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What is the Proper Way to Handle Consultations and Referrals? . . . Page 6

**Guess What's POPPING  
in Galveston?**

**TOMA'S 89th Annual Convention  
And Scientific Seminar  
April 28-30, 1988**

# PHONE

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For Premium Rates,	
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Dallas Metro	429-9120
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Part B Telephone Unit	214/647-2282
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Established new physician (group)	214/669-6163
All changes to existing provider number records	214/669-6158
Texas Medical Foundation	512/329-6610
Medicare/Medicaid General Inquiry	800/252-9216
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# Texas DO

Texas Osteopathic  
Medical Association

April 1988

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The Advertising contained in this magazine is not necessarily endorsed by the Texas Osteopathic Medical Association.

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Tom Hanstrom, Editor  
Diana Finley, Associate Editor  
Lydia Anderson Smith, Staff Writer

# Calendar of Events



## APRIL 2

*A Spring Update for the  
Family Practitioner — II*  
Dallas Family Hospital

Contact: Cheryl Cooper  
Coordinator CME  
TCOM  
817/735-2539

## 26

**TOMA Board of Trustees Meeting**  
12:00 noon  
Hotel Galvez  
Galveston

Fort Worth Osteopathic Study Group  
Joint effort of Texas College of  
Osteopathic Medicine and Texas  
Academy of Osteopathy  
"Cervical-Thoracic Junction  
Dysfunction"

Speaker: Jerry Dickey, D.O.  
7:30 p.m.  
TCOM Med Ed I — Room 632  
2 hours — Category 1-A  
Contact: Russell Gamber, D.O.  
817/735-2579

## 27

**TOMA House of Delegates  
Meeting**  
9:00 a.m.  
Hotel Galvez  
Galveston

## 28-30

*89th Annual Convention and  
Scientific Seminar*

**TOMA**  
26½ CME — Category 1-A  
Galvez Hotel/Moody Conv. Ctr.  
Galveston  
Contact: TOMA 817/336-0549

## JUNE 24-26

*Eighth Annual General Practice  
Update "A Summer Symposium  
for the Family Practitioner"*

TCOM Office of CME  
Holiday Inn Emerald Beach  
Corpus Christi  
Hours: 11 CME, Category 1-A  
Contact: Cheryl Cooper  
Coordinator CME  
TCOM — 817/735-2539

## JULY 28-August 1

House of Delegates Meeting  
American Osteopathic Association  
Miami, Florida

Contact: Ann W. Wittner  
Director of Administration  
142 S. Ontario Street  
Chicago, IL 60611-2864  
800/621-1773

## AUGUST 5-7

*Mid-Year Conference/Symposium*  
Texas Society ACGP  
Hilton Hotel  
Arlington

Contact: T. R. Sharp, D.O.  
Secretary/Treasurer  
4224 Gus Thomasson Road  
Mesquite, 75150  
214/279-2453

## SEPTEMBER 25-Oct. 1

*National Osteopathic  
Medicine Week*  
"Osteopathic Medicine Salutes  
the Nation's Seniors"

NOM kits should be out soon!  
Contact: AOA Director of Communications  
142 East Ontario Street  
Chicago, Illinois 60611  
312/280-5800

## OCTOBER 15-16

*TOMA Mid-Year Seminar/  
Legislative Forum  
(formerly)  
Public Health Seminar/Legislative  
Forum*  
Sheraton CentrePark Hotel  
Arlington  
12 CME hours expected  
Contact: TOMA — 817/336-0549

## 16-20

Clinical Assembly of Osteopathic  
Specialists  
Surgeons Group  
New York Hilton  
Contact: ACAOS Conv. Mgr.  
3132 Ponce de Leon Blvd.  
Coral Gables, FL 33134  
305/444-2267

## DECEMBER 4-8

*Annual Convention and Scientific  
Seminar*  
American Osteopathic Association  
Las Vegas, NV  
Contact: AOA Bureau of Conv.  
142 E. Ontario Street  
Chicago, IL 60611-2864  
800/621-1773

## 6-7

*Educational Conference on  
Graduate Medical Education*  
American Association of Colleges  
of Osteopathic Medicine  
Las Vegas, NV  
Contact: Tarmara S. Johnstone  
Conference Coordinator  
6110 Executive Bldg., Suite 405  
Rockville, Maryland 20852  
301/468-0990



# TCOM Health Sciences Library Is Formally Dedicated



*Medical Education Building 3*

Gibson D. Lewis, Speaker of the Texas House of Representatives, was the main speaker February 26 during the dedication of Texas College of Osteopathic Medicine's three-story library. The Health Sciences Library, located on three of the four floors of \$10.85 million Medical Education Building 3, was under construction for more than two years. "This library has long been a top priority project for us," said C. Dean Davis, Austin attorney and chairman of the North Texas State University Board of Regents that governs TCOM. "We are delighted that it is now complete and that it is as beautiful as it is functional."

The library's audiovisual and computer software collection, its telefacsimile network and its integrated computer information system make it one of the best in the Southwest, says Bobby R. Carter, director of library services at TCOM.

"For some time now, we have had one of the best audiovisual and computer software collections in the Southwest," Carter said, adding that the library now has more than 3,500 titles. "With this new building, we have a proper facility to display and use it."

"We also were the first medical library to have a telefacsimile network and we still have the largest one for patient care information," he continued. "I think we were the first in the nation to use telefacsimile transmission for delivery of patient care information. We were the first to connect a medical library with hospitals and clinics for delivery of this kind of information. Our system is now being copied by other libraries."

This TCOM system connects the Health Sciences Library with 10 rotation sites and more than 50 other

academic and medical libraries. This connection means that someone needing the latest articles on any medical subject at one of these sites can have a copy of the articles in hand in seconds. The telefacsimile network now extends to sites in five states, although any library with compatible equipment can take advantage of the network. Information for transmission can come from any of 250 databases.

"In medicine, when you need the information, you usually need it right now," said Carter. "This network gives it to you that quickly."

"We at North Texas State are quite proud of this new facility," said Alfred F. Hurley, chancellor of NTSU and TCOM. "It expands the resources for not only the TCOM medical students but also for students in NTSU's basic science graduate programs. A library is an investment in the future, and this is a sound investment for TCOM, NTSU, the Fort Worth community and the entire state" ▶



*Second Floor Medical Education Building 3*

The integrated computer information system in the library replaces the traditional card catalog with 40 "user-friendly" computers. The system—called LIS for Library Information System—connects all library departments. It assures that information from reference, acquisitions, serials, circulation, the Learning Resource Center, administration and public terminals is all up to date.

The new library more than quadruples the space available in the former facility on the seventh floor of Medical Education Building I. The library expanded from 15,000 square feet to 65,000. The previous library had room for 50,000 volumes; this one can expand to hold 200,000. Where the previous site had seating for 100 users, the current one can seat 650.

The library was moved from Med Ed I to Med Ed 3 during December 1986 and occupies the second, third and fourth floors of Med Ed 3. The first floor houses the biomedical communications (television, graphics, audiovisual) department, a small auditorium and a computer center.

Another highlight is the preservation of history. The move of the library's Special Collections from several locked bookcases into a beautiful new Rare Books Room has made this valuable collection of over 1,600 volumes accessible for scholarly research for the first time. The collection's primary emphasis is in on osteopathic medicine and related materials in 19th century American medicine.



