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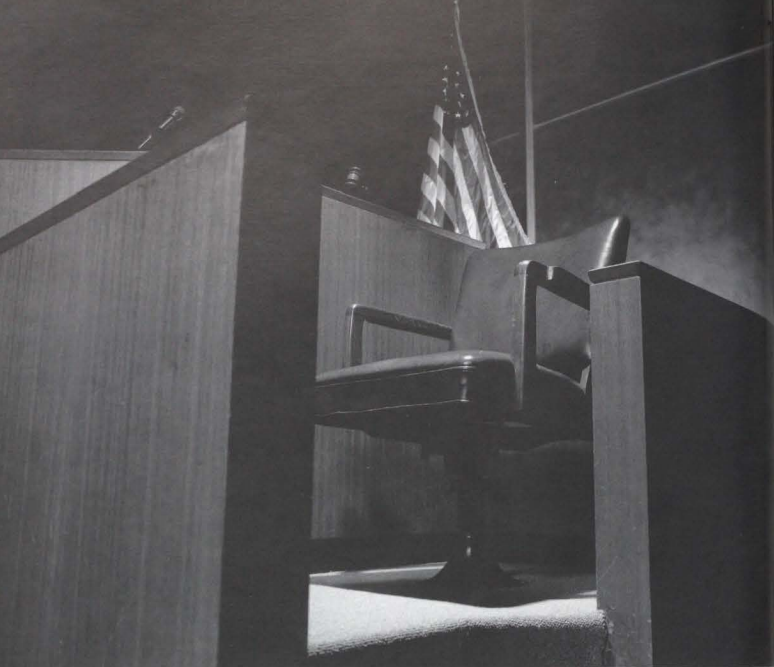
The Official Journal of the Texas Osteopathic Medical Association

XXXVIII, No. 2

*in San Antonio for
TOMA's 97th Annual Convention
and Scientific Seminar.*

Registration form inside this issue.





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Washington Office

American Osteopathic Healthcare Association

Physician's Choice Medical Malpractice

Dean, Jacobson Financial Services:

For Premium Rates,

Enrollment & Information

TOMA Major Medical Insurance

TOMA Disability Insurance Program

UNTHSC/Texas College of Osteopathic Medicine

Medicare Office:

Part A Telephone Unit

Part B Telephone Unit

Profile Questions

Provider Numbers:

Established new physician (solo)

Established new physician (group)

All changes to existing provider

number records

Medicaid/NHIC

Texas Medical Foundation

Medicare/CHAMPUS General Inquiry

Medicare/CHAMPUS Beneficiary Inquiry

Medicare Preprocedure Certification

Private Review Preprocedure Certification

Texas Osteopathic Medical Association

TOMA Physicians Assistance Program

TOMA Med-Search

TEXAS STATE AGENCIES:

Texas Health and Human Services Commission

Department of Health

Texas State Board of Medical Examiners

Registration & Verification

Complaints Only

Texas State Board of Pharmacy

Texas Workers' Compensation Commission

Medical Review Division

Texas Hospital Association

Texas Department of Insurance

Texas Department of Protective and

Regulatory Services

State of Texas Poison Center for

Doctors & Hospitals Only

FEDERAL AGENCIES:

Drug Enforcement Administration:

For state narcotics number

For DEA number (form 224)

CANCER INFORMATION:

Cancer Information Service

312/280-5800

800/621-1773

202/544-5060

800/962-9008

703/684-7700

800/366-1432

1-800/321-0246

1-800/321-0246

1-800/321-0246

817/735-2000

Dallas Metro 429-9120

214/470-0222

903/463-4495

214/766-7408

214/766-6162

214/766-6163

214/766-6158

512/343-4984

512/329-6610

800/725-9216

800/725-8315

800/725-8293

800/725-7388

512/388-9400

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512/465-2000 ext. 3074

214/767-7250

713/792-3245

in Texas 800/392-2040

TEXAS DO

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

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February, 1996

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Calendar of Events

FEBRUARY 28 - MARCH 3

35th Annual Convention & Scientific Exhibit
Sponsored by Osteopathic Physicians and Surgeons of California
Location: Palm Springs Riviera
Contact: Osteopathic Physicians & Surgeons of California
455 Capitol Mall, Suite 230
Sacramento, CA 94814-4405
916-447-2004
FAX 916-447-4828

MARCH 28-31

Florida Osteopathic Medical Association's 93rd Annual Convention
Location: Doral Ocean Beach Resort
Miami Beach, Florida
Hours: 30 Category 1-A anticipated, five hours Risk Management, three hours mandatory AIDS/HIV
Contact: Florida Osteopathic Medical Association
2007 Apalachee Parkway
Tallahassee, FL 32301
904-878-7364

APRIL 12-13

Tenth Annual Spring Update for the Family Practitioner
Sponsored by University of North Texas Health Science Center at Fort Worth
Location: Dallas Family Hospital
Dallas, Texas
Hours: 10 CME Hours
Contact: UNT Health Science Center
Office of Continuing Medical Education
817-735-2539

25-28

1995 Annual Spring Convention
Sponsored by the American College of Osteopathic Pediatricians
Location: Ritz-Carlton Hotel, Chicago, IL
Contact: ACOP Headquarters, 202-362-

27

HealthFind Exchange
Sponsored by the Center for Rural Health Initiatives
Location: Austin Marriott at the Capitol
Austin, TX
Contact: 512-479-8891

MAY 8-12

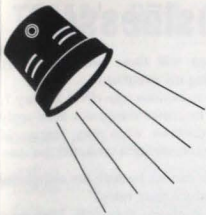
99th Annual Convention
Sponsored by the Indiana Association of Osteopathic Physicians and Surgeons
Location: Radisson Plaza & Suite Hotel
Indianapolis, IN
Contact: IAOPS, 800-942-0501 or
317-926-3009

JUNE 6-9

97th TOMA Annual Convention and Scientific Seminar
Sponsored by Texas Osteopathic Medical Association
Location: Hyatt Regency on the Riverwalk
San Antonio Convention Center
San Antonio, Texas
Hours: 27 Category 1-A, AOA
Contact: TOMA, 512-708-TOMA or
800-444-TOMA



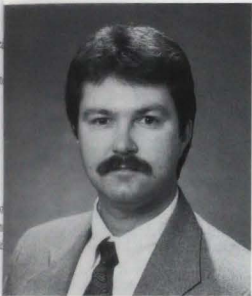
Articles in the "TEXAS D.O." that mention the Texas Osteopathic Medical Association's position on state legislation are defined as "legislative advertising," according to Tex Govt Code Ann §305.027. Disclosure of the name and address of the person who contracts with the printer to publish the legislative advertising in the "TEXAS D.O." is required by that law: Terry R. Boucher, Executive Director, TOMA, 1415 Lavaca Street, Austin, Texas 78701-1634.



SPOTLIGHT

TOMA Board of Trustees

Each month TOMA spotlights a board member for his or her work and commitment to the osteopathic profession in Texas. TOMA extends a sincere thanks to every board member who has served or is serving as a member of the TOMA Board of Trustees.



William J. Lagaly, D.O.

As the Resident Board member on the TOMA Board of Trustees, Dr. William J. Lagaly of Fort Worth, notes, "Allowing representation on the Board through an intern/resident/fellow trustee position is an excellent idea because it allows direct communication concerning issues of importance to interns, residents and fellows. Also," says Dr. Lagaly, "this representation keeps us informed of important issues that will affect the future of our profession."

Dr. Lagaly stresses that his involvement in TOMA "keeps me in touch with what is going on in the political environment in relation to medicine." He adds, "TOMA is our support link between our practices, training situations, medical schools and the legislature. It is a vital link in our success as a profession and we should all be proud of the accomplishments TOMA has achieved and support it any way we can."

A 1994 graduate of Texas College of Osteopathic Medicine, Dr. Lagaly

interned at Osteopathic Medical Center of Texas. He is currently in the Family Practice Residency Program at the University of North Texas Health Science Center/TCOM, which he will complete in 1997.

When asked why he chose the osteopathic profession, Dr. Lagaly explains that he was not familiar with osteopathic medicine, "although I always thought it made sense to treat the patient and not just the symptoms." He credits Robert L. Peters, Jr., D.O., of Round Rock, for helping steer him toward the osteopathic profession. "I did not realize the difference between the osteopathic and allopathic philosophies until I spoke with Dr. Peters when I was applying for medical school. Osteopathic medicine just makes sense to me."

"Allowing representation on the Board through an intern/resident/fellow trustee position is an excellent idea because it allows direct communication concerning issues of importance to interns, residents and fellows."

Dr. Lagaly feels that there is a need for more public education regarding the profession. "I think the public opinion of osteopathic physicians has improved dramatically in the past few years, but we still have a long way to go in promoting ourselves to the public," he says. "My experience has been that those who know about osteopathic

medicine support it, while those who do not know about it simply do not have anything to say. The public still needs to be educated about osteopathic medicine, but we are making progress."

In reflecting upon the problems facing physicians today, Dr. Lagaly says that since D.O.s and M.D.s are confronted with many of the same issues, both must work together to solve these problems. "We must keep in mind, though, that in the fight for health care dollars, TOMA and osteopathic physicians can never let down their guard against injustices in medical reimbursements and medical practice laws, even when such injustices are unintentional," he notes.

Dr. Lagaly and his wife, Laurie, an active ATOMA member and the current ATOMA Recording Secretary, reside in Fort Worth. They are the parents of two children, Dustin, age six, and Kelsey, age three. The family enjoys camping and water sports and, according to Dr. Lagaly, "we are going to give snow skiing a try this winter."

TOMA extends its deepest appreciation to Dr. Lagaly for his involvement and contributions on behalf of TOMA and the osteopathic profession in Texas. ■

ATTENTION, TOMA MEMBERS

This serves as a reminder that any member or district planning to present resolutions to the TOMA House of Delegates' meeting on Wednesday, June 5, 1996, during TOMA's 97th Annual Convention and Scientific Seminar, must submit such resolution(s) to the TOMA State Office prior to May 5, 1996.

No resolutions will be voted on in the House of Delegates' meeting unless they have been received in the State Office prior to the above date.

If you have any questions regarding resolutions, please call Paula Yeamans at the TOMA office at 800-444-8662. ■

Health Insurance and Small Businesses

by Elton Bomer
Texas Commissioner of Insurance

Texans who've been unable to get health insurance because of cancer, heart trouble and other serious illnesses now have a better chance of obtaining coverage if they work for small businesses.

September 1 was the effective date of a new state law requiring "guaranteed issue" of small employer health insurance plans.

Guaranteed issue means an insurance company or HMO can't deny health coverage to a small employer - one with three to 50 eligible employees - because of the medical history of any employee or dependent.

I'm hopeful that guaranteed issue will bring thousands of these workers all the benefits of health insurance that most of us take for granted.

The 1995 Legislature also passed two other new laws making it easier for small businesses to obtain health policies for their employees.

One new law eliminates the requirement that a small business pay 75 percent of its employees' premiums. The other lowers from 90 percent to 75 percent the number of employees who must participate in a small employer health plan. Insurers may use an even lower participation percentage if they wish. Both laws become mandatory on June 1, 1996, but I have notified insurance companies that they can comply voluntarily right now if they wish.

Here are some commonly asked questions about guaranteed issue:

Is there any way an insurance company can refuse to cover a small business?

Only if it (1) fails to meet the company's minimum participation requirement, which must be the same for all groups, (2) fails to meet the company's requirement, if any, for the employer to pay part of the total premium or (3) does not have three to 50 eligible employees.

Can insurers charge more for policies sold to small businesses with one or more employees who have pre-existing medical problems than for those sold to completely healthy groups?

Yes, but only within the limits set by the Small Employer Health Insurance

Availability Act of 1993. Those limits are very complex but, essentially, rates can't vary more than 25 percent from an "index rate" that averages a company's lowest and highest rates for similar employee groups.

After an employer buys a policy, can the insurance company raise the rate for health-related reasons?

Yes. At policy renewal, a company can raise rates by up to 15 percent for health-related reasons, so long as the new rate does not exceed 125 percent of the index rate mentioned in the previous answer.

Can an insurer delay coverage for pre-existing health problems and, if so, for how long?

Yes. A company can impose a waiting period - commonly 12 months - before it will pay for treatment of pre-existing conditions. This waiting period can be shorter if you had other coverage during the preceding year, or longer if you don't enroll when your employer first offers health insurance.

Of great concern to small businesses is lawsuit abuse.

Lawsuit abuse costs everybody money through higher prices, including higher insurance premiums. It stands to reason that tort reforms correcting such abuse will save money - lots of it.

The Texas Legislature passed new tort reform laws last spring to curtail such abuses as frivolous lawsuits, excessive punitive damages and "forum shopping" for a friendly court.

In passing these reforms, the Legislature directed me to issue rules passing the expected savings from tort reform directly to consumers in the form of lower liability insurance rates.

Reductions ordered in these rules include 6 percent for private passenger auto bodily injury (BI) liability, 6.2 percent for personal umbrella, 1.5 percent for farm/ranch owners, 9.8 percent for commercial auto BI liability, 10 percent for physicians' medical malpractice and 13 percent for hospital medical malpractice.

Because of tort reform, premiums in 1996 will be an estimated \$428.7 million lower than they otherwise would have been.

I'd like to answer some commonly asked questions about the tort reform rate reductions:

When will these reductions start affecting my premium?

The reductions take effect January 1996. Insurance companies must apply the reductions when they renew policies or issue new ones after that date.

How can we be sure the companies will reduce their rates?

I'm confident they will. They must file their rates with TDI, show us the calculations and certify what their rates would be without applying the tort reform savings and what they are after applying those savings. TDI will carefully review each filing. We can and will disapprove rate filings that don't reflect the tort reform reductions I ordered. In addition, insurance company examinations will show whether they are charging the correct rates.

My auto liability insurance is with county mutual insurance company. Does it have to give me a rate reduction?

It should, because the Legislature intended for county mutuals to pass the savings to consumers. By law, county mutuals' rates are totally unregulated and the specific tort reform rate reduction does not apply to them. To the order does, however, require them to file a certificate saying what their rates would be without tort reform and what they are after applying any tort reform savings.

My automobile liability insurance through the assigned risk plan. Do I get a rate reduction, too?

The Legislature directed me to consider the effect of tort reform when I set the plan's rates later this year, and I will.

Will the tort reform rate reductions keep rates from going up next year?

There's no guarantee. What happens to rates will depend on whether claims and claim costs are rising or falling. Rates could go up or down. Regardless, the tort reform rate reductions will make 1996 rates lower than they otherwise would have been.

Texas Department of Insurance Public Information Office: 512-463-6425.

