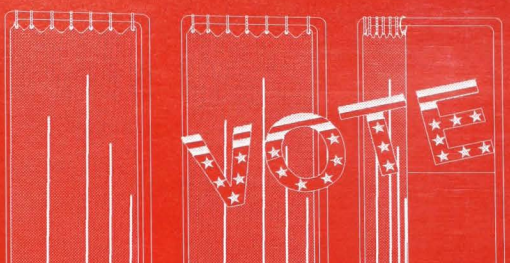
TEXAS D.O.
The Journal of the Texas Osteopathic Medical Association
October, 1996
LIII, No. 9



TOMA's Early Voting Day is October 23rd

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This month's features also include:

- 41st MidWinter Conference and Legislative Symposium Schedule & Registration Form
- Texas Hospitals Introduce New Interns and Residents

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	800/621-1773
Washington Office	202/544-5060
	800/962-9008
American Osteopathic Healthcare Association	703/684-7700
Physician's Choice Medical Malpractice	800/366-1432
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For Premium Rates, Enrollment & Information	1-800/321-0246
TOMA Major Medical Insurance	1-800/321-0246
TOMA Disability Insurance Program	1-800/321-0246
UNTHSC/Texas College of Osteopathic Medicine	817/735-2000
	Dallas Metro 429-9120
Medicare Office:	
Part A Telephone Unit	800/813-8868
Part B Telephone Unit	903/463-4495
Profile Questions	214/766-7408
Provider Numbers:	
Established new physician (solo)	214/766-6162
Established new physician (group)	214/766-6163
All changes to existing provider number records	214/766-6158
Medicaid/NHIC	512/343-4984
CHAMPUS/General Inquiry	800/406-2833
Texas Medical Foundation	512/329-6610
Toll free	800/725-9216
Texas Osteopathic Medical Association	512/708-TOMA
	in Texas 800/444-TOMA
	FAX No. 512/708-1415
TOMA Physicians Assistance Program	817/294-2788
	in Texas 800/896-0680
	FAX No. 817/294-2788
TOMA Med-Search	in Texas 800/444-TOMA
TEXAS STATE AGENCIES:	
Texas Health and Human Services Commission	512/416-0366
Department of Health	512/458-7111
Texas State Board of Medical Examiners	512/305-7010
	FAX No. 512/305-7006
Registration	512/305-7020
Complaints Only	800/201-9353
Texas State Board of Pharmacy	512/305-8000
Texas Workers' Compensation Commission	512/448-7900
Medical Review Division	512/440-3515
Texas Hospital Association	800/252-9403
Texas Department of Insurance	512/463-6169
Texas Department of Protective and Regulatory Services	512/450-4800
State of Texas Poison Center for Doctors & Hospitals Only	713/765-1420
	800/392-8548
	Houston Metro 654-1701
FEDERAL AGENCIES:	
Drug Enforcement Administration:	
For state narcotics number	512/424-2000 ext. 2150
For DEA number (form 224)	214/767-7250
CANCER INFORMATION:	
Cancer Information Service	713/792-3245
	in Texas 800/392-2040

TEXAS D.O.

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

FEATURES

DEPARTMENTS

TEXAS D.O.
TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

October 1996

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Calendar of Events

OCTOBER

18-20

Annual Fall Foliage Convention
Sponsored by Rhode Island Society of Osteopathic Physicians and Surgeons
Location: Radisson Hotel, Burlington, VT
Contact: Northeast Osteopathic Consortium 800-982-7247

23

Osteopathic Medicine Early Voting Day in Texas
Contact: TOMA, 800-444-8662

25-27

Second Annual Medical Ethics Conference
Sponsored by University of North Texas Health Science Center at Fort Worth
Location: Fort Worth, TX
Hours: 16 CME Hours
Contact: UNT Health Science Center, Office of Continuing Medical Education 817-735-2539

31

8th Annual Medical Ethics Conference
Sponsored by Colorado Springs Osteopathic Foundation
Location: Broadmoor Hotel, Colorado Springs, CO
Contact: Amanda Batey, 719-635-9057

NOVEMBER

2

ATOMA Board of Trustees Meeting
Location: TOMA Headquarters, Austin, TX
R.S.V.P. Shirley Bayles, ATOMA President, 214-692-6285

3-9

National Osteopathic Medicine Week
Contact: Beth Boudreaux, ATOMA Health & Education Chairman 713-362-9161; or TOMA, Stephanie Boley, 800-444-8662; or AOA Department of Communications, 800-621-1773, Ext. 5854

7

"MRI: Indications and Applications" presented by Paul Marsh, D.O.
Sponsored by Osteopathic Health System Texas and General Electric
Location: River Crest Country Club, Fort Worth, TX
Time: 7:00 p.m.
Hours: 1-A Category CME
Contact: Robin Rienstra, 817-735-4486

DECEMBER

6-8

15th Annual Winter Update
Sponsored by Indiana Association of Osteopathic Physicians and Surgeons
Location: Westin Hotel, Indianapolis, IN
Contact: IAOPS, 800-942-0501 or 317-926-3009

7

TOMA Board of Trustees Meeting
Location: TOMA Headquarters, Austin, TX
Contact: TOMA, 800-444-8662

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.

Report on the September 7, 1996, TOMA Board of Trustees Meeting

The Board of Trustees of the Texas Osteopathic Medical Association met on Saturday, September 7, 1996, at the Worthington Hotel in Fort Worth.

The following are issues presented during the meeting:

• TOMA President Arthur J. Speece, III, D.O., presented his district visitation schedule as follows: District X - September 13-15; District I - September 24; District VI - November 12; and District XIV - November 9.

• A motion was approved to deposit the funds from two Certificates of Deposit in Texas Commerce Bank, under the Walters Russell Scholarship Fund, into the TOMA Building Fund account upon maturity or earlier if a better interest rate is available. Dr. Russell will be honored in the TOMA headquarters to recognize this contribution.

• The appointment of Gregory Dott, D.O., to represent TOMA on the Blue Cross/Blue Shield Carrier Medicare Advisory Committee was approved.

• A motion was passed to accept the Computer Purchase Proposal whereby the office computer system will be upgraded. It was explained that the TxACOFP will contribute $5,000 towards the upgrade.

• A report was given regarding the activities of the AOA House of Delegates. Of five TOMA House of Delegates resolutions presented to the AOA House, four passed with one of those, the Yellow Pages resolution, changing AOA policy.

• Revisions to the "Administrative Guide" were reviewed, which now update all changes in policy. A motion was approved to accept the newly revised "Administrative Guide."

• TOMA memberships applications were presented and approved by the Board.

• The Texas State Board of Medical Examiner's final approval for a rules change to allow licensure through the NBOME exam, effective September, 1997, was noted.

• The board discussed the upcoming exterior construction plans for the TOMA office, due to start in October. The project is estimated to take between 90-120 days. It was brought up that the Sparks Foundation has donated another generous gift of $10,000.

• Discussion began on Medicaid managed care policies. The Board was informed that OMT was not mentioned in any of the review documents of the Medicaid Managed Care Contract, and some programs have already begun prior to any negotiations. It was indicated that TOMA Executive Director Terry Boucher and Dr. Joseph Mongomery-Davis, TOMA Health Care Consultant, would begin negotiations. Mr. Boucher has put comments on Medicaid managed care rules to legislators and urged physicians to call legislators to discuss legislative oversight.

The next TOMA Board of Trustees meeting is scheduled for Saturday, December 7, 1996, at the TOMA headquarters in Austin. ■

Texas Hospitals Introduce New Interns and Residents

Recently graduated osteopathic physicians from osteopathic colleges across the United States have begun their training programs at Texas hospitals and medical centers. Among the interns and residents training for the 1996-97 year are the following:

BROOKE ARMY MEDICAL CENTER

(Fort Sam Houston)

Phil C. Alahata, D.O.
KCOM
Resident

Douglas A. Boyer, D.O.
NYCOM
Resident

Paul S. Chang, D.O.
CCOM
Resident

Luke S. Janowiak, D.O.
UHS-COM
Intern

Julie A. Messner, D.O.
KCOM
Resident

Samuel A. West, III, D.O.
UOMHS/COMS
Intern

Jerry B. Ammon, D.O.
KCOM
Resident

Paul A. Brundage, D.O.
COMP
Resident

George H. Cummings, D.O.
UHS-COM
Resident

Jeffrey A. Johnson, D.O.
KCOM
Resident

John R. Tyler, D.O.
OSU-COM
Intern

Allen C. Whitford, D.O.
UOMHS/COMS
Intern

Daniel R. Barnes, D.O.
OUCOM
Intern

Earl J. Campbell, D.O.
PCOM
Resident

Daniel W. Franks, D.O.
NYCOM
Intern

John E. Kobert, D.O.
KCOM
Resident

Mark J. Wehrum, D.O.
CCOM
Resident

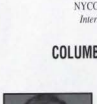
Jeffrey L. Wolff, D.O.
UNTHSC/TCOM
Resident

COLUMBIA BAY AREA MEDICAL CENTER

(Corpus Christi)

Susan Allen, D.O.
UNTHSC/TCOM
Family Practice Resident

Chris Bell, D.O.
UNTHSC/TCOM
Family Practice Resident



Russell Bell, D.O.
UNTHSC/TCOM
Family Practice Resident

Helo Chen, D.O.
UNTHSC/TCOM
Family Practice Resident

Ron Guevara, D.O.
UNTHSC/TCOM
Family Practice Resident

Will Jeffers, D.O.
COMP
Family Practice Resident

Jeff Johnson, D.O.
UNTHSC/TCOM
Family Practice Resident

Maria Katsaros, D.O.
KCOM
Family Practice Resident

Mark Katsaros, D.O.
KCOM
Family Practice Resident

Michael McKown, D.O.
KCOM
Family Practice Resident

Patrick Nguyen, D.O.
UNTHSC/TCOM
Family Practice Resident

Ehrin Parker, D.O.
UNTHSC/TCOM
Family Practice Resident

Paresh Patel, D.O.
UNTHSC/TCOM
Family Practice Resident

Mario Perez, D.O.
UNTHSC/TCOM
Family Practice Resident

Maria Ponse, D.O.
UNTHSC/TCOM
Family Practice Resident

Scott Robinson, D.O.
UNTHSC/TCOM
Family Practice Resident

Fran Sanders, D.O.
WVSOM
Family Practice Resident

Tom Scherich, D.O.
WVSOM
Family Practice Resident

Eva Shay, D.O.
COMP
Family Practice Resident

Jose Solis, D.O.
UOMHS
Family Practice Resident

Machelle Williams, D.O.
KCOM
Family Practice Resident

DALLAS/FORT WORTH MEDICAL CENTER

(Grand Prairie)

Chandi Bankston, D.O.
UNTHSC/TCOM
Intern

X. Robert Garcia, D.O.
UNTHSC/TCOM
Resident

Paul Kobza, D.O.
KCOM
Intern

Michael Muncy, D.O.
UNTHSC/TCOM
Resident

Robert Watson, D.O.
UHS-COM
Resident

Kevin Bryant, D.O.
UNTHSC/TCOM
Resident

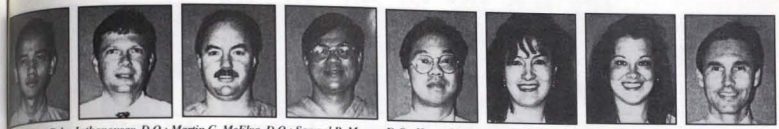
Stuart Hill, D.O.
UNTHSC/TCOM
Intern

Greg Messner, D.O.
KCOM
Resident

Ricardo Torres, D.O.
UNTHSC/TCOM
Intern

Edward Zabawski, Jr., D.O.
OU-COM
Resident

COLUMBIA MEDICAL CENTER DALLAS SOUTHWEST
(Dallas)



Left to right: Pohn Inthanousay, D.O.; Martin G. McElya, D.O.; Samuel B. Munro, D.O.; Howard H. Nguyen, D.O.; Thao Nguyen, D.O.; Norma Cavazos-Salas, D.O.; Vicki Seidmeyer, D.O.; Steven "Mark" Wilder, D.O.

