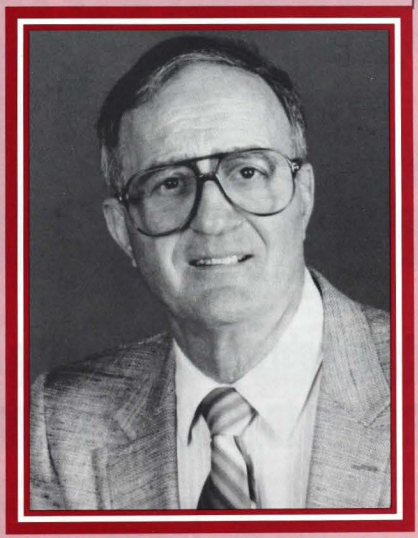
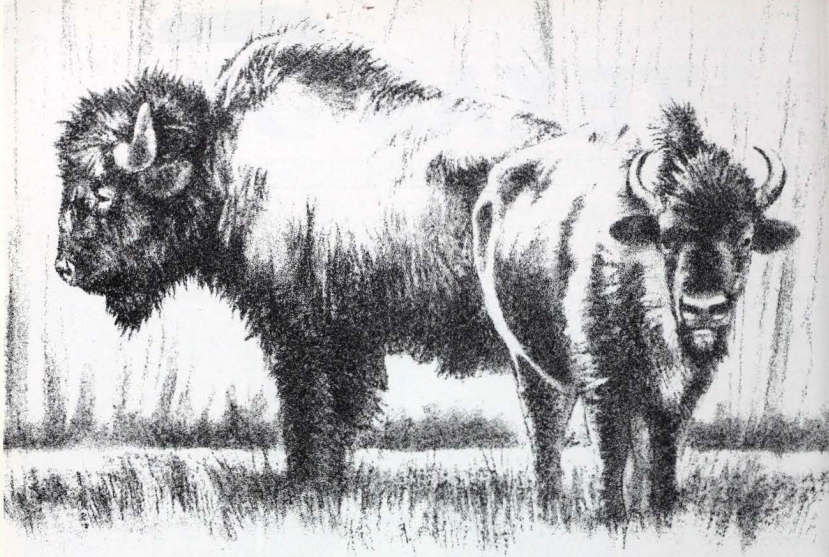
TEXAS DO

XXXXIX, No. 5 TEXAS OSTEOPATHIC MEDICAL ASSOCIATION May/June, 1992



Jerry E. Smola, D.O. Assumes TOMA Presidency

See Page 6



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TOMA Malpractice Insurance Program:	
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Enrollment & Information	800/366-5706
TOMA Major Medical Insurance	1-800/321-0246
Texas College of Osteopathic Medicine	817/735-2000
	Dallas Metro 429-9120
Medicare Office:	
Part A Telephone Unit	214/470-0222
Part B Telephone Unit	214/647-2282
Profile Questions	214/669-7408
Provider Numbers:	
Established new physician (solo)	214/669-6162
Established new physician (group)	214/669-6163
All changes to existing provider number records	214/669-6158
Texas Medical Foundation	512/329-6610
Medicare/CHAMPUS General Inquiry	800/725-9216
Medicare/CHAMPUS Beneficiary Inquiry	800/725-8315
Medicare Preprocedure Certification	800/725-8293
Private Review Preprocedure Certification	800/725-7388
Texas Osteopathic Medical Association	817/336-0549
	in Texas 800/444-TOMA
	Dallas Metro 429-9755
	FAX No. 817/336-8801
TOMA Med-Search	in Texas 800/444-TOMA
TEXAS STATE AGENCIES:	
Department of Human Services	512/450-3011
Department of Public Safety:	
Controlled Substances Division	512/465-2188
Triplicate Prescription Section	512/465-2189
State Board of Health	512/458-7111
State Board of Medical Examiners	512/834-7728
Texas State Board of Medical Examiners	
(for disciplinary actions only)	800/248-4062
State Board of Pharmacy	512/832-0661
State of Texas Poison Center for	
Doctors & Hospitals Only	713/765-1420
	800/392-8548
	Houston Metro 654-1701
Texas Workers' Compensation Commission	512/448-7900
FEDERAL AGENCIES:	
Drug Enforcement Administration:	
For state narcotics number	512/465-2000 ext 3074
For DEA number (form 224)	214/767-7250
CANCER INFORMATION:	
Cancer Information Service	713/792-3245
	in Texas 800/392-2040

TEXAS DO

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

FEATURES

DEPARTMENTS

TEXAS DO
TEXAS OSTEOPATHIC MEDICAL ASSOCIATION
May/June, 1992

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Calendar of Events

JUNE

25-28

"12th Annual General Practice Update"
Sponsored By: TCOM
Supported By: Dallas Southwest Osteopathic Physicians, Inc.
Location: South Padre Island
Hours: 16
Contact: Nancy Popejoy
TCOM, Dept. of CME
817/735-2581

25-28

"Annual Meeting"
Colorado Society of Osteopathic Medicine
Antler's Double Tree Hotel
Colorado Springs, CO
Hours: 18
Contact: Patricia Morales
303/322-1752

JULY

11

Consistency in Quality Review
Texas Medical Foundation
Stouffer Austin Hotel
Austin, TX
Call: (512) 329-6610 - Austin
1-800-725-9216 - Texas

30-AUGUST 2

"General Practice Update with Emphasis on Risk Factors"
Mid-Year Symposiium of Texas Society ACGP
Double Tree Hotel at Park West
Dallas
Hours: 34
Contact: Keri Frugé
Corresponding Secretary
Texas Society of ACGP
817/870-2518

12-16

"Primary Care the Natural Way"
Arkansas Osteopathic Medical Association
7th Annual Convention
Location: Little Rock Hilton
Little Rock, Arkansas
Hours: 23
Contact: AOMA
101 Windwood Drive, Ste. 5
Beebe, AR 72012
501/882-7540

OCTOBER

24-25

Osteopathic Manipulative Medicine Seminar
University of Osteopathic Medicine and Health Sciences
Location: 3200 Grand Avenue
Des Moines, Iowa
Contact: Gena Alcorn
Continuing Education Coord.
UOMHS
3200 Grand Avenue
Des Moines, IA 50312-4198
515/271-1480

DECEMBER

12

AIDS Conference
University of Osteopathic Medicine and Health Sciences
Location: 3200 Grand Avenue
Des Moines, Iowa
Contact: Gena Alcorn
Continuing Education Coord.
UOMHS
3200 Grand AVenue
Des Moines, IA 50312-4198
515/271-1480

Texas Osteopathic Medical Association

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	Term Expires	
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Jim W. Czewski (90)	1994	Fort Worth
Charles R. Hall (90)	1994	Bangs
Larry J. Pepper (92)	1994	Houston
Bill V. Way (89)	1994	Dallas
Nelda N. Cunniff (89)	1995	Fort Worth
Hector Lopez (91)	1995	El Paso
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PUBLICATIONS (1993) . . . . . Carla B. Devenport, Chairman
Nelda N. Cunniff, Ms. Diana L. Finley, S/D Jeff Johnson, Nick S. Pomonis

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Alfraed R. Johnson, Larry J. Pepper, William A. Pollan, Bill V. Way, Rodney M. Wiseman

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MILITARY AFFAIRS (1993) . . . . . William D. Hospers, Chairman
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PUBLIC INFORMATION (1994) . . . . . Bill V. Way, Chairman
D. Dean Gafford, Shelley M. Howell, Hector Lopez, John R. Peckham, Monte E. Troutman

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R. GREG MAUL, CHAIRMAN

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LIAISON TO AMERICAN ASSOCIATION OF RETIRED PERSONS (1995) . . . . . Mr. Terry R. Boucher, Jerry E. Smola, Robert L. Peters, Jr.

LIAISON TO AMERICAN OSTEOPATHIC ASSOCIATION (1996) . . . . . David R. Armbruster, Mary M. Burnett, T. Eugene Zachary

LIAISON TO TEXAS COLLEGE OF OSTEOPATHIC MEDICINE (1997) . . . . . Mr. Terry R. Boucher, Jerry E. Smola, Brian G. Knight

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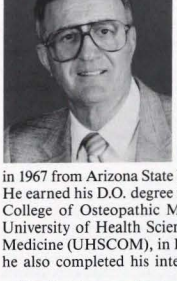
Al E. Faigin, David E. Garza, Charles R. Hall, S/D Jeff Johnson, Hector Lopez, R. Greg Maul

Dr. Jerry Smola is New TOMA President



Jerry E. Smola, D.O., of Sweetwater, has been elected president of the Texas Osteopathic Medical Association for 1992-93. Installation ceremonies were held during the association's 93rd Annual Convention and Scientific Seminar in Corpus Christi, April 29 - May 3.

Dr. Smola received his Bachelor of Science degree in 1967 from Arizona State University in Tempe, Arizona. He earned his D.O. degree in 1971 from the Kansas City College of Osteopathic Medicine (now known as the University of Health Sciences, College of Osteopathic Medicine (UHSCOM), in Kansas City, Missouri, where he also completed his internship.

Dr. Smola served as an instructor in emergency medicine at UHSCOM from 1972-74, going on to serve as head of the department for the next two years. In July of 1976, he began his private practice in Sweetwater, where he is currently located. He is board certified in general practice.

An active member of TOMA, Dr. Smola serves on, and chairs, numerous committees. He has served 10 years in the TOMA House of Delegates, the policy-making body of the association; 10 years as a member of the Board of Trustees; and is an active member of his divisional society, District IV, of which he is a past president.

Other memberships include the American Osteopathic Association; the Texas Medical Foundation; and the American College of General Practitioners in Osteopathic Medicine and Surgery. Dr. Smola also serves as a member of the medical staff at Rolling Plains Memorial Hospital in Sweetwater, where he is a past president. He is currently chairman of the hospital's Utilization Committee and Patient Care Committee.

Dr. Smola and his wife, Joan, are the parents of five children: Jeremy, James, Richard, Raymond and Renee.

Dr. Smola Urges Members to Expect and Be Ready for Changes

Editor's Note: The following is the speech delivered by Jerry E. Smola, D.O., on President's Night upon assuming the TOMA presidency for 1992-93.

I am tickled to be here tonight and I appreciate the opportunity to be able to serve as President of the Texas Osteopathic Medical Association for the coming year. It is going to be an interesting year. There are going to be lots of opportunities and at least a few obstacles and inadequacies to overcome.

Before I continue any further, I'd like to introduce some people to you, starting with my family. You have already met my wife of 32 years and the love of my life, Joan Smola. I'd also like to introduce to you the best daughter in the world, my daughter Renee, who is going to be 12 years old this Monday. Joan and I are fortunate, also, in having four sons; two were unable to be with us tonight. With us here tonight is our son, James, from Stephenville, Texas, and our son Richard, from Sweetwater, along with his lovely wife Tracy. We are extremely fortunate that this morning, my mother was able to fly in from Omaha, Nebraska to be here. She has not missed a thing over the past 84 years and she keeps the whole family in line. Also here from Omaha, Nebraska, is my sister Carol Darty, and my brother Bob Smola, along with his wife Bonnie, and our niece, their daughter, Molly Smola. I'd like to also introduce to you a fellow Kansas City graduate who has been my friend, my counselor and my family physician, and who is currently president of the staff at Rolling Plains Memorial Hospital in Sweetwater. He is also the fellow who stays home and does the work while I am attending TOMA functions — Luther C. Martin, D.O.

(Editor's Note: Dr. Smola then introduced the TOMA officers and board members. These are listed elsewhere in this issue.)

As I said before, this is going to be an interesting year. Coming up in the legislative year in the State of Texas are some issues of great importance. This will be the year for the sunset review of the Texas State Board of Medical Examiners, and we need to do two things in particular as the board goes through the sunset process. First, we need to preserve a strong D.O. representation on the board, which is of utmost importance, and second, we must give our support to the preservation of the power ▸

of the board to act in ways that will efficiently benefit health care in Texas.

We know that other legislation is coming up, some of which we need to promote and some we will need to fight. We need to fight intrusions into the areas of diagnosis, prescriptions and treatment by numerous groups who wish to practice a small part of medicine without having the responsibility or the background to do so adequately. We can work along with our friends to save medicine in the state by ensuring that those who practice medicine have the benefit of a full medical education.

We need to work to prevent further intrusions into the physician/patient relationship. We all know that you can't give good medical care and you can't get good medical care if the doctor and the patient are sitting down in an adversarial relationship. Many bills and many ideas that are now being promoted will further erode the physician/patient relationship, increase the cost and decrease the effectiveness of medical care in this state.

As you know, this past Wednesday, the TOMA House of Delegates voted to move our headquarters to Austin, Texas, to enable us to be closer to the governmental agencies which have such an impact on health care in Texas. Such a move will enable us to respond more efficiently and more quickly to the challenges which will come our way.

This year, TOMA will be working along with the Texas College of Osteopathic Medicine to develop innovative ways to enhance and increase postdoctoral training programs available in Texas, thus keeping our TCOM graduates working and remaining in the State of Texas in osteopathic-approved programs. One of TOMA's prime priorities this year is going to be to apprise our members of things that they need to know in order to practice medicine, earn a living and to keep up with the changes that are coming in the delivery and management of medical care.

We are going to see a lot of changes and they seem to come faster every year. Many of these changes are advances in technology. Although osteopathic medicine has always been a "hands on" profession, we are no strangers to technology. Ever since the time that A. T. Still installed the first x-ray unit west of the Mississippi River, osteopathic medicine has embraced technological changes that lead to safer and more efficacious cost-effective care for our patients.

