Texas DO

Texas Osteopathic Medical Association

September, 1989

GROWING UP HEALTHY...

IT'S EASIER WHEN YOUR DOCTOR'S A D.O.

SEPTEMBER
10-16, 1989

NATIONAL OSTEOPATHIC MEDICINE WEEK

TOMA is Celebrating its 90th Birthday

Viva

El Paso

at the

91st Annual Convention & Scientific Seminar

May 3-5, 1990 El Paso, Texas

Texas DO

Texas Osteopathic Medical Association

September, 1989

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ON THE COVER

National Osteopathic Medicine Week is slated for September 10-16, 1989. This year's national slogan is "Growing Up Healthy . . . It's Easier When Your Doctor's A D.O." The AOA urges all osteopathic physicians and osteopathic affiliates to join in and celebrate "NOM Week."

FEATURES

DEPARTMENTS

PHONE

For Your Information

American Osteopathic Association	312/280-5800 800/621-1773
Washington Office	202/544-5060 800/962-9008
American Osteopathic Hospital Association	703/684-7700
Professional Mutual Insurance Company Risk Retention Group	800/821-3515 816/523-1835
TOMA Malpractice Insurance Program: For Premium Rates, Enrollment & Information	800/544-8560
Texas College of Osteopathic Medicine	817/735-2000 Dallas Metro 429-9120
Medicare Office:	
Part A Telephone Unit	214/470-0222
Part B Telephone Unit	214/647-2282
Profile Questions	214/669-7408
Provider Numbers:	
Established new physician (solo)	214/669-6162
Established new physician (group)	214/669-6163
All changes to existing provider number records	214/669-6158
Texas Medical Foundation	512/329-6610
Medicare/CHAMPUS General Inquiry	800/999-9216
Medicare/CHAMPUS Beneficiary Inquiry	800/777-8315
Medicare Preprocedure Certification	800/666-8293
Private Review Preprocedure Certification	800/666-9225
Texas Osteopathic Medical Association	817/336-0549 in Texas 800/444-TOMA Dallas Metro 429-9755
TOMA Med-Search	in Texas 800/444-TOMA
TEXAS STATE AGENCIES:	
Department of Human Services	512/450-3011
Department of Public Safety:	
Controlled Substances Division	512/465-2188
Triplicate Prescription Section	512/465-2189
State Board of Health	512/458-7111
State Board of Medical Examiners	512/452-1078
State Board of Pharmacy	512/832-0661
State of Texas Poison Center for Doctors & Hospitals Only	713/765-1420 800/392-8548 Houston Metro 654-1701
FEDERAL AGENCIES:	
Drug Enforcement Administration:	
For state narcotics number	512/465-2000 ext 3074
For DEA number (form 224)	214/767-7250
CANCER INFORMATION:	
Cancer Information Service	713/792-3245 in Texas 800/392-2040

Calendar of Events

SEPTEMBER

10-16

"National Osteopathic Medicine" Week

OCTOBER

7-8

"Mid-Year Conference/ Legislative Forum"
Texas Osteopathic Medical Association
15 Hours CME
Sheraton CentrePark Hotel
Arlington, Texas
Contact: TOMA
226 Bailey Avenue
Fort Worth, Texas 76107
817/336-0549

NOVEMBER

12-16

AOA Annual Convention
Anaheim, CA
Contact: AOA
142 E. Ontario
Chicago, Ill 60611
1/800-621-1773

MAY

3-5

91st Annual Convention & Scientific Seminar
Texas Osteopathic Medical Association
Westin Paso Del Norte
El Paso, Texas
Contact: TOMA
226 Bailey Avenue
Fort Worth, Texas 76107
817/336-0549

Texas Delegates Report on AOA House

BILL H. PURYEAR, D.O.
Report on Ad Hoc Committee

It was my pleasure to serve as a member of the Ad Hoc Committee. Following are the actions that were taken:

Resolution 245 — *Small States: Physician Location Assistance*

This resolution states that the American Osteopathic Association shall provide professional assistance to implement and direct an AOA Physician Location program with emphasis in the critical-need states and that this information be made to every D.O. and Osteopathic medical student.

PASSED

Resolution 246 — *Small States: Assistance by Other States*

This resolution encourages liaison between state organizations, whether formal or informal.

PASSED

Resolution 251 — *Inflammatory and Unethical Advertising by Attorneys*

This resolution uges the American Bar Association to encourage the maintenance of high ethical standards.

PASSED

Resolution 253 — *Multiple Prescription Programs*

This resolution supports more effective cost-efficient approaches for dealing with the problem; and that the American Osteopathic Association, The Pharmaceutical Industry, Law Enforcement and Government Agencies continue to cooperate in any way possible to stop prescription drug abuse as a threat to the health and well-being of the American public.

PASSED

Resolution 255 — *Anabolic Androgenic Steroids and Substance Abuse.*

This resolution opposes the use of doping substances such as anabolic androgenic steroids or techniques by athletes and others, for the purpose of enhancing athletic performance or physical appearance, as dangerous, unethical and undermining of the basic principles of sport competition, and principles of good health. It also opposes the deliberate use of non-food substance for clinical manipulation or naturally occuring body substance to enhance sporting achievement, known as "Doping" as threatening to the health and unethical and is therefore strictly forbidden; and that the ingestion of banned substances for enhanced sporting performances is an insult to every other competitor and therefore when officially detected, should result in immediate ineligibility from competition, according to the rules of the governing federation.

PASSED

MARY M. BURNETT, D.O., FACGP and
ROYCE KEILERS, D.O., FACGP
Report of Public Affairs Committee

The following resolutions were debated and are reported as follows:

Resolution 200 — *Medicare — Medically Unnecessary Services.*

This resolution calls upon Congress and the Health Care Financing Administration (HCFA) to revise the unnecessary services program to clarify that patient notifications should not question the judgement of physicians, nor in any way imply that the physician wishes to provide an unnecessary service; and that their Medicare carriers be required to provide timely, complete information to physicians on the criteria they used to determine "medical necessity"; and that the AOA urges its divisional societies to discuss this issue with their members of Congress.

PASSED AS AMENDED

Resolution 204 — *Care for the Medically Indigent*

This resolution opposes mandatory assignment in all forms, does encourage osteopathic physicians to forgo balance billing for those medically indigent patients who apply for, and receive, designation as Qualified Medical Beneficiaries.

PASSED

Resolution 205 — *Congressional Bill PL 99-660*

This resolution asks that the AOA initiate steps to attain a more clear definition of the breadth of information which can be obtained by the data banks; and that the AOA take necessary steps to seek legislative or judicial relief which would limit the type of information that can be garnered by the proposed data bank; and that the AOA attempt to influence the budget proceedings to impede the funding of the opposed data bank.

DISAPPROVED

EXPLANATORY STATEMENT: This data bank is being implemented with full osteopathic input. Complete information on the data to be collected has been provided to all divisional societies and practice affiliates. The bank will not be federally funded, but will be funded by users fees.

Resolution 209 — *Public Relations Campaign*

This resolution asks that the American Osteopathic Association consider an aggressive public relations campaign, aimed at the general public but especially targeting participants in government-supported medical programs.

(A) Illustrating that osteopathic physicians are being faced with escalating outside controls which affect their delivery of health care, such as Medicare's medically unnecessary program; Medicare's uncovered services; Medicare's MAAC; Medicare's DRG program; Availability and costs of malpractice insurance, discontinuation of coverage for OMT by private insurance carriers; and

(B) Illustrating how osteopathic physicians are adapting creatively to these controls while, at the same, continuing to serve their patients in the osteopathic tradition.

PASSED AS AMENDED

Resolution 218 — *Biomedical Wastes*

This resolution spearheads communication with the Environmental Protection Agency that would seek closed communications and sharing of information with all national

associations whose members would be directly affected by any new regulations regarding the disposal of biomedical wastes.

PASSED

Resolution 219 — *Medicare Regulations*

This resolution would institute recognition of a policy opposing the discriminatory stance regarding non-participating physicians; and ask that the AOA reaffirm its position of supporting freedom of patient choice of physicians.

DISAPPROVED

EXPLANATORY STATEMENT: This is presently covered by existing AOA policy and further defined in resolution number 254.

Resolution 222 — *Health Care Financing Administration (HCFA) Direct Payments on Medicare Claims to Participating Physicians*

This resolution asks that the AOA urge the Health Care Financing Administration (HCFA) to make direct payments on a patient's Medicare claims to participating physicians, regardless of whether Medicare is the patient's primary or secondary insurer.

DISAPPROVED

EXPLANATORY STATEMENT: It may not be in the best interest of physicians in that they would limit payment to MAAC whether or not it was billed to the primary or secondary insurer.

Resolution 223 — *Medicare's Maximum Allowable Actual Charge (MAAC)*

This resolution denounces implementation of Medicare's maximum allowable actual charge (MAAC) fee ceiling as "discriminatory" and shall work for the repeal of MAAC's.

PASSED

Resolution 225 — *Uniform Procedural Coding*

This resolution urges and supports the universal adoption and exclusive use of the procedural portions of the ICD 9 CM Coding System for claiming reimbursement for OMT.

DISAPPROVED

EXPLANATORY STATEMENT: Resolution 220 endorses a coding system for osteopathic treatment. The ICD 9 CM Coding System is for diagnosis not procedure.

Resolution 228 — *Aircraft Emergency Medical Supplies*

This resolution asks that the policy adopted by the AOA House of Delegates in July, 1984 on "Aircraft Emergency Medical Supplies" be amended and approved. It also supports the concept that the national airlines and the Federal Aviation Administration maintain a policy for adequately equipping commercial aircraft with at least minimal diagnostic and emergency medical supplies; and that any physician providing medical emergency service while on a flight be immune from any liability or legal action.

PASSED

EXPLANATORY STATEMENT: The FAA now requires medical supplies to be provided on commercial flights. Good samaritan protection, however, is not provided.

Resolution 230 — Death: Right to Die

This resolution asks that the policy adopted by the AOA House of Delegates in July, 1984 on "Death: Right to Die" be amended and approved: The decision to cease or omit treatment to permit a terminally ill patient whose death is imminent to die shall be based upon the wishes of the patient or his family or legal representative if the patient is incompetent to act on his own belief.

PASSED AS AMENDED

Resolution 234 — *Health Care, Economics*

That the policy adopted by the AOA House of Delegates in July, 1984 on "Health Care, Economics" be reaffirmed:

1. The health care of the American people will continue to be best promoted by preserving pluralism, freedom of choice and freedom of enterprise among providers of health care.
2. The health professions must share the responsibility for promoting cost consciousness in health care delivery.
3. Cost containment measures, be they private or governmental, must never be allowed to interfere with the delivery of quality medical care.
4. The impact of astronomical medical liability insurance premiums and the costs incident to defensive medical practices as a result of the present medical claims determination process (tort system), must be addressed as a part of health care cost containment.
5. Greater emphasis on preventive medicine and primary care, through more enlightened payment mechanisms, is essential to the overall reduction of health care costs and the general improvement of the nation's health.
6. Financing mechanisms must be developed which incorporate incentives to encourage cost-effective management of health care resources without impairing the capacity of the system to meet the needs of patients or reducing the quality of the care rendered.
7. All persons who are able to should contribute to the cost of their own health care.

