

# TEXAS DO

X, No. 5

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

May/June, 1993

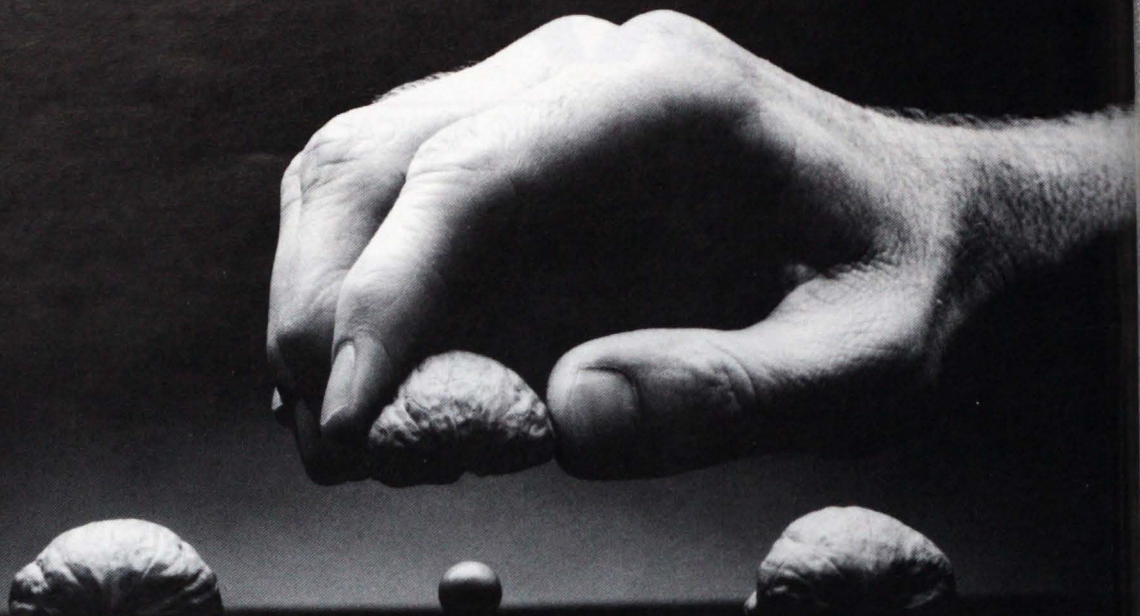


## Brian G. Knight, D.O. Assumes TOMA Presidency

*See Page 6*



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As College of Osteopathic Medicine	817/735-2000
	Dallas Metro 429-9120
Medicare Office:	
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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
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Medicare/CHAMPUS Beneficiary Inquiry	800/725-8315
Medicare Preprocedure Certification	800/725-8293
Private Review Preprocedure	
Certification	800/725-7388
Texas Osteopathic Medical Association	817/336-0549
	in Texas 800/444-TOMA
	Dallas Metro 429-9755
	FAX No. 817/336-8801
	in Texas 800/444-TOMA
AMA Med-Search	
Texas State Agencies:	
Department of Human Services	512/450-3011
Department of Public Safety:	
Controlled Substances Division	512/465-2188
Triple Prescription Section	512/465-2189
State Board of Health	512/458-7111
State Board of Medical Examiners	512/834-7728
Texas State Board of Medical Examiners	
for disciplinary actions only)	800/248-4062
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
Texas Workers' Compensation Commission	512/448-7900
Federal Agencies:	
Drug Enforcement Administration:	
For state narcotics number	512/465-2000 ext 3074
For DEA number (form 224)	214/767-7250
Cancer Information:	
Cancer Information Service	713/792-3245
	in Texas 800/392-2040

# TEXAS DO

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

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## TOMA OFFICERS:

Brian G. Knight, D.O., President  
T. Eugene Zachary, D.O., President-Elect  
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Jerry E. Smola, D.O., Immediate Past President  
Donald F. Vedral, D.O., Past President  
Mark A. Baker, D.O., Speaker, TOMA House of Delegates  
Monte E. Troutman, D.O., Vice Speaker, TOMA House  
of Delegates

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Arthur J. Speece, III, D.O.  
Kenneth S. Bayles, D.O.  
Joe W. Morrow, D.O.  
Jim W. Czewski, D.O.  
Charles R. Hall, D.O.  
Larry J. Pepper, D.O.  
Bill V. Way, D.O.  
Nelda N. Cuniff, D.O.  
Hector Lopez, D.O.  
R. Greg Maul, D.O.  
Rodney M. Wiseman, D.O.

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Joseph Montgomery-Davis, D.O., Consultant  
Concerning Health Care Issues  
Terry R. Boucher, Executive Director  
S/D Craig Boudreaux



# TEXAS DO

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

May/June, 1993

*Texas DO* is the official publication of the Texas Osteopathic Medical Association.

Published eleven times a year, monthly except for May. Subscription price is \$35.00 per year.

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

Copyright 1993 by Texas Osteopathic Medical Association.

Printed by Cockrell Printing Company, 301 Galveston, Fort Worth, Texas 76104.

Published by  
TEXAS OSTEOPATHIC MEDICAL  
ASSOCIATION  
Volume XXXXX — No. 5 —  
May/June, 1993, ISSN 0275-1453  
Publication Office — 226 Bailey,  
Fort Worth, Texas 76107  
Phone: 817/336-0549 or  
1/800/444-TOMA in Texas  
Fax No. 817/336-8801  
Copy deadline — 10th of month  
preceding publication

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*Field Representative*

Lydia Kinney  
*Staff Writer*

Nancy Platt  
*Receptionist/Bookkeeper*

Keri Frugé  
*ACGP Secretary*

Chris Wilcox  
*Membership Secretary*

# Calendar of Events

## JULY

16-18

### *AOA House of Delegates Meeting*

Location: Marriott Hotel  
Chicago, Illinois

Contact: American Osteopathic  
Association  
142 E. Ontario St.  
Chicago, Illinois 60611  
(312) 280-5800  
1-800-621-1773

## JULY 29 - AUGUST 1

### *36th Annual Convention & 20th Mid-Year Clinical Seminar*

Texas Society of the American College  
of General Practitioners

Location: Doubletree Hotel at  
Park West  
Dallas, Texas

Hours: Approximately 27  
Category 1-A

Contact: Keri Frugé  
(817) 870-2518

## AUGUST

22-27

### *"New Advances in Internal Medicine: Clinical Applications"*

Location: Hyatt Regency,  
Monterey, California

Hours: 25 Hours Category 1  
25 Hours AAFP

Contact: Office of Continuing  
Medical Education  
UC Davis Medical Center  
2701 Stockton Boulevard  
Sacramento, California 95817

## SEPTEMBER

9-12

### *"Intensive Geriatric Review Course"*

Location: Hyatt Hotel  
Cherry Hill, New Jersey

Sponsors: New Jersey Geriatric  
Education Center  
University of Medicine  
Dentistry of New Jersey  
School of Osteopathic  
Medicine, Center for  
Texas College of Osteopa  
Medicine  
Institute of Education a  
Research in Aging  
Texas Consortium of Ger  
Education Centers  
American College of  
Osteopathic Internists  
American College of  
General Practitioners

Contact: (609) 346-7141

## 10-12

### *Florida Osteopathic Medical Association Midyear Seminar*

Location: Hyatt Regency Westshore  
Tampa, Florida

Hours: 20 Hours Category 1A  
anticipated plus  
Five hours of Risk Man  
agement and Three hour  
HIV/AIDS

Contact: FOMA  
2007 Apalachee Parkwa  
Tallahassee, Florida 323  
(904) 878-7364

## October

10-14

### *AOA Annual Convention*

Location: Boston, Massachusetts

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

Articles in the "Texas DO" that mention the Texas Osteopathic Medical Association's position on state legislation are defined as "legislative advertising," according to Tex Govt Code Ann §305.027. Disclosure of the name and address of the person who contracts with the printer to publish the legislative advertising in the "Texas DO" is required by that law: Terry R. Boucher, Executive Director, TOMA, 226 Bailey Avenue, Fort Worth, Texas 76107.



# Texas Osteopathic Medical Association

## BOARD OF TRUSTEES 1993-94

### EXECUTIVE COMMITTEE

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R. J. SPEECE, III (83)	Chairman, Dept. of Public Affairs
G. MAUL (88)	Chairman of Dept. of Development & Liaison
H. MONTGOMERY-DAVIS (91)	Consultant Concerning Health Care Issues
JERRY R. BOUCHER (ex officio)	Executive Director

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	Term Expires	
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Joe W. Morrow (93)	1996	Amarillo
Nelda N. Cuniff (89)	1995	Burleson
Hector Lopez (91)	1995	El Paso
R. Greg Maul (88)	1995	Lubbock
Rodney M. Wiseman (89)	1995	Whitehouse
Jim W. Czewski (90)	1994	Fort Worth
Charles R. Hall (90)	1994	Bangs
Larry J. Pepper (92)	1994	Houston
Bill V. Way (89)	1994	Dallas

### HOUSE OF DELEGATES OFFICERS

Baker (89)	Speaker
E. Troutman (93)	Vice Speaker

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ryn Bailey Pifer, Daniel W. Saylak, Mr. John H. Sortore, Ralph G. n, Jan S. Swanson, Stephen F. Urban	
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CATIONS (1993)	Nelda N. Cuniff, Chairman
Craig S. Boudreaux, Mr. Scott Petty, Sara I. Smiley	
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	Jim W. Czewski, Vice Chairman
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id E. Potter, Mark P. Robbins, William V.S. Thornton, ur S. Wiley, George Wilcox	

PUBLIC INFORMATION (1994)..... Hector Lopez, Chairman  
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Joe W. Morrow, Bill V. Way

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LIAISON TO AMERICAN OSTEOPATHIC ASSOCIATION (1996)	David R. Armbruster, Mary M. Burnett, T. Eugene Zachary
LIAISON TO TEXAS COLLEGE OF OSTEOPATHIC MEDICINE (1997)	Mr. Terry R. Boucher, Brian G. Knight, T. Eugene Zachary
MEMBERSHIP SERVICES & PROFESSIONAL DEVELOPMENT (1994)	R. Greg Maul, Co-chairman Bill V. Way, Co-chairman
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### AD HOC

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Robert L. Peters, Jr., William D. Hospers, Jerry E. Smola, Mr. Terry Boucher, Mr. D. Scott Petty	
SMALL DISTRICTS	Mark Baker, Chairman
Daniel Saylak, Joseph Montgomery-Davis, T. Eugene Zachary, Monte Troutman, Randall Rodgers	



# Dr. Brian Knight is New TOMA President



Dr. Brian G. Knight

Brian G. Knight, D.O., of Corpus Christi, has been elected president of the Texas Osteopathic Medical Association for 1993-94. Installation ceremonies were held during the association's 94th Annual Convention and Scientific Seminar in Austin, May 12-16.

Dr. Knight received a Bachelor of Medical Science degree in 1976 from Emory University in Atlanta, Georgia. He earned his D.O. degree in 1982 from the Oklahoma State University College of Osteopathic Medicine in Tulsa, Oklahoma, and served an internship

at Corpus Christi Osteopathic Hospital, Corpus Christi, Texas.

In 1983, he began a family practice in Corpus Christi where he is currently located. He is board certified in general practice.

An active member of TOMA, Dr. Knight serves on and chairs, numerous committees. He has served in the TOMA House of Delegates, the policy-making body of the association, and has served as a member of the Board of Trustees for nine years. Additionally, he is an active member of his divisional society, District VIII.

Other memberships include the American Osteopathic Association; the American College of Osteopathic Family Physicians; American Academy of Osteopathic Cranial Academy; the Texas Society of General Practitioners in Osteopathic Medicine and Surgery; and a member of the Advisory Council of Texas College of Osteopathic Medicine.

Dr. Knight is affiliated with Southside Community Hospital in Corpus Christi, where he currently serves as program director for the Family Practice Residency Program.

Dr. Knight is married to Jayne J. Knight, D.O., a family physician in Corpus Christi. They are the parents of three children: a son, B.J., age eight; and two daughters, Briana, age four, and Brianca, age 10 weeks. Dr. Knight also has two children from a previous marriage, Robert, age 24, and Brandi, age 14.

## Dr. Knight Calls for Improved Recognition of Osteopathic Medicare

**Editor's Note:** *The following is the speech delivered by Brian G. Knight, D.O., on President's Night upon assuming the TOMA Presidency for 1993-94.*

*This has been a year I have been both looking forward to and apprehensive about. These are exciting times! More is happening this year to shape our future than we have been faced with since the founding of Osteopathy.*

*There have been tremendous strides made in the advancement of our profession, always facing tremendous odds. How have we been able to accomplish this amazing feat? It was by asking for what was fair, and for what was best for our patients. In this way it was easy to have the support of our patients. When you have a situation in which what is best for your patient*

*is also best for your profession, it is not difficult to make the changes you need.*

*Change is a time of uncertainty, for you move from the known, whether it is good or not, towards the unknown. Change is also a time of opportunity, where a small effort can manifest a large influence, due to the overall motion and flux of the situation.*

*This is the time that we need to hold on to and promote the things that made Osteopathic Medicine unique, and the profession that it is today.*



The roots of Osteopathy are in our perspective in seeing the patient as a whole person, and the ability of our Osteopathic manipulation. This has been augmented by the use of the latest in medical care and technology.