*West View Medical Education Building*

Also included is an oral history collection of more than 15 recorded interviews with pioneers in the osteopathic profession in Texas. Lighted display cases and special security, fire and climate controls now provide these valuable materials with the proper maintenance and storage required to preserve them for future generations.

The Health Sciences Library is a prime learning, teaching and research resource for TCOM and a center for medical information in the Fort Worth/Tarrant County community. The new building, its services and collections are strengths that allow this library to be one of the major medical resources of the nation. This sophisticated new facility symbolizes TCOM's commitment to excellence in the education of health care professionals. It is indeed, "A library for the 21st century!" ■



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# The Proper Way To Handle Consultations and Referrals

By Eli P. Bernzweig, J.D.

It is a fundamental principle of malpractice law that a general practitioner has a duty to seek consultation with, or refer the patient to, a specialist when, in the exercise of reasonable care, the physician knows or should know that the services of a specialist are indicated. The rule applies both when the GP knows that his or her skill, knowledge or facilities are inadequate, as well as when the selected course of treatment obviously is ineffective.

Notwithstanding the clearcut legal principles involved, some physicians still hesitate to seek consultation or make referrals and persist in making diagnoses and performing procedures beyond their qualifications. In so doing, they not only deprive their patients of the best possible medical treatment, but subject themselves to wholly avoidable malpractice suits.

## Consultation can be a problem for patients

What's the right way to handle this matter of consultation? First, it must be recognized that some patients are fairly uninformed about the protocol of consultation. Even though they may genuinely desire another doctor's opinion, they are often reluctant to tell their treating physician about it for fear of offending him. As a result, they either sneak off to visit another physician, or — more often than not — simply forfeit the opportunity for consultation.

If the patient chooses to see a specialist on his own, other problems are created. Because of his embarrassment, he is not likely to report his relationship with his regular doctor. This means that the new physician is obliged to wander about in the dark, without the benefit of the files, prior test results and the experience of the patient's regular doctor to help him accurately assess the patient's medical problem. It also forces the patient to incur needless expense and undergo much unnecessary examination and testing.

The other alternative of the embarrassed patient is to deprive himself of consultation altogether. When this happens, the patient invariably feels, but does not express, a definite sense of uneasiness about relying on only one physician's opinion. As a rule, both patient and physician find it hard to live with this feeling of uneasiness, and it constitutes an impediment to effective rapport between them.

Should surgical results prove less than satisfactory, the patient may well be resentful that his primary physician failed to call in another opinion prior to the recommended surgery. And, as noted above, if it can be shown that a substantiating opinion by a specialist was called for

under the circumstances, the failure to suggest this course of action will cause the physician considerable legal discomfort.

## Educating the patient

If you are a general practitioner, the simple solution to the problem outlined is to make it a standard practice to inform your patients of their right to consultation whenever important treatment decisions have to be made, especially the need for surgery. Yes, sometimes the patient will rather awkwardly say it is not really necessary, but you should not take that as the final word on the subject. Probe further and make it your business to ascertain what the patient really would prefer. You can help him over any embarrassment by explaining that consultation is perfectly proper and acceptable. And if it is true, don't hesitate to suggest that this is just the type of case in which consultation would be a good idea.

Rarely will consultation prove to be of no comfort either to you as the primary physician or to the patient. In the final analysis, educating the patient to the propriety of consultation will not only relieve doubt, but will demonstrate your fundamental concern for the patient's welfare.

## Making referrals

With medical care becoming increasingly group-oriented and specialized, the desire on the part of most patients to have a continuing personal relationship with a particular physician often gets left out in the cold. When the primary physician refers him to a specialist, the patient often feels confused and let down. He may wonder, "Is my doctor doing this because he isn't good enough to handle my case?" Or, worse, he may conclude that the doctor is referring him elsewhere because he simply doesn't like the patient personally. Generally, such thoughts on the part of patients are not expressed, and more often than not they simply follow the doctor's instructions because they are too embarrassed to ask why a referral is being made. To ask is to admit ignorance, and few patients are willing to admit that.

Certain surgical decisions may require consultation with a number of specialists, with the patient being passed around from one specialist to the next, each adding a bit to the prior medical observations and either modifying or concurring in the earlier recommendation(s) for or against surgery. But, although a variety of opinions insures against overlooking important features of the



case, this sharing of information is undoubtedly more comforting to the doctors involved than to their patients.

The problem with consensus medical decision-making is the feeling it engenders in the patient that medical responsibility is diluted. Psychiatrist Michael Balint referred to this as the "collusion of anonymity," where vital decisions are made without any single physician willing to assume ultimate responsibility for the patient's care.

One thing is certain: being shuffled around in this manner presents a host of psychological difficulties for some patients. They become anxious, suspicious, frustrated, and above all, resentful. And anyone who has ever been involved in a malpractice suit knows how potent a stimulus resentment can be to the patient who sees the assertion of a malpractice suit as a very effective way of "getting even" with a doctor who has given him short shrift. In other words, the run-around and shuffle provides the resentful patient with reasons for blaming one doctor for his impersonal experiences at the hands of many.

### How to deal with the angry-shuffle response

It is difficult to avert the "angry-shuffle response" without substantially modifying the anonymous decision-making process. Without eliminating consultation itself — which is both desirable and useful — the solution may

lie in having the primary physician provide just that continuing case management and coordination for the presurgical patient that is recommended for use whenever a doctor refers a patient to a specialist. Notwithstanding the fact that the surgical decision may represent the combined best opinions of a number of specialists, the patient should have one guide through the maze of referrals — one physician who coordinates and makes the patient feel that there is, indeed, one doctor who has assumed responsibility for supervising and managing his case.

Here, again, if you are a general practitioner, it is your task to educate the patient, this time about the use and importance of referrals. It will require some explanation about the varieties of specialty training, and it should include a modest explanation of your own skills and type of practice. Above all, you must make it clear to the patient that no matter how many other doctors may be consulted, you will remain the primary physician in charge of the patient's continuing care. By anticipating the anxieties of patients in these circumstances, you can abort feelings of confusion and rejection that may precipitate later litigation.

Eli P. Bernzweig, J.D., is Vice President in charge of loss control, Insurance Equities Corporation (IEC), of Palo Alto, California. IEC is the manager of TOMA's new professional liability insurance program. ■

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# CONVENTION PROGRAM '88

## April 26

- 12:00 noon **TOMA Board of Trustees' Luncheon**  
East Parlor/Hotel Galvez
- 1:00 p.m. **TOMA Board of Trustees' Meeting**  
West Parlor/Hotel Galvez
- 6:30 p.m. **Caucus of the Districts**  
Conference Room-B/Hotel Galvez

## April 27

- 8:00 a.m. to 12:00 noon **TOMA House of Delegates' Registration**  
Promenade/Hotel Galvez
- 9:00 a.m. **TOMA House of Delegates' Meeting**  
Music Hall/Hotel Galvez
- 12:00 noon **TOMA House of Delegates' Luncheon**  
Veranda/Hotel Galvez
- 1:00 p.m. **ATOMA Board of Trustees' Luncheon**  
Conference-A (lower level)/Hotel Galvez
- 2:00 p.m. **ATOMA Board of Trustees' Meeting**  
Conference-A (lower level)/Hotel Galvez
- 2:00 p.m. to 5:00 p.m. **Early Registration**  
Exhibit Hall/Moody Convention Center

## April 28

- 7:00 a.m. **General Convention Breakfast**  
Convention Hall-2 (upper level)  
Moody Convention Center
- 7:30 a.m. to 4:00 p.m. **Registration**  
Exhibit Hall/Moody Convention Center

