

# *Happy Holidays*

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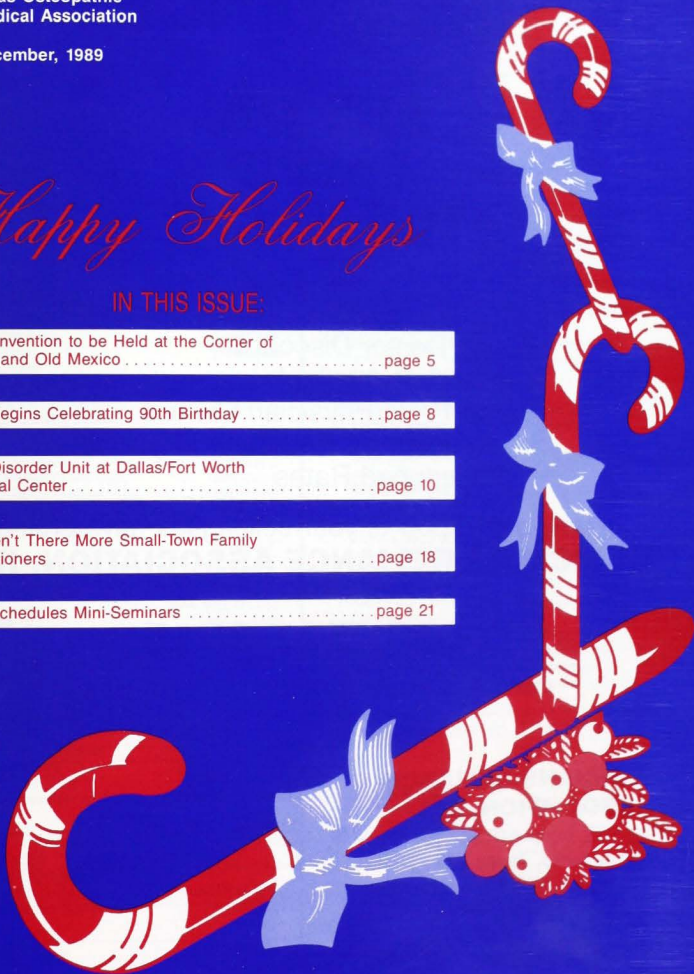
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## For Your Information

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| American Osteopathic Association          | 312/280-5800          |
|   | 800/621-1773          |
| Washington Office                         | 202/544-5060          |
|   | 800/962-9008          |
| American Osteopathic Hospital Association | 703/684-7700          |
| Professional Mutual Insurance Company     | 800/821-3515          |
| Risk Retention Group                      | 816/523-1835          |
| TOMA Malpractice Insurance Program:       |                       |
| For Premium Rates,                        | 800/366-1432          |
| Enrollment & Information                  | 817/735-2000          |
| Texas College of Osteopathic Medicine     | Dallas Metro 429-9120 |

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

|                                      |              |
|--------------------------------------|--------------|
| Texas Medical Foundation             | 512/329-6610 |
| Medicare/CHAMPUS General Inquiry     | 800/999-9216 |
| Medicare/CHAMPUS Beneficiary Inquiry | 800/777-8315 |
| Medicare Preprocedure Certification  | 800/666-8293 |
| Private Preprocedure Certification   | 800/666-9225 |

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|                                       | Dallas Metro 429-9755 |
|                                       | in Texas 800/444-TOMA |

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

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| Drug Enforcement Administration: |                       |
| For state narcotics number       | 512/465-2000 ext 3074 |
| For DEA number (form 224)        | 214/767-7250          |
| CANCER INFORMATION:              |                       |
| Cancer Information Service       | 713/792-3245          |
|                                  | in Texas 800/392-2040 |

# Texas DO

Texas Osteopathic  
Medical Association

December 1989

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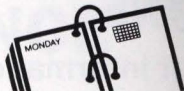
Tom Hanstrom, Editor  
Diana Finley, Associate Editor  
Lydia Anderson Smith, Staff Writer

Viva  
El Paso



MAY 3-5, 1990

## Calendar of Events



### JANUARY

11

*Presidential Visit*  
District VII Meeting  
Contact: Larry Lewellyn, D.O.  
512/447-0707

12

*Presidential Visit*  
District XVII Meeting  
Contact: Timothy Werner, D.O.  
512/695-3501

18

*Presidential Visit*  
District II Meeting  
Contact: Suzanne Reeves  
817/735-3543

*TOMA Mini-Seminar*  
"Risk Management in  
Psychiatric Practice"  
Location: Psychiatric Institute  
of Fort Worth  
Speaker: Edward Luke, D.O.  
Hours: 3 hours Category I-A  
Fee: \$35.00 (dinner included)  
Contact: TOMA Headquarters  
817/336-0549

### FEBRUARY

2-3

"Making Manipulation Specific"  
"Manipulative Medicine  
Experience  
"Rural Health Initiatives for  
the 1990s"  
TCOM: Med Ed 2, Kiva  
Classroom  
Fort Worth  
CME Hours: 16 Category I-A,  
AOA  
Fee: \$200  
(see ad — this issue)  
Contact: Tracey Delk  
TCOM - Dept. of CME  
817/735-2539

10

*TOMA Board of Trustee's Meeting*  
226 Bailey Avenue  
Fort Worth

### APRIL

16

*Presidential Visit*  
District XII Meeting  
Contact: John Garner, D.O.  
409/962-0351

17

*Presidential Visit*  
District VI Meeting  
Contact: Sharon Olson, D.O.  
713/981-5211

### MAY

1

*TOMA Preconvention*  
Board of Trustee's Meeting  
Westin Paso del Norte  
El Paso

2

*TOMA House of Delegate's  
Meeting*  
Westin Paso del Norte  
El Paso

3-5

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

5

*TOMA Postconvention*  
Board of Trustee's Meeting  
Westin Paso del Norte  
El Paso

6

*Risk Management Seminar*  
(5 Hours)  
Westin Paso del Norte  
El Paso  
Contact: TOMA Headquarters  
817/336-0549



# Join Us At the Corner of Texas And Old Mexico — El Paso, Site of TOMA's 1990 Convention And Scientific Seminar



## Viva El Paso!

Although a mere hundred years ago, El Paso was a brawling, wild west boom town, the colorful heritage derived from its earliest beginnings has survived for over 400 years and is evident to even the most casual observer.

The first Europeans arrived in El Paso in 1581, nearly a quarter of a century before the settlements at Jamestown and Plymouth. In 1598, the Spanish conquistador Juan de Onate found a ford across the Rio Grande which he named El Paso del Norte, which means the pass of the north. This ford became important when settlements were begun in Mexico and when the town of Santa Fe was founded in 1609. The river crossing was a key point on the often used road to the new settlements.

The Spanish and Mexican flags flew over El Paso long before the Rio Grande was designated to divide the cities of El Paso and Juarez into two separate countries. Since 1848 the U.S. and Mexico have shared the Rio Grande as a boundary.

As with many Texas towns, competition for a railroad was fierce but understandable since railroads provided towns with a fighting chance to grow into a trade center. Some towns gave money to get a railroad company to lay tracks and some towns

even moved, buildings and all, in order to be on a rail line. El Paso, one of the lucky ones, began to grow with the help of the Southern Pacific Railroad.

The westernmost city in Texas, El Paso seems more related to its Mexican sister city of Juarez than to the rest of the state. Surrounded by desert, the two cities share both a Spanish heritage and an economy based on agribusiness, manufacturing, transportation and the clothing industry.

The beauty of the town lies in its infinite contrasts: from modern office buildings to centuries-old mission bells still calling the faithful; from rugged Rockies to sand dunes to a tree-lined river; from headliners at the Civic Center to ancient tribal Indian dances; and from mountain trails to modern, super highways. Variety is as dramatic as the meeting of the two ways of life. El Paso is English and Spanish in language, American and Mexican in culture.

El Paso has worked its way from a cowtown into a massive commerce and banking center. The population stands at about 537,000; 950,000 is the approximate population of Juarez. Famous for its sunny days and mild year-round temperatures, El Paso's average May temperature is a high of 94 degrees with a low of 67. The sun has failed to shine only 51 days in the last 22 years.

With its strong Spanish influence, El Paso has diverse cultural and recreational attractions. The oldest missions in Texas are located along the Rio Grande, and museums, art galleries and shopping opportunities on both sides of the border attract many visitors. With Juarez just across the Rio Grande, the El Paso area is part of the largest urban area on the U.S.-Mexico border.

There is entertainment for everyone, whether it is a stroll through the missions, or a visit to the Fort Bliss replica of the Army post that stood guard in El Paso's famous frontier days along with today's weaponry. Additionally, almost every sport can be found in El Paso/Juarez; horse racing, dog racing, bullfights, baseball, football or basketball. Several courses provide year-around golf and tennis, hiking, horseback riding and camping are other popular pastimes.

Thanks to its sister city, Juarez, El Paso is a two-nation destination with a unique flavor of the past and present blended together, a great place for the TOMA annual convention, May 3-5, 1990. We think you'll be very pleased with the experience of it all.

According to one wise El Pasoan: "If you wear out one pair of shoes in El Paso you will never leave." Need we say more? ■

# Introducing TOMA's 1990 Program Chairman



Tackling the complex task of compiling topics and speakers to fulfill the CME portion of TOMA's 1990 convention is James E. Froelich, III, D.O., of Bonham.

Dr. Froelich is a 1981 TCOM graduate and served his internship at Sun Coast Hospital, Largo, Florida. He established a general family practice in Bonham

in 1983 where he is still practicing. He is an aviation medical examiner and is on the staff of Northeast Medical Center in Bonham.

Some of his numerous memberships include the AOA; AAOA; ACGP; Texas Society of ACGP; and TCOM Alumni Association. He has served as president of TOMA District XIII since 1984 and is the vice chairman of the TOMA Physicians Assistance Program.

The theme of the educational portion of TOMA's 1990 convention will be "The Future Trend of Medicine in the 1990s."

According to Dr. Froelich, topics to be discussed include: *Dermatology for the Primary Care G.P.; Management of Acute M.I.; Downside of Hypertension Therapy on the Kidney; Lipid Lowering Agents/General; Lipid Lowering Agents/Future Treatments; ACE Inhibitors, New Uses and Future Trends; Ace Inhibitors, Isolated Systolic Hypertension; Insulin Resistance States as Mechanism for Hypertension; AIDS, Future Treatments and Medications; AIDS, a General Discussion; Quinalones, Future Trends in Antibiotic Therapy; Treatment of COPD; Treatment of Ventricular Arrhythmia in the '90s; Ventricular Arrhythmia Pathophysiology; Future Trends in Neonatology to Include Exogenous Surfactant; Update on Management of Septicemia; Use of Calcium Channel Blockers in the Treatment of Hypertension; and NSAIDS.*

The American Diabetes Association will offer five hours dedicated to the diagnosis and treatment of diabetes.

Additionally, John Sortore of the TOMA staff will ramrod the Risk Management portion of the educational seminar on Sunday, May 6. A total of five hour risk management can be obtained and physicians will be given certificates for attendance. As you are aware, House Bill 18, the Omnibus Health Care Rescue Act, as passed by

the 71st Texas Legislature, makes 15 hours of risk management a mandatory requirement in the State of Texas in order for physicians to take advantage of the premium reduction and the state liability indemnification program.

All in all, says Dr. Froelich, this should prove to be a most beneficial program to help physicians meet the challenges of future trends in medicine.

As it now stands, Dr. Froelich is anticipating a possible total of 26 Category I-A CME credits from the AOA for attending the TOMA convention. Please note that of this total, three hours are obtained by visiting and registering with all exhibit booths.