Osteopathy was what gave us the ability to be where we are now. We need to re-nurture and cultivate our roots, make us flourish into the century. This is not the time to embrace Allopathic medicine, for we have long used the best of it in our practices. This is not the time to lay down the tools that have made us successful. This is the time to take the lead in promoting what makes us special and worthy of being a separate school of thought and practice. Promoting that which makes us different is also promoting what is good for the patients we care for. We must not be working for our special interest, but for our patients.

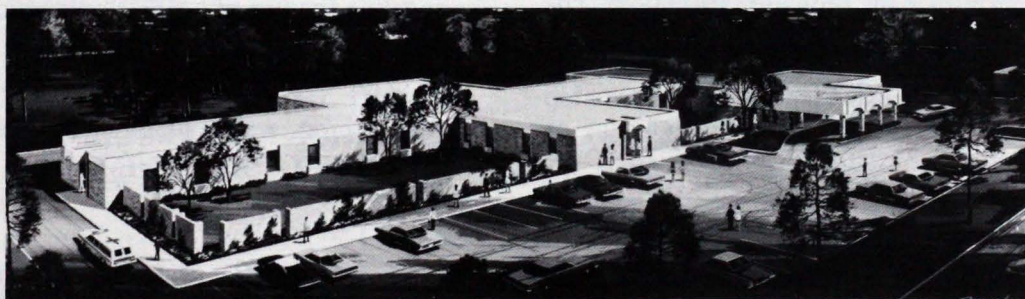
Our growth, especially over the last two decades, demonstrates how this has been evident to others. This success we need to work with, not to rest on our laurels, but to move forward, to improve and expand our ability to train both good generalists and specialists, who can and work as Osteopathic Physicians.

This is the time for each of us to work the fields of Osteopathy, so it will continue to expand and grow. This is the time for the fulfillment of Dr. Still's vision for Osteopathic medicine. During the upcoming year, we need to increase the recognition of Osteopathy and Osteopathic Manipulative Therapy as used in both the inpatient and outpatient settings.

We need to encourage our schools to give us current studies showing the benefits and effectiveness of Osteopathic Manipulation. Improving the recognition of Osteopathy will not be accomplished by large campaign ads. It is done one on one and in small groups. This is how it has worked in the past and how it will work in the future.

During the next year we all will have work to do for our profession, but I challenge you to one other job — to have one meeting or give one talk or presentation to a group who does not know about Osteopathy. In this way we can all help to promote Osteopathy into the next hundred years. This time of change will require all of us to work together, but together we will be able to accomplish great things. ■

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# Major Actions of the TOMA House of Delegates

**MOTION:** That Life memberships in TOMA be approved for Drs. Leo D. Bricker, Selden E. Smith, Lawrence B. Greif and Robert N. Collop.

**APPROVED**

**MOTION:** That the Constitution and Bylaws be changed as follows:

## **CONSTITUTION:**

### **1. ARTICLE VI — Board of Trustees**

**SECTION 1 —** Change to read as follows:

**SECTION 1 —** The Board of Trustees of this Association shall consist of the President, Vice President, President-Elect, **TWO (2)** Immediate Past Presidents, one student member (ex officio - no vote) and of twelve Trustees elected by the House of Delegates. The Board shall be the administrative and executive body of the Association and perform such other duties as are provided by the Bylaws.

**APPROVED**

## **BYLAWS:**

### **2. ARTICLE II — Membership**

**SECTION 2 —** (lines 126-134) — Change to read as follows:

Upon approval by the Board of Trustees, the applicant shall become a member (~~on probationary status~~) until his membership is terminated by the Board of Trustees. (~~or for one year, plus the time interval between the end of said year and the meeting of the Board of Trustees at which action is taken to terminate the probationary status~~). The Executive Director shall be notified when any applicant for membership is accepted or rejected (~~and when any member has his probationary period extended~~) or his membership terminated. He shall, in turn, notify the applicant or member and the District Society concerned.

**APPROVED**

### **3. ARTICLE V — Officers**

**SECTION 9 —** Change to read as follows:

**SECTION 9 —** in the event any officer fails to perform the duties of his office, as determined by a two-thirds vote of **A QUORUM OF** (~~the voting~~) members of the Board of Trustees **PRESENT AND VOTING** at any regular or special meeting, the Board of Trustees shall declare the office vacant and elect a successor to serve until the next annual meeting of the House of Delegates.

**APPROVED**

### **4. ARTICLE VII — Board of Trustees**

**SECTION 2 —** Change to read as follows:

**SECTION 2 —** The Board of Trustees of this Association shall consist of the President, Vice President, President-Elect, **TWO (2)** Immediate Past Presidents, twelve (12) Trustees and one student\* member trustee elected by the House of Delegates.

## **PAST PRESIDENTS SHALL SERVE ON THE BOARD OF TRUSTEES FOR TWO YEARS.**

Board members must...

**APPROVED**

### **5. ARTICLE VII — Board of Trustees**

**SECTION 9 —** Change to read as follows:

**SECTION 9 —** The board shall have the power, a careful investigation, by a (~~three-fourths~~) **TWO THIRDS** vote **OF A QUORUM OF BOARD MEMBERS PRESENT AND VOTING**, to remove any officer, board member or dismiss any employee of this Association for incompetency, immoral, unethical or...

**APPROVED**

### **6. ARTICLE X — Delegates to the American Osteopathic Association**

The motion to require the current TOMA President to serve as a delegate to the AOA House of Delegates for a term that coincides with his/her term was defeated.

**RESOLUTION NO. 1 PERTAINING TO MANAGING HEALTH CARE PLANS:** The House of Delegates goes on record supporting the establishment of a voluntary statewide independent practice association for Texas osteopathic physicians.

**APPROVED AS AMENDED**

**RESOLUTION NO. 2. PERTAINING TO A SINGLE CONVERSION FACTOR FOR MEDICARE REIMBURSEMENT:** The House of Delegates goes on record supporting the use of a single conversion factor to calculate physician Medicare reimbursement.

**APPROVED AS AMENDED**

**RESOLUTION NO. 3 PERTAINING TO THE HUMANITARIAN HANDLING OF ALL ANIMALS:**

**WITHDRAWN**

**RESOLUTION NO. 4 PERTAINING TO MEDICAID BUDGET NEUTRALITY ADJUSTMENT:** The House of Delegates goes on record urging HCFA to restore the percent reduction of all relative values; and therefore to achieve budget neutrality by adjusting the conversion factor, rather than the RVUs.

**APPROVED AS AMENDED**

**RESOLUTION NO. 5 PERTAINING TO THE TMRM FEE SCHEDULE:** The House of Delegates goes on record supporting the Texas Medicaid Reimbursement Methodology (TMRM fee schedule); and urges all Texas osteopathic physicians to participate in the Texas Medicaid Program in order to help provide health care to needy children and families.

**APPROVED AS AMENDED**



**RESOLUTION NO. 6 PERTAINING TO THE PUBLISHING OF RULE CHANGES IN THE "TEXAS REGISTER" BY TEXAS STATE AGENCIES:** The House of Delegates goes on record instructing its Executive Director to ensure that the Texas Workers' Compensation Commission complies with the law, that requires state agencies to publish rule changes in their entirety in the "Texas Register" for public comment.

**APPROVED**

**RESOLUTION NO. 7 PERTAINING TO ADVANCED NURSE PRACTITIONERS:** The House of Delegates goes on record opposing reimbursement of mid-level practitioners at a rate comparable to fully licensed physicians when performing similar medical services in the State of Texas.

**APPROVED**

**RESOLUTION NO. 8 PERTAINING TO FULL STATUS OSTEOPATHIC MEMBERSHIP FOR RESIDENTS:** The House of Delegates goes on record directing TOMA to establish a new model that would allow fully licensed osteopathic residents/fellows full membership privileges at a reduced fee for the complete extent of their residency.

**APPROVED AS AMENDED**

**RESOLUTION NO. 9 PERTAINING TO TOMA DISTRICT VII SERVING AS THE HOST DISTRICT:** The House of Delegates goes on record expressing sincere appreciation to District VII for serving as host district for the convention.

**APPROVED**

**RESOLUTION NO. 10 PERTAINING TO DIANA L. MEYER:** The House of Delegates goes on record expressing sincere appreciation and bestowing honorary membership to Diana L. Finley for serving TOMA the past 24 years.

**APPROVED**

**RESOLUTION NO. 11 PERTAINING TO DANA L. TIDWELL:** The House of Delegates goes on record expressing sincere appreciation and bestowing honorary membership to Dana L. Tidwell for serving TOMA the past seven years.

**APPROVED**

**RESOLUTION NO. 12 PERTAINING TO MEETING REQUIREMENTS:** The House of Delegates goes on record supporting a modification of meeting requirements for hospital medical staff, from monthly meetings to quarterly meetings.

**APPROVED**

**RESOLUTION NO. 13 PERTAINING TO INSURANCE COMPANY CONTRACTS:** The House of Delegates goes on record supporting state and federal legislation which provides free choice by the patient of physician and hospital.

**APPROVED AS AMENDED**

new officers elected by the House are listed elsewhere in this issue, along with department and committee appointments. President Brian Knight, D.O.

The House of Delegates observed a minute for silence for

the following members, family and friends who died during the past year: Thomas P. Galbraith, D.O.; Mary Evelyn Jagers; Dale W. McCormack, D.O.; Sharon L. Dixon, D.O.; John C. Conte, D.O.; Raven Michelle Black; Phyllis Wiman; A. Ross McKinney, D.O.; H. George Grainger, D.O.; John C. Epperson, Jr., D.O.; Joseph G. Brown, D.O.; Russell B. Bunn, D.O.; Ted C. Alexander, Sr., D.O.; Dale Dodson, D.O.; Elmer G. Beckstrom, D.O.; and Lester T. Cannon, D.O.

The following physicians were recognized for their service in the TOMA House of Delegates:

- 5 YEARS: Paul S. Worrell, D. Dean Gafford  
10 YEARS: Bryce D. Beyer, Linus J. Miller, Rodney M. Wiseman, Mark Baker  
12 YEARS: Nelda N. Cunniff  
13 YEARS: Don D. Davis, John L. Mohny  
14 YEARS: William D. Hospers, Joseph Montgomery-Davis  
16 YEARS: James G. Matthews, Jr., John R. Peckham, Robert L. Peters, Jr.  
17 YEARS: Richard M. Hall, Donald F. Vedral  
19 YEARS: Merlin L. Shriner  
20 YEARS: Mary M. Burnett  
21 YEARS: Bill H. Puryear, Arthur S. Wiley, Jerome L. Armbruster, Robert G. Maul  
23 YEARS: John J. Cegelski, Jr., Frank J. Bradley  
25 YEARS: Donald M. Peterson  
27 YEARS: William R. Jenkins, J. Paul Price, Jr., Robert B. Finch  
28 YEARS: David R. Armbruster  
29 YEARS: T. Eugene Zachary  
34 YEARS: John H. Burnett

## 1993 HCPCS Update

As of January 1, 1993, Medicare Part A updated the HCPCS coding system. Included in the update are the additions, changes and deletions of HCPCS codes from the 1993 edition of CPT.

The American Medical Association offers the CPT 1993 edition. The style of CPT book available is softbound with press-on index tabs. The price is \$29.95 for AMA members; \$36.95 for non-AMA members.

Payment can be made by check, money order, Visa, MasterCard, American Express or Optima. Checks or money orders should be made payable to the AMA. Shipping and handling charges should be added according to the order amounts:

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# Activities of the TOMA House of Delegates

A resolution urging all Texas osteopathic physicians to participate in the Texas Medicaid Program in order to help provide health care to more needy children and families, was among the major actions taken during the May 12 annual meeting of the TOMA House of Delegates.

Action taken on all presented resolutions are printed elsewhere In this issue.

The election of officers highlighted the meeting with T. Eugene Zachary, D.O., FACGP, of Fort Worth, elected as president-elect and William D. Hospers, D.O., of Fort Worth, as vice president. Brian G. Knight, D.O., of Corpus Christi, assumed the presidency, succeeding Jerry E. Smola, D.O., of Sweetwater.

Elected to three-year terms on the TOMA Board of Trustees were James E. Froelich, III, D.O., of Bonham; Arthur J. Speece, III, D.O., of Grand Prairie; Kenneth S. Bayles, D.O., of Dallas; and Joe W. Morrow, D.O., of Amarillo.

Mark A. Baker, D.O., of Fort Worth, was elected Speaker of the TOMA House of Delegates, and Mor E. Troutman, D.O., of Fort Worth, was elected Vice Speaker.

Elected to three-year terms to the American Osteopathic Association House of Delegates were M. M. Burnett, D.O., FACGP, of Dallas; Gerald P. Flanagan, D.O.; FACGP, of Argyle; Robert G. Maul, D.O., FACGP, of Lubbock; and Donald M. Peterson, D.O., FACGP, Dallas.

Elected as alternate delegates to the AOA House were Dr. Knight, as first alternate; Jim W. Czewski, D.O., Fort Worth, as second alternate; R. Greg Maul, D.O., of Lubbock, as third alternate; Dr. Smola; Dr. Froelich; Donald F. Vedral, D.O., Ph.D., of Cedar Hill; Dr. Baker; Dr. Morrow; Bill V. Way, D.O., of Dallas; Larry J. Pepp, D.O., of Houston; Rodney M. Wiseman, D.O., Whitehouse; Nelda N. Cunniff, D.O., of Burleson; and Robert J. Breckenridge, D.O., of Tyler.