OMA's 97th Annual Convention and Scientific Seminar

June 6-9, 1996 - San Antonio, Texas
Craig D. Whiting, D.O., Program Chair

Preliminary Schedule of Events

Wednesday, June 5

- 6:00 am - 1:00 pm TOMA House of Delegates Registration
- 6:00 am - 5:00 pm TOMA House of Delegates
- 6:00 pm - 1:00 pm TOMA House of Delegates Luncheon
Sponsored by UNTHSC-FW
- 6:00 pm - 6:00 pm ATOMA Board of Trustees' Meeting
- 6:00 pm - 6:00 pm Early Registration
- 6:30 pm - 7:30 pm Basic Computer Workshop (Additional Fee; Pre-Registration Required) - UNTHSC Computer Learning Center Staff
Sponsored by IBM Healthcare Solutions

Thursday, June 6

- 6:30 am - 5:00 pm Registration Open
- 6:00 am - 9:15 am Multi-Culturalism in Politics and Medicine - Senator Judith Zaffirini
- 6:00 am - 4:00 pm Exhibit Hall Open
- 6:00 am - 12:00 pm ATOMA House of Delegates Meeting
- 6:15 am - 10:15 am The Difficult Patient in Pain Management - Paul Caldron, D.O.
Sponsored by Ortho-McNeil Pharmaceutical
- 6:30 am - 2:30 pm Computer Lab Open -
Sponsored by IBM Healthcare Solutions
- 6:15 am - 10:45 am Exhibit Hall Break
- 6:45 am - 11:30 am Pediatric Rashes
- 6:30 am - 12:45 pm Keynote Luncheon
- 6:45 pm - 2:30 pm Evaluation and Treatment of the Knee, Foot & Ankle
 - Anatomy & Physiology - Frank Willard, Ph.D.
 - Orthopedic & Sports Medicine
 - Osteopathic Prespective - Jerry L. Dickey, D.O.
- 6:30 pm - 3:00 pm Exhibit Hall Break
- 6:00 pm - 5:00 pm **Concurrent Workshops (Pre-Registration Required)**
 - OMT Workshop - Jerry L. Dickey, D.O.
Co-Sponsored by the Texas Academy of Osteopathy
 - Radiology and Acute Care Medicine - Patrick J. Hanford, D.O. and Charles H. Wheeler, D.O.
 - Beginners Spanish for Medicine - Craig D. Whiting, D.O. and Miriam Perez
 - IBM's NextGen (Electronic Medical Record-Keeping System) - IBM Representative
Sponsored by IBM Healthcare Solutions
 - EKG Workshop - Robert J. Chilton, D.O.
Sponsored by Pfizer Labs

- 6:30 pm - 5:30 pm TACOPF Pacer's Meeting
- 6:00 pm - 6:00 pm MOPPs Reception
- 6:30 pm - 6:30 pm UHS-COM Alumni Reception
- 6:30 pm - 6:30 pm UNTHSC/TCOM Alumni Reception
- 6:30 pm - 6:30 pm KCOM Alumni Reception
- 6:30 pm - 6:30 pm OSU-COM Alumni Reception
- 6:00 pm - 7:00 pm POPPs Reception
- 6:00 pm - 7:00 pm SpectraCell Reception
- 6:00 pm - 11:00 pm Sustainers' Party - La Villita

Friday, June 7

- 6:50 am - 7:50 am TACOPF Breakfast/Meeting
- 7:30 am - 8:00 am Breakfast with Exhibitors
- 7:30 am - 1:00 pm Registration/Exhibit Hall Open
- 8:00 am - 9:30 am Osteopathic Considerations of the Chest
 - Anatomy Review - Frank Willard, Ph.D.
 - Asthma - Philip C. Slocum, D.O.
- 8:00 am - 11:00 am TACOPF Board Meeting
- 9:00 am - 12:00 pm Computer Lab Open -
Sponsored by IBM Healthcare Solutions
- 9:30 am - 10:00 am Break with Exhibitors
- 10:00 am - 12:00 pm Ask the Experts About Diabetes - Robert L. Peters, Jr., D.O., Charles A. Reasner, M.D., Mary Ann Morgester, M.S.N., R.N.C.
Sponsored by Bristol Myers Squibb
- 10:45 am - 12:45 pm ATOMA President's Installation and Luncheon
- 12:00 pm - 1:00 pm Lunch with Exhibitors

Family Day Activities Begin

- 1:15 pm **Hyatt Regency Hill Country Resort Golf Tournament**
(Buses depart for Hill Country Resort from hotel)
- 2:30 pm Hill Country Golf Club Shotgun Start
- 7:00 pm Tournament Concludes - Awards Banquet Begins
- 8:30 pm Buses depart for the Hyatt Regency on the Riverwalk
- 1:15 pm **Sea World of Texas** (Buses depart hotel)
- 1:45 pm Arrive at Sea World of Texas, On Your Own to Enjoy Park
- 6:00 pm Cookout at Sea World
- 10:00 pm Buses depart for the Hyatt Regency on the Riverwalk

Saturday, June 8

- 7:30 am - 8:00 am Breakfast with Exhibitors
- 7:30 am - 12:00 pm Registration/Exhibit Hall Open
- 8:00 am - 9:00 am Geographic/Travel Medicine - John C. Licciardone, D.O.
Sponsored by MERCK Vaccination Division
- 8:00 am - 10:00 am ATOMA Board of Trustees' Post Convention Breakfast Meeting
- 9:00 am - 10:00 am A Lifetime of Vaccinations - Muriel A. Marshall, D.O.
Sponsored by MERCK Vaccination Division
- 9:00 am - 11:00 am Texas Academy of Osteopathy Treatment Service
- 9:00 am - 2:30 pm Computer Lab Open -
Sponsored by IBM Healthcare Solutions
- 10:00 am - 10:30 am Break with Exhibitors
- 10:30 am - 12:00 pm Estrogen Replacement Therapy - New Perspectives on Treatment - Elizabeth L. Vliet, M.D.
Sponsored by Mead Johnson Pharmaceuticals and Bristol Myers Squibb
- 12:00 pm - 1:15 pm AOA Luncheon - John P. Sevastos, D.O., AOA President-Elect
- 1:15 pm - 2:00 pm Computer Related General Session - UNTHSC Computer Learning Center Staff
- 1:30 pm - 4:00 pm TOMA Board of Trustees' Post Convention Meeting
- 2:00 pm - 3:00 pm Latest Developments in Medicaid Reform - Commissioner David Smith

Preliminary Schedule of Events (Cont'd.)

3:00 pm - 5:00 pm

Concurrent Workshops (Pre-Registration Required)

- Advanced Computer Workshop -
UNTHSC Computer Learning Center Staff
Sponsored by IBM Healthcare Solutions
 - Advanced Colposcopy
 - Practice Management/Reimbursement Issues -
Don Self
 - Intermediate Spanish for Medicine -
Craig D. Whiting, D.O. and Miriam Perez
 - Preceptor and Rural Rotation Supervisor
Workshop - William Mygdal, Ed.D.,
Marty Kinard Ed.D., Cindy Passmore, M.A.
- 5:15 pm - 6:15 pm Texas Academy of Osteopathy Meeting
6:30 pm - 7:00 pm President's Reception
7:00 pm - 12:00 am President's Banquet with a repeat performance
from HOTCAKES America's Band

Sunday, June 9

7:30 am - 10:00 am

8:00 am - 1:00 pm

Registration for Risk Management

Risk Management - Mock Trial

Sponsored by Dean, Jacobson Financial Services

TOMA's Family Day Events

Long Drives, short putts, tall tales. It's tee time, in the Hill Country. The Hyatt Regency Hill Country Resort is the site for this year's golf tournament. Designed by acclaimed golf course architect Arthur Hills, it was nominated in its first year by *Golf Digest* for best new resort course, listed among *Golf Magazine's* "Top Ten Courses You Can Play" and was the recipient of *Corporate Meetings & Incentives* "Golden Links Award."

Enjoy an afternoon of golf and an evening awards banquet with your colleagues. The cost is \$85 per person and limited to the first 72 registrants.



Sea World of Texas

Immerse yourself in a full day of fun at Sea World of Texas, the largest marine life park! It's the splashiest, wettest,

coolest showplace you can imagine. Brace yourself for a tidal wave of spectacular shows that educate as well as entertain.

After spending several hours of seeing the attractions, take a break for a hamburger cookout with other conference participants and their families. The cost is \$15 per person and includes round-trip transportation, admission to the park and the cookout. Sea World of Texas is fun for all ages!

Other Special Events

Sustainer's Party

La Villita, Spanish for "little town," is the original settlement of "Old San Antonio." It is one square block in the heart of downtown San Antonio alive with artist and craftsmen, shops and restaurants.

Located on the east bank of the San Antonio River, La Villita was developed in the mid to late 19th Century as a settlement adjacent to Mission San Antonio de Valero (The Alamo).

Enjoy this historic district of San Antonio while eating fajitas and dancing to the country western sounds of the Jody Jenkins Band. Water taxis will provide round-trip transportation along the scenic San Antonio River.

The Sustainer's Party is open to the Sustaining Member and one guest. A special "Thank You" for their support. In order for TOMA to obtain more accurate count of those sustaining members who will be attending the party, personalized invitations will be mailed and a R.S.V.P. will be required.

If you would like to attend the Sustainer's Party - it's not too late to join! Just call Stephanie Boley, TOMA's Membership Coordinator at 800/444-8662 and she will sign you up!

President's Banquet

The Annual President's Banquet (black tie optional) will be held on Saturday evening in honor of TOMA's President William D. Hospers, D.O. The gavel will actually be passed from Dr. Hospers to President-Elect Arthur J. Speece, III, D.O. Many prestigious awards will be presented during the banquet including the Distinguished Service Award and the Meritorious Service Award. HOTCAKES America's Band will make an encore performance following the presentations, so plan to stay up late to see your dancing shoes.

FYI



Computer Lab

Because of its success last year, TOMA will have a computer lab open throughout the convention. Look at the schedule of events to see specific times. IBM Healthcare Solutions will provide twenty computer terminals for your use - please take advantage for their kind support.

IMPORTANT NEWS - CME Sign In

In your registration packet, you will receive a two-part form with each educational session and its CME hours listed. It will be your responsibility to check which sessions you attended, total the number of CME hours and sign the form certifying your attendance. Once you have completed the form, you will keep the bottom copy for your records and turn the top copy into the TOMA Registration Desk for reporting to the AOA.

Southwest Airlines

Southwest Airlines in cooperation with Texas Osteopathic Medical Association, is offering attendees to the Texas Osteopathic Medical Association's 97th Annual Convention & Scientific Seminar, a discount on both Southwest's low everyday unrestricted fares and Southwest's even lower restricted fares for travel on Southwest Airlines.

To take advantage of these discounts, reservations must be made by phoning Southwest Airlines Group Desk at 1-800-433-5368, Monday - Friday, 8am - 5pm. Call no later than **May 27, 1996**, and refer to identifier code **M7206**.

Disability Statement

Individuals needing special accommodations during TOMA's 97th Annual Convention and Scientific Seminar should contact either D.J. Kyle or Heather Alexander at the state office prior to **May 15, 1996**.

Texas Osteopathic Medical Association, 1415 Lavaca Street, Austin, Texas 78701-1634, 512/708-8662, 800/444-8662.

Refund Policy

All cancellation requests must be received in writing and will be charged a \$25 processing fee. Cancellations postmarked on or before **May 15, 1996**, will receive a full refund minus the \$25 processing fee. No refunds will be given to those cancellation requests postmarked after **May 15, 1996**.

REGISTRATION FORM

Craig D. Whiting, D.O., Program Chair

Hyatt Regency on the Riverwalk and San Antonio Convention Center - June 6-9, 1996

AOA Category 1-A Hours Available

Pre-Registration Deadline is May 15, 1996.

ase print or type.

First Name for Badge _____

City _____ State _____ Zip _____

College _____ Year Graduated _____ AOA # _____

you are registering your spouse/guest, please provide their name _____

Yes, I will be attending the Basic Computer Workshop on Wednesday, June 5, 1996, at 5:30 pm for an additional \$25.

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

ursday, 3:30 - 5:30 pm

___ OMT Workshop

___ Radiology & Acute Care Medicine

___ Beginners Spanish for Medicine

___ Computer Workshop - NextGen

___ EKG Workshop

aturday, 3:30 - 5:30 pm

___ Advanced Computer Workshop

___ Advanced Colposcopy

___ Practice Management/Reimbursement Issues

___ Intermediate Spanish for Medicine

___ Preceptor and Rural Rotation Supervisor Wksp.

vention Pre-Registration Fees:

___ TOMA Members \$300

___ 1st & 2nd Year in Practice \$200

___ Spouse, Military, Retired, Associate \$150

___ Interns and Residents \$0

___ TOMA Non-Members \$500

Registration Postmarked After May 15, 1996, or On-Site:

___ TOMA Members \$400

___ 1st & 2nd Year in Practice \$300

___ Spouse, Military, Retired, Associate \$250

___ Interns and Residents \$0

___ TOMA Non-Members \$600

OMA Note - A luncheon ticket is required for the President's Installation and Luncheon. If you have not registered for the convention and want to attend the luncheon, you must buy a ticket. ___ Yes, I need a ticket at \$20; ___ No, I have registered.

Family Day Activities, Friday, June 7, 1996 (See separate article for more details on these events.)

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

___ Sea World of Texas - \$15 per person Number Attending _____ Total Cost \$ _____

___ Yes, I (my family) will need transportation to Sea World of Texas.

___ If you are bringing children to Sea World, what are their ages _____.

___ Hill Country Resort Golf Tournament - \$85 per person Number Attending _____ Total Cost \$ _____

___ Yes, I will need transportation to the golf tournament. My handicap is _____; Registration is limited!

PAYMENT

Registration \$ _____

Basic Computer Workshop \$ _____

ATOMA Luncheon Ticket \$ _____

Family Day Activity \$ _____

TOTAL ENCLOSED \$ _____

Mail completed form and payment in full (only checks and money orders accepted) to:

Texas Osteopathic Medical Association

1415 Lavaca Street

Austin, Texas 78701-1634

No registrations will be taken over the phone.

