

TEXAS D.O.

The Journal of the Texas Osteopathic Medical Association

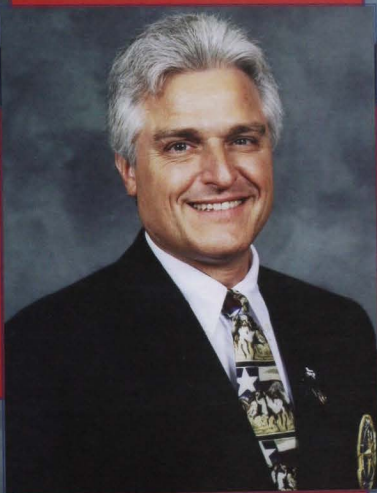
Volume LIX, No. 7

July/August 2002



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2002 - 2003
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plus

TOMA's 103rd
Annual Convention
& Scientific Seminar
Pictorial Review
- pages 29 - 32

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Texas D.O. is the official publication of the Texas Osteopathic Medical Association.

Published eleven times a year, monthly except for July. Subscription price is \$50 per year.

Texas D.O. does not hold itself responsible for statements made by any contributor. The advertising contained in this magazine is not necessarily endorsed by the Texas Osteopathic Medical Association.

Published by the Texas Osteopathic Medical Association, Volume LIX, No. 7, July/August, ISSN 0275-1453.

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Copy and Advertising deadline is the 10th of the month preceding publication.

INSIDE THIS ISSUE

TOMA's 103rd Annual Convention Highlights

James E. Froelich, III, D.O., New TOMA President for 2002-2003	6
New TOMA President Announces Annual Theme:	
"Increasing Our Legislative Effectiveness"	7
Pamela Adams Assumes ATOMA Presidency for 2002-2003	10
Senator Mike Moncrief Honored with TOMA Public Service Award	12
TOMA Presents Public Service Award to Senator Carlos Truan	13
Robert L. Peters, D.O. Recipient of the Community Service Award for 2002	14
T.R. Sharp, D.O. Receives TOMA 2002 Distinguished Service Award	15

Health Science Center Graduates Medical Professionals During 29th Commencement	17
AOA News - Getting Ready for HIPAA	20
by Janet Horan, JD	
News from the University of North Texas Health Science Center at Fort Worth	24
MedPAC Proposes Physician Update Formula - Will Congress Act?	25
by Laura E. Loeb	

TOMA's 103rd Annual Convention Review

Thanks	28
ATOMA's President's Installation Brunch	29
Pictorial Review	30
Opportunities Unlimited	34

Articles in the *Texas D.O.* that mention the Texas Osteopathic Medical Association's position on state legislation are defined as "legislative advertising" according to Texas Gov't Code Ann §305.027. Disclosure of the name and address of the person who contracts with the printer to publish the legislative advertising in the *Texas D.O.* is required by that law: Terry R. Boucher, Executive Director, TOMA, 1415 Lavaca Street, Austin, Texas 78701-1634.

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CALENDAR OF EVENTS

Advertisement

AUGUST 17 - 18

"OMT - Ligamentous Articular Strain Techniques for Treating the Rest of the Body - Sutherland's Methods"

Presented by the Dallas Osteopathic Study Group

Location: Doubletree Hotel Campbell Centre, Dallas, TX

CME: 16 hours category 1-A credits anticipated

Contact: Conrad Speece, D.O., Course Director
214-321-2673

SEPTEMBER 19 - 22

"2002 Annual Clinical Assembly of Osteopathic Specialists"

Sponsored by the American College of Osteopathic Surgeons

Location: Disney's Contemporary Resort

Lake Buena Vista, FL

Contact: 800-888-1312

SEPTEMBER 14 - 15

"HealthFind 2002"

Sponsored by the Office of Rural Community Affairs,

Texas State Office of Rural Health

Location: Hyatt Regency Hotel, Town Lake, Austin, TX

Contact: Robin Wright, Office of Rural Community Affairs

P.O. Box 12877, Austin, TX 78711-2877

512-936-6701 or 877-839-2744

FAX 512-479-8898

E-mail: rwright@crhi.state.tx.us

www.orca.state.tx.us

OCTOBER 2 - 6

"62nd Annual Convention and Scientific Session"

Sponsored by the American College of Osteopathic Internists

Location: Camelback Resort & Spa, Scottsdale, AZ

Contact: Brian Donadio, Executive Director

800-327-5183 or bjd@acoi.org

OCTOBER 7 - 11

"107th Annual Convention and Scientific Seminar"

Sponsored by the American Osteopathic Association

Location: Las Vegas Convention Center, Las Vegas, NV

Contact: Ann Wittner, AOA

800-621-1773, ext. 8256; or 312-202-8014

Note: Advance registration will begin in late summer, 2002.

Tips From TOMA PHYSICIAN SERVICES

Keeping Good Employees

As most physicians know, good employees are hard to find and costly to lose. Expenses associated with recruiting and training a new employee, coupled with lost productivity during the transition period, take a bite out of profits.

Creating a satisfying job experience for your employees is a win-win solution for them and for your practice. But retention of valued employees doesn't happen by accident. TOMA Physician Services recommends that you consider these retention strategies:

Conduct exit interviews when staff members leave and use their suggestions to improve the climate for existing staff.

For existing employees, conduct individual face-to-face "re-recruitment" interviews to learn how the practice can keep them satisfied. Does this employee need flexible hours? Does that employee crave a challenge? You may learn that staff members are unhappy working with a difficult manager or frustrated by a lack of training.

Find out your employees' long-term goals. Explore how you and they can work together to meet each other's goals.

Studies show that, even more than higher salaries, employees seek intangible rewards from their jobs, including a positive relationship with their supervisor, opportunities for personal growth and development, and being part of a successful team.

TOMA Physician Services consultants can help you address employee retention in a variety of ways, such as on-site staff training, policies and procedures development, assessment of staff roles, or management recruitment. For more information, contact Physician Services today at 800-523-8776 or go to www.consulting.texmed.org.

Your TOMA benefits just got BETTER!



The Texas Medical Foundation is offering complimentary membership

The Texas Medical Foundation (TMF) is now offering TOMA members a complimentary one year membership for the 2002-2003 membership year (June 1 through May 31).

TMF is a physician-led organization that relies on the leadership and guidance of physicians like you. By joining TMF, you express your support for continued health care quality improvement efforts in Texas.



As a TMF physician member, you:

- Join an organization endorsed by TOMA which includes a network of physicians and other health care professionals committed to quality health care;
- Are invited to attend medical ethics lectures and continuing education programs for physicians and staff;
- Receive special physician tools for monitoring disease prevention and treatment;
- And much more!



Joining TMF is easy!

TMF membership is available to licensed Texas physicians. To qualify for membership, each physician must be a current TOMA member in good standing.

To begin enjoying the benefits of your complimentary TMF membership, just fill out the information below and mail or fax to TMF. For additional information, please call 1-800-725-9216.

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I am currently licensed and in good standing with the Texas State Board of Medical Examiners. I understand that my membership with the Texas Medical Foundation is contingent upon maintaining concurrent membership with TOMA, and that I am bound by their established principles of medical ethics as well as the requirements of the TMF Bylaws.

I may terminate my membership at any time by providing written notice to TMF.

Signature _____



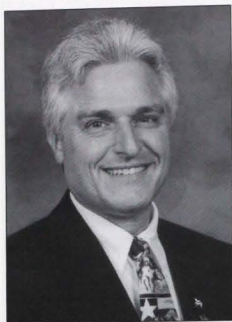
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James E. Froelich, III, D.O.

New TOMA President for 2002-2003



James E. Froelich, III, D.O., a Bonham family physician, has been elected president of the Texas Osteopathic Medical Association (TOMA) for 2002-2003. Installation ceremonies took place June 15, during TOMA's 103rd Annual Convention & Scientific Seminar, held June 12-16 in Austin.

A 1981 graduate of the University of North Texas Health Science Center/Texas College of Osteopathic Medicine in Fort Worth, Dr. Froelich interned at Sun Coast Hospital in Largo, Florida. He is certified in Family Practice by the American College of Osteopathic Family Physicians and is an Aviation Medical Examiner.

Dr. Froelich has been in private practice at Family Care Medical Clinic in Bonham since 1982. He also serves as an associate clinical professor at the Texas College of Osteopathic Medicine in Fort Worth, and is a participant in the Texas Preceptorship Program for medical students.

He is affiliated with Northeast Medical Center and has served as chief of staff for four separate terms. In the mid-1980s, he established the Leonard Family Medicine Clinic for the community of Leonard and successfully recruited a physician to take over that clinic.

In 1990, Dr. Froelich authored the "TOMA Controlled Substance Record Book," the only DPS-approved and distributed logbook for Texas physicians.

An active member of TOMA, Dr. Froelich serves on, and has chaired, numerous Association committees. He has served as president elect, vice president, as a member of the Board of Trustees since 1989, and as a member of the House of Delegates. He has also been active in his divisional society, TOMA District 13, of which he served as president for six years.

Other memberships include the American Osteopathic Association; the American Academy of Osteopathy; American College of Osteopathic Family Physicians; Texas Society of the American College of Osteopathic Family Physicians; Texas College of Osteopathic Medicine Alumni Association, of which he is a past president; and the Association of Aviation Medical Examiners.

