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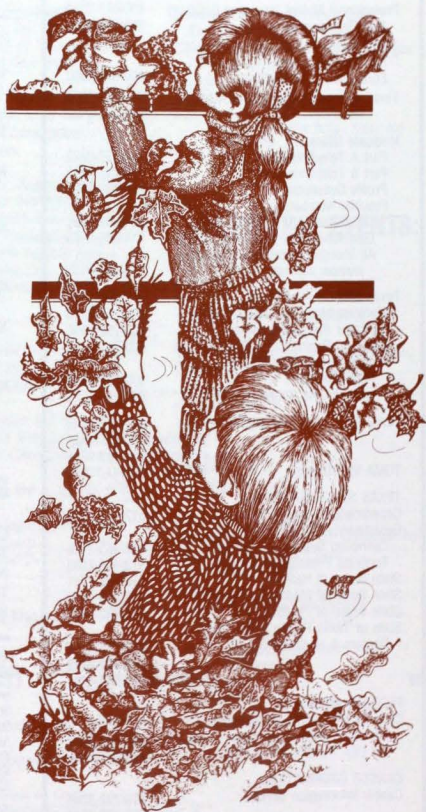
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# PHONE

## For Your Information

American Osteopathic Association	312/280-5800 800/621-1773
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American Osteopathic Hospital Association	703/684-7700
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Risk Retention Group	816/523-1835
TOMA Malpractice Insurance Program:	
For Premium Rates,	
Enrollment & Information	800/544-8560
Texas College of Osteopathic Medicine	817/735-2000
Dallas Metro	429-9120

Medicare Office:	
Part A Telephone Unit	214/470-0222
Part B Telephone Unit	214/647-2282
Profile Questions	214/669-7408
Provider Numbers:	
Established new physician (solo)	214/669-6162
Established new physician (group)	214/669-6163
All changes to existing provider number records	214/669-6158

Texas Medical Foundation	512/329-6610
Medicare/Medicaid General Inquiry	800/252-9216
Medicare Beneficiary Inquiry	800/252-8315
Medicare Preadmission/Preprocedure	800/252-8293
Private Review Preadmission/ Preprocedure	800/252-9225
Private Review General Inquiry	800/252-9225

Texas Osteopathic Medical Association	817/336-0549
in Texas	800/444-TOMA
Dallas Metro	429-9755
TOMA Med-Search	in Texas 800/444-TOMA

TEXAS STATE AGENCIES:	
Department of Human Services	512/450-3011
Department of Public Safety:	
Controlled Substances Division	512/465-2188
Triplicate Prescription Section	512/465-2189
State Board of Health	512/458-7111
State Board of Medical Examiners	512/452-1078
State Board of Pharmacy	512/832-0661
State of Texas Poison Center for Doctors & Hospitals Only	713/765-1420
	800/392-8548
	Houston Metro 654-1701

FEDERAL AGENCIES:	
Drug Enforcement Administration:	
For state narcotics number	512/465-2000 ext 3074
For DEA number (form 224)	214/767-7250

CANCER INFORMATION:	
Cancer Information Service	713/792-3245
	in Texas 800/392-2040

# Texas DO

Texas Osteopathic  
Medical Association

November 1988

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

# Calendar of Events



## NOVEMBER

2-5

**"Optimizing Management of Primary Bone Tumors: An International Symposium Emphasizing the Multidisciplinary Approach"**

32nd Annual Clinical Conference  
The University of Texas

M.D. Anderson Cancer Center  
Contact: Office of Conference Services  
M.D. Anderson Cancer Center  
1515 Holcombe Blvd.  
Houston, 77030  
713/792-2222

6

**"Corneal and External Eye Disease: A Practical Approach"**

Presented by: University of Houston/College of Optometry and TCOM's Office of Continuing Medical Education; supported by Dallas Southwest Osteopathic Physicians, Inc.

Location:  
TCOM, Med Ed 2,  
Kiva Room 2-106

Speaker: Brian Ranelle, D.O.  
CME: 8 hours, Category 1-A  
Physician's Fee: \$105

Contact: Cheryl Cooper  
TCOM, Office of CME  
817/735-2539

8

**"ELECTION DAY"**

Take Time out of your busy schedule and please vote!!

16

**"PRO Review Seminar"**

Are You Ready For Expanded PRO Review? If You're Not Sure Then Attend Our Seminar.

Sponsored by:  
Health Care Review Consultants  
in conjunction with Carpathian Healthcare Consultants  
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Fee: \$160 Early Registration  
\$240 After November 9

Contact: Health Care Review Consultants  
1600 Fairfield Avenue,  
Suite 220  
Shreveport, LA 71101-4333

22

**Review for AOBGP Practical Exam (Over, #'s 9-16)**

Speaker: Greg Dott, D.O.

Sponsors:  
TCOM's Center for Osteopathic Research and Education; Texas Academy of Osteopathy

Location:  
TCOM, Med Ed I, Room 632

Accreditation:  
2 hours; Category 1-A; AOA

Contact: Diane Russell  
817/735-2579

24

**"Thanksgiving Day"**

## DECEMBER

4-8

**Annual Convention and Scientific Seminar**

American Osteopathic Association  
Las Vegas, NV

Contact: AOA Bureau of Conv.  
142 E. Ontario Street  
Chicago, IL 60611-2864  
800/621-1773

6-7

**Educational Conference on Graduate Medical Education**  
American Association of Colleges of Osteopathic Medicine  
Las Vegas, NV

Contact: Tarmara S. Johnstone  
Conference Coordinator  
6110 Executive Bldg., Suite 405  
Rockville, Maryland 20852  
301/468-0990

## 1989 COMING EVENTS:

**APRIL  
27-29**

**90th Annual Convention & Scientific Seminar**  
Texas Osteopathic Medical Assoc.  
Sheraton CentrePark Hotel  
Arlington

Contact: TOMA  
817/336-0549

**JUNE  
15-17**

**International Symposium**  
American Academy of Osteopathy  
Omni Netherland Plaza  
Cincinnati, Ohio

Contact: Mrs. Vicki E. Dyson  
AAO Executive Director  
12 West Locust Street  
P.O. Box 750  
Newark, Ohio 43055  
614/349-8701



# NOM Week '88 Marks 114th Year Of Osteopathic Medicine

National Osteopathic Medicine Week, which pays tribute to the osteopathic profession as well as educates the public as to the osteopathic philosophy, was observed September 25 - October 1 this year. Although the theme continues to be "Health for the Whole Family," this year's observance paid a special tribute to older Americans — "Osteopathic Healthcare Salutes Older Americans." The theme appropriately affirms the fact that this particular group of people is becoming increasingly important to our society. As health care consumers, the over-65 group represents 12 percent of the populations but uses 31 percent of total personal health expenditures. Additionally, by the year 2000, one out of every eight persons will be 65 or over.



(left to right) Tom Hanstrom — TOMA and John P. Hawkins — FWOMC with County Proclamation.

Press releases were mailed throughout Texas to the news media calling attention to this special week and a proclamation was procured from Governor Bill Clements designating the week as Osteopathic Medicine Week in Texas. In cooperation with FWOMC and TCOM, proclamations were also obtained establishing NOM Week in Fort Worth and in Tarrant County. The proclamations cited the uniqueness of Osteopathic medicine and contributions made by the profession.

TOMA District V also procured a proclamation, signed by Dallas Mayor Annette Strauss, designating Osteopathic Medicine Week in Dallas.

Additionally, at the request of the *Fort Worth News-Tribune*, a local newspaper, TOMA supplied editorial copy regarding the profession, which was printed in the September 23rd edition. The information called attention to the osteopathic philosophy, Dr. Andrew Taylor Still and NOM Week. Included in the special section was a listing of TCOM clinics with phone numbers, and an ad describing FWOMC and its goals.

## CCOH Celebrates NOM Week In Enthused Fashion

Although Corpus Christi Osteopathic Hospital may not have the monopoly on enthusiasm, staff and employees appear to stockpile it during the year in order to activate it during such times as NOM Week.

The week got off to a good start on Sunday, September 25th, when a one-half page ad pertaining to NOM Week appeared in the local newspaper to inform readers as to NOM Week activities.



On Monday, Mayor Pro Tem Linda Strong presented the NOM Week proclamation, signed by Mayor Betty Turner, to Mr. Robert Tamez, CCOH Administrator, in the hospital's conference room. At 12 noon, Dr. James Lively and Dr. Thomas Forks an intern, were the guests on TV-6 Live at Noon. The discussion centered around "What is a D.O.?" and Dr. Forks was asked "Why did you choose to become a D.O. instead of an M.D.?" The program went over very well and helped tremendously in the area of public information and understanding of the profession.





Tuesday brought the public in for an Open House and tours throughout various departments.. An attractive booth sporting a banner which read "Osteopathic Medicine Week" was the site for a free blood pressure clinic, which the public took advantage of as evidenced by the good attendance.



If asked to vote as to which day was their favorite, the physicians themselves would most likely have chosen Wednesday, designated as "Doctor Appreciation Day." Physicians' palates were treated to steak, lobster and baked potatoes at a special appreciation luncheon, served on no less than real China plates. Pat Collier, Dietary Supervisor, and her team outdid themselves in preparing the luncheon for the deserving physicians. No need to ask about attendance at this event!



