

*"To triumph, we must be unified,
involved and proactive"
states new AOA Leadership*



*Howard L. Neer, D.O.
AOA President*

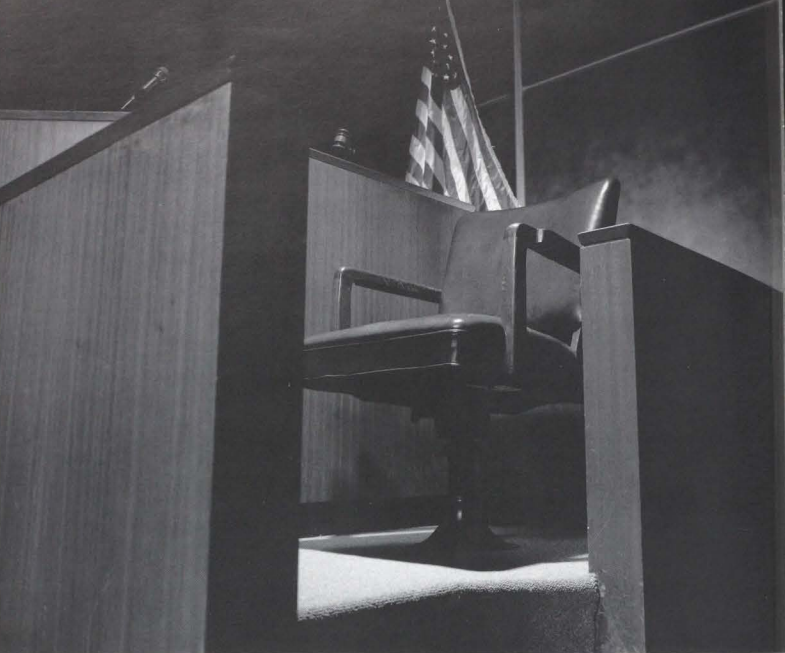


*John P. Sevastos, D.O.
AOA President-Elect*

Inside this issue . . .

Information on your new AOA Leaders, see page 5

Chicago, IL – AOA House of Delegates report on page 6



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214/470-0222

Part B Telephone Unit

903/463-4495

Profile Questions

214/766-7408

Provider Numbers:

Established new physician (solo)

214/766-6162

Established new physician (group)

214/766-6163

All changes to existing provider

number records

214/766-6158

Medicaid/NHIC

512/343-4984

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

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in Texas 800/444-TOMA

FAX No. 512/388-5957

817/294-2788

in Texas 800/896-0680

FAX No. 817/294-2788

in Texas 800/444-TOMA

TOMA Physicians Assistance Program

TOMA Med-Search

TEXAS STATE AGENCIES:

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512/502-3200

Department of Health

512/458-7111

Texas State Board of Medical Examiners

512/834-7728

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512/834-7860

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800/201-9353

Texas State Board of Pharmacy

512/832-0661

Texas Workers' Compensation Commission

512/448-7900

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512/440-3515

Texas Hospital Association

800/252-9403

Texas Department of Insurance

512/463-6169

Texas Department of Protective and

Regulatory Services

512/450-4800

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Doctors & Hospitals Only

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Houston Metro 654-1701

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

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September, 1995

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Terry R. Boucher
Executive Director/Editor
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Calendar of Events

SEPTEMBER 22-24

Sixth Annual Mid-Year Seminar
Sponsored by Osteopathic Physicians
and Surgeons of California
Location: Monterey Plaza Hotel
Monterey, California
Hours: 20 Category 1-B anticipated
Contact: OPSC
455 Capitol Mall, Suite 230
Sacramento, CA 94814-4405
916-447-2004

SEPTEMBER 29-OCTOBER 1

Primary Care Update XII
Sponsored by University of North Texas
Health Science Center at Fort Worth
Location: UNTHSC/FW,
Fort Worth, Texas
Hours: 18 Category 1-A, AOA
Contact: Pam McFadden,
Program Director
817-735-2539

SEPTEMBER 29-OCTOBER 1

American College of Osteopathic
Pediatricians Fall Meeting
Location: Adam's Mark Hotel
St. Louis, Missouri
Contact: ACOP, 202-362-3229

OCTOBER 5-7

Manipulative Update
Sponsored by Kirksville College of
Osteopathic Medicine
Location: Kirksville, Missouri
Hours: 20 Category 1-A
Contact: Rita Harlow,
Director, Continuing Education
KCOM
800 West Jefferson
Kirksville, MO 63501
816-626-2232

14-18

TOMA Group Trip to AOA 100th Annual
Convention and Scientific Seminar
Location: Orlando, Florida

15-19

American Osteopathic Academy of
Addictionology
Location: Orlando, Florida
(In conjunction with the
American Osteopathic
Association Annual Convention
and Seminar.)
Contact: 202-966-7732

19

"The Just Allocation of Scarce Resources:
Ethical Issues to Learn from Organ
Tissue Transplantation"
Sponsored by Colorado Springs Osteopathic
Foundation
Location: Broadmoor Hotel
International Center
Colorado Springs, Colorado
Contact: Amanda Batey, Colorado
Springs Osteopathic Foundation
719-635-9057;
FAX 719-635-4727

19-22

TOMA Postconvention CME Trip to
Rios, Jamaica

26-29

First Annual OB/GYN, Pediatric Update
Sponsored by University of North Texas
Health Science Center at Fort Worth
Location: Plaza Hotel
San Antonio, Texas
Hours: 18 Category 1-A, AOA
Contact: Pam McFadden,
Program Director
817-735-2539



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

AOA Installs New President, President-Elect



Howard L. Neer, D.O.



John P. Sevastos, D.O.

Howard L. Neer, D.O., and John P. Sevastos, D.O., have been installed as president and president-elect, respectively, of the American Osteopathic Association. The elections took place on July 30, during the AOA's House of Delegates meeting in Chicago.

Dr. Neer is Associate Dean for Alumni Affairs for Nova Southeastern University College of Osteopathic Medicine in North Miami Beach, Florida. As a board-certified family physician, he had a career in private practice that spanned over 36 years and has played a leadership role in osteopathic medical organizations at both the national and state level. A trustee of the AOA since 1987, Dr. Neer is currently chairman of the organization's Bureau of Insurance.

At the state level, Dr. Neer is a past president of the Florida Osteopathic Medical Association (FOMA) and has served as a trustee since 1968. He has served as chairman of the Department of Insurance since 1985 and has chaired a number of other committees as well, including Public Affairs and Professional Affairs.

Dr. Neer co-founded Doctors General Hospital (now Universal Medical Center Hospital) in Plantation, Florida, in 1962. He has served the hospital's Board of Governors as a trustee and as secretary-treasurer. Dr. Neer also served the hospital as chief of staff and as chairman of the Department of Family Practice. He is currently chairman of Universal Medical Center Hospital's board and chairman of Quality Assurance and Utilization Review.

Following his graduation from the Chicago College of Osteopathic Medicine in 1954, Dr. Neer completed his internship at Grandview Hospital in Dayton, Ohio. He received his undergraduate degree from Miami University in Oxford, Ohio. His board certifications are from the American Board of Osteopathic Family Physicians and the American Board of Quality Assurance and Utilization Review. Dr. Neer is a Fellow of the American College of Osteopathic Family Physicians.

In his inaugural speech, Dr. Neer spoke of the numerous obstacles the profession has overcome throughout the years. He also listed many of the challenges facing the profession today, countering with ways in which to turn these challenges into opportunities for success. Some of the challenges mentioned by Dr. Neer are as follows:

We are challenged by the loss of osteopathic hospitals...To triumph, we must recognize the opportunity to successfully negotiate the preservation of osteopathic accreditation and training programs.

We are challenged by our own success. The large numbers of applicants to our colleges feed an appetite for more schools of osteopathic medicine. For the profession to flourish, we must manage this growth and ensure quality education.

We are challenged by the demand for large-scale studies of osteopathic principles and practices and for a quantification of the efficacy of our therapy. ...we must produce credible, scientific research on the validity of our concepts.

We are challenged by healthcare reform...we must work to promote the recognition of our profession and of our capabilities as a complete system of quality.

We are challenged by the fact that physicians, long the champions of quality healthcare, are losing control of the practice of medicine to entrepreneurs. ...we need to work to enhance the security and autonomy of physicians' practice rights and privileges.

Dr. Neer also warned of the danger of complacency, stressing that we should never feel too secure and complacent. "We can be defeated by indifference and apathy from within," he said. "To triumph, we must be unified, involved and proactive."

He called upon all 37,000 D.O.s to join together in a proactive stance in order to "lead our great profession to another century of opportunity and success."

Dr. Sevastos, the new AOA President-Elect, is a board-certified osteopathic family physician who has been a staff member of Brentwood Hospital in Cleveland, Ohio, since 1957.

He received his Bachelor of Science Degree in Pharmacy from the University of Toledo College of Pharmacy in 1949, and earned his D.O. degree from the Chicago College of Osteopathic Medicine in 1956. Dr. Sevastos also completed an Advanced Psychiatric Course through the National Institute of Mental Health and Mount Sinai Hospital, Cleveland. He is a Diplomate of the American Osteopathic Board of Family Physicians and a Fellow of the American College of Osteopathic Family Physicians.

Dr. Sevastos has played an active role in the osteopathic medical profession at both national and local levels for many years. He is a member of the Ohio, Pennsylvania, South Carolina, and Alaska osteopathic associations; president and treasurer of the Ohio Osteopathic Association; a past president, treasurer and General Practitioner of the Year of the ACOFP; and president and Award of Merit recipient of the Cleveland Academy of Osteopathic Medicine. His other memberships include the American College of Neuropsychiatrists; American Academy of Osteopathy; Society of Teachers of Family Medicine; and the National Osteopathic Foundation. Dr. Sevastos was a regional assistant dean and professor of family medicine/general practice at the Ohio University College of Osteopathic Medicine, Athens, Ohio, from 1976-1994. He is editor of the American College of Osteopathic Family Practitioners' *News and Views*; and has been published in the Ohio State Medical Journal and the *Journal of the American Osteopathic Association*.

Dr. Sevastos credentialed the first general practice osteopathic residency at Brentwood Hospital, the first in the state of Ohio, and the first in the U.S. As the 1975 ACOFP President, he led a group of osteopathic physicians to the Yukatan Peninsula to administer medical care to the Mayan Indians.

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

The AOA House of Delegates – Texas Report

Chicago, IL



The House of Delegates of the American Osteopathic Association met July 27-30, 1995, in Chicago, IL at the Chicago Marriott Downtown. The Texas Delegation included: Drs. Robert L. Peters, Jr., of Round Rock; Royce K. Keilers of LaGrange; R. Greg Maul of Lubbock; Arthur J. Speece, III, of Burleson; Frank J. Bradley of Dallas; Mark A. Baker of Fort Worth; Jim W. Czewski of Fort Worth; David R. Armbruster of Pearland; Jerome L. Armbruster of Pearland; Donald M. Peterson of Dallas; Gerald P. Flanagan of Argyle; Rodney M. Wiseman of Whitehouse; James E. Froelich, III, of Bonham; Elizabeth A. Palmarozzi of Granbury; Al E. Faigin of Fort Worth; Brent Sanderlin, student delegate, and Heather Horne, alternate student delegate, both of the University of North Texas Health Science Center/Texas College of Osteopathic Medicine. Serving his 14th year as Speaker of the AOA House of Delegates was T. Eugene Zachary, D.O., of Fort Worth.

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

The committee received the 1995-96 AOA budget and it was amended to increase the publications budget by \$100,000 and decrease operating income by \$100,000. This change was made because Resolution No. 294 was disapproved. The budget was then approved by the House on July 30, 1995, in Chicago, IL.

The committee also reviewed Resolutions 295 and 308 (see below).

- 294 FY 1995/96 Publications Expense Budget - Disapproved
295 Joint Board/House Budget Committee-Budget Adjustments/Debt Acquisition - *Approved as Amended*

RESOLVED, that without the explicit approval of the Joint Board/House Budget Review Committee the AOA Board of Trustees may take no financial actions between meetings of the AOA House of Delegates which when taken together either decrease AOA's cash or increase its long term or recurring short term debt (to include operating leases and other contractual obligations) to an aggregated amount greater than 10% of the AOA's total equity as audited in the prior year; and, be it further

RESOLVED, that the aggregated amount cited above cannot reduce projected year-end total equity below total equity as audited in the prior year and corrected for the consumer price index in the prior year; and, be it further

RESOLVED, that this policy shall be reviewed by the Joint Board/House Budget Review Committee every three years.

308 Intermediate Term Funding for Bureau of Research Programs Supported by the Osteopathic Research Development Fund - *Approved as Amended*

RESOLVED, that the Osteopathic Research Development Fund (ORDF) continue to be maintained and invested as a separate endowment fund, continuing to receive the portion of AO member dues through 1998 as provided in Resolution July/8 149; and, be it further

RESOLVED, that ORDF funds be invested in a manner to be achieve preservation of capital and long-term capital appreciation and that income and capital appreciation accrue and accumulate in the fund; and, be it further

RESOLVED, that \$300,000 be provided annually to the Bureau of Research for the fiscal years 1996 through 2002 from working capital to fund research activities; and, be it further

RESOLVED, that ORDF return to the AOA general funds the aggregate of such annual sums in an amount no less than \$2,100,000 before the end of fiscal year 2003, together with an appropriate return on AOA working capital and that the balance remaining in ORDF continue as an endowment fund for the Bureau of Research; and, be it further

RESOLVED, that the House of Delegates authorize and direct the Board of Trustees to take appropriate action to implement such funding mechanism.

Committee on Constitution and Bylaws

- A-800 Article VIII - Board of Trustees and Executive Committee, Section 1 - Board of Trustees - *Approved as Amended*

Committee on Professional Affairs

- 202 Prescription of Drugs For Off Label Uses - *Approved as Amended*
204 Practice Guidelines for Osteopathic Manipulative Treatment - *Approved as Amended*
205 Proficiency of Interns in Osteopathic Manipulative Treatment - *Approved as Amended*
207 Certificate of Added Qualifications in Geriatric Medicine - *Approved as Amended*
213 Clinical Training Positions - Availability - *Adopted as referred to Bureau of Professional Education*
214 Education Decisions - Reconsideration - *Disapproved*

Osteopathic College Enrollments - Expansion - *Approved as Amended and referred to Bureau of Professional Education*
 Primary Care Physicians - Developing an AOA Definition - *Disapproved*
 Reimbursement Policies for OMT in a Pre-Paid Environment - *Approved as Amended*
 New Osteopathic Colleges - *Disapproved*
 Amended American Osteopathic Association - *Withdrawn*
 AOA Policy on Trustee Evaluation - *Disapproved*
 CME Credits - *Approved*
 Cardiopulmonary Resuscitation Training - *Approved as Amended*
 Committee on Health Related Policies Mission Statement - *Approved*
 Confidentiality of Patient Records - *Approved*
 Development and Use of Marker System - *Approved as Amended*
 Generic Drugs - *Approved*
 Health Care Institutional Responsibilities - *Approved*
 Medical Care Cost Effectiveness - *Approved*
 Medical Ethics - *Approved*
 Osteopathic Medicine in Foreign Countries - *Approved and referred back to Committee on Health Related Policies for clarification of No. 5*
 Postgraduate Stipends - *Approved as Amended*
 Professional Association by D.O.s - *Approved*
 Professional Review Organizations (PRO) - Assignment of Quality - *Approved*
 Rural Training in Osteopathic Education - *Approved*
 Second Opinion, Surgical Cases - *Approved*
 Specialty Certification, Osteopathic Membership of D.O.s - *Approved*
 Uniformed Services: Endorsement of Physicians Serving in the Uniformed Services - *Approved as Amended*
 Convention Site Analysis - Housing, Meals, Air Travel Costs and Access - *Withdrawn*
 Membership in Divisional Societies - *Approved as Amended*
 Urgent Need to Establish Uniform Testing Standards for AOA Board Certification - *Approved*
 Osteopathic Manipulative Treatment - *Approved as Amended*
 Non-Physician Health Providers - *Approved as Amended*

- 307 OMT Education - *Referred back to American College of Osteopathic Family Physicians for referral to Council on Continuing Medical Education*
 309 Physician Assisted Death - *Disapproved*
 310 Training Non-Physicians (D.O./M.D.) in Osteopathic Structural Diagnostic Treatment and Procedures - *Disapproved*
 311 Medical Procedure Patents - *Approved and referred to Council on Federal Health Programs*
 312 Clinical Practice Guidelines - *Disapproved*

