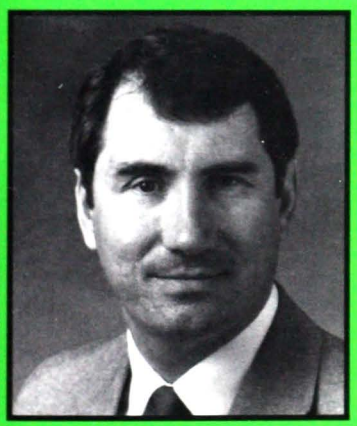
Texas DO
Texas Osteopathic Medical Association
August 1990

NATIONAL OSTEOPATHIC MEDICINE WEEK
SEPTEMBER 9-15, 1990

ONE HAND TO HEAL
ONE HAND TO HOLD
Osteopathic Medicine Serves America's Underserved

. . . *see page 5*

# Osteopathic Physicians In The News



**John Payne, D.O.**
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**J. L. LaManna, D.O.**
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**Fred R. Tepper, D.O., FACEP**
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**Jan S. Swanson, D.O.**
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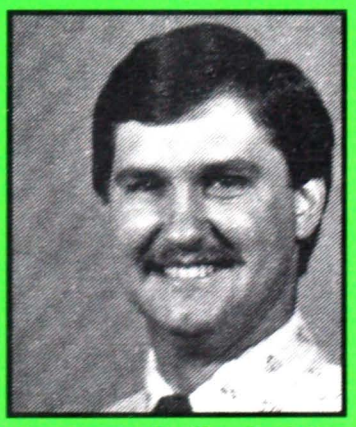
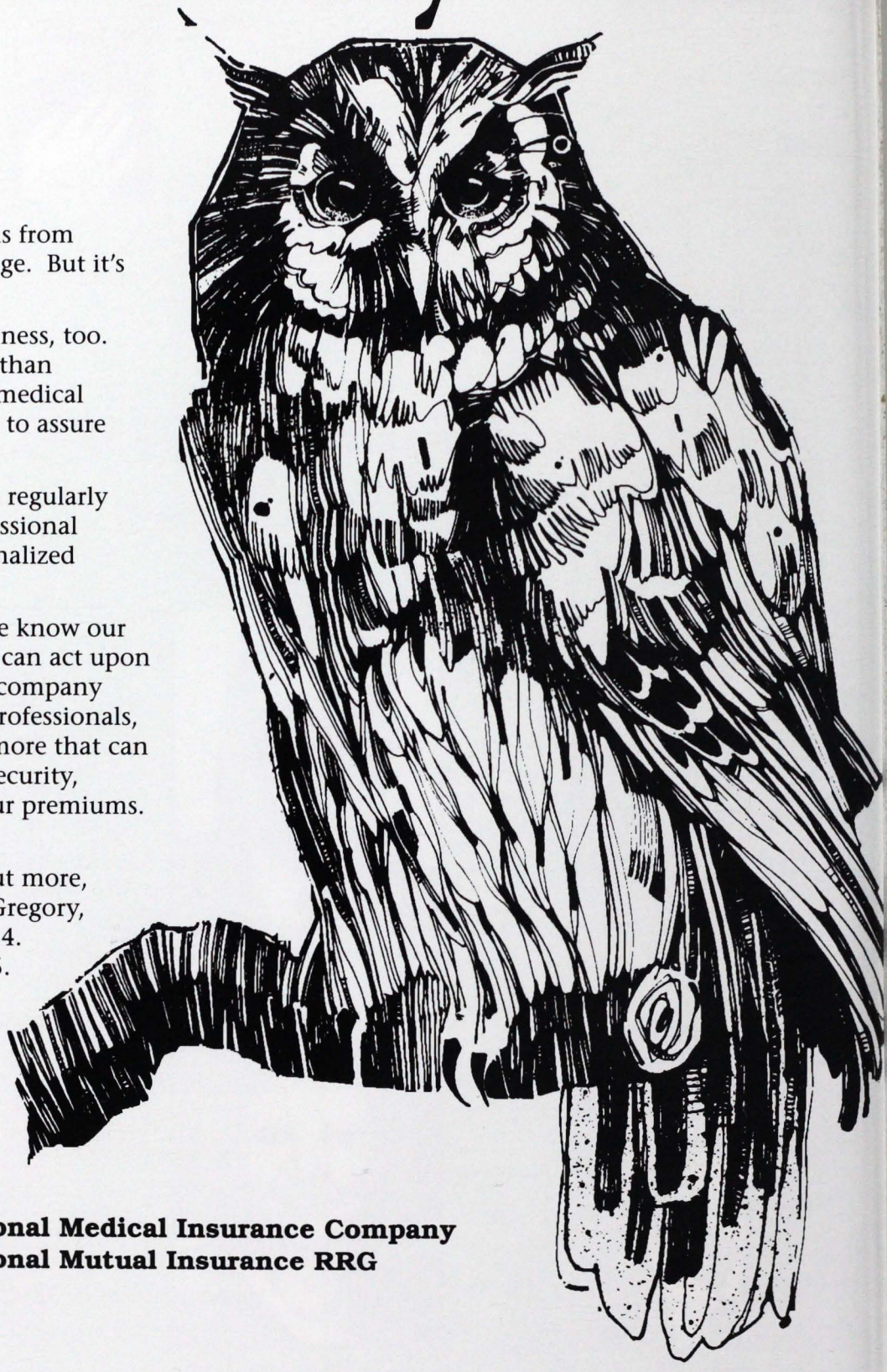


**D. Dean Gafford, D.O.**
. . . *page 33*

# Instinctively Secure



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# PHONE

## For Your Information

| | |
|---|---|
| American Osteopathic Association | 312/280-5800<br>800/621-1773 |
| Washington Office | 202/544-5060<br>800/962-9008 |
| American Osteopathic Hospital Association | 703/684-7700 |
| Professional Mutual Insurance Company<br>Risk Retention Group | 800/821-3515<br>816/523-1835 |
| TOMA Malpractice Insurance Program:<br>For Premium Rates,<br>Enrollment & Information | 800/366-1432 |
| TOMA Major Medical Insurance | 1-800/321-0246 |
| Texas College of Osteopathic Medicine | 817/735-2000<br>Dallas Metro 429-9120 |
| Medicare Office: | |
| Part A Telephone Unit | 214/470-0222 |
| Part B Telephone Unit | 214/647-2282 |
| Profile Questions | 214/669-7408 |
| Provider Numbers: | |
| Established new physician (solo) | 214/669-6162 |
| Established new physician (group) | 214/669-6163 |
| All changes to existing provider number records | 214/669-6158 |
| Texas Medical Foundation | 512/329-6610 |
| Medicare/CHAMPUS General Inquiry | 800/999-9216 |
| Medicare/CHAMPUS Beneficiary Inquiry | 800/777-8315 |
| Medicare Preprocedure Certification | 800/666-8293 |
| Private Review Preprocedure Certification | 800/666-9225 |
| Texas Osteopathic Medical Association | 817/336-0549<br>in Texas 800/444-TOMA<br>Dallas Metro 429-9755 |
| TOMA Med-Search | in Texas 800/444-TOMA |
| TEXAS STATE AGENCIES: | |
| Department of Human Services | 512/450-3011 |
| Department of Public Safety: | |
| Controlled Substances Division | 512/465-2188 |
| Triplicate Prescription Section | 512/465-2189 |
| State Board of Health | 512/458-7111 |
| State Board of Medical Examiners | 512/452-1078 |
| Texas State Board of Medical Examiners (for disciplinary actions only) | 800/248-4062 |
| State Board of Pharmacy | 512/832-0661 |
| State of Texas Poison Center for Doctors & Hospitals Only | 713/765-1420<br>800/392-8548<br>Houston Metro 654-1701 |
| Texas Industrial Accident Board | 512/448-7900 |
| 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<br>in Texas 800/392-2040 |


# Texas DO

Texas Osteopathic Medical Association

August 1990


## FEATURES



## DEPARTMENTS

Texas DO
Texas Osteopathic Medical Association
August, 1990

# Calendar of Events


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Tom Hanstrom, Editor
Diana Finley, Associate Editor
Lydia A. Kinney, Staff Writer

**San Antonio, Texas**
**Site for**
**92nd Annual Convention**
**May 2-5, 1990**

## AUGUST

### 16-19

*5th Annual Convention*
Arkansas Osteopathic Medical Association
Riverfront Hilton
North Little Rock, Arkansas
TOPICS: Ophthalmology, Allergy, Sports Medicine, Urology, Gastroenterology, Depression, OMT Labs, and others
HOURS: 25-27 anticipated
Contact: AOMA
101 Windwood Drive, Suite 5
Beebe, AR 72012
501/882-7540

## SEPTEMBER

### 9-15

*National Osteopathic Medicine Week*

### 21-23

*Primary Care Update*
Texas College of Osteopathic Medicine
Fort Worth
Hours: 12.5 CME, Category 1A, AOA
Contact: Karen Trimble
TCOM, Office of CME
817/735-2581

### 26-28

*Sixth Annual Conference*
Texas Rural Health Association
Hilton Hotel
Arlington
Appropriate for rural health doctors, nurses, administrators, policy makers, legislators, and any others involved in planning or providing rural healthcare.
FEES: TRHA Member - $45.00
Non-Member - $55.00
Contact: Lynn Heimerl, TRHA
8609 Cross Park Drive,
Suite 101
Austin, 78754
512/339-8566

### 28

*TCOM 20th Convocation*
Fort Worth
Contact: TCOM President's Office
817/735-2555

## OCTOBER

### 5

*TOMA Board of Trustees Meeting*
Sheraton CentrePark Hotel
Arlington
Contact: TOMA Headquarters
800/444-8662

### 6-7

*TOMA Mid-Year Conference/ Legislative Forum*
Sheraton CentrePark Hotel
Arlington
Contact: TOMA Headquarters
800/444-8662

## NOVEMBER

### 25-29

*AOA Annual Convention*
Las Vegas, Nevada
Contact: Ann Wittner
AOA Dir. of Administratio
800/261-1773

*ne Hand to Heal, One Hand to Hold:*

# Osteopathic Medicine Serves America's Underserved

This year's observance of National Osteopathic edicine Week will take place during the week of ptember 9-15. The idea for the theme, "One Hand to eal, One Hand to Hold: Osteopathic Medicine Serves merica's Underserved," was sparked by the keynote ad- ess delivered by Health and Human Services Secretary ouis Sullivan, M.D., during the 1989 AOA Annual Con- ntion and Scientific Seminar in Anaheim. Dr. Sullivan ated, "I salute you for the essential contribution you ake in providing quality care to the medically derserved populations of our rural areas. Meeting that ed, and the needs of the underserved in our inner cities, a major priority of my administration."

According to the U.S. Bureau of the Census, as many 31.5 million Americans don't have health insurance d 20 million lack adequate health coverage. Contrary popular belief, the majority of uninsured Americans e employed full-time. Some work for companies that ovide health insurance plans which require extensive st sharing, making some medical services unaffordable r employees. Some workers are excluded due to a pre- isting condition, and some don't have health insurance part of their benefit package because the companies mply can't afford to insure their workers' health.

Children are often caught up in the uninsured problem. ccording to 1989 statistics from the U.S. Bureau of the ensus, 21.9 percent of children between the ages of 16 d 24 and 15.3 percent of children under age 16 lacked alth coverage. Surprisingly, these children live in milies where one or more parent is employed.

Other groups that lack proper healthcare are the nemployed and the working poor. These people live low the national poverty level, which is $12,675 an- ually for a family of four. According to Columbia niversity's National Center for Children in Poverty, 23 rcent of children under age six are living in poverty. he Medicaid system assists only about 40 percent of e poor. Families living in rural and inner-city com- unities encounter special barriers. Rural residents often ust travel a great distance to seek medical attention, d transportation systems in large cities are often defi- ent when it comes to transporting the elderly and the . Additionally, the availability of service is a problem well, such as small community hospitals that often n't have enough doctors on staff.

Since 1892, osteopathic physicians have had a tradi- on of serving the medically underserved, especially ose in rural America. While osteopathic physicians make up only five percent of the total physician population, they comprise 15 percent of all physicians practicing in areas where the population is 10,000 or less.

The following is a list of ideas to assist you in your NOM Week activity planning. Most of these can be adapted for local use or as a stimulus for your own ideas. The possibilities are endless.

## Media Publicity

1. Send a NOM Week release to local newspapers.

2. Send an editorial to your local newspaper, television and/or radio station. The AOA has created several editorials dealing with three medically underserved groups: black Americans, Hispanics and Native Americans. An editorial on a different subject can, of course, be used.

3. Write a personalized letter to the editor of your community paper explaining NOM Week, the history of osteopathic medicine and the osteopathic philosophy.

4. Have a D.O. offer a demonstration of OMT on television and/or offer a reporter a free OMT session.

5. Place the AOA's black-and-white ads in your local paper. Contact the AOA Public Relations Department at (800) 621-1773, ext. 5855, to receive a camera-ready kit.

6. Run public service announcements on local radio stations or in local papers. The AOA has developed three PSAs featuring common healthcare problems of the medically underserved: diabetes, hypertension and cancer.