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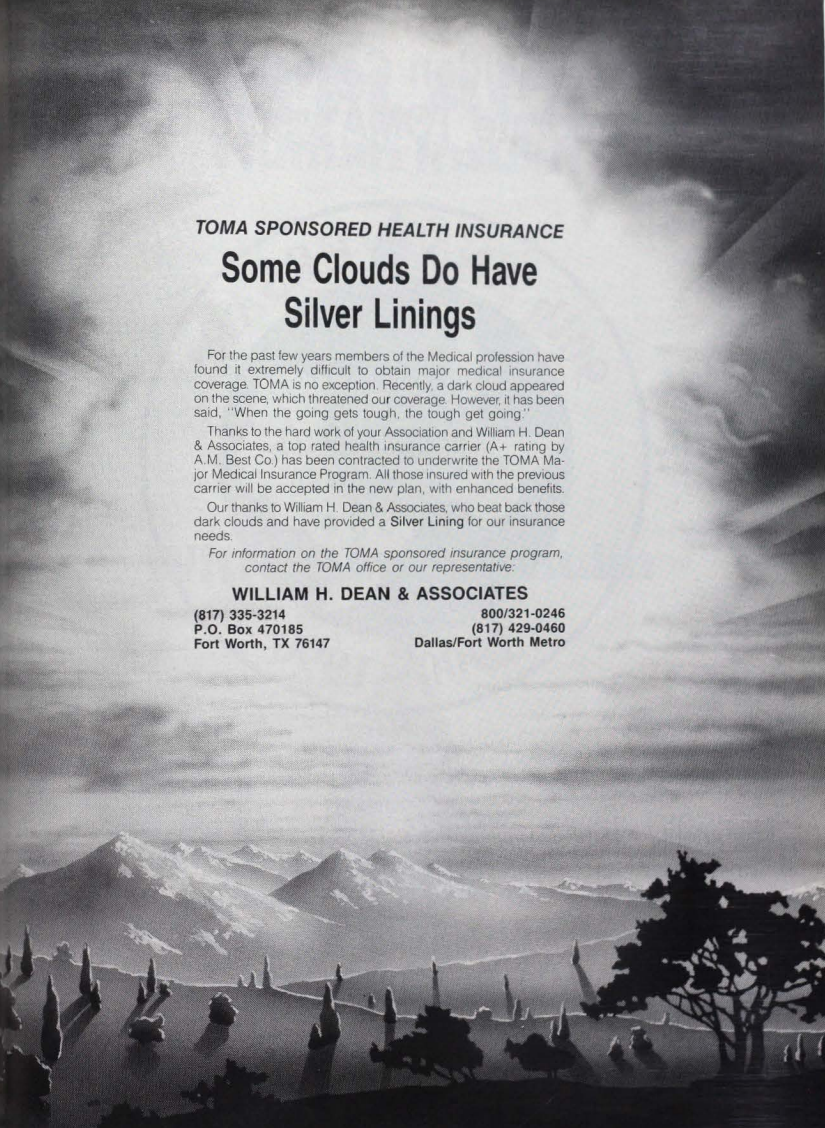
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# Limited Edition Collector Plates Commemorate TOMA's 90th Birthday



The year 1990 signifies the 90th anniversary of the Texas Osteopathic Medical Association, which was founded in Sherman, Texas in 1900.

To commemorate this special event, a limited number of special collector plates have been produced. These beautiful plates, 7½ inches in diameter, are made of fine chinaware, and feature TOMA's logo and the dates 1900-1990. They are brilliantly colored in red, white and blue.

These unique plates are sure to become a treasured heirloom and, as already stated, only a limited number have been produced.

Help celebrate the 90th anniversary of TOMA by ordering your plate now at the low cost of \$15, which includes shipping and handling charges. The plates are available only by completing the order form and returning it and your check (made payable to TOMA) to the TOMA office.

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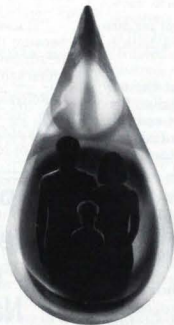
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# Eating Disorder Unit at Dallas/Fort Worth Medical Center - Grand Prairie Program Treats Anorexia, Bulimia

Eating disorders are a major health problem for men and women and, for those suffering from such a disorder, it sometimes is a matter of life and death.

Help is now available for those people at the new Rader Institute Eating Disorder Unit at Dallas/Fort Worth Medical Center in Grand Prairie. The 14-bed unit, located on 3-South, is the fourth of its type in Texas and 18th in the nation. Since its opening in January 1989, approximately 100 people have been treated.



Joyce L. Stroud, D.O.

Serving as Medical Director of the Unit is Joyce L. Stroud, D.O., who says successful treatment of eating disorders is provided in a supportive environment, enabling the affected person and their family to develop a lifelong program of recovery. Dr. Stroud, a 1984 graduate of Ohio University College of Osteopathic Medicine, is the only osteopathic Medical Director of a Rader Institute Eating Disorder Program. Nancy Matula, MS, M.Ed., is the newly appointed Program Director.

In a keynote address to over 300 people who attended the Unit's opening celebration in March 1989, Dr. William Rader, founder of the Rader Institute, told the crowd, "If a doctor treats only the fever of a patient with pneumonia, the pneumonia would remain and the fever would return and may even be higher. The treatment of only the fever is a waste of time. Ninety-six percent of people who have an eating disorder, who attempt to control their weight without treating the disease, end up gaining back the weight plus additional pounds."

Dr. Rader, a psychiatrist, is a nationally renowned expert in the treatment of compulsive behavior. In the early 1970s, while integrally involved in the treatment of chemical dependency, he recognized that eating disorders are a disease that, like alcoholism, cannot be controlled by will power alone. He developed a multi-disciplinary family systems approach that is successfully used in the treatment of eating disorders.

As Medical Director, Dr. Stroud supervises all medical aspects of all patients, detailing an enormously wide range of responsibilities. Besides her role at the Unit, she also has a private family practice at Mid-Cities Health Care Center in Grand Prairie. Her memberships include TOMA; Texas Society of ACGP; American Osteopathic Association; and the American College of General Practitioners.

"It's very satisfying to treat eating disorder patients because they improve so much during their inpatient treatment program. The changes that occur are remarkable," notes Dr. Stroud.

Referring physicians have the option of following their own patients. For more information about D/FW Medical Center's Eating Disorder Program, available on an in or outpatient basis, please call 214/647-5340. ■

## Periodic Binge Eating Reported by One-Fourth of Young Women In Nationwide Gallup Poll

\* A Gallup survey of women ages 19 to 39 found that one woman in ten (10 percent) indulges in food binges more than once a month. One in six (16 percent) goes on a binge once a month or less, and one in sixteen (six percent) does so at least once a week.

\* To compensate for these binges, the survey found, almost half the women suffering from this eating disorder resort to extreme measures such as fasting, strenuous exercising, taking purgatives or self-induced vomiting.

\* The survey also found that roughly 2 million young women have suffered from the symptoms of anorexia nervosa or bulimia nervosa.

\* Victims of anorexia nervosa deliberately starve away 15 percent or more of their normal body weight. An estimated 15 percent to 20 percent of anorexics die prematurely due to complications of their illness.

\* Bulimia nervosa is a syndrome in which sufferers eat as much as 20,000 calories in one sitting, and then compensate by self-induced vomiting or use of laxatives. Complications of bulimia include damage to the heart and reproductive system, kidney problems, and ulcers of the intestinal tract.

*(Survey findings based on telephone interviews with representative national cross-section of 510 women, ages 19-39, conducted August 5-8, 1985. Survey sponsored by Comprehensive Care Corporation. For results based on sample of this size, the error attributable to sampling and other random effects could be five percent in either direction.)*

# Bonus for Early Submission of TOMA Dues

TOMA members will have an added incentive to pay membership dues early this year — their names will be included in a drawing for a complimentary trip for two to Las Vegas. The lucky winner will be treated to three days and two nights at a luxury hotel, as well as two roundtrip coach tickets from American Airlines, to depart from Dallas/Fort Worth.

To enter this drawing, pay your 1990-91 TOMA dues (in full) by March 1, 1990. Please note that in order to be eligible, your check **MUST** be received at the State office prior to March 1 or in that day's mail. For those interested in being included in the drawing, we would advise mailing as early as possible, as the USPS's system of delivery is oftentimes quite confusing.

Las Vegas, the popular tourist resort and convention center dotted with luxury high-rise hotels and glittering gambling casinos, does not need much of an introduction to most individuals. The city's name, Spanish for "the meadows," is indicative of grassland seen along spring-fed desert streams, as viewed by the early Spanish explorers in the area. The Mormons were the first settlers in Las Vegas, maintaining a colony from 1855-57. In 1864, Fort Baker was erected by the U.S. Army in an effort to guard a route to California, and the emergence

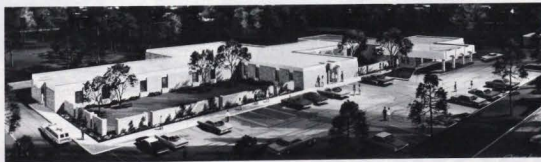
of the railroad in 1905 firmly established the modern community.

It is interesting to note that the Nevada State Legislature legalized gambling as well as permitted six-week divorces in 1931, in an effort to counteract the economic crisis wreaked by the Great Depression. Thus, in the following years, hotels and dude ranches were constructed for people from out-of-state seeking quick divorces, while famous entertainers appearing in the casinos began attracting hordes of tourists. Las Vegas began experiencing a tremendous growth in the 1940s, eventually becoming one of the country's most popular tourist and entertainment centers.

The drawing will be held on Fun Night during the TOMA convention, and the trip will be valid one year from March, 1990. The average annual temperature in Las Vegas is a comfortable 66 degrees so if "gambling fever" abates, the temperature will be conducive for outdoor activities. A word of advice: for those hooked on the "one-armed bandits," rest and/or change arms periodically — otherwise, hope there's a D.O. in the house!

Remember, send in your 1990-91 membership dues prior to March 1 and you may be the lucky winner. ■

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# Texas ACGP Update

By Texas ACGP Editor

As 1989 rapidly comes to a close, I would like to thank the Texas ACGP membership for their support. The Texas ACGP works hard to address those medical issues that impact on Texas osteopathic general practitioners. We would welcome your continuous support in 1990.

At this time, there are several issues that need to be brought to your attention.

First, there seems to be a little confusion regarding the way physicians are required to handle "Dangerous Drugs" in Texas. The Texas Department of Public Safety Narcotics Service requires:

- 1) The invoice or documentation for acquired samples must be kept on file for two years from the date of the acquisition of the samples.
- 2) Documentation on the patient's chart of the amount of dangerous drugs administered or dispensed is required.
- 3) A record of old or outdated drugs that are destroyed must be maintained for two years from date of disposals.
- 4) Upon request, the physician must make all dangerous drugs in his or her possession available for inventory to an officer or agency official.

The above system allows an accurate assessment of all sample drugs received, disposed of, and on hand for any two year period. Remember, the policy on "Dangerous Drugs" is a separate and distinct policy from that of "Controlled Drugs."

Secondly, the rules dealing with the "Authority of Physicians to Supply Drugs" were recently published in the *Texas Register* for comment on 11-10-89. The integration of the provisions of Senate Bill 788 dealing with sample drugs is included in the proposed new language. We encourage our membership to comment on the proposed new language, if they so desire, by writing to the Texas State Board of Medical Examiners in Austin.

By the time you read this issue of the *Texas DO*, I hope that the Texas Legislature, which is meeting in special session in November of this year, has resolved the Worker's Compensation problem. It is important that Texas physicians have the authority, by statute, to: 1) determine what is and what is not work-related health care; and 2) have the right to charge patients for non-work-related health care. Let us hope that the Texas Legislature will approve legislation that will be equitable to all parties involved in the Worker's Compensation controversy.

Over the past year, several physicians have commented on the attractive Texas ACGP lapel pinette/tie tac worn by many Texas ACGP members. It is a one-tenth single gold-filled pin, measuring three-fourths of an inch by one and one-half inches, and red, white, and blue colors. It is available for purchase at a cost of \$20 to Texas ACGP members and \$25 to non-Texas ACGP members. It would make an excellent holiday gift. Those interested parties can contact: T. R. Sharp, D.O., FACGP, at 4224 Gus Thomasson Road, Mesquite, Texas 75150 or call him at his office, (214) 279-2453.