Committee on Public Affairs

- 206 Cap on Administration Fees Paid by Managed Care HMO's, PPO's, Etc. - *Approved and referred to Council of Federal Health Programs*
 208 Continuity of Care Within Managed Care Systems - *Disapproved*
 211 Information to Legislators - *Approved as Amended*
 217 Funding for Osteopathic Postdoctoral Education - *Approved as Amended*
 219 Rising Health Care Costs - *Approved and referred to Council of Federal Health Programs*
 222 Newborn Hearing Screens - *Approved as Amended*
 224 AOA Public Relations Efforts in National Catastrophes - *Withdrawn*
 229 Bundling and Unbundling of Codes - *Disapproved*
 230 CLIA Cost Effectiveness/Effect on Patient Care - *Disapproved*
 232 Omnibus Budget Reconciliation Act (OBRA) '90 - *Disapproved*
 233 Physician Criteria - *Disapproved*
 238 Medicare Gynecological and Pap Screenings - *Approved as Amended*
 239 Omnibus Budget Reconciliation Act (OBRA) '90 - Osteopathic Physicians Exclusion - *Approved as Amended*
 243 Osteopaths and Allopaths - *Disapproved*
 244 Patient Access in Rural Areas - *Approved as Amended*
 246 Point-of-Service Plans and the Freedom to Choose - *Disapproved*
 249 Automobiles - Passive Restraints - *Approved*
 254 Children's Safety Seats - *Approved*

(Continued on Page 8)



TEXAS REPORT, *Continued from Page 7*

- 259 Ethical and Sociological Considerations for Medical Care - *Approved*
- 260 Firearms - Education for Users - *Approved*
- 261 Food Labeling - *Approved*
- 264 Long-Term Care - *Approved*
- 265 Managed Competition/Risk Shared Managed Care - Osteopathic Physician Discrimination - *Approved as Amended*
- 268 Medicare - Assignment - *Approved*
- 269 Medicare Fee Schedule - *Approved as Amended*
- 270 Medicare - Intermediary Denial Letters - *Approved as Amended*
- 271 Medicare Medically Unnecessary Services - *Approved*
- 274 Physician Office Laboratories - *Approved*
- 286 State Legislation to Prevent Discrimination Against Osteopathic Physicians - *Approved as Amended*
- 289 Tanning Devices - *Approved*
- 301 Medicare Law and Rules - *Approved as Amended*
- 302 Agency for Health Care Policy and Research Publication Regarding Clinical Practice Guidelines, Acute Low Back Pain in Adults - *Approved as Amended*

Ad Hoc Committee

- 200 Environmental Responsibility - Waste Materials - *Approved*
- 201 Health Education - Condom Usage - *Approved as Amended*
- 203 Documentary on the Life of Andrew Taylor Still - *Approved*
- 209 Discrimination - *Approved*
- 210 Future Research - *Approved as Amended*
- 212 Osteopathic Health Policy Fellowship - *Disapproved*
- 220 Support of Legislation Preventing HMOs From Banning Dual Affiliation - *Approved*
- 221 Executions in Capital Crimes - *Referred to Committee on Ethics*
- 223 Physician Assistants - Recognition - *Disapproved*
- 225 AOA Health Policy Fellowship - *Disapproved*
- 226 AOA Health Policy Fellowship - *Disapproved*
- 228 Appropriate 'Weekly Reader' Content - *Disapproved*
- 235 AOA Health Policy Fellowship - *Disapproved*
- 237 Code of Ethics - *Disapproved*
- 240 OMT Reimbursement in Addition to Office Visit E/M - *Approved as Amended*
- 242 Death Penalty and Lethal Injection - *Disapproved*
- 245 Patient Protection Act - *Disapproved*
- 247 Aircraft Emergency Medical Supplies - *Approved as Amended*
- 248 Animals in Medical Research - *Approved*
- 250 Cancer - *Approved*
- 252 Chelation Therapy - *Approved*
- 253 Child Abuse - *Approved*
- 257 Death: Right to Die - *Approved as Amended*
- 272 National Health Policy - *Approved as Amended*
- 275 Plastic Beverage and Food Container Recycling Act - *Approved*
- 281 Smoke Free Environment - *Approved*

- 282 Smoking - Federal Incentives for Hospitals Prohibiting Use of Tobacco Products - *Approved*
- 283 Sodium - Labeling - *Approved*
- 284 Space Station Freedom - *Approved as Amended*
- 287 Sudden Infant Death - *Approved as Amended*
- 288 Support of Literacy Programs - *Approved as Amended*
- 290 Telephone Call Identification Service (Caller ID) - *Disapproved*
- 292 AOA Statement on Health Care Delivery - *Approved as Amended*
- 293 Certificate Program in Health Policy - *The original Resolution was disapproved; the Committee substitute for Res. 293 was approved*
- 297 Maintaining a Uniform Osteopathic Oath - *Approved*
- 298 AOA/OU-COM Health Policy Fellowship - *Disapproved*
- 306 Internet - World Wide Page - *Approved and referred to Bureau of Finance*

For Collective Action by House of Delegates

- 304 The Oklahoma City Bombing - *Approved*

MEDWATCH Update

When a drug goes to market, we know everything about its safety.

Wrong.

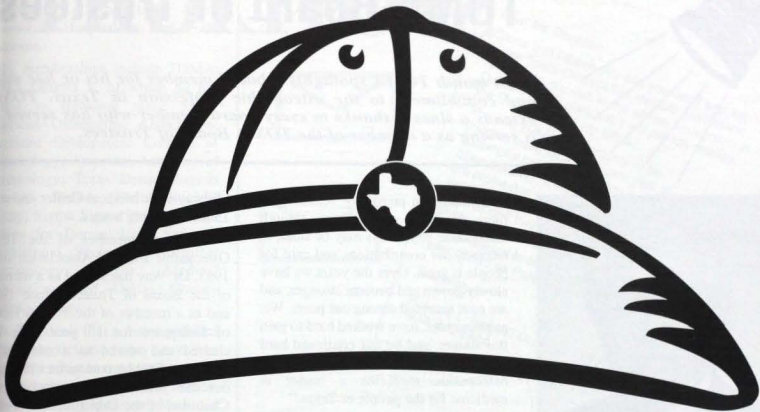
1-800-FDA-1088

FDA MEDWATCH
For information on medical products

Pfizer, in conjunction with the Food and Drug Administration Medical Products Reporting Program (MEDWATCH), would like all health care professionals to be aware of revision to the package insert for Zoloft®, (sertraline hydro-chloride). Pertinent information regarding the revised insert was disseminated by Pfizer in August, and the following is a brief outline of the change.

Cases of serious, sometimes fatal reactions have been reported in patients receiving Zoloft®, in combination with a monoamine oxidase inhibitor (MAOI). Although Zoloft® prescribing information (in the Warnings Section) has always carried a recommendation not to use Zoloft® in combination with an MAOI, within two weeks of discontinuing or starting a patient on an MAOI, the labeling has now been strengthened due to reporting of some actual cases of serious adverse events. Thus, the Zoloft®, package insert has been revised to reflect that the use of Zoloft®, in combination with an MAOI is now contraindicated.

Any serious adverse events should be reported to Pfizer at 800-438-1985; or to the FDA MEDWATCH program at 800-FDA-1088, by fax at 800-FDA-0178, by modem at 800-FDA-7737, or by mail at MEDWATCH, HF-2, FDA, 5600 Fishers Lane, Rockville, MD 20857.



WE MAKE GETTING AROUND IN THE MANAGED CARE JUNGLE A WALK IN THE PARK.

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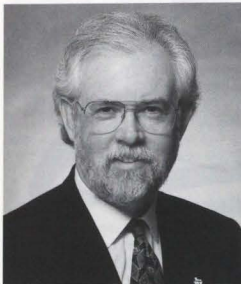
For more information, write: TIOPA, 3632 Tulsa Way, Fort Worth, Texas 76107.
Call: 817-735-1394, 800-725-6628; or FAX 817-377-0827.

TIOPA

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TOMA Board of Trustees

Each month TOMA spotlights a board member for his or her work and commitment to the osteopathic profession in Texas. TOMA extends a sincere thanks to every board member who has served and is serving as a member of the TOMA Board of Trustees.



Dr. Bill V. Way

Dr. Bill V. Way of Duncanville, strongly believes in the continuity of tradition, as defined by the work of the earlier, trail-blazing osteopathic physicians who kept the osteopathic profession alive and growing. "Our forefathers worked hard against many different adversities and factions to make a better path on which each of us have walked to become an osteopathic physician," states Dr. Way. "Therefore, I feel it is our duty to continue in the tradition of carrying the osteopathic torch to educate our communities, support our medical students and keep our osteopathic bond strong. Also, I feel we must listen to our fellow osteopathic physicians. Each and every one should be heard. If they have an opinion or idea, we must listen because if we stop listening, we will stop growing. What if no one had ever listened to Dr. Andrew Taylor Still? We owe these things to our future physicians, for we are their forefathers," stresses Dr. Way.

He adds, "The osteopathic medical profession in the State of Texas is a

major entity in providing Texans with their medical care. Even though osteopathic physicians may be small in number, our contributions and care for people is great. Over the years we have slowly grown and become stronger, and are now accepted among our peers. We, as physicians, have worked hard to gain this stature, and by our continued hard work we will continue to make osteopathic medicine a leader in medicine for the people of Texas."

Certified in dermatology, Dr. Way has been in private practice since 1983 in the south Dallas/Duncanville area. One and one-half years ago, he established a new office location in Duncanville, known as Way Dermatology Clinic and Associates, of which he is director. Dr. Way notes that S. Robert Harla, D.O., who has recently

"...I feel it is our duty to continue in the tradition of carrying the osteopathic torch to educate our communities, support our medical students and keep our osteopathic bond strong."

completed his dermatology residency, will be joining him as an associate in the practice. The Dermatology Clinic provides care for the diseases of skin, hair and nails with primary emphasis on the prevention and treatment of the various types of skin cancer. In addition, Dr. Way serves as Director of the Dermatology Residency Program at Dallas Family Hospital, and is a Dermatology Consultant for Dallas Family Hospital, Charlton Methodist Hospital, Methodist Medical Center,

Midway Park Medical Center and over 15 local nursing homes.

An active member of the Texas Osteopathic Medical Association since 1983, Dr. Way has served as a member of the Board of Trustees since 1988 and as a member of the TOMA House of Delegates for 10 years. He has chaired and served as a member of numerous TOMA committees throughout the years, currently serving as Chairman of the Department of Public Affairs; Chairman of the Public Information Committee; member of the Finance Committee; and member of the Membership, Services and Professional Development Committee.

In speaking of his involvement in TOMA activities, Dr. Way says, "Being able to serve as a member of the Executive Board, I am able to better understand the osteopathic organization, to be able to provide leadership and help promote student osteopathic physicians in our state, and be a "watch dog" for state legislation and the activities of TCOM. I would like to say," continues Dr. Way, "that it has been my privilege and my honor to have served District V as the Treasurer for the past several years, and to have served all the osteopathic physicians in the State of Texas as a member of the Executive Board of the Texas Osteopathic Medical Association. I hope to be able to continue to serve my fellow osteopathic physicians in my present roles and in any future roles."

A 1975 graduate of the University of Health Sciences College of Osteopathic Medicine, Kansas City, Missouri, Dr. Way interned at East Town Osteopathic Hospital. He completed a dermatology residency at Walter Reed Army

Medical Center and from 1981-83, as Chief of the Dermatology Department at the U.S. Army Community Hospital in Fort Polk, Louisiana.

His memberships include TOMA; TOMA District V, of which he has served as treasurer since 1984; American Osteopathic Association; American Osteopathic College of Dermatology; American Academy of Dermatology; Texas Dermatological Society; Dallas Dermatological Society; Sigma Sigma Phi; American Society for Dermatologic Surgery; International Society of Tropical Dermatology; Texas Medical Association; and Dallas County Medical Society.

Dr. Way feels that a major problem facing physicians today revolves around the effort to treat patients with an ever-decreasing amount of money. The budgets for Medicare, Medicaid and the insurance companies are shrinking daily," he says. "As osteopathic physicians, we have the ability to help curb the cost of medicine by making sure that we do only the appropriate tests, and not abuse the system by over-utilization of unnecessary tests or treatments."

Dr. Way is married to Darlene, who is active in ATOMA at both the district and state levels. Daughter Julie works with Dr. Way in his office as a Dermatological Assistant, and son Chris currently works at Certec, an electronics firm in Dallas.

Dr. Way readily admits that during most of his adult life, his work has been his sole hobby. "However," he notes, "in the past three years, I have had the opportunity to relax a little and enjoy our thoroughbred ranch in Italy, Texas, where my wife and I are thoroughbred horse owners and breeders."

TOMA salutes Dr. Way for his outstanding service and continuous efforts in keeping the traditions of the osteopathic profession alive and well. ■

Letters



Dear Mr. Boucher:
Gloria and I thank you and your staff and the entire Texas Osteopathic Medical Association for making our visit to the annual convention in Dallas so very pleasant. I will proudly display the Bowie knife in my office.

You and TOMA are certainly to be congratulated for a landmark year of accomplishments. I wish you well in the new office building. It will certainly be something for the profession to be proud of and will promote recognition in the capitol. Please give our regards and thanks to Cindy, D.J. and your entire staff.

I look forward to working with you during my year ahead as President of the AOA.

Sincerely,

Howard L. Neer, D.O., F.A.C.O.F.P.
AOA President

Dear Fellow Texas D.O.s:

Thanks to the Texas Osteopathic Medical Association and the TOMA House of Delegates for recognizing and honoring me with a Life Membership. And thanks to the good Lord for allowing me to reach the age of seniority.

Good luck in your new home. Beautiful Austin is a great place to be situated.

Fraternally,

Hartley Polasky, D.O.



Dear Mr. Boucher:

Thank you so much for selecting me as a recipient of the Tex Roberts Academic Excellence Award. Not only is it a significant reward for my academic efforts and extracurricular activities, it is also a windfall for myself and my family. Once again, thank you, and please pass along my appreciation to the scholarship selection committee.

Sincerely,

Student Doctor Jeffrey Bourne

Dr. Jerry Alexander Is Family Practitioner of the Year



Dr. Jerry Alexander (left), Family Practitioner of the Year, is congratulated by his brother, Dr. Ted Alexander, Jr.

Jerry M. Alexander, D.O., of Wichita Falls, has been named "Family Practitioner of the Year" for 1995 by the Texas Society of the ACOFP. The announcement was made during the 38th Annual Convention and 22nd Mid-Year Seminar of the Texas Society of the ACOFP, held August 3-6, in Arlington, Texas.

The "Family Practitioner of the Year" award is presented annually by the Texas Society of the ACOFP to an osteopathic physician who has provided exemplary service to the profession and to his or her community.

Dr. Alexander comes from a pioneer medical family, and can include at least 12 of his close relatives as family practitioners throughout Texas and Oklahoma. His grandfather, the late Raymond Alexander, M.D., was a pioneer family physician in Spur, Texas, who practiced for over 50 years; and his father, the late Ted C. Alexander, Sr., D.O., practiced in Wichita Falls for almost 40 years. In addition, the late Joe Alexander, D.O., was his uncle, and the late Dan Alexander, D.O., a cousin. Dr. Alexander's brother, Ted C. Alexander, Jr., D.O., currently practices in Wichita Falls.

A 1965 graduate of Wichita Falls Senior High School, Dr. Alexander attended McMurray University on a football scholarship and later graduated from Midwestern University in 1969. He earned his D.O. degree in 1973 from Kirksville College of Osteopathic Medicine and interned at East Town Osteopathic Hospital in Dallas. Dr. Alexander has been in active family practice, with an emphasis on Sports Medicine, in Wichita Falls since 1974. He is certified in Family Practice.

Active in community affairs, Dr. Alexander has served as team physician for the Wichita Falls Coyotes for the past 20 years, and as medical director for the world's largest bicycle race, The Hotter Than Hell One Hundred, since its inception. In 1992, he was inducted into the Oil Bowl Football Hall of Fame for his services as a physician at the Maskat Temple of Wichita Falls.

Dr. Alexander is on staff at Wichita General Hospital and Bethel Hospital, both in Wichita Falls. Professional memberships include the Texas Osteopathic Medical Association; American Osteopathic Association; American College of Osteopathic Family Physicians; Texas Society of the ACOFP; and the American College of Sports Medicine. In addition, he is a member of the First Baptist Church of Wichita Falls; the Fellowship of Christian Athletes; and the Civil War Round Table.

Dr. Alexander and his wife, Charleen, have two daughters, Brandi and Ashley.

TOMA congratulates Dr. Alexander on receiving this prestigious honor.

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INVESTOR

The Case for Strategic Asset Allocation

Although you may believe your best investment strategy is to buy low and sell high, studies of some of America's major pension funds have shown that an asset allocation policy is the major determinant of portfolio performance.

Asset allocation is the decision of what percentage of your assets are invested in various asset classes, such as small company U.S. growth stocks, small company foreign stocks, or short term, high yield bonds. Strategic asset allocation involves establishing different weightings for various asset classes and making few changes in those weightings over the short run, unless there are changes in your investment objectives.