Norma Cavazos-Salas, D.O.
KCOM
Family Practice Resident

Jeffrey DeLoach, D.O.
UNTHSC/TCOM
Intern

Grace Huang, D.O.
UNTHSC/TCOM
Intern

Pohn Inthanousay, D.O.
UNTHSC/TCOM
Family Practice Resident

Jo Anne King, D.O.
UNTHSC/TCOM
Intern

Lisa Kirk, D.O.
UNTHSC/TCOM
Intern

Susan T. Lee, D.O.
UNTHSC/TCOM
Intern

Martin G. McElya, D.O.
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Family Practice Resident

Samuel B. Munro, D.O.
KCOM
Family Practice Resident

Howard H. Nguyen, D.O.
UNTHSC/TCOM
Family Practice Resident

Thao Nguyen, D.O.
UNTHSC/TCOM
Family Practice Resident

John Pang, D.O.
UNTHSC/TCOM
Intern

Vicki Seidmeyer, D.O.
UNTHSC/TCOM
Family Practice Resident

Derrick Sorweide, D.O.
KCOM
Intern

Steven "Mark" Wilder, D.O.
NOVA
Family Practice Resident

Benjamin Ybarra, D.O.
UNTHSC/TCOM
Intern

Left to right, seated: Lisa Kirk, D.O.; Grace Huang, D.O.; Susan T. Lee, D.O.; Benjamin Ybarra, D.O. Left to right, standing: Derrick Sorweide, D.O.; John Pang, D.O.; Jeffrey DeLoach, D.O.

DOCTORS HOSPITAL
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OUCOM
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Mark Lekas, D.O.
UHS-COM
Family Practice Resident

Bonnie Mitchell, D.O.
UOMHS/COMS
Family Practice Resident

Huan Ngo, D.O.
UNTHSC/TCOM
Family Practice Resident

JoAnne Paulk, D.O.
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UOMHS/COMS
Family Practice Resident

Allen Williamson, D.O.
UOMHS/COMS
Family Practice Resident

Kathryn Williamson, D.O.
UOMHS/COMS
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Family Practice Resident

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(Dallas)

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UNTHSC/TCOM
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Katie K. Mastrogiovanni, D.O.
UNTHSC/TCOM
Intern

Manuel Tellez, D.O.
UNTHSC/TCOM
Intern

OSTEOPATHIC MEDICAL CENTER OF TEXAS
(Fort Worth)

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OSU-COM
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Family Practice Resident

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(Lubbock)

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Family Practice Resident

Jamison Albracht, D.O.
UNTHSC/TCOM
Family Practice Resident

Donna Jordan, D.O.
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Family Practice Resident

Peter Malouf, D.O.
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Allan Lee Podawiltz, D.O.
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Psychiatry Resident

Yasmin P. Tejani, D.O.
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Intern

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KCOM
Intern

Chad M. Sisk, D.O.
WVSOM
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Dennis Spencer, D.O.
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Intern

Jonathan B. Taylor, D.O.
CCOM
Intern

Walter Y. Uyesygi, D.O.
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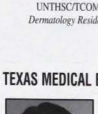
Intern

THE UNIVERSITY OF TEXAS MEDICAL BRANCH AT CONROE

G. Robert Baylis, D.O.
UNTHSC/TCOM
Intern



Craig S. Boudreaux, D.O.
UNTHSC/TCOM
Intern

Felicia Fuller Macik, D.O.
UNTHSC/TCOM
Family Medicine Resident

THE INDEPENDENT

INVESTOR

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Equities for Long-Term Investing

While many investors are wary of the stock market's volatility, history has been shown that market downturns have provided exceptional opportunities for investors who remain committed to their long-term objectives.

Taking a long-term approach not only means riding out market downturns, but taking advantage of them to find buying opportunities.

Remembering why you invested in equities in the first place is one of the keys to sticking with your investment plan. Most equity investors realize that the real financial risk is not market volatility, but rather outliving one's money. Equity investments have the potential to build capital over time, as they have proven to generate historically higher long-term returns than most other alternatives.

Consider the following example: Just to break even with a hypothetical five percent rate of inflation in a combined tax bracket of 40 percent, you need to achieve a return of 8.3 percent annually. Although past performance, equities are the only asset class to have provided high enough returns to match that need.

Long-term investing can even be considered a strategy to reduce risk and increase the potential for positive returns when investing in equities. Consider the following chart which shows the performance of the S&P 500 index for one-, five-, 10-, and 20-year periods between 1926 and 1993.

	% of time periods S&P went up	*% of time periods S&P went down*
1-year periods	71%	29%
5-year periods	89%	11%
10-year periods	97%	3%
20-year periods	100%	0%

The chart demonstrates that investments held for the long term are more likely to show positive returns than those held for the short term.

There are other strategies you can apply to your long-term plan to help maximize the potential rewards of investing.

Dollar Cost Averaging

Utilizing a dollar-cost averaging program, in which you regularly invest a fixed amount of money is another way to maximize the potential benefits of investing for the long term. Dollar cost averagers are typically able to buy shares over a certain time period for a price lower than the average share price.

Of course, regular investing does not ensure a profit, nor protect against loss in declining markets, and you should consider your ability to invest through periods of low prices.

Time Not Timing

Remaining in the market through its ups and downs rather than trying to time it can save you from missing out on good opportunities. Consider that missing just the best 10 months in the market over a 20-year period could have reduced your equity returns to those of 3-month Treasury bills.*

Diversify

A well-diversified portfolio is one that includes many different types of securities across a variety of asset classes. Diversification aims to lessen the volatility of your overall portfolio because different asset classes react differently to the same economic news.

Consult Your Investment Professional

A successful long-term strategy changes with your changing lifestyle and needs. Informing your investment representative of major life changes which may affect your financial goals is important to ensuring your needs are met.

If you would like to discuss developing a long-term investment strategy, or would like to review your existing portfolio, contact us today.

* Source: Ibbotson Associates' *Stocks, Bonds, Bills and Inflation 1994 Yearbook*. This is a hypothetical example. It is not possible to invest in an index. U.S. Treasury bills fluctuate in value, but they are guaranteed as to the timely payment of interest and, if held to maturity, provide a guaranteed return of principal.

Ft. Worth (817) 335-3214
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Toll Free (800) 321-0246

41st MidWinter Conference and Legislative Symposiu

Donna Hand, D.O., Program Chair

SCHEDULE OF EVENTS - 17.5 AOA Category 1-A Hours Available

Friday, February 14

4:30 pm -	8:30 pm	Registration
5:00 pm -	6:00 pm	Reception with Exhibitors
5:00 pm -	8:30 pm	Exhibit Hall Open
6:00 pm -	6:45 pm	Common Foot Problems - Tom Abigail, D.P.M.
6:45 pm -	7:30 pm	Rotation Deformities of the Lower Extremities - Christine Quatro, D.O.
7:30 pm -	8:00 pm	Exhibit Hall Break
8:00 pm -	8:45 pm	Combination Bronchodilator Therapy in the 90's - Laurence Cunningham, D.O. Sponsored by Boehringer Ingelheim

Saturday, February 15

7:30 am -	8:00 am	Breakfast with Exhibitors
7:30 am -	4:00 pm	Exhibit Hall Open
7:30 am -	5:15 pm	Registration
8:00 am -	9:00 am	New Strategies for Risk Management in Obesity - Craig Spellman, D.O. Sponsored by Wyeth-Ayerst Laboratories
9:00 am -	10:00 am	Hirsutism: Evaluation & Treatment - Steve Buchanan, D.O.
10:00 am -	10:45 am	Exhibit Hall Break
10:45 am -	11:30 am	Repairing Photodamage - Speaker TBA
11:30 am -	12:15 pm	H. Pylori Update - David James, D.O. Sponsored by Astra Merck
12:15 pm -	1:30 pm	Legislative Luncheon Sponsored by Astra Merck
1:30 pm -	2:15 pm	Impotence: Update on Treatment Options - Wayne Hey, D.O. Sponsored by Merck & Co., Inc.
2:15 pm -	3:00 pm	Obsessive Compulsive Disorder - David D.O. Sponsored by Pharmacia & Upjohn, Inc.
3:00 pm -	3:45 pm	Exhibit Hall Break
3:45 pm -	4:30 pm	Lupus: Diagnosis & Treatment - Nancy Brown, D.O.
4:30 pm -	5:15 pm	How to Treat Varicose Veins - Alvin Ku D.O.

Sunday, February 16

7:30 am -	8:00 am	Continental Breakfast
7:30 am -	1:15 pm	Registration
8:00 am -	10:30 am	Malpractice Loss Prevention for the Osteopathic Physician - Ed Kelsay, J.D.
10:30 am -	10:45 am	Refreshment Break
10:45 am -	1:15 pm	Malpractice Loss Prevention for the Osteopathic Physician (con't) - Ed Kelsay J.D.

HOTEL INFORMATION

This year's conference will be held at the Fairmont Hotel in the Dallas Art District, 1717 N. Akard Street, Dallas, Texas 75201. Reservations must be no later than Tuesday, January 14, 1997, in order to receive the discounted rate of $89 single or double. Call the Fairmont Hotel directly at 800/527- or 214/720-2020 for reservations and be sure mention you are with TOMA. VALENTINE'S DAY - make reservations at the Pyramid Restaurant, which is of Dallas' finest dining spots, when calling the Fairmont Hotel.