On Thursday, a free diabetic screening clinic was held from 12 noon until 3:00 p.m. In the space of three hours, 48 patients were run through the screening process, a very significant number. This was covered by the local TV-3 news, resulting in excellent coverage for CCOH on the 6:00 evening news on Friday, September 30th.

Once again, CCOH is happy to report that a lot of people were informed about osteopathic medicine and much good will public service was rendered. CCOH rates it another successful NOM Week "in spite of the Hurricane Gilbert scare."

## FWOMC Celebrates NOM Week

Fort Worth Osteopathic Medical Center began its recognition of NOM Week one week ahead of time. FWOMC's Marketing Department and board of directors chose to increase awareness of NOM Week and osteopathic medicine by hosting a gathering for Tarrant County media at the City Club of Fort Worth. Guests including local newspaper editors and television news directors joined FWOMC in toasting the Fort Worth osteopathic community while they gathered information on NOM Week events.



Photo Courtesy of Health Care of Texas, Inc.

**VOLUNTEER WORK BEGINS AT THE TOP** — Executive Vice President John P. Hawkins (standing) and Director of Facilities Jim Price erect one of the first CHECKUP FOR LIFE banners for the FWOMC community service program.

As part of NOM Week activities, Executive Vice President John P. Hawkins joined representatives of TOMA and TCOM in accepting proclamations from the Fort Worth City Commissioners, the Tarrant County Commissioners and Governor Bill Clements. The documents proclaimed the recognition of National Osteopathic Medical Week, city, county and statewide.

FWOMC took advantage of NOM Week to recognize one of its most valuable assets — its employees. The week included a hospital-wide barbeque on the patio of the Medical Center. Employees and physicians enjoyed the entertainment of local singer, Bruce Williams, and ice cream desserts provided by FWOMC's parent company, Health Care of Texas, Inc.

NOM Week also proved to be the perfect occasion for FWOMC to introduce its new slogan to the Tarrant County community. Buttons reading "A Friend for Life" were distributed to employees, visitors and guests during the week. The new slogan exemplifies the Medical Center's ongoing commitment of caring to the people of Fort Worth.

NOM Week also was highlighted on the cable television program, "Feeling Great." Dr. Doug Vick and Dr. Constance Lorenz appeared as guests on the program ▶



to discuss osteopathic medicine and the various programs and community services offered by FWOMC. The program aired throughout NOM Week.

FWOMC concluded the special week with Checkup For Life, a new and unique concept in health fairs. The program, sponsored by FWOMC, the *Fort Worth Star-Telegram* and WFAA-TV, took place October 1 in participating physicians' offices. Billboards, banners and print ads publicized the event throughout the city. Checkup For Life provided free physical examinations to more than 500 Tarrant County residents. Health problems detected during the health screenings were referred to appropriate specialists who donated their time for initial consultations. More than 200 participants were referred to specialists during the event.

Volunteers to the project included not only family practitioners and specialists, but also Medical Center employees and members of the Auxiliary to TOMA District II. Altogether, more than 1,500 hours were donated to the community program, increasing the visibility of FWOMC and the osteopathic profession.

### **ATOMA Observes NOM Week By Stressing Child Safety**

ATOMA's newest project, the child safety coloring book with accompanying stories entitled *Smart Kids, Safe Kids — Aware Not Afraid*, received quite a boost during NOM Week. According to Chris Brenner, ATOMA Chairman of Public Health and Education, over 5,000 copies of the coloring book were printed, with 3,000 purchased by District XV.

Information as to the State Auxiliary's project was also featured in the September 23 edition of the *Fort Worth News-Tribune*, making for excellent exposure.

ATOMA District II worked with the Fort Worth Public Libraries, reading the stories and performing puppet shows to children during storytime at the branch libraries. During the course of the week, over 450 children had been read to and each were given a copy of the coloring book. The libraries were most enthusiastic about ATOMA's safety coloring book project and printed information about it on large posters situated inside the libraries. The Student Associate Auxiliary (SAA) also

volunteered their time to help fill in by reading to children at some of the branch libraries. Additionally, SSA President Peggy Schuenemann reports that the SAA distributed laminated bookmarks, with information pertaining to osteopathic medicine and NOM Week printed on them, to some of the libraries, as well as patients at FWOMC.

Dr. Larry Burrows bought copies of the coloring book for all the kindergarten children as well as first graders in the Aledo School District and the stories were read to these children by volunteers from ATOMA District II.

All ATOMA districts should be aware that Dr. Alex Guevara is translating the coloring book and stories into Spanish. Those physicians with a large number of Hispanic-speaking patients would more than likely want to order some in Spanish as well as English. Physicians should check with their local Auxiliaries for ordering information.

The time is obviously right for a child safety theme. Mrs. Brenner says she has had inquiries from the Texas Highway Department and several PTA's regarding the books, making for a "very successful beginning." As NOM Week ended, approximately 850 children had been informed of vital safety lessons.

All in all, the State Auxiliary's project was extremely well received, and coupled during NOM Week, brought the osteopathic message into the limelight.

### **TCOM Observes NOM Week With "Brown Bag" Lunch Lectures**

TCOM once again offered its special "brown bag" lunch lectures on Wednesday, September 28. In keeping with this year's special salute to older Americans, Janice Knebl, D.O., Assistant Professor in the Department of Medicine, delivered a presentation entitled, "Getting Older... And Better." The topic presented by Howard Graitzer, D.O., Associate Professor of Medicine, was "The Doctor Patient Relationship." The college was most pleased with the attendance at these lectures, which took place in the Kiva Classroom of Medical Education Building 2. Attendees armed with their "brown bags" learned quite a bit, not only from the lecture topics, but information pertaining to the osteopathic philosophy in treating patients as well.

Among those in attendance was the president of the Senior Citizens Alliance of Tarrant County who was most interested in the nature of the topics. Special invitations had been mailed to various senior citizen centers and the college reports that so far, three centers unable to attend the lectures have contacted TCOM requesting that a speaker be sent out to visit with the residents of the respective centers in the coming months. The college will be coordinating with faculty to go directly to the centers and speak on pertinent topics.

Once again, TCOM did its fair share in spreading the osteopathic news by offering its popular "brown bag" lunch lecture series.

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# TCOM Salutes Class of '92 at Convocation

A standing-room-only crowd gathered in the auditorium of TCOM's Medical Education Building I on September 23 for the 11th convocation to salute the 94 members of the Class of 1992, as well as honor the recipients of this year's Founder's Medals.

Presiding over the event was TCOM President David M. Richards, D.O., with Chaplain Allen Hall of Fort Worth Osteopathic Medical Center delivering the invocation.

Dr. Richards, delivering the traditional "Welcome" to the newest class, said the students, faculty and administrators "are dependent on each other and we nurture each other." He encouraged the students to look at others who have graduated as role models.

T. Eugene Zachary, D.O., Vice President for Academic Affairs and Dean, officially recognized the Class of 1992, noting that every member of the class "shares a common bond; a concern for humanity, which they have chosen to express through preparation as an osteopathic physician."

The traditional response was given by Student/Doctor Henry Ray Landsgaard, President of the Class of 1992.

Kathleen Michelle Bynum, a junior student, was honored as the first recipient of the Texas Osteopathic Medical Association Academic Achievement Award. The presentation was made by TOMA President Merlin Lee Shriner, D.O., FACGP, who presented S/D Bynum with a check for \$750 and a plaque. A permanent plaque, which will bear the names of future winners of this annual award, was presented to Dr. Richards, and will hang outside the administrative offices at TCOM.

Presentation of student awards for high achievers took place. Both the anatomy and neurobiology awards went to David Kabel. Elisabeth Schultz was honored as the outstanding student in pharmacology and the outstanding graduate student in physiology award went to Ruth Anderson Pawelczyk. Four students receiving certificates for outstanding performance in pharmacology were Edwin Matthews, Neal Schapargo, Paul Marsh and John Rose.

Those honored with TCOM's coveted Founder's Medals were Roy B. Fisher, D.O., Colonel Peter F. Hoffman, M.D., Ph.D., and Texas State Senator Bob McFarland.

Dr. Fisher was lauded for his years of dedication and commitment to osteopathic medicine and his motivating force in leadership to students and young physicians. He founded Fort Worth Osteopathic Medical Center in 1946 on the lower floor of his home and has been a guide throughout its developing years to the present 265-bed facility it has become.

Dr. Hoffman, former commander of medical facilities at Carswell Air Force Base, Fort Worth, is the first Air Force medical officer to receive TCOM's highest honor. He was cited for his work in the development of the TCOM Family Practice Clinic at Carswell, which has become a model of civilian-military cooperation now being used in other places. Dr. Hoffman noted that "they said it couldn't be done. But, we are doing it." Addressing the students, he stressed the importance of becoming sensitive human beings, realizing it is acceptable and perhaps even imperative to cry, worry, hug and even to pray with patients, if they express the desire to pray. Dr. Hoffman also said that the Air Force motto, "Aim High," is a good creed for the students to follow.

Senator McFarland of Arlington, was honored for his support of TCOM and his work on behalf of higher education. He noted that TCOM receives 65 percent of its budget from the state while in comparison, most other medical schools in the state receive half of their operating expenses from tax money appropriated by the Legislature. The Senator said that higher education, most notably in health care, is in essence a partnership with the state, adding that he will keep striving to achieve that "full partnership" in order to better serve the people of Texas health care needs.

