

78745 D.O.

December, 1995

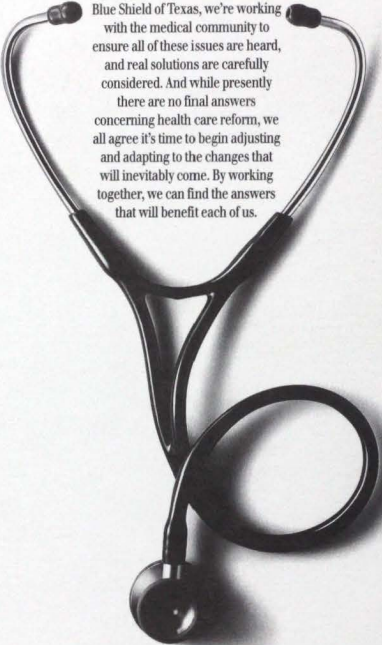
The Journal of the Texas Osteopathic Medical Association

XXXXXII, No. 11

1996 Membership Directory

Texas
Osteopathic
Medical
Association

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

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See page 13 for registration form.



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American Osteopathic Healthcare Association 703/684-7700

Physician's Choice Medical Malpractice 800/366-1432

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TOMA Major Medical Insurance 1-800/321-0246

TOMA Disability Insurance Program 1-800/321-0246

UNTHSC/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 903/463-4495

Profile Questions 214/766-7408

Provider Numbers:

Established new physician (solo) 214/766-6162

Established new physician (group) 214/766-6163

All changes to existing provider

number records 214/766-6158

Medicaid/NHIC 512/343-4984

Texas Medical Foundation 512/329-6610

Medicare/CHAMPUS General Inquiry 800/725-9216

Medicare/CHAMPUS Beneficiary Inquiry 800/725-8315

Medicare Preprocedure Certification 800/725-8293

Private Review Preprocedure Certification 800/725-7388

Texas Osteopathic Medical Association 512/708-TOMA

in Texas 800/444-TOMA

FAX No. 512/708-1415

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TOMA Med-Search

TEXAS STATE AGENCIES:

Texas Health and Human Services Commission 512/502-3200

Department of Health 512/458-7111

Texas State Board of Medical Examiners 512/305-7010

FAX No. 512/305-7006

Registration 512/305-7020

Complaints Only 800/201-9353

Texas State Board of Pharmacy 512/832-0661

Texas Workers' Compensation Commission 512/448-7900

Medical Review Division 512/440-3515

Texas Hospital Association 800/252-9403

Texas Department of Insurance 512/463-6169

Texas Department of Protective and

Regulatory Services 512/450-4800

State of Texas Poison Center for

Doctors & Hospitals Only 713/765-1420

800/392-8548

Houston Metro 654-1701

FEDERAL AGENCIES:

Drug Enforcement Administration:

For state narcotics number 512/465-2000 ext. 3074

For DEA number (form 224) 214/767-7250

CANCER INFORMATION:

Cancer Information Service 713/792-3245

in Texas 800/392-2040

TEXAS D.O.

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

FEATURES

Page

President's Corner 5

Comments From the Executive Director 7

TOMA Board of Trustees Spotlight:

Jack McCarty, D.O. 8

HCFA Discourages Use of Medicare "Blanket Waivers" 9

TOMA's 40th MidWinter Conference and

Legislative Symposium: Speakers, Schedule

of Events and Registration Form 10

Texas Health Information Network 16

A Message From the Texas ACOFP President 18

In Memoriam: Fred E. Logan, D.O. 20

Who Is This Man? Identify the "mystery physician"

and save on TOMA's MidWinter Conference

Registration Fee 24

Texas Cancer Care and M.D. Anderson Sign

Affiliation Agreement 28

DEPARTMENTS

Calendar of Events 4

ATOMA News 19

District Stars 20

Letters 21

What's Happening in Washington, D.C. 22

Self's Tips and Tidings 24

Public Health Notes 26

News from Osteopathic Health System of Texas 29

News from the University of North Texas Health

Science Center at Fort Worth 30

Membership On-The-Move 32

Practice Locations in Texas 34

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January, 1996

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Calendar of Events

FEBRUARY, 1996 9-13

"Sixth Annual Update in Clinical
Medicine for Primary Care Physicians"
Sponsored by University of North Texas
Health Science Center at Fort Worth
Location: Embassy Suites Resort
South Lake Tahoe, California
Hours: 20 CME Hours
Contact: UNT Health Science Center
Office of Continuing Medical
Education
817-735-2539

14-18

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

16-18

40th TOMA MidWinter Conference &
Legislative Symposium
Sponsored by Texas Osteopathic Medical
Association
Location: Fairmont Hotel
Dallas, Texas
Hours: 18 Category 1-A, AOA
Contact: TOMA
1415 Lavaca Street
Austin, TX 78701-1634
512-708-TOMA
800-444-TOMA
FAX 512-708-1415

17

The Wintercrest Charity Ball and Auction
Hosted by ATOMA District II
Location: Worthington Hotel
Fort Worth, TX
Contact: Jan Aziz, Chairperson
817-737-3166 or
Sue McDaniel
817-596-3477

FEBRUARY 25 - MARCH 1

Ski & CME Midwinter Conference
Sponsored by Colorado Society of
Osteopathic Medicine
Location: Keystone Lodge & Resort
800-258-0437, Code #DK20S
Hours: 38 Category 1-A, AOA; AAFP
prescribed course hours
Contact: Patricia Ellis
50 S. Steele Street, #770
Denver, CO 80209
303-322-1752
FAX 303-322-1956

MARCH 28-31

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

APRIL 12-13

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



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



President's Corner

*By William D. Hospers, D.O., President
Texas Osteopathic Medical Association*

Since taking office, I have pursued action on some of the complaints I addressed in my inaugural speech. I have had many conversations by phone and in person with members, previous officers and Board members. I even brought up the district equality issue at the Board meeting. Here are several points of consensus:

1. The smaller Districts are better represented on the Board than the larger ones.

2. We already have fair representation of all districts at our political caucus meetings (allowing two representatives per district). Unfortunately, some districts do not even send one representative to the caucus meetings.

3. There is no rule restricting two or more districts from forming a voting block to support a candidate or a point of view; but, this takes time, motivation and leadership!

4. Dues: TOMA allows for reduced dues the first three years and other categorical circumstances. You may also request reduction of dues by letter for extenuating circumstances. It was everyone's belief that all D.O. organizations gave dues reductions for the above conditions.

5. While I personally would like to see a formal Nominating Committee, with a representative from each district, there has always been a process of unofficial nominating and policy-making by phone, in person or at other meetings.

It stretches credibility when our government announces that the high cost of medicine is due to the medical practitioner. We are given the blame for the high cost of medicine by the press because we are the easiest, most visible targets! Insurance companies make no secret about forcing 'cost reduction' on the doctors because they are the most vulnerable and

***"Our new headquarters in Austin
is beautiful! Be sure to visit
our new location and be sure to
support it to the best of your ability."***

poorly organized. Cost containment can't be forced on the medical manufacturer, medical suppliers or, for that matter, hospitals because they have good legal staffs and powerful lobbyists. Besides, no one wants to upset the biggest player, the stockholder. It doesn't make any difference what business you are in - once you increase participants beyond a one-to-one relationship, each one receives less, or you have to charge more. When the number of middle men becomes unreasonable or you must guarantee an income to a relatively nonproductive silent partner, the stockholder, then the consumer can no longer carry the load (high cost of medicine).

Please don't tell me, as a practitioner, that I am the reason for the high cost of medicine unless I am the only one providing the service! Let's tell our patients to get health insurance from non-profit companies, and to avoid insurance companies that promise stockholders big profits. Let's get rid of the free-loaders that are exploiting the health care dollar. Let's return to doctor-patient health care on a competitive basis!

Our new headquarters in Austin is beautiful! Be sure to visit our new location and be sure to support it to the best of your ability. ■

Have A Happy New Year!

Introducing TexMedNet

New program aims to reduce administrative burdens for Medicaid providers

An enhanced version of the current Medicaid system, called the Texas Medicaid Network (TexMedNet), has been created in an effort to assist health care providers by providing advanced technology. Through use of an electronic data interchange solution, a large portion of the manual and paper processes involved in Medicaid claims processing will be eliminated. The major goal of the TexMedNet program is to reduce the administrative burdens associated with Medicaid program participation by furnishing providers with an efficient, streamlined means of filing claims, resolving processing questions and receiving payment.

The Texas Department of Health (TDH) contracts with EDS' subsidiary, National Heritage Insurance Company (NHIC), to underwrite and administer the Medicaid program, and to streamline those functions involving claims processing; medical policy applications; claims payment and reporting; utilization and review; and information technology support.

Why TexMedNet was Developed

The program was developed in order to provide a more efficient, economical and effective administration of the Medicaid program through the use of state-of-the-art client/server technology. By increasing provider and client satisfaction, it is anticipated that various issues which discourage providers from participating in the program will be resolved.

TexMedNet Features

- * Electronic Remittance and Status Reports
- * Electronic Funds Transfer
- * On-Line Claims Submission
- * On-Line Eligibility Verification
- * On-Line Claim Status Inquiry
- * Electronic Appeals Submission
- * Electronic Bulletin Board System with E-Mail
- * Managed Care Enrollment Reporting
- * Provider Interface Application

TexMedNet Services

Various services to assist health care providers include the following:

- * Electronic Remittance and Status (ER&S) Report - allows providers to receive payment status reports electronically, thereby eliminating paper reports.
- * Electronic Funds Transfer (EFT) - allows EDS to electronically transmit payment for services directly into provider's bank accounts.

* Electronic Bulletin Board System - establishes mechanism for electronic communication between the provider, TDH and NHIC. These services include E-mail and electronic file transfers.

* On-line Claims Processing - providers can verify eligibility, submit claims, access claim status and submit appeals on-line.

TDH and NHIC have begun enrolling providers for these services on a voluntary basis. Certain transactions will involve processing fees.

Accessing TexMedNet

TexMedNet electronic services may be accessed by using TDHconnect, a Windows-based software application available free of charge through NHIC. This software allows personal computers, with the following hardware and software requirements, to access TexMedNet: 486/33 Intel-based PC; 8 MB RAM; Windows 3.1/DOS; 9600 Baud Modem.

In addition, business organizations, such as billing organizations, vendors and clearinghouses, may access TexMedNet using their computer systems. Electronic data interchange (EDI) standards meet Texas Medicaid requirements to facilitate open access. Industry standards are also used. A list of these standards may be obtained by calling the TexMedNet Help Desk.

TexMedNet Services and Dates of Availability

Both the Electronic Funds Transfer and the Electronic Remittance and Status Reports services became available October 1, 1995. The implementation date for the following services is set for April 15, 1996: TDHconnect; Eligibility Verification; Claims Submission; Claim Status Inquiry; and Appeals Submission.

For additional information concerning TexMedNet, contact the TexMedNet Help Desk at 512-257-5193. ■

Apology

In the directory issue of the *Texas D.O.*, Morton Rubin, D.O., is listed as a TOMA Board of Trustees member on page 5. Unfortunately, the picture above his name is that of Bernard Rubin, D.O. TOMA apologizes to both physicians for this error when printing the directory.

Comments From the Executive Director

Terry R. Boucher, M.P.H.



Terry R. Boucher

I am pleased to inform you that TOMA is now fully operational in its new building. The interior renovation of our offices and the Board Room is complete and now houses your Association in an environment conducive to conducting the professional matters and programs of TOMA. You can be very proud of your Association's accomplishment in making this transition. You should also be proud of the staff's efforts during this transition

from our temporary headquarters in Round Rock. Their patience and success in maintaining the continuity of TOMA programs and functions are to be commended. TOMA is fortunate to have such a loyal and dedicated staff.

This new headquarters marks the beginning of a new period for TOMA. Our goal is to make our new headquarters building a focal point for osteopathic education and professional activities within Austin and Texas. We want to maximize full use of this facility and ask that you not only consider this building yours to visit at any time, but utilize it for any professional activities you are involved with. We now have the space and facilities to hold meetings/workshops for groups of up to fifty people. We also plan to start a program of CME mini-workshops on numerous topics for TOMA members.

The exterior renovation of the building will begin just as soon as the Austin City Library reopens. It currently is closed for remodeling and the archives that are needed to file for historic designation on the building are locked inside. We expect the exterior renovation to be completed in late Spring, with an open house at the new building to follow soon afterwards. All members will be invited to attend. I hope you will come and celebrate our new building with us.

With the coming of the new year, TOMA is busy working on numerous projects. Foremost in our efforts is preparing for the TOMA MidWinter Conference in Dallas on February 16-18, 1996, at the Fairmont Hotel. The Conference Planning Committee is working to make the program innovative and informative. We also continue to monitor the new rules and regulations being published about HMOs, PPOs and nonprofit health corporations. We are also working with Texas Workers' Compensation to establish a fair rate of reimbursement for OMT in their new Medical Fee Guidelines.

We will be continuing the development of our political agenda as we hope to interact more with individuals in both the legislative and executive branches of Texas government. Our new location, next to the Texas Capitol, greatly enhances our visibility among the capitol area crowd. We are making excellent contacts and getting the osteopathic message across that we are a valuable resource and want to be involved in the

future of healthcare in Texas. Your contributions to TOMA-PAC are now more important than ever as we work to retain old friendships and win new friends during the upcoming elections.

We are also exploring the feasibility of having a TOMA "Home Page" on the Internet. This would be a valuable resource to disseminate information to our members and to serve as a source of public education to promote the osteopathic profession. We are exploring the possibility of having a computer service that would store the past twelve months of the *Texas D.O.* so that our members could retrieve articles and information when needed from computers in their homes or offices.

Great and exciting things are happening and TOMA is attempting to be proactive in all our efforts. I hope that members will come visit us at the new building and become more active as we strive to meet the challenges that confront us in the near future. If you know an osteopathic physician who is not a TOMA member, encourage him/her to join the only Association that works for the individual osteopathic physician. I look forward to working with you as we all work for the betterment of the osteopathic profession in Texas. ■

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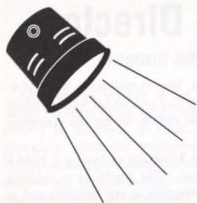
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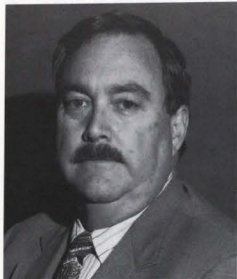
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SPOTLIGHT TOMA Board of Trustees

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



Jack McCarty D.O.