Strategic asset allocation can attribute its positive results to the fact that performance of different asset classes is not always closely related; some do quite well at the same time others are declining.

Stock prices, for example, fell precipitously in October and November 1987 (down 28%), but foreign bonds rose 16 percent at the very same time. 1967 was the worst year in the last six decades for government bonds (down 9.2%) but strangely enough was the best year since World War II for small company stocks (up 83%).

Asset allocation strategies take advantage of this lack of correlation to build portfolios that are unlikely to have assets that all do well or poorly at the same time. As a result, although no investment strategy can guarantee success, a properly allocated portfolio is more likely to participate in positive investment trends while at the same time reducing volatility when the investment climate changes.

Personalization

The asset weighting in your portfolio will depend on your individual needs and financial objectives. As your lifestyle changes and your time horizon shortens, you can, with the help of your investment representative, change the weightings in your portfolio to reflect your changing goals.

For example, in your earlier investment years, you will probably want a larger portion of your assets invested in equities, for long-term growth. Although past performance cannot guarantee further results, equities have historically outperformed other investment vehicles. Because equities also tend to fluctuate more over the short term than bonds or money market instruments, the more time you have to reach your investment goals, the more of your assets you'll want to invest in equities.

As you get older and need to start investing more conservatively, you will probably start to shift more of your assets into less volatile investment vehicles, such as fixed income investments. You will still need some growth so that your investment income can keep pace with inflation, but stocks might represent a much smaller portion of your retirement portfolio than they did decades earlier. Fixed income instruments would now make up the larger portion of your asset mix, offering the income and stability you require.

As investment representatives, it is our job to help you establish asset weightings tailored to your long-term investment objectives. To accommodate your changing needs, we will periodically change your asset mix. If you would like to learn more about asset allocation and how it might benefit you, contact **William H. "Country" Dean or Don A. "Jake" Jacobson at 1-800-321-0246** today. Together we can explore how asset allocation can help you reach your long-term goals.

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Legislature Enacts New Programs to Increase Number of Primary Care Physicians

The 74th Texas Legislature has enacted several new programs aimed at increasing the number of primary care physicians in the state, as well as encouraging them to practice in medically underserved areas of Texas. The programs are based on recommendations from the Special Committee on Primary Care, of which TOMA, the Texas Society of the ACOFP and Texas College of Osteopathic Medicine were members.

Undergraduate Medical Education

The Texas Legislature passed S.B. 1280, which establishes statewide preceptorship programs in general internal medicine and general pediatrics for undergraduate medical students. To be administered by the Higher Education Coordinating Board, these new programs will be modeled after the existing statewide preceptorship program in family practice. Each program will receive \$150,000 in state funds for each year of the 1996-97 biennium, for a biennial total of \$600,000. An estimated 200 students per program will be supported annually.

Graduate Medical Education

The Legislature provided \$1,068,000 in enhanced funding for the biennium for the Family Practice Residency Training Program. This program, administered by the Higher Education Coordinating Board, will receive \$8,462,574 in each year of the biennium, an increase of \$534,000 per year. While this will not increase the per-resident allotment, it is the first increase in state funds for the program since 1988.

Through S.B. 1280, the Legislature expanded community-based primary care residency positions. One hundred and fifty new positions, to be administered by the Higher

Education Coordinating Board, will be phased in over a five year period. The program will receive \$900,000 to fund 6 new first-year positions for the second year of the biennium.

The Legislature restored funding for the Resident Physician Compensation Program and transferred the program back to the Higher Education Coordinating Board from the Department of Health. This program will receive \$4,087,000 for each year of the biennium to provide partial support for residents in internal medicine, pediatrics, obstetrics/gynecology, emergency medicine, and geriatrics who are training at Texas' 25 primary teaching hospitals.

Physician Recruitment and Retention/Access and Health Care Delivery

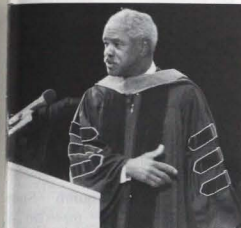
The Legislature provided \$600,000 in enhanced funding for the biennium for the Physician Education Loan Repayment Program. This program will receive \$1 million annually, an increase of \$300,000 per year. Eligible physicians in full-time practice in medically underserved areas or specified state agencies receive a payment for each year of service, for a maximum of five years. The new state funding will support an additional 33 participants each year.

The Legislature passed S.B. 979, which establishes the Underserved Community-State Matching Incentive Program for Primary Care Physicians. This program, to be administered by the Department of Health, will provide up to \$50,000 per year, shared equally by the state and community for start-up funds to licensed primary care physicians who agree to practice in specified underserved areas for a minimum of two years. Up to \$250,000 per year has been authorized for the program.

Primary Care Legislation and Appropriations

| Program | Bill Number | Appropriations |
|---|--|--|
| 1. Preceptorships in General Internal Medicine and General Pediatrics | S.B. 1280/Sibley (Sponsor: Delisi) | \$300,000/\$300,000 = \$6 million |
| 2. Enhanced funding of existing Family Practice Residency Training Programs | H.B. 1/Junell (Sponsor: Montford) | Enhancement of \$534,000/\$534,000 = \$1.1 million; revised appropriation \$8,462,574/\$8,462,574 = \$16.9 million |
| 3. Increase number of community-based primary care resident training positions | S.B. 1280/Sibley (Sponsor: Delisi) | \$0/\$900,000 = \$9 million |
| 4. Expand Physician Education Loan Repayment Program | H.B. 1/Junell (Sponsor: Montford) | Enhancement of \$300,000/\$300,000 = \$6 million; revised appropriation \$1 million/\$1 million = \$2 million |
| 5. Underserved Community-State Matching Incentive Program for Primary Care Physicians | S.B. 979/Sibley (Sponsor: Berlanga) | Authorization to spend up to \$250,000 per year through existing TDH appropriations |
| 6. Texas Health Service Corps Program | CSHB 2311/Rangel - passed House Public Health (4/19/95) (included appropriations language for \$330,000/\$330,000 = \$660,000; Sent to Calendars (4-26-95) | N/A |
| 7. Restore funding for Resident Physician Compensation Program | H.B. 1/Junell (Sponsor: Montford) | Program transferred to THECB/funding restored to \$4,087,038/\$4,087,038 = \$8,174,076 |

Graduation 1995



Anderson delivers commencement address during ceremonies June 3.

With no more than "a kernel of corn and a plot of ground," a great future can grow, American Osteopathic Association Immediate Past President William Anderson, D.O., told the graduating class of the University of North Texas Health Science Center at Fort Worth during his commencement address June 3.

"You don't just get a degree, you get a profession," he said. "You will be

responsible not only for the keys to this profession, the keys to your practice, but responsible for the future of this nation." Dr. Anderson addressed the 108 graduates of the Texas College of Osteopathic Medicine and three graduates of the Graduate School of Biomedical Sciences in what he described as his "true, Southern Baptist preacher tradition."

"There is a bright future for those in osteopathic medicine and the biomedical sciences," he said. He cautioned, however, that along with the rights and privileges of the profession comes a burden to advance medicine, its practice and research, in the direction it should go. He said the future of health - in the wake of diseases such as AIDS and cancer, the resurgence of tuberculosis and viruses that threaten to wipe out whole populations - will be affected by the contributions the graduates make.

"These are the challenges, and we're looking to you," Dr. Anderson said. "We're waiting to see what you do with your kernel, with what you've learned.

You've been given just that kernel of corn, that seed of knowledge. Now you'll plant that kernel of corn in your plot of ground, in your corner of the world. But it won't grow unless you cultivate it. Nothing will come of it unless you show that you care."

The UNT Health Science Center awarded Dr. Anderson an honorary degree in recognition of his "passion for the betterment of the human condition, true to the osteopathic philosophy, (which extends) beyond physical health to ensuring an environment of fairness and peace, free of discrimination." A citation accompanying the honorary degree of public service declared Dr. Anderson "a role model worthy of emulation" by the health science center's faculty and students.

Also recognized at commencement was Martin Taylor, the first graduate to receive dual D.O./Ph.D. degrees under the health science center's name.

The new TCOM graduates bring the total number of osteopathic physicians graduated in its 25-year history to 1,628.

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for Seniors)

UNT Health Science Center Graduates Take Spotlight at Awards Banquet

The Class of 1995 at the University of North Texas Health Science Center at Fort Worth received honors for their hard work and best wishes for a successful future during the annual awards banquet June 2. On their last night as students, they also had a few thanks of their own to offer favorite faculty and staff, as well as family members who had made the long academic journey with them.

The awards and winners are as follows:

Donna Jones Moritsugu Memorial Award: (for the spouse of a graduating student who best exemplifies the role of a professional's partner) - Marvella McElya, Wife of Martin McElya; and Carla Sanderson, wife of John Sanderson.

Sigma Sigma Phi Senior Award: (for personal and professional excellence) - Martin Taylor.

National Osteopathic Women Physicians Award: (for an outstanding role model) - Debra Gummelt Pieniazak.

Speculum Yearbook Dedication: (recognition for a faculty or staff member in the student yearbook) - Ann Bolin.

Graduate Faculty Award: (for outstanding achievement by a biomedical sciences graduate) - Hassan Azzazy and Song-Jung Kim.

M.L. Coleman, D.O., Preclinical Faculty Award: (voted by second-year TCOM students) - Stephen Putthoff, D.O.

M.L. Coleman, D.O., Clinical Faculty Award: (voted by the TCOM graduating class) - Frederick Schaller.

Special Recognition Award: (for consistently earning superior evaluations by TCOM students in clinical clerkships) - William Avery, M.D.

Parke-Davis Award: (for third-highest standing in graduating class) - Debra Gummelt Pieniazak.

Marion Merrell Dow Award: (for second-highest standing in graduating class) - John Hanna.

Upjohn Award: (for highest standing in graduating class) - Matthew Evitts.

Ross Pediatric Award: (for top ranking in pediatric lecture course) - John Hanna.

Mead Johnson Award: (for top ranking in pediatric clinical course) - Deborah Vert.

Internal Medicine Awards: (for academic excellence) - John Hanna; (for clinical excellence) - Tess Bobo.

SmithKline Beecham Pathology Award: (for outstanding academic achievement) - John Hanna.

Dupont Pharmaceuticals Anesthesiology Award: (for outstanding academic and clinical achievement) - Lloyd Foster.

Robert J. Nelson, D.O., Memorial Awards: (for clinical excellence in obstetrics/gynecology) - Matthew Evitts; (for academic excellence in obstetrics/gynecology) - Lance Miller.

Surgery Award: (for clinical excellence) - Vincent Ohajiu.

Sam Buchanan, Sr., D.O., Memorial Award: (for clinical excellence) - Jamie Glover Inman.

Medical Education Research Award: (for achievement and potential contributions in the field) - Robert Stone.

Emergency Medicine Awards: (for academic excellence) - Lon Fry; (for clinical excellence) - Charles Webb.

Bristol Myers-Squibb Sports Medicine Award: (for academic and clinical excellence) - Charles Webb.

T. Robert Sharp, D.O., Award: (for outstanding dedication to osteopathic primary care) - Kim Springfield.

Robert G. Haman, D.O. Memorial Award: (for exemplifying ideals of osteopathic family practice) - Lance Miller.

Larry L. Bunnell, D.O., Award: (for academic and clinical achievement in family medicine) - Jamie Glover Inman.

Arrowsmith Award: (for greater personal and professional growth despite significant obstacles) - Ma Ann Lillig Drinkhouse.

President's Award: (for outstanding service to school, profession and community) - Debra Gummelt Pieniazak.

Chancellor's Award: (for outstanding achievement in scholarly work, research and service) - Martin Taylor.

Wayne O. Stockseth Award: (for commitment to osteopathic values, principles and skills) - Joe Huddleston.

EEOC Rules Against Genetic Discrimination

In a ruling that Dr. Francis Collins, Director of the Center for Human Genome Research, calls "wonderful news for the American public," the Equal Employment Opportunity Commission (EEOC) has clarified the Americans with Disabilities Act (ADA) by ruling that it is illegal for an employer to discriminate against a worker on the basis of his or her genetic makeup. The EEOC ruling is important because many people with suspected genetic disorders have been hesitant about undergoing genetic testing due to concerns that employers might discover test results. Such concerns revolved around the possibility of an employer denying promotions and the like, due to a person's anticipated disability or the possibility of increased health insurance costs. Until now, there was no prohibition against use of this information to deny a person a job simply because an employer suspects the worker may not be healthy. Another important facet of the ruling lies in the fact that for some diseases, the tests can motivate people to make necessary medical and lifestyle changes in order to prevent, delay and/or reduce the severity of an illness.

Postgraduate Training Locations for TCOM Class of 1995

John Ochsner Medical Foundation

516 Jefferson Highway
New Orleans, LA 70121
Walter Joseph Sarawiec, D.O.

Arkansas Children's Hospital

University of Arkansas for Medical Sciences
10 Marshall Street
Little Rock, AR 72202-3591
Kathleen Ann McCrory, D.O.

May Area Medical Center

101 South Padre Island Drive
Corpus Christi, TX 78412
Russell Scott Bell, D.O.
Patrick Phong Nguyen, D.O.

Baylor College of Medicine

One Baylor Plaza
Houston, TX 77030
Teresa Jane Bobo, D.O.
Lon Alan Fry, D.O.

Outsford General Hospital

8050 Grand River
Farmington Hills, MI 48336
Kristi Kay Sumpter, D.O.

Brooke Army Medical Center

Fort Sam Houston, TX 78234-6200
Jeffrey Lawrence Wolff, D.O.

Carson City Osteopathic Hospital

606 East Elm Street
Carson City, NV 89811
Kevin Robert Van Valkenburg, D.O.

Central Texas Medical Foundation

101 East 15th Street
Austin, TX 78701
Steve Todd Cole, D.O.

Chicago Osteopathic Hospitals and Medical Centers

200 South Ellis Avenue
Chicago, IL 60615
John Bertram Shar, Jr., D.O.

Dallas Family Hospital

929 South Hampton Boulevard
Dallas, TX 75224
David Christopher Mantsch, D.O.
Martin Glenn McElya, D.O.
Howard Hao Nguyen, D.O.
Weli Seidmeyer Torres, D.O.

Dallas/Fort Worth Medical Center

709 Hospital Boulevard
Grand Prairie, TX 75051
Michael Eldridge Muncy, D.O.

Doctors Hospital

500 39th Street
Irvine, CA 77619-2999
Huan Don Ngo, D.O.

Eight Air Force Base

16400S/GSOMF
107 Bozinger Road, Suite 114
AFB, FL 32542-1282
Gregg Marshall Hallbauer, D.O.

Erbling-Berquist Hospital

3501 Capehart Road, Suite 1-105
Offutt AFB, NE 68813
Kimberly Kay Springfield, D.O.

Floating Hospital for Children at New England Medical Center

250 Washington Street, #286
Boston, MA 02111
Paul David Lopez, D.O.

Gebinger Medical Center

100 North Academy Avenue
Danville, PA 17821
Anthony Har-Nel Croff, D.O.

Genevieve Regional Medical Center

1921 Beecher Road
Pitt, MI 48532
Charles Schwartz, III, D.O.

John Peter Smith Hospital

500 South Main
Fort Worth, TX 76104
Loral Stephen Foster, D.O.
Ruth Terrell Harvey, D.O.
Roger Richmond Leaton, D.O.
Peter John Malouf, D.O.

Loma Linda University Medical Center

PF 201 B
P.O. Box 2000
Loma Linda, CA 92354
Robert Pao-Hua Chang, D.O.

Mayo Clinic Jacksonville

4500 San Pablo Road
Jacksonville, FL 32224
Marcos Martinez, D.O.

Medical College of Georgia

Augusta, GA 30912-3215
Asher Syed Inani, D.O.

Methodist Hospitals of Dallas

3400 West Wheatland Road
Dallas, TX 75237-3498
Gerald Glen George, D.O.

Michiana Community Hospital

2515 East Jefferson Boulevard
South Bend, IN 46615
Janice Elaine Morales, D.O.

Naval Medical Center

34800 Bob Wilson Drive
San Diego, CA 92134-5000
Douglas Michael Keel, D.O.

Northeast Community Hospital

1301 Airport Freeway
Bedford, TX 76021-5698
Kevin Michael Bryant, D.O.
Xico Roberto Garcia, D.O.
Annette Burch Horne, D.O.

Oakland General Hospital

23511 Dequindre
Madison Heights, MI 48071
Tim Hong-Chen Pan, D.O.

Osteopathic Medical Center of Texas

1000 Montgomery Street
Fort Worth, TX 76107
Shae Muery Chaffin, D.O.
Christine Marie Eady, D.O.
Marcy Esther Fitz-Randolph, D.O.
Dawn Elizabeth Fuller, D.O.
Jamie Glover Inman, D.O.
Nasser Karamrostami, D.O.
Holly Ann Kidd, D.O.
James David Lowery, D.O.
Lance Jared Miller, D.O.
Amy Elaine Moss, D.O.
Maya Namboodiri, D.O.
Vincent U. Ohajiu, D.O.
Stephanie Jean Prince, D.O.
Joseph Anthony Sims, D.O.
Charles Wesley Webb, D.O.
Todd Everett Young, D.O.

