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XXXXIX, No. 2

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

February, 1992

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SERIALS

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American Osteopathic Hospital Association	703/684-7700
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Risk Retention Group	816/523-1835
TOMA Malpractice Insurance Program:	
For Premium Rates,	
Enrollment & Information	800/366-5706
TOMA Major Medical Insurance	1-800/321-0246
Texas College of Osteopathic Medicine	817/735-2000
	Dallas Metro 429-9120
Medicare Office:	
Part A Telephone Unit	214/470-0222
Part B Telephone Unit	214/647-2282
Profile Questions	214/669-7408
Provider Numbers:	
Established new physician (solo)	214/669-6162
Established new physician (group)	214/669-6163
All changes to existing provider number records	214/669-6158
Texas Medical Foundation	512/329-6610
Medicare/CHAMPUS General Inquiry	800/725-9216
Medicare/CHAMPUS Beneficiary Inquiry	800/725-8315
Medicare Preprocedure Certification	800/725-8293
Private Review Preprocedure Certification	800/725-7388
Texas Osteopathic Medical Association	817/336-0549
	in Texas 800/444-TOMA
	Dallas Metro 429-9755
	FAX No. 817/336-8801
	in Texas 800/444-TOMA
TOMA Med-Search	
TEXAS STATE AGENCIES:	
Department of Human Services	512/450-3011
Department of Public Safety:	
Controlled Substances Division	512/465-2188
Triplicate Prescription Section	512/465-2189
State Board of Health	512/458-7111
State Board of Medical Examiners	512/452-1078
Texas State Board of Medical Examiners (for disciplinary actions only)	800/248-4062
State Board of Pharmacy	512/832-0661
State of Texas Poison Center for Doctors & Hospitals Only	713/765-1420 800/392-8548
	Houston Metro 654-1701
	512/448-7900
Texas Workers' Compensation Commission	
FEDERAL AGENCIES:	
Drug Enforcement Administration:	
For state narcotics number	512/465-2000 ext 3074
For DEA number (form 224)	214/767-7250
CANCER INFORMATION:	
Cancer Information Service	713/792-3245
	in Texas 800/392-2040

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TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

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TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

February, 1992

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Terry R. Boucher
Executive Director/Editor

Diana Finley
Associate Director/Associate Editor

John Sortore
Field Representative

Lydia Kinney
Staff Writer

Dana Tidwell
Executive Assistant

Belinda Anderson
Membership Services

Good News for Dr. Armbruster

No one guessed the identity of the 1992 "Baby of the Year," so therefore, Dr. David Armbruster receives \$100 off his convention registration since he is the owner of that precious face.

Calendar of Events



FEBRUARY, 1992

16-20

*"Update in Clinical Medicine for
Primary Care Physicians"*

TCOM
Harvey's Resort Hotel
Lake Tahoe, Nevada
CME: 18 hours, Category I-A
Contact: Nancy Tiede
TCOM, Office of CME
817/735-2581

29

Board of Trustees Meeting
Texas Osteopathic Medical Association
State Headquarters' Bldg.
Fort Worth
Contact: TOMA
817/336-0549

MARCH

3-4

*American Osteopathic Board of
General Practice*
Examinations
Palm Springs, CA
Contact: Carol Thoma
760/635-8477

4-8

ACGP Annual Convention
Palm Springs, CA
Contact: Jennifer Atkins
800/323-0794

6-7

Pediatric Update '92
Olsen Medical Education Center
UOMHS, Des Moines
(8½ hour program)
Contact: Karen Thacker
515/271-1462

APRIL

1-5

4th Spring Seminar
Arkansas Osteopathic Medical
Association
Lake Hamilton Resort
Hot Springs, Arkansas
Hours: 25 Category I-A
Contact: AOMA
501/882-7540

3-4

*"6th Annual Spring Update for the
Family Practitioner"*

Sponsored by: TCOM & Dallas
Family Hospital
Location: Dallas Family Hospital
Hours: 8 Category I-A
Contact: Nancy Tiede
TCOM; Office of CME
817/735-2581

28

Board of Trustees' Meeting
Texas Osteopathic Medical Association
Marriott Hotel
Corpus Christi
Contact: TOMA
817/336-0549

29

House of Delegates' Meeting
Texas Osteopathic Medical Association
Marriott Hotel
Corpus Christi
Contact: TOMA
817/336-0549

30 - May 3

*93rd Annual Convention &
Scientific Seminar*
Texas Osteopathic Medical Association
Marriott Hotel
Corpus Christi
Contact: TOMA
817/336-0549

16-20

"Osteopathy in the Cranial Field"
(40 Hour Basic Course)
Given by the Sutherland Cranial
Teaching Foundation
Sponsored by Osteopathic Medical
Center of Texas and TOMA
Radisson Hotel - Fort Worth
Contact: Cindi Azuma
817/735-2498

23

"General Practice Update"
UOMHS, Des Moines
(4½ hour course held in conjunction
with Commencement weekend and
alumni reunion activities)
Contact: Connie J. Galbraith
515/271-1447

Emphasis On OMT At TOMA Convention



David Teitelbaum, D.O.

On Friday afternoon, May 1, during the educational portion of TOMA's annual convention in Corpus Christi, four CME hours will be devoted to Osteopathic Manipulation. This section is under the direction of the Texas Academy of Osteopathy, and will be designed to be practical and very useful for any practicing osteopathic physician.

David Teitelbaum, D.O., will ramrod this workshop and will deliver a lecture during the first hour entitled, "OMT — Appropriate For Every D.O.'s Practice."

According to Dr. Teitelbaum, "This talk will begin with a brief review of the origins of osteopathic manipulation and why the approach was designed by A. T. Still. It will then look at the advent of modern medical technology and the effect it has had on the profession. The physiologic basis of OMT and current research findings will then be reviewed, leading to the conclusion that OMT is as much as ever appropriate for every D.O.'s practice."

The presentation by Dr. Teitelbaum will be followed by a hands-on lab in which small groups of participants will be introduced to easily applied manipulative techniques. There will be a chance to practice these skills with personal supervision, and handouts will be provided to maximize learning and retention.

Specific areas covered will include techniques for the first rib, the upper thoracics, respiratory infections, carpal tunnel syndrome, common lower extremity maladies, the lumbar spine, the cervical spine of patients who cannot tolerate high velocity approaches, and others.

Dr. Teitelbaum earned a D.V.M. degree from Texas A&M University. He was a Cum Laude graduate of Texas College of Osteopathic Medicine in 1984.

He has been in the private practice of Osteopathic Manipulative Medicine in Fort Worth since 1985. He is board certified in Osteopathic Manipulative Medicine by the American Academy of Osteopathy, and holds a Certificate of Proficiency in Osteopathy in the Cranial Field from the Cranial Academy.

Dr. Teitelbaum also serves as associate clinical professor in the Department of Manipulative Medicine at Texas College of Osteopathic Medicine; as president of the Texas Academy of Osteopathy; and as chairman of the Osteopathic Manipulative Treatment Department of the Osteopathic Medical Center of Texas.

Professional memberships include TOMA; TOMA District II; Texas Academy of Osteopathy; TCOM

Alumni Association; Cranial Academy; American Academy of Osteopathy; and the AOA.

Newsbrief

CONGRESS INCREASES STUDENT LOAN FUND

Congress has responded to the concerns of medical educators and students by raising the ceiling on the Health Education Assistance Loan (HEAL) program by \$30 million. The action increases the student loan guarantee limits from \$260 million to \$290 million.

The American Association of Colleges of Osteopathic Medicine (AACOM) stated that the decision "should ease some of the pressure that was encountered this year when loan guarantees reached the ceiling amount of \$260 million."

TCOM President David M. Richards, D.O., and medical students Andy Morales, Class of 1992, and David Gray, Class of 1993, were among those who went to Washington in support of increasing the student loan program.

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1. Data on file, Lilly Research Laboratories.

See accompanying page for prescribing information.

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AXID nizatidine capsules

Brief Summary: Consult the package insert for complete prescribing information.

Indications and Usage: 1. Active duodenal ulcer—for up to 8 weeks of treatment at a dosage of 300 mg b.i.d. or 150 mg b.i.d. Most patients heal within 4 weeks.

2. Maintenance therapy—for healed duodenal ulcer patients at a dosage of 150 mg b.i.d. at bedtime. The consequences of therapy with Axid for longer than 1 year are not known.

3. Gastroesophageal reflux disease (GERD)—for up to 12 weeks of treatment of endoscopically diagnosed esophagitis, including erosive and ulcerative esophagitis, and associated heartburn at a dosage of 150 mg b.i.d.

Contraindication: Known hypersensitivity to the drug. Because cross sensitivity in this class of compounds has been observed, H₂-receptor antagonists, including Axid, should not be administered to patients with a history of hypersensitivity to any H₂-receptor antagonists.

Precautions: General—1. Symptomatic response to nizatidine therapy does not preclude the presence of gastric malignancy.

2. Dosage should be reduced in patients with moderate to severe renal insufficiency.

3. In patients with normal renal function and uncomplicated hepatic dysfunction, the disposition of nizatidine is similar to that in normal subjects.

Laboratory Tests: False positive tests for urinalysis with Multistix® may occur during therapy.

Drug Interactions: No interactions have been observed with theophylline, chlorazepate, lorazepam, lidocaine, phenytoin, and warfarin. Axid does not inhibit the cytochrome P-450 enzyme system; therefore, drug interactions mediated by inhibition of hepatic metabolism are not expected to occur. In patients given very high doses (3,900 mg) of aspirin daily, increased serum salicylate levels were seen when nizatidine, 150 mg b.i.d., was administered concurrently.

Carcinogenesis, Mutagenesis, Impairment of Fertility: A 2-year oral carcinogenicity study in rats with doses as high as 500 mg/kg/day (about 80 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose-related increase in the density of enterocellular-like (ELC) cells in the gastric crypts in a 2-year study in mice. There was no evidence of a carcinogenic effect in male mice, although hyperplastic nodules of the liver were increased in the high-dose males as compared with placebo. Female mice given the high dose of Axid (2,000 mg/kg/day, about 330 times the human dose) showed marginally statistically significant increases in hepatic carcinoma and hepatic nodular hyperplasia with no numerical increase seen in any of the other dose groups. The rate of hepatic carcinoma in the high-dose animals was within the historical control limits seen for the strain of mice used. The female mice were given a dose larger than the maximum tolerated dose, as indicated by excessive (30%) weight decrement as compared with concurrent controls and evidence of mild liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given an excessive and somewhat hepatotoxic dose, with no evidence of a carcinogenic effect in rats, male mice, and female mice (given up to 360 mg/kg/day, about 60 times the human dose), and a negative mutagenicity battery are not considered evidence of a carcinogenic potential for Axid.

Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, mouse lymphoma assay, chromosome aberration tests, and a micronucleus test.

In a 2-generation, perinatal and postnatal fertility study in rats, doses of nizatidine up to 650 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny.

