Texas DO
Texas Osteopathic Medical Association
March 1990

Westin Paso del Norte Hotel
Site of TOMA's 91st Annual Convention
May 3-5, 1990

MALPRACTICE INSURANCE

ARE YOU PAYING TOO MUCH?

- Discounts Available for TOMA Members
- New Doctor Discount
- Prior Acts Available
- Non-Profit/Physician Owned
- Coverage for Part Time Physicians at Reduced Rates

Find out why over 4,500 of your colleagues have changed to
PHYSICIANS RELIANCE ASSOCIATION, INC.

(800) 777-3515

Call or write today for a NO OBLIGATION QUOTE.

PHYSICIANS RELIANCE ASSOCIATION, INC.
1020 N.E. Loop 410 Suite 800
San Antonio, Texas 78209
(512) 829-1684

Name _____

Address _____

_____

Phone _____

Specialty _____

Limits _____

Retroactive Date _____

PHONE

For Your Information

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 Risk Retention Group	800/821-3515 816/523-1835
TOMA Malpractice Insurance Program: For Premium Rates, Enrollment & Information	800/366-1432
TOMA Major Medical Insurance	1-800/321-0246
Texas College of Osteopathic Medicine	817/735-2000 Dallas Metro 429-9120
Medicare Office:	
Part A Telephone Unit	214/470-0222
Part B Telephone Unit	214/647-2282
Profile Questions	214/669-7408
Provider Numbers:	
Established new physician (solo)	214/669-6162
Established new physician (group)	214/669-6163
All changes to existing provider number records	214/669-6158
Texas Medical Foundation	512/329-6610
Medicare/CHAMPUS General Inquiry	800/999-9216
Medicare/CHAMPUS Beneficiary Inquiry	800/777-8315
Medicare Preprocedure Certification	800/666-8293
Private Review Preprocedure Certification	800/666-9225
Texas Osteopathic Medical Association	817/336-0549 in Texas 800/444-TOMA Dallas Metro 429-9755
TOMA Med-Search	in Texas 800/444-TOMA
TEXAS STATE AGENCIES:	
Department of Human Services	512/450-3011
Department of Public Safety:	
Controlled Substances Division	512/465-2188
Triplicate Prescription Section	512/465-2189
State Board of Health	512/458-7111
State Board of Medical Examiners	512/452-1078
State Board of Pharmacy	512/832-0661
State of Texas Poison Center for Doctors & Hospitals Only	713/765-1420 800/392-8548 Houston Metro 654-1701
FEDERAL AGENCIES:	
Drug Enforcement Administration:	
For state narcotics number	512/465-2000 ext 3074
For DEA number (form 224)	214/767-7250
CANCER INFORMATION:	
Cancer Information Service	713/792-3245 in Texas 800/392-2040

Texas DO
Texas Osteopathic Medical Association
March 1990

FEATURES

DEPARTMENTS

Texas DO
Texas Osteopathic Medical Association
March, 1990

Calendar of Events

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

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

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

Published by
TEXAS OSTEOPATHIC MEDICAL ASSOCIATION
Volume XXXXVII — No. 3 — March, 1990, ISSN 0275-1453
Publication Office — 226 Bailey, Fort Worth, Texas 76107
Phone: 817/336-0549 or 1/800/444-TOMA in Texas
Copy deadline — 10th of month preceding publication

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

APRIL

6-7

Fourth Annual Spring Update for the Family Practitioner
Dallas Family Hospital
CME Hours: 7 Category 1-A, AOA
Contact: Karen B. Trimble
Conference Coordinator
TCOM — Dept. of CME
817/735-2539

13-16

Western States Osteopathic Society of Proctology Meeting
Bahamas Princess Resort & Casino
Freeport, Grand Bahama
Contact: David M. Beyer, D.O.
4201 Camp Bowie Blvd.
Fort Worth, 76107
817/731-0801

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 Associatic
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

JUNE

8-10

"Tenth Annual General Practice Update and First Annual Miller Brewing Golf Tournament
South Padre Island
11 CME Hours; Category 1-A
Contact: Karen Trimble
TCOM, Dept. of CME
817/735-2539

ON THE COVER:

TOMA convention participants will find the Westin Paso del Norte a luxurious as well as convenient hotel in which to lodge during the annual convention, May 3-5, 1990, in El Paso.

Food Additives: Help or Hazard?

Since earliest times, people have tried various methods to preserve and enhance their food supply. The ancient Romans used sulfites to disinfect wine containers and help preserve the wine; Marco Polo was a hero to Europeans after bringing back spices from the Orient with which to season bland diets; those embarking on the long voyage to the New World preserved their meat in salt; and smoking and pickling for food preservation purposes came into vogue. Indeed, says, Richard Ronk, acting director of the FDA's Center for Food Safety and Applied Nutrition, "Without food additives, we'd live like the caveman."

Food additives are natural and synthetic compounds intentionally added to food to preserve; improve texture, flavor, taste or appearance; minimize loss of quality during processing; add to the nutritional quality; and offer protection during growth, harvest and storage. Food additives also thicken; soften; color; bleach; leaven; clarify; acidify; neutralize; dry; moisten; foam; prevent rancidity; and emulsify. Without food additives, we'd be playing pool with marshmallows (since they would harden into bite-sized rocks); eating flat cakes; pounding our salt supply with hammers to smooth out the lumps, and other such activities.

Of all the problems related to food, the most debated issue by far is the use of direct additives (those intentionally added to foods for the reason[s] mentioned above, in contrast to indirect additives, such as chemical spray residues or chemicals which may find their way into foods through packaging).

Arguments for and against their use are fierce and heated. We might do well to stop and consider the notion that we unconsciously demand such additions — that we are our own worst enemy in the additive game. We have come to expect a variety of foods year round and, let's face it, we're used to "eating out of season"; few of us have the time, opportunity or inclination to grow our own foods; most of us shop once or twice weekly, not daily; convenience and, thus, fast foods is a major issue in today's society; and our palates have been trained to respond to certain tastes, and our eyes, certain colors. Like it or not, all of these factors require the use of additives.

Variety, that great spice of life, was observed to encompass food as well, in a nutritional study performed in England during World War II. Early in the war, the problem of feeding the British, who relied largely on imports, prompted a study to discover what requirements constituted an adequate diet. It was found that green vegetables, bread and milk were adequate nutritional requirements for vigorous activity for both men and women. However, this diet was not adopted because it was too boring. A British scientist noted, "A diet may be perfectly balanced nutritionally, but if it is not sufficiently attractive a workman may not eat enough of it to do his work. If a chemist can enhance the attractiveness of such a diet harmlessly, he is, in fact, contributing to nutritional well-being."

A contention held by many is that additives are used, and will continue to be used, in the name of profit, since consumers are paying more for processed foods, foods with a long shelf life, foods we can pop in a microwave, etc. The presence of additives in nearly all our foods adds up to big business. According to the FDA, the food additive industry generates approximately $10 billion a year in business. It has already been estimated that a ban on all additives would eliminate supermarkets since so many of the "food" items now carried could not exist without additives. Some 900 items were in stock when Abraham Lincoln worked in a country store; today more than 8,000 food items are in stock.

There is a justifiable concern that future generations won't have the pleasure of ever tasting "real" food (and we all know the distinct difference in taste between home grown and store bought tomatoes, for example). In contrast to the television commercial stating, "We will serve no wine before its time," some fruits and vegetables are harvested before their peak season and some are bred for good marketing qualities, hence, the lack of appreciable taste. These and other measures allow us the opportunity to purchase the variety of foods to which we have become accustomed. The largest concern, naturally, is the safety of additives, not just in terms of years, but generations from now.

We're living in a health-conscious time but our paranoia and anxiety concerning food is increasing. In 1960, the FDA Commissioner stated, "The general public, confused by. . .misleading information from various sources, is understandably uncertain over just what the so-called chemicals in foods problem is all about."

The panic aroused by additives has caused health food stores to flourish. The slogan carried by those worried about chemical sprays and additives is that only natural foods are good. In the interest of nit picking, it should be noted that all living things are composed of chemicals; and yes, all "natural" foods contain, and are, chemicals. It stands to reason that the use of the word chemical in relation to a substance is relative. For example, the "bite" in horseradish is caused by the chemical allyl isothiocyanate. A wide range of natural foods have been broken down into chemical components. Cow's milk is made up of lactose, phosphatase, lactalbumin, folic and nicotinic acids, and approximately 95 other chemicals. Yet the clear advantage of "natural" foods is that they ▶

aren't filled with ADDED chemicals (additives intentionally added by man).

The old saying, "what is food to one man may be poison to another" can set the tone in speaking of natural foods and our modern day additive-filled foods; too much of anything can be toxic and the only difference is the amount required to produce such a reaction. Theoretically, all the foods in the market are more or less safe — the low levels of direct additives would require the consumption of a huge quantity at one time to bring about an adverse effect. The problem is that it's becoming increasingly difficult to distinguish "real" nourishing food from products either less nourishing or nourishing only by direct additives.

Chemicals found in foods that are "natural" doesn't mean that they can't be dangerous or toxic; consider certain mushrooms and the hemlock plant. Many metals are necessary in trace amounts for our health, but in larger quantities can become toxic. Our lives would be a lot simpler if we had the answer to the question, is it safe? Moderation in all things appears to be our best bet. In 1970, Dr. P. S. Elas, Senior Medical Officer (Toxicology) of the British Ministry of Health said, "In principle no chemicals are ever harmless, there are only harmless ways of using them and the greatest necessity is the balancing of benefits against risk."

Chemicals we eat fall into one of the following categories, whether man-made or naturally occurring:

1. They may be a normal part of our bodies, such as salt.
2. They may be converted by digestive processes into materials that are a normal part of the human body, such as sugar, which is converted to glucose.
3. The chemical may be converted into a substance that is harmless, although not a normal body substance. An example is sodium benzoate, found in many berries.
4. The chemical may be converted after digestion into a normal body substance by the metabolic processes in the body.
5. The chemical may be consumed and accumulated in quantities too small to produce a toxic reaction.
6. Substances may be completely excreted without change of any kind. Saccharin was believed to be a substance of this type.

Policing Our Food Supply

The Food and Drug Administration is the watchdog over most of our food supply, making sure it's safe and pure; checking the voluntary compliance of the food industry with established regulations; and concerning themselves with instances of deliberate deception.

Food fraud or deception is not a new issue. The quaint expression "baker's dozen" (13 for the price of 12), came about in years past when consumers were frequently cheated out of 12 bakery items, as they didn't count when bakers quickly threw their items into a sack. Thus, some bakers took to throwing in 13 items to affirm their honesty. Thoreau referred to a common custom in his time, that of watering milk. He wrote, "Some circumstantial evidence is very strong, as when you find a trout in the milk." A most novel means of testing for adulterated products was practiced by beer testers of eighteenth-century England. These testers spilled beer on a bench, sat on it until it dried, and upon standing up, if their leather breeches stuck to the bench, had proof that the beer was tainted with sugar. As modern technology in food preparation advances, bringing with it a host of new laws and regulations, the FDA has its hands very full indeed.

The first food law was enacted as early as 1202 by King John (of Magna Carta fame). Known as the Assize of Bread, the law prohibited the substitution of such ingredients as ground peas or beans for flour. The first food law in the United States was enacted in 1784 in Massachusetts. "An act against selling unwholesome Provisions," pertaining to both food and drink, carried with it severe penalties for knowingly selling "diseased, corrupted, contagious or unwholesome provisions."

Our first federal food act, known as the Pure Food and Drug Act of 1906, required that our food supply be safe, and stated that chemicals may be added to food only under the following two conditions: that the substances are safe for human consumption, and that they serve a useful purpose. As the U.S. became more industrialized in food processing and production, it became evident that a more encompassing law was needed, thus, the Food, Drug and Cosmetic Act was passed in 1938, to protect consumers from harmful additives in food, drugs and cosmetics. However, it did not require prior proof of food additive safety. It was up to the FDA to determine the safety of such substances before any action could be taken, such as seeing to it that harmful products were taken off supermarket shelves.

Increasing knowledge about food science and the possible long-term harmful effects of food additives led Congress in 1958 to enact the Food Additives Amendment, which required the industry to prove the safety of chemicals added to foods.

A special provision of the 1958 (and 1960) additives amendment includes the famous Delaney Clause, which states "No additive shall be deemed to be safe if it is found to induce cancer when ingested by man or animal, or if it is found, after tests which are appropriate for the evaluation of the safety of food additives, to induce cancer in man or animal. . ." It's interesting to note what motivated James J. Delaney, Representative of the Ninth Congressional District of New York, the Borough of Queens, to push for this cancer clause. The managing editor of a leading magazine interviewed the Congressman who told the following story:

▶

TREAT YOUR INCOME THE SAME WAY YOU TREAT YOUR PATIENTS.

Medical school probably covered everything except what to do for severe paralysis of the paycheck.

And that condition is more common than you might think. If you're 35 now, you have a 45 percent chance of becoming disabled before you reach age 65.[1] Without disability insurance, that's a 45 percent chance that your income will wind up in critical condition.

