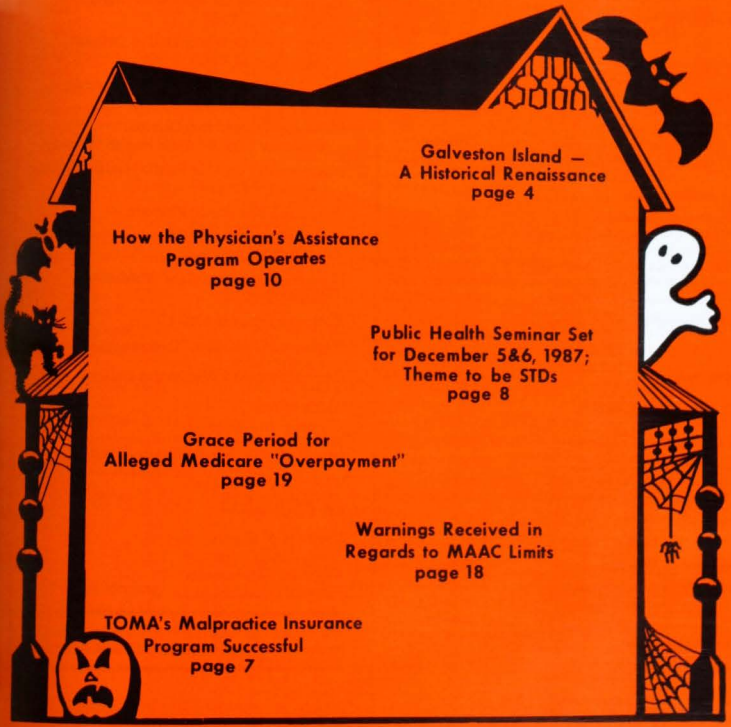
Texas DO
Texas Osteopathic Medical Association
October 1987



Galveston Island — A Historical Renaissance page 4

How the Physician's Assistance Program Operates page 10

Public Health Seminar Set for December 5&6, 1987; Theme to be STDs page 8

Grace Period for Alleged Medicare "Overpayment" page 19

Warnings Received in Regards to MAAC Limits page 18

TOMA's Malpractice Insurance Program Successful page 7

IMPORTANT PHONE NUMBERS

American Osteopathic Association	312–280-5800 800–621-1773
Washington Office	202–783-3434
American Osteopathic Hospital Association	312–952-8900
Professional Mutual Insurance Company	800–821-3515 816–523-1835
TOMA Malpractice Insurance Program	
For Premium Rates	800–392-2462
For Enrollment & Information	713–496-3400
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 physicians (solo)	214–669-6162
Established new physicians (group)	214–669-6163
All changes to existing provider number records	214–669-6158
Texas Medical Foundation	512–329-6610
Medicare/Medicaid General Inquiry	800–252-9216
Medicare Beneficiary Inquiry	800–252-8315
Medicare Preadmission/Preprocedure	800–252-8293
Private Review Preadmission/Preprocedure	800–252-9225
Private Review General Inquiry	800–252-9225
Texas Osteopathic Medical Association	817–336-0549 in Texas 800–772-5993 Dallas Metro 429–9755
TOMA Med-Search	in Texas 800–772-5993
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
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
FEDERAL AGENCIES	
Drug Enforcement Administration	
For state narcotics number	512–465-2000 ext. 3074
For DEA number (form 224)	214–767-7250
CANCER INFORMATION	
Cancer Information Service	713–792-3245 in Texas 800–392-2040

Texas DO

Texas Osteopathic Medical Association

October 1987

FEATURES

	Page
TOMA Sets Sail for Galveston Island April 28-30, 1988	4
Lightning Whelk Designated as Official State Shell of Texas	6
UNIVERSAL LIABILITY ™ Insurance – A First Year Success	7
"Sexually Transmitted Diseases" Theme of TOMA Public Health Seminar	8
Registration Form for Public Health Seminar/ Legislative Forum	9
Physician's Assistance Program – A Vital TOMA Service	10
Texas ACGP Update	14
More Minority Physicians, Mission of TCOM's HCOP	16
Enforcement of MAAC Limits	18
Reprieve of Medicare "Overpayments"	19
Contracting with Alternative Delivery Systems	25
In Memoriam *Colonel D. Brashier, D.O.*	28
New Medicare Regulations in Effect	30

DEPARTMENTS

Calendar of Events	3
Texas Ticker Tape	15
For Your Information	32
Practice Locations in Texas	34

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Tom Hanstrom, Editor
Diana Finley, Associate Editor
Lydia Anderson Smith, Staff Writer

CALENDAR OF EVENTS

OCTOBER

4
Annual Meeting
American Osteopathic Association
Sheraton World
Orlando, Florida
Contact: Ann Wittner, Director of Administration
312—280-5814 or
800—621-1773

6
Osteopathy and Chinese Medicine
Sponsored by TCOM's Center for Osteopathic Research and Education; Office of CME
Supported by Dallas Southwest Osteopathic Physicians, Inc. and Texas Academy of Osteopathy
Location: TCOM, Med Ed I, Room 632
Speaker: Johannes Steenkamp,D.O.
CME: 2 hours Category 1-A, AOA
Contact: Diane Russell, Center for Osteopathic Research and Education
817/735-2579

12
Presidential Visit
TOMA District XII Meeting
Call Thomas Noonan, D.O. for details
409—962-1511

15
Presidential Visit
TOMA District XVII Meeting
San Antonio
Call Howard H. Galarneau, D.O. for details
512/434-6111

18
Presidential Visit
TOMA District IV Meeting
Abilene
Call Michael Glover, D.O. for details
915/235-8317

NOVEMBER

2
Presidential Visit
TOMA District VI Meeting
Houston
Call Edward Fallick, D.O. for details
713/667-1705

3
The Levitor and Low Back Pain
Sponsored by TCOM's Center for Osteopathic Research and Education; Office of CME
Supported by Dallas Southwest Osteopathic Physicians, Inc. and Texas Academy of Osteopathy
Location: TCOM, Med Ed I, Room 632
Speaker: Yvonne Post, D.O.
CME: 2 hours Category 1-A, AOA
Contact: Diane Russell, Center for Osteopathic Research and Education
817/735-2579

12
Presidential Visit
TOMA District VII Meeting
Night Hawk Restaurant
Austin
6:30 Cocktails
7:30 Dinner
Call Bobby Kennedy, D.O. for reservations
512/454-3781

18
Presidential Visit
TOMA District XI Meeting
Tigua General Hospital
El Paso
7:30 Dinner in dining room
Call Luz Candelaria, D.O. for details
915/779-2424

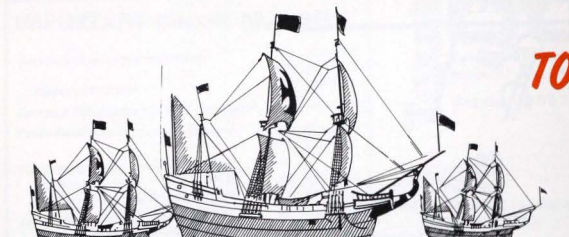
DECEMBER

1
Deep Tissue Myofascial Release
Sponsored by TCOM's Center for Osteopathic Research and Education; Office of CME
Supported by Dallas Southwest Osteopathic Physicians, Inc. and Texas Academy of Osteopathy
Location: TCOM, Med Ed I, Room 632
Speaker: Steve Taylor, D.O.
CME: 2 hours Category 1-A, AOA
Contact: Diane Russell, Center for Osteopathic Research and Education
817/735-2579

5
5-6
TOMA Public Health Seminar/ Legislative Forum
Hilton Hotel
Arlington
Contact: Tom Hanstrom, TOMA Executive Director
1/800/772-5993

Upcoming Events

TOMA Annual Convention
April 28-30, 1988
Marriott Galvez Hotel/ Moody Civic Center
Galveston, Texas



TOMA Sets Sa
April

The 89th Annual Convention and Scientific Seminar of the Texas Osteopathic Medical Association is slated for April 28-30, 1988 in Historical Galveston. Mark your calendar and join your colleagues for three days of fun, fellowship and a lot of Texas history.

Historic Galveston Island, homeport of the 1877 Tall Ship Elissa, is a semi-tropical barrier island in the Gulf of Mexico. Some 30 miles long and one and one-half miles wide, the Island lies just off the Texas Coast and 50 miles southeast of Houston.

Long known for its miles of sand beaches and Gulf seafood, today Galveston is also recognized for its treasure trove of Victorian architecture and one of the most vigorous historic preservation programs in the country. A Victorian Renaissance is sweeping this city, which contains some 1,500 historic structures.

The present city of Galveston was founded in 1836, when pioneer entrepreneurs saw the potential of its natural deep water port. By the mid-1800's, Galveston was the largest city in Texas, its port teemed with ships similar to the Elissa carrying cotton out and immigrants and manufactured goods in. Its commerical district, the Strand, adjacent to the wharves, was dubbed "The Wall Street of the Southwest." Galveston's wealth boomed through the remainder of the 1800's and was reflected in the construction of Victorian mansions, houses and commercial buildings of the highest quality.

Then in 1900, the Great Storm struck. . . leaving behind more than 7,000 dead, the worst natural disaster in our country. In heroic response to this, a massive seawall was built to protect the city, and in a phenomenal engineering feat, the ground level of much of the city was actually raised an average of five feet.

Galveston thus tried to re-gain its commercial success, but in 1917, the opening of the Houston Ship Channel ended the Port of Galveston's dominance and stagnated Galveston's economy. The Island responded with a new business: stylish nightclubs featuring gambling, name entertainment, bootlegged liquor and other pleasures. Gambling, finally, came to an abrupt end in 1957 when the Texas Rangers closed down the illegal activities.

Slowly, Galveston began to realize that its 19th century wealth and its 20th century stagnation (which limited demolition) had resulted in the existance of one of the finest collections of Victorian structures left in the United States. In the 1950's and 60's, Galvestonians began saving these important historic structures.

Today, a Victorian Renaissance is sweeping Galveston. The Strand area, now a National Historic Landmark District, boasts some 50 Victorian buildings, nearly all of which have been restored and adapted for current day uses. More than 90 shops and restaurants are now open. Highlights of The Strand include: the Tremont House (an elegant Victorian hotel), The Strand Visitors Center, the Railroad Museum, artist galleries, and shops ranging from an authentic candy factory to a military surplus store. The Colonel paddlewheeler offers excursions from the adjacent waterfront, and nearby, the Elissa serves as one of the finest maritime restorations in the country.

A few blocks away is the 1894 Grand Opera House, beautifully restored and featuring a year-round program of performing arts.

Close by lie the extensive historic residential areas with block upon block of Victorian houses, oleander-trimmed yards and tree-shaded streets. The most famous of these areas is the 40-block East End National Historic Landmark District. Nestled amidst these houses are treasures such as the 1877 Garten Verein Dancing Pavilion and, nearby, the Antique Car Museum and the Antique Doll Museum.

The most special of the landmarks are open regularly for tours. The 1839 Samuel May Williams Home is authentically furnished and features a state-of-the-art audio-visual presentation re-creating this early Texas patriot and businessman. The 1859 Ashton Villa is

...r Galveston Island
...-30, 1988

an elegant Italianate mansion, fully furnished and featuring a dramatic audio-visual presentation of the 1900 Storm. The 1886 Bishop's Palace is an ornate mansion epitomizing Victorian wealth and taste, and is designated one of the 100 outstanding homes in the United States. Open for viewing also is the 1891 "Old Red," the original medical school of the University of Texas Medical Branch.

Special events highlight Historic Galveston. The first weekend in December is the magical Dickens on The Strand, a re-creation of a bit of London during the time of Charles Dickens. . . now drawing nearly 100,000 guests, many in Victorian costume. In February is the pageantry and excitement of Galveston's Mardi Gras with marvelous parades, jazz, balls, food and drink. . .enjoyed by some 200,000 guests this year. And, the first two weekends in May is the Annual Historical Homes Tour featuring seven special historic homes not normally open to the public.