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sive "your occupation" protection. That means Provident pays if you can no longer work in your own medical specialty regardless of how much you earn working in a new career or a new specialty. And the policy is non-cancellable, so your premium rate will be guaranteed for as long as you own the policy.<sup>3</sup>

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<sup>1</sup> 1985 Commissioner's Individual Disability Table-A, Seven-day Elimination Continuation Table. Rates are male only. Disability rates are higher for females.

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

<sup>3</sup> Coverage for mental disorders can be limited in certain circumstances for a reduced premium.

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# Mrs. B.J. Czewski is New ATOMA President



The San Antonio Room was the scene for the Spouses Luncheon and Installation of ATOMA officers, which took place on Friday, May 14, during TOMA's annual convention in Austin.

Special guest was Mrs. Dee Angel of Ohio, President of the Auxiliary to the American Osteopathic Association.

During the event, the gavel was passed to Mrs. B. J. Czewski of Fort Worth, who became ATOMA president for 1993-94. Mrs. Czewski succeeds Mrs. Peggy Rodgers of Arlington. Also installed as officers with Mrs. Czewski were Mrs. Deidre Froelich of Bonham, as president-elect; Mrs. Marilyn Richards of Fort Worth, as vice president; Mrs. Shirley Bayles of Dallas, as recording secretary; and Mrs. Mary Eileen Del Principe of Arlington, as treasurer.

Mrs. Czewski has been involved in ATOMA since 1977. She is owner and operator of Identity House Interiors, a contract and residential interior design business. She also helps her husband, Jim Czewski, D.O., a Fort Worth family physician, in his clinic. They are the parents of two children, Alex and Amber.

The following is the speech delivered by Mrs. Czewski during the President's Night Dinner and Banquet on Saturday, May 15, when she was formally introduced as the new ATOMA president:

*As incoming President of the Auxiliary to the Texas Osteopathic Medical Association for 1993-94, I am, for a time, to be the captain of a huge and sturdy ship. . . a grand ship, with majestic white sails, one on which every member of this crew, our auxiliary, is capable of manning the helm.*

*Our precious cargo on board this ship is the good news of a "different kind of medicine," that comes naturally to those of us who care. This cargo is highly sought after by all who have ever been touched by it.*

*The duty of our crew is to safely deliver this valuable information to all to whom we come in contact. For if we fulfill our duties of informing the public of this treasure, Osteopathic medicine, our D.O. physicians will do the rest.*

*Eagerly, I shall make the most earnest endeavor while I am captain of the ship, to hold it on the fine course which was so ably charted, and so faithfully followed by all my predecessors. There is here, a spirit of cooperation that makes holding this office both easy and pleasant, and so, in relying on that spirit, I have accepted this position.*

*ATOMA stands like a permanent buoy. . . a welcome marker through the calms and the storms. . . by day and by night. . .*

*We stand ready to guide the district auxiliaries, the student associate auxiliary and for those yet unorganized districts.*

*In 1993, we are embarking on dark and uncertain waters of governmental interventions. We must stand ready to support our physician spouses. . . to renew and continue in the spirit by remembering all the reasons that first inspired them to become Osteopathic physicians. . . and hold fast to those dreams.*

*During the current high tides of economic challenge, ATOMA encourages you to take an energetic part in the legislative process; with your time, your much needed money, and, most of all, your votes.*

*Historically, this profession has never turned its back on any challenge. It would be a tragedy were we to fail in living out our philosophy. . . in pursuing objectivity in maintaining our existence in serving the health needs of this state and our nation. . .*

*As we continue our journey. . . we must be ever mindful that we will encounter obstacles and hurdles that must surmount.*

*Today. . . Osteopathic medicine is at the highest point of its development since it first began over 100 years ago. It becomes more clear that our destination will largely depend on how successful we are in maintaining and further establishing its unique reasons for its existence.*

*ATOMA can see radiant sunlight reflecting on the waves of our future.*

*Be ever mindful that, "There is promise at the end of our journey. . ."*

*As concerned TOMA members and spouses, I know that our auxiliary will have your participation to continue to support our membership and fund-raising efforts.*

*In the past, our accomplishments have been overwhelming. . . In 1992, ATOMA disbursed monies well over \$31,000.*

*We need your continued support in promoting Osteopathic medicine through public awareness with our National Ad Campaign. Come. . . join our crew, supporting student financial assistance with our AAOM Scholarship, ATOMA and District II Scholarships.*

*Support the student Emergency Fund and Student Loans and Research, all for students of Texas College of Osteopathic Medicine. . .*

*Your help is much needed in supporting the TOMA Foundation and the Impaired Physician's Fund.*



Now invite you to come aboard with ATOMA, on  
 "Ship of Hope"...to sail with us through our  
 journey to promote, support, and most of all, protect  
 our great future of Osteopathic medicine.  
 Remember...our "Osteopathic Heritage" is our  
 main sail!

*Thank you!*

*Mrs. B. J. Czewski*

Congratulations to the new ATOMA officers from  
 CIA.



Past AAOA and ATOMA president, Mary Luibel, was honored May 14 at the ATOMA Installation Luncheon. This was the 20th anniversary of her AAOA presidency. She was presented with a crystal clock, which was engraved, "For a lifetime of service to Osteopathic Medicine." Congratulations, Mary!

## ATOMA Officers (1993-94)



Row (left to right): B. J. Czewski, President; Peggy Rodgers, Immediate Past President; Marilyn Richards, Vice President; Jean Smith, Public Health and Education; Inez Suderman, Parliamentarian.

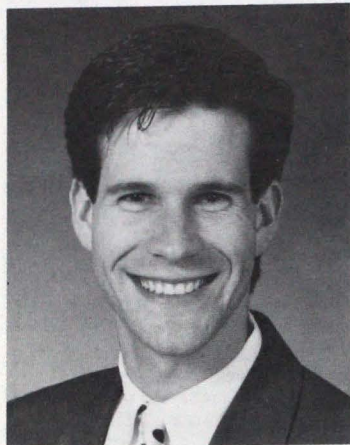
Second Row: Deidre Froelich, President-Elect; Chris Wilcox, Corresponding Secretary; Dee Angel, AAOA President; Mary Eileen Del Principe, Treasurer; Rita [unclear], SAA Advisor; Laurie Lagaly, SAA President

Third Row: Lauren Maul, Credentials Chairman; Dodie Speece, Public Relations and Publicity; Carolyn Sawtelle, Annual Report Chairman; Melinda Smith, Book Chairman.

Members not shown: Shirley Bayles, Recording Secretary; Val Lowry, Auxiliary News Chairman; Robert Donley, Funds Chairman; Tulisha Buchanan, Scholarship Chairman; Susie Burke, Historian; Bessanne Anderson, Guild Chairman; Shara Lane, Supply Chairman; Sally Pepper, Convention Chairman; Chuckie Hospers, Legislative Committee Chairman.



# TOMA Welcomes D. Scott Petty New Associate Executive Director



D. Scott Petty of Tulsa, Oklahoma, has been selected as the new associate executive director of TOMA. He begins his official duties on June 1.

A 1983 graduate of Guymon High School, Guymon, Oklahoma, he received a B.S. degree in Public Relations/Journalism in 1988 from Oklahoma State University (OSU).

Prior to accepting the position with TOMA, Mr. Petty served as Coordinator of the Tulsa Office for High School and College Relations at OSU. In this capacity, Mr. Petty identified priority students and initiated recruitment and scheduling to more than 40 high schools and junior colleges. Additionally, he worked closely with alumni, counselors, parents and key school administrators; planned specific on-campus programs to encourage critical interaction between the student and professor; coordinated recruitment efforts in Houston, Texas; and maintained and updated student contacts and referrals on the Prospective Student Management System through the University mainframe.

From 1989 to 1990, Mr. Petty served as University Representative of High School and College Relations at OSU, where he developed and implemented recruitment strategies and distributed materials vital to the promotion of OSU to more than 200 high schools and junior colleges.

Mr. Petty served as Campaign Assistant to U.S. Congressman Glenn English from 1988-89. In this position, he communicated with constituents regarding issues important to rural Oklahoma counties in western Oklahoma; distributed campaign literature; collected and tabulated donations from fund-raisers; and closely followed opponent trends.

Mr. Petty is the recipient of various awards including the 1990 Oklahoma State University Creative Marketing Award. He has made several television appearances as the Tulsa Spokesperson on College Preparation and Financial Aid.

Memberships and activities include life membership in the OSU Alumni Association; member of the Board of Directors of the OSU Tulsa County Alumni Association, in which he is also on the Scholarship Committee, Student Recruitment Committee and Social Committee; Great Plains Association of College Admission Counselors; Oklahoma College Day and

College Night Coordinating Committee; Texas Association of College Admission Counselors; and the Southminster Presbyterian Church Evangelism Committee.

Mr. Petty and his wife, Gerri, are in the process of relocating to Austin.

TOMA takes this opportunity to extend a warm welcome to the Petty family as they settle in Texas, and we look forward to a long and rewarding relationship.

---

## TOMA Prepares for Relocation to Round Rock

Since 1992, at which time the TOMA House Delegates voted to relocate the TOMA State Office to Austin, the Relocation Committee has been heavily involved in examining various buildings and property in that city. The view has been towards purchasing facilities comparable to what TOMA currently owns.

Due to the inability to locate an acceptable building to purchase at this time, the Relocation Committee has approved a one-year lease on office space in Round Rock until such time that acceptable property can be found in Austin.

Therefore, the TOMA office plans to be situated in Round Rock by June 15. Please make note of TOMA's new address:

One Financial Center, Suite 100  
1717 I.H. 35  
Round Rock, Texas 78664-2901  
(512) 388-9400  
FAX (512) 388-5957

The 800 number will remain the same:  
1-800-444-TOMA

The TOMA staff will be taking great pains to assure that this move will be accomplished with as little disruption to normal service as possible. We are confident that the end result will be well worth it — an attractive building of which all Texas D.O.s can be proud, as well as a higher degree of visibility and accessibility in the political arena.

In the meantime, the Relocation Committee will continue their search for property in Austin.





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For more information or to refer a patient, contact our Physician Support Services at 1-800-880-OMCT (6628).



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# In Memoriam

## Clyde A. Gallehugh, D.O., FAOCA

Dr. Clyde Gallehugh of Arlington passed away on May 7. He was 58 years of age.

Memorial services were held May 10 at Trinity United Methodist Church, where he was a member.

Dr. Gallehugh was born in Kansas City, Kansas, and had lived in Arlington since 1970. He was a 1952 graduate of Washington High School, Bethel, Kansas, and attended Kansas Junior College in Kansas City, and the University of Kansas, Lawrence, Kansas.

In 1961, Dr. Gallehugh earned his D.O. degree from the Kansas City College of Osteopathy and Surgery (now known as the University of Health Sciences, College of Osteopathic Medicine), Kansas City, Missouri. He served an internship and an anesthesiology residency at Stevens Park Osteopathic Hospital in Dallas. He was certified in anesthesiology.

Dr. Gallehugh practiced in Athens, Texas, from 1962-64, and from 1965-70, he worked as an anesthesiologist in Tulsa, Oklahoma. He returned to Texas and worked as an anesthesiologist at Grand Prairie Community Hospital from 1970 until 1980.

He was a professor in the Department of Anesthesiology at Texas College of Osteopathic Medicine, a position he had held since 1980. He had also served as chairman of the TCOM Medical Humanities Department since 1981.

Dr. Gallehugh had been an active member of TOMA since 1971. At the time of his death, he was a member of TOMA's Physicians Assistance Program Committee, of which he had previously served as chairman and as vice chairman.

He was a fellow of the American Osteopathic College of Anesthesiologists and was elected to the board of governors in 1991. He was also a member of TOMA District XV and the American Osteopathic Association.

Dr. Gallehugh was active in the Christian Medical Society, and had taught adult Sunday school classes for the past 31 years. He was a member of the Arlington Scottish Rite and the Moslah Shrine Temple of Fort Worth, and was a volunteer for the Contact Crisis hot line and Meals on Wheels.

The family suggests that memorials be made to Trinity Counseling Center in care of Trinity United Methodist Church, 3321 W. Park Row, Arlington, Texas 76013.

