

78 YEARS

April, 1997

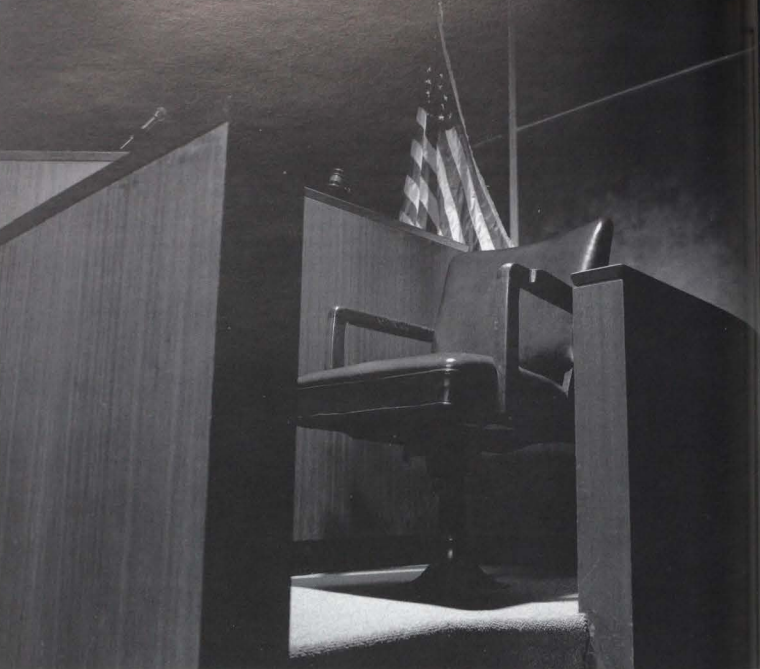
The Journal of the American Osteopathic Medical Association

Fort Worth, Texas Site of the 98th Annual Convention and Scientific Seminar

June 12-15, 1997

Registration form inside this issue

Vol. 104, No. 4



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Osteopathic Family Physicians

American Osteopathic Association

Washington Office

American Osteopathic Healthcare Association

Physician's Choice Medical Malpractice

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TOMA Major Medical Insurance

TOMA Disability Insurance Program

UNTHSC/Texas College of Osteopathic Medicine

Dallas Metro 429-9120

Medicare Office:

Part A Telephone Unit

Part B Telephone Unit

Profile Questions

Provider Numbers:

Established new physician (solo)

Established new physician (group)

All changes to existing provider

number records

Medicaid/NHIC

CHAMPUS/General Inquiry

Texas Medical Foundation

Toll free

Texas Osteopathic Medical Association

TOMA Physicians Assistance Program

TOMA Med-Search

TEXAS STATE AGENCIES:

Texas Health and Human Services Commission

Department of Health

Texas State Board of Medical Examiners

Registration

Complaints Only

Texas State Board of Pharmacy

Texas Workers' Compensation Commission

Medical Review Division

Texas Hospital Association

Texas Department of Insurance

Texas Department of Protective and

Regulatory Services

State of Texas Poison Center for

Doctors & Hospitals Only

FEDERAL AGENCIES:

Drug Enforcement Administration:

For state narcotics number

For DEA number (form 224)

CANCER INFORMATION:

Cancer Information Service

800/323-0794

800/825-8967

512/708-9959

312/280-5800

800/621-1773

202/544-5060

800/962-9008

703/684-7700

800/366-1432

1-800/321-0246

1-800/321-0246

1-800/321-0246

817/735-2000

800/813-8868

903/463-4495

214/766-7408

214/766-6162

214/766-6163

214/766-6158

512/343-4984

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512/329-6610

800/725-9216

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512/450-4800

713/765-1420

800/392-8548

Houston Metro 654-1701

512/424-2000 ext. 2150

214/767-7250

713/792-3245

in Texas 800/392-2040

TEXAS D.O.

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

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April 1997

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Calendar of Events

MAY 7-10

21st Century Primary Care
Sponsored by Pennsylvania Osteopathic Medical
Association
Location: Adam's Mark Hotel, Philadelphia, PA
Hours: 42 AOA CME Hours
Contact: Mario Lanni, POMA Executive Director
717-939-9318; FAX 717-939-7255

9-12

100th Annual Convention
Sponsored by Indiana Association of Osteopathic
Physicians and Surgeons
Location: Radisson Plaza & Suite Hotel,
Indianapolis, IN
Contact: IAOPS, 800-942-0501 or 317-926-3009

14-17

98th Annual Post-Graduate Convention and
Scientific Seminar
Sponsored by Michigan Association of Osteopathic
Physicians and Surgeons
Location: Hyatt Regency Dearborn
Dearborn, MI
Hours: 34 1-A CME
Contact: 800-657-1556

JUNE 1-5

Hawaii '97: A State-of-the-Art Pediatric Update
Sponsored by the American College of Osteopathic
Pediatricians
Location: The Ritz-Carlton, Kapalua in
Maui, Hawaii
Hours: Over 20 AOA Hours
Contact: ACOP, 301-968-4180;
FAX 301-968-4199

11-15

17th Annual Primary Care Update
Sponsored by the University of North Texas Health
Science Center at Fort Worth
Location: Sheraton Fiesta Padre Island Resort
South Padre Island, TX
Hours: 24 AOA Hours
Contact: UNT Health Science Center, Office of
Continuing Medical Education
800-987-2CME (2263)

12-15

D.O. Brand of Medicine
98th Annual TOMA Convention and Scientific
Seminar
Sponsored by the Texas Osteopathic Medical
Association
Location: Radisson Plaza Hotel and Tarrant
County Convention Center
Fort Worth, TX
Hours: 27.5 AOA Hours
Contact: TOMA
512-708-8662; 800-444-8662;
FAX 512-708-1415

JULY 16-19

3rd Annual Primary Care Update
Sponsored by the University of North Texas
Health Science Center at Fort Worth
Location: Sheraton Uptown
Albuquerque, Albuquerque, NM
CME: 24 AOA Hours
Contact: UNT Health Science Center, Office of
Continuing Medical Education
800-987-2CME (2263)

25-27

Annual Meeting of the Colorado Society of
Osteopathic Medicine
Location: Manor Vail Lodge, Vail, CO
CME: 18 AOA Hours and Physician
Assistants credits
Contact: Patricia Ellis, 303-322-1752 or
303-322-1956
E-mail: csom@capcon.com
http://www.capcon.com/csom

JULY 31 - AUGUST 3

40th Annual Clinical Seminar
Sponsored by the Texas ACOFP
Location: The Adams-Mark Hotel, Dallas, TX
CME: 29.5 Category 1-A credits
Contact: Janet Dunkle,
Texas ACOFP Executive Director
888-892-2637 or
512-708-9959

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



Texas Osteopathic Medical Association

98th Annual Convention and Scientific Seminar

June 12 - 15, 1997

Join TOMA as we explore the "D.O. Brand of Medicine" at our 98th Annual Convention and Scientific Seminar in Fort Worth. The D.O. Brand of Medicine is unique and will be emphasized throughout the program. A variety of primary care topics will be provided in a fast paced environment. Fourteen workshops will provide for individualized learning.

Educational Objectives

1. To provide attendees with a renewed perspective of Osteopathic Medicine and its unique role in applying preventive concepts in the practice of medicine within a changing healthcare environment.
2. To provide current knowledge in key selected topics areas of clinical medicine.
3. To provide this learning in small, interactive environments as well as in plenary sessions.

Accreditation

The TOMA 98th Annual Convention and Scientific Seminar has been approved for 27.5 hours of Category 1-A AOA Credit.

AAPA accepts Category 1 CME Credit from the AOA Council on Continuing Medical Education.

Register Early and Save

If you send in your registration before May 22, you will save \$100!

Registration Fee Includes

The registration fee includes exhibit hall and general session admission, lecture handouts, CME credits, refreshment breaks, and tickets to the Opening Breakfast, Keynote Luncheon, the AOA Luncheon and the President's Banquet. Spouse registration includes exhibit hall admission and tickets to the Opening Breakfast, Keynote Luncheon, the ATOMA President's Installation Luncheon, the AOA luncheon, and the President's Banquet. Individual tickets may also be purchased for the ATOMA President's Installation luncheon and the TOMA President's Banquet. The computer workshop, the golf tournament, and the Family Day program at Texas Lil's Diamond A Ranch are priced separately as noted and attendance is limited.

Convention Program Committee

A special thank you to all of the members of the Annual Convention Committee for their hard work and dedication in designing this year's convention educational program.

Gregory A. Dott, D.O.
Annual Convention Chair
Joseph A. DelPrincipe, D.O.
Al E. Faigin, D.O.
Donna Hand, D.O.
Bobby D. Howard, D.O.
Lisa R. Nash, D.O.
George N. Smith, D.O.
Craig D. Whiting, D.O.

Preliminary Schedule of Events

Wednesday, June 11, 1997

- 8:00 am - 1:00 pm **TOMA House of Delegates Registration**
9:00 am - 5:00 pm **TOMA House of Delegates**
12:00 pm - 1:00 pm **TOMA House of Delegates Luncheon Sponsored by UNTHSC-FW/TCOM Educational Foundation**
2:30 pm - 5:30 pm **TOMA Convention Registration Desk Open**
5:30 pm - 7:30 pm **Discover Medicine on the Net Workshop at UNTHSC-FW-TCOM** Gibson D. Lewis
Library Computer Lab - Suzanne Gravois and Mark Wilson
5:30 pm - 8:30 pm **Preceptor and Rural Rotation Supervisor Workshop** - Cindy Passmore, M.A., William K. Mygdal, Ed.D., and Marty Kinard, Ed.D.

Thursday, June 12, 1997

- 7:00 am - 5:00 pm **Registration Desk Open**
7:30 am - 8:45 am **Opening Breakfast - Common Eye Problems: Diagnosis & Management** - H. Dwight Cavanagh, M.D., Ph.D.
8:45 am - 4:00 pm **Exhibit Hall Open**
8:45 am - 9:30 am **Immunization Update** - James R. Marshall, D.O.
9:00 am - 12:00 pm **ATOMA House of Delegates**
9:30 am - 10:15 am **Exhibit Hall Break**
10:15 am - 10:45 am **Common Pitfalls in Steroid Use** - Jack B. Cohen, D.O.
10:45 am - 11:15 am **Therapeutic Update on Dermatology** - David A. Amato, D.O.
11:15 am - 11:45 am **Osteopathic Evaluation of Pelvic Pain in Gynecology** - Melicien Tettambel, D.O.
11:45 am - 12:15 pm **Dysmenorrhea and Premenstrual Syndrome in Adolescents** - Robert Adams, D.O., FACOOG
12:15 pm - 1:30 pm **Keynote Luncheon**
1:30 pm - 2:15 pm **Sexual Issues in Medicine** - Marian E. Dunn, Ph.D. *Sponsored by Pfizer Pharmaceutical*
2:15 pm - 3:00 pm **Exhibit Hall Break**
3:00 pm - 5:00 pm **Concurrent Workshops**
 - **Dermatology Workshops: Common Uses of Radiosurgery for Family Practitioners** - David A. Amato, D.O. *Sponsored by Ellman International, Inc.* and Cryosurgery - David Grice, D.O.
 - **OMT for Common Female Complaints** - Melicien Tettambel, D.O.
 - **Medical Spanish I** - Miriam Perez and Craig Whiting, D.O.
 - **Estate Planning** - William H. "Country" Dean *Sponsored by Dean, Jacobson Financial Services*

5:30 pm - 6:30 pm **MOPP's Reception**
5:30 pm - 6:30 pm **Alumni Receptions**
6:00 pm - 7:00 pm **POPP's Reception**
7:00 pm - 11:00 pm **Sustainer's Party** - Vintage Flying Museum

Friday, June 13, 1997

- 7:00 am - 1:15 pm **Registration Desk Open**
7:30 am - 8:00 am **Breakfast with the Exhibitors**
7:30 am - 1:15 pm **Exhibit Hall Open**

- 8:00 am - 8:30 am **Exercise and Health** - Allen W. Jacobs, D.O., Ph.D. *Sponsored by Searle Pharmaceuticals*
 8:30 am - 9:00 am **Hip Problems in Children: Diagnosis and Treatment** - Christine Quatro, D.O.
 9:00 am - 9:30 am **Nutrition and Supplements for the Athlete: What's New?** - David S. Ross, M.D.
 9:30 am - 10:15 am **Exhibit Hall Break**
 10:00 am - 12:00 pm **ATOMA President's Luncheon and Installation**
 10:15 am - 12:15 pm **Concurrent Workshops**
 • **Practical Approach to Sports Medicine Injuries** - Allen W. Jacobs, D.O., Ph.D.
 Sponsored by Searle Pharmaceuticals
 • **Imaging of the Extremities** - R. Gene Moulton, D.O.
 • **Medical Spanish II** - Miriam Perez and Craig Whiting, D.O.
 • **Valuation of a Medical Practice** - Mark T. Bower, CPA
 12:15 pm - 1:15 pm **Lunch in the Exhibit Hall**
 2:00 pm - 8:00 pm **Family Day at Texas Lil's Diamond A Ranch**
 2:00 pm - 8:00 pm **Golf Tournament at Riverside Golf Course, Sponsored by Dean, Jacobson Financial Services**

