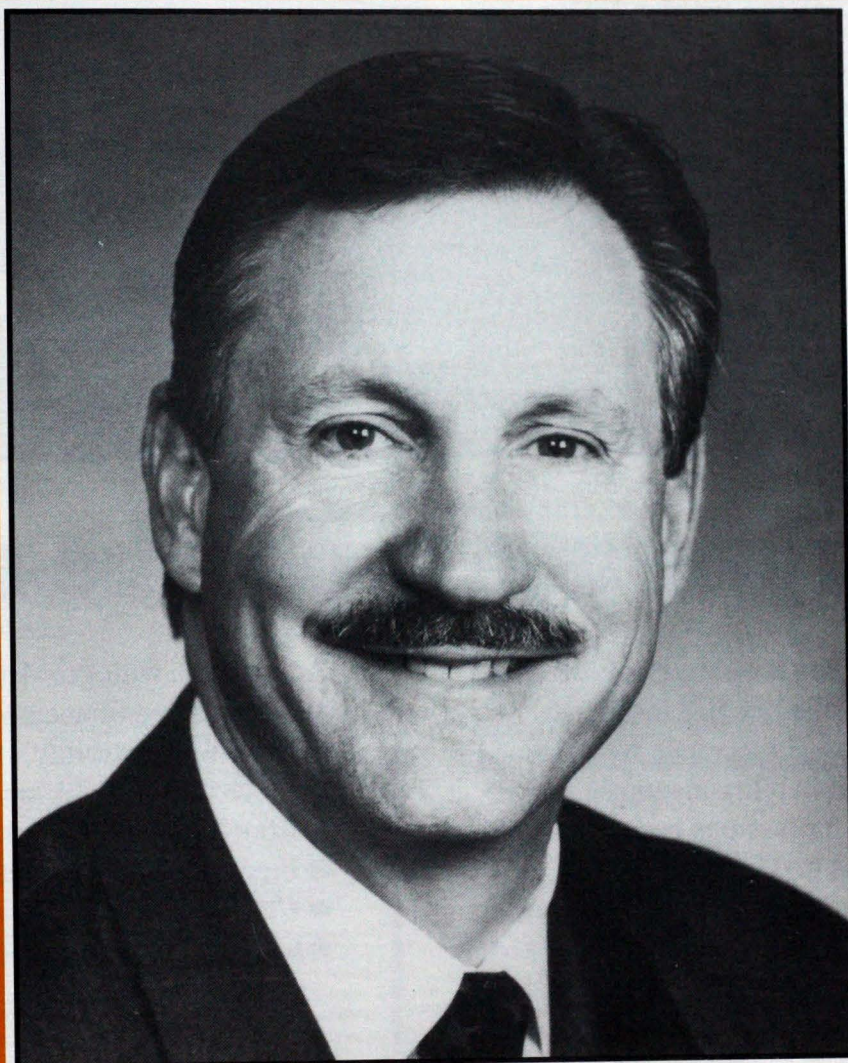


TEXAS DO

XXX, No. 10

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

November, 1993



**Senator Mike Moncrief
Scheduled Luncheon Speaker
During TOMA's 38th Mid-Year
Conference/Legislative Forum
January 29-30, 1994**

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For Premium Rates,	
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TOMA Major Medical Insurance	1-800/321-0246
TOMA Disability Insurance Program	1-800/321-0246
Texas College of Osteopathic Medicine	817/735-2000 Dallas Metro 429-9120
Medicare Office:	
Part A Telephone Unit	214/470-0222
Part B Telephone Unit	903/463-4495
Profile Questions	214/669-7408
Provider Numbers:	
Established new physician (solo)	214/669-6162
Established new physician (group)	214/669-6163
All changes to existing provider number records	214/669-6158
Texas Medical Foundation	512/329-6610
Medicare/CHAMPUS General Inquiry	800/725-9216
Medicare/CHAMPUS Beneficiary Inquiry	800/725-8315
Medicare Preprocedure Certification	800/725-8293
Private Review Preprocedure Certification	800/725-7388
Texas Osteopathic Medical Association	512/388-9400 in Texas 800/444-TOMA FAX No. 512/388-5957
TOMA Physicians Assistance Program	817/294-2788 in Texas 800/896-0680 FAX No. 817/294-2788 in Texas 800/444-TOMA
TOMA Med-Search	
TEXAS STATE AGENCIES:	
Department of Human Services	512/450-3011
Department of Public Safety:	
Controlled Substances Division	512/465-2188
TriPLICATE Prescription Section	512/465-2189
State Board of Health	512/458-7111
State Board of Medical Examiners	512/834-7728
Texas State Board of Medical Examiners (for disciplinary actions only)	800/248-4062
State Board of Pharmacy	512/832-0661
State of Texas Poison Center for Doctors & Hospitals Only	713/765-1420 800/392-8548 Houston Metro 654-1701
Texas Workers' Compensation Commission	512/448-7900
FEDERAL AGENCIES:	
Drug Enforcement Administration:	
For state narcotics number	512/465-2000 ext 3074
For DEA number (form 224)	214/767-7250
CANCER INFORMATION:	
Cancer Information Service	713/792-3245 in Texas 800/392-2040

TEXAS DO

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

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November, 1993

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

Published eleven times a year, monthly except for May. Subscription price is \$50.00 per year.

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

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

Published by
TEXAS OSTEOPATHIC MEDICAL
ASSOCIATION
Volume XXXXX — No. 10 —
November, ISSN 0275-1453
Publication Office—One Financial Center
1717 IH 35, Suite 100
Round Rock, Texas 78664-2901
Phone: 512/388-9400 or
1/800/444-TOMA in Texas
Fax No. 512/388-5957
Copy deadline — 10th of month
preceding publication

Terry R. Boucher
Executive Director/Editor

D. Scott Petty
*Associate Executive
Director/Associate Editor*

Janet Dunkle
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JANUARY

29-30

*TOMA's 38th Mid-Year Conference/
Legislative Forum*

Location: Doubletree Hotel at Park West
Dallas, Texas

Contact: Texas Osteopathic Medical
Association
One Financial Center
1717 IH 35, Suite 100
Round Rock, TX 78664-2901
512/388-9400 or 1/800/444-8662
in Texas
Fax: 512/388-5957

FEBRUARY

13-17

*33rd Annual Convention of the Osteopathic
Physicians and Surgeons of California,
"A Step Ahead"*

Location: Las Vegas, Nevada

Hours: 40 Category I-A credits
anticipated

Contact: Osteopathic Physicians and
Surgeons of California
455 Capitol Mall, Suite 225
Sacramento, California 95814
916/447-2005
Fax: 916/447-4828

FEBRUARY 27 - MARCH 4

Ski & CME Midwinter Conference

Sponsored by Colorado Society of
Osteopathic Medicine

Location: Keystone Lodge and Resort
Keystone, Colorado

Hours: 38 AOA Category I-A; AAFP
prescribed course credits

Contact: Patricia Morales
50 S. Steele Street, Suite 440
Denver, Colorado 80209
303/332-1752
Fax: 303/322-1956

2-6

*LAMBDA OMICRON GAMMA Medical
Society's Annual Convention*
(Formerly Log National Fraternity)

Location: Disney's Contemporary Resort
Lake Buena Vista, Florida

Topic: "Sports Medicine"

Hours: 16 AOA Category 1A credit
requested

Contact: Lisa Mitchell
LOGMS Executive Secretary
215/649-8086

4-8

*"Fourth Annual Update in Clinical
Medicine for Primary Care Physicians"*

Sponsored by TCOM and Osteopathic
Health Systems of Texas

Location: Harvey's Resort Hotel
Lake Tahoe, Nevada

Hours: 20 Category I-A, AOA

Contact: Pam McFadden
Program Director
817/735-2581

23-27

*Pan American Allergy Society Training
Course and Seminar*

Location: Doubletree at Post Oak
Houston, Texas

Contact: Ms. Ann Brey
Executive Secretary
Pan American Allergy Society
P.O. Box 947
Fredericksburg, Texas 78624
210/997-9853
Fax: 210/997-8625

Articles in the "Texas DO" that mention the Texas Osteopathic Medical Association's position on state legislation are defined as "legislative advertising," according to Tex Govt Code Ann §305.027. Disclosure of the name and address of the person who contracts with the printer to publish the legislative advertising in the "Texas DO" is required by that law: Terry R. Boucher, Executive Director, TOMA, One Financial Center, 1717 IH 35, Suite 100, Round Rock, Texas 78664-2901.

Changes to Drug Laws Impact Prescriptions

Several amendments were made by the 73rd Texas Legislature to the Texas Dangerous Drug Act (DDA) and the Texas Controlled Substances Act (CSA) which became effective September 1, 1993. Some of these amendments impact prescriptions.

Prescription Information

Physicians are now required to include the following information on prescriptions:

- The intended use of the drug, unless the practitioner determines the information is not in the best interest of the patient;
- The name, address and telephone number of the physician, and if for a controlled substance, the practitioner's Drug Enforcement Agency (DEA) number **legibly printed or stamped on a written prescription**; and
- The quantity for a controlled substance written numerically, followed by the number written as a word. (Although not a new amendment, this requirement bears mentioning.)

Partial Filling of Triplicate Prescriptions

The CSA was amended to match federal requirements allowing pharmacists to dispense prescriptions for Schedule II controlled substances for partial quantities. The total amount dispensed by the pharmacist may not exceed the total prescribed by the practitioner, and the pharmacist may not continue partial filling of the prescription beyond 30 days from the day prescribed.

This applies only to prescriptions issued to:

- Patients in a long-term care facility (LTCF); or
- Patients with a medical diagnosis which documents a terminal illness.

The pharmacist is required to confirm and document on the triplicate prescription, that the patient is

"Terminally Ill" or an "LTCF patient." Thus, the pharmacist may contact the practitioner to acquire this information. A prescription not containing either of these notations shall be deemed to have been filled in violation.

Designated Agents

For some time, practitioners have been allowed to designate in writing, individuals authorized as agents to transmit prescription drug orders to pharmacists. The DDA was amended to allow practitioners to designate in writing, an entire healthcare facility as a designated agent. In this manner, the practitioner automatically designates each licensed nurse, physician assistant, or pharmacist employed by the healthcare facility, as an agent.

Dispensing of Emergency Refills

The Pharmacy Act, DDA and the CSA were all amended to add a new section which allows pharmacists to exercise their professional judgment to dispense up to a 72-hour emergency supply of a prescription drug, other than a Schedule II controlled substance, without authorization from the practitioner.

This practice is limited to situations where:

- Failure to refill the prescription might result in an interruption of a therapeutic regimen or create patient suffering; and
- The pharmacist is unable to contact the practitioner after a reasonable effort.

The pharmacist is to inform the patient or the patient's agent at the time of dispensing that the emergency refill is being provided without practitioner authorization and that such authorization will be required for future refills.

The pharmacist must notify the practitioner of the emergency refill at the earliest reasonable time.

Clarification Regarding Faxed Prescriptions

Since January of 1992, physicians have been faxing prescriptions to pharmacists. Along with the normal requirements for verbal prescriptions, certain rules are applicable to faxed prescriptions. Due to increased use of this method, the Texas State Board of Pharmacy offers the following tips to minimize any confusion.

Physicians or others who are authorized to fax prescriptions should include the following additional information on the face of the faxed prescription:

- A statement indicating the prescription has been faxed;
- Full name of the person authorized by the physician to fax the prescription;
- Name, address and fax number of the pharmacy to which the prescription was faxed; and
- The date that the prescription was actually faxed to the pharmacy (if different from the date the prescription was issued).

Please note that prescriptions for Schedule II controlled substances **cannot** be faxed. If a prescription is incomplete or its validity is questioned by a pharmacist, missing information must be obtained by the pharmacist before the prescription can be filled.

Physicians who have questions regarding any of the changes to the drug laws can contact the Texas State Board of Pharmacy at (512) 832-0661. ■

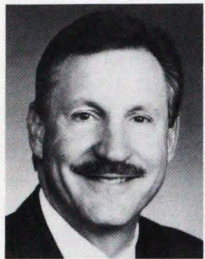
Enough Already!

A recent survey of 1,000 people revealed that only 39 percent are making an effort to follow nutritional guidelines for healthy eating. This is down from 44 percent in 1991. Seemingly endless advice regarding nutrition was cited by respondents as one of the reasons that they quit following guidelines. ■

TOMA's 38th Mid-Year Conference/Legislative Forum Set for January 29-30, 1994

The 38th Mid-Year Conference/Legislative Forum of the Texas Osteopathic Medical Association will be held January 29-30, at the Doubletree Hotel at Park West, 1590 LBJ Freeway, Dallas, Texas.

This two-day seminar has always been extremely popular. Informative clinical topics combined with legislative updates makes this seminar an important and enlightening learning experience — one you won't want to miss.



Mike Moncrief

Scheduled speaker at the luncheon on Saturday, January 29, is Texas State Senator Mike Moncrief of Fort Worth. A life-long resident of Fort Worth, he is a successful business man who has been involved in public service for more than two decades. He has served as a State Representative and Tarrant County Judge, and in November of 1990, the voters of District 12 in Fort Worth chose him to represent them in the Texas State Senate. Senator Moncrief, a Democrat, has represented District 12 in the 72nd and 73rd Legislatures.

During the 1991 Regular Session, he served on the following committees: Health and Human Services, Intergovernmental Relations and State Affairs with a subcommittee of Congressional Redistricting. During the interim, Senator Moncrief served as Chairman of the Senate Health and Human Services Interim Committee. Additionally, he has been appointed to the Sunset Advisory Commission, and was an active member of the Governor's Health Policy Task Force.

The 73rd Regular Legislature Session opened on January 12, 1993. Senator Moncrief, now in his second term of office, serves on the Finance, Administration (as Vice-Chair), Health and Human Services, and Intergovernmental Relations committees.

A graduate of Tarleton State University in Stephenville, Texas, Senator Moncrief served as President of the Student Body and was elected to *Who's Who in American Colleges and Universities*. He is past President of the Tarleton Alumni Association and was honored in 1977 as

a Distinguished Alumnus.

As a State Representative in the 62nd Legislature (1970-72), he served on five major committees, including the Appropriations Committee. He secured passage of major drug legislation and is responsible for the bill which authorized the construction of the Fort Worth State School. At the end of his legislative term, he was voted Legislator of the Year by his fellow members.

In addition, he successfully spearheaded numerous efforts to improve and expand health care programs available to the poor and medically disadvantaged. For example, he was in the forefront of a community-wide effort to acquire financing and legislative support for the area's new psychiatric hospital for mental patients who, in the past, had to travel to Wichita Falls for treatment and help.

As County Judge, Senator Moncrief worked with Fort Worth and Tarrant County leadership to ensure construction of the first Fort Worth/Tarrant County jail. With family court judges, the District Attorney's office and adult probation officers, he set up the county's Restitution Enforcement Program, and worked with historic preservationists to pass a bond program that financed the renovation of the County Courthouse.

He was also instrumental in the establishment of the Tarrant County Mayors' Council and the Conference of Urban Counties. Both organizations are heavily involved in initiating and analyzing state and federal legislation that impacts Tarrant County's quality of life.

Senator Moncrief currently serves on the boards of numerous social service advocacy and research associations and foundations. He is the recipient of many honors, including *Who's Who in American Government*, *Newsmaker of the Year*, *Outstanding Young Man of Fort Worth* and *Outstanding Young Man of Texas*, the latter two being Jaycee honors.



Daniel W. Saylak, D.O.

Serving as this year's program chairman is Daniel W. Saylak, D.O., of Bremond. Dr. Saylak practices at, and owns, Central Texas Osteopathic Medical Associates.

A 1975 Magna

Cum Laude graduate of Bryan (Texas) High School, he received undergraduate degree from Texas A&M University in College Station, graduated Cum Laude with a B.S. in Zoology. Dr. Saylak received his D.O. degree in 1975 from Texas College of Osteopathic Medicine and interned at Northern Community Hospital in Bedford.

In addition to his family practice in Bremond, he serves as an assistant clinical professor of general practice at TCOM; medical director of Bremond Nursing Center, Calvert Nursing Center, Advanced Respiratory Care, Inc. (Bryan), and Bremond Voluntary Ambulance Service and as medical director of Family Planning, Home Health Care and WIC for the Brazos Valley Community Action Agency. He is a member of the Vendor Drug Advisory Committee of the Texas Department of Human Services.

Dr. Saylak's professional associations include the Texas Osteopathic Medical Association, in which he is a member of the House of Delegates; TOMA District XVIII, of which he is president; American Osteopathic Association; American Medical Association; Texas Medical Foundation; Brazos-Robertson County Medical Society; Texas Society of the American College of Osteopathic Family Physicians; American Academy of Family Practice; and the Texas Academy of Family Practice.

Dr. Saylak has chosen for the general session, Saturday, January 29, such topics as *AIDS for Primary Care Physicians*; *Testing Guidelines*; *Stepped Care for the Asthmatic Patient*; *Tuberculosis in Texas Workers' Comp Disability Evaluations*; *Current Research in Smoking Cessation*; and *Negotiating a Managed Care Contract*.

