April, 1995

The Journal of the Texas Osteopathic Medical Association

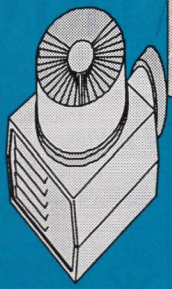
XXXXII, No. 4

Surviving on the Frontiers of Medicine

TOMA's 96th Annual Convention and Scientific Seminar

Dallas, Texas
June 15-18, 1995

Get there any way you can!



Registration Form,
Fun Day Events and much,
much more are included in this issue.

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Washington Office	202/544-5060
	800/962-9008
merican Osteopathic Healthcare Association	703/684-7700
hysician's Choice Medical Malpractice	800/366-1432
ean, Jacobson Financial Services:	
For Premium Rates,	
Enrollment & Information	1-800/321-0246
OMA Major Medical Insurance	1-800/321-0246
OMA Disability Insurance Program	1-800/321-0246
NTHSC/Texas College of Osteopathic Medicine	817/735-2000
	Dallas Metro 429-9120
Medicare Office:	
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Part B Telephone Unit	903/463-4495
Profile Questions	214/766-7408
Provider Numbers:	
Established new physician (solo)	214/766-6162
Established new physician (group)	214/766-6163
All changes to existing provider number records	214/766-6158
Medicaid/NHIC	512/343-4984
exas Medical Foundation	512/329-6610
Medicare/CHAMPUS General Inquiry	800/725-9216
Medicare/CHAMPUS Beneficiary Inquiry	800/725-8315
Medicare Preprocedure Certification	800/725-8293
Private Review Preprocedure Certification	800/725-7388
exas Osteopathic Medical Association	512/388-9400
	in Texas 800/444-TOMA
	FAX No. 512/388-5957
TOMA Physicians Assistance Program	817/294-2788
	in Texas 800/896-0680
	FAX No. 817/294-2788
TOMA Med-Search	in Texas 800/444-TOMA
TEXAS STATE AGENCIES:	
Texas Health and Human Services Commission	512/502-3200
Department of Health	512/458-7111
Texas State Board of Medical Examiners	512/834-7728
	FAX No. 512/834-4597
Registration & Verification	512/834-7860
Complaints Only	800/201-9353
Texas State Board of Pharmacy	512/832-0661
Texas Workers' Compensation Commission	512/448-7900
Medical Review Division	512/440-3515
Texas Hospital Association	800/252-9403
Texas Department of Insurance	512/463-6169
Texas Department of Protective and Regulatory Services	512/450-4800
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

FEATURES

DEPARTMENTS

TEXAS DO
TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

April, 1995

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Calendar of Events

APRIL 22-23

Sutherland's Methods for Treating the Rest of the Body
Location: Dallas/Fort Worth, Texas
Hours: 16 Category 1-A credits
Contact: Conrad A. Speece, D.O.
10622 Garland Road
Dallas, TX 75218
214-321-2673

26-29

"Managing Health Care: Now and the Future"
Sponsored by Pennsylvania Osteopathic Medical Association
Location: Adam's Mark Hotel
Philadelphia
Hours: 42.5, including 32.5 1-A, 7 1-B, 3 2-B credit hours
Contact: Mario Lanni, Executive Director
POMA
1330 Eisenhower Blvd.
Harrisburg, PA 17111
717-939-9318
In PA, 800-544-7662

27-30

9th Annual Convention and CME Program of the Indiana Association of Osteopathic Physicians & Surgeons
"Osteopathic Education: Back to the Basics"
Location: Southbend Marriott and Century Center
South Bend, Indiana
Hours: Over 30 Category 1-A CME hours anticipated
Contact: IAOPS
317-926-3009 or 800-942-0501

MAY 3-7

American College of Osteopathic Pediatricians
Annual Spring Convention
Location: The Monterey Plaza Hotel
Monterey, CA
Contact: 202-362-3229

18-21

89th Annual Convention
Sponsored by Virginia Osteopathic Medical Association
Location: Williamsburg, Virginia
Contact: Dr. Peter Gent, Sec.-Treas.
11900 Hull Street Road
Midlothian, VA 23112
804-744-3551

18-21

"15th Annual Primary Care Update"
Sponsored by University of North Texas Health Science Center at Fort Worth
Location: Sheraton South Padre Island Re
South Padre Island, Texas
Hours: 18 CME hours – Category 1-A, AOA
Contact: Pam McFadden, Program Direct
817-735-2539

JUNE 15-18

TOMA 96th Annual Convention & Scientif Seminar
Sponsored by Texas Osteopathic Medical Association
Location: Grand Kempinski Hotel
Dallas, TX
Hours: 30 Category 1-A anticipated
Contact: Texas Osteopathic Medical Association
512-388-9400 or 800-444-8662

16-18

Annual Meeting
Sponsored by Colorado Society of Osteopathic Medicine
Location: Snowmass Conference Center
Snowmass at Aspen, Colorado
Hours: 18 CME hours – Category 1-A, AOA
18 hours AAFP prescribed cours credits anticipated
Contact: Patricia Ellis
303-322-1752; fax 303-322-195

Articles in the *"TEXAS DO"* that mention the Texas Osteopathic Medical Association's position on state legislation are defined as "legislative advertising," according to Tex Govt 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 DO"* is required by that law: Terry R. Boucher, Executive Director, TOMA, One Financial Center, 1717 North IH 35, Suite 100, Round Rock, Texas 78664-2901.

President's Corner

By T. Eugene Zachary, D.O., President
Texas Osteopathic Medical Association

Community Leadership

Webster's dictionary defines community in the following manner: all the people living or working in a common district, or city or area having a common purpose.

There are many types of communities; large ones and small ones, loud ones and quiet ones, old ones and new ones. There are Asian-American, African-American, Hispanic-American, Native-American, and White-American communities. There are Jewish, Protestant, Catholic and other religious communities. Everywhere you look, there is some kind of community made up of people that share a common need, idea, goal or desire.

One of the things that all communities have in common is that they all need leaders – someone who is able to channel the energies of the members into activities that meet the needs or goals of the community group. Not all members of the group can be leaders at the same time. Groups need followers or workers also, because leaders need someone to lead.

Physicians everywhere are in a position of leadership by virtue of being a physician, healer, helper, counselor and confidant. The mere fact that people look to physicians for help and guidance, both in matters of health as well as everyday life, is proof that we are leaders.

It has been said that, "If you are in medicine, you are in politics." I have to agree 100 percent with that statement, but I also say that, "If you are a physician, you are in a leadership role. You are a leader." The sooner you begin to fill the role of leader in your own community, the sooner you will become a complete physician.

There are many ways that you *and* your spouse can be leaders in your community. Either or both of you can teach classes or serve on committees in your church; you can join a service club in your town such as Kiwanis or Rotary. Spouses can join and work in clubs or organizations that spark their interest. You can serve as team physician for one or more schools, or work with teenagers and young people in other ways too. Some of the most rewarding years of our lives were when Nancy and I worked with high school teenagers in a group called Young Life. My involvement with a Scout troop was great fun and enjoyment. You or your spouse can serve your community by being on the school board, or being on the city council, or even by being Mayor. You can teach emergency first aid to various age groups. You can work with scouting or 4-H clubs or many other groups. There are many opportunities for you to enrich your lives by giving of yourselves. These are only a few of the many ways that you, as a physician, can give back to your community a small part of what it gives to you.

"Physicians everywhere are in a position of leadership by virtue of being a physician, healer, helper, counselor and confidant."

One of the more important and often overlooked ways to meet your responsibilities of leadership is to work for your own profession. Your profession and your alma mater have made it possible for you to practice medicine and make a good living for the rest of your productive life. There are things that need to be done in your profession. There are committees and elective offices that need someone to do a job, and in doing so, be a leader. Other physicians before you did the committee work or held an office in your local district. They made it possible for you to practice medicine with relative ease (compared to earlier years of osteopathic medicine). Others have moved on to work on committees or hold offices at the state and/or national level. These state and national organizations (communities) can be TOMA or AOA in general, or the groups (communities) that represent your own specialty practice of medicine.

(continued on page 6)

PRESIDENT'S CORNER, *continued*

Don't think for a minute that you can't be a leader and perform in these roles. There are many people willing to help you learn how to do the job. Watch how others do the work and learn from them how to do it even better. Become involved early in your career. Be interested in what is happening to you and your profession. It is easy to do the job if you go slow and ask for help and learn as much as you can from others.

The Auxiliary needs the help and involvement of each spouse. Physicians, please strongly encourage your spouses to support the Auxiliary with their presence and helping hands as well as dues.

If you want to run for your state legislature, or even for the U.S. Congress, then by all means, do so. A physician's expertise in these areas is greatly needed.

Every bit of involvement in your various communities, whether it be on a local basis (church, club, school, teenagers, etc.), or the professional local, state or national levels, will benefit you in many ways. It will benefit many others, too, when you show that you care by accepting your responsibilities as the leader you can be.

BECOME INVOLVED!

BE A LEADER!

SERVE YOUR COMMUNITY!

SERVE YOUR PROFESSION!

SERVE YOURSELF!

■

Unnecessary E.R. Trips Cost Big Bucks

Unnecessary trips to the hospital emergency room added anywhere from $5 billion to $7 billion to the nation's medical bill in 1993, according to an estimate reached by two researchers.

"Unnecessary" care was defined by the researchers as treatment of non-emergency conditions that could have been treated in a physician's office or clinic at a lower cost.

The study, which included only conditions that are not expected to require emergency care, such as colds and minor injuries, was based on a nationwide survey of 4,000 households in 1987.

The Texas Society of the American College of Osteopathic Family Physicians

announces the

37th Annual Convention
and
22nd Mid-Year Seminar

August 3 - August 6, 1995

at the
Arlington Marriott

Family fun in the midst of Six Flags, Wet n' Wild and the new Ranger Stadium!

28 CME Category 1-A Hours

applied for

Call TACOFP For More Information
Dawn Keilers, Executive Director
800-825-8967

★

Sara Apsley-Ambriz, D.O.
Program Chairman

Osteopathic Medicine: It's Big in Texas.

So big, that osteopathic medicine is becoming the preferred choice for thousands of people who appreciate the big benefits of preventive medicine. Osteopathic Health System of Texas offers the following services and affiliates to osteopathic physicians to help provide quality health care in today's fast-changing medical environment.

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Referral line: 1-800-725-OMCT (6628)

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- Cardiac care unit (CCU)
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- Cardiac surgery
- Cardiac catheterization
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- Wound treatment center
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- Transitional care unit
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- Electrodiagnostic services
- Angioplasty
- Pulmonary diagnostic services
- Pediatric unit
- Oncology unit with chemotherapy treatment
- Hemodialysis
- Osteopathic manipulative medicine
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- Patient advocacy
- Rehabilitation services, including physical and occupational therapy
- Wellness services
- Patient education
- Home health care
- Helipad for air ambulance service

Medical Center Pharmacy

3601 West 7th Street
(817) 738-1883

- Insurance claim filing, including CHAMPUS
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- Complete prescription drug record-keeping

One Day Surgery Center, Ltd.

(Located in the V.L. Jennings Outpatient Pavilion)
1001 Haskell
(817) 735-3555

- Complete outpatient facility
- Personalized, sensitive care
- Multi-specialty services
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- Central location
- Complimentary van service
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Carswell Osteopathic Medical Plan (COMP)

3624 Tulsa Way
(817) 236-COMP (2667)
1-800-990-COMP (2667)

- A free Osteopathic Health Group program for military (active, retired, reserve, prior service) and their family members
- Network of OHST physicians and health care services
- Discounts on dental services
- Pharmacy discount program and Pharmacy-By-Mail services

CareLink

3609-A West 7th Street
(817) 735-DOCS (3627)
Metro (817) 654-2344
1-800-299-CARE (2273)

- Physician referral service
- Information and health services referral center
- Nursing home referral service

Prevention Works Wonders Occupational Health & Wellness Programs

3715 Camp Bowie Boulevard
(817) 738-9889

- Individualized programs to meet the specific needs of the employees and the organization as a whole
- Health fairs, screenings and educational programs
- Free information and health referral line
- Designed to reduce health risks and health care costs, and increase productivity
- Measurable results

APPLE Club (Adult Prevention Program for Life Enhancement) for everybody 50+

3609-A West 7th Street
(817) 377-APPLE (2775)
1-800-299-CARE (2273)

- Free membership
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- Aledo – (817) 441-7181
- Burleson – (817) 447-8080
- Candleridge – (817) 346-1925
- East Berry – (817) 531-2801
- Fossil Creek – (817) 232-9767
- Mansfield – (817) 473-6750
- Saginaw – (817) 232-9877
- Western Hills – (817) 244-1313
- University Drive – (817) 924-6582

Osteopathic Health System of Texas

3715 Camp Bowie Boulevard • Fort Worth, Texas 76107 • 1-800-299-2273 • (817) 735-3627

Texas Osteopathic Medical Association
presents the
96th Annual Convention and Scientific Seminar
Surviving on the Frontiers of Medicine
June 15 - 18, 1995
John R. Bowling, D.O., Program Chairman

John R. Bowling, D.O. invites you to attend...

As Program Chairman for the 96th Annual Convention and Scientific Seminar, I am excited about the program we have put together for you.

The committee has done, I believe, an outstanding job in assisting me to put together a program that is responsive to the comments following last year's meeting, as well as being applicable and relevant to all specialties and disciplines.

In keeping with a "Frontier" theme, we have planned sessions in issues of medicine which are on the frontier. Highlighting the meeting will be sessions on the Health Care System in Texas, Managed Care Issues, and Violence, as well as the usual clinically relevant topics.

Especially exciting is this year's violence session titled, "Preventing Violence is Good Medicine" which will be presented by Dr. Taliaferro. This will be a joint session with the spouse auxiliary and promises to be outstanding.

I hope you will join us at the Grand Kempinski, the home of the famous Sunday Brunch, for a week of fun, fellowship, and reflection on the frontier issues in our lives today.