Benefits of Your TOMA Membership

- ⇒ We represent you, the individual osteopathic physician.
- ⇒ We are exclusively committed to promoting the practice of Texas osteopathic physicians.
- ⇒ We are a positive force in eliminating and counteracting discrimination through education and marketing.
- ⇒ We work on your behalf for successful resolution of disputes among health insurance carriers, hospitals, managed care organizations, and other health care providers.
- ⇒ We effectively represent you, on matters of reimbursement, before health insurance carriers, Medicare, Medicaid, and Texas Workers' Compensation Commission.
- ⇒ We provide you with access to professional liability insurance; group life, disability, and major medical insurance; and, retirement and investment planning.
- ⇒ We effectively represent the osteopathic profession before legislative bodies and governmental agencies, with constant monitoring of health care issues, rules and regulations. Through the TOMA PAC, we provide contributions to Texas legislators who support and defend the osteopathic philosophies.
- ⇒ We maintain a current list of practice opportunities available to our members and access to information on attractive practice locations. In addition, we collect information on physicians who are seeking practice opportunities, through our physician placement service. This service includes a list of available locum tenens.
- ⇒ We assist osteopathic physicians to obtain hospital staff privileges.
- ⇒ We provide Continuing Medical Education programs through our Annual Convention in June, our MidWinter Conference in February and our Post AOA Convention Program. These programs are discounted for TOMA members.
- ⇒ We provide public information and educational programs that help you to positively represent the osteopathic profession.
- ⇒ We bring you timely information about your profession, plus articles of general interest in your monthly *Texas D.O.* magazine, legislative news bulletins, and the annual membership directory. Other materials available: influenza shot cards, immunization reminder cards, "Blueprint for Practice," TSBME complaint notices, "Glossary of Medicaid, Medicare, and Health Insurance Terms," the Osteopathic Oath and Physicians Creed, a durable power of attorney and living will, "Osteopathic Manipulative Management Coding" instructional manual, and osteopathic educational materials for your patients, are all available upon request.
- ⇒ We provide you an opportunity to be part of your Association through forming and approving major policies set forth by your Association.
- ⇒ We are a vital, working, state Association made up of administrative and elected officers, departmental and committee chairmen and committee members who are constantly working on a broad sweep of professional and public affairs for the osteopathic profession.
- ⇒ We provide free library reference information through Med-Search, a joint project of your Association and the UNTHSC Gibson Lewis Health Science Center medical library, now accessible through the Internet.
- ⇒ We offer additional membership services, such as the TOMA MasterCard program, I.C. System collection agency, low cost managed care contract review, a patient referral service, discounts to Anheuser-Busch Theme Parks, advertising discounts in the *Texas D.O.*, and access to lists and labels of TOMA members.
- ⇒ We support the Physicians Assistance Program, which offers impaired physicians a peer group to monitor recovery. "Physician, Heal Thyself" booklet available upon request.
- ⇒ And other new programs and services as they become available.

Texas Osteopathic Medical Association

Membership Application

avaca Street
 , Texas 78701-1634
 8-8662
 8-1415 FAX

4-TOMA
 free in Texas

Founded in 1900
A Texas Non-Profit Organization

Join Risk Free Until March 1, 1996

Membership Classification:

Regular	\$400
3rd Year in Practice	\$300
2nd Year in Practice	\$200
1st Year in Practice	\$100
Military/Pub. Hlth. Svs.	\$100

A full refund will be provided if you are not completely satisfied with
 the membership services and benefits offered by TOMA.

ase Type or Print)

Name _____ Texas License # _____ AOA # _____
 Female ☐ Male ☐ Current Practice Status: ☐ Full Time ☐ Part Time ☐ Active Practice ☐ Faculty
 Practice Specialty _____ Hospital Staff Privileges _____
 Phone Number: (____) _____ Fax Number (____) _____ Residence Number (____) _____

ase check preferred mailing site:

Office Address _____
 street city state zip county

Residence Address _____
 street city state zip county

Age of Birth ____/____/____ Referred To TOMA By _____

Osteopathic College Attended _____ City _____ Year Grad. _____

Membership Hospital _____ City _____ Dates _____

Agency Hospital _____ City _____ Dates _____

Member Specialty College _____

Certified _____ Fellowship (if any) _____

any additional post-graduate training _____
 * * * * *

District Endorsement _____

District Secretary

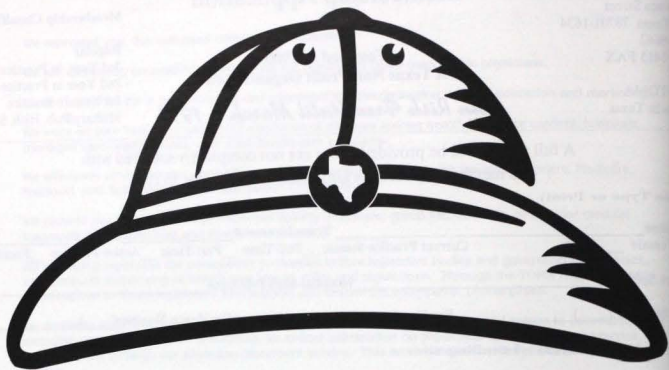
Approved - TOMA Membership Chairman

I hereby certify if elected to membership in the Texas Osteopathic Medical Association, I will uphold and abide by said
 Association's Constitution and Bylaws and Code of Ethics. Attached is \$ _____, the membership fee, which will be my
 for the current year, with the understanding that it is to be returned to me if I am not fully satisfied with the benefits and
 services offered by TOMA. (No application will be acted upon until the April Board of Trustees meeting.)

Request for dues refunds must be received by Friday, March 29, 1996.

 Signature of Applicant

*Please direct any questions to Ms. Stephanie Boley, Membership Coordinator
 at (800) 444-8662.*



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TEXAS INDEPENDENT OSTEOPATHIC
PHYSICIANS ASSOCIATION, INC.

Attention: Providers Filling STAR Health Plan Claims

The changes identified in this article do not apply to STAR Health Plan claims filed directly to PCA and Vista.

All STAR Health Plan claims received on and after April 1, 1996, will be processed in the same system as your regular Medicaid claims.

For claims previously processed by NHIC STAR, the following information applies:

- Claims will be processed using the same edits and audits to ensure consistent processing and application of Medicaid policies and procedures.

- Claims (STAR and regular Medicaid) will be filed to NHIC using your Medicaid provider number(s), not the STAR provider number (PCC or GCC).

- Claims previously sent to NHIC STAR at P.O. Box 202018 will be mailed to NHIC's regular Medicaid claims filing addresses (just as regular Medicaid claims). Send to P.O. Box 200555, Austin, TX 78720-0555 or refer to the General section of the *Texas Medicaid Provider Procedures Manual* for more address listings.

- Electronically submitted claims will be transmitted with regular Medicaid claims.

- Claims submitted using NHIC's TECS software will be submitted

through the "Medicaid Claims" option, not the "Coordinated Care" option.

This change also impacts how and when you receive payments and remittance advices:

- There will be one payment cycle per week (Friday nights). This is the same schedule used for the regular Medicaid claims.

- Two Remittance and Status Reports (R and S) will be produced, one for regular Medicaid claims and one for NHIC STAR claims. The R and S for STAR claims is in the same format as the R and S for regular Medicaid with a STAR logo in the upper left corner.

Any STAR claims submitted after March 15, 1996, will be entered into the regular Medicaid system.

These claims will suspend until the changes are implemented April 1, 1996. For the period between March 15 and April 1, these claims will appear on the regular Medicaid R and S in the CLAIMS IN PROCESS section. After April 1, they will appear on the STAR R and S report.

Claims (original submissions and appeals) pending in the STAR claims

processing system on and after April 1, will be transferred to the regular Medicaid claims processing system. Before April 1, the pending claims will appear on the STAR Remittance Advice (as you currently receive), and after April 1, they will appear on the STAR R and S in either CLAIMS IN PROCESS or PAID AND DENIED CLAIMS sections.

Appeals/Adjustments pending in the STAR system on and after April 1, 1996, will not appear in the ADJUSTMENTS TO CLAIMS section of the STAR R and S; instead, they will appear as an original submission.

The enhancements described above apply only to the STAR Health Plan claims submitted to NHIC. Beginning September 1, 1995, NHIC took over the claims processing of some services that previously were filed with PCA. Some of these services are EPSDT Medical and Dental, Family Planning, Comprehensive Care Program, Genetics, Emergency Room Triage, and Case Management for Pregnant Women and Infants.

Contact NHIC Customer Service, **800-873-6768** or **512-343-4915**, with any questions regarding this article. ■



The Texas Society of the American College of Osteopathic Family Physicians

39th Annual Convention and 23rd Mid-Year Seminar

will be held on August 1 - 4, 1996.

The convention will be hosted at the Arlington Hilton, 2401 E. Lamar Blvd.,
Arlington, Texas 76006, 817/640-3322.

Watch your mail for more details!

New Law Calls for HIV Testing of Pregnant Patients

Richard M. Grimes, Ph.D.; Andrew W. Helfgott, M.D.; Julie R. Watson, J.D.; and Nancy L. Eriksen, M.D.

As part of the new law, providers must verbally notify pregnant patients that they will order an HIV test unless it is expressly refused.

The Texas Legislature passed a law this past session making it mandatory for health-care providers attending pregnant patients to carry out two HIV tests - one at the first prenatal visit and one at the time of delivery, unless patients specifically refuse (1). Physicians must also distribute certain printed materials about HIV to pregnant patients according to the law, which went into effect January 1, 1996.

Recent research has shown that maternal-to-fetal transmission of HIV can be significantly reduced by following a three-step protocol administering zidovudine (AZT). In a nationwide study conducted by the AIDS Clinical Trial Group, maternal-to-fetal transmission of HIV was reduced by two thirds in cases where women were treated orally with AZT during pregnancy, intravenously during labor and delivery, and when their newborns were treated orally for 6 weeks after birth (2). This discovery is an important breakthrough in the field of AIDS and HIV infection, but only benefits children of patients whose HIV-positive status is known, because zidovudine must be administered during pregnancy to reduce the chances of transmission.

As part of the new law, providers must verbally notify pregnant patients that they will order an HIV test unless it is expressly refused. The addition of this law to previously enacted HIV-related legislation creates a complex set of legal requirements for practicing clinicians. Physicians treating pregnant women need to ensure their testing procedures comply with the law, such as in obtaining permission to test and in preserving patient confidentiality. Clinicians should also establish procedures for presenting test results to patients.

Obtaining Permission

Texas law requires that patients give informed consent before HIV testing is done (3). Obtaining this consent is often difficult because of the stigma associated with HIV infection. Patients may judge such a request tantamount to being accused of promiscuity, of illegal drug use, or of having a philandering mate. But this difficulty does not absolve physicians from obtaining informed consent. The new law's standard for HIV testing in pregnant women is even more stringent, because physicians must verbally tell pregnant patients that unless they disapprove, HIV testing will be done.

There are three important points to cover with a pregnant woman when obtaining her permission. First, reassure the patient that testing is a routine part of your practice so she won't feel singled out. Second, tell her that one reason HIV testing is routine, besides it being the law, is because the latency period for HIV infection can be as long as 15 years (4). Many patients do not realize HIV infection can be dormant but infectious that long. Third, tell her that however unlikely HIV infection is, if she is positive, she can greatly reduce the chances of transmitting it to her fetus with AZT treatment.

The new law requires documentation in the medical record that specific written materials developed by the Texas Department of Health (TDH), in addition to verbal notification, were given to the patient before testing. To order written materials that comply with the law, write the Texas Department of Health, Warehouse Manager, 1100 W. 49th St., Austin, TX 78756-3199 (phone orders not accepted).

You can use a simple procedure to meet the law's requirements and efficiently manage your practice. Attach TDH material to a list you develop of tests that will be done during pregnancy including HIV testing. Texas law does not require that a specific form be used for obtaining permission for HIV testing; the testing is allowed under a general consent form for medical care. The law only requires that there be documentation in the medical record that the law has been explained and consent has been obtained (5). The form should contain a statement saying the patient may ask for further explanations of tests she does not understand. At the bottom of this form, add a place for her signature indicating she acknowledges receiving the materials and that she is either giving or refusing to give permission for testing. This way, the patient acknowledges that she has received the materials, that she has been notified she is being tested for HIV, and that she knows she may ask for an explanation of tests. Placing this permission form in the chart will then document that these requirements have been satisfied.

The rationale for including permission for HIV testing along with other tests is that it emphasizes how HIV testing is simply a part of the normal prenatal routine. It also allows women to consent to HIV testing without the stigma associated with consenting to HIV testing alone. However, obtaining this written permission is not sufficient under the new law because it says a pregnant patient must be verbally informed that she is being tested for HIV. Physicians should note in the chart that HIV testing has been discussed with the patient.

If the pregnant woman refuses testing, the law requires referring that patient to an anonymous testing facility or instructing her about anonymous testing methods. While not legally required to do so, a prudent physician would note both the refusal of testing and the fact that the woman was informed of anonymous testing in the medical record to avoid later disputes as to whether the law had been followed.

Communicating Test Results

Because HIV testing can be such an emotionally charged issue, it is important to have procedures in place for dealing with test results. Always tell that patient when test results will be available, because waiting to hear if one has a fatal disease is stressful. It is not appropriate to wait until the next scheduled appointment to give test results. If HIV testing is being done in the context of other prenatal testing, the physician may want to let the patient know that any (not just HIV) abnormal results will be reported back by a certain date. If the patient does not hear from you by that date, she can then assume all tests were normal. Make a note in the chart to carry out post-test counseling on the next regularly scheduled visit (6).

Because Texas law also requires that anyone receiving a positive HIV test result must have the opportunity to receive face-to-face counseling (7), your practice should have appropriate procedures prepared. This also makes good clinical sense. A patient discovering that she has a fatal, stigmatized disease should receive that information in person in a controlled, supportive environment and not over the phone or by mail.

The first step in dealing with a newly discovered HIV-positive individual should be to confirm the condition with additional testing. Recall the patient to the practice site to give the results in person by requesting that the patient return for further blood work, additional examinations, etc. Patients who are actually being recalled for abnormal test results other than a positive HIV test result should be informed as to which test is the cause for the recall.

The clinician who has the closest relationship with the patient should be the one to tell the patient she is HIV positive, which may or may not be the physician. It may be the nurse, the nurse practitioner, or the midwife. The care team should discuss this beforehand and work it out together. Whoever tells the patient should have an experienced clinician as a backup to assess the patient for suicide potential, depression, anxiety, and so forth (8,9).

It is essential to have a plan to deal

with the patient's likely emotional responses. If the practice setting does not have someone who is trained and experienced in giving positive HIV test results, there are a number of places to get publications to teach you how to counsel such patients (see page 16).

If the test results are negative, the patient should be told that it only indicates her HIV status as of 6 months prior to the test (10). Explain how a positive HIV test results when antibodies to HIV are detected, but that an HIV-infected individual may take from several weeks to as long as 6 months after infection before he or she produces a detectable level of antibodies. If the patient or her sexual partner has engaged in high-risk behavior during the previous 6 months, then the test should be repeated to rule out recent transmission. The counseling associated with a negative result can be done at the next scheduled visit, which is also a good time to counsel patients about eliminating behaviors that may lead to HIV infection.

If the pregnant woman refuses testing, the law requires referring that patient to an anonymous testing facility or instructing her about anonymous testing methods.