Saturday, June 14, 1997

- 7:00 am - 4:00 pm **Registration Desk Open**
 7:00 am - 8:00 am **TXACOFB Breakfast** - *TXACOFB members only*
 7:30 am - 8:00 am **Continental Breakfast**
 8:00 am - 8:45 am **The Lessons We Should Have Learned from Osteopathic Medicine** - J.L. Dickey, D.O.
 8:45 am - 9:30 am **Recognition, Diagnosis and Treatment of Thyroid Disease** - Craig Spellman, D.O.
 Sponsored by Knoll Pharmaceuticals
 9:00 am - 11:00 am **Texas Academy of Osteopathy Treatment Service**
 9:30 am - 10:00 am **Attention Deficit Disorder** - Stanley E. Grog, D.O., *Sponsored by Richwood Pharmaceutical*
 10:00 am - 10:15 am **Refreshment Break**
 10:15 am - 10:45 am **Update on the Pathogenesis and Management of GERD** - Bashar M. Attar, M.D.
 10:45 am - 11:15 am **Latest Recommendation Regarding PSA Test and Treatment** - Wayne A. Hey, D.O.
 Sponsored by Merck & Co., Inc.
 11:15 am - 12:15 pm **Screening Guidelines - Prevention 1997 - What is the Controversy?** - Muriel Marshall, D.O., DrPH, FACP
 12:15 pm - 1:30 pm **AOA Luncheon** - Howard M. Levine, D.O., AOA President-Elect
 1:30 pm - 2:30 pm **Behavioral Management of Alzheimer's Disease - Hugs, Not Drugs** - Kevin Gray, M.D., *Sponsored by Pfizer, Inc.*
 2:30 pm - 4:30 pm **Concurrent Workshops**
 • **How Do "You" Treat Headaches?** - David Vick, D.O. and Richard W. Koss, D.O.
 • **Flexible Proctosigmoidoscopy** - Monte Troutman, D.O. *Sigmoidoscopy Models and Scopes provided by Olympus America*
 • **Pitfalls in Managed Care Contracts** - Rocky Wilcox, J.D.
 • **Medicare Changes for 1997** - Don Self
 4:30 pm - 5:15 pm **Texas Academy of Osteopathy Meeting**
 6:30 pm - 7:00 pm **President's Reception**
 7:00 pm - 12:00 am **President's Banquet** *Sponsored by Glaxo Wellcome, Inc.*

Sunday, June 15, 1997

- 7:30 am - 1:00 pm **Registration Desk Open for Risk Management Program**
 7:30 am - 8:00 am **Continental Breakfast**
 8:00 am - 9:00 am **Triggers to Investigation: How to Avoid the Hot Seat** - R. Russell Thomas, Jr., D.O.
 9:00 am - 10:00 am **An Irreverent Look at Wrongful Credentialing** - Rodney M. Patterson, J.D. *Sponsored by Dean, Jacobson Financial Services*
 10:00 am - 10:15 am **Refreshment Break**
 10:15 am - 11:15 am **Medical Liability - What a Physician Needs to Know** - Harold Freeman, J.D.
 11:15 am - 1:15 pm **Who's in the Middle?** - Monte Mitchell, D.O., J.D. and Kay Elkins-Elliott

Special Events

Family Day at Texas Lil's Diamond A Ranch

A full day of fun for all ages is planned at Texas Lil's Diamond A Ranch. Among the varied activities are horseback riding, fishing, swimming, golf driving range, organized field events, petting zoo, volleyball, and softball (bring your glove). This perfect day at a dude ranch will end with a delicious barbeque dinner. The cost for this event is \$15 per person and includes all activities, unlimited soft drinks all day, dinner, and round-trip transportation from the Radisson Plaza Hotel.



Golf Tournament at Riverside Golf Club

Spend a day out on the links with your friends and fellow physicians. The challenging course at the Riverside Golf Club is sure to provide ample opportunity to test your skills. Awards will be given out this evening at a barbeque dinner at the course. The cost for this event is \$50 and includes greens fees, a cart, range balls, dinner, and round-trip transportation from the Radisson Plaza Hotel.

Sustainer's Party at the Vintage Flying

Museum Join us for a fabulous evening with a 1940s theme - the era of Big Bands and B-17s. The party will be held in an airplane hanger filled with vintage aircraft and memorabilia. After dinner we will dance the evening away to the varied sounds of the Wayland Smajstrla Band. The Sustainer's Party is open to each Sustaining Member and one guest as a special "thank you" for their support. If you would like to attend the Sustainer's Party, it's not too late to join. Just call Stephanie Boley at 800/444-8662 and she will sign you up!



Arthur J. Speece, III, D.O.



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

For Your Information

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

Computer Workshop "Discover Medicine on the Net," an interactive workshop at the UNTHSC/FW- TCOM Gibson D. Lewis Library Computer Lab, will be held on Wednesday, June 11. This workshop will introduce physicians to the internet and the wide variety of medical information available on this excellent resource. The workshop fee of \$25 includes round-trip bus transportation from the Radisson Plaza Hotel.

Preceptor and Rural Rotation Supervisor Workshop The Faculty Development Center will present this workshop on Wednesday evening for all active and prospective preceptors. There is no charge for this workshop.

Convention Center Thursday and Friday's educational sessions and exhibits will be held at the Fort Worth/Tarrant County Convention Center, located across the street from the Radisson Plaza Hotel.

Hotel The Radisson Plaza Hotel is located adjacent to Fort Worth's Sundance Square district, which is filled with interesting shops and restaurants. A block of rooms has been reserved at the special rate of \$88 per night plus tax, single, double, triple or quad occupancy. *This special rate is available for reservations made before the deadline of May 25, 1997.* To make a reservation, send the form on the next page to the hotel at 815 Main Street, Fort Worth,

TX 76102 or call Radisson's toll free number, 800-333-3333 or dial the hotel directly at 817/870-2100. Be sure to mention that you are with TOMA to receive our rate.

Airline Discounts Southwest Airlines is offering a discount on most of its already low fares, for travel to and from the TOMA Annual Convention. Call (or have your professional travel agent call) the Southwest Airlines Group and Meeting Desk at 1-800-433-5368, Monday - Friday, 8:00 a.m. - 5:00 p.m. and refer to I.D. code P9827. Call no later than June 4, 1997, to take advantage of this offer. Call right away as fares are subject to terms and availability.

Disability Statement Individuals needing special accommodations during TOMA's 98th Annual Convention and Scientific Seminar should contact either Robyn Shapiro or Vanessa Kemper prior to May 15, 1997. They can be reached at the Texas Osteopathic Medical Association, 1415 Lavaca Street, Austin, TX 78701, or call 800/444-8662.

Ticket Refund and Cancellation Policies All cancellation requests must be received in writing and will be charged a 25% handling charge. Cancellations will receive a full refund minus the 25% handling charge. No refunds will be given to those cancellation requests postmarked after May 22.

Workshops, Special Events, and Meals Space in all workshops, special events, and meals is limited and tickets are needed for all of these events. Tickets will not be available in the 24 hours before each event so that we may plan appropriately.

Attire Dress comfortably for the educational sessions. As meeting rooms are often cold, a light sweater or jacket would be wise to bring. You are invited to dress in 1940s attire for Thursday's Sustainer's Party. Saturday evening's President's Banquet is black-tie optional.

Hotel Reservation Form

Please send this form to the Radisson Plaza Hotel at 815 Main Street, Fort Worth, TX 76102 or call Radisson's toll free number, 800-333-3333 or dial the hotel directly at 817/870-2100.

Texas Osteopathic Medical Association Annual Convention and Scientific Seminar June 9 - 14, 1997

We look forward to welcoming you on your upcoming visit. The Radisson Plaza Fort Worth is located in the heart of downtown Fort Worth adjacent to the Fort Worth/Tarrant County Convention Center on Main Street, 15 minutes from the Museum District, the Historic Stock Yards, D/FW airport and Six Flags Amusement Park.

To guarantee your reservation, we will require either:

(A) An enclosed check or money order covering the first night's stay OR

(B) Major credit card number, expiration date, and signature.

The Radisson Plaza Fort Worth regrets that we cannot guarantee your reservation without one of the above.

Deposits will be refunded only if cancellation notification is received at least 72 hours prior to arrival.

Bed type on a request basis only. Check-in time: 3:00 p.m. Check-out time: Noon

Date of Arrival _____
Time of Arrival _____
Date of Departure _____
Check-in time: 3:00 p.m. Check-out: Noon
Name _____
Address _____
Telephone Number _____
Sharing Room with _____

Type of Room	# of Rooms	Rate
Single		\$88
Double		\$88
Triple		\$88
Quad		\$88
The above rates are subject to 13% state and local taxes.		

Guarantee to one of the following: (Circle)

American Express	Visa
Carte Blanche	Diner's Card
Master Card	Discover
Check or money order	

Card Number _____
Expiration Date _____
Signature _____

Reservations requested after May 25 or after the room block has been filled are subject to availability and may not be available at the convention rate.

Texas Osteopathic Medical Association

98th Annual Convention and Scientific Seminar

June 12 - 15, 1997

To register, mail this form along with payment to: Texas Osteopathic Medical Association, 1415 Lavaca Street, Austin, TX 78701. **Meal and event tickets (including those included with registration fee) will not be provided unless you request them on this form.** Tickets will not be available in the 24 hours before each event so that we plan appropriately.

Please print or type this form.

Name _____

Name for name badge (if different) _____

Address _____

City _____ State _____ Zip _____

Phone number _____ Fax number _____

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

Specialty _____ TOMA District _____

Spouse or Guest Name (if attending) _____

Registration Fees

(Please circle one)

	Early Registration (postmarked by 5/22)	Regular Registration (postmarked after 5/22)	Total
TOMA Member	\$350	\$450	\$ _____
1st and 2nd Year in Practice	\$200	\$300	\$ _____
Spouse, Military, Retired, Associate	\$150	\$250	\$ _____
Physician Assistants	\$350	\$450	\$ _____
Interns and Residents*	\$0	\$0	\$ _____
Non-Members	\$600	\$700	\$ _____

Please order meal, special event, and workshop tickets on the reverse side of this form.

Workshops

Wednesday Evening (Pre-Convention):

Please check only one.

Discover Medicine on the Net	_____	\$35
Preceptor and Rural Rotation Supervisor	_____	-0-

Thursday Afternoon

Please check only one.

Dermatology Workshops	_____	-0-
OMT for Common Female Complaints	_____	-0-
Medical Spanish I	_____	-0-
Estate Planning	_____	-0-

Friday Afternoon

Please check only one.

Practical Approaches to Sports Medicine Injuries	_____	-0-
Imaging of the Extremities	_____	-0-
Medical Spanish II	_____	-0-
Valuation of a Medical Practice	_____	-0-

Saturday Afternoon

Please check only one.

How Do "You" Treat Headaches?	_____	-0-
Flexible Proctosigmoidoscopy	_____	-0-
Pitfalls in Managed Care Contracts	_____	-0-
Medicare Changes for 1997	_____	-0-

Special Events and Meals

Tickets will not be provided unless requested on this form. Additional tickets will not be available within 24 hours of the function.

THURSDAY, JUNE 12

Opening Breakfast	# _____	-0-
Keynote Luncheon	# _____	-0-
Alumni Reception	# _____	-0-
Sustainer's Party	# _____	-0-

(open to Sustaining members and one guest only)

FRIDAY, JUNE 13

ATOMA President's Luncheon and Installation	# _____	\$20
(No charge if registered as a spouse)		
Family Day at Texas Lil's	# _____	\$15
I/we will ride the bus	Yes No	
Golf Tournament	# _____	\$50
I/we will ride the bus	Yes No	
My handicap is	_____	

Saturday, June 14

TXACOFB Breakfast	# _____	-0-
TXACOFB members only		
AOA Luncheon	# _____	-0-
President's Banquet	# _____	\$50
(One banquet ticket is included in each physician or spouse registration fee)		

Summary of Registration Fees:

Total Registration:	\$ _____
Total Workshop Fees:	\$ _____
Total Special Events	\$ _____
Total Fees:	\$ _____

Please mail completed form and payment in full (checks or money orders only, made out to TOMA) to: Texas Osteopathic Medical Association, 1415 Lavaca Street, Austin, TX 78701-1634. No registrations will be taken over the phone.

Questions? Please call the TOMA office at 800-444-8662.

All cancellation requests must be received in writing and will be charged a 25% handling charge. Cancellations will receive a full refund minus the 25% handling charge. No refunds will be given to those cancellation requests postmarked after May 22.

Letter to the Editor

Dear Terry:

Managed care is coming to rural areas of Texas and patients are asking rural physicians to participate in many managed health care plans. As a result of frequent inquiries within my own practice, I developed and sent the following letter to my patients explaining my position on managed care. Other Texas osteopathic physicians might wish to draft a similar letter.

Joseph Montgomery-Davis, D.O.

Your Letterhead

Message From the Doctor Regarding Health Care Plans

So many of my patients have asked me to accept their health care plans which are usually provided by their employers.
The main reason given by my patients is that it will save them money - lower deductibles and little or no co-payments for their health care.

