What changes can we make in our office to make you feel more comfortable?
 13. Do you have a problem arranging transportation to our office? Is there something we can do to help?
 14. Which method of payment do you usually use when you visit our office? Cash, check or credit card? Are there ways that we can make this easier for you?
- I would suggest that you give patients plenty of room to write in any suggestions they have. Also, check with your post office about sending out surveys postage paid, as you are not charged if they return them. You may find a survey educational.

Will Increased Fees Damage Your Practice?

In my workshops, seminars and consultations, I see physicians squirming in their seats in fear of alienating their patients when we discuss increasing fees. The MGMA (Medical Group Management Association) keeps an extensive library of all medical business publications and articles. Recently, we received the result of an exhaustive literature search for an article discussing a practice which was damaged as a result of increased fees.

They found no articles of this sort!
ro! Zip! Nada! They were able to find
 merous articles about practices being
 maged as a result of staff indifference,
 scheduling problems and other factors,
 nothing about fee increases.

Medical Care Tips

Just a reminder that when you are
 ing for the time spent on critical care,
 can include the time you spend on
 documentation, reviewing diagnostic or
 therapeutic tests, time spent counseling
 the nursing staff, family, etc., as
 long as you are still immediately
 available (on the premises) to the critical
 care patient. Use codes 99291 and
 99292.

Medicare HMO's

We've received requests for a
 complete listing of all Medicare HMOs
 operating in Texas and Oklahoma:

Pacificare of Oklahoma, 7666 East
 11th St., Suite 500, Tulsa, OK 74136 -
 Oklahoma).

Humana Health Plan, 5350 S.
 Staples, Suite 301, Corpus Christi, TX
 78411 - (Full counties: Nueces, San
 Antonio).

SANUS Texas Health Plan, 4500
 Ler Drive, Irving, TX 75063 - (Full
 counties: Dallas, Johnson, Parker,
 Rockwall, Tarrant. Partial counties:
 Elgin, Denton, Ellis).

HUMANA Health Plan, 8431
 Dericksburg, Suite 540, San Antonio,
 TX 78216 - (Full: Bexar, Colorado, Fort
 Bend, Galveston, Harris. Partial: Austin,
 Brazoria, Chambers, Montgomery,
 Waller).

Scott & White Health Plan, 2401 S.
 11th St., Temple, TX 76708 - (Full: Bell,
 Brazos, Lee, Burleson, Coryell, Falls,
 Hamilton. Partial: Bastrop, Bosque, Burnet,
 Comanche, Grimes, Leon, Madison,
 Menard, Milam, Robertson, Travis,
 Williamson, Williamson, Lampasas).

Santa Fe Association, 4912 Midway
 Ave., Temple, TX 76703 - (SFA only
 covers railroad retirees and dependents).

PCA Health Plans, 8303 Mopac,
 Suite 450, Austin, TX 78766 - (Full:
 Bexar, Bexar, Brazos, Burleson,
 Dallas, Fort Bend, Galveston, Harris,
 Travis, Lee, Montgomery, Travis, Waller,
 Williamson. Partial: Brazoria,
 Chambers).

SANUS/New York Life, 3800
 Hefley Spwy., Suite 230, Houston, TX
 77058 - (Full: Brazoria, Chambers, Fort
 Bend, Galveston, Grimes, Harris,
 Liberty, San Jacinto, Montgomery,

Walker, Waller, Orange, Jefferson,
 Hardin).

• **Harris Methodist**, 611 Ryan Plaza,
 Suite 900, Arlington, TX 76011 - (Full:
 Tarrant).

• **Prudential Health Care**, 40 N.E.
 Loop 410, Suite 600, San Antonio, TX
 78216 - (Full: Bexar).

• **FHP of Texas, Inc.**, 12 Greenway
 Plaza, Suite 500, Houston, TX 77046-
 1201 - (Full: Brazoria, Chambers, Fort
 Bend, Galveston, Harris, Montgomery,
 Waller).

• **Prudential Health Care**, One
 Prudential Circle, Sugarland, TX 77478 -
 (Full: Harris. Partial: Brazoria, Fort
 Bend, Galveston, Montgomery, Waller).

• **Pacificare of Texas**, 8200 IH-10
 West, Suite 1000, San Antonio, TX
 78229 - (Full: Bexar, Brazos, Collin,
 Dallas, Denton, Ellis, Fort Bend,
 Freestone, Galveston, Harris, Hood,
 Hunt, Johnson, Kaufman, Leon,
 Madison, Montgomery, Navarro,
 Rockwall, Tarrant, Wharton, Wilson,
 Wise. Partial: Colorado, Gonzales,
 Lavaca, Grimes).