Get intensive care for your cash flow.

Should disability strike, how long could you keep your home? ...make the payments on your car? ...keep up your membership at the club? Provident disability protection is the perfect prescription, offering full coverage in your own occupation. That means Provident pays if you can no longer work in your own medical specialty regardless of how much you can earn working in a new career or a new specialty.

Provident is North America's number one carrier of individual, long-term, non-cancellable disability insurance.[2] **See the D.I. specialists – William H. Dean and Associates, with over 25 years of service to the medical profession – for a disability check-up. Put this winning combination to work for you.**

DISCOUNTS AVAILABLE TO TOMA MEMBERS.

[1]1985 Commissioners' Individual Disability Table A. Seven-day Continuance Table.
[2]LIMRA, 1989, as measured in annualized premium in force, new annualized premium and new paid premium.

William H. Dean and Associates
(817) 335-3214
P.O. Box 470185
Fort Worth, TX 76147

Dallas/Fort Worth Metro Number:
(817) 429-0460
1-800-321-0246

PROVIDENT LIFE & ACCIDENT INSURANCE COMPANY
1 FOUNTAIN SQUARE
CHATTANOOGA, TN 37402

Provident Means Business.

"One day, for example, it came home forcibly to me as I was drinking hot chocolate. I remembered how in my younger days I made hot chocolate by shaving off thin ribbons of 'real' chocolate, which was sold in large bars, and dissolving them in hot milk. When you reached the bottom of the cup there was always a sediment there made up of undissolved chocolate.

"Nowadays, chocolate will dissolve even in cold water and there is never a sediment. This means that an emulsifier has been added to the chocolate. I concluded that it must take a very strong chemical to bring about this result. What does such an emulsifier do to the body, I asked myself? What effect does it have on the fat cells in our muscle tissues? I figured that such chemicals must build up residual toxicity in the body. You know, some people can take six or seven drinks without showing any effects, and then with the eighth one they fall down drunk. It was this sort of thing that led me to become seriously interested in the problem."

The Delaney Clause has stirred much controversy insofar as testing is concerned. Because it prohibits an additive for man if it has been found dangerous to animals, transferring such research to man is impossible. On the other hand, if it has been proven safe for animals, who's to say it will be safe for humans? A former secretary of the Department of Health, Education and Welfare said, "The Delaney Amendment should be modified to permit some scientific rationality in making these decisions. If we were to apply the criteria of the Delaney Amendment across the board, eventually we would be reduced to a nation of vegetarians and even some of the vegetables would have to be banned."

In 1960, the Color Additive Amendments were enacted to make sure colorings used in foods, drugs, medical devices, and cosmetics were safe.

For purposes of FDA regulations, chemicals added to foods — other than pesticides and animal drugs — fall into four categories:

1) food additives; 2) generally recognized as safe (GRAS) substances; 3) prior-sanctioned substances; and 4) color additives.

These finely drawn legal categories were set up to ensure appropriate safety reviews of food additives. Depending on what category an ingredient falls in, different regulatory requirements apply.

Food Additives

The food additive category is the toughest, in terms of regulations and safety testing, and it is this category which seems to bring out the most heated arguments. On one hand, additives are necessary if we are to maintain our accustomed eating habits; on the other hand, many allege they are being used for increasingly trivial reasons. This category covers substances that have no proven track record of safety; scientists just don't know that much about them. Additives such as the artificial sweetener aspartame is such a substance that needed to be tested before it could be used because it was not known whether it was safe. Subsequent testing proved this product safe. Aspartame, brand name NutraSweet, is one of the most widely used food additives, found in diet sodas, breakfast cereals, candy and gum, just to name a few.

Safety has been defined by Congress as a reasonable certainty that no harm will result from use of an additive. Additives are examined to see whether they have any toxic effects, may cause birth defects, interfere with nutrition or affect people with allergies.

According to the FDA, when an additive is tested, it is usually fed in large doses over an extended period to at least two kinds of animals. These feeding studies usually done by or for a food company that wants to use or sell the additive, are designed to determine whether the substance causes cancer, birth defects or other injury to the animals.

The company submits the results of all these tests to FDA for review. If the FDA review finds that the additive is safe, the agency establishes regulations for how it can be used in food. This commonly includes a 100-fold margin of safety, which means that the substance may be used in food at a level that is no more than 1/100th of the highest level at which it was fed to test animals and did not produce any harmful effects.

GRAS Substances

The second group of substances is known as GRAS, an acronym for substances "generally recognized as safe." This group includes several hundred substances whose use in food experts consider safe based either on a history of safe use before 1958 (when the Food Additives Amendment was passed) or on published scientific evidence.

The GRAS category was established by Congress in 1958 because it felt that it was unnecessary to require industry to develop evidence to prove the safety of substances that were already generally regarded as safe by knowledgeable scientists. Included are many spices, herbs, salt, sugar and vitamins that "logic and commonsense," in the words of one expert, tell us are safe to use. "These are substances that are so widely known and the information about them is so widely distributed in the scientific community, that there is little question about their safety," according to a consumer safety officer with FDA's division of food and color additives.

It was recognized in 1958 that the status of substances classified as GRAS could change. Thus, in 1971-72, outside scientists, under contract to the FDA and comprising the Select Committee on GRAS Substances of the Federation of American Scientists for Experimental Biology, began a study to either reaffirm a substance as

▶

GRAS or to determine whether reclassification as a food additive was necessary. To get an idea of the magnitude of the task, the number of reports for each substance varied from as few as 23 for one to as many as 20,000 for another.

In 1978, this lengthy and sizable study had reached the halfway mark, submitting scientific evaluation documents on more than 250 of the ingredients chosen for study. The committee reported that so far, it had found that most of the substances "present no hazard to health from current uses or as they might be used in the future." Some reservations were expressed, however, on several substances at which time recommendations were presented and acted upon, such as, for example, withdrawing MSG from baby food.

Prior-Sanctioned Substances

The third category, "prior-sanctioned" substances, include ingredients such as the preservative nitrite (used in meat) that had been sanctioned before the 1958 amendment by either FDA or the U.S. Dept. of Agriculture to be used in a specific food. For example, while nitrites can be used in meat, they cannot be used on vegetables because vegetables were not covered by the pre-1958 sanction.

Inclusion in either of the latter two categories, GRAS and prior sanctioned, does not guarantee a substance's safety; sometimes new evidence shows that "logic or commonsense" erred. If new data suggested that a GRAS or prior-sanctioned substance may be unsafe, then FDA requires the manufacturer to conduct studies to ascertain the ingredient's safety. For example, the artificial sweeteners saccharin and cyclamates are substances that were once included on the GRAS list but came under fire because of new evidence that they may cause cancer in animals. Based on this evidence, they were removed from the GRAS list; in fact, cyclamates were banned from use in food altogether. Saccharine continues to be used because Congress granted it a special exemption.

Color Additives

The Color Additive Amendments were added to the Federal Food, Drug and Cosmetic Act in 1960 after it became evident that colors needed to be tested for safety. The amendments required "that colors used in foods, drugs, and cosmetics be safe for the intended use." The substances in this fourth category, dyes used in foods, drugs, cosmetics and medical devices, are subject to premarket testing similar to that required for the first category, food additives. Colors in use when the amendments were passed were placed on a provisional approval list pending further investigation to confirm their safety. Nearly 200 colors were on the provisional approval list in 1960. Since the passage of the amendment, several of the colors have been dropped because manufacturers were no longer interested in marketing them or because they were found to be unsafe.

Some color additives, such as saffron, have a dual additive function, both as a color and as a flavor additive, and therefore must conform to the regulations governing both groups. The first artificial food color, mauve, was invented in 1856, and by 1900, 80 artificial colors were being added to foods. With the passage of the Pure Food Act in 1906, all but seven of the 80 were determined to be harmful and were banned from use. Today, it is estimated that 90 percent of added food colors are artificial.

An interesting development occurred in January 1990, whereby after 30 years, the FDA decided to ban Red Dye No. 3 as a cancer threat, requiring an immediate halt in new production of some lipsticks, candies and pill coatings. The FDA is also in the process of banning other forms of this dye, which will affect such products as Pepto-Bismol, pistachios and fruit-cocktail cherries. Why 30 years? In 1960 Congress gave the FDA three years to ban food colorings that caused cancer. In performing studies, one extension led to another until consumer groups, alleging that the FDA had studies dated 1983 showing that Red Dye No. 3 caused thyroid cancer in rats, felt compelled to take action. The studies revealed that the rats developed tumors when the dye composed four percent of their diets; fruit cocktail lovers would have to eat about 13,898 servings each day for 70 years. However, in four lawsuits, Ralph Nader's Public Citizen brought out the Delaney Clause, in that the statute bans colorings posing any cancer risk.

The fruit-cocktail industry fought bitterly because that particular dye gives the fruit-cocktail cherries their color. One industry representative, as quoted in *Newsweek*, said, "I want to kiss a girl who looks beautiful and I want to eat a food that looks beautiful. The (dye's opponents) must have lost all sense of beauty and emotion in their lives." A Public Citizen representative countered by saying, "This is just a color additive. It has no benefit to society other than color." In the meantime, the fruit-cocktail industry is warning that the cherries will, without the dye, be brown. Thus ends the fruit-cocktail fracas although the industry may fight to limit the decision's scope.

Reporting Reactions to Additives

As we all know, some bodies cannot tolerate certain foods and reactions to such instances can range from headaches or hives to seizures or death. Food additives aren't exempt from blame, either. With the introduction of aspartame in soft drinks in 1983, complaints blaming food additives for allergic reactions have soared.

To better monitor the effects of additives and deal with consumer complaints, the FDA set up the Adverse Reaction Monitoring System (ARMS) in early 1985. The ▶

system is passive in that the FDA doesn't go out looking for adverse reactions, but instead investigates complaints received from individuals or from their physicians. The NutraSweet Company, manufacturer of aspartame, also forwards complaints it receives to the FDA.

FDA officials investigate the complaints, which are then classified by the severity of the symptom (headaches, mood changes, nausea, etc.) and by the frequency and consistency of the symptom's association with eating or drinking a particular product.

The FDA says that ARMS has received nearly 6,000 complaints since its inception, with aspartame and sulfite preservatives topping the list, accounting for almost 95 percent of all complaints. Other culprits include MSG, nitrite preservatives, the emulsifier polysorbate, and some dyes. Even vitamin and mineral supplements have been reported. There have been two reports of chemically induced hepatitis, one blamed on consumption of large quantities of a multi-vitamin preparation, the other on a niacin supplement.

Aspartame complainers most often blamed diet soft drinks for their symptoms with the most frequent complaint of headaches. Reported reactions due to sulfites have been far more serious. About one percent of the population is sensitive to sulfites, with most of these individuals suffering from asthma. Approximately 50 percent of the reported sulfite reactions were classified as serious (for example, difficulty breathing or seizures). Twenty-seven individuals (most were asthmatic) may have died from sulfites, according to ARMS data. Sulfite complainers most often traced their adverse reactions to salad bars. Since August 1986, when the FDA prohibited the use of sulfites on raw fruits and vegetables, including those in salad bars, complaints about sulfites have declined.

Pinpointing a specific ingredient as the cause of an allergic reaction can be a lengthy trial-and-error process. Discovery of the exact cause has often baffled physicians and the FDA. For example, in some of the aspartame cases individuals blamed the artificial sweetener for a reaction days after they had eaten or drunk a product containing the sweetener.

"We have no firm evidence that aspartame actually causes the number of adverse reactions that individuals claim it does," says Dr. Walter Glinsmann, associate director for clinical nutrition at FDA. In a *New England Journal of Medicine* article on aspartame and headaches, scientists reported the results of a double-blind, placebo-controlled, cross-over study. They found that the placebo caused more headaches than aspartame.

Dr. Glinsmann notes that the number of adverse reactions individuals blame on aspartame are so varied that it is virtually impossible for one product to be guilty of such a multitude of sins. There is also no consistent relationship between a symptom and the amount of aspartame ingested or the period of time between taking aspartame and the appearance of the symptom. "On the oth hand, there is limited evidence from challenge tests th at least some individuals may have an allergic-type rea tion such as hives to aspartame," says Dr. Glinsman

Three studies may help answer some of the questio surrounding aspartame and adverse reactions. Tl National Institute of Environmental Health Sciences North Carolina is studying the relationship betwe aspartame and seizures in animals. Battelle Institute Ohio is assessing the effect of aspartame on bra chemicals. And the Federal Aviation Agency will co duct a series of tests with pilots during flight-simulate computer exercises to see if aspartame affects cognitic and perception.

Individuals suspecting they have had an allergic rea tion to an additive should, after seeing a physician, co tact the nearest FDA field office to report the reactio

Overall, our food supply is probably as safe as an in the world, Not all additives are known to be harm ful; some may be perfectly safe. Certain additives wi likely stay with us in order to conform to our life style What we need to be assured of is that they are used i moderation — a host of foods don't need anything ar tificial added to them. Another point is that food doesn' have to be "pretty," as in the aforementioned cherr charade.