Dr. Richards thanks all in attendance, issuing an invitation to a reception, immediately following the benediction delivered by Chaplain Hall.

## Newsbrief

### CONTROLLED SUBSTANCES RECORD BOOK

TOMA has made arrangements with the Texas Veterinary Medical Association for our physicians to purchase the bound record book in which to record purchases, acquisition or disposal of controlled substances, including samples, as required by the Controlled Substances Rules and Regulations of the Texas Department of Public Safety.

To order this book, address your correspondence to: Texas Veterinary Medical Association, 6633 Highway 290 East, Suite 201, Austin, Texas 78723. The cost is \$10 per book, which includes tax and postage, and your check must accompany your order. Also, be sure and specify that you are ordering the Controlled Substances Record Book.

# The Importance of Political Involvement

As long as medicine faces such issues as mandatory assignment; out-of-control costs of malpractice insurance; new malpractice threats surfacing on an almost daily basis; intrusion into the medical arena by other health care professionals and attorneys; justices who take the law into their own hands as evidenced by the recent blasting, by the Texas Supreme Court, of Texas' malpractice awards ceiling; and other detrimental issues on both the state and national levels, there is a great need for physicians to become involved in the political process. One way physicians can help heal our ailing system is to contribute to the Texas Osteopathic Political Action Committee (TOPAC).

Positive political action is perhaps the only answer to onerous laws impeding the medical profession. Physicians can no longer afford to sit on the sidelines of the political system, shaking their heads in concern and disgust. Those continuing to do so are, in effect, taking action. Now is the time to actively participate in the game. The key word is action, reactive action, not passive action.

Although grassroots efforts are also very important, TOPAC is vital in that it combines all of our voices into one united voice. Physicians should have received a memo from the State Office by now, asking to reconsider your commitment and contribute to TOPAC. As stated in the memo, TOPAC has been making contributions to legislators for the past several months on your behalf. However, our coffers are seriously low and must be replenished as quickly as possible. We cannot make contributions once the session convenes in January, but will have to wait until after the close of the session. We feel it is important to be in a position to make additional contributions between now and the end of the calendar year to those whom we feel contributions are warranted.

The mechanisms of TOPAC basically work around the following principles — we try to make bipartisan contributions based on a candidate's qualifications; we attempt to support those who are friends of medicine, especially osteopathic medicine; and we make the effort to support members serving on strategic health related committees. Every attempt is made to support winners whenever we are able to make an intelligent estimate of who that might be. TOPAC has given approximately \$40,000 in contributions to about 80 individuals running for seats in the Texas House, and approximately 20 in the Senate race. Our record is good — in the primary election, we only contributed to one candidate who lost the race.

For those who might be unaware of candidates supported by TOPAC, all district presidents receive, on a quarterly basis, a report of who has received contributions. Physicians wanting this information should contact their district president, if such information is not being relayed. We also encourage physicians to contact TOMA if there are candidates to whom it is felt contributions should be made. Your input is of importance to TOPAC, and we feel TOPAC is an essential prescription for the political ills plaguing medicine today. This is evidenced by the many successes we have obtained in the past, however we are facing new threats today.

We all can see, to some degree, the handwriting on the wall as far as issues sure to come up in the 1989 Legislature. These include revision of Workman's Compensation laws; tort reform and medical malpractice insurance reform; rural health care issues such as accessibility to health care, patient transfers, etc.; Medicaid reforms; mandatory CME for relicensure; and funding for medical education, meaning adequate funding for TCOM's programs, among other issues.

There are some issues which may come up at which time we must look at in a defensive manner. These would include any weakening of the confidentiality of records under the Medical Practice Act; tacking on sales tax on receipts of a physician's practice, as was attempted during the last session; instituting a competency test for relicensure; and anything relating to therapeutic substitution for prescriptions. It is vital that our lobbying efforts continue for this reason. Physicians will be provided with more details as to issues in upcoming issues of the *Texas DO*.

The importance of TOPAC contributions cannot be stressed enough. We emphasize the fact that contributions of any size are appreciated and put to good use for your benefit, which means the benefit of the profession.

We also re-emphasize participation on the grassroots level. Write your representatives and take part in their campaigns. Positive political action is a necessary part of modern medicine, and as already stated, perhaps the best cure for onerous laws impeding medicine today.

We might be wise to remember the words of President Dwight Eisenhower: "Our best protection against bigger government in Washington is better government in the states!" ■



# Texas ACGP Update

By Joseph Montgomery-Davis, D.O.

Texas ACGP Editor

The Texas Department of Human Services has informed TOMA that it will be working to devise separate policies for osteopathic manipulative treatment (OMT) to remove it from the category of physical therapy. The code Z9466 — "OMT Services Only, Physician Administered" has been adopted for use effective September 21, 1988. As soon as the TDHS advises TOMA of its revised policies for OMT, we will share this information with our readers. Physical therapy modalities will no longer be linked directly with OMT by a single code. Physical therapy modalities must be listed separately for reimbursement under Texas Medicaid.

Medicare has come up with yet another hurdle to place between the patient/doctor relationship — they are denying services that they claim are medically unnecessary. The controversial Miranda ruling and the rights of the accused has suddenly found its way into medical practice. This time, it is in a written rather than an oral form. If the patient is not "Mirandized" correctly, Medicare tells the patient that they do not have to pay the physician for these services. Medicare will simply consider these physician charges illegal and throw them out. However, physicians have the right to appeal but unless the patient is given advance notice that Medicare is likely to deny payment for a particular service and the reasons why the physician believes payment is likely to be denied, the physician appeal will be denied.

If the physician gives no advance notice in writing to the patient that allows the patient to make what Medicare considers "a truly informed decision" as to why Medicare likely will not pay for a service and obtains the patient's agreement to pay, the physician appeal may be successful.

According to Medicare an important preventive measure by which physicians can avoid some denials of claims as "not reasonable and necessary," is to fully document your claims. Such "medical necessity" denials are often due to a lack of sufficient information on a claim to support the medical necessity of the service.

This new Medicare twist applies to both participating and non-participating physicians. It is covered fully in the Physician Medicare Newsletter Number 262, dated 9-9-88.

I have worked with TOMA to revise the patient consent forms for Medicare Part B and Medicaid, which deal with limitations and exclusions to conform with the new law. Copies can be obtained from TOMA. We have tried to simplify the procedure as best we can.

In closing, the following is a listing of the Texas ACGP

delegates and alternates to the National ACGP Convention, which is scheduled to meet in San Antonio in March, 1989. The delegates are: Nelda Cunniff, D.O. chairman; Connie Jenkins, D.O.; T. R. Sharp, D.O.; R. Greg Maul, D.O.; Richard Hall, D.O.; Jim Czewski, D.O.; Leland Nelson, D.O.; Craig Whiting, D.O.; Howard Galarneau, D.O.; Lee Shriner, D.O.; Rodney Wiseman, D.O.; T. E. Zachary, D.O.; Robert Maul, D.O.; Bob Peters, D.O.; Carla Devenport, D.O. and Royce Keilers, D.O.

The alternates are: Joe Montgomery-Davis, D.O.; L. L. Bunnell, D.O.; John Burnett, D.O.; Mary Burnett, D.O.; Bob Finch, D.O.; Sidney Chadwell, D.O.; Jeannie Chadwell, D.O.; Don Peterson, D.O.; Steve Urban, D.O.; Richard Baldwin, D.O.; Jack Gramer, D.O. and Joe Dubin, D.O.

On behalf of the Texas ACGP, I would like to wish everyone a Happy Thanksgiving Holiday. ■

## Newsbrief

### BIRTH CONTROL VACCINE PASSES EARLY ROUND OF TESTS

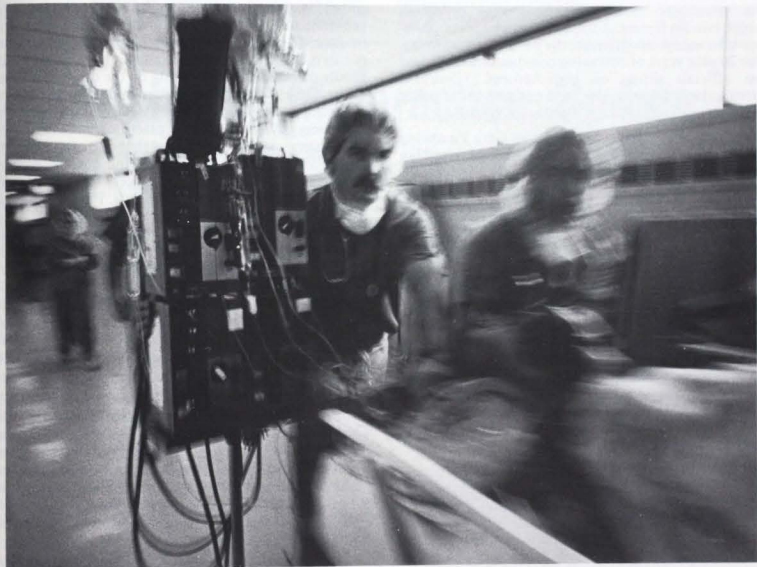
An experimental birth control vaccine may block pregnancy for six months without significant side effects, a preliminary study suggests. The vaccine is designed to spur the immune system into making antibodies that block the action of the hormone, human chorionic gonadotropin, which is produced during pregnancy. Animal studies have shown that an antibody attack on this hormone can halt a pregnancy at an early stage.

