

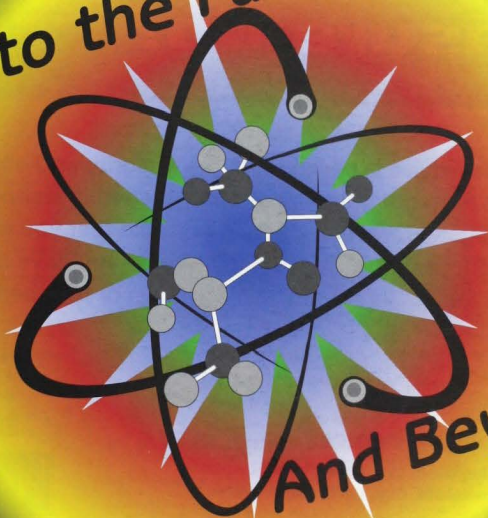
# TEXAS D.O.

The Journal of the Texas Osteopathic Medical Association

Volume LX, No. 5

May 2003

Into the Future...



And Beyond

**TOMA's 104th Annual Convention & Scientific Seminar  
Program and Speaker Information • Registration Form**

pages 6 – 11

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Tiffany Parmer  
*Administrative Assistant*

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**PUBLICATION OFFICE**

1415 Lavaca Street  
Austin, Texas 78701-1634  
800-444-8662 or 512-708-8662  
FAX: 512-708-1415

E-mail: [toma@txosteo.org](mailto:toma@txosteo.org)  
Website: [www.txosteo.org](http://www.txosteo.org)

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# CALENDAR OF EVENTS

## JUNE 5-8

### "101st Annual CME Convention & Scientific Exhibition"

*Sponsored by the Georgia Osteopathic Medical Association*

Location: Hilton Oceanfront Resort, Hilton Head Island, SC

CME: 25 hours category 1-A credit anticipated

Contact: GOMA, 2037 Grayson Hwy., Suite 200

Grayson, GA 30017

770-493-9278; FAX 770-908-3210

<www.goma.org>

## JUNE 12-14

### "AOA End-of-Life Care Workshop"

*Sponsored by the American Osteopathic Association*

Contact: Shelley Morrison, Manager of Public Health, AOA

800-621-1773, Ext 8006; 312-202-8006

FAX 312-202-8306

<smorrison@aoa-net.org>

## JUNE 14-18

### "June Basic Course"

*Sponsored by The Cranial Academy*

Location: Founders Inn, Virginia Beach, VA

CME: 40 hours anticipated

Contact: The Cranial Academy

8202 Clearvista Pkwy, #9-D

Indianapolis, IN 46256

317-594-0411; FAX 317-594-9299

## JUNE 18-22

### "TOMA 104th Annual Convention & Scientific Seminar"

*Sponsored by the Texas Osteopathic Medical Association*

Location: Moody Gardens Resort, Galveston, TX

Contact: Sherry Dalton

800-444-8662 or 512-708-8662

<sherry@txosteo.org>

## JUNE 25-29

### "23rd Annual Primary Care Update"

*Sponsored by the University of North Texas Health Science*

*Center at Fort Worth. Supported by Dallas Southwest*

*Osteopathic Physicians, Inc.*

Location: Radisson Hotel, South Padre Island, TX

CME: 25 hours category 1-A credits anticipated

Contact: UNTHSC Office of Professional &

Continuing Education

817-735-2539; 800-987-2CME

<www.hsc.unt.edu>

## JULY 18-20

### "American Osteopathic Association House of Delegates"

Location: Fairmont Hotel, Chicago, IL

Contact: Ann M. Wittner, AOA

800-621-1773, Ext 8013; 312-202-8013

FAX 312-202-8212; <awittner@aoa-net.org>

## JULY 30-AUGUST 3

### "18th Annual Convention"

*Sponsored by the Arkansas Osteopathic Medical Association*

Location: Inn of the Ozarks, Eureka Springs, AR

Contact: Ed Bullington, AOMA Executive Director

501-374-8900; FAX 501-374-8959

<osteomed@ipa.net>

## JULY 31-AUGUST 3

### "46th Annual Clinical Seminar"

*Sponsored by the Texas Society of the American College of Osteopathic Family Physicians*

Location: Wyndham Arlington Hotel, Arlington, TX

CME: 26 hours category 1-A credits anticipated

Contact: 888-892-2637; <txacofp@rivin.net>

## SEPTEMBER 5-7

### "14th Annual Leadership Conference on Osteopathic Medical Education"

*Sponsored by the American Osteopathic Association and the American Association of Colleges of Osteopathic Medicine*

Location: Chicago, IL

Contact: Joyce Ratliff, OME Conference Coordinator, AOA

800-621-1773, Ext 8080; 312-202-8080

FAX 312-202-8202

<jratliff@aoa-net.org>

## SEPTEMBER 20-27

### National Osteopathic Medicine Week - "Pride Within the Profession"

Contact: American Osteopathic Association

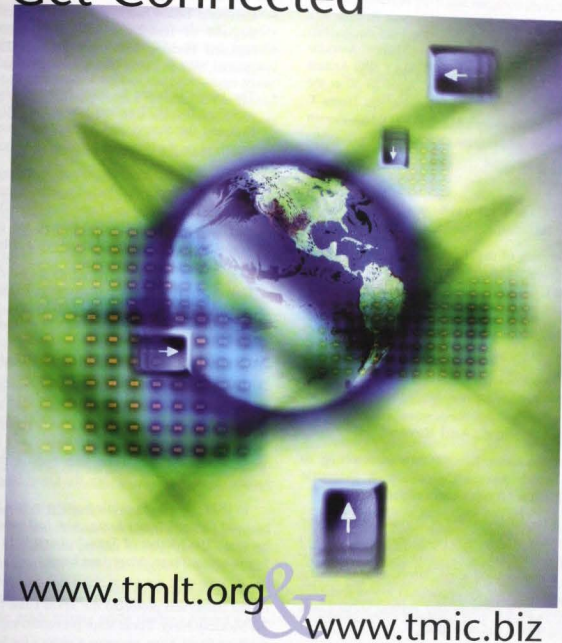
800-621-1773

## Harlan Borcharding, D.O. Physician of the Year

On March 23, 2003, the National Republican Congressional Committee, chaired by Congressman Tom Reynolds, honored Dr. Harlan Borcharding by presenting him with the Physician of the Year award. Throughout the coming year, Dr. Borcharding will be attending meetings, VIP dinners and other functions in Washington D.C., representing Texas osteopathic physicians.



# Get Connected



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# DESTINATION GALVESTON

## Site of TOMA's 2003 Annual Convention & Scientific Seminar

### 15 Years Ago

It was in 1988 that the Texas Osteopathic Medical Association last held a convention in Galveston. TOMA's 89th Annual Convention & Scientific Seminar was held April 28-30 at the Hotel Galvez. Program chair for that convention was James T. Hawa, D.O., with James E. Froelich, III, D.O., TOMA's current president, serving as assistant program chair.

Looking back, some of the convention activities that took place included:

- M. Lee Shriner, D.O., was installed as the new TOMA president. Bill Puryear, D.O., became the immediate past president.
- Fresh from the meeting of the House of Delegates on April 27, Joseph Montgomery-Davis, D.O., became the new president-elect. Robert L. Peters, Jr., D.O., the new vice president.
- Sue Urban was named the new ATOMA president, succeeding Marilyn Mohney.
- Dr. Peters received the General Practitioner of the Year Award from the Texas Society of the American College of General Practitioners in Osteopathic Medicine and Surgery.

### "Into the Future...And Beyond"

Fifteen annual conventions later, TOMA is returning to Galveston for the 104th Annual Convention & Scientific Seminar, June 18-22, at the Moody Gardens Resort.

Although much of Texas has changed in 15 years, the incredible history and unique beauty of Galveston Island remains constant in its popularity as a resort destination. Convention attendees can be assured of first rate educational offerings, luxurious accommodations at the Moody Gardens hotel, the opportunity to visit with over 60 healthcare exhibitors, great entertainment, exciting social events and, as always, seeing friends and colleagues.

### Flora, Fauna and Facts

- Galveston Island is approximately 5,000 years old and is located on the Gulf of Mexico, 50 miles South of Houston.
- The Island is a barrier reef island that averages 2 miles in width and boasts of 32 miles of Gulf Coast beaches.
- The weather is temperate year-round, averaging 57F in the winter months and 81F in summer months.
- Galveston Island State Park is home to numerous wading and shore birds, ducks, armadillos and marsh rabbits while a large variety of fish ranging from the spotted seatrout to ocean flounder thrive in the warm coastal waters.
- The "Great Storm of 1900" devastated the entire island, killing an estimated 10,000 people, and prompting the construction of the seawall wall which protects the northern half of the island.

- Galveston Island has four historic districts on the National Register of Historic Places, which include the Strand National Historic Landmark District, East End Historic District, Silk Stocking District and Central Business District.
- The Island is home to three National Historic Landmarks including the 1877 sailing vessel the Tall Ship *Elissa*, East End and the Strand and has approximately 1,500 historic buildings on the National Register of Historic Places.
- Galveston Island has 14 museums and historic homes open to the public for tours, including the Ocean Star Offshore Drilling Rig & Museum, Lone Star Flight Museum (Home of the Texas Aviation Hall of Fame), the Railroad Museum, Texas Seaport Museum, Ashton Villa, Bishop's Palace, and the palatial Moody Mansion.
- Galveston is home to the University of Texas Medical Branch and Texas A&M University at Galveston.