Registration Form

Name _____ Nickname for badge _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

AOA # _____ College _____ Grad. Year _____

	Registration Postmarked On or Before 1/14/97	Registration Postmarked After 1/14/97
TOMA Member	$175	$250
Non-Member	$275	$350

Please reserve me _____ extra ticket(s) to the Legislative Luncheon on Saturday for $25 each. (One ticket is included in the registration fee.)

Registration Fee $ _____
Luncheon Ticket(s) $ _____
TOTAL ENCLOSED $ _____

Return this form with your payment in full to TOMA, 1415 Lavaca Street, Aus Texas 78701-1634. All refund requests must be received in writing. Request postmarked on or before 1/14/97, will receive a refund minus a 25% handlin charge. No refunds will be given after January 14, 1997.

ATOMA News

By Dodi Speece
ATOMA President-Elect

Friends in ATOMA:

The Auxiliary needs every D.O. spouse, male or female, to help and support the membership. Even though more of us are working outside of the home and juggling careers with child rearing, please support your Auxiliary. If you cannot give of your time and energy, at least show your support by becoming a member.

The osteopathic profession has been good to us. We have many benefits from our spouses' education; why not give back the time and financial help it needs so badly to stay alive? Every organization needs time and financial help and this one is no different. It would be great to have you participate on the district, state and national levels by helping with committee work and/or attendance. However, if you feel that you cannot do that, please help out with your dues so that the Auxiliary can continue to work for you and the osteopathic profession.

Contact the TOMA office in Austin at 800-444-TOMA to obtain information on paying your state dues; your local district treasurer for district dues; and the AAOA office in Chicago for national dues information.

Make a Note:

ATOMA Board of Trustees Meeting
Date: November 2, 1996
Time: 10:00 a.m.
Location: TOMA Headquarters
1415 Lavaca St.
Austin, TX
R.S.V.P.: Shirley Bayles, ATOMA President
214-692-6285

In Memoriam

Sam H. Hitch, D.O.

Dr. Sam Hitch of Lubbock passed away on June 21, 1996. He was 88 years of age. Services were held June 23 at W.W. Rix Funeral Chapel in Lubbock, with burial in the City of Lubbock Cemetery.

Dr. Hitch was a 1931 graduate of Kirksville College of Osteopathic Medicine. He maintained a practice in Lubbock from 1938 until 1980, at which time he retired.

He was a life member of both the American Osteopathic Association and the Texas Osteopathic Medical Association, and served as the first president of the Osteopathic Cranial Association. Dr. Hitch was also a member of the Lubbock Lions Club; Yellowhouse Masonic Lodge for over 50 years; the Hugh J. McClellan Chapter of Royal Arch Masons; the Council of Royal and Select Masters; and the Church of Christ.

Survivors include his wife, Majorie; two daughters, Sandra Jean Martin of Hereford and Phoebe Ann McGowen of Mesquite; a stepdaughter, Gail Cooks of Fairbanks, Alaska; a stepson, Gary Kendrick of Hawaii; a sister, Ruth Alice Scott of Forth Worth; six grandchildren; and 16 great-grandchildren.

The family suggests memorials to the Children's Home of Lubbock, 4404 Idalou Road, Lubbock, 79403.

Guidelines on Using "Clot-busting" Drug to Treat Stroke Could Drive Treatment Changes

A new American Heart Association statement offering guidance on how to use tissue plasminogen activator (TPA) to treat acute ischemic stroke could change the way such "brain attacks" are handled in emergency rooms across the United States.

The statement, *Guidelines for Thrombolytic Therapy for Acute Stroke: A Supplement to the Guidelines for the Management of Patients with Acute Ischemic Stroke*, appears in the September 1 issue of the American Heart Association journals *Circulation* and *Stroke*. An executive summary of the statement also appears in the September issue of *Neurology* from the American Academy of Neurology.

"This should have a major impact on management of acute ischemic stroke by providing much needed assistance to physicians faced with deciding how to treat such patients," says Harold P. Adams, Jr., M.D., who chaired the American Heart Association's committee that developed the statement. Adams is professor of neurology at the University of Iowa College of Medicine, Iowa City, and chairman of the AHA's Stroke Council.

Stroke is a major public health problem in the United States, felling an estimated 500,000 Americans each year. It is the nation's third leading cause of death and is the leading cause of serious disability. Approximately 80 percent of all strokes are ischemic, meaning they result from reduced blood flow to a portion of the brain. This reduced blood flow generally comes about due to a blood clot in a narrowed artery in the brain or neck.

TPA, a clot-dissolving agent developed by Genentech, was first used to treat heart attacks in progress. In June, 1996, it was approved by the Food and Drug Administration as the first treatment for acute ischemic stroke. However, until now, no widely accepted guidelines existed to help physicians decide which individuals seen in emergency rooms for stroke should receive TPA treatment — and which should not.

In the past, says Adams, many people — physicians and the public — thought very little could be done for someone who had experienced a stroke. "But now, especially with TPA, there is a great deal we can do for those individuals who recognize the symptoms of stroke early and seek emergency care. Early treatment with TPA in appropriate individuals can minimize the damage and eliminate some of stroke's complications."

Some of the recommendations from the new American Heart Association statement are:

- Intravenous recombinant TPA with 10 percent of the dose given as a single large quantity followed by an infusion lasting 60 minutes is recommended treatment within three hours of the onset of ischemic stroke.
- Diagnosis must be established by physicians with expertise in verifying stroke, and a CT (computed tomography) image of the brain must be assessed by physicians experienced in interpreting such scans.
- Thrombolytic therapy should only be used if bleeding complications can be managed promptly.
- Persons with cardiovascular disease who are taking a "blood-thinning" agent such as warfarin or heparin, or whose blood clots abnormally, should not receive TPA.

Among those who should not receive TPA are patients in whom imaging scans already show brain damage from the stroke. Studies have shown that they are likely to experience life-threatening TPA-induced bleeding in the brain. Administering the "clot-buster" three hours or more after stroke symptoms begin also can increase the risk of bleeding in the brain.

But TPA should not be used to treat bleeding strokes, which occur when an artery in the brain bursts. Giving TPA, which dissolves blood clots, to a person with such a stroke could cause more damage to the brain by increasing the amount of bleeding, explains Adams.

Because this therapy must be administered to appropriate patients within three hours of the onset of stroke symptoms, people must make every minute count, Adams emphasizes. "Every stroke should be treated as a life-threatening emergency, and the appropriate use of this new therapy should yield dramatic results against one of our foremost health problems."

Since 1992, when it issued its *Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care*, the American Heart Association has taken the lead in educating emergency-care personnel, primary care physicians and the public that stroke is an emergency situation requiring immediate action. In 1994, the AHA issued its *Guidelines for the Management of Patients with Acute Ischemic Stroke*.

The AHA is now working with the National Institute of Neurological Disorders and Stroke, as well as professional organizations of neurologists, neurosurgeons and emergency physicians to help guide health care delivery systems in local communities in organizing programs to ensure that people who can benefit from TPA are appropriately treated. ■

Study Reveals Managed Care is Cutting Physicians' Salaries

In the "what you already knew" department, a newly released study has revealed that the earnings of physicians are dropping, mainly because of the cost controls utilized by managed care.

The average income of $187,000 in 1994 was four percent less than in 1993, according to the report published in the journal, *Health Affairs*. This is the first decrease since statistics were first compiled in 1982. On average, income has risen almost six percent annually (2.2 percent when inflation is taken into account).

Carol Simon, an economics professor at the University of Illinois and co-author of the study noted, "This is a remarkable turnaround. This is the first time we've seen a reduction in take-home pay."

Fifth in a Series: *Better by Association*

Excellence by Association

The journey to excellence is never-ending. And with the winds of economic change reaching gale force, individuals and their businesses and industries need beacons to guide them along the way.

America's success in the new millennium will depend on new standards of performance. Better guidelines for the protection of consumers and public health and safety. Thoughtful answers to tough questions about business ethics and what's right. Detailed principles to guide industry and business in assuring quality, accountability and growth.

Operating the beacons that guide the nation in its journey to excellence is a top priority of America's associations.

How are we guiding America to excellence by association?

We're making consumer protection a priority.

We're developing guidelines to help prevent animal drug residues from entering the food supply. Creating practice and quality assurance protocols to guide pathologists as they diagnose and treat cancer patients. Promoting science-based limits for exposure to airborne chemicals in the workplace.

We're taking the lead on performance standards.

We're creating transportation and shipping guidelines to assure timely delivery of high quality seafood products. Establishing international standards for computer system security, including data encryption, access control and network protection. Developing common standards for the computerization of patient records to reduce health costs and boost efficiency.

We're tackling tough ethical questions for the next century.

We're developing criteria and standards on the role of drug therapy in quality patient care. Helping frame the discussion around the rapid expansion of genetic technology and its impact on medical and business decisions. Gauging how to assure equitable and affordable access to the benefits of telecommunications technology in the Information Age.

America's associations. We're setting the standard for excellence in America.

Advancing America.
Creating Knowledge.
Innovating.
Learning.
Ensuring Excellence.
Bringing People Together.

Associations Advance America

Medicare Shapes Up Claims

By Howard Larkin

What well-known health insurer has the highest proportion of claims filed electronically, the lowest average cost per claim processed, and has cut the real cost per claim processed by 85 percent since 1975?

A: It's not some hotshot entrepreneur or Wall Street wonder company. It's Medicare. You know, that federal program run by the Health Care Financing Administration and the gang of 34 (carriers).

Medicare is the undisputed leader in electronic claims. The program now electronically processes 79 percent of all claims and nearly 71 percent of Part B claims. That compares with 66 percent of claims for the runner-up, the nation's Blue Cross and Blue Shield plans, and a paltry 20 percent for commercial carriers.

Increasing electronic claims processing has been the major factor in driving down Medicare's processing cost per Part B claim from $8.03 (in today's dollars) in 1975 to 94 cents in 1995.

But HCFA isn't resting on its laurels. Over the next six to 12 months, the agency will begin implementing several measures designed to increase claims processing efficiency and lower costs even further.

A first step will be taken toward standardizing electronic claims formats. New universal provider identification numbers will be issued, and a uniform payer identification system will be developed. National uniform claims review standards will be expanded, and steps will be taken to shift routine claims processing from the local carriers to two giant processing centers.

All of these initiatives could help physicians by streamlining medical review, coordination of benefits with non-Medicare payers and speeding payments.

They will also challenge physicians to update office operations, particularly documentation practices and claims filing equipment. The measures also raise confidentiality questions as large masses of credentialing, billing and disciplinary information will be collected in a central database.