(ALL LECTURES WILL BE HELD BEHIND THE EXHIBIT HALL (lower level of the Moody Convention Center) UNLESS OTHERWISE NOTED)

- 8:00 a.m. **"What's New in Dermatology"**  
Dudley W. Goetz, D.O.
- 8:45 a.m. **"Update on EKG Interpretation"**  
Russell G. Fisher, D.O.
- 9:00 a.m. **"Risk Management Seminar — Part 1"**  
Room C (upper level)/Convention Center  
Eli Bernsweig, J.D.  
Mr. John H. Sortore  
Mr. Michael G. Young
- 9:00 a.m. **ATOMA House of Delegates' Meeting**  
East Parlor/Hotel Galvez
- 10:15 a.m. **Refreshment Break with Exhibitors**
- 11:00 a.m. **"New Antiarrhythmics from the Layman's Point of View"**  
Edward Dick, M.D.
- 12:00 noon **"Anxiety Diagnosis & Current Treatment"**  
Gary Tollefson, M.D.
- 1:00 p.m. **Keynote Luncheon**  
Convention Hall-2 (upper level)  
Moody Convention Center
- 2:30 p.m. **"Post Viral Bronchial Hyperactivity Syndrome"**  
David Ostransky, D.O.
- 3:15 p.m. **"Non-Q-Wave Infarct"**  
Russell G. Fisher, D.O.
- 4:50:00 p.m. **Visit Exhibits**
- 5:00 p.m. **POPPS Reception**  
East Parlor/Hotel Galvez
- 7:00 p.m. **Sustainer's Party**  
**Aboard the Colonel Paddle Wheeler**  
(Buses will begin boarding at 6:30 p.m. and will leave promptly at 7:00 p.m.)

## April 29

- 7:00 a.m. **Texas ACPG Breakfast**  
Room A (upper level)  
Moody Convention Center



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# April 30

- 7:30 a.m. **Registration**  
Exhibit Hall/Moody Convention Center
- 8:00 a.m. **TOMA Annual Golf Tournament**  
(Buses leave in front of Hotel Galvez)
- 8:00 a.m. **"Office Diagnosis of Temporomandibular Joint (TMJ) Dysfunctions"**  
John H. Harakal, D.O.
- 8:45 a.m. **"Dental Perspective of TMJ"**  
Charles R. Holt, D.D.S.
- 9:30 a.m. **"Brain Mapping"**  
Charles R. Biggs, D.O.
- 10:15 a.m. **Refreshment Break with Exhibitors**
- 10:15 a.m. **Texas Academy of Osteopathic Meeting**  
OMT Room - Exhibit Hall
- 11:00 a.m. **"Current & New Treatment of Peptic Ulcer Disease"**  
Jay G. Beckwith, D.O.
- 11:00 a.m. to 1:00 p.m. **"Somato-Emotional Release"**  
Exhibit Hall (OMT Room)  
Russell Gamber, D.O.  
Edward A. Luke, Jr., D.O.
- 11:30 a.m. **ATOMA Installation Luncheon**  
Tremont House - Sam Houston Room  
(Buses will leave in front of Hotel Galvez)
- 12:00 noon **"Dealing with the Hostile Patient"**  
Irwin Schussler, D.O.
- 1:00 p.m. **AOA President-Elect's Luncheon**  
Convention Hall-2 (upper level)  
Moody Convention Center
- 2:30 p.m. **"Evaluation & Treatment of Hand Injuries"**  
Peter B. Ajluni, D.O.
- 2:30 p.m. to 4:30 p.m. **"Risk Management Seminar - Part 2"**  
Room C (upper level)/Convention Center  
Mr. John H. Sortore  
Joseph E. Wolpmann, D.O.
- 2:30 p.m. to 5:00 p.m. **"Structural Consultation and Treatment Service"**  
(Anyone interested in participating in this service, please contact Dr. David Teitelbaum)
- 3:15 p.m. **"Current Topics in Immunology of Serus Otitis Media"**  
Alvis Barrier, M.D.
- 4:00 p.m. to 5:00 p.m. **Visit Exhibits**
- 6:30 p.m. **President's Night Reception/Dinner/Dance Featuring "Ray Kent"**  
Convention Hall-1 (upper level)  
Moody Convention Center

- 7:30 a.m. to 9:00 a.m. **Registration**  
Exhibit Hall/Moody Convention Center
- 8:00 a.m. **Alumni Meetings**  
TCOM - Room A&B (upper level)  
KCOM - Room C (upper level)  
Moody Convention Center
- 8:00 a.m. **ATOMA Galveston Historical Tour**  
(Buses leave in front of Hotel Galvez)
- (ALL LECTURES WILL BE HELD BEHIND THE EXHIBIT HALL (lower level of the Moody Convention Center) UNLESS OTHERWISE NOTED)**
- 8:00 a.m. **"Hormonal Replacement Therapy in the Young Castrate and the Mature Female"**  
Peter Hickox, M.D.
- 9:00 a.m. **"Spontaneous Dysfunction: Recognition & Reversal"**  
Robert Irvin, D.O.
- 9:00 a.m. to 12:00 noon **"Structural Consultation and Treatment Service"**  
(Anyone interested in participating in this service, please contact Dr. David Teitelbaum)
- 10:00 a.m. **Refreshment Break with Exhibitors**
- 11:00 a.m. to 1:00 p.m. **"Noninvasive Vascular Testing in the Office"**  
Don Peska, D.O.
- 12:00 noon **TOMA Board of Trustees' Luncheon**  
East Parlor/Hotel Galvez
- 12:30 p.m. **ATOMA Board of Trustees' Luncheon**  
Conference-A/Hotel Galvez
- 1:00 p.m. **TOMA Board of Trustees' Meeting**  
West Parlor/Hotel Galvez
- 1:30 p.m. **ATOMA Board of Trustees' Meeting**  
Conference-A/Hotel Galvez
- 2:00 p.m. **"Diabetes Update"**  
Franklin B. Gluck, M.D.
- 2:45 p.m. **"Approach to Anemias"**  
Mary Ann Skiba, D.O.
- 3:30 p.m. **Visit with Exhibitors**
- 4:00 p.m. to 5:30 p.m. **"Impedance Audiometry"**  
Walter Ambrose, D.O.
- 6:30 p.m. **Fun Night Luau**  
San Luis Hotel - Argosy Ballroom  
(Buses leave in front of Hotel Galvez)

# 1988 Convention Supporters


## EXHIBITORS:

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Syntex Laboratories, Inc.  
Texas College of Osteopathic Medicine  
Texas Department of Human Services  
Texas Medical Association Cancer Education Program  
Texas Medical Foundation  
Texas Society of ACGP  
Texas State Board of Medical Examiners  
Transworld Systems, Inc.  
UAD Laboratories, Inc.  
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U.S. Army Recruiting  
The Upjohn Company  
Westwood Pharmaceuticals  
Wyeth Laboratories

## ATOMA Installation To Feature 'Flavor of Mardi Gras' Show

Auxiliary members will be in for a grand treat Friday, April 29, after the installation of officers takes place. Designed to lighten anyone's spirits, revelries will include a "Flavor of Mardi Gras" show at the Sam Houston Room of the Tremont House. The show will include costumes from several of the crews and a commentator will discuss the Krewe's and Galveston Mardi Gras. Of course, the real show stopper will be an impromptu parade of costumes, ranging from the merely curious to the politely outrageous. Those involved are member of Krewe's and/or involved in various aspects of Galveston Mardi Gras. Auxiliary members will also find a surprise on their tables to take home. Don't miss this bit of Galveston Fun!