Presbyterian/Saint Luke's Medical Center

1719 East 19th Avenue
Denver, CO 80218
Matthew Patrick Evitts, D.O.

Richmond Heights General Hospital

27100 Chardon Road
Richmond Heights, OH 44143
John Richard Sanderson, D.O.

Riverside Health System

2622 West Central Avenue
Wichita, KS 67203-4999
George James Bauler, D.O.
Diana Louise Spenger, D.O.

Saint Joseph Hospital

1315 Calhoun, Suite 1404
Houston, TX 77002
Laine Fredette Foran, D.O.

St. Joseph's Hospital

2005 Franklin Street
Midtown II, Suite 200
Denver, CO 80205
Jacqueline Angerstein, D.O.

St. Vincent Medical Center

2213 Cherry Street
Toledo, OH 43608
Aweewan Angwatatanakul, D.O.
Nancy Lee Weise, D.O.
Eric I-Chen Yun, D.O.

San Jacinto Methodist Hospital

4301 Garth Road
Baytown, TX 77521
John Murray Brown, D.O.

San Joaquin General Hospital

P.O. Box 1020
Stockton, CA 95201
Robert Albert Graves, D.O.

Scott and White Hospital

2401 South 31st Street
Temple, TX 76708
Thomas Joseph Huff, D.O.
Deborah Shick Vuff, D.O.

Southwestern Medical Center

5323 Gary Hines
Dallas, TX 75235
Brian Clifford Forsythe, D.O.

Texas Tech University

6090 Surety Drive, Suite 412
El Paso, TX 79905
Gary Michael Drake, D.O.

Texas Tech University Health Science Center

800 West 4th Street
Odessa, TX 79763
Felicia Kay Filler Macik, D.O.

Texas Tech University Health Science Center

Lubbock, TX 79430
Heena Chandrakant Dharansey, D.O.
John Barton Hanna, D.O.

Texas Tech University Health Sciences Center

1400 Wallace Boulevard
Amarillo, TX 79106-1797
Froed Eelani, D.O.

Tri-City Health Center

7525 Scylene Road
Dallas, TX 75227
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Sankar Pemmaraju, D.O.

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Honolulu, HI 96859-5000
Amanda Kim Case, D.O.

Tulane University Medical Center

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Russell Thomas Phelps, D.O.
David Mays Rathkamp, D.O.
Alexander M. Tucker, D.O.

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744 West Ninth Street
Tulsa, OK 74127
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University of Arkansas for Medical Sciences

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Little Rock, AR 72205
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Farmington, CT 06030-1915
Nader M. Bahadory, D.O.

University of Hawaii

1356 Lusitana Street, 7th Floor
Honolulu, HI 96813-2427
Mark Isadore Hainer, D.O.

University of Hawaii

John A. Burns School of Medicine
1960 East West Road
Biomedical Sciences Building, T 512 B
Honolulu, HI 96822
Corinne Elizabeth Stern, D.O.

University of Hawaii School of Public Medicine

1960 East West Road
Honolulu, HI 96822
Sally Suk Lee, D.O.

University of Kansas Medical Center

3901 Rainbow Boulevard
Kansas City, KS 66160

Mary Ann Lillig Drinkhouse, D.O.

Rod Lee Mullens, D.O.

University of Kentucky Medical Center

800 Rose Street, HG 101
Lexington, KY 40536-0084
Christopher John Siedlarz, D.O.

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Health Science Center
Louisville, KY 40292
Robert Lynn Bertram, Jr., D.O.

University of Medicine and Dentistry of New Jersey

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University of Oklahoma College of Medicine

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Tulsa, OK 74129-1077
Arunayane Bowers, D.O.
Mark Joseph Dugas, D.O.

University of Rochester School of Medicine and Dentistry

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Rochester, NY 14642
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Mobile, AL 36617
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University of Tennessee

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Memphis, TN 38105
Mark Dale Messer, D.O.

University of Texas Health Center

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Tyler, TX 75710-2003
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The Road to Recovery

New law removes one barrier to rehabilitation for impaired physicians

By Teri Lee Jones, Associate Editor, Texas Medicine

In its handling of impaired physicians since the late '80s, the Texas State Board of Medical Examiners (TSBME) seemed limited to wielding a proverbial stick. But thanks to a new Texas law, TSBME also can now hold out a carrot to impaired physicians who will report themselves to the board.

Feeling bound by the verbiage of the Medical Practice Act, TSBME had routinely published the names of physicians ordered into rehabilitation, regardless of the circumstances of the case. Even in instances where physicians with substance-related disorders were well into successful recovery and even when the board itself determined they posed no ongoing threat to the public, their names and disciplinary orders were listed in the board's quarterly journal. Private rehabilitation orders had ended after the board's 1987 Sunset Review, and such orders were not only public, they were also considered disciplinary actions. Senate Bill 1303, passed this May, now allows the board to issue confidential, nondisciplinary rehabilitation orders when physicians self-report.

"In essence, the law goes a long way toward protecting the public," said Bruce Levy, M.D., TSBME executive director, "because physicians with a drug or alcohol problem can voluntarily come forward and receive proper treatment without the fear of being disciplined by the board." Although mental and physical disabilities fall under the definition of impairment, most TSBME rehabilitation orders are issued to physicians with substance-related disorders.

Under the new law, physicians who are issued private rehabilitation orders and who stay clean may not have the fact of their rehabilitation become part of medical malpractice lawsuits. The new law says such orders will not be admissible in court or discoverable by plaintiffs' attorneys.

Point Man in the Battle Against Addiction

In medicine's efforts to help physicians with substance-related disorders, members of physician health and rehabilitation (PHR) committees struggle in the trenches. Physician committee members on county and state levels, many of whom are certified addictionologists, conduct investigations of physicians suspected of being impaired. When evidence supports impairment, they perform interventions, hoping physicians will admit their addictions, get thorough medical evaluations, and enter immediate treatment.

Part of the urgency of their task in the past, in addition to the need to help physicians and protect the public, was getting to impaired physicians before the board did. If an impaired physician would agree to immediate treatment, usually an inpatient program, and would meet the standards of the committee's monitoring programs, the impaired physician would not be turned in to the board.

Physicians and medical students are bound by law to report other physicians and medical students to TSBME who pose continuing threats to public safety. But by getting physicians

into recovery where they no longer posed such a threat, PHR committees could often spare such physicians the stigma of a TSBME public rehabilitation order. They could also spare the threat of reporting them to the board to strong-arm physicians who refused to admit their impairments, when necessary.

Many physicians who have spent years committed to TSBME physicians into recovery, say they welcome the new law.

The Stick Remains

Although it now has another option for dealing with impaired physicians, the new law does not remove the TSBME's ability to sanction them. "This law does not prevent the board from suspending a license if we believe it is necessary," said Timothy Weitz, J.D., TSBME general counsel. "If you've got people out there who don't want to cooperate or who are so far gone that they are continuing threats to the public, we still have the authority to suspend or revoke their licenses."

Mr. Weitz is optimistic that the new law may allow the board to refocus some of its efforts. "About 24% of our caseload involves some kind of impairment issue, dealing typically with substance abuse of some kind," Mr. Weitz said. "Assuming that more of these people will self-report, we'll start being able to reallocate our resources." When more impaired physicians or PHR committees acting as their proxies report their conditions to TSBME, it could spend less effort on investigations and contested proceedings, which are tedious, time-consuming processes.

"We recognize that regulating physicians is a difficult process," said Lisa McGiffert, a senior policy analyst for Consumers Union, a national consumers advocacy group that was consulted when the bill was being drafted. "We know the dynamics here, that the colleagues of impaired physicians have been reluctant to report them, knowing their licenses might be suspended immediately. We want the board to be aggressive, but we realize that it hasn't had an option to use before the new law." At the suggestion of Consumers Union representatives, the board's private rehabilitation orders will be audited at least every three years by an independent auditor.

The perception that TSBME has historically been too lenient on doctors, combined with the thought that many impaired physicians may not yet be into recovery, could have made passage of the new law a difficult endeavor. That's one reason why the Consumers Union was consulted when the Osteopathic Medical Association, Texas Medical Association, and TSBME, were discussing the new law's proposal, which was sponsored by Sen. David Cain (D-Dallas) and Rep. Hugo Berlanga (D-Corpus Christi).

"I wouldn't say we actively supported it," Ms. McGiffert said, "but we felt it was important to have a system that made it conducive to physicians to come forward who were having

some kind of substance abuse or mental health problem, and to help them without having it mar their records," Ms. McGiffert stresses the fact that the new law is a one-time chance only, subject to a physician's adherence to strict standards and long-term monitoring. "If they blow it, they've lost their chance; then that information should become public."

Scratching the Surface

Last year, TSBME disciplined 40 physicians for drug and alcohol abuse. "If the national estimate that 1% of all practicing physicians have substance-related disorders is correct," Dr. Levy said, "that would mean that probably 300 physicians in the state of Texas have this problem." ■

Excerpts reprinted from "Texas Medicine," August, 1995, with permission of Texas Medical Association.

THANK YOU!

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

Mark Baker, D.O.
Frank Bradley, D.O.
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Do you or someone you know have a drinking or drug problem?

If yes, the Texas Osteopathic Medical Association's Physician Assistance Program Committee is available to help. The program is based on identification and intervention by concerned colleagues who endeavor to lead the impaired physician to treatment, giving him/her a chance for recovery. The objective is to be the physicians advocate, to help rather than punish, and to persuade rather than coerce.

Warning Signs

First, the impaired physician withdraws from the community and family. Next, they change jobs - often repeatedly. Then their physical status begins to deteriorate. Finally they can no longer function effectively at the office or hospital. By learning the warnings signs and certain clues, those who come into contact with physicians can detect such problems earlier while there is still a good chance of recovery.

Good News

An impaired physician will not lose his/her license to practice medicine by calling the Physician Assistance Program Committee. The committee is not obligated to report the physician to the Texas State Board of Medical Examiners unless the impairment continues and the physician refuses treatment. In fact, the 74th legislature passed a new section 3.081 of the Texas Medical Practice Act that keeps reports of the initial incident confidential and private if the physician "SELF REPORTS" his or her impairment to the Board.

History/Goal

The TOMA Physician Assistance Committee has successfully assisted 65 colleagues since 1980. Paving the way for D.O.'s to re-enter the medical profession continues to be the accomplished goal. Physician recovery from this disease, that has long plagued the medical profession, is not quick or easy. However, educating society on the disease patterns and common myths will continue to help TOMA's dedicated committee members and impaired physicians win the battle.

Who to Call



Call TOMA's Field Representative, John Sortore at 800/896-0680 in Texas or 817/294-2788.

American Diabetes Association Awards Grant to Presbyterian Hospital's Institute for Exercise and Environmental Medicine

The American Diabetes Association (ADA) has approved a three-year grant for Presbyterian Hospital of Dallas' (PHD) Institute for Exercise and Environmental Medicine (IEEM) to continue hyperbaric therapy research on diabetic patients. The first check, in the amount of \$69,999, was presented to Jeffrey A. Stone, D.O., M.P.H., associate medical director of PHD's Hyperbaric Medicine Unit and principal investigator, on August 14, 1995. Dr. Stone currently serves as the Division Chief, Aerospace & Hyperbaric Medicine Division, American Osteopathic College of Occupational and Preventive Medicine.

The Institute for Exercise and Environmental Medicine is a collaboration between The University of Texas Southwestern Medical Center of Dallas (UTSWMC) and Presbyterian Hospital of Dallas. The new clinical research grant awarded to Dr. Stone is one of three awarded in Texas and 28 awarded in the country, out of a pool of 179 applicants.

Co-investigators of the ADA grant are Benjamin D. Levine, M.D., director of the IEEM and assistant professor of internal medicine at UTSWMC; and Ronald G. Scott, M.D., medical director of the Hyperbaric Medicine Unit.

Consultants for the ADA grant include James P. Knochel, M.D., chairman of the Department of Internal Medicine at PHD and clinical professor of internal medicine at UTSWMC; Leon G. Brill, D.P.M., clinical instructor of internal medicine at UTSWMC; Jonathan D. Leffert, M.D., clinical assistant professor of internal medicine at UTSWMC; Phillip Raskin, M.D., professor of medicine at UTSWMC and director of the Diabetes Care Unit; and John L. Hunt, M.D., professor of surgery at UTSWMC and director of the Burn Unit at Parkland Memorial Hospital.

Diabetes mellitus is the seventh leading cause of death in the United

States and is widely prevalent in American society, affecting nearly 13 million people or 6.6 percent of the U.S. adult population.

Approximately seven percent of all hospitalizations in the U.S. involve diabetes, with more than 20 percent of those related to peripheral vascular disease and the resulting tissue damage to the lower extremities, which can result in amputation. Fifty percent of all lower extremity amputations in the U.S. are due to diabetes, affecting 42 per 10,000 patients with this disease, at a cost of \$1 billion per year.

Many diabetics suffer circulatory disorders that create inadequate levels of oxygen to support wound healing at the tissue level. Hyperbaric oxygen therapy is a treatment in which patients receive high concentrations of oxygen under pressure after revascularization in order to increase the oxygen level in the blood, facilitating wound healing in local tissue.

Hyperbarics used in conjunction with standard wound care has shown promising results in healing difficult or limb-threatening wounds. PHD researchers are encouraged by these results but believe that more clinical research is needed to further define the role of these treatment modalities.

In the May, 1995, supplement of *Diabetes*, Dr. Stone and his colleagues reported their retrospective three-year review showing the efficacy of this treatment when used in conjunction with standard care. Patients receiving hyperbarics demonstrated a 72 percent limb salvage rate versus 52 percent limb salvage in controls.

This year, the ADA has awarded \$1.5 million nationwide in first-year funding for new grants. Dr. Stone's funding is the second new grant awarded to a Dallas researcher for the study of diabetes in two years.

Frank Vinicor, M.D., Ph.D., and president of the American Diabetes

Association, said "Basic and clinical research makes it possible for people with diabetes to live better and healthier. The Dallas medical community is at the forefront of these research efforts and we are pleased to help fund this important work."

Dr. Stone believes that the study will confirm that patients receiving hyperbaric oxygen will have a higher rate of healing and limb salvage than those patients receiving standard wound care alone. "We also expect this study to be a cost-effective method for treating diabetic foot and leg wounds," he said.

ADA funding for the second and third years of the IEEM's research will be based on a progress report prepared by Dr. Stone.

Douglas D. Hawthorne, president and CEO of Presbyterian Healthcare System, said, "We are very proud of the research efforts of Dr. Stone and his colleagues, and we look forward to participating in these important studies which will help toward alleviating suffering for the millions of diabetics in the country with diabetic foot wounds."

Physician Alert

Those physicians who are in underserved areas of Texas and receive the 10 percent bonus from Medicare, should check to see if their quarterly bonuses have been paid this year. Blue Cross/Blue Shield of Texas reprogrammed its computers earlier this year, and unless the correct information was placed in the modifier slot on the patient claim form, no bonuses were paid.

If you have not received your bonus this year, contact Blue Cross/Blue Shield of Texas.

Elderly are Victims of Unsafe Prescription Drug Use

A recent General Accounting Office (GAO) study found that millions of senior citizens are hospitalized, with many resulting deaths, after taking prescription drugs unsuited for older people or that adversely interact with other drugs. The report stated, "The inappropriate use of prescription drugs is a major cause of adverse drug reactions that, if severe enough, can result in hospitalization or death."

The study estimated that approximately 47.5 percent of 30 million Medicare recipients, who are not in nursing homes or hospitals, are being prescribed drugs unsafe for their age or that duplicate other prescriptions. U.S. Rep. Ron Wyden, D-OR, who called for the study, noted that federal research reveals that adverse effects from the inappropriate use of prescription drugs add about \$20 billion to the nation's hospital bills.

"The tragedy in all this is that these injuries, deaths and costs are almost always avoidable," stated Rep. Wyden. He laid the blame for this problem on lack of coordination between doctors and pharmacists in the treatment of patients; inadequate physician training in the treatment of older patients; and the inability of health care professionals to provide patients with full information on their prescription drugs.

Mammography Debate Rages On

A new analysis of screening trials revealed that women under age 50 gain little breast cancer survival benefit from mammography, although some experts still assert that testing of women under 50 saves lives. The study, published in the *Journal of the National Cancer Institute*, concluded that most of the reductions in breast cancer deaths among women who began mammography screening between the ages of 40 and 49, were the result of testing done after they were 50.

This study supports the position of the National Cancer Institute, which is that mammography before age 50 is of little value and should be recommended only in individual cases.