7. Write a guest column, perhaps dealing with health problems that affect underserved children.

8. For television and/or radio coverage, the AOA suggests a fast opening punch, such as: "One in eight Americans don't have health insurance," or "16.2 percent of people aged 25-34 are uninsured."

9. Don't forget radio phone-in interviews.

## Community Projects

1. Provide free medical care at homeless shelters.

2. Hold blood pressure screenings and cholesterol and diabetes tests for disadvantaged patients at no charge; provide some free care to people living below the poverty level. If possible, you may also want to bill patients on a sliding scale based on income or offer reduced rates. ▶

3. Do community service projects in charity clinics and participate in other community programs such as Big Brothers/Big Sisters.

4. Offer special classes and social service programs for the various underserved populations. Discuss Medicare, nutrition, services such as volunteer programs, house calls, etc. Also, provide free blood pressure checks and sponsor stop-smoking and weight-loss clinics.

5. Hold a community-wide health fair, emphasizing the "wellness" concept. Supply brochures on various healthcare problems such as hypertension, diabetes, cancer, prenatal care, stress reduction, etc. You may also want to offer free health screenings for blood pressure, glaucoma, diabetes and others.

6. Plan a direct mail campaign to reach medically underserved areas. Explain osteopathic medicine and its tradition of serving the underserved. Note that you charge fees on a case-by-case basis and will create payment installment plans. Be sure to include a phone number and a brochure on osteopathic medicine.

7. Offer back-to-school checkups and immunizations at a discount rate or for free.

8. Organize a "fun run," walk-a-thon or bicycle race to celebrate NOM Week. A small admission fee could be charged with all proceeds going to a needy cause.

9. Compile a directory of healthcare and social service providers in your area — list hours, services, fees, staff and location.

10. Have your office staff donate food and clothing to needy organizations. You may also want to let your patients know that they can participate in these activities.

11. Provide geriatric care for the medically underserved. Possibly start a house call program for the homebound elderly or an outreach wellness program for low-income senior housing complexes.

12. Open a clinic for battered women and children. Offer nutrition and prenatal care programs. Patient population includes working class, low income and some medically indigent.

## Internal Hospital Activities

1. Conduct tours for patients and prospective patients to see your hospital (emergency room, laboratory, etc.) and have medical professionals on hand to answer questions at each station.

2. To celebrate NOM Week, hold a picnic, carnival or any type of social gathering for medical staff, employees and their families. Charge an admission fee and donate proceeds to underserved areas.

3. Educate employees about the medically underserved during "brown bag" lecture series. Address this national problem and how the hospital will serve the underserved during NOM Week.

4. Facilitate hospital personnel visiting community groups, local schools and social service agencies to discuss this national medical problem and what nee to be done.

5. Create NOM Week buttons and t-shirts f medical and hospital staffs to wear during NOM We or at hospital events. This may intrigue patients to a what we're doing and why.

6. Offer nutrition and childbirth classes, stop smo ing clinics and other seminars at a reduced rate or f free to the underserved. You may also want to bring the seminars out to underserved areas.

7. Have hospital personnel visit local schools discuss health care careers.

## Public Appearances

Many community groups will be pleased to have D.C as guest speakers at their meetings during NOM Wee Offer speakers for civic groups and businesses to addre healthcare problems of the underserved and possib solutions. Speak before the Chamber of Commerce health problems that affect the underserved in their co munity, or before the PTA on medical topics which a fect underserved children. There is certainly no bett way to reach members of your community tha face-to-face.

The AOA offers the following tips for speakers du ing talk shows and/or other public appearances:

* Submit questions for possible use by the interview ahead of time. They should indicate key points be covered and suggest a variety of approaches your subject.
* Carry a news release with you when you go to a appearance — even if you sent one in advance.
* Make sure you are introduced as an osteopath physician.
* Keep the message simple.
* Don't talk down to the audience. Use plain Engli and avoid jargon. Ordinary healthcare consume want simple and straightforward explanations.
* Use a smooth, natural flow as you would in a priva conversation. Avoid monologues and "yes" "no" answers.
* Don't wing it. If you don't know an answer, say s
* Bring photos or slides. Also, consider showing cli from the AOA's 17-minute movie/vide "Osteopathic Medicine: The Touch of Health."
* To eliminate nervousness, smile and address the i terviewer by first name.

Additionally, if at all possible, conduct a question an answer session following your talk and have print material on hand for those requesting such.

There are countless ways in which you can spread th D.O. message, individually or as a group. Remembe NOM Week should be perceived as an enhanced wee

public education — not the only week. Spreading the teopathic message is something to be worked on every y of the year.

The following information is the latest AOA update to facts and figures about the osteopathic profession:

* Total number of D.O.s: 29,654
* Number of office-based D.O.s: 14,690
* Number of hospital-based D.O.s: 1,568
* D.O.s in the military: 1,165
* Percentage of D.O.s in primary care: 68 percent
  - — General practice 61 percent
  - — Internal medicine: 5 percent
  - — Pediatrics: 2 percent
* Total number of AOA-accredited hospitals: 138
* Total number of osteopathic hospital beds: 25,371
* Patient visits per year to primary care D.O.s: 84 million
* Patient visits per week to primary care D.O.s: 1,768,421
* Percentage of D.O.s practicing in towns of 10,000 or less: 15 percent of all physicians (both M.D. and D.O.)
* Number of students enrolled in colleges of osteopathic medicine for 1989-1990: 6,808
* Percentage of minorities in first-year class of medical school for 1988-89: 10 percent
* Number of females in first-year class of medical school for 1988-89: one-third
* Growth rate of D.O.s per year: five percent, or more than 1,300/year
* Number of D.O.s practicing in states with large Hispanic populations:
  - — Texas: 1,811
  - — Florida: 1,891
  - — California: 1,060
  - — New Mexico 158
* Forecast for D.O.s:
  - — 1990: 30,690 D.O.s, 14.38 percent female
  - — 1995: 36,602 D.O.s, 17.52 percent female
  - — 2000: 42,219 D.O.s, 19.80 percent female
  - — 2005: 48,250 D.O.s, 21.31 percent female
  - — 2010: 53,230 D.O.s, 22.78 percent female

We would like to ask that TOMA be notified as to activities and events taking place during NOM Week, along with photos, if possible. This information will be included in the November issue of the *Texas D.O.* ■

# Congress Considers Liability for Patient Dumping

The AOA Washington Office reports that Representa- e Stark (D-CA) has introduced legislation designed increase the risk of liability on the part of the hospitals d physicians who violate Medicare law prohibiting atient dumping.''

''Patient dumping'' refers to the transfer of indigent uninsured patients from one hospital emergency room another, even though such a transfer may be unwar- nted (and in fact may pose a further health risk to the tient).

Rep. Stark's bill, H.R. 4005, would make hospitals and ysicians ''strictly liable'' for failure to comply with e anti-dumping statute. Specifically, Stark would strike e phrase ''knowingly and willfully'' and the word nowingly'' from the law. As a result, physicians and spitals that failed to comply with this provision of the would be subject to its sanctions, whether they were are they were violating the law or not.

H.R. 4005 also would clarify that hospitals would be ble for the failure of physicians practicing at that spital to comply with the anti-dumping law. The legislation also would prohibit a hospital from taking adverse actions against physicians who refuse to authorize an unlawful transfer of an emergency patient.

Rep. Stark has succeeded in the past in slipping controversial provisions like this one into the massive budget reconciliation bill each year. He is likely to follow a similar strategy again this year. ■

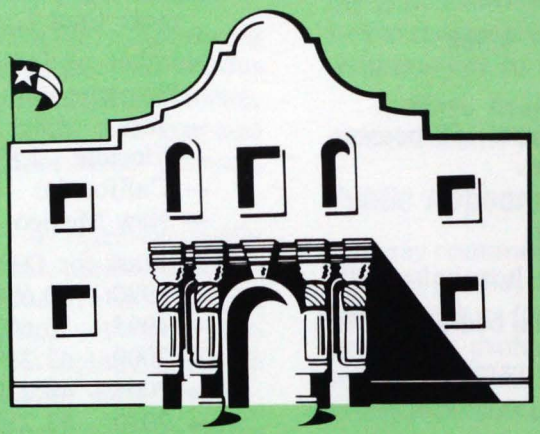
## Newsbrief

### TCOM ADMISSIONS UPDATE

According to the June 29 issue of TCOM's publication, *Dateline*, 92 applicants have been accepted and enrolled in the Class of 1994. Of this number, there are 71 men and 21 women, which includes nine non-Texas residents. The goal of the Class of 1994 is 100 student physicians.

# REMEMBER THE ALAMO . . .

**at the**



**May 2-5, 1991**

**San Antonio, Texas**

**92nd Annual Convention & Scientific Seminar**

**St. Anthony Hotel/Municipal Auditorium**

# Asset Protection — Some Basics

by Neil L. Van Zandt

In this ever-litigous society, it has become increasingly necessary to affirmatively protect assets. We can no longer depend upon liability insurance coverage to provide adequate shelter for our assets. We must learn what will work for our own individual case and then begin a program of systematically protecting our assets.

The Texas Legislature, in all its wisdom, has subjected both spouse's "...community property to the tortious liability of either spouse incurred during marriage," (Section 5.61 Texas Family Code). Thus, any plaintiff making claim against you, whether for alleged malpractice or for an automobile accident, can reach your spouse's half of everything you own, even if they were not involved in the tortious act.

1. Partition assets: Therefore, it is clear that one of the first things you should consider is to partition community property assets into each spouse's separate property so that will be protected from claims against the whole community property. Such a partition should carry no gift tax consequences with it. (Note of Caution: Before undertaking this step, or any step mentioned herein, discuss them with your advisors. Such a partition might jeopardize certain bank notes or guaranties which you may have signed, and might accelerate your exposure under them.)

2. Corporate form of business: Another technique is to do business in the Corporate form. We all know that you cannot seek limited liability from your professional acts by incorporating. Art. 1528f, Sec. 7 VATS expressly prohibits this. However, do not overlook the protection which corporation provides you from a partner's negligence, or from any claims which could be made by an employee of yours. Wouldn't you rather expose only corporate assets, instead of personal assets to an employee's wrongful termination of employment lawsuit?

3. Children's trust: An age-old favorite has been the Minor Children's Trust. This has been established in the law under Internal Revenue Code Sec. 2503(c). However, its benefits were constricted by the Tax Reform Act of 1986, which for minors under the age of fourteen, adds trust income on top of a parent's income and then becomes taxed at the higher tax rate. However, this detriment can be overcome by judicious use of the trust to own equipment and lease it to your practice, thereby allowing deductible costs to build for your children's future. As funds accumulate, the trust can be used as a bank to help finance your children's first home or business. Those funds could also be protected from your children's creditors.

Asset protection is not simply achieved by transferring assets into a trust. In fact, that might well provide no protection to the assets at all. If you create a trust for your own benefit, the assets in that trust have no protection whatsoever from your creditor's claims, (Sec. 112.035 Texas Trust Code). Therefore, care must be taken that you are not inadvertently both a grantor and a beneficiary.

Another viable technique is to utilize a Family Limited Partnership. This works well to convert "non exempt" assets into "non attachable" assets. You may then provide a greater degree of protection to your stocks, bonds and CD's which virtually have no protection under the state exemption laws. (Due to the complexity of this technique, I'll explain it in greater detail in a future article.)

Texas has another statute which must be considered in any planning. It is the Fraudulent Transfer Act, Sec. 24.001, Texas Business and Commerce Code. (This is a counterpart to Sec. 548 of the Federal Bankruptcy Code.) It states that a transfer of an asset is fraudulent if there was "actual intent to hinder, delay or defraud any creditor." The intent can be inferred by certain "badges of fraud" set out in Sec. 24.005. Such fraudulent transfer can then be set aside, and you can be sued for fraud.

As you can see, asset protection planning is replete with traps and pitfalls for the unwary. Yet, to varying degrees, certain assets can be protected from claims of creditors.

The prudent action is to begin now. ■

*The author is an attorney practicing in Fort Worth.*

# CHAMPUS/CHAMPVA News

## Preauthorization Required for Certain Inpatient Services

Effective for inpatient admissions as of June 1, 1990 and after, CHAMPUS requires preauthorization of certain procedures prior to admission to a hospital and performance of surgery. Three different groups of procedures requiring precertification have been established for the initial phase of this new requirement.