On behalf of the Texas ACGP officers, trustees, and ex-officio members, I would like to wish everyone happy holidays, good health, and prosperity in the coming year. ■

## PMICRRG News

A special meeting of policyholders called by the Board of Directors of Professional Mutual Insurance Company Risk Retention Group (PMICRRG), was held November 17 in Kansas City, Missouri. The meeting was called for the purpose of approval of transfer of the business from PMICRRG to Professional Medical Insurance Company (ProMed), a subsidiary company formed by PMICRRG.

The transfer was approved by PMICRRG policyholders. It is now possible for policies to be transferred to ProMed in states where ProMed is currently licensed, and transferred as soon as practicable in those states where ProMed becomes licensed in the future.

This transaction will enable policyholders to be protected by the state's guaranty fund, and ProMed will be subject to the various state regulations including prior rate approval in some states.

ProMed is a standard insurance company already licensed in 10 states which include: Missouri, Arizona, Iowa, South Dakota, Indiana, Wyoming, Nebraska, North Dakota, Colorado and South Carolina. Applications are currently pending in 10 additional states, including Texas. ■

# TCOM Hosts International Symposium On Cholesterol and Heart Disease



Andras B. Lacko, Ph.D.



P. Haydn Pritchard, Ph.D.

An international symposium to discuss important new developments in the function of high density lipoproteins (HDL) in preventing coronary heart disease was held November 11-12, 1989, at Texas College of Osteopathic Medicine.

More than 100 researchers and scientists, including participants from Sweden, France, Italy, Australia, Israel, Canada and other foreign countries, attended the International Symposium on Reverse Cholesterol Transport and Coronary Heart Disease, the first conference of its kind held in the U.S. The symposium was co-sponsored by TCOM and the University of British Columbia, Vancouver, B.C., Canada. The conference was endorsed by the American Heart Association.

Co-organizers of the event were Andras B. Lacko, Ph.D., and P. Haydn Pritchard, Ph.D. Dr. Lacko is a professor in the Department of Biochemistry at TCOM. His research has chiefly focused on one of the components of reverse cholesterol transport; the enzyme lecithin cholesterol acyltransferase (LCAT). Those studies have centered around the structure and function of LCAT and its interaction with high density lipoproteins. Dr. Lacko has received more than \$1 million in extramural research support for his work from such eminent groups as the American Heart Association, the National Institutes of Health and the Council for Tobacco Research.

Dr. Pritchard is an associate professor in the Department of Pathology at the University of British Columbia in Vancouver, Canada. His research has focused on the study of lipoprotein metabolism with a particular

emphasis on patients with lipoprotein deficiency syndromes. Dr. Pritchard has been honored as a scholar by the British Columbia Health Care Research Foundation and has received extensive research funding from the Canadian Heart Foundation.

Prior to the event, Dr. Lacko noted, "While we understand the biological basis for why low density lipoprotein-cholesterol is bad for us, we have really very little detailed information to explain why high density lipoprotein-cholesterol is good for us. The purpose of the symposium is to provide a forum for the exchange of ideas, particularly unpublished recent findings in this area."

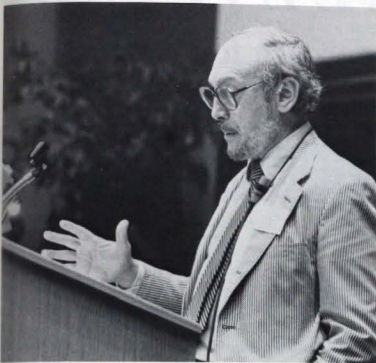
Dr. Lacko also explained, "The benefits of good (HDL) cholesterol are clearly established. There is a very significant decrease in the incidence of coronary heart disease as high density lipoproteins increase in the blood. Unfortunately, we know next to nothing about HOW the good cholesterol protects us against coronary heart disease. We are at the point where we must try to develop a road map for further work and try to identify goals that would be practical to reach, both in the laboratory and with patients."

A recent analysis of a federal survey indicates more than one-third of American adults need to lower their blood cholesterol because they are at a high risk of coronary disease. Coronary disease is the nation's leading killer, claiming more than a half-million lives a year.

Dr. Lacko said the international symposium at TCOM was the first time that researchers in the specialization of reverse cholesterol transport and coronary heart disease had come together in the United States. Three-fourths of the symposium was devoted to the research aspects of high-density lipoprotein and reverse cholesterol transport; the remainder concerned the medical facets. Reverse cholesterol transport (RCT) is a process in which high density lipoproteins function jointly with an enzyme and a protein to facilitate the clearance of cholesterol from the plasma or fluid portion of the blood. ▶



The symposium attracted the principal investigators of the leading research groups around the world.



Daniel Steinberg, M.D., Ph.D.

Among the major presenters was Daniel Steinberg, M.D., Ph.D., considered to be among the top researchers in cholesterol and heart disease. Dr. Steinberg is a professor of medicine and co-director of the Division of Endocrinology and Metabolism at the University of California, San Diego. He also serves as director of the university's Specialized Center of Research on Arteriosclerosis. He was also chairman of the National Institutes of Health Consensus Development Panel that was responsible for establishing many of the widely accepted practices for detecting and treating elevated cholesterol levels.

Other major presenters at the symposium included George H. Rothblat, Ph.D., chairman of the Department of Physiology/Biochemistry at the Medical College of Pennsylvania in Philadelphia; and Christopher John Fielding, Ph.D., professor of cardiovascular physiology at the University of California School of Medicine and Cardiovascular Research Institute in San Francisco.

The first session on Saturday morning concerned high density lipoprotein metabolism, the mechanism where HDL molecules help to facilitate the removal of excess cholesterol from tissues.

The Saturday afternoon session focused on lecithin:cholesterol acyltransferase (LCAT), an enzyme that helps to "lock" the transported cholesterol inside the lipoprotein particle. New research on how the enzyme works and how it interacts with the lipoprotein carriers was discussed.

The third session on Sunday morning involved discussion of lipid transfer proteins that facilitate the transfer of cholesterol from HDL to other lipoprotein carriers. The carriers steer the cholesterol towards the liver for eventual elimination from the blood plasma. The latest

findings regarding the mode of action of the protein factors were reviewed.

The fourth and final session on Sunday afternoon, the clinical aspects of reverse cholesterol transport, examined the latest findings about diagnosis and treatment of coronary risk, including low HDL levels as risk indicators. Additionally, recent studies with cholesterol-lowering agents and their effects on the structure and function of HDL were related. ■

## Facts On Cholesterol And High Density Lipoprotein

- ☐ Cholesterol is a white, waxy substance unlike fat — which is yellowish and oily.
- ☐ The body uses cholesterol to make hormones, digestive bile and the "skin" of cells. Ounces of cholesterol are distributed to every organ of the body via the bloodstream.
- ☐ The body manufactures cholesterol, but it can also be obtained through the animal products, such as butter, cream, cheese, meat and eggs.
- ☐ The amount of cholesterol and fat taken in from these products can cause the body's cholesterol level to rise. Cholesterol sacs can then build up on arterial walls, which can slow or block the flow of blood and lead to heart attacks, strokes, severe muscle cramps, even gangrene.
- ☐ To help fat, cholesterol and protein travel through the blood stream, the body creates a microscopic waterproof "boat" of these substances called "lipoprotein." There are different types of lipoprotein, including High Density Lipoprotein (also known as HDL, often called the "good" cholesterol) and Low Density Lipoprotein (known as LDL or the "bad" cholesterol).
- ☐ Researchers believe if too much LDL is present in the blood, the lipoprotein bundles dump the excess cholesterol onto artery walls. It is believed that HDL transports cholesterol away from the walls.
- ☐ Drugs can also be used in controlling high cholesterol levels, including resins that trap bile in the digestive tract and carry it out of the body, preventing the body from reprocessing the cholesterol the bile contains. Other drugs can slow or prevent the production of LDL.



# IMPORTANT

## New Tax Deductible Approach for Funding Tail Malpractice Insurance

### TAX PLANNING OPTIONS FOR 1989

1. Pay corporate income taxes — 34% — federal plus state.
2. Pay personal income taxes — 28% — federal plus state.
3. Continue funding Pension and/or Profit Sharing Plan (assuming it is not fully funded).
4. Utilize and fund the Prime Welfare Benefit Trust

The Prime Welfare Benefit Trust may be the only vehicle available to avoid paying taxes for 1989 or at least minimize the effect of that problem.

Besides having received tremendous support locally, several associations, both medical and non-medical, are adopting the Welfare Benefit Trust.

### NOTE: MANY PHYSICIANS ARE USING THE WELFARE BENEFIT TRUST TO FUND THEIR TAIL COVERAGE!

#### Questions and Answers —

#### REGARDING TAX PLANNING

Who is eligible to participate in the Prime Welfare Benefit Trust?

Any member of the Texas Osteopathic Medical Association.

What is the Prime Welfare Benefit Trust?

The Prime Welfare Benefit Trust is the legal entity created pursuant to IRC 419A (f) (6) by an association of qualified Employers which allows member Employers to participate on an individual basis.

Why is it necessary to provide this benefit through the Association rather than each individual Employer setting up his own program?

It is not possible to receive these tax advantages as an individual employer. As an association member, an Employer is benefiting from IRS regulations which apply only to Multiple Employer Associations.

What type of benefits does this Trust provide?

Two benefits are provided: (1) Death, and (2) Severance.

Who determines the amount contributed?

The Employer selects the proposed contribution amount.

What is the minimum required to be funded each year?

The benefit level, actuarially chosen, determines the contribution requirement. However, there is no contractual liability to fund the Trust after the initial contribution.

What are the Tax Treatment Features of this Trust?

| Tax Feature   | Prime Financial Benefit Trust |
|---|-------------------------------|
| Tax Deductible contributions                                | Yes                           |
| Tax-deferred growth   | Yes                           |
| Accelerated funding permitted                               | Yes                           |
| Participation in a Master Trust                             | Yes                           |
| Distributions taxed at ordinary rates                       | Yes                           |
| Minimum funding requirements                                | No                            |
| Restricted vesting schedule                                 | No                            |
| "Top heavy" plan limitations                                | No                            |
| Post fiscal year end contribution for cash basis tax payers | No                            |
| <b>Tax Penalties</b>  |                               |
| Estate tax on excess retirement accumulation                | No                            |
| Premature and excess distribution                           | No                            |
| Excess contributions or accumulations                       | No                            |



Must I include my Employees in the Plan?

What is the vesting schedule?

May the Association member Employer terminate his participation in the Trust at any time?

Upon Plan termination, is the income taxable?

Is there any risk of losing favorable tax treatment?

Are there any administrative functions required for the Trust?

Who is Prime Financial?

Yes, if they have worked one year (1,000 hours) and are age 21 at the end of the Employer's tax year. (Certain categories of Employees such as union members can be excluded.)

The vesting schedule selected by the Employer can use combinations of years of participation in the Trust and/or years of service to the corporation and permits vesting over a 10 year period. This schedule is uniformly applied to all Employees and governs eligibility.

Yes. Under current law there is no tax penalty for early withdrawal. In fact, unlike the pension legislation, there is no minimum age requirement or any other distribution penalty. However, if termination occurs in the first six (6) years there will be an annually decreasing early withdrawal accumulation penalty under the insurance policy.

Yes. When the Plan is terminated, the distribution received by the participants is taxable at ordinary rates.

Just as there have been legislative changes in regard to retirement plans there may also be future changes which reduce or remove the Trust's favorable tax treatment. However, based upon legislative history, the changes would probably be prospective and would not be applied retroactively.

Yes. Prime Financial will supervise the administrative functions which are to be performed by Laventhol and Horwath.

Prime Financial Partners L.P., is a publicly owned Master Limited Partnership traded on the American Stock Exchange under the symbol PFP. It is a financial service company which works with numerous associations in the implementation and administration of Welfare Benefit Plans. A current Annual Report is available upon request.

## LEGAL AND TAX OPINION PROFESSIONALS:

In the way of summary and background, the legal opinion written on the Trust was prepared by **Streich, Lang, Weeks and Cardon** with special consultation by **Dr. William L. Raby**.

Streich, Lang is one of the largest legal firms in the Southwest. They are highly regarded and have over 150 attorneys serving major clients in the Southwest.