The key to the food maze is awareness — keeping in formed of what's happening. By not purchasing product containing unnecessary additives or by at least going fo the products with the fewest additives, the message wil eventually get though to food manufacturers — they hav to make a living, too.

References

1. "A Primer on Food Additives," *FDA Consumer*, October 1988 pp.1-5.
2. "Food Additives," *Funk & Wagnalls New Encyclopedia*, Volum 10, p. 332.
3. Zenas Block, *It's All On the Label* (Canada: Little, Brown & Com pany Limited, 1981), pp. 17, 19-20.
4. Geri Harrington, *Real Food, Fake Food* (New York: Macmillar Publishing Company, 1987), pp. 35, 96, 242, 275-276.
5. Dr. Melvin A. Benarde, *The Chemicals We Eat* (New York: American Heritage Press, 1971), pp. 15, 22-23, 25, 127, 132, 148, 163, 190-191.
6. Steve Waldman, "The Great Cherry Caper," *Newsweek*, Vol. CXV, No. 6, (February 5, 1990), 48.

■

House of Delegates to Vote on Proposed Bylaw Changes

CONSTITUTION

ARTICLE VI — Board of Trustees

ECTION 1

ine 33 — ADD: "one student member (ex officio - no vote)"

BYLAWS

RTICLE I — District Societies and Affiliated Organizations

ADD) NEW SECTION 6

"A district member must be a member in good standing of TOMA in order to hold a district office and must have paid the current year's dues."

ENUMBER SECTION 6 THROUGH 7 TO BE SECTION THROUGH 8 — LINES 91-103

ARTICLE II — Membership

HANGE SECTION 1 TO READ:

ine 105 — There shall be eleven classes of Membership; (a) Regular, (b) Student, (c) Sustaining, (d) Intern/Resident, (e) Honorary, (f) Life, (g) Associate, (h) Non-resident Associate, (i) Retired, (j) Affiliate and (k) Honorary Life.

HANGE SECTION 4 TO READ:

ines 141 - 145 — "administrative officer of the college being attended. Student members shall receive such publications and other literature as may be directed by the Board of Trustees, but they shall not be eligible to hold office or to vote except as duly elected members of the House of Delegates."

DELETE) SECTION 4

ines 146 - 152

ADD) NEW SECTION 5

"Intern/Resident Membership. Intern/Resident membership may be granted by the Board of Trustees to an intern or resident in an AOA approved training program. Application for intern/resident membership shall be endorsed by the DME of the affiliated hospital. Intern/Resident members shall receive publications and other benefits as may be directed by the Board of Trustees but shall not be eligible to hold office."

ENUMBER SECTION 5 THROUGH 11 TO BE ECTION 6 THROUGH 12

ines 153 - 227

ADD) NEW SECTION 13

Honorary Life Membership will be conferred on each president upon conclusion of his or her term of office. Such honorary life membership shall not exempt the holder from assessments levied by this association. Such members shall have all privileges of regular membership until such time that they become eligible for regular life membership.

RENUMBER SECTION 12 THROUGH 13 TO BE SECTION 14 THROUGH 15

Lines 228 - 238

ARTICLE III — Dues

(ADD) SECTION 4

Sustaining patrons shall pay $250 or as determined by the Board of Trustees or more than otherwise applies to their class of membership.

(ADD) NEW SECTION 10

Intern/Resident Members, as heretofore defined, shall not be required to pay dues.

(ADD) NEW SECTION 11

Honorary life members shall not pay regular membership dues.

RENUMBER SECTIONS 11 THROUGH 16 TO BE SECTIONS 13 THROUGH 18

Lines 268 - 303

ARTICLE VII — Board of Trustees

SECTION 2

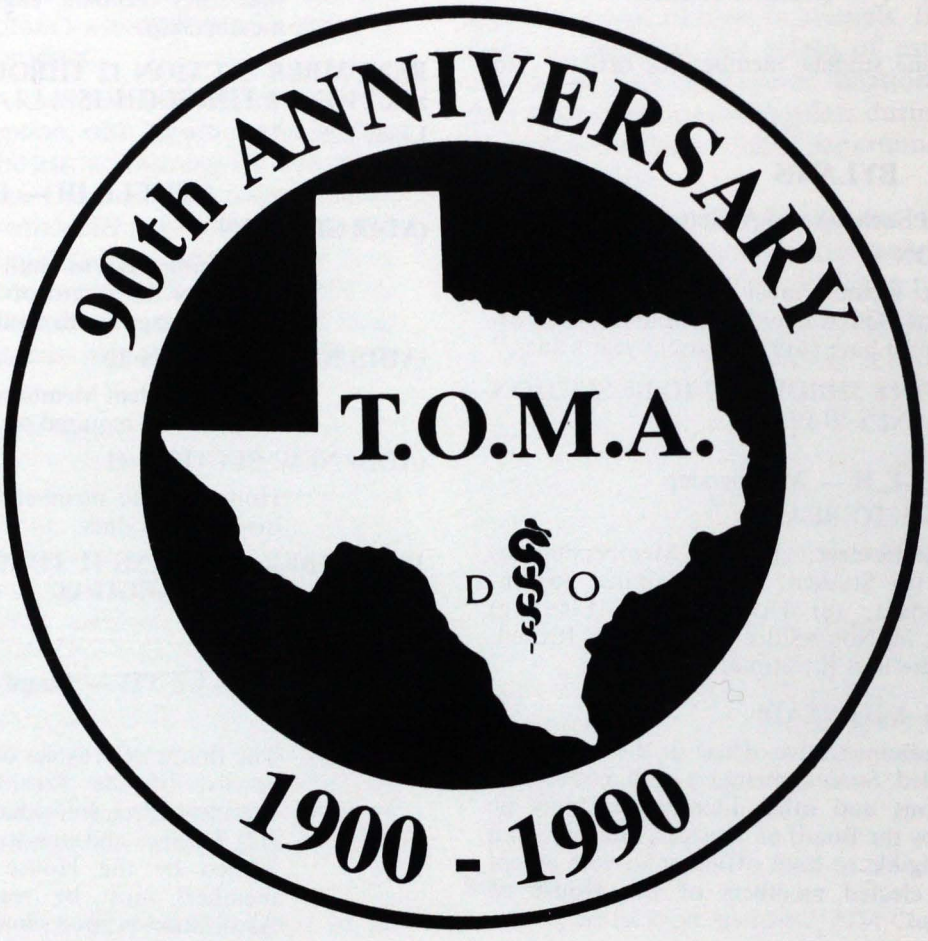
Line 499 — The Board of Trustees of this Association shall consist of the President, Vice President, President-Elect, Immediate Past President, twelve (12) Trustees and one student* member Trustee elected by the House of Delegates. Board members must be voting members of this Association in good standing. Each year, four (4) Trustee members (exclusive of the student* member trustee) shall be elected by the House of Delegates to serve three (3) year terms or until their successors are elected and installed; and in the same manner of election, vacancies shall be filled to complete unexpired terms. In the first year after implementation, the student* member trustee shall be nominated by his/her peers to become a trustee; the nomination shall be subject to confirmation by the Board of Trustees. In subsequent years, the student member trustee shall be elected by the House of Delegates to serve a one year term or until a successor is elected and installed; and in the same manner of election, a vacancy shall be filled to complete an unexpired term. (*ex officio — no vote)

ARTICLE IX — House of Delegates

CHANGE SECTION 2 TO READ

Line 587 — "All delegates and alternates must have paid the current fiscal year dues of this Association, and of the District Society which they represent, before the House of Delegates meeting begins."

Limited Edition Collector Plates Commemorate TOMA's 90th Anniversary



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.

ORDER FORM

Allow 6-8 weeks delivery

TOMA Collector Plates

_____ Please indicate number of plates desired at $15 each (includes S & H)

_____ Check enclosed (please make payable to TOMA)

Name _____
(please print)

Mailing Address _____

Date _____

Mail to: Texas Osteopathic Medical Association
226 Bailey Avenue
Fort Worth, Texas 76107

TOMA Convention Will Feature Risk Management Seminar

TOMA will be offering a Risk Management Seminar during this year's annual convention, on Sunday, May 6, in order to satisfy several states' relicensure requirements. Physicians are also reminded that Texas law requires 15 hours of risk management per year in order to be eligible for malpractice premium reductions and the state liability indemnification program as passed by the 71st Texas Legislature. Those attending this seminar will earn five hours of Category 1-B CME and will receive a certificate of attendance.

Presenting the topic *"How to Protect Yourself Against Professional Liability Suits"* will be Michael G. Victor, D.O., J.D., F.C.L.M.

Dr. Victor earned his D.O. degree at Des Moines College of Osteopathic Medicine and Surgery and interned at Good Samaritan Hospital, Dayton, Ohio, where he also took a cardiovascular surgery fellowship.

He attended Lewis University College of Law from 1975-79, and from 1979-80, he attended Northern Illinois University, College of Law, earning his J.D. degree in 1980.

Dr. Victor resides in Barrington, Illinois, and practices emergency medicine and medico-legal consultation. He is licensed to practice medicine in Illinois; Indiana, Iowa and Ohio; and legal licensure encompasses the Illinois Supreme Court; Federal District Court, Northern District of Illinois; and U.S. Appellate Court 3rd District.

He is board eligible in emergency medicine and is a Diplomat of the American Board of Law in Medicine. Organization memberships include the American College of Emergency Physicians; American College of Legal Medicine - Fellow; Illinois State Medical Society; Illinois Chapter, American College of Emergency Physicians; Illinois State Bar Association; American Bar Association; Chicago Bar Association; American Trial Lawyers Association; and American Society of Law and Medicine.

Dr. Victor has given multiple presentations in the field of emergency medicine since 1973, and multiple presentations on legal issues in medical practice since 1977.

"Update on Controlled Substances and Dangerous Drug Laws and Rules of the Texas Department of Public Safety," will be presented by Jeffrey S. Mitchel, Lieutenant, Texas Department of Public Safety, Narcotics Service, in El Paso.

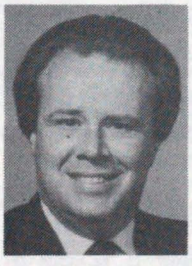
Lt. Mitchel attended Texas A&M, St. Edward's University and Howard College of Big Spring.

He was employed by the Texas Highway Patrol in Seminole, Texas, and then in Brownwood, Texas. In 1979, he joined the Narcotics Service of the Texas Department of Public Safety in Houston, later moving to Austin. In 1986, he was promoted to his present position.

Brett Dahl of the Texas State Board of Insurance will speak on *"Insurance Codes to Include HB 18 and Other Insurance Laws Affecting Physicians."*

Mr. Dahl is a native of Salt Lake City, Utah. He is presently employed by the Texas State Board of Insurance, Division of Loss Control Regulation, where he has oversight responsibility for insurers' loss prevention/safety services in the areas of casualty and healthcare provider insurance. Additionally, he has drafted insurance legislation and actively participated in various committees who are involved in the implementation of HB 18, the Omnibus Health Care Rescue Act.

Immediately prior to joining the Board of Insurance, Mr. Dahl was employed by Hospital Corporation of America (Shoal Creek Hospital) in Austin, where he served as an assistant administrator and risk manager. He has a Master of Health Administration degree with an emphasis in strategic planning. He is a Texas certified Field Safety Representative and will receive an A.R.M. (Associate in Risk Management) designation from the Insurance Institutes of America in May.

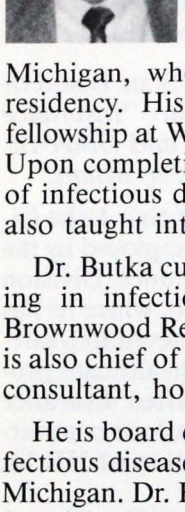


Michael Young, J.D., of the Texas State Board of Medical Examiners, will present *"Update of the Medical Practice Act and Rules of the Texas State Board of Medical Examiners."*

A graduate of the University of Texas School of Law, Austin, Mr. Young was admitted to the State Bar of Texas in 1976. He was administrative assistant for James C. Dunlap & Associates in Austin from 1976-77 and worked for the TMA from 1978-86. While at TMA, he served as a field service representative, director of the Department of Medical Services, director of the Office of Medical Ethics and as a TMA attorney.

Mr. Young is currently staff counsel for the TSBME. In this capacity, he responds to questions from licensees and members of the public regarding Texas law pertaining to physicians; advises the TSBME and its committees concerning legal implications of questions it considers; assists Board members in the conduct of administrative sanction proceedings; presents evidence at licensure hearings and drafts new or amended Board rules. ■

1990 Convention Speakers



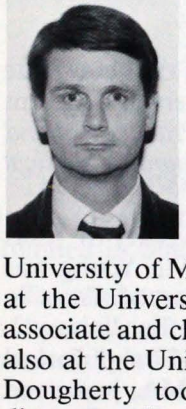
"Quinalones: Future Trends in Antibiotic Therapy" is the topic to be presented by Gary N. Butka, M.D.