Dr. Jack McCarty of Lubbock expresses a profound belief in the superiority of the osteopathic profession. "I feel that the osteopathic profession offers the most complete system of medicine today. No other medical profession gives the patient the advantages of holistic and manipulative medicine," he states. "Additionally," he adds, "we continue to provide a higher percentage of primary care physicians than our fellow allopathic physicians."

An active member of the Texas Osteopathic Medical Association, Dr. McCarty has served as a member of the Board of Trustees since 1995, and as a member of the TOMA House of Delegates for two years. He has served on various committees throughout the years and is currently a member of the Strategic Planning Committee.

In speaking of his involvement in TOMA activities, Dr. McCarty notes, "While I feel we have a responsibility and an obligation to our profession, I became involved in TOMA because of a deep commitment to help in any way I can to further osteopathic philosophy and principles. I also enjoy the camaraderie between osteopathic

physicians and the opportunities to share ideas and concerns."

Dr. McCarty is a 1978 graduate of Texas College of Osteopathic Medicine. He served his postgraduate training at Stevens Park Osteopathic Hospital in Dallas, and at William Beaumont Army Medical Center in El Paso. He is certified by the American Board of Osteopathic Family Physicians and is an Aviation Medical Examiner.

Dr. McCarty's practice at HealthPlus Medical Group in Lubbock is unique in that he is the only D.O. in a nine-physician family practice group. "Even though some of my partners do not know or understand the importance of osteopathic manipulative medicine, I am proud to say that all of my partners are interested, concerned and supportive of my osteopathic philosophy," he says.

***"...I became involved in
TOMA because
of a deep commitment
to help in any way I can
to further osteopathic
philosophy and principles."***

Memberships include TOMA District X, of which he is the current President; American Osteopathic Association; American College of Osteopathic Family Physicians; and the Texas Society of the American College of Osteopathic Family Physicians, of which he is the current President-Elect.

Hospital affiliations include Methodist Hospital, St. Mary of the Plains Hospital, South Park Medical Center, Highland Hospital and Bethania Regional Health Care Center.

Dr. McCarty believes that the top problem facing osteopathic physicians today is managed care, adding that exclusionary contracts limiting osteopathic physicians and hospitals would adversely affect the profession. He feels that "TOMA will play a big role in protecting the osteopathic profession in Texas." Dr. McCarty notes another concern as "the continuing problem of the public's lack of knowledge of osteopathic medicine. TOMA should increase efforts, as should all D.O.s, to educate the public." As an example, he cites the fact that the Lubbock Osteopathic Fund has contributed over \$1.5 million to student loan programs and numerous local charities over the last several years. "However," states, Dr. McCarty, "very few people in our community even know of its existence."

Dr. McCarty is married to Cynthia, "who delayed her college education to put me through Texas College of Osteopathic Medicine," he notes. Cynthia received her Bachelor's degree from Texas Tech two years ago. They are the parents of Gregory, age 30; Jeffrey, age 28; and Susan, age 24, who "continue to be an integral part of our life. We cannot forget the glue that keeps us all hopping - Jeff's daughter and our granddaughter, Kirstie, age three. Nothing I have accomplished would have been possible without them," says Dr. McCarty. He says that since the entire family is scuba certified, they take every opportunity to get underwater and photograph or video everything in sight. The rest of their free time is spent at their lake house at Possum Kingdom.

TOMA salutes Dr. McCarty for his service and commitment to the osteopathic profession in Texas. ■

Use of Medicare Blanket Waivers Strongly Discouraged

In response to numerous queries concerning the use of "blanket waivers" signed by Medicare patients in order to circumvent the issue of OMT and E&M services being paid on the same date of service, the Health Care Financing Administration has recently informed the American Osteopathic Association that physicians using blanket waivers will be turned over to the Inspector General's office for sanctions.

The specific policy on the use of waivers, as well as other questionable practices, was distributed by HCFA in July of 1993, in an information sheet entitled, "Medicare Positions Towards Attempts By Physicians To Circumvent the Medicare Charge Limits Through the Use of Waivers and Other Questionable Practices."

For your information, a summary of the above "questionable" practices, along with the Medicare position on each issue, is as follows:

Practice 1: Requiring patients to contract to pay their doctors' full charges, in excess of the Medicare charge limits.

Medicare Position: Such contracts are invalid and will not protect physicians against civil sanctions if knowing, willful, and repeated violations by the physicians of the charge limits come to the Medicare program's attention.

Practice 2: Requiring patients to waive their rights to have their doctors submit their claims to Medicare and obligating patients to pay privately for Medicare covered services.

Medicare Position: Such waivers are invalid and will not protect physicians against civil sanctions if knowing, willful, and repeated violations by the physician of the claims submission or other Medicare requirements come to their attention.

Practice 3: Requiring patients to pay for services that doctors never before billed for, including telephone calls with the doctor, prescription refills, and medical conferences with other professionals.

Medicare Position: Medicare's policy is that telephone calls, prescription refills and medical conferences with other professionals are included in the physician's visit or service, and that payment for the visit or service encompasses the payment for these items. If charges for such items come to the program's attention, they will be added to the charges for covered services in determining whether there has been a violation by the physician of the charge limits.

Practice 4: Requiring patients to sign a global waiver agreeing to pay privately for all services that Medicare will not cover, and using these waivers to obligate patients to pay separately for a service that Medicare covers as part of a package of related procedures but not individually.

Medicare Position: If a physician charges separately for services also included in the global charge, the separate charge will be added to the global charge to determine whether the physician has violated the charge limit.

Also, a global agreement to pay separately for all services not covered by Medicare will not be effective in imposing liability on a Medicare patient for services excluded from coverage as not reasonable and necessary for the diagnosis of illness or injury. In such cases, the physician must, in advance of providing particular services, inform the patient in writing that the Medicare program is unlikely to pay for the specific services, and obtain the patient's written agreement to pay for the services on that basis.

Practice 5: Suing patients in State small claims court to enforce collection of charges in excess of the limiting charge.

Medicare Position: The practice of physicians suing patients in small claims court to recover excess payments above the Medicare limiting charge rates may very well violate Federal law. If the charges in question constitute knowing, willful, and repeated violations of the charge limits, the Medicare program can impose sanctions. Also, in theory, the decisions of the small claims court could be set aside by the Federal courts as inconsistent with the Medicare law.

Practice 6: Billing for services that do not have a set fee and claiming that no charge limits apply.

Medicare Position: In such cases, the physician may have to bill an amount which he thinks is appropriate, subject to an understanding that he will roll back his charge, if required, to the Medicare charge limit determination. If no rollback to the Medicare charge limit as determined by Medicare is made, the physician is not acting in good faith.

Patients cannot excuse physicians from compliance with the Medicare law

HCFA also published national instructions in the form of a Medicare Carriers Manual Transmittal, addressing the issue

of waivers, also known as private contracts or beneficiary agreements. The instructions noted that an agreement which a physician obtains from a beneficiary not to use his/her Medicare coverage does not exclude the services from coverage and cannot effectively shield the physician from the claims submission, limiting charge, mandatory acceptance of assignment for lab tests, or other statutory Medicare requirements. The following excerpt from the Medicare Carriers Manual states, "Violations of these requirements are generally subject to sanctions, including civil money penalties and/or exclusion from the Medicare program. There is nothing in the law that exempts physicians from these requirements or Medicare services from coverage because the physicians obtain from beneficiaries agreements of the kind described."

HCFA reminds physicians that the Social Security Act imposes a number of requirements on physicians with respect to services they furnish to Medicare beneficiaries, with violations of such requirements subject to sanctions. Penalties may be charged against any nonparticipating physician who knowingly and willfully charges a Medicare beneficiary more than the Medicare limiting charge amount on a repeated basis; failure to submit a claim to the Medicare carrier on the beneficiary's behalf; and failure to make required refunds when services are not reasonable and necessary or to make the required disclosure prior to performing certain elective surgeries. In addition, nonparticipating physicians who perform clinical lab tests for Medicare beneficiaries may be sanctioned for refusing to take assignment of the Medicare claim.

According to Kathleen A. Buto, Director of HCFA's Bureau of Policy Development, "Congress enacted these requirements for the protection of all Medicare beneficiaries, and their application cannot be negotiated between a physician and his or her patient. Agreements with Medicare beneficiaries purportedly waiving Federal requirements have no legal force or effect; physicians who treat Medicare beneficiaries must comply with the law or be subject to Federal penalties."

Physicians who have questions concerning the use of blanket waivers can contact Nancy K. Edwards, Manager, AOA Department of Payor Relations, at 312-280-5841 ■

Introducing Speakers for TOMA's 40th MidWinter Conference and Legislative Symposium



Jerry L. Dickey, D.O., F.A.A.O., will present "The Rationale for the Use of Manipulation in the Rheumatoid Arthritic" as his topic during TOMA's 40th MidWinter Conference and Legislative Symposium, to be held February 16-18 in Dallas.

This presentation will explore the rationale and design of osteopathic manipulative treatment for the rheumatic patient. The pathophysiology will be discussed, along with the rationale for intervention into the physiologic processes of the body that are affected by autoimmune processes, and how the addition of manipulation can help offset some of these detrimental influences and help the body more effectively cope with this disease process.

Dr. Dickey is currently Associate Professor in the Department of Manipulative Medicine at Texas College of Osteopathic Medicine. Certified in Osteopathic Manipulative Medicine and a Fellow of the American Academy, he is the son of C.E. Dickey, D.O., a long time TOMA member. A 1975 graduate of Kirksville College of Osteopathic Medicine, Dr. Dickey served on the faculty of that institution for 15 years, and was Chairman of the Department of Osteopathic Theory and Method for seven years prior to assuming the Chairmanship at Texas College of Osteopathic Medicine in 1987.



"Inflammatory Arthritis" will be discussed by **Raymond Pertusi, D.O.**

Dr. Pertusi will relate the mechanisms of inflammation with physical findings and the rationale for pharmacologic intervention.

Dr. Pertusi serves as an Associate Professor in the Department of Medicine at the University of North Texas Health Science Center at Fort Worth/Texas College of Osteopathic Medicine. Board certified in rheumatology, he graduated from New York College of Osteopathic Medicine and did his postdoctoral training at Seton Hall University Graduate School of Medicine.



"Respiratory Syncytial Viral in Infants" will be presented by **James R. Marshall, D.O.**

Dr. Marshall will discuss respiratory syncytial virus, an RNA virus which is the primary cause of bronchiolitis and pneumonia in infants under age one year. He will review the etiology, epidemiology, clinical presentation and diagnosis of RSV. Additionally, prevention and

treatment will be reviewed, along with the current status of vaccines being developed against RSV.

Dr. Marshall currently serves as Director of the Neonatal Intensive Care Unit at Abilene Regional Medical Center, Abilene, Texas, where he is the only neonatologist within 100 mile radius. He is board certified by the American Osteopathic Board of Pediatrics in both Pediatrics and Neonatology. Dr. Marshall is a 1971 graduate of Kansas College of Osteopathic Medicine (now known as the University of Health Sciences College of Osteopathic Medicine).



R. Gene Moulton, D.O., will discuss "Radiological Fundamentals of Skeletal Trauma" during TOMA's MidWinter Conference.

Dr. Moulton notes that this presentation will cover the proper approach to the radiographic diagnosis of skeletal trauma. Also to be discussed will be appropriate radiographs, often overlooked injuries and indications for skeletal scintigraphy (bone scan), computed tomography and magnetic resonance imaging.

Dr. Moulton serves as a staff radiologist at Dallas Hospital, a position he has held for the past 4 and one-half years. A 1986 graduate of Texas College of Osteopathic Medicine, he completed a radiology residency at Chicago College of Osteopathic Medicine and a fellowship in angiography/interventional radiology at the University of Texas/M.D. Anderson Cancer Center. Dr. Moulton is the current Secretary of TOMA District V.



David J. Randell, D.O., will present "DSEP Evaluation of Manipulative Medicine in the Treatment of Cervical and Lumbar Radiculopathy" as his topic.

Dr. Randell notes that the use of DSEP in the monitoring of spinal cord function during surgical procedures for preventive purposes, and as a predictor of successful decompression in pathological cases, is well documented. No papers to date have utilized DSEP to document the effects of noninvasive treatment on cases of identified nerve root entrapment and radicular pain. Monitoring of electrophysiological function before and after spinal manipulation of the cervical and lumbosacral regions can be useful in proving decompression of this nerve root and a decreased latency of the dermatome evoked potential. The results of this study demonstrated a reduction toward normal levels in the conduction latency times of afferent sensory nerve roots.

Certified in family practice, Dr. Randell practices in Abilene, Texas. He is associated with Hendrick Medical Center, where he is a part time trauma physician, and Abilene Regional Medical Center, where he is Chairman of the Pharmacy and Therapeutics Committee. Dr. Randell is a 1988 graduate of Texas College of Osteopathic Medicine.



"New Advances in the Treatment of Osteoporosis" is the topic to be presented by **Bernard R. Rubin, D.O., F.A.C.P.**

According to Dr. Rubin, whether a person has low bone mass or may already have developed a fracture as a result of osteoporosis, it is still possible to institute a program of life-style

changes and therapeutic interventions which can minimize further fractures. A diet rich in calcium, daily exercise, fall prevention and drug therapy provide ways to bring osteoporosis under control. Three drugs are currently approved by the FDA for the treatment of osteoporosis: estrogen replacement therapy, salmon calcitonin and alendronate. Other drugs are still under investigation. The newest class of drugs, bisphosphonates, are compounds that inhibit bone resorption. This new class of medications may offer treatment options to patients who have been reluctant to use estrogen replacement therapy or salmon calcitonin, or may have had adverse reactions to the medications.

Dr. Rubin serves as Professor of Medicine and Chief of Rheumatology at the University of North Texas Health Science Center at Fort Worth/Texas College of Osteopathic Medicine. In addition, he is the Director of the Center for Osteoporosis Prevention and Treatment at the University of North Texas Health Science Center. A graduate of the Chicago College of Osteopathic Medicine, Dr. Rubin is the current President of the Rheumatology Section of the American College of Osteopathic Internists. Dr. Rubin has authored over 40 publications and is co-author of the book *When Muscle Pain Won't Go Away*. He authored the chapter on rheumatology in the next textbook of osteopathic medicine to be published this year.



R. Russell Thomas, Jr., D.O., will present "License at Risk - Don't Lose It."

Each year, over 1,500 complaints against physicians are made to the Texas State Board of Medical Examiners. This lecture will address the physician's relation with the board, including why complaints are filed, how to respond to them and how to prevent adverse outcomes.

Dr. Thomas is the current Vice President of the Texas State Board of Medical Examiners, having been elected to that position in 1995. He also has a rural practice in Eagle Lake, Texas, with his father.

