

Volume LVI, No. 7

July/August 1999



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100th Annual Convention & Scientific Seminar Special Pictorial Review pages 8 - 14

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# TEXAS D.O.

JULY/AUGUST 1999

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ATOMA President Lewis Isenberg

# CALENDAR OF EVENTS

#### AUGUST

#### 5-8

#### "Summer Family Practice Symposium & Risk Management Seminar"

 Sponsored by the Michigan Association of

 Osteopathic Family Physicians

 Location:
 Crystal Mountain Resort, Thompsonville, MI

 CME:
 23 hours category 1-A CME credits

 Contact:
 Sara Carson, CME Coordinator

 517-347-1555 or 800-657-1556

#### 20-22

#### "Psycho-Immuno-Neuro-Toxicology Training"

 Sponsored by the Indiana Academy of Osteopathy

 Location:
 Embassy Suites Hotel North, Indianapolis, IN

 CME:
 20 hours category 1-A CME anticipated

 Contact:
 Indiana Academy of Osteopathy - 317-926-3009

#### 21-22

#### "Sutherland's Methods for Treating the Rest of the Body"

 Sponsored by the Dallas Osteopathic Study Group

 Location:
 Dallas, TX

 CME:
 16 hours category 1-A CME credits

 Contact:
 Conrad Speece, D.O.

 10622 Garland Road, Dallas, TX 75218

 Phone 214-321-2673

#### SEPTEMBER

#### 15-18

#### "Third Annual Family Medicine Board Review"

Sponsored by the University of Medicine and Dentistry of New Jersey School of Osteopathic Medicine/Department of Family Medicine, in conjunction with the New Jersey Association of Osteopathic Physicians and Surgeons

Location:	DoubleTree Guest Suites, Mt. Laurel, NJ
CME:	31 hours category 1-A CME credits
Contact:	(For registration brochure)
	New Jersey Association of Osteopathic Physicians
	& Surgeons
	One Distribution Way
	Monmouth Junction, NJ 08852-3001
	732-940-9000; FAX 732-940-8899
	E-mail: njaops@njosteo.com

#### SEPTEMBER

#### 17-19

"Mid-	Year	Semir	ar"

Sponsored l	by the Florida Osteopathic Medical Association
Location:	Hyatt Regency Westshore, Tampa, FL
CME:	Approx. 20 hours category 1-A CME credits
Contact:	Florida Osteopathic Medical Association 2007 Apalachee Parkway
24-26	Tallahassee, FL 32301 - 850-878-7364

"Business of Operating a Practice, Risk Management, & Legislative Update" Sponsored by OPSC Location: Doubletree Hotel, Monterey, California CME: 20 hours category 1-A CME credits Contact: Jennifer Reuther 916-561.0724

#### 24-26

"QME Reporting, Apportionment Issues, IMC Sanctions" Sponsored by OPSC Location: Doubletree Hotel, Monterey, California CME: 6 hours - QME credits Contact: lennifer Reuther

916-561-0224

#### **OCTOBER**

#### 24-28

"AOA Annual Convention"

Sponsored by the American Osteopathic Association Location: San Francisco, CA Contact: AOA, 800-621-1773

#### 28-31

#### "TOMA Postconvention CME Seminar"

 Sponsored by the Texas Osteopathic Medical Association

 Location:
 New York-New York Hotel, Las Vegas, NV

 CME:
 6 hours category 1-A CME credits

 Contact:
 TOMA: 800-444-TOMA

#### NOVEMBER

#### 3-7

#### "Fall CME Conference & Scientific Exhibition"

Sponsored by the Georgia Osteopathic Medical Association Location: Atlanta Marriott Gwinnett Place, Atlanta, GA GOMA, Holly Barnwell, Executive Director 2160 Idlewood Rd., Tucker, GA 30084 770-493-9278 E-mail: GOMA@mindspring.com A veteran of the Vietnam War in which he served as a medic, Dr. Wiseman is the recipient of the Bronze Star. After graduating from medical school, he served as Regimental Surgeon and Flight Surgeon for the 5rd Armored Calvary Regiment at Fort Bliss, Texas, achieving the rank of Captain.



## Rodney M. Wiseman, D.O. New TOMA President

Rodney M. Wiseman, D.O., of Whitehouse, was installed as president of the Texas Osteopathic Medical Association for 1999-2000. Installation ceremonies took place June 19, during TOMA's 100th Annual Convention and Scientific Seminar, held June 17-20 in Dallas at the Hotel Inter-Continental.

Dr. Wiseman received a B.S. degree from the University of Houston in 1974, and earned his Doctor of Osteopathic Medicine (D.O.) degree in 1978 from the University of North Texas Health Science Center/Texas College of Osteopathic Medicine (TCOM) in

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(L-R) Son, John, Dr. Rodney Wiseman, daughter, Missy, his wife Marie and his mother-in-law, Maryann Saulsbery.

Fort Worth. He served his internship at the William Beaumont Army Medical Center in El Paso.

A veteran of the Vietnam War in which he served as a medic, Dr. Wiseman is the recipient of the Bronze Star. After graduating from medical school, he served as Regimental Surgeon and Flight Surgeon for the 3rd Armored Calvary Regiment at Fort Bliss, Texas, achieving the rank of Captain.

Board certified in family practice, Dr. Wiseman has maintained a private family practice in Whitehouse since 1981. He has served as associate clinical professor in the Department of Family Medicine at TCOM since 1984, and is a District Reviewer for the Texas State Board of Medical Examiners. Dr. Wiseman received his Fellow award from the American College of Osteopathic Family Physicians in 1997, is a Certified Medical Director and has received a Certificate of Added Qualification in Geriatrics from the American Osteopathic Board of Family Practice.

An active member of TOMA, Dr. Wiseman served on, and chaired, numerous Association committees. He has been a member of the Board of Trustees since 1989, and a member of the House of Delegates. the policy-making body



of TOMA, since 1984. Additionally, he is an active member of his district society, TOMA District III, having held the positions of president, vice president, secretary and treasurer.

Other memberships/activities include the American Osteopathic Association, in which he serves as a Texas delegate and as a member of the Osteopathic Accreditation Program Task Force; the Texas Society of the American College of Osteopathic Family Physicians (TxACOFP), in which he has served as president, vice president, program chairman, and is the current treasurer; the national ACOFP, in which he serves as a Texas delegate; the Texas Medical Foundation, in which he is a life member: the TCOM Alumni Association. in which he serves as a hoard member: the Texas Association of Public Health Officials; and the Texas Medical Directors Association.

Honors and awards include "Family Physician of the Year" in 1998 by the Texas ACOFP, and "Alumnus of the Year" in 1993 by the TCOM Alumni Association. The city of Whitehouse honored Dr. Wiseman by designating the month of September 1998, as "Rodney M. Wiseman, D.O., Appreciation Month." Additionally, he was selected as "East Texan of the Week" in October 1998, by KLTV Channel 7 in Tyler.

On the local level, Dr. Wiseman is the City Health Authority for the city of Whitehouse; Team Sports Physician for the Whitehouse ISD; and medical director of both Oakbrook Nursing Health Care Center and Community Access (locally operated MHMR). He has also been active in the Boy Scouts of America, from which he received the District Award of Merit in 1987.

Dr. Wiseman and his wife, Marie, reside in Tyler. They are the parents of four children: Danny, Michael, John and Missy.

## Dr. Wiseman Stresses Unity, Leadership and Success

Editor's note: The following are excerpts of the speech presented by Rodney M. Wiseman, D.O., on President's Night, June 19, upon assuming the TOMA presidency for 1999-2000.

I would like to thank all of you from the bottom of my heart for this opportunity in help guide the Texas Osteopathic Medical Association into the next century; indeed, into the next millennium. I want all of you to know that becoming president is not the culmination of a career. I'm not done yet - I'm just getting started.

Twenty-five years ago, I matriculated into the Texas College of Osteopathic Medicine and officially became a member of TOMA in my third year, which was the first year that students at TCOM would be allowed to join as members. I bet none of you in my class would ever guess I would be here tonight. Of course, times change and so can human beings.

I would like to read to you a profound statement on life that has made a profound effect on my life. It was written by Ralph Waldo Emerson.

#### How Do You Measure Success?

To laugh often and much. To win the respect of intelligent people and the affection of children. To earn the appreciation of honest critics and to endure the betrayal of false friends. To appreciate beaux.

To find the best in others.

To leave the world a bit better, whether by a healthy child, a garden patch, A redeemed social condition, or a job well done.

To know even one other life has breathed easier because you have lived, This is to have succeeded.

To tend unfailingly, unflinchingly towards a goal is the secret of success. Winston Churchill once addressed the graduating class at Oxford. When it was his turn to speak, he got up and addressed the graduates with these words: "Never, never, never give up!" and then sat down.

We, at the Board level, have a plan. It starts with membership. You know, you all are the Texas Osteopathic Medical Association. We are a team and there is no "T" in teamwork, but there is "we," after a fashion, if you look for it. We hope to become better, effective leaders by improvement through self education, experience and attending leadership conferences. We hope to continue to provide CME at low cost. Through the efforts of our very efficient headquarters staff, TOMA has recently been granted a three year renewal as a certifying body for CME for the osteopathic profession.

We hope to retire the building fund so that TOMA starts the new century free of debt. To do so, I have formed a new Capital Campaign Committee and have appointed the best fund raiser in Texas, Royce Keilers, D.O., as chairperson. His first at was to appoint the TOMA officers and Board of Trustees, along with the members of the TOMA House of Delegates and their alternates, as official fundraisers to assist him in this task. Royce has a great plan that is very workable and will be a great success.

Of course, we also will continue to seek out better member benefits and resources. Recently, we have reached agreement with the Texas Medical Association to allow TOMA members to attend management seminars at TMA cost. Plans have been finalized for the TMA insurance program, TMLT, to start selling malpractice insurance to TOMA members through a subsidiary of TMLT, the Texas Medical Insurance Company (TMIC).

We also want to improve all aspects of working relationships with the TOMA districts and assist in developing diversity and maintaining functional support. We also want to continue to improve our association with UNTHSC/TCOM and the TCOM Alumni Association.

We are active with the AOA and especially the Unity Campaign. Our biggest challenge is to give back to the profession just as much as we have taken from it. Dr. Espers, AOA president, states it most succinctly: "Be proud, be loyal." Dr. William Anderson, former AOA president and recent A. T. Still lecturer, states: "Stand up for our convictions. There is power in touch, a power in caring, a power in identifying with those whom we have the privilege to treat. It is up to us what happens to this profession in the future." Mr. John Crosby, AOA executive director, informed us earlier that the personal mission statement of his staff at AOA headquarters is "We can D.O. it." We can D.O. it. Through the Unity Campaign, we will be able to accentuate our distinctiveness and make D.O. become a household word, and unify the whole of the osteopathic family.

All motivation is self-motivation. Your family, your boss or your co-workers can try to get your engine going, but until you decide what to accomplish, nothing will happen. Take control of your own self development. The difference between success and failure is simple resourcefulness: maximizing the value of what you already have. We can choose to feel good. We can be successful by being prepared to meet opportunity and realize that this pursuit is a worthy cause.

I have a quote from a former osteopathic student at TCOM, Larry Farr, who is now, of course, a D.O.: "Osteopathic medicine is total medicine. It is not vastly different, odd or unusual. It encompasses all medical thought. The only sad aspect is that this totality is not universally known." Dr. A. T. Still stated: "Unless you preach it, unless you practice it, neither you nor this profession will survive." More succinctly said is a quote from Pogo from the funny pages: "We have met the enemy and he is us." Since you are a self responsible individual, it is up to you to improve the quality of your life by increasing and improving your expression of love and kindness to the people in your world. When we become totally loving human beings, we will understand all, forgive all, and experience true joy in every part of our lives.

Your attitude is the way you approach life. A positive mental attitude is a generally optimistic and cheerful way of greeting people, problems and events that you encounter throughout your day. Winston Churchill said, "We make a life by what we give." Success today is not just a matter of what we accomplish, but the overall process and positive experience of our relationship, our accomplishments, our values and our sense of self. Authentic success includes pride, appreciation, accomplishment and relationships. It encompasses all aspects of our lives. Authentic success is not a destination. It is a journey of discovery. It is an adventure like no other. It provides the opportunity for human beings to discover how to journey through this life with honor and self respect. It comes from your mental power and it comes from your heart.

When all else fails, read the directions. T. S. Elliot is quoted: "We must not cease from explorations, and the end of all our exploring will be to arrive where we began and to know that place for the first time." Habit is the intersection of knowledge, skill and desire. A quote from Aristotle reveals: "We are what we repeatedly do, excellence then, is not an act, but a habit." Never stop being the learner, always listen, and always be the teacher. Be proactive. Being proactive means more than taking initiative, it means that as human beings we are responsible for our own lives. Our behavior is a function of our decisions, not our conditions. We have the initiative and the responsibility to make things happen.

I urge each of you to develop your own mission statement, and to base it on correct principles. Here is mine:

My mission is to live with integrity and to make a difference in the lives of others.

I will seek to balance career and family as best I can since both are important.

I will strive to be the best osteopathic physician.

I will strive to be the best husband. I will strive to be the best father. I will strive to be a better human being and a better man of faith in God.

My home will be a safe place where I and my family and friends and guest will find joy, comfort, peace and happiness.

I especially want to teach my children to love, to learn, and to laugh and to work and develop their own unique talents.

I value the rights, freedoms, and responsibilities of our democratic society.

I will be a concerned and informed citizen, and be involved in the political process to ensure my voice is heard and my vote is counted. I will be a self starting individual who exercises initiative in accomplishing my life's goals.

I will act on situations and opportunities rather than be acted upon. I will always try to keep myself from addictive and destructive habits. I will develop habits that free me from old labels and limits, and expand my capabilities and choices. My money will be my servant, not my master.

I will seek to keep myself free from debt and to retie debt in a planned, orderly fashion to prevent financial burden.

I will make use of my talent and what money I have to make life more enjoyable for others and through service and charitable giving.

Three things all people want are: 1) direction (goals); 2) honesty (courtesy, respect); and 3) security (safety, empowerment). An organizational mission statement, one that truly reflects the deep shared vision and values of everyone within that organization, creates a great unity and tremendous commitment. It creates in people's hearts and minds a frame of reference, a set of criteria or guidelines, by which they will govern themselves. Integrity is the fundamental value we place on ourselves.

continued on next page

I would like you all to think in new paradigms: synergistic communications. You will open your mind and your heart to seek new possibilities, new alternatives and new options and creativity. Continuing education is a vital mental renewal. The person who doesn't read is no better off than the person who can't read. Character cannot be made except by a steady, long continued process. Renewal is the principle and the process that empowers us to move on an upward spiral of growth and change of continuous improvement. A gap or space exists between the stimulus and the response. The key to growth is how we use that space.

Achieving unity - oneness - is the highest and best creative balance that increases our ability to become empowered in the tasks of creating effective, useful and peaceful lives for ourselves and for posterity.

I would like to read the mission statement of the Texas Osteopathic Medical Association: "The object of this Association shall be to improve the public health; to promote the philosophy of the Osteopathic school of medicine; to elevate and maintain the high standards of the Osteopathic profession in the field of medicine, surgery, and obstetrics; to promote research in the diagnosis and treatment of disease; and to establish and improve upon the high standards of medical education and practice in Osteopathic or affiliated institutions." Unity with effective leadership equals success.

In closing, I quote a dear and trustworthy friend, Joseph Montgomery-Davis, D.O.: "Most folks tend to measure wealth in dollars and cents. Then there are some of us who measure true wealth in life, not in dollars or cents, but by the amount of love, admiration and respect given to us by our friends, family and patients."

I stand before you tonight a very wealthy person. Thank you for this opportunity to lead TOMA into the next century and the next millenium.

## A Message from Nelda Cunniff-Isenberg, D.O. TOMA Immediate Past President

As the year races by, maybe it is time for a talk. During my year as president, our goal was to visit all nineteen TOMA districts and we attained that goal. It was such a pleasure to visit so many "kinfolk" and be shown such hospitality and warmth. We saw a lot of interest and even some enthusiasm for getting involved in rebuilding districts and getting involved at the state level. I am always encouraged by the number of retired D.O.s who still care about supporting the association and gratified by the youngsters willing to work.

Surely, these are the best of times for TOMA and if you aren't involved at the state and local levels, what a loss for you and the association! If you have been offended in the past or have just drifted away, give it another try. We need you and you need us to get through the difficulties facing us now. Our strength will be in hanging together.

On a daily basis I become frustrated, as I know most of you do, spending my time dealing with the untrained trying to manage patient care and get some of those healthcare dollars! All I can suggest is that we give excellent patient care and keep trying to get patients and legislators to see the folly of putting the health care dollar in the pockets of administrators, taking away patient care and the physician's ability to provide care. They want us to educate the patient regranding their insurance plan so let's go for it!

As the time for each annual meeting approaches, let's stalk it up. These programs allow more time for us to spend time together. Let's spend that time for that purpose and fortify ourselves to improve the quality of health care in Texas and become more aware of the benefits of being TOMA members. Think again about why you wanted to be a physician and let us get back to promoting health and relieving human suffering. Our survival depends on it.

Continue to keep up with health care legislation and talk to your legislators. The TOMA staff can help guide you in that regard. Check out TOMA's web page to see what else we are about.

See you at the next convention in Corpus Christi. Be sure to find me or the current TOMA president, and tell us your ideas for improving our association. It is your duty and privilege and your association board is accessible to you.

Additionally, for those who may have missed the 1991 convention, I want to share the following from Laurie Jones of The Jones Group:

#### I Had a Dream...

By Laurie B. Jones, The Jones Group

The other night I had a dream ....

- That D.O.s were hosting worldwide symposiums to educate other health care professionals and expand the awareness of osteopathic medicine.
- That every professor in every osteopathic college clearly understood and proudly taught osteopathic principles.
- That pre-med advisors steered the brightest and the best students towards osteopathic colleges, rather than away from them.
- That every newborn baby was required to have a cranial exam.
- That every woman in labor received OMT.
- That every pre-op and post-op patient received OMT.
- That the American Osteopathic Aassociation held an annual vision quest inviting

health care leaders within the profession to brainstorm new directions.

- That the AOA had a board of advisors which consisted of "out-siders" friendly to the profession who had national and worldwide prominence, prestige and expertise in the delivery of health care to the public.
- That a documentary on A.T. Still was aired on PBS.
- That CNN carried features of osteopathy's proudest and the best, emphasizing the uniqueness of the profession.
- That the AOA had specialties in preventive medicine and nutrition, realizing that this is the trend of the future.
- That every public library had up-todate information on osteopathic medicine.
- That osteopathic hospitals offered OMT to patients as a standard feature.
- That the leadership of the profession was open to new and stimulating ideas from a variety of sources.
- That D.O.s as a group stood proud and united, agreeing on at least three (3) fundamental principles.
- That D.O.s were sought out by large employer groups to help keep health care costs down.
- That the profession raised its flag to its fullest height, and agreed to help, rather than compete with each other.
- That osteopathic physicians realized that the marketplace, more than any other factor, will determine their future and that currently they are a group of people with an undefined product and an under recognized name.
- That each D.O. took action to educate his or her patients about the uniqueness of the profession, starting a grass-roots national awareness program that soon spread to the legislatures and insurance companies.

l awoke suddenly with a start. Maybe it could be true - become true. Still. Here and now.

## Lewis Isenberg is New ATOMA President

The Hotel Inter-Continental in Dallas was the setting for the ATOMA President's Installation, which took place on Friday, June 18, during TOMA's Annual Convention and Scientific Seminar.

Special guest was Rita Baker of Fort Worth, president-elect of the Auxiliary to the American Osteopathic Association.

During the event, the gavel was passed to Mr. Lewis Isenberg of Granbury, who assumed the ATOMA presidency for 1999-2000, becoming the first male president in ATOMA's history. Mr. Isenberg succeeds Mrs. Linda Cole of Amarillo. (Names of the new ATOMA officers and chairpersons for 1999-2000 are listed in the ATOMA News section of this issue.)

Upon accepting the state presidency, Mr. Isenberg outlined his goal for the coming year, which is to "stay the course," meaning continuity in the support of the osteopathic profession offered by ATOMA. Such support includes scholarships and student loans for deserving Texas osteopathic students; aid for osteopathic research projects; financial assistance for TOMA's impaired physicians' program; and continued assistance to TOMA in promoting the osteopathic profession.