Pregnancy—Pregnancy Effects—Pregnancy Category C: Oral reproduction studies in rats at doses up to 300 times the human dose and in Dutch Belted rabbits at doses up to 55 times the human dose revealed no evidence of impaired fertility or teratogenic effect, but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and depressed fetal weights. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and cutaneous edema in 1 fetus, and at 50 mg/kg, it produced ventricular enlargement, delayed absorption, spine bifida, hydrocephaly, and enlarged heart in 1 fetus. There are, however, no adequate and well-controlled studies in pregnant women. It is not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefits outweigh the potential risk to the fetus.

Lactation—Safety: Nizatidine is excreted in milk. In lactating women, the potential risk to the infant is small. In human milk in proportion to plasma concentrations. Because of growth depression in pups treated by breast milk, a decision should be made whether to discontinue nursing or the drug, taking into account the importance of the drug to the mother.

Pediatric Use—Safety and effectiveness in children have not been established.

Use in Elderly Patients—Healing rates in elderly patients were similar to those in younger age groups in the cases of adverse events and laboratory test abnormalities. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions: Worldwide, controlled clinical trials included over 6,000 patients given nizatidine in double-blind, placebo-controlled trials in the United States and Canada included over 2,600 patients given nizatidine and over 1,700 given placebo. Among the adverse events in these placebo-controlled trials, only anemia (0.2% vs 0.1%) and urticaria (0.5% vs 0.1%) were significantly more common in the nizatidine group.

Of the adverse events that occurred at a frequency of 1% or more, there was no statistically significant difference between Axid and placebo in the incidence of any of these events (see package insert for complete information). A variety of less common events were also reported; it was not possible to determine whether these were caused by nizatidine.

Hepatic—Hepatic enzyme injury (elevated liver enzyme tests or alkaline phosphatase) possibly or probably related to nizatidine occurred in some cases. In some cases, there was marked elevation (>500 IU/L) in SGPT or SGPT and, in a single instance, SGPT was >2,000 IU/L. The incidence of elevated liver enzymes and elevations of up to 3 times the upper limit of normal, however, did not significantly differ from that in placebo patients. All abnormalities were reversible after discontinuation of Axid. Since marked introduction, hepatitis and jaundice have been reported. Rare cases of cholestatic or mixed hepatocellular and cholestatic hepatitis have been reported with reversal of the abnormalities after discontinuation of Axid.

Cardiovascular—In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in 2 individuals administered Axid and in 3 untreated subjects.

CNS—Rare cases of reversible mental confusion have been reported.

Endocrine—Clinical pharmacology studies and controlled clinical trials showed no evidence of anti-androgenic activity due to nizatidine. Impotence and decreased libido were reported with similar frequency in patients on nizatidine as in those on placebo. Gynecomastia has been reported after discontinuation of Axid.

Hematology—Anemia was reported significantly more frequently in nizatidine than in placebo-treated patients. Folate therapy was reported in a patient treated with nizatidine and another H₂-receptor antagonist. This patient had previously experienced thrombocytopenia while taking other drugs. Rare cases of thrombocytopenic purpura have been reported.

Integumentary—Urticaria was reported significantly more frequently in nizatidine than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.

Hypersensitivity—As with other H₂-receptor antagonists, rare cases of anaphylaxis following nizatidine administration have been reported. Rare episodes of hypersensitivity reactions (eg, bronchospasm, laryngeal edema, rash, and eosinophilia) have been reported.

Other—Hypertension associated with gout or nephrolithiasis was reported. Eosinophilia, fever, and nausea related to nizatidine have been reported.

Overdose: Overdoses of Axid have been reported rarely. If overdose occurs, activated charcoal, if available, should be considered along with supportive measures. The ability of the ability of hemodialysis to remove nizatidine from the body has not been conclusively demonstrated; however, due to its large volume of distribution, nizatidine is not expected to be efficiently removed from the body by this method.

10/15/91

Additional information available to the profession on request

**Eli Lilly and Company
 Indianapolis, Indiana
 46285**

NZ-2947-B-249304

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The Marriott Bayfront Is the Place to Be



The Marriott Bayfront, located at 900 North Shoreline Boulevard in Corpus Christi, will be the place to be during the TOMA annual convention this year. Overlooking the beautiful Corpus Christi Bay, it is the city's most exclusive hotel and meeting facility.

The hotel has 474 magnificent rooms where guests are treated to the best in-room amenities, including individual climate control, alarm clock/radio, and color TV with cable channels. All rooms offer a breathtaking view of the bay.

Banquet and meeting space includes a 10,000-square-foot ballroom and a 6,300-square-foot ballroom, both divisible into smaller meeting rooms.

Guests can experience some fine dining in Elections, a multi-level rooftop restaurant, or enjoy an open-air setting in the casual surroundings of The Glass Pavilion. The High Tide Comedy Club features live comedy Tuesday through Saturday.

A fully-equipped health club offers exercise equipment, indoor/outdoor pool, whirlpool and saunas.

We think you'll agree that the Corpus Christi Marriott Bayfront is a wonderful location for the TOMA convention.

We would like to recommend that you make your reservations now. Currently, the room rates are: single, \$68; double, \$77; triple, \$87; and quad, \$97. The cut off date is March 28, 1992, at which time room rates will go up and you may have problems getting a room. Therefore, we urge you to make your reservations now. Call (512) 877-1600.

See you in Corpus!

1992 TOMA Convention Speakers Continued



Presenting a panel discussion on "Headache Diagnosis and Management" during TOMA's annual convention will be Roby P. Joyce, M.D., medical director of the Texas Headache Institute and Facial Pain Center in San Antonio, and Robert B. Nett, R.Ph., M.D., who serves as co-director.

Dr. Joyce received his M.D. degree from Louisiana State University School of Medicine. He interned at Fitzsimons Army Medical Center in Denver, Colorado; completed a neurology residency at Letterman Army Medical Center, San Francisco; and a pathology residency at Brooke Army Medical Center in San Antonio.

Besides serving as director of the Headache Institute, Dr. Joyce serves as the medical director of Pathology and Laboratory Services at Humana Hospital — Village Oaks; medical director of Centauri Biological Laboratory in San Antonio; and director for quality assurance at Rebound Head Trauma Rehabilitation Unit, also in San Antonio. He also serves in the United States Army Reserve.

Dr. Joyce is a diplomate of the American Board of Psychiatry and Neurology (Neurology), and a diplomate of the American Board of Pathology (Anatomic and Clinical Pathology).

Professional memberships include the American Academy of Neurology; American Association for the Study of Headache; National Headache Foundation; National College of Physician Executives; Bexar County Medical Society; Texas Medical Association; American Medical Association; San Antonio Society of Pathologists; and the Texas Society of Pathologists.

Dr. Nett received his pharmacy and M.D. degrees from the University of Georgia, Athens, Georgia. He attended the Uniformed Services University of the Health Sciences in Bethesda, Maryland; completed a transitional internship at Brooke Army Medical Center in San Antonio; and completed a pathology residency program, also at Brooke Army Medical Center.

Besides serving as co-director of the Texas Headache Institute in San Antonio, he is a clinical assistant professor in the Department of Family Practice at the University of Texas Health Science Center at San Antonio. Dr. Nett also serves in the national Grand Rounds Speakers Program, "Headache Rounds," located out of New York.

Dr. Nett is a diplomate of the American Academy of Pain Management. He is certified by the Georgia Board of Pharmacy as a Registered Pharmacist; is an Advanced Cardiac Life Support Provider; an Advanced Burn

Life Support instructor; and an Advanced Trauma Life Support provider.

Memberships include the American Association for the Study of Headache; National Headache Foundation; American Academy of Neurology; American Medical Association; Texas Medical Association; and the Bexar County Medical Society.



Robert L. DuPont, M.D., of Rockville, Maryland, will present two topics during this year's convention: "Presentations of Anxiety — Identifying and Treating a Common Disorder," and "A Family-Based Approach to the Prevention of Drug Abuse."

Dr. DuPont received his M.D. degree from Harvard Medical School, Boston, Massachusetts. He interned at Western Reserve Medical School, Cleveland, Ohio, and completed a psychiatric residency and teaching fellowship in psychiatry at Massachusetts Mental Health Center, Harvard Medical School. Dr. DuPont then served as a clinical associate in the Laboratory of Clinical Sciences at the National Institutes of Health, Bethesda, Maryland.

Current positions include president of the Institute for Behavior and Health, Inc., of Rockville, Maryland, where research is conducted and written on health-related behaviors; vice president of Bensinger, DuPont and Associates, Inc., of Rockville, a national consulting firm providing diversified services related to alcohol and drug abuse in the workplace; and president of DuPont Associates, an organized clinical and consulting mental health practice. Dr. DuPont also serves as a clinical professor of psychiatry at Georgetown University School of Medicine in Washington, D.C.

He is certified in alcoholism and other drug dependencies through examination by the American Society of Addiction Medicine; and a diplomate in psychiatry of the American Board of Psychiatry and Neurology.

Memberships and other activities include chairman of the Scientific Advisory Board of Psychomedics Corporation; member of the Advisory Board of the National Federation of Parents for Drug-Free Youth; chairman of the Scientific Advisory Panel of the Corporation Against Drug Abuse; and member of the Advisory Board of the Parents Council of Washington, D.C.

Professional society memberships include the Academy of Behavioral Medicine Research, in which he is a fellow and charter member; American Academy of Psychiatrists in Alcoholism and Addictions; American Medical Association; American Society of Addiction Medicine; Association for Medical Education and Research in Substance Abuse; and the World Psychiatric Association.

J. Rafael Toledo, M.D., of Denton, will present "Cultural Influences on Patient Attitudes and Illnesses" during this year's annual convention.

Dr. Toledo is an associate professor in the psychology department of the University of North Texas, Denton. He has taught in the behavioral medicine program for the past 10 years and has been engaged in field research in the United States, Mexico and West Africa for the past four years.

He will discuss the results of his research in indigenous health practices in these countries. Videotaped rituals are presented to illustrate a wide variety of traditional healing techniques. The relevance of this information for the practicing physician is discussed and practical tips to enhance patient satisfaction and treatment adherence are suggested. A growing preference for alternatives to modern medicine and the proneness to litigation among our patients underline the importance of good rapport and communication in the doctor-patient relationship.

Dr. Toledo received his M.D. degree from the Universidad Autonoma, Mexico. He served an internship at the Hospital Municipal, Nogales, Sonora, Mexico, where he was in charge of the outpatient clinic. Dr. Toledo then practiced community medicine and was in general practice for a short while before coming to Baltimore, Maryland, where he was a rotating intern at Church

Home Hospital. He served his first year of a pediatrics residency at Hospitals Educational Program, Jacksonville, Florida, and completed it at St. Joseph's Hospital, Houston. He completed a fellowship in pediatric cardiology at the University of Texas Medical Branch, Galveston.

In addition to serving as an associate professor in the psychology department of the University of North Texas, Dr. Toledo has a pediatric private practice and is an adjunct professor in the Anthropology Department at Southern Methodist University, Dallas.

Dr. Toledo is a diplomate of the American Board of Pediatrics and a fellow of the American Academy of Pediatrics. He is a member of the Texas Pediatric Society and the Society of Behavioral Medicine.



