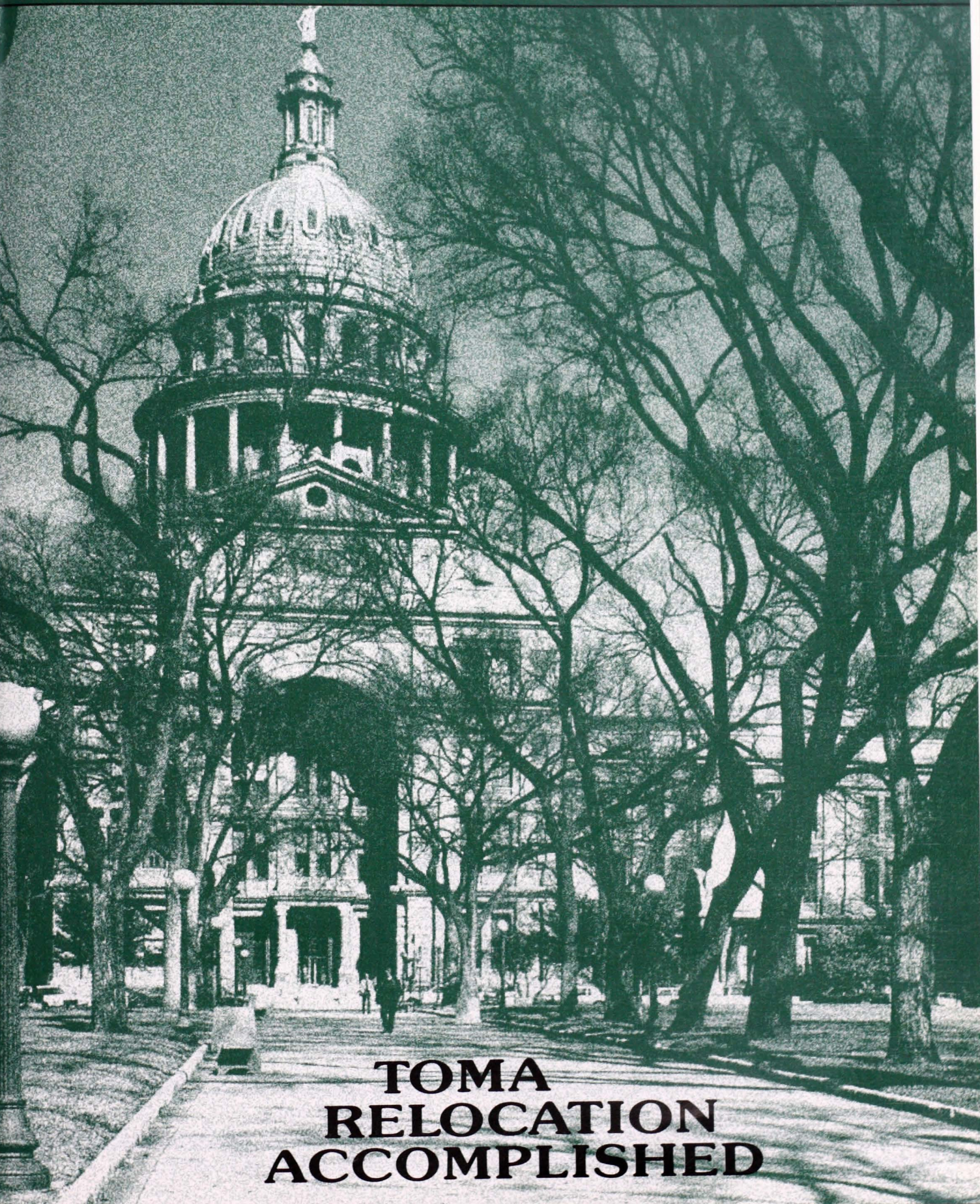
TEXAS DO

XXX, No. 6 TEXAS OSTEOPATHIC MEDICAL ASSOCIATION July, 1993



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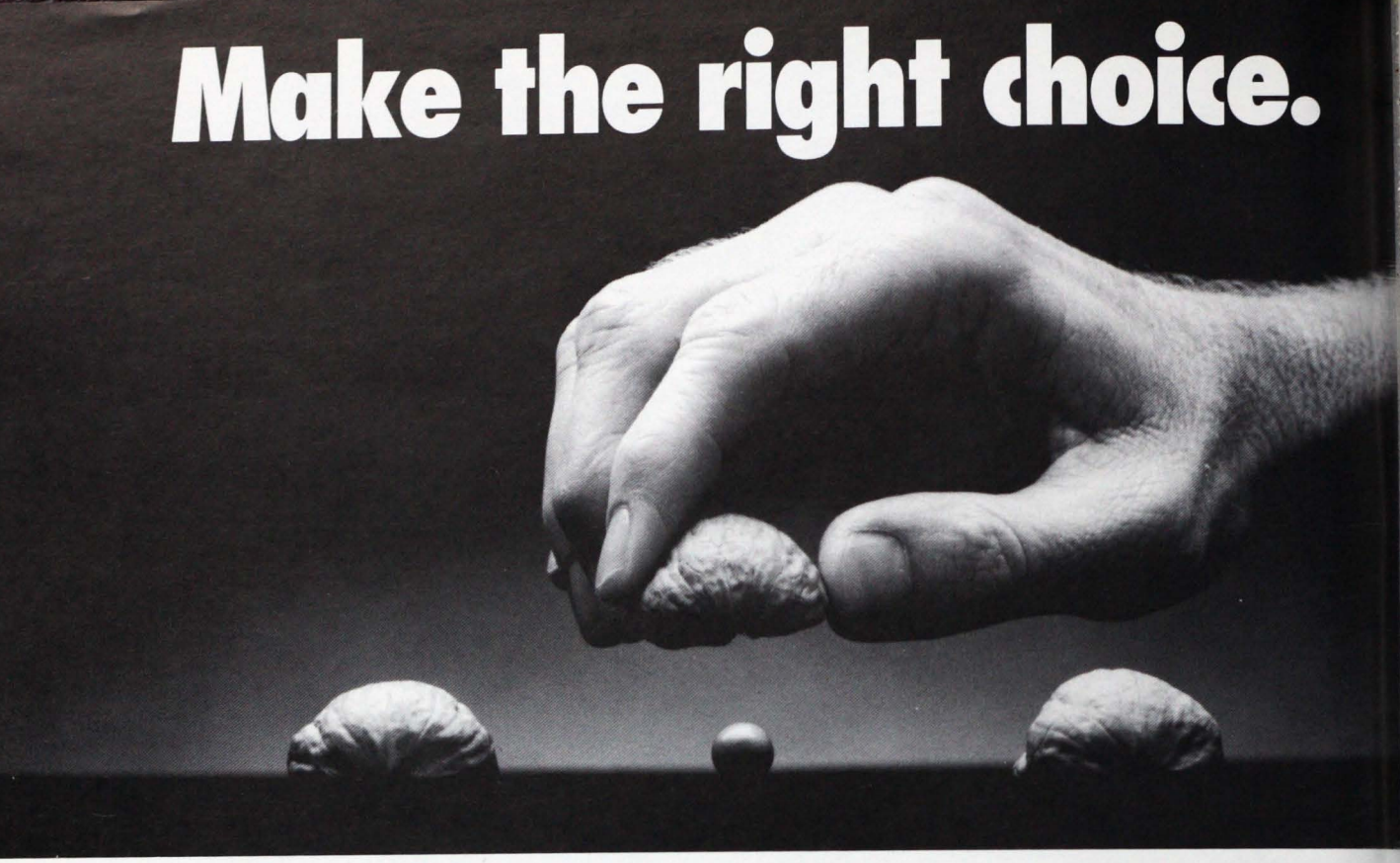

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TEXAS DO

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

FEATURES

DEPARTMENTS

TEXAS DO

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

July, 1993

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Calendar of Events

JULY

16-18

AOA House of Delegates Meeting
Location: Marriott Hotel
Chicago, Illinois
Contact: American Osteopathic Association
142 E. Ontario St.
Chicago, Illinois 60611
(312) 280-5800
1-800-621-1773

JULY 29 - AUGUST 1

36th Annual Convention & 20th Mid-Year Clinical Seminar
Texas Society of the American College of General Practitioners
Location: Doubletree Hotel at Park West
Dallas, Texas
Hours: Approximately 27 Category 1-A
Contact: Keri Frugé
(512) 388-9400

11-15

"Primary Care Update"
Alabama Osteopathic Medical Association
Location: Sandestin Beach Hilton
Destin, Florida
Hours: 26 Category 1-A
Contact: Diane Pasker, Executive Dir.
Alabama Osteopathic Medical Association
P.O. Box 240248
Montgomery, AL 36124-0248

AUGUST

22-27

"New Advances in Internal Medicine: Clinical Applications"
Location: Hyatt Regency,
Monterey, California
Hours: 25 Hours Category 1
25 Hours AAFP
Contact: Office of Continuing Medical Education
UC Davis Medical Center
2701 Stockton Boulevard
Sacramento, California 95817

SEPTEMBER

9-12

"Intensive Geriatric Review Course
Location: Hyatt Hotel
Cherry Hill, New Jersey
Sponsors: New Jersey Geriatric Education Center
University of Medicine a Dentistry of New Jers School of Osteopathic Medicine, Center for A
Texas College of Osteopat Medicine
Institute of Education a Research in Aging
Texas Consortium of Geri Education Centers
American College of Osteopathic Internists
American College of Osteopathic Family Physicians
Contact: (609) 346-7141

10-12

Florida Osteopathic Medical Association Midyear Seminar
Location: Hyatt Regency Westshor Tampa, Florida
Hours: 20 Hours Category 1A anticipated plus
Five hours of Risk Mana ment and Three hours HIV/AIDS
Contact: FOMA
2007 Apalachee Parkway
Tallahassee, Florida 3230
(904) 878-7364

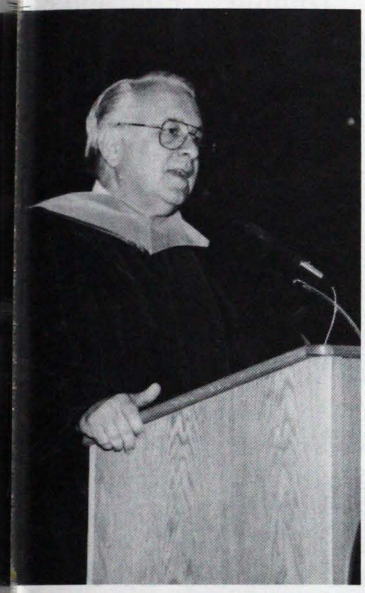
October

10-14

AOA Annual Convention
Location: Boston, Massachusetts
Contact: American Osteopathic Association
142 E. Ontario Street
Chicago, Illinois 60611
(312) 280-5800
1-800-621-1773

Articles in the *"Texas DO"* 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 DO"* is required by that law: Terry R. Boucher, Executive Director, TOMA, One Financial Center, 1717 IH 35, Suite 100, Round Rock, Texas 78664-2901.

TCOM Commencement Speaker Encourages, Cautions Graduates

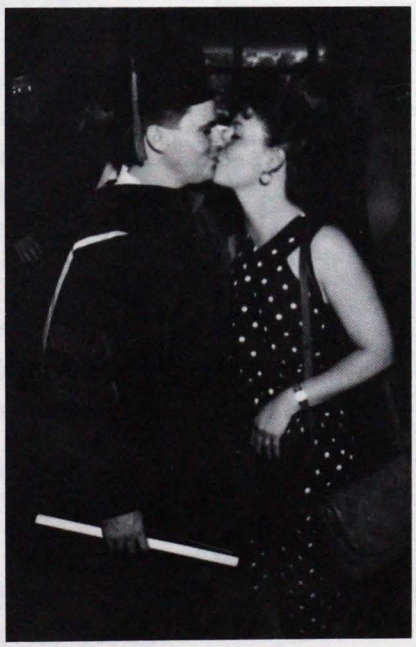


MENCEMENT SPEAKER — ıe Mendez Jr., M.D., former ınt secretary of defense for health , was the commencement speaker COM's 20th commencement ıny June 5.

Texas College of Osteopathic Medicine's commencement speaker, Enrique Mendez Jr., M.D., former assistant secretary of defense for health affairs, told the graduating Class of '93 that despite the barbs aimed recently at the medical profession, the enemies of physicians remain the same. "They carry names like microorganisms, malnutrition, ignorance, disease and death. So keep the criticism in perspective," he said.

He also cautioned the 90 new osteopathic icians at the June 5 commencement ceremony about made enemies of health care professionals. "They pathy, indifference, lack of integrity, too much worry ıt material goods, lack of compassion, lack of inuing education and, finally, intolerance," Mendez

endez said his thy medical career been filled with rewards, personal vth and great opunities to give, as as study and work. vish the same for of you, for I can you no better than ." He urged the luates to "do it as as you know how; for it in the most t way possible; and of yourself e than anyone else; charitable and g; and achieve the vth and fulfillment all of us are tinually seeking."



YOU MADE IT HONEY! Mike Smith, TCOM Class of '93, is congratulated by his wife, Kelly, following commencement on June 5.

Mendez, who retired in 1983 with the rank of major general after a 28-year career in the U.S. Army Medical Corps, received an honorary Doctor of Public Service degree, the first such recognition given by TCOM, during the commencement ceremony at the Fort Worth/Tarrant County Convention Center. The citation accompanying the honorary degree described Mendez as a role model worthy of emulation of faculty and students.

The 65 men and 25 women in the Class of '93 bring the number of TCOM graduates to 1,433 since the first class of 18 graduated in 1974. An estimated 1,500 family members and friends attended the commencement ceremonies.