• **Kaiser Health Plan**, 12720 Hillcrest
 Road, Suite 600, Dallas, TX 75230 -
 (Full: Collins, Dallas, Denton, Ellis,
 Hood, Hunt, Johnson, Kaufman, Parker,
 Rockwall, Tarrant, Wise).

OMT & Myofascial Release

Thanks to Dr. Harlan Wright, we have
 been alerted to the fact that the
 Myofascial Release code (97250) has a
 higher reimbursement than does the
 OMT code for two areas (98925). While
 discussing this with Medicare and
 HCFA, we discovered that Medicare's
 computer automatically denies payment
 for code 98925 whenever it is billed on
 the same day as code 97250. We have
 been told that when an osteopathic
 physician performs OMT, they usually
 do a myofascial release as part of the
 OMT. If that is the case, then osteopathic
 clients may find it better to code the
 release using 97250 and give away the
 OMT (98925) for free, when the OMT is
 performed on only two areas or regions.
 You will find that your approved amount
 is increased by about \$3.50.

At the same time, the question came
 up about billing for code 97265 (joint
 mobilization) when billing for OMT.
 Medicare and HCFA have stated that
 even though an approved amount is
 shown for code 97265, this code is
 automatically denied and never covered
 by Medicare. This brings up a whole
 new ball game. If your patient

documentation (progress notes/chart
 shows that the joint mobilization is
 separate and independent of the OMT
 (and not an integral component of
 OMT), then you may bill for the
 mobilization as a non-covered service.
 Since this code is never covered by
 Medicare, you do not have to have the
 patient sign a "waiver," and you are
 allowed to collect the same amount you
 would normally bill and collect from a
 non-Medicare patient. Basically, this
 could mean a substantial increase in the
 income for all doctors performing this
 service.

Questions You've Asked

**Q. Can we bill code 97265 with
 private carriers, since Medicare
 doesn't cover it?**

*A. Yes, you can bill it and 97250 for
 private carriers.*

**Q. Is it legal for some private
 managed care carriers to pay less for
 services than Medicare?**

*A. It is true that some managed care
 plans pay less than Medicare and it is
 legal. The reason for it is profits! The
 choice to participate with a plan is strictly
 yours, so you have the final control.*

**Q. Since Medicare doesn't pay
 enough for injections such as
 Celestone and B-12, can we have our
 patients sign a waiver and then collect
 any amount we want to from the
 patient?**

*A. No, that is illegal, if the service is
 covered by Medicare. Of course, if you
 truthfully use a diagnosis for which the
 service is not covered, you may have the
 patient sign a waiver and collect your
 usual fee from them. Legally, we are
 NOT advising you to use the ICD9 code
 for fatigue or malaise, when the patient
 has pernicious anemia. Of course, the
 choice of which ICD9 code to use is
 yours.*

**Q. I recently discovered dozens of
 Medicaid claims that were never filed
 and are now over four months old.
 What can I do?**

*A. Medicaid must receive the claim
 within 95 days from the date of service.
 Quite a few times, we have been able to
 get claims older than six months paid. In
 one of the instances, we were successful
 in getting the client a check in excess of
 \$63,000 from Medicaid on claims older
 than nine months. By utilizing contacts
 at TDHA, HCFA, HHS and elected
 representatives, you may be able to get
 paid for those claims.* ■

CHAMPUS/TRICARE News

"Catastrophic Cap" Correction

A recent CHAMPUS/TRICARE article incorrectly stated that: "... (The costs for) care received by (A TRICARE Prime) enrollee when he or she is referred by a Prime network provider to a provider who isn't part of the TRICARE network will (be) counted against the standard \$7,500 cap (but not against the \$3,000 cap)..."

Actually, the costs associated with this type of referral **will** be applied to the \$3,000 "catastrophic" cap on medical expenses for enrollees in TRICARE Prime.

(Note: The erroneous information appeared in CHAMPUS/TRICARE News No. 95-30, dated December 4, 1995, in the third paragraph of the release.)

File Those CHAMPUS/TRICARE Claims Soon

Remember: You have only a year from the date of service to get those CHAMPUS/TRICARE claims in to the contractor for processing. Don't wait. Mail them as soon as you can.

For outpatient care, the claim must be received by the CHAMPUS/TRICARE contractor within one year of the date you received (or provided) a service. Example: If you received care from your family doctor (or, as a provider, if you treated a patient) on January 1, 1996, the claim for that care must be in the hands of your CHAMPUS/TRICARE contractor by the close of business on January 1, 1997. If the claim doesn't get there in time, it will be denied.