A Risk Management Seminar is scheduled for Saturday afternoon, January 29. Topics scheduled to be discussed include Jennie Button, D.O., speaking on *Patient Dumping Prevention*; *Impairment in Physicians*; and *COLA — A New Alternative to CLIA*.

Don Self & Associates will be presenting a Medicare Coding Seminar. Attendees will be briefed on *Medicare Changes for 1994*.

Mark your calendar and dedicate this weekend for CME.

TOMA Mid-Year Conference/Legislative Forum
January 29-30, 1994
Doubletree Hotel at Park West, Dallas, Texas

REGISTRATION FORM

Name _____ City _____
(Please Print)

AOA # _____ College _____ Year Graduated _____

Registration Fees:

_____ \$175.00 — Clinical Seminar, to include at no additional charge, the "Risk Management and Coding Seminar"

_____ \$200.00 At-The-Door Registration

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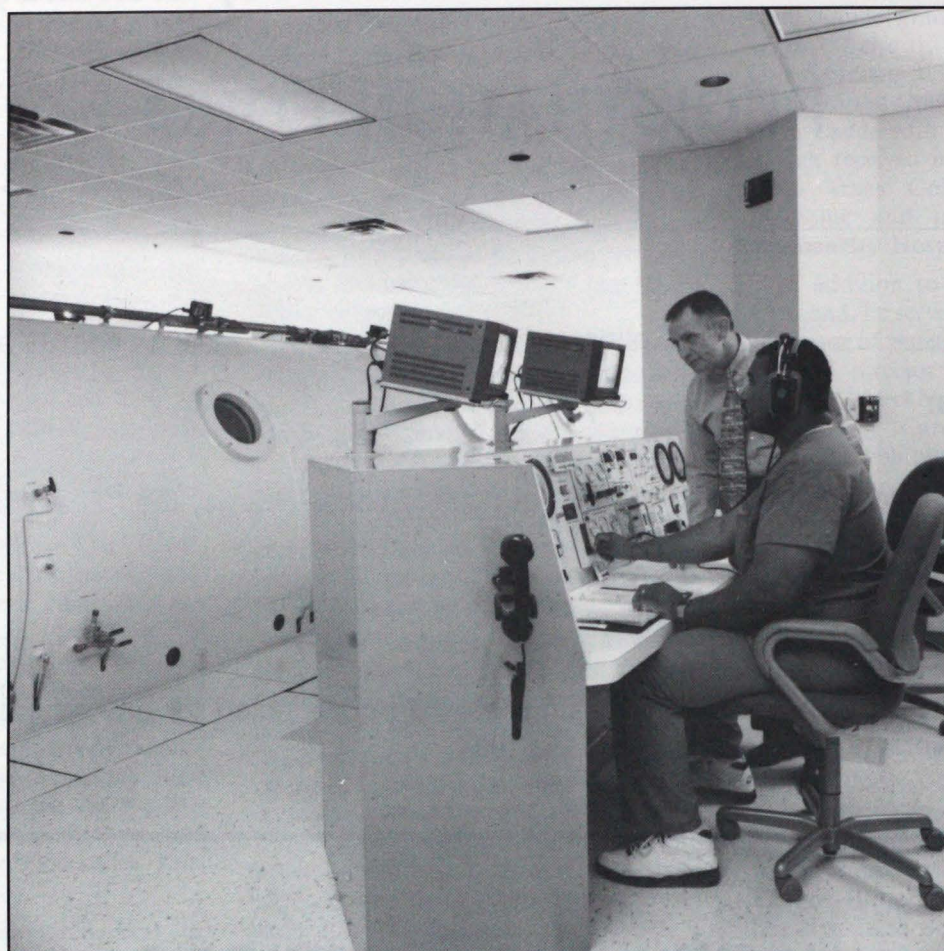
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Osteopathic Medical Center of Texas Unveils New Multiplace Hyperbaric Chamber



Osteopathic Medical Center of Texas (OMCT) has begun treating patients in the first multiplace hyperbaric chamber in Tarrant County. OMCT's Hyperbaric Medicine/Wound Management Program is a joint project with the University of North Texas Health Science Center at Fort Worth.

Activities surrounding the opening of OMCT's Hyperbaric Medicine Wound Management Center were designed to familiarize physicians with the benefits of hyperbaric oxygen therapy and the capabilities of the new multiplace chamber. In addition to an open house and tour for physicians, Osteopathic Health System of Texas sponsored a free continuing medical education offering on "Oxygen, Wound Healing and Wound Infections," with noted guest speaker Thomas K. Hunt, M.D. Dr. Hunt is vice chairman of the Department of Surgery and director of the Wound Healing Laboratory at the University of California, San Francisco.

Also speaking at the CME was John G. Mills, D.O., MPH, FAOCPM, who is clinical director of the Hyperbaric Medicine Program of both OMCT and the University of North Texas Health Science Center. Dr. Mills is also associate professor and associate dean for clinical affairs at the health science center.

Used historically for treating decompression sickness and carbon monoxide poisoning, recent research has proven the effectiveness of Hyperbaric Oxygen Therapy (HBOT) in treating other conditions, including arterial gas embolism, crush injuries, compromised skin grafts, osteoradionecrosis, chronic osteomyelitis, radiation necrosis, gas gangrene and brown recluse spider bites.

HBOT increases absorption of oxygen in the bloodstream. Breathing pure oxygen in an environment of three times the normal atmospheric pressure enables the body to absorb 10 to 15 times the amount of oxygen assimilated naturally. In general, HBOT is used to promote

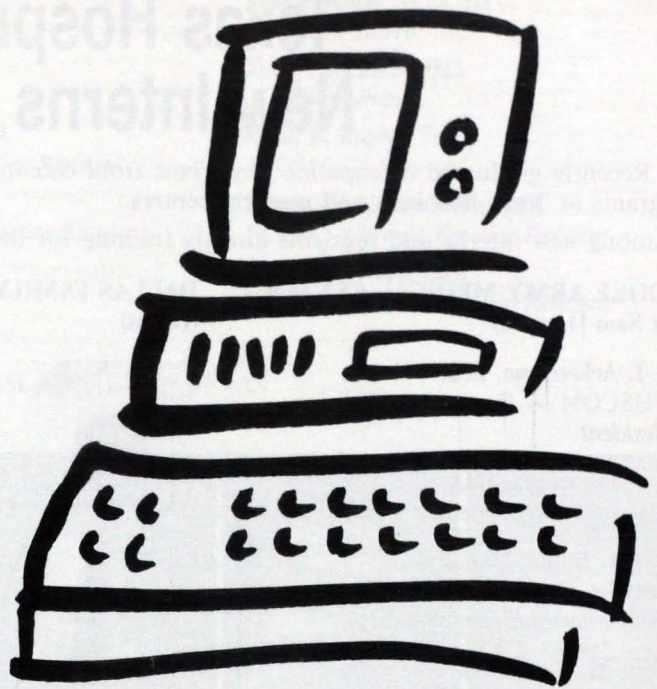
healing, reduce infection and curb tissue loss via improved cellular oxygenation.

OMCT's multiplace hyperbaric oxygen treatment chamber system accommodates up to 12 ambulatory or six stretcher patients simultaneously. The steel chamber is seven feet in diameter and 28 feet long, and weighs more than 30,000 pounds. It is equipped with seating, emergency medical and safety equipment and closed-circuit television for patient monitoring.

OMCT's hyperbaric staff members have been recruited from across the United States for their experience in clinical hyperbaric medicine.

OMCT will perform research studies on the therapeutic applications of hyperbaric medicine for conditions including heart attack and stroke, in collaboration with the Division of Clinical Hyperbaric Research at the University of North Texas Health Science Center at Fort Worth.

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Texas Hospitals Introduce New Interns and Residents

Recently graduated osteopathic physicians from osteopathic colleges throughout the nation have begun their training programs at Texas hospitals and medical centers.

Among new interns and residents already training for the 1993-94 year are:

BROOKE ARMY MEDICAL CENTER (Fort Sam Houston)

Bret T. Ackermann, D.O.
SEUHS COM — *Emergency Medicine Resident*

Kurt J. Berneburg, D.O.
PCOM — *Internal Medicine Resident*

Rashid A. Buttar, D.O.
UOMHS — *Special Training Year (post-internship/pre-residency)*

Stephen M. Dentler, D.O.
TCOM — *Pediatric Resident*

Patrick J. Flaherty, D.O.
PCOM — *Categorical Medicine Intern*

Nicolo R. Geralde, D.O.
CCOM — *Categorical Pediatric Intern*

Paul T. Gustafson, D.O.
CCOM — *Categorical Surgery Intern*

Jon L. Hobbs, D.O.
SEUHS COM — *Transitional Year Program*

Mark A. Marconi, D.O.
PCOM — *Categorical OB/GYN Intern*

Craig E. McCoy, D.O.
KCOM — *OB/GYN Resident*

Juan S. Pico, D.O.
NYCOM — *Categorical Medicine Intern*

Cynthia D. Roberts, D.O.
TCOM — *Transitional Year Program*

Philip R. Roberts, D.O.
TCOM — *Transitional Year Program*

Joe L. Sellers, D.O.
TCOM — *Transitional Year Program*

Timothy J. Steinagle, D.O.
TCOM — *General Surgery Resident*

Erwina Q. Ungos, D.O.
COMP — *Emergency Medicine Resident*

George K. Wilcox, D.O.
TCOM — *Categorical Medicine Intern*

James M. Williams, D.O.
PCOM — *General Surgery Resident*

Timothy B. Williams, D.O.
SEUHS COM — *Categorical Pediatric Intern*

DALLAS FAMILY HOSPITAL (Dallas)

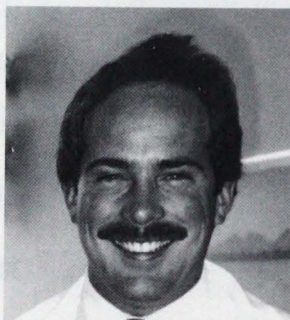


L to R: Gilbert Aragon, D.O.; Kenneth Dority, D.O.; Esther Cruz, D.O.; Timothy Collins, D.O.; Roberta Beals, D.O.; and Randall Barron, D.O.

Gilbert Aragon, D.O.
UHS-COM — *Intern*
Randall Barron, D.O.
TCOM — *Intern*

Roberta Beals, D.O.
KCOM — *Intern*
Timothy Collins, D.O.
OSU-COM — *Intern*

Esther Cruz, D.O.
KCOM — *Intern*
Kenneth Dority, D.O.
KCOM — *Intern*



Darin Keith George, D.O.



Robert Harla, D.O.



Simon T. Garza, Keever, D.O.



Michael (Skip) Landers, D.O.

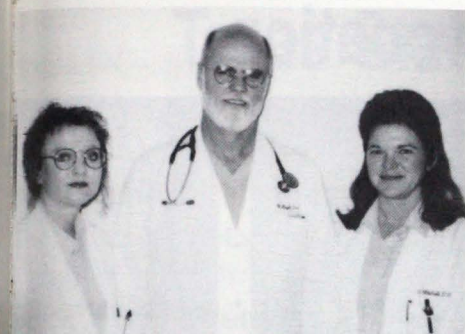


Rose Weaver, D.O.

Darren Keith George, D.O.
TCOM — *Resident*
Robert Harla, D.O.
TCOM — *Dermatology Resident*

Simon T. Garza, Keever, D.O.
KCOM — *Resident*
Michael (Skip) Landers, D.O.
UHS-COM — *Resident*
Rose Weaver, D.O.
TCOM — *Resident*

DOCTORS HOSPITAL, INC.
(Groves)



L - R: Mary A. Schaefer, D.O.; William Mizell, D.O.; and Shaunna Mitchell, D.O.

Shaunna Mitchell, D.O.
TCOM — *Intern*

William Mizell, D.O.
KCOM — *Intern*

Mary A. Schaefer, D.O.
TCOM — *Intern*

JOHN PETER SMITH HOSPITAL
(Fort Worth)

Deborah Boyd, D.O.
TCOM — *Family Practice Intern*

Christopher Bristow, D.O.
TCOM — *Family Practice Intern*

Charles Gibson, D.O.
TCOM — *Family Practice Intern*

Richard Taylor, D.O.
KCOM — *Family Practice Resident*

MEMORIAL MEDICAL CENTER
(Corpus Christi)



Duwayne Edge, D.O.
TCOM — *Family Practice Resident*

NORTHEAST COMMUNITY HOSPITAL
(Bedford)

Donald Brock, D.O.
UHS-COM — *Intern*

Kathleen Cubine, D.O.
TCOM — *Family Practice Resident*

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

James Howton, D.O.
TCOM — *Intern*

Mary Dennis Kretzer, D.O.
UOMHS — *Family Practice Resident*

Mary K. Mills, D.O.
OSU-COM — *Family Practice Resident*

Ronald Moon, D.O.
TCOM — *Intern*

Judith Abigail Moss, D.O.
TCOM — *Intern*

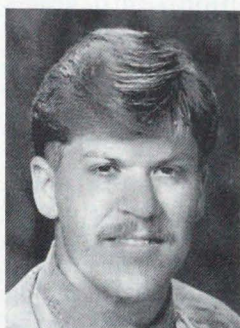
Robbye Richards, D.O.
TCOM — *Intern*

Brian B. Rogers, D.O.
TCOM — *Intern*

Felecia Waddleton-Willis, D.O.
PCOM — *Family Practice Resident*

James M. Webb, D.O.
KCOM — *Family Practice Resident*

OSTEOPATHIC MEDICAL CENTER OF TEXAS
(Fort Worth)



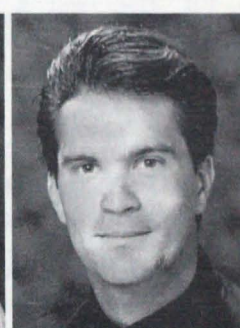
Scott W. Barclay, D.O.



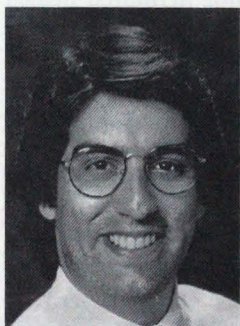
Glen H. Brookshire, D.O.



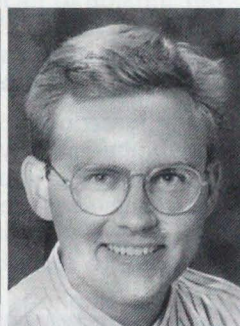
Chun H. (Emil) Choi, D.O.



William J. Friedrich, D.O.



Paul J. Garcia, D.O.



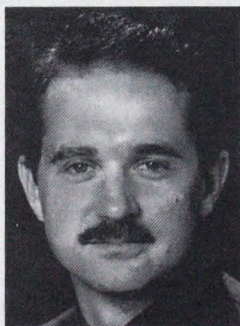
Paul Gerstenberg, D.O.



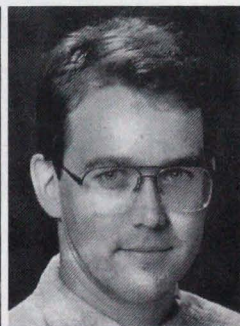
David P. Hill, D.O.



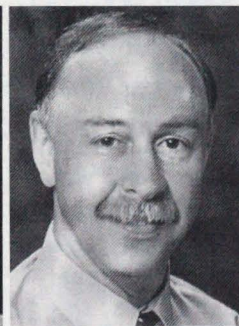
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Bryan L. Lane, D.O.



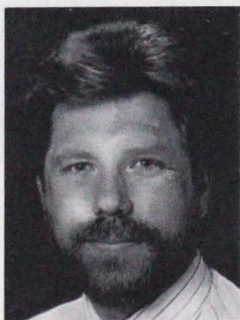
Gordon G. McWatt, D.O.



Charles D. Ross, D.O.



Jeanine H. Thomas, D.O.



Lewis Westerfield, D.O.

Scott W. Barclay, D.O.
TCOM — *Family Practice Resident*

Christopher Blair, D.O.
TCOM — *Intern*

Glen H. Brookshire, D.O.
TCOM — *Intern*

Chun H. (Emil) Choi, D.O.
UHS-COM — *Intern*

William J. Friedrich, D.O.
TCOM — *Intern*

Paul J. Garcia, D.O.
TCOM — *Intern*

Paul Gerstenberg, D.O.
TCOM — *Family Practice Resident*

David P. Hill, D.O.
TCOM — *Family Practice Resident*

Jeffrey S. Krantz, D.O.
TCOM — *Intern*

Bryan L. Lane, D.O.
TCOM — *Intern*

Gordon G. McWatt, D.O.
TCOM — *Intern*

Charles D. Ross, D.O.
TCOM — *Intern*

Jeanine H. Thomas, D.O.
OSU-COM — *Internal Medicine Resident*

Lewis Westerfield, D.O.
TCOM — *Internal Medicine Resident*

WILFORD HALL USAF CENTER
(Lackland Air Force Base)

Craig A. Manifold, D.O.
PCOM — *Resident*

Physicians, Beware!