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Sustainers: Get Ready For Some Fun at the Race Track!

- Did you know that greyhounds run at speeds between 37 and 45 miles an hour?
- That the average weight of a racing greyhound is between 65 and 75 pounds?
- That, in the history of greyhound racing, the largest amount ever won by a fan was \$1,127,268 at Tampa Florida Greyhound Park in 1985?
- That the colored blankets used during a race are numbered according to starting position? (1 - red; 2 - blue; 3 - white; 4 - green; 5 - black; 6 - yellow; 7 - green and white stripes; 8 - black and yellow; 9 - purple with/white X.

As a TOMA sustaining member, you'll get the opportunity to observe some of these facts for yourself during the annual convention, as sustaining members will be treated to an evening at the Corpus Christi Greyhound Race Track.

These races are heart-stopping action and you'll be in the exciting middle of the fifth largest spectator sport in the country. One of the races will be named for TOMA, so to keep your energy levels up, an Italian buffet

will be served, guaranteed to keep you going.

As usual, this party is for sustainers only, and is a "thank you" type event for those who contribute an additional \$100, \$150 or \$250 with their usual membership dues.

For those who would like to join the fun at the Corpus Christi Greyhound Race Track, why not consider becoming a sustaining member this year? A sustaining membership application is attached for your convenience.

Please make note that, as a sustainer, you will be given a special ticket to attend this event. On the reverse side of the ticket, you will be asked to sign your name and the name of your guest. **ONLY** the name of the sustainer and his/her GUEST will be able to attend this event. Tickets **CANNOT** be bought for family members or friends.

Sustainers, get set for some fun at the track on Thursday, April 30, during TOMA's annual convention in Corpus Christi.

- Source: American Greyhound Track Operations Association

Texas Osteopathic Medical Association

SUSTAINING MEMBERSHIP APPLICATION



Name _____ District _____

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☐ Bill Me

_____ I hereby elect to become a Sustaining Member of TOMA and authorize you to increase my dues billing \$100 annually

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Date _____ Signed _____

AOA President-Elect To Speak at TOMA Convention



Edward A. Loniewski, D.O., of Redford, Michigan, president-elect of the American Osteopathic Association, will be a special guest during the TOMA convention this year in Corpus Christi. He will address the TOMA House of Delegates on April 29 and, on May 1, update attendees on activities of the AOA during the President-Elect's Luncheon.

Dr. Loniewski's impact on the osteopathic medical profession extends to leadership positions at both the state and national levels.

On a national level, he is a member of the AOA Board of Trustees, and has served as a past chair of many major committees, including the Public Affairs Department, the Public Relations Committee and the Governmental Affairs Department.

Certified by the American Osteopathic Board of Orthopedic Surgery, Dr. Loniewski is past president and fellow of the American Osteopathic Academy of Orthopedics. He is also a past president and fellow of the American College of Osteopathic Surgeons, as well as a member of its Board of Governors and Executive Committee. He is a founding member of the American

Osteopathic Academy of Sports Medicine.

In his home state of Michigan, Dr. Loniewski is a member of the Board of Directors of: Blue Cross/Blue Shield of Michigan, the Greater Detroit Area Health Council and Botsford General Hospital, where he also served as Chairman of the Department of Orthopedics and Chairman of the Intern-Resident Training Committee. He also served in the Department of Orthopedics at Garden City Osteopathic Hospital.

Dr. Loniewski is a past president of both the Michigan Association of Osteopathic Physicians and Surgeons and the Wayne County Osteopathic Physicians and Surgeons. He is also a founder and past president of the Michigan Osteopathic Academy of Orthopedic Surgeons. He is a past president and member of the Executive Committee of the Michigan Osteopathic College Foundation, and was appointed an Associate Clinical professor in Orthopedics by the Michigan State University College of Osteopathic Medicine.

He received a bachelor's of science undergraduate degree in 1953 from St. Peter's College in Jersey City, New Jersey, and his D.O. degree in 1957 from the Kansas City College of Osteopathy and Surgery. Dr. Loniewski completed his internship at Detroit Osteopathic Hospital and his residency in orthopedic surgery at Detroit Osteopathic Hospital and Philadelphia College of Osteopathic Medicine. ■

AOA Update on MetLife Network

According to the AOA, the continued action of Metropolitan Life Insurance to apply board certification requirements which exclude or remove many board certified D.O. general practitioners from the MetLife Network continues. The AOA is attempting to improve the situation through negotiation.

Several months ago, MetLife launched an effort to assure its insureds that it was using only well qualified physicians. This included requiring its participating physicians to hold certifications under either an ABMS board or an AOA board whose training requirements are equal in length to those of the comparable ABMS board. As a result, many AOBGP certified D.O.s were denied participation in MetLife's managed care plan.

The AOA has attempted to effect a change in MetLife's

position through various channels. It was recently discovered that its National Medical Director, who had significant responsibility for its credentialing policy, had resigned.

It is possible that the new National Medical Director, who took office in January, may be more willing to consider a change in MetLife's policy. The AOA is preparing for a meeting early this year. The AOA's intention will be to focus on the quality of our GP residency training standards and the reliability of our AOBGP certification process which can provide MetLife with qualified physicians similar to those produced by the ABMS system of certification.

As these discussions take place, we will brief you further regarding progress. ■

Pre-Register-Win a DeLuxe Double Room for Four Nights

DRAWING WILL BE HELD DURING THE SATURDAY MORNING
REFRESHMENT BREAK WITH THE EXHIBITORS
AT THE MUNICIPAL AUDITORIUM — 10:00 a.m.

Texas Osteopathic Medical Association 93rd Annual Convention

TOMA Members pre-registration — \$300; Members at-the-door — \$400;
Spouses, Military, Retired, Interns, Residents and Associates — \$150; at-the-door — \$200
Non-Members — \$700; Non-Members at-the-door — \$750

To take advantage of the advance registration discount, payment must accompany this form.

PRE-REGISTRATION DEADLINE — APRIL 15

Name _____ First Name for Badge _____
(please print)

City _____ State _____ AOA Membership No. _____

D.O. College _____ Year Graduated _____

My Spouse _____ will _____ will not _____ accompany me.
(first name for badge)

My Guest _____ will _____ will not _____ accompany me.
(first AND last name for badge)

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Name _____

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**\$45 per person
includes
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(Cash Bar)
To Be Announced
Friday, May 1, 1992**

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Refund Policy

The REFUND POLICY for the 93rd Annual Convention is as follows: All cancellations must be received in writing; no telephone cancellations will be accepted. A \$25.00 processing fee will be charged to all registrants who cancel. If cancellation is necessary, the following policy will apply:

More than 45 days prior to program, FULL REFUND (less processing fee).

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15-30 days prior to program, 25 percent of fees paid will be refunded.

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Osteopathic Medicine:

The Premier Profession

The Osteopathic Medical Profession Celebrates its Centennial in 1992. In honor of this auspicious occasion, Bob E. Jones, CAE, Executive Director of the Oklahoma Osteopathic Association and author of *The Difference A D.O. Makes*, (1978), has

written a concise and sharply defined description of Osteopathic Medicine.

Osteopathic Medicine: The Premier Profession was released November 1991 with the Foreword contributed by Thomas Wesley Allen, D.O., Editor-in-Chief of American Osteopathic Association publications. This 56-page book is *easy* and *must* reading for all who want to know more about the American-born medical profession!

It is published by the Oklahoma Educational Foundation for Osteopathic Medicine (OEFOM), and printed by Times Journal Publishing Company, Oklahoma City, Oklahoma. The OEFOM is a 501-C-3 non-profit, educational, and charitable organization and all proceeds from the sale of

this copyrighted book go to this foundation.

Osteopathic Medicine: The Premier Profession is written and prepared for mass distribution and intended to be given to patients by physicians and hospital personnel. It is priced to sell and be shipped in quantities.

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Campus Talk

Special Message to Osteopathic Students from the President of the American Osteopathic Association

Some students from colleges of osteopathic medicine have contacted the AOA with questions regarding the impact of recent changes in the eligibility requirements of the National Board of Osteopathic Medical Examiners (NBOME). Further, there have been questions regarding AOA policy relative to the anticipated United States Medical Licensing Examination (USMLE). This letter responds to those questions on behalf of the AOA, NBOME and the Council of Student Council Presidents of colleges of osteopathic medicine.

The AOA strongly reaffirms its support for the AOA approved rotating internship, osteopathic residency training, and specialty certification through an osteopathic certifying board. The AOA internship program remains the cornerstone of osteopathic postdoctoral training.

The AOA endorses the recent change in the Bylaws of NBOME that permits osteopathic physicians who have completed Parts I and II of the NBOME and enter an AOA approved internship or an ACGME approved residency program to be permitted to sit for Part III of the NBOME. This change provides all osteopathic physicians with the Opportunity to pursue examination through the NBOME. The AOA believes strongly that the United States Medical Licensing Exam (USMLE) is not an appropriate testing vehicle for osteopathic physicians, and many states support this position (e.g., the California statute just passed that requires future osteopathic license applicants to have completed the NBOME examination.)

Responses to questions raised by osteopathic students follow:

1. *Is it true that osteopathic students who take both the NBOME and the USMLE, and fail one or the other, will not be considered for licensure by state licensing boards?* Answer: There are no state licensing boards that have this as a policy. The AOA is not aware of any state that is even considering such an operating policy.
2. *Is it true that osteopathic students who take both the NBOME and USMLE, but fail one or the other, will not be considered eligible for entrance into AOA or ACGME Postdoctoral training programs?* Answer: No. There is no relationship between acceptance into postdoctoral training programs and the issue of participation in NBOME and/or USMLE. These are unrelated activities.
3. *Is it true that unless osteopathic students take all three parts of USMLE they will not be eligible for matching through the allopathic National Resident Matching Program (NRMP)?* Answer: No. The AOA strongly encourages all graduates of colleges of osteopathic medical school to participate in the AOA Intern Registration Program (IRP). The

NRMP does not have any provision that requires participation in the USMLE or any other licensing examination process, and is not considering any such policy.

4. *Is it true that osteopathic students taking Parts I and II of the NBOME are not eligible for Part III of the USMLE?* Answer: Yes. The passing of Parts I and II of the NBOME leads only to eligibility for Part III of NBOME.
5. *Is it true that with the new by-law change of NBOME, and with the launching of USMLE, that the AOA internship will no longer be necessary or required by state law?* Answer: No. Each state determines their requirements for licensure within that state. It is anticipated that the AOA approved internship will continue to be required in seven states, and preferred or accepted in other states as a postdoctoral training experience that is one criterion for eligibility for licensure.
6. *Is it true that the taking of the USMLE will be offered on the campuses of colleges of osteopathic medicine? If so, what is AOA policy on this matter?* Answer: The USMLE did contact colleges of osteopathic medicine suggesting the schools might wish to serve as test sites for the taking of USMLE. The AOA emphatically does not support such an activity. The preferred route for examination of osteopathic students is the NBOME. Ultimately, each college of osteopathic medicine will make its determination that it will, or will not, become a testing center. The AOA is aware that as many as three AOA accredited colleges of osteopathic medicine have determined that they would be such sites.
7. *Are there allopathic programs, or certain specialties of allopathic programs, that require the FLEX for entrance into that residency?* Answer: No. We anticipate such an event would not occur.
8. *When is the last time a student could sit for the FLEX examination?* Answer: To the AOA's awareness the FLEX exam will begin to cease in December, 1993.
9. *Why should an osteopathic student take an AOA approved internship since they do not have to take such an internship to sit for Part III of the NBOME?* Answer: The AOA approved internship is the cornerstone of osteopathic postdoctoral training. The internship leads to acceptance into an AOA approved residency and ultimately specialty certification through an osteopathic certifying board. The internship remains a highly sought after component in the education of the complete osteopathic physician.

