TEXAS DO

XXXX, No. 1 TEXAS OSTEOPATHIC MEDICAL ASSOCIATION January, 1993

Deep in the Heart of Osteopathic Medicine

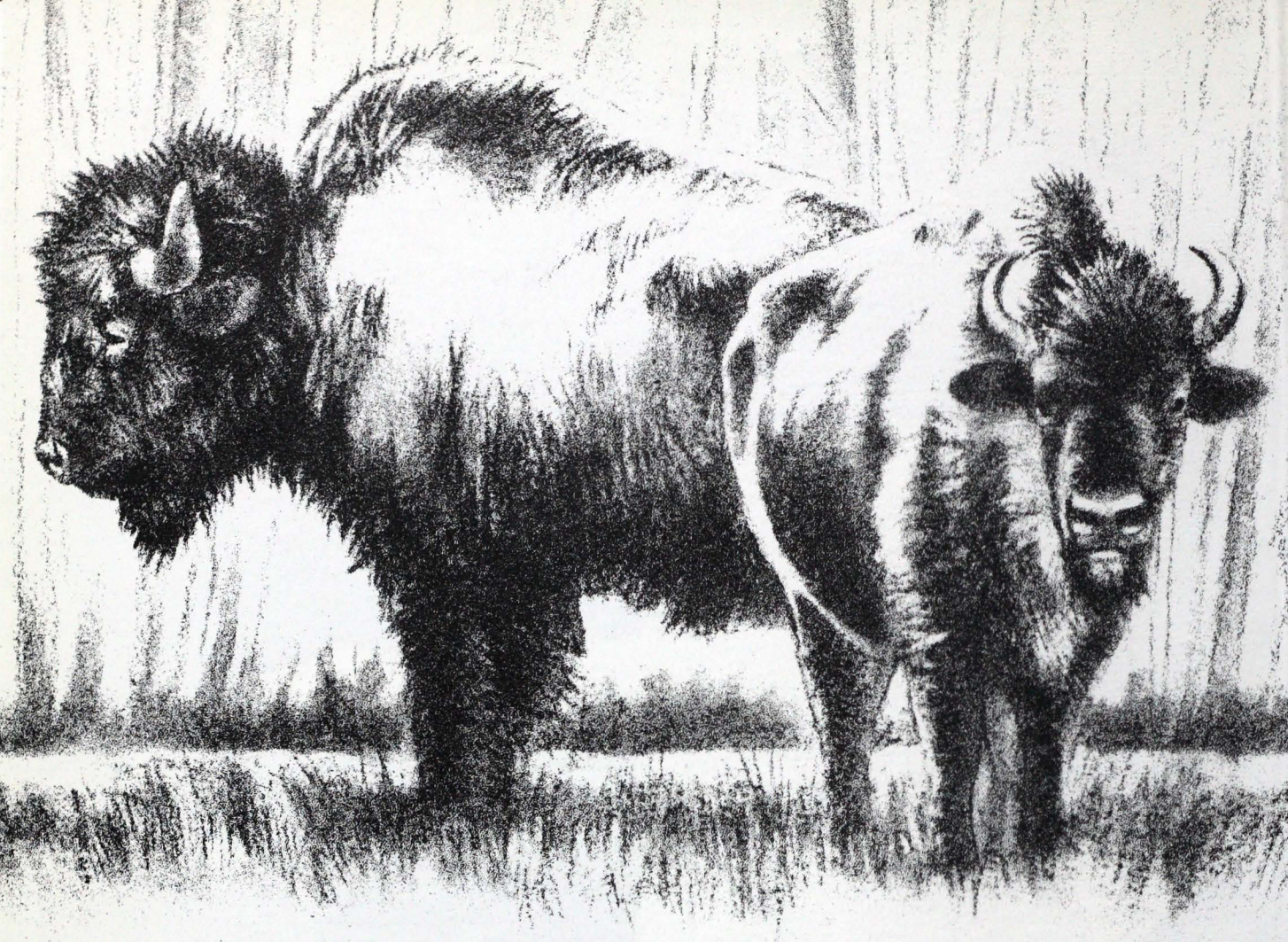
HEART CENTER

Life Beat

Osteopathic Medical Center of Texas

THE BEAT GOES ON . . .

See Page 8



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Part A Telephone Unit	214/470-0222
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Profile Questions	214/669-7408
Provider Numbers:	
Established new physician (solo)	214/669-6162
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All changes to existing provider number records	214/669-6158
Texas Medical Foundation	512/329-6610
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Texas Osteopathic Medical Association	817/336-0549 in Texas 800/444-TOMA Dallas Metro 429-9755 FAX No. 817/336-8801
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
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State Board of Health	512/458-7111
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Texas State Board of Medical Examiners (for disciplinary actions only)	800/248-4062
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For state narcotics number	512/465-2000 ext 3074
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Cancer Information Service	713/792-3245 in Texas 800/392-2040

TEXAS DO

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

FEATURES

DEPARTMENTS

TEXAS DO

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

January, 1993

Texas DO is the official publication of the Texas Osteopathic Medical Association.

Published eleven times a year, monthly except for May. Subscription price is $35.00 per year.

Printed by Cockrell Printing Company, 301 Galveston, Fort Worth, Texas 76104.

Published by
TEXAS OSTEOPATHIC MEDICAL ASSOCIATION
Volume XXXXX — No. 1 — January, 1993, ISSN 0275-1453
Publication Office — 226 Bailey, Fort Worth, Texas 76107
Phone: 817/336-0549 or 1/800/444-TOMA in Texas
Fax No. 817/336-8801
Copy deadline — 10th of month preceding publication

Calendar of Events

JANUARY

23

Risk Management Workshop
Osteopathic Health System of Texas
Location: 3715 Camp Bowie Blvd.
Fort Worth
Hours: 4 Category 1-B
Contact: Cindi Azuma
Osteopathic Health System of Texas
817/735-4466

FEBRUARY

2-3

Mid-Year Conference/Legislative Forum
Texas Osteopathic Medical Association
Location: Omni Hotel
Austin
Hours: 12 Category 1-B
Contact: TOMA
800/444-8662

19

Current Topics in Cardiovascular Medicine & Surgery
Osteopathic Health System of Texas
Location: 3715 Camp Bowie Blvd.
Fort Worth
Hours: 2 Category 1-A
Contact: Cindi Azuma
Osteopathic Health System of Texas
817/735-4466

20-21

Spring Board Prep Course
American Academy of Osteopathy
(in conjunction with Colorado Society)
Keystone Lodge & Resort
Keystone, CO
Hours: 18 Category 1-A
Contact: AAO
317/879-1881

MARCH

4-7

90th Annual Convention
Florida Osteopathic Medical Association
Doral Ocean Beach Resort, Miami
Hours: 30 Category 1-A
Contact: FOMA
904/878-7364

5-9

Ski-CME Seminar
Texas College of Osteopathic Medicin
& Osteopathic Health System of Tex
Location: Lake Tahoe, Nevada
Hours: 20 Category 1-A
Contact: TCOM
CME Department
817/735-2539

APRIL

16-17

Seventh Annual Spring Update for the Family Practitioner
Sponsored by Dallas Family Hospital and Texas College of Osteopathic Medicine
Location: Dallas Family Hospital
Hours: 10 Category 1-A
Contact: Nancy Popejoy
TCOM-CME Dept.
817/735-2539

24-25

Sutherland OMT
Cranial Academy, Sutherland's Methods of Treating the Rest of the Body
Location: Bedford
Hours: 16 Category 1-A
Contact: Conrad Speece, D.O.
214/321-2673
fax: 214/321-4329
(Attendance is limited, so early registration is recommended)

MAY

13-16

94th Annual Convention & Scientific Seminar
Texas Osteopathic Medical Association
Location: Stouffer Hotel
Arboretum Blvd. - Austin
Hours: 30 Category 1-A (tentative)
Contact: TOMA
800/444-8662

Articles in the *"Texas DO"* that mention the Texas Osteopathic Medical Association's position on state legislation are defined as "legislative advertising," according to Tex Govt Code Ann §305.027. Disclosure of the name and address of the person who contracts with the printer to publish the legislative advertising in the *"Texas DO"* is required by that law: Terry R. Boucher, Executive Director, TOMA, 226 Bailey Avenue, Fort Worth, Texas 76107.

Introducing 1993 TOMA Convention Speakers

Some outstanding speakers are being lined up for the educational portion of TOMA's Annual Convention and Scientific Seminar, to be held May 13-16 in Austin.

Mary Ann Block, D.O., of Fort Worth, will present *A Bio-Physiological Approach to the Treatment of Otitis Media* during the lecture sessions.

According to Dr. Block, persistent or chronic Otitis Media is one of the most common illnesses seen in the pediatric population. Many cases fail to resolve even with the use of long-term antibiotic therapy and/or tubes. This presentation will deal with the pathogenesis and current treatment of Otitis Media and will present a potentially safe, non-invasive protocol for its treatment.

A 1989 graduate of Texas College of Osteopathic Medicine, Dr. Block took her postgraduate training at Osteopathic Medical Center of Texas, in Fort Worth. She is currently in practice at the Osteopathic Manipulative Medicine Clinic at TCOM, where she serves as an assistant professor. Additionally, Dr. Block serves as a Clinical Clerkship Preceptor for TCOM students and Osteopathic Medical Center of Texas interns and residents.

She is a member of the American Osteopathic Association; American Academy of Osteopathy; American Academy of Environmental Medicine; TOMA: TCOM Alumni Association; Cranial Academy; Texas Academy of Osteopathy; Fort Worth Osteopathic Continuing Studies Group; Pan American Allergy Society; Texas Association for Children with Learning Disabilities; Sensory Integration International; and the American Academy of Environmental Medicine.

Other service and committees include Institutional Self-Study Educational Support Services Committee; Course Director Committee; Advisor for TCOM Chapter of Undergraduate American Academy of Osteopathy; Admissions Interviewer at TCOM; Advisor to the National Organization of Women, Physician's Association, at TCOM; and Advisor to the Health Promotions Committee of TCOM.

Panic and Anxiety Disorders: Causes and Treatment will be presented by David P. Colvin, D.O., of Fort Worth.

Dr. Colvin will update the clinician on the neurobiology of anxiety. Assessment and diagnosis of anxiety and panic disorders will be presented, and comorbid and confounding conditions will be briefly covered during his presentation. Treatment protocols will be described, highlighting selective therapeutics, and liability prevention and patient compliance will also be discussed.

A certified psychiatrist, Dr. Colvin serves as an assistant professor and clerkship director in the Department of Psychiatry and Human Behavior at TCOM. He graduated from TCOM in 1978 and interned at the Osteopathic Hospital of Detroit in Michigan. Dr. Colvin served a joint residency in psychiatry at USAF Medical Center, Wright Patterson AFB, Ohio, and Wright State Medical School. He is a Diplomate of the American Board of Psychiatry and Neurology.

Professional organizations include TOMA; AOA; American Board of Medical Specialists; American Psychiatric Association; American Society of Clinical Psychiatrists; and American Society of Psycho-Somatic Medicine.

William A. Pollan, D.O., M.P.H., of Ballinger, Texas, will update lecture attendees on *Occupational Disability, Determination and Impairment Ratings.*

According to Dr. Pollan, medical impairment/disability evaluation is a deviation from the norm for a physician. It requires a unique combination of interest, time, knowledge and credibility not usually encountered in standard medical practice. Dealing as an evaluator instead of a treating physician requires the utilization of both medical and non-medical information to arrive at conclusions utilized in an administrative/legal environment. The traditional doctor - patient relationship does not exist in this encounter. Your goal is to determine if maximum medical improvement has been reached and, if so, what impairment exists. The ability to make these decisions can be accomplished by any physician but requires specialized training and practice.

Dr. Pollan is in the private practice of preventive medicine/family practice/occupational medicine in Ballinger. A 1978 graduate of Kansas City College of Osteopathic Medicine (now known as the University of Health Sciences, College of Osteopathic Medicine), he received his Master in Public Health Degree in 1982 from the University of Texas School of Public Health in San Antonio. Dr. Pollan served his internship at Malcolm Grow Medical Center, Andrews Air Force Base, Maryland, and completed an aerospace medicine residency at the USAF School of Aerospace Medicine in Brooks Air Force Base, Texas.

In addition to his private practice, Dr. Pollan also serves as medical director of the Med Plus Occupational Medicine Program of San Angelo, which provides occupational medicine services for 368 employers and 18,755 employees; medical director for Employee Health and Safety at Shannon Medical Center in San Angelo, which provides medical supervision and program design for occupational health and safety for 1300 employees; and director of the Occupational Fitness and Rehabilitation Program at Angelo Clinic Association, San Angelo, which provides rehabilitation services, return to work programs for injured workers and medical impairment evaluations. ▶

He is certified in Aerospace Medicine by the American Board of Preventive Medicine, and in Occupational/Environmental Medicine and Aerospace/Preventive Medicine by the American Osteopathic Board of Preventive Medicine. Memberships include TOMA, in which he is a member of the Environmental Health and Preventive Medicine Committee; the AOA; American College of Occupational Environmental Medicine; American College of Preventive Medicine; American Osteopathic College of Preventive Medicine; American Academy of Disability Evaluating Physicians, in which he is a fellow; Aerospace Medical Association, in which he is an associate fellow; and the Texas Medical Foundation.

Dr. Pollan serves as the Balllinger City Health Officer; as a board member of Ballinger Memorial Hospital District; and as a board member of Runnels County Child Protective Services.

ADA Update for Total Diabetic Care will be presented by Richard A. Sachson, M.D., of Dallas.

Dr. Sachson serves as clinical professor of medicine at the University of Texas Southwestern Medical Center in Dallas; as a clinical endocrinologist at Endocrine Associates of Dallas P.A.; as medical director of the Diabetes Management Institute at St. Paul Hospital in Dallas; and as attending physician at both Presbyterian Hospital and St. Paul Hospital.

Dr. Sachson received his medical degree, graduating Summa Cum Laude, in 1968 from the State University of New York, Downstate Medical Center, Brooklyn, New York. He interned in the Department of Medicine at University of Chicago Hospitals, Illinois, where he also served a residency. From 1970-72, he served as a clinical associate at the National Institutes of Health in Bethesda, Maryland, and from 1972-74, was a clinical research fellow in the Endocrine Unit of Massachusetts General Hospital, Boston.

Dr. Sachson currently serves on the board of directors of the Dallas Chapter of the American Diabetes Association; is chairman of the Pharmacy and Therapeutics Commission at Presbyterian Hospital; is founding editor of Pharmacy Newsletter at Presbyterian; and serves on the editorial board of "Clinical Diabetes."

Memberships include the American Medical Association; Texas Medical Association; Alpha Omega Alpha (Downstate, 1967); American College of Physicians, in which he is a fellow; Dallas Academy of Internal Medicine; American Board of Internal Medicine; American Board of Endocrinology; American Diabetes Association; Dallas Internists Club; The Endocrine Society; and the Texas Endocrine and Diabetes Association.

G. Don Byrd, M.S., Ph.D., of Carrollton, will speak on *Health Promotion in the Workplace — Smoking Cessation.*

According to Dr. Byrd, this presentation will include an overview of the health consequences of active and passive smoking. The role of nicotine and the addictive agent of tobacco and its role as a component of smoking cessation programs will be examined. The presentation will conclude with a comparison of currently available nicotine delivery systems.

Dr. Byrd is a clinical pharmacologist-toxicologist, clinical pharmacist at Baylor University Medical Center in Dallas; a professional photographer at DonMar Studio in Carrollton; and a professional speaker, having delivered over 1,000 presentations to medical and pharmaceutical groups.

He received his B.S. in Pharmacy, Magna Cum Laude, in 1966 from Southwestern Oklahoma State University, School of Pharmacy, and his M.S. in Pharmacology-Toxicology, Magna Cum Laude, from Kansas University, School of Pharmacy in 1969. From 1972-73, Dr. Byrd was in a clinical residency at Indiana University Medical Center, Indianapolis, and in 1975, earned his Ph.D. in Clinical Pharmacy-Pharmacology, Summa Cum Laude, from Purdue University, School of Pharmacy and Pharmacal Sciences.

Memberships include the American Society of Hospital Pharmacists; Texas Society of Hospital Pharmacists: West Texas Pharmaceutical Association; Rho Chi; and Kappa Psi.