Physicians should note that when the Medical Practice Act was reenacted by the 73rd Texas Legislature this year, the 90-day grace period for payment of your annual medical license renewal fee was repealed. The new law, for renewals after September 1, requires the fee to be paid **on or before** the renewal date.

Physicians late in paying their renewal fee will be fined \$400. This late penalty increases to \$800 if a license is not renewed within 90 days of the renewal date. Additionally, physicians who let their renewals lapse longer than one year may find themselves subject to re-examination.

UNT Health Science Center Holds Convocation

Convocation 1993 at the University of North Texas Health Science Center at Fort Worth will forever be remembered as an "event of firsts." The convocation, held October 1, was the first for the institution in its new role as a health science center, saw the welcoming of the first class of the center's new graduate school, and featured the presentation of the first annual "Distinguished Service Award." In addition, this year's Founders' Medal honored the first osteopathic physician to come up through the research ranks and become a leading figure at the National Institutes of Health.

President David M. Richards, D.O., noted this "new era" in the history of the college in his opening remarks. "The education of physicians remains rooted in the medical school's long-standing osteopathic heritage," he said. "At the same time, we move forward and expand our mission to include affiliated health care professions. Thus, our future and our past are interwoven through educational programs."

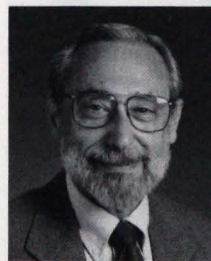
Emphasizing the new environment in which physicians will practice medicine in the coming years, Richards offered encouragement that the education they will receive will give them an edge in adapting to the changes.

"The emphasis of this new era of medical practice will be on a concept that has been a hallmark of osteopathic medicine. That hallmark is primary care," he said. "I find it interesting that many experts are now calling for a return of the family physician — of primary care — of preventive medicine and wellness. These philosophies are the foundation of osteopathic medicine, and they have been a part of this institution's mission since its founding.

"We couldn't be in a better place at a better time," said Richards, "when everything in the field of medicine is moving out . . . to us."

Honored for outstanding service to the osteopathic mission were Murray Goldstein, D.O., who received the annual Texas College of Osteopathic Medicine (TCOM) Founders' Medal, and Mary Luibel, wife of TCOM founder George Luibel, D.O., who received the first-ever Distinguished Service Award.

President Richards, in presenting the awards, first highlighted the work of Mary Luibel and the creation of the award to honor her. He said that she



Murray Goldstein, D.O.



Mary Luibel

worked side-by-side with her husband and the other founders in seeing the dream of TCOM become a reality, and has "championed osteopathic medicine for over 50 years."

The award, said Richards, will be named the "Mary E. Luibel Distinguished Service Award" and will include a medallion bearing her likeness. It will be given each year to a layperson who is "of the highest character and who is an exemplary role model."

Culminating the convocation was the recognition of the 1993 Founders' Medal recipient, Murray Goldstein, D.O.

Goldstein, who retired this year after more than 42 years as an assistant surgeon general for the U.S. Public Health Service, is currently the medical director of the United Cerebral Palsy Research and Educational Foundation. He was formerly the director of the National Institute of Neurological Disorders and Stroke, one of the 14 National Institutes of Health. He was the first osteopathic physician to hold such a prestigious position.

Goldstein was most recently named the "1993 Educator of the Year" by the National Osteopathic Foundation and the American Osteopathic Association for his contributions to osteopathic medicine, education and public health.

In accepting the Founders' Medal Goldstein commended the center for its work and spoke eagerly of the promise the future holds.

"We've learned more about the human body in the last decade than in the last 1,000 years. The vista out there is unlimited."

The University of North Texas Health Science Center at Fort Worth is a state-assisted institution including the Texas College of Osteopathic Medicine and the Graduate School of Biomedical Sciences. The campus is located in the heart of Fort Worth's Cultural District at 3500 Camp Bowie Boulevard.

New Executive Director for Texas State Board of Medical Examiners

Bruce A. Levy, M.D., J.D., of Bellaire, Texas, has been selected as the new executive director of the Texas State Board of Medical Examiners. He began his duties on September 30.

Dr. Levy attended Temple University, Philadelphia, Pennsylvania, for three years, at which time he was accepted, without a degree, into Hahnemann Medical College and Hospital, Philadelphia. He received his M.D. degree in 1971, and subsequently served a surgical internship, anesthesiology residency, and pain and acupuncture fellowship at Hahnemann. Additionally, he served an anesthesiology residency at the University of Washington School of Medicine in Seattle.

From 1989-1992, Dr. Levy attended the University of Houston, Bates School of Law, with his minor in health law. He

graduated in 1992 in the top 25 percent of the class. In 1993, he passed the Texas Bar Examination and was admitted to the Texas Bar.

He has served as an assistant professor in the Department of Anesthesiology at the University of Washington, and as clinical assistant professor in the Department of Anesthesiology at Baylor College of Medicine in Houston. Hospital positions have included attending staff in the Department of Anesthesiology, University of Washington Medical Center and Affiliated Hospitals; Pain Clinic of the University Hospital and Veterans Administration Hospital, Seattle, where he also served as clinical coordinator; Department of Anesthesiology at Group Health Cooperative Hospital, Seattle; and attending staff in the Department

of Anesthesiology at The Methodist Hospital, Houston.

Dr. Levy's legal experience has included performing medical records review for local and regional cases; presenting defense expert witness testimony for local and regional cases; and working as a law clerk for a Houston-based law firm. Dr. Levy has been in private legal practice since 1993.

He is a fellow of the American College of Anesthesiologists and a Diplomate of the American Board of Anesthesiologists, and has authored and co-authored numerous publications.

TOMA welcomes Dr. Levy, who, incidentally, is the brother of TOMA member Steven J. Levy, D.O., of Houston, as the new executive director of the Texas State Board of Medical Examiners. ■



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Health Department Pushes "Shots" Coalition

The Texas Department of Health (TDH) is creating a statewide multi-organizational coalition to boost efforts to immunize Texas children against such vaccine-preventable diseases as whooping cough, measles, polio, mumps and diphtheria.

The "Shots Across Texas Coalition" will be made up of organizations from the business, non-profit and government sectors. Though the coalition will promote the full immunization of all preschool-age children in Texas, the specific goal is to achieve a 90 percent immunization rate for 2-year-olds by the year 2000. Currently, there are approximately 303,000 2-year-olds in Texas.

Texas leads the nation in the number of reported cases of vaccine-preventable diseases. Estimates show that while 95 percent of Texas' school-age children are properly immunized, only 30-50 percent of the state's 1.5 million preschool-age children have received the recommended vaccines.

A kickoff meeting for the statewide coalition was scheduled for October 21 in Austin, to be preceded by an October 20 evening reception at the Governor's Mansion.

TDH is mobilizing the resources of statewide civic, social political, educational and religious organizations; the media; the military; government agencies; ethnic associations; and child advocacy groups. "This is definitely a non-traditional approach to getting the job done," said Dr. David Smith, Texas Commissioner of Health. "It's not something government alone can achieve."

In addressing Texas' low childhood immunization rates, coalition members may choose to work in one of five program areas: fund raising, grass roots development, media communications, education and special projects. Local immunization coalitions also are being formed.

"We want to get the vaccines, the child and the health professional in the same place at the same time," Dr. Smith said. "To do this, we have to bring down as many barriers to immunization as we can. We want to make it as easy as possible for every parent or guardian to see that every child is immunized."

Smith cited financial restrictions, a lack of familiarity with immunization requirements, inaccessibility and inconvenience as significant barriers to complete childhood immunizations. He

also said some parents dismiss the value of the vaccines because they see diseases such as measles and mumps as a normal part of growing up. Others, he said, only associate immunizations with school enrollment requirements.

The immunization push is part of an overall TDH emphasis on preventive and primary health care. "We have to capitalize on the value of prevention if we are ever to curtail the rising cost of medical care in this country," Dr. Smith said. "Immunization is about as preventive as it gets, not only in terms of lives saved and suffering avoided, but also in terms of dollars saved."

Citing a 1990 measles outbreak in

Dallas as an example, Dr. Smith said the 238 persons were hospitalized at a cost of \$3.4 million. In contrast, the cost of the preventive measles vaccine for the 238 persons would have been \$3,700.

The immunization schedule calls for a total of 18 doses of vaccines against pertussis (whooping cough), measles, diphtheria, tetanus, haemophilus influenzae type b, mumps, rubella (German or three-day measles) and hepatitis B, between birth and age six.

Anyone wanting more information about the coalition is encouraged to call Lynn Denton, TDH immunization coalition coordinator, at 512-458-7455.

Immunizations by Non-EPSDT Providers

Prior to July 16, 1993, routine childhood immunization vaccines were not supplied to non-Early Periodic Screening, Diagnosis, and Treatment (EPSDT) providers, nor was there an administration fee reimbursed for the administration of any routine vaccine.

On June 21, 1993, all providers who may have the opportunity to administer routine preventive immunizations to Medicaid children were sent a letter by NHIC announcing the following new benefit.

The Texas Department of Health (TDH) will supply vaccines free of charge to any provider who administers the vaccine. The provider will need to obtain the vaccine from his/her local health department/district or TDH Regional office. Providers may bill a \$3 administration fee per vaccine administered on a HCFA-1500 claim form with their appropriate Medicaid provider number.

If the Medicaid client is immunized during an initial follow-up office visit that was for a medical condition, the visit will be reimbursed in addition to the immunization administration fee when an appropriate medical diagnosis is referenced in block 24D of the claim. If the Medicaid child presents for IMMUNIZATIONS ONLY, an office visit should not be billed in addition to the immunization administration code, and the diagnosis code should reference immunizations only (V0690).

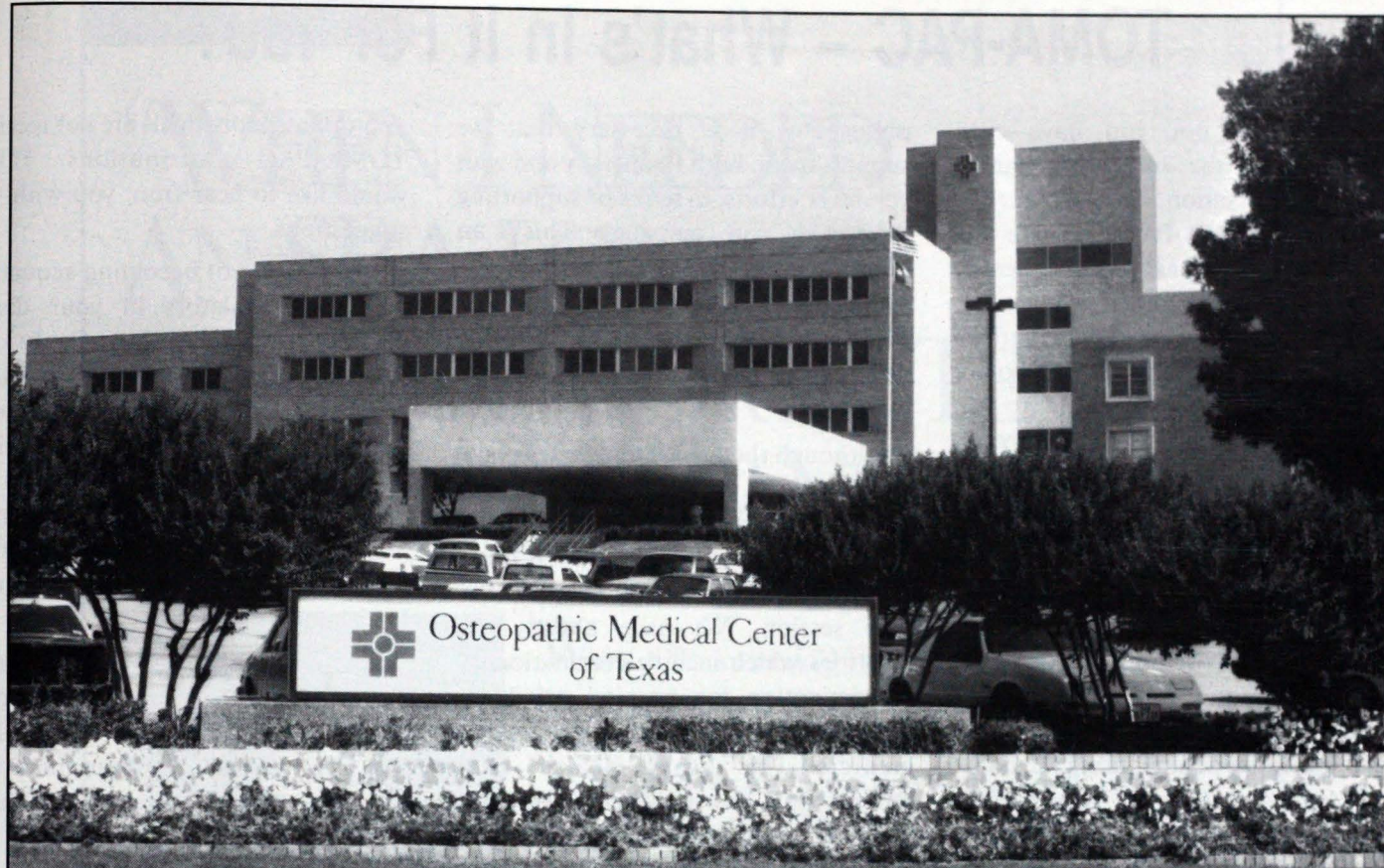
If you currently see Medicaid clients from birth through age 21 and are interested in providing preventive health

care, including immunization administration, please call Customer Service at 1-800-873-6768, and leave a message for your Maternal and Child Health representative.

The following are the appropriate procedure codes for vaccine administration

IMMUNIZATION	PROCEDURE CODE
OTHER	9-5739X
DTP #1	9-5701X
DTP #2	9-5702X
DTP #3	9-5703X
DTP #4	9-5704X
DTP #5	9-5705X
DT(Child)/Td(Adult) #1	9-5706X
DT(Child)/Td(Adult) #2	9-5707X
DT(Child)/Td(Adult) #3	9-5708X
DT(Child)/Td(Adult) #4	9-5709X
DT(Child)/Td(Adult) #5	9-5710X
OPV #1	9-5720X
OPV #2	9-5721X
OPV #3	9-5722X
OPV #4	9-5714X
HibCV #1	9-5716X
HibCV #2	9-5717X
HibCV #3	9-5718X
HibCV #4	9-5719X
HEPT B #1	9-5729X
HEPT B #2	9-5730X
HEPT B #3	9-5731X
MMR #1	9-5726X
MMR #2	9-5727X

Reprinted from Texas Medicaid Bulletin, No. 99



Osteopathic Medical Center of Texas makes your practice perfect.

Enhance your practice by referring your patients to the largest and most complete provider of osteopathic services in the state: Osteopathic Medical Center of Texas.

Located in Fort Worth's Cultural District, OMCT offers 24-hour emergency care, comprehensive obstetric services and pediatric care, ICU/CCU, cardiac and pulmonary rehabilitation, surgery, radiology, psychiatry, hemodialysis, telemetry, an oncology unit, a skilled nursing facility, a hyperbaric chamber, a full-service laboratory and more.

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While your patient is at OMCT, family members receive special assistance, including discounted hotel rates and free counseling.

For more information or to refer a patient, contact our Physician Support Services at 1-800-880-OMCT (6628).



Osteopathic Health System of Texas

3715 Camp Bowie Boulevard • Fort Worth, Texas 76107

TOMA-PAC – What's In It For You?

Whether or not you have ever contributed to the Texas Osteopathic Medical Association Political Action Committee (TOMA-PAC), you are the beneficiaries of past achievements, borne by those who contributed for the good of the entire osteopathic profession. Unfortunately, those who do help fund TOMA-PAC cannot go on shouldering the burden indefinitely. If osteopathic physicians are to continue to enjoy the practice rights that they now have, contributions to our political action committee are essential.

Our profession must be active in political campaigns, both in terms of volunteering time and contributing monies, during the even-numbered years, and in legislative action during the odd-numbered years. Keeping TOMA-PAC healthy on an annual basis is an absolute must for the kind of strategy that the osteopathic profession must embrace to continue to ensure and enhance practice opportunities in the State of Texas.

In essence, TOMA-PAC is a structure which helps generate financial aid in order to encourage positive legislative responses in the ever-shifting health care environment. Strategic planning is thus ensured and our forward-looking TOMA-PAC attains the goal of positive survival.

Contributions to TOMA-PAC give us the assurance that the best representatives available are elected and working in Austin, and most importantly, that they are aware of our problems. It has been said, "The ballot is stronger than the bullet." This we know to be so very true. By making significant contributions, we are thus able to communicate more effectively and favorably with the representatives who are elected.

We have been fortunate throughout the years in maintaining a number of influential friends in the Legislature. However, in order to keep such a continuation of individuals who support our causes and are familiar with our

philosophy, it is necessary that we support them, both financially and with volunteer efforts, in terms of supporting their re-election campaigns. This is an important area where you can be involved, both by contributing to TOMA-PAC and volunteering your time during re-election campaigns in your local area.