YOU'RE IN THE ARMY NOW! Alex Migala, TCOM Class of '93, is inducted into the U.S. Army Medical Corps by retired Maj. Gen. Enrique Mendez Jr., M.D., commencement speaker.

In his welcome, TCOM President, David M. Richards, D.O., described this year's commencement as a special time for both the graduates and their alma mater; that as they make the transition from a medical student to an osteopathic physician, TCOM is making the transition from a medical school to a health science center. Through a commitment to maintaining the osteopathic identity through the school's philosophy, education and service, said Richards, "future medical school students and graduates will be linked unyieldingly to you and those who preceded you."

Richards noted that 13 percent of the Class of '93 will take their residencies at military medical facilities across the United States. The 12 graduates, 11 who joined the Army and one who joined the Air Force, were sworn in by Mendez following commencement.

TCOM is a four-year, state-supported osteopathic medical school under the direction of the University of North Texas Board of Regents. ■

TCOM's Class of '93 Honored At Annual Senior Banquet

The outstanding achievements of members of the Class of '93 were recognized at the annual Senior Banquet awards dinner June 4 at Ridglea Country Club in Fort Worth. Marion Merrell Dow, Inc., provided special financial support for the banquet.

Here is a list of awards and recipients:

Sigma Sigma Phi Senior Award: Paul Gerstenberg; **NOWPA Award:** Shaunna Mitchell; **Speculum Dedication:** John Harakal, D.O., manipulative medicine; **M.L. Coleman, D.O., Clinical Faculty Award:** Deborah Blackwell, D.O., pediatrics; **M.L. Coleman, D.O., Preclinical Faculty Award:** Greg Smith, D.O, G & FP; **President's Scholar Awards:** Deborah Boyd, Ana Corteguera, Tamara McReynolds, Duwayne Edge and Ronald T.Y. Moon; **Sandoz Inc. Award:** Ronald T.Y. Moon; **Marion Merrell Dowe Award:** Grady McMahon; **Upjohn Award:** Lewis Westerfield; **Outstanding Senior Students in Emergency Medicine:** Charles Ross, Christopher Bristow; **Ross Pediatric Award for Clinical Excellence:** Alexander Migala; **Mead Johnson Pediatric Award for Clinical Excellence:** Stephanie Penning; **Wyeth Pediatric Award for Academic Excellence:** Lewis Westerfield; **Allen & Hansbury's Pediatric Achievement:** Clayton Olney; **Smithkline Beecham Pediatric Award:** Richard Erickson; **Dupont Pharmaceutic Anesthesiology Award:** Joe Sellers; **Internal Medic Award for Clinical Excellence:** Mark Hollemon and Gr McMahan; **Smithkline Beecham Pathology Award:** Le Westerfield; **Surgery Award for Clinical Excellence:** Bo Scott Olney; **Searle Award, Academic Excellence Obstetrics/Gynecology:** Lewis Westerfield; **Robert Nelson, D.O., Memorial Award for Clinical Excelle Obstetrics/Gynecology:** Rick Kalister; **Sam Buchanan Memorial Award:** Lewis Westerfield; **Robert G. Ham D.O., Memorial Award:** David Hill; **T. Robert Sharp, I Award:** Mike Smith; **Larry L. Bunnell, D.O., Award:** F Gerstenberg; **Michael A. Calabrese, D.O., Arrowsm Award:** Robbye Richards; **President's Award:** Ronald T Moon; **Chancellor's Award:** Walt Simmons; **Wayne Stockseth Award:** Gail Moss; **American Medical Wom Association, Inc., Janet M. Glascow Memo Achievement Citations:** Deborah Boyd, Tam McReynolds and Ana Elise Corteguera.

Five students were recognized at the banquet for be named to **Who's Who in American Colleges Universities.** They are Martha Dodson, Daniel Fuen Charles Gibson, Grady McMahan and Steph Penning.

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Highlights of the Medical Practice Act Amendment

The sunset bill contained a number of revisions to the Medical Practice Act (MPA) that address concerns that have been raised relating to the operation of the board and which provides better tools for the Texas State Board of Medical Examiners (TSBME) to carry out their legislative mandate to regulate the profession of medicine. At the same time the law provides better due process for physicians who are called to appear before the board on allegations of professional misconduct. An overview of some of the provisions of the MPA follow:

- A repeated comment has been that the Executive Director of the TSBME should be an administrator and not a physician. The current MPA does not specify that the Executive Director must be a physician, although traditionally, the position has been filled by a licensee of the board. To address concerns of administrative expertise, a provision was added to the MPA to provide a Chief Operating Officer if the Executive Director was a physician. If the Executive Director is not a physician, then the Executive Director must hire a physician to make the clinical and clinically-related policy decisions.
- The bill provides for a streamlining of the licensure process and for modernization of the board by recognizing the actual process used for contested cases that go before the State Office of Administrative Hearings. In both instances of licensure and discipline, the MPA provides that the board will determine the eligibility for license and for the discipline, if any, to be imposed.
- The MPA now contains a provision for Continuing Medical Education (CME). The bill devised a CME format that would not disrupt physicians and their practices, and would not require the board to recreate the wheel. The CME provision itself states that the board is to set a number of hours for CME requiring at least ½ of the hours to be eligible for the American Osteopathic Association Category 1-A. The annual report is structured so that a physician can report annually or every three years so that CME requirements for specialties would dove tail with the reporting requirement to the board. The Act provides a presumption of compliance if one becomes board certified or recertified within a three year period and the board may temporarily exempt a licensee as set out by the statute.
- The amendments provide for an expanded section concerning temporary licenses for out-of-state practitioners with guidelines for completion of the administrative processing of licenses by reciprocity with reporting to the board when those guidelines are exceeded.
- The amendments clarify a section of the Act concerning a ground of discipline as it concerns prescribing of narcotic drugs, controlled substance or dangerous drugs to a person who the physicia should have known was an abuser of drug Previously, the Act spoke of an habitual user. Th caused problems when a person was being treate adequately for pain and used pain medications o a regular basis. One result was that people we being undertreated for pain because of th physician's fear of disciplinary action by the boar This section has been clarified to reflect th disciplinary action relates to an abuser of drugs well as to take into account the use of the Intractab Pain Treatment Act.
- The ground for discipline for persistently *an* flagrantly overcharging or overtreating was amende to persistently *or* flagrantly overcharging overtreating. This will better enable the board address the issue of physicians who abuse patien by overtreating or overcharging them. The san language is language that is being recommended fo an across the board requirement for all heal licensure agencies.
- The composition of the TSBME was amended include six (6) public members on the board to me the one-third consumer representation requiremer The composition will be nine M.D.s, three D.O. and six public members.
- The complaint, investigation and hearing proce has been significantly amended to provide a mo coherent approach within the Act, bett notification and information for persons filin complaints and better due process provisions fo physicians alleged to have engaged in profession misconduct. Particularly, provisions requirin adequate recordkeeping by board investigators, an notification to complainants have been adde Additionally, the board is to provide reasonab assistance to persons wanting to file complaints an to provide information on the status of complain as well as the disposition of complaint Additionally, the complainant will be provided enhanced opportunity to provide to the board th explanation of the facts and circumstanc surrounding the complaint that was filed.
- Requirements for mutual discovery have been add to the Act so that physicians will have a bett opportunity to know the charges and prepare th defense when presented a formal complaint by t board. Also addressed is a prohibition on expa contact by attorneys of the board as it concerns t decision makers after an informal settlem conference has been held. These provisions provi for a level playing field and a better opportuni to see that an appropriate resolution or disposit is achieved.

Provisions in the Sunset bill that would have required the board to monitor all physicians for compliance with the Act regardless of whether or not there had been a disciplinary action has been modified to more appropriately reflect the requirement to monitor physicians who have been disciplined by the board. In other words, to better administer the board's probationary program.

The administrative penalty provisions that were separate provisions in the original Sunset bill have been placed within the general penalty provisions of the MPA. This will permit the board to impose an administrative penalty as part of a disciplinary action. Such ability will enhance the board's power to appropriately find and fashion a disciplinary action against a physician. It will also utilize the same hearing and appeal procedure that is utilized for all disciplinary actions and their impositions as opposed to the Sunset provisions that would have set up a different structure for administrative penalties.

An agreed settlement order will not be admissible in a civil proceeding under certain circumstances. The order would be a public record capable of being used in a state or federal licensing or credentialing action. The agreed order would prevent someone from using the disciplinary system for a private advantage in a civil lawsuit. The provisions for such a "nolo" plea would not be available for repeat offenders or where the sanction to be imposed is a license revocation.

The regulation of non-physicians to perform acupuncture has been enhanced by establishing an acupuncture advisory board to the TSBME. The advisory board will consider education, licensure, discipline and other matters related to acupuncture by non-physicians.

The acupuncture board has no rule making authority and is subject to sunset review in 1997.

The Medical Practice Act was amended to add three definitions. The first definition provides for confidentiality and privilege for organizations that provide centralized credentialing services for hospitals. It will provide one place for a physician to send all of his or her credentials to be verified and thereby speed up the credentialing process at the hospitals that belong to the credentialing service. The amendment will provide the verification service the ability to gain information about ongoing investigations from the TSBME and thereby increase the ability of the member hospitals to evaluate the physicians' credentials accurately.

The two other definitions that were added are definitions for "surgery" and for "operation." The definitions will provide a guidepost for interpreting the practice of physicians in Texas and will be tied to a federal system that discusses common procedural terminology (CPT) so that services provided are clearly identified. It will avoid requests of the Attorney General such as the one that inquired whether or not "ear piercing" was the practice of surgery.

- An amendment was added to further amplify other changes in the MPA as they relate to informal settlement conference provisions within the MPA. It would require the board to engage in rulemaking to establish a system for the actual presentation and discussion of issues at the informal settlement conference. Attorneys representing each side of the issue would discuss what they believe their evidence would prove should they require a formal contested case hearing. After hearing the discussions, the members of the informal settlement panel would make a recommendation for disposition. This provides for a free flow of information, permits the actual issues to be discussed, allow physicians who are accused of professional improprieties to demonstrate their compliance with the law and changes the complexion of the system from an inquisitorial one to one tending towards mediation.
- An amendment was added to the MPA Sunset Provision that provides for an appeal to district court from a decision of the TSBME to deny reinstatement or reissuance of a license to a person whose license had previously been cancelled, revoked or suspended by the board. Current law provides no appeal. The amendment provides that an application for reinstatement or reissuance must wait for at least one year after the decision was final and then, if denied by the board, may not reapply except at one year intervals.

  The amendment also requires the applicant for reinstatement or reissuance of the license to prove by a preponderance of the evidence that it is in the best interest of the public and of the person whose license has been cancelled, revoked or suspended to reinstate or reissue with a license.
- An amendment was added to the Acupuncture section of the MPA to change part of the definition as it related to the administration of therapeutic exercise. The phrase "therapeutic exercise" was deleted and the words "energy flow" were inserted. This was done at the request of the Physical Therapy Association, as they were concerned that it might provide an alternate route for non-physicians to practice physical therapy.
- The MPA on the House side was amended to permit currently serving board members to finish their terms. Further, it permitted the reappointment of a new board member so long as they met the qualifications for board members under the amended act. This was the amendment to "unfire" the board. This amendment mirrors the amendment added on the Senate floor but not carried into the House Substitute. ■

TOMA Discrimination Bill Stalls In Senate

House Bill 597, the TOMA supported bill that would have prevented Texas hospitals from requiring AMA or ACGME accredited residences for hospital staff privileges, died late in the session in the Senate Health and Human Services Committee. Strong opposition and misinformation spread by the Texas Hospital Association (THA) caused the bill to be left pending in the committee just long enough for the legislative session to end. A lobbyist for the hospital association testified at the Health and Human Services Committee's public hearing on H. B. 597 that THA did not believe the law was necessary and had not seen any evidence of discrimination by any of their members. This was despite the fact that numerous osteopathic physicians had testified about their experiences of being denied hospital staff privileges because they had taken osteopathic postgraduate training. Efforts by Terry Boucher, TOMA lobbyist, and Representative Jack Harris, House Sponsor, to attach the bill to another house bill of a germane subject were unsuccessful.

TOMA will continue to utilize other available aven in an attempt to resolve the problem of hospital st discrimination and intends to reintroduce the same in the next legislative session.

Notable and Quotable

"Any government, like any family, can for a year spend a little more than it earns. But you and I know that a continuance of that habit means the poorhouse."

— Franklin D. Roosevelt
1932 radio speech

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[1] 1985 Commissioner's Individual Disability Table-A, Seven-day Elimination Continuance Table. Rates are male only. Disability rates are higher for females.

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

[3] Coverage for mental disorders can be limited in certain circumstances for a reduced premium.

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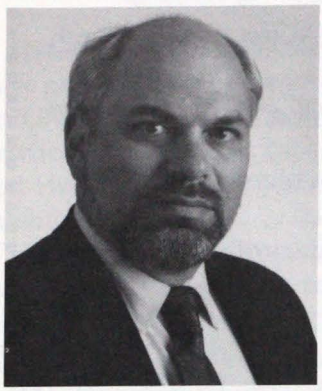


Jack Gratch, D.O.
Board Certified Nephrologist

Jeffrey Bleicher, D.O.
Board Certified Nephrologist

Fort Worth Dialysis Associates, which opened its new facility last February, has a unique position over most outpatient dialysis clinics. Located adjacent to Osteopathic Medical Center of Texas (OMCT) in Fort Worth, the clinic is equipped not only to handle dialysis for chronic patients receiving treatments on an outpatient basis but also acute patients requiring hospitalization. Many outpatient clinics do not provide acute dialysis.

