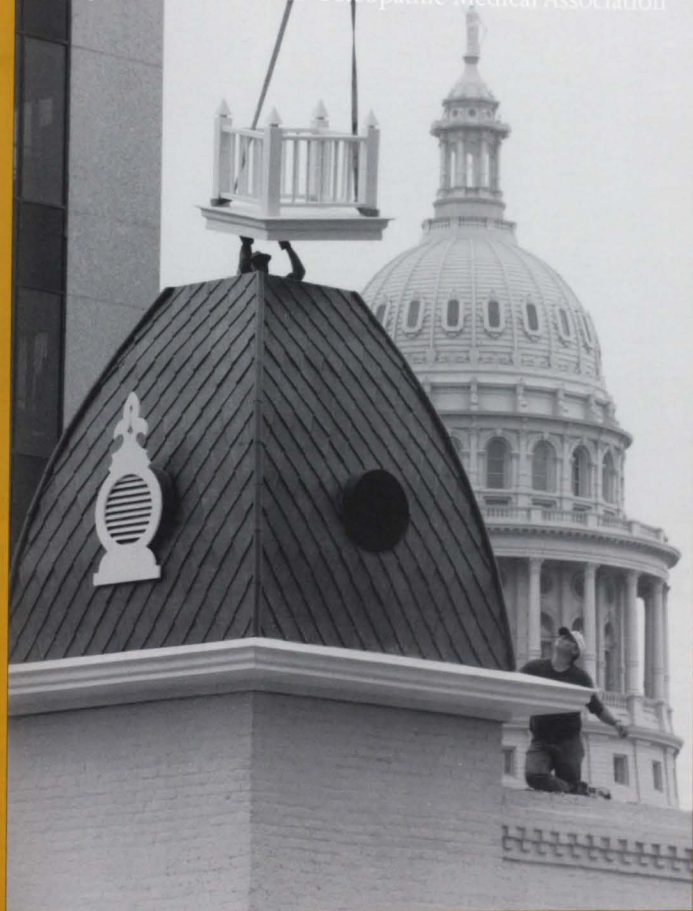
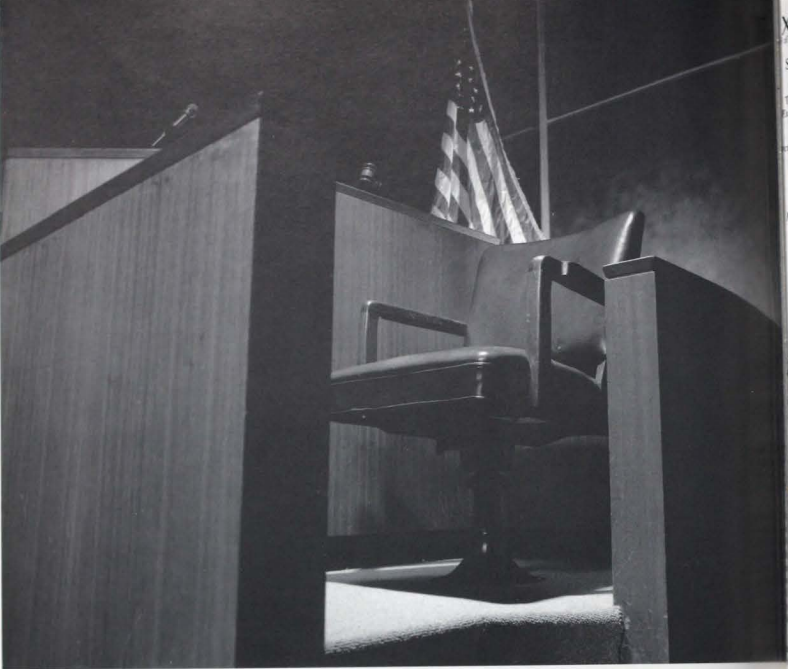


# TEXAS D.O.

The Journal of the Texas Osteopathic Medical Association





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## SEPTEMBER

17-20

### Family Medicine Review Board

Co-hosted by the University of Medicine and Dentistry of New Jersey-School of Osteopathic Medicine and the New Jersey Association of Osteopathic Physicians and Surgeons

**Location:** The Hilton, Cherry Hill, NJ

**CME:** 30 Category 1-A AOA Hours

**Contact:** Lora Dornia - 609-566-6330

25-28

### New England Osteopathic Association's 26th Annual Fall Convention

**Location:** Summit Hotel and Conference Center, Bethel, Maine

**Contact:** Denise Gendron, 207-283-0171, Ext. 2589

26-28

### Primary Care Update XIV - Alumni Weekend

Sponsored by the University of North Texas Health Science Center at Fort Worth

**Location:** UNT Health Science Center, Fort Worth, TX

**CME:** 18 Hours

**Contact:** Andrew Crim, UNT Health Science Center Office of Continuing Medical Education, 817-735-2644

## OCTOBER

9

### The Forces Driving Ethics Annual Symposium

Sponsored by the Colorado Springs Osteopathic Foundation

**Contact:** 719-635-9053

19-23

### Annual Convention of the American Osteopathic Association

**Location:** San Antonio, TX

**Contact:** AOA - 800-621-1773

23-26

### TOMA Postconvention Seminar

**Location:** Cancun, Mexico

**CME:** 6 hours

**Contact:** Terry Boucher, M.P.H., Executive Director  
800-444-8662  
512-708-8662  
FAX: 512-708-1415

## NOVEMBER

6-9

### 1997 Primary Care Update

Sponsored by the West Virginia Society of Osteopathic Medicine, Inc.

**Location:** The Greenbrier Resort, White Sulphur Springs, WV

**CME:** 27 Category 1-A

**Contact:** WVSOM, 304-345-9836

## FOR YOUR INFORMATION

### OSTEOPATHIC AGENCIES

American College of Osteopathic Family Physicians 800/323-079  
Texas Society of American College of Osteopathic Family Physicians 888-492-26

American Osteopathic Association

Washington Office

American Osteopathic Healthcare Association

Physician's Choice Medical Malpractice

Dean, Jacobson Financial Services

For Premium Rates, Enrollment & Information 800/321-024

TOMA Major Medical Insurance 800/321-024

TOMA Disability Insurance Program 800/321-024

UNTHSC/Texas College of Osteopathic Medicine

Dallas Metro 817/735-203

429-9120

Medicare Office

Part A Telephone Unit 800/813-886

Part B Telephone Unit 903/463-444

Profile Questions 214/766-749

Provider Numbers

Established new physician (solo) 214/766-616

Established new physician (group) 214/766-616

All changes to existing provider number records 214/766-616

Medicaid/NHIC

CHAMPUS/General Inquiry 800/406-283

Texas Medical Foundation 512/329-6614

Toll free 800/725-9211

Texas Osteopathic Medical Association

in Texas 512/708-709

FAX: 512/708-1415

TOMA Physicians Assistance program

in Texas 800/896-0681

FAX: 817/294-2788

TOMA Med-Search

800/444-TOM

### TEXAS STATE AGENCIES

Texas Health and Human Services Commission

Department of Health 512/458-7111

Department of Public Safety:

Controlled Substance Division 512/424-2188

Triplicate Prescription Section 512/424-2188

Texas State Board of Medical Examiners

512/305-7000

FAX: 512/305-7006

Registration 512/305-7000

Formal Complaints 800/201-9353

Consumer Disciplinary Hotline 800/248-4082

Texas State Board of Pharmacy

Texas Workers' Compensation Commission 512/448-7900

Medical Review Division 512/440-3515

Texas Hospital Association 800/252-9401

Texas Department of Insurance 512/463-6169

Texas Department of Protective and Regulatory Services

State of Texas Poison Center for Doctors & Hospitals only 512/450-4800

713/765-1420

800/392-8540

Houston Metro 654-1701

### FEDERAL AGENCIES

Drug Enforcement Administration

For state narcotics number 512/424-2000

ext. 2150

For DEA number (form 224) 214/640-0801

Diversion policy & related questions 214/640-0840

### CANCER INFORMATION

Cancer Information Service

in Texas 713/792-3245

800/392-2046



# Installs New President, President-elect

Howard M. Levine, D.O., and Ronald A. Esper, D.O., have been installed as president and president-elect, respectively, of the American Osteopathic Association. The elections took place during the AOA's recent House of Delegates meeting in Chicago, Illinois.

Dr. Levine practiced family medicine in Bayonne, New Jersey, for nearly 35 years before retiring in 1988.

A fellow of the American College of Osteopathic Family Physicians, Dr. Levine has held many leadership positions within the osteopathic medical profession at both national and state levels. An active AOA leader, Dr. Levine served as its second vice president, and has been a trustee since 1983. He has chaired the AOA's Bureau of Research since 1986, and has chaired or been a member of more than 20 other AOA committees.

Dr. Levine played a key role in founding the University of Medicine and Dentistry of New Jersey, School of Osteopathic Medicine in Stratford, where he was an assistant clinical professor of osteopathic sciences.

At the local level, he served as president of the New Jersey Association of Osteopathic Physicians and Surgeons, and received their Family Practitioner of the Year award in 1980. He was on the Board of Trustees at Kirkville College of Osteopathic Medicine for nine years, and received the school's first Alumnus of the Year award in 1982. Dr. Levine was chairman of the department of family practice at Greenville Hospital, and was also medical staff president there from 1973-75.



Howard M. Levine, D.O.

He is the recipient of several awards, including the Edward L. Rosenbaum, M.D., Humanism in Medicine award, 1993, from the College of Osteopathic Medicine of the Pacific; the General Practitioner Award from E.R. Squibb, 1979; and a citation by the City of Bayonne for Service to Community, 1977. In addition, he has been published in several osteopathic medical journals, and has made several presentations on osteopathic medicine.

Dr. Levine is a 1954 graduate of the Kirkville College of Osteopathic Medicine in Kirkville, Missouri. He completed his internship at the former Detroit Osteopathic Hospital in Detroit, Michigan, and received his undergraduate degree at Sienna College in Loudonville, New York.

Dr. Levine's osteopathic family spans three generations, including a total of 17

D.O.s and a former practice shared with his two sons and father-in-law.

Dr. Esper, the new AOA president-elect, is board certified in urological surgery, general surgery and family practice and has been a staff member of Millcreek Community Hospital, Erie, Pennsylvania, since 1966.

He received his B.S. and Ed.S. degrees from the University of Pittsburgh in 1954, and earned his D.O. degree from KCOM in 1961. Dr. Esper also served as a first lieutenant in the United States Medical Services Corps from 1955-57. He is a fellow of both the American College of Osteopathic Surgeons and the American College of Osteopathic Family Physicians.

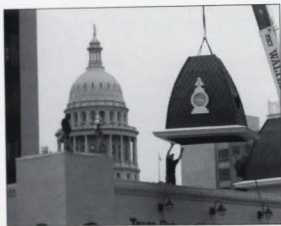
Dr. Esper has served the osteopathic medical profession at the national and local levels for many years. His many appointments include president of the Pennsylvania Osteopathic Medical Association, 1980; consultant in Urology, National Board of Examiners; chairman, department of surgery, Millcreek Community Hospital; founder and CEO, Esper Medical Center; assistant clinical professor, Philadelphia College of Osteopathic Medicine; and chairman and clinical professor, department of surgery, Lake Erie College of Osteopathic Medicine.

Dr. Esper is a member of Psi Sigma Alpha and Sigma Sigma Phi national honor societies, and his work has been published in the *Journal of the Pennsylvania Osteopathic Medical Association*.

# TOMA Building Construction Concludes with "TURRET TOPPING" Party

Saturday, August 9, saw the conclusion of the final phase of construction on the TOMA headquarters building. TOMA officers, staff and "TEXAS STARS" were on hand at the DoubleTree balcony, next door to the TOMA building, to witness the placement of turrets atop the building. Lunch was served when the construction was completed. Participants were then given a tour of the building.

TOMA will host an open house on Saturday, September 27, from 3 - 6 p.m. for TOMA members and friends of the profession, as well as the general public. You are urged to attend and help celebrate this important landmark in the history of the osteopathic profession in Texas. This building will be serving the osteopathic profession for years to come and we can all be justifiably proud of its impressive look. Mark your calendar and be a part of Texas osteopathic history.



# Final Summary of the 75th Texas Legislature

Although the 75th Texas Legislative session officially ended June 2, ramifications from the final actions taken on numerous health-related bills will be felt for a long time to come. The session was extremely productive and progressive in terms of patient care and patient rights, as well as physician rights.

The following are brief highlights of major health-related legislation. Effective dates are September 1, 1997, unless otherwise noted.

## **SB 54 - Direct access to OB/GYNs**

SB 54 requires health benefit plans to permit female enrollees to have direct access to an OB/GYN, only for OB/GYN related problems, without having to receive a referral from a primary care physician.