Preserving Confidentiality

The new Texas law requires a physician to advise a woman, prior to testing, that the results of the test are confidential but not anonymous. The physician must explain the difference between a confidential and an anonymous test, and must inform the woman that anonymous testing may be available from another source. If the woman elects to have a confidential test through her physician, then other legal issues must be addressed.

The Texas statute governing HIV-related information puts stringent restrictions on the confidentiality of any information pertaining to a patient's HIV status (11). A patient's HIV test results are confidential, and a person possessing or having knowledge of test results may not release or disclose the test results except as allowed by law. The law allows confidentiality to be broken in order to release the results to the health department, a local health authority for

reporting purposes, the physician who ordered the test, or a health-care provider who has a legitimate need to know the test results in order to provide for his or her own protection and to provide for the patient's health and welfare. Additionally, HIV test results may be released to a person's spouse if the results are positive. A patient may also voluntarily allow the release or disclosure of the test results to any other person. Such authorization must be in writing and be signed by the person who was tested. A copy of this written permission should be kept in the patient's medical record.

Violating HIV confidentiality law carries both civil and criminal penalties. A person commits a criminal offense if, with criminal negligence, the person releases or discloses test results, or allows the results or other information regarding a person's HIV status to become known. A misdemeanor under Texas law, the offense is punishable by a fine not to exceed \$4,000, confinement in jail for a term not to exceed 1 year, or

both a fine and confinement (12). In addition to the law's criminal sanctions, the person whose test result was illegally released may sue for damages resulting from job loss, invasion of privacy, or

any other untoward consequence of the breach of confidentiality.

Physicians or the institutions where they work may be liable if staff members under their supervision release such confidential information. The law allows employees of health care facilities whose jobs require them to deal with medical records to view test results. However, these employees are also bound under the confidentiality provisions of the law. Before instituting HIV testing policies, physicians should review the importance of confidentiality and the legal consequences of breaching it with their staffs and with anyone else (students, residents, etc.) who may come into contact with this information.

Because of its particular sensitivity, physicians may want to establish a filing system separate from the other medical records in order to safeguard this information. An advantage of putting all HIV results, whether positive or negative, in one file is that staff cannot

surmise that the existence of a record in a locked file is proof that the patient is positive.

Carrying out HIV testing on pregnant women is a difficult process surrounded by several legislative mandates. It will mean learning skills in, and establishing procedures for, properly counseling women of the risks and benefits of testing, obtaining permission to test, informing patients of test results, and safeguarding those results. While this will add a degree of difficulty to your practice, it has the potential reward of preventing HIV transmission to infants.

Richard Grimes, Ph.D., is an associate professor and director of the AIDS Education and Training Center for Texas and Oklahoma, The University of Texas-Houston Health Science Center, School of Public Health.

Andrew Helfgott, M.D., is an assistant professor of Obstetrics and Gynecology and Fetal Medicine at The University of Texas-Houston Health Science Center, Medical School, and is a consultant to

the AIDS Education and Training Center for Texas and Oklahoma.

Julie Watson, J.D., an attorney from Village Mills, Texas, is a staff member of the AIDS Education and Training Center for Texas and Oklahoma. She is also a graduate student at The University of Texas-Houston Health Science Center, School of Public Health.

Nancy Eriksen, M.D., is an assistant professor of Obstetrics and Gynecology and Fetal Medicine at The University of Texas-Houston Health Science Center, Medical School, and is a consultant to the AIDS Education and Training Center for Texas and Oklahoma.

The authors would like to note the valuable assistance of Carl Hacker, Ph.D., J.D., who provided many useful insights and much valuable assistance in the preparation of this manuscript.

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12. Texas Penal Code Ann §12.21 (Vernon 1994).

Where To Go For Information On HIV And AIDS

AIDS Education and Training Center for Texas and Oklahoma (AETC) provides assistance in locating AIDS-related information for health professionals in Texas and Oklahoma, including literature searches and materials on medical management of HIV. Information about testing of pregnant women, clinical guidelines for use of zidovudine (AZT) in pregnancy, as well as other AIDS-related printed materials, are provided without charge.

Telephone consultations can be arranged with obstetricians-gynecologists Andrew Helfgott, M.D., and Nancy Eriksen, M.D., from The University of Texas-Houston Medical School who have substantial experience in HIV testing and counseling, caring for HIV-positive women, and managing pregnant women who are taking zidovudine. AETC will also provide free copies of the Texas Medical Association's monograph on management of HIV, which includes guidelines for HIV counseling and testing. The helpline can be reached, toll free, from 8 a.m. to 5 p.m., Monday through Friday, at 800-548-4659. After hours, callers may leave a recorded message, which will be returned the next business day.

HIV Telephone Consultation Service at San Francisco General Hospital is staffed by experienced AIDS physicians, nurse practitioners, and clinical pharmacists who directly provide consultations with health-care practitioners. All providers answering the calls are actively engaged in AIDS-HIV care at San Francisco General Hospital. The consultation service is staffed from 9 a.m. to 6 p.m., Monday through Friday. The toll-free number is 800-933-3413. After hours, callers may leave a recorded message, which will be returned the next business day.

National AIDS Information Clearinghouse primarily provides information for consumers and patients. However, single copies of government documents can be obtained by calling 800-458-5231. This is a good source for obtaining Centers for Disease

Control and Prevention reports, and U. S. Public Health Service recommendations on treatments and testing.

AIDS Clinical Trial Service provides information on federally and privately funded clinical trials for people with HIV or AIDS. It can be reached at 800-874-2572.

Books and other publications

- Centers for Disease Control and Prevention. *HIV Counseling, Testing and Referral: Standards and Guidelines*. Also, *USPHS Recommendations for HIV Counseling and Voluntary Testing for Pregnant Women*. National AIDS Information Clearinghouse, P.O. Box 6003, Rockville, MD 20850 (800) 458-5231.
- Centers for Disease Control. *Voluntary HIV Counseling and Testing: Facts, Issues, and Answers*. National AIDS Information Clearinghouse, P.O. Box 6003, Rockville, MD 20850. (800) 458-5231. 1991. The pamphlet is actually intended for patients taking the HIV test. However, it is useful to counselors as a source to CDC recommendations on testing and counseling.
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INVESTOR

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Investor A and Investor B both invest in an instrument yielding 6% annually. *Investor A starts her investment plan today and invests \$2,500 a year for the next 10 years. Her total contribution at the end of the 10 years will be \$25,000.

Investor B, however, decides to wait 10 years before investing. After waiting 10 years, he invests the same \$2,500 each year for the next 20 years, 10 years longer in contributing time than Investor A. His total contribution is therefore \$50,000. At the end of 30 years, who will have accumulated more money?

Even though Investor A contributes half the amount that Investor B contributes, she will have accumulated \$14,751 more than Investor B. This is the effect of compounding interest, and why you should consider starting a dollar cost averaging program today.

A Long-Term Investment Strategy

Dollar cost averaging is a long-term investment strategy which utilizes the effects of compounding

interest. With dollar cost averaging, you invest a fixed amount of money at regular intervals just like Investor A and Investor B, regardless of market conditions. Not only will your money have the benefits of compounding interest, you'll regularly be purchasing more shares of your investment, with the goal of having your average cost per share lower than the investment's average price.

For example, suppose you decide to implement dollar cost averaging in a mutual fund, and you make regular monthly payments into the fund, say \$100 per month for the next two years. It's likely that the fund's share price will fluctuate from month to month. As a result, your \$100 will buy fewer shares when the fund's price rises and more shares when the price falls. Ideally, your average cost per share during the two years will be lower than the fund's average price per share during the same time period.

While dollar cost averaging will not protect you from a loss in a declining market, or against a loss if you liquidate your shares when the price per share is low, it does have the potential to provide a significant advantage when investing over a period of time. You should carefully consider your financial ability to continue your purchases through periods of low price levels.

Our example of Investor A and Investor B indicates that the time to start your dollar cost averaging program is now. In terms of market timing, when you start your

program is less important than starting your program.

Discipline is the key to using dollar cost averaging. You must regularly invest your fixed amount of money at your regular intervals, even when the share price of your investment is higher. The price per share of your investment will inevitably rise and fall, but you must place confidence in the long-term.

If you would like to discuss starting a dollar cost averaging program for yourself, contact Dean, Jacobson Financial Services today. Together we can choose an investment or investments suitable for you and get you on a regular plan to help you meet your long-term goals today.

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** This example is for hypothetical illustration purposes only and is not indicative of any particular investment's performance.*

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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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Bruce Addison, D.O.
Ted C. Alexander, Jr., D.O.
Richard Anderson, D.O.
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John Cegelski, D.O.
Robert Chouteau, D.O.
William Clark, D.O.
George Cole, D.O.
Samuel Coleridge, D.O.
Robert Collop, D.O.
Robbie Cooksey, D.O.
William Cothorn, D.O.
Michael Cowan, D.O.
Nelda Cuniff-Isenberg, D.O.
Jim Czewski, D.O.
Don Davis, D.O.
William Dean
George DeLoach, D.O.
Robert DeLuca, D.O.
Joseph DelPrincipe, D.O.
Doctors Hospital
Iva Dodson
Gregory Dott, D.O.
Janet Dunkle
Bradley Eames, D.O.
Carl Everett, D.O.
Al Faigin, D.O.
Virginia Farrar, D.O.
Roy B. Fisher, D.O.
Gerald Flanagan, D.O.
Richard Friedman, D.O.
James Froelich, D.O.
Jake Fuller
David E. Garza, D.O.
Mark Gittings, D.O.
Myron L. Glickfeld, D.O.
Brent Gordon, D.O.
Charles Hall, D.O.
Richard Hall, D.O.
Donna Hand, D.O.
Wendell Hand, D.O.
Patrick Hanford, D.O.

John Harakal, D.O.
Vernon Haverlah, D.O.
Healthcare Insurance Services
Tony Hedges, D.O.
Harry Hernandez, D.O.
Linda Hernandez, D.O.
H.S. Hewes, D.O.
Wayne Hey, D.O.
Frederick Hill, D.O.
Teri Hill-Duncan, D.O.
Bret Holland, D.O.
William D. Hospers, D.O.
Houston Osteopathic Hospital Foundation
Bobby Howard, D.O.
Christopher Hull, D.O.
Lewis Isenberg
Jake Jacobson
Constance Jenkins, D.O.
William R. Jenkins, D.O.
V.L. Jennings, D.O.
Daniel Jensen
William R. Jones, D.O.
Dawn Keilers
Elva Keilers, D.O.
Royce Keilers, D.O.
Alex Keller, D.O.
Earl Kinzie, D.O.
Brian Knight, D.O.
Jere Lancaster, D.O.
Victorija Laucius, D.O.
Neil Levy, D.O.
A. Ray Lewis, D.O.
Harold Lewis, D.O.
Peggy Lewis
John Longacre, D.O.
Hector Lopez, D.O.
Leticia Lopez
Edward Luke, D.O.
Richard Male, Jr., D.O.
Marion Merrell Dow, Inc.
Masterpath Groves Pathology Consultants
James Matthews, D.O.
R. Greg Maul, D.O.
Robert G. Maul, D.O.
Cindy McCarty
Jack McCarty, D.O.
Robert O. McCorkle, D.O.
Ivri Messinger, D.O.
Linus Miller, D.O.
Carl Mitten, D.O.
Lois Mitten
John Mohny, D.O.
Joseph Montgomery-Davis, D.O.
Rocco Morrell, D.O., P.A.
Dareld Morris, D.O.
Ray Morrison, D.O.
Ira Murchison, D.O.
Henry Norrid, D.O.
Osteopathic Health System of Texas
Elizabeth Palmarozzi, D.O.
Alice Pangle, D.O.
Michael Parisi, D.O.
Robert Peters, Jr., D.O.

Ruby Peters
Donald Peterson, D.O.
Wilma Peterson
Dean L. Peyton, D.O.
William Pollan, D.O.
Paul Proffitt, D.O.
Bill Puryear, D.O.
David Randall, D.O.
H.H. Randolph, Jr., D.O.
Jeffrey Rettig, D.O.
Marilyn Richards
John Riggs, D.O.
Peggy Rodgers
Randall Rodgers, D.O.
Steve E. Rowley, D.O.
Mario Sanchez, D.O.
Richard Saunders, D.O.
John Sawtelle, D.O.
Amy Saylak
Daniel Saylak, D.O.
Hubert Scadron, D.O.
Kristin M. Sears, D.O.
A. Duane Selman, D.O.
T.R. Sharp, D.O.
Rick Siewert, D.O.
Sarah Smiley, D.O.
George Smith, D.O.
Jerry Smola, D.O.
John Sortore
Sparks Osteopathic Foundation
Arthur J. Speece, D.O.
Dodie Speece
Robert Stark, D.O.
Wayne Stockseth
Ray and Edna Stokes
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Monte Troutman, D.O.
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Kenneth R. Watkins, Sr., D.O.
Bill V. Way, D.O.
Arthur Wiley, D.O.
Peter Wiltse, D.O.
Marie Wiseman
Rodney Wiseman, D.O.
James Woodruff, D.O.
Capt. Benjamin Young, D.O.
Steven Yount, D.O.
Nancy Zachary
T. Eugene Zachary, D.O.
Irvin Zeitler, D.O.
Victor Zima, D.O.
John R. Zond, D.O.

If you would like to contribute to the Building Fund and become a "Texas Star," call Paula Yeamans at 800-444-8662. Please note that contributions received three weeks prior to each issue may not appear until the following issue.

TDH Announces One-Day Seminar: "Hepatitis in Texas"

The Texas Department of Health Immunization Division will be offering a seminar on March 20, 1996, at the Dallas Wyndham. Entitled "Hepatitis in Texas," the seminar will provide physicians and other health care professionals with up-to-the-minute knowledge of the classification, prevention, diagnosis and treatment of the hepatitides.

Supported by an educational grant from SmithKline Beecham Pharmaceuticals, program sponsors include the Texas Department of Health, Texas Health Foundation, Texas Osteopathic Medical Association, Boston Regional Medical Center, Texas Medical Association and the Texas Nurses Association.

The seminar is designed for physicians, nurses, and other communicable disease, infection control, and immunization professional staff from hospitals, private practice, public, rural or migrant health clinics, schools, HMOs and other health care facilities.

Educational Objectives

Upon completion of the seminar, participants will be able to:

- Discuss the epidemiology and natural history of hepatitis A, B, C, D, E and G.

- Identify the distribution of the hepatitides in Texas.
- Explain the current recommendations for hepatitis A and B vaccines and immune globulins, their efficacy, storage and handling.
- Discuss the epidemiology of hepatitis A and B in Dallas.
- Discuss the implementation and benefits of the Enhanced Perinatal Program in Dallas.
- Identify strategies to stimulate and maintain adolescent participation in a school-based hepatitis B prevention program.
- Interpret hepatitis laboratory results.
- Discuss the medical and surgical management of hepatitis.
- Describe the epidemiology of hepatitis among Native Americans in Texas.
- Explain OSHA requirements relating to hepatitis and their implementation in Texas.