The thing that most of my patients forget is, how much will it cost the doctor to participate in their health care plans?
Every health care plan has a contract that the participating physician must sign. It is a binding legal contract which can be enforced by law. Therefore, every contract must be reviewed by a lawyer to make sure the rights of the physician, as well as the rights of his or her patients, are protected.

The goal of quality health care for a reasonable cost is my standard. When the cost of my participation in a health care plan is to accept lower quality health care, it is rejected. I provide all of my patients with the same quality health care that I would for my family - there will never be different standards of health care for different patients in my office.
It is my duty as your family physician to look after your best interests and not the best interests of your health care insurance company. I am your health care advocate.

While I feel that my medical charges are reasonable, I know that under some health care plans my charges may be higher or lower than the allowable payments from your health care insurer. However, the difference is usually minimal. Another way of looking at this situation is to ask yourself how much money you spend per year on the maintenance and upkeep of your motor vehicle. Is it more or less than the amount of money you spend per year on your health care needs in my office? Are your personal health care needs as important or more important than your motor vehicle? The answer to that last question should be yes.

I want to assure you that the health care insurance plans in which I will participate will be those where the interests of the patient, the doctor and the health insurance company are all protected. Every one will be a winner and no one will be a loser.

Introducing Speakers for TOMA's 98th Annual Convention and Scientific Seminar



Robert C. Adams, D.O., F.A.C.O.O.G., will present "Dysmenorrhea and Premenstrual Syndrome" as his topic during TOMA's 98th Annual Convention and Scientific Seminar, to be held June 12-15 in Fort Worth.

Dr. Adams is an associate professor and chairman of the Department of Obstetrics and Gynecology at the University of North Texas Health Science Center at Fort Worth/Texas College of Osteopathic Medicine. He also serves as a board member and as the OB/GYN program director at Osteopathic Medical Center of Texas in Fort Worth. A graduate of the Kirksville College of Osteopathic Medicine, Dr. Adams is board certified by the American Osteopathic Board of Obstetricians and Gynecologists.



"Therapeutic Update on Dermatology" and a workshop entitled, "Common Uses of Radiosurgery for Family Practitioners" will be presented by **David A. Amato, D.O.**

Dr. Amato is a practicing dermatologist in Harrisburg, Pennsylvania. He is board certified by the American Board of Dermatology. Dr. Amato is a 1984 graduate of the Philadelphia College of Osteopathic

Medicine.

Bashar M. Attar, M.D., will update participants on the "Role of Motility in Gastroesophageal Reflux."

The discussion of gastroesophageal reflux disease (GERD) will include its definition and incidence, pathogenesis, complications, diagnostic approaches, staging and the step approach management of GERD.

Dr. Attar serves as chairman of the Division of Gastroenterology at Cook County Hospital in Chicago, Illinois, and as an associate professor of medicine at Rush University, also in Chicago. He is a fellow of the American College of Physicians and of the American College of Gastroenterology. Dr. Attar is a reviewer for the *American Journal of Gastroenterology*.



A workshop entitled, "Valuation of a Medical Practice" will be presented by **Mark T. Bower, C.P.A.**

As a national consultant on medical practice management issues with numerous seminar presentations, Mr. Bower provides a hands-on experience helping hundreds of health care professionals increase revenues, implement managed care strategies, facilitate mergers and acquisitions and value practices.

Mr. Bower is a former finance manager for a company with assets of \$23 million, and a former tax specialist and audit senior with Coopers & Lybrand. He is a member of the Society of Medical Management Consultants, Texas Advisory Group.



H. Dwight Cavanagh, M.D., Ph.D., will present "Common Eye Problems: Diagnosis & Management" as his topic during the TOMA convention.

This lecture will review the common eye problems and emergencies faced by primary care physicians in daily practice. Prompt identification, diagnosis and appropriate disposition will be stressed for common traumatic, infectious and other conditions associated with systemic diseases. Current standards of care for common eye conditions such as cataract, glaucoma, and retinal diseases will be discussed. In addition, an up-to-date summary of progress in photorefractive keratectomy (PRK) with the excimer laser will be discussed, due to recent FDA approval of this new technology.

Dr. Cavanagh currently holds the W. Maxwell Thomas Chair in Ophthalmology and is professor and vice chairman in the Department of Ophthalmology at the University of Texas Southwestern Medical Center at Dallas. He was educated at MIT, Johns Hopkins and Harvard.



Jack B. Cohen, D.O., will present "Common Pitfalls in Topical Steroid Use."

This presentation will cover the side effects of topical corticosteroid preparations, inappropriate prescriptions and patient misuse of these products. The lecture will also present guidelines for topical steroid selection, and judicious prescribing of these invaluable preparations. The goal is to maximize their therapeutic benefits and avoid complications.

Dr. Cohen is a practicing dermatologist at Kaiser Permanente in Dallas. He also serves as clinical instructor in dermatology at the University of North Texas Health Science Center/Texas College of Osteopathic Medicine and as an assistant instructor in the Department of Dermatology at the University of Texas Southwestern Medical Center. Dr. Cohen is certified by the American Osteopathic Board of Dermatology. He is a 1980 graduate of Texas College of Osteopathic Medicine.



A workshop entitled, "Estate Planning" will be offered by **William H. "Country" Dean.**

The workshop will update attendees on the effects of federal estate taxes on individual assets; orderly and economical management and distribution of assets using wills and trusts; tax-saving methods of accumulation and distribution; pitfalls in registration of financial and real assets; probate in Texas; when to use living trusts; and the use of power of attorney forms.

Mr. Dean, who founded Dean, Jacobson Financial Services, LLC, has 34 years of experience in the field of financial services. His area of expertise is total financial planning for the business and professional community, including estate analysis with recommendations and implementations, investment counseling, risk management, and long-range tax planning with

a specialization in estate accumulation, conservation and distribution. Mr. Dean is a member of the Institute of Certified Financial Planners and the ICFP Registry of CFP License Practitioners. He also belongs to the Fort Worth, Texas and National Associations of Life Underwriters.



Jerry L. Dickey, D.O., F.A.A.O., will discuss "What We Should Have Learned From Osteopathic History."

Dr. Dickey notes that most osteopathic physicians are unfamiliar with osteopathic history and its context to mainstream medicine of the late 19th century. This lack of knowledge makes it impossible for the average D.O. to appreciate the unique contributions of osteopathic medicine to the healing arts, and to be able to explain these differences to the general public.

Dr. Dickey is an associate professor in the Department of Manipulative Medicine at the University of North Texas Health Science Center at Fort Worth/Texas College of Osteopathic Medicine. He is certified in Osteopathic Manipulative Medicine and is a Fellow of the American Academy. A 1975 graduate of Kirksville College of Osteopathic Medicine, Dr. Dickey served on the KCOM faculty for 15 years. He was chairman of the Department of Osteopathic Theory and Methods for seven years prior to assuming the chairmanship at TCOM in 1987.



"Sexual Issues in Medicine" will be discussed by **Marian E. Dunn, Ph.D.**

According to Dr. Dunn, sexual problems are of great concern to patients and can complicate recovery, drug compliance and have a profound effect on psychological well being. Patients often present with vague physical complaints that are masking sexual concerns. The health care team can be of enormous benefit in educating, reassuring and advising persons with sexual distress. This presentation is geared towards helping the physician become more knowledgeable and comfortable dealing with sexual issues in practice; be better able to assess organic and emotional issues contributing to sexual dysfunction; and to be better able to take an effective sex history and counsel more effectively about common sexual complaints.

Dr. Dunn began her training as a sex therapist in 1974 and joined STAR in 1976. She is currently a clinical associate professor in the Department of Psychiatry, State University of New York, Health Science Center at Brooklyn, and director of the Center for Human Sexuality at the Health Science Center. In addition to running the Sex Therapy Clinic, Dr. Dunn trains and supervises psychology and psychiatry interns and has been active in conducting research on medical sex education.

As part of the risk management workshops to be offered during this year's convention, "Who's in the Middle?" will be co-presented by **Kay Elkins-Elliott, J.D.**, and **Monte M. Mitchell, D.O., J.D.**

This will be a discussion about the conflict that most physicians face in the practice arena. Contributing factors in the conflict will be outlined, i.e., HMOs, PPOs, the Texas State Board of Medical Examiners, medical malpractice carriers, insurance companies, etc. Viable solutions to the problems will be offered by Ms. Elkins-Elliott and Dr. Mitchell.

Ms. Elkins-Elliott is an attorney-mediator with a commercial and family practice. She specializes in the

resolution of civil disputes. She has litigated, mediated or arbitrated over 600 cases to resolution, including complex and multi-party causes of action, employment, family personal injury, medical malpractice and commercial disputes. Ms. Elkins-Elliott is an alternative dispute resolution trainer, consultant, lecturer, and facilitator for numerous organizations, including the Dallas Bar Association, Federal Aviation Administration and Southern Methodist University School of Law.



Dr. Mitchell serves as the medical director of Campus Clinic, Christ for the Nations Institute in Dallas, and as a medical mediator for family medicine and dispute mediation for Dispute Mediation Services of Dallas. He received his D.O. degree from Texas College of Osteopathic Medicine and his J.D. degree from Texas Wesleyan University School of Law.

Harold Freeman, J.D., will present "Medical Liability - What a Physician Needs to Know" as his topic.

This presentation will cover a discussion of the liability laws in Texas; changes by the 1997 legislature; affects on liability caused by our changing medical delivery system; considerations when buying, renewing or changing your medical liability insurance; an examination of what occurs when you have a claim or lawsuit; and a glimpse at the judicial system in Texas and what you can do.

Mr. Freeman is associate director of legislative affairs for the Texas Medical Association and has held that position for the past ten years. He is a graduate of Midwestern University and attended Southern Methodist University School of Law. Previously, he served as County Attorney for Montague County and Cooke County, Texas, and also practiced civil law. Mr. Freeman served as the legislative aide to State Senator Bob Glasgow for five years.



"Attention Deficit Disorder" will be presented by **Stanley E. Grogg, D.O., F.A.C.O.P.**

This presentation will cover the diagnosis of Attention Deficit Hyperactivity Disorder (ADHA), to include misconceptions, an overview, core symptoms and evaluation. Treatment for ADHD will include discussion on environmental, behavioral, medical and other factors. Dr. Grogg will also review the prognosis for ADHD.

Dr. Grogg is in the private practice of pediatrics in Tulsa, Oklahoma. He is board certified by the American College of Osteopathic Pediatricians and is a fellow of the American College of Osteopathic Pediatricians. He is a residency trainer in pediatrics at Columbia Tulsa Regional Medical Center and serves as a member of the Board of Trustees of the American College of Osteopathic Pediatricians. Dr. Grogg is a past president of the Oklahoma Osteopathic Association.

"Latest Recommendations Regarding PSA Testing and Treatment" will be offered by **Wayne A. Hey, D.O.**

During this lecture, Dr. Hey will review the history of PSA, the diagnostic implications of an elevated PSA, when to draw a PSA, PSA progression and current laboratory testing that involves the PSA blood test.



Dr. Hey is in private practice in Fort Worth at Dallas/Fort Worth Urology Consultants. Board certified in Urologic Surgery, he was the first osteopathic physician in Texas to obtain ESWL (stone blasting) privileges. Dr. Hey is a 1975 graduate of Philadelphia College of Osteopathic Medicine.



Allen W. Jacobs, D.O., will discuss "Exercise and Health" and present a workshop on "Practical Approach to Sports Medicine Problems."

Dr. Jacobs serves as acting dean of the College of Osteopathic Medicine of Michigan State University and as an associate professor in the Department of Osteopathic Medicine. He is also team physician for Sports Medicine/Intercollegiate Athletics, East Lansing High School and the Lansing Area Lugnuts, as well as medical director of Special Olympics, Area I, and manual medicine consultant for the Toronto Blue Jays. Dr. Jacobs is a 1983 graduate of Texas College of Osteopathic Medicine.



An "Immunization Update" will be presented by **James R. Marshall, D.O., F.A.C.O.P.**

Dr. Marshall will review the latest changes in immunization schedules. He will also discuss more recent vaccines such as Hepatitis B, Varicella and Hemophilus Influenzae B, as well as future vaccines for RSV, Group B Strep and Rotavirus. Dr. Marshall notes that at the end of this lecture, participants will be aware of the latest immunization practices recommended for infants and children; and be able to readily incorporate the most recent immunization protocols for pediatric patients in their practices.

Dr. Marshall is in the private practice of neonatology at Abilene Regional Medical Center, Abilene, Texas. He is a member of the American Osteopathic Association and the American College of Osteopathic Pediatricians and is a 1971 graduate of the Kansas City College of Osteopathic Medicine.



Muriel A. Marshall, D.O., DR.PH., F.A.C.P.M., will discuss "Screening Guidelines - Prevention 1997 - What is the Controversy?"

Dr. Marshall will present a summary of clinical preventive guidelines, incorporating the findings of the recently released U.S. Preventive Services Task Force. In addition, controversial areas will be discussed.