Edward G. Stiles, D.O., FAAO, of Oklahoma, will present two topics: *OMT in Respiratory Disease* and *OMT in Hospitalized Patients.*

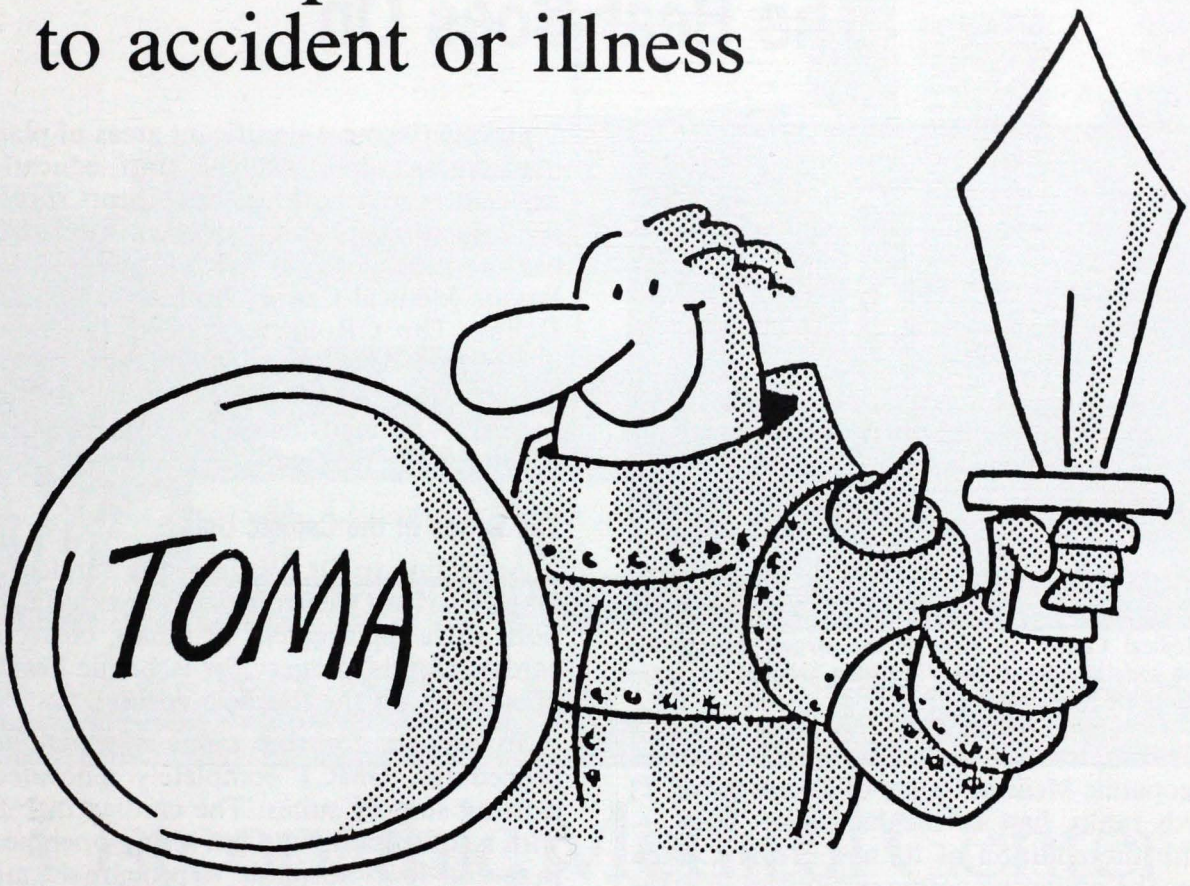
Dr. Stiles has a private manipulative practice in Norman, Oklahoma. He is a 1965 graduate of Kirksville College of Osteopathic Medicine and served an internship at Waterville Osteopathic Hospital in Waterville, Maine.

Besides his private practice, Dr. Stiles is a clinical adjunct professor in the Biomechanics Department of Michigan State University/College of Osteopathic Medicine; and is the director of the Advanced Muscle Energy CME courses and the Functional CME Course at MSU-COM.

Association memberships include the AOA; Oklahoma Osteopathic Association; American Academy of Osteopathy; and the North American Academy of Manual Medicine.

Dr. Stiles received TCOM's coveted Founder's Medal in 1981. In 1974 he developed the five level coding system for manipulative therapy and reimbursement for Maine Medicare intermediatory, which has since become the nationally accepted system. He is a member of Rotary International and a member of the AOA's Medical Economics Committee. From 1973-78, Dr. Stiles was director of Osteopathic Medicine at Waterville Osteopathic Hospital in Maine, where he established the first hospital-based manipulative service. ■

How to protect your future from catastrophic loss due to accident or illness



HEALTH INSURANCE - A Strategy For The `90s

The high cost, no guarantee system of health insurance coverage is an enemy that is battling ALL small employers, especially physicians.

Although a total victory over these problems may still be far away, TOMA has discovered a "knight in shining armor" for its members who can help shield the frustrations that managing health insurance (or the lack of) can cause.

TOMA has appointed DEAN, JACOBSON FINANCIAL SERVICES to battle the complexities of the health insurance environment for you. Insured through CNA Insurance Company (an A++ Excellent rated company with a long, successful record in the accident and health business) the TOMA plan offers superior Major Medical coverage to its members at very competitive rates.

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Deep in the Heart of Osteopathic Medicine, The Beat Goes On

Osteopathic Medical Center of Texas is the largest osteopathic institution in the state and the primary teaching hospital for Texas College of Osteopathic Medicine.

As the most complete provider of osteopathic services in Texas, Osteopathic Medical Center of Texans (OMCT) in Fort Worth ranks first in the hearts of Texas — especially with the addition of its new Heart Center. OMCT is now the only osteopathic institution in Texas offering a full range of cardiac services, including open heart surgery, heart catheterization, angiography, angiocardiography, angioplasty, a coronary care unit and a three-phase cardiac rehabilitation program.

"At OMCT we value the osteopathic approach to taking care of the whole patient, especially in the arena of cardiac care," said William E. Wallace, D.O., the new medical director of OMCT's Heart Center. "We stress continuity of care from diagnostic procedures all the way through cardiac rehabilitation."

Planning for the Heart Center

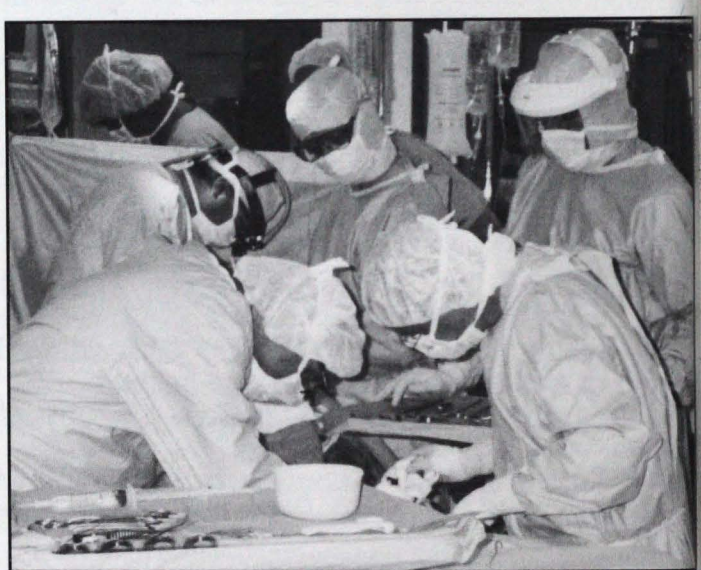
The planning for OMCT's cardiac unit, which has been named Life Beat, has been years in the making. A task force consisting of representatives from all areas in the medical center directly involved in open heart surgery convened for biweekly sessions to lay the foundation and organize plans for implementation of the advanced unit and its support areas. Chairman of the committee is Harris F. "Sam" Pearson, D.O., who also serves on the board of directors for Osteopathic Health System of Texas, the parent corporation for OMCT. "The task force members were seriously committed to this project and worked especially diligently these last 12 months to finalize our preparations," Dr. Pearson said. "Due to the extensive planning which went into this program, everything fell into place at the start-up date."

One of the most significant areas of planning for the new cardiac unit involved staff education. Nursing personnel from both the open heart surgery team and the coronary care unit underwent specialized training in cardiac procedures at Methodist Medical Center and Baylor Medical Center, both of which are located in Dallas. The OR nurses gained firsthand experience during open heart surgeries, and the coronary care nurses worked directly with the recovering open heart surgery patients. The hands-on training was invaluable in making ready for the new unit.

The Scope of the Cardiac Unit

According to Dr. Wallace, the surgical scope of the OMCT's Heart Center includes myocardial revascularization, valve replacement or repair, correction of intracardiac shunts, surgery for ischemic heart disease and operations on the thoracic aorta.

To prepare for this range of open heart surgical procedures, OMCT completely renovated one of its existing surgery suites. The cardiac task force worked with a consultant, who has set up open heart programs in several Texas hospitals, to procure the most advanced surgical equipment. In fact, the consultant praised OMCT as having "one of the best-prepared cardiac programs" she had ever seen.



OMCT began performing open heart procedures in the new Heart Center last September.

The coronary care unit, which receives patients after heart surgery, was furbished with state-of-the-art monitoring equipment. The coronary care team works closely with the cardiac surgeon and cardiologists to assist in patients' recuperation. ▸

Osteopathic Medical Center of Texas makes your practice perfect.

Enhance your practice by referring your patients to the largest and most complete provider of osteopathic services in the state: Osteopathic Medical Center of Texas.

Located in Fort Worth's Cultural District, OMCT offers 24-hour emergency care, comprehensive obstetric services and pediatric care, ICU/CCU, cardiac and pulmonary rehabilitation, surgery, radiology, psychiatry, hemodialysis, telemetry, an oncology unit, a skilled nursing facility, a hyperbaric chamber, a full-service laboratory and more.

When you refer your patients to OMCT, you remain the family physician of record and are informed on all medical care, which you can follow 24 hours a day on our toll-free phone line. After hospital treatment your patient is referred back to you for continued care.

While your patient is at OMCT, family members receive special assistance, including discounted hotel rates and free counseling.

For more information or to refer a patient, contact our Physician Support Services at 1-800-880-OMCT (6628).

Osteopathic Health System of Texas

3715 Camp Bowie Boulevard • Fort Worth, Texas 76107

In addition to open heart surgery capabilities, another exciting element of OMCT's Heart Center is the new cardiac catheterization laboratory. Opening this month, the new heart cath lab will expand the current services of the hospital to include complete diagnostics as well as interventional procedures such as percutaneous transluminal coronary angioplasty. The new cath lab allows cardiologists to perform the balloon angioplasty procedures with the backup of the open heart facilities, should any emergency arise.

The new cardiac cath lab is located in OMCT's new outpatient center adjoining the medical center. The centerpiece of the new lab is a catheterization camera, which produces high-resolution pictures of the heart and coronary arteries, valued at more than $1 million.

Patient-Support Services

Another important feature in OMCT's Heart Center is the close attention given to the varied needs of patients. Patient-support programs include pre-operative and post-operative patient education, nutrition and diet information, and a complete cardiac rehabilitation program.

To help relieve the anxiety of patients and families before open heart surgery, OMCT offers an extensive patient and family education program. A case manager for the cardiac program meets with the cardiac surgery patient and family before the procedure to provide pre-operative education, gives a tour of the unit, and explains the equipment used during surgery and later in critical

Members of OMCT's cardiac task force devoted hours of planning. *(l. to r.)* I. Philip Reese, D.O.; Lloyd Brooks, D.O.; Phillip Sowa; Kim Litton, MS, RN, CCRN; Harris F. Pearson, D.O.; Lucy Norris, MS, RN; William Wallace, D.O.; Betty White, MSN, RN; Ron Stephen; Diane Wright, BSN, RN; and Cheryl Crowley.

care. This case manager follows each patient throughout his hospitalization period and serves as a contact should he have questions or concerns after leaving OMCT.

OMCT has a thriving and comprehensive cardiac rehabilitation program. Under the direction of James W. Reznick, D.O., the Life Beat cardiac rehab offers three phases of recovery and maintenance sessions designed for men and women recovering from heart attack, heart

OMCT's first open heart surgery patient, Weldon H. Boyles, received much attention from the staff, including a visit from *(l. to r.)* Lloyd Brooks, D.O.; Harris F. "Sam" Pearson, D.O.; James Cogdill, D.O.; and William Wallace, D.O.

surgery or cardiovascular disease, as well as those at high risk of developing heart problems.

Phase I of cardiac rehabilitation begins during the hospitalization stage. In Phase I, patients receive cardiac education and begin exercise sessions as ordered by their cardiologist.

Phase II classes emphasize education for patients and families. Each cardiac rehab participant receives instruction on the cardiovascular disease process and its treatment, and counseling on lifestyle modification, including proper nutrition and menu planning, methods of weight control, the different types and purposes of medication, exercise protocol, and ways to reduce the risk of heart attack. Patients are prescribed active, personalized exercise regimens, which are closely monitored by the Cardiac Rehab team through frequent blood pressure checks and electrocardiograms. Phase II classes meet three times a week for a total of 12 weeks, 36 sessions in all.

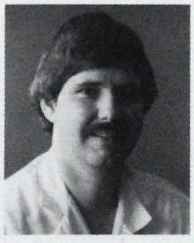
Life Beat's Phase III is a progressive extension of Phase II and an ongoing program of learning and exercise. Phase III participants are supervised and practice prevention through individualized workouts, circuit training, home exercise programs, cross training, aerobic conditioning and weight management. A support group is also in place to benefit participants. Phase III classes meet from one to three times a week.

OMCT's Life Beat cardiac rehab program enables participants to acquire good lifestyle and exercise habits, enhance their training and build self-confidence.

▶

Key Physicians in OMCT's Heart Center

William Wallace, D.O., is medical director of the new Heart Center and vice chief of staff at Osteopathic Medical Center of Texas. Board certified in thoracic/cardiovascular surgery, Dr. Wallace is a 1980 graduate of Texas College of Osteopathic Medicine (TCOM). He served an internship at Tulsa Regional Medical Center and a surgery residency at Dallas/Fort Worth Medical Center before training in cardiothoracic-vascular surgery wtih Denton A. Cooley, M.D., at the Texas Heart Institute in Houston.



James M. Cogdill, D.O., serves as the primary anesthesiologist for OMCT's cardiac program and is chairman of the Anesthesiology Department. Dr. Cogdill is board certified in anesthesia. He completed his anesthesia residency at Dallas/Fort Worth Medical Center and did his cardiac anesthesia training at St. Louis University. Dr. Cogdill graduated from TCOM in 1982.

Lloyd W. Brooks, D.O., is board certified in internal medicine with a subspecialty in cardiology. He served his internship at Dallas/Fort Worth Medical Center and a residency at OMCT after earning his medical degree in 1985 from TCOM, where he is now a clinical assistant professor. His felloship in cardiology was at the Detroit Heart Institute at Riverside Osteopathic Hospital in Michigan and Riverside Methodist Hospital in Ohio. Dr. Brooks is director of the Fort Worth Heart and Vascular Institute, and is one of the few cardiologists in the Fort Worth area currently performing a non-surgical revascularization procedure called peripheral percutaneous transluminal angioplasty (PTA) to treat hardening of the arteries in the limbs.

Russell Fisher, D.O., FACP, FCCP, FACC, is dual board certified in cardiology and internal medicine and subspecializes in electrophysiology. Dr. Fisher is a 1978 graduate of Philadelphia College of Osteopathic Medicine, and served an internship and residency at the U.S. Public Health Service Hospital in New York. He had fellowships in cardiology at Booth Memorial Medical Center and at the Cleveland Clinic Foundation where, along with New York Medical College, he also trained in electrophysiology.

I. Philip Reese, D.O., FACOI, is OMCT's director of Cardiology Services and chairman of the Department of Internal Medicine. Board certified in cardiology and internal medicine, he is a clinical assistant professor at TCOM. He earned his medical degree in 1975 from Philadelphia College of Osteopathic Medicine and served both an internship and a residency at Flint Osteopathic Hospital in Michigan. His cardiology fellowship was at St. Louis University. Dr. Reese says he applies his osteopathic training in his cardiology practice, and has found cranial sacral osteopathic manipulative medicine to be very successful in treating post-operative cardiac patients.

James W. Reznick, D.O., is director of the Cardiac Rehabilitation program at OMCT, and is board certified in internal medicine and cardiovascular medicine. Dr. Reznick earned a cardiology fellowship at the Chicago Osteopathic Medical Center. He served an internship and a residency at Metropolitan Hospital in Philadelphia and a residency at Chicago Osteopathic Medical Center. Dr. Reznick is a 1981 graduate of New York College of Osteopathic Medicine.

Referrals to OMCT's Heart Center

OMCT's Heart Center accepts patients by referrals for diagnostics and treatment, and works closely with the primary physician. Physicians may refer patients or obtain more information on cardiac services by contacting Dr. Wallace at (817) 877-3444. He may also be reached through OMCT at (817) 731-4311 or 1 (800) 725-6628 (OMCT).

For Cardiac Patients Referred to OMCT:

- Referring physician remains the family physician of record.
- Referring physicians are consulted regarding all medical care.
- Referring physicians can monitor their patients' care 24 hours a day on our toll-free telephone line, 1 (800) 725-6628.
- Referring physician's practice philosophy is reflected at our exclusively osteopathic medical environment.
- Patients are referred back to primary care physicians for continued care after hospital tareatment is complete.