A look at the history of the Marriott Galvez, TOMA's headquarter's hotel during the convention, will be previewed in the November issue of the *Texas DO*, as well as the Moody Convention Center, where lectures, exhibits, and luncheons will be held, along with the San Luis Hotel, site of the Fun Night Party, the Tremont House, site of the ATOMA's Installation Luncheon, the Colonel Paddlewheeler and historical sites that will be toured by the auxiliary and anyone else that wishes to attend.

Mesquite Community Hospital Awarded Certificate of Accreditation

Mesquite Community Hospital has been awarded a three-year certificate of accreditation by the Joint Commission on Accreditation of Hospitals (JCAH). This accreditation marks the continuation of full JCAH accreditation maintained by the hospital since 1979. The awarding of JCAH accreditation is evidence of Mesquite Community Hospital's efforts to provide quality health care.

"Providing the highest possible standard of patient care is an on-going process at the hospital. JCAH accreditation recognizes the dedication of our hospital team, including physicians, employees and volunteers who produce the standards of excellence our patients have learned to expect," commented Raymond P. DeBlasi, Administrator.

JCAH surveys and accredits hospitals across the country. Their accreditation satisfies federal requirements for participation in the Medicare program and verifies that hospitals are functioning within standards of excellence in the provision of patient care services.

To become accredited, Mesquite Community Hospital voluntarily requested an on-site evaluation by JCAH surveyors. The survey team consists of health care professionals trained to evaluate the hospital's efforts to provide quality patient care. The surveyors apply nationally accepted standards representing a consensus among health care professionals. They also consult with the professional and administrative staff of the hospital to help them in their efforts to continually improve patient care.

JCAH is a private, not-for-profit organization created by and composed of health care professionals. It is governed by a board of commissioners whose members are appointed by the American College of Surgeons, American College of Physicians, American Dental Association, American Hospital Association and American Medical Association. A public member is appointed by the Board of Commissioners to represent consumer concerns.

Mesquite Community Hospital is a 166-bed acute care hospital located in northwest Mesquite. More than 180 allopathic and osteopathic physicians representing a wide variety of specialties serve on the medical staff of the hospital.

Lightning Whelk Designated as Official State Shell of Texas

Recently designated the official state shell, the lightning whelk joins the mockingbird, bluebonnet and pecan tree as a natural symbol of Texas.

The idea of a state shell began when a group of state officials visited the Brazosport Museum of Natural Science. The museum's curator suggested that designation of a state shell would be appropriate recognition of Texas' coastal resources. Representatives from coastal counties supported the proposal, and last April, House Concurrent Resolution No. 75 became law.

Anyone who has combed the beaches of Texas has seen the elegantly shaped lightning whelk nestled in the sand. And even people who have never been near a beach may have seen the Texas state shell on a U.S. postage stamp. The lightning whelk was of the first shell species so honored by the Postal Service.

Like bluebonnets and pecan trees, lightning whelks are abundant in Texas and are among the most recognizable of the thousands of mollusk species. Known as "Busycon perversum pulleyi" in scientific circles, the lightning whelk's Latin name honors the late Dr. T. E. Pulley, Texas naturalist and teacher. It belongs to the class Gastropoda, meaning "stomach-footed ones." Gastropods are the most diverse mollusk group, and all members of this class are distinguished by their asymmetrical shape and spiral coils.

Jean Andrews' field guide to Texas shells describes the lightning whelk as being pyriform, meaning having the form of a pear; and sinistral, meaning its whorls coil in a counterclockwise direction and its aperture, or opening, is on the left. Eagle-eyed beachcombers will notice that the lightning whelk is one of only a few shells that open on the left.

The state shell ranges from two to four inches in length. Its coloring is a delicate pale fawn to light yellowish gray enhanced with long, wavy brown streaks. Large adults' colors often are more faded than those of younger specimens. The body whorl, the main part of the shell, is large and the pointed spire is turreted and about one-fifth the height of the shell. Its aperture is also pear-shaped with a thin outer lip edged in purplish brown. Inside, the shell is pale yellow to light orange. The long canal, which the living animal uses as a siphon, is somewhat twisted and recurved.

Living lightning whelks are carnivorous animals, and Andrews' field guide says they often are caught in crab lines when they feed on bait. They also feed on other mollusks, using their own shells to chip away the edges of bivalves.

The lightning whelk ranges from Brenton Sound, Louisiana, to northern Mexico, covering the entire Texas coast. The legislation establishing the state shell stated, ". . . designation of the Lightning Whelk as the State Shell of Texas will provide suitable recognition for the beautiful beaches and inlets of our Gulf Coast region. . .Texas' coastlands, bays, and tidal flats provide a total of 634 miles of valuable natural resources and recreation areas, attracting thousands of visitors. . ."

During your beach meanderings in Historical Galveston during the 89th Annual Convention and Scientific Seminar of the Texas Osteopathic Medical Association, April 28-30, 1988, keep an eye out for long, gracefully curved shells. If you find one that opens on the left, you've probably found the State Shell of Texas.

UNIVERSAL LIABILITY™ Insurance - A First Year Success

In the spring of 1986, when association members became concerned about the solvency and stability of their traditional malpractice insurers, TOMA began to evaluate alternative sources of coverage for its members. After deliberation, TOMA selected the UNIVERSAL LIABILITY program because it provided the best and most reliable protection at equitable rates, an attractive investment opportunity and, ultimately, control over the availability of malpractice insurance.

With TOMA leadership and help, a group of companies (Anco Insurance of Houston, Insurance Equities Corporation, and Clarendon National Insurance Company) cooperated to develop this program exclusively for TOMA members. Since that time, Clarendon National has been joined by another underwriter, Security Insurance Company of Hartford, increasing the assets supporting UNIVERSAL LIABILITY to over $400 million. The strength of the financial backing lends enormous stability to the program.

UNIVERSAL LIABILITY not only provides complete malpractice insurance but, like its namesake Universal Life Insurance, also generates tax-deferred income through the investment of premiums. Premiums pay not only for the cost of liability protection but also for an investment in a group accumulation fund. Policyholders also purchase stock in Osteopathic Medical Protective, Inc. (OMPI), the reinsurance company created to back the program. Through ownership of OMPI policyholders will share in the program's underwriting profits and investment income. Furthermore, proceeds from premiums invested may be used to pre-fund tail coverage.

Most importantly, policyholders are insured via a company managed by insurance professionals but owned and controlled by osteopathic physicians.

In the summer of 1986, Texas D.O.s first enrolled in the Universal Liability Program. Since that time a number of physicians have joined this TOMA-sponsored program, presently more than 15 percent of the total eligible membership. The entire TCOM faculty is now covered by UNIVERSAL LIABILITY.

All members of the program have been receiving regular newsletters with specific suggestions on how to prevent lawsuits, just one of several efforts to control claims losses. To date, NO liability claims have been filed. This record bodes well for the stability of the company and the profits to be earned by participating members.

OMPI has been incorporated in Barbados, West Indies. The next step is the restricted public offering of OMPI stock in the United States. The 1986 revision of the federal tax code, affecting offshore insurers, and SEC consideration of a proposal to exempt insurance companies from SEC registration delayed the offering of the OMPI stock. Nevertheless, full SEC approval of the prospectus is expected shortly. Stock subscription forms with complete information should be mailed within three weeks of SEC approval. At that time, policyholders will be asked to complete the appropriate forms and send an amount equal to 11.1 percent of their first year basic premium as payment for their shares of OMPI.

Group Accumulation Fund Grows 17% in First Year

* * * * *

OMPI Assets Exceed $1.2 million

With the large number of TOMA members joining the program in its first year, assets of OMPI now exceed $1.2 million (as of July 31, 1987). Due to a prudent investment program and excellent loss experience, the group accumulation fund has grown more than 17 percent. Continued growth will, in large part, depend on the level of support from TOMA members.

Other state osteopathic associations are being approached about joining the program. The Illinois Association of Osteopathic Physicians and Surgeons has endorsed UNIVERSAL LIABILITY. Currently, policies are being issued in both Illinois and Oklahoma. TOMA anticipates additional endorsements from state osteopathic associations as the program is expanded nationwide.

For those doctors who have renewed their coverage with another carrier but would now like to switch to UNIVERSAL LIABILITY, a special "prior acts" endorsement is now available. You could receive coverage back to May 1986.

More details on the entire program, including rate quotations, can be obtained from Anco Insurance of Houston, 800/392-2462, Box 218060, Houston, Texas, 77218. Call today and learn how UNIVERSAL LIABILITY can meet your malpractice insurance needs.

December 5-6, 1987

"Sexually Transmitted Diseases" Theme of TOMA Public Health Seminar

Despite the massive coverage AIDS is receiving through virtually all communication channels, a recent survey revealed that most people have a greater fear of developing cancer. Ironically, cancer is not the automatic death warrant it once was, due to great strides in research, diagnosis and treatment. The plain and ugly truth regarding AIDS is that it is presently incurable.

A study conducted on physicians by researchers at the University of California, Los Angeles, revealed that a large majority of primary-care physicians cannot identify pre-AIDS symptoms. An interesting revelation of the study showed that a physician's attitude toward homosexuality is a factor in competent treatment of AIDS. Unfortunately, one of Texas' infamous claims to fame is that it has the nation's fourth largest number of AIDS victims.

Other sexually transmitted diseases (STDs), as most physicians know, are many times hard to treat, due to co-existing infections and patient non-compliance, and can lead to serious complications. Some STDs are becoming resistent to standard treatment and it is imperative that physicians keep abreast of developments.

To help heighten physicians' awareness of preventive measures, new research, diagnosis and treatment of STDs, as well as reporting requirements, the theme of TOMA's Public Health Seminar/Legislative Forum, will be "Sexually Transmitted Diseases". The seminar will be held December 5 & 6, 1987 at the Arlington Hilton, Arlington, Texas. Watch for upcoming information as to the program in the November issue of the *Texas DO* as well as your mail. Registration forms can be mailed to the TOMA State Headquarters any time between now and December 1. Pre-registration fee for physicians is $35 and at-the-door registration will be $45. Spouses are welcome to attend the seminar at a registration cost of $25. ^

TOMA Public Health Seminar & Legislative Forum

The Arlington Hilton Hotel – Arlington, Texas
December 5-6, 1987

REGISTRATION FEE:

Physicians (pre-registration) –	$35.00
Physicians (at-the-door) –	$45.00
Spouses –	$25.00
Non-Members of TOMA –	$60.00

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

_____ *I plan to attend the Public Health Seminar and Legislative Forum* AOA No. _____

First Name for Badge: _____

_____ *My spouse* _____ *plans to attend.*
(first name for badge)

ENCLOSED IS MY CHECK FOR _____

MAIL TO:
Registrar
Texas Osteopathic Medical Association
226 Bailey Avenue
Fort Worth, Texas 76107

* * * Check must accompany application Form * * *

Hotel Reservation Application

Texas Osteopathic Medical Association
Public Health Seminar & Legislative Forum
December 5-6, 1987

SINGLE : $70_____ DOUBLE: $80_____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ARRIVAL DATE: _____ TIME: _____

DEPARTURE DATE: _____

Credit Card Name: _____ Number: _____

Expiration Date: _____

PLEASE RESERVE YOUR ROOM PRIOR TO NOVEMBER 20, 1987
FOR GUARANTEED AVAILABILITY

NOTE: If you would prefer to make your own hotel accommodations, call:
The Arlington Hilton Hotel at 817/640-3322

Physician's Assistance Program - A Vital TOMA Service

As early as 1956, alcoholism and other drug dependencies, with their identifiable and progressive symptoms, were recognized by worldwide health organizations as disease entities. Unfortunately, it was years later that the medical community came to the realization that there was a specific difference between physicians deemed "incompetent" and those "impaired" by alcoholism and other drug abuses, as well as psychiatric illnesses. Organized medicine became aware that the majority of "impaired" physicians could, with a program of intervention, treatment and follow-up monitoring, return to the practice of medicine.