Service and community activities include First United Methodist Church of Bonham, Boy Scouts of America, Bonham Area Chamber of Commerce and Bonham Athletics Club. He also provides free annual high school sports physical exams for male and female athletes, as well as free physical exams for 30 Special Olympics participants.

Dr. Froelich and his wife, Deidre Froelich, Ph.D., live in Bonham. They have two children, James Clifford (J.C.), a student at Texas A&M University in College Station and Deidre Anne, who attends the University of Texas at Austin.



New TOMA President Announces Annual Theme "Increasing Our Legislative Effectiveness"

Dr. Froelich Pledges to Promote Legislative Agenda Through 5-Point Plan



Editor's note: The following is the speech presented by James E. Froelich, III, D.O., upon assuming the TOMA presidency for 2002-2003.

Tonight I have been presented with an impossible task. Those of you who know me well will understand the magnitude of this impossible task. I am to convey to you my thanks, my dreams, my gratitude and love for my family and my osteopathic family and summarize all of my goals and plans for the coming year, and do it all in under 3 hours.

As for the most important of these tasks, according to my mother and wife, let's start with this - family introductions. I cherish my family, more than anything else in my life, and I intend on introducing every one of these special people to you tonight individually, personally, in detail. However, for the sake of brevity, I have combined their introductions with my love and gratitude in a special booklet that you should find on your tables.

This is my beloved family: DeDe, the boss; JC, the Aggie; princess DeeAnne; my mean Mom; my hero, Dad; Ann the tattletale; Baby brother Kelly - retired; Bobbye the tolerant; Cliff the philosopher; Keith; Lori; David; Nichol.

Please, meet every one of these wonderful people tonight. They are all very special and just like me, most of them are quiet and pathologically introverted.

Now the rest of you characters listed on the back pages - you know - way in the back pages in the cheap seats. I want you to stand. Past presidents, future presidents, mentors, friends, loved ones. Thank you.

Ladies and gentlemen I would like to introduce to you my immediate family and my immediate osteopathic family. These people are why I am, the way I am and who I am. They have

tolerated the character that I am and have gotten me where I am. Thank you all. I love you and appreciate you all more than you'll ever know.

So, how will I lead TOMA this year? How will we lead TOMA this year? Where will we lead TOMA this year?

A huge and rambunctious dog was dragging a very small young boy across the Bonham town square, first here then there. Quite amused by the scene, an older gentleman playfully asked the small boy, "Where are you takin' that dawg son?" The determined little fella, though somewhat out of breath, replied with great clarity, "Well, I'm kind of waiting to see which way he's gonna go, then I'm gonna lead him there."

Yep. I'm afraid that could be me this year.

My gracious what an opportunity, what an honor you have bestowed upon me, to have the opportunity to be at the head of this great family, to be leading the Texas osteopathic family. Where shall we go? Where would you have me lead? TOMA is a big ol' hound dog with lots of places to go. Think about it. What is TOMA to you?

We all know that the disaster of 9/11 changed us as a nation forever. However, the disasters and defining moments for Texas osteopathic medicine and our traditions in American medicine occurred well before September 2001.

DRGs. Frivolous lawsuits. Government intrusion and oppression. Practice infringement by every non-physician group looking to expand. TOMA is fighting against independent practice and prescription rights for pharmacists, chiropractors, physician assistants, acupuncturists, nurse practitioners and alternative medicine groups of every sort. What about insurance companies' dishonest and unfair practices and their **all-mighty-dollar, bottom-line driven** policies?

HMOs, formularies, non-sensical and dictatorial Medicare powers, ridiculous Medicaid and worker's compensation reimbursements. Bizarre and capricious tort law, mercenary trial



Dr. Froelich with his brother, father, mother and sister at the President's Banquet, June 15, 2002.

"The 78th Texas legislative session begins in January. Let's all be there, working any way we can."

lawyers, mangled care with all of its sins and impurities. Have any of these things touched your life? If they have, then TOMA and TOMA politics have been essential to you and your survival.

Our environment is hostile and even insane at times. So what's the answer? What are we to do? What can we do? I think we are a lot like that poor farmer who had a massive old, gnarly tree growing in the middle of his only field. As he worked his field a young wealthy neighbor chided him, "Hey old man, what are you gonna do about that tree? It's ruining your field." The wise old farmer just looked at him and knowingly replied "Well, son, since it's the only field I have, I guess I'll just have to plow around it."

For most of us, medicine is our only field and TOMA helps us keep plowing around. TOMA is fighting our battles of survival every day and with every legislative session there is **huge** potential for damage to our profession and our personal practices of medicine. During the 2003 legislative session, it will be no different.

We will be fighting exclusions and inclusions, and de-lusions, and co-lusions and prostitutions... *just so that we can continue to do God's work.*

So what's the good news? The **great news**, the great news is that we, as osteopathic physicians, we as TOMA, have fought harder and longer than the rest and have skillfully protected our osteopathic family for over 100 years.

TOMA was born of adversity in November of 1900 when about 6 of the state's 12 to 14 osteopaths came together and formed our organization for the purpose of stopping the Texas Legislature from banning osteopaths from practicing in Texas. We won our first battle in the Texas Legislature in 1901 and we've been winning there ever since.

The Texas osteopathic family has fought and won hundreds, if not thousands, of battles in Austin and across the state - silently, with no fanfare and with rare recognition, but **these battles have kept you in business.**

We all keep hearing, "What has TOMA done for me?" Well, what has TOMA done for you? Your executive director told me that when he's doing his job the best at the capitol, we shouldn't hear a thing about it. We just quietly win and move ahead.

Where would we be without TOMA? Where would osteopathic medicine be today if not for TOMA? Where would you be today without TOMA?

Our family, our profession, is prospering. We are growing and in remarkably good health considering the awful turmoil in American medicine. We are strong. We are vibrant. We are moving steadily forward through the storms. And how? Because of the strength of TOMA in Austin. Because of expert lobbying and meticulous scrutiny of every piece of legislation and the tireless vigilance of your TOMA leadership...something that we have all come to take for granted. TOMA remains watchful and prepared to defend our family.

I tell you that the osteopathic family is safe in the hands of our dynamic Board of Trustees, our highly effective Executive Director and our incredibly dedicated staff in Austin. But I also tell you that this safety cannot be taken lightly nor taken for granted.

We **must remain** intensely **vigilant** in Austin and across the state or our safety and freedoms may disintegrate or simply slip away.

We **must cultivate** the best future leadership for TOMA or we may not have a future.

We **must protect** our interests and the college or the future of our profession, our students, may not graduate into an environment of opportunity.

We **must support** our osteopathic family and our osteopathic institutions or they may not be there to support us.

And how do we proceed? Just like always. **Politics**...it's the name of the game! **Politics**... it's a game that I love to

watch, and occasionally participate in. **Politics**...it's the way we move our profession steadily forward or fall uncomfortably behind.

As Senator Mike Moncrief told us at the TOMA MidWinter Convention: "If you practice medicine in Texas **you're already involved in politics.**" **YOU**, my friends, are **already involved.**

Politics...Where will we try to lead this big old hound this year? I am pleased to announce that this year's annual TOMA theme will be: **Increasing Our Legislative Effectiveness.** This is a theme with a message that says we can achieve miracles for our profession if we get everyone involved.

I am counting on you **personally**, every TOMA/ATOMA member, to promote our legislative agenda and legislative effectiveness by the following 5-point plan.

This year we will:

- #1 Organize grassroots personal involvement of TOMA & ATOMA members in meeting and interacting with their legislators, supporting their legislators and networking within the osteopathic family concerning legislative matters.
- #2 Educate TOMA & ATOMA members and leaders about ongoing legislation and the legislative process in Texas, TOMA and the AOA.
- #3 Support TOMA PAC in an effort to triple PAC contributions and educate membership as to the value of PAC activities.
- #4 Create a highly efficient and usable system by which pertinent legislative and politically relevant information can be gathered, processed and disseminated to TOMA & ATOMA members and our supporters.
- #5 Emphasize leadership development which will help identify, recruit, cultivate, inform and educate, motivate, utilize, retain and properly recognize our Texas osteopathic leaders from graduation to grave.

Does this sound like an aggressive plan? Well, I hope it does. It will only be possible with your **personal** involvement and the support of your TOMA leaders.

I have no doubt that the work will get done this year. Do you know why? Because of the **strength** of your TOMA leaders. I am so blessed to be working with this dynamic and powerful group of leaders. **YOU are blessed!**

I know that our plans for this year will succeed because of your TOMA leaders. I know that the TOMA PAC contributions will **TRIPLE** this year. Why? Because your TOMA Government Relations Committee chair, Jim Czewski, has pledged his support to triple the PAC. Jim and a special ad hoc committee will triple the PAC this year. Duane Selman, Pam Adams, John Wright - they will all be twisting your arms. I have no doubt that they will **meet or exceed their goal**.

Ken Bayles and his committee will create an opportunity for you and **every** TOMA/ATOMA member to meet with their legislators by putting together D.O.M.E. DAY (D.O.'s working for Medical Excellence) in Austin, January 29, 2003. Ken and his committee will



make this happen for you. I've already seen the blue print and it will take your breath away! Get ready because they're expecting **you** to be there January, 29th.