We have seen and will see many other changes which we will need to fight against. We are caught in a proliferation of rules and regulations, and a crazy, patchwork quilt group of medical systems that no practitioner and no office can keep up with. We all need to work together to reduce interference with the physician/patient relationship and decrease administrative costs and hassles, all of which promote adversarial relationships between patients, physicians, health care agencies and third party carriers. We know we have a problem in this state with affordable access to health care for many of our citizens.

Besides just fighting against issues we are opposed to, we are going to have to innovate some changes ourselves — changes in the way that we do things to make our practices more efficient and more productive. It is the job of the physicians of Texas to see that affordable access to medical care is available to all of the citizens of our great state. We will need the help of other groups and the cooperation of the Legislature. It won't be easy, but we are committed to this end, as individuals and as an organization. We are going to make the changes that we need to make so that we can earn a decent living, be free of unproductive hassles and devote our full energy to providing health care to the people of this state.

The TOMA officers, Board of Trustees and headquarters staff are ready and willing to serve. Working together, we are going to see that good things are going to increase and adverse factors that affect our ability to provide good care are going to diminish.

Thank you. ■

Major Actions of the TOMA House of Delegates

MOTION: That Life memberships in TOMA be approved for Drs. Orrin W. Dana, Joseph L. LaManna, Joe Whittemore, Arthur S. Wiley, Thomas M. Bailey, Leland C. Long, Constance I. Jenkins, Hubert M. Scadron, Richard W. Anderson, William D. Hospers, Samuel P. Jones, Gail W. Beckett, H. Freeman Elliot, John C. Longacre, John Chesnick, Jr., Raymond R. Hughes, Dominic R. Rich, Evalyn H. Kennedy and Thomas M. Rowlett, Jr.

APPROVED

MOTION: That the House of Delegates instruct the AOA Delegates to support Dr. T. Eugene Zachary, FACGP, as Speaker of the AOA House of Delegates.

APPROVED

MOTION: That the House of Delegates instruct the AOA Delegates to support David R. Armbruster, FACGP, as President-elect of the AOA, and Mary M. Burnett, FACGP, to stay as a trustee on the AOA Board.

APPROVED

MOTION: That the Bylaws be changed as follows:

ARTICLE II, Section 5, line 154, Add:

hold office or to vote.

ARTICLE III, Section 1, Change to read:

"The fiscal year shall be from ~~April 1~~ January 1 through ~~March 31~~ December 31 of the following year. Annual dues shall apply to the fiscal year and become due and payable on ~~the preceding January 1~~ April 1."

ARTICLE III, Section 2, Change to read:

"Regular members, except as hereinafter provided, shall pay annual dues of four hundred dollars ($400.00). Membership during the first year of practice shall be ~~twenty-five dollars ($25.00)~~ one hundred dollars ($100.00) The annual dues for the second year of practice shall be ~~fifty dollars ($50.00)~~ two hundred dollars ($200.00). The annual dues for the third year of practice shall be ~~two hundred dollars ($200.00)~~ three hundred dollars ($300.00). The first year of practice shall begin on ~~April~~ January 1, following graduation, or termination of an approved training program, or upon entering practice."

ARTICLE VII, Change Section 2, beginning with line 513:

"~~elected by the House of Delegates~~. Board members must be voting members of this Association in good standing. Each year, four (4) Trustee members (exclusive of the student* member trustee) shall be elected by the House of Delegates to serve three (3) year terms or until their successors are elected and installed; and in the same manner of election, vacancies shall be filled to complete unexpired terms. ~~In the first year after implementation, the student* member trustee shall be nominated by his/her peers to become a trustee, the nomination shall be subject to confirmation by the Board of Trustees. In subsequent years the student member trustee shall be elected by the House of Delegates to serve a one year term or until a successor is elected and installed, and in the same manner of election, a vacancy shall be filled to complete an unexpired term (*ex-officio - no vote)~~ The nominee for the student member trustee shall come from the Texas College of Osteopathic Medicine's Student Government Association, and the nomination shall be subject to confirmation by the Board of Trustees. The student member trustee shall serve a one year term or until a successor is confirmed and installed; and in the same manner of confirmation, a vacancy shall be filled to complete an unexpired term (*ex-officio - no vote)."

ARTICLE IX, DELETE SECTION 5.

ARTICLE IX, Add new Section 5:

"The current officers and trustees, all past trustees (who have served a minimum of three years) and all past presidents of this association shall have voice but no vote in the House of Delegates meeting unless they are properly seated as delegates or alternates."

APPROVED

RESOLUTION NO. 1 PERTAINING TO THE CLINICAL LABORATORY IMPROVEMENT ACT OF 1988: The House of Delegates goes on record urging the AOA to insist that simple tests involving the use of a microscope to diagnose disease be moved to the "waived" category, and that the commonly accepted rapid screening tests, with controls, be also waived.

APPROVED AS AMENDED

RESOLUTION NO. 2 PERTAINING TO MEDICARE RBRVS FOR OMT: The House of Delegates goes on record urging the AOA to insist that any future national surveys by Medicare regarding OMT only be sent to D.O.s that use OMT as an integral part of their medical practice.

APPROVED

RESOLUTION NO. 3 PERTAINING TO OSHA REGULATIONS: The House of Delegates goes on record urging the AOA to insist that OSHA places the emphasis on education and training to create a safe work place, rather than on punitive fines when enforcing the new bloodborne pathogen regulations.

APPROVED AS AMENDED

▶

RESOLUTION NO. 4 PERTAINING TO THE NATIONAL PRACTITIONER DATA BANK: The House of Delegates goes on record urging the AOA to push for development of appropriate safeguards in the National Practitioner Data Bank to protect the confidentiality of stored data.

APPROVED AS AMENDED

RESOLUTION NO. 5 PERTAINING TO DRUG INDUSTRY GIFTS: The House of Delegates goes on record in support of the AOA and PMA guidelines on drug industry gifts.

APPROVED AS AMENDED

RESOLUTION NO. 6 PERTAINING TO MEDICARE RULES: The House of Delegates goes on record urging the government to end the Medicare policy of paying new physicians 20 percent less than physicians who have been in practice five years or longer, citing it as an unfair, discriminatory and non-productive policy.

APPROVED

RESOLUTION NO. 7 PERTAINING TO PRESCRIBING PHARMACISTS: The House of Delegates goes on record opposing any legislation or regulation which would grant prescribing privileges to pharmacists.

APPROVED

RESOLUTION NO. 8 PERTAINING TO TOMA DISTRICT VIII SERVING AS THE HOST DISTRICT: The House of Delegates goes on record expressing sincere appreciation to District VIII for serving as host district for the 1992 convention.

APPROVED

RESOLUTION NO. 9 PERTAINING TO MEDICAID PATIENTS' USAGE OF EMERGENCY ROOMS: The House of Delegates goes on record instructing TOMA to work with the Texas Department of Human Resources to: 1) educate their clients on the appropriate use of emergency rooms; 2) encourage early "lock-in" for those patients identified as over utilizing hospital emergency rooms; and 3) eliminate penalties to the physician for the patient's inappropriate use of emergency rooms (i.e., do not reduce reimbursement to 60 percent for non-emergency visits).

APPROVED AS AMENDED

RESOLUTION NO. 10 PERTAINING TO RELOCATION OF THE TOMA OFFICE TO AUSTIN, TEXAS: The House of Delegates goes on record in support of relocation of the TOMA headquarters to comparable facilities in Austin, Texas, when feasible.

APPROVED AS AMENDED

RESOLUTION NO. 11 PERTAINING TO HEPATITIS B VACCINATIONS FOR TEXAS HEALTH CARE WORKERS: The House of Delegates goes on record instructing the TOMA executive director to contact officials with the Texas Department of Health and key members of the Texas legislature, for the purpose of attaining authorization for Texas health care workers to receive hepatitis b recombinant vaccinations at TDH cost, provided that the final cost of the immunization is borne by individual employers.

APPROVED AS AMENDED

New officers elected by the House are listed elsewhere in this issue, along with department and committee appointments of President Jerry E. Smola, D.O.

The House of Delegates observed a minute of silence for the following members, family and friends who died during the past year: Thomas D. Hanstrom; Nicholas G. Palmarozzi, D.O.; Edwin L. Rossman, D.O.; Dan Alexander, D.O.; R. Lynne Powell, D.O.; Neal A. Pruzzo, D.O.; Robert R. Delgado, D.O.; Joseph W. Burke, D.O.; R. Anton Leston, Jr., D.O.; Eugene F. Augter, D.O.; Joseph Schultz, D.O.; Auldine C. Hammond, D.O.; Ted R. Krohn, D.O.; Billy H. "Sonny" Puryear, Jr.; Arthur H. Propst, D.O.; and T. T. McGrath, D.O.

The following physicians were recognized for their service in the TOMA House of Delegates:

5 YEARS: Royce K. Keilers, Raymond E. Liverman, Philip E. Pearson, Monte E. Troutman, Stephen F. Urban, Jr.

10 YEARS: R. Greg Maul, Jerry E. Smola, Larry G. Burrows

11 YEARS: Nelda N. Cunniff, David M. Beyer

12 YEARS: John L. Mohney, Don D. Davis

13 YEARS: William D. Hospers, Joseph Montgomery-Davis

15 YEARS: James G. Matthews, Jr., John R. Peckham, Robert L. Peters, Jr.

16 YEARS: Richard M. Hall, Donald F. Vedral

18 YEARS: Merlin L. Shriner

19 YEARS: Mary M. Burnett

20 YEARS: Bill H. Puryear, Arthur S. Wiley, Jerome L. Armbruster, Robert G. Maul

22 YEARS: Selden E. Smith, John J. Cegelski, Jr., Elmer C. Baum

24 YEARS: Donald M. Peterson

26 YEARS: William R. Jenkins, J. Paul Price, Jr., Robert B. Finch

27 YEARS: David R. Armbruster

28 YEARS: T. Eugene Zachary

33 YEARS: John H. Burnett

■

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[1]1985 Commissioners' Individual Disability Table A. Seven-day Continuance Table.
[2]LIMRA, 1989, as measured in annualized premium in force, new annualized premium and new paid premium.

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Provident Means Business.

Mrs. Randall Rodgers is New ATOMA President

The Art Centre was the scene for the Spouses Luncheon and Installation of ATOMA officers, which took place on Friday, May 1, during TOMA's annual convention in Corpus Christi.

Special guest was Mrs. Micki Balog of Union Lake, Michigan, President of the Auxiliary to the American Osteopathic Association.

During the event, the gavel was passed to Mrs. Randall (Peggy) Rodgers of Arlington, who became ATOMA president for 1992-93. Mrs. Rodgers succeeds Mrs. Mark (Rita) Baker of Fort Worth. Also installed as officers with Mrs. Rodgers were Mrs. Dean (Carol Ann) Gafford of DeSoto, as president-elect; Mrs. Jim (B.J.) Czewski of Fort Worth, as vice president; Mrs. James (Diedre) Froelich of Bonham, as recording secretary; Mrs. Joe (Mary Eileen) Del Principe of Arlington, as treasurer; Mrs. Arthur (Dodie) Speece of Duncanville, as corresponding secretary; and Mrs. Emery (Inez) Suderman of Mission, as parliamentarian.

Mrs. Rodgers has been involved in ATOMA since 1979. She teaches kindergarten at Burton Hill Elementary in west Fort Worth, and handles the books for her husband, Randall W. Rodgers, D.O., a general practitioner in Mesquite.

The following is the acceptance speech delivered by Mrs. Rodgers:

Welcome, Ladies of the Auxiliary to the Texas Osteopathic Medical Association, Gentlemen and honored guests. Accepting the position of state president is a great privilege for me. I would like to introduce my mother, Virginia Walker from Tyler, and my husband, Randy Rodgers, who have been instrumental in helping me in this endeavor.

In trying to complete my Board, I thought of Maude Morgan, who organized the Auxiliary in Texas 52 years ago. She not only had to compile a Board, but she had to first organize the districts and establish the Texas Auxiliary. Think how interesting it would be to be the historian for Maude Morgan. Surely she had some interesting stories to tell when she asked different ones to help her start this Auxiliary. Think of the opportunity to turn back the pages of time, over 52 years. If Maude could take a look at all the changes in the Auxiliary in this span of time, she would be amazed at the progress we have made.

For example, raising $24,000 last year for student scholarships and loans. We have also established an associate membership category to include others interested in promoting the osteopathic profession, and I am very proud to announce that our first Associate Member in the State of Texas is Ms. Diana Finley. We have auctioned a quilt composed of different supporters of the profession, resulting in a contribution of $10,000 to the Endowment Fund. There was a tremendous turnout manning the Care-A-Van in Texas, that went on to travel the nation.

As incoming president, our conversation today needs to hinge upon the future of ATOMA and how we react and interact with the changing pictures in our scrapbook. Please ask yourself in which areas you feel you can do the most good. Are you the photographer, who organizes the setting, brings people together, picks up the camera and gets satisfaction out of the completed product? Or do you feel more like the developer, who is behind the scenes yet gets the job done? And, of course, there is certainly a need for those who belong to the support group who participate in the posing for, and the purchasing of, the finished product.

Our Auxiliary needs every aspect of the picture-taking process to come up with the best results for promoting the Auxiliary and our spouses profession. Please leave this convention with an idea of how you can help in improving the quality of the big picture in the Auxiliary and in Osteopathy.

Thank you all.