"This facility's association with the hospital is a major benefit to patients," said Jack Gratch, D.O., director of Fort Worth Dialysis Associates, and chief of the Division of Nephrology at the Texas College of Osteopathic Medicine (TCOM). "Patients also benefit from our highly qualified nursing staff and our state-of-the-art equipment."

Jeffrey Bleicher, D.O., who is co-director of the clinic and associate professor at TCOM, credits the unit's advanced equipment and proximity to OMCT's emergency department as being major positive factors. "Many of our patients have coronary problems and are at risk for angina and arrhythmias," said Dr. Bleicher. "By nature, they tend to be the sickest on a chronic basis and feel more comfortable in this facility."

Features of the New Clinic

The unit is designed to be as comfortable and patient-friendly as possible, while boasting highly qualified staff and state-of-the-art equipment.

"One of the big differences in our unit as opposed to others," said Dr. Gratch, "is that we hire only R.N.s and L.V.N.s who have had intensive training. We don't feel patient care technicians are as qualified to administer the kind of specialized care we provide."

The nursing staff monitors the unit's 11 new dialysis machines and four microprocessors. "The Cobe Century 3 dialysis machines are better for patients because the fluid removal is more consistent, and patients experience fewer side effects," said Nurse Administrator Robin Manley, R.N., C.N.N. The staff also appreci the modern computerized dialysis machines which pinpoint potential problems.

In addition, the facility is one of few in the Metro to dispose of all products coming into contact w patients. "All our artificial cartridges are used once then thrown away," said Dr. Gratch. He considers an added bonus to patient welfare, despite pressure fr the federal government to do otherwise. "The emph is on medical quality issues," said Dr. Gratch, "rat than cost accounting."

The unit's high-tech water purification equipment a reverse osmosis system with a continuous cycle. Cl technician Lori Butler says the advanced syste primarily self-sufficient and has built-in safety feat to circumvent problems with water purification. "I monitor the equipment closely and do frequent cult to check for bacteria growth," she said.

Meeting Patients' Needs

Many of the patients entering treatment for kid failure face long-term dialysis for their chronic illn Even those awaiting an organ transplant must unde dialysis for at least a year and a half, the minimum for a usable kidney donation. Dialysis patients o suffer from additional health problems, such as diab and heart disease, and treatment usually begins with d therapy and lifestyle changes, including signific dietary restrictions.

Cindy Fulton, registered renal dietitian, perform nutritional assessment on all patients. "I try to find who does the cooking and involve them in instruction," said Fulton. The normal renal diet restr sodium, potassium and phosphorus while maintain a protein balance. "Some of our patients find it hard to adhere to these diets," she admitted. counseling the family as a whole and monitoring e one individually, she helps the patients stay on tra

Fort Worth Dialysis Associates' staff is sensitive to difficulties faced by dialysis patients who usually the unit three times weekly for several hours at a ti Because of the time-consuming treatments, patients o need assistance from social worker Debbie Harris, provides social services and greases the someti squeaky wheels of governmental entities. "First we to make sure the patient's basic medical needs are be met," said Harris. "Then we talk about adjustment dealing with the disease." She works closely with Department of Human Services, Meals on Wheels, T Rehabilitation and other social service agencies to to make the life of each patient as stress-free as possi

The Osteopathic Approach

monitoring each patient and continually assessing her changing needs, Harris keeps in close contact makes the patients feel they have a reliable friend. eels this approach is in line with the osteopathic sophy of considering the whole patient. "I believe pathic physicians are extremely willing to talk to its' families, very accessible and display sensitivity times," she added.

t Worth Dialysis Associates is staffed by osteopath- ysicians who promote the osteopathic philosophy. treat patients osteopathically," said Dr. Gratch. "We nolistically oriented, and through osteopathic pulation, we can reduce the need for some patients' cations by utilizing massage and gentle bone anics."

Patient's Perspective

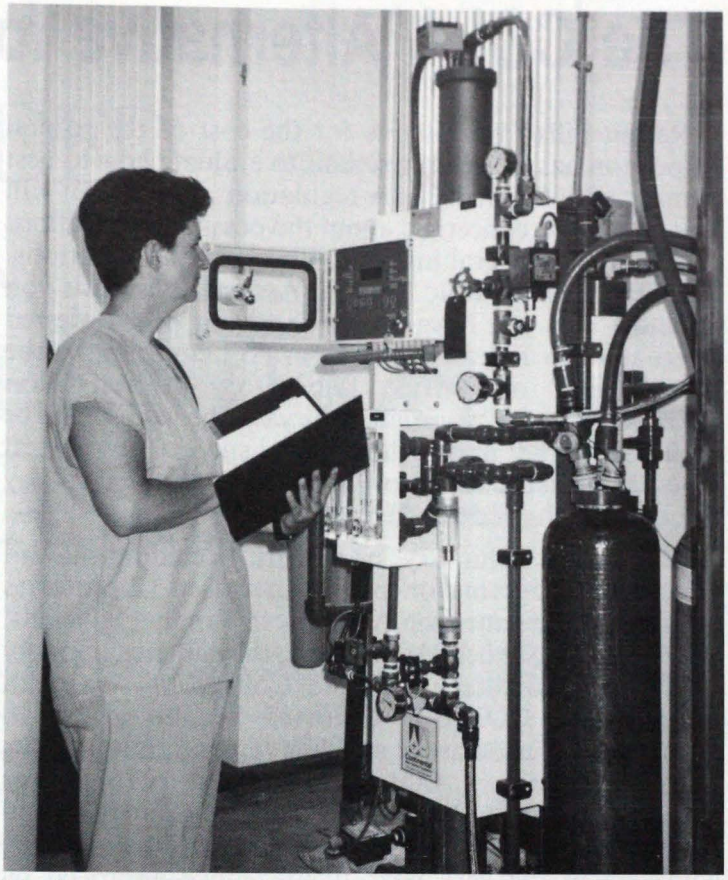
hn Rodriguez lost one kidney in World War II, and other kidney failed in 1991. After a series of blications, he started dialysis with Dr. Bleicher last while awaiting a transplant. Because he has diabetes, as refused his first transplant request and has mitted his application. Despite the problems he's obtaining approval for a transplant, plus his six heart ss operations, he remains optimistic. "I still exercise work at the church," said Mr. Rodriguez. "I can't my yard or eat peaches, oranges or cantaloupe, but l good. I'm just not as active as I used to be." He he feels comfortable in the new unit because it is next to the medical center. "I've always gone to pathic physicians, and they are always concerned courteous," Mr. Rodriguez said.

ll Willbanks has the distinction of being Dr. Gratch's patient when the physician started practicing in Fort th. Mr. Willbanks started dialysis in 1990 and had heart surgery in 1991. He also has a matter-of-fact ude about his disease. "On days I have dialysis," he , "I don't feel so good, but three bad days out of n isn't bad for a 63-year-old." He also enjoys the unit's proximity to the hospital.

r. Willbanks finds the unit very comfortable and the eager to help. "I know a lot of people at the facility I couldn't say enough about them." He plans his vities around his dialysis schedule and likes to read tion history while undergoing treatment. He also ages to keep a sense of humor. "I've spent so much at the dialysis unit," he joked, "I could almost be mployee!"

ure Plans

Because there is no national consensus as to what stitutes adequate treatment, the dialysis clinic wants to do research proving that reuse of material is a detriment to treatment," said Dr. Bleicher. Plans for the future include drawing conclusions about the adequacy of dialysis, with regard to the many variables, to ensure the highest rate of survival. "To this end, we plan to investigate the ratio of dialysis, clearance of the kidneys, and the liters of dialisate needed for treatment," said Dr. Bleicher.



Monitoring the advanced water purification equipment is a frequent activity for Lori Butler, chief technician.

Dr. Gratch echoes the need for future research. "With an advanced computer system like our Cobe Century 3 machines, we can tie in and generate patient report data to maximize efficiency," said Dr. Gratch. "By tailoring prescriptions to each patient we can generate special treatment for poison and electrolyte reduction," he added.

Because research on renal care is so vital, this facility is in an ideal position to be a major contributor in the quest to provide the best health care for Texas patients suffering from kidney disease and kidney failure.

For more information about Fort Worth Dialysis Associates, Inc., please call Dr. Gratch, Dr. Bleicher or Robin Manley, R.N., at (817) 735-6600.

Betsy Gekiere is editor of Osteopathic Health System of Texas' biweekly publication and a frequent contributor to Texas D.O.

■

The COLA Alternative for Complying with CLIA 88

Recent bills from HCFA for the cost of the federal inspection has caused physicians to evaluate how to best comply with the new CLIA regulations and what it will cost. Many are concerned about the possible implications of the HCFA federal inspection process and sanctions. The Texas Osteopathic Medical Association wants you to know that you have a private sector, peer-reviewed alternative to federal inspections. By enrolling in the Commission on Office Laboratory Accreditation (COLA) Program, your laboratory will be in compliance with CLIA 88 and will not be subject to federal laboratory inspections nor will you be required to pay the cost of the federal inspection.

COLA is a voluntary, non-profit accreditation and education program for physician office laboratories founded by the American Academy of Family Physicians, the American Medical Association, the American Society of Internal Medicine and the College of American Pathologists. COLA is endorsed by the American Osteopathic Association and has representation on its Board of Directors. COLA has applied to HCFA for "deeming authority" under the CLIA 88 regulations and is confident the review process and approval will be complete in the very near future. Once approved by HCFA, a lab accredited by COLA is certified to meet CLIA 88 requirements and is subject to COLA's standards, not HCFA's.

COLA was recently told by HCFA that those laboratories that receive a bill for the federal inspection can annotate the bill indicating they are enrolling in COLA. In enrolling in COLA you do not need to pay the bill for the federal inspection. HCFA's decision is based on the premise that the major accreditation programs — including COLA — are likely to be given deeming authority making it unnecessary for HCFA to collect fees from accredited labs. Labs intending to be accredited should follow through with COLA accreditation as quickly as possible.

Physicians are rightly concerned about the costs of complying with the federal regulatory mandate. According to Dr. Stephen Kroger, CEO of COLA, "it is no longer inexpensive or a stress free regulatory environment in the office laboratory since CLIA 88. The regulations are workable, however, provided you have access to the technical assistance you need to help you get started."

"Seeking COLA-accreditation can be more cost-effective than the HCFA inspection program," Kroger noted. For example, a two physician practice performing four specialties of testing and an estimated $12,000 a year will pay a COLA biennial (2 year) fee of $1200 and the additional HCFA biennial accreditation fees of $100 for a certificate of accreditation and the $82 validation fee for a total biennial fee of $1382 compared to the cost of the HCFA inspection of $1645. Physicians in this situation will save $263 with COLA.

"COLA surveys are educationally focused," Dr. Kroger continued. "COLA surveyors are experienced in physician's office laboratories and are trained to make the survey helpful for the physician and staff." COLA provides you with the opportunity to conduct a comprehensive self-survey to help prepare you for the COLA on-site survey. The checklist physicians use to complete the self-survey is the same as that used by the COLA surveyors during their on-site visit. According to Kroger, "COLA will evaluate the self-survey and provide physicians with a report of deficiencies that can be corrected before the on-site survey. Also, COLA provides concise articles and fact sheets on various technical aspects of the office laboratory practice — articles that are easily understood and provide specific information to solve problems. These are key elements of our commitment to education."

The COLA program is not a proficiency testing program. Whether you decide to participate in COLA or in the federal program you will need to purchase a proficiency testing package from an approved proficiency testing program. The cost of your proficiency testing package is not included in the COLA fee or the cost of the federal inspection.

For more information about the COLA alternative to the federal inspection process, call COLA at 301/588-5882.

Texas Medical Foundation Appoints Lubbock Physician

The Texas Medical Foundation (TMF) is pleased to announce that R. Greg Maul, D.O., has been appointed regional quality assurance committee chairman.

A general practitioner since 1977, Dr. Maul has been active in the medical community. He is a fellow of the American College of General Practitioners, a past president and program chairman of the Texas State Society of the ACGP, and a current member of the Texas Osteopathic Medical Association Board of Trustees.

Dr. Maul has been a TMF physician reviewer since 1988. As regional quality assurance committee chairman he will oversee quality review activities in TMF's West Texas region, which includes Lubbock and El Paso.

The Texas Medical Foundation (TMF) is Texas' peer review organization. It is a private, nonprofit corporation whose membership consists of more than 8,000 MDs and DOs. Under federal government contracts, TMF's primary responsibilities are to review the quality and medical necessity of health care administered to Medicare and CHAMPUS beneficiaries.

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The financing has helped to expand and improve the Fort Worth Hand Rehab Center, which provides rehabilitation programs to persons with hand injuries.

"Don Waters and Bank of North Texas were so helpful that I also plan on consulting them on future business goals," said Amendola.

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American Osteopathic Association Statement On Health Care Reform

Executive Summary

The AOA supports health care reform which includes the following provisions.

I. A global budget for health care expenditures.

II. The establishment of a uniform basic package of benefits, which includes coverage of preventive care.

III. A system based on managed competition, defined as an integrated system of financing and delivering health care through several types of health plans. Central to managed competition is the establishment of an intermediary which acts as a bargaining agent between purchasers of health care and competing health plans.

Any managed competition system must provide for the inclusion of osteopathic providers. The AOA only supports health care reform that mandates the inclusion of osteopathic physicians and their distinctive services in health plans.

IV. Insurance market reforms mandating that insurers must accept all applicants, regardless of pre-existing conditions, and establishing premiums according to community rating.

V. Tort reform such as caps on awards, limits on joint and several liability, establishment of alternative dispute resolution system and the use of practice guidelines as an educational tool.