He served on the Trauma Technical Advisory Committee of the Department of Health for three years and in 1993, was appointed to a six-year term on the TSBME. Certified in family practice, Dr. Thomas is a 1980 graduate of Texas College of Osteopathic Medicine.

"Evaluation and Management of the Shoulder" will be discussed by **Scott T. Stoll, D.O., Ph.D.**

Dr. Stoll stresses that shoulder evaluation is simplified by an overall understanding of the shoulder's unique structure and function by applying a variety of quick and specific tests. Treatment prescriptions are designed according to the



diagnosis and are intended to correct current pathology and prevent re-injury.

Dr. Stoll serves as Assistant Professor in the Department of Manipulative Medicine at the University of North Texas Health Science Center at Fort Worth, and as Medical Director of the RehabCenter at Osteopathic Medical Center of Texas. He is board eligible in the medical specialty of Physical Medicine and Rehabilitation.

A 1990 graduate of Texas College of Osteopathic Medicine, Dr. Stoll completed his Ph.D. in Physiology at the University of North Texas in 1992. He recently completed a residency in Physical Medicine and Rehabilitation at the University of Kentucky in Lexington.

David A. Amato, D.O., will present "Advances in the Treatment of Fungal Diseases."

Upon completion of this lecture, participants should be more familiar with appropriate techniques for the diagnosis of cutaneous fungal infections, as well as the latest oral and topical therapies available for their treatment.

Dr. Amato has been in the private practice of dermatology for seven years and currently practices in Harrisburg, Pennsylvania. He serves as Vice President of Blue Mountain Physicians Organization, Inc., a 220-member, physician-owned medical network (all specialties and primary care). Incorporated in 1993, this organization is now active in managing individual and group health care with over 1,500 subscribers. Dr. Amato is a 1984 graduate of Philadelphia College of Osteopathic Medicine.



"Common Eye Problems: Diagnosis and Management: 1996" will be reviewed by **H. Dwight Cavanagh, M.D., Ph.D.**

This lecture will review the common eye problems and emergencies faced by primary care physicians in daily practice. Prompt identification, diagnosis and appropriate disposition will be stressed

for common traumatic, infectious and other conditions associated with systemic diseases. Current standards of care for common eye conditions such as cataract, glaucoma, and retinal diseases will be discussed. An up-to-date summary of progress on photorefractive keratectomy (PRK) with the excimer laser will also be discussed due to recent FDA approval of this new technology.

Dr. Cavanagh is currently Distinguished University Professor and Vice-Chair of Ophthalmology at the University of Texas Southwestern Medical Center at Dallas. In addition, he serves as Editor-in Chief of the journal *Cornea*.

He received his M. D. degree in 1965 from Johns Hopkins, and his Ph.D. in Biology in 1972 from Harvard, where his thesis preceptor was Professor George Wald (Nobel laureate, 1967, Medicine-Biology).



Michael M. Lauve, M.D., will present "Ethical Issues in Managed Care."

Conflicts between the physician's financial interests and the patient's needs have always existed in medicine. Physicians learned long ago how to resolve the conflicts in a fee-for-service environment, with the principals of medical ethics. The managed care environment presents new challenges for physicians, with new conflicts, and new requirements for ethical thinking. Through a mixture of didactic and case presentation technique, this lecture will challenge participants to think anew about their relationships with payers, patients and the community.

Dr. Lauve is Medical Director and President of American Lifecare, a PPO operating in Louisiana, Arkansas and Mississippi. He was previously the Medical Director of the Faculty Practice at the LSU Medical School in New Orleans. Dr. Lauve is board certified in Medical Management and Internal Medicine.

Dr. Lauve received his undergraduate degree and his M.D. degree from LSU, and his M.B.A. from Tulane. He is active in parish and state medical society business in Louisiana, is one of the American Medical Association's representatives to the Accreditation Council for Continuing Medical Education, and recently became that organization's Chairman. Dr. Lauve is a nationally known speaker and author on health care policy and ethics.



"Risk Factors Associated with OMT" is the topic to be presented by **David A. Vick, D.O., F.A.A.O.**

Dr. Vick will discuss OMT safety issues gleaned from a review of numerous articles throughout the years. A majority of these articles reported 185 specific cases of major complications in cervical, thoracic and lumbar spine due to manipulation, spontaneous trauma or insult. Most injuries occurred when using forceful, high velocity, extension with rotation (of C spine) techniques, or manipulation under anesthesia. Information obtained from the American Osteopathic Association and the American Chiropractic indicates that 288 million treatments are given each year; therefore, the incidence of injury in the U. S. is less than 1:176 million. This is a conservative estimate since usually more than one procedure is performed with each patient on each visit. Discovering those patients who are likely to experience injury will be reviewed.

Dr. Vick is Chairman of the Department of Osteopathic Manipulative Medicine at the University of North Texas Health Science Center at Fort Worth/Texas College of Osteopathic Medicine. He is certified in Osteopathic Manipulative Medicine and a Fellow of the American Academy of Osteopathy. Dr. Vick is a 1963 graduate of the University of Health Sciences College of Osteopathic Medicine in Kansas City, Missouri.



Joel Hefner, J.D. will present "Financial Planning: Achieving Economic Freedom" as his topic.

You are highly educated, you have state-of-the-art equipment and your practice is thriving, but these things alone are not enough for you to reach your economic goals and retire when you want to. This seminar will teach you about investment strategies that were once available only to the largest corporations in America. Mercer Global Advisors' unique, Nobel Prize based, Asset Optimization® strategy will revolutionize the way you view investing. Wall Street is reluctant to tell you what ingredients are responsible for a portfolio's return. The Brinson Study dramatically demonstrates that contrary to Wall Street rhetoric, 91.5 percent of the return on a portfolio is attributed to its design.

Mr. Hefner serves as Director of Client Services at Mercer Global Advisors. His unique blend of professional and hands-on experience provides a range of expertise that makes personal and business finances come alive for his audiences. Mr. Hefner is the former Chief Portfolio Manager for Mercer's Asset Optimization program, which utilizes state-of-the-art institutional investment technology available to the individual investor.

Mr. Hefner received his Masters of Arts in Economics from the University of California. He is a member of the Mercer Investment Committee, which is responsible for the design and implementation of Investment Policy.



Jeff Schmeltkopf, CFP, ChFC, CLU, will discuss "Medical Malpractice...Issues on Insurance" as his topic.

This presentation will focus on medical malpractice issues from an insurer's perspective. Since the insurer plays such a major role in the risk management process, it is crucial to understand their perceptions and the influences they have. Also, as managed care and group practices continue to grow at such a fast pace, new liability issues are arising that you may find alarming. Given the litigious environment that exists in healthcare, these concerns should not be left to chance. This presentation will offer practical information that you need to know as well as ideas for minimizing your own personal liability in situations involving malpractice suits.

Mr. Schmeltkopf is the newest partner with the firm Dean, Jacobson Financial Services. He has been with Dean, Jacobson for approximately six and one-half years. Mr. Schmeltkopf holds designations as a Certified Financial Planner (CFP), Chartered Financial Consultant (ChFC) and Chartered Life Underwriter (CLU). Within the context of comprehensive financial planning, he specializes in the areas of "risk management" and the appropriate uses of insurance. This includes professional liability insurance, which will be the focus of his presentation. Mr. Schmeltkopf has conducted numerous seminars and presentations on financial planning and risk management across the state of Texas. ■

40th Annual MidWinter Conference & Legislative Symposium

Gregory A. Dott, D.O., F.A.A.O., Program Chair

SCHEDULE OF EVENTS - 18 AOA Category 1-A Hours Available

Friday, February 16

4:00 pm - 7:00 pm Registration
6:00 pm - 6:45 pm New Advances in the Treatment of Osteoporosis - Bernard R. Rubin, D.O.
Sponsored by Merck & Co., Inc.
6:45 pm - 7:30 pm Common Eye Problems: Diagnosis and Management: 1996 - Dwight Cavanagh, M.D., Ph.D.
7:30 pm - 8:30 pm DSEP Evaluation of Manipulative Medicine in the Treatment of Cervical & Lumbar Radiculopathy - David J. Randall, D.O.

2:45 pm - 3:30 pm

The Rationale for the Use of Manipulation in the Rheumatoid Arthritis - Jerry L. Dickey, D.O.
Break with Exhibitors
Evaluation & Management of the Shoulder - Scott T. Stoll, D.O.
Workup and Treatment of Patients with Symptoms of Fatigue, Weakness and Malaise - Craig W. Spellman, D.O., Ph.D.

3:30 pm - 4:00 pm

4:00 pm - 4:45 pm

4:45 pm - 5:30 pm

Saturday, February 17

7:30 am - 4:00 pm Registration/Exhibit Hall Open
7:30 am - 8:00 am Breakfast with Exhibitors
8:00 am - 8:45 am Respiratory Syncytial Viral in Infants - James R. Marshall, D.O.
8:45 am - 9:30 am Advances in the Treatment of Fungal Diseases - David Amato, D.O.
Sponsored by Janssen Pharmaceuticals, Inc.
9:30 am - 10:15 am Financial Planning: Achieving Your Economic Freedom - Joel Hefner
Sponsored by Mercer
10:15 am - 11:00 am Break with Exhibitors
11:00 am - 12:00 pm Options to Survive in the Managed Care Environment - Seth Flam, D.O.
Sponsored by FPA Medical Management, Inc.
12:00 pm - 1:15 pm Legislative Luncheon
1:15 pm - 2:00 pm Radiological Fundamentals of Skeletal Trauma - Gene R. Moul, D.O.
2:00 pm - 2:45 pm Inflammatory Arthritis - Raymond Pertusi, D.O.

Sunday, February 18

7:30 am - 9:00 am

7:30 am - 11:00 am

7:30 am - 8:00 am

8:00 am - 9:00 am

9:00 am - 11:30 pm

10:00 am - 10:30 am

11:30 am - 12:30 pm

12:30 pm - 1:30 pm

Registration
Exhibit Hall Open
Breakfast with Exhibitors
License at Risk - Don't Lose It - R. Russell Thomas, D.O.
Ethical Issues in Managed Care - Richard M. Lauve, M.D.
Break with Exhibitors
Risk Factors Associated with OMT - David A. Vick, D.O.
Medical Malpractice...Issues on Insurance - Jeffrey J. Schmeltkopf, CFP, ChFC, CLU
Sponsored by Dean, Jacobson Financial Services

HOTEL INFORMATION

This year's conference will be held at the Fairmont Hotel at the Dallas Arts District, 1717 N. Akard Street, Dallas, Texas 75201. Reservations must be made no later than **Monday, January 15, 1996**, in order to receive the discounted group rate of \$89 single or double. Call the Fairmont Hotel directly at 800/527-4727 or 214/720-2020 for reservations.

Please Print

Registration Form

Name _____ Nickname for badge _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

AOA # _____ College _____ Grad. Year _____

Registration Postmarked On or Before 1/15/96

Registration Postmarked After 1/15/96

TOMA Member \$175 \$250

Non-Member \$275 \$350

Please reserve me _____ extra ticket(s) to the Legislative Luncheon on Saturday for \$25 each. (One ticket is included in the registration fee.)

Registration Fee \$ _____

Luncheon Ticket(s) \$ _____

TOTAL ENCLOSED \$ _____

Return this form with your payment in full to **TOMA, 1415 Lavaca Street, Austin, Texas 78701-1634**. If you have any questions, please call D.J. Kyle or Heather Alexander at 800/444-8662.

All refund requests must be received in writing. Requests postmarked on or before January 15, 1996, will receive a refund minus a 25% handling charge. No refunds will be given after January 15, 1996.

THE INDEPENDENT INVESTOR

DEAN, JACOBSON FINANCIAL SERVICES

The Rewards Of Working With A Financial Professional

Investors who work with financial advisors outperform those who do not, according to a major 10-year study of the time period between January 1, 1984 and September 30, 1993, by DALBAR Financial Services.

The report stated that the advantage is "directly traceable to longer retention periods and reduced reaction to changes in market conditions."

In other words, investors who rely on their own expertise are more apt to make poor market timing decisions, act rashly during their investment's downswings, and fall into traps that financial advisors could perhaps have helped them to avoid.

While the financial media may claim to provide you with the financial advice you need, a financial advisor will tailor his or her advice to your particular financial situation. The advice you may receive from the financial media is aimed at general mass audiences, not tailored toward meeting your individual financial circumstances. While reading financial publications or listening to financial radio shows will no doubt enhance your general education on investment topics, knowing how to allocate your money to meet

your particular investment needs is a different ballgame, requiring much more in depth knowledge.

Investment professionals have access to specialized research reports, detailed portfolio and performance data, and often to money managers themselves. Even if you do choose to pick your own investments, you'll probably need someone to monitor them for you once they've been purchased. Choosing the appropriate investments for you is only the first step in a successful financial strategy. Knowing how your investments will react to different market conditions and reacting accordingly is also an integral part of the process. An investment professional can help you to avoid tricky investment dilemmas and make recommendations based on quality research and professional experience.

Some investors express concern over the many questions asked by their financial advisors. However, questions about a client's lifestyle situation are relevant, pertinent and extremely important to ensuring that appropriate investment choices are made. For example, an effective financial advisor will make different investment recommendations for a young single executive with no children and a longer time horizon than a married couple

with children they plan to send to college and their own retirements not too far away. An advisor who takes the time to get to know you is an advisor who is matching investment choices and products to your needs. Investment goals, time horizon, and tolerance for risk are all important components of an overall investment policy appropriate for you. Your financial future is not something to take lightly. Investing is a full time job and should be done in conjunction with a capable qualified professional.

We can help you meet your financial goals and objectives by getting to know you and your need. If you would like to schedule a meeting to develop a financial strategy or review your existing one, call us today.

