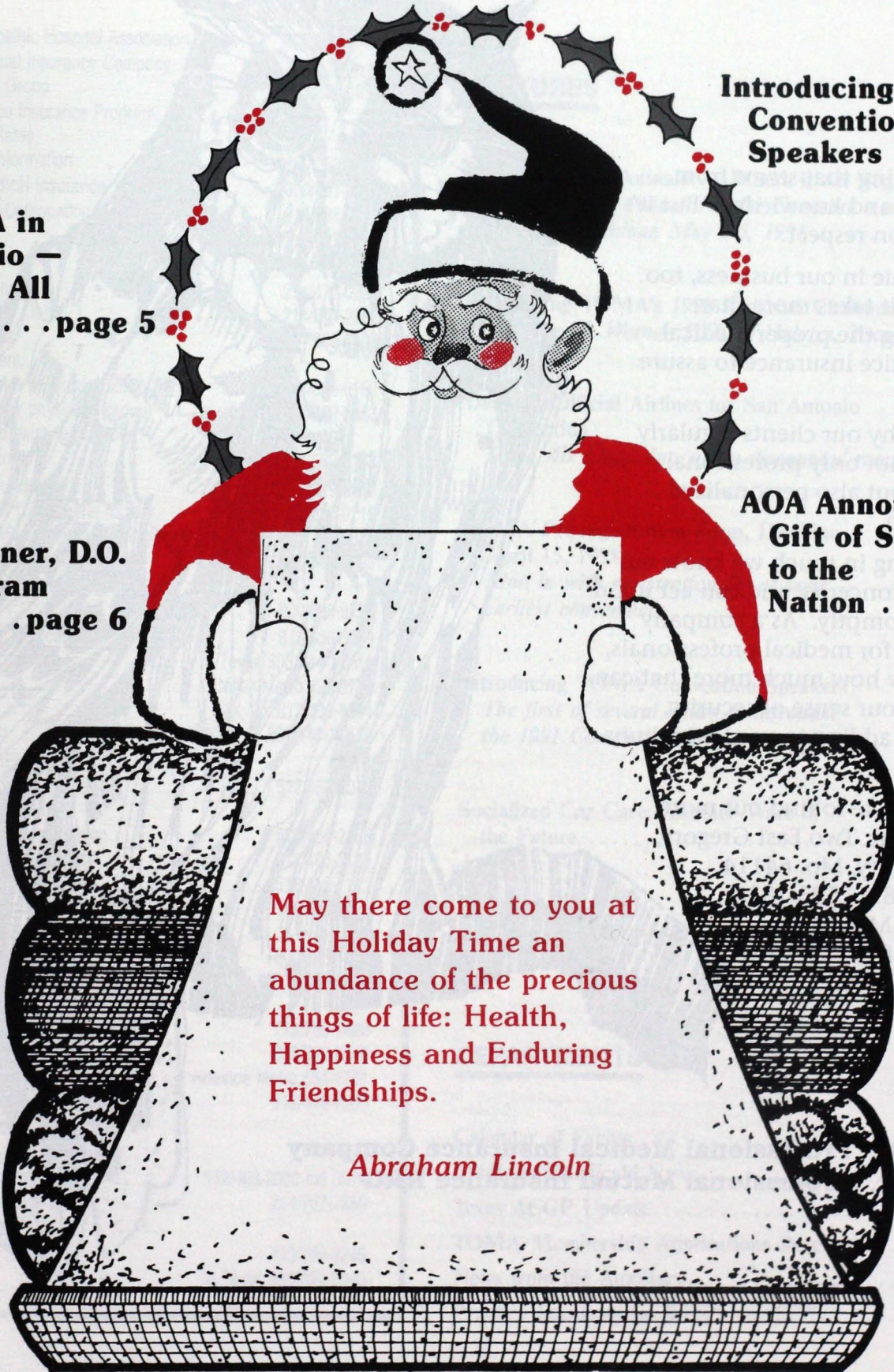


Join TOMA in
San Antonio —
Where It All
Began page 5

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1991 Program
Chairman . . page 6

Introducing
Convention
Speakers . . page 9

AOA Announces
Gift of Service
to the
Nation . . . page 24



May there come to you at
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abundance of the precious
things of life: Health,
Happiness and Enduring
Friendships.

Abraham Lincoln

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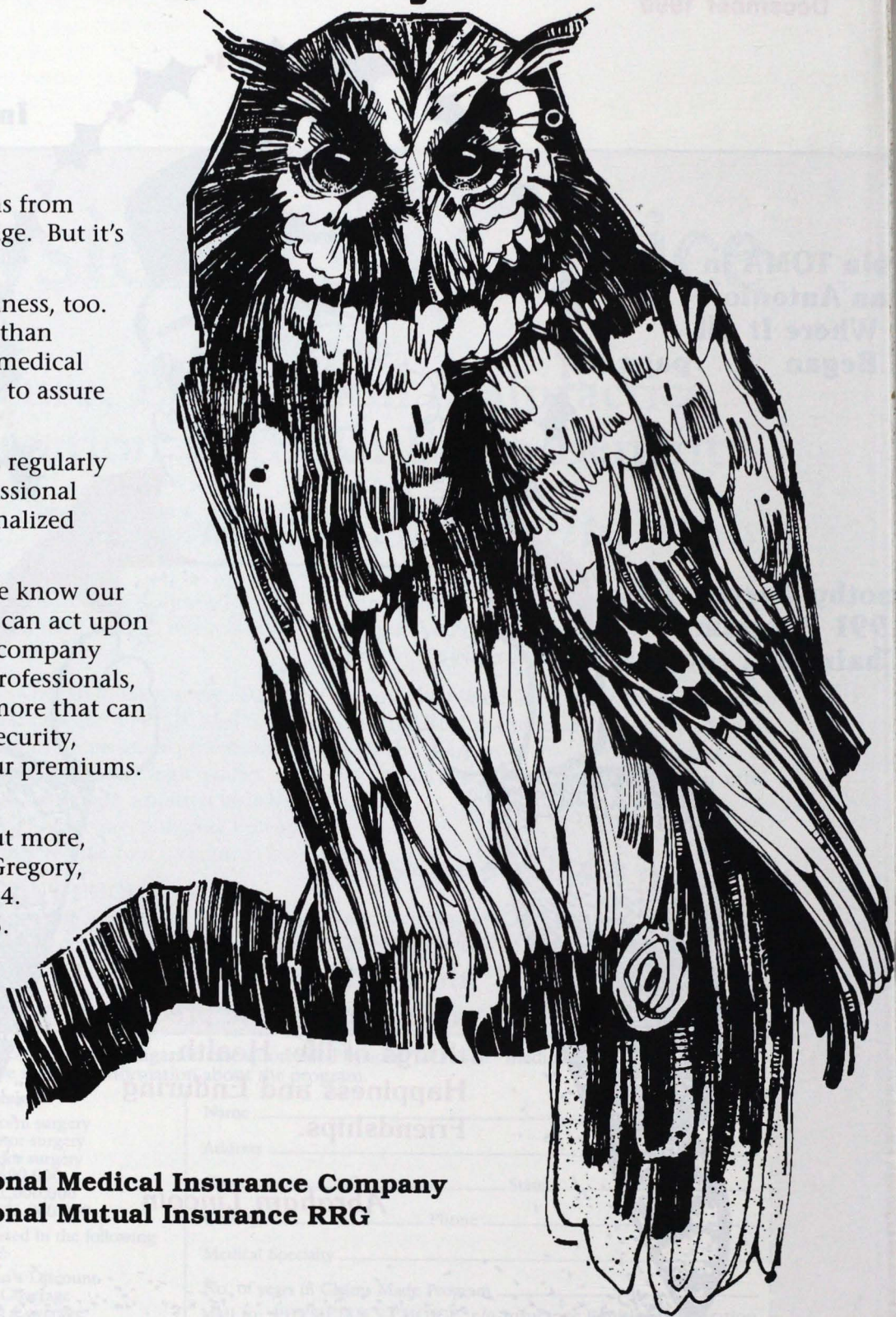
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	Dallas Metro 429-9755
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	in Texas 800/444-TOMA
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TEXAS STATE AGENCIES:	
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Department of Public Safety:	
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Triplicate Prescription Section	512/465-2189
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State Board of Medical Examiners	512/452-1078
Texas State Board of Medical Examiners	
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Doctors & Hospitals Only	713/765-1420
	800/392-8548
	Houston Metro 654-1701
Texas Industrial Accident Board	512/448-7900
FEDERAL AGENCIES:	
Drug Enforcement Administration:	
For state narcotics number	512/465-2000 ext 3074
For DEA number (form 224)	214/767-7250
CANCER INFORMATION:	
Cancer Information Service	713/792-3245
	in Texas 800/392-2040

Texas DO

Texas Osteopathic
Medical Association

December 1990

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Diana Finley, Associate Editor
Lydia A. Kinney, Staff Writer

San Antonio, Texas
Site for
92nd Annual Convention
May 2-5, 1991



DECEMBER

6

District VIII Meeting
"Presidential Visit"

Corpus Christi
Contact: Linda Falcon
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8

District XIV Meeting
"Presidential Visit"

Padre Island
Contact: Joseph Montgomery-Davis,
D.O.