1. In the states of Kansas and Tennessee, preauthorization will be required for four groups of surgical procedures:
   a. ICD-9-CM 74, excluding 74.3 (C-Section/ Removal of Fetus).
   b. ICD-9-CM 68, excluding 68.0, 68.6, 68.7 and 68.8 (Other Uterine Incision or Excision).
   c. ICD-9-CM 28, excluding 28.7 (Tonsil and Adenoid Operations).
   d. ICD-9-CM 51 (Biliary Tract Operations).
2. In the state of Texas and in Puerto Rico, preauthorization will be required for 10 DRG groupings:
   a. DRGs 106-107 (Coronary Bypass Graft).
   b. DRG 112 (Vascular Procedures except Major Reconstruction, Without Pump).
   c. DRGs 124-125 (Circulatory Disorders except AMI, with Cardiac Catheterization).
   d. DRGs 182-184 (Esophagitis, Gastroenteritis and miscellaneous Digestive Disorders).
   e. DRGs 96-98 (Bronchitis and Asthma)
   f. DRGs 8-9, 90-91 (With Diagnosis of Simple Pneumonia).
   g. DRGs 197-198 (Total Cholecystectomy without C.D.E.).
   h. DRGs 424-437, 900-901 (Mental Health, Age 18 and Under).
   i. DRGs 370-371 (Cesarean Section).
   j. DRGs 358-359 (Uterine and Adnexa Procedures for Non-Malignancy).
3. In the state of Alabama, preauthorization will be required for all DRG-reimbursed claims.

Preadmission review will be performed by the state Peer Review Organization (PRO) in each state. The physician planning to admit a CHAMPUS patient for one of the specific procedures or DRG groupings listed in 1 and 2 above, must call the state PRO to request review prior to admission of the patient. Review wil be carried out by telephone. If the admission and procedure are approved the PRO will issue a preauthorization number at the time of the telephone request. This number mu be included on the hospital claim in UB-82 Form Locat 91 and with a Code 1 in Form Locator 87. If the numb is not given, WPS wil deny the claim, instructing t hospital to obtain prepayment review from the state PR If the claim is initially denied, the physician must th submit a request for prepayment review to the state PR The hospital claim should not be resubmitted until a authorization number has been issued by the PRO.

In the event that the PRO denies the admission or t procedure for lack of medical necessity of the care pr posed, the PRO will issue a denial letter to the phys cian, provider, beneficiary and WPS. WPS will then fla the patient's file to prevent payment of any inpatient se vices for the specified procedure for a period of 60 day All related professional claims for the same period woul also be denied.

This procedure parallels procedures already in use fo Medicare. It should be familiar to hospitals. Howeve it will be new for some physicians treating CHAMPU patients.

It will be a big change for CHAMPUS beneficiarie The procedure is not a difficult one. If everyone follow it there should be fewer delays in payment for inpatien services subject to the preauthorization requirement.

If you have any questions, contact your state PRO fo further information.

## Your Field Representative Can Help You.

Your local Field Representative can assist you wit many CHAMPUS issues. Please contact them with you questions on CHAMPUS benefit and policy issues. The can assist you in resolving troublesome situations whic may arise.

If you like, they can schedule a specially tailore CHAMPUS workshop for your staff. To contact you local Field Representative, call them or write to th address/phone number as follows:

Kansas and Missouri
Dennis Martin
P.O. Box 204
Grandview, Missouri 64030
(816) 761-7112

Louisiana
Hayden Cochran
P.O. Box 90
Sunset, Louisiana 70584-0090
(318) 662-5020

Arkansas and Oklahoma
Joe Castro
P.O. Box 7435
Lawton, Oklahoma 73506
(405) 536-6896

Southeastern Texas
John C. Payne
P.O. Box 160845
San Antonio, Texas 78280-3045
(512) 492-6405

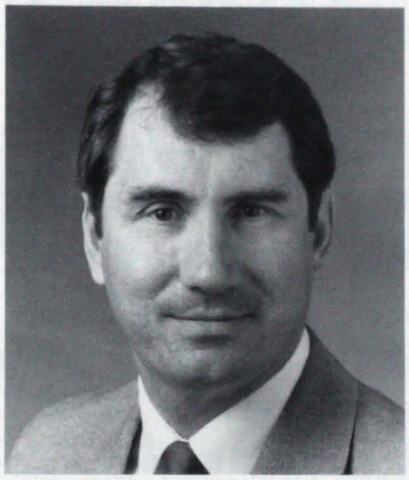
Western Texas
Jimmy Thomas
P.O. Box 60125
San Angelo, Texas 76906
(915) 942-1292

Northeastern Texas
Lillian Holleman
P.O. Box 37077
Haltom City, Texas 76117
(817) 498-4228

Western Texas providers, please take note of a
ange in the address and telephone number of your
eld Service Representative. ■



# Fort Worth Neurosurgeon Makes History



John Payne, D.O., has become the first doctor of osteopathic medicine in the United States to receive certification from the American Board of Neurological Surgeons and the College of Osteopathic Medicine and Surgery. His certification and his status of diplomate of the American Board of Neurological Surgeons comes after passing the board's written and oral examinations in Boston, May 17.

A graduate of West Point Military Academy, Dr. Payne opened a private neurosurgery practice in Fort Worth last August, after serving for four years as a physician at William Beaumont Army Medical Center in El Paso. He completed his residency in neurosurgery at Thomas Jefferson University Hospital in Philadelphia and his internship at Fitzsimons Army Medical Center in Aurora, Colorado. Dr. Payne earned his medical degree at Des Moines College of Osteopathic Medicine and Surgery in Iowa and his bachelor of science degree from West Point.

Dr. Payne is on the medical staff of Osteopathic Medical Center of Texas, Harris Hospital - Fort Worth and Cook/Fort Worth Children's Hospital. He and his wife have five children and reside in Colleyville. ■

## Newsbrief

### 1990-91 TOMA DIRECTORIES AVAILABLE SHORTLY

As of press time for this magazine, the 1990-91 TOMA membership directories were in the process of being printed. TOMA members receiving their directories should check their listing carefully. If you have any changes since the directory was printed or notice an error, please contact the TOMA office or send in the special form inserted in the back of each directory specifically for this purpose, indicating any such change.

Thanks for your cooperation.

# ATOMA NEWS

**By Sue Urban**
**Public Relations Chairman**
**ATOMA District II**

In June, the members of District II were saddened by ıe passing of two friends. Marie Wheeler, widow of rank Wheeler, D.O., died on June 20 at the age of 72. Iarie had been an active auxiliary member on both the istrict and state levels. She served as district auxiliary resident from 1964-65 and in 1975-76, was president of ıe state auxiliary. Marie was also honored with a state ıxiliary Life Membership for her years of devoted rvice.

June Giles, wife of Duane Giles, D.O., passed away n June 21 at the age of 59. Although not an active ıember of the auxiliary, June was a devoted volunteer ır seven years at the Osteopathic Medical Center of xas (formerly Fort Worth Osteopathic Medical Center). Vednesday was her day to help patients and their ımilies. She also volunteered at the hospital at Carswell ir Force Base.

We offer our sympathy to their family and friends.

On a brighter note, July 8 was a very special day in ıe lives of Walt and Janie Simmons. Their six pound, ven ounce daughter, Catherine Ann, was born. Janie president of the S.A.A. for the 1990-91 year. We wish ou much happiness.

**By Deidre L. Froelich, Ph.D.**
**Auxiliary News Chairman**

## esterday & Today

In honor of the 50th anniversary of the Auxiliary to ıe Texas Osteopathic Medical Association, Reva Ogilvie Mrs. Charles Ogilvie, D.O.) researched the beginnings f our organization for presentation at the ATOMA ıncheon, in May 1990, in El Paso. At my request, Reva assed her notes on to me, to share with all auxiliary ıembers.

As a bit of a disclaimer, Reva stressed to me that her search was gleaned from hours spent at the TCOM brary, perusing early journals and minutes. Here are ome highlights from her research...

Among those attending the 40th annual convention f the Texas Association of Osteopathic Physicians & urgeons, held May 3-5, 1940, in Corpus Christi, were Irs. Robert Morgan and Mrs. Lewis Logan from Dallas. irs. Morgan (Maude) was president of a newly organiz- d Dallas County auxiliary. Together, she and Mrs. Logan rganized the formation of the Texas Women's )steopathic Association.

Interesting to note, an organization for women physicians and D.O. wives already existed, the Texas Women's National Osteopathic Association, a unit of the Osteopathic Women's National Association (OWNA). Dr. Mary Lou Logan of Dallas, then OWNA vice-president, presented a history of the existing organization and added, "The time has arrived for the wives to have their own organization affiliated with the AOA."

A motion for the creation of such an organization, with the purpose to "Promote the Social and Public Welfare of Osteopathy in the State of Texas," was offered by Mrs. Gorrell of Kerrville and enthusiastically passed. The first officers included: Mrs. Robert Morgan of Dallas-President, Mrs. W.E. Gorrell of Kerrville-Vice President, Mrs. O.R. LaPere of Houston-Secretary, and Mrs. J. Francis Brown of Amarillo-Treasurer. Additionally, the chartering membership included: Mrs. J.F. Baker of Teague, Mrs. Lloyd W. Davis of McAllen, Mrs. W.S. Gribble (Mrs. R.Z. Abell), Mrs. Lewis Logan of Dallas, Mrs. Allan Poage of ElCampo, Mrs. James M. Tyree of Corpus Christi.

Dues for the founding organization were set at 25 cents annually!

Highlighting Reva's notes were details of the rapid growth and refinement of the auxiliary as members' enthusiasm and dedication guided their efforts. The second annual meeting was held in Dallas, during which Mrs. Morgan was elected for a second term as President, annual dues were increased to $1.00 and the Texas organization paid a $5.00 fee to affiliate with the national organization. (Notably the motion to affiliate was made by Mrs. Logan and seconded by Mrs. George Hurt, whose husband was the first D.O. radiologist in Texas.)

By 1943, the financially successful auxiliary held $14.75 in its treasury, and was asked by the national association to contribute to the Student Loan Fund as a project. At Mrs. Morgan's suggestion, a counterproposal for a scholarship fund was presented, leading to the later development of the National Scholarship Fund for first and second year students. Also in this year, the position of publicity chairman was developed with Mrs. Ernest Schwaiger (now of Houston) accepting the duties.

During our first decade, local auxiliaries and hospital guilds (formed by D.O. wives) flourished. The Auxiliary News, paying for space rental, published voluminous information monthly in the Texas Journal. (Note: Today we are granted our *Texas DO* space without charge by TOMA, so send me all your news, features and tidbits!)

Since our establishment, we have continued to change and grow in numbers and achievements. Dues have grown with the times from 25 cents to $20.00 (which are past ▸

due, if you haven't paid by the time this column reaches you. We were founded as a wives-only group, separating ourselves from male spouses and female physicians. This restrictiveness no longer exists, and as of our 1990 convention, we have resolved that ATOMA membership may include all who wish to work toward the advancement of the osteopathic profession, including a broader definition of associate membership.

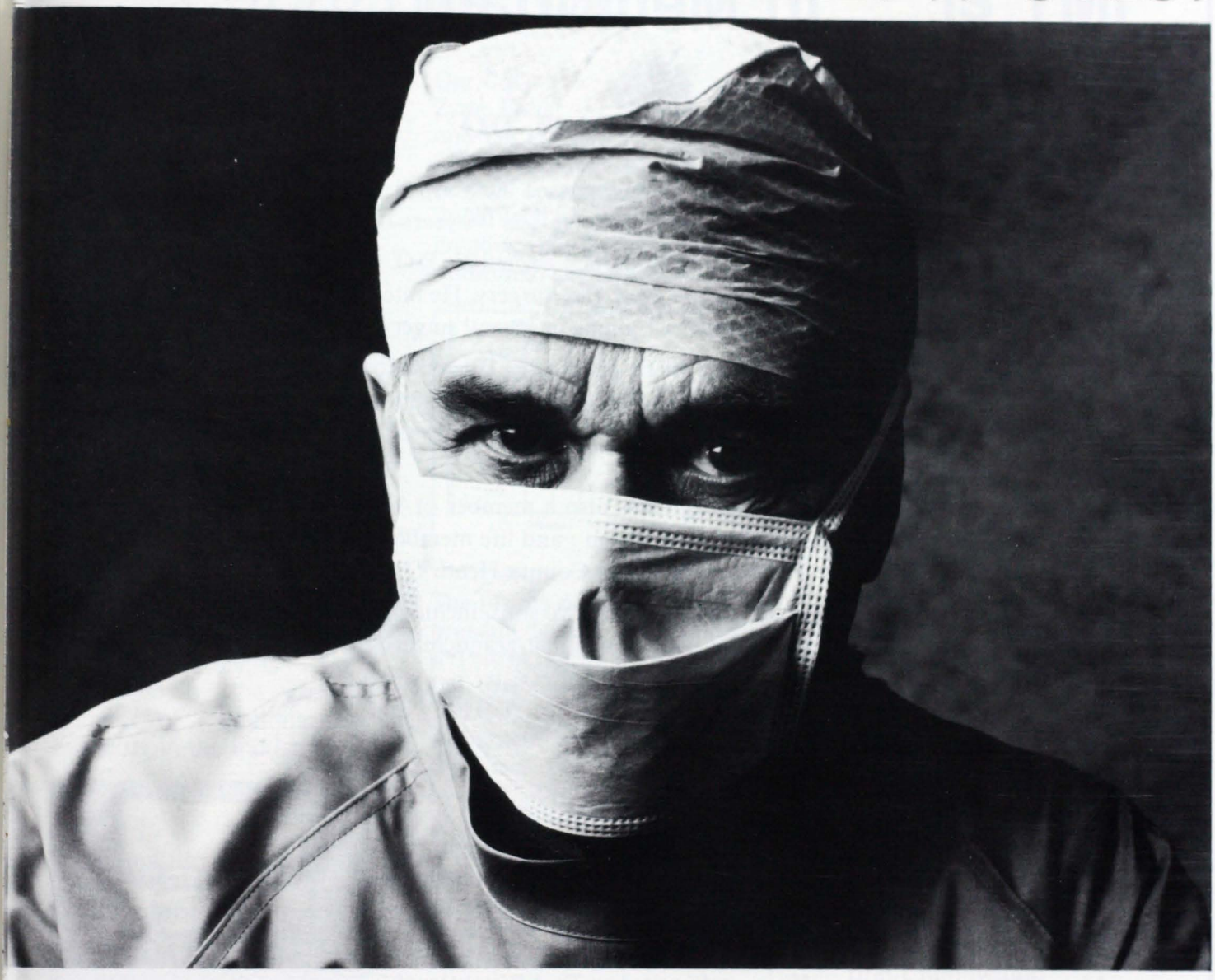
What is your district doing? What interesting people and projects are among your district's membership? As I've told many of you personally, write me with information yourself, your local organization and your ATOMA friends, before your friends write me about you!