For inpatient care, the claim must be received by the contractor within one year from the date of the patient's discharge from the medical facility.

If a claim covers several different medical services or supplies that were provided at different times, the one-year deadline applies to each item on the claim.

There are some exceptions to the filing deadline rules. Check with your local Health Benefits Advisor for details.

Virginia Firm is Awarded Contract to Review, Authorize CHAMPUS Mental Health Care

The current CHAMPUS mental health contractor has been awarded a new contract to authorize, review and monitor mental health care provided to members of service families under CHAMPUS and to enrollees in the Defense Department's Continued Health Care Benefit Program.

Health Management Strategies International, Inc. (HMS), of Alexandria, Virginia, was awarded the \$30.5 million contract on December 29. The contract consists of a one-year base period, which began January 1, 1996, and two additional one-year option periods.

Under the contract, HMS will process all requests for advance authorizations for most civilian inpatient mental health care for CHAMPUS patients. This includes requests for care in residential treatment centers, partial hospitalization programs, and substance use disorder rehabilitation facilities. The firm will also handle requests for waivers of annual limits on inpatient mental health care and authorizations for extended

outpatient mental health care and will monitor mental health care provided to eligible persons.

The firm had provided similar services under the previous contract since 1990.

The contract with HMS doesn't apply to families who are covered under the Defense Department's new TRICARE managed-care program. In those areas where TRICARE is in place, the local contractor will handle mental health care authorization and review functions.

Tips for Computerizing a Practice

A computer system will create more problems than it solves if it does not meet the needs of a practice.

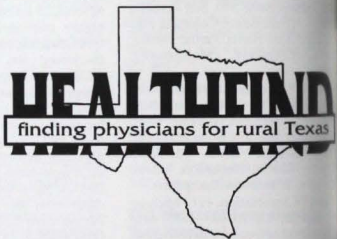
Physicians should assess their needs, shop around for right software and hardware and find a good vendor before purchasing a computer system.

Hardware should be chosen to drive the software, but software should be selected to match the needs of the practice. A good system will integrate patient billing, appointment schedules, medical records, accounting and word processing.

A comprehensive service contract is important, and should include staff training, installation and follow-up adjustments and repairs. Written proposals from at least three vendors are recommended.

HealthFind is a proven method for finding rural practice sites

**If you're interested in rural medicine,
you can't afford to miss it!**



Saturday, April 27

**Austin Marriott
at the Capitol**

Call the Center for Rural
Health Initiatives at
(512) 479-8891
for more information

Registration: \$40 for residents; \$75 for practicing primary care physicians

Includes hotel room and most meals for physician and spouse;

child care available for small extra charge.

Registration deadline: Friday, April 5

TOMA's 40th MidWinter Conference and Legislative Symposium Supportive Grants and Educational Exhibits

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 Glaxo Wellcome, Inc.
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 Hoechst Marion Roussel
 International Medical Electronics, Ltd.
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 TEI Healthcare Systems
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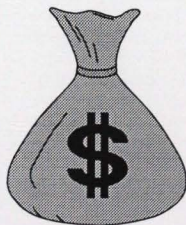
TOMA extends a special thank you to each company providing supportive grants and sponsoring educational exhibits at the MidWinter Conference. This critical sponsorship promotes the efforts of osteopathic medicine throughout the state of Texas. ■

TOMA MEMBERS...

Help your Profession.

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Help yourself ... to \$50.



am a \$50 credit towards the registration fee for the 1996 Annual Convention and Scientific Seminar by recruiting new, regular member to TOMA before April 26, 1996. Just call Stephanie Boley at the TOMA office and she will mail an application to your prospective member. When their application and dues payment are received in the TOMA office, we will reduce your convention registration fee by \$50.

on-members can also take advantage of this incentive offer. When registering for the annual convention, include our membership application with your dues payment - then register for the convention at member prices. This is a \$200 savings!

or further information, call the TOMA office at (800) 444-8662. Thank you for your support of TOMA and we look forward to seeing you in San Antonio.

New Members

TOMA would like to welcome the following new members who were approved at the December 9, 1995, Board of Trustees Meeting:

REGULAR MEMBERS

Lyn Marie Berutti, D.O., Internal Medicine, 1909 Paloma Way, Arlington, TX 76006. Medical education: University of North Texas Health Science Center/Texas College of Osteopathic Medicine, Fort Worth, TX, 1992. Internship: Osteopathic Medical Center of Texas, Fort Worth, TX, 1992-95. Internal Medicine residency: Osteopathic Medical Center of Texas, 1992-95. DOB 4-10-64.