11

District XIII Meeting
"Presidential Visit"

Wolfe City
Contact: Fred McDonough, D.O.
214/587-3371

JANUARY

17

District II Meeting
"Presidential Visit"

Fort Worth
Contact: Monte Troutman, D.O.
817/735-2660

FEBRUARY

15

District III Meeting
"Presidential Visit"

Tyler
Contact: Rodney Wiseman, D.O.
214/839-4396

District I Meeting
"Presidential Visit"

Amarillo
Contact: George Cole, D.O.
806/358-3131

MARCH

3-7, 1991

Update in Clinical Medicine for
Primary Care Physicians:

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Harrah's Lake Tahoe Resort Casino
15 CME Hours Category 1-A, AOA
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Office of Continuing
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817/735-2581

14-17

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Florida Osteopathic Medical
Association

Doral Ocean Beach Resort
Miami Beach, Florida
Contact: Gail Cooksey

Associate Executive Director
2007 Apalachee Parkway
Tallahassee, Florida 32301
904/878-7364

APRIL

13-16

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Conference

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Boston, MA

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608/831-4400

MAY

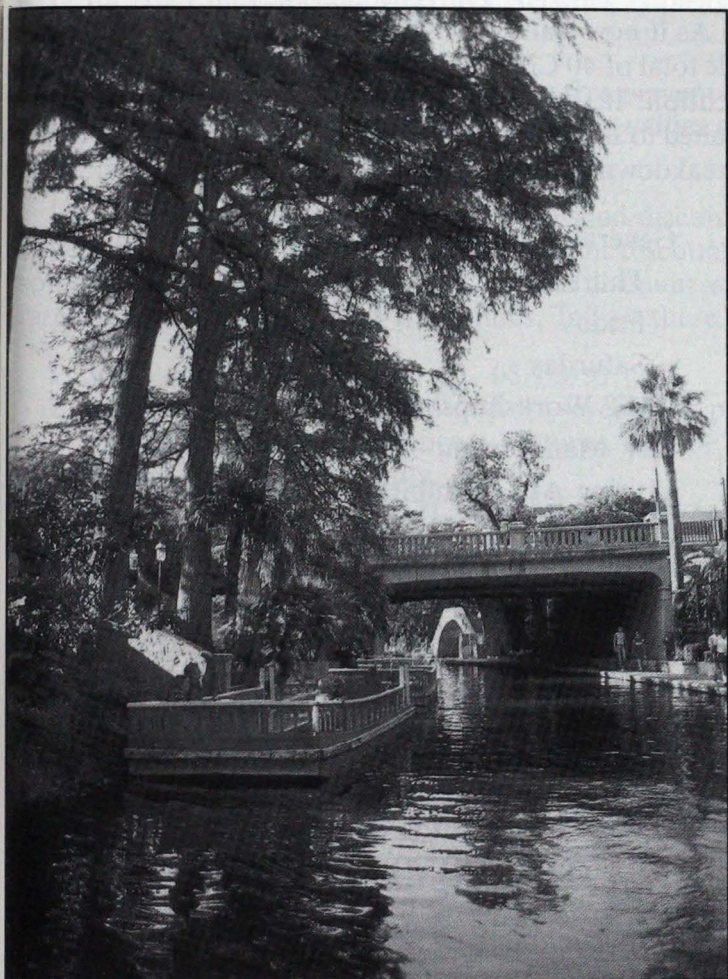
2-5, 1991

92nd Annual Convention & Scientific
Seminar

St. Anthony Hotel/Municipal
Auditorium
San Antonio

Contact: TOMA Headquarters
1/800/444-8662

For the 92nd Annual TOMA Convention and Scientific Seminar, May 2-5, 1991



San Antonio is the ninth largest city in the United States, a city of contemporary glitter blended with almost 300 years of history. The site of San Antonio was long inhabited by *Coahuitec* Indians. In 1718, the first permanent European settlement was established when the mission of San Antonio de Valero (converted after 1793 into a fortress known as the Alamo) and the presidio of San Antonio de Bejar were built by the Spanish. Four other missions were soon constructed and in 1731, a community called San Fernando de Bexar was laid out. It became the major Spanish, and after 1821, Mexican, stronghold in Texas until the Texas Revolution.

San Antonio was captured by Texans in December 1835 and remained under their control until March 6, 1836, when Mexican troops under the leadership of General Antonio Lopez de Santa Anna stormed the Alamo. Sprawling across nearly three acres, defending this improvised fortress was a task, as one Alamo scholar commented, for which "a thousand men would have barely

sufficed." Giving birth to the famous battle cry, "Remember the Alamo," it is one of the best known symbols of Texas history and liberty, carrying with it the legendary names of men such as Davy Crockett and Jim Bowie.

After the American Civil War and the arrival of the railroad in 1877, San Antonio developed as a cattle market and distribution point for south central Texas, and prospered as a military center during both world wars

San Antonio is a city of contrasts and character, of romance and charm. Tour buildings and missions and get a taste of life as it was when *padres* and Indians made San Antonio their home. Explore the sights of the storybook River Walk, with its collection of shops, galleries and sidewalk cafes. Discover artisan handcrafts at Market Square or La Villita. Spend some quiet time in a water garden at HemisFair Park, the site of the 1968 World's Fair. Visit the historic Alamo and the King William Historic District, which is an entire neighborhood of Victorian mansions built by San Antonio's early German merchants.

The city is sunshine and relaxation year around. The climate is beautiful with a daily average maximum temperature in May of 85.2 degrees and a minimum temperature of 65.4 degrees.

TOMA's headquarter hotel for the 1991 convention, the St. Anthony, is located at 300 East Travis Street. Priceless art objects, oriental rugs, antiques and furnishings used throughout the hotel recapture the old world charm of the St. Anthony. It has been designated as a Texas and National Historic Landmark.

San Antonio's vivid contrast between past and present — time worn adobe buildings standing in the shadows of modern skyscrapers — gives the city a unique character and is a great place for the TOMA annual convention, May 2-5, 1991. The color, culture, history and heritage of the city offers something for everyone. ■

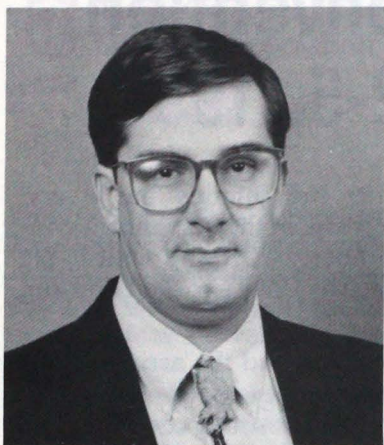


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Introducing TOMA's 1991 Program Chairman



Dr. Timothy H. Werner

Handling the complex task of compiling topics and speakers to fulfill the CME portion of TOMA's 1991 convention is Timothy H. Werner, D.O., of Helotes.

Dr. Werner received his D.O. degree in 1979 from the Chicago College of Osteopathic Medicine and interned at Cuyahoga Falls General Hospital.

Prior to going into private practice in 1984, he was an emergency room physician at Loring Air Force Base, Maine; a family practitioner and in-hospital attending physician at Dyess Air Force Base, Abilene, Texas; and a staff clinician and instructor of house staff and medical students at Brooke Army Medical Center Emergency Room. Dr. Werner is currently a medical director of the Helotes Family Practice Clinic in Helotes.

Some of his numerous memberships include TOMA; TOMA District XVII, of which he is president; American Osteopathic Academy of Sports Medicine; American College of General Practitioners in Osteopathic Medicine and Surgery; Texas Chapter of the ACGPOMS; and the Texas State Guard. Dr. Werner is also a TOMA delegate; United States Air Force Reserve Flight Surgeon, currently on inactive reserve; and an Advanced Cardiac Life Support instructor.

According to Dr. Werner, topics to be discussed as of this writing include: *Coronary Heart Disease; Ophthalmology; Anxiety Disorders: A New Approach to Diagnosis and Management; COPD and Family Practice; Pulmonary Manifestations of AIDS; Allergy; Diabetes in the Elderly; I.V. Anti-Hypertensive Agents in the Hospital Setting; Hyperlipidemia Update and HDLs; Acute Epiglottitis: Recognition and Management; Pediatric Infectious Diseases; Muscular Skeletal Rehabilitation of the Low Back; and Fibromyalgia Syndrome Update.*

A Sports and Industrial Medicine Seminar will be presented and will include the following topics: *Industrial Athlete; Overuse Injuries in Sports and Industry; and Hi-Tech Fitness.* A panel discussion will follow.

Additionally, John Sortore of the TOMA staff will once again ramrod the Risk Management portion of the

educational seminar on Sunday, May 5. A total of five hours risk management can be obtained and physicians will be issued certificates for attendance.

Throughout the program, OMT breakout sessions will be offered to physicians.

As it now stands, Dr. Werner is anticipating a possible total of 40 CME hours for attending the TOMA convention. It should be noted that physicians will be required to sign in each morning to obtain credit. The CME breakdown is as follows:

General Session	
Thursday	5 3/4 hours
Friday	6
Saturday	5 3/4
OMT Workshops	14 1/2 (optional)
Risk Management	5 (optional)
Visiting ALL Exhibits	3 (optional)
Total POSSIBLE Hours	40

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For passengers not qualifying for published discounts a 40 percent discount will be offered on Delta's domestic system for travel to the meeting; a 35 percent discount will apply for passengers originating in Canada or traveling solely on a Delta Connection carrier. This discount will be based on the full non discounted round trip day coach rates. To take advantage of these fares, follow these simple rules:

1. Valid travel dates: 04/26/91 - 05/08/91
2. Tickets must be purchased at least seven days prior to departure. Changes to the originating flight must be made seven days in advance — returns may be changed at any time.
3. Round trip on Delta only.
4. Call Delta at 1-800-221-1212 and ask for Special Meetings Network. Refer to file reference number **E29025**.

Should discount fares which represent a savings greater than the special rates be available, reservations can be confirmed at that amount provided all applicable restrictions are met.

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TOMA's
Official Airline for the
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San Antonio, Texas

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Give File Reference Number E-29025

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AT THE MUNICIPAL AUDITORIUM — 10:00 a.m.

Texas Osteopathic Medical Association 92nd Annual Convention

Doctors pre-registration — \$300; Doctors at-the-door — \$350;
Spouses, Military, Retired, Interns, Residents and Associates — \$150
Students (includes meals) — \$75; Students (lectures only) — \$00.

To take advantage of the advance registration discount, payment must accompany this form.

PRE-REGISTRATION DEADLINE — APRIL 15

Name _____ (please print) First Name for Badge _____
City _____ State _____ AOA Membership No. _____
D.O. College _____ Year Graduated _____
My Spouse _____ will _____ will not _____ accompany me.
(first name for badge)
My Guest _____ will _____ will not _____ accompany me.
(first AND last name for badge)

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\$45 per person
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Friday, May 3, 1991

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Refund Policy

The REFUND POLICY for the 92nd Annual Convention is as follows: All cancellations must be received in writing; no telephone cancellations will be accepted. A \$25.00 processing fee will be charged to all registrants who cancel. If cancellation is necessary, the following policy will apply:

More than 45 days prior to program, FULL REFUND (less processing fee).

30-45 days prior to program, 50 percent of fees paid will be refunded.

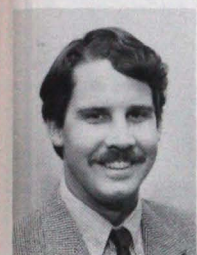
15-30 days prior to program, 25 percent of fees paid will be refunded.

Less than 15 days prior to program, NO REFUND.

Introducing TOMA Convention Speakers

The speakers and their topics are being finalized for TOMA's 1991 Convention and Scientific Seminar, to be held in San Antonio, May 2-4, 1991.

The following speakers are confirmed at this time:



Mitchel D. Storey, D.O., of Washington, will present "Overuse Injuries in Sports and Industry" during the Sports and Industrial Medicine Seminar at this year's annual convention.

Dr. Storey is a graduate of Philadelphia College of Osteopathic Medicine. He interned at Community General Osteopathic Hospital in Harrisburg, Pennsylvania, and took a primary care sports medicine fellowship at The Sports Medicine Clinic, Seattle, Washington.