Send your news to: Deidre Froelich, Auxiliary News, 2019 Liberty, Bonham, TX 75418.

As ATOMA Membership Directories will not be printed for a few months, the following listing of 1990-91 Officers and Chairmen might prove useful. Keep this listing handy and feel free to contact these individuals when seeking or providing information regarding our auxiliary.

President, Claudette Miller (Mrs. Linus J.); Preside Elect, Rita Baker (Mrs. Mark); Vice President, Sher Watkins (Mrs. Mark); Recording Secretary, Pat Sta (Mrs. Robert); Treasurer, Peggy Rodgers (Mrs. Randal Immediate Past President, Chuckie Hospers (Mi William); Corresponding Secretary, Carol Ann Gaffo (Mrs. Dean); Parliamentarian, Sue Urban (Mr Stephen); Auxiliary News Chairman, Deidre Froelic Ph.D., (Mrs. James E.); Annual Report Chairman, Jea Smith (Mrs. George N.); Funds Chairman, Roxan Hubbard (Mrs. Kevin P.); Funds Co-Chairman, Lo Mitten (Mrs. Carl); Yearbook Chairman, Chris Gode (Mrs. Chester); Credentials Chairman, Chris Brenn (Mrs. John); Student Auxiliary Assn. Advisor, Nan Zachary (Mrs. T. Eugene); Scholarship Chairma Shirley Bayles (Mrs. Kenneth); Public Health & Educ tion, Susie Burke (Mrs. Andrew); Historian, Darlene W (Mrs. Bill); Guild Chairman, Bessanne Anderson (Mr Richard); Supply Chairman, Karen Whiting (Mrs. Craig Public Relations & Publicity, JoAnn Bradley (Mr Frank); and Convention Chairman, Cynthia Wern (Mrs. Timothy).

# It Takes One To Know One.



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# In Memoriam

## Charles B. Wright, D.O.

Charles B. Wright, D.O., of Hamilton, Texas, passed away April 18, 1990, at the home of his son, Dr. M.F. Wright of Flushing, Michigan. He was 74 years of age.

A native of Parkersburg, West Virginia, Dr. Wright earned his D.O. degree in 1946 from what was then the Kansas City College of Osteopathy and Surgery. He interned at Gleason Hospital in Larned, Kansas, and received his residency training in general surgery at Kansas City, Missouri.

Dr. Wright moved to Georgia and built the first edition of Doctors Hospital in Tucker, Georgia. He was the first osteopathic general surgeon to locate in Georgia and was the first osteopathic surgeon to perform major surgery in the State of Georgia. He was a former president of the Georgia Osteopathic Medical Association.

A longtime TOMA member, Dr. Wright was also a member of TOMA District XVIII; life member of the American Osteopathic Association ; and life member of the American College of Osteopathic Surgeons. He had been Hamilton County Heath Officer for the past 10 years.

Survivors include his wife, Gwen; two daughters, two sons, including Michael F. Wright, D.O., of Flint, Michigan; nine grandchildren; and four great-grandchildren.

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

## Marie Wheeler

Marie Wheeler of Fort Worth passed away June 20. She was 72 years of age. Funeral services were held June 22 at Greenwood Funeral Home in Fort Worth, with entombment in Greenwood Mausoleum.

Mrs. Wheeler was born in Waco and moved to Fort Worth In 1957. She was the widow of Francis S. Wheeler, D.O., an anesthesiologist at Fort Worth Osteopathic Hospital (now known as Osteopathic Medical Center of Texas), who passed away in 1979.

She was extremely active in ATOMA affairs on both the district and state levels. From 1964-65, she was president of ATOMA District II, and in 1975-76 served as state ATOMA president. She had been honored by ATOMA with a state Life Membership for her many years of service. Mrs. Wheeler was also docent of the Amon Carter Museum.

Survivors include four sons, Scott Wheeler of Fort Worth, Charles H. Wheeler, D.O., of Colleyville, Jim Wheeler of Port Aransas and Tom Wheeler of Austin; a daughter, Mary Ann Townsend of Grapevine; one brother, Robert Orr of Albuquerque, New Mexico; and seven grandchildren.

TOMA extends condolences to the family and friends of Mrs. Wheeler.

# Phil Dunne Is TMF Executive Director

The Texas Medical Foundation (TMF) Board of Trustees has announced the appointment of Phil Dunne to the position of Executive Director.

An employee of the Foundation since January 1976, Dr. Dunne brings expertise from several responsible positions held during his career with TMF. Mr. Dunne has served as assistant director of TMF's review program from January 1977 through January 1983 and as director of that program from January 1983 through October 1984. Since October 1984, he has held the position of associate executive director of review.

Dr. Dunne's experience prior to employment with TMF includes working as a program specialist for Social Security Disability Insurance and Supplemental Security Income Programs with the Texas Rehabilitation Commission.

He maintains professional memberships with the Texas Hospital Association, the National Association of Quality Assurance Professionals, the Texas Society of Quality Assurance and the American Medical Peer Review Association.

The TMF Board of Trustees is confident that Mr. Dunne's background and qualifications will continue to be important assets to the peer review organization (PRO) and that under his direction, TMF will continue to set standards of excellence in the PRO community. ■

# Trend to Limit Residency Spreads Quickly

The New York State Department of Health took the lead in July 1989 by implementing a regulation which limits residency work hours. Under the regulation, residents can work no more than 80 hours per week and are prohibited from moonlighting. The only exception to the 80 hour week is for those residents who work in a service which has low volume and a low number of night calls.

Since the regulation's implementation, however, debate has focused on how the additional work force needed to fill in the gaps caused by the 80 hour limit will be funded. Generally, due to the lack of funds and interference with medical practice, residents and hospitals have shown no support for this regulation and for the most part have failed to comply with its mandate.

Not all physicians, however, are opposed to this limit. According to the Accreditation Council for Graduate Medical Education's residency review committee, allopathic internal medicine recently implemented an 80-hour maximum for 18,000 internal medicine residents. In addition, several groups of hospitals have been implementing voluntary limits. Last year, California's medical schools endorsed an 84-hour weekly limit for their affiliated hospitals. The University of Nevada has endorsed a 90-hour limit for its programs and the Boston area has been debating proposals for voluntary limits.

In addition to hospitals, several states have proposed varying versions of legislation to limit work hours. These states include California, Illinois, Michigan, Minnesota, Massachusetts, Washington and Wisconsin.

State legislators are being pressured by residents and outside interest groups to assure the quality of care in hospitals. If your state has recently introduced legislation limiting work hours for residents, please call or write the AOA Washington, D.C. Office. ■



# Dr. J. L. LaManna Receives Humanitarian Award

The Oak Cliff Lions Club recently presented its highest award, The Humanitarian Award to J.L. LaManna, D.O., chairman of the board of Dallas Southwest Osteopathic Physicians. The Oak Cliff Lions Club was established in 1929 and remains today as one of the largest clubs in Lions International.

Lions Clubs have themselves established a distinguished record of service to the community. The Oak Cliff Lions wanted to recognize citizens who may not necessarily be Lions but who also have distinguished themselves in service to the community, so some 10 years ago, they established the Humanitarian Award to be given to the individual who has given himself or herself in exemplary humanitarian service to the community.

Only six other people, besides Dr. LaManna, have received the award. They are: Harold Schackman, Oak Cliff Lions Club; Tom Landry, Dallas Cowboys; the late Ben Lipshy, Zales Jewelers; the late Buddy Minyard, Minyards Grocery; Bill Hunter, president of the DISD School Board; and John Criswell, TV news anchor. Mr. Criswell presented the award to Dr. LaManna, on behalf of the Oak Cliff Lions.

Through Dr. LaManna's leadership, some $3 million dollars has been donated to many worthy organizations and projects through Dallas Southwest Osteopathic Physicians.

Dr. LaManna has been particularly interested in education (both public and private) and in aid to the disadvantaged, whether their plight was caused by poverty, neglect, abuse, or physical or mental conditions. Several organizations in the community still exist because of his compassion and caring and Mr. Criswel personally testified to that fact.

Dr. LaManna, in expressing his gratitude for the honor given him, also challenged the Lions to continue their service to the community and urged the Lions and the doctors' group to join together on projects of mutual interest so that both organizations might better serve the community. ■

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

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

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

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

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

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

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

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

## DEAN, JACOBSON FINANCIAL SERVICES

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# TCOM Unveils New Clinic

The most comprehensive travel clinic open to the public in Tarrant County, known as the International Travel Medicine Clinic, has been established by Texas College of Osteopathic Medicine. Devoted to fulfilling medical needs for international travel, clinic staff, by examining a travel itinerary, can help individuals make health care plans in advance of a trip. Consultations and preventive medical care are provided by TCOM physicians and faculty members who are specially trained in public health and preventive medicine.

The services of the clinic will serve a real need for vacationers, tour groups, business travelers, and adults and children. According to John C. Licciardone, D.O., co-director of the new International Travel Medicine Clinic, "People should be aware that staying on the international hotel circuit does not guarantee that they won't suffer from these illnesses while visiting a developing country. There have been documented cases of travelers developing hepatitis, cholera and typhoid, even when they're staying at fine hotels."

Pre-travel health care and educational services like those offered at TCOM's new clinic are the keys to avoiding health problems while traveling, said Robert M. Woodworth, D.O., clinic co-director. The clinic administers all licensed vaccines required or recommended for international travel; issues and validates International Certificates of Vaccination; and will supply prescriptions for the prevention of malaria and treatment of travelers' diarrhea as needed. Patients may also raeceive a computer printout with the latest information on health concerns in any of 206 countries. The printout is updated weekly from information obtained from the Centers for Control, World Health Organization and other health agencies, and includes the addresses and phone numbers of embassies that may be contacted with questions pertaining to health care needs.

The clinic will supply pertinent information for travelers with special medical considerations, including those who are disabled or pregnant, or have diabetes, heart or pulmonary disease, or stomach disorders; and information not available in international travel guides is available to patients. The clinic also provides referrals for treatment of illnesses contracted during travels.

The International Travel Medicine Clinic is located in Room 460 of TCOM's Medical Education Building I, on the corner of Montgomery Street and Camp Bowie Boulevard in Fort Worth. The phone number is (817) 735-2252. A basic fee is charged for the consultation, and vaccinations and boosters are additional. Group discounts are available. Patients are urged to bring their complete travel itinerary to their appointment. ■

# Americans Willing To Pay For Insurance

Many Americans would be willing to pay $50 pe month per household over their lifetimes for a goo nursing-home insurance policy, according to a surve comnissioned by the American Association of Retire Persons.

The survey, by the Daniel Yankelovich Group, show ed that given a range from zero up, the typical respon dent thought $50 a month was the most acceptable fe Most of the 1,490 respondents, aged 18 and up, did no believe a free policy would be worth much.

Respondents would be willing to pay the premium onl if the policy covered everyone in society, protected a per son for life, and included nursing-home protection fo the first two years in a nursing home.

Preferring a government-run program, respondent were skeptical about allowing a private sector insurer t handle the insurance. About two-thirds in all age group favored a long-term care program. Lifetime long-tern care ranked third among financial concerns, followin direct day-to-day health costs and future retirement in come. ■

## Newsbrief

### AACOM RELEASES NEW VERSION OF PUBLICATION IN OSTEOPATHIC MEDICAL EDUCATION

Osteopathic medicine is the fastest growing health profession in the United States, concludes a new book released by the American Association of Colleges of Osteopathic Medicine (AACOM). The book, *Education of the Osteopathic Physician*, explains that to meet the demand, seven new osteopathic medical schools have opened in just the last 20 years.

The book summarizes the history and philosophy of osteopathic medicine, explains how osteopathic medicine differs from allopathic medicine and provides brief overviews of the 15 U.S. osteopathic medical schools. Also included are college admissions criteria, information on the educational process — osteopathic medical school through internship and residency — and licensure and practice options.