VI. Recognition of the importance of primary care physicians as gatekeepers in the managed competition model. The osteopathic profession historically has provided, and continues to produce, a majority of primary care physicians. Over 60 percent of the osteopathic profession practices in primary care fields.

The nation is facing a crisis of great proportions as health care costs increase while access to care declines. Many areas of the nation are without an adequate supply of physicians and providers despite policies to provide incentives to practice in these areas. Further, physicians are growing ever more frustrated with the U.S. insurance system with its duplicative and complicated coverage policies. Finally, our litigious society has contributed to changes in practice patterns causing many physicians to practice "defensive medicine" to ensure their care can meet a legal challenge. The net effect of these factors demands the development of an effective comprehensive health care policy. The American Osteopathic Association (AOA), which represents nearly 35,000 doctors of osteopathic medicine (D.O.s) believes the following poposals will go far to appropriately reform the nation's health care delivery system.

Global Budget

The osteopathic profession recognizes the need establish a national health policy and system whi reduces cost-shifting among the public and private pay and controls the rising health care portion of the GD To achieve these goals, the AOA supports a global budg for health care expenditures.

A global budget, as its name implies, would simp set an upper limit on both private and public health ca spending. The AOA believes that without such framework under which to reform the health care delive system, other health care reforms would be render ineffective. In other words, unless there are fun available, the necessary flexibility to achieve compl and effective reform will not exist.

It must be noted that the AOA is not a stranger the "budget limit" concept. In 1989, the AOA distanc itself from the rigid orthodoxy of many other medi associations and supported the proposal of the Department of Health and Human Services Secreta Louis B. Sullivan to apply an expenditure target Medicare Part B costs. In embracing a target or lir concept then and now, the AOA hopes to avoid furth stop-gap cost containment efforts such as anoth physician fee freeze of limiting charges, which wou indeed result in rationing of health care servic Although the AOA is obviously committed to physicia being appropriately compensated for their services, t osteopathic community has an abiding concern abo the quality and availability of health care services to Americans. The AOA recognizes that targets are stro medicine but believe that such a concept is prescrib in the context of a fiscal crisis and written in consonan with the osteopathic physician's perspective that t health and welfare of the patient is paramount.

Uniform Basic Benefits

The AOA believes that once a target is established uniform basic package of benefits, which inclu coverage of preventive care must and can be develop and made available to all Americans. As a professi which was born based on the belief that the body h the intrinsic ability to heal itself, the AOA wholehearte supports a greater reliance on preventive and prima care. Since its inception in 1892, the osteopat profession has lauded the benefits of prevention incl ing adequate nutrition, sleep, and appropriate exer and other methods that assist the body in its heal process. While primary and preventive care will not so all the problems of the American patient, greater acc

imary care, preventive methods, and health tion will greatly improve the overall health of icans without imposing the corresponding cost ated with acute care services.

ng with support from the federal, state, and local to provide a baseline of care to all Americans, er, must come a commitment from the providers elves. The osteopathic profession is proud of its itment to the underserved which was recently ated in the Care-A-Van program. Under this tive, two medical screening vans — better known are-A-Vans" traversed the contiguous United States, ding baseline health screening to the underserved. 200 cities, 20,000 patients and 50,000 miles, the Care-A-Vans arrived in Washington, D.C. in early ber 1992 and offered area residents, employees, and rs free health screening. The AOA is continuing this ive through its "Share the Care" plan, under which bers are encouraged to donate health care to the cally underserved. It is this commitment by the ders of health care coupled with that of the payers will go far to address the distribution and equently the health care access problem.

aged Competition

ce a uniform basic benefits package is developed, thod on how best to deliver these benefits must be mined. The AOA believes that a model which des enough competition to promote efficient health without sacrificing quality health care is the best od to meeting the competing objectives of reducing while preserving quality. To that end, the ciation supports a system based on managed petition, which is defined as an integrated system nancing and delivering health care through several of health plans. Central to managed competition establishment of an intermediary which acts as a aining agent between purchasers of health care and peting plans. It is believed that this model will ibit insurers distorting prices, allow consumers to r assess their benefits and ensure the appropriate of the provider.

so integral to the managed competition concept is eed for primary care physicians to act as gatekeepers. osteopathic profession is able to assist in meeting need as it has historically provided, and continues roduce, a majority of primary care physicians. In over 60 percent of the osteopathic profession tices in primary care fields.

he profession believes that the American people uld be able to receive their health care from the essional of their choice. Hence, any managed petition system must provide for the inclusion and e participation of osteopathic providers. The AOA supports healthcare reform that mandates the sion of osteopathic physicians and their distinctive ices in health plans. Each year, 100 million patient visits are made to D.O.s. These patients are seeking the services of an osteopathic physician because they believe in the profession's unique approach to health care — that of treating the patient as a whole, not just the diseased part.

Insurance Market Reform

A system based on managed competition, however, will not work unless certain insurance practices are reformed. Growing numbers of the uninsured include the average employed American who can no longer meet the payments for health care coverage due to the skyrocketing cost of coverage. Further, many Americans must remain in unfulfilling jobs simply to retain their health care coverage of pre-existing conditions. To combat these problems, the AOA believes that insurers must establish premiums according to community rating which would set premiums on the same terms for all groups in a particular area. In addition, insurers must be required to accept all applicants, regardless of pre-existing conditions.

Tort Reform

Due to the profession's emphasis on primary care, many osteopathic physicians provide the care from birth through old age in small communities across America. Many D.O.s, however, have been forced to cease delivering obstetrical care and other high risk procedures because of the high professional liability insurance premium costs associated with delivering such care. The AOA believes that relief from this untenable situation can be found in tort reform such as caps on awards, limits on joint and several liability, establishment of alternative dispute resolution (ADR) systems and the use of practice guidelines as an educational tool. In considering the establishment of ADR systems, however, one must realize that because of the increased access to the legal system which ADRs could bring, malpractice costs could potentially increase. Close scrutiny of such systems would be necessary to assess their value.

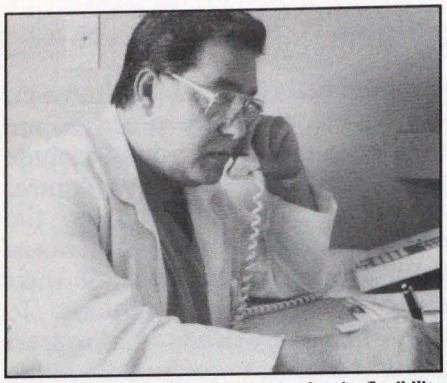
The profession strongly believes in the value of practice guidelines and is excited about their development. Such guidelines, however, do not establish the exclusive method of treatment. Rather, practice guidelines attempt to provide overall guidance on the best treatment plan — they should be used as a guide and not a mandate.

Conclusion

There is no doubt that the nation is facing a crisis of great proportions as health care costs spiral while access to care declines. The profession believes that reform of the current delivery system is necessary and should include a global budget for health expenditures, a delivery system based on managed competition which includes D.O.s, a uniform basic package of benefits, which includes coverage of preventive care, and reforms of the insurance market and tort law. ■

How the Doctor Became Patient

The diagnosis was cancer, and suddenly the shoe was on the other foot



Dr. Flagiello gave up family practice for the flexibility of emergency medicine.

Victor Flagiello, D.O., treats his patients the way he would want to be treated himself. He should know, for he is a lymphoma survivor.

Flagiello, 48, first became ill after Thanksgiving dinner in 1988, while visiting family in Philadelphia with his wife, Ronnie.

He woke up the next morning numb from the chest down. Family members rushed him to the hospital.

"There are not many things that can cause paralysis so suddenly," he said. "I kept thinking about being in a wheelchair. I don't think I thought about cancer until the myelogram came back showing the obstruction (in his spinal canal)," he said.

Doctors recommended immediate surgery to remove the tumor. Ronnie asked how many times the neurosurgeon had done that type of surgery. Uncomfortable with the answer, the Flagiellos changed hospitals and doctors. Flagiello chose another surgeon recommended by classmates from medical school.

Three days after surgery, his fears of paralysis were eased when he walked out of the hospital unaided to go home to Corpus Christi, Texas, and begin the rest of his treatment.

Flagiello had mixed nodular non-Hodgkin's lymphoma. He came to M. D. Anderson for consultation, but received much of his treatment at Spohn Hospital in Corpus Christi.

"They say doctors are bad patients. I proved them right," Flagiello said. It was hard to wait his turn in the clinic at M. D. Anderson.

"I felt I should go to the front of the line or get preferential treatment," he admitted. His attitude changed the day he met a child of about six patiently waiting to have an X-ray.

"He was bald and I was bald, and he started asking me questions about what kind of cancer I had, what kind of chemo I was getting, even what kind of (catheter) *line* I had,' Flagiello said. He was humbled by the realization that someone so small had been through so much.

Just like many patients with non-medical backgroun Flagiello sometimes found himself frustrated when t doctors didn't fully explain details of his treatment. " felt the doctors took for granted I knew everything th were talking about because I was a physician," he sai

Having cancer meant Flagiello had to make sor major life changes. Although he had a thriving fam practice, he had missed a lot of work and his heal seemed unpredictable. He decided to close the practi and take advanced courses in emergency medicine, specialty he had always enjoyed. He joined the emergen physician group at Spohn Hospital.

Wearing a portable pump, Flagiello forced himself continue working during chemotherapy. "I felt if I stay home, it meant I was sick. I *had* to go to work," he sa But he hated waking up in the "sleep room" provid for emergency doctors to find clumps of his hair on t pillow. He developed a serious infectio cytomegalovirus, during chemotherapy and had to se emergency treatment himself.

In November 1991, a cancerous node was found unc his arm. His doctors at M. D. Anderson recommend a bone marrow transplant and high-dose chemothera Flagiello again sought a second opinion. His test resu showed no further evidence of cancer. He elected r to have the aggressive treatment, but had a bone marr harvest in case cancer returns.

Since giving up his private practice, Flagiello ha more flexible schedule and more time to spend with l family. He has a daughter Nicole, 19, from a previc marriage. His daughter Gina was born a few weeks bef he started chemotherapy. She is now almost four. Copi with Victor's cancer and her own pregnancy was ha on Ronnie, but she was able to keep a positive attitu

His illness has helped Flagiello treat patients with m understanding. He often sees cancer patients who co in with other emergency illnesses. Knowing now how would feel in their shoes, he makes an extra effort reassure them.

He also finds support in other cancer patien "Nobody knows what it's like except someone else wh been there. I think that's why there's such a camarade among patients," he said. "It's like the strong fraternity in the world."

Reprinted with permission from the University of Texas M. Anderson Cancer Center, "Network 1993," a publication of Anderson Network.

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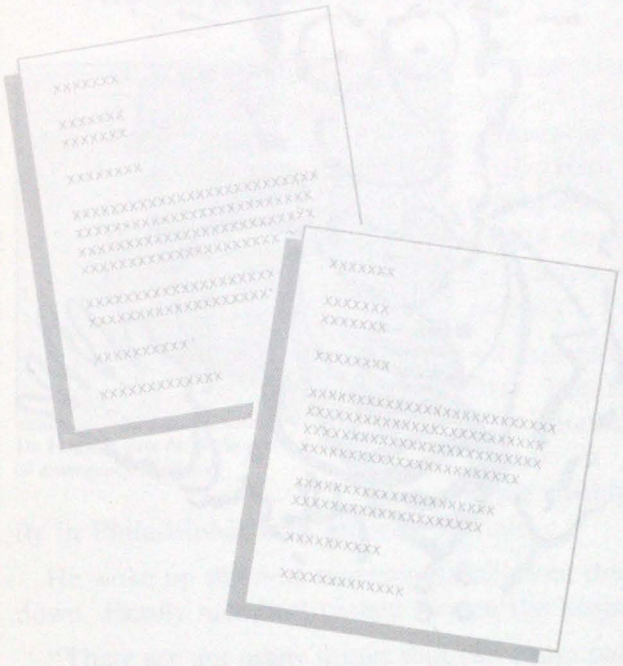


May 18, 1993

Terry Boucher, Executive Director
Texas Osteopathic Medical Association
226 Bailey Ave.
Fort Worth, Texas 76107

Dear Terry,

I just wanted to thank you, your staff and the Texas Osteopathic Medical Association for the courtesies extended me on my recent visit. Thank you also for the Texas gift pack, I'm sure I'll enjoy it. I will never forget my experience of the Armadillo race. If you get any pictures you can't use, please send me your extras.

I also want to thank you for your support of the auxiliary. They are a great group and have much talent that can benefit TOMA.

Again, thanks for everything, even the weather was great. I look forward to seeing you in Chicago this summer.

Sincerely,

Dolores M. Angel
President, Auxiliary to the American Osteopathic Association

cc B.J. Czewski, President ATOMA
Bridget Price, Executive Director AAOA

June 1, 1993

Jerry E. Smola, D.O., President
Texas Osteopathic Medical Association
226 Bailey Avenue
Fort Worth, Texas 76107

Dear Dr. Smola:

It was a pleasure for me to participate in the recent TOMA Convention held in Austin. I wish to thank you for the many courtesies and thoroughly enjoyed my stay. I apologize for not being able to stay longer, however, I had commitments both before and after.