Evidence has shown us that with early recognition and prompt treatment, coupled with continued care and monitoring, recovery is quite predictable and those in the recovery cycle can become what has been coined, "weller than well." This evidence stands by itself as documented by the fact that medical groups have, or are planning, impaired physician programs in virtually all of the 50 states.

The TOMA Board of Trustees recognized the crucial need to identify and assist impaired osteopathic physicians in Texas in 1978. Thus, the Board appointed an Ad Hoc Impaired Physicians Committee, in 1978 and 1979, consisting of three members and two consultants. In response to the growing demand for the resources offered by this committee, a full committee was formed in 1980, at which time a workbook manual was developed as a reference guide.

The committee, recently renamed the Physicians Assistance Program, has grown from six to 27 members. In 1985, reorganization and restructuring of the committee was undertaken, whereby geographical distribution of the osteopathic population of Texas per district was taken into consideration. Since Texas is a large state and the case load continued to increase, a system utilizing local committees and/or counselors took root throughout the state, chosen from the various TOMA districts. With this accomplishment, the committee has been better able to perform its duties in carrying out the role function needed to better serve colleagues whose performance has been impaired by psychiatric disorders, emotional disturbances, alcoholism or other drug abuse. The Physicians Assistance Program can best be described as a vast network of allies — we're on your side!

TOMA's policy statement on impairment among colleagues is:

1. To maintain credibility with the public, osteopathic medicine must guarantee the quality of the product — good medical care;
2. The profession must identify cases of physician impairment early, protect the patient, and control and rehabilitate the impaired physician.

The adage, "Physician, heal thyself" sounds easy enough but where does the healer go to be healed? Assuredly, it may be particularly difficult for a physician to admit to a problem but the issue can be summed up in four words — physicians are people too. This is where the Physicians Assistance Program steps in. The committee is a successful, well-structured program which exists to help you. IT IS DESIGNED TO PROVIDE HELP, RATHER THAN PUNISHMENT, AND ACTS AS AN ADVOCATE TO THE IMPAIRED PHYSICIAN. It is every individuals moral and ethical responsibility to make an assessment of a possible impaired colleague who may be too afflicted to rationalize his or her own ability and judgment. The so-called "conspiracy of silence" must not be allowed to flourish. Those who refuse to take the initiative to intervene on behalf of a sick physician, or even themselves, if they are able, should consider for a moment what can be saved through intervention: patients are saved from possibly fatal errors; family life may be restored to normalcy; possible imprisonment can be avoided; self esteem is restituted when practice is resumed; and most important of all, an early death may be halted. To deny an individual all of the aforementioned is a cruelty to the physician and detrimental to the profession. Only through intervention can these rights be restored.

Physicians experiencing problems should most decisively not fall victim to shame. The ability to admit one's problems exhibits great courage and fortitude. If you feel you have a problem, or suspect that a colleague might be in trouble, call the TOMA State Headquarters at 1-800-772-5993. Discuss the matter confidentially with John Sortore (TOMA Field Representative and Consultant to the Physicians Assistance Program), Tom Hanstrom (TOMA Executive Director) or

Robert Holston, D.O. (Interim Chairman). A discreet investigation will be initiated to establish the facts, and if it is determined that a problem exists, the physician in question will be tactfully confronted by members of the committee, who will make recommendations as to how the problem can be corrected. Impaired physicians are requested to enter into a recovery and treatment contract with the committee and are monitored according to the terms and/or length of the contract, which is usually a minimum of two years. As long as the physician abides by the contract and works with the committee during recovery, the infraction does not have to be reported to the Texas State Board of Medical Examiners.

As already stated, this committee serves as your advocate and wants to help before the problem becomes too big, eventually resulting in self-denial. An important point to keep in mind is that the earlier detection is made, the quicker the treatment program can begin, which will stem adverse publicity or disciplinary action, which might very well be reported on the front page of a local newspaper or on the evening news.

Most recovering physicians can measurably help their impaired fellows and serve as a positive influence for others traveling the road to recovery. It cannot be stressed enough that it is everyone's moral and ethical duty to assess those, who through impaired judgment, are unaware of their limitations. To intervene and help the afflicted physician back into the medical mainstream is the sole purpose of the Physicians Assistance Program.

The physician able to put his life back in order after intervention and/or treatment is truly a most wonderful experience to witness. And it can happen with everyone pulling together. Please call TOMA's Physicians Assistance Program if you need help, or have reason to believe a colleague is in need. This committee is your advocate. In medicine, we are, indeed, our brother's keeper.

CHAMPUS Publishes Final Rule on DRG Payment System

The Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) published its final rule on a DRG payment system in the September 1, 1987, *Federal Register*. The DRG payment system will affect most admissions to acute-care, short-term hospitals occurring on or after October 1, 1987, in 49 states, the District of Columbia and Puerto Rico. Maryland, which is exempted from Medicare's DRG system, requested and received an exemption from CHAMPUS.

The proposed rules, published on June 3, 1987, received public comments, prompting CHAMPUS to make several revisions in its final rule.

As a protection for beneficiaries who are other than active-duty dependents, CHAMPUS changed the cost-share provision. The beneficiary cost-share will be the lesser of the per diem rate ($175) or 25 percent of the billed charge, not to exceed the DRG allowed amount.

CHAMPUS will exempt any children's hospital that is exempt from Medicare. If it is not exempt from Medicare, CHAMPUS will exempt it as long as it meets Medicare's exemption criteria.

Under the final rule, hospitals may bill separately for the services of nurse anesthetists.

CHAMPUS will use Medicare's area wage indexes to more fairly compensate hospitals, and additionally, has adopted Medicare's differentiation between urban and rural hospitals to ensure reimbursement reflects as accurately as possible the cost of providing care in all hospitals.

Minimal impact is expected on hospitals subject to DRGs since the CHAMPUS system is modeled on Medicare's. Hospitals will be able to consolidate patient management, billing and medical records activities to include both CHAMPUS and Medicare patients. In addition, CHAMPUS will use the Medicare cost to charge ratio for the CHAMPUS patient population, which is smaller, younger and generally healthier than the Medicare population.

The final rule retains the exemption of certain services, such as psychiatric and substance abuse services, kidney acquisition costs and heart and liver transplants. Psychiatric and substance abuse hospitals, long-term care, rehabilitation, cancer, and sole community hospitals, Christian Science sanitoria, and distinct parts of a hospital providing psychiatric, rehabilitation or substance abuse services remain exempt. CHAMPUS will reimburse for exempt services and providers in the same manner as it does now.

Institutional providers should consult the September 1, 1987 *Federal Register* for more specific information. Questions about billing practices and claims submission under the DRG payment system should be addressed to the appropriate claims processor.

Hospital Mortality Data to be Published

The Health Care Financing Administration (HCFA) will be publishing mortality data on each of the 6,000 hospitals in the United States that care for Medicare patients during the month of December.

According to *American Medical News*, Medicare officials will allow hospitals to review the data and provide explanations which will accompany the information before release, however, hospitals in disagreement with the findings would have to review every Medicare patient treated over the past year. The opportunity to preview the information is intended to head off a massive flurry of complaints, which Medicare officials were assailed with last year, when mortality data was released, resulting in changes in the way the rates are being calculated.

Such changes added into the calculations include co-existing illnesses, previous hospitalizations, and classifications into one of 16 diagnosis categories, ten of which are considered high-risk and six as low-risk. The hospital's overall mortality rate for hospitalized or recently hospitalized Medicare patients, along with mortality rates for each of the 16 categories, will be calculated. The 16 diagnostic categories, account for conditions responsible for approximately 80 percent of hospital deaths and 70 percent of admissions.

Those targeted as high-risk are severe acute heart disease; severe chronic heart disease; pulmonary disease; renal disease; severe trauma; sepsis; metabolic and electrolyte disorders; stroke; cancer and gastrointestinal catastrophes.

Low-risk categories are gynecologic disease; urologic disease; orthopedic conditions; low-risk heart disease; gastrointestinal disease and ophthalmologic disease.

Medical and hospital groups are not overjoyed about the upcoming release, pointing out various limitations and shortcomings to HCFA. In the meantime, some peer review organizations will be holding seminars in order to help hospitals decipher the data, as well as make responses, if necessary.

AIDS Incorporated into Texas' Communicable Disease Act

A new law termed as "one of the most comprehensive laws related to Acquired Immune Deficiency Syndrome in the nation", went into effect on September 1 in Texas. The 74-page law is, in reality, an amendment to Texas' Communicable Disease Act, thus, many of the stipulations have already been put into practice in hospitals and other health related centers.

A major change requires that AIDS cases must now be reported to the Texas Department of Health (TDH), whereas, previously, although most hospitals kept records on the disease, no requirement was on record mandating the reporting of AIDS to the TDH.

Additionally, all emergency personnel, which includes health care workers, firefighters and peace officers, must now be notified when possible exposure to a communicable disease has occurred.

The law prohibits a person or entity from requiring AIDS testing unless test results are necessary as a job qualification, and confidentiality of AIDS testing results is a provision which must be adhered to. All cases reported to the TDH are for statistical purposes and health care workers with access to test results are required to keep results confidential.

Those individuals identified as suffering from communicable diseases, such as AIDS, follow the fairly normal protocol already used in treating communicable diseases. Patients are installed in private rooms with information posted on the door as to precautions to be taken when treating such patients, however, the disease itself cannot be stated specifically. The disease is identified on the patient's chart which is seen only by those individuals caring for the patient.

Another provision of the law is the requirement that patients with communicable diseases be presented with instructions on preventing the spread of the disease.

The health department will be required to set up mandatory testing for the AIDS virus for marriage license applicants when the rate of infection in Texas exceeds .83 percent. Officials are estimating that this rate will occur by 1991.

$600 Average Savings for Members

Texas Osteopathic Medical Association

At the last meeting of the TOMA Board, an agreement was reached whereby members of TOMA will be eligible for a group discount on individual Disability Insurance, underwritten by Provident Life and Accident Insurance Company, and provided through William H. Dean and Associates.

TOMA has had a long and beneficial relationship with William H. Dean and Associates, and we are pleased to announce this addition to the services they have and are continuing to ably provide.

Provident Life and Accident presently insures 292,000 individuals against the hazards of disability. They are the number one writer of long term, individual non-cancellable and guaranteed renewable disability income protection, with over $150 billion of benefits in force.

We have chosen Provident because the company provides the assurances you want when it comes to that all-important issue - your ability to work at your job and earn an income.

One assurance is their plan of disability coverage in your own occupation or specialty - a point which could mean the difference in whether or not you receive benefits during a disability.

Discounts are at the rate of 10 percent for monthly and quarterly premium payments and 15 percent for annual and semi-annual premium payments. These discounts will be credited to existing Provident policyholders as well as new applicants.

Sincerely,

Bill H. Puryear, D.O.
President

For information contact your TOMA office 1-800-772-5993 Toll-free

William H. Dean and Associates
ESTATE ANALYSTS

or
(817) 335-3214 or Metro 429-0460

Physicians as "Physician Assistants"

The Texas State Board of Medical Examiners, in its Autumn 1987 newsletter, reminds physicians that Board rules regarding Physician Assistants (PAs) gives the following definition:

> Physician assistant, or PA — Refers specifically to a person who is a graduate of a physician assistant training program accredited by the Committee on Allied Health Education and Accreditation of the Council on Medical Education of the American Medical Association or a person who has passed the examination given by the National Commission on the Certification of Physician's Assistants.

Occasionally, physicians awaiting licensure in Texas or those who for other reasons are not practicing as fully licensed physicians obtain employment which they construe as being that of a Physician Assistant. Actually, the requirements to become a Physician Assistant are specific and vary from those of a physician.

It is important to remember these differing requisites and to be careful that the job designation of "Physician Assistant" or "PA" is assigned to an individual who has met the explicit conditions as stated above.▲

Texas ACGP Update

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

The chairmen and members of the Texas ACGP Standing Committees have been appointed by Dr. Constance Jenkins, President of the Texas ACGP for 1987-88.