Scot Taylor Blakeman, D.O., Family Practice, 103 Hospital Ave., Tulia, TX 79088. Medical education: University of North Texas Health Science Center/Texas College of Osteopathic Medicine, Fort Worth, TX, 1991. Internship: P/SL Medical Center, Denver, CO, 1991-92. Family Practice residency: P/SL Medical Center, 1992-94. DOB 3-22-61.

Tim W. Boersman, D.O., Family Practice, P.O. Box 5450, Tyler, TX 75712. Medical education: Oklahoma State University/College of Osteopathic Medicine, Tulsa, OK, 1978. Internship: Stevens Park Hospital, Dallas, TX, 1978-79. Previous practice location: Oklahoma. DOB 12-11-50.

John Wayne Cheatham, D.O., Family Practice, 2316 Schwertner, Killeen, TX 76543. Medical education: Oklahoma State University/College of Osteopathic Medicine, Tulsa, OK, 1994. Internship: Darnall Army Community Hospital, Fort Hood, TX, 1994-95. DOB 7-12-61.

Martin Fuller Conroy, D.O., Anesthesiology, 1217 Cedarland Plaza, Arlington, TX 76011. Medical education: University of North Texas Health Science Center/Texas College of Osteopathic Medicine, Fort Worth, TX, 1991. Internship: Osteopathic Medical Center of Texas, Fort Worth, TX, 1991-92. Anesthesiology residency: Texas College of Osteopathic Medicine, Fort Worth, TX, 1992-95. DOB 5-20-65.

Daniel P. Conte, III, D.O., Osteopathic Manipulative Medicine, 3500 Camp Bowie Blvd., Fort Worth, TX 76107. Medical education: University of Medicine and Dentistry of New Jersey, School of Osteopathic Medicine, Stratford, NJ, 1986. Internship: Kennedy Memorial Hospital, University Medical Center, Stratford, NJ, 1986-87. Manipulative Medicine residency: Osteopathic Medical Center of Texas, Fort Worth, TX, 1992-94. DOB 2-17-60.

George DeLoach, D.O., Orthopedic Surgery, 1418 West Southwest Loop 323, Tyler, TX 75701. Medical education: University of North Texas Health Science Center/Texas College of Osteopathic Medicine, Fort Worth, TX, 1990. Internship: Oakland General Hospital, Madison Heights, MI, 1990-91. Orthopedic Surgery residency: Oakland General Hospital, 1991-95. DOB 10-1-59.

Allison Ford, D.O., Internal Medicine, 8221 San Simon, Odessa, TX 79765. Medical education: Michigan State University/College of Osteopathic Medicine, East Lansing, MI, 1989. Internship: Pontiac Osteopathic Hospital, Pontiac, MI, 1989-90. Internal Medicine residency: Henry Ford Hospital, Detroit, MI, 1990-93. DOB 9-23-61.

Darren K. George, D.O., Family Practice, 808 Bridle Dr., DeSoto, TX 75115. Medical education: University of North Texas Health Science Center at Fort Worth/Texas College of Osteopathic Medicine, Fort Worth, TX, 1992. Internship: Dallas Family Hospital, Dallas, TX, 1992-93. Family Practice residency: Dallas Family Hospital, 1993-95. DOB 5-3-66.

Kevin D. Katzen, D.O., Family Practice, 2210 N. Hwy. 360, Grand Prairie, TX 75050. Medical education: Chicago College of Osteopathic Medicine of Midwestern University, Downers Grove, IL, 1990. Internship: Chicago Osteopathic Medical Center, Chicago, IL, 1990-91. Family Practice

residency: Chicago Osteopathic Medical Center, 1991-93. DOB 2-5-61.

Mary Frances Dennis Kritek, D.O., Family Practice, HC 64, Box 30, Goldthwaite, TX 76844. Medical education: University of Osteopathic Medicine and Health Sciences, College of Osteopathic Medicine and Surgery, Des Moines, IA, 1992. Internship: Northeast Community Hospital, Bedford, TX, 1992-93. Family Practice residency: Northeast Community Hospital, 1993-95. DOB 4-17-45.

Beverly Caren Land, D.O., Family Practice, 13411 Orchard Ridge, San Antonio, TX 78231. Medical education: University of North Texas Health Science Center/Texas College of Osteopathic Medicine, Fort Worth, TX, 1992. Internship: Dallas/Fort Worth Medical Center, Grand Prairie, TX, 1992-93. Family Practice residency: Eisenhower Army Medical Center, Augusta, GA, 1993-95. DOB 9-16-61.