Dr. Marshall serves as an associate professor in the Departments of Family Medicine and Public Health/Preventive Medicine at the University of North Texas Health Science Center at Fort Worth/Texas College of Osteopathic Medicine. She is also the track director for the dual degree D.O./M.P.H. programs offered at the health science center. Board certified in Family Practice and Public Health/Preventive Medicine, she is a graduate of Michigan State University College of Osteopathic Medicine. She received a Master's in Public Health and Tropical Medicine and her Doctorate in Public Health in the

area of International Health from Tulane University School of Public Health & Tropical Medicine in New Orleans, Louisiana.



R. Gene Moulton, D.O., will present a radiology workshop on "Imaging of the Extremities."

This lecture presentation is directed toward the primary care physician. To be discussed are the sequence of imaging studies, the appropriate positioning and number of views on plain film radiographs, the frequently encountered abnormalities and the processes which may be difficult to diagnose. The format will include slides of images as well as films and viewboxes.

Dr. Moulton practices at Columbia Dallas Southwest Medical Center in Dallas. He is board certified in Diagnostic Radiology and has a certificate of added qualifications in Angiography/Interventional Radiology. Dr. Moulton serves as secretary for TOMA District V. A 1986 graduate of Texas College of Osteopathic Medicine, Dr. Moulton served his residency at the Chicago College of Osteopathic Medicine and his fellowship at the University of Texas/M.D. Anderson Cancer Center in Houston.



"An Irreverent Look at Wrongful Credentialing" will be presented by **Rodney M. Patterson, J.D.**

Mr. Patterson has been affiliated with Cantey & Hanger, LLP, of Fort Worth since 1978, becoming a partner in 1982. His practice is concentrated in the defense of hospitals, doctors, nurses and other health care personnel. He also has interests in legal malpractice, products defense and computer litigation. Mr. Patterson is a 1977 cum laude graduate of Texas Tech University.

Workshops entitled "Medical Spanish I & II" will be presented by **Miriam Perez**, along with **Craig D. Whiting, D.O.**

These workshops are designed to offer rudiments of the Spanish language in order to equip physicians for certain, basic office functions.



Ms. Perez trained as an elementary school teacher. She has served as an instructor, tutor and translator for the Berlitz School of Languages for over 20 years. Additionally, Ms. Perez has worked in community projects relating to the Spanish language for the City of Fort Worth and for TCOM Medical Personnel.



Christine Quatro, D.O., will discuss "Hip Problems in the Pediatric Patient."

Common hip problems in the pediatric patient, from newborn to adolescence, will be addressed during this presentation. Included will be the diagnosis of benign hip click, developmental dislocation of the hip, Legg-Calve-Perthes disease, slipped capital femoral epiphysis, and other disorders, along with their pathophysiology, clinical

presentation and modalities of treatment. A review will be performed of the most common hip problems seen in certain age groups and their differential diagnosis from other more common and less morbid problems.

Dr. Quatro is a practicing pediatric orthopedist at Adolescent and Pediatric Orthopedics, P.A., in Hurst. She is currently involved in a study regarding pediatric baseball pitchers at the Texas School of Baseball in Southlake, Texas. Dr. Quatro is a graduate of the University of Health Sciences, College of Osteopathic Medicine, Kansas City, Missouri



"Nutrition and Supplements for the Athlete: What's New?" is the topic to be presented by **David S. Ross, M.D.**

Dr. Ross notes that competitive athletes are always looking for an "edge" on their opponents. As proper nutrition and ergogenic aids play an important role in an athlete's training regimen, new concepts in nutritional supplementation for the athlete

will be reviewed.

Dr. Ross is a primary care sports medicine physician and an assistant professor at the University of North Texas Health Science Center at Fort Worth. He is a board certified internist and completed a primary care sports medicine fellowship at West Virginia University. Dr. Ross has covered sporting events such as the US Cycling Time Trials, CoreStates and Liberty Cycling Classic, professional boxing, and serves as team physician for college high schools and colleges.



Don Self will update participants on "Medicare Changes for 1997."

This two-hour workshop will cover the 1997 Medicare coverage issues, procedure codes that are often overlooked or missed by physicians on claims, common reasons for Medicare denials and how to avoid them, limited coverage issues, diagnostic code inaccuracies and proper collection

procedures for Medicare beneficiaries. At the conclusion of the workshop, attendees will be able to increase their Medicare revenues while avoiding costly and time-consuming Medicare audits and refund requests.

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

Melicien Tettambel, D.O., will discuss "Osteopathic Treatment Considerations in Pelvic Pain and Gynecology."

This presentation will review such factors as acute vs. chronic; mapping the pain; considerations in medical pain management; the physical examination; and various treatment techniques.

Dr. Tettambel practices OB/GYN and Osteopathic Manipulative Medicine in Chicago, Illinois. She is certified in OB/GYN, holds Special Proficiency certification in Osteopathic Manipulation and is a fellow of the American Academy of

Osteopathy. Dr. Tettambel is a 1978 graduate of Kirkville College of Osteopathic Medicine,



As vice president of the Texas State Board of Medical Examiners, **R. Russell Thomas, Jr., D.O.**, will present "Triggers to Investigation: How to Avoid the Hot Seat."

This presentation will update physicians on those activities which place them and their licenses at risk. Dr. Thomas will review the most common complaints filed to the Texas State Board of Medical Examiners and make recommendations to avoid these pitfalls. Also to be discussed are some less common, but concerning problems.

Dr. Thomas practices at One Care-Thomas Clinic in Eagle Lake, Texas. He has served as the vice president of the TSBME since 1995. Certified in family practice, Dr. Thomas is a 1980 graduate of Texas College of Osteopathic Medicine.



A "Flexible Proctosigmoidoscopy" workshop will be given by **Monte E. Troutman, D.O.**

This flexible proctosigmoidoscopy workshop is intended to clarify the specific role of sigmoidoscopy in colorectal cancer screening, which will be accomplished by reviewing the American Cancer Society's cancer screening protocol and techniques of flexible proctosigmoidoscopy. Included will be a slide show presentation of common colonic pathology. The workshop will conclude with an interactive hands-on demonstration of flexible proctosigmoidoscopy with actual fiber optic endoscopes and plastic colonic models provided by Olympus Corporation.

Dr. Troutman serves as an associate professor of medicine and vice chairman of the Department of Medicine, as well as chief of the Division of Gastroenterology at the University of North Texas Health Science Center at Fort Worth. He is certified in Internal Medicine and Gastroenterology and is a diplomate of the National Board of Examiners for Osteopathic Physicians and Surgeons. Dr. Troutman is a graduate of the Chicago College of Osteopathic Medicine.



Donald P. Wilcox, J.D., will speak on "Pitfalls in Managed Care Contracts."

This session will cover managed care contracting, to include what to look for in contract language; hidden pitfalls in contract terms making the physician liable for any harm, even when following utilization review and quality assurance directives of the managed care entity; contract language allowing the managed care entity to change the contract unilaterally; and other legal "nifties" to watch for in contract evaluation.

Mr. Wilcox serves as the general counsel for the Texas Medical Association in Austin, where he is responsible for the legal affairs of the TMA. He served as chairman of the American Society of Medical Association Counsel and as chairman of the Health Law Section of the State Bar of Texas. In 1984, Mr. Wilcox co-chaired the American Bar Association/American Medical Association co-sponsored symposium on "Representing Physician Interests." He earned his Bachelor of Arts degree at The University of Texas at Austin and his Juris Doctor degree at Southern Methodist University. ■

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Straight Talk About Social Security — You Have To Get It From Somewhere

“We can never insure one hundred percent of the population against one hundred percent of the hazards and vicissitudes of life, but we have tried to frame a law which gives some measure of protection to the average citizen and his family against the loss of a job and against poverty-ridden old age.”

With those words in 1935, President Franklin Delano Roosevelt executed his vision of creating a safety net for all Americans by signing the Social Security Act into law.

Today, almost 62 years after this venerable program was launched, we find ourselves headed into a dark tunnel with only the headlight from the approaching freight train to help guide our way.

This point, at least, has been recognized. Just over 2 ½ years ago, President Clinton formed a blue ribbon panel to study the case of Social Security and make recommendations for keeping the program solvent. Their final report was made public last month.

And while they put together an accurate portrayal of the state of the current system, with thoughtful recommendations about what to do next, we couldn't help but wonder if everyone inside the Beltway writes and talks in such a convoluted fashion.

At the outset of the report, the panel accurately - and simply - states that, “tax revenues will be less than currently legislated benefits after the year 2013.” And also that, “projected benefits begin to exceed the sum of OASDI taxes and interest earned in 2020, resulting in a decline in the OASDI Trust Funds, and projected depletion in 2030.”

We should point out here that OASDI stands for Old Age, Survivors, and Disability Insurance. More accurately, this is the 12.4 percent we all give to the federal government in each payroll check.

Further into the discussion however, where the heart of the panel's recommendations lie, the wording gets a bit more murky.

For example, we think the section headed “Policy Options for Dealing with Projected Social Security Imbalances,” could just as easily have been titled, “How to Maintain Positive Cash Flow.”

More importantly, the reader would have instantly recognized that this was the part of the report where the panel proposes a solution.

We also could not overlook the first paragraph under that heading. It reads, “The panel stresses that some combination of benefit cuts and/or revenue increases is necessary to restore the Social Security system to actuarial balance.” Actuarial balance. We love that.

We thought about getting on the phone immediately and asking all our clients to put more money into their securities accounts in order to retain actuarial balance during their retirement. We decided against it because we actually enjoy the business we're in.

Nonetheless, the panel honestly (if not entirely clearly) with an extremely complex and serious subject. And after stripping them down to their essence, one could actually make sense of their three basic recommendations. Each of them involves - to varying degrees - privatizing the current system. They are:

• **Maintain Benefits:**

Maintain the present Social Security benefit structure, while partially reducing the long-range deficit through several small steps

such as taxing Social Security benefits to the extent they exceed what the worker paid in. Eliminate the remaining deficit by investing up to 40 percent of existing Trust Funds in equities indexed to the broad market. This plan was backed by six of the panel's 13 members.

• **Individual Accounts:** Add to the system individual accounts financed by an additional mandatory contribution of 1.6 percent of payroll while gradually lowering the growth of Social Security benefits, particularly for middle - and high-wage workers. Two of the panel's members were in support of this plan.

• **Personal Security Account:** Convert the present system to a flat benefit program and substitute compulsory individual accounts for part of Social Security benefits. Older workers would continue to receive benefits from Social Security while younger workers would receive benefits from a combination of Social Security and their Personal Security Accounts. Social Security benefits would be converted to a flat benefit for full career workers, 5 percentage points of the Social Security payroll tax would be redirected to the individual accounts and the transition to the new system would be financed by a tax equal to 1.5 percent of payroll or its equivalent. This plan, the most market-oriented of all, won the backing of five panel members.

So now it's up to the lawmakers. But because Social Security is one of the two hottest

political potatoes (Medicare ties for first) expect nothing to happen. That's right, we believe that in the near term, absolutely, positively no movement will be made on the Social Security issue.

You might ask why we've devoted an entire column to a subject we're fairly certain none of the politicians will do anything about. We've done so for two reasons.

First, because we want to contribute to the process. Before this issue can be acted upon, clear solutions have to be presented. But before that happens, the issue has to be thoroughly discussed. Before that takes place, the situation has to be accepted as being serious enough to warrant out attention. Right now, the American public is just beginning to accept the severity of the current state of Social Security.

Number two, and more importantly, we've always believed in the findings inherent in the panel's recommendations: investing prudently in the equity markets is one of the most efficient ways to help fund a successful retirement (one that is "actuarially in balance.")

And as you approach your retirement, we hope to help you in that process.

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Texas ACOFP Update

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

Sometimes it is necessary to stop, collect your thoughts and reflect on where you are going and where you have been. With all of the changes taking place in health care, these moments of reflection occur all too frequently these days.

During the discussion of health care issues, one usually hears many slogans such as "managing the costs of health care while maintaining the quality." One big concern of the medical community is who will define the term "quality" when health care issues are discussed - physicians or non-physicians?

Over the past 10 years, there seems to be a trend among health care insurers to abandon the traditional yard stick for measuring the "quality" of health care which was labeled "morbidity and mortality." A new yard stick has emerged and it is simply labeled "mortality." What caused the demise of "morbidity" (pain and suffering)? It ran into the cost containment crunch! Relieving pain and suffering is expensive and has very little effect on overall mortality rates for illnesses.

One of the ways health care insurers can determine where "quality" ends and "sub-standard" health care begins is to

reduce health care expenditures gradually until the mortality rates for illnesses edge upwards, then back off to slightly higher spending levels. Since the mortality rates for illnesses are not significantly elevated by the decreased expenditures, those spending levels are deemed adequate to maintain the "quality" of health care. Health care insurers can thus boast of cutting the high cost of health care without cutting the "quality" of that care. The only problem with this definition of "quality" health care is that it gives very little consideration to the living (patients) and a lot of consideration to the dead (mortality rates).

Physicians deal with "morbidity" (pain and suffering) while God deals with "mortality." To most Americans, if asked, the "quality" of life is just as important or more important than the length of life; however, so many are reluctant to pay for it.

Recent revelations regarding the plans of certain health care insurers with managed health care programs to utilize mid-level practitioners in place of physicians to see patients is not new. What is new is that the health care insurers plan to pay mid-level practitioners the same salary as licensed physicians for performing the same job.