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State Boards Announce New Location and Phone Numbers

Please make note of the new location address, FAX numbers and phone numbers for the following boards:

Texas State Board of Medical Examiners
Texas State Board of Physician Assistant Examiners
Texas State Board of Acupuncture Examiners

Mailing Address: P.O. Box 149134
(remains the same) Austin, TX 78714-9134

Location Address: 333 Guadalupe, Tower 3, Suite 610,
Austin, TX 78701

FAXES: 512-305-7006 - Licensure, Information Services
512-305-7007 - Investigations, Hearings,
Compliance, Legal
512-305-7008 - Permits, Administration,
Physician Assistants, Acupuncturists

Main Number: 512-305-7010 - Automated Attendant

Other Numbers: (all with 512 prefix, except hotlines)

Acupuncturists	305-7021
Computer Services	305-7040
Consumer Complaint Hotline	800-201-9353
Disciplinary Action Hotline	800-248-4062
Executive Director	305-7017
Finance Department	305-7050
Hearings/Compliance	305-7080
Institutional Permits	305-7021
Investigations	305-7090
Legal	305-7070
Personnel	305-7060
Physician Assistants	305-7010
Physician Licensure Application	305-7130
Physician Registration & Continuing Medical Education	305-7020
Radiologic Technologists	305-7026
Sale of Information	305-7040
Support Services	305-7060
Verifications - On-Line Service	305-7035, 305-7036
Verifications - Verbal	305-7030
Information for numbers not listed above	305-7065

AIDS Notes

CDC Confirms Human Bite Transmitted HIV

In over 15 years of AIDS reporting, the Centers for Disease Control and Prevention have confirmed the first reported case of blood-to-blood transmission of HIV through a human bite. The incident, which took place during a robbery in Florida, prompted health officials to issue warnings to employees at doctors' offices, hospitals, schools, fire and police departments and day-care centers concerning the potential danger of bites.

FDA Approves New AIDS Drug

The Food and Drug Administration has approved the first initial AIDS treatment in nine years, authorizing the drug 3TC for use with AZT. This action makes the drug combination the first new choice for patients for initial treatment since AZT was approved in 1987. All other AIDS drugs currently on the market are to be used after AZT fails.

3TC, which will be sold under the trade name Epivir (also known as lamivudine), is manufactured by Glaxo Wellcome Inc., also the maker of AZT.

When combined with AZT, 3TC appears to boost immune systems and lower the amount of HIV in the blood for at least six months. The dual drug therapy seems to work best in patients who have never taken AZT alone, thus prompting an FDA advisory panel to recommend that the two-drug combination be given as an initial therapy.

Experimental Drug Stops SIV

Researchers at the University of Washington Regional Primate Center have reported that an experimental drug known as PMPA prevented monkeys from becoming infected with SIV (the simian version of HIV), even when infectious doses of SIV were pumped directly into their bodies.

PMPA is similar to the drug AZT, however, while AZT begins to fight HIV only after a cell is totally infected, PMPA goes to work immediately. In testing the drug, 35 monkeys were given 100 percent infectious doses of SIV. Fifteen monkeys received PMPA 48 hours before exposure; five received PMPA four hours after exposure; and five were treated 24 hours after exposure. All received intravenous injections of PMPA for four weeks. Eight months later, all treated animals showed no signs of SIV and none experienced side effects. A control group of 10 monkeys who did not receive PMPA all became infected.

Dr. Anthony Fauci of the National Institutes of Health, noted "Such complete protection with no toxicity is unprecedented in the monkey model of AIDS and suggests a potential role for PMPA in health care workers or others accidentally exposed to the virus."

Gilead Sciences, maker of PMPA, hopes to begin testing the drug on people sometime this year. ■

Texas Health Information Network

Electronic system to simplify administration, save costs

A new electronic information network is expected to greatly simplify health-care administration in Texas for physicians, hospitals and health benefit carriers. Last November, officials of a consortium of health-care organizations unveiled the Texas Health Information Network™.

The Texas Health Network allows physicians, hospitals and other health-care providers to file patient claims to multiple health insurance carriers and government programs electronically through one claims clearinghouse, without conventional paper claims. This also allows for electronic transfer of data so that a health-care professional can check on a patient's insurance eligibility and claim status immediately on the computer screen.

Previously, most communications to benefit programs were handled by phone and mail. The electronic network will eliminate most of the paperwork required in claim processing and the phone calls necessary for eligibility and claim status information.

Blue Cross and Blue Shield of Texas is the administrator of the Network. Rogers K. Coleman, M.D., president and chief executive officer of the company said, "We are excited that so many sectors of the health-care community - commercial carriers, Blue Cross and Blue Shield, physicians, hospitals and other health-care providers - have come together to help simplify health care administration in the state. We are particularly pleased to serve as administrator of the Network and leverage off of our years of experience in electronic data interchange."

The Texas Osteopathic Medical Association, Texas Medical Association and the Texas Hospital Association have lent their support to the Network.

Arthur J. Speece, III, D.O., representing TOMA, said, "The Network promises to bring real solutions to real need. Now, many physicians' routine administrative tasks will be handled by the Network electronically, providing more convenience and cost savings for physicians and their patients."

Richard Bettis, C.A.E., executive vice president and chief operating officer of

THA, said, "The electronic claim filing and electronic exchange of other data promises to help us better manage the huge amounts of information we have to deal with daily. This will help simplify administration in hospitals across the state and that will help lower the cost of health care for all of us."

Commercial insurance carriers are signing onto the Network so that health care providers can file claims through the Network for their customers. Rick Mohr, director, EDI Business Unit for Prudential Insurance Company said, "We are pleased to participate in the Network and join forces with other companies to provide this far-reaching solution. This will help all of us file claims, reduce our administrative expenses and transfer data more accurately and efficiently. We're glad to be part of the solution."

Network users are connected to the system by dial-up telecommunications. The computer system electronically receives the claim submission or other information request. Memberships, eligibility inquiries and claim status inquiries are answered immediately, on screen. Claims are paid more quickly when submitted electronically since the information gets to the carrier immediately.

***What is the Texas Health Information Network™?**

An open health-care network that offers all members of the health-care community the ability to electronically file claims and exchange information through office computers. It is administered by Blue Cross and Blue Shield of Texas.

***What is the problem?**

Too much paper and redundant processes that increase administrative hassles and costs, in an era when the community needs to reduce costs.

Multiple vendors of systems representing multiple interfaces.

A fragmented approach to electronic claim submission and data services.

***The Network provides:**

A single connection to electronically file claims to multiple carriers and interchange data.

Services to all payors, all providers and all related industries, at no cost to the health care provider. (Member carriers pay fees which support the Network.)

Services statewide, with national link through EDI-USA, a national clearinghouse.

Current services: claim submission inquiries about eligibility, benefits a claim status, and remittance advice.

***Supported and administered by experienced staff**

The Network has the advantage Blue Cross and Blue Shield of Texas 17-year experience of electronic claim submission. The Network now has more than 17,000 Texas physicians at hospitals connected electronically. The Network is supported by a full professional staff of marketing representatives, operators and analysts.

***For more information**

Call the Texas Health Information Network at 214-766-5480.

UNTHSC/TCOM Student Doctor Awarded National Scholarship

Student Doctor John Hartley of the University of North Texas Health Science Center/Texas College Osteopathic Medicine, was one of students from osteopathic colleges throughout the country who was awarded the Russell C. McCaughy Education Fund Scholarship.

Administered by the National Osteopathic Foundation, the McCaughy Scholarship is given to second-year students for outstanding academic and extracurricular activities and demonstrated support of osteopathic philosophy during their first year of study. Each recipient received a \$400 scholarship for their outstanding efforts.

TOMA congratulates Student Doctor Hartley on receiving this award.

Standards Toughened for Managed Care Plans in Texas

Following months of debate and hearings, toughened standards for managed health care plans that promise patients "a level of fairness that they have never had," were recently unveiled by Texas Insurance Commissioner Elton Bomer.

Key provisions of the new rules are as follows:

- Managed care plans must pay for emergency room screenings or assessments to determine if a medical emergency exists, and pay for emergency care necessary to stabilize a patient. Plans would have no more than one hour after a patient is stabilized to approve or deny care requested by the attending physician.

- Patients must be given reasonable advance notice if their doctor or dentist is being dropped from the plan. In certain acute need events, such as a life-threatening illness or late-term pregnancy, the plan must continue paying for treatment by a physician they drop for up to 90 days.

- Upon request, managed care plans must provide in plain language their benefits, limitations and the names, addresses and specialties of participating providers.

- Plans must disclose in writing why a physician is denied admission or dropped, and an appeal panel must be provided for physicians who are terminated.

- Managed care plans are prohibited from retaliating against patients, employers or providers who complain or appeal care decisions.

- Although financial incentives, including capitation payment methods, are allowed, they cannot be offered as an inducement to health care workers to limit medically necessary services.

The regulations, which became effective January 1, 1996, were ordered by Governor George W. Bush, who vetoed the Patient Protection Act last year. The rules affect approximately 3.3 million Texans, covered by 44 licensed HMOs and numerous preferred provider organizations. An additional 22 HMOs are seeking state licenses. A complete copy of the rules are available from the TOMA office.

All Saints, Osteopathic Health Systems Talking

The parent companies of two Tarrant County hospitals are exploring ways in which they can work together to lower health care costs.

James P. Schuessler, Chief Executive Officer of All Saints Health System, and Jay E. Sandelin, Chairman of the Osteopathic Health System of Texas, have received approval of a resolution from their respective boards that directs staff members of both organizations to plan for consolidating non-clinical support/management activities where appropriate.

While continuing to promote the distinct historical identities of both organizations, this new alliance would seek to save money by combining such functions as accounting, data processing, human resources, educational and outreach efforts and other non-clinically sensitive areas.

"Both our health systems have aligned strongly with the idea of health maintenance and preventive medicine," Schuessler said. "Our physical plants and community activities complement one another quite well."

Sandelin pointed out that both systems have central hospitals, active emergency room operations and outlying, even rural, clinics.

"We're on the same page as All Saints in seeking diligently to serve all our constituents, including the uninsured, in a rapidly changing health care environment. Our staff doctors are of differing philosophies, but both are concerned that they deliver the best care at the lowest possible cost."

The possibility of reducing parallel service functions has become apparent because the two health systems share agreements with various HMOs and are meeting similar criteria in the performance of their services.

"These discussions present an opportunity to remain competitive, without compromising quality," Schuessler said. "We believe this agreement can result in health care of greater value by providing cost effectiveness, clinical quality and customer satisfaction for the people of our broader community."

Applicants and Graduates at Osteopathic Medical Schools Break New Records

For the first time in the history of osteopathic medicine, both the number of applicants and the number of graduates at the nation's osteopathic medical schools hit new highs, with the number of applicants breaking the 10,000 barrier and the number of graduates surpassing 1,800.

According to the newly released American Association of Colleges of Osteopathic Medicine's (AACOM) 1995 *Annual Statistical Report*, the 16 schools enrolled 8,146 students, an increase of 4.1 percent over the 1993-94 total and graduated about 1,845 students, an increase of 5.3 percent over last year. The number of applicants for the 1995 entering class increased by 9.4 percent over the 1994 number.

"It's extremely gratifying to know that 44 percent of the 1994 graduates plan to continue the osteopathic tradition of entering into one of the primary care specialties, and that this percent is an increase of seven percent over 1993," said AACOM Board of Governors Chairman Frederick J. Humphrey, II, D.O., Dean of the University of Medicine and Dentistry of New Jersey - School of Osteopathic Medicine. "It also pleases us that we continue to increase the number of minority students enrolled at our schools," Dr. Humphrey said.

AACOM's report, by Director of Research and Information Services, Allen M. Singer, Ph.D., revealed that total enrollment of minorities (including Asian/Pacific Islanders) averaged 18 percent in 1994-95 compared to only eight percent 10 years ago, and that more than one-third of the incoming students are women.

AACOM's 1995 *Annual Statistical Report* provides extensive data on applicants, students, faculty, and curricula for the 1994-95 academic year and complete fiscal data (i.e., revenues, expenditures, etc.) for the 1993-94 academic year.

Copies of the 1995 *Annual Statistical Report* may be ordered from AACOM, 6110 Executive Boulevard, Suite 405, Rockville, MD 20852. The price is \$15 per copy, prepaid.

Free FAX Service Will Answer CLIA Queries

Answers to your CLIA questions are just a fax away, through a service now being provided by the Commission on Office Laboratory Accreditation (COLA).

The service, jointly funded by the Centers for Disease Control and Prevention and COLA, provides same-day answers - by fax - on office laboratory questions. The service is free to anyone.

"This new service augments the phone support already provided by the COLA Customer Service Center," said Doug Beigel, chief operating officer of the lab accreditation commission.

There are 33 fact sheets available to anyone requesting them, including such topics as: finding out more about your state's lab licensure laws; registering your shared lab with HCFA; writing a procedure manual; what to expect during your CLIA inspection; and how to respond after your on-site survey.

Those who have questions about how the Clinical Laboratory Improvement Amendments of 1988 affect their labs may call 800-298-8044.

COLA is a not-for-profit, physician-directed education and accreditation organization for office laboratories. It has been approved by the Health Care Financing Administration to accredit labs for the CLIA program. COLA is sponsored by the American Osteopathic Association, American Academy of Family Physicians, American Medical Association, American Society of Internal Medicine and the College of American Pathologists. ■

A Message From The Texas ACOFP President

To the Texas ACOFP Membership:

With the beginning of a new year, it is often appropriate to reflect on the past year for direction in planning for the future.

1995 was a banner year for osteopathic family and general practice physicians. The passage of Senate Bill 965, which protects our rights when seeking hospital staff membership and privileges, and our recognition in Austin during Osteopathic Family Physician Week are direct results of our legislative efforts.

Our increased membership in both the Texas ACOFP and the National ACOFP enables us to have 27 delegates to the National ACOFP meeting in March of 1996, and our 1995 Annual Seminar was one of the best educational seminars ever offered to osteopathic family and general practice physicians.

These achievements tell us that **collectively**, we can have an effective voice at the state and national levels. They also indicate that, in spite of managed care, osteopathic family and general practice physicians are committed to preserving our unique philosophy of health care. In 1996, the Texas ACOFP will strive to keep the momentum gained in 1995 by continuing to unify the osteopathic family and general practice physicians licensed in Texas.

As we kick off our 1996 membership campaign, I would like to inform you of a new benefit to Texas ACOFP members. Beginning February 1, 1996, members of our association will have free unlimited direct access via Internet or telephone modem to The Gibson D. Lewis Health Science Library's locally-mounted databases. This includes the full MEDLINE. Texas ACOFP members will also receive free training in the usage of this service at scheduled workshops throughout the year.

In addition to this new service, 1996 members will receive a directory of Texas ACOFP members and a quarterly newsletter with information regarding CME opportunities, Board Certification Review workshops and Medicaid/Medicare updates.

We will offer a \$100 discount to our members when registering for the Texas ACOFP's 39th Annual Convention, to be held August 1-4, 1996, at the Arlington Hilton. This convention promises to offer over 20 AOA Category 1-A hours specific to the concerns and interests of the family and general practice physician. It will also be an event for your family as several entertainment functions will be available.