(Source: "Just the Facts." Galveston Island CVB at <[www.galveston.com](http://www.galveston.com)>)

### A Brief Look at the History of Galveston Island

Galveston Island has been occupied for thousands of years, serving as a home to Akokisa Indians, the Karankawa Indians and the infamous pirate Jean Lafitte. Having been called the "Ellis Island of the West" and "Wall Street of the Southwest," once the richest city in Texas later became the site of the worst natural disaster in U.S. history, the Great Storm of 1900.

In 1821, Jane Long, while waiting in vain for the return of her husband General James Long, who had been killed in Mexico, became "The Mother of Texas" giving birth to the first Anglo-Saxon native Texan, Mary Jane Long.

In 1836, four ships from the Texas Navy made headquarters on the Island and protected the Texas coast from harassment by the Mexican Navy. These ships prevented supplies and men from reaching Santa Anna, ensuring a victory for Sam Houston's army at San Jacinto, 22 miles northwest of Galveston.

### Yo, Ho, Ho...Real Life Pirates

The pirate Jean Lafitte arrived on the Island in 1817, making it his base of operations and naming it Campeche. His little village was comprised of huts for the pirates, a large slave market, boarding houses for visiting buyers, a shipyard, saloons, pool halls, gambling houses and Lafitte's own house, the "Maison Rouge." At one point, Campeche was home to about 1,000 people. General James Long attempted to recruit Lafitte to help make Texas independent from Spain and Mexico, but Lafitte remained neutral. In 1820, Mexico won independence from Spain, but Lafitte stayed on. However, in May 1821, after Lafitte's attack on an American ship, he was forced to abandon his operations on the island. Before leaving, he hosted a huge party for his pirates with wine and whiskey and burned his settlement. It is believed that he had buried treasure on the island, but it has never been found.

## The City of Galveston

By 1839, the city of Galveston's harbor had become an vital port with ships from all over the world bringing their goods to America. Since Congress had not approved chartered banks, financial transactions were handled by mercantile firms. The Strand, named after a street in London, was filled with wholesalers, cotton agents, paint, drug, grocery, hardware and dry goods stores and insurance companies. The Strand became known as the "Wall Street of the Southwest" for the largest and most important wholesale houses west of the Mississippi River. Between 1838 and 1842, 18 newspapers were started. The *Galveston News*, founded in 1842, is the lone survivor and is now published as the *Galveston County Daily News*. Progress continued and a bridge to the mainland was finished in 1860.

### Galveston's Share of "Texas Firsts"

As Galveston grew, it became the site of numerous "Texas firsts," including the first:

- ✓ post office (1836)
- ✓ naval base (1836)
- ✓ chapter of the Masonic Order (1840)
- ✓ cotton compress (1842)
- ✓ insurance company (1854)
- ✓ gas lights (1856)
- ✓ opera house (1870)
- ✓ orphanage (1876)
- ✓ telephone (1878)
- ✓ electric lights (1883)
- ✓ school for nurses (1890)
- ✓ medical college (1891) still in operation as The University of Texas Medical Branch

(Source: Bob's Galveston Island Reader, 3rd printing of Bob's Reader, 1993, by Galveston Historical Foundation with permission of Mrs. Bob Nesbitt and children.)

### Galveston's Seawall and Historic Grade Raising

Galveston's seawall which measures seven miles long and 17 feet high started a tremendous project to raise the level of the island after the Great Storm of 1900. The original seawall was 15 feet thick at the base, five feet thick at the top, 17 feet high and weighed 40,000 pounds per foot. Thousands of structures were jacked up during the grade raising while dredges poured 4 to 6

feet of sand beneath them. In other cases, (such as Ashton Villa) the fill was pumped into the raised basements. During the 8-year-long project, island residents used elevated wooden sidewalks to walk through town. The grade-raising project began in 1902 and was completed in 1910 and included more than 500 city blocks. The seawall now extends 10.4 miles, and covers one-third of Galveston's Gulf side, protecting the northern half of the island.

### Moody Gardens Resort - Host Hotel for the 104th Annual Convention

Surrounded by acres of lush tropical gardens and the breathtaking sight of three towering, glass pyramids rising 10-stories into the sky, Moody Gardens Resort and Hotel is a spectacular choice for convention attendees. This family-friendly resort is sure to please, with such offerings as:

- \* The Rain Forest Pyramid, home to exotic butterflies, bird and tropical fish
- \* Discovery Pyramid, featuring interactive exhibits designed in conjunction with NASA
- \* Aquarium Pyramid, featuring one of the largest aquariums in the world
- \* Four IMAX Theaters (including the first 3-D IMAX in Texas), featuring films by the world's foremost filmmakers
- \* Palm Beach, a palm-tree covered fresh water beach complete with lagoon, white sands and waterfalls
- \* Colonel Paddlewheel Boat, an authentic replica of an 1800's paddlewheel boat, with dinner and private cruises available.

The hotel itself is a contemporary wonder, and just steps away from all the exciting attractions and exhibits. It also features a full service spa and salon; fitness center complete with indoor lap pool, as well as an outdoor jogging track; outdoor pool with swim up beverage bar and poolside food service; boutiques; childcare facility and providers; fine dining; business center; and more. All in all, convention attendees can expect to receive some major pampering at this hotel plus state of the art CME.

Into the Future...  
And Beyond



# CONVENTION SPECIAL EVENTS

## Wednesday, June 18

5:00pm – 7:00pm

Convention Welcome Reception with Exhibitors

*"Into the Future...and Beyond"*

The attire is "Business Casual."

*This is a **No Charge** Event open to all registrants, their families (all children must be accompanied by an adult) and registered convention exhibitors.*

Join us as we gather together for the exciting TOMA 104th Annual Convention and Scientific Seminar in the Moody Gardens Convention Center Exhibit Hall. Enjoy an evening of mixing and mingling with exhibitors and colleagues plus great food and beverages.

## Thursday, June 19

6:30pm – 10:00pm

Sustainers "Palm Beach Luau" Party

The dress for the evening is "Beach Party Casual" and

"Swimwear."

*This is a **No Charge** Event for sustaining members and ONE adult guest only.*

Moody Gardens' own secluded fresh water, white sand beach is the setting for this fun filled tropical evening. In addition to the beautiful private beach for swimming and lounging, there will be outdoor hot tubs, sand volley ball and horse shoes. A festive island dinner will be served beach side and the evening will continue with a live band for dancing under the stars.

## Friday, June 20

2:00pm – 9:00pm

ATOMA's Annual Fund Raiser Golf Tournament

Timber Creek Golf Club

The dress is golf attire (as comfortable as you can get in the hot Texas sun!).

*This is a **Ticketed Event** open to everyone over the age of 18. \$75 per person.*

Ready for a day of fun and sun out on the links? Then you won't want to miss the ATOMA Annual Fund Raiser Golf Tournament sponsored by Dean, Jacobson Financial Services, LLC. Timber Creek Golf Club is the location for this year's tournament and promises to be a great time for all golfers from novice to pro. After the tournament, relax and enjoy dinner at the club house while tournament trophies are given.

## Friday, June 20

Unlimited Family Fun Day

The dress is "Beach Vacation Casual."

*This is a **Ticketed Event**, \$25 per person.*

This Family Fun Day will be like no other TOMA has had in the past. Moody Gardens is providing a discounted "Group Attractions Pass" to all TOMA conference attendees and their family members. With this pass, each person can enjoy the 3 theme pyramids, 4 IMAX theaters, the secluded, fresh water Palm Beach and all the other exciting venues at Moody Gardens from the time you register for the convention until the time you check-out (a five day unlimited pass). A "Build Your Own Hot Dog or Burger" feast will be open from 5:30pm to 7:00pm at the hotel for all "Group Attraction Pass" holders.

## Saturday, June 21

6:00pm – 7:00pm

President's Reception

7:00pm – Midnight

President's Banquet

The attire for this special occasion is "Elegant Evening" with **Black Tie optional**.

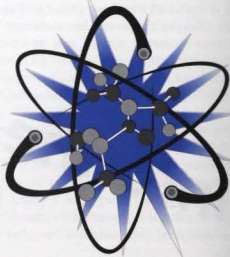
*Your registration fee includes one ticket.*

*Additional tickets are \$80 per person.*

The President's Reception will take place in the Foyer of the Frances Anne Moody Ballroom in the hotel. The start of this elegant evening will give you the opportunity to gather with your colleagues and friends, enjoy a hosted beverage bar, live music and conversation.

Following the reception is a full course, fine dining experience in the Frances Anne Moody Ballroom. Current President, Dr. James E. Froelich, III will pass the gavel to Dr. Jim Czewski and TOMA award presentations will be made.

Then the party will really get going as you enjoy great music and all your favorite tunes to dance the night away provided by popular Houston cover band, Doppelganger.