Congratulations to the new ATOMA officers from TOMA. ■

TCOM, Air Force Sign Contract To Keep Carswell's CHAMPUS Clinic Open

Texas College of Osteopathic Medicine and the U.S. Air Force have signed a formal contract for the college to continue operation of the CHAMPUS Clinic at Carswell Air Force Base through May 1993. The negotiated agreement assures the 120,000-plus military retirees and their dependents in the north central Texas area of uninterrupted health care through the life of the base.

"We are pleased to extend our mutually rewarding relationship with the Air Force at Carswell, a relationship that has existed for more than 17 years," said President David M. Richards, D.O. "The agreement not only retains an important teaching environment for future osteopathic physicians for Texas, it further reduces costs to taxpayers." Under the new contract, the college will bill CHAMPUS for only 56 percent of the reimbursable rate instead of the 65 to 70 percent rate billed under the previous agreement. In addition, TCOM will continue to waive copayment requirements for CHAMPUS patients not on Medicare. The CHAMPUS Clinic will continue to be housed in its present facilities for about six more weeks, then move to space within the base hospital's main facility.

U.S. Representatives Pete Geren (D-Fort Worth) and Joe Barton (R-Ennis) announced March 2 that TCOM would continue to manage the Carswell's CHAMPUS Clinic, as the college has done since 1988, past the original April 30, 1992, closing date for the clinic. Following the March 2 announcement, representatives of TCOM and Carswell began negotiating details of the agreement.

Richards praised Geren for his untiring efforts in support of Fort Worth's medical school on behalf of the military retirees and their dependents in the area. "They are a vital segment of the community that is our home. Their ability to continue using the CHAMPUS Clinic at Carswell is a result of Congressman Geren's energy, leadership and determination," Richards said. "We appreciate the spirit of cooperation by officials of the U.S. Air Force and the base hospital who placed a high priority on the health care of military retirees and their dependents during our discussions," Richards added. He also offered special thanks to Pete Rose of Geren's staff for his assistance in reaching the agreement with the Air Force. ■

Activities of the TOMA House of Delegates

A resolution urging the federal government to end the Medicare policy of paying new physicians 20 percent less than physicians who have been in practice five years or longer, was among the major actions taken during the April 29 annual meeting of the TOMA House of Delegates.

Action taken on all presented resolutions are printed elsewhere in this issue.

The election of officers highlighted the meeting with Brian G. Knight, D.O., of Corpus Christi, elected as president-elect and William D. Hospers, D.O., of Bedford, as vice president. Jerry E. Smola, D.O., of Sweetwater, assumed the presidency, succeeding Donald F. Vedral, D.O., Ph.D., of Cedar Hill.

Re-elected to three-year terms on the TOMA Board of Trustees were Nelda N. Cunniff, D.O., of Burleson; Hector Lopez, D.O., of El Paso; R. Greg Maul, D.O., FACGP, of Arlington; and Rodney M. Wiseman, D.O., of Whitehouse. Larry J. Pepper, D.O., of Houston, was elected to a two-year term.

Re-elected as Speaker of the House of Delegates was T. Eugene Zachary, D.O., FACGP, of Fort Worth, and Mark A. Baker, D.O., of Fort Worth, was re-elected Vice Speaker.

Five TOMA members elected to three-year terms to the AOA House of Delegates were William R. Jenkins, D.O., FACOS, of Fort Worth; Robert L. Peters, Jr., D.O., FACGP, of Round Rock; Royce K. Keilers, D.O., FACGP, of La Grange; Arthur J. Speece, III, D.O., of Duncanville; and Bill H. Puryear, D.O., of Fort Worth.

Elected as alternate delegates to the AOA House were Dr. Knight, as first alternate; Jim W. Czewski, D.O., of Fort Worth, as second alternate; Dr. Maul, as third alternate; Joe W. Morrow, D.O., of Amarillo; Richard M. Hall, D.O., FACGP, of Eden; Dr. Vedral; James E. Froelich, III, D.O., of Bonham; Dr. Baker; Daniel W. Saylak, D.O., of Bremond; Dr. Wiseman; Timothy H. Werner, D.O., of Helotes; Dr. Cunniff; and Howard H. Galarneau, Jr., D.O., of San Antonio. ■

ARKANSAS OSTEOPATHIC MEDICAL ASSOCIATION

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****FUN NIGHT - AUGUST 14, 1992****

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$400.00	Non-Members of State Association	$475.00
FREE	**Students/Interns/Residents	

*Member in good standing of any State Association

**Registration is free to Students/Interns/Residents, but we must ask that meal packets, or individual meal tickets be purchased, as well as tickets for WRC Fun Night.

CONTACT:
ARKANSAS OSTEOPATHIC MEDICAL ASSOCIATION
101 WINDWOOD DRIVE, SUITE 5
BEEBE, AR 72012
501-882-7540

Dr. Constance Jenkins Is "GP of the Year"

Constance I. Jenkins, D.O., of Fort Worth, was named the "General Practitioner of the Year" during President's Night on May 1, during the TOMA convention in Corpus Christi. The award is presented annually by the Texas State Society of the American College of General Practitioners in Osteopathic Medicine and Surgery (ACGP) to an osteopathic physician who has provided exemplary service to the profession.

Dr. Jenkins received her D.O. degree in 1950 from Kirksville College of Osteopathic Medicine in Kirksville, Missouri. She practiced in Missouri and Texas and, in 1978, joined the faculty of Texas College of Osteopathic Medicine in Fort Worth as an Assistant Professor of General and Family Practice. In 1981, she was named Associate Professor of General and Family Practice. Dr. Jenkins also directed TCOM's Central Clinic from 1980 to 1990. She retired in August of 1991.

Active in osteopathic affairs, Dr. Jenkins has served as an alternate delegate in the TOMA House of Delegates and is active in her district society, TOMA District II. She is a member of the American Osteopathic Association; member and a past president of the Texas State Society of ACGP; and member of the National ACGP. She is certified in general practice.

Locally, Dr. Jenkins is a member of Arlington Heights Methodist Church in Fort Worth, and a member of the Association of Retarded Citizens.

Congratulations to Dr. Jenkins on this prestigious honor. ■

AOA Receives ASAE Award

The AOA has been chosen to receive an Award of Excellence in the American Society of Association Executives Associations Advance America program. The AOA's entry featured its Care-A-Van program.

Winners were selected from 199 entries. The Association's Advance America Awards recognize significant contributions to society by associations in areas such as education, professional standards and codes of ethics, research and statistics, international activities, and community service.

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

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

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

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

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

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

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

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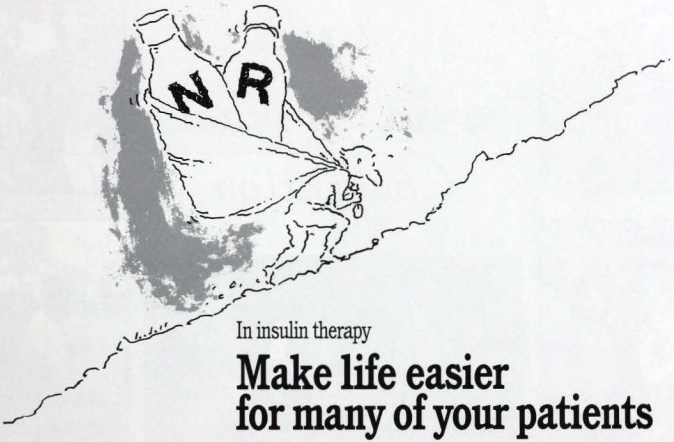

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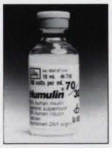

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Pictorial View of the 93rd Annual Convention














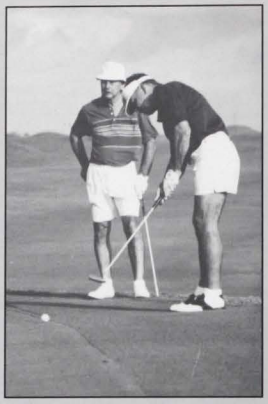



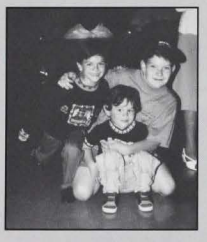


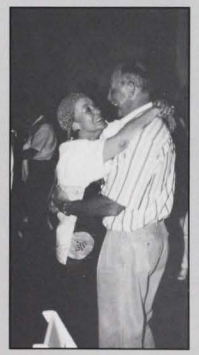


























Texas ACGP Update

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

The Texas ACGP Board would like to thank our membership for the excellent turnout for breakfast during the TOMA convention in Corpus Christi, on Saturday, May 2, 1992. Also, the PACER meeting on May 1, 1992, had a nice turnout. One of the new tasks for the PACER Committee is to actively participate in the nomination process for potential Texas ACGP board candidates.

Dr. Constance I. Jenkins of Fort Worth, Texas, was presented with the Texas ACGP "General Practitioner of the Year" award for 1992 at TOMA's President's Night Banquet on May 1, 1992. Congratulations, Connie!

The Texas ACGP Board of Trustees would like to reach out to our less fortunate colleagues in regards to our mid-year seminars. The Board realizes that many of our members are retired or semi-retired and living on fixed incomes. Hardship situations can make it difficult to attend and participate in CME activities. If you know of hardship cases or if you are involved in such a situation, call the Texas ACGP hotline number (817) 870-2518 and let us know the circumstances. The Texas ACGP Board of Trustees can waive registration fees and stands ready to assist its membership in tough times, as well as good times.

The Texas Workers' Compensation Program reimbursement for therapeutic injections has generated several inquiries from our membership regarding the proper coding of these injections. You must use a combination of codes rather than one single code. For example, a 2 CC Decadron LA intramuscular injection is billed as $20. The $20 charge is broken down into two codes — 99070 and 90782. Under 99070, Decadron LA 2 CC intramuscularly is listed with a charge of $8. Under 90782 therapeutic injection is listed with a charge of $12.

The Texas Medicaid Reimbursement Methodology (TMRM) went into effect on April 1, 1992. This new payment system will be a flat fee structure on a statewide basis. There is no geographical or specialty differences in the TMRM.

The intent of the TMRM is to increase access to care for Texas Medicaid patients. "Access-based" fees for specific services such as obstetrical care were developed to address specific problems.

Primary care physicians see the bulk of Medicaid patients in Texas, and primary care fees were significantly increased over the fees paid prior to 4-1-92.

I am personally asking osteopathic physicians in Texas to take the time to review the TMRM fees listed with this article. If you have not previously participated in the Texas Medicaid program, consider becoming a participating physician. The "Special Texas Medicaid Bulletin, Number 88" dated March 1992, contains all the particulars on the new TMRM program.

TMRM FEES

Evaluation and Management Codes

Proc.	Description	Fee
99201	New patient, office or outpatient visit	$22.31
99202		$35.20
99203		$47.57
99204		$69.60
99205		$86.53
99211	Established patient, office or outpatient	$11.56
99212	visit	$19.35
99213		$26.87
99214		$40.85
99215		$62.88
99221	Initial hospital care	$51.33
99222		$81.43
99223		$102.92
99231	Subsequent hospital care	$27.14
99232		$38.97
99233		$52.40
99238	Hospital Discharge	$46.76
99241	Consultation	$34.67
99242		$54.28
99243		$70.14
99244		$98.36
99245		$130.60
99251	Initial inpatient consultation	$37.35
99252		$55.63
99253		$71.75
99254		$99.16
99255		$130.07
99261	Follow-up inpatient consultation	$23.38
99262		$40.04
99263		$58.31
99281*	Emergency department visit	$22.31
99282*		$35.20
99283*		$47.57
99284*		$69.60
99285*		$86.53
99291	Critical care, first hour	$110.45
99292	each additional 30 min.	$53.48
99301	Nursing facility assessment	$38.43
99302		$45.95
99303		$62.35
99311	Subsequent nursing facility care	$23.92
99312		$31.71
99313		$43.00
99321	New patient rest home visit	$31.17
99322		$44.88
99323		$59.12
99331	Established patient, rest home visit	$25.53
99332		$33.86
99333		$41.92
99341	Home visit, new patient	$42.46
99342		$53.75
99343		$69.60
99351	Home visit, established patient	$32.79
99352		$43.27
99353		$54.28

* ER services are reimbursed at 60% of the TMRM fee for nonemergency diagnoses.

