

TEXAS D.O.

The Journal of the Texas Osteopathic Medical Association

Volume LX, No. 6

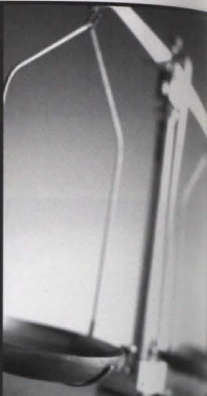
June 2003

58th TOMA Annual House of Delegates *page 8*

plus

Welcome New TOMA Members
page 11

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Articles in the *Texas D.O.* that mention the Texas Osteopathic Medical Association's position on state legislation are defined as "legislative advertising" according to Texas Gov't Code Ann §305.027. Disclosure of the name and address of the person who contracts with the printer to publish the legislative advertising in the *Texas D.O.* is required by that law: Terry R. Boucher, Executive Director, TOMA, 1415 Lavaca Street, Austin, Texas 78701-1634.

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CALENDAR OF EVENTS

JUNE 14-18

"June Basic Course"

Sponsored by The Cranial Academy

Location: Founders Inn, Virginia Beach, VA

CME: 40 hours anticipated

Contact: The Cranial Academy
8202 Clearvista Pkwy, #9-D
Indianapolis, IN 46256
317-594-0411; FAX 317-594-9299

JUNE 18-22

"TOMA 104th Annual Convention & Scientific Seminar"

Sponsored by the Texas Osteopathic Medical Association

Location: Moody Gardens Resort, Galveston, TX

Contact: Sherry Dalton
800-444-8662 or 512-708-8662
<sherry@txosteoo.org>

JUNE 25-29

"23rd Annual Primary Care Update"

Sponsored by the University of North Texas Health Science Center at Fort Worth. Supported by Dallas Southwest Osteopathic Physicians, Inc.

Location: Radisson Hotel, South Padre Island, TX

CME: 25 hours category 1-A credits anticipated

Contact: UNTHSC Office of Professional & Continuing Education
817-735-2539; 800-987-2CME
<www.hsc.unt.edu>

JULY 18-20

"American Osteopathic Association House of Delegates"

Location: Fairmont Hotel, Chicago, IL

Contact: Ann M. Wittner, AOA
800-621-1773, Ext 8013; 312-202-8013
FAX 312-202-8212; <awittner@aoa-net.org>
www.aoa-net.org

JULY 30-AUGUST 3

"18th Annual Convention"

Sponsored by the Arkansas Osteopathic Medical Association

Location: Inn of the Ozarks, Eureka Springs, AR

Contact: Ed Bullington, AOMA Executive Director
501-374-8900; FAX 501-374-8959
<osteomed@ipa.net>

JULY 31-AUGUST 3

"46th Annual Clinical Seminar"

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

Location: Wyndham Arlington Hotel, Arlington, TX

CME: 26 hours category 1-A credits anticipated

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

SEPTEMBER 5-7

"14th Annual Leadership Conference on Osteopathic Medical Education"

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

Location: Chicago, IL

Contact: Joyce Ratliff, OME Conference Coordinator, AOA
800-621-1773, Ext 8080; 312-202-8080
FAX 312-202-8202
<jratliff@aoa-net.org>

SEPTEMBER 20-27

National Osteopathic Medicine Week - "Pride Within the Profession"

Contact: American Osteopathic Association
800-621-1773

OCTOBER 12-16

108th AOA Annual Convention & Scientific Seminar

Location: New Orleans, LA

Contact: Ann M. Wittner, AOA
800-621-1773, Ext 8013; 312-202-8013
FAX 312-202-8212; <awittner@aoa-net.org>
www.aoa-net.org

TOMA Mission Statement

"The mission of the Texas Osteopathic Medical Association is to promote health care excellence for the people of Texas, advance the philosophy and principles of osteopathic medicine, and loyally embrace the family of the osteopathic profession and serve their unique needs."

Have you heard?



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I may terminate my membership at any time by providing written notice to TMF.

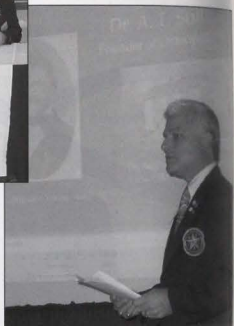
Signature



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Long Hours and Hard Work Accomplish Much at TOMA's 58th Annual House of Delegates Meeting and ATOMA Board Meeting





TOMA 58th Annual House of Delegates Meeting

May 3, 2003 – Austin, Texas

Major Actions of the House of Delegates

MOTION: That life membership in TOMA be approved for Harriett P. Beckstrom, D.O., of Dallas; James H. Black, D.O., of Norfolk, Virginia; John C. Fredericks, D.O., of Schulenberg; Wendell V. Gabier, D.O., of Houston; James L. Hill, D.O., of Anacortes, Washington; J. Glen Holliday, D.O., of Plano; Neal A. Pock, D.O., of Tyler; and Kenneth E. Speak, D.O., of Kerens.

APPROVED

MOTION: That retired membership be approved for Dean L. Peyton, D.O., of Arlington, and Thomas A. Noonan, Jr., D.O., of Brady.

APPROVED

MOTION: That the proposed TOMA Bylaws amendment be approved as presented:

denotes new language

ARTICLE VII – BOARD OF TRUSTEES

Section 2 – (Add the following new sentence after the last sentence in Section 2)

"For all Trustees, with the exception of the President, President-Elect, Vice President, and the Past Presidents for the preceding two (2) years, the aggregate terms of office of Trustees shall be limited to twelve (12) years with the exception that a Trustee may complete the term in which twelve (12) years or more of service is completed. Term limits do not apply to ex-officio, non-voting members of the Board of Trustees."

APPROVED

MOTION: That the following standing committees scheduled for sunset review remain viable: Awards & Scholarship; Ethics; Liaison to the American Osteopathic Association; Liaison to the Texas College of Osteopathic Medicine; Military Affairs; and Strategic Planning.

APPROVED

RESOLUTION NO. 1 PERTAINING TO TOMA ELECTIONS FOR BOARD OF TRUSTEES:

WITHDRAWN BY AUTHOR

RESOLUTION NO. 2 PERTAINING TO THE AMERICAN OSTEOPATHIC ASSOCIATION'S RE-ENTRY PROGRAM FOR ACGME TRAINED D.O.S: The House of Delegates calls upon the AOA to streamline and expedite the process of returning ACGME trained osteopathic physicians to the osteopathic family; and further resolves to submit a similar resolution to the AOA House of Delegates for adoption.

APPROVED AS AMENDED

RESOLUTION NO. 3 PERTAINING TO TERM LIMITS FOR TOMA BOARD OF TRUSTEES:

WITHDRAWN BY AUTHOR

RESOLUTION NO. 4 PERTAINING TO INCREASING THE NUMBER OF MEMBERS ON THE TOMA BOARD OF TRUSTEES:

WITHDRAWN BY AUTHOR

RESOLUTION NO. 5 PERTAINING TO PEDIATRIC AND ADULT OBESITY: The House of Delegates goes on record supporting a campaign within the state of Texas to educate osteopathic physicians, students, patients and the general population, with special emphasis on elementary, middle and high school students, regarding the seriousness of obesity and the importance of proper nutrition and exercise; and further encourages all osteopathic physicians to do a BMI and provide nutritional information to all of their patients at least annually.

APPROVED AS AMENDED

RESOLUTION NO. 6 PERTAINING TO REDUCING STRESS IN CHILDREN AND ADOLESCENTS: The House of Delegates goes on record supporting activities that prevent family stress and promote health and well-being such as, but not limited to: family reading, home cooking, gardening as a family, participating in the youth organizations; participation in community activities to help provide a safe place after school for children and adolescents; and, participation in family-centered indoor and outdoor games and activities.

APPROVED AS AMENDED

RESOLUTION NO. 7 PERTAINING TO OMT IN VETERANS HOSPITALS AND CLINICS: The House of Delegates calls upon the U. S. Veterans Administration to reverse the policy of prohibiting the use and documentation of OMT by physicians in all of its health care facilities; and further resolves to submit a similar resolution to the AOA House of Delegates for adoption.

APPROVED

RESOLUTION NO. 8 PERTAINING TO HEALTH CARE FOR U.S. VETERANS: The House of Delegates supports adequate health care funding by the federal government to take care of all U. S. veterans at veterans hospitals and clinics or alternate health care sites; and further resolves to submit a similar resolution to the AOA for adoption.

APPROVED AS AMENDED

RESOLUTION NO. 9 PERTAINING TO MANDATORY PROFICIENCY TESTING OF PHYSICIANS: The House of Delegates opposes the concept of mandatory proficiency testing as a condition of licensure for any professional group unless it applies to all professional groups in the state of Texas.

APPROVED AS AMENDED

RESOLUTION NO. 10 PERTAINING TO EQUITABLE MEDICARE REIMBURSEMENT: The House of Delegates calls upon the President of the United States and Congress to take

immediate action to revise the current Medicare reimbursement system to ensure fair and equitable access to health care for all Medicare beneficiaries; and further resolves to submit a similar resolution to the AOA House of Delegates for adoption.

APPROVED AS AMENDED

RESOLUTION NO. 11 PERTAINING TO PAYMENT FOR INFLUENZA VACCINE: The House of Delegates calls upon the Centers for Medicare and Medicaid Services (CMS) to increase the current payments by 150% to physicians who supply the influenza vaccine to Medicare beneficiaries.