If the new, more uniform system is to achieve projected cost savings, it must have physician support. The AOA and other organizations are currently negotiating implementation dates and confidentiality protections with HCFA. The agency has sought additional advice from organizations including the National Uniform Claims Committee, the American National Standards Institute and its own Practicing Physicians Advisory Council.

But individual physicians must prepare and provide input as well, HCFA officials say. They recommend watching closely for bulletins and "Dear Doctor" letters from Medicare, and asking your carrier for more information if you have questions.

Here are some things to expect.

Standard Claims Formats

Since Medicare began accepting electronic claims, more than 400 electronic claims formats have been developed by private software firms. Maintaining systems that will accept all of these has become a burden for carriers.

So, as of July, 1996, Medicare began accepting electronic physician claims filed only on one of two standard formats: ANSI X12 837, developed by the American National Standards Institute; and the National Standard Format, or NSF, developed by HCFA.

While this change will require physicians filing electronically to switch to one of the new formats, it also offers advantages. Electronically filed claims are paid faster, claims status and eligibility can be checked on-line for participating physicians. Medicare carriers will assist physicians in switching over to the new formats. Free claims filing software and a toll-free claim submission line are also available.

Changes planned in the federal health insurance system:

- *Standard formats for electronic claims - July, 1996*
- *National identifier numbers of payers - January 1, 1997*
- *National Provider Identifier Number replaces UPIN and billing numbers - April, 1997 (subject to change)*
- *Consolidation of claims processing - 1999 (projected)*

These initiatives could streamline medical review and speed up payments. They could also challenge physicians to update their office procedures.

National Provider Identifier

HCFA also plans to assign identifying numbers to all medical services payers. The purpose is to help coordinate benefits, which could speed claims payment.

Payers began receiving education materials in August and PAYERID numbers will begin being assigned by year's end. Carriers will begin accepting the new PAYERID number January 1, 1997. Use of the numbers will eventually be required, though no implementation date has been set.

Physicians will have access to the PAYERID database through health network operators, claims clearinghouses and large payers. The AOA is exploring the possibility of HCFA developing a directory for physicians who do not subscribe to claims clearinghouses.

Perhaps the biggest change HCFA plans for Medicare is the new Medicare Transaction System.

Shifting Claims Processing

The new system, set to begin implementation in late 1997 and to be fully operational by 1999, will shift most claims processing activities from Medicare carriers to two central claims processors.

Physicians would still submit claims to local carriers, who would pass them on to the central processors. And local carriers would still handle claims appeals.

However, many of the current local claims review policies will be replaced by uniform national policies.

HCFA will also be able to automatically coordinate benefits with non-Medicare insurers. Physicians and others will have greater access to claims status, beneficiary eligibility, payment decisions, HMO eligibility and disenrollment.

Under the new system, the current Explanation of Medicare Benefits will be replaced with a monthly statement to beneficiaries detailing all paid bills, coordination with other payers and enrollment status.

The system is expected to accelerate the trend toward carrier consolidation, so you may be dealing with a new carrier soon.

On the Horizon

Medicare eventually may move to electronic claims payment as a new standard. HCFA recommends that if you are looking at electronic claims, that you consider systems that support electronic fund transfer and claims advice.

HCFA is also moving to electronic documentation of claims. When looking for a system, ask whether it has this capability.

The Medicare program maintains a directory of certified electronic billing vendors. Contact your local carrier for vendors in your area. ■

(Reprinted from American Medical News, Aug. 26, 1996, pages 11-12. "Copyright 1996, American Medical Association.")

News From Osteopathic Health System of Texas

Osteopathic Medical Center of Texas Donates 50 Videos to Alliance for Children

OMCT celebrated its 50th anniversary by having Ron Stephen, Executive Vice President and Administrator (right), and its junior ambassador, Natalie Byrd, present a stock of 50 children's videos to Alliance for Children. Accepting the donation are Judy Miller (left), Alliance for Children Board member, and Nancy Hogan, the Alliance's Executive Director.

A top executive of Osteopathic Medical Center of Texas played Santa Claus a little early this year. Ron Stephen, Executive Vice President and Administrator, delivered 50 children's videos to Alliance for Children, a justice center for abused children ages 3-12, in celebration of the 50th anniversary of OMCT. Alliance's two centers, in Fort Worth and Arlington, will share the videos.

Fifty of the best children's classics, like "Snow White" and "Cinderella," plus the popular new movies "Pocahontas" and "Lion King" were presented to Alliance's Executive Director, Nancy Hagan.

Mr. Stephen said, "The '50-Year Connection' program allows us to support the community in a concrete way. The medical center, like every good corporate neighbor, knows one of the best ways to give back to the community is by supporting worthy causes."

Alliance for Children is the latest beneficiary of OMCT's "50-Year Connection" program, a nine-month series of donations of 50 items or services to community causes. Previous donations have included 50 trees to Streams & Valleys, Inc., fifty $50 gift certificates for groceries to the Women's Haven of Tarrant County, Inc., and 50 complimentary mammograms to Senior Citizens Services of Greater Tarrant County, Inc.

In 1946, Dr. Roy Fisher and his brother, Dr. Ray Fisher, both osteopathic physicians, opened a two-bed hospital in a house on Summit Avenue. The hospital moved to a 25-bed facility on Camp Bowie in 1951, and to its present site at 1000 Montgomery in 1956. Today, OMCT has 265 beds and state-of-the-art facilities, including the One Day Surgery Center, Hyperbaric Oxygen/Wound Care Treatment Center, and V.L. Jennings Outpatient Pavilion. ■

October 23 is Osteopathic Medicine Early Voting Day in Texas

It is anticipated that medical care in the future will be shaped by politicians, eventually falling under the auspices of the federal government - which is not in the best interests of either patients or physicians. The distinct possibility exists that organized medicine could some day be left with no voice whatsoever in the final outcome.

Early voting is now the law in Texas, which means an end to standing in long lines on election day. Unfortunately, it is a common knowledge that voter apathy is epidemic in Texas. In addition, many physicians are still reluctant to become politically involved at any level. It is vitally important to realize that health care issues are too important to be left up to chance and the one way we have to determine the outcome of these issues is through the ballot box.

Mindful of these issues, TOMA has chosen **Wednesday, October 23, as Early Voting Day in Texas** and urges all osteopathic physicians and facilities to join us in our efforts to support this importance concept. By allowing employees time off during working hours, there will be fewer excuses for not voting. If every osteopathic physician and health care facility in Texas followed through on this day, our political clout in local communities would be staggering.

In establishing an early voting day in Texas through a resolution in 1994 (TOMA Supports Early Voting Day Policy - #94-03), the TOMA House of Delegates noted that Texas osteopathic physicians do not believe that a minority of the total electorate should be making government policies concerning issues such as health care and education. The House also indicated that if every health care provider and health care facility in Texas initiated a policy to allow their employees time off during working hours to participate in early voting, the political clout of organized medicine would be substantially enhanced in Austin and in Washington, D.C.

We encourage all Texas D.O.s and facilities to join us this year in promoting October 23 as Early Voting Day. This simple yet effective policy has the potential to create an impact that can and will make a beneficial difference.

The last two early voting days were extremely successful. With so many medical issues simmering on the political burners, your participation is more essential than ever if we are to achieve a positive impact this year. ■

Rhapsody in Silver B

"This was no flash-and-dash party...(it was) an elegant celebration..." is how *Fort Worth Star-Telegram* society columnist Mary Rogers described the Rhapsody in Silver Ball fund-raising party September 7, that celebrated the silver anniversary of the Texas College of Osteopathic Medicine, now known as the University of North Texas Health Science Center at Fort Worth.

More than 850 supporters crowded into the Grand Ballroom of Fort Worth's Worthington Hotel to dine on grilled beef tenderloin and crab-stuffed shrimp, and to be entertained by music from 10 Steinway grand pianos provided by Steinway-Hall of Dallas. There were two pianists at each piano. The Grand Ballroom was transformed into a 1940s, New York-style supper club with the dinner menu designed especially for the gala by the Worthington's Executive Chef Odron Campbell and Pastry Chef Bernie Kazenski.

Former Speaker of the Texas House of Representatives and Silver Anniversary Commission Honorary Chairman Gibson D. "Gib" Lewis was master of ceremonies for the first ever event-of-its-kind. Lewis concluded his toast to the health science center's 25 year history of progress by stating, "You ain't seen nothing yet."

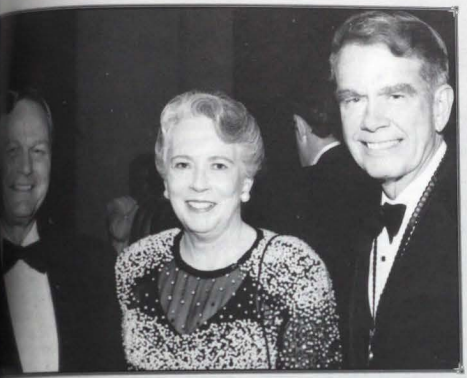
During the cocktail hour, students from the University of North Texas Department of Dance and Theatre Arts demonstrated ballroom dances to music of a string, brass and woodwind orchestra from the UNT College of Music. The pianists and other performers who entertained during and between dinner courses also were from UNT. After dinner, the tuxedoed and evening gowned guests stayed until midnight, dancing to Big Band sounds from the talented student musicians from UNT's College of Music.

Proceeds from the gala will be used to fund the health science center's research projects on aging — which make up about 50 percent of the institution's total research efforts — and for additional clinical projects through the medical school's Geriatric Education and Research Institute. Local businesses, organizations and individuals purchased table sponsorships ranging from a $2,000 Silver Patron Table for 10 to $25,000 for membership in the Aesculapian Society that included two priority tables and

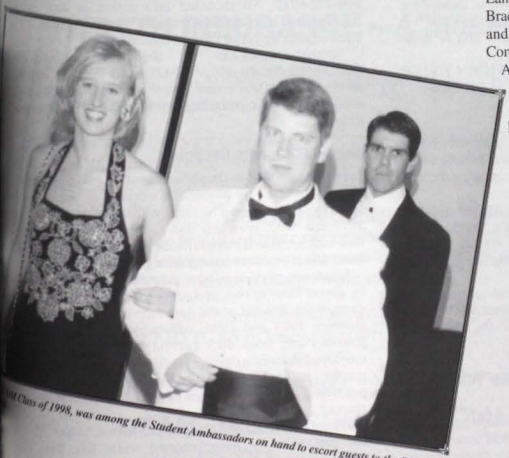
TCOM Founder Dr. George Luibel and his wife, Mary, were among the special guests at the Rhapsody Ball at Fort Worth's Worthington Hotel on September 7. Dr. Luibel wears the special medallion the science center presented to 12 of the more than 850 guests at the fund-raising dinner and dance.