There will be a new high tech, high touch-your-life means of information dissemination for TOMA and ATOMA members. I know there will be. And why am I so sure? Because Danny Saylak has pledged his dedication and his considerable expertise to the success of this project. He and George Cole will amaze you. Watch for it. Count on it!...coming to a computer or fax machine in your neighborhood soon.

The future of TOMA is its leadership - education is the key. The education of your TOMA & ATOMA leaders will

bound forward this year with an educational event which will be put together by Irv Zeitler. Irv knows that an investment in training your leaders is an investment in your future. Irv and his committee will put this together for you. It will be time and money well spent.

The journey to the presidency has been a long one and it has only been made possible because of my osteopathic family - especially your past ATOMA President and my devoted, loving wife Deidre. **I would not have made it far down this road alone.** And just as I have relied on my family and friends and my osteopathic family to bring me past success, I am counting on you to make this a successful year.

The 78th Texas legislative session begins in January. Let's all be there, working any way we can. Give of yourself to make a difference. Give your time and your talents; give your money and your support; give your expertise. But Give. Be involved. Together we will make a difference for this family, **our family, the Texas osteopathic family.** Thank you so much for this opportunity and God bless you.

New TOMA Officers & Trustees

The following physicians formally took office at the conclusion of the 2002 TOMA Annual Convention in Austin.

Jim W. Czewski, D.O., a Fort Worth family physician, is the new president-elect of TOMA.

Hector Lopez, D.O., an El Paso family physician, was elected TOMA vice president.

A. Duane Selman, D.O., an Arlington emergency medicine physician, was re-elected speaker of the TOMA House of Delegates.

Ray L. Morrison, D.O., a Crockett family physician and general surgeon, was re-elected vice speaker of the TOMA House of Delegates.

Kenneth S. Bayles, D.O., a Dallas orthopedic surgeon, was re-elected to a three-year term on the Board of Trustees.

James R. Marshall, D.O., an Abilene neonatologist, was appointed to fill a one-year unexpired term on the Board of Trustees.

Daniel W. Saylak, D.O., a College Station emergency medicine physician, was re-elected to a three-year term on the Board of Trustees.

Irv E. Zeitler, D.O., a San Angelo family physician, was re-elected to a three-year term on the Board of Trustees.

John L. Wright, Jr., D.O., a McKinney family physician, was elected to fill a two-year unexpired term on the Board of Trustees.

TOMA extends congratulations to these officers and trustees.

Pamela Adams Assumes ATOMA Presidency for 2002-2003

"Pride - Allegiance - Faith - Love"

Mrs. Pamela Adams of Fort Worth has been installed as president of the Auxiliary to the Texas Osteopathic Medical Association (ATOMA) for 2002-2003. Installation ceremonies took place June 14 at the Renaissance Austin Hotel in Austin, in conjunction with the 103rd Annual Convention and Scientific Seminar of the Texas Osteopathic Medical Association.

Also installed as officers with Mrs. Adams were Barbara Galarneau, president-elect; Patty Weiss, vice president; Shirley Meyer, recording secretary; and Linda Garza, treasurer.

Upon accepting the state presidency, Mrs. Adams outlined her objectives for the coming year, which include an increased emphasis on pride and allegiance to the osteopathic profession through assistance and promotion offered by ATOMA; enhanced involvement in the support of osteopathic medical students; and a commitment to promote participation in political issues through the osteopathic political action committee. She will also maintain the visibility of the Yellow Ribbon Teen Suicide Prevention Program in Texas through continued presentations at schools, churches and youth organizations. The program provides Yellow Ribbon Cards to adolescents, providing them with a safe and simple way to ask for help. Adults are subsequently educated to respond appropriately when presented with a Yellow Ribbon Card.

Mrs. Adams has been active in ATOMA for the past six years, having served as secretary, vice president and president-elect. She is also active in her divisional auxiliary, ATOMA District 2, of which she is the current president.

A registered nurse, she has worked for Osteopathic Medical Center of Texas in Fort Worth for 15 years. In her current position as marketing coordinator, Mrs. Adams is responsible for promoting the medical center as well as osteopathic medicine.

She is a board member of The Women's Center of Tarrant County, and a past member of the Rotary Club and the Fort Worth Symphony board. In addition, she is the advisor to the Student Associate Auxiliary at the University of North Texas Health Science Center at Fort Worth/Texas College of Osteopathic Medicine.

Mrs. Adams and her husband, Bob Adams, D.O., who is Chief Medical Officer for the University of North Texas Health Science Center, live in Fort Worth. Together, they have four children: David, 21; Ryan, 19; Rachel, 19; and Rebekah, 14.



Editor's note: The following is the inaugural speech presented by Mrs. Adams during the President's Banquet on Saturday, June 15.

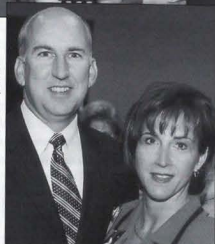
Good evening, everyone, and thank you for being here tonight. Let me assure you that I will not take long! I would like to take a moment to read something to you.

"I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one Nation under God, indivisible, with liberty and justice for all."

I know most of us haven't recited that on a routine basis since we were in elementary school. The Pledge of Allegiance was written in 1892 and is still being said in schools and meetings today. What a profound sentence, that it continues to have meaning to us all even today, especially in this time of uncertainty. The incident of September 11, 2001, came crashing down upon us all even if we were not directly involved. Citizens from all over the United States rallied again to pledge allegiance, justice and most importantly, to remain indivisible.

Do you know what else happened in our country in 1892? Dr. Andrew Taylor Still opened the first school of osteopathic medicine in Kirksville, Missouri. What a coincidence! We need to read the Pledge of Allegiance and see if we can apply the principles to our profession. Shouldn't we feel allegiance to our osteopathic heritage, and wouldn't we be a better profession if we were indivisible? Today, as we think about what is important to us in this great country, we need to do the same about osteopathic medicine and commit ourselves to supporting the profession.

Only a few short years ago when I graduated as a young registered nurse, I didn't want to work in the hospitals that I had trained in. It was not because they weren't providing excellent patient care, but because something seemed to be missing. I didn't feel that I was part of a medical team, that I contributed to



Mrs. Adams enjoyed every minute of her President's Installation Brunch. Special guests included Dr. Ronald Blanck, President of UNTHSC/Fort Worth (above), Dr. James Froelich, III, TOMA President (upper right), and her husband, Dr. Robert Adams (right).

the needs of the patient and the family as well. So I began my nursing career in an osteopathic hospital. I will never forget my first time on the medical floor at Fort Worth Osteopathic Hospital, known now as the Osteopathic Medical Center of Texas, when the late Dr. Roy Fisher came up to me and introduced himself and welcomed me as a new employee. He told me some history about the profession and how proud he was to work as an osteopathic physician. That type of enthusiasm is contagious and I have been proud to be a part of this family.

I have been an osteopathic nurse now for 24 years and I can tell you that D.O.'s are on the right track. With the terrible nursing shortage there is today, nurses and other health care providers need to feel connected to our profession. We need them to feel a commitment to osteopathic medicine. I market for the Osteopathic Health System of Texas and I can tell you that the employees that work for these doctors have a great deal of allegiance to these physicians because they feel that they're part of a family. This profession has the right approach for the future. Osteopathic medicine can and should set the healthcare standard for others to follow.

These are uncertain times for our health care system. Everyone, from the physician to the people who support them, is feeling the effects. We must do whatever we can, large or small, to remain indivisible within our osteopathic community. I'd like to quote Dr. Howard Levine, 1997-1998 AOA president in his Still

Address when he referred to D.O.s as "simply 'extra-ordinary physicians' - ordinary physicians who offer something extra."

My goals as ATOMA president this year are to carry that allegiance of osteopathic medicine throughout the districts of Texas. I pledge to support and give back to a profession that has not only supported me as a nurse, but has provided our family with a very rewarding life. I will support our Texas Osteopathic Medical Association by working to increase membership in ATOMA and encouraging spouses to be involved in their communities on any level so they can spread the word about osteopathic medicine and the Yellow Ribbon Teen Suicide Prevention Program. I will support our Texas Osteopathic Medical Association by educating and encouraging members to join the TOMA-Political Action Committee, for it is only through our efforts in government that we can make informed decisions and impact our future. I will seek out opportunities for our Auxiliary to support the osteopathic profession in this ever changing and challenging healthcare climate. Most importantly, I'll encourage members of TOMA and ATOMA to cherish what we have and not take this wonderful profession for granted.

I look forward to a successful year and working with a wonderful group of auxiliary members. I'm sure traveling with Dr. Froelich and Terry Boucher to the district meetings throughout Texas will be both rewarding and entertaining. I ask each of you for your support and allegiance so that we can continue to make a difference in the coming year.



Senator Mike Moncrief Honored with TOMA Public Service Award

Texas State Senator Mike Moncrief has received the Texas Osteopathic Medical Association's Public Service Award for 2002. The award recognizes governmental officials whose works and accomplishments are outstanding in promoting the health care needs of the state of Texas, while recognizing the unique value of the osteopathic philosophy. The award was presented to Senator Moncrief on Saturday, June 15, during TOMA's 103rd Annual Convention & Scientific Seminar, held June 12-16 in Austin.