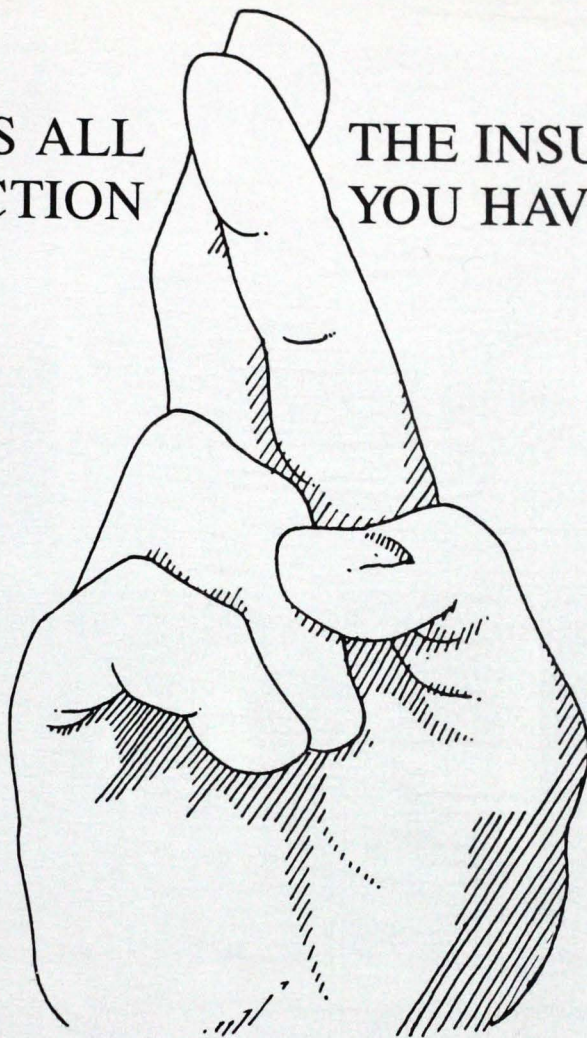
Survivors include his wife, Dr. Sue Gallehugh of Arlington; two daughters, Lisa Gallehugh and Belinda Gallehugh Orland, both of Arlington; a son, Allen Gallehugh of Arlington; a brother, Dr. Keith Gallehugh of Shawnee Mission, Kansas; stepbrother, Clyde Roberts of Hockessin, Delaware; stepsister, Norma Yockel of Costa Mesa, California; and one granddaughter.

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



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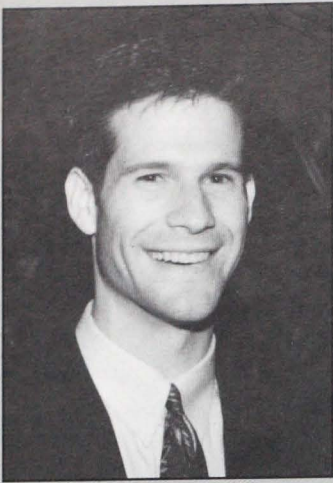
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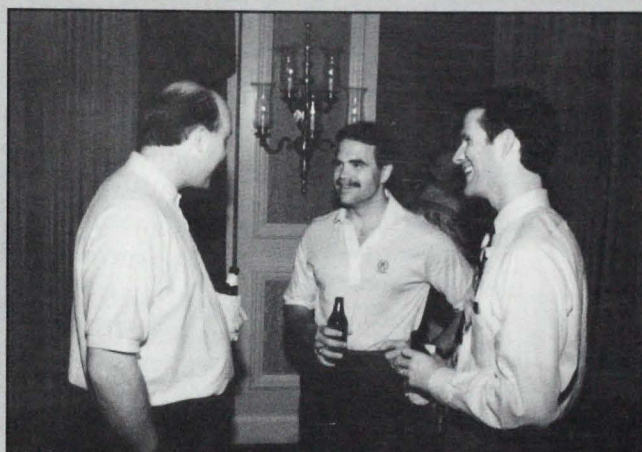




# 1993 TOMA Convention... A Huge Success!









# A MESSAGE FROM THE TEXAS ACGP PRESIDENT

Greetings, Colleagues, Friends, members of TOMA and the Texas Society ACGP:

First I would like to thank all the members who attended the National Convention in Orlando, Florida. A very special thanks to those appointed and those who volunteered to represent Texas as a Delegate to the Congress. The Osteopathic profession continues its high degree of professionalism with involvement and caring attitudes.

I do remind all of the members to mark their calendars for July 29 - August 1 for the Texas Society of ACGP 20th Mid-Year Seminar and 36th annual Convention at the Doubletree Hotel at Park West, Las Colinas, Texas. Dr. Steve Rowley has assembled an excellent program with twenty-seven hours of CME available. This includes eight hours of risk management. Entertainment includes transportation for shopping at the nearby renowned Galleria (including ice skating), Six Flags, and Wet 'n Wild. There will be a Fun Night party Friday for the whole family, and a formal installation banquet Saturday for the new officers. OMT lectures are included this year along with OMT tables for treatments.

Some of you have heard second hand or from rumor sources of a name change. At Orlando this year, a name change for the National ACGP was effected. We are now known as the American College of Osteopathic Family Physicians. This, of course, means the Texas Society will need a name change. Please attend the Saturday, July 31, Texas Society ACGP business meeting at noon for this and other business including dues, the coordinating secretary's move to Austin with TOMA, board certification, and membership services.

Our Texas Society ACGP meeting was held in conjunction with the TOMA meeting in Austin on Friday, May 14th. This was our traditional breakfast for members. We featured current information and updates about the ACGP Family Practitioner of the Year, review of the Sunset Commission for the Texas Medical Practice Act, and other concerns regarding the ACGP. Dr. T. Eugene Zachary won the drawing for the color TV.

All of us who serve you or the Texas Society ACGP Board encourage your active participation in any and all CME you can afford and can attend. We also wish you to remember and consider continued membership in the Texas Society ACGP. If not a current member, please consider joining this prestigious society. We will continue to keep you informed about top rated health care delivery, insurance code changes, how to get paid and how to get paid better, and keep you current as to problems related to the practice of Osteopathic medicine.

Applications for membership in the Texas Society ACGP may be obtained by contacting Keri Frugé, coordinating secretary at TOMA headquarters 1-800-323-0794 or contacting Don Peterson, D.O., secretary, 8363 Cristobal, Dallas, Texas 75218, phone 817-649-1881.

Fraternally,

Rodney M. Wiseman, D.O.  
President, Texas Society of ACGP



# Thirty-Sixth Annual Convention and 20th Mid-year Clinical Seminar

*Presented by*

Texas State Society of the American College of Osteopathic Family Physicians

Doubletree Inn at Park West

Las Colinas, Texas

July 29 - August 1, 1993

## Lecture Program

### Thursday, July 29, 1993

- 6:00 p.m. Registration
- 6:05 p.m. "Greetings"  
*Rodney Wiseman, D.O.*
- 6:45 p.m. "Diabetes Management"  
*Milton I. Setnar, D.O.*
- 7:30 p.m. "Community Acquired Pneumonia"  
*Kenneth Wagner, D.O.*
- 8:15 p.m. "Diagnostic & Therapy Advancement  
In Thrombo Embolic Stroke"  
*Ken Pool, M.D.*
- 9:00 p.m. "New Approaches to Treating BPH"  
*Wayne Hey, D.O.*
- 9:45 p.m. "Dermatology Update"  
*J. Ray Thomas, M.D.*

### Friday, July 30, 1993

- 8:00 a.m. Registration and Buffet
- 8:45 a.m. "Antihypertensive Cardiovascular Risk"  
*Thomas A. Haffey, D.O.*
- 9:30 a.m. "High Risk Office Infections"  
*Kenneth Wagner, D.O.*
- 10:15 a.m. "Contraceptives, Family Planning:  
New Issues in 1993"  
*Robert Adams, D.O.*
- 10:30 a.m. Visit with the Exhibitors
- 11:15 a.m. "Pharmacology in the Aging"  
*Harold Itskovitz, M.D.*
- 12:00 noon "Current Trends in Chronic Pain Management"  
*Hurley, M.D.*
- 12:45 noon LUNCHEON & LECTURE  
UVB Radiation, Skin Care & Skin Immune System"  
*Poncianco Cruz Jr, M.D.*
- 1:30 p.m. "The Pathophysiology of the Spine"  
*Stephen M. Taylor, D.O.*
- 2:15 p.m. "Diabetic Nephropathy"  
*Jack Gratch, D.O.*
- 2:30 p.m. Break with Exhibitors
- 5:30 p.m. Breakout Sessions — Workshops

### Saturday, July 31, 1993

- 7:30- 8:00 a.m. Registration and Buffet
- 8:00- 8:45 a.m. "Current Management of COPD"  
*Phillip C. Slocum, D.O.*
- 8:45- 9:30 a.m. "Pediatric Dermatology"  
*Dudley Goetz, D.O.*
- 9:30-10:15 a.m. "Parkinson's and Movement Disorders"  
*Gary L. Tunell, M.D.*
- 10:15-10:30 a.m. Visit the Exhibitors
- 10:30-11:15 a.m. "Migraine Headaches"  
*William McIntosh, D.O.*
- 11:15-12:00 noon "Infectious Disease Challenges in Primary Care"  
*Edgar B. Bolton, D.O.*
- 12:00 noon- 1:30 LUNCHEON  
Business Meeting  
Speaker — President Elect ACOFP
- 1:30- 2:15 p.m. "Bacterial Vaginitis"  
*Robert Adams, D.O.*
- 2:15- 2:30 p.m. Visit Exhibitors
- 2:30- 5:30 p.m. Breakout Sessions - Workshops

### Sunday, August 1

- 7:30- 8:00 a.m. Registration and Continental Breakfast
- 8:00- 8:45 a.m. "Current Diagnosis & Treatment of Osteoarthritis"  
*Raymond M. Pertusi, D.O.*
- 8:45- 9:30 a.m. "NSAID Safety"  
*James M. Arons, D.O.*
- 9:30-10:15 a.m. "Current Diagnosis & Treatment of  
Rheumatoid Arthritis"  
*Mitchell D. Forman, D.O.*
- 10:15-11:00 a.m. "Gastropathy Associated with NSAID Therapy"  
*Alan P. Glombickl, M.D.*
- 11:00-11:15 a.m. Physician Panel Discussion: Q & A
- 11:15-12:00 noon "GI Causes of Chest Pain"  
*Michael Biederman, D.O.*
- 12:00 noon-12:45 "Different Diagnoses for Anxiety / Depression"  
*Harvey Croft, M.D.*
- 12:45- 1:30 p.m. "Lipid Disorders"  
*Frederick A. Schaller, D.O.*



# Letters

May 15, 1993

Nelda Cunniff, D.O.  
Burleson, Texas 76028

Dear Dr. Cunniff:

We want to congratulate you on our official State Association program in Austin beginning on May thirteenth, this week. You did a fine program organization. Thank you!

And thank you for honoring Mrs. Kinzie and me by arranging for us to sit at the head table. Certainly it was heart warming to hear Earl Christian Campbell speak so well regarding "Panic Attacks," a condition he says has plagued him for some time. It was interesting to hear how he copes with the problem. And more so since he is the time-honored Football Great of the University of Texas.

I was honored when I was introduced as the "only man that whipped his butt" and got by with it. And I had to think that, of the two thousand babies I've delivered, he is the only one who has my full name, Earl Christian.

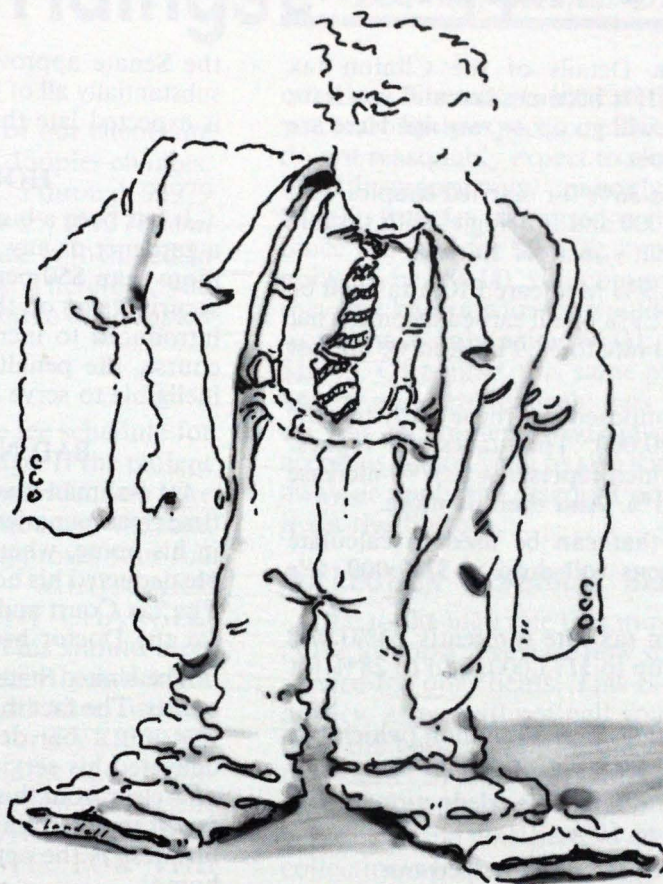
You'd be interested in knowing that one evening each weekend, Earl takes his two boys, Earl Christian the Second, and Tyler Christian, ages ten and six, out for supper at a restaurant of their choice, and without their mother, for just a "man's night off." Earl invited Mavern and me to accompany them for this "man's out supper," which we did with enthusiasm.

After supper Earl took us on a Cook's Tour of his offices downtown where he manages his far flung businesses. Then he took us out to their home where we again saw Mama Reuna and we had a good visit in their lovely home at Thousand Oaks.

I've had to think what a unique life experience I've had with Earl, a Heisman winner, a Football Hall of Fame Inductee and an All Time Texas Hero, with Sam Houston and Stephen F. Austin, and who wears my full name with distinction. What luck! Thanks for "a never to be forgotten program."

Dr. and Mrs. Earl Christian Kinzie





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# What's Happening In Washington D.C.

**\* Clinton's Cash Machine.** Details of the Clinton tax proposal have been released. If it becomes law and you have a healthy income, your taxes will go up — way up! Here are some of the frightening details.