Faculty, staff and students were among members of the UNT Health Science Center "family" en delectable dinner.

...is Tremendous Success



...h Science Center Chancellor Alfred Hurley (right) visiting with Win Brown, former Chairman of ...oard of Regents, and his wife, Lou.



...ll Class of 1998, was among the Student Ambassadors on hand to escort guests to the Rhapsody

other benefits. The Texas Osteopathic Medical Association and TOMA District V were among the sponsors of Silver Patron tables.

Merilyn Richards, wife of health science center President David M. Richards, D.O., chaired the Silver Anniversary Commission. Mrs. Richards applauded the contributions of former UNT Board of Regents member Billie Parker of Fort Worth and current Regent Lucille "Lupe" Murchison, who were honorary co-chairs of the Rhapsody in Silver Ball. She praised the hard work of the co-chairs of the banquet committee, Lori Cohen, wife of health science center Executive Dean Benjamin L. Cohen, and Elena Yorio, wife of graduate school Dean Thomas Yorio.

For the occasion, special medallions were presented to sponsors at the $25,000 and $10,000 levels and other special guests. Those receiving medallions included UNT Chancellor Alfred Hurley, Dr. and Mrs. Richards, Mrs. Parker, Mrs. Murchison, Mr. Lewis, founders Dr. George Luibel and Dr. Carl Everett, Bob Lansford of Bank One, Mr. Ed Bass, Mr. Leon Brachman, Mr. Greg Upp of Southwestern Bell and Mr. Keith Pittman of Ben E. Keith Company.

All 850 seats were sold two weeks before the event, with a lengthy waiting list of companies and individuals hoping that places could be found for them.

FYI

Osteopathic PR

Do most members of the AOA realize the amount of good press garnered by the profession? The AOA's Department of Communications has been diligently and quite successfully placing announcements in the electronic and print media. In addition, the department monitors other placements in national and local media. By measuring circulation and broadcast audience numbers for each placement, the department estimates "total audience impressions." Through spring of 1996, the Department of Communications noted 4.2 million audience impressions.

If you are featured in a local article, write a column, or appear on a local interview show, you can help the AOA include this information by sending a copy of the placement to Timothy J. McNary at the AOA's Chicago office. If you have questions, call Tim at 800-621-1773, extension 5857.

Rural Physicians Needing Relief: Call CRHI

Looking for someone to take care of your practice while you get away for a short time - for any reason? The Center for Rural Health Initiatives administers a Relief Services Registry for rural physicians who are in need of locum tenens help. Fifty-five physicians are currently part of the registry.

Here's how it works: a rural physician calls the Center and requests information about physicians available. The center sends information sheets to the requesting physician about each of the physicians available for that type of work. The rural physician takes it from there, working out travel arrangements, lodging, compensation, and insurance coverage. Be sure to leave yourself enough time to make these arrangements. The benefit of using this registry is that it is free to both the physicians on the registry and to those requesting the service.

FOR MORE INFORMATION, CONTACT: CENTER FOR RURAL HEALTH INITIATIVES, 512-479-8891.

FDA Approves Smaller Defibrillator

The Food and Drug Administration has approved the first in a series of smaller, more affordable defibrillators that could be carried by all emergency workers, making them as common as first-aid kits.

Heartstream's ForeRunner, about the size of a book, weighs just four pounds, which is half the weight of the smallest unit now available. The cost will average between $3,000 and $4,000, somewhat cheaper than the prices for today's defibrillators.

ForeRunner has a computer screen that automatically analyzes and displays the patient's heart rhythm so emergency workers can see how well the person is responding to the shocks.

"Knock Out the Flu Before it Knocks You Out" - Another Benefit for TOMA Members

The Texas Department of Health has developed postcards for physicians to send to patients who would benefit from flu shots. This is an effective and especially timely way to reach patients as we enter the flu season. This initiative is sponsored by the Texas Osteopathic Medical Association, the State of Texas, American Lung Association of Texas, American Association of Retired Persons and the Texas Medical Association.

TOMA members may order a complimentary supply of flu cards by calling **800-444-TOMA**.

Medicare Payments to Hospitals are Upped

For the fiscal year beginning October 1, the nation's 5,200 acute-care hospitals that participate in the Medicare program will receive a two percent increase in Medicare payments. For the 2,000 hospitals that don't provide such care, the increase will be between 1.5 percent and 2.5 percent.

"Several factors are adding to the increase in overall hospital payments under Medicare...including more Medicare beneficiaries and hospital admissions, and an increase in the severity of illness of patients treated in hospitals," said Administrator Bruce C. Vladeck of the Health Care Financing Administration.

Defense Establishes Information Outreach for Persian Gulf Vets, Providers

The Department of Defense is reaching out to Persian Gulf War veterans and providers of care with information about health care and education programs available to them.

The DOD encourages physicians and others to call a special toll-free telephone number when they believe they have medical information about the causes of health problems, including reproductive health problems, suffered by veterans of the Persian Gulf War. For this purpose, a toll-free DOD Incident Reporting Line has been set up at **800-472-6719**. All recorded information is sent to the Persian Gulf Investigative Team in Washington, D.C. The team follows up on all clinical indications.

Another resource is the DOD GulfLINK (http://www.dtic.dla.mil/gulflink/). GulfLINK is a Web site devoted to Gulf War issues. It provides users with access to a variety of topics, including reports on Gulf War veterans' illnesses.

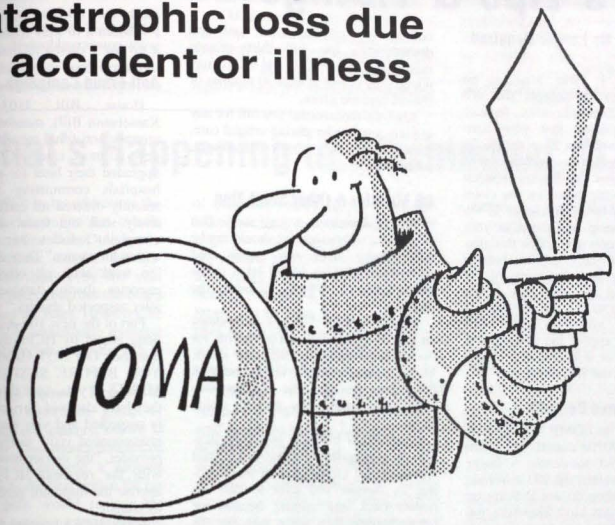
Solo Practitioners Declining

For the first time in the nation's history, solo practitioners are outnumbered by physicians working as employees at large group practices. The shift, which took place between 1992 and 1993, is largely due to the growth of managed care which makes it more difficult for solo practitioners and small group practices to negotiate group contracts.

Employee-physicians now outnumber solo practitioners by almost three-to-two, according to researchers in a recent issue of the *Journal of the American Medical Association*. Between 1983 and 1994, self-employed doctors in solo practices fell from 40.5 percent to 29.3 percent; self-employed doctors in group practices decreased from 35.3 percent to 28.4 percent; and the share of physicians practicing as employees rose from 24.2 percent to 42.3 percent.

Phillip R. Kletke, the study's lead author, stated "This is the first time we have reported shifts like this. That particular aspect of the change is occurring much faster than we anticipated." ■

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



HEALTH INSURANCE – A Strategy For The '90s

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

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

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

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

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

DEAN, JACOBSON FINANCIAL SERVICES

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

(800) 321-0246
(214) 445-5533
Dallas Metro

Self's Tips & Tidings

Don Self & Associates

WP Modifier No Longer Required by Medicare

As of July 1, 1996, Medicare no longer requires or accepts the WP modifier on diagnostic tests. Instead, they are requiring that physicians appropriately mark box 20 on the HCFA claim form, whether it is an electronic or paper claim. Box 20 denotes whether any services being billed on the claim were performed by an outside lab. If the services are being performed in your office, we suggest you mark this particular box with an N as "no outside lab." You may find that some of the claims you filed after July 1 are denied or rejected due to the WP modifier. If this happens, you can either call Medicare and appeal the claim by a phone review, or you may file a new claim, omitting the WP modifier.

When is Tetanus Denied?

We received an EOMB from a client that had code 90703 denied. The claim used code 959.5 to denote a finger injury. Unfortunately, the 959 series are too vague, as they do not indicate an open wound of any kind. Therefore, the claim for the tetanus toxoid was denied. We recommend that you avoid the 959 series of codes and instead use an ICD9 code that is more specific to the type and kind of injury.

Glucose Tolerance Testing - Glucometer

When billing for glucose tolerance tests with a glucometer in the physician's office (GTT 82947-82953), be sure to avoid the home use codes. In our routine review of some claims and EOMBs, we discovered some offices were using code 82962 (glucose, blood by glucose monitoring devices) cleared by the FDA specifically for home use. Medicare will deny the service if the place of service is not home (POS 12). Therefore, we recommend that your place of service, for services performed in the office, shows up as 11 on the claim form.

Critical Care Must be Minimum of 30 Minutes

In a recent review we performed on a Medicare recoupment for a client, we discovered the physician had been coding for critical care and not documenting the full thirty-minute minimum. Codes 99291 and 99292 may not be used unless at least 30 minutes of critical care are given.

Also, we recommend you bill for any services you render during critical care, such as CPR, shock treatment, tracheostomy, etc.

GB Modifier & Other Short Tips

Wound Repair: A wound repair that results in a rearrangement should not be coded with both the repair and rearrangement. Use 14000 (skin tissue rearrangement) which includes the closure.

Joint Injection: Use a GB modifier on EACH injection if you are billing for two injections on two different joints. Make sure your documentation adequately describes the fact that two joints were injected as well as which joints.

Bleeding: If bleeding is a complication of surgery, then you won't get paid separately for taking care of the bleeding. If, though, you have to take the patient back into surgery because of hemorrhaging, then bill it with the -78 modifier.

Tracheoscopy: If a tracheoscopy is considered part of surgery, you're not going to get paid. A laryngoscopy for placement of a tracheotomy tube can't be billed separately.

Trigger Point Injection: Bill all patients/carriers for EACH separate injection in each separate trigger point. Code 20550 (Trigger point injection) is bundled into codes 20600, 20605 or 20610 (joint injections). If you bill for joint AND trigger point injections, use modifier GB on each trigger point and identify the separate areas where they were given in your documentation.

Pneumonia Vaccine: Revaccination of pneumococcal vaccine is covered when ordered by a physician for patients at high risk of pneumococcal disease, per HCFA in a May transmittal to Medicare carriers.

We're on the Web for You!