PASSED

Resolution 237 — *HMO Advertising by Health and Human Services (HHS)*

This resolution asks that the policy adopted on July, 1984 by the AOA House of Delegates on "HMO advertising by Health and Human Services (HHS)" be deleted

PASSED TO DELETE

EXPLANATORY STATEMENT: The Department of Health and Human Services has discontinued the demonstration project addressed in this policy.

Resolution 238 — *IBS Fixed-Combination Drugs*

This resolution asks that the policy adopted in July, 1984 by the AOA House of Delegates on "IBS fixed-combination drugs" be deleted.

PASSED TO DELETE

EXPLANATORY STATEMENT: This position is no longer relevant.

Resolution 240 — *Legislation for Limitations on Professional Liability Claims*

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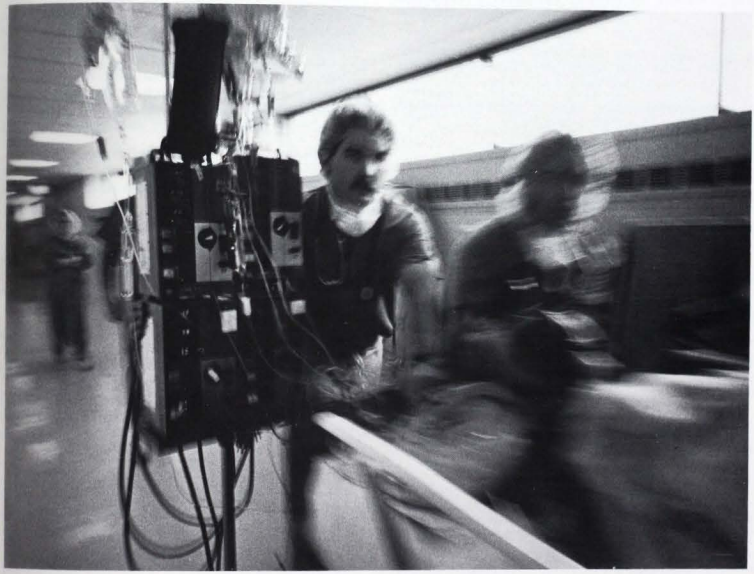

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This resolution asks that the policy adopted by the AOA House of Delegates in July, 1984 on "Legislation for Limitations on Professional Liability Claims" be editorially corrected and approved.

It asks that the AOA does herewith urge the passage of legislation which would address this constantly increasing problem.

PASSED

Resolution 244 — *Reimbursement for Medicare Services*

This resolution asks that the policy adopted by the AOA House of Delegates in July, 1984 on "Reimbursement for Medicare Services" be amended and approved. This resolution states that any new payment system implemented by Congress should:

1. Return third parties to their proper role as reimbursers and eliminate their inappropriate involvement in matters affecting patient care;
2. More effectively involve patients in the determination of the source and cost of their care;
3. Reduce health-care costs;
4. Improve access to all types of health care services;
5. Reduce government interference in and controls over the private practice of medicine;
6. Insulate the osteopathic profession from exclusion under private and/or government-sponsored preferred provider contracts or plans; and
7. Enhance physician-patient communication.

PASSED

Resolution 250 — *Student Loan Interest Deductions*

This resolution asks that the AOA petition the appropriate federal agencies to reinstate student loan interest tax deductions.

PASSED

Resolution 252 — *Income Tax Credit for Physicians Who Participate in Medicare*

WITHDRAWN

Resolution 254 — *Discrimination on Medicare*

This resolution asks that the AOA petition Congress to rescind all provisions that discriminates against non-participating physicians; and that the Explanation of Medicare Benefits state nothing more than the reimbursement allowed for the indicated service.

PASSED

ROBERT G. MAUL, D.O., FACGP
Report on Ad Hoc Committee

Resolution 206 — *OMT in a Prepaid Environment*

This resolution establishes a task force to research the issue and meet with representatives of the insurance industry to work out a mutually satisfactory solution to this reimbursement inequity; and, that barring success of this avenue, the AOA seek relief through the federal courts and/or the Federal Trade Commission for restraint of trade.

DISAPPROVED

EXPLANATORY STATEMENT: This resolution was covered by Resolution No. 220.

Resolution 207 — *Health Maintenance Organizations (HMOs)*

This resolution asks the AOA to support legislation mandating that a Health Maintenance Organization receiving Federal funds afford all physician providers an appropriate hearing and appeal process prior to termination.

PASSED AS AMENDED

Resolution 213 — *Detection and Assistance of Victims of Domestic Violence*

This resolution asks that the AOA register its support of Federal campaigns against domestic violence and endorses inclusion of courses in medical schools on adult domestic violence; and that all osteopathic physicians be encouraged to be on the alert for clues for domestic violence against women and be prepared to advise such women of resources and methodology available to assist such victims.

DISAPPROVED

EXPLANATORY STATEMENT: This resolution was disapproved because there are existing policies on: Abused Persons, the Elderly and Child Abuse.

Resolution 215 — *Teenage Suicide Prevention*

This resolution asks that the AOA endorse the identification and prevention of teenage suicide through suicide education programs for osteopathic physicians, and that the community programs be developed for identification, screening and treatment of high teenage suicide risks.

PASSED

Resolution 221 — *CME Category 1-B Credit — D.O.'s on Non Osteopathic Hospital Staffs*

This resolution asks that the AOA Committee on Continuing Medical Education be urged to allow a certain number of hours under Category 1-B for CME activities obtained by D.O.'s in non-osteopathic hospitals.

DISAPPROVED

EXPLANATORY STATEMENT: This resolution was disapproved due to the fact that present mechanisms are being implemented to make CME credit accessible to D.O.'s throughout the country.

JAMES W. LIVELY, D.O.
Report on Constitution and Bylaws

For the 1989 Meeting of the AOA House of Delegates, I chaired the Committee on Constitution and Bylaws. The House took two actions involving the Constitution and Bylaws. The actions are described under the applicable Article and Section heading.

ARTICLE III, SECTION 2C

Paragraphs c, d, and e were deleted. In their place substitute paragraph c. was inserted. The new paragraph reads as follows:

c. Postgraduate training rate. Dues for regular members who are in full-time postgraduate training programs shall be twenty-five ($25.00) per year.

The effect of the amendment is to group all members in full-time postgraduate programs into a single class membership and establish uniform dues. Additionally it removes the requirement that the postgraduate program be approved by the AOA.

This was the second reading of the proposed amendment. It was passed by the House of Delegates by more than a two-thirds majority.

ARTICLE VIII, SECTION 1

Resolution number 257 from the Board of Trustees proposed that Section 1 of Article VIII be deleted and a substitute Section adopted. The only change is in the number of regular members. The number of "other members" will be increased from 15 to 18 with this amendment. The stated purpose of this amendment is to facilitate the representation of additional states on the Board.

The resolution was passed by the House. This constitutes the first reading of the proposed amendment. It will be published prior to the next annual meeting of the AOA House of Delegates and presented at that meeting for final action.

FRANK J. BRADLEY, D.O.
Report of Professional Affairs Committee

It was again my privilege to represent you at the American Osteopathic Association House of Delegate's meeting in Nashville, Tennessee, July 15, 16, and 17, 1989. Many resolutions again came before the House of Delegates and action was taken. I would like to report to you some of the action taken in the Committee of Professional Affairs.

Resolution 201 — *Uniform Pathway to Licensure*

This resolution states that regardless of any decision by the allopathic profession to alter its examination process, the examination of the National Board of Osteopathic Medical Examiners must remain as an avenue for the licensure of osteopathic physicians.

PASSED

Resolution 203 — *Assignment of Quality Severity Levels — PRO Scope of Work*

This resolution asks that the American Osteopathic Association urge the Health Care Financing Administration (HCFA) to review the system for assignment of quality severity levels in the new PRO Scope of Work to assure that the severity levels are applied uniformly, appropriately, and equitably by all PROs; and that the AOA actively work to effect changes in the regulatory mechanism.

PASSED

Resolution 208 — *Implementation of the Recommendations of the Report of the Task Force to Explore Alternative Approved Mechanisms for Postdoctoral Training.*

This resolution asks that the House of Delegates receive the report of the AOA Board of Trustees with respect to implementation of the Task Force recommendation and commends the AOA Committees, Board of Trustees and all individuals and organizations who participated in drawing the implementation plan.

PASSED

Resolution 210 — *Postgraduate Training Programs in Non-Osteopathic Institutions*

This resolution states the dialogue between the applicant and the existing osteopathic hospital is required as part of the application process; and that the American Osteopathic Association will not allow establishment of approved osteopathic training programs in non-osteopathic institutions when the establishment of such programs shall have a detrimental effect on internship and/or residency programs in osteopathic hospitals.

PASSED

Resolution 212 — *Osteopathic Postgraduate Education*

This resolution stated that the Missouri Association of Osteopathic Physicians and Surgeons go on record in support of the American Osteopathic Association's Committee on Postdoctoral Training Task Force recommendation in continuing the rotating internship as part of the educational postgraduate training; and that consideration be given to providing and increasing the time spent in an adequate ambulatory care setting as part of the postgraduate intern training program.

DISAPPROVED

Resolution 216 — *Development and Use of a Marker System*

This resolution states that the American Osteopathic Association opposes efforts by any entity to recertify physicians by any form of examination; and that the development and use of a marker system such as that developed by the Federation of State Medical Boards be encouraged.

REFERRED TO COMMITTEE

EXPLANATORY STATEMENT: This resolution was referred to the Bureau of Public Education on Health and should be reported back to the Board of Trustees.

Resolution 217 — *AOA Life Membership*

This resolution states that the American Osteopathic Association reaffirm its long-standing definition of Life Membership for its members.

REFERRED TO COMMITTEE

EXPLANATORY STATEMENT: This resolution was referred to the Committee on Membership with a report to come back to the House of Delegates in 1990.

This ends my report. Thank you for allowing me to participate in this House of Delegates deliberations.

DONALD M. PETERSON, D.O., FACGP
Report of the Resolutions Committee

It again was a pleasure for me to represent the Texas Osteopathic Medical Association at the House of Delegates of the AOA in Nashville, Tennessee July 15, 16, and the 17th, 1989.

I was a member of the resolutions committee. There were sixty-three resolutions presented to the House of Delegates. Of these, forty-eight were acted on favorably, eight were rejected by the house, seven were referred back to committees to be reported on next session, and six were withdrawn. Some of these fit into two categories, thus the reason there were more actions than resolutions. ▸

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Also, a general resolution was submitted by the chairman, Phillip Accordo, D.O. from Missouri, to the house with accolades for the general administration of the House of Delegates meeting which included the AOA presidents, house leaders, AOA administration, hotel, various drug companies for support and donations, to the educator of the year, and everyone else who contributed and supported the efforts of the American Osteopathic Association.

The meeting next year will be in Chicago.

ROBERT L. PETERS, JR., D.O., FACGP
Report on Committee on Professional Affairs

Resolution 241 — *Maintenance of Graduate Medical Education Programs*

This resolution states that the American Osteopathic Association continue to take all measures possible to prevent the termination of AOA approved training programs in any hospital.

DISAPPROVED

Resolution 247 — *Specialties Certification, Osteopathic Membership of D.O.s*

WITHDRAWN

Resolution 249 — *Monitoring of Implementation of Task Force Recommendations*

This resolution stated that the committee on Postdoctoral training report its findings annually to the AOA House of Delegates.