There are 10 Standing Committees and the appointments are as follows: *Education* — Dr. Richard Hall, chairman, and Dr. Rodney Wiseman, member; *Membership* — Dr. Montgomery-Davis, chairman, and Dr. Howard Galarneau, member; *Pharmaceutical* — Dr. Nelda Cunniff, chairman, and Dr. Jim Czewski, member; *Hospital* — Dr. Leland Nelson, chairman, and Dr. Craig Whiting, member; *Awards* — Dr. Douglas Sharp, chairman, and Dr. Greg Maul, member; *Constitution & Bylaws* — Dr. T. Eugene Zachary, chairman; *Undergraduate Student Liaison* — Dr. T. Eugene Zachary, chairman; *Public Information* — Dr. Lee Shriner, chairman, and Dr. John Gershon, member; *Governmental Legislation Liaison* — Dr. Montgomery-Davis, chairman; and, *PACER* — Dr. Greg Maul.

Any Texas ACGP member who desires to participate on any of these committees should contact the chairman of that committee for further information.

The issue of certification was discussed in detail at the recent Texas ACGP Mid-Year Clinical Seminar/Symposium in Arlington, Texas. Starting with graduates of 1988, the General Practice residency will be increased from the current 12 months to 24 months in training (Post-graduate year 2 and 3).

The alternate pathway for certification is as follows: all applicants for certification must have been in practice for six years of which over 50 percent is in General Practice; all applicants for certification must submit 600 hours of postgraduate study (AOA printout); and applicants must hold membership in the National ACGP.

For those D.O.- G.P.s who have less than six years in General Practice and need a letter from the National ACGP stating their board eligibility for hospital staff privileges purposes, a letter can be obtained from the National ACGP on a yearly basis by submission of a $25 administrative fee, plus maintaining active membership in the National ACGP.

Further information pertaining to this matter can be obtained from Bette Vaught, Executive Director of the National ACGP, at 1—800—323-0794.

I would like to remind Texas ACGP members of the availability of information for certification review and reference through the TCOM library on loan. This is on a first-come, first-served basis. In addition, preliminary steps have been taken to develop a refresher course for Texas D.O.- G.P.s in preparation for ACGPOMS certification. As soon as more specific information is available concerning this refresher course, it will be spelled out in this column for those Texas D.O.- G.P.s who are interested.

Fellow members of the National ACGP are required to attend one Fellow Luncheon every three years to maintain active Fellow status. The next Mid-Year meeting of the National ACGP will be in Palm Springs, California, in February of 1988.

The next Texas ACGP Board meeting will be held in conjunction with the TOMA Public Health Seminar/Legislative Forum at the Arlington Hilton on Sunday, December 6, 1987, at 1 p.m.▲

Texas Ticker Tape

CORRECTION

The September issue of the *Texas DO*, in the article entitled "HCFA Awards TMF 15-month Contract", page 25, contains an error. Please be advised that Donald M. Peterson, D.O., re-elected TMF vice president, is not in private practice but rather an associate professor in the employ of the Texas College of Osteopathic Medicine on a fulltime basis.

Our apologies to Dr. Peterson.

TSBME TOLL-FREE CONSUMER HOT LINE

The Texas State Board of Medical Examiners (TSBME), in response to a law effective September 1, has set up a toll-free consumer hot line in order to answer questions citizens may have regarding their physicians. Callers may be informed as to whether their physicians have been disciplined by the TSBME or whether any disciplinary action is pending.

The phone number is 1—800—248-4062 and is active from 8 a.m. to 5 p.m., Monday through Friday. Those requesting other information about physicians must call the TSBME's regular phone number.

CANCER PUBLICATIONS OFFERED BY TDH

The Texas Department of Health (TDH) is providing, free of charge, publications based on data gathered by the Cancer Registry Division. Various topics, among others, include cancer mortality statistics, cancer incidence in Texas public health regions and the annual report of the registry.

For further information, call or write: Cancer Registry Division, Texas Department of Health, 1100 West 49th Street, Austin, 78756; phone 512—458-7265.

WHERE HAVE ALL THE CHILDREN GONE?

Pediatricians are multiplying faster than children, according to a new report in the *Journal of the American Medical Association*. While the number of pediatricians in the nation grew 89 percent between 1970 and 1985, the growth in the population of children younger than 10 years of age was 21 percent. Also affecting the specialty is inadequate pay for services and increasing poverty among the young patients served by pediatricians.

WHEN A PHYSICIAN IS A SUBJECT OF INVESTIGATION

The Texas State Board of Medical Examiners notifies physicians when an allegation against them has been received by the Board, unless such notification jeopardizes the investigation. The TSBME reports that this seems to be causing concern on the part of some physicians.

The notification letter serves the following purposes: to advise physicians of the receipt of allegations; to inform physicians of the investigation; to advise physicians generally as to the nature of the allegations; and to invite responses to the allegations.

By statute, the Board cannot disclose the details of the investigation to physicians. In the event the investigation identifies potential concerns, licensees are notified in writing of the nature of the Board's concerns and given ample time to present their case.

SUGGESTED IMMUNIZATION SCHEDULES PUBLISHED BY TDH

The Texas Department of Health (TDH) has published the latest version of the "Suggested Schedule for Routine Immunizations in Public Health Clinics in Texas." The schedule is based upon the recommendations of the Immunizations Practices Advisory Committee and the American Academy of Pediatrics. Included is the recommendation of Haemophilus influenzae type b vaccine for two-year-old children and the simultaneous administration of DTP vaccine, MMR vaccine and OPV vaccine for children 15 months of age and older.

Anyone interested in obtaining a copy should contact the TOMA State Headquarters.

RAP PROPOSAL "GONE WITH THE WIND"

The controversial proposal to lump radiologists, anesthesiologists and pathologists (RAPs) into Medicare's diagnosis related groups payment has been killed by the Congressional House Ways and Means Committee. The proposal had been the subject of intense opposition and lobbying by organized medicine, one reason being that if the proposal had been implemented, it was feared that other specialties would eventually have been singled out, one by one, under a similar proposal.

Defeat of the RAP proposal, likely one of the most heated issues to hit the medical community since the birth of Medicare, is a decisively sweet victory for the medical profession.

More Minority Physicians, Mission of TCOM's HCOP

A recent study funded by the Robert Wood Johnson Foundation has revealed that blacks make up approximately 12 percent of the population and three percent of physicians, while hispanics nationwide account for 6.5 percent of the population and four percent of physicians. These findings unequivocably tell the story that representation of minority groups as physicians is drastically off balance.

In an effort to rectify such odds, the Texas College of Osteopathic Medicine (TCOM) has, for seven years, conducted a program known as the Health Careers Opportunities Program (HCOP). Qualified minority students with an interest in medicine are selected to participate in HCOP, a highly motivational program which, upon completion, leaves most participants with quality learning skills and the confidence and encouragement needed to enroll in medical school. Room, board, travel and educational expenses are covered by HCOP funds and, incidentally, similar programs are in place at other medical schools across the country.

The 1987 HCOP was held at TCOM during an eight-week summer session during June and July, and bears the distinction of being the first conducted under a $1.5 million, three-year federal grant awarded by the Department of Health and Human Services. According to Carlos Puente, Assistant Director for Special Opportunities at TCOM, 42 students were selected, out of approximately 300 college students and recent college graduates throughout the country.

Puente says that the number of participants fluctuates yearly, depending on funding. In 1986, 89 students participated in the HCOP session, and he predicts 60 students for the 1988 HCOP session.

Participation selection for the 1987 summer program was accomplished by a committee composed of Edward Elko, Ph.D., Margaret Dansereau, M.S., and Puente, all of TCOM; Tamara Coward, of the Office of Special Opportunities at the Association of American Colleges of Osteopathic Medicine; and Clay Thompson, D.O., of Ohio University—College of Osteopathic Medicine.

Of the 42 participants, ethnic/racial identity was broken down as follows: Black, 18; Mexican/American, nine; Other Hispanic, five; Asian/Pacific Island, three; American Indian, four; Puerto Rican (Mainland), two; and Other, one. Eighteen were noted as economically disadvantaged and ages ranged from 19 to 37, with an average age of 23 and one-half.

Participant distribution by state was as follows: Arizona, one; California, three; Florida, three; Hawaii, two; Illinois, one; Indiana, one; Michigan, one; Mississippi, one; Nevada, one; New Jersey, three; New York, seven; Ohio, one; Tennessee, two; Texas, 13; and Virginia, two.

All instruction during the program is conducted by regular faculty and staff, and is presented at the upper division, undergraduate level. Courses are designed to introduce the basic biomedical sciences and provide a body of instructional material from which study skills testing can be accomplished. Course work includes biochemistry, anatomy, physiology, microbiology, pharmacology, osteopathic practices and principles, and learning strategies. The Stanley Kaplan MCAT review course is included, which is of vast importance, not only because it is a prerequisite for entrance into TCOM or other schools, but, according to Puente, "TCOM admission criteria is such that the MCAT has been related largely to success in the FLEX exam, once a student graduates."

HCOP participants also undergo American Heart Association CPR training, and one-day-a-week rotations through hospitals and clinics. A series of workshops is required attendance for the students and include medical ethics, financial aid and preparation of the medical school application. Academic credit is not offered to HCOP participants.

Averages on content exams are a very good indication that participants applied themselves to study and prepare for the exams. They are advised to focus on the learning PROCESS and course instructors endeavor to make the classroom experience similar in intensity to actual medical school. In terms of test data, the averages of content tests for the 1987 group were: anatomy, 82 percent; biochemistry, 73 percent; microbiology, 74 percent; pharmacology, 76 percent; and physiology, 76 percent.

The good news is that this motivational program is obviously working. After eight weeks of strenuous educational pursuit, at a time when most of their peers were most likely sun worshipping, all 42 participants in the 1987 program still want to become physicians. This is a successful testament in itself, because according to Richard Sinclair, Ph.D., TCOM Director of Admissions, there is usually at least one student who decides against a medical career after participating in HCOP.

During graduation exercises held for the 1987

group, Dr. Sinclair commented, "Minorities are definitely underrepresented in medicine. It's amazing that with 25 percent of the population of the state Hispanic, we do not get more applicants to medical schools.

"There are even fewer black applicants. It's critical to get more minorities into medicine. Hopefully, programs like this will accomplish that."

Puente says it is hoped that the program "...gave them the confidence they need to enroll in medical school." He added that the need and popularity of minority physicians is evidenced by a black graduate, now practicing in Polytechnic, and a Hispanic practicing on the near North Side of Fort Worth, both of whom have extremely large practices after only one year out of medical school. Both are TCOM graduates.

The program is a great confidence booster and just what the doctor ordered. The faculty and staff at TCOM were extremely pleased with the intellectual vitality and motivation of the 1987 HCOP group. The students were most serious in their efforts to improve themselves and it is strongly felt that many of them will enter the health professions and a significant number will enter osteopathic medical school.

Is HCOP successful in its mission of attracting minority students into medicine? Puente is one of the many staunch advocates of the program and believes the program is proving successful. According to Puente, the success rate is getting higher, "...in that there are several TCOM students who were HCOP participants from previous programs. In TCOM's 1987 freshman class, ten percent are underrepresented minority students. Out of those ten percent, we have five students who participated in the 1986 or 1987 programs.

"The number or success rate of these students in gaining admission, getting their MCAT scores up, and things of that nature, in order to enter one of our osteopathic schools, is improving. The motivation factor is there," added Puente.

To those previously unaware of HCOP, Puente stresses, "We have to get the word out."

"We really would like to get the word out to our alumni and other practicing D.O.s that this program is available. If anyone knows of a promising minority student needing help, especially with the MCAT, which seems to be the biggest barrier in achieving a good representation of minority students in particular, we would like to know.