▶

Commonly Billed Surgical Procedures

Proc	Description	Fee†
10060	Drainage of skin abscess	$44.88
11000	Surgical cleansing of skin	$38.16
11040	abrasion	$29.56
11042	Cleansing of skin/tissue	$54.82
11100	Biopsy of skin lesion	$33.32
11700	Scraping of 1 - 5 nails	$18.54
11710	" "	$18.54
11711	additional nails	$11.29
11730	Removal of nail plate	$45.42
11750	nail bed	$111.79
12001	Repair superficial wound	$64.50
12002	" "	$75.24
12011	" "	$70.95
17110	Destruction of skin lesions	$27.95
19120	Removal of breast lesion	$235.95
29065	Application of long arm cast	$50.79
29075	forearm cast	$41.92
29125	forearm splint	$28.49
29405	short leg cast	$49.98
29425	short leg cast (walking)	$59.66
29515	short leg splint	$35.74
31500	Intubation, endotracheal, emergency	$102.12
36410	Venipuncture	$11.82
36489	Insertion of catheter, vein	$70.95
36510	Catheterization of umbilical vein	$40.58
36620	Insertion of catheter, artery	$55.09
36660	umbilical artery	$77.39
42830	Adenoidectomy, primary; under age 12	$130.33
43235	Upper GI endoscopy	$179.51
43239	biopsy	$204.77
44950	Appendectomy	$338.60
45330	Sigmoidoscopy	$67.72
45378	Colonoscopy	$227.88
47600	Cholecystectomy	$519.46
47605	with cholangiography	$575.89
49000	Laparotomy	$486.67
49500	Repair inguinal hernia	$267.12
52000	Cystourethroscopy	$98.36
54150	Circumcision, clamp	$67.18
54160	other than clamp	$121.74
54161	other than newborn	$158.82
57452	Colposcopy	$50.25
57454	with biopsy	$77.66
57500	Biopsy	$47.03
57511	Cryoncautery	$80.89
58120	Dilation and curettage	$162.04
58150	Hysterectomy	$697.89
58600	Ligation of fallopian tubes	fee on reverse
58605	postpartum	fee on reverse
58611	postpartum	fee on reverse
58980	Laparoscopy, diagnostic	$277.87
58982	surgical	fee on reverse
58983	surgical	fee on reverse
59000	Amniocentesis	$69.33
59812	Spontaneous abortion	$166.61
59820	Missed abortion	$245.89
62270	Spinal puncture	$53.48
62279	Lumbar/caudal epidural	$74.71
66984	Cataract removal with IOL	$815.33
67228	Destruction of retinopathy; photocoagulation	$464.10
69200	Removal foreign body, auditory canal	$34.67
69210	impacted cerumen	$24.45
69436	Tympanostomy	$120.93
93547	Heart catheterization	$1,329.14

† Assistant surgery, if applicable, for these codes will be reimbursed at 16% of the fee listed.

ACCESS-BASED MAXIMUM ALLOWABLE FEES

Prolonged Detention

1-99150	Up to one hour	$99.43
1-99151	More than one hour	$147.80

OB Services by Physician

2-59410	Vaginal delivery	$700.00
2-59420	Antepartum care	$22.80
2-9020X	Initial antepartum visit	$69.60
2-X4822	High risk antepartum	$26.03
2-59430	Postpartum care	$23.07
2-59515	Cesarean section	$700.00

OB Services by Nurse Practitioner

2-59410	Vaginal delivery	$490.00
2-59420	Antepartum care	$15.96
2-9020X	Initial antepartum visit	$48.72
2-X4822	High risk antepartum	$18.22
2-59430	Postpartum care	$16.15
2-59515	Cesarean section	$490.00

OB Services by Certified Nurse Midwife

1-59410	Vaginal delivery	$525.00
2-59420	Antepartum care	$17.11
2-9020X	Initial antepartum visit	$52.20
2-X4822	High risk antepartum care	$19.52
2-59430	Postpartum care	$17.30

OB Services by Maternity Service Clinic

2-59420	Antepartum care	$10.20
2-X4822	High risk antepartum visit	$12.25
2-59430	Postpartum care	$10.20

Newborn Services by Physician

1-99431*	History and exam	$62.10
1-99432	In other than hospital	$38.30
1-99433	Subsequent hospital care	$30.00
1-99440	Newborn resuscitation	$125.00
1-M0020	Neonatal total respiratory care	$178.78

* If all components of an EPSDT screen performed, use modifier "EP."

Newborn Services by Nurse Practitioner

1-99431*	History and exam	$43.47
1-99432	In other than hospital	$26.81
1-99433	Subsequent hospital care	$21.00
1-99440	Newborn resuscitation	$87.50
1-M0020	Neonatal total respiratory care	$125.15

* If all components of an EPSDT screen were performed, use modifier "EP."

Newborn Services by Certified Nurse Midwife

1-99432	History and exam, in other than hospital	$28.73

Miscellaneous Surgery*

2-33647	Repair heart septum defects	$2229.00
2-33822	Revise major vessel	$722.00
2-33840	Remove aorta constriction	$1124.00
2-58600	Ligation of fallopian tube	$718.00
2-58605	" "	$606.00
2-58611	" "	$297.00
2-58615	Occlude fallopian tube	$626.00
2-58700	Salpingectomy	$767.00
2-58720	Salpingo-oopherectomy	$808.00
2-58940	Oopherectomy	$564.00
2-58982	Laparoscopy	$576.00
2-58983	Laparoscopy	$591.00
2-58988	Laparoscopy, remove adnexa	$541.00

* Assistant surgery, if applicable, for these codes will be reimbursed at 16% of the fee listed.

ACGP Update, *(Continued)*

Remember, the Texas Medicaid program will pay your fee or the TMRM fee, whichever is the lowest.

The Texas Department of Human Services is working hard to make the Texas Medicaid program more attractive to physicians. It's Physician Payment Advisory Committee (PPAC) was directly involved in the development of the TMRM. Dr. John H. Selby of Lubbock, Texas, chairs this committee, and I have the pleasure of serving as a member of the PPAC. The PPAC is "physician friendly." Many thanks to Dr. Donald L. Kelley for his foresight in the establishment of the PPAC at the Texas Department of Human Services.

In closing, if you have not made arrangements to attend the Texas ACGP Mid-year Clinical Seminar and Symposium, scheduled to take place July 30 - August 2, 1992, at the Double Tree Hotel in Dallas, Texas, don't wait until the last minute — it will be an excellent CME program. ■

Health Care Providers Invited To Free Tobacco Prevention Training

Though smokers are quitting their habits in ever greater numbers, tobacco-caused disease remains the chief preventable cause of death in Texas. Tobacco use is linked to more than 23,000 deths each year in Texas or 19 percent of all deaths in the state. Because of this deadly problem, Texas Partnership for Tobacco Prevention and Control is offering to provide health care providers free training, materials and consultation to help them encourage their patients to stop using tobacco.

"Many doctors are interested in knowing how they can effectively counsel patients to stop using tobacco in the very limited amount of time they'd have available for this," said Ron Todd of the Office of Smoking and Health at the Texas Department of health (TDH). "Doctors also want to know what materials are available to provide to their patients and how their assistants and office staff can help in this effort. That's where the statewide conference this fall comes in."

Free training for health care providers will be offered at the Texas Partnership for Tobacco Prevention and Control conference planned for October 14-15 at the Doubletree Hotel in Austin. Health care providers interested in taking advantage of the combined resources of the partnership or in attending the statewide training conference may call the Texas Office of Smoking and Health at 1-800-345-8647.

The Texas Partnership for Tobacco Prevention and Control represents a consortium of public and private agencies which support and implement activities which prevent or control tobacco use. ■

(For more information, contact Catherine Capers or Ron Todd, Public Health Promotion Division, Texas Department of Health, at 1-800-345-8647.)

Applicants to Osteopathic Medical Colleges Up 29 Percent

The number of students who want to become osteopathic physicians has increased dramatically for the fourth straight year, reports the American Association of Colleges of Osteopathic Medicine (AACOM). Students applying to the 1992 entering class account for a jump of 29 percent over 1991, continuing the rising trend that began in 1989, according to AACOM's centralized application service.

This year, 5752 students applied to the nation's 15 osteopathic medical schools, contending for approximately 1990 openings — just over three students for every available seat. Last year, there were about 2.6 students for every available position.

AACOM officials believe the rising demand for an osteopathic medical education is due to a growing popularity among students for the osteopathic approach to medicine.

"Students have told us they want to be able to practice a "whole person" approach to treating patients — the high-tech, high-touch, high-care philosophy held by osteopathic physicians," said Dr. Philip Pumerantz, AACOM's Board Chairman and President of the College of Osteopathic Medicine of the Pacific in Pomona, California. "The only discouraging element to this huge applicant increase," he added, "is the fact that we cannot accommodate many highly qualified candidates."

Dr. Pumerantz noted that another welcome trend is the growing interest in osteopathic medicine by women and minorities. This year, 2,017 women applied to the D.O. schools, an increase of 34 percent over 1991. There were 295 African American applicants, 11 percent higher than 1991, while the number of Hispanics rose to 233, a 26 percent increase over last year. Women comprised 35 percent of the applicants, under-represented minorities 19 percent, and Asian and Pacific Islanders, 21 percent.

The undergraduate Grade Point Average of all applicants showed a slight increase over last year. Applicants' most widespread undergraduate major continued to be biology — in fact, for about 51 percent of the 1992 applicants. Psychology ranked as the second most popular major, with about 9 percent listing it. Another 16 percent majored in chemistry, premed, and biochemistry.

The College of Osteopathic Medicine of the Pacific in Pomona, California, had the largest applicant increase of any osteopathic medical college, a rise of 51 percent. Osteopathic medical colleges at Southeastern University of the Health Sciences in North Miami Beach, Florida, and the New York College of Osteopathic Medicine in Old Westbury, New York, posted gains of 48 and 47 percent respectively. The University of Medicine and Dentistry of New Jersey School of Osteopathic Medicine in Stratford, New Jersey, came in fourth with a 46 percent increase over 1991.

AACOM is the umbrella organization for the nation's 15 osteopathic medical colleges. It is dedicated to the advancement and enrichment of osteopathic medical education, and houses a centralized student application service where students can apply to one or more of the 15 osteopathic medical colleges by filing just one application. ■

New TOMA Members

Robert Campbell, D.O.
TCOM '83; b '57; GP
103 W. Ridge Road
Weatherford, 76086

Michael A. Grund, D.O.
COMS' 68; b '39; S; FACOS
3500 I-30, Suite B150
Mesquite, 75150

William R. Jones, D.O.
TCOM '79; b '50; C-GP
950 W. University, #102
Georgetown, 78626

John C. Phillips, D.O.
TCOM '79; b '47; GP
455 Highway 71 West
Bastrop, 78602

Jeffrey A. Stone, D.O.
COMP '83; b '56; C-AM
7232 Greenville Avenue
Dallas, 75231

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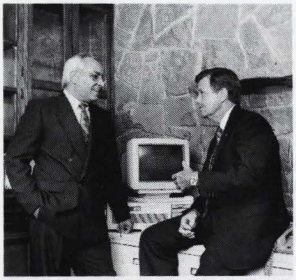
"Bank of North Texas helped me secure the financing I needed to start my company back in 1987," Ghanemi said. "And I've been doing business with them ever since."

Through the bank's SBAdvantage program, Ghanemi was recently able to purchase a new 55,000-square-foot manufacturing facility on 11.3 acres for Ace Engineering.

SBAdvantage



Ace Ghanemi, Owner/President of Ace Engineering, and Don Waters, President of Bank of North Texas.

"Don Waters and Bank of North Texas have helped me grow from a garage office to a firm with more than $2 million in sales annually," Ghanemi said.

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AOA Washington Update

SPECIAL REPORT
Final CLIA Regulations Published

The Health Care Financing Administration (HCFA) and the Centers for Disease Control (CDC) published final regulations February 28, which will implement the Clinical Laboratory Improvement Amendments (CLIA '88). The regulations set minimum standards for laboratory practice and quality. Requirements for proficiency testing, quality control, patient test management, personnel standards, quality assurance, certification procedures and inspections are also mandated.

The following special report outlines the three regulations published, including: standards for laboratories; registration and certification fees; and, enforcement procedures. A fourth regulation on requirements for organizations seeking HCFA's approval to accredit labs was expected to be published by early April, 1992.

Lab Standards Effective September 1, 1992

CLIA lab standards apply to all labs which perform testing on human specimens including physician office labs (POLs). As of **September 1, 1992**, labs must be registered with HCFA according to the complexity of testing performed by the lab. Three lab testing complexity levels are established: waived, moderate complexity and high complexity. Waived labs will not be subject to the quality control, quality assurance, personnel or proficiency testing requirements. Waived labs will, however, be subject to random inspections to ensure that the lab is performing only waived tests or to investigate complaints. In addition, the regulation requires that waived labs follow "good laboratory practice." The list of waived tests appears on the next page.

The Centers for Disease Control (CDC) calculates that approximately 75 percent of the estimated 10,000 tests will fall into the moderately complex category. About half of the 10,000 tests appear in the rule in a specific brand name list which categorizes the tests. HCFA notes that additional specific test lists will be published throughout the year once all the 10,000 tests are placed in specific lab levels.

Certification

All laboratories must obtain appropriate certification documents by **September 1, 1992.** Physicians should note that the regulation requires the lab to be certified at the highest level of testing performed even if only one test falls into this category. Initially, labs must obtain either a certificate of waiver or a registration certificate from HCFA. The certificate of waiver is valid for two years and will be issued upon payment of the required fee.

Registration certificates will be valid for two years or until the compliance inspection can be completed, whichever is shorter. Once an inspection is completed and the lab is determined to be in compliance with all applicable requirements based on the complexity level of the lab, the lab will be issued a certificate or a certificate of accreditation for the test complexity level of the lab. The greatest differences in requirements between the moderate and high complexity levels are in the personnel standards.

Profiency Testing

Proficiency testing (PT) will be required of all labs in the moderate or high complexity levels and will evaluate the quality of the laboratory's performance. All labs must enroll and participate in an approved PT program by **January 1, 1994.** The PT programs for most testing specialties will occur three times a year and consist of specimen samples which the lab will be required to analyze as if they were patient specimens. The minimum passing score is 80 percent (4 out of 5 slides read correctly) for most testing specialties/subspecialties, analytes or tests.

Patient Test Management

Each lab performing tests of moderate or high complexity is required to establish and maintain a system that assures optimum patient specimen integrity and identification. The regulation specifies requirements for specimen submission and handling, test requisitions, test recording and reports and specimen referral.

Quality Control

All moderate and high complexity labs must establish and follow written quality control (QC) procedures that monitor and evaluate the quality of the analytic testing process of each test method to assure accurate and reliable patient test results.