Senator Moncrief, a life-long resident of Fort Worth, is a successful businessman who has been involved in public service for over 25 years. He has represented District 12 in Fort Worth since the 72nd Legislature in 1991 and is a member of both the Senate Administration and Criminal Justice Committees. He did not seek re-election this year and will leave office in January after 12 years in the Texas Senate.

During the 77th Legislature, he was appointed chair of the Senate Health and Human Service Committee. He was instrumental in the passage of legislation addressing Texas' nursing shortage, increasing access to healthcare through telemedicine and telepharmacy, improving the quality of long-term care and child care, and preventing medical insurance and dental fraud. Other bills by Senator Moncrief allow businesses to claim a franchise tax credit for wages paid to the disabled, and prescription drug relief to low-income senior citizens and the disabled.

During the 76th Regular Session, he passed several major pieces of legislation including landmark bills relating to the Children's Health Insurance Program (CHIP), and protection of individuals needing home health care or placement in an assisted living facility. He also successfully authored legislation relating to newborn hearing screening, electronic campaign filing, and automobile rear safety belt requirements for children.

Senator Moncrief is the recipient of numerous honors and awards, which include "Legislator of the Year" from the Texas Assisted Living Association; "Legislator of the Year" from the Texas Association of Obstetricians & Gynecologists; Public Service Award from the Texas Speech-Language-Hearing Association; "Pillar of Hope" award from the Texas Association Against Sexual Assault and Texas Council of Family Violence; Golden Bootie Award from the Children's Hospital Association; and the Texas Hospital Advocacy Tribute from the Texas Hospital Association.

TOMA extends sincere thanks to Senator Moncrief for outstanding public service to the citizens of Texas.

George Cole, D.O., TOMA board member (L) and Mark Baker, D.O., Immediate Past President (R), congratulate Senator Truan.



Texas State Senator Carlos Truan has been awarded the Texas Osteopathic Medical Association's Public Service Award for 2002. The award recognizes governmental officials whose works and accomplishments are outstanding in promoting the health care needs of the state of Texas, while recognizing the unique value of the osteopathic philosophy. Senator Truan received the award on Saturday, June 15, during TOMA's 103rd Annual Convention & Scientific Seminar, held June 12-16 in Austin.



Senator Truan is in the life insurance business and has been an agent for the New York Life Insurance Company since 1960. He was first elected a State Representative in 1968 to represent Nueces and Kleberg counties, where he served for eight years. In 1976, he was elected to the Texas Senate to represent Senate District 20. In 1995, he was the first Mexican American to become "Dean of the Texas Senate" by virtue of his seniority. He is currently vice chair of the State Affairs Committee and a member of the Education and Finance Committees.

While in the Texas House, he authored the landmark Texas Bilingual Education Act of 1969, when Texas had an English-only law for 50 years and an 80 percent dropout rate among Spanish-speaking children. As chair of the House Human Resources Committee, he also authored the Texas Adult Education Act of 1973, the Child Care Licensing Act in 1975, and spearheaded the drive to bring the Food Stamp Program to Texas for the first time.

In the Texas Senate, Senator Truan authored the bill creating the Childhood Lead Registry in 1993 and established the Birth Defects Registry to help identify the causes of birth defects. In 1977 he passed legislation mandating the federally-funded school breakfast program in Texas. He also authored and got passed into law, S.B. 965. This law prohibits Texas hospital from discriminating against osteopathic physicians who are applying for hospital staff privileges.

Senator Truan is also the author of legislation that led to the merger of universities in South Texas with either the Texas A&M University System or the University of Texas System. He authored legislation renaming, merging and expanding Corpus Christi State University to "Texas A&M University-Corpus Christi" and becoming a four-year institution.

He is the only member of either the Texas Senate or House of Representatives who participated in both major legislative insurgencies of contemporary Texas history, the "Dirty Thirty" ethics coalition of 1971 in the Texas House of Representatives, and the "Killer Bees" of the Texas Senate in 1979.

TOMA congratulates Senator Truan on receiving this well deserved award.

TOMA Presents Public Service Award to Senator Carlos Truan



Robert L. Peters, Jr., D.O.

Recipient of the Community Service Award for 2002



Dr. Peters and his wife, Ruby.

Robert L. Peters, Jr., D.O., a Round Rock family physician, has received the Texas Osteopathic Medical Association's Community Service Award. The award represents the highest honor that TOMA can bestow upon an osteopathic physician in recognition of outstanding service to their community through the promotion of and dedication to osteopathic medicine in their practice. The award winner also exemplifies what the profession perceives to be the "typical" osteopathic physician who cares for patients and is an unsung, local hero. The award was presented to Dr. Peters on Saturday, June 15, during TOMA's 103rd Annual Convention and Scientific Seminar, held June 12-16 in Austin.

Dr. Peters was lauded for his longtime contributions to the community and his patients in Round Rock and surrounding areas. His local service includes the board of directors of both the Round Rock Chamber of Commerce and United Way; Round Rock city health officer; football team physician for Round Rock ISD; vice president of Round Rock ISD; president of the Kiwanis Club; president and health advisory commission member of the Capital Area Council of Government; president and advisory committee member of the Mental Health Mental Retardation; and mayor pro-tem and member of the Calvert City Council.

Dr. Peters earned his D.O. degree in 1958 from Kirksville College of Osteopathic Medicine in Kirksville, Missouri, and interned at Houston Community Hospital. He practiced four years in Pasadena, Texas, and nine years in Calvert before relocating to Round Rock in 1972, where he currently maintains a family practice.

He is a fellow of both the American College of Osteopathic Family Physicians and the American Board of Quality Assurance and Utilization Review Physicians. In addition, he is certified as a Federal Aviation Medical Examiner by the U.S. Department of Transportation, and certified by the American Medical Directors Association.

On the state level, Dr. Peters has been extremely active in TOMA affairs, serving as president from 1990-91. He has also served as a member of the Board of Trustees, House of Delegates, and as chair and member of numerous committees throughout the years. He has also been active in the Texas Society of the ACOFP, in which he is a past president; the Texas Institute of Medical Assessment; the Blue Cross/Blue Shield Medical Advisory Committee; and the Texas Medical Foundation.

On the national level, Dr. Peters is active in the American Osteopathic Association, serving as a member of its Board of Trustees. In addition he is chair of the Committee on Strategic Planning, and a member of the Bureau of Osteopathic Clinical Effectiveness, the Committee on AOA Organizational Structure, and the Committee on Basic Documents and Operations of Affiliated Organizations.

Honors and awards include Calvert "Citizen of the Year" in 1968; Round Rock "Kiwanian of the Year" in 1979; Round Rock "Citizen of the Year" in 1985; and both the "Family Practitioner of the Year", the "T.R. Sharp Meritorious Service Award" in 1988 by the Texas Society of the ACOFP, and TOMA Life Member.

TOMA is proud to extend congratulations to Dr. Peters on receiving this award.

T. R. Sharp, D.O. Receives 2002 TOMA Distinguished Service Award



T. R. Sharp, D.O., a Mesquite family physician, has received the Texas Osteopathic Medical Association's Distinguished Service Award. The award represents the highest honor that TOMA can bestow upon an osteopathic physician in recognition of outstanding service and contributions to the osteopathic profession in Texas. The award was presented to Dr. Sharp on Saturday, June 15, during TOMA's 103rd Annual Convention & Scientific Seminar, held June 12-16, at the Renaissance Austin Hotel in Austin, Texas.

Dr. Sharp earned his D.O. degree in 1944 from Kirksville College of Osteopathic Medicine, Kirksville, Missouri. Following an internship at Hustisford Osteopathic Hospital in Hustisford, Wisconsin, he began a general practice in Reeseville, Wisconsin, where he practiced from 1945-1960. While in Wisconsin, he served as chief of staff at Hustisford Osteopathic Hospital from 1955-58, and was the founding first president of the Wisconsin Society of the ACGP. In 1960, Dr. Sharp relocated to Mesquite, where he currently remains.

Whether on the local, state or national level, Dr. Sharp has contributed greatly to the osteopathic profession. On the national level, he has served on various boards and committees of the American Osteopathic Association. He is a founding member and past chairman of the American Osteopathic Board of General Practice. He is also a longtime member of the American College of Osteopathic Family Physicians, serving as president in 1970, and was involved in its education programs as program chair.

On the state level, Dr. Sharp has been active in the Texas Society of the ACOFP, in which he is a past president, secretary-treasurer and program chair. His service to TOMA, in which he has been a member since 1960, includes program chair and TOMA representative to the Family Practice Residency Advisory Committee to the Coordinating Board of Texas Colleges and Universities. Dr. Sharp was also active in the fledgling Texas College of Osteopathic Medicine, and served as chairman and clinical professor of the Department of General and Family Practice.

Dr. Sharp has been honored with numerous awards over the years, including "GP of the Year" in 1972 by the National ACOFP; Testimonial Award in 1983 for his longevity in the office of secretary-treasurer, by the Texas ACOFP; the prestigious TCOM Founders' Medal in 1981; and TOMA life membership. He has been a fellow of the American College of Osteopathic Family Physicians since 1966.

TOMA takes great pride in congratulating Dr. Sharp on receiving this award.

The folks at the IRS must have kids too.