Copies of *Education of the Osteopatthic Physician*, at $8 each, may be ordered from AACOM at 6110 Executive Boulevard, Suite 405, Rockville, Maryland 20852. The AACOM was created in 1897 to represent the osteopathic medical colleges.

# Dr. Donald Peterson Receives Overton Award

Donald M. Peterson, D.O., FACGP, of Dallas, was named the recipient of the Philip R. Overton Award at the Texas Medical Foundation (TMF) annual membership meeting held June 10, 1990, in Austin. Dr. Peterson, currently a Regional Quality Assurance Committee Chairman for TMF's Fort Worth region, served on TMF's Board of Trustees for nine years and was elected Vice President in 1981. He also represents TMF as an officer of the American Medical Peer Review Association.

Dr. Peterson is a past president of TOMA and in 1986, was named "General Practitioner of the Year" by the Texas State Society of the American College of General Practitioners in Osteopathic Medicine and Surgery. In 1989, he was appointed to a six-year term on the Texas State Board of Health. Dr. Peterson has served on numerous committees and boards benefiting not only the medical profession but also his church and community.

The Philip R. Overton Award recognizes those physicians who have provided meritorious service to medical peer review in Texas. The award memorializes Mr. Philip R. Overton, who served as TMF legal counsel for 14 years. Mr. Overton's significant and ongoing influence on health care legislation and public policy earned him recognition as an eminent authority in medicine and the law. He is remembered for his dedication to the medical profession, his integrity and his commitment to quality medical care for Texans.

Congratulations to Dr. Peterson. ■

## TCOM FRESHMAN RECEIVES SCHOLARSHIP FROM DISTRICT V

Gary Lowder, a first-year medical student at Texas College of Osteopathic Medicine, has been selected by the Executive Committee of TOMA District V to receive the first annual Freshman Academic Scholarship. As the recipient, Mr. Lowder will receive a $1,000 scholarship provided by TOMA District V. ■

# Dr. Fred Tepper Receives Award In Amsterdam

Fred R. Tepper, D.O., FACEP, of TCOM's Department of Public Health/Preventive Medicine, received the Best Poster Presentation in Orthopedics Award at the XXIV FIMS World Congress of Sports Medicine held in Amsterdam on June 1. Eight awards (four oral and four poster) in four topics were presented by the Congress. Dr. Tepper, who represented TCOM on an international level, received the only award given to a presenter from the United States.

Congratulations to Dr. Tepper! ■

# TCOM Begins Residency Program in Psychiatry

A psychiatry residency program is now in full swing at Texas College of Osteopathic Medicine, according to program director Harvey G. Micklin, D.O., Chairman of the Department of Psychiatry and Human Behavior. The three-year program is fully approved by the American Osteopathic Association and consists of six slots. Affiliated facilities include the Psychiatric Institute of Fort Worth, John Peter Smith Hospital and Carswell Air Force Base. The first resident, Michael Fraser, D.O., entered the program on July 1, 1990.

Interested students can contact Dr. Micklin at (817) 735-2334. ■

## ATTENTION: LOCUM TENENS NEEDED

TOMA has been receiving a growing number of requests for names of physicians who do locum tenens. Although we do maintain a file of those physicians who provide this service, the situation is currently such that the demand is far greater than the supply.

If you are interested and able to engage in locum tenens, we would like to hear from you. Please either write or call us with any particulars which would be applicable to your situation, such as type of medical services you perform, what areas of the state you would be willing to cover and so on. Your name and pertinent information will then be added to our file enabling us to better provide a much needed service to all TOMA members.

Thanks for your assistance.

# Blood Bank Briefs for Physicians

## *Guidelines for Blood Salvage and Reinfusion in Surgery and Trauma*

**Margie B. Peschel, M.D., Medical Director — Carter Blood Center, Fort Worth, Texas**

The term autologous transfusion indicates that the blood donor and the transfusion recipient are identical. Patients may donate blood for themselves preoperatively and measures can be employed intraoperatively and postoperatively to salvage and reinfuse shed blood. In addition, the technique of normovolemic hemodilution can be employed.

There are three basic techniques of intraoperative salvage and reinfusion. The most widely used systems employ semicontinuous flow centrifugation. Blood is aspirated from the wound utilizing conventional vacuum suction and anticoagulated. It is then centrifuged and washed with saline prior to reinfusion. With the canister collection technique, the blood is aspirated from the wound in the same manner and collected in a rigid reservoir containing a disposable liner. The liner is removed and the blood is reinfused. It can also be processed in a standard cell washer prior to infusion. The third technique involves salvage of the shed blood in a single use self-contained reservoir. An anticoagulant, usually citrate, is added and the blood reinfused through a filter without being washed. Blood can be salvaged postoperatively from body cavities, joint spaces and other closed operative sites. It can then be washed prior to reinfusion or administered without washing.

The advantages of autologous transfusion include no disease transmission nor alloimmunization. This technique is especially useful during periods of rapid blood loss.

Potential complications include renal dysfunction, coagulopathy, sepsis, dissemination of malignant cells and air, fat or amniotic fluid embolism.

Suggested guidelines for blood salvage and reinfusion in surgery and trauma include: a knowledgeable individual, usually a physician, who must assume responsibility for the program. The transfusion committee must be involved in overseeing the program. A dedicated trained operator is essential when cell washing devices are used and the qualifications, training and credentialling of operators must be specified. There should be written protocol describing the individuals responsible for the service, hours available, scheduling procedures, care and cleaning of equipment and disposal of contaminated supplies.

A procedure note should be placed in each patient's chart and a log kept of all procedures. Protocols defining the labeling, handling and storage of blood should conform to AABB Standards and FDA recommendations. Procedures for reinfusion of salvage blood differ from those for administration of bank blood. The hospital quality assurance program should include review of appropriate patient selection, efficacy, documentation and complication of blood salvage procedures.

It cannot be emphasized too strongly that the implementation and appropriate functioning of an autologous transfusion program requires planning and coordination by a number of individuals and services.

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*Yawn DH, et al, Intraoperative Salvage: Quality of Product in Autologous Blood Transfusion: Current Issues, Arlington, Virginia American Association of Blood Banks, 1988:43-55.*

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*Guidelines for Blood Salvage and Reinfusion in Surgery & Trauma American Association of Blood Banks, 1990.*

## Newsbrief

### COST OF EMPLOYER HEALTH CARE BENEFITS CONTINUES TO ESCALATE

The cost of employer-provided health care benefits reached a record high in 1989, according to a newly released national survey. The cost of employer medical plans rose 20.4 percent, from $2,160 per employee in 1988 to $2,600 per employee in 1989.

Furthermore, the survey expects the situation to get worse before it gets better. It is estimated the average cost of total health benefits will surpass $3,200 per employee in 1990.

Employers surveyed pointed to medical price inflation as the most significant factor in the sharp rise in cost. Other reasons given included catastrophic claims, outpatient service costs, AIDS and mental/health/substance abuse benefit costs.

*Reprinted from TexasBusiness Today, April 1990.*

# National Practitioner Data Bank

Almost three years after the effective date of the Health Care Quality Improvement Act of 1986, regulations setting forth the reporting and disclosure requirements mandated by the Act were published. Passed by Congress to promote effective peer review of physicians, dentists and other health care providers, the Act provides conditional immunity from liability to those who participate in peer review activities and requires reporting of malpractice payments and certain disciplinary actions to the National Practitioner Data Bank, established by the Department of Health and Human Services. The Unisys Corporation was awarded a $15.9 million, five year contract by the HHS to design and operate the Data Bank.

The original start-up date of April 2, 1990, as set by the HHS, was postponed, and it is now anticipated that the Data Bank will begin operating sometime before the end of the fiscal year, which is September 30, 1990. The actual effective date will be published in the *Federal Register*. Most notably, reporting requirements are not retroactive from November 14, 1987, the statutory date on which the Data Bank was to have been in operation. In late 1989, final federal regulations were passed to establish the operating rules and policies for the Data Bank. Some areas, however, are open to different interpretations and HHS staff are still developing official positions. Because of this, each potentially reportable situation is different, requiring careful consideration by involved parties. As experience is gained with the Data Bank, it is inevitable that interpretations of the law will change.

## Who Must Report Information

Federal regulations establish reporting requirements applicable to the following: 1) health care entities are to report certain adverse peer review actions relating to professional competency and conduct; 2) physician and dentist licensing boards are to report certain licensure actions; and 3) individuals and entities (including insurance companies) that make payments as a result of a medical malpractice claim are to report certain information and payment on the claim.

## Adverse Actions

A peer review action is to be reported when it meets the definition of a "professional review action" and adversely affects a physician's clinical privileges for more than 30 days. A two-pronged test determines whether such an occurrence is reportable: 1) the first is whether "formal peer review process" has occurred; and 2) the second prong is whether that process is related to a physician's "competency or professional conduct." Therefore, an action taken in the absence of a formal peer review process, even if related to professional competence or conduct, would not be reportable.

"Professional review action" is an action or recommendation of a health care entity: a) taken in the course of professional review activity; b) based on professional competence or professional conduct of a physician, dentist or other health care practitioner which affects or could affect adversely the health or welfare of a patient(s); and c) which adversely affects or may adversely affect the clinical privileges or membership in a professional society of the physician, dentist or other health care practitioner.

"Health care entity" has been broadly defined by federal regulations to include health care organizations, practice arrangements and professional societies within the intent of the statute. (Specialty boards are not included.) To qualify, a health care entity must provide health care services and be engaged in formal professional peer review for the purpose of furthering quality health care. Included are group or prepaid medical practices that meet these criteria.

These actions must be reported by health care entities within 15 days of the final action to the appropriate licensing board, and the board must then report that information to the Data Bank within 15 days. The licensing board must also report any known failure of a health care entity to report on physicians and dentists as required.

## Licensure Actions

Medical or dental state licensing boards must report to the Data Bank any action relating to a physician's or dentist's professional misconduct or incompetence which 1) revokes, restricts or suspends a physician's or dentist's license; 2) censures, reprimands or places a physician or dentist on probation; or 3) under which a physician's or dentist's license is surrendered. Such actions must be reported to the Data Bank within 30 days. (The Medicare and Medicaid Patient and Program Protection Act of 1987 requires states to have a system of reporting information about formal licensure actions. Proposed regulations are being developed to do this, and will complement the final rules for the Data Bank.)

## Malpractice Payments

Along with the requirement under the Medical Practice Act to report notice of claim, letters or suits, a payment made for the benefit of a physician, dentist or other health care practitioner in settlement of a medical malpractice claim or judgment must be reported by the person or entity (including an insurance company) making the payment, to the appropriate licensing board(s) in the state in which the claim is based, as well as the Data Bank, within 30 days of the date of the payment. This reporting does not extend to suits or claims based on libel or slander. ▶

A provision was added by HHS that states, "a payment in settlement of a medical malpractice action or claim shall not be construed as creating a presumption that medical malpractice has occurred."

A "medical malpractice action or claim" has been interpreted to include suits and claims on an administrative level as well as judicial claims and actions. These include actions that are brought before arbitration boards and other dispute resolution mechanisms prior to or instead of court actions.

Although final rules have not been issued, proposed rules indicate that any insurer or self-insured physician who fails to report a malpractice payment to the Data Bank may be slapped with a civil monetary penalty of up to $10,000 for each unreported payment by the Inspector General.

## Inquiries by Hospitals

Regulations require hospitals to request information from the Data Bank regarding a physician, dentist or other health care practitioner at the time the practitioner applies for a position on the medical staff (courtesy or otherwise) or for privileges at the hospital, and every two years thereafter during the practitioner's association with the hospital. Hospitals may rely on the information provided by the Data Bank and pursuant to the regulations, will not be held liable for this reliance unless the hospital has knowledge that the information provided was false. If a hospital does not request information from the Data Bank as required, it is presumed to have knowledge of any information reported to the Data Bank concerning that practitioner. Additionally, if a hospital fails to request the required information, the Data Bank may be required to disclose information to a plaintiff, upon request, for use in specific litigation against the hospital.

## Disclosure of Information by the Data Bank

Persons or entities who may request information from the Data Bank Include: 1) hospitals requesting information on a physician, dentist or other health care practitioner on the medical staff or who has clinical privileges; 2) state licensing boards; 3) a practitioner requesting information regarding himself or herself; 4) a health care entity with respect to professional review activity; 5) a health care entity that is entering or may be entering into an employment or affiliation relationship with a physician, dentist or other health care practitioner, or in the event such practitioner has applied for clinical privileges or appointment to the medical staff; 6) in limited circumstances, an attorney or other person representing himself in a malpractice suit against a hospital may receive information only by submitting evidence that the hospital failed to query the data bank regarding a practitioner during credentialing or recredentialing. The plaintiff's attorney may use the information only in that action. If an attorney improperly obtains information from someone else, both he and the other person are subject to civil monetary penalties, regardle of whether it is brought out in a medical malpracti lawsuit; and 7) individuals requesting information suc as statistics, for research purposes, such information n to identify any particular entity, physician, dentist health care practitioner.