For the first two years of implementation, those instruments, kits or test systems categorized as moderately complex which are cleared by the FDA for in vitro diagnostic use have minimal QC requirements. Laboratories must follow the manufacturers instructions, have a procedure manual, perform calibration procedures at least once every six months and perform QC with at least two levels of control each day that the system is used.

Within two years, the FDA will determine if mechanized products meet CLIA requirements for QC. Once this determination is made, laboratories using mechanized tests of moderate or high complexity can simply follow the manufacturer's instructions for QC.

Personnel

Personnel requirements are linked to the complexity level of the lab. Labs of moderate complexity testing must meet personal requirements for laboratory director, ▸

technical consultant, clinical consultant and testing personnel. While each lab must have a designated person in each of these positions, one person, if qualified, can perform the duties of more than one position.

The lab director must hold a degree in medicine, osteopathy or one of the sciences at the doctoral, master's or bachelor's level. The requirements for training and experience in directing a lab vary from one year at the doctoral level to two years at the master's level and four years at the bachelor's level. The lab director is responsible for the overall operation and administration of the lab.

For high complexity level labs, personnel requirements are more stringent. Laboratory directors must have a degree in medicine, osteopathy or one of the sciences AND be board certified or have specific training or experience. For a two-year period, individuals with a doctoral degree in one of the sciences and four years of lab experience can qualify as directors. At the end of the two year period, however, these individuals must become board certified in an area of clinical laboratory science to continue as director.

Requirements also are stipulated for technical supervisors, clinical consultants, general supervisors and testing personnel.

Quality Assurance

All moderate or high complexity labs must establish and follow written policies and procedures for a comprehensive quality assurance (QA) program. The regulation specifies requirements for assessing patient test management, quality control, correlating test results with clinical information, rectifying communication breakdowns, investigating complaints, reviewing QA with staff and maintaining QA records.

Inspections

Inspections will be conducted at least every two years. Labs must allow inspectors to have access to all areas of the facilities, observe employees performing tests or other functions, interview employees and review records.

Technical Advisory Committee

HCFA will establish a committee of experts in the field of laboratory medicine, made up of persons involved in utilization and development of laboratory testing. The committee will advise and make recommendations on the technical and scientific aspect of the regulations. HCFA expects to publish a request for nominations in the next few weeks. The AOA will submit a nominee to this panel.

CLIA Registration Fees to be Issued in Early April

Under CLIA '88 the implementation of lab regulation must be budget neutral and HCFA must impose "user fees" on all labs which must be certified. To that end, all labs performing tests on human specimens must possess a CLIA certificate for the type of testing performed. Under the regulation, HCFA has developed four types of certificates:

1) A *Certificate of waiver* which will be issued to laboratories that perform only the eight waived tests:
2) A *Registration certificate* which will be issued to a laboratory until HCFA can determine if all applicable requirements are met through onsite inspection or verification of accreditation. Generally all labs which expect to be certified as moderately or highly complex labs will initially receive a registration certificate for the intervening period between the implementation deadline (September 1, 1992) and the date that the facility can be inspected and reviewed;
3) A *Certificate* which will be issued to laboratories performing tests of moderate or high complexity subsequent to determination of compliance with applicable requirements; and,
4) A *Certificate of accreditation* which will be issued to laboratories which meet the standards of an accreditation program approved by HCFA.

Fees are based on the type of certificate and the volume of tests performed. In addition to paying for the issuance of a certificate, labs must pay the costs of determining compliance. Compliance fees vary according to the volume and type of testing done by the laboratory. Labs also may be subject to fees for inspections done to follow-up on complaints.

HCFA expected to send bills by April 1, 1992 to labs which responded to the December, 1991 questionnaire on labs services performed. If you have not completed the lab questionnaire, but provide lab services, you may call Julie Austin of HCFA at 1-301-966-6821. ▶

CLIA Waived Tests

- **Dipstick or tablet reagent urinalysis for: bilirubin, glucose, hemoglobin, ketone, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen**
- **Fecal occult blood**
- **Ovulation test — visual color comparisons (VCC)**
- **Urine pregnancy tests — VCC**
- **Erythrocyte Sedimentation Rate — non-automated**
- **Hemoglobin — copper sulfate, non automated**
- **Spun microhematocrit**
- **Blood glucose — using monitoring devices cleared by the FDA specifically for home use.**

Biennial CLIA Fees

Schedule A, Low-volume **— less than 2,000 tests annually (Registration $100, Compliance $300);**

Schedule A **— no more than three test specialties with annual volume of more than 2,000 but not more than 10,000 tests (Registration $100, Compliance $840);**

Schedule B **— at least four test specialties with annual volume not more than 10,000 tests (Registration $100, Compliance $1,120);**

Schedule C **— no more than three test specialties with annual volume of more than 10,000 but no more than 25,000 tests (Registration, $100; Compliance $1,400);**

Schedule D **— at least four test specialties with annual volume more than 10,000 but not more than 25,000 tests (Registration $350, Compliance, $1,645);**

Schedule E **— more than 25,000 but not more than 50,000 tests annually (Registration, $350, Compliance $1,890);**

Schedule F **— more than 50,000 but not more than 75,000 tests annually (Registration $350, Compliance $2,135);**

Schedule G **— more than 75,000 but not more than 100,000 tests annually (Registration, $350, Compliance, $2,380);**

Schedule H **— more than 100,000 but not more than 500,000 tests annually (Registration $600, Compliance $2,625);**

Schedule I **— more than 500,000 but not more than one million tests annually (Registration $600, Compliance $2,870);**

Schedule J **— over one million tests annually (Registration $600, Compliance $3,115).**

If you need further information about the Clinical Laboratory Improvement Amendments, please call the AOA Washington Office.

Regulation on Accrediting Bodies to Be Published Soon

One last regulation to facilitate the implementation of CLIA 88 is expected to be published in early April. The rule will designate the procedures by which an organization can become certified by HCFA to accredit laboratories.

A number of private organizations currently exist which accredit labs voluntarily such as the Commission on Laboratory Accreditation (COLA). COLA has been in existence for over two years and currently accredits physician office laboratories. Once the final accrediting bodies rule is issued, COLA anticipates that the organization will apply for so-called "deemed status" to accredit labs under HCFA.

In addition to private organizations, it is likely that certain state health departments or local entities will seek "deemed status" to accredit laboratories. Organizations applying for, and receiving HCFA's imprimatur to accredit labs would then be HCFA 's representative in performing inspections, proficiency testing and other office laboratory review.

From the physician's standpoint, it is likely that such organizations will be able to provide accrediting services at a lower cost than HCFA's fees and thus save the lab the "compliance" cost of CLIA fees. Labs will still be subject to the biennial registration fees and would receive a "Certificate of Accreditation" indicating that the lab is certified by a private organizatioin of "deemed status." ■

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In Memoriam

Thomas T. McGrath, D.O.

Dr. Thomas T. McGrath of Fort Worth, passed away in early March. The exact date is not known at this time. He was 77 years of age.

Dr. McGrath was born in Glen Jean, West Virginia, and had lived in Fort Worth since 1958.

He received his D.O. degree from Kansas City College of Osteopathic Medicine in 1946 and served both his internship and residency at the same location. In 1958 he earned his bachelor of science degree from the University of Missouri.

Dr. McGrath was an assistant professor of orthopedic surgery at Kansas City College of Osteopathic Medicine from 1950 to 1954 and was then promoted to professor of orthopedic surgery, holding this position until 1958.

He was chairman of the division of orthopedics at Hurst General Hospital in Hurst and Grand Prairie Community Hospital from 1958 to 1976, and from 1971 to 1976, was assistant professor of orthopedic surgery at Texas College of Osteopathic Medicine.

He was certified in orthopedic surgery and a fellow of both the American College of Osteopathic Surgeons and the American Osteopathic Academy of Orthopedics, of which he served as president for two years.

He was an active member of TOMA, in which he held life membership, and TOMA District XV, having had served as president of District XV, as a member of the TOMA CME Advisory Committee, as chairman of the TOMA Professional Liability Insurance Committee, and as a member of the Professional Education Committee, to name just a few. During the years, he spoke at many TOMA conventions.

In 1975, Dr. McGrath was named Surgeon of the Year by the Texas Society of Osteopathic Surgeons and in 1983, was named Physician of the Year by the Dallas-Fort Worth Medical Center Education Committee. He was also recognized as a Key Man in Science and Research by the Kansas City College of Osteopathy and Surgery.

In 1967 he was honored as a life member by the American Medical Society of Vienna.

The family suggests that memorials be made to the Dr. Thomas T. McGrath Memorial Fund, c/o Health Care Education.

Survivors include his wife, Florence McGrath of Fort Worth; two sons, Thomas Terrance McGrath, Jr., of Fort Worth and Patrick Christian Madsen McGrath of Arlington; sister Kathleen Monaghan of Kansas City; and five grandchildren.

Crystal L. Pittman

Crystal L. Pittman of Amarillo, passed away March 17. She was 75 years of age. Funeral services were held in St. Peter's Episcopal Church of Amarillo, with burial in Llano Cemetery.

Mrs. Pittman was born in Green City, Missouri, and was a resident of Amarillo for more than 41 years. She graduated from Northeast Missouri State University with a degree in business education. She married Lewis N. Pittman, Jr., D.O., in 1940. He passed away in 1978.

Mrs. Pittman served as president of the Auxiliary to the Texas Osteopathic Medical Association (ATOMA) from 1948-49. She was a member of St. Peter's Episcopal Church and the Genealogy Society, Church Women United of Amarillo and St. Peter's Alter Guild.

Survivors include a daughter, Judy Pittman of Amarillo; and a sister, Reva Ziegler of Las Vegas, Nevada.

The family requests memorials be made to Amarillo Genealogy Society, St. Peter's Alter Guild and Amarillo City Transit, Special Transit Systems.

In Memoriam

Billy Puryear, Jr.

Billy "Sonny" Houston Puryear, Jr., passed away April 4. He was 27 years of age.

Funeral services were held April 6 at Lucas Funeral Home in Hurst, with burial in Bluebonnet Hills Memorial Park in Colleyville.

Mr. Puryear was born in Kansas City, Missouri, and had lived in Fort Worth for 25 years. He was a professional roofer.

Survivors include his father, Bill H. Puryear, D.O., of Fort Worth; mother, Wanda Puryear of Fort Worth, brother, Jean-Paul Puryear of Fort Worth; and sister, Nikki Murphey of Fort Worth.

The family requests that memorials be made to families of murder victims.

Arthur H. Propst, D.O.

Dr. Arthur H. Propst of Garland, Texas, passed away March 13, 1992. He was 43 years of age. Funeral services were held March 15.

Dr. Propst was born July 3, 1948, in Abilene. He attended Anson (Texas) High School, and received his premed training at Fort Worth Christian College and from the University of North Texas in Denton. He received his D.O. degree in 1976 from Texas College of Osteopathic Medicine and interned at USAF Medical Center, Wright Patterson Air Force Base in Ohio.

He was in general practice in the Air Force from 1976-1980; and had practiced in Kountze, Silsbee and Abilene, and in Erin, Tennessee.

Dr. Propst was a member of TOMA; TOMA District V; TMA; Pitman Creek Church of Christ; and the American Radio Associatioin.

Survivors include his wife, Lisa Huddleston Propst; three sons, Clint and Alexander Propst and Scotty Capps; three daughters, Anna and Crissy Capps and Lois Pfeifer; and three brothers and one sister.

Ted R. Krohn, D.O.

Dr. Ted R. Krohn of Wichita Falls, passed away March 27, 1992. He was 89 years of age.

Services were held March 30 at First Presbyterian Church with burial in Crestview Memorial Park.

Dr. Krohn was born in 1902 in Missouri. He earned his D.O. degree from Kirksville College of Osteopathic Medicine, Kirksville, Missouri, in 1925 and moved to Wichita Falls that year. In 1987, he closed his 63-year medical practice, after maintaining an office in the Hamilton Building since 1929.

Dr. Krohn had served as team physician for the Coyote football team for 44 years. "He was the greatest as far as getting kids ready to play a ball game and keeping them healthy," said Hunter Kirkpatrick, who as an assistant coach to Joe Golding, met Dr. Krohn in 1947. "He stood on the sidelines during rain, sleet and snow, during good times and bad times. I couldn't say enough about him as far as what he meant to the ball club." Dr. Krohn stepped down as team physician in 1961, after the Coyotes won their fifth state championship.

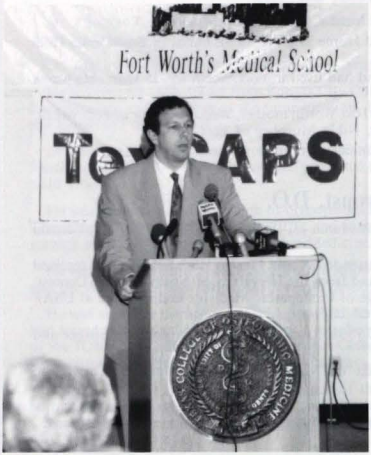
Dr. Krohn served as TOMA president in 1937-38. He was a life member of TOMA and of the AOA; member of TOMA District XVI; past president of the Downtown Rotary Club; a Master Mason; and a member of the First Christian Church.

During a 1987 interview with the *Times Record News*, Dr. Krohn said, "I've been privileged to live in the era I have. I think the greatest thing that has happened has been the discovery of the Salk vaccine."