# PRELIMINARY PROGRAM SCHEDULE

## - 26.5 Category 1-A CME Hours Anticipated -

### Wednesday, June 18

3:00pm - 7:00pm Registration Open  
 5:00pm - 7:00pm Exhibit Hall Open  
 5:00pm - 7:00pm Welcome Reception for Exhibitors and Attendees

### Thursday, June 19

7:00am - 8:30am Breakfast with Exhibitors  
 7:30am - 6:00pm Registration Open  
 8:00am - 9:00am The Hurried Woman  
 Brent Bost, M.D.  
 Sponsored by Pfizer  
 9:00am - 10:00am What about Smallpox?  
 Paul McGaha, D.O.  
 10:00am - 11:00am Pharmaceutical Update Break  
 11:00am - Noon New Asthma Treatments  
 Mark Olmstead, D.O.  
 Sponsored by GlaxoSmithKline  
 AOA Luncheon  
 Darrel Beehler, D.O.  
 Sponsored by Pharmacia  
 The Future of HIV Treatment  
 Ken Greenburg, D.O.  
 Sponsored by GlaxoSmithKline  
 2:30pm - 3:30pm Treating Prostatic Hypertrophy  
 Raji Gill, D.O.  
 Sponsored by GlaxoSmithKline  
 3:30pm - 4:00pm Pharmaceutical Update Break  
 4:00pm - 5:00pm New Treatments for Migraines  
 David Chorley, D.O.  
 Sponsored by GlaxoSmithKline  
 5:00pm - 6:00pm Receptions: MOPPS, POPPS, KCOM  
 6:30pm - 9:30pm Sustainers Party - Palm Beach Luau

### Friday, June 20

7:00am - 8:30am Breakfast with Exhibitors  
 7:30am - 3:30pm Registration Open  
 8:00 - 9:00am DO Online  
 Annette Gippe  
 Sponsored by the AOA  
 9:00am - 10:00am Rheumatoid Arthritis Update  
 Sponsored by Wyeth  
 10:00am - 10:30am Pharmaceutical Update Break  
 10:30am - 12:30pm Breakout Workshops  
 (1 and 2 repeat on Saturday)  
 1. DO Online  
 Annette Gippe  
 Sponsored by the AOA  
 2. Texas Health Steps  
 James Marshall, D.O.  
 Sponsored by the Texas Nurses Association  
 3. Osteoarthritis  
 Alan Stockard, D.O.  
 Sponsored by Wyeth  
 Noon - 1:30pm Fun Day Boxed Lunch

### Friday, June 20 continued

1:30pm - 3:30pm Optional Workshop (one day only)  
 Medicare Quality Indicator  
 Flu/Pneumococcal Immunizations  
 Barbara Atkinson, D.O.  
 Breast Cancer Detection/Screening  
 Frank Bradley, D.O.  
 Diabetes Treatment  
 Steve Yount, D.O.  
 Sponsored by Texas Medical Foundation  
 2:00pm - 9:00pm ATOMA Golf Tournament and Dinner  
 OR  
 2:00pm - 7:00pm Unlimited Family Fun Day and Dinner  
 7:00pm - 9:00pm TCOM Alumni Reception

### Saturday, June 21

Breakfast  
 7:30am - 4:00pm Registration Open  
 8:30am - 9:30am Electronic Medical Records (EMR)  
 Daniel Rouch, D.O.  
 The Latest Information on Hepatitis C  
 Frank Adams, D.O.  
 Sponsored by Wyeth  
 9:30am - 10:30am Break  
 The Weekend Jock  
 Daniel O'Neill, M.D.  
 Sponsored by Wyeth  
 10:30am - 11:00am Keynote Luncheon  
 11:00am - Noon Yellow Ribbon Suicide Prevention Program  
 Dale and Dar Emme  
 Sponsored by Dean, Jacobson Financial Services, LLC  
 Noon - 1:30pm Diagnosing Adolescent Depression  
 Jay Buttermann, D.O.  
 Sponsored by Wyeth  
 1:30pm - 2:30pm Breakout Workshops  
 2:30pm - 4:30pm (1 and 2 repeat from Friday)  
 1. DO Online  
 2. Texas Health Steps  
 3. "The BEST and the WORST... Managing Investments in Volatile Markets" and  
 "Protecting your ASSETS... How To Do It Without Losing Control"  
 Sponsored by Dean, Jacobson Financial Services, LLC  
 6:00pm - 7:00pm President's Cocktail Reception  
 7:00pm - Midnight President's Banquet

### Sunday, June 22

7:30am - 8:30am Conference Attendees Breakfast  
 8:00am - 12:15pm Risk Management Program  
 Sponsored by Dean, Jacobson Financial Services, LLC

# TOMA's 104th Annual Convention & Scientific Seminar • June 18 – 22, 2003

## REGISTRATION

**PRINT CLEARLY or TYPE**

Name \_\_\_\_\_

First Name for Name Badge (if different from above) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

D.O. College \_\_\_\_\_ Year Graduated \_\_\_\_\_ AOA# \_\_\_\_\_

Specialty \_\_\_\_\_ TOMA District \_\_\_\_\_

Spouse or Guest (if Name Badge is requested) \_\_\_\_\_

☐ Please check here if you have a disability, require a special diet or accommodations. You will be contacted to discuss your needs.

### REGISTRATION FEES

**EARLY Registration      Registration**  
(Postmarked by 5/21) (Postmarked after 5/21)

<b>TOMA Members*</b>	\$450**	\$550**	\$ _____
• 1st or 2nd Year in Practice**	\$275	\$375	\$ _____
• Retired/Life Members**	\$200	\$300	\$ _____
• Attendee Spouse/Guests**	\$200	\$300	\$ _____
<b>Non-Members**</b>	\$600	\$700	\$ _____
<b>Other Healthcare Professionals**</b> (such as P.A.'s, Nurses )	\$300	\$400	\$ _____
<b>Students/Interns/Residents***</b>	\$0	\$0	\$ 0

\* Includes members of other state osteopathic associations.

\*\* Registration includes one ticket to all meal functions and one ticket to President's Banquet.

\*\*\*Registration does NOT include tickets to any meal function or special activities listed below.

Meal tickets can be purchased by package only. See "Meal Ticket Package" below.

**REGISTRATION FEES SUBTOTAL** \$ \_\_\_\_\_

### SPECIAL EVENTS

**Unlimited Family Day\*** . . . . . \$25 x # \_\_\_\_\_ tickets \$ \_\_\_\_\_

**ATOMA Golf Tournament** . . . . . \$75 x # \_\_\_\_\_ tickets \$ \_\_\_\_\_

Name: Player #1 \_\_\_\_\_ Handicap \_\_\_\_\_

Player #2 \_\_\_\_\_ Handicap \_\_\_\_\_

YES \_\_\_ I/We will ride the TOMA bus. # of riders in your group \_\_\_\_\_

NO \_\_\_ I/We will NOT ride the TOMA bus.

YES \_\_\_ I want to sponsor a Tee Sign with my name for \$100 (per sign) \$ \_\_\_\_\_

**Sustainers Party (Open to Sustaining Members - Adults Only)**

Number of tickets (circle one) 1 2 \$ NC

**SPECIAL EVENTS SUBTOTAL** \$ \_\_\_\_\_

### ADDITIONAL TICKETS/MEAL TICKET PACKAGE

**Convention Meal Tickets Pack\*** \$145 per person x # \_\_\_\_\_ packs \$ \_\_\_\_\_

Includes Breakfast on Thursday, Friday, Saturday, Sunday;

Thursday AOA Luncheon, Friday Boxed Lunch, Saturday Keynote Luncheon

**TOMA President's Banquet** \$80 x # \_\_\_\_\_ tickets \$ \_\_\_\_\_

**ATOMA President's Installation Brunch**

\$30 x # \_\_\_\_\_ tickets \$ \_\_\_\_\_

\* Convention Meal Tickets Packs can be purchased on-site. A ticket must be presented for each meal.

Meal tickets CAN NOT be purchased separately or at the meal function.

**ADDITIONAL TICKETS/ TICKET PACKAGES SUBTOTAL** \$ \_\_\_\_\_

### PAYMENT SUMMARY

Convention Registration Fee(s) \$ \_\_\_\_\_

Special Events \$ \_\_\_\_\_

Additional Tickets/Packages \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

### FORM OF PAYMENT

☐ Check in the amount of \$ \_\_\_\_\_

**OR**

**Credit Card in the amount of \$ \_\_\_\_\_**

☐ Visa ☐ MasterCard ☐ AmExpress

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Date Received \_\_\_\_\_

Amount \$ \_\_\_\_\_

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# AOA President-Elect to Address Convention Participants

Darryl A. Beehler, D.O., President-elect of the American Osteopathic Association, will be the featured speaker during the annual AOA Luncheon on Thursday, June 19, during TOMA's annual convention. Members are urged to attend this event not only to catch the latest news as to AOA activities and other timely issues, but to extend a "Texas-style" welcome to Dr. Beehler as well.

Dr. Beehler is a board-certified family and emergency physician from Detroit Lakes, Minnesota. He currently practices emergency medicine at Douglas County Hospital in Alexandria, Minnesota. He is also affiliated with other Minnesota hospitals, including St. Joseph's Hospital in Park Rapids and North County Regional Hospital in Bemidjia. Through Lakes/National Emergency Services of Detroit Lakes, he was medical director of emergency services and co-medical director of Fargo-Moorhead Ambulance Services.

A board of trustees member since 1992, Dr. Beehler has served the AOA in many capacities including chair of the departments of education, business affairs, government affairs, and

public affairs. In addition to his involvement with the AOA, he has served on the board of trustees of the Arizona Osteopathic Medical Association and as past president of the Minnesota Osteopathic Medical Association.