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# Texas ACGP Update

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

It's that time of the year again. Several Texas ACGP events will take place at the TOMA convention in Galveston. Friday, April 29, is our big day for events — our 7 a.m. breakfast, our "PACER" meeting prior to the President's Night Reception, and our presentation of our annual "Texas GP of the Year" award at the President's Night Banquet.

Members of the Texas ACGP can assist us in order that adequate breakfast servings are available by filling out the convention questionnaire from TOMA indicating that you will attend the breakfast function or by calling TOMA on the toll-free number, 1-800-772-5993. We want to have enough food for everyone, so please let us know if you will help us celebrate the 35th birthday of our Texas ACGP state society.

The Texas ACGP Board will hold a business meeting starting at 3:00 p.m. on April 29, 1988.

The time of the "PACER" meeting will be between 4:30 and 5:30 p.m. on April 29, 1988.

The location of both of these meetings will be mailed to participants in the near future.

This month I would like to impart some information on drug classification for pregnancy and Medicaid OMT reimbursement problems.

## Classification of Drugs in Pregnancy

All prescription drugs absorbed systemically or known to have a potential for harm to the fetus are subject to the Food and Drug Administration (FDA) Risk Factors (Federal Register 1980; 44:37434-67). Risk Factors (A, B, C, D, X) have been assigned to all drugs, based on the level of risk the drug poses to the fetus. Risk Factors are designed to help the reader quickly classify a drug for use during pregnancy. They do not refer to breast-feeding risk. The definitions used for the Risk Factors are:

**Category A:** Controlled studies in women fail to demonstrate a risk to the fetus in the first trimester (and there is no evidence of a risk in later trimesters), and the possibility of fetal harm appears remote.

**Category B:** Either animal-reproduction studies have not demonstrated a fetal risk, but there are no controlled studies in pregnant women or animal reproduction studies have shown an adverse effect (other than a decrease in fertility) that was not confirmed in controlled studies in women in the first trimester (and there is no evidence of a risk in later trimesters).

**Category C:** Either studies in animals have revealed adverse effects on the fetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the fetus.

**Category D:** There is positive evidence of human fetal risk, but the benefits from use in pregnant women may be acceptable despite the risk (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

**Category X:** Studies in animals or human beings have demonstrated fetal abnormalities or there is evidence of fetal risk based on human experience or both, and the risk of the use of the drug in pregnant women clearly outweighs any possible benefit. The drug is contraindicated in women who are or may become pregnant.

## Medicaid OMT Reimbursement

The question of underpayment of Texas Medicaid OMT claims has still not been resolved. In the interim, I would like to remind our membership that it is important to keep these disputed OMT claims "alive." Even though you have appealed these claims to NHIC and adjustments have not been made, resubmit them within 180 days of the disposition date of the most recent Remittance and Status Report (RA) which lists these disputed OMT claims. I find it best to submit all the disputed OMT claims in bulk every three months. I refer the reader to the January issue of the *Texas DO*, page 18 and to the *Texas Medicaid Provider Procedures Manual* (September 1987, pp. 169-171) for specific information on how to request adjustments of underpayment of Texas Medicaid OMT claims. If you have questions regarding this OMT matter, contact TOMA.

In closing, this is an election year. Please support TOPAC and our friends in the Texas State Legislature. Active participation in the electoral process is the key to favorable political action on those medical issues that impact on Texas D.O.s. Congratulations to the AOA on their success in convincing Congress to include distinctive osteopathic services in the Harvard relative value scale (RVS) study. Congratulations to Royce Keilers, D.O., on becoming the President-Elect of the National ACGP. ■

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discount for monthly payment or a 15 percent discount when you pay semi-annually or annually.

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\*1985 Commissioners' Individual Disability Table A, 7-day Continuance Table.

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# Pennsylvania Law Has Societies Up In Arms

As if there weren't enough interference with physicians' ability to practice medicine already, now comes news of a law implemented in Pennsylvania. This issue centers around new regulations imposed by the Pennsylvania State Board of Medicine, whereby physicians must get the board's approval to prescribe a controlled group of drugs, sympathomimetic amines, in specific instances where prescriptions last longer than 45 days.

Although other states, as well as Pennsylvania, have either prohibited specific uses of these drugs or have requirements which stipulate that doctors must report certain prescriptions, the issue involved here is the added action of compelling physicians to apply for a waiver when some of these drugs are prescribed for over 45 days, in certain situations. What is particularly objectionable to the state societies is that the state boards (D.O. and M.D.) have the say as to whether each waiver will be granted. For physicians not following this rule, the maximum penalty is loss of license.

Although the law went into effect October 1, 1987, physicians have to apply for the waiver even though the state has yet to develop the means to process such applications. And applications are piling up rapidly.

The medical society has filed suit in both state and federal courts, seeking an injunction to stop the boards

from enforcing the regulations. The state claim puts forth the argument that state boards lack the authority to make treatment decisions, while the federal claim centers around privacy, asserting that the waiver violates the patient-physician relationship. Also being followed up is a federal due process claim, since there is no appeals process for physicians not given a waiver, although the board says the process is in the works.

The reasoning behind the regulation is the fact that Pennsylvania ranks number one in the country in the dispensing of various major sympathomimetic amines, however, a consultant of the AMA says only a very tiny fraction of physicians have made this so.

Although Bryant L. Galusha, M.D., executive vice president of the Federation of State Medical Boards of the United States, says the waiver system is not "earth-shaking", and that all U.S. boards are controlled by physicians anyway, who thus know what physicians are going through, Pennsylvania Medical Society and AMA officials are not satisfied. Their feeling is that the problem can be solved by better enforcement measures, rather than the waiver solution. The regulation is being called an "unprecedented interference" into the ability of physicians to practice medicine. ■

## TCOM Faculty Additions



Three osteopathic physicians have recently been added to the faculty of TCOM. Gregory Dean Smith, D.O., a family practitioner in Troup, has joined the TCOM faculty as an assistant professor of general and family practice. While practicing in Troup, Dr. Smith also served as the town's public health director, chief of emergency medicine for southern Smith County, medical director of the Troup Nursing Home, and team physician for Troup High School. Dr. Smith earned his D.O. degree at TCOM and served a rotating internship at Stevens Park Osteopathic Hospital (now Dallas Family Hospital) and is currently pursuing a Ph.D. degree in biochemistry from North Texas State University by working with Robert Gracy, Ph.D., chairman of TCOM's biochemistry department.

Gloria A. Gage, D.O., formerly in private practice in Grand Prairie, has been named assistant professor of psychiatry and human behavior at TCOM. Dr. Gage earned her D.O. degree at TCOM and served her internship at Normandy Osteopathic Hospitals in St. Louis

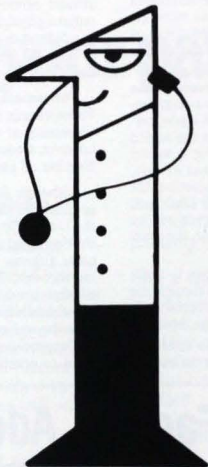


before entering a three-year residency in psychiatry at the University of Kansas Medical Center. She served a year as staff psychiatrist at Veterans Administration Medical Center in Kansas City and as a member of the University of Kansas School of Medicine faculty before moving her practicing to Grand Prairie in 1987.