All 30 women in the study were vaccinated with two doses six weeks apart and studied for six months. Although the vaccine's effectiveness could not be tested directly because the women volunteers had been surgically sterilized, they showed antibody levels that apparently would be high enough to block pregnancy, researchers noted. No participants experienced any serious side effects, however several had mild and temporary muscle pain within two days of the injection.

The study is described in the British medical journal, *The Lancet*, by scientists from Australia, the World Health Organization in Geneva, Switzerland and Ohio State University in Columbus.



# Do You Ever Stop To Think About Liability Insurance?



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# RBRVS Study May Cause Split In Medical Community

Throughout the years, physicians have had to cope with change after change in almost every aspect of their practice patterns, particularly in payment issues, beginning as far back as the early 1960's. During the last few years, Medicare has been piling yet more chaotic changes upon physicians, including reduction of prevailing charges, two fee freezes, differential payments for physicians who accept assignment, the MAACs, and so on. After 20 plus years of following commandments issued from officials sitting on high thrones, physicians understandably began asking for a new and better policy due to dissatisfaction for a number of reasons.

Thus, Congress directed the Health Care Financing Administration (HCFA) to study the issue of physician payment reform which would include a method whereby an appropriate schedule of allowances could be based. In 1985, William Hsiao, Ph.D., and associates of the Harvard School of Public Health, were awarded a contract by the HCFA to develop a resource cost-based relative value scale. One of the purposes of the study was to find a way to decrease the disparity between payments for cognitive and procedural services. The current system of reimbursement has been called complex and inflationary and HCFA Administrator William Roper, M.D., has said that the current system also undercompensates primary care physicians and overpays surgeons. Although some specialty groups were concerned about the study, most physicians decided to be cooperative about the whole issue. However, it is interesting to note that no one, including the HCFA, had agreed to abide by this study.

At the end of September, the long awaited Harvard resource-based relative value scale (RBRVS) was received by HCFA who released the study results on September 28. The study is a 2,000-page report that analyzes payments for 407 procedures. The HCFA is to receive an analysis of another 1,600 procedures by mid-November. The study has resulted in a plethora of reactions from the medical community. According to the AOA, the second phase of the study will focus in particular upon uniquely osteopathic services, among others.

Speaking at a press conference following the release, Dr. Roper was quick to point out what he felt to be shortcomings, such as the volume of services provided by physicians is not addressed in the study. Additionally, he has said a fee schedule based on the RBRVS could likely encourage volume and intensity increases which are said to be responsible for approximately half the growth in Medicare's annual tab for physicians' services.

The RBRVS is an evaluation of individual physicians services based on resource costs. Resource is defined as the physician's input or work, associated practice cost

and training time required to perform it. These costs take into account work required for each service in terms of time spent with a patient, mental effort or judgment required and stress experienced by a physician. It also takes into account cost of training a specialist and costs of having a practice, which includes office expenses and professional liability. Of the average physician's gross revenue, 50 percent is eaten up by practice costs. Study results indicate that some specialists may be pitted against family practitioners by focusing on the doctor's time and effort. Dr. Hsiao says the system could reduce Medicare payments to some specialists by 20 to 30 percent while increasing payment to family practitioners and internists by the same amount. He added that one of the key findings from the study shows that the current payment system based on customary charges, "penalizes physicians if they spend time with patients. Physicians are being compensated for diagnostic tests or surgery." Thus, the proposed scale would tip so physicians counseling patients would be reimbursed more, and compensated less for ordering tests. This would lead to a decrease in surgeons' payments while increasing payments to family practitioners and internists. "Americans would benefit because physicians would be willing to spend more time with them, examine the patient as a whole patient, offer advice on preventive measures, offer advice on self-care for the chronically ill," says Dr. Hsiao.

The fee schedule based on the RBRVS shows that income shifts for some physicians could be so drastic that Dr. Hsiao's report recommends a long phase-in period of "at least five years." However, before it can be turned into a fee schedule, a variety of policy decisions as well as a monetary conversion factor would have to be worked out. Then it would come before physicians' scrutiny, Medicare, Congress and the Physician Payment Review Commission.

Dr. Roper, although long sympathetic with the differences in physician payments, says "I'm skeptical of an administered price payment system for doctors." Known for his belief that the way to control health care costs is through HMO's, PPO's, etc., he said, "We believe there are better ideas than a fee schedule. I would not on my own invest my agency's resources on a fee schedule."

With the establishment of the scales, HCFA can add a conversion factor to create a national fee schedule. Anticipation has been that if a national fee schedule is developed, it will be used not just by Medicare, but by other third party payers as well. However, there is no guarantee that the report will be adopted.

In the meantime, the study is being scrutinized by all concerned. Before Congress reconvenes next January, the

study will have been subjected to extensive review by the Physician Payment Review Commission (PPRC), which Congress had set up to address issues of payment reform including the question of whether or not to implement relative value scales, and if so, what scales to be used. The PPRC has already begun its review of the study and in their March 1989 report to Congress, will make specific recommendations about the Harvard study and about a relative value scale in general. They may recommend changes in the Harvard study or they may endorse components of it. We will know all this in the coming months. Once the PPRC makes its recommendations, Congress will do with it what they see fit. At this time, it is almost

impossible to predict how they will react since some physicians are enthused about the study while others are vehemently opposed to it, for obvious reasons.

The AOA will be taking every opportunity, after reviewing the study, to make positive recommendations. A lot of attention is being focused toward the second phase of the study, which is to include unique osteopathic services. Currently, the AOA leadership is studying in depth the Harvard study and will keep us apprised of the situation.

Anyone wishing an excerpt outlining in some detail the methodology and results of the Harvard study should contact the State Office. ■

## Oklahoma Malpractice Update

In a precedent-setting opinion, the Oklahoma Supreme Court has struck down a provision of law that was written in 1976 at the height of the medical malpractice insurance crisis.

The court held unconstitutional a section of the law that limited the amount of damages that can be recovered in a medical malpractice lawsuit that is filed more than three years after the injury occurred.

Under that provision, a person was limited to recovery of actual medical and surgical expenses, the unanimous decision written by Justice Marian Opala said. District Judge Jack R. Parr certified for review by the Supreme Court the question of the constitutionality of the three-year provision, the opinion said.

The patient filing the lawsuit claimed that the three-year provision was unconstitutional on several grounds. She said it violated the equal protection clause of the U.S. Constitution by penalizing only victims of healthcare providers' malpractice without a corresponding penalty for victims of malpractice in other fields, and that it violated Oklahoma's constitutional prohibition against special laws limiting civil actions by creating a limitation period which protects a special class.

The Supreme Court said the three-year limitation in the medical malpractice law is a special statute of limitation "absolutely prohibited" by the Oklahoma Constitution.

The patient filed the lawsuit in April of 1982 and claimed she did not know of her injury by alleged negligence of the defendant until nearly four years after surgery was performed.

The Supreme Court said the trial judge ruled that under the law, she was limited to recovering her actual medical and surgical expenses. However, the Supreme Court said, "This ruling barred the petitioner's remedy for past and future loss of income, pain and suffering, humiliation and embarrassment, and permanent disability."

The opinion stated that the three-year provision was enacted in 1976 after an escalation in the cost of medical malpractice insurance had created "what was perceived as a nationwide crisis." This prompted legislators across the country to respond by enacting various limitations on medical malpractice litigation, the opinion stated, and legal writers, courts and legislatures have put forth various reasons for creating special legislation limiting actions for medical malpractice. The court said such reasons include the continued provision of medical care to the public at reasonable cost, the continued existence of medical care institutions, the continued readiness of individuals to enter the health care field, the elimination of nonmeritorious claims and the right of health care providers to be free from the burden of defending stale claims.

The court said any or all of these might have been valid legislative objectives that brought about the special classification in the three-year restriction. However, the opinion read that it sees no correlation between the three-year provision and the right of health care providers to be free from the burden of defending stale claims.

In considering whether the three-year limit is related to the high cost of medical malpractice insurance, the opinion stated there is no legislative declaration supported by documented findings that the narrow class carved out in that law is so affected by an excessively high incidence of losses that it calls for special statutory treatment.

This bombshell in Oklahoma follows on the heels of the Texas Supreme Court's blasting of Texas' malpractice awards ceiling (see July *Texas DO*), citing that the cap enacted in 1977 was unconstitutional. The importance of involvement in the political process cannot be stressed enough. ■



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# New Texas Workman's Compensation Guidelines

The Texas Industrial Accident Board has established fee guidelines for medical goods and services delivered to injured workers in Texas.

Texas recently adapted the "1988 Official Fee Schedule for Services Rendered Under the California Worker's Compensation Laws" with permission. This fee schedule is based on a relative value scale.

There is a special section dealing with osteopathic procedures. This section is listed under medicine which has a relative value conversion scale of \$7.90.

These special codes are for the use of osteopathic physicians only.