Preliminary Schedule of Events

Wednesday, June 14

8:00 am - 1:00 pm	TOMA House of Delegates Registration
9:00 am - 5:00 pm	TOMA House of Delegates
12:00 pm - 1:00 pm	TOMA House of Delegates Luncheon
2:30 pm - 6:00 pm	Early Registration

Thursday, June 15

7:00 am - 4:00 pm	Registration Open
7:30 am - 8:45 am	Health Care in Texas Opening Breakfast - Mike McKinney, M.D.
8:00 am - 4:00 pm	Exhibit Hall Open
8:45 am - 9:15 am	Rural Health Care and it's Special Challenges
9:00 am - 12:00 pm	ATOMA House of Delegates Meeting
9:15 am - 9:45 am	The Challenge of the Urban Frontier
9:45 am - 10:00 am	Panel Discussion - Morning Speakers
10:00 am - 10:45 am	Break with Exhibitors

Frontiers of Change in Subspecialties

10:45 am - 11:05 am	Recent Developments in the Treatment of Onychomycosis - Douglas Vaugh, D.O.
11:05 am - 11:25 am	Rheumatology
11:25 am - 11:45 am	Human Genome Research or Hyperbaric
11:45 am - 12:00 pm	Panel Discussion - Above Speakers
12:00 pm - 1:15 pm	The Magic of Positive Self-Esteem - Robert Lindberg, Ph.D.
1:15 pm - 3:15 pm	Preventing Violence is Good Medicine - Ellen Taliaferro, Ph.D.
3:15 pm - 3:30 pm	Break with Exhibitors

Concurrent Workshops (Pre-Registration Required)

3:30 pm - 5:30 pm	Preceptor and Rural Rotation Supervisor Workshop - William Mygdal, Ed.D. & Marty Kinard, Ed.D.
3:30 pm - 5:30 pm	Turning Stress Into Positive Energy - Robert Lindberg, Ph.D.
3:30 pm - 5:30 pm	Manipulative Management of the Patient With Fibromyalgia - Russell Gamber, D.O., and Raymond Pertusi, D.O.
3:30 pm - 5:30 pm	Communicating on the Internet Highway, Part I
3:30 pm - 5:30 pm	EMS Directors - A. Duane Selman, D.O.
4:30 pm - 5:30 pm	TACOFP Pacer's Meeting
5:30 pm - 6:30 pm	UHS-COM Alumni Reception
5:30 pm - 6:30 pm	UNTHSC/TCOM Alumni Reception
5:30 pm - 6:30 pm	KCOM Alumni Reception
5:30 pm - 6:30 pm	POPPs Reception
6:00 pm - 7:00 pm	SpectraCell Laboratories, Inc. Reception/Presentation
6:30 pm	Sustainers' Party - Circle R Ranch

Friday, June 16

6:50 am - 7:50 am	TACOFP Breakfast/Meeting
7:00 am - 7:45 am	Breakfast with the Exhibitors
7:00 am - 1:00 pm	Registration/Exhibit Hall Open
7:45 am - 8:45 am	What is Driving Health Care Change in the Market Place - Denny Shelton, President of the Central Group, Columbia/HCA

:45 am - 9:15 am Managed Care Topic - TBA
:15 am - 9:45 am Managed Care Topic - TBA
:45 am - 10:00 am Panel Discussion - Morning Speakers
:00 am - 10:45 am Break with Exhibitors
:45 am - 11:45 am Ten Steps to Optimizing Revenues in a Medical Practice - Mark Bower, CPA
:45 am - 12:45 pm ATOMA President's Installation and Luncheon
:45 am - 1:00 pm Lunch with Exhibitors

ly Day Activities Begin

:30 pm **Bear Creek Golf Tournament** (Buses depart for Bear Creek Golf and Racquet Club)
:00 pm Bear Creek Shotgun Starts
:00 pm Tournament Concludes - Buffet Begins
"Wellness by Golf" Awards
:30 pm Buses Depart for the Grand Kempinski Hotel

:45 pm **Six Flags Over Texas** (Buses depart hotel)
:30 pm Arrive at Six Flags, On Your Own to Enjoy Park
:00 pm Buses Depart for the Grand Kempinski Hotel

Ongoing **Shopping at the Galleria or Prestonwood Town Center**

rday, June 17

:00 am - 8:00 am Breakfast with the Exhibitors
:00 am - 12:00 pm Registration/Exhibit Hall Open
:00 am - 8:45 am Geriatric Psychopharmacology - Harvey Micklin, D.O.
:45 am - 9:15 am Recent Innovations in the Treatment of Gerd & Motility - Rodney Kamp, D.O.
:15 am - 9:45 am New Frontiers in the Treatment of Allergy Induced Asthma - Laurence Cunningham, D.O.
:45 am - 10:15 am Ritual & Repetition: When is it Serious? - Barry Fenton, M.D.
:15 am - 10:45 am Break with Exhibitors
:45 am - 11:15 am Sleep Complaints Associated with Psychiatric Problems
:15 am - 11:45 am Nocturnal Enuresis - Ronald Hogg, M.D.
12:00 pm Exhibit Hall Closed
:00 pm - 1:30 pm AOA President's Luncheon - Howard Neer, D.O., AOA President-Elect
:30 pm - 3:30 pm Stroke Awareness program - Bill Macintosh, D.O.

Concurrent Workshops (Pre-Registration Required)

3:30 pm - 5:30 pm Retirement Planning - Jake Jacobson, CLU, CHFP
3:30 pm - 5:30 pm A Texas Workers Compensation Update - Larry Edwards, CPCU
3:30 pm - 5:30 pm Communicating on the Internet Highway, Part II
3:30 pm - 5:30 pm OMT - Gregory Dott, D.O.
5:30 pm - 7:00 pm President's Reception
7:00 pm - 11:00 pm President's Banquet (Black tie optional) with Hot Cakes - America's Band

day, June 18

8:00 am - 1:00 pm Risk Management Workshop
Legal Prospective - Monte Mitchell, D.O., J.D.
Difficult Physician Patient Relationships - Francis Blais, D.O.

96th Annual Convention Exhibitors and Educational Grantors

inum Exhibits

spothe' Cure, Inc.
Jean Jacobson Financial Services
SpectraCell Laboratories, Inc.

Gold Exhibits

Boehringer Ingelheim Pharmaceuticals, Inc.
Central Pharmaceuticals, Inc.
Lederle Laboratories
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Wyeth-Ayerst Laboratories

Silver Exhibits

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ACS Healthcare Information Systems
Bock Pharmacal Company
Bristol-Myers Squibb
Center for Rural Health Initiatives
Ciba Geneva Pharmaceuticals
Coastal Physician Services
Cornish Medical Electronics
Curatek Pharmaceuticals
Doctors Hospital
Don Self & Associates
Environmental Health Center
Fisons Pharmaceuticals
Health Care Insurance Services, Inc.
Hoechst-Roussel Pharmaceuticals, Inc.
I.C. System
International Medical Electronics, Ltd.
Janssen Pharmaceutica
Kirksville College of Osteopathic Medicine
Knoll Pharmaceutical Company
Marion Merrell Dow
MBNA Marketing Systems, Inc.
McNeil Consumer Products Company
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MERCK
MURO Pharmaceutical, Inc.
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PARKE-DAVIS
Pfizer, Inc.
Physician Manpower Training Commission
Reed & Carnrick Pharmaceuticals
Rehabilitation and Workhardening Clinics
Sandoz Pharmaceuticals Corporation
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TEI Computers
Texas Medical Association
Texas Medical Foundation
Texas State Board of Medical Examiners
Texas Workers' Compensation Insurance Fund
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Wallace Labs
Whitby Pharmaceuticals
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Fisons Pharmaceuticals
Janssen Pharmaceutica
Rhone-Poulenc Rorer
Searle Pharmaceuticals
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The UpJohn Company

Southwest Airlines

Southwest Airlines in cooperation with Texas Osteopathic Medical Association, is offering attendees to t Texas Osteopathic Medical Association's 96th Annual Convention & Scientific Seminar, a discount on bo Southwest's low everyday unrestricted fares and Southwest's even lower restricted fares for travel on Southw Airlines to the Texas Osteopathic Medical Association's 96th Annual Convention & Scientific Seminar.

To take advantage of these discounts, reservations must be made by phoning Southwest Airlines Group De at 1-800-433-5368, Monday - Friday, 8 am - 5 pm. Call no later than **June 5, 1995**, and refer to identifier co **M81**.

The Grand Kempinski Dallas Hotel is pleased to host:

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION
JUNE 12 - 17, 1995

Please reserve accommodations for: (Print or Type)

Last Name _____ First Name _____

Organization _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Sharing with _____

All rooms must be guaranteed by one night's advance deposit through check, money order or credit card, made payable to The Grand Kempinski Dallas. Please do not send currency.

15201 Dallas Parkway • Dallas, Texas 75248 • (214) 386-6000 • Telefax (214) 701-0342

Please indicate the number of rooms needed and circle the preferred room type. All rates are subject to a 13% occupancy tax. Room types and special requests are subject to availability.

# Needed	Room Type	Rate	# Needed	Room Type	Rate
_____	SINGLE (One Person)	$100	_____	ONE BEDROOM PARLOUR	$190
_____	DOUBLE (Two Persons)	$100	_____	TWO BEDROOM PARLOUR	$300
_____	TRIPLE (Three Persons)	$130	_____	DUPLEX SUITE	$270
_____	QUAD (Four Persons)	$130	_____	LUXURY SUITES FROM	$450
_____	CONCIERGE SINGLE	$140	_____	ROLL-AWAY	$20.00
_____	CONCIERGE DOUBLE	$160			

Reservations must be received by: 5/31/95

All requests must be received by the date specified. After the cut-off date, rooms not reserved will revert to the hotel for general sale and requests will be taken on a space available basis at prevailing rates. Guaranteed rooms will be held until 6:00 a.m. the following day. Failure to cancel guaranteed reservations by 6:00 p.m., 72 hours prior to the arrival date will result in the forfeiture of the deposit.

Credit Card Guarantee

To guarantee your reservation by credit card, please check the cre card type and fill in the information below with your signatu Credit cards may be charged prior to your arrival.

☐ American Express ☐ Carte Blanche ☐ Diner's Club
☐ Discover ☐ Master Card ☐ Visa

Card Number _____ Expiration Date _____

Cardholder's Name _____

Cardholder's Signature _____

(Refundable if reservation is cancelled 72 hours prior to arrival date. Please be sure to keep your cancellation number.

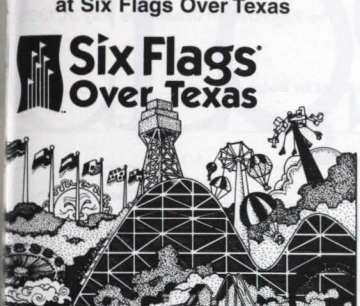
Arrival Day and Date _____

Departure Day and Date _____

(Check-in 3:00 p.m. / Check-out 12:00 noon)

TOMA's Family Day Events

Family Fun Never Ends at Six Flags Over Texas



igger than Disneyland...and a whole lot closer!

DISNEYLAND is a registered trademark of The Walt Disney Company.

pend the day at one of the nation's top amusement actions, Six Flags Over Texas. This multifaceted theme has something for everyone -- with more than 100 rides, ws and games divided into the six "flags" areas resenting various countries which at one time claimed as.

Visit Mexico, France, Spain, the Republic of Texas, the nfederacy and the United States while enjoying thriller es such as Splashwater Falls, Judge Roy Scream roller ster, the Texas Chute-Out, Runaway Mine Train and the ck Wave. For those who like to live on the edge, fasten ur seatbelts for a ride on the Texas Giant, the world's largest fastest wooden roller coaster, and the Flashback, a roller ster that fires you forward through twists and turns - and n reverses itself backward along the track.

n addition, while at the park, you can enjoy performances he Southern Palace and the Hollywood Stunt Show, even a gunfight in the Texas Section, and there are dozens of eries to choose from and plenty of places to purchase venirs on your own. Six Flags Over Texas offers a world ntertainment for all ages. For only $10 per person you will eive round-trip transportation and entrance to the park.

Golf is your Game...

.. then you won't want to miss TOMA's Golf Tournament Bear Creek Golf and Racquet Club. The club contains two hole championship golf courses with Bentgrass greens. The courses have consistently received accolades from *Golf Digest, The Wall Street Journal, Texas Golfer* and the *Dallas Morning News* for product quality, attentive service, and esthetics.

Challenge your ability and test your skills at this year's tournament. Dinner and team awards will be presented when the tournament concludes. All transportation, range balls, 1/2 cart, greens fees and the evening meal are covered in the $85 fee.

Let's Go Shopping

The Grand Kempinski Dallas offers complimentary transportation to both the Galleria and Prestonwood Town Center. Just tell the concierge when you would like to go and they will have transportation available for you. The Grand Kempinski Dallas also provides complimentary limousine service within a 3-mile radius of the Hotel. Take advantage of this free service and enjoy some of the local restaurants and shops.

Circle R Ranch Welcomes TOMA's Sustainers

Circle R Ranch

Thursday evening is dedicated to TOMA's Sustaining Members for their support over and beyond the regular dues required for membership. In honor of the Sustainers, TOMA has planned a fabulous evening at the Circle R Ranch.

"A Night at the Ranch" will include round-trip transportation, an all-you-can-eat western barbeque dinner, draft beer and wine, hay rides, Circle R Playboys (a six piece band), and a Rodeo Show with Cowboys, Guest Participation events and Trophies for the winners. There will also be a surprise visit from Miss Trixie and her Gun Fighters.

The Sustainer's Party is open to the Sustaining Member and one guest as a special "Thank You" for their support. If you would like to attend "A Night at the Ranch" it's not too late to join. To become a Sustaining Member just call Paula Yeamans, TOMA's Membership Coordinator at 800/444-8662 and she will sign you up!

PRE-REGISTRATION FORM

Surviving on the Frontiers of Medicine
June 15-18, 1995
The Grand Kempinski Dallas - Dallas, Texas

28 AOA Category 1-A CME Hours anticipated

Pre-Registration Deadline is May 31, 1995

Please print or type.
Name _____ First Name for Badge _____

Address _____ City _____ State _____ Zip _____

D.O. College _____ Year Graduated _____ AOA # _____

Spouse/Guest Name _____ will accompany me.

Please select ONE of the following concurrent sessions for Thursday and Saturday afternoon:

Thursday, 3:30 - 5:30 pm
____ Preceptor and Rural Rotation
____ Creatively Coping with Stress
____ Manipulative Management of Arthritic Patient
____ Communicating on the Internet Highway
____ EMS Directors

Saturday, 3:30 - 5:30 pm
____ Retirement Planning
____ Texas Workers Compensation Update
____ Communicating on the Internet Highway
____ OMT

CONVENTION PRE-REGISTRATION FEES:

____ TOMA Members	$300
____ 1st & 2nd Year in Practice	$200
____ Spouse, Military, Retired, Associate	$150
____ Interns and Residents	$0
____ TOMA Non-Members	$500

REGISTRATION POSTMARKED AFTER MAY 31, 1995, OR ON-SITE:

____ TOMA Members	$400
____ 1st & 2nd Year in Practice	$300
____ Spouse, Military, Retired, Associate	$250
____ Interns and Residents	$0
____ TOMA Non-Members	$600

ATOMA Note - A luncheon ticket is required for the ATOMA luncheon. If you have not registered for the convention and want to attend the luncheon, you must buy a ticket. ____ Yes, I need a ticket at $20; ____ No, I have registered.

Family Fun Day Options, Friday, June 16, 1995

(See separate article for more details on these events.)

Please choose a family event below. No clinical programs will be held on Friday afternoon.

____ Six Flags Over Texas - $10 per person — Number Attending _____ Total Cost $_____
(All children 12 years or under must be accompanied by an adult.)

____ Bear Creek Golf Tournament - $85 per person — Number Attending _____ Total Cost $ _____
Handicap _____; Registration is limited!

____ On Your Own (Shopping, Exploring, etc.) — Number Attending _____ No Charge

PAYMENT

Registration $_____
ATOMA Luncheon Ticket (If not registered) $_____
Family Event $_____
TOTAL ENCLOSED $_____

Mail completed form and payment in full (only checks accepted) to:
TOMA
One Financial Center
1717 N. IH-35, Suite 100
Round Rock, Texas 78664-2901

CLO_2SE BY.

A new multiplace hyperbaric chamber in Fort Worth has brought healing closer to home.

When the body needs help healing itself, oxygen can be the best medicine. So when hyperbaric oxygen therapy is your prescription, your patients can fill it nearby at Osteopathic Medical Center of Texas (OMCT).

OMCT's multiplace chamber is an advanced resource open to the entire medical community in our area. Specially trained physicians, critical care nurses, respiratory therapists and hyperbaric technicians work directly with you to plan patient therapy programs.

With the expanded hyperbaric facilities at OMCT, patients don't have to travel to Dallas for oxygen therapy. Your patients are closer than ever to being healed.

Hyperbaric Oxygen Therapy at
Osteopathic Medical Center of Texas

A joint program with the University of North Texas
Health Science Center at Fort Worth

1000 Montgomery, Fort Worth, Texas 76107 Hyperbaric Therapy Department (817) 735-3300

Update on TOMA's Hospital Staff Privileges Bill

On March 21, H.B. 585, sponsored by Representative Jack Harris, was favorably voted out of the Public Health Committee to the House floor. On March 22, S.B. 965, sponsored by Senator Carlos Truan, was again favorably voted out of the Committee on Health and Human Services and sent to the Senate floor. The legislation must now pass both houses.

You may recall that this legislation was introduced during the 73rd Texas legislative session, passed the House but died late in the session in the Senate Health and Human Services Committee. Misinformation caused the bill to be left pending at the committee level just long enough for the legislative session to end.

Our legislation this year, however, has several amendments included to help strengthen and broaden the scope of the bill, thus attracting much more support than our previous bill.