Mr. Isenberg has been active in his state and national osteopathic auxiliaries. A member of ATOMA since 1995, he has served as president-elect, vice president, political advisor, program chair and as a member of the Membership Committee. On the national level, he is the current treasurer for the Auxiliary to the American Osteopathic Association.

Mr. Isenberg has a B.S. degree in computer science and a M. S. in business. He is an Enrolled Agent, licensed to practice and represent taxpayers before the Internal Revenue Service. He operates a tax and accounting practice located in Cleburne. His experience in the accounting and computer fields includes over 25 years in the U.S. Air Force, during which time he helped inaugurate the use of early day computers used in the military's complex accounting and finance systems. He has been retired from active duty for almost 20 years and holds among his many awards the Bronze Star, Distinguished Service Medal (three awards), Vietnam Service Medal (with three battle stars), and the Vietnam Cross of Gallantry.

He is the state president of a large national tax and accounting professional



association and serves on several related committees, both at the state and national level. He is also active in various civic, fraternal and religious organizations and activities.

He and his wife, Nelda Cunniff-Isenberg, D.O., who is the TOMA immediate past president, reside in Granbury. They have five children and seven grandchildren.

The following is the speech presented by Mr. Isenberg upon accepting the ATOMA presidency:

I wish to preface my remarks by reading a short essay that I found some time ago. The author(s) is unknown.

#### A Sense of a Goose

"This fall, when you see geese heading south for the winter, flying along in V' formation, you might consider what science has discovered as to why they fly that way. As each bird flaps its wings, it creates an uplift for the bird immediately

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100th Annual Convention & Scientific Seminar "Celebrating 100 Years of Osteopathic Education" Dallas - June 17 - 20, 1999































#### "Lewis Isenberg ... " continued from page 7

following. By flying in 'V' formation, the whole flock adds at least 71% greater flying range than if each bird flew on its own.

"People who share a common direction and sense of community can get where they are going more quickly and easily, because they are traveling on the trust of one another.

"When a goose falls out of formation, it suddenly feels the drug and resistance of trying to go alone – and quickly gets back into formation to take advantage of the lifting power of the bird in font.

"If we have twice as much sense as a goose, we will stay in formation with those people who are headed the same way we are.

"When the head goose gets tired, it rotates back in the wing and another goose flies the point. It is sensible to take turns doing demanding jobs, whether with people or geese flying south.

"Geese honk from behind to encourage those in front to keep their speed.

"What messages do we give when we honk from behind?

"Finally, and it is important when a goose gets sick or wounded by gunshot, and falls out of formation, two other geese fall own with that goose and follow it down to lend help and protection. They stay with the fallen goose until it is able to fly or until it dies; and only then do they launch out on their own, or with another formation to catch up with their group.

"If we have the sense of a goose, we will stand by each other like that." My goal for the coming year is to "stay the course." To me, this means ATOMA can "expect nothing different – just more of the same."

• More of the same support rendered in the past to the osteopathic profession can be counted on in the future.

 More of the same financial assistance for the impaired physicians' program.

 More of the same support for the most deserving osteopathic students in the form of scholarships and student loans.

· Continued aid for osteopathic research projects.

 Continued assistance to TOMA in getting the "word" out and the promotion of understanding about the osteopathic profession.

 Continued support of educational programs that tell a factual story about the profession and the dedicated people who practice osteopathic medicine.

These are of the "more of the same" things that we will be doing in the coming year.

Last, but not least, is to "be there when we are needed!"

This is a great organization with great and dedicated people who work together to do a great job. Thank you for your confidence in me and for selecting me as the head goose for this time. I will endeavor to earn that confidence in the coming year. If you see me drifting "off course," don't be afraid to "honk".

Dr. Robert Peters, Jr. and his staff proudly display the 1999 ATOMA t-shirts that they wear each Friday at their Round Rock Medical Clinic.

If you would like to purchase a t-shirt, please contact Mary Waggoner at the TOMA office in Austin - (800) 444-8662. The price is \$15. They are available in sizes S - XXXL.



## **THANKS**

To Everyone Who Generously Supported & Participated in TOMA's 100th Annual Convention

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# ACTIVITIES of the TOMA House of Delegates

A resolution opposing the concept that filing a claim for medical insurance coverage constitutes a blanket waiver of a patient's right to confidentiality of his/her medical records for all purposes, was among the major actions taken during the June 16 annual meeting of the House of Delegates of the Texas Osteopathic Medical Association. The House resolved to establish a policy whereby any release of medical information shared with third parties would be specifically limited for use in claims or quality assurance review, and for no other purpose.

The House also resolved to call upon the American Osteopathic Association to amend its "Code of Ethics" with the addition of the following wording to Section 5, which will read: "Section 5. ...such systemized and scientific knowledge through study and clinical applications with an emphasis on health promotion and disease prevention, and..." The House noted that prevention is seriously underuilized, and that the efforts of all osteopathic physicians, not just preventive medicine specialists, are needed to achieve the health improvement possible from available preventive care measures.

In other action, the House expressed concern over telemarketing to the elderly, noting that many are forced to make tough decisions regarding their health and general welfare based on limited financial resources. The House resolved to call upon the U.S. Congress to investigate and regulate the telemarketing industry and put an end to their use of unauthorized mailing lists that are utilized to prey upon the elderly. Action taken on all presented resolutions are printed starting on page 18 of this issue.

The election of officers for 1999-2000 highlighted the meeting, with Rodney M. Wiseman, D.O., of Whitehouse, assuming the TOMA presidency, succeeding Nelda Cunniff-Isenberg, D.O., of Burleson. Bill V. Way, D.O., of Duncanville, was elected president-elect and the new vice president is James E. Froelich, III, D.O., of Bonham.

Elected to a three-year term on the TOMA Board of Trustees was Bobby Howard, D.O., of Corpus Christi. Reelected to three-year terms on the Board of Trustees were Kenneth S. Bayles, D.O., of Dallas; Daniel W. Saylak, D.O., of College Station; and Irvin E. Zeitler, D.O., of San Angelo.

Mark A. Baker, D.O., of Fort Worth, was re-elected Speaker of the TOMA House of Delegates, and A. Duane Selman, D.O., of Arlington, was re-elected Vice Speaker.

Elected to three-year terms to the American Osteopathic Association House of Delegates were Elizabeth Palmarozzi, D.O., of Fort Worth, and Jack McCarty, D.O., of Lubbock. Re-elected to threeyear terms to the AOA House of Delegates were Robert G. Maul, D.O., of Lubbock; Donald M. Peterson, D.O., of Mesquite; and Rodney M. Wiseman, D.O., of Whitehouse.

Elected as alternate delegates to the AOA House were George N. Smith, D.O., of West, as first alternate; George M. Cole, D.O., of Amarillo, as second alternate; Steve E. Rowley, D.O., of Chandler, third alternate; Monte E. Troutman, D.O., of Fort Worth; Ray L. Morrison, D.O., of Crockett; Kenneth S. Bayles, D.O., of Dallas: Joseph Perks, D.O., of Greenville; Loraine Yeoham, D.O., of Fort Worth; Patrick J. Hanford, D.O., of Lubbock: R. Gene Moult, D.O., of Dallas: A. Duane Selman, D.O., of Arlington; Donald F. Vedral, D.O., of Cedar Hill; James R. Marshall, D.O., of Abilene; Adam B. Smith, D.O., of Fort Worth; Jeffrey Rettig, D.O., of Groesbeck; Felecia Waddleton-Willis, D.O., of Longview; and David P. Hill, D.O., of Cuero.

# Major Actions of the TOMA House of Delegates

MOTION: That life membership in TOMA be approved for Carl V. Mitten, D.O.; Ralph H. Moore, D.O.; Reginald Platt, III, D.O.; and Arthur F. Tripp, D.O., all of Houston; Frank J. Bradley, D.O., of Dallas; Donald M. Perterson, D.O. of Mesquite. APPROVED

MOTION: That life membership in TOMA be awarded to UNT Health Science Center President David M. Richards, D.O., who is retiring from his position in December, 1999. APPROVED

RESOLUTION NO. 1 PERTAINING TO AOA CONVEN-TION TRANSPORTATION: The House of Delegates resolves to request that the AOA provide shuttle services from all convention hotels to the various programs during the entire American Osteopathic Association's annual convention. APPROVED AS AMENDED

RESOLUTION NO. 2 PERTAINING TO DRUG THERAPY SURVEYOR GUIDELINES FOR NURSING HOMES: The House of Delegates goes on record opposing the drug therapy surveyor guidelines for nursing facilities as currently written, and recommends that they be rescinded; and further resolves that future drug therapy surveyor guidelines regarding inappropriate

drug use in nursing facilities be developed in collaboration with professional organizations possessing clinical expertise in geriatrics and long term care medicine; and further supports forwarding this resolution to the AOA House of Delegates for referral to the Council on Federal Health Programs for appropriate action.

APPROVED AS AMENDED

RESOLUTION NO. 3 PERTAINING TO A TOMA HOUSE OF DELEGATES FORUM: The House of Delegates resolves that it establish a forum prior to each House of Delegates meeting where delegates and alternates can meet, discuss, and debate issues of particular concern to individual osteopathic physicians in Texas.

APPROVED

RESOLUTION NO. 4 PERTAINING TO THE RETIRE-MENT OF THE UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER PRESIDENT: The House of Delegates goes on record expressing sincere appreciation to David M. Richards, D.O., FACOFP, for his leadership in the development of partnerships between the UNT Health Science Center and other health education and health care institutions throughout the country, as well as with business, philanthropic and educational organizations in Fort Worth and throughout Texas. APPROVED RESOLUTION NO. 5 PERTAINING TO DRUG SAMPLES: DISAPPROVED

RESOLUTION NO. 6 PERTAINING TO CME MEETINGS OF THE DIVISIONAL SOCIETIES OF THE AOA: The House of Delegates goes on record supporting the awarding of category 1-B CME credits for meetings of divisional societies of the AOA where the review and evaluation of patient care programs are evaluated and discussed; and further resolves to submit a similar resolution to the AOA House of Delegates for adoption. APPROVED

RESOLUTION NO. 7 PERTAINING TO TELEMARKET-ING TO THE ELDERLY: The House of Delegates support Congressional efforts to investigate and regulate the telemarketing industry and put an end to their use of unauthorized mailing lists that are utilized to prey upon the elderly. APPROVED AS AMENDED

RESOLUTION NO. 8 PERTAINING TO OSTEOPATHIC POSTDOCTORAL TRAINING PROGRAM INFORMA-TION: The House of Delegates urges the AOA to develop and implement a program whereby an annual report is sent to all reidents in osteopathic postdoctoral training programs that were placed on probation as a result of deficiencies discovered by AOA inspection; and further resolves that the AOA have a special toll-free number available to all potential candidates for osteopathic postdoctoral training programs informing them of AOA postdoctoral programs on probation. APPROVED AS AMENDED

RESOLUTION NO.9 PERTAINING TO TOMA DISTRICT V SERVING AS THE HOST DISTRICT FOR THE 1999 TOMA CONVENTION: The House of Delegates goes on record expressing sincere appreciation to TOMA District V for serving as host district for the 1999 TOMA Annual Convention. APPROVED

RESOLUTION NO. 10 FERTAINING TO PROTECTION OF HOSPITAL PRIVILEGES: The House of Delegates recommends that the American Osteopathic Association study the ramifications of "hospitalists" on continuity of care and the issue of how primary care physicians will be able to maintain their skills, full scope of practice, and health plan membership in light of their relinquishing hospital privileges and the establishment of in-patient hospital care teams. APPROVED

RESOLUTION NO. 11 PERTAINING TO HCFA COMMU-NICATION WITH PHYSICIANS: The House of Delegates requests that the leadership of the American Osteopathic Association meet with Health Care Financing Administration (HCFA) officials to request that HCFA provide thorough, current, written information on the preparation and coding of Medicare claims to all physicians prior to the implementation of any new policies or programs. AppROVED

RESOLUTION NO. 12 PERTAINING TO CONFIDEN-TIALITY OF PATIENT RECORDS: The House of Delegates goes on record opposing the concept that filing a claim for medical insurance coverage constitutes a blanket waiver of a patient's right to confidentiality of his/her medical records for all purposes; and resolves to establish a policy whereby any release of medical information shared with third parties be specifically limited for use in claims or quality assurance review and for no other purpose.

APPROVED

RESOLUTION NO. 13 PERTAINING TO STATE JURIS-DICTION OVER ERISA PLANS: The House of Delegates goes on record as formally supporting federal legislation to accomplish changes to the Employee Retirement Income Security Act (ERISA) of 1974, as amended, provided that ERISA does not preempt a state's jurisdiction over the quality of medical services delivered to its citizens when the state regulates manged care organizations making medical necessity decisions for covered medical services.

APPROVED

**RESOLUTION NO. 14 PERTAINING TO PROFESSIONAL** 

COURTESY: The House of Delegates reaffirms a physician's right to provide professional courtesy; and further resolves to forward this resolution to the AOA and request that the AOA work to reinstate the practice of professional courtesy at the federal level.

APPROVED AS AMENDED

RESOLUTION NO. 15 PERTAINING TO LATEX ALLERGY: The House of Delegates strongly encourages Texas health care facilities to provide non-latex alternatives in areas of patient care. APPROVED AS AMENDED

RESOLUTION NO. 16 PERTAINING TO DUE PROCESS FOR ALLEGED IMPAIRED PHYSICIANS: The House of Delegates adopts the policy that, except in the case of summary suspension necessary to protect patients from imminent harm, no adverse action be taken against the privileges of a physician by a hospital, managed care organization or insurer based on a claim of physician impairment without a suitable due process hearing in accordance with medical staff bylaws to determine the facts related to the allegations of impairment and, where appropriate, a careful clinical evaluation of the physician. APPROVED

RESOLUTION NO. 17 PERTAINING TO THE TEXAS RURAL COMMUNITY HEALTH SYSTEM: The House of Delegates resolves to initiate efforts to educate rural osteopathic physicians, hospitals and communities about how to effectively respond to managed care; and further resolves to work with state and county medical societies, hospital associations, pharmacy associations and other rural advocacy organizations to produce educational and technical resources to foster development of the Texas Rural Community Health System, organized around the following principles:

a) Local delivery systems organized around the physical, mental and psychosocial needs of the community, with physicians and other providers forming the bedrock of the network; b) Clinical decision-making and financial management residing within the rural community health network, wherever feasible, with physicians retaining responsibility for a network's medical, quality and utilization management; c) Savings generated by rural community health network should be reinvested in the local health care delivery system, rather than redirected toward urban centers, since rural health systems and economies are fundamentally intertwined; d) Patients retain access to the spectrum of local health services, thereby preserving patient-physician relationships and continuity of care; and d) Participation in rural community health networks is voluntary, but open to all qualified rural physicians and other health care provider wishing to participate.

APPROVED AS AMENDED

RESOLUTION NO. 18 PERTAINING TO PREVENTIVE CARE: The House of Delegates resolves that the AOA's "Code of Ethics" be amended by the addition of the following wording to Section 5, which will read: Section 5. ...such systemized and scientific knowledge through study and clinical applications with an emphases on health promotion and disease prevention. APPROVED LAS AMENDED

RESOLUTION NO. 19 PERTAINING TO RURAL HEALTH CLINICS – LOCATION AND QUALITY OF CARE: The House of Delegates goes on record supporting the concept that federal and state tax dollars should not be used to support rural health clinics that choose to locate adjacent to established physician health care facilities rather than other sites within medically underserved areas; and further supports forwarding this resolution to the AOA House of Delegates for its consideration and adoption.

APPROVED AS AMENDED

RESOLUTION NO. 20 PERTAINING TO THE NATIONAL RURAL HEALTH CONGRESS: The House of Delegates resolves that the AOA determine its membership by zip code in an effort to precisely quantify the number of rural practitioners; and further resolves that the AOA should take a leadership role by: a) determining an uniform definition of "rural" and b) convening a rural health care congress by the year 2002. APPROVED AS AMENDED

RESOLUTION NO. 21 PERTAINING TO DIVERSITY IN LEADERSHIP POSITIONS: The House of Delegates resolves that the AOA establish initiatives to increase awareness of and encourage diversity in its leadership positions and to also encourage its state divisional societies to do the same. APPROVED AS AMENDED

#### **RESOLUTION NO. 22 PERTAINING TO TOMA HOUSE**

OF DELEGATES MEETING: The House of Delegates calls for its annual business meeting to take place on a weekend date that does not conflict with Texas Osteopathic Medical Association, Texas Society of Osteopathic Family Physicians or American Osteopathic Association business affairs or CME meetings.

APPROVED AS AMENDED

RESOLUTION NO. 23 PERTAINING TO HOUSE OF DEL-EGATES MEMBERSHP: The House of Delegates resolves that the TOMA House of Delegates and the TOMA Board of Trustees explore and develop methodologies designed to encourage younger members of TOMA to actively participate in the policy-making body of this association. APPROVED

#### Other Action Taken by the House

In other action, 1994 TOMA resolutions reviewed under the Sunset Rule, as well as completed resolutions, resulted in the following:

#### Deleted

- 94-12 Blue Cross-Blue Shield Par Plan
- 94-16 Health Care Reform Legislation
- 94-25 Malpractice Insurance
- 94-32 Maximum Allowable Actual Charge
- 94-27 Postgraduate Training Programs
- 94-08 Redirection of Professional Licensing Fees
- 94-02 Taxes on Doctors
- 97-02 AOA Position Paper on OMT and E & M
- 97-01 "Chronic Recurrent" Somatic Dysfunction
- 97-03 "Sub-Acute" Somatic Dysfunction
- 98-12 Host District

#### Reaffirmed

- 94-31 Continuing Medical Education
- 94-05 Drug Samples
- 94-24 Environmental Health
- 94-33 Medicare Reimbursement
- 94-34 Medicare
- 94-21 OMT Reimbursement
- 94-35 Peer Review by TMF
- 94-26 Postgraduate Training Programs
- 94-28 Prescription Drug Samples
- 94-29 Steroids
- 94-30 Texas Natural Death Act
- 94-03 TOMA Supports Early Voting Day Policy
- 94-15 Who Speaks for Osteopathic Physicians?

#### Revised

#### [] denotes deleted language and denotes new language

#### 97-17 - Medicare Injectables

WHEREAS, the rates of reimbursement for [1994] Medicare services for drugs and biologicals [as published in the

#### Special Medical Part B Newsletter No. 126, dated 12-27-93,] is very disturbing to Texas osteopathic physicians, and

- WHEREAS, reimbursement for drugs and biologicals will be based on the lower of the estimated acquisition cost or the national average generic wholesale price for the drug, and
- WHEREAS, the use of national generic wholesale price will lead to reimbursement rates below the actual acquisition cost to Texas osteopathic physicians for drugs, and
- WHEREAS, Medicare recipients will be forced to go to hospital emergency rooms for injectable medications they were once able to receive in their doctors' offices, and
- WHEREAS, this policy will increase the cost of health care without improving the quality of that care, therefore,
- BE IT RESOLVED, that the TOMA House of Delegates goes on record supporting the use of the estimated acquisition cost to calculate reimbursement for Medicare drugs and biologicals in Texas, and
- BE IT FURTHER RESOLVED, that the TOMA House of Delegates calls upon Medicare Part B of Blue Cross-Blue Shield of Texas to conduct a survey of Texas physicians to determine the estimated acquisition costs of covered Medicare injectables, and
- BE IT FURTHER RESOLVED, that the TOMA House of Delegates calls upon the American Osteopathic Association to initiate communications with the Health Care Financing Administration (HCFA) to inform them of the potential decrease in the quality of care provided to Medicare recipients caused by the [new] injectable reimbursement policy.

#### 94-10 - Osteopathic Representation on TWCC Committees

- WHEREAS, Texas osteopathic physicians support osteopathic representation on all medical related committees of the Texas Workers' Compensation Commission, and
- WHEREAS, in the past, many policies and regulations adopted by the Texas Workers' Compensation Commission were found to be objectionable to Texas osteopathic physicians after they were drafted by special advisory committees of the Commission that had no osteopathic physicians as members [and]. therefore,
- [WHEREAS, there is currently confusion on the part of third party carriers concerning the Texas Workers' Compensation Commission's program guidelines for Osteopathic Manipulative Therapy (OMT) and physical therapy (PT) which has led to the misconception among many third party carriers that OMT is physical therapy, therefore!
- BE IT RESOLVED, that the TOMA House of Delegates calls upon the Texas Workers' Compensation Commission to ensure osteopathic physician representation on all special medical advisory committees created by the Commission, and
- BE IT FUTHER RESOLVED, that the TOMA House of Delegates calls upon the Texas Workers' Compensation Commission to always develop separate guidelines for osteopathic manipulative therapy from those of physical

therapy and to plainly state to third party carriers that OMT is not physical therapy.