OMCT has a special package intended to make referrals to OMCT easier on patients' families. For families of patients referred to OMCT, Residence Inn in Fort Worth offers a special hotel package featuring a $70 daily rate for a studio with living room and kitchen, complimentary daily breakfast, free van service from hotel for a 10-mile radius (including OMCT) and an afternoon hospitality room. OMCT also offers free counseling services 24 hours a day and a free meal in the OMCT cafeteria each day.

Upcoming Events at OMCT's Heart Center

In celebration of National Heart Month, OMCT has planned activities to acquaint physicians with the new Life Beat Heart Center and its capabilities.

Friday, February 19, 1993

Open House, noon to 2 p.m.

Continuing Medical Education, 3 to 5 p.m.

Two hours of Category 1-A CME offering will address Current Topics on Cardiovascular Medicine and Surgery. William Wallace, D.O., will lead the presentation with Russell Fisher, D.O.; I. Philip Reese, D.O.; and James Reznick, D.O. The CME will be in the Physicians Dining Room at OMCT. For more information, or to register, please call Cindi Azuma at (817) 735-4466.

Betsy Farmer is editor of Osteopathic Health System's biweekly publication and a frequent contributor to Texas DO.

TCOM Exerts "Substantial" Economic Impact, Economists Find

Texas College of Osteopathic Medicine exerts a "substantial, measurable" impact of nearly $140 million dollars on the Fort Worth and Texas economies, according to a economic impact study by the Center for Economic Development & Research at the University of North Texas.

Bernard L. Weinstein, Ph.D., and Harold T. Gross, Ph.D., the report's authors, found that the "combined local and statewide impacts from TCOM's payroll and procurement total nearly $140 million dollars in direct spending and enhanced economic output." The study determined that, in addition to the 866 full-time jobs at TCOM, the medical school's economic impact supports another 919 full-time jobs and contributes more than $750,000 in state and local sales tax revenue.

The study pointed out that TCOM provides significant low-cost or no-cost health care services to Fort Worth's indigent and medically underserved residents, public and private employers, and military retirees. These services, though more difficult to measure, "undoubtedly help to ease the financial burdens of social welfare agencies, businesses and taxpayers," the report concluded.

Among the "avoided costs" given as an example were TCOM's 25 general and specialty clinics and laboratories that annually handle 119,000 patient visits. Many of the patients are indigent or reside in a medically underserved neighborhood. "Although accurate data are difficult to come by, the value of TCOM's indigent care services has been estimated at nearly $1.7 million annually," the economists stated.

The analysis also cited TCOM's operation of the CHAMPUS Clinic at Carswell Air Force Base. It noted the medical school's new agreement with the Air Force that provides for TCOM to bill CHAMPUS for only 56 percent of the reimbursable rate and waives copayment requirements for CHAMPUS patients not on Medicare.

Additionally, the report noted the contributions of TCOM faculty physicians to the Tarrant County Medical Examiner's Office and the Public Health Department; the medical expertise provided regularly to public schools, child care centers, the Texas Department of Mental Health and Mental Retardation, and the Federal Correctional Institution; the response of the TCOM Health Sciences Library to more than 1,500 information requests monthly from local health care professionals and citizens; and TCOM faculty providing free physicals, health assessments, blood pressure checks and other services to thousands of Boy Scouts, Texas Special Olympians, area health fair participants and other residents.

Gross and Weinstein said that TCOM's direct and indirect economic impact could be expected to "increase significantly" if the Texas Legislature approves a proposal to create the University of North Texas Health Science Center at Fort Worth, with TCOM as the center's medical school cornerstone. They said the center's allied and public health graduates would help the Fort Worth-Dallas area overcome its shortage of skilled health professionals. "This contribution should not be underestimated," they advised. ■

How do you treat severe paralysis of the paycheck?

Medical school probably covered everything except how to deal with a disability. It can happen to anyone. Even you. In fact, if you're 35 now, you have a 45 percent chance of becoming disabled before age 65.[1] Without disability insurance, that's a 45 percent chance your income could wind up in critical condition. Should disability strike, how long could you keep your home? Make car payments? Provide for your family?

Provident, the nation's leader in individual non-cancellable disability insurance,[2] can provide the perfect prescription, offering comprehensive "your occupation" protection. That means Provident pays if you can no longer work in your own medical specialty regardless of how much you earn working in a new career or a new specialty. And the policy is non-cancellable, so your premium rate will be guaranteed for as long as you own the policy.[3]

Make an appointment for a disability insurance checkup. Call Dean, Jacobson Financial Services for more information about this important coverage. We have more than 25 years of experience in the medical profession. Discounts are available to TOMA members.

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

[2] Life Insurance Marketing and Research Association, 1992 survey, individual, non-cancellable disability income insurance as measured in annualized premium in force, new paid annualized premium, new paid policies, and policies in force.

[3] Coverage for mental disorders can be limited in certain circumstances for a reduced premium.

Dean, Jacobson Financial Services

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

Dallas/Fort Worth metro area:
(817) 429-0460 ■ (800) 321-0246

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The Bare-Bones, Low-Risk, Play-Or-Pay Insider's Guide to Health Reform Jargon

By Janice Somerville

Health reform has its own jargon, known only to the few. But you, too, can be one of the few, just by reading this handy guide to the language of health reform. Here's the lowdown on what the politicians are saying, and what they really mean by what they say.

Adverse Selection — The flip side of Darwinism. Fierce competition for healthiest individuals leaves Blues and other insurers with an increasingly sicker pool of enrollees.

All-Payer System — All insurers use same payment schedule.

Bare-Bones Health Plans — No posterior implants, inner child workshops included in these no-frills, low-cost policies. Many include only several days of hospitalization. All have huge deductibles, co-payments and low policy limits. Geared mainly for small businesses, who have not rushed to buy them. Over half of states have waived mandated health benefits to allow sales of these plans.

Blacklisting — Refusal by insurers to cover high-risk individuals, especially those who could inherit diseases, and high-risk industries and professions. The latter is also called redlining, industry screening.

Canadian-Style System — Commonly, a single-payer system, nationalized health care or socialized medicine. But Canada's system is none of these. It's national health insurance and 12 separate, single-payer systems with global budgets. Doctors are mainly self-employed, reimbursed under a negotiated fee schedule. Hospitals are about half government-owned, half publicly held nonprofits, reimbursed in set lump sums. Provinces approve technology and facility investments. Patients choose their own doctors.

Carving Out — Questionable and sometimes illegal insurer practice. Healthy individuals in small-employer groups buy group coverage, while sicker co-workers can only get expensive high-risk pool coverage.

CON — Certificate of need. Mandatory state approval for expensive medical equipment purchases or hospital construction. Big in the '70s, CONs are back in vogue.

Cherry-Picking — Selling Policies only to people who don't need medical care and dropping them once they do. Insurers say they have no choice. Also called cream skimming.

COBRA — Consolidated Omnibus Budget Reconciliation Act of 1985. Entitles ex-employees of companies with 20 or more workers to continue coverage under the group plan for 18 months after leaving. Small companies are fighting the act.

Community Care Networks — Centerpiece of American Hospital Association reform plan. Local groups of doctors and clinics, organized by hospitals, compete for contracts with group insurers and are responsible for providing care to enrolled individuals. Typically they're reimbursed on a capitated basis. Payment schedule set by an independent regulatory board.

Community Rating — Insurers once charged all businesses the same average rate within an area, regardless of size and medical history. Risk was spread across the entire community, so the healthy subsidized the unhealthy. New York recently mandated all insurers use this risk-rating system. Blues plans say they're losing out because most still community rate. See experience rating.

Consumer Choice — Gives consumers opportunity, incentive to shop around for insurance. Everyone gets a tax credit for buying insurance, which is mandatory. No tax break for companies that provide insurance. The poor get a tax refund. Modeled after Federal Employee Health Benefits Program, pushed by conservative Heritage Foundation. Also called market-based approach.

Coordinated Care — Clinton euphemism is collaborative care. His plan calls for more of it.

Cost Shifting — Hidden tax for uncompensated care. Private insurance premiums pay for the cost of treating the poor. Primary method of paying for indigent care in the United States, and some say primary cause of health insurance inflation. Now that employers are balking, the tactic is failing, along with inner-city hospitals.

Divide and Dump — Separating low-risk from high-risk workers and dumping the latter.

Employer Mandate — Requires employers to provide coverage or face stiff penalties. Nixon advocated it in the '70s. Hawaii implemented it in 1974.

ERISA — Employee Retirement Income Security Act of 1974. Exempts companies that self-insure, or fund their own insurance plans, from state regulations. Most large companies began to self-insure in the '80s. Now, 70 ▶

percent of firms with 5,000 or more workers do it. Only Hawaii has an ERISA waiver, allowing it to regulate such plans. The act is a major roadblock to state health reform, since it means states can't require the largest companies to provide insurance, pay premium taxes or cover mandated benefits.

Experience Rating — Commercial insurer system for determining risk, setting premiums. Now under fire. Rates are determined by the cost of a group's medical claims. Groups with the sickest workers get the biggest rate increases. Many are eventually dropped. May encourage employers to discriminate in hiring against people who were or are sick. Insurers say they have no choice.

Guaranty Fund — Pool covering benefits of insolvent insurers, designed to protect providers, consumers. All insurers are assessed to fund it. Only two states lack one, but less than half require the Blues to join. 1991 collapse of West Virginia Blues plan, leaving providers with the tab, highlighted the problem.

German-Style System — Regulated multipayer system. In Germany, about 1,200 nonprofit insurance plans — *Krankenkasse* or "sickness funds" — are organized by employers, labor unions and professional groups. They're funded by equal payroll taxes on employers and employees. Self-employed and wealthier workers can buy private insurance, but few do. Money is turned over to regional networks of doctors, who reimburse physicians in private practice, and to hospitals, who pay staff physicians. Government oversees fee negotiations that set global budget and cover poor, unemployed. Physician networks police members' utilization.

Global Budget — State or national cap on total health care expenditures. Designed to force providers, patients and payers to cut costs, make hard choices. Under American College of Physicians proposal, a national commission recommends budget to Congress, covering public and private spending and capital outlays.

High-Risk Pool — Social program or insurance plan? The debate continues. Interpretation affects financing, coverage and eligibility. More than half the states have these pools, offering coverage to individuals and small groups denied coverage or whose medical record makes rates out of reach. Insurers typically assessed to cover deficits. Pools have failed to become self-supporting through premiums, as hoped.

Job Lock — Staying in that job out of fear of losing health insurance coverage. Pre-existing condition waiting periods, high rates and outright denials plague individuals applying for new policies. Represents a major hidden cost of the current system.

Managed Care — Purists may disagree, but it doesn't just mean HMOs. Most say term also applies to indemnity insurers with utilization review. Basically uses financial incentives to persuade providers not to order unnecessary services, patients to use providers in the system and the organization to keep patients as healthy as possible.

Managed Competition — Any regulated free-market approach. Countless variations, with everyone claiming they offer it. Actually calls for individuals to buy health insurance as part of large groups, organized by sponsors. At least one of the sponsor's plans would offer free, basic coverage. Generally funded by payroll tax on employers, employees. Insurers would get a fixed fee for each enrollee.

Mandatory Assignment — Requires physicians to accept Medicare reimbursement as payment in full. (No balance billing.)

Medicaid Buy-In — Allows the uninsured to enroll in Medicaid by paying premiums on a sliding scale. Others say it's doomed to fail; no one wants to fund programs stigmatized as "welfare."

Medical IRAs — Put off that angioplasty, get a trip to Disney World. The money employers and employees spend on health benefits is set aside in tax-free employee accounts. At year-end, workers might be allowed to withdraw unused money or earn vacation days. Also called medical savings accounts.

Medical Underwriting — Euphemism for deciding who needs coverage, then denying it. Using health status of individuals and groups to determine rates, whether to provide coverage and under what conditions.

Multipayer System — Like the German system. Multiple payers, typically a private-public mix, reimburse providers. Vermont is studying multipayer plan using existing insurers, with a state or quasi-state agency regulating costs and insurance fees.

National Health Care — Government finances and delivers health care. But often a synonym for Canadian-style system (although Canada does not deliver care).

National Health Service — Government not only finances health care but also delivers it. Typically owns the hospitals and puts doctors on salary. Also nationalized health care. Sweden and the United Kingdom, e.g.

National Health Insurance — Government-paid health insurance for all. Different from nationalized health insurance, which is government as single payer.

Negotiated Fee Schedule — Fees set through collective bargaining. Usually used to help determine global budget. AMA wants the FTC to let organized medicine represent doctors in such negotiations. Also called negotiated payment schedule.

Open Enrollment — Insurers take all comers, regardless of medical history or occupation. Blues plans in at least

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13 states have it, also mandated for all insurers by Vermont, New York.

Play-Or-Else — See employer mandate.

Play-Or-Pay — Employers pay for health care or pay a tax. Money goes to public plan for the working uninsured and unemployed poor. Opponents say it's a poorly masked maneuver to get a single-payer system — employers would find it cheaper to pay the tax. Highly touted Massachusetts plan was supposed to start in 1992, but poor economy set date back to 1995. Favored by many Democratic leaders, although Clinton says his plan differs.

Pluralistic System — Care is delivered through variety of payment and delivery mechanisms, including fee-for-service, HMOs. Also means a mix of public and private insurance.

Portability — You don't lose car insurance when you change jobs, proponents say. Why should you lose health insurance? Proposal allows workers to keep the same insurance policy when they change or lose a job.

Predatory Pricing — "Cherry-Picking Techniques: The Sequel." Giving low-risk small groups and individuals a good price deal on health insurance, then raising rates as soon as they start filing claims. Also called price churning or churning the books.

Reinsurance Pool — Common fund to help insurers mitigate expected high losses from insuring high-risk groups and individuals. Only a handful of states have adopted these pools.

Single-Payer Plan — Single entity, usually government-run, reimburses all medical claims. Consumers typically pay a uniform tax rather than premiums. Money goes to a single health care trust fund, used only for health care expenditures.

Small-Employer Pool — Private or state-run organization of small employers, all joining to obtain insurance.

Small-Group Reform — Regulations for insurers selling policies to small businesses (usually 25 or fewer but sometimes as many as 100 workers) with goal of making insurance available and affordable. Most common type of state reform. Politically popular as no taxes are required. Blocks cherry-picking, predatory pricing, medical underwriting and other practices.

State Mandate — State laws requiring private insurers to cover everything from well baby care to hair transplants and herbal medicine. More than 900 of these and multiplying like rabbits. Bane of small group employers, who say they can't afford the added expense. ERISA exempts self-insured companies.

Unified Health Care System — Includes health insurance, workers' compensation and health-related auto insurance under one rubric. Advocates say it will cut administrative costs. Sweetener for business to win support for universal system.

Universal Coverage — Holy Grail of U.S. health care reform. Hopefully not as elusive. All 37 million uninsured Americans would finally have insurance.

Waiver — Permission to circumvent Medicaid, Medicare and ERISA rules, vital to comprehensive health reform. HCFA recently thwarted Oregon's so-called rationing plan by refusing to grant Medicaid waivers. ■

Alzheimer's Center to Open, Executive Director Named

Texas' first free-standing facility for the care of persons with Alzheimer's disease and related disorders, the James L. West Presbyterian Special Care Center in Fort Worth, is scheduled to open this summer.

The four-story building on the corner of Summit and Lancaster will provide a full continuum of care for over 100 residents and will include both daycare and short term respite care facilities for persons being cared for at home. Based upon a medical and social model, the center will avoid the use of medication or physical restraints to control behavior. The staff will be specifically trained to deal with the unique aspects of the residents' disease and the activity programs will stress music and touch therapy, physical exercise and the performance of familiar tasks such as gardening and the preparation of simple snacks.

Moira A. Reinhardt, formerly the founding administrator of Namaste Alzheimer Center in Colorado Springs, Colorado, has been named as the first Executive Director of the James L. West Presbyterian Special Care Center. A native of Scotland, she has an extensive background in the management of intensive care, hospice and Alzheimer's facilities. Trained as a medical/surgical nurse in Britain, she holds nursing registrations in both the U.S. and Scotland. She has served as executive director of the Pikes Peak Hospice, Inc., of Colorado Springs, and assisted in the founding of Namaste, the nation's second free-standing care facility for persons with Alzheimer's disease.

The groundbreaking for the James L. West Presbyterian Special Care Center was held February 26, 1992. Currently, the West Center offices are at 1600 Texas Street, Fort Worth, (817) 877-1199. ■

D.O.s IN THE NEWS

Editor's Note: *TOMA districts are encouraged to send in any news regarding TOMA members for submission in the "Texas DO." Send us information about awards, positions, items from your local papers and/or hospital newsletters, etc., and we'll make every effort to print them.*

Named Clinical Associate Professor. . .