Sarah Jean Matches, D.O., Pediatrics, 3440 Camp Bowie Blvd., Fort Worth, TX 76107. Medical education: University of North Texas Health Science Center/Texas College of Osteopathic Medicine, Fort Worth, TX, 1989. Internship: Richmond Heights General Hospital, Richmond Heights, OH, 1989-90. Pediatrics residency: Metro Health Hospital, Cleveland, OH, 1990-93. DOB 5-2-62.

Delbert Lynn McCaig, D.O., Family Practice, 1620 Virginia Place, Fort Worth, TX 76107. Medical education: University of North Texas Health Science Center/Texas College of Osteopathic Medicine, Fort Worth, TX, 1991. Internship: Osteopathic Medical Center of Texas, Fort Worth, TX, 1991-92. Family Practice residency: Osteopathic Medical Center of Texas, 1992-93. DOB 6-2-52.

Mary Kathlene Mills, D.O., Family Practice, 501 E. Broad St., Mansfield, TX 76063. Medical education: Oklahoma State University/College of Osteopathic Medicine, Tulsa,

JK, 1992. Internship: Osteopathic Medical Center of Texas, Fort Worth, TX, 1992-93. Family Practice residency: Northeast Community Hospital, Bedford, TX, 1993-95. DOB 5-23-63.

Patricia Lynn Peterson, D.O., Family Practice, 623 Aqua Drive, Dallas, TX 75218. Medical education: University of New England, College of Osteopathic Medicine, Biddeford, ME, 1992. Internship: Brighton Medical Hospital, Portland, ME, and Community Hospital of Rhode Island, Cranston, RI, 1992-93. Family Practice residency: Trinity Hospital, Dallas, TX, 1993-95. DOB 7-15-57.

Christine Ann Quatro, D.O., Pediatrics, Orthopedic Surgery, 1012 Meadow Creek Drive, #3146, Irving, TX 76038-3175. Medical education: The University of Health Sciences, College of Osteopathic Medicine, Kansas City, MO, 1989. Internship: Dallas/Fort Worth Medical Center, Grand Prairie, TX, 1989-90. Orthopedic Surgery residency: Dallas/Fort Worth Medical Center, 1990-94. DOB 10-1-64.

Leslie Ralph Shauf, D.O., Emergency Medicine, 6505 2nd Street, Lubbock, TX 79416. Medical education: The University of Health Sciences, College of Osteopathic Medicine, Kansas City, MO, 1970. Internship: Kansas City General Hospital, Kansas City, MO, 1970-71. Previous practice location: Portales, NM, 1971-93. DOB 4-39.

Paul E. Sirbaugh, D.O., Pediatric Emergency Medicine, 6621 Fannin, MC 1481, Houston, TX 77030. Medical education: University of North Texas Health Science Center/Texas College of Osteopathic Medicine, Fort Worth, TX, 1989. Internship: Mount Clemens General Hospital, Mount Clemens, MI, 1989-90. Pediatric residency: Texas Childrens Hospital/Baylor, Houston, TX, 1990-93. DOB 12-4-61.

Douglas Stephenson, D.O., Internal Medicine, 731 N. Taylor, Suite 400, Amarillo, TX 79107. Medical education: University of North Texas Health Science Center/Texas College of Osteopathic Medicine, Fort Worth, TX, 1991. Internship: University of Texas Health Science Center, Tyler, TX, 1991-92. Internal Medicine residency: Texas

Tech Health Science Center, Amarillo, TX, 1992-95. DOB 10-28-61.

Scott T. Stoll, D.O., Ph.D., Physical Medicine and Rehabilitation, 3500 Camp Bowie Blvd., Fort Worth, TX 76107. Medical education: University of North Texas Health Science Center/Texas College of Osteopathic Medicine, Fort Worth, TX, 1990. Internship: Osteopathic Medical Center of Texas, Fort Worth, TX, 1990-91. Physical Medicine and Rehabilitation residency: University of Kentucky Medical Center, Kentucky, 1992-95. DOB 6-23-62.

Clare Ritchie Zengerle, D.O., Family Practice, 1607 N. Terrell, Cuero, TX 77954. Medical education: University of North Texas Health Science Center/Texas College of Osteopathic Medicine, Fort Worth, TX, 1992. Internship: Memorial Medical Center, Corpus Christi, TX, 1992-93. Family Practice residency: Memorial Medical Center, 1992-95. DOB 4-8-60.

NON-RESIDENT ASSOCIATE MEMBERS

Alan Randolph Boyd, D.O., Psychiatry, 737 State Street, Suite B, New Orleans, LA 70118. Medical education: University of North Texas Health Science Center/Texas College of Osteopathic Medicine, Fort Worth, TX, 1990. Internship: Northeast Community Hospital, Bedford, TX, 1990-91. Psychiatry residency: Tulane University Affiliated, New Orleans, LA, 1991-95. DOB 4-22-49.