"I feel we have a great program here and it's just a matter of getting more Texas people into it," concluded Puente.

To contact Mr. Puente for further information or to convey potential candidates for the program, direct your correspondence to: Carlos Puente, M.A., Assistant Director for Special Opportunities, TCOM, 3516 Camp Bowie Boulevard, Fort Worth, 76107 or call 817—735-2208 or 2203.

As Mr. Puente says, "We have to get the word out."

Quote of the Month

Writing on the media attention regarding physician dispensing, Sheila J. Smith, D.O., president of the Georgia Osteopathic Medical Association (GOMA), made the following statement in GOMA's July-August newsletter: *"It's rather ironic that doctors can inject or insert medication in all orifices of the patient's body except through the mouth without debate!"*

The newsletter reports that the Georgia State Board of Pharmacy has proposed a rule change for Georgia which would require doctors who dispense to maintain the same records as pharmacists. Currently, Texas, Massachusetts and Utah are the only states limiting the ability of physicians to dispense drugs from their offices.

MARK YOUR CALENDAR

TOMA

PUBLIC HEALTH SEMINAR/

LEGISLATIVE FORUM

December 5-6, 1987

Hilton Hotel, Arlington, Texas

Registration Form

— page 9

Enforcement of MAAC Limits

Many physicians may be receiving warnings in regards to MAAC limits by mid-November, alerting them of the possibility that they may be exceeding the limits, as set by the Omnibus Budget Reconciliation Act of 1986. This would apply only to physicians who did not sign a Medicare participation contract.

According to *American Medical News*, physicians issued warnings would have until the end of the year to bring their charges down to the MAAC limits. Those failing to comply may be fined up to $2,000 per violation or even barred from Medicare. The cap does not apply to each individual charge but rather to the average of all charges for a procedure during the calendar year.

New instructions from the federal government are requiring carriers to choose a sample of procedures, of the 10 most commonly performed in a physician's specialty, along with five others to be chosen at random, from which to monitor. Carriers will then establish a physician's compliance with the MAACs in each quarter of the calendar year by calculating the weighted average charge for procedures from the beginning of the year to the end of the quarter. Carriers will expand their monitoring in further monitoring periods to contain all procedures for physicians who surpass the MAACs in the sample, by a total of $500 or more.

When a carrier establishes that a physician has gone over the $500 limit, a potential violation notice will be sent within 45 days of the end of the period.

If the violation takes place during one of the first three monitoring periods, this particular notice will enumerate the procedures on which the MAAC was exceeded, assert that the physician, by reducing future charges, can still come into compliance, and gives the physician 15 days in which to contact the carrier in order to dispute the calculations.

If the violation occurs in or continues into the fourth period, the notice will again list the procedures where the MAAC was exceeded and provide the physician with 15 days in order to contact the carrier. However, at this time, the physician will not be given the chance to change future charges in order to come into compliance and, furthermore, the notice will state that the case has been referred to the inspector general of the Department of Health and Human Services for a possible sanction.

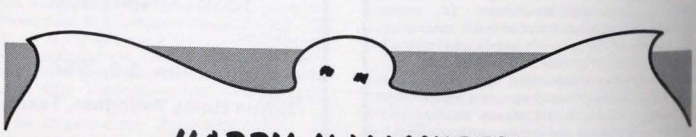
Prior to referring the case, the carrier is required to attempt to contact the physician "by phone or in person" for clarification, and must also do a second calculation to be certain the physician violated the MAAC.

The new monitoring requirements are designed for application this year, as well as in future years, however, Congress, in its 1988 budget deliberations, is considering MAAC changes that could require changes in the monitoring process.

Physicians who believe they might be over the MAAC limit may want to recalculate, because by the time warning letters are issued in mid-November, the end of the year deadline obviously leaves little time for correction. In order to avoid sanctions, some physicians might be forced to lower charges below last year's level, or in some instances, deliver free care.

If information on how to determine a MAAC is needed, the TOMA State Headquarters, upon request, will be glad to forward a form with examples, which was sent in a special mailing to physicians in December of 1986.

Additionally, we would like to issue a reminder that a MAAC Hotline was established in order to assist nonparticipating physicians with questions relating to the MAAC. The phone number is 214—669-7605 and the phone lines are staffed daily from 8:30 a.m. to 4: p.m.



Reprieve for Medicare "Overpayments"

Over 5,000 Texas physicians received letters in early August, giving them 30 days in which to pay a total of $13.3 million in alleged Medicare overpayments, due to conversion errors which occurred when BCBS converted to the HCFA Common Procedural Coding System in 1985. The Health Care Financing Administration, after negotiations with the TMA and AMA, decided to lengthen the payment deadline for 30 days from the date on the follow-up letters, which were mailed to physicians on September 18.

Physicians affected by overpayment recoupments can do several things when dealing with BCBS: Seek immediate reconsideration of the recoupment, stating you are not at fault and have not been advised why you are considered at fault; if you were aware of any increases in the reasonable charge screen for your services in 1985 and questioned the increase, document this fact and the response you received; if you were unaware of increases in the reasonable charge screen in 1985, specify why you or your office had no reason to question the amounts paid; mention the fact that "Special Medicare Newsletter No. 49", dated March 14, 1986, in which physicians were advised that the codes were changed, stated "Adjustments and/or overpayment requests will not be recognized by the carrier (BCBS)."

Other options which have been recommended to physicians are: Pay the alleged amount in full within 30 days of the date on the second letter received, thus avoiding a seven percent annual interest charge; take no action whatsoever, in which case BCBS will secure half of all future Medicare payments, with interest, until the time the amount of the overpayment is recovered; or, request an installment payment plan, indicating an installment rate, and stating your inclination to sign an agreement. However, be advised that in order to acquire the right to pay by installment, you must prove that paying the entire amount in one lump sum would result in financial hardship. Physicians opting for the installment plan should contact: Philip Koether, HCFA, 1200 Main Building, Room 2030, Dallas, 75202, or phone 214—767-3693.

Those wishing to file complaints, protests, or to secure documentation, should send a letter by certified mail, return receipt requested, to: Linda Parker, Medicare Part B, Overpayment Section, 2412 West Morton, Denison, 75020, phone 214—463-3895.

TMA Offers Computer Program for MAAC Calculations

The Texas Medical Association (TMA) is offering a computer program to physicians wishing to calculate their MAACs, which would enable them to make comparisons between their figures, and those assigned by Medicare Part B carriers, according to *American Medical News*.

The floppy disk program is intended for use with Lotus 1-2-3 and Symphony software on IBM personal computers, however, programs compatible with non-IBM software are expected to be made available from TMA within two months.

The computer program sells for $29 ($24 to TMA members) and can determine a physician's fee ceiling, in accordance with prescribed formulas. It has the approval of the Health Care Financing Administration and Blue Cross Blue Shield of Texas.

AOA Produces New Promotional Film

The AOA has produced a new 16-millimeter movie entitled, "Osteopathic Medicine: The Touch of Health", according to the September issue of *The DO*. The 17-minute film, available on a rental basis, is designed to acquaint general audiences with the osteopathic approach to health care and the education and training of osteopathic physicians.

To obtain a copy of the film, write the distributor, Film Depository, at 399 Gunderson Drive, Carol Stream, Illinois 60188, or phone 800—345-6522. The rental fee, which includes outgoing shipping costs by United Parcel Service, is $20.

Legislative Tax Bill Means Increased Fees

As reported in the September issue of the *Texas DO*, the Texas Legislature, during the special session, voted to implement a $110 temporary fee (occupational tax). Those affected are physicians, dentists, optometrists, chiropractors, psychologists, accountants, architects, engineers, real estate brokers, securities dealers, veterinarians and attorneys. Of each increase collected, $27.50 will be deposited to the credit of the foundation school fund and $82.50 to the state's general revenue fund.

A breakdown of the fees as they pertain to the Texas State Board of Medical Examiners and physicians is as follows:

	Present TSBME Fee	Legislatively-Imposed Temporary Fee	Total Fee
Annual Registration of Medical License	$ 92*	$110	$202
Licensure by Reciprocity	$500	$110	$610
Licensure by Examination	$500	$110	$610
Reinstatement of Medical Licensure after lapse or Cancellation	$150	$110	$260

The legislative provision is effective from September 1, 1987 to August 31, 1989.

**Mandated by the legislature*

Dean Davis Chairman of NTSU-TCOM Board

Austin attorney C. Dean Davis has been elected chairman of the board that governs North Texas State University/Texas College of Osteopathic Medicine. He is currently serving his second non-consecutive six-year term on the Board of Regents.

Davis is a senior partner in the law firm of Davis & Davis in Austin, and serves as general counsel for the Texas Hospital Association, Texas Pharmaceutical Association, Texas Association of Life Underwriters and the Texas Hospital Insurance Exchange. He is also well known for his frequent medical-legal articles for hospitals, medical and pharmaceutical publications.

"TCOM is in a position of strength that it's never enjoyed before," Davis said to the board after his election. "I don't foresee any great change there because that's already occurred. My task is to take the baton and run with it."

The new chairman succeeds Corpus Christi businessman Wayne O. Stockseth, whose term as a regent expired in May. Stockseth continues to serve until someone else is appointed to his seat on the board.

ATOMA Needs You!

By Mrs. Brad (Liz) Cobb
ATOMA President-Elect
& Membership Chairman

It seems to me I have given a lot of information over the past few months, however, maybe, I am educating the wrong group of people. Maybe I should be talking to the 1800 members of TOMA instead of the 163 ATOMA members. So, that is the intent of this article.

"Where's the Beef?" We have all heard this famous expression by now. It has been used in nearly everyone's daily lives and it means much more than "Where's the Beef". So, I decided to use it now. "Where's the Beef?" The beef of ATOMA is still in the pockets of our physician spouses.

You, the 1800 TOMA members, should be commended for your support of your state association. You should be praised for remaining faithful to a profession that is different. You should be applauded for having the courage to be a different doctor. However, you should be chagrined for not encouraging the same from your spouse, your helpmate, your Rock of Gibralter.

Since June, I have told them repeatedly, that we aren't going to drag them off on some mission unknown to man, and I have begged for their support. I know, now, that I'm talking to the wrong party. We need the support you doctors offered in the beginning stages of ATOMA. We need to know that you still want us as your auxiliary. We have been there for you, making the public aware of what an osteopathic physician is. We were there when you asked for help with scholarships. We were there when you asked for monetary help for impaired physician's families. With our Fund Raiser's help, the State of Texas gets more of the "other doctors", so, therefore, TOMA can have more members.

So, come on, docs! We aren't fair-weather friends. We really do need your support. Please take the three minutes it will take and send in your spouse's $20.00 ATOMA dues today. You have my personal guarantee that it is painless!

HCFA Pushing Generic Drugs

The Health Care Financing Administration (HCFA), in an effort to permit federal and state governments to benefit by savings achieved through the use of generic drugs via new regulations, is pushing generics over name brands in the treatment of Medicaid patients.

According to HCFA, the new rules, published in the July 31 *Federal Register* and due to take effect late October, ". . . provide the individual states with more flexibility in the design and administration of drug payment programs." HCFA also expects the rules to ". . . conserve federal and state resources by encouraging prudent purchasing of pharmaceuticals on behalf of Medicaid patients."

The rules provide limited payment by the HCFA for generic drugs at 150 percent of the most inexpensive generic form of therapeutically equivalent drugs, as well as a dispensing fee set by the state. Although brand name drug prescribing is still permitted, prescribers will have to specify why the brand name is necessary, a requirement which is anticipated to generate more generic prescribing. HCFA will not ask for details of states' payment systems, but rather base their approval on states' assurances that all regulatory requirements have been met.

HHS Pondering Medicare PPO Proposals

The Department of Health and Human Services (HHS) is considering proposals to be included in President Reagan's 1989 budget which would offer incentives to Medicare beneficiaries seeking treatment from preferred providers, who, in turn, would receive certain perks themselves.