Membership in the Texas ACOFP is an excellent way to achieve our common goal of preserving osteopathic private family and general practice. Application for membership may be obtained by contacting:

Janet Dunkle, Executive Director
Texas ACOFP
1415 Lavaca Street
Austin, TX 78701
Phone: 800-825-8967
FAX: 512-708-1415

The Texas ACOFP will also have a booth at the TOMA MidWinter Conference and Legislative Symposium, to be held February 16-18 at the Fairmont Hotel in Dallas. Please stop by to visit with us during this meeting for additional information. Your support and participation in our association can ensure our continued effectiveness in 1996.

Steve E. Rowley, D.O., President
Texas Society of the ACOFP

ATOMA News

Report on the AAOA House of Delegates Meeting/1995 AOA Convention

By Marilyn Richards
ATOMA President

The AOA and the AAOA Conventions took place in Orlando, Florida on October 16-18. Our House of Delegates meeting, held at the Peabody Hotel, convened promptly at the scheduled hour and was stimulating and informative. Much was accomplished!

ATOMA had a full delegation and, with the exception of Joanne Bradley and myself, all were attending their first AAOA House of Delegates. I know they will report that it was an awesome experience and that they came to understand the *big picture* of the Auxiliary.

Our delegates were Ruby Peters (Mrs. Robert); Shirley Bayles (Mrs. Kenneth); Dodie Speece (Mrs. Jim); Joanne Bradley (Mrs. Frank); our SAA President, Beth Boudreaux (Mrs. Craig); and myself. Rita Baker (Mrs. Mark) and B.J. Czewski (Mrs. Jim) were there in their official capacity as Directors for the AAOA. B.J. had completed her term as Director with this meeting but was nominated and elected to another two-year term. Congratulations, B.J.! I had the honor to serve on the Election Committee for the House of Delegates and on the panel at the Leadership Luncheon.

The AAOA Board and Committees reevaluated issues to which our organization is committed and recommended some changes which were considered, discussed and voted upon. One area of serious evaluation was the national scholarship program. At its inception, there were only five schools of osteopathic medicine; now, that number has more than tripled, while the process for awarding the monies has remained the same, as has the dollar amount awarded. Due to new changes in the Bylaws, scholarship money that had been tied up and unobtainable will now be available for distribution for scholarships. Two \$5,000 scholarships will be awarded each year for 10 years to the two osteopathic medical students with the highest academic standing. (The newly elected committee for the dispersing of these funds, as well as for future awards, will decide on the academic year for eligibility.) The explanation of the significance and scope of this new committee will be reported in the AAOA *Accents* magazine.

Sue Emmans (Mrs. Paul) completed her term as AAOA President. At the Council of States Luncheon, Pat Molnar (Mrs. Joseph) of Missouri, was installed as the new AAOA President. We enjoyed getting to know Sue at our TOMA convention and look forward to the opportunity to get to know Pat.

One of the most successful projects that the Auxiliary helped the AOA initiate this past year is the *Legislative Hotline*, which was launched April 18. The hotline provides members of the profession with up-to-date information about federal issues affecting the osteopathic medical profession. The hotline's two to three minute message also advises callers on how they can help the AOA influence the outcome of these issues. The *Legislative Hotline* number is 800-560-6229.

The AAOA is working for the whole profession. Though our numbers have taken an encouraging upward turn, we still are at only half the membership that we had 10 years ago. We need you and we firmly believe that you need the Auxiliary. Together we can continue to make a difference!

ATOMA District V Spring/Easter Basket Order Form

By Peggy Rodgers
ATOMA District V

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

These baskets would make excellent gift items and will help promote osteopathic medicine. The cookies, brownies, etc., will be arranged as a bouquet in a large basket with holiday ornamentation. Please indicate the number of baskets you need.

Spring/Easter Baskets

_____ \$25	1 doz. large cookies, 6 brownies
_____ \$40	1 1/2 doz. large cookies, 12 brownies
_____ \$50	2 doz. large cookies, 12 brownies, tea bread

Name	Phone
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Mail to: Peggy Rodgers, 3711 Melstone, Arlington, TX 76016

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

ATOMA District V appreciates your help and support.

ATOMA District V Annual Calendar

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

JANUARY

TBA Thursday	TOMA/ATOMA District Meeting
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FEBRUARY

13 Tuesday	Basket Day
16-18 Friday-Sunday	TOMA 40th MidWinter Conference-Basket Sale, Fairmont Hotel

MARCH

2 Saturday	Book Review/Brunch
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APRIL

TBA Thursday	TOMA/ATOMA Meeting
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JUNE

6-9 Thursday-Sunday	TOMA Annual Convention, San Antonio
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ATOMA will send invitations to you prior to each event. We would love to see you!

☆ District Stars ☆

News From TOMA/ATOMA District VI

By Mrs. Jerry W. Smith (Joy)

Members of TOMA and ATOMA District VI met for dinner and a meeting at La Griglia Restaurant on November 14, 1995.

Special guests included TOMA President William D. Hoppers and his wife, Chuckie; ATOMA President Marilyn J. Richards; and TOMA Executive Director Terry Boucher. Each gave a short talk on state affairs, HMOs and scholarships.

Dr. Mort Rubin, District VI President, introduced William C. Orr, Ph.D., who presented a slide lecture entitled, "Diagnosis and Treatment of Upper GI Mobility Disorders."

Dr. and Mrs. D.Y. Campbell and their daughter, Virginia, just returned from Scotland. They report that they toured Glenfiddich Distillery where they were shown the VIP Room, and were treated to a "wee dram" in the Reception Room. The Campbells were also invited to a sheep and Clydesdale farm, which was of special interest to Virginia, who breeds Clydesdales. Another visit was to Culloden, where the English defeated the Scots in 1746. Unfortunately, they didn't spot

Nessie at Loch Ness. According to the Campbells, the Haggis was delicious, and the black sausage and scones with clotted cream were very tasty. Scotland Forever!

January 16 is the next meeting date for TOMA/ATOMA District VI. PLEASE COME!

TOMA District VI

President - Morton Rubin, D.O.
Vice President - Carl Mitten, D.O.
Secretary - Brian Tobias, D.O.
Treasurer - Sharron O'Day, D.O.

ATOMA District VI

President - Mrs. William H. (Marguerite) Badger; 713-784-1300
President-Elect - Mrs. Jerry (Joy) Smith; 713-444-4491
1st Vice President - Mrs. D.Y. (Lois) Campbell; 713-643-3981
2nd Vice President - Mrs. Ralph (Joanna) Love; 713-286-5606
Secretary - Mrs. Tammy (Robert) Prangle; 713-992-2816
Treasurer - Mrs. Carl (Lois) Mitten; 713-453-6323

In Memoriam

Fred E. Logan, D.O.

Dr. Fred E. Logan of Carthage, Missouri, passed away December 1, 1995. He was 77 years of age. Rosary was recited December 3 at Knell Mortuary in Carthage, with a Mass held December 4 at St. Ann's Catholic Church, also in Carthage.

Dr. Logan was a 1952 graduate of the University of Health Sciences College of Osteopathic Medicine. He practiced in Corpus Christi, Texas, from 1953-70. While in Corpus Christi, Dr. Logan worked for four years at Corpus Christi Osteopathic Hospital, was President of Corpus Christi American Catholic High School and an officer of the local Salvation Army Board of Advisers.

Dr. Logan served as TOMA President from 1966-67 and was a member of the TOMA Board of Trustees for eight years. In 1965, Dr. Logan joined an advisory committee appointed by then Texas Governor John Connally to write the Medicaid bill.

In 1970, Dr. Logan relocated to Carthage, where he limited his practice to anesthesiology.

He was an Honorary Life member of TOMA; member of the American Osteopathic Association; College of Osteopathic Anesthesiologists; College of General Practitioners; Missouri Association of Osteopathic Physicians and Surgeons; the Carthage Lions Club; American Legion; and the Knights of Columbus.

Survivors include his wife, Lorraine; two sons, Mike and Sam Logan, both of Carthage; daughter Becky Guinn of Joplin, Missouri; a brother, George Logan of Kansas; three sisters, Gretchen Leatherman of Commerce, Oklahoma, Wilma Mayfield and Wanda Stanley, both of Webb City, Missouri; 14 grandchildren; and six great-grandchildren.

Dr. Stephen Urban Honored by National Organization

Stephen F. Urban, Jr., D.O., F.A.C.G.P., of Fort Worth, has been elected by his peers as a Distinguished Practitioner in the prestigious National Academy of Practice in Osteopathic Medicine. The Academy noted that Dr. Urban's election to this elite group was due to his "significant and enduring contributions to health care practice," and further stated that his "stature in the field of health care practice brings honor to all of us."

Created to be an advisor to Congress and expanded to include the general public in the matters of health care delivery, the National Academies of Practice (NAP) is composed of nine Academies representing the nine areas of health care practice: Dentistry, Medicine, Nursing, Optometry, Osteopathic Medicine, Podiatric Medicine, Psychology, Social Work and Veterinary Medicine. These are the nine professions recognized by the Federal Government and only 100 Distinguished Practitioners may be elected to each Academy.

The Distinguished Practitioners have been called the "creme of health care practice in the United States" by Senator Daniel Inouye.

Dr. Urban will be formally recognized during the NAP Health Forum in Washington, D.C., April 19-20, 1996.

TOMA extends its sincere congratulations to Dr. Urban on this most impressive honor. ■

Letters

Dear TOMA Staff:

I really appreciate the pictures that you sent to me from your files. Some of them are especially meaningful to me. We often recall the fine times we had in Texas and the good work of TOMA.

Best wishes on your move to downtown Austin.

Again, thanks for your thoughtfulness.

Sincerely,

Ralph L. Willard, D.O.
Lewisburg, West Virginia

Dear Terry:

As you know, beginning a few weeks ago we have been answering our telephones under the name Trident Holdings, Inc., or IEC/Trident. Apparently, this has caused some confusion.

The reason for the change is quite simple. Since 1992, when the Physicians Choice program started being underwritten by Insurance Company of the West, the contract for that program was with Trident Holdings, Inc. Trident, in turn, subcontracted with IEC to perform certain tasks as IEC was already performing similar tasks for other programs. IEC remained the direct administrator for the Financial Planner as well as Broker-Dealer programs. The AIP Program was administered by Oceanic Holdings, Inc., who in turn, contracted with IEC as well as Trident for services.

As of September the IEC contracts for the Broker-Dealer and Financial Planner programs have terminated and they have been renegotiated by Trident Holdings, Connecticut. In order to simplify our internal structure, Trident is now the exclusive entity licensed as a resident as well as non-resident agent.

I understand that some of you may not have been aware that we also moved our offices to another location. Please make note of our new address. Our phone numbers remain the same.

Trident Holdings, Inc.
4970 El Camino Real, Suite 210
Los Altos, CA 94022

Sorry for any confusion this may have caused.

Sincerely,

Steven Blumenkranz
Chief Executive Officer

Dear Terry and the TOMA Staff:

Congratulations on the opening of your new headquarters in Austin, Texas. The staff at the Florida Osteopathic Medical Association wishes you continued success in your new surroundings as you "steer" the Texas osteopathic physicians through the coming years.

Sincerely,

Steven Winn, Executive
Director
and the FOMA Staff

Dear Mr. Boucher:

It gives me great pleasure to announce that on October 30, 1995, Ms. Rose Crum-Johnson became HCFA's new Dallas Regional Administrator.

Ms. Crum-Johnson comes to HCFA from the Social Security Administration (SSA) where she served most recently as the Deputy Regional Commissioner in the Dallas Region. She has had a long and very distinguished career with SSA, having worked in three regional offices and the SSA central office in Baltimore. Rose's expertise in providing executive leadership and administrative direction for the effective operation of all SSA programs in the Dallas Region and personal qualifications will be tremendous assets to this Agency.

In August I notified you of some temporary senior management moves in HCFA that located Mr. Roger Perez as my Acting Deputy Regional Administrator and Ms. Mary Woodard as Acting Associate Regional Administrator in our Division of Health Standards and Quality. With Rose's appointment to the Regional Administrator position, I will return to my Deputy Regional Administrator position and Roger and Mary will return to their respective positions of Associate Regional Administrator and Branch Chief, respectively, in the Division of Health Standards and Quality.

On a personal note, I would like to thank you for your ongoing support during my three year tenure as Acting Regional Administrator. Your assistance and cooperation remain critical to our operations, and I am certain the good relationships we share will be sustained through this transfer of leadership.

Please join me in welcoming Rose to the Health Care Financing Administration.

Sincerely,

Ed Lessard
HCFA Deputy Regional Administrator

What's Happening In Washington, D.C.

• **The Big Battle.** The big news in December was the budget square-off between President Clinton and Congress. The Senate and the House have passed a budget bill that includes tax cuts set forth in the Contract With America. President Clinton has said he will veto the Bill. All are seeking a compromise.

• **Clinton's Position.** The President insists that the budget plan provide adequate funding for Medicare, Medicaid, education, the environment and agriculture. He argues that the level of tax cuts included in the GOP budget plan, estimated at \$245 billion over seven years, are too high.

• **Key Points.** White House Chief of Staff Leon Panetta recently laid out several of the Administration's budget principles in a letter to House Speaker Newt Gingrich, which include the following:

- Medicare beneficiaries must be protected from premium increases and changes that would drive up health care costs.

- Medicaid must be maintained for the poor, elderly, disabled and children.

- The viability of the Medicare Trust Fund must be ensured for at least 10 years.

- The quality of care for nursing home residents must be maintained.

- There must be no tax increases for families with annual incomes under \$30,000.

- The tax portion of any plan must provide relief for the middle class, provide no tax breaks for special interests, and not undermine the protection of employee pension funds.

- Funding for education must be maintained for at least seven years.

• **The 10 Year Tax Impact.** The ranking democrat on the Senate Finance Committee has attacked the GOP tax plan, arguing proposed tax cuts will cost the government a whopping \$417 billion over 10 years. The cost for the first seven years is estimated at \$245 billion. Years eight through 10 are projected to be very expensive.

• **A Break for the Wealthy?** The GOP tax cut plan would benefit wealthy families the most, according to a recent analysis of the Citizens for Tax Justice. According to the analysis, the wealthiest five percent of all families would receive 44 percent of the total tax cuts, while the lowest 80 percent of all families would only receive 28 percent of the tax cuts.

• **But a Big Pay-Off.** Balancing the budget with the proposed Republican tax cuts would pay big dividends for the economy, according to a recent study of the Heritage Foundation. The study projected that the economy would grow faster over the seven year budget-balancing period, that real family disposable income would increase by more than \$32 billion, that wage rates would increase, and that residential mortgage costs would go down.

• **June Release Date.** The National Commission on Economic Growth and Tax Reform, chaired by Congressman Jack Kemp, recently stated that it will release its final recommendation on restructuring the federal tax system in January, 1996. This final recommendation is expected to be a major issue in the upcoming Presidential campaign. Presidential candidate Bob Dole has stated that he will take the

Commission's recommendations very seriously in putting together his platform on taxes.