William L. Raby, Ph.D., CPA, now Senior Partner Emeritus of Touche Ross, served as that firm's National Director of Tax Services from 1977 until 1982. Prior to this, Dr. Raby was National Tax Partner of Laventhol and Horwath. He is a former Chairperson of the American Institute of Certified Public Accountants' Federal Tax Division. Dr. Raby serves on a number of tax publication editorial advisory boards and writes weekly tax columns for the Prentice-Hall Information Network (Pinet). He is the author, co-author, or editor of seven books, has contributed chapters to several others, and has scores of published articles. He is also Senior Editor of the "Raby Report on Tax Practice Management," published monthly by Prentice-Hall.

A complete copy of the tax opinion is available to your tax/legal counsel upon receipt of an executed copy of the Confidentiality Agreement.

## New Deductible Contributions In Addition To Funding Of Qualified Plans



Chris Fay, VP  
Dallas, Texas

Tom Fay, Pres.  
Scottsdale, Arizona

THE FAY COMPANY, INC. is comprised of a team of specialists, much like a large medical clinic or law practice, each of whom has skill in the complex field of Executive Compensation Plans. Team members can help you design and install all forms of Qualified or Non-Qualified Plans and Welfare Benefit Trusts. The track record of our professionals (covering more than two generations) includes I.R.S. approval of more than 4000 tax qualified plans.

Add one of our specialists, to your team of advisors, when you are considering tax advantageous programs: — Profit Sharing Plans, 401(k) and Target Benefit Plans, Pension Plans, Disability Income Replacement and Business Interruption Programs, ESOPs and TRASOPs, Post Employment or Post Retirement Medical Benefit Programs, Group Medical and Dental Plans, Group Carve-out (Section 162) Bonus and Double Bonus Plans, (Section 125) Cafeteria Plans, and very discriminatory Non-Qualified Deferred Compensation/Salary

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**The Fay Company, Inc. - Texas' Rep. for the Prime Financial Welfare Benefit Trust**

# Why Aren't There More Small-Town Family Physicians?

By Gregory D. Smith, D.O.



There are literally hundreds of opportunities in Texas for family physicians who want to practice all the aspects of primary care for which they are trained. In 1984, I took advantage of one of those opportunities and became the only physician for the 1,800 or so citizens of Troup, about 20 miles south of Tyler. I wanted to do it all, from house calls to delivering babies, and I did.

Because my primary career goal has always been to teach at a medical school, then advance into administration, I returned to my alma mater, TCOM, last year. I believe in our mission to train physicians for family practice, particularly for those areas of greatest need — communities such as Bertram and Comfort and Troup. I also believe that the most rewarding and enjoyable practice choice some of us can make is to be a family physician in a small town. Why?

The people in a rural area are very protective of their physician and are very loyal. In a small town the people demand a great deal of their physician, but they give back so much more in return. When they have an emergency, they want to see you, not some unknown ER physician in a strange setting. They have grown up with you, they trust you and they have a great deal of confidence in you. Of course, this may mean 2:00 a.m. house calls or Sunday afternoon office calls that take you away from your own family. I learned over the years, though, that these people tend not to call on you for minor problems, but only for true emergencies.

Being on call 24 hours a day is undeniably part of the downside of small-town practice, but I believe that the rewards far outweigh the minor inconveniences. I'm talking about those basketfuls of fresh corn in the summer, the homemade pies and cakes during the holidays and those favorite hidden fishing holes that patients take you to; that feeling of gratification when you walk down the street and a child you saw the week before gives you a big bear hug for making him feel better, even though you had to give him a shot to do it.

If this were the common scenario, why then don't more physicians opt for the small-town practice?

Number one, I believe is finances. It's a given that the government doesn't reimburse rural physicians on an equal basis with their urban counterparts. The logic is that it costs less to practice in a rural setting, but this is flawed. Malpractice expenses, medical supplies and equipment, and — for the most part — salaries are all going to be the same wherever one practices within a particular region of the country.

Another reason is lack of backup, especially if you're the only physician in a small town as I was. When I went on vacation or to CME conferences, there was no one else in the town to rely on, so I would enlist a physician in a neighboring community. This generally was adequate, though not always ideal.

Many physicians also suggest that there's a lack of professional stimulation in the smaller towns. I did miss this on occasion, but usually I could always turn to medical journals or simply call a colleague for advice, a second opinion or an idea for a different mode of treatment.

A major reason for avoiding the small towns, I believe, is that the spouse doesn't want to adopt the rural life. Unfortunately for many physicians, this is a big drawback. However, I think that if a family can just establish roots and become involved in their community they'll find that it's a great place to grow and make a living.

Finally, and to my way of thinking, the most prevalent reason for not choosing the small-town practice is just lack of knowledge by physicians. They don't know the realities, the pros and the cons. Too many fear being totally overwhelmed by the experience. I believe we can help future physicians make better informed decisions through education, not only in their doctoral training but also in their predoctoral training. This is one reason I'm involved in an upcoming, first-of-its-kind TCOM continuing medical education conference, "Rural Health Initiatives for the 1990s."

On the afternoon of Feb. 2, 1990, we hope to bring to the TCOM campus individuals from a broad range of health care professions, state government, private practice and medical education to identify and discuss the rural health issues that will challenge Texans in the next decade. We encourage participation by three constituencies in particular: today's medical students, who are weighing the risks and rewards of a rural medicine commitment; and the physicians and leaders of the rural communities themselves, offering their own viewpoints on the

Texas health care dilemma and also taking advantage of this unique gathering to promote the medical practice opportunities available in their areas.

Some of the issues we'll explore are: the duties of the Center for Rural Health Initiatives, the newly created office within the Texas Department of Health; the ramifications of House Bill No. 18, the Omnibus Health Care Rescue Act for rural health care, with discussions led by one of the bill's authors, Representative Mike McKinney, M.D.; developing active recruitment and job placement services for all health professionals; improving media coverage of rural health issues; promoting rural people to do rural health care planning; and creating long-term care programs for the elderly.

Because more than half of TCOM's students choose to stay in Texas and practice in smaller towns and rural communities, we're particularly excited about developing — and expanding in future years — this annual gathering. I personally feel that there is no medical practice more satisfying or enjoyable as that of a physician in a rural setting. It's rewarding, yes, but it also fulfills one of the goals of greatest medical need in the United States.

*Dr. Smith is an assistant professor of general and family practice at Texas College of Osteopathic Medicine. In addition to teaching and practicing at TCOM's family clinics, he is pursuing a Ph.D. in anatomy. While practicing in Troup, Dr. Smith also was the town's public health director, chief of emergency medicine for southern Smith County, medical director of the Troup Nursing Home, team physician for Troup High School and on the staff of Doctors Memorial Hospital in Tyler.* ■

## MAKING MANIPULATION SPECIFIC

Manipulative Medicine Experience  
and  
Rural Health Initiatives for the 1990s

**FEBRUARY 2 - 3, 1990**

Presented By:

Texas College of Osteopathic Medicine  
Department of Manipulative Medicine  
Office of Continuing Medical Education

Supported By:

Dallas Southwest Osteopathic Physicians, Inc.

Location:

Medical Education Building 2, Kiva Classroom  
TCOM, 3500 Camp Bowie Boulevard  
Fort Worth, Texas

CME HOURS:

Category 1-A, AOA

SESSIONS INCLUDE:

"Making Manipulation Specific"  
"Rural Health Initiatives for the 1990s"  
"Didactic and Hands-On"

CONFERENCE REGISTRATION:

Enrollment is available to physicians with unlimited medical licensure. Preregistration is strongly advised so that appropriate arrangements can be made to accommodate all functions of this program.

CONTACT:

Tracey Delk  
Department of Continuing Medical Education  
Texas College of Osteopathic Medicine  
817/735-2539

## ARKANSAS SPRING SEMINAR

THE PARK HILTON, HOT SPRINGS, AR  
FEBRUARY 28 - MARCH 4, 1990

25 CME HOURS, ANTICIPATED  
LECTURES: 8:00 - 1:00, Thurs-Sun  
HORSE RACING  
GOLF  
AUXILIARY SPONSORED AUCTION  
EVENING LABS

REGISTRATION FEE:

\$150.00, AOMA MEMBERS  
\$250.00, NON-MEMBERS

REGISTRATION INCLUDES:

TICKETS TO FRIDAY HORSE RACES/LUNCH  
LUNCHEONS DAILY FOR  
PHYSICIAN/SPOUSE

CONTACT:

ARKANSAS OSTEOPATHIC MEDICAL ASSOCIATION  
101 WINDWOOD DRIVE, SUITE 5, BEEBE, AR 72012  
501-882-7540



# Give Yourself The DI Checkup

Regular checkups are one of the most important ways to help protect the health of your patients. But do you have patients who only visit when something is wrong? By then their health may be in danger. Are you endangering the health of your practice by neglecting your DI checkup? Without disability insurance, you're risking the biggest asset you own — your ability to earn a living. And if your income were to stop tomorrow, how would you pay the bills? Or put the kids through school? Or maintain the lifestyle you've worked so hard to earn?

Why take chances with something so important? Call **PROVIDENT**, the nation's leader in individual, non-cancellable disability insurance.\* With Provident's individual disability plans, you'll protect the pleasures, and the necessities, of life. That way, if disability strikes, you'll still have an adequate monthly income to protect your lifestyle.

Endorsed by the Texas Osteopathic Medical Association, your Provident disability plan offers TOMA members a 10 percent discount for monthly payment or a 15 percent discount for semi-annual or annual payments.

To put the best to work for you, call your Texas Osteopathic Medical Association at 1-800-444-TOMA or contact the DI experts:

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# Texas Osteopathic Medical Association's Mini Seminars

| DATE    | TIME  | TOPIC  | COST                          | POSITIONS AVAILABLE | LOCATION                                  | WHO SHOULD ATTEND?   | CME HOURS            |
|---------|---|--|-------------------------------|---------------------|---|--|----------------------|
| Jan. 18 | 6:00 p.m.-9:00 p.m.<br>Faculty<br>WORKSHOP<br>PURPOSE | Risk Management in Psychiatric Practice<br>Edward Luke, D.O.<br><br>To inform D.O.s of possible risk with psychiatric care and how to protect their practice.  | \$35.00<br>Dinner<br>Provided | 30-50               | Psychiatric<br>Institute of<br>Fort Worth | D.O.s who need to satisfy<br>Risk Management State<br>Requirements | 3<br>Category<br>1-A |
| March 7 | 7:00 p.m.-9:00 p.m.<br>Faculty<br>WORKSHOP<br>PURPOSE | CODING & CHARGING TO WIN!<br>Don Self, Medical Consultants of Texas<br><br>This seminar will discuss the proper coding (CPT & HCPCS) that you should use to denote the actual services you are doing. Most offices leave 10% of the services they render uncharged, as they are not aware of what they can charge for. | \$25.00                       | 30-50               | TOMA State<br>Headquarters<br>Fort Worth  | Physicians<br>Office Personnel                                     | 3<br>Category<br>1-B |

## REGISTRATION FORM DETACH AND RETURN WITH YOUR CHECK

NAME (s) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

Enclosed is my check for \$25.00 for \_\_\_\_\_

Enclosed is my check for \$35.00 for \_\_\_\_\_

Send this form and check to: 226 Bailey Avenue, Fort Worth, TX 76107 and make your check payable to the TOMA.

## DSWOP Lauded For Charitable Activities

Dallas Southwest Osteopathic Physicians Inc. (DSWOP) was recently the subject of write-ups in the *Dallas Morning News* and the *Dallas Observer*, both of which praised the organization for involvement in community-based charitable events.

DSWOP, a non-profit organization that administers grants to charitable projects, was founded in 1983, after Stevens Park Osteopathic Hospital was sold. The decision was made to hold the money from the sale of the hospital in trust for residents of Oak Cliff. Since its beginnings, DSWOP has distributed \$2,535,414 to 63 non-profit organizations.

As quoted in *The Dallas Morning News*, "From Oak Cliff to Duncaneville, DSWOP has furnished grants for projects ranging from health care and social services to education. Though not well-known in Dallas, DSWOP steadily is broadening its reputation as a reliable benefactor dedicated to the southern part of the city."