## **SB 102 - Trauma funding**

This legislation begins funding the statewide emergency medical services and trauma care system created during the 1989 legislative session.

## **SB 172 - Immunization coverage for children**

Health benefit plans are required to provide immunization coverage for each covered child from birth to age six. Immunizations are to include diphtheria, hemophilus influenza type B, hepatitis B, measles, mumps, pertussis, polio, rubella, tetanus, varicella, or any other immunization required by law. Health plans are not to require a deductible or copayment for immunizations.

## **SB 217 - Reconstructive surgery following mastectomy**

Health benefit plans that provide coverage for mastectomy must also provide coverage for breast reconstruction.

## **SB 258 - Coverage for prostate cancer detection**

Certain health benefit plans that provide benefits for diagnostic medical procedures must provide annual prostate cancer diagnostic procedures coverage for each male enrollee, who is at least 50 years old or 40 years old with a family history of prostate cancer. This is to include a physical exam and a prostate-specific antigen test.

## **Managed Care Reforms - SB 382, 383, 384, 385 and 386**

The biggest victory for patients and physicians was a legislative package of managed care reforms, which was based on recommendations by the special Senate Managed Care Oversight Committee.

SB 382 basically changes the HMO Act to create limited-service HMOs for mental health and long-term care and to increase surplus asset requirements for basic-service and single-service HMOs.

SB 383 amends the Insurance Code to regulate preferred provider organizations (PPOs). Applicable Texas Department of Insurance (TDI) patient protection rules are extended, and gag clauses in provider contracts are prohibited. (Effective date: June 19, 1997)

SB 384 provides changes to the Health Care Utilization Review Agents Act. Highlights of the changes include standard utilization review procedures and removal of certain exemptions for HMOs and insurers; individuals performing the utilization review functions must be a licensed physician, nurses or physician assistant; written medical screening criteria and guidelines must be submitted to the TDI; an expedited review process for patients with life-threatening conditions is required; and the TDI commissioner may issue immediate cease-and-desist orders for violations of the act.

SB 385 amends the Texas HMO Act. Highlights include the following provisions: oversight functions are transferred from the Texas Department of Health (TDH) to the TDI; a complaint and appeals procedures process is established; requirements for continuity of treatment are established; disclosure of certain information to enrollees is required; retaliation against enrollees is prohibited; referrals to non-network providers for medically necessary, covered services not available through network providers are required; gag clauses are prohibited; capitation payments are to begin within 60 days of signing a contract; clauses indemnifying HMOs for any tort liability are prohibited; and the Office of Public Insurance Counsel is directed to produce HMO report cards for consumers.

The centerpiece of the package, SB 386, has thrust Texas into the limelight as the first state to hold managed care organizations liable for adverse decisions that harm patients by delaying or denying needed medical treatment. Before suing an HMO, patients must appeal his or her case to an independent physician reviewer selected by the TDI, who will determine if the HMO should have paid for the requested treatment. In life-threatening cases, the reviewer must make a decision within 48 hours. In mid-June, a lawsuit was filed in U.S. District Court in Houston by Aetna Life & Casualty Company, arguing that portions of SB 386 conflict with the federal Employee Retirement Income Security Act (ERISA).

## **SB 786 - Pharmacists & immunizations**

This bill redefines the "practice of pharmacy" under the Texas Pharmacy Act to include the administration of

*continued on next page*



immunizations/vaccinations by licensed pharmacists under a physician's written protocol.

### **SB 908 - TDH inspection of hospitals**

This bill authorizes TDH to inspect all hospitals at least once every three years unless the hospitals have received on-site inspections for Medicare certification or accreditation by a national accreditation organization during that time period.

### **SB 952 - Organ donation cards**

A card will be designed by qualified organ and tissue procurement organizations and eye banks to be carried by a donor specifying organ donation wishes, to replace a statement on a driver's license or personal identification card as currently provided. Statements made on a driver's license prior to the effective date of this legislation will be recognized under the new law.

### **SB 975 - Disclosure of health care information**

This legislation clarifies the Health & Safety Code as to the confidentiality of patients in a hospital by defining the exceptions to the disclosure of information prohibition to include directory information.

### **SB 1163 - Training for Medicaid managed care plans**

The Health and Human Services Commission and Medicaid HMOs are directed to provide information and training for patients, providers and other affected parties in regard to new Medicaid managed care plans in their areas. (Effective date: June 11, 1997)

### **SB 1165 - Medicaid and children with special needs**

The Health and Human Services Commission is directed to define and give special consideration to children with special health care needs. (Effective date: May 31, 1997 except Article 2 - September 1, 1997)

### **SB 1241 - Faculty Enhancement Fund for General Physicians**

This bill creates the Faculty Enhancement Fund for General Physicians to encourage full-time faculty positions in primary care at Texas medical schools. Application for funding enhancement for positions of faculty rank no higher than an assistant professor will be reviewed by the Primary Care Residency Advisory Committee. Funding will be for two years.

### **SB 1246 - HMO System for rural areas**

This bill ensures that rural patients are not forced to seek health care in distant urban areas. The Statewide Rural Health Care System Act is established to provide health care services on a prepaid basis to enrollees who live in rural areas. The Commissioner of Insurance is to designate one organization as the statewide entity that will be responsible for contracting with locally developed health care plans.

### **SB 1295 - Fifth Pathway restored**

The bill restores the Fifth Pathway licensure option that was repealed by the 74th Legislature. (Effective date: May 27, 1997)

### **SB 1607 - Retention of medical records**

The Texas State Board of Medical Examiners is required to establish the length of time patient records must be kept. Regulations must be published no later than January 1, 1998.

### **SB 1651 - Definition of practitioner**

The definition of "practitioner" is expanded to include licensed occupational therapists and licensed physical therapists under the Insurance Code.

### **HB 3 - Texas Healthy Kids Act**

This creates a public/private foundation called "The Texas Healthy Kids Corporation" to establish a low-cost managed care benefit program for children who don't qualify for Medicaid. (Effective date: June 2, 1997, except for Section 3 - January 1, 1998)

### **HB 39 - Genetic testing**

This bill prohibits employers, labor organizations, employment agencies, occupational health licensing organizations and group health benefit plans from discriminating against an individual on the basis of genetic information or because of the refusal of the individual to undergo genetic testing. HB 39 also provides for the confidentiality of genetic information.

### **HB 102 - Maternity benefits**

HB 102 adds a provision to the Insurance Code requiring coverage for inpatient care for a minimum of 48 hours following an uncomplicated standard delivery and 96 hours following an uncomplicated cesarean section.

### **HB 120 - Chronic pain**

This bill amends the Intractable Pain Treatment Act, adopted in 1989, to permit a physician to prescribe a dangerous drug or controlled substance to an individual known to be a current or former drug user, if the individual has developed an acute or chronic painful medical condition.

### **HB 162 & 163 - Diabetes**

A Medicaid Diabetes Care Pilot Program is to be implemented, which will include preventive services, nutrition counseling and case management to Medicaid recipients who have diabetes-related conditions. In addition, health benefit plans must provide a minimum level of diabetes care benefits which will be adopted by the Department of Insurance in consultation with the Texas Diabetes Council. SB 1653 also requires that health plans that cover treatment of diabetes provide benefits for glucose monitors, insulin pumps, infusion devices, testing strips, insulin, syringes, etc.

### **HB 196 - Contact Lens Prescription Act**

The Texas Contact Lens Prescription Act is established, which requires physicians, optometrists and therapeutic optometrists to release contact lens prescriptions to patients upon request. Penalties for violations are also established. (Effective date: June 20, 1997, except Sections 3 through 6 - January 1, 1998)



**HB 349 - Hospitalization following a mastectomy**  
This bill requires plans that offer health care benefits for breast cancer treatment to provide care for a minimum of 48 hours following a mastectomy and 24 hours following a lymph node dissection for the treatment of breast cancer.

**HB 723 - Standardized forms for consent of hysterectomy**  
Standardized consent materials, to be created by the Medical Disclosure Panel, are to be provided by physicians and health care providers to patients prior to performing a hysterectomy.

**HB 812 - Gag clauses**  
This bill amends Chapter 20A of the Insurance Code to eliminate gag clauses in contracts between HMOs and providers that limit or restrict the amount of information that a provider may give to a patient regarding treatment options and/or coverage provided by the HMO. The legislation was expanded to prohibit managed care entities from forcing physician groups to break up or lose their network contracts.

**HB 880 - Natural Death Act**  
The witness qualifications for a Directive to Physician are conformed to those of the Durable Power of Attorney for Health Care. Witnessing provisions are also amended for clarification. (Effective date: January 1, 1998)

**HB 911 - Amendments to the Communicable Disease Prevention and Control Act**  
Numerous amendments are made to the Communicable Disease Prevention and Control Act in the wake of the TB epidemic in Texas. (Effective date: May 23, 1997)

**HB 1173 - Coverage for serious mental illness**  
This bill expands the definition of serious mental illness and requires certain health plans to provide coverage for serious mental illness for up to 45 days of inpatient treatment and 60 visits for outpatient treatment in a calendar year. In addition, health plans are prohibited from including lifetime limits for the treatment of serious mental illness.

**SB 1403 - Blindness program**  
The Human Resource Code is amended to create a Blindness Education, Screening and Treatment Program. The Texas Commission for the Blind will develop a program for residents who are not covered under an adequate health benefit plan.

**HB 1407 - Licensed Paramedic**  
This bill establishes a new level of emergency medical services personnel, the licensed paramedic. The licensed paramedic will provide advanced life support including the initiation of certain procedures under medical supervision, such as intravenous therapy, endotracheal or esophageal intubation, electric cardiac defibrillation or cardio-inversion and drug therapy. A licensed paramedic must complete college-level course work under rules adopted by the Board of Health.

## **HB 1511 - Medicaid funding formula for GME to emphasize primary care**

TDH is directed to establish procedures and formula for the allocation of federal medical assistance funds that give emphasis to GME in the primary care specialties.

## **HB 1534 - Mammography services**

TDH is authorized to become an accreditation body to implement certain requirements and standards established by the U.S. Secretary of Health and Human Services in order to meet the federal Mammography Quality Standards Act of 1992.

## **HB 2017 - Reimbursement for telemedicine services**

The Health and Human Services Commission is directed to develop a system to reimburse providers for Medicaid services performed using telemedicine. (Effective date: June 20, 1997)

## **HB 2033 - Telemedicine services**

Certain health benefit plans cannot refuse to cover a service solely because it is provided through telemedicine. The bill also requires that prior to telemedicine services, the patient must give informed consent.

## **HB 2080 - Peer assistance programs**

The Health and Safety Code is amended to require approved peer assistance programs to notify the relevant licensing board if a program participant fails to successfully complete the program.

## **HB 2192 - Texas Health Services Corps Program**

The Texas Health Services Corps Program is created, which is an incentive program to encourage physicians to practice in medically underserved areas of Texas. The Executive Committee of the Center for Rural Health Initiatives will establish the program and provide stipends to physicians. (Effective date: June 11, 1997)

## **HB 2472 - Reporting traumatic brain injury**

Traumatic brain injuries, which include an acquired injury but not brain dysfunction caused by congenital or degenerative disorders or birth trauma, are to be reported to the TDH in a manner to be determined.

## **HB 2509 - Pilot program for Alzheimer's patients**

The Department of Human Services will develop and implement a pilot program for patients diagnosed with Alzheimer's disease, to include treatment, counseling, education and support services for the patients' caregivers and family members.

## **HB 2795 - Texas Health Benefits Purchasing Cooperative**

The statute creating the Texas Health Benefits Purchasing Cooperative, which helps small employers obtain health insurance, is amended to authorize the cooperative to offer additional products and services.

## **HB 2846 - Advanced practice nurses/physician assistants in networks**

This bill amends the HMO Act to provide "if an advanced prac-

*continued on next page*

tice nurse or physician assistant is authorized to provide care in collaboration with a physician who participates in an HMO provider network, the HMO may not refuse a request to have the physician assistant or advanced practice nurse identified as a provider in the provider network unless the physician assistant or advanced practice nurse fails to meet the quality of care standards of the HMO."

#### **HB 3054 - Immunization registry**

The TDH will establish and maintain a childhood immunization registry, which will contain the immunization history of those under the age of 18. Written consent will be required of the parent or guardian of each child. Health care providers, insurance companies, HMOs or any other organization that pays or reimburses a claim for immunization of children under 18 are required to report. (Effective date: September 1, 1997 except Sections 161.007(c) and 161.007(d), Health and Safety Code - January 1, 1999)

#### **HB 3075 - Home health agencies and controlled drugs**

Home and community support service agencies may purchase, store or transport sterile water and saline, Hepatitis B and influenza vaccines, tuberculin derivative tests, and anaphylactic containers for the purpose of administration to employees or patients under a physician's standing orders.