- Rates will go from 31% to 36% for married couples with taxable incomes over \$140,000 and for singles with taxable incomes over \$115,000. That's just for starters.

- The income cap on the 2.9% Medicare FICA tax will be eliminated. That's another 2.9% on all earned income. That takes the effective marginal rate to 38.9%. And we are not finished.

- A 10% surtax will be imposed on those with taxable incomes in excess of \$250,000. That takes the highest marginal rate to 42.5%, which represents a 37% increase over the existing rate of 31%. And there is more.

- The maximum income that can be used to calculate retirement plan contributions will drop to \$150,000. It's presently about \$235,000.

- The alternative minimum tax rate (presently 24%) will jump to 25% for incomes up to \$175,000, and to 28% for all higher incomes.

- The estate tax rate for estates over \$3 million (which last year dropped to 50%) will go back up to 55%.

- Business meal and entertainment deduction limits (presently 80%) will drop to 50%.

- All deductions for club dues will be wiped out.

- Senior citizens with taxable incomes over \$32,000 will have to pay taxes on 85% of their social security benefits, even though they already funded one-half of their benefits with after-tax FICA withholdings. Double taxation at its worst.

- The effective date for most of the changes is retroactive to January 1, 1993.

**\* Old Goodies.** Clinton proposes a few new breaks, but nothing original.

- A temporary two-year 7% investment tax credit on business investments that exceed historical averages.

- An Extension of the 7% credit after two years for small business investments.

- Limited capital gains relief for investments in small start-up businesses.

- An expanded earned income credit for families with two children and incomes under \$30,000.

- Enterprise zone relief provisions for businesses in designated urban areas.

**\* Energy and Medicare Targets.** Clinton also proposes broad based energy tax increases and significant reductions in Medicare benefits. Gas prices are expected to jump 2½ cents a gallon in the first year and 7½ cents a gallon by year three.

**\* Sin to Pay?** There is a big discussion on sin taxes to help finance the health care package. The targets are alcohol and tobacco. Budget Director Pinetta says he would favor a tax increase of \$1.50 to \$2.00 on a pack of cigarettes. President Clinton recently stated that sin taxes would have the added benefit of impacting habits that contribute to the high cost of health care.

**\* Blueprint Approved.** President Clinton's economic plan received a big boost this month when both the House and

the Senate approved a budget blueprint that incorporated substantially all of his tax and budget proposals. Final passage is expected late this summer.

## HOUSEHOLD HELP TAXES

It has been a big news topic lately. If you pay a baby-sitter, a gardener or any other person who helps around the home more than \$50 per quarter, you must report and pay social security taxes on the payments. Legislation has recently been introduced to increase the quarterly threshold to \$250. Of course, the penalty for failure to pay is that you become ineligible to serve as Attorney General of the United States.

## BAD NEWS FOR HOME OFFICES

Dr. Soliman was an anesthesiologist who spent 70% of his time treating patients at various hospitals. His only office was in his home, where he took care of administrative matters. He deducted his home office expenses, and the IRS objected. The Tax Court and the Fourth Circuit Court of Appeals ruled for the Doctor because he had no other office.

The United States Supreme Court recently reversed the lower courts. The fact that Dr. Soliman did not have another office was not a big deal. The key factor was that the Doctor delivered his services at the hospitals, not at his home. It is now clear from this all-important case that the most important factor in determining whether a home is a principal place of business is the actual delivery of goods and services at home.

## BUT THE ROCKEFELLERS AND THE KENNEDYS DID IT?

What did they do? They set up long-term generation skipping trusts that sheltered their massive wealth from estate and gift taxes for many generations. With estate and gift tax rates at 55%, many families (not just super wealthy families) would like a tool that would prevent the government from taking such a big bite every time property passes from one generation to the next. Is it still possible?

It can still be done, but it is much tougher than it was in the days of the Rockefellers and Kennedys. We now have a generation skipping transfer tax that is aimed squarely at the types of trusts. The good news is that the GST tax contains various exceptions that often can be effectively used to shelter wealth for many generations. The bad news is that proper generation planning can trigger higher taxes than the normal estate and gift taxes.

Every person has a \$1,000,000 exemption from the GST tax for transfers that would otherwise be subject to the tax. This exemption allows a married couple to transfer up to \$2,000,000 to a generation skipping trust without exposure to the GST tax. These transfers, if properly structured and coordinated with life insurance and other elements of the entire estate plan, can shelter large blocks of wealth from the reaches of estate and gift taxes for multiple generations.

We have recently completed a study of the GST tax, its exceptions and the various planning strategies. If you could use more information on this issue, please call us at 817-335-3214.

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



## **FEES FOR O.V. & DOPPLERS**

It has come to our attention that some of our clients are billing for office visits in addition to doppler charges, billed in the same session. Codes 93875 through 93979 are noted with an XXX in the November 25, 1992 *Federal Register*. This means that no other service is included in the Medicare approved amount for the code. Therefore, you may charge for an E & M service in addition to the doppler.

## **REASONS TO HAVE ONE FEE SCHEDULE**

We generally recommend you have one fee schedule for all patients, regardless of insurance coverage. If the patient has Medicare, and you are a participating provider, you have agreed to accept the Medicare approved amount as the total amount to be collected. If Medicare ever approves your full charge, there will be the statement "MEDICARE ALLOWANCE EQUALS THE AMOUNT CHARGED FOR THIS SERVICE" on the EOMB. This should alert you that you may not be charging enough. If you are not listed up as a par physician, you should have two fee schedules: 1 for Medicare and the other for EVERYONE else. The Medicare fee is the Limiting Charge and should be rounded to the nearest dollar. The question has arisen: IS IT LEGAL TO CHARGE MEDICARE PATIENTS MORE THAN WE CHARGE PRIVATE, FOR THE SAME CODE?" In years past, this was illegal, but that regulation has been changed. As long as you are using your Limiting Charge or basing your fee on the approved amount, you may charge Medicare patients more than you charge private patients.

## **MEDICARE DID NOT FORWARD ALL CLAIMS**

It has been disclosed that Medicare did not forward all the automatic crossover claims to the secondary carriers as they customarily forward during January, February and March. Therefore, you may be expecting Blue Cross Texas to send you a check, when they haven't even received a claim. The Medicaid claims (secondary) are automatically dropped out of Medicare's computer, so these claims were unaffected. If you still haven't heard from Blue Cross Texas on a secondary claim, we recommend you complete a new claim on paper, and send a copy of the Medicare EOMB with the claim to:

**BC/BS OF TEXAS  
P. O. BOX 660044  
DALLAS, TX 75266-0044**

## **INSURANCE ONLY ACCOUNTS ARE DANGEROUS**

While everyone knows it is illegal to accept Medicare payments as payment in full, on a routine basis, many are unaware it is equally illegal to accept private insurance payments as payment in full. Private carriers have successfully sued physicians for fraud and won, when they became aware of physician practices. While you are only doing this routinely, as a favor or as a gift to the patient, carriers look at it differently. Since most carriers routinely pay 80% of your fee, the definition of "fee" comes into

question. The courts have defined "fee" as that amount you reasonably expect to receive for said services. Since you do not reasonably expect to receive the full \$100 when you take "insurance only," and only reasonably expect to collect \$80.00, your fee submitted to the carrier should be \$80.00. Since you filed for \$100.00, knowing that your fee was only going to be \$80.00, you committed fraud, in their eyes. If they had known your fee would have only been \$80.00, they would have only paid \$64.00, so they feel cheated out of \$16.00. Of course, this same principle applies then to the \$64.00 and progressively gets worse. For this reason, we do not recommend you have "INSURANCE ONLY" accounts. If you want to give someone a break, give a service away or apply the discount on the top, rather than doing it on the bottom.

## **COLLECTION "REFERRAL" SERVICE**

Due to the high rate that most collection agencies charge (50% for most), we have now started a collection "referral" service for our clients. This is different from a collection agency, as we will not call your patients, and we will not have the patients send money to our office. We will send out a series of letters explaining to the patient that you have requested our review of their account. In our review, we will determine whether the account is most suitable for a collection agency, credit reporting agency or a candidate for small claims court and litigation. If you notify us that the carrier has paid the patient and you have still not been paid, we will educate the patient to the current "reimbursement" laws and explain their income tax liabilities. We will NOT harass or upset the patients in our letters and our phone number will be given to the patient, should they have any questions. After a period that may last as little as one month or as long as three months, we will return the account to you with our recommendation. Our fee for this referral service is 20% of what you collect on those accounts. Obviously 20% is quite a bit more reasonable to you than is the standard 50%. If you are interested in this service, please give us a call today.

## **RE-TRAINING OF STAFF**

Since there is such a high rate of turnover of personnel in medical offices, we like to remind our retainer clients, from time to time, of our policies. If you need myself or one of our associates to come to your office and spend time with your staff, reviewing your office policies, collection policies, coding, etc. . . there is no charge for our time. That is part of the monthly retainer. We do have to charge you for any travel expenses incurred, if travel is involved, such as plane fare, rent car, hotel, etc. . . . We do not charge the \$1,000 per day fee that we charge non retainer clients. Please do not hesitate to call on us anytime you need our services. Another benefit of being a retainer client is our monthly review of 10 Medicare claims, which most of our clients have not been utilizing. We encourage you to send 10 copies of Medicare claims and corresponding EOMBs for us to review. We check the approved amounts, codes, modifiers, etc. to ensure you are being paid properly, as well as ensure you are charging for all you should. ■



# DEA Alert!

By: Diversion Supervisor Robert Wimberly and Investigator Christopher Grush

Over the past twelve months, the Drug Enforcement Administration has been investigating a number of individuals involved in Dilaudid (Hydromorphone) trafficking. Many of these individuals may be classified as "Professional Patients" due to their having fraudulently obtained Dilaudid prescriptions from numerous physicians. Intelligence gathered over the course of this investigation has revealed several methods used by these individuals to obtain Dilaudid.

Physicians should be alert to any of the following: (a) patients who ask for a specific drug to treat a specific ailment prior to a physician's diagnosis; (b) patients who pay in cash; (c) patients who present old medical records or are unable to provide either patient records or referral information; (d) patients who provide incomplete personal histories; (e) patients who refuse or fail to have tests performed; and (f) patients who live away from the

immediate area and have "run out or misplaced" medication. These criteria may also apply to patients who are presently under a physician's care.

While it is not the concern of the Drug Enforcement Administration who receives medical care, physicians acting in the usual course of professional practice should realize that there are individuals whose only purpose for an office visit is to obtain drugs to maintain their addiction and/or to sell those drugs for a profit. Physicians should make every effort to verify the accuracy of records that are presented and to perform any tests that may be indicated prior to prescriptions being written. A physician should not write a prescription for a controlled substance based solely on the demands of a patient.

Any questions or concerns may be directed to the DEA, Dallas Field Division — Diversion Group at (214) 767-7250.

## ATOMA NEWS

### Overwhelming Convention Response To ATOMA's Fund Raising Efforts

By B. J. Czewski, ATOMA President

Thank you, TOMA members and spouses, for your generous support in ATOMA's fund raising projects. With the sales of Convention T-shirts, golf shirts, golf hats, visors, coloring books, A.A.O.A. cookbooks and cruise raffle tickets, we were able to achieve another year of great success with a grand total of \$17,580 raised. Thank you again for your continued contributions to help ATOMA's efforts to support osteopathic medicine.

I offer my most sincere congratulations and "thank you" to the Auxiliary volunteers who worked so hard this past year and have made this year's Convention a fun and memorable one.

A very special "thank you" goes out to our President-Elect; Deidre Froelich, who has designed two special T-shirts this year. We are very excited about them and about you, for having such a talented person. ATOMA is extremely lucky to have You!

The excellent work done by all of you reflects in your achievements. We should all be proud of ATOMA.

\* \* \* \* \*

ATOMA would like to thank the following contributors for their gracious support:

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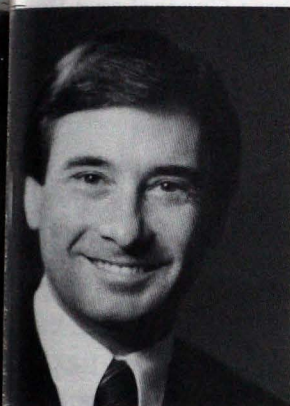
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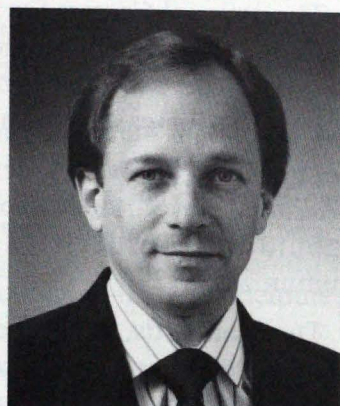
Thanks also go out to all the individuals who contributed door prizes. Working together made this year's fund raiser a huge success.