DSWOP money, with matching grants, has provided for a drug counseling program; distributed funds to help earthquake victims in Mexico; donated money for scholarships and for the purchase of computer literacy textbooks; and funded a health-occupation education program at Dallas Family Hospital. Between 1985 to 1989, \$81,101 was donated to the Dallas Independent School District, and since 1983, \$219,308 has gone towards parks, recreation and cultural programs.

The group also helps Birdie Jackson, Inc., a facility

caring for retarded and disabled children; sponsors a summer program at the Dallas Museum of Art; and assists a facility known as Training for Adult Retarded Association, among others.

Perhaps the biggest delight to children is Fantasy Landing, a unique playground in Kiest Park, Dallas, funded by DSWOP. Officially opened in September, the playground is designed to be accessible to the disabled and handicapped. The adapted playground doesn't tout its difference and, according to the *Dallas Observer*, "is billed simply as a playground for all children."

There are a lot of good words out for DSWOP. A City Council member was quoted as saying, "They've been doing good work forever. That they now are being discovered for doing good work, I think, is a tribute to the sincerity and personal approach that they've taken to doing community activities and community help." Jean Sutton, who established the Training for Adult Retarded Association says, "The doctors are great. There just could not ever be anyone better than the doctors." And Birdie Jackson of Birdie Jackson, Inc., says, "I write to them each month. I have to say thank you."

The DSWOP officers include J. L. LaManna, D.O., chairman of the board; A. G. Bascone, D.O., vice-chairman; and Richard Helfrey, D.O., secretary-treasurer. Trustees are Ned Beiser, D.O.; Ross Carmichael, D.O.; George Clark, D.O.; Hyman Kahn, D.O.; Lloyd Woody, D.O.; and Roland Young, D.O. Don L. Hicks serves as executive director.

# FYI

## VITAMIN E DEFICIENCY AND MALARIA

Intentional vitamin E deficiency may be a safeguard against drug-resistant strains of deadly malaria, in mice at least. The USDA Agricultural Research Service reports on a study by researchers at the University of Miami's Center for Tropical Parasitic Diseases. Mice were fed a diet lacking vitamin E and five percent fish oil (which in excessive doses can speed up vitamin E deficiency), and then infected with the malaria parasite. Within three to four weeks, the mice were able to fight off the parasite whereas normally, they would have died. The researchers plan to test the treatment in humans.

## EASY ON THE SQUID, RESEARCHERS ADVISE

Researchers at the National Marine Fisheries Service, Gloucester, Massachusetts, have advised that if you're watching your cholesterol, watch your intake of squid. The *Journal of Food Service* reports that the researchers sampled squid specimens over a period of two years and found, in three and one-half ounces of squid, cholesterol values ranged from 110 mg. to 450 mg. The National Research Council recommends a total daily limit of 300 mg. for reducing blood cholesterol levels. Although squid does contain beneficial omega-3 fatty acids, it is not known if there's enough to outweigh the effect of squid's cholesterol levels.

## THIS IS NO BULL

Buffalo meat, which offers 50 percent less cholesterol, 70 percent less fat and 30 percent more protein than beef, is staging a revival among health-conscious eaters. Approximately 150 restaurants in the nation now feature buffalo meat on their menus.

## EARLY INTERVENTION SLOWS SPREAD OF AIDS

Increased early intervention with acquired immune deficiency syndrome is expected to reduce the number of cases in the early 1990s, according to the federal government's top AIDS researcher.

Dr. Anthony Fauci, associate director for AIDS research at the National Institutes of Health, said researchers in recent months have forged "conceptual breakthroughs" in management of the disease.

The immunologist noted two recent studies that found the drug AZT to delay the progression from AIDS-related complex to more fully developed AIDS and also slow the immunological damage among infected people showing no overt signs of the disease.

Because of the development of medications to prevent AIDS, Dr. Fauci said fewer cases would develop by 1992 than the 365,000 officially projected by the national Centers for Disease Control.

## PNEUMOCOCCAL ISOLATES WANTED IN HOUSTON/HARRIS COUNTY

In investigating the recent pneumococcal outbreak at the Harris County Jail, the Centers for Disease Control (CDC) wants to obtain and type all invasive community pneumococcal isolates from hospitals in Houston/Harris County from June 1 - November 30, 1989.

The outbreak investigation is a comparison of invasive (e.g., blood, CSF) *S. pneumoniae* isolates from the community with those resulting from cases at the jail.

Blood and CSF isolates should be sent to CDC through the Texas Department of Health (TDH) Laboratory at 1100 West 49th St., Austin, Texas 78756. Label the specimen "Pneumococcal Survey Isolate" and include the name, age,

gender, and date and site of collection.

Questions about the handling and transport of isolates should be directed to Susan Gibson at TDH Laboratory, 512/458-7581. All other questions may be directed to Harris County Epidemiology at 713/526-1841 or to City of Houston Bureau of Epidemiology at 713/794-9181.

## SEARCHING FOR A "HIGH"

Some people are licking toads to get high, according to the *San Francisco Examiner*. Certain toads ooze a chemical called bufotenine from their skin which affects the senses and causes disorientation, when ingested in small quantities. However, it becomes dangerous in larger quantities and drug experts have classified it among other illegal drugs, such as heroin and LSD.

## AIDS HOSPICE

An inpatient AIDS hospice in Boston, Massachusetts, is thought to be the first AIDS facility in the country operating as a true hospice. Owned and operated by a non-profit agency, the 18-bed hospice estimates a cost of \$350 a day for each resident. The hospice will depend on private donations and public grants to make up the difference in Medicaid reimbursement, which is \$298 a day.

## HOSPITAL OUSTS GENERIC DRUGS

In a move said to be the first of its kind in the U.S., the 491-bed Hospital of Saint Raphael, New Haven, Connecticut, has stopped the dispensing of over 150 generic drugs, citing safety concerns as the reason. The hospital is expected to resume the use of generics after they have been screened for quality. The FDA is currently investigating the generic drug approval process. The switch from generic to brand-name is expected to cost the hospital \$100,000 a year. ■

# Provisions Affecting Liability Insurance Begin In January

Physicians are reminded that certain provisions of House Bill 18, the Omnibus Health Care Rescue Act passed during the 71st Texas Legislative session, go into effect on January 1, 1990.

These refer to a reduction in certain professional liability insurance premiums and the state liability indemnification program. These measures are expected to provide liability relief, particularly for those in obstetrical and emergency care in rural and medically underserved areas, where there has been a growing exodus of such practitioners.

The Insurance Code was amended by adding language which would qualify health care professionals for premium discounts in their medical professional liability insurance coverage. Only regulated insurance carriers are required to offer the discounts. Additionally, physicians can participate in the state indemnification program by meeting certain conditions.

To qualify for a premium discount, the following requirements must be met: 1) During the term of the liability insurance policy, a physician must complete 15 hours in risk management and patient safety CME, to be sponsored, approved, endorsed, or accredited by the State Board of Insurance, or state or nationally recognized accrediting organizations; 2) Physicians must be covered under a valid professional liability insurance policy with limits of not less than \$100,000/\$300,000; 3) Physicians must apply for the discount 30 or more days before the beginning of the new policy term, advising their insurer that they intend to meet the requirements; and 4) Physicians must render charity care in at least 10 percent of their patient encounters. Charity care means care or services provided under the indigent Health Care and Treatment Act; Medicaid; Maternal and Infant Health Improvement Act; Texas Primary Health Care Services Act; Chronically Ill and Disabled Children's Services Act; and a contract with a migrant or community health center that receives funds under 42 U.S.C. 254b and 254c.

In the event a physician applies for the discount but then finds that he or she cannot fulfill the requirements as intended, the insurer should be notified at least 30 days before the end of the policy year. The physician would then pay the difference between the premium savings and the premium that would have been due, with interest. However, those who do not notify their insurer of failure to meet the requirements will be subject to a fine, which would be the difference in premium amounts plus 20 percent of the regular premium.

To qualify for the state indemnification plan, physicians must meet the charity care stipulation as well as

coverage under a valid professional liability insurance policy with a limit of not less than \$100,000/\$300,000.

The indemnification plan provides that except for an intentional act or an act of gross negligence, the state will provide indemnification of up to \$100,000 for a single occurrence when a claim is a result of prenatal care, care during labor and delivery, and care given to a mother or infant 30 days following delivery, or as a result of emergency care; and \$25,000 for a single occurrence arising from any other eligible medical malpractice claim. The indemnification program applies to charity as well as non-charity patients.

The legislation defines an eligible medical malpractice claim as "a medical claim against a health care professional who renders charity care in at least 10 percent of the patient encounters engaged in by said health care professional during the policy year in which the claim was made."

Health care professionals addressed in these provisions are defined as those licensed to practice medicine under the Medical Practice Act; those registered by the Board of Nurse Examiners as an advanced nurse practitioner or a certified nurse midwife; and those recognized by the Board of Medical Examiners as a physician assistant.

Physicians may wish to consider seeking an earlier policy renewal date to take advantage of the premium discount to which they may be entitled. Those who feel they can qualify for the discount should write to their carrier immediately and inquire about a premium discount.

Although there may or may not be forms involved, the following sample letter, to be mailed to your carrier, should get the process moving:

(Date)

Dear (your insurance company):

Under the provisions of the Texas Omnibus Health Care Rescue Act, I am applying for a discount from my professional liability insurance premium. I intend to meet all the requirements of the law, including the 10 percent charity care and 15 hours of education in loss prevention and patient safety, during the term of my policy.

Please contact me if additional information is needed.

Sincerely,  
John Doe, D.O.

Both provisions will expire September 1, 1993, unless continued in existence when reviewed by the Legislature.



# Anabolic Steroid — Human Growth Hormone Inventory List

Anabolic steroids and human growth hormones became Schedule IV drugs in the State of Texas on September 1, 1989. The following is a list of the generic names and some of the more common brand names of these drugs. Please note that this is not a complete list of all brands available.

## Parenteral Dosage Forms

### *Nandrolone*

Anabolin LA  
Androlan  
Deca-Durabolin  
Decolone  
Durabolin  
Hybolin Decanoate  
Neo-Durabolic  
Nandrobolic

### *Somatrem*

Humatrope  
Protropin

### *Testosterone*

Andro  
Andro-Cyp  
Andronate  
Andronaq  
Andropository  
Andryl  
Delatest  
Delatesteryl  
depAndro  
Depotest  
Depo-Testosterone  
Duratest  
Durathate  
Everone  
Histerone  
Testa-C  
Testadiate  
Testaqua  
Testamone  
Testex  
Testoject  
Testone  
Testosterone Aqueous  
Testosterone in oil  
Testrin

## Oral Dosage Forms

### *Ethylestrenol*

Maxibolin Elixir  
Maxibolin Tablets

### *Fluoxymesterone*

Android-F  
Halotestin  
Ora-Testryl

### *Methandrostenolone*

Methandrostenolone

### *Methyltestosterone*

Android  
Metandren  
Oreton Methyl  
Testred

### *Oxymetholone*

Anadrol

### *Oxandrolone*

Anavar

### *Stanozolol*

Winstrol

(Reprinted from *Texas State Board of Pharmacy Newsletter/April-Sept. 1989*)

## AOA Names Field Coordinator For Eight Southeastern States

Gerry Gibson recently was named the first small states field coordinator for the AOA. As field coordinator, Gibson will provide support to the osteopathic leadership in Louisiana, Mississippi, Alabama, North Carolina, South Carolina, Virginia, Arkansas and Kentucky.

The position was created to support the AOA's commitment to small state development. Gibson will draw on resources in the AOA Chicago and Washington, D.C. offices to provide the technical support necessary to help small state societies develop into self-sufficient organizations. This support will include: convention planning, government relations, publications, public relations, member recruitment, and development of predoctoral and postdoctoral clinical training opportunities.

A native of the southeast U.S., Gibson is a doctoral candidate in educational psychology at Southern Illinois University and holds a degree in justice administration. She plans to move to a central location in the southeast region in 1990. During the interim, she may be contacted at: 4435 Ringneck Road, Orlando, Florida 32808; 407/578-8777.