Dr. Beehler received his D.O. degree from Kirkville College of Osteopathic Medicine in 1975. He completed his postgraduate training at Carson City Hospital in Michigan. He received the honor of becoming a fellow in both the American College of Osteopathic Family Physicians and the American College of Osteopathic Emergency Physicians.

Active in the bureau of conventions of the AOA since 1979, Dr. Beehler served as national program chairman of the AOA's annual convention in 1980.

Dr. Beehler and his wife, Mary, reside in Detroit Lakes with three of their four children: Jay, Amanda, and their youngest daughter, Elise. Their oldest daughter, Jessica, lives with her husband in Mesa, Arizona.

## Keynote Luncheon to Feature Dale and Dar Emme, Founders of the Yellow Ribbon Suicide Prevention Program

Convention participants will have the opportunity to learn more about the Yellow Ribbon Suicide Prevention Program by attending the Keynote Luncheon on Saturday, June 21, during convention. Dale and Dar Emme, program founders, will deliver a presentation about this vital program.

The program began in 1994 after the suicide of the Emme's 17-year-old son, Mike. When faced with teens asking what they could do to help, the Emme family wanted them to realize that they should reach out and ask for help if they ever find themselves feeling suicidal. "It's okay to ask for help" became the common theme of the program, resulting in the Yellow Ribbon Card.

The main goal of the Yellow Ribbon Suicide Prevention Program is "prevention." The cards themselves, which are distributed at schools, churches, and other functions, carry the message that it's okay to ask for help, and provide children/teens with a safe and simple way to ask for that help. Adults are subsequently educated to respond appropriately when presented with a Yellow Ribbon Card. The program is a simple yet effective way to help prevent suicide that teaches awareness and strategies to empower youth and adults. Its continuing success is due in large part to personal and community involvement.

Since 1998, a collaborative partnership has existed between AOA-Net, the Auxiliary to the American Osteopathic Association and the Yellow Ribbon Suicide Prevention Program, which unites Auxiliary chapters and physician organizations with communities, schools, churches and other groups to start such an initiative in their local community. In 2002, the AOA officially adopted the program by a resolution.

In addition, the Yellow Ribbon Program has remained one of the priorities of the Auxiliary to the Texas Osteopathic Medical Association for a number of years, and ATOMA members continue their work in providing Yellow Ribbon Cards to area schools.

According to the National Center for Health Statistics of the Centers for Disease Control and Prevention, <[www.cdc.gov/nchs](http://www.cdc.gov/nchs)> suicide ranks third as the cause of death for 10-14 year-olds; and third as the cause of death for 15-19 year-olds, based on statistics for the year 2000.)

Convention attendees are encouraged to attend the Keynote Luncheon to meet Dale and Dar Emme, as well as to learn how to assist in furthering the goals of this proactive program that has saved the lives of thousands of youth since its inception.



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# Self's Tips & Tidings



By Don Self

## Electrical Stimulation – Medicare

Effective January 3, 2003, Medicare replaced CPT 97014 with three temporary "G" codes. The following is a notice that appeared on the Empire Medicare Services website:

### Electrical Stimulation (Unattended)– New Coding for 2003

CPT 97014 [application of a modality to one or more areas; electrical stimulation (unattended)] has been deleted as a Medicare covered procedure code, effective for services provided on or after January 1, 2003. In its place, the Centers for Medicare & Medicaid Services (CMS) has created three temporary codes. Coverage of these codes is based on the conditions for which unattended electrical stimulation is being provided.

G0281 Electrical stimulation (unattended), to one or more areas, for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care.

Effective for services provided on or after April 1, 2003, coverage for this code is limited to conditions defined in its narrative, which is spelled out in the Coverage Issues Manual, section 35-102. The ICD-9-CM codes that are covered for this service are:

- 250.80-250.83 Diabetes with other specified manifestations
- 440.23 Atherosclerosis of the extremities with ulceration
- 440.24 Atherosclerosis of the extremities with gangrene
- 454.0 Varicose veins of lower extremities with ulcer
- 707.0 Chronic ulcer of skin, decubitus
- 707.10-707.19 Ulcer of lower limbs, except decubitus

- 707.8 Chronic ulcer of other specified sites
- 707.9 Chronic ulcer of unspecified site
- 785.4 Symptoms involving cardiovascular system, gangrene

G0282 Electrical stimulation (unattended), to one or more areas, for wound care other than described in G0281 is NON covered by Medicare.

G0283 Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care.

## Re-Pricing Companies

You get a phone call from a re-pricing company that says, "We are working with XYZ insurance company concerning the recent claim you filed to them. We realize that processing the claim may take 45 days, if it is a clean claim, before payment is issued. We offer a priority service for XYZ insurance whereby we help expedite the payment of the claim if you are willing to accept 65% of the allowed amount."

How do you handle these kinds of calls? On suggestion is to tell them, "I'm sorry, but under HIPAA we cannot discuss personally identifiable health information with you unless you provide us with a copy of the business associate agreement between your company and the actual insurers. Without that written agreement, we cannot even discuss whether the person you are naming is a patient in this practice. Our fax number is ..."

They won't bother you again. Oh yeah, use this on attorneys or anyone else that calls, too.

## Looking to Relocate?

If you are looking for an existing practice, thinking about opening a practice or just want to know if we know of any practices wanting to add another provider to

their staff, send us an e-mail telling us about yourself and what you're wanting. We are constantly hearing from people needing another physician or know of practices for sale. We are not a placement agency, so you don't give us a fee to be listed with us.

## Meeting the Law's Requirements On NPP

One consultant was in an office in which the patient information sheet had a small sentence on the bottom that read, "I acknowledge that I was given the opportunity to review our practice privacy policy." At no time was she even offered the opportunity. When she asked to speak to the office manager concerning this, she was told the manager was in a meeting and could not discuss this matter! Make sure this doesn't happen in your office because patients will NOT have trouble finding HHS's phone number and you will be nailed for ignorance like this.

## Using the GZ Modifier

When you think a service will be denied because it does not meet Medicare program standards for medically necessary care, and you did not obtain a signed ABN from the beneficiary, you should use a GZ modifier on the claim. If you give an ABN to a patient who refuses to sign and you nevertheless furnish the services, use a GZ modifier. Of course, if you have two witnesses sign the ABN stating they witnessed the patient being told the service would probably not be paid for by Medicare due to medical necessity reasons, you would use the GA modifier instead of GZ.

At times, a patient may be unconscious or unable to sign due to an emergency condition, and you go ahead and give a service in an EMTALA covered situation in an emergency room. At this point, you should go ahead and use the GZ modifier.



## Revenue Centers

Every practice that wishes to continue to survive in a time when malpractice keeps increasing, overhead expenses keep climbing and managed care plans are trying to reduce payments to providers, needs to create Revenue Centers (RC) in their practice. I know this may bother some physicians reading this as they don't like to think of themselves as business people. However, you *are* business people. You cannot survive as a health-care provider if you do not immediately start looking at your business as a BUSINESS. Does this mean we should forget the patient's best interests? Absolutely not! In order for me to recommend an RC for your practice, it has to meet 3 criteria:

1. It has to be applicable to the practice. I will not put cardiac event monitors into a Podiatry or Orthopedic practice.
2. It has to be long term beneficial to the patient's care.
3. It has to be profitable to the physician and paid for by insurance.

Now, for the next six to nine months, I will go into detail each month about an RC that may benefit the majority of members of the Texas Osteopathic Medical Association. These will include bone density testing, holters/cardiac event monitors, Mediator Release Testing and disease management programs, electrical stimulation, ambulatory blood pressure monitoring, sleep apnea testing, autonomic nerve testing, and others that will meet these three criteria. Some of these you can obtain through my company. As for the others, I may be looking for a good company to recommend. I may also be

dispelling some myths or untruths about things you believed as well. In one seminar I taught, a physician was absolutely sure that Medicare only paid cardiologists for holters or cardiac event monitors and for years, he had been referring them out. He argued with me since he was so sure of it. Not only did the patients have to wait for weeks to get into the cardiologist, it bothered him how many times it turned out that the patients' problems were not cardiac related. Now he does these in his office and receives \$300 to \$700 from most insurance carriers for them while saving lives that may have been lost while the patient waited to get into the cardiologist – at no expense to his clinic at all. I also receive letters from Texas D.O.s almost weekly, from either them or their patients, telling me things like “Don, I had one patient suffering from migraines for 15 years and nothing was helping. Even though I didn't believe the MRT or LEAP program would help, we tried it and the patient is not only no longer in pain, but the insurance carriers are paying me more than \$1500 per patient, which helps my bottom line.”

Folks, every thing I recommend to you will be profitable and will help your patients. If you don't want to wait until I cover the subject in the *Texas D.O.*, contact my office at 800 256-7045 or e-mail <donself@donself.com>.