#### **HB 3161 - Medical exams under Workers' Comp**

This legislation allows the Texas Workers' Compensation Commission to adopt rules that allow an insurance carrier to request the Commission to require an employee to submit to not more than three medical exams in a 180-day period under certain circumstances.

#### **HB 3269 - Expanded care for HMO beneficiaries**

This bill allows patients to seek necessary services from a non-network provider, if such services are covered by an HMO but are not available from its network of physicians. The HMO will fully reimburse the non-network physician or provider at the usual and customary or agreed rate.

## **Ten Years Ago in the Texas D.O.**

• A record \$5.7 billion tax increase was passed by the Texas Legislature during a special session. The legislation included a \$110 temporary fee (occupational tax), which affected physicians, dentists, optometrists, chiropractors, psychologists, accountants, architects, engineers, real estate brokers, securities dealers, veterinarians and attorneys.

• A new law termed as "one of the most comprehensive laws related to Acquired Immune Deficiency Syndrome in the nation," went into effect on September 1, 1987, in Texas. The 74-page law was, in reality, an amendment to Texas' Communicable Disease Act.

Highlights of the new law included the requirement that AIDS cases must be reported to the Texas Department of Health; all emergency personnel must be notified when possible exposure to a communicable disease has occurred; and the health department was required to set up mandatory testing for the AIDS virus for marriage license applicants when the rate of infection in Texas exceeds .83 percent, which officials estimated would occur in 1991.

• The Texas State Board of Medical Examiners, in response to a law effective September 1, 1987, set up a toll-free consumer hot line in order to answer questions citizens have regarding their physicians.

• A policy issued by the Naval Medical Command, which prohibited D.O.s from providing OMT in Navy hospitals, was rescinded. The controversial ruling had drawn a storm of protest from the Association of Military Osteopathic Physicians and Surgeons, the American Osteopathic Association and individual Navy physicians. As a result, a new memo signed by Chase Untermeyer, Assistant Secretary of the Navy, was distributed to hospital commanders stating that "appropriate clinical privilege sheets will be revised to include osteopathic manipulative therapy."

## **Texas Passes Comprehensive Tobacco Control Package**

Senate Bill 55, the "children's tobacco bill," was signed into law by Texas Governor George W. Bush on June 16. Sponsored by Senator Judith Zaffarini (D-Laredo) and Representative Hugo Berlanga (D-Corpus Christi), it is one of the most comprehensive tobacco control packages ever considered in Texas. The legislation allows the state to enforce Food and Drug Administration regulations restricting youth access to tobacco products. In addition, it provides funding for a statewide tobacco awareness campaign.

Highlights include:

- Individuals appearing to be under 27 must be asked for identification.
- Cities may pass ordinances to enforce the state law or may pass ordinances stricter than the state law.
- Vending machine and self service sales of tobacco are allowed only in places not open to minors.
- Retailers are subject to fines and may have tobacco sales permits suspended or revoked for sales to minors. A permit fee for tobacco sales is assessed.
- Outdoor advertising is prohibited within 1,000 feet of a school, playground or church.
- Outdoor advertising is subject to a 10 percent fee to be used for education and enforcement.
- Minors are penalized for purchase or possession. Fines of up to \$250 may be imposed; fines may be dismissed upon completion of a tobacco awareness program.
- The Texas Department of Health will develop an advertising campaign to reduce youth smoking.

# Texas ACOFP Update

By Joseph Montgomery-Davis, D.O., Texas ACOFP Editor

Just when Texas physicians were celebrating the fact that Texas had become the first state to allow patients to sue managed care organizations for medical malpractice, along comes Aetna with a suit to block the lifting of HMO ERISA protection.

Texas physicians are looking to the U.S. Department of Labor, which is responsible for enforcing ERISA, for assistance. In the past, labor officials have argued that ERISA never was intended to pre-empt state law in fields of traditional state regulation, including claims of liability against a plan for medical negligence. Also, legislation is pending in Congress that would amend ERISA to specifically exclude state causes of action related to personal injury or wrongful death from the federal preemption.

Texas physicians must never forget that old adage that "it is never over, until it is over." We must all work hard to see this issue of allowing malpractice lawsuits against HMOs to come to a successful and final conclusion. A level playing field in Texas is long overdue!

At the recent AOA House of Delegates meeting, information came to light regarding OMT reimbursement issues. Many health insurers will only reimburse for OMT when utilized to treat acute musculoskeletal conditions. It is extremely important to define musculoskeletal conditions as to whether they are acute or chronic based on palpatory findings. It is also important to use the correct terminology to explain your palpatory findings and your diagnosis. For recurrent musculoskeletal conditions, the phrase "acute exacerbation of chronic condition" is highly recommended.

Under the Texas Medicaid Program, the acute phase of the acute musculoskeletal condition or the acute phase of an acute exacerbation of a chronic musculoskeletal condition is defined as follows: "the acute phase is the period from the date of onset not to exceed 180 days." Avoid the term "sub-acute" when referring to musculoskeletal conditions and somatic dysfunction. TMA and the Texas ACOFP define the acute phase of somatic dysfunction as

0 - 6 months. To obtain a copy of TOMA's guidelines for OMT, call 800-444-8662 or 888-892-2637. These guidelines include examples of how to properly code when utilizing OMT. The OMT guidelines are free-of-charge to TOMA and Texas ACOFP members - an excellent resource for all Texas D.O.s.

Also, I want to alert our membership to claims filed with Blue Cross-Blue Shield of Texas. You must utilize the modifier 25 with the proper E&M code when billing for OMT plus an office visit on the same patient and on the same day. Failure to use the modifier 25 could result in lack of reimbursement for the OMT component.

The Texas ACOFP held its Annual Clinical Seminar at the Adam's Mark Hotel, located at 400 N. Olive in Dallas, from July 31 - August 3. Special guests included Max Helman, D.O., ACOFP President-elect; George V. Nyhart, ACOFP Executive Director; R. Greg Maul, D.O., TOMA President; and Terry Boucher, TOMA Executive Director. The program chairman was Patrick Hanford, D.O., who put together a very enjoyable program that included interesting topics and excellent speakers.

Election of Texas ACOFP officers for 1997-98 took place and are as follows: President, Sara Apsley-Ambriz, D.O.; Immediate Past President, Jack McCarty, D.O.; President-elect, Carol Browne, D.O.; Vice President, Patrick Hanford, D.O.; Treasurer, Rodney Wiseman, D.O.; and Secretary, Craig Whiting, D.O.

There are four presidential appointments to the Texas ACOFP board: T. Eugene Zachary, D.O., Parliamentarian (ex-officio); Robert G. Maul, D.O., Liaison to the ACOFP (ex-officio); Joseph Montgomery-Davis, D.O., Editor (ex-officio); and T.R. Sharp, D.O., Texas ACOFP President, Emeritus Superus (ex-officio). There is one invited observer: Robert L. Peters, Jr., D.O., who is our Texas representative to the AOA.

The six full voting Texas ACOFP Board of Governors are: John Bowling, D.O. (1998); Sharron O'Day, D.O. (1998); Ronda Beene, D.O. (1999); David Garza,

D.O. (1999); Robert DeLuca, D.O. (2000); and Harold Lewis, D.O. (2000). The three non-voting Texas ACOFP Board of Governors are: Samuel T. Coleridge, D.O., TCOM Observer (ex-officio); Robert Garcia, D.O., Osteopathic Family Practice Resident (ex-officio); and Student Doctor Roberta Abbott, Zeta Chapter President (ex-officio).

At the banquet on Friday, August 1, the Texas ACOFP "Osteopathic Family Physician of the Year" award was bestowed upon Catherine K. Carlton, D.O., of Fort Worth. The first "T.R. Sharp Meritorious Service Award" was bestowed upon Robert L. Peters, Jr., D.O., of Round Rock. Congratulations are in order for both Bob and Catherine for these honors bestowed upon them. They are both outstanding osteopathic physicians, and role models for younger members of the osteopathic profession.

The Texas ACOFP Board of Governors would like to thank those members who attended the Annual Clinical Seminar at the Adam's Mark Hotel in Dallas. As you can see from the photos, folks had a good time! For those members and their families who could not attend the meeting this year, we missed you and hope to see you next year.

As I finish up this Texas ACOFP Update for September, a special event took for TOMA and the Texas ACOFP: "Texas Stars" were invited to a "TOMA Turret Topping Party." The final phase of construction on the TOMA state headquarters culminated with the placement of the turrets atop the building on Saturday, August 9, from 10 a.m. to 3 p.m. "Texas Stars" watched the proceedings from the Doubletree Balcony, which is next door to the TOMA building. On Saturday, September 27, from 3 p.m. to 6 p.m., there will be an open house at the TOMA headquarters, which will be open to all members, including the general public. Make arrangements to help celebrate this historical event. After many years the train for Texas osteopathic physicians has finally arrived at the station in Austin and we will be traveling first class forever more.



# Your Patients Are Listening ... Advise Them to Get a Flu Shot

By Adrienne Jones

Good news for physicians and the patients they care for can be found in prevention. As physicians and health care providers start their planning for the fall and the illnesses this season brings, the Texas Medical Foundation's (TMF) attention turns to the prevention of influenza. Each year the majority of the Medicare population, which includes the elderly and many individuals with disabilities, choose not to protect themselves with an influenza vaccination. What leads them to this decision? Studies suggest that it may be the physician and the power of suggestion or, in some cases, the lack of suggestion.

The significant role of physician suggestion or recommendation as a factor in motivating patients to be immunized appears in research literature. Studies show that whenever patients are actually offered immunizations during physician office visits, high immunization rates result. However, a controlled influenza immunization study conducted by the Yale University School of Medicine reported that patients who perceived that their physician did not recommend an influenza vaccination were six times more likely to choose not to be vaccinated than patients who perceived their physician recommended the vaccination.

The power of a physician's personal outreach to his or her patients should not be underestimated. TMF has learned through its immunization interventions, Horizons and Adelante Con Su Salud (Moving Forward with Your Health), that Medicare beneficiary response to influenza immunizations increases when the interventions include a personal communication from a physician or health care provider.

TMF's Horizons and Adelante Con Su Salud flu immunization projects are now in their second year. The goal of the Horizons project is to increase influenza immunization rates in



the underserved African-American Medicare beneficiary population. This year through the Horizons project, TMF will implement interventions in 30 counties in the eastern part of Texas. Similarly, through Adelante Con Su Salud, TMF aims to increase influenza immunization rates in the Hispanic Medicare beneficiary population by targeting those beneficiaries in Cameron, El Paso, Hidalgo, Nueces and Webb counties. TMF should be able to determine the effectiveness of the interventions based upon Medicare Part B claims data that will be collected for all the targeting counties.

TMF encourages physicians to recommend influenza immunizations to patients when appropriate. To assist physicians, we are offering free-of-charge flu shot reminder post cards, posters and flu shot reminder stickers to place on medical records. The post cards are ideal for physicians' offices to mail to patients. The full-color post cards are:

- printed on card stock;
- bundled in packages of 100 or 300;
- available in quantities of 1,200 or less in English;
- available in quantities of 600 or less in Spanish; and
- available in quantities of 100 or less in Vietnamese.

The flu immunization posters are available in quantities of five or less and are suitable for displaying in physicians' offices. Available in quantities of 1,000 or less, the flu shot reminder stickers for medical records are red with the imprint "Flu Vaccine?" in white. Please call TMF at 1-800-725-9216 to order post cards, posters and stickers.

## TRICARE News

### New TRICARE Standard Handbook Available On-line

The newly updated TRICARE Standard Handbook (previously called the CHAMPUS Handbook) is now available on the Internet. It will also be available in "hard" copies through the various military services' distribution channels by the end of September.

To read the handbook on-line, go the home page of the TRICARE Support Office at: [www.tso.osd.mil](http://www.tso.osd.mil). Then click on "Public Affairs."

### TRICARE Regions 7 & 8 Combined into One "Central" Region

The Defense Department has combined TRICARE Regions 7 & 8 into a single TRICARE Central Region. The new region is made up of Colorado, Wyoming, Utah, Montana, North and South Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri (except for the St. Louis area), Nevada, New Mexico, Arizona (except for the Yuma area, which is part of TRICARE Region 9), Idaho (except for six counties in northern Idaho that are part of TRICARE Region 11), and the southwestern corner of Texas that includes El Paso.

The military lead agent for the Central Region is located at 5475 Mark Dabbling Blvd., Suite 101, Colorado Springs, CO 80918. Telephone is 719-524-2601.



## Founding Osteopathic Physician Retires Amidst Great Praise

A founding physician at Osteopathic Medical Center of Texas and 60-year contributor to the osteopathic profession retired this month after a private celebration with friends and family.