Michael David Duchamp, D.O., Orthopedic Surgery, 237 Oxford, Hopkinsville, KY, 42240. Medical education: University of North Texas Health Science Center/Texas College of Osteopathic Medicine, Fort Worth, TX, 1990. Internship: Mount Clemens General Hospital, Mount Clemens, MI, 1990-91. Orthopedic Surgery residency: Mount Clemens General Hospital, 1991-95. DOB 7-21-53.

James B. Hengy, D.O., Otolaryngology, 4729 Crescent Beach, Onekama, MI 49675. Medical education: University of North Texas Health Science Center/Texas College of Osteopathic Medicine, Fort Worth, TX, 1990. Internship: Mount Clemens

General Hospital, Mount Clemens, MI, 1990-91. Otorhinolaryngology/Oral Facial Plastic Surgery residency: Bi-County Community Hospital, Warren, MI, 1991-95. DOB 4-14-63.

REINSTATED MEMBERS

Howard H. Galarneau, D.O., San Antonio, TX.

E. Randy Osborn, D.O., Fort Worth, TX.

AFFILIATE MEMBERS

Gary M. Booth

IBM Healthcare Solutions
1507 LBJ Freeway, 16-6364
Dallas, TX 75234

Ron Wright

Med Specialist
11912 Brookwood Circle
Austin, TX 78750

ASSOCIATE MEMBER

Tracy Mabry, J.D.

Clark, Thomas & Winters, P.C.
P.O. Box 1148
Austin, TX 78767

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News from Osteopathic Health System of Texas

Ron Stephen Named Executive Vice President at Osteopathic Medical Center of Texas



F. Ron Stephen

F. Ron Stephen was named as OMCT's Executive Vice President and Administrator by the hospital's Board of Directors on January 16. Mr. Stephen's previous role at OMCT has

been Senior Vice President of Operations.

"It is a pleasure and privilege to be appointed as Executive Vice President of Osteopathic Medical Center of Texas," Mr. Stephen said. "I am looking forward to the challenge of managing this robust and vigorous institution. With our outstanding medical staff, our top-notch hospital staff and facilities, and an established tradition of excellence, Osteopathic Medical Center is a leader in health care in north Texas."

Mr. Stephen's responsibilities at OMCT have included all hospital ancillary and support services. He was responsible for developing and implementing the Carswell Osteopathic Medical Plan, a highly successful, multi-faceted program designed to help military retirees and their families find health care services.

Mr. Stephen has served on the City of Fort Worth's Carswell Task Force, and is Immediate Past President of both the Fort Worth Chapter of the Air Force Association and the Lone Star Chapter of the Retired Officers Association. Currently, Mr. Stephen serves as the Chairman of the West Area Council of the Chamber of Commerce. He is a Fellow in the College of Osteopathic Healthcare Executives and the American College of Health Care Executives, and is a member of the Board of Credentials Verification Center of the Dallas-Fort Worth Hospital Council.

Before coming to OMCT in October, 1989, Mr. Stephen was a Colonel in the United States Air Force, where he served as administrator of four different

military hospitals. He concluded his military career as Administrator of Carswell AFB's Robert L. Thompson Strategic Hospital. A career military officer, he was commissioned a Second Lieutenant in 1964 and served in various health care-related positions in the Air Force Medical Services Corps in the United States, and tours overseas to both Korea and England. His military decorations include the Legion of Merit, Meritorious Service Medal and Air Force Commendation Medal.

Osteopathic Medical Center of Texas is a 265-bed regional referral center located in the heart of Fort Worth's Cultural District. The largest osteopathic institution in Texas, OMCT serves as a primary teaching institution for the University of North Texas Health Science Center/Texas College of Osteopathic Medicine.

Three New Physicians Named to Staff at OMCT



Laura L. McClintock, D.O.

Laura L. McClintock, D.O., John A. Fling, M.D., and Daniel P. Conte, D.O., have all joined the medical staff at Osteopathic Medical Center of Texas.

Dr. McClintock, board-eligible in Psychiatry, completed her psychiatry residency at the University of South Alabama Medical Center in Mobile, Alabama. She graduated from Oklahoma State University College of Osteopathic Medicine and received her bachelor's degree from the University of Tulsa.

Dr. McClintock is an Assistant Professor in the Department of Psychiatry and Human Behavior at UNTHSC/TCOM. She currently holds membership in the American Medical Association, the Alabama Osteopathic Medical Association and the American Psychiatric Association.