PASSED

Resolution 256 — *Efficacy of Third and Fourth Year Predoctoral Programs*

This resolution stated that the Bureau of Professional Education and its committee on colleges be directed to undertake a study of the supervision and effectiveness of all osteopathic clinical preceptorship programs at the predoctoral level, and report to the House of Delegates in 1990.

APPROVED

Resolution 258 — *Alaska Osteopathic Medical Association — Charter of Affiliation*

This resolution states that the Alaska Osteopathic Medical Association be granted a Charter of Affiliation with the American Osteopathic Association.

PASSED

Resolution 259 — *CME Credit Utilization Review*

This resolution states that the American Osteopathic Association may at its own discretion grant Category 1A credits in the area of utilization review.

DISAPPROVED

ARTHUR J. SPEECE, III, D.O.
Report of the Ad Hoc Committee

Resolution 227 — *Affirmative Action*

This resolution states that the American Osteopathic Association reaffirms its commitment to the advancement and integration of minorities into the osteopathic profession and that the AOA promotes and endorses legitimate programs designed to encourage and maintain enrollment of qualified minority students in the colleges of osteopathic medicine and encourages their membership and full participation in the American Osteopathic Association and its affiliated associations.

PASSED AS AMENDED

Resolution 229 — *AOA Strategies and initiatives*

This resolution asks that the policy adopted by AOA House of Delegates in July, 1984, on "AOA, Strategies and Initiatives be amended and approved.

PASSED

Resolution 232 — *Health Care Costs*

This resolution states that the American Osteopathic Association does herewith reaffirm its commitment to the development and implementation of programs which encompass health care cost containment, but do not endanger the quality of such care.

PASSED

Resolution 239 — *Information Dissemination*

This resolution asks that the American Osteopathic Association oppose a requirement for the dissemination of price, utilization, and quality information on specific health care practitioners or providers that does not take into consideration and address the danger of making misleading data available to the public.

PASSED

Resolution 242 — *National Health Policy*

This resolution asks that the policy adopted by the American Osteopathic Association's House of Delegates in July, 1984, on "National Health Policy" be amended and approved.

PASSED

JEROME L. ARMBRUSTER, D.O.
Report on Committee of Professional Affairs

Resolution 220 — *Policy Statement — Exclusive use of Osteopathic Diagnostic and Procedural Coding Systems*

This resolution asks that the American Osteopathic Association adopt this statement of professional policy and states that the AOA will work to establish the exclusive use of these coding systems by all insurance carriers and, it also asks that the AOA adopt this policy statement and coding standards.

PASSED

Resolution 224 — *Postgraduate Medical Education Programs*

This resolution asks that the American Osteopathic Association go on record supporting equity in payment scales between osteopathic and allopathic postgraduate medical education programs; and asks that the AOA and the American Osteopathic Hospital Association be encouraged to continue to strengthen and improve the quality of osteopathic postgraduate medical education programs.

PASSED

Resolution 226 — *Active Institutional Membership — AOHA*

This resolution asks that the American Osteopathic Association require Active Institutional Membership in the American Osteopathic Hospital Association of any and all eligible institutional healthcare providers that sponsor or provide AOA-approved medical education to osteopathic physicians or students.

PASSED

EXPLANATORY STATEMENT: As a matter of information, ▶

the AOHA Board of Trustees voted in April, 1989, to recommend to the full AOHA membership a revision of the AOHA Bylaws. The Bylaws currently restrict Active Institutional membership to "osteopathic" hospitals under the AOHA board-approved definition on an "osteopathic" hospital. The revised Bylaws will offer Active Institutional Membership to "hospitals that have an osteopathic presence."

As a further matter of information, among those osteopathic hospitals that are currently Active Institutional Members of AOHA, approximately 34 percent have a "majority" of M.D.s on the active medical staff. Only seven percent of these hospitals have a 100 percent D.O. medical staff; 25 percent have 90 percent or more D.O.s; 35 percent have 80 percent or more D.O.s; 48 percent have 70 percent or more D.O.s; 61 percent have 60 percent or more D.O.s; and 66 percent have 50 percent or more D.O.s.

Resolution 231 — *Funding, Osteopathic Colleges*

This resolution asks that the American Osteopathic Association be urged to aggressively seek private, state, and federal funding for the establishment and maintenance of schools of osteopathic medicine and other educational institutions concerned with the education and training of osteopathic physicians.

PASSED

Resolution 233 — *Health Care Delivery*

This resolution asks that the policy adopted by the AOA House of Delegates in July, 1984, on "Health Care Delivery" be deleted.

PASSED

EXPLANATORY STATEMENT: The policy expressed is redundant to other AOA position statements.

Resolution 235 — *Health Care Regulation — Free Enterprise System*

This resolution asks that the policy adopted by the AOA House of Delegates in July, 1984, on "Health Care Regulation — Free Enterprise System" be deleted.

PASSED

EXPLANATORY STATEMENT: This statement duplicates a portion of the policy statement entitled, "National Health Policy."

Resolution 236 — *Hospital Accreditation HEALTHCARE INSTITUTIONAL RESPONSIBILITIES*

This resolution asks that the policy adopted by the AOA House of Delegates in July, 1984, on "Hospital accreditation, HEALTHCARE INSTITUTIONAL RESPONSIBILITIES" be editorially corrected and approved.

PASSED

DAVID R. ARMBRUSTER, D.O.
Texas Appointments by the AOA President

I would like to thank the immediate past president of AOA, Marcelino Oliva, D.O., for his excellent job this past year, as well as, wishing the new AOA president, William Voss, D.O., best of luck.

The following appointments were made for the upcoming year:

Bureau of Professional Education: Mr. J. E. Sandlin, layperson public representative

Committee on Colleges: David M. Richards, D.O., representing AACOM.

Council on Osteopathic Educational Development Advisory Committee: Mr. J. E. Sandlin, Consumer Public Representative.

Committee on Research Funding: John H. Burnett, D.O., Chairman and George J. Luibel, member-at-large.

Committee on Research Grants: Gilbert E. D'Alonzo, Jr., Chairman.

Task Force for Expansion of AOA Postdoctoral Programs: David M. Richards, D.O., Vice Chairman.

Department of Professional Affairs: David R. Armbruster, D.O., Chairman.

Bureau of Organizational Affairs: Mary M. Burnett, D.O., Vice Chairman.

Committee on Constitution and Bylaws: James W. Lively, D.O. and Samuel T. Colerdige, D.O.

Committee on Basic Documents of Affiliated Organizations: Mary M. Burnett, D.O.

Committee on Ethics: David R. Armbruster, D.O., Chairman.

Committee on Membership: Mary M. Burnett, D.O.

Committee on Health Related Policies: Samuel T. Coleridge, D.O.

Committee on Editorial Policy: Mary M. Burnett, D.O. and T. Eugene Zachary, D.O.

Bureau of Finance: David R. Armbruster, D.O.

Bureau of Insurance: William R. Jenkins, D.O.

Committee on AOA Organizational Structure: Samuel T. Coleridge, D.O.

Department of Governmental Affairs, Bureau of Public Education on Health: David R. Armbruster, D.O.

Council on Federal Health Programs: Elmer C. Baum, D.O., Vice Chairman and John H. Burnett, D.O., member. ■

Dr. William H. Voss, FACOI, New AOA President

William H. Voss, D.O., FACOI, a Jefferson City, Missouri, osteopathic physician, was installed as President of the American Osteopathic Association on July 17 at the AOA House of Delegates meeting in Nashville, Tennessee.

A graduate of Kirksville College of Osteopathic Medicine, Dr. Voss interned at Charles E. Still Osteopathic Hospital in Jefferson City and completed an internal medicine residency in Michigan. He is a Fellow of the American College of Osteopathic Internists and a Diplomat of the American Osteopathic Board of Internal Medicine.

His commitment to the osteopathic profession is evident in the leadership role he has played on the national, state and hospital levels. An AOA member since 1958, Dr. Voss has served on numerous committees, including chairman of the Department of Educational Affairs, the Department of Public Affairs and the Department of Professional Affairs. He has been a member of the AOA Board of Trustees since 1980.

On the state level, Dr. Voss is an active member of the Missouri Association of Osteopathic Physicians and Surgeons, of which he is a past president. In 1983 he was named Missouri Osteopathic Physician of the Year. He has also held various positions at Charles E. Still Osteopathic Hospital in Jefferson City. These include member of the teaching staff and the department of internal medicine since 1966; founder and director of the internal medicine residency; chairman of the department of nuclear medicine; and director of the alcohol/drug rehabilitation unit.

TOMA extends its congratulations to Dr. Voss on his election as AOA president. ■

TOMA Mid-Year Conference/Legislative Forum

October 7-8, 1989
Sheraton CentrePark Hotel

Timothy Werner, D.O.
Clinical Program Chairman
William R. Jenkins, D.O.,
Legislative Program Chairman

SPONSORED BY:
Texas Osteopathic Medical Association
"Medical Update for the 90's"

14 CME HOURS
Category 1-A

PROGRAM

SATURDAY, OCTOBER 7

7:15 - 7:45 a.m.
Registration and Continental Breakfast with Exhibitors

7:45 - 8:00 a.m.
Welcome —
Timothy H. Werner, D.O., Clinical Program Chairman
William R. Jenkins, D.O., Legislative Program Chairman

8:00 - 8:45 a.m.
"The Week-end Jock"
(A Guide to the Diagnosis and Treatment of Overuse Injuries)
Paul S. Saenz, D.O.

8:45 - 9:30 a.m.
"Women's Health Care — Looking Toward the 21st Century"
Frank Setzler, D.O.

9:30 - 10:15 a.m.
"GP Ophthalmology"
Sebastian A. Mora, D.O.

10:15 - 10:45 a.m.
Coffee Break with Exhibitors

10:45 - 11:30 a.m.
"Problem Orientated Orthopedic Workshop"
(physicians to bring problems in their practice)
Tero J. Walker, D.O.

11:30 a.m. - 12:15 p.m.
"Correct Application of Splints & Soft Goods"
Vere Shenefield

12:15 - 1:45 p.m.
Luncheon
"Future of Health Care in Texas" to include the Sample Drug Bill
Senator Chet Brooks

1:45 - 2:30 p.m.
"Drug Use and Athletes"
Forrest Tennate, M.D.

2:30 - 3:15 p.m.
"Diagnosis and Treatment of Outpatient Pneumonia"
Harvey Richey, D.O.

3:15 - 3:45 p.m.
Coffee Break with Exhibitors

3:45 - 4:30 p.m.
"AOA Washington Update"
Betsy Beckwith

4:30 - 5:15 p.m.
"Weight Management"
Ann Blankenship, Ph.D.

SUNDAY, OCTOBER 8

7:30 - 8:30 a.m.
Registration and Continental Breakfast with Exhibitors

7:30 - 8:30 a.m.
Bonus Early Bird OMT Seminar
Charles Stephens, D.O.
Timothy Werner, D.O.

8:30 - 9:15 a.m.
"Omnibus Rural Health Act"
Rep. Mike McKinney

9:15 - 10:00 a.m.
"AIDS in Private Practice"
Charles Stephens, D.O.