In summary, the AOA, NBOME and the Council of Student Council Presidents of colleges of osteopathic medicine endorse the changes in the NBOME eligibility requirements for examination, they also recognize the NBOME as the appropriate uniform pathway for the examination of osteopathic physicians for medical licensure in the United States.

If students have questions we recommend they seek advice from authoritative sources, specifically from the AOA, the NBOME, college deans, or state licensing bodies. Do not be misled by rumors or partially true insinuations.

Gilbert Bucholz, D.O.
AOA President

John Fernandes, D.O.
NBOME President

Jeffrey Bissing
CSCP Chairperson

Great Quotes

"Erroneously believing that a breast is part of the spine or musculoskeletal system serves to highlight the reason why physicians, and not chiropractors, practice medicine."

Homer R. Goehrs, M.D.
Executive Director
Texas State Board
of Medical Examiners

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PLANNING
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Texas ACGP Update

By Joseph Montgomery-Davis, D.O., Texas ACGP Editor

To be "politically correct" is the current trend in Texas politics. This was pointed out at the recent Medical Care Advisory Committee meeting in Austin, Texas, on 1-10-92.

Advisory committees of the Texas Department of Human Services will undergo significant changes if the Board of Human Services' proposed changes to rules related to individual committees are adopted. The Board has recommended the elimination of designated positions for specific interest groups, professional associations, etc. The Board felt that no group or association should have a guaranteed position, and that many minority groups had been excluded from participation on these advisory committees in the past. The Board of Human Services' proposal will be published in the *Texas Register* and adopted, barring receipt of negative comments.

Expertise on health care issues is needed by those members who serve on health care committees. Health care issues are tough to solve, health care dollars are limited, and health care demand is unlimited. The need is for health care expertise, not for on-the-job training. "Politically correct" health care committees will be at a disadvantage without the direct input of professional health care organizations prior to committee action on critical health care issues affecting the citizens of Texas.

This will be a critical year for health care. Health care will be a key issue in national elections as well as state elections. I would encourage the Texas ACGP and TOMA to oppose the Board of Human Services' proposed rule changes dealing with advisory committees. The previous system, whereby professional associations had designated slots on advisory committees, benefited the people of Texas and provided expertise in the health care decision making process.

The annual meeting of the Congress of Delegates for the National ACGP will take place this year at the Wyndham Palm Springs Hotel, Palm Springs, California, on Saturday, March 7, 1992.

Dr. Craig Whiting will be contacting Texas ACGP delegates and alternates in the near future.

The Texas ACGP protocol for the annual meeting of the Congress of Delegates for the National ACGP will be distributed to each member of the Texas delegation prior to the March 7, 1992 meeting.

Educational requirements for the American College of General Practitioners in Osteopathic Medicine and Surgery require that the active members document annually not less than 50 hours of postgraduate study, or a total of 150 hours of postgraduate study, or a total

of 150 hours within a three year period, in order to maintain active membership. If you are certified, you must maintain 75 CME credits per year, or 225 over a three year period. In order to maintain their membership in the College, active members must register and attend at least one educational program sponsored by the College each three years. Educational programs associated with the source on this list will be recognized and appropriate credit for attendance given: 1) Educational symposia of ACGP or any affiliated college or academy of the AOA; 2) Postgraduate courses offered by any accredited college or university; 3) Divisional and national osteopathic conventions; 4) Component society meetings; 5) Hospital staff meetings; 6) Hospital general practice departmental meetings; 7) Sociological problems (not to exceed 10 credit hours annually); 8) Disaster medical care courses; 9) Audio-digest or taped medical programs (not to exceed 25 credit hours annually).

Credit hours are assigned as follows: a) full-day educational program — actual hours; b) half-day educational program — actual hours; c) evening educational program — actual hours; d) hospital staff meeting — two hours; e) hospital general practice departmental meeting — one hour; f) *The Journal of Osteopathic Medicine* magazine — one hour per issue. Recognizing a certain limitation of educational facilities, the College will give individual consideration.

Relative values and geographic practice cost index (GPCI) were published in the November 25 *Federal Register*. The MO series for osteopathic manipulative management was included in the list of relative values.

BBRVS FOR OMT

Code	Work	Practice Cost	Malpractice	Total	Dollar Amount
MO702	.47	+.25	+.02	= .74	\$19.89
MO704	.66	+.41	+.03	= 1.10	\$29.56
MO706	.92	+.40	+.03	= 1.35	\$36.28
MO708	1.08	+.45	+.04	= 1.57	\$42.19
MO710	1.25	+.40	+.03	= 1.68	\$45.15
MO722	.47	+.62	+.05	= 1.14	\$30.64
MO724	.69	+.85	+.07	= 1.61	\$43.27
MO726	.92	+.82	+.06	= 1.80	\$48.37
MO728	1.07	+.36	+.03	= 1.46	\$39.23
MO730	1.25	+.55	+.04	= 1.84	\$49.45

Conversion Factor Equals 26.873

GPCI Texas

Locality Number	Locality Name	Work GPCI	Practice GPCI	Malpractice GPCI
29	Abilene	.971	.888	.504
31	Austin	.969	.968	.504
20	Beaumont	.998	.955	.504
9	Brazoria	1.025	.955	.504
10	Brownsville	.980	.888	.504
24	Corpus Christi	.976	.944	.504
11	Dallas	.996	.971	.504
12	Denton	.996	.971	.504
14	El Paso	.995	.894	.504
28	Fort Worth	.973	.936	.504
15	Galveston	.982	.968	.504
16	Grayson	.964	.903	.504
18	Houston	1.014	.982	.656
33	Laredo	.968	.856	.504
17	Longview	.968	.929	.504
21	Lubbock	.950	.881	.504
19	McAllen	.945	.873	.504
23	Midland	1.023	.998	.504
13	Odessa	1.008	.971	.504
25	Orange	.998	.955	.504
30	San Angelo	.954	.902	.504
7	San Antonio	.973	.929	.504
6	Temple	.969	.886	.504
8	Texarkana	.953	.883	.504
27	Tyler	.984	.931	.504
32	Victoria	.976	.973	.504
22	Waco	.981	.871	.504
34	Wichita Falls	.969	.896	.504
2	N.E. Rural Texas	.969	.884	.504
3	S.E. Rural Texas	.973	.894	.504
4	Western Rural Texas	.961	.852	.504

The 1992 conversion factor is \$31.001. An example is provided to show how to calculate an RBRVS rate.

Example: A .G.P.-D.O. in Willacy County would be located in Locality 3 (S.E. Rural Texas). The RBRVS rate for code MO702 would be:

1. Work W(.47) x Work GPCI (.973) = .457
2. Practice Cost P(.25) x Practice Cost GPCI (.894) = .224
3. Malpractice M(.02) x Malpractice GPCI (.504) = .010
4. Add totals from 1, 2 and 3 = .691
5. Multiply total from line 4 by the 1992 conversion factor, 31.001 = \$21.42. This product is the RBRVS rate for MO702 (\$21.42).

Recently you received a mailing from TOMA which had a synopsis of office visit codes, etc. The sheet with the progress note on one side and the history and systems review on the other side is for reproduction and adaptation for each physician's practice. Under the RBRVS, charting and progress notes will not change, but history documentation can be simple or complex, depending on how much information is filled out on the system review form. Remember, each code calls for a certain amount of history documentation.

TOMA and the Texas ACPG will try to assist Texas D.O.-G.P.s during the transition to the new Medicare RBRVS. It is best to start out on the premise that the new system is all fouled up, and then try to get your bread and butter codes straightened out, one at a time. This will take a lot of patience on the part of physicians and their staffs. Frustration and anger will only result in less, not more, reimbursement for services rendered to Medicare patients. ■

Arkansas Osteopathic Medical Association's 4th Spring Seminar

Lake Hamilton Resort
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April 1-5, 1992
25 Hours, Category 1-A Anticipated

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In Memoriam

Roger R. Delgado, D.O.

Dr. Roger R. Delgado of El Paso passed away October 28, 1991. He was 87 years of age.

Funeral Mass was held November 2 at St. Raphael's Catholic Church, with burial in Mount Carmel Cemetery.

Dr. Delgado was born in Cuba in 1904. He came to the United States in 1923 and became a citizen in 1936. He was a pharmacist in Colorado before becoming a physician. He graduated from the Kansas City College of Osteopathy and Surgery in 1939 and did his postgraduate studies in Denver, Colorado.

Dr. Delgado began his medical practice in El Paso in 1939. In 1944 he opened the Delgado Green Cross Hospital in Ysleta, which was the first osteopathic hospital in El Paso County. He continued his practice until he retired in 1969 after over 30 years of service to El Paso residents.

After he retired, he renewed his love of the ocean and became an expert yachtsman, sailing the Pacific Coast from Baja to Canada.

Dr. Delgado began TOMA District XI with the help of Dr. Harvey Smith, and was the first vice president. In 1984, he was awarded life membership in TOMA. He was a life member of the AOA; fellow of the American College of Osteopathic Surgeons; and a life member of the American College of Osteopathic Obstetricians and Gynecologists.

Survivors include his wife, Eva Velma West Delgado of El Paso; son, Dr. Roger R. Delgado, Jr., of Sebastopol, California; daughters, Jean E. Delgado of Detroit, Michigan, and Judy A. Delgado of El Paso; grandchildren, Michael, Paul, John, David and Therese Raczkowski, Tara Springer Ubelhor, Eve Marie, Kirsten and Aaron Springer, Jessica and Nathan Roger Delgado; four great grandchildren; and sisters, Olimpia P. Majul of San Antonio, Soledad Dalmau of Cuba, and Dr. Aurora Rodriguez of El Paso.

TOMA extends condolences to the family and friends of Dr. Delgado.

Eugene F. Augter, D.O.

Dr. Eugene F. Augter of Bedford passed away January 7, 1992. He was 67 years of age.

Funeral services were held January 9 at Lucas Funeral Home in Hurst, with burial in Ozark Memorial Cemetery, Joplin, Missouri.

Dr. Augter was born in Joplin. He received his D.O. degree in 1950 from Kansas City College of Osteopathic Medicine and Surgery. He interned at Conley Maturity Hospital in Kansas City, and completed a general surgery residency at Kansas City Osteopathic Hospital.

During his career, Dr. Augter practiced in Amarillo; Azle; Goyman, Oklahoma; Denver, Colorado; and Central Point, Oregon.