Dr. Fling, a pediatrician, completed a fellowship in 1987 at Lackland Air Force Base in Texas, where he was the



John A. Fling, M.D.

recipient of the Parke Davis Fellowship Award. His residency was completed at Travis Air Force Base in California in 1981. In 1983, he served an internship at David Grant USAF Medical Center.

Center. Dr. Fling graduated from the University of Texas Health Science Center at San Antonio in 1978.

Dr. Fling is board-certified in Pediatrics and Allergy/Immunology and served as the Clinical Instructor in Medicine at Texas College of Osteopathic Medicine from 1985 to 1987. Currently, he is an Associate Professor of Pediatrics and an Assistant Professor in the Department of Allergy/Immunology at UNTHSC/TCOM.

Dr. Fling is a Fellow in the American Academy of Pediatrics, and is a member of both the American Academy of Allergy and the American Academy of Allergy and Immunology, and the Association of Military Allergists.



Daniel P. Conte, D.O.

Dr. Conte specializes in Manipulative Medicine, completed his manipulative medicine residency at UNTHSC/TCOM in 1994. In 1991, he served his general surgery residency

at the University of Medicine and Dentistry of New Jersey. In 1987, he completed his internship at the University Medical Center/Kennedy Memorial Hospital in Stratford, New Jersey. Dr. Conte received his D.O. degree from the University of Medicine and Dentistry of New Jersey/School of Osteopathic Medicine in 1986.

Dr. Conte is Director of the Clinical Clerkship in Osteopathic Manipulative Medicine and is an Associate Professor in the Department of Manipulative Medicine at UNTHSC/TCOM.

He is a member of the American Osteopathic Association, the American

Academy of Osteopathy, the Texas Osteopathic Medical Association and the Cranial Academy.

OMCT's APPLE Club Receives Award from Tarrant County Senior's Group

Osteopathic Health System of Texas' Adult Prevention Program for Life Enhancement (APPLE) added another feather in its cap on January 18. That's when the Senior Citizen Services of Greater Tarrant County recognized the organization for its ongoing support of senior Citizen Services.

Stephanie Vickers, Director of the APPLE Club and Adella Reagan, Assistant Director of APPLE, were on hand to receive the award. The award was presented at the Senior Citizen Services annual Board of Directors meeting held at the Botanical Gardens in Fort Worth.

"Recognition of APPLE acknowledges our ongoing commitment to serving older adults in our community," Stephanie said. "The entire staff has worked to support the programs that Senior Citizen Services offers by using the resources of the APPLE Club and area organizations and agencies."

APPLE Club has been involved with senior Citizen Services for the last two years. The club has helped area senior citizens by paying to mail the *Senior Citizen Sentinel* to 4,000 APPLE Club members, and by participating in the Senior Expo, the largest services-sponsored exhibit for older adults in the North Texas area. The APPLE Club also has participated in the Miles for Meals program and has presented many programs at Senior Citizen Centers throughout Tarrant County and surrounding communities. APPLE Club, in conjunction with CareLink, also provides physician and community service referrals to seniors living in Tarrant County and surrounding areas.

Senior Citizens Services of Greater Tarrant County is a nonprofit, Area on Aging and United Way Agency dedicated to helping older adults live their lives with independence and dignity.

OMCT Focus on Courtesy Pays Off

Osteopathic Medical Center of Texas received some of its highest rankings ever from inpatients, as reported by Press, Ganey Associates, Inc., a company that surveys patient satisfaction.

Under the section, Room and Accommodations, OMCT scored in the top 13 percent of the almost 400 hospitals throughout the United States the company surveyed. Questions in that section focused on how cheerful the room looks, how clean it is, the room temperature, whether everything works, the noise level in the room, and the courtesy of the housekeeping staff.

"We think that the reason we scored so high in the October-December, 1995, survey is because of a program in Housekeeping that renews emphasis on courtesy," said Ruth Blackwell, R.N., Vice President of Quality Management. "Patients are definitely happy with the renewed focus on courtesy."

OMCT also scored extremely high in the survey's Services section, scoring in the 88th percentile. Departments responsible for the Services section include Volunteers, Central Transport, Respiratory Therapy, Physical Therapy

and Social Services. Many people who responded pointed out that both the sensitivity and cheerfulness of the staff were one of the major factors that made a difference during their hospital stay.

Ruth stressed that courtesy is one of the main issues that affects patient satisfaction. Survey respondents said that OMCT focused on what some people might consider small gestures - closing the door when leaving a room, knocking before entering, calling someone by name, and assuring privacy - as factors that made their experience at OMCT positive.