He is currently medical director of The Sports Medicine Clinic in Seattle, director of the Sports Medicine Fellowship Program at the clinic and serves as editor-in-chief of the *Journal of Osteopathic Sports Medicine*. Dr. Storey is also medical director of the Seafair Triathlon; landside director of Seafair Unlimited Hydroplane Race; attending physician for the Seattle Mariners Pro Baseball Team, U.S. Women's Rowing Team — Seattle Camp, Washington State Football Championships, Washington State Basketball Championships, Washington State Baseball Championships and Seattle Cup Unlimited Hydroplane Races.

Dr. Storey serves as consulting physician for the Washington State Social Security Department and the Seattle Mariners Baseball Team.

Professional memberships include the American Osteopathic Association; American Osteopathic Academy of Sports Medicine, of which he currently serves as a board member and a member of the Subcommittee on Residency Training; American College of Sports Medicine; American College of General Practitioners; Washington Osteopathic Medical Association; King County Medical Society; and the Professional Baseball Team Physician's Association.

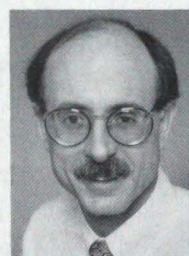


"Hyperlipidemia Update and HDLs" will be presented by Len Scarpinato, D.O., FACP, of Missouri.

Dr. Scarpinato attended Regis High School (full scholarship to Jesuit High School) and Columbia University School of Engineering. He received his D.O. degree from New York College of Osteopathic Medicine, completed a rotating internship at Pacific Hospital in Long Beach, California, and an internal medicine residency at Cleveland Clinic, Cleveland, Ohio.

He is currently an assistant professor in the department of community medicine and family practice at the University of Missouri-Kansas City School of Medicine; chief of internal medicine services at Truman Medical Center-East, Kansas City; and medical director of the Kansas City Free Clinic.

Dr. Scarpinato is a diplomate of the American Board of Internal Medicine and board eligible in Critical Care Medicine, and a fellow of the American College of Physicians. Memberships include the Society of Critical Care Medicine; AOA; American Academy of Family Physicians; Professional Staff Association of Harbor UCLA Medical Center; Missouri Statewide AIDS Advisory Work Group; Medical Care Committee; AIDS Curriculum Advisory Committee for the Lee's Summit R-7 School District; and Research and Education Institute, Inc., Harbor UCLA.



"Fibromyalgia Syndrome Update" will be presented by Bernard Rubin, D.O., FACP, of Fort Worth. He will discuss differential diagnosis, clinical features (tender points, sleep disturbances and psychiatric features), laboratory evaluation and treatment.

Dr. Rubin received his D.O. degree from the Chicago College of Osteopathic Medicine and interned at Chicago Osteopathic Hospital. He took an internal medicine residency and a rheumatology fellowship at Albert Einstein Medical Center, Philadelphia, Pennsylvania; a rheumatology fellowship at Thomas Jefferson University School of Medicine, Philadelphia; and a clinical immunology fellowship at Hahnemann University School of Medicine, also in Philadelphia.

He is currently an associate professor of medicine in the Department of Internal Medicine at Texas College of Osteopathic Medicine (TCOM) and serves as chief of the Division of Rheumatology and Clinical Immunology at TCOM.

Dr. Rubin is a diplomate of the National Board of Examiners for Osteopathic Physicians and Surgeons, the American Board of Internal Medicine and the American Board of Internal Medicine (subspecialty - Rheumatology).

Memberships include TOMA; TOMA District II; American College of Physicians, in which he is a Fellow; American Rheumatism Association, in which he is also a Fellow; AOA; American College of Osteopathic Internists; American Federation of Clinical Research; New York Academy of Sciences; Dallas-Fort Worth Rheumatology Club; Texas Rheumatism Society

(member, Board of Governors); Clinical Immunology Society; and the American Osteopathic College of Rehabilitation.



David A. Baron, MSEd., D.O., of Bethesda, Maryland, will speak on "Anxiety Disorders: A New Approach to Diagnosis and Management." According

to Dr. Baron, the presentation will highlight the important role of syndromal anxiety in the practice of family medicine. Primary focus will be on identification, differential diagnosis, clinical assessment, treatment options and how and when to refer patients. Case vignettes will be used to highlight relevant clinical pearls and a handbook, written to accompany the lecture, will be available for all in attendance.

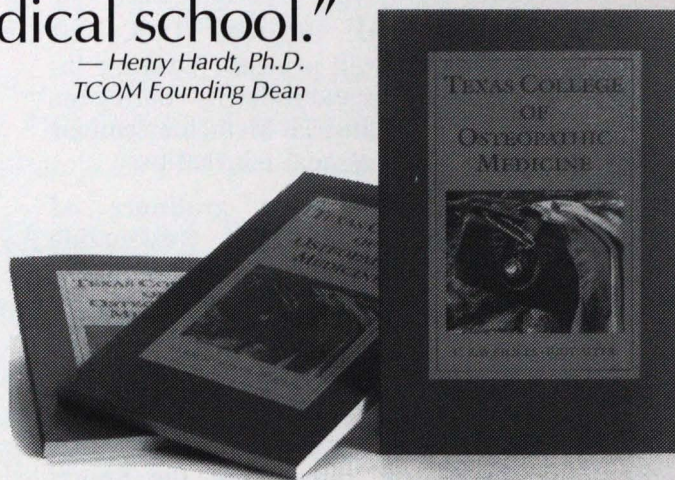
A graduate of Philadelphia College of Osteopathic Medicine, Dr. Baron interned at Delaware Valley Medical Center in Bristol, Pennsylvania, and took a residency in the Department of Psychiatry at Los Angeles County/University of Southern California Medical Center, California. He then took a fellowship followed by attendance at the Graduate School of Education at the University of Southern California.

Dr. Baron is currently the Deputy Clinical Director of the National Institute of Mental Health (NIMH), Bethesda, Maryland. He also serves as director of Medical Student and Residency Education at NIMH; chief of the NIMH Consultant Panel; member of the NIMH Investigational Review Board; chairman of the Department of Psychiatry and Behavioral Sciences FAES Graduate School; associate professor of clinical psychiatry at USC School of Medicine; and chairman of the Editorial Board of the *Journal of the American College of Neuropsychiatry*.

Dr. Baron is board certified by the American Board of Psychiatry and Neurology and the American Osteopathic Board of Neurology and Psychiatry. ■

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— Henry Hardt, Ph.D.
TCOM Founding Dean



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Order your copy of **Texas College of Osteopathic Medicine: The First Twenty Years** today. Paperback: \$15. Special leather-bound limited edition, with sales benefiting the TCOM Alumni Association: \$100. (\$50 of your cost is tax-deductible.) For more information, call 817/735-2559.

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Am Fam Phys 1987;36:133-140

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Consult the package literature for prescribing information.
Indication: Lower respiratory infections, including pneumonia, caused by *Streptococcus pneumoniae*, *Haemophilus influenzae*, and *Streptococcus pyogenes* (group A β -hemolytic streptococci).

Contraindication: Known allergy to cephalosporins.

Warnings: CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY. POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS.

Administer cautiously to allergic patients.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.

Precautions:

- Discontinue Cecilor in the event of allergic reactions to it.
- Prolonged use may result in overgrowth of non-susceptible organisms.
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- Cecilor should be administered with caution in the presence of markedly impaired renal function. Although dosage adjustments in moderate to severe renal impairment are usually not required, careful clinical observation and laboratory studies should be made.
- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Cecilor penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)

Therapy-related adverse reactions are uncommon.

Those reported include:

- Hypersensitivity reactions have been reported in about 1.5% of patients and include morbilliform eruptions (1 in 100). Pruritus, urticaria, and positive Coombs' tests each occur in less than 1 in 200 patients. Cases of serum-sickness-like reactions have been reported with the use of Cecilor. These are characterized by findings of erythema multiforme, rashes, and other skin manifestations accompanied by arthritis/arthralgia, with or without fever, and differ from classic serum sickness in that there is infrequently associated lymphadenopathy and proteinuria, no circulating immune complexes, and no evidence to date of sequelae of the reaction. While further investigation is ongoing, serum-sickness-like reactions appear to be due to hypersensitivity and more often occur during or following a second (or subsequent) course of therapy with Cecilor. Such reactions have been reported more frequently in children than in adults with an overall occurrence ranging from 1 in 200 (0.5%) in one focused trial to 2 in 8,346 (0.024%) in overall clinical trials (with an incidence in children in clinical trials of 0.055%) to 1 in 38,000 (0.003%) in spontaneous event reports. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy; occasionally these reactions have resulted in hospitalization, usually of short duration (median hospitalization = two to three days, based on postmarketing surveillance studies). In those requiring hospitalization, the symptoms have ranged from mild to severe at the time of admission with more of the severe reactions occurring in children. Antihistamines and glucocorticoids appear to enhance resolution of the signs and symptoms. No serious sequelae have been reported.

- Stevens-Johnson syndrome, toxic epidermal necrolysis,

and anaphylaxis have been reported rarely. Anaphylaxis may be more common in patients with a history of penicillin allergy.

- Gastrointestinal (mostly diarrhea): 2.5%
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
- As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.
- Rarely, reversible hyperactivity, nervousness, insomnia, confusion, hypotonia, dizziness, and somnolence have been reported.
- Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1% and, rarely, thrombocytopenia and reversible interstitial nephritis.

Abnormalities in laboratory results of uncertain etiology.

- Slight elevations in hepatic enzymes.
- Transient lymphocytosis, leukopenia, and, rarely, hemolytic anemia and reversible neutropenia.
- Rare reports of increased prothrombin time with or without clinical bleeding in patients receiving Cecilor and Coumadin concomitantly.
- Abnormal urinalysis; elevations in BUN or serum creatinine.
- Positive direct Coombs' test.

- False-positive tests for urinary glucose with Benedict's or Fehling's solution and Clinistest[®] tablets but not with Tes-Tape[®] (glucose enzymatic test strip, Lilly).

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Medicare/Medicaid News

By Don Self
Medical Consultants of Texas

There is a considerable amount of confusion concerning the upcoming 1991 fee limitations to Medicare patients by nonparticipating physicians. In 1991, nonparticipating physicians will be limited to a fee limitation called Beneficiary Protection. Beneficiary Protection has yet to be completely defined by the Department of Health and Human Services, so HCFA and Medicare are both confused.

We believe one of the following will be the calculation for the Beneficiary Protection in 1991, but we do not know for sure:

1. The (nonparticipating) physician's fee will be limited to the lower of the 1990 MAAC, or 125 percent of the 1991 Nonparticipating Prevailing amount.
2. The lower of the 1990 MAAC or 125 percent of the 1991 Allowed Amount. As you know, the allowed amount is the lower of the Customary/Median amount or the non-participating Prevailing.
3. The lower of the 1990 MAAC or 125 percent of the Medicare payment amount.