George J. Luibel, D.O., who began practicing medicine in 1936 in Ennis, Texas, after graduating from Kirksville College of Osteopathic Medicine in Kirksville, Missouri, is revered in the osteopathic community locally, statewide and nationally.

Dr. Luibel is one of three founders of the Texas College of Osteopathic Medicine and a past president of both the Texas Osteopathic Medical Association and the American Osteopathic Association. In 1996 he was honored with the TOMA Distinguished Service Award, the highest honor that the organization can bestow upon a osteopathic physician in recognition of outstanding service and contributions to the osteopathic profession in Texas.

With so many accomplishments and contributions, many hold Dr. Luibel in high regard and wish him well:

"George Luibel is the living embodiment of the osteopathic philosophy, principles and practices," said Jay Sandelin, Osteopathic Health System of Texas CEO and Chairman of the Board. "A caring force, he has ministered to the needs of thousands of appreciative patients."

William Wallace, D.O., has this to say: "For myself and the medical staff, it's with a great deal of regret that Dr. Luibel is retiring. His leadership for our profession and our hospital, and our health system as a whole, will be greatly missed."

The physician himself said he would look forward to spending more time with his wife, Mary, in his retirement. He will also take advantage of some shut-eye.

"I hate to get up early, and I hate to go to bed at night," he said.



Dr. Luibel remembers working at OMCT when the hospital was located in a house on Summit Avenue. Mary Luibel, R.N., also worked there, as a nurse anesthetist.

He also remembers the days before air conditioning, when he took his exam to become a licensed osteopathic physician. "It was the hottest day in Texas in 44 years. There was no air conditioning in the Capitol when I took that exam," he said.

Offering advice to younger physicians coming into the profession, Dr. Luibel advised them to remember that osteopathic physicians practice with a unique philosophy, and he urged them to utilize their

special training in osteopathic manipulative therapy.

Dr. Luibel began his practice in Fort Worth in 1946. He served as the first chairman of TCOM's Board of Directors from 1966-74, and in 1978 was awarded a TCOM Founders' Medal, the highest honor bestowed by the college.

Roy Fisher, D.O., who has known Dr. Luibel since they attended Kirksville together, called him an "honest osteopathic physician. He's a doctor's doctor."

"Dr. Luibel is very unique in that not only has he been a leader of our hospital for 50 years, he's also been a leader in his profession at the state and national level, and carried a leadership role in establishing the medical school," said Bryce Beyer, D.O., senior vice president, Medical Affairs. "There aren't many who come along with his dedication. He broke the mold."

On behalf of Osteopathic Health System of Texas, as well as the Texas Osteopathic Medical Association, good luck and best wishes to Dr. Luibel.

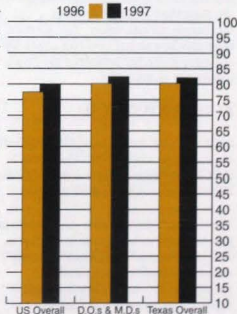
### Physician Enrollment in Medicare Program on the Rise

Over 80 percent of physicians and other health care practitioners have enrolled in the Medicare participating physician program for 1997, Heath and Human Services Secretary Donna E. Shalala recently announced.

This year the overall participation rate is 80.2 percent, up from 77.5 percent in 1996. The actual number of participants increased from 672,000 in 1996 to 691,000 this year.

Participation has risen every year since the program began. This year the rate increased to 82.4 percent for D.O.s and M.D.s, up from 80 percent in 1996.

In Texas, the overall participation rate increased from 80.3 percent in 1996 to 82.1 percent this year.



# THE INDEPENDENT INVESTOR

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## The Dow that keeps on giving...

### When will it ever take away?

If our readers have noticed a preponderance of columns focused on the Dow Jones Industrial Average\* lately, it's simply because the Dow's staggering performance has demanded our attention.

The Dow's finish at 8038 on Wednesday, July 16 marked its first time over 8000, the fifth-busiest trading day ever, and - when combined with the Nasdaq's largest one-day point gain ever - a downright historic day on Wall Street.

Breaking through three 1,000 - point barriers in less than one year's time, during an eye-popping 50 percent run-up in value, is cause for attention... a great deal of attention. And if our readers think all this attention on the same subject is getting to be boring, we're OK with that. We're OK with boring you to tears. In fact, it's our ongoing goal to bore our clients all the way to the bank.

We do, however, think we can find some value in writing about the latest in an ongoing series of unprecedented milestones. We think there is some important information we can impart. And we think there may be a nugget or two of advice we can share in another column on the Dow's remarkable exploits.

### AT THE ROOT OF IT ALL

Let's start with the fundamentals—the root causes behind a bull market that began by most definitions in October 1990, when the DJIA was hovering near the 2,300 mark.

The U.S. economy has seen solid growth in jobs and incomes along with low inflation and unemployment. Reasonable interest rates have combined with shrinking government deficits and healthy levels of exports bringing consumer confidence to sky-high levels.

And look what those fundamentals have wrought:\*\*

- A bull run of 1,709 trading days
- A 5,673 point increase in the DJIA
- A 239.90 percentage increase
- 923 up days versus 777 down days (nine days were unchanged)
- The largest one-day percentage rise to date at 4.57 percent
- The largest one-day point rise to date at 179.01

### TIME IN, NOT TIMING

Bearish-end prognosticators are now calling for a dip-of anywhere between 10 and 40 percent - before a return to current levels or an increase can occur. Bulls, on the other hand, are predicting a 10,000 Dow by the year 2000, or sooner. And they are out there. On television, on the radio, in print and on line the seers-both pessimistic and optimistic - are out there.

Don't listen. For it is our belief that both of these groups have missed the point. We have never tried to predict which way the next 10, 15 or even 20 percent movement of the equity markets will go. We have, however, felt comfortable telling our clients which way we believe the next 100, 150 or 200 percent movement will be: that direction is up.

And since the next 100, 150 or 200 percent increase is the driving force behind our clients' ability to meet their major financial goals, it's what we ask them to focus on too. If that's indeed what they have been focusing on, they were immune to the DJIA's nearly 10 percent dip between mid-February and mid-April of this year.

But let's say they didn't. Or, better yet, let's say they weren't our clients yet, so they didn't know any better. They invested in an index tracking the Dow at the beginning of the year, saw that index lose nearly 10 percent of its value in less than four months, got out of the market locking in their losses and then missed out on the 20 percent increase that came on the heels of the 10 percent decline.

Bad timing. Bad plan. The two are one and the same.

A better approach - generally a much better approach - is to determine three things: Your long-term investment objectives, your investment time horizon and your tolerance for risk. We help our clients resolve all three. Once those are in place, develop an investment plan that is reflective of those factors. We help our clients with this as well. Finally, consider your willingness to continue investing when the markets inevitably go the other way - because they will.

But even a horrific and unprecedented 50 percent decline in the DJIA - which would be more than twice that of the record one-day drop on October 19, 1987 - would take the market back only to where it stood in February, 1995.

And we believe it would bounce back from there. The point is to stay the course. It's not a grabber and it won't replace any headlines, but it's what we'll continue talking - and writing - about. Are we boring you yet?

\*The Dow Jones Industrial Average is an unmanaged index reflecting the overall return attained by a diversified group of 30 stocks of major industry blue-chip companies based in the United States. All returns are calculated on reinvested dividends and expressed in U.S. dollar terms. Past performance does not guarantee future performance, and your actual results will vary.

\*\*Source: The Wall Street Journal, July 17, 1997

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## Dr. William Archer Selected as Texas Commissioner of Health

The state Board of Health has selected William "Reyn" Archer, M.D., as Texas Commissioner of Health.

Dr. Archer is senior medical advisor for Project HOPE, headquartered in Millwood, Virginia, and a former deputy assistant secretary for health with the U.S. Department of Health and Human Services.

"We wanted someone with a broad perspective of the often-interrelated public health issues at the international, national, state and local levels. We wanted someone with the ability to lead a large, diverse organization, in a large diverse state, with a large diverse population, in a world that's getting smaller every day," said board chairman Walter Wilkerson, Jr., M.D., of Conroe. "We believe we've found such a person in Dr. Archer."

A six-member board oversees the Texas Department of Health (TDH). The Commissioner of Health is the chief executive officer of TDH.

Patti Patterson, M.D., has been named Executive Deputy Commissioner, a new TDH position authorized during the last legislative session. Dr. Patterson served as interim commissioner since October, when David R. Smith, M.D., resigned.

TDH's budget for the fiscal year beginning September 1 is \$6.4 billion, including \$5.1 billion for the agency's portion of the state's Medicaid program. Other TDH responsibilities include food and drug safety, indoor air quality, radiation control, emergency management services, disease control and prevention, laboratory services, vital records, health programs for women and children, the WIC nutrition program and the licensing of certain health care facilities and professions.



*From left to right; John H. Sortore, TOMA Field Representative, Mary R. Watkins, R.M.A. and John R. Marshall, D.O.*

## Mary Watkins, R.M.A., Honored for Work with Physicians Assistance Program

Mary Watkins, R.M.A., who serves as office manager for Mesquite physician Joel Holliday, D.O., was recognized by the House of Delegates of the Texas Osteopathic Medical Association during TOMA's convention in June.

Resolution No. 4 stated:

WHEREAS, the Physicians Assistance Program Committee (PAPC) of the Texas Osteopathic Medical Association has an outstanding reputation for its rehabilitation work with impaired Texas osteopathic physicians, and

WHEREAS, there are some unsung health professionals, other than osteopathic physicians, who have given of their time and energy over many years toward the goal of a successful PAPC, and

WHEREAS, an integral part of TOMA's impaired physician rehabilitation program is the collection and processing of specimens for drug screens from osteopathic physicians who are being monitored by the PAPC, and

WHEREAS, in the Dallas area, it was especially difficult to locate facilities which had flexible hours of operation for drug screens that would not unduly inconvenience osteopathic physicians, and

WHEREAS, Mary R. Watkins, R.M.A., Office Manager for Dr. Joel Holliday, agreed to assist the PAPC with its monitoring program in the Dallas area by making herself available prior to normal office hours, during the lunch hour, and after normal office hours to collect and process specimens, therefore

BE IT RESOLVED, that the TOMA House of Delegates hereby recognizes Mary R. Watkins, R.M.A., for her dedicated and unselfish service to the PAPC and the osteopathic medical profession in Texas.

Presentation of the resolution plaque, along with a dozen roses, was made on July 8 at Dr. Holliday's office by John R. Marshall, D.O., PAPC Chairman, and John Sortore, Field Representative. Dr. Holliday had further arranged for a congratulatory cake to enhance the presentation.

TOMA extends its deepest thanks to Ms. Watkins for her unselfish service to the osteopathic profession.



# Blood Bank Briefs for Physicians

## Artificial Blood

By Margie B. Peschel, M.D.  
Carter Blood Center, Fort Worth, Texas

As a direct result of the HIV-AIDS crisis, blood safety has become an issue of pervading concern. There is little public or political tolerance for delay if additional safety measures are available. As a consequence, there is continued pressure to develop and implement additional donor screening and testing measures to implement procedures for viral inactivation of blood products and to develop "artificial blood." New technologies are being developed and will have an impact on blood banking and transfusion medicine practices in the future.

"Artificial Blood" is a misnomer because the blood substitutes developed at this time transport respiratory gases but do not perform the metabolic, regulatory, and protective functions of blood. A more accurate definition for blood substitutes is "oxygen-carrying volume expanders."

The search has been long for a blood substitute. Alternatives to blood for infusion have been investigated for hundred of years; ale, wine, milk and animal blood have been tried. Xenogenic transfusion (from another species) into humans, generally using lamb blood, was attempted before the early 1900s. Allogeneic blood transfusion became reliable only after the development of blood anticoagulation, storage methods, typing and compatibility testing.

Blood substitutes may be particularly useful in the next several decades. It is attractive to the military, faced with the logistic constraints in the battle field where it could be life saving for injured soldiers. Concern over fatal blood borne pathogens including Hepatitis and Human Immunodeficiency Virus also make it attractive for civilian use. The United States blood supply faces major challenges associated with an aging population and potentially inadequate rates of volunteer blood donation by healthy citizens. Approximately one half of the roughly twelve million transfusions of red blood cells are currently transfused to people 65 years of age or older. In this

context, a safe and effective blood substitute could be useful to meet the projected shortfall in supply.

What is the need for blood substitutes? First, blood substitutes will provide a product with longer shelf life, eliminate the need to cross match and eliminate transfusion reactions. Second, it will eliminate the risk of infectious disease transmission. Third, it will provide better availability. It will ease or smooth out seasonal blood shortages and will allow us to better deal with the extra ordering demands by trauma.