Dr. Butka received his M.D. degree from the Universidad LaSalle, Escuela Mexicana de Medicina, in Mexico City, Mexico. He served an internship at Oakwood Hospital in Dearborn, Michigan, where he also took an internal medicine residency. His residency training was followed by a fellowship at Wayne State University, Detroit, Michigan. Upon completion of training, he had a private practice of infectious diseases at Oakwood Hospital, where he also taught interns, residents and medical students.

Dr. Butka currently is a private practitioner specializing in infectious disease and internal medicine at Brownwood Regional Hospital, Brownwood, Texas. He is also chief of the department of internal medicine and consultant, hospital epidemiology.

He is board eligible in both internal medicine and infectious disease and is licensed to practice in Texas and Michigan. Dr. Butka is fluent in four languages, English, Spanish, German and Japanese.

Professional memberships include the American Medical Association; Texas Medical Association; Brown County Medical Association; American Society of Microbiology; with applications pending for the American Society of Internal Medicine and the American College of Physicians.



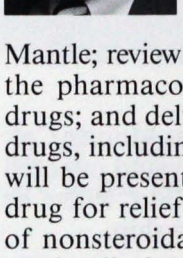
Steve H. Dougherty, M.D., will speak on *"Post Surgical Intra-abdominal Septicemia"* during the educational portion of the TOMA convention.

Dr. Dougherty received his M.D. degree from the University of California at San Francisco. He served an internship in the department of surgery at the University of Minnesota; a medical fellowship in surgery at the University of Minnesota; and was a research associate and chief resident in the department of surgery, also at the University of Minnesota. Additionally, Dr. Dougherty took a fellowship in surgical infectious diseases at the same location. Upon completion of training, he served as an instructor in the department of surgery, followed by assistant professor of surgery, both at Texas Tech University Health Sciences Center in El Paso.

He currently serves as an associate professor of surgery at Texas Tech University School of Medicine in El Paso.

He is certified by the American Board of Surgery and his research interests include surgical infections and gastrointestinal physiology.

Dr. Dougherty's professional memberships include the American College of Surgeons; Southwestern Surgical Congress; Surgical Infection Society; Society for Surgery of the Alimentary Tract; American Society for Microbiology; and Society for Microbial Ecology and Disease.



Paul A. Greenberg, M.D., will update attendees on "NSAIDs" during the educational portion of TOMA's convention this May. According to Dr. Greenberg, he will briefly review the history of nonsteroidal anti-inflammatory drugs; discuss the clinical trials of Voltaren with special emphasis on its use for treatment of osteoarthritis in Mickey Mantle; review the pathophysiology of inflammation and the pharmacology of nonsteroidal anti-inflammatory drugs; and delve into the "non approved" uses of these drugs, including use for pain relief, where several studies will be presented supporting the effectiveness of these drug for relief of pain. A discussion of the side effects of nonsteroidal drugs, primarily as they relate to prostaglandin inhibition, will be followed by a brief look at drug interaction and precautionary measures of clinical interest.

Dr. Greenberg received his M.D. degree at the University of Missouri School of Medicine, Columbia, Missouri, and served a rotating internship at Parkland Memorial Hospital in Dallas. He took an internal medicine residency at Parkland, followed by a fellowship in infectious diseases at the University of Texas Southwestern Medical School, Parkland Memorial Hospital.

Dr. Greenberg has an internal medicine and diagnosis practice in Dallas, and is a clinical professor of internal medicine at the University of Texas Southwest Medical School.

Hospital affiliations include Presbyterian Hospital of Dallas and Parkland Memorial. Professional memberships include the American Medical Association; Texas Medical Association; Dallas County Medical Society; American College of Physicians; and the American Society of Internal Medicine.

Presenting the topic *"ACE Inhibitors; Current Trends,"* will be Gregory J. McWilliams, D.O. ACE inhibitors are now used for the control of hypertension, improvement in renal function, and improvement in cardiac function in patients with heart failure, notes Dr. McWilliams. They have been converted from a qid drug regimen to once-a-day dosage. Adequate dosing schedules have been decreased by 50 percent. Diuretics have been combined with ACE ▶

Instinctively Secure

It's a feeling that stems from strength and knowledge. But it's built upon respect.

That's true in our business, too. Because it takes more than providing the proper medical malpractice insurance to assure security.

That's why our clients regularly receive not only professional advice, but also personalized attention.

By staying in touch we know our client's concerns, and can act upon them promptly. As a company directed for osteopathic physicians, we know how much more that can add to your sense of security, without adding to your premiums.

If you'd like to find out more, write us at: Two East Gregory, Kansas City, Mo. 64114. Or call (816) 523-1835. Outside Missouri, call toll-free 1-800-821-3515.

Professional Mutual Insurance
Risk Retention Group

TOMA 91st Annual Convention & Scientific Seminar

Westin Paso del Norte Hotel / El Paso Civic Center
May 1-6, 1990

Program

Tuesday, May 1

12:00 noon — TOMA Board of Trustees' Luncheon
Westin Hotel

1:00 p.m. — TOMA Board of Trustees' Meeting
Westin Hotel

6:30 p.m. — Caucus of the Districts
Westin Hotel

Wednesday, May 2

8:00 a.m. - 12:00 noon — TOMA House of Delegates' Registration
Westin Hotel

9:00 a.m. - 5:00 p.m. — TOMA House of Delegates' Meeting
Westin Hotel

11:30 a.m. — TOMA House of Delegates' Luncheon
Westin Hotel

1:00 p.m. — ATOMA Board of Trustees' Luncheon/Meeting
Westin Hotel

2:00 p.m. - 4:00 p.m. — Early Registration
Westin Hotel

Thursday, May 3

7:00 a.m. — General Convention Breakfast
"Update on TSBME"
Alfred R. Johnson, D.O.
El Paso Civic Center

7:30 a.m. - 4:00 p.m. — Registration: Exhibits Open
El Paso Civic Center

(All lectures will be held at the El Paso Civic Center unless otherwise stated)

8:30 a.m. - 9:15 a.m. — "Management of Acute M.I."
Russell Fisher, D.O.

9:00 a.m. - 12:00 noon — ATOMA House of Delegates' Meeting
Westin Hotel

9:15 a.m. - 10:00 a.m. — "Lumps and Bumps; Dermatology for the Primary Care G.P."
Alicia Monroe, D.O.

10:00 a.m. - 11:00 a.m. — Refreshment Break with the Exhibitors

11:00 a.m. - 11:45 a.m. — "AIDS and the Health Care Worker"
Gilbert D'Alonzo, D.O.

11:45 a.m. - 12:30 p.m. — "HDL & Coronary Heart Disease"
Christie M. Ballantyne, M.D.

12:45 p.m. — AOA Luncheon
El Paso Civic Center

2:00 p.m. - 2:45 p.m. — "Office Management of Chronic Obstructive Lung Disease"
Gilbert D'Alonzo, D.O.

2:45 p.m. - 3:30 p.m. — "NSAIDS"
Paul A. Greenberg, M.D.

3:30 p.m. - 4:15 p.m. — "Post Surgical Intra-abdominal Septicemia"
Steve Dougherty, M.D.

4:15 p.m. - 5:15 p.m. — Visit with the Exhibitors
Champagne Party for TOMA's 90th Anniversary

5:00 p.m. - 6:30 p.m. — POPPs Party
Westin Hotel

7:00 p.m. - 11:00 p.m. — Sustainer's Party
Hacienda Solar de la Paloma
Juarez, Mexico

Friday, May 4

7:00 a.m. - — Buses leave for Golf Tournament
Vista Hills Country Club

7:00 a.m. - 8:30 a.m. — Texas ACGP Breakfast
El Paso Civic Center

7:30 a.m. - 4:00 p.m. — Registration; Exhibits Open
El Paso Civic Center

8:30 a.m. - 9:15 a.m. — "Ventricular Arrythmia Pathophysiology"
Russell G. Fisher, D.O.

9:15 a.m. - 10:00 a.m. — "CHF: What's New?" (A primary care approach to CHF)
Robert Chilton, D.O.

10:00 a.m. - 11:00 a.m. — Refreshment Break with Exhibitors

10:00 a.m. - 11:00 a.m. — Texas Academy of Osteopathy Meeting
El Paso Civic Center

11:00 a.m. - 12:30 p.m. — "Diabetes: The Family Application" Part I
Brian R. Tulloch, M.D.
Veronica K. Piziak, M.D.

11:30 a.m. - 2:00 p.m. — ATOMA Installation Luncheon
Westin Hotel

12:30 p.m. - 2:00 p.m. — Lunch with the Exhibitors
El Paso Civic Center

2:00 p.m. - 4:30 p.m. — "Diabetes: The Family Application" Part II
Brian R. Tulloch, M.D.
Veronica K. Piziak, M.D.

2:00 p.m. - 2:45 p.m. — "Insulin Resistant States as Mechanism for Hypertension"
Len Scarpinato, D.O.

2:45 p.m. - 3:30 p.m. "Quinalones: Future Trends in Antibiotic Therapy" Gary Butka, M.D.

3:30 p.m. - 5:30 p.m. Pacer's Meeting Westin Hotel

3:30 p.m. - 4:15 p.m. "Use of Calcium Channel Blockers in the Treatment of Hypertension" Russell G. Fisher, D.O.

4:15 p.m. - 5:00 p.m. "Nuts & Bolts Approach to Treating Cholesterol" (A primary care approach) Len Scarpinato, D.O.

6:30 p.m. - 7:30 p.m. President's Night Reception Westin Hotel

7:30 p.m. - 11:30 p.m. President's Night Banquet/Dance Westin Hotel

Saturday, May 5

7:30 a.m. - 9:00 a.m. ATOMA Board of Trustees' Breakfast/Meeting Westin Hotel

7:30 a.m. - 8:30 a.m. Alumni Meetings/Breakfasts El Paso Civic Center

8:00 a.m. - 11:00 a.m. Exhibits Open

8:30 a.m. - 12:30 p.m. "Structural Consultation and Treatment Service" (Anyone interested in participating in this service, please contact Dr. Doug Vick)

8:30 a.m. - 9:15 a.m. "Downside of Hypertension Therapy on the Kidney" Jack O. Gratch, D.O.

9:15 a.m. - 10:00 a.m. "Ace Inhibitors; Current Trends" Gregory J. McWilliams, D.O.

10:00 a.m. - 4:00 p.m. Buses leave for "A Juant into Old New Mexico" Tour for the Ladies and/or guests

10:00 a.m. - 11:00 a.m. Refreshment Break with Exhibitors

11:00 a.m. - 11:45 a.m. "New Approaches to Gram-Negative Therapy" Joseph H. Talley, M.D.

11:45 a.m. - 12:30 p.m. "Diagnosis and Treatment of AIDS and the Role of the Primary Care Physician" Jack Austin, M.D.

12:00 noon - 4:00 p.m. TOMA Board of Trustees' Luncheon/Meeting Westin Hotel

12:00 noon - 4:00 p.m. ATOMA Board of Trustees' Luncheon/Meeting Westin Hotel

12:30 p.m. - 2:00 p.m. Lunch on your own

2:00 p.m. - 2:45 p.m. "Treatment of Ventricular Arrythmia in the 90s" James M. Atkins, D.O.

2:45 p.m. - 3:30 p.m. "Current Management of Gallstones" David James, D.O.

3:30 p.m. - 4:15 p.m. "Future Trends in Neonatology to include Exogenus Surfactant" Greg Lund, D.O.

4:15 p.m. - 5:00 p.m. "The Polysymptomatic Patient: Is It Environmental Illness?" Alfred R. Johnson, D.O.

7:00 p.m. - Fun Night Party Buses leave for the Juarez Race Track

Sunday, May 6

8:00 a.m. - 1:30 p.m. Risk Management Seminar Westin Hotel

Topics of Discussion will be:

"Update on Controlled Substances and Dangerous Drug Laws and Rules of the Texas Department of Public Safety"

"Update of the Medical Practice Act and Rules of the Texas State Board of Medical Examiners"

"How to Protect Yourself from Professional Liability Suits"

"Insurance Codes to include H.B. 18 and other Insurance Laws Affecting Physicians"

Capitol Hill Highlights

** On November 22, Congress passed the 1990 Budget Reconciliation measure which provides for the replacement of the Usual, Customary and Reasonable (UCR) Medicare physician payment system with a National Fee Schedule based on a resource-based relative value scale.

Beginning in 1992, a fee schedule will be phased-in for Medicare physician payments over a five-year period. The relative value of physician services will be based upon a work component, a practice expense component and a malpractice component. This RVS amount would then be multiplied by a conversion factor and a geographic index to yield the fee schedule payment for a particular Medicare physician service.

** Congress approved a system of Medicare Volume Performance Standards (MVPS). Under this system, Congress will set targets or volume standards for an annual rate of growth of Medicare spending on physician payment. If Medicare spends more on doctors' bills than the standard calls for, Congress is expected to take the excess out of the following year's fee increase.