APPROVED AS AMENDED

RESOLUTION NO. 12 PERTAINING TO INSURANCE COVERAGE FOR INJECTABLES: The House of Delegates calls upon the TOMA staff to work to change third party payor policies on injectables so that once the price of the drug falls below the actual acquisition cost, it will no longer be considered a covered service.

APPROVED AS AMENDED

RESOLUTION NO. 13 PERTAINING TO IMPLEMENTATION OF THE COMPREHENSIVE OSTEOPATHIC MEDICAL LICENSURE EXAMINATION PERFORMANCE EVALUATION (COMLEX-USA-PE): The House of Delegates calls upon the AOA to work with the National Board of Osteopathic Medical Examiners to delay the implementation of the proposed COMLEX-USA-PE until further studies are completed; and further resolves to forward this resolution to the AOA House of Delegates for its consideration.

APPROVED AS AMENDED

RESOLUTION NO. 14 PERTAINING TO OBESITY IN CHILDREN AND ADOLESCENTS: The House of Delegates urges Texas osteopathic physicians as well as parents, grandparents, schools, day care centers, and fast food restaurants to take action to help prolong the lives of children without significant health-related illness as a result of obesity.

APPROVED AS AMENDED

RESOLUTION NO. 15 PERTAINING TO FLAME RETARDANT CLOTHING FOR CHILDREN: The House of Delegates supports federal legislation that will require all children's sleep and lounge clothing to be flame retardant.

APPROVED AS AMENDED

RESOLUTION NO. 16 PERTAINING TO TOMA DISTRICT 6 SERVING AS THE HOST DISTRICT FOR THE 2003 TOMA CONVENTION: The House of Delegates goes on record expressing sincere appreciation to TOMA District 6 for serving as the host district for the 2003 TOMA annual convention.

APPROVED

RESOLUTION NO. 17 PERTAINING TO ACCESS TO APPROVED POLICIES OF THE AMERICAN OSTEOPATHIC ASSOCIATION: The House of Delegates supports development of a process that will afford all members of the AOA opportunity for access to approved resolutions and poli-

cies; and further resolves that the AOA list and update approved resolutions on their website; and still further resolves that this resolution be forwarded to the AOA House of Delegates for consideration.

APPROVED

RESOLUTION NO. 18 PERTAINING TO ANY WILLING PROVIDER: The House of Delegates calls upon the AOA to work with the insurance industry so that physicians would be given the option of providing services at the same price that the insurance carrier has contracted with its other providers; and further resolves to forward this resolution to the AOA House of Delegates for its consideration.

APPROVED

Other Action Taken by the House

Sunset Review of Resolutions Passed by the 1998 TOMA House of Delegates and Completed Resolutions

Number	Title
DELETE	
98-01	Opposition to CMS's 50% Cut in Practice Expense Values
98-10	Medicare Users Fees
98-16	Discrimination
98-21	Medicare Budget Neutrality Adjustment
00-19	Resource-Based Relative Value Scale - OMT
01-01	TOMA Dues
02-03	D.O. Day on the Hill
02-04	Host District

REAFFIRM

98-02	Universal Purchase of Vaccines
98-04	American Osteopathic Association Board Certification
98-05	Proper Nutrition in Texas Schools
98-06	School Counseling for "At Risk" Students
98-09	TOMA Headquarters Building
98-11	Texas Database for Physicians
98-14	AIDS
98-15	Advanced Nurse Practitioners
98-17	Generic Substitution of Type B Drugs
98-18	Insurance Company Contracts
98-19	Mandatory Medicare Assignment
98-20	Medical Staff Bylaws
98-22	Medicare Discharge Planning Home Care
98-23	Osteopathic Palpatory Diagnosis
98-24	Physician Directed Peer Review
98-25	Policy Statements
98-26	Tax Incentives for Long term Care Coverage
98-27	Texas State Agency's Publishing Rule Changes in the <i>Texas Register</i>
98-28	TMRM Fee Schedule
98-29	TOMA-TMA Insurance Liaison
98-30	Tort Reform

continued on next page

denotes new language

[denotes deleted language]

98-07 CRIMINAL LITIGATION FOR CLINICAL MISTAKES

WHEREAS, the threat of criminal prosecution for clinical mistakes could result in physicians being reluctant to treat the sickest patients, and

WHEREAS, access to care for patients who have a high risk of a bad outcome could be restricted, therefore

BE IT RESOLVED, that the TOMA House of Delegates goes on record opposing criminal prosecution of clinical decision-making and supports model state legislation to prohibit such cases [, and

BE IT FURTHER RESOLVED, that the TOMA House of Delegates submit a similar resolution to the AOA House of Delegates for adoption].

98-03 MEDICARE EVALUATION AND MANAGEMENT RULES

WHEREAS, Medicare documentation guidelines for evaluation and management (E&M) services that were developed [last year] by the AMA and the Health Care Financing Administration (CMS) has met opposition from physicians, and

WHEREAS, proper E&M documentation is necessary and should be related to the care provided and should not include heavy negative documentation to satisfy government initiatives, and

WHEREAS, under current regulations, the E&M coding level for a new patient visit must be set at the lowest level reached in any of the three key areas – history, examination, and complexity, and

WHEREAS, CMS insists that a pattern of billing that establishes likely fraudulent intent would be necessary before a physician could be exposed to civil or criminal penalties, therefore

BE IT RESOLVED, that the TOMA House of Delegates goes on record supporting the development of Medicare E&M documentation rules that will only require documentation which is directly related to the health care provided, and

BE IT FURTHER RESOLVED, that the TOMA House of Delegates goes on record opposing Medicare carriers from punishing physicians who have made honest coding mistakes for fraud and abuse.

98-08 MEDICARE PRIVATE CONTRACTS

WHEREAS, the Balanced Budget Act of 1997 permits physicians to privately contract with seniors for Medicare covered services, and

WHEREAS, by signing the contract the physician cannot participate in Medicare whatsoever for the following two years, and

WHEREAS, Medicare reimbursement is on average only 70% of that under private plans, and

WHEREAS, Medicare private contracting is being reframed as a physician reimbursement question rather than a patients' rights matter, therefore

BE IT RESOLVED, that the TOMA House of Delegates goes on

record supporting private contracting between seniors and their physicians for Medicare covered services without the two year nonparticipation requirement [, and

BE IT FURTHER RESOLVED, that the TOMA House of Delegates submit a similar resolution to the AOA House of Delegates for adoption].

98-13 REIMBURSEMENT FOR COLORECTAL CANCER SCREENING

WHEREAS, colorectal cancer (CRC) is the second leading cause of cancer deaths in the United States, and

WHEREAS, CRC affects women and men with equal frequency, and

WHEREAS, CRC is one of the most preventable and curable types of cancer, when detected early, and

WHEREAS, as many as 25,000-30,000 lives would be saved each year if men and women age 50 years and older (those at average risk for developing the disease) were screened annually for CRC, therefore

BE IT RESOLVED, that the TOMA House of Delegates recommends that it be mandated by law that all private payers should join Medicare in reimbursing for CRC screening [, and

BE IT FURTHER RESOLVED, that this resolution be forwarded to the AOA House of Delegates for consideration].

The House of Delegates observed a minute of silence for the following members, family and friends who have passed on during the past year: Harvey D. Smith, D.O.; Stephen J. Kovacs, D.O.; Evelyn Kennedy, D.O.; Herbert L. Chambers, D.O.; George Robert Baylis, II, D.O.; Randall A. Cary, D.O.; Ronald R. Stegman, D.O.; Nancy Charlene Woodruff; Howard Harris Krantman; William Harley Clark, Jr., D.O.; Dan B. Whitehead, D.O.; Noel G. Ellis, D.O.; Robert B. Finch, D.O.; Thomas A. Williams, D.O.; and Robert H. Lorenz, D.O.

The following physicians were recognized for their service in the TOMA House of Delegates:

5 YEARS: Daniel J. Boyle, II, D.O.; Dudley W. Goetz, D.O.; Wendell P. Hand, Jr., D.O.; John L. Wright, Jr.

10 YEARS: John F. Brenner, D.O.; Ray L. Morrison, D.O.; Duane Selman, D.O.; Irvin E. Zeitler, D.O.

12 YEARS: Elizabeth A. Palmarozzi, D.O.

13 YEARS: George M. Cole, D.O.; Joseph A. Del Principe, D.O.

14 YEARS: Daniel W. Saylak, D.O.; George N. Smith, D.O.

15 YEARS: D. Dean Gafford, D.O.; Carl V. Mitten, D.O.; P. Steve Worrell, D.O.

16 YEARS: Al E. Faigin, D.O.; Royce K. Keilers, D.O.; Monte E. Troutman, D.O.

17 YEARS: James W. Czewski, D.O.

18 YEARS: Kenneth S. Bayles, D.O.; Bill V. Way, D.O.

19 YEARS: David M. Beyer, D.O.; James E. Froelich, III, D.O.; Arthur J. Speece, III, D.O.; Rodney M. Wiseman, D.O.

20 YEARS: Mark A. Baker, D.O.

21 YEARS: Nelda Cuniff-Isenberg, D.O.; Jerry E. Smola, D.O.

23 YEARS: John L. Mohney, D.O.

24 YEARS: Joseph Montgomery-Davis, D.O.

26 YEARS: Robert L. Peters, D.O.; Merlin L. Shriner, D.O.

27 YEARS: Donald F. Vedral, D.O.

30 YEARS: Arthur S. Wiley, D.O.

31 YEARS: Bill H. Puryear, D.O.

33 YEARS: John J. Cegelski, Jr., D.O.

34 YEARS: Donald M. Peterson, D.O.

35 YEARS: T. Eugene Zachary, D.O.

38 YEARS: David R. Armbruster, D.O.

TOMA Welcomes New Members

The Board of Trustees of the Texas Osteopathic Medical Association is pleased to introduce the following new members who were formally accepted at the May 3, 2003 Board meeting.