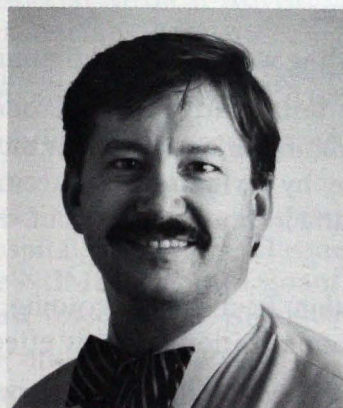
# Physicians Named to Positions At Osteopathic Medical Center of Texas



William M. Jordan, D.O., FACOI



I. Philip Reese, D.O., FACOI



Philip C. Slocum, D.O., FCCP, FACOI

Osteopathic Medical Center of Texas (OMCT) has recently announced the following physician appointments: William M. Jordan, D.O., as director of Oncology Services; I. Philip Reese, D.O., as director of Cardiology Services; and Philip P. Slocum, D.O., as director of Respiratory and Critical Care Services. The new directors will oversee functions and lead long-range planning efforts for their respective service areas, according to Phillip E. Sowa, hospital chief executive officer.

William M. Jordan, D.O., FACOI, is board certified in Internal Medicine and served his oncology fellowship at M.D. Anderson Hospital in Houston. A clinical assistant professor at Texas College of Osteopathic Medicine, Dr. Jordan is also a member of OMCT's board of directors.

I. Philip Reese, D.O., FACOI, is board certified in Cardiology and Internal Medicine. Current chairman of OMCT's Internal Medicine Department, Dr. Reese also serves as a clinical assistant professor at Texas College of Osteopathic Medicine.

Philip C. Slocum, D.O., FCCP, FACOI, is board certified in three areas: Medical Diseases of the Chest, Internal Medicine and Critical Care Medicine. At Texas College of Osteopathic Medicine, Dr. Slocum is chief of the division of Pulmonary and Critical Care Medicine and an associate professor. ■

## TSPP Elects Irwin Schussler, D.O., President-Elect Of Tarrant County Chapter



Irwin Schussler, D.O.

Irwin Schussler, D.O., FACN, has been elected President-Elect for the Tarrant County Chapter of the Texas Society of Psychiatric Physicians (TSPP). Dr. Schussler has been a member of the Society since 1977 and was elected into the position by the members of the Tarrant County Chapter. He is presently completing his term as Secretary/Treasurer for the Society.

and he is the president of Psychiatric Consultants of Fort Worth, P.A. Dr. Schussler serves on the boards of directors at Osteopathic Health System of Texas, Inc. and Osteopathic Medical Center of Texas. He is a fellow of the American College of Neuro Psychiatrists and of the American Academy of Clinical Sexologists.

Dr. Schussler is also a diplomate in the following organizations: American Osteopathic Board of Neurology and Psychiatry, American Board of Psychiatry and Neurology, and the American Board of Psychiatry and Neurology in Child Psychiatry.

In addition to his work with the Texas Society of Psychiatric Physicians, Dr. Schussler also serves on the board of the Mental Health Association in Fort Worth. ■

Dr. Schussler is medical director of the New Choices Psychiatric Unit at Osteopathic Medical Center of Texas,



## New Medications

*These are some new prescription medications that have recently been approved by the Food and Drug Administration for physicians to use in treating patients.*

### ◆ Betapace (sotalol)

A new beta blocker from Berlex that has been approved to prevent heart arrhythmias. A major study conducted by the National Heart, Lung, and Blood Institute found that it significantly reduced life-threatening ventricular arrhythmias.

### ◆ Daypro (oxaprozin)

A once-a-day nonsteroidal anti-inflammatory drug (NSAID) from Searle for treatment of acute and long-term osteoarthritis and rheumatoid arthritis. It is the first once-daily NSAID from the propionic acid derivative class, which includes Naprosyn (naproxen) and Motrin (ibuprofen).

### ◆ Depo-Provera (medroxyprogesterone acetate) (Contraceptive Injection)

This synthetic progesterone hormone from Upjohn has been approved for use as a female contraceptive. Each injection provides contraceptive protection for three months. It has previously been available as a contraceptive in more than 90 countries.

### ◆ Lorabid (loracarbef)

An oral antibiotic from Lilly that is the first beta-lactam antibiotic of the carbacephem class. It can be taken twice a day for a number of mild to moderate infections in adults.

### ◆ Nitrogl (nitroglycerin)

An extended-release oral tablet from Sanofi Winthrop that can be taken three times a day for prevention of angina due to coronary artery disease.

### ◆ Norvasc (amlodipine besylate)

A new calcium channel blocker from Pfizer that can be taken once a day to control angina and mild, moderate, and severe hypertension.

### ◆ Vantin (cefepodoxime proxetil)

A new oral antibiotic of the cephalosporin class from The Upjohn Company can be used to treat a variety of infections. These include otitis media (middle ear infections) in children.

*Reprinted from the NPC Report, Winter, 1992*

## Immunization Standard Available from CDC

The national Centers for Disease Control and Prevention is making available to health professionals *Standards for Pediatric Immunization Practices*, a publication intended to increase immunization among preschoolers.

The publication includes a chart to help providers determine how various factors (such as allergies or illness) should affect decisions about the timing of immunizations.

The standards, developed by the National Vaccine Advisory Committee, provide guidance to health providers about implementing or changing policies to overcome barriers to immunization. The standards cover four general areas:

- **Access:** Finding ways to make immunizations easier to obtain, such as extending clinic hours.
- **Delivery:** Administering vaccines more efficiently—for example, by giving several vaccines during the same visit, and informing parents of vaccine benefits and risks.
- **Documentation:** Reporting, recording, tracking, and auditing immunization services effectively.
- **Education:** Educating the public about the benefits of immunization and educating providers about the best way to deliver services.

Interested health providers may obtain single copies from the Information Services Office, National Center for Prevention Services, CDC, Mail Stop E06, Atlanta, GA 30333, or by calling (1-404) 639-1838.

## Firearm Deaths in Texas Surpass Motor Vehicle Deaths

A study by the Texas Department of Health revealed that in 1991, for the second consecutive year, the number of Texas residents who died from bullets was higher than the number of deaths from motor vehicle accidents.

There were 3,692 deaths associated with guns in 1991, compared with 3,180 deaths related to motor vehicles that same year. Of the 3,692 total, 179 were accidental; 1,918 were homicides; 1,555 were suicides; 19 were classified as legal interventions; and 21 were undetermined.



## TCOM President Becomes First D.O. Elected to National Board of Medical Examiners



David M. Richards, D.O., president of Texas College of Osteopathic Medicine, has become the first osteopathic physician elected as an at-large, voting member of the National Board of Medical Examiners. Richards was elected to a four-year term during the board's annual meeting in Philadelphia, Pennsylvania, March 25-26.

The National Board of Medical Examiners is the second national health care policy-making board on which Richards is the only osteopathic member. He also serves on the Special Medical Advisory Group for the Department of Veterans Affairs.

NBME President L. Thompson Bowles, M.D., Ph.D., said that Richards' "background and experience will bring an additional perspective to the board's deliberations."

Richard Gaintner, M.D., president and CEO of Tufts Medical Center Hospital in Boston, Massachusetts, and a member of the NBME Executive Board, said it will be helpful to have a voice like Dr. Richards' on the board.

The NBME and the Federation of State Medical Boards are the parent organizations responsible for development of the United States Medical Licensing Examination. The USMLE is being implemented as the unified pathway for the licensure of medical school graduates.

The NBME also provides testing, educational, consultative and research services to 22 medical specialty boards, societies and allied health agencies. Last year, members of the NBME staff visited TCOM to conduct a workshop to teach the faculty how to write better multiple-choice questions. The TCOM workshop was one of nine conducted across the United States by the National Board of Medical Examiners.

Richards' was nominated for the NBME by Tim W. Hopt, president and CEO of the Tarrant County Hospital District, who serves as the American Hospital Association representative on the board.

## TCOM Conference Explores Pluses, Minuses of Canadian Health System

More than 200 health care professionals attending a conference at Texas College of Osteopathic Medicine were told that it would be a mistake for the United States to adopt the Canadian health care system in total as a solution to the American health care crisis.

Several speakers at the April 2 conference said that political, cultural, economic and geographic differences

between the two countries make adopting the entire Canadian system impractical.

Conference speakers, including current and former members of the Canadian national and province governments, analyzed and critiqued the strengths and weaknesses of the Canadian health care system to determine what lessons can be learned by U.S. health practitioners and policy-makers.

Keynote speaker Robert Kane, M.D., said that one of the main problems with U.S. health care is that it suffers from "one major disease: medical obesity." Kane, who holds the Endowed Chair in Long Term Care and Aging in the School of Public Health at the University of Minnesota, characterized the American health care system as being overweight with too many specialist physicians, unnecessary duplication of high technology equipment and services, uncalled-for paperwork, excessive regulations and too much "defensive medicine" by those fearful of malpractice accusations.

Kane said the Canadian health care system should be viewed as the "art of the possible" in which it is feasible to provide more care at lower costs. He said he foresees a united health care system for the U.S., funded by the federal government and administered by each state rather than a centrally managed national health insurance system.

TCOM President David M. Richards, D.O., told the conference that, as the U.S. explores various health alternatives, "I must caution against adopting the mindset that 'We have a terrible system in which nothing works and we must adopt some great, new system.'" He suggested that innovative health care initiatives already in place and working in the U.S. should not be ignored, citing the health care systems adopted in Oregon, Hawaii, Minnesota and Florida, as well as the Department of Veterans Affairs Health Care system, as examples. Richards said that the VA approach contains the major elements that the Clinton Administration's Health Care Task Force says are needed to reform the American health system.

Richards also said that the critical need for more family physicians should not be dismissed. He quoted from a recently released report by the Pew Commission, that said all segments of the health care system are recognizing that the "role of the primary care physician is essential for controlling costs, integrating and coordinating care, and responding to public demands for personal health care delivery."

Other speakers at the conference included Michael Rachlis, M.D., of Toronto, author of *Second Opinion: What's Wrong with the Canadian Health Care System and How to Fix It*; and Dennis Timbrell, M.D., CEO of the Ontario Hospital Association and former minister of health for the province of Ontario.



# Attention: TOMA Spouses and Family Members

This is an invitation to you to join our Auxiliary to the Texas Osteopathic Medical Association.

Auxiliary membership benefits many; our efforts in fund-raising support the Legislative Committee, the Impaired Physicians' Fund, and the National Ad Campaign for spreading the word of our Osteopathic message. Our efforts in fund-raising also benefits scholarships, loans and research for well-deserving, young medical students.

Today, our Auxiliary is facing a dilemma. The problem is common to most organizations. . . *membership*

In order to continue the beneficial ATOMA programs, the support of dedicated members, like you, is essential.

*We need you!*

Please join us in supporting the profession we all love. Together we make a difference. Our state ATOMA dues are \$20 and AAOA National dues are \$40. It is very important to be a member of both . . . not only to support our profession, but your membership in the AAOA gives Texas a larger delegation at the National Convention.

Thank you in advance for your support.

Please mail remittance to ATOMA, c/o TOMA, Office Financial Center, 1717 IH 35, Suite 100, Round Rock, Texas 78664.

## FYI

### **BILL WOULD ALLOW PHYSICIAN-ASSISTED SUICIDE OF TERMINALLY ILL**

A bill pending in the Texas Legislature would allow physician-assisted suicide under specific circumstances. The measure would require that a terminally ill person, whose terminal illness has been certified by two physicians, be mentally competent when making a decision concerning his or her suicide. The person could ask a probate court for permission to obtain assistance in the suicide, at which time a judge could issue a court order authorizing any physician to help. The presence of two other adults would be required to witness the assistance given by a physician, who would be immune from civil or criminal prosecution.

### **ASSISTANCE IN PREPARING FOR CLIA INSPECTIONS**

The Texas Department of Health has begun scheduling CLIA inspections. To

provide assistance in preparing for an inspection, a publication entitled *CLIA Surveyor Guidelines* has been developed. To order, send \$47 to the National Technical Information Services, U.S. Department of Commerce, 5825 Port Royal Road, Springfield, Virginia 22161. When ordering, request PB92-146-174.

### **NAME CHANGE FOR NATIONAL ACGP**

The American College of General Practitioners in Osteopathic Medicine and Surgery has changed its name to the American College of Osteopathic Family Physicians (ACOFP). The change was passed by delegates during the organization's annual convention in Orlando, Florida, held March 17-21.

"With family medicine constituting the majority of our membership's practice, the name change is a better representation of what our members actually do as physicians," said Wayne C. Meech, D.O., newly elected ACOFP president.

### **DDT AND BREAST CANCER**

Preliminary results of a study by the National Cancer Institute indicates that high exposure to the insecticide, DDT, can result in a higher risk of breast cancer for women. DDT was banned in 1972 in the United States, but can linger for years in human tissue.

### **ELECTRONIC ACCESS OFFERED BY NPDB**

The American Osteopathic Hospital Association reports that the National Practitioner Data Bank (NPDB) now offers free software for users to submit queries electronically. Called QPRAC, the software works on any IBM-compatible PC with 512K of RAM. Questions can be asked by modem or by sending in a diskette. Please note that query fees are still applicable.

To request the software, contact the Data Bank Help Line at 1-800-767-6732, 9 a.m. to 5 p.m. EST.



# Blood Bank Briefs for Physicians

## Neonatal ExtraCorporeal Membrane Oxygenation and the Blood Bank

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



Extracorporeal membrane oxygenation is the prolonged use of cardiopulmonary bypass in patients with acute reversible respiratory or cardiac illness. Extracorporeal membrane oxygenation has principally been used for neonates whose respiratory illness is complicated by persistent pulmonary

hypertension.