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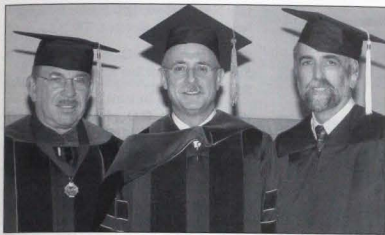
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HEALTH SCIENCE CENTER GRADUATES MEDICAL PROFESSIONALS DURING 29TH COMMENCEMENT



TCOM faculty members John Podgore, D.O. (L), Bernard Rubin, D.O., and Russell Gamber, D.O. (R), received their master of public health degrees from the School of Public Health during the commencement.

More than 140 students graduated from the University of North Texas Health Science Center at Fort Worth on May 18 at Will Rogers Coliseum in Fort Worth. The graduating class included 106 doctors of osteopathic medicine from the health science center's Texas College of Osteopathic Medicine, 13 from the Graduate School of Biomedical Sciences and 22 graduated from the School of Public Health.

Honorary degrees were bestowed on both Antonia Novello, M.D., DrPH, the commencement speaker, and state Senator Mike Moncrief, a Fort Worth legislator who has helped the health science center during his tenure in the Texas legislature.

Novello, health commissioner for the state of New York, served as the 14th Surgeon General of the U.S. Public Health Service. The first woman and first Hispanic to hold the post, she earned her M.D. from the University of Puerto Rico and a doctor of public health from the Johns Hopkins School of Hygiene and Public Health in 2000.

Following are the names and residency appointments of the TCOM Class of 2002.

Doctor of Osteopathic Medicine Degree

Gheath Al-Atrash, D.O. - Cleveland Clinic Foundation, Cleveland, OH

Michael Ampelas, D.O. - University of Texas Southwestern Medical Center, John Peter Smith Hospital, Fort Worth, TX

Aimee Aquino-White, D.O. - Geisinger Medical Center, Danville, PA

Ronald Christopher Auvenshine, D.O. - Plaza Medical Center, Fort Worth, TX

Manju Babu, D.O. - St. Joseph Regional Medical Center, Bryan, TX

Bruce Alan Barker, D.O. - UT Health Science Center at San Antonio, Christus Spohn Memorial Hospital, San Antonio, TX

Shreyas P. Bhavsar, D.O. - University of Texas Health Science Center - Houston, Memorial Hermann Healthcare System, Houston, TX

Mohamad Reza Bidgoli, D.O. - University Health Systems, Greenville, NC

Kevin John Blanton, D.O. - UT Southwestern Medical Center, John Peter Smith Hospital, Fort Worth, TX

Michelle Friedeck Briggs, D.O. - Memorial Hospital of Rhode Island/Brown University, Pawtucket, RI

Lisa R. M. Butler, D.O. - Colorado Springs Osteopathic Foundation/Family Medicine Center, Colorado Springs, CO

Alisha Kristine Bynum, D.O. - Western University of Health Sciences, Downey Regional Medical Center, Downey, CA

Suparna Chakraborty, D.O. - UT Southwestern Medical Center, Methodist Medical Center, Dallas, TX

Jayshri Chasmawala, D.O. - Christus St. Joseph Hospital, Houston, TX

Khiem B. Chu, D.O. - Louisiana State University Health Science Center, Shreveport, LA

John Franklin Cole, D.O. - Osteopathic Medical Center of Texas, Fort Worth, TX

Jonathan Costa, D.O. - Memorial Hospital of Rhode Island/Brown University, Pawtucket, RI

Matthew James Darling, D.O. - Wilford Hall Medical Center, San Antonio, TX

continued on next page

Tayson DeLengocky, D.O. - Michigan State University, Botsford General Hospital, Detroit, MI

Charlie Frank Dendy, D.O. - Osteopathic Medical Center of Texas, Fort Worth, TX

Jacquelin Dawn Dewbre, D.O. - University of Texas Medical Branch Hospitals, Galveston, TX

Raymond Gene Duggan, D.O. - Scott and White Memorial Hospital, Temple, TX

Clayton Arthur Frenzel, D.O. - UT Health Science Center at San Antonio, San Antonio, TX

Sonia Radhika Garadi, D.O. - UT Southwestern Medical Center, Parkland Hospital, Dallas, TX

Hans Kumar Ghayee, D.O. - Johns Hopkins Hospital-Sinai Hospital of Baltimore, Baltimore, MD

Astrid Gutsmann, D.O. - UT Southwestern Medical Center, Dallas, TX

David E. Haacke, D.O. - East Tennessee State University, Johnson City, TN

Leslie Christine Hardick, D.O. - Osteopathic Medical Center of Texas, Fort Worth, TX

Lori Gaye Harvey, D.O. - Methodist Medical Center, Dallas, TX

Nadyabanu Hasham, D.O. - UT Medical Branch Hospitals, Galveston, TX

Michael Robert Hohnadel, D.O. - Sun Coast Hospital, Largo, FL

Stephanie Elizabeth Horton, D.O. - Plaza Medical Center, Fort Worth, TX

Chung-Wei Hsu, D.O. - Plaza Medical Center, Fort Worth, TX

Christopher Patrick Hummel, D.O. - Plaza Medical Center, Fort Worth, TX

Adriana Hwa Cheever, D.O. - UT Health Science Center, Corpus Christi Medical Center-Bay Area, Corpus Christi, TX

Gregory D. Iverson, D.O. - Madigan Army Medical Center, Tacoma, WA

Gene David Joe, D.O. - Plaza Medical Center, Fort Worth, TX

Arash Keyhani, D.O. - UT Health Science Center at Houston, Houston, TX

Kourosh Keyhani, D.O. - UT Health Science Center at Houston, Houston, TX

Jagjit S. Khairah, D.O. - Texas Tech University Affiliate, Lubbock, TX

Patti Rebecca King, D.O. - UT Health Science Center, Corpus Christi Medical Center-Bay Area, Corpus Christi, TX

Mark Kuper, D.O. - Osteopathic Medical Center of Texas, Fort Worth, TX

Lien B. Lam, D.O. - University of Arizona Affiliate Hospital, Tucson, AZ

Cynthia Elaine Larson, D.O. - Good Samaritan Hospital Medical Center, West Islip, NY

Zubair H. Latif, D.O. - Ohio Valley Medical Center, Wheeling, WV

Arthur Joseph Lee, D.O. - Plaza Medical Center, Fort Worth, TX

Brandon Joseph Lewis, D.O. - Lehigh Valley Hospital, Bethlehem, PA

Piper Prescott Lillard, D.O. - Delayed Residency

Verlaine Gutierrez Limbo, D.O. - Summa Health System/Akron City Hospital, Akron, OH

Frank L. Loyd, IV, D.O. - Plaza Medical Center, Fort Worth, TX

Ramandip Kaur Mangat, D.O. - Christus St. Joseph Hospital, Houston, TX

Courtney Renee Marburger, D.O. - UT Medical Branch, Austin Medical Education Programs, Austin, TX

Andrew S. McAdoo, D.O. - Tulsa Regional Medical Center, Tulsa, OK

Sharla Marie McCone, D.O. - UT Medical Branch Hospitals, Galveston, TX

Jennifer Theresa McGaughy, D.O. - Texas Tech University Health Science Center, Lubbock, TX

Brent David Michener, D.O. - Saint John/Detroit Riverview Hospital, Detroit, MI

Elaine Kay Miller, D.O. - Plaza Medical Center, Fort Worth, TX

Amber Magro Moreno, D.O. - University Hospital/Santa Rosa Children's Hospital, San Antonio, TX

Keikhosrow Mosallae, D.O. - Plaza Medical Center, Fort Worth, TX

Farah Munir, D.O. - Cleveland Clinic Foundation, Cleveland, OH

Gregory Allen Newman, D.O. - James H. Quillen College of Medicine/East Tennessee State University, Johnson City, TN

Hoang Huy Nguyen, D.O. - University of Mississippi School of Medicine, Jackson, MS

Lily Nguyen Tran, D.O. - Christus St. Joseph Hospital, Houston, TX

Phuong T. Nguyen, D.O. - UT Health Science Center at San Antonio, San Antonio, TX

Petua A. Okolo, D.O. - St. Paul University Hospital, Dallas, TX

Urmila Parthasarathy, D.O. - Baylor Medical Center, Garland, TX

Chirag Raman Patel, D.O. - Legacy Health System/Emanuel Hospital, Portland, OR

Manish Prahlad Patel, D.O. - McLennan County Medical Education and Research Foundation, Waco, TX

A. Tam Huu Pham, D.O. - Plaza Medical Center, Fort Worth, TX

Khuong Dinh Phan, D.O. - Plaza Medical Center, Fort Worth, TX

Minh Tan Quach, D.O. - Botsford General Hospital, Detroit, MI

Amy Dadura Raines, D.O. - Brackenridge Hospital, Austin, TX

Andrew Loyd Roberts, D.O. - Delayed Residency

Tina Kim Schuster, D.O. - Bi-County Community Hospital, Warren, MI

Sachin Shrenik Shah, D.O. - Brazos Valley Medical Center, Bryan, TX

Deepshikha Sharda, D.O. - Baylor Medical Center at Garland, Garland, TX

Sheree Shen, D.O. - Downey Regional Medical Center, Downey, CA

Kimberly Ann Shields, D.O. - Providence Milwaukie Hospital, Milwaukie, OR

John Patrick Simons, D.O. - Millcreek Community Hospital, Erie, PA

Lynda Brady Stafford, D.O. - Plaza Medical Center, Fort Worth, TX

Justin Joseph Stewart, D.O. - Brooke Army Medical Center, San Antonio, TX

Robyn Dana Stewart, D.O. - McLennan County Medical Education and Research Foundation, Waco, TX