10:00 - 10:30 a.m.
Coffee Break with Exhibitors

10:30 - 11:15 a.m.
TMF's Program of Quality Assurance & Sanction Protocol
Mr. S. Robert L. King, Jr.
TMF Executive Director

11:15 a.m. - 12:00 noon
"Non-surgical Treatment of Gallstones"
Monte E. Troutman, D.O.

12:00 - 12:45 p.m.
"Allergy: Update for the 90's"
Bruce Martin, D.O.

12:45 - 2:00 p.m.
Lunch on your own

2:00 - 4:00 p.m.
ICD-9-CM Coding Workshop
Harold Whittington & Associates

Sheraton CentrePark Hotel, Arlington, Texas
October 7-8, 1989
14 CME Hours
Category 1A

presents

"Medical Update for the 90's"

Pre-Registration Application

NAME: _____ CITY: _____
(PLEASE PRINT CLEARLY)

AOA No.: _____ COLLEGE: _____ YEAR: _____

TOMA MEMBERS:

Pre-registered General Session ONLY: $100 _____

Pre-registered General Session Plus ICD-9-CM Coding Seminar: $115 _____

ICD-9-CM Coding Seminar ONLY: $50 each

_____ No. of Persons Attending Amount Enclosed _____

TOMA NON-MEMBERS:

General Session ONLY: $150 _____

General Session Plus ICD-9-CM Coding Seminar: $200 _____

ICD-9-CM Coding Seminar ONLY: $50 each

_____ No. of Persons Attending Amount Enclosed _____

No. of Extra Meal Tickets Needed: _____ Amount Enclosed _____

* * * CHECK MUST ACCOMPANY APPLICATION FORM * * *

Hotel Reservation Application

Texas Osteopathic Medical Association
34th Annual Mid-Year Conference/Legislative Forum
Sheraton CentrePark Hotel, Arlington, Texas
October 7-8, 1989

SINGLE OR DOUBLE: $73.00 (State your Preference) _____

NAME: _____
(PLEASE PRINT CLEARLY)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ARRIVAL DATE: _____ TIME: _____

DEPARTURE DATE: _____

CREDIT CARD NAME: _____ NUMBER: _____

EXPIRATION DATE: _____

PLEASE RESERVE YOUR ROOM PRIOR TO SEPTEMBER 20, 1989 FOR GUARANTEED AVAILABILITY
NOTE: If you would prefer to make your own hotel accommodations: Call: 817/261-8200

NEW!!!

TOMA Announces The Sponsorship of a New Group Major Medical Insurance Plan

At long last, a *quality* group major medical plan is available for members of TOMA and their families, and members' employees and families.

The new plan is provided by GALAXIA LIFE INSURANCE COMPANY — a leader in Association plans — with enrollment, marketing, and insurance services provided by WILLIAM H. DEAN AND ASSOCIATES.

William H. Dean and Associates are recognized statewide for their expertise in insurance and related matters. TOMA is fortunate to have the services of these two fine organizations.

Coverages available are:

- Major Medical Coverage with Maternity Benefits
  Choice of deductibles: $250 - $500 - $1000 - $2500 - $5000
- Optional Dental Coverage
- Optional Supplemental Accident Coverage

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

WILLIAM H. DEAN & ASSOCIATES

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

800/321-0246
(817) 429-0460
Dallas/Fort Worth Metro

CHAMPUS, CHAMPVA OMT Reimbursement Clarified

After lengthy deliberations with officials of the Civilian Health and Medical Programs of the Uniformed Services (CHAMPUS) and the Civilian Health and Medical Programs of the Veterans Administration (CHAMPVA), the reimbursement process for OMT has been clarified. Physicians should note that CHAMPUS and CHAMPVA utilize the CPT-4 codes for OMT reimbursement claims rather than the MO codes. The following is the information received from these entities:

Osteopathic Manipulative Therapy Codes

The following codes must be used when submitting payment records containing osteopathic manipulative therapy. Corresponding codes from the American Osteopathic Association are indicated in parentheses. The first code in the parentheses identifies a location other than inpatient hospital; the second code identifies an inpatient hospital location.

Procedure Description	CPT-4 Codes	1989 Fee Texas
Brief osteopathic manipulative therapy, location includes up to two body regions. (MO702; MO722)	97660	$35.40
Limited osteopathic manipulative therapy, location includes up to four body regions. (MO704; MO724)	97661	$50.50
Intermediate osteopathic manipulative therapy, location includes up to six body regions. (MO706; MO726)	97662	$68.00
Extended osteopathic manipulative therapy, location includes up to eight body regions. (MO708; MO728)	97663	$75.10
Comprehensive osteopathic manipulative therapy, location includes up to ten body regions. (MO710; MO730)	97664	$88.60

A body region is defined as one of the following:

1) Head
2) Cervical
3) Thoracic
4) Lumbar
5) Sacral
6) Pelvic
7) Lower extremities
8) Upper extremities
9) Rib cage
10) Abdomen and other

FYI

NEW DRUG MAY HELP IN EASING CHEMOTHERAPY SIDE EFFECTS

Ondansetron, developed by Glaxo Inc. of North Carolina, shows promise in easing the side effects of chemotherapy for cancer patients. In clinical studies performed at Boston University, ondansetron prevented nausea and vomiting in 55 percent of 85 patients treated with high doses of the cancer drug cisplatin. Another 20 percent of the patients only experienced one or two episodes of vomiting. Research has indicated that cisplatin may cause slight damage to the small intestine that causes nausea and vomiting.

GENERAL MEDICAL TECHNICIANS MAY BE GOOD RX FOR NURSE SHORTAGE

A hospital in St. Louis, Missouri, has begun a pilot program using caregivers known as general medical technicians. The technicians are trained in a six-month program developed by nurses and report directly to nurses. Unlike the controversial registered-care technologists proposal, the general medical technicians may not dispense medications and are not state licensed. Thus far, the pilot program has produced some positive feedback from the nurses, who say they are less rushed and have more time to interact with patients and physicians.

CARBOPLATIN APPROVED FOR RECURRENT OVARIAN CANCER

The FDA reports that carboplatin (Paraplatin), a platinum coordination compound and an analog of cisplatin, has been approved for the treatment of patients in whom ovarian carcinoma recurs after prior chemotherapy, including prior cisplatin therapy.

In randomized controlled studies in patients with advanced ovarian carcinoma previously treated with chemotherapeutic agents, carboplatin was compared with 5 fluorouracil or etoposide. Among the 46 patients treated with carboplatin, there were six clinically complete responses, lasting from 45 weeks to more than 71 weeks.

These studies showed that patients who developed progressive disease while receiving previous cisplatin therapy may still have a complete response to carboplatin, although at a rate lower than that seen in primary treatment.

AOA STUDY REVEALS OMT UTILIZERS

A recent study conducted by the AOA revealed that approximately 24.2 percent or 5,912 D.O.s probably utilize OMT on a regular basis in their medical practices. Of this figure, 52.4 percent are over age 65. However, the next largest group utilizing OMT techniques are between the ages of 35 and 44.

In a similar study of DME's Intern Exit Interviews, emergency medicine was found to be attracting the majority of D.O.s under age 45, with internal medicine the next category. Eighty-two percent of graduating students indicated plans to enter into a residency, with 54 percent choosing osteopathic training programs. Sixty-five percent said their first choice had been an osteopathic medical school.

OREGON HEALTH CARE RATIONING OKAYED

A landmark bill to ration health care services by prioritization to the indigent has been signed by Oregon Governor Neil Goldschmidt. Under the program, the state will contract with managed care systems to provide health care services for indigents. The services will be reviewed in terms of medical need (i.e. most necessary to least necessary) and prioritized by an 11-member panel appointed by the governor. A legislative budget committee will then decide, based upon the priority list, what share the state can fund. The rationing program will ensure health care for persons at or below the poverty level. The program is anticipated to begin in July of 1990, assuming the state has secured a federal waiver of current Medicaid regulations.

AIDS TEST LAW REPEALED IN ILLINOIS

An Illinois law requiring AIDS testing for marriage license applicants has been rescinded due to ineffectiveness and the high cost to the state. Since January, 1988, when the law took effect, 221,000 persons have taken the test, with only 44 testing positive. The total cost for testing was $5.4 million.

UNNECESSARY C-SECTIONS

Half of the 934,000 C-sections performed in 1987 were unnecessary, says Public Citizen Health Research Group in Washington, which studied all available records. Their study revealed that the risk of C-section maternal death over vaginal delivery was two to four times; C-sections caused 25,000 infections, and kept women in the hospital an extra 1.1 million days at a cost of $1 billion. Public Citizen said women with good health insurance were most likely to get C-sections. ▸

PREVENTIVE SERVICE GUIDE AVAILABLE TO HEALTH PROFESSIONALS

Guide to Clinical Preventive Services, a comprehensive review of the evidence for preventive interventions for 60 diseases and other conditions is available to health professionals. The guide is the report of the U.S. Preventive Services Task Force, composed of 20 non-government experts from medicine and related fields.

Based on age, sex, and other risk factors, the guide makes recommendations for immunizations and use of chemoprophylactic agents as well as for screening and counseling interventions.

Topics covered include: cancer screening, blood pressure measurement, estrogen chemoprophylaxis, and adult immunizations. Included are introductory chapters on methodology and the implementation of preventive services, eight charts listing recommended preventive interventions for different age groups, and 60 extensively referenced topic reviews.

Health professionals may purchase the guide for $19.95. For more ordering information, call 1-800-638-0672.

TDH MEDIA CATALOG AVAILABLE

The "1989 Health Media Catalog," listing all the film, videotape and slide/tape programs in the Texas Department of Health's (TDH) film library, is available upon request.

The film library furnishes agencies, organizations and individuals with health education programs that can be used for public education, professional education and by schools. There are more than 1,147 titles and more than 4,800 copies of programs.

Orders for film catalogs should be sent to: Texas Department of Health Literature and Forms, 1100 West 49th Street, Austin, Texas 78756. Ask for stock #4-20.

NEW HELMET BILL IN EFFECT

Legislation passed in the regular session of the 71st Texas Legislature, requiring all motorcycle riders to wear helmets, became effective September 1. According to the Texas Department of Public Safety, more than 81 percent of the 303 motorcyclists killed in 1988 in the state were not wearing helmets. The Texas Department of Health performed their own studies on the issue and found that only two years after the legislature repealed the mandatory helmet law (1977), the number of fatalities increased by 73 percent and injuries by 20 percent. Additionally, the TDH found that people who wore helmets and were involved in an accident had an average hospital bill of $7,211, while those not wearing helmets averaged $17,155 in hospital costs.

DETERMINING ALZHEIMER'S DISEASE

A simple test for Alzheimer's has proven 95.2 percent accurate in a recent study conducted by David S. Knopman, M.D. and Soren Rybert, M.D., of the University Of Minnesota Hospitals. The "delayed word recall" (DWR) test requires patients to make up sentences using each of 10 common nouns and then checks their recall on the nouns a short time later.

HERE'S HOW IT BEGAN

In 1882, the president of the Carpenters' Brotherhood suggested a day in which to honor the country's work force. The subsequent picnics, parades and speeches met with such rousing popularity in New York that the proposal was adopted by the National Federation of Labor. Soon thereafter, Labor Day became a national holiday.