What are the ideal properties of an oxygen-carrying volume expander? Important properties of red blood cells are: the high oxygen-carrying capacity, ability to transport oxygen when oxygen tension is in the normal physiologic range, desirable elimination characteristics and low incidence of side effects when appropriately screened and administered. None of the blood substitutes currently being developed have all the desirable properties of red blood cells. There are concerns related to short intravascular half-lives, routes of elimination, physio-

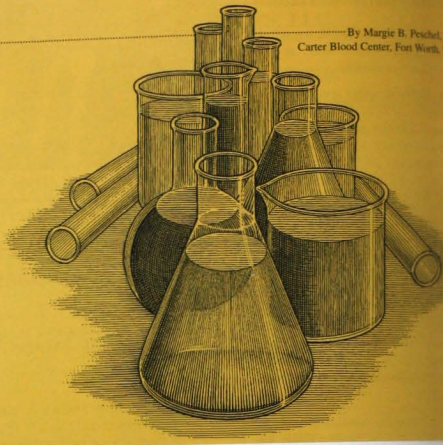
logic side effects and interaction with co-existing diseases. Therefore, the overall safety of any red blood cell substitute will have to be very high to be as safe as allogeneic blood.

Several types of oxygen-carrying solutions are under development. These products are classified in two categories. These are Hemoglobin Solutions and Perfluorocarbons.

### Hemoglobin Solutions

The sources of hemoglobin are: 1) human, prepared from outdated blood; 2) bovine, which is abundant but there's concern over transmission of bovine spongiform encephalopathy and antibody production; 3) recombinant, which is produced in *E. coli* and *Saccharomyces cerevisiae*; and 4) transgenic, which is produced in pigs, where alpha and beta globulin genes are linked to an erythroid-specific control region and incorporated into the host genome.

Several hemoglobin blood substitutes are currently in clinical trials. Some side effects noted are changes in some laboratory results, a temporary and harmless





# Public Health Notes

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

## New Guidelines Allow for HIV Testing During Routine STD Exams

The following is a reprint from "Disease Prevention News," Vol. 57, No. 9, April 28, 1997, of the new Texas Department of Health guidelines recently formulated to broaden surveillance for HIV infection. This change should assist the clinician in the assessment of STDs or related issues to better serve the patient. This "returning" of our ability (relaxing previous constraints) permits more appropriate and judicious application of our craft as diagnosticians. I hope this information will be of assistance to you in your practice.

New Texas Department of Health guidelines established in January allow for HIV testing in the routine battery of tests performed on all clients in an STD clinic and on clients requesting STD services in comprehensive clinics. Clients can still elect anonymous or confidential testing, or may decline HIV testing altogether.

Although prevention counseling services will still be available, counseling will no longer be compulsory before all clients are tested for HIV at STD clinics. Programs may choose to continue providing prevention counseling to every client tested for HIV if they can do so without jeopardizing counseling quality. The new guidelines apply only to STD clinics and are not intended for sites offering only HIV services.

The guidelines were established because routine HIV testing in STD clinics can benefit the client and the community. Early detection is crucial so that the full benefits of recent advances in HIV treatment can be achieved. Routine testing also benefits the community by identifying people infected with HIV who can then take precautions to avoid further transmission.

In the past, the mandatory counseling accompanying all HIV testing strained STD clinic resources and service quality. Many clients declined HIV testing because they would have to undergo counseling. Therefore, mandatory counseling constituted a barrier to being tested.

Allowing for routine HIV testing with voluntary and targeted counseling will allow more staff resources for quality prevention counseling sessions with clients ready to discuss personal risk reduction plans.

Preliminary data from Dallas and Houston indicate that increased screening has been very effective. At both sites, the number of clients tested has nearly doubled, and the number of HIV-positive clients identified has more than doubled. Positivity rates have also increased, suggesting that clients not tested in the past are at the same or higher risk than are clients targeted for testing.

After routine HIV testing was started at Dallas County Health Department's STD clinics, the number of STD clients testing positive for HIV increased 115 percent (from 54 in 1995 to 116 in 1996). The rate of STD clients testing positive also increased (from .9 percent to 1.1 percent). Health department STD clinics in Houston also had a positivity rate increase from 1.2 percent to 1.4 percent after implementing routine HIV testing.

The new guidelines were sent to contractors in January and will become part of the TDH Comprehensive HIV Guidelines.

For further information, contact your local STD program manager or your field operations consultant in Austin at 512-490-2520. Call Greg Beets at 512-490-2535 to receive a copy of the guidelines.

## Perfluorocarbons

Perfluorocarbons, the first generation product fluosol-DA, is the only oxygen-carrying volume expander approved for use in the U.S. This approval is restricted to the perfusion of coronary arteries after percutaneous transluminal angioplasty. The utility of the product is limited by its low oxygen-carrying capacity and side effects with marked intake by the RES and disruption of normal pulmonary surfactant mechanism. The second generation perfluorocarbons have much greater oxygen-carrying capacity and progress with the new fluorocarbons will depend on the development of surfactants that allow for longer shelf life and intravascular persistence. The second generation perfluorocarbons have side effects of facial swelling, back pain, flu-like symptoms, and minimal temperature elevation. Late side effects include decreased platelet counts and pulmonary hyperinflation.

In conclusion, oxygen-carrying volume expanding solutions (blood substitutes) that can sustain life in absence of red blood cells have been developed. The concerns about side effects, source of hemoglobin and the ultimate demonstration of efficacy (i.e., clinical benefit to patient) must be addressed before blood substitutes can be routinely administered in place of red blood cells.

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# Dr. Morton Terry Named Educator of the Year

Morton Terry, D.O., of the Nova Southeastern University College of Osteopathic Medicine, has been named 1997 Educator of the Year by the National Osteopathic Foundation and the American Osteopathic Association. Morton J. Morris, D.O., accepted the award on behalf of Dr. Terry during a ceremony at the AOA House of Delegates meeting on July 18.

The award is given annually to an outstanding educator in osteopathic medicine who exemplifies and encourages the principles of osteopathic medicine. Dr. Terry is the 15th recipient of the NOF/AOA Educator of the Year award. Educator of the Year recipients are selected by one of the nation's colleges of osteopathic medicine (on a rotating basis), in conjunction with the AOA/NOF Development Committee, comprised of osteopathic physicians, osteopathic educators and AOA representatives.

Dr. Terry received his D.O. degree in 1945 from the Philadelphia College of Osteopathic Medicine. In 1950, he earned a Master of Science degree in Internal Medicine, also at PCOM. He practiced internal medicine and nuclear medicine for 30 years, until founding the Southeastern College of Osteopathic Medicine in 1979. He served as president of the college, and then of Southeastern University of the Health Sciences until 1994, when it merged with Nova University to form Nova Southeastern University. Today he serves as chancellor of the Nova Southeastern University Health Professions Division.

Dr. Terry has held important community leadership positions with such organizations as the United Way of Dade County and the Florida Heart Association, and was a member of the board of directors of 17 different organizations, including the

American College of Osteopathic Internists, the American Osteopathic Board of Internal Medicine, the American Heart Association of Greater Miami and Boy-Town of South Florida.

He is a life member of the AOA, past president and honorary life member of the Florida Osteopathic Medical Association, and an honorary life member of the Dade County Osteopathic Medical Association.

Dr. Terry has received many awards recognizing his service to the community and the profession. Among them are PCOM's O. J. Snyder Medal and the Student Osteopathic Medical Association's George W. Northrup, D.O., Distinguished Service award - the highest honors granted by those institutions. He recently was presented with the Lifetime Achievement Award of the Florida Osteopathic Medical Association.

## 12 Steps to a Perfect Patient Record

Mag Mutual Insurance Company, an Atlanta-based liability insurer, notes 12 key characteristics in good medical records. Its *Risk Management Handbook for the Medical Office Practice* recommends that physicians strive for the following:

1. Uniformity. If all the records use the same tabbed dividers (for x-ray, lab, etc.), information will be easier to find.
2. Secure pages. Use fasteners to ensure pages don't fall out or get shuffled to a new position.
3. Organization. Use a system to make it easier to locate records quickly. You can color-code by last name, by diagnosis or by chronic problems. Any system is okay as long as it's clear to everyone who needs to access records.
4. Timeliness. Try to make all notes contemporaneously.
5. Legible records. If you can't write legibly, do not write notes by hand. Use a transcription service.
6. Dictated records. Always proofread transcribed notes. The phrase: "dictated but not read" does not protect the physician from responsibility for what was transcribed.
7. Accurate records. The record should include all objective information including diagnosis, prognosis and direct quotes from the patient. It should not include subjective or disparaging remarks about the patient.
8. Corrections. If you have to correct a record, draw a single line through the original note and add the new one along with the date, time and your initials.
9. Jousting. Never enter derogatory remarks about other providers.
10. Patient telephone calls. Document all patient phone calls in the record. It's a good idea to carry around a phone call pad for this purpose.
11. Conversation. Document all conversations with both the patient and the patient's family members.
12. Potential complications. Document all complications considered. Failure to recognize a potential complication in time to prevent injury is a common basis for a lawsuit.

# DOs Should Have an Influence in Washington DC

*stronger*

**Political action committees** (PACS) are the only legal way organized groups can give monies to political candidates. These monies indicate to our elected representatives our interest and concerns over national debates affecting health care issues and our profession. If we are to have a ***stronger voice*** with our national representatives, we must be involved!

During 1996, according to the Federal Election Commission, the American Podiatric Medical Association contributed to congressmen \$487,000 or \$23 per member; the American Optometric Association contributed \$887,000 or \$14 per member; the American Chiropractic Association contributed \$411,000 or \$10 per member and the Osteopathic Political Action Committee (OPAC) contributed only \$53,500 or \$1.09 per member.

Our minimum goal should be for each DO to contribute \$100 annually to our **OPAC**. Don't you agree? ***Do your part*** and send your contribution today!

## OPAC

Osteopathic Political Action Committee  
Elmer C. Baum, DO, chairman

### 1997 Personal Contributors Statement

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\$100 \_\_\_\_\_ \$200 \_\_\_\_\_ \$500 \_\_\_\_\_ other \$ \_\_\_\_\_

\_\_\_\_\_ Payment in full is enclosed to OPAC \_\_\_\_\_ Please charge to my VISA / MC

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OPAC contributions are not deductible on federal tax and may not be made by a corporation.

If your contribution is \$100 or more, you will receive a lapel pin symbolizing your support of OPAC.

We hope you will wear it proudly!

MAIL TO: OPAC, PO Box 23340, Washington DC 20026



## New Law for Schedule II Drugs Takes Effect September 1, 1999

Currently, the Controlled Substances Act requires that prescriptions written for Schedule II Controlled Substances be issued on special, serially numbered, triplicate prescriptions. Dissemination to specific agencies for drug-related investigations is closely restricted, with even the release of statistical information prohibited. When a prescription is issued, one copy is sent to the Department of Public Safety (DPS), where the information on it is automated by data entry clerks. In 1988, 626,105 prescriptions were received. The number has increased each subsequent year until, in 1996, 1,347,086 prescriptions were received, an increase of 115 percent.

During the 1997 session of the Texas Legislature, legislation was passed to eliminate triplicate prescriptions and replace them with a sticker system designed to make it easier to spot patients and physicians abusing narcotic drug prescriptions. The bill was signed by Governor George W. Bush and goes into effect on September 1, 1999.

The legislation also increases the annual registration fee for a Texas Department of Public Safety permit to write prescriptions for Schedule II drugs from \$5 to \$25.

Senate Bill 1245 by Senator Frank Madla (D-San Antonio), which was added as an amendment to House Bill 1070 by Representative Leticia Van de Putte (D-San Antonio), changes the process for prescribing Schedule II drugs. Instead of filling out prescriptions in triplicate, physicians will attach stickers purchased from DPS to their prescription pads and write prescriptions on the stickers. Cost of the stickers will be \$7 per 100.

Physicians will be required to put a patient identifier (e.g., Social Security or driver's license number) on each sticker. In the case of children, the parents' identifiers will be used. Physicians will no longer be required to state the reason for the prescription if they believe doing so would not be in the best interest of the patient.

Pharmacies will be able to electronically transmit prescription records directly to DPS to be kept on file. The legislation gives DPS the authority to access the information directly, without obtaining permission from the Texas State Board of Medical Examiners.

Under the new legislation, physicians will no longer have to use triplicate forms or keep records of prescriptions other than what they need for their own purposes. In addition, physicians will be able to contact DPS for a history of their own Schedule II prescribing practices, as well as current patients' prescriptive patterns.

The law makes it easier for DPS to obtain records and share them with other police agencies. Thus, authorities hope to be more effective in finding physicians who inappropriately prescribe narcotics as well as patients who doctor shop for numerous narcotic prescriptions.