• **Social Security Earnings Boost.** On November 28, House Ways and Means Subcommittee cleared a measure that might increase the Social Security earnings limit to \$30,000 by the year 2002. The current limit is \$11,280.

• **Rethinking Position.** Several months ago, the IRS issued a Technical Advice Memorandum that stated that frequent flyer miles earned and retained by individual workers are taxable to those workers. On November 28 the IRS issued a statement indicating that it is reconsidering that position, but that for now nothing has changed. Watch out for more on this one.

Trusts and More Trusts

Nearly every estate plan has at least one trust, and most plans incorporate numerous types of trusts. The simple fact is that the trust has always been a marvelous estate planning tool.

Often individuals become confused in attempting to understand the different types of trusts and sort out the purposes, rules, limitations and durations of the various trusts. Although each trust has a grantor, a trustee and at least one beneficiary, the similarities often stop there. Some trusts are primarily used for tax purposes. Other trusts are used to accomplish specific family objectives that are unrelated to taxes. Another set of trusts is primarily used for charitable purposes.

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

Special Thanks to the Sam and Marille Sparks, East Town Osteopathic Foundation

TOMA would like to take this opportunity to thank the Sam and Marille Sparks, East Town Osteopathic Foundation, for the generous contribution in the amount of \$10,000, presented to TOMA's Building Fund campaign. This gift will significantly help in the renovation of TOMA's new headquarters in Austin.

The East Town Osteopathic Foundation reflects the selfless spirit of Drs. Sam and Marille Sparks, who were two of Texas' earliest osteopathic pioneers. These remarkable physicians were instrumental in forming the original Texas Osteopathic Medical Association and each, in turn, served as its president: Marille, from 1942-43, and Sam, from 1951-52. They also established the first osteopathic training hospital in Texas, East Town Osteopathic Hospital, and many of this state's present day osteopathic physicians are graduates of their training programs.

In presenting this donation, Richard W. Anderson, D.O., F.A.C.G.P., President of the Sam and Marille Sparks, East Town Osteopathic Foundation, noted "In keeping with their spirit of leadership, which they maintained throughout their active professional years, it is with pride that we present you with this money to continue their kind of Texas osteopathic leadership."

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Self's Tips & Tidings

Don Self & Associates

Managed Health Care Problems

At this time, with so many managed care plans (HMOs, PPOs, MSOs, etc.) opening and enrolling members and physicians daily, you should be aware of a few conceivable possibilities. Most pre-pay or "managed" plans have stipulations as to what services you provide will be covered, partially covered or non-covered. Unfortunately you, the physician, do not set the rules. Just because the plan has a board of physicians or "consulting" physicians helping them oversee the plan does not necessarily mean that the plan will be fair, honest, ethical or beneficial to you or the patient.

As an example, one managed care plan in the Houston area was managed by a board of nine physicians. These physicians set up the plan whereby each physician who wanted to participate in the plan had to contribute several thousand dollars into the plan's operating fund. More than 300 physicians enrolled in the plan, and over \$1 million was raised. At the first "board" meeting of the nine physicians (where no enrolled physicians were in attendance), these nine physicians voted themselves consulting fees of more than \$100,000 per year. Consequently, there was NO money left in the operating fund and they returned to the members and asked for additional "operating funds." Most of the enrolled physicians saw what had happened and cut their losses quickly, but not quickly enough. Finally, the plan dissolved, the board kept their consulting fees and not one physician received one additional patient as part of the plan.

The most common problem we have seen with managed care plans is the "carrot stick" approach. The plan is set up to promise you many new patients at a fee-for-service level that is equal to or higher than what you've been getting paid. In a brief amount of time, after they have set up a substantial number of physicians, they cut the carrot in half and inform you that "due to unexpected financial losses," they must make "adjustments" in the plan amounts, UCRs, or "approved amounts." As exemplified very recently in a Fort Worth plan, physicians said "no" to these cuts and started pulling out of the

plan. One of the options available to the plan is to notify members that their physician is not willing to abide by the "lower health care cost" plan and they will assist the members in finding new participating physicians. The main option the physician has is to withdraw from these plans, but most are hesitant to do so, out of fear of losing patients.

Prior to enrolling in a health plan (regardless of the size of the plan), we recommend that you:

1. Carefully read the plan and make sure that you have the option of withdrawing from the plan **for any reason**, should you desire to.
2. Check your fees to the plan's "approved amount," UCR, or plan amount. Make sure what you are willing to accept as compensation is not above their plan amounts.
3. Ensure you have something in writing that **guarantees** a predetermined period in which they cannot reduce the plan amounts.
4. Double-check the fine print in the contract to make sure you are not going to be responsible for "funding" any part of the plan.
5. Find out what diagnoses will be covered under the plan and under what circumstances.
6. Make sure the procedures that you perform most often are covered by the plan, at amounts you are willing to accept.
7. Check your own data base of patients to make sure that you need to enroll in the plan. It's very possible that the plan will not help you at all, but having your name on the list of participating providers definitely helps the sale of the plan to businesses and insureds.

8. If the plan is a capitation plan, you would be extremely wise to make sure the plan has some kind of patient co-pay per visit, encounter, or service. Experience has shown that plans that have no financial responsibility for their patients' own care can quickly fill up your appointment schedule, reception area and treatment area, thereby keeping you from seeing fee-for-service patients. You may end up replacing your data base of good paying and profitable patients with capitation patients.

If you are involved with one of those plans that reduce their plan amounts and you do not believe the new rate is acceptable to you, we suggest you let your patients know by letter what the plan is doing. Too often, physicians just quietly withdraw from the plan, watch their patients retreat from the practice and do nothing. That is not good business. Since managed care plans are usually managed by professional business specialists, physicians have to start operating their practices in the same professional manner. In short, stand up for yourself!

Don Self is a fee and reimbursement consultant to more than 400 physicians around Texas. He has taught more than 50 workshops to physicians and office staff for several statewide and national medical and osteopathic associations, and writes monthly articles for several Texas and national magazines. He has taught Medical Office Management courses at an East Texas college and regularly teaches courses at training hospitals and residency programs.

Who Is This Man?



The first TOMA member to correctly identify this "mystery physician" will receive \$50.00 off his or her registration fee for TOMA's 40th MidWinter Conference and Legislative Symposium, to be held February 16-18 in Dallas.

Hint: This person is a graduate of Kirkville College of Osteopathic Medicine, an adoptive Texan, and is active in the osteopathic profession in Texas.

Send responses to: Editor, *TEXAS D.O.*, 1415 Lavaca Street, Austin, TX 78701-1634. No telephone calls will be accepted.

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Public Health Notes

"Cancer Genetics and Prevention"

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

Cancer is a genetic disease, but not all cancers are inherited. The genetic changes in cancer cells may be due to external factors such as environmental toxins, internal factors such as heredity, or most often the interaction of both. Genetic changes leading to cancer may take place either in the genes of the somatic (body) cells, or they may be due to constitutional (inherited) genes.

Cancer etiology is multifactorial: multiple genes and environmental factors interact, often in varied and complex ways, to produce disease. While research focusing on environmental and behavior risk factors remains important for cancer prevention, recent developments in cancer genetics research afford enormous opportunities for cancer prevention and control.

Cancer genes do not cause cancer by themselves but, like all genes, require the interaction with other genes and environmental factors to lead to cancer. At present a small percentage of cancer cases are known to be inherited. However, research into the known inherited cancers can provide insight into the development of, and genetic influences on, all cancers. One of the challenges for the cancer-genetic epidemiologist is to identify steps in the pathway from cancer genotype to cancer phenotype (appearance). Once this process is elucidated, it may be possible to prevent inherited cancers.

The Inheritance of Cancer

Recent discoveries of genes that are associated with hereditary colon cancer, and of those associated with hereditary breast cancer, have established these major cancers as heritable diseases. It is estimated that one of every 200 to 400 people carries a gene that causes familial nonpolyposis colon cancer. This gene is implicated in approximately one tenth of the 160,000 cases of colon cancer diagnosed annually in the United States. In addition, research done in Utah found that approximately one of every 500 women inherits a particular gene that is associated with breast cancer.

Only a few cancers have a simple genetic basis (a single gene causing the disease). However, certain specific

genes almost always result in cancer. Cancers that have clear, recognizable patterns of inheritance include a number of rare pediatric and adult tumors. Retinoblastoma, colon cancer in patients with familial adenomatous polyposis (FAP), and Wilms' tumor of the kidney, all have a clearly recognized genetic basis. In each of these cancers, inheritance is by a specific autosomal dominant gene and requires only one gene from one affected parent.

Retinoblastoma, the most common intraocular malignancy of childhood, occurs in both hereditary and nonhereditary forms. Approximately one-third of the cases are hereditary (germline) and often are due to new mutations.

FAP is a genetic disease that almost always results in adult colon cancer. People with FAP develop small adenomatous polyps in the colon and rectum. The condition is not known to lead to extraintestinal lesions. These adenomas, though initially benign, are predisposed to becoming adenocarcinoma of the colon. The rate of neoplasia in untreated patients is about 80 percent; two-thirds of the patients who develop cancer do so by age 39. However, colon cancer can be prevented in these cases by total colectomy.

Wilms' tumor, also known as nephroblastoma, is a pediatric kidney cancer usually diagnosed in children one to five years of age and always before age 15. This tumor occurs in both heritable and sporadic forms, with heritable cases more likely to be bilateral.

As of 1977, more than 100 single-gene disorders (dominant, recessive, and X-linked) had been associated with high risk of cancer, and many more are known today. For many cancers there are clear indications that genetic factors are involved, but the nature of their inheritance is not as clear because the genetic factors are more complicated (i.e., multiple genes and environmental interaction are involved). However, specific genes involved in many cancers are rapidly being identified.

The "Li-Fraumeni Syndrome," which has been associated with the p53 gene, is

an example of a cancer family syndrome. The multiple cancers that comprise this syndrome are those of the lung, larynx, prostate, and unknown primaries; bilateral breast cancer; gliomas; and Wilms' tumor. A familial breast-ovarian cancer syndrome also has been described, and a recently identified gene named BRCA1 has been associated with significantly increased risk of breast or ovarian cancer. Studies have shown that women who possess this gene have a 60 percent likelihood of developing breast or ovarian cancer by age 50 (versus a two percent risk in the general population).

Many cancers are known to be consistently associated with a particular chromosomal defect. Hematologic malignancies such as chronic myelogenous leukemia (associated with the Philadelphia chromosome) were among the first cancers of this type to be discovered. Hereditary renal cell carcinoma is a solid tumor associated with many families with a chromosomal translocation between chromosomes 2 and 8. In other families whose members have developed renal cell carcinoma, chromosomal translocation between chromosomes 3 and 11 was identified but this chromosomal defect was found only in the tumor cells. (Thus, the defect could not have been inherited directly and was probably due to an environmental influence.) Both of the chromosomal translocations involve chromosome 3, which suggests a possible location for a gene associated with heritable kidney cancer.

Several genetic diseases that initially are not cancers, are nevertheless associated with an increased risk of cancer. Among these, ataxia telangiectasia, Fanconi's anemia, and xeroderma pigmentosum are characterized by genetic defects in DNA repair and regulation and often lead to the development of malignancies.

Cancer Prevention

Because cancer is a genetic disease, cancer genetics research affords opportunities for prevention and control of cancers, even those not due to hereditary factors. Cancer genetics research can lead to improved understanding of it

molecular structure of cancer cells, and the etiology, risks, and prognosis of the disease. This knowledge has the potential to improve methods for early detection, identification of other risk factors, and treatment protocols for all cancers.

Of particular importance, identification of specific genotypes that increase cancer risk can be an important basis for public health policies targeting primary prevention of cancer. Identification and screening of at-risk family members, and of other groups, can enable them to take prophylactic steps to recognize and prevent inherited cancers.

The Role of a Cancer Registry

Because it has the potential to provide information regarding family cancer histories and common epidemiologic features, a disease registry of all incident cases provided one of the most cost-effective tools for genetic investigation. The data essential for this type of investigation can be obtained only through a cancer registry.

For example, cancer registry data are the basis for a six-year study of heritable nonpolyposis colorectal cancer (HNPCC) done in Northern Italy from 1984 through 1989. HNPCC, which accounts for up to 15 percent of all colon cancers, has characteristics significantly different from those of FAP (discussed earlier). Because HNPCC has no associated biomarker (e.g., colonic polyps), appropriate surveillance relies on tracking specific families. A population-based cancer registry is the only way to accomplish this type of tracking on a large scale.

By analyzing cancer registry data, researchers found evidence that HNPCC could be caused by an autosomal recessive gene, in spite of the fact that persons homozygous for this gene did not always develop HNPCC. It is also possible that HNPCC is inherited as an autosomal dominant, and recently two different genes associated with HNPCC have been described. This type of research will likely lead to improved surveillance.

A cancer registry can play an important role in the recognition and study of genetic factors in cancer, especially regarding rare, recessive genes and dominant genes with incomplete penetrance. Although family history of cancer is relatively common, cancer disproportionately affects

persons of older ages. Therefore, by the time a person develops cancer, many members of the previous generation are deceased. Examination of cancer data from a large population, over an extended time period, can help overcome this problem. An historical, population-based registry of all diagnosed cancers provides crucial data for the type of research that can lead to improved cancer prevention and control.

Identification and investigation of genetic factors in cancer is difficult in a modern, mobile population. Through use of the resources afforded by cancer registries, this process can be eased and significant benefits for individuals, families, and the population in general can be realized.

The above article was reprinted from "Disease Prevention News," a publication of the Texas Department of Health. References provided on request.

HealthFind Exchange Helps Bring Docs to Rural Texas

HealthFind, the Center for Rural Health Initiatives' unique and award-winning recruitment event, attracted 30 rural communities from around the state September 23-24 in Dallas.

The HealthFind Exchanges, held twice a year, bring groups of citizens from rural communities together with physicians who are interested in rural medical practice. Approximately 70 physicians came to the event, ready to find out all they could about what rural communities have to offer. In addition, over 30 physicians from Texas, New York, New Jersey and Illinois who could not attend but who want to practice in rural Texas sent in their information sheets.

There is a critical shortage of primary care physicians in rural Texas. Twenty-four counties are without any physicians at all and nine out of 10 rural Texas counties are designated Medically Underserved Areas. Over one-third of rural Texas physicians are nearing retirement age and rural communities must be able to recruit physicians to replace them.