** Congress approved a proposal to prohibit physicians from making referrals to clinical laboratories in which they have an ownership interest effective January 1, 1992. Further, Congress eliminated a grandfather provision which would have protected investments in labs operating before March 1, 1989. Exemptions would be provided for hospital ownership, rural providers, group practices, in-office ancillaries, and pre-paid plans. Not included in the ban are physicians investments in other enterprises and joint ventures, such as diagnostic imaging centers.

** The update for physician payment for services for 1990 will be set at the MEI for primary care (estimated to be around five percent), and two percent for other services. MAAC limits as provided by current law will be extended to January 1, 1992. Participating agreements made for 1989 will remain in effect until April 1, 1990. New agreements can be entered into for the nine month period beginning on April 1990.

** Physicians are now able to appeal Medicare substandard care quality denials prior to disclosing such findings to the beneficiaries.

** George Thomas, D.O., of Ohio, was recently selected to a Physician Payment Review Commission (PPRC) consensus panel that will address needed changes in Physician's Current Procedural Terminology (CPT) codes for evaluation and management (visit) services.

** The Council on Graduate Medical Education (COGME), together with the Bureau of Health Professions Research (BHPr), is undertaking a re-examination of physician supply and needs projections for the following six medical specialties: general practice, general pediatrics, general internal medicine, general surgery, obstetraics/gynecology and psychiatry. At BHPr's request, osteopathic representatives of these specialties have been nominated to serve on study panels designed to develop physician workload forecasts. ■

ATOMA News

By Karen Whiting
ATOMA News Chairman

Let's Get Acquainted

In this issue we're highlighting the Miller's from District V. Dr. Linus and Claudette Miller live in Mesquite, where Dr. Miller is in general practice. You can bet that their lives have stayed full with the raising of six children: Jeff, 25; Lanc, 21; Kammi, 19; Sharla and Michelle, 16; and Keisha, 12. Lance is following his father's footsteps and is currently pre-med at the University of Texas at Arlington. Kammie is also following in her father's footsteps by attending a Mennonite college. Dr. Miller grew up in a Mennonite/Amish community in Berlin, Ohio, and attended a Mennonite college in Goshen, Indiana.

Claudette is currently serving as ATOMA President-elect and Membership Chairman. She loves to travel, which will serve her well next year as she visits each district as our ATOMA President. She is certainly well qualified for this position, having received degrees in nursing, accounting and business administration.

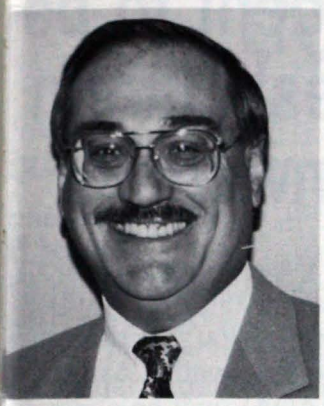
In addition to travel, family past-times include skiing, golf, softball and activities in the Baptist church. ■

We Need Your Help!

As State Historian, Gloria Gurkoff needs your help to gather photos, documents, letters, news articles, etc., which relate to this year's ATOMA activities for the annual scrapbook.

Please send any materials you may have to:

Gloria Gurkoff
4704 Villa Vera
Arlington, Texas 76017



AOA President-Elect to Speak at TOMA Convention

AOA President-elect Mitchell Kasovac, D.O., FACGP, will be guest speaker at the AOA Luncheon, Thursday, May 3, during the TOMA annual convention. Dr. Kasovac is currently assistant dean of clinical sciences; director of postgraduate training; and professor of family medicine at the College of Osteopathic Medicine of the Pacific (COMP), Pomona, California.

A graduate of Chicago College of Osteopathic Medicine, Dr. Kasovac is certified in general practice and a fellow of the American College of General Practitioners.

Dr. Kasovac's impact on the osteopathic profession extends to leadership positions at the state and national levels. During his 26-year membership in the AOA, he has participated in more than 22 committees, bureaus, councils and task forces, many in which he has served as chairman, vice chairman or advisor. He has served on the AOA Board of Trustees since 1980 and has held the positions of AOA 3rd president; 2nd vice president; and 1st vice president.

He served on the Chicago College of Osteopathic Medicine Board of Trustees from 1973-1989 and is presently serving on the Board of Directors of OMIC-RRG.

Dr. Kasovac also served on the Board of Trustees of the Arizona Osteopathic Medical Association from 1968-1976, and was president of that association from 1974-75. In 1981, he was named Arizona General Practitioner of the Year.

His numerous memberships and affiliations include the AOA; Arizona Osteopathic Medical Association; American College of General Practitioners in Osteopathic Medicine and Surgery; Academy of Osteopathic Directors of Medical Education; National Osteopathic Foundation; Association for Hospital Medical Education; American College of Physician Executives; Heatherbrae Development Corporation; and Serbian National Federation. ■

Resource Materials Available From Texas Osteopathic Medical Association

The following resource materials are available to TOMA members upon request. Please check materials desired, indicating number of such where applicable. TOMA will bill for cost, as needed.

The following items are needed:

_____ ICD-9-CM Workbook (____ needed)
_____ OMT Workbook (____ needed)
_____ TOMA Guidelines For Physician Office Drug Management
_____ Patient Consent Forms for Medicare Part B and Medicaid (____ needed)
_____ Medical Disclosure List
_____ Immunization Reminder Cards (____ needed)
_____ Medical Jurisprudence Study Guide
_____ "Blueprint For Practice"
_____ Medicare Part B Deductible and Co-Insurance Agreement Form
_____ Medical Practice Act of Texas
_____ Physician Placement Service
_____ List of Locum Tenen Physicians
_____ Natural Death Form (____ needed)
_____ The Osteopathic Oath
_____ A Modern Physician's Creed
_____ "Physician, Heal Thyself"
_____ "Talk Show Tips for Osteopathic Physicians," a cassette narrated by Donald Kotoske, D.O. (while supply lasts)

Booklets and Brochures for Office Distribution:

_____ "Your Physician and You, A Team For Good Health" (____ needed)
_____ "What Everyone Should Know About Osteopathic Physicians" (____ needed)
_____ "It's For You" (____ needed in English) (____ needed in Spanish)
_____ "What Is A D.O.? What is An M.D.?" (____ needed)

Special Programs:

_____ Information on professional liability insurance program (Physician's Choice)
_____ Information on disability insurance program (Provident Life & Accident)
_____ Information on collection agency (I. C. Systems)
_____ Information on MasterCard/Visa Merchant program
_____ Information on the Med-Search program coordinated through TCOM Health Sciences Library
_____ Information on Cellular Phones (Auto Cellular & Accessory Co., Inc.)

Name: _____

Address: _____

Phone: _____

District: _____ Date: _____

Return to Texas Osteopathic Medical Association, 226 Bailey Avenue, Fort Worth, Texas 76107.

AAOA President to be Special Guest During TOMA Convention

Mrs. Thomas (Glenda Carlile, 1989-90 president o the Auxiliary to the Ameri can Osteopathic Associatio (AAOA), will be addressin the TOMA House of Dele gates as well as the ATOMA House of Delegates, in he capacity as national AAOA representative, durin TOMA's annual convention

Mrs. Carlile hails from Texas' sister state, Oklahoma. Currently serving th AAOA Board of Directors as president, she previously served as president-elect, appointed member, director an second vice president. She was also the chairman of th Public Education/Public Relations and 50th Anniversary Committees. As chairman of the Public Education/Public Relations Committee, she served as chairman of the National Ad Campaign Committee.

A former newspaper correspondent, Mrs. Carlile i a freelance writer and has just completed a book o Oklahoma territorial women. She operates an Oklahoma City tour service which offers group tours of the city; is a member of the Oklahoma City Chamber of Commerce and is active in civic affairs. Her husband, Tom, is a past president of the Oklahoma Osteopathic Association and a former regent for the Oklahoma College of Osteopathic Medicine. They are the parents of three daughters. Mrs. Carlile's hobbies include reading, golf, tennis and freelance writing.

Numerous past duties include chairman of the Convention Committee; chairman of the Editorial Advisory Committee and editor of the AAOA "Accents" for two consecutive terms; chairman of the Pages at the AAOA National Convention; and member of the Nomination Committee and Long Range Planning Committee. She also served as the national SAA counselor.

Mrs. Carlile has been active in auxiliary work since she was a student wife at the Kansas City College of Osteopathic Medicine and Surgery. A past president of the Auxiliary to the Oklahoma Osteopathic Association, she was awarded The Prestigious Woman of the Year Award in 1988, and has twice been president of the South Central District AOOA. Mrs. Carlile has been an AAOA delegate for 10 years. ■

Convention Supporters '90

Exhibitors

Abbott Laboratories
AC Medical
Adria Laboratories
Allermed Corporation
Becton Dickinson Primary Care Diagnostics
Boehringer Ingelheim Pharmaceuticals, Inc.
Boots Company, Inc.
Bristol Laboratories
Burroughs Wellcome Company
Cross Medical Instruments
Dista Products Company
DuPont Pharmaceutical
Eli Lilly Company
Environmental Health Center
Faro Medical Technologies, Inc.
Geigy Pharmaceuticals
Glaxo Inc./Allen & Hanburys
Hill Laboratories Company
Hoechst-Roussel Pharmaceutical
Insurance Equities Corporation
InVitro Diagnostics
Kirksville College of Osteopathic Medicine
Knoll Pharmaceutical
Lederle Laboratories
Marion Laboratories, Inc.
Marion Merrell Dow
McNeil Pharmaceuticals
Mead Johnson Pharmaceutical
Merck Sharp & Dohme
Miles, Inc., Diagnostics
Miles Pharmaceutical Division
National Heritage Insurance Company
NewMed Corporation
Novo Nordisk
Ortho Pharmaceutical Corporation
Osteopathic Mutual Insurance Company
Parke-Davis
Pfizer-Laboratories
PMICRRG/Professional Medical
Robar Pharmaceuticals, Inc.
Robins, A. H.
Roche Laboratories
Rorer Pharmaceuticals
Sandoz Pharmaceuticals
Saunders, W. B.
Schering Laboratories
Smith Kline & French Laboratories
Southwest & Johnson X-Ray
Squibb Pharmaceutical
Stuart Pharmaceutical
Summit Pharmaceuticals
Syntex Laboratories, Inc.
Texas College of Osteopathic Medicine
Texas State Board of Medical Examiners
TEI Computers
TMA - Physician Oncology Education Program
UAD Laboratories, Inc.
U.S. Army Medical Department
U.S. Public Health Service
William Dean & Associates
Wyeth-Ayerst Laboratories

Educational Grantors

Boehringer Ingelheim, Ltd.
Burroughs Wellcome
Geigy Pharmaceuticals
Knoll Pharmaceuticals
Marion Laboratories
Merck Sharp & Dohme
Miles Pharmaceuticals
Parke-Davis
Pfizer, Inc.
Squibb, E.R. & Sons
Stuart Pharmaceuticals
Summit Pharmaceuticals
The Upjohn Company
Valley Community Hospital

Medicare News

By Don Self
Medical Consultants of Texas
P.O. Box 1510, Whitehouse, Texas 75791-1510

Medicare's Special Part B Newsletter No. 79, dated January 31, 1990, lists the new 1990 HCPCS codes, changes, additions and deletions. Medicare will either "develop" (send yellow letters back to you) or deny the claims if they receive the old codes on claims after March 1, regardless of the dates of service.

* *Nursing Home Codes:* They have deleted Z9098 & Z9099 for multiple pt visits. Physicians will use modifiers "MP" for multiple pts seen, and "SP" for single pt seen, with codes 90300 - 90470. You will continue to code the visit as skilled or non-skilled, using either the 90300-90370, or 90400-90470 codes, dependent on the type of services they are rendering. You will have to add the modifiers to the claim, to be paid properly. We are unclear how Medicare will differentiate the profiles (and therefore payments), by the modifier, but we will let you know as soon as we find out. If you use the deleted Z codes, the claim is supposed to be denied.

* *Injections/Immunizations:* There have been over 150 CPT and for HCPCS.

Old CPT	Old HCPCS	New CPT	New HCPCS
5-93262	5-Q0019	5-93224	5-93224
T-93262	T-Q0020	T-93221	T-93221
1-93262	1-Q0022	1-93222	1-93222
5-93263	5-Q0023	5-93230	5-93230
T-93263	T-Q0024	T-93231	T-93231
T-93263	T-Q0025	T-93232	T-93232
1-93263	1-Q0026	1-93233	1-93233
5-93266	5-Q0027	5-93235	5-93235
T-93266	T-Q0028	T-93236	T-93236
1-93266	1-Q0029	1-93237	1-93237

What you are seeing is the first stage of converting local HCPCS codes to the national (level 1) CPT codes. Eventually, we forecast there will be very few localized (state by state) HCPCS codes. This will make it much easier on everyone concerned.

* *Observation Areas:* In the past, we have been billing the observation areas, using the emergency room visit codes (90500-90570). With the new CPT codes, we will be using the same codes as office visits (90000-90080). The only difference is that we will be using different place of service codes (OH instead of O).