The bill relates to hospital staff privileges for physicians, podiatrists, and dentists. Specifics of the legislation stipulate:

1. Physicians, podiatrists and dentists must be afforded due process when hospitals consider applications for medical staff membership and privileges.

2. Hospitals cannot differentiate upon the basis of the academic medical degree held by a physician when granting or refusing staff membership or privileges.

3. When graduate medical education is used as a criteria, hospitals must give equal recognition to training programs accredited by the Accreditation Council Graduate Medical Education and by the Ameri Osteopathic Association.

4. Hospitals that use board certification as a stand must give equal recognition to certification progr approved by the American Board of Medical Specia and the Bureau of Osteopathic Specialists.

5. A reasonable turn-around time for process applications for staff privileges, including notificatio writing for denial or restriction of privileges would established.

After submitting a completed application, the hospi credentials committee must take some action on physician's application no later than the 90th day after date on which the application was received. Final ac by the governing board must be taken no later than 60th day after the recommendation of the credent committee is received.

The applicant must be notified in writing, no more t 20 days after final action is taken, as to the hospi action, including a reason for denial or restrictio privileges.

This bill has been our number one priority during the legislative session. TOMA members are urged to contact t senators and representatives requesting their support passage of this important legislation.

Where Are Your Discounts

'Silent PPOs' Broker Them to Insurers – Costing Doctors and Hospitals Money

By Brian McCormick, AMNEWS STAFF

ohn McMahan, MD, first learned of billing irregularities several months

The Chicago otolaryngologist was eatedly hearing from his office nager about questionable planation of benefit" forms that ompanied insurance payments. In h case, the forms said a patient was itled to a PPO discount, and Dr. Mahan's payment had been cut cordingly.

"The thing that got our attention was tients presenting with cards ntifying them as having regular lemnity coverage, and EOBs for se patients that reflected PPO counts," he said. "In some cases we n't even have a contract with the O; in others, we were affiliated with PPO, but the patient clearly was t."

Dr. McMahan told his staff to call the surers in each case and demand full yment. At first, a call was enough to rrect the bills. Now, he says, the surers demand formal, written peals.

So went Dr. McMahan's introduction 'silent' PPOs – entities at the center a murky, complex web of health care rchasers, insurers and contracting tworks. Also known as "blind" or ondirected" PPOs, these brokers buy d sell fee discounts that providers ve agreed to in PPO contracts.

PPOs and insurers that acknowledge e practice insist they are doing thing improper. But a number of imbursement experts and provider dvocates say hospitals and physicians e losing big bucks with barely a clue.

ad deal for providers

Dr. McMahan's experience is hardly nique, experts say. Indeed, the only ing unusual about it, they insist, is at he caught the billing discrepancies. lany medical practices and hospitals ave no routine cross-checks to oncile the insurance information resented by a patient with the insurer's ter explanation of benefits claiming a atient is entitled to a discount.

In fact, a growing number of health surance auditors, along with officials of the AMA and American Hospital Assn., say Dr. McMahan represents the tip of what may be a billion-dollar iceberg.

That's how much they estimate that hospitals, doctors and other providers are losing annually through questionable, inappropriate – and in some cases blatantly illegal – discounting via silent PPOs.

This gray market is lucrative for purchasers, who save on payments to providers, and for middlemen, who usually charge purchasers a portion of the savings as their fee. But providers and their advocates say it's often a bad deal for doctors and hospitals, who end up extending discounts to patients but get nothing in return.

Fast foothold

Nearly nonexistent five years ago, silent PPOs have now gained a foothold in every region of the country, observers say.

In some cases, PPOs themselves are serving as silent PPOs, sharing their discount information with insurers who apply the discounts for non-network patients. More often, specialized brokers have stepped in to handle the trading. In some instances, the same discount may change hands two or three times between the PPO and the insurer that finally uses it.

Doctors and hospitals often leave themselves open to extension of their discounting agreements by signing PPO contracts that explicitly allow the PPO to rent or sell the discounts to other entities.

In other cases, however, the contracting PPOs, silent PPOs and health care purchasers are ignoring contract language that prohibits the practice, or language requiring the buyer of discounts to "steer" patients to providers in exchange for the discounts.

In those cases, the transactions may constitute fraud, AMA lawyers argue. And law enforcement agencies seem to be taking notice.

Last summer, a federal grand jury in Wisconsin indicted an employee of a California "prompt payment" firm on mail and wire fraud charges, alleging that the employee had illegally extracted more than $100,000 in discounts from hospitals and doctors in the state.

Several reports indicate that the Justice Dept., through the FBI, is looking into the matter nationwide to determine if providers are being systematically defrauded.

Government officials won't discuss the matter officially. But if they uncover evidence of wrongdoing, it could turn the conventional wisdom of health fraud enforcement on its head.

Historically, investigations and enforcement have been directed primarily at identifying providers and patients who are bilking insurers, either by billing for services not rendered or by providing unnecessary care. Very little effort has been directed at ferreting out fraud in which providers are victims, enforcement officials admit.

Any finding of large-scale insurer fraud also could challenge the belief that fraud enforcement is a cost-saving measure, an idea enforcement officials perennially use in arguing for larger budgets and staffs. If physicians and hospitals are being routinely underpaid, effective fraud enforcement could substantially increase, rather than decrease, overall health care costs.

Is It Fraud?

PPO leaders are quick to challenge any suggestion that they are acting outside the law.

"We have a real problem with the use of the word fraud," said a spokesman for Multiplan, which claims to be the nation's fourth largest PPO. It is also a plan that auditors often find involved in silent PPO transactions.

The Multiplan spokesman insisted that his firm only buys and sells discounts when contractually permitted to do so. What's more, the spokesman said, it is to the mutual benefit of providers and purchasers to extend the network to other pools of patients through this trade.

AMA health law division counsel Michael Ile is among those who take issue with that characterization of the transactions.

(Continued on Page 16)

"I have seen ample documentation which demonstrates without a doubt that PPO discounts are being applied by brokers and other entities to indemnity plan patients who have been subject to none of the financial incentives, PPO directories, or other steerage mechanisms that are the core of the PPO contract," Ile said. "Anyone who says that is not happening is either delusional or lying."

But the Multiplan spokesman said other benefits, such as prompt payment, might also accrue to providers in cases where PPO discounts are extended.

Regardless of whether the activity is illegal, those who track the increasingly common practices of silent PPOs say providers are paying a huge price.

Dr. McMahan estimates that the questionable discounts appear on between 10% and 20% of his payments. And one hospital industry consultant says he sees a similarly high proportion of silent PPO activity.

"At one 300-bed community hospital, we found more than $500,000 in questionable subleased discounts the hospital had been hit with in the previous 18 months," said the consultant, who asked not to be identified because his firm does business with insurers as well as providers. "One insurer told us that they save more than $600,000 a month through silent PPOs."

Not Just The Little Guys

Consultants and auditors add that the practice is not confined to marginal players in the health insurance industry.

"Our audits have found at least three of the top 10 insurers are either serving as silent PPOs or doing business with them," the hospital consultant said.

In fact, a PPO industry newsletter said late last year that CIGNA Corp. signed a deal with America's Health Plan, a national PPO, to access the discounts negotiated with the PPO's 1,500 hospitals for CIGNA's 6 million indemnity customers.

Citing company officials, the *PPO Letter* reported that CIGNA planned to apply the discounts but had no plans to change the structure of its indemnity benefit to steer patients to the preferred providers. CIGNA officials verified the substance of that report, but a spokesman said the numbers mentioned by the newsletter "overstate" the scope of the deal.

Protection From Silent PPO Abuse

Physicians and hospitals can take several steps to protect themselves in their dealings with silent PPOs.

In an alert to health care providers issued late last year by the AMA and American Hospital Assn., legal experts advised doctors and hospitals to review their contracts with PPOs. The contract should not allow for the reselling of discounts, the alert recommended, and PPOs should be held to the use of financial incentives, provider directories or other strategies that steer patients to the preferred providers.

The alert also recommends that providers audit their files to identify inappropriate discounts that have been extended. An ongoing mechanism also should be implemented to assure that discounts are given only to patients who have identified themselves as entitled to them.

Some advisers warn, however, that a blanket prohibition on the sale of discounts could hurt providers.

"You never know who they might rent these discounts to," said Donald Shubert, a hospital executive and health care consultant in Bakersfield, Calif.

"It could be a major employer whose employees you want steered to your hospital," Shubert said. "The real challenge is finding a way to put teeth in the contracts, so the PPOs that rent out discounts can't do it without assuring a channeling mechanism goes hand-in-hand with the discount."

That is easier said than done, other experts contend. When discount information changes hands two or three times, it is difficult to evaluate whether the purchaser of the discount has complied with the original contract's channeling or steerage provisions.

Mick Hubner, administrator of a physician-hospital organization affiliated with Chicago's Northwestern Memorial Hospital, said he is recommending that doctors follow a simple adage in their dealings with silent PPOs: "No identification, no discount."

That means that if a patient's proof of insurance fails to mention a PPO affiliation, the discount should not be applied later.

But the problem with that strategy, several consultants agree, is that many of the medical-information systems used by providers to process reimbursement do not cross-check the proof of insurance that patients present at the time of treatment with an insurer's "explanation of benefits" form that may apply a PPO discount several months later.

"That is the providers' fault," said Gordon Wheeler, president of the American Assn. of Preferred Provider Organizations. "If they don't have adequate MIS programs, they should."

AMA and AHA officials have acknowledged that their first alert on silent PPO practices needed some refinement. They expect to issue a second alert on the issue this month.

While the focus of silent PPO activity was initially on big-ticket hospital bills, the low transaction costs associated with the discount trading have helped it to pervade the physician side of the reimbursement equation in recent months.

AMA officials say they can't gauge the extent of the activity. But they note that it has been uncovered in each of several recent audits in which the AMA asked to participate after being alerted to the practice.

"It is clear from the audits we have seen that there are entities out there operating nationwide that are abusing PPO agreements in their dealings with physicians," said Ile.

"They are attempting to, and succeeding in, applying the discounts patients not in a PPO, never in a PP which results in an inappropriate a perhaps illegal loss of revenue t providers are entitled to," he said.

PPO industry leaders, while decryi any illegal activity, defend their right buy and sell discounts when contra permit.

"A lot of these transactions in t market are permitted in contracts," s Gordon Wheeler, president of t American Assn.. of Preferred Provic Organizations.

"It may be that many providers unaware that their contracts permit but they do," Wheeler said.

Laura Thevenot, director of fede affairs for the Health Insurance Assn.

rica, said that at least some of the AMA and AHA plaints about silent PPOs stem from their "confusion in a et that is changing very quickly."

discounts are being passed on that are not allowed in the ract between the provider and the PPO, that is not ptable behavior," she said. "But there seem to be times e doctors and hospitals are signing contracts they don't rstand. If discounts are allowed to be sold under the terms e contracts, I don't fault anyone for doing it."

heeler added that the extension of discounts means eased patient volume when it is accompanied by incentives direct more patients to the preferred providers.

any event, he said his members are often caught in the lle between conflicting interests of payers and providers.

he rub here is that this is a very dynamic marketplace, and et pressure from payers to hold down costs at the same we are getting pressure from providers not to extend ounts in cases where the patients are not entitled to them," aid.

heeler and Thevenot are among the insurance and PPO stry officials who have met with AMA and AHA esentatives to discuss silent PPO concerns.

ne PPOs Buck The Trend

ven some within the PPO industry are upset with the iferation of silent PPOs, arguing that they undermine the ctiveness of traditional PPOs.

hese critics say that if health care purchasers can obtain ounts from providers without the hassle of providing ncial or marketing incentives for plan members to use erred providers, they will eventually opt out of PPOs.

ne such critic is Brad Karro, president of Beech Street p., a California-based managed care firm that manages a e PPO. He said some silent PPO tactics are making it ossible for traditional PPOs to compete with an emerging rance product – referred to by some as "managed emnity" or "discounted fee-for-service" plans.

Managed indemnity once referred to traditional insurance as that initiated utilizational review, preadmission screening other strategies. But increasingly, the term is used to cribe indemnity plans that use silent PPOs to purchase counts.

he HIAA's Thevenot said more of her group's members are plementing such plans. "Part of that is employer driven," she d. "They want to save health care dollars. Some see naged indemnity as a baby step toward managed care."

Karro said his frustration over silent PPOs in part is with the viders who are willing to sign contracts that allow for the elling of discounts without "direction," his term for steerage chanisms such as co-pay differentials or provider ectories.

The provider community is not being consistent on this ue," he said. "As long as some are willing to grant 10% to % discounts without insisting on direction, problems will sist. It seems counterintuitive for providers to sign on to se one-sided deals, but they do."

Providers like Dr. McMahan, meanwhile, are left with the k of more closely eyeballing their patients' insurance verage and claims checks, hoping to guard against granting counts to which payers aren't entitled. He is looking for help m organizations like the AMA and the AHA.

"If pressure isn't put on these people, they are just going to ke it harder and harder to challenge these discounts," he d.

In Memoriam

GEORGE F. PEASE, D.O.

Dr. George F. Pease of Fort Worth passed away March 2, 1995. He was 87 years of age. Services were held March 5 in Greenwood Mausoleum, Fort Worth.

Dr. Pease was born in Milwaukee in 1908, and was raised in Lake Mills, Wisconsin. He received his D.O. degree in 1936 from the Kansas City College of Osteopathy and Surgery (now known as the University of Health Sciences – College of Osteopathic Medicine), in Kansas City, Missouri.

Certified in surgery, Dr. Pease practiced in Fort Worth since 1948. He was one of the first physicians and surgeons of Fort Worth Osteopathic Hospital (now Osteopathic Medical Center of Texas), where he pioneered cardiovascular surgery techniques. In addition, he served as chief of staff for many years.

Dr. Pease later taught at the University of North Texas Health Science Center at Fort Worth. He was a life member of the Texas Osteopathic Medical Association.

Dr. Pease was an antiques dealer and appraiser.

Survivors include a daughter, Judith Ann Cobb of Fort Worth; and four grandchildren.

Memorials may be made to the University of North Texas Health Science Center at Fort Worth or to Osteopathic Medical Center of Texas.

MRS. SHARON A. JOHNSON

Sharon A. Johnson of Rowlett passed away on March 3, 1995. She was 47 years of age. Services were held March 7 at Restland Memorial Chapel, with interment at Restland Memorial Park.

Survivors include her husband, Weldon R. Johnson, D.O., of Rowlett; two sons, Gregory Lynn Rowan and Jason Lee Rowan, both of the home; parents, Mr. and Mrs. E.P. Anderson of Garland, sister, Charlsa Tapp of Rowlett, and son, Andy.

PPAC Says Hospitals Profiting From Medicare Again

The Prospective Payment Assessment Commission (PPAC), a congressional advisory board, has informed Congress that, for the first time since the 1980s, hospitals are making money on Medicare patients. The commission is recommending that Congress allow Medicare payment rates to rise by 2.1 percent in fiscal year 1996; and is urging a 13 percent cut in the extra subsidies that Medicare pays teaching hospitals to train interns and residents.

Dr. Donald A. Young, PPAC Executive Director, said that "for the first time since 1989, hospitals are making money on Medicare." He also said that hospitals will continue making money on Medicare patients through 1997, if the current slowdown in medical inflation continues.

Senator Bob Packwood (D-OR), chairman of the Senate Finance Committee, recently stated that in order to balance the budget, Congress must save $250 billion to $400 billion from Medicare and Medicaid over a seven-year period.

The PPAC cautioned that simply lowering payments to providers will not result in major savings. "Over the long term, fundamental changes in the program are needed to control the rise in the volume of services in order to curtail spending," it said.

The real costs per hospital case, which increased five percent in 1992 and 1.7 percent in 1993, decreased by 0.6 percent in the first nine months of 1994. ■

RU-486 May Offer Promise In Treatment of Ovarian Cancer

RU-486, the so-called abortion drug, may provide another method of treatment, although not a cure, for ovarian cancer, according to research presented at a recent meeting of the Society of Gynecologic Oncologists.