Neonatal ECMO is an outgrowth of an attempt from 1960 through 1965 to provide an "artificial placenta" for preterm infants with hyaline membrane disease. In 1970, successful application of ECMO to neonates dying of respiratory failure was successfully applied. The ECMO circuit is a series of tubes and mechanical devices used to oxygenate and ventilate an infant's blood. Two cannulas are placed in the patient before initiation of extracorporeal ECMO. One is placed in the right internal jugular vein and serves as a drainage catheter; the second cannula is placed in the right internal carotid artery and serves as a return cannula. Heparin is infused continuously during ECMO to prevent anticoagulation. An ECMO pump is used to circulate blood throughout the extracorporeal circuit. The membrane lung is a spiral of thin membrane that works through a countercurrent flow principle. Blood flows in one direction whereas gases flow in the opposite direction. As the poorly oxygenated blood travels through the membrane lung, the blood is oxygenated with a typical postmembrane P<sub>O2</sub> of 300 to 350 mm Hg; saturation, 98 to 100%. The last component of the circuit prior to blood returning to the patient is a heat exchanger.

Blood component administration is significant during ECMO. The average uses reported for ECMO is 7.9 pediatric units of RBCs, 2.5 units of fresh frozen plasma, 1.5 units of platelets and 3.9 units of cryoprecipitate were required. In addition to the number of units requested, the type of blood products requested will affect the speed at which the blood components become available. The urgent need for blood dictates which components are needed. A typical blood bank request for priming the ECMO circuit, cannulation and initiation of ECMO includes three pediatric units, type-specific, cytomegalovirus-negative packed RBCs, three units of cryoprecipitate and one unit of cytomegalovirus-negative platelets. One unit of packed RBCs and two units of

platelets are reserved in the transfusion service at all times during an ECMO procedure. To minimize the risk of graft versus host disease, all cellular blood components are irradiated with 2,500 rads prior to being dispensed from the blood bank. Currently, there are no uniform guidelines for blood component preparation during neonatal ECMO.

Platelet numbers and functions are abnormal during ECMO and it is recommended that to reduce the risk of bleeding to maintain platelet counts greater than 100,000. Bleeding may be prevented by use of fibrin glue (cryoprecipitate/topical thrombin/calcium) on surgical sites and the use of fresh frozen plasma. Red blood cells are transfused to support oxygen delivery.

Neonatal ECMO is a complex endeavor requiring strong communication and coordination among neonatologists, surgeons, nursing personnel, respiratory therapists, radiologists, pediatric cardiologists, transfusion services personnel and the blood bank. The ultimate reward for such an endeavor is the large percentage of high risk neonates who survive and have the opportunity to lead normal lives following ECMO therapy.

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# AOA Washington Update

## Health Care Reform Efforts Gain Momentum

According to the Health Care Financing Administration Office of the Actuary, in 1991, public and private health care costs totalled \$751.8 billion. By 1992, health care costs had already risen to \$832 billion — comprising one seventh of the U.S. economy, and projections indicate that by the year 2000 we will be spending \$1.6 trillion dollars in health care annually. Despite this costly system, 35 million (14.7 percent) Americans have no health coverage, and 100,000 people lose their health insurance benefits each month. Republicans and Democrats agree: health care costs are on a rampage, completely out of control and there is no clear strategy for stopping this run away train. While the call to legislative arms in the battle of health care reform is not new, perhaps Senator Harris Wofford (D-PA), who ran his 1991 Senate race on health care reform, said it best: "a year ago we were nowhere this close."

In an effort to ensure public participation in the shaping of national health system reform, the Robert Wood Johnson Foundation has sponsored several "town meetings" across the nation. Participants from the Administration included Chairperson of the President's Task Force on National Health Care Reform Hillary Rodham Clinton, Vice President Al Gore and Secretary of Health and Human Services Donna Shalala. Participants from the provider community included several D.O.s, one of whom was Barbara Ross-Lee, D.O. who served as a panelist and was able to share some concerns of the osteopathic community with Secretary Shalala. More recently, AOA President Edward A. Loniewski, D.O. was an invited guest at the final "town meeting" held in Washington, D.C. While the AOA was not invited to testify before the first public hearing of the Task Force, communication between Washington office staff and Task Force officials continues, and the AOA's statement on health care reform has been submitted for the record.

Despite word that the Administration has already fostered national efforts to "sell" the proposed plan, both the substance and nature of the work being done by the President's Task Force remain a central curiosity to the medical community, the Congress and the public. Although the Task Force is working at break-neck speed to meet its May 17 deadline (pushed back from the original May 1 deadline, due to the death of Mrs. Clinton's father, Hugh Rodham), and the President's pledge to pass health care reform this year, Speaker of the House Tom Foley (D-WA) recently stated that "it would be unusual if we could pass it this year. . . it's more important, in my judgement to be careful and get it right than to rush forward too fast just to meet a deadline."

The AOA, however, is ready with its plan. Under the leadership of AOA Council Chairman Marcelino Oliva,

D.O., the Council and osteopathic practice affiliates recently engaged in several hours of open and highly participatory discussion on reform. Based on this discussion, the AOA has developed a bold health care reform statement which has as its hallmark the inclusion of services provided by D.O.s in a basic benefits package.

Specifically, the statement supports a global budget for health care expenditures coupled with a delivery system based on a managed competition model which includes the services of D.O.s. Although the AOA recognizes that the support of a global budget might be hard to accept, it believes that without such a framework to reform the health care delivery system, other health care reforms will be rendered ineffective. Chairman Oliva notes that a global budget is strong medicine, but such a concept is recommended in the context of a fiscal crisis and in consonance with the osteopathic physician's perspective that the health and welfare of the patient be paramount.

Central to the concept of managed competition is the establishment of a uniform basic package of benefits which is available to all Americans. In keeping with the philosophical goals of the osteopathic profession and the cost-cutting goals of the President's Task Force, the AOA statement supports the establishment of such a package with preventive medicine and primary care as central components.

A pivotal element of managed competition is the intrinsic ability to promote meaningful competition between several types of managed care plans while requiring a strong supply of primary care physicians to act as gatekeepers. The statement promotes the unique and vital services of primary care physicians, which is one of the osteopathic profession's distinguishing strengths. Other issues addressed in the statement are: the need for insurance market reform; tort reform; and, voluntary practice guidelines.

Efforts to disseminate the AOA's reform plan to the President's Task Force and Members of Congress are ongoing. Among efforts to ensure that the services of osteopathic physicians are included in any national health care reform proposal, the Washington office recently launched a grass-roots lobbying and educational initiative encouraging D.O.s to write to Mrs. Clinton, and the Representatives and Senators. In a sample letter developed by the AOA Washington Office, Mrs. Clinton and the legislators are being asked to develop an inclusive blueprint for national health care reform, which recognizes and accommodates the unique and vital role which osteopathic physicians have been filling for more than a century. The AOA statement has been submitted to the White House and the Congress, and efforts to educate Members of Congress continue.



## Clinton Outlines Spending for Health Care

Details regarding specific health care expenditure cuts and budget authority were recently unveiled with the release of President Clinton's Fiscal Year 1994 budget proposal last week. No mention was made of the administration's health care task force proposal, expected to be released in early May.

The budget proposal provides for increased spending on preventive care and women's and children's health, including federal expenditures for a national childhood immunization program. Emphasis will be placed on primary care and research for AIDS will see a boost in financial support.

Proposed savings increases marked for the Medicare and Medicaid programs are essentially the same cuts outlined in the President's February deficit-reduction plan, however projected savings amount to \$300 million less than the February estimate of \$3.2 billion. Spending cuts marked for the 1994 Medicare program equals \$147.4 billion for both Part A payments, covering hospital inpatient expenditures, and Part B payments, covering outpatient services. Most of the savings will be recouped by cutting the annual increase for hospital reimbursements and by delaying the inflation update to a calendar year. Hospitals that train physicians will see cuts in both the level of reimbursement and the salaries of residents and fellows; most importantly, salaries will be placed on a national average and will not reflect geographic differences. Cuts in Part B payments represent a \$742 million savings and will be collected by slowing the rate at which doctors' fees increase annually; however primary care physicians will receive a full fee increase.

Cuts promoted by former Presidents Bush and Reagan, Clinton will reduce the federal share of the Medicaid program's administrative costs to fifty percent, equalling \$25 million in savings.

Financial provisions for the National Institutes of Health will remain close to the rate of inflation for all programs except spending for AIDS research, which will increase by 21 percent. Increases will also be seen in funding for maternal and child health programs, and for "Healthy Start," an infant mortality prevention program initiated by Bush. Federal planning programs are slated for a 10 percent increase, bringing spending to \$208 million.

## PPRC Submits 1993 Report

The Physicians Payment Review Commission (PPRC) released its 1993 Annual Report to Congress on March 1. The report is 399 pages of recommended changes regarding Medicare's payment of physicians.

Started in 1986, every year the PPRC studies the current trends in physician payment and then advises Congress on how to improve controlling these Medicare expenditures. Such advice has included implementation of policies such as the Medicare Fee Schedule, enacted in 1989.



Copies of the report may be obtained from the PPRC at: 2120 L Street, NW, Suite 510, Washington, D.C., 20037, telephone 202/653-7220.

## Clinton Asks for Universal Access To Childhood Vaccines

Acting on behalf of President Clinton, Senators Edward Kennedy (D-MA) and Donald Riegle (D-MI) teamed up to introduce legislation that would provide for federal funding and expanded distribution of childhood vaccinations. Among the components of Kennedy's bill, S. 732, are the creation of a nation-wide immunization registry that will keep a record of each child's status of immunization, additional operational hours for and staffing of immunization clinics and the provision of educational materials available to parents regarding the importance of childhood immunization. Riegle's legislation, S. 733, outlines the federal purchase of necessary vaccines and how they will be made available to all providers free of charge.

Latest statistics show that for every one dollar invested in immunization, ten dollars are saved in later medical costs incurred from treating children with what could have been preventable diseases and sicknesses. The Centers for Disease Control and Prevention estimates that only 40-50 percent of the nation's children are properly immunized — leaving only two states below the United States in childhood vaccination rates.

Kennedy stated that "immunization should be a basic benefit under national health care reform," leading some to believe this legislation stands as the lead batter in the ball game of national health reform. GOP leaders will not stand by however, and are putting finishing touches on their own childhood immunization bill. This legislation will focus efforts on the states instead. ■



# Senate Strives to Provide the Care Texans Need

By Lt. Governor Bob Bullock

While Bill Clinton struggles to reform America's costly health-care system, the Texas Senate has been hard at work this session making sure that the children of our state, the elderly and the sick receive the care they need. Although there is still much to be done, we have made an extraordinary commitment in the state budget to providing critical health and human services, and we have passed several bills that promise to improve people's lives.

For the third consecutive biennium, Texas has averted threatened cuts and significantly increased the amount of money spent on helping our needy neighbors. In the proposed budget passed by the Senate on March 2, we will spend \$23.6 billion state and federal dollars on health and social services, roughly 34 percent of the total state budget. For 1994-1995, the Senate increased health and human services funding by \$4.4 billion — four times the amount added to education, five times the increase to prisons and six times the total increase to highways.

While this money is meant to help the poor and frail, it does not go into their pockets. It goes toward paying the health care professionals and facilities that serve these Texans. These days, the State of Texas is the medical professions' biggest client — assuring that doctors, dentists, nurses, hospitals and other care providers get paid for their work.

Despite this huge expenditure, Texas remains among the stingiest states in serving the neediest citizens. We rank 46th in public welfare spending and 49th in spending on mental health, while nearly one-fourth of all our citizens are uninsured. Sixty percent of the uninsured are working. Elderly Texans are the fastest growing segment of our population.

We also have the nation's second highest number of poor children. One in four Texas children live in poverty, compared to a national figure of one in five. Meanwhile, we rank 48th in benefit level for Aid to Families with Dependent Children — a family of three must try to get by on \$184 each month.

Texas is struggling within its limited means to meet skyrocketing demands. The number of people qualifying for Medicaid is expected to grow from 1.9 million this year to 2.3 by 1995. That's about the same number of people who live in Arkansas. Within two years, we will be providing AFDC payments to 920,000 Texans, about the same number of people who live in San Antonio.

I am proud of the way the Senate has responded to the need, not just with money but with innovative and

forward-looking ideas. We passed two bills in March designed to give Texans greater access to affordable health care by increasing funding to certain clinics and providing more family doctors to areas suffering a shortage of doctors by offering tuition loan reimbursements to graduating doctors who work in these areas.

Another bill passed this session will provide immunization for all Texas children. Most recently, the Senate passed a package of eight bills to prevent abuse of mental health patients and insurance fraud.

Still to come is a measure that will help combat childhood hunger by extending federal summer food programs to serve 500,000 more children and make the programs more accessible to the children of working mothers.

There is much to do, many needs to meet, but I am proud of our achievements so far and confident that the people of our state will be better off for our work.

## Updated Workers' Compensation Rate Guide Now Available

Employers can shop for the best workers' compensation rates by using an updated rate comparison guide produced by the Texas Department of Insurance.

The Spring 1993 edition of the *Texas Workers' Compensation Rate Guide* is available free of charge. The guide compares rates of 250 insurers and the Texas Workers' Compensation Insurance Fund. First printed in December, the rate guide has been updated with new workers' compensation rate filings received by the Department through March 15, 1993.

The new edition includes a request for feedback to help the Department make the guide more helpful to Texas business people.