#### 94-14 - Physician Administered OMT

- WHEREAS, the [1994] 1999 Physician's Current Procedural Terminology (CPT-4) book includes five [new] code numbers and descriptions for Osteopathic Manipulative Therapy (OMT), and
- WHEREAS, the OMT codes in the CPT-4 book specifically state "physician applied," and
- WHEREAS, the term "physician" should be limited to doctors of osteopathic medicine (D.O.) and doctors of allopathic medicine (M.D.), and
- WHEREAS, the Health Care Financing Administration (HCFA) currently allows physical therapists (P.T.) to use the OMT codes, and physical therapists are not licensed physicians, therefore
- BE IT RESOLVED, that the TOMA House of Delegates goes on record opposing the Health Care Financing Administration (HCFA) policy of allowing physical therapists to utilize OMT codes, and
- BE IT FURTHER RESOLVED, that the TOMA House of Delegates calls upon the American Osteopathic Association to actively oppose the use of OMT codes by groups other than fully licensed osteopathic and allopathic physicians and to work diligently to reverse such policies, wherever they currently exist, that allow non physicians to utilize OMT codes for reimbursement.

New officers elected by the House are listed elsewhere in this issue, along with department and committee appointments of President Rodney Wiseman, D.O.

The House of Delegates observed a minute of silence for the following members, family and friends who died during the past year. J. C. Keef, D.O.; F. Marion Crawford, D.O.; H. V. W. Broadbent, D.O.; James Henry Kritzler, D.O.; P. Harlan Wilson, D.O.; Mavern Devine Kinzie; J. N. Stewart, D.O.; Raymond R. Hughes, D.O.; Myrtle Frances Hall; Marjorie C. Luke; Ethel Woods; William R. Ballard, Jr., D.O.; and Robert B. Beyer, D.O., Lillian Pilzer Sheperd; Leland Long, D.O.

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

- 5 YEARS: Hector Lopez, D.O.
- 10 YEARS: Daniel W. Saylak, D.O.; Stephen F. Urban, Jr., D.O.; Paul S. Worrell, D.O.
- 11 YEARS: D. Dean Gafford, D.O.
- 12 YEARS: Kenyon R. Behrens, D.O.; James T. Hawa, D.O.; Royce K. Keilers, D.O.; Carl V. Mitten, D.O.; Monte E. Troutman, D.O.
- 13 YEARS: James W. Czewski, D.O.; Al E. Faigin, D.O.
- 14 YEARS: Kenneth S. Bayles, D.O.; Robert J. Breckenridge, D.O.; Brian G. Knight, D.O.; Bill V. Way, D.O.
- 15 YEARS: Don D. Davis, D.O.; James E. Froelich, III, D.O.; Randall W. Rodgers, D.O.; Arthur J. Speece, III, D.O.; Rodney M. Wiseman, D.O.
- 16 YEARS: Mark A. Baker, D.O.; Bryce D. Beyer, D.O.; David M. Beyer, D.O.; R. Greg Maul, D.O.
- 17 YEARS: Jerry E. Smola, D.O.
- 18 YEARS: Nelda N. Cunniff-Isenberg, D.O.
- 19 YEARS: John L. Mohney, D.O.
- 20 YEARS: William D. Hospers, D.O.; James G. Matthews, Jr., D.O.; Joseph Montgomery-Davis, D.O.
- 22 YEARS: John R. Peckham, D.O.; Robert L. Peters, Jr., D.O.; Merlin L. Shriner, D.O.
- 23 YEARS: Donald F. Vedral, D.O.
- 27 YEARS: Frank J. Bradley, D.O.; Bill H. Puryear, D.O.; Arthur S. Wiley, D.O.
- 29 YEARS: John J. Cegelski, Jr., D.O.
- 30 YEARS: Donald M. Peterson, D.O.
- 33 YEARS: William R. Jenkins, D.O.
- 34 YEARS: David R. Armbruster, D.O.

Mark A. Baker, D.O., Speaker of the TOMA House of Delegates and A. Duane Selman, D.O., Vice Speaker, were recognized with plaques for outstanding service to the 1998 House of Delegates.

## Texas Osteopathic Medical Association 1999 – 2000 COMMITTEE APPOINTMENTS

#### EXECUTIVE COMMITTEE

Rodney M. Wiseman, Chair Nelda N. Cunniff-Isenberg Jim W. Czewski James E. Froelich, III Hector Lopez R. Greg Maul Bill V. Way Irvin E. Zeitler

#### BOARD CONSULTANT FOR HEALTH AFFAIRS Joseph Montgomery-Davis

DEPARTMENT OF PROFESSIONAL AFFAIRS Irvin E. Zeitler, Chair

#### CONSTITUTION, BYLAWS & DOCUMENTS (2002)

Mark A. Baker, Chair Andrew B. Burke Joseph Montgomery-Davis Ray L. Morrison Randall W. Rodgers A. Duane Selman S/D Christopher Tidwell Monte E. Troutman Stephen F. Urban

#### **ETHICS (2003)**

Nelda N. Cunniff-Isenberg, Chair David R. Armbruster John H. Boyd George L. DeLoach Patrick J. Hanford R. Gene Moult John R. Peckham David J. Randell

#### OSTEOPATHIC PRINCIPLES & PRACTICE (2000)

George M. Cole, Chair S/D Kevin J. Blanton Teresa D. Boyd Daniel J. Boyle Nelda N. Cunniff-Isenberg Jerry L. Dickey Gregory A. Dott Wayne R. English, Jr. S/D Stephanie E. Horton William D. Hospers Ray L. Morrison Donald M. Peterson Daniel L. Rader Arthur J. Speece, III Conrad A. Speece Stephen M. Taylor David E. Teitelbaum Paul S. Worrell

**CONVENTION PROGRAM (2000)** 

Ray L. Morrison, Chair George N. Smith, Vice Chair Ms. Sherry Dalton Joseph A. Del Principe Patrick J. Hanford David P. Hill Bobby D. Howard S/D Christine Sandoval S/D Bobby Smith

PHYSICIANS HEALTH & REHABILITATION (2000) John R. Marshall, Chair James E. Froelich, III, Vice Chair Edward L. Baker, III Mr. Terry R. Boucher Daniel J. Boyle Ronald W. Brenz John J. Cegelski, Jr. Jerry T. Davis Louis E. Deere Richard A. Friedman Samuel B. Ganz Neal S. Levy Jeffrey C. Thompson Stephen B. Trammell Daniel W. Saylak Jan S. Swanson Ms. Paula S. Yeamans

#### **District Coordinators**

Dist. 1 – George M. Cole Dist. 3 – Khoren Hekimian Dist. 4 – Irvin Zeitler Dist. 6 – Robert S. Stark Dist. 7 – Harold D. Lewis Dist. 9 – Claire R. Zengerle Dist. 11 – Kenyon R. Behrens Dist. 12 – Rocco L. Morrell Dist. 14 – Joseph Montgomery-Davis Dist. 16 – Ted C. Alexander Dist. 17 – Sara Apsley-Ambriz

#### PROFESSIONAL LIABILITY INSURANCE (2001) James E. Froelich, III, Chair Kenneth S. Bayles Mr. Terry R. Boucher Andrew B. Burke Richard A. Friedman Bobby D. Howard William R. Jenkins Jack McCarty Bill H. Puryear

George N. Smith S/D Diana C. Wagner Bill V.Way

#### SOCIOECONOMICS (2004)

Kenneth S. Bayles, Chair Mr. Terry R. Boucher John E. Carter George M. Cole George L. DeLoach Al E. Faigin Richard A. Friedman D. Dean Gafford Bobby D. Howard Joseph Montgomery-Davis S/D Russell M. Peckham Adam B. Smith John L. Wrieht, Jr.

#### DEPARTMENT OF PUBLIC AFFAIRS Hector Lopez, Chair

ENVIRONMENTAL HEALTH & PREVENTIVE MEDICINE (2001) John J. Cegelski, Jr., Chair James R. Marshall, Vice Chair Merritt G. Davis Randall E. Hayes Alfred R. Johnson Hector Lopez Christopher C. Pratt S/D Sony Sinha S/D Jeffrey Siu Paul S. Worrell

#### AWARDS AND SCHOLARSHIP (2004)

Jerry E. Smola, Chair Nelda N. Cunniff-Isenberg James W. Czewski R. Greg Maul Arthur J. Speece, III T. Eugene Zachary

#### MILITARY AFFAIRS (2003)

Ronald W. Brenz, Chair William D. Hospers S/D Christopher O. Restad S/D Wesley M. Theurer Arthur S. Wiley

#### DEPARTMENT OF DEVELOPMENT & LIAISON Jim W. Czewski, Chair

#### GOVERNMENTAL RELATIONS (2002)Mark A. Baker, Chair Jim W. Czewski, Vice Chair Elmer C. Baum Mr. Terry R. Boucher George M. Cole D. Dean Gafford Russell G. Gamber Patrick J. Hanford S/D Marshall T. Hayes Tony G. Hedges William R. Jenkins Robert L. Peters Ir Donald M. Peterson S/D Bibas Reddy Daniel W. Saylak A. Duane Selman Jerry E. Smola R. Russell Thomas, Jr. Monte E. Troutman Steve F. Urban

#### LIAISON TO AMERICAN OSTEO-PATHIC ASSOCIATION (2001) Robert L. Peters, Jr. T. Eugene Zachary

#### LIAISON TO THE TEXAS COL-LEGE OF OSTEOPATHIC MEDICINE (2002) Mr. Terry R. Boucher Bill V. Wer

Bill V. Way Rodney M. Wiseman

#### MEMBERSHIP, SERVICES & PROFESSIONAL DEVELOPMENT (2004)

Daniel W. Saylak, Chair Jack McCarty, Vice Chair S/D Ruth Ann Adell Samuel T. Coleridge Jim W. Czewski Joseph A. Del Principe Patrick J. Hanford David P. Hill Hector Lopez Joseph Montgomery-Davis Elizabeth A. Palmarozzi Steve E. Rowley John A. Whitman Claire R. Zemegrle

#### STRATEGIC PLANNING (2003) Bill V. Way, Chair Mark A. Baker Kenneth S. Bayles John H. Boyd George M. Cole Samuel T. Coleridge Nelda N. Cunniff-Isenberg James E. Froelich, III Patrick J. Hanford Tony G. Hedges S/D Matthew Margolis Jack McCarty S/D Jeffrey Siu Jerry E. Smola Arthur J. Speece, III

STUDENT/POSTDOCTORAL AFFAIRS (2001) Monte E. Troutman, Chair John R. Bowling Dale H. Brancel

Craig D. Whiting

Robert C. DeLuca Al E. Faigin Hector Lopez S/D William E. Moss Elizabeth A. Palmarozzi S/D Amit Parikh Christopher C. Pratt Moin A. Shaikh S/D Jeffrey Siu Laura S. Stiles

PAST PRESIDENTS' ADVISORY COUNCIL R. Greg Maul, Chair All TOMA Past Presidents

#### AD HOC COMMITTEES

#### CAPITAL CAMPAIGN Royce K. Keilers, Chair George M. Cole Elizabeth A. Palmarozzi Steve E. Rowley Daniel W. Saylak A. Duane Selman

#### EXECUTIVE DIRECTOR COMPENSATION REVIEW Monte E. Troutman, Chair

Mark A. Baker Jack McCarty Irvin E. Zeitler

#### TEXAS HEALTH QUALITY INSTITUTE George M. Cole

Nelda N. Cunniff-Isenberg Rodney M. Wiseman

#### TOMA 100TH ANNIVERSITY COMMITTEE

James E. Froelich, III, Chair Donna Hand Harold D. Lewis Hector Lopez R. Greg Maul Jack McCarty S/D Jeffrey Siu S/D Joby Smith

## James G. Matthews, Jr., D.O.

# Recipient of TOMA's Outstanding Community Service Award



Dr. James G. Matthews (L) accepts the Outstanding Community Service Award from TOMA board member, Dr. Joseph Del Principe

James G. Matthews, Jr., D.O., a retired Grand Prane obstetrician/gynecologist, has received the Texas Osteophic Medical Association's Outstanding Community Service Award The award represents the highest honor that TOMA can beston upon an osteopathic physician in recognition of outstanding service to their community through the promotion of and dedication to osteopathic medicine in their practice. The award winner also exemplifies what the profession preceives to be the "typical" osteopathic physician who cares for patients and is an unsurg, lead hero. The award was presented to Dr. Matthews on Thursday, Jam 17, during TOMA's 100th Annual Convention and Scientific Seminar, held June 17-20 in Dallas.

A 1942 graduate of the Kirksville College of Osteopathic Medicine, Kirksville, Missouri, Dr. Matthews served his obsterics/gynecology residency at Detroit Osteopathic Hospital in Michigan, where he was later named chairman of the Department of Obstetrics and Gynecology. Dr. Matthews was responsible for the training of several hundred medical students, interns and residents. He introduced regional block in the form of continuous caudal to provide painless deliveries, which was followed by the epidural a few years later. During 25 years at the hospital, 85,000 bahies were delivered in what was then the third largest obstetrical service in the state. Also while in Michigan, Dr. Matthews co-founded and served as president of the Michigan Society of Osteopathic Obstetricians and Gynecologists.

Upon his relocation to Texas, Dr. Matthews served as chairman and/or co-chairman of the Department of Obstetrics and Gynecology, as well as Chief of Intern/Extern and Residen Training in OB/GYN at Dallas/Fort Worth Medical Center - Grand Prairie, He also served as a clinical professor in OB/GYN at the University of North Texas Health Science Center/Texas College of Osteopathic Medicine in Fort Worth. After a career spanning 50 years, Dr. Matthews retired from practice but continues to promote the practice of osteopathic medicine in Grand Prairie.

Throughout the years, Dr. Matthews has represented the ostopathic professional on all levels with outstanding commitment. He is a Diplomate of the American Osteopathic Board of OB/GYN and the American Board of Sexology, as well as a Distinguished Fellow of the American College of Osteopathic Obstetricians and Gynecologists.

His numerous memberships and activities include life membership in TOMA, in which he served as chairman and member of many committees over the years; TOMA District XV, his distict society, in which he has held all offices, including president, from 1978-1991; life member of the American College of Osteopalic Obstetricians & Gynecologists, in which he is a past president and the 1984 recipient of the Distinguished Service Award; and life member of the American Osteopathic Association

Locally, Dr. Matthews was selected as the City of Grand Prairie Public Servant in 1989; YMCA Metropolitan Volunteer of the Year, also in 1989; and served as chairman of the Sustaining Fund Drive for the Grand Prairie YMCA.

TOMA takes great pride in congratulating Dr. Matthews on receiving this well deserved award. Preston Smith, a former Governor of the State of Texas, has received the Texas Osteopathic Medical Association's Meritorious Service Award. The award represents the highest honor that TOMA can bestow upon a non-physician in recognition of outstanding accomplishments in scientific, philanthropic or other field of public service to the osteopathic profession in Texas. The award was presented to Governor Smith during TOMA's 100th Annual Convention and Scientific Seminar, held June 17-20- in Dallas.

Gov. Smith, who served from 1969-1973, was recognized for his service to the osteopathic profession through his championship of the fledgling Texas College of Osteopathic Medicine in Fort Worth (TCOM). In 1971, Smith signed Senate Bill 160, an act which provided operating funds for TCOM in recognition of the shortage of primary care physicians in the state and in particular, "...the lack of a public facility...for the education, instruction, training and preparation of undergraduate osteopathic medical students..." In February 1972, TCOM entered into an affiliation agreement with North Texas State University in Denton to provide TCOM students with basic science instruction on the NTSU campus, which continued to benefit TCOM students during the next six years. Today, TCOM is part of the University of North Texas Health Science Center.

Also during his tenure as Texas governor, Smith designated the Commission on Alcoholism as the state agency to comply with the federal Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, resulting in the first state plan to prevent, treat, and control alcohol abuse and alcoholism.

The Smith administration also took an active part in promoting the film industry in Texas, with positive results for the economy. The Texas Film Commission, established in 1971, brought about the production in Texas of over 100 theatrical and television movies over the next decade. The commission became a part of the Texas Department of Commerce in 1987.

In addition to serving as governor, Smith served as a state representative, state senator and three terms as lieutenant governor.

He was recently recognized for 50 years of service to the Masonic Grand Lodge of Texas, receiving a gold lapel pin from Grand Master of Masons in Texas. He is the only living governor to receive the 50-year pin. Former Governor Price Daniel, who died in 1988, received a 50-year pin in 1982.

## Preston Smith

# Former Texas Governor Receives TOMA's Meritorious Service Award



TOMA President, Dr. Rodney Wiseman (L) and Dr. Glenn Calabrese congratulate Preston Smith (R).

## William R. Jenkins, D.O.

# Awarded TOMA's Distinguished Service Award



Dr. William R. Jenkins (R) receives the Distinguished Service Award from Dr. Rodney Wiseman (L), TOMA President and Dr. Glenn Calabrese.

William R. "Russ" Jenkins, D.O., a retired Fort Work surgeon, has received the Texas Osteopathic Medical Associations' Distinguished Service Award, presented during TOMA's 100th Annual Convention and Scientific Seminar, held June 17-20 in Dallas. The award represents the highest honor that TOMA eau bestow upon an osteopathic physician in recognition of outstanding service and contributions to the osteopathic profession in Texas.

A 1951 graduate of the Kirksville College of Osteopathic Medicine, Kirksville, Missouri, Dr. Jenkins served a genteri surgery residency at Fort Worth Osteopathic Hospital (since renamed Osteopathic Medical Center of Texas). He is a Diplomate of the American Osteopathic Board of Surgery and a Fellow of the American College of Osteopathic Surgeons.

Throughout the years, Dr. Jenkins has represented the ostopathic profession on all levels with honor and excellence. He was one of the pioneer faculty members of the University of Norh Texas Health Science Center/Texas College of Osteopathic Medicine (TCOM) in Fort Worth. He joined TCOM in 1970 as a volunteer faculty member in the Department of Surgery. In 1978, he became chairman of the Department of Surgery, a post he held until his retirement in 1991, at which time he was awarded the rank of Professor Emeritus by the University of North Texas Board of Regents. Dr. Jenkins also served as director of the general surgery residency program at TCOM/Osteopathic Medical Center of Texas In 1992, he and his wife, Connie Jenkins, D.O., were the recipients of TCOM Founders' Medals for their dedication and commitment to the college and the osteopathic profession.

He has been extremely active in TOMA affairs, serving as president from 1982-83; as a member of the House of Delegates since 1964; member of the Board of Trustees; and as member and chairman of numerous committees over the years. He was particularly active in TOMA legislative affairs, and was instrumental in 1981 in securing legislation that changed the Medical Practice Art to require that three osteopathic physicians serve on the Texas State Board of Medical Examiners. He was also actively involved in 1983 legislation that requires the president of TCOM to be an osteopathic physician.

Other memberships and activities include TOMA District II, his district society, in which he has served as president; American College of Osteopathic Surgeons, in which he served on the Board of Governors; American Osteopathic Association; Tarrant County Health Planning Council; Citizen's Commission on the Texas Judicial System (appointed by the Texas Supreme Court); North Central Texas Council of Governments; and the Governors' Task Force on Indigent Health Care.

Additional honors include the Fort Worth Osteopathic Medical Center Staff Award in 1987 and the TCOM Foundation Award in 1983.

TOMA is proud to extend congratulations to Dr. Jenkins on receiving this award.

The following are excerpts of Mr. John Crosby's address to the House.

I'm thrilled to be back, and I have no arguments with Terry. You've got the best association right here in Texas.

... I want to say part of my sincerity in saving that is just what Terry described, not only is Texas leading the way with respect to the re-entry pathway to membership, and the resolution that our board and our House of Delegates have already endorsed to go forward as part of the Unity Campaign, but also the leadership you are taking here in the State of Texas with respect to managed care. We watch very closely what is happening in your legislature. It is the bell-weather; it is the leading example of how to deal with managed care organizations. They're listening to you in Washington. Other state associations and other state capitols are waiting to find out whether Governor Bush is going to sign that piece of legislation. And we, at the AOA, are taking your leadership to heart as well.