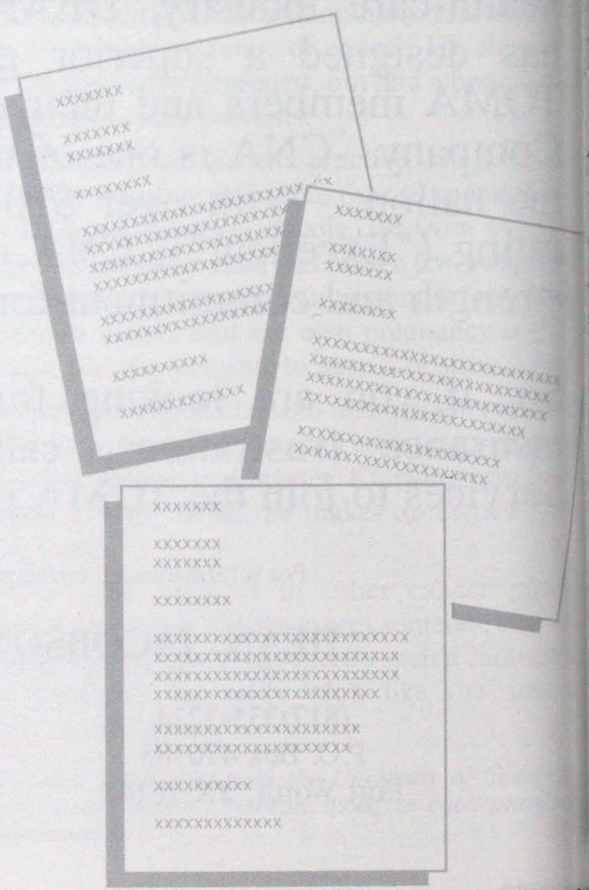
I especially enjoyed being with Elmer Baum, D.O., as he gave me the grand tour of Austin as well as his fabulous ranch. That was an experience. Your meetings were certainly well organized and well attended and I realize how much planning this takes.

Please let me know if I can be of assistance in the upcoming year.

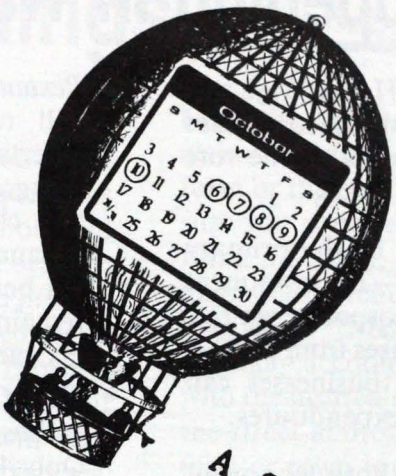
Fraternally,

Laurence E. Bouchard, D.O.
President-Elect, AOA

cc: Terry R. Boucher, TOMA Executive Director
Edward A. Loniewski, D.O., AOA President
Robert E. Draba, Ph.D., Executive Director, AOA
Ann M. Wittner, Director of Administration, AOA



New Mexico Osteopathic Medical Association



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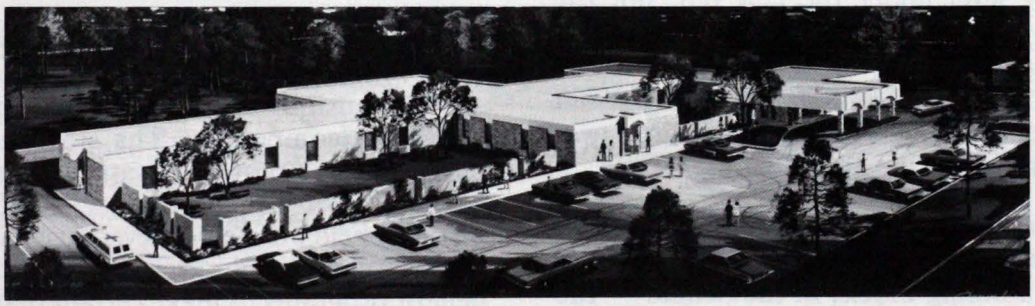

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What's Happening In Washington D.C.

- ***First Hurdle Down.*** On May 13, the House Ways and Means Committee approved a bill which incorporates most of President Clinton's tax proposals. The vote was 24 to 14, precisely along party lines.

- ***ITC Gone.*** The Bill eliminated one of the primary hallmarks of the President's package — the investment tax credit. Instead, the bill limits the corporate tax rate increase to only one percent and increases from $10,000 to $25,000 the amount that small businesses can currently deduct for tangible asset expenditures.

- ***Luxuries Back In.*** Good news for those who want airplanes, boats, furs and jewelry. The luxury tax on these items will disappear. How about expensive cars? The luxury tax remains, but the base price limit will be indexed.

- ***Intangible Assets.*** The cost of intangible assets with a limited life expectancy (i.e. customer lists) can be amortized over 14 years under the new bill.

- ***New Safe Harbor.*** For individuals who are struggling with estimated tax payments to avoid penalties, relief is on the way. Under the new bill, those with adjusted gross incomes over $150,000 can avoid penalties by paying 110 percent of the previous year's tax liability. The safe harbor is 100% of last year's tax liability for those with adjusted gross incomes of $150,000 or less.

- ***Energy Tax Twists.*** New energy taxes will be collected at the consumer level under the new bill, not the producer level as proposed by the President. Exemptions from the new energy taxes will be broadened, but rates will be increased. The bottom line is that the bill will generate more energy taxes over the next five years than the President's package.

- ***What Next?*** The bill is expected to pass the House, and then move to the Senate by late June. There will be two major stumbling blocks in the Senate — the energy tax and increased income taxation of social security benefits.

- ***Special Trust Fund.*** President Clinton has proposed to create a separate government trust fund which would assure that revenues from tax increases are used to reduce the deficit. No doubt it's a response to the rising opposition to the President's weak spending cut package. Many congressional leaders have dismissed the proposal as little more than smoke and mirrors.

- ***Middle Class Left Out?*** Although the proposed tax and spending package does nothing for the middle class, tax cuts for middle America are still being promised. President Clinton recently promised these cuts before the end of his current term.

- ***Restaurant Industry OK.*** Although the tax package will reduce deductions for business meals and entertainment from 80 percent to 50 percent, the Congressional Research Service recently reported that this change will have virtually no impact on the restaurant industry. The reason given is that the actual tax benefit to businesses for these expenditures will remain approximately the same due to the increase in tax rates, even with the percentage reduction.

- ***Who Cares?*** A recent AP Poll found that there is little enthusiasm among taxpayers for the Clinton tax plan. Only 42 percent favored the plan; 32 percent opposed it and nearly 50 percent said it would fail to have any real impact on the government deficit.

- ***Creative opposition.*** Citizens for A Sound Economy are opposing the energy tax by sending thermal underwear to each member of Congress. The message is that next winter citizens will need the underwear to keep warm as a result of new energy taxes.

- ***Fewer Returns.*** The IRS recently reported that the number of tax returns filed in 1992 was approximately 1.4 million less than in 1991. The IRS had projected that 1.7 million more returns would be filed in 1992. Why the discrepancy? The best explanation is that as a result of the reduction in withholding rates during 1992, many taxpayers found that they unexpectedly owed more taxes for 1992 and opted to not file because they couldn't pay the bill.

Are Your Employees Happy?

Many businesses are having to examine this question to remain competitive. The single most predominant reason for employee dissatisfaction and turnover is compensation and benefits. Unfortunately, most privately held businesses never take the time to undertake a comprehensive analysis of their compensation and benefit programs to make certain that they are competitive and are producing the best bang for the buck.

Careful planning can reduce unnecessary turnover costs, promote employee goodwill and eliminate useless benefits. Some companies determine that their employee programs need to be simplified in order to be more effective. Some of the bells and whistles need to be eliminated to provide better salaries. Other companies find that they need to add benefits. Many determine that the package offered to their highly-paid employees need to be very different than the package designed for the rank and file.

If you would like more information on this issue, call us at 817-335-3214.

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

Self's Tips & Tidings

Don Self, Medical Consultants of Texas

PLIER PROVIDER NUMBERS

veryone has or will receive an application from icare for a Supplier Provider Number, and questions her it is needed or not. Presently, you do not need pplier Provider Number, unless you provide orthotic lies or pessaries to Medicare patients. If you provide s, splints and supplies generic to medical needs, with in diagnosis, you do not need the Supplier Provider ber at this time. What's going to happen? It is our f that eventually, all Medicare providers will need Supplier Provider Number, if they bill for any lies, including injectable drugs. We recommend you head and complete the Supplier number application mail it into Medicare.

EMBER SKI TRIP

addition to the annual trip to Cancun, we have ived requests to also have a December ski trip to orado. We could schedule this as three days of skiing, a one hour workshop each day before the slopes n. We would open this one to families and even the tors would be invited. Of course, the doctors would efit whether they attended or not, as long as their f does. We are awaiting information from our travel nt on what would be the easiest to get into and roximate costs. If you are interested, please give us ll and let us know.

EPTING ASSIGNMENT ON SECONDARY

ust because you accept assignment on Medicare, you not automatically required to accept assignment on secondary or supplemental insurance. If you are icipating, you have agreed to accept assignment on Medicare covered charges, but that is all! If you wish ake assignment on Medicare, as primary, and NOT ept the assignment on the secondary, you may do so, have the patient pay their 20% of the approved ount at the time of service. Medicare will send you check for 80% of the approved and the secondary send the patient the 20% reimbursement. You may l this easier than keeping up with the secondary iers. If the patient has a Medigap policy, we mmend you correctly document the Medigap carrier a on the claim form, as these are generally no trouble. recommend YOU file the secondary or supplemental m for the Medicare patients.

NG MEDIGAP NUMBERS ON CLAIMS

As we stated in the January issue, many physicians not taking advantage of the Medigap forwarding efit of Medicare. If you are a participating physician, Medicare will automatically forward your secondary claims to Medigap carriers, if you complete the claim form or the electronic claim properly. You need to make sure you complete the claim form properly. If you are filing on paper, make sure you complete box 9, if the name is different that that in box 2. Box 9A should have the word "MEDIGAP" followed by the patient's Medigap account number. Box 9B should be completed with the insured's birth date and sex. Box 9C should have the street address and zip code of the Medigap carrier (city or town is not necessary) and box 9D must have the carrier's 5 digit Unique Identification Number (UIN) found in our January issue.

LAYER CLOSURE & EXCISIONS

It has come to our attention that many physicians and providers are not billing the intermediate, complex or reconstructive repair codes when they perform an excision that REQUIRES one of these repairs. Pages 97 and 99 in the 1993 CPT code book explains that you are allowed to charge the repair codes in addition to the excision codes, if they are warranted. For instance, you exercise a lesion 0.8 cm in diameter from a patient's arm and it only requires a simple closure. You would not charge for the closure as simple closures are included in the excision code reimbursement. If the excision requires an intermediate, complex or reconstructive closure, you need to use codes 12031-12057, 13100-13300, 14000-14300, 15000-15261 and 15570-15770.

MEDICARE LAB CODE CHANGES

As expected, Medicare recently published the clinical chemistry test CPT code changes and coverage changes. Also, as anticipated, 90% of the approved amounts experienced reductions, with only one out of ten receiving an increase. This is the largest single change we have seen in lab codes since Medicare Texas adopted the CPT coding system in July 1985. Hundreds of codes have been deleted, while dozens of others have had description changes or revisions. Last year, we lost the ability to be paid by Medicare for panel codes and were told to use the Multichannel Automated test codes (80003 - 80019).

This year, they have revitalized several panel codes, with new codes, such as Lipid Panel, Thyroid Panel, Thyroid Panel with TSH, etc. . .There is no simple way for us to cover all of the changes in this newsletter. We recommend you review the Medicare newsletter and identify those tests that you perform in your office. If you have a question on any of them, please feel free to call us with any questions you may have.

▶

MEDICAID CHANGES IN CODES

Medicaid Newsletter number 96, dated May 93, covers quite a few changes that are effective retroactive to May 1, 1993. One that will make a difference is acceptance of Initial Observation codes 99218, 99219 and 99220. Code Z9073 has been deleted. You need to use the new observation codes for the first day of care, as they are per diem codes and not per visit codes. They will not allow other out-pt E & M codes (office visits, E.R. visits, etc.) on the same day as these observation visit codes. On the second or third day, you need to use out-pt codes 99211 through 99215 with a place of service Out-pt Hospital. . .You may bill for observation codes on the same day you bill for in-pt care (admit or visits). Even though the hospital requires you to complete an H & P when you place a patient into observation, you may not charge for an admit (H&P), since the H&P codes (99221, 99222 & 99223) are in-pt codes.

MARKETING YOUR PRACTICE — LESSON ONE

In an effort to help you increase your patient flow and to assist you in retaining your current patients, we are going to publish a series of lessons or articles with our views on marketing. While many physicians may conjure up images of used car salesmen, carnival vendors or attorneys on television coercing you to sue anyone, that is not marketing. Professional marketing is done in a different way. Every physician does SOME kind of marketing, whether they realize it or not. Every one that is listed in the yellow pages is marketing. Having your business cards available when the patient leaves is marketing. Asking other physicians for referrals is marketing. With these thoughts in mind, let's consider some different approaches.

PHYSICIAN INFORMATION FORMS

Even though every physician requires credit, history, demographic and business information about their patients, not every physician provides important information to the patients. Businesses of all kinds have come to realize that customers demand more in service and are willing to pay for it. What will distinguish you from your competitors will be the service and attention to patients you and your staff render; not the price or fees. A well designed Physician Information Form may be used as a very effective marketing tool, if prepared professionally. Research has shown that patients keep these forms in all kinds of places: on the refrigerator with a magnet, next to the phone in the kitchen or living room or even in the purse that the patient takes everywhere. Of course, since it is still a novelty to the profession, people will notice yours (if done properly). We recommend a Question-Answer format, since this is the easiest and most interesting style. As an example:

Q: What hours is your office open?

A: **Monday - Wednesday & Friday 8:00 - 5:00**
Thursday & Saturday 8:00 - 12:00

Q: Who do I call if I need help at night?