Local Physician Tabbed For Posts

A Cameron physician has recently been appointed to an associate professor's post with the Texas College of Osteopathic Medicine at Fort Worth.

M. E. Thornton, D.O., owner and operator of the Cameron Family Medical Clinic, has been named a clinical associate professor for the Department of Family Practice at the Fort Worth school.

Additionally, Thornton has been elected as a delegate to the house of representatives of the Texas Osteopathic Medical Association and as vice-president of the association's District 18 division, which is comprised of members in Milam, Bell, Robertson, Falls and McLennan counties. The Texas Osteopathic Medical Association is based in Fort Worth.

"I'm thrilled and proud to have been selected as an associate professor," Thornton told *The Cameron Herald.* "Among other things, this will give me a chance to go to the campus and lecture to medical students."

"This is just a great honor," he added.

Thornton said the appointment was offered after he took a group of Yoe High School students to tour the medical school.

Thornton said as an associate professor, his Cameron clinic will also host 30-day visits by medical students.

"The visits will give students a hands on look at what practicing medicine in the real world, and in a rural community is like," Thornton said. "It's a chance to get out of the big city medical facilities and experience rural medicine."

NEED RURAL PHYSICIANS

"Rural Texas and rural America is in need of good physicians," Thornton said. "While there are plenty of benefits to practicing in urban areas, we want to show students that there are some very positive aspects to practicing in rural areas. It has been a very rewarding experience for me."

Thornton said he sees his election to posts with the Texas Osteopathic Medical Association as a chance to "provide a voice" for health care in rural America.

"Most of the association's representatives and delegates come from urban areas," Thornton said.

"Since I own and operate a rural clinic, I feel like this is a chance to express many of the problems and concerns that exist in the area of rural health care."

SHOULD HAVE A VOICE

"Small communities should have a voice in the decisions that affect all health care," he said.

Thornton served as an emergency room physician at a Wichita Falls hospital for five years before moving to Cameron and establishing his practice.

He opened his first Cameron clinic in 1986 and built and opened his present clinic, at 708 North Crockett, about three years ago.

Thornton and his wife, Jana, have two children, Kelly 3, and Phillip, 1.

Reprinted from the Cameron Herald

To The People of Wolfe City

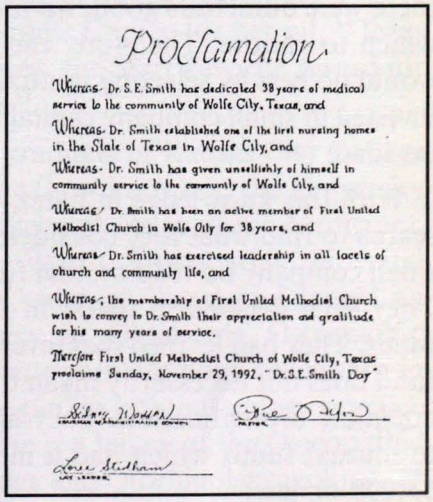
Although it has been thirty eight and a half years since I came to Wolfe City to be your doctor, it seems like only yesterday. I must confess that I was not enthralled by my first sight of Wolfe City. It was a cold, rainy and dreary day in February, 1954 when I drove up from Dallas after seeing a "doctor wanted" in our State journal. Many of the streets were yet to be paved and it seemed that black land mud was everywhere. What really excited me was the prospect of re-opening the hospital and feeling that I was needed here in Wolfe City; that was what prompted me to decide to begin my medical career in Wolfe City. I want to thank those who entrusted me with your most precious possesion — your health. I shall be eternally grateful to the teachers and doctors that served as my mentors and helped me prepare and support me in beginning my life's work here in Wolfe City. You people are to be complimented also. Prior to the advent of Medicare and Medicaid, the hospital and clinic accounts were paid by you better than 91 percent. Since Medicare and Medicaid the government has paid only 60-80 percent of their accounts.

I was deeply moved by the recognition I received at my church last Sunday. Alice and I have no plans to move from Wolfe City. As I begin my retirement this month we hope to travel some, visit our seven children and enjoy our nine grandchildren. We will be spending some time at our vacation home at Lakeway near Austin. Also we plan to take some courses at E.T.S.U. this spring.

Audrey Williams and I will continue to serve as co-administrators at the nursing home and I have arranged for Dr. Rick Selvaggi to be medical director for the nursing home patients.

Again, I am most grateful for the privilege of serving you these past years and your friendships.

Dr. S. E. Smith ■



Proclamation

Whereas- Dr. S. E. Smith has dedicated 38 years of medical service to the community of Wolfe City, Texas, and

Whereas- Dr. Smith established one of the first nursing homes in the State of Texas in Wolfe City, and

Whereas- Dr. Smith has given unselfishly of himself in community service to the community of Wolfe City, and

Whereas- Dr. Smith has been an active member of First United Methodist Church in Wolfe City for 38 years, and

Whereas- Dr. Smith has exercised leadership in all facets of church and community life, and

Whereas; the membership of First United Methodist Church wish to convey to Dr. Smith their appreciation and gratitude for his many years of service,

Therefore First United Methodist Church of Wolfe City, Texas proclaims Sunday, November 29, 1992, "Dr. S. E. Smith Day"

Past Performance Is No Guarantee of Future Results

"Past performance is no guarantee of future results." This is one statement which you will see in nearly every mutual fund advertisement which provides its past total returns. It may be in such small print that you need a magnifying glass to read it, but it will most likely be there. When you are seeking higher investment returns in either the stock or bond markets you can be assured of one thing: there are no guarantees of future performance. So how do you go about choosing the right mutual funds to meet your investment goals? There are two ways. You can either seek the services of a qualified investment advisor or you can do it yourself. If you decide to do it yourself, there are some very important steps which you need to take. These are research, research and more research.

The following is an example of two fictitious investors and the steps they took in choosing mutual funds that would meet their future financial goals. Background information on each investor is the same. They both started looking prior to September 30, 1991. Both are investing for retirement and they each have $15,000 to invest. They do not expect to retire for at least twenty years, and they do not have a qualified retirement plan available to them through their employers.

Both investors were uneducated about investing before they started their search for mutual funds. The first thing they learned was that, historically, stocks had better returns over the long term (more than 20 years in this example) than did bonds or money market instruments. The second thing they learned was that, historically, small company stocks had better returns than large company stocks over the long term. The third thing they learned was that they should limit themselves to no-load (i.e., no sales commissions) mutual funds since they were doing all of the work themselves. They did not see any reason to pay a sales commission on a mutual fund when there were numerous good, no-load mutual funds from which to choose. Therefore, each concluded that they would do best by selecting mutual funds that are mostly invested in small company capitalization stocks and have no load.

With this knowledge in hand, they both began their search to find what they considered to be the three best, small company no-load mutual funds in which to invest. They each decided to invest in three different mutual funds. They had learned that investing in just one mutual fund does not necessarily mean that they have obtained adequate diversification. They also limited themselves to mutual funds which had a minimum investment of $5,000 or less.

The first investor decided that he now had sufficient knowledge to select mutual funds which would meet his investment goals. All he had to do was find what he considered to be the three best, no-load, small company mutual funds. He did this by reviewing various financial related publications to see which mutual funds had the best year-to-date returns. From this list of mutual funds he limited his choices to funds which had a small company focus and had proven investment portfolio managers. Therefore, the three mutual funds which he selected were each near the top in total year-to-date 1991 returns. The mutual funds which he selected were (1) Twentieth Century Ultra, (2) Berger 100 and (3) The Kaufmann Fund. These all happened to be mutual funds which follow a growth philosophy.

The second investor proceeded to do more research before deciding on which no-load, small company mutual funds in which to invest. He found that, during 1991 and the two previous years, the best performing funds were those that invested in growth stocks as oppposed to those that invested in value stocks. The mutual funds which follow a growth investment philosophy tend to have above average price/earnings ratios and price/book ratios. The mutual funds which follow a value investment philosophy tend to have below average price/earnings ratios and price/book ratios. However, from other research he learned that, over the long term, there was no consensus by the experts as to which investment philosophy was the best. Since he wanted to try to limit the volatility of his mutual fund portfolio, he had decided to invest in mutual funds with three different investment philosophies. He selected a growth fund, a value fund and a fund which invested in both growth and value stocks, commonly known as a blend mutual fund. During his additional research, he also learned to avoid mutual funds with 12b-1 fees (hidden loads), or funds with deferred sales charges. *Note:* Two of the funds selected by the first investor have 12b-1 fees of one percent of net assets each year. By selecting funds which do not have any 12b-1 fees, he was minimizing the costs charged annually by the mutual funds. These costs were explained in last month's article. The three no-load, small company mutual funds which he invested in were (1) Janus Venture — a growth fund (2) Nicholas Limited Edition — a blend fund, and (3) Babson Enterprise — a value fund.

So who do you think selected the best mutual funds? Only time will tell. All of the funds selected by both investors are considered by most to be excellent mutual

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funds. For the year ended September 30, 1992, the returns of the above mutual funds and the stock market in general were as follows:

First Investor:	
Berger 100	6.97%
Kaufmann	7.15%
20th Century Ultra	1.24%
Portfolio Average	5.12%
S&P 500	11.02%
Second Investor:	
Babson Enterprise	19.46%
Janus Venture	6.68%
Nicholas Limited Edition	9.87%
Portfolio Average	12.00%
Wilshire 4500	9.57%

Notes: The Standard & Poor's 500 Composite Stock Price Index is an unmanaged index which emphasizes large-capitalization companies. It represents approximately 75% of the market capitalization of stocks in the United States.

The Wilshire 4500 Index is an unmanaged index which consists of more than 4,500 medium and small-capitalization companies. These are not included in the S&P 500 Index. It represents approximately the remaining 25% of the market capitalization of stocks in the United States.

During the year ended September 30, 1992, mutual funds which followed a value philosophy tended to out perform mutual funds which followed a growth philosophy. This may or may not continue in the future.

As of December 1, 1992, the Babson Enterprise, Janus Venture and Nicholas Limited Edition Funds are closed to new investors.

At the beginning of this article, it was mentioned that the most important steps to take when selecting mutual funds are research, research and more research. Do I believe that either investor in the above example did adequate research? No. They should have learned more information and statistics about each individual mutual fund. Other items to consider are the mutual fund's past risk (beta), its risk adjusted rewards (alpha), its standard deviation (the fund's short-term fluctuations), its R-Squared (the fund's movement that is explained by market conditions), its portfolio turnover rate (how often the manager buys or sells securities), its annual expense ratio, how often the fund retreats into a large cash position, its bias towards any particular sectors, and so forth. As shown, there are numerous items which should be considered when selecting a mutual fund. You can never be too sure when you are investing your money.

This article is designed to present information on the subjects discussed in general terms, and is not intended to be used as a basis for specific action without obtaining further professional advice. It is written and provided by Brian Jenke, Manager at Brantley, Frazier, Rogers & Company, P.C., an accounting firm founded in 1949 and located in Fort Worth. ■

Fort Worth Ophthalmologist Sponsors Competition for Senior Artists

The busy waiting room of H. William Ranelle, D.O., FOCOO, of Fort Worth, was temporarily transformed into a gallery for a special art competition in November that attracted entries from all parts of the Fort Worth area.

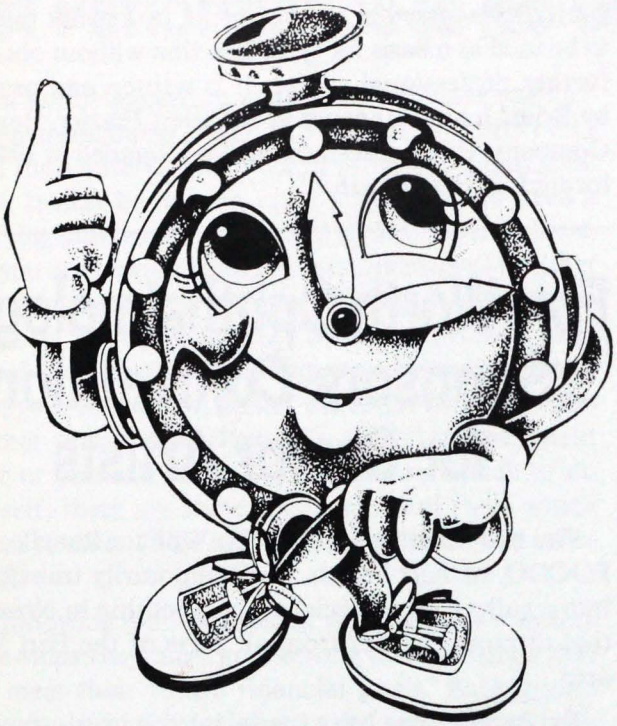
Dr. Ranelle, who has a special interest in art, sponsored the exhibition called "Reflections of the Mature Eye," which drew entries in a variety of media including pastel, oil, watercolor, acrylic and pen and ink. The competition was limited to artists at least 60 years old with entries completed within the last two years.

Marla Price, Director of Fort Worth's Modern Art Museum, served as juror for the competition.

Winning entries were announced at a reception held November 22 by Dr. Ranelle. First place was awarded to Fort Worth artist Rubye Francisco for her pastel, "A Still Life." Second and third place awards were presented to Henry Camp for his oil, "Born on the 4th of July," and Helen Stanley for her watercolor, "Moonlight Sonata."

The following artists received Honorable Mention awards: Grace Reasoner, Rubye Francisco, Paul Stern and Robert Johnson. Two special awards were made: Betty Richards received the Public Choice for her oil, "Texas Winter," and Jack Herweg, the Staff Favorite Award for his oil, "Hoop Dancer."

Dr. Ranelle is a 1968 graduate of Kansas City College of Osteopathic Medicine (now known as the University of Health Sciences, College of Osteopathic Medicine). He interned at Fort Worth Osteopathic Hospital (Osteopathic Medical Center of Texas) and served an ophthalmology residency at Oklahoma Osteopathic Hospital, followed by an ophthalmology fellowship in Houston. Dr. Ranelle began his ophthalmology practice in Fort Worth in 1973. He is a fellow of the Osteopathic College of Ophthalmology and Otorhinolaryngology. ■



It's Time For A Change

February 2 - 3, 1993
TOMA's Midyear Meeting
And Legislative Conference
Omni Hotel, Austin, Texas
CME Hours: 12 Category 1-B

The TOMA has a new program lined up for this year's Mid-Year meeting. Rather than the usual continuing medical education programs, we have something geared toward the business side of your practice. The program will consist of a one and one-half day seminar featuring topics such as basic and advance computer workshops, estate planning, Medicare coding, marketing your practice, practice management, etc. TOMA has structured the courses to either save you, the physician, money or enhance your practice.

TOMA encourages office staff and spouses to attend.

Complete the below registration form, clip and mail to TOMA today:

MID-YEAR MEETING/LEGISLATIVE CONFERENCE

February 2 - 3, 1993
Omni Hotel, Austin, Texas
(Call for Room Reservations 512/476-3700 before January 14)

FULL NAME (PLEASE PRINT CLEARLY) _____ FIRST NAME FOR BADGE _____

CITY _____ AOA NUMBER _____ COLLEGE/YEAR GRADUATED _____

GUEST NAME _____ GUEST NAME _____

FEES: $99 per physician
$49 per spouse or staff member

Price includes one and one-half days of business classes, breakfast, lunch, coffee breaks, and legislative reception.

TOMA's Midyear Conference/Legislative Forum

Omni Hotel, Austin, Texas **FEBRUARY 2 - 3, 1993**

FEBRUARY 2, 1993

12 Noon - 6:30 p.m. Board of Trustees' Meeting

5:00 - 8:00 p.m. Registration and Exhibits Open

6:00 - 7:00 p.m. Opening Dinner Buffet

7:00 - 9:00 p.m. *Marketing Your Osteopathic Practice*
Joan Anderson and Betsy Farmer
Osteopathic Health System of Texas

8:30 p.m. Coffee Break with Exhibitors

FEBRUARY 3, 1993

7:00 - 4:00 p.m. Registration/Exhibits Re-open

7:00 - 8:00 a.m. Breakfast with Exhibitors

8:00 - 9:00 a.m. *Everything You Wanted to Know About Computers but were too Embarrassed to Ask Your Children*
Steve Kruger, Ph.D.
TEI Computers, Dallas

Come to our open-forum discussion on computer terminology with any questions from the audience answered.

9:00 - 10:00 a.m. *Investing During the '90s Without a Crystal Ball*
Don A. "Jake" Jacobson, CLU, ChFC
Dean, Jacobson Financial Services, Fort Worth

Are you confused about the Ups and Downs in the Market? Find out how you can be successful in spite of all the uncertainties with the economy.