This plan to require managed health care patients to be seen and treated by mid-level practitioners without physician oversight has several major flaws:

1. In order to diagnose and treat patients in Texas, you must be a licensed physician; otherwise, you are practicing medicine without a license and are subject to fines and penalties. Mid-level practitioners in Texas are currently required to follow written protocols from supervising physicians when seeing patients. This is not the case in New Mexico where they have independent practice rights.

2. The medical liability issue comes into play - who has the deep pocket? Without a physician in the liability loop of insurer/physician/mid-level practitioner, the deep pocket is the insurer. Texas law is in the process of being changed through the legislative process to allow patients to sue the health care insurer for malpractice rather than corporate negligence or deceptive trade practices. This will mean that the health care insurer will no longer be immune from its decisions which impact in negative ways on patients. Senate Bill 386 by Sibley should be supported by all Texas physicians and the patients they serve. You can follow its process through the Texas Legislature by calling 800-253-9693.

3. The standard of medical care comes into play. For medical liability purposes, a mid-level practitioner without physician oversight should be held to the same standard of medical care as a licensed physician, and not that of another mid-level practitioner.

In short, Texas physicians may be apprehensive about mid-level practitioners being utilized in the traditional role of physicians in managed health care settings, but Texas trial lawyers are ecstatic over this potential new gold mine. The

Helpline Provides HIV Information to Health Care Workers in Texas

The AIDS Helpline for Health Professionals is a free AIDS information service for health care workers in Texas and Oklahoma.

Providers can dial 800-548-4659 weekdays between 8 a.m. and 5 p.m. (CST) and get the latest information on all HIV-related topics including pathogenesis, epidemiology, prevention, education, clinical manifestations, diagnosis, treatment, and psychosocial issues.

Information is provided by performing customized computer searches of the medical literature and then mailing appropriate articles on the subject usually within two days. The Helpline has access to the wide array of books, journals, and newsletters of the University of Texas at Houston School of Public Health library.

Requests for clinical consultations (for health care providers only) are handled by the Helpline or referred to the HIV Telephone Consultation Service at 800-933-3413.

The Helpline is operated by the AIDS Regional Education and Training Centers (ETC) and is funded by the Health Resources and Services Administration of the U.S. Public Health Service.

The ETC also conducts clinical training programs for nurses, physicians, physician assistants, dentists, dental hygienists and dental assistants. Providers can call the Helpline for more information on these programs.

quality of health care is the issue. There should be no short cuts when it comes to protecting the health and safety of the public. If people want to become physicians, let them go to medical schools to become "full-level" practitioners.

The week of March 17-21 was Osteopathic Physician of the Day Week at the Texas Legislature in Austin. A Texas ACOFP member provided any needed health care to legislators and their staff during this special week. This is a joint venture between TOMA, the Texas ACOFP and the Texas AAFP.

The goal of having all construction finished on TOMA's new headquarters building at 1415 Lavaca Street by May 1, 1997, is on schedule. This building is going to be a Texas landmark that all present and future Texans can admire when they visit the Capitol in Austin. The TOMA Building Fund Campaign will be winding down over the coming months. There is still time to contribute and become a "Texas Star." Call Paula Yeamans at 800-444-8662. Take pride in your profession. Let your light shine for all Texans to see!

This year, the Texas ACOFP has joined TOMA to acquire and distribute Texas Legislative Guides to Texas D.O.s. It is

important for each Texas osteopathic physician to know their personal Texas legislators. This is especially true when a legislative alert occurs and correspondence with key Texas legislators becomes necessary. When you receive your Texas Legislative Guide, take the time to go through it and highlight your personal legislators and the committee(s) on which they serve.

After reviewing "Protocols for Osteopathic Manipulative Treatment in Patient Management," which was produced by the AOA, I would highly recommend that Texas D.O.s not use the AOA version but utilize the homegrown version approved by the TOMA Board of Trustees, entitled, "Guidelines for Osteopathic Manipulative Management." This TOMA document is available to any member by calling the TOMA office at 800-444-8662.

In closing, I want to emphasize the necessity of being consistent in your OMT charges regardless of the allowable charges of different health insurers. I have updated the example below to illustrate this point:

OMT Coding

A. T. Still develops low back pain after lifting heavy object on 2-14-97. Body areas involved - thoracic, lumbar and sacroiliac.

- A. Claim submitted to Workers' Compensation
- B. Claim submitted to Texas Medicaid
- C. Claim submitted to Texas Medicare

Diagnosis:

- 1. 724.2 Low back pain
- 2. 846.0 Acute L-S strain
- 3. 739.4 Somatic dysfunction

Procedures, Services or Supplies

	CPT/HCPCS	Modifier	Diagnosis Code	Charges	Allowable Charges
A.					
Workers' Comp.	99203	MP	1	\$74.00	\$74.00
New E/M					
OMT to 3 areas	98926	Date Onset 2-14-97	3	\$80.00	\$45.00
B.					
Medicaid	99203	—	1	\$61.00	\$47.57
New E/M					
OMT to 3 areas	98926	AT Date Onset 2-14-97	3	\$80.00	\$29.29
C.					
Medicare	99203	25	1	\$61.00	\$60.65
New E/M					
OMT to 3 areas	98926	59 Date Onset 2-14-97	3	\$80.00	\$32.26

Note: The fees listed above are used to illustrate OMT coding procedures and should not be used for submission of actual health care claims.

Diagnosing Dengue Fever

By Robert H. Nobles, D.O.

I have been serving as a medical missionary in the Philippines for the past 17 months where Dengue fever is endemic. As it is my understanding that Dengue fever has been introduced in south Texas, particularly in the valley area, I would like to share my experiences with others who, like myself before coming to the Philippines, may not know much about Dengue fever.

There are two distinct disease syndromes - classic dengue fever and dengue hemorrhagic fever/dengue shock syndrome. In most cases the dengue hemorrhagic fever/dengue shock syndrome involves young children. In Metro Manila during the rainy season of 1996 (July to October), there were 30 deaths reported from dengue fever. All but one death involved young children. The adult death occurred in an adult who was debilitated prior to contacting the dengue virus.

I will touch on a few highlights and not attempt a treatise on dengue, but will report on a significant finding that I have not found to be reported in the literature, although it may have been. I have very limited access to current literature.

Transmission: dengue viruses are transmitted to humans by the *Aedes aegypti* mosquito. The biting occurs in the early morning.

Incubation period: 2-7 days following the bite.

The most prominent symptoms, in my experience, are sudden onset of high fever, headache, severe backache, myalgia and arthralgia. The backache has been pronounced. Nausea, vomiting anorexia and taste aberrations are frequent; not reported, but present in a significant number of cases I have seen, is diarrhea. The face is commonly flushed, with puffiness of the eyelids.

The clinical course is significant. The fever initially lasts 3-5 days, then subsides for 24-48 hours. The fever then returns and is accompanied by a diffuse morbilliform rash, which spares the palms and soles, and lasts from 2-5 days. The literature reports a general lymphadenopathy, which is almost always present. What I have not seen as reported is the presence of post auricular and post occipital lymphadenopathy, which has been present in about 20 percent of patients I have seen. This, along with the morbilliform rash, makes the process easily confused with Rubella. The distinguishing features are the laboratory findings and the clinical course of dengue fever.

There is an accompanying leukopenia in the 1500 to 3500 range and thrombocytopenia that is significant. In the cases I have seen, the platelet count has varied from 39,000 to 138,000. Platelets are frequently transfused in the Philippines but none of the patients I have seen have been transfused out of concern for the quality of blood available and difficulty with HIV and Hepatitis screening. All have recovered spontaneously and the platelets usually follow the WBC in returning to normal spontaneously. The morbidity is significant, requiring from 2-8 weeks for recovery. Treatment is supportive. Aspirin is not used. Acetaminophen, forcing of fluids and rest are the common treatment.

Dengue virus infection can be diagnosed serologically or by isolation of the agent in culture. The virus in Manila was isolated by St. Luke's Hospital and is type 3 in the 1996 outbreak.

To summarize my thoughts: the triad of a high fever that begins abruptly and lasts 3-5 days; then subsides and is accompanied by severe myalgias, the most prominent of which is backache and headache; fever subsides for 24-48 hours, returns as before and is accompanied by a diffuse morbilliform rash that spares the palms and soles; and is accompanied by a general lymphadenopathy, with laboratory findings of leukopenia, thrombocytopenia with significant morbidity for 2-8 weeks, is the clinical course. Other findings worthy of mention are post auricular and post occipital lymphadenopathy, and diarrhea, that I have not seen reported.

Dengue hemorrhagic fever/dengue shock syndrome (DHF/DSS) occurs in children. Following inoculation by the bite of an infected mosquito, the dengue virus distributes throughout the lymphatic system to involve the liver, spleen, bone marrow and skin, causing scattered petechiae, ecchymoses and may produce GI hemorrhage, hemorrhage from the mouth and nose and renal failure. The hemorrhagic manifestations occur during the second phase of the illness, ushered in by the return of the fever and diffuse rash.

Dengue virus infection is diagnosed in the laboratory by culture or serologically. The clinical course and accompanying leukopenia and thrombocytopenia are very reliable tools for a diagnosis.

Osteopathic Medicine's
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Today, the osteopathic physician faces extra challenges. You must provide quality health care, but it must be increasingly cost-effective in the managed care environment. Meanwhile, you must maintain your patients' active participation in their own health care.

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For more information on the Caring Cooperative's programs, just ask your SmithKline Beecham consultant or call the AOA at 1-800-621-1773, Ext. 7426.



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Education Section, 198



Self's Tips & Tidings

Don Self & Associates

Filing Blue Cross Claims

With dozens of Blue Cross/Blue Shield offices located around the country, Blue Cross has made one thing a little bit easier...filing claims. BC/BS requests that you file all BC/BS claims with your local carrier who will then route the claim to the appropriate payment office. They are doing so in order to make sure your payment level stays consistent, rather than having your claim paid at a lower or higher payment level dependent on the locality in which they are located. This is definitely a positive for you, since you only have to file all of your BC/BS claims to one location. If you are filing claims electronically, you can file all of your claims with Blue Cross/Blue Shield Dallas.

CHAMPUS has Limiting Charges

We have just found out that CHAMPUS has Limiting Charges set up exactly as Medicare has done for years. If you are a non-participating CHAMPUS physician (electing to collect your fee from the patient and then have CHAMPUS reimburse the patient), CHAMPUS has a Limiting Charge of 115 percent of their approved amount. They do not have the same powers as Medicare, in that CHAMPUS cannot fine you civil monetary penalties, but they can exclude you from their program. Wait a minute..."exclude you?" That would basically mean that the services you provide to patients would not be covered by CHAMPUS and the patients would not be reimbursed for your services. Therefore, CHAMPUS patients would have to go elsewhere for services, at which point you could then replace the CHAMPUS patients with private-paying patients who do not require all of the paperwork hassles that CHAMPUS requires. You would be allowed to bill your regular fee and be reimbursed at regular reimbursement levels. I know if we think long and hard enough, we can come up with a down-side to this...

Medicare Physical Therapy Limits

Some offices are under the impression that Medicare limits physicians to \$900 per year in covered physical therapy services. This limit applies to self-employed physical therapists and does not apply to physicians billing for physical therapy rendered by either themselves or their employees.

Not Getting the Message Through

At the MidWinter Conference in Dallas in February, we were approached by two doctors, who have been reading our articles for years, with similar questions. One physician asked if we ever do consulting for physicians and evaluate practices to help increase their income. The answer is a resounding yes. The reason we write these articles and teach the workshops is so that we can get consulting assignments. TOMA does not pay us for writing these articles, yet we do so and benefit from their generosity through such exposure in the magazine.

The other question concerned whether we file insurance

claims electronically for physicians. Again, an emphatic yes! We currently file hundreds of Medicare, Medicaid, BC/BS and private claims daily for physicians throughout Texas. Some of these physicians have computers and some do not. We are able to handle them regardless of the computerization status of physicians' offices. For more information, call us at 800-256-7045.

Diagnosis Coding is Number One Problem

Since we are consultants to dozens of physicians in Texas and Oklahoma, we review hundreds of claims and EOMBs each month. We have found that the most common reason for rejections and denials from Medicare is still incomplete or invalid diagnosis coding. For instance, the following were all denied by Medicare for the reasons indicated:

- 402.9 Denied - Needs 5th digit
- 428.10 Denied - No 5th digit needed
- 455.30 Denied - No 5th digit needed
- 015.07 Denied - Needs 5th digit - but #7 is not valid 5th digit
- 599.00 Denied - No 5th digit needed

We cannot stress the importance of having a current (1997) ICD-9 code book.

Don Self & Associates

P.O. Box 1510

Whitehouse, TX 75791

800-256-7045; FAX 903-839-7069

Transcription Services Ruled Nontaxable

Texas sales tax is imposed only on services coming within the definition of a "taxable service," which includes "data processing." For years, the State of Texas had asserted that medical transcription services fall within the definition of taxable "data processing," because it equated medical transcription services with simple data entry. However, in *Austin Diagnostic Clinic Association v. Sharp*, the District Court of Travis County has ruled that medical transcription services involve the application of knowledge of the medical sciences in the recognition, interpretation, evaluation and correction of medical transcripts. Thus, medical transcription services are nontaxable professional services rather than taxable data processing. The ruling will not be appealed.