Gary A. Barkocy, D.O.

855 Montgomery Street
Fort Worth, TX 76107

Dr. Barkocy is a first year member and a member of District 2. He graduated from the Philadelphia College of Osteopathic Medicine in 1994, and is Board Certified in Cardiology. His current practice specialty is interventional cardiology.

Brooks M. Blake, D.O.

1800 Mormon Mill Road, #A6
Marble Falls, TX 78654

Dr. Blake is a first year member and a member of District 7. He graduated from the Texas College of Osteopathic Medicine in 1999, and specializes in Osteopathic Manipulative Medicine.

Kenneth E. Breeden, D.O., DDS

711 N. Titus
Gilmer, TX 75644

Dr. Breeden is a first year member and a member of District 3. He graduated from Oklahoma State University College of Osteopathic Medicine in 1994, and is Board Certified in Family Practice.

Sharon E. Clark, D.O., MPH

2708 Maple Brook Court
Bedford, TX 76021

Dr. Clark is a member of District 2. She graduated from the Texas College of Osteopathic Medicine in 1982, and is Board Certified in Occupational Medicine and Preventative Medicine.

John W. East, D.O.

2908 E. Trinity Mills Road
Carrollton, TX 75006

Dr. East is a first year member and a member of District 5. He graduated from the Texas College of Osteopathic Medicine in 1998, and specializes in Physical Medicine and Rehabilitation.

Noel W. Emerson, D.O.

1503 S. Virginia
Atoka, OK 74525

Dr. Emerson is a Non-Resident Associate member. He graduated from the Kirksville College of Osteopathic Medicine in 1986, and specializes in Family Practice.

Sudhir R. Gogu, D.O.

2801 W. 8th Street
Plainview, TX 79072

Dr. Gogu is a public health member of District 10. He graduated from the University of Osteopathic Medicine and Health Sciences College of Osteopathic Medicine and Surgery, Des Moines, Iowa, in 1997; and is Board Certified in Family Practice.

Long T. Hoang, D.O.

855 Montgomery Street
Fort Worth, TX 76107

Dr. Hoang is a first year member and a member of District 2. He graduated from the Texas College of Osteopathic Medicine in 1996, and is Board Certified in Internal Medicine, with a specialization in Gastroenterology.

Bryan P. Hoffman, D.O.

9991 Marsh Lane
Dallas, TX 75220

Dr. Hoffman is a first year member and a member of District 5. He graduated from The University of Health Sciences College of Osteopathic Medicine, Kansas City, Missouri, in 1999; and specializes in Family Practice.

Larry M. Kjeldgaard, D.O.

1305 Airport Freeway #302
Bedford, TX 76021

Dr. Kjeldgaard is a member of District 15. He graduated from the Philadelphia College of Osteopathic Medicine in 1986, and is Board Certified in Orthopedics.

Christopher R. Kleinsmith, D.O.

Brooks Air Force Base
San Antonio, TX 78258

Dr. Kleinsmith is a military member and a member of District 17. He graduated from the Kirksville College of Osteopathic Medicine in 1980; and specializes in occupational and aerospace medicine.

Johanna K. Knust, D.O.

1000 15th Street
Woodward, OK 73801

Dr. Knust is a Non-Resident Associate member. She graduated from Oklahoma State University College of Osteopathic Medicine in 1996, and specializes in General Vascular Surgery.

continued on next page

Angela M. Kozak, D.O.

1309 E. Ridge #1
McAllen, TX 78504

Dr. Kozak is a first year member and a member of District 14. She graduated from the Philadelphia College of Osteopathic Medicine in 1997, and specializes in Ophthalmology and vitreous and retina surgery.

John R. McKinney, Jr., D.O.

2012 Cedar Ridge Drive
Keller, TX 76248

Dr. McKinney is a first year member and a member of District 2. He graduated from the University of Health Sciences College of Osteopathic Medicine, Kansas City, Missouri, in 1998; and specializes in Emergency Medicine.

Michael A. Moisant, D.O.

5500 Kell West #400
Wichita Falls, TX 76310

Dr. Moisant is a member of District 16. He graduated from the Texas College of Osteopathic Medicine in 1997, and is Board Certified in Family Practice.

Margaret Negrete, D.O.

1700 Murchison #104
El Paso, TX 79902

Dr. Negrete is a member of District 11. She graduated from the University of Osteopathic Medicine and Health Sciences College of Osteopathic Medicine and Surgery, Des Moines, Iowa, in 1989; and is Board Certified in Anesthesiology.

Binh D. Nguyen, D.O.

2401 Oakland Blvd #105
Fort Worth, TX 76103

Dr. Nguyen is a first year member and a member of District 2. He graduated from the Texas College of Osteopathic Medicine in 1998, and specializes in Family Practice.

Himanshu R. Patel, D.O.

8945 Long Point #115
Houston, TX 77055

Dr. Patel is a first year member and a member of District 6. He graduated from the College of Osteopathic Medicine of the Pacific, Pomona, California, in 1997; and is Board Certified in Internal Medicine and Rheumatology.

John B. Ranelle, D.O.

1401 S. 6th Street
McAllen, TX 78503

Dr. Ranelle is a first year member and a member of District 14. He graduated from the Kirksville College of Osteopathic Medicine in 1976, and specializes in Occupational Medicine.

Gwyneth A. Royer, D.O.

1307 Eighth Avenue #305
Fort Worth, TX 76104

Dr. Royer is a first year member and a member of District 2. She graduated from Michigan State University College of Osteopathic Medicine in 1997, and specializes in Obstetrics and Gynecology.

Susan M. Straten, D.O.

503 W. Harwood Drive
Hurst, TX 76054

Dr. Straten is a member of District 15. She graduated from The University of Health Sciences College of Osteopathic Medicine, Kansas City, Missouri, in 1991; and is Board Certified in Diagnostic Radiology.

John C. M. Wang, D.O.

1553 Hwy 34 South #700
Terrell, TX 75160

Dr. Wang is a first year member and a member of District 5. He graduated from the New York College of Osteopathic Medicine in 1996; and specializes in urologic surgery.

Jennifer A. Weatherly, D.O.

712 N. Hampton #100
DeSoto, TX 75115

Dr. Weatherly is a first year member and a member of District 2. She graduated from the Texas College of Osteopathic Medicine in 1998, and specializes in Family Practice.

John. W. Wilson, D.O.

2011 N. Collins Blvd #609
Richardson, TX 75080

Dr. Wilson is a member of District 5. He graduated from the Kirksville College of Osteopathic Medicine in 1975, and is Board Certified in Internal Medicine.

New Intern and Resident Members

Shreyas P. Bhavsar, D.O. graduated from the Texas College of Osteopathic Medicine in 2002, and is serving a Residency in Emergency Medicine at Hermann Hospital in Houston.

David E. Haacke, D.O. graduated from the Texas College of Osteopathic Medicine in 2002, and is serving a Residency in Family Medicine at Houston Valley Medical Center in Kingsport, Tennessee.

Thomas E. Hutson, D.O. graduated from Ohio University College of Osteopathic Medicine in 1997; and is a Fellow in Hematology and Oncology at the Cleveland Clinic Foundation in Cleveland, Ohio.

Owen E. McCormack, D.O. graduated from the University of Osteopathic Medicine and Health Sciences College of Osteopathic Medicine and Surgery, Des Moines, Iowa, in 1999; and is doing a Fellowship in HIV at the University of Texas in Houston.

Tracy B. Verrico, D.O. graduated from the University of Medicine and Dentistry of New Jersey School of Osteopathic Medicine in 2001; and is serving a Residency in Obstetrics and Gynecology at the Texas College of Osteopathic Medicine.

TOMA Members Receive Honors

Eight Physicians Honored with TOMA Life Membership

Eight TOMA members were awarded Life Membership during the annual meeting of the TOMA House of Delegates in Austin.

Life Membership is awarded only to those osteopathic physicians who have given exemplary service to the profession and, in so doing, have added to the stature and prestige of the osteopathic profession. These physicians now join the ranks of Life Members who have contributed much time, effort and service to the association and to the physicians of Texas.

The honorees are as follows:

Harriet P. Beckstrom, D.O. – A Dallas family physician, Dr. Beckstrom has been a TOMA member for 40 years. She is a 1948 graduate of The University of Health Sciences College of Osteopathic Medicine in Kansas City, Missouri, and interned at the Hospital of the Kansas City College of Osteopathy and Surgery.

James H. Black, D.O. – Dr. Black specialized in anesthesiology and administrative medicine, and is currently retired in Norfolk, Virginia. He has been a TOMA member for 37 years. Dr. Black graduated in 1962 from the Philadelphia College of Osteopathic Medicine and interned at Fort Worth Osteopathic Hospital.