As you can see, there is a vast difference in the three different calculations. When we talked to HCFA in Dallas, they stated the first would be the calculation for 1991. When we talked to Medicare, they said the last would be the calculation.

In reading the regulation set forth by the Baltimore, Maryland HCFA office, it reads: "For physicians' services of a physician furnished during 1991, the limiting charge shall be the same percentage (or, if less, 25 percent) above the recognized payment amount under this part with respect to the physician (as a nonparticipating physician) as the percentage by which —

- (1) the maximum allowable actual charge, or
- (2) the recognized payment amount for the service of the physician as a nonparticipating physician."

Later in this regulation, the Recognized Payment Amount is defined in subsection D as: "In this section, the term 'recognized payment amount' means, for services furnished during 1991, the applicable percentage of the prevailing charge for nonparticipating physicians for that year."

Therefore, you can see the confusion. As soon as we hear the final answer, we will let you know!

Unique Physician Identification Number

HCFA realizes that providers are having a hard time getting all of the UPIN numbers they need, so they let the November 1 date slip. The agency still has not come up with any firm date for when claims are denied, but many are betting on January 1, 1992. The UPIN will still go in box 19, on current HCFA 1500's, and box 17 on the revised form 1500, when they are required. HCFA will probably require a line item UPIN identification, per procedure, for electronic claims so they can see which doctors ordered what services around mid 1991.

Primary Care Gets Two Percent Increase

Primary care services will receive a two percent update in prevailing in 1991, and all other services will receive

no updates. This does not automatically mean that the prevailing will raise on a primary care service by two percent. Medicare still applies the Medicare Economic Index to the prevailing, as well as a computation of the 75th percentile of charges during the preceding customary period to the prevailing. Therefore, the two percent increase is pretty vague!

Balance Billing Raised

Congress, in their most recent legislation, raised the balance billing limits in 1991 from 125 percent to 140 percent for evaluation and management services. This will affect office visits, hospital visits, nursing visits, E.R. visits, critical care services and consultations. Congress also raised the prevailing charge floor for primary care services from 50 to 60 percent. We are still awaiting a definitive answer from Medicare, HCFA and HHS as to what the 140 percent and 125 percent relates to. We have heard that it will be 125 percent of the Prevailing; 125 percent of the approved amount; and also 125 percent of the amount that Medicare pays. Until we get a definite answer from the powers that be, we cannot predict the effect on your fees for 1991.

EKG Interpretation and Report Dropped in 1992

Payment for interpretation of EKGs, when performed in conjunction with a visit or consultation, will be eliminated in 1992. The affected codes are 93000, 93010, 93040, 93041 and 93042. We are trying to get clarification from HHS as to whether any charges for interpretation would be allowed when provided separate from a visit or a consultation. Originally, the date of implementation was January 1991, but it has been delayed to 1992.

Gramm Ruddman Continues

We have heard recently that the Gramm Ruddman reductions are supposed to be reinstated at two percent from November 1, 1990 through December 31, 1990, but we have not received confirmation of this yet.

\$1.00 Charge Dropped

President Bush's proposal to charge physicians \$1.00 for each paper claim has been dropped.

Lab Regs Changing . . . Again

HCFA plans to overhaul proposed lab regs in light of truckloads of complaints that poured into the agency for the past seven months. On September 26, HCFA Administrator Gail Wilensky said the personnel requirements "certainly" will be changed. HCFA received more than 43,000 comments from doctors stating there needs to be more "waivered" tests. We expect that this issue will be time-lengthy in coming to a conclusion. ■

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

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

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Texas ACGP Update

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

As 1990 comes to an end, I would like to thank the Texas ACGP membership for their support. The Texas ACGP Board worked hard to identify and address issues of concern to our membership. We would welcome your continuous support in 1991.

Texas ACGP district liaisons for 1990-91 are as follows: District I — Steven J. Davis, D.O.; District II — Kenneth R. Winton, D.O.; District III — Sidney B. Chadwell, Jr., D.O.; District IV — Charles R. Hall, D.O.; District V — Linus J. Miller, D.O.; District VI — Wilford V. Morris, Jr., D.O.; District VII — Nick S. Pomonis, D.O.; District VIII — Bobby Howard, D.O.; District IX — Elva A. Keilers, D.O.; District X — Kirk Chandler, D.O.; District XI — Richard D. Saunders, D.O.; District

XII — John E. Garner, D.O.; District XIII — John E. Galewaler, D.O.; District XIV — Gary L. Tamez, D.O.; District IV — Gary D. Wolf, D.O.; District XVI — John G. Kmetz, D.O.; District XVII — Linda W. Hernandez, D.O.; and District XVIII — George N. Smith, D.O.

In an attempt to better serve the citizens of Texas, the Texas Workers Compensation Commission has expanded its offices throughout the state. It has also established an ombudsmen system to promote better relationships between injured workers, employers, medical providers and insurance carriers, and thereby hasten claims resolution. A comprehensive list of regional offices, field offices, and ombudsmen are provided below.

REGION I — DALLAS

Dallas Regional Office* Maple Plaza II 5415 Maple Avenue Dallas, Texas 75235 (214) 689-1000	Tyler Field Office 3800 Paluxy Drive Suite 570 Tyler, Texas 75703 (214) 534-6250
Dallas Field Office Maple Plaza II 5415 Maple Avenue Dallas, Texas 75235 (214) 689-1000	Waco Field Office* 4201 Lake Shore Drive Suite G Waco, Texas 76710 (817) 751-5900
Fort Worth Field Office Forest Park Mall 1501 South University Dr. Fort Worth, Texas 76107 (817) 347-1000	To Open later: Denton Field Office 1/1/91 Wichita Falls Field Office 3/1/91

REGION III — SAN ANTONIO

San Antonio Regional Office* 6800 Park Ten Blvd. Suite 180-S San Antonio, Texas 78202 (512) 733-4800	Harlingen/Weslaco Field Office Professional Building 611 International Blvd. Weslaco, Texas 78596 (512) 969-1523
San Antonio Field Office 6800 Park Ten Blvd. Suite 180-S San Antonio, Texas 78202 (512) 733-4800	Laredo Field Office* 1403 Seymour Laredo, Texas 78040 (512) 721-5700
Corpus Christi Field Office One Agnes Plaza 1231 Agnes Street Corpus Christi, Texas 78401 (512) 881-6400	To open later: Austin Field Office Suite 202 Lamar Crest Towers 7701 North Lamar Austin, Texas 78752 11/19/20
AUSTIN CENTRAL OFFICE 200 East Riverside Drive Austin, Texas 78704 (512) 448-7900	Victoria Field Office 12/1/91

REGION II — HOUSTON

Houston Regional Office* 1445 North Loop West Houston, Texas 77002 (713) 867-4000	To open later: Bryan/College Station Field Office 1/1/91 Wharton Field Office 1/1/91 Galveston Field Office 9/1/91 Lufkin Field Office 9/1/92
Houston Field Office 1445 North Loop West Houston, Texas 77002 (713) 867-4000	
Beaumont Field Office Goodhue Building 398 Pearl Beaumont, Texas 77701 (409) 838-8400	

REGION IV — MIDLAND/ODESSA

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Midland/Odessa Field Office* Suite 315 Executive Office Park 4500 West Illinois Midland, Texas 79703 (915) 699-3700	To open later: Amarillo Field Office 1/1/91 San Angelo Field Office 3/1/92 Del Rio Field Office 1/1/93
Abilene Field Office* Triangle West Building 3125 Catclaw Abilene, Texas 79606 (915) 690-7900	

*New Offices

REGIONAL/FIELD OFFICE/OMBUDSMAN PHONE NUMBERS

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Tyler Field Office	(214) 534-6250 Charles Way Acting Field Office Manager (214) 534-6269	Laredo Field Office Pedro Alfaro Acting Field Office Manager (512) 721-5713	(512) 721-5700 Manuel Ramos Ombudsman (512) 721-5719
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REGION III SAN ANTONIO OFFICE	(512) 733-4800 Bart Griffin Associate Director Region III (512) 733-4809	Lubbock Field Office Claudine Shavor Acting Field Office Manager (806) 765-2707	(806) 765-2700 Mary Jane Aguilar Ombudsman (806) 765-2705

ACGP Update, *Continued*

As you are probably aware by this time, the Texas Medicaid program recently made a sudden change in its reimbursement policy pertaining to new patient visits. The old policy was that "payment of new patient visits was limited to one every 12 months (per physician) when provided in any one of the following places of service: office, home, skilled nursing facility, nursing home, and emergency room." Also, the old policy regarding consultation "limited initial consultation to one every 12 months, per patient, per physician." The new policy "effective October 12, 1990, is Medicaid will begin following Medicare guidelines regarding new patient care. A new patient visit in the office, home, nursing home or emergency room, or a new patient eye exam in any place of service, will be changed to an established patient visit if history shows that same physician has previously furnished a medical service (TOS1) (excluding routine newborn care), a surgical service (TOS2), or a consultation (TOS3)."

Apparently there was a crisis that necessitated the implementation of this new reimbursement policy regarding new patient visits on 10-12-90 (Friday) because my notification was on the back of a "Remittance and Status Report" from National Heritage Insurance Company dated 10-14-90 (Sunday) and received in my office on 10-17-90 (Wednesday) — five days after the effective date of the new policy.

The manner in which NHIC initiated this change in physician reimbursement policy points out a serious flaw in the Texas Medicaid program. Over the past few years it has been pointed out all too clearly that government has become the master of the people rather than the servant of the people. As 1990 rapidly comes to an end, let's dedicate ourself in 1991 to the task of reclaiming government for the people. Texas physicians can no longer tolerate important Medicaid health care decisions being made in the back room by a few state agency people without any opportunity for public comment and professional scrutiny prior to their implementation.

At the last TDHS Medical Care Advisory Committee (MCAC) meeting in Austin on 11-9-90, this issue was discussed. Historically, new rules and policy regarding physician reimbursement under the Texas Medicaid program have not been published as proposed rule changes in the *Texas Register* for a 30 day comment period. After much discussion, the possibility of establishing a physician reimbursement subcommittee of the MCAC to deal with Medicaid physician reimbursement issues was put forth; however, it could not be acted upon since it was not an agenda item. It will appear as an agenda item at the next MCAC meeting in Austin on 1-4-91.

An innovative proposal called "Texas Care" was discussed by Deputy Commissioner Donald L. Kelley,

M.D. at this MCAC meeting in Austin. It would eventually replace the "Lock-In Program." It would involve managed medical care similar to the "Gate Keeper concept." There would be freedom of choice on the part of the Medicaid patients and the participating physicians. It would be on a fee-for-service basis. The participating physician would receive \$3.00 per month for each Medicaid patient signed up under the program in addition to his or her fees for services rendered. Dr. Kelley stated that the TDHS would seek a waiver from HCFA for pilot programs. Primary Care Physicians would be the gate keepers. The gate keepers would seek consultation with appropriate medical specialists whenever it was medically necessary.