Code		Unit Value
96600	Manipulation (cervical, thoracic, lumbo-sacral, sacro-iliac, hand, wrist, etc.) One area (independent procedure) performed by physician	4.8
96601	Each additional area (For manipulation under general anesthesia, see appropriate anatomic section in musculoskeletal system.)	2.6

In the case of osteopathic procedures, reimbursement limits can be calculated by multiplying the conversion scale for medicine times the unit value of the osteopathic procedure. (Example: \$7.90 times 4.8 equals \$37.92).

TOMA highly recommends that Texas D.O.s obtain appropriate copies of the Texas Industrial Accident Board fee guidelines. The cost is as follows: "Official Medical Fee Guidelines" (for individual practitioners) — \$12.50 per copy. "Official Hospital Fee Guidelines" — \$12.50 per copy and "Official Pharmaceutical Fee Guidelines" — \$1.00 per copy.

To order, enclose a check in the amount required for your order, and send to: Medical Cost Containment Division, Texas Industrial Accident Board, First Floor, 200 East Riverside Drive, Austin, Texas 78704-1287. ■



## Presidential Commission Wraps Up Year-Long HIV Study

The Presidential Commission on the Human Immunodeficiency Virus, called for by President Reagan to study the epidemic and recommend how to combat the disease and its spread, has completed their year-long study of the HIV virus. The Commission developed nearly 600 recommendations on how to prevent further spread of the virus, manage care of those infected with HIV, and enhance efforts to discover a cure. Some of the most important recommendations are as follows:

- The term "AIDS" is obsolete. "HIV infection" more correctly defines the problem.
- HIV infection is a disability and should be treated as such under federal and state law in the public and private sectors.
- Stronger protection is needed in federal and state law to protect the privacy of those with HIV, with significant penalties for violation of confidentiality standards.
- Some preventive measures must be undertaken immediately: 1) Public health authorities across the U.S.

must begin to institute confidential partner notification, and 2) Agencies which license and certify health care facilities must require every facility to notify all persons who received blood transfusions since 1977 that they may have been exposed to HIV and may need testing and counseling.

- New federal and state nursing scholarship and loan programs should be enacted immediately to encourage nurses to serve in areas of high HIV impact.
- In health care facilities, all reasonable strategies to avoid homologous transfusions should be implemented by substituting, whenever possible, autologous transfusions.
- Concerns of health care workers need to be better addressed by all levels of government as well as the private sector.
- International efforts to combat the spread of HIV infection should be encouraged and assisted by the U.S. ■

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# RESULTS OF SURVEY MAY



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*A problem so widespread ... 88% of physicians realize it afflicts at least 1 out of 3 American adults.<sup>1,2</sup>*

*A "disease" so serious ... 81% of physicians acknowledge it is related, either directly or indirectly, to 20% or more of the nation's mortality.<sup>1,2</sup>*



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## FASTIN®<sup>IV</sup> (phentermine HCl) 30 mg capsules

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other well-known anorectics.<sup>1</sup>*

Please see summary of prescribing information on next page.

**References:**

1. Results based on 6,831 physician responses to a recent survey (note: Not all responding physicians answered all questions). Data on file, Hoechst Laboratories.
2. Shiner ST: Obesity: Pathogenesis, consequences, and approaches to treatment. *Psychiatr Clin North Am* 1986;7:387-399.
3. Eastman F: Call obesity "a killer" costing the US \$30.6 billion a year. *Medical Tribune* 1985;March 20:24.

# FASTIN®<sup>IV</sup> (phentermine HCl) 30 mg capsules

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other well-known anorectics.<sup>1</sup>*

**Brief Summary**  
Indicated only for use as a short-term adjunct in the management of exogenous obesity.

**INDICATION:** FASTIN is indicated in the management of exogenous obesity as a short-term (a few weeks) adjunct in a regimen of weight reduction based on caloric restriction. The limited usefulness of agents of this class (see ACTIONS) should be measured against possible risk factors inherent in their use such as those described below.

**CONTRAINDICATIONS:** Advanced arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension, hyperthyroidism, known hypersensitivity or idiosyncrasy to the sympathomimetic amines, glaucoma.

**Agitated states:** Patients with a history of drug abuse. During or within 14 days following the administration of monoamine oxidase inhibitors (hypertensive crises may result).

**WARNINGS:** Tolerance to the anorectic effect usually develops within a few weeks. When this occurs, the recommended dose should not be exceeded in an attempt to increase the effect; rather, the drug should be discontinued. FASTIN may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or driving a motor vehicle; the patient should therefore be cautioned accordingly.

**DRUG DEPENDENCY:** FASTIN is related chemically and pharmacologically to the amphetamines. Amphetamines and related stimulant drugs have been extensively abused, and the possibility of abuse of FASTIN should be kept in mind when evaluating the desirability of including a drug as part of a weight reduction program. Abuse of amphetamines and related drugs may be associated with intense psychological dependence and severe social dysfunction. There are reports of patients who have increased the dosage to many times that recommended. Abrupt cessation following prolonged high dosage administration results in extreme fatigue and mental depression; changes are also noted on the sleep EEG. Manifestations of chronic intoxication with anorectic drugs include severe dermatitis, marked insomnia, irritability, hyperactivity, and personality changes. The most severe manifestation of chronic intoxications is psychosis, often clinically indistinguishable from schizophrenia.

**Use in Pregnancy:** Safe use in pregnancy has not been established. Use of FASTIN by women who are or who may become pregnant, and those in the first trimester of pregnancy, requires that the potential benefit be weighed against the possible hazard to mother and infant.

**Use in Children:** FASTIN is not recommended for use in children under 12 years of age.

**Use with Alcohol:** Concomitant use of alcohol with FASTIN may result in an adverse drug interaction.

**PRECAUTIONS:** Caution is to be exercised in prescribing FASTIN for patients with even mild hypertension.

Insulin requirements in diabetes mellitus may be altered in association with the use of FASTIN and the concomitant dietary regimen.

FASTIN may decrease the hypotensive effect of guanethidine.

The least amount feasible should be prescribed or dispensed at one time in order to minimize the possibility of overdose.

**ADVERSE REACTIONS:** Cardiovascular: Palpitation, tachycardia, elevation of blood pressure.

**Central Nervous System:** Overstimulation, restlessness, dizziness, insomnia, euphoria, dysphoria, tremor, headache; rarely psychotic episodes at recommended doses.

**Gastrointestinal:** Dryness of the mouth, unpleasant taste, diarrhea, constipation, other gastrointestinal disturbances.

**Allergic:** Urticaria.

**Endocrine:** Impotence, changes in libido.

**DOSEAGE AND ADMINISTRATION:** Exogenous Obesity: One capsule at approximately 2 hours after breakfast for appetite control. Late evening medication should be avoided because of the possibility of resulting insomnia.

Administration of one capsule (30 mg) daily has been found to be adequate in depression of the appetite for twelve to fourteen hours.

FASTIN is not recommended for use in children under 12 years of age.

**OVERDOSEAGE:** Manifestations of acute overdose with phentermine include restlessness, tremor, hyperreflexia, rapid respiration, confusion, assaultiveness, hallucinations, panic states. Fatigue and depression usually follow the central stimulation. Cardiovascular effects include arrhythmias, hypertension or hypotension, and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning usually terminates in convulsions and coma.

Management of acute phentermine intoxication is largely symptomatic and includes lavage and sedation with a barbiturate. Experience with hemodialysis or peritoneal dialysis is inadequate to permit recommendations in this regard. Acidification of the urine increases phentermine excretion. Intravenous phenothalamine (REGITINE) has been suggested for possible acute, severe hypertension, if this complicates phentermine overdose.

**CAUTION:** Federal law prohibits dispensing without prescription.

**HOW SUPPLIED:** Blue and clear capsules with blue and white beads containing 30 mg phentermine hydrochloride (equivalent to 24 mg phentermine).

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# Exploring Alternative Approval Mechanisms For Postdoctoral Training

In August, 1988 the AOA House of Delegates adopted a resolution resolving that the *Report of the Task Force to Explore Alternative Approval Mechanisms for Postdoctoral Training* be approved in principle, and a plan for implementation by the appropriate AOA committees be presented to the AOA House of Delegates in July, 1989. The Board of Trustees, through its various committees, are proceeding to develop an implementation plan and an updated report will be given to the AOA House in July 1989.

The Task Force was appointed by the President of the AOA. The group studied the availability of AOA postdoctoral training positions, the differences between training within the osteopathic and allopathic professions, the approval mechanisms for both and the potential for expansion of AOA internships and residencies. In addition, the Task Force appointed subcommittees to explore 1) the possibilities of modification of the current rotating internship requirement, and 2) the development of an osteopathic component.

In the course of the Task Force deliberations, certain

aspects of the AOA internship emerged as problematic in today's world. In response, the Task Force appointed a subcommittee to explore the two issues numbered above.

The Task Force, acting on instructions from the AOA Board of Trustees, has mailed the final draft report and is seeking input from all specialty colleges, specialty boards, affiliated groups and other interested groups relative to the implementation of the proposed mechanisms. These groups are being asked to forward suggestions as to optimal internship and residency alternatives consistent with the principles established in the Task Force report prior to October 31, 1988. The AOA Department of Education will be reviewing all comments and submitting progress reports to the Committee on Postdoctoral Training on November 9, 1988 and the AOA Board of trustees on December 2, 1988.