Tero J. Walker, D.O., orthopedic surgeon, has joined TCOM as an assistant professor of surgery. Formerly in private practice in Dallas and Tyler, Dr. Walker earned his D.O. degree at the University of Health Sciences College of Osteopathic Medicine and interned at Metropolitan General Hospital in Florida. He then took a four-year residency in orthopedic surgery at Parkview Hospital in Ohio. Dr. Walker is a former lieutenant in the U.S. Army and served in the National Guard. ■



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# Update to Texas Homestead Act

House Bill 736 was signed by Governor Clements on June 16, 1987 enacting into law, effective September 1, 1987, an amendment to the Texas Homestead Act. This act provides an unlimited exemption for assets in retirement plans that are tax qualified under the Internal Revenue Code of 1986. The Act provides, in part:

"...a person's right to the assets held in or to receive payments, whether vested or not, under a stock bonus, pension, profit sharing, annuity or similar plan or contract, including a retirement plan for self-employed individuals, or under an individual retirement account or an individual retirement annuity, including a simplified employee pension plan, is exempt from attachment, execution, and seizure for the satisfaction of debts unless the plan, contract, or account does not qualify under the applicable provisions of the Internal Revenue Code of 1986. ...Contributions to an individual retirement account that exceed the amounts deductible under the applicable provisions of the Internal

Revenue Code of 1986 and any accrued earnings on such contributions are not exempt under this section unless otherwise exempt by law."

Prior to enactment of House Bill 736, creditors or a trustee in bankruptcy could reach assets in qualified plans. In an effort to preserve assets set aside for retirement purposes, House Bill 736 places the assets of both corporate and self-employed plans out of the reach of one's creditors. The significance of this provision is to permit planning for one's retirement without the risk that poor business decisions or other financial problems may interfere with that objective. Taken together with the unlimited homestead exemption, one conceivably could go through bankruptcy and have sufficient assets for a second or even third start on life.

*Submitted by Bruce E. Lieberman, Lieberman and Soong Pension Services, Hurst, Texas. For further information contact Bruce Lieberman at 498-0600.* ■

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THURSDAY, APRIL 21, 1988  
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# Medicare Alert

Physicians should have received their "Dear Doctor" letter by now, explaining the latest changes in Medicare's payment rules and asking whether they want to be participating physicians.

*Medicare Newsletter #255* has been sent to Medicare Part B participating physicians, while *Newsletter #256*, containing similar information, has been sent to non-participating physicians. The appropriate customary, prevailing and MAAC charge reports are enclosed with each packet of information.

It is advised that both participating and non-participating physicians look closely at their profiles. We recommend that all physicians go through the material and screen their customary charges and, additionally, non-participating physicians should review the MAACs, to be sure that they are accurate as far as their practices are concerned.

Any detected errors should be directed to the appropriate individuals as listed in the newsletters.

Physicians have until March 31, 1988 in which to make a decision. Participation agreements are effective with services rendered beginning April 1, 1988.

There are a number of factors to consider when making your 1988 participation decision: 1) the proportion of patients in the practice who are Medicare beneficiaries; 2) current percentage of patients and dollars taken on assignment; 3) 1987 experiences with MAACs or participating physician status; 4) participating physicians are required to accept assignment in ALL cases. Non-participating physicians have the option of accepting Medicare

assignment on a case-by-case basis; 5) Medicare's preferential treatment of participating physicians (for example, a financial disclosure letter is required of non-participating physicians performing non-emergency surgery where total charges will exceed \$500); 6) the difference between the 1988 prevailing charge and the 1988 MAACs; and 7) the physician's individual philosophical stance on participation.

MAAC and prevailing charge information may be obtained by contacting the Medicare Part B Carrier (Blue Cross and Blue Shield of Texas): Ms. Karen Foxall, Blue Cross and Blue Shield of Texas, P.O. Box 660156, Dallas, Texas 75266-0156, or call her at 214/669-7408.

*"The practice of medicine for the past 2,400 years — ever since Hippocrates himself first practiced his art — has been one of mankind's most consistent instruments for challenging fear and prejudice, for replacing rejection with acceptance, and for providing faith and hope where there had been only despair."*

*By C. Everett Koop, M.D.  
U.S. Surgeon General*

## In Memoriam Mrs. Andreia M. Norrid

Mrs. Andreia M. Norrid, wife of TOMA member Henry G. Norrid, D.O., of Amarillo, passed away February 19 from injuries resulting from an automobile accident. Also injured were Dr. Norrid and his son, Noah, who were treated at Cibola General Hospital in Grants and then taken by helicopter to the University of New Mexico Hospital at Albuquerque. Dr. Norrid and his son were reported in stable condition.

Mrs. Norrid, born in Orange, had been an Amarillo resident for 10 years. She was employed as a hair dresser with the Cutting Edge and was a member of Paramount Terrace Christian Church.

Survivors include her husband; two sons, Joshua Andrew Norrid and Noah Adam Norrid; two sisters, Mona Cook of Knox City and June Rowlett of Duncan, Oklahoma; and her mother, Iola V. Hudson of Knox City.

The family requests memorials be made to The Sisters of Charity of St. Jean.

TOMA extends its condolences to the Norrid family on this tragedy.

# Osteopathic Medical Protective, Inc. Filing Now Effective

The Securities and Exchange Commission has recently declared the registration for Osteopathic Medical Protective, Inc. (OMPI) effective. As you may recall, OMPI is the company created to back the Universal Liability™ medical malpractice insurance program.

Universal Liability policyholders may now purchase stock in OMPI. This stock ownership entitles a policyholder to share in the financial results of the company and enables a shareowner to help elect the company's Board of Directors. Complete details about the company, including performance and risk factors, are available in the Prospectus.

Policyholders should have received recently a packet

of information, including a Prospectus and a Stock Subscription booklet, with instructions on how to purchase stock. Commercial Investment Alternatives, Inc. (CIA), a licensed securities broker/dealer is the securities agent in this matter. If you are a policyholder and have not received an information package, please call or write CIA, 1250 Church Street, St. Helena, California 94574, 707/963-2400 for that information.

For information about the Universal Liability insurance program, please call Insurance Equities Corporation, program manager at 800/544-8560 or write Universal Liability, 101 University Avenue, Palo Alto, California 94301. ■

## Membership Applications Received

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Palestine, 75801

**John E. Carter, D.O.**  
CCOM '63; b '27; CF; C-GP; FACGP  
TCOM, 3516 Camp Bowie Blvd.  
Fort Worth, 76107

**Dempsey D. Gordon, Jr., D.O.**  
TCOM '85; b '55; Fam.Prac.  
7867 Willow Hill Ct., #219  
Dallas, 75230

**Jan T. Hendryx, D.O.**  
TCOM '86; b '52; GP  
P.O. Box 470203  
Fort Worth, 76147

**Brian C. Hull, D.O.**  
TCOM '84; b '55; MS; C-Fam.Prac.  
Sheppard AFB  
Wichita Falls, 76311

**Janice A. Mudd, D.O.**  
COMS '86; b '48; GP  
5556 Gasmer  
Houston, 77235

**James O. Mullowney, D.O.**  
TCOM '86; b '55; GP  
5115 N. Galloway  
Mesquite, 75150

**James N. Passias, D.O.**  
KCOM '82; b '54; ANES  
5500 39th St.  
Groves, 77619

**James O. Royder, D.O.**  
KC '65; b '31; C-GP; OMT; FAO  
729 Bedford Euless Rd., #101  
Hurst, 76053

**Gary W. Sweek, D.O.**  
TCOM '86; b '54; GP  
P.O. Box 226  
Honey Grove, 75446

**Wayne L. Ventling, II, D.O.**  
KCOM '78; b '51; RAD  
P.O. Box 100  
Corpus Christi, 78410

**David A. Vick, D.O.**  
KC '63; b '37; I  
7616 LBJ Freeway  
Dallas, 75251

**Eric J. Williams, D.O.**  
MSU-COM '74; b '42; GP  
4101 Airport Freeway  
Bedford, 76021

## TOMA Seeking Committee Appointees

The TOMA State Headquarters is seeking TOMA members who would be interested in serving on committee(s) within this Association during the 1988-89 fiscal year. To that end, we ask that you scan the committees listed in the membership directory and complete the following information.