Now you are able to e-mail questions to: donself@gower.net

You can also visit our home page, see my family and from there access my business page with schedules, links, politics, church, articles, etc. www.gower.net/donself

Anti-Fraud Campaign

House Bill 3103 (Kennedy-Kassebaum Bill), mandates that HCFA upgrade anti-fraud measures. This is n news to most, since HCFA has alread upgraded their hunt for physicians an hospitals committing fraud. HCF recently ordered all carriers to "proac tively seek out fraud using not onl complaint sources, but sources fro within the carrier." They also tell carrier "to work with all other governmen agencies, sharing databases, etc., to g after suspected abusers."

Part of the new 100-page set of direc tions issued by HCFA notifies carrier that they DO NOT HAVE TO ALER YOU BEFORE SUSPENDING PAY MENTS to you. As if this isn't enough they have also told carriers "where fraud is suspected and you want to make an unannounced visit" to the physician o provider, "the carrier need only clear i with the regional HCFA office an apprise the inspector general's office o its plans."

Folks, HCFA is going to go all out in trying to identify fraud, whether it exists in your office or not. The net result will be that not only will fraudulent billers be caught and fines assessed, but innocent mistakes, mis-coding and errors will be pursued relentlessly as well. The greatest defense you have is your documentation, so we suggest you concentrate your efforts in making sure your documentation is sufficient.

Questions You've Asked

Q. How do I bill Medicare for a hospital visit in the morning and a procedure, such as a Flexible Sigmoidoscopy or EGD, in the afternoon? I billed for an extensive initial consult on this patient the day before. Does that affect the visit on the day after? I billed for the visit and the procedure on the same day, but Medicare says the visit is included, but it is not related.

A. You need to use the 25 modifier with the hospital visit code, and use an ICD9 code that is different than the one you use for the procedure. If they give you any more trouble on this, appeal the claim and send them a copy of the

progress notes showing the documentation. Also, highlight the different times in the documentation.

Q. How do I get paid for more than one nursing home visit in a month? I have some patients whom I see on a regular monthly basis and occasionally one or more of them will require a second visit for an acute condition. I've been told that Medicare only pays for one visit per month, per patient.

A. Medicare will pay for as many visits to a Skilled Nursing Facility patient as is medically necessary for the particular diagnosis or symptoms that require a visit. It is vitally important that you document the particular ICD9 code under which you saw the patient on each and every visit. If you do not, and your staff codes each one with the underlying or primary diagnosis (such as Diabetes or Arthritis), then the second or third visit will be denied. It is YOUR job to get that information to your staff. ■

What's Happening in Washington, D.C.

• ***End of IRS?*** In his address to the GOP National Convention last month, presidential nominee Bob Dole promised a "fairer, flatter, simpler" tax system, a balanced budget by the year 2002, and a 15 percent across-the-board cut in individual tax rates. However, he received the most enthusiastic response when he called for "an end to the IRS as we know it."

• ***Blue Dogs Speak.*** Republican members of a bipartisan group of moderate House law makers, known as the "Blue Dogs," last month announced their intention to propose a national retail sales tax as the best option for tax reform. The plan would replace the individual and corporate income taxes, the estate and gift tax, and most existing excise taxes with a 15 percent national sales tax. The tax would be collected by states and businesses from the consumers of good and services. It would not be collected by the IRS.

• ***Personal Residence Trust Glitch.*** The IRS recently published proposed regulations governing personal residence trusts. The proposed regulations would require the governing instrument to prohibit the transfer of the residence back to the grantor - usually the parents who live in the residence. This requirement could be a major factor in deciding whether to even use a personal residence trust.

• ***New Health Package.*** Last month President Clinton signed into law legislation that, for the first time, establishes federal standards for making health insurance coverage portable and continuous for over 25 million workers. The bill is designed to help employees who change or lose jobs maintain health insurance coverage. It limits the ability of insurance companies to reject individuals or their families who have had employer-based coverage because of pre-existing medical conditions. The bill also raises the self-employed health insurance deduction from 30 percent to 80 percent by 2006, provides tax incentives to purchase long-term care insurance, and allows individuals to receive tax-free accelerated death benefits.

• ***Second Chance System.*** On August 22, President Clinton signed a welfare reform bill that he says will give welfare recipients a fair "second chance" and not a way of life. The bill contains modifications to the earned income tax credit and is structured to provide tax credit benefits to needy working families. The bill preserves existing support for children, the disabled and elderly.

• ***Small Business Tax Bill.*** The small business tax cut/minimum wage bill was signed into law on August 20. It raises the minimum wage from $4.25 per hour to $4.75 per hour on October 1, and raises the minimum wage to $5.15 per hour on September 1, 1997. To soften the blow to small businesses, the bill provides nearly $21 billion in tax breaks to small businesses over the next 10 years. The bill establishes a new small business 401(k) plan and enhances the portability of pension benefits.

Planning for Divorce

Statistics confirm that more than half of all marriages eventually end in divorce. Nearly every divorce triggers a number of tax and planning questions that need to be addressed. What are the tax consequences of splitting up the couple's property? What is the best strategy for dealing with a spouse's interest in a retirement plan? How can the support payments that the husband makes to the wife, or vice versa, be made tax deductible? Can the parties agree to anything they want? What are the strategies for eliminating exposure to federal gift and estate taxes?

There are a number of strategies that a divorcing couple may consider to reduce taxes for both parties, provide needed cash, reduce liability exposure and meet other financial challenges that arise from the divorce. If the couple cooperates with each other, these strategies often can be used to create win-win benefits in a difficult situation. If cooperation is not possible and hard-nosed negotiation is the only alternative, then the planning strategies may be helpful to either spouse in posturing for, and working through, the negotiation process.

If you would like more information on this issue, give us a call.

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

AMOPS Office Relocates

The headquarters office of the Association of Military Osteopathic Physicians & Surgeons has been relocated to a northwest suburb of Chicago. The new address is:

AMOPS
430 King Avenue, East Dundee
IL 60118
847-836-8022.

Texas Osteopathic Medical Association

Political Action Committee

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

During the 74th Legislative Session, TOMA had many successes . . .

FACT: S.B. 965 was signed by Governor Bush on May 11, 1995. This law prevents Texas hospitals from discriminating against osteopathic physicians, who have osteopathic board-certification or residency training, when applying for staff privileges.

FACT: TOMA worked with the Texas Osteopathic Hospital Society to secure passage of H.B. 1965. This law allows the Insurance Commissioner to investigate and discipline managed care organizations that discriminate against osteopathic hospitals.

FACT: TOMA was a member of the Texas Med-Malpractice Coalition that was successful in securing passage of H.B. 971, a package of Medical Liability Reforms which should significantly reduce the number of non-meritorious lawsuits, tighten the standards for expert witnesses and eliminate pre-judgement interest on future damages.

The above is proof positive of the power of **your** Association! As you can see, TOMA has many friends in the Texas Legislature. Campaign season is upon us again and we need your help in replenishing our political war chest.

Your financial support to TOMA-PAC will provide us with the opportunity to develop and continue ongoing relationships with the legislators as TOMA fights for issues relevant to the osteopathic profession.

PLEASE MAKE A COMMITMENT TO SUPPORT YOUR PROFESSION BY CONTRIBUTING NOW!

$END CONTRIBUTIONS TO:

TOMA-PAC
1415 Lavaca Street
Austin, Texas 78701-1634

Terry R. Boucher, MPH, Treasurer

Be sure to include your name, mailing address, occupation and name of employer with your contribution.

Note: **TOMA-PAC contributions are not tax-deductible as a business expense. Federal law requires political committees to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of $200 in a calendar year.**

Newest Osteopathic College Welcomes Inaugural Class

The Arizona College of Osteopathic Medicine of Midwestern University, located in Glendale, Arizona, welcomed its inaugural class of 100 students on September 30, 1996. The college was granted provisional accreditation status by the AOA on January 13, and will be eligible for full accreditation status following the graduation of its first class of students in the year 2000. It becomes the 17th osteopathic medical college in the country.

Midwestern University is also the parent institution of the Chicago College of Osteopathic Medicine.

TWCC Rules Supplement Now Available

Rules Supplement 96-03 is now available and contains rules adopted by the Texas Workers' Compensation Commission since June 11, 1996. Included in Supplement 96-03 are:

- Chapter 134: Benefits - Guidelines for Medical Services, charges and payments (amended June 11, 1996)
- Chapter 180: Compliance and Practices (correction)
- Table of Contents

The supplement is available in 5 1/2 x 8 1/2-inch size and may be ordered from: Texas Workers' Compensation Commission, Publications, MS-72, 4000 IH 35, Austin, TX 78704; phone 512-440-3618.

Rules Supplement 96-03 costs $5.40 if purchased directly and $6.18 by mail.

National Osteopathic Medicine Week November 3-9, 1996

"Osteopathic Physicians: Shaping Up America's Health"

As the first phase of the three-year program concludes, which focused on children's health issues and the osteopathic physician's role in helping children grow up happier and healthier, we must now prepare for the second phase which will target the "sandwich generation."

Who is the "sandwich generation?" They are those individuals who face the challenge of taking care of aging parents while raising children. Experts agree that people from their late 30s to age 60 rarely take time to care for themselves by properly exercising and scheduling a routine visit to an osteopathic physician.

We have several materials available for your use to ensure that NOM Week is a significant event in your community. (i.e., proclamations signed by your Mayor, news release copy to use in your local newspaper, and other suggestions.)

In addition to these efforts to promote osteopathic medicine to the "sandwich generation," I would like to propose an idea that will utilize our youth as a means of transporting osteopathic medical information home to their parents.

Most high schools organize an annual Career Day for their students to learn the wide variety of occupations available to them. Start calling high schools in your area and request that a D.O. attend their Career Day activities!

For further information regarding NOM Week advertisements or materials available to order to disperse at Career Days, contact:

Beth Boudreaux, ATOMA Public Health and Education Chairman
713-362-9161

TOMA: 800-444-8662 (Stephanie Boley), or

AOA: 800-621-1773, ext. 5854 (Department of Communications).

Membership *On-The-Move*

We have had several calls looking for locum tenens across the state. If you would like to be on TOMA's locum tenens list, call your Membership Coordinator, Stephanie, at 800-444-8662, and ask to be added to the list. Be sure to designate the area in which you will provide services.

Public Health Notes

"The Future of Public Health – Revisited"

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

This is the final in my series of three articles in which I have examined the role of the public health organization in our community. It is also my final article as Director of Public Health. After 10 years at the health departments, eight of them as Director, I have elected to take a period of rest and then seek new challenges. It is appropriate, I think, to revisit the state of public health and its possible future.

I first visited this topic early in my tenure as Director. In February of 1989, I wrote an article for the *Tarrant County Physician* which I titled, "Rescuing the American Public Health System." In it, I explored "The Future of Public Health," the 1988 report of the expert committee of the Institute of Medicine in Washington, D.C.