## Physicians Must Use New Medicare Codes by January 1

The Health Care Financing Administration (HCFA) has developed documentation standards for evaluation and management (E/M) codes for single-specialty and multi-system diagnostic services that physicians must use to correctly document service levels in their patients' medical records. The codes take effect October 1 and physicians should begin using them, but they will not be required on Medicare claims until January 1, 1998.

It is critical for physicians to properly document the services they provide because HCFA audits of teaching practices have focused in large part on whether the levels of E/M services billed were actually provided. Many physicians have been reluctant to use the highest level of codes because they fear being audited and facing possible civil or criminal penalties.

## OMCT Sleep Lab Moves to New Location

The Sleep Lab at OMCT has expanded to a new location at 3632 Modlin Avenue, located conveniently across the street from the hospital at the corner of Montgomery Street and Camp Bowie Boulevard.

The Sleep Lab is directed by David Ostransky, D.O., who is certified by the American Board of Sleep Medicine, and David Mann, a registered sleep technician.

At the Sleep Lab, patients with sleep disorders, including sleep apnea, "restless legs," and narcolepsy, have access to expert diagnostic testing and counseling in a newly opened facility with four exam rooms and the latest in diagnostic equipment. Experts at OMCT's Sleep Lab can screen for many of the 85 sleep disorders with a simple, one-night sleep study.

More than 40 million Americans suffer from a sleep disorder, and 80 percent of those who undergo sleep studies are diagnosed with sleep apnea, said Dr. Ostransky. Without treatment, sleep apnea can lead to numerous other health problems, including high blood pressure, cardiovascular disease and even brain damage.

"Many people don't realize that sleep disorders are always treatable," Dr. Ostransky said. "The first step is to make an accurate diagnosis. But people should know that they do not have to continue to suffer."

For more information about the Sleep lab, call 817-735-6566.

## Good News for Elderly Texas Patients

Elderly patients in Texas covered by Medicare and Medicaid, who could benefit from the nutritional supplement of "Ensure Plus," can now do so without having to pinch pennies. The state will pick up the tab for 90 cans a month. This is good news for those who need the dietary boost provided by "Ensure Plus."



# OHST Welcomes New Physicians to Family Medicine Clinics

OHST is proud to announce the addition of three physicians to the Osteopathic Family Medicine Clinics staff. Samuel C. Lee D.O., and Shaun H. Kretzschmar, D.O., recently completed their family practice residency programs at OMCT. Jill A. Gramer, D.O., has completed her family practice residency program in the Department of Family Medicine at the University of North Texas Health Science Center at Fort Worth.



*Dr. Lee* is a 1994 graduate of the University of Osteopathic Medicine and Health Sciences in Iowa and has previously worked at the Osteopathic Family Medicine Clinics in Fossil Creek and Haltom City. He is a member of TOMA, AOA and the American College of Osteopathic Family Physicians (ACOF). Dr. Lee has joined the staff of the Western Hills Osteopathic Family Medicine Clinic.



*Dr. Kretzschmar* graduated from UNTHSC in 1994 and is a member of the AOA, TOMA, ACOFP and the Texas Medical Association. He began a family medicine practice at the Aledo Osteopathic Family Medicine Clinic.



*Dr. Gramer* is a 1994 graduate of Oklahoma State University College of Osteopathic Medicine and is a member of the AOA, TOMA and the American Academy of Osteopathy. She has joined the staff at the Saginaw Osteopathic Family Medicine Clinic.

## OHST Offers Occupational Medicine in Fossil Creek

OHST has expanded its Occupational Health Solutions affiliate with the opening of the health system's second occupational medicine clinic at 3300 Western Center Boulevard, Suite 114-A. The clinic is directed by Randy Rodgers, D.O., who brings 15 years of experience in occupational medicine.

The walk-in clinic accepts workers compensation claims and is equipped to provide care for minor emergencies. The purpose of the clinic is to treat and prevent work-related illnesses and injuries and to promote wellness among employees. The clinic will operate on a contract basis with area businesses, providing the latest resources in corporate health care.

"There's a great need for occupational health in this area of Tarrant County," said Bo Brannon, executive director of Occupational Health Solutions for OHST. "We're excited about working with companies and employees in this area."

Occupational Health Solutions opened its first occupational medicine clinic at 3750 S. University Drive, Suite 200, in May. A third clinic is in the planning stages.

Clinic hours are 8 a.m. to 8 p.m., Monday through Friday. The phone number is 817-306-9200.

## Osteopathic Family Medicine Clinic to Serve Northside Community

OHST has announced the opening of the Northside Osteopathic Family Medicine Clinic at 301 West Central Street in Fort Worth. The clinic opened August 1.

The clinic will be staffed by T. Eugene Zachary, D.O., and Donna Freeborn, a nurse practitioner who specializes in women's health and prenatal care.

The Northside Osteopathic Family Medicine Clinic is one of 13 community clinics providing health care in and around Tarrant County. The new clinic's hours are 8 a.m. to 5 p.m., Monday through Friday. The phone number is 817-625-8818.

# "Long-Term Care"



## *SOME SURPRISING STATISTICS:*

- According to *The New England Journal of Medicine* (1991), 43% of people who turned age 65 in 1990 can expect to spend some time in a nursing home during their lifetime. Of that number, 21% can expect a nursing home stay of five years or more.
- According to the Health Care Financing Administration, 1993, \$70 million was spent on nursing home care in 1993. Only 9% was Medicare's share of that \$70 million. 33% was paid directly out-of-pocket by patients.
- According to the Health Insurance Association of America's, "*Guide to Long-Term Care Insurance*," 1994, the average annual cost of nursing home care is \$36,000. Assuming an inflation rate of 5%, the projected annual nursing home cost in 10 years will be near \$60,000.

Clearly, paying for long-term care can be a serious problem if you haven't planned for it. Even so, long-term care insurance is not for everyone. The most important thing to remember is this: the longer you wait to purchase a long-term insurance policy, the more expensive it will be. Don't wait until you need long-term care to talk to us because then it will probably be too late.

TO DISCUSS LONG-TERM CARE INSURANCE AND ITS APPROPRIATENESS FOR YOUR FINANCIAL FUTURE, CALL US TODAY.

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## In Memoriam

**Dr. Edward Luke, Sr.**, of Fort Worth, passed away on July 31, 1997. He was 85 years of age.

Memorial services were held August 4 at St. Luke's in the Meadow Episcopal Church.

Dr. Luke graduated from the University of Illinois and earned his medical degree from the University of Illinois Medical School in 1937, after which he was a resident at Cook County Hospital in Chicago. He served as a major in World War II in the Army Air Forces in the Pacific and entered private medical practice in Seattle, Washington, before moving his practice to Fort Worth in 1952.

Dr. Luke devoted his practice in east Fort Worth for the next 44 years to the many families he cared for, delivering hundreds of children who grew up in the Fort Worth area. He ended his medical career after 59 years in January, 1996.

He was a charter member of the American Academy of Family Practitioners. He served on the board of the Longhorn Council, B.S.A., and was honored with the Silver Beaver Award for his dedicated service. Dr. Luke also served on numerous other community and medical society boards. The Tarrant County Medical Society named their athletic trainers scholarship in his honor for the many nights he spent covering Fort Worth high school football games to care for injured youth.

Memorials may be made to the UNT Health Science Center, TCOM Foundation, Longhorn Council, BSA - Memorial Fund, or East Side Regional Library.

Survivors include his wife, Marjorie Catherine Luke of Fort Worth; sons, Edward A. Luke, Jr., D.O., of Fort Worth, Robert and his wife, Elaine Luke, of Arlington, and Charles Luke and his wife, Lory Garrett of Gilbert, Arizona; daughters, Marjorie and her husband, Sam Dick, of Fort Worth and Lezlie and her husband, James Peterson, of Castic, California; sisters-in-law, Mary B. Garrard of Fort Worth and Margaret Ann Swearingen of Austin; niece, DeLee and husband, Joseph Walker, of Fort Worth; six grandchildren; and numerous grandnieces and grandnephews.

## SmithKline Beecham and American Osteopathic Association Team Up for National Call-in Program

Physicians Offer  
Free Health Information  
During DIAL-A-D.O.



Answers to your health questions will be as close as your telephone during the American Osteopathic Association's Dial-A-D.O. program, sponsored by SmithKline Beecham Pharmaceuticals. Nearly 120 osteopathic physicians will answer calls on October 20 and 21, 1997, from 7:00 a.m. - 7:00 p.m. central daylight time. The toll-free number is 1-800-DOs-4895, or 1-800-367-4895.

D.O.s will answer callers' questions about general health and osteopathic medicine. They will not diagnose by phone. If callers are unable to reach a physician, they may leave a message on an automated line requesting information by mail.

Dial-A-D.O. supports the osteopathic medical profession's interest in prevention and wellness, and it is an opportunity for people nationwide to take a first step toward their good health and that of their family. The program also reflects the osteopathic commitment to primary care.

Last year, people as young as 10 and as old as 90 called the hotline, with questions on health issues ranging from drug addiction and cancer to AIDS and low back pain.

Since 1995, SmithKline Beecham has sponsored DIAL-A-D.O. as part of the Osteopathic Medicine's Caring Cooperative initiative, a patient education collaboration with the American Osteopathic Association.

Dial-A-D.O. supports the osteopathic medical profession's interest in prevention and wellness, and reflects the osteopathic commitment to primary care. The program is also an opportunity for people nationwide to take a first step toward their good health and that of their family.

"There is an element of security in 'visiting' a physician by phone; once we remove the threat of poking, prodding and needles normally associated with an office visit, patients can get down to the business of seeking answers to their pressing health questions. And D.O. participants, minus stethoscopes and cumbersome medical reports, can get down to the business of answering them. Ultimately, Dial-A-D.O. is a mutually beneficial program with a tremendous capacity to reach several thousand people, and it's a logical extension of our commitment to medicine," explained Howard L. Neer, D.O., a Dial-A-D.O. volunteer, and past president of the American Osteopathic Association.

Dial-A-D.O. is being held in conjunction with the AOA's 102nd Annual Convention and Scientific Seminar, October 19-23, 1997, at the San Antonio Convention Center, San Antonio. More than 7,000 D.O.s and others related to the osteopathic medical profession are scheduled to attend the meeting, which will feature educational sessions as well as exhibits.

The AOA is celebrating 100 years of service to the osteopathic medical profession. Representing nearly 40,000 osteopathic physician, the AOA promotes the public health, encourages scientific research, and is the accrediting agency for osteopathic schools and hospitals.

For more information on Dial-A-D.O., or to be a participating physician, contact the AOA's Michelle Toscas at 312-280-5882.



# TEXAS STARS

The following people have made pledges or have contributed to TOMA's Building Fund Campaign. These people are now known as "TEXAS STARS" because of their commitment to the osteopathic profession.

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## THANK YOU!

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## Waivers - Non-Medicare Patients

While everyone is familiar with, and (hopefully) using medical necessity waivers for Medicare patients, we've found that many practices are not using these waivers for non-Medicare patients as a collection tool. Consider the fact that many insurance plans do not cover all of the services you may deem as necessary for the patient's care. These patients need to be told that their carrier agreement is between them and their own insurance company and, that while you will try to assist them in getting paid by their carrier, you are not involved in that relationship (unless it is contained in a managed care contract you have signed). We recommend you consider adopting some kind of waiver for your non-Medicare patients to sign, acknowledging their own responsibility to pay for their care. In one recent analysis of a practice, we asked to see what the patient signs on their first visit. There were no consent for treatment forms, no assignment of benefits statements and no authorization to release information statements for the patient to sign. In fact, in that particular office, the patient signed nothing. This concerns us. While we are not suggesting you have every patient sign pages and pages of documents (such as some hospitals require), we do recommend you cover yourself.

## Memorize CPT & ICD-9?

Are you aware that there are 15,035 ICD-9 codes and more than 10,415 CPT codes? This does not even cover the number of procedure codes found in HCPCS or the variations with modifiers!

## Managed Care

At the recent Texas Society of the American College of Osteopathic Family Physicians' convention in Dallas, we presented a workshop to physicians on Managed Care contracts. The surprise on the faces of some of the physicians was a sight to behold. This confirms to us that most physicians do not thoroughly read these managed care contracts they are signing. You may have signed some of these with some of the following clauses or stipulations:

1. The physician is prohibited from divorcing any of the subscribers affected by this contract for any reason whatsoever. (For any reason?)
2. The professional (physician) acknowledges that the network shall have no liability or obligation for the payment of or reimbursement for covered services rendered to subscribers by the professional pursuant to this health care contract. (Then who is responsible for paying the physician?)

3. Professional may terminate this agreement, at any time, without cause, upon providing network with ninety (90) days, prior written notice. (I recommend that physicians change this to 30 days.)