Continuing Education

- The Texas Osteopathic Medical Association, accredited by the American Osteopathic Association to sponsor CME for osteopathic physicians, certifies this seminar as meeting the requirements for 5 hours of AOA Category II credit.
- Boston Regional Medical Center (BRMC), accredited by the Accreditation Council for Continuing Medical

Education to sponsor CME for physicians, designated this seminar for credit hours in Category One of the Physician's Recognition Award of the American Medical Association.

- The Texas Department of Health has applied for 6.4 hours of Type 1 contact hours of Continuing Nursing Education, and 5 hours of Category 1 Continuing Health Education Credit for Certified Health Education Specialists.

Hepatitis in Texas
Wednesday, March 20
Dallas Wyndham

Agenda

- | | |
|------------|--|
| 7:30 a.m. | Continental Breakfast |
| 8:00 a.m. | Registration |
| 9:15 a.m. | Welcome - <i>Associate Commissioner Diane Simpson, Ph.D., M.D.</i> |
| 9:25 a.m. | "The Epidemiology and Natural History of Hepatitis A,B,C,D,E, and G"
<i>John Fielding, M.D.</i> |
| 10:05 a.m. | "The Epidemiology of Hepatitis in Texas" -
<i>Lynn Schulster, Ph.D.</i> |
| 10:20 a.m. | Refreshments |
| 10:35 a.m. | "Prevention Strategies: Vaccine and IGs" -
<i>Harold Margolis, M.D.</i> |
| 11:00 a.m. | "OSHA Law" - <i>Constance Baker, Esq.</i> |
| 11:30 a.m. | "Enhanced Hepatitis B Perinatal Project in Dallas" - <i>Gary Euler, DrPH, and Barbara Sercely, R.N., C</i> |
| 12:15 p.m. | Lunch |
| | "Hepatitis A and B in Hispanic Children and Along the Texas-Mexico Border" -
<i>Fernando Guerra, M.D., M.P.H.</i> |
| 1:30 p.m. | "Roll Up Your Sleeves - Vaccinating Adolescents Against Hepatitis B"
<i>Lynda Boyer-Chuanroong, R.N., M.P.H.</i> |
| 2:00 p.m. | "Interpreting Laboratory Results" -
<i>L. Bruce Elliott, DrPH</i> |
| 2:20 p.m. | "Medical and Surgical Management of Hepatitis" - <i>Jeffrey Crippin, M.D.</i> |
| 3:00 p.m. | Refreshments |
| 3:15 p.m. | "Hepatitis in Native Americans" -
<i>Jim Cheek, M.D.</i> |
| 3:45 p.m. | "Hepatitis A and B in Dallas" -
<i>Charles Haley, M.D.</i> |
| 4:15 p.m. | Closing Remarks - <i>Diane Simpson, Ph.D., M.D., Associate Commissioner</i> |

Registration

There is no fee to attend this course, but pre-registration is required. Please mail or FAX the registration form below before March 1, 1996, to: Immunization Division - Communication and Training, Texas Department of Health, 1100 W. 49th Street, Austin, TX 78756; FAX 512-458-7544.

Pre-registration Form
"Hepatitis in Texas" March 20, 1996 Dallas Wyndham

Name _____ Title _____

Address _____

City/State/Zip _____ Telephone _____

What's Happening In Washington, D.C.

• **New Federal Tax System?** A special committee, led by Jack Kemp, has been studying proposals to comprehensively revise the federal tax system for months. Its report was due to be released in early January. All agree that a recommendation to overhaul the tax system will be a major issue in the 1996 Presidential campaign.

• **Financial Impact Speculation.** Many speculate that any major revision to the federal tax system will result in reduced interest rates on taxable debt instruments, increased rates on tax-exempt bonds and increased stock market prices. The assumption is that any new system will favor savings and investment.

• **1996 Numbers In.** The IRS recently announced new inflation-adjusted tax numbers for 1996. The personal exemption increased \$50 to \$2,550, the standard deduction for married couples increased \$150 to \$6,700, the 15 percent tax bracket for married couples was expanded \$1,100 to \$40,100, and the 28 percent bracket grew \$2,650 to \$96,900.

• **Rosier Economic Forecast.** On December 11, the Congressional Budget Office issued a revised economic forecast which assumed a more optimistic rate of inflation, lower interest rates, a downward adjustment in the Consumer Price Index and other optimistic indicators. The bottom line projected result was an additional \$135 billion for the government over the next seven years. All are trying to use this additional \$135 billion to help resolve the current budget crisis between Congress and the Clinton Administration.

• **Are '95 Capital Gains Hopes Gone?** In late December five senators, including Senate Majority Leader Bob Dole, sent a letter to Budget Committee Chairman Pete Domenici urging that the effective date for any capital gains reduction remain January 1, 1995. The letter stated that many taxpayers have relied on the Republican commitment to make the capital gains reduction effective in 1995. The Clinton Administration objects to any retroactive timing, claiming that it would be a pure windfall to high-income taxpayers.

• **Unbelievable Medicare Numbers.** According to a recent study of the Coalition to Save Medicare, under the present system a taxpayer who is age 22 in 1995 will pay \$450,000 of Part A Medicare taxes and \$321,000 of Part B Medicare taxes during his or her lifetime. The pressure to reduce the cost of Medicare grows on all fronts.

• **Budget Battle Rolls On.** The Republican Congressional leaders and the Clinton Administration continue to work for an agreement to balance the federal budget within seven years. Key open issues include cuts in Medicare, taxes on dividends received by corporations, a capital gains tax deduction, a reduction in estate taxes, a host of individual tax issues and a variety of spending cut proposals.

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

Texas Cancer Care Dedicates Giessel Unit At New Cancer Center in Weatherford

Ceremonies Highlight Open House As New Clinic Opens

On January 12, 1996, Texas Cancer Care dedicated the Bruce Giessel Chemotherapy Unit at its new cancer treatment center in Weatherford in honor of Bruce Giessel, former Administrator of Campbell Memorial Hospital. The dedication ceremonies were part of a general open house for patients and the public to mark the clinic's opening.

The open house was held at the clinic at 907 Foster Lane in Weatherford.

The chemotherapy unit, which had been located in Campbell Memorial Hospital since the unit's opening in 1993, is now part of a full-service cancer clinic operated by Texas Cancer Care for patients in Parker County and its surrounding counties. While at Campbell Memorial Hospital, the chemotherapy unit had been operated by William Jordan, D.O., President of Texas Cancer Care.

The unit was originally founded in 1993 by Bruce Giessel's family in his honor. Bruce Giessel died of cancer after serving as the hospital's administrator from 1989 to 1992.

"This adds a special dimension to the opening of our new clinic," said Dr. Jordan. "Bruce Giessel was widely known and admired in the area, so the dedication of our chemotherapy unit in his honor means a lot to the patients who remember Bruce and to the people in the community who knew him as a business leader and friend."

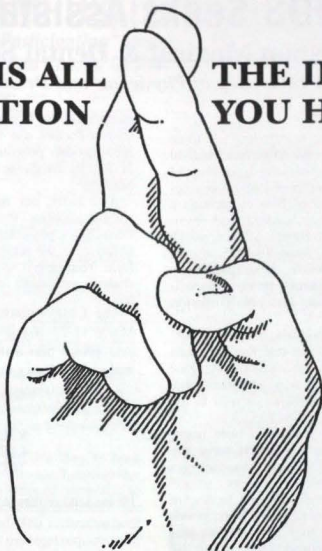
The 3,000-square-foot clinic houses a wide variety of cancer-related services, including hematology testing, chemotherapy, examination and diagnosis, and patient counseling and support. The clinic is the regional site for patient self-support groups and the "I Can Cope" program, a series of educational and counseling sessions co-sponsored by the American Cancer Society and Texas Cancer Care.

"The larger facility will allow us to better serve our patients and the general public because we can accommodate more people in larger treatment and meeting areas," said Dr. Jordan. "We intend to increase the clinic's use as a regional education and counseling center that medical professionals and private citizens can turn to for information and answers, and use as a gathering point for meetings and educational programs about cancer-related illnesses and the latest news in cancer treatment and prevention."

Texas Cancer Care is a regional cancer treatment physician group providing patient-centered, medically advanced care. Texas Cancer Care has specialized services in medical oncology, radiation oncology, hematology and bone marrow transplantation, as well as with nutritional therapy, patient and family support groups and pastoral care. Texas Cancer Care is affiliated with the M.D. Anderson Cancer Center in Houston and serves North Texas with clinics throughout the area.

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P.O. Box 470185

Fort Worth, TX 76147

(800) 321-0246

(214) 445-5533

Dallas Metro

CMDS Seeks Assistance

Christian Medical & Dental Society

A Fellowship of Physicians and Dentists

Dear Doctor:

It gives me great honor and pleasure to introduce you to an encouraging and exciting organization, the **Christian Medical and Dental Society (CMDs)**. Each year, the University of North Texas Health Science Center chapter of CMDs provides needed healthcare to the underserved of Mexico through a medical mission trip. This Spring Break, students and physicians will be teaming together to serve Juarez, Mexico, which is just across the border from El Paso, Texas. **In 1995, almost 35 student-doctors and three physicians, accompanied by nurses, externs and physicians assistants, served approximately 1,200 indigent patients during last year's mission trip to Reynosa, Mexico.**

Through the teamwork of these individuals, last year's operation included four daily clinics at four different locations throughout the city, lasting from 9:00 a.m. to 6:00 p.m. Once word spread that we were coming, it was not uncommon to have 50 people waiting for care when we arrived in the morning.

Although the needs of the people of Reynosa were many, **needs for hygiene and personal care products were the greatest.** Our goal this year is to distribute care packages consisting of personal hygiene supplies to all patients.

Even with all this help, many more doctors and healthcare professionals are needed. For millions of people in Mexico, this is the only form of yearly healthcare they have. **Won't you please seriously consider making a commitment to aid the mission trip this year and in the years to come?**

Besides serving the healthcare needs for many Mexican residents, the CMDs mission trip provides a once-in-a-lifetime learning experience for students and physicians. Through the

directorship of T. Eugene Zachary, D.O., many second-year student-doctors use this valuable opportunity to fulfill a preceptorship program as required through the Department of Family Medicine at the Texas College of Osteopathic Medicine.

And lastly, our medical mission trip would be useless without supplies. We greatly need donated pharmaceuticals from clinics, physicians and drug representatives. If you can offer any help, we encourage you to respond with the following form. Your help is what keeps this ministry successful for our students and, more importantly, for those less fortunate than us.

The CMDs mission trip for 1996 will set up clinics March 11-14. If you will commit to attending or helping this year, **please take a minute to complete the reply form and make a difference in someone's life!**

With sincere thanks,

R. Chimene
CMDs President
TCOM Class of 1998

Please send replies to: **UNTHSC-FW
Christian Medical and Dental Society
Box 306
Attention: R. Chimene
3500 Camp Bowie Blvd.
Fort Worth, TX 76107**

Inquiries can be made by calling me at (817) 336-2344.

Name _____

Address _____

☐ I am interested in attending for the dates: _____

☐ I can send _____ who is my nurse/hygienist or

behalf for the dates: _____

☐ Please send me more information regarding: _____

☐ I am willing to collect pharmaceuticals/donate supplies: (Yes) (No)

Please have someone from CMDs contact me at: Office: (_____) _____

Home: (_____) _____

☐ I cannot attend, please accept this donation in the amount of

\$25 \$50 \$100 \$250 \$500 other

CHAMPUS/TRICARE News

Reminder: "Non-Participating" Providers of Care Limited In How Much They Can Charge CHAMPUS/TRICARE Patients

Certain health care providers who see CHAMPUS/TRICARE patients, but who don't participate in the program are limited by federal law in how much they can charge CHAMPUS/TRICARE patients for the services they provide. Non-participating providers (with some exceptions) may charge no more than 15 percent above the CHAMPUS/TRICARE maximum allowable charge (CMAC) for their services.

Providers who do participate in CHAMPUS/TRICARE accept the CHAMPUS/TRICARE maximum allowable charge as the full fee for the care they render. They also file the claims on behalf of their CHAMPUS/TRICARE patients.

The billing restriction for non-participating providers is contained in Section 9011 of the Department of Defense Appropriations Act of 1993 (Public Law 102-396), and was effective November 1, 1993. The billing limitation is the same as that used by Medicare.

Providers who are exempt from the limit are: pharmacies, ambulance companies, independent laboratories, durable medical equipment and medical supply companies, and mobile X-ray companies. X-ray companies that are in a fixed location are not exempt from the billing limit.

CHAMPUS/TRICARE patients who feel that they've been overcharged by a provider of care, and who can't resolve the situation with the provider, may write a letter of complaint to the CHAMPUS/TRICARE claims processing contractor for the state in which the care was received. The contractor will send the provider a letter which explains the legal requirement, and which asks that the provider refund any charges in excess of the limits to the patient within 30 days.

A provider who doesn't comply with the refund request may ultimately have his or her authorization to provide care to CHAMPUS/TRICARE patients withdrawn. What this means for CHAMPUS/TRICARE patients is that they could still be treated by such a provider, but they would have to pay the full bill for any care they might receive; there would be no government reimbursement of any part of the cost.

TRICARE Mailing Addresses and Phone Numbers

The TRICARE contractor for Department of Defense (DOD) Health Service Region 6 (Oklahoma, Arkansas, and most of Texas and Louisiana) has established mailing addresses and telephone numbers for the areas it serves in those states.

Foundation Health Federal Services (FHFS), of Rancho Cordova, California, began TRICARE operations in Region 6 on November 1, 1995.

The areas of Texas and Louisiana that are not a part of this region are: 1) a triangular piece of the southwestern part of Texas that includes El Paso; and 2) the eastern third of Louisiana, including Baton Rouge. The southwestern corner of Texas will be part of DOD Health Service Region 7, which is scheduled to begin TRICARE operations on November 1, 1996. The eastern third of Louisiana will be part of DOD Region 4, which is expected to have TRICARE in place on July 1, 1996. Addresses and phone numbers for these regions will be announced when they've been established by the TRICARE contractors that will be chosen for the regions.