Additional information about the AOA Small States Development Program may be obtained by contacting William K. O'Connell, AOA Associate Executive Director, 312/280-5811. ■

# In Memoriam

## Garry E. Winn, D.O.

Garry E. Winn, D.O., of Fort Worth, passed away September 30, 1989. Funeral services were held October 4, with burial at Laurel Land, Fort Worth. Dr. Winn was 50 years of age.

Dr. Winn graduated from Boonville High School, Boonville, Missouri, and attended Northeast Missouri State University, Kirksville, Missouri. He received his D.O. degree from Kirksville College of Osteopathic Medicine in 1964 and interned at Hillcrest Osteopathic Hospital in Oklahoma. He then took an anesthesiology residency at Garden City Osteopathic Hospital.

Dr. Winn practiced in Milwaukee, Wisconsin, and Detroit, Michigan, before relocating to Fort Worth in 1975. He had been a TOMA member since 1976 and was a member of the AOA.

Survivors include his wife, Cheryl; two sons, Michael Winn of Indianapolis, Indiana, and James Winn of Augsburg, Germany; and his father, C. K. Winn of Mexico, Missouri.

In lieu of usual remembrances, the family has requested that memorials be made to Presbyterian Night Shelter, c/o Westminster Presbyterian Church, 7001 Trail Lake Drive, Fort Worth, Texas 76133.

TOMA extends its condolences to the family and friends of Dr. Winn.

# News From The FDA

The FDA has approved the limited use of AZT for children with AIDS. Although AZT for adult use was approved three years ago, separate clinical trials for children had to be performed. The federal government says approximately 1,900 U.S. children have been diagnosed with AIDS. AZT is available under the FDA's investigational new drug program.

Additionally, an advisory panel of the FDA is recommending that non-smoking women over 40 be allowed to take birth control pills. Previously, the FDA did not recommend such a course, due to studies linking it to higher risk of heart attacks. However, the earlier studies were based on pills containing higher estrogen levels, whereas newer pills currently on the market contain less. Several studies on older women taking the lower-dose pill are underway at the National Institutes of Health. ■

# Air Force Includes GPs In The MORB Program

The U.S. Air Force now recognizes the equivalency of general practice and family practice training and has included osteopathic general practice physicians in the Medical Officer Retention Bonus (MORB) program. The MORB program is designed to retain certain Board certified physicians on active duty in the military.

When the Deputy Secretary of Defense included family practice as one of the medical specialties to receive a MORB, the U.S. Army and Navy automatically included those trained in general practice as well. The Air Force, however, denied D.O.s participation in its MORB program based on the osteopathic general practice certification.

At the direction of the AOA Council on Federal Health Programs, Washington Office staff wrote to the Air Force and Department of Defense (DoD) requesting that the Air Force uphold the DoD policy recognizing the equivalency of general practice and family practice training. As a result of the communication and others from ACGP members, the Air Force now deems G.P.s eligible to receive a MORB. ■

# M.D.s in AOHA Affiliated Hospitals

A recent report has revealed that of the osteopathic hospitals currently active institutional members of the American Osteopathic Hospital Association, approximately 34 percent have a majority of M.D.s on the active medical staff.

Seven percent of the AOHA hospitals have a 100 percent D.O. medical staff; 25 percent have 90 percent or more D.O.s; 35 percent have 80 percent or more D.O.s; 48 percent have 70 percent or more D.O.s; 61 percent have 60 percent or more D.O.s; and 66 percent have 50 percent or more D.O.s. ■

## EXECUTIVE DIRECTOR TEXAS STATE BOARD OF MEDICAL EXAMINERS

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G. V. Brindley, Jr., M.D.  
Texas State Board of Medical Examiners  
P.O. Box 13562, Capitol Station  
Austin, Texas 78711  
512/452-1078

# Aging In The Year 2000

The following demographics on aging in the year 2000 are included in "2000 — A Strategic Plan," Office of Strategic Planning, Social Security Administration, U.S. Department of Health and Human Services.

- \* By the year 2000, 35 million Americans will be older than age 65. By the year 2050, that number will nearly double to 65 million.
- \* The median age of the U.S. population will be 37, representing a 19 percent increase over the 1986 median age of 31.
- \* Men who retire in 2000 will be expected to live for 15.7 additional years; women for 20.5 additional years.
- \* Of people age 65 and older, approximately 47 percent (16.4 million) will be limited in activities due to chronic conditions.

- \* From 2000 to 2040, the number of elderly persons in nursing homes will more than double, from two million in 2000, to three million in 2020, to 4.6 million in 2040.

In other issues relating to the next century, the World Future Society has addressed a variety of trends which will have far-reaching implications. These include:

- \* In the year 2000, \$500 from every taxpayer in the U.S. will go to care for AIDS patients.
- \* By the year 2000, the mandatory retirement age will increase to 70.
- \* Genetic engineering will consume \$100 billion by 2000 for such advances as artificial blood, memory-recall drugs and disease immunities for newborns.

## Video Games Useful and Harmful, Says Student Researcher

Video games do have positive as well as negative effects on human physiology, according to high school student Amber Foster of Winona, Minnesota, FAA Grand Prize winner in the medicine and health category of the International Science and Technology Fair held in Pittsburgh. Her research project was entitled, "Effects of Electronic Games on Human Physiology with Therapy Applications."

Prompted years ago to begin her study, believing that video games would cause positive as well as negative effects in all age groups, she tested 40 people each year for seven years to discover the physiological effects that playing video games would elicit.

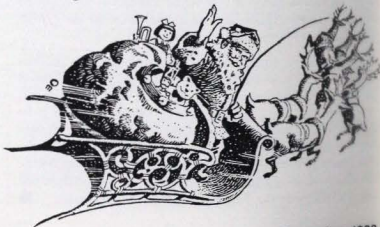
The positive effects of playing video games were improvements in reaction time and eye-hand coordination; in most cases, she found an increase in brain wave activity. Ms. Foster said she has researched the use of video games for possible applications in physical therapy and has identified areas in which they could be used effectively.

Negative effects measured on subjects included elevations in pulse rate, body temperature and blood pressure.

Stress, as measured by galvanic skin resistance, was also elevated. Prolonged playing was found to cause eye fatigue.

Some differences were also noted in plasma catecholamine, glucose and cortisol. Ms. Foster was assisted in taking physiological data on the subjects by staff members at Mayo Clinic, who also allowed her to use some of their facilities, including catecholamine extraction and high performance liquid chromatography.

Ms. Foster was featured in the summer 1989 *Federal Air Surgeon's Medical Bulletin*.





# ATOMA NEWS

by Karen Whiting  
*ATOMA News Chairman*

Our "Let's Get Acquainted" spotlight is shining toward the Texas panhandle this month and it has found (Dr.) Harlan and Jacquelyn (Lynne) Wright of District X. This is a couple who is so busy that they hardly noticed that their "nest" was once empty, for now it is frequently "refilled" with the children, grandchildren and in-laws who comprise their score of immediate family. This happy condition can only come from parents who have invested a lot in their family. As Lynne says, "...as parents we try to 'be there' when there is a need, but (we) believe that a parent's best gift to children is to be happily involved in (our) own lives and to give lots of space to young families with their own agendas." They list their children as Linda Karen, Carol Elaine, Craig Harlan, Gary Steven and David Charles. Room won't permit all the grandchildren.

When not building a car, fiddling with computers, or in court (tennis court, that is), Harlan practices general and nutritional medicine in his Lubbock office. He and Lynne enjoy tennis, travel and golf. Lynne has a flair for interior design (she matriculated at Woodbury Commercial Art College in Los Angeles) and appropriately lists "grandmothering" among her special interests.

Holidays are a time for family and the Wrights find special pleasure in having the clan congregated. This isn't too bad for children Carol, Craig and Gary et al., who live in San Antonio, but Karen's group is in Connecticut and David is the tennis pro at Turtle Bay Hilton Resort in Kahuka, Oahu, Hawaii! As we approach Thanksgiving and Christmas, you can be sure that warm memories are in the makings at the Wright house.

\*\*\*\*\*

While the spotlight's in the panhandle, let's get a look at another District X family, (Dr.) David and Elaine Tyler. David and Elaine met in 1975 at Lubbock Osteopathic Hospital where David was working as an orderly and Elaine going on to the Denton School of Vocational Nursing (graduating valedictorian in 1978) and David to TCOM (graduating "cum laude" in 1981). Elaine labored at Fort Worth Osteopathic Medical Center's OB ward as a nurse AND in delivering the couple's two boys — Douglas Rahm Tyler, 9 (but soon to be 10) and Robert E. Lee Tyler, 7.

David is in general practice in Lubbock and he reports that OB and pediatrics are his favorite general practices. He serves on the TOMA board while Elaine is the Annual Report Chairman on the ATOMA board.

The family enjoys traveling around the southern states where they accumulate ideas for the ante-bellum house they finished last year. Often they find articles in antique

shops that find a "home" in their 1850's style house. Even the boys enjoy exploring among the items in antique shops. Their family heritage includes veterans of the Civil War and David has taken an active interest in the history of that conflict. As you might expect, the Civil War battlefields are a favorite stopping place for the Tyler's as they travel.

Also in the Tyler's heritage is the fact that their ancestors are related by marriage at least three times in Van Zandt county records of the early 1900s. And if that weren't enough, Elaine's father was an Osteopathic physician! They, of course, are hoping to make it three generations of D.O.s in a row.

## Congratulations are in Order

### District XII:

James Spenser Duncan was born on September 6 to proud parents Teresa A. Hill-Duncan, D.O., and husband Jeff. Dr. Duncan, a 1988 TCOM graduate, is currently in a family medicine residency at St. Mary's Hospital in Port Arthur.

### District XV:

Robert Michael Maul was born on November 9 to proud parents Greg and Lauren Maul. Dr. Maul in in family practice in Arlington. ■

## Possible Medicare Payment Changes For Post Operative Critical Care

By Don Self, Medical Consultants of Texas  
Whitehouse, Texas

Medicare may change the way they are paying, due to surgeons' customary charges throughout Texas. Currently, Medicare does not consider post operative critical care as part of the "Global Fee" concept, so they pay for it. Since the majority of Texas surgeons consider the post operative critical care part of their "Global Fee," Medicare may soon discontinue paying for critical care during pre or post operative care. For this reason, we suggest you immediately start charging for any critical care services you render. By doing so, some of our clients have experienced an increase in their annual income in excess of \$100,000 per year.

(Physicians with questions may contact Mr. Self at 214-839-7045 or 1-800-545-4373.)

# Ronald Stephen Joins FWOMC



Ronald Stephen has joined Fort Worth Osteopathic Medical Center (FWOMC) as senior vice president and associate administrator. The announcement was made October 19 by Chairman of the Board Jay E. Sandelin.

Stephen, a recently retired colonel in the United States Air Force, will be responsible for special projects as well as various operations within the Medical Center.

Stephen comes to FWOMC from R. L. Thompson Strategic Hospital at Carswell Air Force Base where he has served as chief executive officer of the 140-bed hospital since 1985. During that time, he managed a \$35 million hospital addition and alteration construction project. He also organized a preferred provider referral network for CHAMPUS beneficiaries in the Fort Worth/

Dallas metroplex. CHAMPUS is the organization which provides insurance for active and retired employees in the civil service.

Stephen also served as chief executive officer for U.S. Air Force hospitals at Pease Air Force Base in New Hampshire and McConnell Air Force Base in Kansas, and at the U.S. Air Force Clinic at RAF Fairford in the United Kingdom.

He earned his master's degree in health care administration from Baylor University, Waco, and received his bachelor's degree in business administration from Duke University, Durham, North Carolina.

Stephen is a fellow of the American College of Healthcare Executives. He also is a member of the Texas Hospital Association, the American Hospital Association and the Dallas/Fort Worth Hospital Council. He now serves as a director of the West Area Council of the Fort Worth Chamber of Commerce, president of the Baylor Healthcare Administration Alumni Club and is an elder of Westminster Presbyterian Church, Fort Worth.