10:00 - 10:30 a.m. Break with Exhibitors

10:30 - 11:30 a.m. *Medicare Coding Information*
Don Self
Medical Consultants of Texas, Whitehouse

A one-hour symposium allowing physicians to bring their coding and charging questions and problems with Medicare, Medicaid, and private insurance for discussion. Don will be discussing problems that plague 90 percent of Texas practices. Issues discussed will include, but not be limited to, limiting charges, Medicare approved amounts, flu injections, changes in charging for OMT, X-ray charges, how to appeal claims and other topics that YOU bring up.

11:30 - 12:30 p.m. *Medicare Rules & Regulations*
Barbara Harvey
Blue Cross Blue Shield of Texas, Dallas

Results of the first year with the Physician Fee Schedule and the new evaluation and management codes and how this affects physicians' practices.

12:30 - 2:00 p.m. Luncheon
Ways to Protect Your Medical License
Homer Goehrs, M.D., Executive Director
Texas State Board of Medical Examiners

2:00 - 2:45 p.m. *How to Play the Insurance Game*
Rick S. Blauvelt, MHM
Pro-Physician Network

This course shows the tricks and methods of insurance processing. Carriers, HMO's and insurers play many games so they can become rich and physicians become poor. Learn the games of the carriers. Convert your claims...to cash!

2:45 - 3:30 p.m. *Tax Savings Through Estate Planning*
Jim Rogers, CPA
Brantley, Frazier, Rogers & Company, Fort Worth

In such a complicated world, we want to show you how to make your life less taxing. This presentation is designed to help you develop a strategy to lower or possibly eliminate estate taxes, and at the same time, reduce income taxes. Most importantly, we want to show you how to accomplish this safely to keep you clean with the IRS.

3:30 - 4:00 p.m. Break with Exhibitors

4:00 - 5:00 p.m. *Four Pillars of Accounts Receivable Management*
Keith Mahoney, I.C. Systems, Inc.

An overview to acquaint doctors with the fundamentals of credit and collection practices, so that they can more effectively supervise their employees who are responsible for these functions. The four pillars being: Policies, Procedures, People and Partners.

5:30 - 7:00 p.m. Reception with the Texas Legislators

■

In Memoriam

RUSSELL B. BUNN, D.O.

Dr. Russell Bunn of Mount Enterprise passed away on November 30, 1992, in Verdugo Hills Hospital in Glendale, California, after a brief illness. He was 80 years of age.

Funeral services were held in Laird Funeral Home Chapel in Nacogdoches with interment in Woodlawn Cemetery in Mt. Enterprise.

Dr. Bunn was born May 28, 1912 in Oakland County, Michigan. He served his country in Australia from 1942 to 1946 during World War II, earning the rank of Major in the Air Corps.

He graduated from Des Moines Still College of Osteopathy and Surgery in 1949 (now the University of Osteopathic Medicine and Health Sciences, Des Moines, Iowa) and completed an internship at New Mexico Osteopathic Hospital in 1950.

He practiced in Iowa and South Dakota before opening his office in Mt. Enterprise on July 4, 1956. He served the community as a general practitioner until December 4, 1989. Since that time, he had been actively engaged in osteopathic manipulation treatments until his death.

Dr. Bunn was a life member of both Texas Osteopathic Medical Association and the American Osteopathic Association. He held an honorary membership in the Alumni Association of Texas College of Osteopathic Medicine since March 20, 1978. Other memberships included TOMA District III, American Legion Post #345, and the Nacogdoches Seventh Day Adventist Church, where he held the position of head elder.

Dr. Bunn was preceded in death by his wife, Evelyn.

Survivors include his wife, Mary Bunn of Mt. Enterprise; two sons, James Bunn of San Diego, California, and Gregory Bunn of Los Angeles, California; two step children, Craig Rawson of Omaha, Nebraska, and Carllene Rawson of Mt. Enterprise; two grandchildren, Annemarie Bunn and Katherine Rawson; and several nieces and nephews.

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

JOSEPH G. BROWN, D.O.

Dr. Joseph G. Brown of Amarillo passed away November 13, 1992 in Canyon, Texas. Services were held November 16 at Burks-Walker-Tippit Funeral Chapel in Tyler, with burial in Rose Hill Cemetery, Tyler.

Dr. Brown received his D.O. degree in 1924 from Kirksville College of Osteopathic Medicine. He married Virginia Thompson in 1926. She preceded him in death.

In 1924 Dr. Brown opened his practice in Mineral Wells, and in 1948 moved to Tyler, where he practiced until his retirement. In 1987, he moved to Amarillo.

Dr. Brown was certified in proctology. He was a life member of both TOMA and the AOA. Other memberships included TOMA District I and Marvin United Methodist Church.

Survivors include a niece, Betty LaGrone of Amarillo.

The family requests memorials be to a favorite charity.

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

Judge Refuses to Enjoin TWCC from Enforcing Hospital Fee Limits

A state district judge denied a request to enjoin the Texas Workers' Compensation Commission (TWCC) from enforcing limits on the fees that hospitals may charge for treating patients with work-related injuries or illnesses.

The Texas Hospital Association, the Dallas-Fort Worth Hospital Council, Memorial Healthcare System of Houston and Hendrick Medical Center of Abilene had asked Travis County District Judge Joe Dibrell to issue a temporary injunction to stop the TWCC from enforcing the Acute Care Hospital Fee Guideline. The guideline remains in effect pending the outcome of a lawsuit filed by the hospitals to permanently set aside the guideline.

The guideline went into effect on September 1, just days after the lawsuit was filed. In an initial hearing on August 28, Travis County District Judge Scott McCown denied the hospitals' request to bar implementation of the fee guideline until the temporary injunction hearing. The temporary injunction hearing was held in Austin on October 12-13. In the ruling released November 24, Dibrell said the hospitals had failed to prove that continued enforcement of the fee limits until the lawsuit is settled would cause irreparable harm.

A hearing on whether to permanently set aside the fee guideline will be held sometime this year.

The Acute Care Hospital Fee Guideline, established by Commission Rule 134.400, is one of several adopted by the TWCC to control workers' compensation-related medical costs. The Texas Legislature in 1987 mandated that the Texas Industrial Accident Board, which then administered the state's workers' compensation system, set limits on the amount hospitals and other health care providers may be reimbursed by insurance companies for treating workers' compensation patients. In 1989, the Legislature created the Texas Workers' Compensation Commission to oversee the workers' compensation system and expanded the requirement to implement fee guidelines. The Texas Hospital Association and other health care organizations have legally challenged all attempts by the TWCC and the Industrial Accident Board to adopt a hospital fee guideline. ■

Self's Tips & Tidings

Don Self, Medical Consultants of Texas

INSURANCE COMPANY MUST HONOR ASSIGNMENT

President Bush signed House Bill 5677 (HHS FY 93) into law on October 5, restricting payment on paper claims to not be paid in less than 27 days from the date the carrier receives the claim, retroactive to October 1, 1992, per HCFA. Claims submitted electronically (ECS) may be paid no sooner than 14 days from receipt (with exceptions). These deadlines are designed to encourage all providers to file claims via ECS. HCFA's goal is to have 75 percent of Part B claims filed ECS in 1993. In the past, HCFA has interpreted these laws to be "working days" and it is still uncertain if they will apply these limitations to the new law or not. If they do, you should not expect to see paper claims paid in less than 5½ weeks.

MEDICARE CUTBACKS — PANELS

Without waiting for the new administration to begin reductions, HCFA has changed the reimbursement for lab panel codes (80050 - 80099). Claiming there is such a disparity of what tests are included in panels, HCFA has instructed Medicare to reject these panel codes, and require codes 8002 - 80019 be used for those tests which are relatively minor. Codes 80002 - 80019, as defined in the 1992 CPT, are for Automated Multichannel tests, such as: Cholesterol, Creatinine, Glucose, Potassium, BUN, Uric Acid, etc....

If you normally require three of these tests and a CBC as part of your general health screen panel (80050), immediately, you need to start charging for codes 85024 (CBC) and 80003 (three multichannel tests). You will find your reimbursement GREATLY reduced, by this new coding system which applies strictly to Medicare (until the other carriers catch on). **Example:** in the past you were paid $30.56 for code 80050, and under this coding, you will be paid $23.93 (if your GHS includes three tests previously shown and CBC). If it only includes four of the multichannel tests, your income will be reduced to $10.69. Once more, Medicare has found another way to reduce their reimbursement. If you wish to mail or fax us a breakdown of what lab tests are included (and medically necessary) in the panels you now charge for, we will return to you a breakdown of the charges we recommend for each. This offer applies, free of charge, to our retainer clients only.

DOPPLERS & RIPOFF

An Internal Medicine client called us about a Doppler machine that performs four or five dopplers at a time (on a patient) and because it was so superior to all others, Medicare would automatically approve all of the dopplers for simple diagnosis, such as Diabetes, Claudication, etc. This machine, costing $125,000 would ensure the physician was paid more than $500 by Medicare and the physician would pay $750 per month lease payments and $225 per series. The doppler was sold by a Florida firm that did not believe in "bothering" their current clients with referral calls and consequently did not give names of clients. In MY OPINION, after talking to Medicare and the home office of the sales firm, IT IS A RIPOFF! If in doubt about a buy that sounds too good to be true...it probably is (Excluding Medical Consultants of Texas).

LESION TREATMENTS

A recent Medicare newsletter caused consternation in many offices, due to Medicare using inflated fees as an example of what physicians could charge for lesion excisions. In their example, they used $150 and $185 as examples of Limiting Charges on codes 11051 & 11052 respectively. These amounts were inflated by 500 percent, as most physicians have L.C.s between $28 to $41 for these codes and we received calls from physicians asking why their L.C.s were not as high as those in the example. We wrote to Medicare requesting they use more realistic figures in their examples.

EKG INTERP — WANT IT?

The House recently passed HR 11 which includes provisions to reinstate payments for EKG interpretations. They gave it to the Senate, where it is being held until Clinton takes office, since it would inevitably be vetoed by President Bush. This bill contains 34 other Medicare amendments, as well as an ENORMOUS increase in estate taxes, which would be vetoed by Bush. Knowing this, the Senate has decided to hold onto the bill until a "friend" gets into the White House to ensure its passage, but do physicians really want it? Part of the provisions also remove the "new doctor" penalties at the expense of the reimbursement rates for primary care physicians. Currently, the interp. reimbursement is included in the RVUs for the visits, which would be substantially reduced if the bill is passed. Also included in this bill is an extension to 30 days for Medicare interest, new balance billing limits on assistant surgery, GPCI reductions, revisions of info required on Part B claims and requirements that carriers post Limiting Charges on EOMBs mailed to patients. If these are not enough reasons for you to pray this bill is defeated, the primary reason Bush promised a veto is the Estate Tax revisions. Under this bill, ALL assets over $200,000 (including life insurance, accounts receivable, home, furniture, autos, and business) will be taxed at a rate between 45 percent to 57 percent upon transfer of the estate. You wonder why Don Self does not trust Democrats? ▶

NON ASSIGNED — SCREENING

One of the 34 other amendments also call for Medicare carriers to "screen" EVERY non-assigned claim for proper charging practice by the provider. This would not only slow down the payments on the claims, thereby reducing PATIENT'S reimbursement, but would also result in an increasing magnitude of denials, thereby resulting in physicians having to REFUND Medicare patients. We HIGHLY recommend YOU write to your Senators (Gramm & Bentson — who will run again in 94) and encourage your patients to do the same. If this bill receives the approval of the Senate and the signature of Clinton, every physician, every one that owns a home, and EVERY patient will suffer.

1993 UPDATES — TO BE?

Physicians will receive updates in the RVU and GPCI amounts, effective January 1, 1993. The updates are expected to increase 1.4 - 3.2 percent. Unfortunately, after taking into effect a five percent reduction in the Limiting Charge updates (from 120 percent to 115 percent of the MFS), some physicians may see their Limiting Charges actually lowered in 1993. Also, the "Government Program Health Care Reductions" promised by the winning Presidential candidate also remain to be seen put into action. Due to these anticipated reductions, we are encouraging all of our clients to start marketing their practices to the younger, more affluent patients, in order to offset the expected reductions in government income.

OTHER NOTES FROM DON

PARENTS — Did you know that Time-Warner (the promoters of ICE-T and the Cop Killer songs and the producers of Madonna and her book SEX) owns Time Magazine, People Magazine, Sports Illustrated, HBO and Cinemax? Many that are offended by the songs promoting the killing of our police and the filth in magazines were not aware they were supporting the same. I, for one, refuse to support it. If you want more info like this...let me know.

I hope none are offended by comments in this issue of S.T.A.T. I do not apologize for the comments I make either in my newsletters, workshops or conversation, as there is no doubt to their accuracy in my opinion. One reason many physicians use our service is they know that I will give them the truth and not hedge around.

More than ever before, physicians need to be aware of the business side of their practice so that proper planning, and structuring of the business may take place.

We've been asked on a number of occasions to help practices find ways to retain their patients when hospitals (with large advertising budgets) bring in competition. While marketing is not our forte, several ideas have seemed to help. You may wish to have a friend sit in your reception area sometime, when the doctor is running late and listen to your patients.

Are they sitting there looking at each other or outdated magazines, constantly glancing at their watch?

Why not install a medium size television, turned to Nickelodeon? You may find their humor is much better when they finally get to see the doctor. Is your practice geared towards the elderly? Why not have a student come in during the afternoons in a patient service role, helping them find magazines, getting them drinks, answering questions. When they're not busy at that, they can help your staff with filing or patient recall phone calls. When was the last time you notified your patients of the absurdity in having multiple supplemental policies? You may wish to consider publishing a one or two page newsletter each month or each quarter. It's not expensive, and can be a great marketing tool as many patients share them with their friends, which in turn brings in more patients.

Do you wait for Medicare to pay before you bill your patients? There is no need to, when you know the Medicare approved amounts. Why not go ahead and collect the 20 percent of the approved amount on assigned claims, while the patient is in your office? It reduces the need to send a statement later.

Did you hear about the man that kept his toupee in a safe deposit box? It was his hairloom.

Has anyone heard about the Canadian Federal Government Bill C-69, passed on February 1, 1991? Of course not! The law eliminates the transfer of funds to the provinces to pay health care costs, signalling the death of the Canadian Health Care experiment. According to Health Care experts in Canada, the demise of the Canadian Healthcare System could occur as early as 1994. It's interesting to know that this bill was passed almost two years ago, but the American politicians and media has touted the Canadian system as the system we "need." It hasn't worked in England, Germany and Canada, but it will "fix" our problems. We recommend you start notifying your colleagues and your patients of this Canadian law, in hopes they will start writing to their media and politicians against socialized medicine in our country.

HCFA has classified telephone calls as being part of the evaluation and management service, thereby making it illegal to charge Medicare patients for phone calls, where it has been legal in the past. You are still allowed to charge non-Medicare patients for phone calls, using the appropriate CPT codes. ■

TOMA OMT Workbook Updated

TOMA's *Osteopathic Manipulative Management Workbook* has been updated to comply with the latest rules and regulations regarding reimbursement under different programs. Call TOMA for the updated copy at 1-800-444-TOMA.

Health Care Professionals Can Suffer Employment Law Wounds

Medical doctors, dentists, chiropractors and other health care professionals often find themselves in hot water when it comes to day-to-day employment law issues. In most instances problems arise because there are too many demands on the employer's time, resulting in too little attention to employee relationships. Consequently, a large number of unemployment claims filed with the Texas Employment Commission originate from the health care community.

Health care industry employers could save financial costs and frustration by taking time to understand the following premises.

First, health care professionals do not enjoy special safeguards simply because they employ small staffs. Even small work forces can have numerous and often large problems.

Second, although all employers are frustrated by governmental intervention, and all government regulators recognize health care professionals are busy — the law is the law. When a legal issue arises, there is no "comfort zone" or leniency granted because an employer is involved in the health care industry.

Costly mistakes are common to the health care industry. Many can be remedied easily. Some common mistakes include:

- Missing TEC notice deadlines because no one is completely responsible for processing incoming mail
- Missing a TEC hearing because of a last minute emergency call
- Incurring a tax increase (which remains in effect for three consecutive years) because the employer does not understand the legal status of temporary help or "on call' workers
- Experiencing a TEC tax audit because the employer misinterprets the term "contract labor" and misclassifies workers
- Being assessed large payments or penalties under the Texas Payday Law because the office has no written handbook or guide establishing company policy
- Being exposed to a sexual harassment or discrimination complaint because the office has no established procedure for grievances.