The following are the addresses and telephone number for Region 6:

Claims:

Foundation Health Federal Services (FHFS)
P.O. Box 17304
Tucson, AZ 85731-7304

Active-Duty Claims:

FHFS
P.O. Box 18031
Tucson, AZ 85731-8031

Hospice Claims:

FHFS
P.O. Box 18778
Tucson, AZ 85731-8778

Appeals:

FHFS
P.O. Box 17622
Tucson, AZ 85731-7622

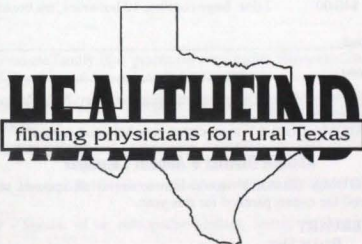
Toll-Free Telephone Numbers:

Families and sponsors: 800-406-2832
Providers of care: 800-406-2833
General TRICARE information: 800-406-2832

In addition, more information about TRICARE may be obtained by writing to: Foundation Health, P.O. Box 2890, Rancho Cordova, CA 95741.

HealthFind is a proven method for finding rural practice sites.

**If you're interested in rural medicine,
you can't afford to miss it!**



Saturday, April 27

**Austin Marriott
at the Capitol**

Call the Center for Rural
Health Initiatives at
(512) 479-8891
for more information

Registration: \$40 for residents; \$75 for practicing primary care physicians

Includes hotel room and most meals for physician and spouse;
child care available for small extra charge.

Registration deadline: Friday, April 5

ATOMA News

Congratulations to Inez Suderman



Inez Suderman

Inez Suderman, wife of Emery Suderman, D.O., of Pharr, Texas, has been elected to serve as the President of the Greater McAllen Association of Realtors for the 1996 term. The Board has a membership of 450 realtors. Mrs. Suderman has been an active realtor since 1978.

A Past President of ATOMA, Mrs. Suderman currently serves as ATOMA Parliamentarian.

ATOMA District V Holiday Basket Order Form

By Peggy Rodgers
ATOMA District V

ATOMA District V will be selling holiday baskets as a fundraiser for our contributions to various osteopathic scholarship funds and student loans, the TOMA Building Fund and local charities.

These holiday baskets would make excellent gift items and will help promote osteopathic medicine.

The cookies, brownies, etc., will be arranged as a bouquet in a large basket with holiday ornamentation. Please indicate which holiday baskets you prefer and the number of baskets you need.

Spring/Easter Baskets

- ☐ \$20.00 1 doz. large cookies, 6 brownies
- ☐ \$30.00 1 1/2 doz. large cookies, 12 brownies
- ☐ \$40.00 2 doz. large cookies, 12 brownies, tea bread

Name _____

Phone _____

If you need more information, please contact: Mrs. Peggy Rodgers, 817-429-4140.

ATOMA District V appreciates your help and support.

ATOMA District V Annual Calendar

ATOMA District V would like to invite all spouses to attend the events planned for this year.

FEBRUARY

- 13 Basket Day
- 16 TOMA 49th MidWinter Conference - Basket Sale, Fairmont Hotel

MARCH

- 2 Book Review/Brunch

APRIL

- TBA TOMA/ATOMA Meeting

JUNE

- 6-9 TOMA Convention, San Antonio

ATOMA will send invitations to you prior to each event. We would love to see you!



Left to right: Peggy and John Rodgers, Shirley Bayles and Dodi Speece at ATOMA District V's Bake Sale, held during NOM Week at Dallas Family Hospital.



Left to right: Peggy Rodgers, Shirley Bayles, Dodi Speece and Paul Bonchak at District V's Bake Sale, held during NOM Week at Dallas Family Hospital.

New Executive Director for Michigan Association

Dennis M. Paradis has been appointed Executive Director of the Michigan Association of Osteopathic Physicians and Surgeons. He began his official duties January 15, 1996.

Mr. Paradis has over 20 years experience in the health care industry and has held executive positions at the Michigan State Medical Society, the Michigan Hospital Association and, most recently, as the Deputy Director of the Association of HMOs in Michigan.

Mr. Paradis received his Masters Degree in Public Health from the University of Michigan and will receive his Ph.D. in Public Health this year.

ATOMA Membership Appeal

By Shirley Linda Bayles
ATOMA President-Elect

We would like to invite you to become a member of the Auxiliary to the Texas Osteopathic Medical Association. The Auxiliary was chartered in January of 1947 and has gained momentum since its inception, through dedicated hard work, dues and generous contributions.

The Auxiliary actively participates in the legislative process on a state and federal level with public health programs, provides osteopathic scholarships, student loans and assistance in research projects.

The Auxiliary also enhances public awareness of osteopathic medicine through various school and community programs, as well as sponsorship and assistance in public health fairs. The Auxiliary assists the Texas Osteopathic

Medical Association in its public relations programs that are designed to assure perpetual growth, progress and continual respect for the osteopathic profession.

Please seriously consider the importance of your involvement to the continue viability of the osteopathic profession through ATOMA membership, or perhaps the renewal of an old membership you may have let go as years passed and personal goals were met.

Please complete the printed application for ATOMA membership and return it with your membership dues payable to: ATOMA, 1415 Lavaca Street, Austin, Texas 78701-1634.

Thank you.

Official A.T.O.M.A. Application

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SPOUSE'S FULL NAME _____

HOME PHONE _____ BUSINESS PHONE _____

FAX _____

Please check one of the following membership categories:

- ☐ **(\$20.00) Regular A.T.O.M.A. Member** - A member of an immediate family of a practicing osteopathic physician (2nd year of practice and over). OR Spouse of a retired or widowed physician, or immediate family member.
- ☐ **(\$20.00) Associate A.T.O.M.A. Member** - Spouse of an individual who is not an osteopathic physician but who has been granted membership in the Texas Osteopathic Medical Association.
- ☐ **(\$20.00) Affiliate A.T.O.M.A. Member** - Individuals who choose to support and promote the osteopathic profession, but are not eligible for regular membership.
- ☐ **(\$0.00) Life A.T.O.M.A. Member** - An Auxiliary member for 25 consecutive years and having attained the age of 65 years old.
- ☐ **(\$0.00) Student Associate Auxiliary A.T.O.M.A. Member** - Spouse of an osteopathic student, intern, resident or preceptor OR in 1st year of practice.

Please contact me if you are interested in representing or serving on any of the following A.T.O.M.A. committees:

- | | |
|---|--|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Convention Program - 1996 |
| <input type="checkbox"/> Scholarship | <input type="checkbox"/> Public Health/Education |
| <input type="checkbox"/> Funds | <input type="checkbox"/> Student Association Advisor |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Annual Report |
| <input type="checkbox"/> Yearbook | <input type="checkbox"/> Convention |
| <input type="checkbox"/> Guild | <input type="checkbox"/> Credentials |
| <input type="checkbox"/> Supply | <input type="checkbox"/> Auxiliary |

Texas Society of the ACOFP Update

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

It seems like a long time between updates so I will try to inform our membership of current health care issues, especially managed health care in Texas.

As you may recall, Texas Governor George W. Bush instructed Texas Insurance Commissioner Elton Bomer to toughen standards for managed health care plans in Texas. He published an initial set of amendments in the *Texas Register* which became effective January 1, 1996. The Commissioner did not stop there!

More amendments pertaining to managed health care plans in Texas were published in the *Texas Register* on December 15, 1995, which are extremely important to Texas physicians and the patients they serve. They are listed below:

- "Under Subchapter X. Preferred Provider Plans, 28 TAC §3.3704. Freedom of Choice. Pursuant to the Insurance Code, Article 3.51-6. §3 and Articles 3.70-3 (A)(9). No health insurance policy may require that a service be rendered by a particular hospital or practitioner. A health insurance policy that includes different benefits from the basic level of coverage for use of preferred providers shall not be considered to unlawfully restrict freedom of choice in the selection of physicians or health care providers by insureds provided."
- "Under Chapter 11. Health Maintenance Organizations, Subchapter F. Evidence of Coverage; 28 TAC §11.506 (17) Out of Network Services - Each contract holder must provide that, if medically necessary covered services are not available through network physicians or providers, the HMO must allow referral to a non-network physician or provider at the usual and customary or an agreed upon rate. Each contract must provide for a review by a specialist of the same or similar specialty as the physician or provider requesting the referral before the HMO may deny a referral."
- "Under Subchapter P. Prohibited Practices; 28 TAC §11.502. Indemnification of HMO. A contract between an HMO and a physician or provider may not contain any clause purporting to

indemnify the HMO for any tort liability resulting from acts or omissions of the HMO."

Texas physicians are still negotiating with the Texas Workers' Compensation Commission over Guidelines for Medical Services, Charges, and Payments. At the time of this article, TOMA has held firm on reimbursement for OMT procedures — physicians should be reimbursed more than non-physicians for similar physical medicine procedures, and only physicians should be allowed to use osteopathic (OMT) codes from the CPT-4.

The issue of non-work related health care under Texas Workers' Compensation has finally been clarified in the adopted rules published in the *Texas Register* on November 24, 1995, under Part II, Texas Workers' Compensation Commission, Chapter 134. Guidelines for Medical Services, Charges, and Payments, Subchapter K. Treatment Guidelines, 28 TAC §134.1002, on page 9883. Summaries of the comments and commission responses are listed as follows:

- "Comment: Although support was expressed for the primary gatekeeper's responsibility for 'separation and referral of nonrelated health care services,' contained in (c)(2)(A)(iv), commenter suggested that further clarification was necessary regarding this function. An in-depth analysis of this area was recommended."
- "Response: The Commission disagrees with the request for additional clarification or in-depth analysis. The requirements outlined in the guideline regarding the need for the treating doctor to separate those symptoms and the treatments causally related to the compensable injury from those unrelated to the compensable injury are not new. These requirements have been present since the enactment of the law in 1991. This section is simply reiterating the need to separately treat and charge for both compensable and noncompensable signs and symptoms appropriately. The creation of an additional form, i.e., a check list, would place an additional burden on the health care provider, and would not neces-

sarily address all issues or concerns. The determination of whether a sign/symptom or treatment is causally related to the compensable injury dependent upon the injured worker's history and should be tailored for the specific individual."

Both TOMA and the Texas ACOFP are recommending that their members utilize a form similar to the one used by the Medicare program for all new Workers' Compensation cases. The form simply tells the patient that all non-work related health care will be his or her responsibility and must be paid at the time of service unless prior arrangements have been made. If the Workers' Compensation patient does not want to sign this form, our advice is to let the patient find another physician. A sample copy of this form can be obtained by calling TOMA at 800-444-8662.

We would like to alert our members to a potential doctor-patient problem created by a form letter which is being sent to Medicare patients who have claims submitted with musculoskeletal type injuries under Medicare Part B. The patient will receive a letter with a hard tone that indicates potential wrongdoing in the initial paragraph. The second paragraph states, "If your injury was not related to an accident which is covered by a liability insurance, please disregard this letter." The second paragraph should have been the first paragraph to avoid patient misunderstandings, so the patients would not feel like their doctor did something wrong. However, that is not the way third-party payors operate. You receive patient inquiries, have the read the second paragraph first!

The Texas Department of Health published proposed amendments to regulations of persons performing radiologic procedures in the *Texas Register* on December 22, 1995. Physicians who perform their own X-rays are basically exempted from the requirements; however, physician employees are not exempt. The proposed "core" training requirement for non-certified radiologic technicians will be 98 classroom/clock hours plus additional hours are required for each anatomical area to be X-rayed. The rules are very complex and exten-

ive. Specific hardship exemptions are spelled out in the proposed rules, but there is no "grandfather" exemption for radiologic technicians with many years of experience and on-the-job training.

Both TOMA and the Texas ACOFP will be working hard with other groups, including the Texas Hospital Association and TMA, to modify and change these rigid and far-reaching proposals. One of the first changes we would like to see are proficiency tests for radiologic technicians with previous training and experience. If the proficiency tests are passed, certification would occur without having to complete the "core" training requirement. We will continue to keep our membership updated on this important issue.

Some good news was shared with me recently. Most physicians in Texas have spent substantial time instructing and counseling patients on the proper use of inhalation devices, i.e., nasal and oral inhalers. I was not aware that there were codes in the CPT-4 that were applicable to the time spent in such training. They are found under the Pulmonary section and are code 94664 "Aerosol or vapor inhalations for sputum, mobilization, bronchodilation; or sputum induction for

diagnostic purposes; initial demonstration and/or evaluation" and code 94665 "subsequent." If a separate identifiable Evaluation and Management service is performed, the appropriate E/M service code should be reported in addition to 94664 or 94665. These codes are Medicare reimbursable!

Don't forget the 33rd Annual ACOFP Convention at the Buena Vista Palace from March 12-17, 1996. This year, the Congress of Delegates will begin their sessions on Friday, March 15, instead of the usual Saturday meetings. If any Texas ACOFP delegate or alternate cannot attend the Congress of Delegates, please contact our Executive Director, Janet Dunkle, at 800-825-8967, so that Steve Rowley, D.O., the Texas ACOFP President, can appoint someone else to take your place.

Hope to see everyone at TOMA's 40th MidWinter Conference and Legislative Symposium at the Fairmont Hotel in Dallas, Texas, February 16-18. Let's all work together to strengthen and improve the Texas Society of the ACOFP. Don't forget to drop by the Texas ACOFP booth in Dallas and sign up for the door prizes. Have a healthy, happy and prosperous 1996. ■

Monofilament Prevents Diabetic Amputations

A simple, low-cost device known as a monofilament could help prevent a large number of the nearly 50,000 amputations performed on diabetic patients' feet, according to the Health Resources and Services Administration of the Department of Health and Human Services.

Developed at the Gillis W. Long Hansen's Disease Center in Carville, Louisiana, the monofilament, which was originally designed for leprosy patients, consists of a nylon bristle on an acrylic plastic handle. Trained medical practitioners can utilize this low tech, highly predictive device to obtain early indications as to reduced sensation in the foot.

The Health Resources and Services Administration is promoting use of the monofilament to primary care physicians and their staffs. For \$15, kits containing a monofilament, two instructional videos and literature can be obtained by calling 800-438-5383. ■

In Support of TOMA's Building Fund Campaign

The monumental project of furnishing, remodeling and renovating TOMA's new headquarters in Austin is still in progress. Although contributions to TOMA's Building Fund Campaign have been substantial, there are needs that have yet to be met. TOMA extends a heartfelt thank you to all who have donated to this fund, and urges those who have not yet done so, to consider donating to such a worthy cause. As TOMA President William D. Hospers, D.O., noted during his inaugural speech last year, "We now have a fantastic location in our state capital in Austin. Let's rally to pay for this with donations, public relations, fund raisers, and the enthusiasms I've seen this organization garner in the past!"

The following are reasons given for contributing to the fund by several physicians and friends of the profession.

Contributing makes a statement about the osteopathic profession in an area where it counts, which is the capital of Texas. I urge you to contribute whatever amount you can, and help keep our association strong."

- Jerry Smola, D.O., Sweetwater

"Contributing to the fund is one of the best investments that can be made for the future growth of the osteopathic profession in Texas."