Officials of the Health Care Financing Administration (HCFA) are studying the possibility of moving Medicare's participating physician program to another level, whereby the government would pay Medicare carriers for creating and marketing PPOs large enough to at least cover one county. Under the proposal, physicians joining would be monitored for quality and utilization, and in areas where significant numbers of physicians joined, the PPO would ultimately replace the participating physician program.

As in the Medicare participating physician program, PPO physicians would follow basically the same guidelines — the requirement to take all cases on assignment and not bill patients for the balance between their usual fee and the Medicare payment allowance. However, the incentives included in the proposal are higher future fee increases for physicians participating in the PPO. Although Medicare beneficiaries would be permitted to retain non-PPO physicians, these patients would be burdened with higher coinsurance than those choosing PPO physicians, thus, an added incentive to physicians who join the PPO would be a greater patient flow.

The HCFA contends that long-term savings could be accrued under such a PPO network in that high cost physicians and those with questionable competency would eventually be weeded out, leading to lower fees coupled with the higher coinsurance amount collected from non-PPO patients.

The PPO proposal has to be granted approval from the Office of Management and Budget before it can be included into the 1989 budget given to Congress early next year.

A proposal offered by the HHS Office of the Inspector General (IG) is a contract for Medicare heart bypasses, recommended in a report entitled "Coronary Artery Bypass Graft (CABG) Surgery", from the IG office. A federally funded study revealed that survival rates are highest at facilities performing at least 200 CABGs annually, with shorter lengths of stay as well as lower costs. HHS Inspector General Richard Kusserow is recommending a small scale study, however, criteria must first be developed in order to rate quality of bypass surgery at facilities. HCFA is currently collecting needed data on CABG cases with eight Medicare PROs and will implement a demonstration whereby the government would explore contract package prices. A controversial aspect of the proposal is whether to contract with the physician or the facilities. HCFA has opted for the facilities while Kusserow's report opts for physician contracts.

Contracting with Alternative Delivery Systems

James J. Hughes, Jr.
Bricker and Eckler, OOA Legal Counsel

In the past it was rather simple. The patient came to the physician; the physician provided the service and then rendered a bill, filled out insurance forms or filed a claim with one of the various governmental payment systems.

With the proliferation of alternative delivery systems (ADS), this has all changed. Today the physician must deal with all forms of payment systems in order to get paid for his services.

No two of these systems are alike. Each has its own particularities. There is little general advice that can be given to the physician that has applicability to all the forms of ADS. There are even substantial differences between the plans within the generic terms PPO, PPO with Indemnity and an HMO. The best advice that can be given is to thoroughly understand the contract and get written explanations for those portions that you don't understand. Even the form of contract can be substantially different. It may be be a regular provider contract, a "plan" to which the physician subscribes, membership in a panel, board or medical staff.

Some of the areas that you should understand are the payment system, the relationship between you and the patient, ownership of medical records, ability to refer the patient to other physicians and/or to admit to a hospital and the pre- and post- admission authorizations that will be required of you.

Payment

Probably the most confusing area of the ADS is the method of payment. This should be spelled out with exactitude. You should know specifically what you have to do to get paid and the method of how and when the payment will be made.

*Is payment made on a fee schedule: If so, how is the schedule set? Can the payor or the ADS company arbitrarily modify the fee schedule? Do I receive the whole payment at the time of service or is there a hold back feature? Are there any penalties for failure to comply with applicable utilization review or billing requirements?

*If there is a hold back, is the percentage that I get back based upon my performance, the performance of the plan as a whole, or the performance of a group? How long does the hold back continue? Is it paid out monthly, yearly or on what basis? Who determines the pay out?

*Is payment on some form of capitation or DRG basis? If so, what? Do I have to enroll my patients? Will the plan assign parents to me? Does the plan propose to shift business to me?

*How will I be paid in the event that my patient is no longer covered by the ADS or I terminate my ADS provider contract?

Physician - Patient Relationship

Essential to the perceived success of any ADS is the belief that the plan will manage care. There can be no question that any form of managed care will affect the physician - patient relationship. The physician should know the extent that the ADS will intrude into this relationship.

*Will the plan assign patients to me? If so, on what basis? If I leave the plan, will I be able to retain my patients or will they be transferred to some other physician?

*Will I be able to refer my patients to other physicians as I have in the past? Will I be able to admit my patients to the hospital that I customarily use?

*Is there an approved list of physicians, hospitals, nursing homes, skilled care facilities, out-patient facilities or laboratories? May I choose to use providers not on the approved list? If I do, will it affect my compensation? Is there a bonus or other incentive for me to use the approved provider?

*Will the plan assure that I can practice in other hospitals where I presently do not have staff privileges?

→

*If the plan overrules my medical judgement or choice and something goes wrong, will the plan indemnify me for its action? Is there a right of appeal from such a decision?

*Who owns my patient records, the plan, me or the patient? If the plan wants copies of the records, who pays for the copies?

*To what extent can I follow the patient's desires in a course of treatment if such patient desires conflict with directives from the ADS?

Plan - Physician Relationship

One of the fundamentals in the managed health care system is the control that the plan exercises over hospital admissions where admissions can be eliminated by out-patient treatment, the plan will usually choose such. Same day surgery, out-patient surgery, home health care and other alternatives to hospital admissions are standard. Pre-admission certification is required in most plans except in an emergency. Where there is an emergency, post-admission certification is the norm. An approved discharge plan is becoming standard. At each of these decision-making stages the ADS will want to become involved in the decision making procedure. You will want to know the extent of that involvement. Who is really making the medical judgement in such cases and what is the effect of the decision?

*Does the plan require pre-admission certification in non-emergency cases?

*Who gives the consent? What kind of time frame is needed? Will it require the patient to go to a hospital that the patient would not have selected? Will it allow hospitalization at a hospital where I am on staff, or will it require the patient to be admitted to one where I am not on staff? Will it require the hospital to grant me privileges to attend the patient when it sends the patient to a hospital where I am not on staff?

*Will the plan publish a list of procedures that are to be done on a same day surgery or out-patient basis? How can I get the plan to deviate from such list if I, in my medical judgement, believe in a different course of treatment?

*Does the plan require post-admission certification for emergency admissions?

*Where the plan disagrees with the hospitalization, can it disapprove payment of either the hospital bill or my fee? Can it require that I pay the hospital bill? In the event my fee is denied, can I bill the patient for such fee?

*Does the plan employ discharge planners? Do they visit the patient? Do they coordinate the discharge plan with the hospital? What is the role the discharge planner plays with me?

*Does the plan have access to a skilled nursing facility or nursing home? With a home health agency?

*What type and amount of insurance does the plan carry? Does it cover me? To what extent? Is the plan an indemnity program or is it the mere administrator for some other party (usually the employer)?

*On what basis can I get out of the plan? Is it limited to termination at year-end? If I get out, will my patients be required to stay in the plan? Will they be able to choose me? If they do, will my services be covered? Will they have to make a co-payment or other payment of my bill? The hospital's?

*What is the economic viability of the plan? If the plan becomes insolvent, do I have any obligations to the patients? To the plan? To the creditor's of the plan? What is my right to collect for services that I have already rendered?

*Will the plan use my name in its advertisements? If so, do I have to wait some period of time before it will be included?

*Does the plan treat primary care physicians differently than those that normally receive patients by referral? If so, is there a different method of payment? As a primary care physician, will I be able to refer my patients to any approved specialist, or will the plan dictate to whom I refer?

*Does the ADS prohibit my conduct of private practice or servicing other ADS plans?

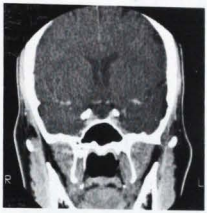
*Must I give the ADS the lowest charge I offer other ADS plans?

*If I conduct my practice through a PC, can my PC contract with the ADS?

*Does the ADS require me to indemnify it for any losses it incurs as a result of my actions or omissions? Would the existance of such an indemnification provision result in my malpractice insurance company cancelling my insurance coverage?

The above list of questions is not offered as an exhaustive list or as a substitute for legal counsel as to the contractual obligations you may incur with respect to participating in an ADS. It is presented, as noted at the outset, as a representative listing of issues that should be considered by a physician before agreeing to participate in an ADS.

[Reprinted from the Buckeye Osteopathic Physician, *the monthly publication of the Ohio Osteopathic Association, July 1987]*



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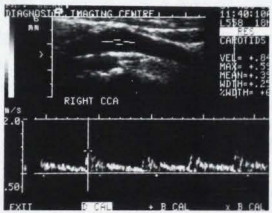

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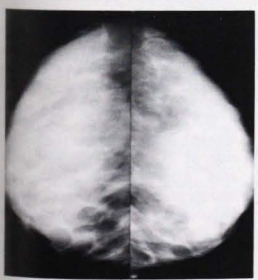

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In Memoriam

Colonel D. Brashier, D.O.

Colonel D. Brashier, D.O., of Rowlett, passed away June 20 at the age of 55. Funeral services were conducted in Restland Wildwood Chapel with graveside services the following day in Memory Garden, Hope, Arkansas.

A 1961 graduate of Kansas City College of Osteopathy and Surgery, Dr. Brashier interned at Fort Worth Osteopathic Hospital and served an internal medicine residency at Detroit Osteopathic Hospital and Dallas Osteopathic Hospital.

He had lived in Rowlett for over 12 years, practicing in Dallas, until opening an office in Rowlett in 1985. Dr. Brashier had been a TOMA member since 1964, a member of TOMA District V, and also was a member of the American Osteopathic Association. In 1973, he became a certified Fellow of the American College of Osteopathic Internists.

According to his wife, Rose Picola Brashier, he "gave his all to medicine, and had long ago expressed the desire to be the kind of doctor who related to his patients . . . with personal concern for their health and welfare."

He was the author of several books, the best known of which was a novel entitled *Evensong*, and painting was another of his many talents.

Survivors include his wife; his mother, Martha Brashier, of Hope, Arkansas; and one brother, Bill Brashier of Iowa City, Iowa.

Open Meeting Law Allows for Videotaping

A new law which took effect September 2 changes the Open Meetings Law whereby cameras are now permitted in all public state meetings, primarily to give access to television news cameras.

According to *Austin American Statesman*, Gene Mitchell, executive director of Patients Against Injustice and Neglect, was permitted by the Texas State Board of Medical Examiners to videotape the TSBME meeting held in late August, although the law had not gone into effect yet. This unprecedented film is the only such film coverage of any state agency.

G. Valter Brindley, Jr., M.D., executive director of TSBME said, "We felt it would be perfectly permissible for him (Mitchell) to do that. It's all public anyway. We didn't mind that at all.

"Anytime there's any public meeting that's open, he's certainly welcome."

Mitchell plans to accumulate a video library on TSBME, to include disciplinary hearings, and has thoughts of selling tapes containing highlights of the meetings.

Senator Kent Caperton, sponsor of the legislation, said the intent of the new law ". . .is to allow either the media, public interest groups or just Joe Citizen to have full and complete access to public deliberations." He added that he knows of no other state agency that will possibly be videotaped by a citizen.

TOMA Members Named to TCOM Advisory Council

M. Lee Shriner, D.O., of Bowie, and M. McKim Davis, D.O., of Bedford have been named to the Texas College of Osteopathic Medicine Advisory Council.

Dr. Shriner, president-elect of TOMA, opened the Shriner Family Clinic in Bowie in 1970. He has served as a member of the TOMA House of Delegates since 1973, is a member of TOMA's Finance Committee, and is second alternate delegate to the AOA. A certified general practitioner, Dr. Shriner is also an aviation medical examiner and a diplomat of the National Board of Examiners for Osteopathic Physicians and Surgeons.

Dr. Davis, an emergency medicine and general practice physician, is a member of TOMA's Environmental Health and Preventive Medicine Committee. She is president-elect of the TCOM Alumni Association and serves as a clinical assistant professor of general and family practice at TCOM.

Also named to the Advisory Council was a Fort Worth business executive, Carson R. Thompson. Thompson is chairman of the board, president and chief executive officer of Tandy Brands, Inc.