Employers may obtain the rate guide by calling the Department's consumer help line, 1-800-252-3439, or by writing: Texas Department of Insurance, Publications (MC 108-5A), P.O. Box 149104, Austin, Texas 78714-9104.



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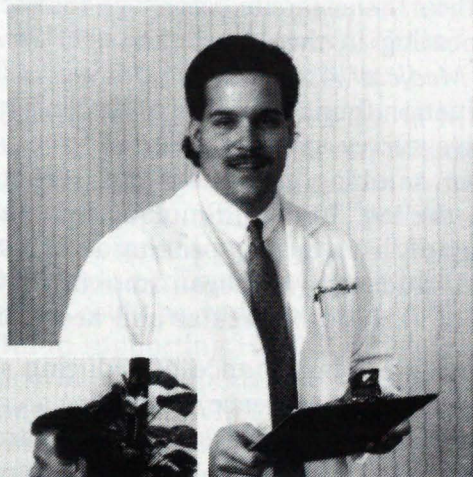
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# Public Health Notes

## *Selling Death to Minors: Tobacco and Intervention Strategies*

Alecia A. Hathaway, M.D., M.P.H., F.A.C.P.M.

About half of the adults who are regular cigarette smokers became so by their 18th birthday; and 75% of them tried their first cigarette before age 18. Escobedo's article (appearing in the March 12, 1993 *Journal of American Medical Association*) looking at age of smoking initiation found that 72% of students (national representative survey sample) reported experimenting with or even smoking cigarettes, and 32% reported smoking in the last 30 days. Smoking initiation rates increased rapidly after age 10, peaking at 13 to 14 years of age. And, students who began smoking before age 12 were more likely to be regular and heavy smokers.

Despite the great importance of reducing smoking among teenagers, the prevalence of smoking among high school seniors has not decreased substantially from 1981 through 1991. In fact, use of smokeless tobacco products, particularly chewing tobacco and snuff, increased significantly during the 1970's and 1980's. Estimates nationwide indicate at least 10 million Americans used some form of smokeless tobacco during 1991.

Tobacco use remains the leading cause of avoidable death in our society — a totally preventable factor. It is so pervasive that it is responsible for about one-sixth of deaths from *all* causes. The number of Americans who die each year from tobacco related disease exceeds the number of Americans who died in all of World War II! On a global picture, as the tobacco industry heavily markets their products (using "glamorous American" associations) to children outside of this country, the World Health Organization estimates that tobacco will prematurely kill 200 million who are now children; and eventually will eliminate 10% of the world's population. Make no mistake, the tobacco industry has not given up on the United States. It continues to spend more than \$3 billion annually to recruit American youth. It is an expansion industry and depends on the youth market since most people do not begin smoking after age 18. Magazines appealing to teenagers are the most heavily used medium for advertising in the United States.

Tobacco is a major risk factor in the development of coronary vascular disease, hypertension (HTN) (which is a risk factor for cerebral vascular accidents), and lung cancer. These conditions are responsible for the leading causes of death in our country. Lung cancer is the leading cause of cancer deaths in both men and women. Smoking is also linked to cancers of the mouth, stomach, esophagus, kidney, pancreas, bladder and cervix. Add to this

— chronic obstructive pulmonary diseases; renal failure secondary to HTN; increased risk of developing asbestosis, silicosis, and tuberculosis; and premature birth and/or low birthweight syndrome. With a little more thought we would probably add to the list of morbidity and mortality secondary to tobacco use. The financial as well as the social (quality of life), impact this behavior has on our society is staggering. Imagine the tremendous direct and indirect reduction there would be in health care costs and overall costs to society from a significant decrease or eventual elimination of tobacco use.

I have emphasized how important a public health problem the use of tobacco is. Since it is well established that the majority of smokers began doing so before their 18th birthday, it stands to reason that preventive strategies must be vigorously aimed at the pre-adolescent through young adult age ranges. Although adult smoking has decreased, teenage smoking behavior has remained relatively steady throughout the 1980's. The United States Public Health Service has set a goal that smoking prevalence in the United States be reduced to 15% by the year 2000. In order to achieve this goal, a major campaign to prevent the uptake of smoking by young Americans will need to be undertaken. In order to attempt this, much needs to be understood about teenage attitudes and practices. The 1989 Teenage Attitudes and Practices Survey (CTAPS), a targeted population study from the National Health Interview Survey, was conducted by the National Center for Health Statistics, the Office on Smoking and Health, the National Cancer Institute, and the American Cancer Society to provide an in-depth analysis and further the understanding of teenage smoking behavior. The survey results appeared in the February 1993 issue of *Advance Data* from Vital and Health Statistics of the CDCP, National Center for Health Statistics, and are quite revealing. For example, cigarette brand preference among white teens was Marlboro, black teens Newport, and a clear increase in the number of teens smoking Camels was noted. Was this merely coincident with the appearance of the Camel character "Camel Joe?"

Another revealing finding was teenagers' perceptions of peer attitudes regarding different health-risk behaviors. Current teenage smokers reported that they cared less about behaviors that affected their health than did non-smoking teens. Half of the teenagers who had never smoked cared "a lot" about avoiding drugs,



compared with 20% of those who smoked. School performance and attitudes about school were strong predictors of smoking uptake as was peer offering of cigarettes. Availability of cigarettes was shown to increase cigarette use as well.

Many states have been devising ways with which to limit access by minors to tobacco through laws and regulations. This is an important strategy in reaching the 2000 goal. Like the sale of alcohol, the sale of cigarettes is an illegal activity in most states (including Texas since 1989). The problem has been one of enforcement, however. In 1988, \$221 million (3% tobacco sales) resulted from cigarette sales to youth. The recently enacted Synar Amendment to the Alcohol, Drug Abuse and Mental Health Administrative Reorganization Act requires that all states pass and enforce a law prohibiting the sale or distribution of tobacco products to minors (<18 years of age) as a condition of receiving Substance Abuse and Mental Health Services Administration block grant funds. This may give states an incentive to develop stronger laws with enforcement capabilities.

Recently Texas Commissioner of Health, Dr. David Satcher, wrote, "It is vital that we limit children's access to tobacco products. Although it already is illegal to sell tobacco to minors, that law has not been enforced. We need to follow through by penalizing vendors who sell tobacco to minors, banning cigarette vending machines that dispense free cigarette samples, and by requiring all schools to be smoke-free."

House Bill 912, cited as the "Children's Tobacco Prevention and Enforcement Act" to amend Subchapter C, Chapter 161, of the Texas Health and Safety Code, was introduced to the State Legislature during the third session of March, 1993. It calls for more stringent penalties for those violating the sale of tobacco to minors law. Increasing penalties for the minors involved is being considered as well, modification of the Education Code to prohibit tobacco use on school premises or at school-sponsored events, and strict limitation of vending machine use. The State Treasurer, assisted by the Department of Health and Texas Commission on Alcohol and Drug Abuse, is responsible for the enforcement of this Act. The discussion of a "sin" tax has been on-going, it does not appear in this most recent legislative proposal.

Recently, the CDC offered the following intervention strategies, as published in the February 26, 1993 *MMWR*:

Initiate efforts to monitor minors' ability to purchase tobacco products (this is addressed to some extent in the recent proposed Texas legislation).

Require individual tobacco sales outlets to obtain licenses that may be revoked and the levying of civil fines (this appears in HB 912).

Impose separate fines for failure to post disclosure warning signs of legal age to purchase tobacco products (this appears in HB 912).

- 4) Require proof of age (this appears in HB 912).
- 5) Increase excise taxes on tobacco products because higher prices can reduce consumption by minors and help to fund prevention education programs (as mentioned above).
- 6) Restrict tobacco product advertising targeted toward minors (enforcement of this could be improved).
- 7) Ensure appropriate education in elementary, middle and secondary schools to cover all aspects of tobacco use, teaching refusal skills, social factors influencing use and social consequences (tobacco should be included in the war against drugs).

The recently enacted improved law in Missouri will be assessed as to its effectiveness in reducing minors' access to tobacco by utilizing data from a survey monitoring minors' ability to purchase tobacco (products) in comparison with a follow-up survey. A similar survey was performed in Texas which also showed that cigarettes could be readily purchased. These findings are helpful in supporting HB 912 which legislators are optimistic will pass, although the tobacco lobbyists are very strong in Texas. While we may have cause to be pleased with each of these *triumphs*, the war against tobacco rages on. Next, the legal age for consideration ought to parallel that of alcohol in this state - 21. And, we should steadily lobby for a "sin tax" on tobacco products. While it alone would not entirely eliminate tobacco use in minors, it would substantially reduce it.

Though we have a long road ahead in the fight against tobacco use in children, I am grateful to those whose efforts have resulted in initiatives like HB 912, and to other positive forces in the State. For example, the Texas Partnership for Tobacco Prevention and Control, a coalition of public and private agencies formed last spring, combines resources to:

- implement non-smoking policies and ordinances;
- reduce children's access to tobacco; and
- provide tobacco cessation and education for both children and adults.

We have seen a profound change in general social attitude toward smoking as we look back over the past 20 years of health promotion and tobacco prevention campaigning. With our efforts intensified on prevention of tobacco use in children, I feel certain this will impact positively in the future.

As physicians we can have a significant role in participating in this effort by simply discussing the ill effects and consequences of tobacco use with our adolescent and pre-adolescent patients. A simple direct discussion, but one in which we empower our patients to resist may be all that is required for some sub-groups of teenagers. Doctors should be mindful of their effectiveness in their role as teachers for all patients, to include the sometimes less reachable adolescent. ■

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**FOR LEASE** — Medical office, established medical-dental building on Hulen between Vickery and W. Fwy.; approx. 1,000 sq. ft. which includes 3-4 exam

rooms, lab, business office, private office, and extras. Recently remodeled and ready to move in. Also, 1,250 sq. ft. in hospital district between Rosedale and Magnolia. Call 817/338-4444 (12)

**FOR RENT** — Medical Office in Arlington. Three to six months free rent with proper lease. Ideal for general practitioner. Call 817/265-1551. (15)

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

**FOR RENT** — Medical office in Grand Prairie. Approximately 3,000 sq. ft. office presently occupied by general surgeon. Share space and overhead expenses. Across street from D/FW Medical Center. Call 214/660-3188. (22)

**OFFICE SPACE AVAILABLE** — for lease in dental garden office building. Approximately 1,080 sq. ft. Ideal loca-

tion for family practice. Near Park Cities area of Dallas. Call Dr. John Rumley, 214/528-3770. (32)

**MEDICAL OFFICE SPACE** — Ready for occupancy; Euless, TX near Northeast Community Hospital. PAID utilities. 1600 sq/ft at \$9.00/ft. Ledged x-ray room, developing room also available — 276 sq/ft at \$9.00/ft. Pharmacy on premises. Call Bill Wyatt, 817/282-6717 or 481-5158. (01)

## MISCELLANEOUS

**RECONDITIONED EQUIPMENT FOR SALE** — Examination tables, electrocardiographs, sterilizers, centrifuges, whirlpools, medical laboratory equipment, view boxes, weight scales, IV stands and much more. 40-70 percent savings. All guaranteed. Mediquip-Scientific, Dallas, 214/630-1660. (14) ■

## CARDIOLOGY FELLOWSHIPS

**First Year Cardiology Fellowships (2) available July 1, 1993 at Cooper Hospital - Center City Philadelphia, Pennsylvania, the major teaching hospital for the University of Medicine and Dentistry of New Jersey**

Program includes Clinical Cardiology, including U, Cardiac Telemetry, Post-op open hearts. Non-invasive cardiology Includes: 2D, Colorflow, TE Echo, Ec Thallium, other Nuclear Cardiology modalities. Invasive interventional cardiology including PTCA and Coronary Atherectomy. Program leads to Certification in Nuclear and/or interventional cardiology.

For further information, please contact:

**David Elbaum, D.O.**  
**Cardiology Fellowship Program Director**  
**Cooper Hospital - Center City**  
**201 N. Eighth Street**  
**Philadelphia, PA 19106**  
**215-238-2406**

## TCOM Student is Only Future D.O. To Receive National Fellowship

David Lopez, a second-year medical student at Texas College of Osteopathic Medicine, is the only Texan and the only future osteopathic physician selected to participate in a program designed to help prepare underrepresented minority medical students for service in community-based health centers.

The \$5,000 fellowship award, sponsored by the W. K. Kellogg Foundation, is one of 17 given to medical students selected from across the United States.

The award will provide Lopez with two-months of special medical training at the Sea Mar Community Health Center, a migrant health center in Seattle, Washington, under the guidance of a physician mentor. As part of his fellowship, Lopez will work on a special community health research project and present his findings at the 1994 National Association of Community Health Centers symposium.

Lopez is an Angelo State University graduate from Eden, Texas, who plans a career in primary care.

"It's two dreams come true," Lopez said. "I wanted to go to the Pacific Northwest and I wanted to work in a migrant health center. Most of my patients will be farm workers who have come up from Mexico." Lopez said his research project will either be a survey on family planning or the effect of pesticide usage on the health of migrant farm workers.

The 1993 Fellows were chosen for their "excellent potential for a career in community medicine" by the Kellogg Foundation's National Advisory Committee for the Fellowship Program in Community Medicine. This year's Fellows include 14 African Americans, two Hispanics and one Native American.

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



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