- Joseph Montgomery-Davis, D.O., Raymondville

"It is important for the association to be in the capital as our visibility greatly enhances our governmental affairs efforts."

- Dan Jensen, Vice President of Governmental Affairs, University of North Texas Health Science Center/Texas College of Osteopathic Medicine

"I believe so strongly in the osteopathic profession, and believe it provides the best health care. I contributed because I want to be part of something that will be around for a long time. I'm proud to be a D.O."

- Charles R. Hall, D.O., Bangs

If you would like to contribute to TOMA's Building Fund Campaign and become a "Texas Star", please contact Paula Yeaman at 800-444-8662. ■

HCFA Publishes New Rules for Medicare Payment of Teaching Physicians

On December 8, 1995, the Health Care Financing Administration published final regulations establishing new rules for the Medicare payment of teaching physicians, who involve residents and interns in the care of their patients. (Residents and interns continue to be supported through Medicare GME payments.) Under the new rules, HCFA has made it more clear that the teaching physician must be physically present for a key portion of the time during the performance of a service for which Medicare Part B will be billed. In the case of surgery or a dangerous or complex procedure, the teaching physician must be present during all critical portions of the procedure and must be immediately

available during the entire service or procedure.

The teaching physician's presence is **not** required in certain ambulatory care settings. These are limited to settings in which the resident's time is being paid by a hospital as part of a GME program.

In addition, the resident must have completed six months of GME training, the teaching physician must not be supervising more than four residents at one time and must direct the care "from such proximity as to constitute immediate availability."

Source - American Osteopathic Healthcare Association

HCFA Rules All Lab Tests in Automated Profiles Must Be Necessary For Payment Purposes

Due to the Health Care Financing Administration's belief that physicians order too many unnecessary tests, it has released long-awaited guidelines which change the Medicare payment policy regarding lab tests. The guidelines stipulate that as of March 1, 1996, all tests in an automated profile must be deemed to be medically necessary for payment purposes. A release sent to Medicare carriers by HCFA outlined the new policy, however, it fell short in providing carriers with explicit guidelines as to how to determine medical necessity. The release did note that "Generally, you may assume the medical necessity of a laboratory test if there is documentation that each test performed was individually ordered by a physician."

HCFA also alerted carriers that if a review of claims indicates a pattern of overutilization and the documentation "does not

support" claims of medical necessity, carriers should "pursue recoupment," even if the tests were ordered individually.

Furthermore, carriers have been instructed to "at least annually, remind physicians and suppliers that you will review claims for patterns of high utilization of automated profiles with a large number of tests;" to tell physicians not to expect reimbursement for claims determined to be unnecessary; to remind physicians that Medicare does not pay for routine screening tests; and to encourage physicians to order tests "related to specific symptoms or disease conditions."

As it now stands, physicians will have to change the way they order tests by moving toward individually ordered tests. According to the HCFA release, "...it is no longer appropriate for payment to be made for all tests in a profile when some of the tests are not medically necessary."

Make a Note

The new location of the American Osteopathic Association's Washington office is as follows: 1090 Vermont Avenue, N.W., Suite 510, Washington, D.C. 20005.

The toll-free number remains the same: 800-962-9008. ■

Dr. John Boyd Awarded CMD Designation

John H. Boyd, D.O., C.M.D., of Eden, Texas, has been awarded the CMD designation by the Certification Council of the American Medical Directors Association. He is now certified as a Certified Medical Director of a Long Term Care Facility.

Congratulations to Dr. Boyd from TOMA!

Public Health Notes

Children Having Children: Where Are We and Where Do We Go From Here?

Alecia Anne Hathaway, M.D., M.P.H., F.A.C.P.M.

Adolescence is a uniquely challenging stage of life with tasks and pressures quite distinct from both childhood and adulthood. This transition period of life from childhood to adulthood bears special vulnerabilities with certain demands placed beyond the acquired skills. We, as parents, educators, health care professionals and others, strive to equip our children with the resources, teaching and decision-making ability to navigate through the turbulent times which lie before them. Even in the best of situations teens are at risk of falling victim to circumstances. Couple this with not the best of circumstances (i.e., poverty, lack of or poor parenting, low education, hunger, lack of health care, emotional needs and poor self-esteem) and the risk for an adverse outcome befalling the teen is even greater.

By ninth grade, 51 percent of male students and 37 percent of female students report having had sexual intercourse. Seventy-five percent of male students and 66 percent of female students report having had sexual intercourse by the 12th grade*. Of the 12th grade students who reported having had sexual intercourse, 52.4 percent first had sexual intercourse at age 15 or younger.

For ages 15-17 years, Texas ranked third highest among all states in the nation for teen birth rate in 1992. In 1993, there were 21,210 births to teens age 17 years and under in Texas (6.6 percent of 321,961 total births). And, Medicaid paid \$118 million for approximately 39,000 teen deliveries (age 19 years and under) in 1993. The

pregnancy rate for Tarrant County for ages 13-17 years in 1993 was 42.7 percent; for ages 15-19 years it was 113.3 percent.

"When a baby is born to a mother who has not yet grown up herself, both mother and baby are likely to have a limited future and to place a substantial burden on society."** And the cycle most likely continues.

In Texas there were 2,034 (9.6 percent) low birth weight infants born to teen mothers in 1993; and 9,971 (48.7 percent) of teen mothers received either late prenatal care or no prenatal care. In Tarrant County, 57.2 percent of teen mothers received either late or no prenatal care. Of the total births (1,161) to teens in Tarrant County, 17.7 percent were pre-term and 8.6 percent were low birth weight. For all ages the overall Infant Mortality Rate (IMR) for Fort Worth in 1993 was 10.2. The IMR for teens 19 years and under in Fort Worth was 11.3; race adjusted for African American teens was 20.3. In other words, 11 of the 16 babies who died in 1993 were born to African American teen mothers. The greatest percentage of teen mothers who received either late or no prenatal care in Tarrant County was among African American women and the highest percentage of pre-term births (less than 38 weeks gestations) among teens were also among African Americans. These disproportionately high statistics underscore a need for special focus of intervention measures for African American teens in whom nearly 40 percent of the Fort Worth teen births occur.

Where Do We Go From Here As a Community?

The Texas Department of Health Bureau of Women and Children assembled the following Teen Pregnancy Prevention Strategies:

- Encourage abstinence as a positive choice.
- Provide resources to parents to support their efforts in educating their children on age appropriate issues of family life.
- Strengthen personal responsibility by providing peer counseling programs and self-esteem building strategies.
- Increase youths' knowledge about sexuality and responsible behavior.
- Develop a community environment that offers desirable role models for teens and provides social opportunities that don't place young people in high-risk situations.
- Increase access to Family Planning Services.

The health care professional can be instrumental in promoting and acting as a resource to youth and families in most of the above strategies. In this era of somewhat fragmented and often ill defined roles for adolescents, we as physicians can play an important role in addressing these issues with our young clients and their families in a sensitive and supportive fashion.

For fact sheets and more information, contact Dr. Hathaway at 817-871-7208 or the Texas Department of Health at 512-458-7700. ■

*Figure from 1993 Texas Youth Risk Behavior Survey, TEA/CDC.

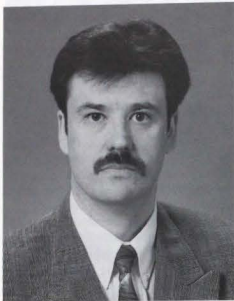
**Quote from Lisbeth B. Schorr, *Within Our Reach: Breaking the Cycle of Disadvantage*.

Membership On-The-Move

We have had several calls looking for locum tenens across the state. If you would like to be on TOMA's locum tenens list for our members, call TOMA's Membership Coordinator, Stephanie Coley, at 800-444-8662, and ask to be added to the list. Be sure to designate the area in which you will provide services.

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

D.O. Develops Innovative System for Teaching, Testing Medical Diagnosis



Frank Papa, D.O., Ph.D.

An innovative computer system being developed at UNTHSC could change the way medical diagnosis is taught and tested.

Frank Papa, D.O., an emergency room physician and Professor of Family Medicine at the Texas College of Osteopathic Medicine, has spent more than 10 years working on a computer-adaptive testing system that measures a person's capabilities in medical diagnosis and decision making. Dr. Papa's tools of research are ground-breaking in the area of measuring the cognitive factors that underlie medical decision making. Dr. Papa believes UNTHSC is the only school in the world exploring cognitive measurements using artificial intelligence.

What knowledge should a person possess to diagnose accurately? Dr. Papa believes his tools of measuring that knowledge will help faculty teach students these skills in the future.

"We take the knowledge base from novice subjects like medical students, and the knowledge base from experts like board-certified practitioners, and use individual or groups of subjects knowledge bases to solve test cases relevant to the problem," Dr. Papa explains. "We consistently see that the experts' knowledge correctly solve

more cases than the novices'. With the knowledge bases in the computer program, we can tease apart the computer-based knowledge bases and physically see the differences in the experts' and novices' knowledge base. Once we identify the knowledge, that kind of information can be used in the context of instructional programs, for use in lectures and as computer tutorials."

Just as important an outcome, Dr. Papa says, is the use of such a system to help medical examiners determine if students have acquired the necessary skills during licensure testing.

And the Department of Education agrees. Dr. Papa recently received a three-year Fund for Improvement of Post-Secondary Education grant to further develop and test the computer-adaptive examination procedures. Some elements of Dr. Papa's computer-adaptive work were tested nationally during the National Board of Osteopathic Medical Examiners Part III licensure exam in 1994. His model is currently being field-tested by the National Board of Medical Examiners as well. The Board of Medical Examiners anticipates incorporating the computer-based testing format into the United States Medical Licensure Examination, with a target implementation date before the year 2000.

In May, Dr. Papa and Tony Clark of Information Technology Services, will begin a two-year collection of data on all medical students as they go through rotations in internal medicine, OB/GYN, family medicine and emergency medicine. Their knowledge of diagnosis will then be compared to data collected from specialists in these fields.

Dr. Papa has been joined by other researchers on the project throughout the years, and has even collaborated with students at the University of Texas at Arlington School of Business on a paper showing the cost and quality benefits of such a program in medical care. That paper was chosen from more than 900 entries as the "Best Interdisciplinary Paper" at the Decision Sciences Institute's 26th annual conference in November.

The research has also received awards from the Association of American Medical Colleges and recognition from the American Education Research Association. His work has also been reported in the *Annals of Emergency Medicine* and the *Journal of Emergency Medicine*.

Dr. Papa is a graduate of Philadelphia College of Osteopathic Medicine and joined the UNTHSC/TCOM faculty in 1979. In 1991, he received a Ph.D. in cognition and education technology from the University of North Texas at Denton.

New Programs Offer Team Support for Physicians

Texas College of Osteopathic Medicine faculty members have developed two interdisciplinary programs to provide community physicians comprehensive treatment options in caring for patients with complicated or chronic problems.

A pain management program conducted by a team that includes manipulative medicine specialists, rehabilitation specialists, behavioral psychologists, and physical and occupational therapists. They work together to help physicians manage patients with difficult problems such as chronic back pain, migraine headaches and pain associated with intractable illness like lupus and chronic fatigue syndrome. Their goal is to help patients reduce pain, decrease reliance on prescription medication and possibly avoid costly surgery.

For more information about the services, call the Department of Manipulative Medicine at 817-735-2235.

The other new program at UNTHSC uses the team approach to help physicians help their patients achieve both physical well-being and emotional health. The Center for Behavioral Medicine offers services for pain management, neuropsychology, incontinence training, weight loss, addiction, and management of stress, anxiety and phobias. The goal is to provide patients the tools to manage pain problems for themselves, to make lifestyle changes that ultimately improve their health and to depend less

medication and health care utilization.
For more information about these services, call the Department of Psychiatry and Human Behavior at 817-735-2334.

Texas D.O. Makes First Gift to New Pooled Income Fund

Retired ophthalmologist Hubert Scadron, D.O., and his wife, Paula, have become the first to invest in the future of Texas College of Osteopathic Medicine and UNTHSC through pooled income giving.

The Scadrons, who live in Dallas, made the donation in memory of his parents, Louis and Adele Scadron. Dr. Scadron said he had been looking for a "way to make a difference," and the pooled income fund was "a painless way to give that's good for the school and good for the person giving."

A pooled income fund combines the gifts of many donors and manages them as one large trust account with advantages that individual donors alone could not normally enjoy. Donors earn quarterly income for the rest of their lives, avoid capital gains tax on any appreciated stocks or bonds donated and receive an income tax deduction.

Greg Upp, Chair of the UNTHSC/TCOM Foundation, calls the pooled income fund the easiest form of planned giving available. "Donors sign one document, and the assets are invested and managed professionally by our trustees. The donor or a second beneficiary receive quarterly income checks for life. Afterward, the gift plus any appreciation is transferred to the Foundation."

Upp says many people use cash from an expiring certificate of deposit to make their initial gift because the rate of interest paid by the pooled income fund is generally higher than that earned by a savings account or CD. "It's a great way to augment a personal retirement plan," he says.

For more information about pooled income giving, call the Foundation office at 817-735-2613.

CME Focuses on Specialty Skills for PCPs

The evolution in managed health care that is challenging the primary care physician to often function as a specialist has created an evolution in an annual spring update for the family practitioner offered by the Office of Continuing Medical Education.



A growing campus. Construction of the six-story Health Science Education Building on the UNT Health Science Center campus is going well. Here, workers pour the floor and build support columns for the first floor. An addition to Medical Education Building 2 is at the half-way point in construction.

"Medicine is moving in the direction of greater reliance on the primary care physician in the total management of patients, including the provision of services that were formally provided by specialists and subspecialists," said TCOM rheumatologist Mitchell Forman, D.O., program chair for the upcoming CME conference. "With this in mind, I've created an all-case study agenda that I call 'A Day in the Life of a Primary Care Physician.'" Dr. Forman said the tenth annual conference, to be held April 12-13 at Dallas Family Hospital, will feature updates and several diverse case studies

in each of the following areas: allergy testing and desensitization; migraine headaches; infectious diseases and antibiotics; gynecology; urology; dermatology; endocrinology; cardiology; pediatrics; and rheumatology. Ten hours of I-A AOA or Category 1 AMA/PRA credit will be awarded to conference attendees. The cost is \$115 for TCOM preceptors and \$165 for other physicians. TCOM externs, interns and residents may attend at no charge. For more information about this or any other Continuing Medical Education activity at UNTHSC, call 817-735-1539.

THANK YOU!

TOMA would like to thank the following "Texas Stars" who have contributed above the \$1,000 donation level:

Mark Baker, D.O.
Frank Bradley, D.O.
Mary Burnett, D.O.
John Cegelski, Jr., D.O.
George Cole, D.O.
Nelda Cuniff-Isenberg, D.O.
Jim Czewski, D.O.
William Dean
Drs. Donna and Wendell Hand
Drs. Harry and Linda Hernandez
Healthcare Insurance Svs.
Houston Osteopathic Hospital
Foundation
Jake Jacobson
Constance Jenkins, D.O.