Dr. Faina Rose of the University of Medicine and Dentistry of New Jersey, who led the laboratory test of the drug on ovarian cancer, noted that RU-486 appeared more deadly to cancer cells than tamoxifen and taxol, two widely used cancer drugs. Dr. Rose plans to conduct trials on ovarian cancer patients.

You need

TEXAS INDEPENDENT OSTEOPATHIC
PHYSICIANS ASSOCIATION

needs you.

With the arrival of managed care, physicians are searching for greater representation and a more influential voice. Texas Independent Osteopathic Physicians Association (TIOPA) is a physician-directed organization. It has recently expanded its network to help osteopathic physicians across Texas gain a competitive and organized negotiation presence. As a member, you'll benefit from:

- Joint Marketing and Promotion
- Managed Care Contract Review and Analysis
- Professional Autonomy
- Geographically Diverse Physicians Network

Join TIOPA, an organization established to promote and to support your independent practice in today's health care market.

Do it for yourself, for your practice and for other osteopathic physicians across Texas. For more information, write to TIOPA, 3715 Camp Bowie Boulevard, Fort Worth, Texas 76107, or call 817-377-8046, toll free 1-800-725-6628, or FAX 817-377-0827.

TOMA's 39th Annual MidWinter Conference & Legislative Symposium Wrap-Up

This year's 39th Annual MidWinter Conference & Legislative Symposium exceeded the expectations of many. Program Chairman, James Mahoney, D.O., worked diligently throughout the year to make this year's program such a success. The concentration of hands-on, manipulative workshops allowed many attendees to actually participate and demonstrate various techniques.

The well planned program led to an increase in attendance by 25% over last year with 171 physicians registered. The exhibit hall sold out as well with 46 table-top booths. Even the frigid weather in Dallas that weekend didn't keep TOMA's dedicated participants away!

Friday evening, TOMA's Board of Trustees held it's annual Midyear board meeting. The trustees discussed many hot issues pertinent to the association ranging from it's financial investments to a donation to UNTHSC/TCOM Christian Medical and Dental Society.

On Saturday, Senator Jane Nelson, (R) Flower Mound, delivered TOMA's Mid-Winter keynote address. With over 110 physicians in attendance, Senator Nelson discussed issues of controversy to expect to encounter during the 74th Legislative Session. She highlighted such items as fighting against crime and wasteful government spending and fighting for families, businesses and education. Senator Nelson was a vibrant speaker and very well received among all who attended.

Sunday morning was dedicated to a Risk Management Physician Patient Communication workshop. After the morning break, exhibitors dismantled and by 1:30 pm the hotel had emptied. If you missed the 39th Annual MidWinter Conference & Legislative Symposium then mark your calendar now for TOMA's 96th Annual Convention and Scientific Seminar. It w held in Dallas at the Grand Kempinski June 15 - 18, 1995. A registration form found on page 12 of this issue.

President T. Eugene Zachary, D.O. welcomes Senator Jane Nelson before delivering her keynote address to TOMA.

Program Chairman, James Mahoney, D.O. ar TOMA's Executive Director, Terry Boucher, finalized MidWinter agenda.

Former Associate Executive Director, D. Scott Petty receives appreciation plaque from TOMA's President T. Eugene Zachary, D.O.

Boehringer Ingelheim exhibit.

(Below) **Wayne English, D.O. demonstrates lower back treatments to MidWinter participants.**

TOMA's Board of Trustees Meeting.

Senator Jane Nelson Addresses TOMA Attendees at MidWinter Conference

exas Senator Jane Nelson (R-Flower
nd) addressed participants during the
Annual MidWinter Conference and
islative Symposium of the Texas
opathic Medical Association. The
ference was held February 10-12 at
Doubletree Lincoln Centre in Dallas.
enator Nelson represents Senate
rict 9, which includes portions of
ton, Dallas, Tarrant and Ellis
nties. Her Senate committee
gnments include vice chair of the
lth and Human Services Committee,
cation Commnittee, State Affairs
mmittee and Nominations Commit-
She was elected to her second term in
Senate in 1994 after two successful
ns on the State Board of Education.
ecognized with numerous awards,
ator Nelson was named one of the
Ten Legislators in 1993 by the Free
rket Foundation; was recipient of the
3 Outstanding Legislative Leader-
Award by the Texas Christian
lition; and was presented the 1994
standing Leadership in Government
vice Award by the Professional
ricultural Workers of Texas.

he following are highlights of her
entation entitled "Health Care Issues
he 74th Texas Legislature."

*One of the issues included in the health
debate which directly affects your
lity to do business is the issue of tort
rm. This is also being debated heavily
Congress and the Texas Senate.*

*A recent study found that malpractice
s against Texas doctors have
reased by 50 percent in the past four
years. ...a majority of those suits were "settled with no money paid and no fault found with the physicians." Obviously, there is too great an incentive for lawyers and patients to file frivolous suits in an attempt to get a large payment from a sympathetic jury.*

...the average punitive damage award in Dallas has risen over the past 10 years from $59,000 to $1.1 million. In 1992, Texas had four of the nation's seven $100 million-plus awards for damages. While it is important that we continue to protect consumers, we can accomplish this while still placing reasonable standards on the types of lawsuits that can be filed and a limit on the amount of punitive damages awarded.

Last session, the legislature passed a bill aimed at curbing medical malpractice suits. Beginning this year, plaintiffs who file a malpractice lawsuit must have a corroborating opinion from a medical expert.

Tort reform has been made a priority issue for the Texas Senate and already 11 bills have been introduced as part of a tort reform package. I support these bills which include: 1) legislation to reform punitive damage cases by requiring "clear and convincing" evidence and placing a cap on punitive damage awards, among other provisions; 2) a separate proposal would eliminate the "shopping" of cases to "friendly" counties where attorneys believe a case would be decided in their favor; 3) another bill would replace the current system of joint and several liability with a process that holds a defendant liable for only the portion they were responsible; and 4) other legislation would create defenses against frivolous suits and allow sanctions which would let the defendant sue the plaintiff if a frivolous suit was brought in bad faith.

There are many other issues besides tort reform before the legislature that deal more specifically with your ability to deliver health care to your patients. The cost of Medicaid in Texas is currently under strict scrutiny. As the newly appointed Vice Chair of the Senate Health and Human Services Committee, I am here to tell you the challenge of financing the growth in Medicaid is a difficult one.

Those of you who...have witnessed the explosion of patients qualifying for Medicaid services realize the need for reform. In fact, statistics show that there were about 688,000 Texans receiving Medicaid in 1980 and this year it's nearly 2.3 million....the Texas legislature is investigating ways to seek waivers from Washington to give us more control over how we deliver Medicaid services and to whom.

The Senate Health and Human Services Committee studied several options for changing the Medicaid system....the committee recommended we transform the Medicaid system into a managed-care environment where recipients would receive their care at privately-run HMOs. Current estimates project this could save as much as $47 million during the next biennium. Adding provisions to include local emergency hospitals and other health care programs to be covered by Medicaid could help the state save more money by making it eligible for more federal dollars.

I want to conclude with one of my top legislative priorities. I constantly hear from people who are frustrated by government which is out of touch with the concerns of average citizens. We all witnessed the changes you brought at the ballot box in November, but your input should not begin and end on election day. ...voters in 24 other states have the ability to directly participate in the legislative process through initiative and referendum.

...initiative is the process where citizens propose legislation and put in on the ballot for a vote by the people. Referendum is a similar process but it allows the voters to repeal laws passed by the legislature.

I trust the voters in Texas enough to help them obtain a greater role in their government....initiative and referendum will give the people an opportunity to directly participate on the issues that affect them. I introduced this bill earlier this week because it will make the legislature more accountable to the people who are the fourth, and the most important, branch of government. ■

What's Happening In Washington, D.C.

• ***Clinton's Budget.*** In February, President Clinton sent his $1.6 trillion budget to Congress. It includes no new taxes, contains no proposals to modify Medicare or Social Security and projects a deficit for 1996 of $200 billion.

• ***Underlying Assumptions.*** The Clinton 1996 budget assumes a 2.4% growth in the gross domestic product in 1995, a 5.8% unemployment rate from 1996 to the year 2000, and a 3.2% inflation rate in 1995.

• ***How Will It Be Spent?*** According to the Clinton budget for 1996, 48% of all government expenditures will be allocated to benefit and entitlement programs, 16% to national defense, 16% to interest on the national debt, 15% to state and local grants and 5% to other federal operations.

• ***Who Will Foot The Tab?*** Under the President's proposed budget, 39% of the federal government's revenues in 1996 will come from individual income taxes, 32% from Social Security taxes, 12% from federal borrowings, 10% from corporate income taxes, 3% from excise taxes and 4% from other sources.

• ***Balanced Budget Talk.*** Republicans continue their push for a balanced budget amendment. Although approved by the House, the amendment has been locked up in the Senate for weeks. A major issue is whether separate revenue trust funds (such as the Social Security trust fund, the highway trust fund and the aviation trust fund) should be included in the balancing process. If they are included, excess funding in these separate funds could help cover deficits in other areas.

• ***A Second Contract?*** There is now talk about a second Republican Contract With America, which would be designed to help move a Republican into the White House in 1996. Some have suggested that the second round would include promises dealing with health care reform, major telecommunication legislation, and a constitutional amendment to require a super-majority vote in Congress to raise taxes.

• ***The Super-Majority Vote Issue.*** The House of Representatives has already enacted an internal rule of procedure to require a super-majority vote for any tax increase. A number of Democratic House members have filed a lawsuit, contending that the super-majority requirement is unconstitutional.

• ***A Bipartisan Entitlement Plan?*** Senators Alan Simpson and Bob Kerry, a Republican and a Democrat, have announced plans to jointly introduce entitlement reform legislation that would cap the deductibility of employer-paid health insurance, cut Social Security taxes by 1.5%, require employees to invest their Social Security tax savings in their own individual retirement accounts, raise the Social Security eligibility age to 70, and limit Medicare to those who do not have other resources to fund their own medical coverage.

• ***Where Is The Middle Income Tax Cut?*** Bogged down in the Senate Finance Committee. The big hang-up is the increase in the federal deficit that will result from the tax cut. Senate Finance Committee Chairman Packwood has said, "We should be building on a rock, and instead we a building on jello."

• ***Newt On The Flat Tax.*** House Speaker Newt Ging says the push for a flat rate tax could be very attractive if proposal is changed to permit deductions for first ho mortgage interest payments and charitable contributions.

• ***Bigger IRS Budget.*** The Clinton Administration's 19 budget proposal includes a 9.8% increase in the IRS budg The increase would be used to modernize the tax report system and to hire the equivalent of 357 additional full-ti employees to detect and prevent fraudulent refund claims

• ***D.C. Bonanza?*** A bill has been introduced in the Ho of Representatives to exempt residents of the District Columbia from all federal income, gift and estate taxes. T rationale is that such residents should be entitled to spec treatment because they do not have any state, county or c jurisdictions to rely on for a revenue base. If this bill pass you can bet that D.C. will quickly become number one on list of the most livable cities in the U.S.

A WINNING COMBINATION APPROACH

Effective estate and tax planning often requires tha number of strategies be implemented on a coordinated ba over time to accomplish various family planning objectiv Usually, single strategy will do the job. The key is to ident those strategies that will create the best combination results, without unduly complicating the planning proces

Recently, we reviewed the plan of a couple in their m 50s who had substantial real estate holdings. We found t the best combination included a special managem arrangement with certain of their adult children, formation of a limited liability company, the establishmen a grantor retained annuity trust and the use of a split-do funded life insurance trust. These strategies, in combinati enabled them to accomplish a variety of key fan objectives.

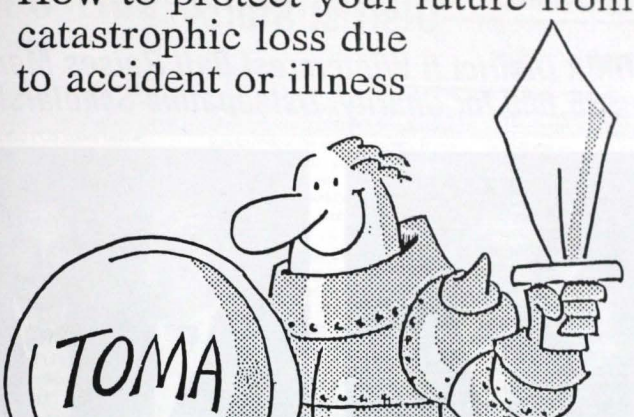
The above information was provided by Dean, Jacobson Finan Services, Fort Worth, Texas.

Medicare to Conduct Specialty Workshops

Medicare is currently in the process of schedul workshops dealing with evaluation and managem documentation. The workshops will be held during months of May and June in the following cities: Dallas; I Worth; Houston; Lubbock; Amarillo; San Antonio; Cor Christi; Beaumont; Longview; El Paso; and Austin.

Watch your mail for more information regarding dates locations within the listed cities. TOMA will also prov specific dates and locations as they become available.

How to protect your future from catastrophic loss due to accident or illness



HEALTH INSURANCE - A Strategy For The `90s

The high cost, no guarantee system of health insurance coverage is an enemy that is battling ALL small employers, especially physicians.

Although a total victory over these problems may still be far away, TOMA has discovered a "knight in shining armor" for its members who can help shield the frustrations that managing health insurance (or the lack of) can cause.

TOMA has appointed DEAN, JACOBSON FINANCIAL SERVICES to battle the complexities of the health insurance environment for you. Insured through CNA Insurance Company (an A++ Excellent rated company with a long, successful record in the accident and health business) the TOMA plan offers superior Major Medical coverage to its members at very competitive rates.

So, regardless of your current situation with health coverage, call DEAN, JACOBSON FINANCIAL SERVICES to help you protect your future!

For information on coverages, costs, and enrollment forms contact:

DEAN, JACOBSON FINANCIAL SERVICES

(817) 335-3214
P.O. Box 470185
Fort Worth, TX 76147

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

☆ District Stars ☆

ATOMA District II Wintercrest Ball Raises More Than $35,000 for Charity, Osteopathic Scholarships

Dr. and Mrs. James Czewski

(L-R) Irwin Schussler, D.O. and Edward A. Luke, Jr. D.O.

More than 360 supporters of the osteopathic community turned out for the annual Auxiliary of the Texas Osteopathic Medical Association's Wintercrest Charity Ball February 11, making it the largest ball in its 30-year history. While the final numbers are not yet in, Wintercrest Ball chairwomen, Jan Aziz and Becky Jordan expect that the benefit will raise more than $35,000 for charity. Proceeds from the ball benefits the Ellis Child Development Center's Head Start Program, the Fort Worth Adopt-A-School Program, Northside High School's Medical Magnet Program, Gill Children's Services, Osteopathic Scholarships at the UNT Health Science Center, the Presbyterian Night Shelter, The Warm Place and Women's Haven.

Among those attending were Kay Granger, Mayor of Fort Worth, Senator Mike and Rosie Moncrief, Bob Bolen, Speaker Gib Lewis, Councilman Bill Meadows, Commissioner Dionne Bagsby, and the leaders of osteopathic medicine in Fort W[o]rth including Jay Sandelin, chairman of the board of Osteopa[thic] Health System of Texas, and David Richards, D.O., presid[ent] of the UNT Health Science Center.

"We really appreciate the community support we receive[d] having so many of our honorary chairpeople, commu[nity] leaders and members of the osteopathic profession there," s[ays] Jan Aziz.

Each year the ball depends on the generosity of l[ocal] merchants who donate goods and services which are auctio[ned] off at the ball. According to Jan, this year's auction it[em]s traversed the spectrum of home, travel, personal and fan[cy] goods and numbered in the hundreds. Jan would especially l[ike] to thank OHST's staff for the logistical and clerical support, [to] Jay Sandelin for providing a meeting space, lunches for [the] group and continued financial support.