Dr. R. Russell Thomas Is New TSBME Vice President

R. Russell Thomas, Jr., D.O., has been elected Vice President of the Texas State Board of Medical Examiners. The election took place on June 26. Dr. Thomas is a certified family practitioner from Eagle Lake.

TOMA congratulates Dr. Thomas on his election.

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What's Happening In Washington, D.C.

• **A Train Wreck!** Some are projecting a "train wreck" in October when the federal government is expected to reach its \$4.9 trillion debt ceiling. More than 100 Republican legislators have signed a letter to President Clinton telling him that they will oppose any bill that hikes the debt ceiling unless a bill is previously enacted to balance the budget by 2002 or sooner. If the debt ceiling is not lifted, the government will quickly run out of cash. This cash need may be the tool that forces the Republicans and the Clinton Administration to reach agreement on a plan for balancing the budget.

• **One More Trillion.** The big issue in the budget debate is Medicare. Medicare taxes will need to be raised \$1 trillion over the next seven years to prevent the Medicare fund from going broke, according to a group called "Coalition to Save Medicare". This would increase taxes for the average worker earning \$35,000 a year by about \$1,000 a year. The Coalition maintains that the \$270 billion reduction in the Republican plan is the minimum required reduction.

• **A Lock Box Bill.** A bill to require Congress to apply all cuts in spending programs to deficit reduction was approved by the House Rules Committee on July 20th. It's called the "Lock Box Bill". It requires all savings made through spending cuts to be put in a lock box account, which would then be applied to reduce the deficit.

• **Greenspan on the Deficit.** Federal Reserve Board Chairman Alan Greenspan supports a move to balance the budget as soon as possible. He claims the time is right because the economy is poised for future growth, and he predicts that deficit reduction will ultimately boost economic efficiency and productivity. He expects the economy to pick up in the second half of 1995 and to stay on a moderate path in 1996. He rejects arguments that the Republican plan to balance the budget by 2002 will hamper the economy.

• **Lower Taxes help!** Tax cuts stimulate the economy and tax increases have a harmful effect on the economy, according to a recent report issued by the Joint Economic Committee. The report noted that after tax cuts were enacted during the Reagan Administration, the gross domestic product grew significantly, more jobs were created, federal revenues grew faster, and per capita disposable income and median family income grew at a faster pace.

• **Three New Candidates.** Fairly strong consensus is developing to replace the federal income tax with a new federal tax. The three candidates that are receiving the most attention are the national retail sales tax, the USA allowance tax, and the flat tax proposed by House Majority Leader Richard Armitage. The allowance tax, sponsored by Senators Nunn and Domenici, would tax only income used for consumption. There is broad based agreement that any new tax should encourage more savings and investment by individuals.

• **New Capital Gains Twist.** A bill to expand the capital gains deduction to 75% has been introduced by Senators Hatch and Lieberman. The bill would also set the maximum capital gains rate for C corporations at 25% and would permit capital loss treatment for any loss realized on the sale of a home.

• **Family Business Celebration.** Senate Majority Leader Bob Dole recently announced his plans to introduce legislation that would drastically reduce estate tax rates for closely-held businesses. The bill would be designed to make it much easier for families to transition a business from one generation to the next. Needless to say, such a change would have a tremendous planning impact.

• **More Pension Talk.** The rhetoric is picking up on pension simplification for small businesses. In announcing his pension simplification proposal this past month, President Clinton noted that only about 15% of small businesses have any kind of pension plan. The president's proposal is designed to make it easier for a small business to maintain and fund an employee retirement plan.

• **A Shoe-In.** Bills to liberalize the S Corporation rule and eliminate numerous S corporation restrictions are moving well through both the House and the Senate. The bills have support from both sides of the aisle, as well as from the Clinton Administration. Odds on this one passing by year-end are very strong.

• **A Whopping Savings!** Costs incurred to comply with the present federal income tax are estimated to exceed \$14 billion a year, according to the Tax Foundation's Senior Economist Arthur P. Hall. In a recent meeting with the House Ways and Means Committee, Hall estimated that such tax compliance costs would be cut a whopping 94% if a flat tax system similar to that proposed by Representative Armitage replaced the income tax. Hall also estimated that replacing the current income tax with a national sales tax would cut compliance costs by 92%. The momentum for a new federal tax system continues to grow.

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

Measles Return In Texas A Possibility

In the wake of measles outbreaks in Louisiana and New Mexico, health officials from the Texas Department of Health are concerned that the virus may swing back to Texas. Jan Pelosi, director of surveillance for the TDH immunization division, noted "Given the cyclical nature of the disease, it could be time for it to come back. People get lax in not vaccinating their kids, and the disease comes back."

According to the Centers for Disease Control and Prevention, college students who have not received the second booster vaccine against measles are particularly vulnerable. In view of this fact, the CDC has begun urging college students across the United States to get the second booster.

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Applications to Osteopathic Medical Schools Exceed 10,000

For the first time in their history, the nation's colleges of osteopathic medicine received more than 10,000 applications for the 2,200 spaces available to freshman entering this fall - resulting in 4.6 applicants for each seat.

The statistics were recently released by the American Association of Colleges of Osteopathic Medicine (AACOM), whose members include all 16 of the nation's fully accredited schools of osteopathic medicine.

"We not only had a record number of applicants for the seventh year in a row," said Olen E. Jones, Jr., Ph.D., Chairman of AACOM's Board of Governors and President of the West Virginia School of Osteopathic Medicine, "but the quality of those applications was also the best we've had. Their grade point average rose to 3.21 from last year's 3.16 and 1993's average of 3.11, which shows a continuing trend toward attracting top notch students."

Dr. Jones took special note of the role played by alumni and college advisors. According to the applicants, more than 66 percent of them learned about osteopathic medicine from either practicing D.O.s or from their college career advisors.

The fall entering class will also be well prepared for their graduate studies: nearly 50 percent of the applicants have undergraduate degrees in biology or zoology. Psychology was a distant second with eight percent.

While women had a strong showing with 3,826 applicants - 9.5 percent more than 1994, equally good progress was made among African American applicants (439 applied, 9.5 percent above the 1994 total), Hispanic Americans (407 applied, 4.4 percent above last year), and Asian and Pacific Islanders (1,755 applied, 17.3 percent above their 1994 totals).

AACOM provides a centralized application service (AACOMAS) for all of its 16 member schools. Through AACOMAS, a student may apply to any or all osteopathic medical colleges with one application; the average applicant in 1995 asked to be considered by six colleges. ■

1996 Annual Convention Survey

Planning for the 97th Annual Convention and Scientific Seminar in San Antonio, Texas, continues. The Annual Convention Committee met during the Texas ACOFP meeting in Arlington to further discuss topics and speakers. Because of the success of last year's computer workshop, it was decided that TOMA should repeat a computer workshop but the committee was unsure of its subject matter. So, in order to better serve you as a TOMA member, please answer the following questions.

Would you be interested in attending a computer type workshop?

_____ yes _____ no

If yes, what would you be interested in learning during this workshop? (check all that apply)

- _____ Basic instruction
- _____ Hardware/software products
- _____ What to look for when purchasing a computer system
- _____ Advanced instruction
- _____ Electronic billing
- _____ Internet resources available
- _____ TCOM Library sources
- _____ Other _____

Would you prefer the workshop to be _____ hands-on or _____ lecture style?

Would you pay an additional registration fee to attend a workshop like this?

_____ yes _____ no

Do you have any additional comments? _____ yes _____ no

Please fax your completed form to the TOMA office at 512/388-5957 by September 30, 1995. Thank you for assisting TOMA, and make plans to attend the 97th Annual Convention and Scientific Seminar on June 6-9, 1996.

ATOMA News

By Dr. and Mrs. Randy Rodgers
ATOMA District V

On June 19, 1995, Randy and I adopted a baby boy, John Randall, who now weighs a big 12 pounds and is 24 inches long. He is doing great and he really appreciates all of the wonderful gifts and cards he has received from all across the state. Randy and I are really blessed to have such wonderful friends and we think of you daily as we enjoy this child.

Thanks so much for your thoughtfulness and kindness.

Peggy, Randy and Baby John

ATOMA Fundraiser Report By Peggy Rodgers, Fundraiser 1995

On June 17, 1995, ATOMA concluded its fundraiser for 1994-95. The trip was a cruise to Alaska for two and included airfare out of D/FW Airport. Dr. and Mrs. Royce Keilers won the trip with our congratulations.

The ATOMA Executive Board would personally like to thank everyone for their help this year with our fundraiser. We still have not received some of our auction item funds but we have raised close to \$10,000 at this time. When these funds have been collected, we will let you know the final total.

Thanks to Mrs. Deidre Froelich for designing our convention t-shirt! We all look forward to seeing what great design she has every year at the convention. The monies raised from the t-shirts will go directly into an endowment fund and will provide scholarships for Texas students. The remaining amount of our fundraiser monies will be divided among the Ad Campaign, Student Emergency Loan funds at UNTHSC/TCOM, the Building Fund (in Austin), AAOA

Scholarship Fund, student loans at UNTHSC/TCOM, and the AAOA Scholarship Endowment Fund.

Our special thanks also go to those who donated doorprizes, auction items and cash donations. Those include:

| | |
|--------------------------------|--|
| Dr. and Mrs. Harold Lewis | Watermelon picnic basket |
| Dr. and Mrs. Robert Peters | Stained glass Texas |
| Mr. and Mrs. Terry Boucher | Birdhouse |
| Dr. and Mrs. George Cole | 2 weeks vacation at their lakehouse |
| Dr. and Mrs. John Bonchak | Waterford pendant |
| Dr. and Mrs. James Froelich | <i>The Book of Virtues</i> by William Bennett |
| Dr. and Mrs. T. Eugene Zachary | Handcrafted birdhouse and clock |
| Dr. and Mrs. Randy Rodgers | Two bottles of Texas wine |
| Dr. Bobby Smith | Wine-tasting party for 20 at La Buena Vide Vineyards |
| Dr. and Mrs. Kenneth Bayles | Hershey chocolate gift basket |
| District XV | Four \$25 gift certificates to Steak & Ale |
| District II ATOMA | \$100.00 |
| District V ATOMA | \$100.00 |

ATOMA would like to extend a great big "thank you" to Jay Sandelin and OHST for donating our trip. This greatly reduces our expenses and enables ATOMA to use all of the collected funds in the different areas of need. Also, our thanks go out to Ms. Becky Beckwith, who helped us find a really great deal on the trip for the fundraiser. This year, she also donated the printing of the raffle tickets. Thanks!

ATOMA really appreciates all of you helping us further osteopathic medicine on the state, local and national levels.

Membership On-The-Move

TOMA publishes an exceptional *Controlled Substance Record Book* to help you keep accurate records of the medications dispensed from your office. You can order a record log for only \$15.00 for TOMA members, and \$20.00 for non-members. For fastest delivery, send your check to: TOMA, One Financial Center, 1717 N. IH 35, Suite 100, Round Rock, TX 78664.

We also have the 1995 *TOMA Membership Directory* available for anyone needing an extra copy. To purchase a directory, send \$50.00 to the above address.

Texas Society of the ACOFP Update

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



Dr. Steve Rowley (Rt.), 1995-96 Texas ACOFP President, being given oath of office by Dr. Robert George, National ACOFP President-Elect.

The Texas Society of the American College of Osteopathic Family Physicians held its 22nd Mid-Year Clinical Seminar/Symposium at the Arlington Marriott in Arlington, Texas, August 3-6, 1995. Special guests included Robert J. George, D.O., National ACOFP President-Elect; William D. Hoppers, D.O., TOMA President; and Terry Boucher, TOMA Executive Director.

The Program Chairperson was Sara Apsley-Ambriz, D.O., who put together an excellent CME program. There were 159 registrants. This year's Fun Night theme was "Under the Big TacOfP" and children of all ages had a delightful time.

Election of Texas Society of the ACOFP officers for 1995-96 took place during the annual session, and they are as follows: Steve Rowley, D.O., President; Jack McCarthy, D.O., President-Elect; Sara Apsley-Ambriz, D.O., Vice President; Rodney M. Wiseman, D.O., Treasurer; Craig Whiting, D.O., Secretary; and Benjamin C. Young, D.O., Immediate Past President.

There were four Presidential appointments to the Texas Society of the ACOFP Board: T. Eugene Zachary, D.O., Parliamentarian (ex-officio); R. Greg Maul, D.O., Liaison to the National ACOFP (ex-officio); Joseph Montgomery-Davis, D.O., Editor (ex-officio); and a new position created this year, called the Texas ACOFP "President Emeritus, Superus" (ex-officio), which was filled by T.R. Sharp, D.O.

The outgoing Texas Society of the ACOFP President, Ben Young, D.O., had the honor of making the first appointment to fill the "President Emeritus, Superus" position. T.R. Sharp, D.O., was a very popular choice as the first person to hold this new office. Congratulations, T.R.!

There were two invited observers to the Texas Society of the ACOFP Board: Robert G. Maul, D.O., the current National ACOFP President and our representative to the National ACOFP Board; and Robert Peters, Jr., D.O., a current member of the AOA Board and our representative to the AOA.

The six full-voting Texas Society of the ACOFP trustees are: Carol Browne, D.O.; Patrick Hanford, D.O.; John Bowling, D.O.; Sharon J. O'Day, D.O.; Jerry Smola, D.O.; and Donna Hand, D.O. Drs. Browne and Bowling were re-elected to new three-year terms. Dr. Hand was elected to a two-year unexpired term and Dr. Smola was elected to a one-year unexpired term.

The three non-voting Texas Society of the ACOFP trustees

are: Samuel T. Coleridge, D.O., TCOM Observer (ex-officio); Steve Bishop, D.O., Family Practice Residency Liaison (ex-officio); and Student/Doctor Carolyn McDougal, Zeta Chapter Representative (ex-officio).

The PACER Committee of the Texas Society of the ACOFP held their meeting on Friday, August 4. The items discussed included the proposed \$100,000 donation from the Texas Society of the ACOFP to TOMA's Building Fund, the hiring of a new Executive Director/Secretary, and the selection of nominees to fill Texas Society of the ACOFP Board positions.

Dawn Keilers, M.A., our current Texas Society of the ACOFP Executive Director, will be relocating to North Carolina in the near future. She has enjoyed her short tenure as Executive Director. Dawn has been a lifetime member of our Texas osteopathic family. We will all miss her. She is a ray of Texas sunshine that will brighten up any place she goes! The Texas Society of the ACOFP would like to wish Dawn the best of luck in her new endeavors and much personal happiness.

At our banquet on Saturday, August 5, the Texas Society of the ACOFP's "Family Practitioner of the Year" award was bestowed upon Jerry M. Alexander, D.O., of Wichita Falls. Congratulations, Jerry!

Another highlight of the annual session was the bestowing of Honorary Membership in the Texas Society of the ACOFP to Dr. Robert J. George of Cuyahoga Falls, Ohio. Dr. George made a contribution to TOMA's Building Fund and expressed admiration for the way that the Texas Society of the ACOFP and TOMA work so closely together as a team. On behalf of the Texas Society of the ACOFP membership, I want to thank Dr. George for his kind words and congratulate him on becoming an honorary Texan.

It was recently brought to my attention that some D.O.s in West Texas have been experiencing difficulty with reimbursement for OMT claims submitted for patients who work for the Santa Fe Railroad. TOMA and the Texas Society of the ACOFP now have the name of a contact person to help in our disputed OMT claims for Santa Fe Railroad personnel. You can call TOMA at 800-444-8662 or the Texas Society of the ACOFP at 800-825-8967 for more information.

A recent inquiry to NHIC regarding the Texas Medicaid policy for reimbursement of injections resulted in some good news for physicians. Medicaid will now pay an administration fee for each injectable drug. The previous policy of limiting the number of administration charges to one per day will no longer apply. Also, the allowable charge for code 907 (administration of injection) will be increased from \$3.00 to \$5.00 per injection. Make sure the total number of injections listed under number 24 G on the HCFA 1500 claim form.

In closing, the Texas Society of the ACOFP Board would like to thank those members who attended the 22nd Mid-Year Clinical Seminar/Symposium. As you can see from the photos, most folks had a good time. I want to promise all the registrants that the Texas Society of the ACOFP Board is committed to making the sign-in procedure for risk management lectures more user friendly next year and to end the chase-the-paper game. Remember, if you are not yet a Texas Star, please consider becoming one by making a contribution to TOMA's Building Fund. Invest in the future of osteopathic medicine in Texas.



News from Osteopathic Health System of Texas

Two Affiliates of Osteopathic Health System of Texas Receive Joint Commission Accreditation – One With Commendation

The Osteopathic Medical Center (OMCT) and Home Health Care have been Accredited with Commendation by the Joint Commission on Accreditation of Healthcare Organizations. That is the highest level of accreditation awarded by the Joint Commission, the nation's oldest and largest accrediting body.