Cynthia Rogers Stuart, D.O. - UT Southwestern Medical Center, Charlton Methodist Hospital, Dallas, TX

Eden Temko, D.O. - National Naval Medical Center, Bethesda, MD

Anita Tharian, D.O. - UT Health Science Center at San Antonio, San Antonio, TX

Christy Erin Thompson, D.O. - Osteopathic Medical Center of Texas, Fort Worth, TX

Nguyen Tran, D.O. - UT Health Science Center at Houston, Christus St. Joseph Hospital, Houston, TX

Hilda Horng-Chyi Tso, D.O. - Grandview Hospital and Medical Center, Dayton, OH

Andrey Tsyss, D.O. - Evanston Hospital, Evanston, IL

Beth Ann Valashinas, D.O. - Osteopathic Medical Center of Texas, Fort Worth, TX

Avinash Vallurupalli, D.O. - UT Southwestern Medical Center, Parkland Hospital, Dallas, TX

Shelly Rene Van Scoyk, D.O. - Osteopathic Medical Center of Texas, Fort Worth, TX

Nancy Ann Varghese, D.O. - Scott and White Memorial Hospital, Temple, TX

Adam David Weglein, D.O. - Maimonides Medical Center, Brooklyn, NY

Erin Carpenter Westerholm, D.O. - Osteopathic Medical Center of Texas, Fort Worth, TX

Eva Lisa Wheatley, D.O. - Driscoll Children's Hospital, Corpus Christi, TX

Kenneth Raymond Wilks, D.O. - UT Southwestern Medical Center, John Peter Smith Hospital, Fort Worth, TX

Dennis Avery Williams, D.O. - Tulsa Regional Medical Center, Tulsa, OK

Carol A. Wood, D.O. - UT Southwestern Medical Center, St. Paul University Hospital, Dallas, TX

Jacob Carmen Yannetta, III, D.O. - South Pointe/Cleveland Clinic, Cleveland, OH

Won Yi, D.O. - Albert Einstein/Montefiore Medical Center, New York City, NY

Gina Marie Zanchelli-Astran, D.O. - University of Medicine and Dentistry of New Jersey/R.W. Johnson University Hospital, Hamilton, NJ

Dual Degrees

Doctor of Osteopathic Medicine/Master of Public Health Degree:

Jill Elaine Evans, D.O., M.P.H. - Mercy Medical Center, Redding, CA

Mark Andrew Gamber, D.O., M.P.H. - Scott and White Memorial Hospital, Temple, TX

Bibas Reddy, D.O., M.P.H. - Ochsner Foundation Hospital, New Orleans, LA

Wesley Mark Theurer, D.O., M.P.H. - Womack Army Medical Center, Fort Bragg

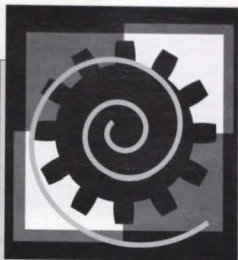
Steven A. Wilkins, D.O., M.P.H. - Corpus Christi Medical Center-Bay Area, Corpus Christi, TX

Doctor of Osteopathic Medicine/Master of Public Health/Master of Science Degree

David Peter Eric Russo, D.O., M.P.H., M.S. - UT Southwestern Medical Center, John Peter Smith Hospital, Fort Worth, TX

Doctor of Osteopathic Medicine/Doctor of Philosophy Degree

Gheath Al-Atrash, D.O., Ph.D. - Cleveland Clinic Foundation, Cleveland, OH



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Sponsored by GlaxoSmithKline, this site offer valuable resources for asthma patients and their families.

In addition, the site offers a children's asthma education CD-ROM game titled "Quest for the Code," in English or Spanish, at no cost.

Narrated by 11 top celebrities, including Shaquille O'Neal, Cuba Gooding, Jr., and Whoopi Goldberg, the game weaves education about asthma management into an adventure sure to appeal to children. Eight educational modules are included in the game, from early warning signs and true asthma symptoms, to how to answer questions from peers about asthma.

To access the CD-ROM asthma educational game, click on the banner found on the above web site. This will link you to the game. Or, you can access the game directly at www.starbright.org/projects/asthma/a/gameinfo.html.

AOA News

Getting Ready for HIPAA

by Janet Horan, J.D., Director
AOA Division of Socioeconomic Affairs

HIPAA Overview

The Health Insurance Portability and Accountability Act of 1996, enacted in 1999, was intended to provide for the waiver of pre-existing provisions for persons who move from one employer to another. Other provisions were added, such as funding for the Health and Human Services (HHS) Office of the Inspector General to investigate Medicare fraud and abuse and an administrative simplification section.

The Administrative Simplification includes three portions: Transaction Code Sets, Security and Privacy. The Transaction Codes Sets provisions were to be effective as of October 2002 but Congress recently extended the date for one year. However, to get the extension, a physician, a health plan or other entity falling with the provision must apply for an extension by October 16, 2002. The application for extension must set forth a plan for implementation.

An exception to compliance with the transaction code sets provisions is made for entities, physicians included, who have ten employees or less. The exception only applies to the transaction code sets provisions. Failing to file for an extension if not in compliance can result in exclusion from the Medicare/Medicaid programs. An extension application form can be found on the AOA web page in the "Practice Management" section of DO-Online. The application form can be filed electronically and will provide the physician with a receipt that it was in fact filed. Applications sent by fax or other means will not have such a receipt.

Transaction Code Sets Provisions

The Transaction provisions require standardization of electronic formats for the transmission of claims, electronic remittance advice, eligibility, authorization, pharmacy information, enrollment information, coordination of benefits, and first notice of claim. The provisions also require the elimination of the use of local codes. As a result, the physician's office should eventually become more efficient in processing claims. Eventually, reimbursement will also be made electronically. Electronic eligibility verification will simplify claims submission. Insurers claim that 30-40% of rejected claims are for missing member ID numbers or other information that can be gathered through electronic means. In addition, physicians will be able to track claims submitted electronically in real time.

Security Regulations

Final rules for electronic health information and electronic signatures have not been issued. These regulations relate to physical control of health information, such as the transmission, storage and receipt of data.

Privacy Regulations

The regulations governing the privacy of patient identifiable health information will be effective April 14, 2003. Physicians need to take reasonable measures, which can be flexible, scalable, to proactively control the privacy of patients' health care information. Physicians do not need to remodel their offices to meet the privacy requirements. HHS recognizes that privacy of health information cannot be absolutely guaranteed. Common sense should prevail.

Preemption

The federal HIPAA statute and regulations do not preempt state law. However, the federal HIPAA regulations do establish a floor. As a result, whichever statute or regulations, either state or federal, is stricter will be the prevailing standard. As many states have medical record privacy regulations, physicians need to be concerned with both sets of regulations. Physicians should contact their state medical society for state specific information on privacy. In reality, physicians should already be following the state regulations.

Intent of the HIPAA Privacy Statute and Regulations

The Department of Health and Human Services (HHS) states that the three main purposes of the HIPAA Privacy rule are as follows:

- To protect the rights of patients by providing them access to their protected health information and the ability to control the use and disclosure of the information.
- To restore public's trust in the healthcare delivery system.
- To improve the efficiency and effectiveness of healthcare delivery in the United States by creating a national framework for healthcare privacy.

Who is Subject to HIPAA?

Health care entities that are considered to be covered directly by HIPAA are as follows:

- Health plans
- Health care clearinghouses
- Providers (defined as physicians and all others that provide health care services directly, such as paramedics, dentists, social workers, etc.)
- Facilities (defined as hospitals, dialysis centers, home health agencies, skilled nursing facilities, hospice programs, etc.)
- Others, such as pharmacies, DME suppliers, ambulance services, etc.

Health care entities considered to indirectly provide health care services and need business associate contracts since they are exposed to protected health information are entities such as billing agents, accountants, collection agencies, cleaning personnel, etc. These entities are not part of the physician's workforce, but may be an independent contractor or other "business associate". (A model "business associate" agreement can be found in the AOA's HIPAA manual on the AOA web page.)

A covered entity, such as a physician, is responsible for violations of the HIPAA privacy regulations by business associates who receive covered health information. If a physician knows of a violation by a business associate, the physician must take reasonable steps to remedy the situation and prevent it from happening again. If the physician is not successful in correcting the situation, the physician must terminate the contract or report the violation to HHS.

Protected Health Information

Protected health information is any health information (including demographic information) relating to the patient's past, present or future physical or mental health or condition, the provision of health care or the past, present or future payment for it.

Protected health information may be created/received by provider, plan, employer or clearinghouse. Individually identifiable health information is information that presents a reasonable basis to believe the information can be used to identify the individual. The information may be in any medium - written, verbal, electronic, fax, etc.

With this in mind, physicians need to consider the ramifications of leaving a voice mail message or an e-mail message for a patient that might be received by someone else. (Family members not entitled to health information of other members of the family.)