## Appealing Claims

### Try this in your appeal letter!

“The above referenced claim was denied despite the fact the verification of benefits and/or preauthorization of care was obtained from your company. Please

be advised, our facility relies on information received from your company regarding coverage. We extended treatment in good faith based on the expectation of payment. Further, state courts have held that insurers are liable for misrepresentations made during coverage verification. In *Hermann Hospital v. National Standard Insurance Company*, 776 SW 2nd 249, the Court of Appeals of Texas ruled that coverage misrepresentations could be construed as both negligent and fraudulent. In rendering this decision, the court wrote:

*Hospital and other health care providers must, and do, rely upon the insurance carriers' representations of coverage in making their decision regarding admission of potential patients. If insurance coverage and benefits cannot be verified, or no coverage exists, the medical provider can then make alternative financial arrangements. To insulate the insurance carriers from liability leaves the medical care provider without recourse against the party causing its damage, if it acted in reliance on the representation of coverage.*

Therefore, we request your review of the denial in light of the information obtained by your company at the time treatment was rendered.”

Don Self, CSS, BFMA  
305 Senter Avenue  
Whitehouse, Texas 75791  
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www.donself.com  
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FAX 903-839-7069

# In Memoriam

## Dan B. Whitehead, D.O.

Dr. Dan Whitehead of Bridgeport, a retired physician and surgeon, passed away on November 30, 2002, in Decatur. He was 87. Services were held December 4 at Hawkins Funeral Home, with burial in Chico Cemetery.

Dr. Whitehead was a 1937 graduate of the University of Health Sciences College of Osteopathic Medicine in Kansas City, Missouri. He held life memberships in both the American Osteopathic Association and the Texas Osteopathic Medical Association.

Survivors include his wife of 58 years, Sherry Whitehead of Bridgeport; son, Doug Whitehead of Chico; daughters, Dana Ruth Rigg of Philadelphia and Sherry Lynn Dale of Chico; seven grandchildren; 11 great-grandchildren; and sister, Peggy Callahan of Flower Mound.

## Robert B. Finch, D.O.

Dr. Robert B. Finch of Dallas passed away on February 11, 2003 at the age of 80.

Dr. Finch was a 1952 graduate of Kirksville College of Osteopathic Medicine, Kirksville Missouri. He interned at Dallas Osteopathic Hospital, and established his practice in Dallas in 1954. Certified in family practice, he was retired at the time of his death.

Active in TOMA affairs, he served over 25 years in the House of Delegates and was an active member of TOMA District 5. Many will recall that for many years TOMA sustaining members had the chance to win a fully prepared steer, which Dr. Finch donated in memory of his partner and friend, the late Robert G. Haman, D.O., who began the Sustaining Membership Program.

He was an active member of the National ACOFP and was instrumental in working with prior presidents in getting the ACOFP on firm financial footing. He was also active in the Texas ACOFP, in which he was a past president. In 1991, TxACOF named him General Practitioner of the Year.

## Noel G. Ellis, D.O.

Dr. Noel G. Ellis of Granbury passed away December 11, 2002. He was 91. A memorial service was held at Acton United Methodist Church.

Dr. Ellis graduated in 1936 from the Kirksville College of Osteopathic Medicine in Kirksville, Missouri. He moved to Texas in 1937, and practiced in Kilgore, Naples and Denton before completing the last 34 years of his practice in Fort Worth. He retired in 1984.

Honored as a fellow in the American College of Osteopathic Obstetricians and Gynecologists, he delivered more than 5,000

babies. The Ellis Child Development Center in Fort Worth was named in honor of him and his wife, Dr. Virginia Ellis. He was a past member of Kiwanis International and a 33rd degree Mason. He was a life member of Texas Osteopathic Medical Association.

Survivors include a son, Greg Ellis and wife, Jan, of Midway City, Oklahoma; granddaughters, Rosemary Haywood and husband, Stan, of Keller and Jane Margaret Myers and husband, Gary, of Richardson; and six great-grandchildren.

Memorial contributions may be made to Ginny's Prayer Garden at Acton United Methodist Church or a charity of choice.

## Robert H. Lorenz, D.O.

Dr. Robert H. Lorenz, retired physician and TOMA life member, passed away on April 4 at his home in Lago Vista. He was 85.

Dr. Lorenz grew up in Bloomington, Illinois and received his D.O. degree in 1942 from Kirksville College of Osteopathic Medicine. He then relocated to Dallas and established the Lorenz Clinic, where he practiced for 44 years.

Active in medical and community service, Dr. Lorenz served as Speaker of the TOMA House of Delegates, was an AOA life member, served as president of the Dallas Rotary Club and was attending physician "pro bono" for the St. Joseph's Home for Girls in Dallas.

He enjoyed music and singing, and served as elder of the Highland Park Presbyterian Church in Dallas, as a member of the Dallas Rotary Glee Club, and as a member of the Rolling Hills Community Church in Lago Vista. He was also a 32nd degree Scottish Rite Mason, member of the Ben Hur Temple in Austin and the North Lake Travis Shrine Club.

Dr. Lorenz was an avid golfer, and had played in celebrity tournaments with Glenn Campbell, Don Drysdale, Dean Martin and Andy Williams. He had served as director of the International Senior Amateur Golf Society and the Tropicana Tri Play in Las Vegas, and acted as attending physician for 13 years with the King Haasan Golf Trophe in Rabat, Morocco.

Survivors include his wife of 41 years, Sally; daughter, Leslie Varel; son, Mark Varel; and Mr. & Mrs. John Casey, Dr. & Mrs. John Casey, Mr. Dan Casey, Mr. & Mrs. Tim Casey, Mr. & Mrs. Mike Courtney, and Mr. & Mrs. Michael Maher.

Memorial contributions may be made to the "Doc" Lorenz Pennies From Heaven Memorial, P.O. Box 4313, Lago Vista, Texas, 78645.

The family and friends of Dr. Lorenz wish to share, as a tribute, the reasons behind the establishment of the "Pennies from Heaven" Memorial (See next page).

# Dr. Robert Lorenz' Living Tribute

## "Pennies From Heaven"

by Sherri Staley

It was Friday evening, March 28th, 2003 and Doc Lorenz, who was facing a losing battle with Congestive Heart Failure, was having difficulty breathing. At that time Bob's wife Sally and family friend Sherri Staley had no idea that Doc would "graduate," as he called it, from this mortal state the following Friday. What they did know was that he was gasping for air. They also knew that an elevated hospital bed could very possibly offer the relief that the oxygen entering his body through a nasal cannula could not. A call to Hospice confirmed their worst fears. No hospital bed could be delivered until Monday. How could they allow him to suffer some sixty plus hours?

Somehow, somewhere, there had to be a solution to this problem. With Doc's discomfort growing by the minute, it was difficult to think straight so they did the only thing they could do; they prayed for "His" help and guidance and things began to happen!

At 7:00 p.m., Sally and Sherri contacted Jim Peck and his wife and were told a hospital bed could be made available through the "Lago Vista Volunteers." Their great relief and jubilation was cut short by the realization that they had no truck to transport the bed nor did they possess the strength to load and unload the bed. And even if they solved that problem, how could these two women ever hope to transfer the Doc from his own bed into the hospital bed? Then the wonderful caring people in Lago began to miraculously appear.

First, Gary Clakley, a local plumber, offered the use of his truck and strong arms in loading the hospital bed. But the motorized hospital bed really required at least two very strong men to move it. In a blink of an eye Officer Larry Jonap appeared and offered to help. Together, Mr. Clakley and Officer Jonap were able to load and unload the massive piece of equipment as well as assemble it in the Lorenz home. But the miracle was not complete. At the very moment the hospital bed was assembled, ESD Officers Richard Ducote, Dylan Milsted, and two of their colleagues showed up and, ever so gently and so professionally, transferred Bob from his own bed into what would be an instrument of peace and comfort.

The improvement in Doc's breathing was instantaneous, thus ending what had seemed an eternity of discomfort. And then in the quiet of his dimly lit bedroom, Doc prayed:

*"Thank you Dear Lord, for sending such wonderful Christians to help ease my pain in these final days of my life..."*

How truly blessed we are to have walked among such a special spirit as Bob Lorenz and to see his caring spirit emulated by the men and women in blue who serve us all. It is in this spirit, and with Doc's blessing, that we ask each of you to offer up your piles of change and to actively take part in the First Annual Doc Lorenz

Pennies From Heaven Memorial. All monies collected will go to purchase materials, training, bulletproof vests, and other items for our men and women in blue who serve each of us as police officers, fire fighters, and emergency medical providers.

Donations to the Doc Lorenz "Pennies From Heaven" Memorial may be made at the following locations in Lago Vista: Texas American Title, Keller Williams Office, The Exxon Station, Remington's, Oski's, Highland Lakes Realty, or by calling 512-267-1112. Donations may also be mailed to P.O. Box 4313, Lago Vista, Texas, 78645.

*Editor's Note: On Monday, May 5, 2003, the Texas House of Representatives passed House Resolution 907, by Representative Tony J. Goolsby (R-Dallas), in memory for the life of Dr. Lorenz.*

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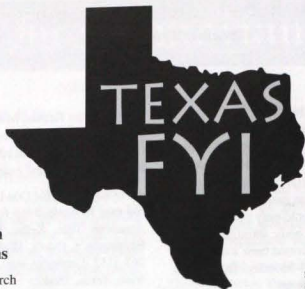
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## Texas Receives \$81.6 Million for Bioterrorism Preparations

Gov. Rick Perry announced on March 21 of this year, that Texas has been awarded \$81.6 million from the U.S. Department of Health and Human Services to help communities prepare for public health emergencies, including the possibility of bioterrorism.

The Texas Department of Health (TDH) will receive \$48.3 million through the Centers for Disease Control and Prevention and \$33.3 million through the Health Resources and Services Administration. The funding will be used to help hospitals and other public health agencies enhance the state's ability to respond to possible bioterror or other mass casualty events.