Memberships included TOMA; TOMA District XV; American Osteopathic Association; American Association of Osteopathic Specialists; National Appaloosa Association; Masonic Lodge; and the First United Methodist Church in Medford, Oregon.

Survivors include his wife, Gloria Augter of Bedford; daughter, Debbie Darlene Gordon of Azle; two sons, Gary Keith Augter of Scottsdale, Arizona, and Gregory Gene Augter of San Francisco; sister, Kathleen Howerton of Joplin; and one grandchild.

TOMA extends condolences to the family and friends of Dr. Augter.

AOA Washington Update

AOA Submits Testimony to the Physician Payment Review Commission

In response to the Physician Payment Review Commission's request, the American Osteopathic Association submitted testimony on the issues facing the commission in the upcoming year. The AOA took this opportunity to reiterate the profession's concerns related to four areas of special interest. These issues include: directions for graduate medical education; issues in physician credentialing; definitions of shortage areas for physician payment policy; and finally, options for medical malpractice reform.

Directions for Graduate Medical Education

The AOA urged the Commission to support a one time readjustment in Medicare regulations regarding reimbursement for osteopathic GME so that osteopathic medical education can receive fair reimbursement for the education costs associated with program director and clinical supervisor acquisition. Due to a tradition of voluntary faculty, program directors, and clinical supervisors, osteopathic training programs did not request reimbursement for these costs prior to 1984 when the base year for computing GME reimbursement was established. Because the reimbursement is restricted to whatever baseline costs were in 1984, the osteopathic profession is precluded from adding in the costs of program directors and supervisors despite the fact that these positions are no longer voluntary. The testimony noted that if these restrictions are eliminated the osteopathic profession will be more easily able to continue to provide for the quality GME programs to which the osteopathic trainee is accustomed.

Physician Credentialing

The testimony also enlisted the Commission's support in maintaining the National Osteopathic Board of Medical Examiners (NBOME) exam as the single pathway to licensure for osteopathic physicians. The statement highlighted that by allowing an osteopathic physician to sit for *any* other exam, policymakers fail to fulfill their commitment to the public that they have appropriately tested applicants on their training and ability to deliver quality osteopathic medical care. In addition, the AOA requested that the Commission work with the profession to alert all involved health care entities that the AOA and the American Board of Medical Specialties are the national certifying agencies for osteopathic medical trainees and both should be recognized as such.

Definitions of Shortage Areas for Physician Payment Policy

The AOA highlighted the drawbacks of some of the federal government's methods for recruiting and retaining physicians in rural and underserved areas. Specifically, the statement noted that the definition of underserved

or rural delivery area may actually limit the ability of the policy to address the critical need. The testimony cited examples of cases where certain areas experience shortages of critical personnel but fail to meet the federal criteria for shortage areas.

In light of this situation, the AOA recommended that non-metropolitan statistical areas be considered rural for all federal health programs. Currently, this definition is used only for some programs. In addition, a patient per physician ratio could be used to further define the shortage areas. In fact, the statement argued that HHS should consider the potential of providing bonuses on a sliding scale to physicians practicing in areas where the physician patient ratio is particularly high.

Further, the AOA argued that bonuses for all physicians (new and established) be provided for primary care services given in these shortage areas. The bonuses are a concrete method to improve rural reimbursement and provide a monetary incentive to retain physicians. These considerations in the shortage definition will allow better flexibility in the policy and may help to draw physicians into areas of critical need.

Options for Medical Malpractice Reform

Finally, the statement made recommendations on methods to reform the tort system to improve its efficiency and effectiveness. The AOA argued that a principal source of waste and inefficiency in the U.S. health care system is the cost imposed by the existing professional liability system. Court costs, attorneys' fees, and defensive medicine steal health care resources away from needed patient care. Thus, the testimony noted that true health care reform will not be achieved without reform of medical malpractice tort law.

To that end, the AOA recommended a number of specific changes designed to compensate adequately victims of malpractice, while at the same time protecting the civil justice system from abuse. First, the AOA urged adoption of the so-called "English rule," whereby the losing party in a civil tort suit must pay the prevailing party's court costs as well as his or her own. Secondly, the AOA expressed the profession's support for limits on noneconomic and punitive damages. The testimony argued that placing an upper limit on such damages would remove much of the unfairness and unpredictability of the current system.

AOA Comments on FDA Paper on Drug-Company Supported CME

AOA President Gilbert Bucholz, D.O. recently met with the FDA and members of the medical and pharmaceutical communities to discuss the FDA's draft paper on drug company supported continuing medical education. ▶

In its draft paper, the FDA under its broad statutory mandate on advertising and labeling, plans to regulate those drug company/CME activities which it regards as promotional. FDA defines promotional activities as those activities whose content is unduly influenced by the drug company. In other words, FDA will regulate if it finds that a drug company has attempted to influence the scientific or educational activity to promote sales of its product.

According to the FDA, to qualify for independent status and thus be exempt from regulation, the drug company must limit its role to facilitating scientific exchange. No creating or influencing would be permissible. President Bucholz noted the AOA's wholehearted support of this definition and cited a position that the profession approved in July 1991 which states that the "AOA-approved sponsor should be responsible for the choice of curriculum, faculty and the educational materials, regardless of industry sponsorship."

Further, Dr. Bucholz stated that although the AOA agrees with the position of the FDA in regard to promotional activities, it disagrees with the methodology proposed by the Agency for enforcement. Areas on which Dr. Bucholz specifically commented, included factors defining promotional status; independent experts; focus of activity; ancillary promotional activities by the drug company; and, CME peer review and accreditation. For a copy of the AOA comments, please call the Washington Office.

AOA to Testify to COGME

The AOA will testify January 29, 1992 to the Physician Manpower Subcommittee of the Council on Graduation Medical Education (COGME) on the issues of physician supply and targeted percentages for primary care physicians. As a congressionally mandated committee, the Council reviews physician training issues and makes recommendations to Congress on a regular basis.

Eugene Oliveri, D.O. of Michigan will elaborate on the success of the osteopathic method in training primary care physicians. In addition, COGME has requested that the AOA respond to a proposal written by one of the committee members which examines physician supply in the United States.

The paper concludes that increasing subspecialization in U.S. health care will increase difficulty in finding a personal physician and further escalate health care costs. Furthermore, the paper argues that great fragmentation will increase the discrepancy between numbers of rural and urban physicians and limit the ability of the U.S. to provide primary care services to all who need them. The proposal recommends, therefore, that the U.S. must educate 50 percent of physicians as generalists who will serve as primary care physicians. To achieve this goal, an incentive/disincentive pluralistic approach should be used to meet the 50 percent goal and must address undergraduate and graduate medical education as well as the enhancement of the primary care practice environment.

Mesquite Community Hospital Announces Medical Staff Officers for 1992



The new medical staff officers are as follows: Andrew Burke, D.O., was inducted by Shashi Rao, M.D., Past Chief of Staff, as Chief of Staff for the coming year. Dr. Burke, a general practitioner, has been with Mesquite Community Hospital since 1981. He is certified by the American Osteopathic Board of General Practice.

Administrator Ray DeBlasi noted that Dr. Burke's leadership has been felt throughout his tenure. "Dr. Burke's ability to model the strengths of the osteopathic approach to medicine has helped osteopaths and allopaths work together successfully at Mesquite Community Hospital. I am looking forward to his successes in the coming year."

"Knowing the excellence of the physician staff at this hospital makes my outlook for 1992 extremely positive," remarked Dr. Burke. "I think the cooperative efforts of physicians is crucial to hospital success — and to the impact we have by providing high quality patient care."

Other officers announced for 1992 include Leon Wolf, M.D., Vice Chief of Staff; Joel Holliday, D.O., Secretary; Linus Miller, D.O., Chief of Family Practice; and Jerry Cannaday, D.O., Marwan Tamim, M.D., and Marun Haddad, M.D., Members-at-Large. Chief of Anesthesia is Jonathan Crest, M.D.; Emergency Medicine, Katherine Delisle, D.O.; Medicine, Elizabeth Kummer, M.D.; Ob/Gyn, Sami Constantine, M.D.; and Pediatrics, Isam Kiblawi, M.D. Yuri Lemeshev, M.D., serves as Chief of Pathology; Terry Mueller, M.D., as Chief of Radiology; and K. Veeraghavan, M.D., as Chief of Surgery.

Mesquite Community Hospital opened in 1978 and has treated generations of families. Growing with the community to reach a 172-bed facility of private rooms, Mesquite Community Hospital is presently the 20th largest hospital in the Dallas metroplex. ■

OMCT Offers Osteopathic Principles of Marketing for DOs

As osteopathic physicians you already know the basics for marketing your own practices. It's true. You learned it in medical school. And what's more, you're really good at it.

To unleash, focus and fine tune your innate marketing skills, you and your staff can sign up for a free seminar, *Osteopathic Principles of Marketing for D.O.s*, at noon, Thursday, March 12, in the OMCT physicians dining room. Lunch will be served.

Facilitators Joan Anderson and Betsy Farmer from the Communications Department at OMCT will show you how the dynamics of osteopathic principles apply to basic marketing methods and how they can work for your practice.

It's the kind of marketing osteopathic physicians are primed for and it's based in sound, effective principles.

The facilitators will explain how good marketing is:

- Preventive
- Productive
- Treats the causes not symptoms
- Assesses the individual practice
- Responds to hands on adjustment
- Manipulates your practice the way it should be structurally
- Works wonders for your practice

This seminar can travel! OMCT offers this osteopathically unique marketing seminar free to D.O.s in other cities across Texas. If you can't come to Fort Worth the seminar can come to you.

For more information and free reservations call Joan or Betsy at 817/735-4466 or write, 3715 Camp Bowie, Fort Worth, Texas 76107.

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FYI

TEXAS WORKERS HEALTHIER THAN MOST

A report released by the Texas Workers' Compensation Commission indicates Texas had fewer work-related injuries and illnesses in 1990 than the nation as a whole. The survey included statistics from most major industries including manufacturing, construction, agriculture, transportation, public utilities and mining.

(TexasBusiness Today, January 1992)

ANNOUNCEMENT OF PRACTICE OPENING



Robin A. Hall, D.O., is pleased to announce the opening of her practice of family medicine at Colleyville Family Medicine, 5604 Colleyville Boulevard, Suite D, Colleyville, Texas 76034; (817) 498-9920.

LITERACY SURVEY IN TEXAS TO BEGIN

A survey begins this month in an effort to determine the literacy rate for the nation. As one of 11 states participating, approximately 10,000 Texans will be questioned on their education, work status and language background. They will also be asked to perform several tasks which require written responses. The last survey of this nature was conducted in 1975, at which time it was estimated that one in five Texans was functionally illiterate.

GUN DEATHS OVERTAKE AUTO DEATHS

According to the Texas Department of Health, in 1990, 3,443 Texans died of firearm injuries and 3,309 died from injuries related to motor vehicles. This marks the first time, since computerized records have been kept of causes of death, that the number of people killed by firearms has exceeded the number of automobile fatalities in Texas.