Anyone wishing a copy of the final draft *Report of the Task Force to Explore Alternative Approval Mechanisms For Postdoctoral Training*, may contact the State Office. ■

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## FDA Urging Physicians to Report Adverse Drug Reactions

The Food and Drug Administration (FDA) is encouraging all health care providers who observe even suspect reactions to FDA-approved drugs or biologics to report them to the FDA. Serious reactions, observations of events not described in the package insert, and reactions to newly marketed products are of particular importance.

Although adverse reactions (ADRs) can be the result of overprescribing or patient abuse, the FDA is concerned with targeting unexpected reactions to new drugs in order to improve patient safety. Since only pharmaceutical manufacturers are required to report ADRs, the FDA strongly urges physicians to do the same in order to enhance safety of such products.

Educational programs have been set up by the FDA in several states whereby physicians and hospital pharmacists are taught how to spot ADRs. The programs have gone over very well and the FDA is currently involved

in an internal study to determine whether such programs should be set up in other states. Such structured programs are proving to be effective in reminding physicians to report ADRs, which are rapidly becoming an important issue by the FDA due to senior citizen and consumer groups.

For questions about reporting adverse reactions to the FDA, call 301/443-4580. The *FDA Drug Bulletin* contains a reporting form and is mailed primarily to health professionals. Mailing lists for this publication are obtained from the AOA, AMA, American Dental Association, etc. Health professionals who do not belong to any formal organizations and are not receiving the *FDA Drug Bulletin* may be placed on a separate mailing list maintained by the FDA. Requests to be placed on that mailing list should be sent to: FDA Drug Bulletin, Circulation Dept., HFI-43, 5600 Fishers Lane, Rockville, Maryland 20857. ■



# Catastrophic Health Insurance

President Reagan signed into law legislation expanding Medicare to include coverage of acute care catastrophic illnesses. The AOA Washington office has provided a summary of the provisions of this new law.

**Effective Dates** — Generally, new Part A benefits (inpatient hospital treatment, home health care and care in a skilled nursing facility) begin January 1, 1989. New Part B benefits (doctor bills, other outpatient services) begin January 1, 1990. Broad outpatient prescription-drug coverage begins January 1, 1991. All benefits will be fully phased in by January 1, 1993.

**Financing** — except for provisions aimed specifically at the poorest beneficiaries, the new benefits would be financed through increases in the monthly premium for optional Part B coverage (currently \$24.80 per month), and imposition of a new "supplemental" premium that will be assessed on a sliding scale for the 40 percent of Medicare beneficiaries with incomes high enough to owe \$150 or more per year in Federal income taxes. Beneficiaries could avoid the flat premium increase by dropping out of the Part B program, but the supplemental premium will be mandatory for those eligible for Part A benefits.

In 1993, the flat premium increase for all the new benefits is estimated to run about \$10.20 per month, while the supplemental premium may not exceed \$42 per \$150 of federal income tax liability, up to a cap of \$1,050 per enrollee per year.

**Hospital Services** — Provides up to 365 days per year of hospital care after payment of a single deductible (\$580 in 1989).

**Outpatient and Physician Care** — Beginning in 1990, out-of-pocket expenses for Part B participants will be limited to about \$1,370 annually for a Medicare-covered physician and outpatient services. After this cap is reached, the program would pay 100 percent of all covered costs, although doctors still could charge more than the Medicare-approved amount. The cap would be increased annually at a rate designed to hold constant, at about seven percent, the percentage of beneficiaries qualifying for the 100 percent payments.

**Skilled Nursing Facility** — Increases from 100 to 150 days coverage of Medicare-approved stays in SNFs and eliminates the requirement that a patient be hospitalized for three days prior to entering the nursing home. Requires patients to pay the equivalent of 20 percent of the average costs of a day's stay for the first eight days.

**Coverage of Outpatient Prescription Drugs** — Beginning in 1991, Medicare would pay 50 percent of the cost of most outpatient drugs after payment of a \$600

deductible. Medicare's share would increase to 60 percent in 1992 and 80 percent in 1993 and thereafter; the deductible would rise at the rate required to keep constant, at about 16.8 percent, the percentage of beneficiaries who qualify.

Physicians who dispense prescription drugs will be eligible for Medicare reimbursement for those services if they agree to become "participating pharmacies" as defined in the new law.

In 1990, Medicare would begin to pay 80 percent of the costs of certain classes of very expensive drugs, primarily intravenous antibiotics, as well as costs for equipment and home health aides to administer the drugs. Medicare would also pay 80 percent of costs for the second year and thereafter of immunosuppressive drugs to prevent rejection of transplanted organs. (Medicare currently covers 100 percent of the costs the first year after organ transplant surgery).

**Home Health Care** — Medicare would cover home health care seven days per week for at least 38 days, and more if a physician certifies the need.

**Respite Care** — The bill provides up to 80 hours per year of paid care to allow a respite for family members and friends who care for severely disabled Medicare beneficiaries. In order to qualify for the benefit, the Medicare beneficiary must exceed either the Part B out-of-pocket cap or the prescription drug deductible, and must be unable to perform at least three so-called "activities of daily living," such as eating, dressing, bathing and going to the bathroom.

**Hospice Care** — The current 210-day limit on coverage for hospice care would be eliminated, if a patient is still certified as terminally ill.

**Medicaid Changes** — By January 1, 1992, states would be required to pay all Medicare premiums, deductibles and copayments (including those for the catastrophic program) for elderly beneficiaries with incomes below the federal poverty threshold. States would have to cover all beneficiaries with incomes below 85 percent of poverty by January 1, 1989, with income thresholds rising by five percent per year.

By July 1, 1989, states would have to provide Medicaid coverage of prenatal care to pregnant women and health care to babies under age one in families with incomes below 75 percent of poverty, regardless of whether they are on welfare. By January 1, 1990, states would be required to provide the services to all those with incomes below the poverty level.

By July 1, 1989, states would have to provide Medicaid coverage of prenatal care to pregnant women and health care to babies under age one in families with incomes below 75 percent of poverty, regardless of whether they are on welfare. By January 1, 1990, states would be required to provide the services to all those with incomes below the poverty level.

**Spousal Impoverishment** — The bill gradually raises the income that may be retained by a person whose spouse's nursing home costs are being paid by Medicaid. From September 31, 1989 until June 30, 1991, it permits the spouse at home to keep joint income equal to 122 percent of the federal poverty threshold for a two-person family (currently \$786 per month). From July 1, 1991 to June 30, 1992, the minimum rises to 133 percent of that poverty level, and to 150 percent of that threshold after July 1, 1992. The spouse at home may also keep at least \$12,000 worth of the pair's combined assets and the couple's house.

**Participating Physician Notices** — The new law revises the reminder of the participation program currently required on the explanation of medical benefit (ECOMB)

notices for unassigned claims. The revised reminder would include: 1) a clear statement of the extra amounts (if any) charged by the physician above the Medicare approved charge; 2) a brief statement of the advantages of receiving services from a participating physician; and 3) the carrier's toll-free number with an offer of assistance in obtaining names of participating physicians of appropriate specialty and an offer of a free copy of the appropriate participating physician directory for the beneficiary's city or area.

The annual notice to beneficiaries concerning the participating physician program will also be modified by the new law. The revised notice (which would be in the form of a brochure) would be mailed to each beneficiary each year and would contain: 1) a description of the participation program; an explanation of the advantages of obtaining services from a participating physician or supplier; 2) an explanation of the assistance offered by carriers in obtaining the names of participating physicians and suppliers; and 3) the local carrier's toll free number for inquiries concerning the program and for requests for free copies of appropriate directories. ■

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# Kathleen Michelle Bynum Receives TOMA's Academic Excellence Award



Student/Doctor Kathleen Bynum has been selected as the first recipient of TOMA's Academic Excellence Award, which was presented during TCOM's 1988 Fall Convocation. The award was conceived by TOMA in order to encourage academic excellence and continued participation with TCOM students. To be presented on an annual basis to a TCOM student

in his or her junior year, the award consists of a check for \$750 along with a plaque presented to the student. A permanent TOMA Academic Excellence Award Plaque with name plates of the honorees is to be displayed outside the Administrative offices of TCOM.

Presenting the award to S/D Bynum was Merlin Lee Shriner, D.O., FACGP, TOMA President, who made the following remarks:

"The Texas Osteopathic Medical Association has always been a supporter of medical education, even before the existence of the Texas College of Osteopathic Medicine. The association was instrumental, along with a number of individual physicians, in envisioning the potential for an osteopathic college in Texas. Throughout the years of the college, TOMA has been supportive through scholarships and student loans. It is with a view toward this continued participation with the students that we decided to establish the Texas Osteopathic Medical Association Academic Excellence Award.

"This award will be presented annually to a Junior Student, who not only has achieved academic excellence, but who exemplifies the qualities that will set them apart as an outstanding osteopathic physician and member of a local community, hopefully in the State of Texas with an eye on general practice.

"The award carries with it a check for \$750 and a plaque with a resolution from the TOMA Board of Trustees.

"As a permanent part of the award process S/D Kathleen Michelle Bynum's name will be the first to appear on the TOMA Academic Excellence Award Plaque which will hang outside the administrative offices of the Texas College of Osteopathic Medicine. It gives me great pleasure to unveil the permanent plaque at this time and present it to Dr. David Richards, President of the college, on behalf of the Osteopathic Medical Association."