IMMUNIZATION NOTES

The following appeared in the Texas Department of Health's *Texas Preventable Disease* newsletter, dated July 15, 1989:

Immunization of Preterm Infants: In the April 1989 issue of *Pediatrics*, Dr. July Bernbaum, et al, presented a study of 45 preterm infants who were immunized with diphtheria-tetanus toxoid and pertussis (DTP) vaccine. Twenty preterm infants were immunized with half-dose DTP vaccine, and 25 preterm infants were immunized with full-dose DTP vaccine. Of the 25 preterm infants immunized with full doses, 96 percent serologically responded to DTP vaccine after the second dose. Of the 20 preterm infants immunized with half-dose DTP, 45 percent were not able to form antibodies even after the third half dose of DTP vaccine.

Conclusion: "It is appropriate, therefore, that the physician caring for the low birth weight preterm infant adhere to the American Academy of Pediatrics recommendation for the immunization of preterm infants and offer full-dose DTP vaccine at the routine time intervals of 2, 4, 6, and 18 months of age (without correction for prematurity) to ensure adequate protection against diphtheria, tetanus, and most importantly, pertussis, provided there are no contraindications to its use."*

(*Pediatrics 1989;83(4):471-6.)

TSBME OFFICERS

The Texas State Board of Medical Examiners, during a June 12 Board meeting, elected the following officers: Robert L. M. Hilliard, M.D., of San Antonio, president; George S. Bayoud, M.D., of Dallas, vice president; and TOMA member John H. Boyd, D.O., of Eden, secretary-treasurer.

Congratulations to Dr. Boyd. ■

Instinctively Secure

It's a feeling that stems from strength and knowledge. But it's built upon respect.

That's true in our business, too. Because it takes more than providing the proper medical malpractice insurance to assure security.

That's why our clients regularly receive not only professional advice, but also personalized attention.

By staying in touch we know our client's concerns, and can act upon them promptly. As a company directed for osteopathic physicians, we know how much more that can add to your sense of security, without adding to your premiums.

If you'd like to find out more, write us at: Two East Gregory, Kansas City, Mo. 64114. Or call (816) 523-1835. Outside Missouri, call toll-free 1-800-821-3515.

Professional Mutual Insurance
Risk Retention Group

Dr. Mitchell Kasovac, FACGP, Elected President-Elect of AOA

Mitchell Kasovac, D.O., FACGP, a Phoenix, Arizona, osteopathic physician, was elected president-elect of the AOA at the AOA House of Delegates meeting, July 17, in Nashville, Tennessee.

A graduate of Chicago College of Osteopathic Medicine, Dr. Kasovac is a leader in osteopathic medical education and currently serves as Assistant Dean of Clinical Sciences and Director, Postgraduate Training at the College of Osteopathic Medicine of the Pacific (COMP) in Pomona, California. He served on the Board of Trustees of Chicago College of Osteopathic Medicine between 1973 and 1989 and as Director of Medical Education at Phoenix General Hospital from 1980-89.

Dr. Kasovac's impact on the osteopathic profession extends to leadership positions at the state and national levels. During his 25-year membership in the AOA, he has participated in more than 20 committees, bureaus, councils and task forces. At the state level, he is an active member and a past president of the Arizona Osteopathic Medical Association and has served as an Arizona delegate to the AOA. In 1981, he was named Arizona General Practitioner of the Year.

He maintains membership in the American College of General Practitioners in Osteopathic Medicine and Surgery, the Academy of Osteopathic Directors of Medical Education, the Association for Hospital Medical Education and the American College of Physician Executives.

TOMA congratulates Dr. Kasovac on his election as AOA President-elect. ■

Dr. John Payne Joins FWOMC Staff

John B. Payne, D.O., has joined the active medical staff of Fort Worth Osteopathic Medical Center. A former Lt. Colonel in the Medical Corps of the United States Army, Dr. Payne is board certified in neurosurgery by the American Osteopathic Board of Surgery and board eligible for certification by the American Board of Surgery. His office is located at 1002 Montgomery Street, Suite 210, Fort Worth.

Dr. Payne attended the United States Military Academy at West Point, New York, and received his D.O. degree at the College of Osteopathic Medicine and Surgery, Des Moines, Iowa. He also completed the Army Flight Surgeon's Course at Fort Rucker, Alabama. He interned at Fitzsimons Army Medical Center, Aurora, Colorado, and took a neurosurgery residency at Thomas Jefferson University Hospital in Philadelphia, Pennsylvania. His last assignment before leaving the military was Chief of Neurosurgery at William Beaumont Army Medical Center, El Paso. Dr. Payne also was a consultant to the Department of Neurosurgery at Texas Tech School of Medicine.

Professional affiliations include TOMA; AOA; Association of Military Osteopathic Physicians and Surgeons; Aerospace Medical Association; Joint Committee of Military Neurosurgeons; and the American College of Osteopathic Surgeons. ■

Texas ACGP Update

By Texas ACGP Editor

The Texas State Society of the American College of General Practitioners in Osteopathic Medicine and Surgery (ACGPOMS) held its Sixteenth Mid-year Clinical Seminar/Symposium at the Arlington Hilton in Arlington, Texas, August 4-6, 1989. Special guests included Royce Keilers, D.O., ACGPOMS President; Harold Thomas, D.O., ACGPOMS President-Elect; Joseph Montgomery-Davis, D.O., TOMA President; Robert L. Peters, Jr., D.O., TOMA President-Elect; and Mr. Tom Hanstrom, TOMA Executive Director.

The program chairman was Craig Whiting, D.O., who put together an excellent CME program, the theme of which was "Practical Workshops." The turnout was outstanding for the first year in a new AOA CME cycle.

Election of Texas ACGP officers for 1989-90 took place during the annual session and they are as follows: Richard M. Hall, D.O., President; Craig D. Whiting, D.O., President-Elect; Howard Galarneau, D.O., Vice President; Nelda Cunniff, D.O., Immediate Past President; and T.R. Sharp, D.O., Secretary-Treasurer.

There were three Presidential appointments to the Texas ACGP Board: Eugene Zachary, D.O., Parliamentarian (ex-officio); Robert Maul, D.O., Liaison to ACGPOMS (ex-officio); and Joseph Montgomery-Davis, D.O., Editor (ex-officio).

The six full-voting Texas ACGP Trustees currently are: M. Lee Shriner, D.O.; Rodney Wiseman, D.O.; Carla Butts Devenport, D.O.; Jim Czewski, D.O.; Denny K. Tharp, D.O.; and James W. Linton, D.O. Drs. Tharp and Linton were elected at the annual session to fill the unexpired terms of Drs. Whiting and Galarneau, while Drs. Shriner and Wiseman were elected to three-year terms of office.

The two non-voting Texas ACGP Trustees are: Dick Baldwin, D.O., TCOM Observer (ex-officio) and Student/Doctor Stephen Dentler, Zeta Chapter Representative (ex-officio).

Other business conducted during the post convention meeting on 8-6-89 was the Presidential appointments of Texas ACGP members to the 12 standing committees as follows: Membership Committee — Chairman: Nelda Cunniff, D.O., Members: Jeannie Chadwell, D.O., Alex Guevara, Jr., D.O. and Howard Galarneau, D.O.; Education and Program Committee — Chairman: Rodney Wiseman, D.O., Member: Carla Butts Devenport, D.O.; Hospital Committee — Chairman: James Linton, D.O., Members: Denny Tharp, D.O., and Ruth Carter, D.O.; Awards Committee — Chairman: Connie Jenkins, D.O., Members: Doug Sharp, D.O., Greg Maul, D.O., and Nelda Cunniff, D.O.; Auditing Committee — Chairman: Dick Hall, D.O., Members: Nelda Cunniff, D.O. and T. R. Sharp, D.O.; Constitution and Bylaws Committee — Chairman: Eugene Zachary, D.O.; Public Information Committee — Chairman: Lee Shriner, D.O., Member: Howard Galarneau, D.O.; Governmental Legislation and Liaison Committee — Chairman: Joseph Montgomery-Davis, D.O.; Undergraduate GP Chapter Liaison Committee — Chairman: Connie Jenkins, D.O.; Nominating Committee — Members: Richard Hall, D.O., Craig Whiting, D.O., and Nelda Cunniff, D.O.; Pharmaceutical Committee — Chairman: Jim Czewski, D.O., Member: Craig Whiting, D.O.; and PACER Committee — Chairman: Nelda Cunniff, D.O.

Also, Presidential appointments were made for District Liaisons to the 18 TOMA districts as follows: District I — Steven J. Davis, D.O.; District II — Alex Guevara, Jr., D.O.; District III — Sidney B. Chadwell, Jr., D.O.; District IV — Charles R. Hall, D.O.; District V — Jerry L. Cannaday, D.O.; District VI — Wilfred V. Morris, Jr., D.O.; District VII — Nick S. Pomonis, D.O.; District VIII — Bobby Howard, D.O.; District IX — Elva A. Keilers, D.O.; District X — Kirk Chandler, D.O.; District XI — Richard D. Saunders, D.O.; District XII — Charles M. Franz, D.O.; District XIII — John E.Galewaler, D.O.; District XIV — Gary L. Tamez, D.O.; District XV — Doyle F. Gallman, Jr., D.O.; District XVI — Ted C. Alexander, Jr., D.O.; District XVII — Linda W. Hernandez, D.O.; and District XVIII — George N. Smith, D.O.

The PACER Committee of the Texas ACGP held a long-range planning meeting early Sunday morning, 8-6-89. Those past presidents in attendance were: Donald M. Peterson, D.O.; Robert L. Peters, Jr., D.O.; Royce K. Keilers, D.O.; T. R. Sharp, D.O.; Nelda Cunniff, D.O.; Robert Maul, D.O.; and Joseph Montgomery-Davis, D.O. Special guests were Richard Hall, D.O., Texas ACGP President, and Harold Thomas, D.O., ACGPOMS President-Elect.

Tapes are still available from lectures presented at the Sixteenth Mid-year Clinical Seminar/Symposium at a cost of $4 for members and $5 for non-members. Contact T. R. Sharp, D.O., FACGP, Texas ACGP Secretary-Treasurer, 4224 Gus Thomasson Road, Mesquite, Texas 75150. Those with any questions can call Dr. Sharp at 214/279-2453.

In closing, Tom Hanstrom, Executive Director of TOMA, was presented with an honorary membership in the Texas ACGP along with an official Texas ACGP pin. Congratulations, Tom.

The Texas ACGP anticipates a continuing good working relationship with TOMA. ■

TCOM Enrolls 107 for Class of 1993

The Class of 1993 at Texas College of Osteopathic Medicine began its medical education on August 14, 1989, when 107 student doctors attended their first class.

The 79 men and 28 women in the class, a 24 percent increase in the size of the incoming class compared to 1988's entering freshmen, is the result of intensive recruiting efforts led by Richard J. Sinclair, Ph.D., acting assistant dean for admissions, and TCOM's Enrollment Management/Recruiting Task Force.

The new class has 102 Texas residents. Minorities makes up one fourth of the class, with 13 Hispanics, 13 Asians, two Blacks and one American Indian. "Increased numbers of minorities has been a major part of our recruiting effort because we recognize the need for more minorities in that profession," said Dr. Sinclair. "We've taken steps to involve not only members of this office but also the faculty in these recruiting efforts." Dr. Sinclair praised the work of Brent M. Jones, Ph.D., associate director of admissions, and John E. Carter Jr., D.O., associate professor, Department of General and Family Practice, in recruiting minority students.