Although the Legislature in Texas sits every other year, it works on a continuous basis. The next session convenes in January 1995 and it is never too early to begin our strategy for the next session. We have already set priorities which include elimination of discrimination for hospital privileges and the intrusion into the practice of medicine by other health care professionals. Other concerns likely will develop in areas such as managed health care and "willing provider" legislation.

TOMA members by now should have noted modifications to the TOMA-PAC contribution statement. Although large contributions from many individuals are important, we emphasize the fact that donations of any size are sincerely appreciated. We also would like to stress that contributing a small amount several times is as important as contributing one large lump sum. If we were able to average a contribution of \$200 per member in this state, we could nearly triple our efforts and achieve the goals we have set for the next session.

We offer special encouragement to the younger, new practitioners, who may not have ever considered contributing. Any amount will go a long way in starting a meaningful program of TOMA-PAC contributions that can be continued in the years to come.

It should be noted that there will be quarterly reporting to the District presidents and TOMA-PAC contributors on all contributions made by TOMA-PAC to the various candidates and legislators. In this way, contributors will be kept aware of where their money has been targeted. If you feel that

appropriate individuals are not receiving TOMA-PAC contributions, TOMA-PAC would like to hear from you with your suggestions.

The concept of becoming acquainted with the legislators in your district cannot be stressed enough. Get to know them, work in their campaigns, contribute to them and invite them to become part of your district activities at least on an annual basis. This will provide us with an essential grass roots level from which we can call upon them when their assistance is needed in the Legislature.

As we revitalize TOMA-PAC for the 1994 campaigns, we strongly urge you to rethink your commitment to TOMA-PAC, and try to contribute more than you have in the past. The ultimate responsibility for the success of our political action committee rests with you. You are vital in maintaining our present practice rights and future achievements in medicine's competitive environment. A positive attitude in the success of TOMA-PAC will ultimately determine the future course of the profession. We do, indeed, "reap what we sow."

TOMA-PAC — what's in it for you? Among others, the preservation of the osteopathic profession, perhaps the most important issue of all.

Consumer Group Issues Booklet Identifying Hidden Hazards

The Coalition for Consumer Health and Safety has released a booklet warning Americans of "hidden hazards" in everyday life in an attempt to prevent needless tragedies. Such hazards range from baby walkers to light weight trucks.

For a free copy, send a stamped, self-addressed envelope to: Hidden Hazards, Consumer Federation of America, 1424 16th Street N.W., Suite 604, Washington, D.C. 20036.

"WHEN I NEEDED AN SBA LOAN, BANK OF NORTH TEXAS GAVE ME A HAND."



*Julie Amendola, President of Fort
Worth Hand Rehab Center*

When Julie Amendola needed a long-term competitive interest rate loan, she asked her accountant to recommend a bank.

"Bank of North Texas was at the top of the list," said Amendola. "And even though I was not a previous customer, they helped me work out an interim construction loan as well as a permanent loan."

The financing has helped to expand and improve the Fort Worth Hand Rehab

Center, which provides rehabilitation programs to persons with hand injuries.

"Don Waters and Bank of North Texas were so helpful that I also plan on consulting them on future business goals," said Amendola.

SBAAdvantage

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*Julie Amendola, President of
Fort Worth Hand Rehab
Center and Don Waters,
President of Bank of North
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BANK OF NORTH TEXAS, N.A. — MEADOWBROOK 6707 Brentwood Stair Rd. Fort Worth 817/457-4990
BANK OF NORTH TEXAS, N.A. — ARLINGTON I-20 at Little Rd. Arlington 817/478-9271
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Tom Hanstrom Memorial Scholarship Fund: An Update

The Tom Hanstrom Memorial Scholarship was established in 1991, made possible through memorial gifts made at the time of his death that year. Tom, who had served as executive director of the Texas Osteopathic Medical Association since 1987, was well known for his exceptionally strong support of, and belief in, osteopathic principles, practice and philosophy.

Because of his love for the profession, the Hanstrom family decided to honor his memory through establishment of an annual scholarship to be awarded to persons demonstrating true interest and skill in osteopathic principles and practice. This award is unique in that it strives to preserve the very foundation of osteopathic medicine.

Qualified applicants for this award include all current manipulative teaching fellows or assistants and/or other TCOM students selected by the Award

Committee. To qualify, applicants must demonstrate: expertise in Osteopathic Philosophy and Principles; scholastic/academic achievement (85+ average); and financial need.

The Award Committee consists of the current TOMA Executive Director; Chairman of the TCOM Manipulative Medicine Department; TCOM Financial Aid director; and Joyce Hanstrom or a designated family member.

The award, which consists of a certificate and check, is presented during Honor's Day each May at Texas College of Osteopathic Medicine. A permanent name plate is attached to a plaque hanging in the administrative offices of the University of North Texas Health Science Center at Fort Worth.

The amount of awards are determined by the Award Committee, with the Hanstrom family having final approval over the committee's determination.

Recipient of the 1992 Tom Hanstrom Memorial Scholarship was John "Jack" Ward, with Ronald Moon as the 1991 recipient.

Contributions would be most welcomed in helping to support this unique award which, in turn, supports the tenets of the osteopathic profession. Contributions can also be made in memory of a deceased family member or colleague.

Contributions are invested in a perpetual fund administered by Dean, Jacobson Financial Services of Fort Worth.

If you would like to support this award, please send your contributions to: TOMA, c/o Tom Hanstrom Memorial Scholarship Fund, One Financial Center, 1717 I.H. 35, Suite 100, Round Rock, Texas 78664-2901; or Dean, Jacobson Financial Services, c/o Country Dean/Jake Jacobson, P.O. Box 470185, Fort Worth, Texas 76147. ■

Have You Met Your CME Requirements?

AOA Policy Governing CME Requirements

All AOA members engaged in active clinical practice are required to participate in the CME program to remain eligible for continued membership in the Association..

An "active" practitioner is defined as one who renders patient care on a full- or part-time basis.

AOA members are required to obtain a minimum of 150 CME credit hours for each three-year calendar period.

A minimum of 60 credits of the total requirement MUST be obtained under Category 1. However, the FULL CME requirement may be earned under this category.

A maximum of 90 credit hours of the total requirement may be earned under Category 2.

Physicians who are board certified or board eligible MUST earn a minimum of 50 credit hours or more as may be mandated by the board of their primary

specialty in each 3-year CME period. These hours may be earned in Category 1 or Category 2. Failure to maintain this requirement will result in loss of certification or board eligibility.

As you are aware, the cycle for this period ends December 31, 1994, and as of that date all physicians, as stated above, must have met the 150 hours requirement in their CME program. ■

Newsbrief

DRUG-RELATED E.R. VISITS ARE UP

A record number of drug-related visits to emergency rooms were reported by American hospitals in 1992. Accounting for the increase in visits over 1991 figures were 48 percent involving marijuana; 18 percent for cocaine; and 34 percent for heroin.

Newsletters to Offer Advice on Child-Rearing

A newsletter called *Building Blocks*, containing a variety of parenting tips and information on how to care for newborns, is now given to mothers after the birth of virtually every Texas child. Those eligible for Medicaid will receive all 15 issues free, which contain information on prenatal care, newborn care, and development of children up to age one. Other mothers will receive the first four issues free, courtesy of the Texas Department of Health, and pay a \$5 subscription fee for the remainder of the issues. Spanish-language issues are expected to be available early next year.

The newsletter is being published by Foundations for a New Texas, a consortium of private and public agencies and groups. It is hoped that the newsletters will help reverse the toll of bad parenting, which often leads to abuse and neglect. ■

TREAT YOUR INCOME THE SAME WAY YOU TREAT YOUR PATIENTS.

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

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

Get intensive care for your cash flow.

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

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

DISCOUNTS AVAILABLE TO TOMA MEMBERS.

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

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

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The Health Care Quality Improvement Initiative

The Health Care Financing Administration has committed itself and its peer review organizations to a new program of quality improvement. Called the Health Care Quality Improvement Initiative (HCQII), the program was implemented in Texas in October 1993 as a provision of the Texas Medical Foundation's (TMF's) new three-year Medicare contract.

The objective of HCQII is the improvement of overall quality of patient care by means of a cooperative effort between PROs and the health-care community. Under this new approach, TMF will look at a facility as an integrated system, which incorporates physicians, hospital staff, and professional and ancillary services. The facility will be encouraged to use continuous quality improvement techniques and feedback from TMF to improve processes which, in turn, may improve overall quality of care.

Individual Case Review Continues

Under HCQII, individual case review will remain an integral part of TMF's program although fewer individual cases will be selected for review.

A case will be selected either as part of a beneficiary-specific random sample or as part of a focused sample. A random-sample case will be reviewed completely, including admission review, quality review, and DRG validation performed in the traditional manner.

A case selected for focused review will be reviewed with attention only to the reason the case was selected. For example, if a case was selected as part of a study of a DRG assignment problem, only the DRG assignment would be reviewed; neither admission review nor quality review would be performed on that case.

The specific results of individual case review will then be integrated into the larger scope of HCQII. Case-by-case review will be used to identify both positive and negative patterns of care and to measure progress when improvement plans have been implemented.

The HCQII Approach

On a national scale, peer review organizations have access to large, current, and comprehensive health-care databases. Through HCQII, peer review organizations will now be able to analyze and

share the relevant information which can be drawn from the data.

At first, TMF will use data from the national Medicare claims file and from the results of TMF's individual case review. Later, information will be available from other sources such as the Medicare uniform clinical data set system, the Texas Department of Health's Bureau of Vital Statistics, and from hospitals.

TMF staff will array and analyze the large volumes of data that are available. By so doing, TMF will be able to make observations concerning patterns of care and identify "best practices" which will serve as goals. At the same time, TMF will produce profile reports which compare the individual facility and physician to peer group data; these reports will be routinely provided to facilities.

When the profile reports illustrate a remarkable pattern, TMF's educational feedback team will discuss the profiles with the facility's medical and administrative staffs. Under HCQII, the facility system (employees and physicians) will be responsible for identifying specific changes needed and recommending an action plan designed to improve its own performance.

Through subsequent individual case review and pattern analysis, TMF will measure the facility's progress toward the identified goals. If no progress is noted over time, TMF and the facility will work together on a mutually acceptable corrective action plan and TMF monitoring will continue.

Special HCQII Projects

Guided by a master committee of health-industry representatives and beneficiary advocates, TMF will initiate local cooperative epidemiological projects within the state. TMF also will participate in national cooperative projects sponsored by the Health Care Financing Administration. Two such national cooperative projects are already planned.

- Medicare Hospital Information project - TMF will work with hospital administrative and medical staffs to interpret Medicare hospital information releases (such as the mortality data release).
- Cooperative Cardiovascular Project (CCP) - TMF will develop effective cooperative techniques for improving treatment processes and outcomes of care for acute myocardial infarction,

coronary artery bypass graft, and percutaneous transluminal coronary angioplasty.

Whether through a local or a national project, the goal of HCQII is to bring about measurable improvement in the quality, delivery, documentation and/or reporting of the mainstream Medicare patient care.

The Effects of HCQII

Both the physician and the facility will notice changes after HCQII is implemented.

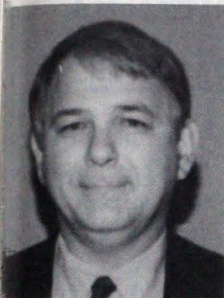
- Fewer cases will be selected for individual case review.
- TMF will emphasize the need for the facility to ensure the accuracy of all aspects of its data, including both medical record documentation and billing data. Patterns will be drawn from the data provided by the facility; thus, accuracy is essential to prevent invalid "pictures" of practice patterns based on inaccurate data.
- TMF-to-facility communication will increase because feedback is the key to HCQII. A facility will receive regular reports on practice patterns of its physicians and the facility as a whole, as well as reports comparing the facility to its peer group.
- TMF will place more emphasis on its educational role. The result will be that the facility itself, not TMF, will be responsible for identifying opportunities and methods for improving practice patterns and overall patient care.

In Closing

Even though the new approach under HCQII is considered less punitive and more educational, TMF still has responsibility for monitoring physicians' and facilities' compliance with the Medicare conditions of participation. Continued violation of the conditions of participation and unwillingness or inability to comply can still result in sanction proceedings.

By combining the results of individual case review, pattern analysis in larger databases, routine feedback, and a systems approach to making change, the mainstream of care should be improved. Most importantly, to be successful, HCQII will require the cooperative and coordinated efforts of TMF and the medical, hospital, and beneficiary communities. ■

Wiseman Named TCOM 1993 Alumnus of Year



Whitehouse physician Rodney M. Wiseman, D.O., was honored as the "1993 Alumnus of the Year" during the alumni homecoming dinner of the Texas College of Osteopathic Medicine Alumni Association, held October 2. Texas College of Osteopathic Medicine is the cornerstone medical school of the University of North Texas Health Science Center at Fort Worth.

Wiseman, a 1978 graduate of TCOM, has been in private general family practice for rural health in Whitehouse since 1981. He acts as the team sports physician for Whitehouse ISD, is the medical director for the Oakbrook Nursing Health Care Center and is medical director for Whitehouse Com-

munity Access (through MHMR). He has also been active in Tyler as a T-ball coach through the YMCA and as a cubmaster with the Boy Scouts. He and his wife, Marie, live in Tyler with their four children.

Continuing his commitment to the advancement of the osteopathic profession, Wiseman acts as an associate clinical professor in the department of family medicine for TCOM, providing hands-on clinical training for students of the college. He is on the board of trustees for the Texas Osteopathic Medical Association (TOMA), where he has been an officer in District III since 1981. Most recently, Wiseman served as president of the Texas Society of the American College of Osteopathic Family Physicians.

"In selecting this year's recipient, the Alumni Association Board of Directors

chose to honor a rural, general practitioner who is an integral member of his community, has distinguished himself as a leader in his profession and is a role model for future physicians," said Alumni Association, President Dale Brancel, D.O.

The alumni dinner was part of UNT Health Science Center's annual three-day celebration bringing first-year medical students and their families together with alumni of the college. The weekend included a "kickoff" barbeque and dance, alumni golf and tennis tournaments, convocation and a "Family Day" gathering for students and their families, alumni, faculty and staff.

UNT Health Science Center at Fort Worth is a state-assisted institution including the Texas College of Osteopathic Medicine and the Graduate School of Biomedical Sciences. ■



Through medical peer review activities, educational feedback, and cooperative projects with Texas hospitals and physicians, the **Texas Medical Foundation (TMF)** is striving toward making a lasting, measurable improvement in the care provided to health-care recipients. TMF's physician members urge you to join them in this commitment to improving the quality of health care. As a member, you will join other physicians who believe that physician involvement is crucial to the success of these endeavors. You also will enjoy a variety of member benefits designed to keep you up to date on important peer review issues.

TMF currently conducts medical peer review activities for Medicare and CHAMPUS using the medical expertise of active, practicing physicians. Please support this physician-directed activity by completing the membership form below and sending it with your check to TMF at the address noted. For more information on TMF or membership benefits and services, call 1-800-725-9216.

TMF MEMBERSHIP FORM

I am currently licensed and in good standing with the Texas State Board of Medical Examiners. I understand that my membership with the Texas Medical Foundation is contingent upon maintaining concurrent membership with the Texas Osteopathic Medical Association and that I am bound by their established principles of medical ethics.

Signature _____

Name _____

Address _____

City, State, Zip _____

Membership year runs from June 1 through May 31.

Membership Division (Check appropriate division)

☐ Active Practice ☐ Retired

Membership Category

☐ 1-year (\$24) ☐ 5-year (\$85) ☐ Lifetime (\$300)

License Number _____

Medical Specialty _____

Make check payable to the Texas Medical Foundation; send your check and completed membership form to: TMF, 901 Mopac Expressway South, Suite 200, Austin, Texas 78746.

OSHA Inspection Results

Federal OSHA Bloodborne Pathogen regulations have now been in effect for somewhat over a year. During that time OSHA has performed over 1,000 on-site compliance inspections and has issued close to 750 citations for non-compliance with the Bloodborne Pathogen standard and other federal regulations impacting on health related issues. Fines for non-compliance have ranged from \$1,000 to \$14,000!

The following were the most frequently encountered violations:

No. of Citations	Violation
325	Failure to develop and maintain a written <i>Hazard Communications Program</i> (which is separate and apart from the Bloodborne Pathogen requirements).
220	Failure to meet exposure control requirements.
220	Failure to comply with record keeping requirements.
203	Failure to meet employee training requirements.
184	Failure to comply with hepatitis B vaccine and post-exposure follow-up requirements.
158	Failure to comply with the standard's housekeeping requirements: 27% — Failure to put regulated waste in containers, 19% — Failure to provide sharps containers, 18% — Improper decontamination and, 11% — Unclean work sites. Also frequently cited: Failure to provide a written housekeeping schedule and, Improper use of surface disinfectants.
140	Related to personal protective equipment (PPE): 19% — Failure to provide PPE, 17% — Failure to clean PPE, 16% — Failure to assure use of PPE and, 13% — Improper mask and eye protection.