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

UNT Health Science Center Hosts Fifth Annual Research Appreciation Day

The University of North Texas Health Science Center at Fort Worth announced Dr. James A. Pawelczyk as keynote speaker for the fifth annual Research Appreciation Day, taking place March 26 on the health science center's Fort Worth campus. Dr. Pawelczyk has been appointed to serve on the 1998 NASA Life Sciences Shuttle Mission, and received his training and education at the UNT Health Science Center.

The health science center will showcase the work of its graduate students from the Graduate School of Biomedical Sciences at Research Appreciation Day, offering a perspective of almost 100 research studies that could be the solutions to some of science and medicine's current mysteries. All of the day's activities, including the keynote by Dr. Pawelczyk, are open to the public.

Research Appreciation Day includes science-oriented presentations that promote research within the institution by the graduate students. Students compete in both oral and poster presentations in several categories including aging, cardiovascular and eye research. Presentations include research exploring the following areas:

- Determining the impact of marathon training in order to reduce cardiovascular risk
- Studying the effects of certain proteins on learning and memory in aging to advance the study of Alzheimer's disease
- Testing the effects of insulin towards the improvement of blood flow in heart attack patients
- Changes in the wound healing process at zero gravity
- Development of more effective vaccines against influenza, especially for the aging
- Tests to determine advanced glaucoma treatment
- Observation of the increased incidence of infectious diseases from intravenous abuse

Judges will select the top three presentations in oral and poster categories and prizes will be awarded to those winners. Judges represent organizations including Alcon Laboratories, Electronic Monitors International, Inc., Johnson & Johnson Medical, MicroChem Laboratory and University of Texas at Arlington.

Dr. Pawelczyk will receive the Distinguished Alumnus Award of the Graduate School of Biomedical Sciences before his keynote address. His career achievements include a National Institutes of Health postdoctoral fellowship, published dissertation work in the *American Journal of Physiology*, a NASA Individual National Research Award and a project principal investigator on a NASA Center of Research and Training Program project. He also worked closely with the Space Flight Program of NASA on SLS2 and the European Space Flight program.

He has now been appointed as a payload specialist for the

NASA Life Sciences Shuttle Mission known as NeuroLab, to be launched in 1998. His keynote for the Research Appreciation Day luncheon will be on "Cardiovascular Adaptations to Spaceflight: A Terrestrial Perspective."

The Graduate Student Association will host a career opportunities forum, giving students an opportunity to learn about careers in both industry and academics. The career panel includes representatives from the health science center, Abbott Laboratories, Inc., Tarrant County Junior College and Texas Wesleyan University.

Research Appreciation Day is a cooperative effort between the Graduate School of Biomedical Sciences and the Office of Research and Biotechnology at the UNT Health Science Center. For more information on Research Appreciation Day, contact Carla Lee at 817-735-2560.

Sponsors for this year's Research Appreciation Day include Abbott Laboratories, Coca-Cola Bottling Company of North Texas, Doctors Bookstore, Educational Employee Credit Union and Travel Service Everywhere/Ridglea Village Tavern.

UNT Health Science Center Studies Improvements for Migraine Treatment

The UNT Health Science Center is searching for candidates for a clinical study evaluating an investigational treatment for a debilitating and puzzling condition suffered by more than 10 million Americans - migraine headache.

Candidates for this study must be adults with a history of migraines. Participants will receive a comprehensive headache examination and study-related medical care at no cost. Dr. William McIntosh, neurologist and faculty member at the health science center, is the principal investigator for the study. He explained how an imbalance of a particular biochemical in the brain causes a migraine.

"During a migraine attack, an imbalance of a biochemical called serotonin occurs, causing changes in the blood vessels of the head and brain. Changes also occur in the nerve cells of the brain," said Dr. McIntosh. "These changes in blood vessels and nerve cells of the brain result in the typical throbbing pain on one side of the head."

Although there is no cure for migraine, there are treatments available. And as research into the cause of migraine evolves, new medications are being developed. Researchers at the UNT Health Science Center will evaluate the effectiveness of an investigational migraine drug for its ability to correct the imbalance of the serotonin.

"An estimated nine percent of the world's population suffers from migraine, yet only 30 percent to 40 percent of these patients are properly diagnosed and treated," said Dr. David Gibson, Director of the Office of Clinical Research at the UNT Health Science Center. "As part of our role as a clinical research institute, we hope to continue to aid the people in our community through these important trials of possible new therapies."

Migraine headaches can last from a few hours to a few days, and can occur anywhere from several times a year to as frequently as several times a week. Migraines can impact a person's ability to work and perform daily routines and are responsible for more than 150 million lost work days each year in the United States, totaling nearly \$5 billion in lost work time.

For more information on participating in this study, contact the Office of Clinical Research at the health science center at 817-735-0256.

In addition to this migraine study, physicians and surgeons at the UNT Health Science Center are participating in some 20 other clinical trials seeking improved treatments for such disorders as hypertension, chronic pain, stroke and osteoarthritis. ■

A Key to Understanding Migraine Headaches

- *Migraine often begins at the same time every week and is often caused by specific triggers such as excessive heat or cold, bright light, irregular sleep patterns or excessive noise.*
- *Changes in the blood vessels and nerve cells of the brain result in throbbing on one side of the head that is typically felt by migraine sufferers.*
- *Migraines can last from a few hours to a few days and can occur from several times a year to several times a week.*
- *Migraine affects approximately 16 million women, six million men and two million children in the United States.*
- *Migraine headaches can impact a person's ability to work and are responsible for more than 150 million lost work days each year in the U.S.*

Source: University of North Texas Health Science Center at Fort Worth

ATOMA News

Names of Delegates and Alternates Needed

ATOMA District Presidents and Contacts:

It is time to elect delegates and alternates for the ATOMA House of Delegates meeting on June 12, 1997, in Fort Worth.

Each district is allowed three delegates and three alternates. This also includes unorganized districts. ATOMA state officers and board members are automatic delegates, so please elect six other members. The names need to be sent to me by April 30, 1997, so that they can be included in the Annual Report.

All delegates shall be active paid members of the State Auxiliary and be registered at the State Convention. - Article VIII, Section 2, ATOMA Constitution and Bylaws. Extra members and potential members are welcome to attend this meeting.

Please encourage attendance for this important meeting so we all can continue to support osteopathic medicine.

Thank you.

Elaine Tyler

ATOMA Credentials Chairman

6403 Wheatfield Court

Arlington, TX 76017

817-784-9909

FAX 817-735-5082

Wanted: "Freebies"

By Marilyn Richards
Auxiliary News Chairman

Here is an opportunity for you to do something to help others while you are having a "break" away from office and responsibility. (And, it will cost you nothing!) Collect those "free" toilet articles, offered for your use, in the hotel room where you stay. The S.A.A. is saving these "freebies" for the Edna Gladney Center in Fort Worth. Shampoo, conditioner, free soap, sewing kits, mouthwash, lotion, etc. Just keep them in a bag and bring them when you come to the TOMA convention.

Thanks and "happy travels"!

Let's Get Acquainted

By Linda Cole
ATOMA District I

Congratulations!

Congratulations are in order for Dr. Scott and Jere Blakeman on the arrival of their fourth daughter, Jessica Rene. Jessica was born on September 12, 1996. Her proud sisters are Andrea, 8 years old, Natalie, 6 years old, and Melanie, 2 years old. The Blakemans live in Tulia, Texas, and Scott is a delegate from District I.

Spotlight

Dean P. Brown, D.O., and his family are our spotlights for this issue. Dean and his beautiful wife, Jan, have been married 23 years and are the parents of David, 10, Jon, 7, and Laura, 3.

Dean is a graduate of Texas College of Osteopathic Medicine and served his family practice residency in Denver, Colorado. His wife, Jan, has a degree in biology and psychology and worked in the fitness lab at TCOM while Dean was in school. She helped train Fort Worth women firefighters to run in the 26.2 mile Cowtown Marathon.

Dean is a Sunday school teacher and is very active in his church. He is also a vintage car lover and can be seen driving around town in his prized 1958 Corvette. The Browns enjoy their life in one of nature's finest settings near the Palo Duro Canyon.

The Browns were just named Randall County's Family of the Year, thanks to their 10-year-old son, David, who won an essay contest as to why his family is extra special. Among other things noted in the essay, David mentioned the following: he thanked God for giving him such a good family; was thankful for his happy home; has never been left with a baby-sitter; his father makes house calls to senior citizens when the weather is bad so they don't have to get out and get hurt; his dad takes him to Sunday school every Sunday; and thinks his parents are nice because their parents were nice.

The Browns were honored in the Amarillo newspaper and were on the front page of the Canyon newspaper. They received a dinner, gift certificates and a plaque. David Brown should be very proud of himself to bestow such an honor on his family. ■

News from Osteopathic Health System of Texas

Nurses Go Back to Basic White Uniforms

The closing decade of the 20th century has been marked by high-tech advances in health care with new computer-driven applications in diagnostics, surgery and treatment.

During this time of change in health care, one unit at Osteopathic Medical Center of Texas is combining medical advances with a "back to basics" approach as a pilot program. "We are prioritizing customer service, fostering employees' interpersonal skills, and reviewing all of our systems from a patient's perspective," said Glenn Hermes, Quality Management Coordinator at OMCT. "We are implementing changes to make our medical center as patient-friendly as possible."

For example, the nursing staff on the post-surgical wing implemented a uniform change to ensure all employees were easily identifiable. The recent transition to all-white uniforms for registered and licensed vocational nurses and teal uniforms for technicians has been well-received by patients and physicians alike.

"After researching how patients perceive nurses, we realized the first thing that comes to mind when people think about a nurse is white," said Lynn Phillips, director of the post-surgical unit. "The uniform change has also created a more comfortable working atmosphere for physicians and medical students, who can identify an employee's function by his or her uniform."

According to Phillips, the unit's nursing staff developed a mission statement and a code of conduct to guide the "Back to Basic" program. The code of conduct stresses patient rights and the importance of effective communications.

To bolster communications between patients and their families and hospital personnel, the unit is adding dry eraser boards to the foot of patient beds. The board will include information about the patient's diet and exercise, as well as tests to be run that day. Patients' family members also will be encouraged to write down any questions, so that physicians can address them when they make their patient rounds.

Osteopathic Medical Center's employee-generated program strives to make patients feel comfortable and is an



Barbara Thompkins, left, got help from OMCT physician Mary Ann Block, D.O., for chronic fatigue syndrome.

integral component in delivering quality care.

Mother Finds Hope, Freedom from Chronic Fatigue Syndrome

Barbara Thompkins always had problems with being tired and easily winded. She remembers feeling that way in college. But after the births of each of her three children, the 43-year-old mother's problems got worse: severe bouts of post-partum depression coupled with insomnia and never-ending joint and muscular aches.

"After I had my last child, I never recovered from post-partum depression, and she's eight years old," Barbara recalls. To make matters worse, Barbara, the mother of two other children ages 15 and 12, found her fatigue was so intense that she could not care for her family anymore.

Intent on feeling well again, Barbara sought help from numerous physicians, whose response was to prescribe several psychotropic drugs for her. Finally, someone recommended she call The Block Center, headed by Mary Ann Block, D.O., who specializes in treating chronic health problems in children and adults. Dr. Block, on staff at OMCT, began treating the causes of Barbara's ailment - allergies, yeast infections and a magnesium deficiency were three of the root problems - and weaned her off the drugs. Today, Barbara says, "I'm enjoying my life now."

Barbara and some other chronic fatigue syndrome patients under Dr. Block's care have participated in a patient-funded Food and Drug Administration-approved investigation through the Great Lakes Association of Clinical Medicine in Chicago. Patients in the investigation receive an immunotherapy treatment similar to an allergy shot. Study results through 1996 revealed that of 558 patients taking the immunotherapy treatment, 84 percent reported positive results. Dr. Block is the only osteopathic physician in the Metroplex who is participating in the study. Though the study is an immunotherapy treatment, chronic fatigue syndrome can be triggered by a number of problems, including stress, vitamin and mineral deficiencies and illness.

Fatigue is the seventh most common complaint seen in primary care practices and results in greater than 10 million visits to physicians annually. The symptoms of chronic fatigue syndrome include mild fever, sore throat, painful lymph nodes and muscles, headaches, forgetfulness, insomnia and extreme, impairing fatigue that does not improve with bed rest. Because the root causes of the syndrome are often difficult to diagnose, patients suffering from chronic fatigue syndrome are often told their symptoms are psychological, and they are not correctly diagnosed and treated. Small outbreaks of similar disorders have been described in medical literature since the 1930s.

"You need someone to reassure you," Barbara said. "This is a very lonely disease. People don't want to be around people who have 'chronic hypochondriac' complaints all the time. If it is treated like a mental illness, those people never have a chance to recover."

Dr. Block agrees. "Physical problems cause our nervous system and our mental state to be affected."

OMCT physician Sharon Irvine, D.O., agrees that treatment requires a look at the patient's physical, emotional and spiritual health. And while most CFS patients are advised to take vitamin C, B12 and magnesium and to partake of some form of daily exercise, Dr. Irvine, medical director at the Health & Fitness Connection, just as often prescribes meditation for CFS patients. "They need to learn how to find their center and to find out what their purpose is in life," she said.