Dr. Sinclair said the TCOM administration also became more directly involved in the student recruitment effort. David M. Richards, D.O., president, made student recruitment one of the administration's top priorities during the last year. Dr. Richards' office provided funds with which recruitment ads were published in the campus newspapers of five Texas colleges. Carole Tayman, executive director for development, created a "Two Ways to Help" campaign in which Texas D.O.s were asked to participate in the student recruitment effort by either recommending a qualified prospective student or accompanying TCOM admissions office counselors on campus recruiting visits. Physicians taking part in the "Two Ways to Help" campaign were presented with their choice of two books in appreciation of their valuable assistance. Specialized admission brochures were mailed to all emergency medical technicians and medical technicians in Texas suggesting TCOM if they were considering a change of career. Russell G. Gamber, D.O., associate professor, Department of General and Family Practice, also hosted a luncheon for basic science and clinical faculty members, soliciting their ideas and assistance.

Jim Livernois, assistant director of admissions, said the recruitment campaign not only produced immediate benefits but also laid the groundwork for recruiting efforts over the next few years.

Test scores and grade point averages of the incoming class maintains TCOM's tradition of attracting students with above average academic credentials. The freshmen had an average MCAT score of 46. ■

Upjohn Increases Diabetes Awareness Efforts

Upjohn and the American Diabetes Association (ADA) have launched a national program, "Managing Diabetes in the 1990s" in an effort to enhance diabetes education and awareness. Market data indicates that one in five Type II diabetics that are diagnosed are not being treated, and of six million diabetics diagnosed, data indicates there are six million undiagnosed.

The ADA program, supported by Upjohn with a $975,000 grant, is aimed at both the lay public and the medical community. It involves two major emphases: 1) Physician CME — to increase effective treatment in those Americans diagnosed as Type II diabetics, and 2) Public awareness — to increase new diagnoses to follow with effective treatment.

The ADA program will be made available to physicians beginning this month through local ADA affiliates and will run through December 1990. As stated above, physicians will receive CME for their participation. Simultaneously, a nationwide public awareness program is to be launched and will include a "Know Your Blood Sugar Number" campaign that will stimulate interest in diabetes detection and treatment. ■

Newsbrief

PUBLIC HAS NO PROBLEM WITH DOCTORS' STAKES IN HOSPITALS

A Gallup poll has found that seven out of 10 Americans believe there is nothing wrong with physicians having a financial interest in hospitals. Physicians should be allowed to admit patients into hospitals in which they have a financial interest, according to a whopping 77 percent of respondents. Furthermore, approximately one-third conveyed the belief that if physicians became part owners of hospitals, health care would improve.

In Memoriam

David E. Harman, D.O., FAOCA

David E. Harman, D.O., FAOCA, of Arlington, passed away on July 18, 1989. He was 46 years of age.

Funeral was held on July 21 at First United Methodist Church with entombment in Greenwood Mausoleum, Fort Worth.

Dr. Harman was born in Erie, Pennsylvania and attended Cleveland State University, Gannon College in Erie, and Pennsylvania State University. He received his D.O. degree from the College of Osteopathic Medicine and Surgery in Des Moines, Iowa.

He had been a TOMA member since 1975 and was attending anesthesiologist at Fort Worth Osteopathic Medical Center from 1982 to 1989. Dr. Harman was certified in anesthesiology and a fellow of the American Osteopathic College of Anesthesiologists, of which he was to be installed as president this month.

Other memberships included TOMA District II; AOA; Midwest Osteopathic Society of Anesthesiologists; American Society of Regional Anesthesia; International Anesthesia Research Society; Psi Sigma Alpha; and the National Osteopathic Scholastic Honor Society.

Survivors include his wife, Marlise Lynn "Marty" Harman of Arlington; one son, Jeffrey Alan Harman of Arlington; one daughter, Laurie Anne Harman of Arlington; and one brother, Robert R. Harman of Indianapolis.

TOMA extends its condolences to the family of Dr. Harman.

Everett W. Wilson, D.O.

Everett W. Wilson, D.O., passed away May 24 in New Hampshire. Details as to funeral arrangements and place of burial could not be obtained.

Dr. Wilson was born June 25, 1989, in Sabina, Ohio. He attended Mount Morris Academy, Mt. Morris, Illinois; Nebraska University, Lincoln, Nebraska; and served one year in the United States Navy. Dr. Wilson was a 1918 graduate of Kirksville College of Osteopathic Medicine.

He practiced in Glencoe, Minnesota, from 1919 until September of 1920, at which time he moved his practice to San Antonio. An active TOMA member, he served on the Board of Trustees and as a delegate to the AOA. He also served on numerous committees, acting as chairman of the TOMA Legislative Committee for 15 years, and from 1934-55, as TOMA president. In 1961, Dr. Wilson was awarded life membership in TOMA for having given "exemplary service far beyond the norm."

In 1982, Dr. Wilson retired from practice and moved to North Sandwich, New Hampshire. Shortly thereafter, he became a resident of Clipper Home of Rochester in New Hampshire.

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

Capitol Hill Highlights

The two committees of the House of Representatives which share jurisdiction over Medicare have *completed action on health-related proposals* as a part of the budget reconciliation process. Included in both packages is a *proposed fee schedule*, based upon a resource-based relative value scale, which would replace the existing payment system of reasonable, customary, and prevailing charges. Under the proposed fee schedule, the relative value of a given service is multiplied by a conversion factor and a geographical multiplier to arrive at the actual payment amount.

The Ways and Means Committee included in its package a proposal to *develop expenditure targets* to control overall outlays for the physician portion of Medicare. The targets would be adjusted each year to allow for inflation, increases in the number and age of beneficiaries, and what policymakers deem an appropriate increase in the volume of services provided. If one year's target is breached, fee increases for the following year would be reduced accordingly.

One of the most controversial items included in the reconciliation package is a variation of Rep. Pete Stark's (D-CA) proposal to *restrict so-called "self-referrals" by physicians*. As approved by the Ways and Means Committee, however, the referral provision is considerably less onerous than Rep. Stark's original proposal. This action came partly in response to vigorous grassroots lobbying efforts against Stark's original measure by the AOA and other concerned health care groups.

The Committee-approved provision "grandfathers in" referral arrangements in place prior to March 1, 1989. Services provided by entities substantially in operation prior to that date would be exempt from all but the new reporting and registration requirements.

The Energy and Commerce Committee did *not* include in its reconciliation package *any* provision concerning physician self-referrals.

The AOA continues to participate in a *medical malpractice reform coalition* whose goal is to help enact Federal legislation to address the medical liability insurance problem. Coalition members representing physicians, insurers, and voluntary groups are drafting legislation which would offer a cafeteria-type plan of liability-relief options from which the individual states could choose. Such options include, but are not limited to, a fault-based administrative system and a no-fault neurological compensation fund program. Participation in the coalition is not necessarily an endorsement of all of the options in the legislation; rather it only signifies support for the *states to act as laboratories as they test the different plans.*

The coalition hopes to offer this cafeteria-plan draft legislation to Congress sometime this Fall.

Senator Charles Grassley (R-IA) recently introduced a bill which would amend the Internal Revenue Code of 1986 to *restore the deduction for interest on educational loans*. Under the Tax Reform of 1986, the deduction will be phased out after the 1990 tax year.

The AOA House of Delegates recently voted to support the reinstatement of the tax deduction for interest on educational loans and directed the Washington Office to carry this message to Capitol Hill.

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PTCA Screening Criteria Set Revised

Hospitals and physicians have expressed concerns to the Texas Medical Foundation (TMF) regarding an element of TMF's screening criteria for percutaneous transluminal coronary angioplasty. For a case to be approved by a nonphysician reviewer, either during preprocedure or retrospective review, the medical record had to include documentation of the availability of backup should CABG surgery be necessary.

In light of expressed concerns, the TMF Criteria Committee has reevaluated the criteria element. The committee considers documentation of availability of backup for CABG to be an appropriate quality-of-care consideration during retrospective review rather than a required element for preprocedure certification. With this in mind, the committee has received concurrence from the HCFA to revise the PTCA screening criteria set. The original and revised criteria sets are shown. It should be noted that element 02 in the original criteria has been removed and the information incorporated as Note 1 in the revised set, specifying that the element will be considered as a quality-of-care assessment during retrospective review. There are other minor revisions to the wording of some of the criteria elements.

REVISED

13. PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY (PTCA)
Indications for Surgical Procedure
Precertification or Retrospective Review

The following must *always* be present:

01. Anatomical diagnosis must be established by prior left-sided cardiac catheterization, including coronary angiography and evaluation of left ventricular function within the preceding six months.

In addition to the above, one of the following must be met:

03. Symptomatic patient (angina present) with 50% or greater obstruction in the *left anterior descending* (LAD), or its major diagonal; the *circumflex*, or a major branch such as the *obtuse marginal, intermediate,* or *large posterior lateral artery;* or the *right coronary artery* (RCA).
04. Asymptomatic patient with 70% or greater obstruction in a single coronary artery.
05. Preprocedure documentation in the chart of consensus of opinion regarding management between cardiologist and cardiovascular surgeon if there are two or more vessels obstructed and one or more vessels has a 70% or greater obstruction.

NOTE 1: RETROSPECTIVE REVIEW, INCLUDING QUALITY OF CARE ASSESSMENT, WILL CONSIDER DOCUMENTATION OF AVAILABILITY OF BACK-UP FOR CABG SURGERY.

NOTE 2: ALL CASES WITH ANY LEFT MAIN ARTERY INVOLVEMENT SHOULD BE REFERRED TO A PA FOR EVALUATION OF WHY CABG WAS NOT TREATMENT OF CHOICE.

(Rev. 07/25/89)

ORIGINAL

13. PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY (PTCA)
Indications for Surgical Procedure
Precertification or Retrospective Review

The following (01-02) must *always* be present:

01. Anatomical diagnosis must be established by prior left-sided cardiac catheterization, including coronary angiography and evaluation of left ventricular function within the preceding six months.
02. Documentation of availability of back-up for CABG surgery on emergency standby.

In addition to the above, one of the following must be met:

03. Symptomatic patient (angina present) with 50% or greater obstruction in the *left anterior descending* (LAD), or its major diagonal; the *circumflex*, or a major branch such as the *obtuse marginal, intermediate,* or *large posterior lateral artery*; or the *right coronary artery* (RCA).
04. Asymptomatic patient with 70% or greater obstruction in a single coronary artery, associated with ischemia evidenced by one of the following:
    a) stress test (standard or thallium)
    b) stress echocardiogram
    c) MUGA study indicating reversible wall motion abnormality (hypokinesis, dyskinesis, akinesis)
    d) 24 hour Holter monitor
    e) resting EKG
05. Preprocedure documentation in the chart of consensus of opinion regarding management between cardiologist and cardiovascular surgeon if there are two or more vessels obstructed and one or more vessels has a 70% obstruction.

NOTE: ALL CASES WITH ANY LEFT MAIN ARTERY INVOLVEMENT SHOULD BE REFERRED TO A PA FOR EVALUATION OF WHY CABG WAS NOT TREATMENT OF CHOICE.