The "Texas Care" Program was well received by the physicians on the MCAC. I would hate to see the program placed in jeopardy by the Medicaid reimbursement policy dealing with new patient visits and consultation effective 10-12-90. Primary care physicians have no control over whether medical specialists will or will not accept Medicaid consultations on their patients. However; a modification of existing Medicaid policy to allow initial consultations for new illnesses without strict time limits should encourage greater participation on the part of medical specialists.

Recently I was made aware of a tool utilized by Medicare to trigger physician audits — Report HUGR431S which demonstrates a physician's pattern of practice compared to his or her peers. Some folks refer to this report as a "physician's report card." A personalized copy of HUGR431S can be obtained by a physician's signed request on his or her letterhead stationery. I would highly advise each and every physician in Texas to obtain this report and to use it as an educational tool. Requests for your own personal HUGR431S report can be obtained by writing to: Debbie Gonzales, Senior Supervisor, Post Payment Medical Review, P.O. Box 660156, Room 112-D, Dallas, Texas 75266-0156.

As we approach 1991 it seems that physicians are confronted by hostile forces on all sides. What shall we do? The answer is simple — attack! Don't let us go quietly as the state and federal bureaucracy systematically chips away at the greatest health care system known to man. Quality, cost effective health care is our objective; and it is possible, but only if physicians go on the offensive to obtain it. Dare we never forget that a physician's greatest asset is his or her patients. If we will not fight for us, let's at least fight for them. Our patients deserve our best efforts on their behalf.

On behalf of the Texas ACGP officers, trustees and ex officio members, I would like to wish everyone Happy Holidays, Good Health, Prosperity and Peace in the coming year. ■

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

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

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

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

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

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

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

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Eugene A. Herzog, D.O.
KC '75; b '46; GP
314 N. Grand
Gainesville, 76240

James E. McCrary, D.O.
TCOM '89; b '58; GP
7878 Marvin D. Love Frwy., #2315
Dallas, 75237

George M. Beasley, D.O.
TCOM '89; b '51; Fam.Prac.
5944 River Oaks Blvd.
Fort Worth, 76114

Cecil W. Fincher, D.O.
TCOM '84; b '55; MS; ANES
Route 3, Box 906-A
San Antonio, 78218

Kenneth R. Horak, D.O.
TCOM '86; b '56; ANES
7777 Forest Lane, Bldg. C 4900
Dallas, 75230

Clayton S. McGuire, D.O.
COM-OSU '89; b '61; GP
400 Pecan Bend, #122
Bedford, 76022

Bryan E. Bledsoe, D.O.
TCOM '87; b '55; C-Fam.Prac.
45 Sycamore
Belton, 76513

Steven L. Gates, D.O.
COM-OSU '86; b '54; IM
2801 Osler Dr., #123
Grand Prairie, 75051

Mehrnoosh Jahani, D.O.
TCOM '86; b '54; ANES
2707 Wentwood Dr.
Carrollton, 75007

Henry E. Ruehle, D.O.
CCOM '63; b '33; S
5808 Airline Dr.
Houston, 77076

Mary A. Block, D.O.
TCOM '89; b '45; GP
3750 S. University, #202
Fort Worth, 76109

Adolfo Gonzalez, D.O.
TCOM '84; b '54; S; CS
517 N. Carrier Pkwy, #B
Grand Prairie, 75050

Mary Frances Jones, D.O.
TCOM '87; b '57; Fam.Med.
714 Hampton Circle
Irving, 75061

Susan G. Socha, D.O.
TCOM '89; b '63; GP
P.O. Box 331366
Corpus Christi, 78463

Lloyd W. Brooks, Jr., D.O.
TCOM '85; b '49; IM; C
3327 W. 7th St., #A
Fort Worth, 76107

Michael L. Greene, D.O.
TCOM '85; b '56; GP
HCR 1, Box 345
Rockport, 78382

Frederick W. Kersh, D.O.
TCOM '87; b '56; EM
Trinity Valley Medical Center
2900 S. Loop 256
Palestine, 75801

Thomas E. Southerland, D.O.
TCOM '87; b '55; Fam.Prac.
3535 Gates Blvd., #100
Port Arthur, 77642

Shelly A. Brooks, D.O.
TCOM '88; b '62; Fam.Prac.
RR 6, Box 138
Corsicana, 75110

Yolanda Rios Greene, D.O.
TCOM '85; b '57; GP
HCR 1, Box 345
Rockport, 78382

Ronald W. Kirkwood, D.O.
TCOM '87; b '51; Fam.Prac.
P.O. Box 1239
Madisonville, 77864

Robert G. Stroud, D.O.
TCOM '83; b '54; S; U
3821 Camp Bowie Blvd.
Fort Worth, 76107

Elizabeth Chapek, D.O.
TCOM '89; b '57; OMT
P.O. Box 381911
Duncanville, 75138

Leonard J. Grinnell, D.O.
UOMHS '29; b '02; RET
P.O. Box 843
San Benito, 78586

Richard W. Koss, D.O.
KCOM '82; b '54; CF; OMT; GP
TCOM 3500 Camp Bowie Blvd.
Fort Worth, 76107

Terrence M. Sullivan, D.O.
TCOM '89; b '60; GP
7878 Marvin D. Love Frwy., #5102
Dallas, 75237

John S. Chennault, D.O.
TCOM '87; b '59; Fam.Prac.
1731 W. Wheeler
Aransas Pass, 78336

Clyde A. Hanson, D.O.
KC '88; b '60; GP
5500 39th St.
Groves, 77619

Daniel P. Loisel, D.O.
TCOM '83; b '53; ER
6710 Spring Front
San Antonio, 78249

Lynne R. Tilkin, D.O.
COM-OSU '87; b '60; Fam.Prac.
3750 S. University, #201
Fort Worth, 76109

Robbie J. Cooksey, D.O.
TCOM '89; b '58; GP
Childress General Hospital
1219 Parker St.
Goldthwaite, 76844

Patraick A. Haskell, D.O.
TCOM '89; b '59; GP
P.O. Box 289
Goldthwaite, 76844

Charles R. Lovelace, D.O.
TCOM '85; b '54; GP
2806 W. Southcross
San Antonio, 78211

Henry L. Underwood, D.O.
UOMHS '78; b '50; C-Fam.Prac.
5701 Wesley Dr.
Greenville, 75041

Kenneth W. Dott, D.O.
TCOM '89; b '62; GP
3989 N. Beltline Rd.
Irving, 75038

Daniel J. Herlihy, D.O.
TCOM '89; b '57; GP
3606 Bryn Mawr Dr.
Irving, 75062

Bruce E. Maniet, D.O.
PCOM '85; b '59; GP
Broadway & Main
Bells, 75414

Keith A. Vasenius, D.O.
TCOM '86; b '53; CF; IM
TCOM 3500 Camp Bowie Blvd.
Fort Worth, 76107

Candace L. Downing, D.O.
TCOM '87; b '53; IM
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The True Cost of Bad Debts

At I.C. System, Inc., the old adage, "time is money," is never more apt than when it refers to a delinquent account. For each month that passes and an account remains open, you, the creditor, lose money, and the debtor loses nothing.

I.C. System has found that if you have \$100 in outstanding accounts, at the end of the year their value will erode to about \$45. Every month that goes by, you have less and less chance to collect, and the value of your account receivables decreases.

So what do you do when you have delinquent accounts? If you're like many creditors who have a lot of smaller accounts owed to them, you'll consider them uncollectable and not worth further efforts. And, if you're like many people, you'll only focus on the past-due amount. But that isn't an accurate reflection of your loss.

For every dollar of business that you don't collect, you have to bring in a tidy sum in new business just to break even. The chart below shows exactly how much it costs for you to forgive even a small debt.

UNCOLLECTED DEBTS OF:

Amount	\$250	\$500	\$1,000	\$2,000	\$3,000	\$5,000	\$7,500	\$10,000
ARE EQUIVALENT TO SALES OF:								
Your Profit %								
1%	\$25,000	\$50,000	\$100,000	\$200,000	\$300,000	\$500,000	\$750,000	\$1,000,000
2%	12,500	25,000	50,000	100,000	150,000	250,000	375,000	500,000
3%	8,333	16,666	33,333	66,667	100,000	100,000	166,667	249,975
4%	6,250	12,500	25,000	50,000	75,000	125,000	187,500	250,000
5%	5,000	10,000	20,000	40,000	60,000	100,000	150,000	200,000
6%	4,165	8,333	16,667	33,333	50,000	83,333	124,950	166,667
7%	3,572	7,143	14,286	28,571	42,857	71,429	107,145	142,857
8%	3,125	6,250	12,500	25,000	37,500	62,500	93,750	125,000
9%	2,778	5,556	11,111	22,222	33,333	55,556	83,340	111,111

For example, if your profit margin is five percent and you have uncollected debts of \$1,000 owed you, you would have to generate an additional \$20,000 in new business to recoup those losses.

Forgiving bad debts is a very expensive practice for any creditor to follow. Instead, I.C. System urges that you maximize your recovery from bad debts by turning them over to a collection service as soon as possible. Ideally, that would be 60 to 90 days after the account becomes delinquent. Waiting longer than this will lessen your chances of collection. According to the American Collection Association, only 5 percent of accounts more

than 90 days over-due will be paid voluntarily. Debtors who have let their past-due bills go this long without payment often need an extra push from a collection service to pay up.

Our association endorses the services of I.C. System, Inc., as an effective and ethical debt collection program. I.C. System is the largest privately-owned debt management company in the country, and it is endorsed by over 1,150 business and professional associations. Last year, the company recovered over \$75 million in bad debts for its clients. To learn how I.C. can improve your accounts receivables, contact our association office.

Champus Claim Filing Made Easy



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EMC: Electronic Media Claims

Wisconsin Physicians Service, the CHAMPUS Fiscal Intermediary for your region, will offer an Electronic claim submission option effective July 1, 1990. Although we will not be accepting EMC directly from providers, we have contracted with Clearing Houses throughout the country to allow you to select the best option for your needs. Since many of you are already submitting claims electronically for Medicare and / or other private carriers, our ability to accept EMC submissions for services provided to CHAMPUS patients should further assist you in containing the cost of claim submission and achieving a faster turn around on your dollars.

(Champus/ChampVA News, June, 1990)

WHAT TYPES OF CLAIMS WILL BE ACCEPTED ELECTRONICALLY?

Initially, our EMC system will accept only certain Institutional and Professional claims. The following specific services will not be accepted due to the requirement of maintaining hard copy documentation in our files:

Organ transplant procedures including Bone Marrow, Nursing visits (skilled / -unskilled), Magnetic Resonance Imaging, Physical, Occupational or Speech Therapy, Surgical Lesion removal, Biofeedback, Ambulance Services, Durable Medical Equipment or Prescription Drugs.