NAME: \_\_\_\_\_

COMMITTEE(S): \_\_\_\_\_

DATE: \_\_\_\_\_

Please return this completed form to the TOMA State Headquarters. Dr. M. Lee Shriner, who will be assuming the TOMA presidency during the Annual Convention, will be making the appointments, with Board approval, so it is imperative that this form be returned immediately.

Thanks for your cooperation.

# Temporary Coverage Physicians

The TOMA State Headquarters continues to receive numerous requests for names of physicians willing to temporarily cover other physician's practices. Because of the volume of this type of call, we would like to continuously maintain a file on those physicians willing to engage in locum tenens work.

If you are interested and able to provide this type of service, please write or call TOMA with details and particulars, such as fees; how many hours per week you desire; minimum and maximum length of time you would expect to remain; what areas of the state you would cover; whether you would require a gas allowance to and from the practice site; what type of medical services you perform, (such as ob/gyn); if you require that an arrangement be made in advance for another physician to handle hospital coverage for patients, and any other pertinent information necessary for this type of service to flourish.

As stated above, there is a rapidly growing need for this type of service and TOMA would like to be able to have a lengthy list at all times for the benefit of the membership. ■

## Emergency Room Director

Located just out of town, 35 miles from Ft. Worth near Lake Granbury, Hood General Hospital is seeking an Emergency Room Director to work Monday - Friday. Board Certified Emergency Room Physician preferred. Responsibilities include physician staffing and quality assurance.

Interested candidates should apply to: **Terrie Henderson, Personnel Director, 1310 Paluxy Rd., Granbury, TX 76048, (817) 573-2683.** Equal Opportunity Employer, M/F.

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# HCFA Announces New Plan to Curb Mounting "Medically Unnecessary" Problems

The Health Care Financing Administration (HCFA) has announced that it soon will institute a major process change aimed at obviating many of the problems that physicians have experienced because of premature Medicare carrier claims denials and issuance of refund notices under new "medically unnecessary" provisions of OBRA-1986.

HCFA said it will issue new instructions for carriers that will require them to contact physicians and seek additional information before denying any claim and sending a refund notice to the patient and physician.

Those instructions, having an expected effective date of April 1, have been sent to carriers the week of March 2, HCFA said. In the interim, physicians who receive improper refund notices should promptly file an appeal of any medically unnecessary denial and the refund requirement. The appeal should contain thorough documentation of the necessity of the service in question. If there is any doubt regarding which services were denied,

a physician should immediately contact the Medical Review Department of the local Medicare carrier.

HCFA also advised that it is developing a revised refund notice that will clearly identify the service(s) in question and the basis for denial and that will include a point of contact at the carrier's office. The tone of the letter also will be improved, HCFA said. ■



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# TEXAS TICKER TAPE ☐ ☐ ☐ ☐ ☐ ☐

## **A WAY TO ATTRACT MORE MEDICARE PATIENTS**

The Federal Trade Commission (FTC) says that health providers who waive Medicare deductibles and copayments are not breaching anti-kickback laws. In fact, the FTC asserts that such waivers actually increase competition and also help control costs. With this in mind, the FTC is prodding the Department of Health and Human Services to issue rules which clearly state that such waivers are legitimate. In the meantime, a Chicago U.S. Court of Appeals is to decide on a case whereby a Wisconsin hospital is attempting to have the practice declared as illegal.

## **AIDS INFORMATION TO BE MAILED NATIONWIDE**

Households throughout the United States will be receiving AIDS prevention brochures in a mass mailing scheduled for May or June. The brochures will include sexual and drug-using practices carrying the greatest risk of spreading AIDS. Experts are predicting that by 1991, one million people worldwide will have the disease.

## **TORT REFORM UPDATE**

The American Tort Reform Association reports that 34 state governments have passed some type of tort reform measure in 1987. California's tort reform law has caused rates to moderate in that state, according to a physician-owned liability insurance company.

## **REMINDER — NTSU TO CHANGE NAME**

One of the issues resulting from the 1987 Texas Legislative session was that of a name change for North Texas State University. Beginning May 15, 1988, the university changes its official name to the University of North Texas.

## **ROYCE KEILERS, D.O., PRESIDENT-ELECT OF NATIONAL ACGP**

Royce K. Keilers, D.O., of La Grange, has been elected president-elect of the over 9,000-member American College of General Practitioners in Osteopathic Medicine and surgery. He was formally installed on February 13 during the National ACGP's Annual Convention, held at the Wyndham Hotel in Palm Springs, California.

## **PHYSICIANS AREN'T THE ONLY ONES WITH FRIVOLOUS CLAIMS**

According to an American Bar Association poll, of more than 54,600 complaints lodged against attorneys in 1986, less than eight percent were found to have any merit. Compounding the problem is some state agencies involved in policing attorneys take up to five years to resolve such complaints because of underfunded and understaffed agencies.

## **RVS STUDY TO INCLUDE OMT**

In what can be hailed as a major achievement is the inclusion of distinctive osteopathic services in the Harvard relative value scale (RVS) study, which is expected to be the foundation of important physician payment reform over the next few years.

Mandated by Congress, the study is attempting to assign values to a host of physician services. The values will be based upon a broad range of factors involved in the provision of services. It is expected that the RVS will place greater emphasis on the cognitive skills required by physicians. The AOA believes it is important that OMT be included in the study because of the unique nature of osteopathic treatment.

## **Newsbrief**

### **PMI Proof of Claim Forms**

Within the first couple of weeks of March, the Texas Liquidation Division of the State Insurance Department sent proof of claim forms to anyone who had coverage under Professional Mutual Insurance Company. This is confusing in that similar proof of claim forms were sent by PMIC directly late in 1987.

It is extremely important that both sets of claim forms be filed. The PMIC claim forms have to do with your ability to share in the assets of the corporation upon final distribution of any funds. The proof of claim form in Texas has to do with being able to receive reimbursement for losses and legal fees from the Texas Guaranty Fund. This is not a change in what has already been communicated but simply a reemphasis of the fact that it is very important that you file both sets of proof of claim forms in order to be fully covered.

## MEDICAID NEWS

Your attention is called to Texas Medicaid Bulletin, number 60, February 1988. National Heritage Insurance Company, insurer of the Texas Medicaid Program, has announced a new automated system to assist physicians with several types of inquiries. The NHIC Automated Inquiry System (NAIS) will answer inquiries on claim status, eligibility, benefit limitation and current check amounts. NAIS may be accessed with a touch-tone telephone from 7:00 a.m. until 6:00 p.m., central time, Monday through Friday. The automated inquiry system will expedite certain types of inquiries. Physicians with questions about NAIS should call the Telephone Inquiry Unit at 1-800-252-9224 or 512-343-4900.