Exception for Treatment, Payment or Operations (TPO)

Identifiable health information can be used by the physician for treatment, payment or operations of practice (TPO) without a problem. The operations of the practice can include such activities as quality assurance, case management, training programs, accreditation, and general administrative activities. The privacy regula-

tions do not apply for these activities. However, the physician needs to get consent of patient prior to treatment. Such consent will be valid as long as patient remains a patient with the physician.

If health information is "de-identified" or all identifiable information is removed, the health information will not be subject to the privacy regulations. Health information is "de-identified" if there is almost no possibility that a reasonable person could identify the individual from the remaining information. The privacy regulation has a list of identifiers that must be removed to be considered "de-identified."

Patient Consent

For TPO purposes, physicians must obtain consent for the use of protected health information. HHS has indicated that an existing consent form, which might be currently in use by a physician, could continue to be acceptable. The new standards for the consent form could then begin with new patients.

Consent is not required when a physician consults with another physician, in emergencies, or when the physician is required by law to treat the patient. Also consent is not required when it is impossible to obtain consent due to substantial barriers to communication. Under this situation, consent is inferred.

The privacy regulations require that consent be in plain language and inform the patient about the potential uses of the health information. The consent must also inform the patient of the right to restrict the uses of the information, be signed and dated and be revocable. Physicians do not have to treat patient who refuses to sign a consent form - except if required to treat by law or in an emergency situation.

Patient Authorization

Patients may authorize health information to be used for a specific purpose other than TPO, such as employment, financial, or research purposes. The physician may not condition treatment on refusal to sign an authorization form. Required elements of a valid authorization are a description of information requested in a specific and meaningful manner, the name of person authorized to make the requested disclosure, the name of the person to receive the information, and a statement as to the individual's right to revoke the authorization.

In addition, the authorization form must contain a warning that the information may be redisclosed and will not be protected by federal privacy regulations. Other requirements include the right to refuse to authorize the disclosure, the disclosure of any direct or indirect remuneration to the covered entity, the expiration date, patient signature, and current date. The privacy regulations provide specific authorization requirements for research and marketing activities.

"Minimum Necessary" Disclosure

The privacy regulations require that physicians have policies in place to limit disclosure of health information to the "minimum necessary". What is considered to be the "minimum necessary" information to be disclosed is a judgment call by the physician. For example, a consulting physician may need the

entire medical record. On the other hand, a health plan may only need the medical record that relates to a specific claim. This requirement is intended to prohibit requests from various sources for the patient's entire medical record. The physician and the patient now can refuse such requests. Of course, if the patient authorizes the physician to release the entire medical record, the physician must comply.

The "minimum necessary" requirement also extends to the physician's staff. Only the staff that needs to know should have access to patient health information. If the staff is small, this may mean that all will need to know all patient health information to do their jobs properly. However, if the office is large, health information should be limited to those staff members who absolutely need to know.

Individual Patient Rights

Under the privacy regulations, an individual retains the right to inspect and obtain a copy of their health information and request an amendment to the information. Such amendment cannot alter the actual medical record, but instead creates an additional entry in the record. Patients can also request and receive an accounting of disclosures of their health information, as well as request restrictions on the use and disclosure of their health information. Patients can also request and receive communication of protected health information at alternative locations and/or by alternative means when reasonable.

Administrative Requirements

The privacy regulations state that whatever administrative processes are used by the physician to implement this regulation they can be flexible and fit the physician's individual circumstances. Not all privacy programs will be the same. However, the following are some minimum requirements that must be met:

- The physician must establish a Privacy Officer who is appointed to receive complaints concerning privacy issues. This individual can be the physician or another trusted employee.
- A training program must be established to train the entire staff on policies and procedures for privacy. Such training must be appropriate for the staff and their duties.
- Privacy policy and procedures must be established, but can be scalable and flexible. These policies and procedures must be reasonably designed and documented to comply with the privacy regulations.
- The physician should establish an internal complaint process for violations of the privacy requirements. However, the physician is not required to respond to complaints, but must only document them. Even though not a requirement, a physician would probably want to respond anyway.
- The physician must establish employee sanctions to handle employee violations of the privacy regulations. No retaliation can be given an employee for whistle blower activities or workforce opposition to policies.
- The physician must have a plan to mitigate the harmful effect of violations of inappropriate disclosure. This includes disclosure by the physician's workforce or by the physician's business associates.

ness associates. (The AOA HIPAA privacy manual provides a more detailed discussion of these requirements.)

Penalties and Enforcement

Compliance with the HIPAA privacy regulations is mandatory-not voluntary. Civil penalties of \$100 per violation can be imposed. Total penalties per year cannot exceed \$25,000 per year for all violations of a single requirement or prohibition. In addition, criminal penalties can also be imposed. Wrongful disclosure can result in up to \$5,000 in fines and/or one-year jail time. Gaining protected health information under false pretenses can result in fines up to \$100,000 and/or five years in prison.

Protected health information disclosed for profit and/or with malice can result in fines up to \$250,000 and/or ten years in jail. Enforcement of the privacy regulations is through the HHS Office of Civil Rights (OCR). OCR will receive and investigate complaints and conduct a compliance review. Violators will have thirty days to correct situation before fines and/or jail time will be imposed. If a physician is subject to a complaint and review by the OCR, the physician needs to provide records and a compliance report. The physician must cooperate with the investigation. Enforcement regulations relating to the actual process of enforcement, including the investigation have not been issued.

Beginning a Compliance Program

The HIPAA privacy compliance manual contained on the AOA web page in DO-Online has a step-by-step approach to compliance. All necessary forms, including a model business contract, are available in this manual. The manual is free to AOA members and can be downloaded so as to include the name of the physician's practice on the forms.

In brief, the process of beginning a compliance program is as follows:

- Appoint a privacy official.
- Conduct a risk assessment and gap analysis for current privacy policies and procedures. (Exhibit 2 in the manual contains a chart to conduct a walk-through of your practice.)
- Inventory the protected health information contained in your practice.
- Inventory your business associates - attorneys, accountants, data processing, billing companies, practice management companies.
- Conduct an assessment of applicable state law.
- Gather and compare existing confidentiality agreements.
- Coordinate employee education and begin privacy awareness training.
- Gather and compare your existing privacy policies and procedures.

Conclusion

Most physicians' offices already know how to handle confidential patient health information. Complying with the HIPAA

privacy regulations should not require tremendous changes. As the regulations indicate, each practice can modify the requirements to meet their particular circumstance. Major remodeling or restructuring of your office or practice should not be required. Simply becoming more aware of how health information is currently handled in your office is a beginning. Physicians and their staff probably can handle any modifications needed to comply with the privacy regulations. Consideration of hiring consultants to bring your office in compliance with HIPAA should only be done after a review of the free AOA manual.

The Division of Socioeconomic Affairs has created a practical how-to-manual that explains how a physician's office can implement a HIPAA privacy compliance program for their office which needs to be in place by April 14, 2003. At this time, the manual covers only the HIPAA privacy regulations, but when the HIPAA Security regulations are issued in final form, a Security supplement will be issued. This manual was drafted in conjunction with consultants from Gates, Moore and Company in Atlanta, Georgia, with legal review by the Epstein, Becker and Green law firm. The manual is free to members on DO-Online, which can be accessed through the AOA web page at <www.aoa-net.org>. If a member cannot download the manual, the Division will provide members a copy for \$50. Please call the American Osteopathic Association order department at 800-621-1773 extension 8254. This manual contains a step-by-step plan to review the practice's current privacy procedures for patients' medical records and other patient health information to determine what additional procedures need to be implemented to be in compliance. Model forms for patient consent and authorization, forms to track releases of patient information, and a model business associate contract are also included in the manual. The manual contains information on web sites that the physician can use to keep up-to-date on HIPAA regulations.

For questions on the manual, contact Janet Horan, J.D., Director, AOA Division of Socioeconomic Affairs at 800-621-1773, extension 8187 or by e-mail at <jhoran@aoa-net.org>.

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NEWS

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



(L to R) Ross Carmichael, D.O., Joseph LaManna, D.O. and Ronald Blanck, D.O.

UNT Health Science Center Strengthens Its Commitment to Geriatric Care

The University of North Texas Health Science Center is now the home of the first endowed chair in clinical geriatrics among all osteopathic medical schools. Dallas Southwest Osteopathic Physicians, Inc. (DSWOP) donated \$1.2 million, the single largest gift in its history, to the health science center to create the endowment.

The endowment is intended to serve as a permanent catalyst for expanded clinical geriatric services to older adults and their caregivers in North Texas. In addition, it allows the health science center to provide expert training and mentoring in geriatrics for osteopathic medical students, residents in training, and geriatric fellows.

A non-profit organization, DSWOP was established with proceeds from the 1983 sale of Stevens Park Osteopathic Hospital. It has since distributed over \$11 million in grants to more than 150 different organizations.

"DSWOP continues to demonstrate a strong commitment to UNT Health Science Center," said Joseph LaManna, D.O., DSWOP chairman. "With this gift, we've more than doubled the amount of support we've provided to the health science center over the years."

Previous grants from DSWOP to UNT Health Science Center totaled \$1.187 million. DSWOP has provided the primary funding for the Continuing Medical Education office since 1985, a total of \$980,000. In 1992, it also established a loan/scholarship program for senior medical students. To date, 11 medical students have participated in the program.