4. For a term of two (2) years after the termination of this agreement, professional shall not engage in the direct or indirect solicitation of subscribers who reside in \_\_\_\_\_ county or any adjoining county without network's prior written consent. (Does this mean that the doc will have to discontinue the Yellow Pages advertisement?)

5. Professional shall submit to network within thirty (30) days following the provision of medical services to the subscriber a complete statement of services and charges. (Even Medicaid has a 95-day filing limit.)

6. Any controversy, dispute or claim arising out of, in connection with, or related to the interpretation, performance, utilization management or breach of this agreement, except controversies less than ten thousand dollars (\$10,000) which will be resolved in the network board of directors' sole discretion, shall be resolved by final and binding arbitration. (Does this mean anything less than \$10,000 will be decided by the network with no redress?)

7. The network fee schedule may be changed, altered and maintained at the sole discretion of the network. No prior written notification to the professional is required. (Yeah, and they want you locked in for a year?)

These are the kinds of problems that really burn me up. While we are not attorneys, we do occasionally review managed care contracts for our clients and even without having the formal legal training, we can see that some of these clauses are ridiculous. We cannot over-emphasize the importance of having a qualified managed care attorney read and review each and every managed care contract prior to your signing it. If you've already signed it, then you may need to get together with the other doctors in your geographical area and consider dropping out or terminating some of these contracts. If enough doctors in your area withdraw from a plan, you can pretty well rest assured that the managed care company will be willing to change these clauses and terms to suit you. Without you, they have no product! Keep in mind that you control the situation here. It's not as though a governmental law has been passed that says you have to see these patients.

If you need someone to come speak to the doctors of your group, your hospital, your county medical society, etc., and help rally them to circle the wagons, don't hesitate to call us at 1-888-Don Self. When we've done this in the past, we've seen managed



care companies offer much more favorable contracts to the physicians. Unless you like the managed care company controlling you, it's time to start taking a harder look at these contracts.

### Medicare/Medicaid Approved Amounts

Bad news on the Medicaid-Medicare dual eligible front, too. The Senate version of Medicare reform contains a provision that, in effect, nullifies the court rulings that when states pay the copays & deductibles for the dual eligibles, they are liable for the full Medicare amount. Under the Senate provisions, they would be liable for only the full Medicaid amount.

If this passes, since Medicaid fees are almost universally lower than Medicaid, the Senate language will mean the end of Medicaid copayments for the dual eligible patients.

This is not a pretty picture for doctors seeing nursing home patients or the elderly poor.

### You're Not Getting All of the Info You Need

As many doctors at the recent TX ACOFP convention realized, you are not getting all of the information you need from Medicare, Medicaid, CHAMPUS, GEHA, etc. If you rely strictly on what they send you, and this monthly column, you are missing out. For this reason, we encourage you to consider subscribing to our monthly newsletter at only \$195 per year. This newsletter gives you coding tips, collection policies, Medicare limited coverage rules, HCFA regulations on new codes, charging policies, etc. The subscription rate of \$195 per year breaks down to only \$16.00 per month. Just one article in the newsletter, which may educate you as to something you are giving away for free and for which you should actually be charging, may net you thousands of dollars a year more in your income. Don't let a nickel stand in the way of your making a dollar. Call us today at 1-888-Don Self.

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817-268-5864 or 800-491-5864  
Fax: 817-285-9541

## Student Associate Auxiliary News

By Shari Biery, SAA President

The Student Associate Auxiliary has been hard at work preparing for another busy year ahead. New officers were elected and committee chairmen were appointed in April. In May, we said farewell and thanks to our seniors at the senior luncheon. It sure was sad to see them go but we wish them well on their new adventures ahead. Nicky Knighton received the Donna Jones Morisugu Award, which recognizes a spouse of a graduating student who best exemplifies the role of a professional's partner, in being a person in his or her own right while being supportive of mate, family and profession. Congratulations, Nicky!

In June, several SAA members were able to help at the ATOMA/SAA booth at the TOMA Convention in Fort Worth. They all had a great time and enjoyed meeting some of the ATOMA members. SAA appreciates everyone who supported the "Romantic Evening" basket and the Polaroid pictures taken at the Sustainer's Party and the President's Banquet. Thanks!

June was also the time to meet to plan our calendar and budget for the year, as well as discuss new ideas for the year ahead. We have a wonderful year planned with fun events for everyone in the family.

July was our month to prepare for the fundraising events for the year. Our biggest fund-raiser, the lab and clinic coat sale, proved successful once again. We received orders for over 500 lab and clinic coats for the incoming students. We also met several times to make our crafts that will be sold at the national convention. Look for us during the AAOA House of Delegates meeting at the AOA Annual Convention in October.

SAA went to the Ranger's game for one last hooray before school got into full swing. We prepared for our August events, which included orientation week at the UNT Health Science Center for the incoming students. During that week, we held our orientation night, at which time we introduced spouses and significant others to SAA with a slide show and a panel discussion. Guest speakers were Dr. Arthur and Mrs. Dodi Speece, who introduced students and spouses to TOMA and ATOMA.

The highlight of August was the pool party held at Dr. Jim and B.J. Czewski's home. We appreciate all their support and had a great time!

SAA promises to have another busy and fun year with events planned all year around. SAA is strong because of the members who work countless hours to support the organization and profession. SAA has certainly earned the title awarded this year as the "Most Outstanding Student Organization of the Year" and will prove it again in the year ahead.

## Looking Ahead and Working Together

By Paula Bonchak, ATOMA Public Health and Education Chairman

Children are back in school, football season has kicked-off, and we all take a collective sign of relief. Summer activities are now precious memories and once again, it's time to re-charge, regroup and look ahead. We have so much excitement ahead of us! The AOA/AOA convention will be October 17-23 in San Antonio. This will be a wonderful opportunity to attend a national convention and also show our "Texas hospitality" to others! Our own ATOMA member, Rita Baker, will be chairperson of the AAOA Golf Tournament. Proceeds from "AAOA Fore You" will benefit the Auxiliary's mission to support osteopathic medicine in many ways. Let's work together to help Rita make this project a huge success. So, mark your calendar and make plans to be part of the festivities and show our TOMA/ATOMA support to osteopathic medicine as we welcome the national convention to Texas.

While you have your calendar in hand, look ahead to November. It's time to make plans for National Osteopathic Medicine Week (NOM Week). NOM Week will be November 2-8. Together we can make a commitment to promote and support osteopathic medicine throughout the state of Texas. The opportunities are endless and we can increase public awareness of osteopathic medicine in every community. I encourage each and every district to begin planning now. There are many ways to reach the public directly and indirectly.

Last year, one of the many highlights of NOM Week was a tour for 150 high school seniors to UNTHSC/TCOM. This opportunity introduced students to osteopathic medicine firsthand. Who knows, years from now one of those students may be in the graduating class from TCOM because of this experience. This program was so successful, we are planning to arrange a tour again this year. Please let me know if you would like to be a part of this event or if you have a special group of students who would enjoy the tour.

One goal I hope we can work together to accomplish is proclamations from every major city throughout Texas in recognition of National Osteopathic Medicine Week. We can accomplish this with every district's involvement. Make plans now and contact your local mayor's office.

Newspaper coverage and news articles are another way to reach the public. Local hospitals are a valuable resource to assist in public awareness and education. Meet with hospital administrators and work together to celebrate NOM Week. Bake sales at hospitals are an excellent way to offer information on osteopathic medicine and raise funds for your district. The TOMA office has information available to pass out and are always very helpful. Just give them a call and start baking cookies, brownies or

## GERIATRIC MEDICAL FELLOWSHIPS

University of North Texas Health Science Center of Fort Worth

The University of North Texas Health Science Center at Fort Worth (UNTHSC) is located in the cultural district of Fort Worth, Texas. UNTHSC, in partnership with the Baylor College of Dentistry in Dallas and the University of North Texas in Denton, offers two-year fellowships to osteopathic physicians in internal medicine and family medicine. Experiences include:

- ☐ *Clinical Rotations* through hospital service, ambulatory clinics, long term care facilities, and home-visits.
- ☐ *Research Opportunities* incorporating the interests of fellows in specialty areas of geriatric medicine and dentistry.
- ☐ *Administrative Training* that includes a junior medical directorship.
- ☐ *Curriculum Development and Instructional Strategies* for a variety of audiences.

Integrated didactics, formal course work, and clinical opportunities provide the foundation of the fellowship experience. Fellows have an opportunity to enroll in the MPH or DPH degree programs during fellowship.

Funded by the Bureau of Health Professions of the Department of Health and Human Services, stipends are determined by the number of years in post-graduate training and professional work history. Applicants must be U.S. citizens or permanent residents, be osteopathic physicians, and have at least three years of post graduate training or work-related experience. For further information contact Janice A. Knebl, D.O., F.A.C.P., Department of Medicine, Division of Geriatrics, 817/735-2108.

An EEO/Affirmative Action Institution

## National Provider Identifier Plans Delayed by HCFA Until 1998

The plans by the Health Care Financing Administration to begin using the National Provider Identifier (NPI) for processing Medicare claims are being delayed until some time in 1998.

The NPI will give each provider a unique identifier number for electronic and paper claims filing. In compliance with the Kassebaum-Kennedy insurance bill passed by Congress last year, the U.S. Department of Health and Human Services is required to adopt standards for specified transactions and data elements, including the NPIs. Upon adoption of the standards, most health plans will be required to comply within 24 months.

Originally scheduled for implementation on December 1, 1997, HCFA says implementation of the NPI is being delayed because the required publication of the Notice of Proposed Rulemaking in the Federal Register has been held up. Officials are projecting at least five months to publish the final regulations after the notice is published and at least another five months to implement NPIs in Medicare.

When NPIs are put into effect, Medicare claims cannot be processed without them and claims without NPIs will be rejected. Information about NPIs can be found on the HCFA Web site at [www.hcfa.gov](http://www.hcfa.gov).



## These Doctors Are Driving Free Cars From Nutrition For Life!



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Dr. Timothy & Christie Graupmann



Dr. Kurt Mechler



Dr. Paul Liechty



Dr. John Clark



Dr. Ray & Tuchia Adorable

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## Here's What Doctors Are Saying About Nutrition For Life!

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As an optometrist, I had to ask myself, was managed care going to help me achieve my financial freedom and allow me more time to enjoy my family? The answer was obviously no! Since I became involved in NFLI 16 short months ago, I am now earning thousands of dollars of monthly residual income part-time, I am driving a Grand sport Corvette for free and no longer have a single worry about managed care deciding my future.

*Dr. Robert Sherer, MT*

As a surgeon, I have to work very long hours everyday. So my wife and I can only work our NFLI business part-time. In a short period of time we are making a great monthly residual income, working less hours and driving a free car. If you'd like to take control of your life back, become healthier in the process and be around positive, motivated people, this is the business for you. This is an amazing opportunity. Don't let it pass you by!

*Drs. Neal & Linda Rogers, MT*

As the owner of two busy practices, I found that in many ways, the businesses owned me. Even though the income was nice, I did not have any free time to enjoy it. Now after only 18 months in NFLI, I have more time to spend with my wife and 6 children and we are enjoying a lifestyle most people only dream about. We now own a free Mercedes and a van through NFLI. Joining NFLI was definitely one of the best decisions we have ever made.

*Dr. Tim Graupmann, S.D.*

This is the only part-time business opportunity I have ever seen that makes sense for professionals. This is the retirement fund I could never afford to fund through my practice. I am making a monthly income that will continue long after I stop being a doctor. Every health care professional will be looking at this opportunity in the future.

*Dr. Russ Hauser, MD*

**To learn how you can benefit, call 1-800-200-9511. Ask For Dr. Bander or Dr. Sandknop.**

The above testimonials are individuals who do not necessarily represent what you will earn with Nutrition For Life.