The plaque carrying a resolution from the TOMA Board of Trustees, signed by Dr. Shriner and Thomas D. Hanstrom, TOMA Executive Director, was read to S/D Bynum by Dr. Shriner during the presentation:

"*WHEREAS*, Texas Osteopathic Medical Association seeks to foster and encourage the pursuit of academic excellence and achievement by the students at Texas College of Osteopathic Medicine, and *WHEREAS*, the recipient has distinguished herself as an outstanding student academically, and

*WHEREAS*, the recipient has further distinguished herself by displaying an aptitude for the principles of osteopathic medicine, now

*THEREFORE, BE IT BE RESOLVED* that on this 23rd day of September 1988, TOMA bestows upon Kathleen Michelle Bynum, the Texas Osteopathic Medical Association's Academic Excellence Award during her junior year at the Texas College of Osteopathic Medicine, now

*THEREFORE, BE IT FURTHER RESOLVED*, that the Texas Osteopathic Medical Association congratulates Kathleen Michelle Bynum upon her achievements to this point and further challenges Kathleen Michelle Bynum to continue on the road to excellence and always strive to be the best that she can be."

S/D Bynum, a native of Amarillo moved to Dallas at age 18. She attended UT Arlington and received a degree in physical therapy from the University of Texas Medical Branch at Galveston.

It was while working as a physical therapist that S/D Bynum realized the importance of the musculoskeletal system and came upon the decision to broaden her approach with more freedom to work with patients. Since osteopathic medicine places emphasis on the musculoskeletal system, she felt that the osteopathic "philosophy agreed with my own philosophy." Additionally, she states that she has a "lot of interest in dealing with people emphasizing the emotional and mental aspects in healing. Osteopathic medicine seems to allow that freedom."

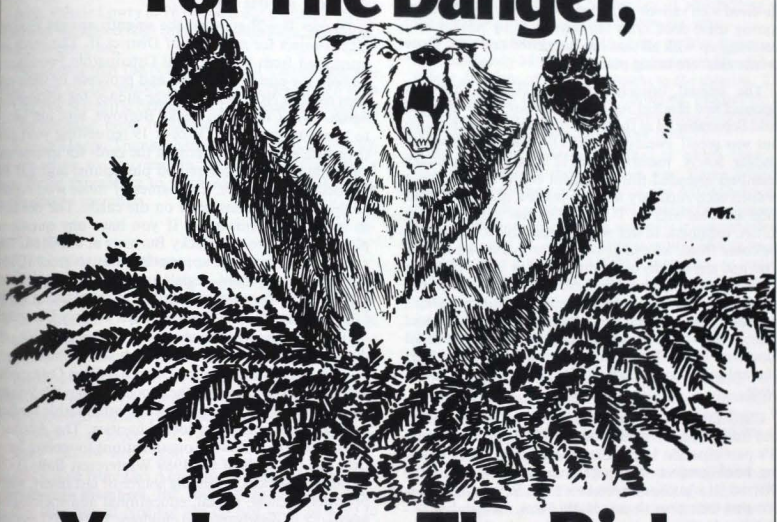
When asked about her plans for the future, S/D Bynum stressed that she is interested in a family practice in Texas where she will have the opportunity to really work with people individually in their healing process.

Some of her personal interests and hobbies include improvisational dance, yoga, hiking and she confesses to being an "avid spy novel reader." Memberships include ACGP, SOMA, UAAO, TOMA and Delta Omega.

TOMA extends its congratulations to S/D Kathleen Bynum on her outstanding achievements and wishes her the best of luck in the years ahead.



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# ATOMA NEWS

By Nancy Martin  
Public Relations Chairman  
ATOMA District II

The wonderful, cooler days of fall are here, along with our very busy schedules. Our Auxiliary has certainly been involved with various activities. Please take a few minutes during these cool, crisp fall days to enjoy reading and catching up with all that has happened and with those events that are being planned.

The annual brunch honoring TCOM Freshman Spouses and Student Associate Auxiliary members was held September 24 at the home of Karen Hull. The turnout was great! Twenty-four TCOM Freshman Spouses and/or S.A.A. members and 12 District II Auxiliary members attended this delightful event. At this year's brunch each Auxiliary member made a special effort to meet and chat with the TCOM Freshman Spouses and/or S.A.A. members. In this way, we were able to personally welcome them, as well as share information about our lives and answer any questions that they had. I truly enjoyed reminiscing about medical school days with those who attended. We especially enjoyed Peggy Fisher's presence. She reflected upon the first TCOM class and their spouses. I know we all benefited from this social function. A Big Thank You goes to Karen Hull, Terri McFaul and Nancy Zachary for hosting such a lovely event.

Chris Brenner, ATOMA Chairman of Public Health and Education for 1988-89, reported to me that District II's participation in the State Auxiliary's safety coloring book project was quite successful. Some of the District II Auxiliary members and S.A.A. members donated their time during NOM Week (September 26 - October 1) to read some of the short stories from the illustrated coloring book called *Smart Kids, Safe Kids — Aware Not Afraid* to preschool children at eight branch libraries in Fort Worth. These stories help teach children basic personal safety precautions to use in everyday settings. We thank all those members who generously donated their time to this event. They are as follows: Lynn Ranelle, Cathy Hayes, Becky Burrows, Lisa Curlee, Becky Fancher, Marilyn Richards, Carolyn Bilyea, Sue Spain, Marla Ponitz, Jo Ann Winton, Karen Hull, Terri McFaul, Rosie Guevara, Loretta Stone, Sherry Reese, Myra Schussler and Brooke Bauler. Chris Brenner and Becky Burrows also read some of these stories to the kindergarten and first grade students in the Aledo School System. Through this project approximately 850 children were informed of its vital message. Also, District II ATOMA distributed over 1,000 of these coloring books to physicians' offices, hospitals, the Aledo School System and the Fort Worth libraries during storytimes. This is absolutely wonderful.

Please note again that the Holiday Party is December 1 at the City Club! Ladies, start thinking about your Holiday attire for this event.

District II will sponsor the seventh annual Holiday Card Project for members of District II. The cards are purchased from the National Osteopathic Foundation so both the cost of the cards and proceeds of their sale goes back to NOF, who uses the money for scholarship needs. Card Chairman, Becky Burrows, sent out letters to home addresses on October 19 requesting your participation and help. The cost of the cards for interns and residents is \$5; \$10 for retired physicians; and \$25 for physicians in practice. The names of those who donate to this project are included on the cards. The deadline to order is November 14. If you have any questions, please feel free to call Becky Burrows at 441-6166. This card project is such an appropriate way to greet TOMA District II members, legislators and locally elected officials, and to make a donation to scholarship needs. Look forward to receiving your card in early December.

Loretta Stone and Sherry Reese are busy working on the Wintercrest Charity Ball, which will be held March 4, 1989. The Auxiliary to the District II Texas Osteopathic Medical Association uses the proceeds from the Wintercrest Ball to fund scholarships for osteopathic medical students and to support local charities. The Auxiliary has chosen the following organizations to receive funds from the proceeds of the 1989 Wintercrest Ball: 1) Gill Children's Services, a funding source of last resort, which provides medical, dental, educational and sociological assistance to disadvantaged children; 2) FWISD medical magnet program. Through the Adopt-A-School program, funds will be used to purchase microscopes for classrooms; 3) The Epilepsy Association's Pathfinders summer camp nurse's salary will be paid; 4) Camperships will be provided for the Association for Retarded Citizens summer camp for children; 5) Women's Haven in Fort Worth, which provides temporary shelter for women and children who are abused in their homes; 6) First Texas Council of Camp Fire camperships at El Tesoro de la Vida, a camp for grieving children to help them cope with the loss of a loved one; and 7) New Lives School scholarships, a chance for pregnant or parenting teens to obtain an education.

Again, more details will follow at a later date on this exciting event.

Oh yes, the Physician's Christmas Party given by FWOMC will be December 15 at the River Crest Country Club. This party will be a lovely Holiday event for all of us to attend.

Mary Luibel is recovering from cataract surgery. We're glad to hear she is doing so well.

Remember to look for the Auxiliary newsletter which will be included in with the evening meeting notices for the TOMA and ATOMA meetings scheduled for November 17. This newsletter gives you an update on our activities. Please call me at 483-6001 with any information you want me to include I just love to receive news from others!

Also, Valerie Lowry at 763-0766 is our Courtesy Chairman and she appreciates calls about birthdays, marriages, bereavements, etc.

Please note that the National AAOA Convention will take place on December 5, 6 and 7 in conjunction with the AOA's Scientific Seminar in Las Vegas. This will be an enthusiastic event to attend!

Have a Happy Thanksgiving Holiday! I look forward to reporting to you next month. It has been such a wonderful experience to work with our dedicated and enthusiastic members.

by **Liz Cobb**

*ATOMA News Chairman*

Have you heard this name before? *Smart Kids, Safe Kids — Aware Not Afraid*. By now I am sure you have. What a success! Over 6,000 copies have been ordered in the State of Texas. Thanks, doctors, for your support for this very important project.

It seems this **little** project of ATOMA has gotten the National Auxiliary's attention and Chris Brenner has been invited to make a presentation to the AAOA House of Delegates in December. Go get 'em, Chris, as only a Texas "Yellow Rose" can do!