Some Quick Advice

There are other problem areas, but this list is indicative of what occurs in the industry. Remedies include:

- Designate a responsible person to develop well-thought-out policies and procedures, and have that person call 1-800-TEC-MARY for resource materials and assistance.
- Arrange for the office manager to attend a Texas Business Council conference if possible. There, the manager will learn about ever-changing laws and how to deal with state agencies that tax or regulate business. Watch future issues of *Texas Business Today* for the 1993 schedule.
- When in doubt, wait. Personnel decisions can always be delayed long enough to seek advice. Keep these telephone numbers handy:

Commissioner Mary Scott Nabers
1-800-TEC-MARY
Texas Labor Law Unit
1-800-TEC-WAGE
Texas Commission on
Human Rights
512-837-8534
U.S. Department of Labor
Wage and Hour Division
Regional Offices:

Corpus Christi	512-888-3156
Dallas	214-767-6294
Houston	713-750-1682
San Antonio	512-229-4515

Workers' Compensation Commission
Employer information
512-440-3536

Solutions to Some Common Problems

Health care professionals should be aware of some of the common problems in the industry. For example, conflicts often surface when an employer intervenes in disputes or disagreements between patients and employees. If a patient complains to a doctor about a receptionist's or nurse's rudeness, the doctor may be compelled to side with the patient. It is the nature of this business that the employer tends to support the patient — although unintentionally. Employers should investigate such complaints completely and objectively. Disciplinary action should be taken only when the findings of the investigation warrant such action.

If an employee is fired over an incident, it will be necessary for the employer to prove misconduct to protect the employer's TEC tax account from benefits chargeback. Because of the understandable need to protect a patient's privacy, and for reasons of convenience or protocol, employers are often reluctant to call on a patient to take part in a TEC hearing. However, without sworn firsthand testimony, the employer's case is an almost certain loser. There is absolutely no substitute for firsthand testimony from the complaining patient if a disgruntled employee denies wrongdoing under oath. ▶

One approach to avoid such a dilemma is to elicit a documented statement from the employee shortly after the patient complains to the employer. Avoiding confrontation, the employer should allow the employee to talk about the incident. This approach allows employers to point out possible inappropriate behavior while it is still fresh in the employee's mind. If the employee is guilty of actions warranting termination, it is best to get the information in writing.

Help for a Day Can Be Costly

Because health care professionals generally employ very small office staffs, it is not uncommon to experience problems when an employee is absent from work for some period of time. Unfortunately, many employers do not realize hiring one person to work "when needed" can create unemployment liability in the future.

It does not matter if the temporary employee understands the job is only on an "as needed" basis, or understands he is only being hired to work for one week or one day. An employer creates some percentage of liability every time a person is called to work temporarily.

Another common pitfall for health care professionals occurs when hiring former employees on an "as needed" basis. Former employees seem to be a logical choice to keep "on call" because they know office procedures. But employers should beware: the decision to pay unemployment to an individual is based on the *last separation from employment*. Even if the employee originally quit or was fired for misconduct, the employer must pay benefits based on the last work separation. When on-call employment ends, TEC considers the separation a layoff. The employee will be eligible for benefits chargeable to the employer. The amount of liability to the employer will include *all previous employment recorded in the base period*. This can be very expensive!

To avoid this problem, many health care professionals use temporary agencies. Temporary help agencies incur all tax chargeback liability and the employer's tax account is unaffected.

Conclusion

As employers, health care professionals must respond to complicated employment law issues today. This article focuses on a few strategies for dealing with some of the problems associated with employment issues. Using the strategies with a healthy dose of common sense can lead to a favorable prognosis for the health care industry.

Reprinted from TexasBusiness Today, November 1992

EEOC Goes Undercover In U.S. Companies

The Equal Employment Opportunity Commission is going undercover to find out if company interviewers comply with discrimination laws. EEOC "testers" (disguised as job applicants) are soliciting interviews to determine if a company discriminates against any protected classes. For protection, businesses should be sure certain groups are not disproportionately represented in their organizations. Criteria such as leadership and teamwork need to be clearly defined in policy manuals, and objective reasons for not hiring someone should be specifically documented. It is illegal to base a hiring decision on an individual's race, religion, sex, national origin, age or disability ■

Postdoctoral Physicians Hold Record Annual Meeting

The American Association of Osteopathic Postgraduate Physicians (AAOPP) held its annual meeting on October 31 - November 1, 1992 in San Diego, California, just prior to the AOA National Convention and Scientific Seminar. The theme of the AAOPP meeting and educational seminar was "Your Osteopathic Future — The Second Century."

Topics of discussion included the osteopathic certification process, osteopathic practice opportunities, negotiating physician contracts, and legislative concerns. Guest speakers included Joseph Fusco, Ph.D. from AOA Department of Education, Lillian Monhait of Retis Association, and Betsy Beckwith, Director of Governmental Relations for the AOA. AOA President Edward Loniewski, D.O., President-Elect Laurence Bouchard, D.O. as well as Kathleen Brennen, President of the Association of Osteopathic State Executive Directors (AOSED) all addressed the future of the osteopathic profession and how postgraduate physicians can become involved in shaping their future.

An awards luncheon was sponsored by Fisons Pharmaceuticals, and the program concluded with a Burroughs-Wellcome awards program and reception to honor selected postgraduate physicians.

The national elections were held for the AAOPP 1992-93 Board of Directors. The following D.O.s were elected as officers:

President — Teresa Hubka, D.O.
Vice President — Jim Lally, D.O.
Secretary — Ed Loniewski, D.O.
Treasurer — Bob Suter, D.O.
Immediate Past President — Jennifer Baskin, D.O.

The following regional chairpersons round out the 1992/93 Board of Directors:

Region I (Northeast):
Chairman — Shawn Cannon, D.O.
Vice Chairman — Glen Rauchwarg, D.O.

Region II (North):
Chairperson — Annette Carron, D.O.
Vice Chairman — Andy Hughes, D.O.

Region III (Southeast):
Chairman — Art Calise, D.O.
Vice Chairman — Dan Sullivan, D.O.

Region IV (Midwest):
Chairperson — Jackie Stoken, D.O.
Vice Chairperson — Barbara Hodne, D.O.

Region V (South):
Chairman — Kipp Van Camp, D.O.
Vice Chairman — Scott Fox, D.O.

Region VI (West):
Chairperson — Heidi McNulty, D.O.
Vice Chairperson — John Hermann, D.O.

The main goal of AAOPP is to improve the quality of our educational programs and to increase the osteopathic postgraduate physician's communication and participation within the osteopathic profession. AAOPP's new Board of Directors held their first business meeting following the educational seminar and set goals to develop Intern and Resident representation at all levels within the osteopathic profession. There is much more work that lies ahead for AAOPP and representation is needed from Interns, Residents and Fellows in state osteopathic societies and osteopathic specialty colleges.

For more information call Teresa Hubka, D.O. at (312) 404-2339; Jim Lally, D.O. at (714) 984-4141 or Jodi Hier Sampson at the AOA Membership office 1-800-621-1773. ■

Critical Need for GP's Cited In Report

A federal advisory panel has warned, in a report by the Council on Graduate Medical Education, that the shortage of general physicians and abundance of specialists must be reversed in order to allow any beneficial changes to be made to the nation's healthcare system. Approximately one-third of doctors today are family physicians, internists and pediatricians. The radio becan changing in 1962 when physicians began branching out into specialties.

Additionally, the distribution of physicians is an area which must be addressed. Inner-city and rural areas continue to be plagued by a physician shortage, making access to care nearly impossible. If all uninsured Americans were suddenly given coverage, says the report, such protection would be useless without access to general physicians.

The report said that the proliferation of specialists adds to the escalating costs of healthcare because of more intense medical services per visit.

The ultimate goal, as cited by the report, is a healthcare system in which 50 percent of doctors are general physicians. The recommendation is to create a commission which would determine physician needs on a local, regional and national basis, and to offer incentives as encouragement to enter general practice. ■

Report Paints U.S. Public Health As Dismal

In a health evaluation released by the American Public Health Association, the U.S. has failed due to unhealthy environment, excessive poverty, lack of access to health care and other factors. The central issues are poverty and commitment to disease prevention.

The state-by-state breakdown evaluated five indicators of the public's health: 1. healthy behaviors; 2. healthy neighborhoods; 3. access to medical care; 4. healthy environment; and 5. community health service.

Texas ranked in the lowest quarter for access to medical care and in the bottom half for healthy environment, healthy neighborhoods and community health services. Texas tied for 50th place with New Mexico in the percentage of people without insurance, at 26 percent, and its highest score was in the area of healthy behaviors. Additionally, Texas scored 48th in Medicaid coverage for the poor.

States scoring the best were Hawaii, Maryland, New York, Vermont, Virginia and Washington. Overall, the U.S. ranks 19th in infant mortality, 28th in low birthweight babies, and eighth in the percentage of children vaccinated against polio. ■

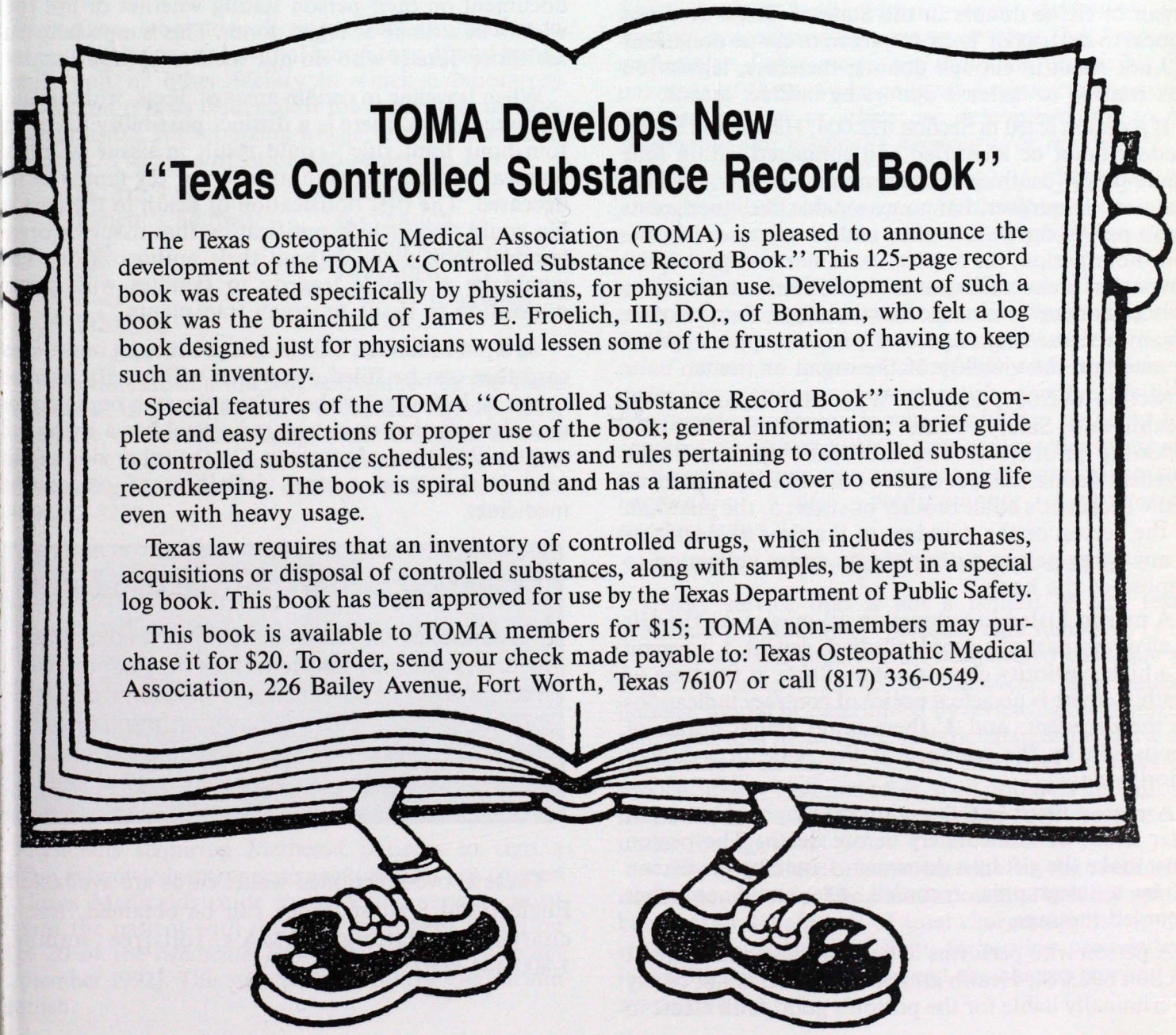
TOMA Develops New "Texas Controlled Substance Record Book"

The Texas Osteopathic Medical Association (TOMA) is pleased to announce the development of the TOMA "Controlled Substance Record Book." This 125-page record book was created specifically by physicians, for physician use. Development of such a book was the brainchild of James E. Froelich, III, D.O., of Bonham, who felt a log book designed just for physicians would lessen some of the frustration of having to keep such an inventory.

Special features of the TOMA "Controlled Substance Record Book" include complete and easy directions for proper use of the book; general information; a brief guide to controlled substance schedules; and laws and rules pertaining to controlled substance recordkeeping. The book is spiral bound and has a laminated cover to ensure long life even with heavy usage.

Texas law requires that an inventory of controlled drugs, which includes purchases, acquisitions or disposal of controlled substances, along with samples, be kept in a special log book. This book has been approved for use by the Texas Department of Public Safety.

This book is available to TOMA members for $15; TOMA non-members may purchase it for $20. To order, send your check made payable to: Texas Osteopathic Medical Association, 226 Bailey Avenue, Fort Worth, Texas 76107 or call (817) 336-0549.



Texas ACGP Update

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

As we enter a new year, there are great expectations regarding proposed changes in our current healthcare system. These high expectations should be tempered with a large dose of realism. Those scarce healthcare dollars did not become more plentiful with an election. Tough decisions regarding how that shrinking healthcare dollar is to be spent must be made. The osteopathic medical profession must not be a spectator. It must be actively involved in the decision-making process in order to protect the rights of patients who choose osteopathic medical care.

The Texas legislature has quietly passed several items of legislation which are noble in purpose but devious in intent. The purpose was to increase the number of organ or tissue donors in the State of Texas. A direct appeal to citizens of Texas for organ or tissue donations did not result in enough donors; therefore, legislation was enacted to increase donors by indirect means.

If a person listed in Section 692.004, Health and Safety Code, cannot be identified and contacted within four hours after death is pronounced and the medical examiner determines that no reasonable likelihood exists that a person can be identified and contacted during the four-hour period, the medical examiner may permit the removal of a visceral organ or tissue. In this subsection, "visceral organ" means the heart, kidneys, liver, or other organ or tissue that requires a patient support system to maintain the viability of the organ or tissue.

Section 692.004, Persons Who May Execute Gift, Health and Safety Code, subsection (a), lists the following priority: 1. The decedent's spouse; 2. the decedent's adult child; 3. either of the decedent's parents; 4. the decedent's adult brother or sister; 5. the guardian of the person or the decedent at the time of death; or 6. any other person authorized or under obligation to dispose of the body.

A person Listed in Subsection (a) may make the gift of all or any part of a decedent's body only if: 1. a person in a higher priority class is not available at the time of death; 2. there is no actual notice of contrary indications by the decedent; and 3. there is no actual notice of opposition by the member of the same or a higher priority class.

A person listed in Subsection (a) may make the gift after death or immediately before death. The person must make the gift by a document signed by the person or by a telegraphic, recorded, telephonic, or other recorded message.

A person who performs in good faith in carrying out Section 692.004, Health and Safety Code, is not civilly or criminally liable for the person's good faith effort to comply with this section. The Texas Legislature's state position is that "because swiftness of action is require in organ and tissue donation situations, good faith erro are preferable to delay as a matter of public policy."

The problem with this law is that the medical examin may authorize the removal of organs and tissues f transplantation if the deceased is not a declared don and if the family cannot be located after a search of least four hours. This has shifted the burden of pro of donor status from the state (personal driver's licen or personal identification card) to that of the decease

Because this law is not well publicized, the gener public is unaware of the importance of carrying document on their person stating whether or not th wish to be a tissue or organ donor. This is especially tr for those Texans who do not wish to be donors.

When traveling in certain areas of Texas, without suc documentation, there is a distinct possibility that "t four-hour limit rule" could result in tissue or orga removal without the authorization of the family of t deceased. The first notification of death to the next kin could also include notification that tissue or orga removal took place without their authorization. Th would be a double tragedy to families with stron opposition to tissue or organ transplants.

As a public service, TOMA has produced a wallet-size card that can be filled out which will specify wheth or not an individual wishes to be a tissue or organ don and also whether or not an individual has a living w or durable power of attorney. On the other side of th card is the most current definition of osteopath medicine:

DEFINITION OF OSTEOPATHIC MEDICINE:

"Osteopathic Medicine: a system of medical care with a philosophy that combines the needs of the patient with current practice of medicine, surgery and obstetrics, and emphasis on the interrelationships between structure and function, and an appreciation of the body's ability to heal itself."