I consider all of that, the re-entry pathway, the legislative efforts, the trips around the state to visit your districts, as a combined effort, a unified effort to make Texas a better place for D.O.s to practice medicine. And I take that message home, too, to Chicago. As I go around the country my goal is to make the AOA a better place for D.O.s to practice medicine. And I want to thank you for your support in doing that.

Let me just mention very briefly a few things we are doing to make the AOA a better place. We started last year a 'Marshall Plan' to help the states, that aren't so well off as Texas, establish new membership programs. We came up with a matching grant formula, \$300,000 out of our coffers, to help ten small states with matching grant to build up their membership. I am proud to report that that effort is going very well.

We are fighting spinal manipulation legislation in eleven states put forward by the chiropractors. We are having great success in those states in defeating that legislation, or amending it to made sure that osteopathic physicians are recognized for your contribution, your training, your expertise, much more so than the chiropractors.

I'd like to mention the OPTI program, which you know is about to become operative on July 1. Just last week our Executive Committee of the

AOA Executive Director John Crosby, J.D. Addresses TOMA House of Delegates

Council on Postdoctoral Training approved the 16th and last OPTI. All 16 OPTIs are ready to go July 1. We will be taking that message to Washington, so that Health and Human Services and the Department of Education realize that osteopathic medicine is at the cutting edge with respect to graduate medical education.

The American Osteopathic Foundation was brought to Chicago last year. Since then, the membership in the Foundation has grown from 900 members a year ago to 9,000 today.

We're making even grater contributions to the Student Osteopathic Medical Association (SOMA). Dr. Oliveri, our president-elect, has already committed to the students that we will put a student on the Board of Trustees of the AOA, like we have on 22 of our bureaus, councils and committees. The students are the future of the profession, and we owe it to them to give them a place at the table.

... The Women's Health Initiative is growing tremendously again for the second year. It will be the theme of our convention. We are working very closely with...other pharmaceutical companies to advance the cause of women's health .... and to get the osteopathic profession actually reaching out to the patient community, with guidelines, advice, counseling and other types of assistance. I'm sure you saw in the newspapers today that Eli Lilly's drug, Evista, which we had been working on with them with respect to osteoporosis in postmenopausal women, has now been determined by a three-year study to also have a significant reductive effect on breast cancer as well. So that's a message, too, we'll take forward with our Women's Health Initiative

I'll mention just a few other things...We are negotiating with Aetna, as you are here in Texas, to advance the cause of osteopathic doctors in their managed care plans across the country. We feel that if we can make headway with Aetna, which represents 39% of the doctors in plans nationwide, then the other managed care organizations will follow suit. We will continue to litigate when our doctors are taken to court or put in jail for providing palliative care at the end of life; and we will continue to advocate on your behalf in Washington with respect to the Patient Bill of Rights, Rep. Tom Campbell's bill, that will allow physicians to collectively bargain with managed care organizations.

I'd also like to report that...our Washington office is going to double its size, and double its staff so that we can better serve your interests in the nation's capitol. We must be doing something good because I just got a report...that our membership is up 4.92 percent over last year; we've added 1.347 new D.O.s and that doesn't count the students... total membership is 65.81 percent of all osteopathic physicians - 14.500 nationwide.

The hottest thing going...is the Unity Campaign. ...Our House of Delegates endorsed unanimously last summer the Unity Campaign to accentuate our distinctiveness as osteopathic physicians, and to make D.O.s a household word throughout America through a public relations campaign and to finally bring all aspects of the AOA family together under one roof.

Let me just take one example of that. accentuating our distinctiveness and explain how this relates to your life as an osteopathic physician. Perhaps not here in Texas, but I want to tell you about Colorado. We had a very unfortunate circumstance right after the House of Delegates last July in Denver. We had a very strong internship and residency program there at the Health One Hospital System, with 44 approved and funded positions. We had problems, however, in the last two or three years with the leadership at Health One which refused...time and time again to recognize the osteopathic physicians on the staff. We had two DME's that were fired because the CEO of the hospital didn't like osteopathic medicine. We sent in our site visit teams time and again, and cited them for deficiencies in their accreditation standards and they basically ignored us.

So, last July, our Council on Post Doctoral Training...pulled the trigger on them. We said "We are removing your accreditation, and we're advising HCFA that you are no longer authorized to train these young physicians. And therefore you've just lost \$3.8 million in your funding stream from HCFA through Medicare... We raised about \$110,000 to help those 44 interns and residents relocate to other programs around the Country. To no one's real suprise, Health One said. "..., You can't do that ... Who are you to tell us that we can't go forward as we would like without any kind of osteopathic leadership in the training that we do?" They took us to U. S. Federal Court in Denver and we had a week long hearing last August and guess what? The federal judge said, "No, you're wrong, the AOA is the accrediting body for osteopathic physicians across the country, and they have the deemed status with the federal government, not you. They set the standards. you breached the standards and they have every right to shut down your program if it doesn't subscribe to the educational programs established under their basic documents of law."

...We got word finally that Health One has now dismissed, with prejudice, their lawsuit...and they have withdrawn their appeal before the Bureau of Professional Education of the AOA. They have come back to us and said, "How can we re-establish an osteopathic program in our hospital? It is important to us, we recognize your role. We will put a D.O. on our Board of Trustees; we will hire a D.O. as a DME to oversee the program. And we will abide by your standards for osteopathic medical education."

And to me, that is what...our distinctiveness is all about. The osteopathic profession in Colorado, with our support and backing, was unified. We stood together, we stood up to Health One, and we abided by our rules. We'll do the same with other hospitals...around the country; we'll do the same with accreditation of our CME programs and with anybody else that doesn' t see fit to abide by what osteopathic medicine is all about. The Unity Campaign has now raised \$1 million for our public relations effort. The Bureau of Finance of the AOA...will be recommending to our Board and to the House of Delegates in July a three-year continuation of the campaign, to give us the opportunity to accomplish what we set out to do, what we promised to do, and that is to make D.O. a household word throughout America.

Just last week we had a team of D.O.s go to New York City and meet with the leadership of CNN television programs and four different magazines, to establish a beachhead for our public relations campaign. We had a video news release that was broadcast to 1,200 radio and TV stations, telling Americans what a D.O. is, what they do, what their training is and how you can find a D.O. in your community if you want a doctor of the highest quality possible.

I was in Maine over the last weekend and turned on a Portland TV station, and a ten-minute segment, pulled down from the satellite, was explaining osteopathic medicine. I couldn't have been more proud about the Unity Campaign already doing something for the D.O.s in Maine. If Maine is strong, Texas is strong. If Texas is strong, osteopathic medicine in Washington or California or Illinois or Mississippi is going to be strong. We're all in this together. That's what the Unity Campaign is all about.

My motto, in terms of staff leadership at the AOA is, "We can do it," We can D.O. it." And I know we can make the AOA a better place, and with your support here in Texas, I know we can succeed.

## MARK YOUR CALENDAR TODAY! 44th MidWinter Conference & Legislative Symposium "WHAT'S NEW FOR THE NEW MILLENNIUM"

February 18 - 20, 2000 - Renaissance North Dallas Hotel

## TOMA Executive Director Terry Boucher, M.P.H., Addresses TOMA House of Delegates

The following are excerpts from Mr. Boucher's address to the TOMA House of Delegates.

It's once again my pleasure to be in front of this distinguished body and I want to thank you, as a staff person, for the time that you volunteer to come and help make policy that we follow.

This year has been a very exciting year traveling around with Dr. Cuniff-Isenberg, and if you could name a year after a song, this year would have been "These boots are made for walking." She set a pace that was torrid for us to try to keep up with, and she was determined that she was going to go to all nineteen districts. I tell you, we almost made it. Between her and the legislative session. I'm not sure my body has recovered yet.

In front of you, you will find the TOMA Annual Report. It was not just Nelda and Linda [Cole] and I traveling about, but many of your colleagues were also working and doing committee work that is very vital to TOMA. If you have a chance, read that report, because within you will find that our association does a lot of work that many times the membership is not aware of. And as we work at the board level to restructure our committees, I think you're going to find a committee structure that is even more responsible and hard working.

Also enclosed in your delegate's packet is our Annual Audit Report from Pena Swayze. ...We currently are in good financial health; our assets have increased, and I think that we can be proud of our association.

You know at this time in life, many of us don't live with our extended families anymore. ...But you know one of the best extended families that I've ever been with is the osteopathic family. Not only is the osteopathic family good for physicians, it's good for the spouses and our children. And nowhere else can you find a group of people who understand the demands of the medical family. In the osteopathic family there's no reason for you to ever have to apologize for your stress, for that unexpected absence, for that demanding life-style that you live. You start this when you're a student, and you have a commonality in this that goes to no other family. ...I'm not sure any osteopathic family person can live alone and there is no reason to. We can come together and support each other. At this very moment we have



hundreds of our family members who aren't part of the osteopathic family; some of them because of the choices they made years back, but some of them because the choices made by others. They have been ostracized because they decided to make a choice to train in a residency program ...possibly for the opportunity to be closer to their own extended family; or they went to a place...they'd already picked as the place they wanted to practice so they could meet the referral doctors.

...Last year this very House passed a resolution that we took to the AOA to get this whole idea started of letting these prodigal sons and daughters return to the family. And the AOA has now started what they call 'The re-entry program.'' ...This is something that's going to be of great value to our osteopathic family. ...It's something that we have to watch and monitor, to make sure that those people, when they start coming back to our family, feel comfortable...

...I thank this House for their foresight in passing that resolution and for the AOA delegation who took it forward. ...I think that you can see that policy that starts in this House affects what goes on nationally. I thank you all for that.

I thank you once again for the opportunity to be your executive director...I think this is probably one of the best associations (and John Crosby may argue with me a little bit about this), but I think that the trends start in Texas and move to the rest of the country.

## Health Science Center Graduates Medical Professionals During 26th Commencement

More than 130 students graduated from the University of North Texas Health Science Center on June 5, during a commencement ceremony at the Fort Worth Convention Center Theater.

The graduating classes included 107 doctors of osteopathic medicine from the health science center's Texas College of Osteopathic Medicine, and 28 students from the center's Graduate School of Biomedical Sciences. This marked the 26th commencement for the health science center.



(Li to R) Benjamin Cohen, D.O. Executive Dean and Yace President of Health Affairs; Thomas Yorio, Ph.D., Dean of the Graduate School of Biomedical Sciences; David Richards, D.O., president; James Pawelczyk, Ph.D., UNT Health Science Centre alum, 1999 commencement speaker and former astronaut; Peter Raven, Ph.D., shari of impearitive physiologis; and Affed Hurley, Ph.D., chanaef of impearitive physiologis; and Affed Hurley, Ph.D., ethat of impearitive physiologis; and Affed Hurley, Ph.D., abuset of impearitive physiologis; and Affed Hurley, Ph.D., abuset of impearitive physiologis; and Affed Hurley, Ph.D., abuset of inmediate the Science Centre gather at the 1999 Commencement Branch at the Fort Worth Club in Fort Worth, Texus on Line 6 to hour the commencement greader.

This was the last medical and graduate school commencement ceremony for David M. Richards, D.O., president of the health science center, who has announced his retirement for December 1999. He will preside over the first commencement ceremony for the center's recently established physician assistant studies program in September.

Jim Pawelczyk, Ph.D., served as the 1999 commencement speaker, during which he received a Doctor of Public Service honorary degree. Dr. Pawelczyk was selected in 1995 as a Payload Specialist for the Neurolab space shuttle mission, and flew aboard STS-90 on the space shuttle Columbia in April and May of 1998. He is an assistant professor of Physiology and Kinesiology at the Noll Physiological Research Center at Pennsylvania State University. Dr. Pawelczyk received his training and education at the UNT Health Science Center.

The Texas College of Osteopathic Medicine now has over 2,000 alums. Nearly 70 percent of the school's graduate physicians practice primary care. Almost 30 percent of graduates in Texas practice in rural and underserved urban communities of less than 25,000. Following are the names and residency appointments of the Class of 1999.

#### Class of 1999 Texas College of Osteopathic Medicine

Michael Paul Abdelsaved, D.O. -Bi-County Hospital, Warren, MI Sandra Dee Adair, D.O. - Columbia Medical Center-Dallas Southwest. Dallas Eduardo Aguirre, D.O. - Dallas Southwest Medical Center, Dallas John Bruno Arkusinski, D.O. - Wilson Memorial Regional Medical Center, Johnson City, NY Carlos Shahrokh Bahrami, D.O. - Union Hospital, Union, NJ Tiffany Eilers Ballard, D.O. - South Texas Medical Center, San Antonio Anaisys Maria Ballesteros, D.O. -Palmetto General Hospital, Miami, FL David Linley Barnes, D.O. - Exempla Saint Joseph's Hospital, Denver, CO C. Renee Bean, D.O. - Conroe Regional Medical Center, Conroe Karen L. Benz, D.O. - Osteopathic Medical Center of Texas, Fort Worth Brooks Mercer Blake, D.O. -Osteopathic Medical Center of Texas. Fort Worth Niska Aaron Blevins, D.O. - Osteopathic Medical Center of Texas, Fort Worth Andrew Russell Briggeman, D.O. -Doctors Hospital, Columbus, OH Rosalinda Carrizales, D.O. - Medical Center Hospital, Odessa Stephen P. Cavanaugh, D.O. - Botsford General Hospital, Farmington Hills, MI Satish Chundru, D.O. - The University of Texas Medical Branch at Galveston. Galveston Gary R. Clark, D.O. - Union Hospital, Union, NJ Susan Courtney Summers Conroy, D.O. - John Peter Smith Hospital, Fort Worth Jonathan Scott Coolidge, D.O. -Doctor's Hospital, Groves Tri Duc Dang, D.O. - Scott & White Memorial Hospital, Temple Ozzy DeAngelo, D.O. - Osteopathic Medical Center of Texas, Fort Worth Jennifer Lvnn DeVoke, D.O. - Bay Area Medical Center, Corpus Christi Russell Gene Doubrava, D.O. - Sun Coast Hospital, Largo, FL

- Sean Cameron Doyle, D.O. Martin Army Community Hospital, Fort Benning, GA
- Hien Xuan Duong, D.O. Brackenridge Hospital, Austin Brad Reid Edwards, D.O. – Children's Mercy Hospital, Kansas City, MO
- Ryan S. Farrer, D.O. Osteopathic Medical Center of Texas, Fort Worth
- Craig Alphonso Ferrara, D.O. Osteopathic Medical Center of Texas, Fort Worth
- Joseph Francis Fischer, D.O. William Beaumont Army Medical Center, El Paso
- Catherine W. Floyd, D.O. Tulane Children's Hospital, New Orleans, LA
- Cheri Lynn Francis, D.O. John Peter Smith Hospital, Fort Worth
- Lisa Libertiny Gardner, D.O. Osteopathic Medical Center of Texas, Fort Worth
- Patrick Gaylor, D.O. Mesa General Hospital, Mesa, AZ
- Gilson R. D. Girotto, D.O. Wilson Memorial Regional Medical Center, Johnson City, NY
- Ginger Suzanne Goodchild, D.O. Scott & White Memorial Hospital, Temple
- William Todd Gray, D.O. Osteopathic Medical Center of Texas, Fort Worth
- Kyle Wayne Groom, D.O. Columbia Tulsa Regional Medical Center, Tulsa, OK
- B. Tarl Hamisch, D.O. Mount Clemens General Hospital, Mount Clemens, MI
- Kristy Oliver Heatly, D.O. Scott & White Memorial Hospital, Temple
- Randall D. Henderson, D.O. Columbia Bay Area Medical Center, Corpus Christi
- Kimberly D. Henderson-Dudley, D.O. Methodist Hospital, Dallas
- Mary Joy Stacy Hyde, D.O. Mount Clemens General Hospital, Mount Clemens, MI
- Warren Blake Jenkins, D.O. Baylor Medical Center, Garland Shaun Patrick Jester, D.O. St. Anthony Hospital,
- Oklahoma City, OK
- Vinay Madhukar Kamble, D.O. Michigan State University, Lansing, MI
- Shane Palmer Kimball, D.O. Osteopathic Medical Center of Texas, Fort Worth
- Steven D. King, D.O. Baptist Medical Center, Oklahoma City, OK
- Toyya Selah Kinsey, D.O. Arkansas Children's Hospital, Little Rock, AR
- Naveen Korivi, D.O. Columbia–Northside Medical Center, St. Petersburg, FL
- Sophia Lal, D.O. Shriners Hospital for Crippled Children and the Galveston Burns Institute, Galveston
- John Richmond Leaton, D.O. John Peter Smith Hospital, Fort Worth
- Paul Jaw-Shyang Lee, D.O. Kaiser-Oakland, Oakland, CA Donald Patrick Lesslie, III, D.O. – Doctor's Hospital, Columbus, OH
- Michele Didier Lesslie, D.O. Riverside Methodist Hospital, Columbus, OH



- Shirat Ling, D.O. Bay Area Medical Center, Corpus Christi Rowena Johnson Maclin, D.O. – John Peter Smith Hospital, Fort Worth
- Waleed Mahmoud, D.O. John Peter Smith Hospital, Fort Worth
- Cheri Lyn Mann, D.O. St. Paul Medical Center, Dallas
- Jason E. S. Markland, D.O. Stanislaus Medical Center, Modesto, CA
- Adriane Katherine Martin, D.O. Osteopathic Medical Center of Texas, Fort Worth
- Angela Denise May, D.O. Bay Area Medical Center, Corpus Christi
- John Kiran Midturi, D.O. Scott & White Memorial Hospital, Temple
- Jason C. Miller, D.O. Millcreek Community Hospital, Erie, PA
- Susan Celeste Moreno, D.O. Hermann Hospital, Houston
- Thomas George Moriarity, III, D.O. North Broward Hospital District, Fort Lauderdale, FL
- Theresa A. Mutzig-Erwin, D.O. Dallas-Fort Worth Medical Center, Grand Prairie
- Scott Elliot Neumann, D.O. Osteopathic Medical Center of Texas, Fort Worth

continued on next page

- Esiquiel P. Olivarez, Jr., D.O. Osteopathic Medical Center of Texas. Fort Worth
- David S. K. Or, D.O. Tulsa Regional Medical Center, Tulsa, OK
- Paulomi Ramesh Parikh, D.O.- University of Texas Health Science Center, San Antonio
- Robert Glen Parrott, D.O. Osteopathic Medical Center of Texas, Fort Worth
- Jatin Navendra Patel, D.O. Hermann Children's Hospital, Houston
- Sonal G. Patel, D.O. Christ Community Hospital, Oak Lawn, IL
- Sunil B. Patel, D.O. Methodist Hospital of Indiana, Inc., Indianapolis, IN
- John Robert Pearce, D.O. Dallas-Fort Worth Medical Center, Grand Prairie
- Jenny Lynn Peloquen, D.O. Scott & White Memorial Hospital, Temple
- Karen Michelle Perl, D.O. Capital Region Medical Center, Jefferson City, MO
- Kyle Dean Phillips, D.O. Scott & White Memorial Hospital, Temple
- Marcia Elizabeth Rannefeld, D.O. University Medical Center, Lubbock
- Hari Reddy, D.O. Scott & White Memorial Hospital, Temple
- Martin Todd Reilly, D.O. Doctors Hospital, Columbus, OH Christina Marie Reitmeyer, D.O. - St. Joseph Hospital,
- Warren, OH
- Gert Rohde, D.O. Hermann Hospital, Houston
- E. Charlie Ruby, D.O. Charlton Methodist Hospital, Dallas
- Amy Leann Schochler, D.O. United Medical Center, Chevenne, WY
- Milan Jyotindra Sheth, D.O. Scott & White Memorial Hospital, Temple
- Tracy Lyn Shick, D.O. University Hospital and Santa Rosa Children's Hospital, San Antonio
- Wesley Brent Sprinkle, D.O. University of Arkansas for Medical Sciences, Little Rock, AR
- Siva Kumar Sripada, D.O. Methodist Hospital of Dallas, Dallas
- Renee C. Stock, D.O. St. Paul Medical Center, Dallas
- Anh Quoc Tong, D.O. Baylor College of Medicine, Houston
- Jordan Lloyd Turner, D.O. Carraway Methodist Medical Center, Birmingham, AL
- Margaret Duncan Turner, D.O. Carraway Methodist Medical Center, Birmingham, AL
- Melinda Jo Velez, D.O. Osteopathic Medical Center of Texas, Fort Worth
- Thu Phuong Thuy Vo, D.O. McLennan County Medical Education and Research Foundation, Waco
- Jeff Jia-Cherng Wang, D.O. Columbia Bay Area Medical Center, Corpus Christi
- Carol Diane Watkins, D.O. St. Joseph's, Phoenix, AZ
- Barbara Wendt Webster, D.O. John Peter Smith Hospital, Fort Worth
- Raymond (Rick) R. Westbrook, D.O. Methodist Hospital, Dallas

- Barrett Doyle Whitefield, D.O. Medical Center Hospital, Odessa
- Laurel Lyn Williams, D.O. Baylor Medical College, Houston
- R. Clay Williams, D.O. University Hospital, Children's Hospital and Veteran's Hospital, Little Rock, AR
- Christopher Brien Wofford, D.O. Osteopathic Medical Center of Texas, Fort Worth
- Patrick C. Wong, D.O. Philadelphia College of Osteopathic Medicine, PA
- Aimee Lou Wright, D.O. St. Paul Medical Center, Dallas Srinivas Yendru, D.O. – Frankford Hospital, Langhorne, PA Irene Mui-Choo Yeo, D.O. – Dallas Southwest Medical Center, Dallas

Following are the names and subdisciplines of the Class of 1999 from the University of North Texas Health Science Center's Graduate School of Biomedical Sciences.