Stephen and his wife, Linda, have two children. ■

## Irene Lump Appointed NOF Executive Director

Irene M. Lump has been named Executive Director of the National Osteopathic Foundation (NOF). Announcing the appointment, Foundation Chairman Justin M. McCarthy said Ms. Lump will serve as the Chief Operating Officer of the NOF, the philanthropic arm of the American Osteopathic Association. Among her responsibilities are individual patron and corporate memberships, Student Loan Fund, Osteopathic Progress Fund, Osteopathic Seals Program, development of new sources of income and the establishment of new programs.

"During her 28 years in the pharmaceutical industry," McCarthy continued, "Irene has been closely involved with the health care industry in general and with osteopathic physicians in particular. Over the years, she's worked closely with the profession at both the national and state level on programs and projects that include continuing medical education, exhibits, public policy, and legislative programs that directly and positively affected the funding of osteopathic medicine. This long exposure

to the osteopathic community provides her with a unique perspective."

She is a former member of the Board of Directors of the NOF and has received the Special Certificate of Appreciation of the AOA and the Appreciation Award of the American College of Osteopathic General Practitioners. She has also been honored by the American Psychiatric Association, the American Academy of Family Physicians and the American College of Psychiatrists. ■



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# State Offers Financial Assistance To Encourage Nursing Training

Health care employers and nurses can now turn to the State of Texas for help in paying for additional training and education, according to *Rural Health Reporter*, a publication of the Texas Rural Communities, Inc.

Recognizing the extreme nursing shortage in Texas, the legislature has established a comprehensive financial aid program for RNs and LVNs. The program includes scholarships, loans and employer matching funds, under which an employer may pay for a portion of an employee's education costs and have their portion matched by the state. The Texas Higher Education Coordinating Board administers the program. Funding is provided by a one time license renewal fee of \$5 for LVNs and \$10 for RNs. Two advisory committees will guide the program.

Despite increases in numbers of LVNs and RNs this

decade, Texas is now facing the most critical nursing shortage in its history with only one Texas RN for every 418 persons in the general population. The national average is one RN for every 200 persons. Traditionally, Texas has relied on the migration of RNs from other states for 33 percent of its new licensees. This source of nurses is now unreliable, and Texas must educate its own supply of nurses.

The Coordinating Board will also appoint an advisory committee to study the nursing shortage, career mobility programs and the regionalization of nursing education for easier access to the full range of nursing programs.

For information contact: Mack C. Adams, Assistant Commissioner for Student Services, Texas Higher Education Coordinating Board, P.O. Box 12788 Capital Station, Austin, Texas 78711. ■

## New Funding Program Targets Ailing and Closed Rural Hospitals

The Primary Health Care Services Program (PHCSP) of the Texas Department of Health targets funds to rural counties whose hospitals are closed, are at risk of closing or are without hospitals with appropriations of \$400,000 for FY 1990 and \$1.1 million for FY 1991. Two to three projects were expected to be approved in November and another three to four in March, 1990. A "request for proposals" process is used to solicit proposals for projects.

The PHCSP seeks to increase the accessibility of primary health care services to Texas' medically indigent.

Presently fifteen services are covered under the program with six services designated to receive priority attention: diagnosis and treatment; emergency services; family planning; preventive services and immunizations; health education; and laboratory and X-ray services.

In 1988, 27 PHCSP projects served 244,000 clients in 50 counties — 31 of which were rural.

For information contact: John Dombrowski, Director, Primary Health Care Services Program, Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756; phone 512/458-7771. ■





# National Data Bank Gearing Up

The National Practitioner Data Bank, authorized by the Health Care Quality Improvement Act of 1986, will finally be ready to go in four to six months. The bank will collect information on adverse actions and malpractice payments made on behalf of physicians, dentists and other health care practitioners.

The Department of Health and Human Services, reacting to a volume of concerns, amended the language to stipulate that only adverse actions reached through formal peer review processes must be reported by professional groups and health care entities, and only when such actions are based on professional competence or conduct. Professional review actions which would be reported are those that could affect the health or welfare of patients.

Previously, any licensure actions or adverse actions affecting clinical privileges were to be reported, which was a bone of contention. The concern was that a name could be dropped into the bank due to "surrender" of a license when, in fact, it may have been surrendered due to retirement or relocation. Another concern was if a practitioner was denied privileges at a hospital simply because an ample number of practitioners in the same specialty were

already there, his or her name would be added to the bank.

When the bank is up and running, information must be relayed within 30 days of the action taken, such information to be made available to hospitals, licensing boards and other health care entities. Those who are the subject of reports will also be able to find out who is requesting the information. Practitioners will have the opportunity to dispute information about themselves contained in the bank through established procedures, whereby filed reports will be sent to them by the HHS secretary. Reports will be held confidential for 30 days and will not be released to others, giving persons time to contest. Although a total of 60 days will be allowed for dispute, such information will not be withheld from other parties after the first 30 days.

Hospitals will be required to request information from the data bank each time a practitioner applies for a position, and to request information from the bank every two years on existing practitioners.

The bank will be operated by UNISYS Corp., which holds a five-year contract with the government. At this time, the cost to request data has not been set, however, estimates range anywhere from \$2 to \$5 per report. ■

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# COM-OSU Accepts Three Oral Roberts University Medical Students

The Oklahoma Osteopathic Association reports that officials at the College of Osteopathic Medicine of Oklahoma State University (COM-OSU) have made special arrangements for three students from the Oral Roberts University School of Medicine (ORU) to transfer to the osteopathic college. The arrangements were made after ORU announced its medical school would be closing at the end of this academic year.

The three students, who were first-year students at ORU, became first-year students at COM-OSU as of October 2, 1989. "We had one hundred percent cooperation from ORU officials to help the first-year students," said Jack Wolfe, D.O., COM-OSU Dean of Academic Affairs.

"We went to ORU with a team of faculty members and department chairs and talked to their first-year students," Dr. Wolfe said. "The three students who were interested in transferring to COM-OSU completed applications and came to the college to interview on Friday. Our student selection committee met later the same day and offers were made to all three students Friday afternoon. They started class the following Monday morning."

In planning for the transfers, COM-OSU faculty first determined where the ORU students were in their curriculum. COM-OSU is now in its eighth week of classes

for the current semester. For most courses, the ORU students will be at about the same level as COM-OSU students. "ORU does not introduce microbiology until the second year, and we start that course the first year. However, all of these students have a science background, and should not have difficulties. If they do, we will provide tutoring for them."

The three students will also require tutoring in Osteopathic Principles and Practices, a course introduced in the first semester and continued throughout the educational program at COM-OSU. The faculty members are planning to work with the students on weekends to bring them to the level of their new classmates in the OP&P course.

COM-OSU officials examined the possibility of inviting second-year students to transfer to the college, but determined the college's curriculum would require too much modification to make those transfers feasible.

According to Terry R. Boucher, Director of Recruitment, Placement and Alumni Affairs, COM-OSU will also step up recruiting efforts at ORU. "There are premed students at ORU who really wanted to stay in Tulsa for doctoral training. COM-OSU will be the only four-year medical college in Tulsa, and we will encourage those students to apply for admission." ■

## News From the Texas Medical Foundation

S. Robert L. King, Jr., executive director of the Texas Medical Foundation (TMF), has been re-elected to his second term as vice chairman of the Chief Executive Officers Section of the American Medical Peer Review Association (AMPRA). Mr. King has served as TMF's executive director since June of 1984.

TOMA member Donald M. Peterson, D.O., FACGP, of Dallas, was re-elected to his second one-year term on the AMPRA Board of Trustees. An active member of AMPRA since 1984, Dr. Peterson is a past president of both TOMA and the Texas Society ACGP. He chairs the TMF Regional Quality Assurance Committee for the Fort Worth area.

John H. Boyd, D.O., a TOMA member who has practiced in Eden, Texas, since 1974, will serve on AMPRA's Bylaws Committee. Dr. Boyd is a past president of both TOMA and the Civil Aviation Medical Association. He has been a member of the TMF Board

of Trustees since 1981.

The TMF is a private, nonprofit, statewide organization of licensed physicians (D.O.s or M.D.s). It was chartered by the Texas Medical Association in 1972 and in 1975, TOMA joined in support of TMF. The TMF, an AMPRA affiliate, is the medical peer review organization for Texas. TMF physician consultants review the quality and medical necessity of care provided to Medicare and CHAMPUS beneficiaries. Its membership consists of over 5,000 licensed physicians throughout the state.

As a physician-directed organization, TMF was established in the belief that only physicians should make decisions regarding medical necessity and quality of medical care. The individuals best qualified to make these important judgments are precisely those who conduct the peer review process in Texas — licensed, practicing Texas physicians. ■

# TCOM Editorial Board Seeking Donations

The year 1990 will usher in the 20th anniversary of the opening of Texas College of Osteopathic Medicine to its first class in 1974. As part of TCOM's planned celebration, TCOM President David M. Richards, D.O., FACGP, appointed the college's first employee, Ray Stokes, as college historian and commissioned him, along with an Editorial Board, to prepare the history of the college, which will be published for the September, 1990 convocation.

The board needs your help in making this portion of the celebration a success. The book will be an informal history based on oral interviews and will be a valuable keepsake. It is to be funded by donations, which is where your help is being sought. Your contributions will assure an accurate, first-class portrayal of recollections of the first twenty years.

According to Stokes, only three of the 15 osteopathic colleges in the U.S. have printed similar histories: The University of Health Sciences/College of Osteopathic Medicine in Kansas City, Missouri; Chicago College of Osteopathic Medicine; and Philadelphia College of Osteopathic Medicine.

This is a milestone in Texas' osteopathic history; the 103-member class of 1989 brought to 1,093 the number of physicians who have graduated from TCOM in its 16 commencements.

We urge you to help in making the 20th anniversary of Texas' only osteopathic medical school a success. Contributions should be made out to TCOM, and mailed to Ray Stokes, Texas College of Osteopathic Medicine, 3500 Camp Bowie Boulevard, Fort Worth, Texas 76107.

Thanks for your assistance. ■

## Newsbriefs

### UPDATE ON DOCTORS HOSPITAL AIRLINE



James Spradlin, D.O.

We have been informed that Doctors Hospital Airline, 5815 Airline Drive, Houston, in coordination with Texas College of Osteopathic Medicine, began its first training program in 1988. Arlette Pharo, D.O., a 1988 graduate of TCOM graduate, is currently in the first of a three-year residency program at the hospital.

Our apologies to Doctors Hospital Airline for excluding its new interns and residents in training programs from our annual listing which appears in the October issue of the *Texas DO*.

### MEDICARE UPDATE

Medicare has increased the number of office visits they will allow during one month, from four to six.

### THIRD PARTY RESOURCES INQUIRIES

National Heritage Insurance Company has a toll-free and local line for inquiries regarding recipients' other insurance. The provider may obtain the following information by calling 1-800-252-9165 (toll-free) or 1-512-343-4970 (local).

- \* Name and address of the insurance company
- \* Policy number or group number
- \* Policyholder
- \* Employer's name

National Heritage Insurance Company is the insurer of the Texas Medicaid Program under contract with the Texas Department of Human Services.



MAY 3-5, 1990



# Medicaid Pneumonia and Influenza Vaccines Information

As you are probably aware, effective September 1, 1989, pneumococcal immunizations (1-90732) and influenza immunizations (1-90724) became covered services by the Medicaid program. Pneumococcal vaccines are limited to one per patient per lifetime; influenza vaccines are limited to one per patient per year. These vaccines are covered for high-risk recipients when medically necessary. The following lists those considered high-risk and diagnoses/conditions in which administration of the vaccine(s) would be covered.