Perry stated, "Every emergency requires an immediate response by local emergency workers. This new federal funding will help ensure that hospitals and health workers across Texas are better prepared and equipped to respond to any situation."

The new federal award represents a 37 percent increase over the \$59.7 million the state received last year for bioterrorism and hospital preparedness. Texas used a portion of the 2002 award to implement the Texas Health Alert Network, a secure Internet connection that links the state's health resources and provides information about bioterrorism and other health issues.

## Smallpox Vaccinations in Texas Ongoing

TDH began the first non-military phase of vaccinations in February 2003 as part of a national program to prepare for an intentional bioterrorism act.

As of April 4, 2003, TDH reported the following figures under its ongoing "Texas Phase 1 Smallpox Vaccination Report, Status and Adverse Events," ([www.tdh.state.tx.us/smallpox/Smallpox\\_vac\\_rept.htm](http://www.tdh.state.tx.us/smallpox/Smallpox_vac_rept.htm)).

- 888 Individuals vaccinated as part of a public health response team
- 1,669 Individuals vaccinated as part of a hospital-based healthcare response
- 146 Other individuals vaccinated.
- 2,703 Total number vaccinated in Texas
- 143 Hospitals where vaccinations have started

TDH notes that only Florida, at 3,414, ranks higher than Texas in the number of smallpox vaccinations given thus far.

## SARS Cases In Texas

The number of suspected cases of severe acute respiratory syndrome, or SARS, from Texas remains at five as of April 11. The Centers for Disease Control and Prevention (CDC) reported that over 160 suspected cases in 31 states are under investigation in the U.S.

TDH officials also said no secondary cases have been reported in Texas and that there is no indication of an increased risk of illness for the general public. They said current information about SARS indicates that spread of the illness is primarily through respiratory droplets or fluids in direct or close contact situations.

All of the suspected cases from Texas had traveled to Hong Kong, Singapore or the Guangdong province of China. The five are from Harris, Collin, Lubbock, Fort Bend and Travis counties. All are adults. None of the five is hospitalized. Two have recovered. Three are recovering. The Lubbock County resident, who has recovered, had not been in that county since becoming ill.

More information about SARS is available at [www.cdc.gov/ncidod/sars](http://www.cdc.gov/ncidod/sars). CDC updates a state-by-state Web listing of suspected case counts each workday by 4 p.m. CDT.

(Source: "News Update from the TDH" [www.tdh.state.tx.us/news/updates.htm](http://www.tdh.state.tx.us/news/updates.htm))



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## News from the American Osteopathic Association

### Healthcare Facilities Accreditation Program Received Deeming Authority to Accredit Ambulatory Surgical Centers

The Healthcare Facilities Accreditation Program (HFAP) of the American Osteopathic Association has received approval for deeming authority to accredit Ambulatory Surgical Centers (ASCs) from the Centers for Medicare and Medicaid Services (CMS). "We have found that accreditation of ASCs by this organization will demonstrate that all Medicare ASC Conditions for Coverage are met or exceeded, and thus, ASCs accredited by this organization will be granted deemed status to participate in the Medicare program," said the Federal Register announcement. CMS granted deeming authority for a six-year period beginning January 30, 2003.

"As HFAP expands into this new accreditation area, we continue our commitment to helping healthcare facilities maintain and improve the quality of care patients receive," said George A. Reuther, director of the American Osteopathic Association's division of healthcare facilities accreditation.

HFAP also accredits acute care, critical access, physical rehabilitation, and psychiatric hospitals; clinical laboratories; ambulatory care, urgent care, and occupational health centers; single and group practice physician offices; ambulatory surgery, eye surgery, outpatient surgery, and plastic surgery centers; behavioral health residential and day centers, psychological counseling, substance abuse, mental health, and opioid treatment centers; and physical rehabilitation centers.

### Date for National Osteopathic Medicine Week Set

Save the date to join the entire osteopathic medical profession in celebrating National Osteopathic Medicine (NOM) Week 2003, September 20-27, 2003. This year the week will focus on "Pride Within the Profession."

Also, mark your calendar to celebrate National Osteopathic Medicine (NOM) Month 2003 in September! That's right, following NOM Week 2003, the osteopathic medical profession will now expand NOM Week to last a full month, starting September, 2003.

## News from the University of North Texas Health Science Center at Fort Worth/ Texas College of Osteopathic Medicine

### U.S. News & World Report Ranks TCOM #20 Among Top Medical Schools In Primary Care

The Texas College of Osteopathic Medicine has been named one of the country's top medical schools in primary care by U.S. News & World Report for the second consecutive year. The magazine publishes its annual rankings of America's best graduate schools in its April 14 issue.

TCOM tied for No. 20 on the list with Michigan State University. Last year, the medical school was ranked No. 39. Additionally, the medical school's physician assistant program tied for No. 33 within its specialty, and the geriatrics program ranked No. 15, tied with the University of Connecticut.

More than 83 percent of TCOM graduates from 2000 to 2002 chose primary care residencies. "This continued recognition reaffirms the quality of our medical education and particularly our success in focusing on the primary health care needs of Texas," said Ronald Blanck, D.O., president of the University of North Texas Health Science Center, home to the medical school.

"The Texas College of Osteopathic Medicine was originally founded to train primary care physicians, and we've long been a leader in this area," said Marc B. Hahn, D.O., dean of TCOM. "This recognition by our peers is yet another indication of the quality of our physician graduates."

Other Texas medical schools on the list are Baylor College of Medicine (No. 26) and the University of Texas Southwestern Medical Center in Dallas (No. 30).

These rankings of the medical schools are based on the results of surveys sent to deans and senior faculty of the 144 medical schools in the United States and to residency program directors, as well as other criteria such as student selectivity and faculty resources.

A complete copy of the survey results is available online at <[www.usnews.com](http://www.usnews.com)>.

# Medicare Trustees Release Annual Report

On March 17, 2003, the Medicare trustees delivered their annual reports on the fiscal health of Medicare, finding that the financial outlook has declined from last year's estimate, due to lower-than-expected revenues and higher-than-expected hospital spending in 2002.

In the estimate released today, Medicare's Hospital Insurance (HI) Trust Fund is projected to be exhausted in 2026, four years earlier than estimated in last year's report. HI taxable payroll in 2002 was about 4 percent lower than previously estimated. At the same time, hospital expenditures increased about 2 percent more than estimated, primarily as a result of higher inpatient hospital admissions and a faster increase in the average complexity of these admissions.

The report also projects rapidly increasing costs in the Supplementary Medical Insurance (SMI) Trust Fund, which covers physician visits and other outpatient services. These increases point to higher future federal funding, beneficiary premiums and beneficiary co-pays in Medicare's Part B program, the trustees said.

The trustees called for changes to address long-term fiscal problems facing Medicare. In addition, the trustees again issued a combined report covering both parts of the Medicare program, in order to present a more comprehensive picture of the financing challenges ahead.

"The time has come to modernize and improve the Medicare program," said HHS Secretary Tommy G. Thompson. "The President's recently-released Medicare framework provides the kinds of choices and benefits our beneficiaries need, including prescription drug coverage. At the same time, it makes the best use of today's modern health care delivery methods to encourage better quality and more affordable care while beginning to address Medicare's long-term financial challenges. This approach will help us protect Medicare for today's seniors and tomorrow's retirees."

## Hospital Insurance Trust Fund (HI)

The trustees estimate that the Hospital Insurance Trust Fund will remain solvent until the year 2026, based on the most probable economic and demographic assumptions. This projected depletion date represents a four-year loss for estimated Part A solvency, from the forecast of 2030 made by the trustees last year. The change was due to a downward revision by the Bureau of Economic Analysis in wages resulting in lower taxable payroll, and to increased hospital admissions and an increase in the average complexity of admissions.

At the same time, the trustees reported that long-term projections of the fiscal health of the HI fund have worsened. The

reasons for the decline are based largely on the steady increases in projected health care costs as well as the growing number of Medicare beneficiaries due to the retirement of the baby boom generation. Today, there are about four workers for every Medicare beneficiary. By 2077, there will be only about two workers for every beneficiary.

## Supplementary Medical Insurance Trust Fund (SMI)

As in previous years, the trustees find that the Supplementary Medical Insurance Trust Fund (covering Part B of Medicare, which pays for physicians' services, outpatient care and other medical services) remains adequately financed into the future but only because of its financing structure. The financing mechanism requires general revenues and beneficiary premiums to be adjusted automatically providing guaranteed Part B funding. However, Part B spending is experiencing rapid growth, over 11 percent last year alone, with costs expected to nearly double over the next 10 years and to accelerate further as the first members of the baby boom generation enter the program in about 2010.

The SMI trust fund is expected to run a deficit of \$7.4 billion in 2003, because the beneficiary premiums and general revenue financing were set prior to enactment of the Consolidated Appropriations Resolution, 2003. This legislation raised Medicare payments to physicians significantly, resulting in SMI costs that exceed the scheduled financing. Premiums and general revenues in 2004 and later will be adjusted upward to match higher levels of costs.

Over time, SMI would require a rapidly growing share of general revenues and substantial increases in beneficiary premiums. SMI general revenues accounted for about 7.8 percent of total federal income taxes in 2002. If such taxes remained at their current level relative to the national economy, then SMI general revenues would account for about 32 percent of total income taxes in 2077.