OSHA officials conclude that in general health care providers need to improve their methods of complying with the bloodborne pathogen standard, with particular emphasis being placed on improving exposure control plans, training workers to provide first aid following accidents, and compliance methods (i.e., needle recapping, use of sharps containers, handling of regulated waste, use of personal protective equipment, providing hepatitis B vaccine to exposed workers and staff training).

This information was supplied by Current Concept Seminars, Inc. 5700 Stirling Rd., Hollywood, FL 33021 (800) 969-1009. CCS specializes in the provision of Regulatory Compliance materials.

**According to Jessica Sandler, senior industrial hygienist*

WHO Calls for Execution of Smallpox Virus

The ultimate demise of the smallpox virus, a disease that killed and/or disfigured millions and millions of people, will take place by the end of this year. The end comes 13 years after the World Health Organization stated that smallpox had been eradicated, thanks to its global vaccination campaign which broke the chain of person-to-person transmission.

Although the disease is gone, two laboratories in Atlanta and Moscow have what are believed to be the final remaining stocks of the virus. WHO is pushing for simultaneous destruction of these stocks by New Year's Eve.

Dr. Kenneth Bayle Appointed to State Board



Kenneth Bayle D.O., an orthopedic surgeon on staff at Dallas Family Hospital, was recently appointed to the board of trustees of the Texas Osteopathic Medical Association.

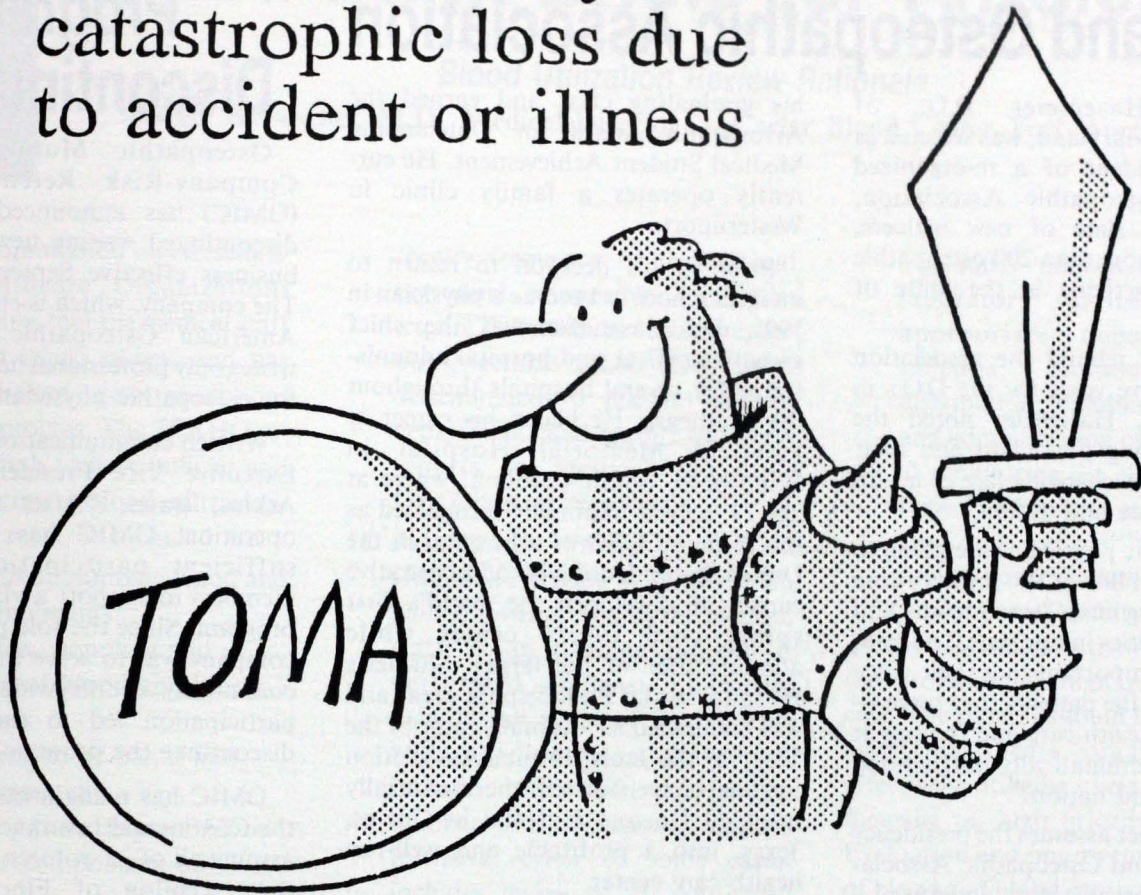
An elected position, the board oversees the work of the Association representing 2,000 osteopathic physicians throughout the state of Texas in legislative matters, reimbursement issues and in assisting new physicians in their practices. Locally, Dr. Bayles is past president of the Texas Osteopathic Medical Association District V, and has been active in the house of delegates.

Dr. Bayles is board certified in orthopedic surgery and is chairman of the Department of Surgery at Dallas Family Hospital. He sat on the Texas Department of Human Services Medical Care Advisory Committee, an appointed position, and is past president of the Mid-West Osteopathic Society. He is currently an associate clinical professor at the Texas College of Osteopathic Medicine.

He is an accomplished helicopter and airplane pilot and was appointed to the Federal Aviation Administration as a medical examiner. He is author and co-author of multiple medical publications, has presented at local, national and international conferences, and has participated in numerous research projects and publications.

Dr. Bayles is a graduate of the Des Moines College of Osteopathic Medicine & Surgery in Des Moines, Iowa and he did his undergraduate work at Michigan State University. He is a member of the American Osteopathic Association, the American Osteopathic Academy of Orthopedics, the Texas Medical Foundation, the American College of Osteopathic Surgeons, and a board member of the Texas Osteopathic Medical Association.

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 CNA Insurance Company (an A++ Excellent rated company with a long, successful record in the accident and health business) the TOMA plan offers superior Major Medical coverage to its members at very competitive rates.

So, regardless of your current situation with health coverage, call DEAN, JACOBSON FINANCIAL SERVICES to help you protect your future!

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

DEAN, JACOBSON FINANCIAL SERVICES

(817) 335-3214
P.O. Box 470185
Fort Worth, TX 76147

(800) 321-0246
(817) 429-0460
Dallas/Fort Worth Metro

TCOM Grad Elected President of Maryland Osteopathic Association

Eric F. Hasemeier, D.O., of Westernport, Maryland, was selected as the new president of a re-organized Maryland Osteopathic Association, along with a slate of new officers, representing more than 200 osteopathic physicians practicing in the State of Maryland.

Pledging to rebuild the association into an effective voice for the D.O.s in the state, Dr. Hasemeier noted the challenges facing physicians and their patients with the changing face of health care in the state and nation.

"Osteopathic physicians are going to be on the front line as the primary care providers in big cities, small towns and rural communities in our state," he said. "It is vitally important that their voice — and that of the patients they serve — be heard, as health care and the way it is delivered is dramatically restructured in our state and nation."

Dr. Hasemeier assumes the presidency of the Maryland Osteopathic Association after the organization underwent a long period of dormancy. He is a 1991 graduate of Texas College of Osteopathic Medicine, where he was ranked 12th in

his graduating class and earned the Arrowsmith Award for Outstanding Medical Student Achievement. He currently operates a family clinic in Westernport.

Prior to his decision to return to medical school to become a physician in 1991, Dr. Hasemeier was the chief executive officer and hospital administrator for several hospitals throughout the southeast. He began his career at Fairfield Memorial Hospital in Winnsboro, South Carolina, where at age 24, he was nationally recognized as the youngest CEO of a hospital in the United States. During his administrative career, he developed the world's first spinal cord injury center while administrator of the largest Shriner's Hospital in the Philadelphia area, and was nominated as "Administrator of the Year" by the Texas Hospital Association for his conversion of the financially troubled Doctors Hospital in Groves, Texas, into a profitable and well-run health care center.

TOMA congratulates Dr. Hasemeier on his election as president of the Maryland Osteopathic Association. ■

OMIC Announces Program Discontinuation

Osteopathic Mutual Insurance Company-Risk Retention Group (OMIC) has announced that it has discontinued writing new and renewal business effective September 1, 1993. The company, which is endorsed by the American Osteopathic Association, writes only professional liability coverage for osteopathic physicians.

Written communication from OMIC Executive Vice President Robert L. Atkins, states, "After five years of operation, OMIC has not attracted sufficient participation by AOA members to support a viable insurance program. Since the sole purpose of the company was to serve the Osteopathic community countrywide, this lack of participation led to the decision to discontinue the program."

OMIC has made arrangements with the Continental Insurance Company to assume all of its in-force business, with the exception of Florida, effective September 1, 1993. Gulf Atlantic Insurance Company will assume the Florida business. OMIC will continue to administer claims reported prior to September 1, 1993 from its Tallahassee office.

The lack of participation in the program is attributed to the soft insurance market and the large number of companies writing physician professional liability at very competitive rates. ■

American College Of Osteopathic Pediatricians Relocates

The American College of Osteopathic Pediatricians (ACOP) has relocated its headquarters from Trenton, New Jersey, to the headquarters of the American Osteopathic Hospital Association (AOHA) in Washington, D.C. The agreement, which became effective August 1, names David Kushner as ACOP executive director.

All facilities and services at the headquarters will be available to ACOP members. Staff will provide administrative services for ACOP. These include dues invoicing and collection, payment of invoices and accounting reports, as well as annual review and tax activities. Meeting planning and newsletter production services, as well as other association management duties, will also be provided.

In a letter to ACOP members, President Mark P. Jacobson, D.O., stated: "As I stated in this year's presidential address, 'The ACOP must provide a voice for our members and a vision for the future.' This change will position our College to accomplish these goals."

ACOP becomes the fifth organization to be headquartered at the AOHA address. Other organizations include the College of Osteopathic Healthcare Executives, the Association of Osteopathic Directors and Medical Educators, and the Foundation for Osteopathic Health Services.

The new ACOP address is 5301 Wisconsin Avenue, NW, Suite 630, Washington, D.C. 20015. Phone (202) 362-3229; fax (202) 537-1362. ■

HCFA Says Registered PTs Can Use CPT Codes 97260, 97261

Registered Physical Therapists can now use CPT codes 97260 and 97261 for billing purposes. According to recent HCFA clarifications, they may use CPT code 97260 (manipulation performed by physician — one area) and CPT code 97261 (manipulation performed by physician — each additional area), even though these codes specify "by physician." ■



Blood Bank Briefs for Physicians

Blood Utilization Review Rationale

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

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires that the medical staff perform blood usage review, and has recently published new guidelines relating to the process. The JCAHO requires all hospitals to have policies and procedures relating to blood utilization. Processes that must be included are:

1. Ordering of appropriate blood and blood components
2. Distribution, handling and dispensing of blood and blood components
3. Administration of blood and blood components
4. Monitoring the effects of blood and blood components on patients.

The overall purpose of these quality assessment and improvement activities is to continuously improve the use of blood and blood components. The evaluation process should not be designed to identify and punish individual physicians, but rather to remedy inappropriate ordering and transfusion practices.

When the individual hospital establishes or revises policies and procedures related to blood utilization review, it is important that all the above elements of the process be addressed and that individuals and departments responsible for carrying out the program be defined. The specific activities for monitoring blood component usage are determined by the facility. Use of a checklist may be helpful in ensuring that essential aspects of the peer review process and quality assessment activities required by the JCAHO include:

- I. Policies and Procedures for Blood Utilization Review — These are approved by the medical staff; reviewed and revised at least yearly;

specify frequency of reviews and personnel responsible for them; require conclusions, recommendations, actions taken and results disseminated to relevant clinical departments and require quarterly reports to Medical Executive Committee or equivalent.

- II. Peer Review Process for Blood Utilization Review — Is based on guidelines approved by the medical staff; is an ongoing process; is performed at least quarterly; includes all types of components and autologous transfusion; includes review of an adequate number of transfusions; requires intensive review of some cases; includes review of all confirmed transfusion reactions and evaluates adequacy of the transfusion service to meet patients' needs.

- III. Quality Assessment Activities to Improve the Use of Blood and Blood Components — Includes members of the medical and nursing

staff, management, clinical laboratory service and other appropriate departments or services; includes ordering distribution, handling, dispensing and administration of blood as well as monitoring the effects of transfusion and specify actions taken if clinicians require alteration of transfusion practices.

The purpose of quality assurance or quality assessment activities is to ensure the provision of high-quality patient care. The process should be designed to assist healthcare organizations in effectively utilizing their resources by focusing on high priority care issues. Evaluation and improvement in the use of blood and blood components must be an essential part of these activities.

Reference:

1. JCAHO-Accreditation Manual for Hospitals, 1992
2. McCulloch J. The Nations Changing Blood Supply System. *JAMA* 1993;269:2239.

Temporary Coverage Physicians

The TOMA State Headquarters continues to receive numerous requests for names of physicians willing to temporarily cover physician's practices. Because of the volume of this type of call, we would like to continuously maintain a file on those physicians willing to engage in locum tenens work.

If you are interested and able to provide this type of service please write or call TOMA with details and particulars, such as fees; how many hours per week you desire; minimum and maximum length of time you would expect to remain; what areas of the state

you would cover; whether you would require a gas allowance to and from the practice site; what type of medical services you perform, (such as ob / gyn); if you require that an arrangement be made in advance for another physician to handle hospital coverage for patients, and any other pertinent information necessary for this type of service to flourish.

As stated above, there is a rapidly growing need for this type of service and TOMA would like to be able to have a lengthy list at all times for the benefit of the membership.

Public Health Notes

Lead Laced Lavages

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

One of every six children under the age of six in this country has elevated serum lead levels, as estimated by the U.S. Environmental Protection Agency (EPA). This represents about 15 percent of our children. While lead poisoning per se often has no overt symptoms, its effects on children can be severe. Manifestations including learning disabilities, hyperactivity, impaired hearing, and irreversible brain damage are among the needless consequences of chronic lead poisoning.

Children are the most susceptible to poisoning through ingestion of contaminants during normal hand-to-mouth behavior. They are the most vulnerable group whose unfortunate disabilities as a result of lead poisoning present not only a sorrowful toll to society but represent a tragic loss of potential. Lead poisoning has been and continues to be an important public health issue despite the mistaken belief by many that because of recent product-lead use restrictions it is a problem of the past. Lead is a stable element which remains widespread in the environment today.

The most important conventional source of lead ingestion is lead based paint chips or dust from deteriorating or disturbed surfaces as present in over 75% of all homes in the U.S. built before 1980. Other conventional sources of exposure include lead contaminated soil, plumbing fixtures, and lead-containing clay ceramics. Occasionally, an intensive investigation for a source of exposure in children with substantially elevated levels will yield nothing. This may be the case even after occupational or other outside sources of contamination have been ruled out. Anecdotally, we have encountered such cases which ultimately proved to be chronic poisoning through the administration of traditional ethnic

remedies. One such case, as reported in the July 16, 1993 issue of *MMWR* (Vol. 42, No. 27), was a two-year-old Hispanic male who was routinely screened during a well child exam in Los Angeles. His blood lead level (BLL) was 83 mg/dl, a level classified as a medical emergency. The child apparently had no clinical manifestations and the mother was unaware of any possible sources of lead exposure, including traditional ethnic remedies until the term "greta" was used. Greta is a traditional Mexican remedy employed as a laxative and the mother acknowledged giving this remedy to the child from the time he was eight months old.

Forty (40) more cases of $BLL \geq 20$ mg/dl, reported by the California Department of Health Services, occurred in Hispanic, Asian/Pacific Island and Asian/Indian children (eight months to five years old) from December 1, 1991 through December 31, 1992 who received traditional ethnic remedies. Of these children, 24 were asymptomatic and five had $BLL > 50$ mg/dl (two were > 80 mg/dl). The typical remedies reported were the Hispanic tonics Azarcon or Greta (both for digestive problems). Over half of the cases from these remedies were asymptomatic and the others presented typically with irritability, diarrhea, vomiting, anorexia, headache and/or muscle soreness.

Other remedies encountered were "Paylooah" (Southeast Asian), used for rash or fever; "Surna" (India), used as a cosmetic to improve eyesight; and an unknown Ayurvedic (Tibet) to improve slow development. And, there may be variations or other home-concocted tonics which persons may not consider "remedies" or "medicines." So, even though this information may be directly solicited in an interview, many parents or guardians may be reluctant to report

the use of traditional ethnic medicine or remedies on initial interview. This may reflect their fear about the legality of using such "medicines," belief in the effectiveness of these remedies, or guilt regarding responsibility for the child's elevated BLL.