These above-mentioned wallet cards are available i English and Spanish. They can be obtained, free charge, by calling TOMA's toll-free numbe 1-800-444-8662.

It is TOMA's goal to distribute these cards to the general public so that the decision to be an organ or tissue donor in Texas is that of the individual citizen, and not that of the State of Texas by default.

The implementation of "beneficial" social policies should never be at the expense of one's personal liberties. We encourage Texas D.O.s to offer this service to their patients.

In a recent conversation with Robert MacLean, M.D., Deputy Commissioner of TDH, it was brought to my attention that acute occupational pesticide poisoning was, by Texas law, a reportable occupational disease.

In 1985, the 69th Legislature passed the Texas Occupational Disease Reporting Act (Texas Health and Safety Code, Chapter 84) which requires the reporting of four occupational conditions to the Texas Department of Health: 1. Adult elevated blood lead levels (levels at or above 40 micrograms per ug/dl). 2. Acute occupational pesticide poisoning. 3. Silicosis 4. Asbestosis.

Physicians, laboratory directors, and any person in charge of a clinical or hospital laboratory, blood bank, mobile unit or other facility in which a laboratory examination reveals evidence of the reportable disease, are responsible for reporting to the Texas Department of Health. The type of information needed is:

- Patient's name
- Patient's address
- Age
- Sex
- Race
- Ethnicity
- Patient's occupation
- Patient's employer
- Diagnosis
- Date of Diagnosis
- Name of Physician

Additional information will be obtained by the Texas Department of Health staff. Procedures for reporting are similar to those for Texas communicable disease reporting. Case reports can be made directly to the Epidemiology Division, by calling a toll-free number: 1-800-252-8239.

Case reporting forms are available to mail the information to TDH. Call the toll-free number to obtain forms. Case reports can be made to the local or regional staff who will transmit the information to the TDH central office.

In a recent conversation with Robert Pendergrass, M.D., National Heritage Insurance Company Medical Director, a clarification of several items in the *October 1992 Texas Medicaid Bulletin, No. 92,* was sought — Medicaid written acknowledgement and Clinical Laboratory Improvement Amendment (CLIA) update.

Physicians requiring Medicaid patients to sign a written acknowledgement statement (services not covered by Texas Medicaid) prior to rendering services must present the patient with the exact statement found on page 20 of the *Medicaid Provider Procedure Manual* September 1992). This statement appears in English and Spanish.

NHIC reimburses only services that are medically necessary or benefits of special preventive and screening programs such as family planning and EPSDT. Hospital admissions denied by the Texas Medical Review Program (TMRP) also come under this policy. A provider may bill a client for a claim denied as not being medically necessary or not a part of a covered preventive family planning or EPSDT service if both of the following conditions are met:

- A specific service or item is provided at the request of the client
- The provider has obtained and retained a written acknowledgment, signed by the client, that states:

"I understand that, in the opinion of (provider's name), the services or items that I have requested to be provided to me on (dates of service) may not be covered under the Texas Medical Assistance Program as being reasonable and medically necessary for my care. I understand that the Texas Department of Human Services or its health insuring agent determines the medical necessity of the services or items that I request and receive. I also understand that I am responsible for payment of the services or items I request and receive if these services or items are determined not to be reasonable and medically necessary for my care."

"Comprendo que, según la opinión (nombre del proveedor), es posible que Medicaid no cubra los servicios o las provisiones que solicite (fecha del servicio) p o r no considerarios razonables ni médicamente necesarios para mi salud. Comprendo que el Departmento de Servicios Humanos de Texas o su agente de seguros de salud determina la necesidad médica de los servicios o de las provisiones que el cliente solicite o reciba. También comprendo que tengo la responsabilidad de pagar los servicios o provisones que solicite y que reciba si después se determina que esos servicios y provisones no son razonables ni médicamente necesarios para mi salud."

A provider may bill the following to a client:

- Any service that is not a benefit of the Texas Medicaid program (e.g., personal care items)
- All services incurred on noncovered days due to eligibility or spell of illness limitation. Total patient liability should be determined by reviewing the itemized statement and identifying specific charges incurred on the noncovered day(s). NOTE: Effective for dates of service June 1, 1991 and after, spell of illness limitations do not apply to medically necessary stays for persons under the age of 21 years.
- The reduction in payment due to the medically needy spend down. The client's potential liability would be equal to the amount of total charges applied to the spend down. Charges to clients for services provided on ineligible days must not exceed the charges applied to spend down. ▶

As soon as available, physicians are encouraged to forward a copy of their laboratory registration certificate with the CLIA I.D. number to NHIC's Provider and Enrollment Department, National Heritage Insurance Company, 11044 Research Boulevard, Building C, Austin, Texas 78759-5239. In the near future, NHIC will not reimburse for laboratory studies without the CLIA I.D. number.

The OMT Workbook compiled by TOMA has been updated as of November 1992. To obtain a revised copy, simply call TOMA at 1-800-444-8662.

The annual meeting of the Congress of Delegates for the national ACGP will take place March 17-21, 1993, at the Peabody Hotel in Orlando, Florida. The Texas ACGP delegates to this meeting will be contacted in the near future. We are looking for volunteers to represent Texas ACGP as alternate delegates. If you are interested, contact Keri Frugé. This will enable Dr. Rodney Wiseman, the current Texas ACGP President, to select replacements so that the Texas ACGP will have their full complement of voting delegates at this meeting.

In closing, I would like to remind everyone that the Texas ACGP 1993 dues statement will include a request for candidates for the annual GP of the Year award.

Only Texas ACGP members in good standing can submit nominees for the General Practitioner of the Year for 1993. The proposed nominee must be offered by a Texas ACGP member and the nominee shall possess the following requirements: 1. must be a member of the National ACGP. (Texas recipients are automatically forwarded to the National ACGP Awards Committee for national consideration; 2. the nominee can be shown to have made outstanding contributions to his or her profession and community, depictive of the unselfish devotion in serving others; 3. the nominees must have been in active general practice for at least the past 15 years, or the past 10 years plus an internship or residency in general practice; 4. the name and completed supportive information shall be forwarded to the secretary of the Texas ACGP for consideration by the Awards Committee.

The nominators should supply as much detail as possible for the consideratioin of their nominee. The nominator should supply at least one (two preferred) black and white (no color photos, please), four by six or five by seven photos of the nominee, if at all possible. The Texas ACGP secretary will contact the nominee, if necessary, in an effort to complete the needed data on all candidates.

This is the highest award that the Texas ACGP can offer to a member. Please take the time to nominate a worthy candidate for 1993. ■

Endorsed Company Offers Ethical, Effective Collections

Is it ethical for a health care professional to try t collect delinquent accounts? Even to the extent of turnin the debts over to a third party, like a collection agency

By inclination and training, health care professiona and their staffs are nurturing people. Urging patients t pay their bills just isn't their style. Yet ignoring overdu accounts is bad business. Like any business, a health ca practice must stay financially sound, or it won't surviv You have to pay your bills; it's not unethical to expe your patients to pay theirs, even if you have to use a agency to collect the delinquent accounts.

For assistance, you can turn to I.C. System, the natio wide collection service that is endorsed by this associatio and 1,100 other business and professional organization I.C. System is aware of health care offices' speci relationships with their patients. It respects their need to protect their reputations in the community, an understands that they may want to retain their patient after the bills are collected.

I.C. System's collection programs are flexible and ca be matched to an office's particular collection needs If your debts are generally under $100, the Rapi Recovery™ program may be ideal for you. It provide a series of collection letters. While firm, the tone of th letters is appropriate for a health care creditor. The cos is often less than it would be if your own office sent ou the letters.

If your debts are over $100, you may qualify for th Recovery Plus™ program. It begins with the sam series of collection letters. If your debts are not collecte by the letters, the accounts may be transferred into mor intensive collection activity that includes telephon contacts.

Depending upon the age, size and type of your debts Premier Collect™ may be the proper collectio program for you. It is a full service collection program Optional services like debtor tracing, credit reports an litigation referral are available with it and Recover Plus™. An I.C. System representative will advise yo on which collection program fits your specific needs.

I.C. System has been in business since 1938 and serve clients in all 50 states. It is an ethical and effective deb management company that is widely used by health car professionals. To learn how I.C. System can help yo solve your accounts receivable problems, contact ou association office or call I.C. System on a toll-fre number: 800-325-6884. ■

Public Health Notes

Tobacco-Free Texas

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

Not long ago, I attended the "Tobacco-Free Texas" planning meeting in Austin which was sponsored by the Texas Partnership for Tobacco Prevention and Control, Texas Cancer Council, Texas Department of Health, and Texas Health Foundation. The purpose of this meeting was to initiate the development of a coalition that would provide information on tobacco education and cessation services, support local and state policy initiatives for tobacco prevention and control, and support implementation of non-smoking policies at the state and local levels. Coincidentally, at the same time I was attending this meeting, our AIDS Outreach Center was holding a "Shopping Fling" sponsored by Virginia Slims. Virginia Slims are cigarettes, manufactured by the Philip Morris Company. Philip Morris is the largest cigarette manufacturer in the United States. Along with Virginia Slims, it manufactures Marlboro, Benson & Hedges, and numerous other "name" and generic brand tobacco products.

The Philip Morris Company is not only the largest cigarette manufacturer in the U.S., but has become a diversified corporation that sells cigarettes, instruments of death, throughout the world. Philip Morris has become the 14th largest corporation in the world with international sales of $48 billion dollars. The other large sellers of cigarettes are R. J. Reynolds-Nabisco, Brown and Williams, Lorillard, American Brands, and the Liggett Group. The cigarette companies have the largest promotional budget of any business in the nation. Of those companies, Philip Morris has the largest advertising budget. The strategy of these companies is to associate smoking with trendiness, fun, virility, youth, athletic ability, and style in the case of Virginia Slims. As I pointed out to the Executive Director of the AIDS Outreach Center, these tobacco companies are not really selling any of the things mentioned above — they are selling death and disease, dressed in stylish fashions, and in the name of having a good time. They use sports events and the promise of being "in" to promote the use of a very harmful and addictive product.

This is presented to you not to indicate that we in Public Health oppose the services that organizations such as the AIDS Outraeach Center provide; it is presented rather to pose a question. That question is, Should we promote one killer in order to gain money to battle another? In Texas, the health care costs associated with smoking exceeds $3 billion dollars per year. I suggest that if these funds were channeled elsewhere, we would have a rather outstanding HIV services system in our state. More than 23,000 Texans die each year as a result of tobacco, more than twice the cumulative number of AIDS deaths for the past 12 years.

According to Surgeon General Antonia Novello, M.D., 20 percent of heart disease deaths are attributable to smoking; 30 percent of cancer deaths are attributable to smoking. Clearly, smoking contributes significantly to the #1 and #2 causes of death in the United States. Of the greatest concern is the fact that smoking begins primarily during childhood and adolescence. Tobacco companies target young people in their advertising campaigns. In addition, ethnic and racial minorities are heavily targeted in such advertising campaigns. These campaigns tell us that smoking is associated with youth, virility, and fun. They do not tell us that smoking is associated with lung disease, cancer, and heart disease. It is also important to note that recently the Surgeon General and the National Academy of Sciences have stated that second-hand exposure to smoke from cigarettes belonging to others in our immediate environment increases the risk of developing lung cancer for the non-smoker.

The most recent publication of the Texas Department of Health contains the following information for 1989: the cost of smoking to the State of Texas in that year was over $3 billion dollars; the revenue collected by the state in tobacco excise tax was only $399 million dollars. In that year, the deaths of 23,254 Texans were attributed to smoking. Smoking thus causes the loss of many years of productive life and costs the citizens of Texas much more than is generated in revenue from the sale of tobacco products. In fact, the excise tax on the sale of cigarettes in the United States is one of the lowest in the world; it ranges from as low as $.02 per pack in some of the tobacco producing states up to $.40 per pack in other states as of 1988. Compare this to some countries which fund the health care services related to tobacco through the excise tax process. In certain countries the excise tax for tobacco exceeds $2.00 per pack of cigarettes.

We, as a medical community, should support the total elimination of tobacco products from our society. In particular, we should support stronger legislation to prohibit the provision of tobacco products to minors. In the upcoming session of the Texas Legislature, bills dealing with increasing the tobacco excise tax and strengthening the law in regard to provision of tobacco products to minors will be introduced. I call on the Texas Osteopathic Medical Association to strongly support this legislation. ■

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Medicare Patients May Contract for Private Care

Medicare carriers have been telling physicians that the only way out of Medicare is to die, retire, surrender their license, or stop providing Medicare-covered services to Medicare-eligible patients.

If Medicare patients wished to obtain the treatment of their choice, free of increasing government restrictions, they were told to withdraw from Part B, thereby becoming uninsured for physicians' and out-patient services.

Such carrier statements do not have the force of law. In fact, they were disavowed in open court by attorneys representing the Department of Health and Human Services (HHS) in the case of *Stewart versus Sullivan*. Plaintiffs in the lawsuit, five Medicare-eligible patients and their private physician, Lois J. Copeland, M.D., of Hillsdale, New Jersey, asked the U.S. District Court in Newark to declare their right to contract privately for medical services without filing a Medicare claim, on a service-by-service basis.

The Department of HHS contested the lawsuit aggressively, contending that the physician's only conceivable motive was a desire to overcharge her patients, and that any patient wishing to turn down a government check was "certifiably insane."

During oral argument, Judge Nicholas Politan asked the U.S. attorney the source of carriers' statements that seemed to prohibit private contracting.

"We don't know where those statements come from," said U.S. attorney Peter Robbins.

Mr. Robbins also "didn't know" whether the Secretary of HHS interpreted the Medicare Act to prohibit private agreements. He "didn't know" whether the Secretary would try to sanction Dr. Copeland for treating patients outside the Medicare program.

Given such statements by the U.S. attorney, along with various internally contradictory statements in correspondence from HHS, the Judge concluded that the Secretary had failed to articulate a clear policy against private contracting. Judge Politan also noted that the Secretary had not formally promulgated any regulations in the *Federal Register*. He stated that "[n]either the statutes nor the regulations expressly address the issue of whether disenrollment on a partial or service-by-service basis is acceptable under the Medicare program."

Because Medicare intermediaries have no legal enforcement powers, they are incapable of issuing a "ripe threat" against a physician.

There being no "ripe" threat of sanctions against physicians who serve Medicare-eligible patients outside the Medicare program, the Judge granted the defendant's motion to dismiss the case. However, he found for the plaintiffs on two crucial jurisdictional issues. *If* the Secretary *had* a clearly articulated policy against private agreements, this would constitute an "injury in fact" giving both the patients and physician standing to sue. Furthermore, the plaintiff physician would *not* be required to exhaust all administrative remedies since she was not challenging an actual sanction but an alleged policy that would subject a physician to the threat of sanctions.

Plaintiffs did not challenge charge limits or claims submission requirements in those instances in which a beneficiary seeks reimbursement from the government. However, they argued that these rules apply *only* when services are rendered "for which payment is made under [Part B]." They contended that Medicare rules do *not* apply when *no* Medicare payment is sought and no Medicare claim is submitted, that is, when "the government is excluded from the transaction."

The outcome of the case is an "absolute victory for the plaintiffs," according to Kent Masterson Brown, General Counsel for the Association of American Physicians and Surgeons (AAPS).

"If the Secretary *does* come forth with a clear policy, we'll be back in court immediately," he said. "At present, there is nothing to prevent patients from seeking private care on a case by case basis."

On reaching the age of 65, patients become *entitled* to Medicare benefits. This entitlement does not *require* patients to use those benefits to the exclusion of all other methods of providing for medical care (such as self payment), Brown stated.

Congress could amend the Medicare Act to deny the freedom of choice that the original act guaranteed. But this action can be taken only by Congress, through the legislative process, not by Medicare intermediaries through threats and intimidation.

In the view of AAPS, this critical decision has the potential to change the entire dynamics of the Medicare system.

Blood Bank Briefs for Physicians

Auto Transfusion: Blood Salvage Review

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.

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 infusion. 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 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. In addition, blood shed postoperatively can be salvaged from body cavities, joint spaces and other closed operative sites. It can then be washed prior to reinfusion or administered without washing.

The indications for use for blood salvage should be considered when it is anticipated that blood will be shed from a clean wound from which it can be retrieved at a rate permitting aspiration without undue hemolysis. The presence of one or more of the following criteria may indicate that salvage will have a favorable cost: benefit ratio: the anticipated blood loss is 20 percent or more of the patient's estimated blood volume; blood would ordinarily be crossmatched; more than 10 percent of patients undergoing the procedure require transfusion; the mean transfusion for the procedure exceeds one unit. Specific types of surgery for which the technique is especially useful include open heart and vascular surgery, total joint replacements and spine surgery, liver transplantation, ruptured ectopic pregnancy and selected neurosurgical procedures such as resection of arteriovenous malformations.