This particular bulletin explains the entire process. Any physician needing a copy may contact the TOMA State Headquarters.

Additionally, this bulletin contains information as to provider appeals. The following information replaces the second paragraph, page 171 of the Provider Procedures Manual, dated September 1987:

To appeal non-DRG related issues to DHS, a written notice must be received by DHS within 15 days from the date following receipt of NHIC's notice of appeal action. Send this notice to: Mr. Simon Y. Rodriguez, Associate Commissioner for Legal Services, Hearings Division, 171-W, Texas Department of Human Services, P.O. Box 2960, Austin, Texas 78769.

## CHAMPUS IMPLEMENTS 1988 MEDICARE GROUPEUR PROGRAM

Beginning March 1, 1988, CHAMPUS began using Medicare's 1988 grouper program and updated diagnosis related group (DRG) weights and rates for discharges from hospitals subject to the CHAMPUS DRG system. CHAMPUS chose to use Medicare's grouper in order to remain consistent with the Medicare Prospective Payment System.

When CHAMPUS developed its DRG-based payment system for implementation on October 1, 1987, the Medicare 1987 grouper was the only program available. Since that time, the Health Care Financing Administration (HCFA) has introduced an updated grouper for fiscal year 1988.

The new grouper program uses two new DRGs and includes a number of changes in the ICD-9 codes, which are used in assigning a DRG to an individual claim. In addition, CHAMPUS has updated the adjusted standardized amounts, relative weights, geometric mean lengths-of-stay and outlier thresholds used in its DRG payment system.

Providers should check the March 1, 1988 Federal Register for updated amounts and additional information. ■

## Eighth Annual General Practice Update

"A Summer Symposium  
for the Family Practitioner"

Friday Evening — Sunday  
June 24-26, 1988

### PRESENTED BY:

Texas College of Osteopathic  
Medicine's Office of CME

### SUPPORTED BY:

Dallas Southwest Osteopathic  
Physicians, Inc.

### LOCATION:

Holiday Inn Emerald Beach  
Corpus Christi, Texas

### TOPICS:

*Newer Trends in Sexually  
Transmitted Diseases*  
Francis X. Blais, D.O.

*Interpretation and Management of  
Abnormal Pap Smears*  
John M. Chapman, D.O.

*Diagnosis and Current Treatment of  
Congestive Heart Failure*  
Russell G. Fisher, D.O.

*Pediatric Infectious Diseases*  
Bruce G. Gilfillan, D.O.

*Overview and Long  
Term Care in Geriatrics*  
C.T. Maxvill, D.O.

*Update on  
Cerebrovascular Disease*  
William E. McIntosh, D.O.

11 Hours, Category 1-A, AOA

### CONTACT:

Cheryl Cooper  
Continuing Medical Education  
Texas College of Osteopathic Medicine  
817/735-2539

### FEES:

Non-TCOM Affil. Physicians . . . \$175  
TCOM Affiliated Physicians . . . \$85  
Allied Health Professionals . . . \$50  
Externs/Interns/Residents . . . \$25

# Opportunities Unlimited

## PHYSICIANS WANTED

**LOCUM TENENS** — month of May—General Practice—Dallas—Five day week—no hospital or nights. Office work with OMT and PT. Need for four weeks. \$10,000.00. Contact: Coleman Medical Clinic, 1805 N. Garrett, Dallas, 75206. 214/826-9390. (42)

**EXCELLENT TEXAS OPPORTUNITY IN** — cardiology, cardiovascular surgery, dermatology, ENT, family practice, general surgery, internal medicine, OB/GYN, oncology, orthopedic surgery, pediatrics, pulmonology, urology, excellent quality of life, first year guarantee, etc. Other opportunities available also. Reply with C.V. or call, Armando L. Frezza, Medical Support Services, 8806 Balcones Club Drive, Austin, 78750. (11)

**FULL AND PART-TIME FAMILY PHYSICIANS WANTED** — for several primary care/minor emergency clinics in the D/W 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. (13)

**TEXAS, SAN ANTONIO** — BC/BE FP/EM WANTED for young group staffing 3 ACC's. 100 percent physician owned/managed. Min. guarantee plus bonus/malpractice/health. Begin July, 1988. Send C.V. to David Gude, M.D., Texas MedClinic, 777 N.E. Loop 410, San Antonio, 78209; 512/696-5599. (43)

**GENERAL AND FAMILY PRACTITIONER NEEDED** — for well established and fast growing Minor Emergency Center located south of Fort Worth. Excellent opportunities available. Please send resume or contact B. Craig Nelson, D.O. or William A. Thomas, Jr., D.O., Burleson Minor Emergency Center, 344 S.W. Wilshire Blvd., Burleson, 76028 or call 817/447-1208. (49)

**PRACTICE AND EQUIPMENT FOR SALE** — Office building is also for sale or lease. Contact: Joseph L. Love, D.O., 4400 Red River Street, Austin, 78751 or call 512/452-7641. (30)

**EXPANDING PHYSICIAN OWNED EMERGENCY GROUP** — is seeking board eligible/board certified full-time and part-time primary care physicians. Flexible schedule. Competitive compensation package. Please send C.V. to Henry Underwood, D.O., P.O. Box 260701, Plano, 75026 or call 214/867-5998 or 588-7977 (beeper). (46)

**FOR SALE** — Family practice in small central Texas town. Gross 100M. Buy only the real estate at appraised market value, financing available. Contact: TOMA, Box "406", 226 Bailey Avenue, Fort Worth, 76107. (17)

**PHYSICIAN PRACTICE OPPORTUNITIES** — are currently available in prospering northeast Tarrant County. The Mid-Cities area of the Dallas/Fort Worth Metroplex is currently experiencing exceptional population growth. Opportunities now exist for medical specialists, including internal medicine, pediatrics, OB/Gyn, and orthopedic surgery. Northeast Community is a full service, state-of-the-art acute care hospital. Northeast offers emergency medicine, ICU/CCU, five surgical suites, CT scanning, MRI, and nuclear medicine. Recruitment assistance is available. Send C.V. and letter of introduction to Mr. Rob Martin, Administrator and C.E.O., Northeast Community Hospital, 1201 Airport Freeway, Bedford, 76021. (16)

**KNOX** — Family practice opportunity available now! Meets National Health Service Corps requirements and Physicians Student Loan Program Repayment Requirement. Solo practice in Texas County of around 6,000 population. Town approximately 1,800 populations, good school, golf course, and churches. Rent free, furnished clinic and monthly guarantee for first year. Rural tax supported hospital of 28-beds with one other physician on medical staff to relieve call. First year expected earnings, gross over \$100,000. Call collect 817/658-3535 or send C.V. to D.L. Stout, Hospital District Administrator, P.O. Box 608, Knox City, 79529. (04)

**WANTED** — General/Family practice physician to join two, too busy, practitioners in progressive vigorous rural community. Good schools and excellent recreational opportunities in smog-free

low-crime environment. No OB or major surgery. 20-bed hospital and 82-bed nursing home within walking distance of clinic. Reasonable schedule with ample vacation time and CME opportunity. 45 miles to city of 80,000 with State University. Compensation negotiable. Phone 915/869-6171. (06)