John C. Fredericks, D.O. – Certified in family practice and geriatrics, Dr. Fredericks practices in Schulenberg. He has been a TOMA member for 42 years. He is a 1960 graduate of Kirkville College of Osteopathic Medicine in Kirkville, Missouri, and served an internship at Community Hospital in Houston.

Wendell V. Gabier, D.O. – Certified in rehabilitation medicine and nuclear medicine, Dr. Gabier currently practices in Houston. From 1996-1999, he served as chief of the Department of Imaging at Veterans Medical Center, Huntington, West Virginia. Dr. Gabier has been a TOMA member for 38 years. He is a 1964 graduate of the Chicago College of Osteopathic Medicine and interned at Mid-Cities Memorial Hospital in Grand Prairie.

James L. Hill, D.O. – A retired family physician, Dr. Hill now resides in Anacortes, Washington. He has been a TOMA member for 41 years. Dr. Hill received his D.O. degree in 1962 from The University of Health Sciences College of Osteopathic Medicine in Kansas City, Missouri, and interned at Stevens Park Osteopathic Hospital in Dallas.

J. Glen Holliday, D.O. – Dr. Holliday specializes in anesthesiology and pain management and practices in Plano. He has been a TOMA member for 38 years. A 1965 graduate of The University of Health Sciences College of Osteopathic Medicine in Kansas City, Missouri, Dr. Holliday interned at East town Osteopathic Hospital in Dallas.

Neal A. Pock, D.O. – Board certified in obstetrics and gynecology, Dr. Pock has retired and now resides in Tyler. He has been a TOMA member for 18 years and a member of another osteopathic

professional association for 12 years. Dr. Pock is a 1970 graduate of Kirkville College of Osteopathic Medicine, Kirkville, Missouri, and served an internship at Kirkville Hospital.

Kenneth E. Speak, D.O. – A family physician in Kerens, Dr. Speak has been a TOMA member for 40 years. He earned his D.O. degree in 1954 from the Kirkville College of Osteopathic Medicine in Kirkville, Missouri, and interned at Dallas Osteopathic Hospital.

Harold W. Ranelle, D.O. Receives Humanitarian Service Award

The American Osteopathic Colleges of Ophthalmology and Otolaryngology Head and Neck Surgery have presented Harold William Ranelle, D.O. with their Humanitarian Service Award. The award is in recognition of his many years of participation in charitable activities, indigent care and community service.



Dr. Ranelle is an associate professor at the University of North Texas Health Science Center at Fort Worth. He has offices both in Fort Worth and Granbury, Texas and is on staff at North Texas Osteopathic Hospital as well as Granbury Medical Center. He is also a co-founder of "Alliance for Sight" a non-profit organization dedicated to providing needed eye care to underserved areas around the world.

Dr. Ranelle was honored because several times a year he takes American medical students, residents, nurses and technicians to Mexico, Honduras and other Central and South American counties where they perform between 40 to 60 eye surgeries as well as routine medical eye care to people who otherwise would never receive such specialized medical attention.

Emery Suderman, D.O. and Joe Suderman, D.O. Recognized by City of Pharr

Drs. Emery and Joe Suderman were recently honored by the City of Pharr, Texas for their years of service to the community. Each physician was presented with a Certificate of Recognition signed by Pharr Mayor Leopoldo "Polo" Palacios, Jr. The proclamations noted that the doctors' time and efforts have "benefited people of all ages and walks of life, and have been a powerful influence for good in the community."

Both doctors practiced and operated the Suderman Clinic from 1962 to 1986, during which time they delivered over 10,000 babies. Dr. Emery Suderman has practiced solo since 1986.

Dr. Emery Suderman is a 1961 graduate of the University of Health Sciences College of Osteopathic Medicine, Kansas City, Missouri (UHS-COM). He and his wife, Inez, have three children. Dr. Joe Suderman is a 1954 graduate of UHS-COM, a retired family practitioner and a TOMA Life Member. He and his wife, Rosie, have six children.

TOMA Members Serve as "Physician of the Day" for the Texas Legislature

James E. Froelich, III, D.O., Ronda Beene, D.O., Robert D. Stark, D.O., and Harold D. Lewis D.O., each served as "Physician of the Day" for the Texas Legislature in late April.

Family physicians participating in the Doctor of the Day program volunteer time away from their practices to staff the Capitol First Aide Station in Austin. They are scheduled to serve each day of the 78th Texas Legislative session. Physicians of the Day are introduced in the House and the Senate, generally by the legislator from the district in which they practice, and their names become part of the official legislative record.

Dr. James Froelich, current TOMA President and a Bonham family physician since 1982, served on April 22. He noted that the primary concern of the volunteer physicians is the care and well being of the Texas legislators, their families and staff. During the day he treated over 40 patients, ranging from senators and representatives to a Capitol grounds keeper. He was introduced in both the House and the Senate by Representative Larry Phillips and Senator Bob Duell, and later stated that it was one of the greatest thrills of his life.



L to R: Rep. Larry Phillips, James Froelich, D.O., and Speaker Tom Craddick.

scheduled. She stated that she viewed the day as a fantastic opportunity to learn more about Capitol proceedings. "I was really glad to have participated. Overall, it was one of the highlights of my career (and life)."

Dr. Robert Stark, a family physician in Brenham, volunteered his services as Doctor of the Day on April 24. He treated about 40 patients, with one OB emergency requiring transfer. He notes that "OMT was well received with many 'converts'." He added that serving as Doctor of the Day proved an interesting time during which he was able to educate numerous people regarding osteopathic medicine.

Serving on April 25 was Dr. Harold Lewis, who has been active in family practice, occupational and sports medicine in Austin for 20 years.

The program is coordinated and organized by the Texas Academy of Family Physicians and co-sponsored by the Texas Osteopathic Medical Association, Travis County Medical Society, Texas Medical Association, Texas Department of Health, and the Texas Department of Public Safety. This year marks the 31st anniversary of the program, which has provided a volunteer family physician for every Texas Legislature since 1971.



Harold Lewis, D.O.



L to R: Sen. Kim Brimer, Rhonda Beene, D.O., and Sen. Chris Harris.



Robert Stark, D.O.

A Message from Jerry E. Smola, D.O. President of the Texas Society of the ACOFP

TxACOF 46th Annual Clinical Seminar

The TxACOF 46th Annual Clinical Seminar and meeting of the membership is scheduled for July 31 - August 3 in Arlington. This family-fun and CME-accented meeting will again be held at the Arlington Wyndham Hotel, located between Six Flags and the Rangers Stadium, and just across the road from Wet N' Wild. As in the past, this mid-Texas location offers unlimited opportunities for fine dining, entertainment for the whole family, and shopping.

This year we will feature a wide variety of topics ranging from politics to OMT, diabetes, women's health, cardiovascular disease and many other subjects. A number of nationally known speakers will be presenters. Many of the topics should prove to be of interest not only to physicians, but to spouses and guests as well. These will include: New Findings from the Women's Health Initiative; Life in the Lege (or How to Get Good Healthcare Legislation Passed), by Keith Oakley, a delightful humorist with 12 years experience in the Texas House and an important message for us all; The Hurried Woman Syndrome, by Brent Bost, M.D., FACOG, author of the book with the same name, and a man rated by his colleagues as one of America's best physicians; Bioterrorism: Threat or Myth, by Ronald Blanck, D.O., President of the University of North Texas Health Science Center/Texas College of Osteopathic Medicine, and former Surgeon General of the United States Army; and Ethics - Medical Futility, Precepts and Process by Robert Fine, M. D., FACP, Director of Clinical Ethics at Baylor Healthcare System (See page 17 for program schedule). We highly encourage spouses and guests alike to attend these lectures.

OMT booths will be manned so that physicians and their families can receive treatments during the convention.

Friday evening will feature the traditional Family Fun Night at the hotel. A casual supper will be followed by fun for kids of all ages, to include a casino night complete with prizes for the big winners.

The Annual Meeting of the members with the election of officers and presentation of awards will take place on Saturday afternoon, August 2. This year, there will be no Presidential Banquet, leaving Saturday evening open for your choices of the many dining and entertainment attractions the area offers.

Don't miss this opportunity for CME, fun and camaraderie in a location that can't be beat for convenience and entertainment. More information on the convention will be forthcoming. As a reminder, TxACOF member registration is \$200 off the non-member price.

National ACOFP News

Most of us fortunate enough to attend this year's ACOFP National Convention and Congress of Delegates in Nashville were well served by an exemplary program. The ACOFP is a vibrant organization that is continually developing and providing great procedural workshops for its members. (Parts of two of those workshops will be presented at our Arlington convention this year.)

The ACOFP has a proactive lobbying agenda in Washington, D.C. for our healthcare interests as well as those of our patients. ACOFP is working on a practical, economically effective electronic medical record program for osteopathic family practices, and is developing new ways to help our patients cope with their chronic medical problems. One of these, on diabetes, will be spearheaded by our own Royce Keilers, D.O., a past ACOFP and TOMA president.

The Texas delegation was proud to be in Nashville when R. Greg Maul, D.O. was chosen to be the ACOFP President-elect. Dr. Maul will be one of the presenters on office procedures for family physicians at our Arlington meeting and will also represent the ACOFP at our member's meeting.

Another of our members, Rodney Wiseman, D.O., current Speaker of the Congress of Delegates of the ACOFP, will also be a presenter on office procedures that will enhance your practice's versatility and usefulness as well as increase income.