The risk benefit ratio of intraoperative salvage must be made on an individual basis by the surgeons, anesthesiologists and transfusion medicine specialists involved in the patient's care. Most of the contraindications are relative, not absolute and little data is available to substantiate complications associated with reinfusion of shed blood. Contraindications reported are salvage from a wound containing malignant cells, wounds contaminated with bowel contents or infection at the site of blood retrieval, aspiration of topical hemostatic agents such as thrombin or Avitene or blood containing Betadine or similar wound irrigants, methylmethacrylate and antibiotics not licensed for parenteral use should not be salvaged.

Disadvantages and complications reported from blood salvage technique are the cell washing devices are expensive and, in addition, a dedicated operator is necessary when these devices are used. One potential complication is the administration of hemolyzed red cells. If the suction level is too high or if the technique of aspiration causes excess turbulence due to mixing of air with blood during suctioning, red blood cells will be hemolyzed. Inadequate washing can result in a product containing significant free hemoglobin and stroma, and reinfusion of such blood can cause renal damage. Coagulopathy may result from infusion of anticoagulant or unrecognized dilution of coagulation factors. Hypocalcemia is a potential complication when citrate is employed and very large volumes of salvaged blood are administered, particularly in patients with liver disease. While air embolism should not occur if the devices are used according to the manufacturer's instructions, the potential for fat or amniotic fluid embolism exists if the blood containing these substances is transfused.

It cannot be emphasized too strongly that the implementation of an autologous transfusion program requires planning and coordination by a number of individuals and services. Members of the transfusion committee should be involved in drafting and approving protocol. The protocol should conform with AABB standards. Quality assurance procedures should be instituted and the safety and cost effectiveness of the program reviewed periodically. ■

Work-Injury, Illness Rate In Texas Below Average For 2nd Straight Year

Texas workers suffered fewer work-related injuries and illnesses in 1991 than workers in the nation as a whole, according to results of a study by the Texas Workers' Compensation Commission (TWCC) and the U.S. Department of Labor's Bureau of Labor Statistics.

The study, a survey of work-related injury and illness frequencies for private employers, found that 7.7 injuries or illnesses were reported for every 100 fulltime Texas workers in 1991, compared with 8.4 injuries or illnesses for every 100 full-time workers nationally. It was the second consecutive year that Texas' work-related injury and illness rate was below the national average.

According to the study results, Texas workers suffered an estimated 366,000 occupational injuries and 20,000 occupational illnesses last year. Nationally, an estimated 6 million job-related injuries and about 368,000 occupational illnesses were reported. More than half of the occupational illnesses reported in Texas were related to repetitive motion trauma, including carpal tunnel syndrome.

The work injury and illness study was conducted by the TWCC in cooperation with the U.S. Department of Labor's Bureau of Labor Statistics. Forty other states also participated in the survey. Injuries and illnesses were counted if they resulted in death or loss of consciousness, led to restricted work activity or transfer to another job, or required medical treatment beyond first aid. The Texas totals were based on survey findings from nearly 16,000 private employers across the state. 1991 was the second consecutive year that Texas has participated in the annual study. Complete results of the survey will be available in February. ■

FDA Studying Side Effects Of B-Fortified Food

An advisory panel of the U.S. Food and Drug Administration (FDA) has recommended the addition of folic acid to flour, breads and other baked goods, in an effort to reduce the risk of neural-tube birth defects. This comes in the wake of the U.S. Public Health Service's recommendation that all women of childbearing age consume 0.4 milligrams daily of folic acid. To be effective in lowering the risk of neural tube defects, folic acid is to be taken before pregnancy is even known. Since many pregnancies are unplanned, the advisory panel recommends adding the B vitamin to flour and baked goods.

FYI

TEXAS ATTORNEY GENERAL IMPLEMENTS SENIOR CITIZENS PROGRAM

Texas Attorney General Dan Morales and senior citizens will begin working together in an effort to fight con games which target the elderly. Volunteers will begin collecting direct mail and other solicitations for inspection of possible fraud, and telephone marketing comeons will also be recorded. Additionally, Mr. Morales will ask for volunteer help in the consumer protection office.

JUMPING ON THE BAND WAGON

The Health Insurance Association of America, in wake of Bill Clinton's victory, has reversed its opposition to national health care by offering its own plan. How it would work: the government would require a standard package of benefits for everyone, including the uninsured, through tax incentives and penalties. After helping to define the package, the government would force the standardization of amounts paid by Medicare, Medicaid and private insurers. Workers would help in the financing by paying taxes on employer-provided benefits considered to be above standard.

NAME CHANGE FOR CDC

The Centers for Disease Control has announced its new name: the Centers for Disease Control and Prevention. The addition is designed to stress the agency's role in prevention, not just control. Due to its widespread recognition, however, the agency will still be known by the initials of CDC.

DR. KEVORKIAN ASSISTS IN ANOTHER SUICIDE

Dr. Jack Kevorkian of Michigan has aided in the suicide of another critically ill woman. The 46-year-old Pennsylvania woman, suffering from cancer, used a mask to inhale a lethal dose of carbon monoxide. Dr. Kevorkian has helped six of his patients take their own lives in the past two years.

ANOTHER REASON TO HATE MONDAYS

The risk of having a heart attack on Monday is a whopping 40 percent higher than on any other day of the week, as reported by German researchers at a New Orleans meeting of the American Heart Association. The speculation is that mental and physical stress may be increased by going back to work, and that weekend drinking may trigger heart problems.

NORPLANT OFFERED TO STUDENTS

As of this month, public school students in Baltimore, Maryland, will be able to receive the contraceptive Norplant at school clinics. Norplant is the device which is surgically implanted in a woman's upper arm, and is effective for five years. Baltimore has one of the highest teenage pregnancy rates in the nation.

NEW FOOD LABELING RULES OK'D

American consumers will finally get some help in figuring out the contents of what they're eating. Just finalized were 4,000 pages of regulations that spell out the guidelines for labeling food. More than 270,000 food labels will have to be changed by May of 1994 to comply with the rules.

NEW ADDRESS FOR AAO

The American Academy of Osteopathy has relocated from Ohio to Indiana. The new address is:

American Academy of Osteopathy
3500 DePauw Boulevard, Suite 1080
Indianapolis, Indiana 46268
(317) 879-1881

Steve Noone is the AAO Executive Director.

HELP IN PERFORMING ORAL EXAMS

Any health care provider interested in viewing a demonstration on how to perform a thorough oral examination may request the video (6.5 minutes) "Intra-Oral Examination: A Demonstration" by writing:

Texas Department of Health
Film Library
1100 West 49th Street
Austin, Texas 78756-3199

To obtain your own copy of the video tape, write:

California Dental Association
Communications Department
P.O. Box 13749
Sacramento, California 95853-4749

NEW CPT BOOKS ARE AVAILABLE

Orders for the CPT 1993 edition are now being accepted by the American Medical Association. The CPT book is softbound with press-on index tabs. The price is $29.95 for AMA members; $36.95 for non-AMA members.

Payment can be made by check, money order, Visa, MasterCard, American Express or Optima. Shipping and handling charges should be added according to the order amounts:

Total Order	Shipping and Handling
$25 - 50	$ 5.50
50 - 75	7.50
75 - 100	9.50
Over $100	11.50

Checks or money orders should be made payable to the AMA. Payment and order should be mailed to: AMA, P.O. Box 109050, Chicago, Illinois 60610-9050.

Orders should include the following:

- Name of recipient/purchases;
- Complete street address (not P.O. boxes);
- City, state and zip codes; and
- Quantity of books

Phone orders can be placed by calling: 1-800-621-8335.

William G. Anderson, D.O. Delivers Keynote Address at National Health Screening Fair in Washington, D.C.

William G. Anderson, D.O., a trustee of the American Osteopathic Association, delivered the keynote address at the National Health Screening Fair on October 5, 1992 in Washington, D.C. Dr. Anderson's speech kicked off the conclusion of the 16-month celebration of the hundredth anniversary of osteopathic medicine.

To an emotionally aroused audience, Dr. Anderson talked about the history of osteopathic medicine and what it stands for. "While we celebrate the centennial of a great profession, we will not forget that with the honor and privilege comes obligation and responsibility. We will not forget our rich heritage nor shall we ignore the present nor fail to prepare for the future." Dr. Anderson continued with, "to deny anyone access to adequate healthcare in America shall be our eternal shame. The osteopathic profession will be in the forefront of making us a proud and healthy nation."

The audience was moved as Dr. Anderson talked about the shame that hovers over American medicine with more than 37 million Americans that don't have access to adequate healthcare. He also talked about how the fetal mortality and morbidity rate exceeds that of some third world nations.

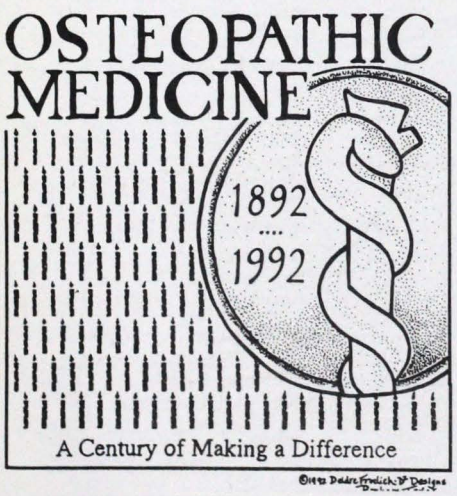
Dr. Anderson also shared his feelings about Andrew Taylor Still, the founder of osteopathic medicine. "A. T. Still was a medical pioneer, he had a philosophy that yet defies adequate definition, but a philosophy that ha proven itself by results. A philosophy that now spans century and practiced by over 33,500 osteopathi physicians."

Dr. Anderson concluded his dynamic speech with thes closing remarks, "Yes, we will prescribe the medicatio we will preform the surgery, we will deliver the babie But we will also show that we care about the family, th home, the schools, crime, drugs, hunger, poverty an homelessness , because we are osteopathic physician rooted in a philosophy and a practice that says, We Care!"

An AOA trustee for the past nine years, Dr. Anderso has chaired the AOA's strategic planning committee an the bureau of state government affairs. He served a president of both his county and state osteopathi medical associations and has received numerous award such as the Physician of the Year, given by the Michiga Association of Osteopathic Physicians and Surgeons, In

Dr. Anderson is a 1956 graduate of the University c Osteopathic Medicine and Health Sciences, College c Osteopathic Medicine and Surgery, in Des Moines, Iow He was a general surgeon for 17 years before becomin a hospital administrator. Today, Dr. Anderson is th director of governmental affairs at Detroit Osteopathi Hospital and president of LifeChoice Quality Healt Plan, HMO in Detroit.

ATOMA T-Shirts Available for Order



Bright t-shirts celebrating "A Hundred Years of Making a Difference" are surfacing all across Texas as ATOMA promotes Osteopathic Medicine and raises scholarship funds for Texas students. The black 50% cotton/50% polyester Ts boast bright white lettering offsetting original artwork by ATOMA Board Member Deidre (Mrs. James E.) Froelich featuring 100 candles and the Osteopathic 1892-1992 symbol in alternating colors of red, yellow, green, blue and purple. (See black and white sample of artwork.)

Adult sizes small through X-large are $10, XX-large shirts are $12. Orders may be placed by mail to: Deidre Froelich, 407 Jo Aynn Circle, Bonham, TX 75418. Checks or money orders should be made to ATOMA. Please include a minimum of $1.50 postage for one shirt, up to $5.00 postage and insurance for large orders. Shirts will be mailed as soon as orders are received. If we are out of a desired size (adult small to X-large) or if special sizes are required (as small as child medium and child large or as large as XXX-large), these will be printed as soon as possible.

When ordering, please include the name, mailing address and telephone number. (Fashion hint: These crisp t-shirts look great when worn by all staff members in physicians offices, hospital departments and by patients.) Order now to avoid delays! All proceeds benefit Texas Osteopathic scholarships. If you have other questions you may contact Deidre Froelich at 903-583-4812.

Opportunities Unlimited

PHYSICIANS WANTED

PHYSICIAN-OWNED EMERGEN- GROUP — is seeking Full or Part- ne D.O. or M.D. emergency physicians o practice quality emergency dicine. BC/BE encouraged, but not uired. Flexible schedules, competitive ary with malpractice provided. Send to Glenn Calabrese, D.O., FACEP, EM Associates, P.A., 4916 Camp wie Blvd., Suite 208, Fort Worth, 107. 817/731-8776. FAX 817/731-9590.)

POSITION OPEN IN HOUSTON — tablished solo practitioner specializing OMT seeks associate with like interest join practice. Please call Reginald tt, III, D.O., 6815 North Hampton y, Houston, 77055. 713/682-8596.)

BUSY THREE-PHYSICIAN PRAC- CE IN WEST CENTRAL TEXAS — ng operated by two aging osteopathic ysicians, needs third to share the load. lary commensurate with training and perience. Opportunity for partnership er one year. No obstetrics or major gery. Twenty-bed district hospital, 80 l nursing home, and 500-bed deten- n center for federal detainees. Call /869-6171. (40)

PRIMARY CARE PHYSICIANS — ded and appreciated. Locum tenens, ctice trials, and permanent place- nts available throughout TEXAS. TERIM PHYSICIANS large enough offer you options. . . small enough to e. Call Jamie Butler or Janice wkins at INTERIM PHYSICIANS, 00/531-1122. (06)

TABLISHED FAMILY PRACTICE h a good patient mix located in grow- Hobe Sound, Florida. Within five nutes of the ocean and a new com- nity hospital. Fully equipped, turn- free-standing office. High visibility busy U.S. 1. Contact: Tom Garceau 305/735-4111 or 800/648-4132. (01)

PHYSICIANS NEEDED — Full-time l part-time physicians. Hobby airport a. Contact Dr. Botas 713/644-3602.).

BUSY, PROGRESSIVE — Fort Worth private practice seeks 2nd BC/BE OB/GYN physician. Great location, all practice amenities, partnership potential. Contact in confidence. Send CV to: Vernon J. Hayes, D.O., 2600 Montgomery & I-30, Fort Worth, 76107; 817/731-3936; fax 817/782-0206. (26)

THE NORTHEAST COMMUNITY HOSPITAL — General/Family Practice Residency Program has 4 PGY II and 4 PGY III positions available for the 93-94 year. Applicants must be graduates of an AOA approved school of medicine and have completed their PGY I year in an AOA approved intern program. Northeast Community Hospital is a private hospital located in a prestigious area near DFW. Please send CV to Dr. R. Leon Rhodes, Director, Northeast Community Hospital, Bedford, 76021 or call 817/267-8106. (27)

FAMILY PRACTICE PHYSICIAN — who does OB will guarantee $180,000 per year. If physician stays four years, there will be no payback. $15,000 bonus at the signing of the contract. Would prefer D.O., but would consider M.D. Contact McMurry Clinic, P.O. Box 96, Guyman, OK 73942 or call 405/338-3361. (29)

POSITIONS DESIRED

LOCUM TENEN SERVICE — for the Dallas/Fort Worth Metroplex. Experienced physician in family practice and emergency medicine offering dependable quality care for your patients at competitive rates. Contact: Doyle F. Gallman, Jr., D.O., 817/473-3119. (24)

OFFICE SPACE AVAILABLE

FOR LEASE — Medical office; established medical-dental building on Hulen between Vickery and W. Fwy.; approx. 1,400 sq. ft. which includes 3-4 exam rooms, lab, business office, private office, and extras. Recently remodeled and ready to move in. Also, 1,250 sq. ft. in hospital district between Rosedale and Magnolia. Call 817/338-4444 (12)

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

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

FOR RENT OR LEASE — in Amarillo. Medical office 2,000+ sq. ft. Six exam rooms with lots of storage and a telephone system. Next to established pharmacy. Very reasonable. Contact Phil Duram or Ray Doherty at 806/383-3377. (41)

PRACTICE FOR SALE — Southeast Dallas Family Practice Clinic. Physician retiring. 2,250 sq. ft. Established in 1960. Excellent location and visibility. 5 exam rooms, lab, 3 offices. Includes all equipment. Leave message at 214/388-9438. (21)

MISCELLANEOUS

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

FOR SALE — OB/GYN Table. Call Carolyn Delaney, 817/923-6111. (31)

FOR SALE: QUIDEL QUICK READ MACHINE — Runs: Total Cholesterol, HDL Cholesterol, and Triglycerides with ability to calculate LDL Cholesterol. Original price $695; asking $350; 1½ years old. Call 817/232-8055. (10)

FOR SALE — Complete turn-key office XMA X-ray System, low prior usage, installation and onsite instruction for office staff. Includes QX70 processor and accessories. Contact 817/759-4298. (05)

FOR SALE — Ektachem DT System. Like new (3 months use only). $2,000 off purchase price. Great savings! Call 903/432-2707. (18) ■

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

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