(Champus/ChampVA News, June, 1990)

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Socialized Car Care: Another Wave Of The Future?

By Fred L. King, D.O., Moberly, Missouri

We all must have certain necessities to survive: food, clothing, shelter, medical care and, of course, transportation. Welfare programs provide food, clothing and shelter for the needy, while Medicare and Medicaid provide medical help. Why shouldn't elderly and low-income citizens have government-financed car care? A national auto repair program could be established based on the rules and regulations already in place in the Medicare program.

For example:

- All mechanics would have to attend auto repair school and pass a state examination.
- All citizens over 65 would be eligible for Mechanicare payments to repair their automobiles. The government, of course, would determine how much mechanics were paid but would not consider the huge costs of attending school.
- All mechanics would be required to accept Mechanicare reimbursements as payment-in-full for their services, even if the payments were too low to cover their overhead expenses. Any mechanic who attempted to bill patients would be fined, and his license would be revoked.
- Any mechanic who refused to repair a Mechanicare recipient's auto, no matter how unreasonable or uncooperative the customer, would lose his license.
- If a Mechanicare car required diagnostic testing, the mechanic would not be able to refer the case to himself or to a garage in which he or his relatives had a financial interest. Customers in rural communities might have to transport their cars 100 miles or more to find a suitable diagnostician. Judging from past bureaucratic programs, Mechanicare probably would allow the vehicle to be towed or be carried by helicopter, even if these options cost 10 or 20 times more than having the work done locally.
- DRGs — driver related groups — would be established to determine how long a vehicle could remain in the shop. For example, a muffler replacement could be set at an hour and 23 minutes for all cars, since government does not recognize that each case presents a unique problem. No matter how many repairs a mechanic made, only one would be paid for each time the car was admitted to a garage.
- As the program caught on, private insurers would want to adopt similar regulations for non-Mechanicare customers. Blue Car and Blue Truck probably would impose Mechanicare's rules, even going so far as to require approval from a shop foreman in a distant city before a vehicle could be

admitted to a garage. Naturally, it wouldn't be necessary for the foreman to have attended auto repair school.

- Each repair job would be reviewed by a PRO — pecuniary review organization. Mechanics who had never seen the vehicle or talked with the customer would decide after the fact whether or not spark plugs should have been changed.
- Eventually, peer review of automotive work would be extended to house calls. For example, a mechanic who tried to start a car for his customer at home on a cold morning would be reviewed by someone in a warm office to determine whether the car was started as quickly as it should have been under Mechanicare regulations.

The real beauty of Mechanicare is that it could be extended to all facets of society. The government could devise similar programs for plumbers, electricians, barbers and lawn care workers. The possibilities are endless. ■





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Capitol Hill Highlights

Compiled by the AOA Washington Office

* President George Bush recently nominated Colonel Ronald R. Blanck, D.O., for promotion to Brigadier General, Medical Corps, United States Army. Colonel Blanck, D.O., held the post of Chief, Graduate Medical Education Office of the Assistant Secretary of Defense in Washington, D.C. and is now performing the duties of Brigadier General which include acting as the Chief of Professional Services Directorate and Chief of Medical Corps Affairs.

* The AOA recently submitted comments on the proposed regulation to establish user fees for clinical lab certification and inspection procedures. Among the comments, the AOA recommended that the development of fees for certification be suspended until the standards as proposed by the initial rule are finalized. In addition, the AOA recommended that state and local certification programs be used as much as possible to limit the cost of ensuring quality testing.

* The Health Care Financing Administration has released a preliminary version of the new fee schedule upon which Medicare physician payments will be based beginning January 1, 1992. This preliminary fee schedule does not reflect the results of the second phase of Harvard's relative value study, which focused specifically upon services provided by osteopathic physicians.

* In the closing days of the FY 1991 budget negotiations, legislation introduced by Congressman Pete Stark (D-CA) to mandate the use of triplicate prescriptions was pulled from the budget proposal. The action followed a flurry of interest group protest letters. The AOA wrote to members, asking them to "refrain from considering this proposal until it can receive a full hearing process." The AOA also stated that "this legislation could have many unintended consequences and should not be considered haphazardly as a mechanism for cost savings."

* The National Health Service Corps Reauthorization Bill was cleared for the President's signature in the closing hours of the 101st Congress. Among improvements in the NHSC program was authorization for a 3-year demonstration project which would provide urban and rural communities with matching funds to finance the medical or clinical education of a primary care physician in return for a service commitment in the involved community. The program is based on the experience of Roger Pelli, D.O., who received his education at UNECOM. Dr. Pelli was able to fund his education by accepting contributions from six towns in Northern Maine. In return, Pelli will serve the towns for eight years or repay the funds. ■

In Memoriam

Wallace S. Williams, D.O.

Dr. Wallace S. Williams of Waco passed away October 14, 1990. He was 69 years of age. Funeral services were held October 17 with burial in Jonesboro Cemetery, Jonesboro, Texas.

Dr. Williams was born in 1921 in Jonesboro and attended schools there. He graduated from Jonesboro High School in 1939 and attended the University of Texas and Sam Houston University. During World War II, he served as a medic with the U.S. Marine Corps. In 1946, he married Delphia Frances Golding in Conroe; she passed away in 1988.

Dr. Williams received his D.O. degree in 1950 from the Kansas City College of Osteopathy and Surgery (now The University of Health Sciences/College of Osteopathic Medicine) and took an internship at Blackwood Hospital in Comanche, Texas.

During his career, he practiced in Comanche, Big Sandy, Fort Worth, Lubbock, Hamilton and Waco. He had recently retired from the Veterans Administration Medical Center in Waco.

Dr. Williams had been a TOMA member since 1950. He was also a member of TOMA District XVIII; the AOA; and was board certified by the American College of General Practitioners in Osteopathic Medicine and Surgery.

He was a member of First United Methodist Church.

Survivors include three sons, John Conley Williams of Frankston, Stuart F. Williams, D.O. of Columbus, Georgia, and Wallace Clark Williams of Waco.

The family has designated the Texas Osteopathic Medical Association, the American Cancer Society or the Texas Archaeological Society for memorials.

TOMA extends condolences to the family and friends of Dr. Williams.

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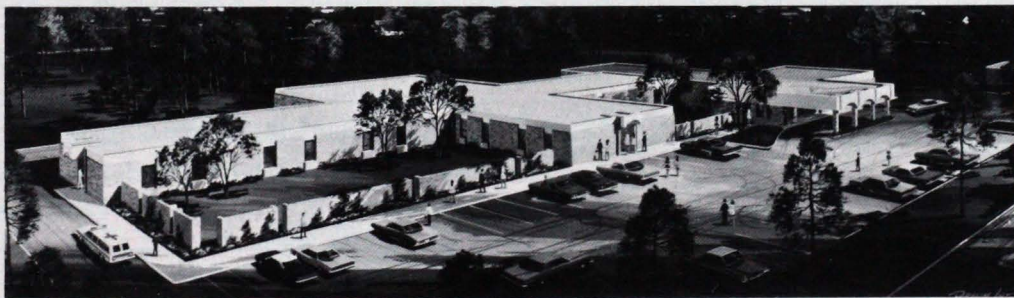
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AOA Announces Gift of Service to the Nation

In observance of the osteopathic profession's centennial in 1992 and in line with the theme "Osteopathic Medicine: A Century of Making a Difference," the American Osteopathic Association has revealed plans for a gift of service to the nation.

Commencing in early summer 1991 and continuing throughout the centennial year 1992, the profession will provide baseline healthcare screenings to America's acutely medically underserved populations. Mobile medical units, dubbed "Care-A-Vans," will travel throughout the 48 contiguous states. Local volunteer osteopathic physicians, students, interns and residents

will staff the vans during visits to both rural and inner city locales.

Wherever possible, screened individuals who need additional medical care will be referred through preestablished linkages with local public and private facilities. The "Care-A-Van" staff also will provide public education on healthcare to all those screened.

In addition to providing medical screening, the AOA also plans to collect localized data relative to: predominant healthcare problems of local populations; barriers to healthcare resources; and opportunities for both public and private development of additional resources. ■

New Administrator Appointed for One Day Surgery Center, Ltd.



William T. McClintock has been named administrator of One Day Surgery Center, Ltd., a free-standing same day surgery center in Fort Worth, according to Robert D. Anderson, executive vice president of Health Care of Texas, Inc., the center's general partner. McClintock will direct the daily operations of the ambulatory surgery center,

which is fully equipped to perform a wide range of outpatient surgery procedures.

McClintock is the former manager of National Center Research Programs with the American Heart Association. He has held a number of administrative positions in the health care industry, including vice president/administrator of Schick Shadel Hospital of Dallas/Fort Worth and regional manager of the Texas Medical Foundation in Austin. McClintock also has served as a management consultant for George S. May International Company in Park Ridge, Illinois, dealing primarily with the health care industry.

His previous experience also includes serving as project director of the University of New Hampshire's School for Health Studies in Durham, New Hampshire; as executive director of the Connecticut Hospital

Planning Commission in New Haven, Connecticut; and as regional assistant for administration of Kaiser Permanente Medical Care Program in Oakland, California.

His professional affiliations include fellowships with the American College of Healthcare Executives and the Royal Society of Health in England, and memberships in the American Hospital Association and the American Management Association.

McClintock earned masters' degrees in health care administration and production/operations management from the University of Chicago Graduate School of Business and a bachelor's degree in economics from St. Lawrence University in Canton, New York. ■

ATOMA News

By Sue Urban, Public Relations Chairman
ATOMA District II

This is just a reminder that the January 17th meeting will be held at Joe T. Garcia's. Hope to see all of you there.

To all of our friends in the Metroplex, and across the State of Texas, ATOMA District II wishes you a Happy and Safe Holiday Season. ■



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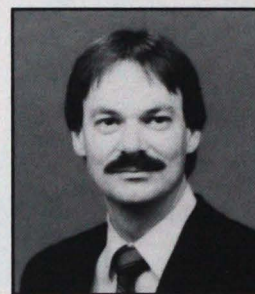
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Jeffrey A. Mills, DO, Board Certified in Gastroenterology, serves as Medical Director. He is assisted in the lab by Ruth Reed, RN; Gail Geserick, RN; Melissa Garrett, RN; Brenda Wood, RN; and Kathy Edwards, RN, from his office.

To learn more about this new service, or to refer a patient, contact Dr. Mills at his office at (817) 283-3545.



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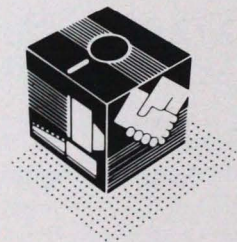
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Resource Materials Available From Texas Osteopathic Medical Association

The following resource materials are available to TOMA members upon request. Please check materials desired, indicating number of such where applicable. TOMA will bill for cost, as needed.