Additionally, medical societies can query the Dat Bank because membership is considered an "affiliatio arrangement" with a "health care entity." Medic specialty societies, however, whose membership is base on reaching a particular standard of excellence, are n required to report an applicant's failure to meet th standard (e.g., if an applicant fails a board certificatio exam).

Information in the Data Bank is considered confide tial and persons and entities that receive informatio either directly or from another party must use it solel for the purpose for which it was provided. Final co fidentiality rules have not been implemented ye however, the proposed rules are such that the Inspecto General, in determining whether to impose the maximu $10,000 penalty, would consider the following: the natu of and circumstances causing breach of confidentialit degree of culpability in committing the breac "materiality" of the breach; and any prior breaches o confidentiality.

## Disputing Accuracy of Information

Although HHS will automatically mail the physician dentist or other health care practitioner a copy of an report filed in the Data Bank, practitioners will not however, be informed each time someone queries th bank about them (each query becomes a part of th physician's file). If a practitioner submits a "clarifyin statement" to the Data Bank, this will not result in "disputed" status on the report in question. Instead, th Data Bank would return it to the practitioner with in structions to resolve any such concern with the report ing entity. Therefore, when another hospital requeste information, it would not include the "clarifying state ment." However, the reporting entity itself can submi a correction during the 30 day suspension period. If th physician disputes the information by filing a statemen of dispute, the report is placed in "disputed" status. I HHS sides with the entity, the practitioner's dispute state ment would be released to requesting hospitals along wit the original report. Some disputes can be avoided if th practitioner and entities agree on the contents of th description to be reported. Medical staff bylaws ma allow the practitioner to review the proposed repor within the 15 day period after professional review action The report must be filed within 15 days of the profes sional review action.

Because new issues have been raised since the fina rules were published in 1989, there are still som unanswered questions. TOMA will keep you informe as such issues are eventually resolved.

*Because safety cannot be taken for granted in $H_2$-antagonist therapy*

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## nizatidine

## *Minimal potential for drug interactions*

***Unlike cimetidine and ranitidine,[1] Axid does not inhibit the cytochrome P-450 metabolizing enzyme system.[2]***

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- *Most patients experience pain relief with the first dose[3]*
- *Heals duodenal ulcer rapidly and effectively[4,5]*
- *Dosage for adults with active duodenal ulcer is 300 mg once nightly (150 mg b.i.d. is also available)*


***References***

1. *USP DI Update, September/October 1988, p 120.*
2. *Br J Clin Pharmacol 1985;20:710-713.*
3. *Data on file, Lilly Research Laboratories.*
4. *Scand J Gastroenterol 1987;22(suppl 136):61-70.*
5. *Am J Gastroenterol 1989;84:769-774.*


**AXID®**
nizatidine capsules

**Brief Summary. Consult the package literature for complete information.**

**Indications and Usage:** 1. *Active duodenal ulcer*—for up to eight weeks of treatment. Most patients heal within four weeks.

2. *Maintenance therapy*—for healed duodenal ulcer patients at a reduced dosage of 150 mg h.s. The consequences of therapy with Axid for longer than one year are not known.

**Contraindication:** Known hypersensitivity to the drug. Use with caution in patients with hypersensitivity to other $H_2$-receptor antagonists.

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

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

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

*Laboratory Tests*—False-positive tests for urobilinogen with Multistix® may occur during therapy.

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

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

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

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

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

*Nursing Mothers*—Studies in lactating women have shown that 0.1% of an oral dose is secreted in human milk in proportion to plasma concentrations. Because of growth depression in pups reared by treated lactating rats, a decision should be made whether to discontinue nursing or the drug, taking into account the importance of the drug to the mother.

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

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

**Adverse Reactions:** Clinical trials of varying durations included almost 5,000 patients. Among the more common adverse events in domestic placebo-controlled trials of over 1,900 nizatidine patients and over 1,300 on placebo, sweating (1% vs 0.2%), urticaria (0.5% vs <0.01%), and somnolence (2.4% vs 1.3%) were significantly more common with nizatidine. It was not possible to determine whether a variety of less common events was due to the drug.

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

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

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

*Endocrine*—Clinical pharmacology studies and controlled clinical trials showed no evidence of antiandrogenic activity due to nizatidine. Impotence and decreased libido were reported with equal frequency by patients on nizatidine and those on placebo. Gynecomastia has been reported rarely.

*Hematologic*—Fatal thrombocytopenia was reported in a patient treated with nizatidine and another $H_2$-receptor antagonist. This patient had previously experienced thrombocytopenia while taking other drugs. Rare cases of thrombocytopenic purpura have been reported.

*Integumental*—Sweating and urticaria were reported significantly more frequently in nizatidine- than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.

*Hypersensitivity*—As with other $H_2$-receptor antagonists, rare cases of anaphylaxis following nizatidine administration have been reported. Because cross-sensitivity among this class has been observed, $H_2$-receptor antagonists should not be administered to those with a history of hypersensitivity to these agents. Rare episodes of hypersensitivity reactions (eg, bronchospasm, laryngeal edema, rash, and eosinophilia) have been reported.

*Other*—Hyperuricemia unassociated with gout or nephrolithiasis was reported. Eosinophilia, fever, and nausea related to nizatidine have been reported.

**Overdosage:** Overdoses of Axid have been reported rarely. If overdosage occurs, activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy. Renal dialysis for four to six hours increased plasma clearance by approximately 84%.

PV 2098 AMP [091289]

*Additional information available to the profession on request.*

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# Medicare News

By Don Self
Medical Consultants of Texas

## Nursing Home Payment Changes

In response to our letters to the HCFA home office and several Congressmen, we have won another battle in our fight for equality and justice.

Since April 1, 1990, (when they deleted the Z9098/Z9099 codes and instituted the MP and SP modifier), Medicare has been paying the same low amount for multiple patient nursing home visits, regardless if the patient was new or established, or if the visit was brief or extended.

In a letter from the HCFA regional office in Dallas, HCFA stated:

> "We have given the carrier permission to use this (lower) pricing method only for multiple patient situations where less extensive services are provided. New patient and extended services will be reimbursed at the amount computed for the level of service provided regardless of the use of the MP modifier."

This means they will no longer be paying the same for code 90320, or 90370 as they have been for 90350.

While talking with Becky Peal (at HCFA), she stated Medicare has been instructed to go back to April 1 and reconcile the claims appropriately and send the additional funds to the assignee (physician or patient depending on assignment status).

## Annual Physical in Nursing Homes

In a letter we received from Dr. Cotton's office (Corsicana), HCFA responded to the query of facts concerning the annual physical examinations in nursing facilities:

> "The Medicare law at Section 1862 (a)(7) specifically excludes all routine physical checkups from coverage and reimbursement. The fact that the Texas State regulations require nursing facility patients to have annual physical exams does not supersede the federal Medicare statute prohibiting payment for these services. Therefore, the Medicare Part B carrier must deny payment for routine annual physical exams."

This does not come as a surprise to us, but we have to figure out how we can deal with it. I believe we should deal with this battle on two different fronts and try to "flank" the enemy!

1. One front should be to educate the patients as to their responsibility to pay for the annual physical, since it is non-covered by Medicare. We should do this in two ways: a) we need to notify the patient (and their guardians) by letter that the Texas law requires the exam and that Medicare does not pay for it; and b) we need to have the patients (or legal guardians) sign a form stating they understand that it will be non-covered, and therefore, they are assuming responsibility to pay for the exam. You will need a copy of their signature, stating they are aware that it will not be covered, in case of a Medicare audit.

2. The second front should be directed at our Texas Legislature, to repeal the state requirement that all nursing facility patients have annual physical exams in addition t the routine visits every 60 days. This can also be approache from two sides, in that we (as the professionals) should wri each and every legislator and we should encourage our pa tients and their families to write them also. This could b done in an attached letter to the educational letter that w give the patients (and families) or by way of a pre-printe letter for the patients to sign, date and give back to yo to mail.

From our discussions with clients that received a cop of the letter we mailed to our congressmen and HCFA, estimate that less than 10 percent of our clients sent lette themselves. Let me take this opportunity to thank thos that did, and admonish those that sat back and let othe do it for them. Doctors, this is your money and your pa tients that are being hurt. If you have pull with one of th state associations, then get them involved. If you play go with lobbyists or politicians, then let them know how yo feel. This isn't going to put one more dollar in my pocke but it does affect you and the patients that are strugglin to pay their bills anyway.

The following is a sample letter that you may copy ont your letterhead or re-write, if you wish:

*Dear Patient:*

*There is currently a problem that affects all nursing facil ty patients and physicians throughout Texas. Texas stat regulations require nursing facility patients to have annua physical exams in addition to the routine exams every 6 days. The Medicare law, at Section 1862(a)(7), specificall excludes all routine physical checkups from coverage an reimbursement.*

*Therefore, although the state requires that you receiv an annual physical exam, in addition to the normal visits Medicare law prohibits payment by Medicare for the exam.*

*Since we have to comply with the state law, we are force to turn to the patient for payment of the physician's ser vices, although we do not agree with the law. We encourag you and your families to write your Texas legislators an give them your feelings about this dilemma. Since we con tinually monitor your health and progress, we do not fee there is a specific need in the Texas law to require an an nual physical exam, in addition to the periodic visits. W are encouraging our legislators to drop this requiremen and we request you do the same.*

*Medicare law requires that we notify patients of service that will be rendered that will not be covered by Medicare For this reason, we ask that you please sign belo acknowledging that we have informed you that the annua physical exams will not be paid by Medicare, and that yo will be responsible for payment.*

*We thank you and request that you call should you hav any questions.*

*Patient (or Guardian) Signature* *Date*

# Capitol Hill Highlights

***Provided by the AOA Washington Office***

**The Council reviewed a proposal recently introduced by Congressman Pete Stark (D-CA) which would require that all physicians treating Medicare patients pass an examination testing their competence at least every seven years as a condition of receiving Medicare payment. According to Stark, "It is easier to deny an incompetent physician a new license than it is to remove one."

Entitled the Medicare Physician Qualification Act of 1990 (H.R. 4464), House Ways and Means Health Subcommittee Chairman Stark's bill would amend the Social Security Act to include provisions such as providing a general practice examination by January 1, 1995, to be offered at least twice a year.

**The AOA Council on Federal Health Programs has lent its support to Senator John Danforth's (R-MO) proposed legislation to increase public awareness of legal instruments collectively called "Advance Directives." Senator Danforth contends that these advance directives enable patients to express their desires before illness prevents them from doing so and to ensure that those wishes will be carried out. Two types of advance directives would be relevant in the case of an incapacitated patient:

A living will, whereby a patient can formally express preference for health care should that patient later become incompetent; and

A durable power of attorney, through which a patient may appoint a substitute decision maker (i.e. family member or friend) to implement the patient's health care preferences.

National surveys indicate that only eight to 15 percent of American adults have executed living wills, and even fewer have appointed durable power of attorney for health care.

**As part of the second phase of its study of relative values for physician services, researchers at Harvard University have surveyed approximately 100 randomly-selected osteopathic physicians. The responses of this telephone survey will enable Harvard's research team to establish relative values for osteopathic manipulative therapy.

After tabulating the results of the survey of osteopathic physicians, Harvard's researchers will meet with a small group of osteopathic consultants to help clarify the survey data. Osteopathic responses to the survey will be compared with those from other physician groups.

The relative value scale which will emerge from the Harvard study will form the basis of the new fee schedule under which Medicare physician payments will be made beginning in 1992. The fee schedule will be phased-in over a four-year period and will cover all Medicare physicians services by 1996. ■

# Most Americans Spending Goes to Treat Injuries

Money spent by Americans aged 17 to 64 to treat injuries surpasses all other health-care treatment, according to a recent study published in the *American Journal of Public Health.*

The survey of more than 17,000 people indicated that, for all age groups, injuries ate up more health-care dollars than cancer, digestive diseases, and respiratory problems or other disorders. Only heart disease exceeded injuries in direct medical expenses.

Data from the 1980 National Medical Care Utilization and Expenditure Survey was analyzed in the Michigan study. It showed that Americans spend almost $20 billion to treat heart disease and other circulatory problems and nearly $17 billion on treating injuries.

Disorders of the muscles, bones and connective tissues cost $11.2 billion, cancer care costs $10.7 billion, treatments for respiratory disorder cost $10.6 billion, and digestive disorders cost $10.4 billion.

Traumatic injuries account for more than 142,000 deaths annually in the United States. Such injuries are the leading cause of death of Americans through age 44.

Injuries are classified as unintentional, such as car crashes and falls, or intentional, such as assaults and suicide. The most common injury was broken bones, followed by multiple-injury trauma, sprains and dislocations, wounds, head injuries, poisoning and burns.

A 1989 study by the Centers for Disease Control and the National Highway Traffic Safety Administration estimated the total direct and indirect costs from injuries in 1985 was $158 billion. ■

# FDA Findings on Generic Drugs

Despite recent reports of problems in the generic drug industry and FDA's regulation of that industry, FDA recommends that physicians continue to consider prescribing generic drugs so that pharmacists can select lower-cost generic alternatives to brand-name products when appropriate. This recommendation is based on FDA laboratory testing of more than 2,500 samples of the top 30 prescribed generic drugs and intensive FDA inspection of 36 of the largest generic drug firms and 2 contract laboratories tht test samples of generic drugs for bioequivalence.