TxACOF Board News

The TxACOF Board meets at least quarterly and so far this year, we have had three meetings. Despite financial concerns, we have been very active and are making progress although lacking many of the niceties we would like to have. Working without the help of an executive director or a regular administrative assistant really makes us stand in awe of T.R. Sharp, D.O., who single-handedly managed all of this for years. No wonder we call him our "President Emeritus Superus".

Harold Lewis, D.O., TxACOF Immediate Past President/Treasurer, reports that our financial condition is slowly improving and that we may be able to afford a part-time administrative assistant at our 1415 Lavaca office this fall if all goes as planned.

The Texas Medical Foundation, TxACOF and the Texas State Board of Medical Examiners are producing a film showing how the TSBME is dealing with complaints brought against physicians. This is a project brought to fruition by David Garza, D.O., TxACOF Board and TSBME member.

The Board has revised and updated the Administrative Handbook. The changes will improve our operations and help safeguard our finances. We are in the process of bonding any employees and members who might have access to our funds in any way.

In addition, the Board and the Constitution and Bylaws Committee, especially Drs. Montgomery-Davis and Rodney Wiseman, have put a lot of thought and work into reviewing and revising our constitution and bylaws. Changes have been approved by the Board and will be brought to the membership for their approval at our annual meeting in Arlington.

Steve Yount, D.O., was appointed to fill a vacancy on the Board and has assisted us in working with the TMF.

continued on next page

Robert DeLuca, D.O., is going to be representing us at the Zeta chapter meetings at TCOM. He will provide his help and knowledge to future D.O. family physicians.

Tony Hedges, D.O., and his Convention Committee members have been busy putting together a superb program for our convention.

Dan Saylak, D.O., has been updating us regularly in regard to significant developments in this session of the Texas Legislature. He also has been providing expert testimony to legislators for us on healthcare matters in conjunction with Mr. Terry Boucher.

Many of our members have been extremely generous in donating to our Presidents Club. This has been a significant benefit in helping us to get back to financial stability.

Currently, our toll-free phone (888-TXACOF) is being answered at times by an answering machine. However, calls are typically returned within 24 hours.

A new membership list is being compiled. We hope to be able to provide our members with a membership card or letter, as well as our thanks for their support in the not too distant future.

The next TxACOF Board meeting will be held during the TOMA Annual Convention in Galveston in June. We hope to see you there.

Current TxACOF Board Members

Our current Board members include Governors Neil Berry, D.O.; David Garza, D.O.; Steven Yount, D.O.; Bruce Maniet, D.O.; Donald M. Peterson, D.O.; Resident Governor Elizabeth Martin, D.O.; Student Representative Matt Messa; Secretary Robert S. Stark, D.O.; Vice President Tony Hedges, D.O.; President-elect Rhonda Beene, D.O.; President Jerry E. Smola, D.O.; Past President/Treasurer Harold D. Lewis, D.O.; President Emeritus Superus T. R. Sharp, D.O.; TxACOF Editor Joe Montgomery-Davis, D.O.; AOA Liaison Robert L. Peters, D.O.; ACOF Liaison R. Greg Maul, D.O.; TCOM Liaison Samuel Coleridge, D.O.; and Parliamentarian T. Eugene Zachary, D.O.

THANKS

to the exhibitors at TOMA's 104th Annual Convention
& Scientific Seminar

Moody Gardens • Galveston, Texas
June 18 - 22, 2003

Abbott Laboratories

AstraZeneca

Aventis Pharmaceuticals

Blansett Pharmacal Co.

Dean, Jacobson Financial Services, LLC

Des Moines University/ COMS

Don Self & Associates, Inc.

ECR Pharmaceuticals

EDS/NHIC

Education Center for Texas Health Steps

GlaxoSmithKline

Health Monitoring Services

HTZ Technical Services

Medical Equipment Systems, Inc.

MedPointe Pharmaceuticals

Meretek Diagnostics

Merck Human Health Division

NeuroMetrix, Inc.

Novartis Pharmaceuticals

Office of Rural Community Affairs

Osteopathic Health System of Texas

Pfizer

Pfizer U.S. Pharmaceuticals

Physician Manpower Training Commission

Powderz, Inc.

RS Medical

Sanofi-Synthelabo Pharmaceuticals

Sepracor, Inc

TAP Pharmaceuticals Products Inc.

Tachyon Enterprises, Inc.

Texas College of Osteopathic Medicine

Texas Medical Foundation

Texas Medical Liability Trust

UNT Health Science Center

UTMB Correctional Managed Care

Wyeth

*We regret that we were unable to list those exhibitors who supported
our convention after this issue went to press.*

TxACOF 46th Annual Clinical Seminar

July 31 – August 3, 2003

Arlington Wyndham Hotel (for reservations call 800-442-7275) • Arlington, Texas

25.5 Hours Category 1-A Credit Anticipated

For seminar registration information call 888-892-2637

Thursday, July 31

- 3:00 – 5:00 p.m. Preceptor Workshop
Education Issues for Providers
John R. Bowling, D.O.
- 5:00 – 6:00 p.m. Welcome Buffet Dinner Lecture
Lipids & Hypertension
Harold D. Lewis, D.O.
Sponsored by Bristol Myers Squibb
- 6:00 – 7:00 p.m. Osteoporosis
John R. Bowling, D.O.
Sponsored by Novartis
- 7:00 – 8:00 p.m. OMT and the Elderly
Robert C. DeLuca, D.O.
- 8:00 – 9:00 p.m. Dermatology
R. Greg Maul, D.O.

- 4:30 – 5:30 p.m. Diabetes
Charles Reasner, M.D.
Sponsored by Bristol Myers Squibb
- 7:00 – 10:00 p.m. Family Fun Night
Fabulous Las Vegas Casino Party
for the entire family

Saturday, August 2

- 8:00 – 9:00 a.m. Breakfast Lecture - To Be Announced
- 9:00 – 10:00 a.m. To Be Announced
- 10:30 – 11:30 a.m. ADD – New & Old Treatments
Speaker To Be Announced
Sponsored by Eli Lilly & Co.
- 11:30 – 12:30 p.m. New Meds for Depression
Boris Joseph Porto, M.D.
Sponsored by Forrest Pharmaceuticals
- 12:30 – 2:30 p.m. TxACOF Membership Business Luncheon
Jerry E. Smola, D.O.
TxACOF President
R. Greg Maul, D.O.
ACOF President
- 2:30 – 4:00 p.m. Joint Injections
Rodney M. Wiseman, D.O.
Sponsored by Wyeth Pharmaceuticals

Sunday, August 3

- 8:00 – 9:00 a.m. Breakfast Lecture
HIPAA Update
Don Self
Sponsored by Don Self & Associates
- 9:00 – 10:00 a.m. Dealing with Migraines & IBS
John P. Schwartz, D.O.
Sponsored by Don Self & Associates
- 10:30 – 11:30 a.m. CHF – New & Old
Robert Chilton, D.O.
Sponsored by GlaxoSmithKline
- 11:30 – 12:30 p.m. Ethics Medical Futility
Robert Fine, M.D.
Sponsored by Texas Medical Foundation

Friday, August 1

- 8:00 – 9:00 a.m. Breakfast Lecture
Pathophysiological Aspects of Essential Hypertension
Frederick A. Schaller, D.O.
Sponsored by AstraZeneca
- 9:00 – 10:00 a.m. Dementia Meds
Doug Lewis, D.O.
Sponsored by EISAI
- 10:30 – 11:30 a.m. Women's Health Initiative
Susan Hendrix, D.O.
Sponsored by Eli Lilly & Co.
- 11:30 – 12:30 p.m. Life in the Lege
Keith Oakley
- 12:30 – 1:30 p.m. Keynote Luncheon
Hurried Woman Syndrome
Brent W. Bost, M.D.
Sponsored by Pfizer
- 2:00 – 3:00 p.m. Bioterrorism: Threat or Myth
Ronald R. Blanck, D.O.
- 3:00 – 4:00 p.m. Bioterrorism: Response & Treatment
Paul K. McGaha, D.O., MPH
Sponsored by the Texas Department of Health

Self's Tips & Tidings



By Don Self

Using HIPAA to Your Advantage

This was on the one of the listservs I'm on and I love the idea of using HIPAA to YOUR advantage for a change:

"A couple of clients of mine who are sick of calls from some of these 'repricing companies' were looking for a response that could get rid of these pests. I share my solution for whatever it's worth: 'I'm sorry, but under HIPAA we cannot discuss personally identifiable health information with you unless you provide us with a copy of the business associate agreement between your company and the actual insurers. Without that written agreement, we cannot even discuss whether the person you are naming is a patient in this practice. Our fax number is'"

How to ICD-9 Code the SARS

Per quite a few coders that were asked this question, Code 465.9 would be the closest code to the Severe Acute Respiratory Syndrome. If things keep going as they are, they may come up with a separate ICD-9 code for it later this year. If they do, we'll report it to you.

Your Staff and the Internet

OK, if you haven't picked up on the fact that I am a big believer on using the internet to keep yourself and your staff up to date on changes, subscribing to my monthly eight-page newsletter (which has much more info in it than in this article I write separately), downloading LMRPs from the carriers, etc., then you have not been reading these monthly articles for the past 13 years. Here is a little tip for you to get some free information. I say free because when you call me with a question, I charge you for a telephone consult (I recommend you do the same thing and there is even a CPT code for it). However, if you want to get some fast help and not be charged for it, you need to

get your office manager or yourself onto one of the many listservs on the internet.