Formed in 1951, the Joint Commission is dedicated to improving the quality of the nation's health care through voluntary accreditation. The Joint Commission's on-site survey occurred in March.

"Receiving Accreditation with Commendation is a significant achievement,"

one that recognizes exemplary performance by the Osteopathic Health System of Texas," said Dennis S. O'Leary, M.D., president of the Joint Commission. "The organization should be commended for its commitment to providing quality care to the people in its community."

"We are extremely pleased to have achieved this designation," says Jay Sandelin, chairman of the board of OHST. "Everyone here goes the extra mile on a day-to-day basis to provide the best possible health care to our patients. Receiving Accreditation with Commendation is icing on the cake."

OHST offers a variety of health

services to residents throughout Tarrant County. Along with operating a 26-bed hospital, OHST offers community programs such as: free Preventive Works Wonders Workshops; the APPLE Club for people ages 50 and over; the Carswell Osteopathic Medical Plan for Military personnel in the area and a variety of allied health services including the One Day Surgery Center, the Health and Fitness Connection, the Diagnostic Imaging Center and Novus Breast Center.

The accreditation is effective for three years, after which OMCT and Home Health Care will be evaluated again.

OMCT Celebrates Medical Staff Night

Even though many physicians and their spouses described the place as a zoo, the 1995 OMCT Medical Staff Awards — held at the Fort Worth Zoo's Yellow Rose Saloon — turned into a great time for physicians and interns and residents. The Medical Staff Awards are held each year to honor medical staff members and thank them for their commitment to making Osteopathic Medical Center of Texas one of the top hospitals in Fort Worth.

"Medical Staff Night is one of the ways that the health system honors our physicians and says 'thanks,'" said Jay Sandelin, OHST chairman. "It's their dedication to the hospital and to the osteopathic profession that make us the largest completely osteopathic health care institution in Texas."

During the evening's festivities, the prestigious "Medical Staff Award" was presented to William Wallace, D.O., OMCT's Chief of Staff. Dr. Wallace was selected by his peers based on his dedication to the field of medicine,



William Wallace, D.O.



Frederick Schaller, D.O.

dedication to osteopathic medicine, and outstanding leadership.

Frederick Schaller, D.O., received the Teacher of the Year award for the second year in a row. Dr. Schaller was selected by members of the intern and resident classes.

Director of Medical Education Deborah Blackwell, D.O., and Medical Education Coordinator Lynn Johnson introduced all of the graduating interns and residents and presented them with gifts and certificates. Residents graduating include Lyn M. Berutti, D.O.; Michael A. Green, D.O.; Yuri

Hiranuma, D.O.; Janelle House, D.O.; Paul T. Mars D.O.; Lufkin R. Moses, D.O.; and Tracy W. Papa, D.O.

The graduating intern/resident class includes P. Stephen Bishop, D.O.; Mark D. Ford, D.O.; Rob W. Garrett, D.O.; Jill A. Gramer, D.O.; Michael W. Houck, D.O.; Shaun H. Kretschmar, D.O.; William J. Lagaly, D.O.; Sam Lee, D.O.; Claire McKay, D.O.; Timothy F. Malone, D.O.; Arden B. Nazarian, D.O.; Tracey L. O'Donoghue, D.O.; Shawn D. Parsley, D.O.; Shirley R. Richards, D.O.; Scott A. Russell, D.O.; Raewyn D. Shell, D.O.; David A. Tilles, D.O.; and John M. Ward, D.O.

With 265 beds, OMCT is the largest osteopathic institution in Texas. Located in the heart of Fort Worth Cultural District, this non-profit medical center serves as a primary teaching hospital for the University of North Texas Health Science Center at Fort Worth/Texas College of Osteopathic Medicine.

Mary Mills, D.O., Joins Mansfield Clinic



Mary Mills, D.O.

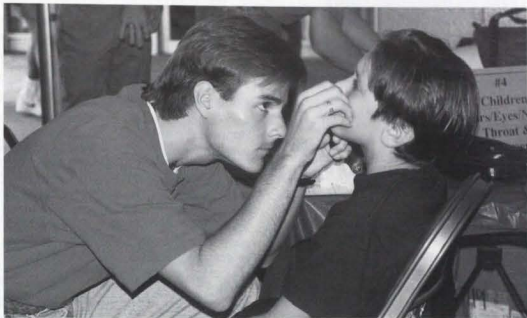
Mary Mills, D.O., joined Gary Wolf, D.O., at the Osteopathic Family Medicine Clinic in Mansfield Aug. 1.

Dr. Mills, a native of Skiatook, OK, completed her pre-med training in 1988 at Oklahoma University in Norman, OK, and is a 1992 graduate of Oklahoma State University College of Osteopathic Medicine in Tulsa. She completed her internship at OMCT in 1993 and then began family practice residency at Northeast Community Hospital in Bedford, where she served as Chief Resident. She completed her residency July 18 of this year, and is board certified in Family Practice.

Before earning her D.O. degree, Dr. Mills earned a B.A. in Music Education at Southeastern Oklahoma State University, and completed one year toward a Master's degree in Music Education at Indiana University. Today, Dr. Mills plays piano and also enjoys singing at her church, Walnut Ridge Baptist in Mansfield.

She and her husband, Scott, who is a bio-statistician at Alcon Laboratories, live in Mansfield. Dr. Mills joins the Mansfield Family Clinic as a family practice physician, with an emphasis on women's health.

OHST Screens More Than 250 Residents At Fort Worth Housing Authority Health Fair



TCOM Student Doctor Scott Moreland examines a participant during Fort Worth Housing Authority Health Fair.

Even in the sweltering Texas summer heat, OHST was a cool hit when it took part in the Fort Worth Housing Authority Wellness Event at the Tarrant County Convention Center on July 15.

OHST laboratory personnel, nurses, interns, and UNTHSC/TCOM student doctors performed free physical exams on children and provided basic health screenings to adults. Overall, more than 250 participants were able to beat the heat while assessing their general health.

Adult participants were screened for cholesterol and glucose levels in their blood, and had their height, weight and blood pressure checked.

Children were treated to a more extensive physical exam that included checks for vision, ears, eyes, nose, throat, skin, musculoskeletal, heart, lungs, and hernia. The children's height, weight, and blood pressure were also checked and a complete medical/health history was taken on each child before his/her physical exam.

Richard Baldwin, D.O., was the overseeing physician who gave each child a general health assessment after their physicals.

"I was really impressed with the turnout of people at this health fair," said Dr. Baldwin. "I was also impressed with the interaction between the interns and the student doctors. The students learned a lot from the interns

and the interns were able to help the students and give them advice," he said. "All in all, it was a great opportunity for both students and interns to learn."

Dr. Baldwin concluded, "I think the people who attended the fair were very appreciative to have been offered these services."

Most of the health fair participants are tenants of Fort Worth Housing Authority homes and many cannot afford medical health care. The Housing Authority sponsors the fair so that lower-income individuals and families can take advantage of the free services offered and receive information about health care and the importance of prevention. ■



TCOM Student Doctor Kerri Trainer checks a young participant's blood pressure.

News From the Texas Medical Foundation

Physician Attestation Policy for Medicare Admissions Discontinued

TOMA has received word from Phil Dunne, Chief Executive Officer of the Texas Medical Foundation (TMF), in regards to a recent advisory notice from the Health Care Financing Administration (HCFA) regional office concerning physician attestations for Medicare admissions. As of July 11, 1995, hospitals are no longer required to obtain physician attestations for Medicare admissions. This information was relayed to the HCFA regional office by HCFA Administrator Bruce Vladeck. At this writing, regulatory information regarding the discontinued attestation policy is expected to be published by HCFA no later than September 1, 1995.

The TMF stresses that without the benefit of the published regulations, they cannot offer advice concerning the elimination of the Medicare physician attestation requirement. TMF will supply TOMA with any additional information on this issue as it becomes available.

Physicians are reminded that physician attestations are still required for Medicaid and CHAMPUS.

New Officers and Board Members

During the TMF membership meeting held July 9, Frederick L. Merian, M.D., of Victoria, and John E. Eisenlohr, M.D., of Dallas, were elected to the TMF Board of Trustees. Re-elected to the Board were John F. Brenner, D.O., of Fort Worth; William R. Jones, D.O., of Georgetown; D. Clifford Burruss, M.D., of Wichita Falls; and Charles R. Cain, M.D., of Dallas. Royce K. Keilers, D.O., of LaGrange, and Donald M. Peterson, D.O., of Dallas, are the other osteopathic physicians currently serving as members of the TMF Board of Trustees.

The Board of Trustees elected the following officers, each for a two-year term: President - John W. Meyer, M.D., Hondo; Vice President - D. Clifford Burruss, M.D., Wichita Falls; Secretary - Frank Bryant, M.D., San Antonio; and Treasurer - Donald M. Peterson, D.O., Dallas.

National Cooperative Project Focuses on Cardiovascular Care

HCFA has commissioned a national health care initiative which will focus

on the process of delivering care to Medicare patients with acute myocardial infarction (AMI).

The Cooperative Cardiovascular Project (CCP) is the first nationwide project developed under the Health Care Quality Improvement Program, a Medicare partnership between HCFA and peer review organizations to improve the quality of care delivered to Medicare patients. Designed to stimulate and facilitate efforts by hospitals and physicians, CCP will encourage their analysis of treatment patterns to improve quality of care at the local level. HCFA's ultimate aim through cooperative projects (such as CCP) is to promote broad-based improvements in care through close adherence to "best practices."

The CCP and future nationwide quality improvement projects have two goals: 1) to demonstrate that HCFA, peer review organizations, organized medicine, physicians and hospitals can work together to improve care - in the case of CCP, for Medicare patients admitted with AMI; and 2) to encourage the health care community to bring care closer to widely accepted practice guidelines. The TMF contributes to this national effort by analyzing patterns of care and feeding the information back to Texas hospitals. Hospitals will then identify areas for quality improvement in processes or outcomes of care, and will develop specific improvement plans. TMF is prepared to assist hospitals at their request. HCFA selected AMI care for the first national project because it accounts for large numbers of Medicare admissions nationwide and a relatively large portion of overall Medicare spending. In addition, the potential for variation in clinical practices and patient outcomes among cardiac care providers lends itself well to this project.

Texas hospitals which treated Medicare AMI patients will provide records for data abstraction in the cooperative cardiovascular project. The CCP medical record sample for each hospital will include all Medicare AMI discharges for a recent eight-month period. CCP uses ten indicators of quality which focus on elements of medical care that are well supported by the medical literature and expert opinion. CCP quality indicators are used to compare actual practice to the practice guidelines. These indicators were developed in a collaborative effort between HCFA and a national steering committee of professional medical

society representatives and two cardiac vascular patient outcome research teams, using existing American College of Cardiology practice guidelines as well as other sources.

The ten indicators of quality are based upon certain discrete aspects of care that are related to improved outcomes for patients with AMI. For example, previous studies have shown that the proper administration of aspirin to AMI patients, while in the hospital, reduces the mortality rate by 23 percent. The following is a list of the ten quality indicators used in the cooperative cardiovascular project:

1. Confirmation of AMI
2. Thrombolytics
3. Timing of thrombolytics
4. Timing of aspirin
5. Aspirin during hospitalization
6. Aspirin at discharge
7. Angiotensin-converting enzyme initiated for low-level LVEF at discharge
8. Avoidance of calcium channel blockers with low-level LVEF at discharge
9. Smoking cessation counseling at discharge
10. Beta blockers at discharge

After data on the quality indicator are collected from the medical records, TMF will analyze the data and, beginning as early as October, will provide each Texas hospital with summary information on the care it provided to Medicare patients with AMI. If a hospital determines that opportunities for improving its care are indicated, the hospital will make improvements and then collaborate with TMF in measuring the effects.

By assisting the health care community with quality improvement initiatives, enabling facilities to compare the outcomes of their processes with those of peer hospitals, TMF's physicians believe that CCP could effect major changes in cardiac care delivery.

TMF is a private, nonprofit organization of licensed physicians (D.O.s and M.D.s), whose physician members now number over 8,000. TMF participates in the Health Care Quality Improvement Program under its contract with HCFA.

Drug Companies Offer Free Medications

The Pharmaceutical Research and Manufacturers of America (PhRMA) each year compiles a list of prescription medicines available at no charge to physicians for their patients who might not otherwise be able to afford them. Generally, patients must be low-income and not covered for prescription drugs under any private or public insurance to qualify for the free medications. Eligibility criteria and application processes vary, and are determined by the pharmaceutical companies.

The following is the 1995 list of PhRMA-member companies and the primary medications they supply for free drug programs. Physicians may contact the individual companies directly for more information. PhRMA also publishes a directory that includes eligibility criteria and more details. For a free copy of the latest directory, call 800-762-4636.

| Company | Primary products | Contact | Company | Primary products | Contact |
|-----------------------|---|---|--------------------------------------|--|---|
| American Cyanamid Co. | Betagen, Pilagan, Epirin | Judy McGee 2525 Dupont Drive Irvine, CA 92713 | Ortho-McNeil Pharmaceutical | Majority | Thomas Schwend, R.Ph. 800-682-6532 |
| | Botox | Brian Visconti 714-752-4500 | Parke-Davis | Majority | 800-755-0120 |
| Abbott Laboratories | Testoderm, Ocusert, Progestasert | 415-962-4243 | Pfizer | All but Diflucan and Zithromax | 800-646-4455 |
| Abbott Laboratories | Epogen | 800-272-9376 | Pfizer-Roerig | Diflucan | 800-869-9979 |
| Abbott Laboratories | Foscavir | 800-488-3247 | Pharmacia, Inc. | Mycobutin | 800-795-9759 |
| Abbott Laboratories | Betapace, Quinaglute | 800-423-7539 | | Multiple | 800-366-5570 |
| | Betaseron | 800-788-1467 | Procter & Gamble | Asacol, Dantrium, Didronel, Entex, Macrochantin, Macrobid | 800-448-4878 |
| Abbott Laboratories | All noncontrolled | 800-556-8317 | | | |
| Abbott Laboratories | Synthroid | Sandy Bauco 300 Tri-State Intl. Center Suite 200 Lincolnshire, IL 60069-4415 | Rhone-Poulenc Rorer | All | Barbara Cappuccio 610-454-8298 |
| Abbott Laboratories | Multiple | 800-736-0003 | | | |
| Abbott Laboratories | All | 800-722-9294 | Roche Laboratories | All | Daria Osborne 800-285-4484 |
| Abbott Laboratories | Majority | 800-257-3273 | Roxane Labs, Inc. | Marinol, Oramorph SR, Roxanol | 800-274-8651 |
| Abbott Laboratories | Imovax, Imovan | Rabies Product Manager Route 611, Box 187 Swiftwater, PA 18370-0187 | Sandoz Pharmaceuticals | Clozaril, DynaCirc, Eldepryl, Lescol, Sandimmune, Sandostatin, Parlodel | 800-447-6673 |
| Abbott Laboratories | All noncontrolled | Local sales representative | Sandoz Pharmaceuticals | Aralen, Breonasin, Bronkometer, Danocrine, Disodol, Hytakerol, Isuprel, Mytelase, NegGram, pHisHex, Primaquine, Plaquenil, Trancopal | 800-446-6267 |
| Abbott Laboratories | Assess, Intal, Tilade | Respiratory Care Program P.O. Box 1766 Rochester, NY 14603-1766 | Schering Labs/Key Pharmaceuticals | All | 800-656-9485 |
| Abbott Laboratories | NebuPent | Laura Cruz, 708-317-8636 | Searle | Aldactazide, Aldactone, Calan SR, Kerlone, Norpace, Norpace CR, Cytotec, Maxaquin | 800-542-2526 |
| Abbott Laboratories | Prograf | 800-477-6472 | Serano Labs | Metrodin | Gina Cella 617-982-9000 |
| Abbott Laboratories | Activase, Actimmune, Protropin, Nutropin | 800-879-4747 | Smithkline Beecham | Amoxil, Augmentin, Bactroban, Compazine, Dyazide, Relafen, Ridaura, Tagamet, most others | 800-546-0420 |
| Abbott Laboratories | All | 800-452-9677 | Solvay Pharmaceuticals | Not listed | 800-788-9277 |
| Abbott Laboratories | Altace, Claforan, Diabeta, Lasix, Loprox, Topicort, Trental | 800-422-4779 | Syntex Laboratories | All except Cytovene Cytovene | 800-822-8255 800-444-4200 |
| Abbott Laboratories | All | Michael Kleinberg 206-587-0430 | 3M Pharmaceuticals | Majority | 800-328-0255 |
| Abbott Laboratories | Duragesic, Ergamisol, Hismanal, Imodium, Nizoral, Propulsid, Sporanox, Vermox | 800-544-2987 | The Upjohn Co. | List provided by company | 800-242-7014 |
| Abbott Laboratories | Isoptin, Rythmol, Santyl | 800-524-2474 | Wyeth-Ayerst Labs | Norplant | 703-706-5933 |
| Abbott Laboratories | All noncontrolled | 800-533-2273 | | Various products (not including Schedule II, III or IV products) | John James 555 E. Lancaster Ave. St. Davids, PA 19087 |
| Abbott Laboratories | Most noncontrolled | 800-545-6962 | | | |
| Abbott Laboratories | All except Rifadin, Rifamate, Rifater and Tenuate | 816-966-4000 | | | |
| Abbott Laboratories | Majority | 800-672-6372 | | | |
| Abbott Laboratories | All | 800-998-9180 | | | |
| Abbott Laboratories | Procrit, Leustatin | 800-553-3851 | Zeneca Pharmaceuticals | Nolvadex, Sorbitrate, Tenoretic, Tenorin, Zestril, Zestoretic, Zoladex | Yvonne Graham 800-424-3727 |

TEXAS STARS

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

Bruce Addison, D.O.
Richard Anderson, D.O.
ATOMA District II
Mark Baker, D.O.
Rita Baker
Elmer Baum, D.O.
Kenneth Bayles, D.O.
James Beard, D.O.
Terry Boucher
John R. Bowling, D.O.
Daniel Boyle, D.O.
Joanne Bradley
Frank Bradley, D.O.
Robert Breckenridge, D.O.
John Brenner, D.O.
Lloyd Brooks, D.O.
Mary Burnett, D.O.
Jeffrey Butts, D.O.
D.Y. Campbell, D.O.
Catherine Carlton, D.O.
John Cegelski, D.O.
Robert Chouteau, D.O.
William Clark, D.O.
George Cole, D.O.
Samuel Coleridge, D.O.
Robert Collop, D.O.
Nelda Cunniff-Isenberg, D.O.
Jim Czewski, D.O.
Don Davis, D.O.
William Dean
Joseph DelPrincipe, D.O.
Gregory Dott, D.O.
Janet Dunkle
Bradley Eames, D.O.
Carl Everett, D.O.
Al Faigin, D.O.
Gerald Flanagan, D.O.
Richard Friedman, D.O.
James Froelich, D.O.
Jeanine Garrett
David E. Garza, D.O.
Mark Gittings, D.O.
Richard Hall, D.O.
Patrick Hanford, D.O.
John Harakal, D.O.
Tony Hedges, D.O.