#### Master of Public Health Degree Graduate School of Biomedical Sciences

Holly Rebecca Carter - Health Services Research Margaret W. DeMoss - Community Health Leslie Karen Dunn - Administrative Medicine Elizabeth Jean Fawcett - Health Services Research Nicole DeShaun Hawkins - Epidemiology Kathryn Marie Herron - Epidemiology Shailesh Jain - Community Health Jennifer Lynn Johs - Health Behavior Shubhra Nandi - Epidemiology Michael Thomas Nehring - Epidemiology Amy L. Raines - Community Health Helen Evvonne Rogers - Community Health Isaac Sakyi-Addo - Health Services Research Michael William Scott - Epidemiology Felicia Valmont-Edwards - Epidemiology Susan E. Wilcox - Health Behavior

#### Master of Science Degree Graduate School of Biomedical Sciences

Yun Bai – Biochemistry and Molecular Biology Russell M. Crum – Microbiology and Immunology Karla Renee Davis – Anatomy and Cell Biology Bradley Joe Hart – Integrative Physiology Lara Ann Jester – Pharmacology Alan G. Schalscha – Biomedical Sciences Erin Carpenter Westerholm – Integrative Physiology Michael Brandon Williams – Integrative Physiology

#### Doctor of Philosophy Degree Graduate School of Biomedical Sciences

Geoffrey P. Kline – Integrative Physiology Ross G. Querry – Integrative Physiology Scott Alan Smith – Integrative Physiology Maria Isabel Tejero Del Rio – Integrative Physiology

#### Group Aims to End Prescription Limits

The National Mental Health Association is urging the federal government to end state prescription limits for Medicaid recipients.

A survey by the Health Care Financing Administration found that at least 11 states restrict the number of prescription drugs that non-hospitalized Medicaid patients can receive per month. Limits vary from three in Arkansas to five in Mississippi and 10 in West Virginia.

"It's the same dilemma facing all health plans: Medications are the fastestgowing health care cost, so limiting them is logical when budgets are tight," said William Waldman of the American Public Human Services Association, which represents Medicaid directors. He cautioned, however, that there must be safeguard to ensure that critical care is not denied.

Critics argue that even in states that provide waivers for emergency prescriptions, as most do, patients must know how to work through the maze-like system.

#### More HMOs Dropping Medicare Coverage

Humana HMO of Texas and Blue Cross and Blue Shield of Texas have announced that they are dropping their Medicare health plans next year because the federal government does not offer adequate reimbursement. The move will force 15,000 members in North Texas to find other coverage.

Humana's Medicare HMO operates under the name Humana Gold Plus. The Blue Cross plan is known as Senior Blue. Both companies plan to notify members by mail that they will stop offering the plans as of January 1.

In addition, Cigna Healthcare has recently announced plans to drop its Medicare HMOs in 13 states, including Texas. This move will affect 39,000 enrollees.

Enrollees dropped by the HMOs will automatically be transferred back into traditional Medicare unless they sign up for another HMO.



Managed care companies nationwide have been complaining that they are not breaking even on Medicare plans, based on government reimbursement. The government, however, disputes those claims.

"A comprehensive General Accounting Office review found many market factors contributed," said Nancy-Ann DeParle, administrator of HCFA. "Other studies continue to show that Medicare managed care plans are still being overpaid."

#### Expanded "Senior Patrol" Grants Awarded

Health and Human Services Secretary Donna E. Shalala has announced 41 grants totaling \$7 million to expand a program that recruits and trains retired professionals to identify waste, fraud and abuse in the Medicare and Medicaid programs.

The Senior Medicare Patrol Project grants, including 29 new and 12 renewed grants, will be distributed among 38 states, including Washington, D.C. and Puerto Rico. They are administered by HHS' Administration on Aging to teach volunteer retired professionals such as doctors, nurses, accountants, investigators, law enforcement personnel, attorneys, teachers and others how to work with Medicare and Medicaid beneficiaries. Volunteers work in their own communities and in local senior centers to help identify deceptive health care practices, such as overbilling, overcharging or providing unnecessary or inappropriate services.

"We are committed to a strong, longterm effort to protect the integrity of the Medicare Trust Fund and prevent waste, fraud and abuse in federal health programs," Secretary Shalala said. "We have undertaken a wide range of actions within HHS. We are working with the millions of honest health care providers. And equally important, we want to help enable older Americans themselves to work closely with their family members, friends and neighbors trecognize problems and to report them. That's why today we're expanding the Senior Patrol project nationwice."

The Senior Medicare Patrol Project grants, originally named the Health Care Anti-Fraud, Waste and Abuse Community Volunteers Demonstration Project, was authored in 1997 by U.S. Sen. Tom Harkin (D-IA). The current projects have tested different models and in the past 18 months have trained more than 6,000 retired volunteers to serve as resources and educators for older persons in their communities. The trainees, in turn, have trained more than 70,000 Medicare beneficiaries how to spot problems. The new and renewed projects will result in training 15,000 more volunteers, who will in turn help educate 250,000 additional beneficiaries. The projects teach not only what fraud and abuse is, but also what it isn't

The Senior Patrol project is part of the Administration's broad initiative to combat waste, fraud and abuse in Medicare and Medicaid, including extensive efforts by HHS' Health Care Financing Administration, which administers the programs, and by the HHS Office of Inspector General and the Department of Justice.

The following are new Senior Medicare Patrol Project Grants and the amount of each award, for Texas:

 Baylor University, Waco, \$130,000 – A collaborative effort between Baylor University, the Institute of Gerontological Studies, the Central Texas Area Agency on Aging and the Heart of Texas Area Agency on Aging.

 National Hispanic Council on Aging, Corpus Christi, \$170,000 – A collaborative effort with the Centers for Disease Control, the WK Kellogg Foundation, and a National Telemarketing Fraud project administered by the Department of Justice.

#### Parkland Memorial Hospital Opens Center for Domestic Violence Victims

Parkland Memorial Hospital of Dallas has opened a center designed to provide total care for victims of domestic violence, ranging from the treatment of injuries to psychological help. The Violence Intervention and Prevention Center, a project developed by Dr. Ellen Taliaferro, will help victims of domestic violence, torture and other acts of violence.

Dr. Taliaferro noted that the center will provide medical and psychological assessments, medical follow-ups, intervention and prevention services, and legal advocacy.

"Victims of violence have very complicated problems," she said. "Only by focusing on providing total care aimed at breaking the cycle of violence can we truly make a difference."

It is hoped that the center will become a regional resource and national model for specialized medical training, new methods of violence prevention and intervention and public policy development.

#### HCFA Announces New Patients' Rights to Protect Hospitalized Patients

HCA has announced new patient protections in standards to protect the health and welfare of hospitalized patients. The patients' right regulations will strengthen existing protections for patient health and safety and will help assure that high quality care is provided to all patients in hospitals participating in the Medicare and Medicaid programs. The six basic patient rights specified in the regulations include the right to confidentiality of patient records and communications, and the freedom from the acclusion.

The patients' rights protections are part of Medicare's revised Conditions of Participation requirements that hospitals must meet to participate in the Medicare and Medicaid programs. The interim final regulations, which will be effective in 60 days, were published in the June 25 Federal Register.

HCFA carved out the patients' rights sections from the larger proposed revision of the hospital Conditions of Participation regulations, published as a Notice of Proposed Rulemaking on December 17, 1997, so that the patient protections could be expanded as soon as possible.

"By carving out this section, HCFA will be able to move more quickly to hold all hospitals that participate in Medicare and Medicaid accountable for protecting patients' rights, and for the inappropriate use of restraints and seclusion. These protections underscore the Administration's determination to ensure basic protections for patient health and safety in hospitals, as well as our commitment to patients' rights," said HCFA Administrator Nancy-Ann DeParle.

The new patients' rights protections build on HCFA's improved enforcement of quality of care in hospitals. The proposed patients' rights protections will apply to all participating hospitals, including acute, psychiatric, rehabilitation, long-term, children's, and alcoholdrug hospitals.

The new regulations require that a hospital provide a patient or family member with a formal notice of their rights at the time of admission. These rights include the right to be free from restraints and seclusion in any form when used as a means of coercion, discipline, convenience or retailation. Other rights include the right to privacy and confidentiality and the right to make decisions about the patient's care.

The new patient protections also make consistent standards used by HCFA and the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) to ensure only appropriate use of restraints and seclusion. HCFA adopted the same approach and time frames for monitoring the use of restraints and seclusion developed and enforced by the Joint Commission when it accredits hospitals and behavioral health facilities.

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#### **New Black Box Edits**

On July 1st, we had 886 new HBOC "Black Box" edits put into effect at Medicare by HCFA. You were told last year when the first 200 hit, and you were encouraged to write to your elected representatives about the unfairness of enforcing edits they would not disclose. I imagine that while you're reading this, you are probably thinking "I should have written a letter - but what good would it have done?" Sometimes one letter will make a difference to an elected official that hopes to be re-elected next term. Sometimes that one letter will convince an elected official that something needs to be changed. So, for those of you that did write and request your elected officials to become involved with reversing the "Black-Box" edits. I'm sorry to report they're in effect. For those that didn't write your elected officials. you should have. By the way, the lobbying efforts of the AOA, TOMA, ATOMA, TxACOFP, and all of the others are not nearly as effective as individual letters from individual physicians in great numbers. No, I don't mean a "canned" or "pre-printed" letter. I mean even a small paragraph saying why you believe a law needs to be changed. Don't think that the lobbyists can do it all for you. Those 56 men that gave up everything they held dear, with the one exception (hope for freedom), didn't rely on "someone else" to do it. They put their names on the Declaration of Independence because they believed in something, knowing they would be persecuted till death. By the way, those 56 men were not fighting another government. They were all British citizens charged with changing their own government by the will of the people.

#### Be Prepared for the Blue-Haired Auditors

As you've been reading for the past couple of months, Health & Human Services has charged HCFA with training tens of thousands of Medicare beneficiaries around the country to detect fraudulent billing on their Explanation of Benefits. Of course, this training consists of a several-hours course and does not teach enough to make the patients even halfway able to distinguish real fraud from proper coding. Due to this fact, you're going to have patients trying to audit your practice. We do not recommend that you spend a lot of time with the patients trying to educate them as to the differences between proper coding and fraud or you may find yourself bogged down.

#### CHAMPUS, TRICARE and Foundation Health

As I've said before, if I were a physician, there is no way that I'd participate with the CHAMPUS program. I feel that their rules are too restrictive and they penalize physicians using rules dating from the 70s, without warning the physicians. If you wish to continue treating CHAMPUS patients (or whatever name they now have in your area), we recommend that you have the patient sign a waiver on every visit acknowledging that vou are not a provider in the CHAMPUS program and you do not recognize the limitations that CHAMPUS has placed on the providers or patients. You should also state in the waiver that the patient acknowledges that he/she will be personally and fully financially responsible for services received, and the fact that no claim will be filed to CHAMPUS and no services you provide will be reimbursed by CHAM-PUS. Once CHAMPUS makes changes in their program so that those people that have served this country in the military are

not receiving some of the worst health insurance available, then my recommendations on CHAMPUS may change.

By Don Self

#### **Billing for Home Visits**

Every once in a while, I'll receive an e-mail or letter asking if Medicare pays for home visits and the parameters required in order for Medican teo pay. It's real simple. If there is medical necessity for the patient to be seen by a physician, you may be paid for a home visit. The patient does not have to be "home bound" in order for you to be paid. Codes 99341 through 99350 should be used and the place of service on the claim should be 12.

#### Why Do You Sign the Superbills?

At one time, there was a valid need for physicians to sign their superbills or charge tickets. That was when the patient was allowed to take his/her copy of the superbill and attach it to a blank claim form and mail it in to the carrier. The superbill indicated the date of service. charges, procedure codes, diagnosis codes and patient's name. Today, it's not necessary to still be signing the superbill as the superbill is an internal document only. In fact, I don't know why physicians have their name printed on it if they utilize a claims-filing system or a computerized accounts receivable system. We definitely recommend that you have a pegboard/ledger card/superbill system as a backup for your computerized system. though. I don't care if your computer folks told you that your system is Y2K compliant. If they will guarantee it in writing, then I'd believe them. I have yet to see one vendor, programmer or manufacturer guarantee their system to be Y2K compliant on paper. Even if the system is compliant, will it run without electricity? If you do not have a pegboard system, we recommend you contact Rosemary Marsh

at HOM-E (903) 882-0085 and inquire about a temporary start up pegboard system as a backup. You have fire insurance, yet you don't expect a fire. You should have accounts receivable insurance (manual pegboard system) even though you don't expect Y2K problems

#### EKGs in the Hospital

If you interpret an EKG at the hospital, the only code you can use for this service is 93010. It does not matter if you personally own the EKG machine and you're just loaning it to the hospital. The only one that can bill the technical portion of any diagnostic test is the hospital, and they bill it to Medicare Part A. Who gets paid for the EKGs read in the Emergency Room? The answer is not usually received well by cardiologists, but it is the person actually performing a valid EKG interpretation that will be used in the course of treatment. For instance, you're in the ER and your patient reauires an EKG to determine whether the patient has had a heart attack. If you just look at the EKG and write in the chart "no heart attack noted," you cannot bill 93010. On the other hand, if you read the EKG and make a formal report, then you may be paid for the EKG interpretation. The person doing an over-read the following day will not be paid by Medicare if your claim gets to Medicare first. That is just one more reason why your claims have to be timely.

#### 99 E&M Documentation Changes

Yes, HCFA published their "proposed" changes for documentation requirements on Evaluation and Management services, but they are just proposals. HCFA does not have a final date set as to when they expect to make the changes mandatory. That may occur in 2000 or it may be 2001, depending on complications of Y2K. In the meantime, you're still allowed to use either the 94 or the 98 guidelines and auditors are

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instructed to use whichever is most favorable for the physician. We are teaching the 1998 guidelines, as we believe they allow more latitude in justifying the coding. So far, we have sold over 1,000 of the E&M slide-rules and have yet to have one returned for any reason. We regularly hear physicians remark that the slide-rule has made them realize they had been undercoding. If you wish to order any, please call, e-mail or fax our office. They sell for \$9.50 plus sh.

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# **ATOMA** News

#### 1999-2000 ATOMA Officers and Chairs

The following ATOMA Officers and Chairs were installed during the ATOMA Installation Breakfast on June 18, at TOMA's 100th Annual Convention and Scientific Seminar in Dallas.

President Lewis Isenberg, Granbury

President-Elect Tami Prangle, League City

Vice President Pam Adams, Fort Worth

Recording Secretary Barbara Galarneau, San Antonio

> Treasurer Susan Selman, Arlington

Immediate Past President Linda Cole, Amarillo

Annual Report Joan Smola, Sweetwater

Auxiliary News Kathy Speece, Dallas

Corresponding Secretary Darlene Way, Duncanville Credentials Peggy Rodgers, Arlington

Funds Karen Worrell, Chair, Dallas Lynn Zond, Spring Beth Howard, Corpus Christi Linda Garza, Laredo

> Golf Tournament Linda Cole, Amarillio

> > Historian Patty Burleson

Local Convention Beth Howard, Corpus Christi

> Parliamentarian Linda Garza, Laredo

Political Advisor Shirley Bayles, Dallas Public Health & Education Peggy Lewis, Austin

Public Relations Cindy Boucher, Georgetown

SAA Advisor Dodi Speece, Burleson

SAA President Ann Costello, Fort Worth

Scholarship Nancy Zachary, Chair, Colleyville Linda Cole, Amarillo Janet Bowling, Colleyville

> Supply Ruby Peters, Round Rock

Yearbook Joyce Hanstrom-Parlin, Crowley

Liaison to TOMA Lewis Isenberg, Granbury

## ATOMA Experiences 64% Increase in Membership

By Lewis Isenberg, ATOMA President

Great headline, huh? It's true! ATOMA membership in 1998 was 80, and in the current year the figure is 126 (this includes Life and Student members). More good news is a 74% increase in dues collected. As the membership person for the 1999 year, I wish I could claim responsibility for this headline-making news. However, the fact is that I had a very little part in the increase. Most of the credit goes to the TOMA staff.

The most significant changes that occurred were the inclusion of a space for ATOMA dues payment on the TOMA dues statement and the mailing of a subsequent invoice to each member who had not paid 1999 dues.

Other action by the staff includes entering spouse information into the ATOMA database as each new TOMA member is processed, and sending information about ATOMA to the spouse of each new TOMA member. Also, a separate membership appeal mailing as well as an appeal included in each physician dues statement are more contributions by the staff.

We would be remiss should we not mention those individual members who recruited a new member. Add the president's personal appeal as each district was visited and we have the formula for a successful membership drive.

Thanks to everyone who contributed. A special thank you to the staff. We are very fortunate to have caring and dedicated people at TOMA!



#### A Tribute to Peggy Albracht Mother of Four TCOM Graduates

By Linda Cole, ATOMA Immediate Past President

Peggy Albracht was the kind of person I will always aspire to be. She had a great sense of humor, a genuine love and concern for each and every person and a warm, inviting, ingratiating presence that always made everyone feel as if they were important and special. Kindness and compassion were a natural part of her personality and it was a joy to be in her company. Just being with Peggy put you in a positive mood.

Peggy cherished her family, her grandchildren and her friends. She was married to David, a Chiropractic doctor, for 36 years. And she was the proud mother of seven wonderful sons:

David, M.D. - Internal Medicine Doug, D.O. - Orthopedic Surgeon, TCOM 1992 Bryan, D.O. - Family Practice, TCOM 1993 Brendan, D.O. - Orthopedic Surgeon, TCOM 1994 Jamie, D.O. - Family Practice, TCOM 1996 Craig, a Youth Minister Cory, an Associate Administrative Pastor

She was blessed with nine grandchildren and absolutely loved being a grandmother. She was most appreciative for every moment she spent with each child. Her daughters-in-law were welcome daughters all of whom added fullness and joy to her life. She often said that her life was truly a blessing.

Peggy battled breast cancer for 15 years. She was 59 years of age when she passsed away on June 15, 1999. Her physical presence will be deeply missed by all who knew her. The Albracht family remains a tribute to her life. The Auxiliary to the American Osteopathic Association Cordially Invites You to its Installation Luncheon "A Toast to the Year 2000"

For

INCOMING AAOA PRESIDENT RITA BAKER

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The Auxiliary to the American Osteopathic Association Cordially invites you to the PRESIDENT'S RECEPTION in honor of

> AAOA President DEBRA EDWARDS

& President Elect RITA BAKER and All Presidents

Monday, October 25th, 1999 6:00 pm to 8:00 pm San Francisco Marriott San Francisco, California

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

#### Dr. T. Eugene Zachary Named to AOA Post

T. Eugene Zachary, D.O., associate professor of family medicine at the University of North Texas Health Science Center/Texas College of Osteopathic Medicine, has been named chair of the American Osteopathic Association's Bureau of Professional Education for a two-year term. The bureau is the official accreditation body of the AOA for the colleges of osteopathic medicine, post-graduate training and CME programs.