The following items are needed:

- _____ ICD-9-CM Workbook (_____ needed)
- _____ OMT Workbook (_____ needed)
- _____ TOMA Guidelines For Physician Office Drug Management
- _____ Patient Consent Forms for Medicare Part B and Medicaid (_____ needed)
- _____ Medical Disclosure List
- _____ Immunization Reminder Cards (_____ needed)
- _____ Medical Jurisprudence Study Guide \$30
- _____ "Blueprint For Practice"
- _____ Medicare Part B Deductible and Co-Insurance Agreement Form
- _____ Medical Practice Act of Texas
- _____ Physician Placement Service
- _____ Durable Power of Attorney for Health Care Form (_____ needed)
- _____ List of Locum Tenen Physicians
- _____ Natural Death Form (_____ needed)
- _____ The Osteopathic Oath
- _____ A Modern Physician's Creed
- _____ "Physician, Heal Thyself"
- _____ "Talk Show Tips for Osteopathic Physicians," a cassette narrated by Donald Kotoske, D.O. (while supply lasts)

Booklets and Brochures for Office Distribution:

- _____ "Your Physician and You, A Team For Good Health" (_____ needed)
- _____ "What Everyone Should Know About Osteopathic Physicians" (_____ needed)
- _____ "It's For You" (_____ needed in English)
(_____ needed in Spanish)
- _____ "What Is A D.O.? What is An M.D.?" (_____ needed)

Special Programs:

- _____ Information on professional liability insurance program (Physician's Choice)
- _____ Information on disability insurance program (Provident Life & Accident)
- _____ Information on collection agency (I. C. Systems)
- _____ Information on MasterCard/Visa Merchant program
- _____ Information on the Med-Search program coordinated through TCOM Health Sciences Library
- _____ Information on Cellular Phones (Auto Cellular & Accessory Co., Inc.)

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Return to Texas Osteopathic Medical Association, 226 Bailey Avenue, Fort Worth, Texas 76107.

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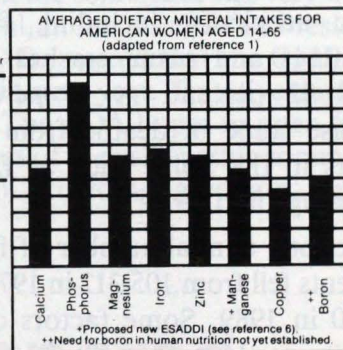
A recent and extensive survey has revealed the dietary mineral intakes of American women are below the built-in safety margin of the RDA* or ESADDI* for six minerals (1,2). This survey indicates that on the average, American women suffer from multiminerall deficiencies during bone-forming and later periods of life (see graph).

Each of these minerals plays important roles in bone and connective tissue metabolism as structural components or activators of enzymes and hormones necessary for proper bone growth and maintenance (3-7).

Evidence from animal and human experimental studies, clinical observations and epidemiological data all support findings of bone and connective tissue disorders, especially osteoporosis and impaired healing, when long-term dietary intake of one or more of the listed minerals is deficient (3-9). Combined with lack of exercise and normal or excessive intake of protein, phosphorus, iron and aluminum, which are all antagonistic to uptake and/or metabolism of the listed minerals, effects of deficiencies are aggravated (3-9).

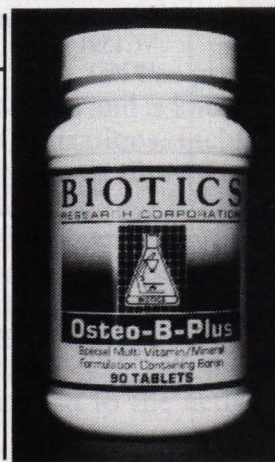
OSTEO-B PLUS was formulated to contain bioavailable forms of minerals along with key synergistic

factors such as vitamin C and chondroitin sulfates. Inclusion of judicious amounts of B-complex vitamins and vitamin D allows OSTEO-B PLUS to be used alone or in combination with other nutritional supplements.



References:

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- *United States Required Daily Allowance (2)
**Estimated Safe and Adequate Daily Dietary Intake (2)



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Accident Death Rate Drops

Life in America has become safer. The death rate from accidents dropped 21 percent in the past decade, according to a report released by the National Safety Council in August.

The figures show motor-vehicle deaths declined by 20 percent, which accounts for nearly half of all accidental deaths. The biggest drop in motor-vehicle deaths was among drivers 15 to 24 years old.

The death rate from accidents at work fell 29 percent. Deaths from public accidents, including falls, drownings and plane crashes, declined 22 percent. A 16 percent decrease came in deaths from accidents in the home such as falls, poisonings and fires.

The total annual number of fatal accidents fell from 105,312 in 1979 to 94,500 in 1989. Some factors contributing to the various declines are campaigns against drunk driving and boating, increased use of smoke detectors, and increased attention to safety. ■

Newsbrief

NEW LOCATION FOR WOMA

The Washington Osteopathic Medical Association (WOMA) has moved to a new location at: 5220 California Avenue, SW, Suite B, Seattle, Washington 98136. The mailing address, P.O. Box 16486, Seattle, Washington 98116 and the phone number (206) 937-5358 remain the same.

OMT Tapes Available Through TCOM

Copies of VHS tapes on OMT techniques are available to osteopathic physicians throughout the state who wish to borrow them for a period of up to two weeks. These tapes are eligible for Category 1-B CME from the AOA. Interested physicians should contact: Learning Resource Center, TCOM Health Sciences Library, 3500 Camp Bowie Boulevard, Fort Worth, Texas 76107; phone: (817) 735-2288. Physicians should note that a library card is necessary to borrow the tapes. Those needing a card should contact the library for an application form.

Tapes Available

WB90 VC1800 1974	KCOM — Manipulative Series Soft Tissue - Lumbar lower thoracic area 46 minutes (one hour Category 1-B CME available from AOA)
WB940 VC1799 1975	KCOM — Paul Kimberly, D.O. Part I — Cervical C2 - C4 Side bending left, rotation left, high velocity Part II — T4 - T10 FSR Grps. A. Supine high velocity sitting Part III — T4 - T10 Flexion Extension a. Forward bending, high velocity & spring b. Backward bending, high velocity, muscle cooperation Part IV — T10 L5 FSR Grps. high velocity & muscle energy PTV - Roto - scoliosis (Sitting) 47 minutes (one hour Category 1-B CME available from AOA)
WB940 VC1798 1974	KCOM — Pelvis S. I. Innominate Paul Kimberly, D.O. 1. Testing Physiological Motion 2. Symphyseal Lesions Diagnosis & Treatment 3. Sacral Diagnostic Procedures 4. Left Sacral Torsion Findings & Mobilization 5. Left Unilateral Findings & Mobilization 6. Left Innominate Posterior 57 minutes (one hour Category 1-B CME available from AOA)
WB940 VC1801 1975	KCOM — Thoraco-Lumbar Junction 32 minutes (one-half hour Category 1-B CME available from AOA)
WB940 VC1802 1978	Indirect extremity technique — Anne Wales, D.O. 50 minutes (one hour Category 1-B CME available from AOA)
WB940 VC1797 1984	KCOM — Cervical Technique ME & HVLA Cervical Spine-OA-AA Techniques — Counterstrain, Direct, Indirect Jerry Dickey, D.O. Cervical Spine-Direct Method — Lower Spine (Facet Angles) Larry Bader, D.O. 25 minutes (one-half hour Category 1-B CME available from AOA)
WB940 VC1591 1976	Counterstrain Part I - Part V Complete Counterstrain Course by Larry Jones, D.O. 3 hrs. 45 minutes (four hours Category 1-B CME available from AOA)
WB940 VC1796 1979-82	Michigan State Series Pelvic Region I: Iliosacral Pelvic Region II: Sacroiliac Pelvic Region III: Alternative Direct Technique 42 minutes (one hour Category 1-B CME available from AOA)
WB940 VC1803 1980-82	Thoracic Cage Thoracic Region I: True Ribs (1 through 7) Thoracic Region II: Mid Lower Thoracic 26 minutes (one-half hour Category 1-B CME available from AOA)

AOA Graduate Medical Education Leadership Conference Hailed a Success

"We are all in this together," AOA President Mitchell Kasovac, D.O., said, addressing the participants in the AOA's first Graduate Medical Education Leadership Conference, held September 14-16 in Chicago. The conference, generously funded by the Upjohn Company, brought together experts in graduate medical education and healthcare delivery to review directions for osteopathic postdoctoral education.

As the theme "Changes and Innovations in Graduate Medical Education" indicates, the conference also familiarized attendees with the necessity to review and revise training in their respective specialties in order to maintain academic competitiveness as the osteopathic profession prepares to meet the challenges of healthcare delivery in the 21st century.

Keynote addresses were given by Robert Eaton, J.D., M.B.A., Associate Administrator for Program Development, Health Care Financing Administration (HCFA), and Robert G. Petersdorf, M.D., President of the Association of American Medical Colleges. Mr. Eaton spoke on "Medical Education Financing: Current Status and Future Directions." Dr. Petersdorf's presentation was titled, "In Defense of Medicine: Both Allopathic and Osteopathic."

Among the other speakers, Daniel H. Belsky, D.O.,

Chairman of the AOA Committee on Postdoctoral Training, gave a presentation on the perception of quality in osteopathic postdoctoral education. John A. Brose, D.O., Associate Professor, Department of Family Medicine, Ohio University College of Osteopathic Medicine, discussed problems with residency centered research currently faced by residency directors, and suggested solutions to those problems. Douglas Wood, D.O., Ph.D., Associate Dean, Michigan State University College of Osteopathic Medicine, presented "Residency Goals/Objectives and Evaluations."

The conference also featured workshops on ambulatory care, clinical research, involvement of colleges with GME, and goals/objectives/evaluations. The following day, workshop leaders presented brief reports from their workshops. Specialty colleges evaluation committees also met and discussed their responses to the information presented.

Participants agreed that the conference was very worthwhile. It was so successful, in fact, that AOA President-elect Gilbert Bucholz, D.O., agreed that the GME conference will be held again next year. Tentative dates are September 20-22, 1991. The AOA hopes to open future conferences to all members of the osteopathic community who are involved with providing graduate medical education. ■

Dr. Ted Alexander, Sr. Honored For Rodeo Promotion

This year's Wichita County Professional Red River Rodeo was dedicated to Ted C. Alexander, Sr., D.O., of Wichita Falls, who, according to the June 4 *Times Record News* of Wichita Falls, was "the man responsible for organizing the Wichita County Sheriff's Patrol back in 1957, which in turn became the Wichita County Mounted Patrol."