(Rev. 02/13/89)

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PREPROCEDURE CERTIFICATION REQUIREMENTS EXPANDED

Beginning April 1, 1989, the TMF entered its third scope of work to perform Medicare medical peer review. New review requirements under the third scope increased the number of procedures requiring preprocedure certification from five procedures to ten. Included are:

- transurethral prostatectomy
- implantation or reimplantation of permanent cardiac pacemakers
- coronary artery bypass graft
- percutaneous transluminal coronary angioplasty
- laminectomy
- carotid endarterectomy
- cataract extraction
- hysterectomy
- cholecystectomy
- major joint replacement (hip or knee only)

Preprocedure requirements only apply to patients covered under the Medicare program, and must be obtained for cases performed in inpatient or outpatient settings (except cataract procedures performed in the physician's office). Preprocedure approval is not required for emergency admissions; however, a precertification number should be obtained prior to discharge, preferably the day after the procedure is performed.

The physician performing the procedure (or his/her designee) must telephone TMF for certification before the Medicare patient is admitted or before the procedure is performed. The physician or designee should call 1-800-666-8293 between 8:00 a.m. and 5:30 p.m., Monday through Friday (except major national holidays). A maximum of five cases may be certified per telephone call. At that time, the call will be terminated to allow all Texas physicians equal and timely access to the preprocedure certification review process. The physician or designee must be prepared to provide the following information about the Medicare patient:

1) Full name of the patient
2) The patient's Medicare number
3) The patient's age and date of birth
4) Information pertinent to the patient's medical need for the procedure
5) The date and facility where the procedure has been scheduled
6) For cataract extractions, the patient's visual acuity (if available), the rationale for the procedure, and the expected benefits of the procedure.

If a patient's condition does not meet TMF screening criteria, the nonphysician reviewer will refer the case to a TMF physician advisor for a medical decision. If the procedure is approved by the physician advisor, TMF will notify the physician/designee by telephone of the certification number that verifies approval has been received. If a procedure is not approved, TMF will telephone the physician/designee and request additional information. If the additional information does not justify performance of the procedure, TMF will notify the physician/designee and the patient, by letter, that the patient is liable for all charges incurred if the procedure is performed. The letter also states that the patient, attending physician and provider are entitled to a reconsideration of this decision. For more information, call TMF at 1-800-999-9216. ■

Medicare — Questions and Answers

The following, developed by the Texas Medicare carrier, are the most commonly asked questions regarding Medicare:

Q. Why are my claims reviewed for medical necessity?

A. Public Law 89-97, commonly known as the Social Security Act, in Section 1862(a)(1) states that services that are not reasonable or medically necessary for the diagnosis or treatment of an illness or an injury or to improve the functioning of a malformed body member are not to be paid by the program. As carrier, we must adhere to this law on every service we allow or for which we pay program dollars.

Q. Does a physician determine that these services are not medically necessary?

A. No. Carrier physicians or physicians' consultants prepare the medical policy utilized by registered nurses to make medical necessity determinations. New medical policy will include a comment period for state medical associations and specialty groups.

Q. Why do I receive those development (yellow) letters?

A. The Omnibus Budget Reconciliation Act of 1986 requires nonparticipating physicians to refund beneficiaries any fees collected for "medically unnecessary" services. (See section 1862[a][1] of the Social Security Act.) The Health Care Financing Administration agreed with the American Medical Association that physicians should be given an opportunity to submit additional information on such services prior to final payment. Consequently, a development letter is sent on any potential section 1862(a)(1) denial. See answer number 1.

Q. Is the development (yellow) letter a final determination?

A. The development letter is not a final determination as the claim has not been fully processed. It is a request for additional information on the service(s) listed.

Q. What happens if I do not return the development (yellow) letter?

A. The information on or submitted with the original claim will be used to make the medical necessity determination. The development letter was sent on a potential denial; if further information is not received, the denial will be finalized.

Q. What documentation do I need to send?

A. Basically, you should attach to the development letter the information needed to support the medical necessity of the specific service(s) you have provided. You should also attach a copy of your progress notes, the patient's history and physical examination, or whatever medical records reflect the medical reason for the specific service(s). An explanation of your service(s) may also be written on the development (yellow) letter.

Q. Why do I get denials even if I respond to the development (yellow) letter?

A. The response may not have reached us within the specified time, or the response may not have provided adequate medical documentation to support the service.

Q. What if I do not see the patient, rather only laboratory tests or roentgenograms?

A. The Omnibus Reconciliation Act of 1986 applies to all non-participating physicians regardless of specialty.

Q. How can a physician know that the service(s) being provided will be the one(s) to be reviewed?

A. The carrier is obligated to pay for services that are medically necessary. Therefore, *every* service submitted to Medicare is subject to either prepayment or postpayment medical review. The medical necessity of the service should be evident in the medical documentation.

Q. What are my appeal rights for claims under $100?

A. The first level appeal mechanism is the same for every claim regardless of the dollar amount. The first level of appeal is the review, which must be requested within six months of the payment date. The second level of appeal is the fair hearing, which must involve one claim or several claims combined to equal an amount in controversy of $100 or more. The hearing must be requested in writing within six months of the review decision. The third level (effective for services on or after Jan 1, 1987) is the administrative law judge. If the amount in dispute involves at least $500, administrative law judge hearing must be requested within 60 days of the fair hearing decision.

Questions about MAACs

Q. Why do some physicians receive more than one MAAC report?

A. When a physician has more than one active provider number, the carrier will calculate a MAAC for each of these numbers. If one of the provider numbers is no longer active, the carrier should be notified in writing.

Q. Why are the MAACs different when the physician practices in different localities?

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A. The MAAC is calculated using the nonparticipating prevailing charge, which is based on individual localities and specialties. It is not unusual for prevailing profiles to be different in different localities and specialties.

Q. Can MAACs be transferred from one locality to another without being recalculated?

A. No. The carrier will recalculate the MAAC if the locality is different due to nonparticipating prevailing profile charge difference.

Q. If the nonparticipating physician accepts assignment, does the MAAC still apply?

A. Yes. The MAAC is a criterion that applies whether the assignment is or is not accepted.

Q. Does MAAC apply if Medicare is secondary payer?

A. No. It does not apply if the physician accepts the primary payment as full payment, and *does not* submit a claim to Medicare. However, the physician can control this only if he or she accepts assignment on the claim. The MAAC applies if Medicare makes a payment to the physician *or* the beneficiary.

Q. How does the physician bill if a MAAC amount does not appear on the Medicare Combined Disclosure Report?

A. The physician may assume that the MAAC does not apply and can bill whatever is deemed reasonable.

Q. Explain how the MAAC applies to uniform billing clinics.

A. Uniform billing clinics (UBC) are either single-specialty clinics or multispecialty clinics in which the charges are the same for all physicians.

If the UBC is a single specialty clinic, the MAAC is the same for all physicians in that clinic or group. If a physician joins the clinic or group, he or she assumes the clinic's MAAC.

If the UBC is a multispecialty clinic, the MAAC will be different for each specialty due to the nonparticipating prevailing profile for the given specialty and its locality. If a physician joins the clinic or group, he or she assumes the MAAC of their given specialty.

If the group is not a UBC, the MAAC will be calculated based upon the physician's individual base period charge data (April-June of 1984). If the physician was not in practice in the base quarter, the MAAC will be calculated on the 50th percentile.

Q. When can a base-period MAAC be changed?

A. The base-period MAAC may be changed at any time if the physician submits documentation showing the amount he or she billed during the base period (April-June 1984).

Q. If I did not bill a service during the base period, may I send documentation showing my previous charge?

A. Yes. Send documentation showing a completed financial transaction prior to June 30, 1984 on any patient. Send copies of itemized statements or insurance claims forms along with ledger entries or explanations of the insurance payments.

Q. Explain reimbursement versus the MAAC for nonparticipating physicians.

A. The physician will be reimbursed the lower of: (1) the actual charge; (2) his/her customary charge or (3) the nonparticipating prevailing profile charge for his/her locality and specialty. The MAAC is a limit on the actual charge that may be made by the nonparticipating physician to the Medicare beneficiary. ■

Smokeless Tobacco Damage in Baseball Players

A report from dental researchers at the University of California, San Francisco, found that almost half of a group of professional baseball players who used snuff or chewing tobacco regularly had lesions inside their mouths. This study confirms the link between smokeless tobacco and some of the negative oral health effects associated with its use.

The researchers examined 1,109 major and minor league players from seven professional baseball teams, more than half of whom were current or past users of smokeless tobacco. They found that: almost 40 percent of the players had used smokeless tobacco within the previous week; of the players who used smokeless tobacco at least weekly, 46 percent had oral lesions, compared with less than two percent of the non-users who had oral lesions; and snuff (fine tobacco particles or strips, usually placed between the cheek and gum) is the smokeless tobacco of choice, preferred by 75 percent of the users.

While all of the lesions biopsied in the course of the study were benign, oral lesions in smokeless tobacco users can be precursors to oral cancer. Researchers said the type of lesion observed in the baseball players — white or yellowish patches often at the site of the mouth where the tobacco is kept — is probably reversible if the habit is discontinued before the lesions become more advanced.

Researchers predict that smokeless tobacco is used by some 12 million Americans who mistakenly believe it is a safe alternative to cigarettes. Related studies indicate a link between smokeless tobacco use and the risk of accelerated coronary and peripheral vascular disease, hypertension, delayed wound healing, reproductive disorders, peptic ulcer disease, and esophageal reflux. Of greatest concern, both in cigarette smokers and users of smokeless tobacco, is the acceleration of coronary heart disease. ■

Dr. Tepper Awarded Certificate of Competence in Sports Medicine

Fred R. Tepper, D.O., of Fort Worth, is one of only 96 U.S. physicians to be awarded the Certificate of Competence in Sports Medicine. The Certificate, which is awarded by the American Osteopathic Academy of Sports Medicine (AOASM) and recognized by the AOA, is the highest distinction that a sports medicine physician can receive. It is awarded to those who have successfully completed the written and oral/clinical competency examination administered by the AOASM.

Dr. Tepper, a sports medicine and emergency medicine physician, is a 1965 graduate of Kirksville College of Osteopathic Medicine. Board certified in emergency medicine, he is affiliated with Fort Worth Osteopathic Medical Center and serves as an Associate Professor at TCOM. He also serves as team physician for Brewer High School in White Settlement.

A fellow of the American Board of Emergency Medicine, some of Dr. Tepper's memberships include TOMA, TOMA District II, AOA, AOASM, American College of Sports Medicine, and the American College of Emergency Physicians. ■

Dr.Elko Named TCOM Interim Associate Dean for Student Affairs

Edward Elko, Ph.D., was appointed interim associate dean for student affairs at TCOM effective July 1, 1989. He will serve until a new associate dean is selected to replace Mary Schunder, Ph.D., who recently resigned the associate dean post to return to a full-time teaching position with TCOM's Department of Anatomy.

A professor of pharmacology and medical education, Dr. Elko taught at the University of Tennessee Medical Units in Memphis for 18 years before joining the TCOM faculty in 1978. He was the recipient of an Outstanding Teaching Award from the University of Tennessee Alumni Association in 1978.