Survivors include his wife, Janice; a daughter, Mrs. Jerry Fouts of Wichita Falls; a son, George L. of Liberal, Kansas; a sister, Norma B. Powell of Cary, North Carolina; three grandchildren; and four great-grandchildren.

Memorials may be made to Wichita Falls Boys Clubs.

TCOM Launches Major Heart Disease Prevention Study; Public Response Overwhelming



REVOLUTIONARY STUDY— Michael Clearfield, D.O., chairman of TCOM's Department o Medicine, announces the start of TexCAPS, a heart disease prevention study, at a March 23 press conference at TCOM. Clearfield will be the principal investigator for the study.

Some 23,000 Fort Worth/Dallas residents have asked to participate in Texas College of Osteopathic Medicine's innovative heart disease prevention study that researchers say will change the way physicians treat heart disease.

Launched March 23, the five-year Texas Coronary Atherosclerosis Prevention Study (TexCAPS) is the first of its kind to include women and older people. Researchers hope to recruit 2,000-3,000 qualified men and women who have mildly elevated cholesterol in the 180 to 260 range. To qualify for the study, men must be between 45 and 73 years old; women between 55 and 73.

"Nearly half of all heart attacks happen to people with moderate cholesterol," said Michael Clearfield, D.O., chairman of TCOM's Department of Medicine and principal investigator for the study. "Many people have a false sense of security and believe heart attacks only happen to those with a high cholesterol level. The study results can have worldwide impact and change the standard of care and treatment for people with average to mildly elevated cholesterol levels."

The TexCAPS project will determine if diet alone or diet combined with the proven cholesterol-lowering drug Lovastatin works best in reducing initial heart attacks. All participants will be on the American Heart Association's Step One low-fat diet. Half of the participants will receive Lovastatin while the other half will be given a placebo. The study is a double-blind investigation so that no one knows who is taking the drug. Lovastatin is widely used to lower cholesterol in people who have high levels, but its effect on people with average to mildly elevated cholesterol levels is not known.

"It is appropriate for this major study to be done by a college of osteopathic medicine, and our college in particular," President David M. Richards, D.O., said at a news conference announcing the study. "TCOM adopted new and innovative educational goals 12 years ago that shifted our educational emphasis in the curriculum to preventing disease as well as treating it. We were one of the first medical schools in the nation to formalize a commitment to disease prevention."

The initial response to TCOM's announcement of the study was immediate and overwhelming. Nearly 1,000 telephone calls were made in the first few hours to the TexCAP 800 number to apply for the study or to get more information. In addition, scores of people called the TCOM switchboard, and, in error, the Texas Osteopathic Medical Association and the Osteopathic Medical Center of Texas. A local television station said the station's switchboard was "swamped with calls" after the noon news reported the study on March 23.

TCOM is screening prospective participants at two locations: the TCOM Campus; and 1100 W. Airport Freeway, directly across from Northeast Community Hospital and adjacent to the TCOM Medicine Northeast Clinic in Bedford. Once enrolled, patients will be seen in the north end of the Westside Pediatric Consultants clinic on the corner of Clinton and Camp Bowie on the TCOM campus.

TexCAPS started in San Antonio in January 1990 and screened 45,000 people to enroll 3,5000 participants. Participants receive an estimated $4,800 worth of medical benefits, including annual physicals, mammograms, electrocardiograms, chest X-rays, blood and other lab tests, and diet and nutrition counseling.

The study is funded by Merck Sharp and Dohme, the pharmaceutical company that makes Lovastatin. Facilitators of Applied Clinical Trials (F.A.C.T.) of San Antonio is coordinating the study.

The phone number for more information on TexCAPS is (800) 232-3720. ■

Blood Bank Briefs for Physicians

What is Proper Interpretation of the Serologic Pattern of Anti-HBc Positivity Alone?

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

In 1987, Carter Blood Center and all blood banks began to routinely test donor blood for the antibody to hepatitis B core antigen (Anti-HBc) as a surrogate test for Non A Non B Hepatitis. The test performed is the Anti-HBc by the sensitive enzyme immunoassay (EIA). When the donor is positive for the anti-HBc, they are deferred and so notified.

When persons are tested for the basic markers for HBV infection (HBsAg, anti-HBc, and anti-HBs), a proportion are found to be positive for the anti-HBc alone without detectable HBsAg or anti-HBs. Serologic studies of large groups have shown this pattern in up to 6% or more of those tested. In general, the frequency of this result is directly related to the frequency of prior HBV infections in the population.

The serologic pattern of the anti-HBc alone has generated questions in interpretation. One problem in interpretation has been false positive results. As with all laboratory tests, false-positive and non-specific results can occur. The newer EIA diagnostic kits use recombinant produced antigen and most positive anti-HBc results with current assays are likely to be true positives. Therefore, the pattern of anti-HBc alone is subject to several biologic/serologic interpretations other than the false positive. These include:

1) **Early convalescence after acute infection (the window phase).**

   Many persons in whom acute HBV infection is resolving experience a period in which HBsAg wanes to subdetectable levels, anti-HBs has not appeared and the anti-HBc is the only specific HBV marker detectable. The IgM anti-HBc is always present during this period.

2) **Passive transfer of anti-HBc.**

   Adults as well as infants born to carrier mothers can be positive for anti-HBc passively transferred. Because of routine testing of all blood donated for anti-HBc, passive transfer from blood transfusion should no longer occur.

3) **Remote infection with loss of detectable anti-HBs.**

   The pattern of anti-HBc alone may result if anti-HBs levels wane after resolved infection of many years. This is relatively uncommon.

4) **Remote infection with possible low-level HBsAg.**

   This pattern of anti-HBc alone may persist for an indefinite period after infection without development of anti-HBs. Since their levels of HBsAg are not detectable by current assays, these persons are presumably minimally infectious as evidence by the low risk of transmission even after transfusion of whole units of blood. In settings where small amounts of blood or body secretion are transferred, such as sexual or household exposures, persons with anti-HBc alone can be considered non-infectious.

References:

Koziol, DE, at al. Antibody to hepatitis B core antigen as a paradoxical marker for non-A, non-B hepatitis agents in donated blood. Ann Intern Med 1984;101:733-8.

Center for Disease Control Hepatitis Surveillance Report No. 52; April, 1989. ■

Transfers to and From the Nursing Home:
Let's All Work Together to Prevent Dumping!

By Kendra J. Belfi, M.D.
Chairman of the Subcommittee of the Tarrant County Medical Society Liaison Committee

It is not an uncommon scenario: an elderly, demented patient arrives at the Emergency Room for unclear reasons with directions to call an attending physician who has not seen the patient since she last left the hospital for the nursing home one, two, or perhaps four years ago. On the other side of the coin, that same patient arrives back at the nursing home with an incompletely filled out transfer form and an order for "house doctor to assume care." The physicians at both ends get upset but the one who really suffers is the patient . . . from lack of continuity of care.

In recognition of this problem a subcommittee of the Tarrant County Medical Society Liaison Committee was formed last year to address the problems of transfers to and from nursing homes. We started with the idea of developing uniform transfer forms which could be used from all hospitals to the nursing homes and from nursing homes to the hospitals after a model which was developed at the Mayo Clinic several years ago. As the committee met, we identified several important issues which needed to be addressed as patients were transferred from one site of care to another:

1) **The issue of continuity of physician services:** Would the attending physician continue to follow the patient in the nursing home? If not, would he be turning care over totally to a physician at the nursing home or would he be expecting to reassume care if the patient required hospitalization again? But even more important, the physicians on the committee felt that if there was to be a transfer of care, it was the referring physician's responsibility to contact the accepting physician and discuss the case, just as one would do for a hospital to hospital transfer or when calling in a consultant.
2) **Issues of advance directives:** What is the code status of the patient? Has the appropriate paper work been completed? Should the patient be transferred back to the hospital or is the plan of care comfort measures only and hospice? Similar information is needed from the nursing home when a patient is transferred back to the hospital, especially if there is a change in physicians involved.
3) **Issues of adequate medical documentation:** When dismissed from the hospital the history and physical needs to go with the patient as well as some idea of what has transpired in the hospital — either by doctor to doctor communication or a summary progress note that is sent with the patient. Similarly on transfer back to the hospital or emergency room, something more than a current list of medications and the latest vital signs is also needed. If the patient is being transferred to the nursing home for Medicare covered benefits, documentation of the condition for which Medicare eligibility is expected is needed. I was recently at a nursing home when a patient arrived presumably for Medicare reimbursable rehabilitation with occupational and physical therapy following a stroke. However the transfer papers only mentioned TIAs which was probably the admitting diagnosis at the hospital and there were no orders for either occupational or physical therapy sent with the patient.

As an initial measure to improve the flow of information to and from nursing home and hospital, the committee has suggested a standard set of information which should be transferred with the patients when going from nursing home to hospital and vice versa. We will be asking the hospital social work departments to work with the nursing homes and the nursing floors to be certain that these items are included so that better continuity of care can be accomplished. We are asking both hospital attending physicians and nursing home physicians to help facilitate this process.

The next step in the process will be to work on improving the transfer forms themselves so that more of the medically necessary information gets transferred with the patient. The Mayo Clinic group has recently revised their forms to deal with the new federal requirements in the Minimum Data Set and we will be looking into this.

In the best of all possible worlds, it is preferable for the same physician who has followed the patient for years to follow the patient to the nursing home, but this is not always feasible. The family may choose a home for their convenience that is not feasible for the doctor to visit, and the patient may not be able to come to the office. In that event I would challenge each primary care physician to formally consult the physician who will be assuming care in the nursing home and update him on the patient's prior history so that there can be continuity of care. Similarly I would challenge those of you who function as nursing home medical directors to contact the accepting physician before transferring the patient back to the hospital. In all of this we need to remember that it is the welfare of the patient that is our first responsibility. ■

Public Health Notes

Current and Future Dimensions of the HIV/AIDS Pandemic: A Capsule Summary

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

GENERAL

- HIV infection and AIDS (HIV/AIDS) are epidemic worldwide (i.e., pandemic). However they have not affected the world's population uniformly.
- Extensive spread appears, in retrospect, to have commenced in the late 1970s or early 1980s in populations of: (a) homosexual or bisexual men and injecting drug users in certain urban areas of the Americas, Australasia, and Western Europe; and (b) men and women with multiple sex partners in parts of the Caribbean and East and Central Africa.
- Two serotypes of HIV are recognized: HIV-1 and HIV-2. Worldwide, the predominant virus is HIV-1. Extensive spread of HIV-2 occurred through the 1980s, principally in West Africa, but HIV—2 has also been identified in East Africa, as well as in Asia, Latin America, and North America. Although the transmissibility and pathogenicity of HIV-1 and HIV-2 appear to differ, their modes of transmission are similar, and AIDS cases resulting from HIV-1 or HIV-2 infections appear to be clinically indistinguishable. In this document, the abbreviation HIV will be used when referring to HIV-1.
- The HIV/AIDS pandemic consists of many separate epidemics (in some cases even within a single country). Each epidemic has its own starting point and involves different types and frequencies of risk behaviors and practices (e.g., having multiple sex partners or sharing drug injection equipment).
- Studies to date indicate that about 60% of adults infected with HIV-1 will develop AIDS within 12-13 years of infection. Few data are available beyond 12 years, but it is expected that the vast majority of HIV-1 infected persons will develop AIDS eventually.
- Less is known of the natural history of HIV-2 infections; the evidence to date suggests a rate of progression of HIV-2 infection to AIDS that is considerably slower than that of HIV-1 infection.
- No major differences have so far been found in the rate of progression with HIV-1 to AIDS among middle-aged adults by geographical area, sex, or race. In infants born infected with HIV-1, the progression to AIDS is more rapid than in adults.
- Virtually all persons diagnosed as having AIDS die within a few years. Survival after diagnosis has been increasing in industrialized countries from an average of less than 1 year to about 1-2 years at present. However, survival time with AIDS in developing countries remains short — an estimated 6 months or less. Longer survival appears to be directly related to routine use of antiviral drugs, the use of prophylactic drugs for some opportunistic infections (e.g., pneumocystis pneumonia), and to a better overall quality of health care.
- By 1992, close to 450,000 AIDS cases had been reported to the World Health Organization (WHO), but WHO estimates that, when underdiagnosis, underreporting, and delays in reporting are taken into account, close to 1.5 million AIDS cases may actually have occurred in adults worldwide. In addition, it is estimated that by 1992 more than 500,000 pediatric AIDS cases resulting from perinatal transmission may have occurred, with more than 90% of this total in sub-Saharan Africa. Thus, WHO estimates that the cumulative global total of AIDS cases by 1992 stands at about 2 million.
- As of the beginning of 1992, at least 9-11 million HIV infections are estimated to have occurred in adults since the beginning of the pandemic, and about 1 million children are estimated to have been born infected with HIV.
- Potential interactions between HIV and other infectious agents have been of great public health concern. The only significant interaction identified so far is with Mycobacterium tuberculosis infection. Tuberculin-positive persons who are also infected with HIV develop clinical tuberculosis more rapidly than persons without HIV infection. WHO estimates that by 1992, 4 million or more adults worldwide had become infected with both HIV and Mycobacterium tuberculosis, the vast majority being in sub-Saharan Africa, Latin America and Asia.
- AIDS is essentially a sexually transmitted disease (STD), with HIV being transmitted through unprotected sexual intercourse — vaginal, anal, or oral — between men and women (heterosexual intercourse), or between men (homosexual intercourse). Like some other STDs, HIV infection can also be transmitted through blood, blood products, or donated organs or semen (parenteral transmission) and from a woman to her fetus or infant (perinatal transmission). Parenteral transmission principally involves the re-use of unsterile needles, syringes, or other skin-piercing instruments, and the transfusion of infected blood.
- HIV transmission through transfusion of HIV-infected blood or blood products has now been virtually eliminated in industrialized countries through the ▸

routine screening of donated blood and heat treatment of blood factors VIII and IX. This problem is being increasingly addressed in most developing countries.