Harry Hernandez, D.O.
Linda Hernandez, D.O.
H.S. Hewes, D.O.
Wayne Hey, D.O.
Bret Holland, D.O.
William D. Hospers, D.O.
Doctors Hospital
Bobby Howard, D.O.
Lewis Isenberg
Jake Jacobson
Constance Jenkins, D.O.
William R. Jenkins, D.O.
V.L. Jennings, D.O.
Daniel Jensen
Dawn Keilers
Elva Keilers, D.O.
Royce Keilers, D.O.
Alex Keller, D.O.
Earl Kinzie, D.O.
Brian Knight, D.O.
A. Ray Lewis, D.O.
Harold Lewis, D.O.
Hector Lopez, D.O.
Leticia Lopez
Edward Luke, D.O.
Marion Merrell Dow, Inc.
James Matthews, D.O.
R. Greg Maul, D.O.
Robert G. Maul, D.O.
Cindy McCarty
Jack McCarty, D.O.
Ivri Messinger, D.O.
Carl Mitten, D.O.
Lois Mitten
John Mohny, D.O.
Joseph Montgomery-Davis, D.O.
Ray Morrison, D.O.
Elizabeth Palmarozzi, D.O.
Alice Pangle, D.O.
Michael Parisi, D.O.
Masterpath Groves Pathology
Consultants
Robert Peters, Jr., D.O.
Ruby Peters
Donald Peterson, D.O.
Wilma Peterson

Bill Puryear, D.O.
David Randell, D.O.
H.H. Randolph, Jr., D.O.
Jeffrey Rettig, D.O.
Merilyn Richards
John Riggs, D.O.
Peggy Rodgers
Randall Rodgers, D.O.
Mario Sanchez, D.O.
Richard Saunders, D.O.
John Sawtelle, D.O.
Amy Saylak
Daniel Saylak, D.O.
Hubert Scadron, D.O.
A. Duane Selman, D.O.
T.R. Sharp, D.O.
Rick Siewert, D.O.
George Smith, D.O.
Jerry Smola, D.O.
John Sortore
Arthur J. Speece, D.O.
Dodie Speece
Robert Stark, D.O.
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R. Russell Thomas, Jr., D.O.
TOMA District II
TOMA District III
TOMA District V
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TOMA District XII
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Monte Troutman, D.O.
Bill V. Way, D.O.
Arthur Wiley, D.O.
Peter Wiltse, D.O.
Marie Wiseman
Rodney Wiseman, D.O.
James Woodruff, D.O.
Capt. Benjamin Young, D.O.
Steven Yount, D.O.
Nancy Zachary
T. Eugene Zachary, D.O.
Irvin Zeitler, D.O.

If you would like to contribute to the Building Fund and become a "Texas Star," call Janet Dunkle at 800-444-8662.

Blood Bank Briefs for Physicians

"To Err Is Human..."

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

An ubiquitous accompaniment of human activity is human error. It is well established that autologous blood is not without risk because of the risk of error. Erroneous transfusions in patients expecting autologous blood can be particularly dangerous because a transfusion reaction may not be suspected when transfusion symptoms arise.

The American Association of Blood Banks performed an anonymous autologous survey for the period of January 1, 1993, to December 31, 1993, on errors and/or accidents. Out of 2,400 surveys mailed, 1,829 (76.2 percent) institutions responded. The autologous survey question respondents included 624 blood center and/or hospital blood bank members (34.1 percent) that collect and may transfuse autologous units, and 1,205 members (65.9 percent) that transfuse but do not collect autologous units. For your information, the results of this autologous survey are summarized:

- **Transfusion of autologous units to an unintended recipient:** Twenty-two of the 1,829 question respondents (1.2 percent) reported an erroneous transfusion of one or more units to someone other than the intended recipient.

- **Erroneous transfusion of a conventional and/or directed allogenic unit prior to transfusion of an autologous unit:** Of the 1,813 question respondents, 360 (19.9 percent) reported that one or more units had been erroneously transfused out of order; i.e., transfusion of a conventional or directed or allogenic unit preceded transfusion of an autologous unit.

- **Accidents and errors after the successful collection of an autologous unit:** Unit not received from collection site - lost in transit - 71 of 575 question respondents (12.3 percent) reported that one or more units were not received from the collection site.

- **Breakage during handling that occurred during processing in laboratory or during shipping:** Of 599 question respondents, 201 (33.6 percent) reported that a total of 308 autologous units were broken during processing in the laboratory or during shipping.

- **Breakage - damage outside of the laboratory (units spiked, clotted unit, proper storage temperature not maintained):** Of the 605 question respondents, 195 (32.2 percent) reported that a total of 368 autologous units were unavailable due to breakage or damage outside of the laboratory. Of the 368 units, 182 units were unavailable due to faulty refrigeration.

- **Inventory management - identification problems:** Forty-eight of 491 question respondents (9.8 percent) reported that one or more units were associated with inventory management problems, inadvertent crossover,

improper patient identification or discrepancy in blood types. In the 1992 College of American Pathologists Comprehensive Transfusion Medicine Survey, 34 of 3,852 participating facilities (0.9 percent) indicated that they had issued an autologous unit of whole blood or packed red blood cells to the wrong patient within the previous year. Twenty (0.5 percent) indicated the unit had actually been transfused.

In light of this survey result, Carter Blood Center is reviewing their policies and procedures for autologous blood. The survey finding of the most serious error of giving one or more autologous blood units to an unintended recipient, occurring in 1.2 percent of the responding institutions, is a concern. The policy at Carter Blood Center is that no confirmed positive unit for hepatitis B, human immunodeficiency virus 1, human immunodeficiency virus 2, or human T lymphotropic virus I/II will be shipped to the hospital transfusion service and is destroyed. Since 1990, serologic testing for HCV screening and confirmatory testing have evolved rapidly. Recognizing that the vast majority of HCV confirmed seropositive blood donors are persistently viremic and have microscopic liver pathology, the shipping of these units to hospitals may pose a potential risk to healthcare workers and is being studied.

The Joint Commission of Accreditation of Healthcare Organizations require a medical staff to take responsibility for review of blood usage including development or approval of policies and procedures related to distribution, handling, use and administration of blood and blood components.

Because of the misperception of autologous units as completely safe, vigilance and education are necessary with autologous blood as with allogenic blood.

References:

1. Linden, JV, Kaplan, HS. Transfusion errors: Causes and effects. *Transfus Med Rev* 1994;8(3):169-183.
2. Renner, SW, Howanitz, PJ, Bachner, P. Preoperative autologous blood donation in 612 hospitals. *A College of American Pathologists' Q-Probes study of quality issues in transfusion practice.* *Arch Pathol Lab Med* 1992;116:613-619.
3. Mackey, J, Lipton, K. AABB Association Bulletin 95-4, AABB Position on Testing of Autologous Units. AABB:1995. ■

TOMA Makes Plans to Relocate

The TOMA office will be closed on Friday, September 29, 1995. The office will reopen on Monday, October 2, 1995, in our new location at:

1415 Lavaca Street
Austin, TX 78701-1634
Toll free: 800-444-TOMA
Local: 512-708-TOMA
FAX: 512-708-1415

Self's Tips & Tidings

Don Self & Associates

Care Plan Notes

We get a lot of questions about Care Plan Oversight and one in particular is interesting:

Q. What if a nurse takes a call from a HHA nurse, PA or other and refers the information to the doctor? Can the nurse's time spent on the phone be included as part of the care plan oversight?

A. My first instinctive answer would have been incorrect. Logically, since the nurse (or any other office personnel) answers directly to the physician and the doctor has to okay and sign any orders, I would have believed the time the nurse spent on the phone to be okay. Unfortunately, HCFA doesn't agree... "A nurse relaying a message to the doctor is not a valid care plan oversight activity — the doctor has to be in **direct** contact with another health care professional. Also, services rendered and the actual time spent performing the service must be documented in the medical record by **the doctor.**" Therefore, don't charge for the time your employee spends on the phone with the HHA professional.

RHC May Not Be Paradise

After the initial nightmare of converting your practice into a Rural Health Clinic, you may be thinking to yourself, "This is really easy. We submit claims, they pay them and the paperwork hassle is reduced." If that is your thinking, you may be about to have a leak in your Love Boat. HCFA has instructed carriers to take a closer look at the claims. This is due to finding 8-10 percent of claims paid by one carrier for routine services not billable to Medicare or services that were not medically necessary. Some carriers are starting to require prepayment review on all claims, thereby making the RHC submit documentation on every claim before they pay. As of this date, we have not heard that this affects any Texas RHCs, but we will keep you advised if we do.

Participation By Specialty

Thoracic surgeons lead the national par enrollment ratio at 90.6 percent,

while podiatrists are the least likely specialty (nationwide) to enroll in Medicare's participation program (42.6 percent), according to a recent 1995 report by HCFA. The only ones that reduced their participation status from 1994 to 1995 (nationally) were multi-specialty clinics who went from 80.5 percent in 1994 to 79.4 percent in 1995. In Texas the percentage went from 68.6 percent of all physicians in 1994 to 76.9 percent in 1995. Again, each December, we encourage you to reconsider your participation status. As part of our annual update each December to all retainer clients, we review the benefits and pitfalls of participation versus non-participation.

Critical Care Bundled

The following codes are bundled by Medicare into critical care codes 99291 and 99292 and may not be paid when provided on the same day by the same physician as the critical care codes:

| | | | |
|-------|-------|-------|-------|
| 36000 | 36410 | 36415 | 36600 |
| 71010 | 71020 | 91105 | 92953 |
| 93561 | 93562 | 94656 | 94657 |
| 94660 | 94662 | 94760 | 94761 |
| 94762 | 99090 | 93000 | 93010 |
| 93040 | 93042 | | |

Dexamethasone Acetate

HCFA has issued two temporary HCPCS codes for Dexamethasone Acetate. For 8 mg/ml, use code Q0137; for 16 mg/ml, use code Q0138.

Billing Medicare - PAP Smears

Some offices are still billing Medicare and Medicaid for pap smears (88150 and 88155) when they send the specimen to a pathologist or lab, which is not allowed. Unless you do the cytopath examination of the smear in your office, you may not bill Medicare or Medicaid. As we reported last year, you are allowed to bill for obtaining, preparing and conveying screening cervical or vaginal smears to laboratories in certain instances. Code Q0091 is not valid for diagnostic smears, although it is covered, under certain conditions for screening smears.

To classify a smear as screening, so that Medicare will cover it, one of the following conditions must be met:

1. She has not had such a test during the preceding three years (use ICD9 codes V72.6 and V76.2) or

2. There is evidence (on the basis of her medical history or other findings) that she is at high risk of developing cervical cancer and her physician recommends that she have the test performed more frequently than every three years (use ICD9 codes V72.6 and V15.89).

If either of these two conditions are met, you can bill Medicare for conveyance of the smear to the lab, using code Q0091.

Medicare and Injectables

In their June 15, 1995, Part Newsletter (#136), Medicare publishes a complete listing of the HCPCS drug reimbursements. We encourage you to double check your fees to ensure that you are not only charging the correct fee, but that you are corresponding to your staff the correct dosages. At the risk of being monotonous, we want to stress that you should multiply the quantity of units in box 24G (HCFA claim form), if you are giving more than the dosage shown for the code. As an example, if you are giving 50 mg (or less) of Cortisone, you would charge for code J0810 with the quantity of one in box 24G. If you were giving 51 mg to 100 mg, you would charge for the number of units of 2. Some codes already have multiple units shown in their description. As an example, Methylprednisolone Acetate has three different codes for the different dosages: J1020 for 20 mg, J1030 for 40 mg and J1040 for 80 mg. Consequently, if you give 21 mg to 40 mg, you should use code J1030 and not two units of J1020. Doctors, it is your responsibility to make sure you mark your charge ticket, superbills, communication form or whatever, correctly.

Public Health Notes

Heat-Related Illness and Death

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

On June 13, 1994, in Houston, Texas, a 1-year-old mentally impaired woman was found lying on the floor of her garage. She was unresponsive when admitted to a local hospital and had a rectal temperature of 107.9°F (41.9°C). She died within two days of arrival at the hospital. The outdoor temperature and humidity had reached 106°F (33.3°C) and 91 percent, respectively. Her underlying cause of death was cited as hyperthermia.

Every year between 148-1,700 people die in this country due to excessive heat exposure. Almost all are preventable! These deaths quite often involve children and are doubly tragic since they are so easily preventable. It seems almost commonplace to note on the evening news or newspaper a story involving a child - often an infant who is found in a locked, closed vehicle in a parking lot - all too often while the caretaker is shopping for "just a few minutes."

Because this kind of tragedy is publicized every year, it would seem that we, as a society, would develop a greater respect for warm temperatures and react accordingly. But, heat can be a pernicious killer, subtle and swift. For example, conditions are suitable, in a seemingly pleasant 84°F ambient outdoor temperature with 60 percent relative humidity, for children in a closed car to suffer heat stroke within a 10-15 minute period and die.

Heat stroke is the most serious heat-related injury. It is a medical emergency characterized by a core body temperature $> 105^{\circ}\text{F}$ ($> 40.6^{\circ}\text{C}$) and usually includes mental status changes of disorientation progressing to delirium and finally coma. The individual is generally dry and unresponsive to the touch as their ability to cool themselves through sweating is lost and their cardiovascular regulatory mechanisms are no longer responsive to permit heat to be displaced to peripheral areas.

Heat stress, which most of us have probably experienced at one time or another, includes signs and symptoms of muscle cramps, headache, thirst and dizziness. This is the mildest form of a heat injury and is thought to involve simple sodium and electrolyte imbalance, easily correctable through oral electrolyte replacement - simple eating and drinking.

Heat exhaustion is seen most often in the elderly but certainly can occur in anyone who is exposed for several days to high, humid ambient temperatures with inadequate or unbalanced replacement of electrolytes. The elderly, chronically ill, or

anyone with inadequate nutrition is susceptible. Heat exhaustion is characterized by fatigue, dizziness and weakness which can require hospitalization. Furthermore, it may stress the cardiovascular system sufficiently to precipitate vascular events in those who are susceptible.

Not all heat-related injuries and deaths are initially attributed to heat exposure. Excess morbidity and mortality from cardiovascular, cerebrovascular and respiratory causes occur during heat waves. Heat waves, by the way, are defined by the National Weather Service as > 3 consecutive days of temperatures $> 90^{\circ}\text{F}$ (heat condition "4"). Therefore, we in Texas need to be particularly alert in advising our patients as to heat-related injury.