In Tarrant County we have experienced several "idiopathic" elevated blood levels in children noted on routine screening exams. Many of our children have families from ethnic origins as mentioned above. Cultural sensitivity, as well as keen interviewing skill, is often needed to elicit histories or traditional or home ethnic remedy use without creating an adversarial atmosphere. Because Tarrant County is an ethnically diverse community with an ever-increasing refugee population, it might be useful to the local physician to consider a traditional ethnic "remedy" as a possible source of lead exposure in sub-groups at risk when no obvious source can be confirmed in children either referred with elevated BLL or noted on routine screenings.

The action level for lead was lowered in October 1991 by the Centers for Disease Control from 25 mg/dl to 10 mg/dl of whole blood. It is recommended that because free erythrocyte protoporphyrin lacks sensitivity in the lower ranges, direct blood lead analysis by atomic absorption spectrometry be performed. This is available to all physicians. If you need additional information, there is the National Lead Information Center Hotline at 1-800-LEAD-FYI which is a recorded message taking names and addresses in order to send information packets. Please feel free to call the Health Department directly at 871-7208 for additional information or assistance.

Letters

U.S. Department of Justice

Drug Enforcement Administration
Dallas Field Division
1880 Regal Row
Dallas, Texas 75235

May 1, 1993

To Whom It May Concern:

This letter has been written to clarify the policy of the Drug Enforcement Administration (DEA) regarding the use of DEA registration numbers for purposes other than prescribing controlled substances. It appears that this subject is of concern to both health insurance companies and medical practitioners.

The concept of registration with DEA was designed to impose a "closed system" on the manufacture, distribution, dispensing, and administration of licit controlled substances. The intended purpose of a DEA registration number is to provide a record of authorized possession and responsibility for a controlled substance in accordance with the Controlled Substances Act. DEA does not endorse the use of its registration numbers by insurance companies for the purpose of reimbursement under insurance plans or to a pharmacy in order to fill a prescription for non-controlled substances.

DEA registrants are not required by DEA to provide their DEA numbers to insurance companies for the purpose of reimbursement under insurance plans or to pharmacies in order to fill prescriptions for non-controlled substances.

Should you have any further questions, please contact the Dallas Field Division Diversion Group at (214) 767-7250. Thank you for your cooperation in this matter.

Sincerely,

Phillip E. Jordan
Special Agent in Charge

Texas ACOFP Update

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

Winter will soon be here. Everyone is expecting a major influenza outbreak this winter, so it is important for health care workers and high-risk patients to get immunized. The influenza virus vaccine and administration will be reimbursed at 100 percent by Medicare.

You should use Code 90724 to bill the influenza virus vaccine, and Code Q0124 for administering the vaccine.

Medicaid is once again in the spotlight both at the state and national level.

Section 4752(e) of OBRA '90 imposed specific requirements on physicians who furnish Medicaid services to children under age 21 and pregnant women. It required that physicians must "be certified in family practice or pediatrics by their medical specialty board recognized by the American Board of Medical Specialties for family practice or pediatrics."

The AOA objected to recognition of only ABMS certification; however, a Medicare Technical Correction bill to correct the problem failed to pass in Congress.

In the meantime, on August 6, 1993, HCFA published proposed regulations to implement the OBRA '90 provision. Language in the regulation spelled out that "Doctors of Osteopathy do not meet the board certification criteria..."

The proposed rules do allow the HHS Secretary to issue blanket physician certification.

Categories that might be recommended for blanket certification include internists, physicians who are board-eligible in obstetrics or family practice, physician residents and recent medical school graduates, physicians with admitting privileges at any Medicare-participating hospital, and Doctors of Osteopathy.

HCFA personnel believe that the statutory language mandates the non-recognition of osteopathic certification. In order to combat this HCFA interpretation, grassroots efforts, including the Texas ACOFP and TOMA, were initiated to include recognition of AOA certification. Letters were not only sent to HCFA, but to the entire Texas delegation to the U.S. Congress.

The leadership of the AOA has been in contact with HHS Secretary Shalala. Since osteopathic physicians serve one out of every four Medicaid recipients in the United States, I am confident that this action will be settled because of expediency. However, we shall not be satisfied until HCFA includes the AOA as the osteopathic counterpart to the ABMS in the OBRA '90 section 4752 provisions.

Back in Texas, efforts are being made to repeal the recently implemented physician payment freeze on Medicaid.

A report commissioned by the TMA and prepared by Tonn and Associates points out the problems associated with the removal of the cost-of-living adjustments (COLA). The short term savings achieved by this payment freeze will most likely cost more in the second year of the biennium because of increased utilization of more expensive settings, such as out-patient hospitals, public clinics, and federally qualified health centers.

From 1990 through 1992, the average out-patient hospital payment per Medicaid-eligible increased 46 percent compared to 35 percent for physician office payments per Medicaid eligibles. The average claim for hospitals is often three to four times higher than the average payment per physician's claim.

TOMA and TMA are working to reinstate the COLA and maintain and increase access to care for Texas Medicaid recipients. We trust the Texas Department of Health, the Health and Human Services Commission and the Texas legislative leadership will reassess their position on the Medicaid physician payment freeze and reinstate the COLA immediately.

The Medical Care Advisory Committee of the Texas Health and Human Services Commission recently voted to change the rule regarding utilization of a prescription (the 75 percent rule). The Quantity Limitation rule (40 TAC Section 35.405) states that a refill must not be dispensed until 75 percent of the previous dispensing should have been used. This provision has been on the books since 1970 and has been one of the best kept secrets in

Texas as far as physicians and pharmacists are concerned. Currently this policy is enforced by post payment review. Under the new system, a fat edit will be in place.

The new policy will impose a 50 percent of the previous dispensing edit on all prescriptions. If a claim fails the edit, it will be rejected and the provider will have to provide documentation of the reason for the refill to the Help Desk.

4400 Refill Limitation

§35.404. As many as five refills may be authorized by the prescriber, but the total amount authorized must be dispensed within six months of the original prescription. Refills for controlled substances must conform to Drug Enforcement Agency and Texas State Board of Pharmacy rules. All refills are counted when determining compliance with the authorized refill limitation. In the absence of specific refill instructions, the prescription must be interpreted as not refillable. Refills are covered only when filled by the pharmacy where the original prescription was filled. If a prescription notes specific refill instructions, any future dispensing must be considered refills of the original prescription, unless the physician has been contacted for authorization to dispense, a new supply of medication. If authorization is granted, a new and separate prescription is prepared.

4500 Quantity Limitation

§35.405. The quantity of drugs prescribed depends on the prescribing practice of the physician and the needs of the patient. The Vendor Drug program reimburses the provider for the prescribed quantity, provided the quantity does not exceed a six-month supply. The dispensing of authorized refills must be consistent with the prescribed dosage schedule and existing federal and state laws. To be reimbursed by the Vendor Drug Program, a refill must be dispensed only after 75% of a — 50% previous dispensing of the same prescription would have been used if taken according to the accompanying doctor's orders. A recipient may obtain an early medication to refill for a

justifiable reason. A justifiable reason includes, but is not limited to, a dosage increase or an anticipated prolonged absence from the community. The reason must be noted on the prescription. Unless specific authorization is obtained from the physician, breakage, spillage, or loss of a medication are not considered justifiable reasons. The prescription obtained under this authorization is considered a new prescription.

Additional new changes in Medicaid concern new patient visits.

VISITS - NEW PATIENT VS. ESTABLISHED PATIENT VISITS

For claims in process on or after August 4, 1993, a new patient visit will be limited to one every two years, per patient, per provider. A new patient visit in the office (POS 1), home (POS 2), or nursing home (POS 8), will be changed to an established patient visit if history shows that the same physician has furnished a medical service (TOS 1) (excluding routine newborn care and lab handling fee), a surgical service (TOS 2), or a consult (TOS 3) within two years. Services coded as new patient visits in excess of this limitation will be changed and reimbursed as follows:

if Billed as:	Change to:
1-99201 (office)	1-99211
1-99202 (office)	1-99212
1-99203 (office)	1-99213
1-99204 (office)	1-99214
1-99205 (office)	1-99215
1-99341 (home)	1-99351
1-99342 (home)	1-99352
1-99343 (home)	1-99353
1-99321 (Nursing home)	1-99331
1-99322 (Nursing home)	1-99332
1-99323 (Nursing home)	1-99333

On behalf of the Texas Society of the ACOFP officers, trustees, and ex-officio members, I would like to wish everyone a Happy and Healthy Thanksgiving. This may well be the last Thanksgiving for the current health care system as we have known it. Eternal vigilance is not only the price of personal freedom, it is the price of economic freedom. ■

FYI

NEW DIRECTOR FOR CDC

David Satcher, M.D., Ph.D., a family physician, has been appointed as the next director of the Centers for Disease Control and Prevention by President Bill Clinton. The appointment becomes effective January 1. William Roper, M.D., the former CDC director, resigned in June after serving for two and one-half years.

Dr. Satcher attended Case Western Reserve University School of Medicine in Cleveland, Ohio. He currently serves as president of Meharry Medical College, Nashville, Tennessee, a position he has held since 1982.

HIGH FAT INTAKE LINKED TO PROSTATE CANCER

A new study provides strong evidence that men with a high dietary intake of animal fat, have nearly an 80 percent greater risk of developing prostate cancer than do men with diets low in animal fats. The study has followed the health status of over 51,000 male health care professionals for seven years. Prostate cancer is the second-leading cause of cancer deaths in U.S. men, with lung cancer ranking first.

DRUG USE NOT RISING FROM NEEDLE EXCHANGE PROGRAMS

Recent research has revealed that controversial clean-needle exchange programs, aimed at helping to prevent the spread of AIDS through needle sharing, are not causing an increase in drug use. Research was conducted on needle exchange programs in the U.S. and nine other nations.

ANTIBIOTICS MAY CURE ONE FORM OF STOMACH CANCER

A germ called *Helicobacter pylori* is reportedly necessary for the growth of certain uncommon malignancies found in the stomach, according to British physicians. When six patients were given antibiotics to treat the bacterial infection, tumors disappeared in five of the patients.

SKIN TEST FOR ALZHEIMER'S ON THE HORIZON

The prototype for the first simple test for Alzheimer's disease has been developed by researchers, who hope that it may be possible in the near future to diagnose the disease with a skin test, rather than a brain biopsy. Researchers found that some of the same chemical changes that occur in the diseased brain cells of Alzheimer's patients also occur in their skin.

DALLAS MEMORIAL HOSPITAL CLOSES

Dallas Memorial Hospital, located at 5003 Ross Avenue in East Dallas, closed its doors in late September. The hospital had filed for Chapter 11 bankruptcy protection in November of 1992. Formerly known as Dallas Osteopathic Hospital, it had operated for over 50 years.

GOOD TIMING FOR MEDICARE-COVERED FLU SHOTS

As you are aware, Medicare beneficiaries are now eligible for free flu shots, according to HCFA. The Centers for Disease Control and Prevention are warning that a lethal strain, "A/Beijing/32/92," is expected to make this year's flu season extra dangerous.

FDA APPROVAL FOR FIRST ALZHEIMER'S DRUG

The Food and Drug Administration has approved tacrine hydrochloride, the first drug approved specifically for Alzheimer's disease. Although tacrine is not a cure and is expected to help only patients with mild to moderate cases, it is seen as an important first step.

NATIONAL ACADEMY OF SCIENCES WANTS RU-486 APPROVED

The National Academy of Sciences is urging the FDA to begin the approval process for RU-486, also called the French abortion pill. The drug is thought to have potential in treating fibroid tumors, endometriosis and, hopefully, cancer. ■

In Memoriam

Leo Benavides

Tarrant County Medical Society E.D.



Leo Christopher Benavides, executive director of the Tarrant County Medical Society and a former Texas high school baseball coach of the year, died August 21 in an automobile accident southwest of Austin. He was 50 years of age.

Funeral services were held August 24 at St. Andrew Catholic Church in Fort Worth, with burial at Greenwood Cemetery.

Mr. Benavides had served as executive director of the TCMS since 1980, serving on the boards of dozens of Tarrant County nonprofit groups, from the YMCA to the Fort Worth Zoological Association, bringing with him team-building skills honed as a San Antonio high school coach. He never lost touch with athletics, and for the past 18 years officiated at high school football games throughout the region.

As medical society administrator, Mr. Benavides coordinated staff, communications and programs linking about 2,000 physicians and medical students. He created health care coalitions that established emergency medical-service systems and started a journalistic intern program at the society.

A native of New York City, he attended school in San Antonio and graduated from Trinity University. He was a teacher and a coach at St. Gerard High in San Antonio, then dean of students and athletic director at Antonian High. In 1971, while at Antonian, he was named Texas baseball coach of the year.

In the mid-1970s, Mr. Benavides moved from administering schools to directing the San Antonio YMCA and later became a personnel credit manager in the private sector. He moved to Fort Worth in 1978 to become executive director of the Mental Health Association of Tarrant County.

Mr. Benavides was a member of the Tarrant County Health Action Project, organized by philanthropic foundations to investigate local health care issues and solutions. He had served on the boards of Because We Care, Inc.; Fort Worth

Challenge; Red Cross of Tarrant County; and the Fort Worth Independent School District Vocational Advisory Board. Additionally, he was a trustee for the Tarrant County Youth Collaboration and participated in the United Way Loan Executive Program. As a sports fan, he belonged to the Texas Christian University Frog Club.

In lieu of flowers, the family requests donations to the Tarrant County Medical Society building fund, 3855 Tulsa Way, Fort Worth, Texas 76107.

Survivors include his wife, Kay Benavides of Fort Worth; three sons, Monte Benavides and Kyle Loftus of Fort Worth and Chris Benavides of Ogden, Utah; a daughter, Kelly Loftus of Fort Worth; a brother, Rick Benavides of Houston; and his parents, Leo and Mary Benavides of San Antonio.

Dennis W. Schuenemann, D.O.



Dr. Dennis Schuenemann, an anesthesiologist, died August 28 of cancer at his home in Hurst, Texas. He was 40 years of age.

Funeral services were held September 1 at Cross United Church of Christ in Seguin, where he was a member. Burial was in Lone Oak Cemetery, Seguin.

Dr. Schuenemann was born in San Antonio and had lived in Hurst for five years. He was a graduate of Southwest Texas University and received his D.O. degree from Texas College of Osteopathic Medicine in 1989. He was an anesthesiology resident at Tulane University Medical Center in New Orleans and Cleveland Clinic in Cleveland, Ohio. In June 1993, he received an award for outstanding senior resident in the department of anesthesiology at Tulane University Medical Center.

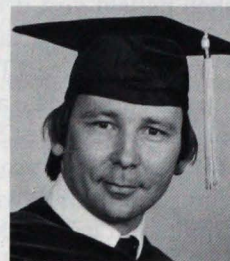
Dr. Schuenemann was a member of the Texas Osteopathic Medical Association; American Osteopathic Association; American Medical Association; Texas Medical Foundation; American Society of Anesthesiologists; International Anesthesia Research Society; American Society of Regional Anesthesia; Society

of Cardiovascular Anesthesiologists; and the American College of Osteopathic Family Physicians.

The family suggests that memorials be made in Dr. Schuenemann's name to Cross United Church of Christ, 814 North Bauer, Seguin, Texas 78155; or to Colonial Savings and Loan Association, 2626 West Freeway, Fort Worth 76102; or to Seguin State Bank, Box 1080, Seguin 78155-1080.

Survivors include his wife, Peggy Schuenemann, of Hurst; parents, Clarence and Dorothy Schuenemann of Seguin; sister Carol Sartor of San Antonio; grandmother, Hulda Stremmel of Seguin; and several nieces and nephews.

James N. Smith, D.O.



Dr. James N. Smith of Arlington, Texas, passed away September 9 from lymphatic cancer. He was 46 years of age.

Funeral services were held September 13 at St. Alban's Episcopal Church in Arlington, where he was a member.

Dr. Smith was born in Brenham and was a 1975 graduate of the University of Texas at Austin. He received his D.O. degree in 1979 from Texas College of Osteopathic Medicine and completed an internship at Osteopathic General Hospital, North Miami Beach, Florida.

Dr. Smith had been an active member of the Texas Osteopathic Medical Association since 1980 and supported the TOMA-PAC program. He had practiced in Fort Worth where he was a member of TOMA District II. Upon his relocation to Arlington, he joined TOMA District XV.

Dr. Smith was a Navy veteran of the Vietnam War and received the Purple Heart and the Naval Commendation.

The family suggests that memorials be made to St. Alban's Episcopal Church, P.O. Box 308, Arlington, Texas 76004.

Survivors include his mother, Ivy G. Smith of Brenham; and one brother, William Waldo Smith of Brenham. ▶

In Memoriam

Bernard S. Weingart, D.O.



Dr. Bernard S. Weingart of Amarillo, passed away on September 25. He was 52 years of age.

Services were held September 27 at Bell Avenue Chapel of Schooler-Gordon, Blackburn-Shaw Funeral Home. Officiating was Monsignor Joseph Tash of St. Thomas the Apostle Catholic Church. Burial was in Llano Cemetery.