A: **For emergencies, call our office at 555-1111. Our service will call either myself or another doctor on call. I share calls with two other physicians to make sure you have help whenever you need it.**

We recommend you have your hours, appointment policy, no-show policy, emergency information, collection policy, what forms of payment you accept, insurance assignment policy, prescription refill policy (and a statement saying you charge $5 for each if given over the phone), and any other information YOU would want if YOU were a patient in your practice. It is a good idea to mail the patient a Physician Information Form along with a new patient registration form, when they make an appointment for their first visit. Next month, we will give you ideas on how to use input from your patients and your staff for a quarterly (or monthly) newsletter. In the meantime, try working up a Physician Information Form. Go ahead and mail it to us and we will return it to you with our ideas and comments.

New Officers For Two Organizations

Two organizations elected new officers during the recent TOMA convention in Austin.

New officers for the Texas Academy of Osteopathy (TAO) are:

President — Gregory A. Dott, D.O., Fort Worth

Vice President — Donald M. Peterson, D.O., FACGP Dallas

Secretary-Treasurer — Catherine K. Carlton, D.O. Fort Worth

The TAO offered two one-half days of structural consultation during TOMA's convention.

New officers for the Kirksville Osteopathic Alumni Association are:

President — Ernest P. Schwaiger, D.O., Houston

Vice President — Catherine K. Carlton, D.O., Fort Worth

Secretary — J. Michael Russell, D.O., Fort Worth

Congratulations to the new officers from TOMA.

ATOMA NEWS

By Mrs. Jerry W. Smith (Joy)
ATOMA District VI

District VI held their May meeting at the Junior League of Houston with Marguerite Badger serving as Hostess.

President Sally Pepper presided at the meeting and Jeanine Armbruster installed the Officers for 1993-1994 as follows:

President ..... JoAnna Love
President-Elect ..... Marguerite Badger
First Vice President ..... Lois Campbell
Second Vice President ..... Leticia Fallick
Treasurer ..... Lois Mitten
Secretary ..... Sally Pepper

The Luncheon menu included chicken, fruit, and pasta salad. Tea and choice of dessert was enjoyed by all.

A summer picnic is being planned for the next event.

Watch for your invitation!

ATOMA Bylaw Changes

By Inez Suderman
ATOMA Parliamentarian

The Auxiliary to the Texas Osteopathic Medical Association's House of Delegates approved the following Bylaw changes during their May 13 meeting in Austin.

Article IX — Dues

Section 3 — Dues are payable on or before ~~April 1~~ JANUARY 1 and shall be considered delinquent if not paid before ~~July 1~~. APRIL 1.

Section 4 — The ~~fiscal~~ CALENDAR year shall be FROM ~~April 1~~ JANUARY 1 to ~~March 31~~ DECEMBER 31, inclusive.

Fighting Infections With Shark Tissue

A report by the National Academy of Science (NAS) indicates that a compound called squalamine, which is extracted from shark tissue, may be useful in fighting a variety of bacteria, fungi and parasite-caused diseases.

Researchers became interested in the immune systems of sharks after noting that sharks rarely develop infections following surgery. Additionally, sharks are not susceptible to cancer and are resistant to most infections.

Squalamine is a product of purified shark stomach extracts and researchers believe it may be a shark's major defense against infection. Extracts were found to kill microbes that cause infectious diseases.

A method of synthesizing squalamine has been developed, thus foregoing the necessity of killing sharks. The compound will be used in animal studies before it can be tested as a treatment in humans.

Osteopathic Health System Names Director of Medical and Health Education

Cindi Azuma, community outreach coordinator for Osteopathic Health System of Texas, has been named Director of Medical and Health Education for the system. Ms. Azuma's new responsibilities will include organizing continuing medical education (CME) for physicians and recruiting interns, residents and students. She retains her previous responsibilities for community education, including the monthly local and regional Prevention Works Wonders workshops; health fairs and first aid stations; as well as local and statewide physician events.

Ms. Azuma has worked in the osteopathic profession for more than 12 years, beginning her healthcare career at Texas College of Osteopathic Medicine as a special events planner. ■

Texas ACGP Update

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

During it's recent convention in Orlando, Florida, the American College of General Practitioners in Osteopathic Medicine and Surgery overwhelmingly voted to change the name of the organization to the American College of Osteopathic Family Physicians, Inc., (ACOFP).

Our current Texas ACGP President, Rodney Wiseman, D.O., and the Texas delegation to the National ACGP convention, played a key role in bringing about the name change. The name says what we actually do as physicians. It is good for our profession.

Another decision at the national level was to phase out the dual pathway to obtain ACOFP board certification. The Class of 1995 will have to take a three-year residency program to become board certified in osteopathic family practice. We encourage all our colleagues to become board certified. The national ACOFP is developing a prep course for the board certification exam, which will be held next August, in the Mary and John Burnett Educational Center of the ACOFP headquarters facilities in Arlington Heights, Illinois.

Margie J. Stockart, claims manager for the Professional Medical Insurance Company, was kind enough to compile the five most occurring claims in Texas. They are listed here to alert physicians to those areas of medical practice that currently are high-risk errors.

The most prevalent problem is failure to diagnose and treat and/or misdiagnoses. It is complicated by failure to refer in a timely manner.

Another serious problem involves surgery cases, with complications during the surgical procedure and during the post-op care. This involves a large number of alleged unnecessary surgeries and assistant surgeons are being drawn into mishap cases.

Delivery-related cases are among the top five problems in Texas. These delivery cases may involve the prenatal care by the physician and follow through to the delivery. The end result of many of these cases are stillborns or severely brain-damaged infants.

Medication-related cases are among the top five categories. These cases involve allergic reactions, improper dosage, improper histories to determine if the patient is being medicated from another source, and continually prescribing narcotics, thereby allegedly addicting the patient. Telephone refills and poor communication between the patient and the physician complicate these cases.

Orthopedic cases round out the top five categories. These cases involved improper casting, failure to refer, misinterpreted x-rays, etc. It is very important for family practitioners to refer to an orthopedist when severe or complicated fractures exist.

The TOMA House of Delegates passed a resolution on 5-12-93 that supported the current Texas Medicaid Reimbursement Methodology (TMRM) fee schedule, and encouraged all Texas osteopathic physicians to participate in the Medicaid Program.

The TMRM Evaluation and Management Codes are published below. Remember, reimbursement is based on the lowest of two charges — your charge or the TMRM fee. The TMRM fee will be paid only if your actual charge equals or exceeds the TMRM fee.

TMRM FEES

Evaluation and Management Codes

Proc.	Description	Fee
99201	New patient, office or outpatient visit	$ 22.3
99202		$ 35.2
99203		$ 47.5
99204		$ 69.6*
99205		$ 86.5
99211	Established patient, office or outpatient visit	$ 11.5
99212		$ 19.3
99213		$ 26.8
99214		$ 40.8
99215		$ 62.8
99221	Initial hospital care	$ 51.3
99222		$ 81.4
99223		$102.9
99231	Subsequent hospital care	$ 27.1
99232		$ 38.9
99233		$ 52.4
99238	Hospital Discharge	$ 46.7
99281*	Emergency department visit	$ 22.3
99282*		$ 35.2
99283*		$ 47.5
99284*		$ 69.6
99285*		$ 86.5
99291	Critical care, first hour	$110.4
99292	each additional 30 min.	$ 53.4
99301	Nursing facility assessment	$ 38.4
99302		$ 45.9
99303		$ 62.3
99311	Subsequent nursing facilty care	$ 23.9
99312		$ 31.7
99313		$ 43.0
99321	New patient rest home visit	$ 31.1
99322		$ 44.8
99323		$ 59.1
99331	Established patient, rest home visit	$ 25.6
99332		$ 33.8
99333		$ 41.9
99341	Home visit, new patient	$ 42.4
99342		$ 53.7
99343		$ 69.6
99351	Home visit, established patient	$ 32.7
99352		$ 43.2
99353		$ 54.2

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

Newborn Services by Physician

1-99431*	History and exam	$ 62.1
1-99432	In other than hospital	$ 38.3
1-99433	Subsequent hospital care	$ 30.6
1-99440	Newborn resuscitation	$125.0

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

73rd Texas Legislature, after much discussion and hearings, came up with the necessary funding for and human services programs. The Medicaid im will not undergo drastic change; the proposed care budget cuts did not occur. All Texans, but ally those in need of health and human services, winners.

University of North Texas Health Science Center t Worth is now a reality. The Texas College of pathic Medicine will continue its mission of ig osteopathic primary care physicians. The bills blish the new Health Science Center were amended l that the University of North Texas Health Science r cannot award the M.D. degree.

islation was passed to prevent osteopathic hospitals as from being locked out of health maintenance referred provider organizations.

ne health care bills died in committees. rtunately, one of those was House Bill 597, which to make it out of the Senate Health and Human es Committee chaired by Senator Zaffirini. House 97 was opposed by the Texas Hospital Association.

HB 597 had been enacted into law, it would have discrimination based on exclusive ACGME board ication for hospital staff privileges in Texas. It d have passed on its merits; however, in the Texas ature, your ultimate opponent is the clock and the just ran out on HB 597. I predict that like the cal Egyptian bird, the Phoenix, HB 597 will rise the ashes of the 73rd Texas Legislative session and ventually become law in Texas. TOMA and the Texas P will continue to push for recognition of both ME and AOA board certification as being alent for hospital staff privileges in Texas.

other bill that died in committee, the House Public h Committee, was Senate Bill 370, which would reclassified benzodiazapines from Schedule IV to dule II drugs. This bill would have created havoc g Texans suffering from psychiatric illnesses and physicians who serve them. It is good that it did ass.

e final outcome on the composition of the Texas Board of Medical Examiners was nine M.D.s, three and six lay members. TOMA's concern throughout sunset proceedings was that there would be uate D.O. representation on the medical board, as as adequate physician representation in order to rm the duties of the board.

e Texas ACGP would like to thank its members who ely participated in this Texas legislative session. A al thanks to Terry Boucher, TOMA's Executive tor, who worked his butt off during this legislative on. As they say in politics, Terry went to school. The ns he learned during this legislative session will make a more formidable proponent for Texas osteopathic icians.

As you are aware, a national health care reform debate is currently taking place in Washington, D.C. If you have not already done so, I urge all Texas D.O.s to write to Hillary Rodham Clinton, your two Senators, and your U.S. representative, urging them to ensure that osteopathic medicine is included in any national health care reform proposal. Don't be shy about mentioning osteopathic manipulative therapy (OMT) in your letters. If D.O.s remain silent regarding OMT services, I will be willing to bet that the national basic benefits package will be even more silent on OMT coverage — it won't be there. Letters to Mrs. Clinton should be sent to The White House, 1600 Pennsylvania Avenue N.W., Washington, D.C. 20500. The mailing address for U.S. senators is U.S. Senate, Washington, D.C. 20510, and the mailing address for U.S. representatives is U.S. House of Representatives, Washington, D.C. 20515.

If you have written to former Senator Bob Krueger, don't forget to write to our new senator, Kay Bailey Hutchison, who defeated Bob Krueger in the recent special election.

OMT might not be included in the national basic health benefits package, but don't let that occur because of lack of effort on the part of Texas D.O.s.

The Texas ACGP board would like to thank its membership for the excellent turnout for breakfast during the TOMA convention in Austin on 5-14-93. The winners of the door prize drawings this year were Dr. T. Eugene Zachary of Fort Worth, who won the portable color television set; and Dr. Charles Hall of Bangs, who won the radio/tape player.

Dr. John Burnett had the honor of cutting the birthday cake celebrating the 40th birthday of the Texas ACGP. We missed Dr. T. R. Sharp at the breakfast meeting this year and hope to have him with us next year.

The PACER meeting was held on 5-13-93 and many of their recommendations were presented at the Texas ACGP business meeting held after the breakfast on 5-14-93. As you can imagine, the national name change and the elimination of the dual pathway for board certification generated much discussion.

Dr. Steve Rowley is putting together an excellent program for our 36th Annual Symposium and Scientific Convention, scheduled for the Doubletree Inn at Park West, Las Colinas, Texas, from July 29 - August 1, 1993. For those that attend, your continuing medical education credits Thursday through Sunday will be 20 hours. Friday and Saturday workshops will be six hours. The three hours per workshop is optional and available only if you sign up for a workshop. Commercial and scientific exhibits will be three hours. There will be a grand total of 29 hours of possible CME credits available to each registrant. Once again this year, there will be a balance between CME and personal relaxation for the whole family, so sign up early. Hope to see everyone at the Doubletree Inn at Park West for the Texas ACGP annual meeting. ■

TCOM News

Medical School Establishes Substance Abuse Institute

A substance abuse institute emphasizing basic research into the causes, mechanisms and possible cures of alcohol and drug abuse was inaugurated Friday, May 7, with a daylong forum, "Where Science and Addiction Meet," at Texas College of Osteopathic Medicine.

With its stress on basic research into prevention and treatment, the Substance Abuse Institute of North Texas will be the first of its kind in the northern part of the state. Existing analysis of alcohol and drug abuse, particularly cocaine abuse, by TCOM researchers will be consolidated under the institute's three functions of research, education and clinical services. The institute will draw on the expertise of TCOM faculty members in pharmacology, psychiatry, family medicine, and public health and preventive medicine, as well as the medical school's association with the Tarrant County Medical Examiner's Office, the Tarrant County Council on Alcoholism and Drug Abuse, and local substance abuse facilities of hospitals and treatment centers.