During the summer months, we routinely fall into heat condition "4" out-of-doors; that means that while exposed one should consume at least a quart of water per hour, eat regular meals, and rest often (45 minutes rest to every 15 minutes of outdoor work or play). These simple preventive measures resulted in no heat injuries for the Israeli Army during the Yom Kippur Wars fought in the desert. Heat injury in an Israeli soldier was a court-martialable offense for their commanders. On the other hand, the Egyptian Army did not hold quite the same regard for the combination of climate and warfare and suffered numerous heat related injuries which may have (as some believe) provided the edge for the Israeli victory.

Advise patients to drink water and not miss regular meals. Persons should push water (at least a quart an hour) during heat exposure and not wait until they are "thirsty". Heat exposure may progress rapidly to disable perception of thirst, thus leading to severe injury - heat stroke. "Thirst" signaling fluid deficit warns of risk of rapid progression to heat injury.

Similar to frostbite injury, persons who have suffered a heat injury are at increased risk to suffer another. Persons (including young individuals) with no previous cardiovascular or cerebrovascular pathology are at increased risk of suffering MIs and DVTs weeks after recovering from heat stroke. Permanent, subtle tissue damage to vital organs can occur as a result of an episode of heat stroke. Although all ages are affected, often we read of infants mentally impaired secondary to hyperthermia from heat exposure, usually from being in closed vehicles.

It is also helpful on hot days to cool with artificially cooled air (not too cold, however, which is often the case in our

Texas establishments); even for a few hours each day this will reduce the risk for heat-related illness. Fans can be useful in areas with low relative humidity, like El Paso. But, increased air movement (fans) has been linked with increased heat stress when the ambient temperature exceeds 100°F (37.8°C). Fans are not protective, for example, at temperatures exceeding 90°F ($> 32^{\circ}\text{C}$) with a humidity of > 35 percent, and should not be used for preventing heat injuries in areas of high humidity. Persons who do not have home air cooling units should be encouraged to visit public places such as shopping malls to gain some relief from heat. Immersion in cool water can also help maintain acceptable core body temperature.

Several of our patients may be at increased risk for heat injury by virtue of a medical condition, their age (very young or elderly who are already somewhat volume depleted), body habitus (obese to emaciated), and/or use of certain medications. Haloperidol or chlorpromazine impair thermoregulatory functioning; anticholinergics inhibit perspiration; tranquilizers (phenothiazines, butyrophenones, and thioxanthenes) can increase risk of heat injury. Excessive alcohol consumption can cause volume depletion leading to heat injury. Diuretics may predispose persons to heat injury but fluid intake patterns for these persons should not be altered without their physician's approval. Salt tablets are not recommended and are potentially dangerous. Persons not acclimatized to a hot climate (takes at least two to three weeks) are more vulnerable to heat injury. Athletic persons need to be cautioned because while physical fitness improves endurance, it is not protective and adequate time for physiologic adaptation is still needed. Advise patients who may consider traveling or vacationing to hotter climates to allow for acclimatization and be mindful of heat injury prevention measures.

Please take the few extra minutes this summer to discuss heat injury preventive measures with your patients, and most especially impress precautions upon those who may have child care responsibilities. While you are at it, please remind them to use sunscreen on their children.

For more information, contact Dr. Hathaway at 817-871-7208. Case presentation was reprinted from *MMWR*, June 30, 1995, Vol. 44, No. 25. ■

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

Graduate School Now Offering Public Health Degree

When the new students of the UNTHSC's Graduate School of Biomedical Sciences begin classes Aug. 28, some of them will be working toward a new master's degree, the only such degree available in North Texas.

The Texas Higher Education Coordinating Board, at its meeting July 21, authorized the UNTHSC to offer a Master of Public Health degree with a major in public health. The degree is a joint program between UNTHSC and the University of North Texas in Denton through its School of Community Service and College of Arts and Sciences. The Master of Public Health degree will be awarded by UNTHSC.

"We are excited about this new way in which UNTHSC is able to render service to this area and the entire state," said President David M. Richards, D.O., "and I am particularly pleased that three local foundations have recognized the need to respond to public health issues by pledging financial support for UNTHSC's program." The Amon Carter, Sid Richardson and Burnett-Tandy foundations have pledged a total of \$800,000 to help finance the public health program during its initial years.

The Master of Public Health degree will offer programs in eight areas: environmental health, family health, health behavior, epidemiology, health economics, health services administration, health services research and occupational health. The core curriculum will incorporate the Community-Oriented Primary Care (COPC) model that emphasizes effective utilization of available resources to address the health needs of a community. A unique aspect of the new program is the joint Doctor of Osteopathic Medicine/Master of Public Health (DO/MPH) degree that will produce graduates who can serve in the dual capacity of primary care providers and community public health officials in underserved areas. The DO/MPH track is the only such combined program in the United States. "We received more than 100 telephone calls about the MPH program, even before we formally announced we were offering the degree," said Thomas Yorio, Ph.D., graduate school dean.

The University of Texas Health Science Center at Houston has the only other active MPH program in Texas. It has satellite programs in San Antonio and El Paso.

Contributions Reach Record \$1 Million Mark

Private donations to UNTHSC have almost tripled in the past three years, with more than \$1 million — a record amount — received in the first 10 months of this fiscal year, according to a recent report from the center's Office of Institutional Advancement.

New programs, a growth in prestige, and more faculty and staff participating in community events have been key factors in increasing support, said Mike Davenport, associate vice president for development.

"People used to say we were Fort Worth's best-kept secret," Davenport said. "Now a lot of hard work by a lot of people is beginning to pay off. Our identity is solidifying, and word is spreading about what we do. It's a very good sign that Ed Bass, the Bass Foundation and Harris Hospital System have pledged their support this year."

Increased giving by long-time corporate supporters such as Bank One, Southwestern Bell, Dallas Southwest Osteopathic Physicians, Osteopathic Health System of Texas, and the Richardson, Tandy and Carter Foundations also helped the school reach the one-million-dollar milestone, Davenport said. Individual contributions to student scholarships and the recent Silver Anniversary campaign also made a difference.

During the 1992-93 fiscal year, cash gifts to the school totalled \$396,881. As of June 30, 1995, two months before the end of the 1995-96 fiscal year, cash gifts amounted to \$1,065,700. Davenport noted that these figures do not include deferred gifts such as life insurance policies and will bequests.

Construction Underway On Medical Education Building

The final step in beginning construction of the Health Science Education Building and expansion of

Medical Education Building 2 was set into place when the UNT Board of Regents awarded the building contract to a Fort Worth construction firm at the August 4 meeting. Work should be completed by the end of the month.

A contract by Sedalco, Inc., construction firm was approved on its low bid of \$12,304,700 for the new six-story building and the addition to Med. Ed. 2. Other expenses, including site preparation, mechanical and electrical work, and engineering/architectural fees will bring the total cost to an amount not to exceed \$13,912,937.

The regents also approved a 2,200-square foot addition to the Seminy Clinic, the primary outpatient training site for TCOM's family practice residency program. The 8,000-square foot clinic housed two physicians, a behavioral scientist and nine residents shortly after TCOM acquired it in 1981. Since then, the number of faculty and residents has more than doubled, to 72, and is expected to reach 37 by next summer. The \$256,000 expansion project should be completed by January, 1996.

Construction of the new Health Science Education Building is expected to be completed in the spring of 1997.

Three Administrators Are Promoted

Steve Russell was named Vice President for Fiscal Affairs. He had been serving as the institution's chief financial officer on an interim basis since January.

Danny Jensen was promoted to Vice President for Governmental Affairs. He previously was the Associate Vice President for Governmental Affairs. Administrators say Jensen's new position as a Vice President of the institution will place him on the same level as governmental affairs officers at other health science centers in Texas.

Greg McQueen was named Assistant Vice President for Health Affairs. McQueen previously served as the Assistant to the Vice President for Health Affairs and Director of International Health-related Programs. He will continue his responsibility for the center's health-related programs in foreign countries.

New Members

TOMA would like to welcome the following new members who were approved at the June 13, 1995, Board of Trustees Meeting:

REGULAR MEMBERS

Walter E. Brady, D.O., Public Health, 14588 Greenleaf Court, Addison, Texas 75244. Medical Education: The University of Health Sciences, College of Osteopathic Medicine, Kansas City, Missouri, 1955. Internship: Corpus Christi Osteopathic Hospital, Corpus Christi, Texas, 1955-56. Previous practice locations: San Bernardino, California, 1970-1985; Hurst, Texas, 1990-95. DOB 6-25-30. Gary, Indiana.

Kimberly D. Galusha, D.O., Internal Medicine, 924 E. 22nd Street, Suite 3, Austin, Texas 78705. Medical Education: Oklahoma State University, College of Osteopathic Medicine, Tulsa, Oklahoma, 1991. Internship: Osteopathic Medical Center of Texas, Fort Worth, Texas, 1991-92. Internal medicine residency: Osteopathic Medical Center of Texas, 1992-94. DOB 11-14-47. Enid, Oklahoma.

Sandra Gillfillan, D.O., Psychiatry, 3323 Harry Hines Blvd., Dallas, Texas 75235-9070. Medical Education: University of North Texas Health Science Center, Texas College of Osteopathic Medicine, 1988. Internship: Fort Worth Osteopathic Medical Center, Fort Worth, Texas, 1988-89. Psychiatric residency: The University of Texas Southwestern Medical School, Parkland Memorial Hospital, Dallas, Texas, 1989-93. Fellowship: Child and Adolescent Psychiatry, The University of Texas Southwestern Medical School, Parkland Memorial Hospital, Dallas, Texas, 1992-94. DOB 9-7-47. Port Arthur, Texas.

Brent Gordon, D.O., General Practice, University Medical Group, 107 W. Camp Wisdom Road, Suite 15, Dallas, Texas 75237. Medical Education: Southeastern University of Health Sciences, College of Osteopathic Medicine, North Miami Beach, Florida, 1988. Internship: St. Barnabas Hospital, Bronx, New York, 1988-89. Attended Internal Medicine residency: University of North Texas Health Science Center, Texas College of Osteopathic Medicine, 1989-90. DOB 10-14-53. Missouri.

Glenn Eugene Hansen, D.O., Aerospace Medicine, Branch Medical Clinic-NASK, Kingsville, Texas 78363. Medical Education: University of North Texas Health Science Center, Texas College of Osteopathic Medicine, 1990.

Internship: Pensacola Naval Hospital, Pensacola, Florida, 1990-91. DOB 3-21-53. California.

Brandt H. McCorkle, D.O., Family Practice, 104 Dogwood, Mineola, Texas 75773. Medical Education: University of North Texas Health Science Center, Texas College of Osteopathic Medicine, 1979. Internship: Oklahoma Osteopathic Hospital, Tulsa, Oklahoma, 1979-80. Previous practice locations: Mansfield, Texas, 1980-82; Mineola, Texas, 1982-93. DOB 11-14-53. Amarillo, Texas.

Shaunna Sue Mitchell, D.O., Family Practice, 110 College Street, Pittsburg, Texas 75686. Medical Education: University of North Texas Health Science Center, Texas College of Osteopathic Medicine, 1993. Internship: Doctor's Hospital, Groves, Texas, 1993-94. Attended Family Practice residency program: Doctor's Hospital, Groves, Texas, 1994. DOB 4-19-56. McKinney, Texas.

Sheila Diane Page, D.O., General Practice, 4030 Lotus Drive, Pearland, Texas 77584. Medical Education: University of North Texas Health Science Center, Texas College of Osteopathic Medicine, 1992. Internship: Northeast Community Hospital, Bedford, Texas, 1992-93. DOB 7-19-63. Gallup, New Mexico.

Oscar M. Reichert, D.O., Family Practice, Route 8, Box 1646, Mount Pleasant, Texas 75455. Medical Education: University of North Texas Health Science Center, Texas College of Osteopathic Medicine, 1980. Internship: Grand Prairie Community Hospital, Grand Prairie, Texas, 1980-81. DOB 8-29-51. Robertson County, Texas.

Garry B. Taylor, D.O., General Practice, Route 8, Box 1646, Mount Pleasant, Texas 75455. Medical Education: Kirksville College of Osteopathic Medicine, Kirksville, Missouri, 1970. Internship: East Town Osteopathic Hospital, Dallas, Texas, 1970-71. DOB 8-25-45. Garden City, Kansas.

Bruce E. Wardlé, D.O., General Practice, 544-B W. Seminary Drive, Fort Worth, Texas 76115. Medical Education: University of North Texas Health Science Center, Texas College of Osteopathic Medicine, 1983. Internship: Dallas Memorial Hospital, Dallas,

Texas, 1988-89. DOB 7-18-47. Burlington, Iowa.

Bill E. Weldon, D.O., General Practice, 3400 W. 7th Street, Fort Worth, Texas 76107. Medical Education: University of North Texas Health Science Center, Texas College of Osteopathic Medicine, 1979. Internship: Dallas Osteopathic Hospital, Dallas, Texas, 1979-80. DOB 4-22-51. Fort Worth, Texas.

NON-RESIDENT ASSOCIATE MEMBERS

David Samuel Alexander McElroy, D.O., Family Practice, P.O. Box 1167, Idabel, Oklahoma 74745. Medical Education: College of Osteopathic Medicine of the Pacific, Pomona, California, 1983. Internship: Tucson General Hospital, Tucson, Arizona, 1983-84. Previous practice locations: Broken Bow Indian Health Clinic, Public Health Service, Broken Bow, Oklahoma, 1985-95. DOB 10-27-51. Belfast, Northern Ireland.

ASSOCIATE MEMBERS

James W. Haley, D.P.M., 10545 Maylee, Dallas, Texas 75228.

AFFILIATE MEMBERS

Eli Lilly and Company, Tom Wallace, Manager Public Affairs, 15301 Dallas Parkway, Suite 960, Dallas, Texas 75248.

INTERN/RESIDENT MEMBERS

Robin Wolf Garrett, D.O.; **Jeffrey D. Johnson, D.O.**; **Lee Anthony Tisdale, D.O.**

LIFE MEMBERSHIP

(granted to the following members):

Robert Paul Kelley, D.O., Houston, TX
Jack P. Leach, D.O., Houston, TX
C. Raymond Olson, D.O., Fort Worth, TX
Hartley Polasky, D.O., Dallas, TX
Ellwood B. Rockwell, D.O., Tyler, TX
Robert E. Springer, D.O., New Caney, TX
Dean A. Wierman, D.O., Rockwall, TX

RETIRED MEMBERSHIP

(granted to the following member):

Matthew J. Maughan, D.O., Garland, TX

Opportunities Unlimited

PHYSICIANS WANTED

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

FAMILY PRACTICE, BOARD CERTIFIED PHYSICIAN WANTED — Practice is looking to add associate for long term relationship. Call group, mixed PPO, Fee for Service, guaranteed income. Send CV Attn: Tom Milholland, 1212 Richmond Ave., Ste. 325, Houston, TX 77082. (07)

STAFF PHYSICIAN NEEDED FOR TEXAS WOMAN'S UNIVERSITY — Requires graduation from an accredited medical school and completion of the prescribed residency program, current TX license, and progressive health care experience. Prefer specialty in Family Practice or OB/GYN. Salary Competitive. 9-month appointment. Send cover letter and resume to: Human Resources, Texas Woman's Univ., P.O. Box 425739, Denton, TX 76204; 817-898-3555. AA/EOE (11)

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

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

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

WANTED — Physician for rural West Texas town with 20-bed hospital. \$200,000/year guaranteed. Contact John Paul Loyless, Administrator, at 915-693-2443. (26)

GP/FP NEEDED IN AMARILLO — Primary care including office practice, nursing home and hospital work. Specialist referral available in osteopathic hospital or medical center. Three other D.O.s to share coverage. Negotiable salary, guarantee, or other arrangements as desired. 806-379-7770. FAX 806-379-7780. (31)

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

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

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

POSITIONS DESIRED

BOARD CERTIFIED GENERAL SURGEON WITH FAMILY PRACTICE EXPERIENCE AND A.C.L.S. CERTIFIED — To work in E.R., Family Practice Clinic or Surgery. Permanent or Locum Tenen. Would also consider doing surgery in a small town or hospital. Call 817-499-2560 or write to 1021 Simmons, Keller, TX 76248. (15)

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

LOCUM TENEN — Independent Contractor. Board Certified Family Practitioner with emergency medicine experience. Liability insurance provided. Seven years experience in the DFW metroplex. References, competitive rate by appointment. Contact: 817-473-3111. (32)

OFFICE SPACE AVAILABLE

MEDICAL FACILITY FOR SALE OR LEASE — 2,800 sq. ft., well equipped including X-ray, lab, emergency and pediatric. Six months free rent, own financing an option. For more information contact Sue McCorkle at 903-569-5366 or 903-569-3731; FAX 903-569-9050. (04)

MEDICAL CLINIC FOR LEASE — South East Texas, excellent location. 1,500 sq. ft. including lab. Additional space available. Call Ms. Holliday at 800-727-5411. (08)

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

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