Membership *On-The-Move*

It's not too late to refer a new member to TOMA! You will receive $50.00 off your registration fee at the Annual Convention for each new member you recruit. Call Paula in Membership for more details or membership applications at 1-800-444-8662.

elf's Tips & Tidings

Don Self & Associates

CE OF SERVICE

ecause most carriers (including licare, Medicaid and Blue Cross of s) require Place of Service (POS) es, we have listed those most monly used POS codes below:

11	Office
12	Patient's Home
21	In-Pt Hospital
22	Out-Pt Hospital
23	E.R. - Hospital
24	A.S.C.
31	Skilled Nurs. Fac.
32	Nursing Facility
33	Custodial Facility
34	Hospice
51	In-Pt Psych. Fac.
53	Community Health
72	R.H.C.
81	Independent Lab.

lopefully, these will assist you on ire claims. Many times, when we iew EOMBs and see denials or uced approved amounts, it is due to incorrect place of service code ing been used. It is vitally important the physician make sure they pass o the billing staff whether the patient s considered in-pt, out-pt or if the vices were rendered in the emergency m. It can make the difference in ng paid or not being paid. Also, for vast majority of nursing home visits l services you render, you will use S code 31. Very seldom will you need se 32 or 33.

CUMENTATION

t seems that everyone is publishing new documentation guidelines veloped by the American Medical sociation and H.C.F.A. As usual, both hile trying to minimize record ping changes, per their quotes) anizations have increased the burden physicians, by "spelling" out specific delines. How often do you long for 60's and 70's where you only had ee levels of codes that were nsidered to be Below Routine, utine and Above Routine?

Today, we have terms such as: oblem Focused, Expanded Problem cused, Detailed, Comprehensive, Medical Decision Making, Coordination of Care, etc.…

Rather than repeat the same information that has been provided by Medicare, we STRONGLY encourage you to review the new guidelines. If you believe the new guidelines are not different and you choose not to transform or modify your documentation, you will probably be taking a very large risk.

The chances are extremely high that Medicare will request YOUR documentation, within the next two years. The request for that documentation could come from their "random" audits, periodic reviews, classification audits, or due to your quarterly utilization report reviews. No longer will some of the documentation we have seen in our reviews of more than 400 practices satisfy them.

You've heard it said that if it is not documented, "it was not done." My advice to you is to take it a step further… If it is not OVER-documented…it was not done."

THANKS TO T.O.M.A.

Two issues ago, we decided to run a full page advertisement for our consulting, claims filing and workshop services. It was, by far, the best investment we could have made. Within the first week of publication, we received numerous calls and faxes and several new clients. That has not stopped! Since your reaction has been so favorable, we have run two full page ads in the *TEXAS DO* and are overwhelmed. For years I have praised the Texas Osteopathic Medical Association at every opportunity and given the association the second highest credit for the success of our company (God has 1st place). Today, I want to thank not only the director, associates, editor, secretary and staff of TOMA, but also every member. Your attendance at our workshops, comments about our articles, encouragement at your conventions and patronage of our business has made many of my dreams of entrepreneurship become a reality. My family, my staff and I THANK YOU! ■

New Documentation Guidelines Released

Guidelines on documenting the level of service provided during office visits and consultations were released recently by the Health Care Financing Administration.

The *Documentation Guidelines for Evaluation and Management Services* spell out what information must be included in the medical record for each level of E/M service. The guidelines cover the three key components of evaluation and management services – history, examination, and medical decision-making – and also cover counseling and coordination of care.

The guidelines, which were developed with extensive input from practicing physicians and specialty societies, are intended to be used in conjunction with the definitions and other information in the CPT manual. Medicare carriers began introducing the guidelines in November 1994 and will phase them in over a nine-month period. Physicians will have six months to learn about the guidelines and HCFA will provide an additional three months of follow-up training and problem solving.

Physicians are not required to follow the guidelines, which are intended simply to inform physicians of the details Medicare claims reviewers look for. However, private third-party payers may adopt the guidelines, as they have other Medicare policies.

For a free copy of the guidelines, please contact the TOMA office at 800-444-8662. ■

Asset and Income Protection Insurance

Something New Under the Texas Sun

By Steven Blumenkranz, President, Oceanic Holdings, Inc.

When talking about insurance, physicians often ask what sound like simple questions – What limit of liability should I carry? What amount of protection is enough? Simple as these questions sound, the answers are far more complex. The easy, albeit academic, answers are "...carry the highest limit your insurance company will sell." These answers are problematic, as they ignore the economic reality of cost. They also fail to address the strategic balance of what limits will get the job done without creating a larger target for a plaintiff to shoot at. Additionally, the actuarial approach of analyzing claims by verdict and settlement size, and building a confidence band around the distribution, is of little value when the one claim out of a thousand is threatening YOUR economic security.

Ultimately the selection of limit to be carried is a balancing act amongst:

- What limit the hospital requires to maintain admitting privileges
- What limits the insurance company will sell
- The cost of increasing limits beyond threshold levels
- The amount of risk you are comfortable in keeping so you can sleep well at night.

The first two points set thresholds that are beyond your span of control. If the hospital requires $200,000/$600,000 limits, there is no point in examining the purchase of lower limits. If the practice committee sets a standard for all practitioners to adhere to, again there is no need for debate. It is the last two points which pose the problem. And there is no right, wrong or standard answer. In one sense, no limit's ever high enough to assure that you can't be financially harmed. In another sense, any limit may be too high as it establishes you as a target for a voracious plaintiff and attorney.

A common wisdom has developed to the effect that carrying higher limits serves no purpose other than to make you a target, and whatever limit you may buy, the plaintiff will settle for that amount. To a certain extent (and then only in a very limited sense) this is true. However, try remembering that concept when you are the target of a major lawsuit seeking multiple millions in compensation for a catastrophic result. You may or may not be the principal offender, but if you are found liable for a portion of a large award, and your limits are not high enough, or if you practice where joint and several liability makes limits of liability academic, there will be cold comfort in that common wisdom. Once the suit has been filed it is too late to be reconsidering your limits.

The doctrine of joint and several liability allows a plaintiff to collect any part of a liability award from any of the named defendants. Even if you are judged to have had only a small portion of the overall liability, if you are the defendant with high limits or a high net worth, the plaintiff can collect from you. You become what is called the "deep pocket." Settlement conferences, where the representatives of multiple defendants are trying to divvy up the pain, center on who has what limits and what assets. Who was the major offender becomes secondary. In yesterday's world your liability was limited to what you could pay. Today's juries still believe that physicians and their insurance companies are so rich that it doesn't matter what they take from them. We know better; but can we convince judges and juries to be moderate?

As a result of trying to analyze this dilemma, Oceanic Holdings, Inc. has come up with what is a truly revolutionary product called **Asset and Income Protection Insurance – AIP**. The **AIP** product is not a form of liability insurance. It is an indemnity product designed to indemnify a physician (or other professional) for the assets and income which may be seized in the event of a judgment in excess of the limits of their professional liability insurance policy. In a way it takes us back to the original theory of liability insurance – to *replace* the money lost as result of a public liability.

- AIP is a much less expensive opti to an equivalent increase in liabil limits. Typically, AIP covera doubles your protection for abou 10% increase in cost.
- AIP does not make you a target f ever higher judgments as it is n available to anyone who is sui you. AIP pays you (or anyone y may designate) for the loss y suffer should your assets be seiz or your future income be attached
- The amount of AIP protection y buy is set as equal to the liability li on your professional liability insu ance policy. By evaluating t amount of income and assets YO might need to replace, you det mine the right amount of liabil protection to buy. For some prac tioners, a lower limit of liabili coupled with AIP protection, pr vides more "sleep insurance" th a higher limit of liability. – And can be provided at a lower total co
- In those cases where you are unab to buy as much liability insurance you feel you need, AIP allows you double your protection.

Even if it cannot be unraveled, t Gordian Knot can be cut. It is compar tively easy to know what AIP limit y need. How much asset and incon protection you need is a function your net worth and the size of your p check – both known quantities. I measuring your AIP needs you c determine the liability limit th matches and buy what's right for yo as opposed to what's right for tho suing you. You even save money in t process. Not a bad deal at all.

AIP protection is available to TOMA member physicians irrespe tive of the carrier providing bas professional liability coverage, pr vided that carrier is licensed in Tex and is in good financial standing. Y can contact TOMA, Mary Ann Rams at OHI (1-800-366-1432) or To Sheridan (1-800-634-9513) for furth information.

Texas Society of the ACOFP Update

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

Finally, an event we had all been waiting for occurred in the Texas Legislature. Senator Carlos Truan filed S.B. 965, the Senate version of H.B. 585, which was previously filed by Representative Jack Harris. S.B. 965 deals with hospital admitting privileges and due process for physicians, dentists and podiatrists.

Texas Society of the ACOFP members can follow the progress of S.B. 965 and H.B. 585 in the Texas Legislature by calling the toll free Texas Legislative Update Number (800-735-9693) during the following times – Monday through Thursday, 8 a.m. to 6 p.m. and Friday, 8 a.m. to 5 p.m.

Other legislation of interest to all Texas physicians pertains to bills dealing with Omnibus rural health initiatives which impacts on Texas health care providers, managed health care, E.R.I.S., etc. Parts of S.B. 673, filed by Senator Frank Madla and H.B. 1520, filed by Representative Hugo Berlanga, include language similar to the AMA's Patient Protection Act.

Language which addresses osteopathic board certification is included in S.B. 673 and H.B. 1520. This language is similar to the language spelled out in S.B. 965 and H.B. 585. The patient protection language in these bills includes some effective measures for physicians such as: requiring health care plans to give physicians a voice in medical policy-making; barring plans from removing physicians for giving patients needed care; granting practicing physicians an essential role in developing criteria to ensure quality patient care; and requiring plans to disclose to physicians who is reviewing their work.

This patient protection legislation will give Texas physicians an opportunity to apply for participation in an insurance network; however, there will be no guarantee or requirement that an application be approved. It is not "any willing provider" legislation.

There will be a number of patient protections in S.B. 673 and H.B. 1520 such as: providing patients with a list of covered services so they will know what their health care plan will pay; a list of exclusions explaining what patients will have to pay for themselves; and clear instructions regarding who to call before a physician can treat them. This legislation will provide protection of patient choice through the availability of managed care, indemnity or benefit payment schedule plans. It will guarantee that patients have an opportunity to pay extra to see a physician outside the plan.

We can expect an all-out, no holds-barred opposition campaign on the part of managed care organizations to defeat S. 673 and H.B. 1520.

On Monday, March 27, 1995, TOMA sponsored the 1995 TOMA Legislative Day in Austin, which was designated to establish an effective osteopathic political presence in Austin. The Texas Society of the ACOFP strongly supports TOMA's effort to update the osteopathic profession in Texas on current public policy issues.

We are going to need the support of every Texas D.O. in our effort to get osteopathic-specific legislation passed by the Texas Legislature. If you are unsure of your Texas Senator/Representative, call the TOMA office at 800-444-8662 or the Texas Society of the ACOFP office at 800-825-8967.

Those Texas Society of the ACOFP members who have not completed the short questionnaire on Medicaid, which was enclosed in the March issue of the *TEXAS DO*, are encouraged to complete it and send it back to the TOMA office. We need this data to suggest improvements in the current Medicaid program in order to make it more attractive to osteopathic physicians.

In closing, I would like to make the Texas Society of the ACOFP membership aware of the new CME material available at the Gibson D. Lewis Health Science Library Learning Resource Center in Fort Worth, Texas. The title is Family Practice Update: A Comprehensive Update. The call number is WB 110 VC 3514 1993. The medium is 1/2" video and the length is 29 videos at about 2 hours each. This videotape program is acceptable by the AAFP for 60 hours of CME Category 1 credits.

Check your mail from TOMA and the Texas Society of the ACOFP for important legislative updates. In politics, timing is everything! Be ready at short notice to contact your Texas Senator/Representative regarding vital health care bills in the Texas Legislature. ■

U.S. House Okays Cap On Malpractice Awards

The United States House of Representatives has passed a series of measures in the nation's civil legal system designed to produce far-reaching changes.

The measures seek to: 1) put a $250,000 cap on pain and suffering awards in medical malpractice cases; and 2) establish a uniform nationwide standard of proof for judging product liability cases, pre-empting state law.

Additionally, a limit would be set on punitive damages in all state and federal civil cases. The cap is set at $250,000, or three times the economic damages, whichever is greater.

The House has already passed a measure that would encourage parties in a lawsuit to settle short of trial, or face the risk that they would have to pay a portion of the other side's legal expenses.

The measures now go to the Senate, where they are said to face an uncertain future. ■

Report on the February 10, 1995, TOMA Board of Trustees Meeting

All members were present for the February 10th meeting of the TOMA Board of Trustees with the following exceptions: Monte E. Troutman, D.O., and Kenneth S. Bayles, D.O.

Guests included Drs. David Armbruster, Jerome Armbruster, W. Russ Jenkins and Royce Keilers; Student/Doctor Jeff Morrison; and William "Country" Dean of Dean, Jacobson Financial Services.

The minutes of the December 3, 1994, meeting of the TOMA Board of Trustees were approved with minor corrections.

Mr. Country Dean presented a donation in the amount of $2,400 to assist with the purchase of TOMA's new fax machine. He also gave a brief update on TOMA funds currently in Putnam Investments and the Strategic Asset Management Plan. The Board requested a four-year analysis of past TOMA investment income as well as a second opinion as to investment strategy.

D. J. Kyle was introduced to the Board as TOMA's new Associate Executive Director. D. Scott Petty, former Associate Executive Director, was honored with a plaque presented by the Board for his contributions to the osteopathic profession in Texas.

The revised 1995 TOMA budget was presented with changes occurring in the Governmental Relations line item, increasing the amount by $3,500. It was noted that the increase is due to TOMA's plan to coordinate with several groups in the hiring of a legislative consultant, who will work with the Tort Reform Coalition. The Board approved the revised budget as presented.

T. Eugene Zachary, D.O., TOMA President, stated that he had visited TOMA Districts II, IV, VII and VIII since the last Board meeting, held December 3, 1994.

Dr. Zachary reported that he, Terry Boucher, John Sortore and Dr. John Marshall met with the chairperson of the Texas Medical Association's (TMA) Physician Assistance Program, to discuss the establishment of a Texas Physician Health program. Legal counsel from the TMA, the Texas State Board of Medical Examiners (TSBME), as well as Dr. Bruce Levy, TSBME Executive Director, were also present to discuss this issue, which would join TOMA, TMA and the TSBME into one Physician Assistance Program, to possibly be funded by a state wide licensing fee. The new program would not have authority over TOMA's Physicians Assistance Program, but would act as a conduit with the TSBME to protect the physicians and the patients.

A motion was made and approved to participate with the TMA and TSBME in the establishment of a foundation which would act as a funding source for Physician's Assistance Programs for physicians throughout the state.

Dr. Zachary began a discussion regarding the records of the TOMA Hospitals, Insurance and Peer Review Committee, which has been disbanded. Mr. Boucher was directed to seek legal counsel as to how long this committee's files must be retained and, when appropriate, to destroy them.

Dr. Zachary informed the Board that the Texas Medical Foundation (TMF) Board of Trustees positions, currently held by John F. Brenner, D.O., and William Jones, D.O., were expiring. He added that TOMA needed to nominate two D.O.s to the TMF Board by April 1, 1995. The Board approved the re-nominations of Drs. Brenner and Jones to the TMF Board of Trustees.

A discussion began as to legislative activities and issues. Mr. Boucher noted that Representative Jack Harris will sponsor TOMA's hospital staff privileges bill in the House (H.B. 585), and Senator Carlos Truan will sponsor the bill in the Senate (S.B. 965). The bill is supported by the Texas Hospital Association. Mr. Boucher informed the Board that Harris Methodist in Lubbock has recently changed its bylaws to accept AOA residency programs.