The inaugural forum on May 7 was designed for physicians, counselors, therapists, nurses, teachers and social workers. Speakers were John O'Neil, executive director of the Alcoholism and Drug Research Communications Center in Austin, and Carlton Erickson, Ph.D., head of the Alcohol and Drug Abuse Research Program at the University of Texas at Austin.

"Much of our current research concentrates on investigating the addictive properties of drugs, particularly cocaine and alcohol, and trying to identify treatment drugs that can effectively treat those effects," said Harbans Lal, Ph.D., TCOM pharmacology department chairman. "Several drugs seem to have great potential for blocking the addiction to alcohol and drugs without impairing a person's ability to function. We will be reporting on our findings this summer at scientific conferences in San Francisco, San Antonio, Toronto and in France."

The research component of the Substance Abuse Institute of North Texas will be directed by pharmacology professor Michael Emmett-Oglesby, Ph.D. John Lane, Ph.D., professor of pharmacology, will head the educational element while Harvey Micklin, D.O., chairman of TCOM's Department of Psychiatry and Human Behavior, will direct the institute's clinical services.

TCOM faculty members have been awarded grants for research into alcohol and drug abuse from the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, tthe Glaxo Group Research, Ltd., the Texas Higher Education Coordinating Board's Advanced Technology Program and the Texas Research Enhancement Program.

TCOM Dean's Colloquiums Feature Health Care Policy Leaders

Dennis Timbrell, M.D., CEO of the Ontario Hospi Association and former minister of health for province of Ontario, discussed health care reform a its possible effects on medical schools at the Texas Coll of Osteopathic Medicine Dean's Colloquium h recently at Fort Worth's Petroleum Club.

The meeting was the fifth Dean's Colloquium h during the 1992-93 academic year, and was attended more than a dozen leaders from local health c institutions, foundations, universities and soc organizations. The event was funded by the Bomb Company and Tomorrow's Horizon A/M Group Merck and Company, Inc.

"The colloquium series was launched this year to g local officials a firsthand opportunity to discuss curr health care topics with national and international hea care policy leaders," said Greg McQueen, assistant the vice president for academic affairs and dean. " believe that by engaging these speakers, we can h facilitate leadership in our own communities to meet challenges of the changing health care arena."

Attending the meeting were: TCOM President Da M. Richards, D.O.; Benjamin Cohen, D.O., TCOM v president for academic affairs and dean; Bohn D. All M.D., president of the Tarrant County Medical Soci Leon Brachman, TCOM Advisory Council memb Albert M. Brady, M.D., senior vice president a oncology medical director of the Harris Metho Health System; Bob Crow, executive director of Amon Carter Foundation; Daniel Johnson, Ph.D., d of the University of North Texas School of Commun Service; Woody Kageler, M.D., vice president for med affairs at John Peter Smith Hospital; Tim Philp president and CEO of John Peter Smith Hospital; My Pickard, Ph.D., dean of the University of Texas Arlington School of Nursing; Jay Sandelin, bo chairman of Osteopathic Health System of Texas; Jan P. Schuessler, president and CEO of All Saints Hea Care, Inc.; and Ron Smith, CEO of Harris Metho Health System.

Past Dean's Colloquium speakers include Mur Goldstein, D.O., assistant surgeon general of the U Public Health Service and director of the Natio Institute of Neurological Disorders and Stroke; Rich C. Reynolds, M.D., executive vice president of the Rob Wood Johnson Foundation; Ron Anderson, M. president and CEO of Parkland Hospital in Dallas; a Ronald W. Richards, Ph.D., evaluation and hea program director of the W. K. Kellog Foundation.

FYI

EXAS GOVERNOR SIGNS HARITY HEALTH BILL

Governor Ann Richards has signed bill that makes Texas the first state o require nonprofit hospitals to rovide charity health care to the poor n return for the tax breaks they receive rom local and state governments. Jnder this measure, Texas' 120 onprofit hospitals can choose to rovide such care based on either of hree options: a percentage of net evenue, the size of the hospital's tax reak or an amount to be decided by he state comptroller.

MIDDLE CLASS LOSING NSURANCE AT ALARMING RATE

A study by Physicians for a National Health Program and Public Citizen ndicates that the middle class is oining the ranks of the uninsured in arge numbers.

The study shows that 1.07 million Americans with incomes between $25,000 and $50,000 lost their nsurance in 1991, compared to 500,000 n 1990. Currently, 14.1 percent of the population is uninsured, with 90 percent of these people living in five states: Texas, Florida, Indiana, North Carolina and Massachusetts.

BOOK ON RARE DISORDERS AVAILABLE

The National Organization for Rare Disorders has announced the publication of a book intended to help physicians diagnose rare disorders.

The *Physicians' Guide to Rare Disorders* can be ordered through: Dowden Publishing Company, 110 Summit Avenue, Montvale, New Jersey 07645. Telephone and fax orders are welcomed: Telephone (201) 391-9100; FAX (201) 391-2778.

PROVIDING DRUGS TO INDIGENT PEOPLE

Senator David Pryor (D-AR) has issued a report on *Indigent Patient* programs, which can be obtained by writing: Senator David Pryor, Chairman, United States Senate Special Committee on Aging, Room G31, Dirkson Senate Office Building, Washington, D.C. 20510-6400.

The report lists approximately 240 drug products which can be obtained through certain drug companies who provide free drugs to indigent people.

CONSUMER ADVOCACY GROUP SAYS TEXAS LEADS NATION IN PATIENT-DUMPING

According to Public Citizen's Health Research Group, almost one-fourth of the 268 U.S. hospitals found to have engaged in patient-dumping, since it was outlawed in 1986, were in Texas.

According to Department of Health and Human Services records analyzed by Public Citizen, 82 patient-dumping violations at 68 Texas hospitals were found by federal health regulators through the end of 1992.

TDH BEGINS PROGRAM LINKING VOLUNTEERS TO NURSING HOMES

The Texas Department of Health (TDH) has announced the Adopt-A-Nursing Home program, which will match volunteers with nursing homes. The service will assist in recruitment, training and the assignment of volunteers. According to TDH Commissioner David Smith, M.D., 60 percent of nursing home residents have no regular visitors, creating a heavy need for volunteers in this capacity. For further information on the Adopt-A-Nursing Home program, call (512) 458-7405.

MY HORMONES MADE ME DO IT

A study in the journal *Sleep* suggests that teenagers stay up later than younger children due to physical changes during puberty. A study of 458 six-graders, controlled for social factors, found that more physically mature children went to bed later than those just entering puberty. The study's conclusion was that the biological changes that occur with puberty may change internal clocks, keeping post-pubescent children up until all hours of the night.

TEXANS TO DECIDE INCOME TAX ISSUE

A proposed constitutional amendment that would give Texans the final say on a state income tax won approval from both the Senate and the House. The amendment will be placed on the November 2 ballot and will prohibit an income tax unless approved by voters.

CDC SAYS PHYSICIANS PERFORM TOO MANY C-SECTIONS

The Centers for Disease Control and Prevention says that too many C-sections are being performed, even though a larger number of women in the U.S. are giving birth vaginally after one or more C-sections. According to the CDC, there were 23.5 C-sections for every 100 births in 1991 — the same figures as in 1990. The CDC's national goal is 15 C-sections for every 100 births by the year 2000.

DATES SET FOR NOM WEEK 1993

The annual celebration of National Osteopathic Medicine Week is scheduled for October 10-16. The theme is "Osteopathic Medicine: Caring for America." ■

Blood Bank Briefs for Physicians

Antibodies to Human T Lymphotropic Viruses Types I/II (HTLV-I and II)

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

As part of the routine testing procedures beginning on December 5, 1988, all donor whole blood and blood components have been screened for HTLV-I antibodies. The screening tests are very sensitive and if these tests are reactive, the blood samples are subjected to additional, more specific testing to confirm sero-reactivity (Western Blot and/or Radioimmuno Precipitation Assay).

The current screening tests and more specific tests are unable to distinguish between antibody to HTLV-I and antibody to a closely related HTLV-II. HTLV-I is not the Human Immunodeficiency Virus (HIV), the virus that causes AIDS.

HTLV-I infection is present in Southwestern Japan, the Caribbean and in parts of Africa. In the United States, HTLV-I/II seroprevalence rates among volunteer blood donors averages 0.016%. Approximately one-half of the HTLV-I/II seropositive blood donors are infected with HTLV-I. Donors infected with HTLV-I most often report a history of birth in HTLV-I endemic countries or sexual contact with persons from the Caribbean or Japan. Smaller percentages report a history of either injecting drug use or blood transfusion. Infection with HTLV-II is prevalent among injecting drug users in the United States and appears to be endemic in American Indian population, including the Guaymi Indians in Panama and North American Indians in Florida and Mexico. Approximately one-half of the U.S. volunteer blood donors seropositive for HTLV-I/II are infected with HTLV-II. Blood donors most often report either a history of drug injection or a history of sexual contact with an injecting drug user. A small percentage report a history of blood transfusion.

HTLV-I infection is associated with two distinct diseases: adult T cell leukemia/lymphoma (ATL) and Tropical Spastic Paraparesis (HTLV-I associated myelopathy (HAM). The virus of HTLV-I may lie dormant in an individual for over 20 years before onset of disease. Adult T cell leukemia lymphoma is characterized by leukemia with circulating abnormal lymphocytes (flower cells), generalized peripheral lymphadenopathy, hepatomegaly and impaired liver function, splenomegaly, skin lesions, bone lesions and hypercalcemia. HTLV-I associated myelopathy is characterized by slowly p gressive, chronic spastic paraparesis, lower l weakness, urinary incontinence and impotence, sen disturbances such as tingling, pins and needles and l ning, low back pain, lower extremity hyper-reflexia clonus and Babinski signs and impaired vibration se

Transmission of HTLV-I occurs from mother to c by sexual contact, by blood transfusion and by the s ing of contaminated needles. Mother to child trans sion occurs primarily through breast feeding. HT is not transmitted by casual contact. HTLV-II is pres ed to be transmitted in a similar manner to HTL HTLV-II infection has not been clearly associated any disease.

All blood donors who are repeatedly reactive by screening enzyme immunoassay test for HTLV-I/II tibodies and are seropositive by the more specific tes Western Blot and/or RIPA (Immunoreactivity by b *gag* gene product p24 and to an *env.* gene product (g or gp61/68 or both). The donor is informed by certi mail, restricted delivery to consult with their physi for evaluation and counseling.

Persons who are infected with HTLV-I/II hav lifetime infection, must not donate blood, body org other tissues, sperm or milk, and should realize HTLV-I testing is not a test for AIDS or HIV infect They should not share needles or syringes, should breast feed their infants, and should consider the us barrier precautions (i.e., latex condoms) to prevent ual transmission. Their name is placed on a list of manently deferred blood donors.

References:

Centers for Disease Control and Prevention and the U.S.P.H.S. Wo Group: Guidelines for Counseling Persons Infected with Hum Lymphotropic Virus Type (I (HTLV-I) and Type II (HTLV-II); Ann Internal Medicine 1993;118:448-454.

Public Health Notes

The Emergence of Plague in North Central Texas

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

On May 10, 1993, the Dallas County and City of Dallas Health Departments issued a news release stating that two dead rodents had been collected in north Dallas County which had tested positive for *Yersinia pestis*, the organism which causes plague. The two rodents, a rat and a tree squirrel, had n found near a private home in the northern part of las County. Until this report, silvatic plague had not n reported in Texas east of Abilene.

Plague is a disease which has been described ughout the centuries. Descriptions of bubonic plague found from biblical times up through the middle ages he present. The disease has been reported in Europe, a, Africa, and North and South America. It has been imated that plague killed 25% of the population of rope during the middle ages. In modern times, human gue has rarely been reported in Europe. In the United tes, silvatic plague is enzootic in the rodent population the western parts of the country. Rodent plague has n identified in west Texas for many years and casional human cases have been reported. Central as was thought to be free of the silvatic plague until two cases were reported from Dallas County.

Yersinia pestis, the bacteria which causes this infection, a gram-negative, bipolar-staining rod: a member of family Enterobacteriaceae. The most common vector transmission is the rat flea. These fleas infest wild dents. Humans may become exposed to these fleas ough domestic pets or commensal rodents which enter home. Humans then become infected by a bite from infected flea. The flea, which has dined on other od meals prior to biting its human victim, often ffers from blockage of the foregut. The *Yersinia pestis* cteria grows rapidly in the blood clots that block the a foregut. When the flea bites its next victim, it may gurgitate large numbers of plague bacilli into the wound ated by the bite. The bacilli then move to the cutaneous mphatics and thence to the lymph nodes.

The incubation period is short. It usually ranges from o to six days. Infected individuals first note the sudden set of chills, fever, headache and loss of strength. ithin a day, the individual notices enlarged, tender and flamed lymph nodes. These are most often located in e groin, but may be found in the axilla or neck. It is id that the area of the bubo is so sensitive that the dividual avoids any motion which might bring on scomfort. In addition to the bubo, approximately 30% patients develop septicemia. Septicemia may be overwhelming and may result in rapid decline and death. Occasionally, patients develop septicemic plague in the absence of bubonic plague. The most serious public health complication of bubonic plague is the pneumonic phase of the disease. Hematogenous spread of the infection from a bubo to the lungs signals a very serious turn of events. Mortality is higher and the infection then becomes contagious via airborne transmission. Findings in pneumonic plague include cough, chest pain, hemoptysis, and lymphadenopathy. Pneumonic plague is rapidly aggressive and death occurs in untreated cases within one or two days.