Dr. Weingart, born in Detroit, moved to Amarillo seven years ago from West Bloomfield, Michigan. He received his undergraduate degree from Wayne State University in Detroit and his D.O. degree from the Chicago College of Osteopathic Medicine in 1968. He served an internship and residency at Botsford Hospital in Farmington Hills, Michigan.

Dr. Weingart operated the Family Health Center for St. Anthony's Hospital, Inc. He was certified in internal medicine.

Memberships included Texas Osteopathic Medical Association; TOMA District I; American Osteopathic Association; American College of Osteopathic Internists; American Trauma Society; and the American Geriatric Society.

The family requests memorials be made to St. Anthony's Hospice and Life Enrichment Center.

Survivors include his wife, Hope; a son, Robert Weingart of Amarillo; a daughter, Laura Rains of Amarillo; and a grandchild.

David C. Elliott, D.O.

Dr. David C. Elliott of Jasper, Texas, passed away September 30. He was 46 years of age.

Funeral services were held October 2 at Forest Oaks Funeral Home in Jasper.

Burial was in Bellwood Cemetery, Jasper.

Dr. Elliott was born in Temple and was a graduate of the University of Texas with a B.S. in mechanical engineering. He worked for the Army Corps of Engineers in Fort Worth for 10 years.

In 1987, Dr. Elliott received his D.O. degree from Texas College of Osteopathic Medicine. He was in private practice in Jasper at the time of his death.

The family suggests that memorials be made to the David C. Elliott Memorial Scholarship Fund at First State Bank in Jasper.

Survivors include his wife, Jane Elliott of Jasper; two daughters, Mary Ann Elliott of Washington, D.C., and Jennifer Erin Elliott of California; father, Kenneth B. Elliott of Temple; and sister, Ann Jacobson of Omaha, Nebraska.

Edward Richard Geagan, D.O.

Dr. Edward R. Geagan of Austin, passed away on September 5, 1993. He was 75 years of age.

Masonic services were held September 7. Funeral services were held September 8 at Mount Moriah and Freeman Chapel, in Kansas City, Missouri, with entombment at Mount Moriah Mausoleum, Mount Moriah Cemetery, in Kansas City.

Born in Kansas City, Dr. Geagan graduated from Paseo High School and received his D.O. degree from the Kansas City College of Osteopathy and Surgery. He had been a resident of Austin since 1979.

Dr. Geagan served in the United States Navy during World War II. He was a past Potentate of Ararat Shrine, a member of Ivanhoe Masonic Lodge, and York Rite and Scottish Rite Bodies.

Memorial contributions may be made to the Shriner's Crippled Childrens Hospital or Shriners Burn Center.

Survivors include his wife, Shirley, of Austin; son Harry Geagan of Lee's Summit, Missouri; daughters, Carolyn Bolon of Lee's Summit, Missouri, Sharon Keyes of Shawnee, Kansas, Clara Mutter of Titusville, Florida, and Linda McCarty of Lee's Summit, Missouri; 10 grandchildren; and six great-grandchildren.

Study Says Federal Rules Responsible For Minimal Job Growth

According to a recently released study commissioned by the Joint Economic Committee of Congress, four pieces of federal legislation — the Americans with Disabilities Act, the 1989 increase in the minimum wage, the Civil Rights Act of 1991 and the amendments to the Clean Air Act — cost American employers \$130 billion more in taxes and regulatory costs in 1992 than in 1990. The study concludes that the cost of complying with federal rules and regulations has strangled small-business profits and, in many cases, brought job creation to a screeching halt.

The study, conducted by Gary Anderson of California State University and Lowell Galloway of Ohio University, states, "Federal government policies since 1989 amount to nothing less than economic crib death, suffocating jobs in the cradle of small business." According to the authors, the impact of such policies has led to a 22-percent decline in profit per worker. This is in stark contrast to the years between 1982 and 1989, when profit per American worker grew by 54 percent and companies with fewer than 20 employees created approximately six million new jobs nationwide. ■



Increase In Minimum Wage Recommended

U.S. Labor Secretary Robert Reich is expected to recommend that President Bill Clinton propose a 50-cent increase in the minimum wage, which is currently \$4.25 per hour. However, only part of the increase would show up in wages, with the remainder going towards increased benefits such as health insurance.

Self's Tips & Tidings

Don Self & Associates

A.G.P.A.M. BENEFITS TO OFC MGRS

This month we attended the (South TX Chapter) American Guild of Patient Account Managers (PAM) meetings in Galveston, and the North Texas Chapter meetings in Austin. The workshops taught were extremely helpful and were especially so to those that deal with patients and accounts receivables. The association is intended to help educate PAM in areas of changing regulations for credit and collections, billing, insurance, third party agreements, etc. . . Membership is only about \$200 per year and in our opinion, is money well spent. If you want additional information, contact Sharon King at 817-481-1588 for the North Texas Chapter or David Hart for South Texas at 817-756-8561. The South Texas chapter's next meeting is December 2-3 in San Antonio.

USING CCCS TO INCREASE \$

While at the AGPAM meetings, we had the opportunity to visit with the Consumer Credit Counseling Service. We also visited with several that use CCCS for their patients. They've had phenomenal success by encouraging their delinquent pts to use CCCS, while reducing their average collection costs from 15 percent to 50 percent.

CCCS is a non-profit organization that helps pts work out arrangements with their creditors and have a fantastic success rate. To get more info. on CCCS and the phone number of the office nearest you, call 800-873-2227 and talk with Merriott Terry. In my opinion, it would definitely be worth the time to check it out.

NEW MEDICAID VERIFICATION SYSTEM

Also, while at the AGPAM meetings, we were able to examine the new Medicaid Verification system called Medifax. This system allows you to verify Medicaid eligibility, receive the pt's Medicaid number, restrictions, lock-in info, and third party insurance info (name, address and policy number) when the pt has another insurance primary to Medicaid. The NASE system presently offered by NHIC does not give you all of this information. While I would not recommend it for the all solo practitioners, I do endorse it for clinics, multi-physician practices and even solo practices that have a high percentage of

Medicaid patients. We had an opportunity to visit with several clients that have been using this system and praise it. For information, call Paige Caldwell at 800-444-4336.

PROUDFOOT REPORT: BANKRUPT FP'S

One client recently gave us an article printed in the Medical World News (August 93) entitled: **MEDICARE COULD BANKRUPT FPs BY THE YEAR 2000**, which alarmed us. This article goes into detail of how HCFA inaccurately used 1984 cost figures in determining the RBRVS cost figures, without taking into consideration the increases in taxes, salaries, inflation (37 percent), supplies, rent, etc. . . . This same report by a Washington DC physician (Martin Proudfoot) scrutinizes the methods used for calculating payments for E & M services and carries these through the latter 1990s in a normal progression with alarming results. If you would like a copy of this article, please give us a call and we'll be more than happy to mail or fax one to you.

CANCUN TRIP UPDATE

We've already received calls to register 38 people for the January Cancun trip, which doesn't even include the eight employees and spouses employed with Don Self & Associates. We leave Houston Intercontinental Thursday morning (9:15 am), arriving Cancun at 10:25 am. We will then be escorted to the Radison Hotel on the beach and return Sunday (6th), leaving Cancun at 11:25 am and arriving Houston at 2:35 pm. The plan to go to Cozumel entailed changing planes at Cancun, thereby reducing the amount of time we would have for recreation, as well as cost prohibitive. The cost for the entire trip will be \$467.00, which includes round-trip air, double-occupancy at the Radison, transfer costs, all government fees and departure taxes. Also included are two workshops on 1994 Medicare changes and Medical Office Collections. We are limiting the attendance to 80 people so you had better register soon!

The Radison boasts of 300 ocean view rooms, cable TV, mini bar in each room, air conditioning, swimming pool(s) and tennis courts.

We decided against the All-Inclusive resort due to cost, as it was going to be close to \$600, and we felt this may be too restrictive for some that are sending the whole office. We must receive a deposit of \$100 per person no later than October 25. Registration is first come-first served. Should you wish to purchase cancellation insurance for \$25.00 (which means you will receive a refund should you decide to cancel), you need to send it along with your deposit.

By the way, for your travel needs wherever you are, I strongly encourage you to call Sherry at the Travel Center 800-523-3293. I tried different services before switching to the Travel Center and was not nearly as pleased with the others. We have used Sherry exclusively for the last four years.

MEDICARE CUTS ON MENTAL ICD9

Medicare only pays 50 percent of the approved amount when the condition is considered psychiatric. Therefore, we never recommend you use Anxiety, Depression or other psychiatric ICD9 codes as primary diagnosis on claims. Should you experience these reductions be aware the pt owes the other 50 percent, which may be harder to collect than is the standard 20 percent co-pay.

WORKSHOPS IN YOUR HOSPITAL

If you are interested in having us teach workshops on Collections, Medicare Coding or Workers Comp in your area, please call the administrator or Physician Staff Coordinator in your hospital and have them call us. We have found this to be the easiest way of training the offices you refer patients to or receive referrals from, of the proper coding, so they do not pre-empt your claims and cause problems or delay your claims. This is also an excellent way for us to obtain new consultation and claims clients, so we definitely appreciate your help.

MEDICARE, MEDICAID AND PAP SMEARS

We're still finding physicians billing Medicare or Medicaid patients for pap smears, when they only obtain the smear and send it out to a pathologist for the exam. This is illegal, as the only provider allowed to bill for the pap smear (88150-88155) is the one that does the

cytopathological exam. Obtaining the smear is an integral part of the evaluation and management service (such as phone calls, clinical lab interp, pelvic exam, etc.) and not separately billable. You cannot bill the pt for just handling the smear.

MEDICAID CODING AND CHARGING TIPS

While reviewing claims, we noticed some physicians are billing NHIC for hospital admits (99221-99223) on the same day as critical care codes (99291-99292). Medicaid does not allow payment of initial visits (admits) on the same day as critical care, although they do allow subsequent hospital care codes (99231-99232) on the same day as critical care.

While Medicare no longer pays for prolonged detention (codes 99150 and 99151), Medicaid still does, when the service is rendered in the hospital emergency room. Prolonged detention is payable in addition to critical care on the same day, but will not be payable if billed on the same day as a hospital visit (subsequent care codes: 99231-99233) or newborn resuscitation.

Medicaid requires code Z9073 (TOS 1) be used for out-pt observation services of more than six hours but less than 24. They do not allow E.R. visit codes (99281-99285) or inconvenience codes (99050-99056) billed on the same date as Z9073. They will also deny the observation charge if billed in addition to a hospital admit, consult or prolonged detention.

ICD9 codes V0380 and V0480 are acceptable to cover pneumonia (90732) and flu (90724) injections when the pt is either a resident of a nursing home, over 60 years old or less than two years old.

FLU SHOT UPDATE - MEDICARE

As we reported in August, Medicare now covers flu injections. What needs elaboration are a few facts:

1. Admin. code (Q0124) does have a Limiting Charge for non-par docs that are not accepting assignment. The L.C. is equal to 115 percent of the approved amount. Of course, if you accept assignment, the L.C. does not apply to you.

2. There is NO co-pay (20 percent) to be collected from the patient for codes 90724 or Q0124, since Medicare pays 100 percent of the approved amount.

3. Code 90724 does NOT have a limiting charge (as is also the case with all J codes), but Medicare does expect providers to keep their fees to a "reasonable" amount. Their definition of "reasonable" is no more than 150 percent of the approved amount. There is no regulation that we know of, that permits them to restrict your fees on non-assigned claims (for injections) to a "reasonable" amount, but their personnel do admit that a physician will trigger intensified monitoring if they charge more than a "reasonable" amount.

4. It is not mandatory to accept assignment on these codes (if you are a non-par physician). If you are par, you must accept assignment since they are covered services.

94 BUDGET BILL

Many changes were passed in the 1994 Budget, passed by Congress on August 6:

EKG Interps will be paid, but this reduces E & M service approved by 73 cents for ALL in-office and \$1.11 for ALL hospital Eval services (as we predicted in earlier issues!)

New Doc reductions eliminated (That's Good News!)

Across the board reductions for all services total \$91 Million, due to revision in practice expense RVUs

Inflation update eliminated in 94 and 95 for all but 35 primary care services. Savings = \$4.4 Billion

ASC rates frozen (No 94/95 Update) Savings = \$545 Million

Clean ECS claims paid in 13 days and paper claims paid in 26 days in '94

National Cap on Lab Fees will be lowered through '93, '94 and '95.

Savings = \$2.1 Billion

Lab Update Frozen - '94 and '95 Savings = \$1.2 Billion

Out-Pt Visits cuts in 1994 Savings = \$1.5 Billion

These are just a few of the changes that the Democrats pushed through on this bill, as part of the \$496 Billion deficit reduction package. (There won't be a reduction, as they are increasing the social program spending equally!) Most of these changes will go into effect January 1994 and will be addressed by Medicare newsletters in November and December.

OTHER NEWS OF INTEREST:

We just received a list of the most common reasons for denials of Workers' Comp claims.

We'll be publishing this list of denial reasons in the next issue.

We're leaving today for San Antonio to attend the regional Medicare symposium. We'll be publishing any new information we gather next month.

We're currently awaiting brochures from the Cancun Radison and we'll be sending these out in a special mailing once they arrive. If you want to pass on your impression of last year's trip to everyone else, please fax them to us and we'll include it with the brochures.

You have time to obtain a Passport, should you want one. The cost is \$65.00 for a new passport and \$55.00 to renew a present one. We obtained forms from the U.S. Post Office.

It's time to order your 1994 CPT AND ICD9 code books. We recommend you call Shannin at 1-800-MED-SHOP (Ext. 539) and mention our name for the 10 percent discount. This year we suggest you get a new CPT book, new HCPCS book and a 1994 ICD9 book. There are many changes that affect you.

Message for Clinton: *Psalms 109:8*
Check your Bible.

Thanks again to all of our clients. Our business has grown at an unbelievable rate, which would not have been possible without the referrals and patronage of all of our clients. We now file all of the insurance claims (HCFA and UB82) for quite a few hospitals in Texas as well as handling the A/R for the CRNA charges in one large hospital in Fort Worth. Our claims filing division has grown rapidly and God has added another member to our staff. We are truly thankful!

Don & Angie Self
J.W., Ed, Maria & Gayle

Newsbrief

MORE KIDS CONTRACTING TB

Since 1985, tuberculosis has shot up 35 percent among children under the age of 15. According to the Centers for Disease Control and Prevention, this is due to the recent increase of TB in adults, who are subsequently infecting their children.

Workers' Comp Law to Remain in Effect Pending Appeal to Supreme Court

The Texas Workers' Compensation Commission will continue to implement and enforce the state's legally challenged workers' compensation law pending the outcome of an appeal to the Texas Supreme Court.

The 4th District Court of Appeals in San Antonio recently ruled that the state's two and one-half year old workers' compensation law is unconstitutional. In a 4-3 decision, the court upheld most of the findings of a state district judge, who ruled in May 1991 that the law violates the equal protection and due process provisions of the Texas Constitution. The state will now appeal the ruling to the Texas Supreme Court. Because of the appeal, the law will remain in effect until the legal challenge is finally resolved.

Todd K. Brown, executive director of the Texas Workers' Compensation Commission, said he believed the law

would ultimately be validated by the state Supreme Court. He said that, since the new law went into effect in January 1991, the Commission had made "remarkable progress" in meeting the challenges set forth by the Legislature. "All the data I've seen proves that injured workers are getting their benefits faster than ever, that overall system costs are down, that most disputes are being resolved informally and that injured workers and others in the system are being provided with unparalleled service."

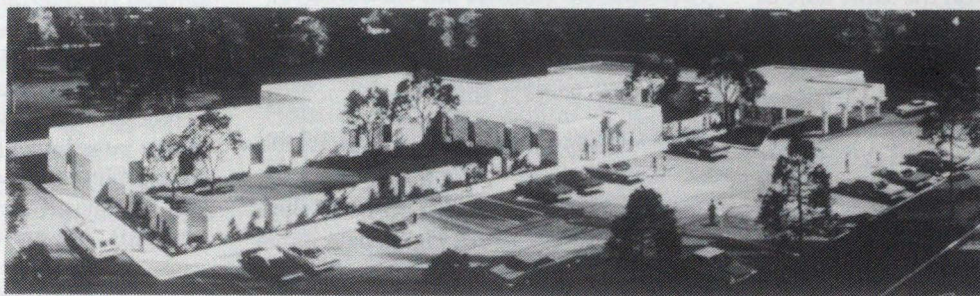
Brown also noted that the new law raised maximum and minimum benefit rates and significantly decreased the amount of time that injured workers have to wait to receive their first benefit check — from about 30 days under the old law to about 17 days today. In addition, he said the new law initiated an "exceptionally successful"

Ombudsman program to assist injured workers and others in the system and comprehensive workplace safety program.

"While the new law may need some technical adjustments, I think it has achieved most, if not all, of the Legislature's main objectives," Brown said.