Just a note from this Amarillo reporter, **we need more dues-paying members**. Bet you thought I had stopped riding that horse! Not so! We do not want to have to raise dues, but...

The Midyear Board Meeting was held October 15 in Arlington at the same time as TOMA's Midyear Board

meeting. The funds project is underway and, as always, we will let you know what we are up to — this time!

by **Mary Eileen Del Principe, President**  
*District XV*

Now that fall is here, everyone is getting back into their familiar routines. We hope that includes participating in our district activities. We held our first officer's meeting at my house in September at which time we began to plan activities for the coming year.

Our first meeting was held at the D/FW Hyatt and featured Sandy Madison, a caricature artist. She did excellent drawings of all those present at the meeting. The Texas barbeque and physician's program was put on by Abbott Laboratories, who also performed complimentary cholesterol screenings (before dinner).

We held our business meeting, at which time we discussed plans for the upcoming year. Karen Whiting presented everyone with a copy of our ATOMA budget for 1988-89. Peggy Rodgers is still looking for volunteers for the calling committee, so if anyone is interested, please contact one of us. The physicians would like us to get in touch with all of the ATOMA members, as well as TOMA members, in District XV before each meeting.

Next, Merna Stratton reminded everyone that this year's state convention will be held in Arlington, April 27-29, 1989. We hope to be able to support her efforts in this event, the first held in our district.

Additionally, I have just received a reminder to all members regarding the AAOA national convention, which is slated for December 5-7, 1988 in Las Vegas. We are all invited to attend the programs planned for the Auxiliary.

Finally, our next meeting is planned for November 17 at which time Avanti Furs will present a style show. They will also give tips on buying and caring for furs. This is just in time for the winter season and Christmas shopping. We hope everyone will attend.

We look forward to seeing you there. ■

# THANKSGIVING



# FDA Approves Rogaine

The FDA has finally approved the marketing of the prescription drug Rogaine, the first product cleared by U.S. regulators for the treatment of hair loss.

The approval, which had been expected for some time, should result in lower prices and more reliable formulations of the treatment. Typical costs have been about \$100 per month, but with FDA's blessing, the price is expected to drop to about \$50 per month.

Demand for a hair restorer has been so great that thousands of baldish men have not waited for FDA approval, instead seeking treatments that employ Rogaine's key ingredient, minoxidil, which has been used as a medication for high blood pressure. For the minority of men who are ideal candidates for the drug, Rogaine really will grow hair, experts say. But it is not the ultimate answer to every man's dream for male-pattern baldness. Rogaine will never restore in any man the density of hair that he had as a young boy. The ideal candidate is a man just beginning to lose his hair. It will not help men who are already bald, but as proven by the man who made popular the statement, "Who loves ya, Baby?", baldness

can be beautiful as far as many individuals are concerned.

In studies of 1,833 men evaluated by the FDA advisory committee, 15 to 20 percent of these men had significant hair growth. Men who use Rogaine should expect to wait four to six months before seeing such a response. It should be noted that men who begin the Rogaine regimen must continue it or hair that is restored is lost.

The drug is currently being tested on women with thinning hair, but the studies are inconclusive at this point.



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# TEXAS TICKER TAPE □ □ □ □ □ □ □ □

## **BILL HIX APPOINTED TCOM NEWS AND INFORMATION MANAGER**

Bill Hix, veteran broadcast journalist and a communications consultant, has been appointed news and information manager at Texas College of Osteopathic Medicine.

Before joining TCOM, Hix was a communications consultant for several local governmental units and other organizations. He previously was director of college and alumni relations at Texas Wesleyan College, Fort Worth, from 1984-1987, following a 25 year broadcast journalism career in Fort Worth, including positions at KXAS-TV and WFAA-TV.

Hix is a founding board member of the Fort Worth Fire Education and Prevention Foundation and is a former vice chairman of the Fort Worth Citizens Cable Board. He is the district director of lay speaking for the Fort Worth West District of the United Methodist Church, vice chairman of the Fort Worth communications committee of the American Heart Association, and is a member and former president of the Fort Worth Chapter of the Society of Professional Journalist/Sigma Delta Chi.

TOMA congratulates Mr. Hix on his new appointment.

## **PATIENTS CAN REFUSE CARE FROM PHYSICIANS WITH AIDS**

A controversial policy has been approved by the Board of Cook County Hospital, Chicago, whereby patients can refuse to be treated by physicians and nurses afflicted with AIDS. The policy has created an uproar of opposition from the state hospital association as well as other groups.

## **BC/BS OF KANSAS CITY CREATES DRUG MAIL-ORDER PROGRAM**

Blue Cross and Blue Shield of Kansas City, Missouri, has begun implementation of a program whereby patients needing long-term maintenance medication can secure such by mail-order. Subscribers under the Preferred Prescriptions Program receive up to a three month supply of prescribed drugs at a cost of \$3.00 for brand name prescriptions, while prescriptions filled with generic drugs cost the members nothing.

## **THE CASE OF THE MISSING SCRUBS**

Tucson Medical Center, faced with an annual \$30,000 loss of its scrub suits through "mysterious disappearances," has come up with an innovative approach which hopefully will solve the problem. The idea being tested is to make the scrub suits so peculiar looking that few individuals would want to be seen in them outside surgery. Tucson's assistant administrator for materials management estimates the ugly scrubs will cut losses by 50 percent. The hospital's cactus logo inside an egg-shaped border with the words "hospital property" will be printed all over the new scrubs, which are currently being phased into use. It is hoped that the scrub stealers will be "a little more embarrassed to wear them in public."

## **NEW RESIDENTS AT BROOKE ARMY MEDICAL CENTER**

New residents in training at Brooke Army Medical Center since July 1, 1988 are as follows: Theodore A. Bowles, D.O., anesthesiology resident, 1982 graduate of UHS/COM; Charles F. Cohan, D.O., gastroenterology resident, 1981 graduate of CCOM; Ralph E. Joseph, D.O., OB/GYN resident, 1987 graduate of TCOM; Mark L. Remz, D.O., emergency room resident, 1985 graduate of NYCOM; and Myra A. Anderson, D.O., OB/GYN resident, 1987 graduate of OUCOM.

Good luck to these residents during their training.

## **DR. BILYEA RECEIVES LIFE MEMBERSHIP IN ACOS**

The Board of Governors of the American College of Osteopathic Surgeons (ACOS) has granted life membership to TOMA member David L. Bilyea, D.O., FACOS, of Fort Worth. ACOS life membership is granted in recognition and appreciation for contributions to both the College and the osteopathic profession.

Our congratulations are extended to Dr. Bilyea. ■

# KCOM Awards Scholarships To Students from Texas



*Pictured from left to right: Carmella D'Addezio, D.O., assistant dean/clinical and medical education, KCOM; William Roddy of Waco, Alamo Scholarship recipient; Ron Gaber, Ed.S., assistant dean/student affairs, KCOM; Michael Ramahi of Arlington, scholarship recipient; Fred Tinning, Ph.D., KCOM president; James Garza of San Antonio and Elise Esslinger of Fort Worth, scholarship recipients.*

Fred C. Tinning, Ph.D., president of the Kirksville College of Osteopathic Medicine, announced that four KCOM students from Texas recently received \$8,000 awards from the Alamo General Hospital Scholarship Trust Fund for the 1988-89 academic year. First-year students receiving awards were Elise Esslinger of Fort Worth and Michael Ramahi of Arlington. Second-year recipients of the award were William Roddy of Waco and James Garza of San Antonio. Texas residents are given first priority for the Alamo scholarship, which was established by the Alamo General Hospital Board of

Trustees following the sale of the San Antonio hospital in 1981.

"KCOM is happy to offer this financial support to our top students from Texas. We appreciate the Alamo General Board's decision to create this outstanding scholarship," Dr. Tinning said.

The Kirksville College of Osteopathic Medicine is the founding college of the osteopathic profession and has a current student enrollment of approximately 500. The College will celebrate its centennial in 1992.

## Thanksgiving

It's a time of brotherhood, a time of peace and a time to give thanks for all our blessings...as we reflect upon the true meaning of Thanksgiving.

May this special day be filled with health and happiness...the joy of giving and receiving...as we celebrate this occasion with friends and loved ones.



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**FORT WORTH** — New clinic seeking energetic general practitioner to work full-time and act as medical director. Salary open. Contact Bill Puryear, D.O. or Jim Czowski, D.O. at 817/232-9767. (10)

**FOR SALE** — General Practice in South Grand Prairie. Needs female physician interested in future with Women's Clinic. Present physician leaving to start a residency soon. Please call Dr. T. Jones, 214/264-3560. (16)

**WEST TEXAS** — General internist needed at County Hospital. Town of 12,000 and county of 16,000. Close to Lubbock and Midland/Odessa. New Mexico skiing close. New ICU-CCU wing under construction. Guaranteed incentive program. Excellent Ancillary departments. Contact Patrick J. Hanford, D.O. at 806/872-2113. (54)

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**GENERAL/FAMILY PRACTICE PHYSICIAN** — needed to practice in Kirbyville, southeast Texas, to join a group practice. Excellent fishing, hunting and good schools. Hospital privileges. Write Jasper County Medical Center, 1609 South Margaret, Kirbyville, 409/423-2166. (15)

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