Yersinia pestis is readily treatable when infection is found in its early stages. The drug of choice is Streptomycin. Fear of vestibular or renal damage should not prevent the use of this drug in the case of plague if there is no history of renal failure. If the patient is allergic to Streptomycin or if oral medication is indicated, Tetracycline — 1 gram given four times a day for ten days — is an acceptable alternative. Chloramphenicol, administered intravenously, is a third option. The length of course for all three drugs is ten days. Even though patients may show evidence of rapid response, viable bacilli have been found in bubos several days after the initiation of therapy. Resistance to any of these drugs has never been reported. One of the three drugs should be chosen. Multiple drug therapy is not indicated.

The Centers for Disease Control and Prevention recommend the following public health measures:

1. Monitor deaths in the rodent population using citizens to report findings;
2. Educate the medical and veterinary communities about manifestations of plague;
3. Monitor rodent plague and control fleas in areas of rodent epizootics that may be frequented by humans:
4. Educate the public about the role of domestic pets in the transmission of plague.

The Dallas County and City of Dallas Health Departments have made these recommendations and we concur:

1. Do not handle sick or dead rodents. Animals of particular interest are rodents, squirrels, and cats who have died near inhabited areas.
2. Do not feed rodents or have food available for them. Eliminate trash which can provide harborage for rodents.
3. Use flea powders and flea collars on all domestic pets.

Continued on page 32

Appointment To State Commission

Milburn Lee Coleman, D.O., has been appointed to the Texas State Commission for the Deaf and Hearing Impaired. This appointment was granted by Governor Ann Richards and confirmed by the Texas State Senate on May 17, 1993.

Commissioner Coleman, who is a resident of Dallas, Texas, graduated from Burkburnett Senior High in 1961, and is a 1966 graduate of Midwestern University. He received his medical degree from the University of the Health Sciences in Kansas City, Missouri in 1970. He also holds a D.B.A. degree from Pacific Western University.

Commissioner Coleman has been active in numerous service and medical organizations in the state and local areas, while he has been in practice over the past twenty-three years. He has served on the board of directors of the Home Care Agency of Dallas, as well as the Crandall State Bank and Texas Amateur Wrestling Association. Commissioner Coleman was Team Physician for the Canada and U.S.S.R. Wrestling Dual Meet in Moscow in 1987, and Team Physician and Official at the U.S. Jr. Olympics from 1978 through 1988, as well as SOMBO Wrestling Federation Representative in Milan, Italy, 1988.

His wife, Mrs. Faye Coleman (deceased) served as ATOMA president from 1978-79.

He has served on the Editorial Research Board of *Physician and Sports Medicine Magazine* and on the Research Editor's Panel of *Medical World News.*

Commissioner Coleman is a member of the Burkburnett Masonic Lodge 1027; Royal Arch Masons and Knights Templar, Kansas City, Missouri; Kappa Sigma, and many medical societies.

The Commissioner founded the M. L. Coleman, D.O., Faculty Awards at the Texas College of Osteopathic Medicine in Fort Worth, Texas. This award has been given for the last ten years, and recognizes the most outstanding instructor in Basic Sciences and Clinical Sciences. A monetary award is given and a plaque is presented to the recipient at the Senior Awards Banquet.

Commissioner Coleman is a Fellow of the American Academy of Disability Examiners, Diplomat of the American Academy of Pain Management, a Certified Medical Review Officer, and Board certified in Family Medicine.

His hobbies include sailing, as well as officiating at track and field and wrestling events.

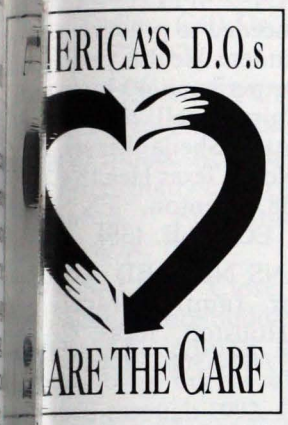
Commissioner Coleman has five children, whose mother was the late Faye Sharp Coleman of Wichita Falls, Texas. ■

Public Health Notes, *continued from page 31*

4. Consider using N,N diethyl-meta-toluam (DEET) when working or playing in flea-infes areas.
5. If concerned about exposure or illness, call yo health department.

We in Tarrant County at this point have not recor any cases of animal plague. However, we are aware t Tarrant County lies west of Dallas County and recogn that if the disease is moving west to east, there i possibility that we have unrecognized silvatic plagu Tarrant County. We enlist your help in educating yo patients and reporting any suspicious deaths of rode or domestic pets in your area. You may report yo observations and findings to the County Epidemiolog Charles Oke, at 871-7279, or to our Animal Cont Administrator, James Agyemang, at 871-7290. Whil this point we have no reason to be concerned ab human plague in Tarrant County, we should be vigila

Share The Care'' Program Participants Needed



Since AOA President Edward Loniewski, D.O., initiated his ''Share the Care'' program, AOA efforts to publicize the contributions of D.O.s who offer free medical care to the needy have resulted in a flood of stories across the nation. Although many D.O.s already volunteer their medical services or provide free care to those in need, the ''Share the Care'' program encourages such nteerism by providing recognition to individual D.O.s heir efforts.

ore program participants are needed to maximize enefit of this important program. If you volunteer time to help the medically underserved, please call AOA at 1-800-621-1773 and request a physician cipation packet. It is available at no charge and will you get started. The kit contains a program guide suggestions to help you ''Share the Care,'' a model release for reporting your efforts to the local media, r advice on how to publicize your involvement, a rting form for notifying the AOA of your efforts, reproducible copies of the ''Share the Care'' logo.

ne ''Share the Care'' program and its forerunner, the -A-Van, recently received an award of merit from Community Action Network (CAN). CAN is a non-profit group from the media industry that recognizes solutions to social problems and promotes them to the general public and opinion leaders. ■

Texas' OSHCON Program Receives $120,000 Increase In Federal Spending

The federal Occupational Safety and Health Administration (OSHA) has awarded Texas the second-largest increase in the nation in federal funding for workplace safety consultation programs.

The additional money raises federal support for Texas' Occupational Safety and Health Consultation (OSHCON) Program to more than $1.26 million in fiscal year 1993. Only California received a higher increase in funding.

Texas' OSHCON Program provides free workplace safety consultations to Texas employers. The additional money will be used to add staff and increase services. Last year, the OSHCON program provided free safety consultations for more than 2,200 employers with a combined workforce of more than 187,000.

For more information on the free safety consultations, write the OSHCON Program Office, Texas Workers' Compensation Commission, MS-23A, 4000 S. IH-35, Austin, 78704-7491, or call (512) 440-3834. ■

TDH Begins ''Universal'' Infant Hepatitis B Vaccine Initiative

According to David R. Smith, M.D., Commissioner f Health, the Texas Department of Health now dministers hepatitis B vaccine to public sector infants atewide. The vaccine is being distributed to local ealth departments and regional clinics who will ubsequently provide it to Early Periodic Screening iagnosis and Treatment (EPSDT) providers.

The TDH ''universal'' infant hepatitis B vaccine itiative is intended for all public sector infants less an 12 months old and a much smaller number of igh-risk adolescents. Hepatitis B vaccine is not equired to attend primary or secondary schools in Texas and virtually all children under 18 years of age require parental consent for immunization.

Hepatitis B vaccine for public sector babies may be provided to publicly funded hospitals and birthing centers. Vaccine used to immunize indigent babies born in private hospital settings may be replaced on a vial for vial basis.

Additional information about this immunization initiative is available from local health departments, TDH regional headquarters or the Immunization Division, Texas Department of Health in Austin (512) 458-7284. ■

Opportunities Unlimited

PHYSICIANS WANTED

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

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

BUSY, PROGRESSIVE — Fort Worth private practice seeks 2nd BC/BE OB/GYN physician. Great location, all practice amenities, partnership potential. Contact in confidence. Send CV to: Vernon J. Hayes, D.O., 2600 Montgomery & I-30, Fort Worth, 76107; 817/731-3936; fax 817/782-0206. (26)

PRACTICE AVAILABLE — loyal family practice available in resort community with mixed staff hospital near metroplex. Physician desiring to travel. Inquire 800/437-7112. (42)

DALLAS AREA GP CLINIC needs associate doctor on locum tenens. 6-50 hours per week. Call 214/941-9200 (02)

CORRECTIONAL HEALTH CARE — Full time primary care physicians for statewide adult correctional facilities. Competitive salary, excellent benefits, variety of locations, student repayment program. Additional information on locations and interviews, contact: Glynda Baker, Texas Department Criminal Justice; 409/291-4020. (36)

PRACTICE FOR SALE — Southeast Dallas Family Practice Clinic. Physician retiring. 2,250 sq. ft. Established in 1960. Excellent location and visibility. 5 exam rooms, lab, 3 offices. Includes all equipment. Leave message at 214/388-9438. (21)

HIGH INCOME — successful GP clinic in Dallas area for sale. Will consider lease with option to buy and/or will finance to individual practitioner. Call 214/941-9200. (18)

FORT WORTH — Immediate opening for BE/BC physician to work full or part time in family practice/minor emergency clinic. No OB, week-ends or call. Potential for future partnership if desired. Contact Robert Hames, D.O., 817/237-3333. (25)

TEXAS DO PHYSICIANS AND SURGEONS needed for medical legal consulting work in Texas and other states. Excellent compensation. Extremely interesting work. All replies confidential. Medicomm Consultants, Inc. 719/473-9432. (04)

TEXAS DO'S — We have multiple opportunities with clinics and small hospitals throughout Texas. Contact Bennett & Associates, Physician Placement Specialists. Call collect 915/550-9096. (10)

HOUSTON AREA — The town of Anahuac needs a family practice physician. New office and reasonable guarantee awaits. We are on the bay in Chambers County. Contact: John Luff, Bayside Community Hospital, Anahuac, TX 77514 or call 409/267-3143. (31)

NURTURING PHYSICIAN WANTED — Lubbock, TX, for bariatric practice with interests in nutritionals, exercise, patient counseling. Training provided in use of anorexiogenics. Current DEA required. Salary negotiable, no hospital call, alternate weekend with another female physician. Malpractice, medical, dental and bonus package provided. If you are tired and want to slow down, you will enjoy this practice. Dr. Pangle - 800/772-6466 or p.m. 806/795-6466. (34)

MODERN MINOR EMERGENCY/AMBULATORY care centers seeking well-rounded practitioner for expansion in Central and NE Texas. Generous modified fee-for service income package with superior professional liability insurance included. Must have good experience in family medicine. Industrial medicine experience helpful. Send CV or call Keith Williams, M.D., 3305 N. 3rd, Ste. 304, Abilene, TX 79603, 915/676-3023. (37)

PHYSICIAN WITH TEX LICENSE — needed to practice gene medicine at Student Health Center. years practice experience. 40-hour we Mon.-Fri. Minimal call duty. Frin benefits. Contact Sheila Meyer, D University of North Texas Health Cen P.O. Box 5158, Denton, TX 762 817/565-2786. EO/AAE. (39)

PHYSICIANS NEEDED — full part-time for family practice pediatrics in Houston, Texas. Cont Dr. Botas, 713/644-3602. (46)

POSITIONS DESIRED

LOCUM TENEN SERVICE — the Dallas/Fort Worth Metropl Experienced physician in family pract and emergency medicine offeri dependable quality care for your patie at competitive rates. Contact: Doyle Gallman, Jr., D.O., 817/473-3119. (

BOARD CERTIFIED GENER PRACTITIONER — working as dependent contractor. Ten years perience. Available by appointme $100 per hour plus expenses. Will f nish liability insurance. No obstetri please. Contact: TOMA, Box 27, C Financial Center, 1717 IH 35, Suite 1 Round Rock, TX 78664-2901. (27)

OFFICE SPACE AVAILABL

FOR LEASE — 1,250 sq. ft. medi office in hospital district betw Rosedale and Magnolia; also, will bu to suit up to 3,000 sq. ft. medi building on Hulen between Vickery West Fwy. 338-4444 (12)

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

GULF COAST CLINIC — 4,100 ft. to include lab and (4) suites. Navy base on beautiful Gulf of Mexi Growing Community. Hospital nursing home three blocks away. Le (possible purchase in future). Cont Mrs. Kumm 512/758-3660. (17)

FOR RENT — Medical office Grand Prairie. Approximately 3,000 ft. office presently occupied by gen surgeon. Share space and overhead penses. Across street from D/ Medical Center. Call 214/660-3188.

FICE SPACE AVAILABLE — for in dental garden office building. oximately 1,080 sq. ft. Ideal loca- or family practice. Near Park Cities of Dallas. Call Dr. John Rumley, 528-3770. (32)

REE ROOMS FOR RENT — in r's office. Forest and Marsh Lanes rth Dallas. Abundant close park- Furnished/unfurnished. Rent tiable. Full-time/part-time. 351-4724. (47)

R SALE — Close to downtown , Texas, office building, white brick r, good condition. Built 1963 and ied by a doctor of chiropractic 1963 through 1992. Circular black- riveway and parking, lot fenced on three sides. Building approximately 1500 sq. ft., includes reception room, business office, private doctor's office with walnut panelling and bookshelves, four treating rooms, exam room, lead-lined x-ray and film developing rooms, two restrooms, three dressing booths, and cupboard-filled storage room that could be used as a laboratory. Excellent buy for $50,000. Shown by appointment. Call 1-214-875-2727, or write to Mildred Reel, P.O. Box 1255, Ennis, TX 75120. (49)

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. (14)

FOR SALE — Late model X-ray equipment and accessories; complete ob/gyn tables; waiting room chairs; hydraulic stretcher; transport stretchers; Coulter Counter and Diluter; storage cabinets; office desks; treatment tables; wheelchairs; and assorted other items — very good condition. Contact: Dr. Glen Dow or Office Manager, 817/485-4711. (48) ■

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