The Texas Workers' Compensation Act was enacted by the Texas legislature in 1989. It went into effect on January 1, 1991. The law applies to workers who suffer workplace injuries or illnesses after January 1, 1991, if their employer has workers' compensation insurance. Shortly before the law went into effect, three injured workers joined the Texas AFL-CIO and the Texas Legal Service Union, Local No. 2, to challenge the law's constitutionality by filing suit in Maverick County.

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Edmund F. Touma, D.O.

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Tyler, Texas 75701

1400 West Southwest Loop 323

Phone: 903-561-3771

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

New Positions at UNT Health Science Center

Linda Cunningham, M.D., has been appointed acting chair of the Department of Medical Humanities at the University of North Texas Health Science Center, effective September 1. She is an assistant professor of the Department of Pathology.

Dr. Cunningham has worked at the college since 1988. She graduated in 1978 with a bachelor's degree in microbiology from the University of Alabama at Tuscaloosa, and received her M.D. in 1982 from Vanderbilt University School of Medicine. She had residency training in anatomic and clinical pathology at the University of Texas Southwestern Medical Center in Dallas.

Dr. Cunningham is certified by the American Board of Pathology in Anatomic and Clinical Pathology.

Francis X. Blais, D.O., has been named acting chair of the Department of Medical Education. He has served as the assistant dean for graduate medical education since 1991.

Dr. Blais earned his bachelor's degree in biology from Northeastern University in 1971. He earned his D.O. degree in 1975 from the Philadelphia College of Osteopathic Medicine and joined the faculty at Texas College of Osteopathic Medicine in 1984.

Karen Godwin, Ph.D., of Denton, has become the University of North Texas Health Science Center's new Student Development Coordinator. She began September 1.

Dr. Godwin had worked at the University of North Texas since 1992. Before that, she worked for more than 12 years as a student affairs administrator at the University of Arizona in Tucson.

She earned her bachelor's degree from Pacific University in Forest Grove, Oregon, and her master's from the University of New Mexico at Albuquerque. In 1977, she completed her Ph.D. in university administration and curriculum at Oregon State University in Corvallis.

Her husband, Ken, is the chairman of the Department of Political Science at the University of North Texas in Denton.

Walter McConathy, Ph.D., has been named acting chair of the Department of Biochemistry and Molecular Biology, effective September 1. He is an associate professor of medicine at the college.

Dr. McConathy earned his bachelor's degree from the University of Oklahoma in 1964 and his bachelor's in chemistry from Oklahoma University in 1966. He earned his Ph.D. in biochemistry and molecular biology from the University of Oklahoma Medical School in 1971. Dr. McConathy has been on the staff of the Texas College of Osteopathic Medicine since 1988.

UNT Health Science Center at Fort Worth is a state-assisted institution including the Texas College of Osteopathic Medicine and the Graduate School of Biomedical Sciences.

Weekend Activities Provide Fun For All

Kickoff Party Celebrates New Designation As the UNT Health Science Center

What do two tickets to Las Vegas have to do with cowboy hats, barbecue and country music?

They were all part of the festivities at the UNT Health Science Center Kickoff Celebration, held Sept. 30 at the Will Rogers Complex celebrating Texas College of Osteopathic Medicine's new designation as the University of North Texas Health Science Center at Fort Worth.

More than 700 faculty, staff, students, alumni, community supporters and their guests came dressed in their western duds ready to eat barbecue and dance to the music of Johnnie High's Country Music Revue.

As a momento of the weekend, President David M. Richards, D.O., presented cowboy hats to Founders' Medal recipient Murray Goldstein, D.O., and his wife, Sue. Two all-expense paid tickets to Las Vegas were also raffled off, won by Jennifer Martin of the Graduate Medical Education Office.

Alumni Homecoming Dinner

Rodney Wiseman, D.O., Class of '78, was honored as the "1993 Alumnus of the Year" during the TCOM Alumni Homecoming and dinner and reunion, held October 2 at Fort Worth's Century II Club.

Dale Brancel, D.O., alumni association president, joined health science center President Richards in recognizing the members of the classes of 1978, 1983 and 1988.

Also receiving an award during the dinner was Nelda Cuniff, D.O., Class of '74. Wiseman presented her with a plaque recognizing her as Practitioner of the Year by the American College of Osteopathic Family Physicians.

TCOM Alumni Golf and Tennis Tournaments

No one is saying whether talent or luck were the deciding factors in who won the alumni golf and tennis tournaments September 30 and October 1, but all agree they enjoyed the competitions.

Winning the "Florida Scramble" golf tournament held Thursday was the team of Bill Wallace, D.O., Class of '80, Bob McFaul, D.O., Class of '81, David Meredith, Class of '97, and John Womack of the Osteopathic Medical Center of Texas.

The second place winning team was made up of John Volk, D.O., Class of '89, Mark Hainer, Class of '95, Russell Bell, Class of '95, and Rob Bertram, Class of '95. Third place went to the team of Kent Petty, Class of '94, Justin Powell, Class of '94, Bertram and Ryan Streed.

Petty also won the longest drive competition.

Friday's "Scrambled Legs" tennis tournament resulted in two ties. First place honors went to Troy Pham, Class of '96, and Judy Wilson, Ph.D., of Hyperbaric Oxygen Treatment Laboratory. Tied for second place were Sankar Pemmaraju, Class of '95, and Jim Jones, husband of Audrey Jones, D.O., Class of '88. Robert Campbell, D.O., Class of '83, took third place. ▶

Family Day Activities

More than 50 participants in this year's Family Day rose bright and early October 2 to attend activities held in the UNT Health Science Center's Atrium and the Main Auditorium. First-year students, their spouses and other family members attended presentations designed to introduce them to the TCOM/UNT Health Science Center family and the family-oriented osteopathic profession.

"The response from the students and their families who participated in Family Day was very positive," Karen Godwin, Ph.D., student development coordinator said. "This is only the second year that we've had Family Day, and we're still learning what students like and the issues that they want discussed. I heard from many students who said that they liked the open, informal panel discussions."

Family Day places a major emphasis on a student's choice to become an osteopathic physician and how the first year of medical school is the beginning of a rewarding, life-long career. Presentations were made through

informal panel discussions with faculty members, alumni, second- and third-year students, spouses of students and health science center administrators and staff. Discussions focused on areas including the unique approach that osteopathic medicine plays in the delivery of health care, future roles of TCOM and the health science center in our community, the importance of a health science center creating new knowledge as well as teaching it and the changing dynamics of health care in American society.

Panel members and leaders of Family Day activities included Ed Elko, Ph.D., associate dean for student affairs; health science center President David Richards, D.O.; Carol Browne, D.O., family medicine and Class of '86; Rodney Wiseman, D.O., Class of '78, and his wife, Marie; Audrey Jones, D.O., Class of '88; Mitchell Forman, D.O., assistant professor of medicine; Joseph Daniels, D.O., assistant professor of surgery; Robert Gracy, Ph.D., associate dean for basic science and research; John G. Mills, D.O., associate dean for clinical affairs; Danette Elliot, Class of '96; Victor

Dizon, president, Class of '96, and wife, Katrina; Glenda Tucker, director of financial aid; David Barker, Ph.D., associate professor of physiology and assistant director of information technology services; B.J. Czewski, president of the Auxiliary to the Texas Osteopathic Medical Association; Deborah Blackwell, D.O., assistant professor of pediatrics and Class of '88; Dan Jensen, associate vice president for governmental affairs; Dale Brancel, D.O., president of the alumni association and Class of 80; and David Wasserman, president of the Student Government Association and Class of 95.

Students who served as tour leaders at the end of Family Day activities included Charles Addington, Robert Baylis, Victor Dizon, Cindy Henry, Jeff Hutchins, Linda Odom, Melissa Miskal and Arne Rasmussen, all Class of '96, and an undergraduate teaching fellow, David Fields, Class of '94. Richard Koss, D.O., manipulative medicine, assisted in the manipulative medicine laboratory during the tours.

Requirements for Preferred Provider Participation

The Texas Department of Insurance has provided clarification of the rules pertaining to PPO participation. The TDI states that there have been instances in which insurers are refusing to allow otherwise qualified practitioners to participate on the grounds that the insurer does not need any more providers, or does not need any more providers in a particular area. According to the TDI, "that type of limitation is not acceptable."

Pursuant to the Insurance Code, ... [Article 3.51-6, §3] and Article 3.70-3(A) (9), no health insurance policy may require that a service be rendered by a particular hospital or practitioner. A health insurance policy that includes different benefits from the basic level of coverage for use of preferred providers shall not be considered to unlawfully restrict freedom of choice in the selection of hospitals or

practitioners by insureds provided:

(2) the rights of an insured to exercise full freedom of choice in the selection of hospital or practitioner is not restricted by the insurer; and physicians and health care providers shall be free to join one or more insurance or other preferred provider plans. . .

The right of an insured to exercise full freedom of choice is restricted when an insurer denies a provider participation in a plan due to a plan having an ample number of providers. Therefore, insureds must be allowed to go to the physician of their choice despite monetary incentives to go to PPO providers.

Additionally, TDI rules state that insurance companies must give physicians "a fair, reasonable, and equivalent opportunity to become preferred providers. Such designation shall not be unreasonably withheld." However, insurers are allowed to set contractual

"terms and conditions... based solely on economic, quality and accessibility considerations."

These rules apply only to fully insured group indemnity health insurance policies containing PPO provisions over which TDI has authority.

New Charges For NPDB

As of July 1, new charges went into effect for queries to the National Practitioner Data Bank. Paper queries are now charged \$10, while electronic queries are charged \$6.

Changes In the Texas Medicaid Program

Your attention is called to the August 1993 issue of the *Texas Medicaid Bulletin*, which contained information regarding new addresses for claims filing.

In an effort to make claims processing faster and more efficient, new P.O. box numbers were established, effective September 1, 1993. The following changes are now applicable:

*All HCFA-1500 forms (excluding Ambulance, Hearing Aid, CCP, Radiology/Laboratory, Rural Health, Mental Health (MH) Rehabilitation) sent to National Heritage Insurance Company for the first time should be sent to:

National Heritage Insurance Company
P.O. Box 200555
Austin, TX 78720-0555

*All ADA Dental claims should be sent to:
National Heritage Insurance Company
P.O. Box 201275
Austin, TX 78720-1275

*All EPSDT Medical Screening claims should be sent to:
National Heritage Insurance Company
P.O. Box 201305
Austin, TX 78720-1305

*All Vision Care service claims should be sent to:
National Heritage Insurance Company
P.O. Box 201215
Austin, TX 78720-1215

*All Outpatient Hospital claims should be sent to:
National Heritage Insurance Company
P.O. Box 201245
Austin, TX 78720-1245

*All Inpatient Hospital claims should be sent to:
National Heritage Insurance Company
P.O. Box 201185
Austin, TX 78720-1185



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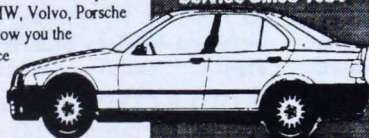


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BUSY, PROGRESSIVE — Fort Worth private practice seeks 2nd BC/BE OB/GYN physician. Great location, all practice amenities, partnership potential. Contact in confidence. Send CV to: Vernon J. Hayes, D.O., 2600 Montgomery & I-30, Fort Worth, 76107; 817/731-3936;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

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

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

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

HIGH INCOME — successful GP clinic in Dallas area for sale. Will consider lease with option to buy and/or will finance to individual practitioner. Call 214/941-9200. (18)

FORT WORTH — Immediate opening for BE/BC physician to work full or part time in family practice/minor emergency clinic. No OB, week-ends or call. Potential for future partnership if desired. Contact Robert Hames, D.O., 817/237-3333. (25)

NURTURING PHYSICIAN WANTED — Lubbock, TX, for bariatric practice with interests in nutritionals, exercise, patient counseling. Training provided in use of anorexiogenics. Current DEA required. Salary negotiable, no hospital call, alternate weekend with another female physician. Malpractice, medical, dental and bonus package provided. If you are tired and want to slow down, you will enjoy this practice. Dr. Pangle - 800/772-6466 or p.m. 806/795-6466. (34)

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

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

HOUSTON AREA — The town of Anahuac needs a family practice physician. New office and reasonable guarantee awaits. We are on the bay in Chambers County. Contact: John Luff, Bayside Community Hospital, Anahuac, Texas 77514 or call 409/267-3143. (31)

PHYSICIAN WITH TEXAS LICENSE NEEDED to work in a primary care medical clinic on the campus of the University of North Texas. Experience required in a primary care practice. No call duty. Excellent benefits. Salary is determined by experience and/or certification in a primary care specialty. Contact Sheila Meyer, Director, University of North Texas, P.O. Box 5158, Denton, TX 76203, 817/565-2786. Equal Opportunity/Affirmative Action Employer. (60)

OB/GYN and FAMILY PRACTICE PHYSICIANS for a beautiful, "Norman Rockwellesque" community, within 90 miles from DFW area. All the simplicity, security, and serenity of this smaller town, yet within 1½ hour of all the conveniences of the metro area. Lakes, hills, trees, lots of antique stores and friendly people. For this excellent opportunity call Bennett & Associates, 915/550-9060. (66)

PART TIME/FULL TIME opportunities for doctors in walk-in clinics, rural health clinics, single and multispecialty clinics. For further information contact Jerry Lewis of The Lewis Group, 800/666-1377. (64)

BUSY PRACTICE for sale. Great location on major intersection in affluent Dallas suburb. Ready to occupy, complete with X-ray and processor. Attractive modern decor. Doctor moving out of state. Lease option available. Contact: Dr. Mary Wilkinson 214/270-7246. (63)

LAGUNA BEACH, CA — unique seaside cultural community. Selling long established, primary care/OMT practice. Excellent Rare opportunity for motivated D.O. Long lease, terms negotiable. Information — 714/497-4195. (15)

DALLAS ENDOCRINOLOGY PRACTICE AVAILABLE — Hormone formulas for sale with active patient list. Income of \$200,000 to \$250,000 annually for medicine alone. Furnished office also available. 3850 sq. ft. one story building

with adjacent parking lot one block from Baylor Hospital. Please call 214/826-9129. (29)

MODERN MINOR EMERGENCY AMBULATORY care centers seeking well rounded practitioner for expansion in Central Texas. Generous modified fee-for-service income package with super professional liability insurance included. Must have good experience in family medicine. Industrial medicine experience helpful. Send CV or call Keith Williams, M.D., 3305 N. 3rd, Ste. 304, Abilene, TX 79603, 915/676-3023. (37)

NEEDED — Busy D.O. in General Practice in need of partner. Great hunting and fishing in East Texas community. 35,000 near Sam Rayburn Lake. \$120,000 malpractice, incentive and partnership. Send CV or contact Family Medical Clinic, 1702 E. Denman, Lufkin, Texas 75901, 409/639-1224. (68)

TEXAS LICENSED PHYSICIANS We have multiple opportunities with clinics, partnerships and small hospitals throughout Texas. Call collect, Bennett Associates, 915/550-9096. (10)

POSITIONS DESIRED

LOCUM TENENS SERVICE — for the Dallas/Fort Worth Metroplex. Experienced physician in family practice and emergency medicine offering dependable quality care for your patients at competitive rates. Contact: Doyle Gallman, Jr., D.O., 817/473-3119. (24)

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

OFFICE SPACE AVAILABLE

FOR LEASE — 1,250 sq. ft. medical office in hospital district between Rosedale and Magnolia; also, will build to suit up to 3,000 sq. ft. medical building on Hulen between Vickery and West Fwy. 338-4441. (12)

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

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

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

MISCELLANEOUS

RECONDITIONED EQUIPMENT FOR SALE — Examination tables, electrocardiographs, sterilizers, centrifuges, whirlpools, medical laboratory equipment, view boxes, weight scales, IV stands and much more. 40-70 percent savings. All guaranteed. Mediquip-Scientific, Dallas, 214/630-1660. (14)

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

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

EXCELLENT CONDITION, late model QBC Reference with QBC Centrifuge and supplies — \$7500.00 or best offer. Also, available, Clinitek 10, Quantitative Urine Interpreter, \$150.00 or best offer. Contact Dorian @ 817/498-1679. (65)

NEEDED — Physician Assistant for busy, General Practice in East Texas. \$65,000 salary with incentive package available after first year. Send Resume or contact Family Medical Clinic, 1702 E. Denman, Lufkin, Texas 75901; 409/639-1224. (67) ■

Texas Fourth in AIDS Cases

Texas has had 17,363 reported cases of AIDS through last year, ranking the state fourth place in total number of AIDS cases, according to an annual survey released by the federal government. New York reported 50,985; California had 46,818 cases; and Florida had a total of 24,492. A total of 11,564 Texans have died since the epidemic began in the early 1980s.

Texas has witnessed an increasing number of new AIDS cases; from 483 in 1985 to 3,334 in 1990. In 1991, the

number of new cases fell to 3,067, and in 1992, declined to 2,920. Officials say one of the reasons for the decline is due to HIV-positive persons staving off an AIDS diagnosis through new medications. It is predicted that the decline will be short-lived, however, because the definition of AIDS has been broadened. The new definition is expected to move thousands of HIV-positive persons into the AIDS category.

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