The following are some of my observations of eight years ago:

"...in some communities an artificial division of environmental health services from the rest of public health was found by the Committee. The negative effect of creating these separate departments dealing with water pollution and air pollution was to remove these activities from the health arena into the purely...regulatory and thus lose contact with the basic reason for such programs: the protection of public health. In so doing, such communities have also oftentimes lost the technical support for these programs provided by the epidemiology and biostatistical branches of the traditional health department. By contrast, other communities have lumped public health with welfare and other indigent [health and] social service programs designed for the less fortunate. The Committee found that this kind of lumping 'tends to detract from community-wide services and give public health a negative, welfare image.' While public health is supportive of these welfare-type services, when properly applied, they are not a community health service except that they [may] improve the recipients' standard of living and thus improve chances for better health status. These are but examples of how the focus of the public health mission in the United States has been blurred in recent years. It is important that we, as a society, regain that focus and renew a vigorous effort to pursue the mission of public health. That mission, using the simpler definition established by the Committee, remains the 'assuring (of) conditions in which people can be healthy'."

I went on to observe:

"...the dynamics of American politics, however, make it difficult to fulfill this commitment. Public decision-making in public health as in other areas is driven by crises, hot issues, and the concerns of organized interest groups. Decisions are made largely on the basis of competition, bargaining, and influence rather than comprehensive analysis. The idea that politics can be restricted to the legislative arena while the work of public agencies remains neutral and expert has been discredited. Professional analysis and judgment must compete with other perspectives for policy attention and support."

Those observations were made in February, 1989. What is the assessment of the state of public health today in our community? Well, we have a strong, creative and professionally operated public health organization. It, however, still must face all the issues cited above. In that regard, there has been little change since 1989. In fact, some might observe that the challenges have intensified.

The Commissioner of Health, David R. Smith, M.D., likes to tell the story of Aesculapius and his two daughters, and how the separate paths that the two took profoundly effected public health. The two daughters of Aesculapius were Panacea, the goddess of healing, and Hygeia, the goddess of health. They chose separate paths in their efforts to help mankind. In like manner, Dr. Smith suggests, medicine and public health took separate paths during the early part of this century with ultimately troubling results. In 1910, the famous Flexner Report was published. It called for the standardization of medical training based on scientific principles. At the same time, it relegated public health to the political sphere and severed it from medicine. So, the two daughters have gone their separate ways. One has become the servant of politics; the other, the servant of boundless demand for medical care. Perhaps both would have been better off had they stayed nearer to each other, if not together.

So, what of the future? I am told that the Chinese word for change, when written, is a combination of the words for threat and opportunity. What we will no doubt face is change both in the House of Hygeia and the House of Panacea. Threats and opportunities are to be expected. I choose to believe that our community will rise to the challenge, see opportunity and seize it. That opportunity, I believe, will involve the core public health functions of assessment, assurance, policy development and service.

The key to a successful, scientifically-based public health function remains, in my estimation, an organizational structure that removes this important community asset from the day-to-day political strife as much as possible. In the past, I have advocated for the creation of a public health district and I continue to do so now. Such a district would serve as the countywide provider of those core public health functions: an asset to all who live in and visit our community.

The authority to establish a public health district already exists in the Texas Health & Safety Code, Chapter 121, Subchapter E. The public health district can be established by local governmental entities agreeing to participate in the district. A public health district, under existing law, may be formed by two or more local governmental entities voting to form such a district. The district would draw its funds from contributions of the participating entities and would be governed by a board appointed from the participating entities.

A public health district created under Chapter 121 would perform the basic public health services defined by the Texas Department of Health and would be responsible to its supporting local governmental entities through its board of directors. Several such public health districts exist and provide excellent public health services throughout the state. Examples of these districts are: the El Paso City-County Health & Environmental District, the Galveston County Health District, the San Antonio

Metropolitan Health District, the Waco-McLennan County Health District, the Bell County Public Health District and the Corpus Christi-Nueces County Health District.

The one drawback of such districts, from my perspective, is that they must go annually to their supporting local governments to seek funding. They can not generate funding on their own. They have no direct access to the tax base. In the past, I have advocated an independent taxing authority for public health. Although the idea received media, citizen and public health professional support, it proved politically unacceptable. Since it is unlikely that establishing a special purpose public health authority would be any more politically popular today than it was four years ago, the next best solution is the establishment of a public health district under current law. That would give Tarrant County a community-wide public health organization designed to address the public health needs of all the community. It would also remove the operation of the public health organization at least one step from the center of the political arena. With such an arrangement, public health could better meet its potential to improve the health of all residents of Tarrant County.

The final issue is who will pay. That is to say, which governmental entities will contribute to the funding of public health? This has been the source of continuing disagreement throughout the last six years, as governmental resources have been strained. County government has asserted that most services are delivered to individuals residing within municipalities. Thus, cities should be responsible for funding a significant portion of public health operating costs. Some cities have made the counterclaim that public health is properly a county function since it should cover the entire county and that seeking contributions from cities amounts to double taxation. Still others have asserted that since the Texas Constitution nor any other statute requires local government to provide for the public health, it is the responsibility of the state.

Such arguments have gone on ad infinitum and I will not attempt to provide a solution to what is clearly a political battle. In the coming weeks and months, this battle will undoubtedly rage on. I will simply suggest that the community health is the responsibility of all of us.

As the future of public health is decided in this community, I hope that Panacea will involve herself in the fate of her sister. Though they have grown apart, they have been loving siblings.

I have greatly appreciated the opportunity to work with all of you. You have shown me much honor, respect and trust. I look forward to working with you in some different capacity in the future. ■

If You Liked CLIA, You'll Love the NCT

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

You probably have already been mailed material by several educational organizations thrilled at the possibility of training your NCT, or non-certified radiologic technician, who will be required by January 1, 1998, to do radiologic procedures in your office even though that procedure has not been identified as either dangerous or hazardous.

The Texas Department of Health adopted extensive rules on June 18, 1996, to meet the intent of House Bill 1200.

Just as office-based radiology has gotten easier than ever with the advent of automatic controllers and processors and the replacement of certain difficult procedures, such as the x-ray of head and sinuses by computerized tomography, we are to be additionally regulated under new rules. Unless you employ a certified radiologic technician, your office x-ray is probably operated by your nurse or medical assistant who has simply had to register with the Board of Medical Examiners as a Radiologic Technologist and work under your supervision. This training will be expensive and will probably diminish access to care as small offices stop offering x-ray services, just as they stopped offering lab services when the regulatory costs became too great.

As currently adopted, these people will not be able to perform any radiologic procedure after January 1, 1998, unless they have completed a curriculum as follows:

A. A core curriculum of 98 hours;
B. Additional modules, depending upon the area to be examined:
   1. Skull - 16 hours;
   2. Chest - 15 hours;
   3. Spine - 20 hours;
   4. Abdomen - 8 hours;
   5. Upper extremities - 15 hours;
   6. Lower extremities - 15 hours.

For instance, a person who performs only chest x-rays would have to complete a total of 113 hours (98 + 15) by December 31, 1997. There are no exemptions or grandfather clauses called for in the rules. This rule-making has been underway since September, 1995, and included public hearings prior to publication with an effective date of July 8, 1996. TOMA has been working to get all of these rules eliminated, and was successful in delaying implementation of two complete sections.

This would be an excellent topic of conversation with any Texas legislative member or candidate in the November elections. That election will determine the makeup of the 75th Texas Legislature, which kicks off in January, 1997. I believe our legislators felt they were improving an under-regulated area when they passed the Medical Radiologic Technologist Certification Act. It is the ever zealous rules written by the Texas Department of Health that are so onerous. We cannot let our legislators abdicate their responsibility by throwing their hands up and saying, "It's out of the legislature, so it's out of my hands." An oversight responsibility requires that legislators make sure that the state agencies writing the rules get it right. ■

Texas Society of the ACOFP Update

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

Mark your calendars! October 23, 1996, has been designated as "Osteopathic Medicine Early Voting Day" in Texas. Once again, this is a team effort. We need to get our family, friends and employees to the polls. Health care legislative issues must not be left up to chance. The ballot box is a means to an end - it gets the ear of the politicians running for public office and decides whether or not elected officials will continue to represent their constituents! We must assure that osteopathic medicine is included in all health care debates in Austin and Washington, D.C. Let's make a real effort to get 100 percent of our osteopathic-oriented people registered and to the polls to vote prior to November 5, 1996.

The TxACOFP, together with TOMA, will function as a clearinghouse to answer your questions regarding candidates for state offices. If the TxACOFP and TOMA cannot answer your questions, you will be directed to other resource agencies.

If you have not done so yet, please consider a contribution to TOMA-PAC. It is an investment in your future. Our friends in the Texas Legislature need our support. TOMA-PAC will provide you with a list of candidates who have been supportive of the Texas osteopathic profession. Call TOMA or the TxACOFP, utilizing our toll-free numbers: 800-444-8662 (TOMA) and 888-892-2637 (TxACOFP).

I would like to inform all TxACOFP members of a monumental decision on the part of the Texas State Board of Medical Examiners (TSBME) which was rendered at their August 17, 1996, meeting. Effective September 1, 1997, the National Board of Osteopathic Medical Examiners (NBOME) examination will be accepted for direct licensure in Texas.

On behalf of the TxACOFP Board of Governors, I want to take this opportunity to thank everyone who worked so hard over many years to get osteopathic national boards accepted for direct licensure in Texas. I can't help but feel that some of the sunshine over Austin these days is due to the smiles of departed Texas osteopathic colleagues who did not live to see the fruits of their labor come to harvest.

Next, I want to bring something to your attention regarding testosterone injectable products - they are Schedule III controlled drugs. Also, codeine medications are Schedule III controlled drugs. These drug products must be accounted for by logging the amounts obtained and dispensed into a Texas Controlled Substance book. It is Texas law! If you don't want to do the paperwork, don't keep testosterone injectable products or codeine medication in your office. Believe me, the risks far outweigh any benefits!

The TxACOFP and TOMA submitted written comments on the proposed Medicaid Managed Care rules published in the August 6, 1996, edition of the *Texas Register* on pages 21, Tex Reg 7322 through 21, Tex Reg 7327. These were 16 specific areas of comment of which I will mention three specific sections:

1. Section 30.23. Enrollment.

This section established a 30-mile or 45-minute drive time (HMO contract) requirement for patients. It was felt that Medicaid recipients should be able to receive high quality comprehensive health care services in their local communities and the 30-mile requirement would be a barrier to access to health care.

2. Section 30.32. Financial Standards.

This section established a profit-sharing or "experience rebate" arrangement between the Texas Department of Health and Managed Care Organizations (MCOs).

It was felt that this financial relationship would result in a direct conflict of interest for the Texas Department of Health to award contracts to MCOs to provide health care services and then, receive part of the profit for awarding the contract.