Excerpts from the rodeo program dedication to Dr. Alexander read as follows:

"The 33rd Annual Red River Rodeo is dedicated to Dr. Ted Alexander, Sr., who was responsible for organizing the Wichita County Sheriff's Patrol in 1957. He served as its President and Rodeo Chairman for the first six years of the club. He was instrumental in the purchase of the first sixteen acres of land and helped to construct the present arena and some of the facilities, which were

completed in 1961. Dr. Ted and his wife, Betty, worked very hard for the Wichita County Sheriff's Patrol (predecessor of the Wichita County Mounted Patrol) and helped make the club what it is today...

"Dr. Ted has practiced medicine in Wichita Falls for 46 years and is known for his support of many charitable organizations, including the Oil Bowl Football Game, the Shrine Burn Hospital and the Crippled Children's Hospital. Dr. Ted and his wife, Betty, are proud of their long association with the Red River Rodeo and still claim many rodeo personalities as close friends, including Rex Allen, Benny Reynolds, Willie Nelson, Guy Weeks and Carl Nafzger. They are still very active in church and civic organizations, but most of their spare time is devoted to the activities of their six grandchildren."

Congratulations to Dr. Alexander on this tribute. ■

CHAMPUS News

Outpatient Deductible Begins Anew

The CHAMPUS deductible for outpatient care started over for the new fiscal year on October 1. For services you receive under CHAMPUS from October 1, 1990, through September 30, 1991, you pay the first \$50 (for one person) or the first \$100 (for a family) worth of allowable outpatient medical bills.

Send in claims to your CHAMPUS claims processor as you usually do, and they'll keep tabs on how much you've paid until your deductible has been met. If you have other insurance that pays all or part of your outpatient bills, you must attach to your claim a copy of the other policy's statement which shows how much they paid, along with copies of itemized bills.

If you or any family members receive care in more than one state, and send claims to more than one CHAMPUS claims processor, be sure both processors know when you've paid your full deductible for the fiscal year. Send the CHAMPUS Explanation of Benefits (EOB) form that's sent to you by one claims processor, to any other one to whom you send a claim, at the time you file the claim. The EOB will tell the second processor how much you've paid toward satisfying the deductible for the year.

CHAMPUS "Catastrophic Cap" Starts Over

The "cap," or limit, on how much service families will have to pay for CHAMPUS-covered medical bills in a fiscal year started over again on October 1. The cap is \$1,000 for active-duty families, and \$10,000 for all other CHAMPUS- and CHAMPVA-eligible families.

The cap is meant to protect families from catastrophically high medical expenses. It applies to the amount of money required to meet the family's annual deductibles for outpatient care, and cost-shares for both inpatient and outpatient care, and cost-shares for both inpatient and outpatient care, based on CHAMPUS allowable charges for covered care received in any one fiscal year. When you've reached your cap in a fiscal year, CHAMPUS will then pay 100 percent of the allowable costs for covered care for the rest of that fiscal year.

Charges higher than those CHAMPUS determines to be reasonable, or "allowable," for covered care; and charges for treatment not covered by CHAMPUS, are not capped under the rule. Those bills must be paid in full by service family members or their sponsors.

Costs paid by families under CHAMPUS' Program for the Handicapped are not counted toward the cap.

For more information about the cap, contact your nearest Health Benefits Advisor.

New CHAMPUS "DRG" Cost-Share Announced

CHAMPUS-eligible persons who are not the dependents of active-duty service members will pay a higher daily amount for most hospital admissions that have occurred after October 1, 1990.

CHAMPUS' diagnosis-related group (DRG) payment system will require a cost-share that is the lesser of 25 percent of the civilian hospital's billed charges, or a fixed, daily amount of \$266.

Cost-shares for members of active-duty families aren't affected by the DRG rates. They'll still pay a small daily fee for each day in a civilian hospital, or a total of \$25 for each hospital stay, whichever is greater.

Since CHAMPUS began using the DRG payment system three years ago, average total costs for each hospital admission have declined. Daily hospital costs have increased, however, and CHAMPUS has had to raise the DRG daily amount for retirees and others. Despite the higher daily cost, CHAMPUS-eligible patients will usually pay less, and will never pay more, than they paid under pre-DRG procedures.

For more information about DRG payments, contact the Health Benefits Advisor at the nearest uniformed services medical facility. ■

Dr. Benjamin Young Appointed to Texas Tech Faculty

Benjamin C. Young, D.O., FACGP, of Lubbock, has been appointed to the clinical faculty in the Department of Family Medicine of Texas Tech University Health Sciences Center School of Medicine in Lubbock. He will serve as a clinical assistant professor.

A native of Texas, Dr. Young was born in Olney and graduated from Pleasant Groves High School, Pleasant Groves, Texas. He attended Texas Tech University, which at that time had no medical school; received his D.O. degree from the University of Health Sciences / College of Osteopathic Medicine in Kansas City, Missouri; and interned at East Town Osteopathic Hospital in Dallas. He is currently on active duty in the U.S. Public Health Service.

TOMA congratulates Dr. Young on his appointment. ■

Opportunities Unlimited

PHYSICIANS WANTED

PARTNERSHIP — offered in thriving general practice on the Gulf Coast. Coverage available, Intern/Extern approved hospital with TCOM affiliation. Contact Sam Ganz, D.O., 3933 Upriver Road, Corpus Christi, 78408. (51)

FULL AND PARTTIME PHYSICIANS WANTED — for several primary care/minor emergency clinics in the D/FW area. Flexible schedule, excellent potential for growth and financial success. Please send resume or contact: Steve Anders, D.O., Medical Director, Ready-Care Medical Clinic, 4101 Airport Freeway, Suite 101, Bedford, 76021; 817/540-4333. (40)

PHYSICIAN NEEDED — Minor Emergency/Family Practice facility. Full and part time positions. Bilingual. Hobby Airport Area. Contact Dr. Botas at 713/644-3602. (52)

ASSOCIATE NEEDED — for expanding general practice in East Texas. Guaranteed income with a future. Contact: Steve Rowley, D.O., 214/849-607 or Mr. Olie Clem, 214/561-3771. (08)

IMMEDIATE PRIVATE PRACTICE OPPORTUNITIES — One or more family/general practice physicians. Small rural south central Kansas community. Hospital and L.T.C.U. in community. Obstetrical required. 1) guaranteed income; 2) malpractice insurance furnished; 3) clinic fully equipped; 4) modern hospital; 5) housing available. Contact: Administrator, Attica District Hospital, Attica, Kansas 67009; 316/254-7253. (13)

PHYSICIAN OWNED EMERGENCY GROUP — is seeking Full or Part Time D.O. or M.D. emergency physicians who practice quality emergency medicine. BC/BE encouraged, but not required. Flexible schedules, competitive salary with malpractice provided. Send CV to Glenn Calabrese, D.O., FACEP, OPEM Associates, P.A., 100 N. University, Suite 220, Fort Worth, Texas 76107. (817) 332-2313. FAX (817) 335-3837. (14)

D.O. PHYSICIANS — OSTEOPATHIC ORIENTED. Full or part time, various locations available. Benefits available. No weekends, no night call. Send resume to P.O. Box 64758, Dallas, 75206. (43)

ASSOCIATE URGENTLY NEEDED — for an extremely busy family practice. Fully equipped clinic, lab, x-ray and mammogram facilities. Contact Lufkin R. Moses, D.O. 915/235-1717. (41)

WONDERFUL OPPORTUNITY — for ambitious physician willing to accept thriving small town practice. 30 minutes South of Fort Worth. Will lease or sell; call 817/866-3922 or 817/866-3308. (15)

NEEDED — General/Family Practitioner for Ambulatory/Minor Emergency Clinic located fifteen miles north of Houston. Full-time position at 40 hours/week, no after hours call, Workers Compensation. No HMO, PPO, Medicaid. Salary with paid malpractice. Contact: John Johnstone, D.O. at 713/540-2273. (37)

TYLER — DOCTORS MEMORIAL HOSPITAL IS SEEKING — pediatricians; an OB-Gyn physician; an orthopedic surgeon; family practice physicians; and a general internist to work in an association or solo practice. Financial assistance available. Contact Olie E. Clem, C.E.O., 1400 West Southwest Loop 323, Tyler, 75701; 903/561-3771. (45)

GENERAL SURGEON NEEDED — for expanding practice in Southeast Texas serving a population of over 100,000. Excellent potential for growth and coverage available. Please send resume or contact: John Isbell, Doctors Hospital, 5500 39th Street, Groves, 77619; 409/962-5733. (09)

OFFICE SPACE AVAILABLE

FOR LEASE — Medical office; established medical-dental building on Hulen between Vickery and W. Fwy.; approx. 1,400 sq. ft. which includes 3-4 exam rooms, lab, business office, private office, and extras. Recently remodeled and ready to move in. 817/338-4444 (27)

FOR RENT — Medical Office in Arlington. Three to six months free rent with proper lease. Ideal for general practitioner. Call 817/265-1551. (32)

MISCELLANEOUS

RECONDITIONED EQUIPMENT FOR SALE — Examination tables, electrocardiographs, sterilizers, centrifuges, whirlpools, medical laboratory equipment, view boxes, weight scales, IV stands and much more. 40-70 percent savings. All guaranteed. Mediquip-Scientific, Dallas, 214/630-1660. (29)

WANTED: Used Diathermy Machine. Contact Dr. Mohny, 713/626-0312. (02)

FILM ABOUT OSTEOPATHY — Students for the Advancement of Osteopathic Medicine at UHS-COM in Kansas City have put together an explanation of osteopathic medicine on VHS format. This video is designed to acquaint the student with the benefits of choosing osteopathic medicine as a career and to dispel misconceptions which have pervaded Pre-Medical advisors concerning our profession. We would like for practicing physicians to have this available for their use. There is no charge for this video. Interested D.O.s may obtain a copy by writing to: S.A.O.M., c/o Alvin C. Bacon, 2105 Independence Blvd., Kansas City, Missouri 64124. (25)

FOR SALE — Vision Chemistry Analyzer. Less than one year old, warranty, reagents. Works perfectly. 8K, or best offer. Reply to: Sue Feliciano, 8736 Highway 80, Fort Worth, 76116; 817/244-2143. (04)

FOR SALE — Hunting - Recreating - Cabin Site. 40 acre Colorado Wilderness sites. Joins San Juan National Forest. Covered with pine forest - good access road. Elevation 7,500 ft. Deer, bear, elk. One and one-half miles to trout fishing lake. 40 minutes to Durango. One hour and 20 minutes to Telluride Skiing Resorts. Call Country Dean for information; 817/335-3214 (metro 817/429-0460). (19)

FOR SALE — Vision Chemistry Analyzer — \$6,000 or best offer. Reply to Dennis Breed, D.O., 900 Whitehead Drive, Granbury, 76048 or call 817/573-7091. (39) ■

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