OMCT began using information from the Press, Ganey surveys in January, 1994. Ruth said that OMCT plans to expand surveys to include patients visiting the emergency room, ambulatory surgery patients, and outpatient services to continue to improve the quality of care delivered at OMCT. ■

TOMA President-Elect Seeks Committee Appointees

Each year, the president-elect of the Texas Osteopathic Medical Association must name TOMA members to the Association's various committees when he or she assumes the office of president at the close of the TOMA convention. Strong committees are an essential part of the Association's operations, and require dedicated and knowledgeable members.

Arthur J. Speece, III, D.O., who will succeed William D. Hospers, D.O., as the Association's president during the 1996 Annual Convention in San Antonio, would like all TOMA members interested in serving on a committee to write him as soon as possible so he can begin to consider his appointments.

Simply note the TOMA committee or committees in which you are interested, enclose a brief CV detailing your training, practice and related experiences, and send your letter to Dr. Speece, c/o Terry Boucher, Executive Director, Texas Osteopathic Medical Association, 1415 Lavaca Street, Austin, TX 78701-1634.

Appointments will be made to the following committees: Awards and Scholarship; Constitution, Bylaws and Documents; Ethics; Osteopathic Principles and Practice; Physicians Assistance Program; Professional Liability Insurance; Publications; Socioeconomics; Environmental Health and Preventive Medicine; Military Affairs; Public Information; Archives; Governmental Relations; Membership, Services and Professional Development; Strategic Planning; Student/Postdoctoral Affairs; and other needed special committees.

If you are interested or know of someone who is, check the bylaws beginning on page 94 of the 1996 TOMA Membership Directory for more details and information on the various appointed positions available, or contact the TOMA State Office for specific committee charges.

TOMA members have an immense amount of talent. The Association's future depends on you and your willingness to become an active part of the organization. Dr. Speece looks forward to hearing from you by April 15. ■

Opportunities Unlimited

PHYSICIANS WANTED

FORT WORTH AREA FP-GP CLINIC needs an additional GP for full or part time. No OB, no hospital required. 817-924-7978. (02)

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

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

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

FAST TRACK CLINIC OPENED JANUARY, 1996 — Primary Care Physician needed. Flexible schedule with malpractice provided and competitive salary. Send CV to: OPEM Associates, P.A., 4916 Camp Bowie Blvd., #208, Fort Worth, TX 76107; 817-731-8776; FAX 817-731-9590. (24)

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

WEST TEXAS - SHANNON HEALTH SYSTEM — Practice opportunities at the Shannon Clinic in San Angelo or in Regional Health Clinics. Current sites are for family practitioner or internist in San

Angelo and Del Rio, and for a family practitioner at the Coleman Doctor's Clinic. Competitive income guarantee and solid financial compensation package. Call our System Recruiter, Joyce Duncan, at 800-822-1773 or FAX CV to 915-659-5194. (29)

PHYSICIAN WANTED — Occupational Medicine/Musculoskeletal Medicine/Sports Medicine Clinic, East Texas and surrounding area. Regular hours, no weekends, minimal hospital, salary or guarantee. Contact Mr. Greg Brooks at 903-595-6078. (33)

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

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

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

POSITIONS DESIRED

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

OFFICE SPACE AVAILABLE

MEDICAL CLINIC FOR LEASE — South East Texas, excellent location. 1300 sq. ft. including lab. Additional space available. Call Ms. Holliday 800-727-5411. (08)

FOR SALE, DALLAS SUBURBS — Active growing family practice. Minor Emergency, Occupational Health. Rapid population growth in area. EKG, P.T., Coulter CBC, Spirometry. Emergency-Procedures room, three exam rooms, central lab area. Call 214-771-9479. (10)

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

WANT TO BUY A PRACTICE? — Practices listed with 100% financing available! No need to associate, buy your own practice. Don't delay, call today! Growth Investments, 214-868-9085. (20)

MISCELLANEOUS

FOR SALE — Roche Cobas Micro Blood Chemistry Analyzer. For information, please call 214-289-1290. FAX 214-289-1353. (01)

GENERAL PRACTITIONER STARTING NEW OFFICE. Looking for used/new office furniture and equipment (exam/clerical/waiting room). Call Pat at 214-957-7052. (04)

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

PRACTICE FOR SALE? If you have ever thought of selling, please call today! Dr. Mick Guenther, 214-353-5111. (28)

FOR SALE — Late model MA X-ray and processor with view box and accessories; hydraulic stretcher; transport stretchers; Coulter counter and dilution storage cabinets; office desk; and other items - very good condition. Contact: Dr. Glen Dow or Office Manager 817-485-4711. (48)

How do you treat severe paralysis of the paycheck?

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

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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.

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