* *Blood Travel Code From Nursing Home:* This is an area where you have the potential of receiving a large amount of money, if you have been going to the nursing home and pulling blood from your patients (or your nurse does the venipuncture) and taking the blood back to your office to run the tests. As you know, you are allowed to charge for the venipuncture with code 5-3641 ($3.00), your nursing home trip and also, the travel fee for transferring the speciment. You are allowed to charge $5.00 for each specimen that you transfer, using code P9603 (if only one) or code P9604 (if multiple).

This $5.00 charge may not seem like much, but if you go back and file the claims on those that you performed and did not charge for, it could add up to quite a bit. You are allowed to go back and charge all of them since October 1, 1988. If you have been drawing blood and running tests since then, the amount could prove to be substantial. Since most of our clients accept assignment on nursing homes, and definitely accept on hospital charges, there may be a simple way of locating those "lost" charges. If you feel you probably have a fair number, it would pay for you to bring in a student (part time) to go through your file of EOMB's and look for those with Nursing Home visits on the same day as lab charges or a venipuncture. Then, all you need to do is copy the EOMB, or make an alphabetized list, list the dates, and when all of this is compiled, make claims for each patient. If you do venipuncture monthly, you can file up to six months on each claim form. For some, this will turn out to be quite a bit of money, so again, we suggest you get a part time person in there to work three to five hours, without putting additional strain on your staff.

* *Medicare Checks and EOMB's:* We (and Medicare) have received numerous calls complaining about the new policy of sending out the EOMB's three days after the checks. At first, Medicare stated this was a HCFA directive, but after talking to HCFA, we found out otherwise. HCFA stated they directed the carriers in this region to send one check for each payment period, thereby reducing the administrative costs (which makes sense). They did not direct the three day delay, and they (and ourselves) are trying to determine who at Medicare made the decision. I believe we have a very good chance of getting this revoked. In the meantime, we suggest you hold your Medicare check until you receive the EOMB. The EOMB has the check number at the top right hand corner (with the amount) to match them for posting purposes.

(Questions may be directed to Mr. Self by calling (214) 839-7045 or (800) 545-4373.) ■

A Message From the Texas Society ACGP President

by Richard M. Hall, D.O., F.A.C.G.P.

Greetings to Members of TOMA and the Texas ACGP. t is membership dues time again for the Texas Society of he American College of General Practice. (Fiscal year April st through March 31.)

I'd like to share some personal thoughts with you regarling membership in the official Texas general practice socie-y. Having served as the president of each of these organizaions (TOMA and now ACGP), I feel quite able to be nbiased.

It bothers me that these two membership groups represening all of us practicing physicians are gradually losing umbers of physicians in the active practice of medicine n Osteopathic or Combined staff hospitals. Once having ost the art of hospital practice, the continuity of training nd the maturity as a physician withers. Be a part of your ocal hospital and keep that unit viable! Be a contributor o that developing health care unit in your region. It is lready evident that there is a regionalization of medicine n Texas, and it will become more difficult for rural hospitals o stay in business. The problem is twofold: decreasing umbers of doctors in the rural areas, and the regional conentration of the population.

A recent TOMA article detailed the happenings of Dr. Nick Pomonis who conducts a satisfying practice in a small ommunity (Bertram) between Burnet and Austin. This is ut one of many communities who would give almost any mount of money to secure a committed osteopathic physiian to set up in their town. Nearly every edition of the *Texas DO* identifies numerous communities who are askng for health care professionals. Explore these needs!

One can speculate that the metropolitan areas have the igher income settings, yet the outskirt villages and towns re excellent rural practice regions. We well know that atients not uncommonly drive 30-40 miles to see their loctor, and if that is an osteopathic physician, they will ommonly venture even further for his or her diagnosis, nanagement and expertise in both health and disease. Certainly don't hesitate to practice in that smaller town. We need both specialty and sub-specialty physicians in these reas. Our CME programs are of such quality that one can pecialize and still find a ready home in Texas.

We wish you to remember and consider Texas Society ACGP membership again this year. We will continue to keep ou informed about health care delivery from CPT & ICDM odes, Blue Cross/Shield changes, together with the input hat we give as a member of the Unity Forum sponsored y TOMA, TCOM and the Osteopathic Hospital Associaion, in which we discuss mutual and inter-related problems, nd develop consensus solutions.

Through the good services of our TOMA president (Dr. oe Montgomery-Davis), we now have designated D.O.s in ach NHIC region, where we did not have input before accepted by Dr. Pendergrass, its Executive Director, and he board), to help in adjudicating disputes regarding payment for osteopathic manipulative therapy.

I'd like to see you in Orlando, Florida, March 14-18, at the National ACGP meeting. This year we qualify for 21 delegates (our greatest number to date). It is here that we need you, as members, committed to helping give a "Texas flavor" to the deliberations. The next AOBGP Certification exam will be at the AOA National Convention in Las Vegas this fall. I encourage you to become certified, for I predict in a matter of two years, certification will be required for hospital practice in the State of Texas.

MARK YOUR CALENDAR for the first weekend in August (August 3-5). Dr. Rodney Wiseman, program chairman, is putting together a great weekend for the GP and his or her family — the 17th Annual Mid-Year Seminar at the Arlington Hilton, 817-640-3322, complete with Six Flags and Wet 'N Wild nearby.

I am trying to hustle for the members of the Texas Society of the ACGP. I challenge each of you to do the same in your area. Through community effort and local hospital and private clinic facilities, we are seeing new physicians opening up practice in our areas. New graduates from our residencies, new and qualified specialists, military graduates — all are potential active members. Make them a working part of our TOMA Districts and staunch members of the Texas Society ACGP. This cadre will provide the continuing osteopathic emphasis in your hospital.

Our next Texas Society ACGP meeting will be in conjunction with the TOMA meeting in El Paso — our traditional breakfast for the members. It will feature the official information by Dr. Keilers. (Then: Immediate Past President of the National ACGP.)

I am continually excited about my life and the opportunities afforded me by being an Osteopathic General Practitioner. I hope it means as much to you. Share your enthusiasm with your fellow members, and invite a friend to share it with you.

Annual dues for the Texas Society of the ACGP are as follows:

a. First year — one-third of regular dues
b. Second year — two-thirds of regular dues
c. Third year and thereafter — full amount, which is currently $75.00.
d. Active, academic or associate members who are serving in the uniformed services on active duty shall pay one-third of regular dues until tour of duty is completed.

Applications for membership in the Texas ACGP may be obtained by contacting:

T. R. Sharp, D.O., FACGP
Texas ACGP Secretary-Treasurer
4224 Gus Thomasson Road
Mesquite, Texas 75150
Phone (214) 279-2453

Remember, the Texas ACGP and the National ACGP are two separate memberships, with separate dues structures. ■

Texas Department of Health

Rise of Texas Syphilis Cases in 1989 Could Forewarn Spread of Similar Diseases

State health officials are concerned that last year's sharp rise in reported cases of syphilis not only shows an upsurge in incidence of that disease, but could forewarn of similar increases in cases of other STDs — including AIDS.

Department statistics show that cases of infectious syphilis (primary and secondary stages) totaled 1,809 in the first six months of 1989, a 29.9 percent increase in cases reported in the same period in 1988.

While public health regions 2 and 8 in the Panhandle and South Texas showed some decrease in reported cases, and while the Austin-Temple region reported no change from the previous year, all other parts of the state reported increases.

Metropolitan areas reported the highest numbers, with San Antonio recording a 94 percent increase, from 63 cases in the first six months of 1988 to 122 in the same period in 1989.

Dallas reported an increase of 72 percent (from 332 cases to 572); Fort Worth — 65 percent (from 106 to 175); El Paso — 47 percent (from 34 to 50); and Houston — nine percent (from 466 to 509).

Among major cities, only Austin reported a decrease (22 percent) in syphilis cases, from 37 to 29.

Statewide, the number of males reported to have syphilis grew by 29 percent, from 858 to 1,107, while the number of females increased by 31 percent, from 535 to 702.

Cases of congenital syphilis decreased by 58 percent, from 49 to 31. However, that decrease may be deceptive. Joe Pair, Director of the STD Control Division, said, "Consistently, after any rise in the number of cases of infectious syphilis, we see a surge in the number of infected newborns.

"Any upsurge in a disease is always a matter of concern, especially one which is sexually transmitted," Pair said.

"Perhaps some people, knowing that syphilis is treatable and curable, are taking dangerous risks. They may be ignoring the fact that, whereas the disease they contracted was syphilis, it might just as easily have been AIDS." ■

TCOM Editorial Board Seeking Donations

The year 1990 ushered 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

HARVARD OMT STUDY DELAYED

Researchers at Harvard University's School of Public Health continue to expect that their relative value survey of osteopathic physicians will be forthcoming soon. In the 1987 Omnibus Budget Reconciliation Act, Congress specifically directed Harvard to include D.O.s in Harvard's study of the relative values of physician services. The results of the Harvard study will strongly influence the relative value scale (RVS) upon which the new Medicare fee schedule will be based.

Initially, physicians were to receive the survey by November 1; however, due to staffing changes at Harvard, the survey has yet to be mailed. The AOA Washington Office will notify the profession as soon as the survey is mailed.

CONGRESS REQUIRES PHYSICIANS TO FILE ALL MEDICARE CLAIMS

Hours before Congress adjourned, a revision was made to the "Physicians Submission of Claims" clause under the 1990 Medicare Amendments. Beginning September 1, 1990, physicians must file ALL Medicare claims for their patients, including unassigned claims. The bill language also prohibits physicians from adding charges for billing assistance.

Medicare "participating" physicians will not notice any difference after September 1, because they file all claims for their patients currently. The most significant changes will occur for non-participating physicians who presently collect payment from the patient who then submits the claim to Medicare for reimbursement. Under the new law, even these "non-participating" doctors must submit claims directly.

According to the HCFA, most providers already are experienced at filing their patients' claims as evidenced by the 78 percent increase in assignment rates between July and September of 1989.

HCFA officials report that implementation guidelines for this new provision "will be published down the road a little ways."

LURING DOCTORS TO SOUTH DAKOTA

A bill approved by the South Dakota Senate gives medical students a year of free tuition in exchange for each year they promise to practice in rural South Dakota. If they later chose not to practice in a rural area, the students would repay the money with interest. During the first year, the program would cost approximately $160,000 and provide the free tuition for up to 30 students at the University of South Dakota School for Medicine.

CHAMPUS News

CHAMPUS Active-Duty Family Member's Cost-Share for Inpatient Care Goes Up

Effective January 1, 1990, the daily amount active-duty families pay for inpatient care in civilian hospitals under CHAMPUS went up from $8.05 to $8.35.

In other words, an active-duty family member who is admitted to a civilian hospital for care under CHAMPUS will pay the daily rate of $8.35 times the number of days spent in the hospital — or a flat fee of $25, whichever figure is greater.

This rate doesn't apply to any other categories of CHAMPUS-eligible patients. Their inpatient hospital care will in most cases be cost-shared under CHAMPUS diagnosis-related group payment system. As of Octobe 1, 1989, that cost-share became $235 per day or 25 pe cent of the billed charge, whichever is less.

CHAMPUS, the Civilian Health and Medical Pr gram of the Uniformed Services, is the Defense Depar ment's health benefits plan for military families wh receive care from civilian hospitals and physicians o other authorized providers of health care. Private in surance companies, under contract with the governmen process the claims through which CHAMPUS shares th cost of these medical bills. ■

In Memoriam

Virginia Ellis Love

Virginia Ellis Love of Austin passed away Tuesday, January 16. She was 81 years of age.

Services were held January 18 in Central Christian Church with burial in Austin Memorial Park.

Mrs. Love attended Culver-Stockton College and Northeast Missouri State University. She received a bachelor's degree in English in 1937 and a masters degree in education in 1953 from The University of Texas. She taught school in Hannibal, Missouri, and for more than a decade at Govalle Elementary in Austin.

Mrs. Love was a life member of the Auxiliary to the Texas Osteopathic Medical Association; member of Phi Beta Kappa; the Austin Women's Club; Daughters of the Nile; Daughters of the American Revolution; the Women's Auxiliary of the Austin Lions Club; and was past president of the Austin Chapter of AAUW. She had been a member of Central Christian Church since 1934.

Survivors include her husband, Joseph L. Love, D.O., of Austin; son, Joseph L. Love, Jr., of Champaign, Illinois; daughter, Judith Schafer of McPherson, Kansas; and six grandchildren, James, Stephen, Catherine and David Love, and Tracy and Gina Pyle.

TOMA extends its condolences to the family and friends of Mrs. Love.

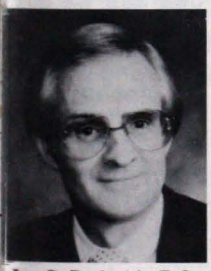
Osteopathic Medical Center Elects Board Members to Three-Year Terms


am W. Buchanan, D.O.


Jay E. Sandelin


Barclay Ryall


David M. Beyer, D.O.


Jay G. Beckwith, D.O.


Irwin Schussler, D.O.