The first step in FDA's evaluation of generic drugs was laboratory tests. These tests found that approximately one percent of 2,500 samples were not in compliance with standards of potency, dissolution, content uniformity, product identification and purity. This percentage is consistent with the usual rates for both brand-name and generic drug products.

The next step involved FDA's targeted inspections of 6 manufacturers after investigations began in the spring of 1989. FDA found that five had submitted false records to FDA or had otherwise falsified bioequivalence studies.

Subsequently, FDA began a 20-firm inspection program of a cross section of the generic industry. To date, the most serious problems involved two firms that had falsified batch records for a number of products. In addition, these inspections revealed a number of fairly routine manufacturing deficiencies that would not be expected to lead to defective or unsafe products.

As a result of these findings, FDA is withdrawing approval of various strengths of approximately 42 products. Although approvals are being withdrawn as a precautionary measure, FDA found no evidence that any harm was caused by these products.

FDA is also analyzing 24 drugs that have a narrow therapeutic range. Both generic and brand-name drugs have been included in this surveillance program. The targeted narrow therapeutic range drugs treat epilepsy, asthma, hypertension, and cardiac problems. They were selected because of their potential for adverse reactions or therapeutic failure if they lacked bioequivalency.

All prescription drugs — whether brand-name or generic — can vary in potency within limits and still be considered therapeutically safe and effective. Certain products with a narrow therapeutic range, however, such as phenytoin, are not metabolized or eliminated in a dose proportional manner. To address this issue, efforts are under way in cooperation with the U.S. Pharmacopeia (USP) to consider narrowing specifications for permissible variations in drug content.

Testing of the narrow therapeutic range drugs is almost complete, and no significant safety or effectiveness problems have been found. If and when a significant question arises about safety or effectiveness, FDA will inform physicians and patients and take swift action to obtain product recalls or withdraw approvals when necessary. In 1988, for example, a generic version of the anticonvulsant carbamazepine was recalled because it did not meet USP specifications.

FDA's recommendations to physicians concerning generic drugs are based on the fact that they have the same active ingredients as the pioneer drug product and must meet stringent standards to ensure safety and efficacy for their intended uses. In addition, generic products approved after enactment of the Drug Price Competition and Patent Term Restoration Act of 1984 must demonstrate bioequivalency to the innovator's product. Not all products approved before this act are bioequivalent to brand-name products.

For further guidance, health professionals can use FDA's *Approved Drug Products with Therapeutic Equivalence Evaluations* ("The Orange Book"), which codes approved products according to their bioequivalency rating. A code beginning with the letter "A" indicates bioequivalency. Products evaluated for bioequivalence and judged to be therapeutically equivalent can be expected, according to FDA, to have the same therapeutic effects and no difference in their potential for adverse effects when used under the conditions of their labeling. As with all drugs, practitioners should prescribe and dispense such products with due care and with appropriate information to individual patients. If characteristics of the product, other than its active ingredient, are important it may be necessary to place appropriate restrictions on prescriptions, and patients should be notified.

State boards of pharmacy can be contacted for individual state policies. Pharmacists must also be familiar with expiration dates and labeling conditions for storage, particularly for reconstituted products, to ensure that patients are properly advised when one product is substituted for another.

The new 10th (1990) edition of "The Orange Book" (main volume plus 12 monthly updates) is available by subscription from the Government Printing Office (GPO) at a cost of $91 per year. The publication stock number is 917-016-00000-3. GPO's address is: Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402-9371. ■

# Texas ACGP Update

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

The Medicare updated statewide profiles for Texas are now available for 1990. These profiles include OMT reimbursement rates as well as other codes which are not reimbursed on an individual physician profile. Texas ACGP highly recommends that each of its members obtain this data. This can be obtained by written request on stationary which contains the physician's letterhead as well as his or her signature. Requests should be directed to: Karen Foxall, Medicare Part B, P.O. Box 660156, Dallas, Texas 75266-0156.

The Osteopathic Principles and Practice Committee of TOMA met during the TOMA state convention in El Paso, Texas. Part of the committee's discussion centered around the realization that peer review of OMT for reimbursement purposes would require a simple, yet uniform method of documentation in order to assure D.O. participation. The question of how to best document osteopathic manipulative management has been a tough question and has generated much discussion throughout the years.

One method of documentation of OMT, which was endorsed by this committee, is also supported by the Texas ACGP — a separate "SOAP" note for OMT. The acronym "SOAP" stands for subjective, objective, assessment and plan. This acronym is used with problem oriented medical records. In other words, what is the patient's complaint, what was found on physical examination, what is the problem, and how are you going to treat the problem?

Since some of the third party payers want to know the date of onset of the problem, it is advantageous to also place that information in the subjective (S) part of the note. Also, some third party payers will only reimburse for acute, but not chronic, musculoskeletal conditions. Therefore, it is also advantageous to include such terms as pain, spasm, redness, swelling, etc., to indicate an acute process in the objective (O) part of the note.

The assessment (A) part of the note would always include somatic dysfunction if OMT was utilized. Identify somatic dysfunction by region such as head, cervical, thoracic, lumbar, sacral, pelvic, lower extremities, upper extremities, rib cage, abdomen and other.

The plan (P) part of the note would always be OMT plus any other treatment modality utilized such as hot or cold packs, mechanical traction, electrical stimulation, vasopneumatic devices, paraffin bath, microwave, whirlpool, diathermy, infrared, or ultraviolet.

The choice of manipulative technique used to treat the patient would be based on the individual patient's condition and the osteopathic physician's preference. general, manipulative techniques can be broken do into three broad categories: soft tissue techniques, dir techniques, and indirect techniques.

Soft tissue techniques would include stretch, knea range of motion (ROM), myofascial, and lympha pump. Direct techniques would include high velocity low amplitude (HVLA) or thrusting, muscle energy, a ticulatory. Indirect techniques would include myofasci Jones counterstrain, indirect with respiratory forces, a craniosacral.

An example will be given to illustrate this OM documentation process. A patient presents to the do tor with low back pain of three days duration which o curred after lifting a heavy object. Onset of symptor was 3 p.m. on 7-11-90. On physical examination, the p tient was found to have tenderness, spasm, and decreas ROM in the lumbar and sacral regions. A diagnosis somatic dysfunction was made. The plan of treatme was OMT to the involved regions without any other trea ment modality.

The OMT (SOAP) note for this example would rea as follows:

**S:** low back pain. Onset 7-11-90 at 3 p.m.
**O:** ↓ ROM, ↑ tenderness, and spasm in the lumbar and sacral regio
**A:** somatic dysfunction of lumbar and sacral areas.
**P:** OMT

The note can be more detailed than the above exan ple; however, there should be enough information in th example to satisfy a peer reviewer.

The OMT "SOAP" note would normally appe whenever OMT is utilized and would be an addition t the general office visit remarks and findings. Using th method of OMT documentation will hopefully avoi some current pitfalls Texas D.O.s have encountered whe dealing with third party payers who utilize medic reviewers, who in many cases are non-physicians, f reimbursement purposes.

Neither the Texas ACGP or TOMA is endorsing an one way of OMT documentation. If the old adage, "I it's not broken, it don't need fixing," applies to Tex D.O.s who have no OMT reimbursement problems, the they certainly should not change their system c documentation. However, if this is not the case, a sim ple system is being brought to the attention of Texas D.O for their consideration which will hopefully improve the reimbursement from third party payers for OM procedures.

# Jan S. Swanson, D.O. Appointed Medical Director of Schick Shadel Hospital

Appointed as Medical Director of Schick Shadel Hospital is Jan S. Swanson, D.O., board certified in Internal Medicine. Dr. Swanson, member of A.M.S.A.M., graduated from Michigan State University College of Osteopathic Medicine, East Lansing, Michigan. Prior to that she received her M.S.W. from San Diego State University, San Diego, California and was Director of the Imperial County Alcol Detoxification Center in El Centro, California.

Recently Dr. Swanson has completed a three year comitment to the Public Health Corp. She worked in health anpower shortage areas with medically indigent opulations.

Schick Shadel Hospital is a 50 bed special licensed and CAHO accredited facility caring for adults in an inpaent setting with the diagnosis of Chemical Dependency. lcohol detoxification and a rehabilitation treatment proam is provided for those with alcohol, cocaine, marijuana nd methamphetamine dependencies.

The Schick Shadel Hospital was started by Dr. Charles . Shadel in 1935 — in the same year that A.A. was foundd. It is a unique approach to alcohol and drug addiction.

The hospital stresses a behavioral treatment model toward ddictive disease. The model views addiction as stemming om repeated exposure to alcohol/drugs, that, at first, eates a positive feeling toward the drug of choice and later ads to physical addiction.

In response to severe craving, the individual often evelops maladaptive behavior patterns in his work and mily life. These behavior patterns cause severe life stress.

The first phase of the program is medical detoxification interrupt the physical dependence on the drug or drugs.

The core of the treatment program is counternditioning or aversion therapy. The sight and smell of cohol or the drug of choice is paired with a negative imulant such as nausea or mild shock. This results in gative conditioning or conditioned reflex aversion. At the d of the program, patients become nauseated by the sight r smell of alcohol or have a negative association to their rug. As a result, they have no craving for alcohol or drugs. his allows them to focus on learning to live a healthy life yle.

To maintain an aversion, patients return at least twice r additional counterconditioning and therapy sessions lled reinforcement therapy.

Approximately 66 percent of patients are abstinent from cohol at one year. The rate of abstinence from drugs is ing studied.

Two types of relapse patients find the program especially beneficial. One is the individual who attended a traditional 28 day program, participated activity, but who returned to drugs and/or alcohol due to continued craving. The other is the individual who is treatment wise. He or she has learned the proper jargon and "fakes" his way through the treatment program saying and doing the right things. Aversion therapy by contrast produces its effect even in the unmotivated patient.

There is a physician available at all times for the medical needs of the patients. Each patient receives a comprehensive history and physical examination and is seen daily by a member of the Medical Staff. A staff psychologist will assess each patient and is available as part of the treatment team for additional consultations as necessary.

Individual counseling, educational sessions and group counseling is an integral part of the program.

The goal of individual patient counseling is to alleviate or change personal or family situations, attitudes, beliefs, behaviors and communications which present a threat to the recovery or stability of the patient and the family. The patient is taught new behavior to substitute for the previously learned maladaptive behavior patterns.

A patient treatment plan is developed in conjunction with the patient and upon completion of their psychosocial history. The goal of the plan is to identify the patient's problems which are of concern during their hospitalization. Once these problems are identified, specific treatment goals, measurable objectives and responsibilities to carry out the recovery process are assigned. This is typically done by a certified alcohol counselor.

Families are encouraged to participate in all levels of counseling and education unless such involvement would be counter-productive to the patient's needs. Family counseling is done routinely.

A continuing care specialist maintains contact with the patient for up to two years, reviewing progress, suggesting ways of dealing with situations, giving referrals and offering encouragement.

The hospital provides ongoing, professionally or peer counselor run groups several times a week. These groups are designed to be available as followup for patient completing the inpatient program. The group leader is available to assess concerns on the part of patients and make referrals or seek assistance in doing so from the hospital staff.

The Schick Shadel Hospital system is actively involved in research involving the treatment of alcohol and drug dependence.

The Schick Shadel Chemical Dependency Program provides for all aspects of the physical, psychological and emotional needs of the patient and family.

Dr. Swanson is available for speaking engagements. Call (817) 284-9217, Ext. 203. ■

# Risk Prevention Skills Workshop Offered to Physicians

Passage of the Omnibus Health Care Rescue Act, House Bill 18, created a state liability indemnification program entitling physicians to liability premium discounts. As a cooperative effort between the Texas Medical Association and TOMA, a series of workshops throughout the year that fulfill the continuing medical education requirement are being offered.

"Risk Prevention Skills" will help physicians better understand state indemnification, the 10 most prominent areas of preventable exposure, and informed consent. Participants also will gain new skills in record keeping, loss prevention, and patient safety.

The workshop and independent study system meet the CME requirement of 15 credit hours under HB 18. To be eligible for a discount, physicians also must provide 10 percent or more charity care as defined by HB 18, maintain a $100,000/$300,000 professional liability policy, and apply for the discount 30 days before the term of the policy.

Leading the workshops is Linda Mangels, Ph.D. She has led more than 150 risk management seminars nationwide to physicians in all specialties. Expert attorneys, physicians, and/or risk managers also will be on hand to answer questions.

Registration fee is $195 and includes tuition, work/reference book, dinner buffet, four hours classroom instruction, 11 hours independent study course, and confidential computer-scored course evaluation for your own use. Pre-registration IS REQUIRED. To register, complete the workshop registration form and mail to the TMA. Registration and the dinner buffet begin at 5:00 p.m., with the workshop starting at 6:00 p.m. and running to 10:00 p.m.