Dr. Zachary said that he has received comments from Dr. Bruce Levy, TSBME Executive Director, Debbie Green of the TMA, and Jim White of the Texas Academy of Family Physicians on TOMA's improved visibility in Austin since relocating from Fort Worth.

Mr. Boucher announced that any type of Medicaid managed care program would not occur until September of 1995. He added that D.J. Kyle, TOMA's new Associate Executive Director, will be registered as a lobbyist.

The TCOM Advisory Council met on January 25, 1995. Highlights of that meeting were that TCOM's new ambulatory care center will have two additional floors for potential growth and John Peter Smith's Family Practice Residency program will permit residents to rotate through the E.R., Pediatric E.R. and General Medicine.

It was also reported that the Master of Public Health program is up for approval by the Coordinating Board and that TCOM's CME program is the only program accredited by both the American Osteopathic Association and the American Medical Association. A new CME program on Geriatric Health is being offered.

The December, 1994 Financial Statement was presented to the Board. It was approved as submitted.

An update on the 1995 Midyear meeting was presented. It was noted that 126 physician registrations had been received, with 50 at-the-door registrations anticipated. All of the exhibit booth space had been sold.

Brent Sanderlin, TCOM Student Government Association President, reported that a survey of 1994 TCOM graduates revealed that four out of seven students wanted to be M.D.s but could not enter into a medical school. He also reported that a growing number of students want the name of the osteopathic degree to read "Doctor of Osteopathic Medicine," instead of

...ctor of Osteopathy." He stated that it ...mportant that alumni voice their ...ions on these issues.

...e Membership Committee report ...presented. A motion was made to ...pt all applications for life, regular, ...resident associate, out-of-state ...tary, reinstated and affiliate ...bership as submitted. Paul ...mans, TOMA Membership ...rdinator, was applauded for her ...ence in collecting 1995 membership ...

...e Relocation Committee informed ... Board that the purchase of the ...erty at 15th Street and Lavaca in ...tin may still be an option for TOMA. ... property owners have contacted our ...or as to the status of TOMA's ...ation, indicating that they may be ...rested in lowering their price.

...dditionally, the Relocation Committee noted that the Texas Retired Teachers ...ociation had expressed interest in ...structing a building with another ...ociation on their existing property, ...ted southeast of the Capitol in ...tin. Mr. Boucher will conduct ...her investigation of this issue.

...e TOMA Socioeconomics Committee met and discussed the Texas ...pendent Osteopathic Physicians ...ociation (TIOPA) and potential TOMA involvement. It was established ... regular articles must be submitted to ... *TEXAS DO* regarding managed ... issues as well as Texas Workers' ...mpensation Commission and ...dicare/Medicaid updates.

...e Awards and Scholarships ...mmittee has received nominations for ... Distinguished Service and ...eritorious Service awards. The ...mmittee plans to meet in March to ...iew the nominations, and will make ...commendations to the Board at the ...ril 8 TOMA Board of Trustees ...eting.

...e Strategic Planning Committee ...iewed its mission statement, which ... subsequently determined ...hanged from last year. Various ...mmittee members were assigned ...ain objectives to monitor and report ...at their next meeting.

...n update was presented on the ...aceworks computer program. This ...gram, which would enable TOMA to ... correspondence to members through ...nputer software, had been discussed ...ing the December 3, 1994, Board meeting. Mr. Boucher announced that TOMA must first update its network system and then its file server, upgrading to a larger hard drive with small, individual hard drives at each desk. He stated he would submit estimates for this work at the next Board meeting.

The Texas Academy of Family Physicians has designated the week of March 27-31 as days for osteopathic physicians to serve as "Physician of the Day" at the Capitol. TOMA will begin the week on March 27 by officially titling it as "Osteopathic Medicine Day." All osteopathic physicians were encouraged to attend the planned events which included meetings with legislators and the opportunity to attend House and Senate hearings.

It was reported that TOMA would be purchasing 1,600 copies of the Texas Legislative Handbook, to be mailed to TOMA members. The booklets will be helpful to members in determining the names and addresses of legislators to contact for support of bills affecting the osteopathic profession.

The Board was informed that TCOM's Christian Medical and Dental Society has requested a donation to assist in sending doctors and students to Mexico with samples of antibiotics, vitamins and other medications, as well as to provide medical services. The Board approved a motion to donate $500 to the Christian Medical and Dental Society.

Student/Doctor Jeff Morrison reported that ARC Ventures has developed a comprehensive USMLE review course for $700 per student. TOMA was asked to consider awarding partial financial assistance to students purchasing this review course. Dr. Zachary announced he would appoint an Ad Hoc Committee to review the request.

Board members were reminded that the annual meeting of the American College of Osteopathic Family Physicians will be held March 15-19 in Dallas. Dr. Robert G. Maul, former TOMA President, will be installed as the ACOFP President at this meeting.

Dr. Brian Knight stated that he will be sending letters requesting fund raising ideas, as well as funds, for the purpose of producing films on A.T. Still and the History of Osteopathic Medicine. ■

Videotape Traces Osteopathic Medical Education's Heritage

The American Osteopathic Association and the American College of Osteopathic Family Physicians have announced the availability of a new videotape entitled, "Osteopathic Medical Education: An Historical Perspective." The production of the tape, made possible through funding and support of the UpJohn Pharmaceutical Company, is based on a presentation made by Drs. John and Mary Burnett during the AOA's 1992 Annual Convention. Dedicated to the memory of John Burnett, D.O., the tape closes with a short interview given by Mary Burnett, D.O., where she shares her vision of the osteopathic medical profession's future.

Those interested in obtaining a copy should contact the AOA at 312-280-7401 or 800-621-1773, Ext. 7401. ■

News From the Texas Workers' Compensation Commission

Rules Supplements Now Available

Updated, corrected and reformatted rules, amendments and repeals adopted by the Texas Workers' Compensation Commission are now available.

Supplement 95-1 contains corrections of minor text error. Corrections include:

Texas Labor Code
* Revised note added to list of Labor Code sections preempted by amendments to Article 8308.
* Revised Table of Contents
* Added missing Section 402.085
* Corrected text of 406.009 and 406.012

Rules
* Revised Table of Contents
* Corrected text of Chapter 110, Required Notices of Coverage
* Corrected text of Chapter 152, Attorney's Fees

Supplement 95-2 contains new rules, amendments and repeals made by Commissioners at the February 9th public meeting. These include:

* Chapter 134, Mental Health Treatment Guideline (new rule)
* Chapter 108, Charges for Copies of Open Records (new rule)
* Chapter 102, Electronic Submission (amended rules)
* Chapter 124, Written Notice of Injury Defined (amended rules)
* Chapter 164, Extra-Hazardous Employers Program, (new, amended and repealed rules)

These supplements are available in the 5½ x 8-inch size and may be ordered by calling 512-440-3618, or by writing or stopping by the Texas Workers' Compensation Commission, Publications Department, MS-72, 4000 South IH-35, Austin, Texas 78704-7491.

Clarification of Use of Forms UB-82/UB-92

The following clarifications are provided by the TWCC to health care providers and insurance carriers using the UB-82 and UB-92 forms.

1. Since March 1, 1994, the TWCC has allowed insurance carriers to accept both the UB-82 and UB-92 billing forms for institutional services. As of April 1, 1995, the TWCC will no longer allow use of the UB-82 form and will only allow the UB-92 to be accepted. This change is required in order to simplify the electronic transmission of hospital billing information. Although the UB-92 is an updated version of the UB-82, the difference is the location of required information may cause incorrect data to be transmitted. Dates of service on or after June 1, 1995, must be completed on a UB-92 using the current TWCC-68a instructions.

2. The current form TWCC-68a, instructions for the UB-92, require the carrier to manually annotate medical bills with specific information. All carriers (insurance companies, certified self-insurers, and governmental entities that individually or collectively self-insure) approved for electronic claims submission may be relieved of manually annotating the bill in accordance with Commission Rule 133.300(e). This does not relieve the carrier of the responsibility to date stamp each health care provider bill upon receipt as required by subsection 133.300(b). The annotation required by subsection 133.300(e) continues to apply to all carriers. The date stamp required in order to determine the payment timeframes and must be included as part of bill processing. Also, to expedite bill processing, the carrier must stamp its Master Business Identification number ("MBI" number is assigned to each insurance carrier by the Records Division of the TWCC) on paper copies of all medical bills. This MBI requirement supersedes TWCC Advisory 93-05.

3. Reimbursement for outpatient hospital services is not currently included in any of the Commission adopted fee guidelines or rules. Carriers must determine a fair and reasonable payment amount for outpatient services pursuant to section 413.011(b) of the Texas labor Code and Commission Rule 134.1(f). In addition, the health care provider is not required to complete the following items on the UB-92 for outpatient services: type of admission (box 19) and the admitting diagnosis (box 76).

CHAMPUS News

As many people know, CHAMPUS/TRICARE (Standard) has a new claim form for families to submit when they receive care from a physician or other individual provider. It's the white DD Form 2642 ("Patient's Request for Medical Payment"). It's simpler and shorter than the old claim form, and it's currently in wide distribution.

The "old" CHAMPUS claim form is still around, too. It's the yellow DD Form 2520. It can still be used until the end of 1995. Then, it'll be obsolete and will no longer be accepted by CHAMPUS/TRICARE contractors. So, if you have any "2520s" left, get them to your CHAMPUS/TRICARE contractor before December 31, 1995. After that date, you'll have to use the new "2642."

Don't ask your physician or other provider of care to complete either the DD Form 2520 or the DD Form 2642. Physicians and other individual providers who submit claims for their CHAMPUS/TRICARE patients use the HCFA Form 1500. Hospitals and other institutions that file claims for CHAMPUS/TRICARE patients use the UB-92 form.

ort Legislation Approved by Texas Senate

e Texas Senate has overwhelm- approved a tort reform bill that d radically change the level of a dant's monetary liability in its involving more than one idual or business.

jor provisions of the bill would:

Increase to 51 percent the level defendant's responsibility in a party lawsuit before being red to pay all damages. If the dant is less than 51 percent nsible, he/she would pay on that entage. Currently, the law sets the limit of responsibility at 11 percent.

2. Allow defendants to bring others into a case in order to share damage costs. This provision was opposed by trial lawyers who stated that "innocent retailers," now exempt under current law, could be required to pay damages by merely selling a defective product. The current law awards the plaintiff the right to decide which parties will share damage costs.

3. Increase to more than 20 percent the level of responsibility before forcing a defendant to pay all damages in cases where the environment is harmed. Current law states that a party that is at least one percent liable can be forced to pay all damages.

The so-called "joint and several liability bill" now goes to the House. If approved by the House and signed by Texas Governor George Bush, the legislation will apply to cases that occur on or after September 1, 1995. In the meantime, other tort legislation is moving through the legislative channels, to include medical liability issues. ■

FYI

EDICARE PROPOSAL PPROVED

President Bill Clinton's proposal to ve $10.5 billion in Medicare costs er five years has been approved by e House Ways and Means ommittee. The panel voted to allow l states to offer a managed care rogram, called Medicare Select, to l Medicare recipients.

HICKENPOX VACCINE EARING APPROVAL

The long and eagerly awaited accine for chickenpox is undergoing e final stages of review by the Food nd Drug Administration. A decision ill be made after the FDA receives ata from the manufacturer oncerning how the vaccine will be roduced.

Officials caution that even after the accine hits the market, it will require ears of study to determine the level f immunity it provides. Two studies ave already been set up – one that ill monitor tens of thousands of atients at a California HMO, and nother in a day-care center in North arolina that will track vaccinated hildren for 10 years.

PRESIDENT CLINTON NOMINATES NEW U.S. SURGEON GENERAL

President Clinton has named Dr. Henry Foster, Jr., a Nashville obstetrician-gynecologist, as his choice for surgeon general. Dr. Foster is former acting president of Meharry Medical College, Nashville, where he championed sexual responsibility. If confirmed by the Senate, he will initiate a national campaign against teen pregnancy. Dr. Foster succeeds Dr. Joycelyn Elders, who was fired in December.

STOPPING FEDS FROM DOING "DUMB" THINGS IN THE NAME OF THE LAW

U.S. House Speaker Newt Gingrich has announced that beginning in March, Tuesdays will be Corrections Day in the U.S. House. On these days, the House will pass bills to stop the government from doing "dumb" or "destructive" things as enforced by law.

CDC WARNS OF NEW HIGH FOR TEENS

The Centers for Disease Control and Prevention reports that at least two teenagers have died after drinking tea made from Jimson weed or eating the plant's seeds. Highly toxic, the plant can cause seizures, hallucinations, coma and even death.

NEW MS DRUG SHOWS PROMISING RESULTS

Copolymer one, a new drug to treat multiple sclerosis, reduces flare-ups of MS by almost one-third, according to preliminary results of a clinical trial. The drug's manufacturer has applied to the Food and Drug Administration for marketing approval. It is estimated that more than 350,000 Americans suffer from multiple sclerosis.

ATOMA News

By Peggy Rodgers
Auxiliary News Chairman

As of March, 1995, I have contacted several ATOMA members to submit articles for the TEXAS DO magazine. If I was too close to the deadline, I submitted an article myself for you. If I leave a message on your answering machine, you don't have to return my call *unless* you are unable to submit an article to be submitted for the TEXAS DO.

So, if I don't hear from you, I'm assuming you are preparing an article to be submitted for the TEXAS DO.

Articles submitted to date:

1. Shara Lane – October
   Ideas for NOM Week
2. Peggy Rodgers –
   1. District V News
   2. Membership
   3. Report on Mid-Year

Send articles to: Ms. Lydia Kinney, Fax 817-654-3719, 3717 Bonnie Dr., Fort Worth, 76116. She is compiling the "DO" now for TOMA. The deadline is the 10th of the month for the *following* month.

Please feel free to submit your District News!

Thanks!

****

By Merilyn Richards
ATOMA President-Elect and Membership Chairman

Dear Friends in ATOMA:

Your state Auxiliary needs *your* support! It would be great to have you serve on a committee or accept an ATOMA office, however, if you do not feel that you can actively participate at this time, lend your financial support by paying your dues.

Through member support, via dues payment and/or personal activities, ATOMA has been and is, a dynamic force in promoting public awareness, knowledge and support of Osteopathic Medicine. Following our 1994 fundraising activities, a total of $10,158.00 was distributed to local and national Osteopathic endeavors –

- $5186 in student scholarship programs
- $1000 to the national ad campaign
- $2343 in student loan and emergency funds
- $1086 to educational foundations
- $543 to the impaired physicians fund

We are over half way to our goal of $10,000.00 for an endowed scholarship benefiting students of Osteopathic Medicine in Texas. You can be proud of the impact your dollars have had on the growth of our profession!

Please, send your dues today! Make that commitment to insure the viability of this organization. Your membership is your stake in the present and future of the ATOMA!

YES, RENEW MY 1995 ATOMA DUES!

Name _____

Street _____

City _____ State _____ Zip _____

Spouse's Name _____

Home phone ( )_____ Business phone ( )_____

Fax Number ( )_____

I have enclosed dues for the following ATOMA membership:

____ $0 for spouse of osteopathic student, intern, resident/preceptor, or 1st year of practice

____ $20 for member of immediate family of practicing physicians (2nd year of practice and over)

____ $20 for spouse of retired or widowed physician

____ $10 associate member

Please contact me about serving on any of the following ATOMA committees checked below:

____ Membership
____ Program
____ Funds
____ Public Relations
____ Yearbook
____ Guild
____ Supply
____ Scholarship
____ Public Health Education
____ Student Assoc. Advisor
____ Annual Report
____ Convention
____ Credentials
____ Auxiliary News

MAIL COMPLETED FORM WITH YOUR CHECK MADE PAYABLE TO "ATOMA" TO: One Financial Center, 1717 North IH 35, Suite 100, Round Rock, TX 78664-2901

THANK YOU FOR YOUR SUPPORT.