High-risk recipients include the following groups:

- \* Children under two years of age;
- \* The elderly (age 60 and older);
- \* Residents of nursing homes; or
- \* Those with one of the following diagnoses/conditions:

01000 - 01896 Tuberculosis  
 03000 - 03100 Leprosy, Diseases due to other mycobacteria  
 03910 - 03920 Actinomycotic infections - pulmonary; abdominal  
 04200 - 04490 Human immunodeficiency virus (HIV) infection  
 04600 - 04690 Slow virus infection of central nervous system  
 09300 - 09570 Cardiovascular syphilis  
 19900 Malignant neoplasm without specification of site  
 20000 - 20890 Lymphosarcoma and reticulosarcoma - unspecified leukemia  
 24520 - 24530 Chronic lymphocytic thyroiditis - Chronic fibrous Thyroiditis  
 26100 - 26310 Nutritional deficiencies  
 27700 - 27701 Cystic fibrosis  
 27730 Amyloidosis  
 27900 - 27990 Disorders involving the immune mechanism  
 28240 - 28270 Hereditary hemolytic anemias  
 31800 - 31820 Mental retardation  
 33000 - 33020 Hereditary and degenerative diseases of the CNS  
 33100 - 33300 Other cerebral degenerations (Alzheimer's) - other degenerative diseases of the basal ganglia  
 34000 - 34490 Disorders of CNS (multiple sclerosis) - paralysis  
 34510 - 34530 Generalized convulsive epilepsy - Grand mal status  
 34981 Cerebrospinal fluid rhinorrhea  
 38861 Otorrhea  
 39300 - 39899 Chronic rheumatic heart disease  
 40200 - 40490 Hypertensive heart disease - and Renal  
 41400 - 41490 Other forms of chronic ischemic heart disease

41600 - 41790 Chronic pulmonary heart disease; Other diseases of pulmonary circulation  
 42310 - 42690 Adhesive pericarditis, constrictive pericarditis, other diseases of pericardium; unspecified disease of pericardium; other diseases of endocardium; cardiomyopathy; conduction disorders  
 42710 Paroxysmal ventricular tachycardia  
 42731 - 42742 Atrial fibrillation and flutter; Ventricular fibrillation and flutter  
 42781 - 42789 Other specified cardiac dysrhythmias  
 43800 Late effects of cerebrovascular disease  
 49110 - 49400 Chronic bronchitis, emphysema, asthma, bronchiectasis  
 49600 - 50500 Chronic airway obstruction, not elsewhere classified; Pneumoconioses; Asbestosis; Pneumonopathy due to inhalation of other dust  
 50640 - 50690 Chronic respiratory conditions due to fumes and vapors; Unspecified respiratory conditions due to fumes and vapors  
 51500 - 51630 Postinflammatory pulmonary fibrosis; other alveolar and parietoalveolar pneumonopathy  
 55500 - 55600 Regional enteritis; idiopathic proctocolitis  
 57100 Alcoholic fatty liver  
 57120 - 57190 Chronic liver disease and cirrhosis  
 58500 - 58600 Chronic renal failure; renal failure, unspecified  
 71000 - 71090 Diffused diseases of connective tissue  
 71400 - 71508 Rheumatoid arthritis and other inflammatory polyarthropathies; osteoarthritis and allied disorders  
 74100 - 74290 Spina bifida; other congenital anomalies of nervous system  
 74500 - 74670 Bulbus cordis anomalies and anomalies of cardiac septal closure; other congenital anomalies of heart  
 74840 - 74850 Congenital cystic lung; agenesis, hypoplasia, and dysplasia of lung  
 74861 Congenital bronchiectasis  
 75310 Cystic kidney disease  
 75800 - 75820 Down's syndrome, Patav's syndrome, Edward's syndrome  
 V4200 - V4220 Organ or tissue replaced by transplant - kidney, heart, heart valve  
 V4260 - V4270 Organ or tissue replaced by transplant - lung, liver  
 V4330 Organ or tissue replaced by other means - heart valve  
 V4400 Tracheostomy  
 V4510 Renal dialysis status

# Opportunities Unlimited

## PHYSICIANS WANTED

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

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

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

**WANTED** — Family practitioner to locate in underserved area. For further information, please call 817/735-4466. (05)

**LYNN COUNTY HOSPITAL DISTRICT** — in Tahoka, Texas and the surrounding community are seeking general practice and/or family practice physicians to assume established practices. Modern progressive hospital with clinic facilities, excellent financial incentives, vacation coverage and CME time. Located near Lubbock universities and cultural activities. Please contact Louise Landers, Administrator, Lynn County Hospital District, Box 1310, Tahoka, 79373 or call 806/998-4533. (53)

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

**OBSTETRICS AND FAMILY PRACTICE PHYSICIAN NEEDED** — to expand capabilities of current medical staff. Collections guaranteed, equipment, office personnel, moving

expenses, office space, and other benefits available and negotiable. Progressive West Texas town of 12,000 with nearby University City of 100,000. There is excellent hunting and fishing with three nearby lakes. Contact Larry McEachern, M.D., Rolling Plains Memorial Hospital, 200 E. Arizona, Sweetwater, 79556; 915/235-2246. (37)

**CHAIRMAN, DEPARTMENT OF GENERAL AND FAMILY PRACTICE** — The Texas College of Osteopathic Medicine (TCOM) is seeking an outstanding physician to chair the Department of General and Family Practice. This is a key position because TCOM is strongly committed to the education of primary care physicians which includes extensive clinical education in an ambulatory care setting. An individual with demonstrated leadership skills and commitment to osteopathic medical education is desired. The candidate must have a Doctor of Osteopathy (D.O.) degree and be certified by the American Osteopathic Board of General Practice. Experience with primary care residency training is also desirable. Interested persons should send a curriculum vitae and the names of three references to:

Russell G. Gamber, D.O.  
Center for Osteopathic Research  
and Education  
Texas College of Osteopathic Medicine  
3500 Camp Bowie Boulevard  
Fort Worth, Texas 76107-2690

Applications should be received by March 1, 1990 to ensure full consideration. TCOM is an equal opportunity/affirmative action employer. (48)

**HARD-CHARGING GP/FP** — Wanted to join solo osteopathic general practitioner in Panhandle community of 12,500. Practice includes obstetrics with back-up available for high-risk and complications and coverage of satellite clinic in nearby small town. Progressive, modern Texas hospital. Unlimited opportunity for right individual. Early partnership, income guarantee, moving expenses, etc. Send C.V. to: Jim Wurts, Memorial Hospital, 224 East Second Street, Dumas, 79029 or call 806/935-7171. (50)

**COMMUNITY OF 3,000** — seeks two family physicians for referral area of approximately 10,000. 43-bed hospital offering generous incentive package including relocation, income guarantee, free office space and more to qualified candidates. Contact: Physician Resource Network, P.O. Box 37102, Fort Worth, 76117-8102; 817/595-1128. (38)

**EAST TEXAS** — Community of approximately 3,500 (referral area 14,000) seeks board certified family physicians. No OB. Shared call with two BC physicians. Financially sound, 48-bed hospital in community. Recreational mecca; hunting, fishing, water sports. Contact Physician Resource Network, P.O. Box 37102, Fort Worth, 76117-8102; 817/595-1128. (42)

**COMMUNITY OF APPROXIMATELY 9,000** (referral area approximately 17,000) seeks BE/BC GENERAL SURGEON. Friendly town, good schools. Within 35-minutes of larger city. Modern 50-bed hospital. Generous incentive package to qualified physician. Contact: Physicians Resource Network, P.O. Box 37102, Fort Worth, 76117-8102; 817/595-1128. (44)

**TWO BOARD CERTIFIED FAMILY PHYSICIANS** — seek third compatible associate for busy practice. OB preferred. Friendly town, good schools. Within 35-minutes of larger city. Very lucrative financial situation. Excellent for pilot physician. Contact: Physician Resource Network, P.O. Box 37102, Fort Worth, 76117-8102; 817/595-1128. (33)

**ASSOCIATE NEEDED** — for an extremely busy family practice in west Texas. Excellent opportunity awaits energetic doctor. Clinic fully equipped with laboratory, x-ray and diagnostic equipment. For further information, contact Mitzi 915/235-1717. (30)

**OSTEOPATHIC PHYSICIAN WANTED** — for Southside San Antonio Multi-Disciplinary clinic with chiropractic, medical and podiatric physicians. Practice would consist of accident and injury care, such as workers compensation and auto injury and some general medicine. For further information call 512/923-3341 and ask for Dr. Schalk or Mr. Novak. (14)

**RELOCATE TO THE BEAUTIFUL GULF COAST** — Family Practice for sale. Physician starting residency training July 1, 1990. Gross \$170,000 per year. Hospital and nursing home nearby, OB available, x-ray on sight. Enjoy mild year around weather, fishing and water sports. Navy Homeport coming to area soon. If interested write Box 21, TOMA, 226 Bailey Avenue, Fort Worth, 76107. (21)

**AMBULATORY CARE CENTER** — is looking for medical director with recent family practice experience to supervise medical treatment rendered by medical interns and externs, with involvement in the residency program. Board certification required within one year. Five day work week, vacation, CME. Please send CV to: Administrator, 5808 Airline Drive, Houston, 77076, or call 713/695-4013. (09)

## OFFICE SPACE AVAILABLE

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

**SPECIALIST WANTED** — to sublet/share 900 sq. ft. office space across from D/FW Medical Center with surgeon. \$350 + 1/2 electric. Call 214/988-9900. (52)

**ARLINGTON** — The Arlington Medical Center has a 1200 square foot fully equipped office for rent. Join four family practitioners, Ob/Gyn, Industrial Medicine specialist in the fastest growing part of Tarrant County. Lab and x-ray in building. Contact Dean Peyton, D.O., 1114 E. Pioneer Parkway, Arlington, 76010; 817/277-6444. (22)

**FOR LEASE** — 2,100 sq. ft. finished out medical office in a professional building located on a high exposure Mesquite street. Three exam rooms, laboratory, business office, reception room and private office. Call 214/270-2911 or 214/270-3911, Mon-Thurs. Negotiable lease available. (35)

**NORTH FORT WORTH** — 301 W. Central (13th Street). Building for sale or lease. 3,000 ft., 12 rooms, art deco style. Ideal for medical or dental office. Recently refurbished. 817/626-0511. (01)

## MISCELLANEOUS

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

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

**FOR SALE** — Dodge Ram Mini, 150 Custom Van with electric wheel chair lift and over center tie downs. Original owner. Like new, 2900 actual miles. \$10,500. Contact: Kenneth Ross, D.O., Route 3, Box 1347, Tyler, 75705; 214/566-2364. (41)

**FOR THE BEST DOVE AND MUY GRANDE DEER HUNTING**, write Gene Falcone, 203 E. 2nd, Rio Grande City, Texas 78582. (45)

**SKI NORTHERN NEW MEXICO** — Including Taos, Angel Fire and Red River. Condo in Red River sleeps eight comfortably. Call Stan or Priscilla, 817/441-9373. (11)

**WANTED:** Used Diathermy Machine. Contact Dr. Mohney, 713/626-0312. (02)

**FOR SALE** — EKG, Chairs, Tables, Schiotz Tonometer, rectal and vaginal instruments, miscellaneous supplies. If you have other needs, I can probably supply them from my practice leftover. Contact: Joseph L. Love, D.O., 2506 Woolridge Drive, Austin, 78703; 512/472-0720. (15)

**CLOSING OFFICE** — Medical equipment for sale. Burdick stress system, spirometer, EKG, muscle stimulator, x-ray and processor, AT&T phone system, xerox copier and fax machine and much more. Contact: Chris J. Fernon, D.O., 817/460-6780. (27)

**FILM ABOUT OSTEOPATHY** — Students for the Advancement of Osteopathic Medicine at UHS-COM in Kansas City have put together an explanation of osteopathic medicine on VHS format. This video is designed to acquaint the student with the benefits of choosing osteopathic medicine as a career and to dispel misconceptions which have pervaded Pre-Medical advisors concerning our profession. We would like for practicing physicians to have this available for their use. There is no charge for this video. Interested D.O.s may obtain a copy by writing to: S.A.O.M., c/o Alvin C. Bacon, 2105 Independence Blvd., Kansas City, Missouri, 64124. (25)

**WANTED** — Used Diathermy machine, micro-centrifuge or ultra sound. Call Dr. T. Robert Sharp, 214/279-2453. (56)

## POSITIONS DESIRED

**GENERAL PRACTICE PHYSICIAN** — seven years experience in solo and group practices of medicine and surgery. Has own insurance, wishes to work mornings part-time in the D/FW metroplex. Available Monday through Saturday, 8:00 a.m. until 12:00 noon. Why leave your office closed one day a week when the overhead continues? I can make your practice more profitable. Call me! Metro 817/429-4140. (43)



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