A listserv is an e-mail exchange program (not a chat room) whereby when one person asks a question to the listserv, the email is sent to every member of the listserv. I run a free one called Professional Medical Office Management (PMOM) and you can sign up for it on my website. It has about 790 members. When someone posts an answer to that question, it too goes out to all members. I'm on 14 different listservs and they generate over 450 emails a day I get (not counting the 150 I get asking me if I want to enlarge body parts, reduce my mortgage rate or let the President of Zimbabwe send me \$50 million to hold in my bank account for awhile). They have them just for physicians (which means you miss out on the coding advice from the people who know the correct answers), some just for billers, some for Cardiology, Internal Medicine, Family Practice, Gastro, Ortho, Medicare Part B, Podiatry, etc. I got on one last month that is supposed to be physicians only (I used the name of one of the physicians I manage) and then watched the incorrect answers going around about whether you can bill for this or that, etc. There were three physicians going at it and all three were wrong, yet the listserv did not allow professional consultants on there to help those two men and one woman. Anyway, there is a lot of help out there and much of it is free.

I also STRONGLY recommend you pay the \$125 a year and have your office manager become a member of the Professional Association of Health Care Office Managers. I attended a chapter meeting in Austin a couple of months ago and there were 100 office managers in attendance sharing GREAT ideas to help each other. What an inexpensive way to go, doctors! I charge more than that to spend an hour in your office and yet these managers were sharing some fantastic ideas.

Examples of Privacy Problems

After calling the office of his doctor who was retiring, a patient stopped by to pick up his medical records. The staff did not know him as they were hired since he had last been to the office. They were out of some forms, so just had him sign a plain piece of paper saying he was taking the files (originals). At no time was he ever asked to provide any documentation (driver's license, etc.) and he now has the files in his possession to deliver to his new physician. (Malpractice carrier would have a hissy fit if they knew.)

A patient was transferred to a hospital floor from CCU. When his family came to see him on the second day, they asked where he was. The CCU clerk said she couldn't discuss patient information due to HIPAA and would not tell them what floor or room he had been sent to, even though she remembered them visiting the patient the day before.

I went to the doctor and the receptionist put a piece of paper in front of me that said "HIPAA Privacy Acknowledgment" at the top. She asked me to sign, stating that I understood their privacy policy. I asked her "What is your privacy policy?" She answered: "We won't divulge your private information." I asked for a copy and she handed me a laminated copy that was anchored to the desk! I asked if I might have a copy to take with me. Her answer: "I don't have one, but I'll see if I can make one." After standing there for several minutes, she returned with a copy.

Yes, They May Work with Don Self

If someone approaches you in your office and says they are with Don Self & Associates, they may very well be. I've recently added 38 new consultants around the nation to work with us, and 13 of them

are spread around Texas. We now have 14 consultants serving Texas physicians helping patients get IBS-D under control and helping them reduce or eliminate the migraine headaches of patients having at least one a week. So far, we're having a greater than 80% success rate on compliant patients in Texas and our ratio of compliance has been greater than 75%. I'm still looking for a consultant to work with us in the El Paso area, but we have the rest of Texas covered now.

Co-Pay Collection Tip

Why not remind your patients that their policy requires them to have a vested (monetary) interest in their own care, and that by refusing to pay the co-pay (whether it's indemnity or managed care) at the time of service, they may be in violation of the terms of their insurance contract? Remind them also that you are required by law to notify the insurance carrier that they have refused to pay their co-pay and/or deductible, and then DO IT. You'll be surprised at the results.

Don't Use "Medicare" in Marketing

The OIG issues this alert as a reminder that it is a violation of federal law for individuals or organizations to misuse HHS departmental words, symbols, or emblems to market their services. This reminder is prompted by particularly egregious violations of this statute by U.S. Seminar Corporation of La Mesa, California. An OIG demand letter was served on U.S. Seminar and its executives seeking civil monetary penalties in the amount of \$1,086,258 for the misuse of the word "Medicare" in its marketing practices. The unlawful conduct alleged by the OIG is based on over 362,000 mailings issued by the company. The OIG alleges that U.S. Seminar has used the words and letters of the Medicare program and HHS in a manner that reasonably could be construed as conveying the false impression that its seminars are approved, endorsed, or authorized by Medicare. Neither U.S. Seminar nor Doctor's Assistance Corporation, formed in 2002 by U.S. Seminar's owners to provide

similar training on HIPAA, are associated with or endorsed by Medicare or HHS.

Investigators from the OIG found that U.S. Seminar

- employees had contacted providers, misidentifying themselves as Medicare representatives;
- told providers that attendance at the company's seminars is mandated by Medicare;
- engaged in this marketing conduct frequently for over six years, despite numerous notifications by OIG (OIG press release of April 8, 2003)

If you know of someone who may be engaging in fraud, let us know. Of course, this investigation by the OIG was a result of at least hundreds of people around the country turning them in to state and federal agencies.

Don Self, CSS, BFMA
305 Senter Ave., Whitehouse, TX 75791
donsel@donself.com
www.donself.com
903 839-7045; FAX 903 839-7069

Secretary Thompson to Release \$100 Million to Assist States with Smallpox Vaccination Programs

HHS Secretary Tommy G. Thompson announced on May 5 that the department would release \$100 million to the states to help them better prepare our nation for a possible smallpox attack and strengthen the public health infrastructure.

The money from HHS's Centers and Disease Control and Prevention will be made available immediately. These funds are in addition to the \$1.1 billion in fiscal year 2002 funds sent to states and the \$1.4 billion in fiscal year 2003 money. Secretary Thompson will send letters to governors soon notifying them of the availability of the smallpox funds.

"Because a smallpox attack is possible, we must prepare our public health workers to quickly respond to protect the American public," Secretary Thompson said. "This additional money is part of our overall commitment to our state and local partners to build a stronger public health system to care for Americans in the event of any emergency, including a smallpox attack."

Overall, HHS is spending \$3.5 billion this year for bioterrorism preparedness, including research into potential bioterror disease agents and potential treatments and vaccines. The fiscal year 2003 funding is up from about \$1.8 billion for such activities in 2002.

In December of 2002, President Bush announced the smallpox vaccination program in which HHS is working with state and local governments to vaccinate health care workers and other crucial personnel, as part of Smallpox Response Teams.

Pre-attack vaccination of these teams will allow them to vaccinate the American public in the event of an attack. While it is not recommended that the general public get the vaccine now, HHS will immediately make vaccine available to the general public if there is a smallpox release. HHS currently has enough unlicensed vaccine to protect every man, woman and child in the U.S. and will have enough licensed vaccine sometime in 2004.

NEWS

from the Centers for Medicare & Medicaid Services

Medicare Proposes Increase in Payment Rates for Hospital Inpatient Care

The Centers for Medicare & Medicaid Services (CMS) on May 9 proposed a rule for fiscal year 2004 that includes a 3.5 percent increase in payment rates, beginning October 1, 2003, to hospitals for inpatient services furnished to individuals with Medicare coverage. Overall Medicare is expected to pay approximately \$100.2 billion to about 4,800 acute care hospitals in fiscal year 2004, an increase of \$5.7 billion over FY 2003. Of this amount, approximately \$2.1 billion is due to payment rate and other policy changes, and the remaining \$3.6 billion is due to anticipated increased inpatient services.

Under the inpatient prospective payment system (PPS), Medicare sets the payment rate for a beneficiary's stay based on the Diagnosis Related Group (DRG), which reflects the patient's diagnosis and the procedure performed. CMS has defined over 500 DRGs, ranging from the relatively simple, low cost treatment for eye contusions to more complex and expensive surgical procedures like heart transplants.

Medicare law requires CMS to update the inpatient PPS annually to reflect changes in the "hospital market basket" – that is, the costs of goods and services used by acute care hospitals. The update rule also addresses changes in the weights assigned to individual DRGs – and therefore the payment for those services – as well as payments to be made for new procedures and technologies. The law pegs the annual update for acute care hospitals for fiscal year 2004 to the full estimated market basket, now projected to be 3.5 percent.

CMS is proposing to relax the criteria for hospitals to receive add-on payments for new technologies. For a technology to be eligible for add-on payments, it must be "new," in that data reflecting its costs would not be available for use in setting payment for the associated DRGs. In addition, the new technology must offer a significant clinical improvement over existing technologies and must be much more costly than the DRG payment.

Under current rules, a few applications for the add-on payments have been submitted in the two years since the add-on payments became available. Of those, one has met the existing criteria for eligibility and another is under review. The proposed rule would reduce the high-cost threshold for add-on payments for

new technologies. The lower threshold would apply to applications for new technology add-on payments for fiscal year 2005.

Under the proposed rule, the outlier threshold would increase to \$50,645, up from \$33,560 in 2003, in order to limit outlier payments to 5.1 percent of total payments under the inpatient PPS. CMS estimates outlier spending was 5.5 percent of total payments during the first three months of fiscal year 2003 and was 7.9 percent of total payments during fiscal year 2002. In a separate rulemaking procedure, CMS is planning to revise the rules governing outlier payments. CMS anticipates that the outlier rule will be finalized during the comment period for the inpatient PPS rule. Changes to the outlier payment methodology adopted in that final rule may make it possible to significantly lower the outlier threshold in the final inpatient rule.