- Although there has been concern about the possibility that mosquitos and other biting insects may transmit HIV, all laboratory and epidemiological studies show that they do not play a role in transmitting HIV infection.
- Globally, as of 1992, over 75% of cumulative HIV infections in adults are estimated to have been transmitted through heterosexual intercourse; the relative proportion of HIV infections resulting from heterosexual as compared with homosexual intercourse varies markedly in different areas of the world.
- The predominant modes of HIV transmission in Australasia, North America, and Western Europe during the 1980s were: (a) unprotected sexual intercourse between homosexual men; and (b) exposure of injecting drug users to HIV-infected blood through shared unsterile injection equipment. However, HIV in these countries has increasingly been transmitted through heterosexual intercourse, and in most of them this is the only mode of transmission for which infection rates clearly are still rising.
- In sub-Saharan Africa, the predominant mode of transmission has been sexual intercourse between men and women. With many women becoming infected, perinatal transmission is an increasing problem.
- In Latin America, sexual transmission between heterosexuals is increasing, with a concomitant increase in perinatal transmission.
- In several countries in South and Southeast Asia, there was a rapid increase in HIV transmission during the late 1980s through shared unsterile injection equipment and through heterosexual intercourse.
- In other areas of the world, such as East Asia and the Pacific, Eastern Europe, and North Africa and the Middle East, predominant modes of HIV transmission have yet to emerge fully because of the relatively recent (mid to late 1980s) spread of HIV in these regions.

AUSTRALASIA, NORTH AMERICA, AND WESTERN EUROPE

- In the industrialized countries of Australasia, North America and Western Europe, HIV infections began to spread extensively in the late 1970s or early 1980s. The population groups predominantly affected have remained homosexual or bisexual men and injecting drug users, although heterosexual transmission is on the rise.
- Marked differences continue to exist in the relative proportions of AIDS cases among homosexual men and injecting drug users. For example, on the west coast of the USA, about 90% of the AIDS cases have been diagnosed in homosexual men, while on the east coast only about 60% of AIDS cases have been in homosexual men. The situation is similarly varied in Western Europe — in Scandinavia the vast majority of AIDS cases have occurred in homosexual men while in Spain and Italy fewer than half of the reported AIDS cases are in this group.
- The incidence of HIV infection among homosexual men appears to have decreased markedly since the mid-1980s. However, large numbers of uninfected injecting drug users remain in many areas, and an explosive spread might occur in these populations in the future if they continue to share injection equipment. Heterosexual transmission increased slowly but steadily during the latter half of the 1980s, especially in urban populations with high rates of injecting drug use or STDs. Of all reported AIDS cases in the USA, about 3% were due to heterosexual transmission in 1985. In each succeeding year, heterosexual cases increased gradually so that by 1988 they constituted about 5% of total cases and by November 1991 they accounted for 6%.
- By 1992, an estimated 1.6 million HIV infections may have occurred in Australasia, North America, and Western Europe, about two-thirds of these in the USA. Over 250,000 AIDS cases have been reported from Australasia, North America, and Western Europe, but close to 350,000 or more cases may have occurred by 1992.
- Perinatal transmission was not considered a major problem during the 1980s, but is increasing as the number of HIV-infected women has grown. It is estimated that up to 20,000 infants may have been born in the USA to HIV-infected women from the start of the epidemic up to 1990; as many as a third of these children could have been infected perinatally.
- In many large cities in Australasia, North America, and Western Europe, AIDS has become a major cause of death for young adults aged 20-40 years. During the 1990s, HIV-related disease will be among the leading causes, if not the leading cause, of death in this age group. As early as 1988, AIDS became the leading cause of death for both men and women aged 25-34 in New York City.
- Through the 1990s, homosexual men and injecting drug users will continue to be the population groups most affected by AIDS in these countries, but it is expected that new infections will occur predominantly in heterosexuals with multiple sex partners.
- Health care for HIV-related illnesses in these countries during the early 1990s may cost several thousand million US dollars or more annually. These costs may rise further as new and more effective, but more expensive, treatments become available and as the numbers of illnesses due to HIV infection increase.
- Almost all of the estimated direct medical care costs for AIDS treatment up to the mid-1990s will be incurred regardless of how successful programs for HIV/AIDS prevention and control may be, because about 90% of the AIDS cases expected over the next 4-5 years will occur in persons already infected with HIV.

(Excerpt from WHO Document GPA/RES/SFI/92.1: January 1992)
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Letters To The Editor

Dear Sir:

Regarding your question on why D.O.'s join TMA. First, let me state that I have always been proud to be a D.O. and have supported and been a member of TOMA and AOA since my days at Kansas City College of Osteopathic Medicine.

I founded District 18 of TOMA and have been its President and have served on the TOMA House of Delegates. I practice in a small town and do General Practice and in addition OB and C-Sections. My insurance company, (ICA) quit insuring anyone that did OB's. The osteopathic insurance companies would not insure GP's doing C-Sections.

My best source of insurance was with TMLT. To join TMLT, I had to join my county medical society, Hill County Medical Society. It is unified which means I was forced to join TMA and AMA.

The physicians I work with most are M.D.'s and county society members. My membership in their society helps my relationship with them. The D.O.'s in my district all live some distance and there are no DO specialists in close enough proximity to refer to.

I also receive a discount on my malpractice insurance for House Bill 18, but I must take a 15 hour course each year in risk prevention. TMA offers such a course, TOMA does not.

Therefore, I joined TMA, Hill County Medical Society and AMA. I strongly support TOMA, ACGP and AOA, but feel like I also have some benefit and can support TMA, Hill County Medical Society and TMA.

Sincerely,

George N. Smith, D.O.

(Editor's Note: Risk management is offered through the TOMA annual conventions and the midyear meetings, as well as through the ACGP seminars, however, it is offered in five-hour blocks rather than 15 hours as provided by the AMA.)

CHAMPUS Announces Physician Payment Reform

CHAMPUS has begun paying physicians' professional charges based on a national allowable charge system adjusted to reflect local economic conditions. The change became effective May 1, 1992, throughout the United States and Puerto Rico.

The physician payment reform rule, published in the September 6, 1991, *Federal Register*, is in accordance with the Defense Appropriations Act for fiscal year 1991, Public Law 101-511. The law limits increases in the maximum allowable payments to physicians and other providers and authorizes reductions in amounts for overpriced procedures. The changes were intended for January 1, 1992, but the delay in the publication of the Medicare Fee Schedule and the administrative complexity of the changes caused the postponement.

Under the new rule, there are national allowable charges for some 7,000 CPT-4 codes. CHAMPUS will use the same locality adjustment factors as Medicare's Resource-based Relative Value Scale. When a claim is processed, CHAMPUS will pay the lower of the national locality-adjusted allowable or the billed charge. Locality adjustments will be based on the provider's office zip code in most cases.

The payment reform will not apply to anesthesiology, laboratory, durable medical equipment, Program for the Handicapped, and other non-professional services such as drugs, supplies, facility charges or ambulance services, which will continue to be priced as before.

Should there be some question as to the correct payment, the claims processor will verify the correct locality, the appropriate value, and the procedure code. If a provider wants additional review, he or she must contact the Office of CHAMPUS. CHAMPUS will update the allowables annually unless circumstances prevent the agency from doing so.

Providers who need additional information on the physician payment reform should consult the September 6, 1991, *Federal Register.* ■

Newsbrief

NEW COMMISSIONER OF HEALTH NAMED

Dr. David R. Smith took over his new duties as Texas Commissioner of Health on March 1, following unanimous approval by the Texas Board of Health. He is a pediatrician who directed Parkland Memorial Hospital's community health clinics in Dallas, also having served as senior vice president of Parkland.

Dr. Smith replaces Dr. Robert Bernstein, who retired in June after serving 11 years as commissioner.

TEXAS TICKER TAPE

TDHS LOOKING FOR PHYSICIAN REVIEWERS

The Texas Department of Human Services (TDHS) does retrospective reviews of Medicaid hospital admission for Medical Necessity, DRG Validation and Quality of Care. Although initial reviews are performed by nurse reviewers, their questions regarding these areas are referred to physician reviewers. Where possible, practicing physicians are used for the reviews onsite at the hospital.

Physicians who are interested in performing physician reviews should contact B.D. Pierce, M.D., Physician Advisor, Utilization and Assessment Review Section, at 1-800-228-4901.

PSYCHIATRISTS HOLD MEETING/ CERTIFYING EXAMS AT TCOM

The American College of Neuropsychiatrists held its midyear meeting and certifying examinations at Texas College of Osteopathic Medicine, March 26-29. The meeting was hosted by TCOM's Department of Psychiatry and Human Behavior. According to department chairman Harvey G. Micklin, D.O., it was the ACN's best attended midyear meeting ever reported.

NEW CEO FOR INDIANA

Michael H. Claphan of Fort Wayne, Indiana, is the new executive director of the Indiana Association of Osteopathic Physicians and Surgeons, Inc. He was previously the president of PEERVIEW, Inc., a health care cost containment and quality assurance organization. Mr. Claphan began his new duties on April 1.

NEW NUMBERS FOR NHIC

Effective May 4, 1992, National Heritage Insurance Company (NHIC) has changed its toll-free numbers:

General Inquiries	1-800-873-6768
Dental/TPR Appeals	1-800-568-2460
Dental/TPR Inquiries	1-800-846-7307
MH Rehabilitation	1-800-234-4539
Home Health	1-800-925-8957
NAIS	1-800-925-9126
Nursing Facility	1-800-727-5436
CIDC	1-800-568-2413

AOA OFFERS CME VIDEO

The AOA has produced a fourth videotape for CME credit entitled "Government Intrusion in the Practice of Clinical Medicine." The program consists of the four-hour joint session held at the 1991 AOA Convention and Scientific Seminar in New Orleans.

Physicians may earn four hours of Category 1-B CME credit after viewing the two videos and returning them with the registration card. The AOA video CME project was made possible through an educational grant from The Upjohn Company.

Interested physicians should contact: Delores Rodgers, Coordinator of CME, AOA, 142 East Ontario Street Chicago, Illinois 60611-2864, or phone 1-800-621-1773, extension 5839, or (312) 280-5839. A $15 check must accompany each order (for mailing and handling), and tapes must be returned within 14 days of receipt or $50 will be charged for replacement costs.

TCOM PRESIDENT RECEIVES NEWSMAKER OF THE YEAR AWARD

TCOM President David M. Richards, D.O., FACGP, was one of three health care professionals who were named Newsmakers of the Year in Tarrant County by the Texas Gridiron Club and the Society of Professional Journalists at the annual Gridiron Dinner and Show on April 3. Also receiving newsmaker awards were Tim Philpot, president of the Tarrant County Hospital District, and Ronald L. Smith, president of Harris Methodist Health System.

Richards, Philpot and Smith were honored for their leadership in developing the innovative Tarrant Medical Education Consortium to improve the quality of medical education and availability of medical care in Tarrant County. The award is presented annually to those who have created news of significant importance to the community.

DR BOYD RECEIVES COMMITTEE APPOINTMENT IN AEROSPACE MEDICAL ASSOCIATION

John H. Boyd, D.O., of Eden, has been appointed a member of the Constitution and Bylaws Committee of the Aerospace Medical Association.

Congratulations to Dr. Boyd on this prestigious appointment! ▸

TEXAS MEDICAL FOUNDATION AWARDED CHAMPUS CONTRACT

The Department of Defense has awarded the Texas Medical Foundation (TMF) the 1992 CHAMPUS (Civilian Health and Medical Program for the Uniformed Services) regional contract for medical peer review effective May 1, 1992. Since 1989, TMF has conducted medical peer review of CHAMPUS civilian hospital admissions in Texas. With the implementation of the 1992 CHAMPUS regional contract, in addition to Texas, TMF's medical peer review responsibilities will expand to civilian hospital admissions in Arkansas, Kansas, Louisiana, Missouri and Oklahoma. This is a one-year contract with two optional renewal periods.

The CHAMPUS contract incorporates a single records processing center which will coordinate most data processing activities for TMF and other regional review contracts. "On-line" criteria for the use of nonphysician reviewers is also included in the contract. CHAMPUS believes that use of the "on-line" InterQual Criteria to conduct initial nonphysician screening of medical records will facilitate more consistent review nationwide.

TMF will publish its first CHAMPUS newsletter outlining the requirements of the 1992 contract in the weeks ahead.

LEWIS ELECTED TO FOUNDATION BOARD

Gibson D. "Gib" Lewis, Speaker of the Texas House of Representatives, has been elected to the board of directors of The Health Care Foundation. The announcement was made April 29 by Board Chairman Ronnie Wallace, president of Ben E. Keith Foods.

The Health Care Foundation is a charitable organization which receives and manages donations and contributions for special projects and programs at Osteopathic Medical Center of Texas. Lewis also serves as director of Osteopathic Medical Center of Texas.

"I relish the opportunity to serve the medical center in this new capacity," Lewis said. "Health care is a vital concern for every single citizen in Tarrant County, and I believe this hospital merits improved community support."

Lewis is the only individual in Texas history to have served five terms as presiding officer of the House of Representatives. He is now in his twelfth term as a Tarrant County lawmaker.