TEXAS IS NUMBER 12 IN GROWTH

Population estimates made by the Census Bureau indicate that Texas is the 12th fastest-growing state in the nation. The Census projections are for the 15 months that ended July 1. These show that Texas grew at about 794 people a day, bringing the number of Texas residents to 17.3 million.

AOA Care-A-Van; A Huge Success in Texas

As you know, the American Osteopathic Association is dispatching mobile medical vans to provide basic healthcare screening in areas of the country that are desperately lacking medical attention. These vans are being staffed by volunteer osteopathic physicians, medical students, interns, residents, auxiliary, nurses and other volunteers. They are screening for height, weight, hearing, blood pressure, structural evaluation, pulmonary function, vision, blood sugar, cholesterol and nutrition.

From November 13 through December 15, 1991, the Care-A-Van made stops in 12 different locations in nine cities in Texas. The kickoff for the Care-A-Van began in Lufkin. Lufkin had four physicians, plenty of volunteers and saw 62 patients. LaFeria was the next stop and saw 196 people in three days. The Care-A-Van proceeded to Pearsall for one day and saw a total of 102 patients. San Antonio, the last stop before the Thanksgiving Holidays, saw 166 people in three days. The first stop after the holidays was Eden where the Care-A-Van broke all records by seeing 234 people

in two days. The van then travelled to Ballinger where 140 people were screened. Seventy-two people were seen in Sweetwater and only 31 in Dallas because of the heavy rains both days. In Fort Worth, the Billy Bob's location saw 32 people; Big Country Market screened 65 people and 35 were seen on the east side of Fort Worth.

A reception in observance of "A Century of Making a Difference" was held at the TOMA Headquarters' Building in Fort Worth on December 10.

The media coverage was excellent and the true Texas spirit showed by the number of volunteers and their willingness to help others. The people of Texas seemed very grateful for the osteopathic profession's "Gift to the Nation."

We are very grateful to the volunteers of the Care-A-Van. To show our appreciation we have taken the opportunity to list them individually and to say "Thanks, for a job well done." The names were taken from the Care-A-Van's volunteer roster.

Ms. Victoria Albarto; Victoria
Mrs. Diana Alfaro; Saginaw
Mr. Billy Anderson; Sweetwater
Richard Anderson, D.O.; Mesquite
Mr. James Arocha; San Antonio
Mrs. Rita Baker; Fort Worth
Ms. Terri Ballentine; Pearsall
Kenneth Bayles, D.O.; Dallas
Ms. Shirley Bayles; Dallas
Ms. Betty Bernal; Pearsall
Daniel Boyle, II, D.O.; San Antonio
Robert Breckenridge, D.O.; Tyler
Mrs. Susan Bernal; Rockwall
S/D Cheryl Bray; Fort Worth
Mrs. Chris Brenner, Aledo
Andrew Burke, D.O.; Dallas
Ms. Susie Burke; Rowlett
Mr. Martin Cabarrubios; San Benito
Ms. Cindy Cansa; Miles
Ms. Delinda Cantin; Grulla
Ms. Josefina Cantu; Raymondville
Clifton H. Cathcart, D.O.; Diboll
Ms. Stacey Chaney; Roscoe
Ms. Pam Crenshaw; Ballinger
S/D Felice Crowder; Fort Worth
Mr. Alberto Crus; Eden
Ms. Josie Cuevos; Pearsall
S/D Martha L. Danhof; Grand Prairie
S/D Siddharth Dave; Fort Worth
Ms. Pearl Davis; Ballinger
Joseph Del Principe, D.O.; Arlington
Ms. Kim Evans; Flint
Al Faigin, D.O.; Fort Worth
Jean Farrar, D.O.; Colorado City
Ms. Diana Finley; Saginaw
Ms. Elyse Friedman; Dallas
Ms. Carol Ann Gafford; DeSoto
Howard Galarneau, D.O.; San Antonio
Ms. Lesvia Gamboa; Fort Worth
S/D Paul Garcia; Fort Worth
S/D Tracey George; Weatherford
Ms. Maria G. Giersch; Raymondville
Mr. Richard Gonzales; Fort Worth
Mr. Abel B. Gonzalez; Fort Worth
Mr. Refugio E. Gonzales, Raymondville
Mrs. Lydia Gramer; Fort Worth
Ms. Theresa Gray; Ballinger
Mr. Ramiro Guerra; Pearsall
Ms. Sylvia Guerra; Pearsall

Alex Guevara, D.O.; Fort Worth
Mrs. Rosalinda Guevarro; Fort Worth
G. R. Guntharp, D.O.; Dallas
Richard M. Hall, D.O.; Eden
Ms. Cindy Hammer; Trent
Ms. Joyce Hanstrom; Crowley
Bob Harla, D.O.; Dallas
Ms. Brenda Harris; Sweetwater
Ms. Sue Harting; Lufkin
Ms. Cari Hayes; Sweetwater
Mrs. Diane Hedges; Fort Worth
Ms. Jeree Hendley; Sweetwater
Ms. Gabriel Hernandez; Eden
Ms. Teresa R. Hernandez; Dallas
S/D Tom Hirota; Fort Worth
Ms. Karen Holman; Ballinger
Ms. Doris Hodges; Sweetwater
Mr. Jerry Holacka; Dallas
Ellie Hrykewicz, D.O.; Fort Worth
Mrs. Karen Hull; Fort Worth
Ms. Keila Johnson; Pearsall
Mrs. Diane Kocsis; Fort Worth
S/D Bill Lagaly; Fort Worth
Ms. Shara Lane; Fort Worth
Mr. Kenneth Leckie; Ballinger
Ms. Anne Madziar; Dallas
Ms. Anita Martinez; Ballinger
Ms. Celia Martinez; Dallas
Greg Maul, D.O.; Arlington
Mr. Bob McDaniel; Ballinger
Ms. Betty McDonald; Arlington
Ms. Shannon McEwen; Rio Hondo
James McLaughlin, D.O.; Grand Prairie
Ms. Phyllis Mickie; Mesquite
Ms. Claudette Miller; Mesquite
Ms. Julia Mink; Sweetwater
Mr. Antonio Moreno; Sweetwater
S/D Arax Nazarian; Bedford
Mr. Domingo Ortiz; Dallas
Ms. Josefina Ortiz; Pearsall
S/D Amit Patel; Eules
Ms. Lisa Pedraza; LaFeria
Mrs. Carole Perks; Aledo
Ms. Caroline Priddy; Winters
Ms. Jacalyn Pruser; Winters
Gary Randall, D.O.; Lufkin
Ms. LaShond Randle; Balch Springs
Ms. Suzanne Reeves; Fort Worth
Ms. Linda Reyes; Eden

Ms. Carolyn Richbaring; Tyler
Ms. Lucy Rios; Raymondville
Ms. Olga Robles; Eden
Mr. John Rodriguez; San Antonio
Ms. Irene Rodriguez; San Antonio
Ms. Yolanda Rodriguez; San Antonio
Ms. Yvonne Rodriguez; San Antonio
Carmen Samaniego; Pearsall
Ms. Angie Sanchez; Raymondville
Mario Sanchez, D.O.; LaFeria
Ms. Nora I. Sanchez; LaFeria
Ms. Carol Sanders; Eden
Daniel Schmidt, D.O.; Pearsall
Ms. Dede Scogin; Lufkin
Ms. Janie Simmons; Fort Worth
Mrs. Melinda Smith; Fort Worth
Mr. Rudy Solano; Harlingen
Ms. Mary Soiles; Somerset
Ms. Kathy Speece; Dallas
Ms. Dodi Speece; Duncanville
Ms. Ivie Spiller; Eden
Robert Starr, D.O.; Dallas
Mr. David Stevens; San Antonio
Joe Suderman, D.O.; Pharr
Ms. Jackie Surast; DeSoto
Gary L. Tamez, D.O.; McAllen
Ms. Angie Torres; Eden
Liem Trang, D.O.; Dallas
Ms. Shayla Veal; Sweetwater
Mrs. Suzanne Vick; Fort Worth
Ms. Sheila Villarreal; Pearsall
Ms. Margaret Wade; Balch Springs
S/D Jack Ward; Fort Worth
Mr. James Ward; San Antonio
Mr. Howard Ware; Sweetwater
Mrs. Darlene Way; Duncanville
Ms. Vicki Wells; Pearsall
Mr. Mitch Wess; Ballinger
Craig D. Whiting, D.O.; Eules
Mrs. Karen Whiting; Eules
Ms. Chris Wilcox; Fort Worth
Mrs. Marie Wiseman; Whitehouse
Rodney Wiseman, D.O.; Whitehouse
Ms. Dorothy Wood; Eden
Mrs. Nancy Zachary; Fort Worth
T. Eugene Zachary, D.O.; Fort Worth
Mr. Joseph Zepeda; Addison
Ms. Michelle Zertuche; San Antonio

1992—91 CPT CODE CONVERSION CHART

Office and Other Outpatient Services

New Patient Visits

1992	converts to	1991
99201		90000
99202		90010
99203		90015
99204		90017
99205		90020

Established Patient Visits

1992	converts to	1991
99211		90030
99212		90040
99213		90050
99214		90070
99215		90080

Inpatient Hospital Services

Initial Hospital Visits

1992	converts to	1991
99221		90200
99222		90215
99223		90220

Subsequent Hospital Visits

1992	converts to	1991
99231		90250
99232		90260
99233		90280

Hospital Discharge

1992	converts to	1991
99238		90292

Office and Other Outpatient Consultations

New or Established Patient Visits

1992	converts to	1991
99241		90600
99242		90605
99243		90610
99244		90620
99245		90630

Inpatient Consultations

Initial - New or Estab. Patients

1992	converts to	1991
99251		90600
99252		90605
99253		90610
99254		90620
99255		90630

Follow-up - Established Patients

1992	converts to	1991
99261		90640
99262		90641
99263		90643

Emergency Department Services

New or Established Patients

1992	converts to	1991
99281		90500
99282		90505
99283		90510
99284		90515
99285		90520

Critical Care

New or Established Patients

1992	converts to	1991
99291		99160
99292		99162

1992—91 CPT CODE CONVERSION CHART Cont.

Nursing Facility Services

Comprehensive Assessment New or Established Patients

1992	converts to	1991
99301		90360
99302		90370
99303		90315

Subsequent Visits New or Established Patients

1992	converts to	1991
99311		90340
99312		90350
99313		90360

Domiciliary, Rest Home, or Custodial Care

New Patients

1992	converts to	1991
99321		90400
99322		90415
99323		90420

Established Patients

1992	converts to	1991
99331		90430
99332		90450
99333		90460

Home Services

New Patients

1992	converts to	1991
99341		90100
99342		90110
99343		90117

Established Patients

1992	converts to	1991
99351		90130
99352		90150
99353		90160

Newborn Care

1992	converts to	1991
99431		90225
99432		90757
99433		90282
99440		99152

The following 1992 CPT Evaluation and Management Services codes are not benefits of the Texas Medicaid program:

Physician Direction of EMS Emergency Care, Advanced Life Support

Confirmatory Consultations

99271	99274
99272	99275
99273	

99288

Case Management

99361	99372
99362	99373
99371	

Preventive Medicine Services

99381	99391
99382	99392
99383	99393
99384	99394
99385	99395
99386	99396
99387	99397

Preventive Medicine Counseling

99401	99411
99402	99412
99403	99420
99404	99429

Infant Care

99438

Unlisted Evaluation and Management Services of Newborn

99499

Public Health Notes

The Dangerous "O" Zone

Nick U. Curry, M.D., M.P.H., F.A.C.P.M.