The disease can and usually is triggered by a variety of occurrences, including prolonged illness, stress and chemical exposure. Most pointedly, people realize they have the disease when normal daily life becomes too difficult to carry out. "One of the first things they notice is they don't have any endurance in terms of exercise. A walk around the block feels like they've been exercising for an hour," Dr. Irvine said, adding that for that reason, "I advocate people to not listen to that old adage, no pain, no gain."

For those who think they may have CFS, Dr. Irvine advises finding a physician who specializes in knowledge of biochemistry and nutrition. Finally, Dr. Irvine emphasized that there is hope for CFS patients. "You have to understand what the word 'chronic' means. It means that general medicine has not developed a cure yet," she said. "There are ways for some people to recover from 'chronic' illnesses."

Wound Healing Provides Diabetic Patients With Hope for Future

Poor circulation, nerve damage and swelling - these are all typical problems a diabetic patient must face. The factors lead to a plethora of other difficulties and can sometimes result in the loss of a limb. But proper care and treatment may prevent that.

Enter OMCT's Wound Healing and Hyperbaric Medicine Center, where a staff of trained nurses and physicians provide the best, most comprehensive wound treatment program available in Tarrant County. One option for some patients is the hyperbaric chamber, a process that forces pressurized oxygen into the patient's body to stimulate healing. Oxygen in the system promotes capillary growth, which brings nutrients to the affected area and speeds the healing process. The hyperbaric chamber can be effective for patients who would not benefit from an operation and have low oxygen levels around the wound that responds to increased oxygen exposure. OMCT has the only multi-place hyperbaric chamber in Tarrant County. Hyperbaric chamber treatments can literally save lives and limbs.

For instance, poorly fitting shoes are an example of a basic problem that for most people would mean blisters and sore feet. For the diabetic, that blister or even an ingrown toenail can become an injury that he or she may not be aware of, due to a loss of feeling (nerve damage in the extremities). Add to that poor circulation and possibly poor eyesight, another common problem among diabetics, and a simple blister can become a chronic wound, because diabetics' bodies often do not heal as efficiently as others. Diabetics also can develop chronic wounds after bumping into something.

"They will hit things and they don't honestly feel that they've hit anything that hard," said Daisy Myers, the center's nursing director. Robert Cosgrove knows that all too well. He became a patient at the Wound Healing and Hyperbaric Medicine Center last fall after a summer accident left him in pain for months. "I dropped a stepping stone on my foot," he said. "I thought I missed my foot, but I actually hit the bone in my little toe." Because of his diabetes, Cosgrove, 65, has lost feeling in his right foot. His left leg had previously been amputated after a similar mishap.

"I figured I lost the other one, so I better hang on to that one," he said. The ulcer on his foot has since healed, and Cosgrove commended the staff for their care and kindness.

Improperly treated wounds may



Daisy Myers, R.N., teaches a patient how to care for his wound at OMCT's Wound Healing and Hyperbaric Medicine Center.

become infected, and indeed the tissue in that area may begin to die. But OMCT's wound healing experts say the chances are good that tissue can be saved. Daisy said OMCT offers a team approach to wound healing, using the latest technology to determine the severity of the wound and the patient's ability to heal. Patients receive a complete medical history, a nutritional analysis and comprehensive laboratory work, including blood sugar assessments.

"Then we decide why the ulcer is there; we address the cause," Daisy said, adding that each patient receives a wound care treatment regimen. Other chronic wound patients may benefit from surgery to relieve an artery blockage.

In addition to wound care, patients at the Wound Healing and Hyperbaric Medicine Center receive education - on how to care for their wounds and how to prevent them in the future - through exercise and diet and even hygiene.

John G. Mills, the center's medical director, said everyone on the wound care staff gets involved in patient care. Knowing what causes the wound is essential in treatment. "If we don't understand what's causing the wound, we don't understand how we can attack

and correct the problem", he said.

For more information about OMCT's Wound Healing and Hyperbaric Medicine Center, call 817-735-3300.

Vascular Surgery Without the Scalpel

About two million Americans are affected by obstructions in veins or arteries that, if left untreated, can lead to heart attack, stroke, gangrene or kidney damage. Many of these people are now opting for a procedure without severe pain, long recovery, expensive hospital stays or missed work. In fact, many patients return to work the next day.

Dr. Lloyd W. Brooks, a board-certified cardiologist at OMCT, is the first cardiologist in Fort Worth to utilize percutaneous intravascular ultrasound (IVUS) to look inside the heart and peripheral blood vessels. This advanced technology renders a sonar image of a cross-sectioned blood vessel which reveals diagnostic information necessary for treatment.

The hardware components in the system include an ultrasound catheter and an electronic imaging system which involves a computer, control panel,

monitor, VCR and printer. The catheter, inserted in the artery or vein, generates a signal which is sent to the computer. The computer images can differentiate fibrous or calcified plaques and provide cardiologists with information to determine which plaques are most serious, which are susceptible to rupture, and which vessels may progress to more serious disease.

"Unlike angiography, which renders a silhouette image of a vessel, ultrasound can examine the anatomy within the plaque and vessel wall," said Dr. Brooks. "Not only are we able to pinpoint exactly where the blockage occurs, we can also assess the vascular anatomy, which ultimately aids in determining the best treatment for the patient. Diagnosis does not always result in surgery."

A nonsurgical treatment initiated by Dr. Brooks at OMCT is the Rotoblator. He was the first cardiologist in Fort Worth to utilize the high-speed, diamond-tipped burr that cleans hard, calcified plaque blocking the flow of blood. Said Dr. Brooks, "The staff at OMCT's cardiology care have been using the Rotoblator to clear plaque from arteries for more than four years

with a better-than-90 percent long-term success rate."

In many cases, immediately following the Rotoblator procedure, an intravascular stent - a small stainless steel tube that permanently holds arteries open - is inserted. OMCT is one of the few hospitals in Fort Worth placing peripheral stents and is active in training other medical centers in the area on its use.

"More of our cardiovascular cases are now treated without bypass surgery," said Dr. Brooks. "With alternative and less invasive methods such as intravascular ultrasound, Rotoblator, percutaneous intravascular stents, cholesterol-lowering medicine and strict diets, many patients can avoid expensive and serious operations."

Special Note: *U.S. News & World Report* named OMCT's cardiology care as the best in Tarrant County for 1996. Cardiology services director Richard Durham heads the heart cath lab, cardiopulmonary diagnostic and respiratory therapy departments at OMCT ■

In Memoriam

S. J. Montgomery, D.O.

Dr. S. J. Montgomery of Miami, Texas, passed away February 27, 1997. He was 91 years of age.

Funeral services were held at the United Methodist Church of Miami with entombment in Memory Gardens Mausoleum.

Dr. Montgomery was a 1927 graduate of the University of Osteopathic Medicine and Health Sciences/College of Osteopathic Medicine and Surgery, Des Moines, Iowa. He moved to Miami in 1934, where he practiced family medicine for 51 years before his retirement in 1985.

He was the Roberts County health officer for 50 years and chairman of the March of Dimes for 20 years. Dr. Montgomery was chosen Citizen of the Year by the Miami Chamber of Commerce in 1973 and received the Good Guy of the Year Award from KVII Pro News for attending to a patient during the blizzard of 1971.

Dr. Montgomery was a past president of the Miami school board and a member of United Methodist Church in Miami. He was a master Mason for more than 70 years and a member of the El Paso Scottish Rite Consistory.

He was a Life Member of the Texas Osteopathic Medical Association and a member of TOMA District I.

Survivors include a son, Richard J. Montgomery of Garland; two daughters, Myrna Cheek of Fredericksburg and Saranne Judkins of Bay City; two grandchildren; four great-grandchildren; and four stepgrandchildren.

The family suggests memorials be made to United Methodist Church of Miami, the Scottish Rite Hospital for Children in Dallas or Hospice of the Panhandle in Pampa.

Blood Bank Briefs for Physicians

"The Irradiation of Blood and Blood Components to Prevent Graft-Versus-Host Disease"

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

Irradiation of cellular blood components is currently the only acceptable method for prevention of transfusion-associated graft-versus-host disease (TA-GVHD). TA-GVHD occurs when viable donor T-lymphocytes proliferate and engraft in susceptible individuals after transfusion. TA-GVHD results in significant morbidity and mortality in approximately 80 percent to 90 percent of individuals so affected.

The instrument for irradiation of blood at Carter Blood Center is the Cesium-137 Irradiator. The gamma rays' irradiation results in the inactivation of T-lymphocytes by damage to T-lymphocyte DNA and prevents post-infusion proliferation that abrogates the potential for GVHD.

In recent years, there have been several advances in blood irradiation practice. These include a better definition of the most appropriate dose level when irradiating blood components. The dose must be 2,500 cGy to the central midplane of canister of irradiator (to ensure this dose, Carter Blood Center has a 3,000 cGy radiation dose). Dose mapping is performed once a year and after major repairs; correction for radioisotope decay of Cesium-137 is performed annually. Turntable rotation is verified daily and radiation-sensitive indicator labels are used at each time of radiation of component to confirm that the irradiation process has taken place. The storage time for red cells after irradiation is up to 28 days; there is no change in the storage time for platelets after irradiation.

The following guidelines for irradiated blood components are provided as an educational resource for physicians. Indications for irradiated blood components are:

1) Currently accepted indications:

- Immunocompromised marrow or organ transplant recipients.
- Patients with hematologic disorders who will be undergoing allogeneic marrow transplantation imminently.
- Intrauterine transfusions.
- Neonatal exchange transfusions or use of extracorporeal membrane oxygenation (ECMO).
- Patients with Hodgkin's Disease.
- Patients with congenital cell-mediated immunodeficiencies.
- Recipients of directed donations from biologic relatives.
- Recipients of donations from HLA-matched donors.
- Recipients who are heterozygous at an HLA locus for which the donor is homozygous and shares an allele.

2) Possible indications:

- Individuals getting immunosuppressive therapy, especially when susceptible to opportunistic infections.

- Cancer patients who are immunosuppressed because of chemotherapy or irradiation.
- Low birthweight neonates.
- Patients with AIDs who have opportunistic infections.

GVHD is not a new entity or a newly discovered clinical condition induced by transfusion. As physicians become more aware of the clinical manifestations of GVHD, it should be recognized and diagnosed more promptly following the infusion of cellular blood components. However, because the case fatality ratio approaches 100 percent, prevention rather than treatment is the key to reducing TA-GVHD related mortality. ■

References;

- Przepiorka D, LeParc G, et al. Use of Irradiated Blood Components Practice Parameter. *AJCP* 1996;106:6-11.
- Moroff G, Luban N. The Irradiation of Blood and Blood Components to prevent Graft-versus host disease: Technical Issues and Guidelines; *Transfus Med. Rev* 1997;11:15-26.

10 Years Ago in the Texas D.O.

• Bill H. Puryear, D.O., was elected president of the Texas Osteopathic Medical Association. Installation ceremonies were held during TOMA's 88th Annual Convention and Scientific Seminar in Austin, April 23-25. M. Lee Shriner, D.O., became the new president-elect, and Joseph Montgomery-Davis, D.O., the new vice president.

• Installed as president of the Auxiliary to the Texas Osteopathic Medical Association was Mrs. Marilyn Mohnen.

• The TOMA House of Delegates passed a resolution calling on the Texas Delegation in Congress to oppose further cuts in Medicare and Medicaid physician reimbursement fees in order to maintain quality health care to recipients.

• Royce K. Keilers, D.O., was named the "General Practitioner of the Year" by the Texas State Society of the American College of General Practitioners in Osteopathic Medicine and Surgery.

• In his State of the State Address, Oklahoma Governor Henry Bellmon recommended to the Oklahoma Legislature that the Oklahoma College of Osteopathic Medicine and Surgery be phased out and Oklahoma students wishing to study osteopathic medicine be provided state loans in order to attend other osteopathic schools in the country.

• A California public hospital became the first hospital to be investigated under the Consolidated Omnibus Budget Act of 1986, a federal law allowing for sanctions against physicians and hospitals who transfer emergency patients to other hospitals without determining whether the patients are in stable condition. ■

New Members

TOMA would like to welcome the following new members who were approved at the February 14, 1997, Board of Trustees meeting:

Regular Members

Robert J. Beals, D.O., Family Practice: 6100 Jacksboro Highway, Fort Worth, 76135. Medical education: Kirksville College of Osteopathic Medicine (KCOM), Kirksville, MO, 1993. Internship: Dallas Family Hospital, Dallas, 1993-94. Family Practice residency: Osteopathic Medical Center of Texas, Fort Worth, 1994-96. DOB 6-16-65.

Paul T. Duncan, D.O., Family Practice: 1 Chisholm Trail, #300, Round Rock, 78681. Medical education: University of North Texas Health Science Center at Fort Worth/Texas College of Osteopathic Medicine (UNTHSCFW/TCOM), 1993. Internship: Bay Area Medical Center, Corpus Christi, 1993-94. Family Practice residency: Bay Area Medical Center, 1994-96. DOB 3-15-50.