HealthFind helps communities prepare to secure physicians who will be professionally and personally satisfied with their new life. It also shows resident and practicing physicians that rural Texas has much to offer its health professionals. Low crime rates, good schools, generous perks, and availability of professional support are just some of the things that rural communities can use to entice physicians to practice.

Along with the Center for Rural Health Initiatives, HealthFind is supported by the Texas Organization of Rural and Community Hospitals, the Texas Higher Education Coordinating Board, the Texas Osteopathic Medical Association, the Texas Academy of Family Physicians, the Texas Associ-

ation of Community Health Centers, the Texas Department of Health, the Texas Hospital Association, the Texas Medical Association and the Texas Society of the American College of Osteopathic Family Physicians. The Center couldn't make HealthFind the success it is without the support of these organizations and their dedicated staff.

Because of HealthFind, at least 60 physicians have committed to practice in rural Texas. Groups representing other programs and activities of interest to rural communities and physicians, such as physician education loan repayment, rural health clinics, and community health centers, also exhibited at HealthFind. In addition, while attending the HealthFind Exchange physicians participated in a seminar on practice management issues - a key concern for young physicians getting ready to begin their practices.

HealthFind was recently granted the "Program That Has Made a Difference in Texas Rural Health" award from the Texas Rural Health Association, in recognition for its highly effective efforts to increase the numbers of physicians practicing in rural Texas.

"HealthFind is one of the Center's most vital programs, and a program that has certainly made a difference to thousands of rural Texans," says CRHI Executive Director Laura Jordan. "We are honored and thrilled to be chosen for this award by TRHA, which is one of the most dynamic and active state associations in the country."

Start making plans now to attend the next HealthFind Exchange, set for April 26-27, 1996, in Austin. For more information about HealthFind or about rural health in Texas, contact the Center for Rural Health Initiatives in Austin at 512-479-8891.

Texas Cancer Care Signs Exclusive Affiliation With M.D. Anderson Physicians Network to Provide Regional Cancer Care

Pact Opens Way for Texas Cancer Care to Introduce Multidisciplinary Treatment Planning to Patient Programs.

Cancer patients in Tarrant and surrounding counties will have access locally to treatment services by physicians that previously had been available only at The University of Texas M.D. Anderson Cancer Center in Houston, according to an exclusive agreement between Texas Cancer Care of Fort Worth (formerly Oncology-Hematology Consultants, P.A.), a physician group, and M.D. Anderson.

Under a Clinical Support Services Agreement announced on November 28, 1995, by William Jordan, D.O., President of Texas Cancer Care, the two organizations will share oncology expertise and knowledge of patient delivery systems. Texas Cancer Care will provide physician oncology services utilizing M.D. Anderson's medical care plans.

The agreement makes Texas Cancer Care the first oncology care physician group in the North Texas area to be affiliated with the M.D. Anderson Physicians Network, and the only medical oncologists in Tarrant, Parker and Johnson counties to practice medical oncology under the M.D. Anderson Physicians Network name.

M.D. Anderson Moncrief Center at Fort Worth provides radiation oncology services at 1450 Eighth Avenue in Fort Worth and at Huguley Memorial Medical Center.

"This is a major step in our commitment to provide the highest-quality, most up-to-date care for our patients," said Dr. Jordan. "Through this affiliation, Texas Cancer Care can access the technical expertise, medical knowledge and service facilities of one of the finest cancer centers in the world. This ensures that we will remain in the forefront of innovative oncology treatment and research, and that we will have the full resources of the M.D. Anderson Physicians Network available to our people and our patients."

Dr. Charles M. Balch, Executive Vice President of Health Affairs at M.D. Anderson Cancer Center, echoed Dr. Jordan's characterization of the new agreement as an innovative step in health care delivery.

"Texas Cancer Care is committed to the same type of multidisciplinary cancer care as we practice at M.D. Anderson," Dr. Balch said. "Enhancing patient access to cancer care of the highest quality nearer to the patient's home is vitally important to us. As we continue to develop increasingly effective cancer therapies, we are committed to forging new relationships to ensure that these therapies reach patients throughout Texas in a timely, convenient manner. We welcome Texas Cancer Care into M.D. Anderson Physicians Network to help us do just that."

Under the agreement, Texas Cancer Care will adopt M.D. Anderson Cancer Center clinical guidelines and have its physicians credentialed by M.D. Anderson Physicians Network. Texas Cancer Care will participate in the clinical research protocols and clinical trial procedures established by M.D. Anderson Cancer Center.

M.D. Anderson agrees to provide certification and continuing education to Texas Cancer Care physicians and medical staff, including hosting quarterly seminars for physicians. M.D. Anderson Cancer Center's experts will discuss their research, new diagnosis and treatment techniques and improvements in medical equipment and protocols. M.D. Anderson Physicians Network also will provide on-line consultation and information for Texas Cancer Care physicians and staff, including clinical trials and clinical research protocols that will give Texas Cancer Care access to cutting-edge therapies.

The M.D. Anderson Physicians network and M.D. Anderson Cancer

Center Outreach Corporation are not for-profit organizations that work to expand M.D. Anderson's multidisciplinary approach to comprehensive cancer care by forming partnerships with community providers. M.D. Anderson is Texas' only national Cancer Institute-designated Comprehensive Cancer Center specializing in cancer treatment, research, education and prevention.

Texas Cancer Care is a regional cancer treatment physician group serving the Dallas-Fort Worth Metroplex with clinics throughout its service area. Texas Cancer Care is affiliated with the M.D. Anderson Cancer Center in Houston and major oncology research and treatment organization across the nation. At this time, Texas Cancer Care has 15 physicians. The medical oncologists are Unamari Clifton, M.D., Thomas D. Fisher, M.D., Gregory Friess, D.O., William M. Jordan, D.O., Mary Milam, M.D., Michael B. Ross, M.D., and Virginia Stark-Vancs, M.D. The radiation oncologists are Odette Campbell, M.D., Rafael Chan, M.D., Daniel O. Cusculescu, D.O., Donald C. Dirks, M.D., Michael D. Smith, M.D., and Curtis Studey, M.D. David Friedman, M.D., Ph.D. specializes in bone marrow transplantation and Mary Ann Skiba, D.O. in hematology. Thomas R. Barlow, M.B.A., is the Chief Executive Officer of Texas Cancer Care, whose corporate headquarters is located in Arlington, Texas.

The name change from Oncology Hematology Consultants, P.A., to Texas Cancer Care was announced November 20, 1995. The change affects existing Texas Cancer Care clinics operated in Fort Worth, Cleburne, Weatherford, at Huguley Memorial Medical Center, and a new clinic in Bedford which opened in December 1995.

News from Osteopathic Health System of Texas

New Nuclear Medicine Camera Helps Doctors Diagnose, Increases Patients' Comfort

Osteopathic Medical Center of Texas has a new Sophycamera DST-XL with collimator transport assembly, dual rectangular detectors and digital electronics. Many might think that sounds like a high-performance, fuel-injected automobile. In fact, it's the newest technology in nuclear imaging and OMCT brought this new equipment to the hospital in October.

"OMCT's new nuclear medicine equipment will greatly enhance the diagnostic capabilities of our physicians and make it easier on our patients by lowering the amount of time that they're on the table," said Harris F. Pearson, D.O., Chairman of the Radiology Department at OMCT. "The equipment will offer us a much wider opportunity to do enhanced imaging and the flexibility to handle a broader range of patients."

According to Wayne Bryson, chief nuclear technician, the new nuclear medicine cameras have decreased a patient's time on the table from more than 30 minutes to less than 15. He described the equipment as one machine with two camera-heads that rotates around a patient to provide exceptional flexibility for all types of nuclear imaging. "In order to take images of specific organs, radio isotopes are injected into a patient's bloodstream so that problem areas will show up in the images. The new cameras can take pictures of the targeted organ from a variety of angles and the technician can see the image on the computer during the procedure," he said.

The nuclear medicine camera offers advantages for whole-body, spine and thoracic imaging with clear, consistent, high-resolution images. It will provide OMCT radiologists with clinical flexibility, patient safety, imaging efficiency and ease of use.

Wayne said that many patients can benefit from the new equipment. "Any part of the body that regular X-rays can't see can be seen with this equipment. So diseases like arthritis, cancer, tumors, and lung diseases can be more easily detected," he said.

Dr. Pearson noted that the new cameras will allow physicians to look for potential Alzheimer's disease patients and stroke victims. "The new equipment



Harris F. Pearson, D.O., OMCT Chairman of Radiology, explains the new nuclear medicine camera to Rose Mitchell, L.V.N., (center) and Carolyn McGee, R.N., during a tour of the facility on November 22. The nuclear medicine equipment, installed in October, will be highlighted during an open house and lecture that will be held this month.

allows us to spot diseases in their earliest stages and begin treating them."

Barbara Kotch, a nuclear medicine technologist, said using the nuclear medicine camera is a good example of a non-invasive procedure. "Problem areas can be found without heart catheterization or angioplasty. Patients have little or no reactions, and it costs much less than invasive procedures," she said.

Buel Joiner, Director of Radiology, said that the volume of patients who require these tests has been growing. "The old equipment took too long to perform some of the same procedures, and some procedures like SPECT scans of the brain were being sent to other hospitals. Now we'll be able to do it ourselves," he said.

Roland F. Chalifoux, Jr., D.O.

Roland F. Chalifoux, Jr., D.O., a neurosurgeon who has a special interest in cerebrovascular disease and spine and spinal reconstruction, has joined OMCT's medical staff.

Dr. Chalifoux received his bachelor's degree from Clark University in Worcester, Massachusetts, in 1981, and earned his D.O. degree from the

University of New England College of Osteopathic Medicine in Biddeford, Maine, in 1987. He completed his internship at Pontiac Osteopathic Hospital in Pontiac, Michigan, in 1988, and completed his residency at Bi-County Hospital in Warren, Michigan, last June where he was the recipient of the Glaxo Wellcome Resident Award. He is an Assistant Professor in the Department of Surgery at the University of North Texas Health Science Center/Texas College of Osteopathic Medicine.



Roland F. Chalifoux, Jr., D.O.

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

Family DNA Repository Opens at UNTHSC

The University of North Texas Health Science Center at Fort Worth has been selected as the national repository for the world's first civilian DNA storage service for families wanting to preserve genetic information as a source of hereditary medical information, the ultimate medical history.

UNTHSC's DNA Laboratory was selected as the DNA storage site by GeneLink, Inc., of Margate, New Jersey, that developed the DNA banking and hereditary genetic information service. GeneLink, with sales and marketing operations based in Dallas, will offer the service to individuals through funeral homes, hospitals, physicians' and dentists' offices and other locations, according to William E. Parisi, Vice President and Chief Operating Officer.

Parisi said UNTHSC was chosen as the nation's only commercial, non-military DNA repository because of the national reputation of its DNA/Identity Laboratory. The laboratory, which opened in 1990, is one of only 54 in the United States accredited by the American Association of Blood Banks to perform DNA and paternity testing. It performs nearly 40 percent of the paternity testing for the Texas Attorney General's Office, saving the state about \$41 million in welfare payments for child support.

"If ever an announcement symbolizes the future of health care possibilities, the announcement we are making today is it," UNTHSC President David M. Richards, D.O., told the standing-room-only crowd present for the announcement on December 5, 1995. "The ability of physicians and scientists to identify a genetic predisposition to disease and then recommend appropriate treatment, therapies or lifestyle changes will have an impact on health that will be truly life-changing." Dr. Richards noted that the Human Genome Project - identifying and mapping the 100,000 genes of the human body - has made remarkable progress in pinpointing genes that, when defective, are associated with disease and medical conditions. More than

4,500 diseases and medical conditions are believed to be genetically-linked.

GeneLink provides the DNA storage and genetic information service for a \$175 fee that provides collection of DNA samples and their storage at UNTHSC for an initial period of 25 years with options for longer periods.

"We feel that the DNA samples can be stored for generations and generations, hundreds of years," said Arthur J. Eisenberg, Ph.D., Director of the DNA Laboratory at UNTHSC. "A family could, over many generations, go back and trace their medical history, trace a genetic defect that potentially can be corrected or treated in the future." Dr. Eisenberg noted that the DNA Laboratory has abundant storage systems and storage sites to assure preservation of the DNA samples.

Mr. Parisi said GeneLink does not offer a cure for any disease, does not make diagnoses and will not do genetic testing. "Our mission is to collect and safely store DNA specimens from individuals for later use by themselves or their physicians," he explained.

The DNA is extracted from cells obtained from the mouth, using Dacron swabs, that are mailed to GeneLink. "It is as easy as brushing your teeth," Mr. Parisi said. "Simple and non-invasive."

Benjamin L. Cohen, D.O., UNTHSC Vice President for Health Affairs and Executive Dean, said that genetics is going to play an increasing part in the everyday delivery of health care. "Instead of only storing family photos and stories, I think the time has come for us to store genes," he said. Dr. Cohen warned, however, that "it also means there will be moral and ethical dilemmas that society must face." As an example, he said, "once we are able to prevent terrible disease, do we really want millions of 120-year-old people walking around?"

Dr. Baker Named Distinguished Alumnus of the Year

Mark Baker, D.O., Class of 1976, was named TCOM Distinguished Alumnus of the Year at an alumni luncheon during the American Osteopathic Association

annual convention in Orlando, October 14-18. More than 80 alumni attended the luncheon and award presentation.

Dr. Baker is the acting chair of the Department of Radiology and is a president of the TCOM Alumni Association. Last year, he was elected to the UNTHSC/TCOM Foundation Board of Directors.

Dr. Baker is also past chair of the Department of Radiology at OMC where he has been on staff since 1981. He is serving his second term as Speaker of the Texas Osteopathic Medical Association House of Delegates, and is delegate to the AOA.

During the luncheon, the alumni also voted on amendments to the constitutional bylaws and approved budget for the association's coming year.

Researchers Earn Half Million in Research Grants

Four UNTHSC faculty have been awarded research grants in the state's largest competitive research grant program, the Advanced Research and Technology Program of the Texas Higher Education Coordinating Board.

Receiving two-year grants were Glenn Dillon, Ph.D., Associate Professor of Pharmacology; Richard Easom, Ph.D., Assistant Professor of Biochemistry; Andras Lacko, Ph.D., Professor of Biochemistry; and Thomas Yorio, Ph.D., Dean of the Graduate School of Biomedical Sciences. The four grants combined totaled more than \$500,000.