#### David Richards, D.O., Honored by Alumni Association, TOMA

David M. Richards, D.O., president of the UNT Health Science Center, was awarded an honorary membership from the Texas College of Osteopathic Medicine Alumni Association. The presentation took place in Dallas during TOMA's 100th Annual Convention and Scientific Seminar, held June 17-20.

Dr. Richards was also awarded TOMA life membership during the convention. Additionally, the TOMA House of Delegates approved Resolution No. 4, honoring Dr. Richards for his leadership and successes during his tenure as president of the health science center.

He recently announced plans to retire as president in December of this year.

#### ATOMA Lifetime Memberships Given to Osteopathic Supporters

Merilyn J. Richards and Nancy Zachary, both of Fort Worth, were awarded lifetime memberships during the Auxiliary to the Texas Osteopathic Medical Association's House of Delegates meeting on June 16.

Lifetime membership is given for outstanding service to the auxiliary. ATOMA is made up of the spouses of the TOMA membership. Mrs. Richards' spouse is David M. Richards, D.O., president of the University of North Texas Health Science Center at Fort Worth. Mrs. Zachary's spouse is T. Eugene Zachary, D.O., UNT Health Science Center associate professor of family medicine.

Merilyn Richards served as ATOMA president in 1995-96, as well as in numerous offices and committee memberships on the district level throughout the years, including ATOMA District 11 president. On the state level, she served as yearbook chair, student associate auxiliary advisor, vice president and president elect. Nationally, Mrs. Richards served two terms on the membership and the nominating committees of the Auxiliary to the American Osteopathic Association.

Prior to joining the Texas ATOMA chapter, Mrs. Richards was active in the Ohio auxiliary. The Richards' will return to Ohio at the end of the year. Dr. Richards recently announced his retirement as president of the UNT Health Science Center, effective at the end of December 1999.

Mrs. Richards' community roles have included leadership positions with the Women of Rotary, The Woman's Club of Fort Worth, the Tarrant County Woman's Center, Westcliff United Methodist Church, and the 12-County High School Art Show. She also chaired the health science center's Silver Anniversary Gala in 1996. She attended Baldwin Wallace College and Western Reserve University, and received a degree from St. Luke's School of Nursing in Cleveland, Ohio.

Nancy Zachary served as president of both ATOMA District 1 and District V, as well as several additional offices since joining ATOMA in 1959. She currently serves as scholarship chair for ATOMA, a position she has held for numerous years. On the national level, Mrs. Zachary was active at various levels within the Auxiliary to the American Osteopathic Association. Mrs. Zachary is a native Texan who received a business degree from what is now the University of North Texas in Denton. Her community involvement includes volunteer work with her church, First Methodist Church of Grapevine. She continues to be active in conjunction with her husband's role as Speaker of the House for both the American Osteopathic Association and the American College of Osteopathic Family Physicians.

#### Benavides Award Goes to Top Medical Student

Germany native Barbara Webster, D.O., was named the 1999 recipient of the Leo Benavides Memorial Award of the Tarrant County Medical Society on June 4.

Established in 1997, the award is given annually to a graduating senior at the UNT Health Science Center's Texas College of Osteopathic Medicine and recognizes academic achievements, service to the community and model medical students.

Graduating in the top 10 percent of her class, Dr. Webster received her D.O. degree on June 5.

Dr. Webster, 39, is a wife, a mother of two and was trained to be an architect in Germany, but came to America to pursue her dream of working in medicine. She hopes to work as an OB/GYN after completing her postgraduate residency training at John Peter Smith Hospital in Fort Worth.

The award is named in memory of the Tarrant County Medical Society's late executive director, Leo Benavides, who was killed in an auto accident in 1993. The society is composed of over 2.000 practicing physicians and medical students.

continued on next page

"News" ... continued from previous page

#### UNT Health Science Center Wins Final Approval for School of Public Health

A new School of Public Health was approved by the Texas Legislature for the University of North Texas Health Science Center.

During the 76th legislative session, the state Appropriations Conference Committee adopted a resolution funding the health science center's School of Public Health for fiscal years 1999-2000 and 2000-2001. It was signed June 19 by Gov. George W. Bush.

Senator Mike Moncrief said legislators saw a need to improve the health and well being of residents of North Texas and establish a school to educate them.

"Approval of the UNT Health Science Center's School of Public Health was a priority to legislators in order to train highly qualified individuals in the areas of public health practice and aging population, increasing health care costs, environmental threats, and infectious diseases on the rise, the creation of a School of Public Health will help shape public health education and prevention."

This fall, the UNT Health Science Center will continue offering its master of public health (MPH) degree through the new School of Public Health. A doctorate of public health (DrPH) will be offered in the fall of 2000, and a doctor of philosophy (PhD) degree in epidemiology is also planned.

According to Fernando M. Trevino, Ph.D., M.P.H., acting dean of the School of Public Health, the health science center will hire at least 16 new faculty members in the next two years, including Ph.D.s. and physicians to teach public health courses in behavioral sciences, community health, environmental health, epidemiology, health services research, public health practices and biostatistics.

"Our school will be built on a practice-based curriculum, in which none of our students will graduate without having served in a clinic, hospital or community health agency in order to acquire public health field experience," said Dr. Trevino. He is the former executive director of the American Public Health Association and past president of the World Federation of Public Health Associations.

The School of Public Health will continue to award dual degrees with Texas A&M, Baylor College of Dentistry, University of North Texas in Denton and the UNT Health Science Center's Texas College of Osteopathic Medicine. These were established with the center's current public health program. Other collaborative programs are planned with Texas Tech University Health Sciences Center and the University of Texas at Tyler.

According to Dr. David M. Richards, president of the UNT Health Science Center, the school's creation would not have happened without local support.

"The Tarrant County delegation, local businesses and the community created the vision to create such a place where the wellness of a population is addressed," said Dr. Richards. "We appreciate their support throughout this process and their confidence in the health science center to bring this vision to fulfillment."

Student projections for the School of Public Health total 167 masters students in the fall of 1999 and 10 doctoral students when the program begins in the fall of 2000. The total is expected to increase to 270 and 30 respectively by the fall of 2002.

# AOA Eye on Federal Agencies

An Update on Regs, Reimbursement Changes and Reverberations that Could Affect D.O.s

This issue's topics: AOA opposes NPDB proposal...HCFA to revise Medicare enrollment form and develop enrollment regs...News on nominations...Waiting for the physician fee schedule proposal...MedPAC develops GME recommendations...Patients' Rights and Conditions of Participation...More time to decide on settlement offers...Senior Patrols expanded... HCFA extends comments deadline for ASC and Outpatient PPS proposals.

#### AOA Opposes National Practitioner Data Bank Proposal

The American Osteopathic Association has signed two coalition letters opposing the Dec. 24, 1998 National Practitioner Data Bank proposal by the Health Resources and Services Administration.

The NPDB proposal would broaden the definition of who would be reported to the data bank. The proposed reporting rules involve the identification of practitioners, healthcare entities and unidentified practitioners. If adopted, the new regulations would expand the definition of who should be reported to include "reports on payments made on behalf of those practitioners who provided the medical care that is the subject of the claim or action, whether or not they were named as defendants in the claim or action."

Each health care entity with which the practitioner is affiliated would be named, in addition to the current requirement to report all hospitals. In those cases where a physician, dentist or other healthcare practitioner cannot be identified in conjunction with a malpractice payment, a statement of fact must be reported.

The bottom line is physicians would be listed in the databank regardless of whether these individuals have been named in the claim or legal action. It also puts the insurance provider in the position of naming "guilty parties" when their responsibility is to defend the people they insure.

The AOA believes the current proposal denies providers the right of due process and would increase medical costs due to an increase in malpractice insurance costs. The letters sent to Health & Human Services General Counsel Harriet Rabb and HRSA Administrator Claude Fox call for a complete withdrawal of the proposal and a meeting with the HRSA Administrator. Physicians also should write to Rep. Thomas Biliey and Rep. Dan Burton to request a congressional hearing on NPDB activities. Contact the AOA Washington Office at 202-414-0145 for more details.

#### HCFA to Revise Medicare Enrollment Form 855

Health Care Financing Administration plans to revise the Medicare enrollment application and to propose enrollment regulations as part of its Comprehensive Strategy on Fraud and Abuse. HCFA officials discussed the agency's intentions regarding the issue of Provider/Supplier enrollment at the June 14 meeting of the Practicing Physician Advisory Council and at a June 8 Town Hall meeting.

HCFA has stated that it will review providers and suppliers periodically and re-enroll them every three years based on their performance. Providers and suppliers that do not meet Medicare standards will not be re-enrolled. HCFA is looking for feedback from the provider community on its ideas for revising the HCFA-855 Enrollment application and developing the Medicare enrollment regulation.

With regard to the proposal for Medicare enrollment, HCFA plans to have providers validate the information HCFA has on file at least every three years. HCFA also intends to develop criteria for mandatory denial and revocation and criteria for discretionary enrollment denial or revocation.

Please contact the AOA Washington Office at 202-414-0145 if you would like copies of HCFA's working drafts. All comments should be sent to the Health Care Financing Administration, Division of Provider/Supplier Enrollment, C4-10-07, 7500 Security Blvd., Baltimore, MD 21244.

#### News on nominations

AOA is looking for candidates for the Practicing Physician Advisory Council. HCFA will seek nominations in October. If you or someone you know would be interested in serving on the council or you would like more information. contact the AOA Washington Office at 202-414-0145.

#### Still Waiting

At press time, the Medicare physician fee schedule proposal for FY 2000 has not been published by the Health Care Financing Administration. The proposal should come any day, The AOA will publish a special AOA Eye on Federal Agencies on the proposal when it is released.

In addition, no court decision has been made yet in the lawsuit concerning the practice expense transition formula. It is not known when a decision will be made. In the meantime, HCFA has submitted legislative language for the Clinton Administration's FY2000 budget package, clarifying the physician practice expense transition. The AOA will keep you posted on the latest developments.

#### MedPAC Reviews Graduate Medical Education Funding

MedPAC hopes to finalize its recommendations for GME funding at its July meeting for a report to be released in August. The advisory commission has been studying the concept that in a competitive labor market, an employer will not pay for general training. Medical residents pay for their training by accepting lower wages. Medicare's direct GME payments represent its share of the value of residents' patient care.

Implications of that concept include: the cost of resident's services should be recognized in patient care payments; higher costs of teaching hospitals should be recognized in DRG payments if they reflect a more severe case mix or more advanced care; and training and workforce issues are distinct and separate from patient care payment issues.

MedPAC is looking at incorporating resident costs into the Indirect Medical Education payment formula. Doing so would: clarify that Medicare pays for patient care; reduce variation in payments; and support teaching hospitals to the extent they provide additional patient care value. It would also continue to link payment to residents; and it would be limited to inpatient payments. MedPAC has to address payments for residents' services in settings such as ambulatory training sites.

MedPAC recently released its June report which covers 1) beneficiaries' financial liability and Medicare's effectiveness in reducing personal spending; 2) influencing quality in traditional Medicare; 3) addressing health care errors under Medicare; 4) structuring informed beneficiary choice; 5) managed care for frail Medicare beneficiaries; 6) access to home health services; 7) improving tare quality of care for beneficiaries with endstage renal disease. For the full report check out www.medpac.gov

#### Patients Rights Condition of Participation

Effective Aug. 2, 1999, HCFA's interim final rule introduces a new Patients'

# HEALTH NOTES

#### Hepatitis A Vaccination Required for School Enrollment in 32 Border Area Counties

Children in 32 border area counties of Texas must be vaccinated against hepatitis A illness to attend public or private schools or child-care facilities this school year. The requirement became effective August 1 and applies to children two and older who were born after September 2, 1992.

The 32 counties are: Brewster, Brooks, Cameron, Crockett, Culberson, Dinmit, Duval, Edwards, El Paso, Frio, Hidalgo, Hudspeth, Jeff Davis, Jim Hogg, Kenedy, Kinney, La Salle, Maverick, McMullen, Pecos, Presidio, Real, Reeves, Starr, Sutton, Terrell, Uvalde, Val Verde, Webb, Willacv, Zapata and Zavala.

Under Texas Department of Health rules approved by the Texas Board of Health, 2-year-olds in the 32 counties must have one dose of the two-dose hepatitis A vaccination series to attend child-care facilities Children three and older must have two doses given at least six months apart and must have had the first dose before they can enroll in schools or childcare facilities.

Children who have had hepatitis A infection are considered immune to the illness and do not have to be vaccinated if proof of immunity or previous infection is provided.

Though the rules only apply to school enrollment, TDH recommends that all of the estimated 228,000 children ages two through six in the 32 counties be vaccinated against hepatitis A.

Studies indicate that 50 percent of the children in some of the 32 counties have been infected with hepatitis A by age 10. During the last 10 years, there has been an average of 39 cases of hepatitis A infection per 100,000 population per year reported in the 32-county area. The U.S. Centers for Disease Control and Prevention recommends routing hepatitis A vaccinations be considered in areas with at least 10 cases per 100,000 population per year over a 10-year period.

The 76th Texas Legislature appropriated \$800,000 to cover any state cost of providing the vaccine in the 32-county area. Hepatitis A vaccinations are available from private physicians, and free or low-cost vaccinations are available from local public health departments throughout the area.

#### **Clinical Trials for Cancer**

More than 60 resources related to cancer clinical trials can be found on a Web site sponsored by the FDA's Office of Special Health Issues. Most of those listed have toll-free number, and many have Web sites. Included on www.fda.gov/oashi/cancer/rinis/hrul are the National Cancer Institute, which offers access to clinical trial for more than 100 types of cancer, and renovned treatment centers such as the Mayo Clinic and Memorial Slean Kettering Cancer Center.

#### Texas Board of Health Votes to Require Warning Label on Ephedrine Products

The Texas Board of Health has given final approval to rules that will require dietary supplements containing ephedrine to include a warning that persons with certain medical conditions consult a medical authority before consuming the products.

The rules were approved during the board's monthly meeting in Austin on May 21 and become effective November 1, 1999. They also ban the use of synthetic ephedrine in dietary supplements sold in Texas.

"There are people who think these rules do not go far enough and people who think they go too far," said Texas Commissioner of Health William R. Archer, M.D. "But believe they are an important first step and will lead to Texas consumers being better informed." He said he is encouraging the U. S. Food and Drug Administration to establish national regulations for dietary supplements that contain ephedrine.

The warning label must be on all ephedrine-containing dictary supplements sold in Texas. The label must state that persons should consult "a physician or other licensed qualified health care professional" before taking the dictary supplement if they have heart disease, thyroid disease, diabetes, high blood pressure, recurrent headaches, glaucoma, difficulty in urinating, prostrate enlargement, seizures or depression or other psychiatric condition, or a family history of any of these conditions.

Also, the label must state that the product is not for use by those who are pregnant, nursing or under 18. The label must warn that exceeding the manufacturer's recommended dosage may cause serious adverse health effects including heart attacks and stroke and must caution that persons who consume caffeine with the dietary supplement may experience serious adverse health effects.

Other provisions of the rules will require that all product advertising and promotional materials be submitted to the Texas Department of Health and include a warning that the product contains ephedrine and may cause serious adverse health effects.

Specific maximum dosage requirements of 25 mg. of ephedrine per serving and 100 mg. per day, included in an earlier version of the rules, were dropped by the board Archer said including the dosage requirements would have implied that health authorties were making a "safe dosage" recommendation. Ephedrine is a stimulant naturally found in ma huang, a group of Chinese herbs. For more information, contact Doug McBride, TDH Public Information Officer, at 512-458-7523.

#### Hismanal® is Discontinued

Janssen Pharmaceutica has made the decision to voluntarily discontinue the manufacturing, distribution and marketing of Hismanal® (astemizole) 10 mg tablets, and has informed the Food and Drug Administration of this action. Hismanal is an antihisnamine indicated for relief of symptoms associated with seasonal altergic rhinitis and chronic idiopathic urticaria. The company is taking this action after careful consideration of the antihistarine cass, which includes multiple alternative medications.

Physicians who currently have patients taking Hismanal should consider future alternative treatment. Pharmacists who receive prescriptions for patients taking Hismanal should contact the prescriber to discuss alternative treatment.

Health care professionals/and or patients requiring additional medical information should contact the Janssen One to One™ Customer Action Center at 800-JANSSEN (526-7736), 8 a.m. to 8 p.m., Eastern Time, Monday through Friday.

#### **Access America for Seniors**

A Web site called Access America for Seniors (www.seniors.gov) brings federal health information for older Americans together in one spot. Included is information from the FDA, the National Institute on Aging, the Health Care Financing Administration and the Veterans Administration. Senior health issues, insurance, food assistance, nursing homes and hospitalization are just some of the topics covered. The site is hosted by the Social Security Administration and also includes information for seniors on taxes, volunteer activities, travel and educational opportunities.

#### Fat-Blocking Drug can Help Fight Obesity

Xenical (orlistat), approved by the FDA in April, decreases a person's fat absorption by about 30 percent by preventing the body from breaking down dietary fats into smaller, absorbable molecules. It is the first anti-obesity drug in a drug class known as lipase inhibitors.

Xenical is for obese patients with a body mass index (BMI, a measure of weight in relation to height) of 30 or more, or for patients with a BME of at least 27 who also have high blood pressure, high cholesterol or diabetes.

In seven long-term clinical trials of more than 4,000 patients, 57 percent of those who completed one year of treatment with Xenical lost at least five percent of their baseline body weight, compared with 31 percent of patients treated with a placebo for the same length of time.

The recommended dose of Xenical is one capsule with each main meal that includes fat. During treatment, the patient should be on a nutritionally balanced, reduced-calorie diet that contains no more than 30 percent of calories from fat. Also, because Xenical reduces the absorption of some fat-soluble vitamins and beta carotene, patients should take a supplement containing fatsoluble vitamins (A, D, E and K) and beta carotene.

The drug's most common side effects are oily spotting, gas with discharge, fecal urgency, fatty/oily stools and frequent bowel movements. Xenical is made by Roche Laboratories, Inc., of Nutley, New Jersey.

#### Massive Campaign Launched Against Colon Cancer

An estimated 129,400 Americans will be diagnosed with colon cancer this year, and 56,000 will die. However, many of these deaths could be prevented if people aged 50 and older would get screening tests. A Web site sponsored by the Centers for Disease Control and Prevention at www.cdc.gov/cancer/screenforlife/, explains the need for early detection and the two most common screening tests. The Web site is part of a campaign by the CDC, the Health Care Financing Administration and the National Cancer Insitute to educate people about preventing the disease.

#### FDA Approves New Glucose Monitoring System for Diabetics

The FDA has approved a new medical device that provides physicians with continuous measures of tissue glucose levels in adults with diabetes. The product is the first of its kind.

The Continuous Glucose Monitoring System, made by MiniMed, Inc., of Sylmar, California, records tissue glucose levels at five-minute intervals for up to three days. The information is then downloaded on a computer for review by health care professionals.

"Continuous tissue glucose monitoring is breakthrough technology that ultimately could revolutionize the care of diabetics," said FDA Commissioner Jane E. Henney, M. D. "This new system is a first step in that direction. It identifies patterns or trends in the fluctuation of a patient's glucose level above or below the desired range. That information can help the doctor make adjustments in therapy."

Diabetics currently monitor glucose by testing blood samples obtained from finger pricks several times a day. The new system is not intended to replace this standard fingerstick testing.

The continuous glucose monitoring system is currently intended for one-time or occasional testing, rather than ongoing daily use. The information collected is intended to supplement that obtained by standard fingerstick testing and diabetics must continue to do fingerstick tests while using the system.

The new system, available only by prescription, consists of a replaceable glucose sensor, a monitor, and a unit with a special program for transferring data from the monitor to a computer.

continued on next page

The sensor, which contains a glucose-sensing mechanism, is inserted under the skin at the abdomen like a tiny needle. The sensor is connected by wire to the monitor, which is wom externally by the patient and is about the size of a pager. The sensor measures tissue glucose every five minutes and stores the data in the monitor's memory.

After up to 72 hours, the patient removes and discards the sensor. The information collected is then transferred to a computer in a doctor's office for review. The patient does not see the tissue glucose information while wearing the device because it is not displayed on the monitor. However, the doctor may review the results with the patient as part of ongoing therapy planning.

The FDA based approved of the monitoring system on results of a study involving more than 7,000 glucose readings in 62 diabetic adults who were evaluated at four medical centers in the United States. The study showed that the system could help identify glucose trends and supplement standard readings obtained with traditional blood glucose fingerstick measurements.