Named outstanding basic sciences instructor by TCOM students for 1978-79 and 1988-89, Dr. Elko was appointed assistant dean of basic health sciences at TCOM in March, 1980, after serving as acting assistant dean for several months. In July, 1981, he was named associate dean for basic sciences.

A native of Dupont, Pennsylvania, Dr. Elko earned his B.S. degree in biology from the University of Scranton in Scranton, Pennsylvania, and his Ph.D. in physiology-pharmacology from the University of Tennessee Medical Units in Memphis. ■

Lead Poisoning A Continuing Problem

Lead poisoning is still a looming problem and is considered by federal agencies as the most common environmental disease of children. A 1988 government study on lead poisoning in children concluded that, "Lead is potentially toxic wherever it is found, and it is found everywhere."

The prime sources of lead toxicity and poisoning continues to be lead-based paint and gasoline. Lead-based paint can still be found in many older homes and a growing problem today is the number of older homes being purchased for renovation purposes. Another concern is that many homes unwittingly provide drinking water contaminated by lead solder in the plumbing.

Lead from gasoline is a severe problem because it collects in dust, sticks to buildings, and generally contaminates the environment, making the problem a national public health crisis.

Recent research has revealed that health problems due to lead, many of which are irreversible, are occurring at lower exposure levels once thought to be harmless. Children are at greater risk for health problems and even the unborn are in danger because lead is transferred across the placenta.

For years, publicity has been abundant regarding lead found in ceramic ware, leading the FDA in 1979 to take part in a landmark meeting of the International Standards Organization and the World Health Organization. The result was the lowering of the allowable limits of lead in ceramic ware, which the FDA subsequently adopted as guidelines, although the problem has been continuously studied and further research performed.

Currently, the FDA is proposing lower lead standards for ceramic pitchers due to evidence that very low levels from ceramic glaze can limit a child's body growth and intelligence. The proposal would permit the marketing of pitchers only if they leach no more than 0.1 micrograms of lead per milliliter of an acidic test solution. ■

ATOMA NEWS

by Mary Eileen Del Principe
President, District XV

Now that the lazy days of summer are over, it's time to shift gears into fall. (If anyone's summer was lazy). We did have a small but enjoyable summer meeting with an excellent paper jewelry demonstration. I'm sure everyone had fun.

Our next meeting will be September 21 at the Worthington in downtown Fort Worth. This will be a social meeting so everyone can mingle and help make program suggestions for the coming year. Our next scheduled meeting will be November 16.

Other dates of importance include NOM Week, September 10-16, with this years focus on pediatrics and child care. The AOA convention is November 12-16 in Anaheim, California, and should be lots of fun.

Also, thanks to all the members for filling out the information sheets that Karen Whiting is getting together for our ATOMA news.

Please be sure and let us know if you move so that we can keep our mailing list up-to-date. ■

Thirty-Day Hospital Limit Removed

Physicians will begin receiving Medicaid payments for hospitals stays that exceed the existing 30-day limit, due to negotiations between TMA and the Texas Department of Human Services (TDHS), which began when the Legislature deleted a provision of the Medicaid enhancement bill that did away with the 30-day limit. The negotiations and testimony by Dr. Donald Kelley, Deputy Commissioner for Health Care Services at TDHS, resulted in the TDHS board eliminating the restrictive policy.

In a statement to the TDHS board, Dr. Kelley said, "The department believes it is no longer appropriate to limit physician services provided in an in-patient setting, as medically necessary services provided elsewhere are not limited. This requirement has caused recoupments of payments from physicians that have angered physicians and hurt the relationship between Medicaid and participating doctors."

The change, which took effect September 1, will provide an additional $6 million per year in payments to physicians during the next two years and will release nearly $6 million to hospitals in Medicaid payments each year. ■

Putting the Shade on Tanning

There is no such thing as a healthy tan, says the National Institute of Health, but try getting this message across to teenage girls, who are the worst sun abusers, according to a spokesperson for the American Academy of Dermatology. More than 500,000 cases of skin cancer are reported in the United States each year, and the rate is increasing. Scientists are predicting the number of cases could jump by more than six percent annually, due to the continued destruction of the ozone layer that protects the earth from ultraviolet radiation.

Recent studies have concluded that most cases of skin cancer will be the result of overexposure to the sun. Thus, many of the patients will be Texans because of the state's climate. According to Dr. Clift Price, Texas Department of Health Associate Commissioner for Personal Health Services, "Texans, used to outdoor work and recreation, sometimes fail to realize that the temporary discomfort of a sunburn is not as serious as the permanent radiation damage that goes unnoticed, sometimes for years. Some people think of sunburn as an annual ritual they have to live through in order to get a glamorous tan."

A widely held belief is that a tan looks healthy and is viewed by many as physically attractive. This attitude is indicative of the increasing popularity of commercial tanning salons and home tanning beds. Like the sun, tanning beds give off two types of radiation, UV-A and UV-B and both types present risks. Although sunscreens with a SPF rating of 15 or over offer some protection, they do have their limitations. As stated in *Texas Preventable Disease News*, "The ability of sunscreens to prevent cancers has been demonstrated experimentally in animals. Their effectiveness, however, has not been shown in human studies due to the difficulty in replicating conditions encountered by human users."

Sunscreen effectiveness is limited by such factors as improper and/or incomplete application, heat, wind, humidity, perspiration and exposure to water, and it is now believed that sunscreens do not protect against the immunological effects of UV. Short of totally avoiding the sun, the TDH says the most effective preventive measures, based upon common sense, are avoiding excess exposure and using suns barriers such as clothing and hats. In the meantime, medicine's educational efforts to stop people from frying themselves wages on. ■

Landmark Patient Dumping Decision Endangers Transfers

The Office of the Inspector General (OIG) has fined Dr. Michael Burditt $20,000, saying the Victoria obstetrician illegally transferred a pregnant woman in December, 1986. A U.S. Department of Health and Human Service (HHS) administrative law judge handed down the decision on Friday, July 28.

"Ironically, the government's decision actually may risk the health care of those who need it most. The fear of being fined may make some doctors keep patients who, for sound medical reasons, should be transferred," said Dr. Max C. Butler, Texas Medical Association president.

Dr. Burditt decided to transfer Rosa Rivera from Victoria's DeTar Hospital to Galveston because he feared her unborn child was growth retarded and would need more care than could be provided in Victoria.

The case was heard by an HHS administrative law judge in Victoria, January 24-27. Dr. Burditt will appeal the decision within 30 days to the appellate panel.

In his decision, the HHS judge said a patient cannot be transferred if "delivery might occur during the ambulance ride."

"To apply such a standard to obstetrical transfers wrongfully prohibits access to needed equipment and expert personnel at a higher level hospital," noted Dr. Butler. "This standard will only aggravate access to care problems in rural areas," he added.

Dr. Burditt did not receive any due process before his hearing. Due process involves peer review which, in Medicare patients, is provided by the Texas Medical Foundation. Safeguards, built into the peer review organization system in 1987, purposely were ignored by the OIG, said TMA's general counsel, Rocky Wilcox.

The TMA and the AMA have provided legal aid to Dr. Burditt at the request of the Victoria-Goliad-Jackson County Medical Society. ■

Opportunities Unlimited

PHYSICIANS WANTED

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

PHYSICIAN WITH TEXAS LICENSE — needed to practice general medicine at Student Health Center. 40 hours a week, Monday through Friday. Minimal call duty. Fringe benefits. Call Sheila Mayer, Adm., University of North Texas Health Center, P.O. Box 5158, Denton, 76203 or call 817/565-2331. Equal Opportunity Affirmative Action Employer. (22)

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

FULL/PART-TIME PHYSICIANS — earn $200 to $500 per day — no weekends — no nights. Physical examinations with osteopathic orientation. Establish physical therapy protocols. Several locations available. Send resume to P.O. Box 64758, Dallas, 75206. (27)

ASSOCIATE NEEDED — for expanding general practice in East Texas. Guaranteed income with a future. Contact: Steve Rowley, D.O., 214/849-6047 or Mr. Olie Clem, 214/561-3771. (08)

RURAL HOSPITAL/CLINIC — needs physician immediately. Local tenums/private practice, great for physician needing time for hobbies and recreation. Part-time considered. Call Administrator at 915/378-3201. (37)

APPLICATION BEING SOUGHT — for Assistant or Associate Professor position to teach and practice in the Department of Manipulative Medicine. Salary negotiable. Please submit C.V. to Jerry Dickey, D.O., TCOM, 3500 Camp Bowie Boulevard, Fort Worth, 76107. TCOM is an Equal Opportunity Employer. (07)

OFFICE SPACE AVAILABLE

FAMILY PRACTICE FOR SALE — Abilene vicinity. Small community. Well established practice. Contact Gary Clinton, PMA, Practice Sales Appraisals 214/327-7765. (22)

MESQUITE: Office for lease, 1800 sq. ft. Medical equipment for sale — OBGyn table, pediatric table with scales, treatment tables, examining tables, EKG machine, autoclave, microscope (American Optical 10/.24 (4 years old), miscellaneous surgical tools. Call evenings Mrs. Brunhilde Nystrom, 214/285-5580. Make offer. (39)

MISCELLANEOUS

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

ATTORNEY — representing the D.O. in professional matters, including: TSBME formal and informal hearings; medical staff privileges; contracts; Professional Associations; partnerships; and leases. Robert J. Ratcliffe, 1104 Nueces, Suite 4, Austin, 78701; 512/477-2335. (Fully licensed attorney in Texas and Tennessee; not certified as to specialty; 1979 graduate Vanderbilt University Law School). (50)

FOR SALE — Coulter CBC Machine, approximately 3-years old. Also, sublease a Dupont Analyst Blood Chemistry Machine. Call 214/985-8199. (36)

FOR SALE — Refloton Chemistry Analyzer, 7 months old; $5000 new plus $300 in reagents/standards; asking $4000. Call 512/520-1718 after 6 p.m. (31)

FOR SALE — Dodge Ram Mini, 150 Custom Van with electric wheel chair lift and over center tie downs. Original owner. Like new, 2900 actual miles. $10,500. Contact: Kenneth Ross, D.O., Route 3, Box 1347, Tyler, 75705; 214/556-2364. (41)

FILM ABOUT OSTEOPATHY — Students for the Advancement of Osteopathic Medicine at UHS-COM in Kansas City have put together an explanation of osteopathic medicine on VHS format. This video is designed to acquaint the student with the benefits of choosing osteopathic medicine as a career and to dispel misconceptions which have pervaded Pre-Medical advisors concerning our profession. We would like for practicing physicians to have this available for their use. There is no charge for this video. Interested D.O.s may obtain a copy by writing to: S.A.O.M., c/o Alvin C. Bacon, 426 Gladstone Blvd., Kansas City, Missouri, 64124. (48)

FOR THE BEST DOVE AND MUY GRANDE DEER HUNTING, write Gene Falson, 203 E., 2nd, Rio Grande City, Texas 78582. ■

Newsbrief

CANCER REGISTRY DIVISION HAS TOLL-FREE NUMBER

Persons needing information, answers to specific questions, or responding to inquiries from the Cancer Registry Division can now take advantage of a new toll free number, 1-800-252-8059. Although the primary function of this telephone number is to respond to queries about quality control, any interested party is welcome to use the service. It will be answered 24 hours a day. If you reach the answering service, leave your name, affiliation, telephone number, and a specific question. Your call will be promptly returned.

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