Rising Part B costs also have direct impact on Medicare beneficiaries. In the next 20 years, a person who is 65 years old today would see the portion of his/her Social Security check that is withheld to pay the monthly Part B premium almost double, from 6.8 percent to 12.4 percent. The total out-of-pocket expenses for Part B services (premiums plus copayments) would increase from 15.7 percent to 22.9 percent.

## Medicare Overall

Taken together, Part A and Part B total costs are projected to more than triple over the next 75 years, growing from 2.6 percent of gross domestic product (GDP) today, to 5.3 percent by 2035, and to 9.3 percent by 2077. At the same time, total trust fund



revenues (excluding interest) will grow much more slowly, from 2.6 percent of GDP today, to 4.1 percent in 2035, and to just 5.8 percent in 2077. In 2077, the gap between Medicare revenue and Medicare spending would be the equivalent of 3.5 percent of gross domestic product. Without changes in the Medicare program, closing the projected HI gap between revenues and expenditures would require that benefits be reduced by 42 percent, or income from the payroll tax would need to be increased by 71 percent, the report said.

The Medicare trustees are Treasury Secretary and Managing Trustee John W. Snow, Secretary of Health and Human Services Tommy G. Thompson, Labor Secretary Elaine Chao and Social Security Commissioner Jo Anne B. Barnhart. Two other members, the public trustees, are appointed by the President with Senate confirmation. The public trustees are John Palmer and Thomas S. Saving. They serve four-year terms and represent the general public. Tom Scully, administrator of the Centers for Medicare & Medicaid Services, serves as secretary to the Medicare Board of Trustees.

## NIMH Launches First Public Health Education Campaign to Reach Men with Depression

The National Institute of Mental Health (NIMH) announced April 1st the launch of the first national campaign to raise awareness that depression is a major public health problem affecting an estimated 6 million men annually. Research suggests that men are less likely to seek treatment for this serious illness; data also show that men die by suicide at four times the rate of women.

The campaign from the NIMH, "Real Men. Real Depression.", features the personal stories of men who live with depression: a firefighter, a national diving champion, a retired Air Force sergeant, a lawyer, a publisher, and a college student.

"For generations men have been told that they have to act tough," U.S. Surgeon General Richard Carmona said. "Today we're saying to men, it's okay to talk to someone about what you're thinking, or how you're feeling, or if you're hurting. We are attacking the stigma that tough guys can't seek help. They can and they should."

Research studies have found that depression affects twice as many women as men. However, research and clinical findings reveal that women and men may talk differently -- or in the case of men, not talk -- about the symptoms of depression.

Men may not recognize their irritability, sleep problems, loss of interest in work or hobbies, and withdrawal as signs of depression. This may result in fewer men recognizing their depression and asking for the help they need.

"This campaign is aimed at men. The hope here is to address men who have depression," said Dr. Thomas Insel, Director, NIMH. "Men who may not even recognize that depression is the problem or that much can be done to help them. Effective treatments are available and the success rate is very high -- more than 80 percent -- for people who seek help."

NIMH and documentary film producer Leslie Wiener developed a series of television, print and radio public service announcements (PSAs) featuring real people, not actors, telling their stories of how depression affected them.

The primary message of the PSAs is that it takes courage to ask for help. These men did and treatment for depression has helped them get back to their jobs, their families, and the activities they enjoyed before they began coping with the symptoms of depression. Patrick McCathern, First Sergeant, U.S. Air Force, Retired, is one of the men who got the help he needed to deal with his depression.

"I'd gotten to the point where I couldn't get out of bed. Nothing had meaning," McCathern said. "You have to deal with it; it just doesn't go away."

Individuals and organizations are encouraged to call the campaign toll-free number (1-866-227-6464) and to access the NIMH Website at <[www.nimh.nih.gov](http://www.nimh.nih.gov)> to learn more.

## FDA Warns About Counterfeit Anemia Drug Procrit

The FDA has uncovered three lots -- a total of 120,000 units -- of contaminated counterfeit Procrit (epoetin alfa), a drug used to stimulate production of red blood cells in humans to treat severe anemia. FDA has issued a statement urging health care providers and patients to check packaging and vials carefully before using the product and giving instructions on what to do if they find counterfeit Procrit.

(<[www.fda.gov/bbs/topics/NEWS/2003/NEW00877.html](http://www.fda.gov/bbs/topics/NEWS/2003/NEW00877.html)>)



## Smallpox Vaccination Program Revised

by Sgt. 1st Class Doug Sample, USA  
American Forces Press Service

WASHINGTON, April 4, 2003 - The Department of Defense (DoD) is taking a watchful approach to its smallpox vaccination program after the Centers for Disease Control and Prevention in Atlanta reported investigating whether a sequence of cardiac deaths was associated with the vaccine.

The government has suggested that anyone with certain heart-related risk factors not take the vaccine. It continues to examine several suspected cases, including that of a 55-year-old National Guardsman who died of a heart attack five days after receiving the smallpox vaccine.

Following the CDC's recommendation, Col. John Grabenstein, deputy director for military vaccines for the Army's surgeon general, said the Defense Department is revising its policy for some 500,000 military personnel whom it plans to vaccinate against smallpox.

The military has medically screened vaccine recipients since the program's beginning, Grabenstein said. He noted DoD would now take an even closer look at risk factors such as tobacco use, high blood pressure, high cholesterol, diabetes and family history of heart disease before giving the vaccine.

"People with three or more of those conditions would be exempted," he said. Grabenstein cautioned anyone - vaccinated or not - to seek healthcare if they experience chest pain or shortness of breath with exertion.

Military personnel currently receiving the smallpox vaccine are those deployed or deploying to a Central Command area of operation; those who would go into a smallpox outbreak area to help control the disease; and healthcare workers at DoD hospitals and clinics who would treat smallpox patients.

Grabenstein said there is no plan to vaccinate everyone in the military at this time. "It's a pretty focused and targeted program," he noted. Even with the public concern over the safety of vaccine, he said the recent deaths seem to be in proportion with usual rates of death.

"The evidence that we have so far shows that these are not linked in a cause and effect way," Grabenstein explained. "The deaths seem to be just the natural level of heart attacks that occur among unvaccinated people. But the investigation is not finished, and to be on the safe side, this extra precaution is being taken," he added.

More than 350,000 service members have been vaccinated, with "the expected number of post-vaccination symptoms and few serious reactions," he said. "Lots of people had itching at the vaccination site, swollen lymph nodes under the arms, which are fairly common," Grabenstein said. "In terms of serious reactions we've had few, in fact fewer than we would have expected looking at the historical figures. We're pleased with the success of the program."

On Dec. 13, 2002, President Bush announced a nationwide smallpox vaccination plan out of concern that bioterrorists could

## TRICARE News & Related Military Information

use the germ that causes the smallpox disease as an agent to attack the United States. Although smallpox was eradicated in 1980, the germ was kept in two laboratories in the United States and the former Soviet Union for study. Whether the germ is in other locations is unknown.

### SARS Precautions

by Sgt. 1st Class Doug Sample, USA  
American Forces Press Service

WASHINGTON, April 10, 2003 - The Department of Defense is advising military and civilian personnel to take precaution against the potentially deadly Severe Acute Respiratory Syndrome. The advisory is especially for those traveling in the Far East, where the flu-like virus is believed to have originated.

SARS has killed more than 79 people worldwide and raised concerns within DoD about the potential impact to deploying forces and current operations. However, Dr. David Tornberg, deputy assistant defense secretary for clinical programs and policy, emphasized that no component in DoD, to include the military services, had a SARS problem. He indicated there have been no reported cases of SARS in DoD.

Tornberg said DoD is "taking precautions" because of concern for military personnel being exposed to the virus and someone subsequently catching the disease. "Health risk communications have gone out to the force, the combatant commanders are aware of the threat, they're following the disease closely, and they are taking initiatives to protect the troops," Tornberg said.

"It's prudent to be very wary of any communicable disease, or any disease that adversely affects our service personnel, that decreases their efficiency and their combat readiness," he said.

SARS is a mysterious respiratory illness that has flu-like symptoms. Researchers studying the disease have yet to determine its exact cause or origin. Symptoms include fever, body aches, headaches, sore throat, dry cough, shortness of breath or difficulty breathing. According to the Centers for Disease Control and Prevention, the syndrome may be associated with other symptoms, including headache, muscular stiffness and loss of appetite, malaise, confusion, rash and diarrhea.

Tornberg said 90 percent of the people who have SARS-related infections recover uneventfully. "It's only 10 percent [of

## *"Despite its easy transmission, the (SARS) virus appears to have a "relatively low" communicability..."*

people] that have severe trouble, and consequences in the worst cases can lead to death," he noted.

Tornberg said that DoD is working with WHO and the CDC to track SARS and reduce the risks for catching the disease. In doing so, Tornberg said that DoD is discouraging travel to certain Far East countries and asking personnel to follow State Department and CDC travel advisories. He said only "essential travel" should be taken in countries that have high concentrations of SARS cases. For example, Pacific Command, which includes the area where the virus has been most active, said Defense Department personnel may make only mission-essential trips to China and Hong Kong because of the disease's threat.