**DALLAS, FORT WORTH, MINERAL WELLS** — Opportunities for full or part-time D.O. or M.D. emergency physicians who practice quality emergency medicine. BC/BE encouraged, but not required. Several low and medium volume osteopathic and mixed staff hospitals in North Texas area available. Competitive hourly guarantee with malpractice stipend. Send C.V. to Glenn Calabrese, D.O., OPEM Associates, P.A., 100 N. University Drive, #220, Fort Worth, 76107. 817/332-2313. (21)

**EXCELLENT OPPORTUNITY** — G.P.s and F.P.s; North Central Texas; 55 miles south of Fort Worth and 30 miles northwest of Waco. Clinic with staff and equipment plus insurance provided. Income guarantee negotiable. Solo or group. Two clinics adjacent to modern well equipped hospital. Physician retirement plus lure of VA hospitals leave 10,000+ population with one physician. Modern school system with over 1,100 students. Golf, sailing, fishing, hunting, etc. at your doorstep. Conversation will not obligate or cost you anything. Let's Talk...call H. Findley, Hospital Administrator 817/694-3165. (41)

**APPLICATIONS BEING SOUGHT** — for Assistant or Associate Professor position to teach in a Department of Manipulative Medicine. Prior teaching experience required. Salary negotiable. Please submit C.V. to Jerry L. Dickey, D.O., TCOM, 3516 Camp Bowie, Fort Worth, Texas 76107. TCOM IS AN EQUAL OPPORTUNITY EMPLOYER. (33)

## POSITIONS DESIRED

**PHYSICIAN SEEKING** — General practice opportunity in Dallas/Fort Worth and surrounding area or Hill Country areas. Have passed FLEX and will complete General Practice residency in August, 1988. Please send inquiries to: TOMA, Box "405", 226 Bailey, Fort Worth, 76107. (01)



**PHYSICIAN ASSISTANT** (Board Certified) — seeks part-time position; has had five years experience as first assistant to general surgeon. Interested in general surgery, internal medicine and family practice. Contact: John G. Henevadl, 1111 N. O'Connor Road, # 121, Irving, 75061. Phone: 214/254-6523. (07)

**PHYSICIAN SEEKING** — part-time locum tenens work in Dallas/Fort Worth or Denton area in General/Family practice and/or OMT (no OB/GYN). Available for Mondays, Fridays and Saturdays. Contact: Jan T. Hendryx, D.O., at 817/335-8140. (48)

**PHYSICIANS ASSISTANT** — former Army PA (CS3) who is currently a first-year student at TCOM. Desires consideration for part-time and summer employment. Over five years of family practice and emergency room experience. Contact: William J. Williams, 345 Hallmark Drive West, Fort Worth, 76134, 817/551-5211. (34)

## OFFICE SPACE AVAILABLE

**MEDICAL OFFICE FOR LEASE** — 2,500 sq. ft. office space suitable for two doctors; six exam rooms, dual lab, x-ray and two offices. Good location in Fort Worth. Phone 817/284-4195. (25)

**NEW OFFICE FOR MEDICAL PRACTICE** — 1300 sq. ft. finished and ready for occupancy. Reception area with business office, two examination rooms, private office, x-ray, bathroom and small lab. space. Office can be expanded to 2,660 sq. ft. Located in Grand Prairie, five minutes from D/FW Medical Center. Please call George Miller, D.O., 214/969-7477 for more information or to make an appointment to see the property. (05)

**PROFESSIONAL OFFICE SUITE AVAILABLE** — in prospering northeast Tarrant County, part of Dallas/Fort Worth metroplex. Professional building adjacent to Northeast Community Hospital, 1401 Airport Freeway, Bedford, 76021. Contact: Mr. Phil Young, Northeast Community Hospital, 817/283-6700. (20)

**TWO MEDICAL OFFICE SPACES FOR LEASE** — in Euless, heart of booming Metroplex in established location near Harris HEB and North-east Community Hospitals. 1500+ and 1600+ square feet — \$9.00 per foot including utilities. X-ray equipment available on premises; pharmacy on premises. Call Bill Wyatt, 817/481-5158 or 817/282-6717; or write 701 W. Pipeline Road, Hurst, 76053. (31)

**NORTH DALLAS/PARK CITIES** — Ideal office space available. Over 1,000 square feet finished out space. Located in Highland Park, near North Central Expressway, it is a perfect location for an osteopathic practice. For further information contact John Hawkins 214/522-9767. (52)

**CLINIC FOR SALE** — Walk-in Clinic/Family Practice in rapidly growing D/FW Metroplex. Three exam rooms, fully equipped X-ray and lab, established patient load. Room for expansion. Multiple financial options available for purchase. Contact: TOMA, Box "410", 226 Bailey Avenue, Fort Worth, 76107. (32)

## MISCELLANEOUS

**50 PERCENT OFF PREVIOUSLY OWNED** — medical, laboratory, x-ray, ultrasound equipment. We buy, sell, broker and repair. APPRAISALS BY CERTIFIED SURGICAL CONSULTANTS. MEDICAL EQUIPMENT RE-SALE, INC., 24026 Haggerty Road, Farmington Hills, Michigan 48018. 800/247-5826 or 313/477-6880. (19)

**BUSINESS LOANS** — Reduce taxes by sale/leaseback. Other loans, equipment lease. Buying or selling a practice? Contact: Dr. W. Atchley, 100 S. Washington, Enid, Oklahoma 73701. 405/234-5135. (27)

**TRANSCRIPTION** — let us do your office transcription, for reasonable rates, pickup and delivery; call Joyce 817/297-4965. (53)

**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)

**FOR SALE** — Defibrillator — Top of Line — Cost \$6,000.00 — Never used. MAKE ME AN OFFER. Contact: Ray Rollins, D.O., 3900 Buckner Blvd., Dallas, Texas 75227. 214/388-4486. (18)

**FOR SALE** — DT60 Kodak Ektachem Chistry Analyzer DTSC and DTE Modules. 1987 model. \$5,500. Contact: M.J. Barfield 817/447-1208. (39)

**FOR SALE** — Doctors practice, equipment and clinic in small north Texas town; one hour from Dallas and Fort Worth. Excellent schools and churches. Patient census approximately 35-40 per day; two large nursing homes in town. Lots of good will. Excellent opportunity for a young active physician. Call Dr. Groff 817/686-5463 (residence) or 817/686-2254 (office). (40)

**EQUIPMENT FOR SALE** — A variety of office equipment such as McManus table (like new), ultrasound equipment, etc. Contact Ted R. Krohn, D.O., 325 Hamilton Building, Wichita Falls, 76301; or call 817/767-6923. (45)

## Newsbrief

### Yes Virginia, Common Sense Does Exist

In 1985, a decision by the U.S. Supreme Court which granted states greater latitude in curbing excessive medical malpractice awards was hailed as a victory for common sense. At that time, the court dismissed an appeal contending that a California law, which had been in effect for 10 years, unfairly limited the amount of malpractice suit settlement that could be paid to attorneys, also setting limits on the percentage lawyers could charge with the further stipulation that if plaintiffs recovered no damages, attorneys received no fees.

Just recently common sense emerged as the winner once again. A California patient who suffered brain damage during an operation sued the anesthesiologist, and was awarded \$2.25 million for pain and suffering. However, a state appellate court reduced the award to the limit set by California law — \$250,000. Upon appeal, the U.S. Supreme Court let stand the appellate court's decision upholding the cap on awards for non-economic damages. The law is clearly a reasonable attempt to hold down both the cost of malpractice settlements as well as the number of suits filed.





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DO2/88

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