# Postgraduate Training Locations for TCOM Class of 1997

## **Akron City Hospital - Summa Health System**

Akron, OH

Jon Thomas Beezley, D.O. (Emergency Medicine residency)

## **Atlantic City Medical Center**

Atlantic City, NJ

Camille Allison Goodspeed, D.O. (Internship)

## **Baptist Medical Center**

Oklahoma City, OK

Harish Charan Chintapalli, D.O. (Diagnostic Radiology residency)

## **Baylor Medical Center at Garland**

Garland, TX

Jeffrey Barrington Taylor, D.O. (Family Practice residency)

## **Carson City Hospital**

Carson City, MI

Vicki Sue DeBolt, D.O. (Family Practice residency)

## **Central Maine Medical Center**

Lewiston, ME

Brian Keith Knighton, D.O. (Family Practice residency)

## **Charlton Methodist Hospital**

Dallas, TX

Brian Thomas Spore, D.O. (Family Practice residency)

## **Children's Hospital at University of Missouri Hospital and Clinics**

Columbia, MO

Roger Devern Pruitt, D.O. (Pediatrics residency)

## **The Cleveland Clinic Foundation**

Cleveland, OH

Richard Maxwell Gaddis, III, D.O. (Internal Medicine residency)

## **Columbia Bay Area Medical Center**

Corpus Christi, TX

Michael Jerome Bratsch, D.O. (Family Practice residency)

Nancy Judith Eisen, D.O. (Family Practice residency)

Derek Adam Farley, D.O. (Family Practice residency)

John David Ledbetter, D.O. (Family Practice residency)

## **Columbia Hospital**

West Palm Beach, FL

Jerry Quinn Barton, D.O. (Internship)

Oanh Thi Nguyen, D.O. (Internship)

*continued on next page*

**Columbia Medical Center Dallas Southwest**

Dallas, TX

- Rebecca Wendell Daley, D.O. (Family Practice residency)
- Lisa Kay Gorman, D.O. (Internship)
- Urussa Arfoz Sarah Jabbar, D.O. (Family Practice residency)
- William Wayne Jones, D.O. (Family Practice residency)
- Christopher Jernard Perkins, D.O. (Internship)
- Tony Truong Pham, D.O. (Family Practice residency)

**Dallas/Fort Worth Medical Center**

Grand Prairie, TX

- Bryce Irving Benbow, D.O. (Internship/Orthopedics residency)
- Marian Kathleen Query, D.O. (Family Practice residency)
- Jacky Paul Short, D.O. (Family Practice residency)

**Dewitt Army Community Hospital**

Fort Bevoir, VA

- Daniel Keith Shuman, D.O. (Family Practice residency)

**Doctors Hospital**

Columbus, OH

- James Byron Davidson, D.O. (Internship/Orthopedics residency)
- Arnold Alexander Fikkert, D.O. (Internship)
- Michael Robert Malone, D.O. (Internship/Orthopedic Surgery residency)
- Robert Charles Treadwell, D.O. (Internship)
- Donald Wayne Wood, D.O. (Internship)

**Dwight D. Eisenhower Army Medical Center**

Fort Gordon, GA

- John Michael Burbidge, Jr., D.O. (Internship)

**East Tennessee State University**

**James H. Quillen College of Medicine**

Johnson City, TN

- Brian Keith Way, D.O. (Family Practice residency)

**Family Practice Residency of the Brazos Valley**

Bryan, TX

- Timothy Joe Hillbrick, D.O. (Family Practice residency)

**Great Plains Family Medicine Residency**

**Baptist Medical Center/Deaconess Hospital**

Oklahoma City, OK

- Larae Gail Stemmerman, D.O. (Family Practice residency)

**Greenville Hospital System**

Greenville, SC

- Melissa Ann Whitson, D.O. (Pediatrics residency)

**Iowa Lutheran Hospital**

Des Moines, IA

- Lori Lynn Spotsanski Miller, D.O. (Family Practice residency)

**John Peter Smith Hospital**

Fort Worth, TX

- Michael Lynn Bailey, D.O. (Family Practice residency)
- Karla Rae Dick, D.O. (Family Practice residency)
- Robert Steven Hanser, D.O. (Family Practice residency)
- Mark Robert Klein, D.O. (Family Practice residency)
- David Kendall Meredith, D.O. (Family Practice residency)

**Johns Hopkins University Sinai Hospital**

Baltimore, MD

- Justin Garth Rosemore, D.O. (Internal Medicine residency)

**Louisiana State University/Tulane Medical Center**

**Charity Hospital**

New Orleans, LA

- Stephen Bradley Sellers, D.O. (Emergency Medicine residency)

**Mayo Clinic Graduate School of Medicine**

Rochester, MN

- Grant William Tarbox, D.O. (Family Practice residency)

**Medical Center of Delaware**

Newark, DE

- Robert Douglas "Skip" Hagan, Jr., D.O. (Emergency Medicine residency)

**Methodist Hospitals of Dallas**

Dallas, TX

- Cathryn Darlene Robbins, D.O. (Family Practice residency)
- Sayed Alireza Zarabadi, D.O. (Internal Medicine residency)

**Metropolitan Hospital**

Grand Rapids, MI

- Donald Lynn Tribbey, D.O. (Internship)

**Midwestern University - Chicago College of Osteopathic Medicine**

Olympia Fields, IL

- Carl Albert Piel, Jr., D.O. (Internship)

**Mount Clemens General Hospital**

Mount Clemens, MI

- Michael Lee Thornton, D.O. (Internship)

**Nova Southeastern University College of Osteopathic Medicine/North Broward Hospital**

Fort Lauderdale, FL

- Robert Gregory Roach, D.O. (Family Practice residency)



**Osteopathic Medical Center of Texas**

Fort Worth, TX

- Dan Thomas Dayberry, D.O. (Family Practice residency)  
Kevin Wayne Finley, D.O. (Family Practice residency)  
Scott Andrew Hees, D.O. (Internship)  
Mickey Lynn Hooper, D.O. (Obstetrics/Gynecology residency)  
Donald Ray Klinger, D.O. (Family Practice residency)  
Darryl Gavin Meyer, D.O. (Internship)  
Anthony Kiem Nguyen, D.O. (Internal Medicine residency)  
Martin Mehrdad Pourkesali, D.O. (Family Practice residency)  
Christopher Calmer Pratt, D.O. (Family Practice residency)  
Susan O'Brian Weathers, D.O. (Family Practice residency)

**Philadelphia College of Osteopathic Medicine**

Philadelphia, PA

- Tom Lawrence Sharp, D.O. (Internship)

**Riverside Regional Medical Center**

Newport News, VA

- Jeffrey Duncan Morrison, D.O. (Obstetrics/Gynecology and Family Practice)

**Saint Anthony Hospital**

Oklahoma City, OK

- Matthew Michael Glick, D.O. (Family Practice residency)

**Saint Joseph Hospital**

Houston, TX

- Sherief Y. Boctor, D.O. (Family Practice residency)

**Saint Joseph's Hospital and Medical Center**

Phoenix, AZ

- Angela Michelle Gibson, D.O. (Family Practice residency)

**Saint Vincent Hospital**

Worcester, MA

- Kuo Wei Lan, D.O. (Internal Medicine residency)

**Saint Vincent Mercy Medical Center**

Toledo, OH

- Jay Crossette Chanmugam, D.O. (Internship)

**Scott and White Memorial Hospital**

Temple, TX

- Leslie Allen Barkis, D.O. (Family Practice residency)  
Michael Louis Capuano, D.O. (Internal Medicine residency)  
Robert Frederick Denyer, D.O. (Internal Medicine/Pediatrics residency)  
Pamela Santone George, D.O. (Family Practice residency)  
Kelly Ann Miller, D.O. (Pediatrics residency)  
Christa Edwards O'Leary, D.O. (Family Practice residency)  
Ilaina Stacy Shook, D.O. (Psychiatry residency)  
James Thomas Sing, Jr., D.O. (Internal Medicine residency)

**Texas Tech University Health Sciences Center**

Lubbock, TX

- Jennifer Lynn Phy, D.O. (Obstetrics Gynecology residency)  
Michael Pierre Phy, D.O. (Internal Medicine residency)

**Tulsa Regional Medical Center**

Tulsa, OK

- Beth Ann Miller, D.O. (Internship)

**University of California - Davis**

Sacramento, CA

- Mindy Michelle Plotkin, D.O. (Obstetrics/Gynecology residency)

**University of Iowa Hospitals and Clinics**

Iowa City, IA

- William Anderson Stutts, D.O. (Internal Medicine/Psychiatry residency)

**University of Texas Health Science Center - Houston**

Houston, TX

- Charles Scott Moreland, D.O. (Pediatrics residency)  
Sveta Singh, D.O. (Family Practice residency)

**University of Texas Medical Branch at Galveston**

Galveston, TX

- Jody Morse Griswold, D.O. (Internal Medicine residency)

**U.S. FamilyCare Medical Center**

Montclair, CA

- Colleen Leslie Sam, D.O. (Internship)  
Peter Jon Stoops, D.O. (Internship)

**Washington University/Barnes Jewish Hospital**

Saint Louis, MO

- James Patrick Devney, D.O. (Physical Medicine and Rehabilitation residency)

**Western Reserve Care System**

Youngstown, OH

- Michael Allan Moisan, D.O. (Internal Medicine/Pediatrics residency)

**Wilford Hall Medical Center**

Lackland Air Force Base, TX

- David Gregory True, D.O. (Internal Medicine residency)

**Wilson Memorial Regional Medical Center**

Johnson City, NY

- Vanessa Quantance Gregory, D.O. (Family Practice residency)

Postponing residency 1 year: Lisa Diane Behl Alloju, D.O.

## PHYSICIANS WANTED

**WEST TEXAS - SHANNON HEALTH SYSTEM - IM** - Join seven internists for outpatient and inpatient responsibilities in multispecialty Shannon Clinic in San Angelo, university city of 85,000. FP - Family Medical Center in Big Spring - Busy RHC in town of 25,000. Reply to Joyce Duncan, System Recruiter at 800-822-1773, fax CV to 915-659-7179 or E mail to joyceduncan@shannonhealth.com. (03)

**WANTED: HMO REVIEWERS** - The Texas Department of Insurance is developing a database of specialty providers willing to perform independent reviews of complaints against HMOs. Providers in the following specialties are needed: cardiology, orthopedics, pediatric orthopedics, obstetrics/gynecology, internal medicine, dermatology, pediatrics, emergency medicine, neurology, pediatric neurology, psychiatry, neonatology and endocrinology. Case files would be sent to participating physicians, and the independent reviews would take between two and four hours. In the event of a regulatory action against the HMO, reviewers would provide expert testimony. The rate is \$60 per hour. If interested in becoming a reviewer, call Stephanie Gordon at the Texas Department of Insurance at 512-475-1994. (08)

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**RADIOLOGIST:** BC/BE Interventional radiologist needed to join growing practice of 8 radiologists in Texas. Would prefer fellowship training in Interventional or Neurointerventional. Primary responsibility would be in Special Procedures with

some general diagnostic radiology. Full benefit package with liberal CME and vacation time. Salary commensurate with experience. Direct CV and inquiries to Richard Schellin, D.O., Department of Radiology, OMCT, 1000 Montgomery St., Fort Worth, TX 76107; 817-735-3220. (15)

**HILL COUNTRY** - Established and flourishing Women's Health & Fitness Center in Boerne, Texas, searching for dynamic, motivated D.O., GYN or Cosmetic Surgeon. Opportunity as working partner or straight office lease available. Need is immediate...patients are waiting. Call Phyllis today - 210-816-2946 or 210-249-9063. (18)

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**DALLAS/FORT WORTH** - Physician Opportunity to work in low stress, office based practice. Regular office hours. Lucrative salary plus benefits. No call, no weekends, and no emergencies. Please call Lisa Abell at 800-254-6425 or FAX CV to 972-256-1882. (25)

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**FAMILY PRACTICE D.O.s** - Practice opportunities for physicians at 54-bed

facility in beautiful Tyler, Texas. Active staff of over 30 physicians with 8 specialties represented. Office space available near hospital or may share established very active practices in communities near Tyler. Outlying clinics located in 4 nearby communities. P.H.O. with approximately 120,000 insured individuals. Hunting, fishing, watersports, country clubs, university, junior college, many recreational facilities, civic and social opportunities. Contact Olie E. Clem, C.E.O., at 903-561-3771. (52)

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

## MISCELLANEOUS

**FOR SALE** - McMannis table that has been used continually for 42 years. Green Naugahyde upholstery in excellent condition. Price: \$450. Buyer must move it by October 31, 1997. Contact Cal R. Nelson, D.O., in San Antonio at 210-822-0232. (05)

**MEDICAL ANTIQUES** - Surgical, diagnostic, therapeutic instruments; medical quackery, etc. Showcases 10/11, 2601 Montgomery Street Antique Mall, Fort Worth; or Perry Singleton, 817-277-9358; psing6@ix.netcom.com. Free inventory list; satisfaction guaranteed. (10)

**WANTED:** used McManis table, Therapy equipment or X-ray equipment. Call or write: Donald L. Dingle, POB 118, Atoka, OK 74525; 405-889-3338 or 405-889-6457. (12)

**FOR SALE** - Late model MA X-ray and processor with view box and accessories; hydraulic stretcher; transport stretchers; Coulter counter and diluter; storage cabinets; office desk; assorted other items - very good condition. Contact: Dr. Glen Dow or Office Manager, 817-485-4711. (48)

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# **DEAN, JACOBSON FINANCIAL SERVICES, LLC**

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DEAN, JACOBSON FINANCIAL SERVICES, LLC has helped physicians reach and exceed their financial goals for years. Whether your needs are protecting wealth, accumulating wealth, or both, we are uniquely equipped to serve those needs.

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