The proposed rule would expand the post-acute transfer policy, which now applies to 10 DRGs, to an additional 19 DRGs. This policy treats discharges involving the designated DRGs from an acute care hospital to a post-acute setting as a transfer. As a result, the transferring hospital is paid a per diem rate, not to exceed the full payment for the DRG.

The proposed rule discusses the potential for excluding wage data from critical access hospitals in calculating the hospital wage index and specifically invites public input on this idea. It was published in the May 19, 2003 *Federal Register*. Comments from the public will be accepted until July 8, 2003.

Medicare Proposes 2.9 Percent Increase in Nursing Home Payment Rates

On May 8, CMS announced a proposed 2.9 percent increase in Medicare payment rates to skilled nursing facilities for fiscal year 2004. The increase will result in nearly \$400 million more in Medicare payments to nursing facilities that furnish certain skilled nursing and rehabilitation care to Medicare beneficiaries recovering from serious health problems.

The proposed rule, published in May 16 *Federal Register*, also reflects the decision by CMS to retain for now the current classification system that establishes daily payment rates to skilled nursing facilities based on the needs of Medicare beneficiaries. This decision will result in nursing homes continuing to receive an estimated \$1 billion in temporary add-on payments next year. The individual classification groups are known as the Resource Utilization Groups or RUGs.

Congress has encouraged CMS to make case-mix refinements, as the classification changes are known, in an effort to more accurately reimburse nursing homes. The case-mix refinements are intended to ensure that Medicare pays appropriately for patients that require more complicated care. After careful review of the available data, CMS determined that the research is not sufficiently advanced at the present time to implement the refinements this year. CMS continues to work with the Urban Institute, a non-partisan economic and social policy research group, to develop appropriate case mix refinements.

CMS uses a skilled nursing facility "market basket" to measure inflation in the prices of an appropriate mix of goods and services included in covered skilled nursing facility stays.

The price of items in the market basket is measured each year, and Medicare payments are adjusted accordingly.

Medicare's prospective payment system (PPS) for skilled nursing facilities was adopted in 1998. Under the SNF PPS, each facility is paid a daily rate based on the relative needs of individual Medicare patients, adjusted for local labor costs. The daily rate covers the costs of furnishing all covered nursing facility services, including routine services such as room, board, nursing services, and some medical supplies; related costs such as therapies, drugs and lab services; and capital costs including land, buildings and equipment.

Proposed 3.3 Percent Increase in Medicare Payment Rates for Rehabilitation Hospitals in FY 2004

On May 8, CMS proposed a 3.3 percent increase in payment rates in fiscal year 2004 to inpatient rehabilitation hospitals that care for Medicare beneficiaries recovering from strokes, spinal cord injury or other conditions requiring extensive therapy.

Under the Medicare law, CMS is required to update annually the prospective payments for rehabilitation facilities to reflect changes in the price of goods and services used by these hospitals in caring for Medicare beneficiaries, which is estimated at 3.3 percent for FY 2004. The adjustment will result in an increase of \$204.2 million in Medicare payments in FY 2004 over FY 2003.

The update is contained in a notice of proposed rulemaking published May 16 in the *Federal Register*. However, the 60-day comment period began May 8. CMS will publish the final notice of the updated payments in the *Federal Register* on or before August 1.

"Rehab facilities are very important in helping restore ailing Medicare beneficiaries to a healthier, more active physical condition," CMS Administrator Tom Scully said. "Last year, under the new payment system, the facilities were given a 3 percent increase. This time, we expect these valuable hospitals will see a slightly higher rise in their payment rate."

The Balanced Budget Act required CMS to establish a prospective payment system (PPS) specific to inpatient rehabilitation facilities. The final rule on the PPS was published in the *Federal Register* in August 2001. This rule set forth the methodology for making payments under the system.

The PPS for inpatient rehabilitation hospitals, which replaced a cost-based payment system, is designed to promote quality and efficient care at about 1,200 inpatient rehabilitation facilities, including both freestanding hospitals and special units in acute-care hospitals.

Under this payment system, inpatient rehabilitation facilities are paid on a per-discharge basis. The PPS for rehabilitation facilities, which became effective January 1, 2002, covers all costs of furnishing covered inpatient rehabilitation services – including routine, ancillary and capital costs – except for certain other costs, which are paid for separately.

Under the PPS, rehabilitation facilities are paid based on the characteristics of each patient they admit. Medicare pays hospitals more to care for patients with greater needs, as determined by a comprehensive assessment of their condition.

Under law, a rehabilitation unit that is part of an acute-care hospital and a stand-alone rehabilitation hospital are both classified as inpatient rehabilitation facilities. Such facilities must show that during their most recent 12-month cost reporting periods they served an inpatient population of whom at least 75 percent required intensive rehabilitation services for 10 serious medical conditions. These traumatic health problems include stroke, spinal cord injuries, amputations, major multiple trauma, brain injuries and neurological disorders.

Medicare's fiscal intermediaries, who are contractors that process Medicare Part A medical claims, enforce this rehabilitative services regulation, known as the 75 percent rule. Because of concerns regarding the effectiveness and consistency of the enforcement procedures used by these contractors, in July 2002 CMS suspended enforcement of the 75 percent rule. CMS is not proposing to make changes to the current regulation regarding the 75 percent rule. Thus, CMS will instruct these contractors to re-institute verification of compliance with the rule for cost reporting periods beginning after September 30, 2003.

"We realize that a rehab facility may need time to come into compliance with the 75 percent rule," Scully said. "But the rule remains extremely important in separating inpatient rehab hospitals from other types of inpatient facilities, and ensuring that Medicare pays for patients who are getting rehabilitation in the most appropriate setting." Also, this year to calculate changes in the price of goods and services for rehabilitation facilities, known as the market basket, CMS used 1997-based data, compared with 1992 data for the FY 2003 PPS.

CMS also is proposing to update the wage indices for rehabilitation facilities. For this notice of proposed rulemaking, CMS used acute-care hospital wage data from FY 1999, instead of FY 1997, to develop the FY 2004 wage indices. Under law, any adjustments to the wage indices for rehabilitation facilities must be made in a budget-neutral manner. As a result, CMS has proposed that the standardized payment amount be slightly reduced to meet the requirement for budget neutrality.



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NHLBI Issues New High Blood Pressure Clinical Practice Guidelines

On May 14, the National Heart, Lung, and Blood Institute (NHLBI) released new clinical practice guidelines for the prevention, detection, and treatment of high blood pressure. The guidelines, which were approved by the Coordinating Committee of the NHLBI's National High Blood Pressure Education Program (NHBPEP), feature altered blood pressure categories, including a new "prehypertension" level which covers about 22 percent of American adults or about 45 million persons.

The new guidelines also streamline the steps by which doctors diagnose and treat patients, and recommend the use of diuretics as part of the drug treatment plan for high blood pressure in most patients.

Called "The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure," the guidelines appeared in the May 21, 2003, issue of *The Journal of the American Medical Association* (JAMA). But, due to their importance, they became available on May 14, 2003, on the JAMA Web site <<http://jama.com>> in an expedited version.

The guidelines were prepared by a special committee of the NHBPEP, which represents 46 professional, voluntary, and Federal organizations, and reviewed by 33 national hypertension experts and policy leaders. The NHBPEP issues new guidelines when warranted by scientific advances. The last guidelines were issued in November 1997.

"Since 1997, much more has been learned about the risk of high blood pressure and the course of the disease," said NHLBI Director Dr. Claude Lenfant. "Americans' lifetime risk of developing hypertension is much greater than we'd thought. Those who do not have hypertension at age 55 have a 90 percent risk of going on to develop the condition.

"We also now know that damage to arteries begins at fairly low blood pressure levels—those formerly considered normal and optimal," he continued. "In fact,

studies show that the risk of death from heart disease and stroke begins to rise at blood pressures as low as 115 over 75, and that it doubles for each 20 over 10 millimeters of mercury (mm Hg) increase. So the harm starts long before people get treatment.

"Unless prevention steps are taken, stiffness and other damage to arteries worsen with age and make high blood pressure more and more difficult to treat. The new prehypertension category reflects this risk and, we hope, will prompt people to take preventive action early."

"The past six years have brought results from more than 30 clinical studies worldwide, many of which were funded by the NHLBI," said Dr. Aram V. Chobanian, Dean of Boston University School of Medicine in Massachusetts and Chair of the Joint National Committee that produced the new guidelines. "These findings have been remarkably consistent in demonstrating the critical importance of lowering blood pressure, irrespective of age, gender, race, or socio-economic status. The data allow us to create a set of recommendations that are easier to use than past guidelines, which should in turn make it easier for clinicians to treat their patients' hypertension."

High blood pressure affects about 50 million Americans—one in four adults. Treatment seeks to lower blood pressure to less than 140 mm Hg systolic and less than 90 mm Hg diastolic for most persons with hypertension (less than 130 systolic and less than 80 diastolic for those with diabetes and chronic kidney disease).

The guidelines include new data on U.S. control, awareness, and treatment rates for high blood pressure. According to a national survey, 70 percent of Americans are aware of their high blood pressure, 59 percent are being treated for it, and 34 percent of those with hypertension have it under control. Those percentages represent a slight improvement over rates for 10 years ago, when 68 percent of

Americans were aware of their high blood pressure, 54 percent were being treated for it, and 27 percent of those with hypertension had it under control. By contrast, about 25 years ago, 51 percent were aware of their high blood pressure, 31 percent were being treated, and 10 percent of those with hypertension had it under control.