COLONEL F.D. GILES, D.O., TAKES COMMAND OF MEDICAL GROUP

Col. David A. Sawyer (left), Commander of the 23rd Fighter Wing, transfers the flag to Dr. Giles.

Colonel Forrest D. Giles, D.O., has assumed the command of the 23rd Medical Group at England Air Force Base, Louisiana. He had just completed a tour as an Air Force Reserve Surgeon at Robins Air Force Base, Georgia.

The Secretary of the Air Force saw fit to extend Dr. Giles to December 30, 1995. England Air Force Base will close in December of 1992, at which time Dr. Giles will be reassigned.

TCOM Geriatrician Named Certified Medical Director

The American Medical Directors Association recently named Janice Knebl, D.O., a Certified Medical Director of a long-term care facility recognizing her achievements in clinical geriatrics and medical direction. She is one of 172 physicians in the United States to earn this designation.

A professor of medicine at Texas College of Osteopathic Medicine (TCOM), Dr. Knebl has been director of the TCOM/University of North Texas Gerontology Assessment and Planning (GAP) program since its inception in 1989. The GAP program is a joint effort of TCOM's Department of Medicine and UNT's Center for Studies in Aging that employs an interdisciplinary team of experts to examine and assess people 65 years and older who suffer from multiple problems associated with aging.

Dr. Knebl received her D.O. degree from Philadelphia College of Osteopathic Medicine in 1982. She completed a two-year fellowship at the Philadelphia Geriatric Center and a two-month study of the British system of geriatric care in London before coming to TCOM in 1988. She also spent the summer of 1987 conducting aging research at the National Institute on Aging in Baltimore.

Besides her faculty appointment at TCOM, Dr. Knebl works as a medical director for the Autumn Years Nursing Home in Fort Worth and serves as the medical director of the Osteopathic Medical Center of Texas Skilled Nursing Unit.

She is a member of TOMA, the AOA, the AMA, the Gerontological Society of America and the Tarrant Area Gerontological Society. ■

Newsbrief

NEW MEDICAID REIMBURSEMENT METHODOLOGY IN EFFECT

As of April 1, 1992, the new payment methodology for Medicaid went into effect. It is based on the Medicare Fee Schedule and is referred to as TMRM (Texas Medicaid Reimbursement Methodology). It is used to reimburse physicians' services; services incident to physicians' services; outpatient physical therapy and occupational therapy services; diagnostic tests (other than clinical laboratory); and radiology services.

Dr. Tom Garner to Enter Fellowship

Tom J. Garner, III, D.O., a board certified internist completing his Public Health Service obligation in Laredo, Texas, has been accepted into an invasive cardiology fellowship. The program consists of a three-hospital consortium involving Botsford General Hospital in Farmington Hills, Michigan; Garden City Hospital in Garden City, Michigan; and the University of Michigan School of Medicine at Ann Arbor.

One year will be spent at each institution, providing a broad education experience ranging from a primary community hospital through a large, tertiary-level osteopathic hospital, to the unique opportunity to learn the current state-of-the-art in theory and practice at the University of Michigan. Besides acquiring skills in routine left heart catheterization, angiography and angioplasty, expertise in angioscopy with laser, atherectomy and stenting can be pursued. Transesophageal echocardiography, electrophysiology studies and peripheral vascular work is also available.

Dr. Garner is a 1982 graduate of the University of Health Sciences/College of Osteopathic Medicine in Kansas City, Missouri. He interned at Dallas Memorial Hospital and took an internal medicine residency at Detroit Osteopathic Hospital.

TOMA wishes Dr. Garner the best of luck during his fellowship. ■

Door Prize Winners During TOMA's Convention

David R. Armbruster, D.O., won the deluxe door prize for early registration — a room at the Marriott Bayfront in Corpus Christi during his convention stay, compliments of TOMA.

The grand prize of a television, for visiting all of the exhibit booths, went to Lawrence J. Walsh, D.O. Robert I. Kerwood, D.O., won golf balls; mega-mugs went to Mark A. Baker, D.O.; a cooler chair went to George N. Smith, D.O.; Joel Eldridge, D.O., received the electric barbeque grill; a memory telephone went to Richard W. Anderson, D.O.; Evalyn Kennedy, D.O. won an insulated bag; Scott Elkin, D.O., won two prizes, a thermos bag and a clock radio; David Robinson, D.O., won wine and two walkmans; a spotlight went to Sara Apsley-Ambriz, D.O.; John Methner, D.O., received an easy chair; R.L. Livingston, D.O., won wine; a Playmate cooler went to Renee Acuna, D.O. and Robert L. Peters, Jr., D.O., won an umbrella.

TOMA congratulates these winners! ■

Opportunities Unlimited

PHYSICIANS WANTED

FULL AND PART-TIME PHYSICIANS WANTED — for several primary care/minor emergency clinics in the D/FW area. Flexible schedule, excellent potential for growth and financial success. Please send resume or contact: Steve Anders, D.O., Medical Director, Ready-Care Medical Clinic, 4101 Airport Freeway, Suite 101, Bedford, 76021; 817/540-4333. (19)

PHYSICIAN-OWNED EMERGENCY GROUP — is seeking Full or Part-time D.O. or M.D. emergency physicians who practice quality emergency medicine. BC/BE encouraged, but not required. Flexible schedules, competitive salary with malpractice provided. Send CV to Glenn Calabrese, D.O., FACEP, OPEM Associates, P.A., 100 N. University, Suite 212, Fort Worth, 76107. 817/332-2313. FAX 817/335-3837. (16)

POSITION OPEN IN HOUSTON — Established solo practitioner specializing in OMT seeks associate with like interest to join practice. Please call Reginald Platt, III, D.O., 6815 North Hampton Way, Houston, 77055. 713/682-8596. (04)

FORT WORTH — Clinic seeking energetic general practitioner to work full-time and act as medical director. Salary open. Contact: Bill Puryear, D.O. or Jim Czewski, D.O. at 817/232-9767. (27)

AMARILLO — Fifty Bed Acute Care Osteopathic Facility seeking (2) Family Practitioners and/or General Surgeon and One Internist. Excellent Working Conditions: Outstanding Area to Raise Family; Interview Expenses and Relocation Costs Paid. Optional Office Spaces Available. Contact Lorne Tjernagel, Administrator, at 806-358-3131 or Send CV to Family Hospital Center, 2828 SW 27th, Amarillo, TX 79109. (25)

HOUSTON — Established practice specializing in internal medicine and cardiology seeking associate with like interest to join practice. Send c.v. to: Doctors Medical Clinic, 6031 Airline Drive, Houston, 77076. (22)

SAN ANTONIO — Seeking a BE/BC Internist to join a busy internal medicine office. Partnership available, salary negotiable, situation flexible. Please send resume to: Shane Carter, 4411 E. Southcross, San Antonio, 78222. (34)

CHIROPRACTIC AND DENTAL CLINIC — seeking general practitioner to lease space in 4600+ square foot facility. Strong referrals; $2500 total monthly rent. We provide waiting room, x-ray, kitchen, insurance office and front office staff. Please call A.B. Nunes, D.C. at 214/348-5800. (21)

FAMILY PRACTICE, CRANE — Enjoy city amenities without having to live there. Crane Memorial Hospital is looking for two family practitioners. Beautiful modern 28-bed hospital and office building. Small town, medically underserved area. Healthcare professional shortage area. Only 45 minutes from international airport. Only 30 minutes from interstate highway. Excellent schools. Warm dry climate. Great recruitment package. Contact: Steve Goode, Administrator, Crane Memorial Hospital, 1310 S. Alford Street, Crane, 79731. Phone 915/558-3555. (29)

GENERAL PRACTICE RESIDENCIES AVAILABLE, Oklahoma City — Accepting applications for July 1992 residencies in general practice under the direction of Hillcrest Health Center. AOA approved, two-year program, relocation allowance available. Send inquiries to Donn Turner, D.O., Residency Program Director, Hillcrest Health Center, 2129 SW 59th Street, Oklahoma City, OK 73119 or call 405/680-2105. (30)

BILINGUAL GENERAL PRACTICE D.O. NEEDED, Oklahoma City — Excellent opportunity for a general practice physician who speaks both Spanish and English to acquire an established practice. Hillcrest Health Center is looking to place a physician in a successful practice in Oklahoma City area near the hospital. Send CV to: Hillcrest Health Center, Attn: Derek Mountford, 2129 S.W. 59th, Oklahoma City, OK 73119; 800/725-6671. (33)

DIRECTOR OF GP RESIDENCY TRAINING CLINIC, Oklahoma City — Actively recruiting for a Director of General Practice Residency Training Clinic. Must be Board Certified and have at least three years of general practice experience. Attractive salary commensurate to responsibility of starting new clinic. Send CV to the Director of Medical Education, Hillcrest Health Center, 2129 S.W. 59th Street, Oklahoma City, OK 73119. (35)

PRACTICE FOR SALE OR PARTNERSHIP — Going back to residency, three years family practice and physical medicine. Gross $750,000 in receipts, guaranteed patient load. Beautiful Southwest area. Contact: Fay Moore 915/542-0114. (36)

PHYSICIAN ASSOCIATE VACANCY — Mid-Cities D/FW Location — Search underway for BE/BC family physician. Growing Mid-Cities Fort Worth family and women's health practice. Strong desire to spend time with and be available for patients required. NO ADMINISTRATIVE DUTIES — just practice "old fashioned" medicine with patients. Compensation includes salary+bonus; vesting after three years; all insurances provided. Respond in confidence to L. Hempstead, D.O.; 1816 Norwood Drive, Suite 101, Hurst, TX 76054. (37)

HOUSTON AREA — The town of Anahuac needs a family practice physician. A new office and a reasonable guarantee awaits. We are on the bay in Chambers County. Contact: John Luff, Bayside Community Hospital, Anahuac, 77514 or call 409/267-3143. (38)

ESTABLISHED PRACTICE FOR SALE — Available June 5, 1992. Good growth potential. Send inquiries to TOMA, Box 39, 226 Bailey Avenue, Fort Worth, TX, 76107. (39)

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

POSITIONS DESIRED

LOCUM TENEN SERVICE — for the Dallas/Fort Worth Metroplex. Experienced physician in family practice and emergency medicine offering dependable quality care for your patients at competitive rates. Contact: Doyle F. Gallman, Jr., D.O., 817/473-3119 or beeper number 817/794-4001. (24) ▸

OFFICE SPACE AVAILABLE

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

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

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

EXPERIENCED CLINIC PHARMACY GROUP — interested in leasing a small area in physician's office or clinic. Heavy Medicaid and insurance okay. We need to talk. Respond to Pharmacist, P.O. Box 563, Grapevine, 76099. (17) ■

Urinary Incontinence Campaign Targets Physicians and Public

An estimated 100,000 physicians and nurse practitioners across the country will soon receive news about an effective treatment for uninary incontinence (UI), a condition that many people have — but few want to talk about. The National Institute on Aging (NIA) will mail the materials as part of a cooperative venture with the Alliance for Aging Research, a non-profit organization bsed in Washington, D.C.

While the NIA will send information to health care providers, the Alliance will launch a public education campaign to debunk the myth that incontinence is a normal part of aging. Together, the groups hope to raise awareness of treatment choices for the condition, a major public health concern.

According to the National Institutes of Health (NIH), urinary incontinence affects some 10 million Americans, including 15 to 30 percent of people over 65, and about half the residents of the nation's nursing homes — another 750,000 people. The costs of managing UI have been conservatively estimated at more than $10.3 billion a year.

The public-private initiative was prompted by a study funded by the NIA and the National Center for Nursing Research, which demonstrated that a simple six-week program of bladder training is effective for many women with stress and urge incontinence. Although the study involved women, NIA researchers say it is reasonable to believe that similar programs aimed at reducing stress incontinence in men may be just as effective.

The mailing to physicians and nurse practitioners will urge healthcare providers to talk to their patients about loss of bladder control and various forms of therapy to treat or manage the problem. A series of public service announcements about UI and bladder training will encourage consumers to send for a free brochure about the therapy.

For a free copy of the NIA/Alliance for Aging Research kit on treating urinary incontinence, write to the NIA Information Center, Department UICL, Box 8057, Gaithersburg, Maryland 20898-8057, or the Alliance for Aging Research, 2021 K Street NW, Suite 305, Washington, D.C.

Judge Denies Request to Enjoin Enforcement of Fee Guidelines

On April 29, a state district judge denied a request by the Texas Physical Therapy Association to bar the Texas Workers' Compensation Commission from enforcing limits on the amount that physical therapists and other health care providers may be paid for treating patients who suffer work-related injuries or illnesses.

The denial, issued by by Judge John Dietz of the 331st District Court of Travis County, means that the Commission may enforce the payment limits, which were adopted by the Commission effective December 11, 1991.

As part of its efforts to control rising workers' compensation-related medical costs, the Commission developed the payment limits, or fee guidelines, for medical treatments and procedures. The guidelines stipulate the maximum amount that an insurance company may pay to a health care provider who treats injured workers.

The Physical Therapy Association filed suit against the Commission in August 1991, alleging that the payment limits established by the Commission were unfair and procedurally defective. The association amended its lawsuit in early April to include the December guidelines, a new set of payment limits that replaced the original guidelines. At the April 29 hearing, the association asked the judge to issue an injunction that would prevent the Commission from enforcing the fee guidelines until the lawsuit is resolved. Although the judge denied the injunction request, the lawsuit remains pending. A trial date has not yet been set. ■

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION
226 Bailey Avenue
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