The MiniMed system was approved for use based on experience in Type I patients. As a condition of approval, FDA is requiring the manufacturer to conduct post-marketing studies to assess its safety and effectiveness in people with other types of diabetes, as well as in children and non-Caucasians.

#### New Study on Alzheimer's Disease Announced

The National Institute on Aging has launched a new study aimed at trying to reduce the incidence of Alzheimer's disease. Known as the Memory Impairment Study, it will test whether vitamin E and the drug donepezil (Aricept) can slow or stop the progression to Alzheimer's disease in people who have mild cognitive impairment (MCI).

Researchers say that as many as 40 percent of people over age 65 who are diagnosed with MCI will develop Alzheimer's within three years.

The study will involve 720 people ages 55-90 for three years at medical centers in the U. S. and Canada. Persons interested in taking part in the study can get more information by calling 888-455-0655 or by visiting the Web site www.memorystudy.org.

#### Public Health Advisory Issued on Liver Toxicity Associated with Trovan

The Food and Drug Administration has issued a public health advisory to physicians concerning the risks of liver toxicity associated with the use of Trovan (trovafloxacin, an oral antibiotic) and Trovan-IV (alatrofloxacin, the intravenous formulation of the drug). This action follows postmarketing reports of rare but severe liver injuries leading to transplants and deaths.

In issuing this advisory, the FDA is informing physicians that Trovan should be reserved for use only in patients who meet all of the following criteria;

· Patients who have at least one of several specified infections

such as nosocomial (hospital acquired) pneumonia or complicated intra-abdominal infections that, in the judgement of the treating physician, is serious and life- or limb-threatening

- Patients who begin their therapy in inpatient health care facilities (hospitals or long-term nursing care facilities);
- And patients for whom the treating physician believes that even given the new safety information, the benefit of the product outweighs the potential risks.

The FDA is further informing physicians that, in general, therapy with Trovan should not continue for longer than 14 days. Therapy should be discontinued sooner if the patient experiences any clinical signs of liver dysfunction, including fatigue, loss of appetite, yellowing of the skin and eyes, severe stomach pain with nausea and vomiting, or dark urine.

The FDA is also advising physicians that for most patients who meet the treatment criteria, therapy would most likely begin with intravenous Trovan. After clinical stabilization, patients may be switched to the oral dosage form. Although oral therapy might be appropriate in some cases as an initial therapy, the agency emphasizes that the oral form of Trovan is not warranted for infections other than those specified.

In addition, the manufacturer has agreed to limit distribution of the product to hospitals and long-term nursing care facilities. The manufacturer will be communicating in the near future with other appropriate pharmacies to provide directions concerning possible return of their present inventories of Trovan.

The FDA is taking this action to reduce the potential risk from Trovan, while at the same time preserving for physicians and patients alike the clinical option of an effective broad-spectrum antibiotic for serious and life-threatening infections. The agency considers this advisory an interim measure until revised labeling for the product can be approved.

It is estimated that 2.5 million prescriptions have been written for Trovan, a quinolone antibiotic, since its February 1998. market launch in oral and intravenous formulations. Trovan was initially approved for treating a broad range of infections, from minor skin infections to severe infections in hospitalized patients.

No reports of liver failure, liver transplant or death due to liver problems were reported in the 7,000 patients studied in pre-marketing clinical trials for Trovan. In July 1998, the FDA worked with the manufacturer to strengthen the product's labeling concerning liver problems after receiving reports of elevated liver enzymes and symptomatic hepatitis in patients after short- and long-term therapy. Since then, the FDA has continued to receive reports of liver toxicity, including reports of a more serious nature.

The FDA is now aware of 14 cases of acute liver failure that it has concluded are strongly associated with the drug. Six of these patients died – five due to liver failure and one of four additional patients who received liver transplants. Three patients recovered without requiring liver transplants, and for the remaining two patients the final outcome is still pending. More information about Trovan, including FDA's public health advisory, is available on the Web at http://www.fda.gov and from Pfizer, the manufacturer of the drug, at 800-438-1985.

Any adverse events associated with Trovan should be reported to the FDA through McdWatch, the FDA's adverse event reporting system. Reports may be submitted to FDA by phone (800-332-1088); by fax (800-332-0178); or by mail to McdWatch, HF-2, FDA, 5600 Fishers Lane, Rockville, MD 20857. Reports can also be filed via the Internet at www.fda.gov/medwatch.

#### M. D. Anderson Study to Change Cancer Treatment

A national study led by researchers at the University of Texas M. D. Anderson Cancer Center is expected to immediately impact the treatment of cervical cancer.

The study, which looked at 403 patients from 1990-1998, found that patients with locally advanced cervical cancer treated with both radiation and chemotherapy had a 73 percent overall survival rate and a 66 percent disease-free survival rate. That's compared to 58 percent and 40 percent, respectively, for patients who received radiation alone.

Based on this data, and results from four similar studies, the National Cancer Institute issued a clinical announcement urging clinicians to give "strong consideration" to adding chemotherapy to radiotherapy in treatment of invasive cervical cancer. It is only the fifth time in NCI's history that it issued a clinical announcement.

Source: The TSBR Reporter, Vol. 10, No. 2

#### TOMA Welcomes New Members

The Board of Trustees of the Texas Osteopathic Medical Association are pleased to introduce the following new members who were formally accepted at the June 15, 1999, Board meeting:

#### Bryan J. Blonder, D.O.

6800 West Loop South, #520 Bellaire, TX 77401

Dr. Blonder is a member of District VI and is in his first year of practice. He graduated from New York College of Osteopathic Medicine in 1994 and specializes in Obstetrics and Gynecology.

#### Katherine K. Boyd, D.O.

Columbia Medical Center 2900 South Hampton Road, #F228 Dallas, TX 75224

A member of District V, Dr. Boyd graduated from Oklahoma State University, College of Osteopathic Medicine in 1992. She specializes in Obstetrics and Gynecology.

#### James S. Crockett, D.O.

322 Coleman Marlin, TX 76661

Dr. Crockett is a member of District XVIII. He is a 1991 graduate of the University of North Texas Health Science Center/Texas College of Osteopathic Medicine and specializes in Family Practice.

#### Brenda E. Ewart, D.O.

2101 Lansdown Drive Carrollton, TX 75010

A member of District V, Dr. Ewart is a 1990 TCOM graduate. She specializes in Family Practice.

#### Gregory G. Gardner, D.O.

3917 Sundowner Fort Worth, TX 76116

Dr. Gardner is a member of District II and a 1990 TCOM graduate. He is an Emergency Medicine contractor.

Raymond F. Jordan, D.O. 406 N. McCoy Blvd. New Boston, TX 75570

A member of District III and a 1990 TCOM graduate, Dr. Jordan is certified in Family Practice and specializes in Emergency Medicine.

#### Linda R. Martin, D.O.

1524 Independence, #C Plano, TX 75075

Dr. Martin is a member of District V. She is a graduate of the University of Health Sciences College of Osteopathic Medicine in Kansas City, Missouri, and specializes in OMT.

#### David B. Mobley, D.O.

3603 West 7th Fort Worth, TX 76107

Fort worth, 1A /610/

Dr. Mobley is a member of District II and a 1989 TCOM graduate. He is certified in Diagnostic Radiology.

#### Nick S. Pomonis, D.O.

3306 Ridgemont Orange, TX 77630

Dr. Pomonis serves as president of District XII. He graduated from TCOM in 1985 and specializes in Family Practice.

#### Luis San Miguel, D.O.

Highway 83 & Rathmell Zapata, TX 78076

Dr. San Miguel is a member of newly formed District XIX. He graduated from the Kirksville College of Osteopathic Medicine in Missouri and is a certified Family Practitioner.

Corinne E. West, D.O.

805 W. University, #A Georgetown, TX 78626

Dr. West is a member of District VII and is in her first year of practice. She graduated from the University of Osteopathic

uated from the University of Osteopathic Medicine and Health Sciences/College of Osteopathic Medicine and Surgery in Des Moines, Iowa, and is a Pediatrician.

#### Charles E. Winters, D.O.

608 S. Morgan Granbury, TX 76048

Jranbury, TX 76048

Dr. Winters is a member of District II. He graduated from the University of Health Sciences College of Osteopathic Medicine in Kansas City, Missouri, and specializes in Family Practice.

TOMA welcomes the following Associate Members:

Lawrence A. Baker, D.O.

P.O. Box 1922

Rancho Santa Fe, CA 92067

Dr. Baker joined TOMA as a Non-Resident Associate. A graduate of the University of Osteopathic Medicine and Health Sciences/College of Osteopathic Medicine and Surgery in Des Moines, Iowa, he is certified in Family Practice.

Joseph C. Roell, M.D. 104 South Jefferson Beeville, TX 78102

Dr. Roell is a graduate of UT Health Science Center at San Antonio. He specializes in Family Practice.

TOMA welcomes the following Uniformed Services Member:

Samuel A. West, III, D.O. 105 Nasoni Trail Georgetown, TX 78623

Dr. West joined TOMA as an Uniformed Military Member. He is a member of District VII and a graduate of the University of Osteopathic Medicine and Health Sciences/College of Osteopathic Medicine and Surgery in Des Moines, Iowa. He specializes in Aviation Medicine.

TOMA welcomes the following Resident Members:

David P. Frick, D.O. 8601 Lynwood Lane Port Arthur, TX 77642

Dr. Frick is serving a Family Practice Residency at Doctor's Hospital in Port Arthur and is a member of TOMA District XII. He is a 1997 graduate of the University of Health Sciences College of Osteopathic Medicine in Kansas City, Missouri.

Bethany A. Lyon, D.O. 673 Ascot Circle Orlando, FL 32825

Dr. Lyon is serving a Family Practice Residency at Florida Hospital in East Orlando. She graduated from The University of Health Sciences College of Osteopathic Medicine in Kansas City in 1990.

Vance A. Niemann, D.O. 65 East Olive Avenue #138 Gilbert, AZ 85234

Dr. Niemann is serving a Family Practice Residency at Mesa General Hospital in Arizona. He is a 1996 TCOM graduate.

# From the

#### **AOA Supports Joint Bargaining Rights for Physicians**

AOA

Over the last few years, health care delivery has undergone dramatic changes. Medical decisions that were previously made by physicians and patients are becoming increasingly controlled by HMOs, insurers and other managed care organizations. As a result of thee changes and in the interest of patient care, the American Osteopathic Association steadfastly supports the Quality Health Care Coalition Act of 1999 (HR 1304).

HR 1304 would allow physicians to negotiate as a group with health care plans on important issues of quality care for patients. This means that they would be able to speak with a united voice regarding "gag" clauses, medical necessity and other inappropriate practices. And because physicians will be negotiating on a group basis, it will be far more difficult for insurers to reject their concerns.

"Physicians today face considerable difficulty in negotiating with health care insurers," asys John B. Crosby, J.D., AOA executive director. "There is an inequality in bargaining power between individual physicians and health care insurers who control decisions regarding patient care. Allowing physicians to negotiate with health plans will restore their ability to be advocates for their patients and provide them with the highest quality of care."

#### Separate Accreditation Agencies Developing Plan to Conduct Coordinated Surveys of Health Care Facilities

The Healthcare Facilities Accreditation Program (HFAP) of the AOA and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) have been working on a plan to offer coordinated surveys to hospitals that are accredited by both the AOA and JCAHO, reports the May issue of *The DO*.

"This program will allow hospitals to have both their HFAP and their JCAHO surveys conducted at the same time," explains George A. Reuther, the director of the AOA Division of Healthcare Facilities Accreditation. "This will reduce the total preparation time that facilities need for obtaining dual accreditation."

The HFAP and the JCAHO have been working since September 1998 to develop protocols for conducting coordinated surveys, Reuther adds. Plans call for the two accrediting agencies to simultaneously conduct their own surveys using their own surveyors and their own survey instruments. The HFAP and the JCAHO would continue to charge separate fees, make separate decisions and retain their independence.

The program would be voluntary, so dually accredited hospitals that wanted to keep their HFAP and JCAHO surveys separate could do so, says Reuther. The coordinated survey program is tentatively scheduled to be implemented July 1, 2000.

#### Physician-Assisted Suicide - Compassion or Murder?

For better or worse, the issue of physician-assisted suicide may be decided in state legislatures across the nation in the coming years. Many physicians believe that the 1997 Oregon law, legalizing physician-assisted suicide, represents the start of a nationwide trend.

To make the AOA position clear in the midst of the debate, the AOA House of Delegates resolved in July, 1997, to oppose legislation to legalize physician-assisted suicide and to better educate osteopathic physicians and osteopathic medical students about palliative care.

"The AOA is unalterably opposed to physician-assisted suicide, but we are working to develop better policies regarding end-of-life care," stresses AOA Executive Director John B. Crosby, J.D., in the May issue of *The DO*. "We need to focus on quality end-of-life care so that physicians do a better job of providing pain relief, advice and counseling to dying patients and their families."

"Osteopathic medical students need to be taught about palliative care from heir first day of osteopathic medical school, and that education must continue in graduate medical education," adds Crosby.

Fewer patients would consider suicide if more physicians provided highquality pallitative care, insists Robert L. Peters, Jr., D.O., the chairman of the AOA Committee on Ethics. "While our creed should continue to focus on preserving life, we must work hard to make patients' last days as comfortable and painless as possible," he says. "When given adequate pain control, most patients want to hold onto life."

But pain medications are a doublededge sword, warns Donald J. Krpan, D.O., the chairman of the AOA Department of Educational Affairs and the immediate past president of the AOA Committee on Ethics. The medications that relieve patients' pain most also can hasten death.

"Sometimes, terminally ill patients develop high tolerances to narcotics, and they require much higher dosages of narcotics then physicians would normally prescribe," Dr. Krpan explains. But to provide palliative care to make these patients comfortable, physicians sometimes administer high dosages of narcotics.

"Physicians should never increase dosages of pain-relieving medications to the point at which they can hasten death." insists John P. Shonerd, D.O., who practices family medicine in Oregon, and does not support the law that legalized physician-assisted suicide in his state. Moreover, physicians must be careful not to administer dosages that would drastically diminish patients' awareness, he adds.

Physician-assisted suicide has a tremendous potential for abuse, Dr. Krpan adds, noting that the American Medical Association's Consortium on End-of-Life Care, on which he served in 1997, concluded that the legalization of physician-assisted suicide would invite abuse by physicians, patients and the families of patients. Misuse of physician-assisted suicide is a risk, admits John W. Becher, D.O., who serves on the AOA Committee on Ethics. But by the same token, some families of terminally ill patients currently misuse healthcare services to unnecessarily prolong patients' lives, thereby increasing their suffering.

Regardless of whether they are for or against physician-assisted suicide, most physicians must regularly make decisions about end-of-life care. For example, physicians must honor terminally ill patients' do-not-resuscitate orders, orders, to discontinue treatment, and orders not to perform any extraordinary measures.

Discontinuing treatment at the patients' request is legal in every state, and it is a basic component of palliative care, explains Dr. Peters. But he notes that some families and some physicians view the discontinuation of treatment as tantamount to physician-assisted suicide.

"Instead of trying to draw lines between withdrawal of treatment and physicianassisted suicide, society should be protecting the right of patients to chart the course of their lives," contends Paul J. Morris, D.O., vice chair of the Committee on Ethics.

"Patients should make the decisions about their lives, not the government or other outside forces," he says. "Patients' wishes should be paramount."

#### 10 Years Ago in the Texas D.O.

 The Class of 1993 at Texas College of Osteopathic Medicine began its medical education on August 14, 1989 when 107 student doctors attended their first class. The 79 men and 28 women in the class represented a 24 percent increase in the size of the incoming class compared to 1988's entering freshmen. Test scores and grade point averages for the incoming class maintained TCOM's tradition of attracting students with above average academic credentials. The freshmen had an average MCAT score of 46.

 The Texas Society of the American College of General Practitioners in Osteopathic Medicine and Surgery held its Sixteenth Mid-Year Clinical Seminar/Symposium August 4-6, 1989. The program chairman was Craig Whiting, D.O. Election of Texas ACGP officers for 1989-90 were as follows: Richard M. Hall, D.O., president; Craig D. Whiting, D.O., presidentelect; Howard Galarneau, D.O., vice president; Nelda Cunniff, D.O., immediate past president; and T. R. Sharp, D.O., secretary/treasurer.

 The Alaska Osteopathic Medical Association was granted a charter by the AOA House of Delegates, becoming the last state in the union to be represented by an AOA divisional society.

 David M. Richard, D.O., president of Texas College of Osteopathic Medicine, was elected chairman of the Board of Governors of the American Association of Colleges of Osteopathic Medicine.

 Fort Worth Osteopathic Medical Center was named "Institution of the Year" by the National Association of Health Unit Clerks/Coordinators. Rights Condition of Participation (CoP) that hospitals must meet to be approved for, or to continue participation in, the Medicare and Medicaid programs (7/2/99 Federal Register).

Hospitals must meet six standards that ensure minimum protections of each patient's physical and emotional health and safety, including:

- Each patient's right to notification of his or her rights;
- The exercise of his or her rights in regard to his or her care;
- Privacy and safety;
- Confidentiality of his or her records;
- Freedom from restraints used in the provision of acute medical and surgical care unless clinically necessary;
- Freedom from seclusion and restraints used in behavior management unless clinically necessary.

The Patients' Rights CoP, including the standard regarding seclusion and restraints, applies to all Medicare- and Medicaidparticipating hospitals — short-term, psychiatric, rehabilitation, long-term, children's, and alcohol-drug. In February 1998, President Clinton directed the Department of Health and Human Services to have health care programs comply with the Consumer Bill of Rights and Responsibilities (CBRR), as recommended by the Presidential Advisory Commission on Consumer Protection and Quality in the Health Care Industry.

You can mail comments (an original and three copies) on this interim final rule to: Health Care Financing Administration, Department of Health and Human Services, Attention: HCFA-3018-IFC, P.O. Box 7517, Baltimore, MD 21207-0517. See the 7/2/99 Federal Register for more details.

#### More Time to Decide on Settlement Offers

Effective July 1, 1999, physicians have 60 days to respond to settlement offers made by their carriers in overpayment recoupment procedures. The HCFA has released a program memorandum to its carriers that revises instructions on consent settlement procedures relating to the timeframe for responding to settlement offers. Part B providers previously had 30 days to choose an option for overpayment recoupment, including accepting a consent settlement.

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#### Daniel M. Ingraham, D.O.

Dr. Daniel Mark Ingraham of Colleyville passed away on June 22. He was 50. Funeral services were held June 24 at First Baptist Church in Colleyville.

Dr. Ingraham was a 1976 graduate of the University of Osteopathic Medicine and Health Sciences, Des Moines, Iowa. He completed his dermatology residency at the Cleveland Clinic,

He was a lieutenant colonel in the Air Force and served at Carswell Air Force Base from 1983 to 1993, and was deployed during Desert Storm.

Certified in dermatology, Dr. Ingraham practiced in the Fort Worth/Dallas area for many years and was an assistant clinical professor at the University of North Texas Health Science Center at Fort Worth.

Membership include the Dallas and Fort Worth dermatologic societies, American Academy of Dermatology, International Hair Transplant Society, Texas Osteopathic Medical Association, Tarrant County Medical Association and the American Medical Association. The Fort Worth/Dallas Dermatologic Society has amed a memorial lectureship in Dr. Ingraham's name, feeling that he embodied the art of a compassionate, clinically excellent physician. He was also a member of North County Community Church and the Corvair Society of America.

Survivors include his wife, Dr. Jane Ensey of Colleyville; sons, Jon, Mike, Ben and Samuel, all of Colleyville; daughters, Kinsey and Elizabeth, both of Colleyville; parents, the Rev. Virgil and Alice Ingraham of Ashland, Ohio; sisters, Joann Coppes of Hutchinson, Minnesota, Evelyn Stewart of Abilene and Ruth Donaldson of Columbus, Ohio; grandchildren, Mia Ingraham and Alexa Ingraham; and numerous nieces and cousins.

#### John B. Isbell

Mr. John B. Isbell, retired CEO of Doctor's Hospital, Inc., of Groves, passed away on June 23. He was 64. Funeral services were held June 26 at Westminster Presbyterian Church in Beaumont. An additional service was held June 28 at Restland Memorial Chapel in Dallas, with burial in Restland Memorial Park.