Dwayne P. Edge, D.O., Family Practice: 210 W. Sarah St., Cuero, 77954. Medical education: UNTHSCFW/TCOM, 1993. Internship: Memorial Medical Center, Corpus Christi, 1993-96. Family Practice residency: Memorial Medical Center, 1993-96. DOB 7-17-57.

Ray R. Fulp, III, D.O., Orthopedics: 3605 Kelvin Avenue, Fort Worth, 76133. Medical education: Oklahoma State University/College of Osteopathic Medicine (OSU-COM), Tulsa, OK, 1989. Internship: Community General Osteopathic Hospital, Harrisburg, PA, 1989-90. Orthopedics residency: Community General Osteopathic Hospital, 1990-94. DOB 9-24-61.

David L. Graham, D.O., Family Practice: 922 W. I-30, #404, Garland, 75043. Medical education: The University of Health Sciences/College of Osteopathic Medicine (UHS-COM), Kansas City, MO, 1987. Internship: Dallas Memorial Hospital, Dallas, 1992-93. Family Practice residency: Dallas Memorial Hospital. DOB 6-8-44.

Baxter D. D. Greer, D.O., Family Practice: 1901 W. William Cannon, Austin, 78745. Medical education: UHS-COM, 1960. Internship: Oklahoma Osteopathic Hospital, Tulsa, OK, 1960-61. DOB 10-20-23.

Kristie C. Hajek, D.O., Diagnostic Radiology: 802 E. 12th St., Dumas, 79029. Medical education: KCOM, 1991. Internship: Tri-City Hospital, Dallas, 1991-92. Diagnostic Radiology residency: Deaconess Medical Center, 1992-96. DOB 4-8-65.

Sandra J. Hazelip, D.O., Family Practice, 500 W. Plummer, Eastland, 76448. Medical education: UNTHSCFW/TCOM, 1984. Internship: Northeast Community Hospital, Bedford, 1984-85. DOB 4-29-41.

Edwin L. Parsley, D.O., Internal Medicine, 6410 Fanning, Suite 545, Houston, 77030. Medical education: OSU-COM, 1988. Internship: Flint Osteopathic Hospital, Flint, MI, 1988-89. Internal Medicine residency: University of Texas, Houston, 1989-91. DOB 1-23-61.

Scott L. Siegal, D.O., Internal Medicine: 1002 Montgomery, Suite 200, Fort Worth, 76107. Medical education: UHS-COM, 1990. Internship: Riverside Osteopathic Hospital, Trenton, MI, 1990-91. Internal Medicine residency: Riverside Osteopathic Hospital, 1990-91. DOB 1-21-63.

Neil A. Pock, D.O., OBG/GS: 1406 West SW Loop 323, Tyler, 75701. Medical education: KCOM, 1970. Internship: Kirksville Hospital, Kirksville, MO, 1970-71. OBG-GS residency: J.F.K. Hospital, Stratford, NJ, 1982-86. DOB 1-4-36.

James O. Royder, D.O., Retired: 703 Francis, Lancaster, 75146. Medical education: UHS-COM, 1965. Internship: East Town Osteopathic Hospital, Dallas, 1965-66. DOB 10-30-31.

Todd A. Thacker, D.O., General Practice: 1731 St. James Drive, Carrollton, 75007. Medical education: UNTHSCFW/TCOM, 1991. Internship: Dallas/Fort Worth Medical Center, Grand Prairie, 1991-92. DOB 6-2-64.

Non-Resident Associate Member

Yolanda R. Greene, D.O., 51 Northtown Dr., Apt. 151, Jackson, MS 39211.

Associate Members

Robin R. Rienstra, 3715 Camp Bowie Blvd., Fort Worth, 76107.

Jeffrey J. Schmeltekopf, 3112 W. 4th St., Fort Worth, 76107.

Retired Member

Stanley R. Briney, D.O., Route 2, Box 338, Bowie, 78701.

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C. Ricardo Estrada, D.O.; **Gail Kenneally-McCardell, D.O.**; **Steve W. Krause, D.O.**; **Cynthia H. Morrison, D.O.**; **Manuel Tellez, III, D.O.**; **Flavia L. Thomas, D.O.**; and **Steve E. Vacalis, D.O.**

TRICARE/CHAMPUS Nonavailability Statement Rules Change; Care Authorization Required

There are two important rule changes concerning when nonavailability statements (NAS) will be required by TRICARE/CHAMPUS-eligible patients.

The first change: For all outpatient services from civilian sources provided on or after September 23, 1996, TRICARE/CHAMPUS patients will no longer need NASs. (But see the "Important Note" below, for other prior-approval requirements in areas where TRICARE is in operation.)

An NAS is a certification by a uniformed services medical facility - usually a hospital - that a specific type of non-emergency care is not available at that facility, at a specific time, to a patient who needs that care, and who lives within the hospital's Zip Code service area (also called a "catchment area").

In order for TRICARE/CHAMPUS contractors to share the cost of certain covered outpatient services provided by a civilian source before September 23, 1996, persons who live within that Zip Code service area of a uniformed services hospital must have an NAS from the hospital on file electronically in the DEERS (Defense Enrollment Eligibility Reporting System) computerized data base. When the service hospitals can't provide the care needed, they file NASs with DEERS on behalf of patients who live within their service areas.

The outpatient procedures for which an NAS is still needed for care provided before September 23, 1996, are:

- * Gynecological laparoscopy (use of an instrument called a laparoscope to examine female reproductive organs in the abdomen);

- * Cataract removal;

- * GI endoscopy (visual examination of the interior of the gastrointestinal tract);

- * Myringotomy or tympanostomy (incision of the tympanic membrane in the ear to relieve pressure and drain fluid from the middle ear. This includes placement of tubes in the ear to aid drainage);

- * Arthroscopy (use of an instrument to visually examine the interior of a joint, such as the shoulder, elbow, wrist, knee and ankle);

- * Dilation and curettage (D & C - widening of the cervical canal and scraping of the uterine cavity) for diagnostic or therapeutic reasons;

- * Tonsillectomy or adenoidectomy;

- * Cystoscopy (use of an instrument to examine the interior of the bladder);

- * Hernia repairs;

- * Nose repair (rhinoplasty and septoplasty) - changing the shape of the nose;

- * Ligation or transection of fallopian tubes (cutting the fallopian tubes to prevent fertilization);

- * Strabismus repair (surgery to lengthen or shorten muscles that help the eyes function together);

- * Breast mass or tumor removal;

- * Neuroplasty (decompression or freeing of nerves from scar tissue).

NASs are still required for non-emergency inpatient care from civilian sources for those people who live within the service areas of one or more uniformed services hospitals, and who get their civilian care under TRICARE Standard

(CHAMPUS) or TRICARE Extra. However, persons who are enrolled in TRICARE Prime won't need inpatient NASs in most cases; see "the second change," below.

Important note: Even though NASs are no longer required for the outpatient procedures listed above if the care was received on or after September 23, 1996, there is a requirement (*only in areas where TRICARE contracts are in operation*) that providers who see all TRICARE/CHAMPUS-eligible persons - not just those who live within the Zip Code service area of a uniformed services hospital - must have these procedures, plus three others, approved ahead of time by the regional TRICARE contractor.

The three additional outpatient procedures also on the list of those needing authorization ahead of time by the contractor are: 1) cardiac catheterization; 2) laparoscopic cholecystectomy (gall bladder removal); and 3) magnetic resonance imaging (MRI).

Your provider of care (whether or not he or she participates in TRICARE/CHAMPUS) should ask for this pre-authorization from the health care finder at the nearest TRICARE service center, either by letter or by phone. If the provider doesn't (or won't) make the request, you should check with your health care finder to ensure that the procedure will be covered.

If advance authorization is not obtained for the procedures listed, the government will reduce the amount it pays to providers for the care by 10 percent. The contractor may waive the payment reduction if it decides that the provider could not reasonably have been expected to know about the pre-authorization requirement.

Check with your TRICARE contractor's nearest TRICARE service center, for details on any of these procedures - and find out if your TRICARE contractor has included any other procedures on the list of those for which prior approval is needed.

The second change: Effective for civilian hospital admissions on or after September 23, 1996, an inpatient NAS is not required for persons who are enrolled in TRICARE Prime, and who live within the service area of a uniformed services hospital. This is also true for PRIME enrollees who use the point-of-service (POS) option when getting health care.

"Using the POS option" means that persons who are enrolled in TRICARE Prime get care on their own from a source inside or outside their TRICARE network, without having an authorization from the health care finder. When a Prime-enrolled patient uses the POS option, he or she pays cost-shares and deductibles just as in TRICARE Standard (CHAMPUS) or TRICARE Extra, except that the amounts and percentages paid are increased beyond those paid by users of Standard and Extra. And, the annual deductible applies to inpatient as well as to outpatient care.

The cost-share under POS is 50 percent of the allowable charges (plus any additional charges by non-participating providers, up to the legal limit of 15 percent above the allowable). The annual deductible (for both inpatient and outpatient care) under POS is \$300 per government fiscal year for one person, and \$600 for a family. This means that a person who gets care under the POS option pays the first \$300 (or \$600 for a family) of charges for health care in a fiscal year before TRICARE/CHAMPUS begins sharing the costs of covered care. ■

FDA Requests Help from Health Professionals in Evaluating Therapeutic Switches

The Food and Drug Administration (FDA) is interested in receiving reports from health care professionals of any adverse consequences associated with "therapeutic switches," which is the substitution of a prescribed drug with a totally different drug.

The FDA notes that health care professionals and patients have expressed concern about health care programs that use limited formularies and manage pharmaceutical care by substituting a different member of a pharmacologic class, or a drug of a wholly different pharmacologic class, for the prescribed drug. Although these programs are intended to reduce pharmaceutical budgets for hospitals, managed care plans and other health plans, the FDA has received several reports of apparent adverse events associated with therapeutic switches. The practice of substitution appears to be on the increase.

Many therapeutic switches are uneventful; however, some switches may have adverse consequences. For example, even though drugs within a therapeutic class may have similar effectiveness and safety profiles, once a patient is titrated on one molecular entity, switching to another entity that has a different pharmacodynamic or pharmacokinetic profile could cause an adverse event if re-titration for optimal effect is not done. Further, members of the same pharmacologic class can have different adverse effects and drug-drug interactions. The effects of the therapeutic switches are not routinely studied during the new drug development process. Only post-

marketing experience can determine the risks of these therapeutic switches.

Therefore, the FDA is requesting the assistance of health professionals who are aware of any adverse consequences of therapeutic switches to report them through FDA's MedWatch reporting system as expeditiously as possible. In these reports, the names of both the originally prescribed drug as well as the drug to which the patient was switched should be included. As with other such reports, the identity of patients involved is confidential and legally protected; the identity of the reporter may be shared with the manufacturer unless the reporter requests otherwise. Health care professionals may call 1-800-FDA-1088 to report by telephone or to obtain a reporting form. Reports can also be faxed to 1-800-FDA-0178. Please note that this request for focused reporting does not apply to adverse events associated with generic drug substitution, although reporting of all serious events continues to be encouraged by the FDA.

Any questions should be directed to Ms. Laurie B. Burke, R.Ph., M.P.H., Division of Drug Marketing, Advertising and Communications, HFD-40, Center for Drug Evaluation and Research, FDA, 5600 Fishers Lane, Rockville, Maryland 20852; or by electronic mail at BURKEL@CDER.FDA.GOV. Ms. Burke's telephone number is 301-827-2828.

THANK YOU!

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

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NEEDED IMMEDIATELY - DALLAS/FORT WORTH/MIDCITIES AREA — Family Practice needs Primary Care Physician, BC/BE. No OB, competitive salary, and full benefits. Call DeAnne Jolly at 817-281-0402 or FAX CV to 817-281-6364. (07)

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RADIOLOGIST: BC/BE Interventional radiologist needed to join growing practice of 8 radiologists in Texas. Would prefer fellowship training in Interventional or Neurointerventional. Primary responsibility would be in Special Procedures with some general diagnostic radiology. Full benefit package with liberal CME and vacation time. Salary commensurate with experience. Direct CV and inquiries to Richard Schellin, D.O., Department of Radiology, OMCT, 1000 Montgomery St., Fort Worth, TX 76107; 817-735-3220. (15)

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)

HILL COUNTRY — Established and flourishing Women's Health & Fitness Center in Boerne, Texas, searching for dynamic, motivated D.O., GYN or Cosmetic Surgeon. Opportunity as working partner or straight office lease available. Need is immediate...patients are

waiting. Call Phyllis today - 210-816-2946 or 210-249-9063. (18)

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DOCTOR NEEDED in various parts of Texas to work small hospital emergency rooms on weekends. Also, full-time/part-time primary care opportunities available. For more information, call Jerry at the Lewis Group at 800-460-8159. (20)

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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 214-256-1882. (25)

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AMBULATORY FAMILY PRACTICE has opportunities for FT/PT BC/BE FP. Full benefits package for FT including malpractice, paid time off, expenses for CME/Lic. fees. Flexible schedule, no night call, no hospital work, no administrative hassles. Enjoy the lifestyle afforded by the Metroplex. Please FAX CV to 817-283-1059 or call Shannan at 817-283-1050. (36)

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