By Elaine Tyler
ATOMA Credentials Chairman

District President or Contact:

is time to elect delegates and alternates for the ATOMA e of Delegates Meeting on June 15, 1995, in Dallas.

ch district is allowed three delegates and three nates, even if it is an "unorganized district." ATOMA officers and board members are automatic delegates, so e elect six other members.

ll delegates shall be active paid members of the State iliary and be registered at the State Convention." le VIII-Section 2, ATOMA Constitution and By-Laws.

tra members and potential members are welcome to d the meeting. In Houston, 1994, there were *exactly* gh members for a quorum! Please encourage attendance his important meeting so we all can continue to support opathic Medicine.

ease call, fax or send your list to the address below by **1, 1995**.

3208 Quail Lane
Arlington, Texas 76016
Phone: 817-451-6036
Fax: 817-735-9654

****

By Inez Suderman
ATOMA Parliamentarian and Bylaws Chairman

posed Changes to the ATOMA Bylaws

he following Bylaws changes will be presented to the iliary to the Texas Osteopathic Medical Association se of Delegates meeting on Thursday, June 15, during MA's 96th Annual Convention and Scientific Seminar in las.

w language underlined)

TICLE III – MEMBERSHIP

ECTION I – MEMBERSHIP SHALL BE REGULAR, LIFE, ~~OR~~ ASSOCIATE AND AFFILIATE.

ECTION IV – AFFILIATE ~~AUXILIARIES~~ MEMBERSHIP – STATE AND DISTRICT – AND STUDENT ASSOCIATE AUXILIARIES…

TICLE IX – DUES

ECTION I – THE ANNUAL DUES FOR ~~REGULAR~~ MEMBERS OF THIS AUXILIARY SHALL BE $20.00…

Ticket Required for ATOMA Luncheon

At this year's Annual Convention and Scientific Seminar in Dallas, ATOMA will be hosting its annual Installation of Officers Luncheon on Friday, June 16 from 10:45 am - 12:45 pm. Everyone is invited to attend and the cost for the luncheon is included in the registration fee. However, if you do not register for the convention, you will still need to purchase a ticket for the luncheon. Luncheon tickets are $20 per person and can be purchased separately on the Pre-Registration Form included in this month's TEXAS DO. Tickets will be sold on-site as well but must be purchased **no later than noon on Thursday, June 15**, in order for you to attend the luncheon.

ATOMA appreciates your support and looks forward to a fun and successful convention! ■

New AOA CME Cycle Began January 1

Physicians are reminded that the new American Osteopathic Association CME cycle began January 1, 1995, and runs through December 31, 1997. Physicians are required to earn 150 hours of CME credit during this three-year period in order to maintain AOA membership.

When Your Patients Don't Do What You Tell Them To Do

Noncompliance has many causes. Here are 10 ways to respond.

Motivating patients to take medications is part of treatment. A doctor can't assume when he writes out a prescription that the medicine will be taken. He or she has to take extra steps in order to ensure that it is.

1. Resist clairvoyance

The first step toward boosting patients compliance is to realize how difficult it is to know which patients are taking their pills correctly. In one recent study, doctors were able to identify only 53% of patients' adherence problems, and 13% of the time the patients had volunteered information about the problem before the clinician asked.

Most doctors think in terms of stereotypes, but assumptions based on profession, intelligence, wealth or social status are often wrong.

This is not to say it's impossible to gauge noncompliance risk. Patients who are unreliable in other areas of their lives are most likely to have problems maintaining a treatment regimen. Therefore, patients who often miss appointments, have trouble keeping jobs, or bounce checks should be scrutinized carefully. But you'll miss cases if you don't assume all patients are at risk for noncompliance.

2. Watch what you say.

Of course, the most direct way to determine if patients are taking medications correctly is to ask. But getting the information you need takes some skill.

A major problem is that patients often are afraid or ashamed to admit their noncompliance. It's critical that when you ask a patient about medications, you not appear to be judgmental.

Try putting the question this way: "I know it's difficult for people to take their pills all the time. It's a common problem. Is that a problem for you?"

One study divided communication strategies into "discourse categories" and evaluated their effectiveness.

The "indirect approach," as defined by the study, assumes the patient is taking the medication. The physician asks such questions as: "Have you noticed any changes since you started taking that medication?" In the study, this approach always failed to uncover problems with compliance.

The "simple, direct question approach" – "Have you been taking your medicine? – fared a bit better, ferreting out 63% of problems. But it yielded no information about duration, frequency or consistency of compliance.

The most successful method was the "information-intensive disclosure," in which doctors encourage patients to display their knowledge of the regimen by such questions as: "What medicines are you taking now? How many pills do you take each time?" This method uncovered about 80% of problems.

3. Pill counting has limits.

Many physicians ask patients to bring their medications with them, and then count the pills. Physical evidence is a strong tool for detectives, and it can help doctors sleuth out some difficulties. But it has drawbacks.

First, patients embarrassed about their noncompliance may simply discard the number of pills they think they've missed. Now they have to cover up two things: their noncompliance and their destruction of the evidence. They're that much less likely to own up to a problem.

Second, a pill count, even if accurate, doesn't determine if the patient is taking the pills on time or in the right dosage. For example, a patient may be missing a dose every day and doubling up the next.

For these reasons, pill-counting is a useful component of a compliance strategy, but it shouldn't be your only tool.

4. Use high-tech helpers.

One high-tech alternative to the pill count is an electronic monitoring system, such as MEMS, manufactured by Aprex Corporation. The lids of these pill vi contain microprocessors that record eac date and time a bottle is opened. Unt recently, such systems were use exclusively to ensure compliance i clinical drug trials.

Not all patients need such precise an expensive monitoring, but consid adopting the approach for those in whom drugs seem ineffective.

A physician's first response is generally to increase the dosage o switch medications, but before tha happens, it might be better to have th patient use one of these devices for a few weeks to make sure he or she is takin the pills correctly and diligently. Leasing the equipment costs about $9 to $12 pe month.

5. Be ready for surprises.

If the first step to solving compliance problems is identifying at-risk patients the second step is finding out why the didn't follow instructions.

One possibility: They misunderstan the expected out-come. Patients wh think the medicine isn't working are les likely to continue taking it; for example the hypertensive patient who also suffered from headaches that he assume resulted from his hypertension. When th blood pressure pills didn't clear up th headaches, the patient became discour aged and stopped taking them.

Another cause of noncompliance financial barriers that keep patients from filling prescriptions. Even insured patients may feel unable to mee deductibles or co-payments. Accordingly, beating around the bush will questions like "Do you have insurance? may not reveal the problem.

This is also a touchy subject to brin up, but you have to determine if th patient can afford the medications you prescribe. A less expensive alternative though not the newest therapy, may b equally effective.

Finally, consider whether th

mpliant patient may be right. A
it legitimately may conclude that
gimen offering optimal outcome
worth the expense, side effects or
venience it causes. Without allow-
e patient to be placed in danger, the
should be willing to experiment to
the patient's way might not be the
way for him or her.

Dig out the bag of tricks.

ere are dozens of tricks to help
nts remember to take their medica-
. They can place the morning pills
the coffeemaker; leave a pill bottle
ork in the desk drawer; reverse the
ion of the bottle (upside down, then
side up) or move it from pocket to
et each time a pill is taken; use an
ronic reminder; associate pill-taking
a regularly watched TV show.
icians should learn these strategies
ey can recommend them.

fore you suggest one of these tricks
our patients, however, find out what
ve already tried. Many patients with
plex regimens already have a system
lp them remember to take their pills.
e system isn't working, determine
not before suggesting another one.
example, an alarm won't work if the
nt is embarrassed to use it around
ers.

mpliance approaches must also
h the personality of the patient or
giver. For instance, a medication
er that stores one pill for each day or
prescribed works for people who
the patience to load it. But almost
yone – unless they are very
odical – will degenerate to taking
pills directly out of prescription
es.

Put it in writing.

oviding patients with written
uctions is also helpful. Reinforce
al counseling by putting in writing:
name of the medicine and what it is
g prescribed for; how and when it
ld be taken and for how long;
autions (such as foods or activities to
d); and potential side effects.

nce a year, sit down with patients
review their medications. Have them
g in all their pills from all their
tors. You will be surprised at what
find out. Patients may be taking two
ions of the same drug, prescribed under different brand names by different physicians. You may also discover that patients are taking drugs that should not be taken together.

8. Keep it simple.

One of the most helpful things you can do is simplify the therapy. If at all possible, have the patient take the same number of pills each pill-taking time. Avoid the confusion of regimens involving one set of pills twice a day and another set three times a day. And when possible, avoid pills that must be scheduled around food intake.

9. Use a good pharmacy.

Once you write a prescription, make sure your patient takes it to a good pharmacy. Many patients choose a pharmacy on no more rational basis than that it's along the route taken to the doctor's office.

Patients should feel comfortable asking the druggist questions, and the druggist should be knowledgeable and willing to answer. Above all, patients should be encouraged to use only one pharmacist – someone who will be aware of their entire drug history.

10. You can't win 'em all.

Most noncompliant patients miss no more than one dose out of every three or four. But no matter how heroic a doctor's efforts, some patients still will deviate wildly from the treatment plan and, as a result, suffer poor outcomes. Don't give up on these patients, but realize they will be difficult, and in most cases, impossible to help. ■

Reprinted with permission from Wisconsin Association of Osteopathic Physicians and Surgeons.

Risk Factors for Noncompliance –

While it's impossible to say with certainty which patients won't follow your therapy recommendations, studies find the greatest risk of noncompliance among patients who have:

- **Chronic complex diseases. The lengthy treatment period erodes patient commitment. Experts suggest regular monitoring and periodic re-education.**
- **Low self-esteem and inadequate family support. Such patients may be poorly motivated. Education, and tricks such as placing the morning medications near the coffee-maker, may help.**
- **Functional impairments, especially older patients. They often forget to take their medications. You can help by seeking involvement of caregivers.**
- **Prescriptions for drugs that may cause adverse reactions. Side effects deter compliance. Try alternative therapies, or involve patients in weighing the trade-offs between the discomfort of side effects and the dangers of not taking the medications.**
- **Expensive prescriptions. For patients who can't afford drugs or don't want to spend the money, try to find less costly alternatives.**
- **Symptoms that are not readily perceptible. Why take medication if you don't feel sick? It's your role to educate these patients about the dangers of not treating their disease.**

News from Osteopathic Health System of Texas

Bob Lansford Named to OMCT Board

Bob Lansford, senior vice president and trust officer at Bank One Texas, N.A., was recently named to the board of directors for Osteopathic Medical Center of Texas. Mr. Lansford also serves on the Osteopathic Health System of Texas and the Osteopathic Health Foundation board of directors.

Mr. Lansford is actively involved in community service throughout Fort Worth. He serves as a member of the board of directors for Casa Mañana Theatre, the James L. West Presbyterian Special Care Center and the Fort Worth Arts Council.

Mr. Lansford graduated from Texas Christian University in 1962 with a bachelor's of science degree. He completed the Southwestern Graduate School of Banking at Southern Methodist University in 1972 and became a Certified Public Accountant in 1974.

With more than 30 years of personal trust banking experience, Mr. Lansford is the Manager of Bank One's Fort Worth Personal Trust Department.

Osteopathic Health System of Texas is the largest osteopathic health care provider in Texas. OHST is the corporate parent of Osteopathic Medical Center of Texas, a 265 bed regional referral hospital serving North Central Texas. OMCT serves as the primary teaching hospital for the Texas College of Osteopathic Medicine at the University of North Texas Health Science Center at Fort Worth.

OHST Renovating and Adding To Emergency Department

The renovation and addition to the Emergency department at Osteopathic Medical Center of Texas is one of the most comprehensive and intricate construction projects that Osteopathic Health System of Texas has undertaken. The three-phase construction project, which is expected to be completed in January, 1996, allows for the entire Emergency department to continue providing all of its services throughout the renovation and expansion.

Phase I develops three new emergency treatment rooms, a main nurses station and support facilities and should be complete in July of this year. The ambulance "tunnel" has been closed and a guard has been posted by the driveway due to heavy equipment traffic by the construction crews. Demolition of walls within the department began February 20.

When the department is complete, there will be 16,000 square feet of new space and 10,000 square feet of renovated space. There will be a circular ambulance drive, a fast-track for non-emergency care and a more efficient delivery of care for patients.

In addition, the Telecommunications office, currently located on the second floor of the hospital, will relocate to that area. The entire project is expected to be complete in early 1996.

OHST Screens More Than 150 People During Black History Month Health Fair

Black History Month Health Fair – Town Center Mall, Fort Worth – Feb. 4, 1995

In honor of Bla History Month, Os opathic Health System Texas held a health fa on February 4 at Fo Worth's Town Cent Mall and screened mo than 150 people of a ages from the surroun ing community.

OHST physicians a staff, and student docto from the Texas College Osteopathic Medicine the University of Nort Texas Health Scien Center at Fort Wort provided screenings fo blood pressure, chole terol, diabetes, sickle ce anemia, vision, prosta cancer and provided scoliosis screenings for children. Participan received general health assessments from OHST physician residents and interns after completing their tests.

Many of the assessments uncovered significant healt problems that needed to be addressed immediately, including hig blood pressure, high blood sugar and sickle cell anemia. On participant was immediately advised to see her doctor after blood test uncovered high blood sugar levels.

OHST sponsored the fair along with the Renaissance Cultur Center and Comerica Bank-Texas as a service to the communit Many expressed their appreciation for the free healt screenings. OHST organizations such as The Health & Fitne Connection, COMP and Apple Club, and representatives fro UNT Health Science Center/Texas College of Osteopath Medicine handed out information about their services.

"This health fair offered services for the community that a not usually available to them," says Craig Harbuck, bran manager for Comerica Bank, one of OHST's partners in t community. "We were amazed at the success. The booths we constantly full and people were glad to receive a variety of the health care services."

More than 30 OHST employees donated their time to he with this fair including physicians, residents, interns, stude doctors, nurses and lab personnel.

"The number of employees who constantly volunteer to he with OHST's Health Fairs represent a great commitment to o efforts to serve the community," Cindi Azuma, director health/medical education said. "We're always pleased that many of our people and students from the UNT Health Scien Center want to go into underserved areas to help the reside who live there."

Other Construction Updates:

- A duplex on Tulsa Way (located behind OHST's corporate office) is being remodeled to accommodate Community Health Care a the Clinic Operations divisions of OHST. Construction has begun and is slated to take 90 days.
- The Saginaw Clinic is also undergoing remodeling. A staff room is being converted into an exam room and a second physician's office and a break room are being added. Suzanne Schafer, D.O., and Diane Walter, D.O., are in practice in Saginaw.
- The Oncology Unit passed their "80 percent complete" state inspection and will be ready to move back up to 4 North by the end March as anticipated.

New Members

TA would like to welcome the following new members who were approved at the February 10, 1995, Board of Trustees Meeting:

ULAR MEMBERS

Bruce Addison, D.O., Family
ice, 7101 S.P.I.D., Corpus Christi,
78412. Medical Education,
ville College of Osteopathic
cine, Kirksville, Missouri, 1991.
ship, Southside Community
ital, Corpus Christi, Texas, 1991-
Family Practice Residency, Bay
Medical Center, 1992-1994. DOB
53. Bryan, Texas.