I love science, science-fiction, and cars. I bought a sci-fi book about two years ago called *The O'Zone*. I've still not read it, but when I get around to it, I hope it is as interesting as the science facts of ozone. For me, one of the pleasures of getting older is revisiting ideas and issues and gaining new perspectives on old knowledge. In a former life, before going to medical school, I was a biochemist/photochemist. Some of the most important and most studied photochemical reactions are those involving ozone.

Throughout the various phases of my life, I have always had one consistent trait: a love of cars. As a kid I collected model cars; as an adult I collect the originals. I only have four now. I've had as many as six. Most are not driven regularly; they are just for my enjoyment. Reading an article in one of my recent car magazines set me to thinking about what cars do to the environment. The article was written by Barry Winfield and dealt with chlorofluorocarbons used in cars and their effect on the stratospheric ozone layer. This prompted me to think also about the hydrocarbons or volatile organic compounds (VOCs) and the oxides of nitrogen (NOx) from cars which combine to produce toxic ozone in the air that we breathe.

Return now with me to high school and college basic science for a refresher and then I promise to tie all these apparently disparate threads together.

In the natural state, ozone is found in small quantities in the troposphere where we live. The troposphere is where most of the changes in weather occur. It extends from the earth's surface to 5-10 miles above the earth. The next layer of atmosphere is called the stratosphere. This layer contains high concentrations of ozone. It extends up to an altitude of about 30 miles above the surface of the earth. Little exchange of air occurs between these two layers and that which does occur takes long periods of time.

Chlorofluorocarbons (CFCs), commonly known as freons, have been increasingly used as refrigerants in homes and in automobiles for at least four decades. In our area of the country, an automobile or truck without air conditioning is a distinct rarity. Americans use about

330,000 tons of CFCs each year. Approximately 250,000 tons are used in industrial and other applications. The remainder goes to keep our cars cool.

CFCs are very effective refrigerants. They are believed to be relatively inert here in the troposphere; however, that is not the case in the stratosphere. The ozone in the stratosphere is destroyed by the chlorine atom of the CFCs in a devastatingly repetitive process. A single chlorine atom can destroy over 100,000 ozone molecules before stabilizing as chloryl-dioxide. It is this multiple reaction process which is believed to be most responsible for the hole in the stratospheric ozone layer over the Antarctic region.

This is very unfortunate because in the stratosphere, ozone is a quite beneficial gas. It forms a shield against the sun's ultraviolet rays. Ultraviolet radiation is strongly associated with human skin cancer — both basal-cell and squamous cell varieties. It is believed by many in the scientific community that the incidence of both cancers will increase as stratospheric ozone continues to be depleted.

Now as a result of recent changes in the federal Clean Air Act, CFC use must be eliminated in this country by the year 2000. The State of Vermont has chosen to eliminate them from cars in 1993. For those of us who have to stay cool, alternative refrigerants are under development.

This good news is dampened by an unfortunate atmospheric fact: As I mentioned earlier, gas exchanges between the two atmospheric levels is very slow. The thousands of tons of CFCs currently down here in the troposphere will take up to ten years to rise to the stratosphere to begin their damage. So, even when the ban on CFCs is complete, we will be living with the effects of CFCs on the ozone layer well into the first quarter of the next century.

Down here on the ground, ozone is another proposition altogether. It is a potent oxidizing agent and poison for both animal and plant tissues. Tropospheric ozone for the most part is created when VOCs (volatile organic compounds, remember?) mix with NOx (nitrogen oxides) in the presence of sunlight. The reaction is enhanced by heat, so the summer months are the worst.

Forty percent (40%) of VOCs come from motor

vehicles; another forty percent (40%) come from small generators such as dry cleaners, printers, bakeries, etc. The remainder comes from household solvents and other industries. NOx is split about 50:50 between motor vehicles and industry. These two chemical classes are considered the tropospheric ozone precursors.

In the troposphere, ozone is a poisonous gas. It is the most toxic component of photochemical air pollution. It causes irritation and inflammations of bronchi and lungs. Chronic loss in lung function may result. Ground level ozone has been shown to damage or destroy grapes, corn, lettuce and pine trees in areas up to 80 miles from its Los Angeles origin.

Ozone can be beneficial or it can be dangerous. Its atmospheric location determines which it will be. During the current decade, we must develop responses to the mandates of the federal Clean Air Act that address both its requirements and promise a more healthful environment for our region, state and nation. Some old habits will need to change. This is true in both the industrial and our home settings. We will need cleaner running cars. My collection will likely be driven even less. We will need, for the first time, to seriously consider mass rail transit in Texas. New ideas and solutions will need to be explored if we desire an environment that really is more healthful! Medicine and public health have important roles to play as this environmental drama continues to unfold.

(Reprinted by permission of "Tarrant County Physician")

Newsbrief

PUBLICATION OF REPORT ON EXPOSURE TO ALCOHOLISM IN THE FAMILY

CDC's National Center for Health Statistics (NCHS) has released a report presenting data on exposure to alcoholism in the family. The study, a collaborative project between NCHS's National Health Interview Survey and the National Institute on Alcohol Abuse and Alcoholism, provides new data on this public health problem.

The report, *Exposure to Alcoholism in the Family: United States, 1988*, is available free of charge from the Scientific and Technical Information Branch, NCHS, CDC, Room 1064, 6525 Belcrest Road, Hyattsville, Maryland 20782; phone (301) 436-8500.

Letters to the Editor:

Dear Mr. Boucher:

Although I have not yet had the pleasure of meeting you I welcome you to the TOMA and wish you much success. I am a life-time member of the TOMA and have been a member for approximately 40 years. I have served on the Board of Directors and in the house of Delegates and so on many years ago when Phil Russell was the Executive Secretary and the name of the association was Texas Association of Osteopathic Physicians and Surgeons.

The purpose of writing this letter is to congratulate you and the association on sponsoring such a worthwhile and instructive Medicare meeting as a part of the TOMA meeting and legislative seminar just finished on December 7th and 8th. Don Self who is President of Medical Consultants of Texas, did his usual good job on educating us as to the drastic changes which are taking place in the Medicare law starting January 1. Don has worked with the TOMA for several years and many of us have taken advantage of his knowledge in teaching in the Medicare field. I would urge you to continue sponsoring such worthwhile Medicare information as Don brings us.

Wishing you great success in your new undertaking for TOMA I remain

Sincerely,

Harlan O.L. Wright, D.O.

Dear Ms. Finley:

This will confirm my telephone conversation with you several days ago.

I am grateful to you for having provided us with information about the AOA Care-A-Van that provided free health screening for needy people. We gave your hand-outs to a large number of people we serve in our Social Ministries program and I am sure they took advantage of this wonderful opportunity.

Many thanks for remembering us on this occasion.

Sincerely,

Brother Edward Bennett, T.O.R.
Director, Social Ministries
Saint Andrews Catholic Church

Send letters to:

Editor
Texas DO
226 Bailey Avenue
Fort Worth, Texas 76107

CHAMPUS News

Nonavailability Statement Correction

A CHAMPUS news release published for service families at the end of August stated that some CHAMPUS-eligible patients would need to get a nonavailability statement (NAS) for, among other procedures, an upper GI endoscopy (visual examination of the interior of the upper gastrointestinal tract).

The release should have said that an NAS is required for both upper and lower GI endoscopies. For providers of care, the inclusive CPT-4 and ICD-9-CM procedure codes for all affected GI endoscopies are: (43200-43272, 45300-45385) 29.1, 42.2, 44.1, (43215, 45307) and decompression of volvulus (45321).

In Addition, procedure codes 58605, 58611 and 58615 were omitted under procedure number 71.

Don't Call CHAMPUS To Check Eligibility

Eligibility for CHAMPUS benefits is determined by the various branches of the uniformed services for their members and the members' families. CHAMPUS doesn't decide eligibility questions.

Providers of care who see CHAMPUS patients should not call CHAMPUS headquarters, CHAMPUS contractors or the Health Benefits Advisors at service hospitals or clinics, in an attempt to verify eligibility. They may accept valid military identification cards at face value as evidence of eligibility for CHAMPUS benefits.

The fact that a patient is CHAMPUS-eligible doesn't guarantee payment of a claim. Payment determinations can only be made when the appropriate CHAMPUS claims processor receives a claim and processes it.

Remember that active-duty service members themselves are not eligible for care under CHAMPUS. Their eligible family members are, as are military retirees, their families, surviving families of deceased active or retired military members, some former spouses, and some former active-duty service members and their families who meet certain requirements imposed by Congress.

Marriage/Family Therapists Still Need Physician Referral

The Defense Department's Fiscal Year 1991 Authorization Act allows certified marriage and family therapists to treat CHAMPUS-eligible patients without referral or supervision by physicians, if the therapists agree to accept the CHAMPUS allowable charges as full payment for their services.

But the law requires that regulations governing the new provision be developed before it can become effective. Those proposed regulations have been prepared, and were published in the *Federal Register*, November 12.

After a period of public comment, the final regulations will be published, and will become effective shortly thereafter. On and after that effective date, marriage and family therapists will be able, within the regulations' guidelines, to provide services to CHAMPUS patients without physician referral and supervision. Until then, physician referral and supervision will be required, as in the past. ■

TCOM President Named to State Committee

David M. Richards, D.O., president of Texas College of Osteopathic Medicine, has been named to a 10-member state committee to develop a new way to fund higher education health-related institutions based on performance measures. Dr. Richards' appointment was made by Texas Higher Education Commissioner Kenneth H. Ashworth.

The Performance State Aid Committee was created by the Higher Education Coordinating Board in response to directives contained in the appropriations act passed by the 72nd Legislature. The committee is to develop and implement the new concept of performance-based state funding for health-related institutions by September 1992. The new funding policy is to become effective in fiscal year 1993.

Dr. Richards has been president of TCOM since 1986. He is serving his second term as an appointed member of the Special Medical Advisory Group which advises the Veteran's Administration on health care policy and direction. He also serves on the new International Study Group of the Association of Academic Health Centers and is a member and past chairman of the board of governors for the American Association of Colleges of Osteopathic Medicine.

ATOMA NEWS

By Chuckie Hospers, Parliamentarian

IN MAY, 1990, THE ATOMA BOARD RECOMMENDED THE FOLLOWING:

That Bylaw, Article X, Section 9, be deleted and that this appointed position be divided into two committees; the Auxiliary News Chairman and Annual Report Chairman; and that these committees be included under Article XI as additional committees.