The endowed chair in clinical geriatrics further cements the health science center's commitment to improving the care provided to the growing population of those over age 65. The center was among the first in the country to offer specialized medical training in geriatric care and conduct research into aging issues.

UNT Health Science Center was the first medical school in the Dallas-Fort Worth area to establish a geriatric fellowship program so that physicians could receive advanced training in caring for elderly patients.

"Older patients need specialized care because they live with a greater variety of health problems and take more medications," said Janice Knebl, D.O., a fellowship-trained geriatrician who serves as chief of the health science center's Division of Geriatrics.

In addition to its clinical geriatrics programs, UNT Health Science Center is also home to some of the leading research in the field of aging. At its Institute for Aging and Alzheimer's Disease Research, scientists are examining ways to detect Alzheimer's disease early and testing new drug therapies that offer hope for the prevention or treatment of neurological disorders.



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MedPAC Proposes Physician Update Formula

Will Congress Act?

by Laura E. Loeb

You may have noticed a reduction in your Medicare reimbursement lately. Medicare payments to physicians dropped an average of 5.4 percent since the 2002 physician fee schedule went into effect on January 1. Despite aggressive lobbying by physicians and other providers paid under the fee schedule, neither the administration nor Congress acted to stop the pay cut prior to the start of 2002. Now organized medicine is keeping the pressure on to fix this year's payments, as well as the flawed formula that produced the cut, so payments for 2003 and beyond will not be subject to such steep reductions.

The Problem

The physician fee schedule for 2002 includes the largest cut to physician payments in a decade. The final rule set the conversion factor at \$36.1992, which is 5.4 percent below last year's level. While the precise effect of the cut on a physician's income depends on the services the physician provides and the number of Medicare patients he or she treats, this is a significant change for physicians in general. The 5.4-percent cut comes after several years of 4.5- to 5-percent increases in the conversion factor. Early estimates predict similar cuts for 2003 and 2004, followed by small increases after that. In other words, the conversion factor is not expected to exceed \$36 for at least the next 10 years.

These fluctuations in the conversion factor could produce access problems for Medicare patients. Physicians are essential to the Medicare program but if they are not paid adequately, they may not be able to afford to treat Medicare patients. If these cuts continue as predicted, some physicians might limit the number of Medicare patients they treat, leaving patients with fewer options. Physicians might also retire earlier, forgo investments in new technology, or provide less charitable care.

The Formula

Medicare payment experts have known for several years that the physician update formula could produce a dramatic

payment cut. The Medicare Payment Advisory Commission (MedPAC) first commented on this possibility in 1999, when it explained that the current formula was likely to cause unstable payments to physicians. Although some corrections have been made to the formula since then, the most significant problems have not been addressed.

Most of the problem lies in the sustainable growth rate (SGR), a spending target at the heart of the payment update formula. The SGR is designed to keep total Medicare payments to providers over several years within a "sustainable" level. It bases the update amount on changes in fees paid to physicians, growth of enrollment in the Medicare fee-for-service programs, changes in laws or regulations, and the growth of the overall economy as represented by the per capita gross domestic product (GDP). If these factors rise, the target level of Medicare payments to physicians also rises. If they fall, the target also falls. If spending exceeds the target, payments may be reduced in the following years to bring total payments to physicians back in line with the long-term goal.

Critics of the SGR, including MedPAC, believe that it is flawed because it ties payment updates to irrelevant data. The GDP, in particular, is irrelevant because it measures the level of production in the economy as a whole, not America's need for healthcare services. Unlike demand for commercial goods, the

demand for healthcare does not decline when the nation is in a recession. Although GDP growth slowed in 2001, the demand for healthcare did not decline and is not expected to decline in the future.

Another problem with the update formula is in the Medicare Economic Index (MEI), the formula used to measure the inflation of input prices for physician services. This formula is supposed to account for increases in the cost of office space, supplies, and support staff. The data that are used, however, are not focused specifically on healthcare but on all industries. For example, the figures for productivity growth represent all non-farm labor, not just physicians. These numbers tend to underestimate the increases in the actual cost of operating a practice. Over time, these errors will increase the gap between the cost of patient care and the level of Medicare reimbursement.

In addition to the data problems, perhaps the largest problem with the update formula is that its most basic assumptions are flawed. The update assumes that an expenditure target is an appropriate tool to use to limit increases in spending on physician services. The idea behind the target is that it would provide physicians with an incentive to control the volume of services they provide.

Rather than updating physician payments based on changes in their costs, the formula sets payments based on an aggregate volume measurement that is beyond the control of any single physician. If all physicians limited the volume of their services to keep spending within the range of the target, they would be rewarded with higher payments.

In reality, individual physicians who limit their volume are not rewarded with sufficient payment increases to offset their reduced volume. When a physician experiences a cut in payments, he or she is more likely to increase the volume of services to compensate for the lost income. What may be rational for the entire physician community is not rational for a single physician. Therefore, no single physician acts as predicted by the formula.

continued on next page

The MedPAC Proposal and Response

MedPAC, in its March 2002 report to Congress, acknowledged that the two goals of the update formula - setting payments to account for changes in the cost of providing services and controlling spending by using an expenditure target - are incompatible. To create a system that sets prices fairly and accurately, MedPAC recommended that Congress and the Secretary of Health and Human Services repeal the SGR and replace it with a formula similar to that used for other providers.

The proposed formula would base update changes on changes in input prices, minus an adjustment for productivity growth. The spending target would be eliminated. This would help physician payments keep pace with increases in the cost of operating a practice, without imposing unfair restrictions on spending growth overall. MedPAC also proposed setting the update for 2003 at +2.5 percent, which is significantly higher than the -5.7 percent currently forecasted.

The MedPAC proposal differs from the current formula by taking into account productivity growth in all inputs, not just labor. The current MEI measures labor productivity, or the comparison of growth in amount of care provided to the growth in time spent. The MedPAC recommendation would measure other inputs, including office space, medical supplies, and equipment. This would gauge changes in physician productivity more accurately by also measuring changes in how physicians practice, not just how much time they spend. For example, it

would measure the cost of new time-saving technology as well as the time saved by using that technology.

Rep. Nancy Johnson (R-Conn.) responded by introducing the Preserving Patient Access to Physicians Act (H.R. 3882) that would implement the MedPAC proposals. This bill joins H.R. 3351 and S. 1707—introduced in 2001 to set the 2002 update at -0.9 percent as possible legislative solutions to this problem. A large majority of each house has signed on to cosponsor H.R. 3351 and S. 1707. However, budget constraints have blocked their passage.

Obstacles to Reform

Unfortunately, changing the update formula comes at a considerable cost. The most conservative estimate is that changing the formula will cost \$40 billion over 10 years, while one estimate put the price of the MedPAC proposal at \$128 billion. Adding to the budgetary pressure is President Bush's proposed budget for 2003, which states that, although the administration will work with providers to address payment concerns, any changes to provider payments must be made in a budget-neutral manner within the Medicare budget. In other words, if physicians are going to get more money, some other provider will need to get less.

Moreover, physicians are not the only group seeking improved reimbursement. Hospitals, home health agencies, and Medicare+Choice health plans all seek increased payments. The administration's insistence on offsetting any increases to one group with cuts to another means that all of these groups are vying for the same pot of money. Physicians will need to be particu-

larly active in letting their congressmen know how this year's cut, and the predicted cuts in the future, will affect their ability to treat Medicare patients.

An additional obstacle is the administration's strong support of the current formula. Thomas Scully, administrator of the Centers for Medicare and Medicaid Services (CMS), firmly believes the update formula works as planned, even with payment swings. As one of the architects of the formula, he believes that a target is essential to controlling Medicare spending. He is reluctant to support any legislative or administrative changes that would remove the target.

Furthermore, when CMS has used its discretion in changing the update formula, it has acted to cut payments. One of the changes to the SGR in recent years was to require CMS to update the numbers used in the formula when more accurate data became available. Congress made this change to allow the CMS to correct its early, and often flawed, estimates that unfairly produced lower payments.

In practice, when CMS corrects its estimates, it continues to calculate lower payments. Although CMS is now using more accurate data, the payment increases produced by this data are offset by corrections to other errors the agency has found. For every physician-requested correction that raises payments, CMS has identified and corrected an error that lowers payments. As a result, CMS claims that spending in 1998-2000 was higher than previously thought and that the GDP is lower than previously measured. This means that spending exceeded the targets by more than previously expected, triggering a cut in the 2002 payments.

Conclusion

The future of Medicare payment updates depends on whether Congress will fix the formula this year.

Laura E. Loeb is a partner in the Washington, D.C., law firm of Hogan & Hartson. She is retained by the ACOS as a governmental affairs consultant.

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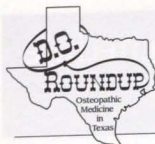
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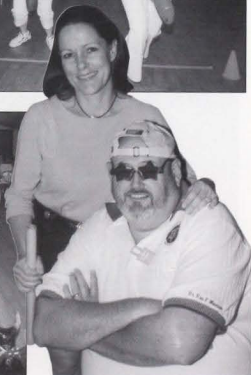
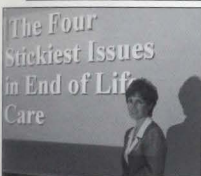
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