The Risk Prevention Skills Workshop schedule, from June to November 1990, is as follows:

**Dallas — Thursday, August 16**
Embassy Suites
3880 West North West Hwy.
(214) 357-4500

**Houston — Wednesday, August 29**
Marriott Brookhollow
3000 North Loop West (T.C. Jester Exit)
(713) 688-0100

**San Antonio — Wednesday, October 3**
Bexar County Medical Society
202 West French Place
(512) 734-6691

**Houston — Wednesday, November 7**
Houston Marriott by the Galleria
1750 West Loop South
(713) 960-0111

**Dallas — Thursday, November 8**
Sheraton Mockingbird
1893 West Mockingbird Lane
(214) 634-8850

**Registration Form**

## Risk Prevention Skills

Communicating and Record Keeping in Clinical Practice

I will attend the workshop on: _____ (Date)

in: _____ (City)

Physician's Name: _____

Practice Address: _____

City: _____ Zip: _____

Phone: _____

Name of Liability Insurance Carrier: _____

Date Policy will Expire this year: _____

☐ My registration was made by telephone

☐ My check for $195, made payable to TMA, is enclosed

☐ Payment by Credit Card: ☐ Visa ☐ MasterCard

Card No: _____

Cardholder: _____

Exp. Date: _____

Signature: _____

Mail check or credit card information with completed registration form to:

Risk Prevention Skills
Practice Management Services
Texas Medical Association
1801 North Lamar Blvd.
Austin, Texas 78701
512/477-6704

**For TMA Office Use Only:**
Check # _____
Rcvd by: _____
Date: _____

# The question.

*Why did Texas Medical Foundation (TMF) membership increase by more than 40 percent in just one year?*

# The answers.

**Texas physicians understand the importance of keeping the "peer" in peer review.**

"Peer review organization" (PRO) accurately describes the philosophy that only physicians are qualified to make decisions regarding medical necessity and quality of care issues. Texas' PRO, the Texas Medical Foundation, is an organization directed by practicing physicians. In order to remain physician-directed, a PRO's membership must represent at least 20 percent of all licensed MDs and DOs in the state. We need qualified physicians like you to keep the Texas Medical Foundation a physician-directed PRO.

**Texas physicians realize their potential for having a real impact on the future of medical peer review.**

According to a contract with the federal government, TMF is responsible for assessing the quality of health care provided to Medicare and CHAMPUS (Civilian Health And Medical Program of the Uniformed Services) beneficiaries. With every contract renewal, TMF's review responsibilities are expanded to more health care settings and more private and public health care programs. Shouldn't you have the potential to influence the decisions that may affect your medical practice almost every day?

**A physician's TMF membership demonstrates a commitment to quality health care.**

With over 2,000,000 Texans enrolled in the Medicare and CHAMPUS programs, peer review is an integral part of health care in your community. Through your TMF membership, you continually increase your knowledge of the peer review process and enhance the quality of health care provided to your patients.

**TMF members stay informed.**

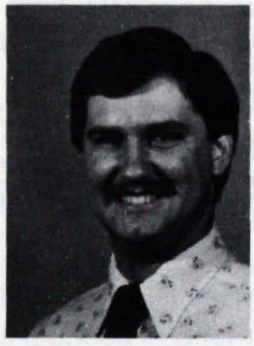
With your one-year subscription to publications like "TMF Dispatch," you'll have the opportunity to learn firsthand about the sweeping changes affecting the Medicare and CHAMPUS programs. And if you or a member of your staff attend TMF's educational workshops, we'll give you a special membership discount on your registration fees.

**It's easy to join TMF!***

TMF's membership consists of over 6,600 Texas physicians who have united behind the principles of medical peer review. To join your peers, just send your completed membership form along with your $24.00 membership fee in the enclosed return envelope. Need more information? Write to: Texas Medical Foundation, 901 Mopac Expressway South, Suite 200, Austin, Texas 78746.

**To qualify, you must be a current member of the Texas Medical Association (TMA) or the Texas Osteopathic Medical Association (TOMA).*

# Dr. D. Dean Gafford Named Interim Medical Director For Super Collider



D. Dean Gafford, D.O., a certified family practitioner in DeSoto, Texas, was named interim medical director for the U.S. Department of Energy's Super Conducting Super Collider, which is being built in Ellis County, around the Waxahachie area.

An interim medical director, his duties are to help write a policy and procedures manual as well as institute a wellness program. According to Dr. Gafford, the current organization has approximately 700 employees centered in the DeSoto and Dallas area. These employees will move south when the actual building begins in a couple of years. The construction project is predicted to take 12-15 years and could possibly run to 20 years, if funding problems are encountered.

Dr. Gafford's contract runs from April 1 through September 30.

Dr. Gafford is a 1981 TCOM graduate. His numerous memberships include TOMA; TOMA District V; AOA; American Academy of Osteopathy; American Academy of Sports Medicine; American Heart Association; Texas ACGP; and the National ACGP. Additionally, he serves as program chairman for the family practice residency program at Dallas Family Hospital, and as secretary for the General Practice Department, also at Dallas Family Hospital.

Congratulations to Dr. Gafford. ■

# Opportunities Unlimited

## PHYSICIANS WANTED

PARTNERSHIP — offered in thriving general practice on the Gulf Coast. Coverage available, Intern/Extern approved hospital with TCOM affiliation. Contact Sam Ganz, D.O., 3933 Upriver Road, Corpus Christi, 78408. (51)

FULL AND PART-TIME PHYSICIANS WANTED — for several primary care/minor emergency clinics in the D/FW area. Flexible schedule, excellent potential for growth and financial success. Please send resume or contact: Steve Anders, D.O., Medical Director, Ready-Care Medical Clinic, 4101 Airport Freeway, Suite 101, Bedford, 76021; 817/540-4333. (40)

ASSOCIATE NEEDED — for expanding general practice in East Texas. Guaranteed income with a future. Contact: Steve Rowley, D.O., 214/849-6047 or Mr. Olie Clem, 214/561-3771. (08)

ITASCA — 40 Minutes south of Fort Worth on I-35W. Retiring physician after 36 years of practice. Sell for $80,000 including x-ray, building, 2½ lots, equipment, furniture, computer and supplies with charts. (Building and lots alone were appraised for $80,000) Phone 817/687-2983. (06)

IMMEDIATE PRIVATE PRACTICE OPPORTUNITIES — available for one or more general/family practice physicians. Progressive South Texas town with area population of approximately 20,000. Excellent schools, an ideal "Home-Town" environment in which to live and work. Raise your children in a comparatively crime free community. Enjoy all the advantages of a small town and country living, and yet be only 30 minutes away from all that San Antonio has to offer. Possible Options: 1) Participation with existing physician in thriving private practice; 2) Possibly assume existing growing practice, current physician pursuing medical missionary appointment; 3) Participation in a Rural Health Clinic, depending on the preference of physician. Contact Jack Morris, Devine Chamber of Commerce, P.O. Box H, Devine, 78016; 512/663-4445. (04)

DO I HAVE A DEAL FOR YOU? Small town near Dallas/Fort Worth metroplex needs a general/family practice physician to buy clinic. Please contact TOMA, P.O. Box "52," Fort Worth, 76107 (52)

ASSOCIATE NEEDED — for established, growing general practice in the east side of Fort Worth. Contact: Randall E. Hayes, D.O., 817/535-1585. (35)

RETIRING JULY 31 — General Practice Northeast Tarrant County for 35 years. Lease or sell practice, building, fixtures. Busy corner; ¾ acre lot; 2,880 sq. ft. Call 817/831-1746 from 9:00 a.m. to 5:00 p.m. — MTWF. (01)

AMARILLO — Fifty-bed acute care osteopathic facility seeking chief radiologist; (2) family practitioners and one internist. Excellent working conditions; outstanding area to raise family; institution will pay for you to come and visit; will pay relocation costs. Contact: Lorne Tjernagel, Administrator, 806/358-3131 or send CV to Family Hospital Center, 2828 S.W. 27th, Amarillo 79109. (50)

IMMEDIATE PRIVATE PRACTICE OPPORTUNITIES — One or more family/general practice physicians. Small rural south central Kansas community. Hospital and L.T.C.U. in community. Obstetrical required. 1) guaranteed income; 2) malpractice insurance furnished; 3) clinic fully equipped; 4) modern hospital; 5) housing available. Contact: Administrator, Attica District Hospital, Attica, Kansas 67009; 316/254-7253. (13)

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., OPEM Associates, P.A., 1002 N. University, Suite 220, Fort Worth, Texas 76107. (817) 332-2313. FAX (817) 335-3837. (14)

WANTED — Associate general practice physician. Prospects of partnership after one year. New hospital in city of 25,000. Will pay percentage of your collections. Contact Sylvia Herr, D.O., 109 N. Main, Cleburne, 76031; 817/641-0571. (36)

## OFFICE SPACE AVAILABLE

FOR LEASE/SALE: Mesquite, Texa 1800 sq. ft. office; pediatric table wit scales, OB/GYN table, RX tables, cer trifuge, vitalograph spirometer wit graph, Stryker cast cutter/fiberglas blades; Gomo stand, EKG stanc Hyfrecator, autoclave/stand, otoscope metal trays, tools, blood pressure. Ca Mrs. B. Nystrom, 214/285-558 (evenings). (39)

FOR LEASE — Medical office established medical-dental building o Hulen between Vickery and W. Fwy.; ap prox. 1,400 sq. ft. which includes 3-4 ex am rooms, lab, business office, privat office, and extras. Recently remodele and ready to move in. 338-4444 (27)

## MISCELLANEOUS

NEEDED Human skull needed fo educational study. Will pay reasonabl price. Contact Doug Vick, D.O 817/334-0498. (09)

RECONDITIONED EQUIPMENT FOR SALE — Examination tables, elec trocardiographs, sterilizers, centrifuges whirlpools, medical laboratory equip ment, view boxes, weight scales, IV stands and much more. 40-70 percen savings. All guaranteed. Mediquip Scientific, Dallas, 214/630-1660. (29)

WANTED: Used Diathermy Machine Contact Dr. Mohney, 713/626-0312. (02

DO YOU HAVE a used (working diathermy machine you need to move to a new home? Look in your closet cor ner — if you have a used Micro centrifuge and wish to get it out of your hands into a new "life," call Dr. Bob Sharp, collect at 214/279-2453. I can arrange pickup. (56)

WANTED — Complete disarticulated skull (not plastic). Also want complete intact skull. If you have these or know of someone who does, please contact Dr. Chapek at P.O. Box 381911, Duncanville, 75138. (41)

FOR SALE — Slightly used spinalator; excellent condition. Call Jack R. Vinson, D.O. at 214/247-6554. (15)

FOR SALE — Two Burdick Elite portable Electrocardiograph machines with computer interpretation. Assume lease or direct purchase. Very good price. Call James Mahoney, D.O. at 817/267-3315 weekdays. (49)

FILM ABOUT OSTEOPATHY — idents for the Advancement of teopathic Medicine at UHS-COM in nsas City have put together an planation of osteopathic medicine on IS format. This video is designed to quaint the student with the benefits of posing osteopathic medicine as a eer and to dispel misconceptions ich have pervaded Pre-Medical ad- ors concerning our profession. We uld like for practicing physicians to ve this available for their use. There no charge for this video. Interested O.s may obtain a copy by writing to: A.O.M., c/o Alvin C. Bacon, 2105 dependence Blvd., Kansas City, ssouri 64124. (25)

## POSITIONS DESIRED

FEMALE GENERAL PRACTI- ONER — with seven years of solo actice experience is seeking partner- p in Texas. Mail inquiries to TOMA, x "07," 226 Bailey Avenue, Fort rth, 76107. (07)

FINANCIAL ASSISTANCE RGENTLY NEEDED — I am a senior dent at TCOM. Married with four ldren. I need financial assistance roughout my senior year and through e year of internship training in ex- ange for practicing in your city follow- my internship training. Please call if you can help; S/D Scott Crockett, O. Box 175, Lot, 76656; 817/584-2520. ■

**Remember the ALAMO...**

**May 2-5, 1990**
**San Antonio, Texas**

# Limited Edition Collector Plates Commemorate TOMA's 90th Birthday

The year 1990 signifies the 90th anniversary of the Texas Osteopathic Medical Association, which was founded in Sherman, Texas in 1990.

To commemorate this special event, a limited number of special collector plates have been produced. These beautiful plates, 7 and ½ inches in diameter, are made of fine chinaware, and feature TOMA's logo and the dates 1900-1990. They are brilliantly colored in red, white and blue.

These unique plates are sure to become a treasured heirloom and, as already stated, only a limited number have been produced.

Help celebrate the 90th anniversary of TOMA by ordering your plate now at the low cost of $15, which includes shipping and handling charges. The plates are available only by completing the order form and returning it and your check (made payable to TOMA) to the TOMA office.

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**Order Form**
**TOMA Collector Plates**
*Allow 6-8 weeks delivery*

_____ Please indicate number of plates desired at $15 each (includes S & H)

_____ Check enclosed (please make payable to TOMA)

Name_____(please print)

Mailing Address_____

Date_____

Mail to: Texas Osteopathic Medical Association
226 Bailey Avenue
Fort Worth, Texas 76107

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

ADDRESS CORRECTION REQUESTED

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