That Bylaw, Article V, Officers, Section 2, be amended as follows:

Section 2 — The appointive officers shall be Corresponding Secretary, Parliamentarian, AND Historian ~~and Auxiliary News Chairman.~~

That Bylaw, Article X, Duties of Officers, Section 1 C be amended as follows:

C. Appoint a Corresponding Secretary, Parliamentarian, AND Historian ~~and Auxiliary News Chairman.~~

Delete the following:

~~SECTION 9 — The Auxiliary News Chairman shall:~~

~~A. Encourage members to send news to be published in the "Texas DO".~~

~~B. Submit an article to the "Texas DO" for each printing;~~

~~C. Submit an article to the AAOA "Record" for each printing;~~

~~D. Compile and print the annual report. Request reports of Officers, Committee Chairmen and SAA President for such so report may be ready to be distributed at the annual House of Delegate's meeting.~~

That under article XI — Committees, Section 1 be amended as follows:

SECTION 1 — Standing committees shall be Membership, Program, Funds, Public Relations, Yearbook, Guild, Supply, Scholarship, Public Health Education, Student Associate Advisor, ANNUAL REPORT, CONVENTION, CREDENTIALS and AUXILIARY NEWS.

(Four committees are being added: Annual Report, Convention, Credentials and Auxiliary News.)

That Section 13, 14, 15, and 16 be added to Article XI and should read as follows:

SECTION 13 — The ANNUAL REPORT CHAIRMAN SHALL COMPILE AND PRINT THE ANNUAL REPORT; REQUEST REPORTS OF OFFICERS, COMMITTEE CHAIRMEN, AND SAA PRESIDENT FOR SUCH; SO REPORT MAY BE READY TO BE DISTRIBUTED AT THE ANNUAL HOUSE OF DELEGATES MEETING.

SECTION 14 — THE CONVENTION CHAIRMAN SHALL COORDINATE THE ATOMA CONVENTION ACTIVITIES WITH THE TOMA OFFICE.

SECTION 15 — THE CREDENTIALS CHAIRMAN SHALL VERIFY CREDENTIALS OF ATOMA MEMBERS AT THE ANNUAL HOUSE OF DELEGATES MEETING.

SECTION 16 — The Auxiliary News Chairman shall encourage members to send news to be published in the "Texas DO"; submit an article to the "Texas DO" for each printing and submit an article to the AAOA ~~"Record"~~ "ACCENTS" for each printing.

That Standing Rule No. 3 be amended as follows:

The delegation to the National Convention shall be composed of ~~four~~ TWO officers; President, President-Elect, ~~Vice President and Immediate Past President. Alternates for these four officers shall be chosen from the new Executive Board.~~ The remaining delegates and alternates shall be elected from the members present at the ATOMA House of Delegates meeting. THERE SHALL BE THE SAME NUMBER OF ALTERNATES AS DELEGATES.

That Article XIII — Amendments — be amended as follows:

These Bylaws may be amended at any annual meeting of the House of Delegates by a two-thirds vote of those present and voting, a quorum being present, provided such amendments shall have been presented in writing to the membership by the Chairman of the Revisions Committee at least ~~sixty (60)~~ THIRTY (30) days previous to the annual meeting. ■

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, April 29, 1992, must submit such resolution(s) to the TOMA State Office prior to April 1, 1992.

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 the State Office at 1-800-444-TOMA.

TOMA HAS DISCOVERED AN IMMUNIZATION FOR THE HEALTH INSURANCE "EPIDEMIC"

The high cost, no guarantee system of health insurance coverage is a "disease" that is affecting ALL small employers. Instead of providing long-term, affordable protection from financial losses due to accidents and illness, today's health insurance industry has created tremendous short-term burdens with no certainties of continued coverage in an environment that is as volatile as ever.

A recent item from *Medical Economics* magazine (March 5, 1990) indicates further the troubles that surround small employers, and even more specifically physicians. It reads:

"While state and federal legislators debate the merits of requiring employers to provide health-care coverage for their workers, health insurers are refusing to issue policies to more and more small businesses and professions. Some carriers are even blacklisting physicians and nurses, chiropractors, dentists, and others in the health-care field. One reason that medical workers may be excluded, carriers say, is they tend to have a high rate of utilization."

Although a total cure for these problems may still be far away, TOMA has discovered an "immunization" for its members that can help shield the frustrations that managing health insurance (or the lack of) can cause.

TOMA has appointed DEAN, JACOBSON Financial Services to handle the complexities of health insurance environment for you. They have just negotiated with CNA Insurance Company (an A+, Excellent rated company with a long, successful record in the accident and health business) to offer Major Medical coverage to TOMA members at very competitive rates. Best of all, with CNA's strength in the health insurance market and DEAN, JACOBSON's management of insurance services, TOMA will have a superior Health Insurance Program that has long been needed.

DEAN, JACOBSON Financial Services is recognized statewide for their expertise in insurance and related areas. So regardless of your current situation with health coverage, call DEAN, JACOBSON Financial Services to help you immunize against the health insurance "epidemic."

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

DEAN, JACOBSON FINANCIAL SERVICES

(Formerly William H. Dean & Associates)

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

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

Opportunities Unlimited

PHYSICIANS WANTED

FULL AND PART-TIME PHYSICIANS WANTED — for several primary care/minor emergency clinics in the D/FW area. Flexible schedule, excellent potential for growth and financial success. Please send resume or contact: Steve Anders, D.O., Medical Director, Ready-Care Medical Clinic, 4101 Airport Freeway, Suite 101, Bedford, 76021; 817/540-4333. (19)

ASSOCIATE NEEDED — for expanding general practice in East Texas. Guaranteed income with a future. Contact: Steve Rowley, D.O., 903/849-6047 or Mr. Olie Clem, 903/561-3771. (01)

TYLER — DOCTORS MEMORIAL HOSPITAL IS SEEKING — pediatricians; an OB-Gyn physician; an orthopedic surgeon; family practice physicians; and a general internist to work in an association or solo practice. Financial assistance available. Contact Olie E. Clem, C.E.O., 1400 West Southwest Loop 323, Tyler, 75701; 903/561-3771. (21)

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., 100 N. University, Suite 212, Fort Worth, 76107. 817/332-2313. FAX 817/335-3837. (16)

POSITION OPEN IN HOUSTON — Established solo practitioner specializing in OMT seeks associate with like interest to join practice. Please call Reginald Platt, III, D.O., 6815 North Hampton Way, Houston, 77055. 713/682-8596. (04)

FORT WORTH — Clinic seeking energetic general practitioner to work full-time and act as medical director. Salary open. Contact: Bill Puryear, D.O. or Jim Czewski, D.O. at 817/232-9767. (27)

AMARILLO — Fifty Bed Acute Care Osteopathic Facility seeking (2) Family Practitioners and/or General Surgeon and One Internist. Excellent Working Conditions: Outstanding Area to Raise Family; Interview Expenses and Relocation Costs Paid. Optional Office Spaces Available. Contact Lorne Tjernagel, Administrator, at 806-358-3131 or Send CV to Family Hospital Center, 2828 SW 27th, Amarillo, TX 79109. (25)

HOUSTON — Established practice specializing in internal medicine and cardiology seeking associate with like interest to join practice. Send cv. to: Doctors Medical Clinic, 6031 Airline Drive, Houston, 77076. (22)

JUSTIN — General Practitioner wanted. Twenty-five miles North of the Tarrant County Courthouse, 20 miles from both Denton and Grapevine, 2,000 sq. ft. building. Call Georgia Leech, 817/648-2222 or 817/430-1742. (20)

PRACTICE FOR SALE — \$200,000 average gross the last four years. Practice is located 20 miles east of Dallas. Please write, TOMA, Box "06", 226 Bailey, Fort Worth, 76107. (06)

WANTED — Locum tenens physicians. Easy work and good pay in Lubbock. Please call Alice Pangle, D.O. 1/800/772-6466. (36)

PHYSICIAN WITH TEXAS LICENSE — needed to practice general medicine at Student Health Center. Forty-hour week, Monday-Friday. Minimal call duty. Fringe benefits. Contact Sheila Meyer, Director, University of North Texas Health Center, P.O. Box 5158, Denton, 76203; 817/565-2786. Equal Opportunity/Affirmative Action Employer. (07)

EXCELLENT OPPORTUNITY — to join established practitioner in full service clinic in rural south Texas. Near-by full service hospital. Excellent hunting and fishing area. Qualifies as shortage area for government loan pay-back program. Salary and/or association negotiable. Position available immediately. Contact Jerry B. Liles, D.O., 512/394-5301. (32)

MOBILE PHYSICIAN — needed by Fort Worth paramedical company to perform insurance physicals. Flexible hours available. Call 1/800/947-3926 — ask for Mr. Webster for more information. (33)

SAN ANTONIO — Seeking a BE/BC Internist to join a busy internal medicine office. Partnership available, salary negotiable, situation flexible. Please send resume to: Shane Carter, 4411 E. Southcross, San Antonio, 78222. (34)

POSITIONS DESIRED

LOCUM TENEN SERVICE — for the Dallas/Fort Worth Metroplex. Experienced physician in family practice and emergency medicine offering dependable

quality care for your patients at competitive rates. Contact: Doyle F. Gallman, Jr., D.O., 817/473-3119 or beeper number 817/794-4001. (24)

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FOR LEASE — Medical office; established medical-dental building on Hulen between Vickery and W. Fwy.; approx. 1,400 sq. ft. which includes 3-4 exam rooms, lab, business office, private office, and extras. Recently remodeled and ready to move in. 817/338-4444 (12)

FOR RENT — Medical Office in Arlington. Three to six months free rent with proper lease. Ideal for general practitioner. Call 817/265-1551. (15)

FOR LEASE OR PURCHASE — Medical practice, 1000 sq. ft. building, newly remodeled, fully equipped. IBM System 36/AS 400 Medical Billing System. Office located in central Richardson. Contact Judith Pruzzo, 214/231-7482 or 214/931-8760. (26)

RENT/LEASE — Prestigious medical offices now available. Partitioned, plumbed and ready for occupancy. Three minutes from osteopathic hospital; Covered parking; Free rent incentive; 2501 Ridgmar Plaza (Fort Worth); Call 817/737-3119. (30)

GRANBURY — Quality office space for lease adjacent to Hood General Hospital. Call Linda Powell, 817/573-1595. (18)

FOR SALE — Profitable Osteopathic General Practice — in the Fort Worth/Watauga area. Office fully equipped including office manager and LVN. OB optional. Please call Debbie Stanley at 817/284-7380. (08)

MISCELLANEOUS

RECONDITIONED EQUIPMENT FOR SALE — Examination tables, electrocardiographs, sterilizers, centrifuges, whirlpools, medical laboratory equipment, view boxes, weight scales, IV stands and much more. 40-70 percent savings. All guaranteed. Mediquip-Scientific, Dallas, 214/630-1660. (14)

CHEMISTRY ANALYZER FOR SALE — Technician RA-1000, Refurbished Demo. Used six months by local clinic. Well suited for clinic or small group practice. Priced for quick sale. Bowie Memorial Hospital, Bowie, 817/872-1126, ext. 417. (35)

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