Jay E. Sandelin, Chairman of the Board of Fort Worth Osteopathic Hospital, Inc., has announced the election of Sam W. Buchanan, D.O., to a three-year term on the medical center's board of directors. Fort Worth Osteopathic Hospital, Inc., is the governing body of Osteopathic Medical Center of Texas, formerly Fort Worth Osteopathic Medical Center.

Re-elected to the 15-member board were Jay E. Sandelin; Barclay Ryall; David M. Beyer, D.O.; Jay G. Beckwith, D.O.; and Irwin Schussler, D.O. The board members were elected January 25 at the annual meeting of the medical center's corporate body. Each will serve a three-year term.

Also serving on the board are William R. Jordan, D.O.; Harris F. Pearson, D.O.; Randall Kressler; Herman F. Stute; W. Scott Wysong, III; John W. Burnam; and the Honorable Gibson D. Lewis. David M. Richards, D.O., serves on the board as an ex-officio member, and Warwick Drakeford is an advisory member.

Dr. Buchanan of Surgical Associates of Fort Worth, is a board-certified general surgeon in practice in Fort Worth since 1982, and is also an associate professor of surgery at Texas College of Osteopathic Medicine; Mr. Sandelin, a member of the board since 1978, is Chief Executive Officer of both Health Care of Texas, Inc., and Osteopathic Medical Center of Texas; Mr. Ryall, a member of the OMCT board since 1978, is president of the Westside Chamber of Commerce; Dr. Beyer, elected to the board in 1981, is a board-certified general practitioner in the private practice of family medicine with his father, Dr. R. B. Beyer; Dr. Beckwith, a board member since 1984, is board certified in internal medicine and a Fellow of the American College of Osteopathic Internists, and conducts his gastroenterology practice with Westside Medical Associates of Fort Worth; and Dr. Irwin Schussler, a member of the board since 1984, is a board-certified adult and child psychiatrist and owner and president of Psychiatric Consultants of Fort Worth.

Osteopathic Medical Center of Texas, a 265-bed general and acute care facility, is the largest osteopathic hospital in the state and a subsidiary of Health Care of Texas, Inc. ■

FOURTH ANNUAL SPRING UPDATE FOR THE FAMILY PRACTITIONER
April 6-7, 1990

PRESENTED BY
Dallas Family Hospital
and
Texas College of Osteopathic Medicine's Office of Continuing Medical Education
supported by
Dallas Southwest Osteopathic Physicians, Inc.

LOCATION
Dallas Family Hospital
2929 S. Hampton Road
Dallas, Texas 75224

TOPICS

Pathophysiologic Approach to Asthma Therapy
David Ostransky, D.O.

Laryngoscopy for the "Nineties"
Roy Lowry, D.O.

Gastroesophageal Reflux
Deborah Blackwell, D.O.

Sports Medicine Evaluation of the Knee
Anthony Cruse, D.O.

Affective Disorders
Gloria Gage, D.O.

Principles and Screening for Cancer
Gregory Friess, D.O.

Office Based Utilization of Pulmonary Function Studies
Philip Slocum, D.O.

Oral Contraceptive Update
Steve Buchanan, D.O.

Cardiology Update
Jay Wright, D.O.

ACCREDITATION
7 Hours of CME Category 1-A from AOA

CONTACT
Karen Trimble
Conference Coordinator
Continuing Medical Education
Texas College of Osteopathic Medicine
817/735-2539

FEES

Physician	$120
Physician - TCOM Alumni Associate Member & Military	$100
Physician - TCOM Affilated and All Retired Physicians	$ 90
Externs/Interns/Residents	No Charge

Medicare Questions and Answers

The following are some commonly asked questions and answers concerning Medicare.

Q: *When I take assignment on Medicare or Medicaid, why should I charge more than the approved amount, since I will just have to write the difference off anyway?*

A: The reason is that you are preparing your profile for 1991. What you charge today can reduce the approved amount in 1991, since your fees today become your customary amounts then. If you charge too low today, you will hurt your patients' reimbursement, and your own income, in the future.

Q: *I am a participating physician, and in some instances, Medicare approves my full fee. Am I charging enough?*

A: No! You are not charging enough. If Medicare is approving the full amount, then your actual fees may be holding the approved amounts down, reducing your income today. As a participating physician, we generally recommend you charge 30 percent higher than the approved amount as a minimum. A good idea would be to have a consultant analyze your fees, as it would probably increase your income substantially.

Q: *I am a non-participating physician. Does this mean that once I accept assignment on a patient, I always have to accept assignment on that person?*

A: As a non-participating physician, you are allowed to pick and choose when you wish to accept assignment. You may elect to accept assignment today on a patient, and not accept assignment tomorrow, on the same patient. Many physicians elect to not accept on office services and to accept on hospital. It's your choice.

Q: *As a non-participating physician, I understand that I am not allowed to charge more than my MAAC on Medicare or Medicaid patients on non-assigned claims. On assigned claims, I was told that I can charge more than my MAAC to raise my profile, since they will only pay from the approved amount. Is this true?*

A: First, you are not restricted to the MAAC on Medicaid patients. The only ones that you are limited to the MAAC are for Medicare patients., You should charge all others (including Medicaid) your private fee. Secondly, it does not matter whether you accept assignment or not, as you are limited to the MAAC on all Medicare patients when a claim will be filed with Medicare.

Q: *I've been using code 99070 to Medicare for pulling blood, as it is for collection and handling, but Medicare does not pay for it. What should we use?*

A: Code 99070 is for catheterized urine or stool, not blood. If your nurse does the venipuncture, you should use 5-36415 (Medicare pays $3.00). This should be used (and assignment accepted) regardless if you do the test in your office or send the blood out. If there is medical necessity for the physician's skill, then you should se code 2-36410 and charge your MAAC, as your inco will increase substantially. Code 36410 does not have be assigned, but we recommend it only be used wh there is medical necessity for the physician's skill, convenience.

Q: *My staff keeps complaining about charging c cents to Medicare patients, since we abide by the MA Can we round it to the nearest dollar?*

A: Yes. It is not commonly known, and Medicare h not publicized it, but you are allowed to "round" MAAC to the nearest dollar, as long as you do so all of them, according to HCFA. Round upwards wh 50 cents and above and downwards on 49 cents a below.

(Supplied by Don Self, Medical Consultants of Tex

Blood Bank Briefs for Physicians

Clinical Alert: Availability of a Test for Hepatitis C (Formerly Non-A, Non-B Hepatitis)

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

The agent responsible for approximately 80 percent of Non-A, Non-B posttransfusion hepatitis cases was identified recently and is called Hepatitis C.

A test for detecting those at risk for transmitting Hepatitis C is being developed and expected to be licensed by the FDA in 1990. The test detects antibody to Hepatitis C and identifies infectious carriers rather than those with resolved infections.

The anticipated availability of a test predicting Hepatitis C transmissibility and the estimated frequency of infectious donors (1 in 200) are important benefits to risk considerations to discuss with your patients. it is possible that some truly elective surgical procedures could be delayed until Hepatitis C testing is available.

It is estimated that approximately 30 percent of blood donors who are Hepatitis C Antibody positive are also positive for surrogate markers currently performed for Non-A, Non-B Hepatitis at all blood centers: the Alanine Amino Transferase (ALT) and the antibody to hepatitis B core (anti-HBc). Blood from donors with Anti-HBc or an elevated ALT is destroyed and donors deferred. Approximately 50 percent of those exposed to Hepatitis C develop biochemical evidence of chronic liver disease and approximately 20 percent of these patients are at risk for serious liver disease.

Although Non-A, Non-B hepatitis was identified and chracterized in association with transfusion, this mode of transfusion accounts for only a small proportion of the acute disease observed in the country. Surveillance data from the Centers for Disease Control show that only five to 10 percent of the reported patients with Non-A, Non-B hepatitis have a history of blood transfusion.

Most blood centers make autologous donation readily available whenever feasible. Intraoperative cell salvaging is performed in many hospitals. These options should always be considered for elective surgical procedures.

Carter Blood Center has staff trained to answer questions about autologous blood donation. The blood center has provided autologous blood donation since 1977.

Carter Blood Center will notify physicians and hospital transfusion services in its service area when hepatitis C tests are licensed. We look forward to this year when a new test for hepatitis C antibody is expected to be licensed.

References:

Alter M, Sampliner R: "Hepatitis C and Miles to Go Before We Sleep." *N Engl J Med* 1989; 321:1538-40.

Stevens C, Taylor P, et al: "Epidemiology of Hepatitis C Virus. A Preliminary Study in Volunteer Blood Donors." *JAMA* 1990; 263:49-53.

Mosely J, Aach R, et al: "Non-A, Non-B Hepatitis and Antibody to Hepatitis C Virus." *JAMA* 1990; 263:77-79. ■

News From the Texas Department of Health

EPI Notes:

Measles: Dallas is seeing an increased number of suspected and confirmed cases of measles among unimmunized preschoolers. From December 1 through December 20, approximately 50 new cases had been reported.

Eosinophilia-Myalgia Syndrome: Since October 30, 1989, over 700 cases of eosinophilia-myalgia syndrome have been reported in the United States. Thirty-two patients resided in Texas. The syndrome is associated with ingestin of an amino acid, L-tryptophan.

Shigellosis: Between October 26 and November 25, 1989, 89 shigellosis cases were identified in Fort Stockton. Stool cultures from 18 patients yielded *Shigella sonnei.* An investigation to identify a common source is continuing.

Environmental Investigations: (1) Initial data collection for the Childhood Lead Study was completed in October 1989; data are now being analyzed. The Environmental Epidemiology staff are investigating the relationship between parental occupational exposure to lead and blood lead levels in children. (2) In a review of Texas death certificates, the Environmental Epidemiology staff found a 7.7-fold increase in cocaine deaths from 1983 to 1988. Twelve deaths from cocaine use were documented in 1983, and 92 such deaths were documented in 1988. The Epidemiology staff are currently characterizing these deaths by person, place, and time. ■

FYI

NEW DRUG APPROVALS ON TARGET

In 1989, 23 drugs were approved by the FDA for marketing, with the process taking approximately 33 months after submission of an application. Additionally, 64 revised versions of existing drugs were approved by the FDA last year. The figures are pretty much in line with an average of 21.7 drugs approved each year during the 1980s, with an average approval time of 32.5 months. Approval of generic drugs, however, fell from 573 in 1988 to 265 in 1989 due to the much publicized scandals and subsequent investigations.

CRISIS IN ACTION

The Hartford, Connecticut-based Travelers Corp. plans to stop selling major medical health insurance to individuals after January 31. Citing poor financial results as the reason, the company plans to honor and extend existing individual policies but won't be selling any new ones. Aetna Life & Casualty, also Hartford-based, is considering a similar plan for the same reason. Recently, Cigna Corp., based in Philadelphia, stopped writing new individual policies.

NEW MEMBERSHIP SERVICE ITEM AVAILABLE

The filing of insurance forms to third party payers, especially Medicare Part B, is made more difficult by reimbursement policy changes such as deductibles, co-payments, covered and non-covered services, etc. This problem is compounded by copies of Explanation of Benefits forms being sent to the patient by the third party payer, which sometimes reflects a difference between the actual charges made by the physician to the patient and the amount approved by the third payer.

One simple method to address this potential area of conflict between physician and patient, especially when the physician accepts assignment, is an authorization form which states the following: Authorization for the physician to collect the deductible and co-insurance fee for medical care delivered, with the understanding that any excess money above the allowable charges will be credited to the patient's account or returned directly to the patient.

Once the patient signs the authorization form and the signature is witnessed and dated, this form then becomes part of the patient's permanent medical record.

TOMA members can receive copies of this form simply by calling 1-800-444-TOMA.

RISING INSURANCE COSTS ENDANGER PHYSICIAN/ PATIENT RELATIONSHIPS

Employees may be willing to leave their family physicians if they can save money on health coverage, according to a recent study.

The National Research Corp. found 41 percent of 1,000 employees surveyed would be willing to choose a doctor from a list approved by their employer in exchange for a lower insurance premium, according to a recent article in the *Wall Street Journal*. That new finding by the healthcare research firm is up from 28 percent just two years ago.

In response to a similar question, 32 percent said they would be willing to select a physician from a list supplied by a hospital if they could save 10 percent on the cost of an office visit.

The research firm indicated that patients still don't consider money an object when consulting specialists or surgeons, but are becoming more willing to take measures to sav money at the general practitione level.

STAYING ALIVE

In an effort to compensate fo reduced Medicare reimbursements, a rural hospital in Atlanta, Georgia, i supplying a local jail with meals. Th contract with the jail is generatin necessary extra revenues for the hospital, which is one of 90 rura hospitals in Georgia searching fo ways to offset the growing shortfal between the costs of care for the elderly and Medicare payments.

TCOM NAMED GOODWILL INDUSTRIES EMPLOYER OF THE YEAR

TCOM was honored on January 29 by Goodwill Industries as the Employer of the Year in the four-county area. David M. Richards, D.O., FACGP, TCOM president, accepted the award on behalf of the college during a luncheon at the Petroleum Club in Fort Worth. The award was presented by Walter R. Hill, president of the board of directors of Goodwill Industries.