"Though improved, the treatment and control rates are still too low," said Chobanian. "The new guidelines zero in on this problem, recommending factors that often lead to inadequate control such as not prescribing sufficient medication. The guidelines stress that most patients will need more than one drug to control their hypertension and that lifestyle measures are a crucial part of treatment.

"Another key factor is the need for clinicians to pay more attention to systolic blood pressure in those age 50 and older," he continued. "From mid-life on, systolic hypertension is a more important cardiovascular risk factor than diastolic. It's also much more common and harder to control."

Key aspects of the new guidelines include:

- A new "prehypertension" level and merging of other categories. The new report changes the former blood pressure definitions to: normal, less than 120/less than 80 mm Hg; prehypertension, 120-139/80-89 mm Hg; stage 1 hypertension, 140-159/90-99 mm Hg; stage 2 hypertension, at or greater than 160/at or greater than 100 mm Hg. The 1997 categories were optimal, normal, high-normal, and hypertension stages 1, 2, and 3.

"Stages 2 and 3 were combined because their treatment is essentially the same," said Chobanian. "The new prehypertension category should alert people to their real risk from high blood pressure."

The guidelines do not recommend drug therapy for those with prehypertension

unless it is required by another condition, such as diabetes or chronic kidney disease. But the report advises them - and encourages those with normal blood pressures - to make any needed lifestyle changes. These include losing excess weight, becoming physically active, following a heart-healthy eating plan, including cutting back on salt and other forms of sodium. The report also recommends that, for overall cardiovascular health, persons quit smoking.

As in the 1997 guidelines, the new report recommends Americans follow the DASH - Dietary Approaches to Stop Hypertension - eating plan, which is rich in vegetables, fruit, and nonfat dairy products. Clinical studies have shown that DASH significantly lowers blood pressure. The decreases are often comparable to those achieved with blood pressure-lowering medication.

• Simplified and strengthened drug treatment recommendations. The guidelines recommend use of a diuretic, either alone or in combination with another drug

class, as part of the treatment plan in most patients. The report notes that even though many studies have found diuretics to be effective in preventing hypertension's cardiovascular complications, they are currently not being sufficiently used.

The guidelines also list other drug classes that have been shown to be effective in reducing hypertension's cardiovascular complications and that may be considered to begin therapy: angiotensin converting enzyme (ACE) inhibitors, angiotensin receptor blockers, beta-blockers, and calcium channel blockers. The report also gives the "compelling indications" - or high-risk conditions - for which such drugs are recommended as initial therapy.

- Use of additional drugs for severe hypertension or to lower blood pressure to the desired level. According to the new report, most persons will need two, and at times three or more, medications to lower blood pressure to the desired level.
- The guidelines also recommend clinicians work with patients to agree on

blood pressure goals and develop a treatment plan.

"No treatment will work unless patients stay on it, no matter how careful the clinician," said NHBPEP Coordinator Dr. Ed Roccella. "The guidelines incorporate information from behavioral studies and offer advice to clinicians on how to motivate patients to stick with their treatment. It's crucial to build trust and make sure patients understand their treatment and feel able to voice their concerns."

To raise awareness about the dangers of high blood pressure, NHLBI is developing special Web pages and educational materials for health care professionals, patients, and the public. These include an updated "Your Guide To Lowering High Blood Pressure" Web page, which can be found at <www.nhlbi.nih.gov/hbp>. The guidelines and related information are available at <www.nhlbi.nih.gov/guidelines/hypertension/index.htm>.

"The bottom line is that Americans must change how they think about blood pressure today," said Roccella.

FDA News

New Test Monitors Asthma by Measuring Nitric Oxide in Breath - FDA has cleared for marketing a first-of-a-kind test that should help doctors monitor a patient's response to anti-inflammatory asthma treatment by measuring the concentration of nitric oxide in the patient's breath. A decrease in exhaled nitric oxide suggests that treatment may be reducing the lung inflammation associated with asthma. The disease affects about 15 million Americans.

<www.fda.gov/bbs/topics/ANSWERS/2003/ANS01219.html>

Permanent Implant Treats Gastroesophageal Reflux Disease - FDA has approved Enteryx, a permanently implanted device that treats symptoms of gastroesophageal reflux disease (GERD), a condition in which some of the stomach's contents flows up into the esophagus, causing heartburn or pain in the chest or back of the throat. The device prevents the reflux of stomach acid into the throat. More than 60 million Americans have GERD, and about 25 million have symptoms daily.

<www.fda.gov/bbs/topics/ANSWERS/2003/ANS01216.html>

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KEY TO HEPATITIS VIRUS PERSISTENCE FOUND

"Understanding the tricks that the hepatitis C virus employs to impair the immune system represents an important advance..."

Scientists at two Texas universities have discovered how hepatitis C virus thwarts immune system efforts to eliminate it. The finding, published online April 17, 2003 in *Science Express*, could lead to more effective treatments for liver disease caused by hepatitis C virus, says author Michael Gale, Jr., Ph.D., of University of Texas Southwestern Medical Center at Dallas. Dr. Gale and co-author Stanley Lemon, M.D., of the University of Texas Medical Branch at Galveston, are grantees of the National Institute of Allergy and Infectious Diseases (NIAID).

"Persistent hepatitis C virus (HCV) infection is a major cause of liver disease worldwide and is the leading reason for liver transplants in this country," notes NIAID Director Anthony S. Fauci, M.D. "The most prevalent form of HCV in the United States is, unfortunately, the least responsive to available treatments."

The immune system has many ways to detect and fight off invading microbes, and microbes have just as many ways to elude and disarm immune system components. Through a series of experiments on cells grown in the laboratory, Drs. Gale and Lemon defined the strategy HCV uses to evade the host's immune response. As HCV begins to replicate in its human host, it manufactures enzymes, called proteases, which it requires to transform viral proteins into their functional forms. The Texas investigators determined that one viral protease, NS3/4A, specifically inhibits a key immune system molecule, interferon regulatory factor-3 (IRF-3). IRF-3 orchestrates a range of antiviral responses. Without this master switch, antiviral responses never begin, and HCV can gain a foothold and persist in its host.

Next, the scientists searched for ways to reverse the IRF-3 blockade. They applied a protease inhibitor to human cells containing modified HCV. This prevented the virus from making functional NS3/4A and restored the cells' IRF-3 pathway. Follow-up studies have shown that once restored, the immune response reduced viral levels to nearly undetectable levels within days, according to Dr. Gale.

The identification of this viral protease-regulated control of IRF-3 opens new avenues in both clinical and basic research on hepatitis C, notes Dr. Gale. Until now, scientists had not considered the possibility that inhibiting this protease did anything more than halt viral replication. "Now that we know NS3/4A inhibition essentially restores the host's immune response to the virus, we can assess hepatitis drug candidates for this ability," Dr. Gale says.

NS3/4A will be a valuable tool in further dissecting the roles of viral proteases and their host cell targets, says Dr. Gale. For example, the scientists plan to use NS3/4A to hunt for the still unknown host cell enzyme responsible for activating IRF-3. Conceivably, Dr. Gale explains, future therapeutic approaches to viral disease could involve boosting the activity of any key host enzymes that are found.

"Understanding the tricks that the hepatitis C virus employs to impair the immune system represents an important advance with potential implications for successful cure of those suffering from liver disease," says Lesley Johnson, Ph.D., chief of NIAID's enteric and hepatic diseases branch.

NIAID is a component of the National Institutes of Health (NIH), which is an agency of the Department of Health and Human Services. NIAID supports basic and applied research to prevent, diagnose, and treat infectious and immune-mediated illnesses, including HIV/AIDS and other sexually transmitted diseases, illness from potential agents of bioterrorism, tuberculosis, malaria, autoimmune disorders, asthma and allergies.

News releases, fact sheets and other NIAID-related materials are available on the NIAID Web site at <www.niaid.nih.gov>. The paper was available online at <www.sciencexpress.org> on April 17, 2003.

(REFERENCE: E Foy et al. Regulation of interferon regulatory factor-3 by the hepatitis C virus serine protease. *Science*, April 17, 2003. DOI 10.1126/science.1082604.)

Updated Directory of Drug, Alcohol Abuse Treatment Programs Available

The Substance Abuse and Mental Health Services Administration's (SAMHSA) updated guide to finding local substance abuse treatment programs is now available. The guide, *National Directory of Drug and Alcohol Abuse Treatment Programs 2003*, provides information on thousands of alcohol and drug treatment programs located in all 50 states, the District of Columbia, Puerto Rico and four U.S. territories. The new directory includes public and private facilities that are licensed, certified, or otherwise approved by substance abuse agencies in each of the states. The directory is a nationwide inventory of substance abuse and alcoholism treatment programs and facilities that is organized and presented in a state-by-state format for quick-reference by health care providers, social workers, managed care organizations, and the general public. This latest and improved edition of the SAMHSA directory of treatment programs provides a listing of the most current information available on more than 11,500 substance abuse treatment programs at the community level.

To obtain a free copy of the *National Directory of Drug and Alcohol Abuse Treatment Programs 2003*, contact SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, Maryland 20847, or call 800 729-6686.

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