A native of Stephenville, Mr. Isbell was a 1951 graduate of Stephenville High School and attended Tarleton State University. He served two years in the U.S. Army Medical Service Corps.

His entire professional career had been devoted to osteopathic medicine, from his beginning as a lab tech, to becoming an osteopathic hospital CEO at the age of 28. He had served as CEO of Stevens Park Hospital and Oak Cliff Medical Surgical Hospital. In August of 1987, he became CEO of Doctors Hospital, Inc. of Groves.

In 1996, he was awarded the Texas Osteopathic Medical Association's Meritorious Service Award, the highest honor that TOMA can bestow upon a non-physician in recognition of outstanding accomplishments in scientific, philanthropic or other fields of public service to the osteopathic profession in Texas. Mr. Isbell was recognized for his 37 years of contributions to health care, during which he enthusiastically supported the philosophies of osteopathic medicine. Active in osteopathic legsilative issues on both the state and national levels, Mr. Isbell accepted a leadership role among Texas osteopathic hospitals in 1993, seeking to pass legislation prohibiting discrimination against osteopathic hospitals by managed care companies. That legislation was passed and is currently in effect.

Memberships included the American Osteopathic Association; Texas Osteopathic Health Council; the American College of Osteopathic Healthcare Executives; and the American Osteopathic Healthcare Association, of which he was a life member and the 1994 recipient of the Award of Merit, the AOHA's most prestigious award. Civic activities include Rotary International and the American Heart Association.

Survivors include his wife, Charlene Isbell of Bridge City; daughter, Denise Ray of Arlington; two sons, John Allen Isbell of Dallas and Joel Isbell of Lumberton; and granddaughter, Darby Ray of Arlington.

Donations may be made to the Phoebe Isbell Memorial Scholarship Fund. Contact the Stephenville I.S.D. for details.

#### Armin L. Karbach, D.O.

Dr. Armin L. Karbach of Arlington passed away on July 6. He was 85. Funeral services were held July 9 at Moore Funeral Home Chapel with burial in Moore Memorial Gardens, Arlington.

Dr. Karbach was a 1941 graduate of the University of Health Sciences/College of Osteopathic Medicine in Kansas City, Missouri.

Certified in general practice, he cared for three generations of several families during his 45 years as a physician in the Arlington area. He retired at the age of 77 due to illness.

Dr. Karbach was a life member of both the Texas Osteopathic Medical Association and the American Osteopathic Association, as well as a fellow of the American College of Osteopathic Family Physicians. He was also a member of the Unity Church in Fort Worth.

Survivors include his wife of 58 years, Josephine Morgan Karbach of Arlington; sons, Armin L. Karbach, Jr., and his wife, Ruth Hosey Karbach of Fort Worth, Karl Karbach of Grand Prairie and Paul Karbach of Arlington; and grandchildren, Amy Karbach and Jason Karbach of Bedford.

Memorials may be made to the Alzheimer's Association of Tarrant County, P.O. Box 9709, Fort Worth, 76147.

## THE INDEPENDENT INVESTOR

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#### College Planning the Key is Starting Early

The time of the year is once again upon us when newly graduated high school students turn their attention toward starting college in the fall. It's an exciting time, as new friends, intellectual challenge and independence lie ahead. But for parents who pay the bills for higher education, it can also be an anxious time.

According to a recent study by Sallie Mae, the nation's largest source of funds for higher education, parents saving for their children's college had saved less than half of what will be needed to cover the expected expenses. One in five hadn't saved anything at all.

Fortunately, you can go a long way in avoiding this headache by getting an early start in saving for college. It's simply a matter of doing some planning, estimating costs and investing diligently.

Understand that it's going to be somewhat difficult to plan with a large degree of certainty, due to variables such as tax laws, interest rates and spikes in college tuition that are bound to change over time. The key is to do your best with what you know, and try not to worry about the rest. There are, however, some points you should consider before getting started. Consider ownership. Do you want to create an account that will give your child ownership of any money, or would you rather retain control? There are tradeoffs to this decision. If you create a guardian account, you own the money, but any distributions or dividends are taxed at your rate. You can also create a custodial account, which you control only until the child's age of majority, which can be either 18 or 21, depending on state laws. The account is taxed at the child's rate, which is generally lower than yours.

Decide on your risk tolerance. As financial planners, we can help you develop a portfolio that reflects both your tolerance to risk and the time remaining until you need the money. By and large, most planners believe that earlier in the portfolio's life you can be more aggressive with the investments you choose, with a majority of money in equities. The closer the child gets to college age, money is usually shifted into an investment that is less exposed to market risk.

Decide what college will cost. This will be a tough decision, since the cost of college depends on so many variables. In-state versus out-ofstate and public versus private are just a few of the choices that will be made. Costs of living can also vary from school to school.

Once you sort these choices out, you're ready to start saving. And the earlier, the better! For example, suppose that you've determined you'll need \$50,000 for your child's college expenses at age 18. Starting at your child's birth, you decide to invest monthly in an account that you expect will pay 10 percent interest. You'll need to contribute \$84 per month, and when you reach the \$50,000 mark, you will have put in only \$18,144 yourself. The rest, of course, will have come from the power of compounding interest.

On the other hand, let's look at what happens if you wait until age 10. You'll need to save \$343 ger month to reach \$50,000, and you'll have put in \$32,928 of the total. As you can see, just by starting eight years earlier, you'll keep an extra \$14,784.

College is a wonderful time, a bridge of self-discovery between adolescence and young adulthood. By saving early, you can guarantee that you'll be just as excited about college as your child is.

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# TOMA's 44th MidWinter Conference & Legislative Symposium February 18 - 20, 2000

Renaissance North Dallas Hotel Dallas, Texas

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## Update from Mbarara

The following are excerpts of an update from Larry Pepper, D.O., and his family. Previously a resident of Houston, Texas and a member of the TOMA Board of Trustees, Dr. Pepper is serving as a medical missionary in Uganda.

#### **Uganda** News

The past few weeks have been busy, yet exciting ones as we completed another term of teaching at the University Hospital and service in Mbarara. We continue to give praise to God for the grace that He shows us, the daily mercies, and how He meets all our needs. It is so unfortunate and impossible to understand what happened to the tourists and the Ugandan park official that were killed this month [May] in Bwindi Park. We have been blessed by good security here in Mbarara. We pray that the killings will no give the false impression of how insecure things are. And we especially want to let you know that a few rebels do not reflect in any way the type of people that the majority of Ugandans are thus we have metr, work with, and daily spend our lives with.

#### Hospital/AIDS Clinic Work

The work on the medical ward, the AIDS clinic, and "call" has continued to be a big part of our ministry. Daily I am living with the effects of a variety of issues ranging from administrative incompetence and corruption in the running of the hospital, to the stark poverty that Ugandan villagers face, to medical ethical issues of drug shortages vs. huge demands, to how best to use the time God has given us here to serve Him. I was recently challenged by the words of Dr. Martin Lloyd Jones, a British physician/preacher, as he said, "At the heart of Christian caring is Christ. We are called to see Christ in those for whom we care. We are called to be Christ to those for whom we care."

I have taken that quote and placed it on the wall in my office at the hospital, so as I leave to go to the ward each day, I see that quote and remind myself of the truth of it. I would ask you to remember me as I minister to Ugandans who are hurting physically and spiritually. God has allowed me to minister to bohenestit is something that I could never have imagined. But I'll be honestit is something that I could never have prepared for in the U. S.A. and this only by the grace of God and the power of His word, that I have been able to do it. It is spiritually and emotionally draining but I have seen how God can give peace in the face of death, hope to families who are seeing their own waste away, and strength to those daily caring for their patients.

This past month I saw another of my AIDS patient's die. As I prayed with her husband a few minutes after her death, it was so hard. It was great that she was saved, and released from her deteriorated body. Nothing in medicine ever prepares you for that kind of thing. As many of you know, in my previous careers in medicine I had experienced very few patient deaths. These past hree years have been much, much different. In the first month at the hospital, I saw more of my patients die than I had in my whole career. As I spoke with this lady's husband, I assured him of our prayers for him and his family over the next few days as they grieve the loss of her (they have two primary school-aged children).

#### Family and School News

Adam, Megan and Kelly continue to do well in their home schooling. They are two-thirds of the way through this academic year (7th, 5th and 3rd grades). We are so blessed to have a mission board supported by loving, sacrificial-giving churches that allow us to have the best possible home schooling supplies. Add that to the love and care that Sally gives to the kids as she daily teaches them and you have a great combination.

Since the first of the year, Kelly has turned 9 years old. Adam 13 and Megan will be 11 in May. They continue to grow physically, emotionally and spiritually. Adam has developed a keen interest in the racquet game of squash and spends free time playing it with a friend and I. Kelly and Megan recently became foster parents to three Egyptian goslings and are busy attending to them, trying to teach them to follow their "honking" and guarding them from the many birds of prey that are around our place. The kids are all looking forward to our upcoming statewide assignment beginning in November of this year.

In case you haven't heard, we will be spending the months of November and December in Michigan, then about 5-6 months in Houston, finishing our time in Michigan again before we return to Uganda in August, 2000. I will be attending the Houston extension campus of Southwestern Baptist Theological Seminary. We look forward to the time we will have with family, with renewing fellowships at University Baptist Church in Houston and with friends. Pray for us as we look at the coming months prior to furlough.

Two terms of teaching remain, with the final examinations of another class of future doctors. Sally plans to complete this school year for the kids and get half of the next year completed. We do appreciate your continued prayers for our safety and health, and for wisdom in seeing and doing God's work.

#### **Communications** (E-mail)

A note in regards to e-mail. Unlike in the U.S.A., Ugand doesn't have a reliable efficient telephone system. Therefore, we often go days to weeks without the ability to get or send e-mail. Yes, it is true! I hope that no one has been offended by our failure to answer an e-mail, or in the time it has taken to answer. We do love to hear from you, to answer questions and to communicate this way, but it definitely has its limitations here in Uganda. In addition, we have gone to a different e-mail server and have been experiencing some personal computer problems (so well as e-mail server problems (for those of you not using e-mail, it simply means a lot of headaches in terms of time spent getting the system to work and in attempting to solve problems).

I would ask that if you have us on an automatic forwarding list for various messages, to be a bit discreet in how many are forwarded, and to the size of the message. Oftentimes, the larger sized messages end up causing e-mail downloading problems due to the poor telephone connections we have.

Thank you again for the support you give us and for your prayers. We are blessed with a great support staff, both in the East Africa region as well as in the states. We have been showered with blessings by all of you and we thank you. Our prayer is that you will, in turn, be blessed by our Lord, and that this update will help you to know what has been happening, and how to pray for us in these coming months.

> Larry and Sally Pepper, Adam, Megan and Kelly Pepper@infocom.co.ug Baptist Mission of Uganda P.O. Box 1312 Mbarara, Uganda

#### Compass 21 WILL NOT be Implemented on November 1, 1999 as Previously Announced

At this time, a new implementation date has not been determined; we will notify you of the new implementation date as soon as possible. Notification of the date will be accomplished through a number a means: mail, R&S banner messages, AIS messages, Internet (texmednet.com and eds-nhic.com), and Medicaid Bulletins.

The Texas Provider Identifier (TPI) will not be assigned and sent to providers on August 1, 1999 as previously planned. Vendor testing of Compass 21 specifications will not begin on September 1, 1999 as previously planned. Pilot testing and deployment of TDHconnect will not begin these activities 90 days prior to the implementation of Compass 21; these dates will be included with the notification of the new implementation date.

This delay is the result of our recent assessment of where we are in the project and caused us to evaluate the risk to our customers - the State of Texas, providers, and clients. In this evaluation it was decided that the risk and impact to our customers was too great to move forward with a November 1, 1999 implementation. The delay will ensure that thorough testing of Compass 21 and all interfaces can be completed by NHIC, providers, vendors, Medicaid Administrative System) contractors and that we implement a quality system that meets the needs of all involved well into the 21st century.

#### Re: Senate Bill 30 (SB 30) Re-enrollment

The 76th Texas legislature recently adjourned after passing HB 2641 which allows an extension to the SB 30 re-enrollment until March 31, 2000, from the original law date of September 1, 1999. The Texas Department of Health, NHIC, and the Texas Health and Human Services Commission would like to receive your input on how we may facilitate a successful re-enrollment for your association's membership.

Every Medicaid provider is a valuable asset to the program, and we would like to ensure that we have an ample supply of providers who offer quality medical care to Medicaid recipients. Medicaid funds medical services for millions of Texans so we know that the Medicaid reenrollment process is important to your members.

We have established a Web page at www.edsnhic.com to communicate helpful information on the reenrollment effort. You may click the stop sign by the bullet for Provider Re-enrollment to download the most current information that may be helpful to your membership. Some associations have been using this information to do the following outreach to their membership through:

- · Association Web page
- Association newsletters, special bulletins, and publications
- · Legislative updates and special mail-outs

In addition to the NHIC Web page, we would like to again extend the offer to present re-enrollment seminars or workshops if you feel this would be beneficial to the membership in completing re-enrollment. Please contact Lorrie Davenport, NHIC, at 512-794-2373, if you would like further information about the availability of seminars or workshops for your members. We are also interested if you have additional suggestions for facilitating the reenrollment effort of your membership.

Thank you for your time and assistance with the reenrollment efforts for the Medicaid Program. Your participation is appreciated and strongly desired.

#### Sincerely,

William Gamel, M.D. NHIC Medical Director

Beverly Koops, M.D. HCF Medical Director, TDH

Linda K.Wertz State Medicaid Director

#### Public Health Notes

By Alecia Hathaway, M.D. M.P.H.

# "Hospice Care and Attitudes About Death in the '90s"

While only a handful of physicians routinely care for terminally ill patients, many at one time or another find themselves confronted with the issues of quality of life for terminal patients. Apart from evaluating our own belief systems and attitudes about death and dying, it is helpful to know a little more about the current processes and practices surrounding the care of dying patients and to be familiar with the options of care available. Community Hospice of Texas and affiliates organized a conference in May 1998, entitled, "Clinical Excellence in Palliative Care," where several studies measuring the impact of education and hospice enrollment on the quality of life were presented. I have summarized these findings for your information.

 The Support Study, Joanne Lynn et al, JAMA 274:1591-1598, 1995. This \$28 million study consisted of two phases at five medical centers and spanned a duration of ten years.

#### Phase I

- Observed 4,301 patients during two years to determine terminally ill patients' baseline experiences during the dying process.
- · Less than 50% of physicians knew when their patients preferred to avoid CPR.
- Forty-six percent of DNR orders were written two to three days before death. Of all deaths, 38% spent at least ten days in ICU.
- Fifty percent of patients, who died in the hospital, experienced moderate to severe pain at least half
  of their stay as reported by the family.

#### Phase II

- · Consisted of controlled intervention of 4,804 terminally ill patients.
- A nurse was trained to facilitate physician-patient-family communications and address end of life care planning.
- Physician intervention provided accurate predictive information on the patient's functional status, survival probability and self-determination.

#### **Conclusions of the First Study**

- Interventions provide little improvement in patient care and outcomes.
- Improved communication alone is not enough in providing quality, compassionate care for the dying.
- Survival of Medicare Patients After Enrollment in Hospice Programs, Christakis and Escarce, NEJM, July, 1996.
- · More than 220,000 Medicare beneficiaries receive hospice care annually.
- · 6,451 patients were studied over 27 months.
- · The median survival was 36 days, and 15.6% died within seven days of admission.



#### Conclusions of the Second Study

- Enrolling in hospice care can have direct impact on the quality and cost of care that patients receive at the end of life.
- The overall cost-savings would be substantial if expensive in-hospital care were replaced by palliative, non-curative measures.
- The majority of hospice patients receive care in their home, where they can die in a familiar setting surrounded by those they love.
- The increased duration of survival and quality of care for patients in hospice programs will require more than the physician's referral.

Our society, as compared to many others throughout the world (especially Eastern), still reflects a high degree of gerontophobia, though by the year 2030, 20% of the nation's population will be older than 65 years old. People are living longer and in many instances, in greater health but the growing segment of older persons presents us with nearing end of life issues in proportions unlike anything we have known before. As physicians, we can help prepare by becoming more sensitive to and expert in end of life circumstances and issues surrounding the physical process of aging and dying. The medical challenges of delivering effective compassionate care never end. We will soon be among that growing portion of the nation's population.

## HealthFind '99 September 25-26, 1999 Austin, Texas

#### Health Professional Recruitment Opportunities for Rural Texas Abound at Annual Event

Health care representatives from rural Texas facilities, physician practices, and communities and health care professionals have the exceptional opportunity to meet face-to-face to discuss job opportunities and practitioner availability at this year's HealthFind. The annual HealthFind event provides a "job fair" atmosphere for rural Texas health care facilities and communities to recruit practicing health care professionals and professionals in training who are looking for current and anticipated health care positions.

Practicing health care professionals, and those who are in training, will attend an expanded HealthFind 1999. Both M.D.s. and D.O.s. will attend Saturday and Sunday of the weekend event. Mid-level practitioners and health care professionals such as Registered Nurses, Physical, Occupational and Speech Therapists, Medical Lab Techs, X.Ray Techs, Dentists, Nutritonists, Paramedics and Pharmacits will be in attendance on Sunday only.

Rural Texas health care facilities, providers and communities are encouraged to take advantage of this worthwhile occasion to share the unique characteristics and highlights of their rural Texas communities to potential recruits, "HealthFind provides a friendly, relaxed environment for both rural health care representatives and health care professionals to meet each other and learn what each has to offer," explained Sam Tessen, Executive Director of the Center for Rural Health Initiatives (CRHI).

HealthFind '99, coordinated by the CRHI, the Texas State Office of Rural Health, will be held in Austin on September 25 and 26, 1999.

If you have questions or would like to register, contact Bob Moore at CRHI at 512-479-8891; toll-free at 877-839-2744; or by e-mail at bobmoore@crhi.state.tx.us. Registration deadline is August 27, 1999.

Established in 1989, the Center for Rural Health Initiatives provides leadership in encouraging innovative responses to rural health care needs. The Center administers a number of programs and services designed to help rural health providers and communities proactively address the health care needs of rural Texans.

# **TRICARE** News

#### E-Mail Address for TRICARE Information Changes

The e-mail address that you can use to get TRICARE information sent to you electronically has changed again. The new email address is: tricare-on@csdmail.medcom.amedd.army.mil

To get on the electronic mailing list, just address a message to the above e-mail address. Don't use a subject on the message and then leave the body of the message blank. Once you join the on-line mailing-list group for TRICARE news releases, you'll receive an electronic copy of each news release about policy or rule changes, new benefits, etc., as soon as it is published.

#### TRICARE Info Available on Military Health System Web Site

You can find TRICARE news and other information about military health care on-line, on the department of Defense's Military Health System Web site. You can access the site at www.tricare.osd.mil.

#### Families Near Three Closing Military Bases Will Keep Pharmacy Benefit

Despite the closing of three U.S. military bases on May I. Medicare-eligible beneficiaries, and their family members who are Medicare-eligible, who have been using pharmacies at those bases will not lose their pharmacy benefits.

Those who live within the service areas (also called "atchment" areas) of military hospitals at the three bases – which wer closed under the Base Realignment and Closure (BRAC) authoity – will be able to get their medications only from TRICARE network retail pharmace, Prorum the National Mail Order Pharmacy Program (NMOP).

The three bases are: Onizuka Air Station in Sunnyvale, California; Red River Army Depot, in Texarkana, Texas; and For McClellan in Anniston, Alabama.

Persons who are affected by base closures have the same pharmacy benefits as those who use TRICARE Extra. They are charged 20 percent co-pays for each prescription obtained from network pharmacies, and \$8 for those obtained through NMO<sup>®</sup> There are no annual deductibles to satisfy.

Eligible persons who live outside the catchment area of we of the military hospitals on the closed bases, but were reliant on the base pharmacy at least once within the 12 months immediately before its closure, may be eligible to use the pharmacy beefit. To confirm eligibility, these persons must complete a Declaration of Reliance form, which can be obtained by calling the Defense Enrollment Eligibility Reporting System (DEERS) at 800-538-9552. For more information about NMOP, call the contractor, Merck-Medco, at 800-903-4680, or visit the Web site at http://www.tricare.osd.mil/nmop.html.

# **TEXAS STARS**

The following people have made pledges or have contributed to TOMA's Building Fund Campaign. These people are now known as "Texas Stars" because of their commitment to the osteopathic profession.

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