Reappointed to the Council were Claude G. Rainey, president of Health Care of Texas Inc.; Maxie Davie, vice president of corporate affairs for Texas-New Mexico Power Company; and Lewis T. Patterson of Hawaii.

TCOM's Advisory Council is charged with evaluating the relationship of TCOM to Fort Worth, Tarrant County, the North Texas region and the state, and assisting the college in making certain that the involved communities are aware of the role that TCOM can and should play in supporting the health care needs of the state.

Increased Support for TCOM Aging Research Urged

One of Tarrant County's leading senior citizen organizations has forwarded a resolution to state and federal officials urging increased support for research on aging at Texas College of Osteopathic Medicine (TCOM).

The Senior Citizens Alliance of Tarrant County Inc. adopted the resolution commending studies in aging being conducted at TCOM and North Texas State University. Copies of the resolution were sent to House Speaker Jim Wright, Texas Senators Lloyd Bentsen and Phil Gramm, Governor Bill Clements, Tarrant County legislators and other state officials.

The paper particularly noted TCOM's recent international symposium on diet and cancer, organized by Myron Jacobson, Ph.D., and Elaine Jacobson, Ph.D., of TCOM's biochemistry department, which attracted 200 scientists from 21 countries in June. Also noted was a recent grant in the amount of $3 million, awarded to Robert Gracy, Ph.D., chairman of TCOM's biochemistry department. Dr. Gracy, who holds joint appointments at TCOM and NTSU, was awarded the grant for proven researchers through the National Institutes of Health to study aging and the immune process.

"Such medical research will prove cost efficient and result in great savings in health care costs in the future," said George K. Miller, a retired Air Force colonel and president of the alliance. He noted that the elderly age group of the nation is growing at a more rapid rate than any other segment of the population. "One of every four Americans will be 65 or older by the year 2000.

"And costs for the elderly now consume 30 percent of the nation's total health care costs and are expected to increase in the future," he said. "It just makes sense to target the elderly in dollars spent for medical research."

TOMA Members Re-elected to AOA Positions

During the July meeting of the American Osteopathic Association's House of Delegates meeting in Chicago, two TOMA members were re-elected to high ranking positions.

T. Eugene Zachary, D.O., Vice President for Academic Affairs and Dean at Texas College of Osteopathic Medicine, was re-elected speaker of the AOA's House of Delegates. Dr. Zachary is the first physician to serve concurrently as speaker of three major osteopathic organizations: the AOA House of Delegates, the TOMA House of Delegates, and the Congress of Delegates of the American College of General Practitioners in Osteopathic Medicine and Surgery.

David R. Armbruster, D.O., FACGP, a general practitioner and proctologist in Pearland, was re-elected to a three-year term as a member of the Board of Trustees of the 18,600-member AOA. Dr. Armbruster is a past president of TOMA.

Our congratulations to Drs. Zachary and Armbruster.

HANDS - ON TRAINING

Extremity Treatment Techniques of W.G. Sutherland, D.O.

SUNDAY, NOVEMBER 1, 1987

Presented by:

Texas College of Osteopathic Medicine's Office of Continuing Medical Education; supported by Dallas Southwest Osteopathic Physicians, Inc., Center for Osteopathic Research and Education and Dallas/Fort Worth Osteopathic Study Group

Location:

Texas College of Osteopathic Medicine
3516 Camp Bowie Boulevard
Fort Worth, Texas 76107-2690
Medical Education Building 1
Sixth Floor OMT Labs

Workshop:

The workshop will consist of individual small group hands-on guidance sessions directed by faculty members of the Dallas/Fort Worth Osteopathc Study Group.

The morning session will focus on Sutherland Techniques on the upper extremity followed by an afternoon session on the lower extremity.

Contact:

Cheryl Cooper, Coordinator
Continuing Medical Education
Texas College of Osteopathic Medicine
817/735-2539

Accreditation:

8 Hours Category 1-A, AOA

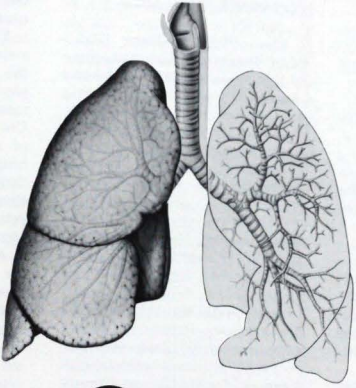
New Medicare Regulations in Effect

As of October 1, 1987, non-participating physicians or those with non-assigned claims under Medicare must communicate more about their charges to patients and, in some cases, refund money to patients. These and other Medicare changes were passed in 1986 under the Omnibus Budget Reconciliation Act. Most of the changes took effect October 1, 1986, adding incentives in an effort to increase participation in the Medicare program.

Physicians performing procedures or services deemed medically unnecessary by the PRO and/or Blue Cross Blue Shield of Texas, the Texas Medicare carrier, will have to refund payments received from patients. Payments must be made within 30 days of receiving a denial notice (or 15 days after losing an appeal on the issue). Those failing to adhere to the law can face a $2,000 assessment for each instance.

Physicians performing elective surgery in excess of $500 must inform patients, in writing, of the expected actual cost of the procedure; the cost expected to be approved by Medicare; the excess of the actual over the approved amount; and the amount of coinsurance that applies.

Consider the causative organisms...



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250-mg Pulvules® t.i.d. offers effectiveness against the major causes of bacterial bronchitis

Haemophilus influenzae, Streptococcus pneumoniae
(ampicillin-susceptible and ampicillin-resistant)

Note: Ceclor is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

Ceclor® (cefaclor)

Summary. Consult the package literature for prescribing information.

Indications: Lower respiratory infections, including pneumonia, caused by susceptible strains of *Streptococcus pneumoniae, Haemophilus influenzae,* and *Streptococcus pyogenes* (group A β-hemolytic streptococci).

Contraindication:
Known allergy to cephalosporins.

Warnings:
CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY. POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS.
Administer cautiously to allergic patients.
Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.

Precautions:
• Discontinue Ceclor in the event of allergic reactions to it.
• Prolonged use may result in overgrowth of nonsusceptible organisms.
• Positive direct Coombs' tests have been reported during treatment with cephalosporins.
• Ceclor should be administered with caution in the presence of markedly impaired renal function. Although dosage adjustments in moderate to severe renal impairment are usually not required, careful clinical observation and laboratory studies should be made.
• Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
• Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)
Therapy-related adverse reactions are uncommon. Those reported include:
• Gastrointestinal (mostly diarrhea): 2.5%.
• Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
• Hypersensitivity reactions (including morbilliform eruptions, pruritus, urticaria, and serum-sickness-like reactions that have included erythema multiforme [rarely, Stevens-Johnson syndrome] or the above skin manifestations accompanied by arthritis/arthralgia and, frequently, fever): 1.5%; usually subside within a few days after cessation of therapy. Serum-sickness-like reactions have been reported more frequently in children than in adults and have usually occurred during or following a second course of therapy with Ceclor. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.
• Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.
• As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.
• Rarely, reversible hyperactivity, nervousness, insomnia, confusion, hypertonia, dizziness, and somnolence have been reported.
• Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1%; and, rarely, thrombocytopenia.

Abnormalities in laboratory results of uncertain etiology
• Slight elevations in hepatic enzymes.
• Transient fluctuations in leukocyte count (especially in infants and children).
• Abnormal urinalysis; elevations in BUN or serum creatinine.
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FYI

HOSPITALS MUST NOTIFY PATIENTS OF NON-COVERAGE

Medicare policy now provides for the use of non-covered admission notices to be given to a Medicare-covered patient's hospital stay as long as admission criteria was never met. However, the beneficiary's liability for the charges may vary, depending upon at what point the notice is issued during hospitalization.

Notices issued prior to or at time of admission make the patient immediately liable for charges incurred. If the notice is issued within four hours of admission and before 3 p.m. of the day of admission, the beneficiary becomes immediately liable for charges subsequent to the receipt of the notice. Lastly, notices given at any other time later on during hospitalization, with no regard to the time of day or night, makes the patient liable for charges beginning at noon the following day after the notice is given.

In order that patients may be better informed of charges for which they will be liable in cases of non-covered hospital admissions, admitting or referring physicians should familiarize themselves with Medicare regulations concerning non-covered admissions.

MEDICARE ELIGIBILITY DATABASE AVAILABLE

The official Medicare Eligibility Database, under authority of the Department of Health and Human Services, Health Care Financing Administration (HCFA), is currently available, according to the August issue of the *Journal of the AOA*.

The database was implemented in order to give health care providers immediate access and inquiry into the Health Insurance and Group Health Plan master files. The files, updated monthly by the HCFA, contain the most current eligibility information, displaying the status of a Medicare beneficiary, along with all pertinent Medicare information regarding the beneficiary. Group health plans may query their own membership and make basic transactions to their membership rolls, which are automatically submitted to the HCFA at the end of each month.

Network access to the database is offered through the use of a local telephone call from most regions in the United States. For further information on the Medicare Eligibility Database, contact Litton Computer Services, 5490 Canoga Avenue, Woodland Hills, California 91367; phone 818—715-5240.

NAVY RESCINDS OMT BAN POLICY

The newsletter of the Association of Military Osteopathic Physicians and Surgeons (AMOPS) reports that a policy issued last August by the Naval Medical Command, which prohibited D.O.s from providing OMT in Navy hospitals, has been rescinded.

The controversial ruling drew a storm of protests from AMOPS, the AOA and individual Navy physicians. As a result, a new memo signed by Chase Untermeyer, Assistant Secretary of the Navy, was distributed to hospital commanders stating that "appropriate clinical privilege sheets will be revised to include osteopathic manipulative therapy."

All three services now allow for privileges in manipulation based on the possession of a D.O. degree or on training in manipulation for allopathic physicians.

JCAH ACCREDITATION SOUGHT FOR PRUDENTIAL HMOs

Prudential Insurance Company is seeking accreditation for its health maintenance organizations (HMOs) by the Joint Commission on Accreditation of Hospitals (JCAH), according to a report in *American Medical News*.

The company operates plans in 35 metropolitan areas and is expected to expand into an additional 60 in the near future. The first of Prudential's plans to be accredited will be its PruCare and Prudential Plus plans in Houston; Oklahoma City, Oklahoma; Charlotte, North Carolina; and Atlanta, Georgia. The company forecasts that all of its plans will be accredited within four years.

The company is going for JCAH accreditation due to the competitive nature of HMOs,

which will set its plans on a higher level, as well as the belief that HMOs may very well be pressured into acquiring accreditation eventually.

HOUSTON AIDS HOSPITAL TO CLOSE

The Institute for Immunological Disorders, the nation's first AIDS hospital, located in Houston, will be closing its doors due to financial losses of more than $7 million in less than a year.

American Medical International (AMI), a for-profit chain of 80 United States hospitals, entered into an agreement a year ago to operate the facility for AIDS victims with the University of Texas, which has provided physicians to staff it.

Although it was initially hoped that a balance of paying and non-paying patients would be achieved, $5 million of the $7 million loss is due to unpaid medical bills. Uninsured patients coupled with lack of public funds has forced AMI to begin phasing out the programs and services offered by the hospital, which could take up to a year to carry out.

Uninsured AIDS patients will be receiving care at Ben Taub Hospital while insured patients will be directed to AMI's other Houston hospitals.

HOSPICE INFORMATION AVAILABLE

According to the August issue of *Texas Hospitals*, the Hospice Education Institute, a non-profit organization based in Essex, Connecticut, is offering free nationwide "HOSPICELINK" services to individuals seeking information and/or referrals on hospice care and services. The toll-free number is 800—331-1620.

"HOSPICELINK" maintains a computer-based directory of hospices in the country, thereby placing those desiring this type of care in areas as accessible as possible to family members. General information regarding the principles and practice of hospice care is also given to callers.