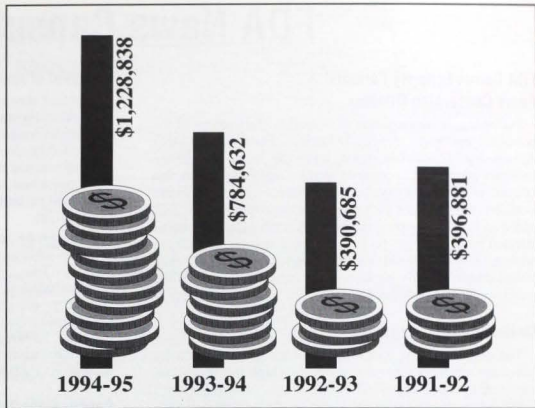
Rouel Roque, M.D., Assistant Professor of Anatomy and Cell Biology, was also distinguished for his research by the American Heart Association. He received both a FIRST Award and a American Heart Association Award for his research in retinal neovascularization. The FIRST Award from the National Institutes of Health will fund his research for five years. In addition, the national AHA award will contribute \$44,000 each year for three years to the project. Dr. Roque is on the faculty of UNTHSC's North Texas Eye Research Institute.

UNTHSC Hits Record \$1 Million Mark in Cash Gifts

A fiscal year-end report from the Office of Institutional Advancement shows that private cash donations to the school and the UNTHSC/TCOM Foundation topped \$1 million for the first time. Contributions were directed to projects such as the new public health program, a proposed physician assistant program, student scholarships and the Silver Anniversary campaign. Donors included local corporations, foundations, faculty, staff and alumni.

"The goal for 1995-96 is between \$1.5 and \$2 million in cash gifts, excluding pledges. Our priorities are progress in finishing out floors in the new clinical building and wrapping up the start-up funding for the new public health and physician assistant programs," said Associate Vice President for Advancement Mike Davenport. "With state allocations shrinking at the same time our institutional needs and responsibilities are increasing, rapid growth in private gifts is essential," he said.

To kick-start the 1996 fiscal year, a \$10,000 gift was given to UNTHSC by Lena and Robert Chu to renovate the new transmission electron microscope research suite in the Department of



Anatomy. Lena Chu is owner of Hulen Eye Care Center and Robert Chu owns Pearl Vision Express on South Hulen, both in Fort Worth. The refurbished facility will be named the Drs. Robert and Lena Chu Electron Microscopy Suite.

"We've recently put in place the criteria guidelines for naming facilities after donors," said Davenport. "We

wanted to be able to honor those friends of the institution who make sizeable contributions to support certain areas they are interested in, like the Chus and eye research, and for those who make large unrestricted gifts as well. These will be lasting legacies of the people who are behind the phenomenal growth of UNTHSC."



Beverly and Stan Weiss, D.O., from left, pose for a photo with UNTHSC supporters Leon and Fay Brachman during the Silver Anniversary Appreciation Dinner.



Harvey G. Micklin, D.O., F.A.C.N., has been elected President of the American College of Neuropsychiatrists. He is chairman of TCOM's Department of Psychiatry and Human Behavior.



Mary Luibel, left, and Rita Baker visit during the UNTHSC's President's Silver Anniversary Appreciation Dinner, November 16, at The City Club in Fort Worth. About 130 donors and community leaders attended.

FDA News Capsules

FDA Calms Epilepsy Patients' Fears Concerning Dilantin

Following an investigation as to quality fluctuations of the popular epilepsy drug, Dilantin, Food and Drug Administration officials, upon receiving numerous phone calls, are attempting to reassure worried epilepsy patients that Dilantin is safe to use. "We have no evidence...that the Dilantin available today is not performing as expected in patients," stated an FDA spokesperson. The FDA emphasized that unless directed by a physician, no patient should stop taking Dilantin because stopping could cause serious seizures. Dilantin's manufacturer recently pleaded guilty to a felony for hiding quality problems with the drug.

Melanoma Drug Approved

The drug Intron A, which increases the survival time for malignant melanoma patients who have a high risk of relapse, has recently been approved by the FDA. Schering-Plough Corporation, manufacturer of Intron A, found that half of a group of high-risk patients who were given Intron A following surgery survived a year longer than similar patients who had surgery alone.

FDA Urged to Approve MS Drug

The first drug to slow the progression of multiple sclerosis, instead of just treating its symptoms, is apparently closer to the market. Scientific advisers unanimously urged the FDA to approve Avonex, manufactured by Biogen Inc. The recommendation was based on a study which showed that the drug reduced the progression of MS by 37 percent. It is not known, however, how long Avonex works or the best dosage.

Approval of Anti-Obesity Drug Backed by Panel

The first new anti-obesity drug in more than 20 years has been narrowly approved by an advisory panel of the FDA. Dextenfluramine, manufactured by Interneuron Pharmaceuticals, works by altering the brain chemical serotonin to give people a feeling of fullness, even though they have consumed less. Studies showed that dextenfluramine helped 40 percent of patients lose up to 10 percent of their body weight.


Although the drug has been sold in 65 countries for 10 years, the panel was concerned about possible long-term adverse side effects. The panel's chairman, voting against the recommendation, noted that more long-term studies are needed to determine whether the drug causes widespread hypertension, one of the side effects seen in a small number of patients. Although the FDA usually acts favorably on recommendations of its scientific panels, there is no present indication of when the agency will act on the drug.

Cancer Gene Test Kit is Rejected

An FDA advisory committee rejected the first genetic test kit designed to predict which breast cancer patients could relapse after surgery and thus need more intensive treatment. Known as Inform, the test is manufactured by Oncor Incorporated and works by detecting a gene believed to spur cancer cell growth. By a 6-1 vote, the advisory committee voted against marketing of the test, noting that the study of 244 women wasn't large enough. The committee recommended that the company study a much larger number of women.

An Oncor spokesman predicted that the company will have the additional data within one year. Inform is already sold in Europe.

Membership *On-The-Move*



If you know a physician who is not a member of TOMA, please encourage them to become a part of the only organization that works solely for osteopathic physicians. Inform them of the fantastic Privileges, Services and Benefits they can receive by becoming a member. Call Stephanie Boley at the TOMA office and she will mail an application anywhere! As Dr. T. Eugene Zachary stated last year, "If an osteopathic physician ever has a problem, no organization or any other group is going to be there with support and help like TOMA can and will."

NOF Accepting Applications for Zeneca Pharmaceuticals Grant

Help is on the way for osteopathic medical students committed to practicing in underserved or minority populations. The Zeneca Pharmaceuticals Underserved Healthcare Grant, an award of \$5,000 to \$10,000 administered by the National Osteopathic Foundation (NOF) and funded by a grant from Zeneca Pharmaceuticals, is now open to receive applications. Osteopathic medical students in their third year of studies may apply.

The scholarship was established to encourage osteopathic medical students to practice in underserved or minority populations, and recipients must demonstrate this commitment. Minority students are encouraged to apply, but participation is not restricted to those students.

"This scholarship fits perfectly with the osteopathic medical philosophy of serving rural and underserved populations," said Mike Levin, NOF Executive Director. "We are pleased that Zeneca has made it happen."

Applications must be received by **January 31, 1996**. Finalists will be interviewed and recipients selected by NOF's Committee on Educational Grants. Awards are disbursed during the fourth year of osteopathic medical studies.

A formal award presentation will be held at Zeneca's company headquarters in Wilmington, Delaware. Upon completion of the first year of practice, recipients must submit a written report on their experiences in underserved areas and what they would do to improve care to the underserved in America. The paper will be submitted to the osteopathic medical press for publication to encourage other students to serve this population.

Application details may be obtained by contacting NOF Headquarters at 5775 Peachtree-Dunwoody Road, Suite 500-G, Atlanta, GA 30342; Phone 404-705-9999; FAX 404-252-0774.

Zeneca Pharmaceuticals is today ranked among the top 20 research-based pharmaceutical companies in the United States. Zeneca has earned an outstanding worldwide reputation as an innovative-research-intensive company dedicated to the highest standards of pharmaceutical discovery, development and production. Through numerous public awareness campaigns, corporate health programs and patient assistance programs, Zeneca also provides health education and support services to millions of Americans. ■

THANK YOU!

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

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Opportunities Unlimited

PHYSICIANS WANTED

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

FAMILY PRACTICE, BOARD CERTIFIED PHYSICIAN WANTED — Practice is looking to add associate for long term relationship. Call group, mixed PPO, Fee for Service, guaranteed income. Send CV Attn: Tom Milholland, 1212 Richmond Ave., Ste. 325, Houston, TX 77082. (07)

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

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

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

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

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

FAST TRACK CLINIC TO OPEN JANUARY, 1996 — Primary Care Physician

needed. Flexible schedule with malpractice provided and competitive salary. Send CV to: OPEM Associates, P.A., 4916 Camp Bowie Blvd., #208, Fort Worth, TX 76107; 817-731-8776; FAX 817-731-9590. (24)

DALLAS/FORT WORTH/HOUSTON — Physician/Opportunity to work in low stress, office based practice. Regular office hours. Lucrative salary plus benefits. No call, no weekends, and no emergencies. Please call Lisa Cole at 800-254-6425 or FAX CV to 214-258-0838. (25)

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

GP/FP NEEDED IN AMARILLO — Primary care including office practice, nursing home and hospital work. Specialist referral available in osteopathic hospital or medical center. Three other D.O.s to share coverage. Negotiable salary, guarantee, or other arrangements as desired. 806-379-7770. FAX 806-379-7780. (31)

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

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

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

POSITIONS DESIRED

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

OFFICE SPACE AVAILABLE

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

FOR SALE, DALLAS SUBURB — Active growing family practice clinic. Minor Emergency, Occupational Health. Rapid population growth in area. X-ray, EKG, P.T., Coulter CBC, Spirometer. Emergency Procedures room, three exam rooms, central lab area. Call 214-771-9479. (10)

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

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

MISCELLANEOUS

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

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

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

PRACTICE FOR SALE? If you have ever thought of selling, please call me today! Dick Guenther, 214-353-5118. (28)

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

How do you treat severe paralysis of the paycheck?

Medical school probably covered everything except how to deal with a disability. It can happen to anyone. Even you. In fact, if you're 35 now, you have a 45 percent chance of becoming disabled before age 65.¹ Without disability insurance, that's a 45 percent chance your income would wind up in critical condition. Should disability strike, how long could you keep your home? Make car payments? Provide for your family?

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The disability insurance market is changing fast. Do not miss your opportunity to secure this important protection from a top-rated insurer.

Make an appointment for a disability insurance checkup. Call Dean, Jacobson Financial Services for more information about this important coverage. We have more than 30 years of experience in the medical profession. Discounts are available to TOMA members.

¹ 1985 Commissioner's Individual Disability Table-A, Seven-day Elimination Continuation Table. Rates are male only. Disability rates are higher for females.

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Texas Osteopathic Medical Association

Some testimonials from TOMA Members . . .

According to *Gregory A. Dott, D.O., F.A.A.O., Associate Professor, Department of Manipulative Medicine, UNTHSC/TCOM*, the BENEFITS of being a member of TOMA are as follows:

- ◇ Camaraderie
- ◇ Support
- ◇ Communication
- ◇ BC/BS Work
- ◇ Workers' Compensation
- ◇ CME Programs

Keeping up with the exploding growth of medicine is a constant challenge. The additional changes in financial reimbursement brought on by current government intervention in Medicare, Medicaid, and Workers' Compensation reimbursement rates produce further strains on the solo practitioner. Over the past two years, actions of individual physicians orchestrated through TOMA have played an important part in presenting the distinctively osteopathic view to Texas Blue Cross/Blue Shield OMT reimbursement questions, as well as the ongoing Workers' Compensation reform. During times of great change and the associated stress, it is important for us to band together to best use our common voice in communicating our special concerns to public officials."

☆☆☆☆☆☆☆☆☆☆

Being Involved with TOMA as a member, delegate and board member has kept me abreast and informed regarding changes in medicine as well as state and national politics related to medicine. I doubt that I could or would have been as informed as an individual. Additionally, and maybe more importantly, it has made me aware that our board functions at a high level of interest on behalf of its members."

*Nelda N. Cunliff-Isenberg, D.O.
General/Family Practice
Old Towne Family Clinic - Burleson*

"I have enjoyed being a member of TOMA. Not only does it provide an avenue for keeping in touch with friends and colleagues, but also allows me to be active in the development of the future of our profession. Big changes are coming and I want to be a part of shaping those changes, not just have them thrust upon me. I think being a member of TOMA brings that little extra influence to my contacts with government officials that helps actually get things done."

*Lisa R. Nash, D.O.
Family Medicine
Lamb Co. Medical Associates - Littlefield*

☆☆☆☆☆☆☆☆

"In my opinion, being active in your state and local TOMA chapters is more critical today than ever . . . the general information, CME's and interaction with other physicians helps me to stay current in today's rapidly changing medical profession. The camaraderie and friendships helps to encourage me individually and strengthen the profession overall."

*Harold D. Lewis, D.O., P.A.
Family Practice
Family Practice Clinic - Austin*

☆☆☆☆☆☆☆☆

William J. Lagaly, D.O., Resident, Osteopathic Medical Center of Texas, states that "being a member of TOMA has many advantages, the most important being the opportunity to know what changes are being made in health care policies, and the opportunity to make a significant impact on those changes. Without TOMA, osteopathic physicians would have very little representation on health care issues in Texas, including financial reimbursement for procedures and treatments performed by residents and practicing physicians. It is extremely important to understand what these issues are and how they affect us now, as well as how they are going to affect us in the future. TOMA has become very effective at addressing these issues before they become major problems."

This issue of the *Texas D.O.* is being mailed to all Osteopathic Physicians in Texas, even those who are not currently members. If you are a non-member colleague, please review the inside front cover where some of the membership benefits are described.

We hope you will do your part to continue the growth osteopathic medicine has enjoyed in Texas, by becoming a TOMA member now. An application is enclosed on the inside back cover for your convenience. For further information, call TOMA's Membership Coordinator, Stephanie Boley at 800/444-TOMA (8662). We look forward to hearing from you!

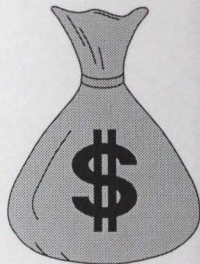
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Earn a \$50 credit towards the registration fee for the 1996 Annual Convention and Scientific Seminar by recruiting a new, regular member to TOMA before April 26, 1996. Just call Stephanie Boley at the TOMA office and she will mail an application to your prospective member. When their application and dues payment are received in the TOMA office, we will reduce your convention registration fee by \$50.

Non-members can also take advantage of this incentive offer. When registering for the annual convention, include your membership application with your dues payment - then register for the convention at member prices. This is a \$200 savings!

For further information, call the TOMA office at (800) 444-8662. Thank you for your support of TOMA and we look forward to seeing you in San Antonio.