Ken Marks, communications director for Goodwill Industries, said TCOM was selected Employer of the Year for supporting the employment of people with disabilities and for its overall record of outstanding contributions to Goodwill Industries programs.

The business Advisory Council of Goodwill Industries selected TCOM as Employer of the Year in an area covering Tarrant, Parker, Denton and Johnson counties. Goodwill Industries has re-sale stores in the four counties, with rehabilitation programs in Tarrant and Parker Counties. ■

DSWOP Honors Grant Recipients

Dr. J. L. LaManna presents Phyllis Watson, Anchorwoman from WFAA-TV, Channel 8 with DSWOP's 1989 Award for Service to the Community at DSWOP's First Annual Recipient Dinner.

Attendees at DSWOP's First Annual Recipient Dinner: Carol Settle, Ron Owens, D.O., and DSWOP Board Member, Ross Carmichael, D.O. and Mrs. Carmichael.

The tables were turned recently in a rather unique way as the donors hosted the recipients at Top O' the Cliff. Over the past six years, Dallas Southwest Osteopathic Physicians have granted over two million dollars to more than fifty non-profit organizations in the area. In most cases, members of the board had not had an opportunity to have personal contact with the recipients or to personally thank the recipients for their labors.

Realizing that the most difficult part of the granting process was the actual work done by the recipients as well as making sure the money was used wisely and effectively, the doctors looked at various ways they might express their appreciation to the recipients as well as become better acquainted with the leaders of the organizations. Referring to them as "Our Humanitarians," they decided to honor them with a dinner. To give the dinner a personal touch, the doctors individually signed each of the programs. Fifty-seven different organizations were represented.

Master of ceremonies was John Criswell, well known anchorman from WFAA-TV, Channel 8. The invocation was led by Rev. Joseph Weinzapfel of St. Cecilia Catholic Church. Dr. Yolanda Garcia sang the National Anthem.

Everyone present was captivated by the music of Dr. Joe Lopez on the piano and by the dancers from Mi Escuelita Pre-school. Dr. Lopez played several of his own compositions as well as a medley of well known songs. The Mi Escuelita children stole the hearts of those present with their songs and dances.

Dr. J. L. LaManna, Chairman of Dallas Southwest Osteopathic Physicians, introduced the board members and expressed his appreciation and that of the board for all the work the various organizations had done over the past six years. He also reiterated the doctors' strong commitment to Oak Cliff and pledged their continued support to the future of the community.

Highlight of the evening was the presentation by Dr. LaManna of a special award to Phyllis Watson, popular anchorwoman of WFAA-TV, Channel 8, in appreciation for her insight, leadership and friendship for our community.

A surprise presentation was made by Eddie Hueston, of the Park Department, to Dr. LaManna and the doctors as Mr. Hueston announced that Dallas Southwest Osteopathic Physicians had received a special award from the Southwest Region of the National Recreation and Park Association in recognition of their outstanding support and contributions to the Park and Recreation movement. The Southwest Region covers a five state area.

Board members present were J. L. LaManna, D.O., A. G. Bascone, D.O., R. B. Helfrey, D.O., R. M. Carmichael, D.O., H. Kahn, D.O., L. C. Woody, D.O., and A. R. Young, D.O.

Other dignitaries present were Dr. Charles Tandy and Jim Buerger, Dallas City Councilmen; Mary Rutledge, Dallas School Board President; Chris Semos, Dallas County Commissioner; Dr. David M. Richards, President of Texas College of Osteopathic Medicine; Dr. Gary Cook, President of Dallas Baptist University; Dr. Bill Jordan, President of Mountain View College; and Roena Tandy, 1989 Oak Cliff Tribune Citizen of the Year.

Also present were Patrick O'Brien, Director of Dallas Public Libraries; Eddie Hueston, Director of the Mountain Creek Region of the Dallas Parks' System; Deputy Chief Terrell Bolton, Southwest Patrol Division; Marguerite Foster, chairwoman of the Dallas Library Board; Ruthmary White, member of the Dallas Park Board; Lupe Garcia, President of the U.S. Hispanic Chamber of Commerce; Bob McElearney, President of the Oak Cliff Chamber of Commerce; Dr. T. Eugene Zachary, Vice-President of Academic Affairs and Dean of Texas College of Osteopathic Medicine and J. Michael Mastej, Managing Director of Dallas Family Hospital. Besides Criswell and Watson, the press was represented by Vince Johnson, KDFW-TV, Channel 4; Judy Howard, Dallas Morning News and Henry Sanchez and Joe Whitney, Oak Cliff Tribune.

Special guests were the eighty leaders of the fifty-seven organizations. ■

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)

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)

GENERAL PRACTICE — FOR SALE; Irving, Texas. Young (20 months), rapidly growing practice. Great location. X-Ray and Lab on site. Gross over $230,000 first year. 40 hour week. Fee for serve — no insurance/HMO. No Medicare/Medicaid. Available on or before July 1, 1990. Owner pursuing residency. Evenings 214/790-6878. (15)

OMM—BE/BC needed for busy osteopathic children center/structural medicine center. Teaching experience preferred. Good paying benefits. Excellent opportunity. Contact: Osteopathic Health Care International, 14435 North Seventh St., Suite 300, Moon Valley, AZ 85022 or call Ms. Baucom, 602/863-1951. (47)

FAMILY PRACTICE PHYSICIAN— Energetic physician needed to join existing practice. Sports Medicine experience preferred. Current office located in Pilot Point but will be expanding to Denton. Partnership available in (3) years. 20 minutes to Denton; 50 minutes to Dallas/Fort Worth metroplex. Salary with percentage bonus. Malpractice paid. Call Dr. Gershon 817/686-5511. (45)

DENTON STATE SCHOOL — has immediate opportunity for a full time staff physician. Excellent benefits! Please submit resume in confidence to Denton State School, P.O. Box 368, Denton 76202-0368 or contact Claudia at 817/387-3831, ext. 3374 or Linda at ext. 3381. Equal Opportunity Employer. (30)

VICE PRESIDENT FOR ACADEMIC AFFAIRS AND DEAN — The Texas College of Osteopathic Medicine is seeking an outstanding osteopathic physician to serve as Vice President for Academic Affairs and Dean. The college is strongly committed to the education of primary care physicians. We are seeking an individual with demonstrated leadership skills and demonstrated commitment to osteopathic medicinal education. To apply, interested persons should send a curriculum vitae and the names and addresses of three references to:

Myron K. Jacobson, Ph.D.
Department of Anatomy and Cell Biology
Texas College of Osteopathic Medicine
3500 Camp Bowie Boulevard
Fort Worth, 76107-2690
Telephone: (817) 735-2045
FAX: (817) 735-2283

Applications should be received as soon as possible, but not later than May 1, 1990 to ensure consideration. *(TCOM is an equal opportunity/affirmative action employer.)* (19)

OFFICE SPACE AVAILABL

MESQUITE: Office for lease, 18 sq. ft. Medical equipment for sale OBGyn table, pediatric table with scal treatment tables, examining tables, EI machine, autoclave, microsco (American Optical 10/.24 (4 years ol miscellaneous surgical tools. Call ev ings Mrs. Brunhilde Nystro 214/285-5580. Make offer. (39)

ARLINGTON — The Arlingt Medical Center has a 1200 square fo fully equipped office for rent. Join fo family practitioners, Ob/Gyn, Industr Medicine specialist in the fastest gro ing part of Tarrant County. Lab and ray in building. Contact Dean Peyto D.O., 1114 E. Pioneer Parkway, A ington, 76010; 817/277-6444. (22)

FOR LEASE — Medical offic established medical-dental building Hulen between Vickery and W. Fwy.; a prox. 1,400 sq. ft. which includes 3-4 e am rooms, lab, business office, priva office, and extras. Recently remodel and ready to move in. 338-4444 (27)

MISCELLANEOUS

RECONDITIONED EQUIPMEN FOR SALE — Examination tables, ele trocardiographs, sterilizers, centrifuge whirlpools, medical laboratory equi ment, view boxes, weight scales, I stands and much more. 40-70 perce savings. All guaranteed. Mediqui Scientific, Dallas, 214/630-1660. (29)

WANTED: Used Diathermy Machin Contact Dr. Mohney, 713/626-0312. (0

DO YOU HAVE a used (workin diathermy machine you need to move t a new home? Look in your closet co ner — if you have a used Micr centrifuge and wish to get it out of you hands into a new "life," call Dr. Bo Sharp, collect at 214/279-2453. I can a range pickup. (56)

FOR SALE — Used Vision Chemistr Analyzer and Compass Holter Monito both in excellent condition; and are fo sale cheap. I am closing my practic please contact: Mike Glover, D.O. 501/268-1465. (36)

NOTARY PUBLIC — Appoint your iff, full service, also mobile notary. ntact: Mike Vail, 351 W. Jefferson, llas or call 214/943-2121 or 800/888-4052. (50)

FILM ABOUT OSTEOPATHY — udents for the Advancement of teopathic Medicine at UHS-COM in nsas City have put together an exanation of osteopathic medicine on HS format. This video is designed to quaint the student with the benefits of oosing osteopathic medicine as a reer and to dispel misconceptions nich have pervaded Pre-Medical adsors concerning our profession. We ould like for practicing physicians to ve this available for their use. There no charge for this video. Interested O.s may obtain a copy by writing to: A.O.M., c/o Alvin C. Bacon, 2105 Inpendence Blvd., Kansas City, issouri, 64124. (25)

SKI NORTHERN NEW MEXICO — cluding Taos, Angel Fire and Red ver. Condo in Red River sleeps eight mfortably. Call Stan or Priscilla: 7/441-9373. (11)

POSITIONS DESIRED

GENERAL PRACTICE PHYSIAN — seven years experience in solo d group practices of medicine and rgery. Has own insurance, wishes to ork mornings part-time in the D/FW etroplex. Available Monday through turday, 8:00 a.m. until 12:00 noon. hy leave your office closed one day a ek when the overhead continues? I n make your practice more profitable. all me! Metro 817/429-4140. (43) ■

OMT Tapes Available Through TCOM

Through a grant from the Texas Chapter of the American College of General Practitioners, and the graciousness of Constance Jenkins, D.O., the Office of Continuing Medical Education has made available through the Texas College of Osteopathic Medicine Learning Resource Center Library, VHS tapes on "OMT" Techniques.

Copies will be made available to osteopathic physicians throughout the state who wish to borrow them for a period of up to two weeks. Physicians interested in borrowing tapes should contact: Learning Resource Center, TCOM Health Sciences Library, 3500 Camp Bowie Boulevard, Fort Worth, Texas 76107; phone: (817) 735-2288.

Tapes Available

WB90 VC1800 1974	KCOM — Manipulative Series Soft Tissue - Lumbar lower thoracic area 46 minutes
WB940 VC1799 1975	KCOM — Paul Kimberly, D.O. Part I — Cervical C2 - C4 Side bending left, rotation left, high velocity Part II — T4 - T10 FSR Grps. A. Supine high velocity sitting Part III — T4 - T10 Flexion Extension a. Forward bending, high velocity & spring b. Backward bending, high velocity, muscle cooperation Part IV — T10 L5 FSR Grps. high velocity & muscle energy PTV - Roto - scoliosis (Sitting) 47 minutes
WB940 VC1798 1974	KCOM — Pelvis S. I. Innominate Paul Kimberly, D.O. 1. Testing Physiological Motion 2. Symphyseal Lesions Diagnosis & Treatment 3. Sacral Diagnostic Procedures 4. Left Sacral Torsion Findings & Mobilization 5. Left Unilateral Findings & Mobilization 6. Left Innominate Posterior 57 minutes
WB940 VC1801 1975	KCOM — Thoraco-Lumbar Junction 32 minutes
WB940 VC1802 1978	Indirect extremity technique — Anne Wales, D.O. 50 minutes
WB940 VC1797 1984	KCOM — Cervical Technique ME & HVLA Cervical Spine-OA-AA Techniques —Counterstrain, Direct, Indirect Jerry Dickey, D.O. Cervical Spine-Direct Method — Lower Spine (Facet Angles) Larry Bader, D.O. 25 minutes
WB940 VC1591 1976	Counterstrain Part I - Part V Complete Counterstrain Course by Larry Jones, D.O. 3 hrs. 45 minutes
WB940 VC1796 1979-82	Michigan State Series Pelvic Region I: Iliosacral Pelvic Region II: Sacroiliac Pelvic Region III: Alternative Direct Technique 42 minutes
WB940 VC1803 1980-82	Thoracic Cage Thoracic Region I: True Ribs (1 through 7) Thoracic Region II: Mid Lower Thoracic 26 minutes

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION
226 Bailey Avenue
Fort Worth, Texas 76107

ADDRESS CORRECTION REQUESTED

BULK RATE
U.S. POSTAGE
PAID
FORT WORTH, TEXAS
Permit No. 1646