Section 30.24. Marketing.

The Texas Department of Health's HMO contract allows each MCO to offer "nominal gifts" valued at no more than $10.

It was felt that MCO's should not be allowed to offer "nominal gifts" which, when multiplied by $10 per potential Medicaid recipient times each MCO, would amount to millions of Texas dollars spent on "nominal gifts" rather than health care services.

If any TxACOFP member would like a copy of the comments sent to the Texas Department of Health regarding Medicaid Managed Care, call the TxACOFP toll-free number at 888-892-2637.

Once again I would like to remind our members that Medicare requires the use of modifier GB when OMT is billed with an office visit on the same day (see *Medicare Newsletter No. 192*, dated 2-29-96). The modifier 25 must still be included with the E/M code when OMT is charged on the same day; but in addition, modifier GB is also required with the OMT code. (Example: Code 99212-25 and Code 98925-GB.)

Listed below are the delegates to the 1997 Conference of Delegates of the ACOFP:

Sara Apsley-Ambriz, D.O., John R. Bowling, D.O., Carol Browne, D.O., Charles Childers, D.O., Samuel Coleridge, D.O., Robert DeLuca, D.O., S/D Joe Fisher, Charles Franz, D.O., David Garza, D.O., Charles Hall, D.O., Richard Hall, D.O., Donna Hand, D.O., Patrick Hanford, D.O., Wendell Hand, D.O., Royce Keilers, D.O., Jack McCarty, D.O., R. Greg Maul, D.O., Robert Maul, D.O., Elizabeth Palmarozzi, D.O., Robert Peters, D.O., Steve Rowley, D.O., Daniel Saylak, D.O., T.R. Sharp, D.O., Jerry Smola, D.O., Craig Whiting, D.O., Rodney Wiseman, D.O., and Ben Young, D.O.

Additional names will be needed so please contact Janet Dunkle, TxACOFP Executive Director, if you would like to be an alternate delegate.

In closing, don't forget Osteopathic Medicine Early Voting Day in Texas is on Wednesday, October 23, 1996. Allow your employees time off during working hours to participate in early voting. Our voice must be heard in Austin and Washington, D.C., in order for osteopathic medicine to thrive and prosper. ■

Blood Bank Briefs for Physicians

"Blood Donor Selection in 1996"

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

Carter Blood Center depends on volunteer donors to provide the blood necessary to meet the needs of patients served in 71 health care facilities in 15 counties.

Donor selection is based on a medical history and a limited physical examination done on the day of donation to determine whether giving blood will harm the donor or if transfusion of the blood could harm the recipient.

Briefly, recent changes implemented are not only new tests on donor blood (i.e., Human Immunodeficiency Virus 1 Antigen and Hepatitis C Virus 3.0), but also additional screening questions are being asked. Although there is no evidence that Creutzfeldt-Jakob Disease (CJD) agent is transmitted by blood transfusion, it remains a theoretical possibility and donors are questioned if they have ever been given pituitary growth hormone. From 1958 to 1986 pituitary human growth hormone was used to treat children of short stature and by some individuals during rigorous physical training. Several cases of CJD have been reported in persons given pituitary human growth hormone. Since the agent causing this disease might be transmissible through transfusion, donors who have received pituitary human growth hormone are permanently deferred. Deferral is NOT necessary if the donor has only been given recombinant-derived growth hormone. CJD agent has been transmitted by brain tissue or membranes and persons who have received transplants for dura mater are permanently deferred from donation. Donors with a family history of CJD disease are also deferred.

In addition, donors are questioned as to whether in the past twelve months they have been incarcerated at a correctional institution, including a jail or prison, for more than 72 hours. If they answer yes, the donor is deferred for 12 months. Keeping in mind the possibility of transfusion to women of child-bearing age, pregnant women and small infants, donors who are taking Accutane (Isotretinoin), a drug to treat acne, or Proscar (Finasteride), a drug to treat Benign Prostatic Hypertrophy, are disqualified for one month after the last dose. The drugs may be teratogenic. Etretinate (Tegison), used to treat psoriasis, may be present in the blood for several years after the last use and its potential teratogenic effects result in permanent deferral of the donor.

Other established criteria for donor protection is that hemoglobin shall be no less than 12.5 g/dL. The systolic blood pressure shall be no higher than 180mm of mercury and the diastolic pressure shall be no higher than 100mm of mercury. This information is provided to the donor at the time of donation.

Many of our loyal donors are health-conscious and have requested that Carter Blood Center perform cholesterol testing. As a thank you, we will begin providing blood donors with a total cholesterol reading at each donation. As you know, blood donors are encouraged to eat prior to donation so the total cholesterol result will not be a fasting blood sample. Our blood donors are providing a tremendous service in helping the patients in our community and it is our pleasure to be able to provide a cholesterol screen for them. ■

References:

FDA Memorandum, August 8, 1995: Precautionary Measures to Further Reduce the Possible Risk of Transmission of Creutzfeldt-Jakob Disease by Blood and Blood Products.

Klein HG, ed. Standards for Blood Banks and Transfusion Services, 17th Edition. Bethesda, Maryland; American Association of Blood Banks, 1996.

THANK YOU!

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

Richard Anderson, D.O.
Auxiliary to the Texas Osteopathic Medical Association
Mark Baker, D.O.
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New Members

TOMA would like to welcome the following new members who were approved at the September 7, 1996, Board of Trustees meeting:

Regular Members

Ronald W. Brenz, D.O., Psychiatry, 13051 Hunters Breeze, San Antonio, 78230. Medical education: Chicago College of Osteopathic Medicine, Downers Grove, IL, 1967. Internship: Chicago Osteopathic Hospital, IL, 1967-68. Psychiatry residency: Letterman Army Medical Center, 1976-80. DOB 11-28-41.

Michael S. Cohen, D.O., Internal Medicine, 1305 Airport Freeway, #205, Bedford, 76021. Medical education: University of New England College of Osteopathic Medicine, Biddeford, ME, 1992. Internship: Berkshire Medical Center, Pittsfield, ME, 1992-93. Internal Medicine residency: Berkshire Medical Center, 1993-95. DOB 11-1-57.

Dralves G. Edwards, D.O., Family Practice/Sports Medicine, 2925 W. Camp Wisdom Rd., Dallas, 75237. Medical education: University of North Texas Health Science Center/Texas College of Osteopathic Medicine, Fort Worth, 1980. Internship: none. DOB 4-22-51.

Daniel V. Freeland, D.O., Family Practice, 7500 Orrick Drive, Austin, 78749. Medical education: Kirksville College of Osteopathic Medicine, Kirksville, MO, 1989. Internship: Carson City Osteopathic Hospital, Carson City, MI, 1989-90. DOB 9-12-63.

Gary D. Goodnight, D.O., Otolaryngology, 1150 N. 18th, Suite 104, Abilene, 79605. Medical education: Oklahoma State University-College of Osteopathic Medicine, Tulsa, OK, 1985. Internship: Phoenix General Hospital, AZ, 1985-86. Otolaryngology/Ora- Facial Plastic Surgery residency: Bi-County Community Hospital, Detroit, MI, 1986-90. DOB 9-25-57.

Michael A. Green, D.O., Family Practice/Internal Medicine, 1517 Trafalgar Road, Fort Worth, 76116. Medical education: University of North Texas Health Science Center/Texas College of Osteopathic Medicine, Fort Worth, 1984. Internship: Rocky Moun-tain, Denver, CO, 1984-85. Family Medicine/Internal Medicine residency: Texas College of Osteopathic Medicine/Osteopathic Medical Center of Texas, Fort Worth, 1992-95. DOB 5-15-54.

Stuart N. Hoffman, D.O., Neurology, 1814 Fairwind Road, Houston, 77062. Medical education: University of Medicine and Dentistry of New Jersey/School of Osteopathic Medicine, NJ, 1983. Internship: USAF Medical Center, Washington, D.C., 1983-84. Neurology residency: University Hospital, Stoney Brook, NY, 1988-91. DOB 9-25-57.

David I. Kabel, D.O., Psychiatry, 2040 Greenstone Trail, Carrollton, 75010. Medical education: University of North Texas Health Science Center/Texas College of Osteopathic Medicine, Fort Worth, 1991. Psychiatry residency: University of Texas Southwestern Medical Center, Dallas, 1991-95. DOB 1-26-60.

Clare F. Laminack, D.O., Family Practice, 314 Thelma Drive, San Antonio, 78217. Medical education: University of North Texas Health Science Center/Texas College of Osteopathic Medicine, Fort Worth, 1987. Internship: Osteopathic Medical Center of Texas, Fort Worth, 1987-88. Family Medicine residency: University of North Texas Health Science Center, 1988-90. DOB 10-5-44.

Richard F. Lorenz, D.O., Family Practice/Emergency Medicine, 14107 Woodvillie Gardens, Houston, 77077. Medical education: University of North Texas Health Science Center/Texas College of Osteopathic Medicine, Fort Worth, 1989. Internship: Osteopathic Medical Center of Texas, Fort Worth, 1989-90. Preventive/Occupational Medicine residency: University of Kentucky Chandler Medical Center, 1990-92. DOB 8-11-53.

Ronald K. McCraw, D.O., OB/GYN, 2300 Highway 365, Suite 590, Nederland, 77627. Medical education: University of North Texas Health Science Center/Texas College of Osteopathic Medicine, Fort Worth, 1990. Internship: Detroit Osteopathic/Bi-County Community Hospital, Detroit, MI, 1990-91. OB/GYN residency: Bi-County Community Hospital, 1991-96. DOB 12-6-47.

Edward Panousieris, D.O., Family Practice, 1143 S. Buckner Blvd., Dallas, 75217. Medical education: University of Health Sciences, College of Osteopathic Medicine, Kansas City, MO, 1986. Internship: Dallas Memorial Hospital, Dallas, 1986-87. Family Medicine residency: Dallas Memorial Hospital, 1987-88. DOB 11-1-58.

Lewis C. Perry, D.O., Family Practice, 1 Columbia Court, Lufkin, 75901. Medical education: Kirksville College of Osteopathic Medicine, Kirks-ville, MO, 1967. Internship: Mid-Cities Memorial, Grand Prairie, 1967-68. DOB 4-22-31.

Charles R. Wilson, D.O., Family Practice, 327 Morris, Sourlake, 77659. Medical education: University of North Texas Health Science Center/Texas College of Osteopathic Medicine, Fort Worth, 1989. Internship: St. Paul's Medical Center, Dallas, 1989-90. Family Medicine residency: San Jacinto Methodist Hospital, 1990-94. DOB 6-11-53.

Reinstated Members

Thomas A. Noonan, Jr., D.O., Brady, TX.

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