SARS is spread by contact with respiratory droplets from people ill with the disease. Despite its easy transmission, the virus appears to have a "relatively low" communicability, Tornberg said. "To get the disease, you have to be in close contact with someone who has the condition, either an immediate household contact and be in contact with that person on a sustained basis," he said.

Regular hand washing and avoiding people who are ill with flu-like symptom dramatically reduces the risk of transmission. "Frequent hand washing is critical to eliminating the threat of disease. If people were to do this five times a day, particularly before meals, they'd be a lot safer," he said.

He cautioned everyone to also avoid people who are sick and those who have traveled to Far East countries that have reported the disease. And stay away from someone that is coughing or sneezing. People who feel sick, have flu-like symptoms and have associated with someone who's been to the Far East should see a doctor. "I wouldn't wait to seek medical attention; the sooner, the better," he added.

More guidance on SARS can be found on the DoD Health Affairs Web site at <[www.ha.osd.mil](http://www.ha.osd.mil)>. Information is also available on the CDC site at <[www.cdc.gov/ncidod/sars/](http://www.cdc.gov/ncidod/sars/)>.

### **Itemized Billing Streamlines TRICARE Outpatient Care Payments**

The Department of Defense Military Health System (MHS) converted to "itemized billing" a few months ago to streamline the process for billing uniformed services beneficiaries, third-party payers and persons not eligible for TRICARE for outpatient care received at military treatment facilities (MTFs). The new billing approach does not change access to care for TRICARE beneficiaries. It does, however, change the way those who have other health insurance (OHI) are billed for outpatient care received at a MTF.

Previously, outpatient bills were calculated using an all-inclusive or "single rate" per visit. The single rate covered not only the

provider's fees but also fees for laboratory, radiology and pharmacy services received during an outpatient visit. Under itemized billing, each outpatient service or treatment provided is clearly annotated on the claim form (billing statement for non-DoD patients,) along with all associated charges. In addition to the itemization of charges for services received during an outpatient visit, MTFs are now also able to bill-third party payers for prescriptions filled from orders received from physicians within the MTF.

The move to itemized billing came as a result of the 1996 Health Insurance Portability and Accountability Act (HIPAA) that required the MHS to conform to industry billings standards; the Fiscal Year 2000 National Defense Authorization Act (NDAA) that required DoD apply reasonable charges when billing third-party payers and non-DoD beneficiaries; and from concerns expressed by beneficiaries and third-party payers that the all-inclusive single rate was too ambiguous for use in processing claims.

Overall, the transition to itemized billing is a win-win situation. Beneficiaries who have OHI and receive care at a MTF can now receive an explanation of benefits (EOBs) and bill that clearly identify the health care services received and their associated cost. DoD benefits from the collections received, which can be put toward resources to support medical services and other patient-related initiatives at MTFs. Third-party payers also receive a benefit. Claims submitted by DoD are now similar to claims submitted by civilian providers, which creates assurance for payers third-party payments made to DoD mirror established industry practices. While DoD's initial efforts have focused exclusively on outpatient care, plans are underway to convert billing practices for inpatient care to itemized billing later this year.

Beneficiaries who have questions or concerns about an itemized bill or EOB from a TRICARE authorized civilian provider should contact their regional managed care support contract claims processor or TRICARE service center representative. A list of local and regional toll-free telephone numbers is available on the TRICARE Web site at <[www.tricare.osd.mil/regionalinfo/](http://www.tricare.osd.mil/regionalinfo/)>.

Beneficiaries and third-party payers with questions regarding an itemized bill received from an MTF are encouraged to contact the billing office of the MTF submitting the bill. General DoD medical billing information is also available by submitting questions by e-mail to the DoD Uniform Business Office at <[ubo@tma.osd.mil](mailto:ubo@tma.osd.mil)> <<mailto:ubo@tma.osd.mil>> or by calling 866-STI-4UBO (866-784-4826).

### **New TRICARE Policies for Family Members of National Guard and Reserves Announced**

Dr. William Winkenwerder, Jr., assistant secretary of defense for health affairs, and Thomas F. Hall, assistant secretary of defense for reserve affairs, announced March 12th policy

changes that will enhance the TRICARE Prime and TRICARE Prime Remote (TPR) programs for members of the National Guard and Reserves and their family members.

Starting March 10, 2003, Guard and Reserve family members, if their sponsor is on active duty (federal) orders for more than 30 days, are eligible to enroll in TRICARE Prime and enjoy the access standards and cost shares associated with the Prime benefit.

"Previously, sponsors had to be eligible in the Defense Enrollment Eligibility Reporting System (DEERS) and activated for 179 days or more before family members were eligible to enroll in TRICARE Prime," Winkenwerder said. "The Department of Defense (DoD) recognizes the contributions and sacrifices made by these families each and every day. Our commitment is to continue making improvements to the TRICARE benefit to enhance access and quality of care these families receive."

Guard and Reserve family members who reside with their sponsors in a TRICARE Prime Remote location at the time of the sponsor's activation can now enroll in the TRICARE Prime Remote for Active Duty Family Members (TPRADFM) program.

For family members to be eligible to enroll in the TPRADFM program, sponsors and their family members must reside at a location that is at least 50 miles or more in distance, or approximately a one-hour drive from the nearest military treatment facility (MTF). Sponsors and family members also must be identified as eligible in DEERS.

"It's important that we take care of the families of our Reserve Component members," Hall said. "We want to ensure that our mobilized National Guard and Reserve members aren't worried about who's caring for their families while they're gone, and to return them to families whose health care needs have been met by the Military Health System."

Contract changes are underway at TRICARE Management Activity to implement the new TPRADFM policy. Once the changes are accomplished, family members of the Guard and Reserve sponsors activated for more than 30 days may start using the TPRADFM benefit, which has no co-payments, deductibles or claim forms to file, and which offers providers who meet rigorous standards for providing quality health care.

Guard and Reserve family members who choose not to enroll in either the Tricare Prime or TPRADFM program may still use the TRICARE Standard and Extra benefits, with applicable cost shares and deductibles.

Guard and Reserve sponsors need to verify that DEERS information for themselves and their family members is accurate and up-to-date. They are encouraged to contact DEERS at the Defense Manpower Data Center Support Office toll free at 800- 538-9552.

Sponsors and family members may also update their addresses in DEERS on the Tricare Web site at <[www.tricare.osd.mil/DEERSAddress/](http://www.tricare.osd.mil/DEERSAddress/)>.

Future updates regarding benefits for members of the Guard and Reserve and their family members will be posted on the Tricare Web site at <<http://www.tricare.osd.mil/reserve/>>.

## HHS' Budge Plan Includes \$100 Million to Prepare for a Potential Worldwide Flu Outbreak

President Bush has proposed a new \$100 million initiative to prepare for a possible influenza pandemic involving a worldwide outbreak of a dangerous new flu variant, HHS Secretary Tommy G. Thompson told lawmakers on March 19.

In testimony to the Senate Appropriations Subcommittee on Labor, HHS and Education, Secretary Thompson said the initiative would better prepare America for an outbreak such as the one that occurred in 1918 and killed 25 million people worldwide.

"Our budget proposes this \$100 million increase to build the nation's vaccine production capabilities in the event that the world experiences a pandemic on the devastating scale experienced three times in the last century," Secretary Thompson said. "The recent cases of what has been called Severe Acute Respiratory Syndrome remind us all of the potential danger posed by emerging infectious diseases, especially a possible new influenza strain. This is why HHS and its agencies are continually preparing for potential new disease outbreaks."

Under President Bush's fiscal year 2004 budget plan, HHS would receive an additional \$100 million to spur development of capacity to produce influenza vaccine year-round, and the development of and implementation of production techniques that could be scaled up rapidly in the event of a pandemic. HHS would work closely with industry to ensure this capacity exists -- so that new vaccine can be produced quickly if and when needed.

The constant changes in circulating influenza strains makes it impossible to stockpile vaccine as is done with other vaccines. A flu pandemic can occur when there is a major change in the virus' genetic structure, creating a new strain that causes widespread illness and death. For example, the 1918 influenza pandemic claimed more than 500,000 lives in the United States alone.

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# Who's in the News?



*President's Visit to District 14*

*L to R: TOMA Executive Director Terry Boucher, TOMA President James E. Froelich, III, D.O., ATOMA President Pam Adams, Linda Garza, District 14 President David Garza, D.O.*



*AOA Leadership Conference*

*L to R: Elaine Armbruster, David Armbruster, D.O., ATOMA President Pam Adams, TOMA President James E. Froelich, III, D.O.*

## University of North Texas Health Science Center President's Ball Fund Raiser



*UNTHSC President Ronald Blanck, D.O. and his wife Donna.*



*L to R: B.J. Czewski, Hector Lopez, D.O., TOMA President-Elect Jim Czewski, D.O., Miryca Lopez*



*L to R: Ray Morrison, D.O. and his wife Pamela, Daniel Saylak, D.O., TOMA President James E. Froelich, III, D.O.*



## AAOA Wine Tasting Fund Raiser



Above L to R: ATOMA Vice President Patty Weiss, AAOA President-Elect, Shirley Bayles, ATOMA President Pam Adams

Left: UNTHSC President Ronald Blanck, D.O.

## Then & Now



Above L to R: T. Eugene Zachary, D.O., Mark A. Baker, D.O., Sam Ganz, D.O.



Below L to R: James E. Froelich, D.O., and Rodney M. Wiseman, D.O.



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