Clifton Cage, D.O., Family
cine, University of North Texas
h Science Center, Texas College of
opathic Medicine, 3500 Camp Bowie
, Fort Worth, Texas 76107. Medical
ation, Philadelphia College of
opathic Medicine, Philadelphia,
sylvania, 1969. Internship, Doctors
ital, Columbus, Ohio, 1969-1970.
iced in Columbus, Ohio, 1979-1994.
4-19-43.

tricia N. Chemers, D.O., Obstetrics
Gynecology, 1307 Eighth Avenue,
204, Fort Worth, Texas 76104.
cal Education, The University of
h Sciences, College of Osteopathic
cine, Kansas City, Missouri, 1989.
nship, Luthern General Hospital, Park
e, Illinois, 1989-1990. Obstetrics and
ecology residency, University of
da Hospital, 1990-1994. DOB
5-60. Chicago, Illinois.

ndrew C. Clemmons, D.O., General
ery, 202 James Coleman Drive, #B,
oria, Texas, 77904. Medical
ation, University of North Texas
th Science Center, Texas College of
opathic Medicine, 1987. Internship,
as/Fort Worth Medical Center
ital, Grand Prairie, Texas, 1987-
. General Surgery residency,
as/Fort Worth Medical Center
ital, Grand Prairie, Texas, 1988-
. DOB 2-7-59. Springfield, Missouri.

avid G. Haman, D.O., Family
tice, 4225 Wingren Road, #110,
g, Texas 75062. Medical Education,
ersity of North Texas Health Science
er, Texas College of Osteopathic
icine, 1980. Internship, Oklahoma
opathic Hospital, Tulsa, Oklahoma,
-1981. Director of Family Practice
dency program, Dallas/Fort Worth
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Public Health Notes

Can We Improve Medicaid?

Nick U. Curry, MD, MPH, FACPM

Medicaid is an ever growing component of our state government. One out of every eight Texans receives health coverage through Medicaid. Since the beginning of this decade, the growth of Medicaid expenditures has been explosive. During the period between 1990 and 1995 Medicaid expenditures increased more than 196%. If we continue on our present path, the cost of Medicaid to the Texas tax payers will increase by about 2.2 billion dollars during the next biennium alone.

For all the money that we spend, Medicaid remains a troubled program. Both patients and providers cite numerous problems. Although state records indicate that almost 87% of licensed physicians participate in the Medicaid program, the great majority of these participating physicians limit their participation to less than 30 Medicaid patient contacts per month. Many Medicaid recipients use local emergency rooms as their source of primary medical contact. Staff members in state government and outside consultants have suggested that this use of emergency rooms may result from the inability to obtain appointments with local physicians in their private offices. Physicians counter that Medicaid reimbursement is far below reasonable market levels and is fraught with many administrative hassles. The state legislatures, for their part, are increasingly questioning the expenditure of billions of dollars for a system which evidently satisfies no one.

The stage is set for change. Whether that change will be to our liking is at this point unknown. The legislature is set to modify the Texas Medicaid Program. The conventional wisdom is that our rest should be uneasy whenever the legislature is in session. Nevertheless, the legislative mechanism is the only one we have for altering government services.

In the Spring of 1994, recognizing that we would be facing a crises in Medicaid funding Lieutenant Governor Bullock asked the Senate Health and Human Services Committee to evaluate options for the operation of the Medicaid program. Since that time, they and the staff of the Health and Human Services Commission have been very busy indeed. Hearings on the issue were held in June and again in November. Prior to the November hearings, the Health and Human Services Commission released its report called Medicaid: *Prescription For Change*, which contained a variety of options for bringing about change in the Medicaid program.

The Health and Human Services Commission staff said that there were essentially three options. We in Texas could 1. reduce or eliminate existing optional eligibility and service categories; 2. eliminate the Medicaid program entirely; or 3. obtain federal waivers to redesign the Medicaid service delivery system using a managed care model and eliminating the current fee-for-service model. On November 30, 1994, the Senate Health and Human Services Committee adopted 24 motions pertaining to Medicaid. The bottom line to all of this is a move towards Medicaid managed care beginning in 1995. Some of the adopted motions require only administrative implementation while others will require legislative action. The Texas Medical Association will be following this during the current legislative session and will doubtless be keeping the local societies and physicians up-to-date on these proposed changes.

Perhaps one of the most interesting motions passed by the committee was motion #8. It directs the state Medicaid office to seek a federal waiver to phase-in state and local government participation which will increase the state match thereby bringing in more federal Medicaid dollars. The motion states in part that Inter-Governmental Initiatives (IGI) would "be developed through negotiations with represe tives of governmental entities t could make funds available matching..." It is still not totally cl which governmental entities committee has in mind. So, in the c of Tarrant County and similar counti it is not clear whether the state wou negotiate with county government the hospital district to establish the IG It is also not clear what role oth governmental entities and the priva sector may ultimately have. Naturall this approach is the source of son concern for private sector manag care providers which had expecte Medicaid managed care to be a total open bid process. Under the I arrangement, it appears that loc government essentially has the right first refusal in designing the manag care program in the local area. Th obviously could be a source of conce for providers desiring to bid on Medicaid contract. The outcome in th discussion is very much undecided a those with an interest in the area w have an opportunity to make the thoughts known to the legislature.

Another motion which was interest to me was #7 "co-payment This is an area in which I have be interested for many years. It has be my position that a co-payment shou be required for Medicaid office visits. is my view that required co-payment cost sharing promotes individu responsibility, places some control inappropriate utilization, and general additional revenues for the provid thus offsetting to some degree lo levels of capitation or reimbursemen Some published studies have attempt to show that requiring co-paymen from low income individuals reduces delays the use of appropriate service The validity of these data, in m opinion, is subject to question. Th Senate Committee did agree that we Texas should seek a waiver from th federal government to allow a $1 p visit and per prescription co-payme for Medicaid recipients and a $6 c

ient for non-emergency visits to tal emergency rooms. This was nplished over the objections of state staff members. I believe, ver, that the Senate Committee ot go far enough and hope that it be possible to recommend to the rnor a $2 co-payment. This is an which will be much debated, I am in. Yet, I firmly believe that iduals must take on responsibility themselves to some degree. The rity of Medicaid recipients, I am ident, can afford a $2 dollar per or prescription co-payment, cularly if an annual cap of say) and a cap of $6 per visit to the macy (for those with multiple criptions) was established.

me of the other areas addressed by Senate Committee were the olishment of an appropriate data-, revision of the MHMR fee dule, 12 month eligibility for licaid, physician liability protec-, and patient/provider education. le these motions speak to specific slative and administrative initia-s, it should be clearly understood changes in law and administrative practices, while needed, are not sufficient to bring about comprehensive reform in the Medicaid system. To do that, we must have a change take place in the people, the patients, providers, and insurers. They must commit to improving access, and controlling cost while providing quality service. This is no small challenge. It will require education of both patients and providers as the Senate has wisely indicated, but it will require still more. We in Public Health know that education alone does not bring about behavioral change. Behavioral change occurs when the population or individual sees the advantage in practicing different behaviors and commits to changing their behaviors. Having the correct information alone is insufficient. Once the advantage gained from changing behaviors is demonstrated to the population or person and they commit to change, the job is still not complete. Public Health initiatives have shown that one cannot relax the effort. The effort must be constantly reinforced in order to have long-term success. That is what it will take if we are to truly transform Medicaid. Whether managed care is the answer to all the problems of Medicaid is an unknown. Chances are, it will not be the answer. There may not be a single answer. The reality of this situation is that our elected officials face the prospect of unbridled growth in the cost of this program. It is likely that their primary thrust will be to address that issue. It is thus important, that others remind them that cost containment is not the only need that must be addressed. We must improve the satisfaction of both the patient and provider obtain from participating in this program. We must enhance the quality, access and availability of health care services to those insured under Medicaid. We must simplify participation in the Medicaid program. We must encourage increased responsibility on the part of both the patient and the provider. In essence, we must make it our primary objective to see that the health of those Texans who are covered by Medicaid is improved. As I said, not a small challenge. ■

Blood Bank Briefs for Physicians

"Thanks for the Memories"

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

After 19 years on February 26, 1995, I turned over the reigns of responsibility of Medical Director of Carter Blood Center to Dr. Janice Blazina. Although I shall remain at Carter Blood Center as a resource to Dr. Blazina and to the Center, I wanted to take this opportunity to express my personal appreciation for the opportunity to serve you, the patients and the blood donors in our region.

During the past 19 years of my practice, a complex clinical and research discipline quietly emerged. The discipline deservedly has acquired a name – transfusion medicine. As the Medical Director of a large regional blood center, I have seen transfusion practices change and so did the role of the medical director. One role that has remained steadfast and is still essential is to be a trained immunohematologist and to direct the compatibility laboratory and reference laboratory. Additional and sophisticated testing procedures continue to be introduced. The medical director has become more involved with patient care. We assist with the selection of appropriate blood components and alternative methods of treatment. We advise on the management of suspected transfusion complications. Transfusion specialists must have relevant knowledge and exper-ience in coagulation, transplantation, immunology and neonatal physiology.

There was no issue that concerned both the public and health care professionals more than transfusion-transmitted infections including human immunodeficiency virus (AIDS), human T lymphotropic virus I and hepatitis C virus. In spite of dramatic gains in improving the safety of blood transfusion, "zero risk" blood supply cannot be accomplished. However, I do believe that blood transfusion is safer today than ever before in this country.

Another role is the recognition of the fact that transfusion medicine services are an integral component of the whole medical care system. We must be judged not only by the yardstick of internal quality, but also by how well we support effective, efficient and economical patient care; and in the final analysis by how well the patient is served. Today, the physicians and hospitals expect more than provision of blood components and laboratory testing. We are prepared to acknowledge and accept this evolution of transfusion medicine services and to meet the challenges of change in health care.

"Medicine…is…a life of study and discipline; but more than that, it is a life in which individual desires are secondary to the welfare of humanity and in which selfish wishes are subjected to the pursuit of the ideals of science." Our friendships and our shared experiences were the "hidden benefits" of being medical director of Carter Blood Center, memories I will always cherish. ■

News from the University of North Texas Health Science Center at Fort Worth

ealth Science Center Seeks Approval for P.A. Program

proposal by the Health Science
er to establish a physician's
ant training program goes to the
s Higher Education Coordinating
d for approval. The proposal
ved an OK by the center's board of
ts February 10. The target date to
l the first class of 15 physician
tant students is August, 1996.

ysician assistants are midlevel
h professionals who perform
ne aspects of medical care under a
ician's supervision.

e national demand for P.A.s far
ds the available supply. The need
en more dramatic in Texas and in
Dallas/Fort Worth area. The
ician assistant program at the
versity of Texas Southwestern
ical Center at Dallas, for example,
one P.A. graduate for each 12 job
ings.

Coordinating Board to Vote on Adding Two Floors to New Clinic Building

ow do you get more for less? When
omes to construction, you do it by
ding more now instead of later.

proposal going to the Texas Higher
cation Coordinating Board this
th seeks approval to add two
tional shelled-in floors to the four-
y Health Science Education
ding. Construction will begin in
e. The University of North Texas
d of regents approved the proposal
ruary 10.

dding the two shelled-in floors now
ld be the optimum cost-effective
roach to take, since it's predicted to
at least $300,000 and prevent
uption to patient care and student
hing that would occur if the floors
e added later. The estimated cost of
ing the two floors is not to exceed
3 million. The money would come
n the state's Higher Education
istance Fund.

nder original plans, the new facility
house the clinical departments of
ily medicine, pediatrics, pathology, obstetrics and gynecology, surgery, manipulative medicine and public health and preventive medicine. The departments of internal medicine and psychiatry and human behavior will eventually move into the additional two floors.

Clinical space in Medical Education Building 1 will return to its original use of research and teaching, and will provide for expansion in light of the health science center's plans for allied and public health programs and faculty recruitment within the next few years.

Rural Health Group Gets Training in Cultural Awareness in Valley

Nine Texas College of Osteopathic Medicine students were scheduled to travel to South Texas during spring break to learn about the cultural diversity that affects the practice of medicine in the rural areas of the lower Rio Grande Valley.

Students who signed on for the trip were Anjali Varde, Cynthia Ball, Stephen Seale, Ramana Surya, David Davila, Ana Shah, Lenore DePagter, Leonor Osorio and Sara White, all of the Class of '98. They are all members of the Rural Health Organization.

The students were to visit various community centers, clinics and colonias. They also planned to visit a local curandero, or traditional healer.

Robert Woodworth, D.O., associate professor in the Department of Public Health and Preventive Medicine and clinical director of rural health, said the trip was intended to be more of a cultural awareness experience than a clinical rotation. He hopes it develops into an annual event.

Time to Serve

Like most people, Judy Wilson, Ph.D., has interests outside of work that take up a lot of spare time. But unlike most people, Wilson's avocation involves spending time behind bars.

Several times each week, Wilson, of the health science center's Department of Physiology, is literally locked up in the maximum-security women's unit of the Tarrant County Jail, where she's a volunteer chaplain.

Judy Wilson, Ph.D.

"Someone from the volunteer chaplain's program came to my church a couple of years ago to talk about it. At the time, I had been wondering if there was something more I could be doing to help people," she said. She's been in charge of jail ministries for Arlington Adventist Church ever since.

Wilson has been at the Health Science Center since 1986. She's used to helping people, since she was the lone faculty member to operate and manage patients for the Health Science Center's first hyperbaric chamber the same year. She enjoys being one of several volunteer chaplains in the non-denominational program. They visit the inmates, offering prayer or a listening ear.

Wilson's visits recently were requested by two inmates whose names were often in the news when they were charged as teenagers. One girl is charged in the murders of her parents and another is charged in her grandmother's slaying.

"It's a little scary going in there sometimes, especially when it's very crowded and there's not enough jailers to keep an eye on us," Wilson said.

So what keeps her going back, even after hearing horribly depressing life stories? "I recognize that I'm doing what I can do to help," she said, "If it wasn't me doing it, it'd be somebody else. And I feel like it should be me." ■

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FORT WORTH AREA FP-GP CLINIC needs an additional GP for full or part time. No OB, no hospital required. 817-924-7978. (02)

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CHIEF OF STAFF NEEDED to supervise the medical operation of a university health center in conjunction with the practice of medicine. Requirements: graduation from an accredited medical school, Texas license, board certification in Family Practice or Internal Medicine and five or more years experience in a primary care practice. Administrative preferred. Contact the University of North Texas, Student Health Center, P.O. Box 5158, Denton, TX 76203, 817-565-2786. Equal Opportunity/ Affirmative Action Employer. (21)

DALLAS/FORT WORTH – Physician Opportunity to work in low stress, office based practice. Regular office hours. Lucrative salary plus benefits. No call, no weekends, and no emergencies. Please call Lisa Cole at 800-254-6425 or fax CV to 214-256-1181. (25)

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INTERNAL MEDICINE – Immediate opening for BE/BC internal medicine D.O. at 54-bed hospital in Tyler, Texas. Approximately 30-members referral base with multiple specialties. Office space available within medical complex or in outlying clinics. P.H.O. with approximately 120,000 insured individuals. Hunting, fishing, watersports, country clubs, university, junior college, many recreational facilities, civic and social opportunities. Contact Olie E. Clem, C.E.O., at 903-561-3771. (50)

FAMILY PRACTICE D.O.s – Practice opportunities for physicians at 54-bed facility in beautiful Tyler, Texas. Active staff of over 30 physicians with 8 specialties represented. Office space available near hospital or may share established very active practices in communities near Tyler. Outlying clinics located in 4 nearby communities. P.H.O. with approximately 120,000 insured individuals. Hunting, fishing, watersports, country clubs, university, junior college, many recreational facilities, civic and social opportunities. Contact Olie E. Clem, C.E.O., at 903-561-3771. (52)

HOUSTON TEXAS – Wanted Immediately/Full-time/Family Practice or Internal Medicine Board Eligible/Board Certified. Salary negotiable. Send CV. FAX 713-778-0839; Attn: Madeline. (54)

OB/GYN TO SHARE CALL – BE/BC physician sought to maintain private practice and to rotate call with BC OB/GYN physician at 54-bed acute care facility in Tyler. Referral base of over 30 physicians covering 6 communities. Office space available in hospital complex. Access is available to approx 120,000 insured individuals through membership in P.H.O. Wonderful family community offers hunting, fishing, watersports, golf, country clubs, university (U.T.), junior college, many recreational facilities, civic and social opportunities and much more. Contact Olie E. Clem, C.E.O., at 903-561-3771. (55)

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