Currently, over 1,500 hospice services throughout the United States offer highly specialized care to those suffering from terminal illnesses. Hospice care also provides emotional and practical support for family members throughout the patient's illness, as well as after death.

For additional information, contact: Hospice Education Institute, 5 Essex Square, Essex, Connecticut 06426; 800—331-1620 or 203—767-1620.

Osteo-Fact

A special Summer, 1987 edition of *People Weekly*, toted as a collectors' edition, featured tidbits on past and present Hollywood stars.

Fred Astaire's source of talent, as quoted in the magazine, is contributed to "Knock-knees", according to a report by the California Osteopathic Association.

Dr. Friess Joins TCOM Faculty

Gregory G. Friess, D.O., F.A.C.P. recently joined the Texas College of Osteopathic Medicine's Department of Medicine.

Dr. Friess is a 1979 graduate of TCOM. He completed a residency in medicine in medical oncology at Brooke Army Medical Center where he was chief of the Hematology/Oncology Clinic from 1984 to 1987.

He is a member of the Southwest Oncology Group, the American Society of Clinical Oncology, and is a fellow of the American College of Physicians. Dr. Friess' practice will be limited to hematology and oncology.

He joins the following physicians in the Department of Medicine: Russell G. Fisher, D.O., Cardiology; Monte E. Troutman, D.O., Gastroenterology; Michael D. Clearfield, D.O., Patrick L. Trinkle, D.O., and C. Raymond Olson, D.O., General Internal Medicine; Howard Graitzer, D.O. and Charles T. Maxvill, D.O., Geriatrics and Internal Medicine; Francis X. Blais, D.O., Infectious Diseases; Jeffrey M. Bleicher, D.O. and Jack O. Gratch, D.O., Nephrology; William E. McIntosh, D.O., Neurology; Robert G. Garmon, D.O. and David Ostransky, D.O., Pulmonary Medicine; and Bernard R. Rubin, D.O., Rheumatology.

Opportunities Unlimited

PHYSICIANS WANTED

MEDICAL PRACTICE FOR SALE — Thriving, lucrative, well-established medical practice in Tri-plex medical building, leased and for sale, with equipment. Close to area hospitals in heavily-growing area by a lake in Garland. Details: 611 Sorita Circle, Heath, 75087 or phone 817—226-0575. (14)

PHYSICIAN NEEDED — for family practice minor emergency clinic. Modern well-equipped clinic in East Texas Lakes area. $25.00 hourly, sleeping accommodations. Contact: Linda at 1—409—634-8343. (13)

GENERAL/FAMILY PRACTICE — Live the good life in the beautiful hill country of Texas. Mason is a clean friendly town of 2,000 and is two hours from either Austin or San Antonio. Eight tournament quality lighted tennis courts as well as a nine hole golf course for play this fall. Office based general/family practice with surgical assist privileges available in two nearby hospitals. Female physicians encouraged to apply. Call Jim Pettit, D.O., 915 — 347-5926 anytime. (12)

PSYCHIATRIST-Dallas — Inpatient adolescent C/D unit needs an aggressive, visible medical director. Serves as the private attending for patients admitted to the unit and supervises treatment protocol. Previous experience with an established practice desirable. Interested candidates submit current C.V. and letter of introduction to Steve Peterson, Administrator, Metropolitan Hospital, 7525 Scyene Road, Dallas, 75227. (17)

NACOGDOCHES — Physician needed for family practice/minor emergency clinic. Modern well-equipped clinic in East Texas. Salary negotiable. Contact: University Drive Health Center, 409—564-1188. (48)

PHYSICIAN PRACTICE — opportunities are currently available in prospering northeast Tarrant County. The Mid-Cities area of the Dallas/Fort Worth Metroplex is currently experiencing exceptional population growth. Opportunities now exist for aggressive family practitioners and other specialists in areas near HCA Northeast Community Hospital. Northeast Community is a full service, state-of-the-art, acute care hospital. With a nine-bed emergency center, twelve-bed ICU/CCU, five surgical suites, CT scanning, MRI, and nuclear medicine, Northeast serves the Mid-Cities with comprehensive total health care. Recruitment assistance is available. Send C.V. and letter of introduction to Mr. Rob Martin, Administrator, and C.E.O., HCA Northeast Community Hospital, 1301 Airport Freeway, Bedford, 76021. (16)

MINEOLA — General/family practice physician needed to join existing practice in east Texas. Large clientele. Opportunity to buy practice in future when established physician retires. Contact: Carter McCorkle, D.O., Box 627, Mineola, 75773; or phone 214—569-5743 between 2:00 and 5:30 p.m. (24)

APPLICATION BEING SOUGHT — for Assistant or Associate Professor created to teach in Department of General and Family Practice courses, as well as clinical supervision of medical students. Salary commensurate with credentials and experience. Submit Curriculum Vitae: L.L. Bunnell, D.O., Chairman, Department of General and Family Practice, TCOM, 3516 Camp Bowie Boulevard, Fort Worth, 76107-2690. TCOM is an Equal Opportunity Employer. (28)

PHYSICIAN SEEKING GENERAL PRACTICE OPPORTUNITY — in the East Texas or Hill Country areas. Completes General Practice residency in August, 1988. Please send inquiries to: TOMA, Box "408", 226 Bailey Avenue, Fort Worth, 76107 (02)

PRACTICE FOR SALE — and office building for lease. Please write Joseph L. Love, D.O., 4400 Red River Street, Austin, 78751 or call 512—452-7641. (30)

GENERAL PRACTICE - DALLAS — Private practice opportunity with the Family Medical Clinic, an affiliate of Metropolitan Hospital. Excellent location in rapidly growing Southeast Dallas neighborhood. Multi-specialty support plus on-site lab., x-ray and pharmacy complement this dynamic environment. Contact Steve Peterson, Administrator, Metropolitan Hospital, 7525 Scyene Road, Dallas, 75227. Phone 214—381-7171. (44)

GENERAL AND FAMILY PRACTITIONER — needed for well established and fast growing Minor Emergency Center located south of Fort Worth. Excellent opportunities available. Please send resume or contact B. Craig Nelon, D.O. or William A. Thomas, Jr., D.O., Burleson Minor Emergency Center, 344 S.W. Wilshire Blvd., Burleson, 76028; 817—447-1208. (49)

ORTHOPEDIC SURGEON — Doctors Memorial Hospital, Tyler, is searching for an orthopedic surgeon. The hospital has recently purchased an additional $175,000 worth of orthopedic equipment including a new C-arm, orthoscope, fracture table and so forth. Income potential unlimited, free office available. Contact Olie Clem, 1400 West S.W. Loop 323, Tyler, 75701. Phone: 214—561-3771. (50)

RIO GRANDE VALLEY AREA — D.O. wishes to retire after over 20 years. Established office practice with equipment. Terrific opportunity for young doctor seeking general practice in small South Texas community. Call 512—787-9301 or write P.O. Box 1213, San Juan, 78589. (23)

POSITIONS DESIRED

PHYSICIAN ASSISTANT (Board Certified) — seeks part-time position; has five years experience as first assist to general surgeon. Interested in general surgery, internal medicine and family practice. Contact: John G. Henevadl, 1111 N. O'Connor Road, No. 121, Irving, 75061. Phone 214—254-6523. (07)

AMERICAN MEDICAL GROUP, P.A. — is seeking parttime, personable, qualified general or family practitioner with emergency room to staff a low volume, small hospital ER in the metroplex. Physician must have his/her own malpractice insurance. If interested, call Henry Underwood, D.O., at 214—867-3998. (42)

OFFICE SPACE

FINISHED OUT MEDICAL SPACE — 1,470 sq. ft. space available at the Northeast Health Care Center in Hurst, Texas, a suburb of Fort Worth. Inside medical office complex with surgery center, lab, diagnosis center and pharmacy. Please call Les Hill at 817—498-9211 for more information. (43)

OFFICE SPACE AVAILABLE — Ideally located in the 3600 block of Fairmount. Reception area business office, two exam-treatment rooms and private office. Immediate occupancy. Perfectly suited for an internist, family practice, etc. $500 monthly. Contact Dr. Harold B. Younger, 214—526-7122. (25)

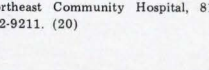
"MULTI DOCTOR" — Medical office space for lease in Bryan/College Station (population approximately 125,000), currently only one D.O. Need unique doctor that is preventive medicine oriented to occupy approximately 1,200 sq. ft. at $9 per foot including utilities and x-ray equipment. Call Dr. Kevin Schachterle, D.C. at 409—696-2100. (35)

TWO MEDICAL OFFICE SPACES FOR LEASE — in Euless, heart of booming metroplex in established location near Harris HEB and Northeast Community Hospitals. 1,500 + and 1,600 + square feet — $9.00 per foot including utilities. X-ray equipment available on premises; pharmacy on premises. Call Bill Wyatt, 817—282-6717; or write 701 W. Pipeline Road, Hurst, 76053 (31)

NEW OFFICE FOR MEDICAL PRACTICE — 1,300 sq. ft. finished and ready for occupancy. Reception area with business office, two examination rooms, private office, x-ray, bathroom and small laboratory space. Office can be expanded to 2,660 sq. ft. Located in Grand Prairie, five minutes from Dallas/Fort Worth Medical Center. Please call George Miller, D.O., 214—969-7477 for more information or to make an appointment to see the property. (05)

PROFESSIONAL OFFICE SUITE AVAILABLE — in prospering northeast Tarrant County, part of the Dallas/Fort Worth Metroplex. Professional building adjacent to HCA Northeast Community Hospital, 1401 Airport Freeway, Bedford, 76021. Contact: Mr. Phil Young, HCA Northeast Community Hospital, 817—282-9211. (20)

MISCELLANEOUS



FOR SALE — Seralizer Blood Analyzer with all modules; used 18 months; new condition; $1200. Contact: Sylvia Herr, D.O., 109-B North Main, Cleburne, 76031; 817—641-2061. (26)

50 PERCENT OFF PREVIOUSLY OWNED — medical, laboratory, x-ray, ultrasound equipment. We buy, sell, broker, repair. APPRAISALS BY CERTIFIED SURGICAL CONSULTANTS. MEDICAL EQUIPMENT RESALE, INC., 24026 Haggerty Road, Farmington Hills, Michigan 48018. 1—800—247-5826 or 1—313—477-6880. (19)

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. (29)

QBC FOR SALE — 1985 Model. All supplies included. Like new. Performs RBC, Hemoglobin, Hematocrit, WBC, Segs/Lymphs/Mono Platelets. ½ price $4000/best offer. Please call 817—431-2573 or 498-1818. (33)

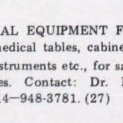
SIGMOIDOSCOPE FOR SALE — ACMI Model TX 91S flexible fiberoptic sigmoidoscope and halogen light source. $3900. Contact 817—477-2660. (47)

FOR SALE — Ames serialyzer in excellent condition. Includes full blood chemistry, pheophyline and potassium. Asking $2,000. Contact: William R. Boone, D.O., 214—391-1168. (11)

FOR SALE — Practice; equipment and clinic in small north Texas town. Patient census approximately 35 per day. Two nursing homes in town. Lots of good will. Excellent opportunity for a young physician. Contact: TOMA, Box "402", 226 Bailey Avenue, Fort Worth, 76107. (15)

FOR PHYSICIANS AND RESIDENTS — Unsecured signature loans $5,000 - $60,000. No points or fees. Competitive rates-level payments, up to six years to repay. Deferred Principle option. For information and application, call Austin 512—836-9126, Medifinancial Services, Harper or 1—800—331-4952, Medi-Versal, Dept. 114. (01)

MEDICAL EQUIPMENT FOR SALE — Used medical tables, cabinets, miscellaneous instruments etc., for sale, reasonable prices. Contact: Dr. Martin R. Kaplan, 214—948-3781. (27)



TEXAS OSTEOPATHIC MEDICAL ASSOCIATION
226 Bailey Avenue
Fort Worth, Texas 76107

Address Correction Requested