William R. Jenkins, D.O.
Drs. Elva and Royce Keilers
Victorija Laucius, D.O.
Harold Lewis, D.O.
Hector Lopez, D.O.
James Matthews, D.O.
R. Greg Maul, D.O.
Dr. and Mrs. Jack McCarty
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Dareld R. Morris, D.O.
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Texas ACOFF
TOMA District II
TOMA District V
TOMA District X
TOMA District XV
Bill V. Way, D.O.
Rodney Wiseman, D.O.
T. Eugene Zachary, D.O.

News from Osteopathic Health System of Texas

The Answer to Non-Profit Fund Raising in the 90's - "Don't Ask for Money"

The Osteopathic Health System of Texas Foundation is no different than most other non-profit medical foundations around the country. With the cost of quality health care skyrocketing, the foundation began a fund-raising campaign to identify 1,000 new donors.

What sets Osteopathic Health System apart from other non-profit organizations is that their new pool of philanthropists are not being asked to donate any money. In fact, they are actually receiving \$25,000 in life insurance benefits for their heirs.

How is this possible? A new concept, foundation owned life insurance, allows the average American to donate thousands of dollars to their favorite charity, receive "free" life insurance benefits, and not part with a single penny of their own money.

Richard Johnson, President of FOLI, explains that it's such a win/win situation for both the non-profit organization and the donors that he believes foundation owned life insurance will set a new trend in non-profit fund raising.

Here's how it works. The non-profit organization takes out life insurance policies for approximately 1,000 pre-screened individuals who want to participate in the program. In the case of Osteopathic Health System, most were employees. The candidates are given a medical exam and are selected on the basis of health and age. The age of the participants ranges from a young 21 to a healthy 72. Each insured individual is tracked over his or her lifetime and receives \$25,000 of life insurance benefits that are awarded to their family or assigned beneficiary upon the insured's death. The foundation, as the other beneficiary, receives \$225,000. The premiums are paid for by the foundation and the insurance is at no cost to the participating donors. Each non-profit organization will customize the division of benefits for its own group.

While foundations like Osteopathic Health System can receive more than \$250 million over the life of the policy, "it may take up to 10 years for the program to start producing a sizable revenue for the foundation," explained Jay Sandelin, Chairman of the Board and Chief Executive Officer for Osteopathic Health System of Texas. To fund the



Jay Sandelin, Chairman of the Board and Chief Executive Officer for OHST.

program, OHST worked with a Texas financial institution to underwrite the program until the death benefits become sufficient to pay the program's premiums. Sandelin is considered a "pioneer" in his field by his peers for having the insight to develop a long term fund raising strategy that will build a strong financial legacy long after he and his board are gone. That legacy will help finance new equipment and programs that will keep the hospital competitive in the Fort Worth market, as well as help them attract top medical school graduates.

While foundation owned life insurance may seem like an entirely new concept, its roots stem from the corporate sector. COLI, Corporate Owned Life Insurance, has been available for years and is being used by most Fortune 500 companies including Wal-Mart, Procter & Gamble, AT&T, Kodak and Walt Disney. (One difference in the two programs is the amount of money the insured's beneficiaries receive. With corporate companies, it is sometimes as little as \$1,000).

FOLI, in conjunction with Capital Partners Funding Group, modified the corporate concept to make it more attractive to non-profit organizations as well as their participating donors. In the case of OHST, donating a quarter of a million dollars was as easy as signing on the dotted line.

OMCT's Cardiology, Orthopedic Surgery Ranked Best in Tarrant County

The national news magazine, *U.S. News and World Report*, has ranked OMCT's cardiology care and orthopedic surgery tops in Tarrant County. These rankings are an all-inclusive measure of a hospital's quality of care, and hospitals throughout Tarrant County were included in the rankings.

"Our ranking demonstrates the high quality of care that we provide at OMCT," said Jay Sandelin, Chairman of OHST. "We're extremely proud of the recognition and will continue to strive for the highest quality possible."

OMCT was the only hospital in Fort Worth ranked in the Tier Three section covering cardiology care. Orthopedic surgery at OMCT was one of only two orthopedic departments in Fort Worth ranked as the best in the report. Rankings are based on reputation among a national cross-section of board-certified specialists, on mortality rates and on other objective indicators that vary by specialty.

These top rankings come on the heels of other recognition OMCT earned in 1995. In April, the Joint Commission Accreditation of Health Care Organizations (JCAHO) surveyed the hospital and Home Health Care, and both received "accreditation with commendation."

tion." This prestigious ranking is only awarded to the top four percent of the hospitals in the nation.

OHST's Clinic Network Continues to Expand

The number of Osteopathic Family Medicine Clinics now totals 12, with the addition of both the Haltom City Osteopathic Family Medicine Clinic and the Benbrook Osteopathic Family Medicine Clinic.

The Haltom City clinic, located at 1916 N. Beach Street, was previously owned by Michael Russell, D.O. The Benbrook clinic, previously owned by Bill Devenport, D.O., is located at 998 Winscott Road.

"Our presence in both Haltom City and Benbrook provides OHST with the opportunity to serve the primary care needs for additional residents of Tarrant County," Johanna Jones, Director of Clinical Operations, said. "We look forward to both relationships."

Both clinics provide a variety of services including primary care, X-ray, laboratory testing, minor emergency care and Workers' Comp.

OHST's other clinics are located throughout Tarrant County and the surrounding area including Aledo, Burleson, Candleridge, East Berry, Fossil Creek, Lake Worth, Mansfield, Saginaw, University and Western Hills.

OMCT/UNTHSC Physician to Serve at Olympic Competition

Irvine D. "Bud" Prather, D.O., Director of the OMCT/UNTHSC Family Practice Residency Program, is headed into the International Olympic Competition in Atlanta this summer. Although an avid runner and athlete, he won't be running the marathon. But he will be working as a doping control officer monitoring athletes after their competition to test for evidence of drugs or other substances banned by the International Olympic Committee.

Dr. Prather will be in Atlanta July 18 through August 2, and will live with the athletes in the Olympic Village. He will be assigned to monitor various competitive events after he arrives. In March, he travels to Atlanta for training by the International Committee.

His previous experience working with Olympic athletes includes attending competitions around the United States as a doping control officer. For the last four years, he has worked with the U.S. Olympic Committee testing athletes for

substances. This winter, he will attend two competitions for U.S. Olympic Athletes.

Dr. Prather has been on staff at OMCT since 1992. Besides heading up the Family Practice Residency Program, he also serves as the Associate Clinical Director of the Hyperbaric Oxygen Treatment Program. He is an Associate Professor in the Department of Family Medicine, and an Associate Professor in the Division of Sports Medicine at UNTHSC/TCOM.

OHST, All Saints Exploring Ways to Work Together

During the last several months, members of the Board of Directors of both OHST and All Saints Health System have been holding discussions to explore ways that they can work together to lower health care costs. The culmination of those meetings took place December 4 when the Board of All Saints approved a resolution to look at forming an alliance with OHST to save money and, at the same time, promote the distinct historical identities of both institutions. The OHST Board approved the resolution at its regular meeting in November.

"Both health systems are concerned about delivering the best care at the lowest possible cost in this rapidly changing health care environment," said Jay Sandelin, OHST Chairman. "The intention of these discussions is to consider ways in which we may be able to save money by combining some non-clinical functions to maintain a high quality of care, while continuing to promote the distinct identities of both organizations."

In the coming months, task forces from each organization will begin to explore the possibilities of combining functions such as accounting, data processing, educational and outreach efforts and other non-clinically sensitive areas.

"If this alliance comes about, it may represent a tremendous opportunity for OHST and All Saints Health System to create value for the Fort Worth community, as demanded by a changing health care environment," said Mr. Sandelin.

Ruth Blackwell Promoted to Vice President of Quality Management at OMCT

Ruth Blackwell, R.N., has been named Vice President of Quality Management at Osteopathic Medical Center of Texas.

In her new role, Ruth will oversee all aspects of quality management, quality control, and process improvement throughout the hospital. This includes collaborating with medical staff regarding quality assurance, utilization review, case management, risk management and peer review to provide an integrated approach to quality management. Ruth will also coordinate the patient satisfaction measurement system to include analysis of results, development and implementation of action plans to continually improve scores.

Ruth has been with OMCT eight years and has served in the positions of Assistant Vice President of Quality Management, Director of Nursing Informatics and Nurse Manager of ICU and CCU. ■



Beauford Basped, D.O., OMCT medical staff, provided pre-round and post-round physicals and medical coverage for participants in the Southwest Regional Boxing Championship, held at the Diamond Hill Community Center in Fort Worth, December 15-17. The winners of this competition go to the Junior pre-Olympic finals held in Colorado this winter. Dr. Basped has volunteered his time and expertise in boxing championships since 1990.

Opportunities Unlimited

PHYSICIANS WANTED

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

PHYSICIAN OWNED MULTI-CLINIC GROUP needs FPs, Psychiatrists, and Anesthesiologists for immediate placement in Family Practice/Pain Management Clinics in Beautiful East Texas. Regular hours; No hospital; No call; No weekends. Salary or guarantee negotiable. Contact Fred Holloway, President, Apple Professional Services, Inc., at 903-593-0015. (11)

POSITION IMMEDIATELY AVAILABLE IN HURST for mature, stable, well trained osteopathic physician who has exceptional OMT skills and is imbued in Osteopathic Principles and Philosophy. Large family practice with focus on pain, headaches, arthritis, geriatrics, physical therapy, rehabilitation, and comprehensive health care. Good financial arrangements. Call: Jack Royder, D.O., F.A.A.O., or Joyce, at 817-428-0090. (12)

PHYSICIAN-OWNED EMERGENCY GROUP — is seeking Full or Part-Time D.O. or M.D. emergency physicians who practice quality emergency medicine. BC/BE encouraged, but not required. Flexible schedules, competitive salary with malpractice provided. Send CV to Glenn Calabrese, D.O., FACEP, OPEM Associates, P.A., 4916 Camp Bowie Blvd., Suite 208, Fort Worth, 76107. 817-731-8776. FAX 817-731-9590. (16)

WICHITA FALLS — Local group seeking BC primary care (EM preferred) physician for Bethania Hospital. Emergency Department volume is 18,000/yr. Compensation \$120/hr. Send CV to Wichita Falls Emergency and Trauma Services, 1600 Eleventh St., Wichita Falls, TX 76301 or FAX to 817-720-3550. (20)

TRIO OF AGING OSTEOPATHIC PHYSICIANS NEED HELP with busy rural general practice. Town of 1,600+ in West Central Texas at 2,100 ft. elevation has 82-bed nursing center, 20-bed general hospital, and 900-bed contract detention center for federal inmates. No obstetrics or major surgery. Pleasant schedule with time to fish, hunt, enjoy family, and get CME. Contact EDEN Medical Clinic, Drawer W, Eden, TX 76837; 915-869-7061. (21)

FAST TRACK CLINIC OPENED JANUARY, 1996 — Primary Care Physician needed. Flexible schedule with malpractice provided and competitive salary. Send CV to: OPEM Associates, P.A., 4916 Camp Bowie Blvd., #208, Fort Worth, TX 76107; 817-731-8776; FAX 817-731-9590. (24)

DALLAS/FORT WORTH/HOUSTON — Physician Opportunity to work in low

stress, office based practice. Regular office hours. Lucrative salary plus benefits. No call, no weekends, and no emergencies. Please call Lisa Cole at 800-254-6425 or FAX CV to 214-258-0838. (25)

WEST TEXAS - SHANNON HEALTH SYSTEM — Practice opportunities at the Shannon Clinic in San Angelo or in Regional Health Clinics. Current sites are for family practitioner or internist in San Angelo and Del Rio, and for a family practitioner at the Coleman Doctor's Clinic. Competitive income guarantee and solid financial compensation package. Call our System Recruiter, Joyce Duncan, at 800-822-1773 or FAX CV to 915-659-5194. (29)

FAMILY PRACTICE OPPORTUNITY — Move from the high stress of urban life to the beauty and safety of rural practice. An opportunity for one physician, new or established, to become a partner with an established physician in a growing rural practice. Independence with minimal managed care. Shamrock is a self sufficient community of 2300 in the Texas Panhandle; five other physicians in the county and two moderate sized towns. A 20-bed hospital and 40-bed nursing home. No OB and flexible scheduling of call. Great place to raise children, lots of hunting and fishing, and is centrally located to several major cities as well as close to vacationing in New Mexico, Oklahoma and Colorado. For more information, call 806-256-2143. (32)

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

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

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

POSITIONS DESIRED

BOARD CERTIFIED GENERAL PRACTITIONER — Working as independent contractor. Ten years experience. Available by appointment. \$100 per hour plus expenses. Will furnish liability insurance. No obstetrics, please. Contact TOMA, Box 27, 1415 Lavaca Street, Austin, TX 78701-1634. (27)

OFFICE SPACE AVAILABLE

MEDICAL CLINIC FOR LEASE — South East Texas, excellent location. 1,500 sq. ft. including lab. Additional space available. Call Ms. Holliday at 800-727-5411. (08)

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GULF COAST CLINIC — 4,100 sq. ft. to include lab and (4) suites. Near Navy base on beautiful Gulf of Mexico, Growing Community. Hospital and nursing home three blocks away. Lease (possible purchase in future). Contact Mrs. Kumm at 512-758-3660. (17)

WANT TO BUY A PRACTICE? I have practices listed with 100% financing available! No need to associate, buy your own practice. Don't delay, call today! Growth Investments, 214-868-9085. (26)

MISCELLANEOUS

FOR SALE — Roche Cobas Mira Biochemistry Analyzer. For information, please call 214-289-1299; FAX 214-289-1353. (01)

GENERAL PRACTITIONER STARTING NEW OFFICE. Looking for new office furniture and equipment (exam/clerical/waiting room). Call Pat at 214-957-7052. (04)

INTERNAL MEDICINE EQUIPMENT FOR SALE — Electrocardiogram, GYN tables, Misc. Office Supplies, Small Office Equipment (including computer, billing), Single Channel Cardiac Stress Equipment, etc. Contact: Dr. R. Breckenridge at 903-566-1608. (18)

PRACTICE FOR SALE? If you have ever thought of selling, please call me today! Dr. Mick Guenther, 214-353-5111. (28)

FOR SALE — Late model MA X-ray and processor with view box and accessories; hydraulic stretcher; transport stretchers; Coulter counter and dilution storage cabinets; office desk; assorted other items - very good condition. Contact Dr. Glen Dow or Office Manager at 817-485-4711. (48)

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